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Network News

SECOND QUARTER 2020


For providers



COVID-19 UPDATES


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

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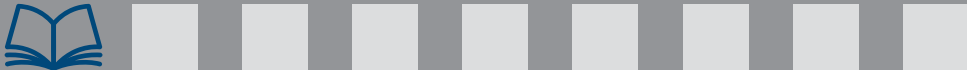
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VIEW DRUG BENEFIT DETAILS USING REAL-TIME BENEFIT CHECK

Real-time benefit check gives you access to patient-specific drug benefit information through your electronic medical record (EMR) or electronic health record (EHR) system during the integrated ePrescribing process. This service enables you to access drug benefit details, including:

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

EMR or EHR system requirements

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

Did you know?

In October 2018, only 2% of providers in the Cigna network used real-time benefit check. Since then, there has been a 527% increase in provider utilization of this service.



PREVENTIVE CARE SERVICES POLICY UPDATES

On January 1, 2020 and February 15, 2020 updates became effective for Cigna’s Preventive Care Services Administrative Policy A004.

Summary: Preventive care updates effective on January 1, 2020

DESCRIPTION	UPDATE	CODES
Colorectal cancer screening	Added CPT®* code, which is covered as preventive when submitted with a wellness diagnosis	45333
Interventions to prevent perinatal depression	Added CPT codes, which are covered as preventive when submitted with a maternity diagnosis	96156, 96158, 96159, 96164, 96165, 96167, 96168
Screening for high blood pressure (outside the clinical setting)	Added CPT codes, which are covered as preventive when submitted with ICD-10** code R03.0	99473, 99474

Summary: Preventive care updates effective on February 15, 2020

DESCRIPTION	UPDATE	CODE
Colorectal cancer screening: Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard®)	Now covered every one to three years when submitted with a wellness diagnosis Removed phrase “test frequency limitation imposed by the manufacturer” Change in criteria for frequency from “three years” to “one to three years”	81528

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cigna.com/healthcare-professionals)) > Review coverage policies > Medical and Administrative A-Z Index > **Preventive Care Services – (A004)**.

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



CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES



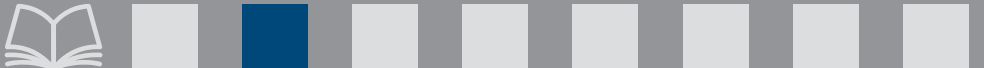
To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your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

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Uniform Billing revenue code list	The Uniform Billing Editor (UBE) provides detailed information about the Centers for Medicare & Medicaid Services (CMS) UB requirements, including a list of revenue codes that require Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes.	We will remove revenue codes 0250 through 0259, and 0637 from the current UB list. An updated list of affected revenue codes is available on the Cigna for Health Care Professionals website (CignaforHCP.com). Additionally, we will only issue a line item denial for affected revenue codes. The remainder of the claim will be processed and reimbursed according to the terms of the provider’s agreement and the customer’s benefit plan.	March 15, 2020 for claims processed on or after this date.
Ambulance Services Reimbursement Policy (R18)	Ambulance services include, but are not limited to, oxygen, drugs, electrocardiograms (EKGs), medical supplies, and reusable equipment and devices (e.g., back and neck boards, inflatable leg and arm splints).	We will update this policy to deny CPT and HCPCS codes used to bill for ambulance services and supplies when billed separately. Note: This initiative only affects nonparticipating providers.	April 5, 2020 for claims processed on or after this date.
Genetic Testing Panels Reimbursement Policy (R28)	Molecular genetic testing applies to human somatic and germline testing and nucleic acid testing in pathogens or organisms. A lab panel is a collection of individual tests performed on the same date for a specific purpose.	We will rebundle CPT codes used to bill for individual tests that compose a molecular cancer laboratory panel into a single panel code. Accordingly, the claim will be processed and reimbursed based on the appropriate CPT panel code. Additionally, we will no longer require precertification for certain CPT codes for individual tests.	April 6, 2020 for claims processed on or after this date.

Continued on next page

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



Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Serological Testing for Inflammatory Bowel Disease (O121)	Serum drug level testing is a type of serological (blood) testing that is used to measure the drug concentration of the biologics that are used to treat inflammatory bowel disease (IBD).	We will deny CPT codes for serum drug level testing when billed with an IBD diagnosis. Serum drug level testing for IBD is considered experimental, investigational, and unproven (EIU).	April 15, 2020 for claims processed on or after this date.
Genetic Testing Panels Reimbursement Policy (R28)	Nucleic acid sexually transmitted disease (STD) laboratory testing is typically done to identify disease-causing microorganisms (e.g., viruses, bacteria, and fungi, including yeast). A lab panel is a collection of individual tests performed on the same date for a specific purpose.	We will rebundle CPT codes used to bill for individual tests that compose a nucleic acid STD laboratory panel into a single panel code. Submitted claims will be processed and reimbursed using the appropriate CPT panel code.	May 18, 2020 for claims processed on or after this date.
Care Integration Services (R32)	Prolonged services are provided before and/or after direct patient care that go beyond the usual service time, and are only reported once per day.	We will deny prolonged services submitted with CPT codes 99358 and 99359 as being not separately reimbursable when billed alone or with other services. Prolonged services are considered to be included with the overall care of the customer.	June 15, 2020 for claims processed on or after this date.
Endometrial Ablation (O013)	Endometrial ablation is a procedure that surgically destroys (ablates) the lining of the uterus (endometrium). It is usually done to stop or reduce excessive or abnormal uterine bleeding.	We will update this policy to deny claims submitted with CPT codes 58353, 58356, and 58563 for endometrial ablation, when billed with certain diagnoses, as EIU unless considered medically necessary.	June 15, 2020 for dates of service on or after this date.
Transthoracic Echocardiography (TTE) in Adults (O510)	TTE, the most common type of echocardiogram, is used to show a still or moving image of the internal parts of the heart using ultrasound. The sensor (or ultrasonic transducer) is placed on the patient's chest or abdomen to get various views of the heart.	We will limit coverage for TTEs in adults to twice per rolling 12-month period for certain diagnoses.	June 15, 2020 for dates of service on or after this date.

Additional information

Coverage policies

To view our coverage policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit [CignaforHCP.com](#) > [Review Coverage Policies](#).

Modifier and reimbursement policies

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

PRECERTIFICATION UPDATES

To help ensure that we are administering benefits properly, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we have updated our precertification list.

Codes added to the precertification list in April 2020

On April 1, 2020, we added four new Current Procedural Terminology (CPT®) codes and three new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in April 2020

On April 1, 2020, we removed 35 existing CPT and nine HCPCS codes from the precertification list.

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) and click Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click [Register](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

TAKE THE CIGNAFORHCP.COM SURVEY

Have you noticed a pop-up survey on CignaforHCP.com after you log in to the website? We are conducting a research survey to learn more about your current digital experience on the website.

Your feedback is valuable and will help us determine if recent enhancements we’ve made are successful, where we still need to make improvements, and how to prioritize new features that are in the pipeline. The survey should take only five minutes to complete.

Thank you for helping us provide you with a better online experience.



MORE CIGNAFORHCP.COM ENHANCEMENTS COMING THIS YEAR



Are you a registered user of the Cigna for Health Care Professionals website (CignaforHCP.com)? There’s no better time than now to register if you’re not. We’re making exciting design changes, including new tools and features to make your online experience easier and more efficient.







Available soon

New request capabilities

- Soon you’ll be able to request:
- Claim adjustments.
 - Procedure code benefit lookup.

Personalized dashboard

When this enhancement becomes available, you’ll be able to see tile sections on the dashboard showing which pages you have access to once you log in to the website. You’ll be able to access flagged patients and claims, as well as your most recent searches.

Claims Flagged				Recent	Flagged
	TISA DEGEN PATIENT ID U93083605	 Paid CLAIM REFERENCE 0432003350885	SUBMITTED AMOUNT \$4,000.00	DATE FLAGGED 03/12/2020 DATE(S) OF SERVICE: 02/01/2020	
	HAVIVA MANNIX PATIENT ID U93092126	 Paid CLAIM REFERENCE 0432005250150	SUBMITTED AMOUNT \$7,000.00	DATE FLAGGED 03/12/2020 DATE(S) OF SERVICE: 10/25/2019	
	HAVIVA MANNIX PATIENT ID U93092126	 Paid CLAIM REFERENCE 0432005250151	SUBMITTED AMOUNT \$7,000.00	DATE FLAGGED 03/12/2020 DATE(S) OF SERVICE: 01/15/2020	

Website access manager dashboard tile

If you are a website access manager, your dashboard will include a Manage User Access tile. This tile will give you a quick way to see who in your office has requested access to the website. To link to a page where you can easily approve and assign them access, select one or more users and click “Modify selected users.” (See screen shot at right.)





Benefit reference numbers

When you request patient benefit information for a specific date from CignaforHCP.com, you will be able to generate a benefit reference number (BRN) to capture and retain it. This number, beginning with a “B,” is beneficial because you can:

- Use it to easily retrieve the information again on CignaforHCP.com for up to two years after the initial request was made.
- More efficiently capture point-in-time benefits.
- Use it to populate your electronic medical records (EMR) system.
- Have a downloadable and printable version for your files.
- Use the BRN lookup feature to reference the historical eligibility and benefits search, and review previous searches for up to two years.

Electronic pended claims and attachments update

All claims for your patients who previously had a “G” on their ID cards will be available on

Manage User Access			
Patient	Role	TINs	Status
Kumar, abcd <input type="checkbox"/> genuserh8qs3277 abc@def.com 123.456.7890	Patient access: precertification or referrals	010406548 COASTAL WOMENS HEALTH	 Awaiting Access
Kumar, abcd <input type="checkbox"/> genuserh8qs3156 abc@def.com 123.456.7890	Patient access: precertification or referrals	010406548 COASTAL WOMENS HEALTH	 Awaiting Access
Kumar, abcd <input checked="" type="checkbox"/> genuserh8qs3157 abc@def.com 123.456.7890	Patient access: precertification or referrals	010406548 COASTAL WOMENS HEALTH	 Awaiting Access
Kumar, abcd <input type="checkbox"/> genuserh8qs3278	Patient access: precertification or referrals	010406548 COASTAL WOMENS HEALTH	 Awaiting Access
Modify selected users			

CignaforHCP.com when those claims are in a pended status. Previously, these claims only displayed once the claims were in a finalized status. With the closure of this gap in claim detail, you will be able to upload attachments for all claims that have been pended for additional information.

Register for CignaforHCP.com today

Go to CignaforHCP.com > [Register](#). You’ll be glad you did when you learn how it can help improve your workflow when administering plan benefits for your patients with Cigna coverage.

More enhancements on their way

We’re working on additional enhancements to continue adding greater value to your online experience. Watch for more information coming soon.



WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS



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

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

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

Three ways to join the audio portion of the webinar

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

Option 2 – Call **866.205.5379**. When prompted, enter the corresponding Meeting Number shown on the 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 > Get questions answered > Medical Resources > Communications > **Webinars for health care providers.**

Questions?

Email: ProviderDigitalSolutions@Cigna.com

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Monday, May 4, 2020	11:00 AM/10:00 AM/9:00 AM/8:00 AM	90 min	719 598 376
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, May 13, 2020	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	716 015 088
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, May 19, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	713 870 055
Website Access Manager Training	Thursday, May 28, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	715 713 752
CignaforHCP.com Overview	Wednesday, June 3, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	718 711 085
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, June 10, 2020	3:00 PM/2:00 PM/1:00 PM/12:00 PM	60 min	710 731 689
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, June 15, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	714 873 601
Website Access Manager Training	Wednesday, June 24, 2020	3:00 PM/2:00 PM/1:00 PM/12:00 PM	60 min	711 512 636



HELPING LONELY PATIENTS IS GOOD FOR THEIR HEALTH

We share your commitment to whole person health. To help support you in the care of your patients, we are regularly featuring articles in Network News highlighting the latest mind and body health news. This issue focuses on loneliness, following the release of Cigna's 2020 Loneliness Index in January.

America has a loneliness epidemic, and it's getting worse. As our recent loneliness study showed, three in five adults (61 percent) report they are lonely, up seven percent from 2018.¹ That's cause for concern, because feelings of loneliness are associated with a number of chronic conditions, including depression,² heart disease,³ and cancer.⁴ Some research even suggests that loneliness has the same effect on mortality as smoking 15 cigarettes a day.⁵

Tips to help you identify lonely patients

While loneliness is not a diagnosable medical condition, as a health care provider, you can play a central role in identifying and helping patients who may be suffering from loneliness. When asking your patients questions, listen to what they do and don't do, and if they vocalize any feelings of isolation.

- Do they feel as if they have friends at work? Is any time spent engaging with others or participating in "water cooler" conversations? People spend many hours at work, so negative responses may indicate loneliness.

- Do they feel they are getting the right amount of sleep, physical activity, and family time? People who identify as less lonely tend to have more balance in their life.¹ Encourage patients to practice mindfulness, a technique that allows people to achieve balance and stay present in their life.

Resources to help address loneliness

There are many ways you can help your patient address feelings of isolation and loneliness. For more information, and to view Cigna resources that are available for you and your patients, access the links below.

- For providers:** Visit our new dedicated body and mind provider resource page at [Cigna.com/connections](https://www.cigna.com/connections).
- For your patients:** Visit our new loneliness hub at [Cigna.com/CombatingLoneliness](https://www.cigna.com/CombatingLoneliness).

Continued on the next page

1. Cigna's 2020 U.S. Loneliness Index, <https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-action-to-combat-the-rise-of-loneliness-and-improve-mental-wellness-in-america>.
2. Unraveling the Role of Loneliness in Depression: The Relationship Between Daily Life Experience and Behavior, Interpersonal and Biological Processes, 2017; <https://www.tandfonline.com/doi/full/10.1080/00332747.2016.1256143>.

3. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies, BMJ Journals Heart, 2016; <http://heart.bmj.com/content/102/13/1009.info>.
4. Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation, Proceedings of the National Academy of Sciences of the United States of America, 2015; <http://www.pnas.org/content/early/2015/11/18/1514249112>.
5. Testimony before the US Senate Aging Committee, Julianne Holt-Lunstad, Ph.D., 2017; https://www.aging.senate.gov/imo/media/doc/SCA_Holt_04_27_17.pdf.

THE STATE OF LONELINESS TODAY

2020 U.S. REPORT: To further explore the impact of loneliness in our culture and in our workplaces, Cigna fielded a national survey of 10,000 U.S. adults.*

In 2018, Cigna conducted a large national online survey of U.S. adults to explore the impact of loneliness and found that loneliness was at epidemic levels.
In 2019, our results showed that the mental health crisis is growing – three in five Americans (61%) report feeling lonely, compared with more than half (54%) in 2018.



24% of Americans say their mental health is fair or poor.



Americans reporting good mental health is down five percentage points from 2018 (76% vs. 81%).



The CDC validates our findings in that 20% of Americans will experience a mental illness in a given year.**

WHY? KEY DETERMINANTS OF LONELINESS IN AMERICA



A lack of social support and infrequent meaningful social interactions.



Negative feelings about one's personal relationships.



Poor physical and mental health.



A lack of "balance" in one's daily activities – doing too much or too little of any given thing (e.g., sleep, work).

LONELINESS ACROSS KEY DEMOGRAPHICS



GENERATION

Younger generations are lonelier than older generations. Nearly eight in 10 Gen Zers (79%) and seven in 10 millennials (71%) are lonely, vs. half of boomers (50%).



ANNUAL HOUSEHOLD INCOME

Higher-income individuals are less lonely than those with lower incomes. People with incomes of \$25K or less had a 7.2-point higher loneliness score than those with incomes of \$125K or greater (50.6 vs. 43.3).



GENDER

Men (46.1) are lonelier than women (45.3).



RACE/ETHNICITY

Hispanic respondents (47.7) and those who identify their race as "other" (47.2) are loneliest, followed by Black/African-American respondents (46.3).



COMMUNITY

Those living in urban (46.7) and suburban (44.7) communities are less lonely than those in rural areas (47.0).

For more information, please visit [Cigna.com/CombatingLoneliness](https://www.cigna.com/CombatingLoneliness)

*In partnership with Ipsos, Cigna fielded a national online survey of approximately 10,000 U.S. adults to further explore the impact of loneliness in the United States, and specifically loneliness in the workplace.
**Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. 2016.



IDENTIFYING AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Studies have shown that people with unmet social needs have nearly twice the rate of depression, are more likely to have chronic conditions, and have more than double the rate of emergency department visits and “no-shows” to clinic appointments. They also have a 60 percent higher prevalence of diabetes, and more than a 50 percent higher prevalence of high cholesterol and elevated hemoglobin A1C.*

Unmet social needs: The social determinants of health care

Providers are often the first line of defense when it comes to identifying and helping their patients who have unmet social needs. When there is a good understanding of the social determinants of health, and providers are able to direct their patients to the appropriate resources, this may positively influence a patient’s physical and mental health.

What are social determinants of health?

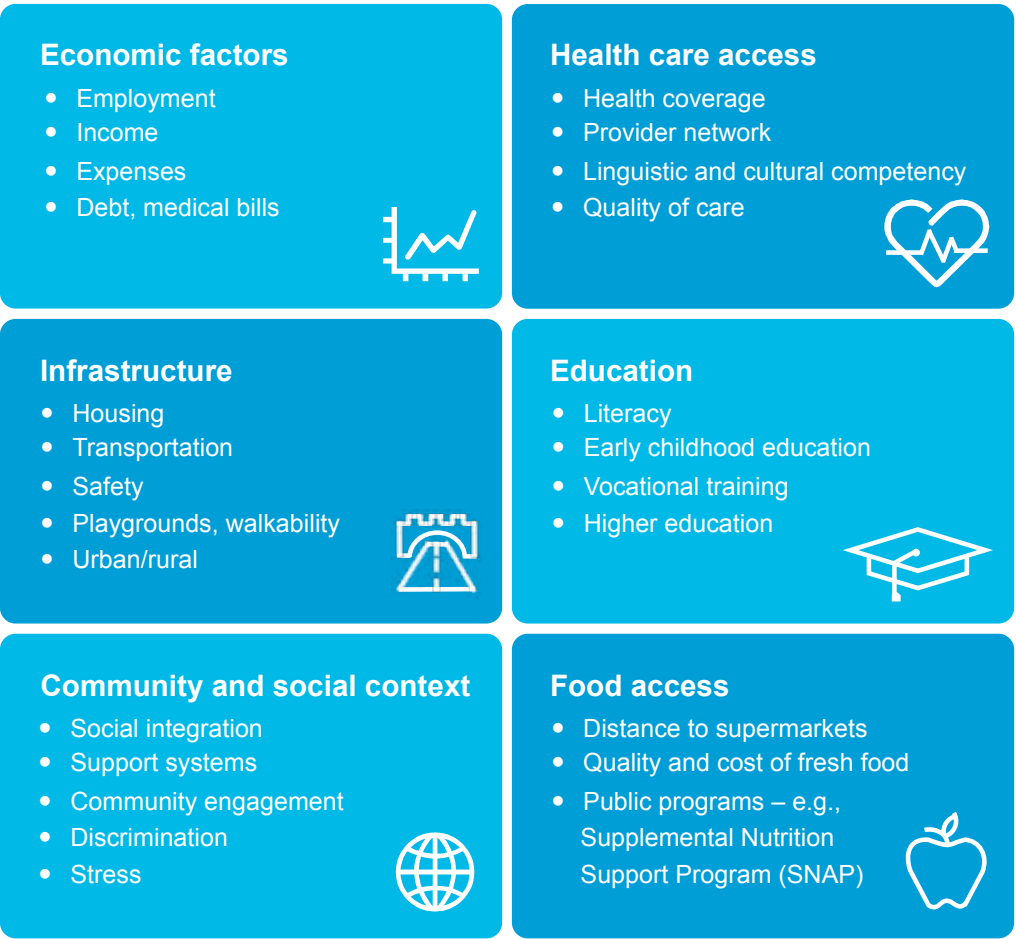
These are the environments in which people are born, grow, live, learn, work, play, worship, and age. They can affect a wide range of health risks and outcomes. Social determinants of health include:

- › Economic factors (employment, income, medical bills, etc.)
- › Health care access and infrastructure (housing, transportation, urban versus rural location, etc.)
- › Education
- › Community (support systems, community engagement, discrimination, etc.)
- › Food access

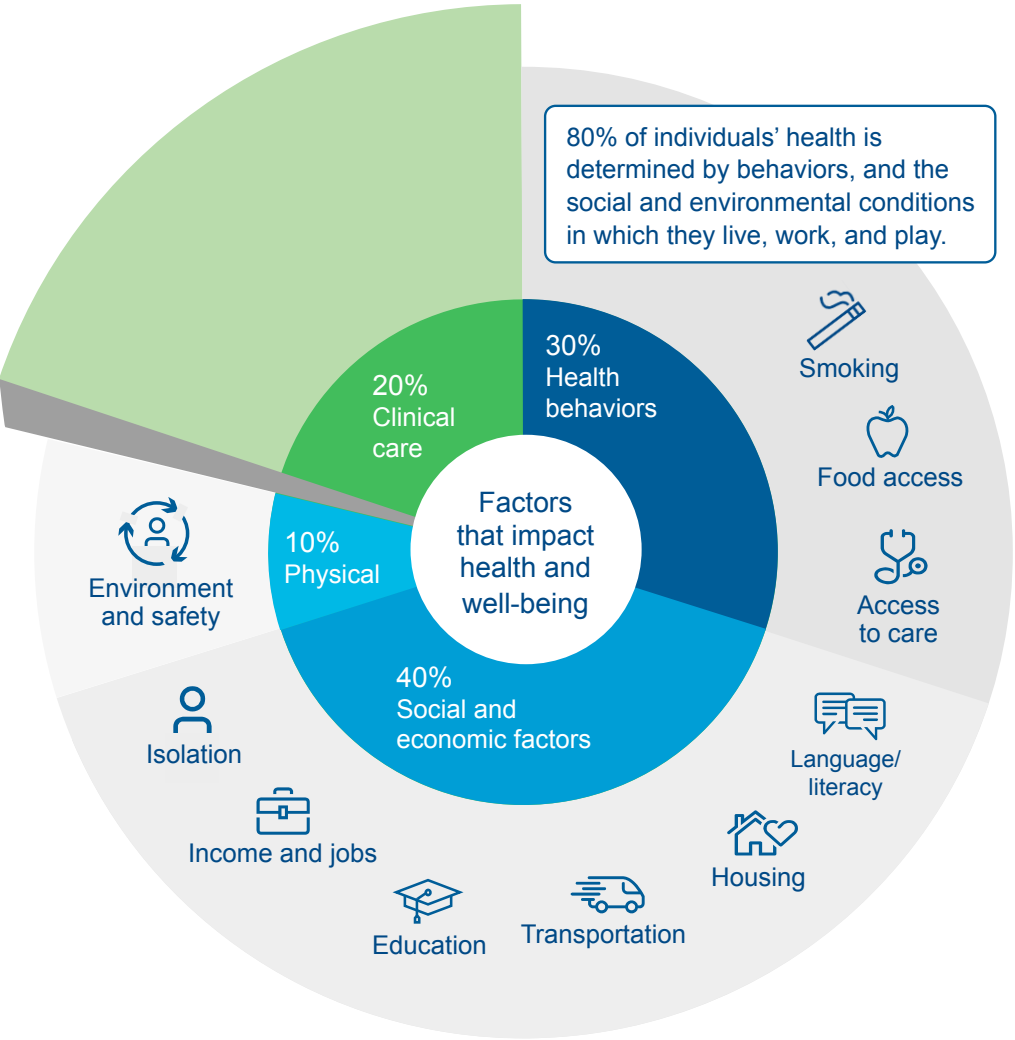
Impact of different factors on risk of premature death

While health care contributes to 20 percent of premature deaths, research shows that social, economic, behavioral, and environmental factors combined contribute to premature deaths by 80 percent.** (See the pie chart on this page.)

Social determinants of health



Impact of different factors on the risk of premature death



Continued on next page.



Identifying and addressing social determinants of health *continued*

Resources for providers: The EveryONE Project***

The EveryONE Project™ was developed by the American Academy of Family Physicians (AAFP) to help providers identify and assist their patients who may have unmet social needs. It offers providers a validated screening tool, a "Neighborhood Navigator" look-up tool to help find resources in the community for patients, and a patient action plan.

THE EVERYONE PROJECT RESOURCES FOR PROVIDERS	
RESOURCE	WEBSITE
Social Needs Screening Tool and guide	AAFP.org > Patient Care > The EveryONE Project > The EveryONE Project TOOLKIT > Assessment and Action
Neighborhood Navigator look-up tool	
Action plan development tools	

Social Needs Screening Tool and guide

Social Needs Screening Tool. This free tool screens for social needs, including housing, food, transportation, utilities, and personal safety, employment, education, childcare, and financial strain using validated screening questions. These social needs were chosen based on the following criteria:

- › Quality evidence that links poor health and increased health utilization to cost.
- › Social needs that can often be addressed by community services.
- › Needs that are not routinely addressed by health care workers.

You can easily adapt this tool to fit your practice. It can help you to document specifics in the medical record, and identify specific patient needs to help focus conversation. It may be either self-administered in the waiting room or given by a member of your health team.

Guide to Social Needs Screening. This guide outlines the importance of screening, and includes rationale and explanation of each screening category. It includes a more detailed version of the Social Needs Screening Tool.

Free look-up tool to find patient resources

Once you have identified a patient with unmet social needs, the EveryONE Project can assist you in locating community social resources that may help the individual to address his or her needs through the [Neighborhood Navigator look-up tool](#). This easy-to-use online database is searchable by ZIP code, and you may filter results by factors such as social determinant domain, location, language, and eligibility criteria.



Social needs action plan

Once you identify social needs resources, you may add them to the [Social Needs Patient Action Plan](#), which is available in multiple [languages](#). This will help to simplify the documentation, and enable you to give patients something to take home with them.

Additional resources

Every patient, practice, and community is unique, and there isn't a one-size-fits-all approach to addressing all social determinant needs. To explore additional resources, visit [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#).

* Berkowitz, et al. (2016). Addressing basic resource needs to improve primary care quality: a community collaboration programme. *BMJ Quality & Safety*, 25(3), 164–172. <https://www.ncbi.nlm.nih.gov/pubmed/26621916>.
** County Health Rankings and Roadmaps: A Robert Wood Johnson Foundation Program. (2019). Country health rankings model. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.
*** The EveryONE Project materials are copyrighted, and The EveryONE Project is a pending registered trademark of the American Academy of Family Physicians (AAFP). By downloading any of these materials, you agree that you will only use The EveryONE Project materials for the purposes of education and advancing health equity. The EveryONE Project materials may not be modified in any way and may not be used to state or imply the AAFP's endorsement of any goods or services.



HELPING YOU LOWER YOUR PATIENTS' DRUG COSTS

Medication adherence is vital to good health, but high out-of-pocket costs prevent some people from filling their medications. For example, one in four people ration their insulin due to cost, which may increase their health risk and the progression of the disease.*

Introducing Enhanced RxSavings Messenger

To help reduce medication costs for our customers and help keep them on track to better health, we are introducing a new drug conversion program: Enhanced RxSavings Messenger. This will enable providers to choose lower-cost, covered medications for their patients with Cigna-administered coverage. For plans that have already received the claims engine upgrade as a result of our combination with Express Scripts, Enhanced RxSavings Messenger will start to become available in June 2020. For all other plans, the program will be available as each plan receives the claims engine upgrade.

How the program works

We may contact you by electronic medical record, fax, or phone if you have a patient with Enhanced RxSavings Messenger for whom you have prescribed a:

- › Brand-name drug for which there is a generic equivalent, or
- › Nonpreferred drug for which there is a lower-cost therapeutic alternative, or
- › Drug that is not covered.

Together, we'll determine whether a plan-preferred alternative drug may be appropriate for your patient.

If you authorize an alternative drug, we'll send you a follow-up confirmation letter, and your patient a notification letter, about the change. Both will include contact information to answer questions. If your patient uses Express Scripts Pharmacy, our home delivery pharmacy, we will dispense the medication upon receipt of the authorization.



* Caffrey, Mary. Gathering Evidence on Insulin Rationing: Answers and Future Questions. American Journal of Managed Care, September 26, 2019. <https://www.ajmc.com/journals/evidence-based-diabetes-management/2019/september-2019/gathering-evidence-on-insulin-rationing-answers-and-future-questions>.



CHANGES IN DRUG FORMULARY EFFECTIVE JULY 1, 2020*



Effective July 1, 2020, we will make changes to our drug formularies to help ensure our customers have access to affordable and quality health care. Our major areas of focus are detailed below.

Biosimilar strategy

When it comes to biosimilars, we consider clinical safety and efficacy data, as well as a patient’s condition and duration of therapy. As appropriate, we also prefer a biosimilar or reference product in place of an original branded product. Our biosimilar strategy includes the categories listed below.

- › **Oncology.** For new customers, we will make MVASITM and ZIRABEV the preferred-brand drugs in place of Avastin®, and Ogivri™ and TRAZIMERA the preferred-brand drugs in place of Herceptin®/Herceptin Hylecta™ and KANJINTI™.
- › **Oncology/inflammatory.** For new customers, we will make TRUXIMA® and RUXIENCE™ the preferred-brand drugs in place of Rituxan® and Rituxan Hycela®.

Therapeutic class changes

Our therapeutic drug class changes include the categories listed below.

- › **Hereditary angioedema.** For new customers, we will make icatibant the preferred-name drug in place of BERINERT®, KALBITOR®, and RUCONEST®.
- › **Huntington’s disease.** We will remove Xenazine® from our formularies to promote AB-rated generic drugs.**
- › **Inflammatory.** We will cover STELARA® 45 mg/ 0.5 ml and 90 mg/ml prefilled syringes under the pharmacy benefit. These syringes will no longer be covered under the medical benefit. We will continue to cover the vial under the medical benefit.
- › **Opioid (cancer pain).** We will remove SUBSYS® from our formularies to promote generic alternatives.**

What this means to you and your patients with Cigna coverage

In late March 2020, 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 them.

Beginning July 1, 2020, customers who continue filling prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically appropriate alternative medications before this date.

Additional information

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

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription Drug List changes for 2020	The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes. These changes only apply to Cigna’s non-Medicare customers.	Go to CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna’s Prescription Drug Lists: View Documents > 2020 Prescription Drug List Changes.
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for patients with Cigna-administered coverage, and view their estimated out-of-pocket costs based on their benefit plan.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>

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

** If a provider believes any of the products that will no longer be covered as preferred options are medically necessary, then Cigna will review requests for a medical necessity exception. Providers can submit requests for medical necessity review through their electronic health record or electronic medical record system, or through CoverMyMeds® or Surescripts®.



TRANSITION TO EXPRESS SCRIPTS PHARMACY: REMINDERS

As employer groups renew their contracts with Cigna in 2020, their employees who use Cigna Home Delivery PharmacySM will be transitioned to Express Scripts Pharmacy, a Cigna company. These changes will affect home delivery prescription fulfillment and the prior authorization process, as well as the communications providers and customers receive.

What this means for you

Electronic prior authorization (ePA)

For your patients with Cigna-administered coverage who have transitioned to Express Scripts Pharmacy, you can request prior authorization through your electronic health record (EHR) or electronic medical record (EMR) system, or through one of the following ePA vendors.

EPA VENDOR	EHR AND EMR AVAILABILITY	WEBSITE AVAILABILITY	QUESTIONS
CoverMyMeds®	Yes	Yes, go to CoverMyMeds.com/epa/Cigna .	Call CoverMyMeds at 866.452.5017 .
Surescripts®	Yes	No	Call Surescripts at 866.797.3239 .

Communications

For these patients, you may receive communications that include the Express Scripts name and details about newly available programs, such as RationalMed® for Cigna.

You may also notice a change in the way you receive such communications. For example, RationalMed for Cigna, an additional gaps-in-care program that complements our existing Well Informed program, sends messages to you via your EMR, or by letter or fax.

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



What this means for your patients

When a patient's employer renews their Cigna contract, Express Scripts Pharmacy becomes the home delivery pharmacy of record for its employees. This means these customers will see the Express Scripts name on bottles, packaging, and related correspondence. They may also notice a change in the shape, size, and/or color of their medication.

Questions?

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



USE PHARMACIES IN THE CIGNA NETWORK FOR SPECIALTY MEDICATIONS

When your patients with Cigna-administered coverage need specialty pharmacy services, they rely on you to obtain their medications – including medical injectables – from a pharmacy in the Cigna network. This helps ensure they pay the lowest out-of-pocket costs for these medications.

Using a pharmacy in the Cigna network is especially important for your patients who do not have out-of-network benefits. These patients may need to pay the full cost of a medication from a pharmacy that is not in the Cigna network, a possible financial burden.

When medically appropriate, we encourage you to use Accredo, a Cigna company, for all of your patients’ specialty pharmacy needs. Accredo is a nationwide pharmacy for specialty medications and has 99.1 percent access to specialty medications.*

There are several ways you can submit prescriptions to Accredo.

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

* 2018 analysis based on Express Scripts adjudicated claims volume for commercial and health plan payers for limited distribution, exclusive distribution, and open access specialty drugs.



SPECIALTY PHARMACY MADE SIMPLE: ACCREDO'S PRESCRIBER PORTAL

Accredo, a Cigna specialty pharmacy, offers an all-in-one portal for specialty prescribing where you can get the information you need when you need it – allowing you to spend more time with your patients.

We encourage you to register for the Accredo portal (MyAccredoPatients.com), through which you can:

- › See referrals, refills, and renewals.
- › Flag patients or prescriptions for follow-up.
- › Check on prior authorization requests.
- › Track prescriptions as they're processed, filled, and shipped.
- › Interact with an Accredo agent and get real-time help with patient information.
- › Eliminate time spent on the phone.

To register, go to MyAccredoPatients.com.

Questions?

If you have questions about the Accredo portal, email MAPSupport@Accredo.com or call **844.516.3319** (8:00 a.m.-8:00 p.m. ET, Monday-Friday). **Please note:** The phone number and email address are for assistance with the Accredo prescriber portal only. Do not send prescriptions or patient information to the email address listed above.

To learn more about MyAccredoPatients.com, check out [this video](#).



PROVIDER REVIEWS REMINDERS

As a reminder, verified patient reviews* display in providers’ profiles in the [myCigna.com](#) online directory. New reviews are published on an ongoing basis.

Reviews are verified

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

How patient reviews works

After a preventive care or routine office visit, customers may receive an email with a single question that asks about their recent health care experience. Their response (or “review”) is vetted to ensure it meets certain editorial guidelines. For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the [myCigna.com](#) online directory.

Who receives reviews?

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

- › Chiropractors

› Dermatologists

› Ophthalmologists
- › Pediatricians

› Podiatrists

› Primary care providers

How to access your reviews

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

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

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

How customers access patient reviews

When customers search our online directory and select a provider’s profile, they can click the Reviews tab** to view the recommendation rate, patients’ comments, and the provider’s responses.



Questions?

Please call your Cigna Provider Relations contact or call Cigna Customer Service at **800.88Cigna (882.4462)**.

* For U.S. customers only.
** This tab will appear on all provider profile pages, but will only display reviews if they are available.



HIGH-TECH RADIOLOGY SITE OF CARE MEDICAL NECESSITY REVIEW

Earlier this year, we announced our plans to expand our precertification requirements for computed tomography scans and magnetic resonance imaging to include a medical necessity review of the site of care. This requirement will apply for customers with fully insured benefit plans and those who are covered under the Cigna employees benefit plan.

We will review requests to ensure these customers receive coverage for an appropriate site of care, such as a freestanding facility, rather than an outpatient hospital setting (when available), except in situations where the use of an outpatient hospital setting is medically necessary.

While we planned to implement this program on April 15, 2020, we have postponed the effective date due to the COVID-19 pandemic.



PRECERTIFICATION OF CERTAIN GASTROENTEROLOGY PROCEDURES FOR INDIVIDUAL & FAMILY PLANS

On January 1, 2020, a precertification requirement for the gastroenterology procedures listed below went into effect for most customers with Cigna Connect Individual & Family Plans (IFPs).*

- › Esophagoscopy/
Esophagogastroduodenoscopy (EGD)
- › Most capsule endoscopies

Our goal is to help assure that tests and procedures – which may be costly and potentially harmful – are medically necessary according to evidence-based guidelines. We have delegated precertification of these services to eviCore healthcare.

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

New coverage policies

We implemented two new coverage policies to support this program.

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

You can view these policies at [eviCore.com/Cigna](https://evicore.com/Cigna).

CPT codes

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

IMPROVING AFFORDABILITY OF GENE THERAPY MEDICINES

We recently launched Embarc Benefit ProtectionSM to make breakthrough gene therapy medicines more affordable and help ensure access for those who need it. This first-of-its-kind offering brings together the health services, medical management, and specialty pharmacy expertise of Express Scripts, eviCore, and Accredo, a Cigna specialty pharmacy, and helps give your patients who have this benefit the ability to afford expensive, potentially life-altering gene therapies that otherwise may have high out-of-pocket costs.



SLEEP DIAGNOSTIC TESTING PRECERTIFICATION TIPS

When you have patients with Cigna-administered coverage who need sleep diagnostic testing, you can help expedite the process and make it a more seamless experience. Two of the most important ways to prevent delays are by making sure your patients meet the requirements of the study you are requesting, and by submitting a fully completed precertification request to CareCentrix (CCx) – our national ancillary provider for sleep study precertifications.

How to request precertification

Physicians and Cigna-contracted diagnostic sleep providers can submit sleep study precertification requests in several different ways.

Online	Cigna.Sleepccx.com	Use the Sleep Study Prior Authorization Request Form to help you complete the questions directly online
Phone	877.877.9899	Refer to your completed Sleep Study Prior Authorization Request Form
Fax	866.536.5225	Fax the following: <ul style="list-style-type: none">› Sleep Study Prior Authorization Request Form› Current clinical notes› Medication list

Note that if the request will be made by phone or fax, download and fully complete the Sleep Study Prior Authorization Request Form. Go to Cigna.Sleepccx.com > Quick Links: [Cigna Sleep Program Precertification Fax Request Form](#).

Requirements for a home sleep study

Before submitting a precertification request for a home sleep test for an adult patient age 18 or older with suspected obstructive sleep apnea (OSA), the patient must have evidence of excessive daytime sleepiness and at least one symptom suggestive of sleep disordered breathing. (See chart on next page.)

Evidence of excessive daytime sleepiness <ul style="list-style-type: none">› Disturbed or restless sleep› Nonrestorative or nonrefreshing sleep› Frequent unexplained arousals from sleep› Fragmented sleep› Epworth sleepiness score > 10› Fatigue	Evidence of sleep disordered breathing <ul style="list-style-type: none">› Witnessed apnea events› Habitual, loud snoring› Choking or gasping during sleep› Neck circumference – Men: > 17”; women: > 16”› Obesity (body mass index > 30)› Sleep-related bruxism (clenching or grinding teeth)› Cognitive deficits, such as in attention or memory› Unexplained nighttime reflux› Erectile dysfunction› Apneas or hypoxemia› Morning headaches
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Requirements for an attended (facility) sleep study

Before submitting a precertification request for an attended diagnostic sleep study for an adult patient age 18 or older with suspected OSA, the patient must have evidence of a comorbidity. This means the most recent clinical notes and a current medication list must also accompany the request.

Comorbid conditions that support a facility request:

- › Pulmonary hypertension
- › Moderate to severe pulmonary disease, such as chronic obstructive pulmonary disease (COPD), as diagnosed on pulmonary function studies (PFTs)
- › Moderate to severe congestive heart failure (NYHA Class III or IV) or LVEF ≤ 45%
- › Neuromuscular/neurodegenerative disorder causing restrictive lung disease, such as severe kyphoscoliosis, myasthenia gravis, amyotrophic lateral sclerosis (ALS), postpolio syndrome, polymyositis, and Guillian-Barré syndrome
- › Chronic opioid medication use
- › Refractory atrial fibrillation or nocturnal dysrhythmia
- › Obesity hypoventilation syndrome, previously documented and defined as pCO2 > 45 mm Hg and pO2 < 60 mm Hg on arterial blood gas

For more information

Refer to the Sleep Testing Services coverage policy on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative Index A-Z > [Sleep Testing Services - \(0524\)](#).



PARTICIPATE IN THE 2020 LEAPFROG HOSPITAL SURVEY

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

Survey deadline

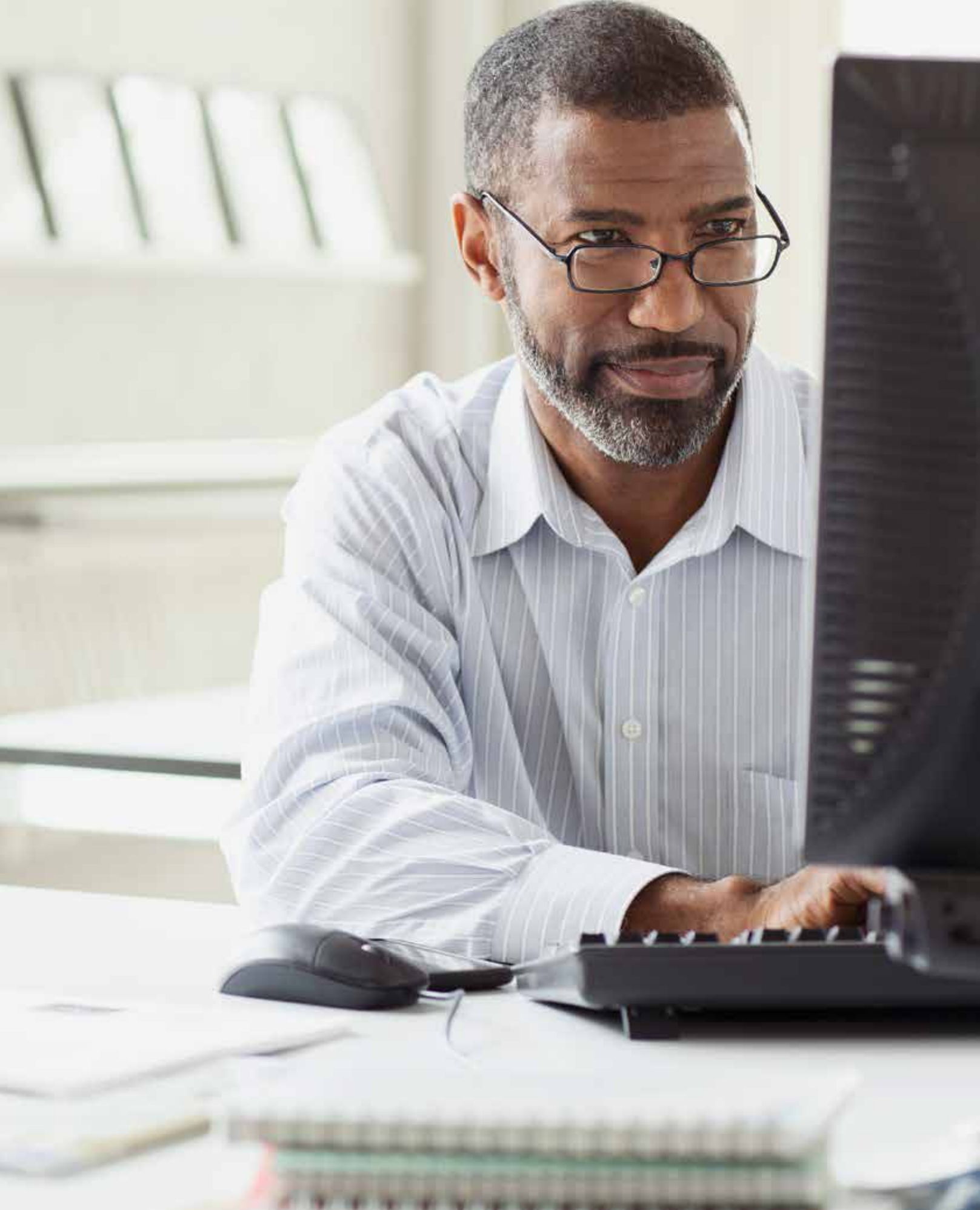
You can complete the 2020 Leapfrog Hospital Survey online from April 1, 2020 through December 31, 2020. Go to the Leapfrog Group website (LeapfrogGroup.org) > [Hospital Survey and materials](#).

Facilities that complete the survey by June 30, 2020 will have their results publicly reported at LeapfrogGroup.org/compare-hospitals on July 25, 2020. After that, facilities can still submit new surveys, as well as update previously submitted 2020 surveys, through December 31, 2020.

IMPORTANT DATES: 2020 LEAPFROG HOSPITAL SURVEY	
DATE	DESCRIPTION
April 1, 2020	Hard copy survey available for download
April 1, 2020	Online survey available
April 1-June 30, 2020	Submission period for inclusion in the first release of survey results
July 1-December 31, 2020	Submission period to submit surveys and update previously submitted 2020 surveys for inclusion in monthly updates

Additional information

For more information about The Leapfrog Group and how to participate in the 2020 Leapfrog Hospital Survey, please visit LeapfrogGroup.org > Survey Login and Materials > [Deadlines](#).



CALIFORNIA LANGUAGE ASSISTANCE LAW

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

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

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

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

California-capitated provider groups are responsible for:

- › Inserting or including the LAP notification in English vital documents sent to individuals with Cigna HMO plan coverage.
- › Educating providers in their practice that they must offer Cigna’s free telephone interpreter

services by calling **800.806.2059** to support their LEP patients with Cigna coverage. Even if a provider or office staff 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 the **California Customer Grievance Form** and **grievance brochure** to Cigna customers who communicate dissatisfaction with the services or care received, a utilization management decision, or a claim denial. To download and print the form in English, Spanish, or Traditional Chinese, go to [Cigna.com](#) > I want to... > Find a Form > Medical Forms > Cigna in California > **Cigna, Grievances & Appeals**:
 - Cigna Grievance Procedure > California Grievance Brochure
 - How to File a Grievance > Medical Grievance Form

For additional information:

- › Refer to the California edition of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides).



- › Review the California Language Assistance Program: Interpreter and translation services for California web page. Visit [Cigna.com](#) > Health Care Providers > Provider Resources > See All > Load More > **California Language Assistance Program (CALAP)**.
- › Download the 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 > 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.

* 2018 5-Year American Community Survey. U.S. Census Bureau. December 2018. <https://data.census.gov/cedsci/table?q=Language%20Spoken%20at%20Home&hidePreview=false&t=Language%20Spoken%20at%20Home&tid=ACST5Y2018.S1601&vintage=2018>.

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 age five) 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.

- › 49% Caucasian
- › 18% Hispanic
- › 16% Asian
- › 2% African American
- › 14% Other



NEW MEXICO LANGUAGE ASSISTANCE LAW

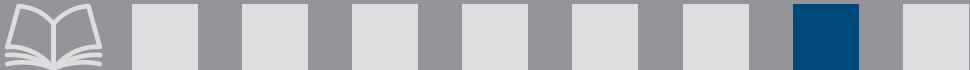
New Mexico law requires health plans to provide free language assistance services to all customers who reside in New Mexico. Cigna provides free interpreter services at all Cigna locations and provider points of contact for all customers in New Mexico with Cigna-administered plans (regardless of product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

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

Language assistance services that providers are responsible for offering

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP patient office visit or phone calls	Call Cigna’s toll free number at 800.806.2059 for free professional over-the-phone interpreter services. Periodically validate with the over-the-phone interpreter that interpretation is accurate.	Be ready to provide the patient’s Cigna ID number and date of birth. If 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 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 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 friend to interpret. OR An LEP patient wants to speak with bilingual office staff.	Offer a telephonic interpreter to the LEP patient. Discourage the use of family and friends – especially minors – as interpreters. Offer a trained, qualified telephonic interpreter, even if a provider or office staff speaks in the patient’s language.	If a patient insists on using a family member or friend, or refuses to use a trained interpreter, document this in his or her medical record.

Continued on next page



New Mexico language assistance law *continued*

Language assistance services that Cigna is responsible for offering

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.
LEP customer telephonic and in-person interpreter services at provider point of contact.	Customers have access to these services at the provider’s office at no cost to the provider.**	Each contract requires the health care insurer or managed health care plan to provide interpreters for LEP individuals, and interpretative services for patients who qualify under the ADA. Refer to Tips for Working with a Language Interpreter for more information.

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 27 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.

- › 49% Caucasian

› 32% Hispanic

› 2% Asian/Pacific Islander
- › 1% Black

› 16% Other



Questions?

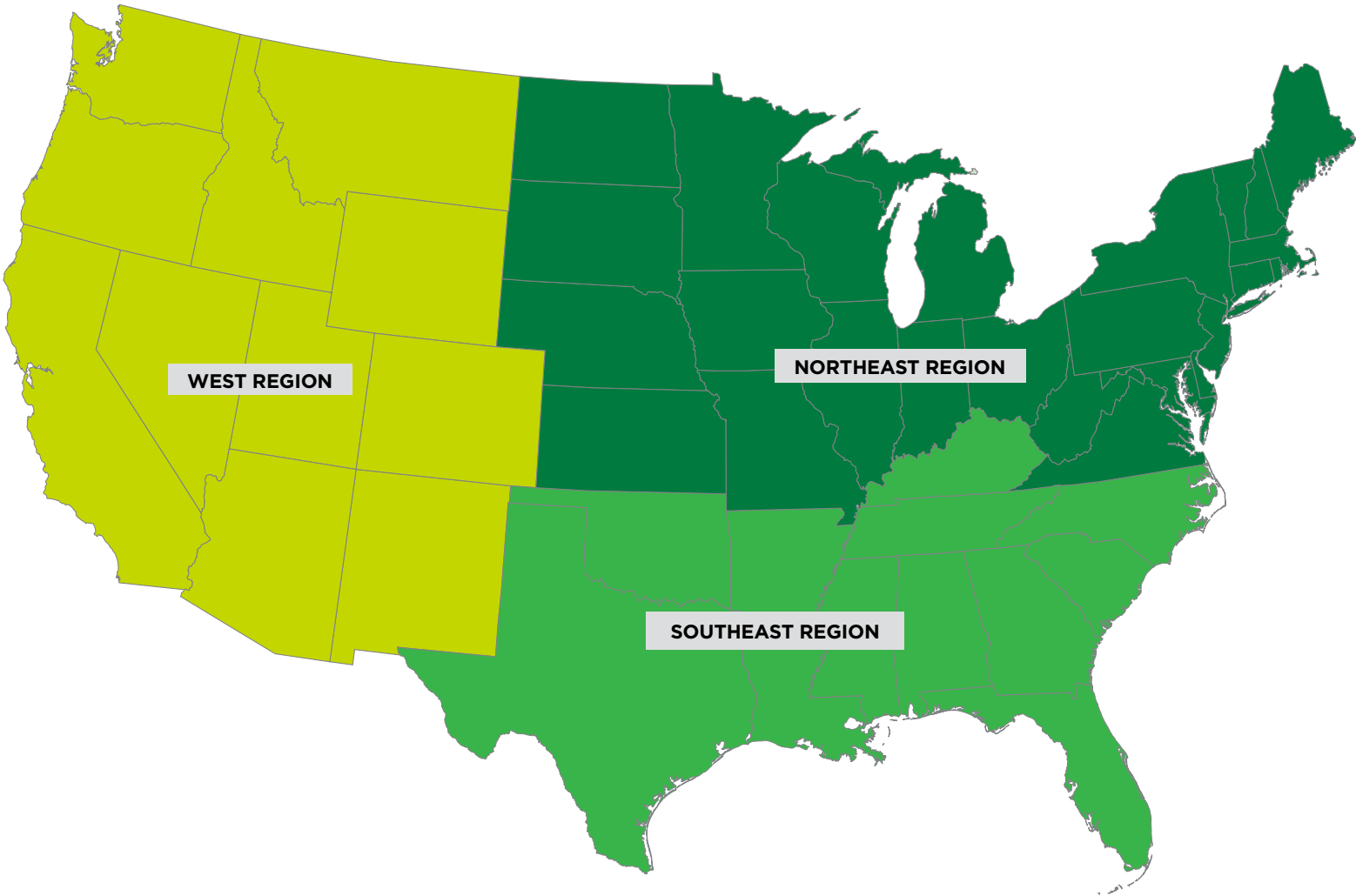
If you have questions about the New Mexico language assistance law or Cigna interpreter services, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

* Better Communication, Better Care: Provider Tools to Care for Diverse Population. Industry Collaboration Effort. March 2017. https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf.
** 13.10.22.12(I) New Mexico Administrative Code (NMAC).
*** 2018 5-Year American Community Survey. U.S. Census Bureau. December 2018. <https://data.census.gov/cedsci/table?q=Language%20Spoken%20at%20Home&hidePreview=false&t=Language%20Spoken%20at%20Home&tid=ACST5Y2018.S1601&vintage=2018>.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



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

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

Reasons to call your MME

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

USE THE NETWORK

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

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

Referral reminder: New York and Texas

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



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

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

Other information you can access

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

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

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

*The downloading of and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

CIGNA REFERENCE GUIDES

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

Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click [Register](#).



GO GREEN – GO ELECTRONIC

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

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

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

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

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



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.

eCourses, language assistance services, and more

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

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

Cigna-contracted providers may utilize discounted rates of up to 50 percent for [language assistance services](#) such as telephonic and face-to-face interpretations, as well as written translations, for their eligible patients with Cigna coverage.

These savings are made possible through Cigna’s negotiated contracts with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services.

In addition, providers in California may access a new resource, [California Language Assistance Program for Providers and Staff](#). This training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

CultureVision

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

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](#). Check back often for newly added resources.

GENDER DISPARITY TRAINING FOR CME CREDIT – NEW

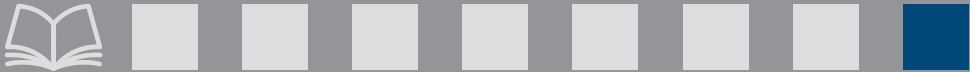
A new eCourse, “Gender Disparity in CAD and Statin Use,” is now available for Continuing Medical Education (CME) credit. Physicians who take this training can earn a maximum of 0.50 AMA PRA* Category 1 credit™.

The eCourse will:

- › Increase your awareness of gender disparities in statin use by women who have coronary artery disease (CAD).
- › Introduce you to the most current understanding of CAD risk factors affecting women’s health.
- › Share a summary of research.
- › Discuss how implicit bias affects patients

To access the eCourse, visit Cigna.com > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Cultural Competency Training](#).

* American Medical Association Physician’s Recognition Award (AMA PRA) is an award issued by the AMA to physicians who have met certain CME requirements.



EARN CME CREDITS WITH VALUABLE INSIGHTS, A CAREALLIES EDUCATION SERIES

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

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

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

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

HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider directory

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

It's easy to view and submit demographic changes online

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section, and click Update Health Care Professional Directory. *If you don't see this tool, ask your website access manager to assign you access to the functionality to make updates. If you don't know who your website access manager is, log in to CignaforHCP.com > Settings and Preferences > Online access > View TIN access. Select your TIN; the name of your website access manager(s) will be provided at the bottom of the screen.*
- › An online Provider Demographic Update Form will appear 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.

Update your email address to continue receiving Network News and alerts

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



URGENT CARE FOR NONEMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other, often better, options. Consider providing them with same-day appointments when it's an urgent problem. And when your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, view our Provider Directory at **Cigna.com > Find a Doctor, 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](#).

Together, all the way.®



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