



# Network News

JANUARY 2018

For providers



**Submit  
pending claim  
documentation  
faster using  
CignaforHCP.com**

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# SUBMIT PENDED CLAIM DOCUMENTATION FASTER USING CIGNAFORHCP.COM

Now there's a faster way to submit supporting documentation for pended claims. Instead of mailing or faxing it, you can upload and send it to us using a new feature on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)).

**When you use this feature, and we receive the information we need, we'll be able to process your pended claims more quickly.**

#### You'll be able to:

- › Submit requested information quickly.
- › Reduce administrative costs related to pended claims, such as those associated with conducting research, calling Cigna, gathering appropriate medical records, and mailing the documentation.
- › Potentially avoid claim denials as the result of missing submission deadlines.

#### How does it work?

When you have a pended claim, we will notify you through existing channels, such as fax or mail. You can then view the claim, and the related pend reason code(s), by logging in to [CignaforHCP.com](https://CignaforHCP.com) > Claims inquiry > Claim detail. Regardless of how you submitted the original claim, if it requires additional

information, the upload link will appear on the Claims detail page of [CignaforHCP.com](https://CignaforHCP.com). From there, you can upload and submit the requested documentation.

#### Available to registered users of CignaforHCP.com

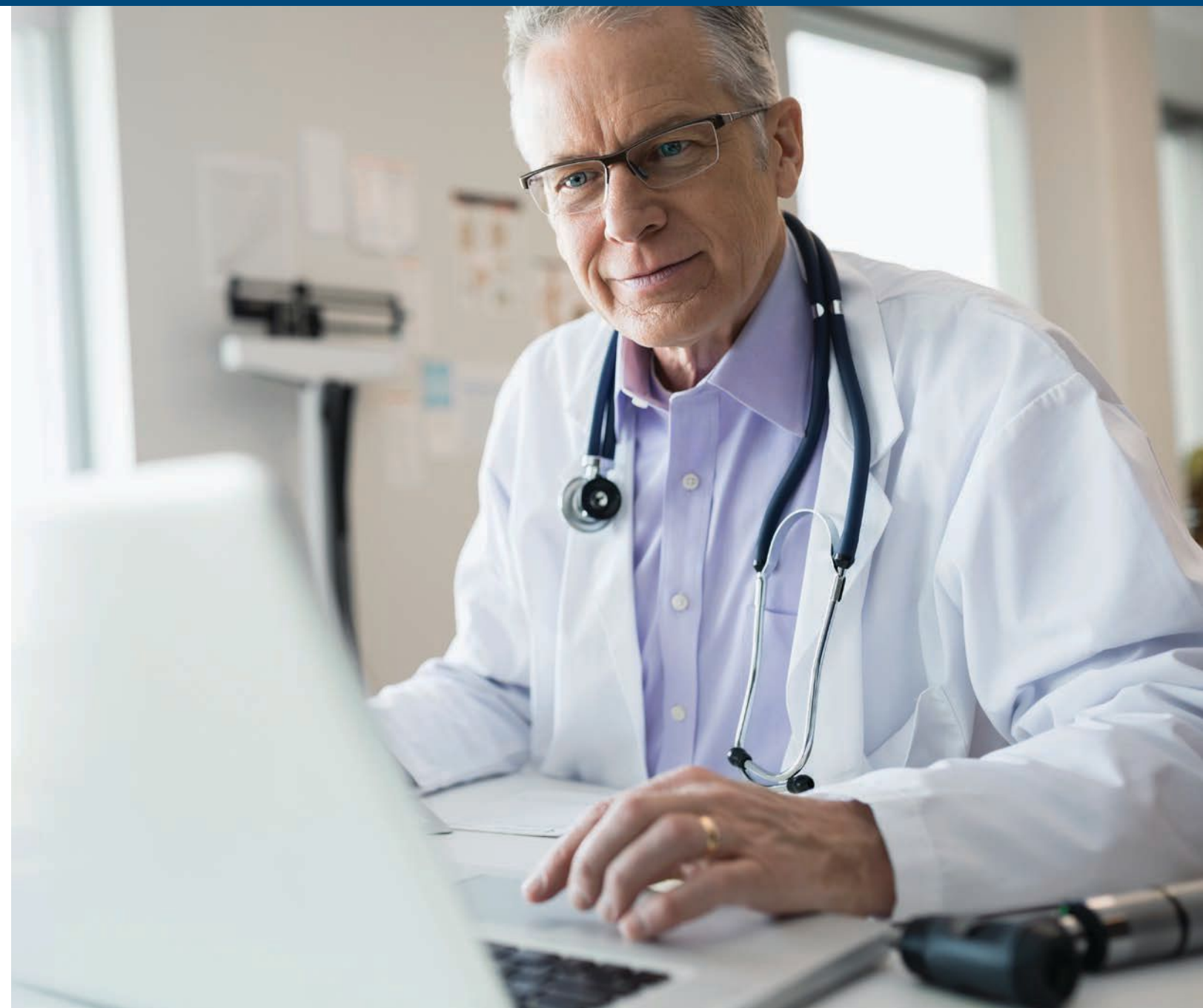
Registered users of the website, who have access to the Claims Inquiry function, can start using the feature right away.

If you are not registered for the website, go to [CignaforHCP.com](https://CignaforHCP.com) and click [Register Now](#). For more information about the website, access levels, and how to register, go to [CignaforHCP.com](https://CignaforHCP.com) > [Learn how to register](#).

If you are a registered user of the website, but do not have access to the Claims Inquiry function, ask your office's primary administrator of [CignaforHCP.com](https://CignaforHCP.com) to assign you access.

#### To learn more

You can view a short, informational eCourse, "Submitting attachments for pended claims." Log in to [CignaforHCP.com](https://CignaforHCP.com) > Resources > eCourses. Find the course under Using this Website (Medical Health Care Professionals).



# CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES



To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards.

## Planned medical policy updates\*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Facility Routine Services, Supplies, and Equipment (R12) Intraoperative Neurophysiological Monitoring (IONM)	IONM technology is used during complex surgeries (e.g., the brain or spinal cord) to provide surgeons with information about the patient’s nervous system function.  We currently reimburse claims for IONM services and other electrodiagnostic studies when billed separately by the facility.	We will update this policy, and deny claims for IONM services and other electrodiagnostic studies when billed with IONM services, as not separately reimbursable.  IONM services and other electrodiagnostic studies are included in the facility reimbursement.	February 19, 2018 for claims processed on or after this date.
Peripheral Nerve Destruction for Pain Conditions (0525) - <i>new</i> Headache and Occipital Neuralgia Treatment (0063) Radiofrequency Joint Ablations/Denervation (CMM 208) Plantar Fasciitis Treatments (0097)	Peripheral nerve destruction uses radiofrequency, cold, heat, electricity, lasers, or chemicals to destroy certain types of chronic pain.  We currently reimburse peripheral nerve destruction procedures for all types of pain conditions billed with Current Procedural Terminology (CPT®) codes 64632 and 64640.	We will create a new coverage policy – Peripheral Nerve Destruction for Pain Conditions (0525) – for knee, foot, and ankle pain.  We will update coverage policies for Headache and Occipital Neuralgia Treatment (0063), Radiofrequency Joint Ablations/Denervation (CMM 208), and Plantar Fasciitis Treatments (0097).  Claims for peripheral nerve destruction for pain conditions billed with CPT codes 64632 and 64640 will be denied as being experimental, investigational, and unproven (EIU).	February 19, 2018 for dates of service on or after this date.
Cigna Reimbursement Policy (MAS) Assistant Surgeon – Modifiers 80, 81, and 82 Assistant-at-Surgery – Modifier AS Co-Surgeon (Two Surgeons) – Modifier 62 Surgical Team – Modifier 66	We reimburse claims for primary, assistant, and co-surgeons for services billed with CPT codes and Healthcare Common Procedure Coding System (HCPCS) national level II modifiers.	We will enhance our processes to ensure that we reimburse primary, assistant, and co-surgeons consistently. We will reimburse the first claim we receive, and reimburse or deny any additional claims as appropriate, consistent with how the first claim was processed.	February 19, 2018 for claims processed on or after this date.

\*Please note that planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](http://CignaforHCP.com).

*continued*



## Planned medical policy updates *continued*

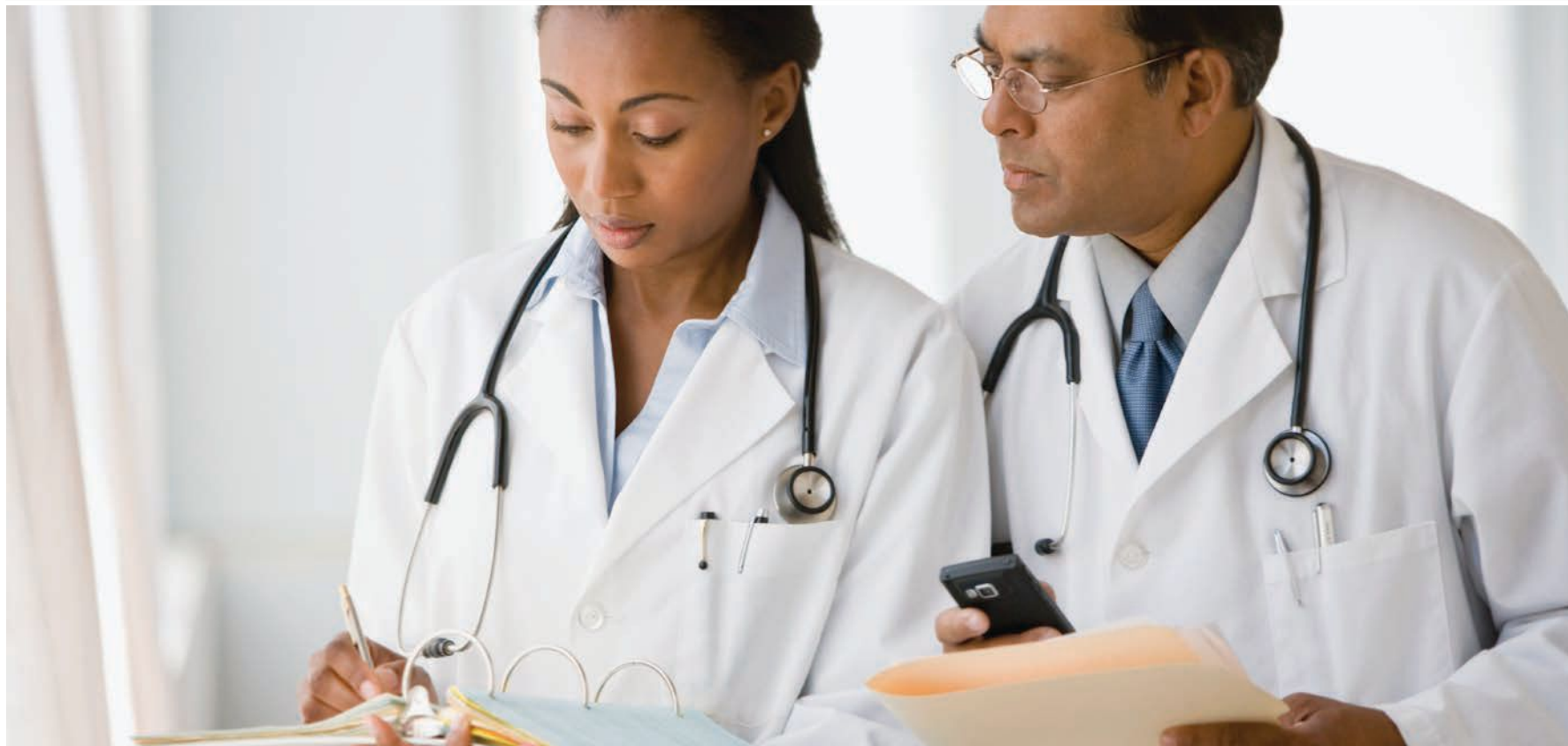
POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Global Surgical Package and Related Modifiers (R23) Modifiers 24, 54, 55, 56, 57, 58, 76, 77, 78, and 79	CPT Modifier 78 is used to bill for a postoperative unplanned return to the operating or procedure room by the same provider for a procedure related to the initial one.  We currently reimburse Modifier 78 at 84 percent.	We will update this policy, and reimburse Modifier 78 at 70 percent.	February 19, 2018 for claims processed on or after this date.
Omnibus Reimbursement Policy (R24) HCPCS code A4566 - Electrodes, per pair, frequency limit	We currently reimburse for an unlimited number of electrode pairs per year.	We will update this policy, and implement a frequency limit of 48 units (or pairs) of electrodes per year.	February 19, 2018 for claims processed on or after this date.
Pneumatic Compression Devices and Compression Garments (O354)	Pneumatic compression devices have an attached inflatable garment with multiple chambers that inflate to stimulate circulation in the right direction.  We currently cover devices when billed for swelling in legs and arms (edema) in the home setting, and when used for a decrease in the circulation in arteries (arterial insufficiency).	We will update this policy, and deny claims when an International Classification of Diseases 10th Edition (ICD-10) Diagnosis Code R60.0 is billed alone, or with other diagnosis codes that are not covered because compression devices are not indicated for use for localized edema.  We will deny claims billed with HCPCS code E0675 in a home setting for all diagnoses as being EIU.	February 19, 2018 for claims processed on or after this date.
Omnibus Reimbursement Policy (R24) Outpatient clinic not covered	Revenue codes 510-515, 517-525, and 527-529 are used to identify site of service (outpatient or inpatient).  We currently reimburse claims from a provider for an office visit and from a clinic for an outpatient visit.	We will update this policy, and deny claims for clinic room charges billed with revenue codes 510-515, 517-525, and 527-529, when the claim also includes evaluation and management (E&M) code(s) for an office visit.	February 19, 2018 for claims processed on or after this date.
Continuous Passive Motion (CPM) Devices (O198)	CPM devices provide progressive, passive range of motion (ROM), and are used as a rehabilitation technique to assist in joint recovery.  We currently reimburse CPM for knee arthroplasty (replacement).  The position of the American Academy of Orthopaedic Surgeons (AAOS) is that CPM does not improve outcomes after knee arthroplasty.	We will update this policy, and deny claims for a CPM device billed with HCPCS code E0935 (and containing ICD-10 diagnosis codes Z96.651-Z96.659) following knee joint replacement as being EIU.	March 19, 2018 for dates of service on or after this date.
Vitamin D Testing (O526) - <i>new</i>	Laboratory tests check the level of vitamin D in the blood.  We currently reimburse claims for vitamin D testing for all diagnoses (wellness and non-wellness) without medical necessity review.  The U.S. Preventive Services Task Force (USPSTF) says there is insufficient evidence to support screening for vitamin D in a healthy adult population.	We will create a new coverage policy, and reimburse claims for vitamin D testing billed with CPT code 82306 or 82652 when considered medically necessary, and for select population groups (under age 18, over age 65, and pregnant women).	March 19, 2018 for dates of service on or after this date.

*continued*



## Planned medical policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Obstructive Sleep Apnea Treatment Services (O158)	<p>Obstructive sleep apnea (OSA) causes the airway to collapse, and results in shallow breathing or breathing pauses. An oral appliance pulls the lower jaw forward, creating an opening in the airway.</p> <p>We currently reimburse claims billed with HCPCS codes E0485 and E0486 whether or not the diagnosis is OSA, and whether or not there is evidence of a sleep study.</p> <p>Oral appliances are considered medically necessary only if the diagnosis is OSA.</p>	<p>We will update our coverage policy and only reimburse claims billed with HCPCS code E0485 or E0486 for OSA following a sleep study.</p> <p>We will deny claims submitted with any diagnosis other than OSA.</p>	<p>April 15, 2018 for dates of service on or after this date.</p>
Pharmacy and Infusion Services (R14)	<p>A heparin lock flush is used to keep intravenous (IV) catheters open and flowing.</p> <p>We currently reimburse claims billed with HCPCS code J1642 separately when used in conjunction with other pharmacy and infusion services.</p> <p>A heparin lock flush is not separately reimbursable under our policy.</p> <p><b>Note:</b> This code is <i>not</i> for heparin when used as an anticoagulant.</p>	<p>We will deny claims billed with HCPCS code J1642 for a heparin lock flush as not separately reimbursable.</p>	<p>April 15, 2018 for claims processed on or after this date.</p>



To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Resources > Coverage Policies. If you are not registered for this website, go to [CignaforHCP.com](http://CignaforHCP.com) and click [Register Now](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



# PRECERTIFICATION UPDATES

To help ensure we are administering benefits appropriately, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we have updated our precertification list.

## Codes added to the precertification list on January 1, 2018

On January 1, 2018, we made the following changes to our precertification list.

- ▶ We added 67 new Current Procedural Terminology (CPT®) codes that were released by the American Medical Association (AMA). Twelve are Multianalyte Assays with Algorithmic Analyses (MAAA)/Proprietary Laboratory Analyses (PLA) codes, which are new additions to the CPT code set approved by the AMA CPT Editorial Panel.
- ▶ We added 29 Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) codes.

## Codes removed from the precertification list on January 1, 2018

Effective January 1, 2018, we removed two CPT codes from our precertification list.

CPT CODE	DESCRIPTION
77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral

## Additional information

To view changes to the precertification list by month, and access the Master Outpatient Precertification List that provides the complete list of services that require precertification of coverage, log in to [CignaforHCP.com](http://CignaforHCP.com) and click Precertification Policies under Useful Links. If you are not registered for the website, go to [CignaforHCP.com](http://CignaforHCP.com) and click [Register Now](#).

## CIGNA GLOBAL HEALTH BENEFITS PRECERTIFICATION REQUIREMENT

As a reminder, precertification is required for inpatient and certain outpatient services that are rendered in the United States to Cigna Global Health Benefits® (CGHB) customers. To request precertification, use the contact information found on the back of your patient's CGHB ID card.

Please be aware that precertification does not guarantee coverage. Treatments or services that require precertification may not be covered unless precertification was obtained.





# EFT PAYMENT SCHEDULE UPDATE

## Payment frequency to increase for your patients with GWH-Cigna and “G” ID cards

Beginning the week of February 19, 2018, there will be a change in the electronic funds transfer (EFT) claim payment schedule for your patients with GWH-Cigna and “G” ID cards. The scheduled payments will increase from once per week\* to three times per week. The funds will continue to be automatically deposited into your designated bank account based on your current enrollment preference.

### Benefits

This schedule change should benefit your practice by:

- ▶ Increasing cash flow through more frequent and timely bank deposits
- ▶ Making reconciliation easier with consistent processing and reimbursement across our claim systems

### EFT payment calendar

The EFT payment calendar for GWH-Cigna and “G” ID cards shown below reflects the new claim payment schedule.

### EFT payment calendar: GWH-Cigna and “G” ID cards

Effective February 19, 2018

DAY CLAIM IS PAID	TRANSMISSION DAY	SETTLEMENT DAY (BANK DEPOSITS PAYMENT)
Friday	Tuesday	Wednesday
Saturday	Tuesday	Wednesday
Sunday	No transmission	
Monday	Tuesday	Wednesday
Tuesday	Thursday	Friday
Wednesday	Thursday	Friday
Thursday	Friday	Monday

You can access this and other EFT payment calendars by visiting the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Review clinical reimbursement and payment policies > Reimbursement > Electronic Funds Transfer (EFT) > [Payment Calendars](#). (Log in is not required.)

\*The GWH-Cigna and “G” ID cards payment schedule has been based on your Taxpayer Identification Number (TIN), resulting in a once weekly bank deposit.





# CIGNAFORHCP.COM: ENHANCEMENTS TO PATIENT AND PLAN DETAIL INFORMATION

Recently, several enhancements were made to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) that can help support your care of patients with Cigna-administered coverage. They are available on the page that contains Patient and Plan Detail information. You can access this page by logging in to [CignaforHCP.com](http://CignaforHCP.com). Click Patient, conduct a Patient Search, and then click on the Patient ID.

## Patient HRA, HSA, and FSA information

This enhancement can enable you to see if your patient has a Health Reimbursement Account (HRA), a Health Savings Account (HSA), or a Flexible Spending Account (FSA).\* Previously, providers could only see if the patient was enrolled in a HRA. This information appears in the Plan and Network Detail column of the Patient and Plan Detail section.

## Health and Wellness Programs tab

This enhancement can enable you to see more of the health and wellness programs that are available for a patient, and click on a particular program for more details about it. This can help support your discussions with them about taking steps towards healthier lifestyles or improving chronic conditions.

The programs that may appear for your patient include:

- ▶ Chronic condition management
- ▶ Cigna Healthy Pregnancies, Healthy Babies®
- ▶ Cigna Healthy Steps to Weight Loss®
- ▶ Employee assistance program
- ▶ Explore Health and Wellness
- ▶ Oncology program
- ▶ Stress management program
- ▶ Tobacco cessation program

To access this information, scroll down to the tabs section. Click on the one labeled Health and Wellness Programs.

## Notifications, Referrals and Precertification tab: Provider directory link

This enhancement can enable you to access the provider directory more quickly to find a network-participating provider when a referral is needed. To find out if a patient needs a referral, and quickly access the directory link, scroll down to the tabs section. Click on the one labeled Notifications, Referrals and Precertification. A screen appears that shows whether or not the patient's plan requires a referral, and gives a direct link to the provider directory at the bottom of the section.



\* FSA information may not display for dependents due to protected information.



# PROVIDER DIGITAL SOLUTIONS WEBINAR SCHEDULE

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)). Learn how to navigate the site and perform time-saving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you'll learn about can be valuable to you and your patients with Cigna coverage.

## Preregistration is required for each webinar

1. Go to <https://CignaWebex.com>.
2. Enter the Meeting Number; then click Join.
3. Enter session password **123456**. (This is the passcode for each webinar.) Click OK.
4. Click Registration.
5. Enter the requested information and click Register.

You'll receive a confirmation email with meeting details, including a link to the webinar.

## Three ways to join the audio portion of the webinar:

**Option 1** – When you link to the webinar, “Call me” will appear in a window. If you have a direct outside phone line, you can click this option. You'll receive a phone call linking you to the audio portion.

**Option 2** – Call **1.866.205.5379**. When prompted, enter the corresponding Meeting Number shown above. When asked to enter an attendee ID, press #.

**Option 3** – Call in using your computer.

## Questions?

Contact: [Cigna\\_Provider\\_eService@Cigna.com](mailto:Cigna_Provider_eService@Cigna.com).

TOPIC	DATE	TIME (PT/MT/CT/ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, February 7, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	90 min	712.490.452
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, February 13, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	717.984.768
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Friday, February 23, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	716.337.681
Online Precertification	Wednesday, February 28, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	711.553.270
CignaforHCP.com Overview	Tuesday, March 6, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	90 min	711.779.377
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, March 14, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	711.804.767
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, March 20, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	714.448.569
Online Precertification	Wednesday, March 28, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	711.595.735



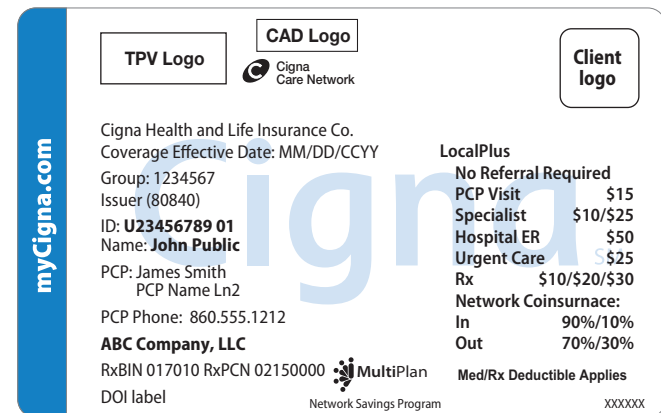






# LOCALPLUS PLANS EXPAND TO SAN ANTONIO, TEXAS IN 2018

We routinely review our networks to help ensure that our customers have access to quality, cost-effective care in their geographic areas. As a result, on January 1, 2018, we began to offer LocalPlus® plans in the San Antonio, Texas area for our customers in Bexar, Comal, and Guadalupe counties.



## LocalPlus ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. The card will contain information about customer service contacts, benefits, and where to submit claims. Your patients who have access to our national Open Access Plus (OAP) network when they are outside of the LocalPlus geographies, will also have an Away from Home Care logo on the back of their ID card. Please note that some LocalPlus ID cards may list a primary care provider (PCP), even though customers are encouraged – but not required – to select one.

## Keep referrals local

You can help your patients maximize their available plan benefits, and minimize out-of-pocket expenses, by referring them to LocalPlus network-participating physicians, hospitals, and other providers. You can find them by searching the online health care professional directory. Go to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > [Search the health care professional directory.](#)

## About LocalPlus

LocalPlus plans offer coverage for the full scope of services provided by traditional Cigna-administered plans within a limited network of local-participating providers and facilities. The LocalPlus suite includes four plans: LocalPlus, LocalPlus In-Network (LocalPlusIN), Choice Fund LocalPlus, and Choice Fund LocalPlusIN.

The key differences between LocalPlus and LocalPlusIN plans are the benefit coverage levels, and whether or not customers can access only LocalPlus network-participating providers for covered services. You can easily identify customers with coverage under one of these plans by viewing their Cigna ID card, which will indicate one of the four plans by name.

## Additional information

For more information, call Cigna Customer Service at **1.800.88Cigna (882.4462)**, or log in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Medical Resources > Medical Plans and Products.





# CIGNA SUREFIT EXPANSION IN 2018

On January 1, 2018, more providers and facilities began to see patients who have Cigna SureFit® plan coverage. These plans were first introduced in January 2017 in Denver, Colorado. They are now also available in additional markets in Colorado, Tennessee, and Virginia.

## What is Cigna SureFit?

Cigna SureFit is a plan that builds networks around local-participating physicians, hospitals, and specialists to give customers access to personal, patient-centered care. Enrolled customers have coverage only for care rendered by the providers and facilities that participate in the network aligned to their SureFit plan, including primary care providers (PCPs) and specialists – unless it’s an emergency.

## Referrals

PCPs that participate in the network aligned to a Cigna SureFit plan are responsible for making referrals to other participating physicians, hospitals, specialists, and providers. Participating specialists are responsible for confirming referrals, either by relying on a PCP’s written referral that a customer presents to the office, or by calling Cigna Customer Service. When calling about a referral, they should choose the prompt for “specialist referral.”

## Cigna SureFit plans at a glance

MARKET	NETWORK NAME	PCP SELECTION	REFERRAL FOR SPECIALTY CARE	AWAY FROM HOME CARE	OUT-OF-NETWORK BENEFITS
<b>Colorado -</b> Colorado Springs, Denver, and Boulder	Cigna SureFit Health Care Alliance of the Front Range	Required	Required	No	No
<b>Tennessee -</b> Chattanooga, Knoxville, and Memphis	Cigna SureFit Tennessee				
<b>Virginia -</b> Northern and Richmond	Cigna SureFit with the Performance One Network				

## Provider notification of network-participation status

In October and November 2017, we mailed letters to providers in the new markets to notify them of their Cigna SureFit network-participation status. Letters to network-participating providers included additional details about the plan, as well as images of sample customer ID cards. For more information, call Cigna Customer Service at **1.866.494.2111**.



# CIGNA CONNECT INDIVIDUAL & FAMILY PLAN EXPANSION IN 2018

On January 1, 2018, the Cigna Connect Individual & Family Plan became effective in two new markets – Orlando and Tampa, Florida – and in several additional counties in the Chicago, Illinois and St. Louis, Missouri markets.

## What is Cigna Connect?

Cigna Connect is an Individual & Family Plan that builds networks around local-participating physicians, hospitals, and specialists to give customers access to personal, patient-centered care. Enrolled customers have coverage only for care rendered by the providers and facilities that participate in the Connect Network (the network aligned to the Cigna Connect plan), including primary care providers (PCPs), specialists, and hospitals – unless it’s an emergency.



## Referrals

Connect Network-participating PCPs are responsible for making referrals to other participating physicians, hospitals, specialists, and other providers. Participating specialists are responsible for confirming referrals, either by relying on a PCP’s written referral that a customer presents to the office, or by calling Cigna Customer Service. When calling about a referral, they should choose the prompt for “specialist referral.”

## Cigna Connect Individual & Family Plans at a glance: New and expanded markets

MARKET	NETWORK NAME	PCP SELECTION	REFERRAL FOR SPECIALTY CARE	AWAY FROM HOME CARE	OUT-OF-NETWORK BENEFITS
<b>Florida</b> – Orlando and Tampa <i>New</i>	Connect Network	Required	Required	No	No
<b>Illinois</b> – Chicago <i>Expansion into Kendall and Grundy counties</i>					
<b>Missouri</b> – St. Louis <i>Expansion into Boone county</i>		No; encouraged	No; encouraged		

## Provider notification of network-participation status

In October 2017, we mailed letters to providers in the new markets and expanded counties to notify them of their Connect Network-participation status. Letters to network-participating providers included additional details about the plan, and images of sample customer ID cards. For more information, call Cigna Customer Service at **1.866.494.2111**.





# INDIVIDUAL & FAMILY PLANS: CIGNA TO EXIT SELECTED MARKETS IN 2018



In selected markets, Cigna will no longer offer Individual & Family Plans. We want to make you aware of these changes, as it may affect some of your patients who were enrolled in these plans for plan year 2017.

### Your patient's medical coverage

Beginning January 1, 2018, your patients who had 2017 medical coverage through a Cigna Individual & Family Plan in the affected markets may now have coverage through a different plan or different insurance company.

### Customer notification

We mailed notification letters in July and late September 2017 to customers who were affected by these changes.

### Affected markets

Refer to the chart on the right for a side-by-side comparison of 2017 versus 2018 Individual & Family Plan offerings by state, market area, and Marketplace presence (on or off). The items in red represent Individual & Family Plans that were discontinued for 2018.

## Cigna Individual & Family Plans – 2017 versus 2018

STATE	MARKETPLACE PRESENCE	2017	AS OF JANUARY 1, 2018	
		INDIVIDUAL & FAMILY PLAN	INDIVIDUAL & FAMILY PLAN	NETWORK
AZ	PHOENIX: Off-Marketplace	Cigna Connect HMO	Same	Connect Network
	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
CA	NORTHERN AND SOUTHERN: Off-Marketplace	Cigna LocalPlus® EPO and PPO	Discontinued	
CO	DENVER-METRO AND BOULDER: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
	DENVER-METRO AND FRONT RANGE / MOUNTAINS: Off-Marketplace and on-Marketplace	Cigna LocalPlus EPO (Cigna Vantage®)	Discontinued	
CT	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
FL	ORLANDO AND TAMPA: Off-Marketplace	Cigna LocalPlusIN EPO	Same	LocalPlus Network
	SOUTH FLORIDA: Off-Marketplace and on-Marketplace	Cigna LocalPlus PPO	Discontinued	
GA	ATLANTA, MACON, AND ROME: Off-Marketplace	Cigna LocalPlus EPO and PPO	Discontinued	
		Cigna LocalPlus PPO	Discontinued	

*continued*

### About Cigna Individual & Family Plans

Cigna Individual & Family Plans comply with the Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA). They are sold directly to individuals through the Health Insurance Marketplace or an insurance agent (not through an employer).



# Cigna Individual & Family Plans – 2017 versus 2018 *continued*



STATE	MARKETPLACE PRESENCE	2017	AS OF JANUARY 1, 2018	
		INDIVIDUAL & FAMILY PLAN	INDIVIDUAL & FAMILY PLAN	NETWORK
IL	<b>CHICAGO:</b> Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
MD	<b>STATEWIDE:</b> Off-Marketplace	Cigna OAP PPO	Discontinued	
	<b>STATEWIDE:</b> Off-Marketplace and on-Marketplace	Cigna OAPIN EPO	Discontinued	
MO	<b>KANSAS CITY AND ST. LOUIS:</b> Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
NC	<b>RALEIGH:</b> Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
	<b>STATEWIDE:</b> Off-Marketplace	Cigna OAP PPO	Discontinued	
NJ	<b>STATEWIDE:</b> Off-Marketplace	Cigna Individual HMO	Same	Cigna HMO
SC	<b>STATEWIDE:</b> Off-Marketplace	Cigna OAP PPO	Discontinued	
TN	<b>MEMPHIS, NASHVILLE, AND TRI-CITIES:</b> Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
	<b>MEMPHIS:</b> Off-Marketplace	Cigna LocalPlus PPO	Discontinued	
TX	<b>AUSTIN:</b> Off-Marketplace	Cigna LocalPlus EPO	Discontinued	
	<b>DALLAS:</b> Off-Marketplace	Cigna FocusIN EPO Cigna LocalPlus EPO	Discontinued	
	<b>HOUSTON:</b> Off-Marketplace	Cigna Connect HMO Cigna LocalPlus EPO	Discontinued	
VA	<b>RICHMOND AND NORTHERN:</b> Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network





# UPCOMING DRUG UTILIZATION MANAGEMENT CHANGES

Drug utilization management is an essential component of Cigna’s medical, behavioral, and pharmacy benefits. It helps to protect customers from potentially harmful, ineffective, or unnecessary drug treatments, as well as from rising drug costs. That’s why on **February 1, 2018, we will be expanding our utilization management program to include more drugs, which may affect some of your patients.**

## Traditional oversight methods

To help ensure customers are getting coverage for clinically effective and cost-efficient treatments (including where drugs are obtained and administered), we use the following traditional oversight methods:

- › **Prior authorization.** This helps to ensure medications are prescribed according to U.S. Food and Drug Administration (FDA)-approved indications with supported evidence for appropriateness of use.
- › **Step therapy.** This promotes the use of low-cost, therapeutically appropriate medications over higher-cost, brand-name drugs.
- › **Quantity limits.** This may be applied to certain medications on a per-prescription, per-day, per-month, per-period, or per-lifetime basis, depending on the medication.

## What this means to you

In February 2018, when we expand our utilization management program to include more drugs, more of your patients may be affected by:

- › Quantity limits
- › Requirement to obtain prior authorization
- › Requirement to use a lower-cost alternative before a higher-cost tier medication is approved for coverage (unless a medical necessity exception has been approved)

## How we’ll communicate to affected customers and their providers

We will send letters to notify affected customers and their providers of these changes before they take effect. The provider notification will list the affected patients and, when applicable, include a list of covered alternative medications. Your patients may contact you directly to discuss drug alternatives.



## Alternative drug search tools\*

You can search for alternative drugs on the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) using the two resources described below.

RESOURCE	DESCRIPTION	WHERE TO FIND
<b>Customer-specific drug coverage search tool</b>	This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view a customer’s out-of-pocket costs based on their plan benefits.	<b>Log in</b> to <a href="http://CignaforHCP.com">CignaforHCP.com</a> . Then, perform a patient search by name, ID number, or date of birth.  <i>You <b>must</b> be a registered user of the website to use this tool.</i>
<b>2018 prescription drug list changes</b>	This list highlights the covered, preferred brand-name and generic drug changes within all affected classes.	<b>Go to</b> <a href="http://CignaforHCP.com">CignaforHCP.com</a> > Resources > Pharmacy Resources > Cigna’s Prescription Drug Lists > <a href="#">Prescription Drug List Changes Effective January 1, 2018</a> .  <i>You do <b>not</b> need to be a registered user of the website to access this list.</i>

\*Drugs no longer covered on our formularies can also be considered for coverage through Cigna’s medical necessity review process, unless otherwise excluded by a benefit plan.



# CIGNA'S DISEASE MANAGEMENT AND HEALTH COACHING PROGRAMS

## If you have a patient with Cigna-administered coverage who has a chronic condition, we may be able to help.

We offer disease management and health coaching programs that are designed to support your plan of care. These programs can help your patient who has one or more conditions such as diabetes, depression, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), congestive heart failure (CHF), and other chronic conditions.

We start by getting a detailed picture of your patient's health through a thorough assessment that includes behavioral, lifestyle, social, and physical factors. We then create one dynamic, integrated, and custom-fit health advocacy plan, with tailored outreaches and education to help the individual successfully meet their health and wellness goals.

### Benefits of referring your patient

Our Clinical Coaches can provide:

- ▶ Continuous and personalized support.
- ▶ Evidence-based information on thousands of topics, critical for making wise health decisions.
- ▶ Support to the patient in their relationship with you and other providers, and help them follow your treatment plan(s).
- ▶ Active one-to-one telephone or online coaching, as well as onsite coaching when available.

### In addition:

- ▶ 95 percent of Cigna customers who participated in one of our chronic condition management programs were either *very satisfied* or *satisfied* with their overall experience with their health coach.\*

- ▶ You'll receive alerts from us should we identify a risk of which you need to be aware.
- ▶ There's no administrative work for you.

### NCQA\*\* accredited



Cigna has received the National Committee of Quality Assurance (NCQA) Patient and Practitioner Oriented Disease Management (DM) Accreditation for the following disease management programs: Diabetes, depression, asthma, COPD, CAD, and CHF. Earning NCQA DM Accreditation is an indication that a disease management program is dedicated to giving patients

and providers the support, education, and other help necessary to facilitate good outcomes and good care.

Call us at **1.855.246.1873** to refer your patient today.

### Learn more

For additional information, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Explore Medical Resources > Clinical Health and Wellness Programs > [Chronic Condition Management](#).

\* Premium Solutions/Your Health First customer satisfaction survey; Q1-Q4 2016 aggregate data (MARC Research).  
 \*\* NCQA is a private, nonprofit organization dedicated to improving health care quality. It accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers, and researchers.

# CARECENTRIX CONTACT INFORMATION UPDATES

Cigna works with CareCentrix to provide access to quality, cost-effective services for Cigna customers in all markets for durable medical equipment (DME), home health care, and home infusion therapy services.

Recently, CareCentrix made important updates to its contact information, including a new dedicated phone number for Cigna business.

**New phone number for Cigna business:** 1.844.457.9810.

**New national claims center address:** CareCentrix – Claims  
 PO Box 30722-3722  
 Tampa, FL 33630

If you have any questions, please contact your Cigna representative.





# HEDIS DATA COLLECTION IS RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®), a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide to their customers. The National Committee for Quality Assurance (NCQA), employers, and health plans developed HEDIS as an industry-wide method to help compare and assess a health plan's performance in a variety of areas.

## What you need to know

- › Our initial requests for medical records are mailed to provider offices beginning in late January.
- › The mailing includes a list of patients and a detailed description of what is needed from each medical record. The patients identified on each list are chosen through a random selection process.
- › The HEDIS medical record submission is time sensitive, and the information should be provided within the time frame noted on the request letter. Please note that your contract as a participating provider in the Cigna network requires that you make the necessary data available.
- › If you have an electronic medical record (EMR) system, we can access the medical records remotely through our secure network, or you can upload the medical records directly to our secure file transfer protocol (SFTP) site. Electronic submission is a more efficient process that can minimize disruption to your office. You can also securely fax the requested documentation to us.

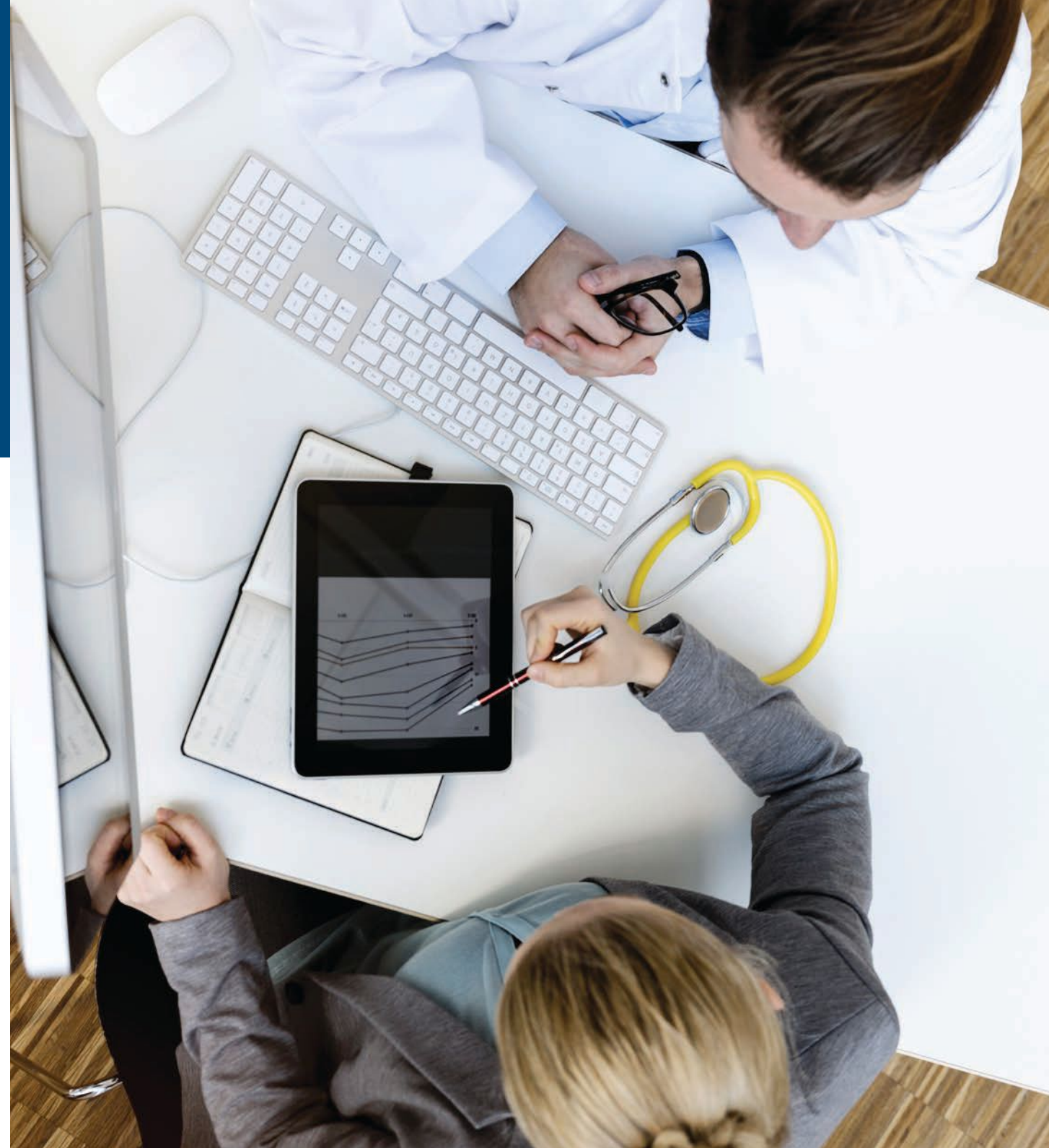
- › All protected health information (PHI) is kept confidential, and only shared to the extent permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan level.
- › HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.
- › Under your Cigna provider agreement, you are required to cooperate with the HEDIS data collection process.

## Shared administration

We provide health benefit services to individuals covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. Please be aware that FEHB plans within the shared-administration product collect their own HEDIS data each year. These plans include:

- › American Postal Workers Union (APWU)
- › National Association of Letter Carriers (NALC)
- › SAMBA Federal Employee Benefit Association

Therefore, if you have Cigna patients who have coverage through a FEHB plan, you may receive separate HEDIS requests directly from the administrators of those FEHB plans. Please follow their instructions to submit any required medical records.



## For more information on HEDIS

Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Resources > Medical Resources > Commitment to Quality > Quality > Healthcare Effectiveness Data and Information Set Record Collection).

You may also visit the NCQA website ([NCQA.org](http://NCQA.org)) for more information on HEDIS.



# 2018 CIGNA CARE DESIGNATION, AND PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS

Cigna regularly evaluates physician quality and cost-efficiency information. We recognize physicians who meet specific criteria by assigning them a Cigna Care designation, or a physician quality and cost-efficiency display, for a given specialty.

Currently, the 2017 Cigna Care designations, and physician quality and cost-efficiency information, are displayed in our online health care professional directories at [Cigna.com](http://Cigna.com) and [myCigna.com](http://myCigna.com). They are identified by unique symbols (for quality criteria) and stars (for cost efficiency).\* We typically update this information annually.

## Existing physician profiles will display through 2018

We are extending the time frame for Cigna Care designation, and physician quality and cost-efficiency displays to apply. ***The existing 2017 physician profiles will remain in effect and continue to display in our online directories through December 31, 2018.*** If you have inquiries related to your status, including reconsideration requests, please email them to [PhysicianEvaluationInformationRequest@Cigna.com](mailto:PhysicianEvaluationInformationRequest@Cigna.com).

## Methodology for the current displays

For more information about the methodology we used to determine the 2017-2018 Cigna Care designation and physician quality and cost-efficiency displays, please review the Cigna Care Designation and Physician Quality and Cost-Efficiency Displays 2018 Methodology at [Cigna.com/CignaCareDesignation](http://Cigna.com/CignaCareDesignation).

If you have questions, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

\* Cost-efficiency displays are available only on myCigna.com for individuals with Cigna coverage.

# CULTURAL COMPETENCY ASIAN TRAINING

Cigna is committed to reducing health disparities experienced by Asians living in the U.S. by proactively identifying these disparities, and developing and sharing resources that empower providers to mitigate them. Recently, we released *Diabetes Among South Asians in the U.S.*, a free training course with three modules, enabling providers to take the training at their own pace. You can access it on the Cigna [Cultural Competency Training and Resources](#) web page.

## Module 1 - Diabetes Among South Asians: Overview

Learn about key health disparities found within the South Asian population, including Asian Indian, Pakistani, Nepali, Bangladeshi, and Sri Lankan subpopulations. Gain foundational knowledge about specific cultural traits, beliefs, and practices that will help you to provide culturally responsive care.

The training includes two short videos by two Cigna South Asian clinicians.

- › **Equipping clinicians with insights into health disparities.** Anil Sipahimalani, MD, addresses the cultural influencers, environmental factors, and resulting health disparities within the South Asian community. [View video:](#)
- › **Culturally appropriate lifestyle changes are of key importance for South Asians.** Sheila Sudhakar, MD, offers lifestyle modification tips, while acknowledging cultural factors and their effect on South Asian patients who are at risk for chronic disease; special focus on nutritional needs. [View video:](#)

## Module 2 - Diabetes Among South Asians in the U.S.: Three Case Studies

Expand clinical awareness related to culturally driven disparities as you explore three unique case studies

highlighting the diversity found within the Nepali, Indian, and Pakistani subpopulations. Leverage insights into how beliefs, practices, and values related to dietary, social, environmental, and spiritual domains influence diabetes self-management. Assess factors that affect patient motivation to engage in healthy lifestyle changes or follow treatment protocols.

## Module 3 - Diabetes Among South Asians in the U.S.: Patient Card

This training is in the form of a tri-fold brochure, which clinicians are encouraged to share with their South Asian patients to increase diabetes self-management adherence.

It gives **providers** culturally relevant insights into how to suggest dietary modifications, and addresses potential barriers in accessing and navigating the health care system.

It gives **patients** encouragement about how it's possible to make healthy modifications, while still honoring their traditional diet. It gives tips on how to prepare for a medical appointment, collaborate and build a relationship with their entire health care team, and navigate the U.S. health care system.

## How to access the training

These courses are easy to access. Visit [CignaforHCP.com](http://CignaforHCP.com) > Explore Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resource](#). Under "Featured Resources: Cultural Training Series," click on the [Cultural Training Instruction Guide](#). Note that only Cigna-participating providers and their staff have permission to take the training.







# CALIFORNIA PROVIDER DIRECTORY 2018 DATA VALIDATION

California Senate Bill (SB) 137 requires health plan insurers to contact all contracted providers to verify the accuracy of the information they have in their provider directories for them. This must be done:

- › Once every year for ancillary providers and physicians who are affiliated with a provider group
- › Once every six months for individual physicians who are not affiliated with a provider group

## 2018 data validation process to begin soon

In the coming months, we will begin contacting providers to start our 2018 review to confirm that all of the information displayed next to their name in our provider directories is accurate. We will attempt to validate all of the information we have on file for each provider, even if California SB 137 does not specifically require it. We hope this improves the accuracy of the information in our directories, so that customers can make the most informed decisions about their health care providers.

## Your responsibilities under California SB 137

Under the terms of your Cigna Provider Agreement, and in compliance with California SB 137, you are required to validate the accuracy of the information

displayed in our provider directories, and to keep this information current. California SB 137 requires us to remove providers from our directories if, after multiple attempts to reach them, we do not receive a response to validate the information.

## How to restore your listing

If you have received notification that your information has been removed from our provider directories, you can still confirm that your information is accurate, or request that we update it, by sending an email to [CA\\_DirectoryCompliance@Cigna.com](mailto:CA_DirectoryCompliance@Cigna.com). We will restore your directory information in the online and printed directories once we receive a full and accurate response, and are able to verify it in accordance with Cigna policies and requirements for updating directory information.

## Additional information

For additional information about SB 137, please refer to the [article](#) in the October 2017 *Network News*.

We appreciate your cooperation and compliance with this law.





# GEORGIA PROVIDER DIRECTORY 2018 DATA VALIDATION



On July 1, 2016, Georgia Senate Bill (SB) 302 became effective for managed care and insured benefit plans. It requires health insurers and health maintenance organizations to keep their provider directories current by taking steps to help improve their accuracy.

## Provider information inaccuracy reporting requirements

Health insurers must:

- › Provide a dedicated telephone number, and either an email address or electronic link that customers can use to report provider information inaccuracies.
- › Develop a process to address complaints and correct inaccuracies.

## How we are complying with these requirements

### Online directory link to report inaccuracies

We added a link to certain pages in the Georgia online provider directories that allows customers to report potential inaccuracies in the information displayed. When performing a provider search in the directories at [Cigna.com](http://Cigna.com) and [myCigna.com](http://myCigna.com), customers will see the link on the Search Results

page, as well as on the Detail page for an individual provider. When viewing the directories on the myCigna® App, they'll see the link on the Detail page. We will verify the information we receive, and ensure the necessary corrections are made.

### 2018 annual audits

We are verifying the accuracy of information displayed in our provider directories by conducting two yearly audits, as outlined below.

- › **Random sampling.** This is an audit – of a reasonable sample size of providers listed in our directories – to review and confirm the accuracy of all the information displayed for the providers. We will begin the 2018 audit in the second quarter.
- › **Claims data.** This is an audit – of network-participating providers who have not submitted claims within 12 months – to determine their network-participation status. During the first quarter of 2018, we will begin contacting providers who did not submit a claim for medical services in 2017. **Providers must respond to the outreach to verify that the information we have on file is accurate, request an update if applicable, or advise us of their intent to continue participating in the Cigna network.**

## How to review and update your listing

You can use the online form to submit changes quickly and easily. Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Working with Cigna > Profile Information for Cigna Contracted Health Care Physicians, or Cigna Contracted Facilities and Other Health Care Providers. You can also find information on how to submit changes by email, fax, or mail in the [Helpful Reminders](#) section of this issue.

Changes will be made within 30 business days from when we receive your request.

## Additional information

For additional information about Georgia SB 302, please refer to the [article](#) in the October 2017 *Network News*.





# CIGNA INTRODUCES FREE SUPPORT RESOURCES FOR VETERANS

To show appreciation for the sacrifices our veterans have made, Cigna recently introduced two new free resources specifically designed to help them: A national **Veteran Support Line** and a **Mindfulness for Vets program**.

Veterans face a variety of challenges, ranging from chronic pain, post-traumatic stress disorder (PTSD), depression, and other health conditions, as well as difficulties associated with transitioning back to civilian life. The new resources are designed to help veterans manage these and other challenges.

**“America’s veterans made many sacrifices for us and put their lives on the line to secure our freedom. Now it’s our responsibility help them achieve the security they’re seeking in their own lives.”**

— **Karen Cierzan**, Vice President  
Clinical Operations  
Cigna Behavioral Health

## **Veteran Support Line: 1.855.244.6211**

This free service is available 24 hours a day, seven days a week, and 365 days a year for all veterans and their families and caregivers – **whether or not they are Cigna customers**. Its focus is on providing veterans with services and resources for financial issues, pain management, help in accessing

substance use counseling and treatment, food, clothing, housing, safety, transportation, parenting and child care, aging services, health insurance, and legal assistance.

The Veteran Support Line will be promoted through the many veterans’ organizations with which Cigna is associated, including the Iraq and Afghanistan Veterans of America (IAVA). This organization runs a Rapid Response Referral Program to help veterans meet their life goals through connections to education, medical, and legal resources and benefits. In July 2017, the Cigna Foundation gave a \$300,000 grant to the IAVA for this program.

## **Mindfulness programs**

Mindfulness is an evidence-based therapy that has been proven to have a positive affect on depression, stress, anxiety, performance, sleep, addiction, PTSD, and more. Cigna offers the following two types of mindfulness programs exclusively for veterans that can help them manage stress and pain more effectively.

### **Mindfulness for Vets**

This program is available every Tuesday at 4:00 p.m. Central time (CT) by calling **1.888.244.6260** and entering the passcode **536435**.

“Mindfulness for Vets will provide training in mindful stress management, acceptance, and compassion.

The group will encourage veterans to observe their thoughts, feelings, and sensations in the present moment without judgment, and cultivate self-care,” said Karen Cierzan, Vice President, Clinical Operations, Cigna Behavioral Health. At the end of the group session, a direct phone number will be provided for a participant to call if they would like to talk further with a coach.

### **Mindfulness Drop-In**

This session is available three times a week on Mondays and Thursdays at 5:00 p.m. CT, and on Wednesdays at 7:30 p.m. CT. Any vet who wants to participate can call **1.888.244.6260** and enter the passcode **388032**.

“This group is designed to offer a space where any veteran can practice mindfulness, so there is no sharing of personal information during these groups. Each session will provide a simple introduction to basic relaxation and mindfulness practice, and is suitable for anyone at any level of experience with mindfulness. The remainder of the session is a rotation of techniques, such as breath work, progressive muscle relaxation, guided visualization, positive affirmation, and attention and compassion exercises. The group will wrap up with tips for continuing personal practice, and group discussion about applying these skills to daily life,” Cierzan explained.

## **Tackling the opioid crisis**

For more information on how opioids affect veterans, go to <http://tacklingopioids.eiu.com/>. To read more about how Cigna is supporting the veteran community, go to RollCall.com > [Finding-Consensus on Opioid Misuse is Critical to Overcoming It.](#)



# CIGNA GRANT SUPPORTS VICTIMS OF VIOLENCE IN CHICAGO



In October 2017, the Cigna Foundation awarded a \$450,000 World of Difference grant to [Bright Star Community Outreach](#) (BSCO). The funds will be used over three years to help address trauma among victims of violence in the Bronzeville and neighboring sections of Chicago.

## The Urban Resilience Network (TURN) model

Through the grant, the Cigna Foundation will be helping to support The Urban Resilience Network (TURN) model, a BSCO initiative designed to empower underserved Chicago residents to lead healthy, safe, and self-sufficient lives through parenting education, workforce development, advocacy, mentoring, and counseling. This model was developed with the help of Northwestern Medicine, University of Chicago Medicine, and the United Way of Metropolitan Chicago.

Founder and CEO of BSCO, Pastor Chris Harris, Sr., grew up in the Bronzeville neighborhood. He stated, “BSCO is committed to being a national leader in trauma counseling, and ending the stigma that surrounds mental health support. With the support of Cigna, BSCO and its partners believe the TURN model can be an effective, scalable, and replicable model to reduce the devastating effects of trauma in underserved communities. There is great potential to make a tremendous impact in Bronzeville and surrounding communities.”

## TURN trauma counseling helpline

The first year of the grant will support the recently launched TURN trauma counseling helpline – which uses faith and community leaders who are trained and certified professionals – to provide trauma counseling and mental health support from 9:00 a.m. to 6:00 p.m. on Mondays, Wednesdays, and Fridays. As demand and support increases for the helpline, BSCO will train more faith and community leaders in the trauma program. BSCO anticipates responding to 130 calls per week by the end of its first year of operation.

“We believe the helpline will be a vital resource for the residents of Bronzeville and surrounding communities. All community members will have access to the helpline should they find themselves struggling with trauma, whether prolonged or triggered by a violent event,” said Mary Engvall, Executive Director of the Cigna Foundation. “The Cigna Foundation has found that faith communities, when working with local health systems, can be very effective in improving lives in the neighborhoods they serve.”

## TURN ambassadors

Faith and community leaders also serve as TURN ambassadors, who focus on increasing mental health awareness within the community and helping people to become more trauma-informed. They

do this through partnerships with agencies and organizations in the health care, education, first responder, business, and faith community sectors. They present material about BSCO’s TURN model, and help to raise awareness about the services BSCO offers.

“Cigna is proud to partner with Bright Star, Northwestern Medicine, University of Chicago Medicine, and the United Way as we wrap our arms around this community where we live and work, and which our customers call home,” said Michael Phillips, President, Cigna Midwest Markets. “As a worldwide leader in health service, Cigna will use our health care expertise, employee experience and analytics, and other tools, to help elevate BSCO and its TURN model to aid even more people.”

## In development: A new follow-up support model

Over time, the Cigna Foundation grant will further support care coordination, increased access to mental health support services, and best practices that can be replicated in other urban environments facing high levels of violence.

This includes support of a care coordination committee, which BSCO established in conjunction with the launch of the helpline. Its goal is to develop a model for providing access to follow-up mental health services after initial contact with a community

resident has been made through the helpline. Additional services are anticipated to include in-person counseling sessions, group counseling, case management, and treatment at a local health center or partner organization.

### About the Cigna Foundation

*The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. [Cigna.com/Foundation](http://Cigna.com/Foundation)*

### About Bright Star Community Outreach

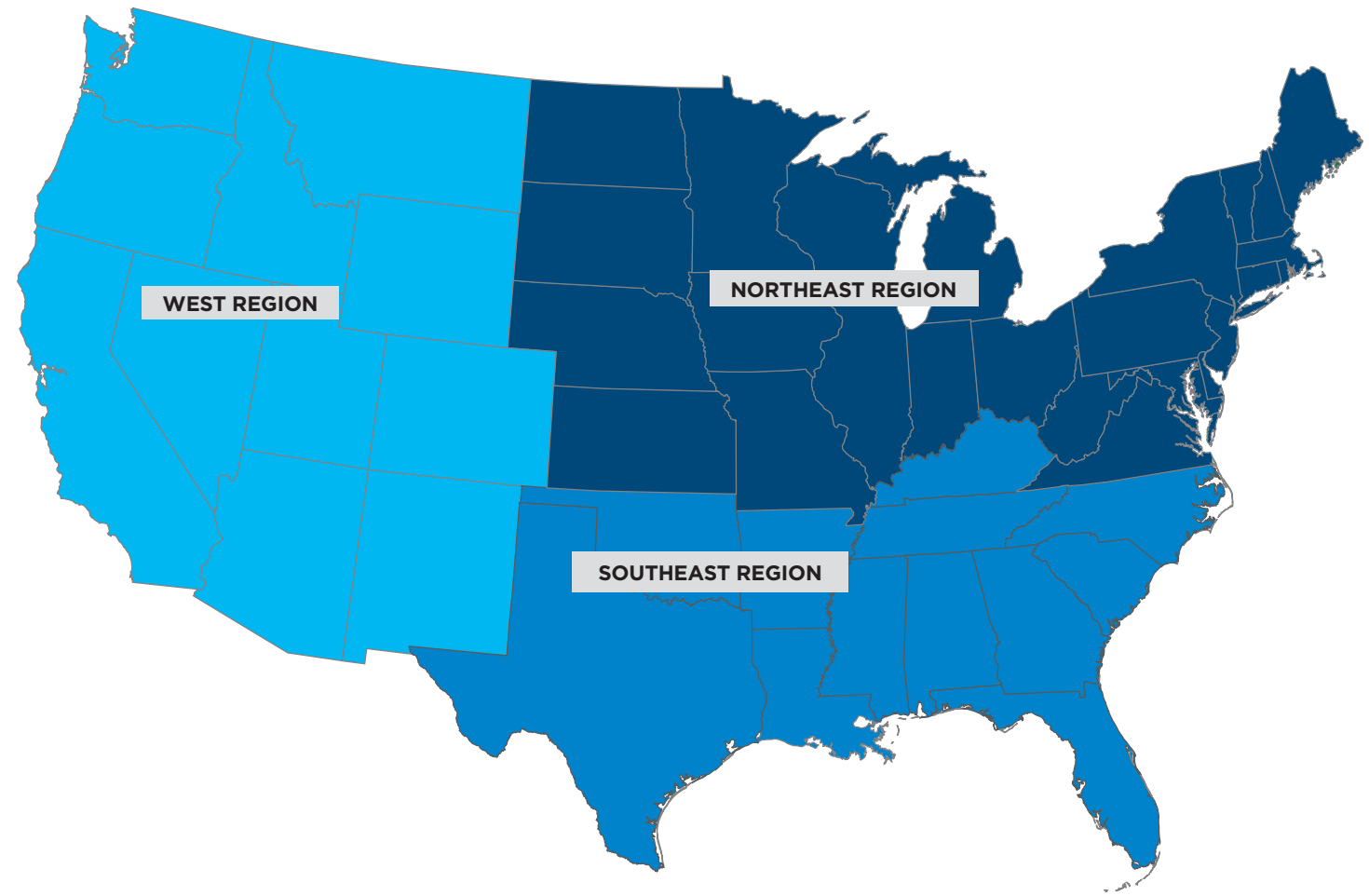
*Over its nine-year history, Bright Star Community Outreach has made significant contributions to the renewal of Chicago’s most vulnerable communities as a 501C3 nonprofit organization, its strategy includes developing impactful community development initiatives aimed at facing its largest societal challenges: Violence, poor economic opportunities, inadequate mental health services, homelessness, child safety, and drug abuse. [BrightStarCommunityOutreach.com](http://BrightStarCommunityOutreach.com)*





# MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



Cigna Market Medical Executives (MMEs) are an important part of our relationship with providers. They provide personalized service within their local regions and help answer your health care related questions. MMEs cover specific geographic areas so they are able to understand the local community nuances in health care delivery. This allows them to provide you with a unique level of support and service.

NATIONAL	
<b>Peter McCauley, Sr., MD, CPE</b> <i>Clinical Provider Engagement &amp; Value Based Relationships</i>	<b>1.312.648.5131</b>
<b>Jennifer Gutzmore, MD</b> <i>Clinical Strategy &amp; Solutions</i>	<b>1.818.500.6459</b>

### Reasons to call your MME

- › Ask questions and obtain general information about our clinical policies and programs.
- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with a quality concern involving your patients with Cigna coverage.
- › Request or discuss recommendations for improvements or development of our health advocacy, affordability or cost-transparency programs.
- › Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.
- › Identify opportunities to enroll your patients in Cigna health advocacy programs.



# QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL



The Quick Guide to Cigna ID Cards contains samples of the most common customer ID cards, along with detailed line-item information. You can view it using our online interactive ID tool or as a PDF.

### To access the guide:

- › Go to [Cigna.com](http://Cigna.com) > Health Care Professionals > [Sample ID Cards](#), or go to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > [View Sample ID Cards](#).
- › You'll see sample images of the most common ID cards.
- › To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, Strategic Alliance Plans, etc. – from the categories that appear.
- › Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.
- › Click View the Back to see the reverse side of the card.

- › Click About This Plan to read more about the plan associated with this ID card.
- › Click View Another Card Type to view a different sample ID card.
- › If you prefer to view a PDF of the guide, click View the print version of the guide.

### Other information you can access

On every screen of the ID card tool, you can click a green tab for more information about:

- › The myCigna® App\*
- › More ways to access patient information when you need it
- › Important contact information

Click [here](#) to use the digital ID card tool.

\* The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

## USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in their network. Not only is that helpful to them, it's good for your relationship with Cigna, as it's required in your contract. There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient. Of course, if there's an emergency, use your professional discretion.

For a complete list of Cigna participating physicians and facilities, go to [Cigna.com](http://Cigna.com) > [Find a Doctor](#). Then, choose a directory.

## CIGNA REFERENCE GUIDES

Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals contain many of our administrative guidelines and program requirements. The reference guides include information pertaining to participants with Cigna, GWH-Cigna, and "G" ID cards.

### Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on [Register Now](#). If you prefer to receive a paper copy or CD-ROM, call **1.877.581.8912** to request one.





# GO GREEN – GO ELECTRONIC

Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your in-box.

When you register for the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)), you can:

- › Share, print, and save – electronic communications make it easy to circulate copies
- › Access information anytime, anywhere – view the latest updates and time-sensitive information online

When you register, you will receive some correspondence electronically, such as *Network News*, while certain other communications will still be sent by regular mail.

If you are a registered user, please check the My Profile page to make sure your information is current. If you are not a registered user but would like to begin using the website and receive electronic updates, go to [CignaforHCP.com](http://CignaforHCP.com) and click [Register Now](#).

# CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it's important to obtain a better understanding of culturally driven health care preferences. That's why Cigna created the [Cultural Competency Training and Resources page](#) on Cigna.com. It contains many resources for providers and their office staff.

Listed below are just a few of the many resources you can access.

RESOURCE NAME	DESCRIPTION	LOCATION ON WEB PAGE	HOW TO ACCESS
Delivering Culturally Responsive Care: Hispanic Community* – <b>New!</b>	Discusses community characteristics and health care patterns using a storytelling approach (three-part series)	Featured Resources: Cultural Training Series	Click on <a href="#">Cultural Training Instruction Guide</a> to register for these two on-demand, free courses.
Developing Cultural Agility* – <b>New!</b>	Explores your assumptions, and learn about cultural competency best practices		
CultureVision™	Offers insights into culturally relevant patient care for more than 60 cultural communities.	Featured Resources: CultureVision	Click on CultureVision Username: CignaHCP. Password: Doctors123*

\* Please note that the Delivering Culturally Responsive Care and Developing Cultural Agility courses are limited for use solely by Cigna-participating providers and their staff. When you access this site, you agree to this requirement. Please view the [Cultural Training Instruction Guide](#) for registration details.

There are many other resource on this web page geared specifically to providers, including tool kits, videos, articles, and training.

**There are two ways to navigate to the Cultural Competency Training and Resources page. Go to:**

- › [Cigna.com](http://Cigna.com) > Health Care Professionals > Resources > [Cultural Competency Training and Resources](#)
- OR
- › [CignaforHCP.com](http://CignaforHCP.com) > Explore Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resources](#)

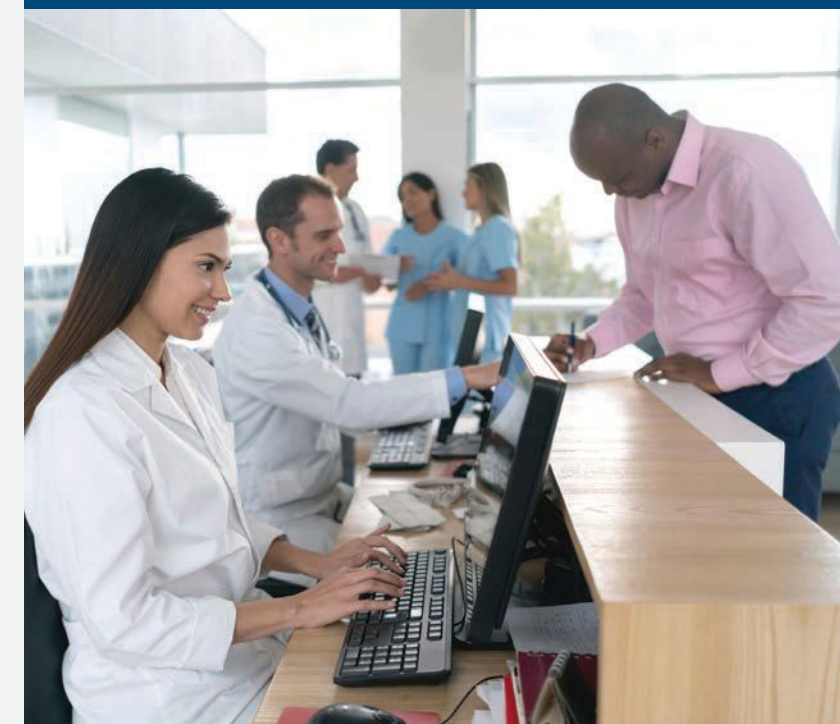
Bookmark this page for fast, easy access whenever you need it.

# URGENT CARE FOR NON-EMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other options. Consider providing them with same-day appointments when it's an urgent problem. And when your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, view our Provider Directory at [Cigna.com](http://Cigna.com) > [Find a Doctor](#). Then, choose a directory.



# HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

## Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our provider directory, including your office address, telephone number, and specialty. Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Working With Cigna.

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on [CignaforHCP.com](http://CignaforHCP.com). After you log in, select Working With Cigna on your dashboard, and then choose the appropriate update link under “Profile Information for Cigna contracted providers, facilities, and other health care providers.” You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

**Email:** [Intake\\_PDM@Cigna.com](mailto:Intake_PDM@Cigna.com)

**Fax:** 1.877.358.4301

**Mail:** Two College Park Dr.  
Hooksett, NH 03106

## Update your email address to continue receiving *Network News* and alerts

Notify us if your email address changes so that you won't miss any important communications, such as *Network News*, alerts, and other emails. It only takes a moment. Just log in to [CignaforHCP.com](http://CignaforHCP.com) > Settings and Preferences to make the updates. You can also change your phone number and password at this site.



## LETTERS TO THE EDITOR

Thank you for reading *Network News*. We hope you find the articles informative, useful, and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Your comments or suggestions are always welcome. Please email [NetworkNewsEditor@Cigna.com](mailto:NetworkNewsEditor@Cigna.com) or write to Cigna, Attn: Provider Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.

## ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit [Cigna.com](http://Cigna.com) > Health Care Professionals > [Newsletters](#). Article topics are listed for each issue.

Together, all the way.®



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