



Network News

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

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Cigna-HealthSpring has a new look

Last year, Cigna acquired HealthSpring, one of the nation's largest and fastest



growing health plans whose primary focus is Medicare-eligible individuals. The acquisition included HealthSpring subsidiaries Bravo Health and Leon Medical Centers Health Plans of Miami. Now, we are changing the HealthSpring look to more closely align with the Cigna brand. You'll notice that the logo, colors and the way we write the Cigna-HealthSpring name are new.

people with quality health care. We've added the fresh Cigna colors and the familiar

Cigna imagery and name, while prominently featuring the HealthSpring name.

ID cards. For the 2014 plan coverage year, we will issue new ID cards for your patients with Cigna-HealthSpring coverage. These new ID cards will be branded with the new Cigna-HealthSpring logo. Please continue to use the ID card for important information about call, claim, and service channels.

What's changing?

HealthSpring and Bravo Health products, listed below, will transition to the new logo this year:

- Medicare Advantage for HealthSpring and Bravo Health (including HealthSpring Group Retiree plans)
- HealthSpring Medicare Part D Prescription Drug Plans
- HealthSpring Medicaid Plans
- HealthSpring LivingWell Centers and Bravo Health Advanced Care Centers

Existing ID cards and other materials are still valid. However there are some changes that you will notice in the coming months. Please note these changes will not occur all at once, but will happen over time.

Our name. To better reflect that HealthSpring is part of Cigna, we've changed the name to Cigna-HealthSpring.

Our logo. We've changed our logo. Like our name, it includes both Cigna and HealthSpring and reflects our focus on our customers and our commitment to connect

What's not changing?

For health care professionals who participate in the HealthSpring network, we are not changing the resources you use today and rely on when you need to contact us:

- Electronic services and tools
- Website addresses
- Claim addresses
- Claim submission processes
- Customer service channels

Continue to use existing claim, call, and service channels as you do today, and always refer to the ID card for this important information.

If you participate in both the Cigna and HealthSpring networks, please continue to use the existing processes for each network until you are notified otherwise. If you only participate in either the Cigna or HealthSpring network, your participation status has not changed as a result of the brand and logo changes.

If you have questions, please call your HealthSpring representative or Cigna Customer Service at 1.800.88Cigna (882.4462).

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 our clinical, reimbursement, and administrative policies as well as our medical coverage positions and 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
Bone Graft Substitutes	August 19, 2013
Modifier 59	August 19, 2013
Qualitative Drug Screen Testing	August 19, 2013
Tilt Table	August 19, 2013

Precertification changes

On July 1, 2013 the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released new CPT® and HCPCS codes. Codes released as part of the AMA and CMS updates will be reflected on our precertification list this month.

On August 19, 2013, we will update our list of existing CPT and HCPCS codes to include 16 additional codes that will require precertification. At that time, we will also remove nine 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 Popular 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.

Codes being added to the precertification list on August 19, 2013

Code	Description
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
27280	Arthrodesis, sacroiliac joint (including obtaining graft)
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)
33976	Insertion of ventricular assist device; extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
54660	Insertion of testicular prosthesis (separate procedure)
57700	Cerclage of uterine cervix, nonobstetrical
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
85999	Unlisted hematology and coagulation procedure
90281	Immune globulin (Ig), human, for intramuscular use
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
E0652	Pneumatic compressor, segmental home model
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator

Codes that will no longer require precertification on August 19, 2013

Code	Description
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
67923	Repair of entropion; excision tarsal wedge
76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
C9716	Creations of thermal anal lesions by radiofrequency energy
S3711	Circulating tumor cell test
S3713	KRAS mutation analysis testing
S3820	Completed BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer.

Single appeals review update

In our April edition of *Network News*, we told you about a change to our standard appeals process. The article stated that we will no longer offer second-level appeals beginning July 1, 2013. As a result, all appeals would follow a thorough single appeal review process and be completed within 60 days.

Please be aware that this new appeals process does not apply to certain products and funding types where a state mandates a different appeals process and or timelines, or where we have contractually agreed to another appeal process. We will continue to adhere to those mandated appeals processes and timelines and contractual requirements.

ELECTRONIC TOOLS

Cigna participating with CAQH for EFT enrollment

Cigna is pleased to be a health plan payment option in the Council for Affordable Quality Healthcare's (CAQH) electronic funds transfer (EFT) enrollment tool.

One source for multiple payer EFT enrollment

Available at no cost to you, the CAQH EFT enrollment tool offers a single, centralized, secure destination for you to enroll to receive electronic payments from Cigna and other participating payers, eliminating the need to complete numerous forms. This comes at an important time, as automating and streamlining administrative processes is essential in helping reduce costs and increase efficiency. Additionally, if you update your electronic payment information, the changes are shared automatically with your selected payers.

Enroll in EFT through CAQH today

Visit <https://solutions.caqh.org> to enroll in EFT with Cigna* and the other participating health plans.

If you choose not to use CAQH EFT enrollment, you can still enroll in EFT with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.

CAQH is a non-profit alliance of health plans and trade associations, working to simplify health care administration through industry collaboration on public-private initiatives.

* Cigna EFT will not be available for GWH-Cigna network, Cigna International, or Arizona Medicare Advantage plans until the fourth quarter of 2013.

National Provider Identifier required on claims and transactions

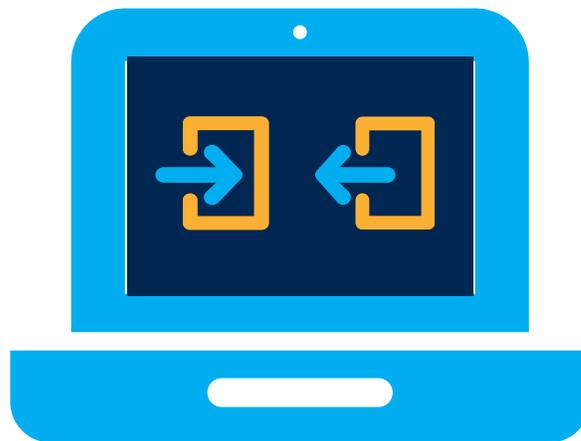
We use National Provider Identifiers (NPI) to process electronic claims so that transactions are handled efficiently and payments are issued quickly and accurately. Be sure to include your NPI when submitting claims to Cigna, and on electronic transactions you or your electronic data interchange (EDI) vendor may send to us. **We will begin rejecting electronic claims received without a NPI on October 21, 2013.**

Contact your EDI vendor directly for more information about including the NPI on transactions to ensure accurate submissions and reporting of transactional data.

As a reminder, your Taxpayer Identification Number (Employee Identification Number or Social Security number) should also be included on electronic claims. However, please note that 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).

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



CignaforHCP.com – your source of information for patients with Cigna coverage

Great news! Tools, information, and real-time transactions for all your patients covered by a Cigna insured medical plan, including GWH-Cigna network plans, are now available through the newly designed Cigna for Health Care Professionals website (CignaforHCP.com).

Save time using customized features

Using CignaforHCP.com can help save you time. You can verify eligibility and benefits, check the status of a claim, and view important policy and procedure information for all your patients with Cigna medical coverage. CignaforHCP.com also includes the following helpful and customizable features to fit your needs and the way you work:

- A dashboard to help you easily access all your tools from a personalized “home page”
- The ability to “flag” patient and claim information, to save and quickly retrieve from your dashboard
- A new patient-focused layout to help you easily manage your tasks
- Flexible tabs that function just like your favorite browser to let you easily manage all your work
- An auto-save feature to save your work so it’s available the next time you log in

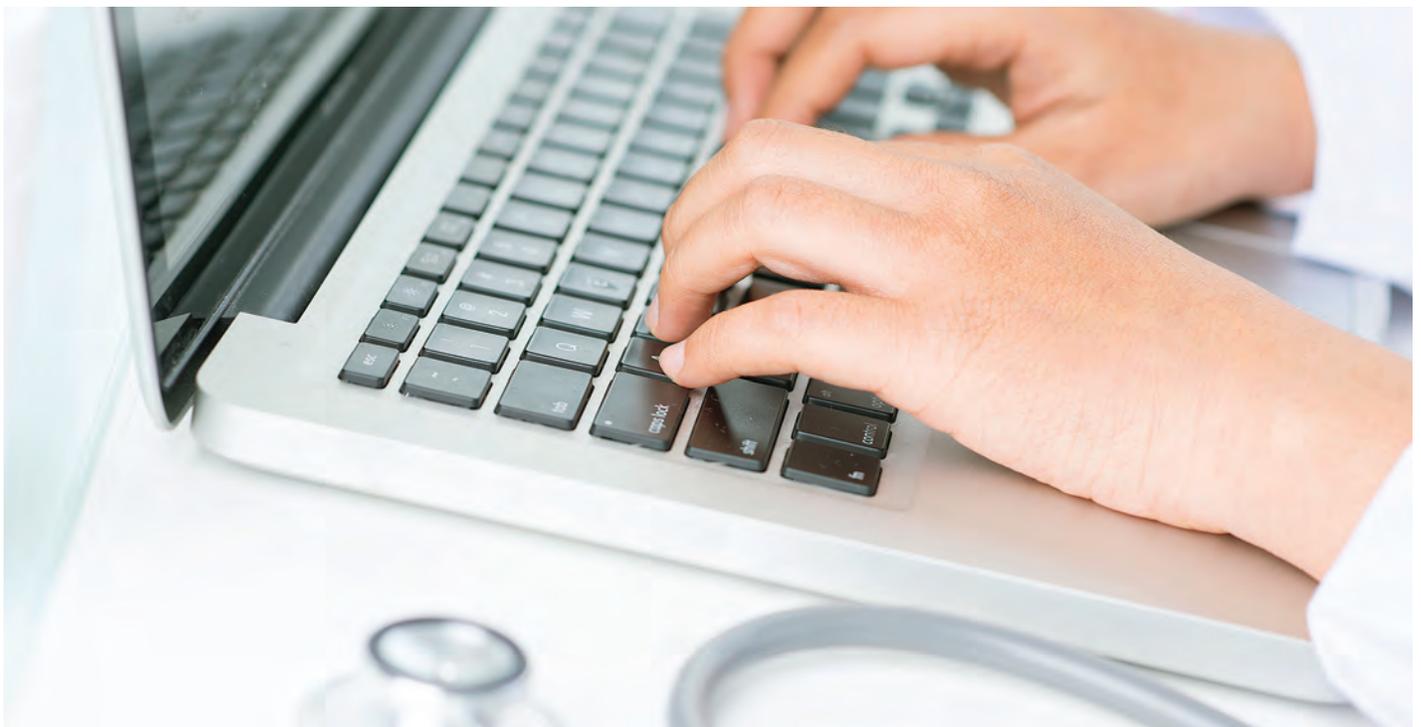


Register for CignaforHCP.com today

Not registered for CignaforHCP.com? No problem – registering is easy. Visit CignaforHCP.com, and click “Register Now.” For step-by-step instructions, click “Learn How to Register.”

If you or someone in your office is already registered for CignaforHCP.com as a Primary Administrator, that person can assign website access to others in the office by logging in to CignaforHCP.com > Working with Cigna > Assign Access.

Providing one website for all online patient information and services is one way we show that we are listening to you and responding to your needs. We look forward to making continued improvements to your electronic service experience with us.



California language assistance law

The California Language Assistance Program (CLAP) requires health plans to provide services to eligible health plan enrollees with limited English proficiency (LEP). To support this requirement, Cigna provides language assistance services to eligible Cigna plan participants, including those covered by the Cigna HealthCare of California, Inc. HMO (including Cigna “Network”) and PPO plans situated in California.

Cigna Language Assistance Program (LAP)-eligible plan participants are entitled to the following services at no cost:

- Spanish or Traditional Chinese translation of documents considered vital according to California law (e.g., letters about coverage of services)
- Interpreter services at each point of contact, such as at a health care professional’s office or when calling customer service
- Notification of rights to LAP services

California capitated physician groups are responsible for:

- Inserting or including the LAP notification to English vital documents that are sent to covered HMO customers.
- Informing health care professionals that they must offer Cigna’s free telephone interpreter services to LEP patients. Even if a health care professional or a member of the office staff speaks in the Cigna customer’s language, a telephone interpreter must always be offered. If a Cigna customer refuses to use a trained interpreter, it must be documented in the patient’s medical record.

- Informing health care professionals that they can access Cigna’s free professional interpretation services by calling 1.800.806.2059 to support their Cigna LEP patients.

For more details, please refer to the California Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care professionals. You may also visit the Cigna.com website (Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Clinical Payment and Reimbursement Policies > Claim Policies, Procedures and Guidelines).

Racial and linguistic diversity at a glance

Cigna collects language preference, race, and ethnicity data for California-eligible plan participants.

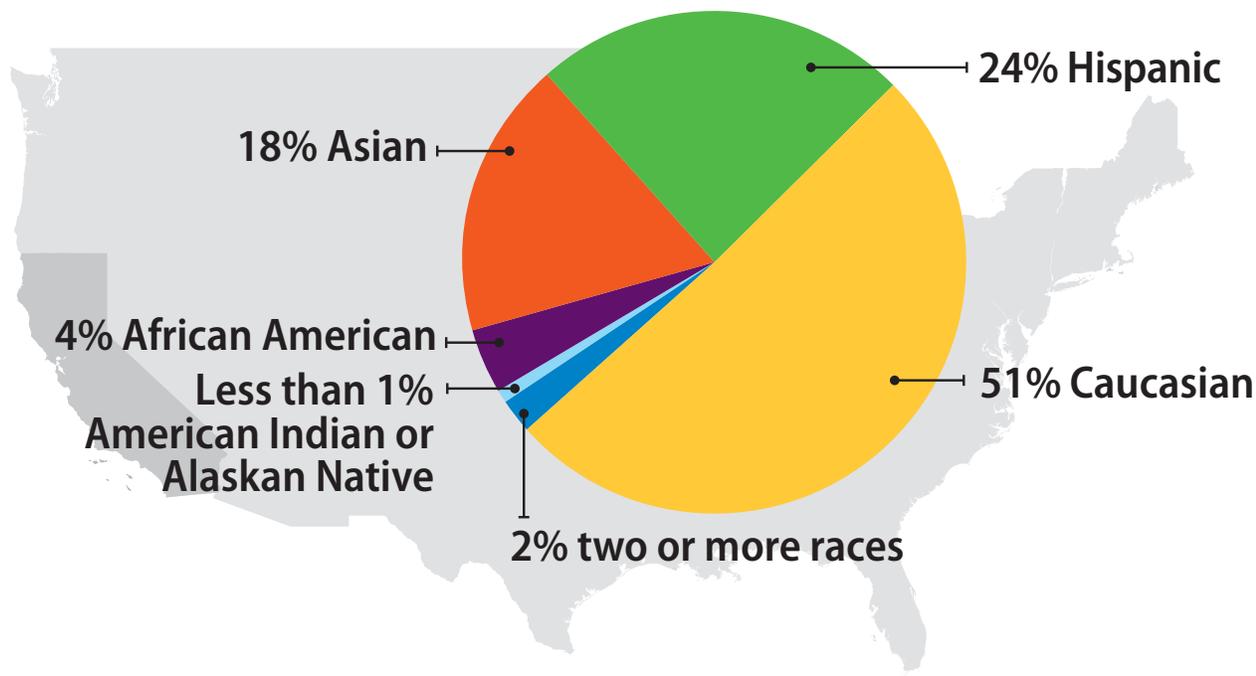
Language

We will use California demographic data as a proxy for our customer base until we have a statistically valid number of health plan participants’ language preference records. The following data is currently available:

- 42 percent of the California population (over age five) speaks a language other than English.
- 28 percent speak Spanish, and three percent speak Cantonese and Mandarin. (These are the top three non-English languages spoken in California.)

Racial and ethnic composition

The following data is an indirect estimate of the composition of Cigna’s California customers*:



*Derived from a methodology using a combination of census geocoding and surname recognition.

A closer look at our Market Medical Executives team

Cigna's diverse team of Market Medical Executives (MMEs) is a unique group of physicians who work together to provide health care professionals with personalized service within their local service area.

You may already know your MME as a valuable resource, there to support you in your practice when you have clinical policy questions, or as a resource to identify opportunities to encourage your patients to participate in our health advocacy programs. But it is also important to know the team has:

- More than 275 combined years of medical practice
- More than 91 combined years of being with Cigna
- A unique cross-section of practices ranging from primary care to specialties, including OB/GYN, otolaryngology, and surgery
- Distinguished recipients of numerous awards in the medical field

The MMEs don't just work Cigna's GO YOU concept, they live it – by volunteering in their local communities, serving as members of advisory councils, and speaking at medical forums. They make living a healthy lifestyle a top priority in their day-to-day lives and in those of their families. Some run in the Disney Marathon as part of Team Cigna and some participate in other fitness and charity events, such as the U.S. Paralympics Cycling National Championship.

With the MMEs' many years of practice, community service, and healthy living, they are well equipped to understand and address the challenges that you may face in your practice.

Coming soon: Meet your MME

Look for upcoming articles that profile Cigna's MMEs. You'll get a unique glimpse at who they are, their areas of expertise, and how their medical experience may be a valuable resource to you and your practice.



Patient billing reminder

It is important to remember that there are program requirements and administrative guidelines in place that include how and when to bill your Cigna patients for covered services. As outlined in the Denied Payment and Participant Non-liability section of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other healthcare professionals, if these requirements and guidelines are not followed, payment cannot be recovered by charging the patient for the covered services.

Coinsurance plans

For your Cigna patients with a coinsurance plan (a deductible plan or a plan that requires individuals to pay a percentage of the covered charges after meeting the deductible amount), submit claims to Cigna (or its designee). If you used the Cigna



Cost of Care Estimator®, you may bill the patient for the amount indicated as their payment responsibility. Otherwise, you will receive an explanation of payment (EOP) indicating the individual's payment responsibility. Refer to this EOP before you bill your patients.

Copay plans

For your Cigna patients with a copay plan (a fixed dollar amount they owe per service), the applicable copays may be collected at the time of service. Refer to your patients' Cigna ID card for the copay amount.

To ensure proper billing, please be aware of these requirements. Log in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides for information on billing requirements.

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, Chief Medical Officer, Cigna Regional Accounts | 1.804.344.3038

Northeast region

Peter McCauley, Sr., MD, CPE, Regional Medical Director | NJ, NY | 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
Peter McCauley, Sr., MD, CPE	IL, IN, MN, ND, SD, WI	1.312.648.5131
Ronald Menzin, MD	NJ, NY	1.631.247.4526
Dan Nicoll, MD	NJ, NY	1.201.533.4717
Christina Stasiuk, DO	DE, MI, OH, PA, WV	1.215.761.7168

Southeast region

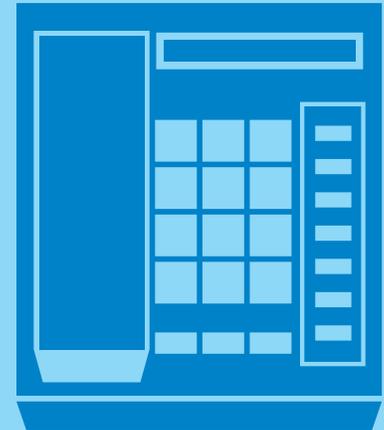
Jordan Ginsburg, MD, Regional Medical Director | KS, MO, NE | 1.314.290.7308

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, Regional Medical Director | Southern CA, NV | 1.818.500.6459

Jacob Asher, MD	AK, HI, ID, MT, Northern CA, OR, WA	1.415.374.2520
John Keats, MD	AZ, NV	1.480.426.6779
Mark Laitos, MD	CO, NM, UT, WY	1.303.566.4705



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 health advocacy programs.

Tips on working with a language interpreter

In today's cross-cultural society, and diversity in the general population expected to grow in future years, you may experience an increasing need for language interpreters to help create an optimal experience for you and your limited English proficient speaking patients. We hope you find the following tips to be helpful in your interactions with language interpreters:

Assessing which type of interpreter services to use*

- Telephone interpreter services are easily accessed and available for short conversations or unusual language requests.
- Face-to-face interpreter services provide the best communication for sensitive, legal, or long communications.
- Trained bilingual staff provides consistent patient interactions for a large number of patients.
- Minors and family members who patients wish to use as interpreters are discouraged for reliable, accurate patient communications.

Working with an interpreter*

- Acknowledge the interpreter as a communications professional.
- Briefly introduce yourself to the interpreter (name and nature of the call or visit), and describe the type of information you are planning to talk about with your patient.
- Give the interpreter the opportunity to introduce himself or herself to the patient.
- Recognize the interpreter is the medium, not the source, of the message and that he or she is not responsible for what the patient says or doesn't say.

The interpreter session*

- Allow enough time for the interpretation session.
- Speak in the first person directly to (or facing) your patient, instead of speaking to the interpreter.
- Speak clearly, at an even pace, and pause occasionally to ask the interpreter if he or she understands the information you are providing and the questions you are asking.
- Remember, you do not need to speak especially slowly. This actually makes a competent interpreter's job more difficult.
- Avoid interrupting during interpretation. In some languages, it may take longer to explain a word or a concept.
- Read body language in the cultural context. Watch the patient's eyes, facial expressions, and body language. Look for signs of comprehension, confusion, agreement, or disagreement.



Once you have identified your patient's preferred language, it may be helpful to document the language on paper or in electronic medical records. Posting colored stickers on the patient's chart to flag when an interpreter is needed (e.g., orange for Spanish, yellow for Vietnamese, green for Russian) may also be helpful for easy reference.

New Mexico and California laws

New Mexico and California state laws require health plans to provide language assistance program services to eligible health plan enrollees with limited English proficiency. See page 15 for more information on how to access your state-specific reference guide(s) for more details on these services.

Interpreters Save Lives video

You may find it helpful to view *Interpreters Save Lives*, a public service announcement available on our cultural competency training and resources website. (See page 15 for more on how to access the video and other helpful materials on Cigna's websites at no charge.)

* Adapted from Industry Collaboration Effort (ICE) Tips for Working with Interpreters.

Coding preventive care services for women

Contraception education and counseling services is one of the recently added preventive care services for women. The Patient Protection and Affordable Care Act (PPACA) requires health plans to cover preventive care services with no patient cost-sharing, unless the plan qualifies under the grandfather* provision or for an exemption. Coverage for these added services became effective on or after August 1, 2012, depending on plan renewal date, for non-grandfathered Cigna plans.

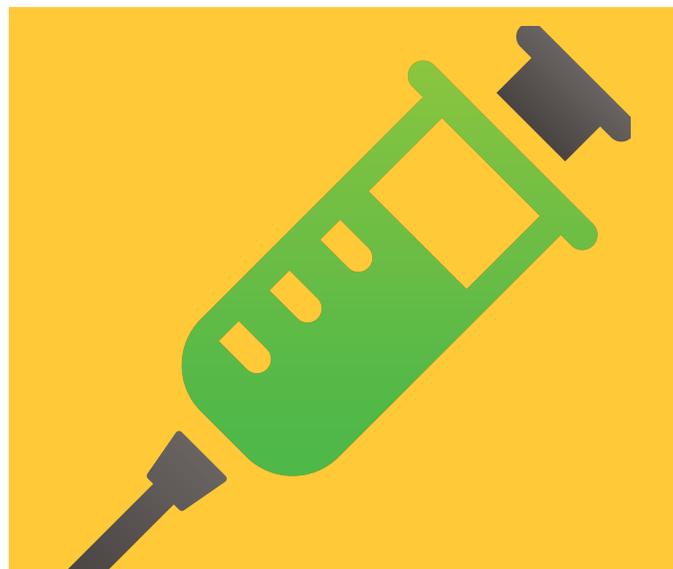
If the primary purpose of the office visit is the delivery of women's preventive health services, which may include contraception education and counseling related to birth control and sterilization methods, then the use of a preventive medicine evaluation and management service code would be accurate. This will allow your patients' claims to be identified as a preventive care service and paid at the preventive benefit level of their plan.

Please refer to the 2013 Guide to Preventive Care Benefits for Health Care Professionals, available on the Cigna for Health Care Professionals website (CignaforHCP.com > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines).

* A grandfathered plan is a group health plan that was in place when the Patient Protection and Affordable Care Act (PPACA) was signed into 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.

2014 Cigna Care designation

Our Cigna Care designation program identifies physicians in 71 markets and 22 specialties that meet our specific quality and cost-efficiency criteria. Communications that outline our program in more detail – including how to request more information about specific results – will be sent to affected physicians soon. Please make note of the reconsideration and online posting timelines that will be outlined in the letter, and contact us if you have any questions.



Coding pneumococcal vaccines

Are you using the correct billing codes for the pneumococcal vaccine? Recently, an internal review showed that some claims for children who had received the vaccine did not contain the correct billing codes for the pneumococcal vaccine – 90669, 90670, and G0009.

When you use these codes, we can provide parents with accurate information about their child's immunization history. This may also help decrease calls to your office from parents who may be concerned that their child did not receive the vaccine.

Please use the appropriate codes for the pneumococcal vaccine:

Code	Description
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
G0009	Administration of pneumococcal vaccine

Care options online



We want you to have the latest information about our quality initiatives and health management programs, care guidelines, and utilization management. We hope you find these resources helpful when considering care options for patients with Cigna-administered coverage.

A variety of resources for quality initiatives

The details of our quality initiatives are just a few clicks away on the CignaforHCP.com site. Once there, click on Resources > Medical Resources > Commitment to Quality > Quality.

Care Guidelines

Cigna Care Guidelines are also available on the CignaforHCP.com website. Once there, click on Resources > Cigna Clinical Health and Wellness Programs > Care Guidelines.

Utilization management information

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. There are no financial incentives in place for utilization management decision-makers that encourage or influence decision making. Customers have the right to disagree with a coverage decision and are provided instructions on how to submit an appeal. The customer can also elect to obtain care at their own expense.

The following services are available for submitting utilization management requests:

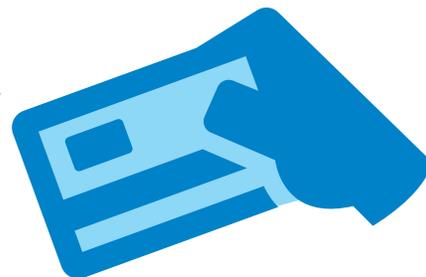
- Language line services are available free of charge.
- TTD/TYY services through the 711 relay center that is available free of charge to any hearing impaired person in the United States and interfaces with the existing phone equipment used by the hearing impaired.

If you have questions about our quality initiatives, 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).



New Quick Guide to Cigna ID Cards

Cigna's 2013 Quick Guide to Cigna ID Cards is now available. Keep this handy guide at your fingertips to clarify information that appears on Cigna's most common ID cards. It can also help you understand the requirements associated with our various plans.



This guide includes an easy-to-use key to quickly and efficiently process your patient's information. We've also included samples of Cigna's newly designed cards.

Download a copy of the latest ID card brochure by logging in to the secure Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Doing Business with Cigna > Cigna ID Card Information). It is also available at Cigna.com (Health Care Professionals > Resources for Health Care Professionals > Doing Business with Cigna).

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 2012, approximately 1,200 hospitals nationwide 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
- Encourage public reporting of health care quality and outcomes
- Reward doctors and hospitals for improving the quality, safety, and affordability of health care
- Inform individuals about the benefits of making smart health care decisions



The survey assesses hospital performance based on four quality and safety measures, known as “Leaps” that are associated with the reduction of preventable medical errors, operational efficiency, and improved outcomes. Hospitals are able to report their progress on implementation of the four Leaps:

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.

More enhancements to our interactive voice response system

Last year we upgraded our interactive voice response (IVR) automated telephone system. The upgrade enabled medical, behavioral, and dental health care professionals to access patient-specific information more quickly and efficiently by providing the patient's Cigna ID* number and date of birth, and health care professional's Taxpayer Identification Number (TIN) when they call. With this information, we are able to provide a response to your inquiry, and ensure you are connected with a Customer Service Associate who can most effectively assist you, if necessary.

New enhancement

We made more improvements to the IVR system so that it provides claim summary information, including:

- Claim status
- Patient responsibility
- Amount paid
- Date check was issued
- Deductible amount
- Date check was cashed

Now you can obtain information on multiple claims in a single phone call. We are planning another enhancement later this year that will give you the option to receive a summary of claim information by fax.

We will continue enhancing our IVR system, so please look for future updates.

*If the patient's ID does not contain nine digits and begin with a "U," please call the Customer Service phone number on the patient's ID card.



Helping patients get healthy and stay healthy

Cigna's health engagement programs* can complement the care and treatment plans you provide to your patients with Cigna coverage. Through participation in these programs, individuals are coached to understand their health status and establish health improvement goals, ultimately resulting in positive health outcomes.

Your Health FirstSM – This innovative disease management program takes a comprehensive approach to reducing health risks by examining the complete picture of an individual's health, connecting lifestyle, and social, behavioral, and physical factors to create a customized health improvement plan.

CoachRx – This program provides clinical pharmacist support for patients with Cigna pharmacy benefits. Cigna's team of pharmacists can make personalized recommendations to help lower your patient's medication costs, provide information on managing medication side effects, and identify and resolve individual barriers to obtaining or taking medication.

Case Management – Working closely with your patients, their family, and you, Cigna case managers can help by providing education and guidance to those experiencing a serious medical condition, coordinating access to care, and offering support in navigating the various stages of treatment.

Healthy Pregnancies, Healthy Babies[®] – The goal of this program is to reduce the number of pre-term and low birth weight babies through identification of risks early in pregnancy, coordination of appropriate pre-natal care, and education and coaching on leading a healthy lifestyle.

Learn more online

You can quickly learn how to make a referral to these and other health engagement programs that may be available to your patients with Cigna coverage at CignaforHCP.com > Resources > Medical eCourses.

*All program features may not be available to your patients with Cigna coverage. Encourage your patients to learn more about the programs and features available to them through their Cigna medical plan.



Cigna optimizes pharmacy benefit management through an agreement with Catamaran

Cigna announced on June 10, 2013, that we have entered into a 10-year sourcing agreement with Catamaran. Cigna's pharmacy management capabilities are an essential component of our integrated approach to affordable and effective health care. Our eight million pharmacy customers will continue to benefit from the same quality and exceptional service they have come to expect from Cigna at a lower cost over time as we will leverage Catamaran's enhanced technological platform and streamlined operating capabilities to drive greater efficiencies and affordability.

Catamaran is one of the nation's leading providers of health care information technology solutions and streamlined operating capabilities that drive greater efficiencies and affordability for clients and customers. Cigna-HealthSpring has had a successful relationship with Catamaran since 2010, now we will have a bigger runway for growth and all of Cigna's clients and customers will benefit from Catamaran's technology platforms for customized solutions and their operational efficiencies.

Integrated approach to affordable health care

Cigna's pharmacy team will continue to lead all customer and client-facing functions (including specialty pharmacy, sales, marketing, product and clinical development, formulary management, home delivery intake and customer service); sustain preferred relationships with health care professionals, and offer differentiated clinical services to customers, including integration of medical care and disability management through clinical and pharmacy programs.

Catamaran will provide the following functions to our Pharmacy Benefits Management (PBM) organization:

- Claim processing.
- Prescription drug inventory procurement and order fulfillment for our base home delivery pharmacy operations.
- Retail network contracting.

What this means for you

- For now, it's business as usual – this announcement does not affect your contractual relationship, your compensation, or how we interact.
- We will continue to operate Cigna Home Delivery Pharmacy. You can continue to place prescription orders using your current process. Cigna Home Delivery Pharmacy will intake, verify, and service orders. Catamaran will maintain drug inventory, and package and ship the finished prescriptions under the Cigna name/label to our customers.
- We maintain all functions that affect how you care for your patients/our customers.
- We are committed to a gradual transition and expect the full transition to take two to three years.



catamaran™

Why we are doing this

- Leverage the new, collective purchasing power and cost-to-fill economies of Cigna and Catamaran, as well as claim processing efficiencies to make us more competitive.
- Improve our ability to focus on key differentiators of our PBM, including customer engagement, improved outcomes through aligned incentives with physicians and pharmaceutical manufacturers, and condition-specific management across all components of health and productivity (pharmacy, medical, behavioral, and disability).
- Strengthen our focus on – and connection with – health care professionals to influence cost savings in this rapidly changing health care system.
- Support the further penetration of our unique value message of full benefit connectivity in the market place.

What we are not doing

- Selling our PBM. This is a well-run business and its value is core to our ability to improve the health, well-being and sense of security of the customers we serve.
- Changing our commitment to our network of health care professionals or the ways in which we support affordability of medications and improved adherence and outcomes.
- Compromising on our integrated value proposition. The functions that are transitioning to Catamaran, while important, are more aligned with improved cost and efficiency.
- Changing our commitment to our customers – to ensure that every experience with customers is easy and reliable in ways that our customers find proactive, personal and empathetic.

We are committed to a gradual transition of services, which includes regular communication with you. We will share more information as it becomes available. If you have questions about this information, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

No-cost preventive medications for women

Under health care reform, certain drugs and other products have been included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force and the Institute of Medicine. These recommendations emphasize prevention of disease and meet the unique health care needs of women. The targeted products, prescription medications, and certain over-the-counter medications, may be available to your patients at no cost depending upon the terms of their plan.

For a list of medications included in preventive care services coverage, refer to the fact sheet available on Cigna's Informed on Reform website (Cigna.com > Health Care Professionals > Informed on Reform > New "No Cost Preventive Medications by Drug Category" guide for health care professionals).

A prescription is required to process any claim for preventive care medications or products under a patient's Cigna-administered pharmacy plan, including over-the-counter medications.



Medication adherence for better outcomes

Two reasons to suggest Cigna Home Delivery PharmacySM to your patients

Medication adherence is an important factor that contributes to positive health outcomes for your patients. Studies have shown¹ that the more medications a person takes, the less likely it is that they'll remember to take them exactly as prescribed. In fact, half of patients taking multiple medications do not take them as prescribed by their doctor, resulting in declining health and \$100 billion spent in avoidable hospitalizations.¹

There are several factors that contribute to poor medication adherence, including access and cost. Cigna Home Delivery Pharmacy can help with both. Customers who use this service are 20 percent more adherent to their prescribed medication regimen, on average, than those who use retail pharmacies alone.²

The features and benefits of Cigna Home Delivery Pharmacy include:

- Free delivery to the home or preferred location, including your office
- Up to 90 days of supplies in one fill so patients don't miss a dose
- Licensed pharmacists and customer service agents available 24/7
- Typically lower costs than month-by-month purchases at a retail pharmacy
- Two full-service dispensing facilities that fill over six million prescriptions a year
- A refill reminder service, QuickFill, makes refilling simple by providing patients with an automatic reminder via email or a phone call
- Special handling and overnight medication delivery is always available

It's easy to use Cigna Home Delivery Pharmacy:

- Call 1.800.285.4812 (option 3)
- Fax prescriptions to 1.800.973.7150
- ePrescribing is available

Your patients may not know this value-added benefit is available as part of their pharmacy plan. Please make the suggestion to use Cigna Home Delivery Pharmacy today.

1. April 7, 2010, NEJM.org – Source: Harvard University and New England Healthcare Institute.
2. Cigna analysis, 2012.

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](#).



Reference guides

Cigna Reference Guides for 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.

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](#).

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

By registering, you will receive some correspondence electronically, including *Network News* and other select communications. Certain correspondence 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."

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

Can Cigna customers find you?

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 Professionals 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, 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 ensure accurate information is displayed in the directory, we may call you in the coming months to verify your information. We'll take just a few minutes of your time 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: 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

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

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