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GO YOU[®]

Network News

For Health Care Professionals
Participating in the Cigna
and GWH-Cigna Networks

Health care reform changes for 2014

With 2014 approaching, we can expect significant changes to the health care industry due to provisions of the Patient Protection and Affordable Care Act (PPACA). From changes to health plan benefits to how your patients can purchase coverage, the PPACA will affect nearly anyone who delivers or consumes health care in the United States.

Helping you stay informed

Our InformedonReform.com website helps you stay up to date on the PPACA provisions and changes that may affect you and your patients. The website also provides information on what we are doing to meet the requirements of the PPACA. Highlights of the website include:

- Overviews of the provisions, such as Essential Health Benefits and Preventive Services, and what they mean to you
- Replays of our webinars that provide insight into the provisions and the Marketplace
- Reform News section highlighting breaking news and updates

Tools for your patients

We are also an active advocate for your patients with Cigna coverage regarding provisions of the PPACA. Your patients can visit InformedonReform.com for information and resources to help them understand changes to their health coverage and how care is received. They can also access our interactive Health Care Reform for You tool to help determine how the PPACA may affect their individual health care decisions.

Reminder to verify patient coverage

We will continue to implement any changes or updates required by the PPACA to help ensure that the patient information you receive from us is accurate. We recommend you always verify a patient's eligibility and benefits before collecting any copays or coinsurance using one of these options:

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

Listening to you. We update InformedonReform.com regularly so you have access to the most current information about health care reform. Help us provide you with the health care reform information you need by sending suggestions to NetworkNewsEditor@Cigna.com

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," located in the left side bar. 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
Minimally Invasive Treatment of Back and Neck Pain (Pain Management Facet Injections)	November 15, 2013*

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

*Effective December 15, 2013 in Massachusetts and January 15, 2014 in Texas.

Precertification change

On October 1, 2013, the Centers for Medicare & Medicaid Services (CMS) released new HCPCS® codes. One of these new codes was added to our precertification list this month.

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

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," located in the center of the screen.

New code added to the precertification list on October 1, 2013

Code	Description
C1841	Retinal prosthesis, includes all internal and external components

Precertification update for radiology services

On February 21, 2014, two new radiology service categories will be added to the list of services that require precertification – diagnostic heart catheterizations and stress echocardiograms. Precertification can be obtained for the codes associated with these categories beginning February 21, 2014 by calling 1.888.693.3297 or by visiting our dedicated radiology website at Cigna.medsolutionsonline.com. Additional information about this update will be included in the January edition of *Network News*.

Our role in shared benefits administration

We contract with Taft Hartley trusts and federal employee health benefit plans to share the administration of their self-funded (ASO) plans. For these relationships, we may provide access to the Cigna network, perform medical management and utilization review, reprice claims according to our contracted rates and claims logic, provide clinical appeals management, or provide contract dispute resolution.

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

Refer to the contact information provided for help with specific topics related to ASO plans.

Topic	Contact
<ul style="list-style-type: none"> • Reimbursement • Appeals • General questions 	1.800.549.8908 (representatives are available between the hours of 8:00 AM and 6:00 PM EST)
<ul style="list-style-type: none"> • Paper and electronic claim submission addresses • Precertification 	Telephone number or address on the patient's ID card
<ul style="list-style-type: none"> • Eligibility • Benefits • Claim status 	Third-party administrator (TPA) telephone number or address on the patient's ID card

Coverage for intrauterine devices

Cigna covers intrauterine devices (IUDs) including ParaGard®, Mirena®, and Skyla™ brands, as well as the professional services related to IUDs, as part of the Patient Protection and Affordable Care Act (PPACA) expanded women's preventive health services. In fact, most Cigna-administered plans cover the full cost of preventive care services, including the copay and coinsurance.

We encourage health care professionals to obtain and provide IUD devices on behalf of their patients to allow them to obtain the full benefit of their medical plan. If a patient is required to obtain an IUD on their own through a pharmacy or directly from the manufacturer, the device will not be covered under the preventive care services benefit, and the patient will be required to pay the applicable non-preventive or out-of-network copay or coinsurance.

To submit a claim providing an IUD and the related professional services, please use the following codes:

IUD devices:
ParaGard (J7300)
Mirena (J7302)
Skyla (Q0090)
Professional services:
Insertion of IUD (58300)
Removal of IUD (58301)



Coding preventive services for accurate claim processing

Correctly coding preventive care services when you submit a claim is the key to receiving accurate payment for those services and ensuring your patients receive the full benefit of their health plan.

Please note that the following should be included when submitting claims:

- Submit ICD-9 codes that describe preventive care services and not treatment of illness or injury.
- Identify preventive care services as the primary (first) diagnosis codes on the claim form. If you submit the claim with primary diagnosis codes that represent the treatment of an illness or injury, the service will not be identified as preventive care, and your patient's claims will be paid as normal medical benefits instead of enhanced preventive care benefits.

The preventive care coverage offered under Cigna-administered plans complies with the Patient Protection and Affordable Care Act (PPACA). The PPACA requires health plans to cover preventive care services with

no patient cost-sharing, unless the plan qualifies under the grandfather* provision or under an applicable exemption. The majority of Cigna-administered plans fall under the PPACA, and cover the full cost of preventive care services, including copays and coinsurance.

For more information about services designated as preventive care and coding for preventive care services, refer to the 2013 Guide to Cigna's Preventive Health Coverage for Health Care Professionals, available on the Cigna for Health Care Professionals website at CignaforHCP.com > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines.

* A grandfathered plan is a group health plan that was in effect when the Patient Protection and Affordable Care Act (PPACA) became law on March 23, 2010. Plans remain grandfathered indefinitely unless companies significantly reduce benefits, increase costs to their employees, or reduce how much the employer pays toward benefits.

Cigna to apply McKesson ClaimsXten in 2014

In early 2014, we will begin using ClaimsXten™, a market-leading, rules-based software application that compares claims to industry standard coding practices that are based mainly on Centers for Medicare & Medicaid Services (CMS) and American Medical Association (AMA) guidelines.

We will update health care professionals with more information prior to the effective date of this change.

GWH-Cigna network health and wellness programs

Starting in January 2014, all Cigna customers will have access to the same health and wellness programs. The health and wellness programs currently available to your patients with GWH-Cigna ID cards will no longer be offered, and all customers will access the health and wellness programs currently offered by Cigna.

Cigna offers comprehensive health and wellness programs, including those listed here. Not all customers have access to every program, and some programs are offered at an added cost to the Cigna client. Please check your patient's coverage to determine the programs covered by their plan.

Detailed information about the Cigna health and wellness programs is available on the Cigna for Health Care Professionals website at CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs. If you have any questions about this transition or Cigna health and wellness programs, please call Cigna Customer Service at 1.866.494.2111.



Integration nears completion in 2014

In most geographic areas, the Cigna and GWH-Cigna networks are identical, however there are differences in some service, claim and call channels. We are continuing our work to align all aspects of the Cigna and GWH-Cigna networks to streamline your experience with us. By 2014, integration activities will be complete.

How to contact us

For a detailed listing of contact information, refer to the Important Contact Information document available on CignaforHCP.com and Cigna.com.

Cigna health and wellness program	Description
24-Hour Health Information Line	This service provides convenient, toll-free access to medical information and assistance any time of the day or night.
Maternity programs	Cigna offers several maternity-related services for your patients who are pregnant or plan to become pregnant, including: <ul style="list-style-type: none"> • Healthy Babies Program • High-Risk Maternity Case Management
Oncology programs	<ul style="list-style-type: none"> • Oncology Case Management • Cigna Cancer Support
Chronic condition management programs	Cigna offers programs that address a number of disease conditions, including: <ul style="list-style-type: none"> • Anxiety • Asthma • Chronic obstructive pulmonary disease • Depression • Diabetes • Heart disease • Low back pain • Osteoarthritis • Weight complications • And more
Health assessment and online coaching programs	All Cigna participants have free online access to the University of Michigan Health Management Research Center Health Assessment. When responses show a participant's health risk in the areas of nutrition, physical activity, sleep or stress, they are immediately invited to participate in an online coaching program to address that topic.
Health engagement programs	<ul style="list-style-type: none"> • Cigna Health Advisor® Coaching Program • Lifestyle Management Programs <ul style="list-style-type: none"> – Weight Management – Stress Management – Tobacco Cessation

New Cigna collaborative accountable care health care professional listing

Cigna's online health care professional directory now includes a listing of participating collaborative accountable care (CAC) primary care physicians who are also part of our Cigna Care designation program. This listing became available in PDF format on Cigna.com and myCigna.com on September 6, 2013.

Those who view the listing will be able to search for CAC groups and individual CAC primary care

physicians in their local area or nationwide. This provides a great opportunity for these health care professionals to help more patients achieve the triple aim of better quality, lower costs, and an improved patient experience. If you have general questions about the new CAC PDF directory listing, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



Reminder: Include your National Provider Identifier on claims and transactions

We use National Provider Identifier (NPI) information to process electronic claims so that transactions are handled efficiently and you receive your claim payments quickly and accurately.

To ensure we have your most current information on file, please notify us of any changes or updates to your NPI information before the end of 2013, using this address:

Cigna
1571 Sawgrass Corp Pkwy
Sunrise, FL 33323
Attn: Provider Data Management

Claims submitted without a NPI

Always include your NPI when submitting claims to Cigna, and on electronic transactions you or your electronic data interchange (EDI) vendor may send to us. Your Taxpayer Identification Number (Employee Identification Number or Social Security number) should also be included on claims. **We will begin rejecting electronic claims received without an NPI on October 21, 2013.** An NPI should also be submitted on all paper claims to help avoid payment delays.

In addition to claim submissions, please include your NPI when submitting claim inquiries to Cigna (276/277). The 276/277 will return only claims for the NPI submitted on both the inquiry and the submitted claim.

Additional enhancements

Throughout the fourth quarter of 2013, we are making changes to use NPIs more consistently when exchanging information with you.

- Electronic funds transfer (EFT) will be available for all lines of business (medical, dental, and behavioral).
- If you are enrolled to receive electronic remittance advices (ERAs), the Provider Summary (TS3) field will be included with the NPI to help you easily reconcile your payment.
- If you or your EDI vendor submits your NPI on your eligibility and benefit inquiries (270), we will provide a message in the response (271) regarding your network status for the patient for whom you are inquiring.
- You will be able to choose to bulk your EFT payments and ERAs by NPI (excluding payments for patients covered by GWH-Cigna network plans).

Please note: Your NPI does not replace your Social Security number or Employer Identification Number where it is required in other business processes or electronic feeds not covered by HIPAA (e.g., credentialing).

EDI vendor transactions

Contact your EDI vendor directly to verify that they are including your NPI on transactions to ensure accurate submissions and reporting of transactional data.

Not eligible for an NPI

If you are not eligible to receive an NPI, please contact us at the address mentioned earlier in this article so we can update your record as "not eligible." Health care professionals that are not eligible to receive NPIs are individuals and organizations that furnish atypical or nontraditional services that are indirectly health care-related. These services include, but are not limited to:

- Non-emergency transportation (e.g., taxi services)
- Physical alterations to living quarters or vehicle modifications to accommodate disabilities
- Insect control
- Habilitation
- Respite services

Watch for additional information in email and future newsletters about updating your bulking and EFT preferences on the Cigna for Health Care Professionals website (CignaforHCP.com).

More information

For general information about the NPI and the NPI application process, visit the CMS website at CMS.gov > Regulations and Guidance > National Provider Identifier Standard (NPI).

To learn more about our electronic services, such as EFT and EDI, access our eCourses on CignaforHCP.com > Resources > Medical eCourses.

Cigna earns NCQA certification for physician and hospital quality measurement programs

The strength of Cigna's physician and hospital performance measurement programs for quality and cost has again been recognized by the National Committee for Quality Assurance (NCQA). Cigna has earned Physician and Hospital Quality (PHQ) Certification for the third time. The NCQA PHQ Certification program evaluates how well health plans measure and report the quality and cost of physicians and hospitals.

Cigna earned the certification status for our physician quality measurement programs – Physician Quality & Cost-Efficiency Displays and Cigna Care designation. Certification status was also achieved for our hospital quality measurement program, Centers of Excellence. This certification applies to markets across the country where physician and hospital quality and cost information is currently provided to Cigna customers.

"By earning PHQ Certification, Cigna has shown its commitment to quality includes transparent, rigorous review of the physicians and hospitals with which it works," said Margaret E. O'Kane, NCQA president. "That measurement, transparency, and collaboration between organizations are the cornerstones of better care."

"This recognition confirms that the information Cigna provides our customers about quality and cost can help them make better, more informed decisions when choosing doctors and hospitals," said Dr. Dick Salmon, Cigna's national medical director for performance measurement and improvement.

Cigna offers award-winning resources to help people learn more about the quality and cost of the health care they choose, including:

- **Physician Quality and Cost-Efficiency Displays** – We provide information on quality and cost-efficiency information to our customers for primary care physicians practicing in internal medicine, family practice and pediatrics, as well as for physicians practicing in 19 other specialties. This information helps distinguish physicians based on performance under Cigna specific quality and cost measurement.
- **Cigna Care designation** – A select group of physicians earn this designation based on the results of quality and cost-efficiency. Employers may choose an enhanced benefit design that gives individuals an incentive to seek care from a designated specialist. The Cigna Care designation and benefit enhancement are available in 69 markets around the country.
- **Cigna Centers of Excellence** – This program provides star-based scores for hospitals based on patient outcomes and cost for 31 procedures and conditions.



"Cigna provides easily accessible information to customers to help them make informed choices. If everyone enrolled in a Cigna health plan used this information to choose a hospital, they would experience care from hospitals that earn among the highest rankings for health outcomes while reducing their hospital costs, on average, by nearly 22%," said Dr. Salmon. "Similarly, if everyone enrolled in a Cigna health plan used this information to choose a physician, clinical quality indicators would improve while the cost for specialty care would decline by as much as 16%."

Cigna Centers of Excellence facilities

We evaluate hospital patient outcomes and cost-efficiency information, and designate those hospitals that meet our criteria as Cigna Centers of Excellence. The Centers of Excellence program is designed to help meet the ever-growing consumer demand for tools and information on patient outcomes and cost efficiency.

About the hospital profile

- Profiles that contain patient outcomes and cost efficiency information for the 31 surgical procedures and medical conditions that we evaluate are available for most hospitals participating in our 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 at least five stars (three stars for patient outcomes and two stars for cost efficiency or three stars for cost efficiency, and two stars for patient outcomes) receive the Cigna Centers of Excellence designation for that surgical procedure or medical 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
 - The hospital has requested that their data not be displayed
- Because the Centers of Excellence program reflects only Cigna’s partial assessment of quality and cost efficiency for select hospitals, it should not be the sole basis 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

Patient Outcomes is a measure of a hospital’s relative effectiveness in treating a patient with a selected surgical procedure or medical condition. The information is based on publicly available, self-reported patient data, including:

- Complication rates as defined by Agency for Healthcare Quality and Research (AHRQ) Patient Safety Indicator (PSI) specifications
- Mortality rates as defined by AHRQ Inpatient Quality Indicator specifications
- Leapfrog patient safety measures
- Centers for Medicare & Medicaid (CMS) hospital condition specific quality measures for heart attack care, heart failure care, and pneumonia care
- CMS quality measures for Surgical Care Improvement

Cost efficiency

Cost efficiency is a measure of a hospital’s average cost for a particular surgical procedure or medical condition, and is based on Cigna cost data. The information does not include physician fees or outpatient services, and is severity adjusted for comparison. The score reflects both the rates that a hospital charges and the average time spent in the hospital for the specific surgical procedure or medical condition. The score for a procedure or condition may be affected by a variety of factors, including geographic cost differences.

Additional information about the methodology we use to determine patient outcomes and cost-efficiency can be found at Cigna.com/CentersOfExcellence.

Timeline for Centers of Excellence designations and displays

- October 2013 – Hospitals receive notification about the availability of their 2014 results
- January 1, 2014 – Centers of Excellence information will be available in the health care professional directory on Cigna.com and myCigna.com



Patient experience hospital ratings available on myCigna.com

Cigna is adding patient experience ratings for hospitals across the country to its award-winning online physician and hospital directory. The information, provided by the leading source of consumer information and recommendations, includes results from millions of patient surveys. The ratings include an overall patient experience rating that reflects consumers' overall rating of the hospital and if they would recommend the hospital to friends and family.

"Individuals have access to all kinds of information to help them make decisions on commonly used consumer products and services. When it comes to something as

important as choosing a hospital, we want our customers to have access to at least as much information," said, Jackie Aube, Vice President of Product Development. "For a number of years we've been a leader in providing our customers with reliable cost and quality information. Now we're improving the customer experience by adding patient reviews that include the aspects of care that are important to them."

The new patient experience ratings are available on myCigna.com to all 14 million of Cigna's U.S. health plan customers, including those covered by group health plans, individual plans, and Cigna's public exchange plans.

Additional information

If you have general questions about the hospital ratings available to Cigna customers on myCigna.com, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



Starbridge and Fundamental Care plans discontinuing on January 1, 2014

Beginning January 1, 2014, Starbridge and Fundamental Care plans, underwritten by Connecticut General Life Insurance Company, will no longer be offered.

The Patient Protection and Affordable Care Act (PPACA) Health Insurance Marketplaces (also called Exchanges), along with premium and cost-sharing subsidiaries, will be available for the 2014 plan year, providing cost-effective coverage alternatives for current Starbridge and Fundamental Care plan customers. The health insurance exchanges are now available for open enrollment for the 2014 plan year.

Customers currently enrolled in these plans will be covered by the terms of the plans through December 31, 2013. Claims for dates of services on or before December 31, 2013, will be accepted until March 31, 2015 and processed according to the customer's benefits on the date of service.

Customers in these plans who are receiving ongoing treatment from a participating health care professional may submit a continuity of care request. In these instances, Cigna will evaluate the request to determine if services may be continued at the in-network level for a specified period of time.

In September and October 2013, customers enrolled in these plans received a notice from Cigna informing them that their Starbridge or Fundamental Care coverage will end on December 31, 2013.

To help ensure you are providing covered services to your patients who are currently enrolled in these plans, you may check eligibility and benefits by using the website and phone numbers listed on their Starbridge and Fundamental Care ID cards.

ICD-10 update

We want you to be aware of the following changes that you will experience in 2013 and 2014 as the health care industry prepares to transition to ICD-10 coding by October 1, 2014.

Coding based on service date

Beginning with the upgrade to ICD-10 on October 1, 2014 we will accept electronic claims, paper claims, and authorizations based on the date of service for outpatient settings or the date of discharge for inpatient settings as outlined in the CMS Guidelines located at CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1239.pdf.

Clearinghouse support

If your clearinghouse offers coding services, they may be able to:

- Assist in your upgrade to ICD-10
- Identify problems that may lead to claims being rejected
- Provide guidance about how to fix a rejected claim

Billable and non-billable codes

In October 2013, Cigna will no longer accept non-billable or invalid ICD codes.

A **billable (or valid)** ICD-9 or ICD-10 code is defined as a code that has been coded to its highest level of specificity. The general rule for billable codes is that if a five-digit diagnosis code exists, it must be used because it is the most specific. For example, 290.10 is a billable code, but 290.1 is not.

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.

An **invalid** ICD code is defined as one that is not coded to the highest level of specificity, even though it may have once been a "billable" code (e.g., G32.8 is now G32.81).

The five-character code is "valid" or "billable," while the four-character code is "invalid" or "non-billable."

CMS 1500 format

Cigna will continue to accept CMS (08/05) 1500 claim forms and all claim formats until further notice. However, the older claim formats do not support the submission of ICD-10 codes on paper forms. With ICD-10 implementation, health care professionals must use the revised (02/12) 1500 claim form when submitting paper claims to ensure accurate and prompt claim payment.

Collaboration with health care professionals

In preparation for the ICD-10 code set upgrade, we are developing a collaborative process with select health care professionals to analyze ICD-9 and ICD-10 coded claims using the patient medical records. This collaboration will provide insights into health care professional coding practices and payments. The results and subsequent process strategy are anticipated by the end of 2013, and will be posted to the Cigna for Health Care Professionals website (CignaforHCP.com).

Additional information

- Access our ICD-10 FAQs on CignaforHCP.com > Resources > Medical Resources > Communications > HIPAA 5010/ICD-10 Updates
- Take our ICD-10 eCourse: log in to CignaforHCP.com > Resources > Medical eCourses
- Access the HIMSS Playbook: Himss.org > Resource Library > ICD-9 to ICD-10 Conversion > The ICD-10 Playbook

LocalPlus product expansion

LocalPlus® is a managed care product suite designed to include a smaller network of Cigna contracted health care professionals and hospitals. LocalPlus plans are a solution for employers and individuals who want to control costs without sacrificing access to quality or scope of services.

Initially launched in Tennessee and Houston, Texas on January 1, 2013, LocalPlus will be offered in more states beginning 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

In July, notification letters were sent to health care professionals in these markets informing them if they were selected to participate in the LocalPlus network.

About LocalPlus

- The product suite includes the LocalPlus, LocalPlus IN, Choice Fund LocalPlus, and Choice Fund LocalPlus IN plans.
- All Cigna administrative guidelines, claim submission processes, policies, and procedures apply to LocalPlus.
- Those who participate in the LocalPlus network will continue to have access to the same resources available today. These include online capabilities through the Cigna for Health Care Professionals website (CignaforHCP.com), and health advocacy programs that help employees engage in wellness efforts and manage chronic conditions.

Continued on page 10

Telehealth services are expanding

In September 2013, we began offering expanded telehealth services to Cigna customers in certain areas. By teaming up with MDLIVE™, a telehealth vendor for online and on-demand health care delivery services, we can offer these customers access to online video or telephone consultations with MDLIVE-contracted internal medicine, family practice, and pediatric physicians. These services are provided 24 hours a day, seven days a week (including holidays), by telephone or video from virtually anywhere.

Health care professionals who are contracted directly with MDLIVE may provide their patients with a cost-effective alternative to traditional care settings. They can diagnose, treat, and write prescriptions for several routine medical conditions including cold and flu, ear infections, and allergies.

If you are currently contracted with MDLIVE, you may see an increase in patients seeking these services. Health care professionals who are interested in participating in telehealth services may initiate the contracting process with MDLIVE at MDLIVE.com, or call MDLIVE



at 1.888.700.8312. MDLIVE will complete the appropriate credentialing. They will also provide specific training programs designed to help registered physicians use the technology and provide effective online consultations. Physicians can only submit claims to MDLIVE if they are contracted directly with MDLIVE.

For more information

To learn more about these expanding telehealth services, please contact MDLIVE directly at MDLIVE.com, or call MDLIVE at 1.888.700.8312. You may also contact Cigna by calling the toll-free number on your patient's Cigna ID card. Your Cigna patients may log in to myCigna.com or call the toll-free number on their Cigna ID card to learn if they are eligible to receive telehealth services.

LocalPlus product expansion (continued from page 9)

- LocalPlus plans include Away From Home Care coverage for business and vacation travel, as well as dependent coverage. When patients are traveling away from their LocalPlus home geography, they will have access to either the LocalPlus network of participating health care professionals (if available in that geography), or the Open Access Plus (OAP) network of participating health care professionals.

Beginning in January, some of your patients may present the new LocalPlus ID card, which will contain information about customer service contacts, benefits, and where to submit claims.

For more information about LocalPlus, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

The importance of depression screening

Effective treatment for any illness must address both mental and physical health. Primary health care professionals have an important role to play in assessing, diagnosing, and treating depression.

Preventive care visits provide ideal opportunities to check for depression. The PHQ-2 survey is a quick and reliable screening tool that can be completed by patients in less than 10 minutes while seated in your waiting room. Patients who screen positive should undergo a more in-depth clinical assessment with the PHQ-9 survey. Information on the depression screening and survey is located on the American Psychological Association website at APA.org.

While these surveys provide only a preliminary assessment, they may help you determine when it's

necessary to refer a patient to a behavioral health care professional for proper follow-up and care. When coordinating medical care with behavioral health treatment, you and your patient can determine the best referral option based on his or her medical condition, lifestyle, and desired treatment approach. There are times when you may find that working with your patient's employee assistance program is the best way to ensure he or she receives treatment.

For more information about depression screening or behavioral health treatment, visit our website at CignaforHCP.com. You can access the behavioral health guidelines that were developed to help you assess and manage your patient's depression.

Text4baby program video now available

In conjunction with the National Mobile Health Initiative on Maternal and Infant Health, a new service is now available for women to sign up for and receive free text messages timed to their due date. Available in English and Spanish, the text messages offer safety information to women who are pregnant or have babies under age one. Independent research demonstrates that text4baby increases women's health knowledge, facilitates interaction with physicians, and improves appointment and immunization adherence. In addition, users are three times as likely to feel prepared for motherhood as women who do not utilize this service.¹

A brief informational video for health care professionals about the free text4baby service is now available. In the video, health care experts describe the impact of the service. It also provides easy steps for physicians to enroll their maternity patients and connect them to valuable health information.

We may refer your maternity patients who are covered by a Cigna medical plan to the text4baby service and encourage them to interact with nurses through our coaching program or Cigna 24-Hour Health Information LineSM. We also promote the program in our welcome materials that customers receive when they enroll in "Cigna Healthy Pregnancies, Healthy Babies[®]," and on myCigna.com.

Go to text4baby.org/video to view the video and learn how you can easily share this helpful information with your maternity patients. Please also consider suggesting that they learn more about the maternity benefits offered through their Cigna medical plan.

1. text4baby.org



Cigna teams with HopeLab to deliver cancer-fighting game app to kids



Cigna has teamed up with HopeLab to sponsor the launch of Re-Mission 2: Nanobot's Revenge, HopeLab's innovative, web-based, games for children and young adults with cancer and the support networks around these individuals (family, peers, schools, doctors and facilities). Cigna's relationship with HopeLab dates back to 2007, when the original Re-Mission game was successfully launched.

The new games apply insights from a brain-imaging study (<http://www.prweb.com/releases/2012/3/prweb9293984.htm>) published in 2012 by HopeLab and Stanford University researchers showing that Re-Mission 2, a video game about killing cancer in the body, strongly activates brain circuits involved in positive motivation. This reward-related activation is associated with a shift in attitudes and emotions that helped boost players' adherence to prescribed chemotherapy and antibiotic treatments in a previous study. As a result, each Re-Mission 2 game is designed to boost positive emotion, increase self-efficacy, and shift attitudes concerning chemotherapy. The new games also incorporate direct input from more than 120 teens and young adults with cancer across the United States.

Each Re-Mission 2 game puts players inside the body to defeat cancer, using weapons like chemotherapy, antibiotics, and the body's immune cells. The action parallels real-world medical treatments used to fight cancer. The games are designed specifically for teens and young adults who are at risk of adverse cancer outcomes due to poor treatment adherence.

"Whether you have cancer, or a family member, friend or classmate does, Re-Mission 2 games are a fun way to help you understand what it takes to fight the disease. Playing these games can help you or someone you care about fight and beat cancer," said Scott Josephs, M.D., Cigna National Medical Officer. "We began working with HopeLab to distribute the original Re-Mission on CD and DVD to young people with cancer in 2007. With the new globally accessible Re-Mission 2: Nanobot's Revenge mobile app, our goal is to use online news sources, app-based promotions, and game sites to help get this cancer-fighting video game in the hands of every young person with cancer worldwide." The new, free Re-Mission 2 app is available to individuals with Android and iOS (Apple) mobile devices for download from the App StoreSM or Google Play.

Cigna Specialty Pharmacy Services: More than just medications

A rapidly growing market for specialty medications

Specialty medications target a small population with rare and chronic diseases, but are rapidly growing within the marketplace. They have become a significant factor in drug expenditures. In fact, three percent of Cigna customers represent 26 percent of our total health care costs.¹

We know specialty drugs 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. It also helps to improve the health of your patients.

Cigna Specialty Pharmacy Services® makes a difference

Through TheraCare® and our condition teams, we can create a personalized experience that helps educate and motivate each customer to become active, accountable, and confident by offering the tools to connect and engage them along their health care journey.

TheraCare, our therapy management service, supports customers with chronic conditions who take specialty medications. A team led by a therapy support coordinator and nurse educates patients on drug therapy and side effects, monitors and encourages optimal adherence, and manages the prior authorization process.

Our condition teams consist of dedicated clinical pharmacists and nurses who provide focused, personal one-on-one clinical care. They monitor adherence, side effects, and drug interactions, review lab values, and collaborate with you when adjustments are needed. Plus, they offer prior authorization support, easy refills, and help coordinating financial assistance to optimize medication adherence and health outcomes.

Cigna Specialty Pharmacy Services collaborates with you

There are a number of ways we can work together to provide value to your patients with Cigna coverage and ease your administrative work. We offer:

- Quick and easy prior authorizations with comprehensive support
- Easy access for prescription requests – online or by fax
- Prescription support from appropriate expert condition teams for complex conditions such as critical care, hepatitis C, human immunodeficiency virus (HIV), fertility, inflammatory, infusion, hemophilia, multiple sclerosis (MS), oncology, respiratory, and transplant.
- 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
- One-stop shop dispensing both specialty and non-specialty medications
- Clinical coordination for your patients who transition from onsite to home administration for infusion medications such as intravenous immunoglobulin (IVIG) therapy, subcutaneous immunoglobulin (SQIG) therapy, enzymes, and other infusion medications.
- Access to limited distribution drugs
- Financial assistance to Cigna customers to help them afford costly medications and remove barriers to medication adherence

Medications in development²

- 900+ to treat several types of cancers
- 45 to treat HIV and acquired immunodeficiency syndrome (AIDS)
- 200 to treat infectious diseases
- Several hundred others to treat chronic conditions such as rheumatoid arthritis (RA), cystic fibrosis, and MS²

Many of the more than 1,200 drugs in the pipeline will be classified as specialty drugs based on their characteristics, including cost, dosage form, distribution channel, storage requirements, side effect profile, and monitoring.

Cigna Specialty Pharmacy Services: More than just medications (continued from page 12)

Did you know?

- 80% of customers taking a specialty medication have at least one other chronic condition³
- 8 is the average number of medications taken by a specialty customer³
- 15% of specialty customers who have RA or MS are hospitalized yearly³
- 50% of customers taking a specialty medication with other chronic diseases fail to take their medication as directed⁴

1. Cigna Book of Business (BOB), pharmacy and medical benefits, 10/1/2010 to 09/30/2011.
 2. Pharmaceutical Research and Manufacturers of America, Medicines in Development, 2012. Retrieved from phrma.org/track-df.php?q=/sites/default/files/1000/phrmamedicinesindevelopmentcancer2012.pdf.
 3. Cigna BOB.
 4. shrm.org/hrdisciplines/benefits/articles/pages/specialtydrugs.aspx.



Specialty pharmacy medications: Peer-to-peer physician engagement for site-of-care administration

Specialty medications can be complex and expensive. To help ensure your patients obtain the full benefit of their plan, we encourage the use of clinically appropriate, cost-effective, site-of-care locations for those receiving injectable specialty medications for a chronic condition.

With a total health view of your patient, Cigna is able to identify potential opportunities for guiding care to the most cost-effective setting.

- Our Medical Directors engage with doctors to have peer-to-peer discussions about treatment options to evaluate if a lower-cost setting, like the doctor's office or patient's home, is feasible.
- With the doctor, we can assist in determining that the customer is receiving appropriate clinical care in the most appropriate, cost-efficient setting.
- We engage with customers to discuss the treatment plan and whether it's right for them.
- Our personal, condition-specific case managers coordinate transitions to help avoid any disruption in care.

Injectable medications reviewed for site of care:

- Enzyme replacement therapy
- Factor
- Intravenous immunoglobulin (IVIG) therapy
- Remicade®
- Soliris®
- Tysabri®



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
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Northeast region

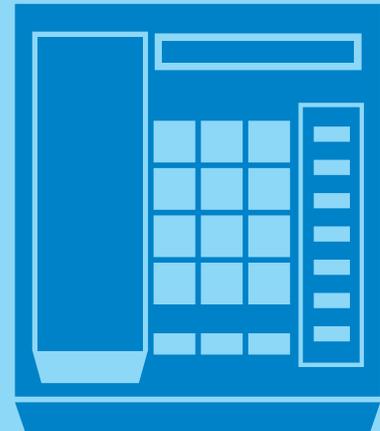
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Mark Laitos, MD	CO, NM, UT, WY	1.303.566.4705
John Sobeck, MD	AK, HI, ID, MT, OR, WA	1.206.625.8861


Reasons to call your MME

- Ask questions and obtain general information about our clinical policies and clinical 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.

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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