

Network News

OCTOBER 2018

For providers



**New customized
access options on
CignaforHCP.com**

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**How to help your
patients avoid
surprise bills
for surgery**

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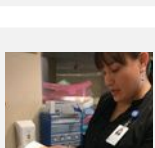
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NEW CUSTOMIZED ACCESS OPTIONS ON CIGNAFORHCP.COM

Later this year, we will change how providers register for, and obtain the appropriate level of access to, the Cigna for Health Care Professionals website (CignaforHCP.com).* Newly assigned website access managers at each practice will now manage these functions.

These changes will give your practice more control over the security of electronic transactions and management of patient privacy. It should also be a faster and more seamless experience when registering new users and making changes to a user's level of access to the website.

Website access manager's role at your practice

There will be one or more website access managers at your practice who will be responsible for:

› Managing website registrations and approvals

The website access manager will be able to register one or more users in your group with one or more Taxpayer Identification Numbers (TINs) all at the same time. *Individuals in your group may also continue to register themselves for the website. However, the website access manager will approve these registrations, and assign the appropriate level of access to CignaforHCP.com.*

› Assigning users' levels of access to the website

Your website access manager will assign the appropriate level of access to CignaforHCP.com for new users, as well as manage the level of access for all other registered users in your group. This will help to ensure that users can view content and utilize functions that are aligned and relevant to their job. For example, website access managers will assign access to electronic funds transfer (EFT) banking information to those who need it to perform their job, but not to others.

› Managing users' levels of access to the website

Cigna will no longer be able to change or modify the level of website access for users.

› Removing access to website functions and CignaforHCP.com

When a user no longer needs access to a function or no longer works for your group, your website access manager will be responsible for changing their level of access or removing their access to the website, as applicable.



How to find your website access manager

When the changes go live later this year, you will be able to find your website access manager by logging in to CignaforHCP.com, and going to Settings and Preferences. Select Online Access. Under View Access Rights, you will select a TIN from the drop-down menu to find your website access manager. Later this year, we will change how providers register for, and obtain the appropriate level of access to, the Cigna for Health Care Professionals website (CignaforHCP.com).* Newly assigned website access managers at each practice will now manage these functions.

Training for website access managers

To learn more about your role, go to CignaforHCP.com/WebsiteAccessManager.

We'll email registered users of CignaforHCP.com before these changes become effective.

* CignaforHCP.com is best viewed on Internet Explorer version 10 and above, and all versions of Microsoft Edge, Chrome, FireFox, and Safari. Some functionality may not display on older versions of Internet Explorer.



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 Revenue Code List	The Uniform Billing Editor (UBE) provides detailed information about the Centers for Medicare & Medicaid Services (CMS) UB requirements, including a list of revenue codes that require a Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code.	We will expand the list to include additional revenue codes not listed under the CMS UB requirements. Please note: This rule will ONLY apply to claims submitted by non-participating providers, and participating providers with full percentage of charges (POC) reimbursement arrangements.	July 15, 2018 for claims processed on or after this date.
UB-04 Claims for Clinic Room Charges Billed with Evaluation and Management Revenue Codes	This update is consistent with our Omnibus Reimbursement Policy (R24), which indicates that facility clinic room charges are not separately reimbursable when billed with evaluation and management (E&M) codes. Because HCPCS code G0463 is also a code for E&M services, we will update our R24 reimbursement policy to include this code.	Claims from facilities for clinic room charges billed with HCPCS code G0463 will be denied when billed with revenue codes 510-515, 517-525, and 527-529 for E&M services.	September 16, 2018 for facility claims (i.e., those submitted on a UB-04 form) processed on or after this date.

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Genetic Testing	We currently require precertification for many genetic testing CPT codes. Some of these codes, however, are not considered medically necessary for any condition, or are considered experimental, investigational, or unproven (EIU). Providers routinely request precertification for many of these services that are ultimately denied.	To remove the administrative burden of having to request precertification for services that we will always deny, we will no longer require providers to obtain precertification for these codes. However, please note that we will still deny these services when submitted on either a CMS-1500 or UB-04 claim form.	October 22, 2018 for claims with dates of service on or after this date.
Reimbursement Policy for Infusion and Injection Administration Services with Emergency Department as Place of Service	This update applies to claims that are billed with revenue codes 450-459 when the emergency department (ED) is the place of service, and with CPT codes 96360-96379 and 96521-96523. Please note that our current Facility Routine Services, Supplies, and Equipment (R12) and Pharmacy and Infusion Services (R14) reimbursement policies indicate that we deny these services when billed by an outpatient facility. Expanding the policies to include EDs will help ensure claims are processed consistently, regardless of place of service.	We will deny claims from EDs for infusion and injection administration services because these services are considered incidental to the primary service - and are therefore not separately reimbursable.	November 11, 2018 for claims processed on or after this date.
Precertification of Cardiac Electrophysiological Studies	Precertification will be required for cardiac electrophysiological (EP) studies billed with CPT codes 93619, 93620, 93621, 93622, 93623, 93624, 93654, 93655, and 93662.	We will implement a new medical coverage policy to support precertification for cardiac EP studies. The new medical coverage policy is cardiac EP studies (O532).	January 1, 2019 for claims with dates of service beginning on 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 the planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.



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 October 1, 2108

On October 1, 2018, we added three Healthcare Common Procedure Coding System (HCPCS) codes and 20 Current Procedural Terminology (CPT®) codes.

CODE	DESCRIPTION
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of four biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score

CODE	DESCRIPTION
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, common and select rare variants (i.e., *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (i.e., ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
C9033*	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and perioperative interrogation and programming; complete system (includes device and electrode)
Q5110*	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram

* HCPCS codes C9033 and Q5110 will be managed through our Integrated Oncology Management Program managed by eviCore Healthcare.

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 ENHANCEMENTS TO CIGNAFORHCP.COM

If you recently logged in to the Cigna for Health Care Professionals website (CignaforHCP.com), you may have noticed some new features. They were created based on the feedback we received from providers who use the website, and are part of our commitment to improving your online experience.

The new features include:

- › A precertification resource page that provides an easy and organized way to access information on how to start the precertification process.
- › The ability to digitally upload supporting documents for pended claims.
- › A deeper look into patient benefits and eligibility, including plan benefit history, current coverage details, and referral requirements. For certain patient benefits, you can view the number of visits used and the number remaining.
- › Online electronic funds transfer enrollment.

More to come

We are listening to you, and look forward to bringing you more enhancements based on your feedback. Let us know what you think by using the feedback button on CignaforHCP.com.

Log in to CignaforHCP.com to explore the latest enhancements.



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. Go to <https://Cigna.Webex.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.
6. You'll receive a confirmation email with the meeting details, and links to join the webinar session and add the meeting to your calendar.

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.

For additional webinar dates go to CignaforHCP.com >

Explore medical resources > Communications >

[Webinars for Health Care Professionals](#).

Questions?

Email: Cigna_Provider_eService@Cigna.com

TOPIC	DATE	TIME (PT / MT / CT / ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, November 7, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	718 560 723
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, November 14, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	712 766 922
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, November 20, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	715 716 602
Website Access Manager Training	Monday, November 26, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	60 min	715 879 108
CignaforHCP.com Overview	Tuesday, December 4, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	717 014 959
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, December 11, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	713 207 930
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, December 20, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	715 183 488
Website Access Manager Training	Friday, December 21, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	60 min	711 752 206



HOW TO HELP YOUR PATIENTS AVOID SURPRISE BILLS FOR SURGERY

As a provider, you play an important role in helping your patients make informed choices about their health care, the services they receive, and how much money they spend on these services. They rely on you to be conscious of how much they will pay for the care you recommend, and appreciate your assistance in helping them receive the maximum benefit coverage under their health benefit plan.

Surprise bills can be a significant financial burden

When your patients need surgery, they depend on you to refer them to, or use, network-participating providers and facilities.* They also expect participating facilities to use other network-participating providers, such as anesthesiologists and surgical assistants.

A surprise bill from a non-participating provider or facility – for an otherwise approved in-network service – can be a frustrating and negative experience for your patients. That’s because patients are generally responsible for any extra charges associated with out-of-network bills above what Cigna reimburses and the patient’s benefit plan covers. Additionally, some plans do not cover any services received out-of-network, meaning patients are responsible for paying the entire bill. The costs associated with surprise bills can be a significant financial burden.

Providers who perform surgery in the office setting

Be sure that all related services and providers you use in your own office, such as laboratory work or anesthesiologists, participate in the Cigna network. Not only will this help your patients avoid surprise bills, but it’s good for your relationship with Cigna, as it’s required in your contract.

Five tips to save your patients from surprise bills

See the image to the right for simple tips that can help you to help your patients save money – and prevent surprise bills – on surgical services that you order, refer, or even perform.



5 WAYS TO HELP YOUR CIGNA PATIENTS SAVE

Help patients needing surgery avoid surprise bills and get the most value from their health plan.



LOCATION

Choose a facility or ambulatory surgery center in the Cigna network.



PRECERTIFICATION

If required, request and obtain precertification from Cigna in advance.



ANESTHESIA

Choose an anesthesia professional in the Cigna network – including in-office procedures.



ASSISTANT

Let patients know if an assistant is needed, and choose one in the patient’s Cigna network.



COMMUNICATION

Let patients know if a surgical or post-op professional will be out-of-network.

Questions? To find out if a health care professional is in the Cigna network, visit Cigna.com or call 1.800.88.Cigna (882.4462).

* Network-participating providers are required by contract to refer their patients with Cigna-administered plans in network. See “Use the Network” on [page 21](#).



CIGNA CONNECT INDIVIDUAL & FAMILY PLAN EXPANSION IN 2019

On January 1, 2019, the Cigna Connect Individual & Family Plan will become effective in one new market – Knoxville, Tennessee. In addition, in Arizona we will begin to offer these plans on-Marketplace, as well as continue to offer them off-Marketplace.

What is Cigna Connect?

This is an Individual & Family Plan that builds networks around local participating physicians, hospitals, and specialists to provide customers with access to personal, patient-centered care. Enrolled customers have coverage only for 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, choose the prompt for “specialist referral.”



Cigna Connect Individual & Family Plans at a glance: Expanded markets

MARKET	NETWORK NAME	PCP SELECTION	REFERRAL FOR SPECIALTY CARE	AWAY FROM HOME CARE	OUT-OF-NETWORK BENEFITS
Arizona – Phoenix <i>Added on-Marketplace presence</i>	Connect Network	Required	Required	No	No
Tennessee – Knoxville <i>New</i>	Connect Network	Required	Required	No	No

Provider notification of network-participation status

In October 2018, we mailed letters to affected providers in:

- ▶ Arizona, to inform them that we will begin to offer Cigna Connect Individual & Family Plans on-Marketplace in 2019, as well as continue to offer them off-Marketplace.
- ▶ Tennessee, to notify them of their Cigna Connect network-participation status. Letters to network-participating providers included additional details about the plan, and images of sample customer ID cards.



INDIVIDUAL & FAMILY PLANS: CIGNA TO EXIT SELECTED MARKETS

In 2019, we will no longer offer Individual & Family Plans in two markets, as described below.

- ▶ Cigna LocalPlusIN in the Orlando/Tampa market.
Note that we will continue to offer the Cigna Connect EPO in this market, which covers the same 17 counties.*
- ▶ Cigna HMO** in New Jersey.

We want to make you aware of these changes, as they may affect some of your patients who are currently enrolled in these plans.

Your patients' medical coverage

Beginning January 1, 2019, your patients who currently have medical coverage through a Cigna Individual & Family Plan in the affected markets may have coverage through a different plan or different insurance company.

Customer notification

We mailed notification letters in August 2018 to customers who will be affected by these changes.

Affected markets

Refer to the chart on the right for a side-by-side comparison of 2018 versus 2019 Individual & Family Plan offerings by state, market area, and Marketplace presence (on or off).

* Exclusive provider organization.

** Health maintenance organization.

Cigna Individual & Family Plans – 2018 versus 2019

STATE	MARKETPLACE PRESENCE	2018	AS OF JANUARY 1, 2019	
		INDIVIDUAL & FAMILY PLAN	INDIVIDUAL & FAMILY PLAN	NETWORK
AZ	PHOENIX: Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
CO	DENVER-METRO AND BOULDER: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
FL	ORLANDO AND TAMPA: Off-Marketplace	Cigna Connect EPO	Same	Connect Network
		Cigna LocalPlusIN	Discontinued	
IL	CHICAGO: Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
MO	ST. LOUIS: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
NC	RALEIGH: Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
NJ	STATEWIDE: Off-Marketplace	Cigna Individual HMO	Discontinued	
TN	KNOXVILLE, MEMPHIS, NASHVILLE, AND TRI-CITIES: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
VA	RICHMOND AND NORTHERN: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network

About Cigna Individual & Family Plans

Cigna Individual & Family Plans comply with the Patient Protection & 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). For more information about these plans, call Cigna Customer Service at **1.866.494.2111**.



NEW CIGNA CARE NETWORK TIER 1 PROVIDER DISPLAY

In October 2018, our directories began to display “Cigna Care Network – Tier 1 provider” next to the names of providers who have Cigna Care Network® (CCN) Tier 1 status. The CCN tiered benefit plan option is available for certain customers with Cigna-administered coverage. These customers will have a lower copayment or coinsurance when they use CCN Tier 1 providers, which they can find in the online provider directories. CCN Tier 1 providers practice in one of the 21 specialties that we assess (including primary care) in 74 national markets.

What this means to providers

CCN Tier 1 primary care providers (PCPs) and specialists will collect the lower copayment and charge the lower coinsurance, if applicable, as shown on their patient’s ID card. All other providers will collect the standard in-network or out-of-network copayment.

ID cards

The sample ID card shown below will help you to identify which of your patients with a Cigna-administered plan has CCN tiered benefit plan coverage.



The ID card shows the words Cigna Care Network.

Tier 1 providers collect the lower visit copayment amount for primary and specialty care.

This card is for illustrative purposes only.



CCN Tier 1 status versus Cigna Care Designation (CCD)

CCN is a tiered benefit plan option available to employers who sponsor group health plans for their employees with Cigna Open Access Plus (OAP) or Preferred Provider Organization (PPO) plans. Cigna customers enrolled in a plan with a CCN tiered benefit option pay a lower copayment or lower coinsurance for covered services rendered by CCN Tier 1 providers versus other providers. We used the physician’s 2019 quality and cost-efficiency results used for the CCD program to help determine which physicians and provider groups received the CCN Tier 1 status.

CCD is a program we use to evaluate quality and cost-efficiency information. This is done annually to assess which network-participating physicians or provider groups (including those who may participate in a Cigna Collaborative Care® arrangement) have met or exceeded Cigna’s specific criteria needed to receive the designation. A CCD symbol (👁️) appears next to the names of providers, in the online and printed directories, who have been awarded this designation.

Please note: Although some physicians or provider groups may not have met our specific CCD quality and cost-efficiency results, we may still include them as CCN Tier 1 providers for other reasons, such as the need to achieve network adequacy, or for contractual obligations.



NAVIGATING SHARED ADMINISTRATION BENEFITS

Cigna provides health benefit services to more than 500,000 people covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. For these relationships, we provide access to the Cigna network, perform medical management and utilization reviews, reprice claims according to our contracted rates and claims logic, provide contract dispute resolution, and may offer clinical appeals management and other outpatient care management.

For your patients with Cigna shared administration coverage, please refer to the chart below.

TOPIC	CONTACT INFORMATION
<ul style="list-style-type: none"> › Contract pricing inquiries › Claim pricing status 	1.800.549.8909 (representatives are available between the hours of 8:00 a.m. and 6:00 p.m. ET, Monday through Friday)
<ul style="list-style-type: none"> › Paper and electronic claim submission addresses 	Cigna payer ID: 62308 PO Box 188004, Chattanooga, TN 37422-8004
<ul style="list-style-type: none"> › Preauthorizations › Precertifications 	Telephone number or address on the patient's ID card
<ul style="list-style-type: none"> › Eligibility › Benefits › Claim payment status › Electronic remittance advice (ERA) and electronic funds transfer (EFT) enrollment 	Third-party administrator telephone number or address on the patient's ID card

Additional information

To learn more about shared administration benefits, visit the Cigna for Health Care Professionals website (CignaforHCP.com > Explore medical resources > Medical Plans and Products > [Shared Administration](#)).



Cigna intensifies effort to curtail opioid epidemic *continued*

Our approach

We are partnering locally to develop immediate and long-term approaches that make it easier for people to access treatment for substance use disorders. Examples include medication-assisted treatment (MAT), comprehensive pain management, and enhanced support and counseling. We are also making naloxone more readily available for treatment of an overdose.

We'll also continue to reinforce safe prescribing guidelines, and encourage a coordinated pharmacy care approach that includes care providers and community pharmacists.

Additionally, we have expanded an existing program that uses predictive analytics to identify customers who are most likely to suffer from an opioid overdose, and prompts interventions to help prevent the overdose from happening.

Tracking our progress

To track against the goal of reducing overdoses by 25 percent, Cigna will:

- › Measure claims submitted with an opioid overdose diagnosis code.
- › Continue measuring the total volume of opioids being prescribed based on morphine milligram equivalent (MME) doses, taking into account the number of pills, the dosing of them, and the relative strengths of opioid medications.

The Cigna opioid quality improvement pledge

To date, more than 9,000 provider groups and 130,000 prescribing clinicians have signed the Cigna opioid quality improvement pledge, which dovetails with the U.S. Surgeon General's "Turn the Tide" pledge and the CDC's opioid prescribing guidelines.

We encourage additional providers to sign the Cigna opioid quality improvement pledge to reduce opioid prescribing, and treat opioid use disorder as a chronic condition. To sign and submit the pledge, providers should log in to the Cigna for Health Care Professionals website (CignaforHCP.com), and click on Settings and Preferences.

Learn more

For more information on Cigna's efforts to fight the opioid epidemic, go to Cigna.com > About Cigna > Company Profile > Health Care Leadership > [Let's Find Solutions. Not Fault.](#)



Did you know?

- › Nearly 64,000 people died of drug overdoses across the U.S. in 2016, and about two-thirds of them were linked to opioids.**
- › In 2016, opioids were linked to:
 - One in 65 of all U.S. deaths.**
 - One in five of all U.S. deaths for adults 25-34 years of age.**
- › Opioid-related deaths increased 345 percent between 2001-2016, resulting in about 1.68 million person-years of life lost in 2016 alone.***

* This was a three-year goal set in May 2016 and reached about a year early in March 2018.

** Seth P, Scholl L, Rudd RA, Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015–2016. *Morbidity and Mortality Weekly Report (MMWR)* 2018;67:349–358. DOI: <http://dx.doi.org/10.15585/mmwr.mm6712a1>.

*** Gomes T, Tadrous M, Mamdani MM, Paterson JM, Juurlink DN. The Burden of Opioid-Related Mortality in the United States. *The Journal of the American Medical Association (JAMA) Network Open*. 2018;1(2):e180217. DOI:10.1001/jamanetworkopen.2018.0217. Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2682878>.



CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2019

We will be updating our drug formulary effective January 1, 2019,¹ focusing on the following categories:

- › **Attention deficit hyperactivity disorder (ADHD).** We will remove certain drugs from our formularies,² and expand utilization management programs to help reduce inappropriate use of high-cost dose forms and promote coverage of generic use.³ Additionally, we will apply age limits on individuals 13 years of age or older on certain branded drugs to reduce inappropriate utilization of orally disintegrating tablets and liquids.
- › **Anticonvulsants.** We will prefer coverage of generic options for customers who are using anticonvulsants for non-seizure disorders (such as for the prevention of headaches). Specifically:
 - We will not cover certain branded drugs in our formularies that have alternatives containing similar or near-similar ingredients.³
 - For brand-name drugs with no alternatives or limited alternatives, we will require prior authorization for coverage. Minors under 18 years of age will not be affected.
 - By using combined medical and pharmacy claims data, when available, we will identify customers with a documented seizure disorder, as well as those under 18 years of age, to ensure they do not need to obtain a prior authorization for coverage of a brand-name anticonvulsant drug.
- › **Topical acne.** We will not cover all brand-name drugs in our formularies² due to availability of multiple over-the-counter or generic alternatives.³
- › **Cholesterol (PCSK9).** We will move the injectable drug Repatha® to preferred brand status, subject to prior authorization. We will not cover PRAULENT® in our formularies.^{2,3}
- › **Topical antivirals.** Research has shown that topical antiviral therapy provides little clinical value in the treatment of herpes, when compared to oral drug treatment. Oral antiviral regimens are the most clinically effective ways to shorten the length of symptoms and stop the recurrence of infection.⁴ We will not cover topical antiviral creams for herpes in our formularies.³ If approved through a coverage exception review, these drugs will be subject to quantity limits.
- › **Proton pump inhibitors (PPIs).** We will add NEXIUM® Powder Packets to our formularies to provide an alternative option to swallowable tablets and capsules.

- › **Human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS).** We will offer preferred tier placement for clinically effective combination regimens, which combine several active ingredients into one or more pills. Depending on the customer's treatment plan, this may reduce the amount he or she must pay under the plan for combination regimens.
- › **Inflammatory.** We are adding ENTYVIO®, which will provide an additional coverage option under the medical benefit for treatment of Crohn's disease and ulcerative colitis. Like other drugs in this class, ENTYVIO will be subject to prior authorization, but will be in a preferred position for the treatment of Crohn's disease and ulcerative colitis.³
- › **Transmucosal immediate release fentanyl (TIRF):** To ensure appropriate patient access to opioids, we will require prior authorization for the following TIRF drugs when prescribed for non-cancer related treatment:
 - Abstral®
 - ACTIQ® and generic ACTIQ alternatives
 - FENTORA®
 - Lazanda®
 - SUBSYS®

What this means to you and your patients with Cigna coverage

In late September 2018, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives.

Beginning January 1, 2019, customers who continue filling prescriptions that are no longer covered may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically-appropriate alternative medications before this date.

Additional information

To obtain a list of the affected drugs, or to search for alternative medications for your patients, refer to the resources listed below. You can find them on the Cigna for Health Care Professionals website (CignaforHCP.com) as described below.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription drug list changes for 2019	This list highlights the covered preferred brand-name and generic medications within the affected drug classes.	Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > 2019 Prescription Drug List Changes . <i>You do not need to be a registered user of the website to access this list.</i>
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view the customer's estimated out-of-pocket costs based on their plan benefit.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>

For more information about our coverage policy, please visit CignaforHCP.com > Review Coverage Policies > [Pharmacy \(Drugs & Biologics\) A-Z Index](#).

1. For Texas and Louisiana insured customers, the effective date may be deferred until the plan renewal date as required by state law.
 2. Includes our standard, value, advantage and performance formularies.
 3. Drugs removed from formularies can be considered for coverage through our exception review process unless otherwise excluded by a benefit plan.
 4. Cochrane Database of Systematic Reviews - R Heslop, H Roberts, D Flower, V Jordan. August 2016.



NEW CLAIM EDITING VENDORS FOR MEDICARE

To help assure consistency in the way we reimburse network-participating providers, we are working collaboratively with external business partners to extend applicable billing and coding policies, as well as edits currently used in processing Cigna commercial plan claims, to Arizona Medicare Advantage plan claims. This applies to claims processed for services covered under all Cigna HealthCare of Arizona, Inc. Medicare Advantage benefit plans.

Cigna's reimbursement policies are developed based on nationally accepted industry standards and coding principles, applicable laws, and regulatory requirements, as well as the Centers for Medicare & Medicaid Services (CMS) and American Medical Association (AMA) coding guidelines and policies. In processing claims, Cigna reserves the right to review and update its policies in accordance with these requirements and guidelines from time to time.



YOUR HEALTH FIRST: A PERSONALIZED APPROACH TO CHRONIC CONDITION MANAGEMENT

As a health care provider, you can influence your patients' health outcomes and encourage them to improve their health. Cigna's Your Health First® is a chronic condition management program designed to help your patients, who have various chronic conditions, manage their condition when they're not in your office.

How Your Health First works

First, we examine the complete picture of a person's health – including behavioral, lifestyle, social, and physical factors. Then, we work with your patient to create one dynamic, integrated, and custom-fit health advocacy plan that is supported by evidence-based guidelines and the most influential behavioral techniques.* The program has no additional costs for your patients and is part of their health plan. Ultimately, the program is designed to support your treatment plan and your patient's health goals.

Your Health First guides your patients to take actionable steps toward achieving their health goals by:

- › Helping them follow your plan of care.
- › Supporting their relationship with you.
- › Promoting medication adherence.
- › Empowering them to be active participants in their own care.
- › Reducing risk factors.

How we identify and engage eligible customers

We identify customers who have one or more of 16 major chronic conditions and would benefit from participation in the program based on a proprietary predictive model. This model combines traditional clinical data – including claims history, laboratory data, health assessments, and biometric screening results – with customer behavior patterns and individual preferences that help us identify and prioritize key coaching and health improvement opportunities. Once customers enroll in Your Health First, this helps us to connect them to the right health programs, at the right time, and in the right ways.

Depending on their specific condition or preferences, we proactively connect customers with a Cigna Health Coach for telephone-based coaching, or guide them to a robust set of online, evidence-based educational and self-service tools, including videos, podcasts, and apps and activities on myCigna.com, as well as self-directed online coaching programs.

* Cigna's health and wellness programs are supported by evidence-based medical guidelines and accredited by the National Committee for Quality Assurance (NCQA).

continued



Your Health First: A personalized approach to chronic condition management *continued*

Cigna's Personal Health Team: Dedicated health coaches

Our dedicated health coaches are part of a multidisciplinary team that includes:

- › Nurses who are licensed and registered in at least one state.
- › Licensed behavioral clinicians.
- › Certified health educators.
- › Registered dietitians.
- › Exercise physiologists.
- › Pharmacists.
- › Certified Diabetes Educators (CDE).

These individuals have training and experience in different clinical specialties, such as cardiac and respiratory chronic conditions, depression, and diabetes.

Health coaches work to educate your patients about their condition, and establish personalized goals that help them understand risk factors, identify barriers that affect their health, and focus on behavior changes to attain better outcomes.

How this program works in action

Example: Diabetes

A Cigna Health Coach will work with a customer who has diabetes to create a plan that will help him or her make positive lifestyle changes, such as healthy eating habits, a regular exercise routine, stress management, and tobacco cessation. After reviewing the provider's recommended treatment plan, a health coach may follow up with the customer between office visits to review A1C test results, and discuss the importance of monitoring his or her blood glucose level to ensure it stays on track.

Supplemental support

Your Health First is designed to supplement and support your plan of care by:

- › Addressing comorbid conditions (such as diabetes and obesity) and risk factors.
- › Promoting medication adherence.
- › Following evidence-based medicine guidelines, to ensure alignment with your clinical practice.
- › Maximizing one-on-one office visits, so that you can focus on assessment and treatment.
- › Providing education and counseling on topics, such as nutrition and exercise, outside of visits to your office.
- › Helping you reduce administrative time and resources on patient follow-up calls, such as for preventive screening appointments (e.g., vision and foot health) and testing reminders.



Encourage your eligible patients to enroll

Contact Cigna Customer Service at **1.800.88Cigna (882.4462)** to determine which of your patients are eligible for the program. Then, encourage them to call us to learn more about the program's benefits, which are available at no additional cost through their Cigna medical plan.

Patients with Cigna-administered coverage who are eligible for the program can engage us directly and self-enroll by calling **1.855.246.1873**, Monday through Friday from 9:00 a.m. to 9:00 p.m. EST, and Saturday from 9:00 a.m. to 2:00 p.m. EST.

Additional information

To learn more about our chronic condition management programs, go to the Cigna for Health Care Professionals website (CignaforHCP.com > Explore medical resources > Case Management/Health and Wellness > [Chronic Condition Management](#)).

Here's what Your Health First program participants had to say

90 percent said they felt healthier as a result of participation in Your Health First.**

95 percent said the program helped them make positive behavior changes.**

** 2017 Cigna Customer Satisfaction Survey, performed by Marketing and Research Counselors (M/A/R/C).



CIGNA CENTERS OF EXCELLENCE FOR HOSPITALS

The Cigna Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency at hospitals. We use publicly available, hospital self-reported All-Payer, and Medicare Provider Analysis & Review (MedPAR) data to support this program. To increase the volume of data for evaluation in states where MedPAR data is the only source, Cigna claims data is used to supplement data for certain procedures. We then designate participating hospitals that meet our specific patient outcomes and cost-efficiency criteria as COEs, by procedure and condition. Profiles are available to patients with Cigna coverage for most hospitals that participate in our network.

About the hospital profile

- › For each surgical procedure and medical condition evaluated, hospitals can receive a score of up to three stars (*) for patient outcomes and up to three stars for cost-efficiency measures.
- › Hospitals that attain at least five stars total (i.e., three stars for patient outcomes and two stars for cost efficiency, or three stars for cost efficiency and two stars for patient outcomes) receive the Cigna COE designation for that procedure, condition, or condition category.
- › A hospital's score may not display in the online provider directory if:
 - There is insufficient All Payer or MedPAR data available to meet the patient volume requirement for that procedure or condition.
 - A surgical procedure is not performed or a condition is not treated at the hospital.
 - A contract limitation prohibits the display of quality and cost data.

Because the COE program reflects only a partial assessment of quality and cost efficiency for select hospitals, it should not be the sole factor used when you or your patients make decisions about where they should receive care. We encourage individuals to consider all relevant factors, and to speak with their treating physician when selecting a hospital.

Timeline for COE designations and displays

- › October 29, 2018: Hospitals are notified about their 2019 results.
- › November 29, 2018: Hospital reconsideration requests are due.
- › January 1, 2019: COE information is available in the provider directories on Cigna.com and myCigna.com.



Timing of reconsideration requests

We must receive reconsideration requests by November 29, 2018 for the updated information to appear on the initial display of the Cigna COE designations on January 1, 2019. We will still process requests we receive after this date, and any amended results will be reflected in the next directory update.

Additional information

Please contact your Cigna Contractor to obtain your hospital COE results. After you review your information, you can request that we reconsider your results or correct inaccuracies, or you may submit additional information for review and reconsideration by:

- › Email: PhysicianEvaluationInformationRequest@Cigna.com
- › Fax: 1.866.448.5506

We require that the facility name, Taxpayer Identification Number, and contact information be included. A Network Clinical Manager or Specialist will contact you to discuss the request, initiate the Selection Review Committee review process, and provide a written response within 30 days of receipt of the reconsideration request.

To learn more about the methodology we use to determine COE designations, please review our white paper at the Cigna for Health Care Professionals website (CignaforHCP.com > Explore medical resources > Commitment to Quality > Cigna Centers of Excellence Whitepaper 2019), or call Cigna Customer Service at **1.800.88Cigna (882.4462)** to obtain a copy.



CIGNA GRANT SUPPORTS HEALTHIER BIRTHS FOR NATIVE AMERICAN BABIES



Drug addiction has reached into America’s Indian reservations, where increasing numbers of Native American babies are born addicted to methamphetamines and other narcotics. Complicating this trend, there are multiple barriers preventing Native American women from receiving appropriate prenatal care, including poverty, a general distrust of organized health care, and a cultural norm of not seeking health care for their babies until they are born.

Meeting a significant need

To help Native American women deliver healthier babies, and provide them with the prenatal care and education they need, including drug interventions, the Cigna Foundation awarded a \$100,000 grant to the St. Vincent Healthcare Foundation in Billings, Montana.

This is the second grant the Cigna Foundation has made to the St. Vincent Healthcare Foundation to support this worthwhile initiative. The additional funding will help St. Vincent Healthcare | SCL Health to further its mission to:

- ▶ Improve the cultural competency skills of midwives and providers who deliver maternity and women’s health care.
- ▶ Work with North Cheyenne tribal community partners to provide prenatal education about healthy nutrition, stress management, and other healthy lifestyle topics.

Native American Community Health Worker helps bridge the gap

To serve as an advocate and cultural liaison to the Native American tribes who are served by St. Vincent Healthcare, the Cigna Foundation’s previous grant has helped fund the hiring of an American Indian Health Disparities Coordinator (Community Health Worker), Kassie Runsabove.

“The Cigna Foundation’s relationship with St. Vincent Healthcare is an excellent example of how we’re focused on addressing the important societal need of improving health equity by working with a nonprofit partner to eliminate disparities that create barriers to health care.”

**— Mary Engvall
Executive Director, Cigna Foundation**

Runsabove is responsible for the implementation and day-to-day oversight of projects at St. Vincent Healthcare that are intended to reduce and identify health disparities, with a focus on improving health among Native American patients. She was instrumental in identifying the gap around maternal care and the health of Native American babies.

“Kassie Runsabove is a trusted member of the Native American community. She is integral to effectively coordinating care between the rural reservations and an urban hospital setting in a culturally sensitive manner, while building a safe environment of trust for patients,” said Mary Engvall, Executive Director of the Cigna Foundation.

For example, Runsabove began classes in the neonatal intensive care unit (NICU) to make baby moccasins. This helps mothers and fathers to visualize a healthy future for their baby. The parents are also encouraged to reach out to family to learn traditional moccasin designs and storytelling, which are unique to each tribe.

Measureable results

The St. Vincent Healthcare program is expected to result in measurable outcome improvements for maternal-child health among Native Americans, including:

- ▶ Earlier access to prenatal care, which will improve birth weights.

- ▶ Increased participation at prenatal clinics at the St. Vincent Healthcare midwifery clinic, the midwifery clinic on the Northern Cheyenne Reservation, and the health care facilities of community partners, including Indian Health Services (IHS).
- ▶ Decreased numbers of NICU admissions.
- ▶ Decreased numbers of babies born prematurely.
- ▶ Decreased deliveries at IHS facilities that don’t provide delivery services.
- ▶ Increased participation in substance abuse recovery programs.

Watch this video

For more information on the Cigna Foundation’s partnership with St. Vincent Healthcare, Click the image below to watch the “Helping Mothers and Babies, Together” [video](#).



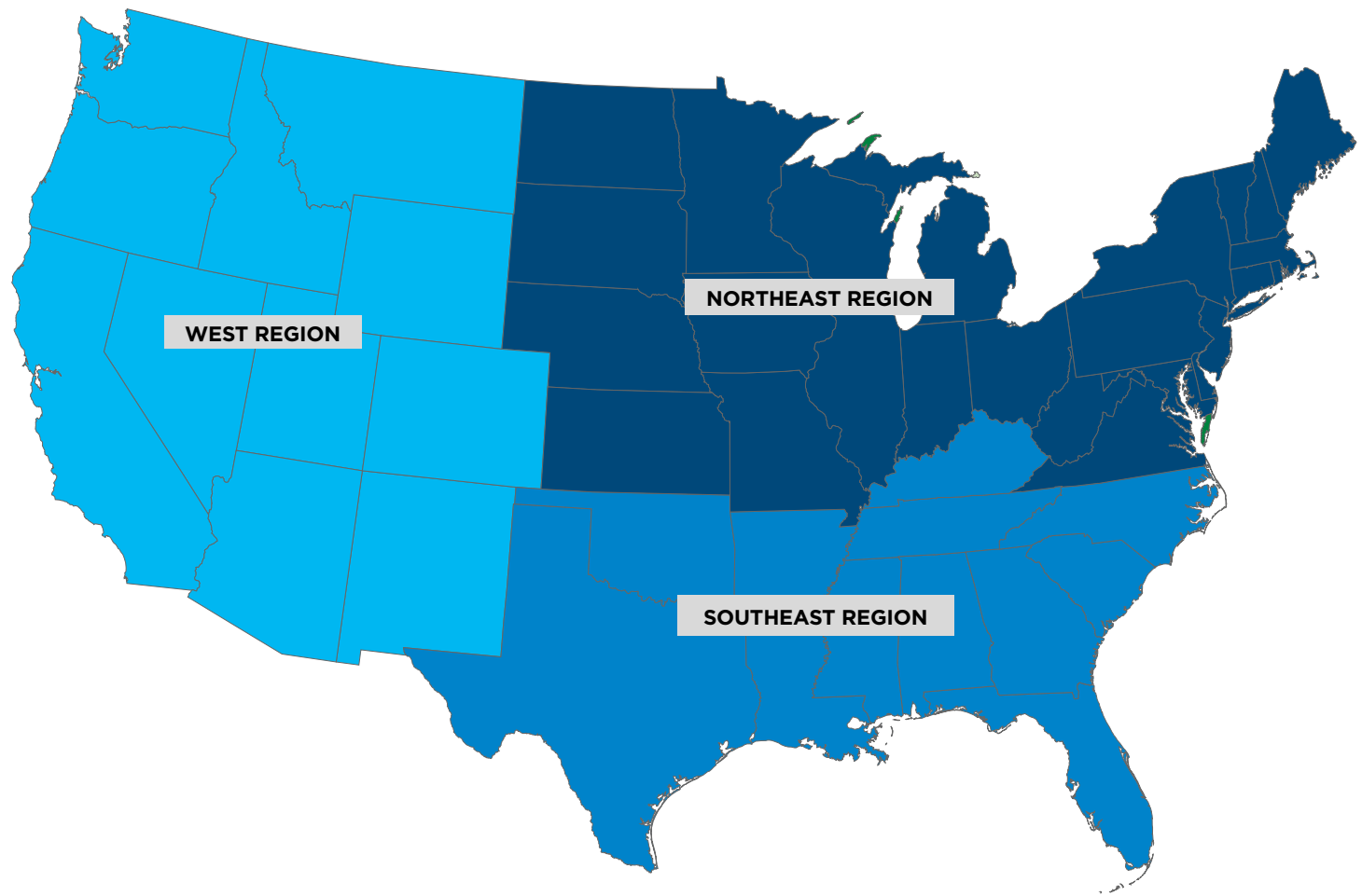
About the Cigna Foundation

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



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 <i>Clinical Provider Engagement & Value-Based Relationships</i>	1.312.648.5131
Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	1.818.500.6459

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 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 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 patients in New York or Texas to a non-participating provider (e.g., laboratory, ambulatory surgery center, etc.), you are required to use the [Out-of-Network Referral Disclosure 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 [Cigna.com](#) > Health Care Providers > Coverage and Claims > Cigna ID Cards, or 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, 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® Mobile 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 providers 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 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 ELECTRIC

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 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](#).

EASIER ACCESS TO CULTURAL COMPETENCY TOOLS

Recently, Cigna’s cultural competency web page for providers received a face lift and a new name. Now called the Cultural Competency and Health Equity Resources web page, it’s been redesigned to make it easier for you to access cultural competency resources when you need them.

A better online experience

The improvements to the web page include a user-friendly design for both desktop and mobile devices, and enhanced search capabilities. The goal is to help you find tools, training, discounts, and other important cultural competency resources more quickly.

The top resources to visit include:

- › **Cultural Competency Training**
Learn more about the [Diabetes among South Asians training](#).
- › **Language Assistance Services**
Learn about [interpretation and translation discounts](#).
- › **CultureVision™**
Gain quick insights into more than 60 cultural communities.
CRculturevision.com
Login: CignaHCP
Password: Doctors123*

Visit the redesigned web page today

Go to Cigna.com > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity Resources](#).

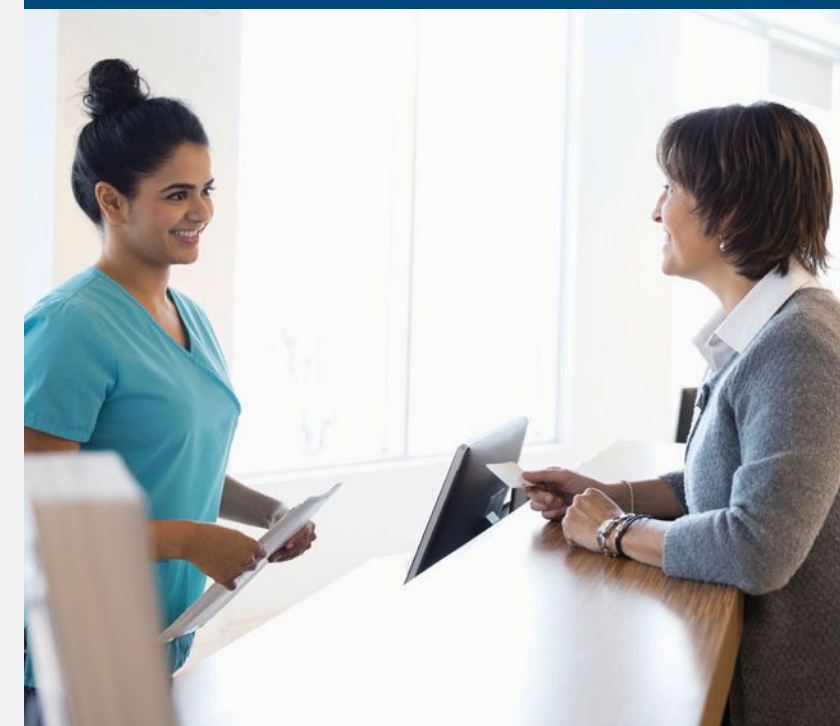
Be sure to bookmark the redesigned web page for convenient, one-click access.

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 > [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 Listing in 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.

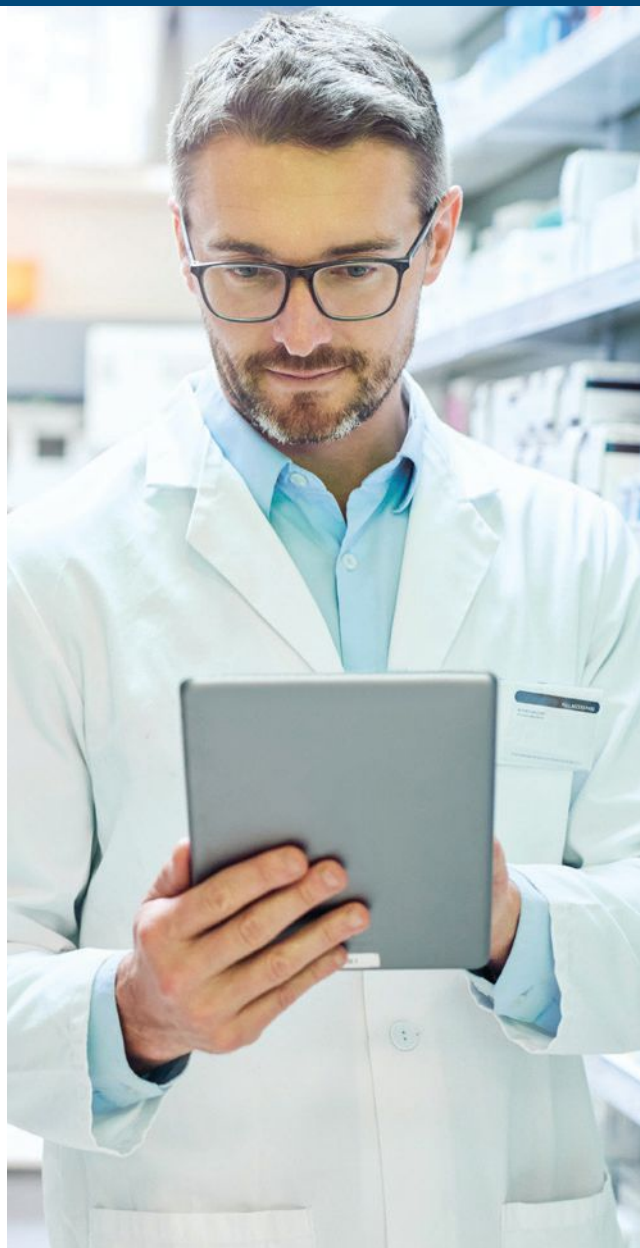
Email: Intake_PDM@Cigna.com

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

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 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 > Health Care Providers > Provider Resources > [Cigna Network News for Providers](#). Article topics are listed for each issue.

Together, all the way.®



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