Network
News

JULY 2016

For health care professionals

Cigna.

Network News

July 2016

Contents

NEW LOOK. BETTER SERVICE.
VISIT CIGNAFORHCP.COM

In August 2016,* the Cigna for Health Care Professionals website (CignaforHCP.com) will have a fresh new design. Along with a new look and feel, the site will now provide more immediate access to information that makes it easier to work together.

Helpful information – at your fingertips

The site has been redesigned to include links to the most frequently accessed content from the login page, making it easier to get the resources you need. Now you can more quickly:

› Review coverage policies

› Find a form

› Review clinical reimbursement and payment policies

› Learn about electronic solutions

› Get easy instructions for submitting a claim to Cigna

› Search the health care professional directory

› Explore medical resources

› Read our latest medical, dental, and behavioral health news

› View sample ID cards

› Learn how to join the Cigna network

Need to check benefits? See the status of a claim?

CignaforHCP.com is still an efficient way to review patients' eligibility and benefits, submit precertification requests, and check the status of claims. It's as easy as ever with the redesigned site.

Check it out

If you're a regular visitor to CignaforHCP.com, you already know the advantages the site can deliver. If it's been a while since your last visit, now's a good time to check it out again. We think you'll like what you see.

Come see our new design.* Visit us at CignaforHCP.com for a new website experience.

* The redesigned site may be available beginning July 29, 2016.
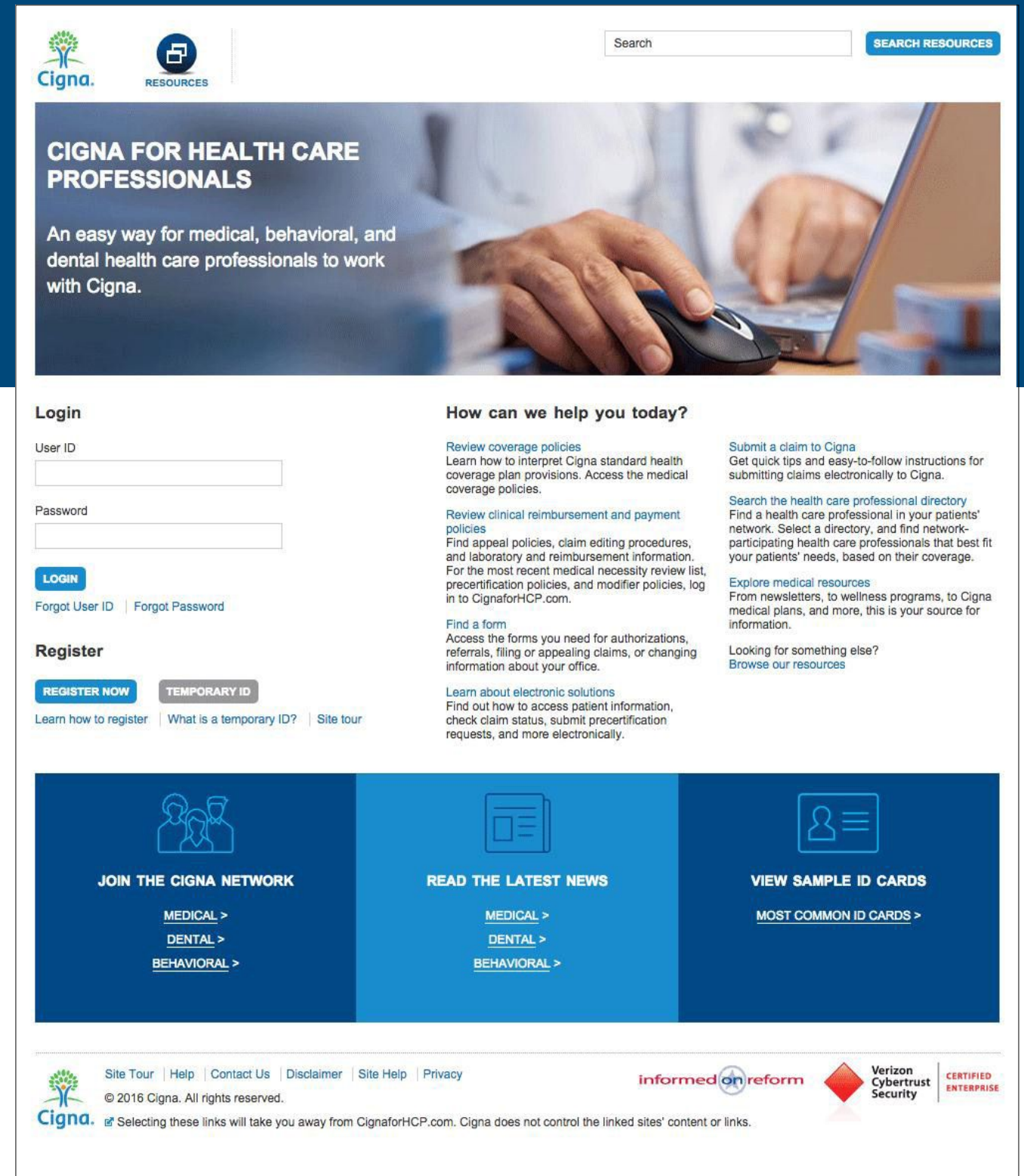
New look begins in August 2016*

CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies, as well as our medical coverage policies and precertification requirements.

As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or "G" ID cards. The table to the right lists updates to our coverage policies. Additional information, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies).

If you are not registered for CignaforHCP.com, go to CignaforHCP.com and click Register Now. If you do not have Internet access – and would like additional information – please call Cigna Customer Service at **1.800.88Cigna (1.800.882.4462)**.

POLICY NAME	UPDATE	EFFECTIVE DATE
Drug Testing (0513)	Consistent with our current coverage policy to allow a maximum of eight units per date of service, Healthcare Common Procedure Coding System (HCPCS) code G0481 will be added to the claim when HCPCS code G0482 or G0483 is being denied.	July 22, 2016*
Strapping and Taping (0512)	The covered diagnoses list for the Strapping and Taping coverage policy will be broadened to include 498 additional codes.	July 15, 2016
Physical Therapy (0096)	A medically unlikely edit (MUE) rule will be applied to the following physical therapy Current Procedural Terminology (CPT®) codes: 97001, 97002, 97003, 97004, 97012, 97014, 97016, 97018, 97022, 97024, and 97028.	August 15, 2016
Balloon Sinus Ostial Dilation for Chronic Sinusitis (0480)	Precertification will be required for CPT codes 31295, 31296, and 31297.	August 26, 2016
Pharmacy and Infusion Services reimbursement policy (R14)	When a single dose vial (SDV) is billed, the JW modifier will be required on the claim in order for waste to be reimbursed.	October 3, 2016
Guidewires – All Inclusive – Facility Routine Services, Supplies and Equipment reimbursement policy (R12)	Consistent with our reimbursement policy, all cardiac and vascular catheters and guide wires billed separately will be denied no matter the amount billed.	October 16, 2016
Cervical Vertebral Corpectomy – Omnibus Reimbursement Policy (R24)	A targeted subset of cervical vertebral corpectomy claims billed with CPT codes 63081 and 63082, and where abuse is probable, will be pended. The operative report will then be reviewed **before** reimbursement to determine if the corpectomy criterion is met. If it is not met, the claim will be denied.	October 16, 2016

* July 15 for customers with GWH-Cigna or "G" ID cards

PRECERTIFICATION CHANGES

To ensure we are using the most current medical information available, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we plan to update our precertification list.

Codes added to the precertification list on July 1, 2016.

On July 1, 2016, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released 16 new CPT and HCPCS codes.

CODE	CODE DESCRIPTION
0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (list separately in addition to code for primary procedure)
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including retraining, and removal of existing insert, unilateral or bilateral
C9476	Injection, daratumumab, 10 mg
C9477	Injection, elotuzumab, 1 mg
C9478	Injection, sebelipase alfa, 1 mg
C9480	Injection, trabectedin, 0.1 mg
Q5102	Injection, Infliximab, Biosimilar, 10 mg
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries
S3854	Gene expression profiling panel for use in the management of breast cancer treatment

On July 1, 2016, we also removed two codes from the precertification list.

CODE	CODE DESCRIPTION
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg

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

Codes to be added to the precertification list on August 26, 2016 (cont.)

CODE	CODE DESCRIPTION
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (i.e., left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)
J2724	Injection, protein C concentrate, intravenous, human, 10 IU
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
S3841	Genetic testing for retinoblastoma
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family
H0031	Mental health assessment, by non-physician – Assessment and treatment planning by a board-certified behavior analyst (BCBA)
H0032	Mental health service plan development by non-physician – Direct supervision of a paraprofessional by a BCBA
H2012	Behavioral health day treatment, per hour – Direct service by a BCBA
H2019	Therapeutic behavioral services, per 15 minutes – Paraprofessional direct service supervised by a BCBA

On August 26, 2016, we will also remove 75 codes from the precertification list. These codes are currently part of our Musculoskeletal Management Program through eviCore healthcare.

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

NATIONAL eSERVICES WEBINAR SCHEDULE

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Learn how to navigate the site and perform time-saving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you'll learn about can benefit you and your patients with Cigna-administered coverage.

TOPIC	DATE	TIME (PST/MST/CST/EST)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, August 3, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	711 556 353
Eligibility & Benefits/Cigna Cost of Care Estimator	Thursday, August 11, 2016	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	715 453 098
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, August 16, 2016	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	715 281 596
Online Precertification	Thursday, August 25, 2016	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	718 386 492
CignaforHCP.com Overview	Thursday, September 1, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	711 296 345
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, September 13, 2016	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	712 099 352
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, September 22, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	712 919 644
Online Precertification	Wednesday, September 28, 2016	11:30AM / 12:30 PM / 1:30 PM / 2:30 PM	45 min	713 972 151

Preregistration is required for each webinar

1. Go to CignaVirtual.Webex.com.
2. Enter the meeting number provided in the webinar listing.
3. Click "Join" and then click "Register."
4. Enter the requested information.
   The password for each webinar is **123456**.
5. You'll receive a confirmation email with meeting details.

To join the audio portion of the webinar

Call 1.888.Cigna.60 (1.888.244.6260) and enter passcode 684113# when prompted.

Questions?

Contact: Cigna_Provider_eService@Cigna.com

CIGNAFORHCP.COM FIVE-MINUTE TUTORIALS

Too busy to attend a webinar? Take five minutes to watch these new tutorials about how to perform everyday transactions online – like viewing a participant's benefits, checking a claim's status, and submitting a precertification request – using the Cigna for Health Care Professionals website (CignaforHCP.com).

› Dashboard and navigation
› Online remittance reports
› EFT online enrollment and management

To access the tutorials, log in to CignaforHCP.com > Search Resources > Resources > eCourses > Tutorials.

CIGNA COST OF CARE ESTIMATOR ENHANCEMENT: COMPARE COSTS BY LOCATION

Many health care professionals already use the Cigna Cost of Care Estimator® to help their customers with Cigna-administered plans make informed choices about procedures they may need and where to obtain them. It's an invaluable tool for providing personalized, approximate costs for specific services, and how much the Cigna participant's plan may pay versus their out-of-pocket expenses.

Coming soon

Starting this fall, you'll be able to request pricing for up to three places of service through a new enhancement to the Cigna Cost of Care Estimator. This can allow you to provide your patients with additional information, when appropriate, that may potentially help them lower their costs for certain procedures.

How to access the Cigna Cost of Care Estimator

To request an estimate for services for your patients, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Patients > Search Patients > Select Patient > Estimate Costs). Once you make your inquiry, a cost of care estimate will be generated. You can view it online, or print it to discuss the information with your patient and attach it to their medical file for future reference. The estimates are easy for your patients to understand, clearly illustrating the math and helping educate them about what they may expect to pay out of pocket at each location.

INTRODUCING THE NEW CAREALLIES

Custom solutions to support the transition to value-based care

The health care industry is on an accelerated course to transition to a model that focuses on value instead of volume, with an emphasis on quality of care and improved outcomes for patients. This is challenging health care professionals to evolve their current business models to implement and be successful under one based on value.

Adding to this challenge, the mechanisms currently available to develop a value-based model do not offer the flexibility or scalability necessary to meet the individual and wide-ranging needs of health care professionals.

CareAllies can help

In June 2016, we launched a new Cigna company, CareAllies, aimed at providing targeted systems, capabilities, and management solutions to support health care professionals' transition to a value-based care model across all payers. CareAllies solutions help deliver better quality and financial outcomes using a combination of advisory and management services, technology, and analytics.

Solutions built on fundamentals

CareAllies solutions are built on the fundamentals necessary for a successful transition, including:

› Experience-based services that counsel and inform health care professionals in developing a value-based care model

› Tools to enable and optimize health care professional practices in a value-based care setting

› Data analytics and reporting to inform decision-making and deliver services

› People, processes, and technology to enable a population health solution across all payers

Using a consultative approach, CareAllies leverages a health care professional's existing technology and vendor relationships to simplify the experience and reduce administrative burden.

If technology is needed, they will provide a solution designed to complement a health care professional's existing systems. CareAllies also offers capabilities to support those looking to launch their own health plans.

Additional information

CareAllies, a wholly-owned subsidiary of Cigna, provides value-based solutions designed for a multi-payer environment for all patients and all coverage types.

Visit the CareAllies website at CareAllies.com to learn more about their services and solutions.
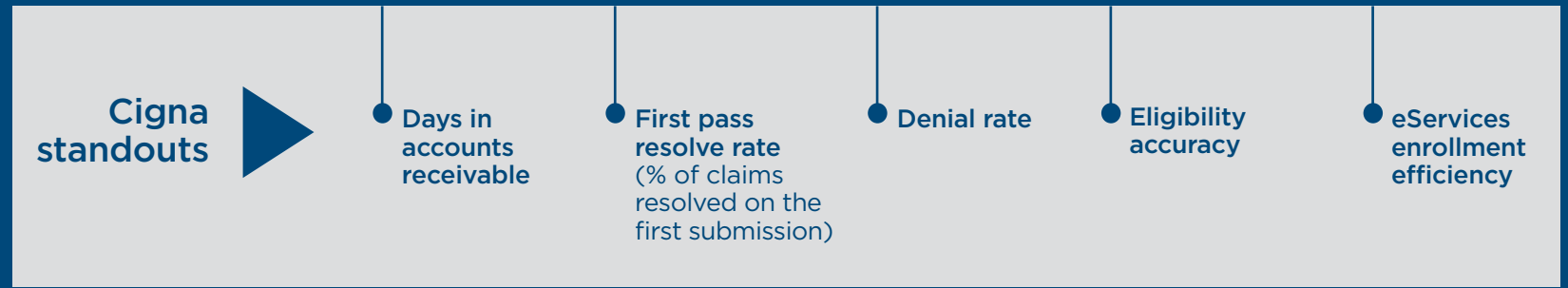
**CareAllies:
We collaborate with you to develop custom solutions that work within your community now, and as you grow.**

Physician organization development

Accountable care

Employee health plan

A joint venture for value-based care

CIGNA RANKS #1 ON 2016 PAYERVIEW REPORT

| Cigna standouts ▶ | Days in accounts receivable | First pass resolve rate (% of claims resolved on the first submission) | Denial rate | Eligibility accuracy | eServices enrollment efficiency |

IMPROVED IN 7 OF THE 8 PERFORMANCE METRICS FOR 2016

A nationally recognized payer scorecard has ranked Cigna as the number one payer when it comes to timeliness, accuracy, and transparency of claim transactions with health care professionals.

According to the 2016 PayerView® Report™, a data-driven review of payer performance compiled by athenahealth®, Cigna ranked above the eight major payers reviewed – including Aetna, Anthem, Humana, and Medicare B – in overall performance.

The 2016 PayerView results are based on 2015 claim activity for 75,000 physicians practicing in 50 states, representing 202 million charge lines and $40.2 billion in charges. The report includes ratings of 214 national and regional payers, but spotlights results for eight major national payers (see chart in next column).

"We are thrilled with the number one ranking because it demonstrates that the steps we've taken over the past several years to improve the health care professional experience are succeeding," said Julie Vayer, Cigna's Vice President of Total Health & Network Operations. "However, we recognize that our work is not finished; it is ongoing. We are focused on continuous improvement through collaboration with athenahealth and other organizations that will help us earn the trust of health care professionals every day."

Some of the key PayerView metrics include:

> The average amount of time it takes for a claim to be paid

> The percentage of claims that are successfully resolved on the first submission

> How easily a health care professional can sign up for electronic transactions with a payer

Payer rankings

This year, Cigna achieved the number one overall score – both in the group ranking among the eight major payers, and overall ranking among the 214 national and regional payers. We credit this achievement to significant process improvements we've made to our revenue cycle performance, as well as other ongoing initiatives we're implementing to improve the claims experience of health care professionals.

TOP RANKINGS AMONG EIGHT MAJOR PAYERS	
PAYER	OVERALL RANK
Cigna	**1**
Medicare B	2
Anthem	3
HCSC*	4
Humana	5
Aetna	6
Champus-Tricare	7
UnitedHealthcare	8

* Health Care Services Corporation.

TOP 10 RANKINGS AMONG 214 NATIONAL AND REGIONAL PAYERS	
PAYER	OVERALL RANK
Cigna	**1**
Capital BC Pennsylvania	2
Anthem BCBS of Maine	3
Health New England	4
Medicare Part B WA State	5
BCBS of N. Carolina (Medicare)	6
BCBS of Massachusetts	7
UniCare	8
Medicare Part B Indiana	9
CareFirst BCBS	10

Ranking methodology

To come up with a total score and overall ranking for each payer, the PayerView Report measured performance across eight financial, administrative, and transactional touchpoints.

> Benefit reliability

> Days in accounts receivable

> Denial rate

> Electronic remittance advice transparency

> Eligibility accuracy

> eServices enrollment efficiency

> First pass resolve rate

> Provider collection burden

The overall rank for each payer was calculated using the weighted average of that payer's ranks for each of the eight individual performance metrics. Cigna experienced year-over-year improvements in seven of these metrics.

Additional information

To view the 2016 PayerView Report results, visit the athenahealth website (athenahealth.com > Results & Insights > Payer Rankings and Analysis).

About athenahealth and the PayerView Report

athenahealth is a leading company that handles claims and payment processing for health care providers. It is one of the largest suppliers of billing and revenue-cycle services for physician practices. Its PayerView Report is an annual review that ranks payers based on their performance for selected administrative, transactional, and financial metrics.

The **PayerView Report** is a comparative tool that health care providers can use to measure the ease or difficulty of working with each payer. It's also one of the key indicators Cigna uses to continuously measure its progress from providers' perspectives through Cigna-sponsored surveys and external report cards.

CIGNA QUALITY INITIATIVES AVAILABLE 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 your patients with Cigna coverage.

Quality initiatives

The details of our quality initiatives are just a few clicks away on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Commitment to Quality > Quality.

Care guidelines

To view Cigna care guidelines, visit CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines.

Utilization management

We base utilization management decisions on appropriateness of care and services, standardized evidence-based criteria, 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. Your patients have the right to disagree with a coverage decision, and we will provide them with instructions on how to submit an appeal. Your patients can also elect to obtain care at their own expense.

The following services are available to your patients with Cigna-administered coverage, **free-of-charge**, when you submit a utilization management request:

> ❯ Language line services
> ❯ Telecommunications device for the deaf (TDD) and teletypewriter (TTY) services. Any deaf, hearing-impaired, or speech-impaired person in the United States can access these services through the 711 dialing code to the Telecommunications Relay Services (TRS), which interfaces with the existing phone equipment used by hearing-impaired persons

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, call Cigna Customer Service at **1.800.88Cigna (1.800.882.4462)**.

CIGNA PARTICIPATING IN PILOT TO IMPROVE HEALTH CARE PROFESSIONAL DIRECTORY

Our health care professional directory provides Cigna customers with easy access to the information they need to make informed choices about their care. To help ensure that each listing is accurate and current, we need to make the process simple and efficient for you to update your information.

To identify ways to improve this process, we are participating as one of 12 health plans in a six-month pilot being conducted by America's Health Insurance Plans (AHIP). The pilot is designed to test various communication strategies and approaches to connect with health care professionals about data changes, account for these changes, and help ensure that customers have accurate, up-to-date information. The pilot began in April 2016 and will continue through September 2016.

After the pilot is complete, each participating health plan will receive individual health care professional data so they can update their online and print directories. Our participation in this pilot will also help us to optimize our current

processes to make it easier for you to update your information, and ensure that our directory is timely and accurate.

Cigna pilot: Florida

Our participation in the AHIP pilot is in Florida, where we have 44,000 network-participating health care professionals. AHIP has assigned its vendor, Availity, to conduct the data verification process for us. Availity will contact health care professionals by email, phone, or mail to verify their information and request updates for the following demographic information:

> ❯ Location (address)
> ❯ Phone number
> ❯ Primary care or specialty
> ❯ Whether the practice is accepting new patients
> ❯ Network participation status
> ❯ Medical group and hospital affiliations
> ❯ Gender

Check out your listing

We encourage all Cigna participating health care professionals to continue checking their listings and verifying their information by going to Cigna.com > Health Care Professionals > Provider Directory Updates and Changes > Provider Directory Changes. You can find information on how to submit changes electronically in the Helpful Reminders section of this issue.

For more information on the pilot, including a press release with frequently asked questions, visit the AHIP website (AHIP.org).
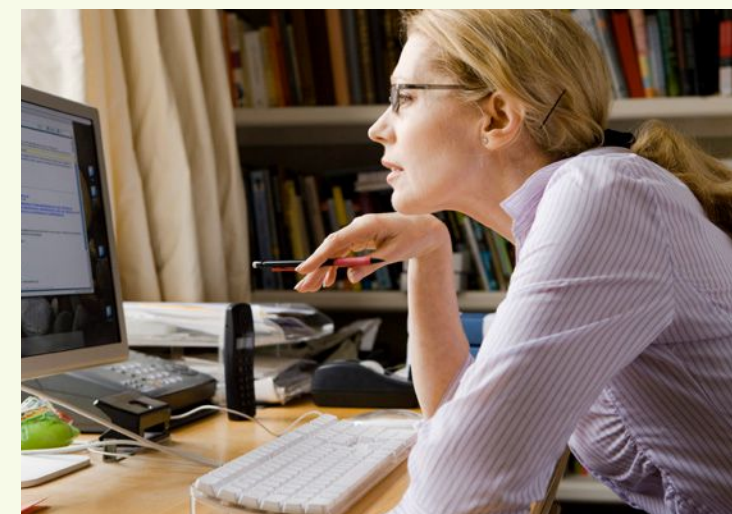
CIGNA FOUNDATION COMMITS $2 MILLION FOR COMMUNITY HEALTH NAVIGATION

In April, the Cigna Foundation announced it will commit $2 million in World of Difference grants over two years in support of community health navigation. These grants will focus on nonprofit organizations that guide at-risk and underserved individuals – including children, and racial and ethnic minorities – through the complex health care and social services systems using trusted advisors from within the community.

Why community health navigation?

Community health navigation has been found to be one of the most effective ways to help people whose health is worse than the general population due to gender, race, place of residence, age, or economic status.

By making it a priority, the Cigna Foundation is taking an expansive approach to connecting personal health with community health. It starts with traditional goals and metrics, such as decreasing the use of emergency rooms for non-emergency services. It then identifies needs for non-medical necessities such as food, safe housing, and transportation.

"The Foundation's goal, over time, is to help build health navigation models that communities everywhere can use to maximize health equity for their people."

– David Figliuzzi,
Executive Director,
Cigna Foundation

"The Cigna Foundation recognizes that the future health care system must integrate with social services to address needs beyond the traditional scope of medical care. Through our nonprofit partners, we're providing trusted sources to help individuals access the full range of services they need to enjoy better health," said David Figliuzzi, Executive Director, Cigna Foundation.

Striving to improve the scorecard

The Cigna Foundation's emphasis on community health navigation responds to The Commonwealth Fund's 2015 Scorecard on State Health System Performance. This scorecard looks at how low-income people, and racial and ethnic minorities, fare in their ability to access quality care, and their likelihood of living long and healthy lives. It also notes equity gaps – the difference between how a state's vulnerable population does compared with the U.S. average. The scorecard indicates that equity gaps based on race or ethnicity became worse for most states in 2015.

2016 community health navigation grant recipients

The following nonprofit organizations have received 2016 Cigna Foundation World of Difference grants for providing community health navigation programs.

NONPROFIT	FOR	PURPOSE
Ann & Robert H. Lurie Children's Hospital of Chicago Foundation, Chicago, Illinois	Meeting the health care needs of at-risk youth	A new tool that can assess a child's mental health, family structure, and environmental influences, enabling clinicians to provide early interventions and track outcomes over time. A database of local support services will also be available.
Community Solutions, Hartford, Connecticut	Northeast Hartford Community Partnership	This project aims to help improve neighborhood public health in tandem with boosting economic security.
Emory University Rollins School of Public Health, Atlanta, Georgia	Health improvement for Mexican Americans and Latinos	This program includes development of outreach workers to help this metropolitan community. (See April 2016 Network News.)
La Clinica del Pueblo, Washington, DC	Tu Salud en tus Manos (Your health in your hands)	Community health workers will provide obesity, diabetes, and cardiovascular disease prevention programs for low-income Latinos.
Lifetrack, St. Paul, Minnesota	Families Together community health worker pilot	Over a two-year period, a community health worker will be integrated into the home visiting services of Families Together, which works with 100 families and 400 children annually.
Mount Sinai, New York City	TEEN HEED: Adolescent peer-led diabetes prevention program	Ethnic minority youth will work with at-risk peers to maintain or decrease body mass index, and improve dietary, physical activity, and weight control behaviors.
Rush University Medical Center, Chicago, Illinois	Health Legacy Project: Reducing obesity and diabetes among African American women	Participants will complete a 12-session, six-week curriculum, "Take Charge of Your Diabetes," to change their health behaviors.
Siloam Family Health Center, Nashville, Tennessee	Addressing the health care needs of Nashville's foreign-born poor	Community health workers will promote health care and access among refugee populations in Nashville within four faith congregations: Bhutanese, Burmese, Egyptian, and Hispanic.

Other grants will be announced later this year and in 2017. Similar work is underway in Memphis, Tennessee through a Cigna Foundation multi-year grant to Methodist Le Bonheur Healthcare Foundation. It includes the support of local churches and a community health navigator in the Riverview, Kansas neighborhood.

About the Cigna Foundation

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

CIGNA CARE DESIGNATION RECONSIDERATION REQUESTS DUE SEPTEMBER 9, 2016

COMING SOON: 2017 NETWORK UPDATES TO ONLINE HEALTH CARE PROFESSIONAL DIRECTORIES

Cigna regularly evaluates physician quality and cost-efficiency information. We recognize physicians that meet specific criteria by assigning them a Cigna Care designation (CCD), or physician quality and cost-efficiency displays, for a given specialty. The CCDs, and physician quality and cost-efficiency information, are displayed in our online health care professional directories at Cigna.com and myCigna.com. Cost-efficiency displays are available only on myCigna.com for individuals with Cigna coverage.

2017 results available

In June 2016 and July 2016, primary care providers and specialists in 74 markets and 21 specialties received a letter about the availability of their 2017 results for the CCD and physician quality and cost-efficiency displays. The letter provided them with information on how to request reports, review their results, submit inquires, and submit changes or reconsideration requests.

Reconsideration requests

Reconsideration requests received after September 9, 2016 will continue to be processed. However, directory information may not be updated until after the initial October 24, 2016 display of the CCD and quality and cost-efficiency displays.

Please email or fax us if you want to request reports, review results, submit inquiries, or submit a change or request for reconsideration:

> Email: PhysicianEvaluationInformationRequest@Cigna.com
> Fax: 1.866.448.5506

When submitting a reconsideration request, be sure to include the reason, and any applicable documentation to support the request. A Network Clinical Manager or Specialist will contact you to share details about your results and possible next steps.

Methodology

Additional information about the methodology we used to determine 2017 CCD and physician quality and cost-efficiency displays is available in the CCD and Physician Quality and Cost-Efficiency Displays 2017 Methodologies Whitepaper.

In August 2016, we will add information to the online health care professional directories for the Cigna Connect, Focus, LocalPlus®, and SureFit plans. Directories will show:

> Health care professionals who currently participate in the networks aligned with these plans through year-end 2016
> The participation status of these health care professionals effective January 1, 2017
> Health care professionals who will be newly aligned with these plans effective January 1, 2017

This information will be available on Cigna.com and myCigna.com before open enrollment, giving our customers ample time to review their 2017 choices. It will also be visible on the Cigna for Health Care Professionals website (CignaforHCP.com).

Our health care professional directories are key resources for individuals and their families as they make decisions about their care. You can review your listing by logging in to CignaforHCP.com > Useful Links > Cigna Health Care Professional Directory.

OPEN ACCESS PLUS PLANS, ADMINISTERED BY QUALCARE

On October 1, 2016, we will begin offering the Open Access Plus "out-of-area" plans, administered by QualCare. These plans are designed specifically for employers that offer a local plan, but also have employees who live outside the local service area. For example, it will be available to employees of clients who select a Seton Insurance Company plan, but who live outside of that plan's designated 13-county service area in the Austin and Waco, Texas markets.

The plan will be offered by and underwritten by Cigna Health and Life Insurance Company, and administered by QualCare, a Cigna company.

Participating health care professionals

Cigna Open Access Plus network-participating health care professionals will be considered network-participating health care professionals for this plan as part of their existing agreement with Cigna, including the Open Access Plus compensation terms.

Customer ID cards*

Customer ID cards will be branded with the QualCare name and logo. If the plan includes pharmacy benefits, the Cigna logo will also appear on the ID card in the Pharmacy Plan section.

QualCare

QualCare will administer these plans, including all claim and eligibility functionality. *The Cigna for Health Care Professionals website for self-service functions and other Cigna contacts are not available for these plans.* The following service channels will be available:

› **Eligibility and benefits verification**

Eligibility and benefits can be verified using the NaviNet® website (NaviNet.net) or by calling 1.844.883.2423.

› **Claims submission**

Claims must be submitted to QualCare using the contact information on the back of the customer ID card or by mail to QualCare, PO Box 940, Piscataway, NJ 08855-0949. If you have questions about the status of a claim or payment, call QualCare Customer Service at 1.844.883.2423.

› **Electronic funds transfer payments**

EFT and electronic remittance advice (ERA) 835 transactions are available through NaviNet.net. You must be enrolled through Change Healthcare (formerly Emdeon®) to receive EFT and ERA transactions. For more information, call QualCare at 1.844.883.2423.

› **Precertification and pretreatment review**

Precertification is required for all inpatient stays, and a pretreatment review is required for certain outpatient procedures. To initiate precertification and pretreatment review requests, call QualCare at 1.844.883.2423. You can also submit precertification requests online by logging in to NaviNet.net.

Questions?

If you have questions about the Open Access Plus plans, administered by QualCare, or your contract, call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

Front of card*
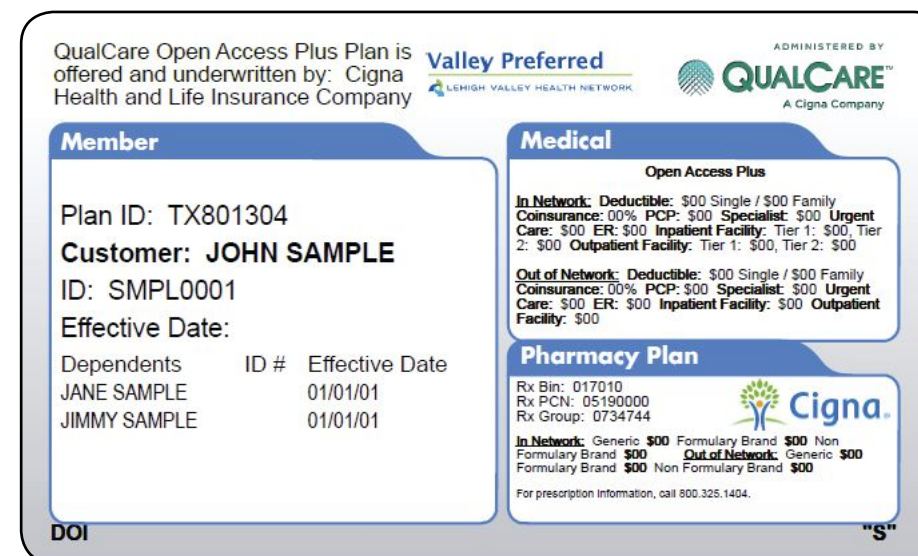
Back of card*

*These ID cards are for illustrative purposes only.

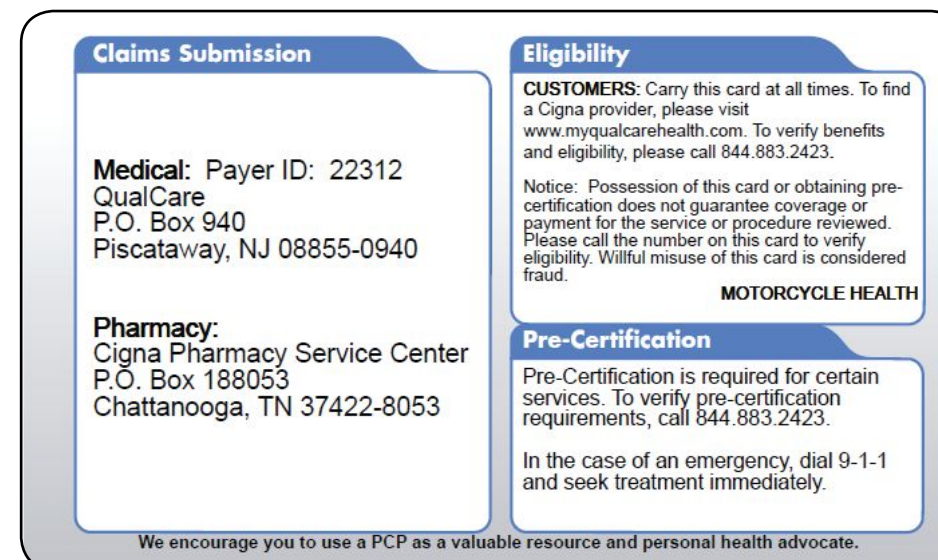# 2016 CIGNA MEDICARE ADVANTAGE CLINICAL PRACTICE GUIDELINES

Cigna-HealthCare of Arizona has adopted evidence-based clinical practice guidelines as road maps for health care decision-making targeting specific clinical circumstances.* These guidelines:

> Define clear goals of care based on available scientific evidence
> Reduce variation in care and outcomes
> Provide a more rational basis for clinical management of some conditions
> Comply with accreditation standards and regulatory expectations

Our clinical practice guidelines for specific conditions are provided in the chart below.

Alzheimer's disease	Practice Guideline for Persons with Alzheimer's Disease and Other Dementias 2007/Updated Guideline Watch 2014	Psychiatryonline.org
Asthma	**Global Initiative for Asthma (GINA) and National Heart, Lung, and Blood Institute (NHLBI)** – Global Strategy for Asthma Management and Prevention, updated 2016	Full report: GINAsthma.org/2016-gina-report-global-strategy-for-asthma-management-and-prevention/ Pocket guide: GINAsthma.org/2016-pocket-guide-for-asthma-management-and-prevention/
	American Academy of Family Physicians (AAFP) – Management of Acute Asthma Exacerbations	AAFP.org/afp/2011/0701/p40.pdf
Atrial fibrillation	**American Heart Association (AHA)** – 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation: Executive Summary	Content.onlinejacc.org/article.aspx?articleid=1854230
	American College of Chest Physicians (CHEST) – Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed.: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines	Journal.publications. CHESTnet.org/article.aspx?articleID=1159399
Back pain	**American College of Physicians (ACP)** – Diagnosis and Treatment of Low Back Pain: A Joint Clinical Guideline from the American College of Physicians and the American Pain Society	Annals.org/article.aspx?articleid=736814&issueno=7&atab=10

Cardiovascular disease	**AHA** – 2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease	Circ. AHAJournals.org/content/130/19/1749.full.pdf+html
	AHA – 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease	Content.onlinejacc.org/article.aspx?articleid=1391404
	AHA and American College of Cardiology Foundation (ACCF) – AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease, 2011 Update	Circ. AHAJournals.org/content/124/22/2458.full.pdf
	AHA and ACCF – 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk	Circ.AHAJournals.org/content/129/25_suppl_2/S76
Case management	**Case Management Society of America (CMSA)** – Standards of Practice for Case Management, Revised 2010	CMSA.org/portals/0/pdf/memberonly/StandardsofPractice.pdf
Cholesterol	**AHA** – 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines	Circ.AHAJournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf
Chronic kidney disease	**Kidney Disease – Improving Global Outcomes (KDIGO)** – 2012 Clinical Practice Guidelines for the Evaluation and Management of Chronic Kidney Disease	Kdigo.org/clinical_practice_guidelines/pdf/CKD/KDIGO_2012_CKD_GL.pdf
Chronic obstructive pulmonary disease	**Global Initiative for Chronic Obstructive Lung Disease (GOLD)** – Global Strategy for Diagnosis, Management, and Prevention of COPD – 2016	GOLDcopd.org/global-strategy-diagnosis-management-prevention-copd-2016/
	ACP – Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline Update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society	Annals.org/article.aspx?articleid=479627
	American Thoracic Society (ATS) – Standards for Diagnosis and Management of Patients with COPD	Thoracic.org/statements/resources/copd/179full.pdf

2016 CIGNA MEDICARE ADVANTAGE CLINICAL PRACTICE GUIDELINES (CONT.)

Community-acquired pneumonia	**AAFP** – Diagnosis and Management of Community-Acquired Pneumonia in Adults	AAFP.org/afp/2011/0601/p1299.pdf
	Infectious Diseases Society of America (IDSA) and ATS – Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults	Thoracic.org/statements/resources/mtpi/idsaats-cap.pdf
Congestive heart failure	**ACCF and AHA** – 2013 AACF/AHA Guideline for the Management of Heart Failure	CIRC. AHAjournals.org/content/128/16/e240
	Heart Failure Society of America (HFSA) – Comprehensive Heart Failure Practice Guideline, 2010	Onlinejcf.com/article/S1071-9164(10)00173-9/pdf
	ACCF and AHA – 2011 Performance Measures for Adults With Heart Failure	CIRC.AHAjournals.org/content/125/19/2382.full.pdf
Depression	**American Psychiatric Association (APA)** – Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition	Psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf OR Psychiatryonline.org
	U.S. Preventive Services Task Force (USPSTF) – Screening for Depression in Adults: USPSTF Recommendation Statement	USPreventiveServicesTaskforce.org/uspstf09/adultdepression/addeprrs.pdf
Diabetes	**American Diabetes Association (ADA)** – Standards of Medical Care in Diabetes, 2016	Professional.Diabetes.org/content/clinical-practice-recommendations
Falls	**The American Geriatrics Society (AGS)** – ABS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons, 2010	AmericanGeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/prevention_of_falls_summary_of_recommendations/
Hypertension	**National Institutes of Health (NIH) and NHLBI** – 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)	NHLBI.NIH.gov/guidelines/index.htm OR JAMA.jamanetwork.com/article.aspx?articleid=1791497
	NIH and NHLBI – The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, 2004	NHLBI.NIH.gov/files/docs/guidelines/jnc7full.pdf

Myocardial infarction	**American College of Cardiology (ACC) and AHA** – 2012 ACCF/AHA Focused Update of the Guideline for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction	Circ.ahajournals.org/content/early/2012/07/16/CIR.0b013e318256f1e0.full.pdf+html
	ACCF and AHA – 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction	Full report: Circ.AHAjournals.org/content/127/4/e362.full.pdf+html Executive summary: Circ.AHAjournals.org/content/127/4/529.full.pdf+html
Obesity	**U.S. Preventive Services Task Force (USPSTF)** – Screening for and Management of Obesity in Adults, 2012	USPreventiveServicesTaskForce.org/uspstf/uspsobes.htm
	ACP – Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians	Annals.org/article.aspx?articleid=718309
	AHA – 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults	CIRC.AHAjournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee
Osteoporosis	**National Osteoporosis Foundation (NOF)** – 2014 Clinician's Guide to Prevention and Treatment of Osteoporosis	my.NOF.org/file/bonesource/Clinicians-Guide.pdf
Peripheral arterial disease	**Journal of the American College of Cardiology (JACC)** – 2011 ACCF/AHA Focused Update of the Guideline of the Management of Patients With Peripheral Arterial Disease	Content.onlineJACC.org/article.aspx?articleid=1146931
	AHA – Measurement and Interpretation of the Ankle-Brachial Index: A Scientific Statement From the American Heart Association, 2012	Circ.AHAjournals.org/content/early/2012/11/15/CIR.0b013e318276fbcb.full.pdf
Preventive care	**Agency for Healthcare Research and Quality (AHRQ) and USPSTF** – The Guide to Clinical Preventive Services 2014	AHRQ.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf
	AAFP – Summary of Recommendations for Clinical Preventive Services, April 2016	AAFP.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf
	Centers for Disease Control and Prevention (CDC) – 2016 Adult Immunization Schedules 2014 Immunization Schedules, Birth through 18 Years and "Catch-up"	CDC.gov/vaccines/schedules/hcp/adult.html CDC.gov/vaccines/schedules/hcp/child-adolescent.html
	American Academy of Pediatrics (AAP) – 2016 Immunization Schedules	Cispimmunize.org/
Substance use disorder	Practice Guideline for Persons with Substance Use Disorder 2006/Updated Guideline Watch 2007	Psychiatryonline.org

* Adopted February 22, 2016.

SPECIALTY CARE OPTIONS PROGRAM FOR INFUSIBLE MEDICATIONS

LIMITED DISTRIBUTION DRUGS AVAILABLE TO CIGNA CUSTOMERS

Our Specialty Care Options team offers personalized service to customers who receive specialty infusible medications. Our goal is to help ensure they receive their medication for the right indication, at the right dose and frequency, and in the right setting.

For consistency with each patient's benefit plan, we will review the prior authorization for these specialty medications at the time of renewal. If clinically appropriate, we may facilitate transition of the infusion from an outpatient hospital setting to a less intense site of care, such as a non-hospital affiliated health care professional's office, freestanding infusion center, or the patient's home. Our team of Medical Directors, pharmacists, and case managers will provide support for health care professionals and patients throughout the process.

There are no changes to how prescribing or treating health care professionals should submit prior authorization requests for specialty medications. However, at the time of renewal, a Cigna Medical Director or Pharmacist may call you to discuss whether a less intense setting may be clinically appropriate. For patients whose physicians request services in a health care professional's office, a freestanding infusion center, or a home setting, there will be no change in process.

Additional information

For more information about our Medication Administration Site of Care (1605) coverage policy, including medical necessity guidelines, log in to the Cigna for Health Care Professionals at CignaforHCP.com (Resources > Coverage Policies > Pharmacy A-Z Index > Medication Administration Site of Care), Coverage Policy Number 1605.

Limited distribution drugs are used to treat conditions affecting only a small number of patients with special requirements. Because of this, the manufacturer may choose to restrict their distribution to only a few pharmacies, or as recommended by the U.S. Food and Drug Administration (FDA), so that the drug may be approved.

By restricting distribution, the manufacturer can keep better track of the drug's inventory, educate the dispensing pharmacists about the required necessary monitoring, and help minimize the associated risks.

Cigna Specialty Pharmacy Services has access to 97% of limited distribution drugs through agreements with several manufacturers. This helps ensure customers are able to obtain required medications when needed.

A list of limited distribution drugs available from Cigna Specialty Pharmacy Services is located on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy Resources > Specialty Pharmacy > Limited Distribution Drugs). A user ID and password are not required to access this page.

CIGNA AND SETON HEALTH PLAN JOINTLY OFFER NEW PLANS IN AUSTIN AND WACO, TEXAS

Performance and Performance Plus plans

On September 1, 2016, two new plans – Performance and Performance Plus – will be offered to certain employers and employees in and around Austin and Waco, Texas by Seton Insurance Company. These plans were developed as part of Cigna's joint venture with Seton Health Plan, which was announced in December 2015, and will be administered by QualCare, a Cigna company.

The **Performance** plan provides coverage for customers only when they use participating health care professionals for covered care, except in emergencies. The **Performance Plus** plan offers the added flexibility of providing coverage when customers use non-participating health care professionals for covered care, which will have higher deductibles and coinsurance.

The goal of this unique joint collaboration is to offer integrated health care products designed to help improve access, affordability, and the patient experience in the 13-county area served by Austin-based Seton Healthcare Family and Waco-based Providence Healthcare Network.

Participating health care professionals

Most health care professionals will participate in the network aligned to the Performance or Performance Plus plans under their agreements with Seton. A smaller number will participate under their agreement with Cigna. In June 2016, we informed health care professionals in Bastrop, Bell, Bosque, Burnet, Coryell, Falls, Hays, Hamilton, Hill, Limestone, McClennan, Travis, and Williamson counties of their participation status.

To view your participation status, go to the health care professional directory for the Performance and Performance Plus plans at MySetonInsurance.com.

Plan participants

The new Performance and Performance Plus plans will be available to employers with 51 or more employees served by Seton Healthcare Family and Providence Healthcare Network. The plan participants can benefit from a clinically integrated and cost-effective system of care designed to help improve quality and patient outcomes, reduce duplication of services, and eliminate unnecessary costs.

Emphasizing wellness and prevention, the plans will include a voluntary health assessment to help identify people at risk for chronic conditions and other health issues. Those with chronic conditions will have access to care managers who are able to coordinate their medical care, help them follow the physician's care plan, explain treatment options, refer them to appropriate community resources, and help them improve their skills in managing their conditions.

Performance and Performance Plus ID cards*

The sample ID card below will help you to identify which of your patients have coverage through a Performance or Performance Plus plan.

Front of ID card

Back of ID card
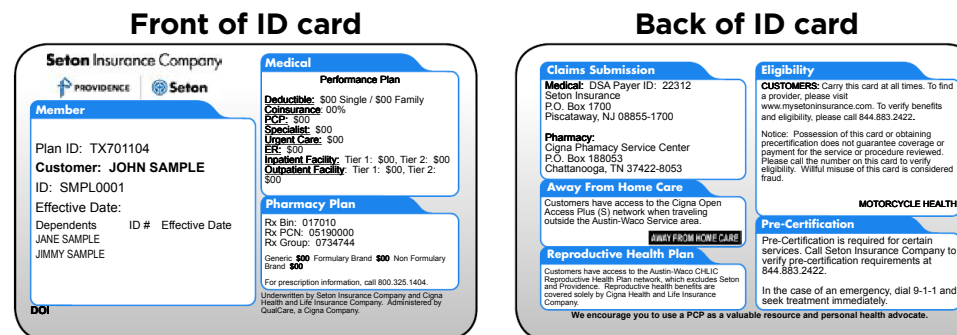
* This card is for illustrative purposes only.

Cigna Reproductive Health supplemental plan

The Seton Insurance Company plans do not include certain reproductive health services, as defined by the Ethical and Religious Directives of the United States Conference of Catholic Bishops. To provide these services, a separate supplement – the Cigna Reproductive Health plan, also administered by QualCare – will be offered by Cigna and included as part of the Seton Insurance Company plans effective September 1, 2016.

Cigna-contracted health care professionals will participate in the network aligned with the Cigna Reproductive Health plan under their agreement with Cigna. In June, we informed these health care professionals of their participation status.

Customers will not have separate ID cards for the Cigna Reproductive Health plan. Claim and service channels will be the same as those for the Performance and Performance Plus plans. Claims coded for certain services will be automatically processed under this plan. Participating health care professionals will receive explanations of payment and claim reimbursements from QualCare.

For more information

Information about the Performance and Performance Plus plans and the Reproductive Health plan will be available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products) in August 2016. If you have questions about your Cigna agreement, please call Cigna Customer Service at **1.800.88Cigna (1.800.882.4462)**.

NEW CALIFORNIA LAW AIMS TO IMPROVE PROVIDER DIRECTORY ACCURACY

On July 1, 2016, California Senate Bill 137 became effective for all health benefit plans. Its purpose is to improve the accuracy of health care professional directories, as well as support future requirements that will become effective next year for content standardization and new search criteria.

The new law requires that all health plan insurers:

› Develop and implement procedures to periodically contact contracted health care professionals to validate the accuracy of their information displayed and to keep this information current

› Display certain fields of information

› Display all contracted health care professionals

New fields next to your name

In August 2016, you will begin to see new information displayed next to your name in the online and printed health care professional directories. These include the National Provider Identifier (NPI) number, California license number(s), an office email address, non-English languages you may speak, and if you have a qualified medical interpreter on staff.

How we will verify your information

In the coming months, we will be contacting you to ask that you review your online directory information and confirm its accuracy.*

How to review your current listing

To check your current listing, and confirm that the information is accurate and up to date, go to Cigna.com > Health Care Professionals > Provider Directory Update and Changes > Provider Directory Changes.

How to update your listing

If your information is not accurate, you can email updates to CA_DirectoryCompliance@Cigna.com. You can also find information on how to submit changes by email, fax, or mail in the Helpful Reminders section of this issue.*

* Changes will be made within 30 business days from when we receive your request.

WORLD OF DIFFERENCE GRANT – EL CENTRO DE CORAZÓN

The Cigna Foundation addresses women's health disparities in Houston's East End

The East End of Houston, Texas, also known as the Ripley Medically Underserved Area, is a neighborhood whose residents are predominately Hispanic, low-income, and uninsured. They suffer from increased rates of diabetes, obesity, high blood pressure, and depression, as well as late entry into prenatal care and a lack of timely immunizations. Further compounding these challenges, medical, dental, and behavioral health care professionals are in short supply.

$100,000 World of Difference grant awarded to El Centro de Corazón

To help improve the health of Latino women living in the East End, the Cigna Foundation awarded a $100,000 World of Difference grant to El Centro de Corazón, a community-based health center. The grant was announced at El Centro's community baby shower in May.

"We're excited to have found a strong partner in El Centro as we work together to improve women's health for underserved women in need of primary care, women's health, dental care, and behavioral

> **"Cigna's commitment to support El Centro's Women's Health Program indicates its recognition of the benefit to deliver high-quality health care in the community to improve maternal and child health outcomes."**
>
> – Marcie Mir, CEO
> El Centro de Corazón

health services," said Mike Koehler, Market President for Cigna in South Texas. "The Cigna Foundation grant will enable El Centro to provide screenings for breast and cervical cancer, screenings and treatment for high blood pressure and diabetes, and prenatal medical services."

According to El Centro, their female patients report one or more barriers to accessing health care. These include not having a personal doctor, relying on emergency rooms for most care, and experiencing difficulties in obtaining medical care, dental care, and prescriptions due to cost or lack of insurance.

"Through our collaboration, El Centro will offer prenatal classes for low-income women, as well as other women's health education, to prevent illness and disease. Together, El Centro and Cigna will help women in the East End community navigate the health system and lead healthier lives," said David Figliuzzi, Executive Director of the Cigna Foundation.

"El Centro de Corazón is appreciative of the opportunity to partner with Cigna to address the health care needs of women in Houston's East End," said Marcie Mir, CEO for El Centro de Corazón.

About the Cigna Foundation

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

About El Centro de Corazón

El Centro de Corazón is a community-based Federally Qualified Health Center (FQHC) that provides comprehensive health care services for Houston's predominantly Hispanic East End. This is one of the poorest areas in the city, with 97 percent of El Centro's patients living at or below 200% of the federal poverty level. Since 2003, El Centro has provided adult and pediatric primary care, women's health care, dental and behavioral health services for more than 250,000 patient visits at its three health centers. To learn more about El Centro de Corazón, please visit ElCentroDecorazon.org/.

TAKING ACTION TO FIGHT THE OPIOID EPIDEMIC

The United States is facing an opioid use crisis. Approximately 2.5 million Americans have a substance use disorder related to opioids and heroin.* In 2014, there were approximately 29,000 drug overdose deaths linked to opioids and heroin in the United States, or about 80 people every day.**

Improving how opioids are prescribed for safer access

Opioids can be used to safely and effectively manage chronic pain. However, it's important to improve the way they are prescribed, and adhere to clinical practice guidelines to help reduce the potential for misuse or overdose from these drugs.

In March 2016, the Centers for Disease Control and Prevention (CDC) issued clinical guidelines with recommendations for prescribing opioid pain medication for patients 18 years of age and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than three months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

The CDC recommends that prescribers:

› Do not use opioids as a first-line or routine therapy for chronic pain

› Establish and measure goals for pain and function with their patients

› Discuss the benefits and risks of opioids, as well as the availability of non-opioid therapies with their patients

› Use immediate-release opioids when starting therapy for chronic pain instead of extended-release/long-acting (ER/LA) opioids

› Do not prescribe ER/LA opioids for acute pain.

› Start with the lowest effective dosage that can be prescribed

› Evaluate factors for opioid-related risks before and during treatment. If the risk outweighs the benefit, reduce or taper, and discontinue use

› Include risk mitigation in their pain management strategy. This may include offering naloxone for patients with risk factors such as a history of overdose or substance use disorder

› Check their state's prescription drug monitoring program for high dosages and multiple prescriptions from other health care professionals

› Use urine drug testing to identify prescribed substances and undisclosed use before starting opioid therapy

› Avoid prescribing opioid pain medication and benzodiazepines concurrently when possible

› Arrange evidence-based treatment in combination with behavioral therapy for patients with opioid use disorder

Cigna medication safety program

Cigna is committed to providing health care professionals and their patients who have Cigna-administered plans with effective programs that approach substance use disorders through early detection. We have a medication safety program that utilizes our integrated pharmacy claims system to monitor potentially harmful opioid prescriptions these patients may be receiving, and notify the prescribing or treating health care professionals, when appropriate.

The program provides a complete view of a patient's medical condition and prescription drug use by checking for:

› Multiple health care professionals prescribing narcotics and other controlled substances

› Multiple pharmacies filling prescriptions for narcotics and other controlled substances

› High prescription fill quantities of any prescribed narcotic

When our systems identify one or more of these situations, the program flags it and sends a medication-use profile to all of the patient's prescribing health care professionals. The profile provides a complete picture of the patient's situation to help determine whether any treatment modification is needed. Health care professionals will also receive instructions on how to refer the patient to behavioral health programs that may be available to them.

Cigna substance abuse specialty care program

Your patients with Cigna-administered plans who have chronic pain or a drug addiction have access to appropriate treatment and ongoing support through our substance abuse specialty care program. Staffed by behavioral health professionals with extensive substance use and addictive disorder training, the program team offers dedicated, one-on-one coaching, support, and education for as long as it's needed. They also answer questions, help arrange services, and provide support to help the whole family. Their goal is to help improve customer engagement for those in substance-related outpatient treatment.

We encourage you to refer patients to safe, timely, effective, and efficient acute detoxification and chronic treatment programs. If you identify a patient who needs treatment for any substance use disorder, please call a Cigna Behavioral Case Manager at **1.800.274.7603**.

Additional information and resources

Additional information and resources, including guidelines for prescribing opioids for chronic pain, are available on the CDC website (CDC.gov > CDC A-Z index > O > Opioid Overdose > Opioid Basics > Understanding the Epidemic).

You can also access resources from the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Pharmacy Resources > Pharmacy Clinical Programs).

› Enhanced Narcotic Therapy Management Program

› Medication Safety Program

* Rodolico, J. NPR, "Anatomy of Addiction: How Heroin and Opioids Hijack the Brain," January 12, 2016.

** Rudd, R.A., et al. Morbidity and Mortality Weekly Report (MMWR), "Increases in Drug and Opioid Overdose Deaths — United States, 2000—2014," January 1, 2016.

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.

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION

WEST REGION

NORTHEAST REGION

SOUTHEAST REGION
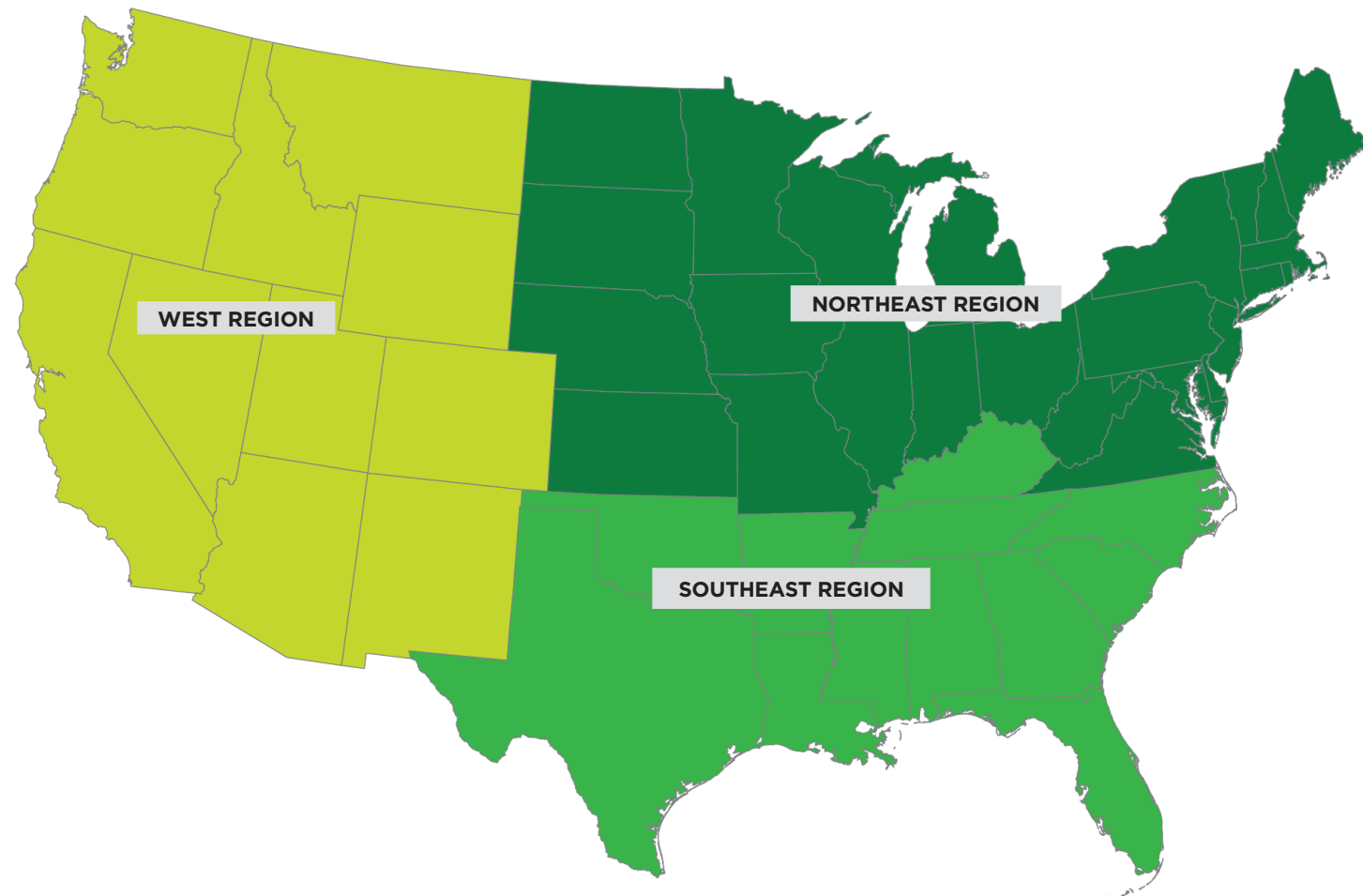
NATIONAL

Nicholas Gettas, MD

Chief Medical Officer, Cigna Regional Accounts   **1.804.240.9935**

Reasons to call your MME

> Ask questions and obtain general information about our clinical policies and programs.

> Ask questions about your specific practice and utilization patterns.

> Report or request assistance with a quality concern involving your patients with Cigna coverage.

> Request or discuss recommendations for improvements or development of our health advocacy, affordability, or cost-transparency programs.

> Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.

> Identify opportunities to enroll your patients in Cigna health advocacy programs.

Cigna

and

Anthem.

Visit BetterHealthCareTogether.com to stay informed about our plans to form a health service company.

2016 QUICK GUIDE TO CIGNA ID CARDS BROCHURE

The updated 2016 Quick Guide to Cigna ID Cards brochure is now available.

New features
Based on health care professionals' feedback and insights, we've made a number of enhancements, such as:

> Layout changes for easier navigation

> More plan information

> Easy-to-find plan details that are helpful for point-of-service interactions

> Inclusion of important contacts

How to access the brochure
You can view or download the ID card brochure at either of these two websites:

> CignaforHCP.com > Resources > Using ID Cards > Cigna ID Card Information

> Cigna.com > Health Care Professionals > ID Card Details

Coming soon
We are developing a digital, interactive ID card tool for Cigna.com that will allow health care professionals to look up ID card types online.

CULTURAL COMPETENCY TRAINING AND RESOURCES

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

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

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

Cigna.com > Health Care Professionals > Resources > Cultural Competency Training and Resources

OR

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

GO GREEN – GO ELECTRONIC

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

› Share, print, and save – electronic communications make it easy to circulate copies
› Access information anytime, anywhere – view the latest updates and time-sensitive information online when you need to

When you register, you will receive some correspondence electronically, such as *Network News*, while certain other communications will still be sent by regular mail.

If you are a registered user, please check the My Profile page to make sure your information is current. If you are not a registered user but would like to begin using the website and receive electronic updates, go to CignaforHCP.com and click "Register Now."

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 required in your contract.

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

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

REFERENCE GUIDES

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

Access the guides

You can access the reference guides by logging in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on Register Now. If you prefer to receive a paper copy or CD-ROM, call **1.877.581.8912** to request one.

HAVE YOU MOVED RECENTLY?
DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our health care professional directory, including your office address, telephone number, and specialty. Go to Cigna.com > Health Care Professionals > Provider Directory Updates and Changes > Provider Directory Changes.

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website (CignaforHCP.com). After you log in, select "Working with Cigna" on your dashboard, and then choose the appropriate update link under Profile Information for Cigna Contracted Health Care Physicians or Cigna Contracted Facilities and Other Health Care Providers. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr.
Hooksett, NH 03106

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

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

URGENT CARE FOR NONEMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

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

For a list of Cigna's participating urgent care centers, view our Health Care Professionals Directory at Cigna.com > Find a Doctor > Select a Directory.

LETTERS TO THE EDITOR

Thank you for reading *Network News*. We hope you find the articles informative, useful, and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to Cigna, Attn: Health Care Professional Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.

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.

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