



Network News

APRIL 2019

For providers



**New wellness
campaign
encourages
physical and
emotional health**

Page 3

**Instructional videos
demonstrate
enhancements to
CignaforHCP.com**

Page 9

**Speed up the prior
authorization
process with
electronic
prescribing**

Page 13

**Verified patient
reviews in
myCigna.com
directories
coming soon**

Page 16

Contents

	FEATURE ARTICLE	
	New wellness campaign encourages physical and emotional health	3
	POLICY UPDATES	
	Clinical, reimbursement, and administrative policy updates	4
	Precertification updates	6
	Preventive care services policy updates	8
	ELECTRONIC TOOLS	
	Instructional videos demonstrate enhancements to CignaforHCP.com	9
	Webinar schedule for digital tools	10
	CLINICAL NEWS	
	Opioid crisis update	11

	PHARMACY NEWS	
	Changes in drug formulary effective July 1, 2019	12
	Speed up the prior authorization process with electronic prescribing	13
	Continuous glucose monitors: Expanded pharmacy coverage	14
	Accredo to become preferred specialty pharmacy later this year	15
	GENERAL NEWS	
	Verified patient reviews in myCigna.com directories coming soon	16
	Food deserts in the United States	17
	REGIONAL NEWS	
	California language assistance law	18
	New Mexico language assistance law	19

	HELPFUL REMINDERS	
	Market Medical Executives contact information	21
	Use the network	22
	Quick Guide to Cigna ID Cards: Interactive digital tool	22
	2019 Cigna Reference Guides available May 15	22
	Go green – go electronic	23
	Resources to enhance interactions with culturally diverse patients	23
	Have you moved recently? Did your phone number change?	24
	Urgent care for nonemergencies	24
	Letters to the editor	24
	Access the archives	24



NEW WELLNESS CAMPAIGN ENCOURAGES PHYSICAL AND EMOTIONAL HEALTH

In January, we began a new campaign that champions a whole-person approach to health and well-being. It features three cultural icons – Queen Latifah, Nick Jonas, and Ted Danson – who encourage everyone to schedule their annual check-up, and talk openly and honestly with their health care providers about how they are feeling, both physically and emotionally.

Cigna behavioral resources for your patients

While we are committed to encouraging your patients to talk with you about their physical and emotional needs, we are equally committed to giving you the resources you need to support these discussions. We offer a wide range of dedicated behavioral health resources to share with them.



For your patients with Cigna coverage

BEHAVIORAL HEALTH RESOURCE	DESCRIPTION	HOW TO ACCESS
Cigna Behavioral Health Personal Advocate telephone line	Patients can speak with a Personal Advocate, who is available to answer questions and help locate a participating behavioral health provider 24 hours a day, seven days a week, 365 days a year.	1.800.274.7603
myCigna.com	Patients can check their behavioral health coverage and benefit information, and search the online directory for participating providers and facilities.	myCigna.com
Behavioral Telehealth	Patients can access personal, confidential, and convenient video-based services from a licensed, participating provider through Behavioral Telehealth.	myCigna.com or the phone number on the back of the patient's ID card

For all patients, with or without Cigna coverage

BEHAVIORAL HEALTH RESOURCE	DESCRIPTION	HOW TO ACCESS
Online behavioral health resources	Patients can access links to resources and webinars on a range of behavioral health topics. This includes an online Behavioral Awareness series, which provides tips to help manage challenges associated with child and adolescent behavioral disorders, autism, and eating disorders.	Cigna.com > Individuals and Families > Health and Wellness
Veteran Support Line	Through this support line, veterans can access a wide range of assistance that is available to them, their caregivers, and their families, at no cost 24 hours a day, seven days a week, 365 days a year.	1.855.244.6211

We appreciate your efforts in treating the whole person. We remain committed to providing you with the resources you need to support discussions with your patients about the mind-body connection.

“Historically, physical health issues have been treated separately from our emotional health. However, Cigna has been an early pioneer in advocating for treating the whole person, including the body and mind, as one. [And] being open with your health care provider about what you’re feeling physically and emotionally isn’t just important, it’s a necessary step to living your healthiest life.”

– Douglas Nemecek, MD
Cigna Chief Medical Officer
Behavioral Health



CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards. The table below outlines updates to our policies.

Planned policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Infusion and injection administration services	Infusion and injection administration services are considered incidental to the primary service, and are not separately reimbursable. Affected Current Procedural Terminology (CPT®) codes: 96360–96379 and 96521–96523.	We will no longer separately reimburse infusion and injection administration services billed by a facility. Note that in November 2018, we began applying this update to claims from emergency departments. We are now applying this update to all areas within a facility. This aligns with our current reimbursement policies for Facility Routine Services, Supplies and Equipment (R12) and Pharmacy and Infusion Services (R14).	May 18, 2019 for claims processed on or after this date.
Pass-through bills for laboratory services	Pass-through billing occurs when providers bill for laboratory services they have not actually performed. For example, a provider draws blood in the office setting (place of service [POS] code 11), sends it to an outside laboratory for processing, and then bills Cigna for this service.	We will deny claims for pass-through laboratory services, which are those that are submitted for reimbursement with modifier 90 in POS code 11. The processing laboratories should bill Cigna directly, and we will reimburse them according to a customer’s benefit plan.	May 18, 2019 for claims processed on or after this date.
Flow Cytometry (0537)	Flow cytometry is a laboratory test used to detect and sort normal cells from abnormal cells. It is useful for some disorders but not for others. Flow cytometry is most often used for certain cancers (such as leukemia and lymphoma), human immunodeficiency virus (HIV), primary immunodeficiency disorders, and for monitoring cells after organ transplantation. Affected CPT codes: 86355, 86356, 86357, 86359, 86360, 86361, 86367, 88182, 88184, 88185, 88187, 88188, and 88189.	We will implement a new medical coverage policy, Flow Cytometry (0537), to review tests for medical necessity.	May 20, 2019 for claims with dates of service on or after this date.
Daily routine supplies in outpatient settings	Routine supplies are included in the facility fee, and are not separately reimbursable.	We will expand our current edits to deny claims for routine supplies provided in an outpatient setting. This aligns with our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy.	July 15, 2019 for claims processed 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.

continued



Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Duplex Scan to Evaluate for Carotid Artery Stenosis (0542)	A carotid duplex scan uses ultrasound to look for blockages or narrowing in the carotid arteries. Because the carotid arteries bring blood from the heart to the brain, blocked carotid arteries are a risk factor for stroke. Affected CPT code: 93880.	We will implement a new medical coverage policy, Duplex Scan to Evaluate for Carotid Artery Stenosis (0542), to review duplex scans for carotid artery stenosis screening for medical necessity.	July 15, 2019 for claims with dates of service on or after this date.
Facility evaluation and management	Evaluation and management (E&M) codes will be denied. All other services on the claim will be reimbursed according to the terms of the customer's benefit plan and the facility's agreement.	We will update our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy, and deny claims for E&M services billed by a facility on a uniform billing (UB) claim form.	July 15, 2019 for claims processed on or after this date.
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis (0514)	Sequencing-based noninvasive prenatal testing (NIPT) is a genetic test used to assess whether a pregnant woman is at increased risk of having a fetus affected by certain genetic disorders. Affected CPT codes: 81420, 81507, and 0009M.	We will update our Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis (0514) medical coverage policy to support review for sequencing-based noninvasive prenatal testing for medical necessity.	July 15, 2019 for claims with dates of service on or after this date.
Intraoperative neurophysiological monitoring (IONM) studies	POS code 11 is an office setting. POS code 15 is used to bill for services provided in a mobile unit. IONM studies are only reimbursable when provided in the same location where the surgery is performed (e.g., an operating room setting).	We will update our Facility Routine Services, Supplies and Equipment reimbursement policy (R12), and deny claims for IONM studies and other monitoring codes when billed with POS codes 11 and 15.	July 15, 2019 for claims processed on or after this date.
Pneumatic Compression Devices and Compression Garments (0354)	Pneumatic compression devices are machines with an attached inflatable garment. The device has multiple chambers that inflate one after the other to stimulate circulation in the right direction.	We will update our Pneumatic Compression Devices and Compression Garments (0354) medical coverage policy to deny pneumatic pump claims billed with International Classification of Diseases, 10th revision (ICD-10) code I87.1 as not medically necessary. Additionally, we will deny claims billed with Healthcare Common Procedure Coding System (HCPCS) code E0676 as experimental, investigational, and unproven (EIU) for any indication in the home setting.	July 15, 2019 for claims with dates of service on or after this date.
Outpatient Code Editing	As a reminder, we use ClaimsXten®, a market-leading, rules-based software application, to help expedite and improve the accuracy of medical and behavioral claims submitted on a Centers for Medicare & Medicaid Services (CMS)-1500 claim form, and for certain claims submitted on a UB-04 claim form.	We will expand our current edits to apply outpatient code editing to additional contract types, including mixed percent off charges (POC) contract types.	July 15, 2019 for claims with dates of service on or after this date.

Coverage policy monthly updates

To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > [Review coverage policies](#).

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)**.



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.

New codes added to the precertification list on April 1, 2019

On April 1, 2019, we added six new Healthcare Common Procedure Coding System (HCPCS) codes and eight new revenue codes.

CODE	DESCRIPTION
C9040	Injection, fremanezumab-vfrm, 1 mg
C9042	Injection, bendamustine hcl (belrapzo), 1 mg
C9043	Injection, levoleucovorin, 1 mg
C9044	Injection, cemiplimab-rwlc, 1 mg
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
C9141	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi), 1 i.u.
870	Cell/gene therapy - general classification
871	Cell/gene therapy - cell collection
872	Cell/gene therapy - specialized biologic processing and storage - prior to transport
873	Cell/gene therapy - storage and processing after receipt of cells from manufacturer
874	Cell/gene therapy - infusion of modified cells
875	Cell/gene therapy - injection of modified cells
890	Pharmacy - extension of 025X and 063X - reserved (use 0250 for general classification)
891	Pharmacy - extension of 025X and 063X - special processed drugs - FDA-approved cell therapy

Existing codes added to the precertification list on April 1, 2019

On April 1, 2019, we also added 16 existing CPT codes and six existing HCPCS codes.

CODE	DESCRIPTION
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

continued



Precertification updates *continued*

CODE	DESCRIPTION
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
A6025	Gel sheet for dermal or epidermal application (e.g., silicone, hydrogel, other), each
D5960	Speech aid prosthesis; modification
D5999	Unspecified maxillofacial prosthesis, by report
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report
D8999	Unspecified orthodontic procedure, by report
D9999	Unspecified adjunctive procedure, by report



Codes removed from the precertification list on April 1, 2019

There were no codes removed from the precertification list.

To view an online list of monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) and click Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click [Register Now](#).



PREVENTIVE CARE SERVICES POLICY UPDATES

On December 1, 2018 and January 1, 2019, updates became effective for Cigna's Preventive Care Services Administrative Policy A004.

Summary: Preventive care code updates effective on December 1, 2018

DESCRIPTION	UPDATE	CODES
Hearing screening	Added ICD-10* codes	Z01.10, Z01.110, and Z01.118

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

DESCRIPTION	UPDATE	CODES
Alcohol misuse and substance abuse screening	Added HCPCS**code	G2011
BRCA1 and BRCA2 testing	Added CPT*** codes	81163, 81164, 81165, 81166, and 81167
	Deleted CPT codes	81211, 81213, and 81214

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > Medical and Administrative A-Z Index > [Preventive Care Services - \(A004\)](#).

* International Classification of Disease, 10th Revision.
 ** Healthcare Common Procedure Coding System.
 *** Current Procedural Terminology.



INSTRUCTIONAL VIDEOS DEMONSTRATE ENHANCEMENTS TO CIGNAFORHCP.COM

To help make it easier for you to find the information you need online for your patients with Cigna-administered coverage, and simplify administrative tasks, we recently made enhancements to the Cigna for Health Care Professionals website (CignaforHCP.com).

You can now access a series of brief instructional videos to learn about these enhancements, and how to access them.

VIDEO NAME	THIS VIDEO SHOWS YOU HOW TO:	HOW TO VIEW THE VIDEOS
How to check patient eligibility and coverage	Access past, present, and future medical eligibility and coverage information for up to 10 patients at a time. It also gives a brief overview of other information available about patients, such as their Cigna ID card, specific benefits, whether or not you participate in the network aligned to their plan, referral and precertification requirements, and utilization and frequency limitations for certain specialties.	Go to CignaforHCP.com > Resources > Medical Education and Training .
How to check patient eligibility, benefits, and ID card	Access an image of your patient's ID card. It also gives a brief overview of other information available about patients, such as their specific benefits, whether or not you participate in the network aligned to their plan, referral and precertification requirements, and utilization and frequency limitations for certain specialties.	
How to check claim payment status	Check claim payment status, and upload digital documents for pended claims.	
How to upload digital documents for pended claims	Upload digital documents for pended claims.	
How to enroll in electronic funds transfer for faster claim payment	Enroll in electronic funds transfer (EFT).	



Additional information

If you have questions about the instructional videos, call the Internet Customer Service Associate (iCSA) team at **1.800.981.9114**.



WEBINAR SCHEDULE FOR DIGITAL TOOLS

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

Preregistration is required for each webinar (Please take note of the time zones for each session.)

1. On the chart to the right, click the date of the webinar you'd like to attend.
2. Enter the requested information and click Register.
3. You'll receive a confirmation email with the meeting details, and links to join the webinar session and add the meeting to your calendar.

Three ways to join the audio portion of the webinar

Option 1 – When you link to the webinar, “Call me” will appear in a window. If you have a direct outside phone line, you can click this option. You'll receive a phone call linking you to the audio portion.

Option 2 – Call **1.866.205.5379**. When prompted, enter the corresponding Meeting Number shown on the chart to the right. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

For additional webinar dates go to CignaforHCP.com > Explore medical resources > Communications > [Webinars for Health Care Professionals](#).

Questions?

Email: Cigna_Provider_eService@Cigna.com.

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, May 1, 2019	12:00 PM/11:00 AM/10:00 AM/9:00 AM	90 min	711 314 692
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, May 7, 2019	2:00 PM/1:00 PM/12:00 PM/11:00 AM	45 min	712 444 923
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, May 15, 2019	12:00 PM/11:00 AM/10:00 AM/9:00 AM	45 min	718 994 534
Website Access Manager Training	Wednesday, May 22, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	710 996 192
CignaforHCP.com Overview	Thursday, June 6, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	90 min	718 310 278
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, June 12, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	45 min	713 797 645
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, June 19, 2019	12:30 PM/11:30 AM/10:30 AM/9:30 AM	45 min	711 161 997
Website Access Manager Training	Thursday, June 27, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	45 min	717 098 965



OPIOID CRISIS UPDATE

Since 2016, Cigna has been proactively seeking ways, and implementing measures, to help stem the national opioid epidemic. One early success, reached last March, was the decrease in opioid **prescriptions** among Cigna commercial customers by 25 percent. Our current goal, announced last year, is to reduce the number of opioid **overdoses** by 25 percent.

Our current initiatives

To help reach our goal by 2021, many initiatives are underway. They include:

- ▶ Partnering with local resources to develop immediate and long-term approaches that make it easier for people to access treatment for substance use disorders. These include medication-assisted treatment (MAT), comprehensive pain management, and enhanced support and counseling.
- ▶ Making naloxone more readily available to treat overdoses.
- ▶ Expanding our program that identifies customers who are most likely to suffer from an opioid overdose, notifies providers, and prompts interventions to help prevent the overdoses from happening.
- ▶ Continuing reinforcement of safe prescribing guidelines, and encouraging a coordinated pharmacy care approach that includes care providers and community pharmacists.

Tracking our progress

To track our progress, we are measuring:

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

Cigna opioid quality improvement pledge

To date, more than 13,000 provider groups and 180,000 prescribing clinicians have signed the Cigna opioid quality improvement pledge. This supports the Centers for Disease Control and Prevention (CDC) and the Surgeon General's guidance on prescribing patterns, safe opioid use, and overdose prevention.

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

Learn more

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



CHANGES IN DRUG FORMULARY EFFECTIVE JULY 1, 2019*

We will be updating our drug formulary effective July 1, 2019, focusing on the categories listed below.

High-cost, low-value drugs

We will remove** the following eight drugs from the drug formulary, which have low use and have experienced significant price increases, or are priced higher compared with identical or near-identical covered alternatives.***

- › **Allzital:** Treats consistent tension headaches.
- › **Benzonatate:** Treats coughs (cough medicine).
- › **Carbinoxamine (RyVent™):** Treats allergic reactions (antihistamine).
- › **Chlorzoxazone:** Treats pain and stiffness caused by muscle spasms (muscle relaxant).
- › **Fenortho:** Treats pain and arthritis.
- › **Indocin oral suspension:** Treats pain, swelling, and joint stiffness caused by arthritis, gout, bursitis, and tendonitis.
- › **ONZETRA Xsail:** Treats acute migraines.
- › **Zolpimist™:** Treats insomnia (sedative).

Opioid quantity limits

To help protect customers, we will place coverage limits on certain narcotics. In alignment with the U.S. Food and Drug Administration (FDA) guidelines, we will apply coverage limits to prescriptions of:

- › **Belbuca®** (also added to the preferred brand tier on February 1, 2019)
- › **Buprenorphine** (patch products)
- › **Butorphanol Tartrate**
- › **Tramadol HCL and Tramadol HCL ER**

Promoting the use of generic drugs

To help manage utilization of certain branded drugs when generics are available, customers with certain plans will pay a higher cost for choosing a brand-name drug. Effective July 1, 2019, this will apply to the brand-name drugs listed below:

- › **Avar® LS Cleanser:** Treats acne and other skin conditions.
- › **HylatopicPlus® Cream:** Treats or prevents certain skin problems.
- › **Macrodantin® capsule:** Treats or prevents urinary tract infections (antibiotic). (We are also adding this to the non-preferred brand tier on all formularies.)
- › **Prograf® capsule:** Transplant rejection drug; tier change only.
- › **Ryvent™ tablet:** Treats allergic reactions (antihistamine).
- › **VitaTrue™ combo package:** Vegan and kosher prenatal multivitamin.
- › **Zonalon® Cream:** Treats itching from certain skin conditions.

What this means to you and your patients with Cigna coverage

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

Beginning July 1, 2019, customers who continue filling prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket

costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically appropriate alternative medications before this date.

Additional information

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

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

For more information about our coverage policy for opioid therapy, please visit CignaforHCP.com > Resources > Coverage Policies > Pharmacy (Drugs, Vaccines & Biologics) A-Z Index > [Opioid Therapy](#).

* For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renewal date, as required by state law.

** For employer groups with Legacy formulary, drugs will be moved to the non-preferred brand tier.

*** Drugs removed from formularies can be considered for coverage through our medical necessity review process, unless otherwise excluded by a benefit plan. Requests for medical necessity review can be submitted through Cigna.PromptPA.com.



SPEED UP THE PRIOR AUTHORIZATION PROCESS WITH ELECTRONIC PRESCRIBING



When your treatment plan includes certain prescription drugs, your patient's pharmacy benefit may require that you request prior authorization. You can significantly speed up this process by requesting it electronically - either through your electronic health record (EHR) system, electronic medical record (EMR) system, or a website that offers this service at no charge.

Benefits to you

When you request prior authorization of drugs electronically through your EHR or EMR, or through a website, you will:

- › Receive faster coverage determinations.
- › Save time and money by eliminating the forms, faxes, and phone calls associated with manual prior authorization requests.
- › Have limited interaction with a pharmacy to approve a prescription.

Additionally, if you use your EHR or EMR system:

- › Prior authorizations may be processed and approved in less than five minutes, and before the patient leaves the office.
- › The online form will prepopulate patient and provider demographic information, and identify potential errors prior to submission.
- › You may have access to patient-specific drug details, such as:
 - Out-of-pocket costs for the prescribed drug in the requested days' supply.
 - Drug alternatives.
 - Step therapy information.
 - Quantity limits.

What providers are saying about electronic prior authorizations

"We were finding it was taking anywhere from 60 minutes to 72 hours to complete a medication prior authorization. Now, in 13 seconds or less, we know if a prior authorization is required and what question set needs to be completed."

— Medical Director

"Moving the prior authorization workflow into the EHR can save time for both physicians and payers... It's also good for patients when medications are approved faster, and they receive their prescriptions sooner."

— Medical Director

Benefits to your patients

Your patients will benefit because they:

- › Will have faster access to the drug therapy.
- › May be more likely to:
 - Pick up their prescription, because there will be no prior authorization delays.
 - Improve their medication adherence.
 - Have improved health outcomes.

How to start

Using your EHR or EMR system

You can request online prior authorization for your patients with Cigna-administered coverage by using your EHR or EMR system to access CoverMyMeds® or Surescripts® at the point of prescribing. For additional information, and to determine if your system uses the necessary software version to access CoverMyMeds or Surescripts, contact your EHR or EMR vendor.

Using the CoverMyMeds or Surescripts websites

You can also use the CoverMyMeds website or the Surescripts website to request prior authorizations for your patients with Cigna-administered coverage. Both are available at no charge, and easy to use.

WEBSITE	TO REGISTER, GO TO:	IF YOU HAVE QUESTIONS, CALL:
CoverMyMeds	CoverMyMeds.com/epa/Cigna	1.866.452.5017
Surescripts	Surescripts.com > Provider Login: Electronic Prior Auth Portal	1.866.797.3239



CONTINUOUS GLUCOSE MONITORS: EXPANDED PHARMACY COVERAGE

There have been dramatic improvements in continuous glucose monitoring (CGM) systems, which your patients with diabetes may use to check their glucose readings. Recently, the U.S. Food and Drug Administration approved two therapeutic models: The Dexcom G6® system and the FreeStyle Libre system.

Expanded pharmacy coverage effective April 1, 2019

As part of our commitment to ensure customers have easy access to quality, cost-effective options to help manage their diabetes, the Dexcom G6 and FreeStyle Libre therapeutic CGM systems will be covered under the pharmacy benefits of eligible customers, effective April 1, 2019. CGM systems are also covered under the medical benefit, but by expanding coverage to the pharmacy benefit, we hope to help our customers reduce their out-of-pocket expenses, while allowing them to pick up CGM systems at a participating retail pharmacy.

Submitting prescriptions

We recommend that providers use ePrescribing capabilities to submit prescriptions in real time to the customer's pharmacy or Cigna Home Delivery PharmacySM. This can reduce your paperwork, and help your patients access the CGM systems more quickly.

As a reminder, prescriptions should include all components of the CGM system - sensor, transmitter, and reader. Customers will pay their preferred brand copayment or coinsurance for the sensor. The transmitter and reader are available at no additional cost under a customer's pharmacy benefit.

For more information, call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



ACCREDO TO BECOME PREFERRED SPECIALTY PHARMACY LATER THIS YEAR

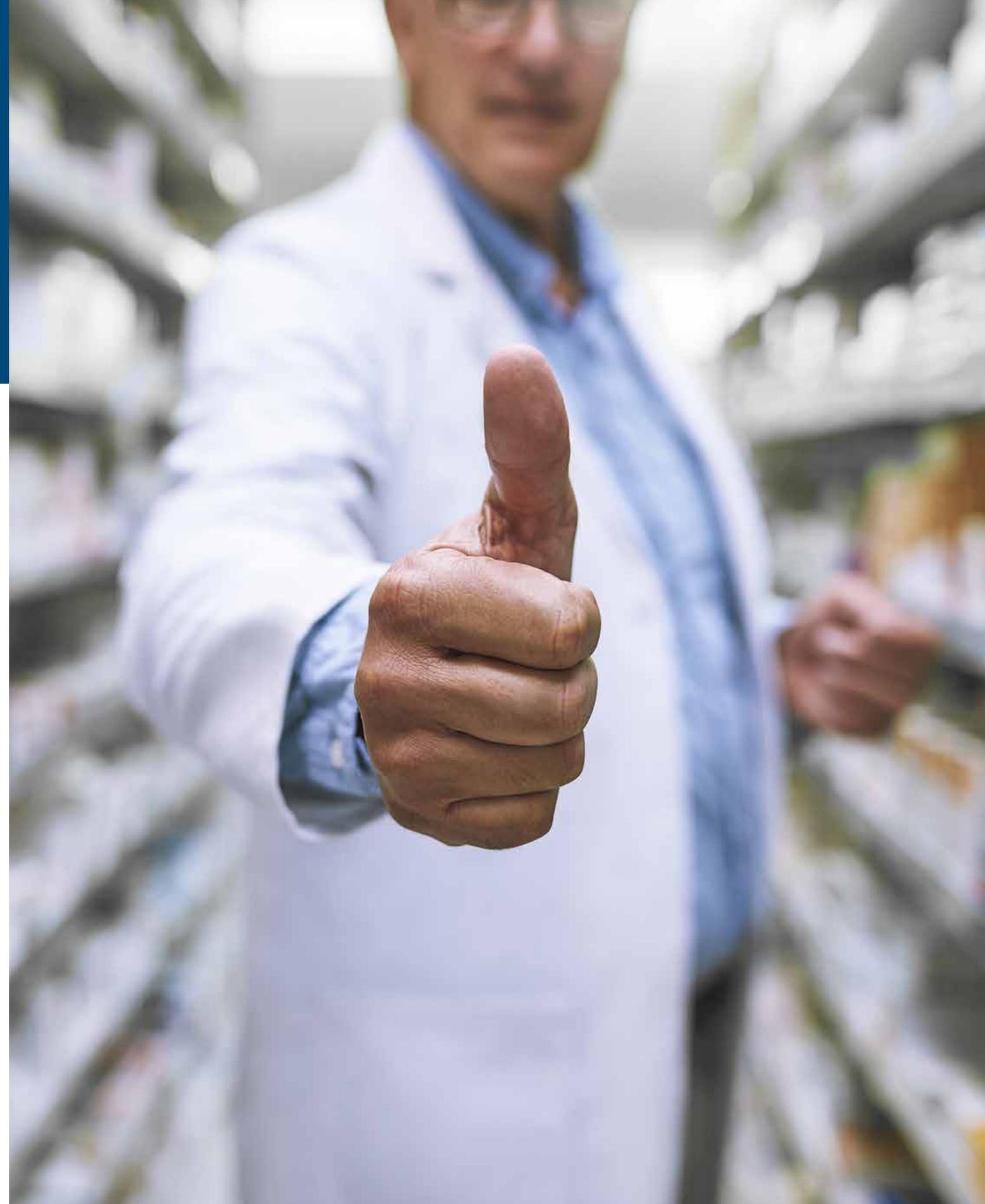
In late 2018, we announced that Express Scripts is now part of Cigna. As part of this acquisition, **Accredo**[®], a specialty pharmacy and part of Express Scripts' portfolio of services, will become Cigna's preferred specialty pharmacy.

Accredo is a leading specialty pharmacy with more than 35 years' experience in specialty pharmacy operations, condition-specific clinical programs, and most importantly, compassionate customer care.

As a company focused on total health and well-being, we believe that our personalized solutions will enhance our partnership with providers by helping you better manage customer care and create greater alignment to improve health outcomes through deeper medical, behavioral, and pharmaceutical insights.

What this means for you and your patients

There is no action required of you now. Later this year, you will receive more information about how to process new prescriptions and refills with Accredo and the additional pharmacy tools and resources that will become available to you and your practice.



VERIFIED PATIENT REVIEWS IN MYCIGNA.COM DIRECTORIES COMING SOON

We are in the early stages of launching an exciting new initiative: Verified patient reviews* for medical providers, which will appear in the **myCigna.com** online directories.

We anticipate the reviews will:

- › Demonstrate the strength of our network, by showing how well our network-participating providers are rated by their patients.
- › Help Cigna customers when they need to choose providers.
- › Help improve the health care experience of our customers by meeting what they view as a significant need.

Initially, we'll start with primary care providers (PCPs) and pediatricians. Over time, we'll expand the program to include additional provider types.

How we gather and publish information

After a preventive care or routine office visit to a PCP or pediatrician, customers (identified through claims) may receive an email with a single question that asks about their recent health care experience. When we receive feedback, it will be vetted to ensure it meets certain guidelines. For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the myCigna.com online provider directory.

Providers' interaction with patient reviews

Providers will be able to read and respond to reviews from their patients, and request that inaccurate or inappropriate comments be removed. They will also be able to publish responses to them.

Timing

In April, we started sending emails to customers, requesting feedback about their PCP or pediatrician visit. We will vet the responses, and begin to publish the patient reviews in the myCigna.com online provider directories during the fourth quarter 2019.

Be on the lookout for additional details, including how you will be able to engage with the patient reviews.

*U.S. customers only.



FOOD DESERTS IN THE UNITED STATES*

In certain parts of the country, people live in what are known as “food deserts.” These are areas where nutritious food may not be readily available, potentially placing those who reside there at a higher risk for health problems. Racial and ethnic minorities, and those who live in rural areas, are the people most likely to live in a food desert.

What are food deserts?

Food deserts are defined by the United States Department of Agriculture (USDA) as areas that lack access to fresh fruits, vegetables, and other healthy whole foods. These areas often have a lower-income population, do not have grocery stores or farmers’ markets, and have a higher proportion of convenience stores or fast-food establishments. Food insecurity is an issue closely linked with food deserts.

Most food deserts located in nonmetropolitan areas

In the United States, the largest concentration of counties designated as food deserts stretches from Montana and North Dakota down to Texas. Of the 418 counties designated as food deserts, almost 98 percent are located in nonmetropolitan areas. In 2015, 15.4 percent of all households in rural areas were food insecure, compared with 12.2 percent of all households in metropolitan areas.

People who are minorities *and* live in rural populations may have even further challenges. In addition to limited access to healthy food, they are more likely to have low income, lower education achievement, no health insurance, and a higher risk for developing chronic health conditions.

Focus on the Hispanic population

The term Hispanic was created by the United States federal government to designate people of Central American, Cuban, Mexican, Puerto Rican, South American, and other Spanish, Latino, and Hispanic origins. The word Latino refers to the Latin-American roots of many Hispanics, and is commonly used to describe this large and diverse segment of the U.S. population. In 2016, there were nearly 58 million persons of Hispanic origin residing in the United States, representing 18 percent of the population.

Did you know that...

- › 19.2 percent (nearly one out of every five) of Hispanic households in the United States experiences food insecurity?
- › Hispanics and other minorities who live in rural populations are at a higher risk for cardiovascular disease, diabetes, and obesity?
- › 9 percent of Puerto Ricans and 21 percent of Mexicans lack health insurance?
- › Preventive procedures, diagnostic screenings, and mandatory immunizations that are routine in American health care, may not be recognized by some Hispanics?

For more information that may help you when rendering care to Hispanics in your patient population:

- › Visit CRCulturevision.com
- › Login: CignaHCP, Password: Doctors123*
- › In the Select Group box, click Ethnic Groups: Latino

Additional resources to enhance interactions with culturally diverse patients are outlined on [page 21](#).

* Data in this article was taken from the CultureVision website and the Winter 2017 CultureVision newsletter. To access this and other editions of the CultureVision quarterly newsletter, log in to the [CultureVision website](#) > About > Quarterly Newsletter.



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 individuals covered under a California-sitused preferred provider organization (PPO) plan.

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 telephonic interpreter

services by calling **1.800.806.2059** to support their LEP patients with Cigna coverage. Even if a provider or office staff speaks in the patient's language, a professional telephonic 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 [California Grievance Forms](#) and [Grievance Brochures](#) 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 Guide > Health Care Professional Reference Guides).



- › Review the recently revised web page, California Language Assistance Program: Interpreter and translation services for California, by visiting [Cigna.com](#) > Health Care Providers > Provider Resources > See All > Load More: [California Language Assistance Program \(CALAP\)](#).
- › Download the new provider training presentation about LAP regulations and how to access language services for your patients with Cigna coverage. Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity Resources > More Resources: [California Language Assistance Program Training for Providers and Staff](#).
- › 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% of the California population (over five years old) speak a language other than English.*
- › 29% speak Spanish.
- › 10% speak Asian and Pacific Island languages.

Racial and ethnic composition

The data below 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.

- › 37% Caucasian
- › 17% Hispanic
- › 16% Asian
- › 3% African American
- › 2% Other

* U.S. Census Bureau, 2013–2017 five-year American Community Survey.



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

The chart below outlines the language assistance services that providers are responsible for offering their patients, and the actions they can take to provide them.

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP patient office visit or phone calls	Call Cigna’s toll free number at 1.800.806.2059 for free professional over-the-phone interpreter services. Periodically validate with the interpreter that the interpretation is accurate.	Be ready to provide the patient’s Cigna ID number and date of birth. If telephonic 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 interpreter services by calling Cigna Customer Service at 1.800.88Cigna (882.4462) . For face-to-face Spanish interpreters, please allow at least three business days to schedule services. For all other languages, including American Sign Language (ASL), please allow at least five business days to schedule services.
Deaf patient office visit	Call Cigna Customer Service at 1.800.88Cigna (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 telephonic service relay	Call 711 Telecommunications Relay Services (TRS).	The 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 ten-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.*
Refusal of service: An LEP or deaf patient wants to use a family member or a friend to interpret. OR An LEP patient wants to speak to bilingual office staff.	Offer a telephonic interpreter to the LEP patient. Discourage the use of family and friends – especially minors – as interpreters. OR Offer a trained, qualified telephonic interpreter, even if a provider or office staff speaks the patient’s language.	If a patient insists on using a family member or a friend, or refuses to use a trained interpreter, document this in his or her medical record.

* Better Communication, Better Care: Provider Tools to Care for Diverse Population. https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf

continued



New Mexico language assistance law *continued*

Language assistance services that Cigna is responsible for offering

The following chart outlines the language assistance services that Cigna is responsible for offering customers, and how customers can access them.

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP customer telephonic 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 telephonic 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.

Racial and ethnic diversity at a glance

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

Language

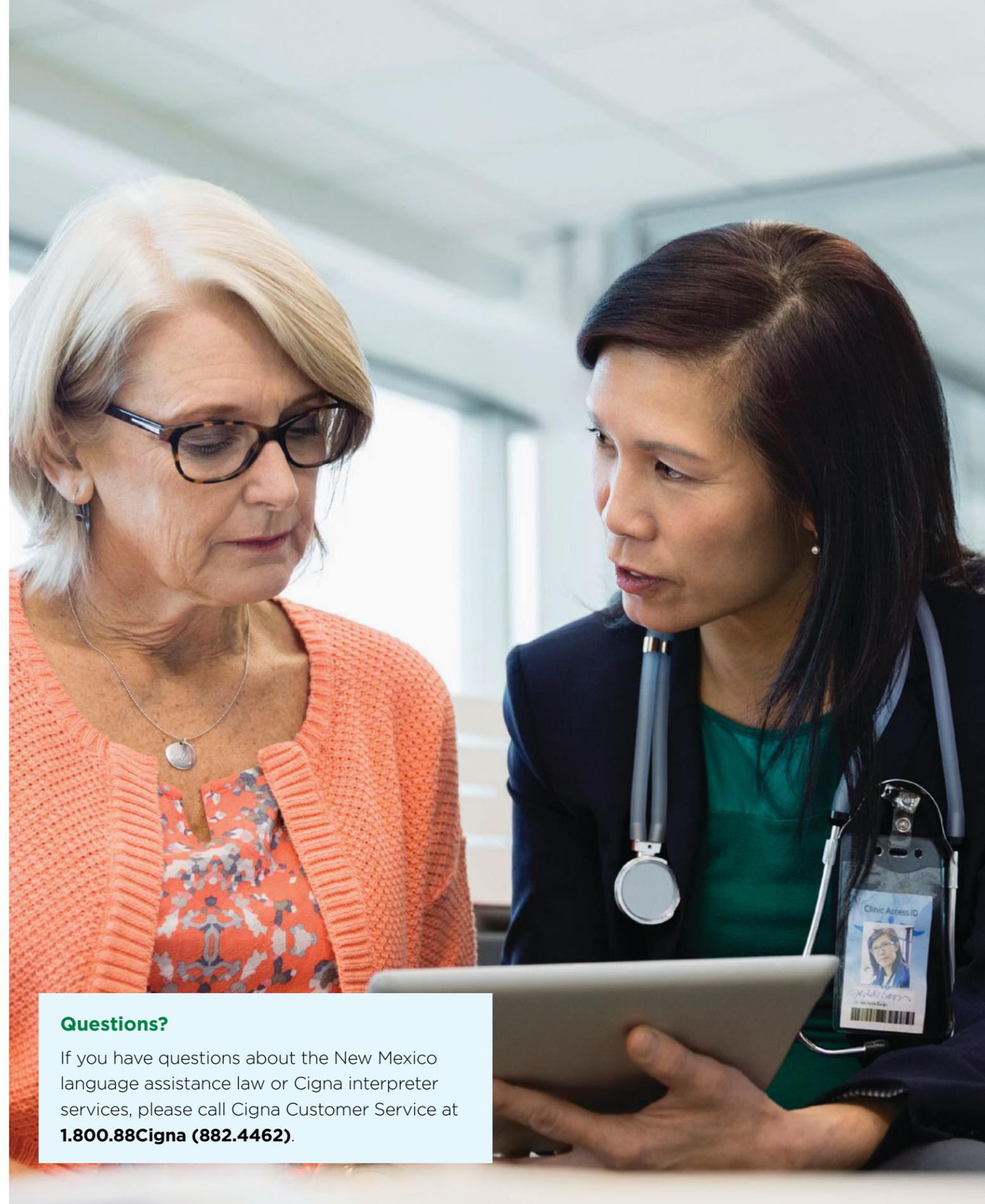
Cigna uses New Mexico demographics data as a proxy for our customer base until we have a statistically valid number of customer language preference records. Available data** for spoken languages other than English shows that Spanish, at 28 percent, is the most spoken non-English language in New Mexico.

Racial and ethnic composition

The data below 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.

- › 33% Caucasian
- › 27% Hispanic
- › 1% Black
- › 1% Asian/Pacific Islander
- › 4.5% Other

** U.S. Census Bureau, 2013–2017 five-year American Community Survey.

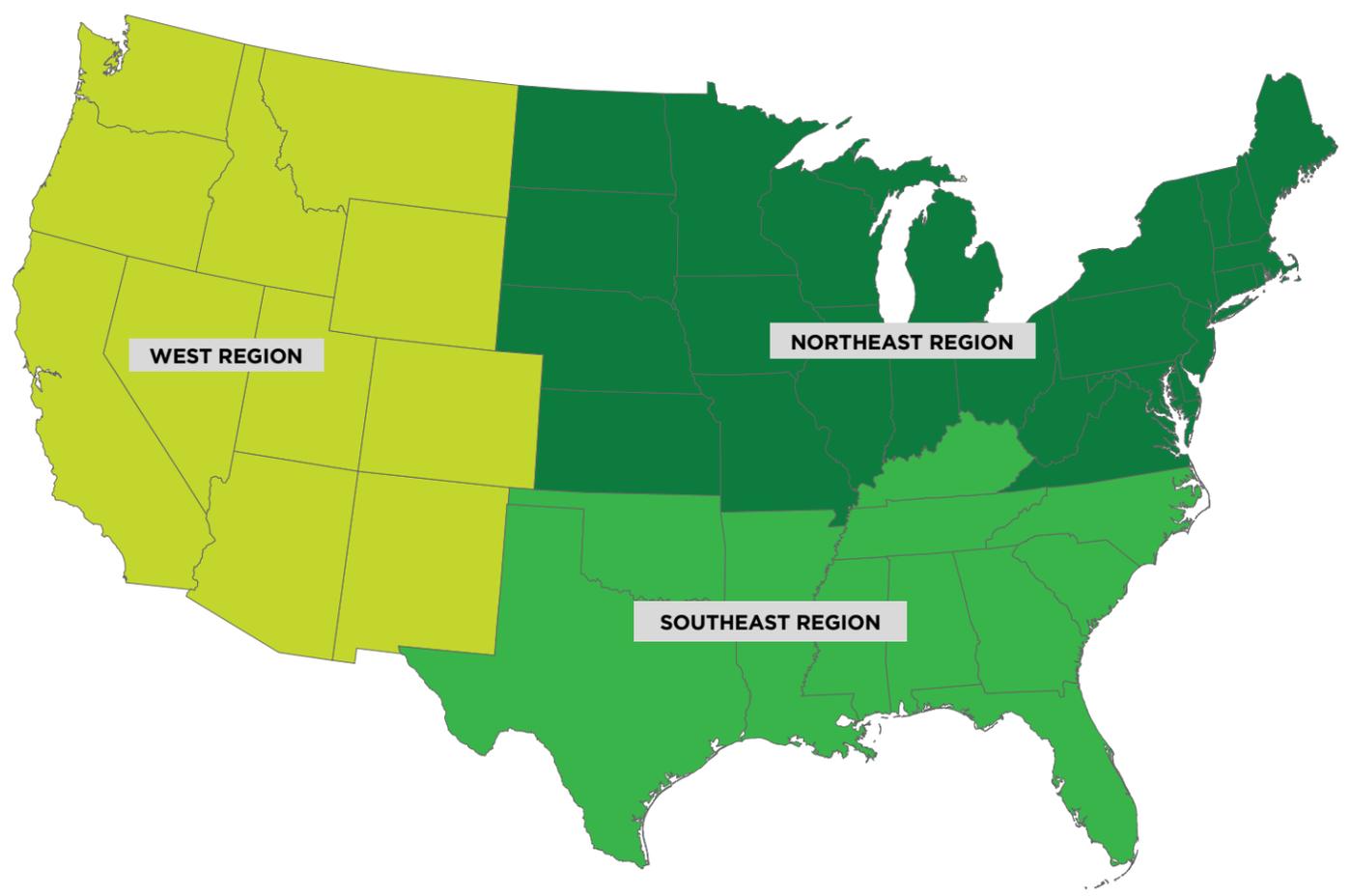


Questions?
 If you have questions about the New Mexico language assistance law or Cigna interpreter services, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



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

NATIONAL	
Peter McCauley, Sr., MD, CPE <i>Clinical Provider Engagement & Value-Based Relationships</i>	1.312.648.5131
Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	1.818.500.6459

Reasons to call your MME

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



USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them, it's good for your relationship with Cigna, as it's required in your contract. There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient.

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

Referral reminder: New York and Texas

If you are referring a patient in New York or Texas to a non-participating provider (e.g., laboratory, ambulatory surgery center, etc.), 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.

* New York providers should use the standard Out-of-Network Referral Disclosure Form, and Texas providers should use the Out-of-Network Referral Disclosure Form - Texas. To access them, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Find a form > [Medical Forms](#). Note that the Texas form is located under "State Forms."



QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

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

To access the guide

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

- › Click View the Back to see the reverse side of the card.
- › Click About This Plan to read more about the plan associated with this ID card.
- › Click View Another Card Type to view a different sample ID card.
- › If you prefer to view a PDF of the guide, click View the print version of the guide.

Other information you can access

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

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

[Click here to use the digital ID card tool.](#)

**The downloading 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.

2019 CIGNA REFERENCE GUIDES AVAILABLE MAY 15

The 2019 Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other providers has been updated and will be available May 15.*** It contains many of our administrative guidelines and program requirements, and includes information pertaining to participants with Cigna, GWH-Cigna, and "G" ID cards.

Access the guides

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

***The market-specific guides will be available May 31, 2019.



GO GREEN – GO ELECTRONIC

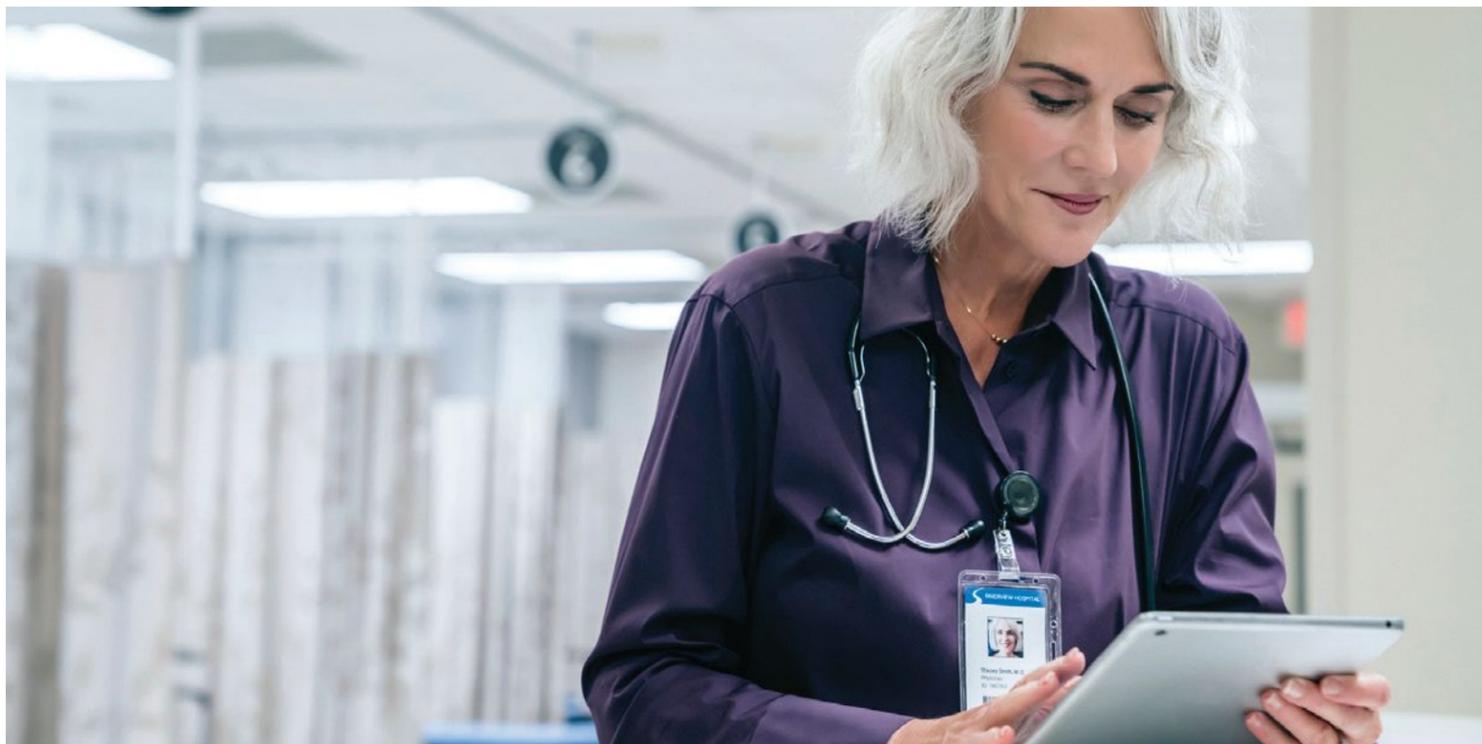
Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your in-box.

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

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

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

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



RESOURCES TO ENHANCE INTERACTIONS WITH CULTURALLY DIVERSE PATIENTS

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

eCourses, language assistance services, and more

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

eCourses

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

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

Language assistance services

Depending on the service, you can get discounted rates of up to 50 percent for telephonic and face-to-face interpretations, as well as written translations, through contracts we have with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services.

CultureVision™

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

You can access CultureVision directly at CRCultureVision.com.

Login: CignaHCP

*Password: Doctors123**

Additional resources

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

Visit today

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



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider directory

We want to be sure that Cigna customers have the right information when they need to reach you for medical care. We also want to accurately indicate whether you are accepting new patients.

It's easy to view and submit demographic changes online

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

An online Provider Demographic Update Form will appear that will be prepopulated with the information for your practice that currently displays in our provider directory. You can easily review the prepopulated fields, determine if the information is correct, make any necessary changes, and submit the form to us electronically.

You may also submit your changes by email, fax, or mail.

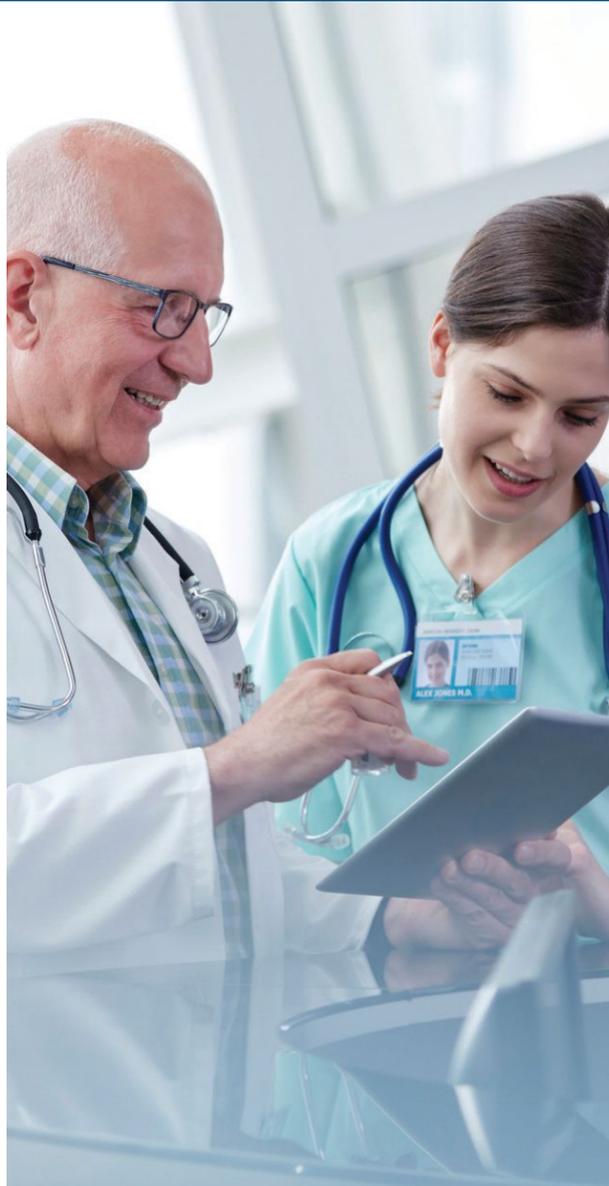
Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr.
Hooksett, NH 03106

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

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



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, Dentist, or Facility](#). Then, choose a directory.

LETTERS TO THE EDITOR

Thank you for reading *Network News*. We hope you find the articles informative, useful, and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to Cigna, Attn: Provider Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.

ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit Cigna.com > Health Care Providers > Provider Resources > [Cigna Network News for Providers](#). Article topics are listed for each issue.

Together, all the way.®



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Hartford, CT 06152
1.800.88Cigna (882.4462)



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Network NEWS

APRIL 2019

For providers