Network News

FOURTH QUARTER 2021

For providers

Cigna®

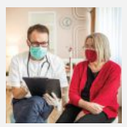
COVID-19 UPDATES

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.

Network News

FOURTH QUARTER 2021

Contents



FEATURE ARTICLE

HELP YOUR PATIENTS UNDERSTAND THEIR AFTER-HOURS CARE OPTIONS

You are your patients' main point of contact for health care. But there may be times when your patients have a medical need outside the typical hours your office is open – such as at night or over the weekend.

When you're not available in person, your patients will appreciate knowing alternative options, including virtual care from you, another provider, or MDLIVE. You may even refer them to another in-person network-participating provider or facility you recommend for timely and cost-effective care.

In a true emergency, it's important that your patients dial 9-1-1 or go to the closest emergency room, and they should be informed of this in your practice's after-hours voice message. But in most cases, they will want to take advantage of other convenient and more cost-effective alternatives.

Virtual care from you or another network provider

As part of our **Virtual Care Reimbursement Policy**, most providers can offer virtual care 24 hours a day, seven days a week to existing and new patients from either their office or a remote location. If your office offers virtual care, we encourage you to let your patients know how they can access it.

MDLIVE

Your patients can use their computer, tablet, or smart phone to visit with an MDLIVE board-certified doctor, nurse, or coach for help with minor conditions that are not life-threatening, 24 hours a day, 365 days a year.

To access a live doctor, counselor, or nurse, your patient should:

- Visit **myCigna.com**.
- Right from the home page, click the blue Connect Now box.
- Choose the type of care: Urgent care, counseling, or preventive care.
- Click Connect.

Urgent care centers and convenience care clinics

These facilities offer flexible and extended hours, shorter wait times, lower costs compared to an emergency room, and walk-in appointments.

Urgent care centers

Your patients can receive care for urgent problems, such as sprains, cuts, fevers, and other health issues that are not true emergencies, and save hundreds of dollars when they choose this option over an emergency room.

Convenience care clinics

Your patients can receive care for routine health problems, such as earaches, sore throats, colds, and the flu, and obtain routine vaccines and immunizations. They are typically less expensive than urgent care centers, and often conveniently located in a pharmacy or grocery store.

To find a participating urgent care center or convenience care clinic, your patients should:

- Visit **myCigna.com**.
- At the top of the page, choose Find Care & Costs.
- Click the Health Facilities box.
- From the drop-down menu, select the facility type (Urgent Care Facility or Convenience Care Clinics).
- Select the health plan listed on their ID card (e.g., HMO, OAP, PPO).*

Additional information

If your patients need live, one-on-one support and guidance about where to go for urgent or emergency care, they can also call the Cigna 24-Hour Health Information Line at the phone number on the back of their Cigna ID card. Clinicians are available to help them 24 hours a day, 365 days a year.

PROACTIVELY COMMUNICATING AFTER-HOURS CARE

It's important to proactively communicate your after-hours care recommendations to patients – such as during in-office visits, as well as via office postings, your website, your answering machine, and your answering service – as your patients may not actively seek this information until it's needed.

Your answering machine and answering service should inform patients:

- To dial 9-1-1 in a true emergency, or go to the closest emergency room.
- If your office offers virtual care.
- About other cost-effective options for urgent, nonemergency needs.
- When to expect a call back from you if they leave a message on nights and weekends.
- To contact you after receiving after-hours care from another provider so that you can assess their follow-up care needs.

* Health maintenance organization, Open Access Plus, preferred provider organization.

PREVENTIVE CARE SERVICES POLICY UPDATES

On June 1, 2021 and July 15, 2021, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates effective on June 1, 2021

DESCRIPTION	UPDATE	CODES
Unhealthy drug use screening: All adults, age 18 and older	New screening; added Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes	CPT codes 99408 and 99409; HCPCS codes G0396, G0937, and G2011

Summary: Preventive care updates effective on July 15, 2021

DESCRIPTION	UPDATE	CODES
Breast-feeding equipment and supplies	Removed eviCore healthcare reference, noting that equipment and supplies must be ordered through a Cigna network-participating provider for affected codes	HCPCS codes A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, and E0604*
Blood pressure screening equipment (outside the clinical setting)	Removed eviCore reference, noting that equipment and supplies must be ordered through a Cigna network-participating provider for affected codes	HCPCS codes A4660,* A4663,* and A4670*
Lung cancer screening: Adults who currently smoke or have quit within the past 15 years	Lowered screening age from age 55 to age 50, and lowered pack-per-year smoking history from age 30 to age 20	CPT code 71271

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**) > Review coverage policies > Medical and Administrative A-Z Index > **Preventive Care Services – (A004)**.

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 "G" ID cards.

Planned medical policy updates[1]

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
DRG Readmissions (R35)	A diagnosis related group (DRG) is a patient classification system that standardizes payments to hospitals and encourages cost-containment initiatives. DRG payment is based on the care given to, and resources used by, a "typical" patient within the group. A DRG payment covers all charges associated with an inpatient stay from the time of admission to the time of discharge.	We will update how we process claims for readmissions to the same hospital within 72 hours of discharge.	October 18, 2021 for claims with a discharge date on or after this date.
Modifier 26 Professional Component (M26)	Modifier 26 is a modifier appended to a procedure code when there is a professional component, such as the interpretation and report of a service.	We will deny reimbursement for Current Procedural Terminology (CPT®) codes billed with modifier 26 for the professional component of a service or procedure when the: › Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule does not recognize the existence of a professional component for a particular code, or › Facility is contractually responsible for laboratory management and oversight services.	October 27, 2021 for most states[2] for claims processed on or after this date.
Code Editing Policy and Guidelines	Many procedures are limited to a specified number of times they may be performed per date of service. Frequency edits disallow procedures exceeding the maximum number of times they may be performed per date of service.	We will update the way we process claims billed with modifiers on claims with codes containing frequency limits to no longer allow modifier overrides where frequency limits are assigned.	November 14, 2021 for claims processed on or after this date.
Drug Testing (0513)	Quantitative/definitive/confirmatory laboratory methods identify (confirm) the type and amount of a drug/metabolite/substance (classes) in a sample.	We will deny claims for drug testing for more than seven classes as not medically necessary.	November 14, 2021 for dates of service on or after this date.
Emergency Room Services (R36) – Professional	Emergency room (ER) services are typically performed in a designated emergency department that is set up to provide unscheduled episodic services when a patient needs immediate medical attention. ER services are provided by a physician or other qualified health care provider.	We will update how we process professional claims for ER evaluation and management (E&M) services billed with CPT codes 99284 and 99285.	November 14, 2021 for claims processed on or after this date.

1. Please note that the planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.
2. Different effective dates apply, as indicated, to the following states and U.S. territory: Illinois – November 1, 2021; California, Minnesota, and Nevada – November 11, 2021; Delaware, Maine, Massachusetts, New Hampshire, North Carolina, Puerto Rico, Rhode Island, Tennessee, Vermont, Virginia, and Washington – November 26, 2021; Arkansas, Colorado, Kentucky, Ohio, and Texas – December 26, 2021.

Continued on next page

Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Evaluation and Management Services (R30)	Impacted cerumen (ear wax) removal is the extraction of hardened or accumulated cerumen from the external ear canal.	We will administratively deny E&M services as not separately reimbursable when billed with the removal of impacted cerumen when the removal is the sole reason for the visit. This update affects E&M CPT codes 99202-99205 and 99211-99215 billed with 69209 or 69210 for cerumen removal.	November 14, 2021 for claims processed on or after this date.
National Correct Coding Initiatives (NCCI) Editing for Facilities (R09)	NCCI was developed by CMS to promote national correct coding methodologies and to avoid improper coding leading to inappropriate reimbursement. These coding methodologies are based on standard medical and surgical coding practices, and on coding conventions established by the American Medical Association's CPT Manual and national societies.	We will update our current NCCI edits to add mixed percentage off charges contracts to the existing policy.	November 14, 2021 for most states[3] for claims processed on or after this date.
Nucleic Acid Pathogen Testing (0530)	Nucleic acid pathogen testing is used to identify a bacteria, yeast, or virus by detecting its genetic material. It may allow for an earlier diagnosis of a disease than other types of testing.	We will update the way we process claims for nucleic acid pathogen testing to review diagnosis codes to determine medical necessity.	November 14, 2021 for dates of service on or after this date.
Intraoperative Monitoring (0509)	Intraoperative monitoring (IOM) is an umbrella term used to describe a variety of electrodiagnostic tests that monitor the integrity of neural pathways during surgical procedures when there may be risk of damage to the brain, spinal cord, or nerves.	We will administratively deny CPT code 95999 when billed with IOM codes 95940, 95941, or G0543.	November 15, 2021 for claims processed on or after this date.
Code Editing Policy and Guidelines	Add-on codes are Healthcare Common Procedure Coding System (HCPCS) and CPT codes identified by CMS that describe a service always performed in conjunction with the primary (base code) service. CMS has divided the add-on codes into three groups: Type I, Type II, and Type III.	We will review outpatient facility UB-04 claims, and deny charges for add-on codes billed without a base code or when the base code is denied.	December 1, 2021 for most states[4] for claims processed on or after this date.
Emergency Room Services (R36) – Facility	ER services are typically performed in a designated emergency department that is set up to provide unscheduled episodic services when a patient presents for immediate medical attention. ER services are provided by a physician or other qualified health care provider.	We will review facility UB-04 claims submitted with ER E&M CPT codes 99284 and 99285 for billing and coding accuracy. Claims may be adjusted and reimbursed at one CPT code level lower.	January 1, 2022 for claims processed on or after this date.

Additional information

Coverage policies

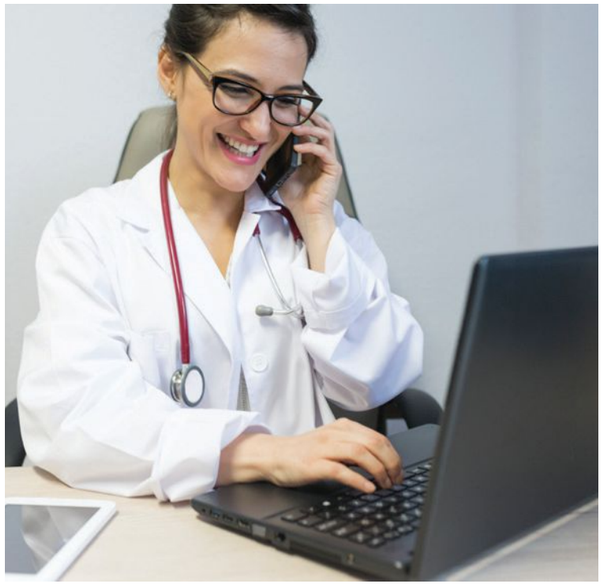
To view our coverage policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website (**CignaforHCP.com**) > **Review Coverage Policies**.

Reimbursement and modifier policies

To view our reimbursement and modifier policies, log in to **CignaforHCP.com**. Go to Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement and Modifier Policies. If you are not registered for the website, go to **CignaforHCP.com** and click **Register**.

3. Different effective dates apply, as indicated, to the following states and U.S. territory: California, Minnesota, and Nevada – November 19, 2021; Delaware, Maine, Massachusetts, New Hampshire, North Carolina, Puerto Rico, Rhode Island, Tennessee, Vermont, Virginia, and Washington – December 4, 2021; Arkansas, Colorado, Kentucky, Ohio, and Texas – January 3, 2022.
4. Texas has an effective date of January 1, 2022.

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 2021

On October 1, 2021, we added 16 new Current Procedural Terminology (CPT®) codes, and 11 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in October 2021

On October 1, 2021, we removed 18 existing CPT codes and 4 HCPCS codes from the precertification list that no longer require precertification.

To view the complete list of services that require precertification of coverage, **click here**. Or, 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**.

PROCEDURE CODE BENEFIT LOOKUP

Did you know you can obtain your patients' medical benefit details by procedure code? The Lookup Procedure Codes feature on the Cigna for Health Care Professionals website (**CignaforHCP.com**) was designed for this purpose.

How it works

It's easy. Log in to **CignaforHCP.com**, and search for and select your patient. Then, from the Patient Detail screen, use the Lookup Procedure Codes feature to access his or her eligibility and benefit information.

Enter up to 10 procedure codes and the place of service, submit the request. The benefit information for those specific codes will display for that patient.

Types of benefit information you will see

You'll see benefit information at the procedure code level, giving you more robust detail before performing services and procedures. You will receive information such as:

- If the deductible has been met.
- Copayment or coinsurance.
- Completed and remaining status bars for certain procedures when there are limitations.
- If precertification is required.

You will also find tabs to check medical benefits by primary care provider, specialist, or facility, as well as a link to Cigna coverage policies. In addition, you can obtain a benefit reference number for the results of a specific patient benefits search, which you can then use to access these same results for two years.

Log in to CignaforHCP.com today and try this time-saving feature.

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	MEETING TIME IN U.S. TIME ZONES (EASTERN/CENTRAL/MOUNTAIN/PACIFIC)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	**Wednesday, November 3, 2021**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	179 831 0482
Eligibility & Benefits/Cigna Cost of Care Estimator	**Wednesday, November 10, 2021**	10:00 AM/9:00 AM/8:00 AM/7:00 AM	60 min	179 139 2080
EFT Enrollment, Online Remittance, and Claim Status Inquiry	**Tuesday, November 16, 2021**	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 646 6778
Online Appeal & Claim Reconsideration	**Thursday, November 18, 2021**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 505 4271
Website Access Manager Training	**Tuesday, November 23, 2021**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 346 4077
CignaforHCP.com Overview	**Wednesday, December 1, 2021**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	179 147 7701
Eligibility & Benefits/Cigna Cost of Care Estimator	**Thursday, December 9, 2021**	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 527 1231
EFT Enrollment, Online Remittance, and Claim Status Inquiry	**Tuesday, December 14, 2021**	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 604 9013
Online Appeal & Claim Reconsideration	**Friday, December 17, 2021**	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 352 7069
Website Access Manager Training	**Monday, December 20, 2021**	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	179 013 2648

REFERRAL ESSENTIALS: THE IMPORTANT ROLE OF PCPS

Timely referrals are essential to helping your patients receive needed care and optimizing their outcomes. But sometimes the referral process can be confusing to patients, resulting in missed appointments and incomplete patient information. For these reasons, we recommend having a clearly defined referral process.

Referral requirements

Depending on your patient's benefit plan, primary care provider (PCP) referrals may be required for specialty services to be covered at the highest benefit level. **Please log in to the Cigna for Health Care Professionals website (CignaforHCP.com) for patient-specific information.**

The general referral requirements for Cigna plans include the following:

- **Health maintenance organization (HMO) and network plans**
  PCPs must make referrals for specialty care. Only network-participating providers are covered.
- **Point of service (POS) plans**
  PCPs are not required to make referrals; both participating and nonparticipating providers are covered. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.
- **Open access, preferred provider organization (PPO), and indemnity plans**
  PCPs never need to make referrals. Patients may visit any doctor for primary or specialty care. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.

One exception is women's health care

Regardless of plan type, referrals are not required for visits to network-participating OB/GYNs for covered obstetrical or gynecological services.

Steps to consider

Prepare your patient

Make sure they understand:

- The reason for the specialty care referral, and that they agree to it.
- Why it's an important component of their treatment plan.
- Whether they need to schedule the appointment themselves, or if the specialist office will contact them.

Be sure to give your patient the specialist's contact information and office location.

Provide a high-value referral request to the specialist office

Clearly state the clinical questions being asked of the specialist. Provide supporting data, such as prior treatments, related imaging or test results, and specifics related to the urgency of the referral.

Define the specialist's role

Clarify what you are asking of the specialist. Do you want the specialist to evaluate the patient to determine if another referral is necessary? Perform a specific procedure? Assume care for the patient until he or she is stable?

Close the referral loop

You should either receive a referral note or notification from the specialist if your patient did not show up for the specialist appointment or canceled it. Many primary care offices will periodically review open referrals and track down what happened, calling the specialist if needed.

In addition, it's important to communicate with the specialist, and acknowledge his or her recommendations. Then, make notations in the patient's chart regarding the referral and outcomes as a result of the specialist's evaluation. This will help ensure continuity of care in the future.

Documenting referrals

We do not require participating physicians to notify us of referrals to network-participating specialists, unless a specific requirement exists in a patient's benefit plan. (Please log in to **CignaforHCP.com** for patient-specific information.) In that case, please use the **Physician Referral Form**.

Resources

For additional information on this topic, we encourage you to access the online resources listed below.

- **Cigna.com**. On the **referrals web page**,* providers can view information about referrals, access the Physician Referral Form, and click a link to search for participating providers.
- **ACPonline.org**.** On this website, you will find a **High Value Care Coordination (HVCC) Toolkit** that provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors.

* Cigna.com > Health Care Providers > Coverage and Claims > Referrals.
** American College of Physicians website. *** ACPonline.org > Clinical Information > High Value Care > High Value Care Coordination Toolkit.

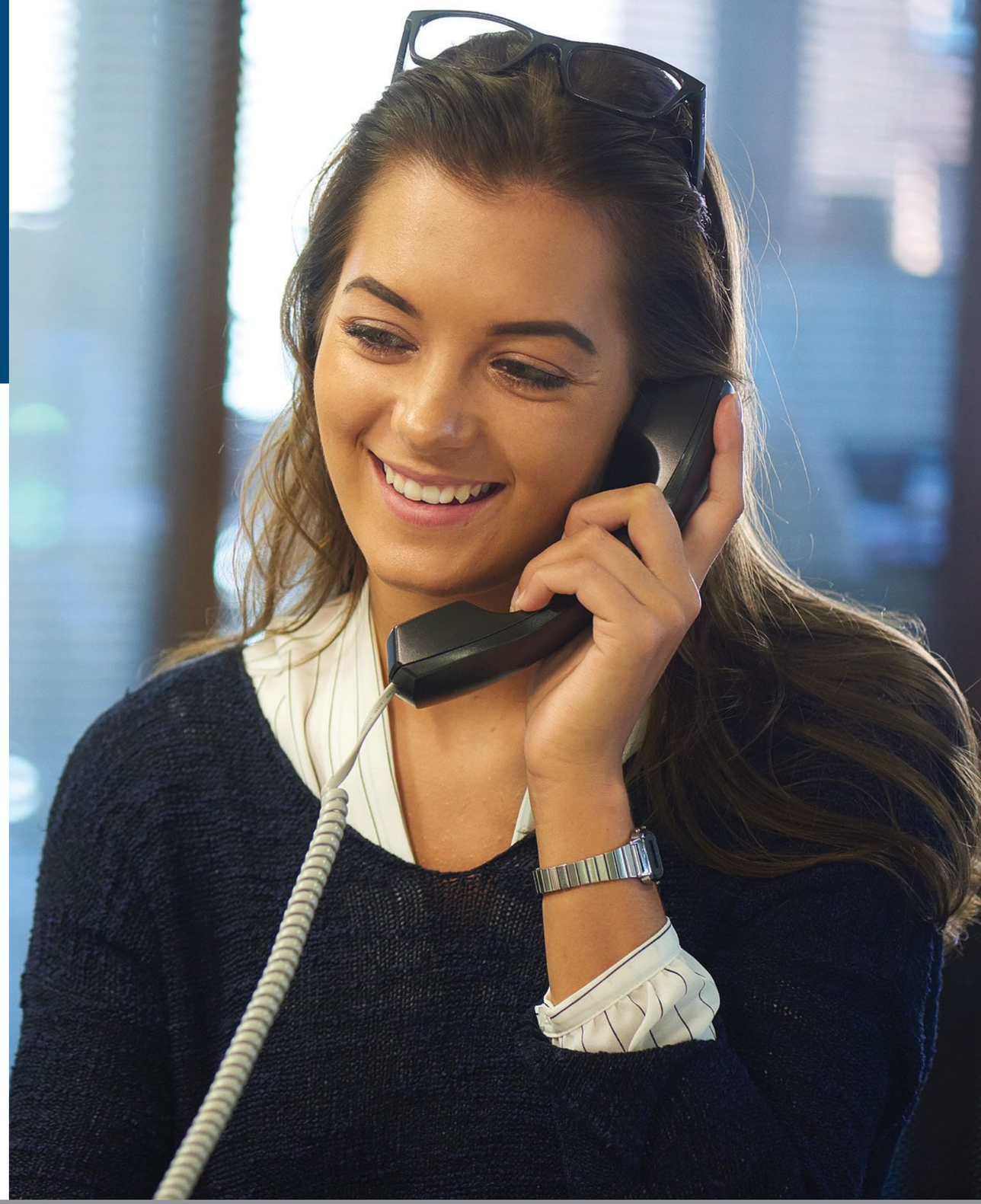
TIPS FOR RESCHEDULING PATIENT APPOINTMENTS

Rescheduling appointments is a routine task for most offices, and you likely have an established procedure for handling them. We encourage you to review your process regularly, and ensure it includes:

- Prioritizing based on the highest-risk patients. It's essential to make certain their health care needs are addressed in a timely and appropriately manner.
- Maintaining continuity of care consistent with good professional practice.
- Meeting any appointment time frames required by law based on the patient's original appointment request date. If needed, offer an appointment with an alternative provider in the office.

In addition, consider adding these rescheduling options.

- **Online rescheduling.** Even before the COVID-19 pandemic, there was a growing preference among individuals to schedule their own appointments online.* This may also lessen the burden on staff members, allowing them to focus on other duties.
- **Virtual visits.** These have become much more widespread and popular as a result of the pandemic.** Providers can manage basic conditions and offer preventive care virtually, often in less time. The visits tend to be more affordable for the patient, too, and they can take place over the computer or phone, allowing for more scheduling flexibility.



* Peng Zhao, MSc, et al. "Web-Based Medical Appointment Systems: A Systematic Review." National Center for Biotechnology Information, U.S. National Library of Medicine. 19 April 2017. Retrieved from https://www.NCBI.NLM.NIH.gov/pmc/articles/PMC5425771/.

** Lisa M. Koonin, DrPH, et al. "Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic – United States, January-March 2020." Centers for Disease Control and Prevention (CDC): Morbidity and Mortality Weekly Report. 30 October 2020. Retrieved from https://www.CDC.gov/mmwr/volumes/69/wr/mm6943a3.htm.

CIGNA AND OSCAR HEALTH PLANS EXPAND

Cigna and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. They bring together the power of Cigna's national and local provider networks – Open Access Plus and Cigna LocalPlus® – and Oscar Health's innovative digital customer experience.

On July 1, 2021, we began offering **Cigna Administered by Oscar plans** in Arizona, and on October 1, 2021, we expanded **Cigna + Oscar plans** to Kansas and additional counties in Georgia. *These two plans offer the same benefits; only the names are different.**

Key differences

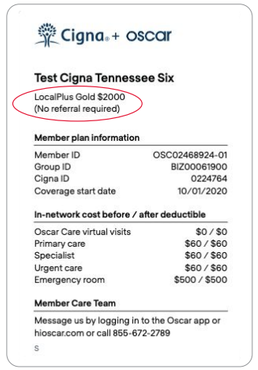
The key differences between the Open Access Plus and LocalPlus versions of both plans are the network and benefit coverage levels.

California and Tennessee LocalPlus plans do not have out-of-network benefit coverage, unless it is an emergency. Outside of these two states, based on customer plan enrollment, the Open Access Plus and LocalPlus network service areas determine in-network versus out-of-network coverage.

ID cards

You can easily identify patients with one of these plans by viewing their Oscar ID card. Sample ID cards appear below.

Cigna + Oscar sample ID cards


Cigna + oscar

Test Cigna Tennessee Six

LocalPlus Gold $2000
(No referral required)

Member plan information

Member ID	OSC02468924-01
Group ID	BIZ00061900
Cigna ID	0224764
Coverage start date	10/01/2020

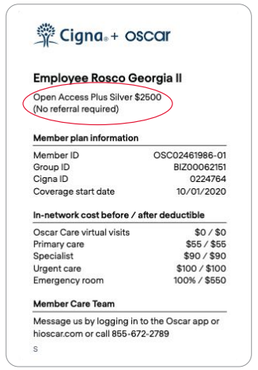
In-network cost before / after deductible

Oscar Care virtual visits	$0 / $0
Primary care	$60 / $60
Specialist	$60 / $60
Urgent care	$60 / $60
Emergency room	$500 / $500

Member Care Team

Message us by logging in to the Oscar app or hioscar.com or call 855-672-2789

LocalPlus


Cigna + oscar

Employee Rosco Georgia II

Open Access Plus Silver $2500
(No referral required)

Member plan information

Member ID	OSC02461986-01
Group ID	BIZ00062151
Cigna ID	0224764
Coverage start date	10/01/2020

In-network cost before / after deductible

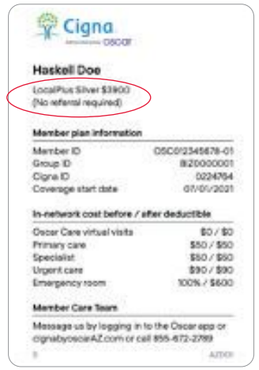
Oscar Care virtual visits	$0 / $0
Primary care	$55 / $55
Specialist	$90 / $90
Urgent care	$100 / $100
Emergency room	100% / $550

Member Care Team

Message us by logging in to the Oscar app or hioscar.com or call 855-672-2789

Open Access Plus

Cigna Administered by Oscar sample ID cards


Cigna oscar

Haskell Doe

LocalPlus Silver $3900
(No referral required)

Member plan information

Member ID	OSC012345678-01
Group ID	BIZ0000001
Cigna ID	0224764
Coverage start date	07/01/2021

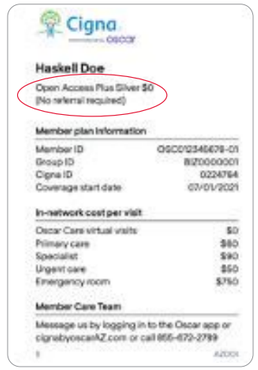
In-network cost before / after deductible

Oscar Care virtual visits	$0 / $0
Primary care	$50 / $50
Specialist	$50 / $50
Urgent care	$90 / $90
Emergency room	100% / $600

Member Care Team

Message us by logging in to the Oscar app or cignabyoscarAZ.com or call 855-672-2789

LocalPlus


Cigna oscar

Haskell Doe

Open Access Plus Silver $0
(No referral required)

Member plan information

Member ID	OSC012345678-01
Group ID	BIZ0000001
Cigna ID	0224764
Coverage start date	07/01/2021

In-network cost per visit

Oscar Care virtual visits	$0
Primary care	$80
Specialist	$90
Urgent care	$50
Emergency room	$750

Member Care Team

Message us by logging in to the Oscar app or cignabyoscarAZ.com or call 855-672-2789

Open Access Plus

* Different name required by Arizona Department of Insurance.

Continued on next page

Cigna and Oscar Health plans expand *continued*

Where Cigna and Oscar Health plans are offered

We offer these plans in various states and counties.

CIGNA + OSCAR PLANS		
STATE	**COUNTIES**	**NETWORK-PARTICIPATING PROVIDERS**
California	Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Ventura, and Yolo	You are considered a Cigna + Oscar network-participating provider if you participate in Cigna's: › LocalPlus network in the California, Georgia, Kansas, and Tennessee counties listed. › Open Access Plus network, regardless of state or region.
Connecticut**	All	
Georgia	All	
Kansas	Johnson, Leavenworth, Miami, and Wyandotte	
Tennessee	All	

CIGNA ADMINISTERED BY OSCAR PLANS		
STATE	**COUNTIES**	**NETWORK-PARTICIPATING PROVIDERS**
Arizona	Maricopa and Pima	You are considered a Cigna Administered by Oscar network-participating provider if you participate in Cigna's: › LocalPlus network in Maricopa or Pima counties. › Open Access Plus network, regardless of county.

To check your network participation, visit Oscar's online directory at **CignaOscar.com/search** or call Oscar Customer Service at **855.672.2755** (option 4).

** Connecticut plan participants will only utilize Cigna's Open Access Plus network.

*** CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans And Products > Cigna + Oscar Plans.

More information

To learn more about Cigna and Oscar Health plans, access the resources listed below.

- Cigna + Oscar provider website (**CignaOscar.com**)
- Cigna Administered by Oscar provider website (**CignaOscar.com**)
- Cigna + Oscar **web page** on the Cigna for Health Care Professionals website***
- Oscar Health Customer Service: **855.672.2755** (option 4)

Be sure to watch for important updates about Cigna and Oscar Health plans in future issues of *Network News*.

LOCALPLUS PLANS EXPAND TO MARYLAND

We routinely assess our networks to help ensure our customers have access to quality, cost-effective care in their geographic areas. As a result, on January 1, 2022, we will offer LocalPlus® plans to our customers in Maryland.

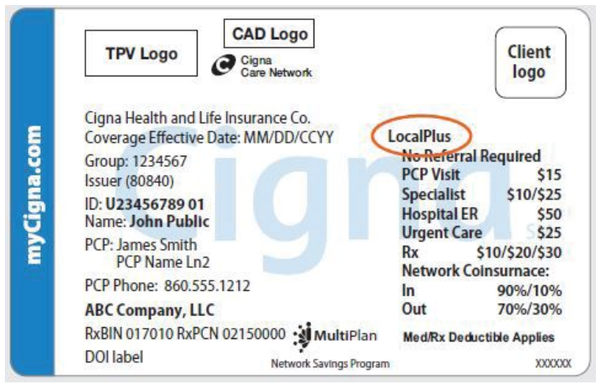
About LocalPlus

LocalPlus plans offer coverage for the full scope of services provided by traditional Cigna-administered plans, within a network of local participating providers and facilities. The LocalPlus suite includes four plans: LocalPlus, LocalPlus In-Network (LocalPlusIN), Choice Fund LocalPlus, and Choice Fund LocalPlusIN.

The key differences between LocalPlus and LocalPlusIN plans are the benefit coverage levels, and whether or not customers can access only LocalPlus network-participating providers for covered services.

LocalPlus ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. The card will contain information about customer service contacts, benefits, and where to submit claims.



ID cards are for illustrative purposes only.

LocalPlus customers are encouraged to select a primary care provider (PCP) but are not required to. If a customer has selected one, the PCP name will be printed on the ID card.

Your patients who have access to our national Open Access Plus (OAP) network when they are outside LocalPlus geographies will have an Away from Home logo on the back of their ID card.

For more information

Go to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > **LocalPlus**.

CIGNA GENE THERAPY PROGRAM

By 2025, the U.S. Food & Drug Administration (FDA) expects it will be reviewing and approving between 10 and 20 cell and gene therapies each year.* To manage the quality and affordability of emerging gene therapies, we introduced the Cigna Gene Therapy Program last year. The program directs customers to qualified participating providers.** We want you to be aware of our expanded list of participating providers and where to find more information about the program.

Expanding our list of participating providers

We are pleased to announce that additional providers have contracted with the Cigna Gene Therapy Program:

Ann and Robert H Lurie Children's Hospital Of Chicago	Chicago, IL
Christ Hospital	Oak Lawn, IL
Lucile Salter Packard Children's Hospital at Stanford	Palo Alto, CA
Morristown Medical Center (formerly Morristown Memorial Hospital)	Morristown, NJ

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, send an email to **GeneTherapyProgram@Cigna.com**.

* Ned Pagliarulo. "FDA, expecting a gene therapy boom, firms up policies." BioPharma Dive. 28 January 2020. Retrieved from https://www.biopharmadive.com/news/fda-gene-therapy-guidance-sameness-durability/571225/.

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

PROGRAM INFORMATION ADDED TO THE CIGNA REFERENCE GUIDE UPDATES

In August 2021, we expanded the Cigna Gene Therapy Program section of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers to address advanced cellular therapies, including chimeric antigen receptor (CAR) T-cell therapies. The revised section is titled Gene and Advanced Cellular Therapy, and contains guidance for these innovative therapies.

Benefit plans may limit coverage to a select group of contracted providers who offer gene therapy and advanced cellular therapy, including CAR T-cell therapies.

GUIDE PATIENTS TO TOBACCO DEPENDENCE TREATMENT

Smoking harms every organ in the body and is the number one cause of preventable death in the United States. To help address this national health issue, we recently began to implement clinical quality initiatives with providers, employer groups, and customers that align with the NCQA* Medical Assistance with Smoking and Tobacco Use Cessation (MSC) quality measure.

As part of this initiative, we are asking providers to identify, screen for, and treat tobacco dependence. After providers identify tobacco users with Cigna-administered coverage, we outreach to them, and encourage them to quit smoking and seek support from their provider.

USPSTF recommendations

In January 2021, the U.S. Preventive Services Task Force (USPSTF) issued a **recommendation statement** for tobacco cessation screening and treatment. Its recommendations include:

- Advice to quit smoking and behavioral interventions for all adults.
- U.S. Food & Drug Administration (FDA)-approved pharmacotherapy for non-pregnant adults.

Smoking cessation services are covered

According to a recent review of Cigna commercial claims data, only 15 percent of providers currently deliver tobacco cessation counseling. Together, we can do better to improve this percentage.

Did you know that smoking cessation counseling is a covered benefit under the Affordable Care Act? This means you can bill for:

- Tobacco use screening for all adults and adolescents.
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women.

We encourage you to identify, screen for, and treat tobacco dependence during your patients' annual wellness visit.** It's covered at 100% with no patient cost-share when performed by a participating provider. To learn more about how to report tobacco cessation counseling, view the **Cigna Preventive Care Services Policy (A004)**.

SMOKING CESSATION COUNSELING CODES	
CPT CODE	**DESCRIPTION**
99406	Smoking and tobacco use cessation counseling between three and 10 minutes
99407	Smoking and tobacco use cessation counseling greater than 10 minutes

You play a critical role in helping patients quit

Research shows that health care providers in a variety of settings play a critical role in helping people quit using tobacco. Even brief advice from you can make it much more likely that your patients will try to quit. The majority of people who use tobacco want to quit, but for most it requires multiple attempts before succeeding. Tobacco dependence is a chronic, relapsing disorder that requires repeated intervention and support.***

* National Committee for Quality Assurance.

** Additional services or treatments performed in the same office visit as preventive services may incur out-of-pocket costs for your patients when billed separately. Certain codes may only be covered when provided at a separate encounter from the preventive care evaluation and management (E&M) office visit.

*** "Smoking and Tobacco Use: Healthcare Provider Resources." Centers for Disease Control and Prevention (CDC). Page last reviewed 8 July 2021. Retrieved from https://www.cdc.gov/tobacco/basic_information/for-health-care-providers/index.html.

QualCare A Cigna Company

CIGNA COMPLETES DEAL FOR MITCHELL | GENEX | COVENTRY TO ACQUIRE QANI

As we previously communicated to you, Cigna entered into a definitive agreement with Mitchell | Genex | Coventry (Coventry), a leader in cost-containment technology, provider networks, clinical services, pharmacy benefit management (PBM), and disability management, to acquire Cigna's QualCare Alliance Networks, Inc. (QANI), one of the largest managed care and workers' compensation organizations serving the New Jersey, Pennsylvania, and New York tristate area.

We are happy to share that this deal closed on June 30, 2021. As a result, QANI is now a part of Coventry.

Cigna acquired QANI in 2015, and since that time, the organization has played a meaningful role in helping us continue our efforts to be a provider of choice to hospital systems and health care providers.

We believe Coventry is the right company to continue QANI's legacy of partnering with hospital systems to help enable success. Coventry is highly respected in the industry, and offers workers' compensation, auto and disability care, and cost-management solutions for employers, insurance carriers, and third-party administrators.

What this means for providers

Please know that we remain focused on ensuring a smooth transition for employer groups, customers, and network providers. To this end, you should expect the same level of service from QANI as a result of this transaction.

REMINDER: WORKERS' COMPENSATION, HMO, AND PPO PLANS IN FOCUS

QualCare remains focused on workers' compensation, as well as contracted health maintenance organization (HMO) and preferred provider organization (PPO) plans. The HMO and PPO networks continue to be active for your patients who access them through Oscar, Humana, EmblemHealth, and GHI.

Effective for dates of service on or after January 1, 2020, QualCare stopped offering administrative services only (ASO) plans. The runout period for claim adjudication ended on December 31, 2020, which means QualCare no longer processes ASO claims.

If you need to refund an employer group that was contracted with QualCare, please make the refund check payable to – and send it to – the employer group, not QualCare. If you need assistance obtaining the employer group name or address, please call QualCare Provider Services at **800.992.6613**.

CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2022

Effective January 1, 2022,* we will make changes to our commercial, Individual & Family Plan, and Cigna Total Savings drug formularies, as well as to the specialty medical drugs we cover, to help ensure our customers have access to affordable and quality health care.

By making these updates, we have the opportunity to promote cost-effective and clinically appropriate therapies, coordinate treatment in the right setting, and improve clinical outcomes and affordability. Our major areas of focus are outlined below.

Specialty drugs (medical benefit)

The medical specialty drug class changes include the following categories.

- **Immune globulins.** Our nonpreferred-brand drugs will have a step therapy requirement. The preferred-brand drugs are Flebogamma, Gamunex-C, Gammaked, Gammaplex, Hizentra, Octagam®, and Privigen. We will allow current authorizations to expire for patients taking any of the nonpreferred-brand drugs.
- **Iron replacement.** We will require medical precertification for Feraheme®, Injectafer®, and Monoferric. These drugs will also have an embedded step therapy requirement through Venofer® (does not apply to dialysis-dependent chronic kidney disease). Venofer will not require precertification. For patients with pharmacy benefits, we will require prior authorization with embedded step therapy (Advantage and Performance formularies).
- **Neutropenia.** We will make UDENYCA® a nonpreferred-brand drug. We will allow current authorizations to expire for patients taking UDENYCA. Patients with three-tier pharmacy benefits may have a cost share change if they fill under their pharmacy benefit. We will make Ziextenzo® a preferred-brand drug, joining Neulasta®, Neulasta Onpro®, and NYVEPRIA™, which are already preferred-brand drugs.
- **Pulmonary hypertension.** REMODULIN® will have a step therapy requirement through treprostinil (generic equivalent).
- **Transplant therapy.** NULOJIX® will require medical precertification and may be subject to site-of-care management.

Specialty drugs (pharmacy benefit)

The specialty pharmacy drug class changes include the following categories.

- **Human immunodeficiency virus.** We will remove Atripla®, Emtriva®, INTELENCE®, KALETRA®, and SYMFI®/SYMFI LO® from our formularies.
- **Multiple sclerosis.** For new starts, all single-source brands (oral, injectable, and infusion) will have a step therapy requirement.
- **Oncology.** We will make Tasigna® a nonpreferred-brand drug across our formularies. For new starts, BOSULIF®, ICLUSIG®, and Tasigna will have a step therapy requirement.

Continued on next page

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

Changes in drug formulary effective January 1, 2022 *continued*

Nonspecialty drugs (pharmacy benefit)

The nonspecialty pharmacy drug class changes include the following categories.

- **Asthma/chronic obstructive pulmonary disease.** We will remove BROVANA® and Perforomist® from our formularies.
- **Diabetes.** We will require prior authorization with embedded step therapy, as well as confirmation of a type 2 diabetes diagnosis, for BYDUREON®, BYETTA®, Ozempic®, Rybelsus®, Trulicity®, and Victoza®. In addition, there will be several other changes.
  - We will make insulin lispro a nonpreferred-brand drug (Standard and Performance).
  - We will make Fiasp® and Novolog® nonpreferred-brand drugs (Standard).
  - SEGLUROMET™ and STEGLATRO™ will be excluded from coverage (all formularies).
  - INVOKAMET® XR and INVOKANA® will be excluded from coverage (Standard and Performance).
- **Hypothyroidism.** We will remove SYNTHROID® from our formularies.

Other

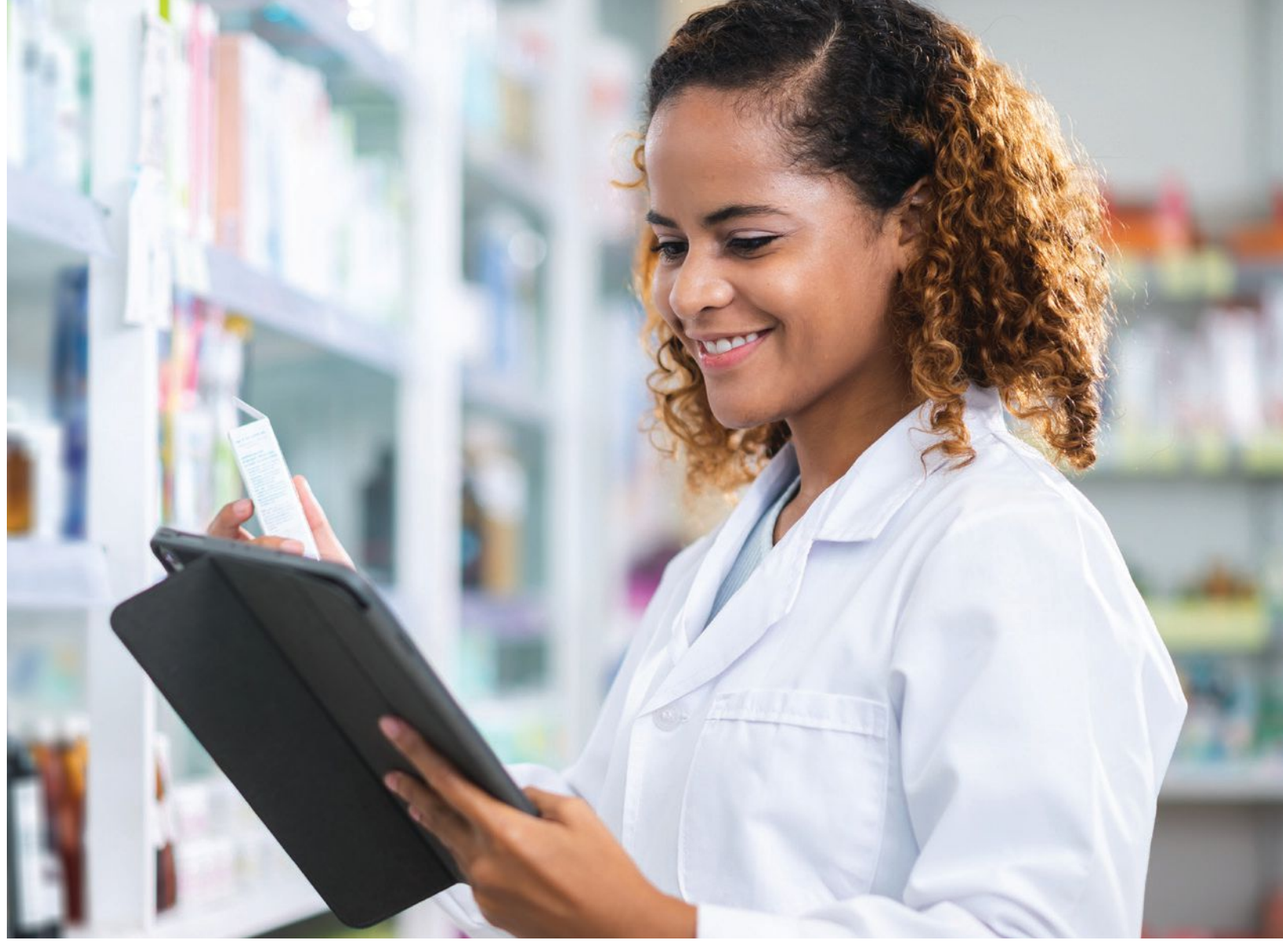
Our other drug class changes include the following categories.

- **Egregiously priced.** We will remove 33 egregiously priced drugs from our formularies.
- **U.S. Food & Drug Administration (FDA).** We will remove 58 drugs that are not approved by the FDA from our formularies.
- **Preventive drugs.** We will remove 106 preventive drugs from the Preventive Drug List.

What this means to you and your patients with Cigna coverage

In September 2021, 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, 2022, your patients with Cigna Pharmacy coverage who fill prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. For your patients who need drugs covered under their Cigna Medical benefit, we may deny their claims if precertification or step therapy procedures are not followed. We encourage you to work with your patients to find covered, clinically appropriate alternative medications before January 1, 2022.



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. You can find them on the Cigna for Health Care Professionals website (**CignaforHCP.com**) as described in the last column.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription Drug List changes for 2022	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. *You **must** be a registered user of the website to use this tool.*

THERAPEUTIC CONTINUOUS GLUCOSE MONITORS COVERAGE CHANGE

Effective July 1, 2021, we changed how we cover therapeutic continuous glucose monitors* (CGMs) for Cigna customers who have both medical and pharmacy coverage. For these customers, we cover all components of therapeutic CGMs (sensors, transmitters, and readers/receivers) under the pharmacy benefit, and may no longer cover therapeutic CGMs filled through a durable medical equipment (DME) or medical supply vendor under the medical benefit.

What this means to providers

For patients with Cigna medical and pharmacy coverage, providers must send prescriptions for all components of therapeutic CGMs to a participating retail pharmacy or to Express Scripts® Pharmacy, our home delivery pharmacy.

For patients with new therapeutic CGM needs, we recommend first checking for Cigna pharmacy coverage by submitting a prescription to their preferred pharmacies. Most major pharmacy benefit managers and plans cover therapeutic CGMs under the pharmacy benefit. Patients who are new to therapy will be subject to both prior authorization and quantity limits.

What this means to DME and medical supply vendors

DME and medical supply vendors must request precertification for any therapeutic CGM orders they receive for Cigna customers. During the precertification process, we will determine medical necessity and identify whether the therapeutic CGM is covered under the customer's medical or pharmacy benefit.

Nontherapeutic CGMs will continue to be covered under the medical benefit and will require precertification.

* This change applies to Dexcom G6 and Abbott FreeStyle Libre therapeutic CGMs. There is no change in coverage for nontherapeutic CGMs. Certain CGMs are approved by the U.S. Food & Drug Administration with a product classification known as "therapeutic." This classification means the device is indicated for use as a nonadjunctive device that replaces information obtained by a standard home blood glucose monitoring system.

DIGITAL HEALTH TRACKERS FOR ACCREDO PATIENTS

Accredo, a Cigna specialty pharmacy, understands the importance of medication adherence. Further, Accredo's research shows that patients who use digital tools are more adherent to their medications and have higher satisfaction rates. That's why Accredo continues to improve its digital tools: So patients can better manage their specialty medications and their health.

Our newest mobile app offerings

To help drive a better patient experience, in 2020, Accredo expanded its mobile app health tracker offerings. This expansion included a symptom tracker for certain specialty conditions and a "How are you feeling" tracker to help specialty patients monitor their daily health.

- **Symptom tracker for multiple sclerosis and oncology**

  This tracker allows patients to choose from condition-specific symptoms they might be experiencing and track symptom severity. They can share this information with their provider during office visits.

- **"How are you feeling" tracker for all therapies**

  This tracker allows patients to monitor their daily health. This tracker includes a notes field for patients to keep track of details. Patients have the opportunity to refer back to the notes and share them with their provider.

How to download the Accredo app

Accredo patients may download the app by searching "Accredo" in the App Store® or Google Play™ and following the prompts to install it on their mobile device.

WHAT PATIENTS HAVE TO SAY ABOUT THE ACCREDO APP*

"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."

*Testimonial from the App Store.

SPECIALTY MEDICAL INJECTABLES WITH REIMBURSEMENT RESTRICTION

Our Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna.

We want you to be aware that the reimbursement restriction:

- Applies when the specialty medical injectable is administered in an outpatient hospital setting.
- Applies to specialty medical injectables covered under the customer's medical benefit. Coverage is determined by the customer's benefit plan.
- Does not apply when the specialty medical injectable is administered in a provider's office, non-hospital-affiliated ambulatory infusion suite, or home setting.

Specialty Medical Injectables with Reimbursement Restriction list expansion

We recently expanded the Specialty Medical Injectables with Reimbursement Restriction list to include the following specialty medical injectables:

NAME	DATE ADDED
VILTEPSO® (viltolarsen)*	July 2021
EXONDYS 51® (eteplirsen)*	July 2021

Additional information

To access the Specialty Medical Injectables with Reimbursement Restriction list, log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reimbursement and Payment Policies > Precertification Policies > List of Specialty Medical Injectables With Reimbursement Restriction). We recommend you review this list frequently, as it is subject to change. Specialty medical injectables may be added upon U.S. Food & Drug Administration approval.

* Cigna may grant an exception to reimburse a one-time or single administration billed by a facility when a customer needs access to the injectable before it can be obtained from a specialty pharmacy with which Cigna has a reimbursement arrangement.

2022 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

More patients, more benefits in the year ahead

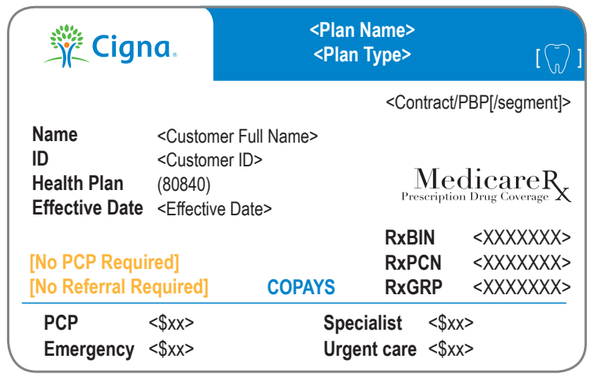
Beginning in January 2022, your patients with Cigna Medicare Advantage plan coverage will have more comprehensive health benefits. In addition, Cigna Medicare Advantage network-participating providers will have more flexibility to see additional patients with preferred provider organization (PPO) coverage, because we are expanding into numerous regions across the United States.

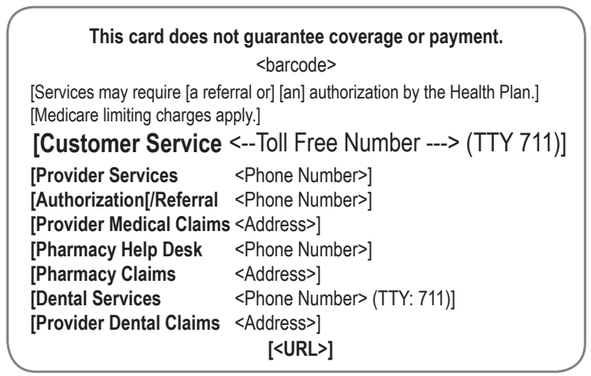
Benefit	Description
$0 copayment	100 percent of patients will have a $0 copayment for an annual physical exam with their primary care provider (PCP).
Cigna Insulin Savings Program	› Lower prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable and stable glycemic response. › Copayments capped at $35 per month.
Part D Low Income Subsidy (LIS)	Cost sharing eliminated for all covered plans, with a $0 copayment for deductible – initial and gap coverage.
Expanded telehealth	› Available for in-network and out-of-office visits, as well as behavioral, physical therapy, and speech therapy. › Virtual or by phone. › $0 copayment.*
Medication affordability and adherence	Cigna Visa Card* provides patients with a Part C cash rebate for prescription medicine copayments.
Healthy nutrition	Healthy Foods Card* provides eligible patients with a monthly allowance for the purchase of healthy foods from participating retailers.
In-home support, social isolation, and depression support	**Papa program** pairs older adults with companions to assist with: › Everyday tasks, virtually or in their homes, and offers social activities. › Transportation to and from doctors' appointments, medication pickup, etc. › Light housekeeping.

* Not available in all markets. Contact your Network Operations Representative for more information.

2022 ID cards

You can identify your patients who have Cigna Medicare Advantage plans by their ID card. Sample ID cards are shown below.





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2022 Cigna Medicare Advantage plan highlights *continued*

More opportunities for practice growth in 2022

Cigna network-participating providers currently serve over 560,000 patients with Cigna Medicare Advantage coverage across 23 states, 477 counties, and the District of Columbia.

In 2022, we will broaden our footprint into 108 new counties – a 22 percent increase. This includes expanding into both existing and new service areas, as well as into three new states: Connecticut, Oregon, and Washington. This offers our contracted providers the potential to reach approximately 20 million additional patients with Medicare Advantage health maintenance organization (HMO) and PPO plans.

Want to learn more?

Contact your Network Operations Representative.

CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

We continue to enhance the Cigna Medicare Advantage web page for providers with new capabilities and features to improve your online experience when administering these plans. Visit **MedicareProviders.Cigna.com** for important tools and information, including:

- Provider manuals
- Regulatory Highlights Guide
- COVID-19 resources
- Prior authorization guidelines
- Medicare Advantage Quick Reference Guide
- Sample explanation of payment
- Behavioral health clinical practice guidelines and referral forms
- HSConnect provider portal
- Claim resources
- Network interest forms
- Part B drugs/biologics precertification forms and step therapy
- Practice support
- Pharmacy resources
- Provider education and assessment tools
- *Network Insider* Medicare Advantage provider newsletter archive

CIGNA MEDICARE ADVANTAGE COVID-19 UPDATES

COVID-19 guidance continues to evolve based on the latest scientific information available. For the latest in Cigna Medicare Advantage coverage, interim accommodation information, billing guidelines, and answers to your diagnostic and treatment questions, please visit **MedicareProviders.Cigna.com**.

Patients with post-COVID-19 conditions

If you are caring for patients experiencing post-COVID-19 conditions (persistent physical and mental health symptoms following COVID-19 infection), you can find resources that support holistic, empathetic treatment approaches at **CDC.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html**.

COVID-19 and flu vaccinations

Providers are a trusted resource for your patients as they make decisions about whether to get the COVID-19 and flu vaccines. You play a critical role in endorsing vaccinations proactively and strongly for all of your patients, as clinically appropriate.

The fall typically marks the start of the flu season. This year, as COVID-19 continues to pose a health threat, it's more important than ever to discuss with your patients the benefits of getting vaccinated. For helpful tips for framing the conversation, go to **MedicareProviders.Cigna.com** > **COVID-19 & Flu Season: How to Talk to Your Medicare Patients**.

360 COMPREHENSIVE ASSESSMENT

A valuable roadmap to help get your patients' health back on track

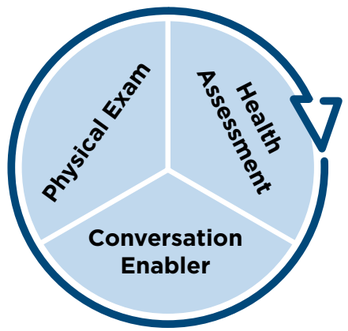
Last year, COVID-19 prompted many people to put off routine preventive care. Now, as more of your patients return to in-person visits, we encourage you to use the 360 Comprehensive Assessment (also known as the 360 Exam) to help you get them back on course.

What the Assessment offers you and your patients

The Assessment:

- Provides a full picture of a patient's health – body and mind.
- Helps you identify risk factors, manage health conditions, and improve overall health.
- Combines aspects of a physical exam and a health assessment, and is a conversation enabler.
- Serves as a wellness visit or chronic disease follow-up visit.
- Assists with comprehensive assessment and treatment planning.

- ✓ Medical history
- ✓ Surgical history
- ✓ Medication review
- ✓ Family/social history
- ✓ Fall risk screening
- ✓ Depression screening
- ✓ Review of systems
- ✓ Pain screening
- ✓ Diabetic foot exam
- ✓ Physical exam
- ✓ Preventive care
- ✓ Health maintenance



Exam incentives

Cigna continues to offer incentives – to both you and your patients with Cigna Medicare Advantage plan coverage – for completing this annual check-up.

- Your patients can earn a $50 gift card for completing their yearly 360 Comprehensive Assessment by December 31, 2021.
- Eligible patients with preferred provider organization (PPO) plans can also earn up to an additional $130 in gift cards by completing certain screenings.

If you haven't been notified yet of the provider financial incentive for completing the 360 Comprehensive Assessment, please contact your Network Operations Representative or email **DSS-Communications@Cigna.com**.

How to complete the Assessment

Choose from the following documentation platforms to complete the Assessment through the end of 2021.

- 360 Comprehensive Assessment Exam form (paper)*
- Customized electronic medical record (EMR) 360 template
- Arcadia 360 Internet-based clinical exam form**
- Easy-to-use interactive **360 Comprehensive Assessment Provider Guide*****

YOUR PATIENTS MAY ASK

How we refer to the 360 Comprehensive Assessment in our customer-facing communications has changed. It's now called a **yearly health checkup**.

However, this customer-facing name change does not affect the provider reporting process, and we will continue to refer to it as the 360 Comprehensive Assessment or 360 Exam in provider communications.

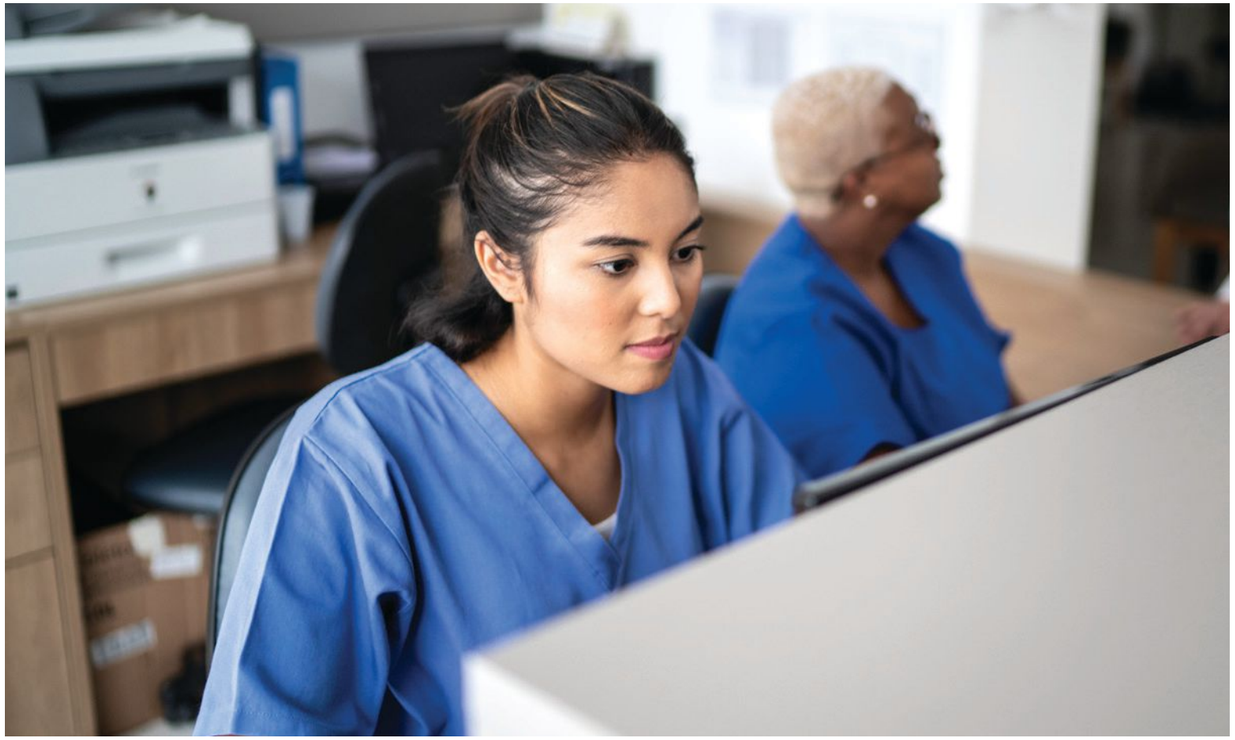
* MedicareProviders.Cigna.com > Find a Form > Practice Support > 360 Comprehensive Assessment Form 2020.
** For more information about the Arcadia 360 system, please contact your Network Operations team member.
*** MedicareProviders.Cigna.com > Provider Education > 360 Interactive Provider Partnership Guide.

CLAIM EDITING ENHANCEMENT

Viewing claim code edits is easier with Clear Claim Connection™ (C3). This disclosure tool now incorporates Medicare claims decisions and allows you to:

- Enter Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) coding scenarios.
- Immediately access clinical edit rationales and edit sourcing.

Visit **MedicareProviders.Cigna.com** > **Login to HSConnect Portal**.



BEHAVIORAL HEALTH RESOURCES

From the onset of the pandemic, the percentage of patients with anxiety and depressive disorders increased from 11 percent to 40 percent. While seniors tended to show more resilience than other age groups, almost one in five still reported worsening mental health since March 2020, when the pandemic began.*

Online resources to help engage your patients

On the Cigna Medicare Advantage website, you'll find behavioral health tools and resources that can help improve treatment outcomes, reduce preventable admissions, improve medication adherence and overall well-being, and improve your communications with patients. This includes **mental health awareness training** to help you manage your patients' mental health needs. Go to **MedicareProviders.Cigna.com** > **Provider Education**.

MDLIVE behavioral health services

To give you the option of seamlessly making behavioral health referrals for your patients with Cigna Medicare Advantage plans, we will be expanding our partnership with MDLIVE® for virtual behavioral health services.

In the first quarter 2022, MDLIVE will begin to offer medical and behavioral health appointments via video or telephone for your patients with Cigna Medicare Advantage plan coverage. This is an option for care that complements – not replaces – the way your patients interact with you. It's meant to give you additional support for helping you better manage the care of patients who have complex needs.

Your patients with Cigna Medicare Advantage plan coverage can access MDLIVE by calling **866.918.7836 (TTY** 711)**. They may also register online for an MDLIVE appointment by logging in to **myCigna.com**.

* Karen Gavin. "Pandemic Worsened Many Older Adults' Mental Health and Sleep, Poll Finds, But Long-Term Resilience Also Seen." Michigan Medicine. University of Michigan Health Blog. 4 May 2021. Retrieved from https://healthblog.uofmhealth.org/health-management/pandemic-worsened-many-older-adults-mental-health-and-sleep-poll-finds-but-long.

** TTY = text telephone.

PREVENT PAYMENT DELAYS: UPDATE YOUR ADDRESS

Prompt payment is a priority for both of us. Please make sure we can find you. We receive 20,000 returned checks each year due to incorrect addresses.

How to update your mailing address

- **Cigna network-participating providers:** Contact your Network Operations Representative.
- **Nonparticipating providers:** Email an updated Form W-9 to **PDM@HealthSpring.com**.

SURGEON BECOMES CIGNA'S FIRST ACADEMIC FELLOW

Paris D. Butler, MD, MPH

Cigna and the Society of Black Academic Surgeons (SBAS) are pleased to announce the selection of **Dr. Paris DeSoto Butler** for its first academic fellowship. For the next year, Dr. Butler will work alongside subject matter experts within both organizations to leverage our collective data, insights, and experience to address broader societal challenges.

Making a difference together

"Cigna's work to transform health care and better serve our customers, employer groups, partners, and communities is ongoing," said Dr. Peter McCauley, Cigna's Medical Officer for Clinical Performance & Quality. "Cigna will gain insights and an action plan from his research, while Dr. Butler will have an opportunity to understand how a leading health service company works. Together, we can make a powerful, lasting difference."

As the first Black plastic surgeon to be hired on the faculty of the Perelman School of Medicine at the University of Pennsylvania, Dr. Butler is already a standout. He was unanimously selected for this fellowship based on his dedication to reducing health care disparities, particularly related to breast cancer reconstruction surgery, increasing the representation of minority surgeons, and bringing to life his passion for policy-driven, social impact work.

We are excited to welcome Dr. Butler to this innovative program as our first joint fellow.

Learn more about Cigna's first academic fellowship.*

* Cigna.com > Newsroom > Building Healthier Communities > Diversity, Equity, Inclusion > Cigna and the Society of Black Academic Surgeons Select Plastic Surgeon for First Joint Academic Fellow.

SOCIAL DETERMINANTS OF HEALTH DIGITAL GUIDE FOR PROVIDERS

Did you know that 80 percent of a patient's health is impacted by non-clinical factors, also known as social determinants of health (SDoH)?

Now you can learn more about SDoH – and how your practice can take steps to help your patients who may be affected by them – with our new online guide: **Addressing Social Determinants of Health within Your Practice**.

This guide is designed to help providers learn more about factors that contribute to health inequities, with a focus on SDoH and the impacts these inequities have on patient outcomes.

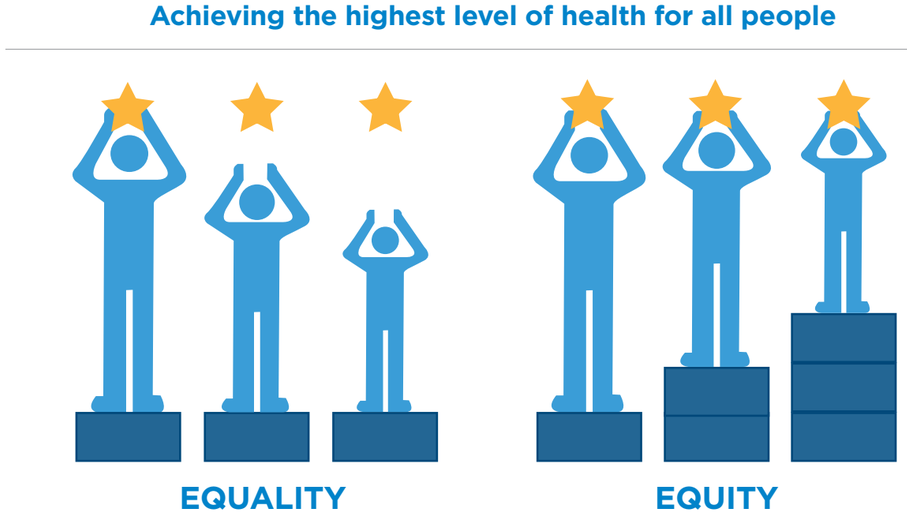
Inside the guide

The new digital guide offers:

- Validated tools and tangible suggestions to help your practice confront inequities, and identify and address SDoH.
- Information about available screening tools.
- Suggested workflows and scripting for introducing the screening tools to your patients.
- A list of national community resources that address unmet social needs, making it easier for patients to focus on their health and well-being.
- Suggested opening discussions with patients to encourage them to access these community resources to address their identified needs.

By addressing the unmet social needs of each patient, their likelihood of reaching the highest level of health will increase.

Download and print the digital guide.*



* https://www.cignaproducer.com/health-equity-providers/.

COVID-19 VACCINE UPDATES

COVID-19 vaccine guidance continues to evolve based on the latest scientific information and medical consensus available. As updated COVID-19 clinical information from the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and leading medical societies continues to become available, we strive to share timely information with you.

Pfizer vaccine full approval

On August 23, 2021, the FDA announced full approval of the Pfizer vaccine. We encourage you to leverage this important update when discussing the safety, efficacy, and availability of the vaccine with your patients.

Booster shot

On September 22, 2021, the U.S. Food & Drug Administration (FDA) **announced** emergency use authorization (EUA) of a single Pfizer-BioNTech COVID-19 booster dose for certain populations, including individuals:

- Age 65 and older.
- Age 18–64, who are at high risk of severe COVID-19 and are immunocompromised.
- Age 18–64, whose frequent institutional or occupational exposure to COVID-19 puts them at high risk of serious complications of COVID-19.

At this time, the guidance only applies to the Pfizer vaccine. It has not been approved for wider usage.

Vaccines for pregnant individuals

Unvaccinated pregnant women are increasingly being admitted to intensive care units due to COVID-19. Currently, only 24.8 percent of pregnant women in the United States have received at least one dose of a COVID-19 vaccine, with just 20.6 percent of Latinas and 13 percent of African Americans vaccinated.*

The American College of Obstetricians and Gynecologists, with 26 other leading medical associations, released a **joint statement** urging all pregnant individuals to get vaccinated against COVID-19.

What this means for providers

Providers are the single most trusted source of information for patients. We encourage you to endorse vaccination proactively and strongly for all of your patients, as clinically appropriate.

Cigna's COVID-19 vaccine coverage

For patients with a Cigna commercial medical benefit plan

- Cigna covers all EUA-approved vaccines, including for children age 5–12 and booster shots, when administered consistent with CMS guidelines.
- Reimbursement will be consistent with CMS rates (currently $40 per dose).
- There is no cost share for your patients.

For patients with a Cigna Medicare Advantage benefit plan

In alignment with CMS guidance, claims for your patients with Cigna Medicare Advantage plan coverage should be submitted through original Medicare, not Cigna.

NAVIGATING VACCINE HESITANCY

With the emergence of COVID-19 variants, patients need your guidance more than ever to make decisions about getting vaccinated. Dr. Elizabeth Stahl, Regional Medical Director for CareAllies*, offers these tips to help overcome vaccine hesitation.

Understand patients' hesitancy	Maneuver conversations to resolve hesitation
› Lack of mobility/transportation › Forgetfulness › No vaccine education or guidance › Misinformation › Difficulty getting an appointment › Financial confusion › Lack of access (for marginalized communities)	› Be empathetic › Realize some patients haven't been told they need the vaccine › Learn the reasons for hesitancy › Address any misinformation (or information gaps) › Speak to reservations due to side effects › Make sure your staff is prepared to answer vaccine-related questions

To learn more and earn 0.5 CME credits, watch Dr. Stahl's webcast on navigating vaccine hesitancy.

* CareAllies®, a Cigna business, has an extensive and successful history of innovative value-based provider collaborations. Register at Events.CareAllies.com/ValuableInsights or email Info@CareAllies.com if you have questions. Once registered, you'll be notified when new resources are added.

* CDC data on COVID-19 vaccination among pregnant people

COVID-19 MONOCLONAL ANTIBODY TREATMENT

Monoclonal antibody treatment remains a clinically effective, critical tool to help fight COVID-19. However, it often goes unused.

Many of your patients may be unaware of the treatment and where to receive it. We therefore encourage providers, including hospitals, to prescribe the medication and arrange the infusion site, when it's medically necessary and prudent to do so.

Locating facilities that offer these treatments

To find locations that may be able to provide monoclonal antibody treatment, a number of resources are available to support providers and patients, including:

- The U.S. Department of Health & Human Services (HHS) **outpatient antibody treatment locator tool**, which displays locations that have received shipments of U.S. Food & Drug Administration (FDA) emergency use authorization–approved (EUA-approved) monoclonal antibody therapeutics within the past several weeks.
- The National Infusion Center Association **COVID-19 Antibody Treatment Locator**, which helps providers find infusion centers that are administering COVID-19 antibody therapies.

Cigna's EUA-approved COVID-19 treatment coverage

- Cigna covers the administration of all EUA-approved COVID-19 infusions consistent with **EUA guidelines** and our **COVID-19 Drug and Biologic Therapeutics coverage policy (2016)**.*
- When covered, Cigna will reimburse the infusion and post-administration monitoring of **CMS' listed treatments at the established national CMS rates** to ensure timely, consistent, and reasonable reimbursement.
- Cost share applies to these treatments, consistent with standard benefit plans.

* Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > Pharmacy (Drugs & Biologics) A-Z Index > Medical and Administrative A-Z Index > COVID-19 Drug and Biologic Therapeutics coverage policy (2016).

LGBTQ+ DIRECTORY ENHANCEMENT

As part of a broader initiative to meet the health care needs of underserved communities, we will be enhancing our online provider directories to display providers who have self-identified as being experienced and interested in caring for LGBTQ+ patients.

Who can add LGTBQ+ attributes to their profile?

Providers who utilize CAQH ProView* can add one or more of the LGBTQ+ attributes (LGBT Issues, Gender Dysphoria, HIV/AIDS) to their **Cigna.com** and **myCigna.com** directory profiles at any time. This functionality recently became available. If you do not utilize ProView, we'll be offering alternative methods to add this information in the future, and inform you as they become available.

Community benefits

Customers rely on our directories to find suitable providers who can deliver care appropriate to their needs in an environment that is respectful and compassionate. By self-identifying as having LGBTQ+ health experience and interest, you can enhance visibility for the unique care experience you offer. It will also help you more quickly engage and provide focused care to the LGBTQ+ community.

How to update your profile

To self-identify as having LGBTQ+ health experience and interest, log in to ProView and follow these **instructions**. If you previously selected one or more of the LGBTQ+ attributes in ProView and would like them to display in your Cigna directory profile, no additional action is needed.

Resources

For more information:

- Read the **frequently asked questions**.
- Watch a **brief video** from Dr. Renee McLaughlin, Medical Senior Director.

* ProView, a solution provided by the Council for Affordable Quality Healthcare (CAQH), is a resource for providers to self-report professional and practice information to payers, hospitals, large provider groups, and health systems. It eliminates duplicative paperwork for these organizations that may require provider profile information for claims administration, credentialing, directory services, and more. Through an intuitive, profile-based design, providers can enter and maintain information for submission to their selected organizations.

MUSCULOSKELETAL SITE-OF-CARE REVIEW

Cigna works with eviCore healthcare (eviCore) to administer a precertification program for customers who need certain musculoskeletal (MSK) services on an outpatient and inpatient basis.

Precertification requirement

For some procedures, precertification requirements* may include a medical necessity review of the site of care. This review will help ensure customers receive coverage for an appropriate site of care, such as an ambulatory surgery center, rather than for an outpatient hospital setting (when available), except when an outpatient hospital setting is medically necessary.

Attestation process

Providers may continue to submit precertification requests to eviCore by logging in to the eviCore website (**eviCore.com** > PROVIDERS) or by calling eviCore at **888.693.3297**.

During the precertification process, if a provider requests approval for an outpatient hospital setting and there is an alternative participating ambulatory surgery center available, a clinical rationale supporting medical necessity must be provided. There will be an option to indicate if the provider does not have privileges at an ambulatory surgical center.

We will deny an outpatient hospital setting if there is no medical necessity attestation to support this higher level of care. In such instances, an ambulatory surgery center would be appropriate. Denials will be based on medical necessity and include medical necessity appeal rights.

Clinical rationales are described in the Site of Care: Outpatient Hospital for Musculoskeletal Procedures coverage policy on the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Review coverage policies: information on Cigna standard health coverage plans provisions > Medical and Administrative A-Z index: View Documents > **Site of Care: Outpatient Hospital for Select Musculoskeletal Procedures – (0553)**.

Available training

A 15-minute training about the site-of-care precertification process is available at **www.eviCore.com/resources/healthplan/Cigna** > Solution Resources > Musculoskeletal > **Cigna MSK Site of Care Provider Forum Recording**. The training provides a review of the online precertification process, including the new attestation process.

* We currently review the site of care in the Arizona (Phoenix), Florida (South Florida), Missouri (St. Louis), and New York (New York City) markets for Cigna commercial customers who have fully insured benefit plans.

Additional information

Please use the resources listed below to learn more.

Topic	Resource
Benefits eligibility and coverage	**CignaforHCP.com** or Cigna Customer Service at the number on the customer ID card
MSK site-of-care program	Our dedicated program website: **https://www.eviCore.com/resources/healthplan/Cigna**
Precertification of MSK services	eviCore: **888.693.3297** (7:00 a.m. to 7:00 p.m. ET) or clinical guidelines at **eviCore.com**

REMINDER: HIGH-TECH RADIOLOGY PROGRAM

Cigna works with eviCore healthcare (eviCore) to provide high-quality, cost-effective radiology services to Cigna customers in most markets for outpatient, nonemergency, high-tech radiology, and diagnostic cardiology care.

Precertification requirement

For customers whose benefit plans require precertification, eviCore reviews the following services:

- Computed tomography (CT)/computed tomography angiography
- Magnetic resonance imaging (MRI)/magnetic resonance angiography
- Positron emission tomography
- Nuclear cardiology imaging
- Stress echocardiogram
- Diagnostic left and right heart catheterization

Precertification requirements for MRI and CT scans may include a site-of-care medical necessity review* when an outpatient hospital setting is requested.

How to submit precertification requests

You may continue to submit precertification requests to eviCore by logging in to the eviCore website (**eviCore.com** > PROVIDERS) or by calling eviCore at **888.693.3297**.

* We may not review the site of care in all geographic markets, pending regulatory approval and/or network considerations.

Additional information

Please use the resources listed below to learn more.

Topic	Resource
Benefits eligibility and coverage	**CignaforHCP.com** or Cigna Customer Service at the number on the customer ID card
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**
Site of Care: High-tech Radiology coverage policy	**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)**

ONCOLOGY CLINICAL CONSULT SERVICE

Cigna is expanding patient access to its oncology clinical consult service. Initially, the service was only available to 500,000 Cigna customers. Beginning on January 1, 2022, it will be available to more than 1.5 million.

Cigna's oncology clinical consult service provides support to community oncologists to enhance patient outcomes. This is done through collaboration with an oncologist who specializes in the patient's cancer type, and practices at a National Cancer Institute-designated (NCI-designated) or a National Comprehensive Cancer Network-affiliated (NCCN-affiliated) cancer center. The clinical consult service is available for patients with select cancer diagnoses who have Cigna coverage, and may benefit from a review of their diagnosis and treatment plan.

Benefits to oncology providers

Oncology providers realize the following benefits when participating in the clinical consult service:

- Added confidence in the diagnosis of, staging of, and treatment plan for complex cancer cases.
- Collaboration with an oncologist from an NCCN-affiliated or NCI-designated center.
- Multispecialty case review and recommendations, when clinically applicable.
- Assurance that their patients receive high-quality care closer to home.

How to participate

Following a request for medical oncology prior authorization, a Cigna representative identifies eligible customers and contacts the treating oncologist to introduce the clinical consult service, including its expected benefits and participation requirements.

The clinical consult includes three key steps:

1. Obtain a release of medical record information from the patient.
2. Share the patient's pertinent medical records with the clinical consult provider.
3. Review the clinical consult recommendations.

Positive experiences and results

In its first year, our oncology clinical consult service delivered positive results for providers and patients:

- Remote collaboration between community oncologists and oncologists from NCCN-affiliated and NCI-designated centers resulted in a significant number of diagnostic and treatment plan enhancements that we expect will lead to improved patient outcomes.
- Patients appreciated the ability to remain with their local primary oncologist, while having their treatment plan reviewed remotely by an oncologist who specializes in their cancer type and practices at an NCCN-affiliated or NCI-designated center.

Patient eligibility

This service is specifically for adult patients from select employer groups who are not already under the care of an oncologist who practices at an NCCN-affiliated or NCI-designated treatment center.

Eligible patients will not incur out-of-pocket costs for the clinical consult service itself. However, any additional health care services resulting from the consultation, including recommended diagnostic tests and treatment plan changes that the treating oncologist orders, will be handled according to the patient's benefit plan and may result in incremental out-of-pocket expenses for the patient.

EVICORE'S NEW PEER-TO-PEER CLINICAL CONSULTATION SCHEDULER

eviCore healthcare (eviCore) provides high-quality, cost-effective services to Cigna customers in most markets for outpatient, nonemergency, high-tech radiology, diagnostic cardiology, medical and radiation oncology, gastroenterology, and musculoskeletal services.

Recently, eviCore introduced a convenient online tool that makes it easier to schedule a peer-to-peer clinical consultation for these services. Providers can schedule consultations by logging in to the eviCore portal (**eviCore.com**).

Benefits of online scheduling

With the new tool, providers may:

- Select an appointment time that is most convenient for them.
- Quickly and easily cancel or make a change to a previously scheduled appointment.
- Instantly update their calendar with the appointment information. (Providers no longer have to wait for an email confirmation from an eviCore representative.)

How to schedule a consultation

Follow these steps to schedule a consultation:

- Log in to **eviCore.com** > **Provider's Hub**.
- Select the applicable case.
- Click the P2P Availability button.
- Follow the prompts to select your preferred day/time and contact details.
- Click submit.

You will be presented with a summary page containing the details of your scheduled appointment.

Additional information

If you have questions, please email **ClientServices@eviCore.com** or call the eviCore contact center at **800.918.8924** (option 1).

PRECERTIFICATION OF CERTAIN GASTROENTEROLOGY PROCEDURES

On January 1, 2022, precertification of the gastroenterology procedures listed below will be required for most Cigna commercial (non-Medicare) customers:

- Esophagoscopy/ Esophagogastroduodenoscopy (EGD)
- Most capsule endoscopies

Our goal is to help ensure that tests and procedures – which may be costly and potentially harmful – are medically necessary according to evidence-based guidelines. We have delegated precertification of these services to eviCore healthcare (eviCore).

Precertification process

The preferred and most efficient method for submitting precertification requests is through eviCore's website (**eviCore.com**). If you are not a registered user, you can go to **eviCore.com** > **Register Now**.

While we encourage you to submit requests through the website, you can also request precertification by calling eviCore at **866.668.9250** (7:00 a.m. to 7:00 p.m. local time).

Coverage policies

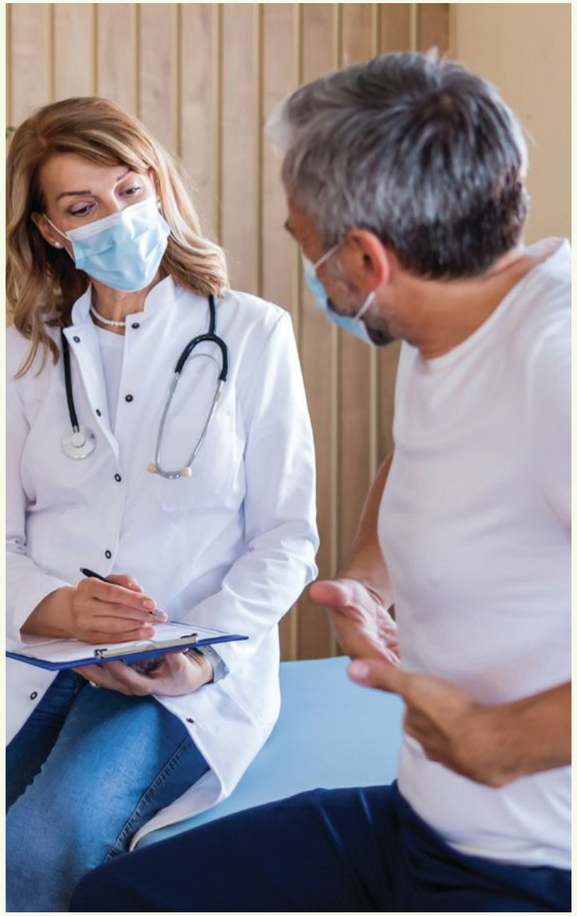
There are two coverage policies to support this program:

- Gastrointestinal Endoscopic Procedure Esophagogastroduodenoscopy (EGD)
- Gastrointestinal Endoscopic Procedure Capsule Endoscopy

You can view these policies at **eviCore.com/Cigna**.

CPT codes

You can find a full list of Current Procedural Terminology (CPT®) codes associated with these procedures, as well as additional information about the affected services, at **www.eviCore.com/resources/healthplan/Cigna** > Solution Resources > Gastroenterology > CPT CODES > **Gastroenterology Code List**.



TIPS TO PREVENT BALANCE BILLING

As a provider, you play an important role in helping your patients make informed choices about their health care, the services they receive, and how much money they spend on these services. When you are a participating provider for their health plan, your patients also trust that you will not send them a bill for covered services beyond the expected copayment or coinsurance under their benefit plan – which may sometimes occur unintentionally.

To help your practice keep in compliance with your Cigna agreement and maintain the good relationship you've built with your patients, we encourage you to take steps to help prevent balance billing.

- Always verify a patient's eligibility and benefits before rendering care, particularly if the health plan has changed. When in doubt, go to the Cigna for Health Care Professionals website (**CignaforHCP.com**) or call Customer Service to verify this information. *As a reminder, a patient's ID card may not be current and should not be relied on to make a coverage determination.*
- Educate patients about their eligibility status and coverage for a requested service.
- Educate office managers, front office staff, and billing departments about your contractual requirement to not balance bill for covered services when your providers participate in a patient's health care plan.
- Regularly review your practice's billing practices, and promptly resolve any balance billing issues should they accidentally occur.

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).

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.

MEDICAL RECORD REQUESTS: THANK YOU FOR RESPONDING

We're proud of our network-participating providers, who have demonstrated their priority focus on delivering quality patient care through challenging times. We appreciate your continued responses to medical record requests, and are committed to collaborating with you and your office staff to help comply with them and provide assistance when you need it.

Why is it important to respond to medical record requests?

As part of our commitment to ensuring our customers receive quality care, we have established numerous programs to help maintain quality. This may result in the need to submit medical records to Cigna for review.

You may receive a request for medical records for a variety of reasons, such as for:

- Annual audits for the Healthcare Effectiveness Data and Information Set (HEDIS®) or the Ambulatory Medical Record Review (AMRR).
- Researching complaints.*
- Projects that allow us to be better informed about our customers' health care needs and help us to implement clinical improvement initiatives.

As you know, your network-participation agreement requires you to submit medical records when requested for our quality programs. These activities are considered health care operations in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.

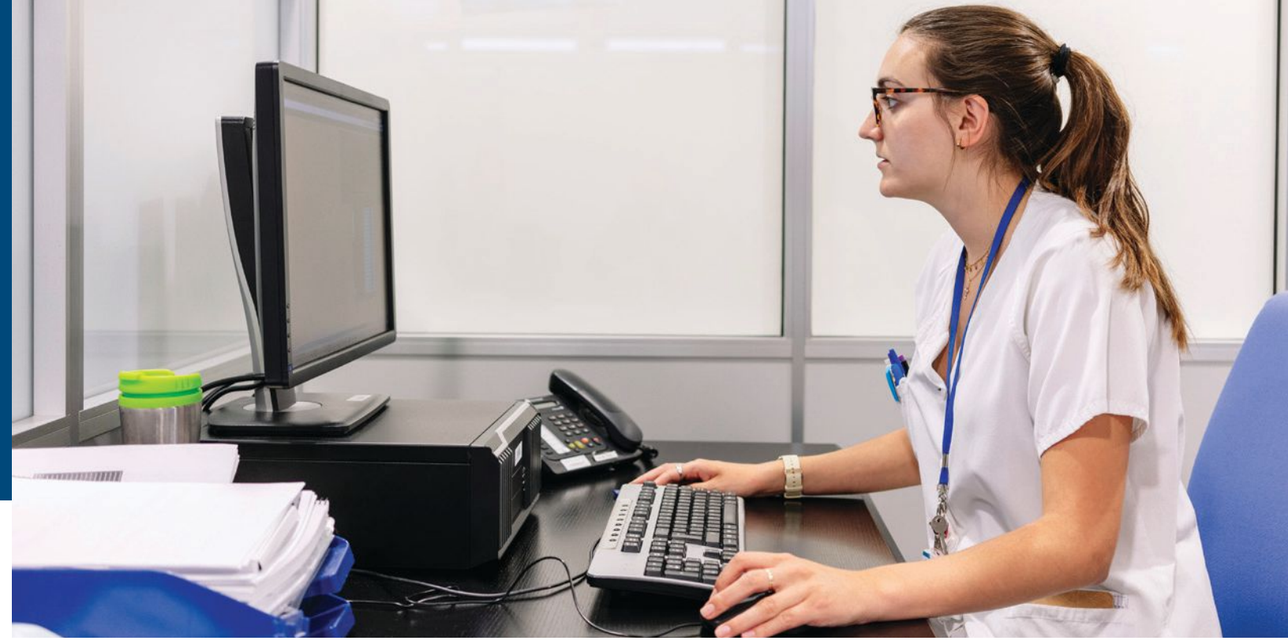
Additional information

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 medical record requests.

* Investigations are confidential, peer-review privileged, and protected under peer-review regulations.

CALIFORNIA PROVIDER DIRECTORY UPDATE REQUIREMENT



California Senate Bill (SB) 137 requires health plans to contact all contracted providers to verify the accuracy of the information they have in their provider directories. This must be done:

- Once every year for ancillary providers and physicians who are affiliated with a provider group.
- Once every six months for individual physicians who are not affiliated with a provider group.

Information we are required to verify by law

PRACTITIONER OR ASSOCIATION	FACILITY AND ANCILLARY PROVIDERS
› Name › Alias (alternate) name › Email (for patient communications) › Degree › Specialties › Board certification › National Provider Identifier (NPI) › License(s) › Language(s) (including staff and qualified medical interpreters) › Facility and hospital affiliations › Taxpayer Identification Number (TIN) › Accepting new patients/panel status › Network plan types accepted (e.g., PPO,* OAP,* HMO,*) › Servicing addresses, including phone numbers › Medical group affiliation(s)	› Name › Alias (alternate) name › Facility or ancillary type › License › Accreditation status › NPI › TIN › Servicing addresses, including phone numbers › Network plan types accepted (e.g., PPO, OAP, HMO) › Email (if available)

* Preferred provider organization, Open Access Plus, health maintenance organization.

Your responsibilities under California SB 137

In compliance with California SB 137, and under the terms of your Cigna Provider Agreement, you are required to validate the accuracy of the information displayed in our provider directories, and to keep this information current. **California SB 137 requires us to remove providers from our directories if, after multiple attempts to reach them, we do not receive a response to validate the information.**

Accordingly, you must:

- Respond to initial notices sent by Cigna (or a group or entity on behalf of Cigna) within 30 business days, to either confirm your directory information is current and accurate or submit an update to your directory information.
- Respond to any second notices within 10 business days. You will receive this notice if you did not respond to the first directory verification notice, or if you responded with only partial or inaccurate information that cannot be verified by Cigna. If you do not respond to this notice, you will be suppressed from showing in online and printed directories.

In addition:

- If changes to your demographic information occur outside of our verification time frames, in compliance with the law you must inform Cigna within five business days if your practice no longer accepts new patients, or if you previously did not accept new patients and now you do accept them.
- If you do not accept new patients, you must direct customers with Cigna-administered coverage who are not your patients, and who contact you to make an appointment, to call Customer Service at the telephone number on the back of their Cigna ID card for assistance in finding another provider.

Continued on next page

California provider directory update requirement *continued*

Restore your listing

If you have received notification that your information has been removed from our provider directories, you can still confirm that your information is accurate or request that we update it by sending an email to **CA_DirectoryCompliance@Cigna.com**. We will restore your information in the online and printed directories once we receive a full and accurate response, and are able to verify it in accordance with Cigna policies and requirements for updating directory information.

Other times to update your demographics

If your demographic information will change during a time frame that is outside of our annual or semiannual verification process, we require that you notify us 90 days in advance. Not only will this help ensure the accuracy of your information in our provider directories, it may prevent reimbursement delays that could occur if you make changes to certain information (such as your name, address, TIN, or NPI). Changes to the directories will be made within 30 business days of the date we receive your request.

Three easy ways to submit demographic updates

TYPE OF DEMOGRAPHIC UPDATE	WEBSITE OR EMAIL ADDRESS
Routine**	Log in to the Cigna for Heath Care Professionals website (**CignaforHCP.com**) > Working with Cigna. Go to the Update Demographic Information section; click Update Health Care Professional Directory.*** ***or*** Send an email to **Intake_PDM@Cigna.com**
Directory corrections	Send an email to **ProviderUpdates@Cigna.com**

View the current provider directory

Go to **Cigna.com** > **Find a Doctor, Dentist or Facility**. Then select a directory.

We appreciate your cooperation and compliance with this law.

** Cannot make directory corrections.
*** Cannot update TINs using this method. Please send an email to Intake_PDM@Cigna.com.

QUARTERLY NOTIFICATION OF MARYLAND NONPARTICIPATING SPECIALISTS

Each quarter, we notify all primary care providers (PCPs) in Maryland of specialty providers whose participation in the Cigna network ended the previous quarter. This is in compliance with the State of Maryland regulations.

Specialist updates move to *Network News*

Beginning with this issue of *Network News*, you will be able to access the quarterly specialist updates in this publication. We hope this will help to reduce the amount of paper you receive from us, and make it easier to access and view this important information. PCPs will no longer receive the list by mail or email.

If you are a PCP in Maryland and we have your email address, you will receive this newsletter in your in-box each quarter during the last week of January, April, July, and October.

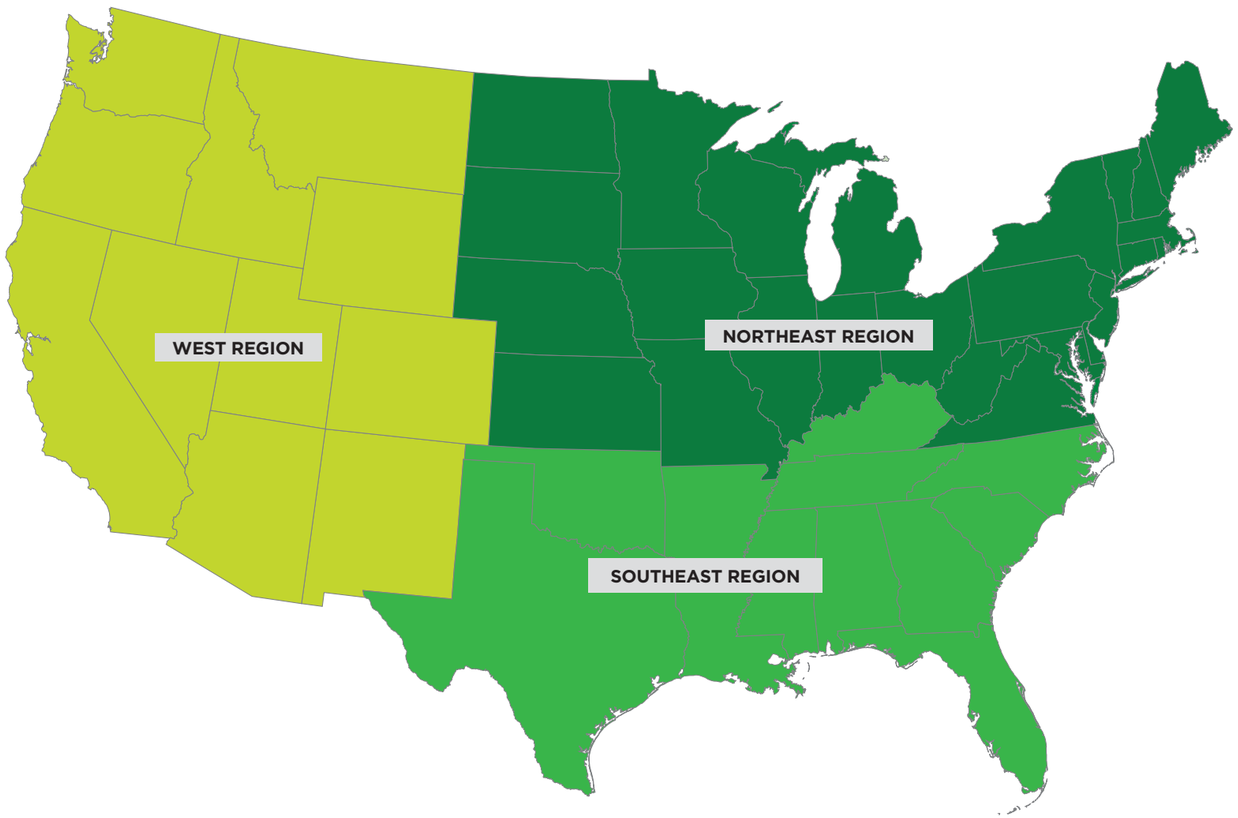
If we don't have your email address, you can access *Network News* by visiting **Cigna.com** > Health Care Providers > Provider Resources > **Cigna Network News for Providers**. To sign up to receive subsequent issues of *Network News* via email, scroll to the bottom of the **Cigna Network News for Providers** web page and click Sign Up.

Access the third quarter 2021 specialist update

View the **list of the specialists** in Maryland whose participation in our network ended between July 1, 2021 and September 30, 2021. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network-participating specialists.

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 a unique level of personalized support and service within their local regions. Your local MME understands local community nuances in health care delivery, can answer your health care-related questions, and is able to assist you with issues specific to your geographic area.

NATIONAL	
Peter McCauley, Sr., MD, CPE *Clinical Provider Engagement & Value-Based Relationships*	**312.648.5131**
Jennifer Gutzmore, MD *Clinical Strategy & Solutions*	**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.

HOW TO CONTACT US

When you're administering plans for your patients with Cigna-administered coverage and have questions, who do you contact? In a few clicks, you can quickly find this information by checking out the **Cigna Important Contact Information*** or **Medicare Advantage Provider Quick Reference Guide**.**

These guides contain links, email addresses, and phone numbers that can help you administer these plans more efficiently, and supplement your efforts to render an optimal patient experience. We encourage you to bookmark them for easy access to the most up-to-date information.

* CignaforHCP.com > Get Questions Answered: Resource > Medical Resources > Communications > Contact Us.
** MedicareProviders.Cigna.com > Provider Resources: Provider Quick Reference Guide.

CIGNA REFERENCE GUIDES

The Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers contain many of our administrative guidelines and program requirements. They include information pertaining to participants with 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 website. If you are not registered, click **Register**.

Updated Cigna Medicare Advantage provider manuals now available

If you are a network-participating provider for Cigna Medicare Advantage plans, you may reference our provider manuals for Medicare Advantage, which contain important information concerning our policies, procedures, and more. You can access the manuals at **MedicareProviders.Cigna.com** > Provider Manuals.

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, 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 work

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. Customers are also able to leave reviews from the Claims Summary and Claims Detail pages on **myCigna.com**. 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 in all specialties.

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.

* For U.S. customers only.

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 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.

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.

Use the digital ID card tool.

* Go to Cigna.com > Health Care Providers > Coverage and Claims > Coverage Policies: ID Cards

** 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.

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.

TRANSFORMATIONS BEHAVIORAL HEALTH DIGITAL NEWSLETTER

Check out the latest issue of ***Transformations***, our digital newsletter for behavioral providers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients, or learn more about resources to support the mind-body connection, you'll find it here.

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:

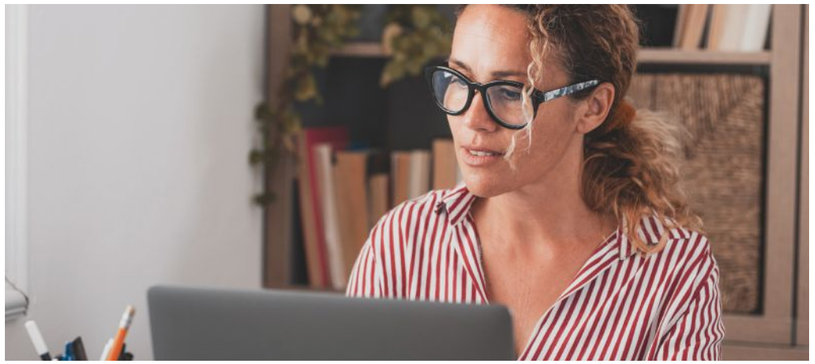
- Earn AMA PRA* Category 1 Credits™ with Valuable Insights on-demand webcasts.**
- Learn quickly and on the go with Valuable Insights podcasts.
- Get industry updates from subject matter experts with Valuable Insights alerts.

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**.

CareAllies®

* 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.



CULTURAL RESOURCES YOU CAN USE

If you serve a culturally diverse patient population, check out the **Cigna Cultural Competency and Health Equity Resources** web page.[1] It contains many resources to help you and your staff enhance your interactions with these patients.

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

White paper: South Asian Health Disparities

Increase your awareness about health disparities in the South Asian population, contributing factors, and how you can help reduce these disparities. This **white paper** may help you to adapt your communication style to address cultural nuances, ultimately improving health outcomes.

Tool kit: Gender-inclusive language guidelines

This one-page tool kit shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with CLAS Standards.[2] It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

Cultural competency training

We offer a variety of **eCourses** that can help you develop cultural competency overall best practices and gain a deeper understanding of subpopulations in the United States. The eCourses include:

- Developing Cultural Agility (addressing unconscious bias)
- Developing Culturally Responsive Care: Hispanic Community (three-part series)
- Gender Disparities in Coronary Artery Disease and Statin Use
- Diabetes Among South Asians (three-part series)

Language assistance services[3]

Obtain 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 eligible patients with Cigna coverage. Your office works directly with professional language assistance vendors, with whom we've negotiated these savings, to schedule and pay for services.

California Language Assistance Program

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 what to ask may increase the likelihood that you will obtain the information you need, and enhance rapport and adherence. Gain these insights through CultureVison™, which contains culturally relevant patient care for more than 60 cultural communities. Go to:

CRCultureVision.com
Login: CignaHCP
Password: HealthEquity2021!

Visit today

Many other resources are available on the **Cigna Cultural Competency and Health Equity Resources** web page,[1] including articles, presentations, podcasts, and self-assessments. You can find them in the All Resources section of the web page. Check back often for newly added resources.

NEW CULTURAL COMPETENCY RESOURCES

We recently created three new resources for providers.

- **Addressing Social Determinants of Health (SDoH) within Your Practice.** This **guide** shares how SDoH impact patient outcomes, and offers tangible steps your office can take to address SDoH needs. See article on **page 25**.
- **Health Disparities web page.** This **web page**[4] provides resources to help you reduce unfair or avoidable health differences. Read about COVID-19 health disparities, and how new disparities are arising due to delayed care.
- **African American/Black Health Disparities web page.** This **web page**[5] offers insights into cultural factors, and potential strategies to help African American and Black patients manage their diabetes.

1. Cigna.com > Health Care Providers > Provider Resources > Cultural Competency and Health Equity.
2. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
3. Available to Cigna contracted providers.
4. Cigna.com > Health Care Providers > Provider Resources > Health Disparities.
5. Cigna.com > Health Care Providers > Provider Resources > African American/Black Health Disparities.

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.

Information you can update online

You can use the online Provider Demographic Update Form to notify us of numerous types of changes. Examples include changes in:

- Address or office location
- Billing address
- Telephone number
- Taxpayer Identification Number (TIN)
- Specialties

Your updates can prevent payment delays

We recommend that you submit updates 90 days in advance of any changes. This will help ensure the accuracy of your information in our provider directories, and it may prevent reimbursement delays that could occur if you make changes to certain information (such as your name, address, or TIN).

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.**
- An online Provider Demographic Update Form will appear. It 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.

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

Please make sure 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.

* If you don't know who your website access manager is, log in to CignaforHCP.com. Click on the drop-down menu next to your name on the upper right-hand side of the screen > 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.

GET DIGITAL ACCESS TO IMPORTANT INFORMATION

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 inbox.

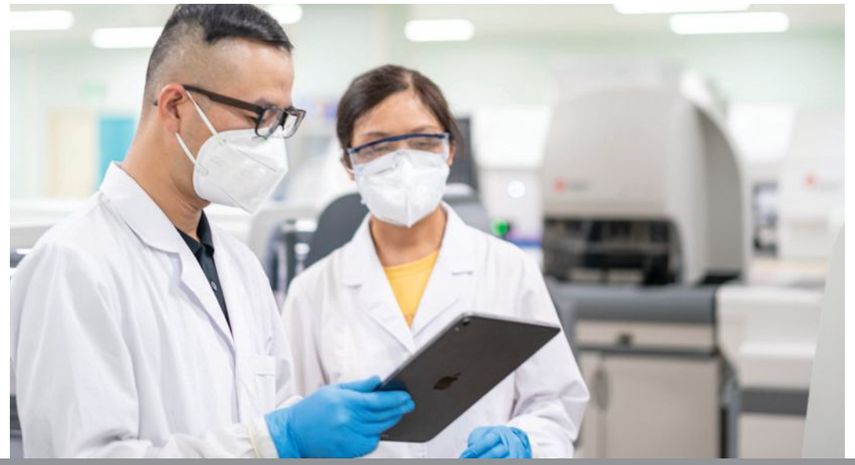
When you register for the Cigna for Health Care Professionals website (**CignaforHCP.com**), you can:

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

* QualCare providers must sign up to receive *Network News* electronically at Cigna.com/NetworkNews.



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**.

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.

Together, all the way.®