



Network News

JULY 2018

For providers



Verify network participation in patients' plans online

Page 3

New precertification web page

Page 8






Strategic alliances expand national access to care



Page 12

Providers must meet language assistance compliance requirements

Page 15

Contents

	FEATURED ARTICLE	
	Verify network participation in patients' plans online	3
	POLICY UPDATES	
	Clinical, reimbursement, and administrative policy updates	4
	Preventive care services policy updates	5
	Precertification updates	6
	ELECTRONIC TOOLS	
	New precertification web page	8
	View patients' current utilization of specialty services online	8
	Have you identified your CignaforHCP.com website access manager?	9
	Webinar schedule for digital solutions	10
	CONNECTED CARE	
	Making a difference for your patients	11
	NETWORK UPDATES	
	Strategic alliances expand national access to care	12

	CLINICAL NEWS	
	Preterm birth prevention and cervical length measurement	13
	GENERAL NEWS	
	How to receive faster coverage approvals for CPAP therapy	14
	Providers must meet language assistance compliance requirements	15
	Patient concerns or complaints	16
	2019 Cigna Care Designation reconsideration requests due August 10	17
	Cigna quality initiatives available online	18
	Continuity and coordination of care	18
	Cigna online opioid prevention campaign	19
	Cigna Health Equity Council celebrates 10 years	20
	COMMUNITY GIVING	
	Cigna grant supports Philadelphia middle school calming room	21

	HELPFUL REMINDERS	
	Market Medical Executives contact information	22
	Use the network	23
	Quick Guide to Cigna ID Cards: Interactive digital tool	23
	2018 Cigna Reference Guides available	23
	Go green - go electric	24
	Cultural competency resources	24
	Urgent care for nonemergencies	24
	Have you moved recently?	25
	Did your phone number change?	25
	Letters to the editor	25
	Access the archives	25



VERIFY NETWORK PARTICIPATION IN PATIENTS' PLANS ONLINE

Now when you log in to the Cigna for Health Care Professionals website (CignaforHCP.com) to verify your patient's eligibility and benefits, you can verify which providers in your practice – by Taxpayer Identification Number (TIN) – participate in the network aligned with that patient's benefit plan.

It's easy

- › Log in to CignaforHCP.com.
- › Click the Patients tab.
- › Conduct a Patient Search.
- › When results appear, click on the Patient ID.
- › Scroll to the Patient and Plan Detail section.
- › In the Patient Detail column, click “Am I in-network for this patient?” An in-network verification screen will appear.
- › Select a TIN.
- › The provider(s) aligned with that TIN will appear, and show the plans and networks for which the provider(s) are participating. You will also see the answer to the question, “Am I in-network for this patient?”

IN-NETWORK VERIFICATION

Select a Tax Identification Number (TIN) and Provider
Select a TIN/Provider to see if the provider is in-network for the selected patient.

Patient Name: Julia Jacks | **Patient ID:** U92813249 02 | **Plan:** PPO Plus | **Network:** NN001

TIN 201707172
Provider/Group STEVE LEMI MD

Provider	Am I in-network for this patient?	Provider's contracted plan(s) & network(s)
STEVE LEMI MD	✔ You are in-network for this patient.	<ul style="list-style-type: none"> ▶ Cigna SureFit ▼ PPO <ul style="list-style-type: none"> EC006 - TEST CSN 1003 - PPO1 EC007 - TEST CSN 1003 - PPO1A EC012 - CSN TEST CLIENT 1010-PPO1 EC050 - AIMS CSN TEST 1007 - PPO1 EC055 - AIMS TEST CSN 1008-PPO1 NN001 - NATIONAL PPO NETWORK NN003 - SHARED ADMIN REPRICING II

We are addressing some of the most frequently requested enhancements to CignaforHCP.com based on your feedback. Please let us know how you like this new tool by using the feedback button on CignaforHCP.com. Watch for more enhancements to come this year.



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
Uniform Billing Editor (UBE)	The UBE provides detailed information about the Centers for Medicare & Medicaid Services (CMS) uniform billing requirements, including a list of revenue codes that require a Healthcare Common Procedure Coding System (HCPCS) code or Current Procedural Terminology (CPT®) code.	We will expand the list to include additional revenue codes not listed under the CMS uniform billing requirements.	July 15, 2018 for claims processed on or after this date.
Omnibus Reimbursement Policy (R24) Lumbar Laminectomy with Posterior Lumbar Interbody Fusion	A lumbar laminectomy is typically incidental to a posterior lumbar interbody fusion (PLIF). It is not considered separately reimbursable, except when additional decompression is required beyond what was necessary to complete the posterior interbody fusion reported with CPT codes 22630-22634.	We will update this policy to no longer reimburse claims (with or without a modifier) for a lumbar laminectomy when billed with a PLIF at the same interspace level unless documentation is submitted to support medical necessity for a separately identifiable decompression.	September 16, 2018 for claims processed on or after this date.
Cardiac Resynchronization Therapy (CRT)	We currently require precertification for the insertion or replacement of a single or dual chamber defibrillator (CPT 33249), but not for the resynchronization process.	We will update this policy and implement a precertification requirement for services billed with CPT codes 33224 and 33225. Precertification requests for all services billed with CPT codes 33224, 33225, and 33249 will be reviewed by a cardiologist for medical necessity.	October 1, 2018 for dates of service on or after this date.

Coverage policy monthly updates

To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > [Policy Updates](#).

If you are not registered for this website, go to 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)**.

* Please note that planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.



PREVENTIVE CARE SERVICES POLICY UPDATES

On April 1, 2018 and July 1, 2018, updates became effective for Cigna's Preventive Care Services Administrative Policy A004.

Summary: Preventive care code updates effective on April 1, 2018

DESCRIPTION	UPDATE	CODES
Abnormal blood glucose and type 2 diabetes screening and counseling	Added HCPCS* codes	G9873, G9874, G9875, G9876, G9877, G9878, G9879, G9800, G9881, G9882, G9883, G9884, G9885, and G9890
Preeclampsia screening	Added to blood pressure measurement	N/A
Routine immunizations: HepB	Added CPT** code	90739
Routine immunizations: Live attenuated influenza vaccine (LAIV) (FluMist®)	Added CPT codes for coverage of FluMist for the 2018-2019 influenza season, for dates of service on or after July 1, 2018 <i>Note that FluMist remains not covered for dates of service between September 15, 2016 and June 30, 2018.</i>	90660 and 90672

Summary: Preventive care code updates effective on July 1, 2018

DESCRIPTION	UPDATE	CODES
Colorectal cancer screening: Moderate sedation	Added CPT codes	9152, 99153, 99156, and 99157
	Added HCPCS code	G0500



For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > [Preventive Care Services - \(A004\)](#).

* Healthcare Common Procedure Coding System.

** Current Procedural Terminology.

MODIFIER 33 IMPORTANT REMINDER

Cigna does not process claims as preventive care services solely based on the presence of modifier 33. Claims must include a preventive care diagnosis and procedure codes for our systems to identify them as preventive care services.



PRECERTIFICATION UPDATES

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

Codes added to the precertification list on July 1, 2018

On July 1, 2018, we added 27 new Current Procedural Terminology (CPT®) codes and seven new Healthcare Common Procedure Coding System (HCPCS) codes to our precertification list.

CPT CODE	DESCRIPTION
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (seven content and five housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
0046U	FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and five housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)
0049U	U NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, quantitative
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service

CPT CODE	DESCRIPTION
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation
0053U	Oncology (prostate cancer), FISH analysis of four genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood

continued



Precertification updates *continued*

CPT CODE	DESCRIPTION
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
93653	Comprehensive electrophysiologic evaluation, including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93656	Comprehensive electrophysiologic evaluation, including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation

CPT CODE	DESCRIPTION
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)

HCPCS CODE	DESCRIPTION
C9030	Injection, copanlisib, 1 mg
C9031	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome
Q5105	Retacrit - Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units
Q5106	Retacrit - Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Q9995	Injection, emicizumab-kxwh, 0.5 mg

Codes removed from the precertification list on July 1, 2018

On July 1, 2018, we removed six HCPCS codes from our precertification list.

HCPCS CODE	DESCRIPTION
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77067)
J1439	Injection, ferric carboxymaltose, 1mg
J1446	Granix - Injection, TBO-filgrastim, (Granix), 5 micrograms
J1447	Injection, tbo-filgrastim, 1 microgram
J2547	Injection, peramivir, 1 mg
J3110	Injection, Teriparatide, 10 mcg

To view an online list of monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) and click Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click [Register Now](#).



NEW PRECERTIFICATION WEB PAGE

Precertification is often a necessary step when ordering medications or medical procedures. Now there's a new Cigna precertification web page that will help make it easier to determine when and where to submit requests for your patients with Cigna-administered coverage. While you'll still request precertifications the same way, the web page provides an easy and organized way to access the information you need the most.

You'll find information on the web page about:

- › How to access a complete list of services that require precertification.
- › How to request precertification for medications and medical procedures. This includes high-technology radiology, integrated oncology management, and durable medical equipment, which are managed by our national ancillary providers.
- › Our national ancillary providers, including which services each one manages and how to contact them.

You'll also be able to view frequently asked questions about precertification.

You can access the new web page at CignaforHCP.com/precertification, or visit the Cigna for Health Care Professionals website (CignaforHCP.com) and click "Learn about the precertification process."



VIEW PATIENTS' CURRENT UTILIZATION OF SPECIALTY SERVICES ONLINE

For some specialty treatments and services, your patient's medical plan will allow coverage for a certain number of total visits. When coordinating care, providers often call us to confirm if their patient's benefit plan will cover all of the prescribed visits. Patients appreciate these efforts to help prevent unexpected charges and out-of-pocket costs.

Find visit frequency and utilization information online

Now you can go online to quickly determine for a particular service the total number of allowed covered visits for that calendar year, the number already used, and how many are left for your patients with Cigna-administered medical or behavioral plan coverage.

To access this information:

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com).
- › Click the Patients tab.
- › Conduct a Patient Search.
- › When results appear, click on the Patient ID.
- › Scroll down and click on the specialty tab for which you want to see frequency and utilization information. For example, if you click the Chiropractic Care tab, a screen will appear that shows the total number of visits your patient is allowed, the number of visits already used, and how many are left.

Visit frequency and utilization information is available for the following specialties:

- › Allergy treatment
- › Chiropractic care
- › Durable medical equipment
- › External prosthetics
- › Skilled nursing
- › Home health
- › Preventive care (adult)
- › Short-term rehabilitation

More online enhancements will be available soon.



HAVE YOU IDENTIFIED YOUR CIGNAFORHCP.COM WEBSITE ACCESS MANAGER?

Earlier this year, we began asking registered users of the Cigna for Health Care Professionals website (CignaforHCP.com)* to identify website access managers – a new role – for their practice. This is in preparation for important enhancements that we will be making to the website later this year.

Please identify a website access manager for your practice

Since late April 2018, a pop-up screen has appeared on CignaforHCP.com when registered users enter their login ID and password. The screen links to a form that prompts users to verify their CignaforHCP.com contact information, such as email address and role, and identify one or more website access managers for their practice.

If you haven't completed this form yet, please log in to the website and complete it as soon as possible. If a website access manager is not identified for your group, you may have limited access to the website in the future.

Website access manager responsibilities

Website access managers will have three key responsibilities.

- ▶ Obtain access for and approve new users for CignaforHCP.com.
- ▶ Assign or modify the website functions to which users have access.

- ▶ Remove access for users who no longer need it.

Cigna will no longer need to approve new users, which will help to speed up a new user's access to the website and the functions they need.

Please note that individuals at your practice who are currently designated as primary administrators of CignaforHCP.com will no longer have that designation once website access managers are activated. The role of primary administrator is being discontinued.

Website access manager training

In the next few months, we will contact individuals who have been identified as website access managers to help them prepare for the upcoming website enhancements. We'll share information about training sessions that will be held before the changes become live on the website.

We look forward to improving your website experience

For more information about website access managers, please review this [fact sheet](#).

* CignaforHCP.com is best viewed on Internet Explorer version 9 and above, and all versions of Microsoft Edge, Chrome, FireFox, and Safari. Some functionality may not display on older versions of Internet Explorer.



WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (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 will benefit you and your patients with Cigna coverage.

Preregistration is required for each webinar

1. Click the link on the date of the webinar you'd like to attend from the options below.
2. Click the Register button.
3. Enter the requested information and click Register.
4. You'll receive a confirmation email with the meeting details and the 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?

Email: Cigna_Provider_eService@Cigna.com

TOPIC	DATE	TIME (PT/MT/CT/ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Thursday, August 2, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	717 883 289
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, August 8, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	715 571 012
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, August 14, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	711 615 759
Online Precertification	Friday, August 24, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	45 min	716 743 344
CignaforHCP.com Overview	Thursday, September 6, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	711 483 444
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, September 11, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	710 674 676
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, September 19, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	717 513 304
Online Precertification	Tuesday, September 25, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	712 718 943



MAKING A DIFFERENCE FOR YOUR PATIENTS

The Cigna One Guide® service is a customized support experience, currently serving more than four million Cigna medical customers,¹ which combines powerful technology with a personal touch. It offers a wide array of support options tailored to meet the needs and circumstances of each individual customer.

Customers whose benefit plans include this service can access personal guides that provide one-on-one telephone support and click-to-chat online engagement. Through myCigna.com and the myCigna® App, customers also have access to alerts, messages meant just for them, tools, and support information 24 hours a day, seven days a week.

Cigna One Guide helps drive higher customer satisfaction

When customers with the Cigna One Guide service engage a personal guide, or log in to the website or app, they may receive informative tips and reminders – such as to take a health assessment or get an annual check-up. This may help them become more engaged in their health. When this happens, their overall health may improve, and they may be more satisfied with the care they receive.

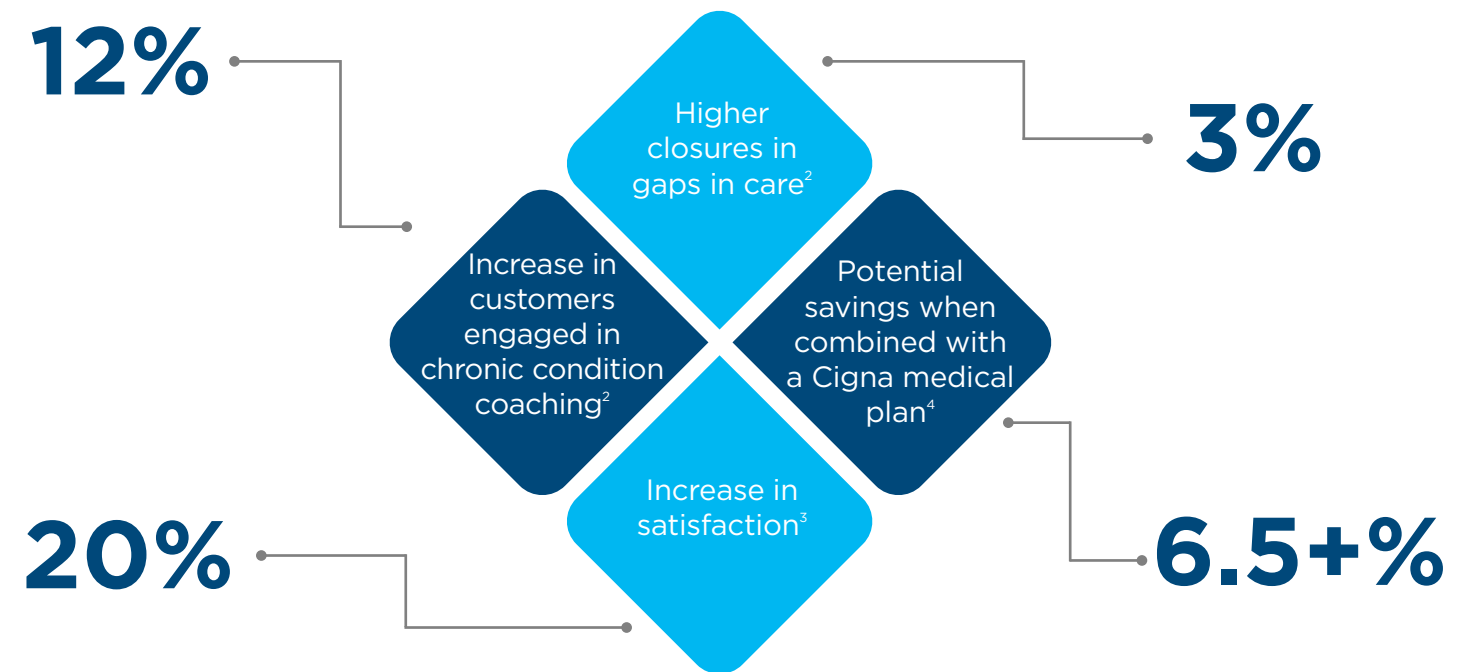
Personal guides can help resolve issues in real time, such as by assisting with coordination of care, helping customers connect with specialists, and making additional follow-up calls to other Cigna resources and coaches. They look beyond a customer’s immediate needs, and say, “Here’s how I can help.”

By keeping an open and ongoing dialogue with customers, personal guides can encourage health and wellness activities, and provide support when it’s needed. They strive to answer customers’ questions about their benefit plans, guide them on how to find participating providers, and proactively suggest ways to help improve their health.

How providers benefit

Through this service option, we can educate customers about their benefit plan and claims, answer their general health care system questions, proactively engage them in their health, and give support when it’s needed. We hope this will allow providers to spend less time educating their patients about benefit coverage, and help give them more time to engage with their patients for the care they need.

Customers can realize improved health and savings outcomes



Customer testimonials

“Andrea was amazing! Not only did she reach out to the provider for me to get one of my husband’s bills taken care of, she helped us realize we have incentives we can earn if my husband gets his preventive care check-up. That was awesome! She not only looked into our bills, she helped us save a little extra money!”

“He helped me out with questions about my HSA debit card and provided me with good information on benefits, some of which I wasn’t aware of.”

“She assisted me ... and advised me of different incentives and the programs I had at my disposal. High praise for the time and effort she spent with me. It really helped! Thank you!”

1. The Cigna One Guide service is only available for certain Cigna-administered plan participants.
 2. October 2017 Cigna internal analysis: All customers whose plans included Cigna One Guide versus Cigna customers whose plans did not include Cigna One Guide (1/2017–6/2017).
 3. 2016 Cigna National Care Management Satisfaction Survey results.
 4. 2015 Cigna analysis of nationwide Integrated Case Management System (ICMS) Proclaim business pilot comparing the Personal Health Solutions Plus (PHS+) medical management model with the Cigna Health Matters Care Management Complete medical management model; includes incremental savings from 2014 analysis of 125 national accounts and 2017 Cigna One Guide projection. Results may vary.



STRATEGIC ALLIANCES EXPAND NATIONAL ACCESS TO CARE

To help ensure Cigna customers have access to quality, cost-effective care, we have established strategic alliances with several nationally recognized health care companies. They include Tufts Health Plan, HealthPartners®, Health Alliance Plan (HAP), and MVP Health Care.

What you need to know about our strategic alliances

- ▶ You should treat your patients with strategic alliance plans the same way that you treat those with other Cigna medical plans. They are all covered under your Cigna agreement.
- ▶ To receive in-network coverage, customers must use participating providers in the network aligned with their alliance plan when they are in the alliance service area. However, they can use any Cigna-participating provider or hospital when traveling, or if they live outside of the alliance service area.
- ▶ You can easily identify your patients with strategic alliance plans by checking their customer ID card, which will display both our name and the name of the strategic alliance. The ID cards also contain contact and claim submission information.
- ▶ You should submit claims for patients with strategic alliance plans directly to the strategic alliance identified on the back of the ID card. They will process and pay the claims at your Cigna-contracted rate.

Additional information

You can download a handy one-page [quick reference flyer](#) that highlights key information about the benefit plans provided through our strategic alliances.

If you need additional information, or have any questions about our strategic alliances, call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



PRETERM BIRTH PREVENTION AND CERVICAL LENGTH MEASUREMENT

Preterm birth is the leading cause of perinatal morbidity and mortality in the United States. In 2016, more than 9.8%¹ of babies in the United States (about 380,000) were born prematurely, or before 37 weeks gestation. These babies have a higher risk of immediate medical complications, long-term neurodevelopmental disabilities, and chronic disease.

Cigna supports cervical length measurement

While many factors may contribute to preterm births, including genetics, behavioral, dental, environmental, social, and medical conditions, a previous preterm birth is a significant clinical risk factor. Current pharmacologic intervention for women with a history of a prior preterm birth will only address about 7% of women who may deliver prematurely.² Therefore, to help reduce the preterm birth rate, it's important to identify patients who are at risk for delivering their first premature baby.

A risk factor for a first preterm delivery is a shortened length of the cervix at 24 weeks gestation. Well-documented studies have shown that patients who are considered to be at a low risk for a preterm birth, but whose cervix measures less than 25 mm at 24 weeks gestation (as measured during a transvaginal ultrasonography exam), are six times more likely to have a spontaneous preterm birth before 35 weeks. This is compared with patients whose cervical length is greater than 40 mm in length.³

We encourage obstetrical health care providers to include cervical length assessment during the standard second trimester ultrasound for pregnant patients. This is a covered service for those enrolled in a Cigna-administered plan.

Timing of ultrasonography and cervical length measurement. The American College of Obstetricians and Gynecologists (ACOG) states that the best gestational age for obstetric ultrasonography depends on the clinical indication for the examination.

- ▶ For patients with uncertain or unreliable menstrual dating, or with an indication to confirm viability, ultrasonography in the first trimester is the most accurate.
- ▶ For patients without specific indications, a single ultrasonic examination at 18 to 22 weeks gestation is considered optimal.⁴

Medications Cigna supports to help reduce the risk of preterm births

To reduce the risk of preterm birth for singleton pregnancies, experts generally support treatment with:

- ▶ Intramuscular progesterone for patients with a history of a prior preterm birth.
- ▶ Vaginal progesterone for patients with a shortened cervix.

About vaginal progesterone. A recently published meta-analysis of individual patient data demonstrated that vaginal progesterone (90 mg natural progesterone gel or 200 mg micronized natural progesterone pill) reduces the risk of preterm birth without any demonstrable, deleterious effects on childhood neurodevelopment or maternal health. It's also associated with reducing the complications associated with preterm births and the frequency of neonatal deaths.⁵

We encourage obstetrical health providers to consider prescribing vaginal progesterone for pregnant women when the cervical length is less than 25 mm in length at 24 weeks gestation. This is a covered medication for women with Cigna-administered plans.

Cigna medical coverage

Cigna covers one routine two-dimensional standard obstetrical ultrasound examination during pregnancy, and additional ultrasound examinations as medically necessary when performed for specific medical indications. Cervical length measurement by trained operators should be considered during the second trimester evaluation.

Additional information

Additional resources on this subject are located on the Cigna for Health Care Professionals website (CignaforHCP.com), as described below:

RESOURCE	TITLE	GO TO CIGNAFORHCP.COM >
Cigna Medical Coverage Policy	Hydroxyprogesterone Caproate Injection - (1108)	Review coverage policies > Medical and Administrative A-Z Index > Ultrasound in Pregnancy (including 3D and 4D Ultrasound) - (0142)
Cigna Drug and Biologic Coverage Policy	Ultrasound in Pregnancy (including 3D and 4DF Ultrasound) - (0142)	Review coverage policies > Pharmacy (Drugs 7 Biologics) A-Z Index > Hydroxyprogesterone Caproate Injection - (1108)
Healthy Pregnancies, Healthy Babies	Cigna Maternity: Healthy Pregnancies, Healthy Babies	Resources > Medical Resources > Health and Wellness > Healthy Pregnancies, Healthy Babies

1. Centers for Disease Control and Prevention (CDC) National Center for Health Statistics. CDC.gov > Data & Statistics > Reproductive Health > National Center for Health Statistics (NCHS) FastStats A to Z > Births/Nativity > [Births: Final Data for 2016.tables 1.11.13](#) (PDF).
2. Khalifeh A, Berghella V. Universal cervical length screening in singleton gestations without a previous preterm birth: Ten reasons why it should be implemented. *American Journal of Obstetrics and Gynecology (AJOG)*, May 2016 Vol 214, Issue 5: 603.e1-603.e.
3. Iams JD, Goldenberg RL, Meis PJ, et al. The length of the cervix and the risk of spontaneous premature delivery. National Institute of Child Health and Human Development Maternal Fetal Medicine Unit Network. *N Engl J Med*. 1996; 334:567-572.
4. ACOG Practice Bulletin No. 176, Dec 2016.
5. Roberto R, et al. Vaginal progesterone for preventing preterm birth and adverse perinatal outcomes in singleton gestations with a short cervix: A meta-analysis of individual patient data. *AJOG* Feb 2018; Vol 218, Issue 2: 161-180.



HOW TO RECEIVE FASTER COVERAGE APPROVALS FOR CPAP THERAPY

It is estimated that 22 million Americans suffer from sleep apnea,* which may increase a person's risk for asthma, diseases of the heart and blood vessels, certain cancers, chronic kidney disease, and other serious medical conditions.** Given these health risks and understanding the importance of sleep, many doctors proactively assess their patients for symptoms of a sleep disorder, and order sleep studies for those who appear to be at risk.

The Cigna Sleep Management Program

Cigna has partnered with CareCentrix to create the **Cigna Sleep Management Program**. This program seeks to provide access to high-quality, cost-effective sleep management services to Cigna customers who are covered under benefit plans that include precertification of outpatient procedures. As a reminder, all sleep studies require a precertification coverage review through CareCentrix.

Referral for CPAP therapy

If your patient is diagnosed with obstructive sleep apnea, continuous positive airway pressure (CPAP) therapy may be recommended to treat the condition. To initiate coverage for CPAP therapy, you must submit a request to CareCentrix and receive coverage approval for it, even if you already have coverage approval from CareCentrix for a sleep study.

To expedite approval for CPAP therapy

It's important to submit all of the necessary information with the *initial* coverage request for CPAP therapy.

A request with partial information or missing documentation may result in delays that prevent your patient from beginning CPAP therapy more quickly.

As a reminder, you must submit:

- ▶ Copies of both the polysomnography (PSG) and titration report with completed interpretations
- ▶ Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
- ▶ Supporting documentation, if the AHI or RDI is between 5 and 14, including:
 - Excessive daytime sleepiness
 - Impaired cognition
 - Insomnia
 - Mood disorder
 - Hypertension
 - Ischemic heart disease
 - Coronary artery disease
 - History of a stroke



Send your request for CPAP therapy using one of the following methods:

Online: Cigna.SleepCCX.com

Phone: 1.877.877.9899

Fax: 1.866.536.5255

Once the request is approved for coverage, CareCentrix will locate a contracted, durable medical equipment (DME) provider to coordinate care for a CPAP device. The DME provider will assist with the setup and training.

For more information about the Cigna Sleep Management Program, read this [fact sheet](#).

* American Sleep Apnea Association website (SleepApnea.org), copyright 2017.

** National Heart, Lung, and Blood Institute website (NHLBI.NIH.gov) > Health Topics > Health Topics A-Z > S > [Sleep Apnea](#).



PROVIDERS MUST MEET LANGUAGE ASSISTANCE COMPLIANCE REQUIREMENTS



It's the law

The Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against individuals with disabilities in day-to-day activities, including accessing medical services and facilities.

Section 1557 of the Affordable Care Act

Section 1557 of the Affordable Care Act (ACA), also referred to as the nondiscrimination rule, prohibits discrimination in health programs and activities on the basis of race, color, national origin, sex, age, or disability.

This legislation supports the ACA's goals of:

- › Expanding access to health care coverage
- › Eliminating barriers
- › Reducing health disparities

Under Section 1557, it is unlawful to delay or deny effective language assistance services to individuals with limited English proficiency (LEP). Covered entities, such as Cigna and health care providers, are required to take reasonable steps to assist in providing language assistance services or written translations for LEP individuals who are eligible to be served in health programs and activities. Additionally, when language services are required, they must be provided free of charge and in a timely manner.

Providers' responsibilities to ensure compliance with the law

Health care providers are required by law to **provide and pay** for language services for their LEP patients at no charge and in a timely manner. These services include:

- › **Sign language interpreter services** for communication with patients who are deaf or hard of hearing when needed, regardless of the cost, even if the cost of the interpretation services exceeds the amount a provider will receive for the services* (except in New Mexico, where the health plan is required to pay for sign language interpreter services).
- › **Language assistance services**, such as telephone and face-to-face interpretation services, as well as written translations for LEP individuals** (except in California and New Mexico, where the health plan is required to pay for telephone interpreter services and written translations of health plan documents).
- › **Reasonable accommodations for those with disabilities**, when necessary, to ensure they have an equal opportunity to participate in, and benefit from, programs or activities.

Auxiliary aids that are needed for effective communications may include, but are not limited to:

- › Qualified sign language interpreters
- › Large-print materials
- › Teletypewriters (TTYs)
- › Captioning
- › Remote video interpreting services

Provider discounts available for language assistance services

Cigna has contracted with professional language assistance service vendors to offer discounted rates for Cigna-participating providers for their LEP patients who have Cigna-administered plans.

Depending on the service, discounted rates of up to 50% are available for telephone and face-to-face interpretations, as well as written translations.

Providers and their staff must contact the vendors directly to schedule and pay for the services.

[Click here](#) for vendor information, such as available discounts, how to schedule the services, and more.

Additional resources, such as "[Tips for Working with a Language Interpreter](#)," are available on Cigna's Cultural Competency and Health Equality web page. Visit [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#).

We hope these discounts will help make it easier for providers to comply with federal language assistance laws, and ensure successful communications with their LEP patients.

continued



Providers must meet language assistance compliance requirements *continued*

How Cigna ensures compliance with the law

At Cigna's points of contact with customers, such as Customer Service, we offer the following language assistance services at no charge:

- › Access to qualified professional interpreters that have knowledge of medical terminology and health care benefits in the customer's preferred spoken language.
- › Access to bilingual staff – who have passed an oral proficiency assessment administered by a professional vendor – to speak directly with the LEP customer in their preferred language.
- › At the request of the customer, written translation of significant documents in more than 33 languages, including Braille, alternative fonts, and audio.
- › Inclusion of the nondiscrimination notice and taglines with significant documents to inform customers about the availability of free language assistance services, nondiscrimination rights, and how to file a complaint.

Special note about compliance with California and New Mexico laws. In California and New Mexico only, state laws require **health plans**, such as Cigna, to provide language assistance services free of charge to eligible individuals who participate in their plans. In New Mexico only, this includes sign language interpreters. In California, the provider is required to pay for sign language services.

For more information about the California and New Mexico language assistance laws, please refer to the related articles in the [April 2018 Network News](#), or access the Cigna state-specific reference guides. (Log in to the Cigna for Health Care Professionals website [[CignaforHCP.com](#)] > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guide.)

Questions?

If you have questions about the law or language assistance services, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

*The law prohibits the use of a bilingual staff member, a child, or a family member as a sign language interpreter while in a medical setting. The use of unqualified interpreters is extremely dangerous because these individuals are not trained to be professional sign language interpreters. Therefore, important information is at risk of being conveyed poorly or completely lost in translation.

** Using family members, friends, or children as interpreters for individuals with LEP is discouraged because of serious concerns around competency, confidentiality, and conflicts of interest.

PATIENT CONCERNS OR COMPLAINTS

Occasionally, a patient with Cigna-administered coverage or a Cigna representative may ask for information to help resolve a quality of care or service complaint. Your timely response is important to help address and resolve the patient's concern, and comply with applicable laws. By responding within the requested time period, you'll also be adhering to your provider contract with Cigna.

Information requests may include:


- › A response from your office about the complaint
- › Medical records (please coordinate with your copy services to ensure timely release of records)

If you have any questions about how we handle patient concerns or complaints, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



2019 CIGNA CARE DESIGNATION RECONSIDERATION REQUESTS DUE AUGUST 10

Cigna regularly evaluates physician quality and cost-efficiency information. Health care providers who meet Cigna’s specific quality and cost-efficiency criteria, including those who participate in a Cigna Collaborative Care® arrangement, can receive the Cigna Care Designation (CCD) for a given specialty.

On January 1, 2019, provider quality displays will be viewable on our public website, Cigna.com, and customer website, myCigna.com. Note that only individuals with Cigna coverage will be able to view cost-efficiency displays on myCigna.com. Preliminary designation displays will be viewable with the  symbol next to a providers’ name in our online directories beginning September 24, 2018.

2019 results available

In June, we sent a letter to primary care providers and specialists in 74 markets and 21 specialties notifying them of the availability of their 2019 quality, cost-efficiency, and CCD display results. The letter provided information about how to request reports and review their results, as well as submit inquiries, changes, or reconsideration requests.

Reconsideration requests, corrections, and requests for more information

Network-participating providers may email us at PhysicianEvaluationInformationRequest@Cigna.com or fax their request to 1.866.448.5506 if they would like us to:

- ▶ Reconsider their quality or cost-efficiency results.
- ▶ Send them additional quality and cost-efficiency information.
- ▶ Give them a full description of the methodology and data upon which our decisions were based.
- ▶ Correct inaccuracies.

When submitting a reconsideration request, providers should include the following information.

- ▶ Full name and telephone number
- ▶ Practice name and full address
- ▶ Taxpayer Identification Number (TIN)
- ▶ Reason for the request
- ▶ Supporting documentation, if applicable



After we receive the request, a Network Clinical Manager or Specialist will contact the provider.

RECONSIDERATION REQUEST TIMETABLE

For requests received:	Amended results will display in our directories by:
On or before August 10, 2018	October 1, 2018
After August 10, 2018	The next provider display tools update

Methodology

A full description of the methods we use to determine 2019 provider quality, cost efficiency, and designation results is available at Cigna.com/CignaCareDesignation. If you do not have Internet access, call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



CIGNA QUALITY INITIATIVES AVAILABLE ONLINE

We want you to have the latest information about our quality initiatives and health management programs, health and wellness guidelines, and utilization management. We hope you find these resources helpful when considering care options for your patients with Cigna coverage.

Quality initiatives

The details of our quality initiatives are just a few clicks away on the Cigna for Health Care Professionals website (CignaforHCP.com) > Explore Medical Resources > Commitment to Quality > [Quality](#).

Health and wellness guidelines

To view our health and wellness guidelines visit CignaforHCP.com > Resources > Cigna Clinical Health and Wellness Programs > [Care Guidelines](#).

Utilization management

We base utilization management decisions on appropriateness of care and services, standardized evidence-based criteria, and existence of coverage. We do not reward decision makers for issuing denials of coverage. There are no financial incentives in place for utilization-management decision makers

that encourage or influence decision making. Your patients have the right to disagree with a coverage decision, and we will provide them with instructions on how to submit an appeal. Your patients can also elect to obtain care at their own expense.

The following services are available to you and your patients with Cigna coverage, at no charge, when you submit a utilization-management request:

- › Language line services
- › Telecommunications device for the deaf (TDD) and teletypewriter (TTY) services. Any deaf, hearing-impaired, or speech-impaired person in the United States can access these services through the 711 dialing code to the Telecommunications Relay Services (TRS), which interfaces with the existing phone equipment used by hearing-impaired persons.

If you have questions about our quality initiatives, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

CONTINUITY AND COORDINATION OF CARE

Continuity of care is the process by which patients and their team of providers are cooperatively involved to help coordinate health care management and ensure access to quality, cost-effective care.

Disruptions in care and lack of timely communication may result in delays in treatment and possibly poor health outcomes for patients. Through communication, planning, and collaboration, continuity and coordination can be achieved, and ultimately meet the patient's needs.

To help facilitate continuous and appropriate care for patients, our quality program monitors, assesses, and identifies opportunities to take action and improve upon continuity and coordination of care across health care settings and between providers.

Our quality programs monitor for:

- › Coordination of care
 - During transitions in inpatient settings, such as hospitals, skilled nursing facilities, or hospice.
 - In outpatient settings, such as rehabilitation centers, emergency departments, or surgery centers.
 - When patients move between providers (for example, from a specialist to a primary care provider).

- › Notification and transition of patients from a provider who has been terminated from a network.
- › Patients who qualify for continued coverage in order to access a provider who has been terminated from a network for reasons other than quality.

We have developed tools based on our assessments to serve as a model for exchanging clinical information that helps facilitate continuity and coordination of care. These tools are accessible and available for download from the Cigna for Health Care Professionals website (CignaforHCP.com) > Explore Medical Resources > [Commitment to Quality](#).

NCQA* accredited

Cigna has received the National Committee of Quality Assurance (NCQA) Health Plan Accreditation. NCQA-accredited health plans face a rigorous set of more than 60 standards, and must report on their performance in more than 40 areas to earn the organization's seal of approval. Accreditation by NCQA is one of the industry's "gold standard" mechanisms for assuring and improving access to quality care and the patient experience.



* NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA 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.



CIGNA ONLINE OPIOID PREVENTION CAMPAIGN

Cigna is furthering its commitment to curb the national opioid epidemic through a new online campaign. It features easy-to-use tools to help people safely manage pain in partnership with their doctor.

Campaign focus: Preventing opioid misuse

The focus of the campaign is on preventing opioid misuse, even before a prescription is written. It advances the concept of a “pain plan,” and is intended to facilitate conversations between patients and their doctors, who can educate them about all of the available treatments – including behavioral, pharmaceutical, and medical options – as well as provide guidance for the safe and appropriate use of opioids, and help them set goals for pain relief.

“Both acute and chronic pain can be debilitating, and we understand the real challenges people face when trying to cope with their pain,” said Douglas Nemecek, MD, Chief Medical Officer, Cigna Behavioral Health. “We want to help people better understand pain, how it manifests, and ultimately, how to manage it safely and effectively, immediately and over time. The best place to begin is to have an informed conversation with your health care provider and develop a highly personalized pain plan together.”

How big is the problem?

An estimated 2.5 million people suffer from substance use disorders related to prescription opioid pain relievers in the United States.* Additionally, one in five people are at increased risk of long-term use with just a 10-day prescription.** A proprietary study from Cigna found that while 80% of respondents agree that “anyone could become addicted to opioids, even someone like me,” the majority are unaware or disagree that “opioids are not safe to take for more than one week without an increased risk of addiction.”***

* McLellan AT. Substance Misuse and Substance use Disorders: Why do they Matter in Healthcare? Transactions of the American Clinical and Climatological Association. 2017; 128:112–130. [NCBI.nlm.nih.gov/pmc/articles/PMC5525418/](https://pubmed.ncbi.nlm.nih.gov/3525418/).

** Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use – United States, 2006–2015. Morbidity and Mortality Weekly Report (MMWR) 2017; 66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>.

*** Omnibus Survey, Cigna, 11/3/17–11/6/17.



New pain resource website. People can text “Help with Pain” to 25792 to receive a list of questions that they can ask their doctor, along with a link to Cigna’s new pain resource website, Cigna.com/HelpWithPain. This website provides tools for individuals, health care providers, and employers to help prevent opioid misuse through education.

Celebrity videos. To resonate with Americans in a meaningful way, Cigna has partnered with a group of social influencers, representing well-known athletes, chefs, and bloggers. They are featured in videos, where they share why they are aligning with this campaign, promote the goal of raising awareness about opioid addiction, and introduce simple, preventive solutions. They include Travis Kelce (Kansas City Chiefs football player), Rocco DiSpirito (award-winning celebrity chef and author of *Rocco’s Healthy + Delicious*), and Rachel Moore (Pinteresting Plans blogger), among others.

This campaign comes on the heels of Cigna’s recent announcement that in partnership with more than 1.1 million prescribing clinicians, the company has achieved a 25% reduction in opioid use among its customers. This goal was reached one year ahead of plan.



CIGNA HEALTH EQUITY COUNCIL CELEBRATES 10 YEARS

This year marks the 10-year anniversary of the Cigna Health Equity Council. Established in 2008, this group is composed of leaders throughout Cigna who are driven to promote high-quality, equitable, and culturally sensitive service that is accessible to individuals regardless of cultural background, age, gender, sexual orientation, or race. They focus on leveraging research and data, promoting health care interventions, improving customer communications, engaging employees, and building relationships with and equipping health care providers.

Helping providers promote culturally competent care

Over the years, the council has developed numerous tools and resources to help providers render more equitable health care, and improve the health of their culturally diverse patient populations. You can find many of these resources by visiting the Cigna Cultural Competency and Health Equity web page. Go to Cigna.com > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#).



Cigna Health Equity Council Milestones: 2008-2018

2008

First meeting of the Cigna Health Equity Council

2009

- ▶ Began using [RAND Corporation indirect estimation methodology](#) to measure racial disparities
- ▶ Became first health plan to receive Robert Wood Johnson Foundation grant to [research disparities in hypertension management](#)

2010

Launched colon cancer screening initiative focused on disparate populations

2011

Expanded colon cancer screening for African-Americans

2012

- ▶ Launched Cigna [Cultural Competency and Health Equity web page](#) for providers
- ▶ Awarded [U.S. Surgeon General's Medallion](#) for efforts to reduce health care disparities and National Business Group on Health Innovation in Advancing Health Equity Award

2013

Published white paper: [America's Hispanic Community](#) for providers

2014

Secured access to CultureVision™ to give providers insights into culturally relevant patient care for more than 60 cultural communities

2015

- ▶ Published white paper: [Health disparities - How your practice and patients may be affected](#) for providers
- ▶ Published briefs: [LGBT health disparities](#) and [Hispanic health disparities](#) for providers
- ▶ Began offering [language assistance services discounts](#) to providers

2016

Released a health equity [podcast series](#)

2017

- ▶ Launched [Delivering Culturally Responsive Care: Hispanic Community Courses](#) for providers
- ▶ Published white paper: [Cultural Competency in Health Care](#) for providers

2018

- ▶ Launched [Diabetes Among South Asians](#) training series for providers
- ▶ Published [Statins: Miracle, Myth and Myopathy](#) gender disparities paper for providers
- ▶ Cigna ties [Hospital Value-Based Program](#) to health equity



CIGNA GRANT SUPPORTS PHILADELPHIA MIDDLE SCHOOL CALMING ROOM



On April 5, 2018, a “calming room” was opened at Tilden Middle School in Southwest Philadelphia, an area with high levels of poverty and violence, and where children may be exposed to gangs, shootings, and drug activity at a young age. Because of these challenges, combined with the stresses of everyday life, some children act out in school or cause disruptions in the classroom. Many have difficulty concentrating. To help students cope with their emotions, refocus on learning, and improve their academic performance, Cigna funded the new calming room at the middle school through its Community Ambassador Fellowship program and a \$20,000 grant.

Why a calming room?

The idea came about after Peggy Banaszek, a Cigna Community Ambassador, met with some of Tilden’s teachers and staff, who asked for more programming and tools to help trauma-affected students. To design the optimal space, Banaszek and others reached out to psychologists, medical specialists, the students themselves, and the teachers – who may also take refuge in the calming room from time to time.

A safe, therapeutic space

As the name implies, the calming room is a place for students to settle down and take a moment when things get overwhelming or upsetting. Its aim is to provide a safe, therapeutic space to help better support students’ behavioral health and well-being. Students can go there to defuse tensions, so that mental health issues don’t cause issues with behavior, academics, or relationships.

“Unfortunately, a lot of students come to school with tension from homes, families, or neighborhoods,” said Banaszek. “We designed specific activities for the adolescent brain that would help students focus on their minds. Doctors have told us that painting and drawing, for example, allow the mind to focus again. And the reading space has plush cushions with textures that bring comfort, as we feel when petting a puppy.”

Tilden Middle School Principal Brian Johnson explained why the calming room is so important to the school. “We have students impacted by the violence, but also by the divorce of the parents and the circumstances of life, and we need to teach them to process what they are feeling,” he stated. “The new space will allow brief breaks to ease students’ stressful moments, and help them cope with traumas, regain concentration, and simply reflect on their everyday emotions.”

The room is the first of its kind in the district, and city officials hope to replicate the space in other schools

“We realize suspensions don’t work,” said Johnson. “In middle school, there’s a lot of angst. Sometimes students who don’t know how to deal with it, they exhibit that angst. They don’t know how to calm down from it. This is a way we’re going to teach them some strategies to utilize. It’s not just a quiet room, but a strategy to teach students how to deal with their emotions, and learn about themselves, and thus gain academic personal growth.”

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

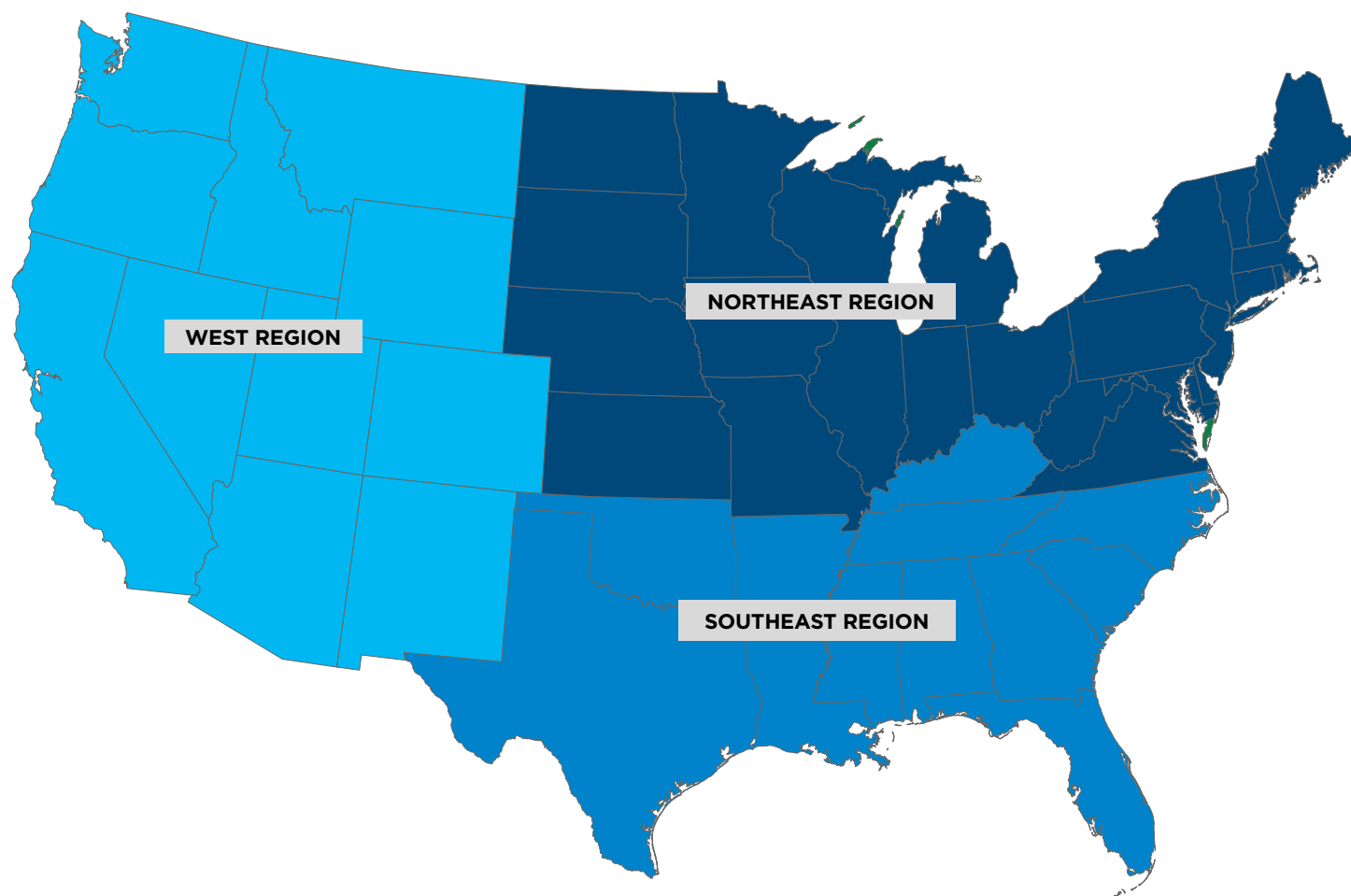
About the Cigna Community Ambassador Fellowship program

The Cigna Community Ambassador Fellowship program provides selected Cigna employees with one to three months of paid leave, and up to \$20,000 toward a community service project. Currently, nine Cigna employees participate in the program.



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

Peter McCauley, Sr., MD, CPE **1.312.648.5131**

Clinical Provider Engagement & Value Based Relationships

Jennifer Gutzmore, MD **1.818.500.6459**

Clinical Strategy & Solutions

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 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 networks.
- › Identify opportunities to enroll your patients in Cigna health advocacy programs.



USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them, but it's also good for your relationship with Cigna, as it's required or encouraged 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.

As a reminder, if you are referring Cigna participants in New York or Texas to a nonparticipating provider (e.g., laboratory, ambulatory surgery center, etc.), you are required to use the [Out-of-Network Disclosure Referral Form](#).

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](#) > [Find a Doctor, Dentist or Facility](#). Then, select a directory.



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 the Cigna for Health Care Professionals website ([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, or Strategic Alliance Plans – 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 of 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.

2018 CIGNA REFERENCE GUIDES AVAILABLE

The 2018 Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals have been updated. They contain many of our administrative guidelines and program requirements, and 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](#)) > 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 [Register Now](#). If you prefer to receive a paper copy or CD-ROM, call **1.877.581.8912** to request one.





GO GREEN – GO ELECTRIC

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

When you register for the Cigna for Health Care Professionals website (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 and click [Register Now](#).

CULTURAL COMPETENCY 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 and Health Equity](#) web page on **Cigna.com**. It contains many resources for providers and their office staff.

What's on the Cultural Competency and Health Equity page?

Go to Cigna.com > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#), and check out the many resources. They include:

- › **Delivering Culturally Responsive Care: Hispanic Community courses**[†]
This is a series of [four courses](#) that examines assumptions and cultural competency best practices, Hispanic community characteristics, health care patterns, and cultural values, beliefs, and behaviors. Refer to the [Cultural Training Instruction Guide](#) for registration details.
- › **CultureVision**
This is an online program that offers insights into culturally relevant patient care for more than 60 cultural communities. Click on [CultureVision](#).
Username: CignaHCP
Password: Doctors123*
- › **Commonly Used Patient Forms in Spanish**
These are [consent, refusal instruction, and treatment forms](#) that providers may download for use at their practice.
- › **Interpretation and Translation Services Discounts**
Special discounts for [language assistance services](#) are available to Cigna-contracted health care providers.

We encourage you to visit the [Cultural Competency and Health Equity](#) web page today, and view the wide array of additional tools and resources available to you.

[†] Please note that the Delivering Culturally Responsive Care courses are limited for use solely by Cigna-participating providers and their staff.

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, often better, 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 > [Find a Doctor, Dentist or Facility](#). Then, choose a directory.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider 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.

It's easy to view and submit demographic changes online

- ▶ Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- ▶ Go to the Update Demographic Information section, and click Update Health Care Professional Directory.

An online Provider Demographic Update Form will appear that will be prepopulated with the information for your practice that currently displays in our provider directory.

You can easily review the prepopulated fields, determine if the information is correct, make any necessary changes, and submit the form to us electronically.

You may also submit your changes by email, fax, or mail.

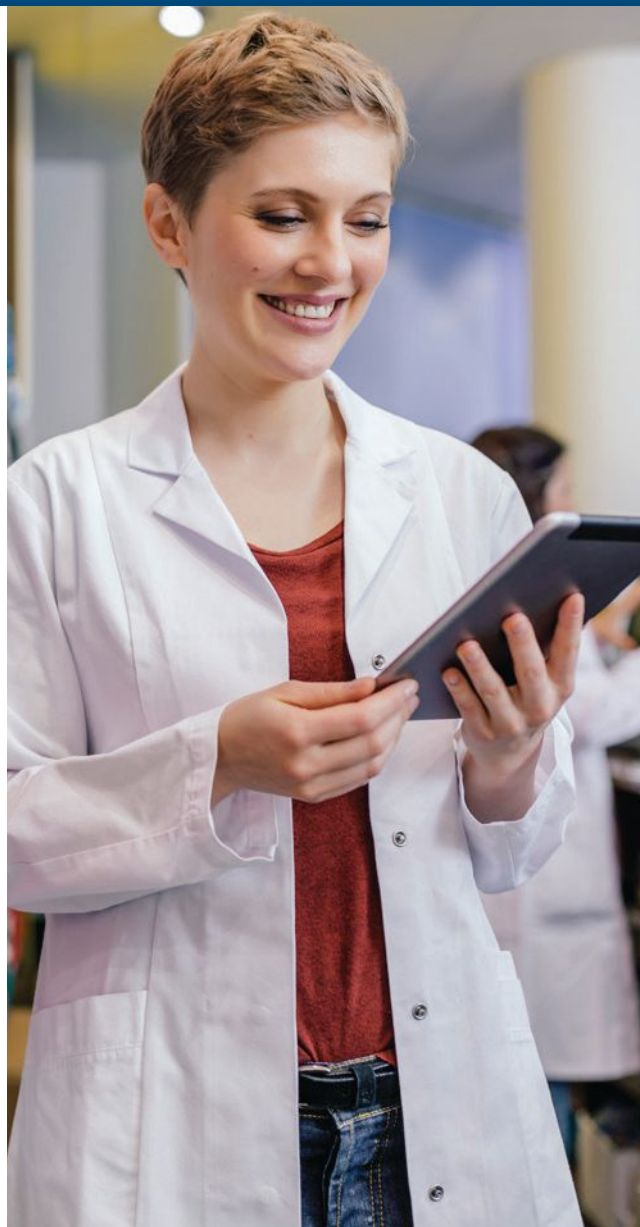
Email: Intake_PDM@Cigna.com

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 > Settings and Preferences to make the updates. You can also change your phone number and password here.



LETTERS TO THE EDITOR

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