Network News

THIRD QUARTER 2020

For providers

Cigna®

COVID-19 UPDATES

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

Network News

THIRD QUARTER 2020

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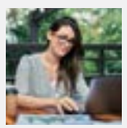

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Cigna®

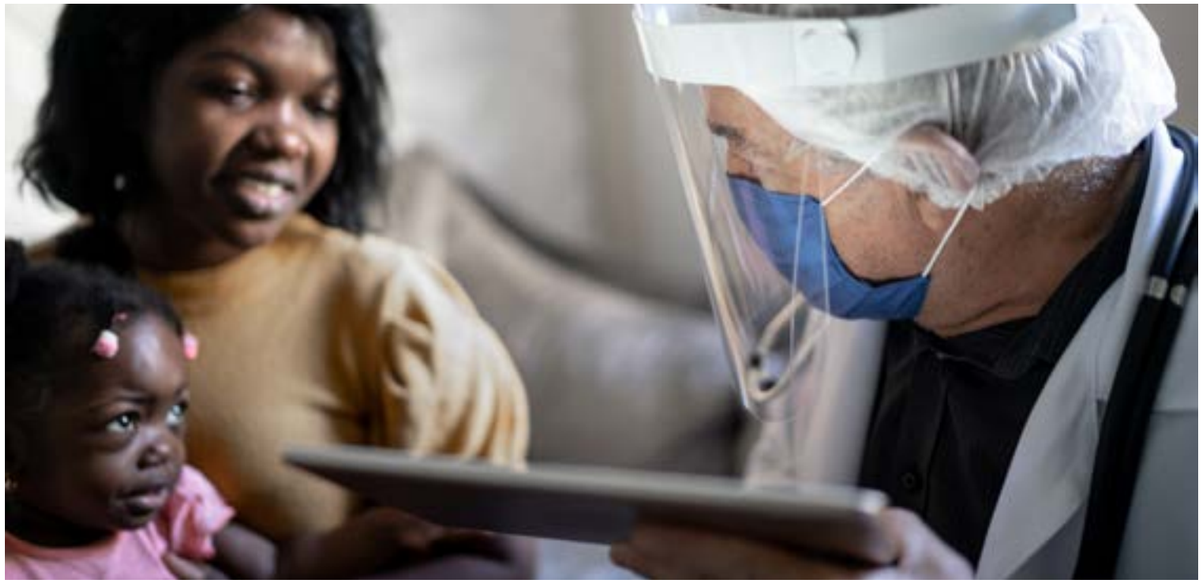
FEATURE ARTICLE

HEALTH DISPARITIES WORSENED BY COVID-19: PROVIDER RESOURCES

Even while the full impact of the coronavirus disease 2019 (COVID-19) pandemic on the well-being of Americans still unravels, early data identified that there were racial and ethnic health disparities. For example:

- Although Black/African Americans represented only 18 percent of a community, their hospitalization rate was 33 percent.*
- Death rates were much higher among Black/African Americans and Hispanic/Latino Americans (92.3 and 74.3 deaths per thousand, respectively) than for Caucasians and Asians (45.2 and 34.5 deaths per thousand, respectively).*

During crises such as the COVID-19 pandemic, minority groups are often overrepresented. It is thought this may be because of the worsening of the social determinants of health of this population, such as their living conditions, employment environments, and underlying health conditions.**



CDC-recommended action steps for health care providers

The CDC recommends that health care providers follow the action steps** listed below to help lessen health disparities.

ACTION STEPS	RESOURCES	GO TO:
Identify and address **implicit bias**.	CultureVision™	**CRCultureVision.com** > Login: CignaHCP, Password: Doctor123*
	Cultural competency training courses	**Cigna.com** > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > **Cultural Competency Training**
Provide **medical interpretation services**.	Language assistance services for interpretation and translation services. *Discounted rates are available to Cigna-participating providers for written, telephonic, face-to-face, and video remote interpretation services, including American Sign Language.*	**Cigna.com** > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > **Language Assistance Services**
Reduce **cultural barriers** to care.	› Health disparities white papers › Cultural competency training courses › CultureVision › Cultural competency assessments	**Cigna.com** > Health Care Providers > Provider Resources > **Cultural Competency and Health Equity**
Connect patients with **community resources** to help them adhere to their **care plans**.	The American Academy of Family Physicians (AAFP) website: › Neighborhood Navigator look-up tool (to refer patients to community resources) › Patient action plan (available in multiple **languages**)	**AAFP.org** > Patient Care > The EveryONE Project™ > **The EveryONE Project TOOLKIT** > Assessment and Action: › **The EveryONE Project Neighborhood Navigator** › **Action Plan Development Tools**
Learn more about **social determinants of health** that may put some patients at higher risk for getting sick with COVID-19.	› *Network News* article: Identifying and addressing social determinants of health	**Cigna.com** > Health Care Providers > Provider Resources > Cigna Network News for Providers > **Network News: Second Quarter**
	› AAFP-validated screening tool to identify and assist patients who may have unmet social needs	**AAFP.org** > Patient Care > The EveryONE Project > The EveryONE Project TOOLKIT > Assessment and Action > **Social Needs Screening Tools**
	› Office of Disease Prevention and Health Promotion website	**HealthyPeople.gov** > Topics & Objectives > Social Determinants of Health > **Interventions and Resources**

* Shikha Garg, MD, et al. "Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 – COVID-NET, 14 States, March 1–30, 2020." CDC: Morbidity and Mortality (MMWR) Weekly Report. 17 April 2020. Retrieved from https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm?s_cid=mm6915e3_w.

** "COVID-19 in Racial and Ethnic Minority Groups." CDC website (CDC.gov) > Coronavirus Disease 2019 > More Info: Take Extra Precautions > Other Populations: Racial and Ethnic Minority Groups.

PREVENTIVE CARE SERVICES POLICY UPDATES

On June 1, 2020, updates became effective for Cigna's Preventive Care Services Administrative Policy A004.

Summary: Preventive care updates effective on June 1, 2020

DESCRIPTION	UPDATE	CODES
Human immunodeficiency virus (HIV) infection screening	Added Current Procedural Terminology (CPT®) codes, which are covered as preventive when submitted with a wellness or maternity diagnosis	80081, 86702, 87534, 87535, 87536, 87806
Sexually transmitted disease screening (chlamydia, gonorrhea, high-risk human papillomavirus [HPV])	Added CPT codes, which are covered as preventive when submitted with a wellness or maternity diagnosis	87800, 87801

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)**.

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
Care Integration Services (R32)	The Cigna Collaborative Care® Code Reimbursement program is based on a CMS-developed collaborative care model. It enhances primary care by adding care management support for customers receiving behavioral treatment, and includes regular psychiatric inter-specialty consultation with the primary care teams.	We have updated the Care Integration Services (R32) reimbursement policy to reimburse primary care providers (PCPs) when they perform the following: Provide care management support for patients with Cigna coverage who are receiving behavioral health treatment, *and* coordinate that care through a behavioral health specialist. To receive reimbursement for these services, providers must submit claims using Current Procedural Terminology (CPT®) code 99484, 99492, 99493, or 99494.	May 16, 2020 for claims processed on or after this date.
Intraoperative Monitoring (0509)	Intraoperative monitoring (IOM) is used to monitor the integrity of neural pathways during surgical procedures when there may be risk of nerve injury.	We will deny coverage for IOM and baseline electrodiagnostic procedures when performed during surgery at or below spinal level L1 as being medically unnecessary. This update aligns with our current Intraoperative Monitoring (0509) medical coverage policy.	August 16, 2020 for dates of service on or after this date.
National Correct Coding Initiatives (NCCI) editing for Facilities (R09)	The NCCI is a Centers for Medicare & Medicaid Services (CMS) program designed to prevent improper payment of procedure-to-procedure coding.	We will update the NCCI editing for Facilities (R09) reimbursement policy to add additional code pairs to the code pair list. This update will more closely align our policy to the CMS guidelines.	August 16, 2020 for claims processed on or after this date.
Nucleic Acid Pathogen Testing (0530)	Nucleic acid testing is a type of lab test used to identify a bacteria, yeast, or virus by detecting its genetic material. A nucleic acid pathogen panel is used to identify multiple viruses or bacteria at the same time, using one sample source.	We will review tests for medical necessity in alignment with our Nucleic Acid Pathogen Testing (0530) medical coverage policy. This update does not include testing for COVID-19. Information about billing guidance for COVID-19 testing can be found on the Cigna for Health Care Professionals website (**CignaforHCP.com**).	August 16, 2020 for dates of service on or after this date.

Continued on next page

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

Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Omnibus Reimbursement Policy (R24)	A prostate biopsy is used to detect cancer. A needle is inserted through the wall of the rectum and into the prostate to extract cells for testing.	We will deny reimbursement for a prostate needle biopsy when billed with CPT code 88305. Claims may be resubmitted with the appropriate Healthcare Common Procedure Coding System (HCPCS) code G0416 with one unit. We will update the Omnibus Reimbursement Policy (R24) to address the coding issue.	August 18, 2020 for claims processed on or after this date.

Additional information

Coverage policies

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

Modifier and reimbursement policies

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

PRECERTIFICATION UPDATES

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

Codes added to the precertification list in July 2020

On July 1, 2020, we added 23 new Current Procedural Terminology (CPT®) codes and 37 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in July 2020

On July 1, 2020, we removed seven existing CPT codes from the precertification list which no longer require precertification.

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

PRECERTIFICATION OF CERTAIN GASTROENTEROLOGY PROCEDURES FOR INDIVIDUAL & FAMILY PLANS

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

- Esophagoscopy/ Esophagogastroduodenoscopy (EGD)
- Most capsule endoscopies

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

New coverage policies

We implemented two new coverage policies to support this program.

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

You can view these policies at **eviCore.com/Cigna**.

CPT codes

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

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

HIGH-TECH RADIOLOGY SITE OF CARE MEDICAL NECESSITY REVIEW

On August 1, 2020, we will expand our precertification requirements for computed tomography (CT) scans and magnetic resonance imaging (MRI) to include a medical necessity review of the site of care. This requirement applies for customers with fully insured benefit plans and those who are covered under the Cigna employees benefit plan.*

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

What this means to you and your patients with Cigna plans

eviCore healthcare (eviCore) will approve:

- Precertification requests that include an appropriate site of care, and are in accordance with the terms of our coverage policy and the customer's benefits.
- An outpatient hospital setting when medically necessary, as defined in the Site of Care: High-tech Radiology policy and the customer's benefit plan.

Standard Cigna benefit plans will not cover a service or a site of service as medically necessary if there is a lower-cost clinically equivalent alternative.

How to submit precertification requests

You can continue to submit precertification requests for these services to eviCore by logging in to the eviCore website (**eviCore.com** > PROVIDERS).

View the updated policy

You can access the updated Site of Care: High-tech Radiology policy by going to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resources > Coverage Policies > Policy Updates > Policy Updates December 2019 > **Site of Care: High-tech Radiology – (0550)**.

* We may not review the site of care in all geographic markets, pending regulatory approval and/or network considerations.
** Some hospitals with competitive costs will be exempt from the site-of-care review.

QUICKER OPTION TO SUBMIT PENDED CLAIM DOCUMENTATION

Did you know a faster option is now available when you need to submit supporting documentation we've requested to process and pay a pended claim? Instead of mailing or faxing the information, you can upload and submit it through the Cigna for Health Care Professionals website (**CignaforHCP.com**).

When you use this feature, you'll receive reimbursement for your pended claims more quickly.

How to use the new feature

After logging in to **CignaforHCP.com**, conduct a claim search. If you see that a claim is pended, you can review the details to find out why. Click Upload Supporting Documentation in the Claim Details section to submit the requested information.

Registered users of **CignaforHCP.com** who have the ability to view claims can use this feature immediately. If you're not registered for the website, go to **CignaforHCP.com** > **Register**.

Want to receive payments even more quickly?

In addition to submitting attachments for pended claims electronically, you can help prevent delays associated with mailing or faxing claims by:

- Sending initial claims and attachments electronically via the:
  - ANSI* 837 Electronic Claims Submission transaction, and
  - ANSI* 275 Electronic Claim Attachments transaction.
- Enrolling in electronic funds transfer (EFT).

* American National Standards Institute.

COMING SOON: ONLINE CLAIMS RECONSIDERATION REQUESTS

The ability to submit claim reconsideration requests via the Cigna for Health Care Professionals website (**CignaforHCP.com**) is coming soon. This is an enhancement you've been asking for and we've been working hard to build it.

Why online claim reconsideration?

- Avoid having to call Customer Service for simple claim adjustments.
- Save time: No need to mail or fax.
- Use the notes section to explain your request.
- Use the upload feature to attach supporting documentation.
- Be confident your request was received.
- View the status of the reconsideration request.

Online reconsiderations for appeals: Coming late 2020.

We anticipate this enhanced functionality will be available in late 2020. It will not be included in the initial rollout.

Watch for updates as we roll out this feature to providers in phases.

COMING SOON: ONLINE BENEFIT VIEWING THROUGH PROCEDURE CODE LOOKUP

Soon you'll be able to look up medical procedure codes for your patients on the Cigna for Health Care Professionals website (**CignaforHCP.com**) to obtain their benefit information for these procedures.

How it will work

You will be able to use the benefit look-up feature when you perform a patient search, and access the eligibility and benefit information. After entering up to 10 procedure codes and the place of service, and submitting the request, the benefit information for those specific codes will display for that patient.

A phased-in approach

Initially, we will roll out this feature to a small number of medical providers in the specialties listed below.

- Chiropractic care
- Occupational, physical, and speech therapies
- Surgery

We will expand this feature, in phases, to additional provider types after we evaluate and vet its performance for the initial user groups. We will notify you via email and future *Network News* articles when you will have access to this feature.

WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS

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

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

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

Three ways to join the audio portion of the webinar

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

Option 2 – Call **866.205.5379**. When prompted, enter the corresponding Meeting Number shown on the chart to the right. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

For additional webinar dates

Go to **CignaforHCP.com** > Get questions answered > Medical Resources > Communications > **Webinars for health care providers**.

Questions?

Email: **ProviderDigitalSolutions@Cigna.com**

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	**Tuesday, August 4, 2020**	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	715 901 960
Eligibility & Benefits/Cigna Cost of Care Estimator	**Wednesday, August 12, 2020**	3:00 PM/2:00 PM/1:00 PM/12:00 PM	60 min	712 927 960
EFT Enrollment, Online Remittance, and Claim Status Inquiry	**Wednesday, August 19, 2020**	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	718 971 531
Website Access Manager Training	**Thursday, August 27, 2020**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	711 737 342
CignaforHCP.com Overview	**Wednesday, September 2, 2020**	3:00 PM/2:00 PM/1:00 PM/12:00 PM	90 min	711 006 003
Eligibility & Benefits/Cigna Cost of Care Estimator	**Wednesday, September 9, 2020**	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	710 414 761
EFT Enrollment, Online Remittance, and Claim Status Inquiry	**Monday, September 14, 2020**	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	716 408 976
Website Access Manager Training	**Friday, September 25, 2020**	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	715 136 749

PAP SMEARS AND BIMANUAL PELVIC EXAMS UNDER AGE 21 USUALLY UNNECESSARY

There is broad consensus that Pap smears for the detection of precancerous changes in the cervix are not indicated for young women under age 21, no matter when they begin sexual activity. Similarly, there are very few reasons to perform a bimanual pelvic exam in this age group.

What professional and government agencies say

Pap smears. In 2018, the U.S. Preventive Services Task Force gave a "D" rating to cervical cancer screening in women younger than age 21. This means there is no net benefit to the test, or that the harms outweigh the benefits.[1] The American College of Obstetricians and Gynecologists concurs, stating in its Clinical Practice Bulletin that "cervical cancer screening should begin at age 21 years," with the possible exception of women who are HIV positive or immunocompromised.[2]

Bimanual pelvic exams. Unless there is pregnancy or symptoms suggesting significant pelvic pathology, such as abnormal bleeding or pain, a bimanual pelvic examination is usually not needed under age 21. It is not required to start hormonal contraception, like the pill or the patch; it is only required for an intrauterine contraceptive device. That's why it's important to discuss the need for a pelvic exam with the patient, and mutually agree that it should be performed if it will be included as part of the routine screening.[3]

2020 JAMA study: Millions of unnecessary Pap smears and pelvic exams

Despite the recommendations of professional and governmental organizations, new evidence suggests that each year millions of young women continue to undergo examinations and tests that are unnecessary, have little to no value, and are potentially harmful.

A study published in the February 2020 *Journal of the American Medical Association* examined the issue of cervical cancer screening and bimanual pelvic exams in young women age 15–20.[4] The statistical analysis of the survey information and other data suggests that as many as 1.4 million unnecessary bimanual pelvic exams and 1.6 million unnecessary Pap smears are being performed on this group annually. Potential adverse effects include false-positive test results, overdiagnosis, anxiety, and wasted costs.

It isn't clear why this practice continues to be so widespread, but it may simply be that it's a long-standing clinical component of routine examinations for many physicians.

More reasons to eliminate these procedures

Human papilloma virus-related precancerous changes in women under age 21 usually resolve spontaneously due to a robust immune response in that age group. Diagnoses made too early may lead to unnecessary treatment procedures, such as excision or ablation, which may potentially effect a woman's future reproductive ability, as well as cause unnecessary anxiety and costs related to the procedures. In addition, many young women find Pap smears and bimanual pelvic exams to be frightening, anxiety provoking, embarrassing, uncomfortable, and sometimes painful.[5]

While pap smears and pelvic exams may not be necessary, it is important that young women continue to see their health care providers for preventive health care, immunizations, and the recommended screenings for conditions such as anxiety, depression, violence, and abuse. We encourage health care providers to base their practices on the most up-to-date evidence and guidelines from respected professional and governmental organizations. This will help providers eliminate low-value and potentially harmful care, and render the most appropriate care to their patients.

1. U.S. Preventive Services Task Force. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement August 21, 2018. Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#fullrecommendationstart.
2. Cervical cancer screening and prevention. Practice Bulletin No. 168. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e111–30.
3. The initial reproductive health visit. Committee Opinion No. 598. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:1143–7.
4. Qin J, Saraiya M, Martinez G and Sawaya G: Prevalence of Potentially Unnecessary Bimanual Pelvic Examinations and Papanicolaou Tests Among Adolescent Girls and Young Women Aged 15–20 Years in the United States. JAMA Intern Med. 2020;180(2):274-280. doi:10.1001/jamainternmed.2019.5727.
5. Fiddes P, Scott A, Fletcher J and Glasier A: Attitudes towards pelvic examination and chaperones: a questionnaire survey of patients and providers. Contraception. 2003;67(4):313-317. doi:10.1016/S0010-7824(02)00540-1.

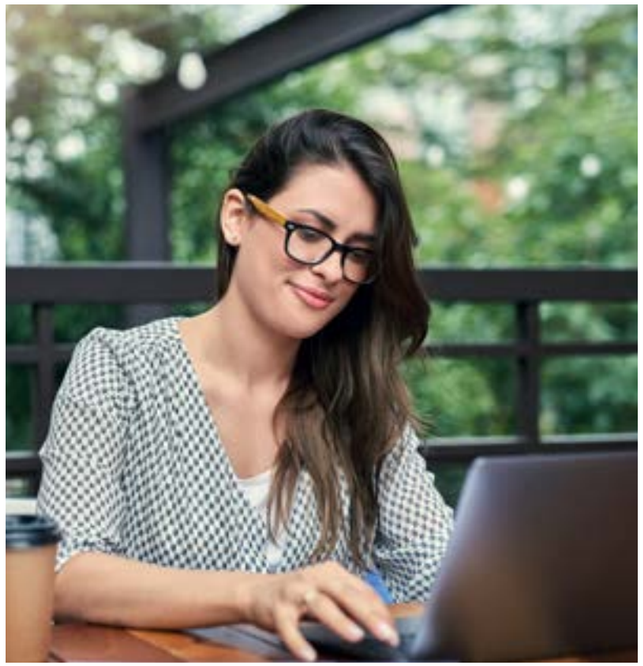
NEW QUALCARE SECTION OF *NETWORK NEWS*

We are pleased to announce that beginning with this issue of *Network News*, there is a new section exclusively for network-participating providers of QualCare, Inc., a wholly owned subsidiary of Cigna. This section will take the place of the former *InfoLine* provider newsletter, and help ensure that QualCare network providers have an efficient way to access the information they need.

Sign up for delivery of *Network News* to your inbox

QualCare-participating providers who do not participate in the Cigna network will receive their first two issues of *Network News* via U.S. mail. We encourage you to sign up to receive *Network News* electronically at **Cigna.com/NetworkNews**, as subsequent issues will be sent via email.

Welcome to our new readers.



UPDATED POLICIES AND PROCEDURES AVAILABLE ON THE QUALCARE WEBSITE

Recently, we made important updates to the QualCare and Qual-Lynx workers' compensation policies and procedures.

Now there are two provider manuals

Qual-Lynx workers' compensation is now a separate manual. Since there are differences between the two lines of business, this should make it easier for providers to find what they need. One or both manuals are considered to be an extension of your participating provider agreement with QualCare.

Other updates include:

- Information about QualCare's network access partners Oscar, Humana, and EmblemHealth.
- Changes to contact information to help you quickly get the support you need.

How to access the provider manuals

PROVIDER MANUAL	GO TO:	CODES
QualCare	**QualCareInc.com** > Partners: Provider > Documents & Forms	› **Provider Manual – QualCare**
Qual-Lynx workers' compensation		› **Provider Manual – Qual-Lynx**

We will continue to review and update these manuals periodically to ensure they contain up-to-date information for your reference.

QUALCARE AND QUAL-LYNX WORKERS' COMPENSATION COVID-19 UPDATES

We appreciate that providers are on the front line helping to protect local communities and offering dedicated care to our customers affected by the coronavirus disease 2019 (COVID-19) pandemic.

For quick access to COVID-19 resources, including interim billing guidance for Qual-Lynx workers' compensation virtual care, visit the QualCare website (**QualCareInc.com**). We encourage you to check this website regularly to keep up to date with changing information.

LOWERING MEDICATION COSTS FOR THOSE WITHOUT COVERAGE

The coronavirus disease 2019 (COVID-19) pandemic brings uncertainty for all, especially for those who don't have health benefits. To help individuals who are newly unemployed and uninsured obtain the prescription drugs they need at deeply discounted prices, Express Scripts is offering a new, limited-time program, Parachute Rx. This program requires no enrollment or commitment, and has no associated cost to participate.

How Parachute Rx works

Parachute Rx offers discounts on thousands of generic medications and select brand-name medications. Combined, these medications are among the most commonly used for conditions such as asthma, diabetes, glaucoma, and heart disease.

Medications are available through Express Scripts Pharmacy, our home delivery pharmacy, or at more than 50,000 participating pharmacies, including national chains (e.g., Walgreens, CVS Pharmacy, Rite Aid), grocers (e.g., Kroger, Safeway), and local community pharmacies.

How your patients can participate

Your patients must attest they do not have insurance coverage to be eligible for this program. Then, they can participate in this program in two ways.

- Visit the Parachute Rx website (**Express-Scripts.com/parachuterx**) to check medication prices, place a home delivery order through Express Scripts Pharmacy, or find nearby participating pharmacies.
- Ask their local pharmacist if Parachute Rx discounts are available for their prescription.

Eligible patients can expect to pay $25 or less for a 30-day supply of generics, or $75 or less for a 30-day supply of select brand-name medications.

Questions?

For questions or more information, visit the Parachute Rx provider website (**Express-Scripts.com/corporate/healthcare-providers/parachuterx**).

SITE OF CARE REVIEW FOR PEGFILGRASTIM PRODUCTS EFFECTIVE SEPTEMBER 1

Beginning September 1, 2020, we will review the site of care for pegfilgrastim products. This will include a medical necessity review of the requested servicing provider at the point of prior authorization.

If the proposed site of care is not considered medically necessary, we will help facilitate the procurement of the drug from a Cigna-contracted specialty pharmacy for home administration, or for the administration of the drug at a less intensive site of care, such as at the office of a non-hospital-affiliated provider or a freestanding infusion center.

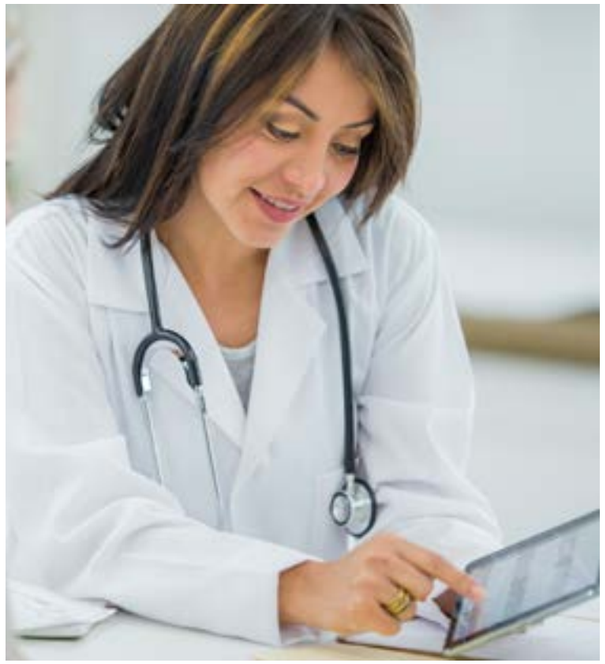
What this means for providers

If a prior authorization request includes an outpatient hospital setting for administration of the drug, a Cigna Medical Director or Pharmacist may contact the provider to discuss administration at a less intensive site of care. Following that clinical discussion, a case manager may help transition the patient to a Cigna-contracted specialty pharmacy for home administration or to an alternative infusion provider.

Please note that a medical director may deny continued authorization of coverage if the outpatient hospital setting is determined to not be medically necessary for the patient.

Additional information

For more information about our coverage policies, including medical necessity guidelines, log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Coverage Policies > Pharmacy A-Z Index: View Documents > **Medication Administration Site of Care – 1605**.



EXPANSION OF SPECIALTY MEDICAL INJECTABLES WITH REIMBURSEMENT RESTRICTION LIST

Our reimbursement restriction guidelines for certain specialty medications originally went into effect on May 1, 2018. These guidelines, now called the Specialty Medical Injectables with Reimbursement Restriction guidelines, state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy.

For new prior authorizations obtained on or after September 1, 2020, we will expand the Specialty Medical Injectables with Reimbursement Restriction list to include additional specialty medical injectables.

Cigna may grant approval for coverage of an initial dose to a facility when medical necessity for the medication is met. This allows the customer to receive needed care before arrangements can be made to obtain subsequent doses of the drug from a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna.

What this means to you

Cigna will no longer reimburse facilities directly for the drugs that are included in the Specialty Medical Injectables with Reimbursement Restriction list. Please note that facilities cannot bill patients with Cigna-administered coverage for the cost of these injectables when they are not obtained from a specialty pharmacy in the Cigna network.

The restriction does not apply to physicians who bill Cigna using their own physician fee schedules. The Specialty Medical Injectables with Reimbursement Restriction list only applies to facilities and physicians that bill Cigna using a hospital fee schedule. This is typically associated with the hospital outpatient setting.

Additional information

To access the updated Specialty Medical Injectables with Reimbursement Restriction list, log in to the Cigna for Health Care Professionals website (**CignaforHCP.com** > Resources > Reimbursement Policies and Payment Policies > Precertification Policies > Specialty Medical Injectables with Reimbursement Restriction). We recommend you review this list frequently, as it is subject to change. Specialty medical injectables may be added upon U.S. Food and Drug Administration approval.

Later this year, we will update the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers to include additional information about the Specialty Medical Injectables with Reimbursement Restriction guidelines. You can access this guide by logging in to **CignaforHCP.com** > Resources > Reference Guides.

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

ACCREDO TO PROVIDE SPECIALTY HOME INFUSION SERVICES

Effective February 1, 2021, our contract with CareCentrix (CCx) for home infusion therapy services will end. As a result, Accredo, a Cigna specialty pharmacy, will be providing most specialty home infusion services, while eviCore healthcare (eviCore) will be assisting those who require nonspecialty infusions.

The transition to Accredo for specialty home infusion services will help promote affordability of medical benefit drugs and ensure quality of care.

What this means to you and your patients

We have started contacting your patients with Cigna-administered coverage who have been receiving specialty home infusion services through CCx to help them transition to Accredo so they can continue taking advantage of their in-network benefits. Any services received from nonparticipating providers will increase out-of-pocket costs.

This process will continue throughout 2020 to ensure we transition all of your patients currently receiving care through CCx by February 1, 2021. During this process, a case manager will serve as your primary contact, and Accredo will contact you for home infusion orders.

Additional information coming soon

Later this year, we will share more information about the transition to Accredo for specialty home infusion services and to eviCore for nonspecialty home infusion services.

SPECIALTY MEDICATION PRIOR AUTHORIZATION OUTREACH PROGRAM

Our specialty prior authorization outreach program identifies patients with Cigna-administered coverage who have expiring prior authorizations for specialty medication prescriptions they fill at retail pharmacies. Through this program, and with your cooperation, we can help ensure your patients continue to receive their specialty medications without interruption – and take advantage of the benefits that Accredo, a Cigna specialty pharmacy, has to offer.

How the outreach program works

You will receive a list of your patients whose prior authorizations are about to expire, along with a prepopulated form for each of them. Then, you will request prior authorization renewal in one of three ways and return the form to us.

How to submit requests for prior authorization renewal

We offer several ways for you to request prior authorization renewal for your patients.

- Visit the CoverMyMeds® website (**CoverMyMeds.com/epa/Express-Scripts**).
- Use the electronic prior authorization feature in your electronic health record system (if available).
- Call **844.682.5157**.

Accredo, your patients' full-service specialty pharmacy

Your patients can use Accredo to fill their specialty prescriptions once you renew their prior authorization and fax the prepopulated form to **800.391.9707**. Upon receipt, Accredo will complete a thorough benefits investigation, and contact patients to review benefits and shipment information.

Please note that even if your patient chooses to continue using his or her current pharmacy, you must still renew the prior authorization to ensure the prescription benefit continues to cover the specialty medication.

Benefits of Accredo

Accredo provides the following:

- Therapeutic Resource Centers that connect patients with teams that focus on their condition.
- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 365 days a year.
- Information on available third-party patient assistance programs.
- Scheduled delivery to your patients' homes or your office (where allowable by law).

Additional information

If you have any questions, call **855.224.4099**. Representatives are available Monday through Friday from 8:00 a.m. to 11:00 p.m. Eastern time.

DIGITAL CONNECTIVITY CAPABILITIES THROUGH ACCREDO

As a result of collaborations with key partners, Accredo, a Cigna specialty pharmacy, is able to connect to numerous electronic health record systems to better facilitate the specialty medication prescription process. These collaborations, which now or will soon include your practice's system, promote greater accuracy and efficiency in getting specialty medications and services to your patients.

What this means to you

Accredo's digital connectivity capabilities offer:

- Efficient means of sharing common clinical information that is relevant and required for specialty pharmacy care coordination.
- Fewer calls and faxes from Accredo to your office.
- Faster prescription processing, so patients get their medication faster.

How to get started

To take advantage of Accredo's digital capabilities and to get your patients started, ePrescribe to Accredo: NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, Tennessee 38134.

ONCOLOGY CLINICAL CONSULT SERVICE

On September 1, 2020, Cigna will launch a clinical consult service for patients with select cancer diagnoses who have Cigna-administered coverage and may benefit from a review of their diagnosis and treatment plan.

The goal of the clinical consult service is to provide support to community oncologists and enhance patient outcomes through collaboration with a National Comprehensive Cancer Network (NCCN) or National Cancer Institute (NCI) center physician who specializes in the patient's cancer type.

Benefits to oncology providers

Oncology providers will realize the following benefits:

- Added confidence in the diagnosis of, staging of, and treatment plan for complex cancer cases.
- Collaboration with an oncologist from an NCCN/NCI center.
- Multispecialty case review and recommendations, where clinically applicable.

How to participate

Following a request for medical oncology prior authorization, a Cigna representative will identify eligible customers and contact the treating oncologist to introduce the clinical consult service, including its expected benefits and participation requirements.

The guidelines to participate are:

- Obtain a release of medical record information from the patient.
- Share the patient's pertinent medical records with the clinical consult provider.
- Review the clinical consult recommendations.

Additional information

We will limit this service to adult patients from within select employer groups who are not already under the care of an oncologist affiliated with an NCCN/NCI treatment center.

Eligible patients will incur no out-of-pocket costs for the clinical consult service itself. However, any recommended diagnostic tests and changes that the treating oncologist orders will process normally against the patient's benefit plan, and may result in incremental out-of-pocket expenses for the patient.

TRANSITION TO EXPRESS SCRIPTS PHARMACY: REMINDER

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

What this means for you

Electronic prior authorization (ePA)

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

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

Communications

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

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

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

What this means for your patients

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

Questions?

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

TIPS TO PREVENT BALANCE BILLING

As a provider, you play an important role in helping your patients make informed choices about their health care, the services they receive, and how much money they spend on these services. When you are a participating provider for their health plan, your patients also trust that you will not send them a bill for covered services beyond the expected copayment or coinsurance under their benefit plan – which may sometimes occur unintentionally.

To help your practice keep in compliance with your Cigna agreement and maintain the good relationship you've built with your patients, we encourage you to follow the tips listed below to help prevent balance billing.

- Always verify a patient's eligibility and benefits before rendering care, particularly if the health plan has changed. When in doubt, go to the Cigna for Health Care Professionals website (**CignaforHCP.com**) or call Customer Service to verify this information. *As a reminder, a patient's ID card may not be current and shouldn't be relied on to make a coverage determination*.
- Educate patients about their eligibility status and coverage for a requested service.
- Educate office managers, front office staff, and billing departments about your contractual requirement to not balance bill for covered services when your providers participate in a patient's health care plan.
- Regularly review your practice's billing practices, and promptly resolve any balance billing issues should they accidentally occur.

IMPORTANT ANNUAL SCREENINGS

While it has always been important for primary care providers to conduct behavioral health screenings during annual checkups, the COVID-19 pandemic and social distancing measures have made them even more vital. Your patients may need additional support to help them navigate through these unprecedented times.

Determining behavioral health needs and resources

When screenings for depression, anxiety, or substance use are positive, we encourage you to establish the patient's veteran status, active duty status, suicide risk, and opioid use, and whether there may be post-traumatic stress disorder. This will help you to assess which resources may be the most appropriate for them.

Resources for your patients

Special resources are available for your patients and veterans, with or without Cigna coverage, through Cigna and the U.S. Department of Veterans Affairs (VA). Go to:

- **Cigna.com/connections** > Resources
- **www.mentalhealth.va.gov**

Refer to the infographic to the right for a visual illustration of behavioral health conditions for which to screen your patients, and available resources for veterans, non-veterans, caregivers, and families with or without Cigna coverage.

THE BODY AND MIND CONNECTION

IMPORTANT ANNUAL SCREENINGS

PATIENT | PRIMARY CARE PROVIDER

During a patient's annual appointment, it's important to screen for:

DEPRESSION | **ANXIETY** | **SUBSTANCE USE**

IF PATIENT SHOWS SYMPTOMS OF ANY OF THESE CONDITIONS

It's important to further assess for:

VETERAN STATUS | **ACTIVE DUTY STATUS** | **SUICIDE RISK**

OPIOID USE | **POST-TRAUMATIC STRESS DISORDER (PTSD)**

Direct patients to available resources, as appropriate.

VA available resources for veterans, their caregivers, and families	**Cigna available resources** for veterans, their caregivers, and families	**Cigna available resources** for patients with or without Cigna coverage

PHYSICIAN QUALITY AND COST-EFFICIENCY RECONSIDERATION REQUESTS DUE AUGUST 10

Cigna regularly evaluates physician quality and cost-efficiency information. Physicians who meet specific criteria, including those who participate in a Cigna Collaborative Care® program, can receive the Cigna Care Designation (CCD) for a given measured specialty. CCD denotes a higher-performing provider, based on the criteria outlined in the 2021 Quality, Cost Efficiency, and Cigna Care Designation methodology **white paper**.

Customers will be able to preview physician quality and cost-efficiency displays in October 2020 in the provider directories on our public site, **Cigna.com**, and customer site, **myCigna.com**. This will help enable customers to make decisions about provider selection during their open enrollment period. The CCD symbol will display next to the names of providers who have achieved this designation. The displays will become effective on January 1, 2021.

2021 results sent to providers in June

In June 2020, we mailed information to primary care providers and specialists in 74 markets and 21 specialties informing them how to obtain their 2021 quality, cost-efficiency, and CCD profile directory display results.* The communication gave instruction on how to request reports, review results, submit inquiries, and submit changes or reconsideration requests.

When amended results will appear in online directories

Reconsideration requests that we receive by August 10, 2020, and that result in a change in designation status, will be viewable in the online directories on **Cigna.com** and **myCigna.com** by October 2020. Requests received after August 10, 2020 that result in a change of status will display on these websites after October 2020 when we publish updates again.

For more information or to request reconsideration

To review additional quality and cost-efficiency information, obtain a full description of the methodology and data that our decisions were based on, correct inaccuracies, request that we reconsider your quality or cost-efficiency results, or submit additional information, send an email to **PhysicianEvaluationInformationRequest@Cigna.com** or fax your request to **866.448.5506**.

When submitting a request, be sure to include your:

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

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

Methodology

You can view a full description of the methods we use to determine 2021 provider quality, cost efficiency, and CCD results at **Cigna.com/CignaCareDesignation**. If you do not have Internet access, call Cigna Customer Service at **800.88Cigna (882.4462)**.

* Providers in certain markets received actual results in compliance with state regulations.

CIGNA GENE THERAPY PROGRAM

Important medical advances in gene therapy are being introduced for the treatment of genetic disorders and acquired diseases. The U.S. Food and Drug Administration is expected to approve more than 20 gene and cell therapies in the next three to four years.

To manage quality and control costs for these emerging therapies, we have created the Cigna Gene Therapy Program, which directs customers to qualified participating providers. This new approach to gene therapy allows us to enhance the existing benefit, while managing quality and affordability.

Gene therapy coverage

A customer's benefit plan will govern coverage of gene therapy products and administrative services. There are specific providers within the Cigna network who are contracted to administer gene therapy treatments to customers with this benefit, when medically necessary.

Providers in the program

We are pleased to announce that the providers listed below have contracted to participate in the Cigna Gene Therapy Program.

Alabama	Children's of Alabama, Birmingham
Arizona	Phoenix Children's Hospital, Phoenix
California	› Children's Hospital Los Angeles, Los Angeles › The Vision Center at Children's Hospital Los Angeles, Los Angeles
District of Columbia	Children's National Hospital, Washington
Massachusetts	Massachusetts Eye and Ear, Boston
Missouri	Children's Mercy Hospital, Kansas City
Pennsylvania	› Geisinger Medical Center, Danville › UPMC Children's Hospital of Pittsburgh, Pittsburgh
Virginia	› Children's Hospital of Richmond at VCU, Richmond › University of Virginia Children's Hospital, Charlottesville
Washington	Mary Bridge Children's Hospital, Tacoma
Wisconsin	› UW Health American Family Children's Hospital, Madison › UW Health, Madison

You may also access the participating provider list by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reimbursement and Payment Policies > Precertification Policies > Cigna Gene Therapy Program for Participating Providers.

Additional information

The Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers includes additional information on gene therapy and the Cigna Gene Therapy Program. To access this guide, log in to **CignaforHCP.com** > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides.

If you have questions about the Cigna Gene Therapy Program, contact your Cigna Contracting representative.

FINAL CMS REGULATIONS GIVE PATIENTS GREATER CONTROL OF HEALTH CARE INFORMATION

On May 1, 2020, the Centers for Medicare & Medicaid Services (CMS) published two final regulations on health care interoperability and patient access. Their aim is to enable patients and providers to have safe, secure, and easy access to health information and better coordinate care.

The first set of these regulations, which must be met by January 1, 2021, require:

- Issuers of Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), and on-Marketplace Individual & Family Plans to make patient health and provider directory information available through smartphone apps.
- Hospitals to send electronic admissions, discharge, and transfer information to patients' primary care providers.

To comply with these regulations, health care providers and payers will need to adopt standardized application programming interfaces that will enable information technology systems, such as electronic health records, to connect with third-party applications. Accordingly, we have assembled multidisciplinary work groups to address these requirements. We will keep you updated on our progress.

Informed on Reform

We encourage you to bookmark **Informed on Reform**, where we continuously update information on legislation and regulatory changes impacting health plans. Go to **Cigna.com** > Employers and Brokers > Industry Insights > **Informed on Reform**.

COORDINATION OF CARE

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

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

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

Our quality programs monitor for:

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

We have developed tools based on our assessments to serve as a model for exchanging clinical information that helps facilitate continuity and coordination of care. The tools are accessible and available for download from the Cigna for Health Care Professionals website (**CignaforHCP.com** > Get Questions answered > Resources > Medical Resources > **Commitment to Quality**).

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

PPACA RISK ADJUSTMENT: ACCURATE CLAIM CODING MAY BENEFIT YOUR PATIENTS

In 2014, risk adjustment was phased in as a requirement of the Patient Protection and Affordable Care Act (PPACA). While its goal was to eliminate premium differences based solely on favorable or unfavorable risk selection,* it may also help contribute to better health for your patients enrolled in Individual & Family Plans.

Potential health benefits

When diagnoses on claims are accurately coded and contain the appropriate documentation, they may help us to:

- Identify who may benefit from disease and medical management programs.
- Match health care needs with the appropriate level of care.
- Improve data exchanges with your practice to:
  - Identify potential problems early.
  - Reinforce self-care and prevention strategies.
  - Support coordination of care.
  - Avoid potential drug-drug and disease interactions.
  - Improve the overall patient health care and evaluation process.

Providers play a vital role

To help ensure accuracy in coding and documentation, be sure your claims include:**

- Clear, concise, consistent, complete, and legible documentation.
- Specific and descriptive diagnoses (i.e., laterality, linkage, and type).
- The patient's name and date of birth on each page of the medical record.
- The treatment and follow-up plan for each active or chronic diagnosis.
- Documentation for all chronic conditions at least once a year.
- Your name, credentials, and date of authentication for each clinical encounter (please ensure legibility if handwritten).
- All pertinent diagnoses, including chronic or lifelong conditions.

Questions?

Please refer to the appropriate resource listed below.

Individual & Family Plan Risk Adjustment Coding Quality and Audit Review team	**860.787.4374**
Maria Medina, Clinical Quality Educator	**571.401.5054** **Maria.Medina@Cigna.com**

* "2018 Benefit Year Protocols PPACA HHS Risk Adjustment Data Validation." Center for Consumer Information and Insurance Oversight. 23 June, 2019. Retrieved from https://www.regtap.info/uploads/library/HRADV_2018Protocols_070319_5CR_070519.pdf.
** Poe Bernard, Sheri. Risk Adjustment Documentation and Coding. The American Medical Association, 2018.

MEDICAL RECORD REQUESTS: THANK YOU FOR RESPONDING

We're proud of our network-participating providers, who have demonstrated their priority focus on delivering quality patient care through challenging times. We appreciate your continued responses to medical record requests, and are committed to collaborating with you and your office staff to help comply with them and provide assistance when you need it.

Why is it important to respond to medical record requests?

As part of our commitment to ensuring our customers receive quality care, we have established numerous programs to help maintain quality. This may result in the need to submit medical records to Cigna for review.

You may receive a request for medical records for a variety of reasons, such as for:

- Annual audits for the Healthcare Effectiveness Data and Information Set (HEDIS®) or the Ambulatory Medical Record Review (AMRR).
- Researching complaints.*
- Projects that allow us to be better informed about our customers' health care needs and help us to implement clinical improvement initiatives.

As you know, your network-participation agreement requires you to submit medical records when requested for our quality programs. These activities are considered health care operations in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.

Additional information

To learn more about our quality programs, visit the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Medical Resources > Commitment to Quality > **Quality**.

We appreciate the quality care you provide to our customers, and your continued assistance with our medical record requests.

* Investigations are confidential, peer-review privileged, and protected under peer-review regulations.

CIGNA QUALITY RESOURCES AVAILABLE ONLINE

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

Quality initiatives

The details of our quality initiatives are just a few clicks away on the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get Questions answered: Resources > Medical Resources > Commitment to Quality > **Quality**.

Care guidelines

To view our care guidelines visit **CignaforHCP.com** > Get Questions answered: Resources > Medical Resources > Case Management/Health and Wellness > **Care Guidelines**.

Utilization management

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

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

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

If you have questions about our quality initiatives, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

APPEALS REMINDERS

When providers reach out to us about claim payment disputes, we strive to resolve them informally on that initial contact. If this isn't possible, **we offer a single-level, internal appeal process** for resolving post-service payment denials and payment disputes.* Arbitration is also available, if needed, as a final resolution step.

Provider appeals

Time frame for submissions

Providers must submit all appeals in writing within 180 calendar days from the date of the:

- Initial payment or denial notice, **or**
- Last payment adjustment if the appeal relates to a payment that was adjusted by Cigna.

Appeal submission methods

You may request an appeal either via the **Request for Health Care Professional Payment Review** form (recommended) or an appeal letter. To help ensure your appeal will receive a full and thorough review, it's important that you submit complete information.

- **Request for Health Care Professional Payment Review form.** To help you fully document the circumstances around the appeal request and expedite a timely review, we encourage you to download and complete this form – including checking off the appropriate box that best describes the reason for the appeal. You can download and print a copy of this form by going to **Cigna.com** > Coverage and Claims > Appeals and Disputes > Why submit an Appeal: **through a written request [PDF]**.
- **Letter.** If you submit your appeal by letter instead of using the form, be sure to include all of the same information that is requested on the form, and specify that it is for a health care provider appeal.

What to submit with the appeal form or letter

Be sure to include:

- A copy of the original claim.
- A copy of the explanation of payment (EOP) or explanation of benefits (EOB), if applicable.
- A narrative describing the situation, an operative report, and medical records, as applicable, if the appeal involves a previous clinical denial, such as denied hospital days, level of care, medical necessity, or services denied for no prior authorization.
- The name of the service or the drug you are appealing. (If submitting your appeal request by form, you can include this information in the space on the second page that is available for additional information.)

Additional information

Review the **Cigna Appeals and Disputes Policy and Procedures** for additional information on how to submit an appeal. Visit **Cigna.com** > Coverage and Claims > **Appeals and Disputes**.

Customer appeals

Time frame for submissions

In most cases, the appeal should be submitted within 180 calendar days from the date of the last determination of whether or not to authorize, approve, or reimburse a health care service, treatment, or supply.** Examples of a last determination include the date:

- A claim was last handled.
- A utilization review was completed.
- An appeal decision letter was issued.

Submit the appeal by form or letter

You may submit an appeal on behalf of a customer either via the **Customer Appeal Request Form** or a letter, along with any supporting documentation, and mail it to the address at the bottom of the form. To download and print a copy of this form in English, Spanish, or Chinese, go to **Cigna.com** > Find a Form > **Medical Forms** > Medical Appeal Request.

Expedited appeals

Under certain circumstances, we may perform an expedited review, such as when:

- A service was not rendered.
- A service requires precertification.
- The treating provider believes the standard time frame for processing an appeal request may jeopardize the patient's life, health, or ability to regain maximum functionality, or severe pain.
- There is an admission or continuing inpatient hospital stay for a patient who has received emergency services but has not been discharged from a facility.

To request an expedited appeal

On the Customer Appeal Request form, check the "No" box to the question, "Have you already received services?" You will receive a written response from Cigna within 30 days.

Questions?

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

* Processes may vary due to state mandates or contract provisions.
** Your patient's particular Cigna benefit plan may allow for a longer period.

PROVIDERS MUST MEET LANGUAGE ASSISTANCE COMPLIANCE REQUIREMENTS

It's the law

The Americans with Disabilities Act

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

Section 1557 of the Affordable Care Act

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

This legislation supports the ACA's goals of:

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

Under Section 1557, it is unlawful to delay or deny effective language assistance services to individuals with limited English proficiency (LEP). Covered entities, such as Cigna and health care providers, are required to take reaasonable steps to assist in providing language assistance services or written translations for LEP individuals who are eligible to be served in health programs and activities. Additionally, when language services are required, they must be provided free of charge and in a timely manner.

Providers' responsibilities to ensure compliance with the law

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

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

Continued on next page

Providers must meet language assistance compliance requirements *continued*

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

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

How Cigna ensures compliance with the law

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

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

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

For more information about the California and New Mexico language assistance laws, please refer to the related articles in the **Second Quarter 2020 *Network News***, or access the Cigna state-specific reference guides. Log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

Questions?

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

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

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

PROVIDER DISCOUNTS AVAILABLE FOR LANGUAGE ASSISTANCE SERVICES

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

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

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

Click here for vendor information, such as available discounts, how to schedule the services, and more.

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

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

MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

NORTHEAST REGION

TBD	IA, KS, MO, ND, NE, SD	TBD
Jennifer Daley, MD	New England: MA, ME, NH, RI, VT	617.831.2254
Catherine Dimou, MD, FACP	IL, IN, MI, MN, WI	312.496.5403
Vaishali Geib, MD	DC, MD, VA	804.904.5791
Jeffrey Langsam, DO	CT	860.226.8004
Tiffany Lingenfelter-Pierce, MD	New England: MA, ME, NH, RI, VT	603.203.4317
Ronald Menzin, MD	NJ, NY	804.904.4090
E. Dave Perez, MD	NJ, NY	646.658.7157
Laura Reich, DO	DE, OH, PA, WV	443.553.6502
Christina Stasiuk, DO	DC, MD, VA	215.761.7168

SOUTHEAST REGION

Michael Howell, MD, MBA, FACP, Regional Medical Executive, Southeast	Central FL, North FL, USVI	407.607.4115
Raj Davda, MD	NC, SC	817.988.2049
Robert Hamilton, MD	AL, GA	404.443.8820
James Lancaster, MD	AR, KY, MS, TN	615.595.3124
Mark Netoskie, MD, MBA, FAAP	LA, South TX	713.576.4465
Marco Vitiello, MD	Southern FL	954.514.6705
Frederick Watson, DO, MBA, CPE	OK, North TX	972.863.5119

WEST REGION

Leslie Barakat, MD, MBA	AZ	480.532.5498
Laura Clapper, MD	Southern CA	619.359.9241
Jeffrey Klein, MD	Southern CA, NV	818.482.6051
Mark Laitos, MD	CO, NM, WY	720.442.4817
Kenneth Phenow, MD	Northern CA	336.202.6826
Douglas Smith, MD, MBA	UT	385.285.5520
TBD	AK, HI, ID, MT, OR, WA	TBD
Rodgers Wilson, MD	AZ	480.721.9036

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

NATIONAL

Peter McCauley, Sr., MD, CPE *Clinical Provider Engagement & Value-Based Relationships*	**312.648.5131**
Jennifer Gutzmore, MD *Clinical Strategy & Solutions*	**818.500.6459**

Reasons to call your MME

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

UPDATED CIGNA REFERENCE GUIDES AVAILABLE FALL 2020

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

Access the guides

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

USE THE NETWORK

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

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

Referral reminder: New York and Texas

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

- **New York providers**
- **Texas providers**

For a complete list of Cigna-participating physicians and facilities, go to **Cigna.com** > **Find a Doctor, Dentist or Facility**. Then, select a directory.

PATIENT REVIEWS REMINDERS

As a reminder, verified patient reviews* display in providers' profiles in the **myCigna.com** directory. New reviews are published on an ongoing basis.

Reviews are verified

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

How patient reviews works

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

Who receives reviews?

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

- Chiropractors
- Dermatologists
- Ophthalmologists
- Pediatricians
- Podiatrists
- Primary care providers

How to access your reviews

- Log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**). If you are not a registered user of the website, go to **CignaforHCP.com** > **Register**.
- Under Latest Updates, view your patient reviews and click "Learn more" for instructions.
- You will be instructed to ask your practice's website access manager for access to patient reviews.

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

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

How customers access patient reviews

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

Questions?

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

* For U.S. customers only.

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

QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

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

To access the guide:

- Go to **Cigna.com** > Health Care Providers > Coverage and Claims > **Cigna ID Cards**.
- You'll see sample images of the most common ID cards.
- To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, or Strategic Alliance Plans – from the categories that appear.
- Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.
- Click View the Back to see the reverse side of the card.
- Click About This Plan to read more about the plan associated with this ID card.
- Click View Another Card Type to view a different sample ID card.
- If you prefer to view a PDF of the guide, click View the print version of the guide.

Other information you can access

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

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

Click **here** to use the digital ID card tool.

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

URGENT CARE FOR NONEMERGENCIES

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

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

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

VIEW DRUG BENEFIT DETAILS USING REAL-TIME BENEFIT CHECK

Real-time benefit check gives you access to patient-specific drug benefit information through your electronic medical record (EMR) or electronic health record (EHR) system during the integrated ePrescribing process. If you are a provider treating military beneficiaries, you also have access to patient-specific drug benefit information through your EMR or EHR system.

This service enables you to access drug benefit details, including:

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

EMR or EHR system requirements

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

INCREASE YOUR KNOWLEDGE WITH CAREALLIES EDUCATION SERIES

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

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

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

* American Medical Association Physician's Recognition Award.

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

RESOURCES TO ENHANCE INTERACTIONS WITH CULTURALLY DIVERSE PATIENTS

If you serve a culturally diverse patient population, check out the **Cigna Cultural Competency and Health Equity Resources** web page. It contains many resources to help you and your staff enhance your interactions with these patients. The website is easy to navigate, streamlined to help you find the information you need quickly, and mobile friendly.

eCourses, language assistance services, and more

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

eCourses

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

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

Language assistance services

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

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

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

CultureVision

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

You can access CultureVision directly at:

CRCultureVision.com
Login: CignaHCP
*Password: Doctors123**

Additional resources

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

Visit today

Go to **Cigna.com** > Health Care Providers > Provider Resources > **Cultural Competency and Health Equity**. Check back often for newly added resources.

GENDER DISPARITY TRAINING FOR CME CREDIT

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

The eCourse will:

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

To access the eCourse, visit **Cigna.com** > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > **Cultural Competency Training**.

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

HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider directory

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

It's easy to view and submit demographic changes online

- Log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Working With Cigna.
- Go to the Update Demographic Information section, and click Update Health Care Professional Directory. *If you don't see this tool, ask your website access manager to assign you access to the functionality to make updates. If you don't know who your website access manager is, log in to **CignaforHCP.com** > Settings and Preferences > Online access > View TIN access. Select your TIN; the name of your website access manager(s) will be provided at the bottom of the screen.*
- An online Provider Demographic Update Form will appear that will be prepopulated with the information for your practice that currently displays in our provider directory. You can easily review the prepopulated fields, determine if the information is correct, make any necessary changes, and submit the form to us electronically.

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

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

GET DIGITAL ACCESS TO IMPORTANT INFORMATION

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

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

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

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

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

* QualCare providers must sign up to receive *Network News* electronically at Cigna.com/networknews.

ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit **Cigna.com** > Health Care Providers > Provider Resources > **Cigna Network News for Providers**.

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.

Together, all the way.®