

Network News

FIRST QUARTER 2022

For providers



Behavioral health care lowers medical care costs

Page 3

Cigna Connect Individual & Family Plans: 2022 update

Page 12

2022 Cigna Centers of Excellence displays

Page 22

Emergency responder health: Medical provider training

Page 28

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.

Contents

	FEATURE ARTICLE Behavioral health care lowers medical care costs 3
	POLICY UPDATES Preventive care services policy updates 4 Clinical, reimbursement, and administrative policy updates 5 Precertification updates 7
	ELECTRONIC TOOLS Webinar schedule for digital solutions 8
	CONNECTED CARE Cigna wellness campaign encourages mammograms 9
	NETWORK UPDATES Cigna and Oscar Health plans expand 10 Cigna Connect Individual & Family Plans: 2022 update 12 Cigna Gene Therapy Program updates 13

	PHARMACY NEWS Oncology value-based pathway program expansion14 Federal exemption allows more providers to administer buprenorphine15 Accredo's Therapeutic Resource Center for HIV16 Initiate specialty therapy digitally with iAssist16 Specialty Medical Injectables with Reimbursement Restriction.....17
	MEDICARE NEWS 2022 Cigna Medicare Advantage plan highlights18 Cigna Medicare Advantage COVID-19 updates19 Nonparticipating providers can treat patients with PPO plans 20 Medicare patients may now use the myCigna App at office visits21
	GENERAL NEWS 2022 Cigna Centers of Excellence displays22 eviCore now manages sleep services for customers with CareLink plans23 Reminder: Precertification of certain gastroenterology procedures24 Use Z codes to report social determinants of health25 Emergency responder health: Medical provider training28 HEDIS and QRS data collection are right around the corner29 Updated LifeSOURCE provider reference guide 30
	REGIONAL NEWS CA medical group and IPA review guidance: HMO plans31 CA Provider Appointment Availability Survey results32

	HELPFUL REMINDERS Market Medical Executives contact information 33 How to contact us 34 Updated Cigna Reference Guides now available 34 Use the network 34 Patient reviews reminders 35 Quick Guide to Cigna ID Cards 35 Urgent care for nonemergencies 36 View drug benefit details using real-time benefit check 36 <i>Transformations</i> behavioral health digital newsletter 36 CareAllies education series37 Cultural resources you can use37 Have you moved recently? Did your phone number change? 38 Get digital access to important information 39 Access the archives 39 Letters to the editor 39
---	--



BEHAVIORAL HEALTH CARE LOWERS MEDICAL CARE COSTS

Before the pandemic, the Centers for Disease Control and Prevention (CDC) released [data](#)* showing that only 17 percent of U.S. adults were in optimal mental health. This alarming statistic revealed an enormous opportunity for the vast majority of our population to improve their mental health and well-being. Then COVID-19 upended life, irreversibly accelerating the need for mental health care, while decreasing the stigma associated with getting care. As a result, more people are seeking the help and treatment they need.

We know obtaining care is likely to improve mental health and there is growing recognition it will also improve physical health. But, can we prove that the impact of behavioral health care on physical health is strong enough to reduce total medical costs? The answer is yes.

Analysis reveals direct correlation

In a first-of-its-kind [analysis](#)** by Evernorth, Cigna's health services business, of approximately 275,000 customers, a significant correlation was found between behavioral health care and lower total medical costs. It showed that people diagnosed with a behavioral health condition (such as anxiety, depression, or substance use disorder) who received behavioral outpatient care had lower total health care costs of up to \$1,377 per person in the first year compared to those who didn't receive behavioral outpatient care. Furthermore, the savings impact was sustainable over time, with a two-year cost reduction of up to \$3,109 per person.

Costs decreased because individuals utilized fewer medical services, including expensive emergency department visits and inpatient hospital stays. These savings more than offset the costs of behavioral outpatient care, and means that even the lowest level of treatment can make a significant impact by helping people feel better, mitigating health care costs, and driving improved system-wide affordability.

How medical providers can help

The findings are groundbreaking, and demonstrate there is much work to be done to help people throughout a lifelong mental health journey. Unfortunately, most people do not get the mental health treatment they need until they're experiencing a crisis.

That's why we encourage medical providers to conduct routine mental health screenings for common concerns, including depression, anxiety, and substance use disorder.

This is a vital way for your patients to understand symptoms that could lead to mental health distress, and learn more about the important connection between physical and mental health.

Resources for medical providers

Cigna offers resources to help support your discussions with patients about mental health, including where to refer them if specialized behavioral health care is needed. Visit [Cigna.com/Connections](https://www.cigna.com/connections).



* "Mental Health Across the Life Stages." HealthyPeople.gov/2020. Retrieved from HealthyPeople.gov/2020 > Leading Health Indicators > 2020 LHI topics > Mental Health > Life Stages & Determinants.

** Cigna.com > Newsroom > [New Research Finds Receiving Behavioral Outpatient Care Can Significantly Reduce Total Health Care Costs](#).



PREVENTIVE CARE SERVICES POLICY UPDATES

On September 17, 2021 and October 15, 2021, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on September 17, 2021

DESCRIPTION	UPDATE	CODES
Prevention of human immunodeficiency virus (HIV) infection:	Added five Current Procedural Terminology (CPT®) codes for kidney function testing and pregnancy testing for PrEP-related services	CPT codes 81025, 82565, 82575, 82610, and 84703, with a designated wellness code from Code Group 1
Pre-exposure prophylaxis (PrEP)-related services	Added six CPT codes for adherence counseling, and pre- and post-prescription follow-up counseling	CPT codes 99401-99404 and 99411-99412, with any diagnosis

Summary: Preventive care updates and revisions effective on October 15, 2021

DESCRIPTION	UPDATE	CODES
Colorectal cancer screening	Lowered screening age from 50 to 45	N/A
Sexually transmitted infection (STI) prevention counseling	Added CPT codes	CPT codes 99401-99404 and 99411-99412, with any diagnosis

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





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*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Advanced Practice Health Care Providers (R37)	An advanced practice provider (APP) is a nonphysician health care provider, such as a physician assistant or nurse practitioner. APPs are licensed by states to practice and deliver primary or specialty care. In some states, there are restrictions to the scope of practice. APPs may practice independently or work with a supervising or collaborating physician.	We will outline the billing requirements for services rendered by APPs. For claims processed on or after the effective date, we will perform a post-payment medical chart review.	February 1, 2022** for claims processed on or after this date.
Chiropractic Care (CPG 278) Physical Therapy (CPG 135) Occupational Therapy (CPG 155)	A vasopneumatic device (CPT code 97016) is used to apply compression to treat extremity swelling and edema. Infrared therapy (CPT code 97026) is a treatment that involves the use of a laser or light-emitting diode (LED) to treat damaged tissues. Both may be performed as part of the treatment of musculoskeletal conditions.	We will expand our existing policy to include all provider contract types.	February 12, 2022 for dates of service on or after this date.
Facility Routine Services, Supplies, and Equipment (R12)	A blood draw is a procedure in which blood is taken from a patient. Venipuncture is the puncture of a vein as part of a medical procedure to withdraw a blood sample.	We will expand our existing policy to include all provider contract types.	February 12, 2022 for claims processed on or after this date.
Omnibus Reimbursement Policy (R24)	Pulse oximetry is a quick, painless, noninvasive test. A sensor is placed on the earlobe, toe, or finger to measure oxygen level or oxygen saturation in the blood. It is a routine service that can be performed by clinical or non-clinical staff.	We will expand our existing policy to include all provider contract types. This does not affect claims with place of service (POS) code 12 (home).	February 12, 2022 for claims processed on or after this date.

Continued on next page

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

** Different effective date applies, as indicated, to the following states: **Arkansas, Colorado, Kentucky, Ohio, and Texas**: March 1, 2022; **all other states**: February 1, 2022.

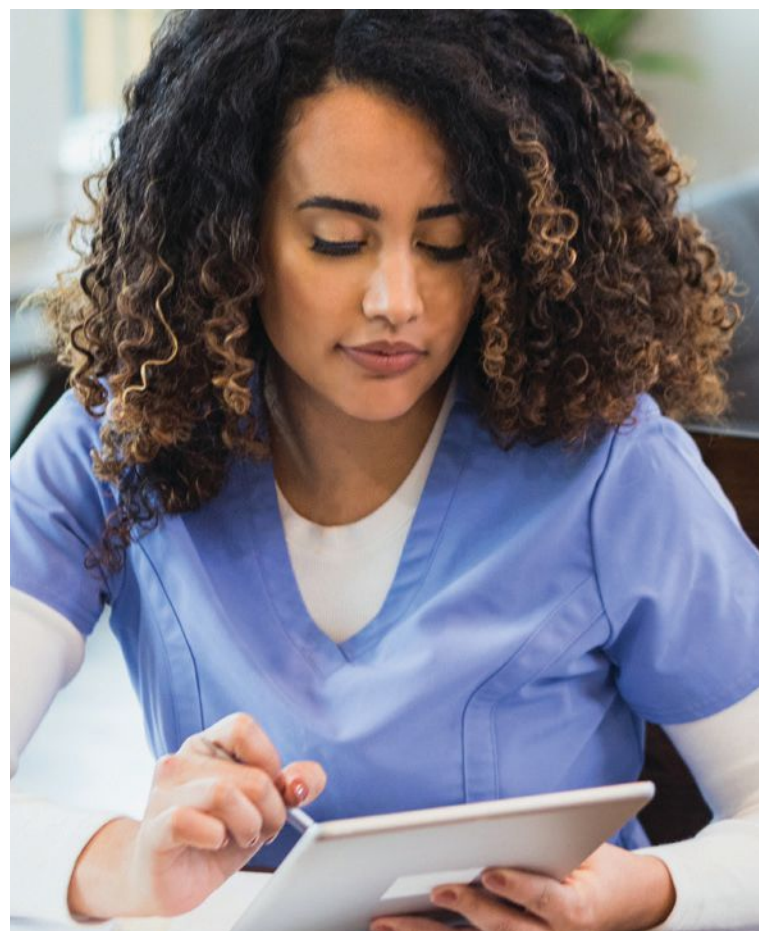


PRECERTIFICATION UPDATES

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 January 2022

On January 1, 2022, we added 51 new Current Procedural Terminology (CPT®) codes and 21 new Healthcare Common Procedure Coding System (HCPCS) codes.



Precertification list

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](#).



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 **844.621.3956**. 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
Website Access Manager Training	Wednesday, January 26, 2022	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	179 678 1871
CignaforHCP.com Overview	Tuesday, February 1, 2022	12:00 PM/11:00 AM/10:00 AM/9:00 AM	90 min	179 130 4054
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, February 9, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 971 8758
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, February 15, 2022	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 360 0072
Online Appeal & Claim Reconsideration	Thursday, February 17, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 701 1914
Website Access Manager Training	Monday, February 21, 2022	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	179 159 3601
CignaforHCP.com Overview	Tuesday, March 1, 2022	11:00 AM/10:00 AM/9:00 AM/8:00 AM	90 min	179 431 3197
Eligibility & Benefits/Cigna Cost of Care Estimator	Friday, March 11, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 825 1280
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, March 15, 2022	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 970 7232
Online Appeal & Claim Reconsideration	Thursday, March 24, 2022	3:00 PM/2:00 PM/1:00 PM/12:00 PM	60 min	179 604 5349
Website Access Manager Training	Wednesday, March 30, 2022	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	179 967 9232



CIGNA WELLNESS CAMPAIGN ENCOURAGES MAMMOGRAMS

Due to the COVID-19 pandemic, some women may have delayed or postponed preventive breast cancer screenings. As you know, it's critical they don't lose sight of the importance of getting routine mammograms.

Helping women get back on track

In June 2021, we conducted a breast cancer screening campaign. We sent digital and print communications to more than 160,000 female customers, age 50–64, who did not have a screening mammogram within the past 24 months, encouraging them to schedule one.

Reaching your patients through more personalized messaging

To help drive higher engagement, we developed personalized messages to best meet the needs of various groups of customers. For example, one targeted communication encouraged women to schedule a mammogram to stay one step ahead of their health, while another one reminded women that others were counting on them to take care of their health.

Key messages

Both communications contained the following key messages:

- › Annual breast cancer screenings are covered at 100 percent when performed by a network-participating provider.
- › Women can schedule a mammogram by calling their primary care provider or OB/GYN.
- › For help finding a network-participating provider, log in to myCigna.com.

Supporting the care you provide

While we continue to engage our customers in new ways and evaluate the effectiveness of these outreaches, we know that providers remain the most trusted source of clinical information for their patients. That's why we encourage you to remind your patients of the importance of receiving their routine mammograms. Together, we can make a meaningful difference in the fight against breast cancer.



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 January 1, 2022, we will begin to offer **Cigna + Oscar plans in Illinois and Missouri**.

About Cigna and Oscar Health plans

The plans go by two names. In most states where the plans are offered, the name is Cigna + Oscar. In Arizona only, the name is Cigna Administered by Oscar.¹ Both are the same; only the names are different. They both offer two plan types: Cigna LocalPlus and Open Access Plus. The key differences between the LocalPlus and Open Access Plus plans are the network and benefit coverage levels.

ID cards

You can easily identify patients with one of these plans by viewing their 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	OSCO2468924-01
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

Open Access Plus

Cigna Administered by Oscar sample ID cards

Cigna Administered by OSCAR	
Haskell Doe	
LocalPlus Silver \$3900 (No referral required)	
Member plan information	
Member ID	OSCO12345678-01
Group ID	BIZ00000001
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

Open Access Plus

1. 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: <ul style="list-style-type: none"> ▶ LocalPlus network in the California, Georgia, Illinois, Kansas, Missouri, and Tennessee counties listed. ▶ Open Access Plus network, regardless of state or region.
Connecticut ²	All	
Georgia	All	
Illinois	Bond, Calhoun, Clinton, Cook, DuPage, Greene, Jersey, Kane, Lake, Macoupin, Madison, McHenry, Monroe, Montgomery, Perry, Randolph, Saint Clair, Scott, Washington, and Will	
Kansas	Johnson, Leavenworth, Miami, and Wyandotte	
Missouri	Bates, Boone, Cass, Clay, Crawford, Franklin, Jackson, Jefferson, Lincoln, Platte, Saint Charles, Saint Francois, Saint Louis, Saint Louis City, Sainte Genevieve, Warren, and Washington	
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: <ul style="list-style-type: none"> ▶ LocalPlus network in Maricopa County or Pima County. ▶ Open Access Plus network, regardless of county.

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

3. Also for Cigna Administered by Oscar plans in Arizona.

4. [CignaforHCP.com](https://www.cignaforhcp.com) > Get questions answered: Resource > Medical Resources > Medical Plans And Products > [Cigna + Oscar Plans](#).



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).

More information

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

- ▶ Cigna + Oscar provider website (CignaOscar.com)³
- ▶ Cigna + Oscar [web page](#) on the Cigna for Health Care Professionals website⁴
- ▶ 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*.



CIGNA CONNECT INDIVIDUAL & FAMILY PLANS: 2022 UPDATE

On January 1, 2022, Cigna Connect Individual & Family Plans will become effective in the markets listed below.

MARKET	REGIONS
Arizona	Gila, Pinal, Yavapai
Florida	Miami-Dade County
Georgia	Barrow, Bartow, Butts, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Elbert, Fayette, Forsyth, Fulton, Gilmer, Greene, Gwinnett, Harris, Henry, Jackson, Jasper, Lamar, Macon, Madison, Marion, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding, Talbot, Taylor, Troup, Upson, Walton, and Webster
Mississippi	Gulf Coast/Hattiesburg: Covington, Forrest, George, Greene, Hancock, Harrison, Jefferson Davis, Jones, Lamar, Lawrence, Marion, Pearl River, Perry, Stone, and Walthall Northeast Mississippi: Alcorn, Benton, Calhoun, Chickasaw, Clay, Itawamba, Lee, Lowndes, Monroe, Pontotoc, Prentiss, Tippah, Tishomingo, Union, and Webster
Pennsylvania	Bucks, Chester, Delaware, Montgomery, and Philadelphia

About these plans

Cigna Connect Individual & Family Plans are built around local providers to give customers access to personal, patient-centered care. They require enrolled customers to use only Connect Network-participating providers, including primary care providers (PCPs) and specialists. There is no out-of-network coverage, unless it's for a medical emergency.

Referrals are not required, except in Illinois. However, we encourage PCPs to refer their patients

to Connect Network-participating providers for benefit coverage. You can use the online directory at Cigna.com/ifp-providers to find participating physicians, hospitals, and other participating providers.

PCP selection is not required, except in Illinois. We encourage customers to select a PCP for themselves and for each enrolled family member. The name of the PCP will not be printed on the customer's ID card.



Provider notification of network participation

In October and November 2021, we notified affected providers to inform them of their Connect Network-participation status. The letters to Connect Network-participating providers contained details about the plan and images of sample customer ID cards.

The letters were mailed to providers as outlined below.

PROVIDERS IN:	RECEIVED NOTIFICATION LETTERS IN:
Arizona	October 2021
Florida	October 2021
Georgia	October 2021
Mississippi	October 2021
Pennsylvania	November 2021



CIGNA GENE THERAPY PROGRAM UPDATES

Cigna is always anticipating approval of new gene therapies by the U.S. Food & Drug Administration (FDA), with an eye toward expanding the Cigna Gene Therapy Program to meet our customers' needs.

New gene therapy on the horizon

In September 2021, bluebird bio submitted its application to the FDA for betibeglogene autotemcel (beti-cel), a gene therapy to treat persons with transfusion-dependent beta-thalassemia. A decision is expected in May 2022.

This one-time autologous gene therapy adds functional copies of a modified form of the beta-globin gene into a person's hematopoietic stem cells, which then have the potential to produce hemoglobin A - substantially decreasing or even eliminating the need for transfusions.

It has been more than two years since the FDA approved a gene therapy. If approved, beti-cel will be the third one, and we will be ready to help our customers access it.

About the Cigna Gene Therapy Program

We continue to expand the list of Cigna Gene Therapy Program-contracted providers for the two existing FDA-approved gene therapies, LUXTURNA® and ZOLGENSMA®.

Our dedicated gene therapy case management team partners with participating providers* to ensure quality and affordable patient care, including dedicated gene therapy case management.

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

Nicklaus Children's Hospital	Miami, FL
OHSU Casey Eye Institute	Portland, OR
OHSU Doernbecher Children's Hospital	Portland, OR
Woman's Hospital	Baton Rouge, LA

*"Participating provider" refers only to providers who have specifically contracted to participate in the Cigna Gene Therapy Program or amended their existing agreements to participate in the Cigna Gene Therapy Program.



ONCOLOGY VALUE-BASED PATHWAY PROGRAM EXPANSION

In early 2021, Cigna launched an oncology value-based pathway program to promote the use of clinically appropriate, safe, and cost-effective therapies to improve patient outcomes. On January 1, 2022, Cigna will expand the program to include 51 pathways covering over 24 malignancies, including breast, lung, and colorectal cancers.

The program continues to improve quality and value in cancer care by providing treating oncologists with evidence-based data to assist them in selecting chemotherapy regimens that represent the highest value for their patients with Cigna-administered coverage. Its regimens are selected based on the following:

- › Clinical efficacy
- › Safety
- › Quality
- › Consistency of evidence
- › Affordability (if appropriate)

To help ensure the pathway regimens reflect the highest-value cancer therapies, the program uses a value-assessment model that incorporates value frameworks established by three organizations:

- › The American Society of Clinical Oncology
- › The National Comprehensive Cancer Network® (NCCN)
- › The European Society for Medical Oncology

By using these multiple value frameworks, we have the potential to:

- › Improve the patient’s quality of life.
- › Reduce out-of-pocket costs.
- › Optimize treatment outcomes.

How the program works

The oncology clinical pathway regimens are highlighted during the prior authorization process on the eviCore healthcare (eviCore) website ([eviCore.com](https://www.eviCore.com)).

1. Providers who request one of Cigna’s pathway program regimens receive immediate approval of the treatment plan.
2. Providers who request a regimen that isn’t part of Cigna’s pathway program are prompted to select a pathway program regimen. If the provider proceeds with a nonpathway regimen, he or she can provide supporting clinical information.

Note that an eviCore medical oncologist may contact the provider to discuss the patient’s condition and potential benefits of a high-value pathway regimen, if applicable. However, any regimen approved by the U.S. Food & Drug Administration, or given a category 1, 2A, or 2B recommendation by the NCCN Clinical Practice Guidelines in Oncology, will be authorized in accordance with our Oncology Medications Coverage Policy.



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

Additional information

To learn more about the program, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.CignaforHCP.com)) > Get questions answered: Resource > Medical Resources >

Commitment to Quality: View Documents > [Cigna oncology value-based pathways program](#).

On the Cigna oncology value-based pathways program web page, you can:

- › Access the list of [oncology value-based pathways](#).
- › View the [coverage policy](#).
- › Submit [feedback](#) about the program.



FEDERAL EXEMPTION ALLOWS MORE PROVIDERS TO ADMINISTER BUPRENORPHINE

In an effort to get evidence-based treatment to more people with opioid use disorder (OUD), the U.S. Department of Health and Human Services (HHS) issued new buprenorphine **guidelines** that became effective on April 28, 2021. Most notably, a longtime requirement was removed tied to training, which some providers had cited as a barrier to treating more people.*

Qualified providers

Through a new exemption, qualified providers may now administer buprenorphine to treat up to 30 patients with OUD without having certain federal certification requirements related to training, counseling, and other ancillary services.

Qualified practitioners include physicians, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives.

Allowed medications

This exemption only applies to prescribing Schedule III, IV, and V drugs, or a combination of them, including buprenorphine. Qualified providers are still required to submit a Notice of Intent application to prescribe buprenorphine. Those who do not want to practice under this exemption can request a waiver that will allow them to treat more than 30 patients.

Billing codes

The following Healthcare Common Procedure Coding System (HCPCS) codes are available when submitting claims for services for OUD:

- › G2086, G2087, and G2088 for office-based treatment. *These codes can be billed only when psychotherapy and medication-assisted treatment (MAT) are provided during the same visit.*
- › G2213 as an add-on when treatment is provided in an ED.

To bill for monthly services delivered using the Psychiatric Collaborative Care Model (CoCM), use Current Procedural Terminology (CPT®) codes 99492, 99493, and 99494, and HCPCS code G2214. CoCM is an approach to behavioral health integration shown to improve outcomes in multiple studies.

Note that HCPCS G codes are only billable if psychotherapy is performed. Otherwise, the appropriate collaborative care codes and evaluation and management (E&M) codes should be used.



Online resources

You can find the following opioid tools and information to support your patients:

- › [Cigna Opioid Resources web page**](#)
- › [Buprenorphine Quick Start Guide](#)
- › [FAQs About the New Buprenorphine Practice Guidelines](#)
- › [Provisional Drug Overdose Death Counts](#)

To learn more about the new guidelines

Refer to the published **guidelines** in the Federal Register.

* HHS. "HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder." Press release. 27 April 2021. Retrieved from HHS.gov > Inside HHS: News Releases > 2021 news releases > Apr > [HHS Expands Access to Treatment for Opioid Use Disorder](#).

** Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Get questions answered: Resource > Pharmacy Resources > Pharmacy Clinical Programs > [Opioid Resources](#).



ACCREDO'S THERAPEUTIC RESOURCE CENTER FOR HIV

Accredo®, a Cigna specialty pharmacy, recognizes that patients with complex conditions are unique and their care plans should be too. That is why Accredo offers personalized patient-focused services through its Therapeutic Resource Centers (TRCs). TRCs provide access to specialty-trained pharmacists and nurses who offer specialty medication and condition counseling 24 hours a day, 365 days a year.

HIV TRC

One of Accredo's TRCs provides focused support services related to the human immunodeficiency virus (HIV). The pharmacists, nurses, and patient advocates on this team are available to support patients with Cigna coverage who are at risk for or are diagnosed with HIV. The team maximizes safety, efficacy, affordability, and adherence through the use of proprietary clinical protocols, and can help patients in several ways:

- › Explain how HIV and pre-exposure prophylaxis medications work.
- › Check in on a regular basis to see how well the medication is working.
- › Process orders for medications and schedule fast shipping at no extra cost.
- › Offer advice on ways to help pay for medications.
- › Get medications approved for coverage.

In addition, when patients work with the HIV team, they will also have access to digital tools that support adherence: a mobile app, text reminders, and online ordering (depending on medication).

Additional information

To learn more, go to [Accredo.com](https://www.accredo.com) > Conditions > [Human immunodeficiency virus \(HIV\)](#).

INITIATE SPECIALTY THERAPY DIGITALLY WITH IASSIST

You can now initiate specialty therapy for your patients directly through Accredo, a Cigna specialty pharmacy, via iAssist, which is now part of the My Accredo Patients website ([MyAccredoPatients.com](https://www.MyAccredoPatients.com)). This all-in-one digital solution simplifies and streamlines how you submit electronic prescriptions and prior authorizations, as well as enrollments into Accredo and/or manufacturer support programs.

Advanced features

Our digital solution has the features that matter most to you.

- › **Pre-populated pharmacy selection** – Select Accredo as your default program page under account and program settings in iAssist to ensure Accredo auto-populates as your pharmacy of choice.
- › **Seamless transition** – Enter your iAssist username and password at [MyAccredoPatients.com](https://www.MyAccredoPatients.com) to effortlessly navigate from [MyAccredoPatients.com](https://www.MyAccredoPatients.com) to iAssist.
- › **Connectivity** – Click the hyperlink at the top of your iAssist dashboard to log in to [MyAccredoPatients.com](https://www.MyAccredoPatients.com) to see the patient's status, including referrals, renewals, and shipments.

How to get started

To take advantage of iAssist, log in to [MyAccredoPatients.com](https://www.MyAccredoPatients.com) > Electronic Referrals > Register. If you are not yet registered for [MyAccredoPatients.com](https://www.MyAccredoPatients.com), go to [MyAccredoPatients.com](https://www.MyAccredoPatients.com) > [Register now](#).

Additional information

More information about [MyAccredoPatients.com](https://www.MyAccredoPatients.com) is available on page 16 of the second quarter 2021 *Network News* ([Cigna.com](https://www.Cigna.com) > Health Care Providers: Provider Resources > Cigna Network News for Providers > Network News: Second Quarter 2021 > [Accredo provider website improves prescribing capabilities](#)).



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.

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 specialty medical injectables listed below.*

NAME	DATE ADDED
RYBREVANT™ (amivantamab-vmjw)	October 1, 2021
NEXVIAZYME® (avalglucosidase alfa-ngpt)	November 1, 2021
Tivdak™ (tisotumab vedotin-tftv)	

NAME	DATE ADDED
ALDURAZYME® (laronidase)	January 1, 2022
Cerezyme® (imiglucerase)	
ELAPRASE® (idursulfase)	
Gamifant® (emapalumab-lzsg)	
LIBTAYO® (cemiplimab-rwlc)	
MEPSEVII® (vestronidase alfa-vjbc)	
Naglazyme® (galsulfase)	
REVCOVI® (elapegademase-lvlr)	
VIMIZIM® (elosulfase alfa)	
ZYNLONTA® (loncastuximab tesirine-lpyl)	

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 now have more comprehensive health benefits. In addition, Cigna Medicare Advantage network-participating providers have more flexibility to see additional patients with preferred provider organization (PPO) coverage, because we have expanded into numerous regions across the United States.

Benefit	Description
\$0 copayment	100 percent of patients have a \$0 copayment for an annual physical exam with their primary care provider (PCP).
Cigna Insulin Savings Program	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ 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	<p>Papa program pairs older adults with companions to assist with:</p> <ul style="list-style-type: none"> ➤ Everyday tasks, virtually or in their homes, and offers social activities. ➤ Transportation to and from doctors' appointments, medication pickup, etc. ➤ Light housekeeping.



2022 ID cards

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

<Plan Name>
<Plan Type>

[]

<Contract/PBP[/segment]>

Name <Customer Full Name>
ID <Customer ID>
Health Plan (80840)
Effective Date <Effective Date>

MedicareRx
Prescription Drug Coverage

RxBIN <XXXXXXX>
 RxPCN <XXXXXXX>
 RxGRP <XXXXXXX>

[No PCP Required]
[No Referral Required]

COPAYS

PCP <\$xx>	Specialist <\$xx>
Emergency <\$xx>	Urgent care <\$xx>

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
 [Medicare limiting charges apply.]

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

[Provider Services <Phone Number>]
[Authorization/Referral <Phone Number>]
[Provider Medical Claims <Address>]
[Pharmacy Help Desk <Phone Number>]
[Pharmacy Claims <Address>]
[Dental Services <Phone Number> (TTY: 711)]
[Provider Dental Claims <Address>]
[<URL>]

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

Continued on next page



2022 Cigna Medicare Advantage plan highlights *continued*

More opportunities for practice growth in 2022

In 2021, Cigna network-participating providers served over 560,000 patients with Cigna Medicare Advantage coverage across 23 states, 477 counties, and the District of Columbia.

In 2022, we broadened our footprint into 108 new counties – a 22 percent increase. This includes expansion 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](https://www.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](https://www.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](https://www.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.

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](https://www.MedicareProviders.Cigna.com) > [COVID-19 & Flu Season: How to Talk to Your Medicare Patients](#).



NONPARTICIPATING PROVIDERS CAN TREAT PATIENTS WITH PPO PLANS

Did you know that Cigna Medicare Advantage PPO* plan enrollees are able to receive care from any provider – not just those that participate in the Cigna Medicare Advantage network? Customers can also receive care from nonparticipating providers, as long as the provider accepts Original Medicare and is willing to bill Cigna.

Why see patients with Cigna Medicare Advantage PPO plans?

- › **Simplified claims billing.** Submit one claim to Cigna and receive one payment.
- › **No referrals required.**
- › **No precertification required.** We only ask that you notify us of inpatient stays so that we can inform you and your patients about Cigna programs that may assist them. We also recommend that you contact us prior to providing medical services to better understand their covered benefits.

Questions?

To learn more about how to work with us as a provider that does not participate in the Cigna Medicare Advantage network, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Manual: [View 2022 Out of Network Manual](#).

* Preferred provider organization.



MEDICARE PATIENTS MAY NOW USE THE MYCIGNA APP AT OFFICE VISITS

When your patients with Cigna Medicare Advantage plan coverage visit your office, they may now present a digital copy of their ID card, explanation of benefits, or proof of coverage eligibility from their mobile devices. They may also look up recently filled prescription medicines,* which some providers routinely ask for during a patient's evaluation.

This new functionality is possible through a recent myCigna® App upgrade. The upgrade allows Cigna Medicare Advantage plan enrollees to access their health plan information quickly, when and where they need it, just as your patients with Cigna commercial plans do.

myCigna App highlights

When your patients download this user-friendly app, they may provide your office with helpful information and take a more active part in their care. The app contains a wide range of accurate, up-to-date, real-time information, unique to each patient and their Cigna Medicare Advantage plan, including:

- › ID cards
- › Coverage
- › Deductibles and maximums
- › Current prescriptions
- › Spending accounts (if applicable)
- › Claims/explanation of benefits
- › Ability to price a medication
- › A directory to find care and compare costs



*When prescribed by a Cigna network-participating provider.



2022 CIGNA CENTERS OF EXCELLENCE DISPLAYS

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

We designate participating hospitals as COEs when they meet specific patient outcomes and cost-efficiency criteria by procedure and condition. We use publicly available, hospital self-reported data and claims data to evaluate this information. The dataset was sourced from the Centers for Medicare & Medicaid Services (CMS) Medicare fee schedules and Clarify Health Solutions' proprietary commercial dataset (Commercial, Medicare Advantage and Managed Medicaid), representing 40 million annual lives and 120 million+ annual lives, respectively, across all 50 states and the District of Columbia.

Existing hospital designations will remain in effect through 2022

We are extending the time frame for COE designations to apply. As a result of this change, **the current 2021 COE designations will remain in effect and their profiles will continue to display in our online directories on [Cigna.com](https://www.cigna.com) and [myCigna.com](https://mycigna.com) through December 31, 2022.** If you have inquiries related to your status, including reconsideration requests, please email them to PhysicianEvaluationInformationRequest@Cigna.com.

About the hospital profile

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

Those that attain at least five stars (three stars for patient outcomes and two stars for cost-efficiency, or three stars for cost-efficiency and two stars for patient outcomes) receive the Cigna

COE designation for that procedure, condition, or condition category.

Hospital data may not display in the online provider directory for various reasons, including, but not limited, to the following:

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

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



Methodology for the current displays

To learn more about the methodology we use to determine COE designations, please review our white paper. Go to the Cigna for Health Care Professionals website (CignaforHCP.com > Get questions answered: Resource > Medical Resources > Commitment to Quality > **2021 and 2022 Cigna Centers of Excellence Methodology**), or call Cigna Customer Service at **800.88Cigna (882.4462)** to obtain a copy.



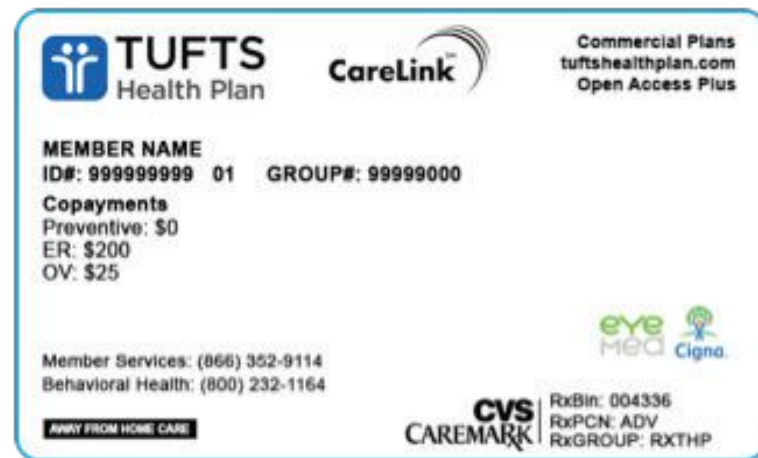
EVICORE NOW MANAGES SLEEP SERVICES FOR CUSTOMERS WITH CARELINK PLANS

eviCore healthcare (eviCore) provides utilization management and case management services for sleep studies for Cigna customers nationwide. On January 1, 2022, we expanded the program to include customers with Tufts-administered CareLink® plans.

Through our agreement with Tufts Health Plan, customers with CareLink plans access the Cigna network outside of the Massachusetts and Rhode Island service areas.

How to identify patients with CareLink plans

You can identify patients with CareLink plans by viewing their ID card, which will have a CareLink logo.



Precertification requests

You may request precertification for your patients with CareLink plans by logging in to the eviCore website ([eviCore.com](https://www.evicore.com)) or by calling eviCore at **800.298.4806**.

To access the list of services that require precertification, log in to the Tufts website ([TuftsHealthPlan.com](https://www.tuftshealthplan.com)) > Login > **Provider** or go to [eviCore.com/resources/healthplan/Cigna](https://www.evicore.com/resources/healthplan/Cigna).

Submitting claims

For your patients with Tufts-administered coverage through CareLink, continue to send claims to Tufts Health Plan via your electronic data interchange vendor. You should send paper claims to the address on the back of the patient's ID card.

For your patient's coverage, eligibility, and benefits information, log in to [TuftsHealthPlan.com](https://www.tuftshealthplan.com) > Login > **Provider**.

Additional information

If you have questions, please call eviCore at **800.298.4806**.



REMINDER: PRECERTIFICATION OF CERTAIN GASTROENTEROLOGY PROCEDURES

On January 1, 2022, a precertification requirement for the following gastroenterology procedures went into effect 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).

It's easy to request precertification online

The preferred and most efficient method for submitting precertification requests is through eviCore's website ([eviCore.com](https://www.eviCore.com)). If you are not a registered user, you can go to [eviCore.com](https://www.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](https://www.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 > [Gastroenterology Code List - Effective 1/1/2021](#).



USE Z CODES TO REPORT SOCIAL DETERMINANTS OF HEALTH



Social determinants of health (SDoH) are the conditions and environments in which people are born, grow, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Being knowledgeable about SDoH is fundamental to detecting patient health disparities, which are unfair and avoidable differences in segments of the population.

Recognition by providers that disparities and SDoH play a role in health outcomes can move the delivery of health care toward a path to greater health equity.

What are Z codes?

These are non-billable SDoH codes that can offer insights into population management priorities.

How do I use Z codes?

According to the Centers for Medicare & Medicaid Services (CMS) guidelines, Z codes should only be reported as secondary diagnoses. They may be based on medical record documentation from clinicians who are involved in the care of a patient, but who are not the patient's primary provider. This is because Z codes represent social information rather than medical diagnoses.

- ▶ **Z13.9** is the code to use when an SDoH screening has occurred.
- ▶ Codes ranging from **Z55** to **Z65** are for use when documenting SDoH data, such as housing, food insecurity, and transportation. *We encourage using these codes for patients with potential health hazards related to socioeconomic and psychosocial circumstances.*

How can documenting Z codes help my patients and my practice?

Z codes allow providers to see overall SDoH trends and can inform strategies for addressing health disparities. Once these insights are obtained, providers can streamline their ability to address top barriers to health through referrals to local and national low-cost or free community resources.

Identifying unmet social needs is the first step in addressing SDoH, and documentation of these needs is just as important. If you haven't already, please consider beginning the consistent and appropriate use of Z codes in your patient population.

Z codes: Z55–Z65¹

Refer to the chart at the right for a breakdown of codes and subcodes ranging from Z55 to Z65. These codes may be used to help you identify specific needs and refer your patient to appropriate resources.

Z55: Problems related to education and literacy

Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord with teachers and classmates
Z55.5	Less than a high school diploma
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified

Z56: Problems related to employment and unemployment

Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment
Z56.6	Other physical and mental strain related to work
Z56.8	Other problems related to employment
Z56.81	Sexual harassment on the job
Z56.82	Military deployment status
Z56.89	Other problems related to employment
Z56.9	Unspecified problems related to employment

Z57: Occupational exposure to risk factors

Z57.0	Occupational exposure to noise
Z57.1	Occupational exposure to radiation
Z57.2	Occupational exposure to dust

1. The full set of released codes can be found on the CDC's website under section heading "2022 release of ICD-10-CM"; <https://www.CDC.gov/nchs/icd/icd10cm.htm>.

Continued on next page



Use Z codes to report social determinants of health *continued*

Z57: Occupational exposure to risk factors *(continued)*

Z57.3	Occupational exposure to other air contaminants
Z57.31	Occupational exposure to environmental tobacco smoke
Z57.39	Occupational exposure to other air contaminants
Z57.4	Occupational exposure to toxic agents in agriculture
Z57.5	Occupational exposure to toxic agents in other industries
Z57.6	Occupational exposure to extreme temperature
Z57.7	Occupational exposure to vibration
Z57.8	Occupational exposure to other risk factors
Z57.9	Occupational exposure to unspecified risk factor

Z58: Problems related to physical environment

Z58.6	Inadequate drinking-water supply ²
-------	---

Z59: Problems related to housing and economic circumstances

Z59.0	Homelessness
Z59.00	Homelessness unspecified ²
Z59.01	Sheltered homelessness ²
Z59.02	Unsheltered homelessness ²
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.41	Food insecurity ²
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z59.81	Housing instability, housed ²
Z59.811	Housing instability, housed, with risk of homelessness ²
Z59.812	Housing instability, housed, homeless in the past 12 months ²
Z59.819	Housing instability, housed, unspecified ²
Z59.9	Problem related to housing and economic circumstances, unspecified

Z60: Problems related to social environment

Z60.0	Problems of adjustment to life-cycle transitions
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination and persecution
Z60.8	Other problems related to social environment
Z60.9	Problem related to social environment, unspecified

Z62: Problems related to upbringing

Z62.0	Inadequate parental supervision and control
Z62.1	Parental overprotection
Z62.2	Upbringing away from parents
Z62.21	Child in welfare custody
Z62.22	Institutional upbringing
Z62.29	Other upbringing away from parents
Z62.3	Hostility towards and scapegoating of child
Z62.6	Inappropriate (excessive) parental pressure
Z62.8	Other specified problems related to upbringing
Z62.81	Personal history of abuse in childhood
Z62.82	Parent-child conflict
Z62.89	Other specified problems related to upbringing
Z62.9	Problem related to upbringing, unspecified

Z63: Other problems related to primary support group, including family circumstances

Z63.0	Problems in relationship with spouse or partner
Z63.1	Problems in relationship with in-laws
Z63.3	Absence of family member
Z63.31	Absence of family member due to military deployment
Z63.32	Other absence of family member
Z63.4	Disappearance and death of family member
Z63.5	Disruption of family by separation and divorce
Z63.6	Dependent relative needing care at home
Z63.7	Other stressful life events affecting family and household
Z63.71	Stress on family due to return of family member from military deployment
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified

2. New codes as of October 2021; not currently included in Cigna value-based program quality measures.

Continued on next page



Use Z codes to report social determinants of health *continued*

Z64: Problems related to certain psychosocial circumstances	
Z64.0	Problems related to unwanted pregnancy
Z64.1	Problems related to multiparity
Z64.4	Discord with counselors
Z65: Problems related to other psychosocial circumstances	
Z65.0	Conviction in civil and criminal proceedings without imprisonment
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.3	Problems related to other legal circumstances
Z65.4	Victim of crime and terrorism
Z65.5	Exposure to disaster, war and other hostilities
Z65.8	Other specified problems related to psychosocial circumstances



SDOH: CIGNA RESOURCES

It is vitally important for the health care sector to take an active role in addressing the drivers of health that are outside the bounds of the traditional office setting. To help your practice meet this challenge, we have resources that you can access and use.

Resource	Description	How to access
SDoH digital guide for providers	Helps providers learn more about SDOH, and steps they can take to help their patients overcome SDOH barriers to health.	CignaProducer.com/health-equity-providers
National resources for patients flyer	Identifies low-cost or free national resources available in most local communities.	Click here ³
Cigna Community Find Help website	Allows providers to search for a variety of services in patients' local communities, including free or low-cost medical care, food, transportation, and housing assistance.	CignaCommunity.FindHelp.com
Cigna community resources flyer	Educates anyone (providers and patients) on how to use the Cigna Community Find Help website. Available in English and Spanish to all individuals, with or without Cigna coverage.	Click here ⁴
Case Management/ Health and Wellness web page	Links to programs and other Cigna resources for your patients, such as for diabetes prevention, maternity, tobacco cessation, lifestyle management, childhood obesity, depression, and more.	CignaforHCP.com > Get questions answered: Resource > Medical Resources > Case Management/ Health and Wellness
Cultural Competency and Health Equity Resources website	Contains resources to help you understand your patients' diverse values, beliefs, and behaviors, and customize treatments to meet their social, cultural, and linguistic needs.	Cigna.com > Health Care Providers > Provider Resources > Cultural Competency and Health Equity
Network News (quarterly newsletter)	Includes articles on the latest cultural competency and health equity topics and resources for providers.	Cigna.com > Health Care Providers > Provider Resources > Cigna Network News for Providers

3. https://www.cignaproducer.com/pdf/NationalResourcesForPatients_Flyer.pdf.

4. <https://www.cignaproducer.com/pdf/CommunityResourcesFlyer.pdf>.



EMERGENCY RESPONDER HEALTH: MEDICAL PROVIDER TRAINING

Emergency responders often have unique health care needs due to the nature of their work. They may face higher levels of stress, exhaustion, trauma, and grief than the general population.

To help support the unique medical and behavioral needs of emergency responders, Evernorth has developed a partnership with the National Emergency Responder & Public Safety Center™ (NERPSC). Through this collaboration, Cigna network-participating medical providers now have access to a new bundled course training program: Cultural Foundations and Considerations for Medical Providers Assisting Emergency Responders and Public Safety Personnel.

Discount and CE credits for providers in the Cigna network.

Medical providers in the Cigna network will pay a special discounted price of \$480* for the five-course bundle when they use the coupon code CIGNAHEALTH20. They'll also receive 15 continuing education (CE) credits that are American Psychological Association (APA) approved.

About the training

The courses in the bundle are built specifically for medical providers whose patients may include emergency responders and public safety personnel. They are designed to enhance cultural competency and improve the care provided to these individuals.

The courses include valuable information about:

- › Frequently observed health concerns.
- › How to competently interact with responders under stressful circumstances.
- › Unique stressors experienced by injured responders and those experiencing major health concerns.

The content of each course is accurate, relevant, engaging, tightly focused on stated learning objectives, and aligned with the Centers for Disease Control and Prevention (CDC) quality training standards. NERPSC is an APA-approved CE sponsor.

Bundle course overview

The bundle includes five courses.

Course title	CEs
Working with Emergency Responders and Public Safety Personnel: An Overview	8
Emergency Responder Health	3
Benefits and Barriers to Prescriptive Supports	2
Job-Related Injury and Accommodation	2
Responders Serving Responders: A Hospital's Response to a Line-of-Duty Event	-



Getting started *(Cigna network-participating providers only)*

To access the course bundle, and receive 20 percent off the price:

- › Click [here](#).
- › Complete the form.
- › Enter the coupon code: CIGNAHEALTH20.

*\$480 is the final price with the 20 percent discount off the standard \$600 price.



HEDIS AND QRS DATA COLLECTION ARE RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®).* The National Committee for Quality Assurance (NCQA), employers, and health plans developed HEDIS as an industry-wide method to help compare and assess a health plan's performance in a variety of areas.

HEDIS, along with the Centers for Medicare & Medicaid Services (CMS) Quality Rating System (QRS) process for our customers with Marketplace plans, measures and reports clinical effectiveness results of our medical plans for significant public health issues, such as cancer, heart disease, smoking, asthma, and diabetes.

What you need to know

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

Please note that due to COVID-19 and Health Information Portability and Accountability Act (HIPAA) concerns, we are not able to receive medical records by mail.

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



Shared administration

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

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

Therefore, if you have patients who have Cigna coverage through an FEHB plan, you may receive separate HEDIS requests directly from the

administrators of those FEHB plans. Please follow their instructions to submit any required medical records.

For more information on HEDIS

Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Commitment to Quality > Quality > Healthcare Effectiveness Data and Information Set Record Collection.

Documentation tips are also available on CignaforHCP.com > Get Questions Answered: Resource > Medical Resources > Commitment to Quality > [HEDIS Quick Reference Guides](#).

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

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



UPDATED LIFESOURCE PROVIDER REFERENCE GUIDE

Recently, we made updates to the Cigna LifeSOURCE Transplant Network® Provider Reference Guide. This guide is for use by Cigna LifeSOURCE-participating transplant facilities and physicians, and it covers policies and procedures to help them manage Cigna customers in need of transplant services.

About the updates

The updates include new information on infusion services, as well as new addresses for claim submissions.

New addresses for claim submissions

Cigna, Cigna Global Health Benefits®, and Shared Administrative Repricing (Taft-Hartley) plans

All claims for your patients with these plans should be mailed to the appropriate address below (effective November 1, 2021).

U.S. mail

Cigna LifeSOURCE Transplant Claims
PO Box 182203
Chattanooga, TN 37422

FedEx only

Cigna LifeSOURCE Transplant Claims
5810 Brainerd Road
Chattanooga, TN 37411

Network Access Clients (NAC) including Cigna Payer Solutions

All claims for these patients should be mailed to the appropriate address below (effective December 1, 2021).

U.S. mail

Cigna LifeSOURCE NAC Transplant Claims
PO Box 6471
Indianapolis, IN 46206

Important: Do not use the following U.S. mail address, which is no longer in use effective December 1, 2021: Cigna LifeSOURCE NAC Transplant Claims, PO Box 3539, Scranton, PA 18505.

FedEx only

Attn: Trevor Evans
Cigna LifeSOURCE NAC Transplant Claims
11595 N. Meridian Street, Suite 600
Carmel, IN 46032

Access the latest guide online

Go to the Cigna LifeSOURCE website ([CignaLifeSOURCE.com](https://www.cignalifesource.com)) > Health Care Providers > [Cigna LifeSOURCE Provider Reference Guide](#).



CA MEDICAL GROUP AND IPA REVIEW GUIDANCE: HMO PLANS

Medical groups and independent practice associations (IPAs) must ensure their patients with Cigna-administered HMO* plan coverage have access to health care services with the right provider, and within the appropriate geography and time frames. When caring for these patients, follow the tips and guidelines below.

Note that your own group's individual practice policies for precertification and referrals may supersede these guidelines.

When no precertification is required

PCP care

Most care provided by a primary care provider (PCP) will not require precertification.

Women's care

The Direct Access to Reproductive Health Act AB 1954 prohibits requiring referrals to, or precertification for, access to sexual and reproductive health care services. This includes:

- ▶ In-network services for routine gynecological care, pregnancy testing, prenatal care, contraception services, sexually transmitted disease (STD) testing and treatment, human immunodeficiency virus (HIV) screening and prevention, and acquired immune deficiency syndrome (AIDS) screening and prevention.
- ▶ Coverage of all provider types (medical doctors, physician assistants, registered nurse practitioners, and certified nurse midwives) who provide women's care service.

Emergency and urgent care

No precertification is required when patients with Cigna-administered HMO plans have:

- ▶ A condition they reasonably believe is life threatening or an emergency. They can go to an emergency room to receive care – in-network or out of network, in area or out of area.
- ▶ An injury or illness that requires care within 24–48 hours. If they are in area, they should receive in-network care, when it's available. If they are out of area, or in-network urgent care is not available, out-of-network care will be covered.

When precertification from a medical group or IPA is required

According to your group's list of services requiring precertification, such as certain specialists or diagnostic procedures, the delegated group's participating providers must submit precertification requests in a timely manner to their designated utilization management department. Ideally, this occurs on the same day – or as soon as possible – following the patient's appointment.



When review by Cigna is required

The “not delegated” list always includes, but may not be limited to:

- ▶ Second opinions with a specialist, **if the group is unable to precertify the care.**
- ▶ Continuity-of-care and transition-of-care requests, if a health care provider no longer participates in the Cigna network and the group is unable to precertify the care.
- ▶ Experimental, investigational, unproven (EIU) services.

For more information

Access the Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers (California). Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California.

For additional details, please refer to the [fact sheet](#)** provided by the California Department of Managed Health Care (DMHC).

* Health maintenance organization.

** DMHC.CA.gov > Timely Access to Care > Health Care in California > Your Health Care Rights > Timely Access to Care > [Timely Access to Care Fact Sheet](#).



CA PROVIDER APPOINTMENT AVAILABILITY SURVEY RESULTS

Each year, Cigna conducts a Provider Appointment Availability Survey (PAAS), as mandated by the California Department of Managed Health Care (CA DMHC) Timely Access Regulations, with network-participating providers in California that have been identified in a random sample.

The purpose of the survey is to assess providers' compliance with the CA DMHC established standards for timely access to primary and specialty care provider office visits, urgent and nonurgent medical care, and related ancillary services, such as rehabilitation and imaging studies.

We appreciate your participation in this survey, and thank you for meeting the timely access-to-care needs of our customers.

All providers are required to offer appointments within the state-mandated access-to-care time frames.

PAAS results are aggregated at the provider group or county level. If a score **does not meet the requirements**, the provider or provider group may be required to submit a corrective action plan outlining the steps being taken to improve access for their patients.

Note that even if provider or provider group previously completed a PAAS for Cigna, and met the access requirements at that time, they may still be asked to complete a PAAS in the future.

We encourage all providers to review their appointment access policies, and make any necessary updates to ensure they meet required standards.

* To access the guide, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California.

** The timely access-to-care standards were last published on page 29 of the third quarter 2021 *Network News*. To access the article, go to Cigna.com > Health Care Providers > Provider Resources > Cigna Network News for Providers > [Network News: Third Quarter 2021](#).

For more information

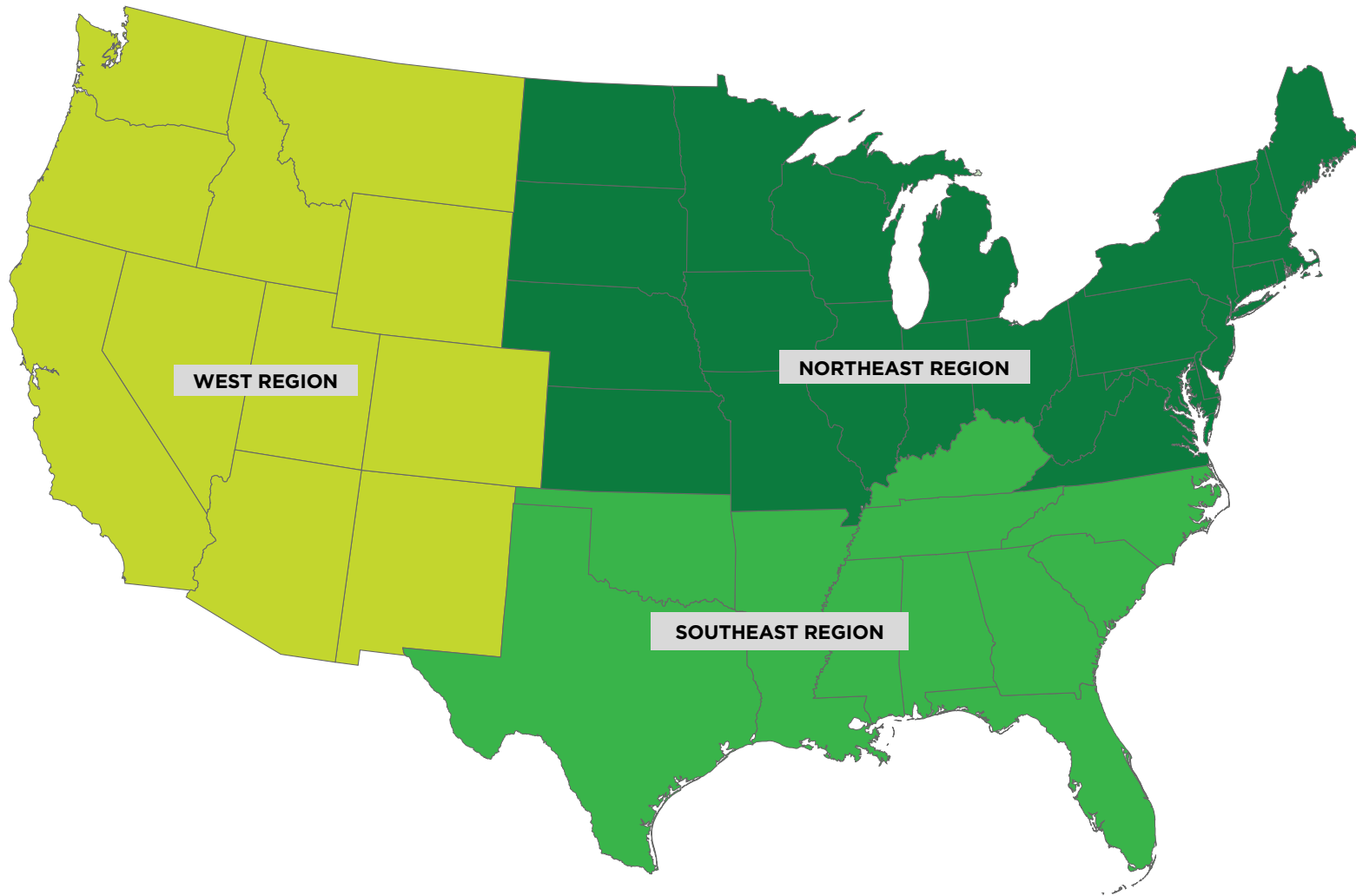
Visit the CA DMHC website (DMHC.CA.gov) > Health Care in California > Your Health Care Rights > **Timely Access to Care**. We share these standards with Cigna customers in California as part of an annual mailing.

You can also find the standards in the Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers (California).* In addition, the standards are published annually in the Regional News section of [Network News](#).**



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 **312.648.5131**
Clinical Provider Engagement & Value-Based Relationships

Jennifer Gutzmore, MD **818.500.6459**
Clinical Strategy & Solutions

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.

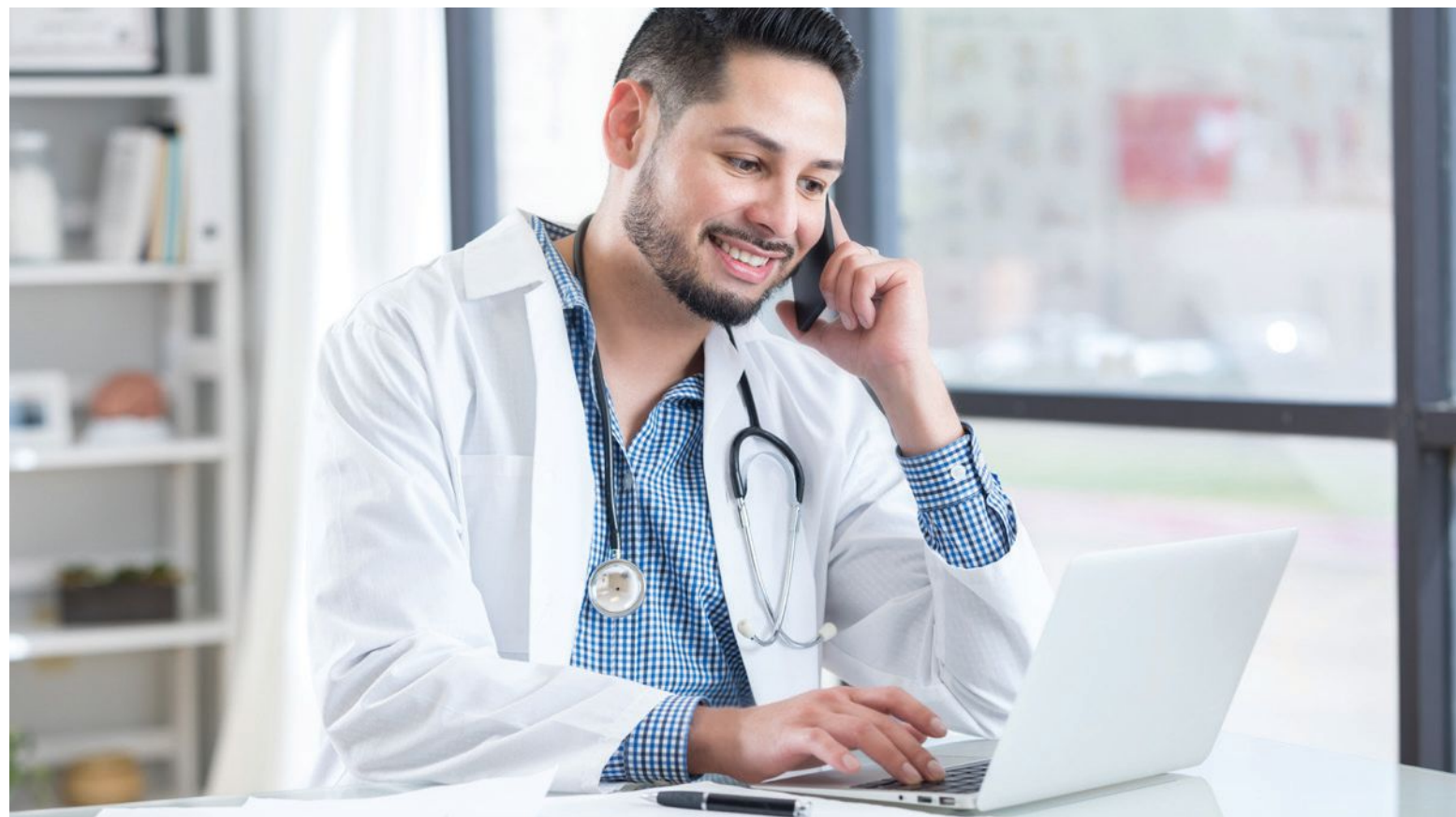


HOW TO CONTACT US

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](#).



UPDATED CIGNA REFERENCE GUIDES NOW AVAILABLE

The Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other providers contain many of our administrative guidelines and program requirements. 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](#).

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 other helpful information. 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](https://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](https://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](https://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 for Cigna's managed care plans, Individual & Family Plans, Medicare Advantage plans, Cigna Global Health Benefits® plans, Cigna Choice Fund® plans, Shared Administration Repricing plans, Strategic alliance plans, Cigna + Oscar plans, and indemnity plans.

How to access the guide

The guide is available online as a PDF. Go to Cigna.com > Health Care Providers > Coverage and Claims > Coverage Policies: [ID Cards](#). We encourage you to bookmark this page to help ensure you access the most up-to-date information, as we occasionally make updates to the guide.

What's in the guide?

The guide contains descriptions of the plans, and shows corresponding sample ID cards with callouts that help define and clarify information that appears on them.

- › To learn more about a featured Cigna ID card, match the circled numbers on the card with the key that appears on the subsequent page.

- › To learn more about each plan, read the plan description to the left of the key.
- › To view sample ID card information you might see on your patients' myCigna® App,* go to "The myCigna App" page.
- › To find the contacts you need to get in touch with us for information about your patients with Cigna coverage, go to the "Important contact information" page near the back of the guide.

As a reminder, the sample ID cards in the guide are for illustrative purposes only. Always be sure to check the front and back of your patient's actual ID card to help ensure you have the correct benefits, as well as contact information.

* 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, visit [Cigna.com](https://www.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 providers who offer behavioral health services to Cigna customers. 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:

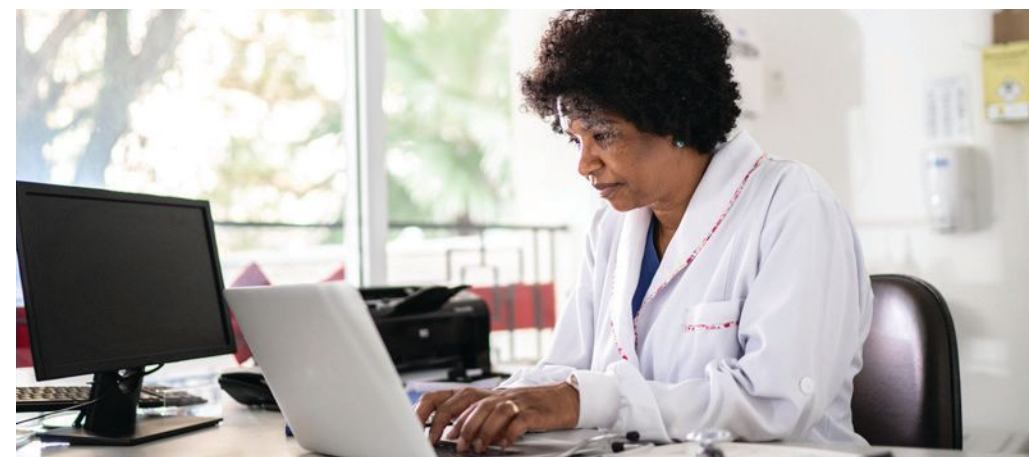
- ▶ Earn AMA PRA* Category 1 Credits™ with Valuable Insights on-demand webcasts.**
- ▶ Learn quickly and on the go with Valuable Insights podcasts.
- ▶ Get industry updates from subject matter experts with Valuable Insights alerts.

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.



* 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 services³

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.

- ▶ **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](https://www.cigna.com/Health-Care/Providers/Provider-Resources/Cultural-Competency-and-Health-Equity) > 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](https://www.cigna.com/Health-Care/Providers/Provider-Resources/Health-Disparities) > Health Care Providers > Provider Resources > **Health Disparities**.
 5. [Cigna.com](https://www.cigna.com/Health-Care/Providers/Provider-Resources/African-American-Black-Health-Disparities) > 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
- › Secondary language
- › 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](#).



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.®



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

956329 12/21 PCOMM-2021-1610 © 2022 Cigna. Some content provided under license.

