Network News

JULY 2017

For providers

Cigna®

Network News

July 2017

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INTEGRATING BEHAVIORAL AND MEDICAL HEALTH

Historically, behavioral and medical health care in the United States have not generally been integrated, with behavioral health conditions receiving less focus than medical conditions. This may contribute to the stigma associated with behavioral health conditions, which has resulted in unmet care needs, marginal health outcomes, and significantly increased health care costs.

Integration can help decrease costs and improve outcomes

In 2012, individuals who had both behavioral and medical conditions incurred almost $300 billion in additional health care costs.[1] However, it is estimated that between $26 and $48 billion (9 to 16 percent) could be saved with the effective integration of behavioral and medical care.[1]

Today, there is a growing awareness that it is necessary to integrate behavioral and medical care to improve the affordability and quality of care, the patient and provider experience, and the overall total health of individuals. To achieve this integration, there must be appropriate collaboration and coordination between behavioral and medical providers that is supported by technology, legislative changes, and health plans.[2]

White paper

Please take a few moments to review our white paper, *Integrating behavioral and medical health: A more holistic approach to health*, which provides a comprehensive analysis of behavioral and medical

integration. It discusses Cigna's approach to encouraging integration, and offers insights into how behavioral and primary care providers can work together to achieve optimal outcomes.[3,4]

The white paper discusses our goal of working toward a more holistic approach to health care, and how we're supporting practice-based efforts to achieve integrated care teams. Learn more about how to integrate behavioral and medical care, and be a care coordinator in a medical setting, through organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA).

In the coming months, we will be developing practice-based action steps that you can use to help integrate behavioral health in your medical practice. We will also be providing resources and learning opportunities around this important initiative.

1. Milliman, Inc., American Psychiatric Association report, "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry," April 2014.
2. Scheinholtz, Marian K., SAMHSA, "Overview of Behavioral Health for Aging Information and Referral/Assistance Professionals," 9 January 2013.
3. Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.
4. Klein, Sarah and Martha Hostetter, The Commonwealth Fund, "In Focus: Integrating Behavioral Health and Primary Care," 2014.

CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

Planned medical 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 following table outlines updates to our coverage policies.

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Facility Routine Services, Supplies and Equipment (R12) and Respiratory Services and Supplies (R15) reimbursement policies	Point-of-care services are those that are provided at the patient bedside or near the site of patient care (for example, rapid diagnostic testing). These services are included in the reimbursement for inpatient room and board.	We will not separately reimburse for point-of-care services performed by nursing and other ancillary staff at inpatient facilities. Point-of-care services are those that are provided at the patient bedside or near the site of patient care (for example, rapid diagnostic testing). These services are included in the reimbursement for inpatient room and board.	July 24, 2017 for claims processed on or after this date.
Uniform Billing Editor	The Uniform Billing (UB) Editor is a subset of the Centers for Medicare & Medicaid Services (CMS) revenue codes that have corresponding Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes. We currently reimburse claims if they only have the revenue code.	We will deny claims that do not also include the required CPT or HCPCS codes in the Field Locator 44 (FL44) field on the UB claim.	August 19, 2017 for claims processed on or after this date.
Transthoracic Echocardiography in Adults (0510) Transthoracic Echocardiography in Children (0523)	Transthoracic echocardiograms (TTEs) use ultrasound to produce images of the heart. The Transthoracic Echocardiography in Adults coverage policy applies only to those age 18 or older. Claims are currently reviewed only for adults, and only when the provider's office is the place of service (POS) code 11.	We have created a new coverage policy, Transthoracic Echocardiography in Children. We will begin to review claims for adults (age 18 and older) and children for TTEs performed in outpatient hospitals off-campus (POS 19), outpatient hospitals on-campus (POS 22), and in a provider's offices (POS 11).	August 21, 2017 for claims with dates of service on or after this date.
Implantable Hormone Pellets (1504)	TESTOPEL is an implantable testosterone pellet. Currently, claims for TESTOPEL may be reviewed for medical necessity if the requested amount exceeds a certain threshold.	We will require prior authorization for coverage of all TESTOPEL requests. The update is effective for claims billed with HCPCS code S0189 and CPT code 11980.	August 25, 2017 for claims with dates of service on or after this date.

Planned medical policy updates*

continued

Additional information, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies). If you are not registered for CignaforHCP.com, go to CignaforHCP.com and click Register Now. If you do not have Internet access – and would like additional information – please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

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

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Omnibus Reimbursement Policy (R24)	Healthcare Common Procedure Coding System (HCPCS) code S9083 is used to bill global urgent care services. Only urgent care facilities should bill using this code. We currently reimburse non-facility providers and nurse practitioners when they bill for services using S9083.	We will update our Omnibus Reimbursement Policy (R24), and deny claims from providers other than urgent care facilities who bill for services using HCPCS code S9083. Providers should use the appropriate code for the service provided (e.g., evaluation and management).	November 12, 2017 for claims processed on or after this date.
Pharmacy and Infusion Services (R14)	HCPCS code J7050 is used to bill 250 cc of normal saline. We currently reimburse 250 cc of saline, which is used to flush intravenous lines or as a drug diluent, when billed using HCPCS code J7050.	We will update our Pharmacy and Infusion Services policy (R14), and deny claims for 250 cc of saline billed with HCPCS code J7050. Saline used to flush intravenous lines or dilute drugs is considered part of the main service, and is not separately reimbursable.	October 21, 2017 for claims processed on or after this date.
Omnibus Reimbursement Policy (R24)	National Uniform Billing Committee (NUBC) Revenue Codes 510-515, 517-525, and 527-529 are used to identify the site of service (outpatient or inpatient). We currently reimburse claims from a provider for an office visit and from a clinic for an outpatient visit.	We will update our Omnibus Reimbursement Policy (R24), and deny claims for clinic room charges billed with NUBC Revenue Codes 510-515, 517-525, and 527-529 when the claim also includes E&M code(s) for an office visit.	October 21, 2017 for claims processed on or after this date.

USE THE JW MODIFIER TO REPORT DRUG WASTAGE

On October 3, 2016, we updated Cigna Reimbursement Policy Number R14 for Pharmacy and Infusion Services to allow a JW modifier to be used for the amount wasted when a single-dose vial is billed.

To minimize pharmaceutical wastage, we expect providers will use the most appropriate size vial, or combination of vials, to deliver the prescribed dose of a drug or biologic. When there is drug wastage, providers must append a JW modifier to the drug code, and report the amount wasted in the unit field, noting it on a separate claim line from the administered dose of the drug or biologic. Please note that we may request a National Drug Code number if you submit a JW modifier to support wastage.

Example

The BOTOX® dose administered for migraine headaches may be 155 units, which requires two 100-unit single-use vials. This will result in 45 units of wastage. The provider should bill the administered dose on the first claim line with the drug code only (no JW modifier), and record 155 in the unit field. The provider should bill the wastage on a separate claim line, append the drug code with the JW modifier, and record 45 in the unit field.

Special note about prior authorization requests

Prior authorization requests should be for the prescribed dose. In the BOTOX example, the provider should request prior authorization for 155 units only.

Additional information

To learn more about Cigna Reimbursement Policy Number R14 for Pharmacy and Infusion Services, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Modifiers and Reimbursement Policies > Reimbursement Policies > R14 – Pharmacy and Infusion Services. (Note: Login is required.)

PREVENTIVE CARE SERVICES POLICY UPDATES

On July 1, 2017, updates became effective for Cigna's Preventive Care Services Administrative Policy A004.

**Summary: Preventive care code updates effective July 1, 2017**

UPDATE	DIAGNOSIS CODE(S)	DESCRIPTION
Add ICD-10* codes	Z30.8 and Z30.9	Essure® confirmation procedure related to surgical sterilization (CPT code 76830: Ultrasound, transvaginal)
Add CPT®** code	76830	
Add HCPCS*** code	Q9984	Kyleena intrauterine devices (IUDs)
Add CPT code	86780	Syphilis screening (allowed with wellness or maternity diagnosis)
Add CPT codes	99174 and 99177	Instrument-based vision screening (allowed with wellness or any diagnosis; age limitation applied)

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative policy (A004) on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > Preventive Care Services – (A004).

 * International Classification of Diseases, 10th Edition.
 ** Current Procedural Terminology.
*** Healthcare Common Procedure Coding System.
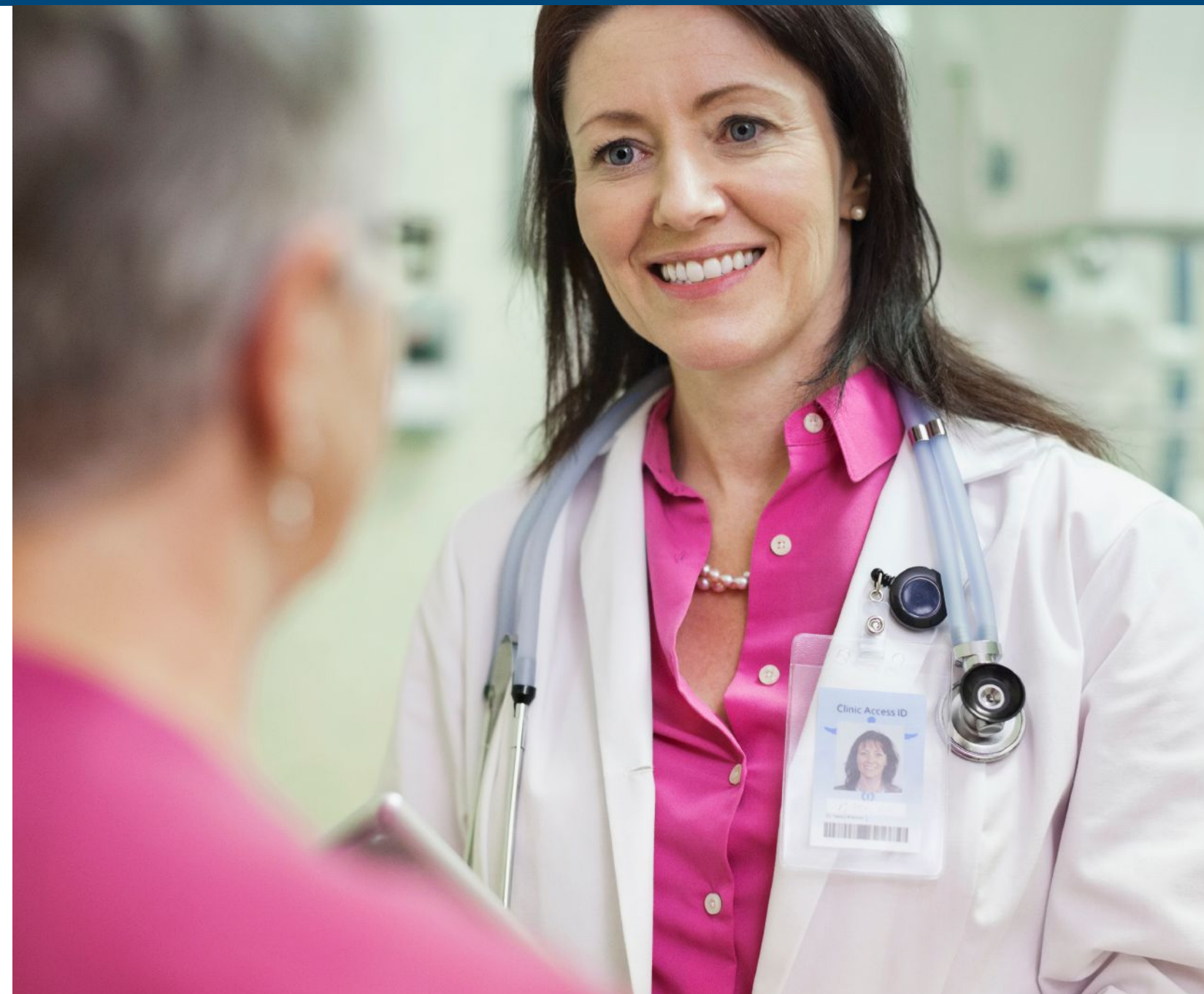
PRECERTIFICATION UPDATES

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

Codes added to the precertification list on July 1, 2017

On July 1, 2017, we added 13 codes that require precertification. Seven are Current Procedural Terminology (CPT®) codes that the American Medical Association (AMA) recently released, and six are Healthcare Common Procedure Coding System (HCPCS) codes that the Centers for Medicare & Medicaid Services (CMS) recently released.

CPT CODE	DESCRIPTION
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (e.g., retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care provider
0473T	Device evaluation and interrogation of intraocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care provider
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0475T	Recording of fetal magnetic cardiac signal using at least three channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care provider
0476T	Recording of fetal magnetic cardiac signal using at least three channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
0477T	Recording of fetal magnetic cardiac signal using at least three channels; signal extraction, technical analysis, and result
0478T	Recording of fetal magnetic cardiac signal using at least three channels; review, interpretation, report by physician or other qualified health care provider

HCPCS CODE	DESCRIPTION
C9489	Injection, nusinersen, 0.1 mg
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
C9747	Ablation of prostate, transrectal, high-intensity focused ultrasound (HIFU), including imaging guidance
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg
Q9989	Ustekinumab, for intravenous injection, 1 mg

To view monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click Register Now.

REQUIREMENT TO PRECERTIFY ONCOLOGY MEDICATIONS THROUGH EVICORE

On February 20, 2017, we implemented an integrated oncology management program for our commercial business. The program is administered through eviCore healthcare (eviCore), a national ancillary provider. You must precertify certain medical oncology medications through eviCore instead of Cigna, including primary chemotherapy, and supportive drugs, such as medical injectables and infusions.

On June 26, 2017, we expanded the program to include precertification of oral chemotherapy medications. This allows you to submit one integrated precertification request to eviCore for both the medical and pharmacy medications needed for a planned course of treatment. The goal is to ease your administrative burden, so that you can concentrate on providing your patients who have Cigna-administered coverage with a coordinated, medically appropriate course of cancer treatment.

eviCore will review your patient's entire treatment plan for coverage, rather than reviewing each medication individually, based on the National Comprehensive Cancer Network® (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®), and our medical oncology coverage policies.

Resources to support you

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

ELECTRONIC SOLUTIONS WEBINAR SCHEDULE

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

TOPIC	DATE	TIME (PT / MT / CT / ET)	LENGTH	MEETING NUMBER
Online Precertification	Monday, July 31, 2017	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	710 077 728
CignaforHCP.com Overview	Wednesday, August 9, 2017	9:30 AM / 10:30 AM / 11:30 AM / 12:30 PM	90 min	716 533 621
Eligibility & Benefits / Cigna Cost of Care Estimator	Wednesday, August 16, 2017	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	711 151 244
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, August 24, 2017	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	90 min	715 506 278
Online Precertification	Tuesday, August 29, 2017	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	718 437 761
CignaforHCP.com Overview	Thursday, September 7, 2017	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	90 min	714 127 306
Eligibility & Benefits / Cigna Cost of Care Estimator	Friday, September 15, 2017	8:00 AM / 9:00 AM / 10:00 AM / 11:00 AM	45 min	714 400 255
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, September 19, 2017	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min	718 597 722
Online Precertification	Wednesday, September 27, 2017	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	715 321 448

Preregistration is required for each webinar

1. Go to CignaVirtual.Webex.com.
2. Enter the meeting number; then click Join.
3. Enter the session password **123456**.
    (This is the password for each webinar.) Click OK.
4. Click Registration.
5. Enter the requested information and click Register.
6. You'll receive a confirmation email with meeting details.

To join the audio portion of the webinar

Call **1.888.Cigna.60 (244.6260)** and enter passcode 684113# when prompted.

Questions?

Contact: Cigna_Provider_eService@Cigna.com.

PREVENT CLAIM PAYMENT DELAYS FOR PROFESSIONAL, TECHNICAL, AND COMPLETE SERVICES

To help prevent denials and delays in the processing of claims that contain both professional and technical components, it's important to submit them as a complete service (global fee) when appropriate. A complete service code should be used when the physician provided the professional service, including the equipment, supplies, and technical personnel. When a provider submits claims separately with both the professional component (modifier 26) and the technical component (modifier TC), or submits one claim with modifier 26 and modifier TC on the same claim line or separate lines, it may lead to administrative denials.

There are certain services, however, that may be appropriately reported separately as modifier 26 or modifier TC. They include some diagnostic and therapeutic radiology services, certain diagnostic tests involving a physician's interpretation, and physician pathology services.

When modifier 26 is appropriate

In accordance with the Cigna Modifier 26 Reimbursement Policy, modifier 26 is appropriate when the provider is responsible for only the professional component of the complete procedure – such as reading and interpreting an X-ray, and preparing written results – and that provider is not employed by the provider supplying the technical component.

When modifier TC is appropriate

In accordance with the Cigna Modifier TC Reimbursement Policy, modifier TC is appropriate when the provider supplies only the technical component of the complete procedure – such as supplying the equipment, supplies, and technical personnel for a diagnostic procedure – and that provider is not employed by the provider performing the professional component.

Claim denials

When claims are denied pursuant to Cigna's reimbursement policies, providers may resubmit them or file an appeal to review and determine the proper reimbursement.

Questions?

For more information, please refer to our modifier TC and modifier 26 reimbursement policies. You can access them by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Modifier Policies > Modifier TC – Technical Component or Modifier 26 – Professional Component.

CIGNA QUALITY INITIATIVES AVAILABLE ONLINE

We want you to have the latest information about our quality initiatives and health management programs, 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).

Health and wellness programs

For information on our health and wellness programs and resources, visit CignaforHCP.com > Explore Medical Resources > Clinical Health and Wellness Programs.

Utilization management

We base utilization-management decisions on the appropriateness of care and services, standardized evidence-based criteria, and existence of coverage. We do not reward providers 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 with Cigna coverage, at no 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 Service (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, call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

THE VALUE OF REFERRING TO NETWORK-PARTICIPATING PROVIDERS

With health care costs continuing to rise, and employers choosing plans for their employees that shift more of the burden on to them, it's more important than ever to be conscious of how much your patients are paying for the care they receive.

Out-of-network care can be a financial burden for your patients

As a provider in our networks, you have the ability to improve the quality and financial value of the services your patients receive – both through the care you provide and the referral choices you make.

What's important to know is that the referrals you make have a direct affect on your patients' cost, experience, and quality of care. In many cases, they may not be aware that the providers you refer them to do not participate in the network aligned with their plan, and the resulting out-of-network cost may be a big financial burden on them.

Use our extensive network of participating laboratories

With so many payers and plans, it can be challenging to make sure you always refer your patients to providers that participate in the networks aligned with their plans. However, you can be sure your

Cigna patients needing general or specialty laboratory or pathology testing have these services covered at the in-network cost simply by referring them to any of the providers within our extensive network of regional and national laboratories. They include Laboratory Corporation of America® (LabCorp®), Quest Diagnostics, Inc. (Quest), and many others that are in locations both convenient and cost effective for you and your patients.

To find the most up-to-date list of Cigna network-participating laboratories, go to Cigna.com > Choose a Directory > For Plans Offered Through Work or School > Find a Doctor, Dentist or Facility.

### Supporting your efforts to provide quality and cost-effective care

We're committed to providing you with timely and relevant information that can help you provide quality and cost-effective care to your patients. We're working to make it easier to navigate our provider directory and understand the benefit plans we administer. We're also continuing to educate our customers about ways to help reduce costs without sacrificing quality, such as by using network-participating laboratories.

We need your help. Please refer all of your patients with Cigna coverage to Cigna network-participating providers, and help them understand the implications of choosing non-participating providers. They'll appreciate your efforts to help them obtain quality care and keep their costs down.

We need your feedback. Please let us know how easy or difficult it is to find network-participating providers that you can refer your patients to. By working together, we can help improve the quality and financial value of the health care services that your patients receive.

To learn more about the value of making referrals to network-participating providers, visit Cigna.com > Health Care Professionals > Resources > Doing Business with Cigna > In-Network Referrals > The Value of In-Network Referrals, and view a short video.

The Benefits of Referring Patients to In-Network Labs
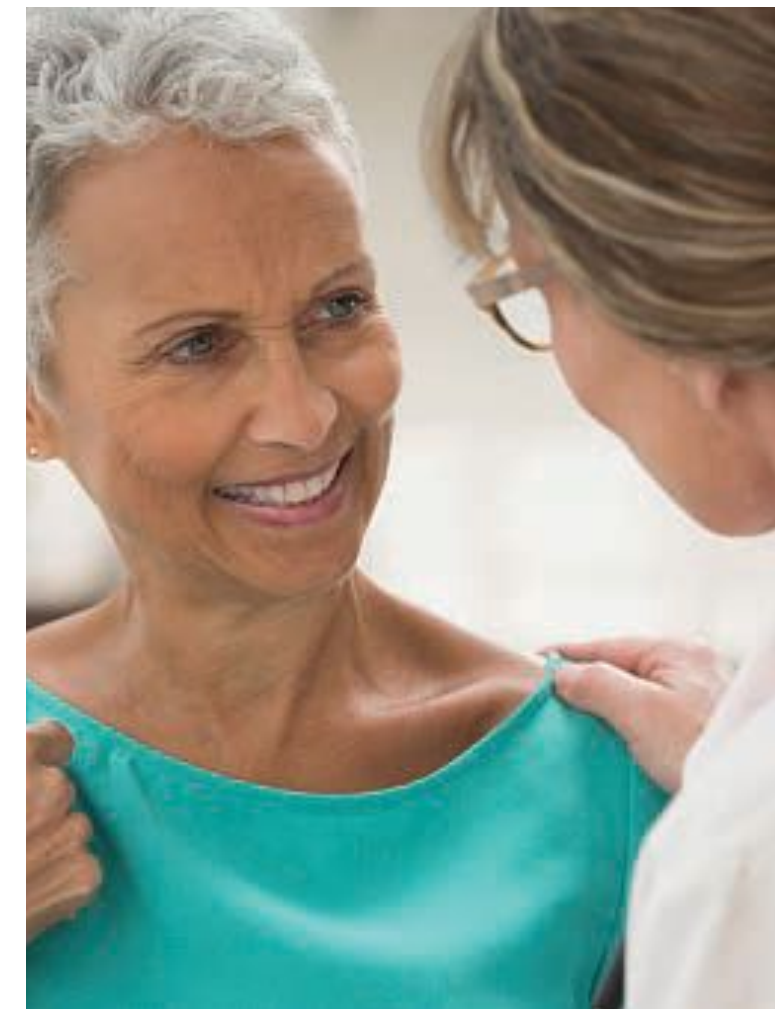
EVICORE HEALTHCARE OFFERS ONLINE SCHEDULING FOR CLINICAL RADIOLOGY CONSULTATIONS

We work with eviCore healthcare to provide high-quality, cost-effective services to Cigna customers in most markets for outpatient, nonemergency, high-technology radiology and diagnostic cardiology services.

Recently, eviCore announced that providers can use a new feature on their website to schedule clinical consultations. It's easy to use, and offers a faster way to schedule clinical consultations for **radiology services**. It will be available for other programs in the near future, too.

How to schedule a clinical consultation

Follow these easy steps:

> Log in to eviCore.com > Login: Providers.
> Click Request Clinical Consultation Online Here.
> Select a health plan (Cigna) and solution (Radiology).
> Fill out the form with the required information.

Once you submit a request, you will receive a confirmation email. An Intake Representative will contact you to schedule your exact appointment time.

2017 CIGNA CARE DESIGNATION, AND PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS

Cigna regularly evaluates physician quality and cost-efficiency information. We recognize physicians in certain specialties who meet specific criteria by assigning them a Cigna Care designation, or a physician quality and cost-efficiency display, for a given specialty.

The 2017 Cigna Care designations and physician quality and cost-efficiency information are displayed in our online health care provider directories at Cigna.com and myCigna.com. They are identified by unique symbols (for quality criteria) and stars (for cost efficiency).* We typically update this information annually.

Existing physician profiles will display through 2018

We are extending the display time frame for Cigna Care designation and physician quality and cost-efficiency ratings to apply. **The existing 2017 physician profiles will remain in effect, and continue to display in our online directories, through December 31, 2018.**

If you have inquiries related to your status, including reconsideration requests, please email them to PhysicianEvaluationInformationRequest@Cigna.com.

Methodology for the current displays

For more information about the methodology we used to determine the 2017-2018 Cigna Care designation and physician quality and cost-efficiency displays, please review the Cigna Care Designation and Physician Quality and Cost-Efficiency Displays 2017 Methodologies Whitepaper. You can access it by going to the Cigna for Health Care Professionals website (CignaforHCP.com) > Explore Medical Resources > Commitment to Quality > Cigna Care Designation Methodology 2017.

If you have questions, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

* Cost-efficiency displays are available only on myCigna.com for individuals with Cigna coverage.

CIGNA RECEIVES THE INNOVATION IN ADVANCING HEALTH EQUITY AWARD

Cigna recently received the Innovation in Advancing Health Equity Award from the National Business Group on Health. This award recognizes our efforts to promote health equity and reduce health care disparities in the workplace and community.

Thank you for helping us achieve this award

We recognize the importance of our partnership with you in helping us attain this award. We are proud of your dedication to helping patients in your community improve their health and well-being. Thank you for your commitment to providing culturally competent health care that recognizes diverse values, beliefs, and behaviors, and for customizing treatments to meet individual social, cultural, and linguistic needs.

Keep accessing the cultural competency resources

To continue sharpening your cultural competency skills, consider bookmarking the Cultural Competency Training and Resource page. This one-stop online resource contains many training and patient communication support materials for you and your staff. They include:

› **Developing Cultural Agility.** Examine your assumptions, and learn about cultural competency best practices in this new online training.

› **Delivering Cultural Responsive Care: Hispanic Community Curriculum.** Follow this new three-part training series, which uses a storytelling approach to discuss community characteristics, health care patterns, and cultural values, beliefs, and behaviors.

› **Cultural Competency in Health Care.** Gain insights from this white paper about how recognizing the need to deliver culturally competent care and services can help address health disparities.

› **Health Equity Podcast Series.** Learn about innovative approaches to reduce cancer disparities in African-American communities. Find out more about cultural beliefs and herbal therapies used by Latino and Caribbean communities, as well as opportunities to meet South Asian patients' health care needs and reduce diabetes disparities.

› **Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA).** Sharpen your cultural competency skills through a self-guided learning opportunity, developed by the Georgetown University National Center for Cultural Competence. Based on your responses, you'll receive a customized list of professional development resources that will help you strengthen your cultural competency.

› **CultureVision™.** Gain insights into and an understanding of patient care for more than 60 cultural communities. Explore topics such as communication, etiquette, diet and nutrition, treatment protocol, and family patterns.

Username: CignaHCP
Password: Doctors123*

› **Health Disparities Communication Briefs.** Read these informative briefs, which focus on specific populations, including African-American, Hispanic, lesbian, gay, bisexual, and transgender.

› **Patient Health Care Preferences Questionnaire.** Use this questionnaire (available in English and Spanish) to collect patient details that may help identify cultural sensitivity needs for providing care.

To access our complete library of training resources, toolkits, and communication materials, visit the Cultural Competency Training and Resource page on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources).

2018 INDIVIDUAL & FAMILY PLANS: CIGNA TO EXIT SELECTED MARKETS

In selected markets, Cigna will no longer offer Individual & Family Plans for plan year 2018. We want to make you aware of these changes, as it may affect some of your patients who are currently enrolled in these plans.

Your patient's medical coverage

Beginning January 1, 2018, your patients who currently have medical coverage through a Cigna Individual & Family Plan in the affected markets may have coverage through a different plan.

Customer notification

We mailed notification letters in July 2017 to our customers who will be affected by these changes.

Affected markets

Refer to the chart on the right for a side-by-side comparison of 2017 versus 2018 Individual & Family Plan offerings by state, market area, and Marketplace presence (on or off). The items in red represent Individual & Family Plans that will be discontinued for 2018.

Cigna Individual & Family Plans – 2017 versus 2018

STATE	MARKETPLACE PRESENCE	2017 INDIVIDUAL & FAMILY PLAN	AS OF JANUARY 1, 2018	
			INDIVIDUAL & FAMILY PLAN	NETWORK
AZ	PHOENIX: Off-Marketplace	Cigna Connect HMO	Same	Connect Network
	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
CA	NORTHERN AND SOUTHERN: Off-Marketplace	Cigna LocalPlus® EPO and PPO	Discontinued	
CO	DENVER-METRO AND BOULDER: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
	DENVER-METRO AND FRONT RANGE / MOUNTAINS: Off-Marketplace and on-Marketplace	Cigna LocalPlus EPO (Cigna Vantage®)	Discontinued	
CT	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
FL	ORLANDO AND TAMPA: Off-Marketplace	Cigna LocalPlusIN EPO	Same	LocalPlus Network
		Cigna LocalPlus PPO	Discontinued	
	SOUTH FLORIDA: Off-Marketplace and on-Marketplace	Cigna LocalPlus EPO and PPO	Discontinued	
GA	ATLANTA, MACON, AND ROME: Off-Marketplace	Cigna LocalPlus PPO	Discontinued	

Cigna Individual & Family Plans – 2017 versus 2018 *continued*

STATE	MARKETPLACE PRESENCE	2017 INDIVIDUAL & FAMILY PLAN	AS OF JANUARY 1, 2018 INDIVIDUAL & FAMILY PLAN	NETWORK
IL	**CHICAGO:** Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
MD	**STATEWIDE:** Off-Marketplace	Cigna OAP PPO	Discontinued	
MD	**STATEWIDE:** Off-Marketplace and on-Marketplace	Cigna OAPIN EPO	Discontinued	
MO	**KANSAS CITY AND ST. LOUIS:** Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
NC	**RALEIGH:** Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
NC	**STATEWIDE:** Off-Marketplace	Cigna OAP PPO	Discontinued	
NJ	**STATEWIDE:** Off-Marketplace	Cigna Individual HMO	Same	Cigna HMO
SC	**STATEWIDE:** Off-Marketplace	Cigna OAP PPO	Discontinued	
TN	**MEMPHIS, NASHVILLE, AND TRI-CITIES:** Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
TN	**MEMPHIS:** Off-Marketplace	Cigna LocalPlus PPO	Discontinued	
TX	**AUSTIN:** Off-Marketplace	Cigna LocalPlus EPO	Discontinued	
TX	**DALLAS:** Off-Marketplace	Cigna FocusIN EPO Cigna LocalPlus EPO	Discontinued	
TX	**HOUSTON:** Off-Marketplace	Cigna Connect HMO Cigna LocalPlus EPO	Discontinued	
VA	**RICHMOND AND NORTHERN:** Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network

CIGNA ONE GUIDE – LOOKING AT OUR CUSTOMERS THE WAY YOU DO

You may have heard about our new, innovative customer service benefit – Cigna One Guide® – that we've been offering to employer groups since January 1, 2017. This service option provides personalized, dedicated support to customers starting with their enrollment, and continuing throughout the duration of their participation in a Cigna plan. Its goal is to help customers make educated health care decisions that will enable them to save money, optimize benefits, and stay healthy.

How does Cigna One Guide work?

It helps us to look at our customers the same way you look at your patients. That is, if a customer has Cigna One Guide, we see their entire health history, which allows us to ask the right questions so that we can provide them with useful health care information. Using their full health background, along with data and analytics, we take a whole-person approach to delivering more personalized and timely support.

Proactively guiding customers towards better total health

We hire experienced customer service specialists as Cigna One Guide Representatives who are able to proactively guide customers towards better total physical and mental health. They are trained to look for underlying physical and mental issues that may not be addressed in a routine customer service call. Cigna One Guide Representatives can help resolve issues in real time by assisting customers in the coordination of their care, helping them connect with specialists, and even making additional follow-up calls with other Cigna resources and coaches.

Data and analytics help us provide differentiated support

We use data and analytics to support our customers with the most differentiated service possible. This allows Cigna One Guide Representatives to look beyond a customer's immediate needs. Instead of asking, "What else can I help you with," they say, "Here's how I can help."

Keeping the dialog with customers open

Cigna One Guide Representatives keep an open dialog with customers about their health and wellness. They always answer customers' questions about benefit plans or how to find participating providers, but they also look for further ways to proactively help them – even about concerns they haven't thought about yet, but which can positively affect their health and overall experience.
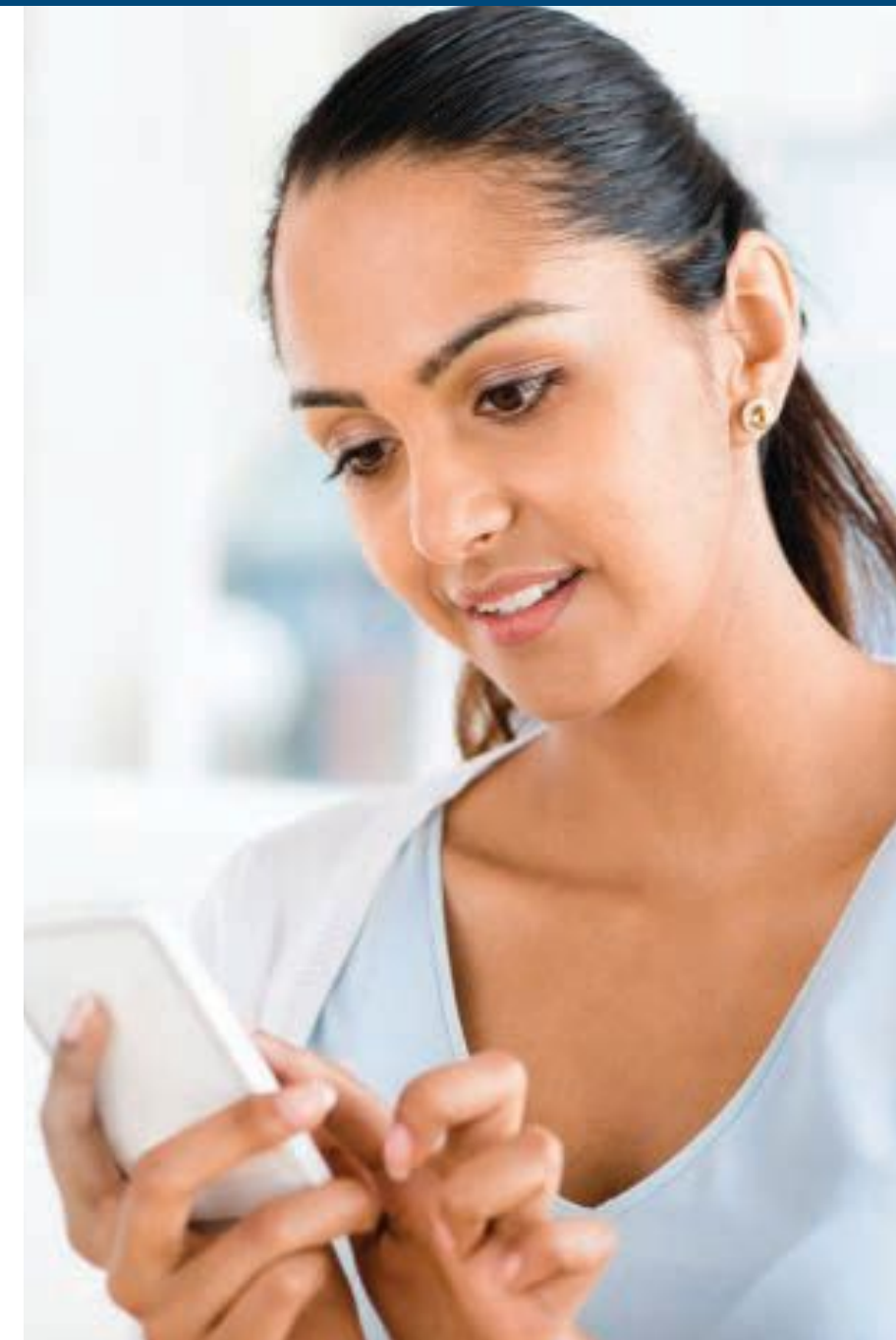
CIGNA SUPPORTS PROJECT CARE TO PREVENT DIABETES IN LOW-INCOME MINORITIES

World of Difference grant awarded to Novant Health Foundation

In April 2017, the Cigna Foundation awarded a $94,800 World of Difference grant to Novant® Health Foundation Forsyth Medical Center in Winston-Salem, North Carolina for Project CARE.* The goal of Project CARE will be to lower the incidence of diabetes by providing comprehensive wellness services and lifestyle modifications to underserved individuals in high-risk areas of the city.

Local pastors to serve as community health navigators

Through a partnership with Winston-Salem State University, a historically black college, and the Gateway YWCA, Novant Health will collaborate with African-American congregations in three ZIP codes (27101, 27105, and 27107). This is where many low-income, minority residents live.

The Project CARE staff will work closely with more than 20 congregations, which together have more than 5,000 members, to promote healthy behaviors and share information about local health care resources. Faculty, staff, and students at the university have already introduced Project CARE to pastors and wellness committees to kick off the program.

"Our grant to Novant Health Foundation Forsyth Medical Center is a shining example of how we support community health navigation, helping to eliminate health disparities in communities nationwide by addressing the needs of the underserved," said David Figliuzzi, Executive Director of the Cigna Foundation.

About the diabetes prevention program

Approximately 300 individuals who are at risk of developing diabetes will enroll in an intensive, 12-week program. The program will include weekly group education, exercise sessions, individualized coaching, grocery store tours, cooking classes, and access to the Gateway YWCA workout facility. Staff will track participants' progress at six-month intervals.

In the future, Project CARE plans to expand its reach by adding additional congregations and enrolling more participants into this comprehensive wellness program.

About Project CARE program participants

Early interviews with Project CARE program participants indicate that 85 percent perceive themselves as overweight, 62 percent get no regular physical activity, and 35 percent have a family history of cardiovascular disease. Only seven percent fall into the normal body mass index range. Elevated A1c blood sugar levels indicated 60 percent have prediabetes or diabetes.

Improving health care access and outcomes for the most vulnerable

"Winston-Salem is fortunate to have a range of wellness programs, but most do not offer a comprehensive continuum of services, nor do they provide the means to access those services," said Novant Health Director of Community Wellness and Education Karen Sigmon-Smith. "Novant Health, Cigna, Winston-Salem State University, the Gateway YWCA, and leaders in the faith community comprise the remarkable team that it takes to instill lifelong health behavior change to improve outcomes among our most vulnerable, high-risk neighborhoods."

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.

About Novant Health

Novant Health is an integrated network of physician clinics, outpatient facilities, and hospitals that delivers a seamless and convenient health care experience to communities in Virginia, North and South Carolina, and Georgia. It consists of more than 1,380 physicians and nearly 24,000 employees, and provides care at 530 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, the health system serves more than four million patients annually, and in 2015 provided more than $706 million in community benefits, including charity care and services. NovantHealth.org.

*Congregational Approach to Risk Reduction and Empowerment.

REMINDER: CALIFORNIA PROVIDER DIRECTORY DATA VALIDATION CONTINUES

In February 2017, we began contacting providers to review and confirm all the information displayed next to their name in our provider directories. This includes office and billing addresses, telephone numbers, specialties, if new patients are accepted, and other key data elements including:

› California license number and type, including the provider's name as it appears on the license

› National Provider Identifier (NPI) number

› Office email address, if available

› Qualified medical interpreters, if any, on staff

› Non-English language(s), if any, the provider speaks

We will attempt to validate all the information we have on file for every contracted provider listed in our directories during one outreach, even though the data may not specifically be outlined as a California Senate Bill (SB) 137 requirement. This provides us with a unique opportunity to conduct a comprehensive review and validation process simultaneously as we work to verify the Senate Bill 137 requirements.

Your requirement to validate your information

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

About California SB 137

California SB 137 became effective for managed care and insured benefit plans on July 1, 2016. It requires all health plan insurers to display all contracted providers in their provider directories, display certain fields of information, periodically validate the accuracy of the information displayed by contacting providers, and take steps to keep the directories current.

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

NEW GEORGIA LAW AIMS TO IMPROVE PROVIDER DIRECTORY ACCURACY

On July 1, 2016, Georgia Senate Bill (SB) 302 became effective for managed care and insured benefit plans. It requires health insurers and health maintenance organizations to keep their provider directories current and accurate to protect consumers from incurring excess out-of-pocket costs. This can occur when they rely on inaccurate information in the insurer's provider directories, and then receive care from non-participating network providers that they believed participated in the network. Health insurers and health maintenance organizations must:

› Post accurate directories online, for each plan, that are downloadable, searchable, and available to the general public through a clearly identifiable link or tab.

› Update each network plan on the online directory no less frequently than every 30 days.

› Make the listings accessible to people with disabilities and people with limited-English proficiency.

› Provide a dedicated telephone number, and either an email address or electronic link that consumers can use to report inaccuracies, as well as develop a process to address complaints and correct inaccuracies.

› Contact network-participating providers who have not submitted claims within 12 months to determine their network-participation status.

› Honor the language of directory information if it is inaccurate and results in a customer obtaining out-of-network services.

Georgia SB 302 also required health plan insurers to review and update their provider directories by January 1, 2017. Every year after that, they must audit a reasonable sample of their directories and make any needed corrections. We completed a full audit of our provider directories during the fourth quarter of 2016.

Conducting our annual audit

We began conducting our 2017 provider directory annual audit on May 3, 2017. If you have already been contacted by a Cigna representative, thank you for verifying the accuracy of the information we have on file for you.

How to update your listing

Please check your listing in our provider directory. If your information is not accurate, you can submit changes electronically using the online form available on the Cigna for Health Care Professionals website (CignaforHCP.com). After you log in, select Working with Cigna. Then, choose the appropriate link under Profile Information for Cigna Contracted Health Care Physicians or Cigna Contracted Facilities and Other Health Care Providers. You will be directed to the online form to complete and submit. Changes will be made within 30 business days from when we receive your request.

You can also find information on how to submit changes by email, fax, or mail in the Helpful Reminders section of this issue.

NEW HAMPSHIRE'S NEW REQUIREMENT FOR STANDARD PRIOR AUTHORIZATION FORMS

Recently New Hampshire enacted a law requiring the use of uniform, standard prior authorization forms in printed and online formats. **Initially, this law will only apply to prior authorization forms used for prescription drugs.**

Implementation dates

Beginning **July 1, 2017**, providers should start to use the New Hampshire Uniform Prior Authorization Form – Prescription Drug Requests. Beginning **December 31, 2017**, providers will be *required* to use this form.

Where to find the print version

You can download and print the new form from the Cigna for Health Care Professionals website (CignaforHCP.com) > Find a Form > Pharmacy Forms > State Specific Forms > New Hampshire General Medication Prior Authorization Form. You do not need to be registered for the website to access the form.
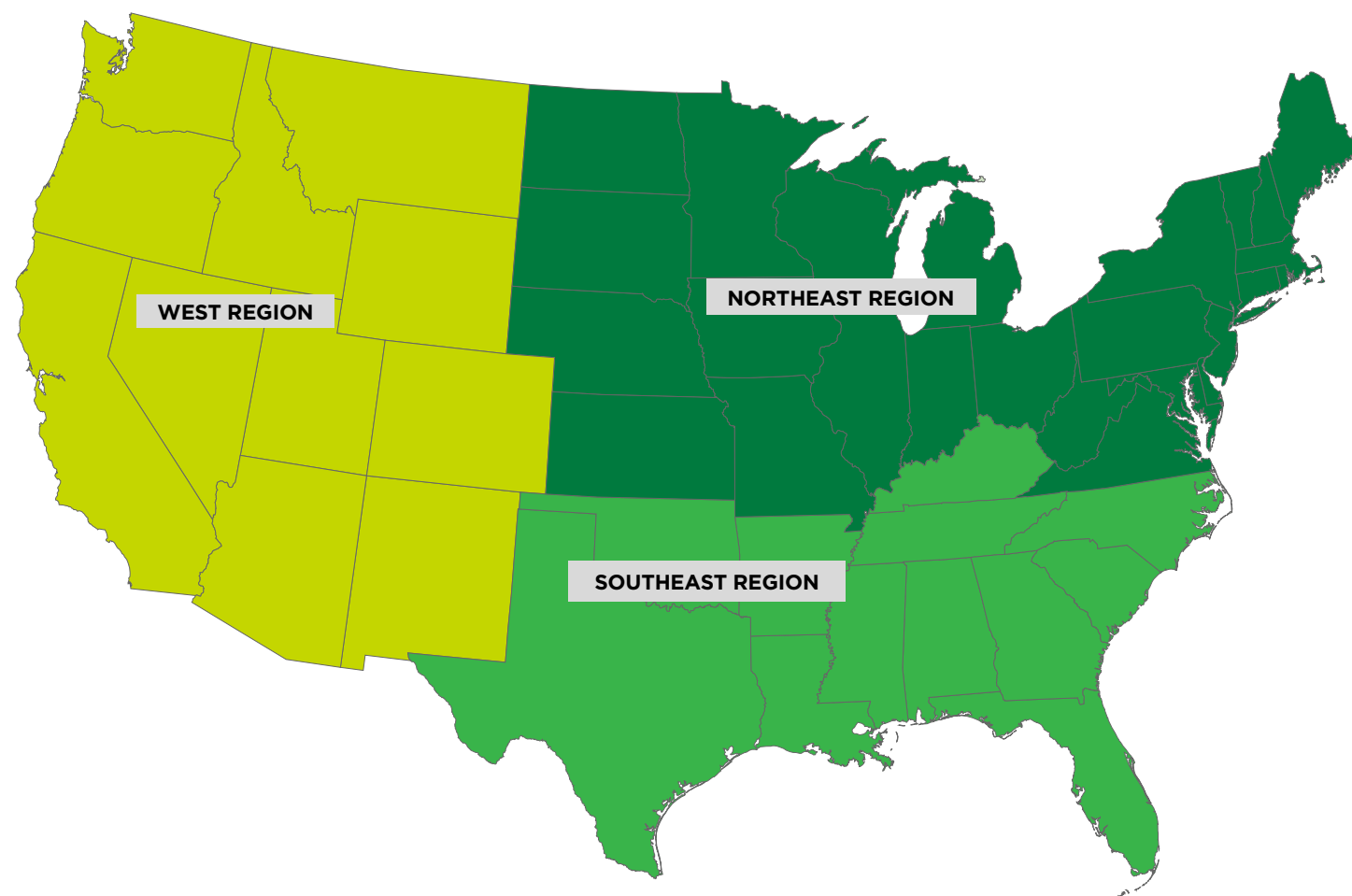
Where to go to for electronic prior authorization requests

If you prefer to submit your prescription drug prior authorization requests electronically, log in to the Cover My Meds website (CoverMyMeds.com).

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.

WEST REGION

NORTHEAST REGION

SOUTHEAST REGION

NATIONAL	
Nicholas Gettas, MD	
Chief Medical Officer,	**1.804.240.9935**
Cigna Regional Accounts	

Reasons to call your MME

> Ask questions and obtain general information about our clinical policies and programs.

> Ask questions about your specific practice and utilization patterns.

> Report or request assistance with a quality concern involving your patients with Cigna coverage.

> Request or discuss recommendations for improvements or development of our health advocacy, affordability, or cost-transparency programs.

> Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.

> Identify opportunities to enroll your patients in Cigna health advocacy programs.

QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

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

To access the guide:

›   Go to Cigna.com > Health Care Professionals > Sample ID Cards, or go to the Cigna for Health Care Professionals website (CignaforHCP.com) > View Sample ID Cards.

›   You'll see sample images of the most common ID cards.

›   To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, Strategic Alliance Plans, etc. – from the categories that appear.

›   Choose the image that matches your patient's ID card; the selected sample ID card will appear.

›   Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.

›   Click View the Back to see the reverse side of the card.

›   Click About This Plan to read more about the plan associated with this ID card.

›   Click View Another Card Type to view a different sample ID card.

›   If you prefer to view a PDF of the guide, click View the print version of the guide.

Other information you can access

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

›   The **myCigna App**

›   More ways to access patient information when you need it

›   Important contact information

Click here to use the digital ID card tool.

USE THE NETWORK

For a complete list of Cigna participating physicians and facilities, go to Cigna.com > Find a Doctor. Then, choose a directory.

2017 CIGNA REFERENCE GUIDES

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

Access the guides

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

* The downloading and use of the myCigna Mobile 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.

GO GREEN – GO ELECTRONIC

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

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

> Share, print, and save – electronic communications make it easy to circulate copies

> Access information anytime, anywhere – view the latest updates and time-sensitive information online

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

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

CULTURAL COMPETENCY TRAINING AND RESOURCES

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

Relevant tool kits, articles, and videos are just a few clicks away. Don't forget to check out one of the most popular resources, CultureVision™. Gain insight into culturally relevant patient care for more than 60 cultural communities, or take a cultural competency self-assessment to learn more about yourself. (Note that the password to access CultureVision recently changed. The username is CignaHCP. The password is Doctors123*.)

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

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

URGENT CARE FOR NONEMERGENCIES

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

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

For a list of Cigna's participating urgent care centers, view our Provider Directory at Cigna.com > Find a Doctor. Then, choose a directory.

HAVE YOU MOVED RECENTLY?
DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna directory

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

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on CignaforHCP.com. After you log in, select Working With Cigna on your dashboard, and then choose the appropriate update link under "Profile Information for Cigna contracted providers, facilities, and other health care providers." You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr.
Hooksett, NH 03106

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

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

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 Professionals > Newsletters. Article topics are listed for each issue.

Together, all the way.®

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