



Network News

For Health Care Professionals
Participating in Cigna Networks

APRIL 2014

Contents

POLICY UPDATES

Clinical, reimbursement, and administrative policy updates	2
Precertification requirement expanding for Cigna Global Health Benefits customers	2
Submitting claims for injectable medications	3

ELECTRONIC TOOLS

The myCigna Mobile App	4
New requirement: Revised CMS 1500 paper claim form	5
Exclusive ICD-10 training discount through Precyse University	6
Newborn claim submissions	7

HEALTH CARE REFORM NEWS

PPACA risk-adjustment system and medical record requests	7
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GENERAL NEWS

Cigna earns NCOA Disease Management Accreditation	8
Cigna-HealthSpring participation	8
CultureVision – A searchable database for health care professionals	9
Genetic testing and counseling for improved patient outcomes	10
“Participant incentives” prohibited	11

PHARMACY NEWS

Home infusion therapy services and support	11
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REGIONAL NEWS

Colorado – New authorization process for early intervention services	12
California – Interpretation service requests and refusal form	12
New York – Hypertensive disorders in pregnancy summaries	13

HELPFUL REMINDERS

Market Medical Executives contact information	14
Reference guides	15
Use the network	15
Go green—go electronic	15
Urgent care for non-emergencies	15
Cultural competency training and resources	15
Access the archives	16
Letters to the editor	16
Have you moved recently? Or changed your phone number?	16

ICD-10 compliance date delay

On April 1, 2014, the President signed the Protecting Access to Medicare Act of 2014 (the “Act”), which delays the implementation of ICD-10 diagnostic and procedure codes. The Act prohibits the Secretary of Health and Human Services from adopting ICD-10 code sets any earlier than October 1, 2015. **Accordingly, Cigna will not accept ICD-10 codes until the new compliance date, which will be on or after October 1, 2015.**

In the year ahead

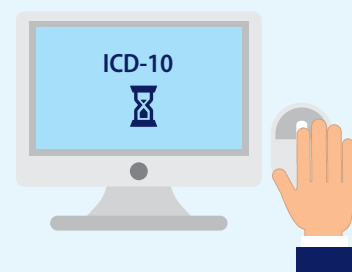
We will continue our transitional work on ICD-10 and await further direction from the Centers of Medicare & Medicaid Services.

We will continue to test with our trading partners, vendors and major clearinghouses that submit directly to Cigna, and with a preselected group of health care professionals in early May 2014. At this time, we do not have plans to extend external testing further in 2014.

We recommend that all health care professionals continue ICD-10 remediation and training efforts to ensure you are prepared to transition when further guidance becomes available. For example, we suggest:

- If you use an electronic medical record, verify with your vendor that the system is ICD-10 compliant.
- If you use a superbill form to document the patient visit, update the form to reflect both ICD-9 and ICD-10 diagnosis codes so you can become familiar with the ICD-10 equivalent.
- Continue with ICD-10 coding and documentation training for your clinical staff and medical coders.
- Focus on adding greater specificity to clinical documentation. In your clinical notes, indicate location or laterality, encounter type, acute versus chronic, degree of illness, and more.

We will be focusing our efforts on the ability to continue to accept ICD-9 codes, and will monitor developments and provide additional updates regarding our ICD-10 implementation plans as they are available.



GO YOU[®]

Clinical, reimbursement, and administrative policy updates

To support access to quality, cost-effective care for your patients with a Cigna insured or administered medical plan, we routinely review clinical, reimbursement, and administrative policies as well as our medical coverage positions, and our precertification requirements. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna ID cards.

The following table lists planned updates to our coverage policies. **Information about these changes, including an outline of the specific updates, is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies > Coverage Policy Updates) at least 30 days prior to the effective date of the updated policy.** On this page, you may also view new and updated policies in their entirety.

If you are not registered for CignaforHCP.com, please register so you may log in and access these policies. Go to CignaforHCP.com and click "Register Now." If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Planned medical policy updates

Policy name	Update effective date
Neuropsychological Testing	May 19, 2014
Positron Emission Tomography (PET)	May 19, 2014
Repository Corticotropin (Acthar® Gel)	June 16, 2014

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

Please also note that effective March 24, 2014, we transitioned from the MCG™ 17th edition (formerly Milliman Care Guidelines) to the MCG 18th edition.



Precertification requirement expanding for Cigna Global Health Benefits customers

We realize that customers want quality coverage at an affordable price, and care delivered by health care professionals they trust. Precertification is used as part of a robust medical management program that focuses on helping to ensure quality, access and affordability of care.

Beginning June 2014, precertification will be required for inpatient and certain outpatient services that are rendered in the United States to Cigna Global Health Benefits® (CGHB) customers. ID cards for customers of Cigna Global Health Benefits will be updated to indicate that inpatient and outpatient services require precertification. As a reminder, customer ID cards also include Customer Service contact information, which can be used to request precertification.

What do you need to do differently?

Starting June 1, you will need to call CGHB Customer Service at 1.800.441.2668 to request precertification for inpatient and certain outpatient services. Please be aware that precertification does not guarantee coverage and treatments or services that require precertification will be not be covered unless precertification was obtained.

For more information about our precertification policy or for the complete list of services requiring precertification, please visit the Cigna for Health Care Professionals website at CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not a registered user, you will need to register to log in to access these policies. Go to CignaforHCP.com and click "Register Now."

Additional information

If you would like additional information about this update, or if you do not have Internet access, please call CGHB Customer Service at 1.800.441.2668.

Submitting claims for injectable medications

Cigna is aligned with the Centers for Medicare & Medicaid Services (CMS) unit guidelines for processing injectable claims. Those guidelines require claims be submitted based on the Healthcare Common Procedure Coding System (HCPCS) units administered, not dosage units. When a claim is submitted using dosage units, it may be inaccurately processed and paid.

Each injectable HCPCS code has a specific unit of measure. Information about unit measurements for injectable drugs is included in the Common Procedural Terminology (CPT) or HCPCS code books.

Examples:		
Example 1:	HCPCS description of drug is 6 mg	6 mg are administered = 1 unit is billed
Example 2:	HCPCS description of drug is 50 mg	200 mg are administered = 4 units are billed
Example 3:	HCPCS description of drug is 1 mg	10 mg vial of drug is administered = 10 units are billed

When we receive a claim for an injectable drug that incorrectly includes dosage instead of the appropriate HCPCS units, the claim will be reviewed. If enough information is available to determine the actual units administered, Cigna will price the claim based on the appropriate HCPCS units converted from the administered dosage. When we are not able to determine appropriate HCPCS units, we will request additional information that supports the units billed.



The myCigna Mobile App

It is important for you to be aware that your patients with Cigna insured or administered coverage may present their ID card, claims information and coverage eligibility to you with their mobile devices. They are able to do this using the myCigna Mobile App, which provides a simple way for them to personalize, organize, and access important Cigna health information, as well as locate doctors and hospitals, compare prescription drug costs, and more. This user-friendly app provides a wide range of accurate, up-to-date, real-time information whenever and wherever your patients need it, including when they visit a doctor.

Features

Health care professional directory

- Search for a doctor, dentist, pharmacy or health care facility from Cigna's national network
- View quality-of-care ratings for physicians and hospitals

ID cards

- View front and back of medical and dental ID cards
- Print, email or scan ID cards right from a smartphone

Claims

- View and search medical, dental and pharmacy claims
- Bookmark and group claims for easy reference

Coverage and account balances

- View plan coverage and benefit information for medical, dental, pharmacy, mental health, substance abuse and disability
- Access and view health fund balances
- Review plan deductibles and coinsurance

Drug search

- Look up and compare drug cost information at more than 60,000 pharmacies nationwide
- Find the closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery PharmacySM

Health wallet

- Save contact information and build a personal contact list of frequently called doctors, hospitals, pharmacies, emergency rooms and other health care professionals

Trackers

- View in-network and out-of-network medical and dental year-to-date deductibles, as well as out-of-pocket and annual maximums



How to download the myCigna Mobile App

This free, personalized app is available for smartphones – Android OS version 2.3 or higher and iOS (Apple) version 5.1 or higher. Your patients can download the myCigna Mobile App from the App StoreSM or Google Play (formerly Android Market)



New requirement: Revised CMS 1500 paper claim form

As of March 31, 2014, the Center for Medicare and Medicaid Services (CMS) no longer accepts the CMS 1500 Health Insurance Claim Form (version 08/05). Professional and supplier paper claims are only accepted by CMS on the revised CMS 1500 Health Insurance Claim form (version 2/12).¹

The newest version of the form includes the following information to increase functionality:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM² diagnosis codes
- Expansion of the number of possible diagnosis codes to 12
- Qualifiers to identify the following provider roles (on item 17):
 - Ordering
 - Referring
 - Supervising

For additional information about the CMS 1500 claim form and to obtain a copy, please visit the National Uniform Claim Committee (NUCC) website at nucc.org.

How does this affect Cigna claim submissions?

Cigna currently accepts the older (08/05) form and the revised (02/12) form; however, we encourage all health care professionals who submit paper claims to use the revised (02/12) form. As of October 1, 2014, Cigna will only accept the CMS 1500 form (02/12).

Electronic claim submission

We strongly encourage you to submit your claims electronically, as it can help you save time, money, and improve claim processing accuracy. Using one of Cigna's electronic data interchange (EDI) options allows you to send, view, and track claims with Cigna—no faxing, printing, or mailing. Everything is right on your desktop. For more information about electronic claim submission, refer to information on the Cigna for Health Care Professionals website at CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Policies and Procedures > How to File a Claim).



- 1 The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 2 Although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, do not submit ICD-10 codes on claims for dates of service until the new ICD-10 compliance date, which will be on or after October 1, 2015.

Exclusive ICD-10 training discount through Precyse University

Cigna’s ICD-10 team is continually working to help prepare you and your staff for the transition by providing you with access to various tools and resources. In addition to our webinars and self-study materials, we are pleased to offer health care professionals and office staff a discount on the educational services available through Precyse University, which is available exclusively through HealthStream®. Through our relationship, you have access to the Precyse University ICD-10 Physician Office Solution at a 10 percent discount. This solution can help you experience a successful migration to ICD-10.



Overview of the Precyse University ICD-10 Physician Office Solution

Feature	Comprehensive	150 self-paced eLearning courses for your staff covering ICD-10 awareness, coding, documentation and billing
	Mobile-Ready	HTML/mobile-ready courses that can run on your computer and mobile devices, such as an iPad®
	Coder-/Biller-Friendly	Full track of coding courses to prepare any coder/biller for ICD-10
	Endorsed	Nationally approved CMEs and CEUs from AHIMA and AAPC
	Recognized by KLAS	Precyse was recognized in the KLAS report “ICD-10 Consulting: Roadmap to a Successful Transition” as the “only firm in this report to receive 100% positive comments from their clients about their ICD-10 services. Precyse clients praise the Precyse University training program as ‘mature, comprehensive and flexible.’”
	Hands-On	Virtual coding labs and simulators allow actual practice in ICD-10
	Fun	Over 100 video games and 600 3-D computer animations built to make ICD-10 learning fun!
	Customized	ICD-10 posters tailored to drive awareness across your organization and staff population
	Controlled	Full reporting and assessments to track performance and progress of the team
	Convenient	All components of the education available 24 hours a day, 7 days a week from any web browser

Get started today

To continue preparing for ICD-10 and to tap into the privileges of the Precyse University ICD-10 Physician Office Solution, visit www.precyseuniversity.com/cigna and use coupon code “Cigna” at checkout to receive a 10 percent discount.



Newborn claim submissions

We recently updated our newborn claim submission process so that health care professionals can experience fewer claim rejections. Here are some steps you can also take to help avoid rejections:

Subscriber information should be submitted with:

- The subscriber's Cigna ID number without the suffix. For example:
 - If the Cigna ID number is U1234567801, remove the suffix 01 and submit as U12345678
 - If the Cigna ID number is U1234567802, remove the suffix 02 and submit as U12345678
- The subscriber's first and last name (not the mother's unless she is the subscriber)

Patient information should be submitted with:

- The newborn's first name (or "Newborn," "Baby Boy," "Baby Girl," or "Twin A," "Twin B," etc.)
- The newborn's last name
- The newborn's date of birth
- The newborn's gender

We hope these guidelines help improve your claim submission experience. Look for future articles on enhancements we are planning for newborn claim processing. If you have questions, please call the Customer Service number on the subscriber's Cigna ID card or call 1.800.88Cigna (882.4462).

PPACA risk-adjustment system and medical record requests

The Patient Protection and Affordable Care Act (PPACA) established a risk-adjustment system that is designed to provide adequate payments to health insurers that attract high-risk populations, such as customers with chronic conditions. It applies to plans purchased by individuals both on- and off-Marketplace, but not to employer-sponsored plans.

How does the process work?

Depending upon the state, funds are collected by the state or Department of Health and Human Services (HHS) from insurers and HMOs in the individual and small group market with lower risk enrollees in both Marketplace and non-Marketplace plans, and paid to those with higher risk enrollees. The determination of low and high risk is based on scores that are assigned to individual enrollees based on the medical services rendered to them during a specified time frame.

The information used to determine individuals' risk scores is derived from the diagnoses on claims submitted by health care professionals, which are then reported by payers to the Department of Health and Human Services (HSS). Payers rely on complete diagnoses for the HSS to assign scores to individuals that accurately represent their level of risk.

What does this mean for Cigna participating health care professionals?

It is possible that you might receive a letter requesting a specific patient's medical records from Altegra Health™. Cigna has partnered with Altegra Health to help us work with the HSS and to ensure complete claim coding. If you have any questions about a request, please refer to the contact information provided in the letter.



Cigna earns NCQA Disease Management Accreditation



The strength of Cigna's chronic condition management programs has been recognized by the National Committee for Quality Assurance (NCQA), a private, non-profit organization dedicated to improving health care quality. Cigna has received NCQA Patient and Practitioner Oriented Disease Management (DM) Accreditation for asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression, and diabetes.

Earning NCQA DM accreditation is an indication that a disease management program is dedicated to giving patients and health care professionals the support, education, and other help necessary to facilitate good health outcomes and good care. NCQA's DM Accreditation program is designed to help employers evaluate disease management programs and to help physicians improve their patients' health outcomes.

The standards for the accreditation program are organized into six categories: evidence-based; patient service; practitioner service; care coordination; measurement and quality improvement; and program operation. "NCQA's Disease Management Accreditation program is thorough and rigorous. It's designed to highlight only those programs that truly improve chronic care," said NCQA President Margaret E. O'Kane.

NCQA's patient- and practitioner-oriented accreditation, which Cigna earned, is the most comprehensive option, and is for organizations that work with both patients and health care professionals. These programs address interventions toward patients, and interact with the patients' health care professionals to support their plan of care.

"Earning this NCQA accreditation demonstrates Cigna's commitment to improving the health, well-being, and sense of security of our customers," said Michael Reardon, MD, National Medical Director responsible for Cigna's Your Health First® chronic condition support programs. "Cigna's integrated, holistic approach to managing chronic conditions provides customers with multiple support options to best meet their individual health care needs."

About Your Health First

Our chronic condition management program, Your Health First, takes a unique approach to help customers who have ongoing conditions such as asthma, diabetes, and depression, to better manage their health. This behavioral-based program provides comprehensive health management tailored to each individual and is delivered through the continuous, personalized support of a dedicated health advocate. Focusing on each person's health needs, preferences, and goals, the health advocate's one-on-one approach helps create stronger relationships, establish trust, and drive positive behavior changes.

By working together, we can help attain better health outcomes for your patients with Cigna insured or administered coverage. Encourage your patients to learn more about Your Health First and other health engagement programs that may be available to them through their Cigna medical plan.

For more information about these programs, go to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Clinical Health and Wellness Programs, or call Cigna Customer Service at 1.800.88Cigna (882.4462) to learn more.

Cigna-HealthSpring participation

You may be aware that in 2012 Cigna acquired the former HealthSpring health plan (now Cigna-HealthSpring) that provides services to Medicare and Medicaid-eligible customers. Cigna-HealthSpring is based in Nashville and operates Medicare Advantage plans in Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, D.C., as well as a national stand-alone national prescription drug plan. Cigna-HealthSpring is also contracted with the state of Illinois and Texas for Medicaid plans.

Know if you participate in the Cigna-HealthSpring network

Whether you are located in a Cigna-HealthSpring service area or not, you are not considered to be participating in the Cigna-HealthSpring network unless you have a separate agreement with Cigna-HealthSpring, or we have informed you by mail that your Cigna agreement now includes participation in the Cigna-HealthSpring network.

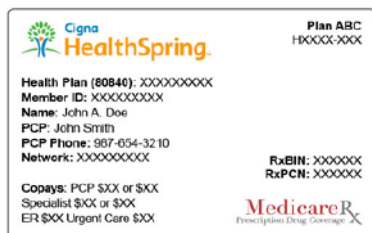
Please continue to use the processes and procedures you currently use with each organization. **Unless we have notified you in writing, there are no changes to:**

- Network participation
- Your contract
- Fee schedules
- Administrative processes – Continue to use separate claim, eligibility and benefits checks, and precertification procedures for each organization
- Referral procedures – Continue to refer your patients to network participating physicians, facilities, and vendors. Use the separate online health care professional directories:
 - CignaforHCP.com
 - CignaHealthSpring.com

Continue from page 8

Patient ID cards

Cigna-HealthSpring patient ID cards include the Cigna-HealthSpring logo, with “HealthSpring” prominently displayed. Always refer to the information on the back of the ID card, including claim submission details and the Customer Service telephone number. If you are not a Cigna-HealthSpring participating health care professional, you cannot provide in-network services to a customer who presents this card.



For more information

If you have questions about Cigna-HealthSpring participation, please call 1.800.230.6138.



CultureVision – A searchable database for health care professionals

Cigna is offering unlimited access to CultureVision™, a searchable database that provides tailored cultural competency information on more than 50 diverse communities. You and your staff can quickly find helpful information on topics such as:

- Communication
- Family patterns
- Nutrition
- Treatment protocols
- Spiritual beliefs
- Ethno-pharmacological issue
- Etiquette, and much more



About CultureVision

CultureVision is the first user-friendly database that gives you and your staff access to culturally competent patient care at no cost to you. It’s easy to use; there is nothing to install and nothing to download. This exciting new resource may help you gain more information and background on concerns such as:

- Communicating more effectively to ensure your patients understand you
- Understanding complementary and alternative medicine

In addition, it can help you to become more aware of why some patients:

- Feel it is important to have family members accompany them to routine health visits
- Arrive late for appointments
- Struggle to be adherent with their prescribed medications
- Ignore warning signs of a serious illness and come in to see you when they are already at a late stage of the disease

An increasingly diverse population

As the population in the United States continues to diversify, having the knowledge and ability to identify potential cultural disparities and barriers to effective care are critical for improving the health outcomes of your patients. By being culturally competent in health care, you can better understand their diverse values, beliefs, and behaviors, and customize treatment plans to meet patients’ social, cultural, and linguistic needs.

Explore CultureVision today to enrich your awareness and increase your confidence to deliver culturally competent, patient-centered care. You can easily access this resource on either of these websites:

Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health & Wellness Programs > Cultural Competency Training and Resources > CultureVision

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources > CultureVision



Genetic testing and counseling for improved patient outcomes

As part of our commitment to provide our customers with quality, market-leading programs that can help them be more informed about their health, we have developed the Genetic Testing and Counseling Program. We believe this can help customers achieve improved health outcomes with increased quality, information and transparency, as well as complement the quality care you provide to your patients. The program requires patients to receive counseling by a board-certified genetic counselor or clinical geneticist prior to receiving approval for genetic testing.

“We are committed to providing Cigna customers with the information they need to understand their inherited health risks and make decisions about complex genetic tests, said David H. Finley, MD, National Medical Officer, Enterprise Affordability and Policy at Cigna. “We are working with InformedDNA because the company is recognized as an authority in genetic counseling and clinically-driven genetic benefits management,” said Dr. Finley.

The Genetic Testing and Counseling Program became effective September 16, 2013. It includes a precertification requirement and medical necessity review for three common genetic tests:

- Breast and ovarian cancer (BRCA)
- Colorectal cancer syndromes
- Long QT syndrome

This program will help to ensure your patients continue to receive quality care. It also provides them with the opportunity to become more informed about these complex genetic tests, making them better able to participate in the decision-making process for their care. Your patients can be assured that only necessary tests will be ordered, which helps to reduce their potential stress and costs.

About InformedDNA

This nationwide network of independent board-certified genetic professionals can provide pre- and post-test over-the-phone genetic counseling. Day, evening and weekend appointments are available for your patients by telephone at home. Consultations for patients with urgent surgical or treatment decisions are scheduled within 24 to 28 hours of referral.

InformedDNA will also work with the Cigna precertification team to review test requests that do not require genetic counseling for precertification. They will reach out to ordering health care professionals as needed for additional clinical information to demonstrate medical necessity.

“Our approach increases access to genetics specialists who have the training to help ensure that every person seeking information about their genetic makeup and health risks receives personalized information to get the most appropriate care,” said InformedDNA Chief Executive Officer David Nixon. This proven model for health care utilization helps ensure that all Cigna customers have swift access to board-certified genetics specialists to help them evaluate the potential effect of genetic testing on them and their family members.¹

More about genetic counselors

Genetic counselors are masters-level board-certified health care professionals with specialized training in clinical genetics and counseling. Genetic counselors help patients understand genetic testing, learn more about the complexities of genetic information, make informed decisions about the testing, and provide lifestyle or medical adjustments consistent to their religion, culture and personal beliefs.

“I practice as a medical oncologist, and I’m a firm believer that there are so many things out there that no one person can master everything. So I think it’s impossible for a generalist to understand everything that a person needs to understand about genetic counseling or about genetic testing. That’s among the reasons I think it is very important for most of us, including myself, to refer patients to a genetic counselor for a conversation, even if that conversation has to happen over a telephone. A genetic counselor brings something to the table that many of us physicians simply cannot,” said Otis Brawley, MD, Chief Medical Officer, American Cancer Society.²

For more information

If you have questions about the Genetic Testing and Counseling Program, please contact your local Market Medical Executive or go to Cigna.com > Health Care Professionals > Resources > Genetic Testing and Counseling Program. The website also has the list of participating genetic counselors, and is continually updated. You may also call Cigna Customer Service at 1.800.88Cigna (882.4462).

If your patients have questions about this program or need help finding a participating independent board-certified genetic counselor, they may call Cigna Customer Service at the telephone number on their medical ID card.

1 PR Newswire, July 23, 2013

2 AJMC.com, Managed Markets Network, Evidenced-Based Oncology. Published online December 13, 2013



“Participant incentives” prohibited



We want you to be aware of our requirements for participating health care providers regarding the certain offering incentives to their patients who are covered by a Cigna insured or administered plan. The following information is also outlined in the Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals:

Health care providers shall not directly or indirectly establish, arrange, encourage, participate in or offer any Participant Incentive.

“Participant Incentive” means any arrangement:

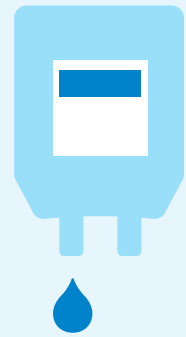
1. To reduce or satisfy a Participant’s cost-sharing obligations (including, but not limited to Co-payments, Deductibles and/or Coinsurance)
2. To pay on behalf of or reimburse a Participant for any portion of the Participant’s costs for coverage (e.g., insurance premiums) insured or administered by Cigna or a Cigna Affiliate
3. That provides a Participant with any form of material, financial incentive (other than the reimbursement terms under this Agreement), to receive Covered Services from the health care provider or any associates or affiliates.

In the event of non-compliance with this provision:

1. Cigna may terminate the health care provider’s Agreement, as such non-compliance is a “material breach” of the Agreement;
2. The health care provider shall not be entitled to reimbursement under its Agreement with respect to Covered Services provided to a Participant in connection with a Participant Incentive.
3. Cigna may take other actions appropriate to enforce this provision.

If you have questions about our guidelines for patient incentives, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Home infusion therapy services and support



Cigna Specialty Pharmacy ServicesSM offers comprehensive support and services to you and your patients in need of infusion therapy. Our medical directors, nurses, and pharmacists provide clinical guidance and coordination from onsite to home administration for infusion medications, so your patients can receive treatment in the comfort of their home. We work closely with the referring physician to ensure appropriate and quality care.

We’re here to help

We know all the steps and work it takes to set up a patient for infusions, so we want you to know we are here to help make the process as smooth and easy as possible – for you and your patient. Our nurses play a significant role. They are the connection point, every step of the way, serving as your patient’s advocate to help ensure the best health outcome. With the integration of pharmacy and medical benefits, our nurses are able to guide your patients through complex therapy.

Cigna Specialty Pharmacy Services provides:

- Quick and easy prior authorizations
- Easy access for prescription requests
- Prescription support for complex conditions
- Clinical coordination from onsite to home administration for infusion medications
- Access to limited distribution drugs
- Coordinated prescription refills and renewals
- 24/7 access to pharmacists
- Patient education and support
- Patient follow up calls with report out to treating doctor
- Coordination of Medicare benefits (part D and B)
- One-stop shop dispensing for both specialty and non-specialty drugs
- Financial assistance programs to help Cigna customers afford costly medications

Let us help you guide your patients who are undergoing complex therapy. Together we can shape their path to adherence and improved health. For more information, or to order your specialty medications, call us at 1.800.351.3606. Order forms are available at CignaforHCP.com.



Colorado

New authorization process for early intervention services

We have made it easier for health care professionals to verify coverage eligibility for Cigna customers who may need Colorado early intervention (EI) services. You no longer need to call Cigna Customer Service to start this process. You can simply send a completed Health Insurance Authorization form to us by fax or email, and a dedicated contact will verify eligibility.

Verifying eligibility

To verify eligibility, complete the Health Insurance Authorization form available on the Early Intervention Colorado website (www.eicolorado.org > State approved forms > Health Insurance Authorization Forms).

Fax or email the completed form:

Fax: 1.855.239.6796, to the attention of Sylvia Zeigler

Email: Scan and send the completed form to Sylvia. Zeigler@Cigna.com

Please do not send the Individualized Family Service Plan document. Only the Health Insurance Authorization form is needed to determine eligibility.

The verification process will be completed within five business days. We will return the form to you in the same manner by which we received it, indicating whether the customer is eligible for coverage. If the customer is not eligible, an explanation will be provided.

If you have questions about verifying eligibility for EI services, please call Stacey Frantz at 1.570.496.5849. Thank you for the continued care you provide to our customers.



Interpretation service requests and refusals form

A Request/Refusal for Interpretation Services form is available to help health care professionals in California document and track compliance with California's Health Care Language Assistance Act. This generic form – available in English, Spanish, and Traditional Chinese – may be offered to any non-English speaking patient, regardless of insurer.

California Language Assistance Program requirements

Under the Health Care Language Assistance Act, customers who live in the state of California have the right to an interpreter when receiving treatment and services. In compliance with this law, Cigna requires the following:

- All health care professionals and their office staff must offer Cigna's telephone interpreter when speaking to any non-English speaking Cigna customer. Even if a health care professional or office staff speaks in the customer's language, the telephone interpreter must always be offered.
- Cigna does not delegate language interpretation services to health care professionals. Health care professionals are required to offer free over-the-phone interpretation services directly to Cigna customers through Cigna's telephone interpreter vendor.
- If the customer prefers to use a family member or friend to provide interpretation services after they have been told that a trained interpreter is available free of charge, the customer's refusal to use the trained interpreter must be documented in the patient's medical record.

How to access the form

To download and print the generic Request/Refusal for Interpretation Services form in English, Spanish, or Traditional Chinese, go to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Forms Center > Medical Forms > CALAP – Request-Refuse Interpretation Services). You can also obtain printed copies by calling Cigna Customer Service at 1.800.Cigna24 (1.800.244.6224).

Continue from page 12



Hypertensive disorders in pregnancy summaries

For more information about California state laws

For more information on this and other health care-related California state laws, you may access the state-specific reference guide by logging in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user of the website to access these guides. If you are not registered, go to the site and click "Register Now." If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912 to request one.

For more information on interpretation services

You can find more information on interpretation services, such as the importance of medical interpreters and tips on working with language interpreters, on Cigna's Cultural Competency Training and Resources page, which is available by going to either of these websites:

Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health & Wellness Programs > Cultural Competency Training and Resources

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources



The New York State Department of Health has published two informational pieces for health care professionals who provide medical care to pregnant women: The Hypertensive Disorder Pregnancy Executive Summary and the Hypertensive Disorder Pregnancy Guideline Summary. These materials, which were created to promote quality services and increase communication among health care professionals, are available on the New York State Department of Health website—www.health.ny.gov/professionals/patients/women.

Hypertensive disorder pregnancy is associated with severe maternal obstetric complications and increased mortality risk. It can also lead to preterm delivery, fetal intrauterine growth restriction, low birth weight and perinatal death if left undiagnosed and unmanaged.

How can you help?

We encourage Cigna-participating health care professionals who treat pregnant women to review these materials, and incorporate them into their practices and treatment plans for these patients.

About the summaries

The summaries are produced by the New York State Department of Health Maternal Mortality Review Initiative. Their goal is to have a comprehensive review of factors leading to maternal deaths in the state, and ultimately develop strategies and measures to decrease the risk of these deaths. This initiative was completed in conjunction with the Island Peer Review Organization (IPRO) and an expert committee that includes representation from the American Congress of Obstetricians and Gynecologists (ACOG) and other professional organizations.

For additional resources on women's health issues, visit www.health.ny.gov/professionals/patients/women.

Market Medical Executives contact information

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

National

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John Sobbeck, MD	AK, HI, ID, MT, OR, WA	1.206.625.8861



- 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 the networks.
- Identify opportunities to enroll your patients in Cigna health advocacy programs.

Reference guides

Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals contain many of our administrative guidelines and program requirements. The reference guides include information pertaining to participants with Cigna and GWH-Cigna ID cards.

Updated guides now available

You can access the reference guides at CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on "Register Now." If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912 to request one.

Go green – go electronic



Would you like to reduce paper in your office?

Sign up now to receive certain announcements and important information from us right in your email box. When you register for the secure Cigna for Health Care Professionals website, CignaforHCP.com, you can:

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

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

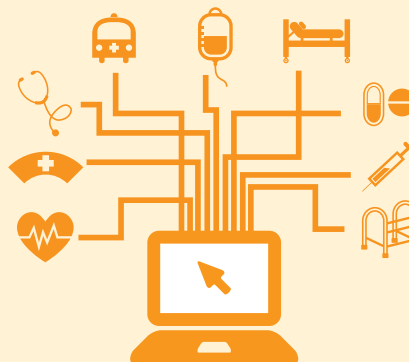
If you are a registered user, please check the "My Profile" page to make sure your information is current. If you are not a registered user, but would like to begin using the Cigna for Health Care Professionals website and receive electronic updates, go to CignaforHCP.com and click "Register Now."

Use the network

Help your patients keep medical costs down by referring them to health care professionals in our network. Not only is that helpful to them, but it's also good for your relationship with Cigna, as it's in your contract.

There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient. Of course, if there's an emergency, use your professional discretion.

For a complete listing of Cigna participating physicians and facilities, go to Cigna.com > Health Care Professionals > Resources > Find a Doctor.



Urgent care for non-emergencies

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

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

For a list of Cigna's participating urgent care centers, view our Health Care Professionals Directory at Cigna.com > Health Care Professionals > Resources > Find a Doctor.

Cultural competency training and resources

Cultural competency resources are available to health care professionals on the Cigna.com and CignaforHCP.com websites. You will be able to access links to resources, at no extra cost to you, including articles, training, videos, a health equity brochure, and a public service announcement on the importance of language interpreters in health care.

Visit either of these websites to learn more:

Cigna.com > Health Care Professionals > Resources > Health & Wellness Programs > Cultural Competency Training and Resources

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

HELPFUL REMINDERS ●●●

Have you moved recently? Or changed your phone number?

Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. Please check your listing in our health care professional directory, including your office address, telephone number, and specialty. Go to Cigna.com > Health Care Professionals > Health Care Professional Directory.

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website at CignaforHCP.com. After you log in, select Working with Cigna on your dashboard, and then choose the appropriate link for an individual or group health care professional. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail as noted below.

As part of our ongoing effort to help ensure accurate information is displayed in the directory, we may call you in the coming months to verify your information. It'll take just a few minutes to validate information with you over the phone.

If you are located in:

AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, or VA

Email: Intake_PDM@Cigna.com

Fax: 1.888.208.7159

Mail: Cigna PDM, 2701 North Rocky Pointe Dr., Suite 800, Tampa, FL 33607

CT, DE, IL, IN, MA, ME, MI, MN, NH, NJ, NY, OH, PA, RI, VT, WI, or WV

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr., Hooksett, NH 03106

AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, or WY

Email: Intake_PDM@Cigna.com

Fax: 1.860.687.7336

Mail: 400 North Brand Blvd., Suite 300, Glendale, CA 91203

Access the archives

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

Letters to the editor

Thank you for reading the Network News. I hope you find the articles to be informative, useful and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to:

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Best regards,
Startlet Johnson
Health Care Professional Communications

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