



Providers may now access their patient reviews

Page 3

Cigna shares your commitment to whole person health

Page 9

New Patient Assurance Program helps lower insulin cost

Page 14

Cigna helps fund expanded housing for patients' families and access to behavioral care

Page 25

Network News

OCTOBER 2019

For providers



Contents



FEATURE ARTICLE

Providers may now access their patient reviews	3
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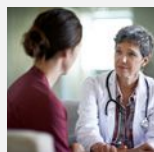
POLICY UPDATES

Clinical, reimbursement, and administrative policy updates	4
Precertification updates	5
Preventive care services policy updates	6



ELECTRONIC TOOLS

Coming soon! A new look for CignaforHCP.com	7
Cigna.com available In español	7
Webinar schedule for digital solutions	8



CONNECTED CARE

Cigna shares your commitment to whole person health	9
Cigna sponsors The First Day film to help prevent substance use	11



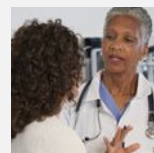
PHARMACY NEWS

Changes in drug formulary and management effective January 1, 2020	12
New Patient Assurance Program helps lower insulin cost	14
Express Scripts Pharmacy to become home delivery pharmacy for Cigna customers	14
Accredo provides personalized specialty pharmacy services	15
RationalMed for Cigna: More insights to help address potential gaps in care	16
Save time by using electronic prior authorization	17



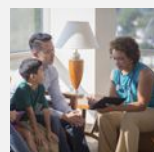
MEDICARE NEWS

Our brand is evolving: Cigna-HealthSpring is becoming Cigna 18



GENERAL NEWS

Cigna Centers of Excellence for hospitals	19
Precertification of certain gastroenterology procedures for Individual & Family Plans	20
Breast and prostate tumor profiling	21
Precertification and claim submission requirements for molecular genetic laboratory testing	22
National drug code information for drug-related medical claims	23
Participate in the 2019 Leapfrog Hospital Survey	24
Video remote interpretation services discount	24



COMMUNITY GIVING

Cigna helps fund expanded housing for patients' families and access to behavioral care	25
Cigna grant to FiftyForward helps older adults with health challenges	26



HELPFUL REMINDERS

Market Medical Executives contact information	27
Use the network	28
Quick Guide to Cigna ID Cards: Interactive digital tool	28
Cigna Reference Guides	28
Go green – go electronic	29
Resources to enhance interactions with culturally diverse patients	29
Earn CME credits with Valuable Insights, a CareAllies education series	30
Have you moved recently? Did your phone number change?	30
Urgent care for nonemergencies	31
Letters to the editor	31
Access the archives	31



PROVIDERS MAY NOW ACCESS THEIR PATIENT REVIEWS

In April 2019, we announced and launched a verified patient reviews* initiative for certain medical providers participating in Cigna’s networks. These reviews are available for providers to view now, and are expected to display in providers’ profiles in the **myCigna.com** online directories starting in early 2020.

How it works

After a preventive care or routine office visit, customers (identified through claims) may receive an email asking if they would recommend you to their family and friends. Once they respond, they are asked if they would like to leave a comment, and their feedback is vetted to ensure it meets certain editorial guidelines. For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the **myCigna.com** online directory.

Who receives reviews?

This initiative is being rolled out to a variety of medical specialties. We began with primary care providers and pediatricians in mid-April 2019, and throughout the summer and early fall we gradually expanded the specialties to include:

- › Chiropractic services
- › Dermatology
- › Ophthalmology
- › Podiatry
- › Telehealth

In the near future, we may include additional specialties such as cardiology, otolaryngology, gynecology (routine care), OB/GYN, orthopedic, and physical therapy.

How to view your patients’ reviews

Before you access your reviews for the first time, you will need to follow the instructions below.

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com). If you are not a registered user of the website, go to CignaforHCP.com > [Register Now](#).
- › Under **Latest Updates: View your patient reviews**, click **Learn more** for instructions.
- › You will be instructed to ask your practice’s website access manager for access to patient reviews.

Once your website access manager grants access to the reviews to you or the staff member you designate, you can view them at any time by logging in to CignaforHCP.com > Working with Cigna > Patient Reviews.

If you believe a patient review is inappropriate or inaccurate, you can request that it be removed. If we agree, we will immediately remove it. However, if we determine that it does meet editorial guidelines, the review will not be removed. In all cases, you will be given the opportunity to respond to the review directly.

* For U.S. customers only.



Have questions?

Please use the chart below to find the appropriate Cigna contact who may be able to best address your particular question or need.

TYPE OF SUPPORT	CALL
Access to patient reviews on CignaforHCP.com	Internet Customer Service Associate: 800.853.2713 , option 3 (health care professional)
Specific support questions How to view and respond to reviews; review collection methods and editorial guidelines	Cigna Provider Reviews Team: 888.535.0873
General questions <i>Have your Taxpayer Identification Number, if available</i>	› Your Cigna Provider Relations key contact or › Cigna Customer Service: 800.88Cigna (882.4462)



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.

No new policy updates have been made since the July 2019 *Network News*.

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](#)).

If you are not registered for this website, please 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 **800.88Cigna (882.4462)**.



PRECERTIFICATION UPDATES

To help ensure that 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 have updated our precertification list.

Codes added to the precertification list in October 2019

On October 1, 2019, we added 34 Current Procedure Terminology (CPT®) codes and 36 new Healthcare Common Procedure Coding System (HCPCS) codes to the precertification list. We also added 33 existing CPT codes and 15 HCPCS codes that became effective October 25, 2019.

Please also note that the gene therapy injectables LUXTURNA® (HCPCS code J3398) and ZOLGENSMA® (HCPCS codes* J3490, J3590, or C9399) were added to the precertification list for all product types, as well as for Cigna’s Personal Health Solutions (PHS) and Cigna Health Matters® Care Management Basic medical management programs. These injectables already require precertification for Cigna’s PHS+ medical management program, and for the Cigna Health Matters Care Management Basic Standard, Preferred, and Complete medical management programs.

Codes removed from the precertification list on October 25, 2019

On October 25, 2019, we removed 40 existing CPT codes and 29 HCPCS codes from the precertification list.

To view an outline of these 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](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

* Currently, the gene therapy injectable ZOLGENSMA does not have its own HCPCS code, and is being billed using these unlisted HCPCS codes, in addition to the appropriate National Drug Code (NDC).



PREVENTIVE CARE SERVICES POLICY UPDATES

On July 1, 2019, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care code updates effective on July 1, 2019

DESCRIPTION	UPDATE	CODES
Screening for syphilis	Added CPT* code	0064U
Wellness codes – Code Group 1	Added ICD-10** codes	Z20.1, Z20.2, Z20.5, Z20.6

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 – \(A004\)](#).

* Current Procedural Terminology.
**International Classification of Diseases, 10th Revision.

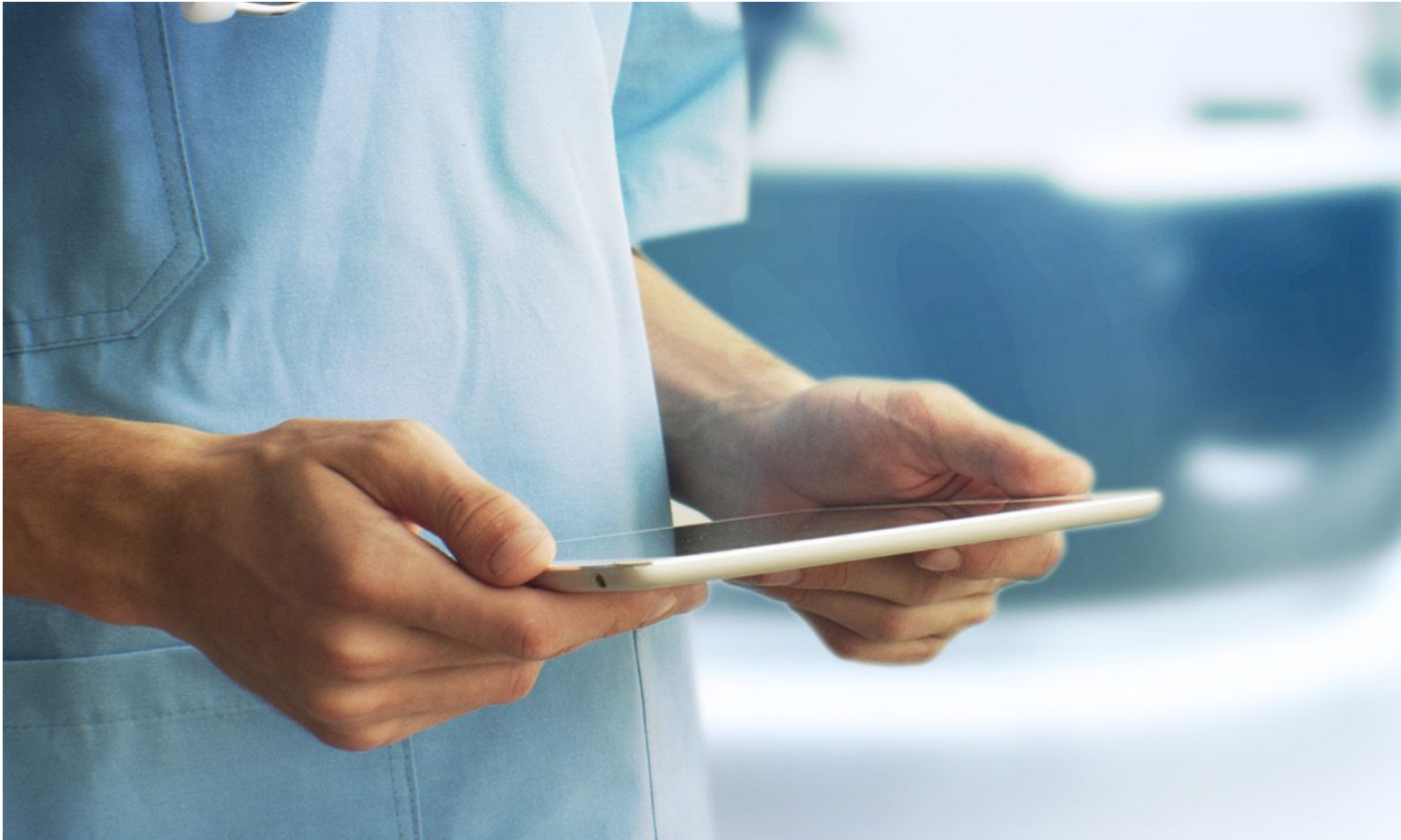


COMING SOON! A NEW LOOK FOR CIGNAFORHCP.COM

Changes are coming to the Cigna for Health Care Professionals website (CignaforHCP.com) that will make your overall user experience better. Multiple enhancements will be occurring throughout 2020 that will give the website a new look and feel, as well as enable future improvements to functionality.

Watch for more information in the January 2020 *Network News*.

Make sure you're registered for CignaforHCP.com so that you can experience these exciting changes. [Click here to register.](#)



CIGNA.COM AVAILABLE IN ESPAÑOL

In August 2019, the Health Care Providers section of Cigna.com became available in Spanish. To create a seamless, inclusive experience for our Spanish-speaking providers, we worked with experts in the translation industry to ensure that:

- › Each word is culturally relevant and appropriate in meaning.
- › All content is presented in a friendly and straightforward manner.
- › Content is useful and helpful in a way that Spanish-speaking individuals will understand.

Three other sections of Cigna.com have also been translated from English to Spanish:

- › Individuals and Families
- › Employers and Brokers
- › Contact Us

To access these sections in Spanish, click Español at the top of the web page.

Our goal is to continue translating the remaining sections of Cigna.com to provide an even more inclusive experience for Spanish-speaking individuals.



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 (Please take note of the time zones for each session.)

- 1. On the chart to the right, click the date of the webinar you’d like to attend.
- 2. Enter the requested information and click Register.
- 3. 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 **866.205.5379**. When prompted, enter the corresponding Meeting Number shown on the chart to the right. 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 providers](#).

Questions?

Email: Cigna_Provider_eService@Cigna.com.

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Tuesday, November 5, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	714 992 016
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, November 13, 2019	11:00 AM/10:00 AM/9:00 AM/8:00 AM	45 min	717 948 757
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, November 19, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	716 557 003
Website Access Manager Training	Wednesday, November 27, 2019	11:00 AM/10:00 AM/9:00 AM/8:00 AM	45 min	714 709 725
CignaforHCP.com Overview	Thursday, December 5, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	711 026 886
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, December 10, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	45 min	710 840 680
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, December 16, 2019	12:30 PM/11:30 AM/10:30 AM/9:30 AM	45 min	717 623 013
Website Access Manager Training	Wednesday, December 18, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	719 401 907



CIGNA SHARES YOUR COMMITMENT TO WHOLE PERSON HEALTH



In the central role you play in caring for your patients’ overall health, you are in a unique position to educate them about the mind-body connection, and how it may affect their physical health. Your conversation with them can help better inform your treatment decisions, including referrals, when it’s needed.

For your patients who may be suffering from stress, depression, or substance use, we don’t want to be a barrier to the care you want to give. We want to be your partner of choice. It starts with us giving you tools and resources you may need to support the care you want to give, including:

- › Screening tools to identify patients who may be affected by emotional health issues
- › Information on how to get reimbursed for the time you spend having these conversations
- › Resources you need to support these conversations and your patients

Screening tools to help Identify emotional health issues

Not all patients will be open about how they’re feeling both physically *and* emotionally, or even be aware that something may be wrong. Click on the links below for nationally published tools that you can use to screen your patients for common emotional health issues like depression, substance use, and loneliness. Click on the links below or visit Cigna.com/Connections to find these screening tools.

- › [Alcohol use disorders](#)
- › [Depression](#)
- › [Alcohol and drug use](#)
- › [Loneliness](#)

These tools can even be used to supplement the screening you may already be doing.

Reimbursing you for time you spend with your patients

Our [Preventive Care Services Administrative Policy \(A004\)](#) provides guidance on how to bill preventive care services and screenings, and the codes to use. For the majority of your patients, these are all covered at 100 percent with no cost-share.*

* Eligible preventive care services are covered at 100% with no patient cost-share only when performed by a participating provider. Services performed by non-participating providers may not be covered at 100%. Additional services or treatments performed in the same office visit as preventive services may incur out-of-pocket costs for your patients when billed separately. Certain codes may only be covered when provided at a separate encounter from the preventive care evaluation and management (E+M) office visit. Please refer to the policy for guidance on appropriate codes for reporting a preventive service.

Behavioral health screening codes to use

CODE	DESCRIPTION
96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention deficit hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]), and brief intervention (SBI) services, 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services, greater than 30 minutes
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
G0444	Annual depression screening, 15 minutes



Cigna shares your commitment to whole person health *continued*

How to help eliminate “surprise” bills

If your patient’s preventive visit reveals an illness or condition that needs immediate care – including treatment for stress, depression, or drug and alcohol dependence – you may bill for a routine office visit in addition to the preventive visit, as appropriate. However, your patient may be unaware that he or she will likely have out-of-pocket expenses to pay (e.g., coinsurance, copayment, deductible).

To help reduce the pain of a surprise bill, we encourage you to inform your patients during their visit that they may be billed for additional services.

Resources for your patients with Cigna coverage

Sometimes, the best advice you may have for your patients – especially when talking about emotional health – is to talk with an expert or specialist. We have a wide range of resources to which you can refer your patients to help supplement your care. They are outlined in our [patient flyer](#), which we encourage you to print and share with your patients.



Getting the word out to your patients

Ted Danson, Queen Latifah, and Nick Jonas continue to remind people that the body and mind are connected, as they urge individuals to take control of their health. The message is simple: Talk with your provider about things that may be affecting you physically and emotionally. See how we’re reaching your patients by visiting [Cigna.com/takecontrol](https://www.cigna.com/takecontrol).



Period of time to unwind



Location to de-stress



Activity to enjoy



Name of someone to talk to

Helping patients take control of their stress

Over 84 percent of the world’s population is stressed** – which can have an impact on a person’s physical health. We have tools and information to help your patients take control of their stress, including a quick online quiz to help them determine their level of stress. You can help patients develop their own **PLAN** to manage stress:

- › Period of time to unwind
- › Location to de-stress
- › Activity to enjoy
- › Name of someone to talk to

To learn more, visit [Cigna.com/mystressplan](https://www.cigna.com/mystressplan) or check out these resources.

- › [Stress Quiz](#)
- › [Hear from our expert](#)
- › [Impact of Stress](#)

**“Cigna 360° Global Well-Being Survey,” Cigna, 2019, <https://wellbeing.cigna.com/>. Based on Cigna 360° Global Well-Being Survey of 13,200 people across 23 markets: Australia, Benelux, Canada, China, France, Germany, Hong Kong, India, Indonesia, Korea, New Zealand, Nigeria, Saudi Arabia, Singapore, South Africa, Spain, Taiwan, Thailand, Turkey, UAE, UK and USA.



CIGNA SPONSORS THE FIRST DAY FILM TO HELP PREVENT SUBSTANCE USE

Substance use and addiction impact the health and well-being of people young and old. And, for children and teenagers, it can mean a lifetime of hardships.

Substance use starts at an early age

Research by Center on Addiction shows that nine out of 10 individuals with a substance use disorder started using by the age of 18, and more than half (57 percent) first started before the age of 15. Prevention education programs have been shown to reduce early use of tobacco, alcohol, marijuana, and other drugs.

The First Day film: Preventing drug use through the power of storytelling

Since 2016, Cigna has been proactively seeking ways to collaborate and find innovative pathways to address issues such as opioid misuse and the disease of addiction. That’s why we are proud to join Center on Addiction as a sponsor of [The First Day](#) film, featuring former NBA player and wellness advocate Chris Herren, whose drug use resulted in the collapse of his basketball career.

Herren has shared his story of recovery with over one million people nationwide. The film chronicles his conversations and connections with high school students about the challenges they face and the drivers that lead to substance use. By asking how substance use begins, the film expands the conversation from one of recovery and treatment to one of prevention. This is essential to helping support children and young adults as they face difficult decisions in peer-pressured environments.

The film, paired with educational materials and a discussion guide, was created to complement evidence-based programs implemented within school systems and communities.

Expanding the conversation

By questioning how and why substance use begins, The First Day film confronts many issues facing our communities, including a national opioid epidemic, the prevalence of loneliness, a growing need to foster social and emotional connection, and the importance of taking a whole person approach to health.

Though focused on youth, the film includes valuable messages that can inform how businesses, educators, health care providers, and communities approach the social, emotional, and mental health factors related to substance use.



Film and discussion guide available to providers

Cigna-contracted providers have the opportunity to view a trailer of the film, and purchase the film and discussion guide, at [providerTFD.com](#).



CHANGES IN DRUG FORMULARY AND MANAGEMENT EFFECTIVE JANUARY 1, 2020¹

We will be updating our drug formulary effective January 1, 2020, focusing on the categories listed below.

Please note that as a result of our combination with Express Scripts, we are able to include more preferred-brand drugs in key classes, and we are adding additional clinical utilization management edits for immediate increased savings, quality, and safety for your patients.

These updates will help ensure our customers have access to affordable, clinically appropriate drug therapy options.¹

- › **Acne tetracyclines.** We will no longer cover kits containing over-the-counter (OTC) medications. We will also remove the high-cost ORACEA® brand and its generic (doxycycline, 40 mg capsule) from our formularies to drive use of lower-cost alternatives.²
- › **Asthma anti-inflammatories.** We will make XOLAIR® a preferred-brand drug.
- › **Asthma and chronic obstructive pulmonary disease (COPD) inhalers.** We will remove SPIRIVA®, STIOLTO®, and STRIVERDI® from our formularies to drive customers to lower-cost alternatives. We will add SEREVENT® DISKUS® as a preferred-brand drug.
- › **Attention deficit hyperactivity disorder (ADHD).** For some of our plans, we will add a prior authorization requirement to ensure appropriate use of covered drugs, as well as other requirements (e.g., six-month evaluation).
- › **Birth control.** We will make NuvaRing® a preferred-brand drug.
- › **Bowel prep kits.** We will add CLENPIQ®, PREPOPIK®, and SUPREP® as preferred-brand drugs. We will move several brand-name drugs from our formularies or to nonpreferred-brand drugs.
- › **Cancer.** We will remove ZYTIGA® (250 mg and 500 mg) and Tarceva® from our formularies in response to generic launches.² We will add Erlotinib to tier one with specialty prior authorization, and Erivedge® as a preferred-brand drug.
- › **Cardiovascular beta blockers.** To align our utilization management with Express Scripts, we will add step therapy to all brand-name oral beta blockers. The biggest impact will be for customers who take BYSTOLIC®.
- › **Cystic fibrosis antibiotics.** To ensure inhaled antibiotics are prescribed in accordance with U.S. Food and Drug Administration (FDA) indications, we will add quantity limits and a specialty prior authorization requirement to all products.

- › **Diabetes.** We will add certain diabetes-branded drugs as preferred-brand drugs to improve their access, and remove other diabetes-branded drugs and high-cost generics to encourage use of lower-cost alternatives. (We will grandfather current users of alogliptin, alogliptin/metformin, and alogliptin/pioglitazone indefinitely.) We will add quantity limits on insulins. Metformin will be our first-choice treatment for type 2 diabetes due to its safety, efficacy, and potential cardiovascular benefits.³
- › **Human immunodeficiency virus (HIV).** We will encourage customers who are newly diagnosed with HIV to use Cigna’s preferred drugs that are single-tablet regimens to help improve adherence.^{4,5} Customers who are currently prescribed multisource brand drugs will be encouraged to move to a lower-cost generic when an exact generic alternative to the brand product is available. In addition, we will add a prior authorization requirement for customers who are newly diagnosed with HIV and starting medications for it, except for the drugs listed below.
 - BIKTARVY®, DOVATO, GENVOYA®, Symfi®/Symfi lo®, and TRIUMEQ®.
 - The four regimens used for post-exposure prophylaxis:
 - › TRUVADA® and TIVICAY®
 - › TRUVADA and ISENTRESS®
 - › TRUVADA, PREZISTA®, and NORVIR®
 - › Renal failure regimensWe will also add DOVATO and Symfi/Symfi lo as preferred-brand drugs, and remove several multisource brand drugs from our formularies to encourage the use of generics.
- › **Inflammatories.** We will add quantity limits to all oral and self-injectable anti-inflammatory products. We will use our integrated data (Cigna Rx Claim Connect) to identify certain conditions, and allow higher dosing of the following drugs for the specified indications: CIMZIA® (chronic plaque psoriasis), HUMIRA® (rheumatoid arthritis, Crohn’s disease, and hidradenitis suppurativa), and STELARA® (Crohn’s disease).⁵
- › **In vitro fertilization.** GONAL-f® will be the preferred drug for both the medical benefit and the pharmacy benefit. As the preferred product at Freedom Fertility Pharmacy, a Cigna specialty pharmacy. This will make the therapy more affordable and accessible to customers. We will add Follistim® AQ to the nonpreferred-brand tier for pharmacy and medical.



Changes in drug formulary and management effective January 1, 2020¹ *continued*

- › **Irritable bowel and constipation.** We will add FIRVANQ® and Trulance® as preferred-brand drugs, and add quantity limits for XIFAXAN® 550 mg.
- › **Malaria.** We will remove the prior authorization requirement for generics, but add it for some brand-name drugs for which there are more cost-effective alternatives.
- › **Multiple sclerosis.** We will remove AUBAGIO® from our formularies to drive customers to lower-cost and more effective options. (We will grandfather current users indefinitely.²) We will add MAYZENT® as a preferred-brand drug.
- › **Omega-3 fatty acids.** To align our utilization management with Express Scripts, we will add VASCEPA® as a preferred-brand drug, subject to prior authorization. We will grandfather current users who were subject to step therapy in 2017 indefinitely.
- › **Opioids.** To promote safety and avoid long-term use for new users, we will update the current short-acting opioid prior authorization requirement to include prescriptions for acute dental pain if the days’ supply is greater than three. We will also add a prior authorization requirement for opioids containing cough suppressants for nonacute use if the duration is greater than 21 days.
- › **Osteoporosis.** We will apply a new prior authorization requirement and quantity limits to users of FORTEO® and TYMLOS®. We will grandfather current users for two years.
- › **Pulmonary arterial hypertension.** We will steer customers toward generics from high-cost brands. Upon prior authorization renewal, they must prove intolerance to the generics for ADCIRCA®, Letairis®, and TRACLEER®.
- › **Seizure control.** We will make FYCOMPA a preferred-brand drug (October 2019 change).
- › **Ulcers.** We will no longer cover all histamine H2-receptor antagonists to drive customers to OTC alternatives. However, our formularies will include generic liquid H2 products. We will move mesalamine to our generic tier due to its greater affordability.
- › **Vitamin B12 deficiency.** We will remove NASCOBAL® from our formularies and promote more affordable alternatives (e.g., OTC medications, injection at the provider’s office under the medical benefit, or injection at the pharmacy through the pharmacy benefit for self-administration).²
- › **Vitamin D analogs.** We will remove Enstilar®, Taclonex® Ointment, and Taclonex Topical Suspension from our formularies, and encourage customers to use lower-cost generic alternatives.²
- › **Weight loss.** We will steer customers toward generics from high-cost brands. We will add a clinical prior authorization requirement for all brand-name weight loss products.
- › **Wilson’s disease.** We will remove SYPRINE® from our formularies to drive customers to more affordable generic alternatives. We will update step therapy requirements to include Depen, penicillamine, and trientine.

What this means to you and your patients with Cigna coverage

In early October 2019, we sent letters explaining these drug list and management changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning January 1, 2020, customers who continue filling prescriptions for drugs that are no longer on the formulary 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, please refer to the resources listed below. You can find them on the Cigna for Health Care Professionals website (CignaforHCP.com) as described in the last column.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription Drug List changes for 2020	<p>This list highlights the covered preferred, brand-name, and generic medications within the affected drug classes.</p> <p>These changes only apply to Cigna's non-Medicare customers and to the Standard Prescription Drug List.</p>	<p>Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna’s Prescription Drug Lists > 2020 Prescription Drug List Changes.</p> <p><i>You do not need to be a registered user of the website to access this list.</i></p>
Customer-specific drug coverage search tool	<p>This tool allows you to search specific drug lists for patients with Cigna-administered coverage, and view their estimated out-of-pocket costs based on their plan benefit.</p>	<p>Log in to CignaforHCP.com. Then, perform a patient search by name, ID number, or date of birth.</p> <p><i>You must be a registered user of the website to use this tool.</i></p>

1. For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renewal date, as required by state law.
2. If a customer or prescriber believes that any of the products we will no longer cover as preferred options are medically necessary, Cigna will review requests for a medical necessity exception.
3. Depending on a customer’s weight and/or if they have been filling this amount for a long period of time, he or she may be able to receive coverage for an amount greater than the quantity limit.
4. Based on an internal, proprietary study and our review of total medical costs, as well as other literature, we encourage use of single-tablet regimens (one pill versus multiple per day) to help improve adherence. Low adherence can increase disease progression, medication costs, and resistance to HIV medications. Our study results show adherence rates improve up to 15 percent when patients take a single tablet over multiple tablets.
5. Depending on what this medication is being taken for, customers may be able to receive coverage for amounts greater than the quantity limit.



NEW PATIENT ASSURANCE PROGRAM HELPS LOWER INSULIN COST

People who rely on insulin to manage diabetes often have high out-of-pocket costs. Now, eligible customers may be able to receive preferred-brand insulin from participating manufacturers at a lower cost through Cigna’s new Patient Assurance Program.

We anticipate this program will be especially helpful for customers who have coinsurance or need to satisfy a high deductible before their insulin is covered. Last year, the average out-of-pocket cost for insulin was \$41.50 for a 30-day supply.* Through the Patient Assurance Program, eligible customers** will pay no more than \$25 for a 30-day supply or \$75 for a 90-day supply of insulin (per prescription). This is projected to reduce out-of-pocket costs for the average customer by about 40 percent,** helping remove cost as a barrier for many people who need insulin.

These savings are achieved through Cigna’s partnerships with insulin manufacturers that are committed to participating in this program.

In early 2020, you will begin to see this information for your patients who are eligible for this program when you conduct a real-time benefit check.

* This figure is based on users of insulin managed by Cigna and Express Scripts.
** Customers whose benefit plans include this program may be eligible.
*** Express Scripts internal analysis of claims.

EXPRESS SCRIPTS PHARMACY TO BECOME HOME DELIVERY PHARMACY FOR CIGNA CUSTOMERS

Earlier this year, we announced that Express Scripts has combined with Cigna. As a result of this combination, we will begin to transition customers who use Cigna Home Delivery Pharmacy to Express Scripts Pharmacy, a Cigna company. This transition will begin in January and continue throughout 2020 (as employer groups renew their contracts with Cigna), and will affect the home delivery prescription fulfillment and prior authorization process. (See “Save time by using electronic prior authorization” on [page 17.](#))

When an employer group’s contract renews in 2020, Express Scripts Pharmacy will become the new home delivery pharmacy of record for their employees. These customers will then begin to see the Express Scripts name on bottles and shipping labels, as well as on related correspondence. They may also notice changes, such as in the shape, size, and color of their medication.

For now, please continue to send prescriptions to Cigna Home Delivery Pharmacy, unless a patient specifically asks that you send it to Express Scripts Pharmacy. We will notify you when you can begin sending all home delivery prescriptions to Express Scripts Pharmacy.



ACCREDITO PROVIDES PERSONALIZED SPECIALTY PHARMACY SERVICES

Earlier this year, we announced that Express Scripts has combined with Cigna. As a result, Accredo is now our preferred specialty pharmacy. In addition to continuing to focus on our goal of achieving optimal health outcomes and reducing health care costs, there are now additional key features and services available to customers.

Therapeutic Resource Centers

Accredo offers personalized and customer-focused services, custom therapy protocols, and adherence programs to customers with complex and costly conditions through its Therapeutic Resource Centers. Customers can receive specialty medications, condition counseling, and a connection with specially trained pharmacists and nurses (who support more than 80 specialty conditions) 24 hours a day, 365 days a year.

Therapeutic Resource Centers services are offered for the following types of conditions:

- | | | |
|----------------------|--------------------------------------|--|
| › Bleeding disorders | › Human immunodeficiency virus (HIV) | › Pulmonary |
| › Cardiovascular | | › Pulmonary arterial hypertension |
| › Cystic fibrosis | › Immune disorders | › Rare diseases |
| › Endocrine | › Multiple sclerosis | › Rheumatoid arthritis and inflammatory conditions |
| › Fertility | › Neuroscience | |
| › Hepatitis | › Oncology | › Transplants |

Physician engagement team

To serve as many customers as possible, Accredo employs a nationwide physician engagement team of more than 180 individuals who address the needs of, and maintain relationships with, network prescribers.

Dedicated prescriber website

We encourage you to register for the Accredo website ([Accredo.com](https://www.accredo.com)), through which you can:

- › Verify the status of a new patient referral.
- › Check the status of prescriptions and prior authorization requests.
- › View pending items that require action.

To register, go to [Accredo.com](https://www.accredo.com) > Prescribers > [Prescriber Log In](#).



How to submit new prescriptions

There are several ways you can submit new specialty drug prescriptions to Accredo.

- › **Fax:** Go to the Accredo website ([Accredo.com](https://www.accredo.com)) > Prescribers > [Referral Forms](#). Search for the appropriate form (by product or therapy name, or by specialty condition), download it, and fax it to the number listed on the form.
- › **ePrescribe:** Choose NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, Tennessee 38134.
- › **Phone:** Call **866.759.1557**.

Additional information

If you have questions about this or other specialty pharmacy information, please call the Accredo Physician Service Center at **844.516.3319**.



RATIONALMED FOR CIGNA: MORE INSIGHTS TO HELP ADDRESS POTENTIAL GAPS IN CARE

As a result of our combination with Express Scripts, we have added RationalMed for Cigna, a gaps-in-care program that complements our existing Well Informed gaps-in-care program. Using these two solutions together, we can identify additional risks, potential adverse events, and care improvement opportunities, which can help drive improved wellness for your patients with Cigna-administered coverage. Both programs use medical, pharmacy, and laboratory data to identify potential gaps in care.

Customers with chronic illnesses and acute conditions will benefit because we may be able to identify even more opportunities for them to improve their health. As their provider, you'll benefit because you can consider these expanded findings when making decisions about your patient's treatment plan. The goal is to support your efforts and help your patients make better health decisions, as well as prevent unnecessary and costly hospitalizations.

About Well Informed

This program helps us to identify disease prevention and improvement opportunities for potential gaps in care related to health concerns such as:

- › Medication adherence.
- › Patient safety.
- › Achievement of key clinical targets.
- › Monitoring.
- › Appropriate therapy or drug.

When we identify possible gaps, we notify both you and your affected patient of the identified gaps, along with personalized instructions to help reduce and close them.

About RationalMed for Cigna

This program complements the Well Informed program by helping us to identify additional risk-reduction opportunities for potential gaps in care related to health concerns such as:

- › Adverse drug risks.
- › Coordination of care.
- › Omission of essential care.



When we identify these additional gaps, we'll provide you with timely, actionable data to help you decide whether any changes in therapy are necessary. Note that we will not send information to patients.

New messages and alerts you may receive

Beginning in January 2020, you may start seeing RationalMed for Cigna messages via your electronic medical record, letter, or fax. These messages will be in addition to any existing Well Informed gaps-in-care messages you may currently be receiving. While there is some overlap between the two programs, you should not receive duplicate messages.

We'll also begin sending alerts to prescribing pharmacists to help ensure care is coordinated across your patient's health care team. Note that the alerts will have a different look and feel than those we send for the Well Informed program. In addition, the phone number listed will connect providers and pharmacists with the Express Scripts team, which exclusively handles calls about RationalMed for Cigna.

Additional information coming soon

In early 2020, we will share more information about our comprehensive gaps-in-care solutions.



SAVE TIME BY USING ELECTRONIC PRIOR AUTHORIZATION

When your treatment plan includes certain prescription drugs, you may need to request prior authorization, depending on your patient’s pharmacy benefit. You can speed up this process by requesting them electronically. Electronic prior authorization (ePA) can save you time by eliminating the forms, faxes, and phone calls associated with manual requests, and provide you with faster coverage determinations. As an added benefit, your patients will have faster access to their drug therapy, which may improve medication adherence.

How to use ePA

You can request prior authorization for your patients with Cigna-administered coverage through your electronic health record (EHR) system, electronic medical record (EMR) system, or one of the ePA vendors listed below that offer this service at no charge.

EPA VENDOR	AVAILABLE THROUGH EHR OR EMR?	AVAILABLE THROUGH DIRECT WEBSITE ACCESS?	QUESTIONS?
CoverMyMeds®	Yes.	Yes. Go to CoverMyMeds.com/ePA/Cigna	Call CoverMyMeds: 866.452.5017.
Surescripts®	Yes.	No.	Call Surescripts: 866.797.3239.

Please note that we are transitioning away from the PromptPA tool in 2020. If you currently use it for ePA, we encourage you to begin using CoverMyMeds or Surescripts, or you may receive the following message: “Eligibility not found.”

If you are unable to use ePA, call **800.88Cigna (882.4462)** to submit a prior authorization request.



OUR BRAND IS EVOLVING: CIGNA-HEALTHSPRING IS BECOMING CIGNA

We’re pleased to announce exciting news: We’re embarking on a new chapter of our Medicare business. Over the course of 2019 and into 2020, we will be transitioning the Cigna-HealthSpring brand to the Cigna brand for the Medicare Advantage, Part D, and Medicare-Medicaid (TX) plans.

Uniting our organization under a single, well-known Cigna brand name, we will continue to deliver on our mission of improving the health, well-being, and peace of mind of our customers.


It’s business as usual

While you may start to see the Cigna logo on all communications you and your patients receive, your current day-to-day business operations with Cigna-HealthSpring or Cigna will **not** change. You should continue to use all of the existing contact channels you currently use, including customer service phone numbers, which will remain the same.

ID cards

Our Medicare Advantage customers will receive new ID cards soon. **The plan names will not be changing at this time.** You will continue to see Cigna-HealthSpring in our plan names in the blue highlighted box at the top of the ID cards.*

Cigna		Cigna HealthSpring Advantage HMO	
ID	<Customer ID>	<contract/PBP>	
Name	John Public		
Health Plan	(80840)		
[Effective Date: 01/01/2020]	[MedicareRx] [Prescription Drug Coverage]		
PCP			
PCP Phone	<XXX-XXX-XXXX>		
PCP Network	<Network>		
[No Referral Required]	COPAYS		
PCP	<\$XX>	Specialist	<\$XX>
Emergency	<\$XX>	Urgent Care	<\$XX>



Cigna

Cigna HealthSpring True Choice
PPO

ID

<Customer ID>

<contract/PBP>

Name

John Public

Health Plan

(80840)

[Effective Date: 01/01/2020]

[MedicareRx]

[Prescription Drug Coverage]

No PCP Required

No Referral Required

COPAYS

PCP

<\$XX>

Specialist

<\$XX>

Emergency

<\$XX>

Urgent Care

<\$XX>

[RxBIN <XXXXXXXX>]

[RxPCN <XXXXXXXX>]

[RxGRP <XXXXXXXX>]

*These cards are for illustrative purposes only.



CIGNA CENTERS OF EXCELLENCE FOR HOSPITALS

Hospital profiles and the Cigna Centers of Excellence (COE) program are designed to help 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 evaluate hospitals. Cigna claims data is also used for certain procedures in states where MedPAR data is the only available source. We designate participating hospitals that meet our specific patient outcomes and cost-efficiency criteria as COE by procedure and condition. Profiles are available to Cigna customers for most hospitals participating in our network.

About the hospital profile

- › Hospitals can receive a score of up to three stars (*) each, for both patient outcomes and cost-efficiency measures, for each surgical procedure and medical condition evaluated.
- › Hospitals that attain at least five stars (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 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 15, 2019:** Hospitals notified about their 2019 results.
- › **November 30, 2019:** Hospital reconsideration requests are due.
- › **January 1, 2020:** COE information available in the provider directory on [Cigna.com](#) and [myCigna.com](#).



Timing of reconsideration requests

We must receive reconsideration requests by November 30, 2019 for the updated information to appear on the initial display of the Cigna COE designations on January 1, 2020. We will still process those 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: 866.448.5506

The facility name, Taxpayer Identification Number, and contact information must 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](#) > 2020 Cigna Centers of Excellence Program Methodology), or call Cigna Customer Service at **800.88Cigna (882.4462)** to obtain a copy.



PRECERTIFICATION OF CERTAIN GASTROENTEROLOGY PROCEDURES FOR INDIVIDUAL & FAMILY PLANS

Effective January 1, 2020, precertification of the gastroenterology procedures listed below will be required for most customers with Cigna Connect Individual & Family Plans:*

- › Esophagogastroduodenoscopy (EGD)
- › Most capsule endoscopies

Our goal is to help assure customers that tests and procedures – which may be costly and potentially harmful – are medically necessary according to evidence-based guidelines. We have delegated precertification of these procedures to eviCore healthcare. Their specially trained nurses and gastroenterologists will use evidence-based guidelines to determine medical necessity.

Two new coverage policies

We will implement two new coverage policies to support this program:

- › Gastrointestinal Endoscopic Procedure Esophagogastroduodenoscopy (EGD)
- › Gastrointestinal Endoscopic Procedure Capsule Endoscopy

You can view these policies at www.eviCore.com/Cigna.

CPT codes

You can find a full list of Current Procedural Terminology (CPT®) codes associated with these procedures, as well as additional information about the affected services, at eviCore.com/resources/healthplan/Cigna.

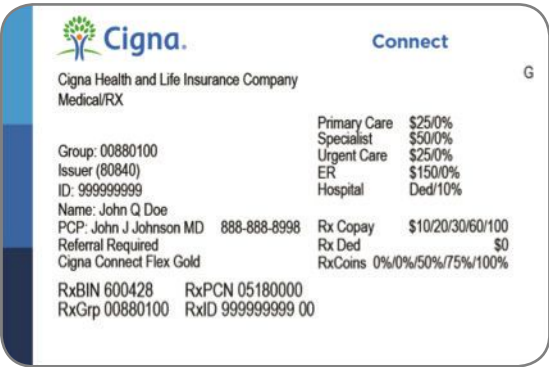


Image for illustrative purposes only.

How to determine when a patient’s Cigna plan requires precertification

You can identify patients with Cigna Connect Individual & Family Plan coverage by viewing their customer ID card, which will indicate “Connect” in the upper right-hand corner.

How to submit precertification requests to eviCore healthcare

The preferred and most efficient method for submitting precertification requests is through eviCore’s website (eviCore.com). If you are not a registered user, go to eviCore.com and click [Register Now](#).



While submitting requests through the website is highly encouraged, you can also request precertification through eviCore’s dedicated telephone number at **866.668.9250**, 7:00 a.m. to 10:00 p.m. ET.

Online orientation sessions

Beginning in November 2019, eviCore will conduct online orientation sessions designed to assist you and your staff with this new program. You will learn detailed information about the precertification process and how to access information from the eviCore website. You will also have the opportunity to ask questions. For session dates and instructions on how to register, go to eviCore.com/resources/healthplan/Cigna > Solution Resources > Gastroenterology > [Cigna Gastroenterology Orientation Schedule](#).

* Excludes patients covered by most Cigna Connect Individual & Family Plans in Florida and Texas.



BREAST AND PROSTATE TUMOR PROFILING

Oncotype DX Breast Recurrence Score test no longer requires precertification

When providers want to tailor early stage breast cancer treatment for a patient with Cigna-administered coverage, they no longer need to obtain precertification for Genomic Health’s Oncotype DX® Breast Recurrence Score test. This gives your patient faster access to the test, and reduces your office’s administrative work.

The Oncotype DX Breast Recurrence Score test:

- › Provides a genomic-based, comprehensive risk profile with personalized information for the assessment of early stage invasive breast cancer in adjuvant settings.
- › Offers valuable information that you can use to customize a treatment plan specifically for a patient’s unique situation (e.g., risk of distant recurrence, the potential benefit from chemotherapy, and whether your patient may be treated effectively with hormone therapy alone).

Note that when customers have early stage breast cancer that is hormone-receptor (HR) positive and HER2 negative, the National Comprehensive Cancer Network® (NCCN) Guidelines strongly recommend RT-PCR testing to help make chemotherapy decisions. If a provider does not conduct this testing, an eviCore healthcare* medical oncologist may contact the treating physician at the time of the prior authorization request for chemotherapy.

The precertification requirement for the Oncotype DX Breast Recurrence Score test is no longer required, effective October 25, 2019.

Oncotype DX Genomic Prostate Score test available in-network

When providers want to determine the aggressiveness of a prostate tumor for a patient with Cigna-administered coverage, they now have the option to refer the patient to Genomic Health, a network-participating provider that offers the Oncotype DX Genomic Prostate Score® (GPS) test.

The Oncotype DX GPS test:

- › Is a genomic test.
- › Was designed specifically for men who have clinically low-risk cancer, or favorable-to-intermediate-risk cancer, and are deciding between active surveillance and treatment.
- › Provides a comprehensive risk profile with personalized information that can be used to help guide treatment decisions.

Genomic Health became a contracted provider for this test on July 1, 2019.

* This is a Cigna national ancillary provider to which we have delegated precertification of chemotherapy.



PRECERTIFICATION AND CLAIM SUBMISSION REQUIREMENTS FOR MOLECULAR GENETIC LABORATORY TESTING

Molecular genetic laboratory tests can often only be distinguished and differentiated by knowing the test name, and in some cases, the specific gene names selected with a targeted test. Different laboratories may use the same Current Procedural Terminology (CPT®) codes for different types of testing.

To better align with our coverage policies, facilitate medical necessity review, and help ensure accurate reimbursement, we will require that precertification requests and claim submissions for all molecular genetic laboratory testing include the test name and panel name. Additionally, specific gene names must be identified for targeted panel tests, along with the global test name and applicable CPT codes. These requirements are effective for dates of service beginning December 1, 2019.

A fact sheet, which includes examples and directions for submitting precertification requests and claims for molecular genetic laboratory testing, is available on our Genetic Testing and Counseling Program website at [Cigna.com](https://www.cigna.com/health-care-providers/provider-resources/genetic-testing-and-counseling-program) > Health Care Providers > Provider Resources > [Genetic Testing and Counseling Program](https://www.cigna.com/health-care-providers/provider-resources/genetic-testing-and-counseling-program).



NATIONAL DRUG CODE INFORMATION FOR DRUG-RELATED MEDICAL CLAIMS

We routinely review our internal systems to ensure that claims are being processed quickly, consistently, and in alignment with industry standards and guidelines. As a result, we have developed recommendations to enhance the processing and reimbursement of drug-related medical claims.

The current industry standard is to include the National Drug Code (NDC), NDC units, and NDC unit qualifier on all drug-related medical claims. NDC information helps differentiate and identify medications that share the same Healthcare Common Procedure Coding System (HCPCS) code, which allows us to identify drug preferences, detect billing errors, and improve reimbursement processes.

Recommendations

In alignment with Centers for Medicare & Medicaid Services (CMS) requirements, we recommend that the following information be included in the designated fields on drug-related medical claims:

- › Applicable HCPCS or Current Procedural Terminology (CPT®) codes
- › Number of HCPCS or CPT code units
- › 11-digit NDC, including the N4 qualifier
- › Dosage unit of measurement (F2, GR, ML, UN)
- › Number of NDC units administered/dispensed (must be greater than 0)

NDC coding applies to claims for outpatient services billed with:

- › Form CMS-1500 for providers
- › Form UB-04 for hospitals and facilities
- › Electronic data interchange (EDI) 837

Please note that this does not affect hospital or facility inpatient claims.

Additional information

If you have any questions or need additional information, call Cigna Customer Service at **800.88Cigna (882.4462)**. For a fact sheet about the NDC, visit the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy Resources > Communications > [Coding guidelines for drug-related medical claims](#)).



PARTICIPATE IN THE 2019 LEAPFROG HOSPITAL SURVEY

Cigna encourages hospitals to participate in the Leapfrog Hospital Survey. We use Leapfrog Hospital Safety Grades in the Cigna Centers of Excellence Hospital Value Profile, which includes hospital performance information collected from this survey. This self-reported public data is one source we use to assess participating hospitals for the Cigna Centers of Excellence designation.

Survey deadline

You can complete the 2019 Leapfrog Hospital Survey online at the Leapfrog Group website (LeapfrogGroup.org) > [Survey Login and Materials](#), as well as update previously submitted 2019 surveys, through November 30, 2019.

Each month, the results will be publicly reported, by hospital, at [LeapfrogGroup.org/compare-hospitals](#).

Additional information

For more information about The Leapfrog Group and how to participate in the 2019 Leapfrog Hospital Survey, please visit [Leapfroggroup.org/survey-materials/deadlines](#).



VIDEO REMOTE INTERPRETATION SERVICES DISCOUNT

You can now obtain professional video remote interpretation (VRI) services, including American Sign Language, through Cigna’s language assistance services discount program. We offer this program to network-participating providers for their limited English proficient (LEP), deaf, or hard-of-hearing patients who have Cigna-administered plans.

VRI can be an effective communication option for obtaining a professional interpreter. It is often lower in cost and quicker to obtain than a face-to-face, in-office interpreter.

For information about VRI discounts and how to schedule this service, visit Cigna.com > Health Care Providers > Provider Resources > Programs for Patients > [Language Assistance Services](#).

We hope this additional discount will continue to help make it more affordable and easier for providers to comply with federal language assistance laws, and ensure successful communications with their LEP, deaf, and hard-of-hearing patients.



CIGNA HELPS FUND EXPANDED HOUSING FOR PATIENTS’ FAMILIES AND ACCESS TO BEHAVIORAL CARE

Earlier this year, Cigna and the Cigna Foundation contributed \$140,000 to the Methodist Healthcare Foundation and the Le Bonheur Children’s Hospital Foundation in Memphis, Tennessee. These contributions will help expand the availability of housing for families with critically ill children, and improve access to behavioral health care.

“We help children, adults, and families stay connected to each other and to community support networks, and that is even more important during a health challenge, when trusted connections can make a big difference,” said Susan Stith, Executive Director, Cigna Foundation. “We welcome the opportunity to partner with organizations that are providing community-based support and services to help people have peace of mind so they are better able to care for themselves and the people around them.”

Expansion of the FedExFamilyHouse

Cigna contributed \$90,000 to enable Le Bonheur Children’s Hospital Foundation to help complete the recent expansion of the FedExFamilyHouse, which tripled the size of the facility. Now, more families with critically ill children have access to housing near the hospital. The facility is a welcoming place for many families receiving care, and helps them focus on their child instead of housing.

“This generous support from Cigna and the Cigna Foundation will help further our commitment to providing quality, patient-centered care to our patients and families at Methodist Le Bonheur Healthcare.”

— **Michael Ugwueke**
President and CEO
Methodist Le Bonheur Healthcare

Methodist Healthcare Dennis H. Jones Living Well Network

A Cigna Foundation grant of \$50,000 was made to the Methodist Healthcare Dennis H. Jones Living Well Network. These funds will be used to help reduce the stigma associated with mental health conditions, and improve access to care and resources for people who are considered medically underserved in North Memphis.

Michael Ugwueke, President and Chief Executive Officer (CEO), Methodist Le Bonheur Healthcare stated that “Cigna has been a generous philanthropic partner of our work and mission, and we are grateful for their continued support.”



Cigna and the Cigna Foundation have worked closely with Methodist Le Bonheur Healthcare since 2005. Past projects include measuring the impact of interventions on heart failure, improving patient and health care provider communication to enhance diabetes treatment, supporting a hospice residence, and funding a community health navigator to reduce emergency room use and improve health outcomes.

“Cigna is proud to support Methodist Le Bonheur Healthcare and their efforts to expand the essential services they provide to the community,” said Greg Allen, MidSouth Market President, Cigna. “We look forward to continuing to work closely with Michael and the Methodist Le Bonheur team to advance their important work.”

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



CIGNA GRANT TO FIFTYFORWARD HELPS OLDER ADULTS WITH HEALTH CHALLENGES

This past summer, the Cigna Foundation announced a \$150,000 grant over three years to FiftyForward® in Nashville, Tennessee. FiftyForward provides day services to adults age 50 and older who are experiencing cognitive or physical health challenges. Offering social, mental, and physical learning opportunities in a safe environment, it is the first organization in the Middle Tennessee community to offer this type of program.

“We share FiftyForward’s goal to help people overcome significant health challenges to live independent, engaged, and healthy lives,” said Susan Stith, Executive Director, Cigna Foundation. “FiftyForward has a long history of championing and enhancing life for older adults and their caregivers, and we are proud to support their important work.”

“The Cigna Foundation shares our deep understanding of the individuals we serve, along with a genuine desire to make a difference in our local community.”

— **Sallie Hussey**
Executive Director
FiftyForward

Sallie Hussey, Executive Director, FiftyForward stated, “This grant is a true partnership, and with Cigna’s help, we will be able to serve more people and their families.”

The FiftyForward Adult Day Services program serves community-dwelling older adults in need of care. Services include individual and group activities, volunteering, exercise, nutritious meals, transportation, and peer engagement. The program enables participants to remain living at home in the community, and also provides valuable education and support to participants’ family caregivers.

“Helping people live independently while maintaining a social support structure is critical to keeping your body and mind healthy,” said Brian Evanko, President of Cigna-HealthSpring. “We are happy to help FiftyForward serve more individuals and families.”



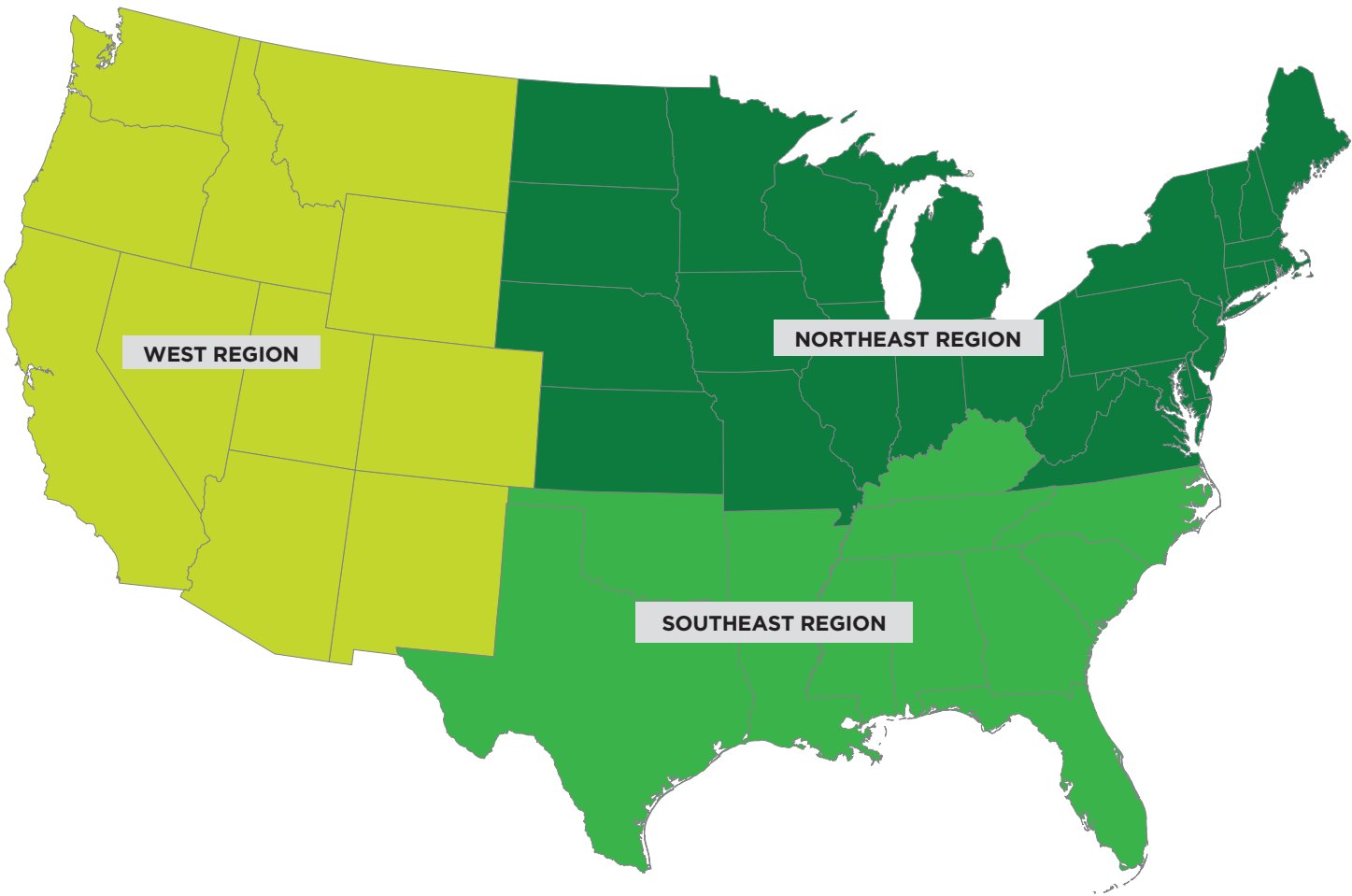
About FiftyForward

Established in 1956, FiftyForward supports, champions, and enhances life for people 50 years of age and older. As a nonprofit operating seven lifelong learning centers, it offers educational, health and wellness, arts, and volunteer programs to engage older adults. It also provides access to resources and comprehensive supportive services, including adult day services and meals on wheels. Its FiftyForward Care Team provides care assessment and services. FiftyForward Travel offers adventures (regional and international), and the Senior Center for the Arts and The Larry Keeton Theatre, a subsidiary of FiftyForward, features performing arts for all ages. [FiftyForward.org](https://www.fiftyforward.org)



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>	312.648.5131
Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	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 good for your relationship with Cigna, as it’s required in your contract. There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient.

Of course, if there’s an emergency, use your professional discretion.

Referral reminder: New York and Texas

If you are referring a patient in New York or Texas to a nonparticipating provider (e.g., laboratory, ambulatory surgery center), you are required to use the appropriate Out-of-Network Referral Form.

- › [New York providers](#)
- › [Texas providers](#)

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 – 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 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.

CIGNA REFERENCE GUIDES

The 2019 Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers 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](#).



GO GREEN – GO ELECTRONIC

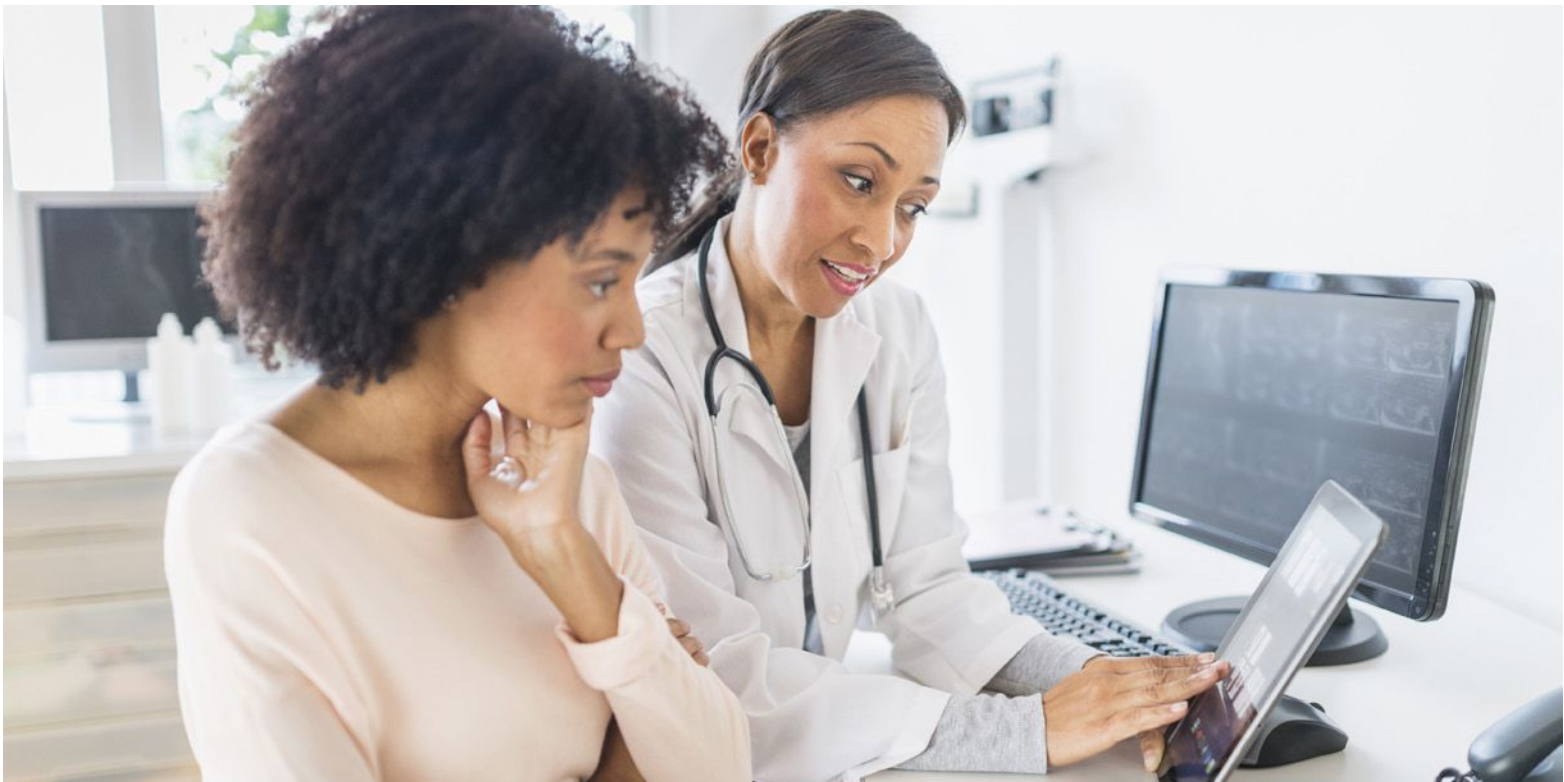
Would you like to reduce paper use in your office? Sign up now to receive certain announcements and important information from us right to your in-box.

When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), 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*. You will still receive certain other communications 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](#).



RESOURCES TO ENHANCE INTERACTIONS WITH CULTURALLY DIVERSE PATIENTS

If you serve a culturally diverse patient population, check out the [Cigna Cultural Competency and Health Equity Resources](#) web page. It contains many resources to help you and your staff enhance your interactions with these patients. The website is easy to navigate, streamlined to help you find the information you need quickly, and mobile friendly. Visit [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#).

eCourses, language assistance services, and more

Listed below are some of the resources available to Cigna-contracted providers, at no cost.

eCourses

The following eCourses can help you learn cultural competency overall best practices, and gain a deeper understanding of Hispanics and South Asians in the United States.

- › Developing Cultural Agility
- › Developing Culturally Responsive Care: Hispanic Community (three-part series)
- › Diabetes Among South Asians in the U.S., including translated (Hindi, Nepali, and Urdu) patient education materials on culturally appropriate dietary modifications (three-part series)

Language assistance services

A new provider resource is available: **California Language Assistance Program for Providers and Staff**. The training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

Cigna-contracted providers may utilize discounted rates of up to 50 percent for language assistance services such as telephonic and face-to-face interpretations, as well as written translations, for their eligible patients with Cigna coverage. These savings are made possible through Cigna’s negotiated contracts with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services. For details, visit [Cigna.com](#) > Health Care Providers > Provider Resources > [Language Assistance Services](#).

CultureVision

As a practitioner, it’s impossible to know everything about every cultural community you serve. However, learning how and what to ask may increase the likelihood that you will obtain the information you need, and enhance rapport and adherence. Gain these insights through CultureVision™, which contains up-to-date, culturally relevant patient care for more than 60 cultural communities.

You can access CultureVision directly at

CRCultureVision.com

Login: CignaHCP

*Password: Doctors123**

Additional resources

Many other resources are available on the website, including articles, presentations, white papers, podcasts, and self-assessments. You can find them all in the All Resources section of the website.

Visit today

Go to [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#). Check back often for newly added resources.



EARN CME CREDITS WITH VALUABLE INSIGHTS, A CAREALLIES EDUCATION SERIES

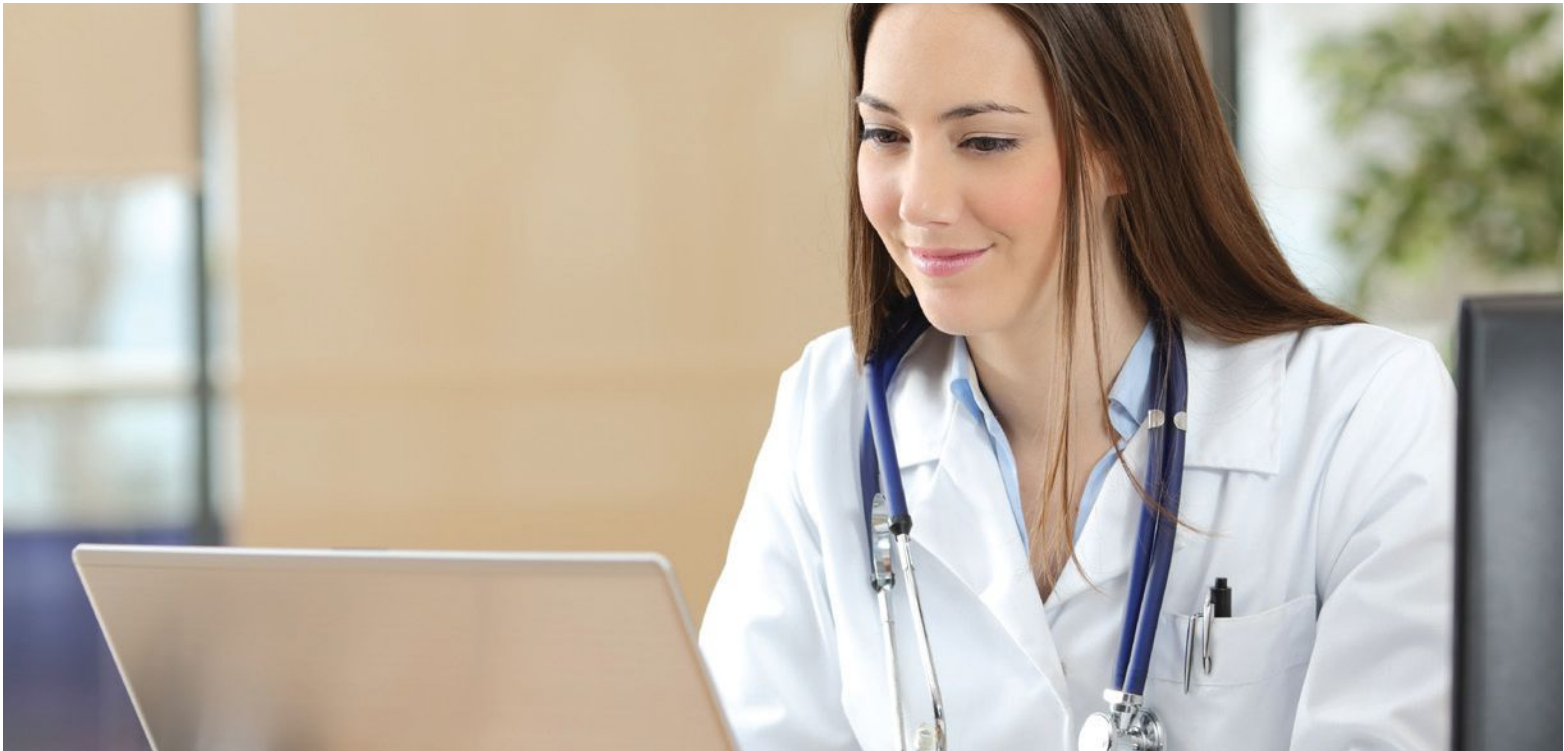
CareAllies®, a Cigna business, continues to help increase your value-based care knowledge through [Valuable Insights](#), their free, online education series. This series enables you to:

- › Earn AMA PRA* Category 1 Credits™ with *Valuable Insights* on-demand webcasts.**
- › Learn quickly and on the go with *Valuable Insights* podcasts.
- › Get industry updates from subject matter experts with *Valuable Insights* alerts.

To obtain access to *Valuable Insights*, including past resources and notifications when new resources are posted, visit the *Valuable Insights* [registration page](#). If you have questions, email info@CareAllies.com.

* American Medical Association Physician's Recognition Award.

** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Illinois Academy of Family Physicians and CareAllies. The Illinois Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians.



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: 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.



URGENT CARE FOR NONEMERGENCIES

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](#). Then, choose a directory.



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](#).

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Network News

OCTOBER 2019

For providers



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