Cigna’s approach to accountable care

The increased focus on controlling health care costs and improving health outcomes has put heightened attention on accountable care organizations (ACOs). An ACO is a group of health care professionals who provide coordinated care to their patients. They integrate primary care, specialty care, hospital, lab, and other health care services with the goals of managing costs, improving quality, and providing a good experience for patients.

Cigna has developed its own approach to the care model – we refer to it as our collaborative accountable care (CAC) program.

The CAC program is a collaboration between Cigna and groups of health care professionals who are responsible and accountable for the population each serves. Each CAC must have a substantial primary care component, which can take any of the following forms:

- A large primary care practice
- A multi-specialty group
- A fully integrated delivery system, including doctors and facilities
- A physician hospital organization (PHO)

Regardless of practice type, the common thread is that each CAC must be willing to accept responsibility and accountability for achieving the “triple aim” of improved quality (clinical outcomes), affordability (lower medical costs), and patient satisfaction.

Each CAC is rewarded by Cigna through a pay-for-performance structure if it meets targets for improving quality and lowering medical costs.

A key component to these programs is the Care Coordinator, who is a registered nurse employed by the CAC. This nurse works with individuals – especially people with chronic conditions – to help ensure they get the screenings and follow-up care they need, and have access to educational materials that can assist them with managing their health.

Since 2008, Cigna has developed CAC relationships with groups of health care professionals around the country. Cigna is now engaged in 28 patient-centered initiatives in 17 states, including six multi-payer pilots and 22 Cigna-only CAC initiatives. Cigna’s CAC initiatives encompass more than 270,000 Cigna customers and more than 4,000 physicians. Our goal is to have 100 CAC programs with 1 million customers by 2014.

CONTINUED ON PAGE 13
Clinical, reimbursement, and administrative policy updates

In an effort to help support access to quality, cost-effective care for your patients with a Cigna medical plan, we routinely review clinical, reimbursement and administrative policies, 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 the separate claims submission procedures for these patients.

The following table provides a summary of planned policy updates. You may also view new and updated policies in their entirety, prior to the effective dates, on the Cigna for Health Care Professionals website (CignaforHCP.com).

<table>
<thead>
<tr>
<th>Policy name</th>
<th>Effective date</th>
<th>Policy update</th>
<th>Where to find additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely Filing</td>
<td>August 1, 2012</td>
<td>Unless a longer time period is required by applicable state law, the time frame to submit claims will change to 90 days for participating health care professionals who have received a notification and an amendment to their agreement in these affected states: DC, FL, MD, NC, NJ, NY, and TN. The 90-day claim filing time frame was implemented last year in the following states for all claims: AK, AR, AZ, CA, CO, CT, DE, GA, IL, IN, KS, KY, LA, MA, ME, MI, MO, MS, NH, NV, PA, OH, OK, RI, SC, TX,* UT, VT, WA, WI, and WV.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cigna for Health Care Professionals website (CignaforHCP.com &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Claim Policies and Procedures &gt; When to File)</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

* TX has a 95-day claim filing limit, per state law.

If you are not registered for the Cigna for Health Care Professionals website, please register so you may log in and access these policies. Go to CignaforHCP.com and click on “Register Now,” located in the left side bar. If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (882.4462).
Precertification updates

On July 1, 2012, 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 in July 2012.

On August 6, 2012, we will update our list of CPT and HCPCS codes to include additional codes (including pharmacy codes) that will require precertification. At that time, we will also remove 10 codes from the precertification list.

Please refer to the list at right for the codes that will be included in these precertification updates.

About our precertification program

Our precertification program helps ensure that our customers’ care will be covered under their plan’s medical necessity requirement and that it will be cost-effective, in-network care. To accomplish this, we require that referring (ordering) physicians obtain precertification for certain services. It is the responsibility of the rendering facility or health care professional to validate that precertification has been obtained prior to performing the service for individuals whose benefit plans require precertification.

To view the complete list of services requiring precertification of coverage, please log in to CignaforHCP.com and click on “Precertification” under “Popular Links.” If you are not currently registered for the Cigna for Health Care Professionals website, you will need to register to log in. Go to CignaforHCP.com and click on “Register Now,” located in the left side bar. You can also access the list through the Secured Provider Portal, GWHCignaforHCP.com.

Medical codes that will no longer require precertification on August 6, 2012

0050T, 27437, C9273, C8729, S3905, 0160T, 27438, C9728, L8699, S9024

Medical codes being added to the precertification list on August 6, 2012

20527, 65771, L1840, L8042, L8049, 22520, 81223, L1844, L8043, S0800, 22522, 96446, L1846, L8044, 26341, 0192T, L8040, L8046 65767, E0604, L8041, L8047

Pharmacy codes being added to the precertification list on August 6, 2012

J2503, C9276, J9033, J2778, C9399, J9179
Health care professional directory enhancements on myCigna.com

The health care professional directory on myCigna.com now contains new capabilities for patients to search for doctors, estimate their cost of care, and review quality designations of health care professionals in our network. These enhancements make it easier for patients who are covered by a Cigna-administered medical or dental plan* to select an appropriate health care professional to meet their needs. These features are completely integrated and accessible from the same screen, making it even easier for your patients to make more informed health care choices and manage their health care dollars.

New search options

Now it's easier for your patients to find the doctor that is right for them.

- **Intuitive search.** Your patients can search for a type of doctor, such as a dermatologist, by typing in a term that makes sense to them, such as “skin doctor.”
- **Personalized search.** Searches can be refined to reflect personal preferences. For example, your patient can find a dermatologist within 10 miles who is female, speaks Spanish, and has received the Cigna Care designation for quality.
- **Integration of Google Maps.** Maps are now integrated into searches to help patients easily find a physician’s location.

New tools to estimate cost of care and review physician quality

Your patients now have direct access to personalized cost estimates based on their Cigna-administered medical benefits. Created by Thomson Reuters, this feature is available through the “Find a Doctor” link on myCigna.com. Now your patients can:

- Find detailed cost estimates for more than 200 common procedures
- Compare costs by physician or facility
- See quality distinctions of physicians in our network, including physicians with Cigna Care designations

The estimates produced are patient-specific and use real-time calculations of their liability including deductible, coinsurance, and out-of-pocket maximums. This is the same functionality used by the Cigna Cost of Care Estimator®.

When your patients make more informed choices about their health care, everyone benefits. That’s why we continually strive to provide useful, relevant tools, including the enhanced health care professional directory, to assist them in the management of their health.

* This enhancement does not apply to patients in GWH-Cigna network plans who access the health care professional directory on myCignaforHealth.com.

New automated interactive voice response system

We’re upgrading our interactive voice response (IVR) automated telephone system. This upgrade will provide a better experience for medical, behavioral, and dental health care professionals and customers. We worked with an industry leading technology company to launch the new system in July 2012, and will continue through October 2012.

New caller information requirements

When you call a Cigna customer service number, or the number on a patients ID card, please have three items of information ready:

- Patient’s Cigna ID*
- Patient’s date of birth
- Health care professional’s tax ID

This information enables us to provide the best response to your inquiry and ensures you are connected to a Customer Service Associate who can most effectively assist you, if necessary.

If any of these three items is not entered, or only partial information is entered (e.g., only patient ID and tax ID, or only patient date of birth), you will be asked to call back with this information.

* If the patient’s ID does not contain nine digits and begins with a “U,” please call the Customer Service phone number on the patient’s ID card.
Cigna supports Leapfrog hospital survey

Cigna endorses and supports the Leapfrog Hospital Survey. In fact, we use hospital performance information collected from the Leapfrog Hospital Survey in our Centers of Excellence Hospital Value Profile. This self-reported public data is one of the criteria used to assess participating hospitals for the Cigna Center of Excellence designation. In the past, 1,224 hospitals in 44 states (including Washington D.C.) voluntarily completed the Leapfrog Hospital Survey.

The Leapfrog Group, a non-profit organization, is committed to improving the quality of health care and patient safety while helping individuals make more informed health care choices. Leapfrog and its members work together to help:

- Reduce preventable medical mistakes, and improve the quality and affordability of health care

1. Computer Physician Order Entry (CPOE) – A system that provides physicians with an electronic application.
2. Intensive Care Unit (ICU) Physician Staffing – The Leapfrog Group calls for intensive care units to be staffed with physicians who specialize and are certified in intensive care.

3. Evidence-Based Hospital Referrals – Patients with certain high-risk conditions who are treated at hospitals are shown to have a higher level of positive clinical outcomes. The Leapfrog Group tracks the following procedures and conditions:
   - Coronary artery bypass graft
   - Percutaneous coronary intervention
   - Abdominal aortic aneurysm repair
   - Pancreatic resection
   - Esophagectomy
   - Aortic valve replacement
   - Bariatric surgery
   - High-risk deliveries

4. National Quality Forum (NQF) Safe Practices – NQF endorses 34 safe practices that tend to reduce the risk of harm in certain patient care processes, systems or environments.

For more information about the Leapfrog Hospital Survey, visit Leapfroggroup.org.
Tell us what YOU want to learn

Your staff is perhaps your most valuable asset – having the best staff helps you provide your patients with the best care possible, and can help improve efficiency and patient satisfaction. We recognize that your staff is crucial to your success, and keeping them educated is a top priority for us. That’s why we want to hear from you.

• What education resources would be helpful for you and your staff?
• What topics do you want to know more about?
• How do you want to receive information from us – through a webinar, online course, handout, individual training session, or in another way?

We have you in mind as we work to improve our educational resources, so tell us what you want to see. Email your ideas to NetworkNewsEditor@Cigna.com.

Continue to use the Cigna for Health Care Professionals website (CignaforHCP.com) and Cigna.com to access the most current educational information. We always add new material, so be sure to check back often.

Cigna Care designation reconsideration requests due August 2

In June, a letter was sent to primary care physicians and specialists in 19 specialties about the availability of their results for the 2013 Cigna Care designation and physician quality and cost-efficiency displays.

The letter gave physicians the option to request reports, review their results, submit inquiries, and request changes (i.e., requests for reconsideration). Requests for reconsideration must be received by August 2, 2012. Reconsideration requests received after August 2, 2012 will be processed, but the directory information may not be updated until after the initial display of Cigna Care designations on September 17, 2012.

Please send us an email or fax if you would like to request reports, review results, submit inquiries, or request changes:

Email: PhysicianEvaluationInformation@Cigna.com
Fax: 1.866.448.5506

If you are requesting reconsideration, you must include the reason for the request and any documentation, as applicable, to support the request. A Network Clinical Manager will contact you to share details about your results and possible next steps.
Cigna Centers of Excellence facilities

Based on claims data, we evaluate hospital patient outcomes (quality) and cost-efficiency information through the Cigna Centers of Excellence (COE) program. Participating hospitals meeting specific quality and cost-efficiency criteria are designated as a Center of Excellence by procedure and condition. The Centers of Excellence program is designed to meet the ever-growing consumer demand for tools and information on patient outcomes and cost efficiency.

2013 enhancements to the Centers of Excellence assessment

In 2013, we will make the following updates:

• Add 31 new procedures that will be assessed, including cardiac defibrillator implant, radical prostatectomy, surgery for female reproductive CA, and mastectomy and lumpectomy of breast CA
• Cluster procedures in a more meaningful way for consumers (e.g., “back surgery” will include spinal fusion and disc surgery)
• Incorporate industry standard Agency for Healthcare Research and Quality (AHRQ) complications and mortality measures in the evaluation
• Add readmissions data to the assessment methodology
• Consider geographic access in the methodology

About the hospital profile

• Profiles are available to patients with Cigna coverage for most hospitals participating in the Cigna network.
• Hospitals can receive a score of up to three stars (*) each, for both patient outcomes and cost-efficiency measures, for each procedure or condition evaluated.
• Hospitals that attain a three-star score for both patient outcomes and cost-efficiency receive the Centers of Excellence designation for that procedure or condition.
• Hospital data may not display in the online provider directory if:
  – Insufficient patient volume or MedPAR data is available for that procedure or condition
  – A surgical procedure is not performed, or a condition is not treated, at the hospital

Because the Centers of Excellence program reflects only a partial assessment of quality and cost efficiency for select hospitals, it should not be the sole factor used when making decisions. We encourage individuals to consider all relevant factors, and to speak with their treating physician when selecting a hospital.

Patient outcomes

• Based on Cigna claim data, “Patient outcomes” is a measure of a hospital’s relative effectiveness in treating selected procedures or conditions.
• The measurement is based on publicly available, hospital self-reported data that is subject to minimum volume thresholds and includes:
  – Complications
  – Mortality
  – Centers for Medicare & Medicaid Services (CMS) measures applicable to certain conditions and procedures
  – Leapfrog results

Cost efficiency

• Cost efficiency is a measure of a hospital’s cost (not including physician’s fees and outpatient services) compared to the national average cost for a particular procedure or condition.
• The score is based on a combination of public information and Cigna contracted rates. The public information used to determine the score is from a combination of all payer data, where available, and Medicare length-of-stay data as reported by facilities. Specific contracted rates are not shown in the directory.

Timeline for Center of Excellence designations and displays

August 2012
Hospitals will receive a notification about the availability of their 2013 results.

November 2012-2013
Centers of Excellence information will be available in the health care professional directory on Cigna.com and myCigna.com.
Market Medical Executives contact update

Cigna Market Medical Executives (MMEs) are an important part of Cigna’s 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, Chief Medical Officer, Regional Accounts | 1.804.344.3038

Northeast region
Dan Nicoll, MD, Regional Medical Director | NJ, NY | 1.201.533.4717

Frank Brown, MD        DC, MD, VA       1.804.344.2384
Robert Hockmuth, MD    CT, MA, ME, NH, RI, VT 1.603.268.7567
Peter W. McCauley, Sr., MD, CPE IL, IN, MN, WI 1.312.648.5131
Ronald Menzin, MD      NY, NJ            1.631.247.4526
Christina Stasiuk, DO   DE, MI, OH, PA, WV 1.215.761.7168

Southeast region
Jordan Ginsburg, MD, Regional Medical Director | KS, MO | 1.314.290.7308

Jordan Ginsburg, MD        FL, USVI         1.314.290.7308
Robert W. Hamilton, MD    GA, AL            1.404.443.8820
Edward Hunsinger, MD      NC, SC            1.336.945.6597
Robert 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, Regional Medical Director | Southern CA, NV | 1.818.500.6459

Jacob Asher, MD             Northern CA     1.415.374.2520
John Keats, MD              AZ, NV           1.602.341.9330
Mark Laitos, MD             CO, NM, UT, WY  1.303.566.4705
Mary O’Neill, MD, MBA       AK, HI, ID, MT, OR, WA 1.206.625.8846

Reasons to call your MME
• Ask questions and obtain general information around Cigna’s clinical policies and clinical programs.
• Ask questions regarding your specific practice and utilization patterns.
• Report or request assistance around a quality concern involving your patients with Cigna coverage.
• Request or discuss recommendations for improvements or development of Cigna’s 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.
The most recent recommendations have been released by the Department of Health and Human Services (HHS) for women's preventive care services. They will become effective for non-grandfathered Cigna plans on renewal dates occurring on or after August 1, 2012. We have listed the additional preventive care services for women that will be covered with no patient cost sharing:

• Annual well-woman visits
• Gestational diabetes screening
• Human papillomavirus (HPV) DNA testing with Pap test for women 30 years and older
• Sexually-transmitted infection counseling
• Human immunodeficiency (HIV) screening and counseling
• Domestic and interpersonal violence screening
• Breast-feeding support, counseling, and supplies
• Contraception education and counseling, and Federal Drug Administration (FDA) approved contraception methods including birth control and sterilization for women

Benefit plan exemptions
Some benefit plans may be exempt from providing coverage of contraceptive services due to their affiliation with a religious employer. You have several options to determine if your patient's Cigna-administered plan covers these additional women's preventive care services at 100 percent:

• Use electronic data interchange (EDI) eligibility and benefit inquiry and response.
• Visit the Cigna for Health Care Professionals website (CignaforHCP.com) to verify benefit and eligibility information for patients with a Cigna ID card.
• Call Cigna at 1.800.88Cigna (1.800.882.4462). For patients with a GWH-Cigna ID card, call 1.866.494.2111.

Preventive health coverage guide available
Visit CignaforHCP.com for patient benefit and eligibility information, or call 1.800.88Cigna (882.4462). For additional information on preventive care, including A Guide to Cigna's Preventive Health Coverage for Health Care Professionals, visit the Care Guidelines page on Cigna.com (Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health & Wellness Programs > Care Guidelines).

For additional details about the new women's preventive care provision or other provisions, view our Informed On Reform page on Cigna.com (Cigna.com > Health Care Professionals > Informed on Reform.)

1. Provision of breast-feeding equipment and supplies will require a prescription and must be ordered through CareCentrix, Cigna's national durable medical equipment vendor in order for the service to be covered. Precertification is required for certain types of breast pump equipment (e.g., hospital-grade electric breast pump).
2. Subject to the patient's pharmacy benefit, coverage of certain FDA-approved contraceptive products and services for women include oral contraceptives, diaphragms, some types of intrauterine devices (IUDs), vaginal ring, hormonal injections, contraceptive supplies (spermicide, female condoms), and emergency contraception. Cost sharing may be applied for brand name products where generic alternatives are available. A prescription will be required for these medications and products, including over-the-counter medications and products, to be covered under the pharmacy benefit. Additional contraceptive services covered under the medical benefit include some types of IUDs, implants, and sterilization procedures for women.
3. Information not available on CignaforHCP.com until the fourth quarter of 2012.
Explanation of Payments and Explanation of Benefits improved for patients with GWH-Cigna ID cards

In March, you may have noticed a change in the appearance of your Explanation of Payment (EOP) statements you received for care provided to patients with GWH-Cigna ID cards. These patients may also have noticed improvements to their Explanation of Benefit (EOB) statements. Both now look more similar to other Cigna EOPs and EOBs — easier to read and in a format that helps you and your patient quickly find the information you need.

**New EOP features**

- Key information, such as the check number, date, and dollar amount, is clearly visible in the top right corner.
- “Contact Us” details are clearly identified in the top right corner and reflect that the website is now GWHCignaforHCP.com.
- “Member” is now “subscriber.”
- “Group name and number” has changed to “Account name and Account number.”

You can see changes to the first page of the EOP in the document below. For a complete updated sample EOP, go to GWHCignaforHCP.com > Claims Inquiry > GWH-Cigna EOP Sample.

**New EOB features**

- A summary page clearly states the amount saved and what the patient owes.
- An enhanced display of the patients’ health expenses shows “accumulated to date” and “maximums met.”
- An easy-to-read glossary of EOB terminology is available.
- The claim detail page is displayed in a landscape format, with additional claim details.

If you have questions about EOB or EOP changes, please call 1.866.494.2111.
Do you participate in the GWH-Cigna network?

Today, more than 80 percent of directly contracted facilities, associations, and practitioners participate in both the Cigna and GWH-Cigna networks. If you have received a notification from us informing you that your Cigna agreement applies to patients with the GWH-Cigna ID card, then you participate in both networks.

If you are unsure of your participation status, you can verify this in a few ways:

- Check the health care professional directories on Cigna.com and MyCignaforHealth.com. If you are listed in both directories, then you participate in both networks.
- Call GWH-Cigna Customer Service at 1.866.494.2111
- Call Cigna Customer Service at 1.800.88Cigna (882.4462)

At this time, there are some differences between the two networks, including claim and service channels, and ancillary vendor relationships.

Claim and service channels

To help ensure accurate and timely claim processing, it is important to follow the claim submission procedures for each network. Always refer to the information on the patient’s ID card, including:

- Claim addresses
- Precertification procedures
- Customer Service numbers and website

Ancillary vendor relationships and referrals

We are working to align vendor relationships so the same vendors participate in both networks. Until this effort is complete, the Cigna and GWH-Cigna networks may have different contractual relationships with vendors that provide services such as radiology and laboratory. When you refer a patient for these services, always use the health care professional directory found on the websites associated with your patient’s ID card:

<table>
<thead>
<tr>
<th>ID card</th>
<th>Directory website</th>
</tr>
</thead>
<tbody>
<tr>
<td>GWH-Cigna</td>
<td>GWHCignaforHCP.com</td>
</tr>
<tr>
<td>Cigna</td>
<td>CignaforHCP.com</td>
</tr>
</tbody>
</table>

Additional information is available on the websites, including the Important Contact Information document, which provides a side-by-side list of contacts for both networks (CignaforHCP.com > Resources > Communication > Great-West Healthcare Information or GWHCignaforHCP.com > Important Updates).

Individuals who access the GWH-Cigna network will present an ID card with the GWH-Cigna network indicator in the upper right corner.
Helping your patients stay adherent and healthy

As a health care professional, you know how important it is for your patients to follow their prescribed medical treatment to get well – and to stay well longer. This can also help to lower their overall health care costs. To support this effort, we have a few programs that can make it easier for your Cigna patients to understand the importance of adhering to their treatment plan.

Well Informed
This program analyzes lab, claim, and pharmacy data to identify potential deficiencies, gaps, and omissions in care that can occur when your patients do not adhere to care consistent with clinically proven guidelines for treatment. The program focuses on five potential gap categories including medication adherence, patient safety, achieving key clinical targets, monitoring, and appropriate therapy or drug to evaluate your patients based on their health information. We notify you and your patients when potential gaps are identified. As a result of our mailings and phone outreach, we have an average gap closure rate of 25 percent. *

Cigna Home Delivery Pharmacy
Approximately six million prescriptions are filled each year through our mail service pharmacy. It’s easy for your Cigna patients to start on this service. QuickSwitch calls the patient (or the health care professional who prescribed the patient’s medication), and coordinates the prescription’s transfer from the patient’s current retail pharmacy to the Cigna Home Delivery Pharmacy. QuickFill provides automated refill reminders. There has been a 20 percent increase in adherence for customers using the Cigna Home Delivery Pharmacy. *

CoachRx
This service helps individuals to understand the likelihood that they will stop taking their prescription medications and provides tools to help them stay on their medication schedule. These tools include text and email reminders, as well as direct contact with licensed pharmacists. There has been a 22 percent improvement in adherence for patients who enroll in CoachRx* – for all five conditions studied (asthma, depression, diabetes, hyperlipidemia, and hypertension). In fact, our gaps in care program helped to increase enrollment in Coach Rx. There has been an 11 percent increase in the number of prescriptions that patients fill solely through the Cigna Home Delivery Pharmacy after participating in CoachRx. *

You can find more information about these and other Cigna pharmacy programs on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy).

* Cigna Analytics, 2009-2011.
NDC requirement on specialty medication claims

We will be changing the claim submission guidelines for certain Healthcare Common Procedure Coding System (HCPCS) codes for specialty medications. Beginning September 1, 2012, in addition to the HCPCS code, we will require the National Drug Code (NDC) on some claims. This will help support more affordable care by promoting the use of safe and lower-cost drug therapies.

For the three codes listed below, please submit both the HCPCS code and NDC when all of the following apply:
- the patient’s plan requires precertification for outpatient services
- the place of service is the physician’s office or the patient’s home
- Cigna is the primary payer

During claim processing, we will determine if the NDC on the claim matches the drug name approved during precertification. If the NDC does not match the drug name that was precertified, the claim may be denied in part or in full. If the NDC is not included on the claim, we will send you a request to submit the NDC so that we may process your claim.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0725</td>
<td>Injection, chorionic gonadotropin, per 1,000 USP units</td>
</tr>
<tr>
<td>J1830</td>
<td>Injection, interferon beta-1b, 0.25 mg</td>
</tr>
<tr>
<td>J2941</td>
<td>Injection, somatropin, 1 mg</td>
</tr>
</tbody>
</table>

CONTINUED ON PAGE 14
QUALITY INITIATIVES ONLINE

Care Guidelines

Cigna Care Guidelines are also available on the Cigna for Health Care Professionals website at Cigna.com. Once there, click on Resources > Cigna Clinical Health and Wellness Programs > Care Guidelines. Here, you can view information about:

- Preventive health benefits
- Immunization histories and information
- Behavioral health guidelines
  - Primary care guidelines for depression in adults
  - Attention-deficit and hyperactivity disorder in school-aged children
  - Helping patients with alcohol problems
- Care Guidelines for Disease Management
  - Asthma
  - Diabetes
  - Cardiac disorders
  - Adult back pain
  - Depression
  - Weight complications
  - Chronic obstructive pulmonary disease (COPD)
  - Targeted conditions (e.g., acid-related stomach disorders, fibromyalgia, hepatitis C, irritable bowel disease, and osteoarthritis)

Please note:

- Utilization management decisions are based on appropriateness of care and service, and existence of coverage. We do not reward health care professionals for issuing denials of coverage. Customers have the right to disagree with a coverage decision and obtain care at their own expense, or appeal the decision.
- Language line services are available for the submission of utilization management requests free of charge.
- TTD/TYY services are available for the submission of utilization management requests. Cigna utilizes the 711 relay center that is available to any hearing impaired person in the United States and interfaces with the existing phone equipment used by the hearing impaired.

If you have any questions about the quality program, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call 1.800.88Cigna (882.4462).

CONTINUED FROM PAGE 13

NDC REQUIREMENT ON SPECIALTY MEDICATION CLAIMS

An alternative to capturing the NDC

When you use Cigna Home Delivery Pharmacy, there is no need to capture the NDC – all you need to do is submit a claim for the medication administration. By completing the appropriate Specialty Pharmacy prescription order fax form, you can request precertification and order the medication in one easy step. For your convenience, Cigna Home Delivery Pharmacy will:

- Verify patient eligibility
- Ship the medication directly to the destination of your choice by the needed date
- Capture the NDC number for you and bill Cigna directly for the cost of the medication
- Send education materials to the patient
- Coordinate refills

You can find the prescription order fax forms on Cigna.com (Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Doing Business with Cigna > Health Care Professional Forms > Specialty (Injectable) Drugs).

For more information about this requirement, including a list of NDCs associated with each of the HCPCS codes, please refer to the Specialty Claims Requiring NDC information on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Specialty Claims Requiring NDC). If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (882.4462).
Tell us what’s changed

Have you recently changed addresses, specialty type, phone numbers, tax identification numbers, or have doctors left your group? It’s important to notify Cigna of these changes. Demographic information is used to process claims and to send you communications. It’s also published in the Cigna health care professional directories.

You may contact us as noted below or submit changes electronically using the online form available on the Cigna for Health Care Professionals website at CignaforHCP.com and on the Secured Provider Portal at GWHCignaforHCP.com.

If you are located in:

AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, or VA
Email: PDMTampa@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: ProviderData@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: PDMGlendale@Cigna.com
Fax: 1.860.687.7336
Mail: 400 North Brand Blvd., Suite 300, Glendale, CA 91203

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 ER, when appropriate.

For a list of Cigna’s participating urgent care centers, view our Health Care Professionals Directory at Cigna.benefitnation.net/Cigna/docdir.aspx.

Reference guide updates

Cigna’s Reference Guides containing many of our administrative guidelines have been updated. The guides combine information for physicians, hospitals, ancillary facilities, and other health care professionals. The Cigna Reference Guides include information pertaining to participants with Cigna and GWH-Cigna ID cards.

You can access the new Cigna Reference Guides at either of the websites below, including the state-specific guides, where applicable. You must be a registered user to access these sites.

- CignaforHCP.com > Resources > Reference Guides > Health Care Professional Reference Guides
- GWHCignaforHCP.com > Tools & Resources > Health Care Professional Reference Guides

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.

Letters to the editor

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

Cigna
Attn: Health Care Professional Communications
900 Cottage Grove Road, Routing B7NC
Hartford, CT 06152
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 treat the patient. Of course, if there’s an emergency, use your professional discretion.

For a complete listing of:

• Cigna participating physicians and facilities, access the Cigna online provider directory at Cigna.com.

• Participating physicians and facilities that provide in-network services to individuals with GWH-Cigna ID cards, access the online provider directory at GWHCignaforHCP.com.