

Network News

OCTOBER 2016

For providers



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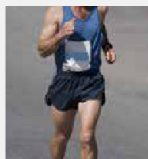
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QUICK GUIDE TO CIGNA ID CARDS: NEW INTERACTIVE DIGITAL TOOL

The Quick Guide to Cigna ID Cards is one of the resources most frequently used by providers. Now there's another way to view the cards: A new online interactive ID card tool is available on either Cigna.com or the Cigna for Health Care Professionals website (CignaforHCP.com).

The interactive tool contains samples of the most common customer ID cards, along with detailed line-item information – just like the printed and PDF versions of the guide. The difference is that now you can quickly view information for a particular card simply by clicking on its image.

Try the tool. It's easy.

Then, bookmark it. That way you'll have access to it whenever you need to view a card.

- › Go to Cigna.com > Health Care Professionals > [Sample ID Cards](#) or go to CignaforHCP.com > [View Sample ID Cards](#).
- › You'll see sample images of the most common ID cards.
- › To view only the cards for certain plan types click "Filter Cards by Category" and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, Strategic Alliance Plans, etc. – from the categories that appear.

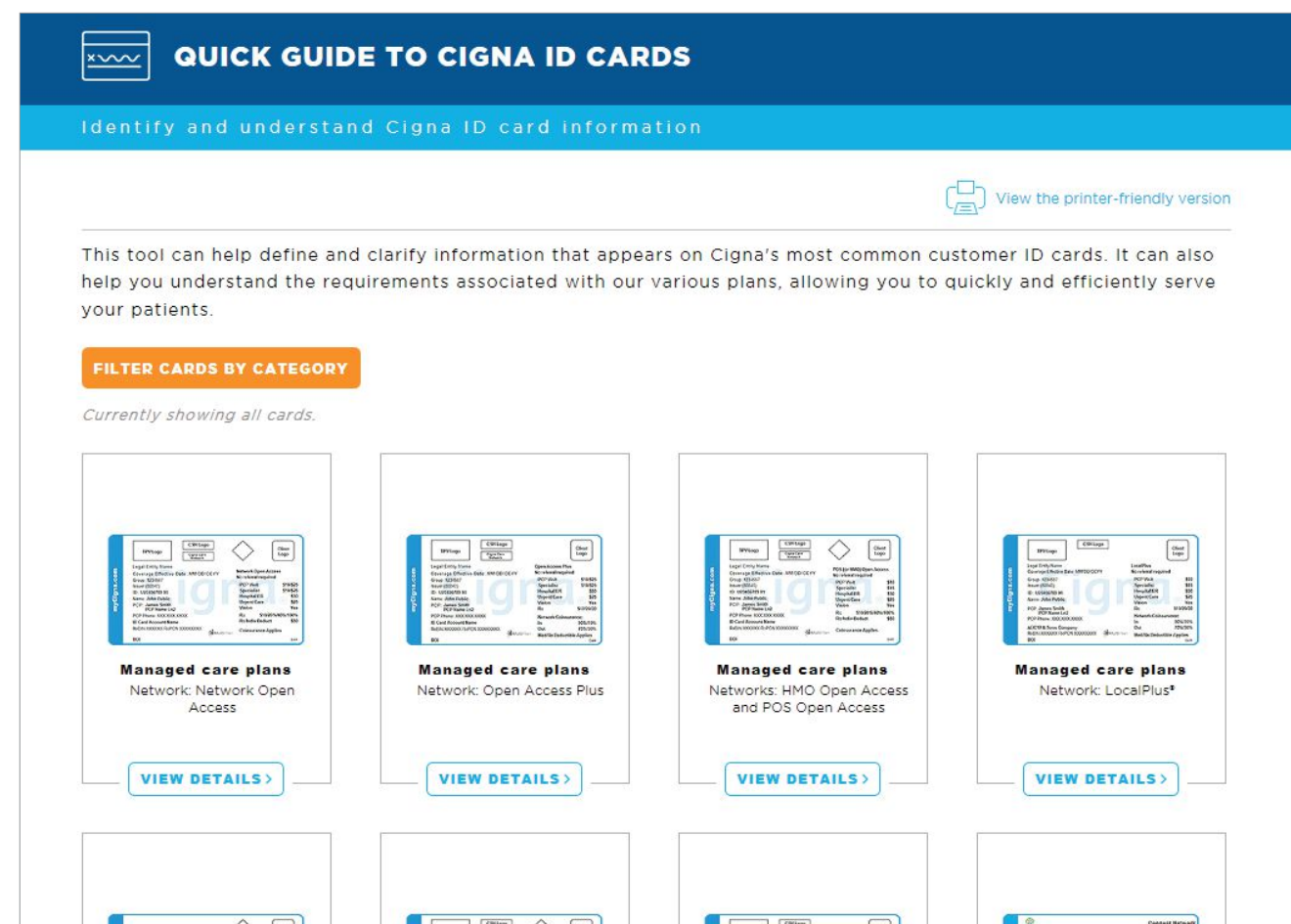
- › Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more detail about that section, or read the key on the right-hand side of the screen.
- › Click "View the Back" to see the reverse side of the card.
- › Click "About This Plan" to read more about the plan associated with this ID card.
- › Click "View Another Card Type" to view a different sample ID card.

Other information you can access

On every screen of the ID card tool, you can click a green tab for "More Information." This allows you to view information about:

- › The myCigna Mobile App
- › More ways to access patient information when you need it
- › Important contact information

[Click here to use the new digital ID card tool.](#)



SITE OF SERVICE PAYMENT CHANGE

Beginning January 1, 2017, we will be adjusting certain fee schedules, and updating the Cigna Administrative Guidelines on how physicians will be reimbursed, for certain services based on where the service is performed.

This methodology, typically referred to as “site of service” reimbursement, will apply to approximately 1,900 Current Procedural Terminology (CPT®) codes for services that have a site of service designation, as established by the Centers for Medicare & Medicaid Services (CMS).*

What this means to providers

Historically, physician reimbursement for each CPT and Healthcare Common Procedure Coding System (HCPCS) code was established with either the facility relative value unit (RVU) or the non-facility (office) RVU, regardless of where the service was performed.

Beginning January 1, 2017, reimbursement for certain covered physician services that are performed in a location other than a physician’s office will be calculated based on the facility RVU. For covered services performed in the office, reimbursement will be calculated based on the non-facility (office) RVU.

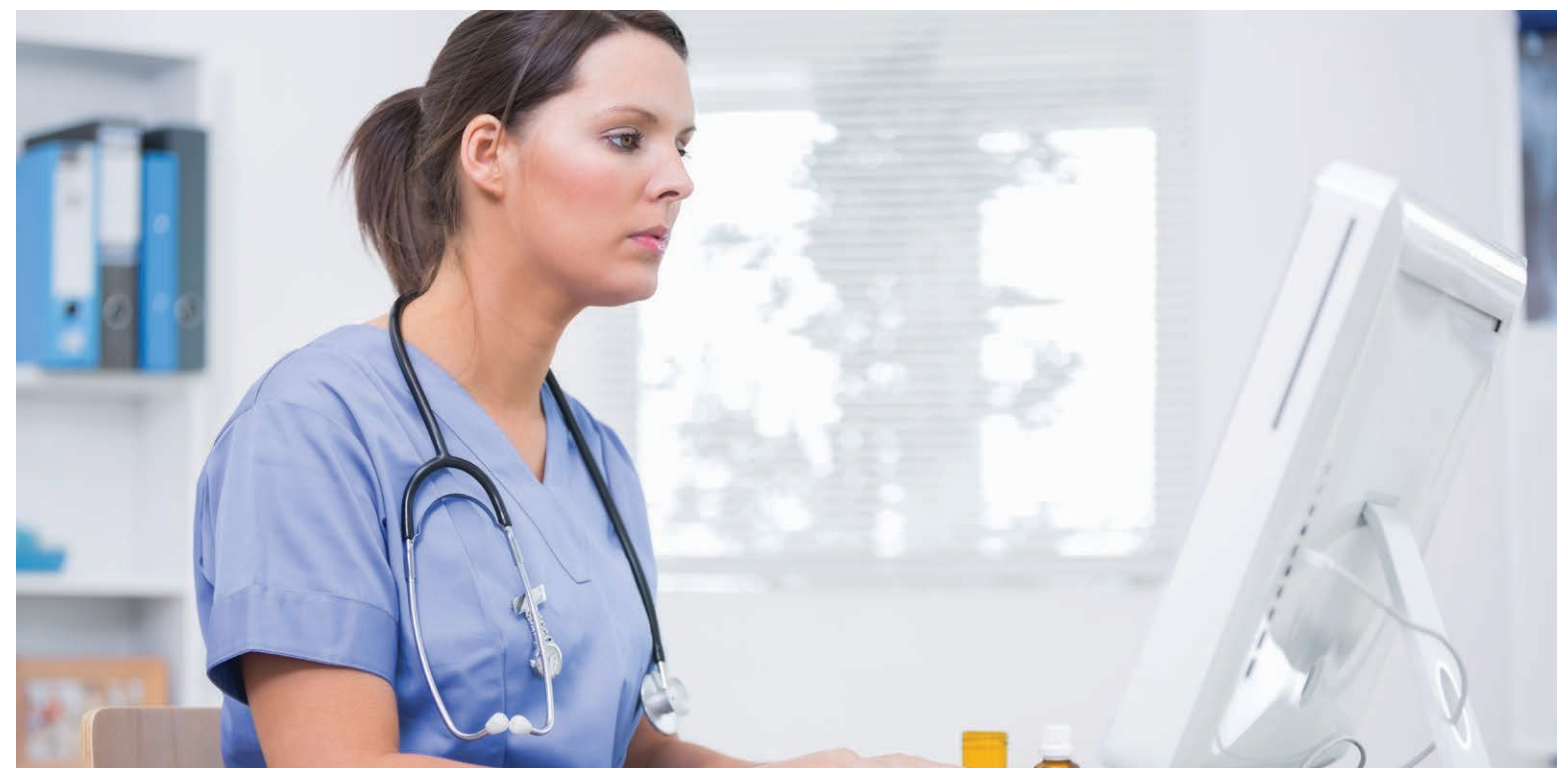
Affected providers may experience a change in reimbursement for covered services based on the location where the service was performed.

What this means to your patients

Individuals can save on their out-of-pocket costs when a covered service is performed in a less expensive, medically appropriate setting. Therefore, we encourage you to perform services in the office setting when medically appropriate.

Additional information

You can obtain additional information on the Cigna for Health Care Professionals website (CignaforHCP.com), as shown in the chart to the right. Login is required unless otherwise indicated.



ITEM	LOCATION ON CIGNAFORHCP.COM
Full listing of the codes that have site of service designation	Resources > Latest News> Medical
Fee schedule rate requests	Working with Cigna > Request Fee Schedule
Additional reimbursement information	Resources > Reimbursement and Payment Policies (login not required)

If you are not a registered user of the website, go to CignaforHCP.com and click Register Now.

*Please note that the American Medical Association (AMA) occasionally releases “add-on” codes for certain CPT codes. If the AMA releases add-on codes for any of the affected CPT codes, those add-on codes will be subject to the same site of service reimbursement guidelines.



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, as well as our medical coverage policies and precertification requirements.

As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards. The table to the right lists updates to our coverage policies.

Additional Information

Additional information, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies).

If you are not registered for this website, go to CignaforHCP.com and click Register Now. If you do not have Internet access – and would like additional information – please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE (BASED ON DATES OF SERVICE)
Minimally Invasive Intradiscal/ Annular Procedures and Trigger Point Injections (0139)	Trigger point injection therapy injects anesthetic or corticosteroids to distinct irritable spots in the tight band of skeletal muscle. Fluoroscopic or computed tomography guidance is used to ensure accurate needle placement to the target area.	Consistent with our current coverage policy, we will deny claims as experimental, investigational, or unproven (EIU) for ultrasound guidance (Current Procedural Terminology [CPT] code 76942) when billed with trigger point injections (CPT codes 20552 and 20553).	November 14, 2016
Routine Immunizations (9001)	Live attenuated influenza (flu) vaccine (LAIV), a nasal spray flu vaccine also known as FluMist.	In alignment with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) vote on the use of the FluMist vaccine, we will deny CPT codes 90660 and 90672, which are used to bill claims for FluMist. See FluMist article on page 13 for more information. We will cover routine immunizations based on a vaccine being licensed by the U.S. Food and Drug Administration (FDA) and recommended by ACIP.	September 15, 2016



PRECERTIFICATION UPDATES

To help ensure that we are using the most current medical information available, 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 on October 1, 2016

We've added six codes that require precertification. Three are new Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes that the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) recently released. Three are additional codes for which Cigna will require precertification.

CODE	DESCRIPTION
89337	Cryopreservation, mature oocyte(s)
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis, and greater than 24 hours of accessible ECG data storage (retrievable with query), with ECG-triggered and patient-selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified provider
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real-time data analysis, and greater than 24 hours of accessible ECG data storage (retrievable with query), with ECG-triggered and patient-selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified provider
C9139	Injection, Factor IX, albumin fusion protein (recombinant), Idelvion, 1 i.u.
C9481	Injection, reslizumab, 1 mg
C9483	Injection, atezolizumab, 10 mg

Codes removed from the precertification list on October 1, 2016*

CODE	DESCRIPTION
E0652	Pneumatic compressor, segmental home model, with calibrated gradient pressure
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)
33254	Operative tissue ablation and reconstruction of atria, limited (e.g., modified maze procedure)
33255	Operative tissue ablation and reconstruction of atria, extensive (e.g., maze procedure); without cardiopulmonary bypass
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (e.g., modified maze procedure) (list separately in addition to code for primary procedure)
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (e.g., maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (e.g., modified maze procedure), without cardiopulmonary bypass
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (e.g., maze procedure), without cardiopulmonary bypass

* Removal of codes from the precertification list is not guarantee of coverage or payment. Codes may be subject to code editing, benefit plan exclusions, and post-service review for coverage.

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not currently registered for the website, you will need to register to log in. Go to CignaforHCP.com and click on Register Now.



NATIONAL eSERVICES WEBINAR SCHEDULE

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 precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you'll learn about will benefit you and your patients with Cigna coverage.

TOPIC	DATE	TIME (PT / MT / CT / ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Thursday, November 3, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	710 425 260
Eligibility & Benefits / Cigna Cost of Care Estimator	Tuesday, November 8, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	712 358 838
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, November 16, 2016	8:00 AM / 9:00 AM / 10:00 AM / 11:00 AM	90 min	716 392 300
Online Precertification	Tuesday, November 29, 2016	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	714 087 998
CignaforHCP.com Overview	Tuesday, December 6, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	717 879 845
Eligibility & Benefits / Cigna Cost of Care Estimator	Thursday, December 15, 2016	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	711 045 179

Preregistration is required for each webinar

1. Go to CignaVirtual.Webex.com.
2. Enter the meeting number.
3. Enter the session password **123456**.
(This is the password for each webinar.)
4. Click Registration.
5. You'll receive a confirmation email with meeting details.

To join the audio portion of the webinar

Call **1.888.Cigna.60 (244.6260)** and enter passcode 684113# when prompted.

Questions?

Contact: Cigna_Provider_eService@Cigna.com



ELECTRONIC CLAIM ATTACHMENT PILOTS COMING SOON

We are working on developing an enhancement for providers and facilities that will allow them to electronically send us supporting documentation needed to process their claims. This enhancement will be available through the **ANSI 275 Electronic Claim Attachments transaction**. It will give you the ability to send these attachments either with your original electronic claim submission, or in response to our electronic request for more information needed to process your claim.

2016 pilots planned for the ANSI 275 transaction

In the last quarter 2016, we will begin piloting the ANSI 275 transaction with preselected dental providers, who will use this transaction to submit claim attachments to us electronically. In 2017, we plan to extend the pilot to medical providers.



2017 pilots planned for the ANSI 277 RFAI transaction

In 2017, we anticipate piloting the ANSI 277 **Request for Additional Information (277 RFAI) transaction**.

This will enable us to electronically request supporting documentation from a provider or a facility that is needed to process a pended claim. The 277 RFAI transaction will be used in conjunction with claims we receive through the ANSI 837 Electronic Claim Submission transaction. A provider or facility may return the requested information using the 275 transaction.

Looking ahead

A series of pilots will be conducted for the 275 and 277 RFAI transactions before they become accessible to all providers and facilities. This will help us to ensure the enhancements work fully as intended. Once these new capabilities have been piloted and successfully implemented, you'll be able to more quickly and efficiently provide us with all the supporting information needed, enabling us to process your claims faster.

EFT TO BECOME CIGNA'S REQUIRED STANDARD PAYMENT METHOD

In January 2017, electronic funds transfer (EFT) will become Cigna's required standard method for providers to receive reimbursements. All providers and facilities must enroll.

What is EFT?

This is a secure, automated payment method that deposits your reimbursements directly into your bank account. There are many benefits to receiving payments by EFT.

- › It's a proven method for securely receiving payments.
- › It eliminates the delays associated with paper check mail delivery and handling.
- › You'll have access to the funds on the same day as the deposit, improving cash flow.

Enrolling for EFT is easy

If you're already enrolled for Cigna EFT payments, you're all set - there's nothing more you need to do. Otherwise, you must enroll using one of the methods below.

- › **Cigna for Health Care Professionals website (CignaforHCP.com)**. Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT).
- › **Council for Affordable Quality Healthcare® (CAQH)**. Enroll in EFT and manage EFT accounts with multiple payers, including Cigna, using the CAQH Solutions EnrollHub® at Solutions.CAQH.org.

Electronic remittance advice: Separate enrollment

When used together, EFT and electronic remittance advices (ERAs) can help eliminate claims payment paperwork and improve your cash flow. To enroll in ERA with Cigna, contact your clearinghouse or electronic data interchange (EDI) vendor.

For more information about managing your EFT enrollment or accessing your remittance reports, go to CignaforHCP.com > Learn About Electronic Solutions > [Electronic Payment and Remittance Reports](#).



PROMPTPA: AN EASY WAY TO REQUEST PRIOR AUTHORIZATIONS FOR PRESCRIPTIONS

PromptPA™ is an easy-to-use, web-based tool you can use to request prior authorizations for prescription medications quickly and efficiently. It's designed for use by providers and facilities to:

- › Request prior authorizations and precertifications for prescription medications using any web browser
- › Check the status of previously submitted requests
- › Save time – there's no forms to fill out, no registration required, and no passwords to remember
- › Reduce the overall costs associated with paper prior authorization and precertification requests

Try it today

Go to Cigna.PromptPA.com > Provider > New Prior Authorization. You'll need a few key pieces of information about your patient:

- › Cigna ID number
- › Patient name
- › Date of birth
- › Patient ZIP code

Add the prescriber, drug, and diagnosis information. Then, complete a brief questionnaire about the request, and you're done. You can even attach any clinical notes supporting the request. You'll receive a Prior Authorization Episode of Coverage (EOC) ID that can be used to verify the status of your request.



EASY ONLINE TOOL FOR DIRECTORY UPDATES COMING SOON

By year-end 2016, we'll be introducing a new online form, with prepopulated fields, to make it easier for you to update the demographic information displayed in our provider directories.

Prepopulated fields

Prepopulated fields, specific to your practice, will contain information for each of your providers listed in our directory, as well as the addresses for each location.

Directory listing review no longer necessary

Since the form will already be prepopulated with your practice-specific information, you won't need to check the directory first to ensure your listing is accurate. You'll be able to simply review the prepopulated fields to confirm the information is correct, make any necessary changes, and submit the form to us. For those who prefer to view the online directories before submitting changes, a direct link will be available on the Cigna for Health Care Professionals website (CignaforHCP.com).

How to find the new form

Once the new form is available, you'll be able to access it the same way you do today – by logging in to CignaforHCP.com > Working With Cigna.

Please keep your directory listing current

When the directories are up to date, customers can make better-informed decisions about which providers to use. This benefits everyone. You will be able to check your listing any time by logging in to (CignaforHCP.com) > Working With Cigna. We look forward to providing you with this new tool.



CIGNA TELEHEALTH SERVICES TO EXPAND

Beginning January 1, 2017, we will begin offering new, expanded access to, and choices for, affordable telehealth services for customers enrolled in Cigna medical and behavioral health plans. These benefits will be standard for most of our U.S. employer-sponsored group health plans, and many Individual & Family Plans (IFPs) offered on- and off-Marketplace.*

Additional provider of telehealth services for medical benefits

American Well will be added as a new national vendor to Cigna Telehealth Connection, joining MDLIVE® in providing telehealth services for medical benefits 24 hours a day, seven days a week to customers. Both providers have licensed, board-certified U.S.-based doctors, including pediatricians, who are able to treat minor medical conditions such as allergies, colds, the flu, pinkeye, and sinusitis. This means customers can have greater choice in accessing private, live appointments, as well as have immediate and on-demand access to affordable, quality, nonurgent care – via phone or video-based services.

What this means to medical providers

You can contract directly with MDLIVE or American Well as a participating provider. This will allow you to provide a cost-effective alternative to the traditional care setting for diagnosing, treating, and writing prescriptions for routine medical conditions.

If you want to join MDLIVE or American Well to provide telehealth services to eligible Cigna customers, you must contract with them directly:

› American Well

Go to AmericanWell.com > Providers > Telehealth for Group Practices > [Join Online Care Group](#)

› MDLIVE

Go to MDLIVE.com > Providers > [Physicians](#)

Please note that if you contract directly with MDLIVE or American Well, you will need to submit claims directly to MDLIVE or American Well in order to be reimbursed. These claims will not be processed and paid through your Cigna contract.



New behavioral health benefits

We will also add telehealth video consultation services for our customers with mental health and substance use benefits. These services will be available through Cigna's own network of behavioral health professionals. With this new option, customers can receive individual therapy or medication management through video-based services, which will vary by provider. Customers will

be able to access these services by contacting their behavioral health provider directly. Neither MDLIVE nor American Well are providers for behavioral telehealth services.



If you have questions, call Cigna Customer Service at **1.800.88Cigna** (882.4462).

* Due to state regulations, American Well is not available in Arkansas and Texas. MDLIVE is not available in Arkansas, limited to video only in Idaho, and limited to phone only in Texas. State regulations are subject to change.



CIGNA SHARED ADMINISTRATION PROGRAM

Cigna provides health benefit services to more than 650,000 people covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. For these relationships, we provide access to the Cigna network, perform medical management and utilization reviews, reprice claims according to our contracted rates and claims logic, provide contract dispute resolution, and may offer clinical appeals management and other outpatient care management.

When administering these plans for your patients with Cigna-administered coverage, please refer to the chart below.

TOPIC	CONTACT INFORMATION
<ul style="list-style-type: none"> › Contract pricing inquiries › Claim pricing status 	1.800.549.8909 (representatives are available between the hours of 8:00 a.m. and 6:00 p.m. ET, Monday through Friday)
<ul style="list-style-type: none"> › Paper and electronic claim submission addresses 	Cigna payer ID: 62308 PO Box 188004, Chattanooga, TN 37422-8004
<ul style="list-style-type: none"> › Preauthorizations › Precertifications 	Telephone number or address on the patient's ID card
<ul style="list-style-type: none"> › Eligibility › Benefits › Claim payment status › Electronic remittance advice (ERA) and electronic funds transfer (EFT) enrollment 	Third-party administrator telephone number or address on the patient's ID card

Additional information

To learn more about shared administration benefits, visit the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products > Shared Administration).

SHARPEN YOUR CULTURAL COMPETENCY SKILLS WITH UNIVERSITY-BASED ASSESSMENT

We live in a culturally diverse country in which individuals are increasingly looking to work with people who understand them, respect their differences, and meet their unique needs.

A distinctive way to learn

Cigna-contracted providers can now sharpen their cultural competency skills through a special learning opportunity offered at no cost: The Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA), administered by the Georgetown University National Center for Cultural Competence. The assessment takes 80 minutes to complete online, is completely confidential, and will reveal your strengths and opportunities. Based on these findings, you'll receive customized recommendations about learning tools and resources that can increase your ability to interact with patients in a culturally sensitive way, and provide even better care that considers individual differences and needs.

Pilot participants confirm value of assessment

In 2015, we piloted the CLCHPA with providers to gauge interest and receive feedback about its value. Here are our findings:

After participating in the pilot, providers:

- Reported increased cultural competency awareness in:
 - Themselves.....88%
 - Their medical staff.....77%
 - Their office staff.....75%
- Would recommend the CLCHPA to colleagues.....85%

How to get started

You can find the CLCHPA on the Cultural Competency Training and Resources page at Cigna.com > Health Care Professionals > Resources > Cultural Competency > [Cultural Competency Training and Resources](#).

Additional cultural competency resources

To help you and your staff learn about cultural competency, you can find the following tools and resources on the same web page listed above for the CLCHPA:

- › [Lesbian, Gay, Bisexual, Transgender, Health Disparities Communication Brief](#)
- › [Language assistance service discounts](#)
- › [Commonly used patient forms in Spanish](#)
- › [CultureVision™](#) (Login: CignaHCP, Password: doctors123!)
- › Much more



WHERE TO SUBMIT CLINICAL APPEALS FOR SERVICES MANAGED BY EVICORE HEALTHCARE

We work with eviCore healthcare to provide utilization management, including precertification, for high-technology radiology, diagnostic cardiology, radiation therapy, and musculoskeletal and pain management services.

Because eviCore makes the initial clinical coverage decision for affected services, they are responsible for any clinical internal appeals related to those services. Therefore, all clinical appeals for these services should be submitted directly to eviCore, as indicated below.

SERVICES	WHERE TO SUBMIT CLINICAL APPEALS
High-technology radiology (e.g., MRI, CT, PET scan) Diagnostic cardiology Musculoskeletal and pain management	Mail: eviCore healthcare 730 Cool Springs Blvd., Suite 800 Franklin, TN 37067 Fax: 1.615.468.4469 Email: AppealsClaimsIssues@medsolutions.com
Radiation therapy	Mail: eviCore healthcare 400 Buckwalter Place Blvd. Bluffton, SC 29910 Phone: 1.866.668.9250 Fax: 1.866.699.8128

For additional information about appeals, please visit Cigna.com > Health Care Professionals > Resources > Clinical Payment and Reimbursement Policies > [Claim Policies, Procedures and Guidelines](#) or contact eviCore healthcare.

WHEN PREVENTIVE CARE EXAMS CAN BE SCHEDULED LESS THAN A YEAR APART

Preventive care is a key component of our commitment to helping customers live healthier and more productive lives. We provide an array of tools that promote health and wellness, and our preventive coverage includes wellness visits, routine immunizations, and certain designated screenings for symptom-free or disease-free individuals.

As a reminder, Cigna customers may not have to wait a full 12 months between their preventive care or routine obstetrical/gynecological (OB/GYN) exams. For example, if your patient with Cigna coverage received a preventive screening in August 2016, and their plan renews on January 1, 2017, they can have another preventive screening in January 2017. It will be covered at the preventive benefit level under most plans administered by Cigna.

If a patient with Cigna coverage asks to schedule a preventive care or OB/GYN exam, please call us at the number on their ID card to determine whether it will be covered at the preventive benefit level.

Additional information

You can find additional information about our preventive care guidelines and coverage in *A Guide to Cigna's Preventive Health Benefits for Health Care Professionals* located on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Clinical Health and Wellness Programs > [Care Guidelines](#).



CIGNA'S FALL OPEN ENROLLMENT CAMPAIGN: TV DOCTORS OF AMERICA

In September 2016, Cigna launched a new campaign called *TV Doctors of America*, promoting the importance of preventive care. It brings together a community of influencers – prominent actors and actresses who play doctors on TV – to help motivate and engage people to take actions to improve their health. The all-star cast includes Alan Alda (M*A*S*H), Patrick Dempsey (Grey's Anatomy), Lisa Edelstein (House), Donald Faison (Scrubs), and Noah Wyle (ER).

The message builds on the campaign we started in 2015, *America Says Ahh*. It focuses on the importance of people getting the preventive health screenings their doctor recommends, knowing their four health numbers (blood pressure, cholesterol, blood sugar, and body mass index), and taking control of their health. The goal is to help the Centers for Disease Control (CDC) save up to 100,000 lives a year.*

We hope that as a result of this campaign your patients will be more likely to engage you in taking care of their health and scheduling their preventive screenings.

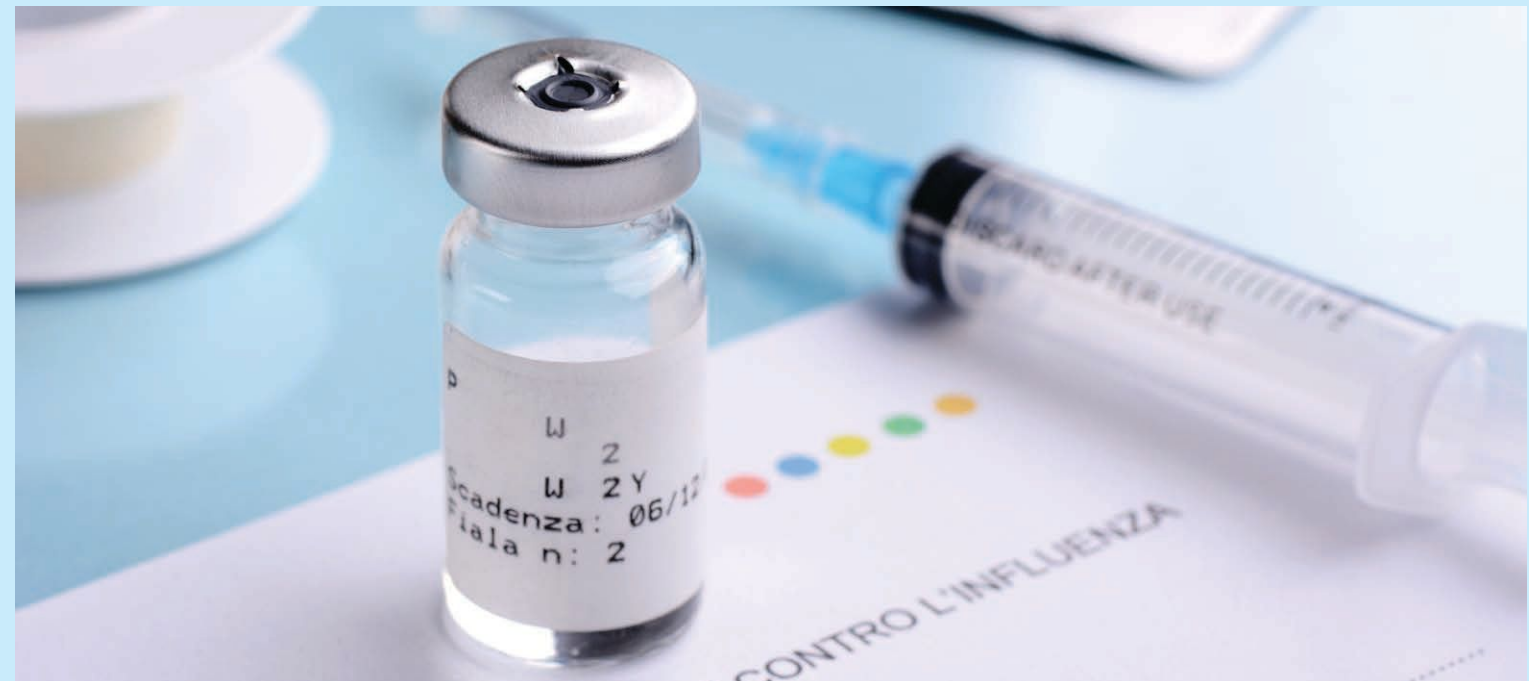
To learn more about preventive services available to your patients with Cigna coverage, view [A Guide to Cigna's Preventive Health Coverage](#) on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines > [A Guide to Cigna's Preventive Health Coverage](#).



* According to the CDC, if all Americans received the recommended clinical preventive care, we could save more than 100,000 lives each year. [CDC.gov/prevention](#).

2016-2017 FLUMIST VACCINE UPDATE

On June 22, 2016, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted that the live attenuated influenza vaccine (LAIV) – a nasal spray vaccine also known as FluMist – should not be used during the 2016-2017 season. This decision was made due to poor and lower-than-expected effectiveness of the vaccine.



The ACIP continues to recommend annual flu vaccinations with either the inactivated influenza vaccine (IIV) or recombinant vaccine (RIV) for everyone six months of age and older.

The final annual recommendations on the prevention and control of influenza with vaccines were published in a CDC [Morbidity and Mortality Weekly Report \(MMWR\)](#) on August 26, 2016. The MMWR can be found on the CDC [Influenza ACIP Vaccine Recommendations web page](#) at [CDC.gov](#) > CDC A-Z Index > ACIP Recommendations > Vaccine-Specific Recommendations > [Influenza](#). You can also view the CDC media statement about this issue at [CDC.gov](#) > News > Media Tools: News Releases > Statements > June: [ACIP votes down use of LAIV for 2016-2017 flu season](#).



LOCALPLUS PLANS TO EXPAND ARIZONA SERVICE AREA IN 2017

We routinely review our networks to ensure that our customers have access to quality, cost-effective care in their geographic areas. As a result, on January 1, 2017, we will expand the current Arizona market service area for LocalPlus® plans, and make them available for our customers in Maricopa, Pinal, and Pima counties.

LocalPlus ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. It will also contain information about customer service contacts, benefits, and where to submit claims. Customers who have access to our national Open Access Plus (OAP) network when they are outside of the LocalPlus geographies will also have an Away from Home Care logo on the back of their ID card.

Please note that some LocalPlus ID cards may list a primary care physician (PCP) even though customers are encouraged, but not required, to select one.

Keep referrals local

You can help your patients maximize the benefits available through their plan, and minimize their out-of-pocket expenses, by referring them to LocalPlus network-participating physicians,

hospitals, and other providers. You can find them by searching the online health care professional directory. Go to the Cigna for Health Care Professionals website (CignaforHCP.com) > [Search the health care professional directory.](#)

About LocalPlus

LocalPlus plans offer coverage for the full scope of services provided by traditional Cigna-administered plans within a limited network of local participating providers and facilities. The LocalPlus suite includes four plans: LocalPlus, LocalPlus IN, Choice Fund LocalPlus, and Choice Fund LocalPlus IN. The key differences between LocalPlus and LocalPlus IN plans are the benefit coverage levels, and whether or not customers can access only LocalPlus network-participating providers. You can easily identify customers with coverage by one of these plans by viewing their Cigna ID card, which will indicate one of the four plans as the network name.

Additional information

For more information, call Cigna Customer Service at 1.800.88Cigna (882.4462), or log in to CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products.

2017 CIGNA CONNECT INDIVIDUAL & FAMILY PLAN EXPANSION

Beginning January 1, 2017, more providers and facilities will start to see patients who have Cigna-administered coverage through a Cigna Connect Individual & Family Plan (IFP). These plans were first introduced in January 2016 to certain markets within Arizona, Colorado, Missouri, Tennessee, and Texas. In 2017, they will become available in additional markets within Illinois, Missouri, North Carolina, Tennessee, and Virginia.

What is the Cigna Connect IFP plan?

This is a cost-effective option for individuals in selected areas to access quality health care on-Marketplace, off-Marketplace, or both, depending on the geographic region. It features a market-specific network composed of a limited network of local participating physicians, hospitals, and specialists.

Cigna Connect plans at a glance

MARKET	ON- OR OFF-MARKETPLACE	NETWORK NAME	PCP REQUIRED?	REFERRAL REQUIRED?	AWAY FROM HOME CARE?	OUT-OF-NETWORK BENEFITS?
Arizona - Phoenix	Off Only	Connect Network	Yes	Yes	No	No
Colorado - Denver-Metro and Boulder	On and Off		Yes	Yes		
Illinois - Chicago	On and Off		Yes	Yes		
Missouri - Kansas City, St. Louis	On and Off		No; encouraged	No		
North Carolina - Raleigh	On and Off		Yes	Yes		
Tennessee - Memphis	On and Off		Yes	No		
Tennessee - Nashville and Tri-Cities	On and Off		Yes	Yes		
Texas - Houston	Off Only		Yes	Yes		
Virginia - Northern and Richmond	On and Off		Yes	Yes		

* In the Missouri and Memphis, Tennessee markets, PCPs are not required to make referrals. We strongly encourage it though, as services provided by providers who do not participate in the Connect Network are generally not covered (except in the case of an emergency) and will need to be paid by the customer.

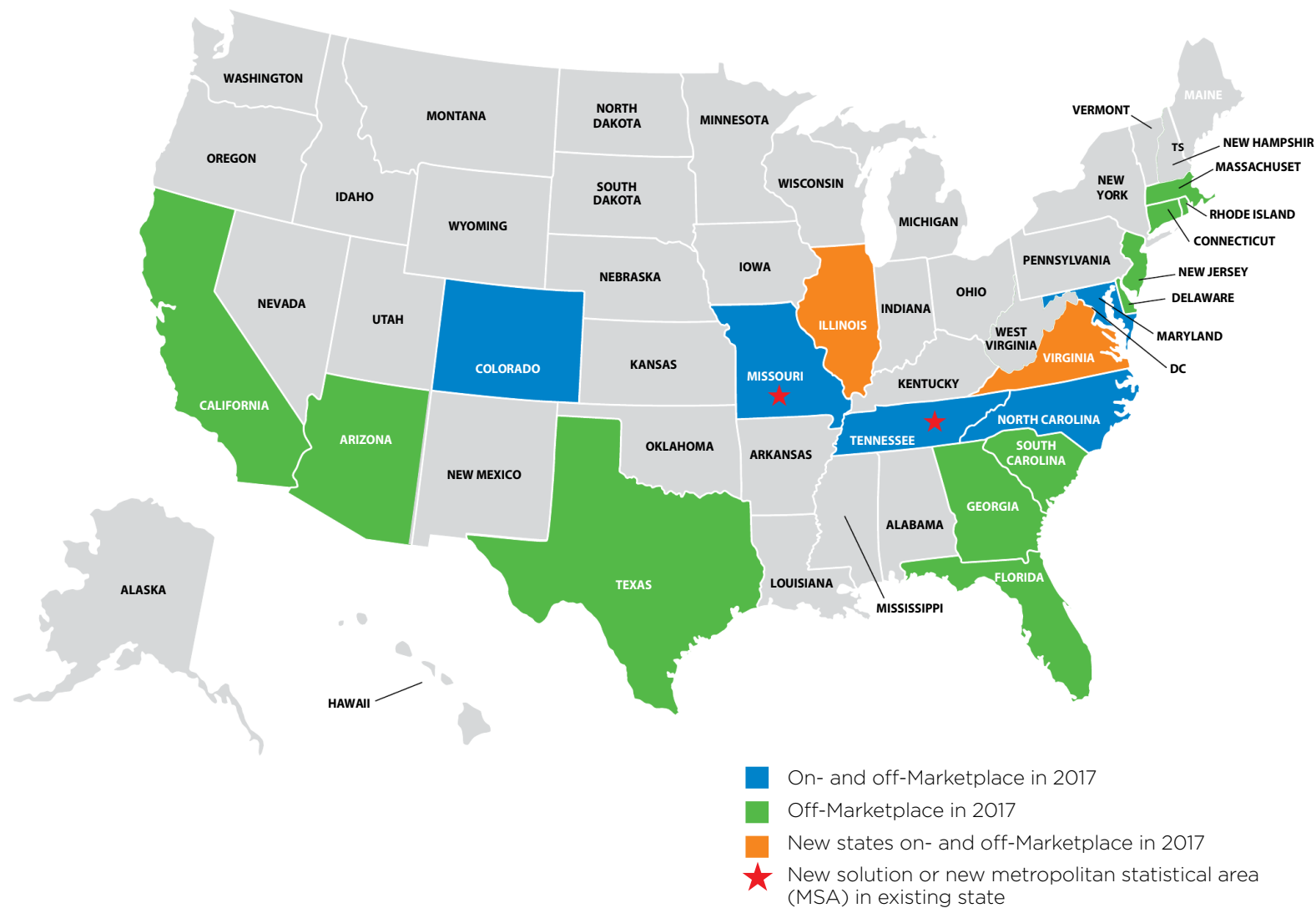
Questions?

If you are a provider or facility in one of the new markets where the Cigna Connect plans will be offered in 2017, you should have received a communication in October 2016 notifying you of your participation status. If you were selected to participate in the Connect Network, your letter included additional details, including images of sample ID cards.

For additional information, call Cigna Customer Service at **1.866.494.2111**.



ADDITIONAL 2017 MARKETPLACE SOLUTIONS



In addition to the Cigna Connect plan, Cigna continues to offer other IFP solutions both on- and off-Marketplace for 2017.

STATE	ON- OR OFF- MARKETPLACE	NETWORK NAME	PLAN NAME
Arizona - statewide	Off	Open Access Plus	Cigna Access
California - Northern and Southern, San Diego	Off	LocalPlus®	Cigna LocalPlus
		LocalPlusIN	Cigna LocalPlusIN
	Off	LocalPlus LocalPlusIN	Cigna LocalPlus Cigna LocalPlusIN Cigna California
Colorado - Denver metro	On and Off	LocalPlus	Cigna Vantage®
Connecticut - statewide	Off	Open Access Plus	Cigna Open Access Plus
Florida - Southern, Orlando, Tampa	Off	LocalPlusIN	Cigna LocalPlusIN
	Off	LocalPlus	Cigna LocalPlus
Georgia - Atlanta, Macon, Rome	Off	LocalPlus	Cigna LocalPlus
Maryland - statewide	On and Off	Open Access PlusIN	Cigna AccessIN
	Off	Open Access Plus	Cigna Access
North Carolina - statewide	Off	Open Access Plus	Cigna Access
South Carolina - statewide	Off	Open Access Plus	Cigna Access
Tennessee - Memphis	Off	LocalPlus	Cigna LocalPlus
Texas - Dallas	Off	Focus	Cigna FocusIN
Texas - Dallas, Austin	Off	LocalPlus	Cigna LocalPlusIN
Texas - Houston	Off	LocalPlus	Cigna LocalPlusIN

If you have any questions about the plans we offer on- and off-Marketplace, call Cigna Customer Service at **1.866.494.2111**, or visit the Healthcare.gov website.



MEDICARE ADVANTAGE UTILIZATION MANAGEMENT REQUIREMENTS

Through our utilization management program, we help your patients with Cigna Medicare Advantage coverage receive access to services – such as diagnostic services, discharge planning, and the arrangement of home care services. Some of the ways we help coordinate care are through prior authorization and referral requirements. The goal is to help ensure our customers receive coverage for clinically appropriate care, at the right time, that helps improve their quality and affordability of care.



Additional information

For more information about our utilization management program, please contact Cigna Health Management Customer Service at **1.800.627.7534**. To request prior authorization of services for your patients with Cigna Medicare Advantage coverage, call **1.800.558.4314**.

You can also find information about prior authorization on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Doing Business With Cigna > [Precertification](#).

CIGNA'S QUALITY IMPROVEMENT PROGRAM SUPPORTS BETTER HEALTH CARE

Cigna has a quality improvement program to help support better health for our customers. We want them to feel better so that they can have a better quality of life. We strive to achieve this every day through numerous initiatives.

Condition-specific preventive exams and health screenings

Our quality improvement program includes goals to help drive our customers to obtain the preventive care exams and health screenings recommended for them, and take steps to self-manage certain health conditions. Three of the many conditions our program targets are shown below.

HEALTH CONDITION	DESCRIPTION	2016 YTD HEDIS* RESULTS
Colorectal cancer	Customers in a certain age group, with risk factors, or other important criteria should have regular colorectal cancer screenings.	84.43 percent of eligible customers had a colorectal cancer screening.
Retinal eye problems Customers with diabetes	Customers with diabetes should have a retinal eye exam every year. They can wait two years for their next exam if no problems are identified at the annual exam.	80.54 percent of customers with diabetes completed this eye exam.
High blood pressure	Customers with high blood pressure should understand and learn how to manage it.	85.40 percent of customers with high blood pressure were taking steps to control it through diet, exercise, and prescribed medications.

2015 customer experience assessment

One way we gauge our progress towards meeting our quality improvement goals, and help ensure we stay on track, is by asking our customers to complete surveys.

We track the quality care our customers receive through the Centers for Medicare & Medicaid Services (CMS) Part C and D Star Rating measure(s). Cigna performed above the national average on these measure(s):**

- › Getting Appointments and Care Quickly
- › Rating of Health Plan
- › Rating of Health Care Quality
- › Rating of Drug Plan

* Healthcare Effectiveness Data and Information Set.

** Cigna did not perform below the national average on any of the 47 Star Rating measures.



CASE MANAGEMENT PROGRAM REFERRALS

We encourage providers to refer their patients with Cigna coverage to one of our case management programs, whenever it's needed, as an integral part of providing high-quality services. There are several different kinds, depending on the need, including case management for short-term, complex, and catastrophic cases. We also have specialty case management programs and services, including those for high-risk maternity, oncology, transplants, chronic kidney disease, and neonatal intensive care.

Our case managers work closely with customers, their families, and doctors to help assess the individuals' care needs. They collaboratively develop and coordinate care plans that address multiple needs and incorporate multiple resources. This includes supporting people who require services across several modalities to facilitate recovery to their fullest potential.

Who can make a referral?

- ▶ Primary doctors, specialists, or other providers can refer their Cigna patients by calling or faxing information into our team. We will then call the referred individuals, or send them a letter, to help review their needs and get started.
- ▶ We have an internal process that identifies customers who may qualify for referrals. We'll call them if their provider thinks they will benefit from a case management program.
- ▶ Customers, caregivers, or personal representatives can call us and request that a case management referral be made.

The case management programs are available to all of your patients with Cigna coverage who qualify. Participation is voluntary, and individuals can join or leave the program at any time.

Additional information

Our case managers are ready and available to support your treatment plans. For more information, call:

1.800.627.7534

8:00 a.m.–8:00 p.m., MT
Monday–Friday

CIGNA DISEASE MANAGEMENT PROGRAM

Your patients with Cigna Medicare coverage who have chronic conditions such as depression, diabetes, chronic obstructive pulmonary disease, and congestive heart failure, may be able to receive additional support through the Cigna Disease Management program. Our staff will provide them with telephonic support, and work closely with their primary care physician (PCP), specialists, and other providers to help ensure continuity of care.

How patients are referred

PCPs or specialists can refer their patients with Cigna Medicare coverage into the program who:

- ▶ Have diabetes, chronic obstructive pulmonary disease, or congestive heart failure (not depression at this time),* and
- ▶ Would benefit from additional support, education, and follow up in-between visits with their PCP.

If you are a Cigna Medical Group® (CMG) provider, you can make referrals to the program through the electronic health record. If you are an Independent Physicians Network provider, you can make referrals by emailing CareCoordination@Cigna.com. Include your patient's full name, date of birth, diagnosis on which to focus, and the specific reason why you are requesting additional support through the program.



Once we receive a referral, someone from the Cigna Disease Management care team will call your patient to get them started.

* The program is not open for depression referrals at this time. We outreach to certain customers based on claims and electronic health record data.



CHANGES IN PREFERRED BRAND AND GENERIC DRUG COVERAGE

The rising cost of brand-name drugs, especially specialty medications, makes some drug therapies costly. That can pose a challenge to many people, particularly those who are managing complex chronic conditions. To help guide our customers to more cost-effective medications, we will be making changes to our drug formulary effective January 1, 2017, focusing on the following categories:

- › **Egregious-priced** – drugs that have experienced significant price increases, or are inappropriately priced compared to identical or near-identical products
- › **Multisource** – brand name drugs with equivalent generics
- › **Therapeutic alternatives** – drugs with similar clinical value for the treatment of a disease or condition as one or more other drugs

As a result of these changes, some drugs may:

- › Move from not covered to preferred brands
- › Move tiers from preferred to non-preferred brands
- › Be removed from the formulary (covered only by medical necessity review)
- › Be reviewed under our utilization management program (e.g., prior authorization, step therapy, quantity limits, age limits, etc.)

Please note that some drug classes on our non-Medicare formulary will feature either one, or a select set of, preferred brand-name drug. Other brand-name equivalent drugs may only be considered for coverage by going through our medical necessity review process.



What this means to you and your patients with Cigna coverage

In late September 2016, we sent letters explaining the drug list changes to affected customers. They may contact you directly to discuss medication alternatives.

Beginning January 1, 2017, customers who continue filling prescriptions that are no longer covered may experience higher out-of-pocket costs. We encourage you to work with them to find covered, clinically-appropriate alternative medications before this date.

Additional information

If you would like a listing of the affected drugs, or a way to search for alternative medications for your patients, please refer to the resources listed below.

› Prescription Drug List Changes for 2017

This list highlights the covered preferred brand-name and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare, Standard Prescription Drug List, and do not reflect the entire list of covered and non-covered drugs for this or any other Cigna drug list. You can find this resource on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > [Prescription Drug Lists Changes for 2017](#). You do not need to be registered for the website to access this list.

› Customer-specific drug coverage search tool

This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view their out-of-pocket costs based on their plan benefits. You can find this resource by logging in to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists. You must be a registered user of the website to use this tool.

If you have questions about this change, call Cigna Customer Service at **1.800.88Cigna** (882.4462).



90-DAY PRESCRIPTIONS MAY HELP IMPROVE YOUR PATIENTS' HEALTH

According to a recent Cigna survey,* Cigna customers who fill 90-day prescriptions are more likely (by 41 percent) to adhere to them than those with 30-day prescriptions. Since adherence is such an important part of most health care plans, people who obtain 90-day prescriptions may experience improved health outcomes.

Introducing Cigna 90 Now

Starting January 1, 2017, we will be offering a new benefit called Cigna 90 NowSM. You may have some patients with Cigna-administered coverage who have this benefit.

Cigna 90 Now provides customers with the flexibility of choosing where to fill prescriptions for maintenance medications, 90 days at a time, at one of 29,000** retail pharmacy locations, or through Cigna Home Delivery PharmacySM. Depending on their plan, they may also save money on 90-day prescriptions.

Two types of benefits***

- › **Cigna 90 Now - Voluntary:** Customers have a choice of filling either a 30-day or 90-day supply of their maintenance medication, but are encouraged to fill a 90-day supply at retail or through home delivery.
- › **Cigna 90 Now - Mandatory:** Customers are required to fill maintenance medications in a 90-day supply at retail or through home delivery. These medications are listed in the 90-Day Maintenance Drug List.

What this means to you

Customers affected by this benefit change will receive a letter in the fall 2016. They may contact you directly to discuss next steps or to request a new prescription written for a 90-day supply. We strongly encourage you to consider writing 90-day prescriptions for maintenance medications for Cigna patients.

If you have questions about Cigna 90 Now, call Cigna Customer Service at **1.800.88Cigna** (882.4462).

* Internal Cigna analysis performed March 2016, utilizing 2015 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply v. those who received a 30-day supply taking antidiabetics, RAS antagonists, and statins. Individual client results will vary and savings are not guaranteed.

** Cigna's 90-day pharmacy network as of April 2016. Subject to change.

*** These benefits do not apply to specialty medications or narcotics.





CIGNA SPONSORS STEP OUT: WALK TO STOP DIABETES IN VALENCIA

On Saturday, November 5, 2016, the Los Angeles regional office of the American Diabetes Association® will hold its annual Step Out: Walk to Stop Diabetes at Six Flags Magic Mountain in Valencia, California. Its goal is to raise \$500,000 to support the American Diabetes Association's mission to find a cure for diabetes.

This is Cigna's third year participating in the event, which includes a team of walkers, a mobile lab for screenings, and financial support.

The course is a two-mile walk (or a shortened one-mile route) through the Six Flags Magic Mountain amusement park before it opens to the public. There is no fundraising minimum to participate, and no registration fee (although \$29 is suggested). Each person who raises at least \$100 will receive an event tee shirt and a Six Flags Magic Mountain park ticket valid for that day. You can support the event as a walker or a volunteer, or by mailing a donation to the local Los Angeles office. There are also online options to support a walker.

Find complete details on the [2016 Step Out: Six Flags Magic Mountain web page](#), or go to [Diabetes.org](#) > In My Community > Fundraising Events: Step Out Walk to Stop Diabetes.

Join the Team Cigna walk team

We invite you to join the Team Cigna walk team. [Click here](#) for the registration page.

What is Step Out: Walk to Stop Diabetes?

This is the American Diabetes Association's signature fundraising event, held on various dates in multiple cities throughout the U.S. It garners strong support from the business community, including sponsorship and corporate teams, to raise funds for research, advocacy, programs, and education that will aid in diabetes management and prevention.

About Cigna's national support of the American Diabetes Association

In June 2016, Cigna donated \$100,000 to the American Diabetes Association as the latest wave of its prevention campaign, "Go. Know. Take Control," which encourages people to engage with their doctor and get to know their health risks. With this donation, Cigna is turning up its rallying cry to stop diabetes – a disease that 21 million people across the country are diagnosed with, according to the American Diabetes Association, with another eight million who are undiagnosed.

Step Out Magic Mountain

Date:

Saturday, November 5, 2016

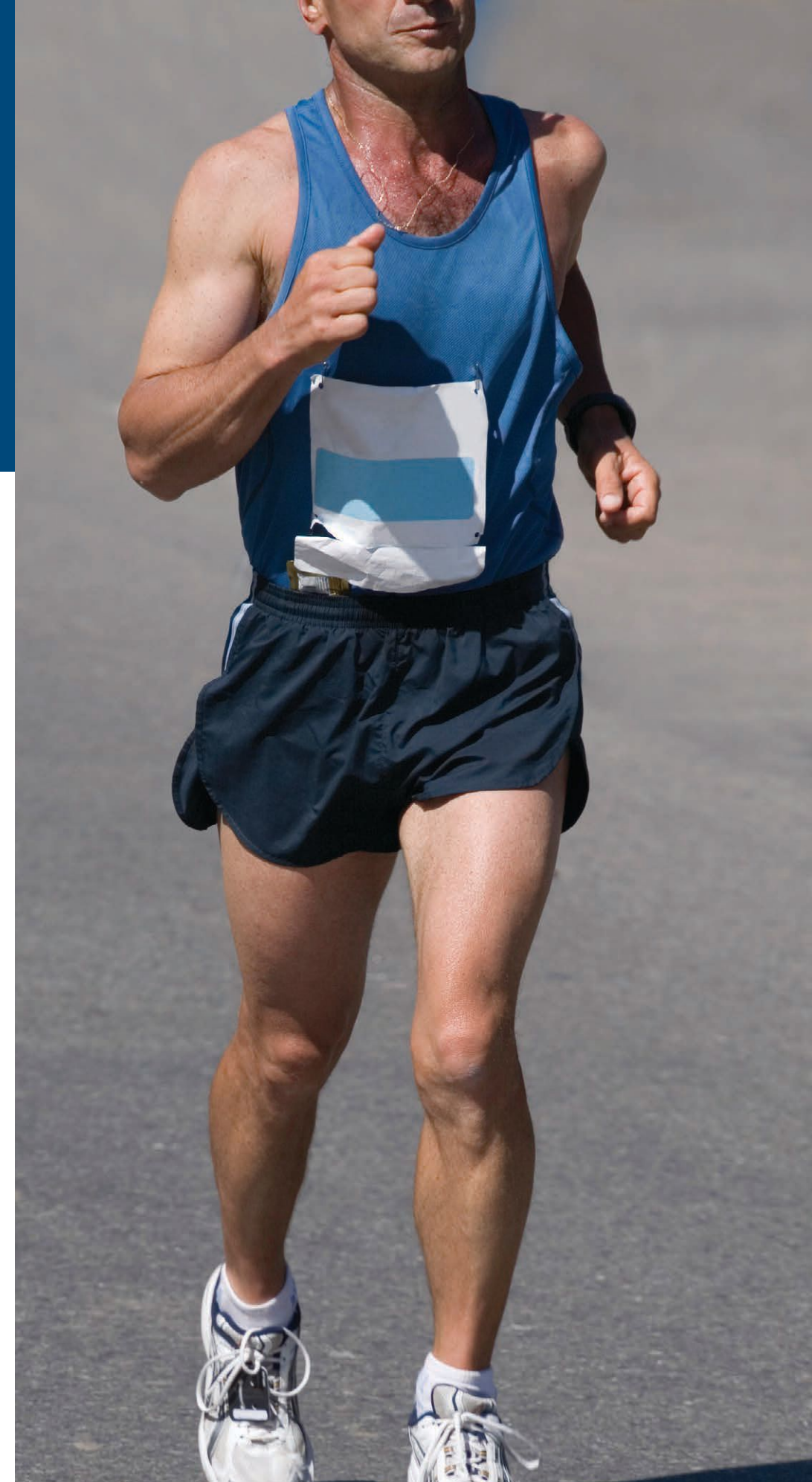
Time:

6:30 a.m. check in
8:30 a.m. walk begins

Location:

Six Flags Magic Mountain, 26101 Magic Mountain Pkwy,
Valencia, CA 91355

[Click here for a diabetes risk test that you can give to your patients.](#)





CIGNA FOUNDATION MATCHES FUNDS FOR HEALTHY SMILES MOBILE CLINIC REPAIR

Over the past 22 years, the [Healthy Smiles Mobile Dental Foundation](#) (Healthy Smiles) has provided ongoing oral health care to approximately 50,000 chronically underserved children in California's Central Valley. This service has met a critical need in an area where only one in five children receives dental care.

That's why, when one of their mobile clinics became broken and could no longer be used earlier this year, the Cigna Foundation reached out to help support getting it back on the road.

Tooth decay: #1 chronic illness

For children who live in Central Valley, tooth decay is the number one chronic illness. It's five times more common than asthma and seven times more prevalent than allergies. Left untreated, it can affect eating, speech, learning, self-esteem, and overall health and quality of life. Regular checkups are important, as tooth decay is preventable.

Crowdfunding website launched

To help raise the \$150,000 needed to fix the mobile dental clinic and get it back on the road, the Cigna Foundation and Healthy Smiles launched a [crowdfunding website](#) on [CrowdRise.com](#) in July 2016.

"When we heard that the Healthy Smiles mobile clinic was no longer able to serve children in California, we asked how we could help," said David Figliuzzi, Executive Director of the Cigna Foundation. "This crowdfunding campaign is an example of the organization's innovative thinking to raise critical funds. We're excited to partner in helping to meet the \$150,000 goal."

Challenge grant matches donor dollars

For each dollar donated, the Cigna Foundation is matching it – up to \$75,000.

"We're honored to have the Cigna Foundation provide a challenge grant, dollar-for-dollar match of up to \$75,000, in support of our fundraising efforts. Together, we can help thousands of students in need receive preventive and restorative dental care," said Dr. Michael Alijani, Chief Dental Director, Healthy Smiles Mobile Dental Foundation.

Want to help?

To help repair the Healthy Smiles mobile clinic and bring dental care to California children this fall, donate through the [Healthy Smiles crowdrise website](#). Follow the success of the crowdfunding project at #SupportHealthySmiles on Twitter and Facebook, and click to learn more about Healthy Smiles.

The Cigna Foundation is a proud supporter of the Healthy Smiles Mobile Dental Foundation through its World of Difference grant program. Last year, it provided a \$103,000 grant to help provide ongoing oral health services to more than 2,500 underserved children in Fresno, Kings, Madera, and Merced counties in California.

About the Cigna Foundation

The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. [Cigna.com/Foundation](#)



NEW MEDICAL MANAGEMENT MODEL: CIGNA HEALTH MATTERS

In January 2016, we began transitioning to a new medical management model – Cigna Health MattersSM – with new programs for employer groups to incorporate into the Cigna health plans they offer their employees. The new programs are designed to help drive better customer engagement that can help improve their health, while lowering their overall health care costs. They also offer more features, configurations, and options from which employer groups can choose.

New programs and their precertification requirements

We are transitioning from the Personal Health Solutions (PHS) and Personal Health Solutions Plus (PHS+) programs to two new Cigna Health Matters medical management programs:

- › **Care Management Preferred.** With this program, customers are more actively engaged in managing their health. Those with certain health conditions are actively identified, and Cigna wellness programs are leveraged to help promote better health and wellness.
- › **Care Management Complete.** This program offers the same features as the Preferred program, plus an even higher level of customer engagement, and an additional focus on high-risk customers. Digital tools are available to support lower-risk customers.

Both programs require precertification for all inpatient treatments, as well as for outpatient treatments for which the PHS and PHS+ programs require precertification.

The programs are being phased in at the time of an employer group's renewal to help ensure a smooth and seamless experience. Over time, they will replace the PHS and PHS+ medical management programs for most employer groups.

How to identify your patient's medical management program

There are two ways you may identify your Cigna patient's medical management program:

- › Cigna for Health Care Professionals website (CignaforHCP.com) > Patient Search. (*Login required. Must be a registered user of the site.*) The program will appear under Notification, Referral, and Precertification Requirements when you submit the information for the patient search.
- › ANSI 271 Health Care Eligibility and Benefits Response transaction.

Additional information

If you have questions about the Cigna Health Matters medical management model, contact your local provider service representative.



New precertification request process for medical management programs

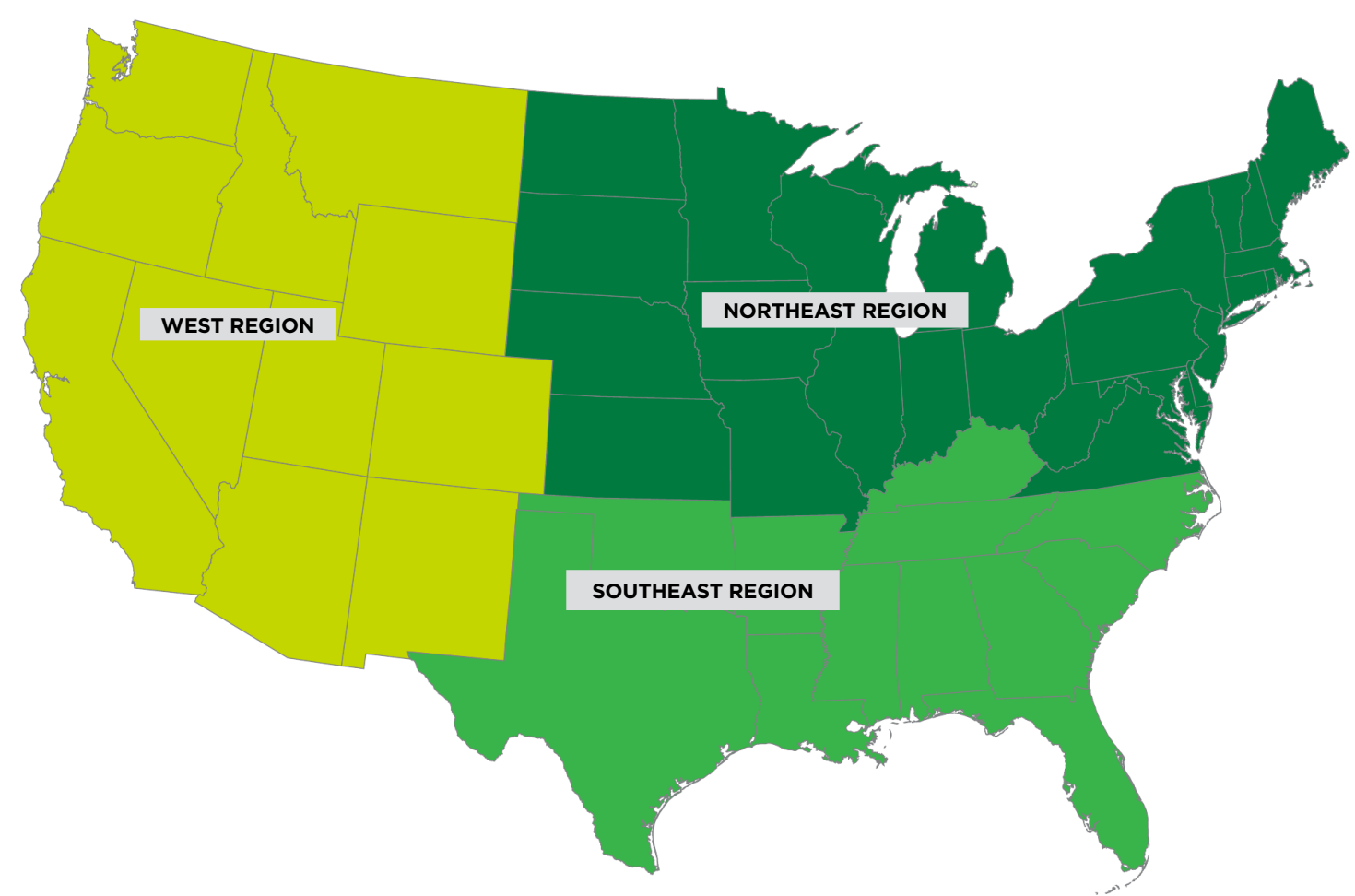
For your patients with plan coverage that includes one of the new medical management programs, we encourage you to use the ANSI 278 Health Care Services Request for Review and Response transaction to make precertification requests. It's less expensive than making requests by phone or paper forms, and Cigna can process them faster. If you are interested in using the ANSI 278 transaction, please contact your electronic data interchange (EDI) vendor. Online precertifications are not available through NaviNet[®] for these programs.

All other administrative processes will remain the same.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



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

NATIONAL
Nicholas Gettas, MD
Chief Medical Officer, **1.804.240.9935**
Cigna Regional Accounts

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





GO GREEN – GO ELECTRONIC

Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your in-box. When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), you can:

- › Share, print, and save – electronic communications make it easy to circulate copies
- › Access information anytime, anywhere – view the latest updates and time-sensitive information online when you 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 website and receive electronic updates, go to CignaforHCP.com and click Register Now.

CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it's important to obtain a better understanding of culturally driven health care preferences. That's why Cigna has identified and created relevant cultural competency resources specifically for providers and office staff.

Relevant tool kits, articles, and videos are just a few clicks away. Don't forget to check out one of the most popular resources, CultureVision™. Gain insight into culturally relevant patient care for more than 60 cultural communities, or take a cultural competency self-assessment to learn more about yourself.

Visit the [Cultural Competency Training and Resources](#) page on Cigna.com to learn more. There are two ways to navigate to this page:

Cigna.com > Health Care Professionals > Resources > [Cultural Competency Training and Resources](#)

OR

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resources](#)

USE THE NETWORK

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

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

For a complete list of Cigna participating physicians and facilities, go to Cigna.com > Find a Doctor > [Select a Directory](#).

REFERENCE GUIDES

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

Access the guides

You can access the reference guides by logging in to 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.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

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. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our provider directory, including your office address, telephone number, and specialty. Go to Cigna.com > Health Care Professionals > Provider Directory Updates and Changes > [Provider Directory Changes](#).

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 (CignaforHCP.com). After you log in, select “Working with Cigna” on your dashboard, and then choose the appropriate update link under Profile Information for Cigna Contracted Health Care Physicians or Cigna Contracted Facilities and Other Health Care Providers. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr.
Hooksett, NH 03106

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

Notify us if your email address changes so that you won't miss any important communications, such as *Network News*, alerts, and other important emails. It only takes a moment. Just log in to CignaforHCP.com > Settings & Preferences to make the updates. You can also change your phone number and password at this site.



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

For a list of Cigna's participating urgent care centers, view our Provider Directory at Cigna.com > Find a Doctor > [Select a Directory](#).

LETTERS TO THE EDITOR

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