

Network News

FIRST QUARTER 2023

For providers



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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.

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DIGITAL ID CARDS ARE HERE

Have you noticed that more of your patients are presenting their Cigna ID to you digitally? We are in the process of fully transitioning to digital-only ID cards* by 2024 as we strive to offer more digital-first solutions for our customers and providers.

Digital ID cards are not new to Cigna

They’ve been available for several years. Some of your patients may already be presenting their digital ID card to you from their smart phone using the myCigna® App or the **myCigna.com**® customer website. But in 2023, even more of your patients may begin sharing their ID card digitally.

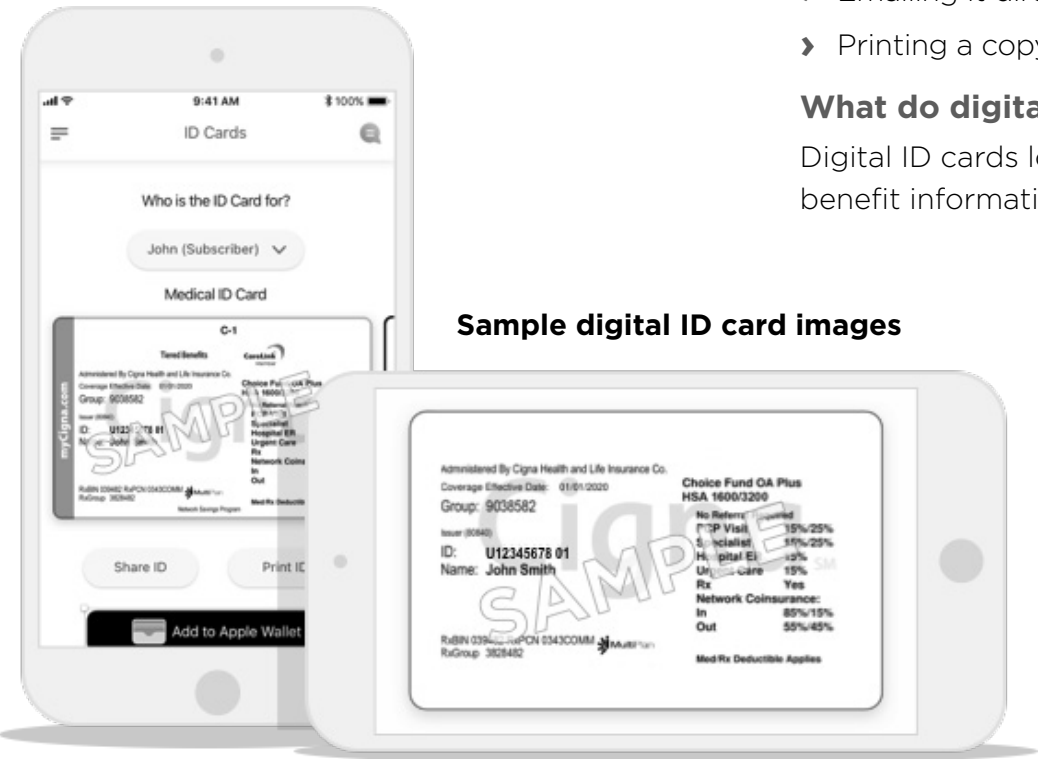
How patients may share their digital ID card

Your patients may share their digital Cigna ID card by:

- › Showing it to you on their smart phone or tablet.
- › Uploading it to your health portal (as technology allows).
- › Emailing it directly to your office.
- › Printing a copy.

What do digital ID cards look like?

Digital ID cards look the same and have the same benefit information as printed ID cards.



Sample digital ID card images

Digital ID card toolkit for providers and office staff

To help with your transition to digital-only Cigna ID cards, we encourage you to visit our dedicated digital ID card web page for providers: **CignaforHCP.com/DigitalIDCards**. You’ll find a digital ID card toolkit for providers and staff that contains:

- › A step-by-step **guide** to benefits, eligibility, and ID card look-up for desktop reference.
- › A **video** that explains benefits, eligibility, and ID card look-up.
- › A step-by-step **guide** to looking up benefit detail at the procedure code level.

In addition, you’ll find digital ID card resources for your patients, as well as frequently asked questions that may help you to interact with patients with digital Cigna ID cards.

* Cigna customers in Colorado, Florida, Georgia, Minnesota, New York, and Texas may continue to receive printed ID cards in the mail, depending on their plan type, in compliance with their respective state’s laws.



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
Professional Services Performed by Facility Owned Practices (R40)	Allergy procedures and treatments include, but are not limited to, allergy testing and allergen immunotherapy.	We will administratively deny facility claims for allergy procedures or treatments that were previously billed on a professional claim form by a rendering provider for the same service, same patient, and same date of service.	February 18, 2023, for dates of service on or after this date.
Code Editing Policy and Guidelines	Medical unlikely edits (MUE), or frequency limits, are set by the Centers for Medicare & Medicaid Services (CMS) to limit how often a particular service may be billed. It is the maximum units of service that a provider would report under most circumstances for a single patient on a single date of service.	We will administratively deny reimbursement for the portion of an outpatient facility claim that is above the MUE limit set by CMS.	February 18, 2023, for dates of service on or after this date.
Health Care Common Procedure Coding System (HCPCS) National Level II Modifiers	Modifier QZ is used when a certified registered nurse anesthetist (CRNA) performs anesthesia services without medical direction by a physician.	Reimbursement for claims submitted with modifier QZ for services rendered by a CRNA will be reduced by 15 percent.	February 18, 2023, for dates of service on or after this date.
Omnibus Reimbursement Policy (R24)	Current Procedural Terminology (CPT®) code 19364 is used for breast reconstruction with free flap procedures, regardless of the free flap technique used.	We will only reimburse claims for free flap breast reconstruction billed with CPT code 19364. We will administratively deny HCPCS codes S2066, S2067, and S0268.	March 12, 2023, for dates of service on or after this date.
Anesthesia Services (R39)	Anesthesia modifiers identify who provided the service and if medical direction was given.	We will administratively deny the claim line when anesthesia CPT codes are not billed with modifier AA, AD, QK, QX, QY, or QZ.	March 12, 2023, for dates of service on or after this date.

Continued on next page

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



Clinical, reimbursement, and administrative policy updates

continued

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Anesthesia Services (R39)	Anesthesia CPT codes include all services integral to the anesthesia procedure.	When an anesthesia claim is submitted with multiple codes, we will reimburse the anesthesia CPT code with the highest base unit and administratively deny those with the lowest base unit(s). If the base units are equal, we will reimburse the first code submitted.	March 12, 2023, for dates of service on or after this date.
Headache and Occipital Neuralgia Treatment (0063)	Peripheral nerve block procedures are used to treat headaches (e.g., chronic, cluster, migraine) and trigeminal/occipital neuralgia.	We will deny claims for peripheral nerve block procedures billed with CPT codes 64505, 64400, and 64405 as experimental, investigational, or unproven (EIU) regardless of the diagnosis. CPT code 64450 will also be denied as EIU only when submitted with a headache and/or trigeminal/occipital neuralgia diagnosis.	April 16, 2023, for dates of service on or after this date.

OTHER IMPORTANT UPDATES

Effective March 12, 2023

Code editing update: Diagnosis pointers for correct coding

We will update our existing code-editing logic to use diagnosis pointers at the CPT code level on some claims.

Additional information

Coverage policies

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

Reimbursement and modifier policies

To view our reimbursement and modifier policies, log in to [CignaforHCP.com](#). Go to Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement and Modifier Policies.

Claim editing policies and procedures

To view our claim-editing policies and procedures, log in to [CignaforHCP.com](#). Go to Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Policies and Procedures.

Note: If you are not registered for the website, go to [CignaforHCP.com](#) and click Register.

PREVENTIVE CARE SERVICES POLICY UPDATES

On October 15, 2022, updates became effective for Cigna’s Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on October 15, 2022

DESCRIPTION	UPDATE	CODES
Breast-feeding equipment and supplies	<ul style="list-style-type: none">› A starter kit is included at no cost; there may be options to purchase upgrades (e.g., wireless pumps) and accessories at a Cigna-discounted rate› Must be ordered through a network-participating provider	N/A
Preventive care services that may be provided during a wellness examination	<ul style="list-style-type: none">› Added risk assessments for:<ul style="list-style-type: none">- Sudden cardiac arrest/sudden cardiac death- Suicide- Hepatitis B› Renamed “Psychosocial/behavioral assessment” to “Behavioral/social/emotional screening”	N/A
Preventive care screenings and interventions	<ul style="list-style-type: none">› Added “Obesity prevention in midlife women age 40–60 with normal or overweight body mass index (BMI)” to nutrition/physical activity counseling› Added “Instrument-based screening recommended for risk assessment at ages 12 and 24 months in addition to the well visit at 3–5 years of age” to vision screening	N/A
Women’s contraceptive services	<ul style="list-style-type: none">› Added seven Healthcare Common Procedure Coding System (HCPCS) codes for contraceptive supplies	HCPCS codes A4261, A4266, A4268, A4269, J7294, J7295, and J7304

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)**.



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 2023

On January 1, 2023, we added 19 new Current Procedural Terminology (CPT®) codes and 48 new Healthcare Common Procedure Coding System (HCPCS) codes.

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**.

VIRTUAL CARE REIMBURSEMENT POLICY

To help providers attract and retain patients, reduce access barriers, and provide the right care at the right time, our Virtual Care Reimbursement Policy allows for reimbursement of a variety of services typically performed in an office setting but that are also appropriate to perform virtually. Services covered include, but are not limited to, routine appointments, new patient exams, and behavioral assessments.

When all requirements of the policy are met – including using Place of Service (POS) code 02 when billing for all virtual care – providers will receive 100 percent of the face-to-face reimbursement rate for covered services for their patients with Cigna commercial medical coverage.

For complete details on the virtual care services we reimburse, billing requirements, and a copy of the full Virtual Care Reimbursement Policy, please visit **CignaforHCP.com/virtualcare**.



CIGNA MEDICARE ADVANTAGE COMING TO CIGNAFORHCP.COM

Soon you'll be able to access information for your patients with Cigna Medicare Advantage coverage on the Cigna for Health Care Professionals website (**CignaforHCP.com**). This means you will no longer need to manage and access two separate websites. We hope this change will help to simplify your workflow and make it easier and faster to administer Cigna Medicare Advantage plans.

Additional benefits

Once this update occurs, you will be able to access more benefit and claim details, as well as view and submit precertification requests for your patients with Cigna Medicare Advantage plans.

Registered users of CignaforHCP.com do not need to register again

If you are not currently registered for **CignaforHCP.com**, go to **CignaforHCP.com** and click Register.

Be on the lookout for upcoming announcements.



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 presented will benefit you and your patients with Cigna coverage.

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

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

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

Option 2 – Call **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				LENGTH	MEETING NUMBER
		EASTERN	CENTRAL	MOUNTAIN	PACIFIC		
Website Access Manager Training	Wednesday, January 25, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 811 0413
CignaforHCP.com Overview	Thursday, February 2, 2023	12:30 PM	11:30 AM	10:30 AM	9:30 AM	90 min	179 363 3969
Eligibility and Benefits	Wednesday, February 8, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 228 6925
Checking Claim Status	Tuesday, February 14, 2023	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 339 9202
Online Appeal and Claim Reconsideration	Thursday, February 16, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 421 8368
EFT Enrollment, Online Remittance, Request a Fee Schedule	Monday, February 20, 2023	12:30 PM	11:30 AM	10:30 AM	9:30 AM	60 min	179 569 4481
Website Access Manager Training	Wednesday, February 22, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 144 1228
CignaforHCP.com Overview	Wednesday, March 1, 2023	2:00 PM	1:00 PM	12:00 PM	11:00 AM	90 min	179 469 6362
Eligibility and Benefits	Wednesday, March 8, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 396 0448
Checking Claim Status	Wednesday, March 15, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 648 1184
Online Appeal and Claim Reconsideration	Thursday, March 23, 2023	10:00 AM	9:00 AM	8:00 AM	7:00 AM	60 min	179 247 1081
EFT Enrollment, Online Remittance, Request a Fee Schedule	Monday, March 27, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 823 2990
Website Access Manager Training	Tuesday, March 28, 2023	4:00 PM	3:00 PM	2:00 PM	1:00 PM	60 min	179 951 4545



CIGNA CONNECT INDIVIDUAL & FAMILY PLANS 2023 EXPANSION

In 2023, we will continue to offer Cigna Connect Individual & Family Plans in the same states and counties as in 2022. Effective January 1, 2023, we will also expand these plans into three new states – Indiana, South Carolina, and Texas – and into many additional counties in Georgia, Mississippi, and North Carolina.

STATE	NEW COUNTIES
Georgia	Banks, Bryan, Bulloch, Candler, Chatham, Effingham, Evans, Franklin, Habersham, Hall, Hart, Liberty, Long, Lumpkin, Rabun, Screven, Stephens, Tattnall, Towns, Union, and White
Indiana – <i>new</i>	Boone, Hamilton, Hancock, Hendricks, Henry, Johnson, Marion, and Shelby
Mississippi	Desoto, Marshall, Tate, and Tunica
North Carolina	Guilford and Randolph
South Carolina – <i>new</i>	Berkeley, Charleston, Dorchester, and Horry
Texas – <i>new</i>	Collin, Crosby, Dallas, El Paso, Ellis, Hunt, Johnson, Kaufman, Lubbock, Rockwall, and Tarrant

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 all PCPs to refer their patients to Connect Network-participating providers to help them maximize their benefit coverage. Please 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. However, we encourage customers to select a PCP for each person enrolled in their plan. Note that the name of the PCP will not be printed on customers’ ID cards.

Provider notification of network participation

We mailed letters to affected providers to inform them of their Connect Network-participation status as outlined below.

PROVIDERS IN:	RECEIVED NOTIFICATION LETTERS IN:
Georgia	October 2022
Indiana	October 2022
Mississippi	November 2022
North Carolina	October 2022
South Carolina	October 2022
Texas	November 2022

In the letters to providers who were selected to participate in the Connect Network, we included additional details about the plan and images of sample customer ID cards.



CIGNA + OSCAR HEALTH PLANS EXPAND

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

On January 1, 2023, we began to offer **Cigna + Oscar plans across the Philadelphia metro area**, including Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. *Note that customers in the Philadelphia metro area only utilize Cigna’s Open Access Plus network.*

About Cigna + Oscar Health plans

These 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.* The plans are the same (only the names are different) and both offer two plan types: Cigna LocalPlus and Open Access Plus.

Cigna + Oscar customers who live outside of a Cigna + Oscar service area may access care from a provider that participates in the Cigna LocalPlus network or Open Access Plus network. These services are considered in-network.

Network-participating providers

You are considered a participating provider for Cigna + Oscar plans if you are a participating provider for the Cigna LocalPlus plan or Open Access Plus plan. This means your care is in network for your patients with Cigna + Oscar plans, and all terms of your current Cigna provider agreement apply.

To check your network participation, visit Oscar’s online directory at **CignaOscar.com/search** or call Oscar Customer Service at **855.672.2789**.

More information

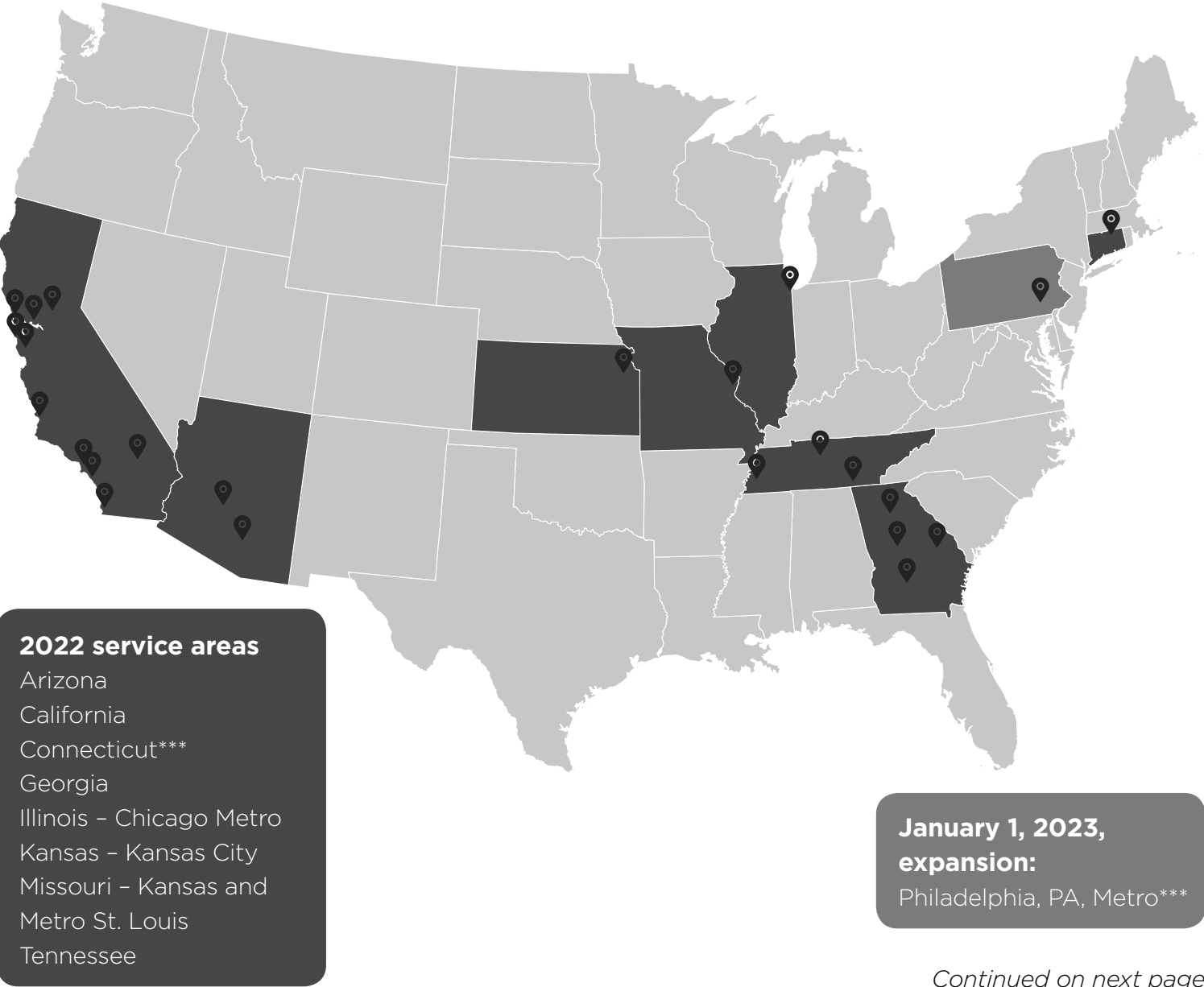
To check your patients’ eligibility and benefits, submit prior authorization requests, and claims status, log in to the Oscar provider portal at **hioscar.com/providers**. You can find additional information in the **Cigna + Oscar Supplemental Quick Reference Guide** and in the **Cigna Administered by Oscar Supplemental Quick Reference Guide**.** You can also call Oscar Health Customer Service at **855.672.2789**.

* Different name required by Arizona Department of Insurance. References to Cigna + Oscar in this article include Cigna Administered by Oscar.

** CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > Cigna + Oscar Supplemental Quick Reference Guide OR Cigna Administered by Oscar Supplemental Quick Reference Guide.

*** Connecticut and Philadelphia, Pennsylvania, plan participants will only utilize Cigna’s Open Access Plus network.

Where Cigna + Oscar Health plans are offered



Continued on next page



Cigna + Oscar Health plans expand *continued*

ID cards – now contain the Cigna Network logo

You can easily identify patients with a Cigna + Oscar plan by viewing their ID card. Sample ID cards appear below. *Note that the Cigna Network logo is now included on the front of the ID cards in addition to the Cigna + Oscar logo or Cigna Administered by Oscar logo.*

LocalPlus sample ID cards

Cigna + Oscar



Front



Back

Cigna Administered by Oscar



Front



Back

Open Access Plus sample ID cards

Cigna + Oscar



Front



Back

Cigna Administered by Oscar



Front



Back



USPSTF UPDATES RECOMMENDATIONS TO EXPAND THE USE OF STATINS

It is well known that when people at risk for cardiovascular disease adhere to statins and make lifestyle changes, they may reduce their risk of getting the disease. But lesser known is emerging evidence that suggests certain people *without* a history or symptoms of cardiovascular disease may benefit from these preventive measures too.

Updated USPSTF recommendations

Recently, the U.S. Preventive Services Task Force (USPSTF) released updated **recommendations** on the use of statins for the primary prevention of cardiovascular-related events and mortality in adults age 40 and older who do not have a history of known cardiovascular disease or show signs or symptoms of the disease.

The new recommendations, published on August 23, 2022, in *The Journal of the American Medical Association (JAMA)* are based on a review of new evidence assessing the benefits and harms of statin use since the publication of earlier USPSTF recommendations in 2016.*

Statin guidelines for people with diabetes and coronary heart disease risk factors

Diabetes, another leading public health concern, is considered a risk factor for coronary heart disease. Two out of three adults over age 65 who have diabetes will die as a result of coronary heart disease, and the probability increases significantly when there are other risk factors.

The American Heart Association (AHA) and the American Diabetes Association (ADA) guidelines recommend adding a statin to lifestyle changes regardless of baseline lipid levels in patients over age 40 who have diabetes and one traditional cardiovascular disease risk factor. For patients under age 40 who have diabetes and multiple cardiovascular disease risk factors, the guidelines also suggest considering a statin in addition to lifestyle changes.**

* Carol M. Mangione, MD, MSPH. "Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: USPSTF Recommendation Statement." JAMA. 23 August 2022. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2795521>.

** Bishnu H. Subedi, MD, et al. "The Role of Statins in Diabetes Treatment." American Diabetes Association Publications. 01 August 2013. Retrieved from <https://diabetesjournals.org/spectrum/article/26/3/156/32640/The-Role-of-Statins-in-Diabetes-Treatment>.



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, nonhospital-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
SPEVIGO® (spesolimab-sbzo)	October 1, 2022
XENPOZYME™ (olipudase alfa-rpcp)	October 1, 2022

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.



CIGNA SPECIALTY CARE OPTIONS PROGRAMS DRUG LIST EXPANSION

Our Cigna Specialty Care OptionsSM (SCO) and Cigna Specialty Care Options PlusSM (SCO+) programs identify customers whose nononcology and oncology specialty medications are being administered in a higher-intensity setting (e.g., outpatient hospital) to determine whether a less-intensive site of care is clinically appropriate. These customers are identified at the time of prior authorization.

The SCO and SCO+ programs contain a medical necessity site-of-care review for select oncology products in accordance with our **Medication Administration Site of Care coverage policy**.

When clinically appropriate, Cigna redirects customers to a quality, less-intensive site of care, such as a contracted provider’s office, a customer’s home with infusion nurses, or a nonhospital-based ambulatory infusion center. In certain circumstances, procurement from a specialty pharmacy with which Cigna has a reimbursement arrangement may be an option.

SCO and SCO+ drug list expansion

We recently expanded the SCO and SCO+ drug list to include the specialty medical injectables listed below.*

SCO INJECTABLES		
Brand name	Generic name	Site of care addition date
XENPOZYME™	(olipudase alfa-rpcp)	October 1, 2022

SCO+ INJECTABLES		
Brand name	Generic name	Site of care addition date
FYLNETRA	(pegfilgrastim-pbbk)	October 25, 2022
Imjudo®	(tremelimumab-actl)	November 15, 2022
Rolvedon™	(leukocyte [WBC] stimulant)	November 15, 2022

SCO and SCO+ drug list

To access the SCO and SCO+ drug list, log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reimbursement and Payment Policies > Precertification Policies > Specialty Care Options and Specialty Care Options Plus Drug List. 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.



ACCREDITO PREPARES FOR ANTICIPATED GROWTH IN BIOSIMILARS

Biosimilar approval and adoption has the potential to reduce health care spending in the United States by an estimated \$100 billion by 2025.* Over the next decade, biosimilar production and launches into the marketplace are likely to increase, and their associated cost savings to your patients will be important.

Accredo®, a Cigna specialty pharmacy, will be keeping step with the growth of biosimilars and will continue to offer access to U.S. Food and Drug Administration–approved biosimilars, as well as their brand-name counterparts.

How Accredo will support providers and their patients

Accredo is preparing for the influx of new biosimilars to the market and will:

- › Offer dedicated resources to assist with benefit review and financial resource coordination, if appropriate.
- › Help educate customers about biosimilars. Accredo pharmacists – who are available 24 hours a day, 365 days a year – will help to answer their questions or concerns, and package inserts will be included to help eliminate confusion for customers who may need to switch medications (e.g., the medication box may look different).
- › Provide additional functionality for informed ePrescribing, including real-time benefit check, through the prescriber portal (**MyAccredoPatients.com**).

How Accredo will support formulary updates

Formulary changes for your patients with Cigna coverage may occur as biosimilars become available for more brand-name drugs. Accredo’s dedicated formulary management process is designed to efficiently shift your patients to a preferred alternative.

- › Prescriber offices will receive a fax or telephone call 28 days in advance of a patient’s refill date to alert them of formulary changes and preferred alternatives.
- › Alerts about formulary changes and preferred alternatives will be posted on **MyAccredoPatients.com**.

The advance notice will allow time for prescribers to consult with their patients about any changes and provide new prescriptions to Accredo if necessary.

Portal registration

The prescriber portal offers many features, including live chat and order scheduling. If you are not already a registered user, go to **MyAccredoPatients.com** > **Register now**.

* Meaghan Smith, Amanda O’Hora, and Scott Shields. “Opinion: Biosimilars Offer Savings and Access for US Patients.” AJMC/The Center for Biosimilars. 12 June 2021. Retrieved from <https://www.centerforbiosimilars.com/view/opinion-biosimilars-offer-savings-and-access-for-us-patients>.



2023 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

More than 28 million seniors are currently enrolled in a Medicare Advantage plan. That accounts for 48 percent of the total Medicare population, a number that’s expected to increase to about 61 percent by 2032.¹ To keep pace with this rapid growth – and offer your patients even more comprehensive, quality, and affordable health care options – we are continuing to expand and diversify our Medicare Advantage plans in 2023 for the fourth consecutive year.

More markets, more plan options

In 2023, we will:

- › Offer Medicare Advantage plans with enhanced features and benefits in 581 counties in 28 states, including expansion into the states of Kentucky and New York, and 106 new counties in Florida, North Carolina, Pennsylvania, Texas, and Virginia.
- › Offer additional plan options across the country, including new:
 - Preferred provider organization (PPO) plans in 551 counties across 27 states and the District of Columbia. *A PPO plan will now be available in nearly every market where Cigna has a health maintenance organization (HMO) plan.*
 - HMO plans in 114 counties.
- › Expand our Medicare Advantage footprint by 22 percent, reaching 42 percent of all Medicare-eligible customers.
- › Have double the number of providers – including a significant increase in specialists – in the Cigna Medicare Advantage network compared to two years ago.

Why our enrollment continues to grow

Continued growth in the number of Cigna Medicare Advantage customers is due, in part, to market and plan expansions, but a number of other factors are driving it too.

- › Our plans offer extra benefits that aren’t available through traditional Medicare plans, including dental, vision, hearing, and many other benefits to help address social determinants of health (SDOH).
- › Cigna offers at least one plan in every market with \$0 monthly premiums, and most customers will pay the same or reduced premiums compared to last year.
- › Our plans address SDOH needs with allowances for food, housing, utilities, caregiver and social support, health-related over-the-counter (OTC) items, and broader financial and wellness incentives.
- › Patients can generally see the provider of their choice, thanks to an extensive provider network.

Continued on next page

1. Meredith Freed. “Medicare Advantage in 2022: Enrollment Update and Key Trends.” Kaiser Family Foundation. 25 August 2022. Retrieved from <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/>.



2023 Cigna Medicare Advantage plan highlights

continued

New and enhanced benefits for 2023²

Benefits may vary by plan and by location.

Benefit	Description
Cigna Healthy Today SM card <i>Available with all Cigna Medicare Advantage plans</i>	Bundles benefits and incentives in one card for convenient use at participating retailers. Depending on the plan, the card may provide up to \$200 in wellness incentives, including a reward for volunteer activities, dollars to spend on OTC health-related items, and an allowance for fitness supplies, utilities, and groceries.
Part B plan rebates	Rebate of up to \$130 toward Part B monthly premium. ³
Dental care	<div>› Up to \$20,000 of coverage annually for preventive exams, cleanings, X-rays, extractions, crowns, fillings, dentures, and root canals.</div> <div>› \$0 copayment under the dental HMO benefit.</div>
Cigna Insulin Savings Program	<div>› Lowers prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable and stable glycemic response.</div> <div>› Copayments capped at \$35 per month.</div>
Hearing care	<div>› Enhanced benefits with easy access to routine hearing exams and evaluations, as well as hearing-aid fittings.</div> <div>› More than 5,000 locations nationwide.</div>
Caregiver support	Support for managing the day-to-day challenges of caregiving, including: <div>› One-on-one coaching, counseling, and stress-management services from a licensed behavioral health clinician.</div> <div>› HomeDigital cognitive behavioral therapy led by clinical experts.</div>
Telehealth	Access to MDLIVE [®] with \$0 copayment using network-participating providers (PCPs, speech therapists, physical therapists, and behavioral health providers) or another Cigna Medicare Advantage vendor for: <div>› Nonemergency, low-acuity medical services.²</div> <div>› Behavioral health and nonemergency care.</div> <div>› Speech therapy by licensed therapists.</div>
Papa Pals program (in-home support) www.Papa.com/pals	Pairs older adults with a companion to assist with: <div>› Everyday tasks and social activities – virtually or in their homes.</div> <div>› Transportation to and from doctors’ appointments, medication pickup, etc.</div> <div>› Light housekeeping.</div>
Vision care	<div>› Routine eye exams.</div> <div>› Well-eye care services.</div> <div>› Frames and lenses or contacts.</div>
Transportation	<div>› Transportation for nonemergency trips to and from approved health-related locations within 60 miles.</div> <div>› Cost, coverage, and benefits vary by location and plan.</div>

2. Not available in all markets. Contact your Network Operations Representative for more information.
3. Expanded this year to 25 percent of all Cigna Medicare Advantage plans.

Your patients may ask ...

Your patients whose Cigna Medicare Advantage plans contain a dental benefit can now access HMO dental network-participating providers with a \$0 copayment for preventive and comprehensive care or a dental allowance of \$500–\$5,000 annually (plus a discount for using network-participating providers).


Continued on next page




2023 Cigna Medicare Advantage plan highlights *continued*

2023 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>

[]

Name

ID

Health Plan

Issue Date

PCP

PCP Phone

PCP Network

<Customer Full Name>

<Customer ID>

(80840)

<Effective Date>

<PCP Name>

<Phone Number>

<Network>

<Contract/PBP[/segment]>

MedicareRx

Prescription Drug Coverage

RxBIN

RxPCN

RxGRP

<XXXXXXX>

<XXXXXXX>

<XXXXXXX>

[No Referral Required]

COPAYS

PCP

Emergency

<\$xx>

<\$xx>

Specialist

Urgent care

<\$xx>

<\$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>]

CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

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

› 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

› First Tier, Downstream and Related Entities (FDR) external partner resources

› *Network Insider* Medicare Advantage provider newsletter archive

Read *Network Insider* for more Cigna Medicare Advantage news

Network Insider is a newsletter for providers who have patients with Cigna Medicare Advantage plans. It’s published three times a year and designed to keep you current with the latest information. You’ll read about updates to Cigna tools that support your practice and patients, plan benefits and expansions into new markets, Star ratings, quality measures, the 360 Exam, and more.

Go to **MedicareProviders.Cigna.com** > Provider Resources > **Network Insider Medicare Provider Newsletter**.

Cigna has been named Best Medicare Advantage Plan Company of 2023 in Alabama and Tennessee by U.S. News & World Report.⁴

4. “Best Medicare Advantage Plan Companies of 2023.” U.S. News & World Report. 14 October 2022. Retrieved from <https://health.usnews.com/medicare/best-medicare-plans/best-insurance-companies-for-medicare-advantage-plans>.

19 CIGNA NETWORK NEWS • FIRST QUARTER 2023

CHOOSING LOWER-COST, QUALITY SITES OF CARE FOR OUTPATIENT SERVICES

You can help your patients with Cigna Medicare Advantage coverage lower their out-of-pocket costs by using lower-cost, quality sites of care for certain outpatient surgeries and imaging services. We encourage this practice whenever it’s possible and clinically appropriate.

To help providers and their patients choose lower-cost settings, starting in January 2023, we will educate them about the cost of care associated with a hospital setting versus a nonhospital-affiliated surgery center or freestanding imaging location. We will also communicate the benefits of using an alternative site of care.

Patients who use an alternative site of care will benefit from the following:

- › **Cost savings:** According to a recent study, ambulatory surgery centers can lower costs for hospital outpatient procedures by 59 percent.* For advanced imaging services, hospital prices are much higher than freestanding facilities’ prices for all imaging types.**
- › **Convenience:** Patients can return home earlier after surgery, allowing them to begin any necessary recovery services sooner. In addition, when scheduling surgeries or imaging services, there will likely be more appointment times available.

- › **Quality of care:** Outpatient surgery centers often specialize in certain surgeries, meaning that the nurses and support teams within those centers develop expertise in those specific areas. In addition, studies have shown that outpatient surgery centers are a high-quality and cost-effective solution for outpatient surgical procedures.***

We encourage you to consider freestanding facilities for imaging services and ambulatory surgery centers for surgical procedures when medically appropriate.

* Kelsey Waddill. “How Ambulatory Surgery Centers Lower Payer Outpatient Spending.” Health Payer Intelligence/Xtelligent Healthcare Media. 08 September 2021. Retrieved from <https://healthpayerintelligence.com/news/how-ambulatory-surgery-centers-lower-payer-outpatient-spending>.
** Jamie Cleverley. “Identifying the Gap Between Hospital and Free-Standing Prices.” Healthcare Financial Management Association. 19 February 2017. Retrieved from <https://www.hfma.org/topics/article/52656.html>.
*** Tara Vail. “Ambulatory Surgery Centers Are High-Quality, Low-Cost Key for Outpatient Procedures.” Chief Healthcare Executive. 02 November 2018. Retrieved from <https://www.chiefhealthcareexecutive.com/view/ambulatory-surgery-centers-are-highquality-lowcost-key-for-outpatient-procedures>.

CIGNA MEDICARE ADVANTAGE COVID-19 UPDATES

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

Public health emergency (PHE) period

Cigna continues to make certain accommodations for COVID-19 through at least January 11, 2023, to align with the ongoing public health emergency (PHE) period, with an expectation that it will be extended further. Visit **MedicareProviders.Cigna.com** for the latest information.

Testing

On September 2, 2022, the federal government ended its free COVID-19 test kit program. We will continue to cover diagnostic COVID-19 tests and related office visits without a cost share through the end of the PHE period.

Treatment

- › As of August 31, 2022, there are new codes available to bill for the administration of the new bivalent vaccines.
- › Effective August 15, 2022, Cigna reimburses for the monoclonal antibody treatment drug bebtelovimab when providers purchase it directly from the manufacturer.

More resources

Find the COVID-19 Billing Guidelines and FAQ at **MedicareProviders.Cigna.com**, or visit the Centers for Medicare & Medicaid Services (CMS) Current Emergencies web page at **CMS.gov** > Coronavirus Disease 2019: **Learn more**.

Provider vaccine reimbursement reminders

Providers receive reimbursement consistent with established national CMS rates for vaccine administration billed under the medical benefit.

- › **COVID:** For 2022 and 2023, Medicare payment for COVID-19 vaccine administration for Medicare Advantage plan enrollees will be made by the Medicare Advantage plan. Original Medicare won’t pay COVID-19 vaccine administration claims for Medicare Advantage enrollees vaccinated on or after January 1, 2022.
- › **Flu:** Provider offices should process through Part B by submitting the appropriate Current Procedural Terminology (CPT®) code for vaccine administration to the health plan. Part B vaccine administration will be billed to the medical benefit, similar to other office-administered drugs.
- › **Coding:** An evaluation and management (E&M) service and vaccine administration code should only be billed when a significant and separately identifiable E&M visit is performed at the same time as vaccine administration.
- › **Precertification:** Precertification (i.e., prior authorization) is not required for COVID-19 vaccine administration.

Learn more about flu vaccination, including proper codes for reimbursement, at **MedicareProviders.Cigna.com** > COVID-19, Flu, and Pneumococcal Pneumonia Updates.



MEET YOUR MEDICARE ADVANTAGE MARKET MEDICAL EXECUTIVES

Cigna Market Medical Executives are market-based physicians who consult with network-participating providers to deliver affordable, predictable, and simple health care for their patients with Cigna Medicare Advantage plan coverage.

Their clinical expertise can help you to:

- › Grow your practice by optimizing network opportunities.
- › Improve patient health outcomes.
- › Promote quality-based incentive programs.
- › Contain medical costs.

Contact your Medicare Advantage Market Medical Executive to:

- › Learn how to use Cigna Medicare Advantage resources to drive outstanding health outcomes for your patients.
- › Get general information about Cigna clinical policies and programs.

- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with a quality concern involving your patients who have Cigna Medicare Advantage coverage.
- › Request or discuss recommendations for improvements to 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.

Cigna Medicare Advantage Market Medical Executives

NORTHEAST REGION

Angela Kloepfer-Shapiro, MD, Regional Medical Executive		Angela.Kloepfer-Shapiro@Cigna.com
Teresa Ramos, MD	IL, KC, MO, OH	Teresa.Ramos@Cigna.com
Alla Zilbering, MD	CT, MA, NY, PA	Alla.Zilbering@Cigna.com

SOUTHEAST REGION

Pete Powell, MD, Regional Medical Executive		James.Powell@Cigna.com
Bob Coxe, MD	GA, NC, SC	David.Coxe@Cigna.com
Anjanetta Foster, MD	AL, Northwest FL, MS	Anjanetta.Foster@Cigna.com
Nelson Mangione, MD	AR, TN	Nelson.Mangione@Cigna.com
Eric Wurst, MD	Central FL, South FL	Eric.Wurst@Cigna.com

WEST REGION

Angela Kloepfer-Shapiro, MD, Regional Medical Executive		Angela.Kloepfer-Shapiro@Cigna.com
Carlos Gonzalez, MD	OK, TX	Carlos.Gonzalez@Cigna.com
Angela Kloepfer-Shapiro, MD (interim)	CO, NM, OR, UT, WA	Angela.Kloepfer-Shapiro@Cigna.com
Ken Puckett, MD	AZ	Kendall.Puckett@Cigna.com



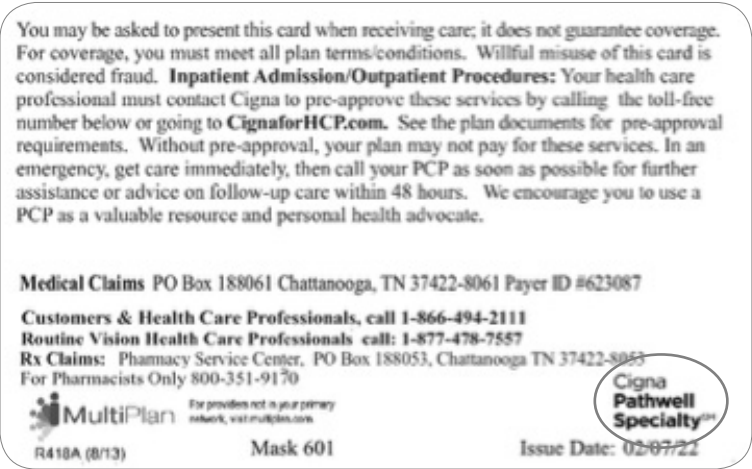
CIGNA PATHWELL SPECIALTY: PROGRAM EXPANSION

Last year, we introduced Cigna Pathwell SpecialtySM, a medical specialty drug management solution that has industry-leading capabilities that target high-cost medical conditions. The solution aims to help reduce escalating specialty drug costs while lowering customers’ total cost of care.

Cigna Pathwell Specialty is a benefit plan option paired with a national, designated, and cost-effective provider network for specialty injected and infused drugs. Customers with this benefit plan option must use designated Cigna Pathwell Specialty Network providers for specialty injected and infused drugs in order to receive benefit coverage.

Program expansion

On January 1, 2023, we expanded the Cigna Pathwell Specialty solution to include customers with Individual and Family Plans in Florida, North Carolina, and Tennessee. You can identify your patients with this benefit by the Cigna Pathwell Specialty mark on the back of their ID card (as shown below)



Cigna Pathwell Specialty-managed drugs

To view the most current list of Cigna Pathwell Specialty-managed drugs, go to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Pharmacy Resources > Specialty Pharmacy > **Cigna Pathwell Specialty Drug List**. Please check this list often as it is updated periodically.

Participating infusion providers

The Cigna Pathwell Specialty Network includes Accredo® (a Cigna specialty pharmacy) and other specialty pharmacies, home infusion options, outpatient hospital settings, provider offices, and stand-alone infusion centers.

To find participating providers, search the Cigna provider directory at **Cigna.com** > **Find a Doctor**.



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 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 Health Information Portability and Accountability Act (HIPAA) and COVID-19 concerns, we are not able to receive medical records by mail or collect them onsite for review.
- › All protected health information is kept confidential and only shared to the extent permitted by applicable 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
- › National Association of Letter Carriers
- › 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 at **CignaforHCP.com** > Get Questions Answered: Resource > Medical Resources > Commitment to Quality > **HEDIS Quick Reference Guides**.

Please visit the NCQA website (**NCQA.org**) for more information on HEDIS.

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



CIGNA GENE THERAPY PROGRAM UPDATES

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

New gene therapies

On September 16, 2022, the FDA granted accelerated approval for bluebird bio’s **SKYSONA™** (elivaldogene autotemcel) to slow the progression of neurological dysfunction in boys age 4-17 with early, active cerebral adrenoleukodystrophy (CALD). This one-time autologous gene therapy encodes the patient’s stem cells with a functioning copy of the ABCD1 gene to treat the underlying cause of this rare, progressive, and irreversible metabolic disorder.

On November 22, 2022, the FDA approved CSL Behring’s **Hemgenix®** (etranacogene dezaparvovec-drlb), the first gene therapy to treat adults with hemophilia B (congenital Factor IX deficiency) who currently use Factor IX prophylaxis therapy or have current or historical life-threatening hemorrhages, or have repeated, serious spontaneous bleeding episodes. In the phase III HOPE-B clinical trials, bleeding episodes were reduced by 83 percent, and 52 of 54 patients no longer required Factor IX infusions to prevent bleeds. Hemgenix is projected to be available in early 2023.

List of participating providers

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

Additional information

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

If you have questions about the Cigna Gene Therapy Program, send an email to **GeneTherapyProgram@Cigna.com**.

*“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.



LGBTQ+ DIRECTORY ENHANCEMENT REMINDER

As part of a broader initiative to meet the unique needs and preferences of all our customers, we have enhanced our online provider directories to display providers who have self-identified as being experienced and interested in caring for LGBTQ+ patients.

Providers can add one or more of the LGBTQ+ attributes to their directory profile by updating their information in CAQH ProView* at any time. The attributes that may be added are LGBT Issues, Gender Dysphoria, and HIV/AIDS.

Community benefits

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

How to update your profile

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

Resources

For more information about the LGBTQ+ provider directory enhancement:

- › Review this **flyer** with frequently asked questions.
- › Watch a brief **video** from Dr. Renee McLaughlin, Senior Medical Director.

Additional information

If you have questions about the ProView solution, call the CAQH Provider Help Desk at **888.599.1771**.

If you don't currently use ProView and would like to self-identify as experienced and interested in caring for LGBTQ+ patients, please contact your Provider Relations Representative.

NATIONAL INJECTABLE AND IMMUNIZATION FEE SCHEDULE (NIIFS) QUARTERLY UPDATE

Cigna's National Injectable and Immunization Fee Schedule (NIIFS) is used to reimburse professional and facility providers for payment of injectable drugs and immunizations. Updates to the schedule are generally made each quarter and become effective on February 1, May 1, August 1, and November 1.

The 2023 first quarter NIIFS has been updated and will become effective on February 1, 2023.

For additional information

Log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) and visit the Latest Updates section.

UPDATED LIFESOURCE PROVIDER REFERENCE GUIDE NOW AVAILABLE

Recently, updates have been made 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.

Updates

We have updated the guide to include the latest information about contacts, case management, clinical documentation, network inclusion requirements, processes, administrative guidelines, contracts, claims, terminology, and more.

To access the guide

Go to the Cigna LifeSOURCE website (**CignaLifeSOURCE.com**) > Health Care Providers > **Cigna LifeSOURCE Provider Reference Guide**.

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



ADVERSE CHILDHOOD EXPERIENCES TRAINING FOR CALIFORNIA PROVIDERS

Understanding the toxic stress response*

Multiple research studies report that when people repeatedly experience a high amount of trauma, it changes their body’s entire ability to regulate itself, even down to the genetic level. This can cause long-term problems with the immune system, the metabolic system, and hormones, as well as affect healthy brain development in children.

It’s important to screen for ACEs

While it’s been shown that complications from trauma are more likely to occur in people who didn’t have nurturing parents or caregivers or a predictable home growing up, it’s important that patients of all ages and backgrounds be screened for adverse childhood experiences (ACEs).

Positive ACE scores are *strongly associated* with the most common and serious physical and mental health conditions in children and adults**

Providers play an important role in screening for ACEs, preventing and treating toxic stress, and improving their patients’ physical and mental health. That’s why it’s critical to understand how toxic stress can manifest in the body and how to deliver effective care to these patients.

Free ACEs training

The Becoming ACEs Aware in California training is a free, two-hour training session for providers to learn more about ACEs, toxic stress, screening, and evidence-based care that can help you effectively intervene when treating your patients with toxic stress.

You may receive 2.0 Continuing Medical Education (CME) credits and 2.0 Maintenance of Certification (MOC) credits upon completion. For training details, visit the ACEs Aware training website (<https://training.ACEsAware.org>).

The free training is available to any provider.

How to attest to completion of the online training

To attest to your ACEs certification and training completion date, please email **Access2Care@Cigna.com**. Be sure to include in your email your name, individual National Provider Identifier (NPI), service address, and the county where you will render ACEs screening. (Please include all service addresses and counties that apply.)

* ACEsAware.org > ACE Fundamentals > The Science of ACEs & Toxic Stress.
** For a complete list of ACE-associated physical and mental health conditions for both children and adults, and additional resources on implementing ACES into your practice, go to ACEsAware.org > Resources > Screening & Clinical Response > ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE-Associated Health Conditions: For Pediatrics and Adults.



CALIFORNIA: REFERRAL AND PRECERTIFICATION REQUESTS REQUIRE PROMPT ATTENTION

There are times when you may need to refer a patient to another provider for their advice, opinion, or diagnostic services. This can be essential when you and your patient want to ensure they receive the appropriate care for optimal treatment outcomes. **It’s vital to submit referral and precertification requests promptly.**

Referral and precertification request time frames

To help assure your patients with fully insured or Cigna-administered coverage that they can receive necessary care in a timely manner, effective January 1, 2023, we have implemented specific time frames within which providers must initiate referral and precertification requests.¹ These requirements will be reflected in the *2023 Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers – California*.²

Type of referral or precertification request	Provider must initiate the request within:
Urgent	24 hours of the decision to refer
Routine	Five calendar days of the decision to refer

We recommend that all pertinent clinical information be attached at the time of submission to prevent any delays in scheduling.

Resources

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

- › **Cigna.com.** On the **Referrals web page**,³ view information about referrals, access the Physician Referral Form, and click a link to search for participating providers.
- › **American College of Physicians website.** Access the **High Value Care Coordination (HVCC) Toolkit**⁴ to help facilitate more effective and patient-centered communications between primary care and subspecialist doctors.
- › **Network News – Third Quarter 2022.** Read the article, **Timely Referrals: The Important Role of PCPs**.
- › **Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care providers – California.** Access this guide on the Cigna for Health Care Professionals website (**CignaforHCP.com**).²

1. Referral or precertification requirements may vary based upon the delegated relationships between Cigna and medical groups or hospitals.
2. Log in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.
3. Cigna.com > For Providers > Coverage and Claims > Coverage and Claims Overview > Referrals.
4. ACPonline.org > Clinical Information > High Value Care > High Value Care Coordination Toolkit.



QUARTERLY NOTIFICATION OF MARYLAND NONPARTICIPATING SPECIALISTS

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

Fourth quarter 2022 nonparticipating specialists update

View the **list of the specialists** in Maryland whose participation in our network ended between October 1, 2022, and December 31, 2022. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network-participating specialists.

Reminder: These updates appear exclusively in *Network News*

We no longer mail or email the quarterly updates to PCPs. We hope this has helped reduce the amount of paper you receive from us, and made it easier to access and view this important information.

Are you on the *Network News* distribution list?

If you are a PCP in Maryland and we have your email address, you should already be receiving *Network News* in your inbox each quarter during the last week of January, April, July, and October. If we don't have your email address, you can access *Network News* by visiting **Cigna.com** > For Providers > Provider Resources > **Cigna Network News for Providers**. To sign up to receive subsequent issues of *Network News* via email, scroll to the bottom of the **Cigna Network News for Providers** web page and click Sign Up.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CENTRAL EAST REGION

Christina Stasiuk, DO, Regional Medical Executive

Chip Chambers, MD	IA, KS, MO, ND, NE, SD
Catherine Dimou, MD	IL, IN, MI, MN, WI
Vaishali Geib, MD	DC, MD, VA
Laura M. Reich, DO	DE, OH, PA, WV
Christina Stasiuk, DO	DC, MD, VA

NORTHEAST REGION

Ronald Menzin, MD, Regional Medical Executive

Jennifer Daley, MD	MA, ME, RI
Tiffany Lingenfelter-Pierce, MD	ME, NH, VT
Ronald Menzin, MD	NJ, NY
E. Dave Perez, MD	NJ, NY
Phil Roland, MD	CT

SOUTHEAST REGION

Michael Howell, MD, MBA, FACP, Regional Medical Executive

Raj Davda, MD	NC, SC
Robert Hamilton, MD	AL, GA
Michael Howell, MD, MBA, FACP	USVI
John Leslie, MD	AR, MS, West TN
Angela Reddy, MD, MBA	North FL
Carvel Tefft, MD, SFHM, MMM	KY, East TN, Middle TN
Marco Vitiello, MD	South FL

SOUTHWEST REGION

Mark Netoskie, MD, MBA, FAAP, Regional Medical Executive

Todd Mydler, MD	CO, NM, UT, WY
Mark Netoskie, MD, MBA, FAAP	LA, South TX
Douglas Smith, MD, MBA	UT
Frederick Watson, DO, MBA, CPE	OK, North TX

WEST REGION

Kenneth Phenow, MD, Regional Medical Executive

Leslie Barakat, MD, MBA	AZ
Richard Hourigan, MD, MHA, FAAFP	AK, HI, ID, MT, OR, WA
Jeffrey Klein, MD, FAAFP	Southern CA, NV
Kenneth Phenow, MD	Northern CA
Keith Wilson, MD	Southern CA, NV

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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 <i>Clinical Provider Engagement & Value-Based Relationships</i>	312.648.5131
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Jennifer Gutzmore, MD <i>Clinical Strategy & Solutions</i>	818.500.6459
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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 to 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

Looking for your Cigna Medicare Advantage MME?

Find a complete list of Cigna Medicare Advantage MMEs by region, including email addresses, on **page 21**.



HOW TO CONTACT US

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

You’ll find links, email addresses, and phone numbers that can help you administer these plans more efficiently and give your patients an optimal experience. We encourage you to bookmark the guides for easy access to the most up-to-date information.

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

CIGNA REFERENCE GUIDES

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

Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this website. If you are not registered, click **Register**.

Cigna Medicare Advantage provider manuals

If you are a Cigna Medicare Advantage network-participating provider, you can access important information about policies, procedures, and more for these plans by visiting the Cigna Medicare Advantage website for providers (**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 but it’s good for your relationship with Cigna, as it’s required in your contract. There are exceptions to using the network: Some are required by law, while others are approved by Cigna before you refer or treat the patient.

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

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

Referral reminder: New York and Texas

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

- › **New York providers**
- › **Texas providers**

For a complete list of Cigna-participating physicians and facilities, go to **Cigna.com > Find a Doctor**. Then, select a directory.



PATIENT REVIEWS REMINDERS

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

Reviews are verified

A Cigna customer is only sent a survey – and can only leave a review for a provider – after a claim has been processed for care received from that provider. This verifies that the review is from a provider’s actual patient.

We anticipate that customers will value these verified patient reviews over unverified reviews from third-party websites and use them as a trusted source when choosing health care providers.

How patient reviews work

After a preventive care or routine office visit, customers may receive an email with a single question that asks about their recent health care experience. Customers are also able to leave reviews from the Claims Summary and Claims Detail pages on **myCigna.com**. Their response (or “review”) is vetted to ensure it meets certain editorial guidelines.

For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the **myCigna.com** directory.

Who receives reviews?

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

How to access your reviews

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

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

QUICK GUIDE TO CIGNA ID CARDS

The *Quick Guide to Cigna ID Cards* contains samples of the most common customer ID cards 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 > For 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 because 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 a patient’s actual ID card to help ensure you have the correct benefits and 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.

* For U.S. customers only.



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** > **Find a Doctor**. 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; 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 want to learn more about resources to support the mind-body connection, you'll find what you're looking for 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 Cigna-contracted providers and their staff enhance interactions with these patients. Some are listed below.

Health disparities resources

- › Addressing Social Determinants of Health within Your Practice **digital guide**
- › Health Disparities **web page**
- › African American/Black Health Disparities **web page**
- › Hispanic and Latino Health Disparities **web page**

Social determinants of health: Addressing Health Inequities training – new!

You may receive 1 AMA PRA² Category 1 Credit™ upon **course** completion.

Explore the impact of health inequities on patient outcomes and how you can confront socioeconomic barriers.

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.³ 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, learn 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 services⁴

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.

CRCultureVision.com
(available through February 28, 2023)

Login: CignaHCP
Password: HealthEquity2021!

NEW SOUTH ASIAN CULTURAL COMPETENCY RESOURCES

We recently created four new resources to support providers in caring for their South Asian patients. This ethnic group has a greater likelihood of developing certain diseases, such as heart disease and diabetes, sometimes at a significantly younger age than the general population.

- › South Asian Health Disparities **web page**
- › **Digital guide:** South Asians and Heart Health
- › **Digital guide companion** (one page)
- › **Video** (four minutes): South Asians and Heart Health

In addition, read more about South Asian health disparities in the **white paper**.⁵

1. Cigna.com > For Providers > Provider Resources > Cultural Competency and Health Equity.
2. American Medical Association Physician's Recognition Award.
3. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
4. Available to Cigna-contracted providers.
5. Cigna.com > For Providers > Cultural Competency and Health Equity > All Resources: > South Asian Health Disparities > Download the health disparities brief [PDF].



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, including the following:

- › Address or office location
- › Billing address
- › Office website 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 Taxpayer Identification Number (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 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, which makes 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** > For 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.



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