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Network News

SECOND QUARTER 2021

For providers



Now including
QualCare information
and updates



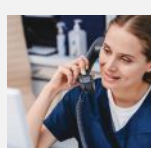



COVID-19 UPDATES

We're committed to keeping you updated on how we are supporting providers and customers. Visit the Cigna for Health Care Professionals website (CignaforHCP.com) for the most current information, including reimbursement, interim virtual care coverage, and other guidelines.

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ENGAGING WITH PATIENTS VIRTUALLY

Health care continues to evolve rapidly, while affordability, fragmentation, and access issues persistently put quality care out of reach for too many. Recently, the COVID-19 pandemic became a new driver of change, bringing into focus a real-time need for more convenient, accessible, and safe health care options.

As a result, providers and their patients alike have showed a growing interest in staying connected through virtual care (or telehealth). To support this emerging need, we are committed to working with providers in their efforts to deliver care how, when, and where it best meets the needs of their patients.

Cigna's Virtual Care Reimbursement Policy

To help providers attract and retain patients, reduce access barriers, and provide the right care at the right time, we implemented a Virtual Care Reimbursement Policy on January 1, 2021. This new policy allows for reimbursement of a variety of services typically performed in an office setting, but that are also appropriate to perform virtually. Services covered include routine appointments, new patient exams, behavioral assessments, and others.

When all requirements of the policy are met, **services remain reimbursed at face-to-face rates for virtual care provided to patients with Cigna commercial medical coverage.**

For complete details on the virtual care services we reimburse, billing requirements, and a copy of the full Virtual Care Reimbursement Policy, visit CignaforHCP.com/VirtualCare.

Evernorth acquires MDLIVE

On April 19, we **announced** that Evernorth – the health services portfolio of Cigna – completed its acquisition of MDLIVE®, a leading 24/7 virtual care delivery platform. We believe this will strategically position our capabilities and solutions to address the critical needs of affordability, predictability, and simplicity for our customers.

What this means to providers

It is important to know that there are no immediate changes for providers who deliver face-to-face or virtual care. Providers remain a central part of our strategy, and our commitment to them remains the same – to ensure they can continue to deliver care how, when, and where they want to. That is why we implemented a new Virtual Care Reimbursement Policy, and are working to identify ways to promote the use of high-performing Cigna network-participating providers to customers who seek virtual or face-to-face care.



Future plans

As demand for virtual care grows – with over **75 percent of Americans** seeing a future of health care at home – Evernorth and MDLIVE will be able to improve the patient experience, close the patient-provider accessibility gap, and bring providers opportunities to augment the services they currently offer. Over time, we believe the transition will enable a new end-to-end care experience to complement – not replace – the way patients interact with their existing providers to drive better health outcomes and more convenient access to care.

In the future, we anticipate that MDLIVE will be a resource for network-participating providers who want to seamlessly make specialty or behavioral referrals for their patients. Likewise, MDLIVE virtual care providers will be able to seamlessly make referrals to Cigna's existing network of providers when face-to-face or follow-up care is needed.

The future of virtual care

The care rendered by Cigna network-participating providers, combined with the care rendered by virtual providers such as MDLIVE, will help us to collectively accelerate meaningful change and create a more patient-centered, connected health care experience. Ultimately, we want to build a better bridge to deliver coordinated care – in the setting customers prefer – for greater access to affordable, convenient, and safe care.

Cigna network-participating providers play a vital role in these plans. We are excited about the future possibilities of virtual care and reimagining the end-to-end care experience together.



PREVENTIVE CARE SERVICES POLICY UPDATES

On January 1, 2021, updates became effective for Cigna’s Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates effective on January 1, 2021

| DESCRIPTION | UPDATE | CODES |
|---|--|---|
| Women’s contraceptive services: Surgical sterilization procedures for women | Added Current Procedural Terminology (CPT®) code | 58661 with a designated wellness code from Code Group 3 |

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](https://www.cignaforhcp.com)) > Review coverage policies > Medical and Administrative A-Z Index > [Preventive Care Services - \(A004\)](#).



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 April 2021

On April 1, 2021, we added three new Current Procedural Terminology (CPT®) codes and eight new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in April 2021

On April 1, 2021, we removed seven existing CPT codes from the precertification list that no longer require precertification.

To view the complete list of services that require precertification of coverage, [click here](#). Or, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, go to [CignaforHCP.com](https://www.cignaforhcp.com) and click [Register](#). If you do not have Internet access and would like additional information, please call Cigna Customer Service at **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 “G” ID cards.

Planned medical policy updates*

| POLICY NAME | DESCRIPTION OF SERVICE | UPDATE | EFFECTIVE DATE |
|---|--|---|--|
| Care Integration Services (R32) | Care integration services are care management and support services that include, but are not limited to, establishing, implementing, revising, and monitoring a care plan, as well as coordinating care with other professionals and educating the patient and/or caregiver. | We have updated this reimbursement policy to reimburse providers when they perform transitional care management services, advance care planning, and treatment planning and care coordination management for cancer. To receive reimbursement for these services, providers must submit claims using Current Procedural Terminology (CPT®) codes 99495, 99496, 99497, and 99498 and Healthcare Common Procedure Coding System (HCPCS) codes S0353 and S0354. | January 17, 2021 for dates of service on or after this date. |
| Site of Care: High-tech Radiology (O550) | Site of care high-tech radiology addresses the medical necessity of using a hospital-based imaging department or facility for magnetic resonance imaging, magnetic resonance angiography, computed tomography, and computed tomography angiography. | We have raised the threshold age for exception from review – from under age 10 to age 18 and under – to consider medical necessity for the use of an outpatient hospital setting to perform high-tech imaging procedures. | February 22, 2021 for precertification requests initiated on or after this date. |
| Distinct Procedural Service (M59) | Modifier 59 is used to bill for a distinct procedural service that is independent from other services performed on the same day. The Unusual Non-Overlapping Service (XU) modifier (Modifier XU) is used to bill for an unusual non-overlapping service performed on the same day. Cystourethroscopy is a procedure that allows the doctor to examine the bladder lining and the tube (urethra) that carries urine out of the body. If a stone is found during the examination, it is typically removed at that time. | Claims for services billed with both CPT codes 52352 and 52346 for stone removal during a cystourethroscopy amended with modifiers 59 or XU will be reviewed for coding accuracy. We will implement a claim edit to review operative reports and deny the CPT code appended with modifier 59 as being coded inaccurately if only one stone was removed. | April 1, 2021 for dates of service on or after this date. |
| Ambulatory Electrocardiographic Monitoring (O547) | A cardiac event recorder is worn on the body for up to 30 days. It may record automatically or be patient activated. The device monitors a patient’s cardiac activity in real time, and automatically detects, records, and transmits abnormal heart rhythms. | We will rename this coverage policy Ambulatory External and Implantable Electrocardiographic Monitoring (O547), and update it to facilitate processing claims for cardiac event recorders and mobile cardiac telemetry using an edit to review for medical necessity. | May 16, 2021 for dates of service on or after this date. |

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

Continued on next page



Clinical, reimbursement, and administrative policy updates *continued*

| POLICY NAME | DESCRIPTION OF SERVICE | UPDATE | EFFECTIVE DATE |
|-----------------------------------|--|--|--|
| Distinct Procedural Service (M59) | Procedural services rendered by the same provider on the same date cannot always be clearly identified by reporting CPT or HCPCS codes alone. Modifier 59 is used to indicate that procedural services not generally reported together are appropriate to reimburse separately under the clinical scenario. Arthroscopy is a surgical procedure to diagnose or treat a joint problem. Debridement is the procedure that “cleans” out the damaged cartilage or bone so the joint can heal. | We will deny debridement services submitted with Modifier 59 as incidental to the procedure and not separately reimbursable when billed with a code for arthroscopy by the same provider, on the same date of service, for the same patient. | May 16, 2021 for dates of service on or after this date. |
| Frequency Editing (R34) | Medically Unlikely Edits (MUEs) are daily limits applied to services rendered and used to reduce the improper payment rate. A MUE for an HCPCS code or CPT code is the maximum units of service that a provider would report under most circumstances for a single person on a single date of service. | We will deny any units of service that exceed the MUE limits for laboratory services billed with CPT codes 83921, 86318, 86332, 86353, and 87798. Modifiers will not be allowed to override MUE limits for these codes. | May 16, 2021 for dates of service on or after this date. |
| Pressure-Reducing Surfaces (0042) | Pressure-reducing surfaces are a type of durable medical equipment used for the care of pressure sores, also known as pressure ulcers. HCPCS code E0277 is used to bill for powered pressure-reducing air mattresses. | In alignment with our current medical coverage policy, claims billed with HCPCS code E0277 will be reviewed for medical necessity. | May 16, 2021 for dates of service on or after this date. |

Additional information

Coverage policies

To view our coverage 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](#).

Modifier and reimbursement policies

To view our reimbursement policies, log in to CignaforHCP.com. Go to Resources > Reimbursement and Payment Policies > Modifier and Reimbursement Policies. If you are not registered for the website, go to CignaforHCP.com and click [Register](#). If you do not have Internet access and would like additional information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

OTHER IMPORTANT UPDATES

Change to shoulder arthroplasty procedure coverage reviews

Effective June 1, 2021

The Centers for Medicare & Medicaid Services and evidence-based guidelines from MCG Health designate shoulder arthroplasty procedures (CPT codes 23470 and 23472) as outpatient** when medically appropriate. In keeping with this standard, as of June 1, 2021, Cigna may deny coverage for some of these procedures when requested at the inpatient level of care for customers with fully insured and self-funded plans. eviCore healthcare will review those codes for medical necessity and level of care, and base its review of medical necessity on MCG criteria. Denials will include medical necessity appeal rights.

** Inpatient admission not required. Patient generally treated up to 24 hours.



ONLINE BENEFIT VIEWING THROUGH PROCEDURE CODE LOOKUP

Now available: Look up medical procedure codes for your patients with Cigna-administered coverage on the Cigna for Health Care Professionals website (CignaforHCP.com) to obtain their benefit information for these procedures.*

How it works

You can look up procedure codes in a few easy steps.

- › Log in to CignaforHCP.com and perform a patient search.
- › Select the patient. Then select Lookup Procedure Codes, which you'll find below the patient's plan detail.
- › Enter up to 10 Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, or revenue (REV) codes, along with the diagnosis (if required) and the place of service.
- › Submit the request, and benefit information for that patient for those specific codes will display.

What you'll see

The procedure code lookup will provide the following information:

- › Deductible and remaining deductible
- › Maximums
- › Coinsurance and/or copayment
- › Frequencies and limitations, when applicable
- › Precertification requirement
- › Virtual care message, when applicable

Save your results

After completing your lookup, you may generate a benefit reference number (BRN), which you may use to populate your electronic medical record (EMR) system. You may also download or print a detail summary for your records. This search will be saved on CignaforHCP.com for two years after the search date.



Coverage Status Am I in-network for this patient? In-Network ▾

Deductible

Eligible in-network preventive care is covered 100%

Individual Deductible: \$750.00
Met: \$0.00 Remaining: \$750.00

Family Deductible: \$1,500.00
Met: \$0.00 Remaining: \$1,500.00

- Benefit does apply to member's out-of-pocket maximum
- Deductible does not Cross Accumulate to In-Network or Out-of-Network Deductible

Coinsurance: 20%

- This benefit does apply to member's out-of-pocket maximum

Lifetime Maximum: Unlimited

Benefits ⓘ

Lookup Procedure Codes

Generate Benefit Reference #

OR

See General Benefits

Out-of-Pocket Maximum

Individual Out-of-Pocket Maximum: \$5,500.00
Met: \$0.00 Remaining: \$5,500.00

Family Out-of-Pocket Maximum: \$11,000.00
Met: \$0.00 Remaining: \$11,000.00

- Out-of-Pocket Maximum does not Cross Accumulate to In-Network or Out-of-Network Out-of-Pocket Maximum

In-Network and Out-of-Network Deductible expenses include Medical and Mental Health.
 In-Network and Out-of-Network Out-of-Pocket expenses include Medical, Mental Health and Pharmacy.
 -- Utilization Data is not available for this benefit.
 The amount shown is the plan or policy year-end total for the year entered.

*This feature is being expanded in phases and may not be available for certain plans. The feature will become available for these plans in the near future.



ONLINE APPEALS AND CLAIM RECONSIDERATION REQUESTS

Did you know you can now submit claim reconsideration requests and appeals using the Cigna for Health Care Professionals website (CignaforHCP.com)?

- › Avoid having to call Customer Service for simple claim adjustments.
- › Save time - no need to mail or fax the appeal.
- › Use the notes section to explain your request.
- › Use the upload feature to attach required documentation.
- › Receive a reference number for your request.
- › View the status of the appeal or reconsideration request.

To use the features, you must be a registered user of CignaforHCP.com and have the appropriate entitlements.

| TO: | YOU'LL NEED THIS ENTITLEMENT: |
|--|----------------------------------|
| Submit a claim appeal or reconsideration request | Claim search, reconsideration |
| Check the status of a reconsideration request | Claim search |
| Appeal a precertification decision for a claim that wasn't submitted yet | Patient search, precertification |



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 eligibility and benefit inquiries, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. There is also a special training session for website access managers. 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 right. When asked to enter an attendee ID, press #.

Option 3 - Call in using your computer.

Questions?

Email: ProviderDigitalSolutions@Cigna.com

| TOPIC | DATE | TIME (ET/CT/MT/PT) | LENGTH | MEETING NUMBER |
|---|---------------------------------|------------------------------------|--------|----------------|
| CignaforHCP.com Overview | Monday, May 3, 2021 | 1:30 PM/12:30 PM/11:30 AM/10:30 AM | 90 min | 179 807 6853 |
| Eligibility & Benefits/Cigna Cost of Care Estimator | Wednesday, May 12, 2021 | 1:00 PM/12:00 PM/11:00 AM/10:00 AM | 60 min | 179 626 8334 |
| EFT Enrollment, Online Remittance, and Claim Status Inquiry | Monday, May 17, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 602 5133 |
| Online Appeal and Claim Reconsideration | Wednesday, May 19, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 487 2665 |
| Website Access Manager Training | Wednesday, May 26, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 079 6479 |
| CignaforHCP.com Overview | Tuesday, June 1, 2021 | 2:30 PM/1:30 PM/12:30 PM/11:30 AM | 90 min | 179 702 7790 |
| Eligibility & Benefits/Cigna Cost of Care Estimator | Wednesday, June 9, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 319 4586 |
| EFT Enrollment, Online Remittance, and Claim Status Inquiry | Wednesday, June 16, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 225 1773 |
| Online Appeal and Claim Reconsideration | Monday, June 21, 2021 | 12:00 PM/11:00 AM/10:00 AM/9:00 AM | 60 min | 179 162 7760 |
| Website Access Manager Training | Monday, June 28, 2021 | 2:00 PM/1:00 PM/12:00 PM/11:00 AM | 60 min | 179 940 8512 |



CIGNA + OSCAR PLANS EXPAND IN CALIFORNIA AND GEORGIA

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. The Cigna + Oscar plans bring together the power of Cigna’s national and local provider networks – Open Access Plus and Cigna LocalPlus® – and Oscar Health’s innovative digital customer experience.

On January 1, 2021, these plans were expanded from Metro-Atlanta, Georgia and Tennessee to additional counties in Georgia and California.

Where Cigna + Oscar plans are offered

We offer Cigna + Oscar plans in the markets listed below.

| STATE | COUNTIES |
|------------|---|
| California | San Francisco Bay area: Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara |
| Georgia | Banks, Barrow, Clarke, Dawson, Elbert, Franklin, Gilmer, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Metro-Atlanta, Morgan, Oconee, Oglethorpe, Pickens, Rabun, Rockdale, Stephens, Towns, Union, and White |
| Tennessee | All |

Providers that participate in the Cigna + Oscar network

You are considered a Cigna + Oscar network-participating provider if you participate in Cigna’s:

- › LocalPlus network in the markets noted above, or
- › Open Access Plus network, regardless of state or region.

To confirm your network participation, visit Oscar’s online directory at hioscar.com or call Oscar Customer Service at **855.672.2755** (option 4).

* CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [Cigna + Oscar Plans](#).

** CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna + Oscar plans: Supplemental guide and program requirements](#).



More information

To learn more about Cigna + Oscar plans, please access the resources listed below.

- › Cigna + Oscar provider website (CignaOscar.com)
- › Cigna + Oscar [web page](#) on the Cigna for Health Care Professionals website (CignaforHCP.com)*
- › [Additional Administrative Guidelines and Program Requirements for Cigna + Oscar Plans](#)**
- › Oscar Health Customer Service: **855.672.2755** (option 4)

Be sure to watch for important updates about Cigna + Oscar plans in future issues of *Network News*.



LOCALPLUS PLANS EXPAND IN MIDWEST



We routinely assess our networks to help ensure our customers have access to quality, cost-effective care in their geographic areas. As a result, on April 1, 2021, we began offering LocalPlus® plans to our customers in the markets outlined below.

| MARKET | COUNTIES |
|-----------|--|
| Kansas | Missouri counties: Cass, Clay, Jackson, Lafayette, Platte, and Ray Kansas counties: Douglas, Johnson, Leavenworth, and Wyandotte |
| St. Louis | Illinois counties: Calhoun, Jersey, Macoupin, Madison, Monroe, and St. Clair Missouri counties: The City of St. Louis, Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Warren, and Washington |

About LocalPlus

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

The key differences between LocalPlus and LocalPlusIN plans are the benefit coverage levels, and whether or not customers can access only LocalPlus network-participating providers for covered services.

LocalPlus ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. The card will contain information about customer service contacts, benefits, and where to submit claims.

LocalPlus customers are encouraged to select a PCP but are not required to. If a customer has selected one, the PCP name will be printed on the ID card.

Your patients who have access to our national Open Access Plus (OAP) network when they are outside LocalPlus geographies will have an Away from Home logo on the back of their ID card.



ID cards are for illustrative purposes only.

For more information

Call Cigna Customer Service at **800.88Cigna (882.4462)**, or go to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [LocalPlus](#).



CIGNA GENE THERAPY PROGRAM UPDATES

By 2025, the U.S. Food and Drug Administration (FDA) expects it will be reviewing and approving between 10 and 20 cell and gene therapies each year.* To manage the quality and affordability of these emerging therapies, we introduced the Cigna Gene Therapy Program last year. The program directs customers to qualified participating providers.**

FDA approves new CAR T-cell therapy

In early February, the FDA approved Breyanzi® (lisocabtagene maraleucel) to treat adults who have relapsed or refractory large B-cell lymphoma, including diffuse large B-cell lymphoma, that has not responded to two other types of systemic treatment. Breyanzi is an autologous chimeric antigen receptor (CAR) T-cell targeting the CD19 antigen expressed by many B-cell malignancies. To learn more about the FDA's approval of this new therapy, please refer to the Bristol Myers Squibb [press release](#) on this topic.

Expanding our list of participating providers

We are pleased to announce the following providers are now contracted with the Cigna Gene Therapy Program.

| | |
|---------------------------------|-----------------------|
| Jackson Memorial Hospital | Miami, Florida |
| Le Bonheur Children's Hospital | Memphis, Tennessee |
| Rady Children's Hospital | San Diego, California |
| University Hospital of Brooklyn | Brooklyn, New York |

To access the complete list of participating providers, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reimbursement and Payment Policies > Precertification Policies > Cigna Gene Therapy Program for Participating Providers.

* Ned Pagliarulo. "FDA, expecting a gene therapy boom, firms up policies." BioPharma Dive. 28 January 2020. Retrieved from <https://www.biopharmadive.com/news/fda-gene-therapy-guidance-sameness-durability/571225/>.

** Participating providers refer to providers who have amended their contracts to participate in the Cigna Gene Therapy Program.



Additional information

The Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers includes additional information on gene therapy and the Cigna Gene Therapy Program. To access this guide, log in to [CignaforHCP.com](#) > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides.

If you have questions about the Cigna Gene Therapy Program, contact your Cigna Contracting representative.

IMPORTANT UPDATE

Advanced cellular therapies to be added to Cigna Reference Guide

In August 2021, we will expand the Cigna Gene Therapy Program section in the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers to address advanced cellular therapies, including CAR T-cell therapies.

Cigna develops benefit coverage criteria for new gene therapies and CAR T-cell therapies as they are approved by the FDA. A customer's benefit plan will determine coverage of these products and administrative services, and may limit coverage to a select group of contracted providers. Cigna will contract, directly or indirectly, with select providers for each gene therapy and advanced cellular therapy, including CAR T-cell therapy.

Look for the expanded content and guidance for these innovative therapies in the Gene Therapy and Advanced Cellular Therapy section of the Cigna Reference Guide in August 2021.



CLAIM SUBMISSION PO BOXES AND PAYER IDS CLOSED

QualCare's claim submission post office (PO) boxes, and payer ID numbers 23342 and 22312, have closed. As of December 31, 2020, QualCare no longer supports plan administration functions, including claims processing for employer groups.

Please submit any unresolved claim submissions to the appropriate employer group.

If you have any questions, please call QualCare Provider Services at **800.992.6613**.



QUAL-LYNX WORKERS' COMPENSATION COVID-19 UPDATES

We appreciate that providers are on the front line helping to protect local communities and offering dedicated care to our customers affected by the COVID-19 pandemic.

Get up-to-date COVID-19 information as it relates to workers' compensation by visiting the State of New Jersey website ([NJ.gov](https://www.nj.gov)) > Government > Departments & Agencies > Labor & Workforce Development > Worker Protections > [Workers' Compensation](#).

For quick access to COVID-19 resources, including interim billing guidance for Qual-Lynx workers' compensation virtual care, visit the QualCare website ([QualCareInc.com](https://www.QUALCAREINC.COM)).

UPDATE CONTACT INFORMATION VIA EMAIL

Providers who participate in the QualCare network can update their contact information, including mailing address, phone number, and email address, by emailing QualCare Provider Relations at QCProvRel@QualCareinc.com.

When you share your email address with us, you will receive future issues of *Network News*, as well as other important updates, directly to your email inbox.

CHANGES IN DRUG FORMULARY EFFECTIVE JULY 1, 2021¹

Effective July 1, 2021, we will make changes to our commercial drug formularies, as well as to the specialty medical drugs we cover, to help ensure our customers have access to affordable and quality health care. By making these updates, we have the opportunity to promote cost-effective and clinically appropriate therapies, coordinate treatment in the right setting, and improve clinical outcomes and affordability. Our major areas of focus are detailed below.

Biosimilar strategy

When it comes to biosimilars, we consider clinical safety and efficacy data, as well as a patient's condition and duration of therapy. As appropriate, we also prefer a biosimilar in place of an original branded product. On July 1, 2021, we will make the changes listed below.

- › **Filgrastim products.** We will make GRANIX® a nonpreferred-brand drug, and we will make Zarxio® a preferred-brand drug, joining NIVESTYM®, which is already a preferred-brand drug.
- › **Infliximab products.** We will make REMICADE® a nonpreferred-brand drug, and we will make AVSOLA® and INFLECTRA® preferred-brand drugs.
- › **Pegfilgrastim products.** We will make Fulphilia® and Ziextenzo® nonpreferred-brand drugs. Neulasta®, Neulasta Onpro®, NYVEPRIA™, and UDENYCA® are preferred-brand drugs.

- › **Trastuzumab products.** We will make Ogivri™ a nonpreferred-brand drug. KANJINTI™ and TRAZIMERA™ are preferred-brand drugs.

Other changes

Our other drug class changes include the categories listed below.

- › **Asthma and inflammatory therapeutic injectables.** We will no longer cover the following injectables under the medical benefit: Actemra® syringe/Actemra ACTpen™, CIMZIA® syringe, FASENRA™ Pen, NUCALA syringe/NUCALA Autoinjector, and ORENCIA® syringe/ORENCIA ClickJect™ Autoinjector. We will only cover these injectables under the pharmacy benefit. You must send prescriptions for these injectables to a participating retail pharmacy or to Express Scripts® Pharmacy, our home delivery pharmacy.

- › **Continuous glucose monitors (CGM).** For patients who have both Cigna medical and pharmacy coverage, we will cover therapeutic CGMs² under the pharmacy benefit instead of the medical benefit. You must send prescriptions for therapeutic CGMs to a participating retail pharmacy or to Express Scripts Pharmacy.
- › **Medical specialty drugs.** We will require medical precertification and site-of-care management for ELIGARD®, Fensolvi®, LUPRON DEPOT®, LUPRON DEPOT-PED®, and TRELSTAR®. We will require medical precertification for FIRMAGON® and Zoladex®.
- › **Preventive drugs.** We will remove some multisource brand products, injectables, and egregiously priced generics from our formularies.

What this means to you and your patients with Cigna coverage

In March 2021, we sent letters explaining the drug list and preferred-brand 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 July 1, 2021, customers who continue filling prescriptions for drugs that are no longer on the formulary or are nonpreferred brands 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.

Copayment assistance for your patients

Your patients may be able to receive copayment assistance for INFLECTRA and AVSOLA.³

- › Eligible commercially insured patients may be able to receive up to \$20,000 per calendar year in copayment assistance, and pay as little as \$0 for each treatment, through the Pfizer enCompass® Co-Pay Assistance Program for INFLECTRA.⁴ Patients can call **844.722.6672** Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Or, to learn more, they may go to PfizerEncompass.com > Patient > Inflectra > **Yes**.
- › Patients can pay as little as \$5 out-of-pocket for each treatment, up to the program maximum, with the AVSOLA Co-Pay Card.⁵ Patients can call **866.264.2778** Monday through Friday from 9:00 a.m. to 8:00 p.m. ET or go to the AVSOLA website (AVSOLAsupport.com) to learn more.

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 2021 | The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare customers. | Go to CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna's Prescription Drug Lists: View Documents. |
| Customer-specific drug coverage search tool | 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 benefit plan. | 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> |

1. For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renew date, as required by state law.
 2. This change applies to Dexcom G6 and Abbott FreeStyle Libre therapeutic CGMs. There is no change in coverage for nontherapeutic CGMs. Certain CGMs are approved by the U.S. Food and Drug Administration with a product classification known as "therapeutic." This classification means the device is indicated for use as a nonadjunctive device that replaces information obtained by a standard home blood glucose monitoring system.
 3. Information about these programs is taken from PfizerEncompass.com and AVSOLA.com. Cigna does not manage these programs. Patients should contact the assistance programs directly to confirm eligibility and details.
 4. Eligibility required. Terms and conditions apply. Federal and state health care beneficiaries are not eligible. Private insurance only. The Pfizer enCompass Co-Pay Assistance Program for INFLECTRA doesn't cover or provide support for related supplies, services, or procedures. Full terms and conditions available at PfizerenCompass.com/HCP/inflectra/find-patient-support.
 5. Terms, conditions, and program maximums apply. Other restrictions may apply. This program is not open to patients receiving prescription reimbursement under any federal, state, or government-funded health care program. Not valid where prohibited by law. The AVSOLA Co-Pay Card doesn't cover or provide support for office visits or medication administration.



NATIONAL PREFERRED FORMULARY ADDED AS AN OPTION

On January 1, 2021, Cigna began offering a **National Preferred Formulary** (NPF) as an alternative to its existing formularies.

Routine changes will be made to the NPF to help ensure Cigna customers have access to affordable and quality prescription medications. We will notify affected providers and customers at least 60 days prior to the effective date of drug removals, added step therapy requirements, or prior-authorization requirement changes.

Search tool for alternative medications

Providers should work with their patients who have Cigna-administered coverage to find covered, clinically appropriate alternative medications.

To search for alternative medications for your patients, use the customer-specific drug coverage search tool on the Cigna for Health Care Professionals website (CignaforHCP.com). 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 benefit plan. Log in to CignaforHCP.com. Then, perform a patient search by name, ID number, or date of birth.



STUDY: GREATER RX ADHERENCE IN HOME DELIVERY CUSTOMERS

According to a recent **study*** conducted by Express Scripts PharmacySM, a Cigna company, patients who have their medications delivered to their homes have better adherence, fewer emergency room visits, and fewer hospitalizations than those who fill prescriptions at a retail pharmacy.

A closer look

The study is a retrospective analysis of pharmacy claims managed by Express Scripts Pharmacy in 2018 and 2019 for more than 1.75 million customers with employer-provided insurance. It focuses on those who use medications to treat diabetes, hypertension, or high blood cholesterol – three of the most prevalent and costly conditions for payers.

The analysis compares adherence rates, emergency room visits, and hospitalizations of customers who filled their prescriptions for these conditions via Express Scripts Pharmacy with those who filled their prescriptions at a retail pharmacy.

With resources including mobile applications, autofill programs, access to pharmacists 24 hours a day, 365 days a year, and consistent pharmacy processes, home delivery services such as Express Scripts Pharmacy can ensure your patients always have their medication on hand. This can help them remain adherent, and improve their health outcomes and overall plan spending.

Additional information

To learn more about the study, [click here](#).

* Rochelle Henderson, PhD. "Express Scripts Pharmacy Increases Adherence and Savings." Express Scripts. 18 December 2020. Retrieved from <https://www.express-scripts.com/corporate/index.php/articles/express-scripts-pharmacy-increases-adherence-and-savings>.



HELPING PROVIDERS GIVE NEW HOPE TO PATIENTS WITH CANCER

Clinical trials are critical to advancing medical evidence, and helping patients live longer and better lives. They help doctors determine whether new treatments are safe and effective, and work better than current treatments. They also offer patients access to innovative treatment options before becoming widely available, bringing new hope to those who do not respond to current evidence-based therapies.

Clinical trial matching

eviCore healthcare (eviCore) performs utilization management reviews of most outpatient oncology cases for patients with Cigna coverage to ensure adherence to our [Oncology Medications coverage policy \(1403\)](#). Beginning April 15, 2021, during the medical oncology prior-authorization process, eviCore will perform a real-time search of the National Cancer Institute's oncology clinical trial database to identify potential clinical trial matches for patients with cancer by proximity to the patient's ZIP code.

Providers will have the option to receive more information on any of the search results for consideration and discussion with their patients. Our goals are to increase awareness of clinical trial opportunities, help providers identify the best possible treatment options for their patients, promote the development of new medical evidence, and help patients achieve better outcomes.

Additional information

The Oncology Medications coverage policy (1403) is available on the Cigna for Health Care

Professionals website ([CignaforHCP.com](#)) > Review coverage policies > Pharmacy (Drugs & Biologics) A-Z Index > [Oncology Medications - \(1403\)](#).

If you have any questions, please call Cigna Customer Service at **800.88Cigna (882.4462)**.



ACCREDO PROVIDER WEBSITE IMPROVES PRESCRIBING CAPABILITIES

The My Accredo Patients website ([MyAccredoPatients.com](#)) has been upgraded with new capabilities and enhanced features to help improve your experience when prescribing medications for your patients. With this website, Accredo, a Cigna specialty pharmacy, puts the prescribing information you need at your fingertips, allowing you more time with your patients. If you haven't done so already, we encourage you to register for the website at [MyAccredoPatients.com](#).

Capabilities and additional features

Visit [MyAccredoPatients.com](#) today to take advantage of the capabilities and features below.

| FEATURE | ENABLES YOU TO: |
|-------------------------------|---|
| Prescriptions at a glance | <ul style="list-style-type: none"> ➤ See referrals, refills, and renewals, and track shipments. ➤ Monitor prescriptions as they are processed and filled. |
| Live chat | <ul style="list-style-type: none"> ➤ Interact with an Accredo agent without a telephone call. ➤ Get real-time help to expedite requests and solve problems. |
| Document upload | Upload prior-authorization approvals, clinical documentation, and insurance information. |
| Paperless referral process | Utilize the iAssist drop-down menu for a free online platform that simplifies therapy initiation through tools such as ePrescribe, electronic prior authorization (ePA), eEnroll, and eConsent. |
| Patient reports and documents | <ul style="list-style-type: none"> ➤ Generate, export, print, or sort data that is important to you. ➤ View Accredo nursing visit summaries and other documents. |

Additional information

Watch this [one-minute video](#) to learn more about all that [MyAccredoPatients.com](#) has to offer. If you have questions about the website, email MAPSupport@Accredo.com. Please note that this support team can only assist with questions related to [MyAccredoPatients.com](#).



REMINDER: 2021 CIGNA MEDICARE PLAN HIGHLIGHTS

New benefits to meet patient needs

2021 will bring new benefits and services for Cigna Medicare patients, with more comprehensive coverage, affordable and predictable out-of-pocket costs, and extended health benefits to help your patients access the care they need, when they need it.

More flexibility and stability to get patients healthier

Nearly 100%

will have fitness, dental, eyewear, meal, and hearing aid benefits

96%

will have a flat or reduced premium

94%

will have a \$0 primary care provider (PCP) copayment

85%

will have an over-the-counter benefit

75%

will have access to a transportation benefit

73%

will have a \$0 premium plan

New 2021 benefits for all Cigna Medicare patients

› \$0 behavioral health

Patients have access to affordable behavioral specialty and psychiatric care at a \$0 copayment, eliminating financial barriers for individual and Employer Group Waiver Plan patients.

› No-cost 24/7 online wellness resources

This includes general wellness and prevention, disease management, fitness and exercise, men's and women's health, smoking cessation, weight management, advanced care planning, senior health, and more.

› Telehealth for physical therapy (PT)

This benefit is in addition to our behavioral health and primary care telehealth services. Any participating PT provider who offers telehealth can use it; cost share is the same as in-person PT.



Reaching more communities

In 2021, Cigna will offer plans in 369 counties spanning 23 states, representing a 22 percent increase in our county footprint. We will expand to 67 new counties, and include a broad portfolio of health maintenance organization (HMO) and preferred provider organization (PPO) plans. In addition to the new county expansion, we will expand PPO offerings in 154 counties in our existing footprint. PPO plans typically offer an out-of-network benefit, while HMO plans generally do not.

Cigna will enter markets in five new states in 2021 with Medicare plans:

- › New Mexico (Albuquerque area)
- › Ohio (Liberty Valley/Cleveland)
- › Oklahoma (Oklahoma City area)
- › Utah (Salt Lake City area)
- › Virginia (Tri-Cities area in the southwest part of the state)

This expansion builds on Cigna's 2020 footprint, which currently serves more than 500,000 Medicare customers across 18 states and the District of Columbia. The 2020 footprint includes Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Maryland, Mississippi, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee, and Texas.

Continued on next page



Reminder: 2021 Cigna Medicare plan highlights *continued*

New plan names

Last year, we embarked on a new chapter of our Medicare business. We transitioned the Cigna-HealthSpring brand to Cigna for our Medicare Advantage, Part D, and Texas Medicare-Medicaid plans. Here's an overview of plan name changes.

| 2020 | 2021 |
|---|--|
| Cigna-HealthSpring Advantage (HMO) | Cigna Fundamental Medicare (HMO) |
| Cigna-HealthSpring Preferred AL (HMO) | Cigna Preferred AL Medicare (HMO) |
| Cigna-HealthSpring Preferred Plus (HMO) | Cigna Preferred Plus Medicare (HMO) |
| Cigna-HealthSpring TotalCare (HMO D-SNP) | Cigna TotalCare (HMO D-SNP) |
| Cigna-HealthSpring True Choice (PPO) | Cigna True Choice Medicare (PPO) |
| Cigna-HealthSpring Achieve Plus (HMO C-SNP) | Cigna Achieve Medicare (HMO C-SNP) |
| Cigna-HealthSpring Preferred Part B Savings (HMO) | Cigna Preferred Savings Medicare (HMO) |

New 2021 ID cards

Cigna Medicare Advantage patients will receive new ID cards with the Cigna logo. Sample ID cards are shown below.

Cigna <Plan Name>
<Plan Type>

Name <Customer Full Name> <Contract/PBP[/segment]>

ID <Customer ID>

Health Plan (80840) [MedicareRx]
[Prescription Drug Coverage X]

[Effective Date <Effective Date>]

PCP <PCP Name>

PCP Phone <Phone Number>

PCP Network <Network>

[No Referral Required] **COPAYS**

PCP <\$xx> Specialist <\$xx>

Emergency <\$xx> Urgent Care <\$xx>

This card does not guarantee coverage or payment.

[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>]

[Authorization/Referral] <Phone Number>

[Provider Medical Claims <Address>]

[Pharmacy Help Desk <Phone Number>]

[Pharmacy Claims <Address>]

[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

[<URL>]



CLAIM DENIAL PREVENTION TIPS

Reimbursement for the care you provide is vitally important, and we strive to process and pay your claims quickly for your patients with Cigna-administered coverage. Sometimes, though, a claim may be denied or you receive less than the expected amount.

To help prevent claim denial and payment issues, we encourage you to take the steps below, which outline some of the common reasons they may occur.

| ACTION | DETAILS |
|---|---|
| Obtain a copy of your patient's ID card | Confirm the plan shown matches your contract, such as health maintenance organization (HMO), preferred provider organization (PPO), Open Access Plus (OAP), Network Point of Service (POS), or LocalPlus®. If you are not contracted for the plan type, you may not receive the reimbursement you expect. |
| Confirm benefits | Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) to view the patient's eligibility and benefits, or call customer service at the phone number on your patient's ID card. Ask clarifying questions to confirm that the specific procedure or Current Procedural Terminology (CPT®) code is covered under the plan, and that you have met all of the plan requirements for coverage. |
| Verify precertification requirements | Log in to CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies. |
| Confirm accuracy and completeness of claim | To avoid potential delays, and ensure your appeal will receive a full and thorough review, confirm that all claim information is complete and accurate. Check CPT codes, International Classification of Diseases, 10th Revision (ICD-10) codes, dates of service, modifiers, etc. |



Reminder: Refer to participating providers

When you refer your patient to a provider that does not participate in the Cigna network, the patient will often have greater financial responsibility or potentially no coverage at all. You can locate participating providers by going to Cigna.com > [Find a Doctor, Dentist or Facility](#).

Claim denial or payment questions

Most claim issues can be remedied quickly. If you have questions about a post-service denial or payment, call the customer service number on your patient's ID card. Cigna Customer Service representatives are trained to help resolve these issues informally or, if needed, guide you on how to file a single-level internal provider appeal.



APPEAL REMINDERS

When providers reach out to us about claim payment disputes, we strive to resolve them informally on that initial contact. If this isn't possible, **we offer a single-level, internal appeal process** for resolving post-service payment denials and payment disputes.* Arbitration is also available, if needed, as a final resolution step.

Provider appeals

Time frame for submissions

Providers must submit all appeals in writing within 180 calendar days from the date of the:

- › Initial payment or denial notice, **or**
- › Last payment adjustment if the appeal relates to a payment that was adjusted by Cigna.

Appeal submission methods

You may request an appeal either via the [Request for Health Care Professional Payment Review](#) form (recommended) or an appeal letter. To help ensure your appeal will receive a full and thorough review, it's important that you submit complete information.

- › **Request for Health Care Professional Payment Review form.** To help you fully document the circumstances around the appeal request and expedite a timely review, we encourage you to download and complete this form – including checking off the appropriate box that best describes the reason for the appeal. You can download and print a copy of this form by going

to [Cigna.com](#) > Health Care Providers > Coverage and Claims > Appeals and Disputes > Why Submit an Appeal: [through a written request](#).

- › **Letter.** If you submit your appeal by letter instead of using the form, be sure to include all of the same information that is requested on the form, and specify that it is for a health care provider appeal.

What to submit with the appeal form or letter

Be sure to include:

- › A copy of the original claim.
- › A copy of the explanation of payment (EOP) or explanation of benefits (EOB), if applicable.
- › A narrative describing the situation, an operative report, and medical records, as applicable, if the appeal involves a previous clinical denial, such as denied hospital days, level of care, medical necessity, or services denied for no prior authorization.
- › The name of the service or the drug you are appealing. (If submitting your appeal request by form, you can include this information in the space on the second page.)



Additional information

Review the [Cigna Appeals and Disputes Policy and Procedures](#) for additional information on how to submit an appeal. Visit [Cigna.com](#) > Coverage and Claims > [Appeals and Disputes](#).

Customer appeals

Time frame for submissions

In most cases, the appeal should be submitted within 180 calendar days from the date of the last determination of whether or not to authorize, approve, or reimburse a health care service, treatment, or supply.** Examples of a last determination include the date:

- › A claim was last handled.
- › A utilization review was completed.
- › An appeal decision letter was issued.

Submit the appeal by form or letter

You may submit an appeal on behalf of a customer either via the [Customer Appeal Request Form](#) or a letter, along with any supporting documentation, and mail it to the address at the bottom of the form. To download and print a copy of this form in English, Spanish, or Chinese, go to [Cigna.com](#) > Find a Form > [Medical Forms](#) > Medical Appeal Request.

Expedited appeals

Under certain circumstances, we may perform an expedited review, such as when:

- › A service was not rendered.
- › A service requires precertification.
- › The treating provider believes the standard time frame for processing an appeal request may jeopardize the patient's life, health, or ability to regain maximum functionality or cause severe pain.
- › There is an admission or continuing inpatient hospital stay for a patient who has received emergency services but has not been discharged from a facility.

To request an expedited appeal

On the Customer Appeal Request form, check the "No" box to the question, "Have you already received services?" You will receive a written response from Cigna within 30 days.

Questions?

If you have any questions about the appeals process, contact Cigna Customer Service.

* Processes may vary due to state mandates or contract provisions.

** Your patient's particular Cigna benefit plan may allow for a longer period.



INTELLIPATH TECHNOLOGY TO HELP EASE EVICORE PRECERTIFICATION PROCESS

eviCore healthcare (eviCore) recently introduced a new technology – eviCore IntelliPath® – to help reduce providers' administrative responsibilities during the precertification process.

How it works

IntelliPath is integrated into the precertification process and uses data gathered from more than 150 million patient cases to identify patterns. This can lead to quicker and more accurate approvals for medically necessary tests, treatments, and procedures, as well as quicker treatment for patients.

Benefits

IntelliPath may help reduce the:

- › Time providers spend on the telephone.
- › Number of requests providers receive from eviCore for additional clinical documentation.
- › Time it takes to submit precertification requests (an average case takes eight minutes; IntelliPath cases take approximately two minutes).

It may also improve the turnaround time of precertification requests.

What to expect

Over the next several months, providers will notice a gradual reduction in the number of clinical surveys they receive when submitting a precertification request. If they don't obtain real-time approval, providers will be asked to upload all clinical documentation at the beginning of the case. This up-front upload will reduce the amount of outreach the provider office staff will receive later from eviCore.

Additional information

For more information about IntelliPath, providers may refer to [evicore.com/insights/ask-eviCore-workflow-updates](https://www.evicore.com/insights/ask-eviCore-workflow-updates).* If you have additional questions not addressed on this Workflow Updates web page, we encourage you to use the live chat feature on the eviCore website ([eviCore.com](https://www.evicore.com)).



* [eviCore.com](https://www.evicore.com) > insights > [Ask eviCore: Workflow updates](https://www.evicore.com/insights/ask-eviCore-workflow-updates).



TIMELY COMMUNICATION OF TEST RESULTS

To lessen your patients' anxiety and concern about clinical tests, it's important they receive their results within a reasonable time frame.

When and how results are shared may vary depending on the type of clinical test, where it is performed, and a practice's established procedures. However, once test results are available, your patients expect to be informed of them in a timely manner – regardless of whether they receive them from the treating provider or the rendering laboratory or facility.

Test result communication policy

To ensure test results are communicated appropriately, we encourage providers to implement policies and procedures that confirm the:

- ▶ Patient (or designee) knows when to reasonably expect the results of clinical tests and how they will receive them.
- ▶ Patient confidentiality is protected, regardless of how the results are given.
- ▶ Patient understands what to do if test results aren't received within the expected time frame.
- ▶ Test results are shared in a sensitive, understandable manner that includes all information needed to make informed decisions about future treatment.
- ▶ Ordering provider is notified and has access to results prior to patient notification, if the patient will receive results directly from a third party.

Key definitions to include in a test result communication policy

You may want to consider adding the following key definitions at the beginning of your test result communication policy to help standardize understanding of these terms across many users.*

Additional information

For more helpful recommendations to develop or amend a test result communication policy, check out [Eight Recommendations for Policies for Communicating Abnormal Test Results](#).*



TEST RESULT COMMUNICATION POLICY DEFINITIONS

| TERM | DESCRIPTION |
|------------------------------------|--|
| Critical test result | Any result or finding that may be considered life threatening, or that could result in severe morbidity, and requires urgent or emergency clinical attention. |
| Significantly abnormal test result | Nonemergency, non-life-threatening results that need attention and follow-up action as soon as possible, but for which timing is not as crucial as critical test results. These results generate a mandatory notification in the electronic health record, but are not required to be reported verbally. |
| Critical tests | Tests that require rapid communication of results, whether normal, abnormal, or critical. |
| Read-back | The process of an individual receiving a critical test result or significantly abnormal test result by writing down and reading back the information to the individual providing this information. |
| Diagnostic areas | Pathology and laboratory medicine, imaging, cardiology, and other diagnostic areas as defined by the organization. |

* Singh, Hardeep; Vij, Sagar "Eight Recommendations for Policies for Communicating Abnormal Test Results." Joint Commission Journal on Quality and Patient Safety. May 2010. 36(5):226-32. Retrieved from https://www.researchgate.net/publication/44609625_Eight_Recommendations_for_Policies_for_Communicating_Abnormal_Test_Results.



PROVIDERS MUST MEET LANGUAGE ASSISTANCE COMPLIANCE REQUIREMENTS

It's the law

Americans with Disabilities Act (ADA)

This federal civil rights law prohibits discrimination against individuals with disabilities in day-to-day activities, including accessing medical services and facilities.

Section 1557 of the Affordable Care Act (ACA)

This law, also referred to as the nondiscrimination rule, prohibits discrimination in health programs and activities on the basis of race, color, national origin, sex, age, or disability.

This legislation supports the ACA's goals of:

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

Under Section 1557, it is unlawful to delay or deny effective language assistance services to individuals with limited English proficiency (LEP). Covered entities, such as Cigna and health care providers,

are required to take reasonable steps to assist in providing language assistance services or written translations for LEP individuals who are eligible to be served in health programs and activities. Additionally, when language services are required, they must be provided free of charge and in a timely manner.

Providers' responsibilities to ensure compliance with the law

Health care providers are required by law to **provide and pay** for language services for their LEP patients free of charge and in a timely manner. These services include:

- › **Sign language interpreter services**, including video remote interpretation services, for communication with patients who are deaf or hard of hearing, when needed, regardless of the cost, even if the cost of the interpretation services exceeds the amount a provider will receive for the services* (except in New Mexico, where the health plan is required to pay for sign language interpreter services).

Continued on next page

*The law requires that qualified sign language interpreters be provided for patients who are deaf or hard of hearing while in a medical setting. The use of unqualified interpreters is extremely dangerous because these individuals are not trained to be professional sign language interpreters. Therefore, important information is at risk of being conveyed poorly or completely lost in translation.



Providers must meet language assistance compliance requirements *continued*

- › **Language assistance services**, such as telephone and face-to-face interpretation services, as well as written translations for LEP individuals,** except in California and New Mexico, where the health plan is required to pay for telephonic interpreter services, in any health care setting. In California, Cigna covers the cost of written translations of vital documents (those that impact your patients' benefits and coverage) in Spanish and Traditional Chinese. Examples include applications and consent forms.
- › **Reasonable accommodations for those with disabilities**, when necessary, to ensure they have an equal opportunity to participate in, and benefit from, programs or activities.

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

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

How Cigna ensures compliance with the law

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

- › Access to qualified professional interpreters who have knowledge of medical terminology and health care benefits in the customer's preferred spoken language.
- › Access to bilingual staff – who have passed an oral proficiency assessment administered by a

professional vendor – to speak directly with LEP customers in their preferred language.

- › At the request of the customer, written translation of significant documents in more than 33 languages in formats that include Braille, large print, alternative fonts, and audio.
- › Inclusion of the nondiscrimination notice and taglines with the mailing of significant documents to inform customers about the availability of free language assistance services, nondiscrimination rights, and how to file a complaint.

Special note: Compliance with California and New Mexico laws

In California and New Mexico only, state laws require health plans, such as Cigna, to provide language assistance services free of charge to eligible individuals who participate in their plans. In New Mexico only, this includes sign language interpreters. In California, the provider is responsible for covering the cost for sign language services to comply with Section 1557 and the ADA.

For more information about the California and New Mexico language assistance laws, refer to the related articles in the [Second Quarter 2020 Network News](#) or access the Cigna state-specific reference guides. Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

Questions?

If you have questions about the law or language assistance services, call Cigna Customer Service at **800.88Cigna (882.4462)**.

** Using family members, friends, or children as interpreters for individuals with LEP is discouraged because of serious concerns around competency, confidentiality, and conflicts of interest. Exercise caution if circumstances require the use of family members, friends, or children as interpreters for LEP individuals.

*** Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Language Assistance Services](#).

PROVIDER DISCOUNTS AVAILABLE FOR LANGUAGE ASSISTANCE SERVICES

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

Depending on the service, discounted rates of up to 50 percent are available for telephone, face-to-face, and video remote interpretation services (including American Sign Language), as well as written translations.

Providers and their staff must contact the vendors directly to schedule and pay for the services. Requests for face-to-face interpreters, including American Sign Language, must be made in advance.

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

Additional resources, such as [Tips for Working with a Language Interpreter](#),*** are available on Cigna's Cultural Competency and Health Equity Resources web page.

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



HOME HEALTH SERVICES HAVE TRANSITIONED TO EVICORE



On February 1, 2021, eviCore healthcare replaced CareCentrix (CCx) as our home health, home infusion therapy, durable medical equipment (DME), and sleep diagnostic services provider for Cigna commercial customers. Specialty home infusion therapy services are available through Accredo, a Cigna specialty pharmacy, as well as other Cigna-participating specialty pharmacies.

Changes to the process

How you order these services for your patients with Cigna-administered coverage, and the processes for care coordination, utilization management, and claim payments, have changed.

There is no need to contact eviCore for home services unless you need care coordination support, such as assistance finding a participating provider. Contact the eviCore Care Coordination team at **800.298.4806**.

You may also refer to the Cigna provider directory to find a participating home health, DME, home infusion, or sleep diagnostic provider.

- › Go to [Cigna.com](https://www.cigna.com) > [Find a Doctor, Dentist or Facility](#).
- › Select the coverage option.
- › Enter the address, city, or ZIP code.
- › Click on Health Facilities.
- › Enter the health care facility name or type (e.g., DME or home health services) or the provider's name.

Precertification

Although most services no longer require precertification, when applicable the rendering provider is responsible for submitting this request. For a complete list of services that require precertification, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Precertification process: Learn what services require precertification > [complete list of services](#).

Additional information

If you have questions, please contact eviCore at **800.298.4806** or Cigna Customer Service at **800.88Cigna (882.4462)**.

Important service information

The table below outlines important service information for the different types of home health services.

| SERVICE | NETWORK MANAGEMENT | CLINICAL REVIEW AND PRECERTIFICATION | CLAIM PAYMENTS | HOW TO ORDER |
|----------------------------|--------------------|--------------------------------------|----------------|--|
| Home health and DME | eviCore | Cigna | Cigna | Contact a participating home health or DME provider. |
| Nonspecialty home infusion | eviCore | Cigna | Cigna | Contact a participating home infusion provider. |
| Specialty home infusion | Cigna | Cigna | Cigna | Submit orders and prescriptions to Accredo. <ul style="list-style-type: none"> › ePrescribe: Choose NCPD ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134. › Fax: Go to the Accredo website (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 on the form. › Telephone: Call 866.759.1557. You may also contact another Cigna-participating specialty pharmacy provider. |
| Sleep diagnostic | Cigna | eviCore | eviCore | Contact a participating sleep diagnostic provider. |



ONCOLOGY ADVANCED ILLNESS CARE

The Cigna Advanced Illness Care program, an enhancement to oncology case management, was introduced to customers with stage 4 cancer in the fourth quarter 2020. Its goal is to help customers, as well as their families and caregivers, understand the options for how and where they will receive care in the last days, weeks, and months of life, and how to access services that support these choices.

Supporting your patients

The advanced illness care program will provide critical assistance during an overwhelming time by helping your patients remove barriers to care and offering them support when they need it the most. This is especially important for those who may not know their options or understand how to access critical services.

We will support your patients with stage 4 cancer by:

- ▶ Helping them understand their condition and prognosis.
- ▶ Educating them about the difference between palliative and hospice care.
- ▶ Helping define what is most important to them, including end-of-life wishes.
- ▶ Providing them with skills to communicate their preferences.
- ▶ Discussing any fears they may have.
- ▶ Collaborating to offer referrals to services such as Cigna Behavioral Health, employee assistance program (clinical and non-clinical), Changing Lives by Integrating Mind & Body (CLIMB), and community support programs.

Future program expansion

Later this year, we will expand this program to include additional Cigna customers. Potential future phases may also include more advanced illness conditions, not just oncology.

For additional program information

Please contact your Cigna Medical Market Executive. Customers should call the telephone number on the back of their Cigna ID card and request medical case management.



CIGNA AMBULATORY MEDICAL RECORD REVIEWS

Good clinical record keeping and documentation are vital to a professional practice's delivery of quality health care. They're important for patient safety and protection, as they can help ensure your patients get the right care at the right time, and that a full, holistic viewpoint is considered during all phases of treatment.

It's important to remember that whether your records are in electronic or paper form, they should enable continuity of care by enhancing communication between different health care providers.

Cigna may request clinical records during an ambulatory medical record review of your practice's quality of health care services. We conduct these reviews annually to help ensure Cigna network-participating providers meet all medical record documentation requirements.

To view the items we may request as part of this review, refer to the Ambulatory Medical Record Review Checklist below. You may also view our documentation standards by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > [Medical Record Reviews](#).

Questions?

We're here to help. Call us at **800.88Cigna (882.4462)**.

AMBULATORY MEDICAL RECORD REVIEW CHECKLIST

During an ambulatory medical record review, we may ask you to send a copy of the medical records listed below for a patient with Cigna-administered coverage.

- ▶ Updated problem list or summary of health maintenance exams
- ▶ Current prescription medication list or medication note
- ▶ List of medications to which the patient is allergic or does not tolerate
- ▶ Adverse reactions
- ▶ Past medical history (include initial health questionnaire form and updated form)
- ▶ Examinations that identify subjective and objective information
- ▶ Plan of treatment that is consistent with the diagnosis
- ▶ Recommendation for follow up at each visit
- ▶ Laboratory and diagnostic studies
- ▶ Consult reports
- ▶ Health screening for alcohol usage
- ▶ Health screening for tobacco usage
- ▶ Advance directive



ASH MANAGEMENT OF ACUPUNCTURE PROGRAM: NATIONAL EXPANSION

Effective June 1, 2021, Cigna will expand the management of its acupuncture program nationally* to American Specialty Health® (ASH). On this date, licensed acupuncturists in applicable service areas must be contracted with ASH to provide in-network acupuncture services for patients with Cigna benefit plans.**

What this means to providers

For Cigna’s acupuncture program, ASH will:

- › Contract directly with licensed acupuncturists.
- › Provide contract administration, medical necessity review, and claims processing.

We encourage licensed acupuncturists to contract with ASH before June 1, 2021.

Additional information

| IF YOU HAVE QUESTIONS ABOUT: | CALL: |
|--|---|
| Contracting with ASH (licensed acupuncturists) | ASH: 888.511.2743 |
| Acupuncture benefits or eligibility | Cigna Customer Service: 800.88Cigna (882.4462) |

* For applicable service areas. Acupuncture providers in California, Oregon, Tennessee, and Washington State are currently contracted with ASH. Does not include acupuncture providers in North Carolina and Virginia, which will be phased in later in 2021.
 ** Acupuncture services are an employer-elected benefit and not included in all customer benefit plans.

PARTICIPATE IN THE 2021 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 of the criteria we use to assess participating hospitals for the Cigna Centers of Excellence designation.

Survey deadline

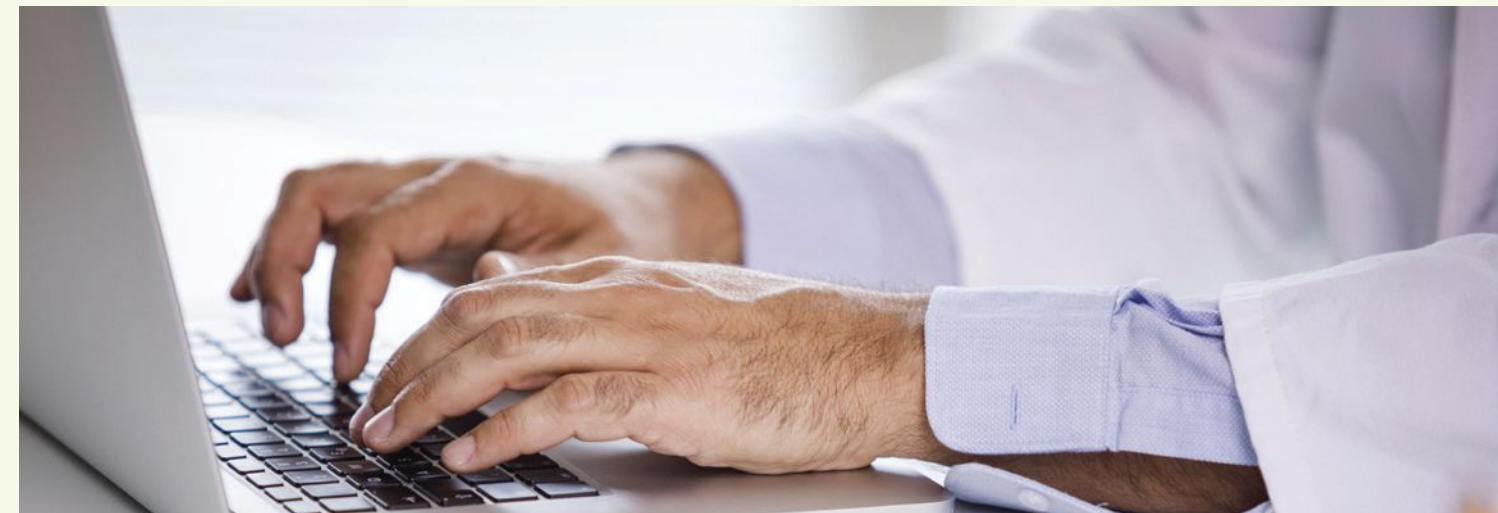
You can complete the 2021 Leapfrog Hospital Survey online at the Leapfrog Group website (LeapfrogGroup.org) > [Survey Login and Materials](#), from April 1, 2021 through July 31, 2021. Facilities that complete the survey by July 31 will have their results publicly reported at LeapfrogGroup.org/compare-hospitals starting in August 2021. After that, you can still submit new surveys through November 30, 2021.

IMPORTANT DATES: 2021 LEAPFROG HOSPITAL SURVEY

| DATE | DESCRIPTION |
|-----------------------|--|
| April 1, 2021 | Hardcopy survey available for download |
| April 1, 2021 | Online survey available |
| April 1-July 31, 2021 | Submission period for inclusion in the first release of survey results |
| August-November 2021 | Submission period to submit surveys for inclusion in monthly updates |

Additional information

For more information about The Leapfrog Group and how to participate in the 2021 Leapfrog Hospital Survey, please visit LeapfrogGroup.org > Hospital Survey and materials > [Deadlines](#).



UPDATED LIFESOURCE PROVIDER REFERENCE GUIDE NOW AVAILABLE

We recently made updates to the Cigna LifeSOURCE Transplant Network® Provider Reference Guide. This guide is for use by Cigna LifeSOURCE-participating transplant facilities and physicians, and covers policies and procedures to help them manage Cigna customers in need of transplant services.

Updates

We have updated the guide to include the latest information about case management, clinical documentation, network inclusion requirements, processes, administrative guidelines, contracts, claims, terminology, and more.

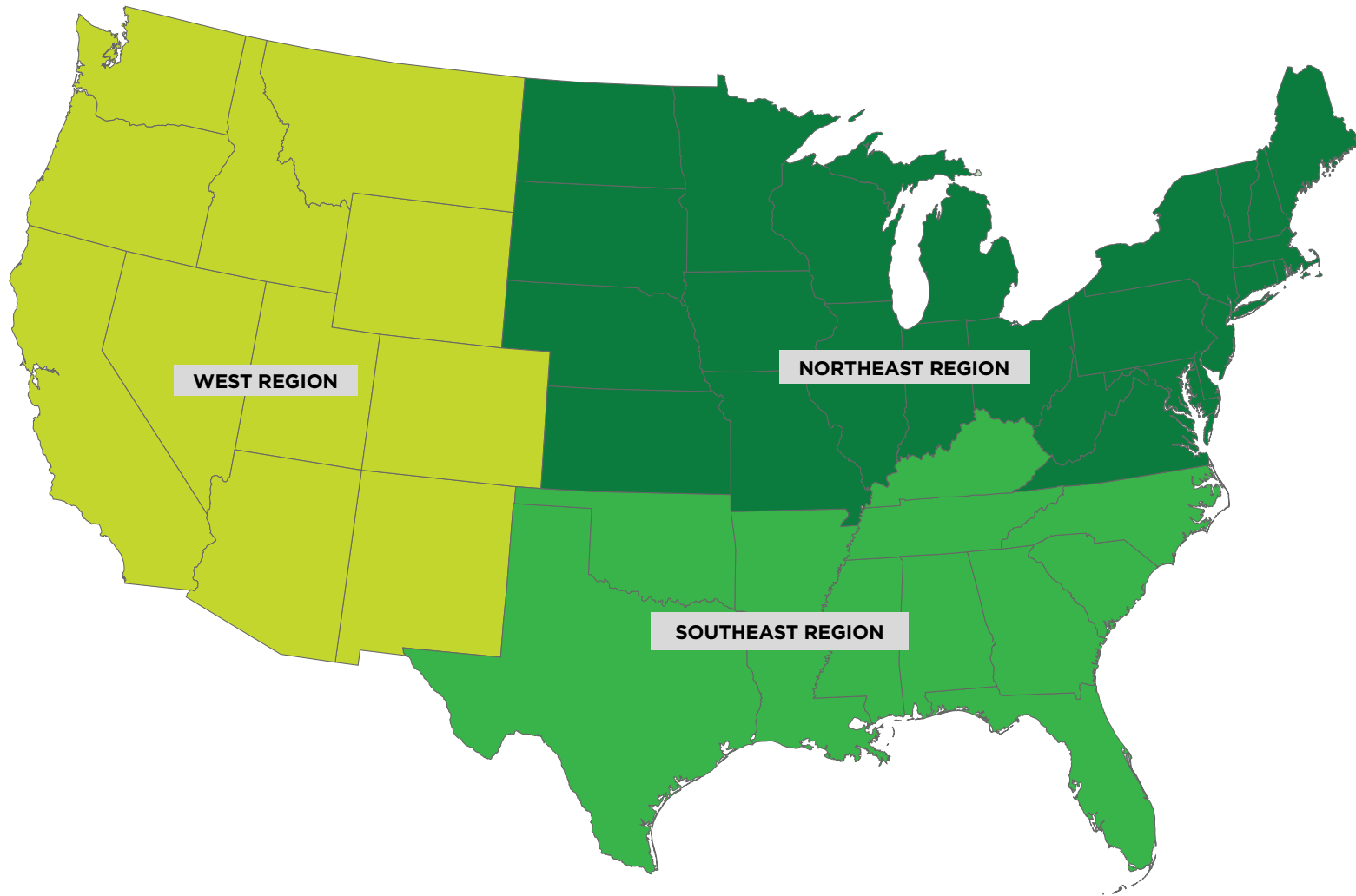
To access the guide

Go to the Cigna LifeSOURCE website ([CignaLifeSOURCE.com](https://www.cignalifesource.com)) > Health Care Providers > [Cigna LifeSOURCE Provider Reference Guide](#).



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 **312.648.5131**
Clinical Provider Engagement & Value-Based Relationships

Jennifer Gutzmore, MD **818.500.6459**
Clinical Strategy & Solutions

Reasons to call your MME

- › Ask questions and obtain general information about our clinical policies and programs.
- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with 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.

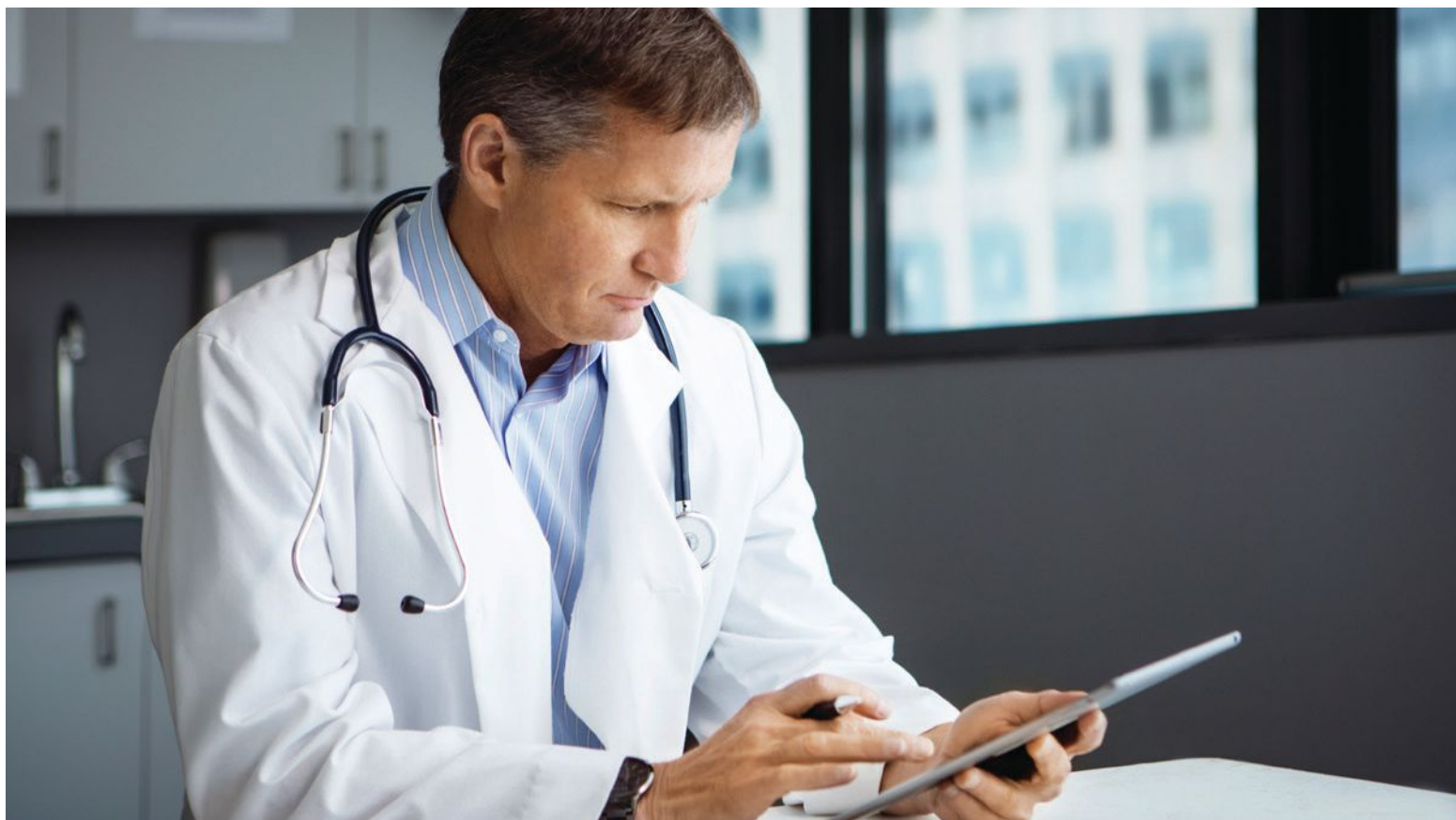


QUICK GUIDES FOR CIGNA AND MEDICARE ADVANTAGE PLANS

When you're administering plans for your patients with Cigna-administered coverage and have questions, who do you contact? In a few clicks, you can quickly find this information by checking out the [Cigna Important Contact Information](#)* or [Medicare Advantage Provider Quick Reference Guide](#)**.

These guides contain links, email addresses, and phone numbers that can help you administer these plans more efficiently, and supplement your efforts to render an optimal patient experience. We encourage you to bookmark them for easy access to the most up-to-date information.

* [CignaforHCP.com](#) > Get Questions Answered: Resource > Medical Resources > Communications > [Contact Us](#).
 ** [MedicareProviders.Cigna.com](#) > Provider Resources: [Provider Quick Reference Guide](#).



CIGNA REFERENCE GUIDES

The 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 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](#).

Medicare Advantage

If you are a network-participating provider for Cigna Medicare Advantage plans, you may reference our provider manuals for Medicare Advantage, which contain important information concerning our policies, procedures, and other helpful information. You can access the manuals at [MedicareProviders.Cigna.com](#) > Provider Manuals.

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.

Additionally, your contract with Cigna requires you to use pharmacies in the Cigna network for specialty medications, including injectable medications, whenever possible. Accredo, a Cigna company, is a nationwide pharmacy for specialty medications and can be used when medically appropriate.

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 Disclosure 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.



PATIENT REVIEWS REMINDERS

As a reminder, verified patient reviews* display in providers' profiles in the myCigna.com directory. New reviews are published on an ongoing basis.

Reviews are verified

A Cigna customer is only sent a survey – and can only leave a review for a provider – after a claim has been processed for care received from that provider. This verifies that the review is from a provider's actual patient. We anticipate that customers will value these verified patient reviews over unverified reviews from third-party websites, and use them as a trusted source when choosing health care providers.

How patient reviews works

After a preventive care or routine office visit, customers may receive an email with a single question that asks about their recent health care experience. Customers are also able to leave reviews from the Claims Summary and Claims Detail pages on myCigna.com. Their response (or "review") 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 directory.

Who receives reviews?

Patient reviews are available in our online directory for both network-participating and nonparticipating providers in all specialties.

How to access your reviews

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com). If you are not registered for the website, click [Register](#).
- › Under Latest Updates, view your patient reviews and 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 you (or the staff member you designate) access to the reviews, you can view them at any time by logging in to CignaforHCP.com > Working with Cigna > Patient Reviews.

QUICK GUIDE TO CIGNA ID CARDS

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 ID Cards](#).*
- › You'll see sample images of the most common ID cards.
- › To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, or Strategic Alliance Plans – from the categories that appear.
- › Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.

* Go to Cigna.com > Health Care Providers > Coverage and Claims > Coverage and Claims: [ID Cards](#).

**The downloading 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.

- › 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.

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.



* For U.S. customers only.

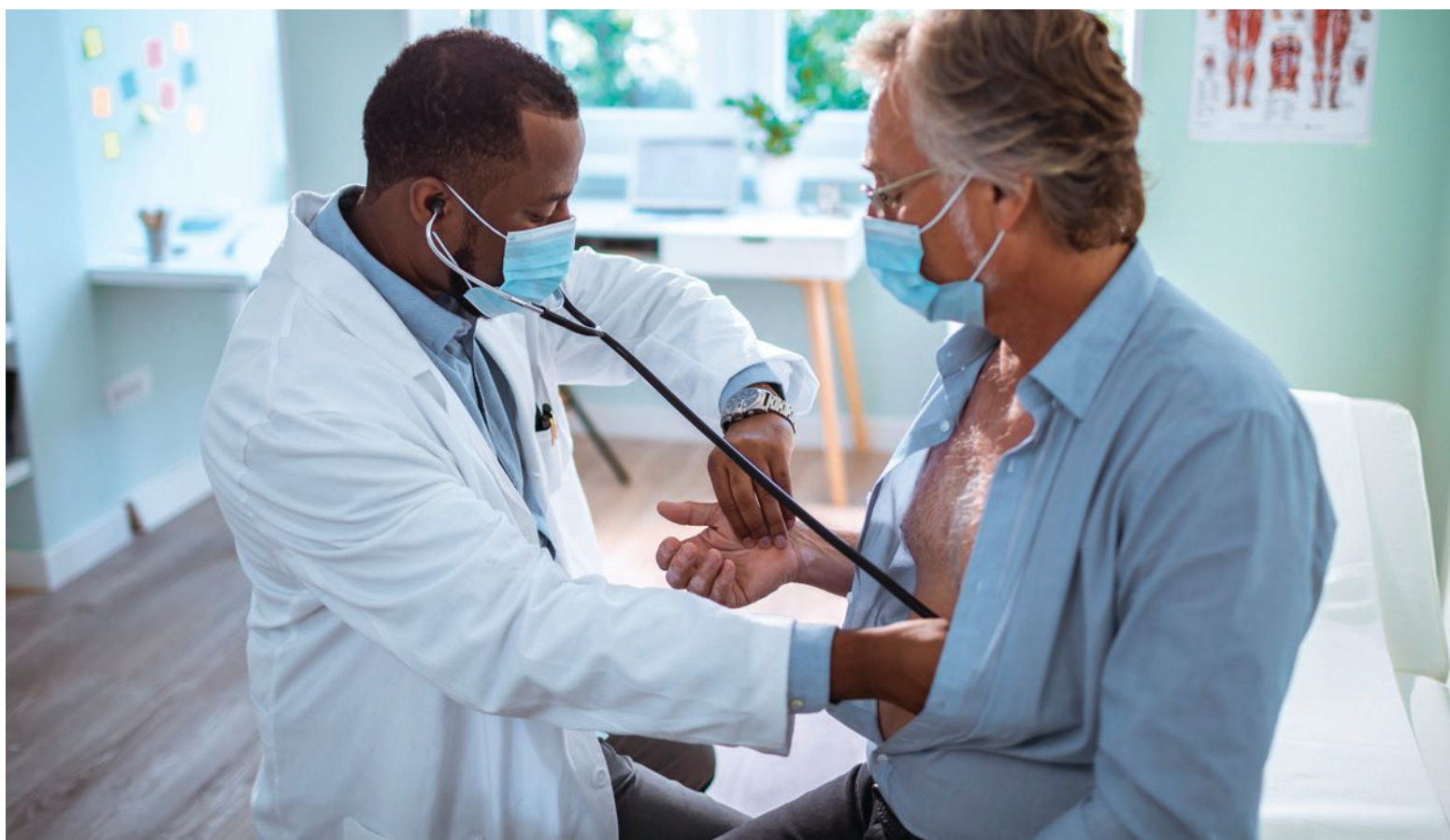


URGENT CARE FOR NONEMERGENCIES

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](https://www.cigna.com) > [Find a Doctor, Dentist or Facility](#). Then, choose a directory.



VIEW DRUG BENEFIT DETAILS USING REAL-TIME BENEFIT CHECK

Real-time benefit check gives you access to patient-specific drug benefit information through your electronic medical record (EMR) or electronic health record (EHR) system during the integrated ePrescribing process. If you are a provider treating military beneficiaries, you also have access to patient-specific drug benefit information through your EMR or EHR system.

This service enables you to access drug benefit details, including:

- › Cost share.
- › Therapeutic alternatives with cost shares.
- › Coverage status (e.g., prior authorization, step therapy, quantity limits).
- › Channel options (i.e., 30- and 90-day retail, and 90-day mail).

EMR or EHR system requirements

To access real-time benefit check, you must have the most current version of your vendor's EMR or EHR system, and the system must be contracted with Surescripts®. For more information and to get started, contact your EMR or EHR vendor.

TRANSFORMATIONS BEHAVIORAL HEALTH DIGITAL NEWSLETTER

Check out the latest issue of [Transformations](#), Cigna's digital newsletter for behavioral providers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients, or learn more about Cigna resources to support the mind-body connection, you'll find it here.



CAREALLIES EDUCATION SERIES

CareAllies®, a Cigna business, continues to help increase your value-based care knowledge through **Valuable Insights**, a 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.



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.

Listed below are some of the resources available to Cigna-contracted providers.

White paper: South Asian Health Disparities

Increase your awareness about health disparities in the South Asian population, contributing factors, and how you can help reduce these disparities. This [white paper](#) may help you to adapt your communication style to address cultural nuances, ultimately improving health outcomes.

Communication tool kit: Gender-inclusive language guidelines

This helpful one-page [tool kit](#) shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

eCourses

We offer a variety of [eCourses](#) that can help you develop cultural competency overall best practices and gain a deeper understanding of subpopulations in the

United States. Some of the eCourses we offer include:

- ▶ Developing Cultural Agility (addressing unconscious bias)
- ▶ Developing Culturally Responsive Care: Hispanic Community (three-part series)
- ▶ Gender Disparities in Coronary Artery Disease and Statin Use

Language assistance services

Cigna-contracted providers may obtain 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 our negotiated contracts with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services.

California Language Assistance Program

Providers in California may access the [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.

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. To access CultureVision, go to:

CRCultureVision.com

Login: *CignaHCP*

Password: *Doctors123**

Additional resources

Many other resources are available on the [Cigna Cultural Competency and Health Equity Resources](#) web page, including articles, presentations, podcasts, and self-assessments. You can find them in the All Resources section of the web page.

Visit today

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

ELEARNING FOR MATERNAL HEALTH PROVIDERS

Learn how to improve your quality of maternal care by understanding, respecting, and responding to a patient's experiences, values, and beliefs. [Cultural and Linguistically Appropriate Services in Maternal Health Care*](#) is offered by the U.S. Department of Health and Human Services Office of Minority Health, and is accredited for two hours of Continuing Medical Education or other education credits.

* ThinkCulturalHealth.HHS.gov > Education > [Maternal Health Care](#).



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

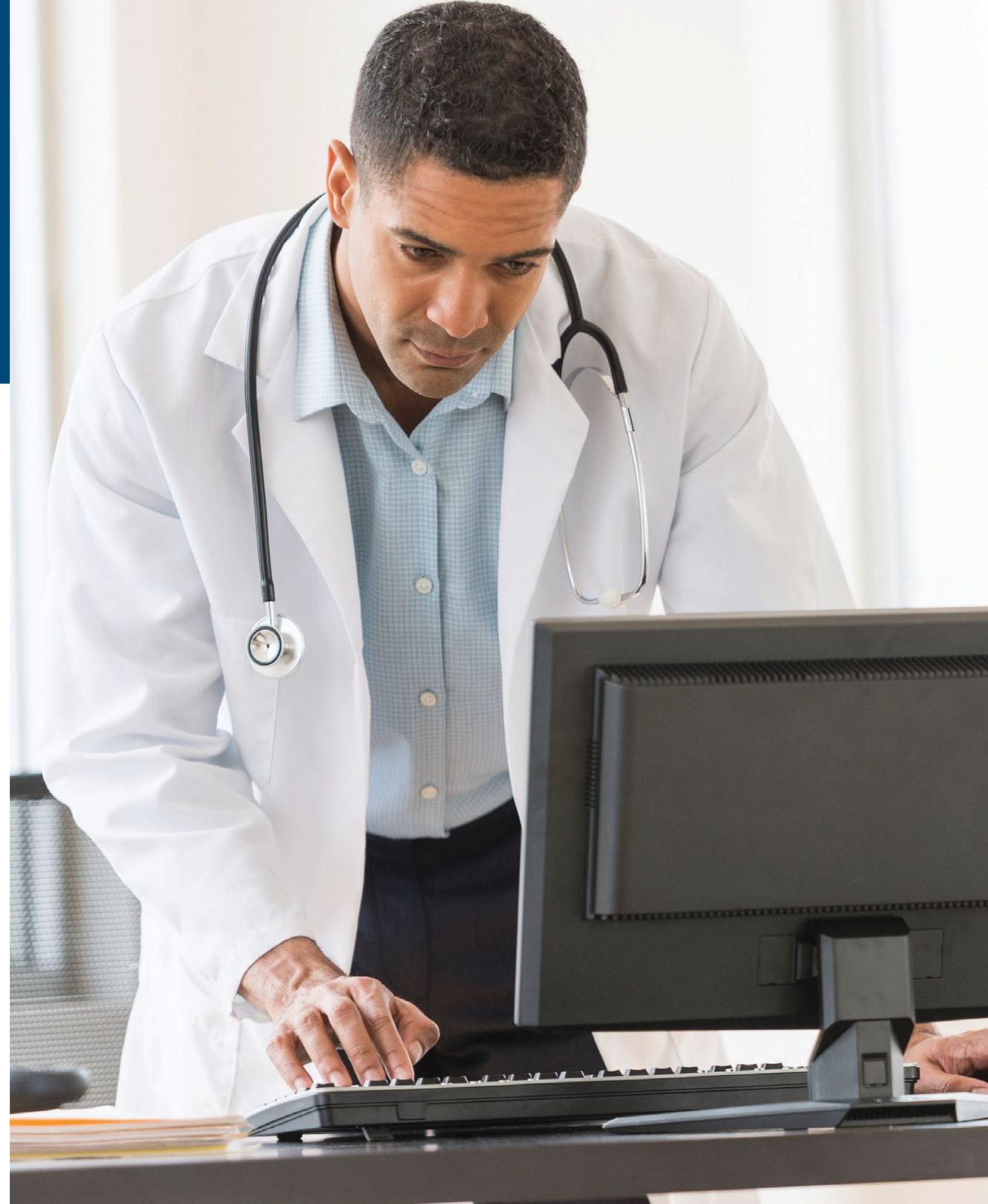
- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section and click Update Health Care Professional Directory.

If you don't see this option, ask your website access manager to assign you access to the functionality to make updates. If you don't know who your website access manager is, log in to CignaforHCP.com > Click on the drop-down arrow next to your name in the upper right-hand side of the screen > Settings and Preferences > Online access > View TIN access. Select your TIN; the name of your website access manager(s) will be provided at the bottom of the screen.

- › An online Provider Demographic Update Form will appear. It 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.

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

Please make sure your email address is updated so that you won't miss any important communications, such as *Network News*, alerts, and other emails. It only takes a moment. Simply log in to CignaforHCP.com > Settings and Preferences to make the updates. You can also change your phone number, job role, address, and password here.



GET DIGITAL ACCESS TO IMPORTANT INFORMATION

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 inbox.

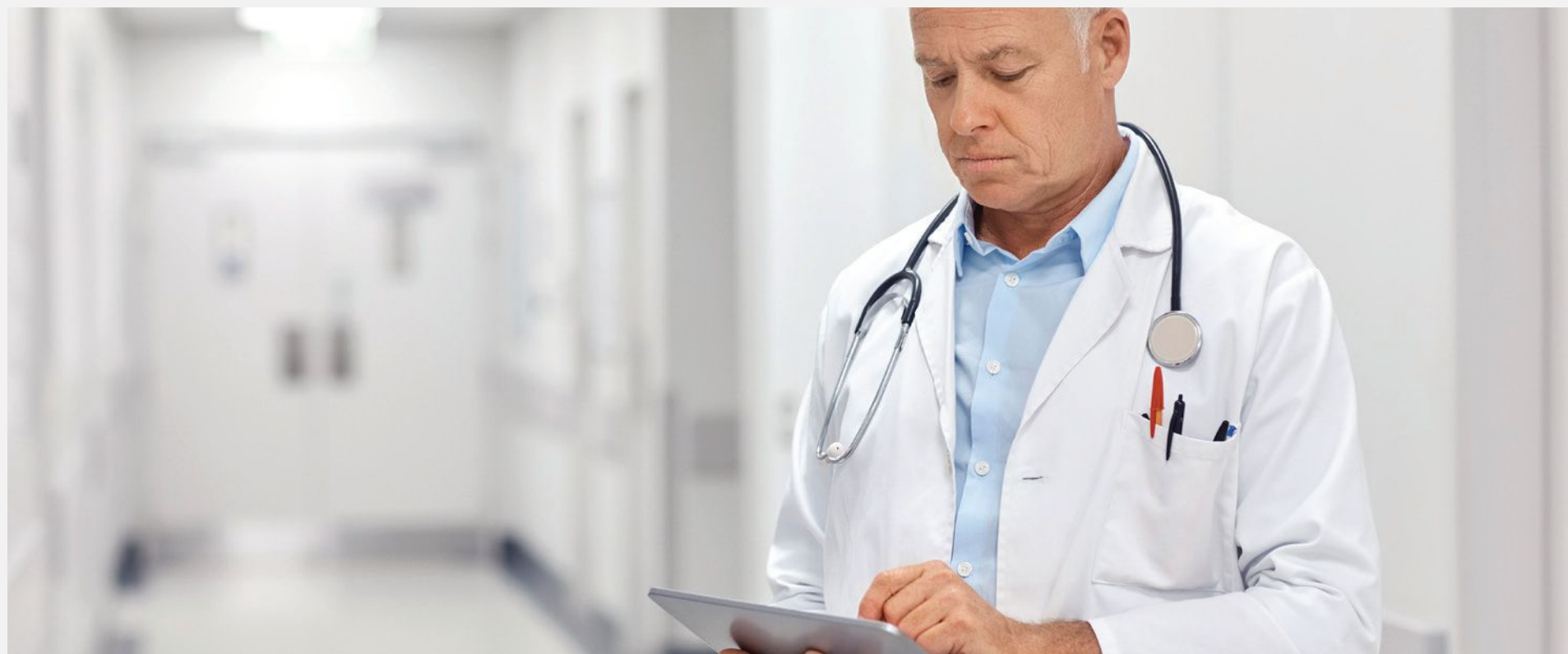
When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), you can:

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

*QualCare providers must sign up to receive *Network News* electronically at Cigna.com/NetworkNews.

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**.



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**.

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.

Together, all the way.®



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