

Network News

APRIL 2018

For providers



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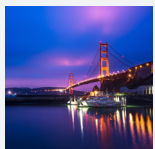
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CIGNA TO ACQUIRE EXPRESS SCRIPTS

On March 8, 2018, Cigna announced it has entered into a definitive agreement to acquire Express Scripts, a pharmacy services company. Together, we will create new integrated solutions – combining medical, pharmacy and lab insights – that offer greater choice, help improve total health and well-being and unlock greater care value for everyone we serve. With more comprehensive health and well-being engagement between health care providers and customers, we will make it an easier experience for individuals throughout their entire health journey.

The combination of Cigna and Express Scripts – two complementary health care services companies with industry-leading trend management capabilities – moves us toward a solution by creating a blueprint for integrated and personalized health care. In its future state, Cigna expects to generate significant savings that will flow back to customers and clients. Together, the combined company will seek to transform health care service and accelerate the pace of change we can bring to the currently fragment and unsustainable health care system – reducing costs, while improving the customer experience, care quality and health outcomes.

We will continue to communicate with you as information becomes available. We welcome and seek your input to help us achieve our goal of improving health, affordability, and the customer and provider experience.

This announcement does not alter our current day-to-day operations or our relationships. This news also does not have an impact on the benefits customers experience today, and does not alter any of our health plans' agreements with physicians, hospitals, and other health care clinicians. We will continue operating our business as usual, delivering high-quality solutions in an open choice model and ensuring our employer clients, broker partners and individual customers have access to the right care at the right time.

We have created a document with [questions and answers](#) to provide you with additional information about the announcement. Additionally, you can read the [press release](#) for more details, or visit our [transaction website](#).

continued



Cigna to acquire Express Scripts *continued*

FORWARD LOOKING STATEMENTS

Information included or incorporated by reference in this communication, and information which may be contained in other filings with the Securities and Exchange Commission (the “SEC”) and press releases or other public statements, contains or may contain forward-looking statements. These forward-looking statements include, among other things, statements of plans, objectives, expectations (financial or otherwise) or intentions.

Forward-looking statements, including as they relate to Express Scripts (“Express Scripts”) or Cigna (“Cigna”), the management of either such company or the transaction, involve risks and uncertainties. Actual results may differ significantly from those projected or suggested in any forward-looking statements. Express Scripts and Cigna do not undertake any obligation to release publicly any revisions to such forward-looking statements to reflect events or circumstances occurring after the date hereof or to reflect the occurrence of unanticipated events. Any number of factors could cause actual results to differ materially from those contemplated by any forward-looking statements, including, but not limited to, the risks associated with the following:

- ▶ the inability of Express Scripts and Cigna to obtain stockholder or regulatory approvals required for the merger or the requirement to accept conditions that could reduce the anticipated benefits of the merger as a condition to obtaining regulatory approvals;
- ▶ a longer time than anticipated to consummate the proposed merger;
- ▶ problems regarding the successful integration of the businesses of Express Scripts and Cigna;
- ▶ unexpected costs regarding the proposed merger;

- ▶ diversion of management’s attention from ongoing business operations and opportunities;
- ▶ potential litigation associated with the proposed merger;
- ▶ the ability to retain key personnel;
- ▶ the availability of financing;
- ▶ effects on the businesses as a result of uncertainty surrounding the proposed merger; and
- ▶ the industry may be subject to future risks that are described in SEC reports filed by Express Scripts and Cigna.

You should carefully consider these and other relevant factors, including those risk factors in this communication and other risks and uncertainties that affect the businesses of Express Scripts and Cigna described in their respective filings with the SEC, when reviewing any forward-looking statement. These factors are noted for investors as permitted under the Private Securities Litigation Reform Act of 1995. Investors should understand it is impossible to predict or identify all such factors or risks. As such, you should not consider either foregoing lists, or the risks identified in SEC filings, to be a complete discussion of all potential risks or uncertainties.

IMPORTANT INFORMATION ABOUT THE TRANSACTION AND WHERE TO FIND IT

This communication does not constitute an offer to buy or solicitation of an offer to sell any securities. In connection with the proposed transaction, the newly formed company which will become the holding company following the transaction (“Holdco”) intends to file with the SEC a registration statement on Form S-4 that will include a joint proxy statement of Cigna and Express Scripts that also constitutes a prospectus of Holdco. Cigna and Express Scripts also plan to file other relevant documents with the SEC regarding the

proposed transaction. INVESTORS AND SECURITY HOLDERS ARE URGED TO READ THE JOINT PROXY STATEMENT/PROSPECTUS AND OTHER RELEVANT DOCUMENTS FILED WITH THE SEC CAREFULLY AND IN THEIR ENTIRETY IF AND WHEN THEY BECOME AVAILABLE BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION. You may obtain a free copy of the joint proxy statement/prospectus (if and when it becomes available) and other relevant documents filed by Holdco, Cigna and Express Scripts with the SEC at the SEC’s website at www.sec.gov. Copies of documents filed with the SEC by Cigna will be available free of charge on Cigna’s website at www.Cigna.com or by contacting Cigna’s Investor Relations Department at (215) 761-4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts’ website at www.express-scripts.com or by contacting Express Scripts’ Investor Relations Department at (314) 810-3115.

PARTICIPANTS IN THE SOLICITATION

Cigna (and, in some instances, Holdco) and Express Scripts and their respective directors and executive officers may be deemed to be participants in the solicitation of proxies in respect of the proposed transaction under the rules of the SEC. Investors may obtain information regarding the names, affiliations and interests of directors and executive officers of Cigna (and, in some instances, Holdco) in Cigna’s Annual Report on Form 10-K for the year ended December 31, 2017, which was filed with the SEC on February 28, 2018, and its definitive proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 16, 2018. Investors may obtain information regarding the names, affiliations and interests of Express Scripts’ directors and executive officers in Express Scripts’ Annual Report on Form 10-K for the year ended December 31, 2017, which

was filed with the SEC on February 27, 2018, and its proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 29, 2018. You may obtain free copies of these documents at the SEC’s website at www.sec.gov, at Cigna’s website at www.Cigna.com or by contacting Cigna’s Investor Relations Department at (215) 761-4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts’ website at www.express-scripts.com or by contacting Express Scripts’ Investor Relations Department at (314) 810-3115. Other information regarding the participants in the proxy solicitation and a description of their direct and indirect interests, by security holdings or otherwise, will be contained in the joint proxy statement/prospectus and other relevant materials to be filed with the SEC regarding the proposed transaction if and when they become available. Investors should read the joint proxy statement/prospectus carefully and in its entirety when it becomes available before making any voting or investment decisions.

NO OFFER OR SOLICITATION

This communication is for informational purposes only and not intended to and does not constitute an offer to subscribe for, buy or sell, the solicitation of an offer to subscribe for, buy or sell or an invitation to subscribe for, buy or sell any securities or the solicitation of any vote or approval in any jurisdiction pursuant to or in connection with the proposed transaction or otherwise, nor shall there be any sale, issuance or transfer of securities in any jurisdiction in contravention of applicable law. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended, and otherwise in accordance with applicable law.



CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES



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

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Facility Routine Services, Supplies, and Equipment (R12) Pharmacy and Infusion Services (R14)	Infusion and injection administration services are considered incidental to the primary service when billed with a primary service code at an outpatient facility, and are not separately reimbursable. This update affects claims billed with Current Procedural Terminology (CPT®) codes 96360-96379 and 96521-96523.	We will update the reimbursement policies for Facility Routine Services, Supplies, and Equipment (R12) and Pharmacy and Infusion Services (R14), and deny claims from outpatient facilities for infusion and injection administration services when billed with a primary service code.	May 19, 2018 for claims processed on or after this date.
Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins for the Treatment of Atrial Fibrillation (O469)	Transcatheter ablation of the pulmonary veins is used to treat symptomatic paroxysmal or persistent atrial fibrillation when the individual is refractory or intolerant to at least one class I or class III antiarrhythmic medication. We do not cover transcatheter ablation of the pulmonary veins for any other indication as it is considered experimental, investigational or unproven (EIU).	We will update our medical coverage policy and implement a precertification requirement for CPT codes 93656 and 93657 to review this procedure for medical necessity.	June 15, 2018 for dates of service on or after this date.
Cervical Fusion (O527) Anterior Cervical Discectomy and Fusion (ACDF) and Posterior (Cervical) Spinal Fusion (PSF) – <i>new</i>	ACDF removes a herniated or degenerative disc in the neck area of the spine. PSF removes an intervertebral disc or bone spurs that are putting pressure on nerve roots using an approach from the back of the neck. We reimburse claims for ACDF and PSF procedures without medical necessity review.	We will implement a new medical coverage policy and require precertification for ACDF and PSF procedures billed with CPT codes 22551, 22554, and 22600.	June 22, 2018 for dates of service on or after this date.

continued

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



Planned medical policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Cardiac Ablation for Supraventricular Tachycardia (SVT)	CPT code 93653 is defined as a comprehensive electrophysiologic evaluation, including insertion and repositioning of multiple electrode catheters with induction, or attempted induction, of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus, or other single atrial focus or source of atrial reentry.	We will update our medical coverage policy to require precertification for cardiac ablation for SVT for services billed with CPT code 93653.	July 1, 2018 for 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 > Resources > Coverage Policies > Policy Updates.

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)**.



PREVENTIVE CARE SERVICES POLICY UPDATES

On or before February 15, 2018, updates became effective for Cigna's Preventive Care Services Administrative Policy A004.

Summary: Preventive care code updates effective on or before February 15, 2018

UPDATE	DIAGNOSIS CODE(S)	DESCRIPTION
Added CPT ^{®1} code	0488T	Abnormal blood glucose and type 2 diabetes screening
Added CPT codes	82247 and 88720	Bilirubin screening for newborns
Removed HCPCS ² codes	G0202, G0204, and G0206	Breast cancer screening
Added CPT code	0500T	Cervical cancer screening
Removed CPT code	88154	Cervical cancer screening
Updated age range to 17-21 years	NA	Cholesterol screening for children/adolescents
Updated age range to 40-75 years	NA	Cholesterol screening for adults
Added CPT code	00812	Colorectal cancer screening
Removed CPT code	00810	Colorectal cancer screening
Added instruction in fertility awareness-based methods including lactation amenorrhea method	NA	Female contraception counseling
Added HCPCS code	J7296	Female contraception: Intrauterine devices
Removed HCPCS code	Q9984	Female contraception: Intrauterine devices
Added CPT code	96161	Health risk assessment/maternal depression screening



UPDATE	DIAGNOSIS CODE(S)	DESCRIPTION
Added CPT codes	92550, 92567, 92579, and 92582	Hearing screening
Added ages 11-21 years, effective on or after 02/01/2018 as plans renew	NA	Hearing screening for adolescents
Removed ICD-9 ³ codes	NA	From code groups
Added ICD-10 ⁴ codes	Z13.88, Z71.83	In Code Group 1 ⁵
Added HCPCS codes	G0513, G0514	Office visits - prolonged services
Added CPT codes	90750, 90756	Routine immunizations

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 - \(A004\)](#).

1. Current Procedural Terminology.
2. Healthcare Common Procedure Coding System.
3. International Classification of Diseases, 9th Revision.
4. International Classification of Diseases, 10th Revision.
5. Code Group 1 can be found in the Preventive Care Services Administrative Policy (A004) on CignaforHCP.com.



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 April 1, 2018

On April 1, 2018, we added four new Current Procedural Terminology (CPT®) codes and 12 new Healthcare Common Procedure Coding System (HCPCS) codes to our precertification list.

CPT CODE	DESCRIPTION
0036U	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, and sequence analyses
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, and algorithm reported as a risk score for having urothelial carcinoma
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, and algorithm reported as a risk score for having recurrent urothelial carcinoma



HCPCS CODE	DESCRIPTION
Q2041	Yescarta - Axicabtagene Ciloleucel, up to 200 million autologous anti-CD19 CAR-T cells, including Leukapheresis and dose preparation procedures, per infusion
Q5103	Inflectra - Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Q5104	Renflexis - Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
C9463	Cinvanti - Injection, aprepitant, 1 mg
C9464	Varubi - Injection, rolapitant, 0.5 mg
C9465	Durolane - Hyaluronan or derivative, Durolane, for intra-articular injection, per dose
C9466	Fasenra - Injection, benralizumab, 1 mg
C9467	Rituxan Hycela - Injection, rituximab and hyaluronidase, 10 mg
C9468	Rebinyn - Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 iu
C9469	Zilretta - Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)
A9699	Radiopharmaceutical, therapeutic, not otherwise classified

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



GENETIC TESTING POLICY UPDATES

On January 15, 2018, two changes became effective for our genetic testing policies related to multigene testing panels and pretest genetic counseling requirements for genetic testing for hereditary cancer syndromes in individuals with recently diagnosed breast cancer.

Multigene testing panels

Increasingly, laboratories are creating multigene genetic testing panels that have the ability to test many different genes at the same time to look for genetic mutations. Historically, our position has been that if there was not a valid clinical reason to utilize each test within a panel, then the entire panel was not covered and deemed experimental, investigational, and unproven (EIU).

We now cover multigene testing panels in the following circumstances:

- › Medical necessity criteria are met for at least one gene within the panel, and
- › A favorable contracted rate is in place for the panel. Alternatively, if a laboratory that offers multigene testing does not have a favorable contract in place with Cigna for the panel, medical necessity criteria must be met for each gene in the multigene panel for the test panel to be covered.

Please note that any previous genetic counseling requirements for genes in a multigene panel remain the same.

Additional information about multigene testing panels

You can find additional information by referring to the following policies listed below, which are located on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index.

- › [Genetic Testing for Hereditary and Multifactorial Conditions - \(0052\)](#)
- › [Genetic Testing for Hereditary Cardiomyopathies and Arrhythmias - \(0517\)](#)
- › [Genetic Testing for Hereditary Cancer Susceptibility Syndromes - \(0518\)](#)
- › [Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis - \(0514\)](#)
- › [Pharmacogenetic Testing - \(0500\)](#)
- › [Tumor Profiling, Gene Expression Assays and Molecular Diagnostic Testing for Hematology/Oncology Indications - \(0520\)](#)



Pretest genetic counseling requirement: Breast surgeons and pressing surgical decision making

We no longer require pretest genetic counseling when genetic testing for hereditary cancers is requested by a treating breast surgeon who has determined that the results of testing:

- › Are pressing for an individual recently diagnosed with breast cancer, and
- › Will influence surgical decision making

Note that we will still require precertification for the genetic testing, even in the special instance described above. In addition, all other criteria must be met, including the requirement to complete post-test counseling once the results are available.

Additional information about the pretest genetic counseling requirement

You can find additional information by referring to the Genetic Testing for Hereditary Cancer Susceptibility Syndromes policy - (0518), which is located at CignaforHCP.com > Review Coverage Policies > Medical and Administrative A-Z Index > [Genetic Testing for Hereditary Cancer Susceptibility Syndromes - \(0518\)](#).



EFT ONLINE ENROLLMENT MORE USER FRIENDLY



We recently made changes to the Cigna for Health Care Professionals website (CignaforHCP.com) to make it more user friendly for providers who want to enroll for electronic funds transfer (EFT).

New, easy-to-read table for demographic information

We've added a new easy-to-read table to the EFT enrollment screen. It now includes your:

- › Full provider/group name
- › Provider type
- › EFT enrollment status with date, if applicable

If you're enrolling by National Provider Identifier (NPI) bulking, your NPI and EFT status will also display.

Providers are preselected for enrollment

Each listed provider/group name that is not currently enrolled for EFT will automatically be selected for enrollment. This will be indicated by a check mark in the box next to the name. You no longer need to manually select each one individually. You'll see wording to alert you that all of the checked records will be enrolled for EFT.

You can uncheck any preselected providers that you want to enroll for EFT using a different bank account. This process must be completed for each bank account you enroll for your Taxpayer Identification Number (TIN).

Other important enrollment information

Choose your bulking type

When enrolling for EFT, you will need to choose whether to bulk payments by NPI or TIN.

- › **Bulk by NPI.** Select bulking by NPI if you want all of your payments to be paid via EFT. With this option, you must select a bank account as a default. Then, if we receive a claim with a NPI that is not enrolled for EFT, payment will be deposited into your default account.

Note: If you select bulking by NPI, and want to receive electronic remittance advices (ERAs), you must enroll (or be enrolled) for ERA with NPI bulking.

ENROLL A NEW ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT ✕

TIN SELECTION
ENROLL
REVIEW
CONFIRM

Enroll a New EFT Account

Begin your New EFT account enrollment by providing the information requested here.

Tax Identification Number (TIN)

Some providers/groups related to this TIN are already enrolled in EFT and receive payments according to the TIN. New EFT enrollments will be paid in the same way.

All of the checked records below will be enrolled in EFT. You can uncheck records if you need to enroll them with a different bank account. This process needs to be completed for each bank account you want to enroll for your Tax Identification Number.

Enroll	Provider/Group Name	Provider Type	EFT Status
<input checked="" type="checkbox"/>	ABC Hospital Laboratory	Group	Not Enrolled
<input checked="" type="checkbox"/>	ABC Hospital Radiology	Group	Not Enrolled
<input checked="" type="checkbox"/>	ABC Hospital Physicians	Group	Not Enrolled
<input type="checkbox"/>	ABC Hospital	Hospital	Enrolled From 01/08/2014

[CLOSE WINDOW](#)

- › **Bulk by TIN.** Select bulking by TIN if you want enrollment to be tied to the TIN and your name. If there are any differences between this data and your claim data, you may receive payments by paper check.

How to begin EFT enrollment

Log in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.

For more information about EFT

Visit CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Electronic Payment and Remittance Reports > [Electronic Funds Transfer](#).



CIGNAFORHCP.COM: NEW REGISTRATION ENHANCEMENTS COMING SOON

Later this year, we'll be making some important enhancements to the Cigna for Health Care Professionals website (CignaforHCP.com).* This includes new functionality that will make it easier for providers to serve their patients with Cigna coverage.

To pave the way for these enhancements, we are changing how providers register and obtain access to CignaforHCP.com, which will result in a faster, more seamless experience.

Website access manager: A new role

Our first step will be to identify for each practice one or more **website access managers** – a new role with three key responsibilities:

- ▶ Obtain access for and approve new users for CignaforHCP.com.
- ▶ Assign or modify the website functions to which users have access.
- ▶ Remove access for users who no longer need it.

Website registrations and approvals will take less time

Once we implement the new registration and access process, website access managers will have the ability to register one or multiple users for one or multiple Taxpayer Identification Numbers (TINs) at the same time. In addition, website access managers will be able to approve access for users who have registered themselves.

Cigna will no longer need to approve new users, which will help to speed a new user's access to the website and the functions they need.

Level of website access will align with a user's role

The website access manager will assign and manage each user's level of access to CignaforHCP.com for that practice. This will help ensure that users are able to view content and use functions on the website that are aligned with and relevant to their job. For example, users who need electronic funds transfer (EFT) banking information to perform their job will have access to it; others will not.

What we'll be asking of registered website users

Before we implement these new processes, we'll be asking all registered users to verify their CignaforHCP.com contact information – such as their email address and role. We'll also be asking them to identify one or more website access managers for their practice. We will request this information by email and a pop-up screen that will appear when they log in to the website. Both will link to a web page with a fill-in form to which they should respond.

We look forward to improving your website experience

* CignaforHCP.com is best viewed on Internet Explorer version 9 and above, and all versions of Microsoft Edge, Chrome, FireFox, and Safari. Some functionality may not display on older versions of Internet Explorer.



CIGNAFORHCP.COM VERIFY ELIGIBILITY AND BENEFITS DETAIL PAGE ENHANCEMENTS

Now when you log in to CignaforHCP.com to verify your patient's eligibility and benefits, you can determine if you are:

- ▶ A participating provider in the network aligned to your patient's Cigna-administered plan. *Refer to the Patient and Plan Detail section.*
- ▶ Required to submit a referral to Cigna for specialty care for your patient with Cigna-administered coverage. *Expand the Notification, Referral and Precertification Requirements section.*

These enhancements to CignaforHCP.com – and others coming soon – were made in response to feedback from registered users of the website. Watch for more to come later this year.



HOW TO GET PAID FASTER FOR CORRECTED CLAIMS

Sometimes, we receive previously submitted claims on paper that are stamped “corrected claim” on the front. When this occurs, a manual process pulls the claim out of Cigna’s automated workflow, and may slow down reimbursement.

Submitting your corrected claims electronically can help you save time, money, and improve claim processing accuracy.

You can submit your corrected claim electronically – even if the original claim was submitted on a paper form. Be sure to include the information below.

- ▶ In the Claim Frequency Type Code in Loop 2300, Segment CLM05, specify the frequency of the claim. This is the third position of the Uniform Billing Claim Form Bill Type. *Talk to your EDI vendor for more information.*
- ▶ Use one of the following codes to indicate the claim type:
 - 1 – Original (admit through discharge claim)
 - 7 – Replacement (replacement of prior claim)
 - 8 – Void (void or cancellation of prior claim)

Submitting corrected claims by paper

If you submit a corrected claim on paper, it’s important to follow the instructions below. This will allow it to be processed through the automated system, and you may be paid faster.

- ▶ Use a new paper claim form, and not the original claim form.
- ▶ **Do not stamp “corrected claim” on it.**
- ▶ In box “22. Resubmission code,” enter one of the following bill frequency codes:
 - 7 – Replacement (replacement of prior claim)
*Include required segment REF*F8, Payer Claim Control #.*
 - 8 – Void (void or cancellation of prior claim)
- ▶ In box “22. Orig. Ref. No.,” enter the reference code from the original claim.

Example:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	ABC1234567890

For more information about submitting corrected paper claims, refer to Item Number 22 on page 33 of the [National Uniform Claim Committee \(NUCC\) 1500 Health Insurance Claim Form Reference Instruction Manual](#).

CIGNAFORHCP.COM: VIEW HISTORICAL DEMOGRAPHIC SUBMISSIONS

Have you ever wondered what demographic updates have been submitted to Cigna for providers at your office?

Now there’s a new feature on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) that can provide this information. Beginning February 23, 2018, any demographic changes submitted via the [CignaforHCP.com](#) online form – and the name of the person who submitted it – will be stored for viewing for a rolling 12 months. You can view this information for any provider in your practice if your office’s primary administrator for the website has delegated you access to the demographic section of [CignaforHCP.com](#).

This can be especially helpful if there is more than one person at your office who is authorized to make demographic updates for providers. It can help save time, and prevent possible duplicate submissions.

How to view historical demographic submissions

Log in to [CignaforHCP.com](#) > Working With Cigna. You’ll see a new section, Update Demographic Information, with two links: Update Listing in Health Care Professional Directory and View Past Updates Submitted.

Click View Past Updates Submitted. Then, choose a Taxpayer Identification Number (TIN). The following information will display:

- ▶ Date of submission
- ▶ Provider names under that TIN
- ▶ Name of the submitter

To view multiple submissions more easily, you can sort and filter them. You can also view and print an acknowledgement page, in an easy-to-read PDF format, for each submission that was made.

How to change who can submit demographic updates

The primary administrator(s) of [CignaforHCP.com](#) at your office can enable or revoke the ability of individual users to submit demographic changes. They can do this by logging in to [CignaforHCP.com](#) > Working With Cigna > Assign Access/Modify Existing Users or Add New Users. We recommend limiting who can submit demographic changes for greater security.



PROVIDER DIGITAL 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 will benefit you and your patients with Cigna coverage.

Preregistration is required for each webinar

1. Go to <https://CignaWebex.com>.
2. Enter the Meeting Number; then click Join.
3. Enter session password **123456**. (This is the passcode 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, including a link to the webinar.

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 above. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

Questions?

Email: Cigna_Provider_eService@Cigna.com

TOPIC	DATE	TIME (PT/MT/CT/ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Thursday, May 3, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	719 618 233
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, May 9, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	718 204 762
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, May 15, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	710 473 665
Online Precertification	Friday, May 25, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	45 min	719 417 472
CignaforHCP.com Overview	Tuesday, June 5, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	90 min	714 963 654
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, June 12, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	719 821 490
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, June 27, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	718 359 668



CIGNA COLLABORATIVE CARE: THE CUSTOMER POINT OF VIEW

Meet Shawn King, a Cigna customer who recently shared with us an exceptional experience he had with a Cigna Collaborative Care® provider group during a health care crisis.

Shawn's care was coordinated by the group's Embedded Care Coordinator who, in collaboration with a Cigna Pharmacy Clinical Pharmacist, helped guide him through the health care system. They identified and helped him close gaps in care, connected him with the care and medications he needed, and facilitated collaboration among all of his providers.

For more information about Cigna Collaborative Care, contact your Cigna Contracting team.

Watch the video

We encourage you to [hear Shawn's story](#) for yourself.

What is Cigna Collaborative Care?

Cigna Collaborative Care is the term we use for the value-based relationships we have with primary care provider groups, specialty physician groups, and hospitals. Our shared goal is to improve quality, lower medical costs, and improve customer health and satisfaction. Providers have the opportunity to earn incentive rewards based on how efficiently and effectively they deliver care to Cigna customers.

Cigna Collaborative Care is centered on making the right connections to help improve how care is delivered. Those connections are making it easier to achieve improved health outcomes.



STATINS: MIRACLE, MYTH AND MYOPATHY

One of the greatest medical breakthroughs of the 20th century was the proof of the lipid hypothesis. For years, it was thought that there was a relationship between cholesterol and heart disease. Then in 1985, two scientists won the Nobel Prize for explaining how the body regulates cholesterol, and providing proof of its relationship to heart disease. They found that individuals who lacked sufficient cell-surface receptors for low-density lipoprotein (LDL) – which is responsible for removing LDL from the blood – have high rates of atherosclerosis.

Since then, more breakthroughs have occurred, and medical science has amassed a wealth of information about the relationship between cholesterol and heart disease. Today, we know that along with diet, exercise, and other lifestyle modifications, there are proven effective medications to lower cholesterol and help prevent atherosclerotic disease.

Learn more by reading “[Statins: Miracle, Myth and Myopathy](#),” which was recently authored by Michael B. Alexander, MD, FACC, Senior Medical Director for Cigna. It provides an in-depth look at the clinical trials for statins, statistics associated with their benefits versus risks, potential side effects, and patient administration guidelines, as well as a special look at women and statins.

To read and print “Statins: Miracle, Myth and Myopathy,” [click here](#).



LIMITED DISTRIBUTION DRUGS WITH A REIMBURSEMENT RESTRICTION

Effective for new prior authorizations obtained on or after May 1, 2018, we will no longer reimburse facilities that bill us for the cost of certain limited distribution drugs (LDDs) that are purchased directly from specialty pharmacies, manufacturers, or wholesalers. We will require a Cigna-contracted specialty pharmacy to dispense these LDDs and submit the claim to Cigna. Facilities cannot bill patients with Cigna coverage for the cost of these LDDs.

What are LDDs?

LDDs are used to treat conditions that affect a small number of patients who have special requirements. To ensure fair and consistent pricing for consumers, the U.S. Food and Drug Administration (FDA) and manufacturers limit the distribution of certain high-cost drugs used to treat specific conditions.

For a list of LDDs with a reimbursement restriction, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Limited Distribution Drugs with Reimbursement Restriction). We will initially implement this reimbursement restriction with two drugs: Spinraza and Luxturna. We recommend you check this list frequently, as additional drugs may be added.

Please take note

This update does not affect the prior authorization or medical necessity review process for LDDs. It also does not affect reimbursement to facilities or providers for covered services related to the administration of LDDs.

Additional information

You can read more about this LDD reimbursement change for facilities in the Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care professionals. Log in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.



CHANGES IN DRUG FORMULARY EFFECTIVE JULY 1, 2018

We will be updating our drug formulary effective July 1, 2018, focusing on the following categories:

Opioids

We will implement a personalized dose calculation of morphine milligram equivalents (MMEs) at the pharmacy requiring a prior authorization for customers receiving very high doses (120-199mg/day) and extremely high doses of opioids (≥200 mg/day), and help them and their providers manage overall usage.

Additionally, we will:

- › Implement a prior authorization requirement for methadone, and apply stricter prior-authorization criteria for fentanyl patches.
- › Apply more restrictive quantity limits on new prescriptions for short-action opioids, from a 15-day to a seven-day supply.

High-cost, low-value drugs

We will remove the following two drugs from our formularies as a result of significant price increases, or inappropriate pricing compared with identical or near-identical products.*

- › Mycobutin®
- › Solaraze® (diclofenac sodium) Gel, 3%

Lifestyle drugs

VIAGRA® will be moved to non-preferred status, and sildenafil citrate will be added to generic status. Some branded erectile dysfunction drugs, including VIAGRA, will be added to our step therapy program to promote the use of more affordable generic alternatives.

Quantity limits

As published by the drug manufacturer and the U.S. Food and Drug Administration (FDA), we will implement maximum daily dose (MDD) limits for:

- › Proton pump inhibitors
- › Certain antidepressants (new prescriptions only)
- › Anticonvulsants
- › Drugs to treat heart conditions (Banzel®, BiDil®, Capozide®, and Tikosyn®)
- › Drugs to treat certain mental health conditions (Emsam®, Invega®, and Sustenna®)

Specialty pharmacy

We will require prior authorization for the following chemotherapy drugs:

- › Targretin®
- › Xeloda®
- › Vesanoïd®
- › Hycamtin®

In addition, the following chemotherapy drugs will be added to our step therapy program:

- › Xgeva®
- › Fusilev®

What this means to you and your patients with Cigna coverage

In late March 2018, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives.

We also began routinely notifying affected providers when we identify a patient who is at risk from taking a very high daily dose of opioids (120-199 mg/day). This includes sending letters that include recommendations for follow up, which may include submitting a prior-authorization request, or discussing other pain-management options with your patient to help avoid an unintentional opioid overdose.

Beginning July 1, 2018, customers who continue filling prescriptions that are no longer covered may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically-appropriate alternative medications before this date.

Additional information

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

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription drug list changes for 2018	This list highlights the covered preferred brand name and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare customers and to the Standard Prescription Drug List.	Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > 2018 Prescription Drug List Changes . <i>You do not need to be a registered user of the website to access this list.</i>
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view the customer's estimated out-of-pocket costs based on their plan benefit.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>

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

* Drugs removed from formularies can be considered for coverage through Cigna's medical necessity review process unless otherwise excluded by a benefit plan.



CIGNA TIES HOSPITAL VALUE-BASED PROGRAM TO HEALTH EQUITY GOALS

Cigna recognizes the important role hospitals and health systems play in helping to ensure that individuals of all races, ethnicities, and cultural backgrounds receive high-quality, equitable, and safe care. To support these efforts, we recently added a health equity metric into the performance standard for the Cigna Collaborative Care® (CCC)* Hospital program.

American Hospital Association's #123forEquity pledge

Starting on January 1, 2018, all new or renewing hospitals in this program will have the opportunity to earn credit towards their overall performance score when they sign the American Hospital Association's (AHA's) [#123forEquity pledge](#) by the end of their first measurement year.

The #123forEquity pledge asks the hospital's Chief Executive Officer (CEO) to commit to taking action on at least one of the following goals:

- › Increase collection and use of race, ethnicity, language preference, and other socio-demographic data
- › Increase cultural competency training
- › Increase diversity in leadership and governance
- › Improve and strengthen community partnerships

To earn the credit in subsequent measurement years, a hospital in the CCC Hospital program will need to submit evidence demonstrating that it has taken action to meet at least one of the pledge goals. This will enable us to monitor the hospital's progress toward improving health equity, and capture and share best practices with other hospitals.

We will collaborate with the AHA to support hospitals in the CCC Hospital program meet the goals of the pledge through training and resources. These hospitals can fulfill the cultural competency training goal in the pledge by encouraging their providers to take advantage of the training and tools on our [Cultural Competency Training and Resource web page](#), including the following courses:

- › Developing Cultural Agility
- › Delivering Culturally Responsive Care: Hispanic Community
- › Diabetes Among South Asians: Overview

These courses are available online at no cost to Cigna network-participating providers and hospitals. Visit Cigna's [Cultural Competency Training and Resource web page](#) to learn more, and access the [Cultural Training Instruction Guide](#) for registration details.

For additional information about the #123forEquity Pledge visit [EquityofCare.org](#).

* **Cigna Collaborative Care (CCC)** is the term we use for the value-based relationships we have with primary care provider groups, specialty physician groups, and hospitals.

Our shared goal is to improve quality, lower medical costs, and improve customer health and satisfaction. Providers have the opportunity to earn incentive rewards based on how efficiently and effectively they deliver care to Cigna customers.



DO YOU WANT TO ADVANCE YOUR CULTURAL COMPETENCY SKILLS?



You and your office staff can assess and advance your cultural competency skills, at no charge, using specific, specially designed online resources for providers.

Take the following three steps: Complete, watch, and listen

Step one: Complete the Health Practitioner Assessment

Sharpen your cultural competency skills through a self-guided learning opportunity. Complete the [Cultural & Linguistic Competence Health Practitioner Assessment](#) (CLCHPA), developed by the Georgetown University National Center for Cultural Competence. Your results will be confidential. Based on your strengths and opportunities, you will receive a customized list of professional development resources.

Step two: Watch two short videos

[Video one: Culturally appropriate lifestyle changes are of key importance for South Asians](#)
Five minutes

Sheila Sudhakar, MD, a practicing physician at Cigna, discusses cultural factors and their affect on South Asian patients who are at risk for chronic disease, and offers lifestyle modification tips.

[Video two: Equipping clinicians with insights into health disparities](#)
Six minutes

Cigna medical physician Anil Sipahimalani, MD, addresses the cultural influencers, environmental factors, and resulting health disparities specific to coronary artery disease and diabetes within the South Asian community. Key takeaway: South Asians can be at risk for diabetes, despite having a normal body mass index (BMI).

Step three: Listen to these podcasts:

PODCAST TITLE	DESCRIPTION
A Creative Approach to Cancer Screening	Dr. Stephen B. Thomas shares how the University of Maryland and the Cigna Foundation collaborated to promote cancer screenings in an underserved African-American community through outreach to patrons in local barber shops and beauty shops.
Plants as Medicine	Ina Vandebroek, PhD, shares insights about some of the cultural beliefs for specific illnesses and herbal therapies that are recognized in Latino and Caribbean communities, but may be less familiar in mainstream medicine.
Diabetes in South Asians	Dr. Saligram identifies opportunities for providers and allied health professionals to reduce health disparities and provide culturally competent care to South Asians with diabetes.
Go Red for Women: American Heart Month Podcast	Dr. Victoria Vaughan Dickson shares her extensive clinical and research experience in cardiovascular health. She discusses how her work has led to an improved understanding of the sociocultural influences of self-care among vulnerable populations including women, seniors, and ethnic minority groups.

Where to find these resources

You can find these resources by visiting [Cigna.com](#) > Health Care Professionals > Resources > [Cultural Competency Training and Resources](#).



APPEAL REMINDER

We strive to informally resolve issues raised by providers on initial contact. When that isn't possible, we offer a single-level, internal appeal process to resolve contractual disputes concerning post-service payment denials and disputes.* Arbitration may be used as a final step when needed.

Provider appeals

All appeals must be submitted in writing within 180 calendar days of the date of the initial payment or denial notice. Or, if the appeal relates to a payment that was adjusted by Cigna, it must be submitted within 180 calendar days from the date of the last payment adjustment.

Appeal by form

You should submit all appeal requests on a [Request for Health Care Professional Payment Review](#) form. This will help you to fully document the circumstances around the appeal request, and help ensure its timely review. You can access this form by going to [Cigna.com](#) > Health Care Professional > Resources > Doing Business With Cigna > [Health Care Professional Forms](#).

Include the following information with the form:

- › Copy of the original claim and the explanation of payment (EOP) or explanation of benefits (EOB), if applicable.
- › A narrative describing the situation, an operative report, and medical records, if applicable. Note that this supporting documentation is only needed for reviews involving a previous clinical denial, such as denied hospital days, level of care, medical necessity, or services denied for no prior authorization.
- › Name of service or drug you are appealing, if applicable. You can include this information in the space available for additional information on the second page of the form.

Appeal by letter

You may also request an appeal by letter that indicates the reason(s) why you believe the claim payment is incorrect and should be changed. If using this method, it's important to specify that this is a health care provider appeal, and to include all of the same information requested on the Request for Health Care Professional Payment Review form.



Appeals on behalf of your patient

If you are submitting an appeal on behalf of your patient with Cigna-administered coverage, use the Customer Appeal Request form. You can access this form by going to [Cigna.com](#) > Find a Form > Medical Forms > [Medical Appeal Requests](#).

Complete and mail this form or an appeal letter, along with any supporting documentation, to the address shown at the bottom of the Customer Appeal Request form. In most cases, the appeal should be submitted within 180 days, but the patient's particular benefit plan may allow a longer period.

It is also important to include the name of the service or the drug that is being appealed. You can include this information in the space available for additional information on the second page of the form.

Expedited appeals

Some appeals may qualify for an expedited review, such as when:

- › The treating provider believes that the standard time frames for processing the appeal might jeopardize a patient's life, health, or ability to regain maximum functionality.
- › The patient has severe pain.
- › The provider seeks to admit a patient for, or continue, an inpatient hospital stay when the patient has received emergency services but has not yet been discharged from a facility.

When you check "no" in the "Have you already received services?" box in the Customer Appeal Request Form, your appeal may qualify for expedited processing.

If you have any questions about our appeals process, please contact Cigna Customer Service.

* Processes may vary due to state mandates or contract provisions.



PARTICIPATE IN THE 2018 LEAPFROG HOSPITAL SURVEY

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

Important survey dates

Similar to previous years, you can complete the 2018 Leapfrog Hospital Survey online at the Leapfrog Group website (LeapfrogGroup.org) > [Survey Login and Materials](#) from April 1, 2018 through December 31, 2018.

June 30, 2018 is the deadline to complete the survey if you want your responses to be included in the first release of the 2018 Leapfrog Hospital Survey results. After that, you can still submit new surveys, as well as update previously submitted 2018 surveys, until December 31, 2018. Each month, the results will be publicly reported, by hospital, at LeapfrogGroup.org/compare-hospitals.

IMPORTANT DATES: 2018 LEAPFROG HOSPITAL SURVEY

DATE	DESCRIPTION
April 1, 2018	Hardcopy survey available for download
April 1, 2018	Online survey available
April 1–June 30, 2018	Submission period for inclusion in the first release of survey results
July 1–December 31, 2018	Submission period to submit surveys and update previously submitted 2018 surveys for inclusion in monthly updates

Additional information

For more information about The Leapfrog Group and how to participate in the 2018 Leapfrog Hospital Survey, please visit <http://www.leapfroggroup.org/survey-materials/deadlines>.



CALIFORNIA LANGUAGE ASSISTANCE LAW



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

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

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

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

California capitated provider groups are responsible for:

- › Inserting or including the LAP notification to English-vital documents sent to covered HMO individuals.
- › Educating providers that they must offer Cigna’s free telephone interpreter services by calling **1.800.806.2059** to support their LEP patients with Cigna coverage. Even if a provider or office staff speaks in the patient’s language, a professional telephonic interpreter must always be offered. If the patient refuses to use a trained interpreter, it must be documented in their medical record.

You can obtain additional information in several ways

- › Refer to the California edition of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reference Guides > Medical Reference Guide > Health Care Professional Reference Guides).
- › Download an overview presentation or informational flyer by visiting the Cigna website (Cigna.com > Health Care Professionals > Resources > Clinical Payment and Reimbursement Policies > Claim Policies, Procedures and Guidelines > California Language Assistance Program > [Overview Presentation](#) or [Cigna Medical Requirements](#)).
- › Contact your Experience Manager.

Racial and linguistic diversity at a glance

Cigna collects language preference, race, and ethnicity data for California-eligible customers.

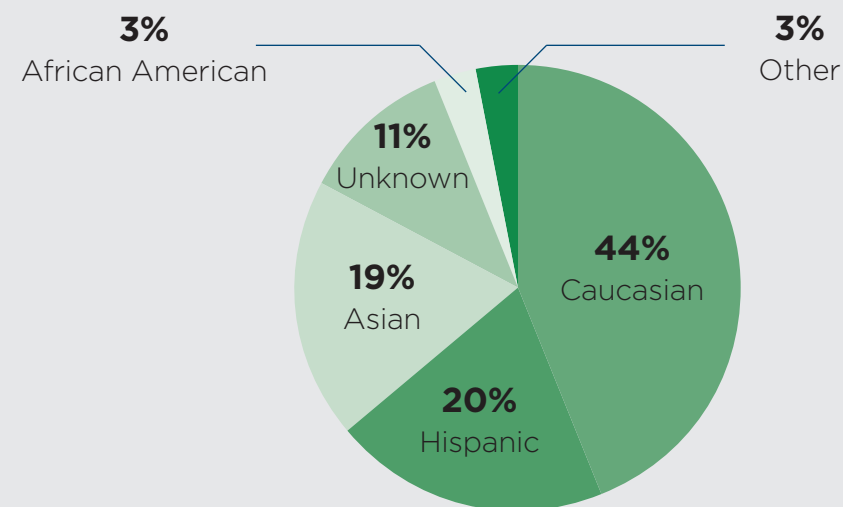
Language

Cigna uses California demographic data as a proxy for our customer base until we have a statistically valid number of customer language preference records. The following data is currently available:

- › 44% of the California population (over five-years old) speak a language other than English.*
- › Spanish (29%), Cantonese and Mandarin (3%) are the top three non-English languages spoken in California.*

Racial and ethnic composition

The data below is an indirect estimation of the racial composition of Cigna’s California customers. The figures were derived from a methodology that uses a combination of census geocoding and surname recognition.



* U.S. Census Bureau, 2011–2016 five-year American Community Survey.



NEW MEXICO LANGUAGE ASSISTANCE LAW

New Mexico law requires health plans to provide free language assistance services to all customers who reside in New Mexico.

Cigna provides free interpreter services at all Cigna locations and provider points of contact for all customers in New Mexico with Cigna-administered plans (regardless of product type), who have:

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

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

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP patient office visit or phone calls.	Call Cigna’s toll-free number at 1.800.806.2059 for free professional telephonic interpreter services. Periodically validate with the over-the-phone interpreter that interpretation is accurate.	Be ready to provide the patient’s Cigna ID number and date of birth. If telephonic interpretation services do not meet the needs of your patient in New Mexico with a Cigna-administered plan, you can schedule free face-to-face interpreter services by calling Cigna Customer Service at 1.800.88Cigna (882.4462) For face-to-face Spanish interpreters, please allow at least three business days to schedule services. For all other languages, or to include American Sign Language (ASL), please allow at least five business days to schedule services.

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
Deaf patient office visit.	Call Cigna Customer Service at 1.800.88Cigna (882.4462) to schedule an appointment for free sign language interpreter services.	Provide information about the patient’s next scheduled appointment, and type of sign language service needed (e.g., ASL). For ASL interpreters, please allow at least five business days to schedule services.
Deaf patient telephonic service relay.	Call 711 Telecommunications Relay Services (TRS).	The 711 TRS is a no-cost relay service that uses an operator, phone system, and a special teletypewriter (telecommunications device for the deaf [TDD] or teletypewriter [TTY]) to help people with hearing or speech impairments have conversations over the phone. The 711 TRS can be used to place a call to – or receive a call from – a TTY line. Both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven- or ten-digit access number. Simply dial 711 to be automatically connected to a TRS operator. Once connected, the operator will relay your spoken message in writing, and read responses back to you. In some areas, 711 TRS offers speech impairment assistance. Specially trained speech recognition operators are available to help facilitate communication with individuals that may have speech impairments.*
Refusal of service: A LEP or deaf patient wants to use a family member or friend to interpret. OR A LEP patient wants to speak to bilingual office staff.	Offer a telephonic interpreter to the LEP patient. Discourage use of family and friends – especially minors – as interpreters. OR Offer a trained, qualified telephonic interpreter, even if a provider or office staff speaks in the patient’s language.	If a patient insists on using a family member or friend, or refuses to use a trained interpreter, document this in their medical record.

continued



New Mexico language assistance law *continued*

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

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP customer telephonic communication at Cigna point of contact.	Customers call the telephone number on the back of their Cigna ID card for access to Cigna bilingual staff and free interpreter services.	Cigna uses qualified interpreters and bilingual staff tested for proficiency in language and health care terminology in non-English language(s).
Deaf or hard-of-hearing telephonic communication at Cigna point of contact.	Customers dial 711 for TRS.	Cigna staff follow department workflows to communicate with deaf or hard-of-hearing customers.

Racial and ethnic diversity at a glance

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

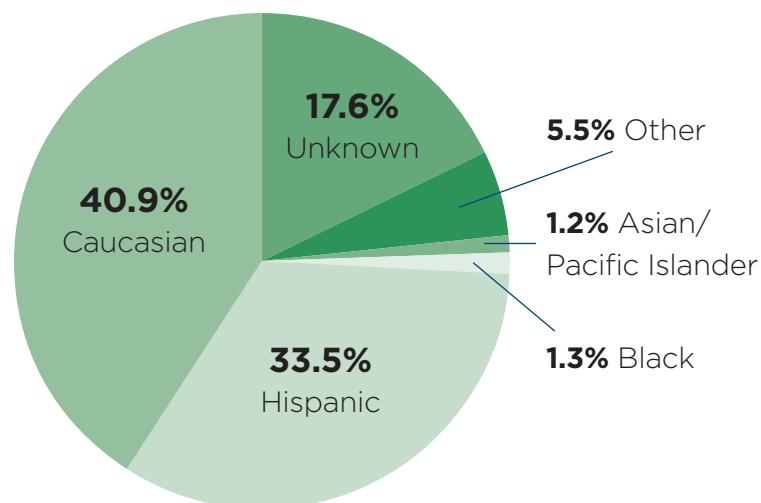
Language

Cigna uses New Mexico demographics data as a proxy for our customer base until we have a statistically valid number of customer language preference records. The following data** is currently available for languages other than English:

- › Spanish 26%
- › Navajo 3%
- › Other Native North American 2%

Racial and ethnic composition

The data below is an indirect estimation of the racial composition of Cigna's New Mexico customers. The data was derived from a methodology that uses a combination of census geocoding and surname recognition.



Questions?

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

* [Better Communication, Better Care: Provider Tools to Care for Diverse Population](#).

** Source: <https://datausa.io/profile/geo/new-mexico/#demographics> (values rounded up).



USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them, it's often required by 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.

Special reminder: New York and Texas

If you are referring patients in New York or Texas to a non-participating provider (e.g., laboratory, ambulatory surgery center, etc.), you are required to use the [Out-of-Network Referral Disclosure Form](#). You can find this form by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Find a Form > Medical Forms > [Referral to a Provider that does not participate on the Cigna HealthCare Network](#).

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

For a complete list of Cigna-participating physicians and facilities, go to [Cigna.com](#) > [Find a Doctor](#). Then, select a directory.



MIAMI'S LITTLE HAITI: CIGNA GRANT SUPPORTS CERVICAL CANCER INITIATIVES

Miami, Florida's Little Haiti is the epicenter for the estimated 500,000 to one million Haitian immigrants and their children living in South Florida. Proudly, the neighborhood is known for its cultural resilience. But, it is also characterized by poverty, with many members of the community lacking health insurance and access to health care.

Cervical cancer, a largely preventable disease that affects Haitian women at four times the rate of the state average, is shockingly high in Little Haiti.

To provide much needed support to the Haitian community, the Cigna Foundation recently awarded a \$100,000 grant to Dr. Erin Kobetz through its World of Difference program. Dr. Kobetz is a Miami native, cancer survivor, and researcher from the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

In 2004, Dr. Kobetz created a campus-community partnership called Patné en Aksyon (Partners in Action), aimed at reducing disability and death from cervical cancer among Haitian women.

Investigating potential links between plants and cancer

The grant money is going towards a project that studies how plant use in the Haitian community may contribute to this population's increased cancer risk.

"It's exciting to work with partners like Dr. Kobetz in Miami to support research that can help the health care system deliver culturally sensitive care to underserved populations."

— **Mary Engvall**
Executive Director
Cigna Foundation

As part of the study, community health workers have been deployed to collect plant specimens from Haitian women and herbalists working in Little Haiti. They are also gathering information about how the plants are used for health purposes.

Partners from the world-renowned Fairchild Tropical Botanic Garden in Coral Gables, Florida, will be validating the plants, and determining their phyto-chemical composition. This information will then be used to investigate potential biological links between these plants and cancer.

Dr. Kobetz will also participate in the Fairchild Tropical Botanic Garden's Green Treasures Intergenerational Interviews program to address plant use in the Haitian community, and work with their education department to develop an outreach program.

A community-based approach to addressing health disparities in cervical cancer

For more than a decade, Dr. Kobetz has collaborated with a network of community partners in Little Haiti to address barriers to health care, and seek information about health disparities within South Florida's Haitian community – as well as in Haiti itself. Dr. Kobetz's main focus is cervical cancer.

She explains, "Disparities in cervical cancer are largely amenable to intervention. By working with community partners, we've developed innovative approaches to address gaps in health care delivery that are community based and culturally relevant."

Mary Engvall, Executive Director of the Cigna Foundation, agrees that the community health worker concept is essential to providing people with guidance and support as they navigate complex health care and social service systems. She states, "We've learned that one of the most

effective ways to improve health equity is through the navigation assistance of community health workers who are engaged and trusted members of their community."

She adds, "The Cigna Foundation is proud to support Dr. Kobetz, and her community partners, around this innovative approach to addressing gaps in health care delivery that are community-based and culturally relevant."

Sylvester Comprehensive Cancer Center

The Sylvester Comprehensive Cancer Center at the University of Miami Leonard M. Miller School of Medicine is the only university-based cancer center in South Florida. Its physicians and scientists apply research breakthroughs from the laboratory to the patient's bedside. The cancer center closely evaluates the effectiveness of new treatments, and shares clinical insights with laboratory investigators to make important improvements that benefit patient care. Sylvester.org

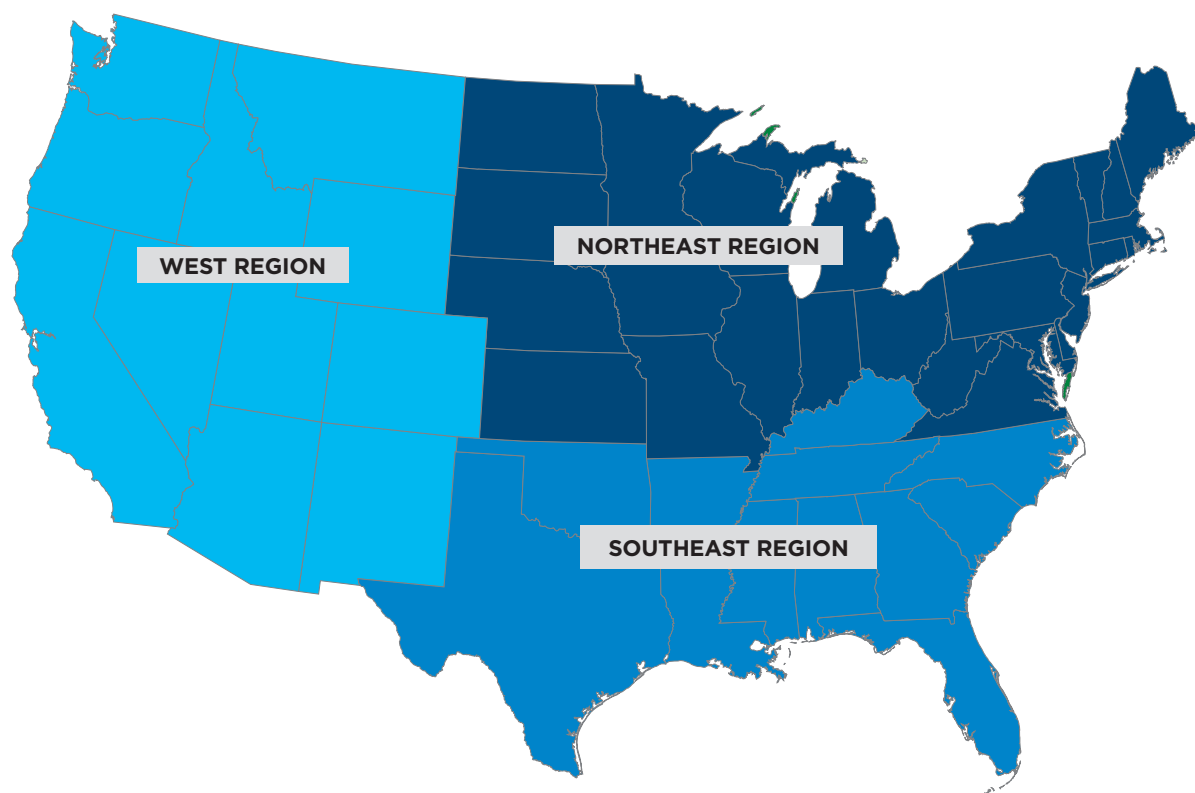
About the Cigna Foundation

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

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

Reasons to call your MME

- › Ask questions and obtain general information about our clinical policies and programs.
- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with 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.



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, or Strategic Alliance Plans – from the categories that appear.
- › Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.
- › Click View the Back to see the reverse side of the card.

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

Other information you can access

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

- › The myCigna® Mobile 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 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.



2018 CIGNA REFERENCE GUIDES AVAILABLE

The 2018 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 [Register Now](#). If you prefer to receive a paper copy or CD-ROM, call **1.877.581.8912** to request one.

* The Arizona guide will be available May 1, 2018.



GO GREEN – GO ELECTRIC

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

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

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

When you register, you will receive some correspondence electronically, such as *Network News*, 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 created the [Cultural Competency Training and Resources page](#) on Cigna.com. It contains many resources for providers and their office staff.

Listed below are just a few of the many resources you can access.

RESOURCE NAME	DESCRIPTION	HOW TO ACCESS
Delivering Culturally Responsive Care: Hispanic Community <i>A three-part series</i>	Discover Hispanic community characteristics and health care patterns, as well as cultural values, beliefs, and behaviors, which will help you to increase patient engagement.	Click on Cultural Training Instruction Guide to register for these free on-demand courses.
Developing Cultural Agility	Explore your assumptions, and learn about cultural competency best practices.	
Diabetes Among South Asians – New <i>A three-part learning series</i>	Learn about key health disparities found within the South Asian population. Gain foundational knowledge about specific cultural traits, beliefs, and practices that will assist you in providing culturally responsive care.	
CultureVision™	This online cultural resource center offers insights into culturally relevant patient care for more than 60 cultural communities.	Click on CultureVision <i>Username: CignaHCP Password: Doctors123</i> Note: CultureVision™ is limited for use solely by Cigna-participating providers and their staff. When you access this site, you agree to this requirement.

There are many other resources on this web page geared specifically to providers, including tool kits, videos, articles, and training.

There are two ways to navigate to the Cultural Competency Training and Resources page. Go to:

- › 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](#)

Bookmark this page for fast, easy access whenever you need it.

URGENT CARE FOR NON-EMERGENCIES

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

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

For a list of Cigna's participating urgent care centers, view our Provider Directory at Cigna.com > [Find a Doctor](#). 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.
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Notify us if your email address changes so 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.



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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, Hartford, CT 06152.

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

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APRIL 2018

For providers