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OPIOID QUALITY IMPROVEMENT PLEDGE

As a health care provider, you have likely seen the many harmful affects of opioids on individuals, families, and communities, including a growing number of overdoses and deaths. This is a complex problem that will take many different solutions and stakeholders to solve. But, working together, we can take actions that can make a difference.

Let's help turn the tide

To help prevent our customers from becoming dependent on opioid prescription drugs, and stem the tide of deaths, we are developing initiatives to work collaboratively with providers. One of these initiatives is the Opioid Quality Improvement Pledge. Its goals are to raise awareness of the Surgeon General’s Turn the Tide prescriber pledge, and to ask providers for their commitment to quality improvement activities that will:

› Reduce potentially hazardous opioid prescribing.
› Improve the coordination and quality of care for patients who are taking opioids.

How to sign the pledge

We invite you to review and sign the Opioid Quality Improvement Pledge by going to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy Resources > Pharmacy Clinical Programs > Enhanced Narcotic Therapy Management > Opioid Quality Improvement Pledge). Once you have completed and signed the pledge, please email it to PledgeResponses@Cigna.com.

Opioid Quality Improvement Playbook

We are also developing an Opioid Quality Improvement Playbook to share quality improvement activities among medical groups. Do you have initiatives underway at your practice to help reduce the number of potentially hazardous prescriptions written for opioids, or to improve the care of your patients who take opioids? We'd like to publish your insights in this playbook, and share it with others who may benefit from your guidance.

If you have activities underway that you’d like to share, please contact us at PledgeResponses@Cigna.com.
Cigna has updated the Preventive Care Services Administrative Policy A004. It will replace A Guide to Cigna’s Preventive Health Coverage for Health Care Professionals, and provide more detailed coverage information on preventive care services. The policy is available on the Cigna for Health Care Professionals website, [CignaforHCP.com](http://CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > Preventive Care Services – (A004).

**2016–2017 preventive care update summary**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal blood glucose and type 2 diabetes screening for overweight or obese adults ages 40–70</td>
<td>Added glucose tolerance tests and behavioral counseling interventions (Current Procedural Terminology [CPT®] codes 82950, 82951, 82952, and 0403T)</td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>Added 3D mammography/digital breast tomosynthesis (DBT) screening (CPT code 77063)</td>
</tr>
<tr>
<td>Cholesterol screening</td>
<td>Added family history of hypercholesterolemia (International Classification of Diseases, 10th Edition [ICD-10] code Z83.42)</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>Added consultation prior to colonoscopy (SO285) and stool-based DNA test (i.e., Cologuard®) (CPT code 81528)</td>
</tr>
<tr>
<td>High blood pressure screening for adults outside the clinical setting</td>
<td>Added ambulatory blood pressure monitoring and home blood pressure monitoring* (CPT codes 93784, 93786, 93788, 93790, A4660,* A4663,* and A4670*)</td>
</tr>
<tr>
<td>Iron deficiency anemia screening for pregnant women</td>
<td>Removed maternity diagnosis from coverage (effective January 1, 2017 due to change from affirmative to non-affirmative U.S. Preventive Services Task Force [USPSTF] recommendation)</td>
</tr>
<tr>
<td>Intrauterine device (IUD) products</td>
<td>Added Kyleena™ IUD</td>
</tr>
<tr>
<td>Routine immunizations</td>
<td>Added influenza vaccine codes (CPT codes 90674, 90653, and 90682), removed FluMist® codes (CPT codes 90660 and 90672) due to change in ACIP recommendation</td>
</tr>
<tr>
<td>Vision screening</td>
<td>Changed from “through 18 years” to “through 15 years”</td>
</tr>
<tr>
<td>General code updates</td>
<td>Removed deleted codes and added replacement codes for abdominal aortic aneurysm, breast cancer screening, health risk assessment, fall prevention, smoking and tobacco use cessation, and routine immunizations</td>
</tr>
</tbody>
</table>

* Requires a prescription, and must be ordered through CareCentrix, Cigna’s national ancillary durable medical equipment provider, to be eligible for preventive coverage.
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, as well as our medical coverage policies and precertification requirements.

As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards. The table below lists updates to our coverage policies.

### Planned medical policy updates

<table>
<thead>
<tr>
<th>POLICY NAME</th>
<th>DESCRIPTION OF SERVICE</th>
<th>UPDATE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening and Surveillance</td>
<td>Cologuard is a stool-based DNA test used as a method for colon cancer screening</td>
<td>In June 2016, the United States Preventive Service Task Force (USPSTF) recommended that Cologuard be covered as a method for colon cancer screening. Consistent with this recommendation, we will update these two coverage policies to cover Cologuard as a preventive screening test.</td>
<td>June 1, 2016 for services provided on or after this date</td>
</tr>
<tr>
<td>Preventive Care Services administration policy</td>
<td></td>
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</tr>
</tbody>
</table>

### Reimbursement update: Excessive Unit J Codes

Claims submitted on outpatient uniform billing (UB) claim forms should include the correct Healthcare Common Procedure Coding System (HCPCS) units to bill for injectable drugs, as recommended by the Centers for Medicare & Medicaid Services (CMS) Claims Processing Manual. Claims that are submitted using dosage units instead will be corrected to be reimbursed based on HCPCS units. This update for Excessive Unit J Codes is effective for claims processed on or after March 17, 2017.

### Additional information

including an outline of monthly coverage policy changes and a full listing of medical coverage policies, is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies).

If you are not registered for this website, go to CignaforHCP.com and click Register Now. If you do not have Internet access, and would like additional information, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

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

You’re invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Learn how to navigate the site and perform time-saving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you’ll learn about can assist you and your patients with Cigna coverage.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DATE</th>
<th>TIME (PT / MT / CT / ET)</th>
<th>LENGTH</th>
<th>MEETING NUMBER</th>
</tr>
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<tbody>
<tr>
<td>CignaforHCP.com Overview</td>
<td>Wednesday, February 8, 2017</td>
<td>11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM</td>
<td>90 min</td>
<td>713 850 481</td>
</tr>
<tr>
<td>Eligibility &amp; Benefits / Cigna Cost of Care Estimator</td>
<td>Thursday, February 16, 2017</td>
<td>11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM</td>
<td>45 min</td>
<td>716 468 335</td>
</tr>
<tr>
<td>EFT Enrollment, Online Remittance, and Claim Status Inquiry</td>
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<td>90 min</td>
<td>715 418 991</td>
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<tr>
<td>Online Precertification</td>
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<tr>
<td>CignaforHCP.com Overview</td>
<td>Wednesday, March 8, 2017</td>
<td>12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM</td>
<td>90 min</td>
<td>715 168 471</td>
</tr>
<tr>
<td>Eligibility &amp; Benefits / Cigna Cost of Care Estimator</td>
<td>Thursday, March 16, 2017</td>
<td>8:00 AM / 9:00 AM / 10:00 AM / 11:00 AM</td>
<td>45 min</td>
<td>719 591 786</td>
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<tr>
<td>EFT Enrollment, Online Remittance, and Claim Status Inquiry</td>
<td>Wednesday, March 22, 2017</td>
<td>10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM</td>
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<td>713 791 919</td>
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<tr>
<td>Online Precertification</td>
<td>Monday, March 27, 2017</td>
<td>10:30AM / 11:30 AM / 12:30 PM / 1:30 PM</td>
<td>45 min</td>
<td>716 013 983</td>
</tr>
</tbody>
</table>

Preregistration is required for each webinar
2. Enter the meeting number.
3. Enter the session password 123456. (This is the password for each webinar.)
4. Click Registration.
5. You’ll receive a confirmation email with meeting details.

To join the audio portion of the webinar
Call 1.888.Cigna.60 (244.6260) and enter passcode 684113# when prompted.

Questions?
Contact: Cigna_Provider_eService@Cigna.com
In January 2017, electronic funds transfer (EFT) became Cigna’s required standard method for providers to receive reimbursements. Participating health care providers and facilities must enroll in EFT. The requirements are outlined in the Provider Reference Guide.

What is EFT?
This is a secure, automated payment method that deposits your reimbursements directly into your bank account. A few of the benefits of receiving payments by EFT are listed below.

- It’s a proven method for securely receiving payments.
- It eliminates the delays associated with paper check mail delivery and handling.
- You’ll have access to the funds on the same day as the deposit, improving cash flow.

Enrolling for EFT is easy
If you’re already enrolled for Cigna EFT payments, you’re all set – there’s nothing more you need to do. Otherwise, you must enroll by going to one of the websites below.

- Cigna for Health Care Professionals website (CignaforHCP.com) > Working with Cigna > Enroll in Electronic Funds Transfer (EFT).
- Council for Affordable Quality Healthcare® (CAQH). Enroll in EFT and manage EFT accounts with multiple payers, including Cigna, using the CAQH Solutions EnrollHub® at Solutions.CAQH.org.

Electronic remittance advice: Separate enrollment
When used together, EFT and electronic remittance advices (ERAs) can help eliminate claims payment paperwork and improve your cash flow. To enroll in ERA with Cigna, contact your clearinghouse or electronic data interchange (EDI) vendor.

For more information about managing your EFT enrollment or accessing your remittance reports, go to CignaforHCP.com > Learn About Electronic Solutions > Electronic Payment and Remittance Reports.

Soon, a faster option will be available for you to submit supporting documentation we request to process and pay a pended claim. Instead of mailing or faxing the information, you’ll be able to upload it and send it through a new enhancement on the Cigna for Health Care Professionals website (CignaforHCP.com). When you use this feature, we’ll be able to process and pay your claims more quickly.

How to use the new feature
If you’re a registered user of CignaforHCP.com, you’ll be able to start using the feature as soon as it becomes available. To register for the website, go to CignaforHCP.com > Register Now.

We’ll be offering webinars on how to send attachments for pended claims electronically once the enhancement is available on the website. Look for more news soon.

Want to receive payments more quickly?
In addition to submitting attachments for pended claims electronically, we encourage providers to send their initial claims and attachments electronically – via the American National Standards Institute (ANSI) 837 Electronic Claims Submission transaction and the ANSI 275 Electronic Claim Attachments transaction – as well as enroll in electronic funds transfer (EFT).* This can help prevent claim adjudication delays associated with mailing or faxing claims, and provide more immediate access to reimbursements.

More information coming soon
Additional details will be available about the enhancement in the April 2017 issue of Network News.

* Enrollment in EFT is required starting January 1, 2017.
HEALTH EQUITY PODCASTS

To promote thought leadership, a health equity podcast series is now available on Cigna.com. The podcasts are designed to provide insights into nontraditional methods that are being used to reduce health disparities in some underserved communities.

You can access all of the podcasts by going to Cigna.com > Health & Wellness > Audio Library. Scroll to the Health Equity section, and click the podcast title.

<table>
<thead>
<tr>
<th>PODCAST TITLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Creative Approach to Cancer Screening</td>
<td>Dr. Stephen B. Thomas shares how the University of Maryland and the Cigna Foundation collaborated to promote cancer screenings in an underserved African American community through outreach to patrons in local barber shops and beauty shops.</td>
</tr>
<tr>
<td>Plants as Medicine</td>
<td>Ina Vandebroek, PhD, shares insights about some of the cultural beliefs for specific illnesses and herbal therapies that are recognized in Latino and Caribbean communities, but may be less familiar in mainstream medicine.</td>
</tr>
<tr>
<td>Diabetes in South Asians</td>
<td>Dr. Saligram identifies opportunities for providers and allied health professionals to reduce health disparities and provide culturally competent care to South Asians with diabetes.</td>
</tr>
</tbody>
</table>

RISK ADJUSTMENT FOR CIGNA INDIVIDUAL & FAMILY PLANS

We participate in the risk-adjustment program, which was established through the Patient Protection and Affordable Care Act (PPACA), for Cigna Individual & Family Plans such as Cigna Connect. The program is designed to assist with the cost of caring for individuals with complex conditions who purchase plans on- or off-Marketplace. It is managed by the Centers for Medicare & Medicaid Services (CMS).

**Complete documentation of patient visits needed**

Providers play an integral role in helping us submit accurate information in compliance with the program guidelines. Please remember to provide accurate, specific, and complete documentation of face-to-face patient visits to substantiate your diagnoses. This will help to ensure the medical coding and risk-adjustment data are accurate.

Please include:

- Specific and complete diagnoses. Include all conditions evaluated and treated on the visit date.
- Electronic medical record signature with credentials, as well as the time and date, or a legible handwritten signature and printed name with your credentials.
- Patient identifiers and date of service on each page of the visit record.

**Diagnoses on claims and in the documentation should match**

Please submit claims in a timely manner, and be sure to:

- Check that diagnoses on the claims mirror the diagnoses noted in the documentation for the visit.
- Include all active diagnoses on the claim.
- Submit claims within four to six weeks of the face-to-face visit.

**CMS audits**

Individual & Family Plans purchased on- and off-Marketplace are subject to yearly data audits by the CMS. This means that if one or more of your patients is selected for an audit, you will receive a request for their medical records for a specific date of service. The request will come from a retrieval company or directly from a Cigna representative. Since the timeline for submission is compressed, we greatly appreciate your quick turnaround of these audit records.

**Questions?**

If you have questions, please send an email to CignaHCPEducation@Cigna.com.
REMINDER: PRIOR AUTHORIZATION NOT REQUIRED FOR NORMAL BIRTH DELIVERIES

Consistent with federal requirements, we provide coverage for inpatient care for a mother and her newborn for 48 hours following a normal vaginal delivery, and 96 hours following a Cesarean section (C-section). For this reason, we do not require prior authorization for most deliveries. In addition, we automatically allow coverage for an additional 24 hours to cover labor for both vaginal and C-section deliveries.

When medical necessity review is required

Inpatient stays that exceed 72 hours for a vaginal delivery, or 120 hours for a C-section, require medical necessity review to approve coverage. You can find information about medical necessity review requirements by logging in to the Cigna for Health Care Professionals website, CignaforHCP.com Resources > Reimbursement and Payment Policies > Medical Necessity Review. You can also call Cigna Customer Service at 1.800.88Cigna (882.4462).

HEDIS DATA COLLECTION IS RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®), a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide to their customers. The National Committee for Quality Assurance (NCQA), employers, and health plans have developed HEDIS as an industry-wide method to help compare and assess a health plan’s performance in a variety of areas.

What you need to know

› Our initial requests for medical record reviews are mailed to providers’ offices in February each year.
› The mailing includes a list of patients and a detailed description of what is needed from each patient’s medical record. The patients identified on each list are chosen through a random selection process.
› The HEDIS medical record review is time sensitive. Please return the requested documentation within the time frame noted on the letter of request. We appreciate your timely response.
› If you have a secure electronic medical record (EMR) system, and will allow us access through our secure network, you can complete HEDIS requests remotely. This is a more efficient process that can help minimize any disruption to your office. You can also securely fax the requested documentation to us, or arrange to upload the records to our Secure File Transfer Protocol (SFTP) site.
› All personal health information (PHI) is kept confidential, and only shared to the extent permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan’s level.
› HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.
› Under your Cigna provider agreement, you are required to cooperate with the HEDIS data collection process.

Shared administration

We provide health benefit services to individuals covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. Please be aware that FEHB plans within the shared administration product collect their own HEDIS data each year. These plans include:

› American Postal Workers Union (APWU)
› National Association of Letter Carriers (NALC)
› SAMBA Federal Employee Benefit Association

Therefore, if you have patients who have coverage through a FEHB plan, you may receive separate HEDIS requests directly from the administrators of those plans. Please follow their instructions to submit any required medical records.

Additional information

For more information on HEDIS, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Explore Medical Resources > Commitment to Quality > Quality > Healthcare Effectiveness Data and Information Set Record Collection). You may also visit the NCQA website (NCQA.org) for more information on HEDIS.
CIGNA ONE GUIDE – AN INNOVATIVE NEW CUSTOMER SERVICE MODEL

On January 1, 2017, we began offering a new, innovative customer service benefit – Cigna One Guide® – to more than one million Cigna customers.

Here’s how it works. During preenrollment, we assign a Cigna One Guide representative as a dedicated resource to each customer who has this benefit. The representative provides support that continues through and after enrollment, with the goal of helping the customer make educated health care decisions that allow them to save money, optimize benefits, and stay healthy.

**Cigna One Guide helps customers:**

› Make better informed enrollment decisions
› Learn the basics of their coverage
› Find the right hospitals, dentists, and other providers in their network
› Get cost estimates
› Resolve health care issues
› Understand their bills
› Navigate the health care system
› Stay motivated to be on top of their health, by sending personal reminders to them
› Enroll in wellness programs that may be beneficial to their health and well-being

**Cigna One Guide helps providers by:**

› Educating their patients about their benefit plan and bills, and answering general health care system questions
› Allowing them to spend less time educating their patients about their complex insurance plans and more time providing care
› Better informing their patients so they are more prepared to discuss health issues with their provider
› Helping them be better connected with Cigna, as a Cigna One Guide representative may contact a provider to discuss the insurance plan for, or the health of, one of their patients

For more information about Cigna One Guide, please read our press release.
PRETERM BIRTH PREVENTION: 17A-HYDROXYPROGESTERONE CAPROATE INJECTION THERAPY

In 2015, the preterm birth rate in the United States increased for the first time since 2007 to 9.26%—up slightly from the 2014 rate of 9.57%. This is according to primary data from the National Center for Health Statistics (NCHS), the nation’s principal health statistics agency for providing data to identify and address health issues.*

While there are likely many reasons for the increase in preterm births, a 2003 study by Paul J. Meis, MD** showed that use of 17 alpha-hydroxyprogesterone (17a-hydroxyprogesterone) caproate injection therapy may be a key factor in significantly reducing them. Yet, even though the New England Journal of Medicine published these findings 13 years ago, many candidates for this therapy still go untreated.

Who should receive this therapy?

We encourage all of our pregnant customers with a singleton gestation, who previously experienced a spontaneous preterm singleton birth (between 20 and 36 weeks, six days gestation), to consider receiving 17a-hydroxyprogesterone caproate injection therapy.***

How to request the therapy for your patient

In a few easy steps, you can notify us of a candidate for the therapy, and we can process the prior authorization from there. If approved for coverage, we can arrange for delivery of the medication from Cigna Home Delivery Pharmacy and, at your request, can even set up home health visits for the weekly injections. There are several ways to request 17a-hydroxyprogesterone caproate injections:

- Call us 1.800.244.6224.
- Fax the 17 Alpha Hydroxyprogesterone prior authorization form at 1.855.840.1678. (The form is located on the Cigna for Health Care Professionals website [CignaforHCP.com] > Find a form > Pharmacy Forms > Pharmacy Prior Authorization Forms > Makena.)

Intramuscular injections of 250 mg doses should start between 16 and 20 weeks gestation, and continue through 36 weeks completed weeks gestation.

In addition, high-risk maternity case managers are available to assist you and your patients. You can contact them by emailing HealthyPregnanciesHealthyBabies@Cigna.com.

FOCUS ON WOMEN’S HEALTH: CORONARY ARTERY DISEASE

Coronary artery disease (CAD) is the leading cause of death in the United States. Surprisingly, more women than men die from it. In fact, more women die from CAD than any form of cancer, chronic lower respiratory disease, Alzheimer’s disease, and accidents combined. CAD significantly affects women, much like breast or uterine cancer.

The issue: Women most at risk often underestimate the threat of CAD

The rate of death attributable to CAD is increasing in young women (age 55 and younger), even though the overall rate of CAD decreased 30% from 1998 to 2008. Similarly, while the awareness rate of CAD as the leading cause of death in the general population nearly doubled (56% versus 30%) between 1997 and 2012, the awareness rate among African American and Hispanic women was much lower (36% and 34%, respectively).

These statistics indicate that women who are at the highest risk for CAD may underestimate the threat it poses to their health. For example, smoking is a major risk factor. Yet in 2013, the smoking rate was 22% for American Indian and Alaska Native women, 17.8% for white women, and 7% for Hispanic women.

The recommendation: Statin treatment

Recent research reveals that the presentation and symptoms of CAD vary between women and men. As a result, the optimal treatment for each gender may not be the same. However, statins can play a vital role in improving health outcomes for women. This is also supported by standard medical guidelines, which promote the use of statins by both men and women who have a heart event or a stroke, or have multiple risk factors for heart disease or diabetes.

The action: Talk to patients

Providers are encouraged to speak with their female patients, especially those with CAD, about the condition and the risk it poses to their health. Checklists, reminders, risk calculators, and posters in waiting rooms can promote conversations and raise awareness. Most important, by following prescribed treatment plans – including lipid-lowering therapy and lifestyle changes in diet and exercise – women can reduce their risk and improve their overall health.

Additional information

ACC/AHA clinical guidelines. In 2013, the American College of Cardiology (ACC) and the American Heart Association (AHA) issued clinical practice guidelines to help identify adults who may be at high risk for developing CAD. You can download a PDF of the 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk at Circ.AHAjournals.org.

ASCVD® Risk Estimator. This is a mobile app that can calculate a patient’s 10-year potential risk of heart disease or stroke. It includes readily accessible guidelines for both providers and their patients related to therapy, monitoring, and lifestyle based on risk-assessment results. The app is available for Apple and Android products, and there is also a web version. You can download the app at the ACC website, ACC.org > Tools and Practice Support > Mobile Resources > ASCVD Risk Estimator.

Cigna Chronic Condition Management programs. These programs can help your patients address multiple conditions based on their personal preferences, including CAD. To learn more, visit the Cigna for Health Care Professionals website, CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs > Chronic Condition Management.

1. CDC.gov – Heart Disease Facts, American Heart Association – 2015 Heart Disease and Stroke Update, compiled by AHA, Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and other governmental sources.
STRATEGIC ALLIANCES EXPAND NATIONAL ACCESS TO CARE

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

What you need to know about our strategic alliances

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

Additional information

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

If you need additional information, or have any questions about our strategic alliances, call Cigna customer service at 1.800.88Cigna (882.4462).
On January 1, 2017, more health care providers and facilities will start to see patients who have Cigna-administered coverage through a Cigna Connect Individual & Family Plan (IFP). These plans were first introduced in January 2016 to certain markets within Arizona, Colorado, Missouri, Tennessee, and Texas. In January 2017, they became available in additional markets within Illinois, Missouri, North Carolina, Tennessee, and Virginia.

**About the Cigna Connect IFP plan**

This is a cost-effective option for individuals in selected areas to access quality health care on- and off-Marketplace, or both, depending on the geographic region. It features a market-specific network composed of a limited network of local participating physicians, hospitals, and specialists.

Enrolled plan customers’ care can only be covered at the in-network benefit level when they receive treatment from health care providers and facilities that participate in the Connect Network, including primary care providers (PCPs) and specialists. There are no out-of-network benefits – except in case of an emergency.

**Referrals**

In most markets,* participating PCPs are responsible for making referrals to Connect Network-participating physicians, hospitals, specialists, and other providers. Participating specialists are responsible for confirming referrals, either by relying on a PCP’s written referral that a customer presents to the office, or by calling Cigna customer service. When calling about a referral, they should choose the prompt for “specialist referral.”

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<thead>
<tr>
<th>MARKET</th>
<th>ON- OR OFF-MARKETPLACE</th>
<th>NETWORK NAME</th>
<th>PCP REQUIRED?</th>
<th>REFERRAL REQUIRED?</th>
<th>AWAY FROM HOME CARE?</th>
<th>OUT-OF-NETWORK BENEFITS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona – Phoenix</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Colorado – Denver-Metro and Boulder</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Illinois – Chicago</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Missouri – Kansas City, St. Louis</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>No, encouraged</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>North Carolina – Raleigh</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Tennessee – Memphis</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tennessee – Nashville and Tri-Cities</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Texas – Houston</td>
<td>Off Only</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Virginia – Northern and Richmond</td>
<td>On and Off</td>
<td>Connect Network</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*In the Missouri and Memphis, Tennessee markets, PCPs are not required to make referrals. We strongly encourage it though, as services provided by health care providers who do not participate in the Connect Network are generally not covered (except in the case of an emergency) and will need to be paid by the customer.

Questions?

If you are a health care provider or facility in one of the new markets where the Cigna Connect plans are offered, you should have received a communication in October 2016 notifying you of your participation status. If you were selected to participate in the Connect Network, your letter included additional details, including images of sample ID cards. For additional information, call Cigna customer service at 1.866.494.2111.
Additional 2017 Marketplace solutions

In addition to the Cigna Connect plan, Cigna continues to offer other IFP solutions both on- and off-Marketplace for 2017.

<table>
<thead>
<tr>
<th>STATE</th>
<th>ON- OR OFF- MARKETPLACE</th>
<th>NETWORK NAME</th>
<th>PLAN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona - statewide</td>
<td>Off</td>
<td>Open Access Plus</td>
<td>Cigna Access</td>
</tr>
<tr>
<td>California - Northern and Southern, San Diego</td>
<td>Off</td>
<td>LocalPlus*</td>
<td>Cigna LocalPlus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LocalPlusIN</td>
<td>Cigna LocalPlusIN</td>
</tr>
<tr>
<td>Colorado - Denver metro</td>
<td>On and Off</td>
<td>LocalPlus</td>
<td>Cigna Vantage*</td>
</tr>
<tr>
<td>Connecticut - statewide</td>
<td>Off</td>
<td>Open Access Plus</td>
<td>Cigna Open Access Plus</td>
</tr>
<tr>
<td>Florida - Southern, Orlando, Tampa</td>
<td>Off</td>
<td>LocalPlusIN</td>
<td>Cigna LocalPlusIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LocalPlus</td>
<td>Cigna LocalPlus</td>
</tr>
<tr>
<td>Georgia - Atlanta, Macon, Rome</td>
<td>Off</td>
<td>LocalPlus</td>
<td>Cigna LocalPlus</td>
</tr>
<tr>
<td>Maryland - statewide</td>
<td>On and Off</td>
<td>Open Access PlusIN</td>
<td>Cigna AccessIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open Access Plus</td>
<td>Cigna Access</td>
</tr>
<tr>
<td>North Carolina - statewide</td>
<td>Off</td>
<td>Open Access Plus</td>
<td>Cigna Access</td>
</tr>
<tr>
<td>South Carolina - statewide</td>
<td>Off</td>
<td>Open Access Plus</td>
<td>Cigna Access</td>
</tr>
<tr>
<td>Tennessee - Memphis</td>
<td>Off</td>
<td>LocalPlus</td>
<td>Cigna LocalPlus</td>
</tr>
<tr>
<td>Texas - Dallas</td>
<td>Off</td>
<td>Focus</td>
<td>Cigna FocusIN</td>
</tr>
<tr>
<td>Texas - Dallas, Austin</td>
<td>Off</td>
<td>LocalPlus</td>
<td>Cigna LocalPlusIN</td>
</tr>
<tr>
<td>Texas - Houston</td>
<td>Off</td>
<td>LocalPlus</td>
<td>Cigna LocalPlusIN</td>
</tr>
</tbody>
</table>

If you have any questions about the plans we offer on- and off-Marketplace, call Cigna customer service at 1.866.494.2111, or visit the Healthcare.gov website.
On February 20, 2017, we will implement an integrated oncology management program in partnership with eviCore healthcare (eviCore), a national ancillary provider. Through this program, you will be able to submit a single precertification request for covered medical and pharmacy medications for a planned course of treatment. The goal is to help you provide patients who have Cigna-administered coverage with a streamlined, integrated approach to a coordinated, medically appropriate course of cancer treatment.

What this means to you

Beginning February 20, 2017, you must request precertification for certain medical oncology medications through eviCore instead of Cigna.* This includes primary chemotherapy and supportive drugs (e.g., medical injectibles and infusions). eviCore will review your patient’s entire treatment plan for coverage – rather than each medication individually – consistent with National Comprehensive Cancer Network® (NCCN) practice guidelines in oncology and our medical oncology coverage policies. Effective July 1, 2017, we will expand the program to include precertifications of oral chemotherapy medications using the same NCCN guidelines.

Please note that your patients who are undergoing active, approved treatments on and after February 20, 2017 may continue to receive coverage for their existing precertified medical and pharmacy medications.

Resources to support you

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>DESCRIPTION</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online precertifications: eviCore website</td>
<td>The preferred and most efficient way to submit precertification requests</td>
<td>eviCore.com &gt; Login: Providers (user ID and password required)</td>
</tr>
<tr>
<td>Cigna medical oncology resources</td>
<td>List of medical oncology medications requiring precertification, program information, and a Quick Reference Guide</td>
<td>eviCore.com/Cigna/Pages/MedicalOncology.aspx</td>
</tr>
<tr>
<td>NCCN guidelines for oncology</td>
<td>NCCN guidelines for oncology</td>
<td>NCCN.org &gt; NCCN Guidelines</td>
</tr>
<tr>
<td>Coverage guidelines: Additional information</td>
<td>Additional information about our coverage guidelines</td>
<td>eviCore.com &gt; Resources &gt; Providers</td>
</tr>
</tbody>
</table>

Online orientation sessions

eviCore is currently offering online orientation sessions to help providers and their staff learn more about our integrated oncology management program. The sessions include detailed information about the precertification process, how to access information from the website, and time for questions and answers. For session dates, and instructions on how to register, go to eviCore.com.

* Note: This program applies to commercial business only.
During the next 18 months, several biosimilars will be edging towards market launch. The timing of their release will depend on numerous factors, including U.S. Food and Drug Administration (FDA) approvals, waiting periods, and potential challenges.

**What is a biosimilar?**

A biosimilar is highly similar to another, already FDA-approved biologic (known as the reference product), and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products. Unlike “generic” versions of traditional drugs, biosimilars are not developed in a lab using traditional chemistry.

**Why biosimilars are important**

It’s anticipated that biosimilars will help make specialty drugs more affordable in the coming years. It’s important to note, though, that due to multiple market factors, their effect will likely accrue slowly as new biosimilars are launched.

**Challenges in getting biosimilars to market**

Before a biosimilar becomes available on the market, there are three important milestones it must pass, as noted in the chart below.

<table>
<thead>
<tr>
<th>MILESTONE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FDA: 351(k) pathway review* and approval</td>
<td>Approval indicates that there are no clinically meaningful differences in terms of safety and effectiveness between the biosimilar and the reference product.</td>
</tr>
<tr>
<td>2. 180-day period following FDA approval</td>
<td>There is a 180-day delay between approval and the earliest launch date (per FDA biosimilar regulations).</td>
</tr>
<tr>
<td>3. Patent-related or other legal challenges</td>
<td>Challenges by the reference brand manufacturer may delay a biosimilar’s launch for months or years after its approval.</td>
</tr>
</tbody>
</table>

**FDA approval status and market availability of biosimilars**

Considering the influence of these factors, it’s important to understand that the timing of each biosimilar’s market launch will never coincide with the timing of the FDA’s approval of that biosimilar. The chart below illustrates where some biosimilars are in terms of FDA approval and availability on the market.

<p>| FDA APPROVED AND AVAILABLE ON THE MARKET |
|-------------------------------------------|------------------------------------------|</p>
<table>
<thead>
<tr>
<th>BIOSIMILAR NAME</th>
<th>REFERENCE DRUG</th>
<th>USES</th>
<th>BENEFIT COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zarxio</td>
<td>Neupogen**</td>
<td>Increase white blood cells during cancer treatment</td>
<td>Medical***</td>
</tr>
<tr>
<td>Inflectra</td>
<td>Remicade**</td>
<td>Rheumatoid arthritis, plaque psoriasis, inflammatory bowel disease</td>
<td>Medical***</td>
</tr>
</tbody>
</table>

<p>| FDA APPROVED AND NOT YET AVAILABLE ON THE MARKET |
|-------------------------------------------|------------------------------------------|</p>
<table>
<thead>
<tr>
<th>BIOSIMILAR NAME</th>
<th>REFERENCE DRUG</th>
<th>USES</th>
<th>BENEFIT COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amjevita</td>
<td>Humira</td>
<td>Rheumatoid arthritis, plaque psoriasis, inflammatory bowel disease</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Erelzi</td>
<td>Enbrel</td>
<td>Rheumatoid arthritis, plaque psoriasis, inflammatory bowel disease</td>
<td>Pharmacy</td>
</tr>
</tbody>
</table>

<p>| Aawaiting FDA APPROVAL |
|------------------------|------------------------------------------|</p>
<table>
<thead>
<tr>
<th>BIOSIMILAR NAME</th>
<th>USES</th>
<th>BENEFIT COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pegylated filgrastim biosimilar</td>
<td>Increase white blood cells during cancer treatment</td>
<td>Medical***</td>
</tr>
<tr>
<td>Retacrit</td>
<td>Epogen/Procrit</td>
<td>Treatment of anemia in individuals with advanced kidney disease or during cancer treatment</td>
</tr>
</tbody>
</table>

* 351(k) refers to the applicable section of the Biologics Price Competition and Innovation Act of 2009.
* There are additional manufacturer’s versions of biosimilars for Remicade and Neupogen awaiting FDA approval.
* These drugs may also be covered under the pharmacy benefit. However, the majority of use occurs under the medical benefit.
Additional biosimilars information and updates

Zarxio (biosimilar for Neupogen)
› Zarxio, Neupogen, and Granix are primarily covered under the medical benefit.
› Currently, these three products do not require prior authorization.
› Granix is a branded version that is considered equivalent to Neupogen for like indications. (It was approved in 2012, before the FDA established the pathway for approval of a biosimilar.)
› Effective January 1, 2017, Neupogen will require prior authorization for customers with the Personal Health Solutions Plus (PHS+) medical management program. They must use Zarxio or Granix unless it is medically necessary to use Neupogen.
› Zarxio and Granix do not require prior authorization.

Inflectra (biosimilar for Remicade)
› Inflectra became available on the market on November 21, 2016.
› Janssen, the manufacturer of Remicade, maintains that a Remicade patent prohibits a biosimilar from launching until 2018. Pfizer disputes the validity of this patent and may choose to launch Inflectra before the patent dispute is resolved.
› We are monitoring these developments closely, and will provide coverage details related to Inflectra and Remicade in the future.

Amjevita (biosimilar for Humira)
› Its market launch timing is dependent on a patent office decision, appeals court ruling, or the biosimilar manufacturer’s business decision.
› The earliest Amjevita is anticipated to become available on the market is the fourth quarter 2017.

Erelzi (biosimilar for Enbrel)
› Its market launch timing is dependent on a patent office decision, appeals court ruling, or the biosimilar manufacturer’s business decision.
› The earliest Erelzi is anticipated to become available on the market is the fourth quarter 2018.

Biosimilars waiting for FDA approval
› Applications for approval of new biosimilars for Neulasta and EpoGen/Procrit are currently being processed by the FDA.
› Additional biosimilar versions of Remicade and Neupogen are also awaiting FDA approval.

Cigna’s strategies to maximize the affordability opportunity of biosimilars
As a fully connected health service company, Cigna is able to approach biosimilars in an integrated manner across both pharmacy and medical benefits. The key strategies we are considering include:
› Coverage policy review. The Pharmacy and Therapeutics Committee will establish guidance for therapeutic interchange of biosimilars.
› Utilization management. We will conduct a robust utilization management review to ensure safety and appropriateness of biosimilars, including appropriate dosage, frequency, length of treatment, and site of care.
› Benefit design. We will develop plan language and cost-share strategies that maximize the use of biosimilars.
› Network management (medical and pharmacy). We will develop fee schedules that align reimbursement incentives for biosimilars.
› Customer and provider engagement. We will engage customers and providers to inform them about biosimilar opportunities and adherence.
› Leverage the provider relationship. We will align volume-to-value and collaborative care initiatives with quality and outcomes.
› Pharmaceutical manufacturing contracting. We will negotiate pharmaceutical manufacturer agreements.
CIGNA PHYSICIAN COLLABORATION PROGRAM IN WYOMING

On January 1, 2017, Cigna began a physician collaboration program for State of Wyoming employees and their dependents enrolled in a Cigna medical plan. The program offers qualified providers the opportunity to earn additional reimbursement when they work collaboratively with us to improve the quality of care for these customers.

Who can participate?
Providers who currently take part in the State of Wyoming Patient Centered Medical Home (PCMH) program are qualified to participate in Cigna’s program.

How the program works
To qualify for additional reimbursement, participating providers need to follow the Cigna program guidelines, which are similar to those for the PCMH program. Cigna has a dedicated care coordinator nurse, who will work with providers to develop transition-of-care and care coordination plans for their patients who are State of Wyoming employees with Cigna coverage. We will also share relevant patient information with providers, and work closely with clinical staff, to support efforts to improve the health of these patients.

When providers collaborate and engage with us, they will have the opportunity to earn an additional reimbursement for their time, which we will make through a claim payment.

If your practice takes part in the State of Wyoming PCMH program, and has not yet enrolled in Cigna’s program, contact Andrea Bluel at 1.307.274.9106 for more information.

TEXAS: DISCLOSURE FORM MUST BE COMPLETED FOR OUT-OF-NETWORK REFERRALS

When your patients with Cigna-administered coverage need a referral, they usually expect that you’ll refer them to a provider that participates in the Cigna network to minimize their costs. As a reminder, whenever you refer them to non-participating providers – including ambulatory surgical centers, dialysis facilities, and freestanding laboratories – you must complete a Cigna Out-of-Network Disclosure Form.

Why is the form required?
The form provides Cigna customers the information needed to make an informed decision regarding the use of participating or non-participating health care providers or facilities, such as:
› The potential financial affect of their choices
› In-network alternatives
› The referring physician’s financial interest, if a non-participating health care provider is chosen

In addition, when customers with Cigna-administered plans obtain services from a non-participating provider, they will be responsible for the out-of-network charges consistent with their benefit plan, which may be significant.

Where to find participating providers
You can find a complete list of network-participating health care providers, facilities, and other health care entities at Cigna.com > Find a Doctor and CignaforHCP.com > Search the health care professional directory.

How to access and use the form
You can access the Cigna Out-of-Network Disclosure Form by going to the Cigna for Health Care Professionals website (CignaforHCP.com) > Find a Form > Medical Forms > Cigna Out-of-Network Disclosure Form.

Complete the form whenever you are making a referral to a provider that does not participate in the Cigna network (you cannot delegate this task). Sign the form and ask your patient to sign it. Then, provide them with a copy, and file the original in their medical file.

Please note that use of this form is an administrative requirement that is subject to periodic audits to ensure compliance.

Emergencies. It is not necessary to complete the form in emergency situations, or if we determine there are no alternative Cigna-participating health care providers that can render the requested covered services.

Additional information
We derive the criteria for out-of-network referral policies from published materials that are supported by nationally recognized agencies, such as the American College of Medical Quality (ACMQ). For more information about the ACMQ, visit ACMQ.org.
CIGNA FOUNDATION GRANT HELPS FUND ASTHMA PROGRAM IN SOUTH DALLAS

Underserved and uninsured people living in South Dallas can now obtain quality, cost-effective asthma care through the Los Barrios Promotora de Salud (Promotora) program that recently became locally available. Thanks to a $97,000 grant from the Cigna Foundation, the Los Barrios Unidos Community Clinic began offering this program at its newest location in the South Oak Cliff section of South Dallas, which opened in November 2016.

The grant – which was made as part of the Foundation’s focus on supporting nonprofit organizations that guide at-risk individuals through the complex health care and social services systems – funds a community health worker and nursing staff.

About the Promotora asthma program

This program is run by community health workers whose duties include:

› Advocating for clients with health care providers and resource agencies
› Making appropriate referrals
› Following up on referrals
› Assisting with individual and shared medical appointments
› Providing health education classes
› Assisting with health fairs
› Networking with community schools and organizations.

In its first year of operation (September 2015 to September 2016), the program engaged 200 patients diagnosed with persistent asthma, as well as their families. The effect of the program in the communities it serves has been significant, as illustrated by data obtained from the local Parkland Health & Hospital System. It shows that emergency room use for asthma decreased by 27% since the Los Barrios Unidos Community Clinic community health workers became involved.

Community health workers can be miracle workers

LaMonte Thomas, Cigna President and General Manager for North Texas and Oklahoma, cut the ribbon at the grand opening of the clinic’s South Oak Cliff location in November. He stated, “Helping to build healthy communities is an important part of Cigna’s mission, so we’re pleased to support Los Barrios and the excellent work it does. The opening of this wonderful new clinic, which aligns so well with Dallas Mayor Mike Rawlings’ GrowSouth initiative to invest in and revitalize South Dallas, is an important step toward better health.”

David Figliuzzi, Executive Director of the Cigna Foundation added, “We know from our experience that community health workers can be miracle workers in a community, bringing much needed support to people who find it challenging to navigate through the complex medical and social service systems. We’re excited to see the Promotora program expanding, and to be part of that growth.”

For more information on the Los Barrios clinic, watch this video.

About the Los Barrios Unidos Community Clinic (LBUCC)

LBUCC is one of two federally funded community health centers in the Dallas County area designed to provide comprehensive primary care services that prevent illness and promote health. No one is turned away for the inability to pay. Patients benefiting from LBUCC’s services may pay on a sliding fee scale based on federal poverty level guidelines that are updated every year. Community health centers have been in existence for more than fifty years, reducing hospitalization by over 200%, and reducing the pressure on hospital emergency rooms in countless ways. http://losbarriosunidos.org/

About the Cigna Foundation

The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. Cigna.com/Foundation
CALIFORNIA PROVIDER DIRECTORY DATA VALIDATION

Cigna customers use our provider directories as a key resource when making decisions about their health care providers. We want to be sure they have the right information to reach you.

**California Senate Bill 137**

On July 1, 2016, California Senate Bill 137 became effective for managed care and insured benefit plans. It’s intent is to help improve the accuracy of provider directories, and support future requirements that will become effective later this year for content standardization and new search criteria. It requires health plan insurers to display all contracted providers display certain fields of information, periodically validate the accuracy of the information displayed by contacting providers, and take steps to keep the directory current.

**How we will verify your information**

In February 2017, we will begin contacting you to review and confirm all the information displayed next to your name in our provider directories. This includes your office and billing address, telephone number, specialties, and if you are accepting new patients.

There is also new information now displayed next to your name in the online and printed directories that we will ask you to confirm:

- California license number(s) and type
- National Provider Identifier (NPI) number
- Office email address, if available
- Qualified medical interpreters, if any on staff
- Non-English language(s), if any, spoken by the provider

If your information is inaccurate, you can respond directly to the inquiry you receive. You can also send an email to CA_DirectoryCompliance@Cigna.com. We will make the requested changes to the directories within 30 business days of the date that we receive your request. You can find additional information on how to submit changes by email, fax, or mail on page 25 of this issue.

**Your requirement to validate your information**

As a provider in our network, you are required to validate the accuracy of the information displayed in our provider directories, and to keep this information current, under the terms of your Cigna Provider Agreement and in compliance with California Senate Bill 137. **We are required to remove providers from our directories if, after multiple attempts to reach you, we do not receive a response to validate the information.**

We appreciate your compliance with the new law.
Cigna Market Medical Executives (MMEs) are an important part of our relationship with providers. They provide personalized service within their local regions and help answer your health care related questions. MMEs cover specific geographic areas so they are able to understand the local community nuances in health care delivery. This allows them to provide you with a unique level of support and service.

**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 the networks.
- Identify opportunities to enroll your patients in Cigna health advocacy programs.
QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

The Quick Guide to Cigna ID Cards contains samples of the most common customer ID cards, along with detailed line-item information. You can view it using our online interactive ID tool or as a PDF.

To access the guide:

› Go to [Cigna.com](http://Cigna.com) > Health Care Professionals > Sample ID Cards, or go to the Cigna for Health Care Professionals website, [CignaforHCP.com](http://CignaforHCP.com) > View Sample ID Cards.
› You’ll see sample images of the most common ID cards.
› To view only the cards for certain plan types click “Filter Cards by Category” and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, Strategic Alliance Plans, etc. – from the categories that appear.
› Choose the image that matches your patient’s ID card; the selected sample ID card will appear.
› Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.
› Click “View the Back” to see the reverse side of the card.
› Click “About This Plan” to read more about the plan associated with this ID card.
› Click “View Another Card Type” to view a different sample ID card.
› If you prefer to view a PDF of the guide, click “View the print version of the guide.”

Other information you can access

On every screen of the ID card tool, you can click a green tab for more information about:

› The myCigna App
› More ways to access patient information when you need it
› Important contact information

USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them, but it’s also good for your relationship with Cigna, as it’s required in your contract. There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient. Of course, if there’s an emergency, use your professional discretion.

For a complete list of Cigna participating physicians and facilities, go to [Cigna.com](http://Cigna.com) > Find a Doctor > Select a Directory.

2017 CIGNA REFERENCE GUIDES AVAILABLE FEBRUARY 1*

The 2017 Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals have been updated. They contain many of our administrative guidelines and program requirements, and include information pertaining to participants with Cigna, GWH-Cigna, and “G” ID cards.

Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on Register Now. If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912 to request one.

* The 2017 regional version for Texas is planned for release by March 1, 2017.
GO GREEN – GO ELECTRONIC

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

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

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

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

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

CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it’s important to obtain a better understanding of culturally driven health care preferences. That’s why Cigna has identified and created relevant cultural competency resources specifically for providers and office staff.

Relevant tool kits, articles, and videos are just a few clicks away. Don’t forget to check out one of the most popular resources, CultureVision™. Gain insight into culturally relevant patient care for more than 60 cultural communities, or take a cultural competency self-assessment to learn more about yourself.

Visit the Cultural Competency Training and Resources page on Cigna.com to learn more. There are two ways to navigate to this page:

Cigna.com > Health Care Professionals > Resources > Cultural Competency Training and Resources OR CignaforHCP.com > Explore Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

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 options. Consider providing them with same-day appointments when it’s an urgent problem. And when your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna’s participating urgent care centers, view our Provider Directory at Cigna.com > Find a Doctor > Select a Directory.
Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our provider directory, including your office address, telephone number, and specialty. Log in to CignaforHCP.com > Working With Cigna.

If your information is not accurate or has changed, it’s important to notify us – it’s easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website (CignaforHCP.com). After you log in, select “Working With Cigna” on your dashboard, and then choose the appropriate update link under Profile Information for Cigna Contracted Health Care Physicians or Cigna Contracted Facilities and Other Health Care Providers. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com
Fax: 1.877.358.4301
Mail: Two College Park Dr.
      Hooksett, NH 03106

Update your email address to continue receiving Network News and alerts

Notify us if your email address changes so that you won’t miss any important communications, such as Network News alerts, and other emails. It only takes a moment. Just log in to CignaforHCP.com > Settings & Preferences to make the updates. You can also change your phone number and password at this site.