



Network News

THIRD QUARTER 2022

For providers



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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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VIRTUAL CARE SERVICES SHOULD NOW BE BILLED WITH POS CODE 02

Throughout the pandemic, we recommended that providers bill virtual care services with a face-to-face Place of Service (POS) code to ensure that covered services were reimbursed at face-to-face rates. Over the last two years, we have received meaningful insights from providers who indicated they wanted to be able to bill for virtual care services with POS code 02 instead, which more closely aligns with guidance from the Centers for Medicare & Medicaid Services.

Accordingly, we recently updated our systems to ensure providers now receive 100 percent of face-to-face reimbursement for covered virtual care services when billed with POS code 02. Therefore, **we now recommend providers bill with POS code 02 for all virtual care services.** As an added benefit, when you bill with POS code 02, your patients may pay a lower cost share for the virtual services they receive due to a recent change in some plan benefits.

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, our [Virtual Care Reimbursement Policy](#) allows for continued reimbursement at the face-to-face rate for a variety of covered services typically performed in an office setting but that are also appropriate to perform virtually.

For more information about changes to our Virtual Care Reimbursement Policy and interim virtual care accommodations related to COVID-19, please visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > [Cigna’s Response to Coronavirus](#).

Our ongoing commitment to providers

Thank you for your continued feedback. We will keep monitoring virtual care health outcomes and claims data, and engaging with providers, customers, and employer groups to gain their insights about virtual care. Our goal is to have a robust and meaningful virtual care reimbursement and coverage strategy that evolves with changing needs.



ADDITIONAL VIRTUAL CARE SERVICES NOW PERMANENTLY REIMBURSABLE

Throughout the pandemic, we have reimbursed additional virtual care services on an interim basis because they were not included in the initial list of covered services in our Virtual Care Reimbursement Policy (R31).

Through a virtual care service utilization review spanning two years of the COVID-19 pandemic and by garnering direct feedback from providers, we learned that certain virtual care services continue to play a pivotal role in helping ensure your patients have access to the care they need. As a result, we have made the following services and codes permanently reimbursable as part of our Virtual Care Reimbursement Policy (R31):

- Quick five- to 10-minute telephone conversations between a provider and their patient: Healthcare Common Procedure Coding System (HCPCS) code G2012
- eConsults: Current Procedural Terminology (CPT®) codes 99446-99449, 99451, and 99452
- Virtual home health services: HCPCS codes G0151-G0153, G0155, G0157-G0158, G0299-G0300, G0493, S9123, S9128-S9129, and S9131



PREVENTIVE CARE SERVICES POLICY UPDATES

On May 1, 2022, updates became effective for Cigna’s Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on May 1, 2022

DESCRIPTION	UPDATE	CODES
Colorectal cancer screening	Added 13 Current Procedural Terminology (CPT®) codes and three Healthcare Common Procedure Coding System (HCPCS) codes for a screening colonoscopy following positive results on stool-based screening and abnormal findings identified by flexible sigmoidoscopy or computed tomography (CT) colonography	CPT codes 45378, 45380, 45381, 45384, 45385, 45388, and 45390, and HCPCS codes 88305, 99152, 99153, 99156, 99157, and G0500, with a designated wellness code CPT code 00812 and HCPCS codes G0105 and G0121, with any diagnosis
Nutrition/physical counseling interventions (healthy weight and weight gain in pregnancy)	Added three CPT codes and one HCPCS code for services for pregnant adolescents and adults	CPT codes 97802, 97803, 97804, and S9470, with a maternity diagnosis
Routine immunizations	Added dengue vaccine CPT code	CPT code 90587, with any diagnosis

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 – \(A004\)](#).



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
Modifier 26 – Professional Component (M26)	Modifier 26 is a modifier appended to a procedure code when there is a professional component, such as the interpretation and report of a service.	We will reduce reimbursement to \$5 for Current Procedural Terminology (CPT®) codes billed with modifier 26 when the professional component/technical component (PC/TC) payment indicator is 3 or 9.**	July 1, 2022, for claims processed on or after this date
Unacceptable Principal Diagnosis Codes (R38)	Unacceptable principal diagnosis is a coding convention in International Classification of Diseases, 10th Revision (ICD-10). Those identified codes do not describe a current illness or injury but a circumstance that influences a patient’s health status. These codes are considered to be unacceptable principal diagnosis codes.	We will implement a new reimbursement policy, Unacceptable Principal Diagnosis Codes (R38), for claims billed with an unacceptable principal diagnosis code. We will deny claims when an unacceptable principal diagnosis code is the only diagnosis code billed.	August 13, 2022, for claims processed on or after this date
Nonpharmacological Treatments for Atrial Fibrillation (O469)	Maze is a surgical procedure used to treat an irregular heart rhythm (atrial fibrillation). A surgeon creates a pattern (maze) of scar tissue in the upper chambers of the heart (atria) using a scalpel or a device that delivers heat or cold energy. Because scar tissue doesn’t conduct electricity, the maze interferes with stray electrical heart signals that cause atrial fibrillation.	We will update the way we process maze procedures considered experimental, investigational, or unproven (EIU). CPT codes 33254, 33255, 33258, 33265, and 33266 will require precertification and review by a Cigna cardiologist, who will determine if the specific circumstance warrants a one-time authorization.	August 26, 2022,*** 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](#).
** We will continue to issue denials to providers who practice at facilities where the facility contract includes reimbursement for laboratory management and oversight services.
*** For Individual & Family Plans, the effective date is January 1, 2023.

Continued on next page

Clinical, reimbursement, and administrative policy updates *continued*



IMPORTANT REMINDER

Reimbursement policy: Emergency Room Services (R36) – facility component
For claims processed on or after January 1, 2022

Facility claims are reviewed for billing and coding accuracy when submitted on Form UB-04 and contain emergency room (ER) evaluation and management (E&M) CPT codes 99284 and 99285. Claims may be adjusted and reimbursed at one CPT code level lower. This applies to claims indicating that the customer was discharged from the ER.

To expedite reconsideration requests, **send the customer’s full ER record to our dedicated fax number: 833.392.2092**. This is a secure, Cigna-only fax number set up specifically for these requests. Records submitted any other way will result in delayed processing.

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](#).

Reimbursement and modifier policies

To view our reimbursement and modifier policies, log in to CignaforHCP.com. Go to Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement and Modifier Policies. If you are not registered for the website, go to CignaforHCP.com and click [Register](#).

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 July 2022

On July 1, 2022, we added 13 new Current Procedural Terminology (CPT®) codes, four new Proprietary Laboratory Analyses (PLA) CPT codes, and 19 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes being added to the precertification list in August 2022

On August 26, 2022,* we will add three existing CPT codes.

Codes removed from the precertification list in July 2022

On July 29, 2022, we removed 104 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) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, go to CignaforHCP.com and click [Register](#).



* For Individual & Family Plans, the effective date is January 1, 2023.



REGISTER TO RECEIVE INSTAMED PATIENT PAYMENTS

Your patients with Cigna-administered plans can now choose to pay you for their out-of-pocket expenses through [myCigna.com](https://mycigna.com), our customer website. We recently integrated the health care bill payment capabilities of InstaMed, a J.P. Morgan company, with [myCigna.com](https://mycigna.com) to implement this enhanced service.

Please note: This does not affect payments you receive directly from Cigna.

How you receive patient payments

If you are registered for an InstaMed Healthcare Payments Account, you will receive the payments via electronic funds transfer (EFT) directly to your bank account. Otherwise, you will receive a mailed patient payment, which allows you to deposit the payment directly into your bank account using your on-site point-of-sale device.

Benefits to you

When your patients pay you via [myCigna.com](https://mycigna.com), you can:

- Receive quicker payments.
- Access detailed reporting.
- Reduce administrative time and costs.
- Create a simple, convenient experience for your patients.

How it works

As soon as we process and pay your claim, we calculate the patient responsibility. Your patient can see this information after logging in to their customer account on [myCigna.com](https://mycigna.com), where there is also an option for them to pay what they owe you. When your patient chooses this option, you'll either receive this payment via EFT or as a mailed patient payment.

Register with InstaMed for EFT

If you haven't already registered for an InstaMed Healthcare Payments Account, visit InstaMed.com/go-electronic or call InstaMed at **866.945.7990** to receive patient payments directly to your bank account via EFT. To see how easy it is to register, visit the [InstaMed website](https://InstaMed.com) to watch a quick **video**.



SAVE TIME: SUBMIT RECONSIDERATION REQUESTS AND APPEALS ONLINE

Did you know you can submit claim reconsideration requests and appeals, as well as precertification appeals, on the Cigna for Health Care Professionals website (CignaforHCP.com)?

When you use this helpful feature, you can:

- Avoid having to call customer service to request an adjustment.
- Save time – no need to mail or fax in your request and documentation.
- Use the notes section to explain your request.
- Upload attachments easily for requests that require supporting documentation.
- Confirm that your request has been received.
- Check the status of your request online.

How to access this feature

If you're a registered user of CignaforHCP.com and have the appropriate access, you can start using this feature at any time to request a(n):

- Appeal for a precertification decision (preservice).*
- Appeal for a finalized claim.*
- Simple adjustment.

If you need access to this feature, speak with the website access manager at your practice. It's important to note that:

- To submit or check the status of appeals for precertification decisions, you must be able to view eligibility and benefit information for patients, as well as have access to the "Precertification" website entitlement.
- To submit claim appeals or reconsideration requests, you must be able to view claims online and have access to the "Reconsideration" website entitlement.

Learn more

Watch a [short video](#)** for more details about this feature and refer to the [step-by-step guide](#)***.

* If eviCore healthcare manages the service, it is advised to submit the appeal through the [eviCore website](#).
** CignaforHCP.com > Get Questions Answered: Resource > Medical Education and Training > [Online Claims Reconsideration](#).
*** CignaforHCP.com > Get Questions Answered: Resource > Medical Education and Training > [Online Reconsideration and Appeal Step-by-Step Guide](#).

FORGOT YOUR CIGNAFORHCP.COM USER ID OR PASSWORD?

Having a unique user ID and password for the Cigna for Health Care Professionals website (CignaforHCP.com) is an important part of how we keep the data for you and your patients secure. However, we recognize you're likely managing many user IDs and passwords, and there can be times when you forget them.

Simpler reset option now available

We recently made an enhancement to help you reset your user ID or password for CignaforHCP.com more quickly when this happens. Now you have the option to receive a one-time passcode to your verified email address or mobile phone number to reset it.

If you prefer, you can still answer the security questions you set up during your initial CignaforHCP.com registration process instead.



TIPS FOR ONLINE RECONSIDERATION AND APPEALS

Providers are finding the online reconsideration and appeals feature on the Cigna for Health Care Professionals website (CignaforHCP.com) to be a great way to submit and track requests to Cigna. The tips and reminders below can help you to learn more about the feature, and when and how to use it.

Tips and reminders

DID YOU KNOW?	DETAILS
The reconsideration feature on CignaforHCP.com offers two different types of submissions.	They are: (1) Adjustment requests, and (2) Appeal requests. Adjustments are generally simpler in nature and don't require clinical review. Appeals usually require documentation and medical review.
If a service is denied and eviCore healthcare manages that service, you should submit the appeal using eviCore's provider portal .	If you submit the appeal via CignaforHCP.com , it will be transferred to eviCore, but the online request will be closed and you will not be able to track it online.
If a claim is denied because precertification wasn't obtained prior to the service, the appeal must clearly state the emergency, urgent, or extenuating circumstances.	If that information is missing, the appeal will be closed and you will not be able to track it online.
If a claim is closed because additional information was requested but not received, you should follow the instructions on the explanation of payment or in the letter to submit the requested information.	Do not use the online appeal feature to submit requested documentation to process a claim; otherwise, the online request will be closed and you will not be able to track it online. In addition, this action may result in the submission being counted as an appeal when that wasn't your intention.



DID YOU KNOW?	DETAILS
If your request is submitted as an appeal but does not meet appeal criteria, the request will be closed, or closed and rerouted to the appropriate team.	Submit requests for simple adjustments or processing errors as adjustment reconsiderations and not as appeals. Only submit appeals for claims that require clinical review.
Expedited preservice appeals should not be submitted online.	If an appeal needs to be reviewed for determination within 24 to 72 hours, do not submit it online.
When you submit an appeal and the decision is upheld, the notification will be mailed to the contact information listed in your CignaforHCP.com profile.	The online appeals form contains prefilled contact information from your CignaforHCP.com profile. You can type over it or, if the information needs to be updated on your profile, go to the Settings and Preferences menu under your user name at the top right of the screen.
Resources are available to learn more about the online claims reconsideration and appeal features.	Go to CignaforHCP.com > Get questions answered: Resource > Medical Education and Training .



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 **844.621.3956**. 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	MEETING TIME IN U.S. TIME ZONES				LENGTH	MEETING NUMBER
		EASTERN	CENTRAL	MOUNTAIN	PACIFIC		
Website Access Manager Training	Wednesday, July 27, 2022	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 501 3180
CignaforHCP.com Overview	Wednesday, August 10, 2022	11:00 AM	10:00 AM	9:00 AM	8:00 AM	90 min	179 086 1125
Eligibility and Benefits	Tuesday, August 16, 2022	4:00 PM	3:00 PM	2:00 PM	1:00 PM	60 min	179 720 7089
EFT Enrollment, Online Remittance, and Claim Status	Wednesday, August 17, 2022	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 323 3446
Online Appeal and Claim Reconsideration	Tuesday, August 23, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 818 5414
Website Access Manager Training	Tuesday, August 30, 2022	10:00 AM	9:00 AM	8:00 AM	7:00 AM	60 min	179 748 9386
CignaforHCP.com Overview	Tuesday, September 13, 2022	10:00 AM	9:00 AM	8:00 AM	7:00 AM	90 min	179 506 9922
Eligibility and Benefits	Thursday, September 15, 2022	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 739 6471
EFT Enrollment, Online Remittance, and Claim Status	Tuesday, September 20, 2022	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 119 2500
Online Appeal and Claim Reconsideration	Wednesday, September 21, 2022	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 124 7058
Website Access Manager Training	Tuesday, September 27, 2022	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 888 6621



TIMELY REFERRALS: THE IMPORTANT ROLE OF PCPS

Timely referrals are essential to help your patients receive needed care and experience optimal outcomes. But sometimes the referral process can be confusing to patients, resulting in missed appointments and incomplete patient information. For these reasons, we recommend having a clearly defined referral process.

Referral requirements

Depending on your patient's benefit plan, primary care provider (PCP) referrals may be required for specialty services to be covered at the highest benefit level. **Please log in to the Cigna for Health Care Professionals website (CignaforHCP.com) for patient-specific information.**

The general referral requirements for Cigna plans include the following:

- **Health maintenance organization (HMO) and network plans**

PCPs must make referrals for specialty care. Only network-participating providers are covered.

➤ Point of service (POS) plans

PCPs are not required to make referrals; both participating and nonparticipating providers are covered. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.

- **Open access, preferred provider organization (PPO), and indemnity plans**

PCPs never need to make referrals. Patients may visit any doctor for primary or specialty care. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.

One exception is women's health care

Regardless of plan type, referrals are not required for visits to network-participating OB/GYNs for covered obstetrical or gynecological services.

Steps to consider

Prepare your patient

Make sure they understand:

- ▶ The reason for the specialty care referral, and ensure that they agree to it.
- ▶ Why it's an important component of their treatment plan.
- ▶ Whether they need to schedule the appointment themselves or if the specialist office will contact them.



Be sure to give your patient the specialist's contact information and office location.

Provide a high-value referral request to the specialist office

Clearly state the clinical questions being asked of the specialist. Provide supporting data, such as prior treatments, related imaging or test results, and specifics related to the urgency of the referral.

Define the specialist's role

Clarify what you are asking of the specialist. Do you want the specialist to evaluate the patient to determine if another referral is necessary? Perform a specific procedure? Assume care for the patient until he or she is stable?

Close the referral loop

You should either receive a referral note or notification from the specialist if your patient did not show up for the specialist appointment or canceled it. Many primary care offices will periodically review open referrals and track down what happened, calling the specialist if needed.

In addition, it's important to communicate with the specialist and acknowledge his or her recommendations. Then, make notations in the

patient's chart regarding the referral and outcomes as a result of the specialist's evaluation. This will help ensure continuity of care in the future.

Documenting referrals

We do not require participating physicians to notify us of referrals to network-participating specialists, unless a specific requirement exists in a patient's benefit plan. (Please log in to SignaforHCP.com for patient-specific information.) In that case, please use the [Physician Referral Form](#).

Resources

For additional information on this topic, we encourage you to access the online resources listed below.

- **Cigna.com.** On the **referrals web page**,* providers can view information about referrals, access the Physician Referral Form, and click a link to search for participating providers.
- **American College of Physicians website.** A **High Value Care Coordination (HVCC) Toolkit**** provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors.

* [Cigna.com](#) > Health Care Providers > Coverage and Claims > [Referrals](#).

**** [ACPonline.org](#) > Clinical Information > High Value Care > [High Value Care Coordination Toolkit](#).**



TIPS FOR RESCHEDULING PATIENT APPOINTMENTS

Rescheduling appointments is a routine task for most offices, and you likely have an established procedure for handling them. We encourage you to review your process regularly and ensure it includes:

- › Prioritizing based on the highest-risk patients. It’s essential to make certain their health care needs are addressed in a timely and appropriate manner.
- › Maintaining continuity of care consistent with good professional practice.
- › Meeting any appointment time frames required by law based on the patient’s original appointment request date. If needed, offer an appointment with an alternative provider in the office.

In addition, consider adding these rescheduling options.

- › **Online rescheduling.** Even before the COVID-19 pandemic, there was a growing preference among individuals to schedule their own appointments online.* This may also lessen the burden on staff members, allowing them to focus on other duties.
- › **Virtual visits.** These have become much more widespread and popular as a result of the COVID-19 pandemic.** Providers can manage basic conditions and offer preventive care virtually, often in less time. The visits tend to be more affordable for the patient, too, and they can take place over the computer or phone, allowing for more scheduling flexibility.

* Peng Zhao, MSc, et al. “Web-Based Medical Appointment Systems: A Systematic Review.” National Center for Biotechnology Information, U.S. National Library of Medicine. 19 April 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5425771/>.

** Lisa M. Koonin, DrPH, et al. “Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic – United States, January–March 2020.” Centers for Disease Control and Prevention (CDC): Morbidity and Mortality Weekly Report. 30 October 2020. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>.



CIGNA + OSCAR HEALTH PLANS

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. These solutions 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.

About Cigna + Oscar Health plans

These plans go by two names. In most states where the plans are offered, the name is Cigna + Oscar. In Arizona only, the name is Cigna Administered by Oscar.¹ The plans are the same (only the names are different) and both offer two plan types: Cigna LocalPlus and Open Access Plus.

Network-participating providers

You are considered a participating provider for Cigna + Oscar plans if you are a participating provider for the **Cigna LocalPlus** or **Open Access Plus** plans. This means your care is in network for your patients with Cigna + Oscar plans or Cigna Administered by Oscar plans, and all terms of your current Cigna provider agreement apply.

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

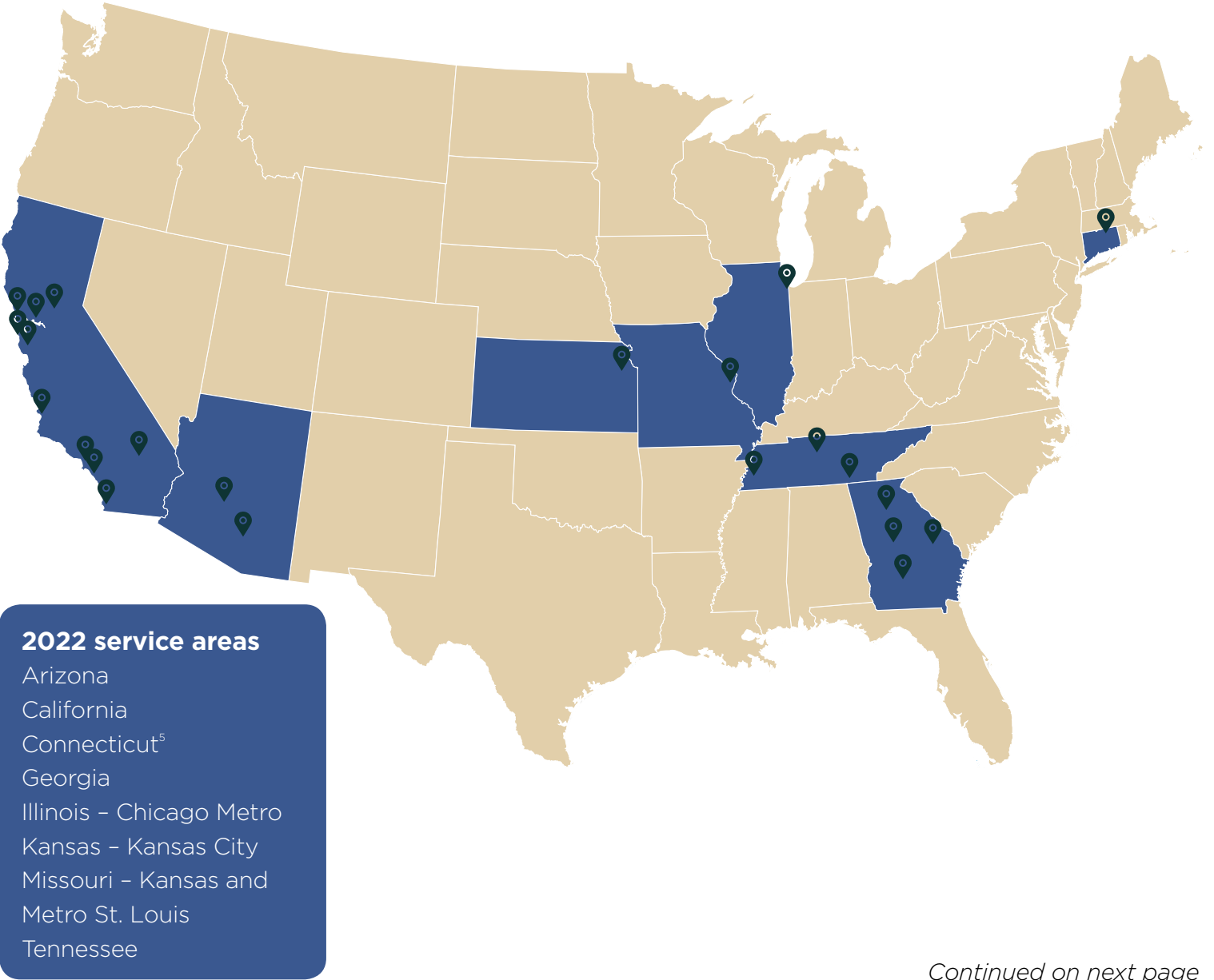
MORE INFORMATION

To check your patients’ eligibility and benefits, submit prior authorization requests, and check claims status, log in to the Oscar provider portal at hioscar.com/providers. You can find additional information on the [Cigna + Oscar web page](#),² in the [Cigna + Oscar Supplemental Quick Reference Guide](#),³ and in the [Cigna Administered by Oscar Supplemental Quick Reference Guide](#).⁴ You can also call Oscar Health Customer Service at **855.672.2755** (option 4).

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

1. Different name required by Arizona Department of Insurance.
 2. CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [Cigna + Oscar Plans](#).
 3. CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna + Oscar Supplemental Quick Reference Guide](#).
 4. CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna Administered by Oscar Supplemental Quick Reference Guide](#).
 5. Connecticut plan participants will only utilize Cigna’s Open Access Plus network.

Where Cigna + Oscar Health plans are offered



Continued on next page



Cigna + Oscar Health plans continued

Sample ID cards

You can easily identify patients with a Cigna + Oscar plan by viewing their ID card. Sample ID cards appear below.

Open Access Plus sample ID cards

Cigna + Oscar



Front



Back

Cigna Administered by Oscar



Front



Back

Cigna LocalPlus sample ID cards

Cigna + Oscar



Front



Back

Cigna Administered by Oscar



Front



Back

CIGNA GENE THERAPY PROGRAM UPDATES

Cigna is always monitoring approval of new gene therapies by the U.S. Food & Drug Administration (FDA), with an eye toward expanding the Cigna Gene Therapy Program to meet our customers' needs.

We continue to expand the list of Cigna Gene Therapy Program-contracted providers for the two existing FDA-approved gene therapies, LUXTURNA® and ZOLGENSMA®. Our dedicated gene therapy case management team partners with participating providers* to ensure quality and affordable patient care.

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.

* In the context of this program, “participating providers” refer only to providers who have specifically contracted to participate in the Cigna Gene Therapy Program or amended their existing agreements to participate in the Cigna Gene Therapy Program.



PROVIDERS ARE CRITICAL IN MATERNAL MENTAL HEALTH SCREENING

A mother’s well-being affects both her and her newborn child. Research supports a link between maternal mental illness and poor pregnancy outcomes, such as prematurity and low-birth weight.

All women have the potential to experience depression, both during and after their pregnancies, and those with a history of depression are at an even greater risk. Depression can affect a mother’s behavior and functioning, interfere with normal bonding, and lead to poor social, emotional, and cognitive development in children. Postpartum women who experience depression, anxiety, and stress-related concerns are also more likely to have breastfeeding problems, which may worsen bonding and attachment issues.*

Prenatal and postnatal depression on the rise

The increased anxiety and stress experienced by some pregnant women during the COVID-19 pandemic put them at a greater risk for depression. In a recent study, almost two in five women screened positive for postpartum depression, nearly double the pre-pandemic rate when suicidality and suicide rates were already rising among pregnant and recently pregnant women.**

Screening tools and resources for providers

Use the links to access standard screening tools and additional resources for your prenatal and postnatal patients.***

TOOL	RECOMMENDED USE
Patient Health Questionnaire-9 (PHQ-9)	Prenatal screenings
Postnatal Depression Screen: A Helpful Diagnostic Tool	Postpartum screenings
Pregnancy Health Care Provider Tool Kit	Additional resources



As a reminder, while there are scoring references and recommendations included for each tool, you make the final determination to refer a patient for treatment.

Need help connecting your patients to mental health services?

Cigna is here to help 24 hours a day, 365 days a year. Please call us at the phone number on the back of your patient’s Cigna ID card.

Coverage of maternal depression screenings

View the [Cigna Preventive Care Services Administrative Policy \(A004\)](#) for coverage positions and billing codes related to Depression Screening/Maternal Depression Screenings.

* Ashley J. Blount, et al. “Biopsychosocial Factors during the Perinatal Period: Risks, Preventative Factors, and Implications for Healthcare Professionals.” International Journal of Environmental Research and Public Health. 03 August 2021. Retrieved from <https://www.mdpi.com/1660-4601/18/15/8206/htm#>.
** Clayton J. Shuman, et al. “Postpartum depression and associated risk factors during the COVID-19 pandemic.” BMC Research Notes. 14 March 2022. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/35287695/>.
*** Located at [Evernorth.com](#) > Login: Provider > Get Questions Answered: Resource Library > Behavioral Health Resources > Behavioral Resources > Education Center > [Primary Physician Tool](#).

ACCREDITO WELLBEING WATCH SUPPORTS PATIENTS WITH DEPRESSION AND ANXIETY

Prescribers understand that a patient’s mental health plays an important role in their physical well-being. Prescribers using Accredo®, a Cigna specialty pharmacy, also understand that living with chronic and complex conditions, such as pulmonary arterial hypertension (PAH) and hereditary angioedema (HAE), may put a strain on a patient’s – and their caregiver’s – mental, emotional, social, or even financial well-being. That is why Accredo is introducing Accredo Wellbeing Watch®,¹ a program dedicated to providing whole-person support at the right time.

About the program

The Wellbeing Watch program is managed by Accredo’s licensed social workers. The program supports Accredo’s mission to help patients reduce symptoms of depression or anxiety by addressing their clinical, mental, and emotional well-being. Patients on PAH and HAE therapies are automatically screened to determine if social worker assistance is appropriate. Licensed social workers will engage prescribers, when appropriate and with patient consent, to collaborate on the patient’s care plan. Assistance is available at no additional cost and as often as needed.

Additional information

To learn more about Accredo, visit [Accredo.com](https://www.accredo.com).

DID YOU KNOW?

- › Up to 53 percent of PAH patients² and up to 36 percent of HAE patients³ show symptoms of depression.
- › Up to 51 percent of PAH patients⁴ and up to 50 percent of HAE patients⁵ are diagnosed with anxiety.
- › Patients are 76 percent more likely to be non-adherent to their medication as a result of depression and anxiety.⁶



1. Available for a limited number of conditions.
2. Maurizio Bussotti and Marinella Sommaruga. “Anxiety and depression in patients with pulmonary hypertension: impact and management challenges.” Vascular Health and Risk Management. 08 Nov 2018. Retrieved from <https://doi.org/10.2147/VHRM.S147173>.
3. Raffi Tachdjian, et al. “Real-world cohort study of adult and pediatric patients treated for hereditary angioedema in the United States.” Allergy and Asthma Proceedings. May 2020. Retrieved from <https://doi.org/10.2500/aap.2020.41.200011>.
4. Deborah H. McCollister, et al. “Depressive Symptoms in Pulmonary Arterial Hypertension: Prevalence and Association With Functional Status.” Psychosomatics. July–August 2010. Retrieved from [https://doi.org/10.1016/S0033-3182\(10\)70706-4](https://doi.org/10.1016/S0033-3182(10)70706-4).
5. Aleena Banerji, et al. “Patient-reported burden of hereditary angioedema: findings from a patient survey in the United States.” Annals of Allergy, Asthma & Immunology. 01 June 2020. Retrieved from <https://doi.org/10.1016/j.anai.2020.02.018>.
6. Jerry L. Grenard, et al. “Depression and Medication Adherence in the Treatment of Chronic Diseases in the United States: A Meta-Analysis.” Journal of General Internal Medicine. 01 May 2011. Retrieved from <https://doi.org/10.1007/s11606-011-1704-y>.



SPECIALTY MEDICAL INJECTABLES WITH REIMBURSEMENT RESTRICTION

Our Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna.

The reimbursement restriction:

- Applies when the specialty medical injectable is administered in an outpatient hospital setting.
- Applies to specialty medical injectables covered under the customer's medical benefit. Coverage is determined by the customer's benefit plan.
- Does not apply when the specialty medical injectable is administered in a provider's office, non-hospital-affiliated ambulatory infusion suite, or home setting.

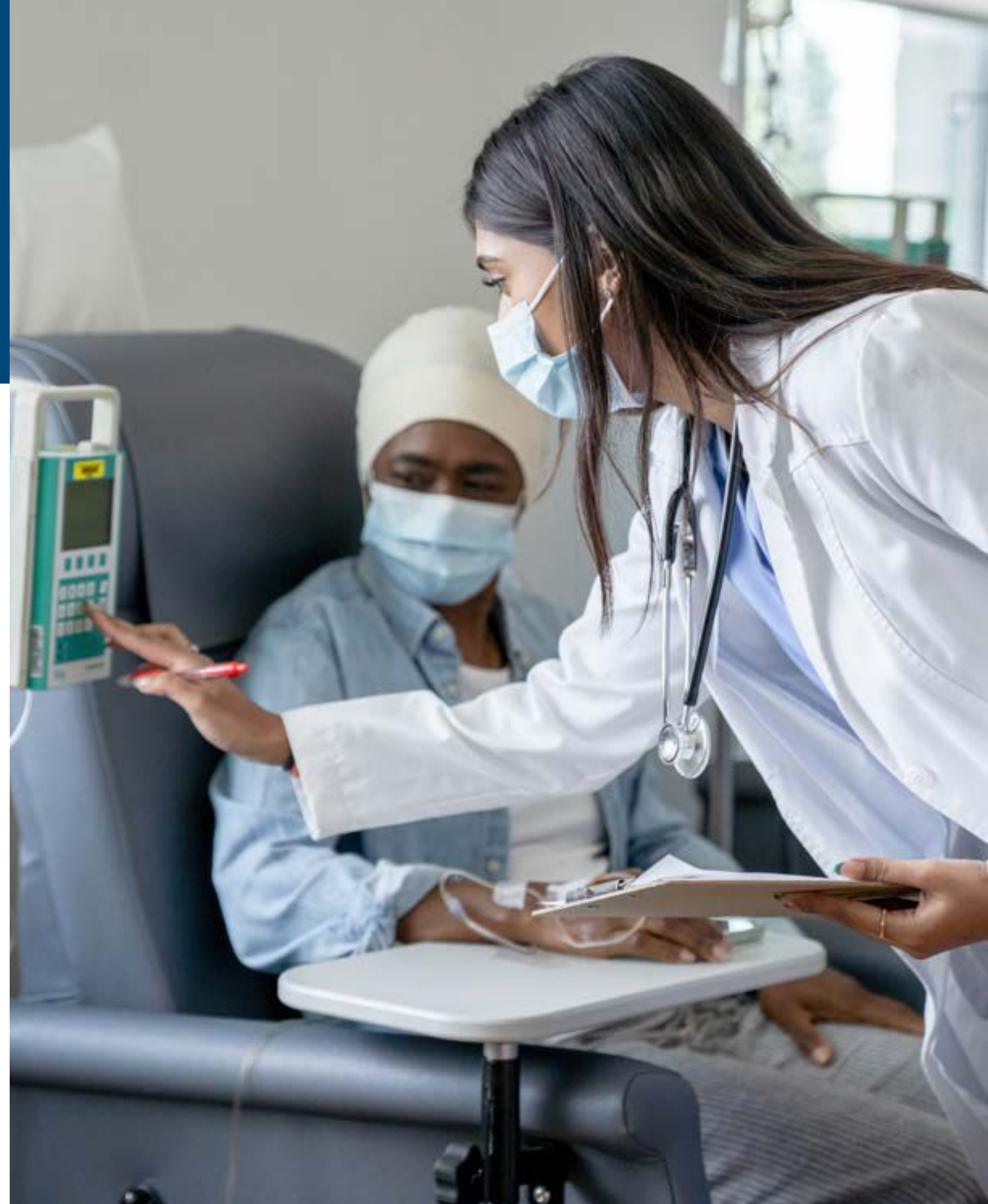
Specialty Medical Injectables with Reimbursement Restriction list expansion

We recently expanded the Specialty Medical Injectables with Reimbursement Restriction list to include the specialty medical injectable listed below.*

NAME	DATE ADDED
Opdualag™ (nivolumab and relatlimab-rmbw)	May 1, 2022

Additional information

To access the Specialty Medical Injectables with Reimbursement Restriction list, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies > List of Specialty Medical Injectables With Reimbursement Restriction). We recommend you review this list frequently, as it is subject to change. Specialty medical injectables may be added upon U.S. Food and Drug Administration approval.



* Cigna may grant an exception to reimburse a one-time, or single, administration billed by a facility when a customer needs access to the injectable before it can be obtained from a specialty pharmacy with which Cigna has a reimbursement arrangement.



2022 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

More patients, more benefits in the year ahead

As of January 2022, your patients with Cigna Medicare Advantage plan coverage have more comprehensive health benefits. In addition, Cigna Medicare Advantage network-participating providers have more flexibility to see additional patients with preferred provider organization (PPO) coverage because we have expanded into numerous regions across the United States.

Benefit	Description
\$0 copayment	100 percent of patients have a \$0 copayment for an annual physical exam with their primary care provider (PCP).
Cigna Insulin Savings Program	<div><div>➤</div>Lower prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable and stable glycemic response.</div> <div><div>➤</div>Copayments capped at \$35 per month.</div>
Part D Low Income Subsidy (LIS)	Cost sharing eliminated for all covered plans, with a \$0 copayment for deductible – initial and gap coverage.
Expanded telehealth	<div><div>➤</div>Available for in-network and out-of-office visits, as well as behavioral, physical therapy, and speech therapy.</div> <div><div>➤</div>Virtual or by phone.</div> <div><div>➤</div>\$0 copayment.*</div>
Medication affordability and adherence	Cigna Visa Card* provides patients with a Part C cash rebate for prescription medicine copayments.
Healthy nutrition	Healthy Foods Card* provides eligible patients with a monthly allowance for the purchase of healthy foods from participating retailers.
In-home, social isolation, and depression support	Papa program pairs older adults with companions to assist with: <div><div>➤</div>Everyday tasks, virtually or in their homes, and offers social activities.</div> <div><div>➤</div>Transportation to and from doctors' appointments, medication pickup, etc.</div> <div><div>➤</div>Light housekeeping.</div>



2022 ID cards

You can identify your patients who have Cigna Medicare Advantage plans by their ID card. Sample ID cards are shown below.

<Plan Name>
<Plan Type>

[]

<Contract/PBP[/segment]>

Name<Customer Full Name>

ID<Customer ID>

Health Plan(80840)

Effective Date<Effective Date>

MedicareRx

Prescription Drug Coverage

[No PCP Required]

[No Referral Required]

COPAYS

RxBIN<XXXXXXX>

RxPCN<XXXXXXX>

RxGRP<XXXXXXX>

PCP<\$xx>

Emergency<\$xx>

Specialist<\$xx>

Urgent care<\$xx>

This card does not guarantee coverage or payment.

<barcode>

[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> (TTY: 711)]

[Provider Dental Claims <Address>]

<URL>

* Not available in all markets. Contact your Network Operations Representative for more information.

Continued on next page



2022 Cigna Medicare Advantage plan highlights *continued*

More opportunities for practice growth in 2022

In 2021, Cigna network-participating providers served over 560,000 patients with Cigna Medicare Advantage coverage across 23 states, 477 counties, and the District of Columbia.

In 2022, we broadened our footprint into 108 new counties – a 22 percent increase. This includes expansion into both existing and new service

areas, as well as into three new states: Connecticut, Oregon, and Washington. This offers our contracted providers the potential to reach approximately 20 million additional patients with Medicare Advantage health maintenance organization (HMO) and PPO plans.

Want to learn more?
Contact your Network Operations Representative.

CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

We continue to enhance the Cigna Medicare Advantage web page for providers with new capabilities and features to improve your online experience when administering these plans. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for important tools and information, including the following:

- › Provider manuals
 - › Regulatory Highlights Guide
 - › COVID-19 resources
 - › Prior authorization guidelines
 - › Medicare Advantage Quick Reference Guide
 - › Sample explanation of payment
 - › Behavioral health clinical practice guidelines and referral forms
 - › HSConnect provider portal
 - › Claim resources
- › Network interest forms
 - › Part B drugs/biologics precertification forms and step therapy
 - › Practice support
 - › Pharmacy resources
 - › Provider education and assessment tools
 - › First Tier, Downstream and Related Entities (FDR) external partner resources
 - › *Network Insider* Medicare Advantage provider newsletter archive

Read *Network Insider* for more Cigna Medicare Advantage news

Network Insider is a newsletter for providers who have patients with Cigna Medicare Advantage plans. It’s published three times a year and designed to keep you current with the latest information. You’ll read about updates to Cigna tools that support your practice and patients, plan benefits and expansions into new markets, Star ratings, quality measures, the 360 Exam, and more.

Go to [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Resources > **Network Insider Medicare Provider Newsletter.**



Cigna has been named Best Medicare Advantage Plan Company of 2022 in Arizona, Arkansas, Florida, and Mississippi by U.S. News & World Report.**

**“Best Medicare Advantage Plan Companies of 2022.” U.S. News & World Report. 14 October 2021. Retrieved from <https://health.usnews.com/medicare/best-medicare-plans/best-insurance-companies-for-medicare-advantage-plans>.

CIGNA MEDICARE ADVANTAGE COVID-19 UPDATES

COVID-19 guidance regarding patient care and billing protocols continues to evolve in accordance with updated federal provisions. For the latest Cigna Medicare Advantage coverage, interim accommodation information, billing guidelines, and answers to your diagnostic and treatment questions, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

Public health emergency provisions

The national public health emergency (PHE) period for COVID-19 was renewed **through October 15, 2022**. Consistent with this PHE period extension, Cigna is extending cost-share waivers for COVID-19 diagnostic testing and related office visits **through October 15, 2022**.

We will also continue to waive out-of-pocket costs **through October 15, 2022**, for your patients' in-network and out-of-network physician visits for COVID-19 testing, eConsults, and related telehealth services.

Free COVID-19 tests

Over-the-counter (OTC) tests

Patients with Medicare Part B and Medicare Advantage plans can get up to eight free OTC tests per month from participating pharmacies and health care providers for the duration of the COVID-19 PHE period. Review the Centers for Medicare & Medicaid Services (CMS) [guidance](#)

for more information, including details on getting reimbursed for these tests from Original Medicare when you supply them to your patients with Part B or Medicare Advantage plans.

At-home test kits

We encourage you to remind your patients that the federal government offers three sets of four free at-home test kits per household. They can order them at [COVIDtests.gov](https://www.COVIDtests.gov).

Current guidance for COVID-19-related care

For the latest information on COVID-19, including how Cigna continues to support participating providers in the administration of COVID-19-related care for their patients, see the [COVID-19 Billing Guidelines and FAQ](#) at [MedicareProviders.Cignov](https://www.MedicareProviders.Cigna.com), which we regularly update as new federal guidance is issued.

You can also visit the CMS Current Emergencies web page at [CMS](#) > About CMS > Emergency response > [Current emergencies](#).



BRIDGING THE PART D COVERAGE GAP

Help your patients navigate the Medicare donut hole

Medication adherence is a common challenge in caring for older patients with multiple health conditions. Multiple factors can cause them to stop taking their medications, ranging from mental health issues to cost.

The high cost of prescription drugs is a well-known barrier to adherence. Medicare’s prescription drug coverage gap, also known as the donut hole, affects nearly five million people* and makes them responsible for paying a percentage of prescription drug costs until they reach the catastrophic stage of their coverage.

The financial impact of the donut hole can derail treatment plans and negatively impact your patients’ overall health. If they can’t afford to stay on their medications, they may stop taking them.

Help your patients bridge the gap

If you have patients who may not take their medications due to the donut hole, there are several ways you can support them and boost medication adherence.

- › Prescribe generic medications.
- › Suggest Express Scripts® Pharmacy, our home delivery pharmacy, and preferred pharmacies.
- › Use pricing tools, such as real-time benefit check.
- › Refer them to Cigna Medicare Advantage resources, such as nurses or pharmacists who can help them navigate the formulary.
- › Encourage patients to apply for:
 - Pharmaceutical company patient assistance programs.
 - State pharmaceutical assistance programs.
 - Grants from disease condition-based organizations. (Most are need based, and many middle-income Medicare participants are eligible.)
- › Suggest Centauri Health Solutions evaluation for Medicare’s Extra Help/Part D Low-Income Subsidy at **877.236.4471**.



2022 Part D coverage gap

The chart below outlines the financial responsibility for your patients with Part D prescription drug coverage in 2022.

		THE DONUT HOLE	
Deductible: Up to \$480	Initial coverage phase: \$481-\$4,430	Coverage gap: True out-of-pocket (TrOOP) \$4,431-\$7,050	Catastrophic coverage phase: TrOOP ≥ \$7,051
Most Cigna prescription drug plans do not have a deductible.	<ul style="list-style-type: none">› Both patient and plan cover drug costs.› The patient’s share is a copayment or coinsurance.	<ul style="list-style-type: none">› This includes patient’s coinsurance and pharmaceutical manufacturer discounts.› Coinsurance is 25% for brands, generics, and biosimilars.› Some plans cover Tiers 1 and 2 through the gap with standard copayment.	Patient pays: <ul style="list-style-type: none">› Greater of \$3.95 or 5% of the cost for generics.› Greater of \$9.85 or 5% of the cost for brands.

Provider resources

- › 2022 formulary at [MedicareProviders.Cigna.com](#) > Pharmacy Resources > [Cigna Medicare Drug List Formularies](#)
- › Medicare Advantage Part D Partnership Guide at [MedicareProviders.Cigna.com](#) > Pharmacy Resources > Part D Stars Quality Program Overview > [Access our Part D Partnership Guide \[PDF\]](#)

* Juliette Cubanski, et al. “How Will the Medicare Part D Benefit Change Under Current Law and Leading Proposals?” Kaiser Family Foundation. 11 October 2019. Retrieved from <https://www.kff.org/medicare/issue-brief/how-will-the-medicare-part-d-benefit-change-under-current-law-and-leading-proposals/>.



EXTENDING YOUR TREATMENT PLAN FOR MEDICARE ADVANTAGE PATIENTS

Patient coaching to address comorbidities

To supplement the care you provide your Cigna Medicare Advantage patients, we offer no-cost support programs, including the Integrated Care Coaching Program (ICCP). This extra layer of support can drive improved clinical outcomes, including better medication adherence.

ICCP helps patients with behavioral health conditions – such as depression, anxiety, or substance abuse – better adhere to your treatment plans. These patients are often at risk for worsening health due to chronic comorbidities, including congestive heart failure, chronic obstructive pulmonary disease, obesity, and diabetes. The program's goal is to improve medication adherence and health outcomes, while addressing any social determinants of health.

How it works

Using an integrated, holistic approach, we identify patients who might benefit from ICCP and contact them directly to offer assistance. Patients can only be referred to the program after being identified as a candidate by Cigna.

Participants and/or their caregivers receive:

- › Telephone support.
- › Access to personalized care management services.
- › Health education.
- › Care-coordination services.
- › Health coaching.
- › Referrals for other necessary services.

Cigna's ICCP team includes highly qualified registered nurses and behavioral health professionals who provide expanded access to care, such as around-the-clock MDLIVE® telehealth services.

For more information about ICCP, as well as all available patient support programs, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > **Patient Support Programs**.



MEET YOUR MEDICARE ADVANTAGE MARKET MEDICAL EXECUTIVES

Cigna Market Medical Executives are market-based physicians who consult with network-participating providers to deliver affordable, predictable, and simple health care for their patients with Cigna Medicare Advantage plan coverage. Their clinical expertise can help you to:

- › Grow your practice by optimizing network opportunities.
- › Improve patient health outcomes.
- › Promote quality-based incentive programs.
- › Contain medical costs.

Contact your Medicare Advantage Market Medical Executive to:

- › Learn how to use Cigna Medicare Advantage resources to drive outstanding health outcomes for your patients.
- › Get general information about Cigna clinical policies and programs.
- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with a quality concern involving your patients who have Cigna Medicare Advantage coverage.

- › Request or discuss recommendations for improvements to 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.



Cigna Medicare Advantage Market Medical Executives

NORTHEAST REGION

Angela Kloepper-Shapiro, MD, Regional Medical Executive		Angela.Kloepper-Shapiro@Cigna.com
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PHYSICIAN QUALITY AND COST-EFFICIENCY RECONSIDERATION REQUESTS DUE SEPTEMBER 9

Cigna regularly evaluates physician quality and cost-efficiency information. Physicians who meet specific criteria, including those who participate in a Cigna Collaborative Care® program, can receive the Cigna Care Designation (CCD) for a given measured specialty. CCD denotes a higher-performing provider, based on the criteria outlined in the 2023 Quality, Cost Efficiency, and Cigna Care Designation methodology [white paper](#). Customers will be able to preview physician quality and cost-efficiency displays in October 2022 in the provider directories on our public site, [Cigna.com](#), and customer site, [myCigna.com](#). This will help enable customers to make decisions about provider selection during their open enrollment period. The CCD symbol  will display next to the names of providers who have achieved this designation. The displays will become effective on January 1, 2023.

2023 results sent to providers in July

In July 2022, we mailed information to primary care providers and specialists in 85 markets and 21 specialties informing them how to obtain their 2023 quality, cost-efficiency, and CCD profile directory display results.* The communication gives instructions on how to request reports, review results, submit inquiries, and submit changes or reconsideration requests.

When amended results will appear in online directories

Reconsideration requests that we receive by September 9, 2022, and that result in a change in designation status, will be viewable in the online directories on [Cigna.com](#) and [myCigna.com](#) by

October 2022. Requests received after September 9, and that result in a change of status, will display on these websites after October 2022 when we publish updates again.

For more information or to request reconsideration

To review additional quality and cost-efficiency information, obtain a full description of the methodology and data that our decisions were based on, correct inaccuracies, request that we reconsider your quality or cost-efficiency results, or submit additional information, send an email to PhysicianEvaluationInformationRequest@Cigna.com or fax your request to **866.448.5506**.



When submitting a request, be sure to include your:

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

After we receive your request for more information or reconsideration, a Network Clinical Manager will contact you to provide additional details about the program and your profile results.

Methodology

You can view a full description of the methods we use to determine 2023 provider quality, cost efficiency, and CCD results at [Cigna.com/CignaCareDesignation](#).

* Providers in certain markets received actual results in compliance with state regulations.



AMBULATORY MEDICAL RECORD REVIEW PROVIDER FOLLOW UP

We are in the process of conducting ambulatory medical record reviews (AMRRs) in select markets, as required by state regulations, using a random sample of our network-participating providers. These reviews are intended to validate that providers are meeting medical record documentation requirements, which can help ensure patients receive high-quality care delivery, as well as continuity and coordination of care.

We will inform providers with AMRR scores below 100 percent

These providers may be required to submit a corrective action plan outlining the steps being taken to improve documentation. They may also be included in a follow-up medical record review to confirm documentation compliance going forward.

View Cigna’s medical documentation standards

There are several ways for you to access and view our medical records documentation standards online.

Resource	Go to:
Medical Record Reviews web page	Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > Medical Record Reviews
Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers	Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Doing Business with Cigna > Health Care Professional Reference Guides*
<i>Network News</i> (published annually)	Cigna.com > Health Care Providers > Provider Resources > Cigna Network News for Providers > Network News: Second Quarter 2022

Questions? New dedicated AMRR email box

If you have questions about the AMRR process, please send an email to our new dedicated email box at DedicatedAMRRMailbox@Cigna.com. As a reminder, please include the valid email addresses for both the provider and office to help ensure that we respond to the correct office staff.

* Login may be required.



HEALTHMAP SOLUTIONS: ENHANCED SUPPORT FOR CHRONIC KIDNEY DISEASE

According to the Centers for Disease Control and Prevention, kidney disease is the ninth-leading cause of death in the United States. It is estimated that roughly 37 million people have this disease, and most of these cases are undiagnosed.

Introducing Healthmap Solutions

To help our customers with chronic kidney disease (CKD) receive more comprehensive support to address this serious condition, we recently engaged Healthmap Solutions (Healthmap), an industry-leading kidney population health management company that is accredited by the National Committee for Quality Assurance (NCQA).

Healthmap’s Kidney Health Management program will complement the existing Cigna Chronic Kidney Disease Case Management program and be available at no extra cost to eligible customers.*

How the program works

Healthmap will:

- › Identify patients with Cigna-administered coverage who have CKD stage 4 and stage 5 using a proprietary algorithm, and invite them to participate in its program.
- › Detect opportunities for interventions and offer greater insights to providers that help them tailor each patient’s care individually.

- › Look for disease-specific coding opportunities.
- › Monitor identified patients to find and address potential gaps in care related to medications, lab testing, specialty referrals, and selective quality metrics.

For patients who may benefit from increased interventional support, Healthmap offers a program called **Care Navigation**, a complex care-coordination service led by a personal nurse. This program supports a patient’s overall care, and focuses on the identification and removal of the barriers preventing patients from achieving established health goals.

What this means to providers

If you have a patient with kidney disease stage 4 or stage 5, Healthmap may contact you to collaborate on your patients’ care.

Healthmap can help support your care by:

- › Supplying you with actionable information based on industry-proven best practices powered by data analytics, machine learning, and predictive modeling, so you can anticipate and deliver the right clinical care more effectively.



- › Utilizing algorithms based on claims and electronic medical record data to uncover and identify gaps in care.
- › Recommending patients who may benefit from the Care Navigation program for increased interventional support.
- › Facilitating increased information sharing among the care team.
- › Promoting patient adherence to the plan of care.
- › Mapping individual health status to CKD guidelines.
- › Streamlining patient information through your practice work streams to minimize administrative burden.

Healthmap communicates with providers by phone, email, and face-to-face visits, when applicable. They deliver identified opportunities to you in an easy-to-read format to support you in the care of your patients.

Benefits to your patients

Some of the benefits to your patients include:

- › Support from a multidisciplinary care team.
- › Enhanced engagement to potentially improve outcomes, avoid emergency department visits, and prevent hospital admissions and readmissions.
- › Potentially reduced cost of care.
- › Education on topics such as dialysis site of service, modality, and kidney transplant.
- › Resources to help patients overcome any social determinant of health (SDOH) barriers.
- › Complex care management for those with CKD stage 4 or stage 5.

Additional information

You can learn more about Healthmap Solutions at [HealthmapSolutions.com](https://www.healthmapsolutions.com). For additional information about their Kidney Health Management program, contact your local Cigna support team.

*The program is currently available to customers in Florida, Georgia, North Carolina, and South Carolina.



ORDER HEARING DEVICES FROM AMPLIFON, OUR EXCLUSIVE NATIONAL PROVIDER



Amplifon Hearing Health Care (Amplifon) is our exclusive national provider for digital and digitally programmable analog hearing aids, hearing supplies, and assistive-listening devices for Cigna customers who have a hearing benefit.

Provider benefits

Amplifon helps reduce the administrative burden on provider offices for their patients with Cigna coverage by:

- › Acting as the single point of contact to coordinate and manage hearing aids.
- › Working directly with providers to procure hearing aids and supplies.
- › Verifying eligibility and benefits.
- › Coordinating delivery (hearing aids and supplies sent to provider’s office).
- › Reimbursing hearing aid manufacturers directly for hearing aids and supplies.

In addition, Amplifon offers several other value-added benefits to providers.

- › No out-of-pocket expenses for devices – Amplifon assumes all up-front costs.
- › Access to multiple hearing aid manufacturers, including those offering rechargeable devices, for pediatric and adult patients.
- › Access to assistive listening devices for patients with this medical plan coverage.

Additional information

For more information about Amplifon, go to AmplifonUSA.com/Cigna.

HOW THE AMPLIFON PROCESS WORKS

Amplifon is our single network-participating point of contact for ordering hearing devices. Cigna network-participating providers are required to work with Amplifon to order these items for their patients with Cigna-administered plans. All digital and digitally programmable analog hearing devices and supplies that are not ordered through Amplifon for affected patients will be denied, and providers cannot bill patients, Amplifon, or Cigna for these items.

Listed below are the steps that occur after you place your order with Amplifon.

1. Upon receipt of a request for hearing devices, Amplifon verifies the patient’s eligibility and benefits, and reviews the coverage with the provider and the patient.
2. Provider and patient determine the best hearing device for the patient’s condition.
3. Provider shares with the patient a disclosure form, which outlines the patient’s cost-share for the hearing aids and supplies.
4. Provider places an order with one of the manufacturers that Amplifon represents using Amplifon’s purchasing order number.
5. Patient pays Amplifon their estimated cost share.
6. Manufacturer ships hearing aids and supplies directly to the provider.
7. Provider dispenses, fits, and adjusts hearing aids to the patient.
8. Amplifon submits a claim for the device and supplies to Cigna.
9. Cigna sends an explanation of payment (EOP) with reimbursement for the hearing aids and supplies to Amplifon,* and an explanation of benefits to the patient.
10. Amplifon pays the dispensing fee for the hearing aids directly to the provider 60 days after the device has been dispensed, provided the patient does not return the hearing aids.

* For patients with Shared Administration Repricing or third-party administrator plans, Cigna sends the EOP to the claim administrator.



COORDINATION OF CARE

Coordination of care is the process by which a patient’s team of providers cooperatively help coordinate care management and ensure access to quality, cost-effective care.

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

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

Our quality programs monitor for:

- › Coordination of care
 - During transitions between inpatient settings, such as hospitals, skilled nursing facilities, or hospice.
 - In outpatient settings, such as rehabilitation centers, emergency departments, or surgery centers.
 - When patients move between providers (for example, from a specialist to a primary care provider).
- › Notification of patients and their transition from providers who have been terminated from a network.
- › Patients who qualify for continued coverage of services rendered by providers who have been terminated from a network for reasons other than quality.

We have developed tools based on our assessments to serve as models for exchanging clinical information that help facilitate continuity and coordination of care. The tools are available for download from the Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > **Continuity and Coordination of Care.**



The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers, and researchers.



INDUSTRY INSIGHTS: NAVIGATING THE TRANSITION TO VALUE-BASED CARE

CareAllies®, a Cigna company, recently collaborated with Modern Healthcare and Becker’s Healthcare to publish the latest findings about the current health care landscape and challenges providers may face as they navigate the transition to value-based care. Learn more about these findings from the article excerpts below.

Physician engagement in value-based care strategy remains a challenge

(Modern Healthcare)*

With the cost for health care services rising every year, it’s imperative for providers to adopt reimbursement methods that incentivize quality care at lower costs. Yet the industry has been slow to adopt these methods. To better understand the challenges and needs of providers as they make or plan their transition to value-based care, CareAllies partnered with *Modern Healthcare* to survey providers about this topic.

This executive brief explores the results, focusing on physician engagement and current difficulties overall with moving to value-based care. It also investigates current barriers to partnering with an outside firm to support a value-based strategy and the services that would be needed should a provider organization decide to seek out a third-party partner.

Read a [summary](#) of the findings.

The data physicians need to succeed with value-based care

(Becker’s Healthcare)**

At the recent Becker’s Hospital Review 12th Annual Meeting, CareAllies President Rob Cetti and Chief Medical Officer Joe Nicholson, DO, invited industry leaders to a roundtable discussion. They discussed the current physician landscape, challenges of operating in a fee-for-service world while moving toward value-based arrangements, and the benefits of physician-led value-based care.

It’s clear that many providers are open to moving toward value-based care. However, they face unprecedented burnout, which does not enable them to navigate the challenges associated with the transition. With quality performance, Star ratings, and management of the customer service journey being key components of success in value-based care, organizations are looking for ways to make improvements without increasing the administrative burden placed on providers.

Read the [four key takeaways](#) from the session.

We want to hear your thoughts

Please email your feedback and questions to Info@CareAllies.com.



About CareAllies

CareAllies works with hospitals, health systems, and large and small provider groups to help simplify the process of transitioning to value-based care. Their goal is to help clients achieve the best clinical, quality, and financial outcomes, while delivering more accessible and affordable care, through models designed to empower them. CareAllies strives to alleviate providers’ operational challenges so that they can focus on their most rewarding endeavor: improving patient health outcomes.

For more information, visit [CareAllies.com](https://www.CareAllies.com).

*“Physician engagement in value-based care strategy remains a challenge.” Modern Healthcare. 16 May 2022. Retrieved from https://www.modernhealthcare.com/patient-care/physician-engagement-value-based-care-strategy-remains-challenge?utm_source=mhwebsite&utm_medium=email&utm_campaign=newsletters.
**“The data physicians need to succeed with value-based care.” Becker’s Healthcare. 20 May 2022. Retrieved from https://www.beckershospitalreview.com/patient-experience/the-data-physicians-need-to-succeed-with-value-based-care.html?utm_source=website&utm_medium=email&utm_campaign=newsletters.



CIGNA QUALITY RESOURCES AND MORE

We want you to have the latest information about our quality initiatives, case management programs, and health and wellness programs, as well as medical and pharmacy coverage policies, behavioral clinical practice guidelines, and utilization-management decisions. We hope you find these resources helpful when considering care options for your patients with Cigna coverage.

You can find the following resources on the Cigna for Health Care Professionals website (CignaforHCP.com).

Quality initiatives	CignaforHCP.com > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality
Case management/health and wellness	CignaforHCP.com > Get questions answered: Resource > Medical Resources > Case Management/Health and Wellness
Medical and pharmacy coverage policies	CignaforHCP.com > Review Coverage Policies
Behavioral clinical practice guidelines	CignaforHCP.com > Get questions answered: Resource > Behavioral Health Resources

Utilization management

We base utilization-management decisions on appropriateness of care and services, standardized evidence-based criteria, and existence of coverage.

We do not reward decision makers for issuing denials of coverage. There are no financial incentives in place for utilization-management decision makers who encourage or influence decision-making.

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



The following services are available to you and your patients, free of charge, when you submit a utilization management request:

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



SOCIAL DETERMINANTS OF HEALTH CME TRAINING AND RESOURCES

The World Health Organization defines social determinants of health (SDOH) as “[the] conditions in which people are born, grow, live, work, and age.” These conditions include economic stability, neighborhood and built environment, access to food, community and social context, and access to quality health care and education. These factors can play a major role in determining the physical and emotional well-being of your patients, even impacting their life expectancy.

SDOH training and resources for providers

SDOH: Addressing Health Inequities training

This one-hour Continuing Medical Education (CME) [training session](#) can help you learn more about and how to address health inequities, which can play a role in your patients’ physical and emotional well-being. The training explores the impact of health inequities on patient outcomes, as well as how you can confront socioeconomic barriers. You may receive 1.00 AMA PRA* Category 1 Credit™ upon completion.

Addressing SDOH within Your Practice digital guide

This [digital guide](#) walks you through identifying, addressing, and documenting SDOH factors that can influence your patients’ health, and includes a short list of community resources.

You can also go to [CignaCommunity.FindHelp.com](#) to search for local organizations to support your specific needs. This [flyer](#) includes instructions and a short video on how to use the community referral site to connect patients to local resources.

* American Medical Association Physician’s Recognition Award.

National patient resource list

For a more comprehensive list of community resources to share with patients, download and share this [list](#) of nationally recognized community resources with your patients.

“Use Z codes to report SDOH” article

In this [article](#), learn more about how to document the unique needs of your patients who are affected by SDOH. Documenting Z codes can help your practice see trends and identify the most common social needs specific to your patient population (e.g., food, transportation, housing). Your practice can then develop a list of community organizations – or update the one it has – to ensure it includes referral resources that address these needs.

Cigna Cultural Competency and Health Equity Resources web page

Visit this [web page](#) to find more resources related to serving your diverse customers in a culturally responsive manner. Be sure to add it to your “favorites” so you can jump to it in a click.

MEDICAL RECORD REQUESTS: THANK YOU FOR RESPONDING

We’re proud of our network-participating providers who have demonstrated their priority focus on delivering quality patient care through challenging times. We appreciate your continued responses to medical record requests, and we are committed to collaborating with you and your office staff to help provide assistance when you need it.

Why is it important to respond to medical record requests?

As part of our commitment to ensuring our customers receive quality care, we have established numerous programs to help maintain quality. This may result in the need to submit medical records to Cigna for review.

You may receive a request for medical records for a variety of reasons, such as:

- › Annual audits for the Healthcare Effectiveness Data and Information Set (HEDIS®) or the Ambulatory Medical Record Review (AMRR).
- › Researching complaints.*
- › Projects that allow us to be better informed about our customers’ health care needs and help us to implement clinical improvement initiatives.

As you know, your network-participation agreement requires you to submit medical records when requested for our quality programs. These activities are considered health care operations in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.

Additional information

To learn more about our quality programs, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Medical Resources > Commitment to Quality > [Quality](#).



* Investigations are confidential, peer-review privileged, and protected under peer-review regulations.



DISCOUNTS FOR LANGUAGE ASSISTANCE SERVICES

Cigna network providers may utilize discounted rates of up to 50 percent for language assistance services, such as interpretation and translation.

This includes written translations for your eligible patients with Cigna coverage, as well as telephone, face-to-face, and video remote interpreters, including American Sign Language.

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

These savings are made possible through our negotiated contracts with professional language assistance vendors. It's important to note that your office will work directly with the vendor to schedule and pay for all language services.

Learn more

For information about translation and interpretation discounts, and how to schedule them, go to [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Language Assistance Services Discounted Rates](#).

We hope these discounts will help to make it easier and more affordable for you to comply with federal and state language assistance laws, and ensure successful communications with limited English proficient, blind, low vision, deaf, and hard-of-hearing patients.



QUARTERLY NOTIFICATION OF MARYLAND NONPARTICIPATING SPECIALISTS

Each quarter, we notify all primary care providers (PCPs) in Maryland of specialty providers whose participation in the Cigna network ended the previous quarter. This is in compliance with the State of Maryland regulations.

Specialist updates move to *Network News*

In this issue of *Network News* and future issues of *Network News*, you will be able to access the quarterly specialist updates. We hope this will help to reduce the amount of paper you receive from us, and make it easier to access and view this important information. PCPs will no longer receive the list by mail or email.

If you are a PCP in Maryland and we have your email address, you will receive this newsletter in your in-box each quarter during the last week of January, April, July, and October.

If we don't have your email address, you can access *Network News* by visiting [Cigna.com](#) > Health Care Providers > Provider Resources > [Cigna Network News for Providers](#). To sign up to receive subsequent issues of *Network News* via email, scroll to the bottom of the [Cigna Network News for Providers](#) web page and click Sign Up.

Access the second-quarter 2022 specialist update

View the [list of specialists](#) in Maryland whose participation in our network ended between April 1, 2022, and June 30, 2022. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network participating specialists.



CALIFORNIA LANGUAGE ASSISTANCE LAW

California law requires health plans to provide Language Assistance Program (LAP) services to eligible customers with limited English proficiency (LEP).

To support this requirement, Cigna provides language assistance services for eligible Cigna participants, including those covered by our California health maintenance organization (HMO), Network Open Access, and Network Point of Service (POS) plans, as well as for individuals covered under insured California-sitused preferred provider organization (PPO) plans and open access plans (OAPs).

Cigna LAP-eligible customers are entitled to the following free services:

- › Spanish or Traditional Chinese translation of documents considered vital according to California law.
- › Interpreter services at each point of contact, such as at a provider’s office or when calling Cigna Customer Service.
- › Notification of rights to LAP services.

California-capitated provider groups are responsible for:

- › Inserting or including the LAP notification in English vital documents sent to individuals with Cigna HMO plan coverage.
- › Educating providers in their practice that they must offer Cigna’s free telephone interpreter services by calling **800.806.2059** to support their LEP patients with Cigna coverage. Even if a provider or office staff member speaks in the patient’s language, a professional telephone interpreter must always be offered.

If the patient refuses to use a trained interpreter, it must be documented in his or her medical record.

- › Supplying the **California Customer Grievance Form** and **grievance brochure** to Cigna customers who communicate dissatisfaction with the services or care received, a utilization management decision, or a claim denial. To download and print the form in English, Spanish, or Traditional Chinese, go to **Cigna.com** > I want to... > Find a Form > Medical Forms > Cigna in California > **Cigna, Grievances & Appeals**:
 - Cigna Grievance Procedure > California Grievance Brochure
 - How to File a Grievance > Medical Grievance Form

For additional information:

- › Refer to the California edition of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.
- › Review the **California Language Assistance Program** web page.*
- › Download the **provider training presentation** about LAP regulations and how to access language services for your patients with Cigna coverage.**
- › Contact your Experience Manager.

RACIAL AND LINGUISTIC DIVERSITY AT A GLANCE

Cigna collects language preference, race, and ethnicity data for California-eligible customers.

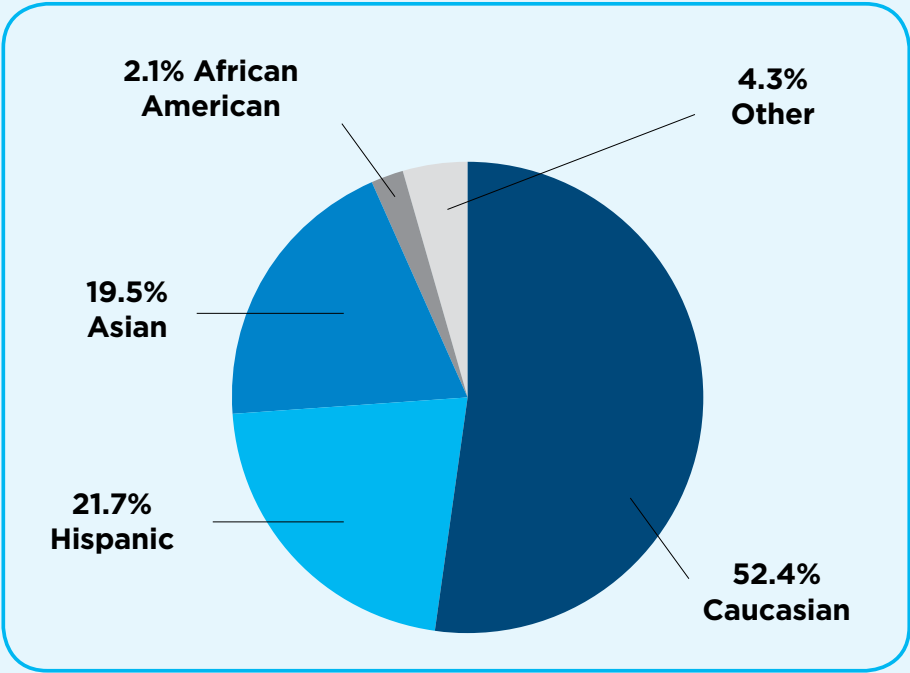
Language

Cigna uses California demographic data as a proxy for our customer base until we have a statistically valid number of customer language-preference records. The data listed below is currently available for the most non-English spoken languages in California.***

- › 44.5% of the California population (over age five) speak a language other than English.***
- › 28.8% speak Spanish.
- › 10.1% speak Asian and Pacific Island languages.

Racial and ethnic composition

This data is an indirect estimation of Cigna’s California customers. The figures were derived from a methodology that uses a combination of census geocoding and surname recognition.



* Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services **California Language Assistance Program – Cigna medical requirements**.
** Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services > **California Language Assistance Program Training for Providers and Staff**.

*** 2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from <https://data.census.gov/cedsci/table?q=California&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACST1Y2019.S1601&vintage=2018>.



NEW MEXICO LANGUAGE ASSISTANCE LAW



New Mexico law requires health plans to provide free language assistance services to all customers who reside in New Mexico. Cigna provides free interpreter services at all Cigna locations and provider points of contact for all customers in New Mexico with Cigna-administered plans (regardless of product type) who have:

- › Limited English proficiency (LEP).
- › Differing hearing abilities that qualify under the Americans with Disabilities Act (ADA) for sign language.

Language assistance services that providers are responsible for offering

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP patient office visit or phone calls	Call Cigna’s toll-free number at 800.806.2059 for free professional over-the-phone interpreter services. Periodically validate with the over-the-phone interpreter that interpretation is accurate.	Be ready to provide the patient’s Cigna ID number and date of birth. If telephone interpretation services do not meet the needs of your patient in New Mexico with a Cigna-administered plan, you can schedule free face-to-face and video remote interpreter services, including American Sign Language (ASL), by calling Cigna Customer Service at 800.88Cigna (882.4462) . For face-to-face Spanish interpreters, please allow at least three business days to schedule services. For all other languages, including ASL, please allow at least five business days to schedule services.
Deaf patient office visit	Call Cigna Customer Service at 800.88Cigna (882.4462) to schedule an appointment for free sign language interpreter services.	Provide information about the patient’s next scheduled appointment and type of sign language service needed (e.g., ASL). For ASL interpreters, please allow at least five business days to schedule services.
Deaf patient telephone service relay	Call 711 for Telecommunications Relay Services (TRS)	711 TRS is a no-cost relay service that uses an operator, phone system, and a special teletypewriter (telecommunications device for the deaf [TDD] or teletypewriter [TTY]) to help people with hearing or speech impairments have conversations over the phone. The 711 TRS can be used to place a call to – or receive a call from – a TTY line. Both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven- or 10-digit access number. Simply dial 711 to be automatically connected to a TRS operator. Once connected, the operator will relay your spoken message in writing and read responses back to you. In some areas, 711 TRS offers speech impairment assistance. Specially trained speech recognition operators are available to help facilitate communication with individuals who may have speech impairments. ¹

1. Better Communication, Better Care: Provider Tools to Care for Diverse Population. Industry Collaboration Effort. March 2017. Retrieved from https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf.

Continued on next page



New Mexico language assistance law *continued*

Language assistance services that providers are responsible for offering *(continued)*

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
Refusal of service: An LEP or deaf patient wants to use a family member or friend to interpret OR An LEP patient wants to speak with bilingual office staff.	Offer a telephone interpreter to the LEP patient. Discourage the use of family and friends – especially minors – as interpreters. Offer a trained, qualified telephone interpreter, even if a provider or office staff member speaks in the patient’s language.	If a patient insists on using a family member or friend, or refuses to use a trained interpreter, document this in his or her medical record.

Language assistance services that Cigna is responsible for offering

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP customer telephone communication at Cigna point of contact	Customers call the telephone number on the back of their Cigna ID card for access to Cigna bilingual staff and free interpreter services.	Cigna uses qualified professional interpreters and bilingual staff tested for proficiency in language and health care terminology in non-English languages.
Deaf or hard-of hearing telephone communication at Cigna point of contact	Customers dial 711 for TRS.	Cigna staff follow department workflows to communicate with deaf or hard-of-hearing customers.
LEP customer telephone and in-person interpreter services at provider point of contact	Customers have access to these services at the provider’s office at no cost to the provider. ²	Each contract requires the health care insurer or managed health care plan to provide interpreters for LEP individuals, and interpretative services for patients who qualify under the ADA. Refer to Tips for Working with a Language Interpreter ³ for more information.

2. New Mexico Administrative Code, Title 13, Chapter 10, Part 22, Section 12 ([13.10.22.12](#)).
3. [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services > [Tips for Working with a Language Interpreter](#).
4. 2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from <https://data.census.gov/cedsci/table?q=new%20mexico&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACST1Y2019.S1601&vintage=2018>.



RACIAL AND ETHNIC DIVERSITY AT A GLANCE

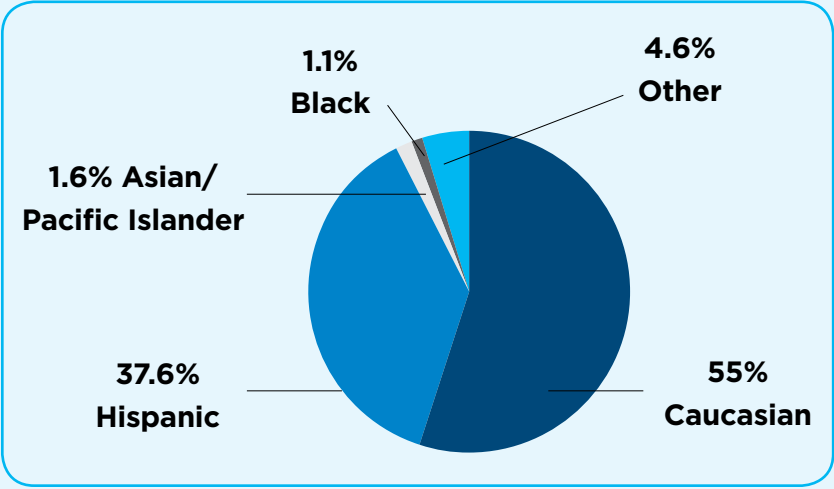
Cigna collects language preference, race, and ethnicity data for New Mexico customers.

Language

Cigna uses New Mexico demographics data as a proxy for our customer base until we have a statistically valid number of customer language-preference records. Available data for spoken languages other than English shows that Spanish, at 26 percent, is the most spoken non-English language in New Mexico.⁴

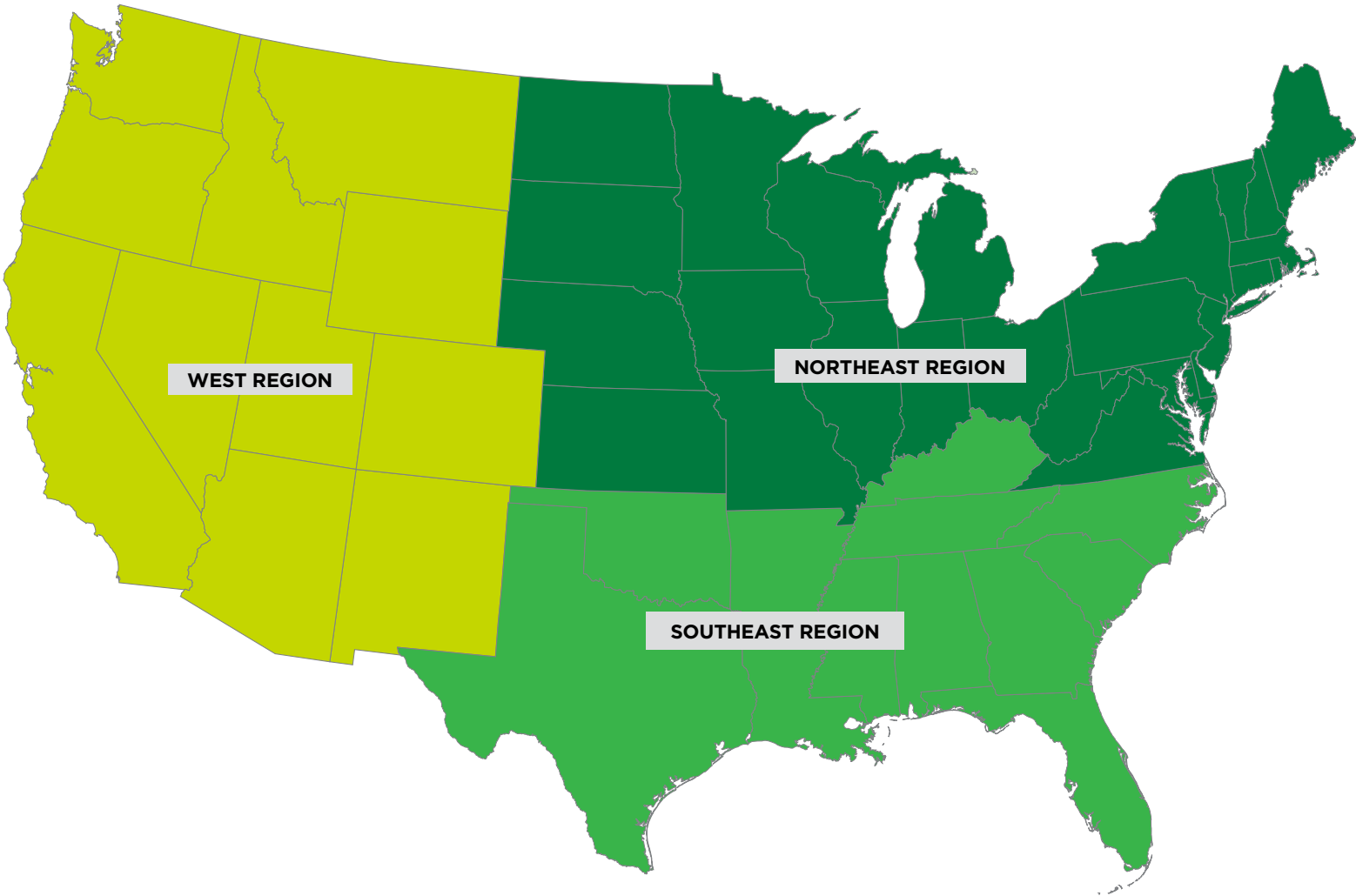
Racial and ethnic composition

This data is an indirect estimation of the racial composition of Cigna’s New Mexico customers. The data was derived from a methodology that uses a combination of census geocoding and surname recognition.



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 a unique level of personalized support and service within their local regions. Your local MME understands local community nuances in health care delivery, can answer your health care-related questions, and is able to assist you with issues specific to your geographic area.

NATIONAL	
Peter McCauley, Sr., MD, CPE <i>Clinical Provider Engagement & Value-Based Relationships</i>	312.648.5131
Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	818.500.6459

Reasons to call your MME

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

Looking for your Cigna Medicare Advantage MME?

Find a complete list of Cigna Medicare Advantage MMEs by region, including email addresses, on [page 23](#).



HOW TO CONTACT US

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

You’ll find links, email addresses, and phone numbers that can help you administer these plans more efficiently and give your patients an optimal experience. We encourage you to bookmark the guides 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](#).



UPDATED REFERENCE GUIDES AND MANUALS

Cigna Reference Guides

The Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers contain many of our administrative guidelines and program requirements. They include information pertaining to participants with Cigna and “G” ID cards.

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 website. If you are not registered, click [Register](#).

Cigna Medicare Advantage provider manuals

These manuals contain important information concerning our policies, procedures, and other helpful information for providers that participate in the Cigna Medicare Advantage network. 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, 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 work

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 a registered user of the website, go to [CignaforHCP.com](#) > [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 for Cigna’s managed care plans, Individual & Family Plans, Medicare Advantage plans, Cigna Global Health Benefits® plans, Cigna Choice Fund® plans, Shared Administration Repricing plans, Strategic alliance plans, Cigna + Oscar plans, and indemnity plans.

How to access the guide

The guide is available online as a PDF. Go to [Cigna.com](#) > Health Care Providers > Coverage and Claims > Coverage Policies: [ID Cards](#). We encourage you to bookmark this page to help ensure you access the most up-to-date information, as we occasionally make updates to the guide.

What’s in the guide?

- The guide contains descriptions of the plans, and shows corresponding sample ID cards with callouts that help define and clarify information that appears on them.
- › To learn more about a featured Cigna ID card, match the circled numbers on the card with the key that appears on the subsequent page.

- › To learn more about each plan, read the plan description to the left of the key.
- › To view sample ID card information you might see on your patients’ myCigna® App,* go to “The myCigna App” page.
- › To find the contacts you need to get in touch with us for information about your patients with Cigna coverage, go to the “Important contact information” page near the back of the guide.

As a reminder, the sample ID cards in the guide are for illustrative purposes only. Always be sure to check the front and back of your patient’s actual ID card to help ensure you have the correct benefits and contact information.

*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.



* 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, visit [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](#), our digital newsletter for providers who offer behavioral health services to Cigna customers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients, or learn more about 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.



CULTURAL RESOURCES YOU CAN USE

If you serve a culturally diverse patient population, check out the **Cigna Cultural Competency and Health Equity Resources** web page.¹ It contains many resources to help Cigna-contracted providers and their staff enhance interactions with these patients. Some are listed below.

Health disparities resources

These resources are designed to help providers address health disparities.

- › Addressing Social Determinants of Health within Your Practice **digital guide**.
- › Health Disparities **web page**: Contains resources to help providers reduce unfair or avoidable health differences.
- › African American/Black Health Disparities **web page**.

Tool kit: Gender-inclusive language guidelines

This one-page **tool kit** shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with CLAS Standards.² It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

Cultural competency training

We offer a variety of **eCourses** that can help you develop cultural competency, learn overall best practices, and gain a deeper understanding of subpopulations in the United States. The eCourses 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
- › Diabetes Among South Asians (three-part series)

Language assistance services³

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 eligible patients with Cigna coverage. Your office works directly with professional language assistance vendors, with whom we've negotiated these savings, 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 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 culturally relevant patient care for more than 60 cultural communities. Go to:

CRCultureVision.com
(available until December 31, 2022)

Login: CignaHCP
Password: HealthEquity2021!

Visit today

Many other resources are available on the **Cigna Cultural Competency and Health Equity Resources** web page,¹ including articles, presentations, podcasts, and self-assessments. You can find them in the All Resources section of the web page. Check back often for newly added resources.

NEW SOUTH ASIAN CULTURAL COMPETENCY RESOURCES

We recently created four new resources to support providers in caring for their South Asian patients. This ethnic group has a greater likelihood of developing certain diseases, such as heart disease and diabetes, sometimes at a significantly younger age than the general population.

- › South Asian Health Disparities **web page**⁴
- › **Digital guide**: South Asians and Heart Health
- › **Digital guide companion** (one page)
- › **Video** (four minutes): South Asians and Heart Health

In addition, read more about South Asian Health Disparities in the **white paper**.

1. [Cigna.com](https://www.cigna.com) > Health Care Providers > Provider Resources > **Cultural Competency and Health Equity**.
2. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
3. Available to Cigna-contracted providers.
4. [Cigna.com](https://www.cigna.com) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity Resources > More Resources > **South Asian Disparities (White Paper)**.



GET DIGITAL ACCESS TO IMPORTANT INFORMATION

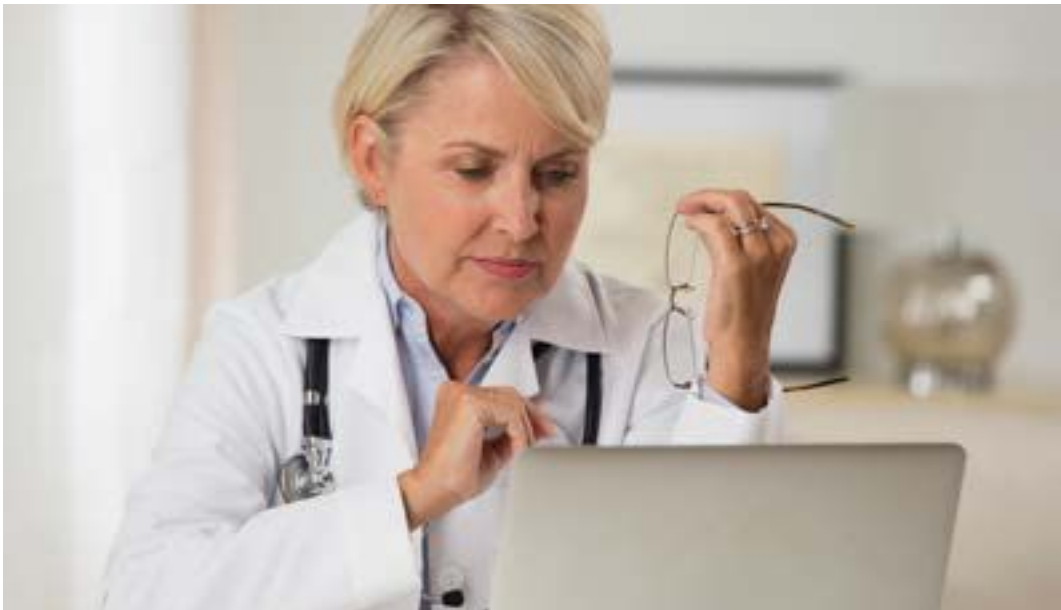
Would you like to reduce paper use in your office? Sign up now to receive certain announcements and important information from us right to your inbox.

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 – the latest updates and time-sensitive information are available online.

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

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



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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