



Network News

FOURTH QUARTER 2020

For providers



Now including
QualCare information
and updates



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We're committed to keeping you updated on how we are supporting providers and customers. Visit the Cigna for Health Care Professionals website (CignaforHCP.com) for the most current information, including reimbursement, interim virtual care coverage, and other guidelines.

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CIGNA LAUNCHES FIVE-YEAR INITIATIVE TO COMBAT SYSTEMIC RACISM

Cigna firmly denounces racism and discrimination in all forms, and is committed to confronting these issues with intensity, empathy, and accountability. We have launched a five-year initiative to expand and accelerate efforts to support diversity, inclusion, equality, and equity for communities of color. Its key components are described below.

Improve health

There are striking differences in health outcomes in communities with poor social determinants of health, such as unstable housing, low income, unsafe neighborhoods, and education. These disparities disproportionately impact communities of color. As a result, their health outcomes are worse than others.

We are committing to closing these gaps by:

- › **Eliminating barriers to health and improving access to care.** Through the Cigna Foundation, we will continue to make grants to eliminate health barriers and improve access to care. This includes needs such as food insecurity and mental health that we address through our [Healthier Kids For Our Future® program](#).*
- We are also actively engaged with Congress and the Administration to address and eliminate racial and ethnic disparities in health care delivery and outcomes. For more information, see our [2019 corporate responsibility report](#).**

- › **Expanding Cigna’s Health Equity Council.** Since 2008, our team of multidisciplinary leaders has been collaborating on research, testing, and solutions to prevent chronic diseases and improve health outcomes in minority communities. We will further accelerate these efforts to address clinical care, social determinants of health, and health behaviors.

Improve well-being

Racism and bias take a toll on overall well-being. Everyone should feel safe in their environment, and no one should feel the need to confront racism and bias alone. Our actions therefore include:

- › **Standing together.** We have invited our 75,000+ employees to sign a commitment to embody inclusive behavior in their professional and personal lives. We have enabled them to collectively donate 100,000 hours of volunteer time each year for programs related to social justice, health equity, diversity, inclusion, and community outreach.



- › **Creating inclusive environments.** We now require unconscious bias training for all employees, and cultural competency training for all managers. We will continue to advance conversations about systemic racism in America.

Improve peace of mind

Financial health is a key element of peace of mind. Recognizing that racism has a negative economic impact on people of color, we are:

- › **Creating more educational opportunities.** We are partnering with Howard University’s Urban Superintendent Academy to provide funding for people of color to become urban public school superintendents. (See “Cigna supports pipeline of superintendents of color” on [page 36](#) for more information.) We are also furthering Cigna Scholars, a program that assists dependents and grandchildren of Cigna employees who plan to pursue post-secondary or vocational education.

- › **Promoting equity and equality in career advancement.** We are committed to compensating our employees equitably and competitively, regardless of race, gender, age, or sexual orientation, and increasing diversity among our leadership.
- › **Supporting minority businesses.** We are on track to achieve \$1 billion in diverse supplier funding by 2025.

Governance

Accountability is a key foundation of our overall equity and equality initiative. We are establishing a governance process to oversee its elements, while tracking and reporting on progress.

For more information on Cigna’s diversity and inclusion strategy, click [here](#).***

* Cigna.com > About Us > Corporate Responsibility > [Healthier Kids For Our Future program](#).
** Cigna.com > About Us > Corporate Responsibility > [Corporate Responsibility Report](#).
*** Cigna.com > About Us > Corporate Responsibility > Corporate Responsibility Report > Our People > [Diversity and Inclusion](#).



PREVENTIVE CARE SERVICES POLICY UPDATES

On June 1, 2020 and August 1, 2020, updates became effective for Cigna’s Preventive Care Services Administrative Policy A004.

Summary: Preventive care updates effective on June 1, 2020

DESCRIPTION	UPDATE	CODES
Women’s contraception services	Added ICD-10* code to Code Group 4 contraceptives-injection	Z30.013

Summary: Preventive care updates effective on August 1, 2020

DESCRIPTION	UPDATE	CODES
Routine immunizations	Added Current Procedural Terminology (CPT®) codes	90619, 90694

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Review coverage policies > Medical and Administrative A-Z Index > [Preventive Care Services – \(A004\)](#).

* International Classification of Diseases, 10th revision.



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 for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards.

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Minimally Invasive Spine Surgery Procedures and Trigger Point Injections (0139)	Trigger point injection therapy involves the injection of an anesthetic or steroid into a painful area of muscle. It is used for short-term treatment of chronic back, neck, or myofascial pain.	We will deny coverage for more than 10 trigger point injections in a rolling 12-month period as not medically necessary. This update aligns with our current Minimally Invasive Spine Surgery Procedures and Trigger Point Injections (0139) medical coverage policy.	November 15, 2020 for dates of service on or after this date.
Omnibus Reimbursement (R24)	Pulse oximetry is a quick, painless noninvasive test. A sensor is placed on the earlobe, toe, or finger to measure oxygen level or oxygen saturation in the blood. It is a routine service that can be performed by clinical or non-clinical staff.	We will deny separate reimbursement for pulse oximetry services when billed alone or with additional codes. The affected Current Procedural Terminology (CPT®) codes 94760, 94761, and 94762 are considered incidental to the primary service(s) provided. A modifier will not override the denial. This update will not affect claims with Place of Service 12 (Home).	November 15, 2020 for claims processed on or after this date.
Duplex Scan to Evaluate for Carotid Artery Stenosis (0542)	A duplex scan, or ultrasound, is a noninvasive evaluation of blood flow through the arteries and veins. It provides information to a vascular surgeon to make a sound diagnosis and outline a treatment plan. It is a scan done on one side of the neck rather than on both sides (bilateral).	We will deny coverage for CPT code 93882 for unilateral duplex scans when medical necessity criteria are not met.	November 16, 2020 for dates of service on or after this date.

Continued on next page

* Please note that the planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](https://cignaforhcp.com).



Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Nutritional Support (0136)	Nutritional support can involve oral, enteral, or parenteral nutritional supplements, and may be necessary for some individuals to maintain adequate nutrition.	<p>We will update our systems to ensure that claims submitted for nutritional support services will be administered consistently across all Cigna claim platforms.</p> <p>This update aligns with our current Nutritional Support (0136) medical coverage policy.</p>	February 15, 2021 for dates of service on or after this date.

Additional information

Coverage policies

To view our coverage policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > [Review Coverage Policies](#).

Modifier and reimbursement policies

To view our reimbursement policies, log in to [CignaforHCP.com](#). Go to Resources > Reimbursement and Payment Policies > Modifier and Reimbursement Policies. If you are not registered for the website, go to [CignaforHCP.com](#) and click [Register](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.



PRECERTIFICATION UPDATES

To help ensure that we are administering benefits properly, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we have updated our precertification list.

Codes added to the precertification list in October 2020

On October 1, 2020, we added seven new Current Procedural Terminology (CPT®) codes and 19 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in October 2020

On September 11, 2020, we removed 52 existing CPT codes and three existing HCPCS codes from the precertification list that no longer require precertification.

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, go to [CignaforHCP.com](#) and click [Register](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **800.88Cigna (882.4462)**.



REGISTER TO RECEIVE INSTAMED PATIENT PAYMENTS

Your patients with Cigna-administered plans can now choose to pay you for their out-of-pocket expenses through [myCigna.com](https://mycigna.com), our customer website. We recently integrated the health care bill payment capabilities of InstaMed, a J.P. Morgan company, with [myCigna.com](https://mycigna.com) to implement this enhanced service. *Please note: This does not affect payments you receive directly from Cigna.*

How you receive patient payments

If you are registered for an InstaMed Healthcare Payments Account, you will receive the payments via electronic funds transfer (EFT) directly into your bank account. Otherwise, you will receive the payments via a virtual card, which allows you to deposit the payment directly into your bank account using your on-site point-of-sale device.

Benefits to you

When your patients pay you via myCigna.com,
you can:

- Receive quicker payments.
- Access detailed reporting.
- Reduce administrative time and costs – no need to mail a bill or make a phone call.

How it works

As soon we process and pay your claim, we calculate the patient responsibility. Your patient can see this information after logging in to their customer account on myCigna.com, where there is also an option to pay what they owe you. When your patient chooses this option, you'll either receive the payment via your InstaMed Healthcare Payments Account or a virtual card.

How to register with InstaMed

If you haven't already registered for an InstaMed Healthcare Payments Account, visit InstaMed.com/go-electronic or call InstaMed at **866.945.7990**.

HOW TO REQUEST FEE SCHEDULES ONLINE

It's easy to request fee schedules when you're a registered user of the Cigna for Health Care Professionals website (CignaforHCP.com) and have access to one of the following entitlements: Claim Status Inquiry or Enroll and Manage EFT.

You can request fee schedules for:

- › Up to 25 individual codes.
- › A range of codes, by specialty, that you can narrow to a specific type of service, such as evaluation and management, pathology, or radiology.

One common reason providers use this tool is to access quarterly injectable fee changes.

To access your fee schedule, log in to CignaforHCP.com > Working with Cigna > Request a fee schedule. You will receive the requested fee schedule information to your secure inbox located on CignaforHCP.com within 10 calendar days.

Request A Fee Schedule

If you are requesting your fee schedule for a particular billing code, complete the required fields, then submit the form. Unless otherwise specified, the information you receive will reflect the fee schedule in effect on the date the response is emailed to you.

Your Information

Name: Anthony Oliveira | **Phone:** 6177248920 | **Email:** aoliveira@partners.org

i Are your phone number and email correct? If not, please update them on your [Settings and Preferences page](#).

Provider Information

Select Tax Identification Number (TIN)

Select a TIN ▼

Servicing Provider Name

Servicing Provider ZIP Code

Procedure/Service Information

Date of Service (MM/DD/YYYY)

Plan

Select ▼

Location

Select ▼

Are you looking for

☒ A range of codes ☐ An individual code

Provider's Speciality

Medicine ▼

Type Of Service

☐ Evaluation and Management

☐ Injectables

☐ Pathology

☐ Radiology

☐ All

Submit



VIEW YOUR PATIENTS' BENEFITS BY PROCEDURE CODE

We've heard your feedback and are working hard to make it easier for you to verify your patients' benefits. We have started to roll out a new feature on the Cigna for Health Care Professionals website (CignaforHCP.com) that enables providers to view their patient's benefit information for certain procedure codes.

How it works

Log in to CignaforHCP.com and perform a patient search. After locating your patient from the Patient Detail Screen, click Lookup Procedure Codes. Then, enter the procedure code or search by description. You may be prompted to include the diagnosis code and/or the place of service. You may enter up to 10 procedure codes in a search. Click See Benefit Preview, and the benefit information for those specific codes will display for that patient.

A phased-in approach

We are in the process of rolling out this feature to a small number of medical providers rendering the types of care listed below.

- › Anesthesia
- › Audiology
- › Chiropractic care
- › Occupational, physical, and speech therapies
- › Physician visits
- › Preoperative lab work
- › Surgical

As part of this enhanced feature, you will have a refreshed view that allows you to quickly determine if patients have met their deductible and out-of-pocket costs, or have any plan limitations.

Coming soon

We will continue to expand this feature, in phases, to additional provider types after we evaluate and vet its performance for the initial user groups. We will notify you via email and future *Network News* articles when you will have access to this feature.



ONLINE CLAIM RECONSIDERATION REQUESTS

The ability to submit claim reconsideration requests via the Cigna for Health Care Professionals website (CignaforHCP.com) is coming soon. This is an enhancement you’ve been asking for and we’ve been working hard to provide you with an easy-to-use tool.

Why online claim reconsideration?

- › Avoid having to call Customer Service for simple claim adjustments.
- › Save time – no need to mail or fax.
- › Use the notes section to explain your request.
- › Use the upload feature to attach supporting documentation.
- › Be confident your request was received.
- › View the status of the reconsideration request.

How to use the new feature

Log in to CignaforHCP.com. Conduct a claim search and select the claim to review the details. Click “Start a Reconsideration” at the top of the page and follow the steps.

To use this feature, you need to be a registered user of CignaforHCP.com, have the ability to view claims, and have access to “reconsiderations.” Ask your practice’s website access manager for these entitlements if you need them.

To register for the website, go to CignaforHCP.com > [Register](#).

Be on the lookout for an email announcing the new online capability.

ONLINE CLAIM APPEALS COMING SOON

We are enhancing the claim reconsideration feature on the Cigna for Health Care Professionals website (CignaforHCP.com) to include the ability for you to submit claim appeals, appeal precertification decisions, and check the status of your appeal online.

Why submit appeals online?

- › Save time – no need to mail or fax the appeal.
- › Use the notes section to explain your request, or upload your written request and attach supporting documentation.
- › Be confident your request was received.
- › Avoid having to call Customer Service to check the status of your appeal.

To use this feature, you will need to be a registered user of CignaforHCP.com and have the appropriate access. Watch for updates on when this enhanced functionality will become available.



WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS



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 eligibility and benefit inquiries, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. There is also a special training session for website access managers. The tools and information you’ll learn about will benefit you and your patients with Cigna coverage.

Preregistration is required for each webinar
(Please take note of the time zones for each session.)

- 1. On the chart to the right, click the date of the webinar you’d like to attend.
- 2. Enter the requested information and click Register.
- 3. You’ll receive a confirmation email with the meeting details, and links to join the webinar session and to add the meeting to your calendar.

Three ways to join the audio portion of the webinar:

Option 1 – When you link to the webinar, “Call me” will appear in a window. If you have a direct outside phone line, you can click this option. You’ll receive a phone call linking you to the audio portion.

Option 2 – Call **866.205.5379**. When prompted, enter the corresponding Meeting Number shown on the right. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

Questions?

Email: ProviderDigitalSolutions@Cigna.com

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, November 4, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	129 176 2226
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, November 11, 2020	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	129 470 1698
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, November 18, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	129 897 2151
Online Claim Reconsideration	Thursday, November 19, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	60 min	129 319 7768
Website Access Manager Training	Tuesday, November 24, 2020	10:00 AM/9:00 AM/8:00 AM/7:00 AM	60 min	129 297 9714
CignaforHCP.com Overview	Tuesday, December 1, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	90 min	129 304 2510
Eligibility & Benefits/Cigna Cost of Care Estimator	Thursday, December 10, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	129 666 2102
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, December 16, 2020	10:30 AM/9:30 AM/8:30 AM/7:30 AM	60 min	129 682 5433
Online Claim Reconsideration	Thursday, December 17, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	129 859 8290
Website Access Manager Training	Wednesday, December 30, 2020	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	129 305 4715



STAYING CONNECTED WITH YOUR PATIENTS THROUGH VIRTUAL CARE

As your patients seek more convenient and safe options to obtain health care, they have expressed a growing interest in virtual care (i.e., telehealth). This is an option that can give them greater access to and connection with their provider.

Virtual Care Reimbursement Policy (R31) effective January 1

To help providers attract and retain patients, reduce access barriers, and contribute to their ability to provide the right care at the right time, we will implement a new Virtual Care Reimbursement Policy on January 1, 2021.*

This policy will ensure you continue receiving ongoing reimbursement for virtual care provided to your patients with Cigna-administered coverage.

Virtual services reimbursed

Our policy allows for reimbursement of a variety of services typically performed in an office setting, but that are also appropriate to perform virtually. They include routine appointments, general wellness visits, new patient exams, and behavioral assessments. Whether you're seeing a new patient or performing a routine check-up with an established patient to renew a prescription, you can receive reimbursement for your patients with Cigna coverage.

Common codes included in our policy

DESCRIPTION	CODES
Outpatient	99202-99215
Physical and occupational therapy	97161-97168
Telephone only	99441-99443
Annual wellness visit	G0438-G0439

For a complete list of covered services, please refer to the Virtual Care Reimbursement Policy (R31) by visiting CignaforHCP.com/virtualcare.

Billing and reimbursement requirements

For services included in our Virtual Care Reimbursement Policy (R31), a number of general requirements must be met for Cigna to consider reimbursement for a virtual care visit. When all requirements are met, services will be reimbursed consistent with face-to-face rates to help ensure providers continue receiving fair reimbursement.**



Billing requirements

- › Be sure services are on the list of eligible codes in our Virtual Care Reimbursement Policy (R31).
- › Submit claims on Form CMS-1500 or the electronic equivalent.
- › Append modifier 95, GT, or GQ to the virtual care code(s).
- › Bill a typical place of service (e.g., POS 11) to receive the same reimbursement as for a face-to-face visit. **Billing POS 02 for virtual services may result in reduced payment or denied claims.**
- › Be sure that services are interactive, and use both audio and video Internet-based technologies (i.e., synchronous communication), except for the noted phone-only codes.***

- › Do not submit claims for “store and forward communications” (e.g., email or fax communications), as they are not reimbursable.

For a complete list of the billing requirements, review the Virtual Care Reimbursement Policy (R31) at CignaforHCP.com/virtualcare.

Additional information

Please visit CignaforHCP.com/virtualcare, contact your provider representative, or call Cigna Customer Service at **800.88Cigna (800.882.6642)**.

BILLING EXAMPLE

Service performed	Office or other outpatient visit for the evaluation and management of a new patient.
Current Procedural Terminology (CPT®) code billed	99202
Modifier appended to billed code	95, GT, or GQ
Place of service billed	11
Technology used	Audio and video
Reimbursement received (if covered)	100 percent of face-to-face rate
Customer cost share	Applies consistent with face-to-face visit

* Please note that our [interim COVID-19 virtual care guidelines](#) remain in place until December 31, 2020. If it is necessary to extend the interim coverage without change based on an extended public health emergency period, our new Virtual Care Reimbursement Policy may be implemented at a later date, and we will update you as needed. We are committed to ensuring continued access to virtual care for you and your patients with Cigna coverage.

** State and federal mandates, as well as customer benefit plan design, may supersede this guidance.

*** All synchronous technology used must be secure and meet or exceed federal and state privacy requirements.



EMPATHIZING MAY BE KEY TO IMPROVING YOUR PATIENTS’ HEALTH

This article was written by Douglas Roland Smith, MD, MBA, Market Medical Executive, Cigna. We welcome article submissions from providers. Please email NetworkNewsEditor@Cigna.com.

In these tense and stressful times, it’s more critical than ever to establish personal connections with patients. This can help you to identify and acknowledge unmet social needs, also known as social determinants of health. When these needs are not met, they can negatively impact your patients’ overall quality of life, and the ability to manage their health and adhere to treatment plans.

Asking questions can build connections

It may seem daunting to ask patients questions about their financial burdens, access to food, transportation needs, feelings of loneliness, and other social determinants of health.

But, there is good news: Validated, researched-based questions are already available on the American Academy of Family Physicians website ([AAFP.org](https://www.aafp.org)) > Family Physician > Patient Care: EveryONE Project > EveryONE Project Toolkit > Assessment and Action: Social Needs Screening Tools > [Social Needs Screening Tool](#).

What if I ask about a social need and cannot address it?

This is a valid concern. Again, there is good news. In most communities, free resources are available that you can refer your patients to quickly and easily. Go to [AAFP.org](https://www.aafp.org) > Family Physician > Patient Care: EveryONE Project > [Neighborhood Navigator](#).

Empathy = personal connection = improved adherence

When you ask, truly listen, and empathize with patients about their social needs, it will help you to establish personal connections with them. This can lead to more transparent patient encounters and improved adherence to treatment plans. Most patients don’t expect you to solve their unmet social needs, but will be thankful you asked, listened, and validated their experiences.

“ Could a greater miracle take place than for us to look through each other’s eyes for an instant? ”
— Henry David Thoreau



EMPATHY: MY PERSONAL JOURNEY
by Douglas Roland Smith, MD, MBA, Market Medical Executive, Cigna

White bows lined the street.

They were tied to any object that would make their presence prominent and visible. Our hope was that the bows would, in some way, lighten our friends’ burden of grief. Their 18-year-old son had suddenly and unexpectedly died. Any combination of words we could say felt so insignificant.

As my wife went door to door asking neighbors’ permission to tie bows to their trees, mailboxes, and bushes, conversations naturally developed. Without fail, on learning the purpose of the bows, many wanted to be part of the compassionate gesture. One elderly woman broke down in tears. Her own husband died a year ago and she lived alone in a city far from family in Armenia. Her loneliness was poignant.

This experience helped me to realize that people of all walks of life may quietly carry hidden burdens, which may not be apparent unless I make a personal connection with them. Once I know their struggles and put myself in their shoes, it’s easier for me to empathize with and help them.

At times empathy can be hard to muster. When covering late nights in the emergency room, I have just a few moments to help the stranger in front of me. I’m naturally inclined to like some people, while others seem to search for ways to be disliked. The only way I know how to do my best for all of them is to empathize with each individual’s situation. This requires true listening. Compassion then moves me to the most helpful action.



CIGNA RESILIENCE INDEX: 2020 U.S. REPORT

Research shows that resilience is closely linked to mental and physical health, stress, anxiety, self-worth, self-esteem, sense of belonging, academic and professional achievement, and several other factors that play a role in whole person health.

Cigna is here to help you take a well-rounded approach to improving emotional wellness – for you and for your patients.

To further our mission of building healthier communities, we commissioned the Cigna Resilience Index, in partnership with Michael Ungar, PhD, Professor of Social Work at Dalhousie University and Director of the Resilience Research Centre. Through this work, Cigna has led the largest study into the state of resilience in America.

This new survey shows that resilience is at risk for three in five Americans, and reveals a significant connection between low resilience, productivity in the workplace, and overall health. The survey also shows that building and practicing resilience from a young age greatly influences overall health and well-being through adulthood.

From these insights, **we have created a new framework to help people G.R.O.W. in the face of challenges and become more resilient.**



- G – Ground yourself in the situation.** Write down your ideal outcome.
- R – Recognize what you can control.** Commit to one thing you can tackle today.
- O – Organize the resources you need.** Visit [CignaResilience.com](#) to access expert resources.
- W – Work with your community for support.** Remember that asking for help is a sign of strength.

To learn more about the 2020 Cigna Resiliency Index and GROW FORTH: A Cigna Approach to Building Greater Resilience, please visit [CignaResilience.com](#).

For resources to complement your patient conversations on behavioral health, visit our dedicated Mind-Body website for providers at [Cigna.com/connections](#).

continued

RESOURCES YOU’LL FIND AT CIGNARESILIENCE.COM

BUILDING GREATER RESILIENCE IN AMERICA



The *Cigna Resilience Index* reveals that resilience – or our ability to quickly recover from challenges – is at risk in three in five Americans, and finds that there are simple ways to build resilience.

[Learn about the key drivers of resilience](#)

HOW RESILIENT ARE YOU?



This questionnaire from Cigna measures how resilient you are today and offers advice to help you and your patients build resilience for tomorrow.

[Take the questionnaire now](#)

HOW TO BUILD RESILIENCE: GROW FORTH



Based on study findings, *GROW FORTH: A Cigna Approach to Building Greater Resilience* offers a new framework to help you and your patients G.R.O.W. in the face of challenges through four simple steps.

[Learn how to build your resilience](#)

CIGNA RESILIENCE INDEX: 2020 U.S. REPORT



This in-depth report of the *Cigna Resilience Index*, the largest U.S. survey of resilience, examines the ability of students, their parents and working adults to recover from challenges.

[Learn more about the impacts of low resilience and ways to build resilience](#)

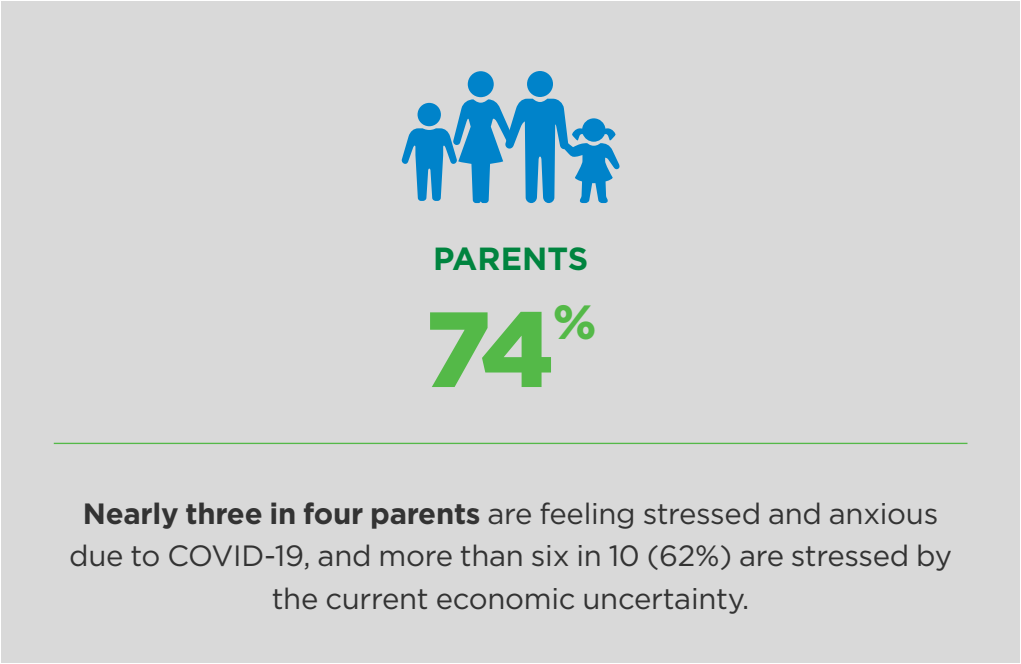
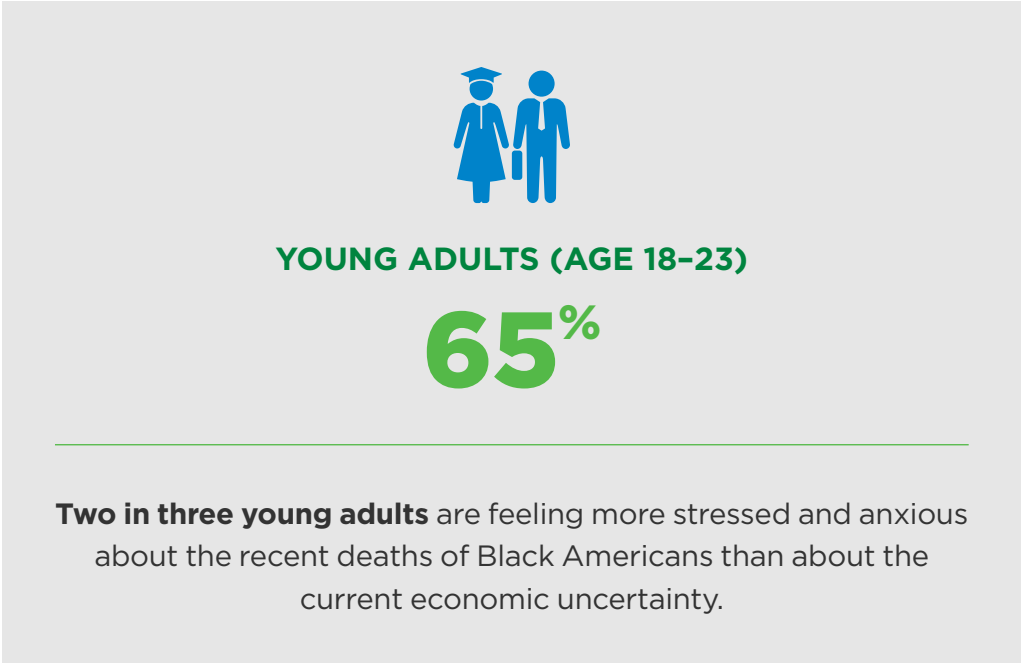
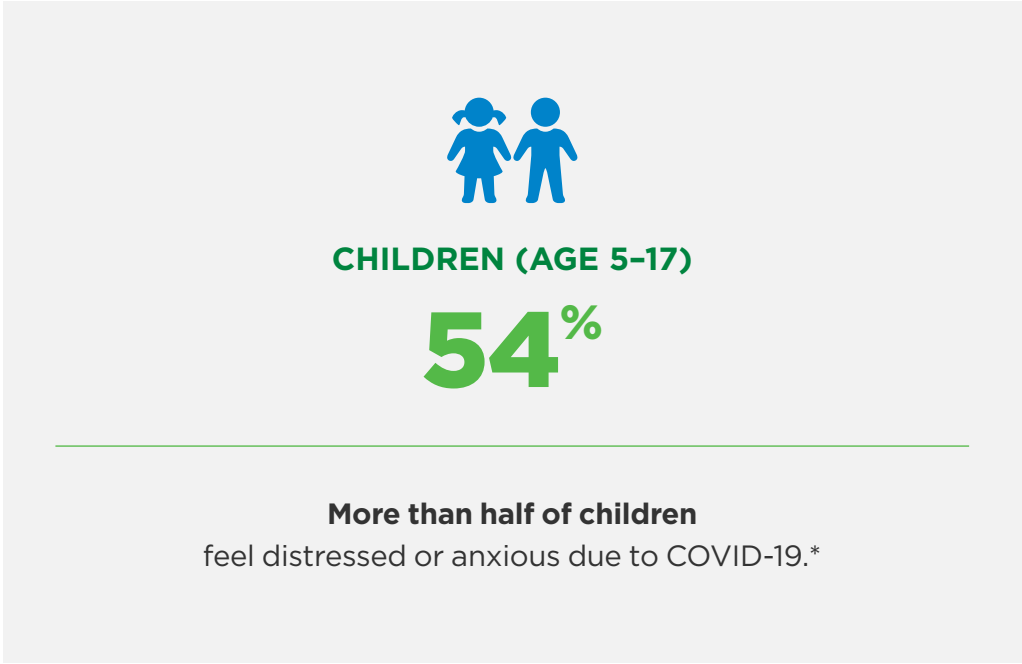


Cigna Resilience Index: 2020 U.S. Report *continued*

RESILIENCE IS AT RISK FOR THE MAJORITY OF AMERICANS SURVEYED



TODAY, AMERICANS ARE NATURALLY FEELING THE IMPACT OF MAJOR STRESSORS SUCH AS COVID-19, THE ECONOMIC DOWNTURN, INCREASED DIVISIVENESS, AND AWARENESS OF SYSTEMIC RACISM.



* Parent-reported statistic.

EDUCATING YOUR PATIENTS ABOUT GUN SAFETY

You play a central role in helping to educate families about some of the added dangers they may face as children continue to stay close to home during the pandemic. For some conversations – such as those between a pediatrician and a parent – proper gun storage and safety tips may be appropriate and timely. Cigna is proud to support the American Academy of Pediatrics (AAP) [campaign to promote gun safety](#) in the home. This campaign encourages conversations among parents, as well as between providers and their patients, about properly securing guns to help prevent injury.

To help support provider-parent conversations, the AAP has released a number of tips, such as those listed below.

- › Store the gun unloaded and locked, with the ammunition securely locked in a separate place. This can greatly reduce the risk of a child being injured or killed by the gun.
- › Choose a gun storage system that fits the home. A wide variety of gun safes and gun safety devices are available, including inexpensive gun locks, trigger locks, and lock boxes.
- › Before bringing children into the home, such as a new baby or children coming for a short stay, include safe gun storage as part of the home safety sweep. In addition to putting away medicines and poisons, covering outlets, and stabilizing furniture, parents should lock up firearms.

For additional information about the AAP’s campaign to promote gun safety, and more tips, videos, public service announcements, infographics, and materials to support your patient education efforts, visit the AAP website ([AAP.org](#)) > About the AAP: News Room > Campaigns & Toolkits > [Gun Safety](#).

DID YOU KNOW?

A recent study published by the AAP found that parents erroneously believed their child:

- › Did not know where their gun was stored (39 percent)
- › Never handled a gun (22 percent)



CIGNA GENE THERAPY PROGRAM

Important medical advances in gene therapy are being introduced for the treatment of genetic disorders and acquired diseases. The U.S. Food and Drug Administration is expected to approve more than 20 gene and cell therapies in the next three to four years.

To manage quality and affordability of these emerging therapies, we introduced the Cigna Gene Therapy Program earlier this year. The program directs customers to qualified participating providers.*

Gene therapy coverage

A customer’s benefit plan will govern coverage of gene therapy products and administrative services. There are specific providers within the Cigna network who are contracted to administer gene therapy treatments to customers with this benefit when medically necessary.

Providers in the program

We are pleased to announce the additional providers listed below have contracted to participate in the Cigna Gene Therapy Program.

Florida	UF Health Shands Hospital, Gainesville
New York	Children’s Hospital at Montefiore, Bronx
Ohio	Children’s Hospital Medical Center of Akron, Akron, and Cincinnati Children’s Hospital Medical Center, Cincinnati
Pennsylvania	Scheie Eye Institute Penn Presbyterian, Philadelphia

To access the complete list of participating providers,* log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reimbursement and Payment Policies > Precertification Policies > Cigna Gene Therapy Program for Participating Providers.

Additional information

The Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers includes additional information on gene therapy and the Cigna Gene Therapy Program. To access this guide, log in to [CignaforHCP.com](#) > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides.

If you have questions about the Cigna Gene Therapy Program, contact your Cigna Contracting representative.

* Participating provider refers to providers who have amended their contracts to participate in the Cigna Gene Therapy Program.



CIGNA’S FLU SHOT CAMPAIGN

In a health care delivery system already strained by the COVID-19 pandemic, many in the medical community are concerned about the potential for a flu pandemic during this flu season. Like you, we share this concern. That’s why we are supporting your expert medical advice by promoting widespread flu vaccinations to our customers.

About the campaign

Earlier this month, we launched a multipronged educational campaign reminding customers about the importance of getting a flu shot this year, as well as when, where, and how to obtain it. Our materials highlight how getting vaccinated protects them, their families, and their community from a major flu outbreak, and dispels myths and fears about the shots.

The campaign includes:

- › An **email** encouraging immunization for anyone age six months and older, emphasizing the benefit of preventing or reducing the severity or symptoms of the flu.
- › A **reminder email** in early December to those who haven’t obtained a flu shot yet, advising them that it’s not too late to get one.
- › A **social media campaign**, ongoing messaging on myCigna.com, and vaccination reminders enclosed with home delivery maintenance medications.
- › A **flu shot toolkit** for employer groups that contains customizable education materials they can use to encourage employees and their families to get vaccinated.

Additional outreach

We will continue to monitor vaccination rates throughout the season, and make additional outreaches to higher-risk individuals and underserved populations, as needed, to encourage them to get flu shots.



COVID-19 RESOURCES

We appreciate that providers are on the front line helping to protect local communities and offering dedicated care to our customers affected by the coronavirus disease 2019 (COVID-19) pandemic.

For quick access to COVID-19 resources, including interim billing guidance for Qual-Lynx workers' compensation virtual care, visit the QualCare website ([QualCareInc.com](https://www.qualcareinc.com)). We encourage you to check this website regularly to keep up to date with changing information.



WORKERS' COMPENSATION, HMO, AND PPO PLANS IN FOCUS

QualCare remains focused on workers' compensation, health maintenance organization (HMO), and preferred provider organization (PPO) plans.

Our **workers' compensation** footprint in New Jersey is growing as we continue to add new employer groups that seek high-quality, cost-effective medical treatment, as well as efficient claims handling, to meet their employees' workers' compensation needs.

Qual-Lynx is a certified workers' compensation managed care organization that provides a full suite of managed care and third-party claims administration services to payers, public entities, stand-alone municipalities, and other self-insured entities. Its professional team of nurse case managers and claims adjusters direct customers

who need medical treatment under workers' compensation plans to QualCare provider partners.

Our **HMO and PPO networks** will continue to be active for your patients who access them through Oscar, Humana, and EmblemHealth. They serve numerous employer groups in the New Jersey area, including several large ones.

If you have questions about the QualCare provider network, please call QualCare Provider Services at **800.992.6613**.

ASO PLAN REMINDER

Effective for dates of service January 1, 2020 and beyond, QualCare is no longer offering administrative services only (ASO) plans.



CHANGE HEALTHCARE BILLING AND CLAIMS PROCESSING REQUIREMENT

As a reminder, QualCare network-participating providers in New Jersey who submit more than 24 workers' compensation claims per calendar month must submit them electronically through Change Healthcare using payer ID 83867. This requirement has been in place since November 2019.

To expedite processing and payment of your claims, use either the:

- › Claim number listed on the Qual-Lynx Duty Determination Form, or
- › Authorization number given by the claim adjuster or nurse case manager when scheduling the patient's initial visit.

You must also submit medical notes within 48 hours of the visit.



CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2021*

Effective January 1, 2021, we will make changes to our commercial, Individual & Family Plan, and Cigna Total Savings drug formularies to help ensure our customers have access to affordable and quality health care. These updates focus on removing egregiously priced drugs, and promoting generic and over-the-counter drugs as well as therapeutic alternatives.

By making these updates, we have the opportunity to:

- › Lower overall claim costs.
- › Improve medication adherence.
- › Promote viable alternatives through a utilization management strategy.

What this means to you and your patients with Cigna coverage

In September 2020, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning January 1, 2021, customers who continue filling prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically appropriate alternative medications before this date.

Additional information

To obtain a list of the affected drugs, or to search for alternative medications for your patients, please refer to the resources listed below.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription Drug List changes for 2021	The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare customers.	Go to CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna's Prescription Drug Lists: View Documents .
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for patients with Cigna-administered coverage, and view their estimated out-of-pocket costs based on their benefit plan.	Log in to CignaforHCP.com. Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>

* For Texas- and Louisiana-insured customers, the effective date may be deferred until the plan renew date, as required by state law.



MEDICAL ONCOLOGY CLINICAL DECISION SUPPORT ENHANCEMENT

In September 2020, eviCore healthcare (eviCore), a Cigna company, enhanced its ability to assist oncology providers in choosing the best evidence-based treatment regimen for their patients with Cigna-administered coverage. eviCore provides utilization management services for medical oncology prior authorization requests for Cigna customers.

How the enhancement helps providers

For each treatment regimen, eviCore's clinical decision support information now displays febrile neutropenia risk and emetic risk. Oncology providers can view this information during the prior authorization process on the eviCore website ([eviCore.com](https://www.evicore.com)).

“The addition of these data points will assist busy oncologists in choosing the optimal treatment regimen for their patients. We are committed to improving the value of our Clinical Decision Support solution and this step is the latest example in a series of upcoming enhancements.”

— Dr. Stephen Hamilton
Chief of Medical Oncology
eviCore healthcare

Additional enhancements coming soon

In the coming months, we will share information about additional enhancements eviCore is making to enrich providers' experience with its medical oncology solution.



ONCOLOGY CLINICAL PATHWAY PROGRAM

On January 1, 2021, Cigna will launch an oncology clinical pathway program to promote the use of clinically appropriate, safe, and cost-effective therapies to improve patient outcomes.

This program is intended to improve quality and value in cancer care by providing treating oncologists with evidence-based data to assist them in selecting chemotherapy regimens that represent the highest value for their patients with Cigna-administered coverage.

Its regimens are selected based on clinical efficacy, safety, quality, and consistency of evidence, as well as affordability, if appropriate. The program will use a value assessment model that incorporates value frameworks established by the American Society of Clinical Oncology, National Comprehensive Cancer Network® (NCCN), and European Society for Medical Oncology to help ensure pathway regimens reflect the highest value cancer therapies. The use of multiple value frameworks has the potential to improve the patient's quality of life, reduce out-of-pocket costs, and optimize treatment outcomes.

How the program will work

The oncology clinical pathway program will be available for specific cancer types and stages, and will be updated based on new clinical evidence, new U.S. Food and Drug Administration (FDA) approvals, or expanded FDA indications.

The oncology clinical pathway regimens will be highlighted during the prior authorization process on the eviCore healthcare (eviCore) website ([eviCore.com](https://www.evicore.com)). Providers who request one of Cigna's pathway program regimens will receive immediate approval of the treatment plan.

If a provider requests a regimen that isn't part of Cigna's pathway program, a prompt will appear and the provider will have the opportunity to select a pathway program regimen. If the provider proceeds with a nonpathway regimen, he or she can provide supporting clinical information. An eviCore medical oncologist may contact the provider to discuss the patient's condition and potential benefits of a high-value pathway regimen, if applicable. However, any regimen approved by the FDA or given a category 1, 2A, or 2B recommendation by the NCCN Clinical Practice Guidelines in Oncology will be authorized in accordance with our Oncology Medications coverage policy.

The oncology clinical pathway program will not apply to all clinical scenarios and is not a substitute for the experience and judgment of the treating provider. The treatment decision remains the responsibility of the treating oncologist.

View the coverage policy

You can access the Oncology Medications policy by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Review coverage policies: information on Cigna standard health coverage plan provisions > Pharmacy (Drugs & Biologics) A-Z Index: View Documents > [Oncology Medications - \(1403\)](#).

Additional information

For more information about this program, please contact your Medical Market Executive.



ACCREDITO'S DIGITAL TOOLS HELP YOUR PATIENTS MANAGE MEDICATIONS

Accredo, a Cigna specialty pharmacy, provides your patients with simple, convenient digital tools and easy access to personalized clinical support. Accredo's goal is to help patients manage their medications how and when they want.

Accredo.com and Accredo app

The Accredo website ([Accredo.com](#)) and the mobile app were designed with your patients in mind. They offer the ability to:

- › View order status and history.
- › Refill medications.¹
- › Make payments.
- › Create dose reminders (mobile app).
- › Research condition-specific information (website).

Your patients may also enroll in Accredo's texting programs to receive refill reminders, receive order and shipment notifications, and order refills.¹ They can enroll at [Accredo.com](#) or when speaking to an Accredo representative.

Did you know?

- › Patients who use digital tools have 12-point higher satisfaction scores than those who do not use them.²
- › Patients who use [Accredo.com](#) and the mobile app are six percent more adherent than those who do not use them.³

“ All of our digital enhancements are patient focused and designed to make it easy for them to interact with our high-touch care model – whenever and wherever they need. ”

— Rachel
Specialty-Trained Pharmacist
Accredo



WHAT PATIENTS HAVE TO SAY ABOUT THE ACCREDO APP⁴

“ This app makes it easy to order refills and I really like the reminder feature. I have missed doses in the past, but with this feature I received a text to remind me to take my meds and have not missed any more doses. ”

— Accredo app user

“ Ordering through the Accredo app is fast, easy, and I can do it at any time of the day or night! It's accurate and my supplies comes in time for my next dosing. Thank you Accredo! ”

— Accredo app user

1. Some specialty medications are not eligible for online or text refills.
2. Accredo Net Promoter Score data, December 2019.
3. Accredo book-of-business data for subset of patients taking medication for rheumatoid arthritis or other inflammatory conditions, 2019.
4. Testimonials from the App Store.



TRANSITION TO EXPRESS SCRIPTS PHARMACY: REMINDER

When your patients with Cigna-administered coverage transition to Express Scripts Pharmacy, a Cigna company, the home delivery prescription fulfillment and prior authorization process will change.

What this means for you

Electronic prior authorization (ePA)

For your patients who have transitioned to Express Scripts Pharmacy, you can request prior authorization through your electronic health record (EHR) or electronic medical record (EMR) system, or through one of the ePA vendors listed below.

EPA VENDOR	EHR/EMR AVAILABILITY	WEBSITE AVAILABILITY	QUESTIONS
CoverMyMeds®	Yes	Yes, go to CoverMyMeds.com/ePA/Cigna .	Call CoverMyMeds at 866.452.5017 .
Surescripts®	Yes	No	Call Surescripts at 866.797.3239 .

Communications

For these patients, you may receive communications that include the Express Scripts name. You may also notice a change in the way you receive such communications. For example, messages will be sent to you via your EMR, or by letter or fax.

For now, please continue to send prescriptions to Cigna Home Delivery Pharmacy, unless a patient specifically asks that you send them to Express Scripts Pharmacy. We will notify you when you can begin sending all home delivery prescriptions to Express Scripts Pharmacy.

What this means for your patients

Patients who have transitioned to Express Scripts Pharmacy will see the Express Scripts name on bottles, packaging, and related correspondence. They may also notice a change in the shape, size, and/or color of their medication.

Questions?

If you have any questions about this transition, please call Cigna Customer Service at **800.88Cigna (882.4462)**.



2021 CIGNA MEDICARE PLAN HIGHLIGHTS

New benefits to meet patient needs

2021 will bring new benefits and services for Cigna Medicare patients, with more comprehensive coverage, affordable and predictable out-of-pocket costs, and extended health benefits – to help your patients access the care they need, when they need it.

More flexibility and stability to get patients healthier

<p>Nearly 100%</p> <p>will have fitness, dental, eyewear, meal, and hearing aid benefits</p>	<p>96%</p> <p>will have a flat or reduced premium</p>	<p>94%</p> <p>will have a \$0 primary care provider (PCP) copayment</p>
<p>85%</p> <p>will have an over-the-counter benefit</p>	<p>75%</p> <p>will have access to a transportation benefit</p>	<p>73%</p> <p>will have a \$0 premium plan</p>

New 2021 benefits for all Cigna Medicare patients

- › **\$0 behavioral health**
Patients have access to affordable behavioral specialty and psychiatric care at a \$0 copayment, eliminating financial barriers for individual and Employer Group Waiver Plan patients.
- › **No-cost 24/7 online wellness resources**
This includes general wellness and prevention, disease management, fitness and exercise, men’s and women’s health, smoking cessation, weight management, advanced care planning, senior health, and more.
- › **Telehealth for physical therapy (PT)**
This benefit is in addition to our behavioral health and primary care telehealth services. Any participating PT provider who offers telehealth can use it; cost share is the same as in-person PT.



Reaching more communities

In 2021, Cigna will offer plans in 369 counties spanning 23 states, representing a 22 percent increase in our county footprint. We will expand to 67 new counties, and include a broad portfolio of health maintenance organization (HMO) and preferred provider organization (PPO) plans. In addition to the new county expansion, we will expand PPO offerings in 154 counties in our existing footprint. PPO plans typically offer an out-of-network benefit, while HMO plans generally do not.

Cigna will enter markets in five new states in 2021 with Medicare plans:

- › New Mexico (Albuquerque area)
- › Ohio (Liberty Valley/Cleveland)
- › Oklahoma (Oklahoma City area)
- › Utah (Salt Lake City area)
- › Virginia (Tri-Cities area in the southwest part of the state)

This expansion builds on Cigna’s 2020 footprint, which currently serves more than 500,000 Medicare customers across 18 states and the District of Columbia. The 2020 footprint includes Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Maryland, Mississippi, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Tennessee, and Texas.

continued



2021 Cigna Medicare Highlights *continued*


New plan names

Last year, we embarked on a new chapter of our Medicare business. We transitioned the Cigna-HealthSpring brand to Cigna for our Medicare Advantage, Part D, and Texas Medicare-Medicaid plans. Here's an overview of plan name changes.

2020	2021
Cigna-HealthSpring Advantage (HMO)	Cigna Fundamental Medicare (HMO)
Cigna-HealthSpring Preferred AL (HMO)	Cigna Preferred AL Medicare (HMO)
Cigna-HealthSpring Preferred Plus (HMO)	Cigna Preferred Plus Medicare (HMO)
Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna TotalCare (HMO D-SNP)
Cigna-HealthSpring True Choice (PPO)	Cigna True Choice Medicare (PPO)
Cigna-HealthSpring Achieve Plus (HMO C-SNP)	Cigna Achieve Medicare (HMO C-SNP)
Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna Preferred Savings Medicare (HMO)

New 2021 ID cards

Cigna Medicare Advantage patients will receive new ID cards with the Cigna logo and updated plan names, as shown below.



<Plan Name>
<Plan Type>

<Contract/PBP[/segment]>

Name <Customer Full Name>

ID <Customer ID>

Health Plan (80840)

[Effective Date <Effective Date>]

PCP <PCP Name>

PCP Phone <Phone Number>

PCP Network <Network>

[No Referral Required]

COPAYS

PCP <\$xx>

Emergency <\$xx>

Specialist <\$xx>

Urgent Care <\$xx>

MedicareRx

Prescription Drug Coverage

RxBIN <XXXXXXX>

RxPCN <XXXXXXX>

RxGRP <XXXXXXX>

This card does not guarantee coverage or payment.

[Services may require [a referral or] [an] authorization by the Health Plan.]

[Medicare limiting charges apply.]

<barcode>

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>]

[Authorization[/Referral] <Phone Number>]

[Provider Medical Claims <Address>]

[Pharmacy Help Desk <Phone Number>]

[Pharmacy Claims <Address>]

[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

[<URL>]



CIGNA LAUNCHES EVERNORTH, A NEW BRAND

We recently took a critical step forward in delivering on our mission to be the leading health service company in our industry to fundamentally transform and evolve the health experience for millions of people around the world.

With the launch of **Evernorth**, a new brand for our growing, high-performing health services portfolio, we are accelerating delivery of innovative and flexible solutions to meet the diverse needs of health plans, employers, and government organizations. Tim Wentworth will serve as Chief Executive Officer.

Evernorth brings together our vast array of health service capabilities, as well as those of partners from across the health care system. By coordinating these best-in-class service capabilities to complement one another and work seamlessly together, Evernorth will transform them into comprehensive solutions that drive the most value for employer groups, customers, and providers in areas including:

- › Pharmacy solutions
- › Benefits management
- › Care solutions
- › Behavioral health
- › Intelligence

EVERNORTHSM

What this means to you

While you and your patients may see communications reflecting the Evernorth brand, **it will not affect ID cards or your day-to-day business with Cigna, Express Scripts, eviCore healthcare, or other affiliated companies at this time.** You will continue to leverage existing systems and methods for submitting claims, requesting precertification, getting reimbursed, and other transactional activities. We will continue to work together to drive improved affordability, predictability, and simplicity in health care as we do today.

This is only the beginning

Evernorth represents our belief that health is the starting point of human progress and potential – and through Evernorth, we will elevate health for all.

Thank you for your continued partnership as we embark on this exciting new chapter. If you have any questions, please call Cigna Customer Service at **800.88.Cigna (882.4462)**.



EVICORE TO EXPAND ITS MANAGEMENT OF CERTAIN CIGNA SERVICES

On February 1, 2021, eviCore healthcare (eviCore), a Cigna company, will replace CareCentrix (CCx) in the management of home health, durable medical equipment (DME), and sleep diagnostic and therapeutic services. As a result, there will be some process changes.

Providers will no longer need to contact CCx to initiate services. Instead, they can contact the participating provider of their choice for their patients with Cigna-administered coverage.

In addition, a small number of these services will require precertification. To access a list of these services, go to the Cigna for Health Care Professionals website (CignaforHCP.com) > Precertification process: Learn what services require precertification > [complete list of services](#).

Transition of home health and DME services

For home care services, eviCore will provide care coordination and manage the network, while Cigna will perform the clinical coverage review and pay claims.

For now, please continue to contact CCx when your patients require home care services.

When your patients need these services on or after February 1, 2021, you may reach out directly to a home health or DME provider in the eviCore network. Most home care providers offering services today to Cigna customers will be in the Cigna network after February 1, 2021.

We will update our provider directory in early 2021 to include home health and DME providers.

Transition of sleep diagnostic and therapeutic services

For sleep diagnostic and therapeutic services, eviCore will perform the clinical coverage review, while Cigna will continue to manage the network and pay claims.

The process to order these services for your patients will not change. Please continue to send orders for these services to a sleep provider in the Cigna network.

For a list of participating sleep providers, go to Cigna.com > [Find a Doctor, Dentist or Facility](#).

Additional information

Affected providers will receive additional communications throughout the transition. If you have questions, please contact Cigna Customer Service at **800.88Cigna (882.4462)**.



HOME INFUSION THERAPY TRANSITION



Effective February 1, 2021, our contract with CareCentrix (CCx) for home infusion therapy services will end. As a result, beginning on that date, specialty and nonspecialty home infusion services will be available through Cigna-participating home infusion therapy providers, while eviCore healthcare (eviCore) will also manage nonspecialty home infusion therapy services.

How to request new services before and after February 1, 2021

When your patients with Cigna-administered coverage require:	Before February 1, 2021, contact:	After February 1, 2021, contact:
Specialty home infusion services	Accredo, a Cigna specialty pharmacy, or CCx	Accredo or Cigna-participating specialty pharmacies
Nonspecialty home infusion services	CCx	Cigna-participating home infusion pharmacies

CCx will not approve orders for services that extend beyond January 31, 2021

Therefore, we encourage you to use a participating home infusion therapy provider for services needed after this date. Accredo is an option for specialty home infusion services to help ensure quality care and promote affordability of medical benefit drugs for your patients. If you need assistance finding a specialty or nonspecialty home infusion provider, please contact eviCore at **800.298.4806**.

What this means for your patients

In July 2020, we started contacting your patients who have been receiving specialty home infusion services through CCx to help them transition to Accredo so they can continue taking advantage of their in-network benefits. Any services received from nonparticipating providers will increase out-of-pocket costs.

This process will continue throughout 2020 to ensure we transition all of your patients currently receiving care through CCx by February 1, 2021. During this process, a case manager will serve as your primary contact, and Accredo will contact you for home infusion orders.

Additional information

Affected providers will receive additional communications throughout the transition. If you have questions, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

CONTACT INFORMATION TO ORDER HOME INFUSION SERVICES		
SERVICE DATES	SERVICE	CONTACT
Begins and ends prior to February 1, 2021	Specialty infusion	CCx Website: CareCentrixPortal.com Phone: 844.457.9810
Begins prior to and continues after February 1, 2021	Specialty infusion	Accredo ePrescribe: Choose NCPD ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134. Fax: Go to the Accredo website (Accredo.com) > Prescribers > Referral Forms . Search for the appropriate form (by product or therapy name, or by specialty condition), download it, and fax it to the number on the form. Phone: 866.759.1557 Cigna Phone: Cigna Customer Service – 800.88Cigna (882.4462) or the number on the back of the customer’s ID card
Begins and ends prior to February 1, 2021	Nonspecialty infusion	CCx Website: CareCentrixPortal.com Phone: 844.457.9810
Begins prior to and continues after February 1, 2021	Nonspecialty infusion	Cigna Phone: Cigna Customer Service – 800.88Cigna (882.4462) or the number on the back of the customer’s ID card



CIGNA CENTERS OF EXCELLENCE FOR HOSPITALS



The Cigna Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency at hospitals.

We use publicly available, hospital self-reported claims data sources from the Centers for Medicare & Medicaid Services (CMS) Medicare fee schedules, and the Clarify Health Solutions, Inc. platform of proprietary software applications for commercial, Medicare Advantage, and managed Medicaid plans to evaluate this information. We designate participating hospitals as COEs when they meet specific patient outcomes and cost-efficiency criteria by procedure and condition.

Profiles are available to patients with Cigna coverage for most hospitals participating in our network.

About the hospital profile

Hospitals can receive a score of up to three stars (*) each, for both patient outcomes and cost-efficiency measures, for each surgical procedure and medical condition evaluated.

Those that attain at least five stars (three stars for patient outcomes and two stars for cost efficiency, or three stars for cost efficiency and two stars for patient outcomes) receive the Cigna COE designation for that procedure, condition, or condition category.

A hospital's score may not display in the online provider directory if:

- › There is insufficient data available to meet the patient volume requirement for that procedure or condition.
- › A surgical procedure is not performed or a condition is not treated at the hospital.
- › A reconsideration of quality and/or cost data is underway.

Because the COE program reflects only a partial assessment of quality and cost efficiency for select hospitals, it should not be the sole factor used when you or your patients make decisions about where they should receive care. We encourage individuals to consider all relevant factors, and to speak with their treating physician when selecting a hospital.

Timeline for COE designations and displays

DATE	DESCRIPTION
October 30, 2020	Hospitals notified about their 2021 results.
November 30, 2020	Hospital reconsideration requests are due.
January 1, 2021	COE information available in the provider directory on Cigna.com and myCigna.com .

Timing of reconsideration requests

We must receive reconsideration requests by November 30, 2020 for the updated information to appear on the initial display of the Cigna COE designations on January 1, 2021. We will still process requests we receive after this date, and any amended results will be reflected in the next directory update.

Additional information

Please contact your Cigna Contractor to obtain your hospital COE results. After you review your information, you can request that we reconsider your results or correct inaccuracies. Submit additional information for review and reconsideration by:

- › Email: PhysicianEvaluationInformationRequest@Cigna.com
- › Fax: **866.448.5506**

The facility name, Taxpayer Identification Number, and contact information must be included. A Cigna Network Clinical Manager or Specialist will contact you to discuss the request, initiate the Selection Review Committee review process, and provide a written response within 30 days of receiving the reconsideration request.

To learn more about the methodology we use to determine COE designations, please review our white paper. Go to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Get questions answered: Resource > Medical Resources > **Commitment to Quality** > 2021 Cigna Centers of Excellence Methodology,* or call Cigna Customer Service at **800.88Cigna (882.4462)** to obtain a copy.

*The 2021 Cigna Centers of Excellence Methodology will be available starting in early November 2020.



HIGH-TECH RADIOLOGY SITE OF CARE MEDICAL NECESSITY REVIEW PROGRAM EXPANSION

On August 1, 2020, we expanded our precertification requirements for computed tomography scans and magnetic resonance imaging to include a medical necessity review of the procedure and site of care when an outpatient hospital setting is requested. This requirement applies for customers with fully insured benefit plans and those who are covered under the Cigna employees benefit plan.*

We review requests to ensure these customers receive coverage for an appropriate site of care, such as a freestanding facility, rather than an outpatient hospital setting (when available), except in situations where the use of an outpatient hospital setting is medically necessary.**

Beginning January 1, 2021, this requirement will also apply to customers with Individual & Family Plans.

What this means to you and your patients with Cigna plans

eviCore healthcare (eviCore) will approve:

- ▶ Precertification requests that include an appropriate site of care, and are in accordance with the terms of our coverage policy and the customer’s benefits.
- ▶ An outpatient hospital setting when medically necessary, as defined in the Site of Care: High-tech Radiology policy and the customer’s benefit plan.

Standard Cigna benefit plans will not cover a service or a site of service as medically necessary if there is a lower-cost clinically equivalent alternative.

How to submit precertification requests

You can continue to submit precertification requests to eviCore by logging in to the eviCore website ([eviCore.com](https://www.eviCore.com) > PROVIDERS).

View the updated policy

You can access the updated Site of Care: High-tech Radiology policy by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://cignaforhcp.com)) > Review coverage policies: information on Cigna standard health coverage plan provisions > Medical and Administrative A-Z Index: View Documents > [Site of Care: High-tech Radiology - \(0550\)](#).



Additional information

Please use the contact information below to learn more.

TO LEARN MORE ABOUT:	CONTACT:
High-Tech Radiology Site of Care program	Our dedicated program website: www.eviCore.com/resources/healthplan/Cigna
Precertification of high-tech radiology services	eviCore: 888.693.3297 (7:00 a.m. to 7:00 p.m. ET) or clinical guidelines at eviCore.com
Benefits eligibility and coverage	Cigna Customer Service: 800.88Cigna (882.4462)

* We may not review the site of care in all geographic markets, pending regulatory approval and/or network considerations.
** Some hospitals with competitive costs will be exempt from the site-of-care review.



ACCOUNTABLE CARE PROGRAM ROSTER ENHANCEMENT: ADD PROVIDERS MONTHLY

Groups that participate in a Cigna Collaborative Care® Accountable Care program* can now add providers to their program roster on a monthly basis instead of quarterly. This became effective on July 1, 2020, and is in addition to a group’s continued ability to remove providers monthly from the roster.

To request monthly roster updates, follow your current process. Your Experience Manager or Experience Consultant will continue submitting your update requests for entry into our system. As a reminder, update requests must be made 30 days in advance of the effective date.

Please view the [Roster Guidelines and Process](#) for additional details.



* Referred to as Collaborative Accountable Care (CAC) in contract documents. Cigna Collaborative Care programs are Cigna’s approach to achieving the same population health goals as Medicare accountable care organizations (ACOs).

PATIENT CONCERNS OR COMPLAINTS

Occasionally, a patient with Cigna-administered coverage or a Cigna representative may ask for information to help resolve a quality of care or service complaint. Your timely response is important to address and resolve the patient’s concern, and comply with applicable laws. By responding within the requested time period, you’ll also be adhering to your provider contract with Cigna.

Information requests may include:

- ▶ A response from your office about the complaint.
- ▶ Medical records (please coordinate with your copy services to ensure timely release of records).

If you have any questions about how we handle patient concerns or complaints, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

Additional information

To learn more about our quality programs, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Medical Resources > Commitment to Quality > [Quality](#).

We appreciate the quality care you provide to our customers, and your continued assistance with our quality programs.



CIGNA SHARED ADMINISTRATION REPRICING

Cigna provides health benefit services to more than 550,000 people covered by Taft-Hartley Trust Funds and Federal Employee Health Benefit (FEHB) plans as part of our shared administration repricing program. For these relationships, we provide access to the Cigna network, perform medical management and utilization reviews, reprice claims according to our contracted rates and claims logic, provide contract dispute resolution, and may offer clinical appeals management and other outpatient care management. When administering these plans for your patients with Cigna-administered coverage, please refer to the chart below.

TOPIC	CONTACT INFORMATION
<div>› Contract pricing inquiries</div> <div>› Claim pricing status</div>	800.549.8909 , 8:00 a.m.–6:00 p.m. ET, Monday–Friday
<div>› Claim submissions: Paper and electronic</div>	Cigna payer ID: 62308 PO Box 188004, Chattanooga, TN 37422-8004
<div>› Prior authorizations</div> <div>› Precertifications</div>	Telephone number or address on your patient’s ID card
<div>› Eligibility</div> <div>› Benefits</div> <div>› Claim payment status</div> <div>› Electronic remittance advice (ERA) and electronic funds transfer (EFT) enrollment</div>	Third-party administrator telephone number or address on your patient’s ID card

Additional information

To learn more about shared administration benefits, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > [Shared Administration](#).



CIGNA + OSCAR PLANS LAUNCHED IN GEORGIA AND TENNESSEE

On October 1, 2020, new Cigna + Oscar plans became available in Metro-Atlanta, Georgia, and Tennessee. These plans bring together the power of Cigna’s national and local provider networks – Open Access Plus and LocalPlus® – and Oscar Health’s innovative digital customer experience. They provide a quality, cost-efficient health solution for small employer groups in these regions.

What this means to providers

If you participate in the Open Access Plus or LocalPlus networks in these service areas, your care will be considered in-network for your patients who have Cigna + Oscar plans.

To confirm your network participation, visit Oscar’s online directory at CignaOscar.com/search or call Oscar Health Customer Service at **855.672.2755** and select option 4.

More information

To learn more about Cigna + Oscar plans, please access the resources listed below.

- › Cigna + Oscar provider website (CignaOscar.com)
- › Oscar Health Customer Service: **855.672.2755** and select option 4

You can also find additional administrative guidelines and program requirements for Cigna + Oscar plans at CignaOscar.com. They are supplemental to the Cigna Reference Guides. See [page 38](#) for more information.



CIGNA AND PRIORITY HEALTH ANNOUNCE NEW STRATEGIC ALLIANCE

Cigna is entering into a new Strategic Alliance with Priority Health that will become effective on January 1, 2021. Through this partnership, we will be able to leverage the best capabilities of both organizations, and deliver a health care experience in Michigan’s Lower Peninsula that is more predictable and simplified for providers and customers.

What this means to providers in Michigan’s Lower Peninsula

On January 1, 2021, your current patients with Cigna plans will begin to access in-network medical care from providers who participate in the Priority Health network. Your care will continue to be considered in-network for these patients if you are contracted with Priority Health before this date.

To confirm that you have an agreement with Priority Health, go to the Priority Health website (PriorityHealth.com) > Member > Getting Care > Find a Doctor > [Skip login](#). Enter your location and conduct a search. If you participate in the Priority Health network, your name will appear. You may also obtain this information by calling Priority Health Customer Service at **800.942.4765**.

To initiate contracting with Priority Health, go to PriorityHealth.com > Provider > [Join our networks](#).

Please note that in Michigan’s Upper Peninsula, patients with Cigna plans will continue to access in-network medical care from providers who participate in the Upper Peninsula Health Plan network.

Cigna’s other strategic alliances

In addition to Priority Health, Cigna has strategic alliance relationships with:

- › Tufts Health Plan/CareLink® (Massachusetts and Rhode Island)
- › Health Alliance Plan (Southeast Michigan)
- › HealthPartners® (Minnesota, North Dakota, and Western Wisconsin)
- › MVP® Health Care (Upstate New York, Western New York, and Bradford County, Pennsylvania)

For more information

To learn more about Cigna’s strategic alliances, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Medical Plans and Products > [Strategic Alliances](#).

To learn more about our new strategic alliance with Priority Health, please access one of the resources listed below.

- › [Frequently Asked Questions](#)
- › [Quick Reference Guide](#)
- › Cigna Provider Services Unit: **800.88Cigna (882.4462)**.



CALIFORNIA PROVIDER ACCESS AND AVAILABILITY

As a provider, you want your patients to be healthy and satisfied with your care. When they receive the right care at the right time, it can result in better outcomes and an improved care experience for both you and your patient.

The State of California Department of Managed Health Care (DMHC) has set forth guidelines to help ensure individuals receive timely access to medical and behavioral care based on their needs. Timely access is also part of your Cigna contract.

Annual Provider Appointment Access and Availability Survey

Each year, we require network-participating providers to complete a Provider Appointment Availability Survey (PAAS) to help ensure compliance with the California DMHC and Cigna access standards for all care.

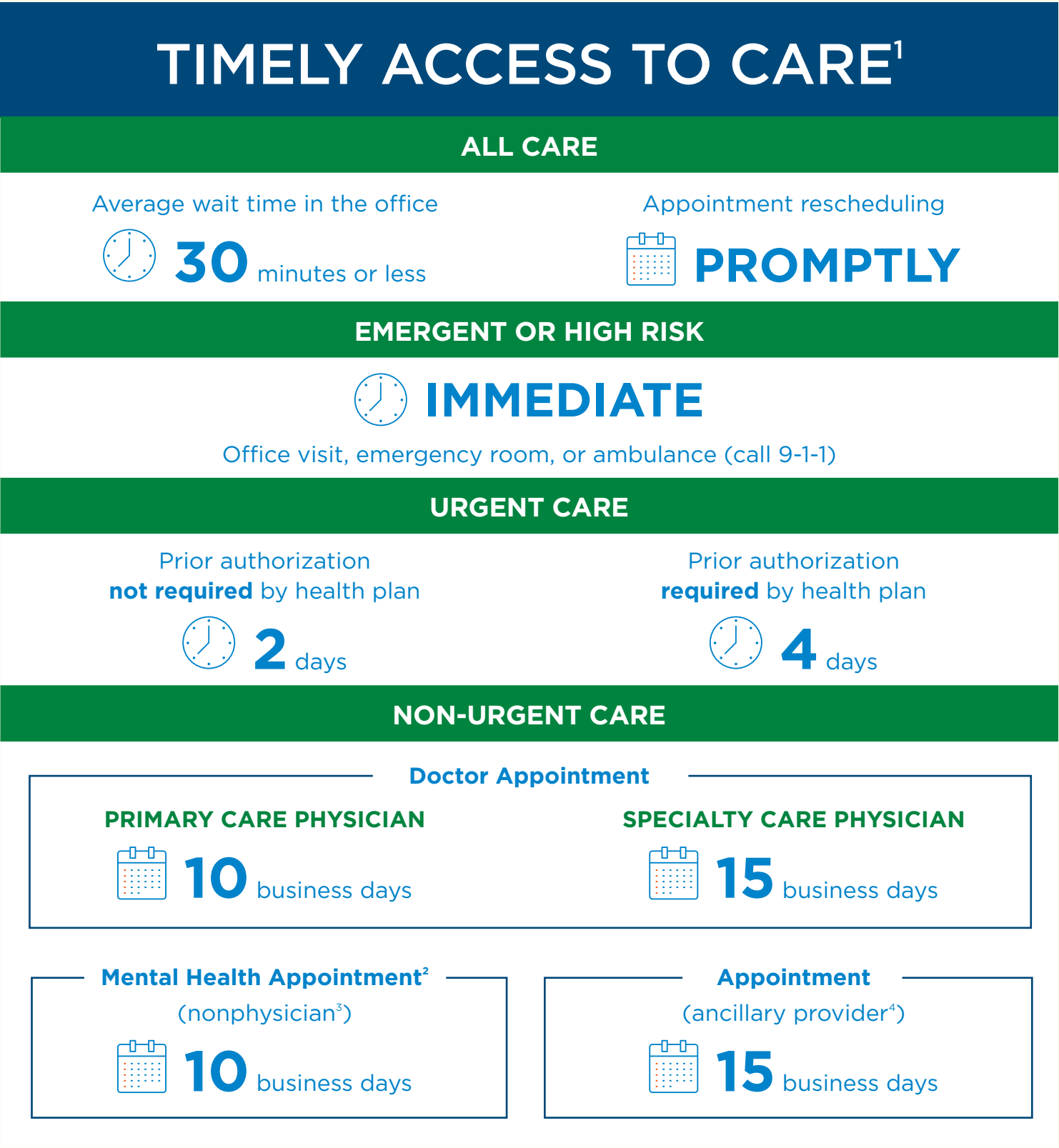
Resources

Please refer to the infographic to the right. We encourage you to use this as a visual reminder of access to care standards for your patients based on their needs. To learn more about California access standards, refer to the resources below.

RESOURCE	GO TO:
Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers (California).	Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California. (Login required)
California Department of Managed Health Care website	DMHC.CA.gov > Health Care in California > Your Health Care Rights > Timely Access to Care

Questions?

We're here to help. Call us at: **800.88Cigna (882.4462)**.



1. The Urgent and Non-Urgent Care sections of this infographic are reproduced and printed with the permission of the California Department of Managed Health Care. DMHC.CA.gov > Health Care in California > Your Health Care Rights > [Timely Access to Care](#).

2. Six hours for mental health, non-life-threatening emergency care (National Committee for Quality Assurance required access standards).

3. Examples of non-physician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers.

4. Examples of non-urgent appointments for ancillary services include lab work or diagnostic testing, such as mammograms or MRIs, and treatment of an illness or injury such as physical therapy.



MA LAW: PAIN MANAGEMENT ALTERNATIVE SERVICES AND MEDICATIONS

In compliance with Massachusetts statute ALM General Law ch. 175, § 47KK and Bulletin 2019-06, Cigna sent an email in September 2020 to providers in Massachusetts about possible alternative pain management services and medications that may be covered for their Cigna patients.

Listed below are some of our non-medication services and medications that may be alternative treatments to opioids for treating pain. These are typically covered under Cigna’s plans, but providers will need to check coverage for each patient as coverage will vary based on the patient’s plan.

Non-medication treatment alternatives for pain:

- › Acupuncture
- › Chiropractic
- › Cognitive behavioral therapy
- › Interventional pain management nerve block
- › Nutritional counseling
- › Occupational therapy
- › Osteopathic manipulation medicine
- › Physician medicine/rehabilitation
- › Physical therapy
- › Spine surgery
- › Transcutaneous electrical nerve stimulation (TENS) unit

Non-opioid medication alternatives for pain:

- › Anticonvulsants
- › Antidepressants
- › Cortico-steroids
- › COX-2 inhibitors
- › NSAIDs
- › Skeletal muscle relaxants
- › Topical analgesics



Questions?

For more information about these and other possible alternatives to treating pain, access the resources below.

RESOURCE	GO TO:
Create a Pain Plan for Opioid Safety web page	Cigna.com/HelpWithPain
Opioid Resources web page	Cigna for Health Care Professionals website (CignaforHCP.com) > Get Questions Answered: Resource > Pharmacy Resources > Pharmacy Clinical Programs> Opioid Resources



CIGNA SUPPORTS PIPELINE OF SUPERINTENDENTS OF COLOR

In the face of a global pandemic and heightened visibility of racism and discrimination, communities across the United States are grappling with structural barriers to the success of students of color.

“ Superintendents of color have unique challenges, as we are often tapped to lead high-needs districts where millions of underserved students of color are in need of a high-quality education, and where resources are scarce. It takes skill, courage, and an unconquerable spirit to improve outcomes under these conditions. ”

— Shawn Joseph, Ed.D., Assistant Professor Educational Leadership and Policy Studies; Co-director, AASA-Howard University Urban Superintendents Academy

Cigna grant supports education for superintendents of color

In July 2020, Cigna awarded a \$250,000 grant to the **AASA-Howard University Urban Superintendents Academy**, a school of the Howard University School of Education. For the past five years, this academy has tackled systemic inequality in education by creating a pipeline of superintendents of color – who represent less than five percent of superintendents in America – specifically trained to lead urban school districts. The grant will be used to expand this program.

“We are grateful for the commitment that Cigna has shown in supporting urban education,” declared Dawn Williams, Ph.D., Dean, Howard University School of Education. “We find ourselves fighting a history of structural racism, while also trying to safeguard our health against a global pandemic. With the generous support of Cigna, we can attract, develop, and retain cohorts of educational leaders to advance change for more equitable and just school systems.”

Howard University’s legacy in tackling issues of diverse populations

Howard University is widely known for its legacy in tackling some of the world’s most challenging issues facing diverse populations. Its commitment to training leaders who work to combat inequality is evidenced by its innovative programs, accomplished alumni, and prestigious faculty.

Standing together to elevate a diverse next generation of leaders

“Cigna has a resolute belief in the power of diversity and inclusion, and a long-standing commitment to health equity and equality that creates healthy and vibrant communities for all” stated Mike Triplett, President, Cigna U.S. Commercial business. “In partnership with



Howard University, Cigna is standing together to elevate a diverse next generation of leaders for our urban school communities. Education is the path to economic prosperity for many. We are proud to partner on this initiative and wish the program participants every success in their studies and in their future careers.”

About the Cigna Foundation

The Cigna Foundation, established in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE:CI) and its subsidiaries. The 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 health equity and community health navigation. [Cigna.com/Foundation](https://www.cigna.com/foundation).

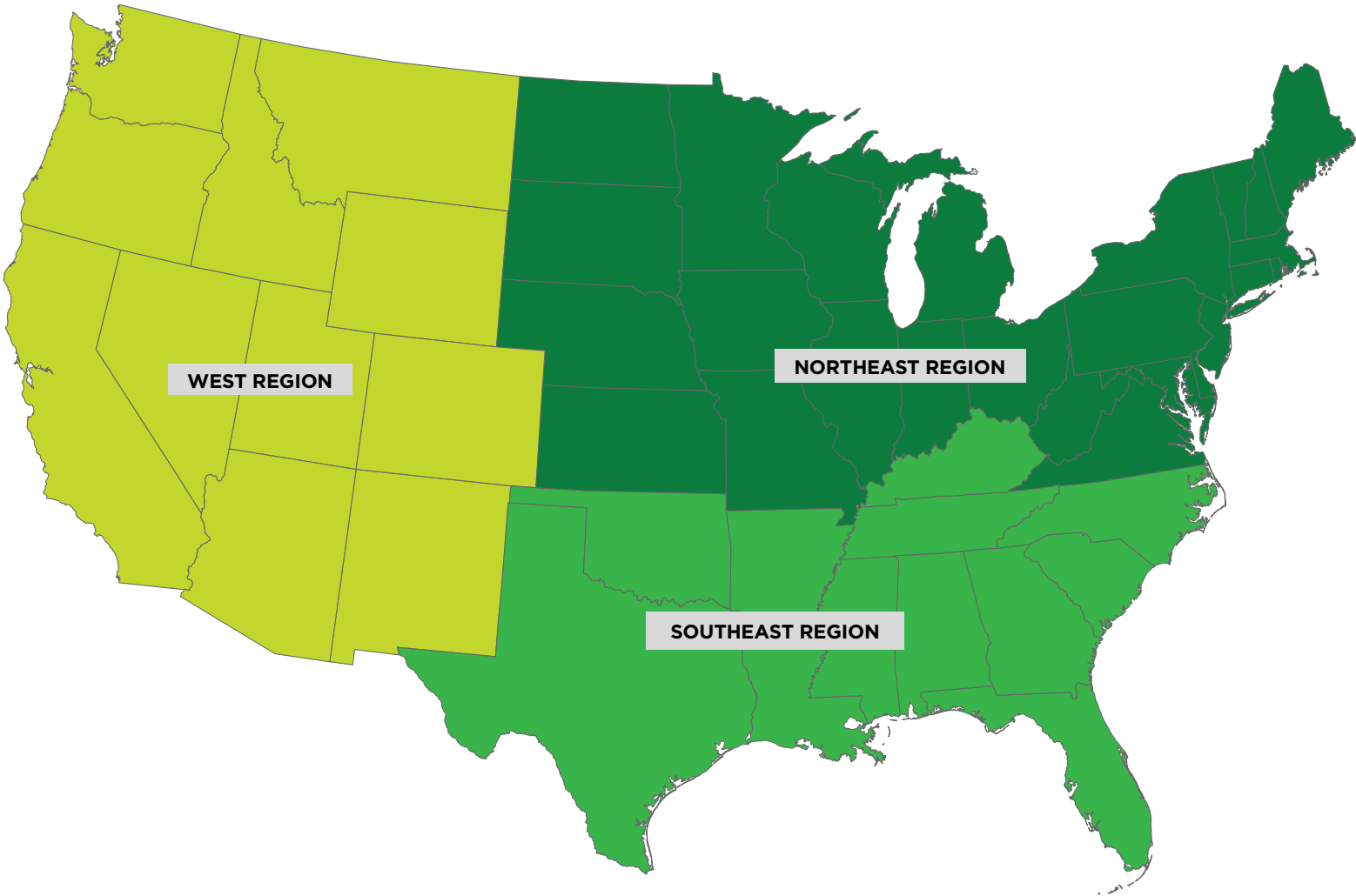
About Howard University

Howard University, founded in 1867, is a private, research university comprising 13 schools and colleges. Students pursue studies in more than 120 areas leading to undergraduate, graduate, and professional degrees. The University produces more on-campus African-American Ph.D. recipients than any other university in the United States. [Howard.edu](https://www.howard.edu).



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



Cigna Market Medical Executives (MMEs) are an important part of our relationship with providers. 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	
Peter McCauley, Sr., MD, CPE <i>Clinical Provider Engagement & Value-Based Relationships</i>	312.648.5131
Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	818.500.6459

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 networks.
- › Identify opportunities to enroll your patients in Cigna health advocacy programs.



UPDATED CIGNA REFERENCE GUIDES NOW AVAILABLE

The Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers contain many of our administrative guidelines and program requirements, and include information pertaining to participants with Cigna “G” ID cards.

Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website (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 [Register](#).

USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them, but it’s 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.

Additionally, your contract with Cigna requires you to use pharmacies in the Cigna network for specialty medications, including injectable medications, whenever possible. Accredo, a Cigna company, is a nationwide pharmacy for specialty medications and can be used when medically appropriate.

Of course, if there’s an emergency, use your professional discretion.

Referral reminder: New York and Texas

If you are referring a patient in New York or Texas to a nonparticipating provider (e.g., laboratory, ambulatory surgery center), you are required to use the appropriate Out-of-Network Referral Disclosure Form.

- > [New York providers](#)
- > [Texas providers](#)

For a complete list of Cigna-participating physicians and facilities, go to Cigna.com > [Find a Doctor, Dentist or Facility](#). Then, select a directory.



PATIENT REVIEWS REMINDERS

As a reminder, verified patient reviews* display in providers’ profiles in the [myCigna.com](#) directory. New reviews are published on an ongoing basis.

Reviews are verified

A Cigna customer is only sent a survey – and can only leave a review for a provider – after a claim has been processed for care received from that provider. This verifies that the review is from a provider’s actual patient. We anticipate that customers will value these verified patient reviews over unverified reviews from third-party websites, and use them as a trusted source when choosing health care providers.

How patient reviews works

After a preventive care or routine office visit, customers may receive an email with a single question that asks about their recent health care experience. Their response (or “review”) is vetted to ensure it meets certain editorial guidelines. For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the [myCigna.com](#) directory.

Who receives reviews?

Patient reviews are available in our online directory for both network-participating and nonparticipating providers.

- › Chiropractors
- › Dermatologists
- › Ophthalmologists
- › Pediatricians
- › Podiatrists
- › Primary care providers

How to access your reviews

- › Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)). If you are not a registered user of the website, go to [CignaforHCP.com > Register](#).
- › Under Latest Updates, view your patient reviews and click “Learn more” for instructions.
- › You will be instructed to ask your practice’s website access manager for access to patient reviews.

Once your website access manager grants you (or the staff member you designate) access to the reviews, you can view them at any time by logging in to [CignaforHCP.com > Working with Cigna > Patient Reviews](#).

QUICK GUIDE TO CIGNA ID CARDS

The Quick Guide to Cigna ID Cards contains samples of the most common customer ID cards, along with detailed line-item information. You can view it using our online interactive ID tool or as a PDF.

To access the guide:

- › Go to [Cigna.com](#) > Health Care Providers > Coverage and Claims > [Cigna ID Cards](#).
- › You’ll see sample images of the most common ID cards.
- › To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, or Strategic Alliance Plans – from the categories that appear.
- › Choose the image that matches your patient’s ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.

- › Click View the Back to see the reverse side of the card.
- › Click About This Plan to read more about the plan associated with this ID card.
- › Click View Another Card Type to view a different sample ID card.
- › If you prefer to view a PDF of the guide, click View the print version of the guide.

Other information you can access

- On every screen of the ID card tool, you can click a green tab for more information about:
- › The myCigna® App.*
 - › More ways to access patient information when you need it.
 - › Important contact information.

Click [here](#) to use the digital ID card tool.

* The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

If you believe a review is inappropriate or inaccurate, you can request that it be removed. If we agree, we will remove it immediately. But if we determine that it does meet editorial guidelines, the review will not be removed. However, you will be given the opportunity to respond to the review directly.

How customers access patient reviews

When customers search our online directory and select a provider’s profile, they can click the Reviews tab** to view the recommendation rate, patients’ comments, and the provider’s responses.

Questions?

Please call your Cigna Provider Relations contact or call Cigna Customer Service at **800.88Cigna (882.4462)**.

* For U.S. customers only.
** This tab will appear on all provider profile pages, but will only display reviews if they are available.



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, often better, 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 Provider Directory at [Cigna.com](#) > [Find a Doctor, Dentist or Facility](#). Then, choose a directory.

VIEW DRUG BENEFIT DETAILS USING REAL-TIME BENEFIT CHECK

Real-time benefit check gives you access to patient-specific drug benefit information through your electronic medical record (EMR) or electronic health record (EHR) system during the integrated ePrescribing process. If you are a provider treating military beneficiaries, you also have access to patient-specific drug benefit information through your EMR or EHR system.

This service enables you to access drug benefit details, including:

- › Cost share.
- › Therapeutic alternatives with cost shares.
- › Coverage status (e.g., prior authorization, step therapy, quantity limits).
- › Channel options (i.e., 30- and 90-day retail, and 90-day mail).

EMR or EHR system requirements

To access real-time benefit check, you must have the most current version of your vendor's EMR or EHR system, and the system must be contracted with Surescripts®. For more information and to get started, contact your EMR or EHR vendor.



KNOWLEDGE WITH CAREALLIES EDUCATION SERIES

CareAllies®, a Cigna business, continues to help increase your value-based care knowledge through **Valuable Insights**, a free, online education series. This series enables you to:

- Earn AMA PRA* Category 1 Credits™ with *Valuable Insights* on-demand webcasts.**
- Learn quickly and on the go with *Valuable Insights* podcasts.
- Get industry updates from subject matter experts with *Valuable Insights* alerts.

To obtain access to *Valuable Insights*, including past resources and notifications when new resources are posted, visit the *Valuable Insights* [registration page](#). If you have questions, email info@CareAllies.com.

* American Medical Association Physician's Recognition Award.
** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Illinois Academy of Family Physicians and CareAllies. The Illinois Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians.

RESOURCES TO ENHANCE INTERACTIONS WITH CULTURALLY DIVERSE PATIENTS

If you serve a culturally diverse patient population, check out the [Cigna Cultural Competency and Health Equity Resources](#) web page. It contains many resources to help you and your staff enhance your interactions with these patients. The website is easy to navigate, streamlined to help you find the information you need quickly, and mobile friendly.

eCourses, language assistance services, and more

Listed below are some of the resources available to Cigna-contracted providers.

eCourses

The following **eCourses** can help you learn cultural competency overall best practices, and gain a deeper understanding of Hispanics and South Asians in the United States.

- Developing Cultural Agility
- Developing Culturally Responsive Care: Hispanic Community (three-part series)
- Diabetes Among South Asians in the U.S., including translated (Hindi, Nepali, and Urdu) patient education materials on culturally appropriate dietary modifications (three-part series)

Language assistance services

Cigna-contracted providers may utilize discounted rates of up to 50 percent for **language assistance services** such as telephonic and face-to-face interpretations, as well as written translations, for their eligible patients with Cigna coverage.

These savings are made possible through Cigna's negotiated contracts with professional language assistance vendors. Your office works directly with the vendor to schedule and pay for services.

In addition, providers in California may access the **California Language Assistance Program for Providers and Staff**. The training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

CultureVision

As a practitioner, it's impossible to know everything about every cultural community you serve. However, learning how and what to ask may increase the likelihood that you will obtain the information you need, and enhance rapport and adherence. Gain these insights through CultureVision™, which contains up-to-date, culturally relevant patient care for more than 60 cultural communities.

You can access CultureVision directly at:

[CRCultureVision.com](#)

Login: CignaHCP

Password: Doctors123*

Additional resources

Many other resources are available on the website, including articles, presentations, white papers, podcasts, and self-assessments. You can find them in the All Resources section of the website.

Visit today

Go to [Cigna.com](#) > Health Care Providers > Provider Resources > **Cultural Competency and Health Equity**. Check back often for newly added resources.

GENDER DISPARITY TRAINING FOR CME CREDIT

A new eCourse, "Gender Disparity in CAD and Statin Use," is now available for Continuing Medical Education (CME) credit. Physicians who take this training can earn a maximum of 0.50 AMA PRA* Category 1 credit™.

The eCourse will:

- Increase your awareness of gender disparities in statin use by women who have coronary artery disease (CAD).
- Introduce you to the most current understanding of CAD risk factors affecting women's health.
- Share a summary of research.
- Discuss how implicit bias affects patients.

To access the eCourse, visit [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity > **Cultural Competency Training**.

* American Medical Association Physician's Recognition Award (AMA PRA) is an award issued by the AMA to physicians who have met certain CME requirements.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider 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.

It's easy to view and submit demographic changes online

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section, and click Update Health Care Professional Directory.

If you don't see this option, ask your website access manager to assign you access to the functionality to make updates. If you don't know who your website access manager is, log in to CignaforHCP.com > Settings and Preferences > Online access > View TIN access. Select your TIN; the name of your website access manager(s) will be provided at the bottom of the screen.

- › An online Provider Demographic Update Form will appear that will be prepopulated with the information for your practice that currently displays in our provider directory. You can easily review the prepopulated fields, determine if the information is correct, make any necessary changes, and submit the form to us electronically.

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