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THIRD QUARTER 2021

For providers



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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YOU ASKED, WE DELIVERED: WATCH NEW ENHANCEMENTS VIDEO

Are you too busy to attend a webinar, but would like to know more about recent enhancements to the Cigna for Health Care Professionals website (CignaforHCP.com)? In less than five minutes, you can watch a [video](#) and learn about the exciting changes we recently made.

Based on your feedback, we added new features to give you more detailed benefit information, and options to obtain a reference number and save your search. We also added new functionality to help you more easily resolve claim issues via the website, and request an adjustment or an appeal online.

Watch the short video

Go to CignaforHCP.com > Get questions answered: Resource > Medical Education and Training > [CignaforHCP.com 2020 Enhancements](#). You may also want to explore additional videos on the [Medical Education and Training](#) web page that provide further details about the new features.



PREVENTIVE CARE SERVICES POLICY UPDATES

On March 1, 2021 and April 15, 2021, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates effective on March 1, 2021

DESCRIPTION	UPDATE	CODES
Hepatitis C screening	Changed from one-time screening for adults at risk of infection (those born between 1945-1965) to all adults age 18-79, including women with a maternity diagnosis Affects two Current Procedural Terminology (CPT®) codes and one Healthcare Common Procedure Coding System (HCPCS) code	86803 or 87522 with a designated wellness code from Code Group 1 or with a maternity diagnosis code G0472 with any diagnosis code
Breastfeeding equipment	Removed reference to CareCentrix; eviCore healthcare (eviCore) is now the durable medical equipment (DME) ancillary provider	N/A
High blood pressure equipment	Removed reference to CareCentrix; eviCore is now the DME ancillary provider	N/A

Summary: Preventive care updates effective on April 15, 2021

DESCRIPTION	UPDATE	CODES
Prostate cancer screening	Lowered screening age for asymptomatic men from age 50 to age 45	N/A

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 “G” ID cards.

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Diagnostic Nasal/ Sinus Endoscopy, Functional Endoscopic Sinus Surgery (FESS) and Turbinectomy (0554)	<p>FESS is a minimally invasive surgical technique used to clear sinus blockages and make breathing easier. FESS may be necessary for people with recurrent sinusitis, sinus deformity, or abnormal growths in the sinuses for which nonsurgical treatments have failed.</p> <p>A turbinectomy is a surgical procedure that removes some or all of a patient’s turbinates (small bony structures that occur inside the nose).</p>	We will implement a new medical coverage policy, Diagnostic Nasal/ Sinus Endoscopy, Functional Endoscopic Sinus Surgery (FESS) and Turbinectomy (0554) , to review claims for these procedures for medical necessity.	July 10, 2021 for dates of service on or after this date.
Intraoperative Monitoring (0509)	Intraoperative monitoring (IOM) is an umbrella term used to describe a variety of electrodiagnostic tests that monitor the integrity of neural pathways during surgical procedures when there may be risk of damage to the brain, spinal cord, or nerve.	We will review claims for IOM services billed with certain cervical spine surgeries and deny them as not medically necessary when appropriate. This update excludes surgeries for traumatic injury, tumor, and complex spinal instrumentation.	July 12, 2021 for dates of service on or after this date.
Facility Routine Services, Supplies and Equipment – (R12)	<p>A blood draw is a procedure in which blood is taken from a patient.</p> <p>Venipuncture is the puncture of a vein as part of a medical procedure to withdraw a blood sample.</p>	We will update the way we process outpatient facility blood draw and venipuncture claims to deny services billed with Current Procedural Terminology (CPT®) codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592, because reimbursement for these routine services is included in the facility payment.	September 12, 2021 for claims processed on or after this date.

* Please note that the planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](https://cignaforhcp.com).

Continued on next page



Clinical, reimbursement, and administrative policy updates *continued*

OTHER IMPORTANT UPDATES
Effective July 1, 2021
Arthroplasty, arthrodesis, and laminectomy level of care review
The Centers for Medicare & Medicaid Services (CMS) and evidence-based guidelines from MCG Health designate procedures with CPT codes 27702, 27870, and 63045 as outpatient when medically appropriate. In keeping with this standard, for dates of service on or after July 1, 2021, Cigna may deny coverage for these procedures when requested at the inpatient level of care. Denials will include medical necessity appeal rights.
We will require precertification to determine the medically necessary and appropriate level of care for these procedures, and base our review of medical necessity on MCG criteria.

Effective October 1, 2021
Spinal fusion level of care review
CMS and evidence-based guidelines from MCG guidance designate CPT codes 22558, 22612, 22600, 22630, 22633, and 22856 as outpatient when medically appropriate. In keeping with this standard, for dates of service on or after October 1, 2021, we will require precertification to determine the medically necessary and appropriate level of care for these procedures, and base our review of medical necessity on MCG criteria.

Effective October 16, 2021
Venipuncture billed with certain lab codes
As a result of a recent review, and consistent with industry standards for venipuncture reimbursement, we will deny CPT code 36415 when billed with certain lab codes as incidental. The method of obtaining the sample is integral to performing the laboratory analysis when reported by the same provider.
This update excludes claims billed with modifier 59 and national lab Taxpayer Identification Numbers.

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](#).

Reimbursement and modifier policies
To view our reimbursement and modifier policies, log in to [CignaforHCP.com](#). Go to Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement and Modifier Policies. If you are not registered for the website, go to [CignaforHCP.com](#) and click [Register](#).



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 2021

On July 1, 2021, we added nine new and two existing Current Procedural Terminology (CPT®) codes, and 15 new and 12 existing Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in July 2021

On July 1, 2021, we removed one existing CPT code and five HCPCS codes from the precertification list that no longer require precertification.

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](#).

ENHANCEMENTS TO ONLINE CLAIM RECONSIDERATION FEATURE

Did you know you can submit claim reconsideration requests and appeals via the Cigna for Health Care Professionals website ([CignaforHCP.com](#))? By using this feature, you can:

- › Avoid having to call Customer Service to request an adjustment.
- › Save time – no need to mail or fax your request and documentation.
- › Use the notes section to explain your request.
- › Upload attachments easily for requests that require supporting documentation.
- › Confirm that your request has been received.
- › Check the status of your request online.

Now the feature is even easier to use

We listened to your feedback, and made it even easier to submit a claim reconsideration request or appeal on [CignaforHCP.com](#). The process is now more relevant and simple, requiring less review and clicks. If you haven’t yet submitted a claim reconsideration or appeal request online, now’s a great time to start.

Registered users of the website with the appropriate access can request a(n):

- › Appeal for a precertification decision (pre-service).
- › Appeal for a finalized claim.
- › Simple adjustment.

Access to the feature

Speak with your website access manager if you need access to the feature. To submit or check the status of appeals for precertification decisions, you must be able to view eligibility and benefit information for patients, as well as have access to the “Precertification” website entitlement. To submit claim appeals or reconsideration requests, you must be able to view claims on the site and have access to the “Reconsideration” website entitlement.

Learn more about the feature

Watch a [short video](#)* for more details about the feature.



* Or go to [CignaforHCP.com](#) > Get questions answered: Resource > Medical Education and Training > [Online Claims Reconsideration](#).



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	MEETING TIME IN U.S. TIME ZONES (EASTERN/CENTRAL/MOUNTAIN/PACIFIC)	LENGTH	MEETING NUMBER
Website Access Manager Training	Wednesday, July 28, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	129 734 7864
CignaforHCP.com Overview	Wednesday, August 4, 2021	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	129 623 3402
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, August 11, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	129 960 1608
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, August 16, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	129 363 1421
Online Appeal and Claim Reconsideration	Wednesday, August 18, 2021	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	129 728 7261
Website Access Manager Training	Monday, August 23, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	129 332 4604
CignaforHCP.com Overview	Tuesday, September 7, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	90 min	129 159 2330
Eligibility & Benefits/Cigna Cost of Care Estimator	Thursday, September 16, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	129 855 9895
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, September 20, 2021	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	129 706 5462
Online Appeal and Claim Reconsideration	Thursday, September 23, 2021	9:30 AM/8:30 AM/7:30 AM/6:30 AM	60 min	129 839 8780
Website Access Manager Training	Tuesday, September 28, 2021	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	129 993 5436



HELP PATIENTS FIND RESOURCES TO SUPPORT THEIR CARE

You may have patients who want to adhere to your treatment plan, but who face barriers such as financial concerns, housing instability, food insecurity, or health illiteracy. They may not know where to turn for help and may appreciate your guidance, as their health care provider and someone they trust, about where to look for community resources.

Helping patients address their needs

During care discussions, consider encouraging your patients to log in to [myCigna.com](https://mycigna.com) to learn more about how to:

- › Price a medication or options for mail order delivery.
- › Research estimates for costs of care based on a variety of common conditions.
- › Locate an urgent care facility or provider.
- › Access telemedicine and virtual care options.
- › Chat with a Cigna 24-Hour Health Information Line clinician.
- › Connect with a Cigna Benefit Specialist to review plan coverage, including copayments and deductibles.
- › Contact Cigna Customer Service at the phone number on their ID card for further assistance.

AAFP community resource tools

The American Academy of Family Physicians (AAFP) offers free, web-based resources through The EveryONE Project to help you identify and address patients’ social health-related needs.

RESOURCE	DESCRIPTION	HOW TO ACCESS
Neighborhood Navigator	Providers and their patients can look up community resources and programs such as community food banks, job training, transportation, and legal aid.	AAFP.org > Family Physician > Patient Care > EveryONE Project > View Toolkit > The EveryONE Project Neighborhood Navigator
Social Needs Screening Tool	Providers can use this tool to screen for health-related social needs (housing, food, transportation, utilities, and personal safety) and other needs such as for employment, education, child care, and financial help.	AAFP.org > Family Physician > Patient Care > EveryONE Project > View Toolkit > Social Needs Screening Tools > Social Needs Screening Tool
Social Needs Patient Action Plan	Providers can use this quick form (available in seven languages) to guide discussions with patients about their social determinants of health and creation of a plan to address them.	AAFP.org > Family Physician > Patient Care > EveryONE Project > View Toolkit > Action Plan Development Tools > Develop an Action Plan



ENGAGING WITH PATIENTS VIRTUALLY

Health care continues to evolve rapidly, while affordability, fragmentation, and access issues persistently put quality care out of reach for too many. Recently, the COVID-19 pandemic became a new driver of change, bringing into focus a real-time need for more convenient, accessible, and safe health care options.

As a result, providers and their patients alike have shown a growing interest in staying connected through virtual care (or telehealth). To support this emerging need, we are committed to working with providers in their efforts to deliver care how, when, and where it best meets the needs of their patients.

Cigna’s Virtual Care Reimbursement Policy

To help providers attract and retain patients, reduce access barriers, and provide the right care at the right time, our **Virtual Care Reimbursement Policy** allows for reimbursement of a variety of services typically performed in an office setting, but that are also appropriate to perform virtually. Services covered include routine appointments, new patient exams, behavioral assessments, and others. When all requirements of the policy are met, **services remain reimbursed at face-to-face rates for virtual care** provided to patients with Cigna commercial medical coverage as we continue to evaluate our virtual care reimbursement strategy in a post COVID-19 environment.

For complete details on the virtual care services we reimburse, billing requirements, and a copy of the full Virtual Care Reimbursement Policy, visit CignaforHCP.com/VirtualCare.

The future of virtual care

As demand for virtual care grows – with over 75 percent of Americans* seeing a future of health care at home – virtual care rendered by Cigna network-participating providers will help us to collectively accelerate meaningful change and create a more patient-centered, connected health care experience. Ultimately, we want to build a better bridge to deliver coordinated care – in the setting customers prefer – for greater access to affordable, convenient, and safe care.

Cigna network-participating providers play a vital role in these plans. We are excited about the future possibilities of virtual care and reimagining the end-to-end care experience together.



* Eric Herbek. “Virtual Care and Digital Health Are Here to Stay.” Evernorth. Retrieved from Evernorth.com > Insights > [Article: Virtual Care and Digital Health Are Here to Stay](#).



CIGNA + OSCAR PLANS EXPAND: CALIFORNIA AND CONNECTICUT

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. The Cigna + Oscar 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. These plans expanded to additional counties in California on April 1, 2021, and to Connecticut on July 1, 2021. *Note that the Connecticut plans use only the Open Access Plus network.*

Where Cigna + Oscar plans are offered

We offer Cigna + Oscar plans in the following markets:

STATE	COUNTIES
California	Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura, and Yolo
Connecticut	All
Georgia	Banks, Barrow, Clarke, Dawson, Elbert, Franklin, Gilmer, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Metro-Atlanta, Morgan, Oconee, Oglethorpe, Pickens, Rabun, Rockdale, Stephens, Towns, Union, and White
Tennessee	All

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 California, Georgia, and Tennessee markets where Cigna + Oscar plans are offered, or
- Open Access Plus network, regardless of state, county, 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** (option 4).

* [CignaforHCP.com](#) > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [Cigna + Oscar Plans](#).
 ** [CignaforHCP.com](#) > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna + Oscar plans: Supplemental guide and program requirements](#).



More information

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

- Cigna + Oscar provider website ([CignaOscar.com](#))
- Cigna + Oscar [web page](#) on the Cigna for Health Care Professionals website*
- [Additional Administrative Guidelines and Program Requirements for Cigna + Oscar Plans](#)**
- Oscar Health Customer Service: 855.672.2755, select option 4

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



CIGNA GENE THERAPY PROGRAM

By 2025, the U.S. Food & Drug Administration (FDA) expects it will be reviewing and approving between 10 and 20 cell and gene therapies each year.* To manage the quality and affordability of these emerging therapies, we introduced the Cigna Gene Therapy Program last year. The program directs customers to qualified participating providers.**

Expanding our list of participating providers

We are pleased to announce that additional providers have contracted with the Cigna Gene Therapy Program:

Children’s Hospital Colorado	Aurora, Colorado
Connecticut Children’s Medical Center	Hartford, Connecticut
Morristown Memorial Hospital	Morristown, New Jersey

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.

Advanced cellular therapies to be added to the Cigna Reference Guide

In August 2021, we will expand the Cigna Gene Therapy Program section of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers to address advanced cellular therapies, including chimeric antigen receptor (CAR) T-cell therapies. The revised section will be titled Gene and Advanced Cellular Therapy, and contain guidance for these innovative therapies.

Benefit plans may limit coverage to a select group of contracted providers. Cigna will contract, directly or indirectly, with select providers for each gene therapy and advanced cellular therapy, including CAR T-cell therapies.

* Ned Pagliarulo. “FDA, expecting a gene therapy boom, firms up policies.” BioPharma Dive. 28 January 2020. Retrieved from <https://www.biopharmadive.com/news/fda-gene-therapy-guidance-sameness-durability/571225/>.
 ** Participating provider refers to providers who have amended their contracts to participate in the Cigna Gene Therapy Program.



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.



HOME BLOOD PRESSURE MONITORING

Since the start of the COVID-19 pandemic, there has been a shift from on-site office visits to virtual care (i.e., telehealth) visits. Virtual care is becoming integrated with traditional health care, and with it comes the opportunity to improve the quality of care. This may include offering some patients the option to take a more active role in their care, such as by taking their own blood pressure readings.

Patient-reported blood pressure accepted by HEDIS

Patient home blood pressure monitoring can be a valuable way to identify hypertension – especially masked and white-coat hypertension.* Recognizing the changing health care landscape, the **National Committee of Quality Assurance (NCQA) now accepts documentation of patient-reported blood pressure to meet Healthcare Effectiveness Data and Information Set (HEDIS) medical record documentation.****

Patient education needed

Clinical accuracy is key for valid blood pressure measurements. Carefully educate your patients who will be monitoring their blood pressure from home to ensure they record it accurately.

- › Discuss the importance of resting before the test, emptying the bladder, and using the right size cuff and correctly positioning it, as well as avoiding caffeine, smoking, and talking during the measurement.
- › Explain that if the first reading is high, they should wait a few minutes and take a second reading.
- › Remind patients that it's important to calibrate the monitoring device for clinical accuracy.

* Yuichiro Yano, MD, PhD; Donald M. Lloyd-Jones, MD, ScM. "USPSTF Recommendations for Screening for Hypertension in Adults; It is time to unmask hypertensive risk." JAMA Cardiology. 27 April 2021. Retrieved from <https://jamanetwork.com/journals/jamacardiology/fullarticle/2779347>.

** NCQA. "HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Summary Table of Measures, Product Lines and Changes." Retrieved from [NCQA.org](https://www.ncqa.org/hedis) > HEDIS > HEDIS Measures and Technical Resources > HEDIS Measurement Year 2021 > [HEDIS MY 2020 & MY 2021 \(pdf\)](#).



CIGNA HAS ENTERED INTO AN AGREEMENT WITH MITCHELL | GENEX | COVENTRY TO ACQUIRE QANI

Cigna has entered into a definitive agreement with Mitchell | Genex | Coventry, a leader in cost containment technology, provider networks, clinical services, pharmacy benefit management (PBM), and disability management, to acquire Cigna’s QualCare Alliance Networks, Inc. (QANI), one of the largest managed care and workers’ compensation organizations serving the New Jersey, Pennsylvania, and New York tristate area.

We anticipate the deal to close in the second half of 2021, following applicable regulatory approvals and other customary closing conditions. Upon closing, QANI will become part of Coventry.

Cigna acquired QANI in 2015, and since then, the organization has played a meaningful role in helping us continue our efforts to be a provider of choice to hospital systems and health care providers.

We believe Coventry is the right company to continue QANI’s legacy of partnering with hospital systems to help enable success. Coventry is highly respected in the industry, and offers workers’ compensation, auto and disability care, and cost-management solutions for employers, insurance carriers, and third-party administrators.

We are focused on ensuring a smooth transition for employer groups, customers, and network providers. This acquisition will have no impact on Cigna’s U.S. commercial employer groups, and until the closing, we will continue to operate business as usual.

We will share additional details with providers as they become available.



REMINDER: WORKERS’ COMPENSATION, HMO, AND PPO PLANS IN FOCUS

QualCare remains focused on workers’ compensation, as well as contracted health maintenance organization (HMO) and preferred provider organization (PPO) plans. The HMO and PPO networks continue to be active for your patients who access them through Oscar, Humana, and EmblemHealth. Effective January 1, 2020, QualCare stopped offering administrative services only (ASO) plans. The runout period for claim adjudication ended on December 31, 2020, which means QualCare no longer processes ASO claims.

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**.

REMINDER: UPDATE CONTACT INFORMATION VIA EMAIL

As a reminder, providers who participate in the QualCare network can update their contact information, including mailing address, phone number, and email address, by emailing QualCare Provider Relations at QCProvRel@QualCareinc.com.

When you share your email address with us, you will receive future issues of *Network News*, as well as other important updates, directly to your email inbox.



CHANGES TO CIGNA'S COVERAGE OF REMICADE EFFECTIVE JULY 1, 2021¹

To help ensure our customers have access to affordable, quality health care, on July 1, 2021, we made REMICADE® a nonpreferred-brand drug,² and biosimilar products AVSOLA® and INFLECTRA® preferred-brand drugs for Cigna commercial customers. These changes will apply to customers with Individual & Family Plans beginning January 1, 2022.

What this means to you and your patients who have Cigna coverage

Because REMICADE is no longer a preferred-brand drug, we encourage you to work with your patients to switch to AVSOLA or INFLECTRA. Our goal is to assist you in making this transition as seamless as possible.

If your patient previously met medical necessity criteria for REMICADE through Cigna, as of July 1, 2021:

- ▶ You can administer either INFLECTRA or AVSOLA without the need for further action provided there is no change to dosing, frequency, or site of service.
- ▶ An authorization for INFLECTRA or AVSOLA will be effective from July 1, 2021, to May 1, 2022. You may call the Cigna Coverage Review Department at **800.88Cigna (882.4462)** to receive a letter confirming this authorization.

Additional information

For assistance with procurement, please call CuraScript SD at **877.599.7748**, Accredo, a Cigna specialty pharmacy, at **866.759.1557**, or another participating specialty pharmacy.

Copayment assistance for your patients

Your patients may be able to receive copayment assistance for INFLECTRA and AVSOLA:³

- ▶ Eligible customers enrolled in Cigna-administered commercial and Individual & Family Plans may be able to receive up to \$20,000 per calendar year in copayment assistance, and may pay as little as \$0 for each treatment through the Pfizer enCompass® Co-Pay Assistance Program for INFLECTRA.⁴ Patients can call **844.722.6672** Monday through Friday from 8:00 a.m. to 8:00 p.m. ET or go to PfizerEncompass.com > Patient > [Inflectra: Submit](#) to learn more.
- ▶ Patients can pay as little as \$5 out of pocket for each treatment, up to the program maximum, with the AVSOLA Co-Pay Card.⁵ Patients can call **866.264.2778** Monday through Friday from 9:00 a.m. to 8:00 p.m. ET or go to the AVSOLA website (AVSOLAsupport.com) to learn more.



1. For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renew date, as required by state law.
2. If a provider believes the nonpreferred-brand drug is medically necessary, Cigna will review requests for a medical necessity exception. Providers can submit medical necessity review requests through their electronic health record or electronic medical record system, or through CoverMyMeds® or Surescripts®. Providers can also submit these requests to Cigna's Coverage Review Department by telephone at **800.88Cigna (882.4462)** or by fax at **855.840.1678**.
3. Information about these programs is taken from PfizerEncompass.com and AVSOLA.com. Cigna does not manage these programs. Patients should contact the assistance programs directly to confirm eligibility and details.
4. Eligibility required. Terms and conditions apply. Federal and state health care beneficiaries are not eligible. Private insurance only. The Pfizer enCompass Co-Pay Assistance Program for INFLECTRA doesn't cover or provide support for related supplies, services, or procedures. Full terms and conditions available at PfizerenCompass.com/HCP/Inflectra/find-patient-support.
5. Terms, conditions, and program maximums apply. Other restrictions may apply. This program is not open to patients receiving prescription reimbursement under any federal, state, or government-funded health care program. Not valid where prohibited by law. The AVSOLA Co-Pay Card doesn't cover or provide support for office visits or medication administration.



THERAPEUTIC CONTINUOUS GLUCOSE MONITORS COVERAGE CHANGE

Effective July 1, 2021, we changed how we cover therapeutic continuous glucose monitors* (CGMs) for Cigna customers who have both medical and pharmacy coverage. For these customers, we cover all components of therapeutic CGMs (sensors, transmitters, and readers/receivers) under the pharmacy benefit, and may no longer cover therapeutic CGMs filled through a durable medical equipment (DME) or medical supply vendor under the medical benefit.

What this means to providers

For patients with Cigna medical and pharmacy coverage, providers must send prescriptions for all components of therapeutic CGMs to a participating retail pharmacy or to Express Scripts® Pharmacy, our home delivery pharmacy.

For patients with new therapeutic CGM needs, we recommend first checking for Cigna pharmacy coverage by submitting a prescription to their preferred pharmacies. Most major pharmacy benefit managers and plans cover therapeutic CGMs under the pharmacy benefit. Patients who are new to therapy will be subject to both prior authorization and quantity limits.

What this means to DME and medical supply vendors

DME and medical supply vendors must request precertification for any therapeutic CGM orders they receive for Cigna customers. During the precertification process, we will determine medical necessity and identify whether the therapeutic CGM is covered under the customer’s medical or pharmacy benefit.

Nontherapeutic CGMs will continue to be covered under the medical benefit and require precertification.

Additional information

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

* This change applies to Dexcom G6 and Abbott FreeStyle Libre therapeutic CGMs. There is no change in coverage for nontherapeutic CGMs. Certain CGMs are approved by the U.S. Food & Drug Administration with a product classification known as “therapeutic.” This classification means the device is indicated for use as a nonadjunctive device that replaces information obtained by a standard home blood glucose monitoring system.

ONCOLOGY CLINICAL TRIAL MANAGEMENT

Cigna and eviCore healthcare (eviCore) understand the importance of medical oncology clinical trials. Not only do they help with the discovery and perfection of new disease treatments, detection, and prevention, clinical trials give patients access to treatment options before they become widely available.

That is why Cigna and eviCore are continuing to develop a comprehensive oncology clinical trial management solution that promotes affordability, predictability, and simplicity.

Clinical trial prior authorization update

Currently, Cigna manages outpatient prior authorization requests for medical oncology clinical trials. On August 13, 2021, eviCore will begin managing these requests for both pediatric and adult patients. Beginning on this date, you should request prior authorization for all outpatient medical oncology clinical trials on the eviCore website ([eviCore.com](https://www.eviCore.com)).

Cigna will continue to perform utilization management for all inpatient adult and pediatric oncology cases.

Clinical trial matching

On April 15, 2021, eviCore enhanced its medical oncology prior authorization process to include a search of the National Cancer Institute’s oncology clinical trial database to help match patients to clinical trials. Providers have the opportunity to receive more information on any of the search results for consideration and discussion with their patients.

Additional information

eviCore performs utilization management review of most outpatient oncology cases to ensure adherence to Cigna’s Oncology Medications coverage policy (1403). To access this policy, go to the Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > Pharmacy (Drugs & Biologics) A-Z Index > **Oncology Medications - (1403)**.

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



SPECIALTY MEDICAL INJECTABLES WITH REIMBURSEMENT RESTRICTION

Our 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, unless otherwise authorized by Cigna.

The reimbursement restriction:

- › Applies when the specialty medical injectable is administered in an outpatient hospital setting.
- › Applies to specialty medical injectables covered under the customer’s medical benefit. Coverage is determined by the customer’s benefit plan.
- › Does not apply when the specialty medical injectable is administered in a provider’s office, nonhospital-affiliated ambulatory infusion suite, or home setting.

Specialty Medical Injectables with Reimbursement Restriction list expansion

We recently expanded the Specialty Medical Injectables with Reimbursement Restriction list to include the specialty medical injectables listed below.

NAME	DATE ADDED
EVKEEZA™ (evinacumab-dgnb)*	March 2021
AMONDYS 45 (casimersen)*	April 2021
EXONDYS 51 (eteplirsen)	July 2021
VILTEPSO® (viltolarsen)	July 2021

Additional information

To access the Specialty Medical Injectables with Reimbursement Restriction list, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Precertification Policies > List of 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 & Drug Administration approval.

* Cigna may grant an exception to reimburse a one-time or single administration billed by a facility when a customer needs access to the injectable before it can be obtained from a specialty pharmacy with which Cigna has a reimbursement arrangement.

OPIOID RESOURCES REFRESHED ON CIGNAFORHCP.COM

Now you can find the opioid tools and information you need to support your patients – all in one central location: The Cigna Opioid Resources web page. You can access this web page by going to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resource > Pharmacy Resources > Pharmacy Clinical Programs > [Opioid Resources](#).

What’s on the web page?

The Opioid Resources web page is structured in an easy-to-understand format to help you quickly find resources for:

- › Screening tools.
- › Patient and caregiver support.
- › Treating pain safely.
- › Preventing overdoses – taper, playbook, pledge.
- › Getting help for addiction.
- › Medication-assisted treatment (MAT).
- › Provider education.
- › Centers for Disease Control and Prevention information.

Designed to help you support patient needs

Each of these sections links to many tools and resources for you and your staff to learn more about opioid addiction, prevention, and treatment. They’re designed to support your efforts to safely meet your patients’ needs. For example, when you click on “Patient education materials,” you’ll see a number of tools available to help you discuss the benefits, risks, and alternatives with your patients prior to prescribing opioids.

Working together to decrease opioid addiction and deaths

Cigna is firmly committed to fighting the opioid epidemic and finding new pathways to help reduce addictions, overdoses, and deaths. Thank you for the critical role you play in addressing this public health crisis.



REMINDER: 2021 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

New benefits to meet your patients' needs

2021 brings new benefits and services for your Cigna Medicare Advantage 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 your Cigna Medicare Advantage patients

- › **\$0 copayment 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 550,000 Medicare customers across 21 states and the District of Columbia.

Continued on next page



Reminder: 2021 Cigna Medicare Advantage plan highlights *continued*

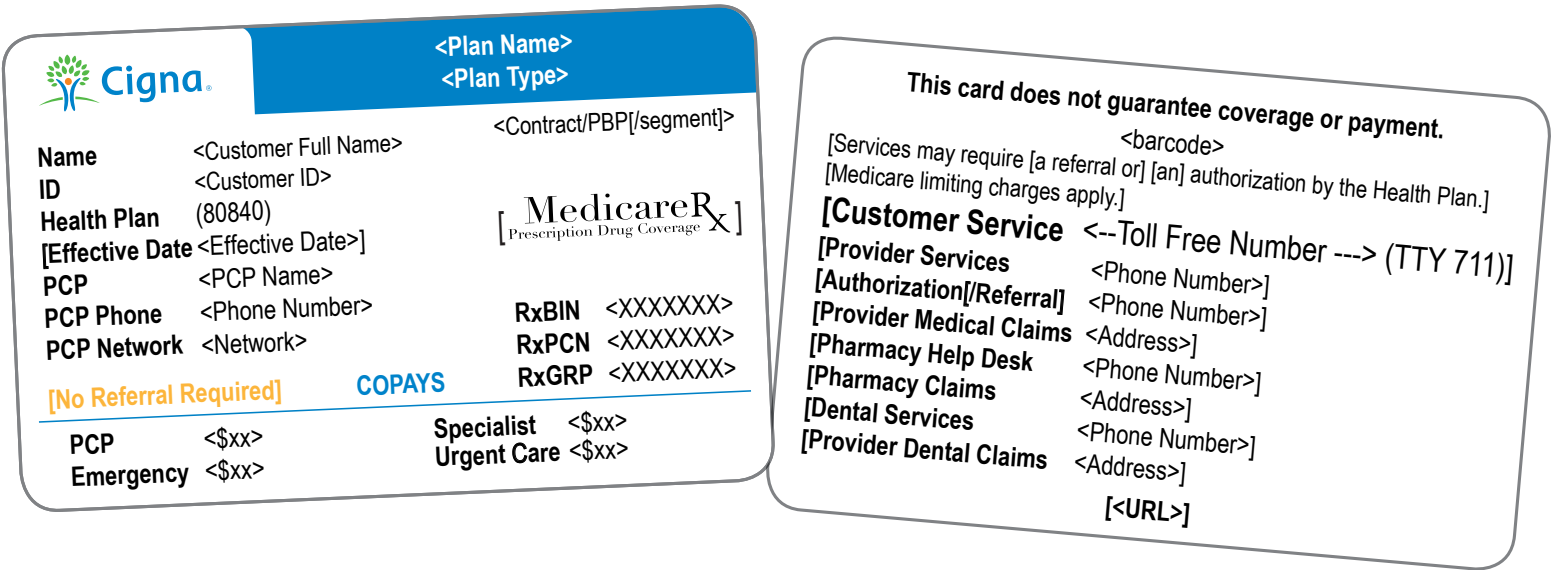
New plan names

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 new plan names now in effect.

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 received new ID cards with the Cigna logo. Sample ID cards are shown below.



CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

We continue to enhance the Cigna Medicare Advantage web page for providers with new capabilities and features to improve your online experience when administering these plans. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for important tools and information, including:

- Provider manuals
- Regulatory Highlights Guide
- COVID-19 resources
- Prior authorization guidelines
- Medicare Advantage Quick Reference Guide
- Sample explanation of payment
- Behavioral health clinical practice guidelines and referral forms
- HSCONNECT provider portal
- Claim resources
- Network interest forms
- Part B drugs/biologics precertification forms and step therapy
- Practice support
- Pharmacy resources
- Provider education and assessment tools
- Network Insider Medicare Advantage provider newsletter archive



DO YOU FEEL STUCK PRESCRIBING OPIOIDS?

Many providers find themselves facing the dual challenge of treating chronic pain effectively in their patients age 65 and older, while striving to address or prevent opioid use disorder (OUD) in this population.

OUD screening

In the primary care setting, it's estimated that up to 34.9 percent of people taking opioids for chronic pain meet the criteria for OUD.¹ This highlights the critical importance of OUD screenings.

Questions to ask your patients

- › Have you ever taken more than your prescribed dose?
- › When you don't take your medication, do you experience any withdrawal symptoms?
- › Have you ever asked another prescriber to refill your pain medications?

Depending on the responses to these questions, you may want to take steps to encourage patients to utilize an opioid treatment program (OTP). As of January 1, 2020, Medicare covers methadone and medication-assisted treatment, as well as related services provided by OTPs.²

Covered OTP services

To view OTP services that provide medication, counseling, drug testing, and individual and group therapy, go to [Medicare.gov](#) > What Medicare Covers > Is my test, item, or service covered? Then type Opioid Use Disorder; click Go > [Opioid use disorder treatment services](#).

Opioid resources and tools

Cigna Opioid Resources provider web page

Visit the new Opioid Resources provider web page on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resource > Pharmacy Resources > Pharmacy Clinical Programs > [Opioid Resources](#), to support your patients – all in one location. To learn more, read the article on [page 17](#).

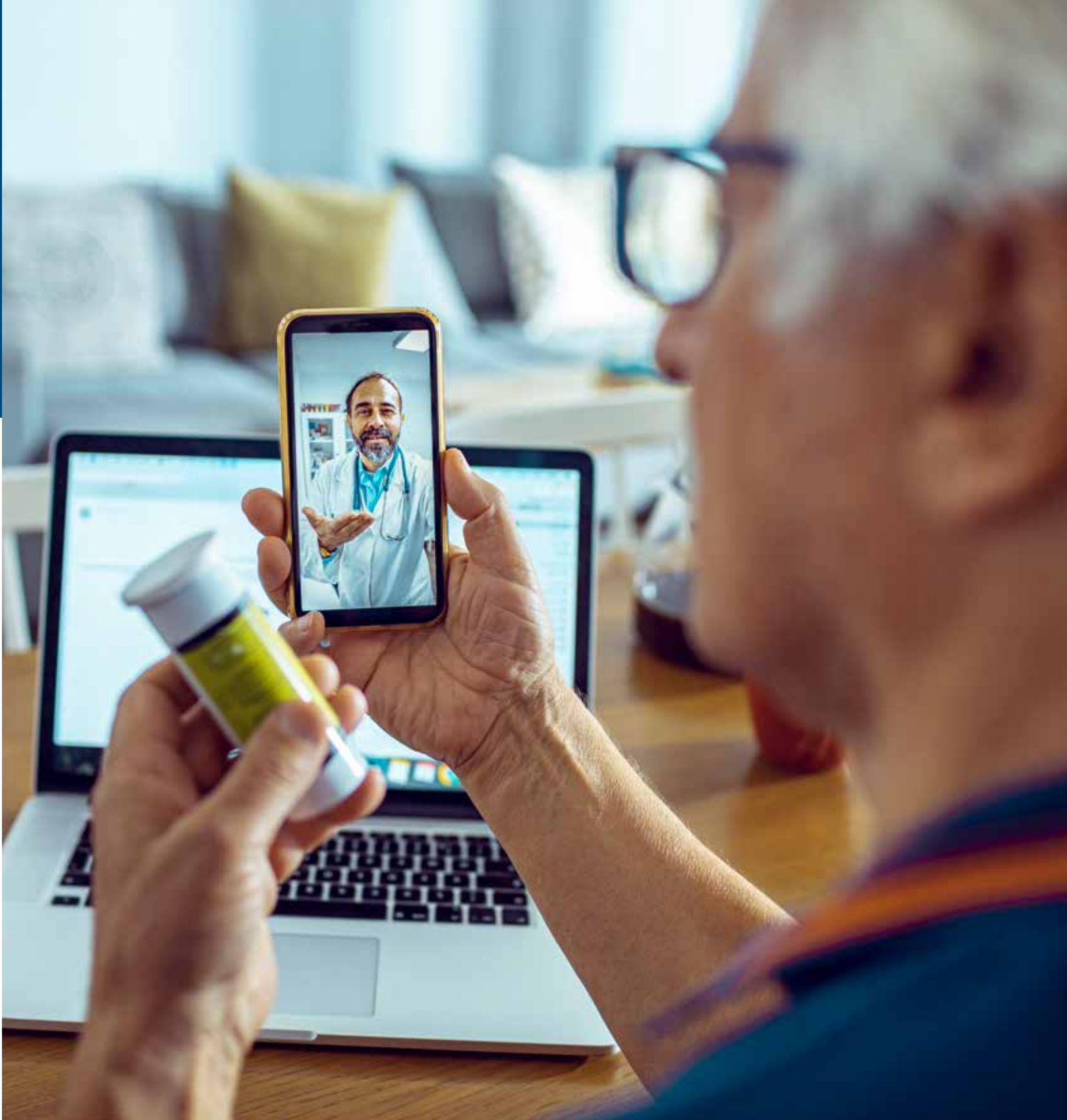
Behavioral Health Community-Based Care Coordinator

To connect your patients with Cigna Medicare Advantage network-participating providers and facilities that offer OUD medication-assisted treatment, contact Cigna's dedicated Medicare Advantage Community-Based Care Coordinator team. Call **866.780.8546** or fax clinical information to **866.949.4846**.

Web-based education

There are many screening tools available to help recognize OUD, including the following free web-based education courses:

- › [Providers Clinical Support System \(PCSS\) Education & Training](#)³
- › [Tobacco, Alcohol, Prescription medication, and other Substance use \(TAPS\) Tool](#)⁴
- › [CAGE-AID Substance Abuse Screening Tool](#)⁵



1. Boscarino JA et al. "Prevalence of prescription opioid-use disorder among chronic pain patients: comparison of the DSM-5 vs. DSM-4 diagnostic criteria. Jul–Sep 2011. National Library of Medicine. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21745041/>.
2. "Opioid Treatment Programs (OTP)." 16 March 2021. Centers for Medicare & Medicaid Services. Retrieved from [CMS.gov](#) > Medicare > Medicare Fee-for-Service Payment: [Opioid Treatment Programs \(OTP\)](#).
3. <https://pcssnow.org> > Education & Training.
4. [DrugAbuse.gov/taps](#).
5. [JHHC.com](#) > For Providers > Resources & Guidelines > [Substance Abuse Assessment Tool \(CAGE\)](#).



MUSCULOSKELETAL PRECERTIFICATION NOW MANAGED BY EVICORE

On June 30, 2021, eviCore healthcare (eviCore) began to manage precertification reviews for the musculoskeletal (MSK) services listed below for our customers with Cigna Medicare Advantage plans.

- › Major joint services (hip, knee, and shoulder)
- › Interventional pain management procedures

This precertification review is required in all markets, with the exception of Arizona, as well as some independent practice associations.

Precertification includes medical necessity and level-of-care reviews

As part of the precertification process, eviCore will conduct both a medical necessity review and a level-of-care review (if applicable). We require level-of-care reviews to help ensure customers with Cigna Medicare Advantage plan coverage receive the right care at the right place and at the right time. *Note that coverage may be denied for some MSK large joint procedures when requested at the inpatient level of care.*

Large joint procedures that require level-of-care review

CATEGORY	CPT®* CODE
Large joint – hip	27130
Large joint – knee	27438
Large joint – knee	27446
Large joint – knee	27447
Large joint – shoulder	23470
Large joint – shoulder	23472

MSK CPT codes that require precertification

View the full list of [MSK CPT codes](#) for joint surgery and interventional pain management that require precertification for your patients with Cigna Medicare Advantage plans.**

To request precertification

- › eviCore provider portal: [eviCore.com](#)
- › Phone: **888.693.3297**, 8:00 a.m. to 9:00 p.m. ET
- › Fax: **888.693.3210**



To view the most current precertification requirements

Visit [MedicareProviders.Cigna.com](#) > **Forms and Practice Support** > Prior Authorization Requirements.

Need to know if a service requires precertification?

Click Ctrl+F; then enter the five-digit code. The Prior Authorizations Requirements document is updated quarterly.

To verify a patient’s eligibility and benefits

Call Provider Customer Service at **800.230.6138** or visit the provider portal at [MedicareProviders.Cigna.com](#) > **Login to HSConnect Portal**.

* Current Procedural Terminology.
** Go to <https://www.evicore.com/resources/healthplan/Cigna-Medicare?> > Solution Resources > [Musculoskeletal](#).



2022 PHYSICIAN QUALITY, COST-EFFICIENCY, AND CCD RESULTS

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 2022 Quality, Cost Efficiency, and Cigna Care Designation Methodology [white paper](#). In the coming months, we will mail information to primary care providers and specialists in 84 markets and 21 specialties informing them how to obtain their 2022 quality, cost-efficiency, and CCD profile directory display results. The communication will give instructions on how to request reports, review results, submit inquiries, and submit changes or reconsideration requests.



APA FREE COLLABORATIVE CARE MODEL TRAINING

The American Psychiatric Association (APA) is offering free training sessions about the collaborative care model for psychiatrists, primary care providers (PCPs), and behavioral health care managers as part of the Centers for Medicare & Medicaid Services Transforming Clinical Practice Initiative.

What is collaborative care?

Collaborative care is an evidence-based model of integrated mental health care in primary care settings. It shows clear and significant effectiveness for the treatment of depression, anxiety, and post-traumatic stress disorder. Widespread implementation of collaborative care is occurring across the country to answer the need for increased access to mental health and substance use disorder services.

Providers who take this training can earn continuing medical education credits, and are eligible to take part in a learning collaborative for continued education and maintenance of certification.

About the training

The training for PCPs includes an overview of the collaborative care model, strengthening behavioral health skills in the primary care setting, and developing skills to work with psychiatric consultants. There is also a course to help behavioral care managers acquire the knowledge, skills, and attitudes that are crucial for their role in the primary care setting.

There is also a core training session that provides information on collaborative care consultation psychiatry. It focuses on the knowledge, skills, and attitudes necessary to help psychiatrists provide high-quality care for larger populations. This advanced training reviews the application of the integrated care approach.

For more information and to register on the APA website ([Psychiatry.org](https://www.psychiatry.org)), [click here](#).*

Additional resources

To learn more about the collaborative care model, including implementation, special populations, and training, visit [Psychiatry.org](https://www.psychiatry.org) > Psychiatrists > Practice > [Integrated Care](#).



* [Psychiatry.org](https://www.psychiatry.org) > Psychiatrists > Practice > Professional Interests > Integrated Care > [Get Trained in the Collaborative Care Model](#).



EXPEDITED APPEAL SUBMISSION TIPS

There may be times when you have an urgent need to appeal a coverage denial or partial coverage denial for your patient, and receive a decision very quickly to speed the start of treatment. In these situations, you may be able to request an expedited appeal, **but only if services have not been performed** and meet the criteria below.

You may file an expedited appeal when:

- › The patient is currently hospitalized, a decision was made to discharge the patient earlier than the provider requested, and the patient is awaiting continued care, or
- › The patient is in severe pain that cannot be adequately managed without the treatment requested, or
- › A delay in treatment may jeopardize the patient’s life, health, or ability to regain maximum functionality.

How to request an expedited appeal

If your pre-service appeal meets one or more of the scenarios described above, fax the appeal to:

Cigna National Appeals Organization
Attn: Expedited Appeals
Fax: **860.731.3452**

Clearly note “Expedited Appeal” on the first page of your submission.

Please also include the following information:

- › Patient name
- › Date of birth
- › Cigna ID #
- › Denied Authorization Number (if applicable)
- › All supporting clinical information



AMPLIFON HEARING HEALTH CARE INTRODUCES NEW REIMBURSEMENT MODEL

Amplifon Hearing Health Care (Amplifon) is our exclusive national provider for digital and digitally programmable analog hearing aids and supplies and assistive listening devices for Cigna customers who have a hearing benefit.

On July 15, 2021, Amplifon changed the fitting and dispensing fees that they pay to Cigna-contracted providers for hearing aids and supplies. Amplifon shifted from a tiered schedule to a flat-rate reimbursement that compensates providers for the time they spend with their patients rather than for the hearing-aid technology level. The new rates are \$500 per hearing aid or \$1,000 per pair.

What this means to you

For hearing aids ordered on or after July 15, 2021, you will be reimbursed at the new rates. If you ordered hearing aids prior to this date, you will be reimbursed at the 2020 tiered rates (\$250

to \$750 per hearing aid), provided that you submit the receipt-of-delivery (ROD) paperwork to Amplifon by July 30, 2021. If you submit the ROD paperwork after July 30, 2021, the new reimbursement rates will apply.

Before ordering hearing aids for your patients with Cigna coverage, call Amplifon at **800.920.4327** to verify eligibility and benefits.

Hearing aid selection

Amplifon recently added new high-tech hearing aids to its selection of devices available to Cigna customers. For more information about available devices, call Amplifon at **800.920.4327**.

Additional information

If you have any questions, call Amplifon at **800.920.4327** or email ProviderRelations@Amplifon.com.



MUSCULOSKELETAL SITE-OF-CARE REVIEW IN SELECTED GEOGRAPHIC AREAS

On August 1, 2021, we will expand our precertification requirements for certain musculoskeletal (MSK) procedures to include a medical necessity review of the site of care. This requirement applies in select geographic areas, listed below, for Cigna commercial customers who have fully insured benefit plans.

- › Arizona (Phoenix)
- › Florida (South Florida)
- › Missouri (St. Louis)
- › New York (New York City)
- › Texas (Dallas, Fort Worth)

We will review requests to ensure these customers receive coverage for an appropriate site of care, such as an ambulatory surgery center, rather than for an outpatient hospital setting (when available), except when an outpatient hospital setting is medically necessary.

What this means to providers in the selected markets

eviCore healthcare (eviCore) will continue to manage the precertification process, including the site-of-care review, and 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 benefit plan.

- › An outpatient hospital setting when medically necessary, as defined in the [Site of Care: Outpatient Hospital for Select Musculoskeletal Procedures policy](#) and the customer’s benefit plan.

Precertification process

You may continue to submit precertification requests to eviCore by logging in to the eviCore website ([eviCore.com](#) > PROVIDERS) or by calling eviCore at **888.693.3297**. During this process, if an outpatient hospital setting is indicated, eviCore will present the provider with a list of local participating ambulatory surgery centers to choose from. If the provider does not select an ambulatory surgery center as the place of service, he or she will have the option of attesting to medical necessity criteria for an outpatient hospital setting.

We will deny an outpatient hospital setting if the request does not provide clinical rationale or an attestation to medical necessity criteria for an outpatient hospital setting. Denials will be based on medical necessity and include medical necessity appeal rights.

Provider forums

In late July and August 2021, eviCore will host online forums to help providers and their staff understand our expanded MSK program. These sessions will



include detailed information about the expanded precertification process, a review of how to access information on [eviCore.com](#), and a question-and-answer period.

To attend a forum, refer to the schedule and instructions for sign up at <https://www.eviCore.com/resources/healthplan/Cigna> > Solution Resources > Musculoskeletal > [Cigna Musculoskeletal Site of Care Provider Forum Schedule](#).

View the policy

To access the Site of Care: Outpatient Hospital for Select Musculoskeletal Procedures policy, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Review coverage policies: information on Cigna standard health coverage plans provisions > Medical and Administrative A-Z index: View Documents > [Site of Care: Outpatient Hospital for Select Musculoskeletal Procedures – \(0553\)](#).

Next year, we will be implementing this policy in all geographic areas.

Additional information

Please use the contact information below to learn more.

To learn more about:	Contact:
MSK site-of-care program	Our dedicated program website: www.eviCore.com/resources/healthplan/Cigna
Precertification of MSK services	eviCore: 888.693.3297 (7:00 a.m. to 7:00 p.m. ET) or clinical guidelines at eviCore.com
Benefits eligibility and coverage	Cigna Customer Service: 800.88Cigna (882.4462)



HIGH-TECH RADIOLOGY SITE-OF-CARE MEDICAL NECESSITY REVIEW PROGRAM EXPANSION

On September 1, 2021, we will expand our precertification requirements for computed tomography scans and magnetic resonance imaging to include a medical necessity review of the site of care for customers with self-insured plans.* With this expansion, all Cigna commercial (non-Medicare) customers may be subject to this site-of-care medical necessity review.

We will review requests to ensure these customers receive coverage for an appropriate site of care, such as a freestanding facility, rather than for 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 who have Cigna coverage

eviCore healthcare (eviCore) may perform a site-of-care medical necessity review. 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 if there is clinical rationale, as defined in the Site of Care: High-tech Radiology policy and the customer’s benefit plan, or if an alternative site is not available.

Services subject to a site-of-care review will only be covered if both the procedure **and** the site are approved.

Precertification process

You may continue to submit precertification requests to eviCore by logging in to the eviCore website ([eviCore.com](https://www.eviCore.com) > PROVIDERS) or by calling eviCore at **888.693.3297**.

* 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.



Additional information

Please use the resources listed below to learn more.

Topic	Resource
Benefits eligibility and coverage	Cigna Customer Service: 800.88Cigna (882.4462)
High-Tech Radiology Site of Care program	Our dedicated program website: www.eviCore.com/resources/healthplan/Cigna
Precertification of high-tech radiology services	eviCore: 888.693.3297 (7:00 a.m. to 7:00 p.m. ET) or clinical guidelines at eviCore.com
Site of Care: High-tech Radiology coverage policy	Cigna for Health Care Professionals website: CignaforHCP.com > Review coverage policies: information on Cigna standard health coverage plan provisions > Medical and Administrative A-Z Index: View Documents > Site of Care: High-tech Radiology - (0550)



ASH MANAGEMENT OF ACUPUNCTURE PROGRAM: NATIONAL EXPANSION

Earlier this year, we announced that American Specialty Health® (ASH) would begin to manage Cigna’s acupuncture program nationally* on June 1, 2021. This effective date has been moved to September 1, 2021 to allow providers additional time for credentialing and contracting.

We will continue to administer covered in-network acupuncture services for Cigna customers under providers’ direct agreements with Cigna until August 31, 2021.

What this means to providers

On September 1, 2021, providers must be contracted with ASH to render in-network acupuncture services to patients with Cigna plans.

Additional information

IF YOU HAVE QUESTIONS ABOUT:	CALL:
Contracting with ASH	ASH: 888.511.2743
Acupuncture benefits or eligibility	Cigna Customer Service: 800.88Cigna (882.4462)

* For applicable service areas. ASH already manages this program for acupuncture providers in California, Oregon, Tennessee, and Washington.



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: Resource > Medical Resources > Commitment to Quality > [Quality](#).

Care guidelines

To view our care guidelines, visit CignaforHCP.com > Get questions answered: Resource > 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 for the Telecommunications Relay Services (TRS), which interfaces with existing telephone equipment used by hearing-impaired persons.

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



COORDINATION OF CARE

Coordination of care is the process by which a patient’s team of providers cooperatively help coordinate care management and ensure access to quality, cost-effective care.


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

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

Our quality programs monitor for:

- Coordination of care –
 - During transitions between 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 of patients and their transition from providers who have been terminated from a network.
- Patients who qualify for continued coverage of services rendered by providers who have been terminated from a network for reasons other than quality.

We have developed tools based on our assessments to serve as models for exchanging clinical information that help facilitate continuity and coordination of care. The tools are available for download from the Cigna for Health Care Professionals website (CignaforHCP.com > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > **Continuity and Coordination of Care**).



The National Committee of 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.



NEW HEALTH DISPARITIES WEB PAGE ON CIGNA.COM

A new Health Disparities **web page** for providers is now available on Cigna.com to offer additional information to help support culturally diverse patients. It is intended to help you and your staff learn more about health disparities, how your patients may be affected by them, and how you may address them.

Health disparities are not new to health care, but the COVID-19 pandemic has exacerbated existing disparities in many subpopulations.

Explore the Health Disparities web page today

You will find many resources to help you and your staff understand your patients’ diverse values, beliefs, and behaviors, and customize treatment plans to meet their social, cultural, and linguistic needs. Go to Cigna.com > Health Care Providers > Provider Resources Overview > All Resources: **Health Disparities**.

Other health disparity resources

The Cultural Competency and Health Equity Resources web page contains numerous other resources, such as a white paper on South Asian health disparities, a tool kit on gender-inclusive language guidelines, cultural competency eCourses, language assistance services, and more. Go to Cigna.com > Health Care Providers > Provider Resources > **Cultural Competency and Health Equity Resources**. See [page 37](#) for more information.



RESOURCES TO SUPPORT YOUR CARE OF BLACK PATIENTS WITH DIABETES

As a group, African Americans/Blacks experience significant health disparities with chronic conditions, such as diabetes, due to race and social determinants of health. This population accounts for 13.4 percent of the United States population,* yet they are 60 percent more likely than non-Hispanic Whites to be diagnosed with diabetes.**

New online provider resources

To support your care of African American/Black patients who have diabetes, you can now access culturally sensitive, evidence-based materials from Cigna’s [African-American Health Disparities web page](#)*** The resources highlight strategies to support the unique needs of this population, and include provider-facing case studies, a video, and a guide to help your African American/Black patients with diabetes make the most of physician appointments.

Culturally sensitive diabetic resources for other cultures

The creation of new diabetes resource materials for the African American/Black population is part of a multiyear project underway at Cigna that started last year with a focus on diabetes in the Southeast Asian population. The goal is to help close gaps in health outcomes due to race and social determinants of health by highlighting strategies to support the unique and diverse needs of various populations.

To learn about more health disparity resources

Please read the article, “New Health Disparities web page on Cigna.com” on [page 27](#).



DISCOUNTS FOR LANGUAGE ASSISTANCE SERVICES

Cigna network providers may utilize discounted rates of up to 50 percent for language assistance services, such as interpretation and translation.

This includes written translations for your eligible patients with Cigna coverage, as well as interpretation for telephonic, face-to-face, and video remote interpreters, including American Sign Language.

Video remote interpretation can be an effective communication option for obtaining a professional interpreter. It is often lower in cost and quicker to obtain than a face-to-face, in-office interpreter.

These savings are made possible through our negotiated contracts with professional language assistance vendors. It’s important to note that your office will work directly with the vendor to schedule and pay for all language services.

Learn more

For information about translation and interpretation discounts, and how to schedule them, go to [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > [Language Assistance Services](#).

We hope these discounts will help to make it easier and more affordable for you to comply with federal and state language assistance laws, and ensure successful communications with limited English proficient, deaf, and hard-of-hearing patients.

ELECTRONIC SIGNATURE CAPABILITIES EXPAND FOR CAC PROGRAM

As we continue to expand our electronic signature capabilities, providers who participate in the Cigna Collaborative Accountable Care (CAC) COVID Care Program will receive the upcoming patient survey via DocuSign. This will help save time, as you will be able to electronically fill out and sign the survey, similarly to how you currently do for attestations, contracting, and banking.

To ensure you receive all applicable electronic signature communications, please add CACCOVIDCare@Cigna.com to your safe senders list.

* U.S. Census Bureau, 2021.
** U.S. Department of Health and Human Services, 2021.
*** Go to [Cigna.com](#) > Health Care Providers > Provider Resources Overview > All Resources: [African-American Health Disparities](#).



CALIFORNIA PROVIDER ACCESS AND AVAILABILITY

As a provider, you want your patients to be healthy and satisfied with your care. When they receive the right care at the right time, it can result in better outcomes and an improved care experience for both you and your patient.

The State of California Department of Managed Health Care (DMHC) has set forth guidelines to help ensure individuals receive timely access to medical and behavioral care based on their needs. Timely access is also part of your Cigna contract.

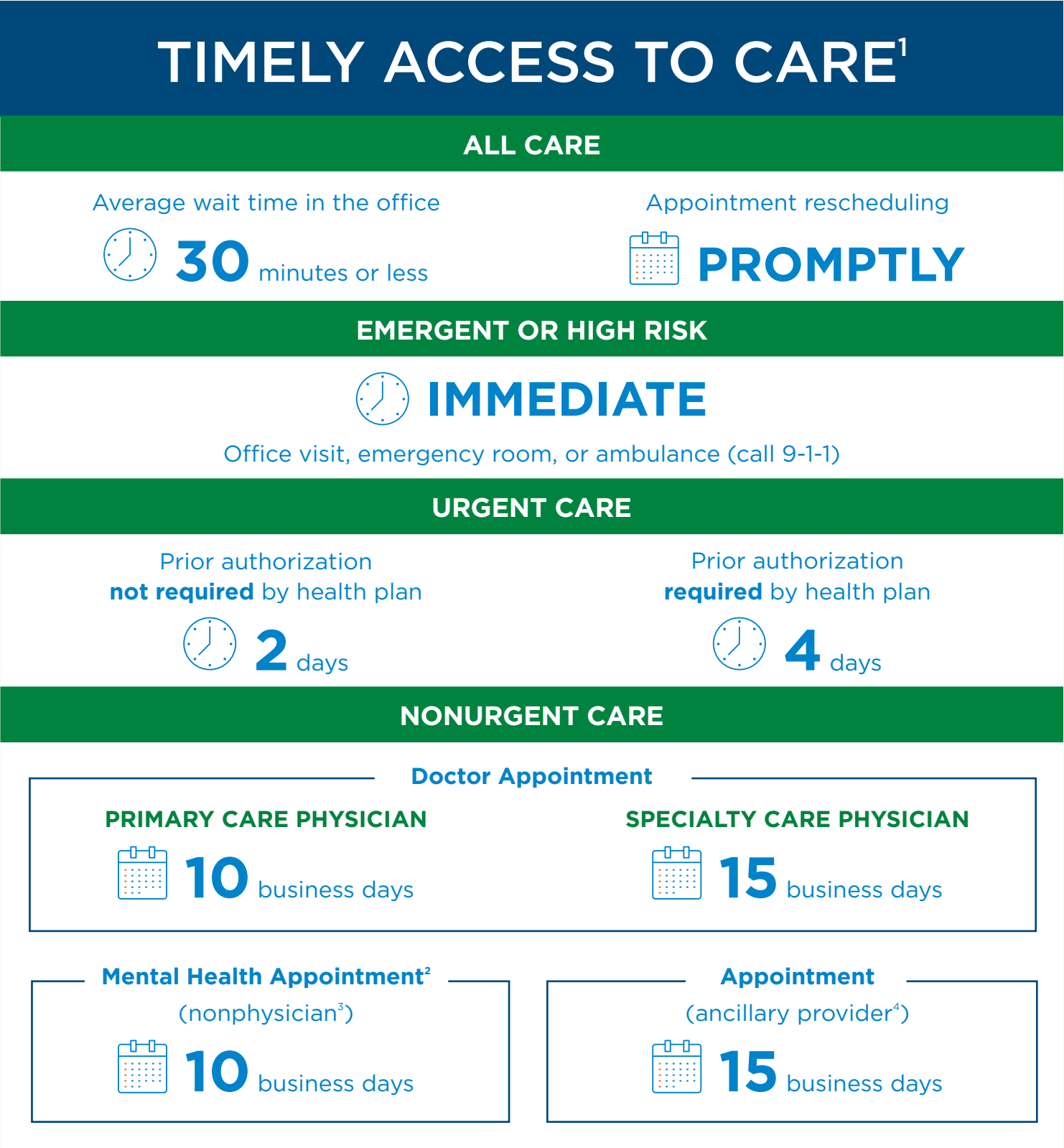
Annual Provider Appointment Access and Availability Survey

Each year, we require network-participating providers to complete a Provider Appointment Availability Survey (PAAS) to help ensure compliance with the California DMHC and Cigna access standards for all care.

Resources

Please refer to the infographic to the right. We encourage you to use this as a visual reminder of access to care standards for your patients based on their needs. To learn more about California access standards, refer to the resources below.

RESOURCE	GO TO:
Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers (California).	Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California. (Login required.)
California Department of Managed Health Care website	DMHC.CA.gov > Health Care in California > Your Health Care Rights > Timely Access to Care



1. The Urgent and Nonurgent Care sections of this infographic are reproduced and printed with the permission of the California Department of Managed Health Care. [DMHC.CA.gov](#) > Health Care in California > Your Health Care Rights > [Timely Access to Care](#).

2. Six hours for mental health, non-life-threatening emergency care (National Committee for Quality Assurance required access standards).

3. Examples of nonphysician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers.

4. Examples of nonurgent appointments for ancillary services include lab work or diagnostic testing, such as mammograms or MRIs, and treatment of an illness or injury such as physical therapy.



CALIFORNIA LANGUAGE ASSISTANCE LAW



California law requires health plans to provide Language Assistance Program (LAP) services to eligible customers with limited English proficiency (LEP). To support this requirement, Cigna provides language assistance services for eligible Cigna participants, including those covered by our California health maintenance organization (HMO), Network Open Access, and Network Point of Service (POS) plans, as well as for individuals covered under insured California-situated preferred provider organization (PPO) plans and open access plans (OAPs).

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

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

California-capitated provider groups are responsible for:

- › Inserting or including the LAP notification in English vital documents sent to individuals with Cigna HMO plan coverage.
- › Educating providers in their practice that they must offer Cigna’s free telephone interpreter services by calling **800.806.2059** to support their LEP patients with Cigna coverage. Even if a provider or office staff speaks in the patient’s

language, a professional telephonic interpreter must always be offered. If the patient refuses to use a trained interpreter, it must be documented in his or her medical record.

- › Supplying the **California Customer Grievance Form** and **grievance brochure** to Cigna customers who communicate dissatisfaction with the services or care received, a utilization management decision, or a claim denial. To download and print the form in English, Spanish, or Traditional Chinese, go to **Cigna.com** > I want to... > Find a Form > Medical Forms > Cigna in California > **Cigna, Grievances & Appeals:**
 - Cigna Grievance Procedure > California Grievance Brochure
 - How to File a Grievance > Medical Grievance Form

For additional information:

- › Refer to the California edition of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.
- › Review the **California Language Assistance Program** web page.*
- › Download the **provider training presentation** about LAP regulations and how to access language services for your patients with Cigna coverage.**
- › Contact your Experience Manager.

Racial and linguistic diversity at a glance

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

Language

Cigna uses California demographic data as a proxy for our customer base until we have a statistically valid number of customer language preference records. The data listed below is currently available for the most non-English spoken languages in California.***

- › 44.5% of the California population (over age five) speak a language other than English.***
- › 28.8% speak Spanish.
- › 10.1% speak Asian and Pacific Island languages.

Racial and ethnic composition

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

› 52.9% Caucasian	› 19.3% Asian	› 3.98% Other
› 21.8% Hispanic	› 2% African American	

* Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services > Load More > [California Language Assistance Program \(CALAP\)](#).
** Visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > More Resources: [California Language Assistance Program Training for Providers and Staff](#).
*** 2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from <https://data.census.gov/cedsci/table?q=California&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACST1Y2019.S1601&vintage=2018>.

NEW MEXICO LANGUAGE ASSISTANCE LAW



New Mexico law requires health plans to provide free language assistance services to all customers who reside in New Mexico. Cigna provides free interpreter services at all Cigna locations and provider points of contact for all customers in New Mexico with Cigna-administered plans (regardless of product type) who have:

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

Language assistance services that providers are responsible for offering

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP patient office visit or phone calls	Call Cigna’s toll-free number at 800.806.2059 for free professional over-the-phone interpreter services. Periodically validate with the over-the-phone interpreter that interpretation is accurate.	Be ready to provide the patient’s Cigna ID number and date of birth. If telephonic interpretation services do not meet the needs of your patient in New Mexico with a Cigna-administered plan, you can schedule free face-to-face and video remote interpreter services, including American Sign Language (ASL), by calling Cigna Customer Service at 800.88Cigna (882.4462) . For face-to-face Spanish interpreters, please allow at least three business days to schedule services. For all other languages, including ASL, please allow at least five business days to schedule services.
Deaf patient office visit	Call Cigna Customer Service at 800.88Cigna (882.4462) to schedule an appointment for free sign language interpreter services.	Provide information about the patient’s next scheduled appointment and type of sign language service needed (e.g., ASL). For ASL interpreters, please allow at least five business days to schedule services.
Deaf patient telephonic service relay	Call 711 Telecommunications Relay Services (TRS).	The 711 TRS is a no-cost relay service that uses an operator, phone system, and a special teletypewriter (telecommunications device for the deaf [TDD] or teletypewriter [TTY]) to help people with hearing or speech impairments have conversations over the phone. The 711 TRS can be used to place a call to – or receive a call from – a TTY line. Both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven- or ten-digit access number. Simply dial 711 to be automatically connected to a TRS operator. Once connected, the operator will relay your spoken message in writing, and read responses back to you. In some areas, 711 TRS offers speech impairment assistance. Specially trained speech recognition operators are available to help facilitate communication with individuals who may have speech impairments. ¹

Continued on next page

1. Better Communication, Better Care: Provider Tools to Care for Diverse Population. Industry Collaboration Effort. March 2017. Retrieved from https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf.



New Mexico language assistance law *continued*

Language assistance services that providers are responsible for offering *(continued)*

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
Refusal of service: An LEP or deaf patient wants to use a family member or friend to interpret OR An LEP patient wants to speak with bilingual office staff.	Offer a telephonic interpreter to the LEP patient. Discourage the use of family and friends – especially minors – as interpreters. Offer a trained, qualified telephonic interpreter, even if a provider or office staff speaks in the patient’s language.	If a patient insists on using a family member or friend, or refuses to use a trained interpreter, document this in his or her medical record.

Language assistance services that Cigna is responsible for offering

LANGUAGE SERVICE NEEDED	ACTION	DETAILS
LEP customer telephonic communication at Cigna point of contact	Customers call the telephone number on the back of their Cigna ID card for access to Cigna bilingual staff and free interpreter services.	Cigna uses qualified professional interpreters and bilingual staff tested for proficiency in language and health care terminology in non-English languages.
Deaf or hard-of hearing telephonic communication at Cigna point of contact	Customers dial 711 for TRS.	Cigna staff follow department workflows to communicate with deaf or hard-of-hearing customers.
LEP customer telephonic and in-person interpreter services at provider point of contact	Customers have access to these services at the provider’s office at no cost to the provider. ²	Each contract requires the health care insurer or managed health care plan to provide interpreters for LEP individuals, and interpretative services for patients who qualify under the ADA. Refer to Tips for Working with a Language Interpreter ³ for more information.



Racial and ethnic diversity at a glance

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

Language

Cigna uses New Mexico demographics data as a proxy for our customer base until we have a statistically valid number of customer language preference records. Available data² for spoken languages other than English shows that Spanish, at 26.5 percent, is the most spoken non-English language in New Mexico.⁴

Racial and ethnic composition

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

- › 55.1% Caucasian

› 37.8% Hispanic
- › 1.7% Asian/Pacific Islander
- › 1.1% Black

› 4.36% Other

Questions?

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

2. 13.10.22.12(l) New Mexico Administrative Code (NMAC).
3. [Cigna.com](#) > Health Care Providers > Provider Resources > [Tips for Working with a Language Interpreter](#).
4. 2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from <https://data.census.gov/cedsci/table?q=new%20mexico&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACST1Y2019.S1601&vintage=2018>.

MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

NORTHEAST REGION

Peter McCauley, Sr., MD, CPE, Regional Medical Executive		
Jennifer Daley, MD	MA, ME, NH, RI, VT	312.648.5131
Catherine Dimou, MD, FACP	IL, IN, MI, MN, WI	617.831.2254
Vaishali Geib, MD	DC, MD, VA	312.496.5403
Jeffrey Langsam, DO	CT	804.904.5791
Tiffany Lingenfelter-Pierce, MD	MA, ME, NH, RI, VT	860.226.8004
Ronald Menzin, MD	NJ, NY	603.203.4317
E. Dave Perez, MD	NJ, NY	804.904.4090
Laura M. Reich, DO	DE, OH, PA, WV	646.265.4916
Christina Stasiuk, DO, FACOI	DC, MD, VA	443.553.6502
TBD	IA, KS, MO, ND, NE, SD	215.761.7168

SOUTHEAST REGION

Michael Howell, MD, MBA, FACP, Regional Medical Executive		
Raj Davda, MD	NC, SC	407.607.4115
Robert Hamilton, MD	AL, GA	704.962.0987
Michael Howell, MD, MBA, FACP	Central FL, North FL, USVI	404.443.8820
James Lancaster, MD	AR, KY, MS, TN	407.607.4115
John Leslie, MD	AR, MS, West TN	615.595.3124
Mark Netoskie, MD, MBA, FAAP	LA, South TX	901.208.5705
Marco Vitiello, MD	Southern FL	713.576.4465
Frederick Watson, DO, MBA, CPE	OK, North TX	954.514.6705

WEST REGION

Jennifer Gutzmore, MD, Regional Medical Executive		
Leslie Barakat, MD, MBA	AZ	818.500.6459
Laura Clapper, MD	Southern CA, NV	480.532.5498
Richard Hourigan, MD, MHA, FAAFP	AK, ID, MT, OR, WA	619.359.9241
Jeffrey Klein, MD, FAAFP	Southern CA, NV	571.401.5113
Mark Laitos, MD	CO, NM, WY	818.482.6051
Kenneth Phenow, MD	Northern CA	720.442.4817
Douglas Smith, MD, MBA	UT	336.202.6826
Rodgers Wilson, MD	AZ	385.285.5520

312.648.5131

617.831.2254

312.496.5403

804.904.5791

860.226.8004

603.203.4317

804.904.4090

646.265.4916

443.553.6502

215.761.7168

TBD

407.607.4115

704.962.0987

404.443.8820

407.607.4115

615.595.3124

901.208.5705

713.576.4465

954.514.6705

972.863.5119

818.500.6459

480.532.5498

619.359.9241

571.401.5113

818.482.6051

720.442.4817

336.202.6826

385.285.5520

480.721.9036

Cigna Market Medical Executives (MMEs) are an important part of our relationship with providers. They provide a unique level of personalized support and service within their local regions. Your local MME understands local community nuances in health care delivery, can answer your health care-related questions, and is able to assist you with issues specific to your geographic area.

NATIONAL	
Peter McCauley, Sr., MD, CPE	312.648.5131
<i>Clinical Provider Engagement & Value-Based Relationships</i>	
Jennifer Gutzmore, MD	818.500.6459
<i>Clinical Strategy & Solutions</i>	

Reasons to call your MME

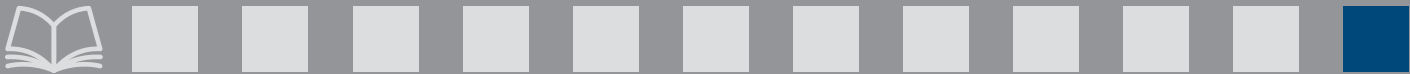
- › Ask questions and obtain general information about our clinical policies and programs.

› 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.



HOW TO CONTACT US

When you’re administering plans for your patients with Cigna-administered coverage and have questions, who do you contact? In a few clicks, you can quickly find this information by checking out the [Cigna Important Contact Information](#)* or [Medicare Advantage Provider Quick Reference Guide](#).** These guides contain links, email addresses, and phone numbers that can help you administer these plans more efficiently, and supplement your efforts to render an optimal patient experience. We encourage you to bookmark them for easy access to the most up-to-date information.

* [CignaforHCP.com](#) > Get Questions Answered: Resource > Medical Resources > Communications > [Contact Us](#).
** [MedicareProviders.Cigna.com](#) > Provider Resources: [Provider Quick Reference Guide](#).



CIGNA REFERENCE GUIDES

The Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers contain many of our administrative guidelines and program requirements. They include information pertaining to participants with 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 website. If you are not registered, click [Register](#).

Cigna Medicare Advantage provider manuals

If you are a network-participating provider for Cigna Medicare Advantage plans, you may reference our provider manuals for Medicare Advantage, which contain important information concerning our policies, procedures, and other helpful information. You can access the manuals at [MedicareProviders.Cigna.com](#) > Provider Manuals.

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.

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.



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. Customers are also able to leave reviews from the Claims Summary and Claims Detail pages on [myCigna.com](#). 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 in all specialties.

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 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.

* Go to [Cigna.com](#) > Health Care Providers > Coverage and Claims > Coverage Policies: [ID Cards](#)

** 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.

- › 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.

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.

Use the digital ID card tool.



* 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.

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.



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.



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

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

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 obtain 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 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 (available until December 31, 2021)

As a practitioner, it's impossible to know everything about every cultural community

you serve. However, learning 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 culturally relevant patient care for more than 60 cultural communities. Go to:

CRCultureVision.com
Login: CignaHCP
Password: HealthEquity2021!

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 web page. We've also added a new web page dedicated to **Health Disparities**, including COVID-19 health disparities. (See **page 27** for more information.)

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

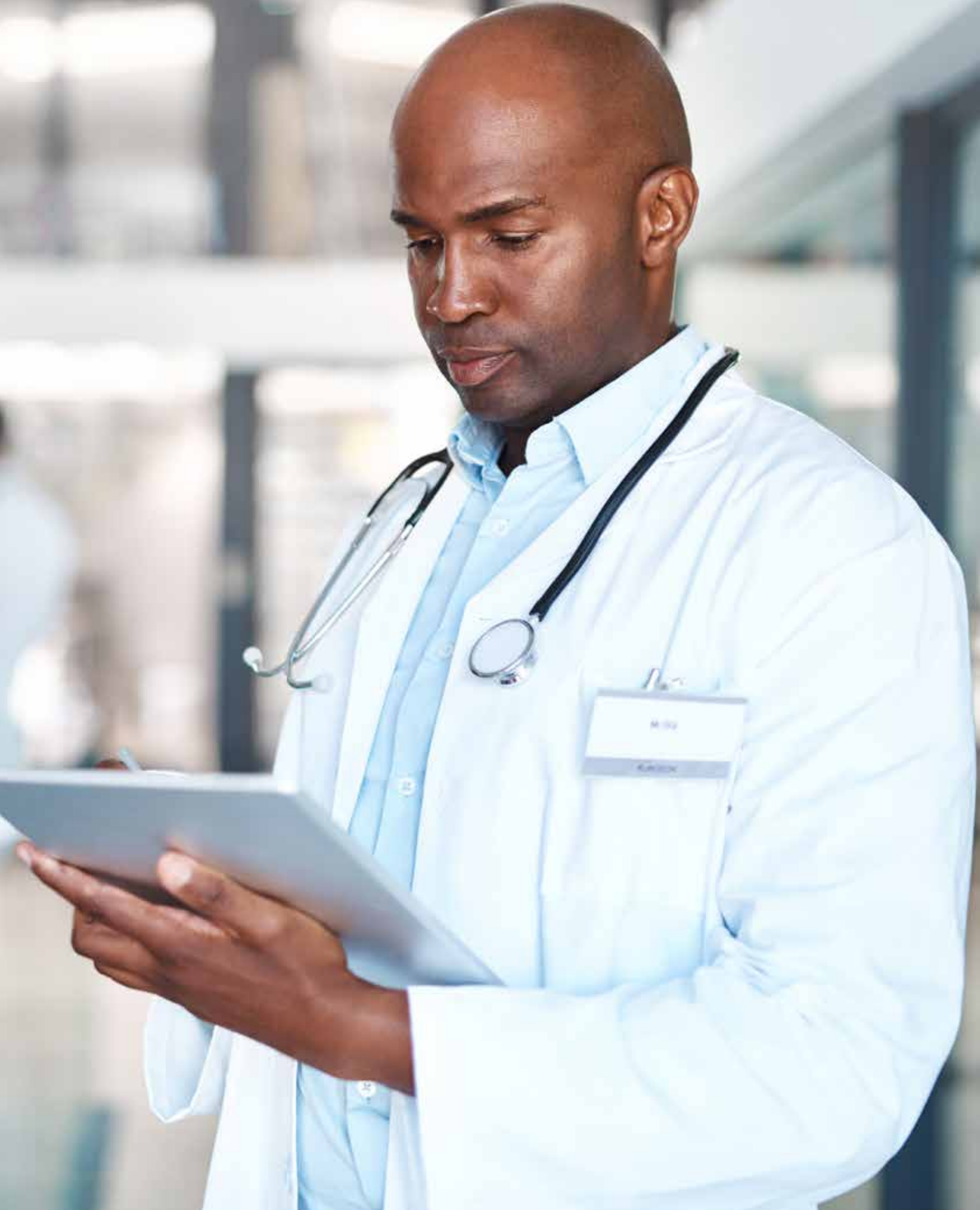
- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section and click Update Health Care Professional Directory.

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 > Click on the drop-down arrow next to your name in the upper right-hand side of the screen > 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 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.

* QualCare network 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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