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FIRST QUARTER 2020

For providers



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PROVIDER REVIEWS NOW AVAILABLE IN THE MYCIGNA.COM DIRECTORY

Beginning January 30, 2020, verified patient reviews* display in providers' profiles in the [myCigna.com](#) online directories. New reviews will be published on an ongoing basis.

The majority of reviews have been positive

We began sending surveys to customers who received care from medical providers in selected specialties in April 2019. Since then, 95 percent of all reviews have been positive.** These excellent results should help promote reviewed providers to customers who are seeking care.

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](#) online directory.

Who receives reviews?

This initiative has been rolled out to a variety of medical specialties:

- › Primary care
- › Pediatric
- › Chiropractic
- › Dermatology
- › Ophthalmology
- › Podiatry

How to access your reviews

- › Log in to [CignaforHCP.com](#). If you are not a registered user of the website, go to [CignaforHCP.com](#) > [Register](#).
- › Under **Latest Updates: View your patient reviews**, 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.



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.

** Based on information available in January 2020.

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



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
Incontinence supplies	Incontinence supplies are products designed to help manage urinary or bowel output, and are most commonly used to protect clothing, bedding, and furniture.	To ensure consistent claims processing, we will deny charges for all incontinence supplies when billed with Healthcare Common Procedure Coding System (HCPCS) codes that begin with “T” or “A” as not reimbursable. Incontinence supplies are used to meet daily needs and are not considered a covered medical benefit. Note: No coverage or reimbursement policies are affected by this change.	January 1, 2020 for claims processed on or after this date.
Allergy Testing and Non-Pharmacologic Treatment (0070)	Allergy testing, also known as skin, prick, or blood testing, is a method of determining to which substances a person is allergic.	We will limit coverage for allergy testing in a 12-month rolling period for claims billed with certain Current Procedural Terminology (CPT®) codes. The affected CPT codes are 86003 – 80 units, 95004 – 80 units, and 95024 – 40 units. The current medical coverage policy, Allergy Testing and Non-Pharmacologic Treatment (0070), will be updated to reflect this change. Note: Only the line item for the CPT codes listed above will be affected.	February 17, 2020 for dates of service beginning on this date.

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

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Anesthesia Services for Interventional Pain Management Procedures in an Adult (0551)	Interventional pain management is a medical subspecialty that treats pain with invasive interventions by interrupting the flow of pain signals along specific nervous system pathways.	We will implement a new medical coverage policy, Anesthesia Services for Interventional Pain Management Procedures in an Adult (0551), to only allow sedation coverage for certain diagnoses specified in the policy, for interventional pain management services. Note: This policy only applies to customers age 18 and older.	February 17, 2020 for dates of service beginning on this date.
Care Integration Services (R32)	Care integration services are care management and support services that include, but are not limited to, establishing, implementing, revising, and monitoring of a care plan, as well as coordinating care with other professionals and educating the patient and/or caregiver.	We will implement a new reimbursement policy, Care Integration Services (R32), to deny codes for care integration as included in the reimbursement for the overall care of the customer.	February 17, 2020 for claims processed on or after this date.
Evaluation and Management Services (R30)	Evaluation and Management (E&M) services are face-to-face services provided by a physician or other qualified health care professional.	We will update the Evaluation and Management Services (R30) reimbursement policy, and require documentation to review the appropriate use of billing for E&M services when billed with codes for a joint injection or aspiration. Reimbursement for the E&M codes may be denied.	March 16, 2020 for claims processed on or after this date.
Evaluation and Management Services (R30)	CPT code 99211 is used to bill for a low-level E&M visit that does not require a provider to be present with the patient, or to have key components documented (history, examination, and medical decision-making), per CPT guidelines. The use of Modifier 25 requires that the key components be documented with the E&M service. Therefore, CPT code 99211 cannot be appended with modifier 25.	We will update the Evaluation and Management Services (R30) reimbursement policy, and deny reimbursement for E&M services billed with CPT code 99211 appended with modifier 25 when billed alone or with another procedure code on the same date of service. Only the line item for CPT code 99211 appended with modifier 25 will be denied. Services billed with other codes on the same claim will be reimbursed according to the terms of our policies and the provider’s agreement.	March 16, 2020 for claims processed on or after this date.

Coverage policy monthly updates

To view our existing 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](#)).

If you are not registered for this website, please 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 January 2020

On January 1, 2020, we added 66 new Current Procedural Terminology (CPT®) codes and 15 new Healthcare Common Procedure Coding System (HCPCS) codes. We also added 40 existing CPT codes for post-Affordable Care Act (ACA) Individual & Family Plans, and two existing HCPCS codes that became effective January 1, 2020.

Codes removed from the precertification list in January 2020

On January 1, 2020, we removed six existing CPT codes from the precertification list.

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) and click Precertification Policies under Useful Links. 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)**.



PREVENTIVE CARE SERVICES POLICY UPDATES

On October 1, 2019, updates became effective for Cigna’s Preventive Care Services Administrative Policy A004.

Summary: Preventive care updates effective on October 1, 2019

DESCRIPTION	UPDATE	CODES
Abdominal aortic aneurysm screening	Removed CPT* codes Removed HCPCS** code	76700, 76705, 76770, 76775 G0389
Alcohol misuse/substance abuse screening and counseling	Reworded screening to: Unhealthy Alcohol Use/Substance Abuse Screening and Counseling	N/A
Domestic and interpersonal violence screening/counseling	Reworded screening to: Intimate Partner/Interpersonal and Domestic Violence Screening/Referral to support services	N/A

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)**.

* Current Procedural Terminology.
** Healthcare Common Procedure Coding System.



CIGNA ADOPTS SEPSIS-3

As part of our effort to promote the accurate diagnosis and treatment of sepsis, and use the appropriate billing and coding, we have adopted the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3), effective immediately. We will use Sepsis-3 as part of our clinical claim reviews to validate that sepsis was present, and that sepsis treatment services were appropriately submitted as part of an adult customer’s claim.

What this means to you

If after reviewing a patient’s medical record and the Sepsis-3 criteria a Cigna Medical Director determines that sepsis was not present, a diagnosis-related group (DRG) claim assignment may be adjusted because sepsis treatment services should not have been included as part of the claim. In these cases, covered claims will be processed with the appropriate revised DRG supported in the medical record.

About Sepsis-3*

Sepsis-3 defines sepsis as life-threatening organ dysfunction caused by a dysregulated host response to infection, and is the most recent evidence-based definition available. It was developed because definitions for sepsis and septic shock were last revised in 2001. Since then, considerable advances have been made into the pathobiology (changes in organ function, morphology, cell biology, biochemistry, immunology, and circulation), management, and epidemiology of sepsis, which led to their need for reexamination.

As a result, Sepsis-3:

- › Is based on updated evidence-based medicine.
- › Supports the Surviving Sepsis Campaign International Guidelines.
- › Is endorsed by 31 medical societies.
- › Provides the most clinically relevant definition of sepsis with a SOFA score of 2 or more (which is associated with an in-hospital mortality >10 percent) as an adjunct in clinical diagnosis of sepsis.



* Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; et al. “The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3).” 23 February 2016. JAMA Network. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2492881>.



CIGNAFORHCP.COM IS GETTING A FACE-LIFT

The Cigna for Health Care Professionals website (CignaforHCP.com) is undergoing exciting changes, which we anticipate will begin in the first quarter of 2020. We are updating its infrastructure, making it easier to navigate, providing increased functionality, and freshening up its look. The goal is to enhance your online experience.

Enhancements now available on our beta site

You can see and start using some of the enhancements now by going to the beta site. Simply log in to CignaforHCP.com, click the Launch Beta Site link (Exhibit 1) at the top of the dashboard or the Working With Cigna web page, and begin navigating. If at any time you want to return to the original website, there are links you can click to go back to it (Exhibit 2).

We invite you to tell us what you think of your experience by clicking the feedback button (Exhibit 3).

Exhibit 1

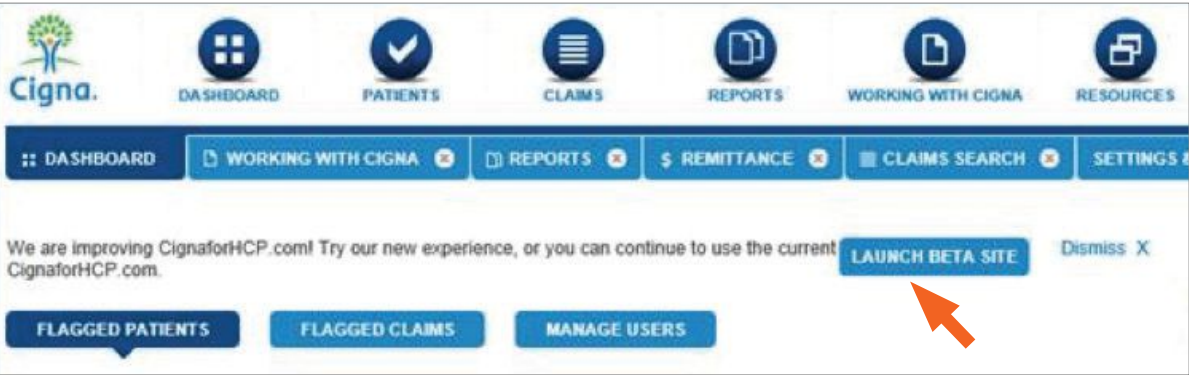
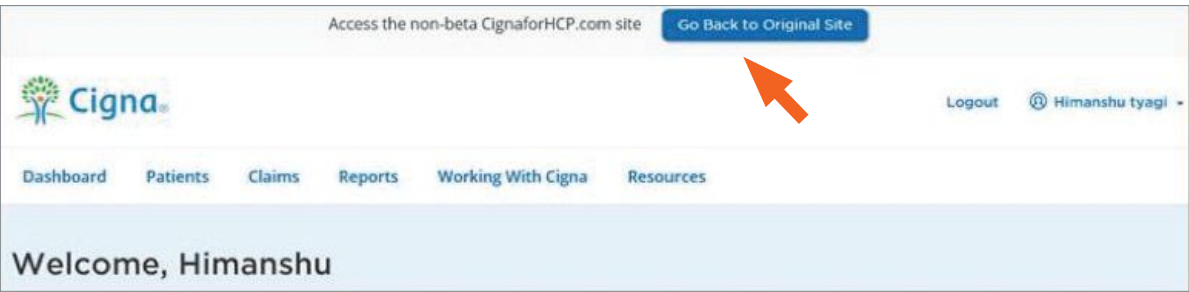


Exhibit 2



Enhancements include:

New login page

This page has a cleaner look to help you navigate the website with more ease.

Personalized dashboard

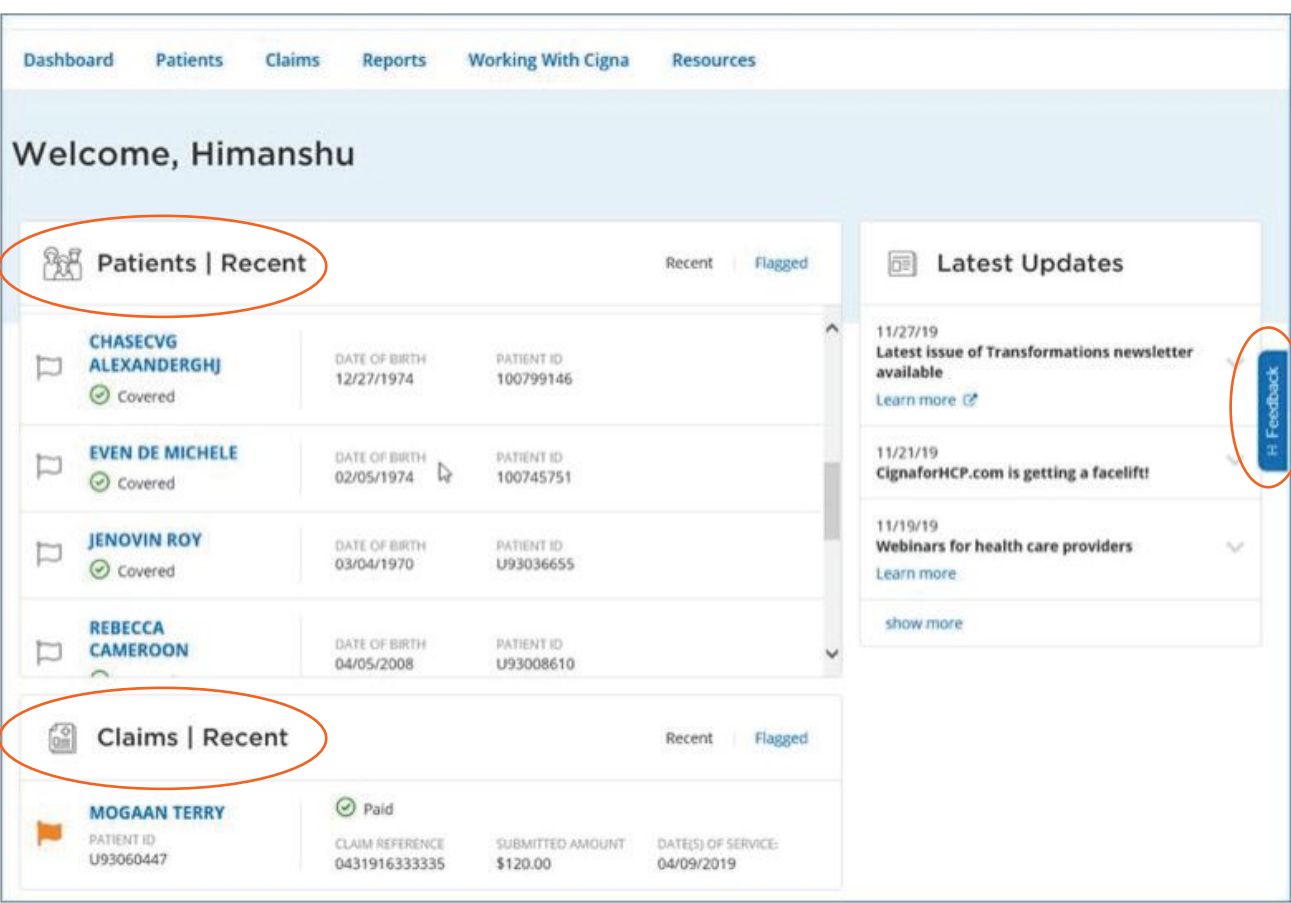
- › **User-specific tiles.** Once logged in, you'll see tiles for sections of the website to which you have access.
- › **New general tiles.** Two new general tiles have been added: Patients and Claims. You can use them to access flagged patients, claims, and most recent searches (if you have those entitlements). There are also links to the search page, so that you may begin a new patient or claim search.
- › **New website access manager tile.** The dashboard for website access managers includes a new Manage User Access tile. This will give them a quick way to see who in their office has requested access to the website, and approve and assign access to them.

Working with Cigna web page easier to use

This web page has been updated with a cleaner layout that should make choosing your options simpler and quicker.

Please note that initially the enhanced Working with Cigna web page will contain only some of the functions you may be accustomed to seeing, depending on the functions you are currently assigned to. Until they are all available, you'll be able to access them by linking back to the current version of CignaforHCP.com. You'll find links to these functions on both the dashboard and the Working With Cigna web pages.

Exhibit 3



Watch for more information coming soon.



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 precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. 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 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 chart to the right. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

For additional webinar dates

Go to CignaforHCP.com > Get questions answered > Medical Resources > Communications > [Webinars for health care providers](#).

Questions?

Email: ProviderDigitalSolutions@Cigna.com

TOPIC	DATE	TIME (ET/CT/MT/PT)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Tuesday, February 4, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	712 402 231
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, February 12, 2020	11:00 AM/10:00 AM/9:00 AM/8:00 AM	45 min	713 834 140
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, February 18, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	714 272 226
Website Access Manager Training	Thursday, February 20, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	717 222 212
CignaforHCP.com Overview	Wednesday, March 4, 2020	11:00 AM/10:00 AM/9:00 AM/8:00 AM	90 min	718 073 319
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, March 10, 2020	3:00 PM/2:00 PM/1:00 PM/12:00 PM	45 min	710 737 227
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Monday, March 16, 2020	12:30 PM/11:30 AM/10:30 AM/9:30 AM	45 min	710 198 392
Website Access Manager Training	Wednesday, March 25, 2020	1:00 PM/12:00 PM/11:00 AM/10:00 AM	45 min	711 630 629



GETTING REIMBURSED FOR SCREENING YOUR PATIENTS' BEHAVIORAL HEALTH

In the central role you play in caring for your patients' overall health, you are in a unique position to screen them for potential behavioral health issues, while also educating them about the connection between their body and mind – and how it may affect their physical health.

The Body and Mind Connection web page

To better support you and your patients, we've created a new, dedicated web page called The Body and Mind Connection (Cigna.com/Connections). Visit this web page to find:

- › Nationally available behavioral health screening tools and evaluation forms.
- › Information on how to get reimbursed for the time you spend discussing behavioral health with your patients.
- › The specific Current Procedural Terminology (CPT®) codes you can use to bill for having these discussions.
- › Additional tools and resources to help you support your patients.

Just want the reimbursement information?

If you're looking for something quick to print and keep handy to identify reimbursable billing codes for screening behavioral health issues in a medical setting, check out our [Behavioral Health Screening Reimbursement](#) flyer.*

For more specific information about what and when you can bill, review our [Preventive Care Services Administrative Policy \(A004\)](#).** You'll find guidance on how to bill preventive care services and screenings, and have access to a list of covered codes. For most of your patients, these codes will be covered at 100 percent with no cost share.***

* Cigna.com/Connections > Reimbursement > [How to get reimbursed for behavioral health screenings \[PDF\]](#).
** Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > Medical and Administrative A-Z Index > [Preventive Care Services – \(A004\)](#).
*** Eligible preventive care services are covered at 100 percent with no patient cost share when performed by a participating provider. Services by nonparticipating providers may not be covered at 100 percent. Additional services or treatments performed in the same office visit that preventive services occur may result in out-of-pocket costs for your patients when they are billed separately. Certain codes may only be covered when provided at a separate encounter from the preventive care E&M office visit. Please refer to the [Preventive Care Services Administrative Policy \(A004\)](#) for guidance on appropriate codes for reporting a preventive service.



CIGNA GENE THERAPY PROVIDER NETWORK

As new gene therapies continue to emerge for the treatment of certain medical conditions, they will play an increasingly important role in the health and well-being of our customers. To help us proactively respond to customers’ needs as more gene therapies receive FDA approval, we’ve created a two-pronged approach to coverage for gene therapy.

We are:

- Introducing gene therapy benefit language to clarify coverage and introduce enhanced benefits.
- Implementing a new Cigna Gene Therapy Provider Network to ensure customers receive coverage for cost-efficient quality care.

Gene therapy coverage

A customer’s benefit plan will govern coverage of gene therapy products and administrative services. Some may limit coverage to a select group of participating providers. Cigna will contract with select providers for each gene therapy product introduced to the market.

Reimbursement guidelines

To receive reimbursement for gene therapy, providers must follow certain guidelines.

- Precertification is required.
- Products must be dispensed – and claims must be submitted – by a specialty pharmacy, or other provider or entity, with which Cigna has an applicable reimbursement arrangement.

- Providers will not be reimbursed for purchases made directly from specialty pharmacies, manufacturers, or wholesalers.

Cigna-designated gene therapy products

Currently, there are two Cigna-designated gene therapy products.

GENE THERAPY PRODUCT GENERIC DRUG NAME (BRAND NAME)	HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE
voretigene neparvovec-rzyl (LUXTURNA®)	J3398
onasemnogene abeparvovec-xioi (ZOLGENSMA®)	C9399, J3490, J3590, J9999

You may also access this list by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reimbursement and Payment Policies > Precertification Policies > Cigna Designated Gene Therapy Products Requiring Precertification.

*Please note that precertification is required for gene therapy products for all of our medical management models, including Personal Health Solutions (PHS), Personal Health Solutions Plus (PHS+), and Health Matters Care Management (Basic Low, Basic Standard, Preferred, and Complete).**



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 Provider Network. 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 Provider Network, contact your Cigna Contracting representative.

* Note that the list of designated gene therapy products requiring precertification may change without prior notice.



ACUPUNCTURE NETWORK ACCESS FOR CUSTOMERS WITH TUFTS HEALTH PLAN

Beginning January 1, 2020, customers with coverage through Tufts Health Plan, a strategic alliance partner, have access to Cigna’s national network of acupuncturists outside of Massachusetts and Rhode Island.

Providers outside of these two states must be contracted and credentialed with Cigna or American Specialty Health® (ASH), our national ancillary provider, as applicable, to provide in-network care for our customers with acupuncture benefit coverage.

For credentialing information, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get Questions Answered > Medical Resources > Doing Business with Cigna > [Credentialing and Recredentialing](#), or [ASHLink.com](#).



TRANSITION TO EXPRESS SCRIPTS PHARMACY: WHAT TO EXPECT

Throughout 2020, we will be transitioning customers from Cigna Home Delivery Pharmacy to Express Scripts Pharmacy, a Cigna company. This transition will affect the home delivery prescription fulfillment process and the prior authorization process.

When an employer group’s contract renews, Express Scripts Pharmacy becomes the home delivery pharmacy of record for their employees. Pharmacy benefits for Individual & Family Plans will also include Express Scripts Pharmacy beginning January 1, 2020.

Customers will see the Express Scripts name on bottles and packaging, as well as on related correspondence. They may notice a change in the shape, size, and/or color of their medication. In addition, upon renewal, employer groups will receive a claim engine upgrade.

After this happens, you will begin to see the Express Scripts entity name on Cigna notices or communications about your patients with Cigna-administered coverage.

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



HOME INFUSION WITH ACCREDO

For your patients requiring nursing support for their specialty medications at home, Accredo, a Cigna specialty pharmacy, offers care, commitment, and compassion.

Infusion care by Accredo’s field nurses includes:

- › Infusing medications at a place and time convenient for the patient, including evenings and weekends for customers who are stable on their medication regimen.
 - › Staying with the patient for the entire infusion, helping to ensure patient safety in case of a negative reaction.
 - › Setting the infusion rate based on the prescriber’s order, and making adjustments based on patient tolerance after consulting with the prescriber, when appropriate.
 - › Educating patients and caregivers on self-infused and inhaled therapy to help ensure they feel comfortable and confident administering medications.
- "I'm grateful for the gift of being allowed into a patient's home during one of the most vulnerable times in their life, and having the opportunity to help on so many levels."*
- **Lisa***
Accredo community-based RN

Helpful tips: Getting a patient started

Getting a patient started with nursing services through Accredo is easy.

- › For drug-specific referrals, go to [Accredo.com](#) > Prescribers > [Referral Forms](#).
- › Provide all information requested.
- › Check the box that confirms that home infusion is allowed. *(Note that this is not on all forms.)*
- › Include nursing orders, other medications, and caregiver supply requests with the medication prescription.

Accredo infusions at a glance

Accredo has:

- › Completion rates of 99% across infused products for more than 3,000 patients receiving more than 21,000 infusions.**
- › A patient satisfaction rate of 96% or higher for the past eight years.***

Learn more about how Accredo field nurses support patients. Watch [this video](#).

* Lisa is one of more than 600 community-based registered nurses who visits a patient's home, work, or school to deliver care and education to those needing help with therapy.
** Accredo report: Mobile Point of Care Application Infusion Addendum Assessment 7/1/2017–12/31/2017.
*** Accredo infusion nursing rates, 2012–2019.

SPECIALTY PHARMACY PRESCRIPTIONS THROUGH ACCREDO

In late 2019, we completed the transition of our specialty pharmacy medication fulfillment and clinical service model to Accredo, a Cigna specialty pharmacy. As a result, Cigna Specialty Pharmacy is no longer accepting prescriptions, and you should send all specialty prescriptions to Accredo.

There are several ways you can submit prescriptions.

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 listed on the form.
ePrescribe	Choose NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, Tennessee 38134.
Phone	Call 866.759.1557 .

Update your contact information

Please note that the fax line for Cigna Specialty Pharmacy is no longer in service, and the phone line will be disconnected on March 31, 2020. We recommend you replace all contact information for Cigna Specialty Pharmacy with that of Accredo.

Additional information

If you have questions about this or other specialty pharmacy information, please call the Accredo Physician Service Center at **844.516.3319**.



HEDIS DATA COLLECTION IS RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®),* a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide to their customers. The National Committee for Quality Assurance (NCQA), employers, and health plans developed HEDIS as an industry-wide method to help compare and assess a health plan’s performance in a variety of areas.

What you need to know

- › Our initial requests for medical records are mailed to provider offices beginning in late January.
- › The mailing includes a list of patients and a detailed description of what is needed from each medical record. The patients identified on each list are chosen through a random selection process.
- › The HEDIS medical record submission is time sensitive. Please return the requested medical records within the time frame noted on the request letter. We appreciate your timely response.
- › If you have an electronic medical record (EMR) system, we can access the medical records remotely through our secure network, or you can upload the medical records directly to our secure file transfer protocol (SFTP) site. Electronic submission is a more efficient process that can

minimize disruption to your office. You can also securely fax the requested documentation to us.

- › All protected health information (PHI) is kept confidential, and only shared to the extent permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan’s level.
- › HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.
- › Under your Cigna provider agreement, you are required to cooperate with the HEDIS data collection process.

Shared administration

We provide health benefit services to individuals covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. Please be aware that FEHB plans within the shared-administration program collect their own HEDIS data each year. These plans include:

- › American Postal Workers Union (APWU)
- › National Association of Letter Carriers (NALC)
- › SAMBA Federal Employee Benefit Association



Therefore, if you have patients who have Cigna coverage through a FEHB plan, you may receive separate HEDIS requests directly from the administrators of those FEHB plans. Please follow their instructions to submit any required medical records.

For more information on HEDIS

Log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Commitment to Quality > Quality >

Healthcare Effectiveness Data and Information Set Record Collection).

Documentation tips are also available on CignaforHCP.com > Get Questions Answered > Medical Resources > Commitment to Quality > **HEDIS Quick Reference Guides.**

You may also visit the NCQA website (NCQA.org) for more information on HEDIS.

* HEDIS is a registered trademark of the National Committee for Quality Assurance.



STUDY: HEALTH ENGAGEMENT INCENTIVES IMPROVE HEALTH, LOWER COSTS

Heart disease, diabetes, and other chronic conditions are leading drivers of health care costs in the United States. They are often influenced by lifestyle choices such as smoking, unhealthy eating, lack of physical activity, and alcohol use.¹

But, according to a recent Cigna study, when a person's health plan includes financial incentives, it can help lead to both better health and lower costs. That's why we encourage you to ask your patients if their health plan offers incentive programs, and suggest they take advantage of them.

Study results

In October 2019, Cigna released the results of its three-year health engagement incentive study of more than 210,000 customers enrolled in 28 employer-sponsored plans. The results were notable.

Greater customer engagement

Customers with access to health engagement incentive programs demonstrated increased involvement in their health. For example, they were:

- › **Twice** as likely to set a health coaching goal.
- › **Twice** as likely to achieve a health coaching goal.
- › **30 percent** more likely to complete their biometric screening.

Better health outcomes

Customers demonstrated improved health outcomes across biometric indicators, including:

- › **Body mass index (BMI): Six times** more likely to meet the target of <30 kg/m²
- › **Blood pressure: Five times** more likely to meet the target of <140/90 mmHg
- › **Cholesterol: 45 percent** more likely to meet the target of <240 mg/dL
- › **Blood glucose: 30 percent** more likely to meet the target of <100 mg/dL (fasting) or 140 mg/dL (random)

Lower total medical costs

In addition to improving customer engagement and health outcomes, total medical costs were:

- › Lowered an average of **10 percent** overall.
- › Lowered an average of **13 percent** for customers with two or more chronic conditions, such as heart disease and diabetes.

Did you know?

- › In the United States, smoking-related illness costs exceed \$300 billion each year.²
- › Low levels of physical activity are associated with \$117 billion in annual health care costs.³
- › Fewer than one in 10 adults and adolescents eats enough fruits and vegetables.⁴



What this means to providers

Your patients who are enrolled in a Cigna health plan through their employer may be eligible to earn financial rewards if the plan includes a health engagement incentive program. The programs are offered at no cost to the patient, and can help supplement your treatment plan. This may be especially important for those who have chronic conditions. Consider asking your patients if their health plan offers incentive programs, and suggest that they take advantage of them.

About the study

Cigna's health engagement incentive study evaluated the behaviors and health outcomes of more than 210,000 customers across 28 large employer groups from 2015 to 2017. The analysis compared employers who offered Cigna health engagement programs with MotivateMe[®] incentives versus health engagement programs without incentives. Employer groups were controlled for similar industries and employee populations. All whole person health engagement programs leveraged the **Life ConnectedSM** approach, and included biometric screening and health coaching.

1. Centers for Disease Control and Prevention (CDC), [About Chronic Diseases](#), 2019.
2. CDC, [Tobacco Use](#), 2019.
3. CDC, [Lack of Physical Activity](#), 2019.
4. CDC, [Poor Nutrition](#), 2019.



HIGH-TECH RADIOLOGY SITE OF CARE MEDICAL NECESSITY REVIEW

Beginning April 15, 2020, our precertification requirements for computed tomography (CT) scans and magnetic resonance imaging (MRI) will include a medical necessity review for the site of care for our customers with fully insured plans. Requests will be reviewed 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).*

What this means to you and your patients with fully insured Cigna plans

Precertification requests that include a freestanding facility site of care, and are in accordance with the terms of our coverage policy and the patient’s benefits, will be approved. The use of an outpatient hospital setting will only be approved when there is valid clinical information supporting its medical necessity.

How to request precertification

There will be no change to the process for requesting precertification. You will continue to submit precertification requests for high-tech radiology services to eviCore healthcare by logging in to the eviCore website ([eviCore.com](https://www.eviCore.com) > PROVIDERS).

View the updated policy

We have updated our Site of Care: High-tech Radiology policy to include medical necessity review for site of care. You can access the policy by going to the Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Coverage Policies > Policy Updates > Policy Updates December 2019 > [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 view the clinical guidelines on the eviCore website (eviCore.com)
Benefits eligibility and coverage	Cigna Customer Service: 800.88Cigna (882.4462)



* Except in situations where the use of an outpatient hospital setting is medically necessary due to the patient’s clinical condition.



ASIAN DIVERSITY AND HOW IT AFFECTS HEALTH CARE¹

Every day, you treat patients of varying races, ethnicities, and religious beliefs, with the goal of providing the best possible care. You likely know that culture may affect your patients’ health-related practices and beliefs, and that certain ethnic groups may be more susceptible to specific diseases and health concerns.

It’s equally important to remember that great health differences may exist even within an ethnic group. The Asian population, in particular, is often lumped into one large group. Yet it comprises numerous unique ethnic groups.

Free tool helps identify health differences within ethnic groups

To help you identify separate groups within ethnic populations, and their diverse health concerns, we encourage you to use CultureVision™. This database is available at no charge to network-participating providers. It gives access to culturally relevant information, including the prevalence of diseases within certain populations, the effect of cultural issues on medical decision-making, questions to ask that may help lead to better health outcomes, and how to improve communication when there is a language barrier.

Asian ethnic groups identified in CultureVision

To more accurately reflect the diversity of the Asian population, the ethnic groups listed below

each have individual web pages featured on the CultureVision website.

- | | |
|----------------|-----------------|
| › Asian Indian | › Hmong/Laotian |
| › Bhutanese | › Japanese |
| › Burmese | › Napali |
| › Cambodian | › Pakistani |
| › Chinese | › Thai |
| › Filipino | › Vietnamese |

In the United States, the populations of these particular ethnic groups range in size from a little over 29,000 to nearly 4.75 million, totaling more than 21 million people.

Diversity of health risks among Asians

The diversity of Asian ethnic groups extends beyond their nationalities, religious beliefs, and cultural practices. There are many differences in health risks, too. Unfortunately, these groups are often viewed as one aggregate Asian population in health studies, making it difficult to identify common health problems of individual ethnic groups. To address this issue, CultureVision uses ethnicity-specific data whenever possible.

Did you know?

- › Asian Americans overall are less likely to develop cardiovascular disease. But, Filipino Americans have higher rates of the disease compared with some other Asian ethnicities, with rates similar to non-Hispanic whites.

- › Cancer is the leading cause of mortality among the Asian-American population, but the type of cancer to which a group is more susceptible will vary. Japanese Americans have the highest rates of breast, endometrial, and colorectal cancer, while Korean-American men have the highest mortality rates from lung and stomach cancer.
- › There is 100 percent prevalence of viral hepatitis A among individuals in Cambodia over age 16.
- › There is an increased susceptibility of the Hmong people to kidney stones.

More information on the CultureVision website

For more information that may help you when providing care to Asians in your patient population:

- › Visit the CultureVision website (CRCultureVision.com).
- › Login Name (case-sensitive): **CignaHCP**, Password: **Doctors123***
- › In the Select Group box, click Ethnic Groups; then select any Asian ethnic group from the drop-down menu.

Additional resources to enhance interactions with culturally diverse patients are outlined on [page 23](#).

1. Data in this article was taken from the Fall 2019 CultureVision newsletter. To access this and other editions of the CultureVision newsletter, log in to CRCultureVision.com > Quarterly Newsletter.



THE MODEL MINORITY BIAS

Some Asian Americans who are high achievers, educated, and health-literate view themselves as being a “model” health minority, capable of managing their own health and chronic conditions. They may believe they are less vulnerable, and therefore be less likely to ask for health care treatment or advice, even when it’s needed.

Providers sometimes share this model minority bias, and as a result limit their education, prevention, and treatment efforts when interacting with these patients. However, the majority of these patients need the same level of care as the general patient population.

Please be aware of the model minority bias in your practice, and provide the same health care treatment and education efforts to all of your patients, regardless of education or status.



QUALCARE WORKERS' COMPENSATION BILLING UPDATE: NJ

Effective November 1, 2019, QualCare network-participating providers in New Jersey that submit more than 24 workers' compensation claims per calendar month are required to submit them electronically. This is in compliance with New Jersey Assembly Bill No. 3401.

Where to submit workers' compensation claims

If you submit more than 24 workers' compensation claims per calendar month:

Submit them electronically to Change Healthcare (payer ID 83867). This is the clearinghouse with which Cigna has contracted for administration of these claims. Change Healthcare will electronically transmit the workers' compensation bill data to Qual-Lynx for payment determination.

To expedite processing:

- ▶ Use the claim number provided on the Qual-Lynx Duty Determination Form or the authorization number given by the Adjuster or Nurse Case Manager when scheduling your patient's initial visit.
- ▶ Submit medical notes within 48 hours of the visit.

If you submit 24 or fewer workers' compensation claims per calendar month:

We recommend submitting your claims electronically, but you may also mail or fax them.

Electronic:	Payer ID 83867 (Change Healthcare)
Mail:	Qual-Lynx PO Box 309 Piscataway, NJ 08855-0309 Attn: Workers' Compensation Department
Fax:	732.562.2815 (Workers' Compensation Clinical Unit and Bill Processing)

Reporting injuries and obtaining medical referrals

To report injuries and obtain medical referrals, call the Qual-Lynx Workers' Compensation Department at **800.425.3222**. Representatives are available 24 hours a day, 365 days a year.

Additional information

Please call the Qual-Lynx Workers' Compensation Department at **800.425.3222**, option 3, or QualCare Provider Relations at **800.992.6613**, ext. 7830.



CIGNA SUPPORTS ALABAMA'S VETERANS

Stringent training, deployments, frequent moves, and returning to civilian life put unique stressors on veterans and their families. For veterans in southeast Alabama and surrounding areas, the support offered by Veterans Recovery Resources is critical. This community-based, nonprofit organization offers professional clinical care and peer-based wellness programs for military service members, veterans, their families, caregivers, and survivors.

Cigna grant makes a difference

Recently, the Cigna Foundation awarded a \$100,000 grant to support the efforts of Veterans Resource Recovery. The grant will fund additional peer support specialists, who provide collaborative care beyond clinical services to veterans on their recovery journey. The specialists are also veterans, making them uniquely equipped to offer practical skills, knowledge, and assistance, as well as empathy and hope.

“Unless you’ve been there, it’s difficult to build trust with someone who doesn’t understand your experiences. Peer support is anchored in trust through shared experience; that’s why it’s so effective,” said John Kilpatrick, founder and Executive Director of Veterans Recovery Resources and a military veteran.

“We are grateful the Cigna Foundation recognizes the value that an evidence-based, trauma-informed peer support program can bring to the lives of veterans.”
— **John Kilpatrick**
*Founder and Executive Director
Veterans Recovery Resources*

“At Cigna, we have a long-standing commitment to veterans. We’re privileged to support organizations that provide services supporting whole-person health to help veterans thrive, both in body and mind,” said Susan Stith, Executive Director, Cigna Foundation. “Veterans Recovery Resources is building a community of support for veterans, and we are proud that this grant will allow them to expand their reach.”

Cigna’s ongoing commitment to helping veterans

In 2019, Cigna and the U.S. Department of Veterans Affairs announced a partnership to help educate veterans about safe opioid use, and help improve the delivery of care and health outcomes for veterans. In addition, Cigna offers a free Veteran Support Line **(855.244.6211)** to all veterans, families, and caregivers to access services and resources for pain management, substance use counseling and treatment, and more.



Recognized by *Military Times* in their 2019 “Best for Vets” list, Cigna has consistently supported veterans and military families through hiring initiatives and providing them with an environment for success. Salute, a Cigna enterprise resource group that is employee-led and backed by executive leadership, offers an open forum, support, and programming for employees who serve or have served in the military, their families, and those that support our veterans.

About Veterans Recovery Resources

Founded in 2015, Veterans Recovery Resources is a “by veteran, for veteran” nonprofit, community-based wellness program dedicated to accelerating veterans’ well-being. The program removes the barriers to mental health care and provides a unique recovery program for veterans, families, caregivers, and survivors who are experiencing post-traumatic stress, substance abuse, and other wellness issues. [VetsRecover.org](https://vetsrecover.org).

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 that share its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. [Cigna.com/Foundation](https://cigna.com/foundation).



FEEDING CHILDREN EVERYWHERE RECEIVES \$1 MILLION GRANT FROM CIGNA

Regular access to nutritious and sufficient food is the starting point for a healthier, more productive life.* Unfortunately, more than 12 million children in America experience food insecurity,* which can significantly impact their physical and mental health.** It may lead to poorer educational outcomes, contribute to developmental impairments in areas like language and motor skills, and lead to social and behavioral problems.***

Grant provides groceries for the underserved

In an effort to help reduce childhood food insecurity across the country, the Cigna Foundation awarded a \$1 million grant to Feeding Children Everywhere last fall. This is part of its five-year, \$25 million **Healthier Kids For Our FutureSM** initiative to address the health and well-being of children around the world.

The grant directly supports the Feeding Children Everywhere Full Cart program, which provides underserved families nationwide with a box of groceries delivered directly to their homes, at no cost. Recipients receive items such as meal kits, common groceries, snack foods, and fresh produce. The Full Cart program also donates gift cards to schools and community organizations, empowering crisis counselors to provide assistance for families in need.

“Healthier Kids For Our Future is Cigna’s resounding call to action that together, we can help end food insecurity in communities around the world.”

— **David Green**
Chief Executive Officer
Feeding Children Everywhere

“Through the partnership with Feeding Children Everywhere’s Full Cart program, Cigna Foundation is providing the capacity to help millions of families with the nutritious meals they need for healthy lives,” said David Green, Chief Executive Officer, Feeding Children Everywhere.

An immediate and lasting impact

“When we set out to reduce childhood hunger in the communities where we live and work, we knew the need was significant,” said Susan Stith, Vice President, Diversity, Inclusion, Civic Affairs, and the Cigna Foundation. “Food insecurity and lack of quality nutrition can create lifelong chronic conditions, and this program – by simply bringing groceries to those in need – will have an immediate impact on those who receive it.”



Healthier Kids for Our Future grant applications

The Cigna Foundation is awarding up to \$5 million in Healthier Kids for Our Future grants to nonprofit organizations working to reduce food insecurity. We encourage qualified organizations to [apply for a grant](#).

About Feeding Children Everywhere

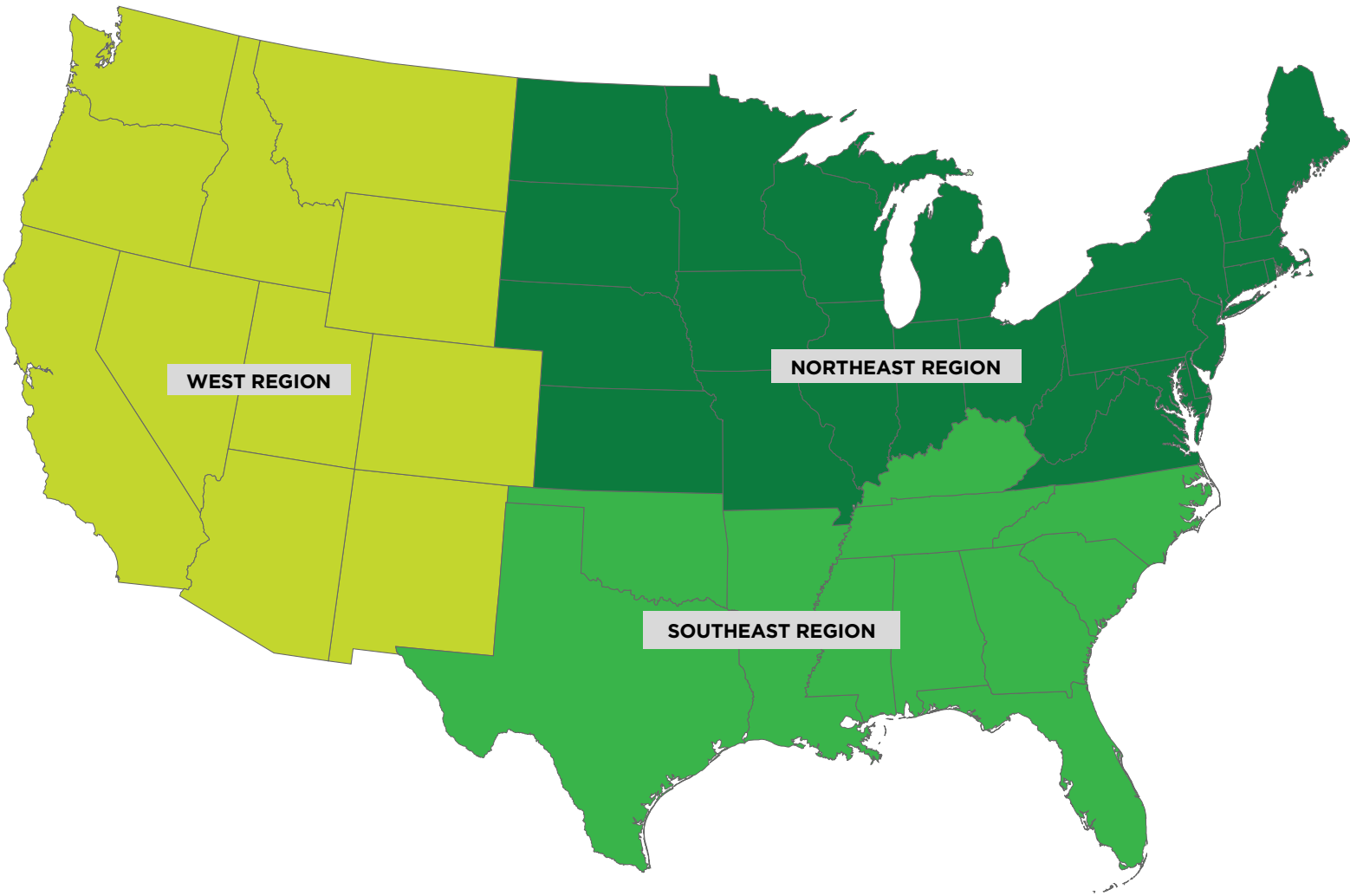
Feeding Children Everywhere is a 501(c)(3) nonprofit organization dedicated to the vision of a hunger-free world in our lifetime. The Feeding Children Everywhere **Full Cart** program puts families back in control of their grocery budgets by offering a package containing meal kits, common grocery items, and fresh produce delivered directly to their front doors. [FeedingChildrenEverywhere.com](#).

* Feeding America, [Child Food Insecurity: Map the Meal Gap 2019](#).
** American Psychological Association: [Effects of Poverty, Hunger and Homelessness on Children and Youth](#), 2019.
*** Feeding America, [What happens when a child faces hunger?](#) 2019.



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.



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.

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 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.



QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

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 of 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.

CIGNA REFERENCE GUIDES

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, GWH-Cigna, and “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](#).



GO GREEN – GO ELECTRONIC

Would you like to reduce paper use in your office? Sign up now to receive certain announcements and important information from us right to your in-box.

When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), you can:

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

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

If you are a registered user, please check the My Profile page to make sure your information is current.

If you are not a registered user but would like to begin using the website and receive electronic updates, go to CignaforHCP.com and click [Register](#).



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 a new resource, [California Language Assistance Program for Providers and Staff](#). This 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 > ProviderResources > [Cultural Competency and Health Equity](#). Check back often for newly added resources.

GENDER DISPARITY TRAINING FOR CME CREDIT – NEW

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 > ProviderResources > 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.



EARN CME CREDITS WITH VALUABLE INSIGHTS, A 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.

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 tool, ask your website access manager to assign you access to the functionality to make updates. If you don't know who your website 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. It will be prepopulated with the information for your practice currently displayed 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.

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

Please make sure that your email address is updated so that you won't miss any important communications, such as *Network News*, alerts, and other emails. It only takes a moment. Simply log in to CignaforHCP.com > Settings and Preferences to make the updates. You can also change your phone number, job role, address, and password here.



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.



LETTERS TO THE EDITOR

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

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

ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit Cigna.com > Health Care Providers > Provider Resources > [Cigna Network News for Providers](#).

Together, all the way.®



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Network News

FIRST QUARTER 2020

For providers



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