

Network News

FIRST QUARTER 2021

For providers



Now including
QualCare information
and updates



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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, interim virtual care coverage, and other guidelines.

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RESOURCES TO SUPPORT PHYSICAL AND EMOTIONAL WELL-BEING

As a health care provider, you play a critical role in assessing your patients’ physical and mental health concerns. Your timely communication with behavioral providers is also vital to ensuring continuity as patients move within the care delivery system to receive necessary treatment.

Screening your patients

As the COVID-19 pandemic continues, it’s especially important to screen your patients for emotional or mental health needs. The [Cigna Resilience Index: 2020 U.S. Report](#) shows increasing rates of depression, anxiety, and suicide in children, with one in five adults reporting at least one mental illness or addiction.*

There is a significant relationship between physical and behavioral health

It is well established that impacts in one area directly correlate with the other. For example, anxiety has been shown to exacerbate diabetes and hypertension.

Wellness, mental health, and behavioral resources

To help support your patients’ needs, we offer access to a variety of [mental health resources](#),** including:

- › Resources for health care workers
- › Substance use resources
- › Managing anxiety
- › The Aunt Bertha Social Care Network

Crisis phone numbers

Listed below are important phone numbers*** you may want to have on hand during your care delivery.

National Suicide Prevention Lifeline	800.273.8255
National Domestic Violence Hotline	800.799.7233 or text LOVEIS to 866.331.9474
Crisis Text Line	Text HOME to 741741 from anywhere in the United States
Cigna Veteran Support Line	855.244. 6211

Cigna customers can also call the phone number on their ID card or contact their employee assistance program.

Questions?

We’re here to help. Call us at **800.88Cigna (882.4462)**.

* Largest U.S. survey of resilience using the Child and Youth Resilience Measure (CYRM) and Adult Resilience Measure (ARM) scales. Source: [Building Resilience: A Framework for Dealing with Stress and Adversity Across the Lifespan](#).

** Go to [Cigna.com/coronavirus](#) > [Help for Managing Anxiety and Stress](#).

*** To bookmark these phone numbers, go to [Cigna.com](#) > Individuals and Families > Health and Wellness > [Mental Health](#).



PREVENTIVE CARE SERVICES POLICY UPDATES

On December 1, 2020 and January 1, 2021, updates became effective for Cigna’s Preventive Care Services Administrative Policy A004.

Summary: Preventive care updates effective on December 1, 2020

DESCRIPTION	UPDATE	CODES
Anxiety screening	New screening; added Current Procedural Terminology (CPT®) codes	96127, 96161
Breast-feeding support/ counseling during pregnancy and after birth	NOTE: Important message for <i>nonnetwork lactation consultants</i> to report preventive services Healthcare Common Procedure Coding System (HCPCS) code S9443 must be reported by nonnetwork lactation consultants to be eligible for preventive coverage.	S9443
Breast-feeding equipment/ supplies	Added, “Effective 2/1/2021, must be ordered through eviCore” for affected HCPCS codes	A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, E0604
Depression screening	Added CPT code	96127
High blood pressure screening	Added “Effective 2/1/2021, must be ordered through eviCore” for affected HCPCS codes	A4660, A4663, A4670
Smoking and tobacco use cessation counseling/ interventions	Added “pregnant women” to the clinical recommendation for counseling/ interventions	99406, 99407
Women’s contraceptive services: Intrauterine devices	Removed content on reporting Kyleena™ with affected HCPCS code and National Drug Code (NDC) for service dates prior to 07/01/2017	J3490 with NDC 50419-424-01 (aka 50419042401) with a designated wellness code from Code Group 6



Summary: Preventive care updates effective on January 1, 2021

DESCRIPTION	UPDATE	CODES
Hearing screening	Added CPT codes that are allowed with a wellness diagnosis code	92650, 92651
	Removed CPT codes	92585, 92586
Lung cancer screening	Added a CPT code that is allowed with any diagnosis code; may require precertification	71271
	Removed CPT code	71250

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.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
Bariatric Surgery and Procedures (0051)	Gastric bypass and other weight-loss surgeries, known collectively as bariatric surgery, involve making changes to the digestive system to help one lose weight. Occasionally, there is also a hiatal hernia present at the time of the bariatric surgery.	We will deny coverage of hiatal hernia repair billed with Current Procedural Terminology (CPT®) code 43281 when it is performed as part of a bariatric surgery procedure that requires a simple suture repair of a diaphragmatic defect.	January 15, 2021 for dates of service on or after this date.
Cardiac Rhythm Implantable Device (CRID) Guidelines	A pacemaker is a small device placed under the skin in the chest to help the heart beat more regularly if there is an irregular heartbeat (arrhythmia), particularly a slow one.	We will implement new Cigna-eviCore healthcare Cardiac Rhythm Implantable Device Guidelines ** to require precertification of elective outpatient pacemaker placement for adults age 18 and older. eviCore healthcare will manage the medical necessity review and precertification process.	February 1, 2021 for dates of service on or after this date.
Ambulatory Electrocardiographic Monitoring (0547)	Ambulatory electrocardiographic monitoring is used to evaluate suspected arrhythmias, unexplained episodes of syncope, and/or cryptogenic stroke.	We will update this policy to replace the temporary CPT category III electrocardiogram codes 0295T, 0296T, 0297T, and 0298T with the new CPT category I codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, and 93248.	February 15, 2021 for dates of service on or after this date.
Drug and Biologic Medical Necessity (Injectables) – medical benefits (2027) Drug and Biologic Medical Necessity (Non-injectables) – medical benefits (2028)	Absent specific coverage policies, injectable and non-injectable drugs or biologics are considered medically necessary, in accordance with benefit plan specifications, when certain criteria are met.	We will implement two new medical coverage policies, Drug and Biologic Medical Necessity (Injectables) – medical benefits (2027) and Drug and Biologic Medical Necessity (Non-Injectables) – medical benefits (2028) , to address coverage of injectable and non-injectable drugs and biologics that are not otherwise specified under plan medical benefits.	February 15, 2021 for dates of service on or after this date.

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* Please note that the planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](#).
** [eviCore.com/Cigna](#) > Find Clinical Guidelines > High-Tech Imaging and Cardiology Guidelines > [Pacemaker \(CRID\) Guidelines](#).

Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Airway Clearance Devices in the Ambulatory Setting (0069)	Mechanical insufflator-exsufflators, also known as cough assist therapy, are portable electric devices that alternately apply positive and rapid negative pressure to a patient’s airway. They are used to treat neuromuscular disorders when there is a compromised chest wall or diaphragmatic movement.	We will deny coverage of a cough-stimulating device billed with Healthcare Common Procedure Coding System (HCPCS) code E0482 that does not meet medical necessity criteria.	March 15, 2021 for dates of service on or after this date.
Chiropractic Care (CPG 278) Physical Therapy (CPG 135) Occupational Therapy (CPG 155)	A vasopneumatic device (CPT code 97016) is used to apply compression to treat extremity swelling and edema. Infrared therapy (CPT code 97026) is a treatment that involves the use of a laser or LED light to treat damaged tissues. Both may be performed as part of the treatment of musculoskeletal conditions.	We will deny coverage of physical therapy services billed with CPT codes 97016 and 97026 as not medically necessary.	March 15, 2021 for dates of service on or after this date.
Rhinoplasty, Vestibular Stenosis Repair and Septoplasty (0119)	Septoplasty is a surgery to straighten or repair the septum of the nose.	We will deny coverage for septoplasty procedures billed with CPT code 30520 that do not meet medical necessity criteria.	March 15, 2021 for dates of service on or after this date.

Additional information

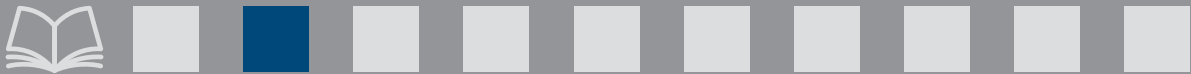
Coverage policies

To view our coverage policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website ([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, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

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Clinical, reimbursement, and administrative policy updates *continued*

OTHER IMPORTANT UPDATES

Change to total knee and hip replacement coverage

Effective January 1, 2021

The Centers for Medicare & Medicaid Services and evidence-based guidelines from MCG Health designate total knee and hip replacement procedures as outpatient*** when medically appropriate. In keeping with this standard, as of January 1, 2021, Cigna may deny coverage for some of these procedures when requested at the inpatient level of care for customers with fully insured and self-funded plans.

eviCore healthcare will manage the medical necessity and level of care for these procedures, and base its review of medical necessity on MCG criteria. Denials will include medical necessity appeal rights.

Change to anesthesia time unit calculation

Effective May 1, 2021

As a result of a recent review, and consistent with industry standards for anesthesia reimbursement, Cigna’s calculation of anesthesia time units will change. Currently, reimbursement for anesthesia time units is calculated such that every time increment of 15 minutes (or part thereof) equals one time unit. Beginning May 1, 2021, reimbursement will be based on actual time billed, rounded to the nearest tenth of a 15-minute unit.

You may experience a change in your reimbursement for covered services based on this update. Please note this change does not affect your contracted rate for these services. We will update our administrative guidelines in the Cigna Reference Guide with this information by March 1, 2021.



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.

Code additions and removals from the precertification list in January and February 2021

EFFECTIVE DATE	CODE ADDITIONS	CODE REMOVALS
January 1, 2021	<ul style="list-style-type: none">➤ 34 new Current Procedural Terminology (CPT®) codes➤ 23 new Healthcare Common Procedure Coding System (HCPCS) codes	NA
February 1, 2021	Four CPT codes	Two CPT codes

View the precertification list

To view the complete list of services that require precertification of coverage, [click here](#). Or, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification 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, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

*** Inpatient admission not required. Patient generally treated up to 24 hours.



CIGNAFORHCP.COM TWO-STEP SECURITY FEATURE TO BEGIN

In the first quarter 2021, we will introduce two-step authentication as a security feature for the Cigna for Health Care Professionals website (CignaforHCP.com). This enhancement will offer an extra layer of security to help prevent use of the website by unauthorized users, and further protect the privacy of your patients with Cigna-administered coverage.



How two-step authentication works

When you log in to CignaforHCP.com with your username and password, a security code will be sent to the email address listed for you in Settings & Preferences. Once you enter the security code on the login screen, you will gain access to the website.

Optional or mandatory?

Your practice’s website access manager will determine if two-step authentication is mandatory or optional for you based on Taxpayer Identification Number (TIN) and job role. The feature will be mandatory for you if:

- ▶ Your practice’s website access manager sets it as mandatory.
- ▶ You are registered for CignaforHCP.com under a TIN that is not assigned to a website access manager.

If the feature is set as optional for you, you can still choose to enable two-step authentication.

Look for additional information coming soon

We will send an email to registered users of CignaforHCP.com prior to the rollout.



CIGNAFORHCP.COM ENHANCES BENEFIT LOOKUP EXPERIENCE

We recently made enhancements to the Cigna for Health Care Professionals website (CignaforHCP.com) to give you more functionality and a better experience when looking up benefits for your patients with Cigna-administered coverage.

Quickly see your patients’ plan benefits

When you log in to CignaforHCP.com and conduct a patient search, the Patient and Plan Detail screen will prominently display the deductible, coinsurance, copayment, and out-of-pocket maximums in an easy-to-read tile format. You can access the patient’s general benefits, generate a **benefit reference number**, or perform a procedure code search from the tiles.

Look up your patients’ benefits by procedure code

With this new feature, you can:

- ▶ Access patients’ benefits by Current Procedural Terminology (CPT®) code, Healthcare Common Procedure Coding System (HCPCS) code, revenue code, or American Dental Association (ADA) code.
- ▶ See if precertification is required.

Tell us what you think

We appreciate your feedback as we continue to enhance CignaforHCP.com, and hope you enjoy the improvements and benefits it offers. Please submit feedback by using the feedback button on the right side of the web page.



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

Option 3 – Call in using your computer.

Questions?

Email: ProviderDigitalSolutions@Cigna.com

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, February 3, 2021	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	173 479 8118
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, February 10, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	173 237 4257
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, February 15, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	173 165 5832
Online Claim Reconsideration	Wednesday, February 17, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	173 357 4168
Website Access Manager Training	Tuesday, February 23, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	173 188 4920
CignaforHCP.com Overview	Tuesday, March 2, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	90 min	173 760 0058
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, March 10, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	173 788 7163
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, March 15, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	173 540 1435
Online Claim Reconsideration	Wednesday, March 17, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	173 013 9811
Website Access Manager Training	Tuesday, March 23, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	173 178 2452



STAYING CONNECTED WITH YOUR PATIENTS THROUGH VIRTUAL CARE

As your patients seek more convenient and safe options to obtain health care, we have seen a growing interest in virtual care (i.e., telehealth). This is an option that can give them greater access to and connection with their provider.

Virtual Care Reimbursement Policy (R31) now effective

To help providers attract and retain patients, reduce access barriers, and contribute to their ability to provide the right care at the right time, we implemented a new Virtual Care Reimbursement Policy on January 1, 2021.

This policy ensures you can continue to receive ongoing reimbursement at face-to-face rates for virtual care provided to your patients with commercial coverage through Cigna.

Services reimbursed

As a reminder, our new policy allows for reimbursement of a variety of services typically performed in an office setting, but that are also appropriate to perform virtually. This includes routine appointments, general wellness visits, new patient exams, and behavioral assessments.

Billing and reimbursement requirements

For services included in our Virtual Care Reimbursement Policy, a number of general requirements must be met for Cigna to consider reimbursement for a virtual care visit. When all requirements are met, services will be reimbursed consistent with face-to-face rates to help ensure providers continue receiving fair reimbursement.



Additional information

For complete details on the virtual care services that are reimbursed, billing requirements, and to access a copy of the full Virtual Care Reimbursement Policy, please visit CignaforHCP.com/virtualcare.

BEHAVIORAL HEALTH CENTERS OF EXCELLENCE PROGRAM

The Cigna Behavioral Health Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency for our participating mental health, substance use disorder, and eating disorder treatment providers.

We evaluate data annually to determine if facilities will be added to or removed from the program. The facilities that meet quality and cost-efficiency metrics are designated as Centers of Excellence.

Patient outcomes score

The patient outcomes score is a quality measure of a facility's relative effectiveness in treating mental health, substance use disorders, or eating disorders. It is based on the following quality measures:

- Readmission rates
- Seven-day ambulatory follow up
- Discharge to a network-participating provider

Cost-efficiency score

The cost-efficiency score is a measure of a facility's average cost to treat mental health, a substance use disorder, or an eating disorder, and is based on a facility's Cigna fee schedule and average length-of-stay data. It does not include provider fees or outpatient services, and is severity-adjusted for comparison. The score reflects the rates that a facility charges, as well as the average time spent in the facility for the specific treatment. A variety of factors, including geographic cost differences, may affect the overall score.

Star displays

A facility can receive a score of up to three stars (*), for both patient outcomes and cost efficiency for each evaluated condition. Those that attain at least five stars (three stars for patient outcomes and two stars for cost efficiency, or three stars for cost efficiency and two stars for patient outcomes) receive the Cigna COE designation.

Additional information

As we continue to expand nationwide access to our behavioral COE programs, you may have more referral options* for your patients who need inpatient treatment for mental health, substance use, or an eating disorder.

To find a Behavioral Health COE facility in your area, call the phone number on the back of your patient's ID card or visit Cigna.com > [Find a Doctor, Dentist or Facility](#). When prompted, search for a health facility using the Center of Excellence designation. Your patients can also locate COE facilities by logging in to myCigna.com.



LOCALPLUS PLANS EXPAND IN 2021

We routinely assess our networks to help ensure our customers have access to quality, cost-effective care in their geographic areas. As a result, on January 1, 2021, we began offering LocalPlus® plans to our customers in the markets outlined below.

State	Counties
Colorado	Mesa
Oregon	All
Utah	Box Elder, Cache, Davis, Salt Lake, Weber
Washington	Clark, Cowlitz, Klickitat, Skamania, Wahkiakum

About LocalPlus

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

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

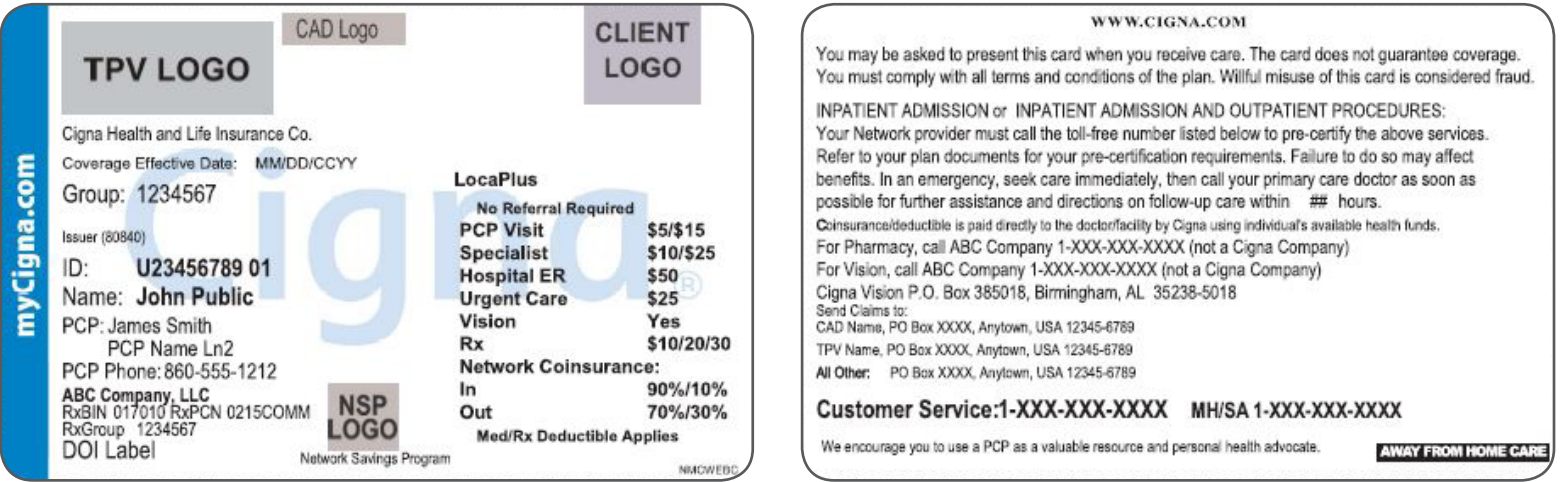


LocalPlus ID cards

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

LocalPlus customers are encouraged to select a PCP but are not required to. If a customer has selected one, the primary care provider (PCP) name will be printed on the ID card.

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



ID cards are for illustrative purposes only.

For more information

Call Cigna Customer Service at **800.88Cigna (882.4462)**, or visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > **LocalPlus**.



CIGNA CONNECT INDIVIDUAL & FAMILY PLANS: 2021 UPDATE

On January 1, 2021, Cigna Connect Individual & Family Plans (IFPs) became effective in the markets listed below.

Market	Regions
Colorado	Colorado Springs counties of El Paso, Larimer, Teller, and Weld
Florida	Broward, Collier, Indian River, Lake, Leon, Martin, Orange, Osceola, Palm Beach, Seminole, and St. Lucie counties
North Carolina	<div> ▶ Raleigh/Durham </div> <div> ▶ Broad network – 56 select east and west counties </div>
Northern Virginia	Spotsylvania County

About these plans

Cigna Connect IFPs are built around local providers to give customers access to personal, patient-centered care. They require enrolled customers to use only Connect Network-participating providers, including primary care providers (PCPs) and specialists. There is no out-of-network coverage, unless it's for a medical emergency.

Plan changes effective January 1, 2021

Referrals are no longer required, except in Illinois. However, we encourage PCPs to refer their patients to Connect Network-participating providers for benefit coverage. You can use the online directory at [Cigna.com/ifp-providers](#) to find participating physicians, hospitals, and other participating providers.

PCP selection is no longer required, except in Illinois; we encourage customers to select a PCP for themselves and each enrolled family member.

The name of the PCP will not be printed on the customer's ID card.

Provider notification of network participation

We mailed letters to affected providers to inform them of their Cigna Connect Network-participation status as outlined below.

PROVIDERS IN:	RECEIVED NOTIFICATION LETTERS IN:
Colorado	November 2020
Florida	October 2020
North Carolina	October 2020
Northern Virginia	October 2020

We included additional details about the plan and images of sample customer ID cards in the letters to providers who were selected to participate in the Connect Network.



CIGNA PLUS: A NEW INDIVIDUAL & FAMILY PLAN IN CHICAGO

On January 1, 2021, Cigna Plus – a new Individual & Family Plan with Northwestern Medicine – became effective for customers in the following Chicago, Illinois counties: Cook, DuPage, Kane, Lake, and McHenry.

About Cigna Plus plans

Cigna Plus Individual & Family Plans are built around local providers to give customers access to personal, patient-centered care. They require customers to use only Cigna Plus network-participating providers, including primary care providers (PCPs) and specialists. There is no out-of-network coverage, unless it's for a medical emergency.

Referrals

Customers are required to obtain a referral from their PCP to a specialist who participates in the Cigna Plus network. Although PCPs are not required to submit a referral request to Cigna, they should retain a copy of the referral in their patient's medical file.

Participating specialists can confirm a referral by either relying on a PCP's written referral that a customer presents to the office, or by calling Cigna Customer Service (if the PCP chose to submit the referral to Cigna). When calling about a referral, select the prompt for "specialist referral."

Provider notification of network participation

In October 2020, we mailed letters to affected providers to inform them of their Cigna Plus network-participation status. We included additional details about the plan and images of sample customer ID cards in the letters to providers who were selected to participate in the Cigna Plus network.



CIGNA GENE THERAPY PROGRAM

The U.S. Food and Drug Administration could approve new gene therapy treatments in 2021 for Duchenne muscular dystrophy, prostate cancer, bladder cancer, and Hemophilia B. More than 25 gene and cell therapies may be approved in the next three to four years.

Cigna 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 that are contracted to administer gene therapy treatments to customers with this benefit when medically necessary.

Expanding our list of participating providers

We are pleased to welcome Vanderbilt Children’s Hospital in Nashville, Tennessee as a participating provider in the Cigna Gene Therapy Program.

To access the complete list of participating providers,* log 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.



CIGNA + OSCAR PLANS IN GEORGIA AND TENNESSEE

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups in the Metro-Atlanta, Georgia area and Tennessee through new Cigna + Oscar plans. These plans bring together the power of Cigna’s national and local provider networks – Open Access Plus and Cigna LocalPlus® – and Oscar Health’s innovative digital customer experience.

Providers that participate in the Cigna + Oscar network

You are considered a Cigna + Oscar network-participating provider if you participate in Cigna’s:

- LocalPlus network in the Metro-Atlanta area or Tennessee, or,
- Open Access Plus network, regardless of state or region.

To confirm your network participation, visit Oscar’s online directory at [CignaOscar.com/search](#) or call Oscar Customer Service at **855.672.2755**, press 4.

More information

To learn more about Cigna + Oscar plans, please access the resources listed below.

- Cigna + Oscar provider website ([CignaOscar.com](#))
- Cigna + Oscar web page on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > [Cigna + Oscar Plans](#)
- Oscar Health Customer Service: **855.672.2755**, press 4

You can find additional state-specific administrative guidelines and program requirements for Cigna + Oscar plans by clicking on the state below. *These are supplemental to the Cigna Reference Guides. See [page 30](#) for more information.*

- [Georgia*](#)
- [Tennessee**](#)

Be sure to watch for important updates about Cigna + Oscar plans in future issues of *Network News*.

* [CignaOscar.com](#) > Providers > Provider Manual > Market: Georgia > [C + O Supplemental Provider Reference Guide & Forms](#).
 ** [CignaOscar.com](#) > Providers > Provider Manual > Market: Tennessee > [C + O Supplemental Provider Reference Guide & Forms](#).



REMINDER: HMO AND PPO NETWORKS REMAIN IN FOCUS

QualCare remains focused on our health maintenance organization (HMO) and preferred provider organization (PPO) networks, as they continue to be active for your patients who access them through Oscar, Humana, and EmblemHealth.

Effective for dates of service January 1, 2021 and beyond, QualCare is no longer offering administrative services for self-funded plans. The runout period ended December 31, 2020 for the last employer groups. QualCare will not be processing claims in 2021 and beyond.

If you need to refund an employer group that was contracted with QualCare, please make the refund check payable to – and send it to – the employer group, not QualCare. If you need assistance obtaining the employer group name or address, please call QualCare Provider Services at **800.992.6613**.



CLAIM SUBMISSION POST OFFICE BOXES CLOSED

QualCare’s claim submission post office boxes have closed. Please submit network-participation information, including Internal Revenue Service (IRS) Form W-9, to the following address:

QualCare, Inc.
30 Knightsbridge Road
Piscataway, NJ 08854

If you have any questions, call QualCare Provider Services at **800.992.6613**.

TRANSITION TO EXPRESS SCRIPTS PHARMACY COMPLETE

As of January 1, 2021, we have transitioned all customers with Cigna pharmacy benefits from Cigna Home Delivery Pharmacy to Express Scripts Pharmacy, a Cigna company. This transition affects both home delivery prescription fulfillment and prior authorization. As a result, you will notice several enhancements.

Prescription fulfillment

All home delivery prescriptions should be sent to Express Scripts using the channels below.

ePrescribe (<i>preferred method</i>)	Express Scripts home delivery, NCPDP 2623735
Fax	Call 888.327.9791 to request a fax order form.
Mail	Express Scripts Pharmacy, PO Box 66301, Saint Louis, MO 63166-6301

New ID cards, with updated BIN/PCN and Rx Group numbers, were sent to Cigna customers before plans were transitioned to Express Scripts.

Prior authorization

With Express Scripts, you can use electronic prior authorization (ePA) to save time by eliminating the forms, faxes, and phone calls associated with manual requests. It also provides faster coverage determinations.

To take advantage of ePA, request prior authorization for your patients with Cigna-administered coverage through an electronic health record (EHR) or electronic medical record (EMR), or via a website that offers this service at no charge.

EPA VENDOR	AVAILABLE THROUGH EHR/EMR?	AVAILABLE THROUGH DIRECT WEBSITE/PORTAL ACCESS?	QUESTIONS?
CoverMyMeds®	Yes	Yes, go to CoverMyMeds.com/epa/Cigna .	Call CoverMyMeds at 866.452.5017 .
Surescripts®	Yes	No, access through your EHR/EMR only.	Call Surescripts at 866.797.3239 .



Please note that PromptPA™ is no longer available for prior-authorization requests. If you use it, you will receive an “Eligibility not found” message. We encourage you to submit all prior-authorization requests electronically using CoverMyMeds or Surescripts.

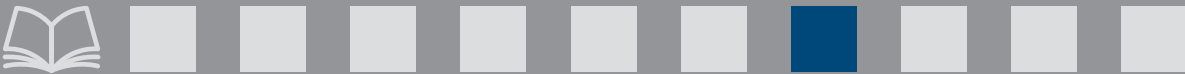
Enhancement highlights

With the transition to Express Scripts, you will notice additional pharmacy programs that may impact your patients.

- ▶ Our gaps-in-care solution has been enhanced with the Express Scripts RationalMed® for Cigna, enabling even more robust identification of potential risks, adverse events, and care-improvement opportunities. It also enables real-time electronic delivery of messages to alert providers and pharmacists about health-improvement opportunities.
- ▶ When ePrescribing, you will see lower-cost alternatives and 90-day pharmacy options in your patients’ EHRs, when applicable.
- ▶ The Enhanced Rx Savings Messenger provides personalized customer alerts and provider alerts to promote lower-cost drug and fulfillment options.

To learn more

Call Cigna Customer Service at **800.88Cigna (882.4462)**.



ACCREDITO: MAKING PRIOR AUTHORIZATIONS EASIER

January is a month that can bring additional administrative work to your office, as the insurance benefits for some of your patients may change. Accredo, a Cigna specialty pharmacy, strives to ease your workload by providing your office with prepopulated electronic prior-authorization (ePA) forms when pharmacy benefit prior authorizations are required.

Accredo ePA initiation

Accredo partners with some of the top ePA vendors in the United States, including CoverMyMeds® and Surescripts®. After you submit a prescription to Accredo, if prior authorization is needed to initiate or reauthorize therapy, Accredo will prepopulate an ePA form and fax it to you.

Accredo ePA fax form

If you receive a prepopulated ePA fax form from Accredo, simply follow the step-by-step instructions to complete the prior-authorization process online. This will include answering some clinical questions. Then, submit the request to Cigna via the ePA website.

In most cases, you'll receive a real-time prior-authorization approval. In some circumstances, it may take one to two business days for Cigna to review the request. If you are not yet registered with an ePA vendor, you can complete registration in just a few minutes.

Prescription shipment

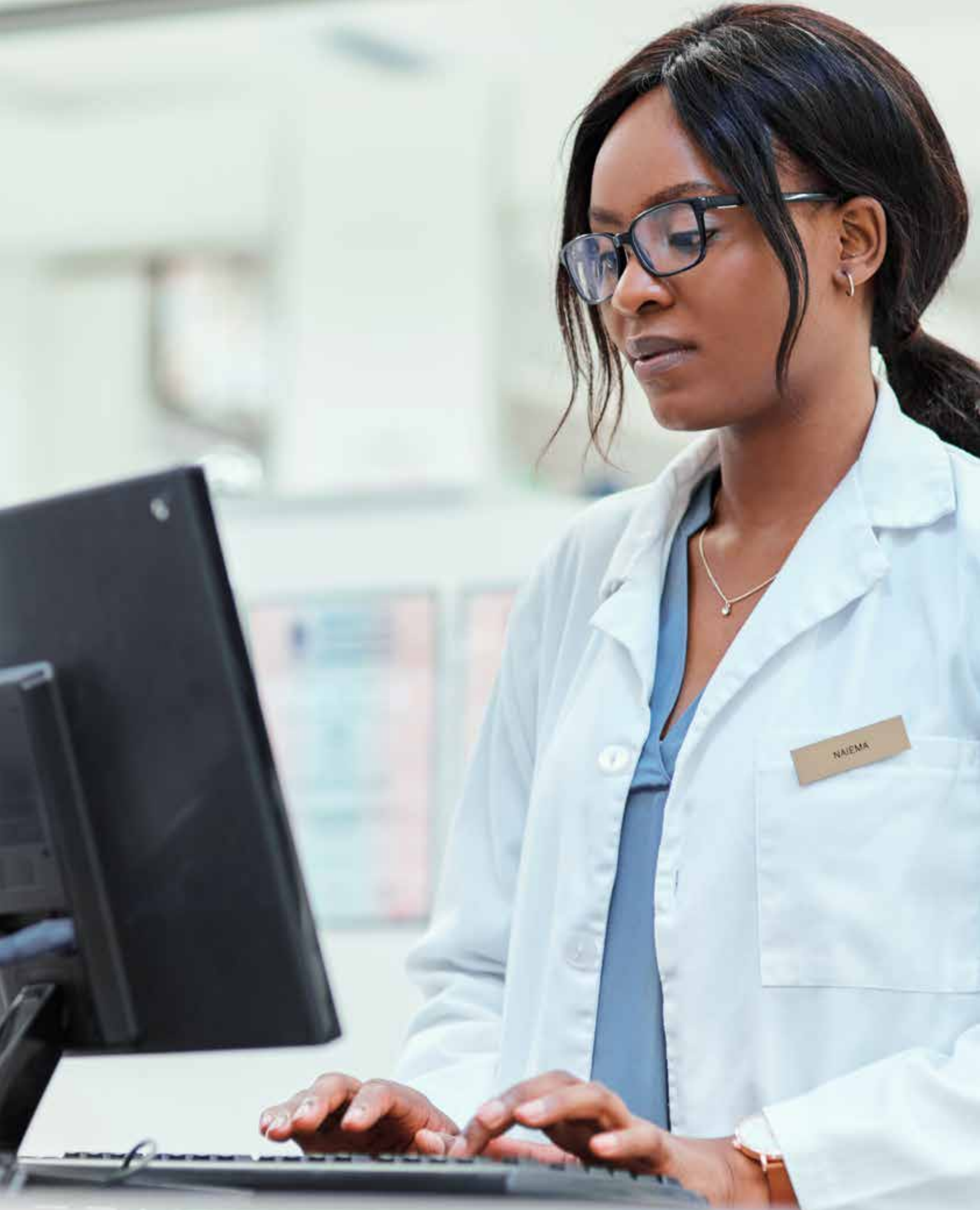
After the prior-authorization request is approved, Accredo will process the prescription and contact your patient to schedule the shipment.

To learn more about the prior-authorization process

Visit Accredo's [Manage Referrals](#) web page.*

DID YOU KNOW?

- ▶ January and February typically bring a 54 percent increase in prior-authorization requests due to benefit changes at the beginning of the calendar year.**
- ▶ Using ePA instead of fax for specialty medications can reduce processing time from an average of 17 days to as few as 1.5 days.***



* [Accredo.com](#) > Prescribers > Menu: [Manage Referrals](#).
** CoverMyMeds data, 2019. Source: [This Time of Year Sees a 54 Percent Increase in PA Requests. Are You Prepared?](#) By Brian Kolligian.
*** CoverMyMeds data, 2018. Source: [Electronic Prior Authorization](#).



SITE OF CARE FOR ONCOLOGY PRODUCTS

Beginning March 15, 2021, we will expand our prior-authorization requirements for certain oncology drugs to include a medical necessity review of the site of care.

If the request is for an outpatient hospital setting, and it is determined to not be medically necessary, we will help to redirect the customer to a less intense level or site of care, such as a freestanding infusion center or home (when available), rather than an outpatient hospital setting.

However, there may be situations where the outpatient hospital setting is medically necessary due to the patient’s clinical condition. Requests for nonhospital-affiliated physician offices, infusion centers, and home will not be impacted.

What this means to providers

Providers are not required to do anything at this time. If a prior-authorization request includes an outpatient hospital setting for administration of one of the oncology drugs affected by this policy change, a Cigna Medical Director or pharmacist may contact the provider to discuss administration at a less intensive site of care. Following that clinical discussion, and with the provider’s permission, a Case Manager may help transition the patient to an alternative freestanding infusion provider.

What this means to rendering hospitals

After consultation with the prescribing provider during the prior-authorization process, a Cigna Medical Director may deny continued authorization of coverage if it is not medically necessary for the patient to receive services in an outpatient hospital setting.

Additional information

The **Medication Administration Site of Care (1605)** coverage policy includes the full list of drugs that are subject to site-of-care review. To review the coverage policy, go to the Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Coverage Policies > Pharmacy (Drugs, Vaccines & Biologics) A-Z Index > **Medication Administration Site of Care – 1605**. Please review this policy frequently, as it is subject to change and drugs will be added without prior notice.

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



REMINDER: 2021 CIGNA MEDICARE PLAN HIGHLIGHTS

New benefits to meet patient needs

2021 will bring new benefits and services for Cigna Medicare patients, with more comprehensive coverage, affordable and predictable out-of-pocket costs, and extended health benefits to help your patients access the care they need, when they need it.

More flexibility and stability to get patients healthier

<p>Nearly 100%</p> <p>will have fitness, dental, eyewear, meal, and hearing aid benefits</p>	<p>96%</p> <p>will have a flat or reduced premium</p>	<p>94%</p> <p>will have a \$0 primary care provider (PCP) copayment</p>
<p>85%</p> <p>will have an over-the-counter benefit</p>	<p>75%</p> <p>will have access to a transportation benefit</p>	<p>73%</p> <p>will have a \$0 premium plan</p>

New 2021 benefits for all Cigna Medicare patients

- › **\$0 behavioral health**
Patients have access to affordable behavioral specialty and psychiatric care at a \$0 copayment, eliminating financial barriers for individual and Employer Group Waiver Plan patients.
- › **No-cost 24/7 online wellness resources**
This includes general wellness and prevention, disease management, fitness and exercise, men’s and women’s health, smoking cessation, weight management, advanced care planning, senior health, and more.
- › **Telehealth for physical therapy (PT)**
This benefit is in addition to our behavioral health and primary care telehealth services. Any participating PT provider who offers telehealth can use it; cost share is the same as in-person PT.



Reaching more communities

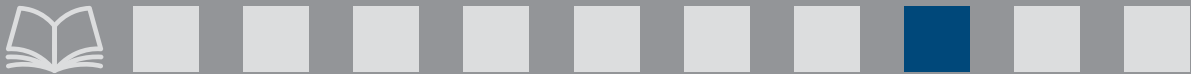
In 2021, Cigna will offer plans in 369 counties spanning 23 states, representing a 22 percent increase in our county footprint. We will expand to 67 new counties, and include a broad portfolio of health maintenance organization (HMO) and preferred provider organization (PPO) plans. In addition to the new county expansion, we will expand PPO offerings in 154 counties in our existing footprint. PPO plans typically offer an out-of-network benefit, while HMO plans generally do not.

Cigna will enter markets in five new states in 2021 with Medicare plans:

- › New Mexico (Albuquerque area)
- › Ohio (Liberty Valley/Cleveland)
- › Oklahoma (Oklahoma City area)
- › Utah (Salt Lake City area)
- › Virginia (Tri-Cities area in the southwest part of the state)

This expansion builds on Cigna’s 2020 footprint, which currently serves more than 500,000 Medicare customers across 18 states and the District of Columbia. The 2020 footprint includes Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Maryland, Mississippi, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee, and Texas.

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Reminder: 2021 Cigna Medicare plan highlights *continued*

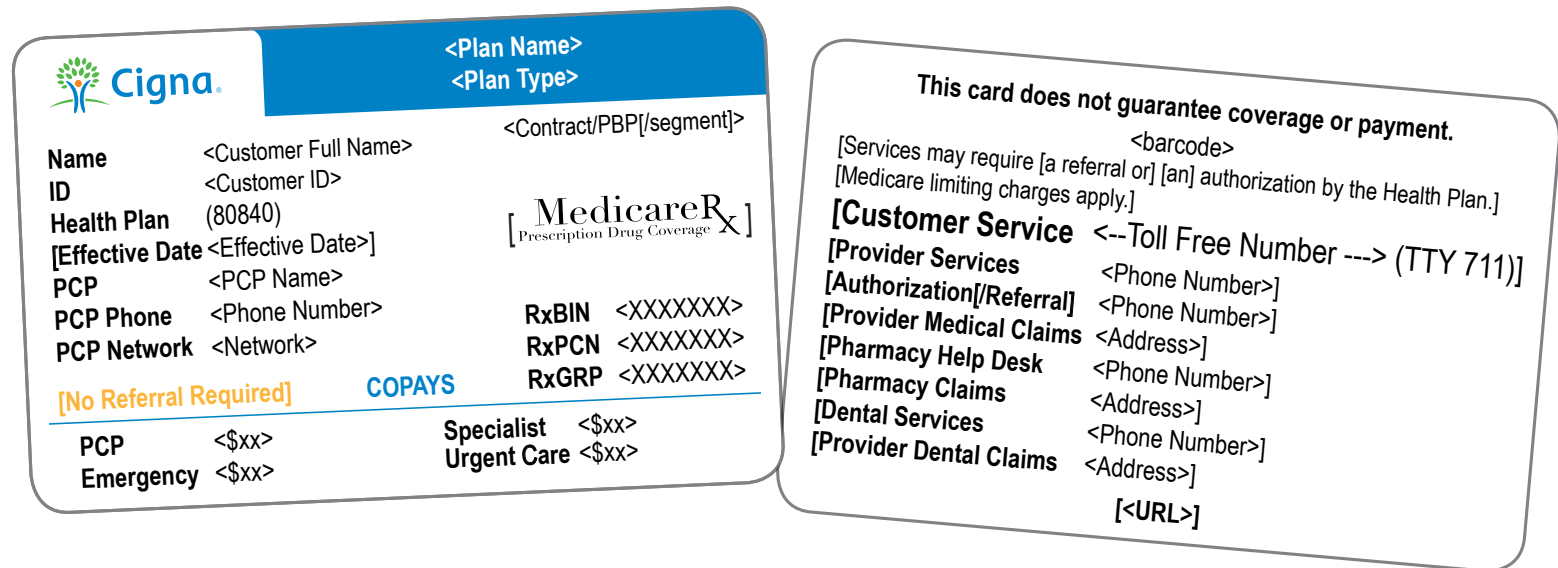
New plan names

Last year, we embarked on a new chapter of our Medicare business. We transitioned the Cigna-HealthSpring brand to Cigna for our Medicare Advantage, Part D, and Texas Medicare-Medicaid plans. Here's an overview of plan name changes.

2020	2021
Cigna-HealthSpring Advantage (HMO)	Cigna Fundamental Medicare (HMO)
Cigna-HealthSpring Preferred AL (HMO)	Cigna Preferred AL Medicare (HMO)
Cigna-HealthSpring Preferred Plus (HMO)	Cigna Preferred Plus Medicare (HMO)
Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna TotalCare (HMO D-SNP)
Cigna-HealthSpring True Choice (PPO)	Cigna True Choice Medicare (PPO)
Cigna-HealthSpring Achieve Plus (HMO C-SNP)	Cigna Achieve Medicare (HMO C-SNP)
Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna Preferred Savings Medicare (HMO)

New 2021 ID cards

Cigna Medicare Advantage patients will receive new ID cards with the Cigna logo. Sample ID cards are shown below.



HOME HEALTH SERVICES TRANSITION TO EVICORE



Effective February 1, 2021, eviCore healthcare (eviCore) will manage home health, durable medical equipment (DME), home infusion therapy, and sleep diagnostic services. Our relationship with CareCentrix will end on January 31, 2021.

Specialty home infusion therapy services will be available through Accredo, a Cigna specialty pharmacy, as well as other Cigna-participating specialty pharmacies.

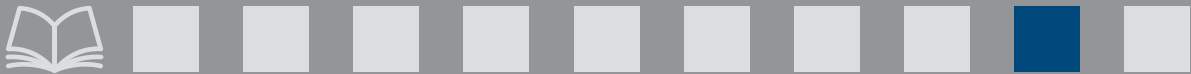
How to request services

There are changes to how you order these services for your patients with Cigna-administered coverage, as well as the processes for care coordination, utilization management, and claim payments. The table below provides information about the transition and outlines how to order services that begin on February 1, 2021.

SERVICE	NETWORK MANAGEMENT	CLINICAL REVIEW AND PRECERTIFICATION	CLAIM PAYMENTS	HOW TO ORDER
Home health and DME	eviCore	Cigna	Cigna	Contact a participating home health or DME provider.*
Nonspecialty home infusion	eviCore	Cigna	Cigna	Contact a participating home infusion provider.*
Specialty home infusion	Cigna	Cigna	Cigna	Submit orders and prescriptions to Accredo. ➤ ePrescribe: Choose NCPD ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134. ➤ Fax: Go to the Accredo website (Accredo.com) > Prescribers > Referral Forms . Search for the appropriate form (by product or therapy name, or by specialty condition), download it, and fax it to the number on the form. ➤ Phone: Call 866.759.1557 . You may also contact another Cigna-participating specialty pharmacy provider.*
Sleep diagnostic	Cigna	eviCore	Cigna	Contact a participating sleep diagnostic provider.*

Continued on next page

* For a list of participating providers, go to the Cigna provider directory at [Cigna.com](https://www.cigna.com) > [Find a Doctor, Dentist or Facility](#).



Home health services transition to eviCore *continued*

Home health, DME, and nonspecialty home infusion services

Most of the providers offering these services to Cigna customers today will continue to be in the Cigna network after February 1, 2021. However, there may be some exceptions. If your current preferred provider is not part of the network, refer to the list of participating providers at [Cigna.com](#) > [Find a Doctor, Dentist or Facility](#). You may also call Cigna Customer Service at **800.88Cigna (882.4462)** or eviCore at **800.298.4806** for assistance finding a participating home health, DME, or home infusion provider.

Specialty home infusion services

Accredo is our preferred specialty home infusion provider. Send prescriptions to Accredo via ePrescribe, fax, or phone (listed in the chart on [page 21](#)). You may also use another participating home infusion therapy provider for services.

Ordering sleep diagnostic services

The process for ordering sleep diagnostic services for your patients has not changed. Please continue to send these orders to a sleep provider in the Cigna network. Refer to the current list of participating providers at [Cigna.com](#) > [Find a Doctor, Dentist or Facility](#) to find participating sleep providers.

Transitioning care for your patients

There are some Cigna customers who are currently receiving home health, DME, or home infusion services from a provider who will no longer participate in the Cigna network as of February 1, 2021. We have contacted these patients to encourage them to call their referring provider or Cigna to help transition home services. If you are the referring provider, a new order for services will need to be sent to a participating provider.

Please call Cigna Customer Service at **800.88Cigna (882.4462)** if you need assistance transitioning care for a patient.

Additional information

If you have questions, please call eviCore at **800.298.4806** or Cigna Customer Service at **800.88Cigna (882.4462)**.



CIGNA SLEEP MANAGEMENT PROGRAM TRANSITIONS TO EVICORE

As of February 1, 2021, eviCore healthcare (eviCore), a Cigna company, will oversee the Cigna Sleep Management Program for our commercial customers, and our contract with CareCentrix will end.

Ordering services

The process to order services will not change. You may continue to send requests for sleep diagnostic services to sleep specialist providers in the Cigna network. For a list of participating providers, go to the Cigna provider directory at [Cigna.com](#) > [Find a Doctor, Dentist or Facility](#).

Precertification requests

Please submit precertification requests via the eviCore website ([eviCore.com/ep360](#)) for services beginning on and after February 1, 2021. This is the preferred and most efficient method for requesting precertification, but you can also submit your requests by phone at **800.298.4806**.

A list of services that require precertification is available at [eviCore.com/resources/healthplan/Cigna](#) and on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Precertification > [complete list of services](#).

Submitting claims

For your patients with Cigna-administered coverage, continue to send claims to Cigna via your electronic data interchange vendor. Send paper claims to the address on the back of the patient's Cigna ID card.

For your patient's coverage, eligibility, and benefits information, log in to [CignaforHCP.com](#).

Online training sessions available

eviCore is conducting online training sessions designed to assist you and your staff with changes to the Cigna Sleep Management Program. These sessions include detailed information about any updates to the process, a review of how to access information on the eviCore website, and a question-and-answer period.

How to register

All online training sessions require advance registration and are scheduled in Eastern Standard Time. Each session is free and lasts approximately one hour. To register, follow these instructions.

1. Go to [eviCore.webex.com](#).
2. Click on the three dashes in the upper-left corner.
3. Select Webex Training.
4. Click the Upcoming tab.
5. Type Cigna Sleep Diagnostic Provider Orientation in the search box.
6. Click Register next to the session you wish to attend.
7. Enter your registration information.



After you have registered for a session, you will receive an email containing the toll-free phone number, meeting number, conference password, and link to the web portion of the session. **Please keep the registration email** as it will include the link and call-in number for the session.

Additional information

If you have questions, please contact eviCore at **800.298.4806** or Cigna Customer Service at **800.88Cigna (882.4462)**.

Beginning on February 1, 2021, detailed information will be available on the Cigna Sleep Management Program website. Visit [CignaforHCP.com](#) > Get questions answered: Resource > Precertification > [Sleep](#).



HEDIS DATA COLLECTION IS RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®),* a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide to their customers. The National Committee for Quality Assurance (NCQA), employers, and health plans developed HEDIS as an industry-wide method to help compare and assess a health plan's performance in a variety of areas.

What you need to know

- ▶ Our initial requests for medical records are mailed to provider offices beginning in late January.
- ▶ The mailing includes a list of patients and a detailed description of what is needed from each medical record. The patients identified on each list are chosen through a random selection process.
- ▶ The HEDIS medical record submission is time sensitive. Please return the requested medical records within the time frame noted on the request letter. We appreciate your timely response.
- ▶ If you have an electronic medical record (EMR) system, we can access the medical records remotely through our secure network, or you can upload the medical records directly to our secure file transfer protocol (SFTP) site. Electronic submission is a more efficient process that can minimize disruption to your office. You can also securely fax the requested documentation to us.
- ▶ All protected health information (PHI) is kept confidential, and only shared to the extent

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

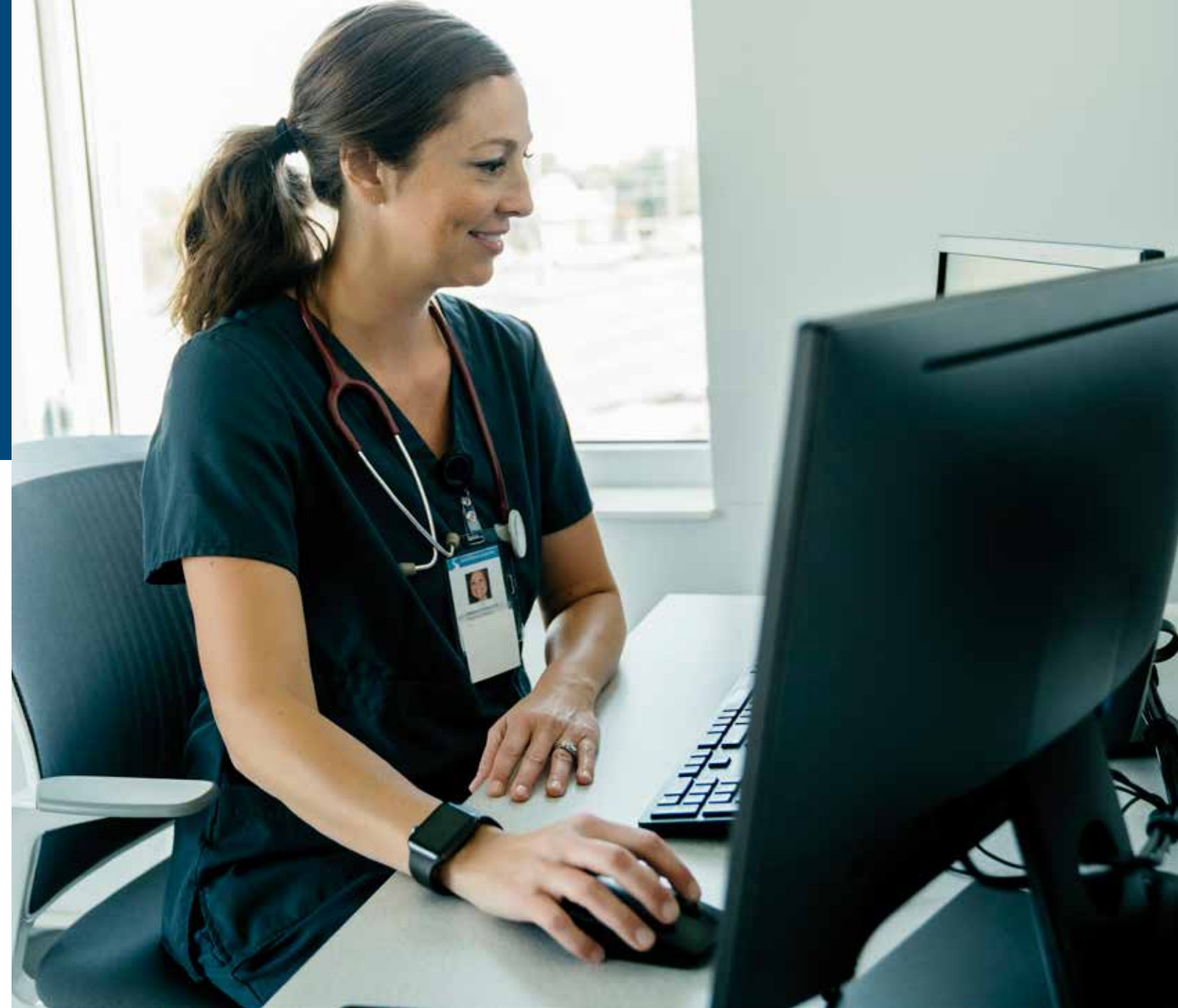
permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan's level.

- ▶ HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.
- ▶ Under your Cigna provider agreement, you are required to cooperate with the HEDIS data collection process.

Shared administration

We provide health benefit services to individuals covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. Please be aware that FEHB plans within the shared-administration product collect their own HEDIS data each year. These plans include:

- American Postal Workers Union (APWU)
- National Association of Letter Carriers (NALC)
- SAMBA Federal Employee Benefit Association



Therefore, if you have patients who have Cigna coverage through an FEHB plan, you may receive separate HEDIS requests directly from the administrators of those FEHB plans. Please follow their instructions to submit any required medical records.

For more information on HEDIS

Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Commitment to Quality > Quality > Healthcare Effectiveness Data and Information Set Record Collection.

Documentation tips are also available on [SignaforHCP.com](https://www.signaforhcp.com) > Get Questions Answered: Resource > Medical Resources > Commitment to Quality > **HEDIS Quick Reference Guides**.

You may also visit the NCQA website ([NCQA.org](https://www.ncqa.org)) for more information on HEDIS.



CLAIM APPEAL SUBMISSION TIPS

Most claim issues can be remedied quickly. We strive to resolve them informally when you first contact us. If this isn't possible, we offer a single-level, internal provider appeal process for post-service payment denials and payment disputes.

Before you file an appeal, it's important to understand the reason for a denial of services or a payment reduction. An appeal may not always be the appropriate channel to resolve your concern. The tips outlined below will help you to determine when you need to file an appeal or follow another process to resolve your concern more quickly.

When to file a claim appeal

Listed below are common reasons for submitting a claim appeal, and the documentation you should attach with the appeal.

Authorization of coverage denial

Attach any clinical documents, medical records, and other pertinent information, including your plan of treatment, to support coverage of services based on your patient's condition.

Claim bundling denial

You can review the claim bundling or edit information for employer-sponsored plans using the Clear Claim Connection tool. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Policies &

Procedures > [Clear Claim Connection](#). If you disagree with the reimbursement after reviewing the information, submit clinical information and other supporting documentation to substantiate the reason for overriding the bundling or edit decision.

Inpatient facility denial

(admission, level of care, or length of stay)

Attach the complete facility records, including orders, progress notes, history, physical, consultations, results of testing, operative report, discharge summary, and any other documents to substantiate the admission, level of care, or length of stay.

Medical necessity dispute

Attach clinical documents, medical records, operative report, results of testing, progress notes, and any other pertinent information to support your request.

Modifier reimbursement dispute

Review the modifier reimbursement information by logging in to CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifier and Reimbursement Policies. If you disagree with the reimbursement after reviewing the applicable policy, submit an appeal with any relevant clinical information and other supporting documentation.



When an appeal may not be needed

Claim processing errors

If you believe a claim was not processed correctly, call Cigna Customer Service at the toll-free number on your patient's ID card. A Customer Service Representative will review the processing and request an adjustment, if appropriate.

Corrected bills and incomplete submissions

If the original claim you submitted contained an error or was incomplete, submit a corrected claim to the address on your patient's ID card.

Failure to obtain precertification when required

Ordering physicians must obtain precertification of services, when required, before performing them. If this was not done due to urgent, emergency, or extenuating circumstances, submit your claim with clinical information, medical records, and other pertinent information for review. *We will not clinically review services that do not meet this criteria and deny them due to the failure to obtain precertification.*

Continued on next page



Claim appeal submission tips *continued*

As a reminder, please contact eviCore healthcare to obtain precertification review of certain services (e.g., high-tech radiology, diagnostic cardiology, radiation therapy, musculoskeletal services).

Contract and fee disputes

Review your provider agreement to ensure you are contracted for the relevant plan type (HMO*, PPO*, OAP*, Network POS*, LocalPlus,® etc.). Then if you have questions about how payment was applied, call Cigna Customer Service at the toll-free number on your patient’s ID card. If it is determined that the payment is inaccurate, the Customer Service Representative may be able to submit a correction request and an appeal may not be necessary.

If it is determined that an appeal is necessary, include the information listed below with your appeal.

- › Relevant Form CMS-1500 or Form UB-92
- › Relevant explanation of payment
- › Statement of the line items you are appealing
- › Copy of the contract being referenced in your appeal
- › Expected payment and how you arrived at the calculation
- › Pertinent correspondence and supporting documentation (operative report, medical records, etc.)

Note that fee schedule or reimbursement terms for multiple patients may not require individual appeals.

Out-of-network claim payment

If the claim was processed for out-of-network care and you are a participating provider for the patient’s plan type, call Cigna Customer Service at the toll-free number on your patient’s ID card. A Customer Service Representative will review the processing and request an adjustment, if appropriate.

* Health maintenance organization, preferred provider organization, Open Access Plus, Network Point of Service.

Untimely claim submission disputes

We will consider claims submitted within three months (90 days) of the date of service for participating health care providers, except where state law or the provider’s contract allows for more time. To challenge an untimely submission determination, send proof of timely submission to the claim address on the back of the patient’s ID card. Acceptable proof includes the electronic data interchange (EDI) receipt log or evidence that a claim was submitted to another payer due to misinformation received from the patient.

Questions?

For a full outline of our appeals policies, including additional tips and information, visit [CignaforHCP.com](#) > Clinical reimbursement & payment policies > **Claim Appeals Policies and Procedures.**



HOSPITAL PRICE TRANSPARENCY RULE

The Centers for Medicare & Medicaid Services (CMS) issued a final rule on November 19, 2019 that requires hospitals to establish, update, and make public a list of their standard charges for the items and services they provide by **January 1, 2021.**

What standard hospital charges include

Standard charges include gross charges, discounted cash prices, payer-specific negotiated rates, de-identified minimum and maximum rates for all health insurance providers (commercial, Medicare Advantage, and Medicaid-managed care), negotiated rates with third-party payers, fee-for-service payments, diagnosis-related group payments, bundled payments, and per-diem payments.

Standard charges do not include capitation, incentive rate buy down, and value-based incentive program payment arrangements.

Affected hospitals

The rule applies to all hospitals, including critical access hospitals, inpatient psychiatric facilities, sole community hospitals, specialty hospitals, and inpatient rehabilitation facilities. It does not apply to ambulatory surgical centers, other nonhospital sites of care, or federally owned and operated hospitals.

Hospital compliance requirements

Effective January 1, 2021, hospitals must annually display a:

- › Comprehensive machine-readable list of their standard charges for all items and services.
- › Consumer-friendly format with 300 shoppable services (70 have been identified by CMS).

Additional details

For more information about the rule, visit [CMS Hospital Price Transparency Rule.](#)



LOW HEALTH LITERACY CAN AFFECT YOUR PATIENTS’ OUTCOMES

Health literacy is defined by the National Health Education Standards* as “the capacity of an individual to obtain, interpret, and understand basic health information and services, and the competence to use such information and services in ways which are health-enhancing.”

Health literacy includes the ability to understand written instructions on prescription drug bottles, appointment slips, medical education brochures, doctor’s directions and consent forms, and the ability to negotiate complex health care systems. It is not the same as the ability to read, and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.

For more information on improving communication with patients with low health literacy, check out **Better Communication, Better Care: Provider Tools to Care for Diverse Populations**, developed by the Industry Collaborative Effort.**



* Joint Committee on National Education Standards, 1995.
** Industry Collaboration Effort website ([ICEforHealth.org](https://www.iceforhealth.org)) > Library > Cultural and Linguistics Provider Toolkit > Approved ICE Toolkit > **Better Communication, Better Care – Provider Tools to Care for Diverse Populations**.

TIPS TO ENHANCE COMMUNICATIONS WITH DIVERSE PATIENTS

The patients you care for every day likely come from diverse backgrounds and have diverse communication needs. You can help improve their overall health care experience by following the tips below.*

- 1. Build rapport with the patient.**
 - Address a patient by his or her last name. If the patient’s preference is not clear, ask, “How would you like to be addressed?”
 - Focus your attention on the patient when addressing him or her.
 - Learn basic words in your patient’s primary language, such as “hello” or “thank you.”
 - Explain the different roles of people who work in the office.

2. Make sure patients know what you do.
 - Take a few moments to prepare a handout that explains office hours, how to contact the office when it is closed, and how the PCP arranges for care (e.g., the PCP is the first point of contact and refers to specialists).
 - Have instructions available in the common language(s) spoken by your patient base.

3. Keep patients’ expectations realistic.
 - Inform the patient of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the doctor, review health materials, or view waiting room videos.

4. Work to build patients’ trust in you.
 - Inform patients of office procedures such as when they can expect a call with test results, how follow-up appointments are scheduled, and routine wait times.

5. Determine if the patient needs an interpreter for the visit.
 - Document the patient’s preferred language in the patient chart.
 - Have an interpreter access plan. An interpreter with a medical background is preferred to family or friends of the patient.
- Assess your bilingual staff for interpreter abilities.
 - Possible resources for interpreter services are available from health plans, the state health department, and the Internet. See contracted health plans for applicable payment processes.

6. Give patients the information they need.
 - Have topic-specific health education materials in languages that reflect your patient base. (Contact your contracting health plans and medical groups for resources.)
 - Offer handouts such as immunization guidelines for adults and children, screening guidelines, and culturally relevant dietary guidelines for diabetes or weight loss.
 - Ensure patients understand the difference between the goals of an annual wellness exam and how that differs from a problem-focused office visit.

7. Make sure patients know what to do.
 - Review any follow-up procedures with the patient before he or she leaves your office.
 - Verify callback numbers, the locations for follow-up services such as labs, X-rays, or screening tests, and whether or not a follow-up appointment is necessary.
 - Develop preprinted simple handouts of frequently used instructions, and translate the handouts into the common language(s) spoken by your patient base. (Contact your contracting health plans and medical groups for resources.)
- * Industry Collaboration Effort website ([ICEforHealth.org](https://www.iceforhealth.org)) > Library > APPROVED ICE DOCUMENTS > Cultural and Linguistics Provider Toolkit > Approved ICE Toolkit > **Better Communication, Better Care – Provider Tools to Care for Diverse Populations**.



RESOURCES TO REDUCE SOUTH ASIAN HEALTH DISPARITIES

South Asians make up one quarter of the world’s population. Those who live in the United States come from a multitude of heritages, and represent a diverse swath of the socioeconomic spectrum as refugees, immigrants, or natural-born citizens.

Health disparities specific to South Asians

There are many health concerns specific to the South Asian population in the United States, including:

- › Heart disease – four times the risk compared with the general population
- › Breast, lung, and ovarian cancers – trending upward
- › Mental health – stigma and denial is the cultural norm
- › Maternal health – poor outcomes and anemia
- › Diabetes – higher prevalence of type 2 compared with other populations

Taking steps to close the gap

While it is widely recognized that these health disparities exist, and more research is needed to better support these needs, there are steps you can take to help close the gaps.

One way is to learn more about South Asian cultural values and norms through cultural competency training. You can also provide appropriate language

services such as interpreters, and more deeply engage patients (especially women) in making decisions about their care. *(For more information, visit the web page [Delivering quality care to diverse populations](#) or read the article, “Resources to enhance interactions with culturally diverse patients” on [page 33](#).)*

South Asian resources for providers

To increase your awareness of health disparities in this population and interact with your South Asian patients in a culturally relevant way that may help improve outcomes, we encourage you to access the resources outlined below.

White paper – new

To learn more about the South Asian population in the United States and their health disparities, read this [white paper](#).

Three-part training series: Diabetes Among South Asians in the U.S.

Gain foundational knowledge about specific cultural traits, beliefs, and practices that will help you to provide culturally responsive care. This series, which is provided at no charge, includes videos by two of Cigna’s South Asian doctors, and a translated patient education module detailing culturally appropriate dietary modifications *(available for download in Hindi, Nepali, and Urdu to share with your patients)*.



IF YOU:	USE REGISTRATION CODE:
Participate in a Cigna Collaborative Care® arrangement	CCC-1001
Work at a Cigna network-participating hospital or facility	Hospital-01-2017
Are any other provider	GeneralProviderNetwork-2018

To access this series, visit the [Cigna Learning Site](#) and register as a new user. When creating your user profile, use one of the registration codes shown above. (Note that the codes are case-sensitive.)

CultureVision™

Explore this online resource for insights about patient care for several South Asian subpopulations. You can drill down into specifics regarding health disparities, cross-cultural communications, mental health, nutrition, and ethnopharmacology specific to these and other subpopulations.

To access CultureVision, go to [CRCultureVision.com](#). Use the following login and password (case-sensitive):

Login: CignaHCP
Password: Doctors123*

Cigna Cultural Competency and Health Equity website

Access many resources on this website, including articles, presentations, podcasts, and self-assessments. Go to [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#). Check back often for newly added resources.

* Information for this article is based on Cigna's recently released “[White paper: South Asian health disparities](#).”



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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.

NATIONAL

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*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 NOW AVAILABLE

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 “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, go to [CignaforHCP.com](#) and 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, 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.

Additionally, your contract with Cigna requires you to use pharmacies in the Cigna network for specialty medications, including injectable medications, whenever possible. Accredo, a Cigna company, is a nationwide pharmacy for specialty medications and can be used when medically appropriate.

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.

TRANSFORMATIONS BEHAVIORAL HEALTH DIGITAL NEWSLETTER

Check out the latest issue of [Transformations](#), Cigna’s digital newsletter for behavioral providers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients, or learn more about Cigna resources to support the mind-body connection, you’ll find it here.



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.

QUICK GUIDE TO CIGNA ID CARDS

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 > Coverage and Claims Overview > [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.



* For U.S. customers only.



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.



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.

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

White paper: South Asian health disparities – new

Increase your awareness about health disparities in the South Asian population, contributing factors, and how you can help reduce these disparities. This [white paper](#) may help you to adapt your communication style to address cultural nuances, ultimately improving health outcomes.

Communication tool kit: Gender-inclusive language guidelines – new

This helpful one-page [tool kit](#) shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

eCourses

We offer a variety of [eCourses](#) that can help you develop cultural competency overall best practices, and gain a deeper understanding of subpopulations in the United States. Some of the eCourses we offer include:

- › Developing Cultural Agility (addressing unconscious bias)
- › Developing Culturally Responsive Care: Hispanic Community (three-part series)
- › Gender Disparities in Coronary Artery Disease and Statin Use

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, and written translations – for their eligible patients with Cigna coverage. These savings are made possible through our negotiated contracts with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services.

California Language Assistance Program

Providers in California may access 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 CultureVision™, which contains up-to-date, culturally relevant patient care for more than 60 cultural communities. To access CultureVision, go to:

CRCultureVision.com

Login: *CignaHCP*

Password: *Doctors123**

Additional resources

Many other resources are available on the [Cigna Cultural Competency and Health Equity Resources](#) web page, including articles, presentations, 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.



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

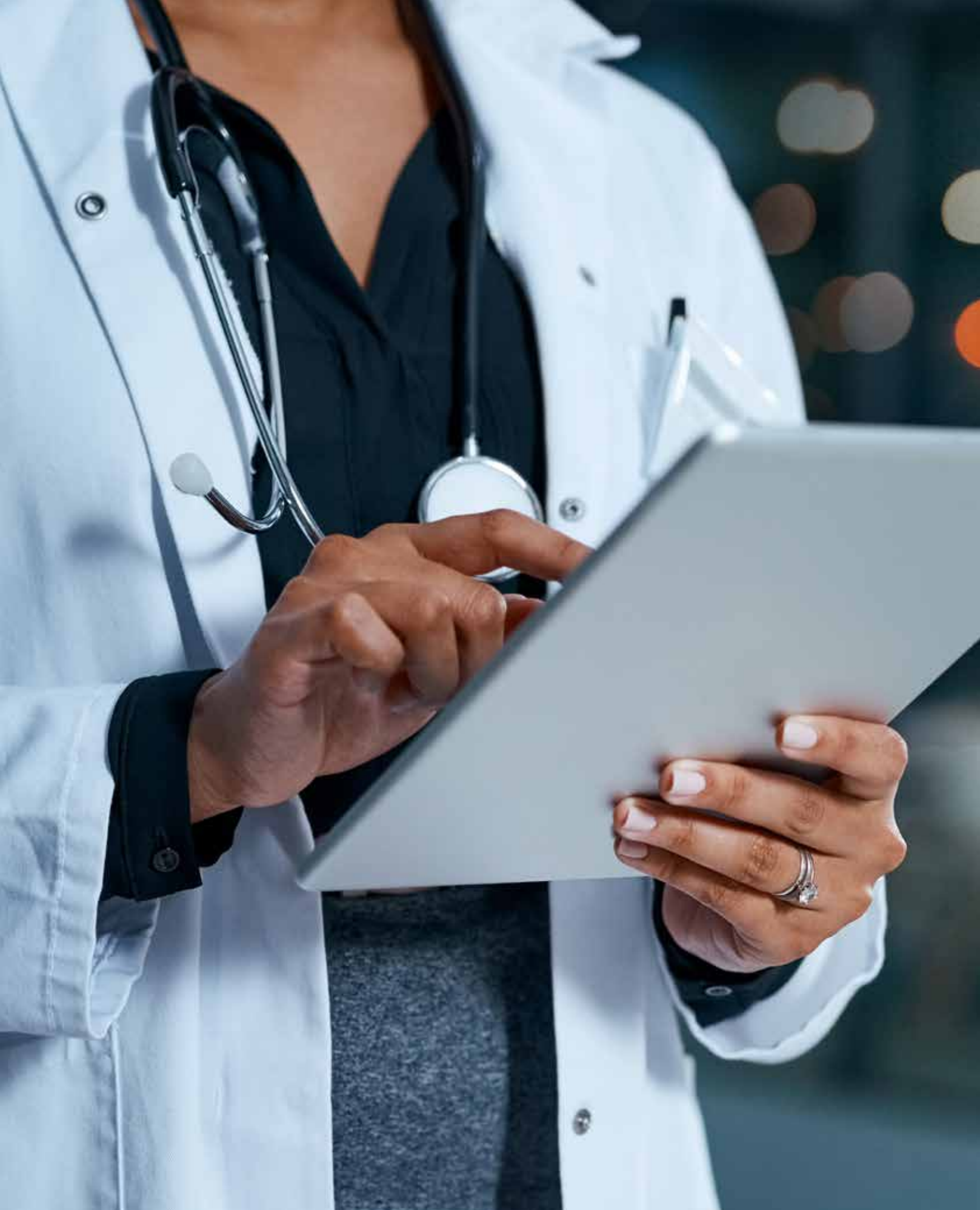
- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section, and click Update Health Care Professional Directory.

If you don't see this option, 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. It 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. At the top of the page next to your name, click the drop-down menu. Select Settings & 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.

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

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](#).



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.®



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