

Network News

FOURTH QUARTER 2022

For providers



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claim search
enhancement**

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COVID-19 UPDATES

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

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CIGNAFORHCP.COM CLAIM SEARCH ENHANCEMENT

Medical providers can now search for claims in multiple ways on the Cigna for Health Care Professionals website (CignaforHCP.com) using a new feature: Claims 360. It can be used by any registered user of CignaforHCP.com who has the Claim Search entitlement.

Benefits of Claims 360

- › Search for claims on a broader organizational level.
- › Have more flexibility in how you search for and view your claims.
- › Search by claim number, patient, or Taxpayer Identification Number.
- › Filter and focus on the claims you want to see.
- › Download and save your results in PDF or spreadsheet format.

Note: When the file size of your search results exceeds the parameters for an instant report, you may receive a message with a link to retrieve the report by accessing the Message Center.

Who can access Claims 360?

If you are a registered user of CignaforHCP.com and have the Claim Search entitlement, you can use this feature.

Learn more

- › Watch the [Claims 360 video](#).
- › Check out the [step-by-step instructions and FAQ](#).

We want to hear what you think

This enhancement and many others were made based on providers' feedback. Please help us to continue improving your CignaforHCP.com experience by letting us know what you think about this new feature. You can do this by clicking the feedback button on the right-hand side of any CignaforHCP.com page.



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
Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers	Modifiers CO and CQ are used when physical therapy (PT) and occupational therapy (OT) services are rendered in whole or in part by a PT assistant or an OT assistant.	Reimbursement for claims submitted with modifiers CO and CQ for services rendered by a PT assistant or an OT assistant will be reduced by 15 percent. This update aligns with the industry’s reimbursement of these services, including the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule.	October 15, 2022,* for dates of service on or after this date.
Omnibus Reimbursement Policy (R24)	Debridement is the removal of damaged tissue due to pressure ulcers. Pressure ulcers are damage to an area of the skin caused by constant pressure on the area for an extended period of time. This pressure can lessen blood flow to the affected area, which may lead to tissue damage and tissue death.	We will administratively deny Current Procedural Terminology (CPT®) codes 11042, 11043, 11044, 11045, 11046, and 11047 when billed with a stage 1 or stage 2 pressure ulcer diagnosis without a stage 3 or stage 4 pressure ulcer diagnosis.	October 15, 2022, for dates of service on or after this date.
Omnibus Codes (O504)	Chiropractic therapy is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. OT addresses physical, cognitive, psychosocial, sensory, communication, and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being, and quality of life. PT services are intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality, and involve goals an individual can reach in a reasonable period of time.	The portion of a PT, OT, or chiropractic therapy claim that is greater than four units (60 minutes) of timed, short-term rehabilitation services per patient, per day, per provider will be denied as being not medically necessary.	October 15, 2022,* for dates of service on or after this date.

Additional information

Coverage policies

To view our coverage policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > [Review Coverage Policies](#).

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](#).

* Please note that the planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.
** For the states of Arkansas, Colorado, Kentucky, Ohio, and Texas, the effective date is November 1, 2022.

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 October 2022

On October 1, 2022, we added six new Current Procedural Terminology (CPT®) Proprietary Laboratory Analyses (PLA) codes and 15 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in October 2022

On October 1, 2022, we removed two existing HCPCS codes from the precertification list that no longer require precertification.

View the [complete list of services](#) that require precertification of coverage 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](#).

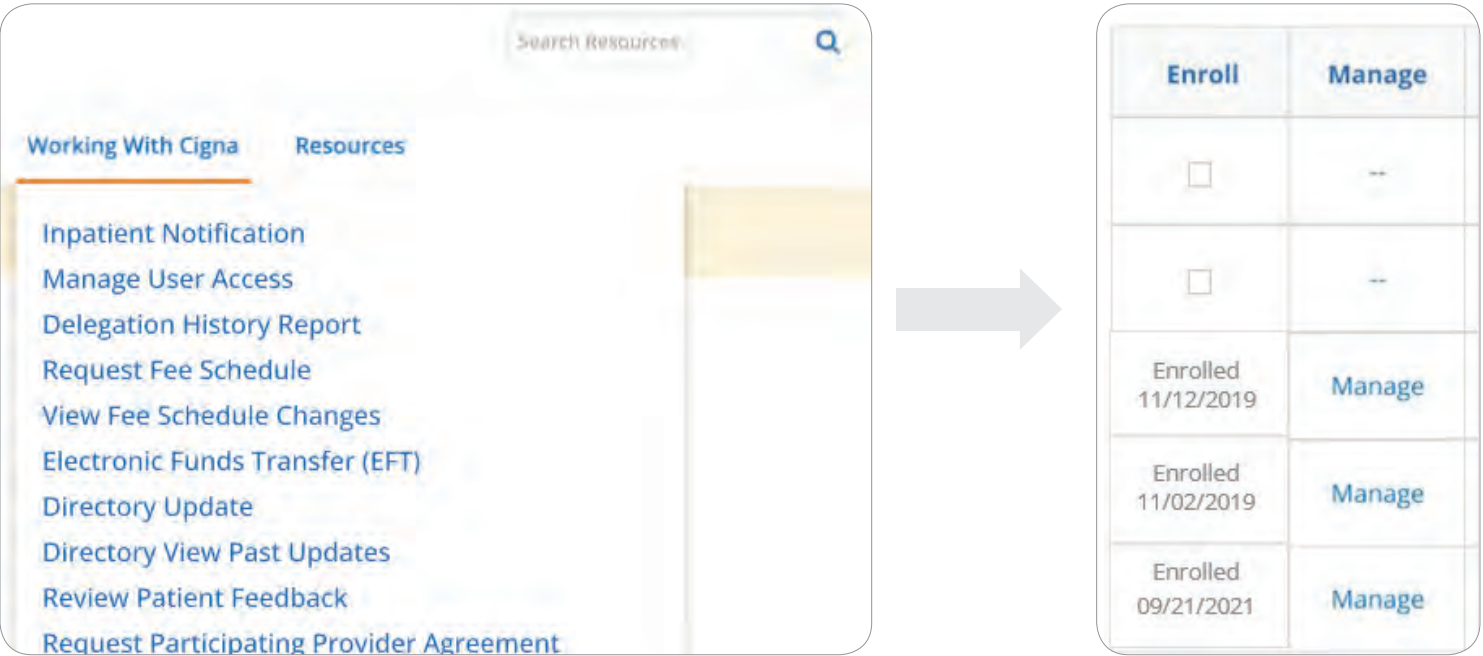


EFT ENHANCEMENT: ENROLL AND MANAGE ON ONE SCREEN

Soon you'll be able to use just one screen on the Cigna for Health Care Professionals website (CignaforHCP.com) to enroll providers in electronic funds transfer (EFT) and manage those already enrolled. Any registered user of CignaforHCP.com who has the Enroll and Manage EFT entitlement will be able to use it.

How it works

- › Log in to CignaforHCP.com.
- › Click **Working With Cigna** at the top of the page.
- › Select **Electronic Funds Transfer (EFT)**. You'll see two columns: Enroll and Manage.



- › **To enroll a provider in EFT:** Click the check box in the Enroll column. You can enroll a single provider or multiple providers for one bank account at a time.
- › **To manage a provider's EFT enrollment:** Find the provider whose enrollment you want to modify and click Manage in the Manage column.

SPEED UP COMMON PROCEDURE CODE BENEFIT LOOKUPS: NEW FEATURE

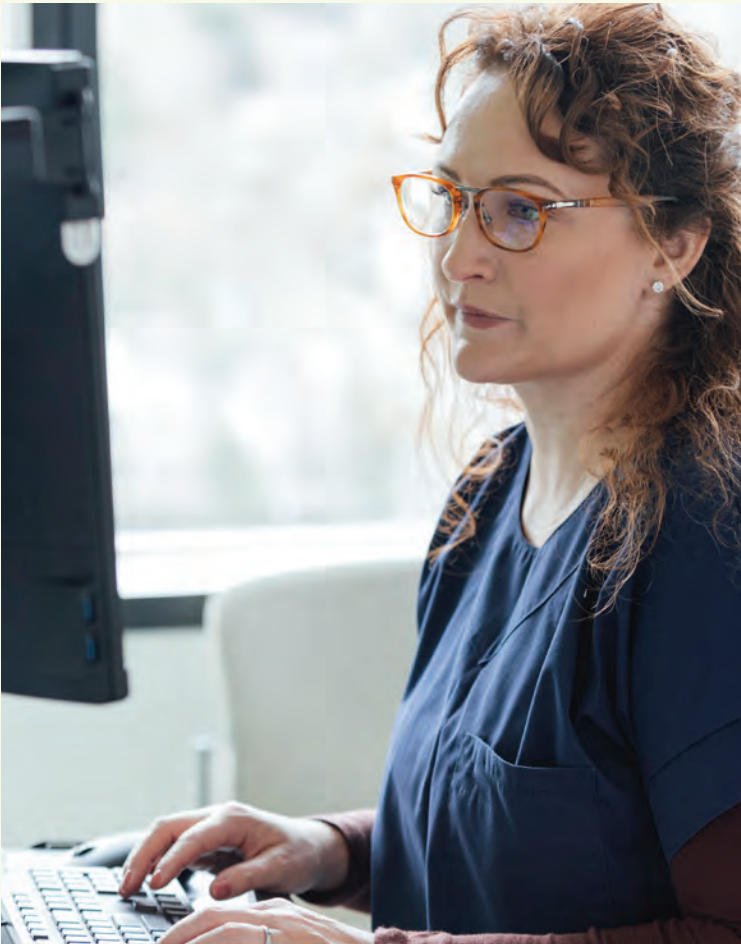
Do you often look up the same procedure code, diagnosis code, or Place of Service code on the Cigna for Health Care Professionals website (CignaforHCP.com) to view benefits for different patients? Now there's an even faster way to look up these common codes, thanks to a recent enhancement.

New feature: Save code searches to Favorites

If you're a registered user of CignaforHCP.com and have the Patient Search entitlement, you can add common procedure code searches to Favorites. It's easy.

- › Log in to the website.
- › Search for and choose a patient.
- › Select the Lookup Procedure Code feature.
- › Enter the codes you want to look up for the patient.
- › Click the star located to the right of each code you want to add to Favorites.

The next time you log in and access the Lookup Procedure Code feature to search benefits for a patient, you will see a list of favorite codes that you can simply click instead of having to manually enter.



Who can access this feature?

If you are a registered user of CignaforHCP.com and have the Enroll and Manage EFT entitlement, you can use this feature. To verify your access:

- › Go to the drop-down menu under your name in the top-right corner of the screen.
- › Select Settings & Preferences > Online Access > View access rights.
- › Select a Taxpayer Identification Number (TIN) from the drop-down menu to view the entitlements for that TIN.



MESSAGE CENTER AND CLAIM STATUS NOTIFICATIONS COMING SOON

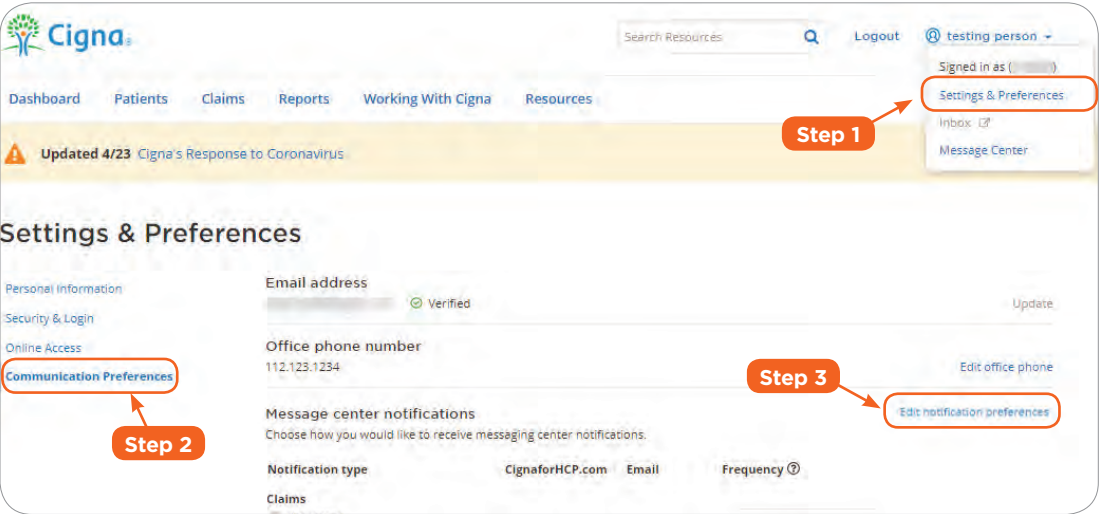
Soon you will have the option to receive notifications for claim status changes. This feature will be available via email and the new Message Center on the Cigna for Health Care Professionals website (CignaforHCP.com) for registered users who have the Claim Search entitlement. You'll be able to set preferences to be notified daily or weekly when a claim has been processed, pending, or denied.

How to set your notification preferences

Once the Message Center is available, you'll be able to set your notification preferences by following the steps below.

- › Step 1: Select **Settings & Preferences** from the drop-down menu located under your name in the top-right corner of the screen.
- › Step 2: Click **Communication Preferences > Message Center notifications**.
- › Step 3: Click **Edit notification preferences** to edit your preference for each claim notification type (processed, pending, and denied), frequency (daily or weekly), and method (via email, CignaforHCP.com* [i.e., Message Center], or both).

Please note that if you do not set your preferences to receive notifications for claim status changes, you will receive daily notifications via the Message Center and the email address on file for your User ID.*



* Notification via CignaforHCP.com will already be preselected and can only be disabled by the website access manager(s) designated by your organization.



About the Message Center

The Message Center on CignaforHCP.com is where you'll find notifications. Initially, you'll be able to receive notifications for claims status and downloaded claim reports. In the future, additional types of correspondence will be available.

How will I be able to access the Message Center?

There are three ways to access the Message Center. After logging in to CignaforHCP.com:

1. Click the Message Center tile link on the dashboard, or
2. Go to the top-right corner of the screen, click the name displayed to view the drop-down menu, and select Message Center, or
3. Click the link to the Message Center that displays when you try to download a claim report that exceeds the file size limit.

Who can set claim status notification preferences?

If you are a registered user of CignaforHCP.com and have the Claim Search entitlement, you will be able to use this feature. To verify your access:

- › Go to the drop-down menu located under your name in the top-right corner of the screen.
- › Select Settings & Preferences > Online Access > View access rights.
- › Select a Taxpayer Identification Number (TIN) from the drop-down menu to view entitlements for that TIN.

To disable claim status notifications

Contact your website access manager if you want to disable any claim status notifications you receive via the Message Center.



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 along with 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 **844.621.3956**. 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				TIME LENGTH	MEETING NUMBER
		EASTERN	CENTRAL	MOUNTAIN	PACIFIC		
Website Access Manager Training	Tuesday, October 25, 2022	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 414 2866
CignaforHCP.com Overview	Wednesday, November 9, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	90 min	179 839 0574
Eligibility and Benefits	Thursday, November 10, 2022	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 854 8069
EFT Enrollment, Online Remittance, and Claim Status	Tuesday, November 15, 2022	10:00 AM	9:00 AM	8:00 AM	7:00 AM	60 min	179 961 2312
Online Appeal and Claim Reconsideration	Friday, November 18, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 435 2729
Website Access Manager Training	Tuesday, November 22, 2022	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 887 1383
CignaforHCP.com Overview	Wednesday, November 30, 2022	3:00 PM	2:00 PM	1:00 PM	12:00 PM	90 min	179 957 7234
Eligibility and Benefits	Tuesday, December 13, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 459 6086
EFT Enrollment, Online Remittance, and Claim Status	Friday, December 16, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 583 5128
Online Appeal and Claim Reconsideration	Monday, December 19, 2022	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 518 2597
Website Access Manager Training	Thursday, December 22, 2022	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 662 6107



NEW RELATIONSHIP WITH EYEMED FOR ROUTINE VISION SERVICES

Effective January 1, 2023, Cigna will partner with EyeMed for the management of routine vision services for most Cigna customers nationwide.* Routine vision services include eye examinations by an eye care professional to check vision, screen for diseases, and update prescription eyewear. Depending on the benefit plan design, coverage may also include hardware (frames, lenses, and contact lenses).

EyeMed will be responsible for:

- › Contracting directly with optometrists and ophthalmologists for Cigna’s routine vision network.
- › Processing and paying claims.
- › Handling all customer service inquiries.

What this means to affected providers

- › As of January 1, 2023, providers must be contracted with EyeMed to render in-network routine vision services to patients with Cigna coverage.
- › There will be no effect on medical eye care services rendered to Cigna customers under Cigna medical contracts, including the treatment and management of eye conditions and diseases.**

Additional information

Please contact EyeMed if you have questions about joining their network. Visit <https://www.eyemedinfofocus.com/join> or call 888.581.3648.

* Customers with Cigna Vision coverage will begin moving to EyeMed on January 1, 2023. Contracting with EyeMed may give affected providers access to up to three million customers throughout the United States by 2025.
 ** Unless patients also have routine vision coverage, they are responsible for any nonmedical services, such as refractions (eyewear prescriptions) and the cost of eyewear.



YOUR CARE MAY BE IN-NETWORK UNDER A STRATEGIC ALLIANCE PLAN

Occasionally, a patient may present an ID card that was issued by a health care company with which you’re not a network-participating provider. Please be aware that if the Cigna name is displayed anywhere on the patient’s ID card, the health plan may be a Cigna strategic alliance and your care may be considered in-network.

You should treat your patients with strategic alliance plans the same way that you treat those with other Cigna medical plans. They are all covered under your Cigna agreement.

Our strategic alliances: Nationally recognized health plans

We have established strategic alliances with several nationally recognized health care companies. They include:

- › HealthPartners®
- › MVP® Health Care
- › Priority Health

How strategic alliance plans work

- › Customers must use participating providers in the network aligned with their alliance plan when they are in the alliance service area. However, they can use any Cigna network-participating provider or hospital when traveling, or if they live outside of the alliance service area.
- › You can easily identify your patients with strategic alliance plans by checking their customer ID card, which will display both our name and the name of the strategic alliance. The ID cards also contain contact and claim submission information.
- › You should validate a patient’s eligibility with and submit claims to the strategic alliance identified on the back of the ID card. The strategic alliance will process and pay the claims at your Cigna-contracted rate.

For more information on working with our strategic alliances

Visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Reference Guides > [Medical Reference Guides](#).

Sample ID cards

You can identify your patients who have coverage under a Cigna strategic alliance plan by their ID card. Sample ID cards are shown below.

HealthPartners



ID	12345678	Group	12345	Renewal Mo.	November
Name	JANE A DOE				
Care Type	Open Access				


Office Visit	\$45.00
Urgent Care	\$45.00
Convenience Care	\$20.00

RxBIN 003585 RxPCN 24002
[healthpartners.com](#)



OAP
 Open Access
 Plus Plan

MVP Health Care




MVP Premier Plus


Subscriber Name	Group#	123456
JOHN SAMPLE	RxBIN	004336
Subscriber ID Number	RxPCN	ADV
800000000 00	RxGRP	MVPMRKT

Primary Care	\$40*
Specialist	\$80*
Urgent Care	\$80*
Emergency Room	\$500*
30 Day Retail Pharmacy	\$10/\$45*/\$90*


*Deductible may apply.


In-network deductible \$6,600/\$13,200
 In-network out-of-pocket max \$8,100/\$16,200





Priority Health





OPEN ACCESS PLUS

Contract number: 900000000-00
Name: JOHN Q SAMPLE
Group # and name: 700000, GROUP NAME
Health plan: PriorityPPO

[priorityhealth.com](#)

Member Services **952-883-5000 or 800-883-2177**
 HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440-1309
 For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time **612-339-3663 or 800-551-0859**.

Admissions Fax information to **952-853-8705** or call **800-316-9807**
Claims [healthpartners.com/eservices](#)
 HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Pharmacy [healthpartners.com/formulary](#)

	In Network	Out of Network
Deductible (Individual/Family)	\$1,500/\$4,500	\$3,000/\$6,000
Out of Pocket Max (Individual/Family)	\$6,000/\$12,000	\$12,000/\$24,000


AWAY FROM HOME CARE
 optometry care includes PHCS network


Administered by HealthPartners Administrators


For plan information, sign in at [mvphealthcare.com](#)
 Member Customer Care Center: **1-877-742-XXXX**
 TTY: **1-800-662-XXXX**
 Pharmacy Information: **1-800-378-XXXX**
 Pharmacy Formulary: **MVP Marketplace**
 Mental Health/Substance Use Disorder Help: **1-877-742-XXXX**

CIGNA networks available outside of MVP NY and VT Service Area only for covered urgent/emergency or prior authorized out of network care.

Provider Services Department: **1-800-684-XXXX**
 Pharmacies | CVS Caremark®: **1-800-364-XXXX**
[mvphealthcare.com/provider](#)
 Type: Individual HMO
Fully Insured Coverage


First Health Network


MAGNACARE


AWAY FROM HOME CARE

Send Claims to:
 MVP Health Plan, Inc.
 625 State Street
 P.O. Box 2207
 Schenectady, NY 12301-2207

Member:
 For information on benefits, eligibility, and other questions about your health plan, you can call the Customer Service Helpline at 888.389.6645, log in at [priorityhealth.com](#) to send us a message or check your plan documents.
 For mental health and substance abuse benefits and assistance call 800.673.8043.
 To find a provider in your network, log in at [priorityhealth.com](#) to access the Find a Doctor tool.

If you're a provider:
 Outside of Michigan call 833.300.3628 for Eligibility/Benefits/Prior Authorization
 Within Michigan call 800.942.4765 for Eligibility/Benefits/Prior Authorization.


Submit medical claims to: Priority Health.
 PO Box 232, Grand Rapids, MI 49501-0232.
 EDI Payer ID 38217.

For electronic claims submission instructions, visit [priorityhealth.com/claims](#).

NOTICE: Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

FF This plan is sponsored by: Priority Health
 Benefits are not insured by Cigna or affiliates.

Prescription: Yes
Rx BIN: 003858
Rx PCN: A4
Rx Group #: PHCMRCL


Cigna Open Access
AWAY FROM HOME CARE



CIGNA + OSCAR HEALTH PLANS

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. These solutions 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.

About Cigna + Oscar Health plans

These plans go by two names. In most states where the plans are offered, the name is Cigna + Oscar. In Arizona only, the name is Cigna Administered by Oscar.¹ The plans are the same (only the names are different) and both offer two plan types: Cigna LocalPlus and Open Access Plus.

Network-participating providers

You are considered a participating provider for Cigna + Oscar plans if you are a participating provider for the **Cigna LocalPlus** or **Open Access Plus** plans. This means your care is in network for your patients with Cigna + Oscar plans or Cigna Administered by Oscar plans, and all terms of your current Cigna provider agreement apply.

To check your network participation, visit Oscar’s online directory at CignaOscar.com/search or call Oscar Customer Service at **855.672.2755** (option 4).

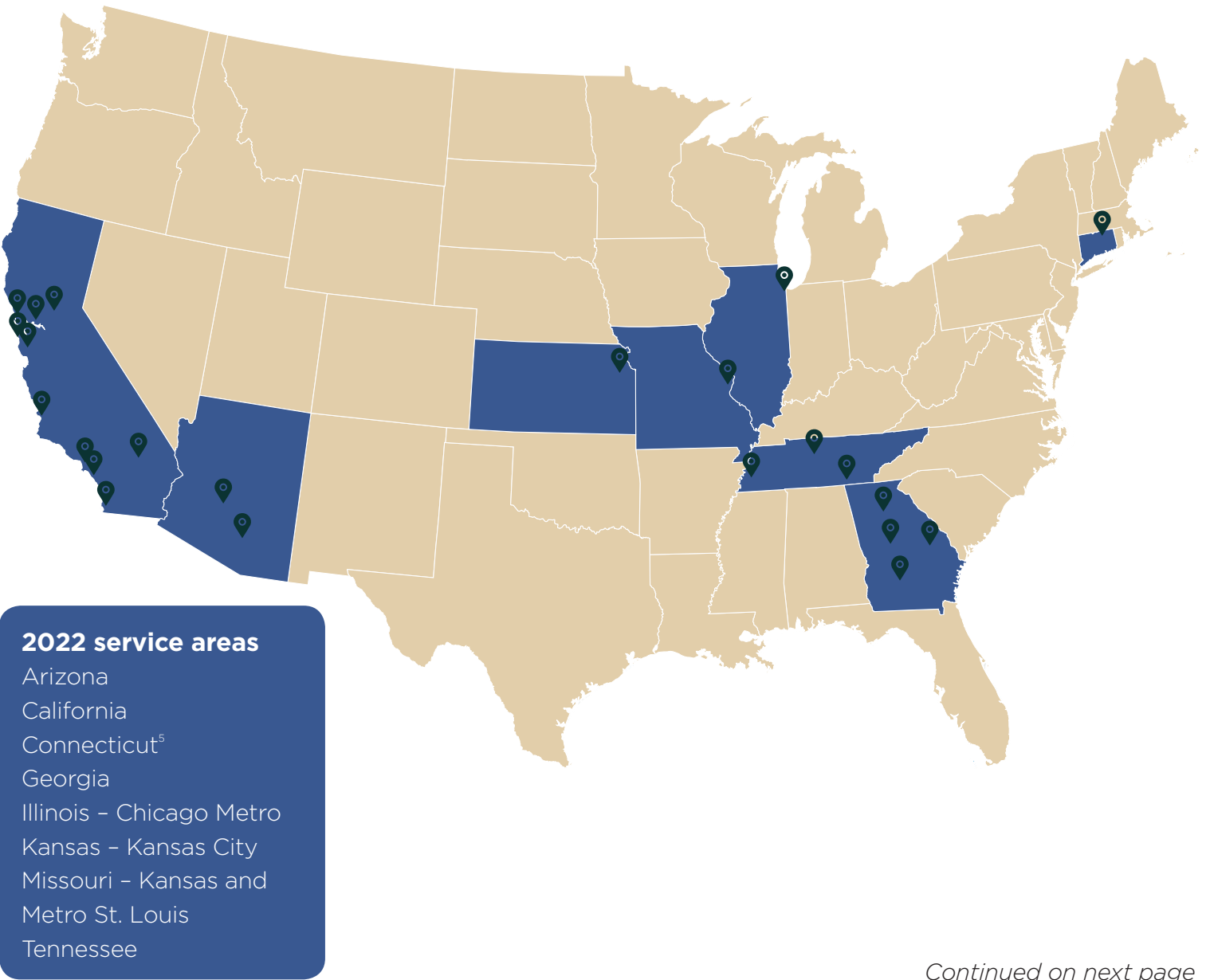
MORE INFORMATION

To check your patients’ eligibility and benefits, submit prior authorization requests, and check claims status, log in to the Oscar provider portal at hioscar.com/providers. You can find additional information on the [Cigna + Oscar web page](#),² in the [Cigna + Oscar Supplemental Quick Reference Guide](#),³ and in the [Cigna Administered by Oscar Supplemental Quick Reference Guide](#).⁴ You can also call Oscar Health Customer Service at **855.672.2755** (option 4).

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

1. Different name required by Arizona Department of Insurance.
 2. CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [Cigna + Oscar Plans](#).
 3. CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna + Oscar Supplemental Quick Reference Guide](#).
 4. CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna Administered by Oscar Supplemental Quick Reference Guide](#).
 5. Connecticut plan participants will only utilize Cigna’s Open Access Plus network.

Where Cigna + Oscar Health plans are offered



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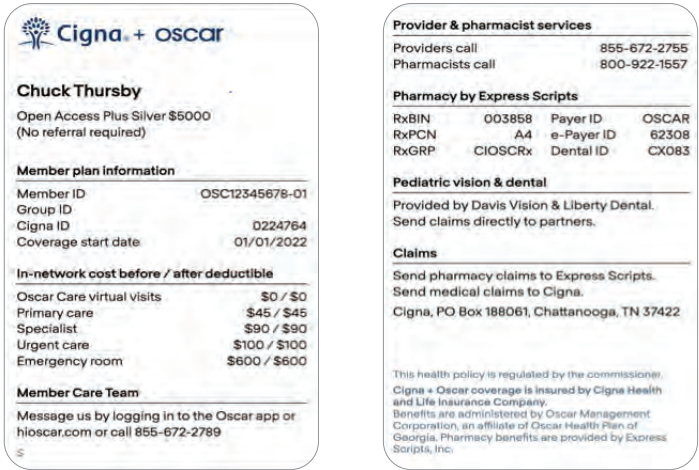
Cigna + Oscar Health plans continued

Sample ID cards

You can easily identify patients with a Cigna + Oscar plan by viewing their ID card. Sample ID cards appear below.

Open Access Plus sample ID cards

Cigna + Oscar

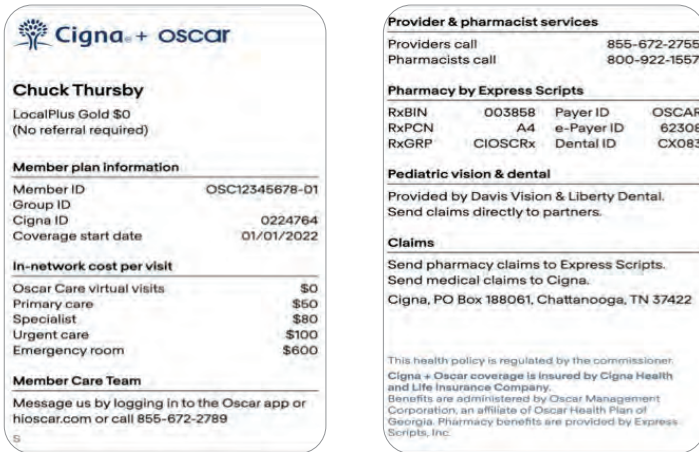


Front

Back

Cigna LocalPlus sample ID cards

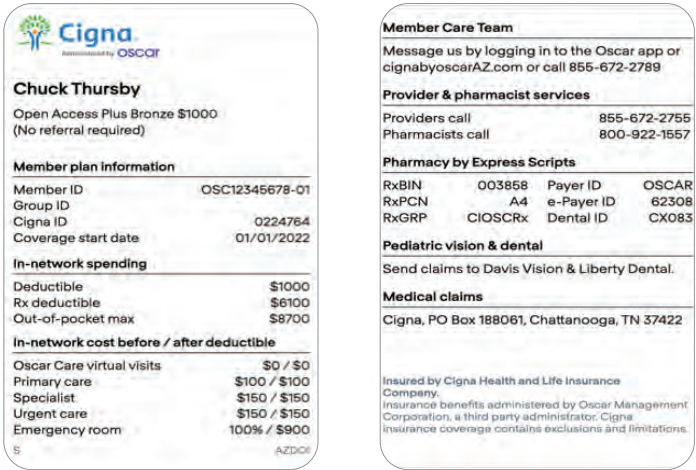
Cigna + Oscar



Front

Back

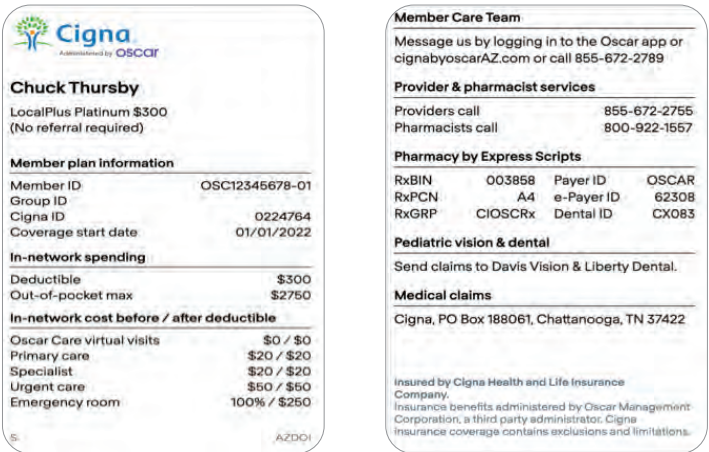
Cigna Administered by Oscar



Front

Back

Cigna Administered by Oscar



Front

Back

CIGNA GENE THERAPY PROGRAM UPDATES

Cigna is always anticipating approval of new gene therapies by the U.S. Food & Drug Administration (FDA), with an eye toward expanding the Cigna Gene Therapy Program to meet our customers’ needs.

New gene therapy

On August 19, 2022, the FDA approved Zynteglo®, by bluebird bio, to treat persons with transfusion-dependent beta-thalassemia. This one-time autologous gene therapy adds functional copies of a modified form of the beta-globin gene into a person’s hematopoietic stem cells. The new gene increases the potential to produce hemoglobin at levels that can eliminate or significantly reduce the need for transfusions.

The Gene Therapy Program will have participating providers aligned to deliver the full spectrum of care for customers who meet medical necessity requirements.

Expanding our list of participating providers

We are pleased to announce the addition of three providers contracted with the Cigna Gene Therapy Program to administer LUXTURNA® and ZOLGENSMA® to Cigna customers:

Brigham and Women’s Hospital	Boston, MA	Zolgensma
Massachusetts General Hospital	Boston, MA	Zolgensma
Children’s Hospital of Philadelphia	Philadelphia, PA	Luxturna and Zolgensma

To access the complete list of participating providers,* log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reimbursement and Payment Policies > Precertification Policies > Cigna Gene Therapy Program for Participating Providers.

Additional information

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

If you have questions about the Cigna Gene Therapy Program, send an email to GeneTherapyProgram@Cigna.com.



*“Participating providers” refers to providers specifically contracted to participate in the Cigna Gene Therapy Program.



TOBACCO CESSATION CAMPAIGN

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States.¹ To address this important issue, as well as support your efforts to get patients to stop smoking, we launched a multi-pronged tobacco cessation campaign in September 2022.

About the campaign

The educational campaign stresses how individuals benefit when they quit smoking, the importance of using proven (evidence-based) methods, and that customers should talk with their health care provider if they want to quit smoking.

Customer communications include a(n):

- **Email** sent to Cigna commercial and Individual & Family Plan customers (September 2022).
- **Home mailer** sent to Cigna commercial customers² (November 2022).
- **Social media campaign** (November 2022).

Research shows that providers play a critical role in helping patients quit

Even brief advice from you can make it much more likely that your patients will try to quit smoking. The majority of smokers want to quit, but for most it requires multiple attempts before succeeding. Tobacco dependence is a chronic relapsing disorder that requires repeated interventions.³

Cigna encourages you to continue to identify, screen for, and treat tobacco dependence during your patients’ annual wellness visits. It is covered at 100 percent with no patient cost share when performed by a participating provider.⁴

SMOKING CESSATION COUNSELING CODES	
Current Procedural Terminology (CPT®) code	Description
99406	Smoking and tobacco use cessation counseling between 3 and 10 minutes
99407	Smoking and tobacco use cessation counseling greater than 10 minutes

1. "Fast Facts and Fact Sheets," Centers for Disease Control and Prevention (CDC). 04 March 2022. Retrieved from [CDC.gov](#) > Healthy Living > Smoking & Tobacco Use > [Fast Facts](#).
2. Employer groups that opt in.
3. "Patient Care," CDC. 08 July 2021. Retrieved from [CDC.gov](#) > Healthy Living > Smoking & Tobacco Use > [Patient Care](#).
4. Additional services or treatments performed in the same office visit as preventive services may incur out-of-pocket costs for your patients when billed separately. Certain codes may only be covered when provided at a separate encounter from the preventive care evaluation and management (E&M) office visit.



CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2023



Effective January 1, 2023,¹ we will make changes to our Individual & Family Plan and commercial Standard/Performance, Value/Advantage, Legacy, and Total Savings drug formularies, as well as to the specialty pharmacy drugs we cover, to help ensure our customers have access to affordable and quality health care.

By making these updates, we have the opportunity to promote cost-effective and clinically appropriate therapies, coordinate treatment in the right setting, and improve clinical outcomes and affordability. Our major areas of focus are detailed below.

Pharmacy benefit (specialty drugs)

The pharmacy specialty drug class changes are listed below.

› **GLEEVEC® (oncology).** We will no longer cover this drug under the Standard/Performance, Value/Advantage, and Total Savings formularies. We will terminate all existing prior authorizations, except in states that have oncology mandates, and proactively move these patients to a generic alternative. We will also update coverage criteria to standard multisource-brand² criteria. GLEEVEC will move to non-preferred brand status, and require prior authorization and an embedded

step-therapy requirement under the Legacy formulary. There are no prior authorization requirements for imatinib, the generic for GLEEVEC, under our Standard/Performance, Value/Advantage, Legacy, and Total Savings drug formularies.

› **AFINITOR® and AFINITOR® DISPERZ® (oncology).**

We will no longer cover these drugs under the Standard/Performance, Value/Advantage, and Total Savings formularies.³ Patients will be required to use the generic brand everolimus. These drugs will move to non-preferred brand status and require prior authorization and an embedded step-therapy requirement under the Legacy formulary. We will allow current prior authorizations to naturally expire.

› **PROGRAF® (transplant).**

We will no longer cover this drug under the Standard/Performance and Value/Advantage formularies. It is a multisource-brand drug with a U.S. Food & Drug Administration-approved generic equivalent, tacrolimus, which patients will be required to use. PROGRAF will require prior authorization and an embedded step-therapy requirement under the Legacy formulary. It will continue to be covered under the Total Savings formulary.

› **SKYTROFA® (growth hormone).** We will no longer cover this drug under the Standard/Performance, Value/Advantage, and Total Savings formularies, and we will require the use of lower-cost options (Humatrope® and Norditropin®). SKYTROFA will move to non-preferred brand status, and require prior authorization and an embedded step-therapy requirement under the Legacy formulary. We will honor current prior authorizations until they end. A new approval will then be required.

Pharmacy benefit (non-specialty drugs)

The pharmacy drug class changes are listed below.

› **Mitigare® 0.6 mg capsules (gout).** We will make this drug our preferred brand across the Standard/Performance, Value/Advantage, Legacy, and Total Savings formularies.

– **Colchicine 0.6 mg capsules (Mitigare® AG).**

We will no longer cover this drug under the Standard/Performance, Value/Advantage, and Total Savings formularies. It will move to non-preferred brand status and require prior authorization and an embedded step-therapy requirement under the Legacy formulary.

– **Colcrys 0.6 mg tablet, ZYLOPRIM®.**

We will no longer cover this drug under the Standard/Performance, Value/Advantage, and Total Savings formularies. It will move to non-preferred brand status and require prior

authorization and an embedded step-therapy requirement under the Legacy formulary.

– **Uloric®.** We will no longer cover this drug under the Standard/Performance and Value/Advantage formularies. Uloric will move to non-preferred brand status with a quantity limit and require prior authorization and an embedded step-therapy requirement under the Legacy formulary.

– **Colchicine** tablets (generic for Colcrys), **allopurinol** tablets (generic for ZYLOPRIM), and **febuxostat** tablets (generic for Uloric) will remain available without prior authorization on the generic tier.

› **Multisource brands.** The following drugs will move from preferred to non-preferred brand status:

– Bromfed DM, Fioricet®, NALFON®, NuLev®, Peridex™, and Pharmabase, which have generic equivalents, will move to non-preferred brand status across all of our formularies.

– Fosrenol® will move to non-preferred brand status across the Standard/Performance, Value/Advantage, Legacy, and Total Savings formularies.

› **Benefit exclusions.** DUEXIS®, VIMOVO®, ibuprofen/famotidine, naproxen/esomeprazole, Ketodan® 2% Foam kit, and Clindacin® ETZ and

1. For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renewal date, as required by state law.
2. Requires documentation that the individual has tried the bioequivalent generic product AND cannot take it due to a formulation difference in the inactive ingredient(s) that would result in a significant allergy or serious adverse reaction.
3. The 10 mg strength, which is currently a preferred brand on the Value/Advantage and Total Savings formularies, will move to a non-covered, non-preferred brand.

Continued on next page



Changes in drug formulary effective January 1, 2023 *continued*

pac kits will be excluded from coverage with no medical-necessity review allowed. Existing prior authorizations will be terminated.

› **Egregiously priced drugs.** We will remove the following egregiously priced drugs across all of our formularies:

- actos®
- Aldactazide®
- Atacand and Atacand HCT
- COREG® and COREG CR®
- Donnatal® Elixir and Tablet
- InnoPran XL®
- INSPRA®
- Lotrel®
- Proglycem®
- RIDAUra®
- Vasotec®

› **Pheochromocytoma.** We will no longer cover Demser® under the Standard/Performance, Value/Advantage, and Total Savings formularies. It will move to non-preferred brand status and require prior authorization and an embedded step-therapy requirement under the Legacy formulary.

- Use of the generic equivalent, mytyrosine, will require prior authorization and an embedded step-therapy requirement across all Standard/Performance, Value/Advantage, Total Savings, and Legacy formularies.
- Approval requires use of a selective alpha blocker and phenoxybenzamine (new starts only).

› **Estrogen replacement.**

- We will not cover Divigel®, Elestrin™, Femring®, IMVEXXY®,⁴ ESTRACE®,⁵ Vagifem®,⁵ Climara®, Climara Pro®, Minivelle™,^{4,5} or Vivelle-Dot®^{4,5} under the Standard/Performance, Value/Advantage, and Total Savings formularies. They will move to non-preferred brand status and require prior authorization and an embedded step-therapy requirement under the Legacy formulary.
- We will move Intrarosa™ to non-preferred brand status under the Total Savings formulary.

› **Dry eye.**

- We will move RESTASIS MultiDose® to non-covered status under the Standard/Performance formulary. (It will remain non-covered under the Value/Advantage and Total Savings formularies.) The drug will move to non-preferred brand status and require prior authorization and an embedded step-therapy requirement under the Legacy formulary.
- We will move CEQUA™ (cyclosporine) to preferred-brand status across the Standard/Performance, Value/Advantage, Legacy, and Total Savings formularies.

› **Atopic dermatitis.**

- We will move Protopic® and ELIDEL® to non-covered status under the Standard/Performance and Value/Advantage formularies. Both drugs will require prior authorization under the Legacy formulary. Protopic will be moved to non-covered status under the Total Savings formulary.
- EUCRISA® will now include a step-therapy requirement across the Standard/Performance, Value/Advantage, Legacy, and Total Savings formularies. This does not impact children under age two, or individuals with a history of either a topical corticosteroid or topical calcineurin inhibitor.

› **Factor-replacement therapy for hemophilia.**

We will allow pharmacy coverage across all of our formularies, except for the Total Savings and Individual & Family Plan formularies, for patients with the Optional Injectable List (O List) or whose benefits normally cover medical injectables. Factor-replacement therapy has traditionally been managed as a medical benefit. The O List includes:

- | | |
|----------------|----------------|
| - ADVATE® | - JIVI® |
| - ADYNOVATE® | - KOÄTE® |
| - AFSTYLA® | - Kogenate® FS |
| - ALPHANATE® | - KOVALTRY® |
| - ELOCTATE® | - novoeight® |
| - Esperoct® | - NUWIQ® |
| - Helixate FS® | - RECOMBINATE™ |
| - HEMOFIL M | - wilate |
| - Humate-P® | - xyntha® |

› **Prior authorizations.** We will require prior authorization for attention-deficit hyperactivity disorder (ADHD) stimulants, regardless of age, for the complete utilization management package (new starts only).

- Current utilizers under age 18 will have prior authorizations expire naturally.
- Current utilizers age 18 or older will have indefinite authorization approval.

› **Quantity limits.** We will implement quantity limits for drugs that treat the following conditions:

- ADHD
- Asthma and chronic obstructive pulmonary disease (maintenance medications)
- Hepatitis C
- Human immunodeficiency virus (one-pill regimens)
- Oral cancer
- Wakefulness-promoting drugs



4. Requires quantity limit.
5. Already non-covered under the Total Savings formulary.

Continued on next page



Changes in drug formulary effective January 1, 2023

continued

Individual & Family Plan formulary changes

The following changes will be made to this formulary to help improve cost effectiveness.

- › **Cystic fibrosis agents.** We will remove KALYDECO® and ORKAMBI®.
- › **Dopamine agonist agents.** We will remove APOKYN® and add KYNMOBI®.
- › **Egregious drug review.** We will remove various egregiously priced drugs.
- › **Epinephrine auto-injectors.** We will remove the generic Adrenaclick.
- › **Formulary removals from class-count analysis.** We will remove a number of drugs because they exceed class-count requirements.
- › **Glucagon agents.** We will add BAQSIMI® and glucagon, and remove Gvoke®.
- › **Growth hormone agents.**
 - We will remove Genotropin®, Humatrope®, Nutropin AQ®, Omnitrope®, Saizen®, and Serostim®.
 - We will make Norditropin® the sole preferred growth hormone.
- › **Inflammatory.** We will remove Otezla®, SKYRIZI®, STELARA®, Taltz®, and TREMFYA®.
- › **Multisource brand.** We will remove several multisource-brand drugs that currently (or will soon) have generics.
- › **Osteoporosis agents.** We will add TYMLOS® and remove NDA teriparatide.
- › **Prior authorization.** We will now require prior authorization for a number of drugs.

- › **Pulmonary arterial hypertension agents.**
 - We will remove Orenitram® ER, OPSUMIT®, and TRACLEER® 32 mg tablets for suspension.
 - We will enhance multisource-brand medical-necessity criteria to increase the generic-dispensing rate.
- › **Pegfilgrastim agents.**
 - We will add ZIEXTENZO® and make it a preferred medical benefit drug.
 - We will remove UDENYCA® and make it a non-preferred medical benefit drug.
- › **Quantity-limit additions.** We will add quantity limits to a number of drugs.
- › **Wakefulness-promoting agents.** We will remove XYREM® and add WAKIX®.
- › **Colorado formulary tier structure change (regulatory requirement).** Colorado passed a regulation requiring all Patient Protection and Affordable Care Act (PPACA) \$0 copayment drugs to be placed on tier 1. As a result, we will move a number of tier 1 drugs that are not \$0 copayment under PPACA to tier 2. Several drugs that are always \$0 copayment under PPACA will move to tier 1 if they are on tier 2, 3, or 4.

What this means to you and your patients with Cigna coverage

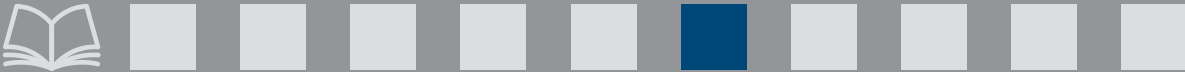
In September 2022, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning January 1, 2023, your patients with Cigna Pharmacy coverage who fill prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. For your patients who need drugs covered under their Cigna Medical benefit, we may deny their claims if precertification or step-therapy procedures are not followed. We encourage you to work with your patients to find covered, clinically appropriate alternative medications before January 1, 2023.

Additional information

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

Resource	Description	Where to find
Prescription Drug List changes for 2023	The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes. These changes only apply to Cigna’s non-Medicare customers.	Go to CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna’s Prescription Drug Lists: View Documents .
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for patients with Cigna-administered coverage and view their estimated out-of-pocket costs based on their benefit plan.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>



HOME INFUSION WITH ACCREDO

For your patients who require nursing support at home for their specialty medications, Accredo®, a Cigna specialty pharmacy, has a nationwide network of over 600 community-based registered nurses who provide care using evidence-based practices. Accredo’s field nurses visit a patient’s home, work, or school for medication administration and education, and offer virtual education to those needing help with therapy.

How to start a patient on home infusion nursing services

It’s easy to start a patient on home infusion nursing services through Accredo by submitting a drug-specific referral request via fax or ePrescribe.

Fax referral

- › Go to the Accredo website ([Accredo.com](https://www.accredo.com)) > Prescribers > [Referral Forms](#).
- › Select the drug-specific form.
- › Complete the form.
 - Provide all requested information.
 - Check the box that home infusion is allowed.
 - Include nursing orders, other medications, and caregiver supply requests with the medication prescription.
- › Print and fax the completed form to the telephone number listed on the form.

ePrescribe referral

- › Go to the My Accredo Patients website ([MyAccredoPatients.com](https://myaccredopatients.com)).
- › Log in, or click [Register now](#) if you are not a registered user.
- › Once logged in, click Send a Referral.
- › You will be routed to iAssist, which is used for electronic referrals. *If you are not yet registered for iAssist, you will be prompted to register.*
- › On iAssist, select the drug-specific referral form and complete it using the same instructions as those listed for fax referral.
- › Submit the form electronically as indicated on the form.

“ Accredo nurses are not just there for a shift, a doctor’s visit, a hospital stay, or a procedure. We’re committed to our patients throughout their long, complicated, and advanced disease. It’s humbling when patients express how relieved they are that we are here for them 24 hours a day, seven days a week.

– Accredo community-based nurse ”



Infusion care provided by Accredo’s field nurses

Once Accredo has the prescription and nursing orders, a field nurse will do the following:

- › Call the patient to coordinate the appointment time and location based on the patient’s preference. This includes evenings and weekends for patients who are stable on their medication regimen.
- › Arrive at the appointment and perform a patient and home assessment, which helps the nurse identify how they can best contribute to that patient’s whole-person health, as well as improve their outcomes.
- › For patients receiving a medication that requires administration, ensure access is established or an injection site is identified, mix the medication, and initiate administration. The nurse will manage the medication administration rate based on the prescriber’s order, product information, and Infusion Nursing Society standards, and make adjustments based on the patient’s tolerance after consulting with the prescriber (when appropriate).

- › For intermittent infusions with a risk of a reaction, stay with the patient for the entire infusion, ensuring patient safety in case of a negative reaction.
- › Educate patients and caregivers on self-infused and inhaled therapy to ensure they feel comfortable and confident, and are safe administering medications.
- › Wrap up the visit and coordinate the next appointment. After the first visit, providers will receive a summary of the start of care within 24 to 48 hours.

Learn more about how Accredo field nurses support patients

Watch this [video](#).

ACCREDO INFUSIONS AT A GLANCE

Accredo has:

- › Spent over 415,000 hours caring for patients face-to-face, including telehealth visits.*
- › A patient satisfaction rate of approximately 96 percent for the past 10 years.**

* Accredo data: May 2021 analysis of 2020 RxHome nurse visits.

** Accredo operations insight data, 2021.



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, non-hospital-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 injectable listed below.*

NAME	DATE ADDED
Amvuttra™ (vutrisiran)	July 1, 2022

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 to the list upon U.S. Food and 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.



2022 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

More patients, more benefits in the year ahead

As of January 2022, your patients with Cigna Medicare Advantage plan coverage have more comprehensive health benefits. In addition, Cigna Medicare Advantage network-participating providers have more flexibility to see additional patients with preferred provider organization (PPO) coverage because we have expanded into numerous regions across the United States.

Benefit	Description
\$0 copayment	100 percent of patients have a \$0 copayment for an annual physical exam with their primary care provider (PCP).
Cigna Insulin Savings Program	<div><div>➤</div>Lower prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable and stable glycemic response.</div> <div><div>➤</div>Copayments capped at \$35 per month.</div>
Part D Low Income Subsidy (LIS)	Cost sharing eliminated for all covered plans, with a \$0 copayment for deductible – initial and gap coverage.
Expanded telehealth	<div><div>➤</div>Available for in-network and out-of-office visits, as well as behavioral, physical therapy, and speech therapy.</div> <div><div>➤</div>Virtual or by phone.</div> <div><div>➤</div>\$0 copayment.*</div>
Medication affordability and adherence	Cigna Visa Card* provides patients with a Part C cash rebate for prescription medicine copayments.
Healthy nutrition	Healthy Foods Card* provides eligible patients with a monthly allowance for the purchase of healthy foods from participating retailers.
In-home, social isolation, and depression support	Papa program pairs older adults with companions to assist with: <div><div>➤</div>Everyday tasks, virtually or in their homes, and offers social activities.</div> <div><div>➤</div>Transportation to and from doctors' appointments, medication pickup, etc.</div> <div><div>➤</div>Light housekeeping.</div>



2022 ID cards

You can identify your patients who have Cigna Medicare Advantage plans by their ID card. Sample ID cards are shown below.

<Plan Name>
<Plan Type>

[Tooth icon]

<Contract/PBP[/segment]>

Name<Customer Full Name>

ID<Customer ID>

Health Plan(80840)

Effective Date<Effective Date>

MedicareRx

Prescription Drug Coverage

[No PCP Required]

[No Referral Required]

COPAYS

RxBIN<XXXXXXX>

RxPCN<XXXXXXX>

RxGRP<XXXXXXX>

PCP<\$xx>

Emergency<\$xx>

Specialist<\$xx>

Urgent care<\$xx>

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ----> (TTY 711)]

[Provider Services <Phone Number>]

[Authorization/Referral <Phone Number>]

[Provider Medical Claims <Address>]

[Pharmacy Help Desk <Phone Number>]

[Pharmacy Claims <Address>]

[Dental Services <Phone Number> (TTY: 711)]

[Provider Dental Claims <Address>]

<URL>

* Not available in all markets. Contact your Network Operations Representative for more information.

Continued on next page



2022 Cigna Medicare Advantage plan highlights *continued*

More opportunities for practice growth in 2022

In 2021, Cigna network-participating providers served over 560,000 patients with Cigna Medicare Advantage coverage across 23 states, 477 counties, and the District of Columbia.

In 2022, we broadened our footprint into 108 new counties – a 22 percent increase. This includes expansion into both existing and new service

areas, as well as into three new states: Connecticut, Oregon, and Washington. This offers our contracted providers the potential to reach approximately 20 million additional patients with Medicare Advantage health maintenance organization (HMO) and PPO plans.

Want to learn more?

Contact your Network Operations Representative.

CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

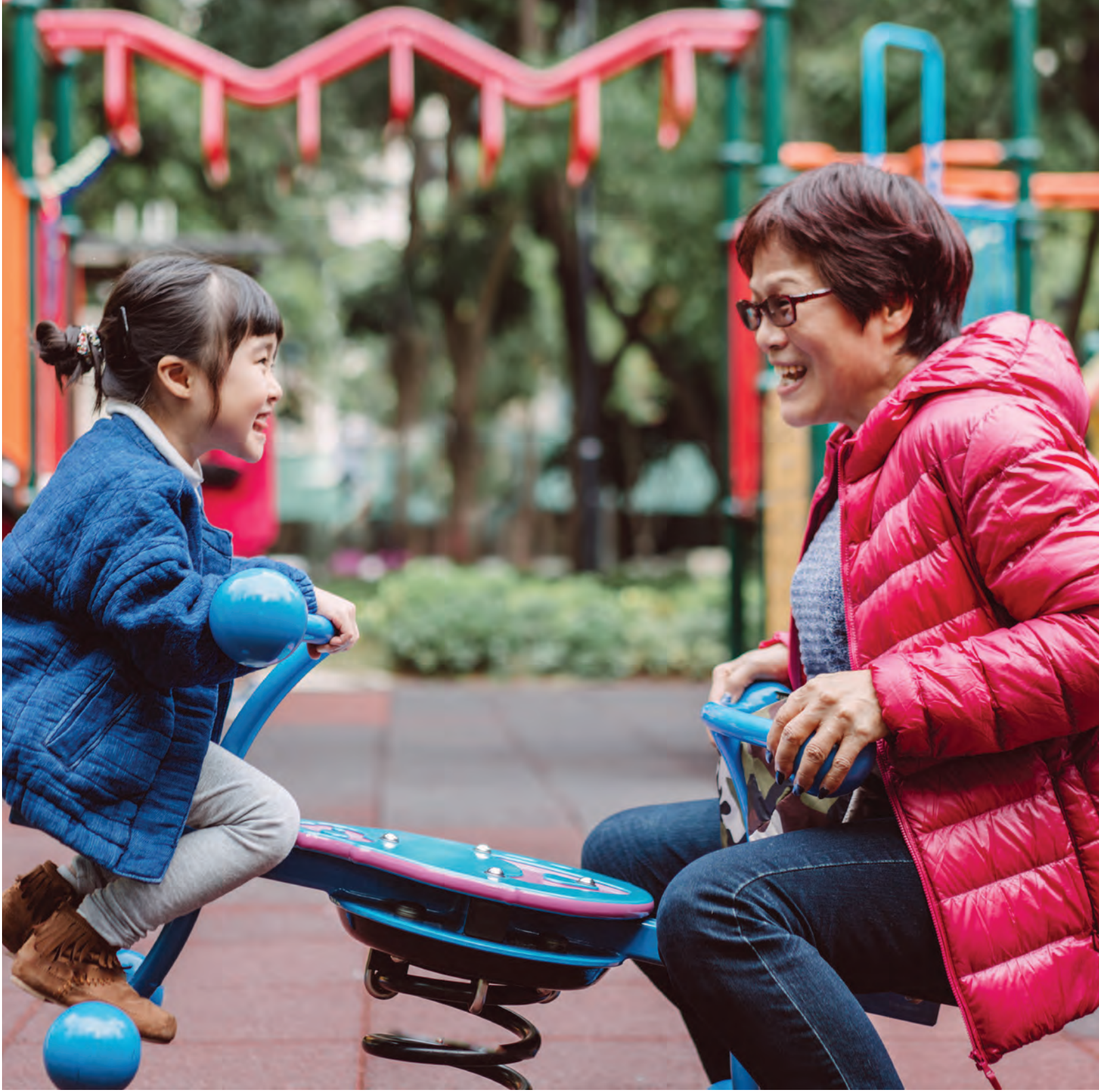
We continue to enhance the Cigna Medicare Advantage web page for providers with new capabilities and features to improve your online experience when administering these plans. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for important tools and information, including the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

- › 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
 - › First Tier, Downstream and Related Entities (FDR) external partner resources
 - › *Network Insider* Medicare Advantage provider newsletter archive

Read *Network Insider* for more Cigna Medicare Advantage news

Network Insider is a newsletter for providers who have patients with Cigna Medicare Advantage plans. It's published three times a year and designed to keep you current with the latest information. You'll read about updates to Cigna tools that support your practice and patients, plan benefits and expansions into new markets, Star ratings, quality measures, the 360 Exam, and more.

Go to [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Resources > [Network Insider Medicare Provider Newsletter](#).



Cigna has been named Best Medicare Advantage Plan Company of 2022 in Arizona, Arkansas, Florida, and Mississippi by U.S. News & World Report.**

**"Best Medicare Advantage Plan Companies of 2022." U.S. News & World Report. 14 October 2021. Retrieved from <https://health.usnews.com/medicare/best-medicare-plans/best-insurance-companies-for-medicare-advantage-plans>.



MEET YOUR MEDICARE ADVANTAGE MARKET MEDICAL EXECUTIVES

Cigna Market Medical Executives are market-based physicians who consult with network-participating providers to deliver affordable, predictable, and simple health care for their patients with Cigna Medicare Advantage plan coverage. Their clinical expertise can help you to:

- › Grow your practice by optimizing network opportunities.
- › Improve patient health outcomes.
- › Promote quality-based incentive programs.
- › Contain medical costs.

Contact your Medicare Advantage Market Medical Executive to:

- › Learn how to use Cigna Medicare Advantage resources to drive outstanding health outcomes for your patients.
- › Get general information about Cigna clinical policies and programs.
- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with a quality concern involving your patients who have Cigna Medicare Advantage coverage.

- › Request or discuss recommendations for improvements to 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.



Cigna Medicare Advantage Market Medical Executives

NORTHEAST REGION

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Angela Kloepper-Shapiro, MD (interim)	CO, NM, OR, UT, WA	Angela.Kloepper-Shapiro@Cigna.com
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CIGNA MEDICARE ADVANTAGE COVID-19 UPDATES

COVID-19 guidance regarding patient care and billing protocols continues to evolve in accordance with updated federal provisions. For the latest Cigna Medicare Advantage coverage, interim accommodation information, billing guidelines, and answers to your diagnostic and treatment questions, visit [MedicareProviders.Cigna.com](#).

Public health emergency provisions

The national public health emergency (PHE) period for COVID-19 was renewed **through October 15, 2022**. Consistent with this PHE period extension, Cigna is extending cost-share waivers for COVID-19 diagnostic testing and related office visits **through October 15, 2022**.

We will also continue to waive out-of-pocket costs **through October 15, 2022**, for your patients' in-network and out-of-network physician visits for COVID-19 testing, eConsults, and related telehealth services.

Free COVID-19 tests

Over-the-counter (OTC) tests

Patients with Medicare Part B and Medicare Advantage plans can get up to eight free OTC tests per month from participating pharmacies and health care providers for the duration of the COVID-19 PHE period. Review the Centers for

Medicare & Medicaid Services (CMS) [guidance](#) for more information, including details on getting reimbursed for these tests from Original Medicare when you supply them to your patients with Part B or Medicare Advantage plans.

Current guidance for COVID-19-related care

For the latest information on COVID-19, including how Cigna continues to support participating providers in the administration of COVID-19-related care for their patients, see the [COVID-19 Billing Guidelines and FAQ](#) at [MedicareProviders.Cigna.com](#), which we regularly update as new federal guidance is issued.

You can also visit the CMS Current Emergencies web page.*

EXTENDING YOUR TREATMENT PLAN

Patient coaching to address comorbidities

To supplement the care you provide your Cigna Medicare Advantage patients, we offer no-cost support programs, including the Integrated Care Coaching Program (ICCP). This extra layer of support can drive improved clinical outcomes, including better medication adherence.

ICCP helps patients with behavioral health conditions, such as depression, anxiety, or substance abuse, better adhere to your treatment plans. These patients are often at risk for worsening health due to chronic comorbidities, including congestive heart failure, chronic obstructive pulmonary disease, obesity, and diabetes. The program's goal is to improve medication adherence and health outcomes while addressing any social determinants of health.

How it works

Using an integrated, holistic approach, we identify patients who might benefit from ICCP and contact them directly to offer assistance.

Patients can be referred to the program only after being identified as a candidate by Cigna.

Participants and/or their caregivers receive:

- ▶ Telephone support.
- ▶ Access to personalized care management services.
- ▶ Health education.
- ▶ Care coordination services.
- ▶ Health coaching.
- ▶ Referrals for other necessary services.

Cigna's ICCP team includes highly qualified registered nurses and behavioral health professionals who provide expanded access to care, such as around-the-clock MDLIVE® telehealth services.

For more information about ICCP, as well as all available patient support programs, visit [MedicareProviders.Cigna.com](#) > Provider Resources > [Patient Support Programs](#).



* [CMS](#) > About CMS > Emergency response > [Current emergencies](#).



SINGLE WEBSITE COMING FOR CIGNA MEDICARE ADVANTAGE AND COMMERCIAL MEDICAL PROVIDERS

To offer a more seamless digital experience for providers, the Cigna Medicare Advantage website for providers ([MedicareProviders.Cigna.com](#)) will soon merge with the Cigna for Health Care Professionals website ([CignaforHCP.com](#)).

This means you'll have one single digital front door from which you can access all of the tools and resources you need to administer plans for your patients with Cigna commercial and Cigna Medicare Advantage coverage. Our goal is to provide you with a turnkey experience that reduces your administrative burden and helps you to complete everyday tasks with Cigna more quickly.

Timeline

Over the next few months, we'll be launching the new functionality in waves to all markets across the United States. Once the transition is complete, [CignaforHCP.com](#) will still look the same, but you'll have a more powerful tool at your fingertips.

Watch for updates in future issues of *Network News* and *Network Insider*.



BRIDGING THE PART D COVERAGE GAP

Help your patients navigate the Medicare donut hole

Medication adherence is a common challenge in caring for older patients with multiple health conditions. Multiple factors can cause them to stop taking their medications, ranging from mental health issues to cost.

The high cost of prescription drugs is a well-known barrier to adherence. Medicare's prescription drug coverage gap, also known as the donut hole, affects nearly five million people* and makes them responsible for paying a percentage of prescription drug costs until they reach the catastrophic stage of their coverage.

The financial impact of the donut hole can derail treatment plans and negatively impact your patients' overall health. If they can't afford to stay on their medications, they may stop taking them.

Help your patients bridge the gap

If you have patients who may not take their medications due to the donut hole, there are several ways you can support them and boost medication adherence.

- Prescribe generic medications.
- Suggest Express Scripts® Pharmacy, our home delivery pharmacy, and preferred pharmacies.
- Use pricing tools, such as real-time benefit check.
- Refer them to Cigna Medicare Advantage resources, such as nurses or pharmacists who can help them navigate the formulary.
- Encourage patients to apply for:
 - Pharmaceutical company patient assistance programs.
 - State pharmaceutical assistance programs.
 - Grants from disease condition-based organizations. (Most are need based, and many middle-income Medicare participants are eligible.)
- Suggest Centauri Health Solutions evaluation for Medicare's Extra Help/Part D Low-Income Subsidy at **877.236.4471**.



2022 Part D coverage gap

The chart below outlines the financial responsibility for your patients with Part D prescription drug coverage in 2022.

		THE DONUT HOLE	
Deductible: Up to \$480	Initial coverage phase: \$481-\$4,430	Coverage gap: True out-of-pocket (TrOOP) \$4,431-\$7,050	Catastrophic coverage phase: TrOOP ≥ \$7,051
Most Cigna prescription drug plans do not have a deductible.	<ul style="list-style-type: none"> Both patient and plan cover drug costs. The patient's share is a copayment or coinsurance. 	<ul style="list-style-type: none"> This includes patient's coinsurance and pharmaceutical manufacturer discounts. Coinsurance is 25% for brands, generics, and biosimilars. Some plans cover Tiers 1 and 2 through the gap with standard copayment. 	Patient pays: <ul style="list-style-type: none"> Greater of \$3.95 or 5% of the cost for generics. Greater of \$9.85 or 5% of the cost for brands.

Provider resources

- 2022 formulary at [MedicareProviders.Cigna.com](#) > Pharmacy Resources > [Cigna Medicare Drug List Formularies](#)
- Medicare Advantage Part D Partnership Guide at [MedicareProviders.Cigna.com](#) > Pharmacy Resources > Part D Stars Quality Program Overview > [Access our Part D Partnership Guide \[PDF\]](#)

* Juliette Cubanski, et al. "How Will the Medicare Part D Benefit Change Under Current Law and Leading Proposals?" Kaiser Family Foundation. 11 October 2019. Retrieved from <https://www.kff.org/medicare/issue-brief/how-will-the-medicare-part-d-benefit-change-under-current-law-and-leading-proposals/>.



KAISER PERMANENTE MEMBERS TO ACCESS CIGNA PPO PROVIDERS FOR EMERGENCY CARE

As announced in April 2022, Evernorth, Cigna’s health services business, and Kaiser Permanente, one of the nation’s leading integrated health care organizations, have entered into a five-year collaboration. As a result, effective August 1, 2022, Kaiser Permanente members began to have access to emergency and urgent care services via Cigna’s Preferred Provider Organization (PPO*) network of providers when traveling outside of Kaiser Permanente’s service area of eight states and Washington, DC.

What this means to providers

Providers in Cigna’s PPO network:

- › Will be reimbursed for urgent and emergency services they provide to Kaiser Permanente members outside of California, Colorado, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington.**
- › Can easily identify these patients by checking their Kaiser Permanente ID card, which will display a Cigna logo and PPO network.
- › Should check eligibility and benefits to determine covered services, send claims, and submit precertification requests as instructed on the ID card.

- › Should contact Kaiser Permanente as soon as possible for precertification of treatment. For precertification questions, call Kaiser Permanente’s dedicated phone line for Cigna PPO providers: **888.831.0761**.
- We expect this collaboration will increase convenience, affordability, and access to quality care for Kaiser Permanente members, and anticipate it may drive growth for Cigna PPO network-participating providers that render urgent or emergency care outside of Kaiser Permanente’s service area.

* The Cigna PPO network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.
** Reimbursement based on Cigna reimbursement policies and a provider’s Cigna PPO agreement; routine, nonemergency, and nonurgent care not covered.



2023 CIGNA CENTERS OF EXCELLENCE DISPLAYS

The Cigna Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency at hospitals.

We designate participating hospitals as COEs when they meet specific patient outcomes and cost-efficiency criteria by procedure and condition. We use publicly available, hospital self-reported data and claims data to evaluate this information. The dataset is sourced from the Centers for Medicare & Medicaid Services (CMS) Medicare fee schedules and Clarify Health Solutions’ proprietary commercial dataset (Commercial, Medicare Advantage, and Managed Medicaid), representing 40 million and 120 million+ annual lives, respectively, across all 50 states and the District of Columbia (DC).

About the hospital profile

Hospitals can receive a score of up to three stars (*) each, for both patient outcomes and cost-efficiency measures, for each surgical procedure and medical condition evaluated.

Those that attain at least five stars (three stars for patient outcomes and two stars for cost efficiency, or three stars for cost efficiency and two stars for patient outcomes) receive the Cigna COE designation for that procedure, condition, or condition category.

Hospital data may not display in the online provider directory for various reasons, including, but not limited to, the following:

- ▶ There is insufficient data available to meet the patient volume requirement for that procedure or condition.
- ▶ A surgical procedure is not performed or a condition is not treated at the hospital.
- ▶ A reconsideration of quality and/or cost data is underway.

Because the COE program reflects only a partial assessment of quality and cost efficiency for select hospitals, it should not be the sole factor used when you or your patients make decisions about where they should receive care. We encourage individuals to consider all relevant factors and to speak with their treating physician when selecting a hospital.



Timeline for COE designations and displays

DATE	DESCRIPTION
October 30, 2022	Hospitals notified about their 2023 results.
November 30, 2022	Hospital reconsideration requests are due.
January 1, 2023	COE information available in the provider directory on Cigna.com and myCigna.com .

Timing of reconsideration requests

We must receive reconsideration requests by November 30, 2022, for the updated information to appear on the initial display of the Cigna COE designations on January 1, 2023. We will still process requests we receive after this date, and any amended results will be reflected in the next directory update.


Additional information

Please contact us to obtain your hospital COE results via email at PhysicianEvaluationInformationRequest@Cigna.com or fax at **866.448.5506**. Include the facility name, Taxpayer Identification Number, and contact information.

After you review your information, you can request that we reconsider your results or correct inaccuracies. A Cigna Network Clinical Manager will contact you to discuss the request, initiate the Selection Review Committee review process, and provide a written response within 30 days of receiving the reconsideration request.



PHYSICIAN QUALITY AND COST-EFFICIENCY RECONSIDERATION REQUESTS

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 2023 Quality, Cost Efficiency, and Cigna Care Designation methodology [white paper](#). Customers will be able to preview physician quality and cost-efficiency displays in October 2022 in the provider directories on our public site, [Cigna.com](#), and customer site, [myCigna.com](#). This will help enable customers to make decisions about provider selection during their open enrollment period. The CCD symbol  will display next to the names of providers who have achieved this designation. The displays will become effective on January 1, 2023.

Cigna’s tiered benefit

Cigna’s tiered benefit is offered in various geographic regions through employer-sponsored health plans. This benefit has copayment and coinsurance levels for covered services provided by tier 1 providers that differ from those of other participating providers. CCD can be one of the considerations for inclusion in tier 1 for Cigna’s tiered-benefit plan design in the geographic regions where this benefit is available. However, it does not assure inclusion. Tier 1 providers are determined through multiple criteria including, but not limited to, contractual requirements, business needs, access, and quality and cost-efficiency performance. The benefit is intended to encourage individuals who have it to consider using a tier 1 provider.

2023 results sent to providers in July

In July 2022, we mailed information to primary care providers and specialists in 85 geographic areas and 21 specialties informing them how to obtain their 2023 quality, cost-efficiency, and CCD profile directory display results.* The communication gives instruction on how to request reports, review results, submit inquiries, and submit changes or reconsideration requests.

When amended results will appear in online directories

Reconsideration requests that we received by September 9, 2022, and that result in a change in designation status, will be viewable in the online directories on [Cigna.com](#) and [myCigna.com](#) by October 2022. Requests received after September 9 that result in a change of status will display on these websites after October 2022 when we publish updates again.

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



For more information or to request reconsideration

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

When submitting a request, be sure to include your:

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

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

Methodology

You can view a full description of the methods we use to determine 2023 provider quality, cost efficiency, and CCD results at [Cigna.com/CignaCareDesignation](#).

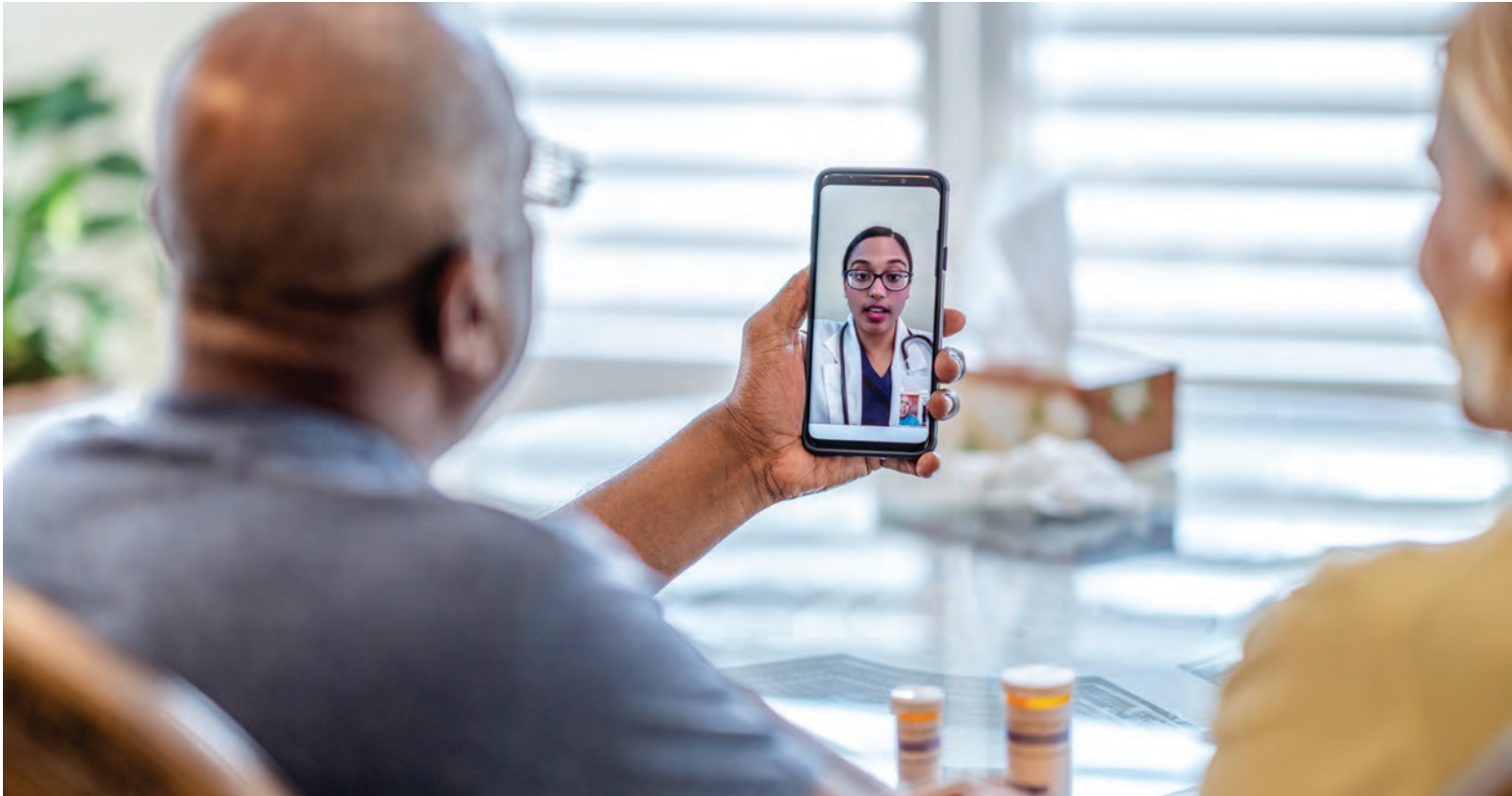


VIRTUAL CARE REIMBURSEMENT POLICY

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, but are not limited to, routine appointments, new patient exams, and behavioral assessments.

When all requirements of the policy are met – including using Place of Service (POS) code 02 when billing for all virtual care – providers will receive 100 percent of the face-to-face reimbursement rate for covered services for their patients with Cigna commercial medical coverage.

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



ONCOLOGY CLINICAL CONSULT SERVICE

Throughout the last decade, the National Comprehensive Cancer Network® (NCCN®) guidelines have become much more complex. The NCCN issues updates to these guidelines almost daily, making it difficult for community oncologists – who provide care for many types of cancer – to be continuously up to date with every nuance.

Because of this intricacy, Cigna offers an oncology provider consult service that brings support to community oncologists and improves health outcomes for patients with complex cancer diagnoses who have Cigna coverage.

What is the oncology provider consult service?

The consult service connects patients and their community oncologists with remote support from subspecialty oncologists who practice at National Cancer Institute (NCI)-designated cancer centers. Cigna designed this service to focus on patients with complex and rare cancers who are most likely to benefit from a subspecialist review of their diagnosis and treatment plan. Patients do not travel to receive this no-added-cost benefit; all services are coordinated and delivered remotely.

This unique service enables patients to stay with their trusted local oncologist in the community setting, where care can be delivered closer to home, family, and friends.*

“ This service is “a godsend for a community oncologist like me, here in the middle of nowhere.”
– Provider, rural area of Texas

At the end of the day, we all want to do the best for our patients.
– Provider, Arizona ”

What are the benefits to oncology providers?

Oncology providers who participate in the consult service receive the following benefits:

- No-added-cost consultation from an oncology subspecialist at an NCI-designated cancer center.
- Added confidence in the diagnosis, staging, and treatment of complex cancer cases.
- Multispecialty case review and recommendations, when clinically applicable.

Who can access the service?

In September 2020, Cigna launched the provider consult service as a pilot for select customers. The pilot saw such positive results that in early 2022, Cigna began offering the service to over 1.5 million customers. In the coming months, Cigna plans to significantly expand this benefit to even more customers and their community oncologists.

How did the pilot drive positive results?

- 40 percent of consult cases benefited from recommendations for enhanced diagnosis and therapy choices based on the latest advancements in research and treatment innovations.
- 60 percent of consult cases benefited from validation of the diagnosis and the first-line treatment approach; additional benefits included recommendations for clinical trial opportunities and subsequent treatment approaches.

* Patients who already receive their care at an NCI-designated cancer center are not included in this service.



EVICORE: SAVE TIME, SUBMIT PRECERTIFICATION REQUESTS ONLINE

eviCore healthcare (eviCore), a specialty medical benefits company, provides utilization management for certain Cigna medical services, including cardiology, durable medical equipment (DME), gastroenterology, home health, home infusion therapy, medical oncology, musculoskeletal, radiation oncology, radiology, and sleep.

Did you know you can submit precertification requests online for most of these services for your patients with Cigna commercial and Cigna Medicare Advantage plans through the eviCore portal (eviCore.com)?

Benefits of submitting precertification requests online

When you use the eviCore portal to submit precertification requests, you can:

- › Save time – online requests take approximately 3 minutes versus 12 minutes by telephone.
- › Avoid having to call eviCore during business hours to submit your requests.
- › Save your progress and return to your request at any time.
- › View and print approval details and the approval number.
- › Access other online tools that allow you to check patient eligibility, upload clinical information, schedule clinical consultations, and access clinical criteria.

Get started

If you're registered for the eviCore portal, you can start submitting online precertification requests right away at eviCore.com. If you are not a registered user, go to eviCore.com > [Register Now](#).

Learn more

Download a flyer about the benefits of web authorization by going to eviCore.com > Provider's Hub > TRAINING RESOURCES > [Benefits of Web Authorization](#).

* For patients with Shared Administration Repricing or third-party administrator plans, Cigna sends the EOP to the claim administrator.

ORTHOTICS AND PROSTHETICS PROVIDER NETWORK TO TRANSITION TO EVICORE

Effective January 1, 2023, eviCore healthcare (eviCore), a Cigna company, will manage the provider network for orthotics and prosthetics services, replacing Linkia, which currently manages this network.

Service administration: eviCore and Cigna

Administration of services will be similar to what providers are already used to.

- › eviCore will be responsible for:
 - Provider services, including credentialing and provider demographic updates.
 - Claims processing for Shared Administration Repricing and Payer Solutions customers.
 - Initial precertification requests via the eviCore portal (eviCore.com), telephone, or fax.
 - Care coordination efforts.
- › Cigna will continue to handle:
 - Customer-based services, including benefits, eligibility, and plan participant appeals.
 - Utilization management (precertification and clinical reviews).
 - Claims processing (excluding Shared Administration Repricing and Payer Solutions customers).

What this means to providers

Orthotics and prosthetics providers must contract directly with eviCore to provide in-network services to Cigna customers. Earlier this year, providers who participate in the Linkia network were notified of the upcoming transition, asked to participate in the eviCore network, and given the contracting documents that they needed to complete and submit. Future requests to join the eviCore network will be accepted on or after **January 1, 2023**.

If a durable medical equipment provider is already contracted with eviCore, their agreement includes orthotics and prosthetics services and they do not need to resubmit contracting documents.

Providers should continue to refer their patients, as usual, directly to participating orthotics and prosthetics providers. However, it's important that for services being performed on or after January 1, 2023, you ensure that the orthotics and prosthetics providers participate in the eviCore network.

To confirm a provider's network participation status, go to Cigna.com > [Find a Doctor](#).



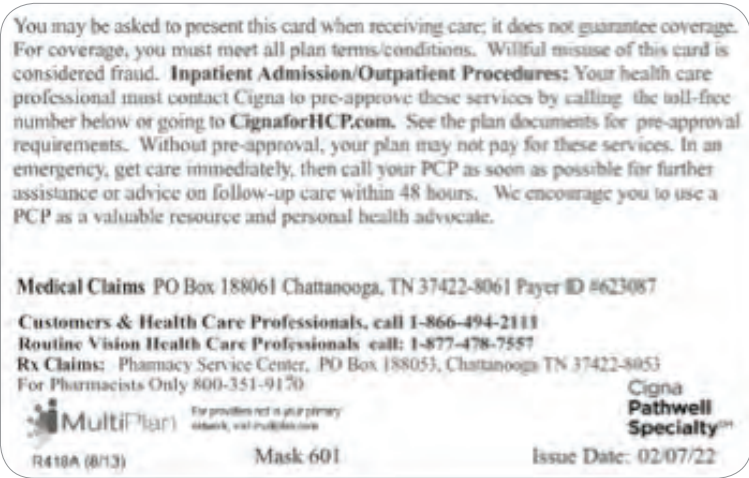
CIGNA PATHWELL SPECIALTY UPDATE: ORDERING INFUSION SERVICES

In April 2022, we introduced Cigna Pathwell SpecialtySM. This is a new medical benefit specialty drug management solution that is paired with the Cigna Pathwell Specialty Network, a national, designated, and cost-effective network for specialty injected and infused drugs.

Cigna Pathwell Specialty offers industry-leading capabilities that target the highest-cost medical claims to reduce overall specialty drug spend and lower customers' total cost of care. Customers with this benefit plan option must use designated Cigna Pathwell Specialty Network providers for specialty injected and infused drugs in order to receive benefit coverage. *Read the Second Quarter 2022 Network News [article](#) and refer to the [Cigna Pathwell Specialty page](#) on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) for more information.*

Program expansion

We launched Cigna Pathwell Specialty in July 2022 for select employer groups. Since then, we have been offering this benefit plan option to more customers each month. You can identify your patients with this benefit by the Cigna Pathwell Specialty mark on the back of their ID card (as shown below).



Ordering infusion services

When ordering infusion therapy or an injection for a patient whose plan includes the Cigna Pathwell Specialty benefit, it is important to determine if the drug is a Cigna Pathwell Specialty Network-managed drug. If it is, we encourage you to refer the patient to a Cigna Pathwell Specialty Network-participating provider to help ensure they receive the maximum benefit coverage. There are no out-of-network benefits.

To view the most current list of Cigna Pathwell Specialty Network-managed drugs, go to [CignaforHCP.com](#) > Get questions answered: Resource > Pharmacy Resources > Specialty Pharmacy > [Cigna Pathwell Specialty Drug List](#). Please check this list often as it is updated periodically.



Participating infusion providers

While the Cigna Pathwell Specialty Network includes Accredo[®] (a Cigna specialty pharmacy) and other specialty pharmacies, home infusion options, outpatient hospital settings, and provider offices, it also includes stand-alone infusion centers.

The following national infusion centers participate in the Cigna Pathwell Specialty Network:

- | | | |
|-------------------------|-----------------------------|------------------------|
| › Coram | › Mosaic Infusion Solutions | › PURE Infusion Suites |
| › Infusion for Health | › Option Care Health | › Soleo Health |
| › IVX Health | › Optum | › Vivo Infusion |
| › Metro Infusion Center | › Paragon Healthcare | |

To find additional participating providers

Search the Cigna provider directory at [Cigna.com](#) > [Find a Doctor](#).

To learn more about the benefits of using an infusion center

Read our [news article](#) at [Newsroom.Cigna.com](#).



DIABETIC RETINAL EYE EXAM

CPT II CODING REMINDER

It's important to include the correct Current Procedural Terminology Category II (CPT® II) codes when submitting claims for diabetic retinal exams. This will reflect your exam compliance and help:

- Accurately capture the services you provide.
- Identify customers who still need diabetic retinal exams.
- Decrease the need for medical record reviews and chart requests.
- Improve Healthcare Effectiveness Data and Information Set (HEDIS®) results.

Note about handheld camera coding. If you use a handheld portable camera for retinal eye exams, be sure to use the appropriate CPT II code that verifies a qualified eye care provider (optometrist or ophthalmologist) reviewed the results.

Diabetic retinal eye exam CPT II codes

CPT II code	Description
2022F	Dilated eye exam with interpretation by an ophthalmologist or optometrist; documented and reviewed
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist; documented and reviewed; without evidence of retinopathy
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; documented and reviewed
2025F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; documented and reviewed; without evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results; documented and reviewed
2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results; documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)



RESOURCES TO SUPPORT YOUR CARE OF HISPANIC AND LATINO PATIENTS WITH DIABETES

The Hispanic/Latino population is a rapidly growing community that faces significant health disparities. Health disparities are avoidable and unfair differences in health status compared with other segments of the U.S. population.

One particular health risk Hispanics and Latinos face is diabetes, which is more prevalent in this population and can result in more severe complications, even at a younger age.

Hispanic and Latino Health Disparities web page

To support your care of Hispanic and Latino patients who have diabetes, culturally sensitive evidence-based materials are now available on Cigna’s new [Hispanic and Latino Health Disparities web page](#).

The web page includes:

- › Videos.
- › Real-life case studies.
- › An educational module that explores Hispanic and Latino cultures, and perspectives around health, illness, and treatment.

By providing resources, we hope to raise awareness of health inequities, provide population facts, cultural insights, and potential solutions to help providers take concrete actions to close Hispanic/Latino health disparities.

Culturally sensitive diabetic resources for other populations

The creation of new diabetes resource materials for the Hispanic/Latino population is part of a multiyear initiative underway at Cigna. 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.

Find clinical insights and practical tips on how to address health disparities among the diverse South Asian American population and African American/Black population by going to our [South Asian Health Disparities web page](#) and [African American/Black Health Disparities web page](#).



DID YOU KNOW?

- › The chance of Hispanic and Latino adults developing type 2 diabetes is greater than 50%.*
- › Compared with other populations, Hispanics and Latinos are more likely to:
 - Develop diabetes at a younger age.*
 - Have more severe complications, including higher rates of kidney failure, vision loss, and blindness.*

*“Hispanic or Latino People and Type 2 Diabetes.” Centers for Disease Control and Prevention. 04 April 2022.
<https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>



MITIGATING MENTAL HEALTH STIGMA WITH CULTURALLY RESPONSIVE CARE

The rising demand for behavioral health services across the United States has been recognized as one of the major impacts from the COVID-19 pandemic. Unfortunately, some people who may benefit from treatment may not seek it due to the stigma still surrounding mental health, especially in some cultural groups.

To help identify and help patients in your practice with different cultural backgrounds who may benefit from mental health care, there are numerous resources available to you. We’ve highlighted a few of them below. We encourage you to explore them.

CultureVision™

Through this resource – exclusively available to Cigna network-participating providers at no cost – you can learn more about culturally responsive mental health care practices. CultureVision uses a comprehensive, user-friendly database to guide providers through the process of rendering appropriate care to people with many different cultural backgrounds. **Note: You can access this service through Cigna until February 2023.**

Go to [CRCultureVision.com](#).
Log in using the following case sensitive information:
Username: CignaHCP
Password: HealthEquity2021!

Cigna Cultural Competency and Health Equity Resources web page

This [web page](#)* contains many additional resources, including articles, presentations, podcasts, and self-assessments. They’re located in the All Resources section. Check back often for newly added resources.

For more information about the Cultural Competency and Health Equity Resources web page, go to [page 45](#).

CDC training

The Centers for Disease Control and Prevention (CDC) maintains a valuable list of trainings and materials from organizations outside of the CDC. Visit the [CDC Health Literacy web page](#) to learn more and access these trainings and materials.



Two courses specific to behavioral health providers are outlined below.

Mental Health, Stigma, and Communication

In this [course](#), behavioral health providers will learn how language can contribute to stigma regarding mental illnesses, how stigma can impact the provider-patient relationship, and how to recognize opportunities to use more thoughtful language when treating patients with mental illness.

Length	45 minutes
Source	The University of Texas at Austin
Continuing education	.75 Continuing Medical Education credits
Cost	Free

Improving Cultural Competency for Behavioral Health Professionals

In this eLearning [program](#), behavioral health care providers will increase their cultural and linguistic competency to help them build stronger therapeutic relationships with patients from diverse backgrounds.

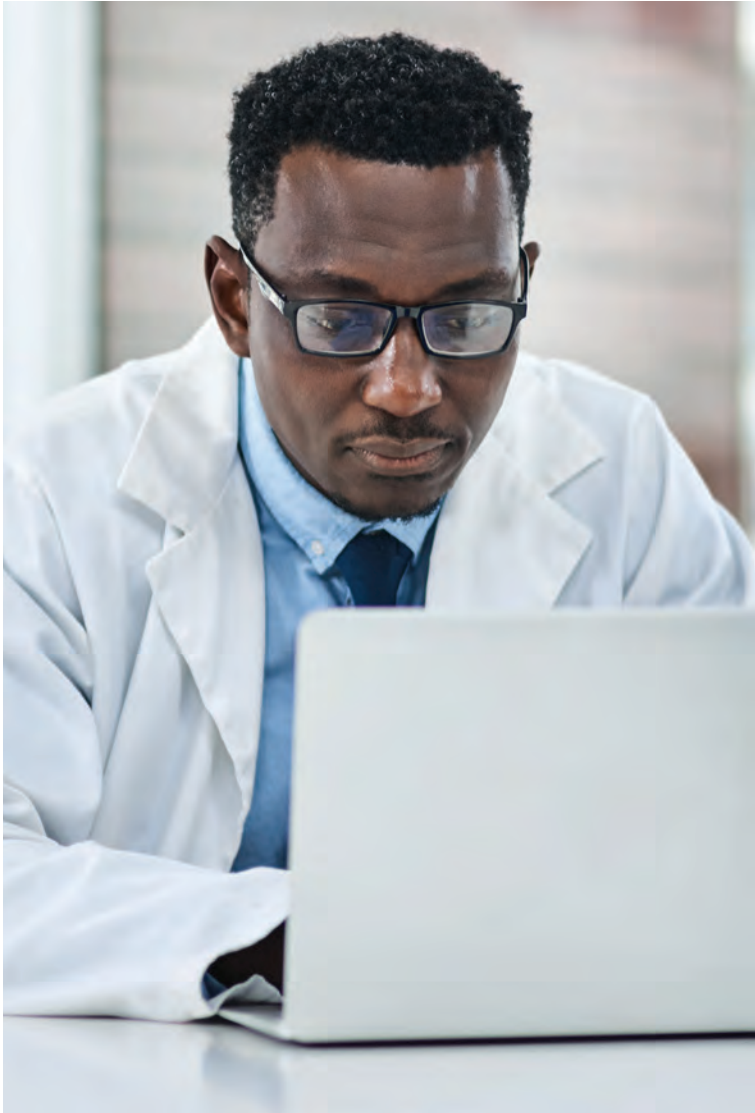
Length	4.0–5.5 hours
Source	U.S. Department of Health and Human Services, Office of Minority Health
Continuing education	4.0–5.5 contact hours for counselors, nurses, psychologists, psychiatrists, and social workers; Statement of Participation for other providers
Cost	Free

* [Cigna.com](#) > For Providers > [Cultural Competency and Health Equity](#).



UPDATED LIFESOURCE PROVIDER REFERENCE GUIDE

Recently, updates were made to the Cigna LifeSOURCE Transplant Network® Provider Reference Guide. This guide is for use by Cigna LifeSOURCE-participating transplant facilities and physicians, and it covers policies and procedures to help them manage Cigna customers in need of transplant services.



What’s new

We recently added the latest information about contacts, case management, clinical documentation, network inclusion requirements, processes, administrative guidelines, contracts, claims, terminology, and more.

To access the guide

Go to the Cigna LifeSOURCE website (CignaLifeSOURCE.com) > Health Care Providers > [Cigna LifeSOURCE Provider Reference Guide](#).



PATIENT CONCERNS OR COMPLAINTS

Occasionally, a patient with Cigna-administered coverage or a Cigna representative may ask for information to help resolve a quality of care or service complaint. Your timely response is important to address and resolve the patient’s concern, and comply with applicable laws. By responding within the requested time period, you’ll also be adhering to your provider contract with Cigna.

Information requests may include:

- › A response from your office about the complaint.
- › Medical records (please coordinate with your copy services to ensure timely release of records).

Additional information

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

We appreciate the quality care you provide to our customers and your continued assistance with our quality programs.



CALIFORNIA PROVIDER DIRECTORY UPDATE REQUIREMENT

California Senate Bill (SB) 137 requires health plans to contact all contracted providers to verify the accuracy of the information they have in their provider directories. This must be done:

- › Once every year for ancillary providers and physicians who are affiliated with a provider group.
- › Once every six months for individual physicians who are not affiliated with a provider group.

Information we are required to verify by law

Practitioner or association	Facility and ancillary providers
<div><div>› Name</div><div>› Alias (alternate) name</div><div>› Email (for patient communications)</div><div>› Degree</div><div>› Specialties</div><div>› Board certification</div><div>› National Provider Identifier (NPI)</div><div>› License(s)</div><div>› Language(s) (including staff and qualified medical interpreters)</div><div>› Facility and hospital affiliations</div><div>› Taxpayer Identification Number (TIN)</div><div>› Accepting new patients/panel status</div><div>› Network plan types accepted (e.g., PPO,* OAP,* HMO,*)</div><div>› Servicing addresses, including phone numbers</div><div>› Medical group affiliation(s)</div></div>	<div><div>› Name</div><div>› Alias (alternate) name</div><div>› Facility or ancillary type</div><div>› License</div><div>› Accreditation status</div><div>› NPI</div><div>› TIN</div><div>› Servicing addresses, including phone numbers</div><div>› Network plan types accepted (e.g., PPO, OAP, HMO)</div><div>› Email (if available)</div></div>

* Preferred provider organization, Open Access Plus, health maintenance organization.



Your responsibilities under California SB 137

In compliance with California SB 137, and under the terms of your Cigna Provider Agreement, you are required to validate the accuracy of the information displayed in our provider directories and to keep this information current. **California SB 137 requires us to remove providers from our directories if, after multiple attempts to reach them, we do not receive a response to validate the information.**

Accordingly, you must:

- › Respond to initial notices sent by Cigna (or a group or entity on behalf of Cigna) within 30 business days to either confirm your directory information is current and accurate or submit an update to your directory information.
- › Respond to any second notices within 15 business days. You will receive this notice if you did not respond to the first directory verification notice or if you responded with only partial or inaccurate information that cannot be verified by Cigna. If you do not respond to this notice, you will be suppressed from showing in online and printed directories.

In addition:

- › If changes to your demographic information occur outside of our verification time frames, in compliance with the law you must inform Cigna within five business days if your practice no longer accepts new patients or if you previously did not accept new patients and now you do accept them.
- › If customers with Cigna-administered coverage who are not your patients contact you to make an appointment and you do not accept new patients, direct them to call customer service at the telephone number on the back of their Cigna ID card for assistance in finding another provider.

Continued on next page



California provider directory update requirement *continued*

Restore your listing

If you have received notification that your information has been removed from our provider directories, you can still confirm that your information is accurate or request that we update it by sending an email to CA_DirectoryCompliance@Cigna.com. We will restore your information in the online and printed directories once we receive a full and accurate response, and are able to verify it in accordance with Cigna policies and requirements for updating directory information.

Other times to update your demographics

If your demographic information will change during a time frame that is outside of our annual or semiannual verification process, we require that you notify us 90 days in advance. Not only will this help ensure the accuracy of your information in our provider directories, it may prevent reimbursement delays that could occur if you make changes to certain information (such as your name, address, TIN, or NPI). Changes to the directories will be made within 30 business days of the date we receive your request.

Three easy ways to submit demographic updates

Type of demographic update	Website or email address
Routine**	Log in to the Cigna for Heath Care Professionals website (CignaforHCP.com) > Working with Cigna. Go to the Update Demographic Information section; click Update Health Care Professional Directory.*** or Email Intake_PDM@Cigna.com .
Directory corrections	Email ProviderUpdates@Cigna.com .

View the current provider directory

Go to Cigna.com > [Find a Doctor](#). Then select a directory.

We appreciate your cooperation and compliance with this law.

** Cannot make directory corrections.
*** Cannot update TINs using this method. Please send an email to Intake_PDM@Cigna.com.



CALIFORNIA HMO PROVIDER APPOINTMENT AVAILABILITY

When patients receive the right care at the right time, it can result in better health outcomes and an improved care experience.

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

Annual Provider Appointment Availability Survey

Based on Knox-Keene regulations, the DHMC developed the Provider Appointment Availability Survey (PAAS) to measure access to care for their enrollees. All reporting health plans are required to adhere to the DMHC’s specific methodology when administering the PAAS and reporting compliance rates for timely appointment access.

Each year, we require *randomly selected* Cigna-participating providers to complete the PAAS to help ensure compliance with the DMHC guidelines and Cigna’s access standards for care.

Resources

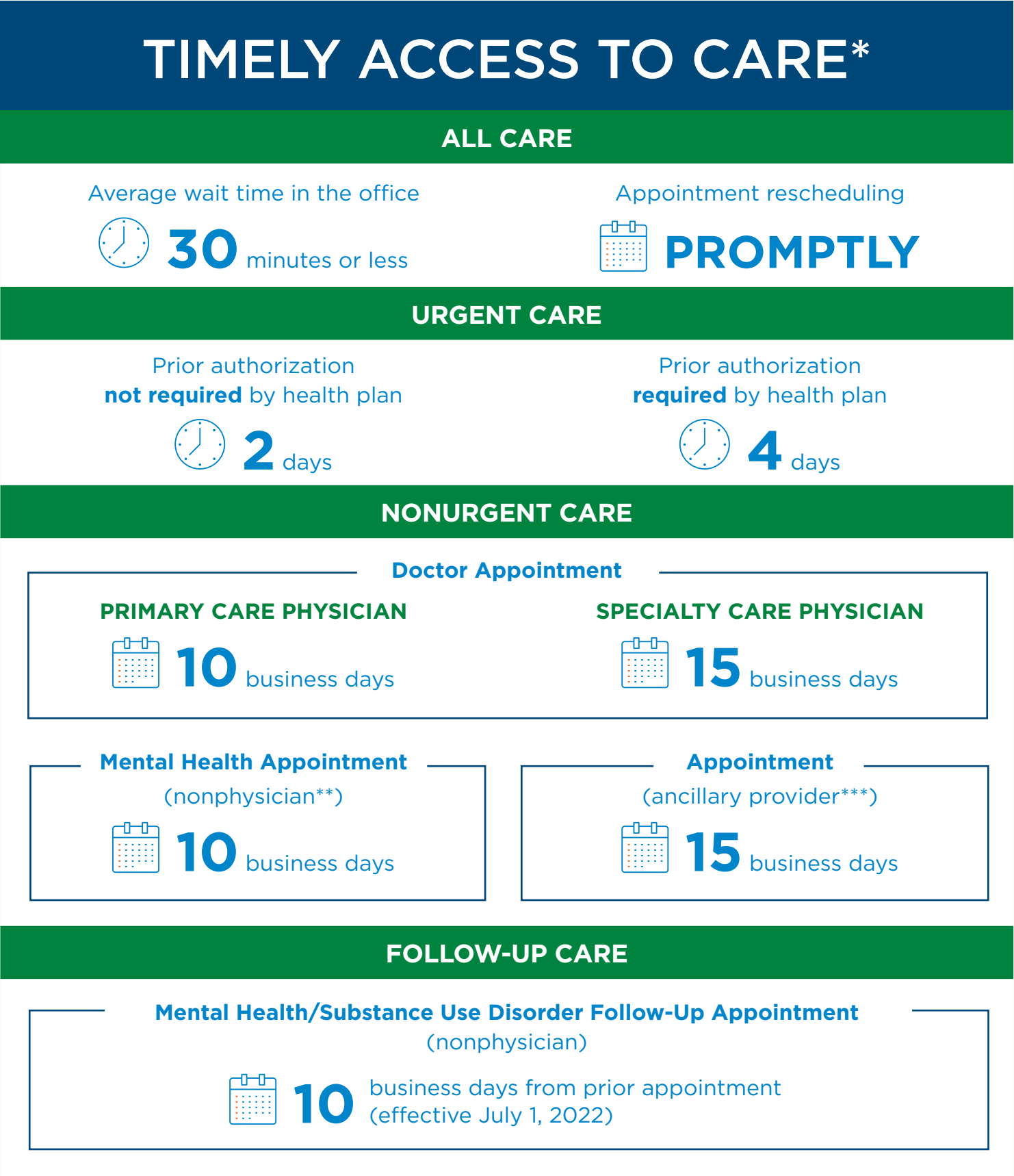
Please refer to the infographic to the right, which we encourage you to use as a visual reminder of appointment standards for your patients based on their needs.

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

Questions? We’re here to help.

Please call your Cigna Provider Relations Representative or email Access2Care@Cigna.com.



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

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

*** Examples of ancillary services include lab work or diagnostic testing, such as mammograms or MRIs, and treatment such as physical therapy.



ADVERSE CHILDHOOD EXPERIENCES TRAINING FOR CALIFORNIA PROVIDERS

Understanding the toxic stress response*

Multiple research studies report that when people repeatedly experience a high amount of trauma, it changes their body’s entire ability to regulate itself, even down to the genetic level. This can cause long-term problems with the immune system, metabolic system, and hormones, as well as affect healthy brain development in children.

It’s important to screen for ACEs

While it’s been shown that complications from trauma are more likely to occur in people who didn’t have nurturing parents or caregivers or a predictable home growing up, it’s important that patients of all ages and backgrounds be screened for adverse childhood experiences (ACEs).

Positive ACE scores are *strongly associated* with the most common and serious physical and mental health conditions in children and adults**

Providers play an important role in screening for ACEs, preventing and treating toxic stress, and improving their patients’ physical and mental health. That’s why it’s critical to understand how toxic stress can manifest in the body and how to deliver effective care to these patients.

Free ACEs training

The Becoming ACEs Aware in California training is a free two-hour training session for providers to learn more about ACEs, toxic stress, screening, and evidence-based care that can help you effectively intervene when treating your patients with toxic stress.

You may receive 2.0 Continuing Medical Education (CME) credits and 2.0 Maintenance of Certification (MOC) credits upon completion. For training details, visit the ACEs Aware training [website](#).***

The free training is available to any provider.

* [ACEsAware.org](#) > ACE Fundamentals > [The Science of ACEs & Toxic Stress](#).
** For a complete list of ACE-associated physical and mental health conditions for both children and adults, and additional resources on implementing ACES into your practice, go to [ACEsAware.org](#) > Resources > Screening & Clinical Response > [ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE-Associated Health Conditions: For Pediatrics and Adults](#).
*** <https://training.ACEsAware.org>.



California provider attestation required by November 15, 2022

Individual Cigna network-participating providers and groups are required to complete ACEs training, and to attest to their actual or anticipated completion of it, as outlined below.

Required activity	Due date
Attest that ACEs training is complete or will be completed by January 1, 2023	November 15, 2022
Complete ACEs training	January 1, 2023

To attest to the ACEs training, send an email to Access2Care@Cigna.com. Include your name, individual National Provider Identifier (NPI), service address, and the county where you will render ACEs screenings. Please include all service addresses and counties that apply.



CALIFORNIA LANGUAGE ASSISTANCE PROGRAM UPDATED TRAINING

The California Language Assistance Program (CALAP) training for providers now includes information about discounted interpreter resources.

California law requires health plans to provide Language Assistance Program (LAP) services to eligible customers with limited English proficiency (LEP). To ensure compliance with the law, all providers and their staff who routinely interact with LEP patients are encouraged to receive training on these regulations.

Cigna CALAP training for providers

To help educate providers about CALAP, as well as language assistance services and resources, Cigna offers **CALAP training*** at no cost to providers and their staff members.

The training includes an overview of:

- › CALAP legislation.
- › California customer demographics.
- › How to access Cigna language assistance services.
- › How to communicate with your LEP patients and engage interpreters.

Training updates

We recently updated the training to include the following important information about interpretation services you can access at a discount through Cigna’s professional contracted language service vendors.

- › **In-person, face-to-face interpreter** – when telephone interpreter services are not sufficient.
- › **Video remote interpreter** from a computer or smart device – when using a face-to-face interpreter is not an option.

Learn more about CALAP

Read the related [article](#) in the Third Quarter 2022 *Network News* or access the Cigna state-specific reference guides.**



DISCOUNTS AVAILABLE 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 for telephone, face-to-face, and video remote interpreters, including for 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, visit [Cigna.com](#)***

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 your patients who have limited English proficiency, or are deaf or hard of hearing.

* [Cigna.com](#) > For Providers > Cultural Competency and Health Equity > Explore all resources on Cultural Competency and Health Equity > Language Assistance Services > [California Language Assistance Program Training for Providers and Staff](#).

** Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

*** [Cigna.com](#) > For Providers > Provider Resources > Cultural Competency and Health Equity > Explore all resources on Cultural Competency and Health Equity > [Language Assistance Services](#).



MARYLAND NONPARTICIPATING SPECIALISTS: THIRD-QUARTER NOTIFICATION

Each quarter, we notify all primary care providers (PCPs) in Maryland of specialty providers whose participation in the Cigna network ended the previous quarter. This is in compliance with the State of Maryland regulations.

Network News now contains the nonparticipating specialist updates

We hope this helps reduce the amount of paper you receive from us, and makes it easier to access and view this important information. We no longer send the quarterly updates by mail or email.

If you are a PCP in Maryland and we have your email address, you will receive *Network News* in your inbox each quarter during the last week of January, April, July, and October.

If we don't have your email address, you can access *Network News* by visiting [Cigna.com](#) > For Providers > Provider Resources > **Cigna Network News for Providers**. To sign up to receive *Network News* in your inbox each quarter, scroll down the **Cigna Network News for Providers** web page and click Sign Up.

View the third-quarter 2022 nonparticipating specialist updates

View the [list of specialists](#) in Maryland whose participation in our network ended between July 1, 2022, and September 30, 2022. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network-participating specialists.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

NORTHEAST REGION

Peter McCauley, Sr., MD, CPE, Medical Officer

Chip Chambers, MD	IA, KS, MO, ND, NE, SD
Jennifer Daley, MD	MA, ME, RI
Catherine Dimou, MD, FACP	IL, IN, MI, MN, WI
Vaishali Geib, MD	DC, MD, VA
Tiffany Lingenfelter-Pierce, MD	ME, NH, VT
Ronald Menzin, MD	NJ, NY
E. Dave Perez, MD	NJ, NY
Laura M. Reich, DO	DE, OH, PA, WV
Phil Roland, MD	CT
Christina Stasiuk, DO, FACOI	DC, MD, VA

SOUTHEAST REGION

Michael Howell, MD, MBA, FACP, Regional Medical Executive

Raj Davda, MD	NC, SC
Robert Hamilton, MD	AL, GA
Michael Howell, MD, MBA, FACP	U.S.V.I.
John Leslie, MD	AR, MS, West TN
Mark Netoskie, MD, MBA, FAAP	LA, South TX
Angela Reddy, MD MBA	North FL
Carvel Tefft, MD, SFHM, MMM	KY, East TN, Middle TN
Marco Vitiello, MD	South FL
Frederick Watson, DO, MBA, CPE	OK, North TX

WEST REGION

Jennifer Gutzmore, MD, Medical Officer

Leslie Barakat, MD, MBA	AZ
Richard Hourigan, MD, MHA, FAAFP	AK, ID, MT, OR, WA
Jeffrey Klein, MD, FAAFP	Southern CA, NV
Todd Mydler, MD	CO, NM, WY
Kenneth Phenow, MD	Northern CA
Douglas Smith, MD, MBA	CO, UT
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Rodgers Wilson, MD	AZ

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Keith.Wilson@Cigna.com
Rodgers.Wilson@Cigna.com

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
Clinical Provider Engagement & Value-Based Relationships	
Jennifer Gutzmore, MD	818.500.6459
Clinical Strategy & Solutions	

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

Looking for your Cigna Medicare Advantage MME?

Find a complete list of Cigna Medicare Advantage MMEs by region, including email addresses, on [page 21](#).



HOW TO CONTACT US

When you’re administering plans for your patients with Cigna coverage and have questions, who do you contact? In a few clicks, you can quickly find this information in the [Cigna Important Contact Information](#)* or in the [Medicare Advantage Provider Quick Reference Guide](#)**.

You’ll find links, email addresses, and phone numbers that can help you administer these plans more efficiently and give your patients an optimal experience. We encourage you to bookmark the guides 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 Cigna Medicare Advantage network-participating provider, you can access important information about policies, procedures, and other helpful information for these plans by visiting the Cigna Medicare Advantage website for providers ([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, 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](#). 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 work

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, or click “Learn more” for instructions.
- › If “Learn more” is clicked, you will be instructed to ask your practice’s website access manager for access to patient reviews.

Once your website access manager has granted 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 for Cigna’s managed care plans, Individual & Family Plans, Medicare Advantage plans, Cigna Global Health Benefits® plans, Cigna Choice Fund® plans, Shared Administration Repricing plans, strategic alliance plans, Cigna + Oscar plans, and indemnity plans.

How to access the guide

The guide is available online as a PDF. Go to [Cigna.com](#) > For Providers > Coverage and Claims > Coverage Policies: [ID Cards](#). We encourage you to bookmark this page to help ensure you access the most up-to-date information, as we occasionally make updates to the guide.

What’s in the guide?

The guide contains descriptions of the plans, and shows corresponding sample ID cards with callouts that help define and clarify information that appears on them.

- › To learn more about a featured Cigna ID card, match the circled numbers on the card with the key that appears on the subsequent page.

- › To learn more about each plan, read the plan description to the left of the key.
- › To view sample ID card information you might see on your patients’ myCigna® App,* go to “The myCigna App” page.
- › To find the contacts you need to get in touch with us for information about your patients with Cigna coverage, go to the “Important contact information” page near the back of the guide.

As a reminder, the sample ID cards in the guide are for illustrative purposes only. Always be sure to check the front and back of your patient’s actual ID card to help ensure you have the correct benefits and contact information.

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



* For U.S. customers only.



URGENT CARE FOR NONEMERGENCIES

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

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

For a list of Cigna's participating urgent care centers, visit [Cigna.com](#) > [Find a Doctor](#). 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](#), our digital newsletter for providers who offer behavioral health services to Cigna customers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients, or learn more about resources to support the mind-body connection, you'll find what you're looking for 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.



CULTURAL RESOURCES YOU CAN USE

If you serve a culturally diverse patient population, check out the [Cigna Cultural Competency and Health Equity Resources](#) web page.¹ It contains many resources to help Cigna-contracted providers and their staff enhance interactions with these patients. Some are listed below.

Health disparities resources

- › Addressing Social Determinants of Health within Your Practice [digital guide](#).
- › Health Disparities [web page](#).
- › African American/Black Health Disparities [web page](#).
- › Hispanic and Latino Health Disparities [web page](#).

Social determinants of health: Addressing Health Inequities training – new!

You may receive 1 AMA PRA² Category 1 Credit™ upon [course](#) completion. Explore the impact of health inequities on patient outcomes and how you can confront socioeconomic barriers.

Tool kit: Gender-inclusive language guidelines

This one-page [tool kit](#) shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with CLAS Standards.³ It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

Cultural competency training

We offer a variety of [eCourses](#) that can help you develop cultural competency, learn overall best practices, and gain a deeper understanding of subpopulations in the United States. The eCourses 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
- › Diabetes Among South Asians (three-part series)

Language assistance services⁴

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 eligible patients with Cigna coverage. Your office works directly with professional language assistance vendors, with whom we've negotiated these savings, to schedule and pay for services.

California Language Assistance Program

Providers in California may access the [California Language Assistance Program for Providers and Staff](#). The training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

CultureVision

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

[CRCultureVision.com](#)
(available until February 28, 2023)

Login: CignaHCP
Password: HealthEquity2021!

NEW SOUTH ASIAN CULTURAL COMPETENCY RESOURCES

We recently created four new resources to support providers in caring for their South Asian patients. This ethnic group has a greater likelihood of developing certain diseases, such as heart disease and diabetes, sometimes at a significantly younger age than the general population.

- › South Asian Health Disparities [web page](#)
- › [Digital guide](#): South Asians and Heart Health
- › [Digital guide companion](#) (one page)
- › [Video](#) (four minutes): South Asians and Heart Health

In addition, read more about South Asian health disparities in the [white paper](#).⁵

1. [Cigna.com](#) > For Providers > Provider Resources > [Cultural Competency and Health Equity](#).
2. American Medical Association Physician's Recognition Award.
3. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
4. Available to Cigna-contracted providers.
5. [Cigna.com](#) > For Providers > Cultural Competency and Health Equity > All Resources: > South Asian Health Disparities > [Download the health disparities brief \[PDF\]](#).



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.

Information you can update online

You can use the online Provider Demographic Update Form to notify us of numerous types of changes. Examples include changes in the following:

- › Address or office location
- › Billing address
- › Office website address
- › Telephone number
- › Secondary language
- › Specialties

Your updates can prevent payment delays

We recommend that you submit updates 90 days in advance of any changes. This will help ensure the accuracy of your information in our provider directories, and it may prevent reimbursement delays that could occur if you make changes to certain information, such as your name, address, or Taxpayer Identification Number (TIN).

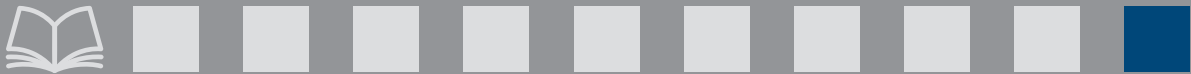
It's easy to view and submit demographic changes online

- › 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.**
- › 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.

* If you don't know who your website access manager is, log in to CignaforHCP.com. Click the drop-down menu next to your name on 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.



GET DIGITAL ACCESS TO IMPORTANT INFORMATION

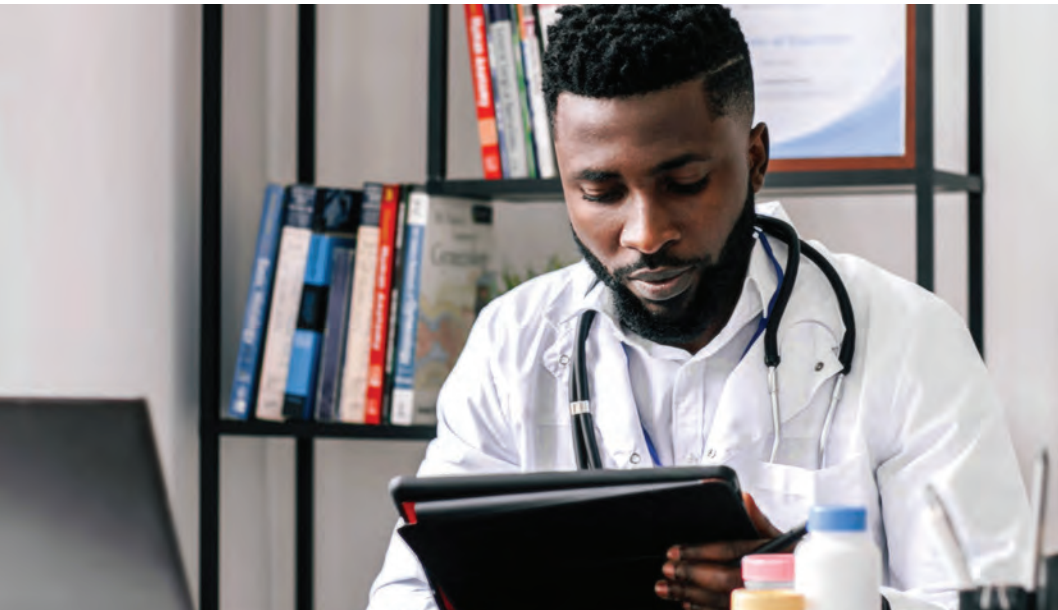
Would you like to reduce paper use in your office? Sign up now to receive certain announcements and important information from us right to your inbox.

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

- › Share, print, and save electronic communications, which makes it easy to circulate copies.
- › Access information anytime, anywhere. The latest updates and time-sensitive information are available online.

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

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



ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit Cigna.com > For Providers > Provider Resources > [Cigna Network News for Providers](#).

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Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to Cigna, Attn: Provider Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.



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