



Network News

For Health Care Professionals
Participating in Cigna Networks

JANUARY 2014

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Cigna to apply McKesson ClaimsXten code editing software in February 2014

On February 17, 2014, we will begin using ClaimsXten™ version 5.02 for professional claims. ClaimsXten is a market-leading, rules-based software application that evaluates claims for adherence to Cigna coverage and reimbursement policies, benefit plans, and industry-standard coding practices based mainly on Centers for Medicare & Medicaid Services (CMS) and American Medical Association (AMA) guidelines. This clinically based code review application will replace McKesson ClaimCheck®, our current code review tool.

What this means to health care professionals

- The majority of code edits that are now in ClaimCheck will continue to apply without changes.
- You can continue to use the McKesson Clear Claim Connection™ tool – available through our health care professional website (CignaforHCP.com) – for self-service access to our code review rules, payment policy guidelines, and clinical coverage policies.
- When using Clear Claim Connection, enhanced by ClaimsXten's ability to apply industry-standard coding practices, health care professionals will see additional transparency and consistency in how we apply these rules, guidelines, and policies.



Additional information

A letter was sent in November 2013 to participating health care professionals announcing our migration to ClaimsXten. The letter included a "ClaimsXten Rules Outline for Health Care Professionals" enclosure outlining the new code editing rules and the primary specialties affected by each rule. You can also find information by visiting the Cigna for Health Care Professionals website at (CignaforHCP.com > Useful Links > Policies & Procedures > Claim Editing Policies & Procedures). If you do not have Internet access or have questions about this change, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

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. However, please continue to follow separate claim submission procedures for these patients.

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
Genotyping for Thiopurine Methyltransferase (TPMT) Deficiency in individuals with Inflammatory Bowel Disease (IBD)	April 15, 2014

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

Precertification changes

On January 1, 2014, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released new CPT® and HCPCS codes. Codes released as part of their updates will be reflected on our precertification list this month.

On February 17, 2014, we will update our list of existing CPT and HCPCS codes to include 32 additional codes that will require precertification. At that time, we will also remove 31 codes from the precertification list.

The precertification list on the Cigna for Health Care Professionals website (CignaforHCP.com) reflects these updates.

To view the complete list of services requiring 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."

Codes being added to the precertification list on February 17, 2014

32701	61797	93351	93456	93530	L2005
32850	61798	93451	93457	93531	S2095
44132	61799	93452	93458	93532	
44133	61800	93453	93459	93533	
44135	81223	93454	93460	C9734	
61796	93350	93455	93461	J2505	

Codes that will no longer require precertification on February 17, 2014

0030T	0252T	0277T	91013	C9730	Q2047
0048T	0256T	0279T	C9287	C9731	
0173T	0257T	0280T	C9289	C9732	
0242T	0258T	88384	C9366	J1680	
0250T	0259T	88385	C9368	J9218	
0251T	0276T	88386	C9369	Q2046	

Cardiology precertification expanded

Beginning February 17, 2014, our precertification list will include 17 new outpatient stress echocardiogram and diagnostic heart catheterization procedures.

Referring (ordering) physicians should request precertification for these codes for patients with Cigna-administered coverage, and whose benefit plan requires precertification for outpatient procedures. Rendering facilities and health care professionals should validate that precertification has been obtained prior to performing the services listed in the table to the right.



To determine if a patient’s plan requires precertification for these services, please look for “Outpatient Procedures” on the back of the patient’s Cigna ID card.

How to precertify services

There are three ways for ordering physicians to request precertification:

- Cigna.MedSolutionsOnline.com (our dedicated high-technology radiology website)
- Phone: 1.888.693.3297
- Fax: 1.888.693.3210

For more information

To learn more about our precertification policies and obtain a complete list of services requiring precertification, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, visit CignaforHCP.com and click “Register Now.”

CPT®Code	Description
93451	Right heart catheterization, including measurement(s) of oxygen saturation and cardiac output
93452	Left heart catheterization, including intraprocedural injection(s) for left ventriculography, imaging supervision, and interpretation, when performed
93453	Combined right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, imaging supervision, and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision, and interpretation
93455	With catheter placement(s) in bypass graft(s) (e.g., internal mammary, free arterial venous grafts), including intraprocedural injection(s) for bypass graft angiography
93456	With right heart catheterization
93457	With catheter placement(s) in bypass graft(s) (e.g., internal mammary, free arterial, venous grafts), including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	With left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed
93459	With left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed and for catheter placement(s) in bypass graft(s) (e.g., internal mammary, free arterial, and venous grafts) with bypass graft angiography
93460	With right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed
93461	With right and left heart catheterization, including intraprocedural injection(s) for left ventriculography, when performed and for catheter placement(s) in bypass graft(s) (e.g., internal mammary, free arterial, and venous grafts) with bypass graft angiography
93530	Right heart catheter, congenital
93531	Right and left heart catheter, congenital
93532	Right and left heart catheter, congenital
93533	Right and left heart catheter, congenital
93350	Echocardiography, transthoracic, real-time
93351	Echocardiography (ECG), transthoracic, real time, during rest and cardiovascular stress test, including performance of continuous ECG monitoring; with physician supervision

Behavioral health information and more now on CignaforHCP.com

The Cigna for Health Care Professionals website (CignaforHCP.com) provides access to patient information, tools, and resources you need when you need them. We've made enhancements to continue improving your electronic service experience with us.

Cigna Behavioral Health patient information in one place

CignaforHCP.com is now the only Cigna website you need to perform tasks or find information for patients covered by a Cigna Behavioral Health plan. You no longer have to log in to CignaBehavioral.com to access tools, information, and real-time transactions. Just go to CignaforHCP.com to verify eligibility and benefits, check the status of a claim, and view important policy and procedure information for all your Cigna behavioral patients.

Cigna Cost of Care Estimator® for more plans

You can now use the Estimator for your patients covered by Cigna Behavioral Health and those with GWH-Cigna ID cards.

The Cigna Cost of Care Estimator® can help your patients understand what out-of-pocket expenses they may be expected to pay based on their Cigna-administered plan benefits. It provides itemized cost estimates and explains the sources of payment, including anticipated payments from your patient's health account (HRA, HSA, FSA) when automatic claim forwarding is enabled and applicable to their plan. It can also help facilitate proactive pre-care financial discussions between you and your patients.

Use the Cigna Cost of Care Estimator today. Log in to CignaforHCP.com > Patients > Search Patients > Select a Patient > Estimate Costs.

Not registered for CignaforHCP.com?

Visit CignaforHCP.com and click "Register Now."

ICD-10 updates

We want you to be aware of the following changes as we approach the October 1, 2014 ICD-10 compliance date.

Paper claim submission – revised CMS 1500

On January 6, 2014, Cigna began accepting paper claims submitted on the revised CMS 1500 Health Insurance Claim Form (version 02/12). To provide health care professionals time to transition to using this form, we will continue to accept and process paper claims submitted on the old CMS 1500 Health Insurance Claim Form (version 08/05) for a period of time. Later in 2014, we will notify you of the date when we will no longer accept this form. Once that date is determined, you will need to use the revised (02/12) form to ensure accurate and prompt claim payments.

Non-billable codes no longer accepted

As a reminder, effective October 2013, we no longer accept non-billable ICD codes. A non-billable ICD-9 or ICD-10 code is defined as a code that has not been coded to its highest level of specificity.

Testing

We held successful clearinghouse and vendor testing in October 2013 to help ensure we could correctly receive and send files, transactions, and codes. We will be performing additional testing through February 2014. We expect to complete testing with 30 to 35 vendors and clearinghouses by March 2014.

DRG inpatient hospital study

Our diagnosis related group (DRG) inpatient hospital study is underway and will continue through the second quarter of 2014. This study will provide insights to inpatient hospital coding practices and how it affects payment. This collaborative process is underway with selected Cigna participating health care professionals to analyze claims with ICD-9 and ICD-10 coding. We plan to analyze and release the study results once the data is available.

Upcoming webinars and other ICD-10 resources

We will be hosting ICD-10 webinars throughout 2014. In addition, self-study materials are available to help you understand and prepare for the ICD-10 upgrade. For webinar dates, sign-up information, and to access the self-study materials, log in to CignaforHCP.com > Resources > Medical Resources > ICD-10.

Improve claim processing and reduce payment delays

Ensuring your claims are submitted with accurate information helps improve claim processing and reduces payment delays. Always enter your patient’s demographic information on the claim exactly as it appears on his or her Cigna ID card to help prevent claim rejections.

Below are some examples of messages you may receive on a rejected claim, and what you should do to help ensure the claim is processed correctly.



Error/issue	Resolution/correction
Patient ID not correct	Review the patient’s current ID card to ensure correct values are submitted. For the most accurate patient match results, submit the complete patient ID, including the extension, as shown on the patient’s ID card.
Incorrect use of extension (01, 02, 03, etc.)	Cigna ID cards include a two-digit number (e.g., 01 or 02) at the end of the patient ID. This ID card extension confirms whether the patient is the subscriber or a dependent. The 01 extension usually indicates the subscriber; any other extension indicates the patient is a dependent.
Newborn not on file	Confirm that the subscriber has added a newborn to their policy.
Patient billed as subscriber	Confirm that the patient is the subscriber.
Date of birth	Confirm the patient’s date of birth.
Subscriber no longer eligible	Check the patient’s eligibility and verify coverage effective and termination dates.
Address	Confirm that the patient’s address is correct. When submitting a dependent claim, confirm if the address is the same or different than the subscriber.
Hyphenated names	If the patient’s name contains a hyphen, include it in the claim.
Claim submitted for medical coverage when patient or subscriber only has dental coverage	Confirm the patient is eligible for the type of service being rendered.
Spelling mistakes or incorrectly keyed information	Check for spelling mistakes.
First and last name included in same field	First name should be in the “First Name” field, last name in the “Last Name” field. If a patient has a dual first name, verify if the name has a space or no space (e.g., Billy Joe versus BillyJoe; or BobbySue versus Bobby Sue). The patient name on the claim must be submitted exactly as shown on the patient’s ID card.

Electronic funds transfer enhancements

Electronic funds transfer (EFT), also known as direct deposit, electronically deposits a claims fee-for-service and capitated payments directly into your bank account. It enables you to receive your claim payments faster, helping improve your office workflow and shorten the payment cycle.

We currently provide EFT for our PPO, OAP and HMO claim reimbursements. We are excited to announce that we've made more options available to you through Cigna EFT.

Bulk your EFT payments by NPI

If you are enrolled in EFT with Cigna, your payments are grouped or bulked based on your Taxpayer Identification Number (TIN) and payment address. Now you have the additional option to bulk your payments by your Billing Provider National Provider Identifier (NPI) from your submitted claims.

To have your EFT payments bulked by NPI, log in to CignaforHCP.com > Working with Cigna > Manage EFT Settings. You'll be able to update your payment preferences from this page.

EFT for additional Cigna products

In addition to having the option of bulking your payments by either your TIN or NPI, you can also receive EFT payments for services you provide to patients covered through Cigna Global Health Benefits and Arizona Medicare Advantage HMO plans. You will automatically begin receiving these payments electronically if you are already enrolled for Cigna EFT.

Please note that EFT payments are not currently available for patients with GWH-Cigna ID cards. EFT payments and bulking options will be available for patients with GWH-Cigna ID cards later in 2014.

Not enrolled in EFT?

If you are not enrolled for EFT with Cigna, you have two options to enroll:

- Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.
- Enroll in EFT with multiple payers, including Cigna, using the Council for Affordable Quality Health Care (CAQH) website.

Easily access your remittance reports

If you are enrolled in EFT with Cigna, and are registered for CignaforHCP.com with access to claims status inquiry, you can easily access your remittance reports for your payments.

- Log in to CignaforHCP.com > Remittance Reports
- Search for your remittance reports using a few options:
 - Deposit amount
 - Patient information
 - Claim/Reference number

Not registered for the website?

- Go to CignaforHCP.com and click "Register Now"
- For step-by-step registration directions, click "Learn how to register"



Marketplaces and essential health benefits

New provisions of the Patient Protection and Affordable Care Act (PPACA) became effective on January 1, 2014. The Health Insurance Marketplaces (“Marketplaces”) and essential health benefits provisions may affect you and your patients directly.

Health Insurance Marketplaces

Marketplaces, also known as public exchanges, are government-run shopping hubs that are now operating in every state as a new option for individuals and small employers with 50 or fewer employees to compare and purchase medical and dental health insurance. Depending on an individual’s income level, and access to an affordable employer-sponsored plan, subsidies may be available for individual policies purchased on the Marketplace, or “on-Marketplace.”

Cigna participates with products on-Marketplace

Cigna is offering individual Marketplace products in five states:

- Arizona (Phoenix and statewide)
- Colorado (Denver)
- Florida (South Florida, Orlando and Tampa)
- Tennessee (Chattanooga, Memphis and Nashville)
- Texas, (Austin, Dallas and Houston)

Types of plans offered on-and off-Marketplace

We will offer individuals health plans at three different levels – Bronze, Silver, and Gold – on the Marketplaces in these five states. Plans sold through Marketplaces are categorized using these metal designations to represent the percent of expenses each plan will cover. For example, a bronze plan will cover 60 percent of covered plan costs, whereas a gold plan will cover 80 percent. Cigna Marketplace plans will use our LocalPlus® network.

Cigna will also sell private “off-Marketplace” individual plans in the five on-Marketplace states, as well as in California, Connecticut, Georgia, North Carolina, and South Carolina. Our privately sold individual and family plans in all ten states use the Open Access Plus Network.

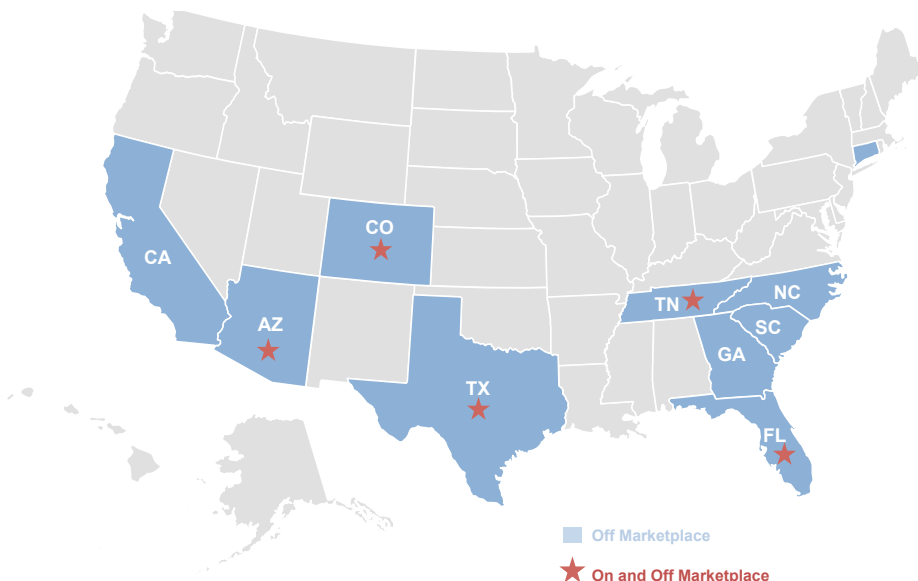
Essential health benefits

PPACA requires non-grandfathered,¹ insured, individual, and small group plans (1–50 employees in 2014, and 1–100 employees in 2016) to provide ten basic categories of essential health benefits. This core set of benefits provides consumers with a consistent way to compare health plans in the individual and small group markets, both on-and off-Marketplace.

There are ten essential health benefits categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Mental health and substance use disorders and behavioral health treatment
- Prescription drugs
- Pediatric services, including oral and vision care
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices

Cigna’s participation on Health Insurance Marketplaces



Marketplaces and essential health benefits (continued from page 7)

New annual and lifetime dollar maximum limitations

Starting January 1, 2014, annual and lifetime dollar maximum limits are no longer allowed on essential health benefits when covered in-network. However, frequency limits,² such as day or visit limits, are allowed. This requirement applies to all size plans (individual, small group, and large group) whether insured or self-insured, including grandfathered plans.

Essential health benefits vary by state

The services that are defined as essential health benefits within the ten basic categories are based on state benchmark plans. Each state was required to select an existing health plan as a “benchmark” to establish the services and items included in the essential health benefits package for 2014 and 2015. Small group plans are the benchmarks in 85% of states. Visit InformedOnReform.com (Essential Health Benefits > Top 10 EHB by State) to see a listing of the benefits that commonly vary by state.

Out-of-pocket maximum changes

As part of the essential health benefits provision, in-network, out-of-pocket (OOP) maximums in non-grandfathered plans cannot exceed \$6,350 for individuals, or \$12,700 for families beginning on January 1, 2014. OOP maximums apply to all in-network copays, deductibles, and coinsurance for essential health benefits provided through the same payer or vendor. This is different than in the past, as copays and deductibles often didn't apply toward the out-of-pocket maximum.

Verify patient coverage

Due to the OOP maximum change, it will be important that you verify a patient's eligibility and benefits before collecting any copays or coinsurance. Be sure to use one of these options to verify your patient's coverage:

- Visit the Cigna for Health Care Professionals website (CignaforHCP.com)
- Use the electronic data interchange (EDI) eligibility and benefit inquiry and response
- Call 1.800.88Cigna (882.4462). For patients with a GWH-Cigna ID card, call 1.866.494.2111.



Helping you stay informed

We update InformedOnReform.com regularly so that you have access to the most current information about the PPACA provisions and changes affecting you and your patients. Help us to provide you with the health care reform information you need by sending suggestions to NetworkNewsEditor@Cigna.com.

¹ A non-grandfathered plan is a group health plan that was not in place when PPACA was signed into law on March 23, 2010, or a plan that was in effect but has since made changes which caused it to lose its grandfathered status.

² Frequency limits such as “20 visits” are allowed provided there isn't also a dollar limit associated with the visits, such as “20 visits at \$50 maximum payout per visit” which would not be allowed.

Medical record reporting

Risk adjustment is a component of the Patient Protection and Affordable Care Act (PPACA) that is dependent on reporting accurate clinical information. According to PPACA, health plan carriers are required to provide diagnostic information to the Centers for Medicare & Medicaid Services (CMS) for all customers who enroll in their individual and family plan business through the Public Health Insurance Marketplace. The CMS then reviews the diagnostic information and determines the plan's average risk. The average risk score is compared against that of other health plans participating in the same states and markets. If there are any health plan carriers with a disproportionately higher risk score, CMS requires that those carriers with lesser risk compensate the ones with higher risk.

Importance of documentation

To ensure Cigna and CMS receive accurate information, you should always document and report treatment associated with the management of all medical conditions within the medical record. This will help ensure accurate diagnostic information is reported to the CMS. Code all conditions that exist at the time of the visit. All active chronic conditions should be documented in your patient's medical record as active at least once annually.

Medical records review

Reviewing medical chart documentation helps identify conditions that may have been evaluated and included in the patient's progress notes, but were not included on the claim at the time of the visit. To help ensure we are meeting the new PPACA requirements, we have asked Altegra Health to assist us in conducting medical record reviews on an as-needed basis so we can report all diagnostic information to CMS as required. Health care professionals contacted by Altegra Health will be asked to submit specific patient medical records to ensure the services and treatments provided were fully documented within the medical record. Details on how to submit the medical records will be provided by Altegra Health.

Thank you in advance for helping us provide CMS with accurate information.



NCQA national health insurance plan rankings:



How did we do?

Once again, Cigna has some of the best plans in the country. For the last nine years, the National Committee for Quality Assurance (NCQA) has released national rankings on insurance plans. For the 2013–2014 period, some of our highest ranking areas include one of our Preferred Provider Organization/Open Access (PPO/OAP) plans in nine of the 38 markets where we were ranked. A total of four of our Health Maintenance Organization/Point of Service (HMO/POS) plans are ranked among the top 100 plans in the nation. This success continues to show our commitment to responsive customer service and providing access to quality care.

About the rankings

The NCQA rankings are released in Consumer Reports and on NCQA's website. The NCQA's Health Insurance Plan Rankings¹ are based on NCQA's measurement of a health plan's performance in three categories: Improving health care quality, providing responsive customer service and achieving high scores on NCQA accreditation surveys. Additionally, there is a companion report, the State of Health Quality, which profiles how health plans rate on HEDIS® clinical care measures and customer satisfaction (CAHPS®).

Please see the following tables for a complete overview of Cigna's NCQA rankings:

1. Scoring based on HEDIS and CAHPS® data that was submitted to NCQA in June 2012 and the plan's Accreditation standards score as of July 29, 2012.

PPO/OAP National-Level Performance	2013 National Rankings
Total Number of Cigna PPO/OAP plans in top 50	1
Total Number of Cigna PPO/OAP plans in top 100	2
Total Number of Cigna PPO/OAP plans in top 200	16
HMO/POS National-Level Performance	2013 National Rankings
Total Number of Cigna HMO/POS plans in top 100	4
Total Number of Cigna HMO/POS plans in top 200	12

PPO/OAP Market-Level Performance: Top Performing Markets
Cigna Health and Life Insurance Company – Arizona
Cigna Health and Life Insurance Company – Illinois
Cigna Health and Life Insurance Company – Maine
Cigna Health and Life Insurance Company – Maryland
Cigna Health and Life Insurance Company – Missouri
Cigna Health and Life Insurance Company – Oregon
Cigna Health and Life Insurance Company – South Dakota
Cigna Health and Life Insurance Company – Tennessee
Cigna Health and Life Insurance Company – Washington
Cigna Health and Life Insurance Company – Arizona
HMO/POS Market-Level Performance: Top Performing Markets
Cigna HealthCare of Arizona
Cigna HealthCare of New Jersey
Cigna HealthCare of North Carolina

Alliance Partner	National Ranking	State Ranking
Tufts Health Plan (HMO/POS)	6	Massachusetts–3
Tufts Health Plan (PPO)	8	Massachusetts–2 Rhode Island–1
MVP Health Care	53	New York–6 Vermont–2
HealthPartners	30	Minnesota–1 Wisconsin–1
Health Alliance Plan of Michigan	56	Michigan–4

Reminder: LocalPlus product expanded

As a reminder, we began offering our LocalPlus® product in additional markets on January 1, 2014. LocalPlus is a managed care product suite designed to include a smaller network of Cigna-participating health care professionals and hospitals. These plans are a solution for employers who want to control costs without sacrificing access to quality or a variety of services.

Initially launched in Tennessee and Houston, Texas, LocalPlus is offered in 10 additional markets as of January 1, 2014:

- Austin, Texas
- Chicago, Illinois
- Dallas, Texas
- Denver, Colorado
- Northern California (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara counties)
- Orlando, Florida
- Phoenix, Arizona
- Southern California (Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties)
- South Florida (Broward, Martin, Miami-Dade, Monroe, Palm Beach, and St. Lucie counties)
- Tampa, Florida

Some of your patients may be starting to present their new LocalPlus ID card. Please be sure to reference the cards to determine where to submit claims, and who to call for customer service and benefits information.

If you have questions about LocalPlus, please call us at 1.800.88Cigna (882.4462).

New cultural competency training and resources

In today's cross-cultural society, your patients have many diverse values, beliefs, and behaviors, along with varying social, cultural, and language needs. To help you address this diversity and improve your patients' health outcomes, several new resources are now available on our Cultural Competency Training and Resources page.

- **Hispanic-Latino white paper** America's Hispanic Community: Improving health outcomes through engagement with health care professionals (developed by the Cigna Hispanic and Latino Resource Group). Increase your awareness of the U.S. Hispanic and Latino population's unique health care needs to help in your treatment of these patients.
- **Patient Health Care Preferences Questionnaire.** Print this questionnaire in English or Spanish for help in gathering patient details to determine if there is a need for cultural sensitivity when providing care.
- **Tips on Working with a Language Interpreter.** Learn tips for creating an optimal experience when working with language interpreters and limited English proficiency patients. The need to use language interpreters is anticipated to grow for many practices in coming years.
- **Close the Cultural Divide webinar replay.** Listen to a 30-minute session that features two case studies focused on helping diverse patients adhere to their medications. Learn steps to help bridge the cultural divide between patients and health care professionals.

How to access the new resources

You can access these resources, as well as other important tools that will help you communicate more effectively with patients of varying backgrounds, cultures, and socio-economic status, by visiting 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



Maternal mental health & the 2020 Mom Project

Women in their childbearing years account for the largest group of Americans suffering with depression. According to the 2020 Mom Project, up to 80 percent of new moms will experience the “baby blues” after the birth of a child, and up to **20 percent of expecting and new moms will experience clinical depression and or anxiety.**¹ Most mothers are not screened or diagnosed for these postpartum conditions and, therefore, don’t receive the treatment they need. Untreated maternal mental health disorders can have lasting effects on mothers, families, and children, and are connected to increased physical and mental health care problems in mothers and children.²

The 2020 Mom Project

The national 2020 Mom Project was created in 2013 to help address the silent maternal mental health crisis by increasing awareness of, and providing support for, maternal mental health treatment awareness. The project has developed treatment recommendations for the health care community, including insurers and doctors.

Cigna is a proud supporter of the 2020 Mom Project recommendations, and has invited behavioral health care professionals who meet certain qualifications to be listed in our health care professional directories as having a maternal mental health sub-specialty. We want to make it easier for our customers to find the help they need.

How you can help

You can support the 2020 Mom Project’s efforts by reviewing their primary care physician recommendations and resources at www.2020momproject.com > Doctors, and taking action where appropriate:

- Place posters on maternal mental health in exam rooms and bathrooms (available for download at no charge).
- Make available to pregnant women a brochure or palm card about maternal mental health disorders (available for download at no charge).
- Educate yourself on treatment resources that may be available in your community.
- Complete the free training that is available for primary care physicians.

To indicate to others that you are a health care professional who supports and has adopted the 2020 Mom Project recommendations, visit the 2020 Mom Project website.

If you need assistance finding a therapist who specializes in maternal mental health, or want to discuss treatment options, please call Cigna Behavioral Health at 1.888.800.8849.

1. “About Maternal Mental Health Disorders.” 2020 Mom Project. n.p. web. 3 Jan. 2014.

2. Confer, AL, Costantino, ML, Eng, FH, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. web. 13 Mar. 2013.

The national 2020 Mom Project was launched during Women’s Health Week, which was implemented by the Centers for Disease Control and Prevention and begins on Mother’s Day each year. Women’s Health Week brings individuals and communities together to help women learn how to live longer, healthier, and safer lives.





Cigna Sleep Management Program Update

The Cigna Sleep Management Program provides individuals with expanded access to sleep testing services in the comfort of their own home. As part of this program, all sleep testing services must be precertified for coverage. During the precertification process, we will apply medical necessity and place-of-service determinations for these services.

We work with CareCentrix, which uses Cigna-defined clinical protocol to determine if individuals are suitable for home sleep testing (HST) or polysomnography utilizing Cigna-defined clinical protocol. Physician offices that are not already contracted for HST or are not capable of administering a home sleep test can receive an authorization for a Watermark Medical® ARES™ direct-to-patient-home sleep test.

SleepMed

We recently expanded the program to include SleepMed, which provides exclusive direct-to-patient HST devices and in-office home sleep testing services. The HST studies offered by SleepMed are interpreted by a local board certified sleep physician who is part of the SleepMed sleep community network.

Authorizations for HST services are electronically routed to SleepMed, which then delivers a report to the ordering physician. Throughout the process, CareCentrix is updated with the status of each authorization so that the ordering physician can contact SleepMed or CareCentrix for a status at any point.

If you are interested in learning more about SleepMed's direct-to-patient program or about working with SleepMed, please call 1.877.710.6999, extension 3, or email bbelcher@sleepmedinc.com. Boarded sleep doctors interested in joining the SleepMed community should contact SleepMed at sleepcommunity@sleepmedinc.com.

For those health care professionals who are currently contracted with Cigna to do home sleep testing today, please continue to work with CareCentrix for precertification requests.

Coordination of benefits for Medicare primary claims

Cigna participates in the Medicare Coordination of Benefits Agreement (COBA), also known as Medicare Crossover, for individuals whose coverage is made available through Medicare Parts A and B. This eliminates the need for you to submit Medicare coordination of benefits (COB) claims to Cigna.

When Medicare is the primary payer and the Cigna-administered plan is the secondary payer applicable Medicare billing rules, including Medicare COB rules, apply to health care professional reimbursement. The financial responsibility of the Cigna-administered plan, when it is the secondary payer under Medicare COB rules, is limited to the participant's financial liability (i.e., the applicable Medicare copay, coinsurance, and or deductible) after application of the Medicare-approved amount. The Medicare payment plus the participant liability amounts constitute payment in full. Health care professionals are prohibited from collecting any reimbursement in excess of this amount. The COB provisions as applied may result in an overall payment that is less than 100 percent of the Cigna health care professional agreement.

This is also true for Medicare-eligible customers, even when the customer has not enrolled in Medicare Part B. For these claims, Cigna will process the claim using the Medicare allowable rate to calculate the amount Medicare would have paid, and then determines the Cigna payment based on the customer's Cigna-administered plan benefit. In these instances, participating health care professionals may bill the customer for the portion of the claim that Medicare would have paid, up to the health care professional's contract with Cigna. This may include any applicable copay, coinsurance, and or deductible.

If you have questions about COB for Medicare-eligible individuals, please call the Customer Service number on the patient's Cigna ID card or call us at 1.800.88Cigna (882.4462).

Supporting your patients during disability

When a patient is unable to work as a result of an injury or illness, a Cigna Disability representative may contact you, by telephone or in writing, to ask for supporting clinical documentation to help evaluate a patient's disability claim. Patients often rely on their health care professional to provide this necessary information to help demonstrate their level of function. Because disability insurance provides income security for our customers who are experiencing a disability, we need your prompt reply in order to allow us to respond to them in a timely manner.



Examples of requests you may receive for supporting clinical documentation include:

- Copies of patient medical records (e.g., office notes, laboratory results, diagnostic test results, or functional assessments)
- Completed Cigna Disability forms outlining the patient's level of function based on your personal knowledge and assessment of the patient. (You may recommend (but not order) a functional capacity evaluation (FCE) if you believe that is the appropriate next step. A request for the FCE will be made and coordinated by Cigna, at Cigna's expense.)
- Clarification of any physical or mental health limitations, or medically necessary work activity restrictions impacting your patient

The disability forms contain instructions for returning the requested documentation and indicate who to contact if you have questions.

We know your time is valuable. Therefore, we allow for payment of a reasonable fee for the information we request to administer your patient's disability claim. The amount of this fee should be agreed upon in advance with a Cigna Disability representative and before you send an invoice to Cigna.

If you have questions about Cigna Disability or the forms, please contact the Cigna Disability representative identified on the particular letters or forms you may receive.



New forms for patient incentives

As we continue to expand our incentive program offered to eligible customers to help educate and empower them to improve their health and well-being, you may notice an increase in the number of patients asking for help in completing and signing incentive forms. These forms are important, as they help us to track your patients' eligibility to receive reward incentives that are available to them through their Cigna medical plan.

Incentive program and the Patient Protection and Affordable Care Act

Beginning in January 2014, the Patient Protection and Affordable Care Act (PPACA) requires that medical plan customers who are offered an incentive based on health status are also offered reasonable alternatives to achieve that incentive. In some cases, the reasonable alternatives may require input from a health care professional. To support this requirement, Cigna has two new forms (replacing the Biometric Exemption form) that can help guide you and your patients when determining reasonable alternatives to achieve incentives. These forms also allow health care professionals to waive or exempt a patient from these incentive goals so they may still be eligible to receive an incentive.

Why two forms?

PPACA requires that wellness programs be classified as participatory, activity-based, or outcome-based. Activity- and outcome-based programs require that reasonable alternatives are made available to your patients.

- Form A – Activity-Based Physician-Recommended Alternative and Waiver Form: Activity-based programs are defined by requiring a customer to engage in an activity related to health status, such as completing a walking program or working on a food journal. Customers who want an alternative to completing an activity-based program are required to work with their physician.
- Form B – Outcome-Based Physician-Recommended Alternative and Waiver Form: Outcome-based programs are defined by requiring a customer to achieve a certain outcome related to a health status, such as having a body mass index (BMI) less than 30, blood

pressure less than 140/90, or tobacco cessation. Customers who want an alternative to completing an outcome-based program will have the option to complete a coaching program with Cigna, either online or by telephone. These customers will also have the option to work with their physicians. However, physician involvement is not required.

How to complete and submit forms

Your patients may bring Form A or Form B to their appointment with you. You can also download and print the forms by logging in to CignaforHCP.com > Resources > Forms Center > Medical Forms > Activity-Based Physician-Recommended Alternative and Waiver Form (Form A) and Outcome-Based Physician-Recommended Alternative and Waiver Form (Form B).

Once your patient completes the information on the form, you may be asked to provide further information, such as an alternative to completion of a goal or waiving the patient from the goal altogether. The goals will be listed on the forms, and you will be asked to check the goal for which the patient is being given an alternative to or being waived from. If you are providing an alternative goal, please include a brief description of the alternative. It is also important that you sign the form before it is submitted.

You or your patient may complete the form and return it to Cigna at the mailing address or fax number identified on the form.

For more information

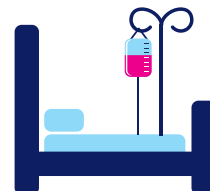
If you have any questions about the forms, please call the toll-free number on your patient's Cigna ID card.

Preventive health coverage guide updates

A Guide to Cigna's Preventive Health Coverage for Health Care Professionals provides an overview of Cigna's preventive care coverage, information on coding procedures, and a listing of codes associated with preventive services. It has been updated to include:

- ICD-10 codes that were added one year prior to their effective date of October 1, 2014
- Additional vaccine codes
- Breast and ovarian cancer (BRCA1/BRCA2) genetic counseling and testing information

The updated guide is available on Cigna.com (Health Care Professionals > Resources > Health & Wellness Programs > Care Guidelines) and CignaforHCP.com (Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines).



Pharmacy plan changes for Individual and Family Plans

Some Cigna Pharmacy plans associated with Cigna Individual and Family Plans (IFP) will use a new pharmacy network and one of several new drug lists. The following changes are associated with the essential health benefit (EHB) requirements of the Patient Protection and Affordable Care Act (PPACA), as well as state requirements. At this time, these changes only affect some IFPs, which are currently offered in 10 states, including Arizona, California, Colorado, Connecticut, Florida, Georgia, North Carolina, South Carolina, Tennessee, and Texas.

Drug lists

Cigna created four new drug lists (one four-tier list and three five-tier lists) for the IFPs that:

- Meet EHB and state benchmark drug count requirements
- Are closed lists (if the drug is not on the list then it is not a covered medication)
- Typically do not cover multi source brands when a generic is available
- Have different preferred brand and specialty drug tiers than other Cigna drug lists
- Include specialty medication on the specialty tier (tier four or five)



How to determine the drug list associated with your patient's coverage

Prescribing drugs covered by your patient's Cigna Pharmacy plan will help them receive the maximum value from their benefit. There are a few ways you can determine the drug list that is associated with their coverage:

Cigna for Health Care Professionals website

Log in to CignaforHCP.com. From your Dashboard, select the Patient tab. Enter the requested patient information to see the drug list associated with your patient's plan.

ePrescribing

When you use ePrescribing software, the drug list associated with your patient's plan will be accessible when you enter your patient's information.

Remind patients to select network pharmacies

The new IFPs provide access to a broad network of national, regional, and local retail pharmacies, as well as the Cigna Home Delivery Pharmacy, with the goal of providing lower overall costs.

We encourage you to check with your patients to be sure the pharmacy they select is in their network. Your patients can do this by visiting Cigna.com > Personal > Health & Wellness > Pharmacy/Drugstore & Medical Supplies/Equipment > Pharmacies. If a prescription is sent to a pharmacy that is not in the patient's network, the script will not be covered.

If you have any questions about your patient's Cigna Pharmacy coverage, please call us at 1.800.Cigna.24 (244.6224).

Extavia is Cigna's first choice interferon Beta 1B product

Extavia® and Betaseron® are both interferon Beta 1B drugs used to treat multiple sclerosis. They are identical medications, manufactured by the same company, but distributed under separate names and distributors. The only difference between them is the cost – Extavia costs less.

As of January 1, 2014, the coverage policy for multiple sclerosis interferon products will require the use of Extavia prior to Betaseron as the interferon Beta 1B product for treating multiple sclerosis. If you have patients currently using Betaseron, they will need to transition to Extavia by April 1, 2014 to obtain pharmacy coverage. Patients who continue to use Betaseron will have to pay the full cost of the medication. This change applies to all patients taking Betaseron, except those who show that they have used Extavia unsuccessfully in the past. Affected patients have been notified and advised to talk to their doctor as soon as possible.

You may convert a patient to Extavia and fill the prescription by calling Cigna Specialty Pharmacy Services® at 1.800.351.3606. You may also access a form on CignaforHCP.com (Resources > Forms Center > Prescription Forms > Extavia) that can be completed and faxed to Cigna Specialty Pharmacy Services at 1.800.351.3616.

When ordering a preferred brand medication through Cigna Specialty Pharmacy Services, your patients will be offered:

- Injection training in your office or their home
- Access to a pharmacist 24/7 for questions about their medications
- Convenient, reliable delivery directly to their home
- Refill reminders

Cigna Specialty Pharmacy Services offers patients taking a specialty medication, including interferon Beta 1B, a therapy management program called TheraCare® to better educate them and help with medication adherence. If you or your patient would like more information, please call 1.800.633.6521.

New hepatitis C drugs

In December, two new hepatitis C drugs, Olysio® (Simeprevir) and Sovaldi® (Sofosbuvir), became available. Cigna Specialty Pharmacy Services® has access to the two newly approved therapies, which are covered under Cigna's Pharmacy benefit as non-preferred drugs and require prior authorization.

Using our services provides value to your patients with Cigna coverage and eases your administrative work. We offer:

- Comprehensive support for quick prior authorizations
- Easy access for prescription requests – online or by fax
- Prescription support from Cigna's hepatitis C expert condition team
- Coordinated prescription refills and renewals
- 24/7 access to pharmacists for you and your patients
- Coordination of Medicare benefits – Part D and B prescription claim processing
- Financial assistance programs to help patients afford costly medications

These new therapies, like other specialty medications, are complex and require extensive management – from ordering to administration of the drug. The integration of Cigna's pharmacy and medical benefits makes managing this process a lot easier for you and your patients, especially for conditions like hepatitis C.

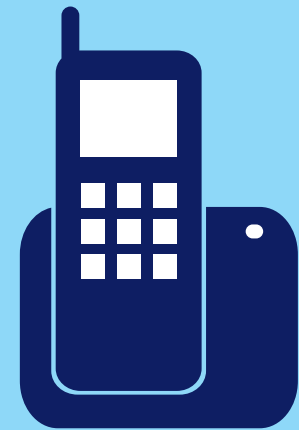
Let us help you guide your patients through their complex therapy to ease their path to adherence and health. For more information, or to order Olysio (Simeprevir) and Sovaldi (Sofosbuvir), call us at 1.800.351.3606. The hepatitis C order form is also available on CignaforHCP.com (Resources > Forms Center > Pharmacy Forms > Pharmacy Prior Authorization Forms > Hepatitis).



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		
Nicholas Gettas, MD, <i>Chief Medical Officer, Cigna Regional Accounts</i>		1.804.344.3038
Northeast region		
Peter McCauley, Sr., MD, CPE <i>Regional Medical Director</i>	IL, IN, MN, NY, ND, SD, WI, MI	1.312.648.5131
Frank Brown, MD	DC, MD, VA	1.804.344.2384
Jordan Ginsburg, MD	KS, MO, NE	1.314.290.7308
Robert Hockmuth, MD	CT, MA, ME, NH, RI, VT	1.603.268.7567
Ronald Menzin, MD	NJ, NY	1.631.247.4526
Dan Nicoll, MD	NJ, NY	1.201.533.4717
Christina Stasiuk, DO	DE, OH, PA, WV	1.215.761.7168
Southeast region		
Jordan Ginsburg, MD <i>Regional Medical Director</i>	KS, MO, NE	1.314.290.7308
Robert W. Hamilton, MD	AL, GA	1.404.443.8820
Michael Howell, MD, MBA, FACP	FL, USVI	1.407.833.3130
Edward Hunsinger, MD	NC, SC	1.336.945.6597
Renee McLaughlin, MD	AR, KY, MS, TN	1.423.763.6764
Mark J. Netoskie, MD, MBA, FAAP	LA, South TX	1.713.576.4465
Frederick Watson, DO, MBA, CPE	North TX, OK	1.972.863.5119
West region		
Jennifer Gutzmore, MD <i>Regional Medical Director</i>	Southern CA	1.818.500.6459
Jacob Asher, MD	Northern CA	1.415.374.2520
John Keats, MD	AZ, NV	1.480.426.6779
Mark Laitos, MD	CO, NM, UT, WY	1.303.566.4705
John Sobeck, MD	AK, HI, ID, MT, OR, WA	1.206.625.8861



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.

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.

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" to enroll. If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912.

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 > Health Care Professionals Directory.

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 > Health Care Professionals Directory.

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 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

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

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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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Attn: Health Care Professional Communications
900 Cottage Grove Road, Routing B7NC
Hartford, CT 06152
Best regards,
Starlet Coleman
Health Care Professional Communications

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