



Network News

JULY 2019

For providers



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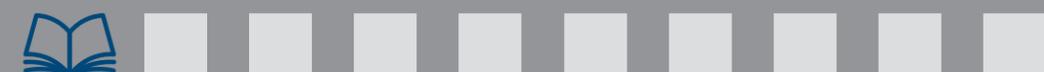
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PARTNERSHIP WITH VA: IMPROVING TREATMENT OF VETERANS WITH CHRONIC PAIN

Recently, the U.S. Department of Veterans Affairs (VA) and Cigna announced a new public-private partnership. Their shared goal is to improve the safety and quality of care for veterans who have chronic pain and are at risk for opioid misuse.

Through this partnership, we strive to educate veterans and their families, the public, and health care providers about safe opioid use. By supporting provider and patient interactions related to opioid use, we hope to help improve the delivery of care and health outcomes for veterans.

“This partnership is in line with VA’s priorities of transforming our business systems, and supporting more robust partnerships with state and local communities,” said VA Secretary Robert Wilkie. “By partnering with Cigna, we have extended our reach to help improve the way health care providers approach opioid use, and demonstrate our commitment to place veterans’ safety and well-being above all.”

David M. Cordani, President and CEO, Cigna, agreed. He further explained, “Public-private partnerships are critical to addressing the opioid epidemic in the U.S. It’s an honor and a privilege to partner with VA to support the brave men and women who served in the United States armed forces. We look forward to sharing our resources and best practices to benefit veterans and the communities that support them.”

VA Opioid Safety Initiative

This initiative was started in 2013 with the aim of reducing over-reliance on opioid analgesics for pain management, and promoting the safe and effective use of opioid therapy when clinically indicated. Its strategy includes education of providers and expanded access to non-pharmacological treatment options – in particular, behavioral and complementary integrative health modalities.

Thanks to this national initiative, the number of veterans who are receiving prescriptions for opioid painkillers has been reduced by more than 50 percent over the past six years. More than 75 percent of this reduction can be attributed to new patients who were not started on long-term opioid therapy. Nowadays, the VA is managing pain more effectively by using multiple strategies and alternative therapies, such as yoga, meditation, and acupuncture. VA health care providers also participate in state prescription-drug monitoring programs and training to manage the opioid crisis.

Supportive resources

Through this partnership, the VA and Cigna will promote supportive resources, such as the Veterans Crisis Line at 1.800.273.8255 and Cigna’s Veterans Support Line at 1.855.244.6211.



For more information

Visit [VHA Pain Management and Opioid Safety](#) and Cigna’s [Finding Consensus on Opioid Misuse is Critical to Overcoming It](#).



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 medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Drug-Eluting Devices for Use Following Endoscopic Sinus Surgery (0481)	A drug-eluting stent is a small tube that contains a drug and is inserted in the sinus passage following surgery. The drug is slowly released in a controlled manner for a desired period of time and is proposed to aid in healing the affected tissue.	In alignment with our current medical coverage policy, Drug-Eluting Devices for Use Following Endoscopic Sinus Surgery (0481), we will deny claims for drug-eluting stents following sinus surgery as being experimental, investigational, and unproven (EIU). The affected Healthcare Common Procedure Coding System (HCPCS) codes are C1874, C1875, C1876, C1877, C2617, and C2625.	August 19, 2019 for claims with dates of service on or after this date.
Orthotic prescriptions with no evaluation	An orthotic device is a rigid or semi-rigid device used to support, align, prevent or correct a deformity.	We will implement a new medical coverage policy, Orthotic Devices and Shoes (0543), and deny claims billed for orthotic prescriptions costing \$250 or greater as not medically necessary if the referring provider did not conduct an in-person evaluation of the patient within six months before the date of service. Additionally, claims that do not include a referring provider will be pended for additional information. This update applies to spine, knee, and lower and upper limb orthotic devices. The new policy will replace the following existing policies: <ul style="list-style-type: none"> › Cranial Orthotic Devices for Positional and Deformational Plagiocephaly (0056) › Lower Limb Orthoses and Shoes (0150) › Myoelectric Devices: Upper Limb (0233) › Knee Braces (0362) › Spinal Orthoses (0394) 	August 19, 2019 for claims with dates of service on or after this date.

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

continued



Clinical, reimbursement, and administrative policy updates continued

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Vitamin D Testing (0526)	Vitamin D tests are blood tests which are performed to check the level of vitamin D in the blood.	<p>We will update our current medical coverage policy, Vitamin D Testing (0526), to add a frequency limit of two lab tests in a 365-day rolling period for claims billed with Current Procedural Terminology (CPT®) code 82306 (Vitamin D; 25 Hydroxy). This frequency limit does not apply to vitamin D testing for chronic kidney disease and malabsorption syndromes.</p> <p>This does not affect other terms of our policy regarding vitamin D testing, including coverage for routine vitamin D screening. We also will limit testing per date of service to one code. As such, we will deny claims billed with CPT code 82652 (Vitamin D; 1, 25 Dihydroxy) in combination with CPT code 82306 as being duplicative.</p>	August 19, 2019 for claims with dates of service on or after this date.
Spinal fusion-related services	Spinal fusion is a surgical procedure that fuses together two or more vertebrae.	<p>We will update three coverage policies to require precertification for spinal fusion-related codes. We will review these codes under the precertification requirements for the primary procedure.</p> <p>The affected medical coverage policies are Lumbar Fusion for Spinal Instability and Degenerative Disc Conditions, including Sacroiliac Fusion (0303), Cervical Fusion (0527), and Bone, Cartilage and Ligament Graft Substitutes (0118).</p>	August 23, 2019 for claims with dates of service on or after this date.
Venous Angioplasty With or Without Stent Placement for Adults (0541)	Venous angioplasty is a procedure done to treat vein blockages. A balloon-tipped catheter is used to open a narrowed or blocked blood vessel.	<p>We will update our current medical coverage policy, Venous Angioplasty With or Without Stent Placement for Adults (0541), to require precertification.</p> <p>This policy affects adults age 18 and older. The affected CPT codes are 37238, 37239, 37248, and 37249.</p>	August 23, 2019 for claims with dates of service on or after this date.
Some medical coverage policies will expand to apply outpatient UB-04 claim forms	Some existing medical coverage policies only apply to claims submitted on CMS-1500 claim forms.	<p>We will expand the medical coverage policies listed below so that they will also apply to outpatient claims submitted on UB-04 claim forms.</p> <ul style="list-style-type: none"> › Acupuncture - (CPG024) › Allergy Testing and Non-Pharmacologic Treatment - (0070) › Autonomic Nerve Function Testing - (0506) › Biofeedback - (CPG294) › Dermabrasion and Chemical Peels - (0505) › Electrical Stimulation Therapy and Home Devices - (0160) › Electrodiagnostic Testing (EMG/NCV) - (CPG129) › Electroencephalography - (0521) › Gait Analysis - (0315) › Plasma Brain Natriuretic Peptide in the Outpatient Setting - (0028) › Spinal Ultrasound - (CPG038) › Strapping and Taping - (CPG143) › Transvaginal Ultrasound, Non-Obstetrical - (0398) › Wheelchairs/Power Operated Vehicles - (0030) 	September 16, 2019 for claims with dates of service on or after this date.

continued



Clinical, reimbursement, and administrative policy updates continued

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Evaluation and Management (R30)	A consultation is an evaluation and management (E&M) service provided at the request of another provider. Often consultations are used to obtain a recommendation for care of a specific condition or problem, or to determine whether a provider will accept responsibility for ongoing care of a patient.	We will implement a new reimbursement policy, Evaluation and Management (R30), and deny claims billed with CPT consultation codes as not valid. The affected CPT codes are 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, and 99255. Claims can be resubmitted with the appropriate non-consultative E&M code that describes the service.	October 19, 2019 for claims processed on or after this date.
Scrotal Ultrasound (0548) and Head and Neck Ultrasound (0549)	An ultrasound scan is a medical test that uses high-frequency sound waves to capture live images from inside the body.	We will implement two new medical coverage policies, Scrotal Ultrasound (0548) and Head and Neck Ultrasound (0549), and apply medical necessity criteria for them. The affected CPT codes are 76536 and 76870.	October 21, 2019 for claims with dates of service on or after this date.
Angioplasty (Extracranial, Intracranial) and Endoluminal Flow Diverting Stents (0545)	Angioplasty is a procedure that opens the narrowed artery and restores blood flow using a stent. A stent is a small tube inserted in the artery to hold it open. Endoluminal flow diverting stents are used to redirect arterial blood flow in intracranial aneurysms that are difficult to treat with conventional methods.	We will implement a new medical coverage policy, Angioplasty (Extracranial, Intracranial) and Endoluminal Flow Diverting Stents (0545), and require precertification for extracranial and intracranial angioplasty and endoluminal flow diversion procedures. The affected CPT codes are 37215, 37216, 37217, 37218, 61630, 61635, 61624, 0075T, and 0076T.	October 25, 2019 for claims with dates of service on or after this date.
Implantable Electrocardiographic Event Monitors (0547)	Implantable electrocardiographic event monitors, also known as implantable loop recorders, are a type of heart-monitoring device that records a patient's heart rhythm continuously for up to three years. It records the electrical signals of the heart, and allows remote monitoring using a small device inserted just beneath the skin of the chest.	We will implement a new medical coverage policy, Implantable Electrocardiographic Event Monitors (0547), to review the use of these devices for medical necessity. This update affects claims billed with CPT code 33285, and HCPCS codes C1764 and E0616.	October 25, 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.

Codes added to the precertification list on July 1, 2019

On July 1, 2019, we added 29 Current Procedural Terminology (CPT®) codes and eight new Healthcare Common Procedure Coding System (HCPCS) codes. We are also adding 44 existing CPT codes that will be effective August 23, 2019.

Codes removed from the precertification list on July 1, 2019

There were no codes removed 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 Now](#).



PREVENTIVE CARE SERVICES POLICY UPDATES

On April 15, 2019, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care code updates effective on April 15, 2019

DESCRIPTION	UPDATE	CODES
Breast pumps	Breast pump, electric (AC and/or DC), any type, does not require a prescription or precertification Reminder: Must be ordered through CareCentix, Cigna's national durable medical equipment vendor	E0604
Human papillomavirus vaccine	Age limits are not applied for dates of service effective on or after February 16, 2019	90649, 90650, 90651

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

DESCRIPTION	UPDATE	CODES
Aortic abdominal aneurysm (AAA) screening	Deleted CPT [®] ** codes	767500, 76705, 76770, 76775
	Deleted HCPCS** code	G0389

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 - \(A004\)](#).

* Current Procedural Terminology.

** Healthcare Common Procedure Coding System.



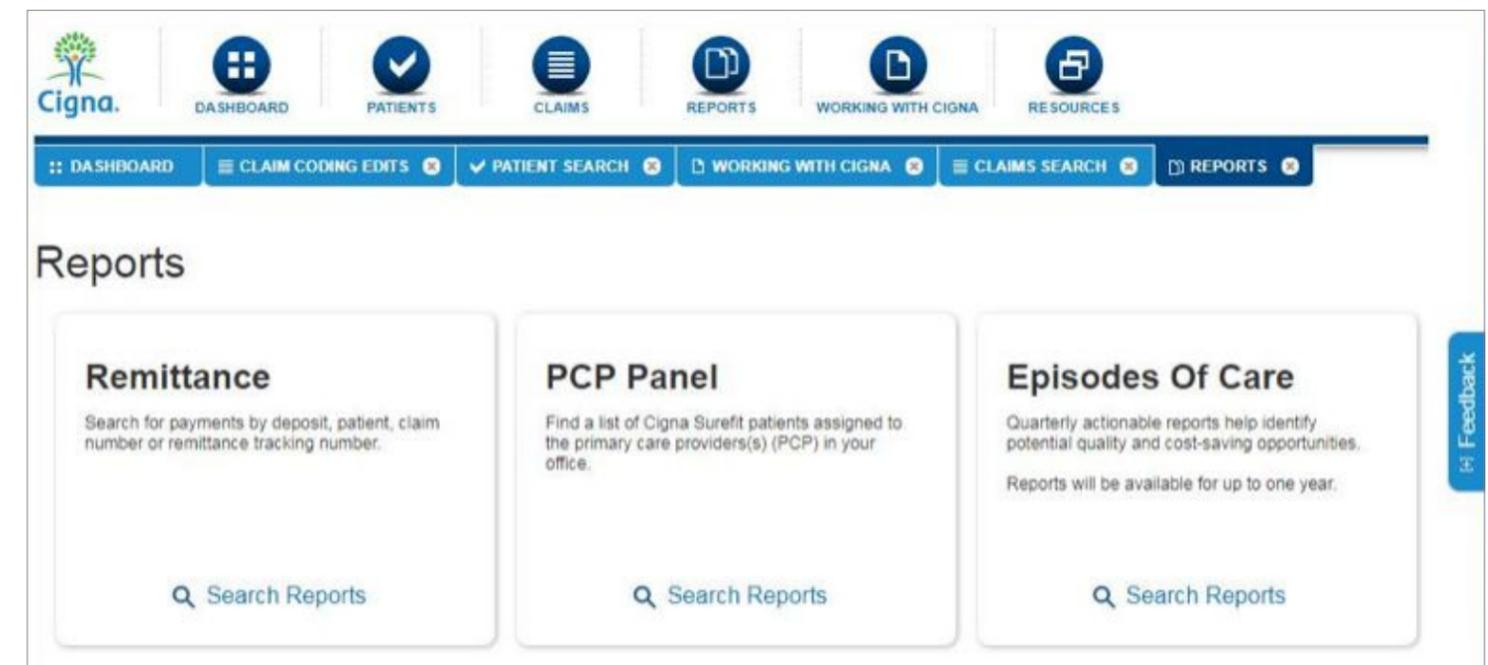
WHERE TO FIND REMITTANCE REPORTS ON CIGNAFORHCP.COM

When you're looking for remittance reports on the Cigna for Health Care Professionals website (CignaforHCP.com), you'll now find them exclusively under the Reports icon. We've recently enhanced the dashboard to combine all reports - including the direct deposit activity reports (DDARs) - under this icon.

To find the remittance reports:

- Log in to CignaforHCP.com. The dashboard will appear.
- Click the Reports icon at the top of the dashboard.
- Choose "Remittance reports" from the drop-down menu, or click Reports to be taken to a newly redesigned landing page.
- Click the Remittance category to access reports.

Note that there is no longer a Remittance Reports icon on the site.



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 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 providers](#).

Questions?

Email: Cigna_Provider_eService@Cigna.com.

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Tuesday, August 6, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	710 618 117
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, August 13, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	45 min	714 753 978
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, August 21, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	717 990 426
Website Access Manager Training	Thursday, August 29, 2019	2:00 PM/1:00 PM/12:00 PM/11:00 AM	45 min	719 340 577
CignaforHCP.com Overview	Thursday, September 5, 2019	3:00 PM/2:00 PM/1:00 PM/12:00 PM	90 min	716 424 419
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, September 10, 2019	2:30 PM/1:30 PM/12:30 PM/11:30 AM	45 min	713 487 781
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, September 19, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	717 455 729
Website Access Manager Training	Wednesday, September 25, 2019	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	712 740 519



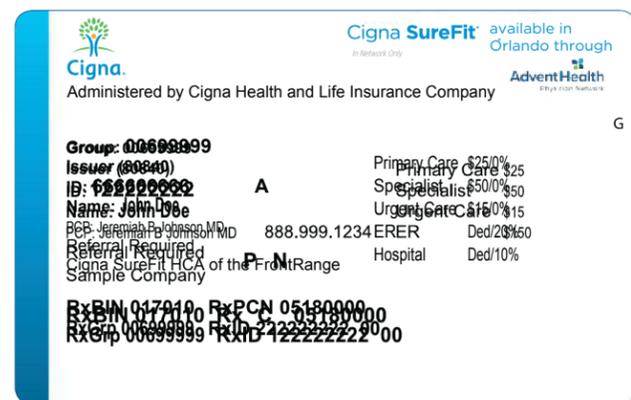
CIGNA SUREFIT PLANS EXPAND TO SOUTH FLORIDA

On July 1, 2019, we began offering the Cigna SureFit® plan to customers in the Broward, Martin, Miami-Dade, and Palm Beach counties in the South Florida area.

Cigna SureFit is a plan that builds networks around local participating physicians, hospitals, and specialists to give customers access to personal, patient-centered care. Enrolled customers have coverage only for care rendered by the providers and facilities that participate in the network aligned with their Cigna SureFit plan, including primary care providers (PCPs) and specialists. This plan does not provide out-of-network benefits or Away from Home Care – unless it is an emergency.

Cigna SureFit ID cards

Customers who have coverage through a Cigna SureFit plan can be easily identified by their ID card. The Cigna SureFit logo will appear in the upper-right corner. ID cards are also market-specific to identify the network aligned with the plan. The market name will appear alongside the Cigna SureFit logo. Customers enrolled in a Cigna SureFit plan are also required to select a PCP upon enrollment, who will be listed on the ID card.



Referrals

PCPs are required to make referrals to specialists who participate in the Cigna SureFit network aligned with the customer's benefit plan. Participating specialists are responsible for confirming referrals, either by relying on a PCP's written referral that a customer presents at the office, or by calling Cigna Customer Service. When calling about a referral, they should choose the prompt for specialist referral (option 4).

You can find participating providers by searching the online directory. Go to the Cigna for Health Care Professionals website (CignaforHCP.com) > [Search the health care professional directory](#). They are noted within the network selection as Cigna SureFit.

Cigna SureFit markets

Cigna SureFit plans are offered in the markets shown below.

STATE	GEOGRAPHIC REGION
Arizona	Phoenix
California	San Diego
Colorado	Boulder, Colorado Springs, and Denver
Florida	Orlando, Broward, Martin, Miami-Dade, and Palm Beach
Mid-Atlantic	Northern and Richmond, Virginia and Washington, DC
Missouri	Saint Louis
Missouri and Kansas	Kansas City
North Carolina	Raleigh
Tennessee	Chattanooga, Jackson, Knoxville, Memphis, Nashville, Plateau, and Tri-Cities

Additional information

For more information, call Cigna Customer Service at **1.866.494.2111**, or visit CignaforHCP.com > Explore medical resources > Medical Plans And Products > [Cigna SureFit®](#).



LOCALPLUS PLANS EXPAND IN NORTHERN NEW JERSEY

We routinely assess our networks to help ensure that our customers have access to quality, cost-effective care in their geographic areas. As a result, beginning July 1, 2019, we began to offer LocalPlus® plans for our customers in the following 11 counties in Northern New Jersey:

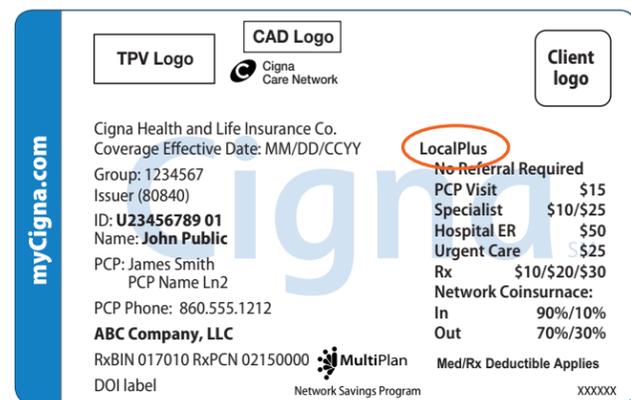
- › Bergen
- › Essex
- › Mercer
- › Middlesex
- › Monmouth
- › Morris
- › Passaic
- › Somerset
- › Sussex
- › Warren
- › Union

LocalPlus ID cards

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

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

Please note that some LocalPlus ID cards may list a primary care provider, even though customers are encouraged, but not required, to select one.



Keep referrals local

You can help your patients maximize their available plan benefits and minimize out-of-pocket expenses by referring them to LocalPlus network-participating physicians, hospitals, and other providers. You can find them by searching the online provider directory. Go to the Cigna for Health Care Professionals website (CignaforHCP.com) > [Search the health care professional directory](#).

About LocalPlus

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

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

Additional information

For more information, call Cigna Customer Service at **1.800.88Cigna (882.4462)**, or visit CignaforHCP.com > Explore medical resources > Medical Plans and Products > [LocalPlus](#).



ARE YOU SCREENING FOR CARDIOMYOPATHY AFTER CHILDBIRTH?

Each year, 700 women die from complications of pregnancy, and 60 percent of these deaths are preventable. One-third of all deaths occur one week to one year after a woman gives birth, with cardiomyopathy (weakened heart muscle) being the leading cause. In the week following a delivery, severe bleeding, high blood pressure, and infection are the most common causes of maternal morbidity and mortality.¹

Peripartum cardiomyopathy

Peripartum cardiomyopathy (PPCM) – also known as postpartum cardiomyopathy – is one type of cardiomyopathy in which a previous history of cardiac disease or a family history of cardiomyopathy or sudden cardiac death excludes a diagnosis of PPCM.²

Questions to ask

Women most commonly develop symptoms of PPCM within the first few months after delivery. We therefore encourage all health care providers to ask women of reproductive age the question, “Have you delivered a baby in the last year?” during any clinical encounter. It is also important to ask about any complications during pregnancy, obtain a thorough medical history, and review demographic information to help identify potential risk.

PPCM key risk factors

Health care providers can play an integral role in identifying the key risk factors. They include:³

- › Maternal age over 30 (an independent risk factor for PPCM)
- › Preeclampsia
- › Multiple-gestation pregnancies
- › Obesity and hypertension
- › Race (black women may be three to four times as likely to develop the condition compared with white women, while Hispanic women are least likely to develop it)
- › Cocaine use
- › Asthma
- › Thyroid illness
- › Autoimmune disease
- › Anemia
- › More than four weeks of tocolytic therapy with beta-adrenergic agonists, such as terbutaline

Traditionally, women who had given birth to multiple children were thought to be at a higher risk than others. However, recent studies have shown that the majority of mothers with PPCM develop it during the first or second pregnancy.^{4,5}



Symptoms to look for

Women who recently gave birth may be unsure if their symptoms are unusual – especially those listed below, since they may be seen in a variety of situations. Postpartum women may therefore not mention them during a health care visit.

- › Fatigue (not uncommon, especially with a newborn)
- › Palpitations
- › Chest pain
- › Decreased exercise tolerance
- › Shortness of breath⁶
- › Leg swelling⁶

During the examination, the following signs may be present:

- › Elevated jugular venous pressure
- › Ascites
- › Peripheral edema
- › S3 gallop
- › Rales (can be heard if there is pulmonary edema⁶)

When to refer

Based on a review of the PPCM risk factors, symptoms, answers to your questions, medical history, and demographic information, it may be appropriate to obtain an electrocardiogram (ECG) and echocardiogram.⁷ If there are any abnormal findings, or persistent symptoms that remain unexplained by this initial testing, we encourage you to refer your patient to a cardiologist.

Early diagnosis is key to saving lives

The incidence of PPCM appears to be increasing. However, when PPCM is caught early and treated, 50 to 80 percent of women have been shown to recover.

1. Centers for Disease Control and Prevention: *Vital Signs* May 2019.
2. Azibani, F, Sliwa, K. Peripartum cardiomyopathy: an update. *Current Heart Failure Reports* 2018;15:297-306.
3. Honigberg, MC, Givertz, MM. Peripartum cardiomyopathy. *BMJ* 2019;364:k5287.
4. Elkayam U, Akhter MW, Singh H, et al. Pregnancy-associated cardiomyopathy: clinical characteristics and a comparison between early and late presentation. *Circulation* 2005;111:2050.
5. Arany, Z, Elkayam, U. Peripartum cardiomyopathy. *Circulation* 2016;133:1397-1409.
6. Commonly seen during pregnancy, but should resolve in the postpartum period.
7. Regitz-Zagrosek, V, et al. ESC guidelines for the management of cardiovascular diseases during pregnancy. *European Heart Journal* 2018; 39(34):3165–3241.



ARE YOU SCREENING YOUR SOUTH ASIAN PATIENTS EARLY ENOUGH FOR DIABETES?

People of South Asian descent are at a higher risk of developing type 2 diabetes than the general population, and are at an increased risk of death from this and other diseases.

Genetics and lifestyle factors may play a key role

Although all of the reasons why are not clear, it is believed that the main contributing factors for the high prevalence of type 2 diabetes in South Asian individuals are genetics, and environmental or lifestyle factors.¹

This may be why, for example, when compared with their Western counterparts, they develop diabetes at a younger age and at a lower body mass index (BMI). They also have a greater risk of developing complications, which may cause premature death.²

ADA recommendation: Screen Asians at a lower BMI

Asian Americans can look slim, yet be at a higher risk of diabetes – and develop it at a lower BMI level – than heavier people belonging to other ethnic groups. It is believed that this may be due to differences in body composition. That is why the American Diabetes Association® recommends that Asian Americans be screened for diabetes when their BMI is 23 kg/M2 or higher.³

Asians and diabetes: JAMA publishes findings from recent studies²

In April 2019, *The Journal of the American Medical Association* (JAMA) published the findings of a pooled analysis of data from more than one million individual participants in 22 studies in Asia. It quantifies the association of diabetes with all-cause and cause-specific mortality in Asian populations.

It showed that in this population, diabetes was associated with a substantially increased risk of death from a broad spectrum of diseases, especially diabetes, as well as renal disease, coronary heart disease, and ischemic stroke. The associations were more evident among women and younger patients than among men and elderly patients.

These findings suggest the urgent need for developing diabetes management programs that are tailored specifically to Asian populations, including earlier screenings.



Did you know?

- ▶ Nearly 5.4 million South Asians live in the United States.⁴
- ▶ South Asians are individuals who can trace their origins to Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, or Sri Lanka.⁴
- ▶ The five states with the largest South Asian population are California, Illinois, New Jersey, New York, and Texas.⁵
- ▶ South Asians are four times more likely than any other ethnic groups to develop type 2 diabetes.¹

1. [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Using Mobile Health to Prevent Diabetes in India](#).
2. Jae Jeong Yang, PhD; Danxia Yu, PhD; et al. "Association of Diabetes With All-Cause and Cause-Specific Mortality in Asia." *JAMA Network Open*, 19 Apr. 2019, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2730789>
3. American Diabetes Association website: [Diabetes.org](#) > Newsroom > Press Releases > 2014 > [American Diabetes Association Releases Position Statement on New BMI Screening Cut Points for Diabetes in Asian Americans](#).
4. South Asian Americans Leading Together website (SAALT.org) > Demographic Information > [Demographic snapshot of South Asians in the United States \(April 2019\)](#).
5. Diabetes Among South Asians in the U.S.: An Overview ([Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Cultural Competency Training](#))

continued



Are you screening your South Asian patients early enough for diabetes? continued

RESOURCES TO HELP YOUR SOUTH ASIAN PATIENTS WITH DIABETES

To help providers gain a better understanding of their South Asian patients, and render culturally relevant care to them, Cigna offers several resources.

Educational videos

Gain insights from two doctors about health disparities in heart disease and diabetes for South Asians in the United States, and tips on how to facilitate a culturally responsive lifestyle management discussion with these patients.

VIDEO	PRESENTED BY
Equipping clinicians with insights into health disparities (South Asians)	Anil Sipahimalani, MD Cigna Medical Director
Culturally appropriate lifestyle changes are of key importance for South Asians	Sheila Sudhakar, MD Cigna Senior Medical Director

Online course: Diabetes Among South Asians in the U.S.

In this two-part training, learn insights about the cultural traits, beliefs, and practices that may contribute to diabetes and heart disease in the South Asian population. To access the training, refer to the [Cultural Training Instruction Guide](#).

Patient card: Diabetes Among South Asians in the U.S.

This card complements patient education specific to diabetes. It includes a patient's risk profile, a culturally relevant nutrition guide, tips on how to navigate the health care system, and information about lifestyle and medication management changes that may need to be made. Download, print, and share this [card](#) with your South Asian patients. (Available in English, Hindi, Nepali, and Urdu.)

Diabetes chronic condition management program

Cigna offers chronic condition coaching for your eligible patients with diabetes. Contact Cigna Customer Service at **1.800.88Cigna (882.4462)** to determine which of your patients are eligible for this program. Then, encourage them to call us to learn more about the program's benefits, which are available at no additional cost through their Cigna medical plan. To learn more about our chronic condition management programs, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Explore medical resources > Case Management/Health and Wellness > [Chronic Condition Management](#)).

CultureVision™

Access information about the South Asian population that can further help in your efforts to render culturally competent care.

- Visit [CRCultureVision.com](#)
- Login: CignaHCP, Password: Doctors123*
- In the Select Group box, click Ethic Groups: Asian Indian, Bhutanese, Burmese, Hmong/Laotian, Nepali, Pakistani, Thai, or Vietnamese.

You may access these, and other resources, on Cigna's Cultural Competency and Health Equity Resources web page. Go to [Cigna.com](#) > Health Care Provider > Provider Resources > [Cultural Competency and Health Equity](#).

Additional resources to enhance interactions with culturally diverse patients are outlined on [page 27](#).



ZOLGENSMA: FIRST FDA-APPROVED GENE THERAPY TO TREAT SMA TYPE 1

On May 24, 2019, the U.S. Food and Drug Administration (FDA) approved ZOLGENSMA® (onasemnogene abeparvovec-xioi) for the treatment of infants with spinal muscular atrophy (SMA), a rare genetic neuromuscular disease.

ZOLGENSMA:

- ▶ Is covered under the medical benefit when medically necessary.
- ▶ Is excluded from coverage under the pharmacy benefit.
- ▶ Requires prior authorization via fax to Cigna's dedicated ZOLGENSMA intake team at 1.866.544.1204.
- ▶ Is subject to the Limited Distribution Drugs with Reimbursement Restriction outlined in the Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers. To access this information, log in to

the Cigna for Health Care Professionals website (CignaforHCP.com) > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.*

Novartis, the manufacturer of ZOLGENSMA, determines which facilities in the United States are authorized to administer this gene therapy product. Providers should verify that a facility participates in the Cigna network before the gene therapy is administered.

More information about ZOLGENSMA will be available in August 2019 by logging in to (CignaforHCP.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Cigna Complex Drugs And Biologics Provider Fact Sheet for Zolgensma [onasemnogene abeparvovec-xioi].*

* You must be a registered user of CignaforHCP.com to login and view this information. If you are not registered for the website, go to CignaforHCP.com and click [Register Now](#).



GENE THERAPY REIMBURSEMENT

Gene therapy is a medical science breakthrough that will play an increasingly important role in the health and well-being of our customers. We will be adding a new section titled “Gene Therapy” to the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers.

As the U.S. Food and Drug Administration (FDA) approves specific gene therapy products, Cigna will develop benefit coverage criteria. Coverage of gene therapy products and administrative services is determined by a customer’s benefit plan. Some benefit plans may limit coverage to a select group of participating providers.

Look for additional information in the October 2019 **Network News**.



EARN CME CREDITS WITH VALUABLE INSIGHTS, A CAREALLIES EDUCATION SERIES

[CareAllies](#)®, a Cigna business, has an extensive and successful history of innovative value-based provider collaborations. The CareAllies team works closely with providers to accelerate the transition to value-based care through their provider engagement, accountable care organization, practice transformation, and home-based care delivery solutions.

Whether you're just beginning your transition to value-based care, or are well on your way, you can increase your knowledge through [Valuable Insights](#), a free, online education series that 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, click [here](#) or go to [CareAllies.com](#) > About Us > [Register For Our Webinars](#). 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.



2020 CIGNA CARE DESIGNATION RECONSIDERATION REQUESTS DUE AUGUST 9

Cigna regularly evaluates physician quality and cost-efficiency information. Physicians who meet Cigna's specific quality and cost-efficiency criteria, including those who participate in a Cigna Collaborative Care® arrangement, can receive the Cigna Care Designation (CCD) for a given measured specialty.

When displays will be viewable in our directories

On January 1, 2020, provider quality displays will be viewable in the directories on our public site, [Cigna.com](https://www.cigna.com), and our secure customer site, [myCigna.com](https://mycigna.com). Cost-efficiency displays will only be viewable on [myCigna.com](https://mycigna.com) by individuals with Cigna-administered coverage. Preliminary designation displays will be viewable with the  symbol next to providers' names in our online directories beginning on October 1, 2019.

When providers will be notified of 2020 results

In June, we sent letters to primary care providers and specialists in 74 markets and 21 specialties notifying them about the availability of their 2020 quality, cost-efficiency, and CCD profile display results. They included information about how to request reports, review results, submit inquires, and submit changes or reconsideration requests.

How to request more information

Email us at PhysicianEvaluationInformationRequest@Cigna.com or fax your request to 1.866.448.5506 to review additional quality and cost-efficiency information, obtain a full description of the methodology and data on which our decisions are based, correct inaccuracies, request that we reconsider your quality or cost-efficiency results, or submit additional information. When making a request or submitting additional information, be sure to include your:

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

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



When changes that result from reconsideration requests will appear online

Changes or reconsideration requests we receive by August 9, 2019, which result in a change in a provider's designation status, will appear in the preliminary displays that will be viewable in the online provider directories on October 1, 2019. Any changes or requests we receive after August 9, which result in a change in a provider's designation, will be viewable in the online provider directories the next time we update the display tools.

Methodology

To read a full description of the methodology we use to determine 2020 provider quality, cost-efficiency, and designation results, go to [Cigna.com/CignaCareDesignation](https://www.cigna.com/CignaCareDesignation). If you do not have Internet access, call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



PROVIDERS MUST MEET LANGUAGE ASSISTANCE COMPLIANCE REQUIREMENTS

IT'S THE LAW

The Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against individuals with disabilities in day-to-day activities, including accessing medical services and facilities.

Section 1557 of the Affordable Care Act

Section 1557 of the Affordable Care Act (ACA), also referred to as the nondiscrimination rule, prohibits discrimination in health programs and activities on the basis of race, color, national origin, sex, age, or disability.

This legislation supports the ACA's goals of:

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

Under Section 1557, it is unlawful to delay or deny effective language assistance services to individuals with limited English proficiency (LEP). Covered entities, such as Cigna and health care providers, are required to take reasonable steps to assist in providing language assistance services or written translations for LEP individuals who are eligible to be served in health programs and activities.

Additionally, when language services are required, they must be provided free of charge and in a timely manner.

Providers' responsibilities to ensure compliance with the law

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

- › **Sign language interpreter services** for communication with patients who are deaf or hard of hearing when needed, regardless of the cost, even if the cost of the interpretation services exceeds the amount a provider will receive for the services* (except in New Mexico, where the health plan is required to pay for sign language interpreter services).
- › **Language assistance services**, such as telephone and face-to-face interpretation services, as well as written translations for LEP individuals,** except in California and New Mexico, where the health plan is required to pay for telephonic interpreter services, in any health care setting. In California, Cigna covers the cost of written translations of vital documents, which are documents that impact benefits and coverage, in Spanish and Traditional Chinese.
- › **Reasonable accommodations for those with disabilities**, when necessary, to ensure they have an equal opportunity to participate in, and benefit from, programs or activities.

continued



Providers must meet language assistance compliance requirements continued

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

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

How Cigna ensures compliance with the law

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

- › Access to qualified professional interpreters who have knowledge of medical terminology and health care benefits in the customer's preferred spoken language.
- › Access to bilingual staff – who have passed an oral proficiency assessment administered by a professional vendor – to speak directly with the LEP customer in their preferred language.
- › At the request of the customer, written translation of significant documents in more than 33 languages including Braille, alternative fonts, and audio.
- › Inclusion of the nondiscrimination notice and taglines with the mailing of significant documents to inform customers about the availability of free language assistance services, nondiscrimination rights, and how to file a complaint.

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

For more information about the California and New Mexico language assistance laws, please refer to the related articles in the [April 2019 Network News](#), or access the Cigna state-specific reference guides. (Log in to the Cigna for Health Care Professionals website [[CignaforHCP.com](#)] > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guide.)

Questions?

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

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

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

PROVIDER DISCOUNTS AVAILABLE FOR LANGUAGE ASSISTANCE SERVICES

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

Depending on the service, discounted rates of up to 50 percent are available for telephone and face-to-face interpretations, as well as written translations.

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

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

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

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



CIGNA QUALITY RESOURCES AVAILABLE ONLINE

We want you to have the latest information about our quality initiatives and health management programs, care guidelines, and utilization management. We hope you find these resources helpful when considering care options for your patients with Cigna coverage.

Quality initiatives

The details of our quality initiatives are just a few clicks away on the Cigna for Health Care Professionals website (CignaforHCP.com) > Explore medical resources > Commitment to Quality > [Quality](#).

Care guidelines

To view our care guidelines visit CignaforHCP.com > Explore medical resources > Case Management/Health and Wellness > [Care Guidelines](#).

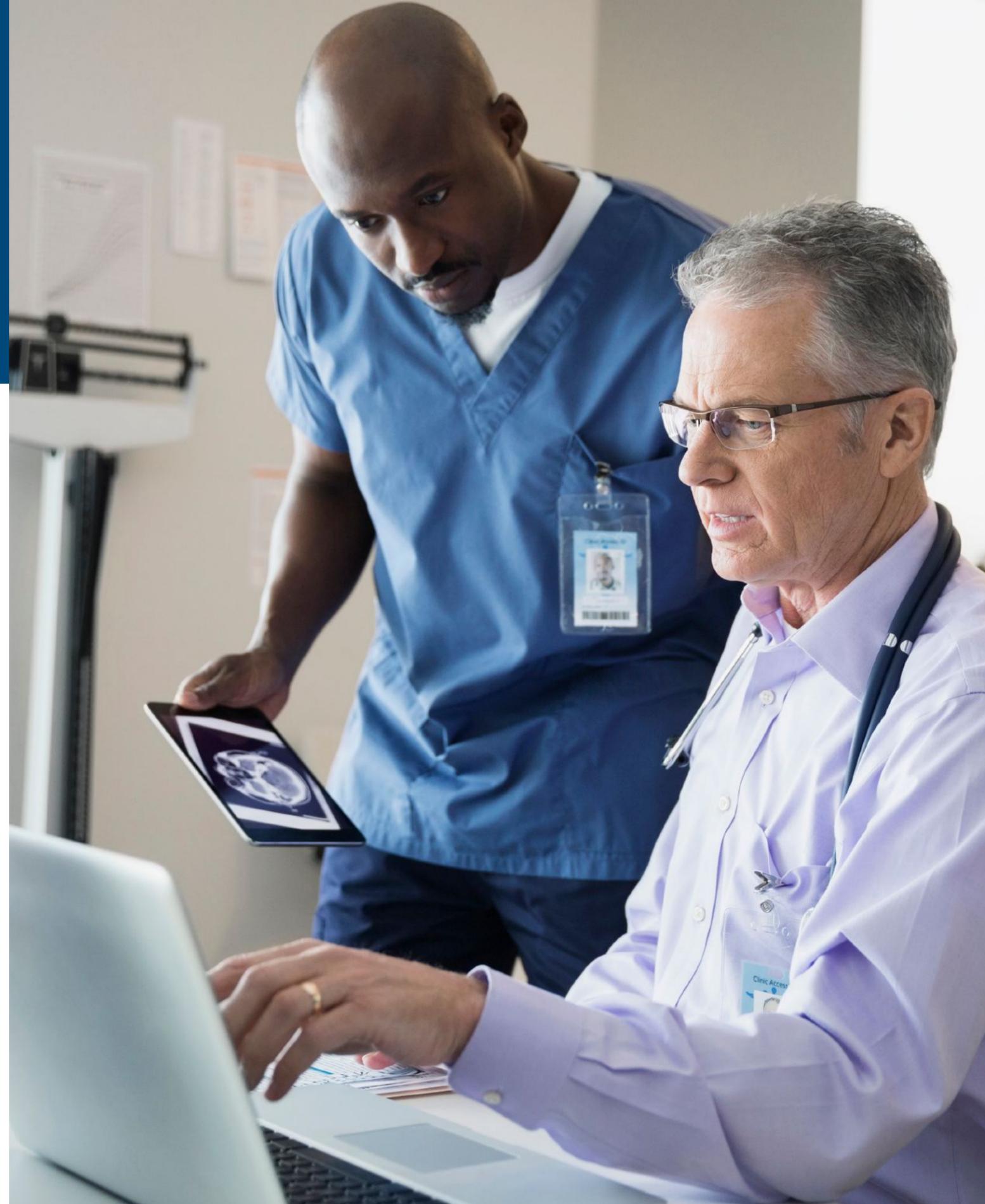
Utilization management

We base utilization management decisions on appropriateness of care and services, standardized evidence-based criteria, and existence of coverage. We do not reward decision makers for issuing denials of coverage. There are no financial incentives in place for utilization management decision makers that encourage or influence decision making. Your patients have the right to disagree with a coverage decision, and we will provide them with instructions on how to submit an appeal. Your patients can also elect to obtain care at their own expense.

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

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

If you have questions about our quality initiatives, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



CONTINUITY AND COORDINATION OF CARE

Continuity of care is the process by which patients and their team of providers are cooperatively involved to help coordinate care management and ensure access to quality, cost-effective care.

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

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

Our quality programs monitor for:

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

We have developed tools based on our assessments to serve as a model for exchanging clinical information that helps facilitate continuity and coordination of care. You can download these tools from the Cigna for Health Care Professionals website (CignaforHCP.com > Explore medical resources > [Commitment to Quality](#)).



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



CIGNA FOUNDATION FUNDS COLLEGE STUDENT-LED TEEN HEALTH EDUCATION IN LOW-INCOME COMMUNITIES

Young people face peer pressure and difficult decisions every day. Poor choices can lead to serious consequences, such as unplanned pregnancies or substance use. That's why health education, and knowing how to access preventive care, are critical for teens. But, health education funding may be limited, especially in lower-income communities.

To provide much needed support, the Cigna Foundation has provided a \$100,000 grant to **Peer Health Exchange** (PHE). This nonprofit organization, which believes that health education is fundamental to a young person's success, partners with under-resourced high schools in major cities to supplement or provide health education.

High school kids learn from college students

The PHE curriculum is taught in high schools by specially trained college student volunteers. PHE sets diversity standards to ensure the college students closely share the backgrounds and life experiences of the young people they are serving.

As slightly older peers, the college students are well positioned to lead candid conversations with high school students about their choices and health. They teach a 14-workshop curriculum to help teens develop skills in decision-making, communication, and advocacy. In addition, they create trusting relationships, and help connect the kids with existing health resources.

PHE curriculum and community partners

The PHE curriculum is designed to equip high school students with the knowledge, skills, and resources they need to make healthier choices and navigate the health systems in their communities. The curriculum aligns with national health and education standards, and is culturally relevant, age appropriate, and medically accurate. Its goal is to reduce unplanned pregnancies and substance use, and increase help-seeking behavior.

Where possible, PHE workshops also integrate tours of school-based health centers, to introduce students to staff and services, and help them access the preventive care they need.

How the Cigna grant will help

Cigna's \$100,000 grant will enable more than 18,000 ninth graders in Boston, Chicago, Los Angeles, New York, and San Francisco to participate in the PHE program.

"To make health care more sustainable, we need to go deep into local communities to put our young people on a healthier path to support both their physical and mental well-being," explains Susan Stith, Executive Director, Cigna Foundation. "In partnership with Peer Health Exchange and communities, we will help young people achieve more positive and equitable health outcomes."



Dr. Angela Glymph, PHE Vice President of Programs and Strategic Learning adds, "Partnering and working with young people to identify and remove barriers that keep them from accessing health resources is critical to our work. We rely on these partnerships to improve health outcomes for young people and advance our vision for health equity."

About Peer Health Exchange

PHE began in 1999, when six Yale undergraduates began teaching health workshops in New Haven public schools to fill the gap left by an underfunded, understaffed district health program. In 2003, the founding members of the group established PHE to replicate this successful program in other communities with unmet health education needs. Since 2003, PHE has trained more than 10,000 college student volunteers to deliver health education to more than 149,000 public high school students in Boston, Chicago, Los Angeles, New York City, and the San Francisco Bay Area.

PeerHealthExchange.org

About the Cigna Foundation

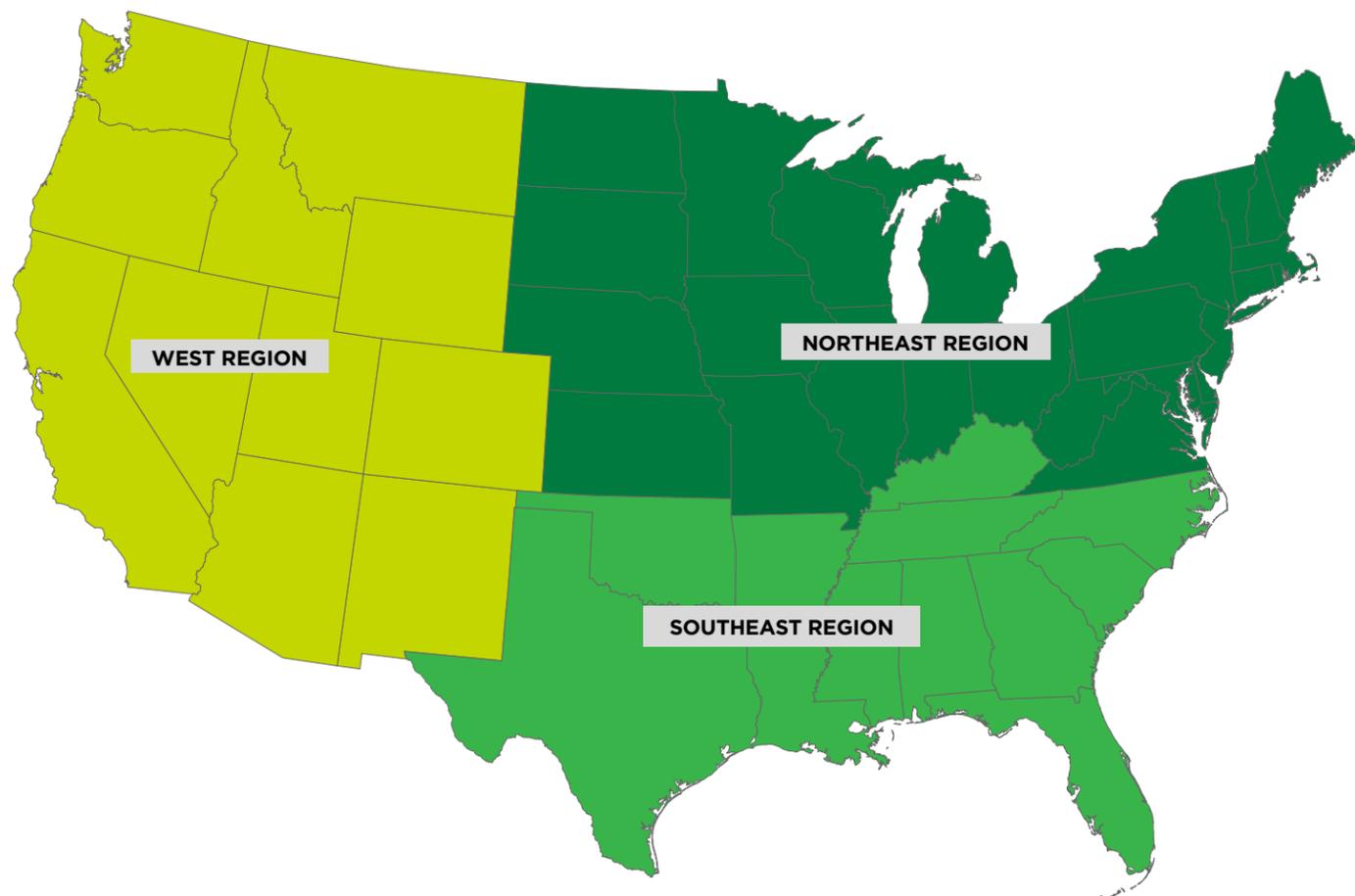
The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE:CI) and its subsidiaries. The Cigna Foundation supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities,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

Cigna.com/Foundation



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, but 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, 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, and 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 AVAILABLE

The 2019 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 on [Register Now](#).



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 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](#).

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

A new provider resource is available: **California Language Assistance Program for Providers and Staff**. The training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

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. For details, visit Cigna.com > Health Care Providers > Provider Resources > [Language Assistance 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 all 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.



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 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

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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.

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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, Bloomfield, CT 06152.

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