



Network News

SECOND QUARTER 2022

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.

Network News

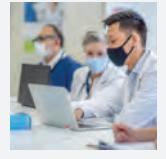
SECOND QUARTER 2022

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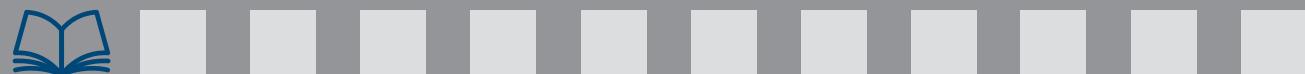
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BEHAVIORAL HEALTH CENTERS OF EXCELLENCE PROGRAM

The Evernorth Behavioral Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency for our participating mental health, substance use disorder, and eating disorder treatment providers.

We evaluate data annually to determine if facilities will be added to or removed from the program. The facilities that meet quality and cost-efficiency metrics are designated as Centers of Excellence.

Patient outcomes score

The patient outcomes score is a quality measure of a facility's relative effectiveness in treating mental health, substance use disorders, or eating disorders. It is based on the following quality measures:

- Readmission rates
- Seven-day ambulatory follow up
- Discharge to a network-participating provider

Cost-efficiency score

The cost-efficiency score is a measure of a facility's average cost to treat mental health, a substance use disorder, or an eating disorder, and is based on a facility's fee schedule and average length-of-stay data. It does not include provider fees or outpatient services, and is severity adjusted for comparison. The score reflects the rates that a facility charges, as well as the average time spent in the facility for the specific treatment. A variety of factors, including geographic cost differences, may affect the overall score.

Star displays

A facility can receive a score of up to three stars (*), for both patient outcomes and cost efficiency, for each evaluated condition. 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 Evernorth Behavioral COE designation.

Additional information

As we continue to expand nationwide access to our behavioral COE programs, you may have more referral options* for your patients who need inpatient treatment for mental health, substance use, or an eating disorder.

To find an Evernorth Behavioral COE facility in your area, call the phone number on the back of your patient's ID card or visit Cigna.com >

Find a Doctor, Dentist or Facility. When prompted, search for a health facility using the COE designation. Your patients can also locate COE facilities by logging in to myCigna.com.

* The COE program reflects only a partial assessment of quality and cost efficiency for select facilities. Therefore, 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 facility.



PREVENTIVE CARE SERVICES POLICY UPDATES

On January 1, 2022, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on January 1, 2022

DESCRIPTION	UPDATE	CODES
Prediabetes and type 2 diabetes screening and counseling	Renamed recommendation from "Abnormal blood glucose and type 2 diabetes screening and counseling"	N/A
	Lowered screening ages from age 40-70 to age 35-70	
Routine immunizations	Added pneumococcal vaccine Current Procedural Terminology (CPT®) codes	CPT codes 90671 and 90677, 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) > 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
Omnibus Reimbursement (R24)	Pulse oximetry is a quick, painless noninvasive test. A sensor is placed on the earlobe, toe, or finger to measure oxygen level or oxygen saturation in the blood. It is a routine service that can be performed by clinical or nonclinical staff.	We expanded the existing ClaimsXten (CXT) edit to administratively deny Healthcare Common Procedure Coding System (HCPCS) code S8301 for infection control supplies as incidental to the primary service(s) provided.	March 13, 2022, for claims processed on or after this date
Breast Reconstruction Following Mastectomy or Lumpectomy (0178) Tissue Engineered Skin Substitutes (0068)	These coverage policies include several implants that are considered experimental, investigational, unproven (EIU).	To ensure we are following the guidelines outlined in these coverage policies, we updated the way we process claims that include HCPCS codes C1762, C1763, and C1781 when the billed amount is greater than \$2,500. Denials will be based on EIU status and medical necessity, and include medical necessity appeal rights.	April 1, 2022, for dates of service on or after this date
Facility Routine Services, Supplies and Equipment (R12)	<ul style="list-style-type: none"> ➢ C1052: Hemostatic agent, gastrointestinal, topical ➢ C2615: Sealant, pulmonary, liquid ➢ C9359: Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc ➢ C9362: Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc ➢ T5999: Supply, not otherwise specified 	We will expand the existing policy to administratively deny facility claims submitted with HCPCS codes C1052, C2615, C9359, C9362, and T5999, because reimbursement for these supplies is included in the facility payment.	June 11, 2022, for claims processed on or after this date

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

Continued on next page



Clinical, reimbursement, and administrative policy updates

continued

OTHER IMPORTANT UPDATES

Effective March 25, 2022

The Centers for Medicare & Medicaid Services (CMS) and evidence-based guidelines from MCG Health designate procedures with the Current Procedural Terminology (CPT®) codes listed below as outpatient, when medically appropriate.

In keeping with this standard, for dates of service on or after March 25, 2022, Cigna may deny coverage for these procedures when requested at the inpatient level of care. Denials will include medical necessity appeal rights. We will base our review of medical necessity on MCG criteria.

Ear, nose, and throat level-of-care review

15840	21193	21346-21347	21461-21462	40720
20100	21195	21360	21465	42260
21025	21206	21365	21406-21407	42890
21141-21142	21208-21209	21385-21386	21422	42892
21145-21146	21244	21390	31225	
21188	21255	21395	40702	

General surgery level-of-care review

35871	38760	44188	45400	47370
38530	43775	44850	45540	47490
38572	44005	44979	47100	

Additional information

Coverage policies

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

Reimbursement and modifier policies

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

PRECERTIFICATION UPDATES

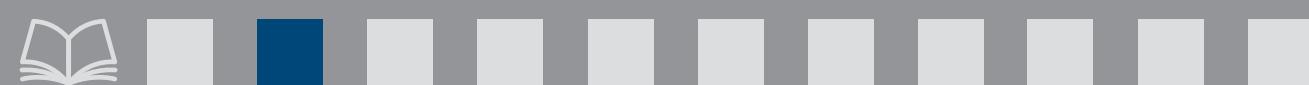
To help ensure that we are administering benefits properly, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we have updated our precertification list.

Codes added to the precertification list in April 2022

On April 1, 2022, we added 11 new Current Procedural Terminology (CPT®) codes and 26 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 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, April 27, 2022	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	179 754 3682
CignaforHCP.com Overview	Thursday, May 5, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	90 min	179 909 9603
Eligibility and Benefits	Wednesday, May 11, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 132 3850
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, May 17, 2022	11:00 AM/10:00 AM/9:00 AM/8:00 AM	60 min	179 494 9248
Online Appeal and Claim Reconsideration	Thursday, May 19, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 440 7477
Website Access Manager Training	Tuesday, May 24, 2022	3:00 PM/2:00 PM/1:00 PM/12:00 PM	60 min	179 922 2809
CignaforHCP.com Overview	Thursday, June 2, 2022	2:00 PM/1:00 PM/12:00 PM/11:00 AM	90 min	179 939 8518
Eligibility and Benefits	Tuesday, June 7, 2022	12:00 PM/11:00 AM/10:00 AM/9:00 AM	60 min	179 880 8436
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, June 14, 2022	2:00 PM/1:00 PM/12:00 PM/11:00 AM	60 min	179 374 5145
Online Appeal and Claim Reconsideration	Wednesday, June 22, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 493 1680
Website Access Manager Training	Wednesday, June 29, 2022	1:00 PM/12:00 PM/11:00 AM/10:00 AM	60 min	179 473 6093



HOSPICE AND PALLIATIVE CARE BENEFIT ENHANCEMENTS

Hospice and palliative care are two of the most important yet underutilized services available to individuals with advanced illness. They can make a real difference in peoples' lives by helping to ease end-of-life anxiety, provide access to vital resources, and ensure that patients and their families are as comfortable as possible.

Often, however, people do not seek these services until the last few days or weeks of life, and it is too late to fully benefit from them.

Benefit enhancements

On February 15, 2022, benefit enhancements for palliative care and hospice services for certain Cigna customers* became effective that:

- Allow hospice care when life expectancy is 12 months or less, as determined by the physician. *(This is up from six months.)*
- Allow potentially curative treatment for the terminal illness as part of the prescribed plan of care, even if the patient is already in hospice. *(Prior to this enhancement, curative treatments were not covered while accessing hospice services.)*

As a result of these updates, we hope more of our customers with terminal illness will start to access hospice and palliative care earlier, and gain access to resources that will help them make better informed end-of-life decisions.

Cigna case management: Advanced illness care enhancement

We made these updates in conjunction with Cigna's advanced illness care enhancement. *(Read about the enhancement in the Second Quarter 2021 Network News, [page 26](#).)* Our goal is to support improved quality of life, regardless of where our customers are in their journey.

Providers play a critical role

During difficult end-of-life conversations, we encourage providers to ensure their patients are aware of their palliative and hospice care options. We hope the enhanced benefits will better support providers' efforts to seek and initiate services that best support their patients' unique end-of-life needs. When needed, Cigna Case Managers can also help to identify opportunities that offer maximum support and help remove barriers to care.



* Customers with new and renewing group plans that become effective on or after February 15, 2022.



LOCALPLUS PLANS: NEVADA AND WASHINGTON STATE EXPANSION

We routinely assess our networks to help ensure our customers have access to quality, cost-effective care in their geographic areas. As a result, on April 1, 2022, we began offering LocalPlus® plans to customers in the following markets:

MARKET	COUNTIES
Nevada	Nye and Washoe (new) joining Clark
Washington	Statewide

About LocalPlus

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

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

LocalPlus ID cards

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



ID cards are for illustrative purposes only.



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

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

For more information

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



CIGNA GENE THERAPY PROGRAM UPDATES

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

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.

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 Participating Provider List.

* In the context of this program, "participating providers" refers only to providers who have specifically contracted to participate in the Cigna Gene Therapy Program or have amended their existing agreements to participate in the Cigna Gene Therapy Program.



CONTROLLING BLOOD PRESSURE: TIPS TO IMPROVE COMPLIANCE

Did you know the most common reason for noncompliance with the Healthcare Effectiveness Data and Information Set (HEDIS®) Controlling Blood Pressure (CBP) measure is that blood pressure readings are missing from collected medical records? This was one of the key findings of Cigna's HEDIS medical record review for the 2020 measurement year, and it was found to be especially true for virtual visits.

What is the HEDIS CBP measure?

The National Committee for Quality Assurance (NCQA) defines the HEDIS CBP measure as follows: "Assesses adults 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg)."** This means that a blood pressure measurement must be taken each year, and the systolic reading must be under 140 mm Hg and the diastolic reading under 90 mm Hg.

- Take a reading at each visit – even virtual visits.
- Ensure accurate measurement by staff.
- If the first reading is elevated, take a second reading.

The following important reminders may help you comply with the CBP measure.

NCQA now allows self-reported blood pressure values

It is important to know that patient self-reported values are now allowed by the NCQA. Ensure correct measurement since home or in-office blood pressure assessments can be inaccurate due to cuff size or placement, patient positioning, or prior activity.**

A repeat blood pressure reading is allowed

Our review also revealed that for patients with an elevated reading (over 140/90 mm Hg), very few records included a repeat measurement to confirm the reading. Patients may be nervous at the start of an exam, and a second reading when they are more relaxed may show a lower value.



Blood pressure screenings are covered

We encourage you to screen for hypertension during your patient's annual wellness visit.*** It's covered at 100 percent, with no patient cost share, when performed by a participating provider. To learn more, access the [Cigna Preventive Care Services Policy \(A004\)](#).

Cigna programs for your patients

If you have patients who need additional support controlling their blood pressure, please encourage them to call the phone number on their Cigna ID card. We have programs that can help them.

*"Controlling High Blood Pressure (CBP)." NCQA. Retrieved from NCQA.org/HEDIS/measures/controlling-high-blood-pressure.

**"Measure Your Blood Pressure." Centers for Disease Control and Prevention. Retrieved from CDC.gov/bloodpressure/measure.htm.

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



ANTIBIOTIC UTILIZATION FOR RESPIRATORY CONDITIONS: NEW 2022 HEDIS MEASURE

Nearly 30 percent of antibiotics prescribed in outpatient settings are potentially inappropriate and can lead to antibiotic resistance. Each year, antibiotic-resistant infections affect up to two million people and are associated with 23,000 deaths.* That's why it's critical to improve how antibiotics are prescribed and used.

In recognition of this growing concern, the National Committee for Quality Assurance (NCQA) will implement a new quality measure that focuses on the use of antibiotics to treat respiratory conditions. NCQA oversees the Healthcare Effectiveness Data and Information Set (HEDIS®).

Antibiotic Utilization for Acute Respiratory Conditions (AXR) measure

For measurement year 2022, HEDIS will assess antibiotic prescribing across respiratory conditions, which drives a large portion of antibiotic use. The measure will provide context for antibiotic use among customers across a health plan, and better characterize opportunities for improvement in this area.

CDC's Be Antibiotics Aware campaign

Implementation of this HEDIS measure closely aligns with the Centers for Disease Control and Prevention (CDC) campaign, Be Antibiotics Aware. The purpose of this campaign is to raise awareness about antibiotic resistance, and the importance of appropriate antibiotic prescribing and use.

A key goal of the campaign is to raise people's awareness about the potential risk of taking antibiotics unnecessarily. The CDC estimates that antibiotic reactions cause one-fifth of medication-related visits to the emergency room.

Providers can play a central role in educating their patients about the appropriate use of antibiotics and why they are not needed to treat viruses, such as the common cold, the flu, and even COVID-19.

For more information and resources

Visit the CDC's [Be Antibiotics Aware](#) website. The website includes educational handouts, posters, and infographics that providers can download to distribute to their patients or display in their office.



* NCQA Communications. "Antibiotics for Respiratory Conditions: Newly Revised Measure." NCQA Blog. 8 October 2021. Retrieved from [Blog.NCQA.org](https://Blog.NCQA.org/Health-Care-Research/Quality-of-Care/Antibiotics-for-Respiratory-Conditions-Newly-Revised-Measure) > Health Care Research: Quality of Care > [Antibiotics for Respiratory Conditions: Newly Revised Measure](#).



ADHERENCE TO HEDIS BEHAVIORAL MEASURES MAY IMPROVE OUTCOMES

The Healthcare Effectiveness Data and Information Set (HEDIS®) audit includes a variety of behavioral health measures. Depression and substance use disorders (SUDs) are behavioral areas of universal concern, and two HEDIS measures represent them:

- Antidepressant Medication Management (AMM) measure
- Initiation and Engagement of Alcohol and Other Drug Treatment (IET) measure

Cigna collects medical records from participating Evernorth Behavioral Health providers for these HEDIS measures. However, many different provider types – not just those who specialize in behavioral health – treat patients for depression and SUDs. It's therefore important for all providers to be familiar with and align with these HEDIS measures, as it can help these patients achieve better health outcomes.

AMM measure for major depression

Major depression can lead to serious impairment in daily functioning and is a risk factor for suicide, the 10th leading cause of death in the United States each year.*

The AMM measure uses two different categories to assess adults (age 18 and older) with a diagnosis of major depression:

- **Effective acute phase treatment** Adults who were (newly) treated with antidepressant medication and remained on it for at least 12 weeks.

* "Antidepressant Medication Management (AMM)." NCQA. Retrieved from NCQA.org > HEDIS Measures > Effectiveness of Care > Behavioral Health: [Antidepressant Medication Management](#).

** "Does depression increase the risk for suicide?" U.S. Department of Health & Human Services. Retrieved from [HHS.gov/answers/mental-health-and-substance-abuse/does-depression-increase-risk-of-suicide/index.html](https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-depression-increase-risk-of-suicide/index.html).

*** "Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)." NCQA. Retrieved from <https://www.NCQA.org/HEDIS/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/>.

➤ Effective continuation phase treatment

Adults who remained on antidepressant medication for at least six months.

Ways to help improve medication compliance

When meeting with patients, providers can stress that it's important to:

- Expect it may take several weeks for a medication to become effective.
- Call the provider with any potential concerns or reactions.
- Continue taking a medication, even if they "feel fine."
- Not stop taking a medication abruptly or without consulting the provider first for assistance.
- Schedule follow-up appointments before leaving your office.

In addition, we encourage providers to:

- Stress the importance of medication compliance.
- Remind patients about their scheduled appointments via text, email, and phone calls, which may increase the likelihood that they will attend the appointments.
- Outreach to patients who cancel appointments and do not reschedule them.

IET measure for SUDs

In 2016, 20.1 million Americans over age 12 (about 7.5 percent of the population) were classified as having a SUD involving alcohol or other drug dependence (AOD).***

Two IET measures

There are two IET measurements used to assess improvement in the rates at which individuals with AOD initiate and engage in treatment:

- **Initiation** Percentage of adults diagnosed with AOD who initiate treatment within 14 days of the diagnosis.
- **Engagement** Percentage of individuals who had two additional AOD treatments within 30 days after initiating treatment.

Ways to help improve outcomes for alcohol and other drug treatment

Providers can:

- Schedule any follow-up appointments, before the patient leaves the office or inpatient facility, to occur within 14 days.
- Maintain appointment availability for recent hospital discharges.
- Explain the importance of follow-up visits.
- Reach out when patients do not keep initial follow-up appointments and reschedule them as soon as possible.

- Offer telehealth visits when patients are unable to come to the office within seven days of an inpatient discharge.

Additional resources

Visit the National Committee for Quality Assurance website ([NCQA.org](https://www.NCQA.org)) for additional information about the HEDIS measures and ways to improve patient outcomes.

- [Antidepressant Medication Management](#)
- [Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment](#)

DID YOU KNOW?

- It's estimated that up to 60 percent of people who commit suicide have had a mood disorder (e.g., major depression).**
- Suicide is the 10th leading cause of death in the United States each year.*
- In 2016, 20.1 million Americans over 12 years of age (about 7.5 percent of the population) were classified as having a SUD involving alcohol or other drug dependence (AOD).***
- Despite strong evidence that treatment has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes, and reduce health care spending, less than 20 percent of individuals with SUDs receive treatment.***



CHANGES IN DRUG FORMULARY

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

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

Medical benefit (specialty drugs)

The medical specialty drug class change is listed below.

➤ **SPRAVATO™.** We will cover SPRAVATO under the pharmacy benefit and will no longer cover SPRAVATO under the medical benefit for patients who have Cigna integrated (medical and pharmacy) coverage. Patients who have Cigna medical coverage only can continue to receive SPRAVATO under the medical benefit. SPRAVATO is only available through participating Risk Evaluation and Mitigation Strategy-certified pharmacies; Accredo®, a Cigna specialty pharmacy, does not dispense it.

Medical and pharmacy benefit

The medical and pharmacy drug class changes are listed below.

➤ **Continuous glucose monitors (CGMs).** We will require precertification (medical benefit) and prior authorization (pharmacy benefit) for therapeutic

and nontherapeutic CGMs for customers who were exempt from authorization last year (integrated customers and those using nontherapeutic CGMs).

➤ **Hyaluronic acid derivatives.** We will make DUROLANE®, EUFLEXXA®, and GELSYN-3™ our preferred-brand drugs under the medical benefit and across our Advantage, Performance, and Legacy formularies. These drugs will require prior authorization when covered under the pharmacy benefit and precertification when covered under the medical benefit. We will honor current authorizations for nonpreferred products until the authorization ends.

Pharmacy benefit

The pharmacy drug class changes are listed below.

➤ **Blood glucose test strips.** We will make the following Accu-Chek® products nonpreferred on our Performance formulary: Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Guide, Accu-Chek SmartView, and Accutrend Glucose.



➤ **Egregiously priced drugs.** We will remove several egregiously priced drugs from our commercial, Cigna Total Savings, and Legacy formularies.

- Azathioprine (75 mg and 100 mg)
- Doxycycline hyclate delayed release tablet (50 mg, 75 mg, 100 mg, 150 mg, and 200 mg)
- Glycopyrrolate tablet (1.5 mg)
- LIDODERM® (lidocaine patch 5%)
- Mupirocin cream (2%)
- Soloxide delayed release tablet (150 mg)
- Tizanidine hydrochloride capsule (2 mg, 4 mg, and 6 mg)
- Veregen® Ointment (15%)
- Vtol LQ™ (50 mg/325 mg/40 mg per 15 ml)

Reminder: April 2022 drug formulary changes

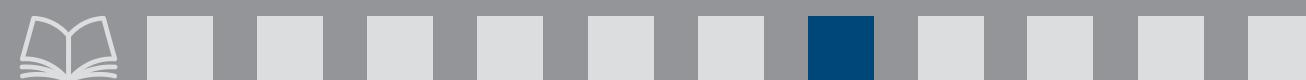
On April 1, 2022,* we made the following changes to our drug formularies.

➤ **Albuterol.** We removed the authorized generic of Ventolin from our commercial and Cigna Total Savings formularies.

➤ **Thyroid hormone replacement.** We removed ARMOUR® THYROID from our commercial formularies and WP Thyroid® from our commercial and Cigna Total Savings formularies. We removed TIROSINT®, TIROSINT-SOL, and the authorized generic of TIROSINT from our Standard and Performance formularies.

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

Continued on next page



Changes in drug formulary continued

- **Epinephrine auto-injector.** We will remove the authorized generic of Adrenaclick® from our commercial and Cigna Total Savings formularies. We will make the authorized generic of Adrenaclick a nonpreferred-brand drug with quantity limits and an embedded step therapy requirement on our Legacy formulary.
- **Insulin glargine.** We will remove BASAGLAR® from our Standard and Performance formularies. We will make SEMGLEE™ (insulin glargine-yfgn) a preferred-brand drug with quantity limits across our Standard and Performance formularies. Other formularies will continue to prefer BASAGLAR.
- **Multisource brands.** We will make 32 drugs that have generic equivalents available as nonpreferred brands across our commercial, Cigna Total Savings, and Legacy formularies.
- **Other.** We will reinstate prior authorization requirements for PLAQUENIL® and NUZYRA® (new starts only) across our commercial, Cigna Total Savings, and Legacy formularies.
- **Pulmonary hypertension.** We will make Adempas® a preferred-brand drug with a specialty pharmacy prior authorization requirement. We will update our specialty pharmacy prior authorization criteria to require intolerance to an inactive ingredient in the bioequivalent generic for the following multisource brands: ADCIRCA, Letairis®, Revatio®, and TRACLEER® (does not apply to 32 mg tablets for oral suspension). We will allow current authorizations to expire for patients taking ADCIRCA, Letairis, Revatio, or TRACLEER.
- **Shingles.** We will add quantity limits for Shingrix across our commercial, Cigna Total Savings, and Legacy formularies.
- **Thyroid hormone replacement.** We will remove TIROSINT®, TIROSINT-SOL, and the authorized generic of TIROSINT from our Advantage and Value formularies.

What this means to you and your patients with Cigna coverage

In April 2022, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning July 1, 2022, your patients with Cigna Pharmacy coverage who fill prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. We encourage you to work with your patients to find covered, clinically appropriate alternative medications before July 1, 2022.

Additional information

To obtain a list of the affected drugs, or to search for alternative medications for your patients, please refer to the resources listed below. You can find them on the Cigna for Health Care Professionals website (CignaforHCP.com) as described in the last column.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription Drug List changes for 2022	The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare customers.	Go to CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna's Prescription Drug Lists: View Documents .
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for patients with Cigna-administered coverage and view their estimated out-of-pocket costs based on their benefit plan.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>



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 following specialty medical injectables.*

NAME	DATE ADDED
FYARRO™ (sirolimus protein-bound particles for injectable suspension) (albumin-bound)	January 1, 2022
VYVGART (efgartigimod alfa-fcab)	January 1, 2022
ENJAYMO™ (sutimlimab-jome)	March 1, 2022

* 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

As of January 2022, your patients with Cigna Medicare Advantage plan coverage 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.

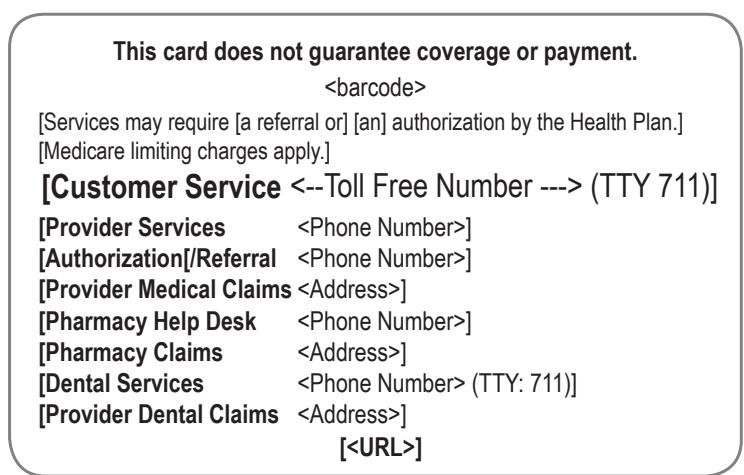
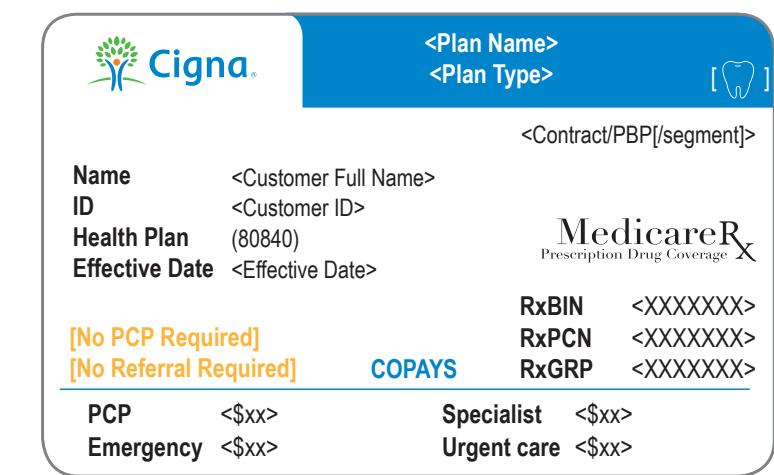
Benefit	Description
\$0 copayment	100 percent of patients have a \$0 copayment for an annual physical exam with their primary care provider (PCP).
Cigna Insulin Savings Program	<ul style="list-style-type: none"> ➢ Lower prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable 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, 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.

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

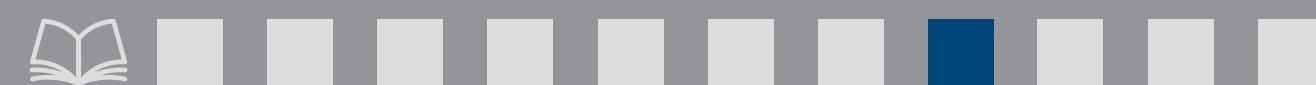


2022 ID cards

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



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 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

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 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, visit MedicareProviders.Cigna.com.

Free over-the-counter tests

On February 3, 2022, the Centers for Medicare & Medicaid Services (CMS) announced in a [news release](#) a new initiative for free over-the-counter COVID-19 tests for individuals with Medicare plans. Beginning soon, individuals with Original Medicare and Medicare Advantage plans will be able to get up to eight over-the-counter COVID-19 tests per month, at no cost, through eligible pharmacies and other participating entities, with Medicare paying the eligible pharmacies and entities directly. Additional details about this program and an official start date will be shared as CMS updates their guidance.

We also encourage you to remind your patients that the federal government currently offers every residential address in the United States **two sets of four free at-home COVID-19 tests**. Your patients can request the free at-home COVID-19 test kits at COVIDtests.gov.

COVID-19 vaccine reimbursements

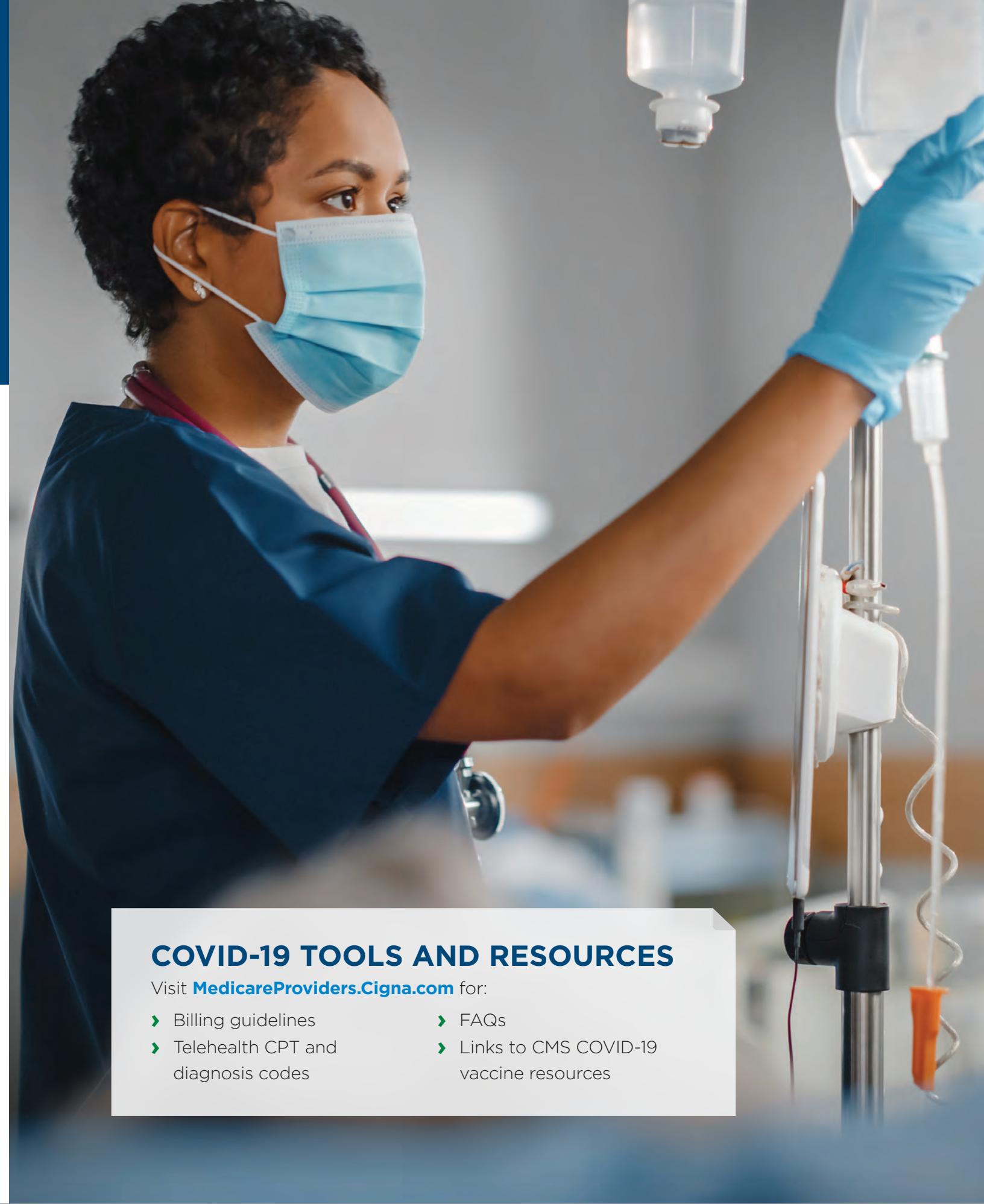
Original Medicare won't pay COVID-19 vaccine administration claims for your patients with Medicare Advantage plans who are vaccinated on or after January 1, 2022. Providers should submit these claims directly to Cigna for Cigna customers enrolled in these plans.

Updated federal guidance for COVID-19-related care provisions

For the latest information on national public health emergency provisions, including how Cigna continues to support contracted providers in the administration of COVID-19-related care for your patients, check the [COVID Billing Guidelines and FAQ](#) at MedicareProviders.Cigna.com, which we regularly update as federal guidance is issued.

More resources

For additional information on COVID-19, visit the CMS Current Emergencies [web page](#).



COVID-19 TOOLS AND RESOURCES

Visit MedicareProviders.Cigna.com for:

- › Billing guidelines
- › Telehealth CPT and diagnosis codes
- › FAQs
- › Links to CMS COVID-19 vaccine resources



THE MEDICARE ADVANTAGE MIGRATION: NAVIGATE WITH MARKET MEDICAL EXECUTIVE SUPPORT

The popularity of Medicare Advantage plans has soared over the past decade. Enrollment has more than doubled and is now outpacing traditional Medicare plans in terms of growth. It's projected that by 2030, more than half of all people with Medicare coverage will be enrolled in Medicare Advantage plans, which currently stands at about 42 percent.*

Driving this growth, in part, is the affordability of Medicare Advantage plan options, with a number of them offering supplemental benefits not covered under traditional Medicare plans. They may include pharmacy, dental, vision, and hearing-aid benefits, as well as patient-support programs for chronic conditions. Because of these benefit options and programs, Medicare Advantage plans may feel more like commercial insurance to customers aging in to Medicare.

But what really sets Medicare Advantage apart is its Star ratings,** a built-in accountability and plan-comparison system as measured by the Centers for Medicare & Medicaid Services (CMS). As providers and health plans document enhanced care quality to achieve higher Star ratings, patient outcomes

and quality of life improve. This sharpened focus on outcomes accountability is creating a seismic shift in the way providers do business and may result in a steep learning curve for some providers.

Cigna Medicare Advantage Market Medical Executives are ready to help

Learn how Cigna Market Medical Executives (MMEs) can help your practice navigate the shift from a fee-for-service landscape to value-based, outcomes-focused care, which are the hallmarks of Medicare Advantage plans, and help flatten your learning curve more quickly.

MMEs defined

Cigna Medicare Advantage MMEs are physicians with a wide range of practice experience who are based in each of our Medicare Advantage markets. "Medicare Advantage represents a very different approach to improving care delivery and health outcomes," says Cigna Senior Medical Director Bob Coxe, MD. "MMEs were created to collaborate directly with providers and assist them in this transition to value-based care."



For Cigna, CMS's focus on quality performance has translated to impressive results: Today, nearly 90 percent of our Medicare Advantage customers are enrolled in a 4-Star or higher plan, up from just 57 percent in 2015.

MMEs as navigators

MMEs know providers are stretched.

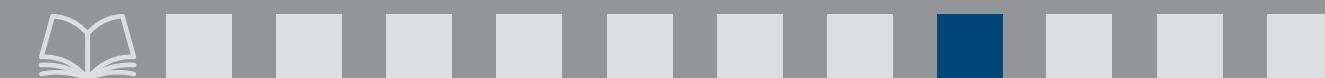
"Physicians are extremely time challenged," says Dr. Coxe. "They may have only 10 to 15 minutes to see each patient while balancing a multitude of competing demands. MMEs create strategies to help coordinate that workload. We meet them where they are."

While value-based care improves clinical outcomes for Cigna Medicare Advantage patients, the transition from fee-for-service can create operational issues for providers. MMEs work directly with providers to help meet and navigate these challenges.

* Meredith Freed, Jeannine Biniek, et al. Kaiser Family Foundation. "Medicare Advantage in 2021: Enrollment Update and Key Trends." 21 June 2021. Retrieved from <https://www.KFF.org/Medicare/issue-brief/medicare-advantage-in-2021-enrollment-update-and-key-trends/>.

** Every year, the Centers for Medicare & Medicaid Services (CMS) scores Medicare Advantage plans on a five-Star rating system measuring a range of quality metrics. These measures come from data-based sources, such as the standard Healthcare Effectiveness Data and Information Set (HEDIS), and patient surveys, such as the Consumer Assessment of Health Plan Providers and Systems (CAHPS) survey and the Health Outcomes Survey (HOS). Cigna works closely with contracted providers to consistently improve patient experiences and boost positive survey responses, which results in better Star ratings.

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The Medicare Advantage migration: Navigate with Medicare Advantage Market Medical Executive support continued

MMEs as educators

The Medicare Advantage model is designed to coordinate care with providers to improve health outcomes for your patients. MMEs help providers create the process changes needed to drive those results.

For example, MMEs can help you make strategic use of Medicare Advantage tools and resources, including access to clinical, case, and medication management programs. They're available to work with you and your care-coordination teams through face-to-face or telephone meetings to collaborate on individualizing care plans – patient by patient.

Cigna MME Alla Zilbering, MD, describes her role as an interpreter of sorts, saying, "We translate the business information into clinical language for our provider practices, and then we translate clinical information into business language for our internal teams."

MMEs as problem solvers

Providers naturally focus on individual care over aggregate data. MMEs can help bridge the gap, offering a look at a practice's big picture while bringing resources on board to help shore up areas that need it.

"Most primary care doctors are patient-facing and focused," says Dr. Zilbering. "But MMEs can help them look at their practice as a whole. For example, how many women over age 50 have had mammograms? We can provide that information, along with support to help reach out to patients to get those preventive services scheduled."

To underscore their commitment to community, MMEs even bring those preventive services directly to patients. Dr. Zilbering's market sponsors neighborhood mammogram vans that screen patients sent over by area physicians, an especially effective idea in the age of COVID-19.

Dr. Zilbering sums up the win-win-win relationship between Cigna, its MMEs, and its contracted Medicare Advantage providers, saying, "What I love about Medicare Advantage is that we can help patients improve their quality of life and health, and at the same time keep physicians financially successful. All the goals are aligned."

MMEs as physician advocates

Finally, as physicians themselves, MMEs understand your concerns, and they can share them directly with Cigna leadership. They're here to serve as your advocate and collaborate with you and your practice to drive superior health outcomes. To find the MME for your market, see the chart to the right.



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.

Cigna Medicare Advantage Market Medical Executives

Market	MME	Email
AL/MS/NW FL	Sam Eisa, MD	Osama.Eisa@Cigna.com
AL/MS/NW FL/AZ	Ken Puckett, MD	Kendall.Puckett@Cigna.com
Carolinas	Hardy Sorkin, MD	Hardy.Sorkin@Cigna.com
GA	Bob Coxe, MD	David.Coxe@Cigna.com
IL/OH/Kansas City	Teresa Ramos, MD	Teresa.Ramos@Cigna.com
MA/PA/CT/NY	Alla Zilbering, MD	Alla.Zilbering@Cigna.com
Mountain states	Angela Kloepfer-Shapiro, MD	Angela.Kloepfer-Shapiro@Cigna.com
South & Central FL	Eric Wurst, MD	Eric.Wurst@Cigna.com
TN/AR	Nelson Mangione, MD	Nelson.Mangione@Cigna.com
TX/OK	Carlos Gonzalez, MD	Carlos.Gonzalez@Cigna.com



MEET DR. SOBEL: NEW CMO FOR CIGNA MEDICARE ADVANTAGE



Joseph B. (J.B.) Sobel, MD, MPH, MBA

Joseph B. (J.B.) Sobel, MD, MPH, MBA, has been named the new Chief Medical Officer for Cigna Medicare Advantage. Dr. Sobel is a board-certified physician with more than 10 years in private medical practice. He also has a long and successful track record of medical leadership and health plan roles, where he focused on clinical strategy, care management operations, population health, quality improvement, and Stars programs for various health plans across the country. He also participated in the clinical, quality, and operational development of Medicare Supplement plans, standalone Part D plans, and Special Needs Plans (SNPs).

Board certified in emergency medicine, Dr. Sobel is a Fellow, American College of Emergency Physicians and American Academy of Emergency Medicine. He is a vanguard member of the American Association for Physician Leadership, and a member of the Tennessee Medical Association and the American Medical Association. He completed a fellowship with America's Health Insurance Plans (AHIP), achieving the Certified Health Insurance Executive designation.

Dr. Sobel received his Doctor of Medicine degree from Temple University's Lewis Katz School of Medicine, and master's degrees in Public Health from the University of Pittsburgh and in Business Administration from the Darla Moore School of Business at the University of South Carolina. He received a bachelor's degree from Washington & Jefferson College in Pennsylvania. He holds active medical licenses in South Carolina, Georgia, and Tennessee.

"I'm excited to partner with our valued providers as part of the Medicare Advantage team at Cigna, and I look forward to working with you to improve the quality of life for your patients," says Dr. Sobel.

"The care delivery landscape is changing as we move toward value-based care, and we want to support our network providers in that evolution.

"I would also like to take this opportunity to thank Dr. Michael Reardon for his interim leadership of the Medicare Advantage clinical team. His expertise has been invaluable to helping our providers and their Cigna Medicare Advantage patients, and I greatly appreciate the guidance he has provided to our clinical team over the past few months."

AN IMPORTANT REMINDER ABOUT PPO PATIENTS

Accepting patients with Cigna Medicare Advantage preferred provider organization (PPO) plans can help you to improve your Access to Care measure on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CAHPS results are available to Medicare beneficiaries and can be used to help them choose providers and a Medicare Advantage plan.



APPEALS: WHAT TO EXPECT

When providers reach out to us about claim payment disputes, we strive to resolve them informally on that initial contact. If this isn't possible, **we offer a single-level, internal appeal process** for resolving post-service payment denials and payment disputes.* Arbitration is also available, if needed, as a final resolution step.

Provider appeals

Time frame for submissions

Providers must submit all appeals in writing within 180 calendar days from the date of the:

- › Initial payment or denial notice, **or**
- › Last payment adjustment if the appeal relates to a payment that was adjusted by Cigna.

Appeal submission methods

You may request an appeal either via the **Request for Health Care Professional Payment Review** form (recommended) or an appeal letter. To help ensure your appeal will receive a full and thorough review, it's important that you submit complete information.

› Request for Health Care Professional Payment

Review form. To help you fully document the circumstances around the appeal request and expedite a timely review, we encourage you to download and complete this form – including checking off the appropriate box that best describes the reason for the appeal. You can download and print a copy of this form by going to Cigna.com > Health Care Providers > Coverage and Claims > Appeals and Disputes > Why submit an Appeal: **through a written request**.

* Processes may vary due to state mandates or contract provisions.

** Your patient's particular Cigna benefit plan may allow for a longer period.

- › **Letter.** If you submit your appeal by letter instead of using the form, be sure to include all of the same information that is requested on the form, and specify that it is for a health care provider appeal.

What to submit with the appeal form or letter

Be sure to include:

- › A copy of the original claim.
- › A copy of the explanation of payment (EOP) or explanation of benefits (EOB), if applicable.
- › A narrative describing the situation, an operative report, and medical records, as applicable, if the appeal involves a previous clinical denial, such as denied hospital days, level of care, medical necessity, or services denied for no prior authorization.
- › The name of the service or the drug you are appealing. (If submitting your appeal request by form, you can include this information in the space on the second page.)

Additional information

Review the **Cigna Appeals and Disputes Policy and Procedures** for additional information on how to submit an appeal. Visit Cigna.com >



Health Care Providers > Coverage and Claims > **Appeals and Disputes**.

Customer appeals

Time frame for submissions

In most cases, the appeal should be submitted within 180 calendar days from the date of the last determination of whether or not to authorize, approve, or reimburse a health care service, treatment, or supply.**

Examples of a last determination include the date:

- › A claim was last handled.
- › A utilization review was completed.
- › An appeal decision letter was issued.

Submit the appeal by form or letter

You may submit an appeal on behalf of a customer either via the **Customer Appeal Request form** or a letter, along with any supporting documentation, and mail it to the address at the bottom of the form. To download and print a copy of this form in English, Spanish, or Chinese, go to Cigna.com > Find a Health Care Form > **Medical Forms** > Medical Appeal Request.

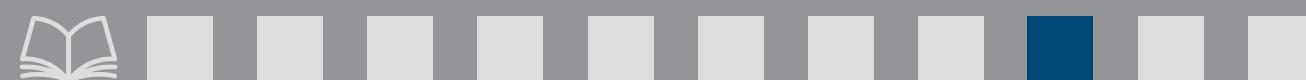
Expedited appeals

Under certain circumstances, we may perform an expedited review, such as when:

- › A service was not rendered.
- › A service requires precertification.
- › The treating provider believes the standard time frame for processing an appeal request may jeopardize the patient's life, health, or ability to regain maximum functionality, or there is severe pain.
- › There is an admission or continuing inpatient hospital stay for a patient who has received emergency services but has not been discharged from a facility.

To request an expedited appeal

On the Customer Appeal Request form, check the "No" box to the question, "Have you already received services?" You will receive a written response from Cigna within 30 days.



CIGNA PATHWELL SPECIALTY DRUG MANAGEMENT NETWORK AND SOLUTION

Cigna Pathwell SpecialtySM, our new medical specialty drug management solution, supports our efforts to provide customers with access to the right care at the right place and right time. Further, this new solution can help reduce overall specialty drug spend and lower the total cost of care for our customers.

As part of this solution, we are introducing the Cigna Pathwell Specialty Network, a national, designated, and cost-effective narrow network for specialty injected and infused drugs, paired with an in-network-only benefit plan option. Not all providers who participate in Cigna networks will participate in the Cigna Pathwell Specialty Network. We have notified those providers who will be participating in the Cigna Pathwell Specialty Network. Providers who have not received the notice will not be participating in the network at this time.

Timeline

On July 1, 2022, we will launch Cigna Pathwell Specialty for select employer groups. Fully insured plans will be added upon regulatory approval.

Included drugs

We will require certain injected and infused medical specialty drugs to be administered by a Cigna Pathwell Specialty Network provider or obtained from a specialty pharmacy in the Cigna Pathwell Specialty Network. Drugs managed by other Cigna programs or benefits are excluded.

A list of the drugs included in the solution is available on the Cigna for Health Care Professionals website (CignaforHCP.com). Because this list may be updated periodically, we encourage you to check it often.

What this means to providers

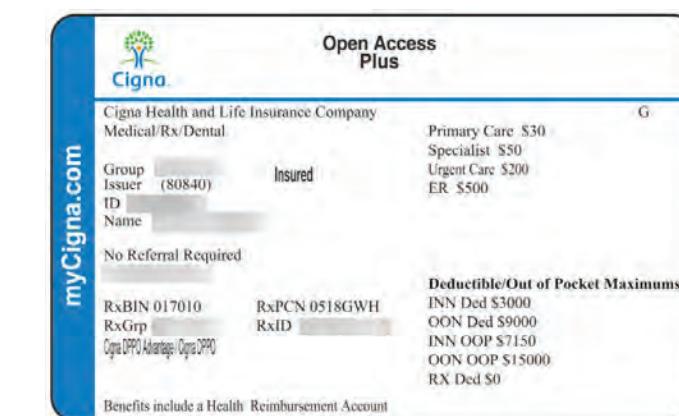
Customers who have Cigna-administered plans that include this benefit option may continue to see their referring provider, such as an oncologist or a rheumatologist, as their prescribing provider. However, they may not have coverage for the cost of certain specialty medical drugs unless the drug is procured from a Cigna-contracted specialty pharmacy or administered by a Cigna Pathwell Specialty Network provider. If you have a patient with the Cigna Pathwell Specialty benefit and you are not in the Cigna Pathwell Specialty Network, an administrative denial will be rendered. Providers and patients have appeal and network adequacy review rights. For assistance in locating a contracted provider, please access our provider lookup tool via CignaforHCP.com.

During our prior authorization review, we will determine whether the requested servicing provider is in the Cigna Pathwell Specialty Network. If the provider is not in the Cigna Pathwell Network, a preliminary review for medical necessity will be performed. When this review indicates medical necessity may be met, the Cigna Pathwell Specialty Care Management team will proactively work with the provider and patient to choose a Cigna Pathwell Specialty provider or Cigna-contracted specialty pharmacy to coordinate prior authorization per plan design.

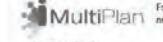


How to identify patients who have the Cigna Pathwell Specialty Network

Providers will be able to identify patients who have the Cigna Pathwell Specialty Network by viewing their ID card.



You may be asked to present this card when receiving care; it does not guarantee coverage. For coverage, you must meet all plan terms/conditions. Willful misuse of this card is considered fraud. **Inpatient Admission/Outpatient Procedures:** Your health care professional must contact Cigna to pre-approve these services by calling the toll-free number below or going to CignaforHCP.com. See the plan documents for pre-approval requirements. Without pre-approval, your plan may not pay for these services. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance or advice on follow-up care within 48 hours. We encourage you to use a PCP as a valuable resource and personal health advocate.

Medical Claims PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #623087
Customers & Health Care Professionals, call 1-866-494-2111
Routine Vision Health Care Professionals, call: 1-877-478-7557
Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053
 For Pharmacists Only 800-351-9170
 For providers not in your primary network, visit multiplan.com
 R418A (8/13) Mask 601 Issue Date: 02/07/22

How to identify participating providers

By July, providers and their patients will be able to find providers who participate in the Cigna Pathwell Specialty Network by searching the Cigna provider directory at Cigna.com > **Find a Doctor, Dentist or Facility**.

Additional information

If you have any questions or need support transferring care for a patient, please call the Cigna Pathwell Specialty Care Management team at **877.505.3681**.

AMBULATORY MEDICAL RECORD REVIEWS

Providers with good clinical documentation processes know how vital this can be to delivering high-quality health care services. It not only helps their patients to receive the right care at the right time, but it also promotes a full, holistic viewpoint during all phases of treatment, and supports thorough communication across a variety of health care settings and providers. This ultimately helps assure continuity of care.

We conduct ambulatory medical record reviews annually

To support this important aspect of patient care, each year we randomly audit a sample of network-participating providers to validate they meet all medical record documentation requirements.

Information most frequently missing

Our audits show the following information to be most frequently missing:

- › List of medication allergies and intolerances, with *specific* adverse reactions for each
- › Documentation of lab or radiology results, or that consultation reports were *received and reviewed*
- › Follow-up care recommendations after each office visit, *specifically* noting when the next follow-up visit is needed

How you can help us respond as quickly as possible

When contacting us with questions related to the ambulatory medical record review, and when returning medical records, please be sure to provide your name and office email address. This will help ensure that we respond to the correct office staff.

AMBULATORY MEDICAL RECORD REVIEW CHECKLIST

During an ambulatory medical record review, we may ask you to send a copy of the medical records listed below for a patient with Cigna-administered coverage.

- › Updated problem list or summary of health maintenance exams
- › Current prescription medication list or medication notes
- › List of medications to which the patient is allergic or does not tolerate
- › Adverse reactions to medications
- › Medical history (including initial health questionnaire form and updated form)
- › Examinations that identify subjective and objective information
- › Plan of treatment that is consistent with the diagnosis
- › Recommendation for follow up at each visit
- › Laboratory and diagnostic studies
- › Consult reports
- › Health screening for alcohol usage
- › Health screening for tobacco usage
- › Advance directive

SPINE FUSION PRECERTIFICATION SUPPORT

As a reminder, we require precertification for lumbar fusion, cervical disc replacement, and cervical fusion services for most Cigna customers. With each precertification request, we require providers to submit specific clinical information.

To support providers who request precertification for these services, we offer quick reference guides that outline all required precertification documentation.

› Cervical

› Lumbar

Additionally, we provide optional cervical and lumbar spine eForms, which will allow more efficient and accurate processing of your request. The completed eForm should be submitted with your clinical documentation.

› Cervical eForm

› Lumbar eForm



EVICORE HEALTHCARE: IMPORTANT CONTACT INFORMATION

eviCore healthcare (eviCore), a specialty medical benefits management company, provides utilization management services for some Cigna medical benefits. eviCore provides these services with a focus on Cigna's commitment to providing coverage for quality, cost-effective, patient-centric care for our customers. Use the following information to help guide you when seeking coverage for these services for patients with Cigna-administered plans.

eviCore utilization management of Cigna services: Contacts and resources

Medical benefits managed by eviCore	Contact information	Utilization management service	Contact information or resource
Cardiology, musculoskeletal, radiology	Phone: 888.693.3297 Fax: 888.693.3210 (radiology, musculoskeletal) Fax: 800.540.2406 (cardiology) eviCore.com	Prior authorization requests Have all relevant clinical information readily available when initiating a request, including: ▶ Provider notes ▶ Results of relevant tests (laboratory, prior imaging, and X-ray reports) ▶ Patient history and physical findings ▶ Signs and symptoms ▶ Office visits	Clinical worksheets: eviCore.com/provider/online-forms Clinical guidelines: eviCore.com/Cigna Submit a prior authorization request online ▶ Cardiology, musculoskeletal, radiology: Log in to eviCore.com > Default portal: MedSolutions ▶ Gastroenterology, medical oncology, radiation oncology: Log in to eviCore.com > Default portal: CareCore National ▶ DME, home health, sleep: Log in to eviCore.com/ep360 Phone: 800.298.4806 Fax: 888.444.1027 ▶ Home infusion therapy: Online forms (drug- and state-specific): CignaforHCP.com * > Get questions answered: Resource > Forms Center
Gastroenterology, medical oncology, radiation oncology	Phone: 866.668.9250 Fax: 800.540.2406 eviCore.com		
Durable medical equipment (DME), home health, sleep	Phone: 800.298.4806 Fax: 888.444.1027 eviCore.com/ep360		
Home infusion therapy	Phone: Call the number on the back of your patient's ID card, or contact Cigna Customer Service at 800.88Cigna.		

* Cigna for Health Care Professionals website.

Continued on next page



eviCore healthcare: Important contact information

continued

Utilization management service	Contact information or resource	Utilization management service	Contact information or resource
Peer-to-peer (P2P) reviews	<p>How to schedule or request a P2P review <i>Note: Your determination letter is the best source of information on how to schedule a P2P review.</i></p> <ul style="list-style-type: none"> ➤ Cardiology, musculoskeletal, radiology: Online self-scheduling: Log in to eviCore.com > Default portal: MedSolutions. Click the Home tab, choose the case, and double-click to check the status and options for a review. Phone: 888.693.3297 (option 4) ➤ Gastroenterology, medical oncology, radiation oncology: Online self-scheduling: Log in to Carriers.CareCoreNational.com > Authorization Lookup. Click P2P Availability to determine eligibility for a review, and follow the prompts to set up a meeting. Phone: 866.668.9250 (option 1) ➤ DME, home health (including home infusion therapy) ➤ Sleep: Online form: eviCore.com > Provider's Hub > Request a Clinical Consultation Phone: 800.298.4806 (option 1) 	Client & Provider Services This is an escalation team of specially trained eviCore representatives who can research and resolve concerns related to: <ul style="list-style-type: none"> ➤ Accuracy assessment, accreditation, and credentialing ➤ Requests for prior authorizations to be resent ➤ Consumer engagement (customer scheduling) inquiries ➤ Complaints and grievances ➤ Eligibility issues (customers, rendering facility, or ordering physician) ➤ Issues experienced during case creation ➤ Reports of system issues ➤ Claim processing inquiries 	Phone: 800.646.0418 (option 4) Email: ClientServices@eviCore.com
Intakes <ul style="list-style-type: none"> ➤ To check case status ➤ To change a facility on a case ➤ To upgrade/downgrade a Current Procedural Terminology (CPT®) code on an existing case 	<ul style="list-style-type: none"> ➤ Cardiology, musculoskeletal, radiology, gastroenterology, medical oncology, radiation oncology: Phone: 800.918.8924 (option 2; then option 5) ➤ DME, home health (including home infusion therapy) ➤ Sleep: Phone: 800.298.4806 (option 1) 	Technical or web support Use this resource if you need help: <ul style="list-style-type: none"> ➤ Requesting prior authorizations and checking case status ➤ Using the Pause/Start feature to complete initiated cases ➤ Creating or deactivating web registrations ➤ Resolving issues experienced while using the portal ➤ Uploading electronic PDF and Microsoft Word clinical documents 	Phone: 800.646.0418 (option 2) Email: Portal.Support@eviCore.com
		Provider Engagement team For each state, this team has a designated regional manager who is your eviCore point of contact responsible for providing education on eviCore processes.	Radiology, cardiology, musculoskeletal, gastroenterology, medical oncology, radiation oncology: Email: RegionalProviderEngagementManagers@eviCore.com <i>The manager for your state will respond to your email request.</i> DME, home health (including home infusion therapy), sleep: Email: ClientServices@eviCore.com

Continued on next page



eviCore healthcare: Important contact information

continued

Utilization management service	Contact information or resource
Training sessions Register to attend live training sessions about Cigna programs managed by eviCore or listen to recorded sessions. <i>Note that DME, home health, home infusion therapy, and sleep training sessions are ongoing and regularly offered.</i>	eviCore.Webex.com > Webex Training > Upcoming
Cigna implementation resources Access links to eviCore program descriptions, coverage policies, precertification policies for services and medical oncology drugs, registration for eviCore online portal orientation sessions, Solution Resources, and evidence-based clinical guidelines.	eviCore.com/Resources/Healthplan/Cigna



PROVIDERS MUST MEET LANGUAGE ASSISTANCE COMPLIANCE REQUIREMENTS

It's the law

Americans with Disabilities Act (ADA)

This federal civil rights law prohibits discrimination against individuals with disabilities in day-to-day activities, including accessing medical services and facilities.

Section 1557 of the Affordable Care Act (ACA)

This law, also referred to as the nondiscrimination rule, prohibits discrimination in health programs and activities on the basis of race, color, national origin, sex, age, or disability.

This legislation supports the ACA's goals of:

- Expanding access to health care coverage.
- Eliminating barriers.
- Reducing health disparities.

Under Section 1557, it is unlawful to delay or deny effective language assistance services to individuals with limited English proficiency (LEP). Covered entities, such as Cigna and health care providers, are required to take reasonable steps to assist in providing language assistance services or written

translations for LEP individuals who are eligible to be served in health programs and activities. Additionally, when language services are required, they must be provided free of charge and in a timely manner.

Providers' responsibilities to ensure compliance with the law

Health care providers are required by law to **provide and pay** for language services for their LEP patients free of charge and in a timely manner. These services include:

- **Sign language interpreter services**, including video remote interpretation services, for communication with patients who are deaf or hard of hearing, when needed, regardless of the cost, even if the cost of the interpretation services exceeds the amount a provider will receive for the services* (except in New Mexico, where the health plan is required to pay for sign language interpreter services).
- **Language assistance services**, such as telephone and face-to-face interpretation services, as well as written translations for LEP individuals,** except in California and New Mexico, where the health plan is required to pay for telephonic interpreter services, in any health care setting. In California, Cigna covers

Continued on next page

* The law requires that qualified sign language interpreters be provided for patients who are deaf or hard of hearing while in a medical setting. The use of unqualified interpreters is extremely dangerous because these individuals are not trained to be professional sign language interpreters. Therefore, important information is at risk of being conveyed poorly or completely lost in translation.

** Using family members, friends, or children as interpreters for individuals with LEP is discouraged because of serious concerns around competency, confidentiality, and conflicts of interest. Exercise caution if circumstances require the use of family members, friends, or children as interpreters for LEP individuals.



Providers must meet language assistance compliance requirements

continued

the cost of written translations of vital documents (those that impact your patients' benefits and coverage) in Spanish and Traditional Chinese. Examples include applications and consent forms.

- **Reasonable accommodations for those with disabilities**, when necessary, to ensure they have an equal opportunity to participate in, and benefit from, programs or activities.

Auxiliary aids that are needed for effective communications may include, but are not limited to:

- Qualified sign language interpreters.
- Large-print materials.
- Teletypewriters (TTYs).
- Captioning.
- Remote video interpreting services.

How Cigna ensures compliance with the law

At Cigna's points of contact for customers with Cigna-administered plans, such as Customer Service, we offer the following language assistance services at no charge:

- Access to qualified professional interpreters who have knowledge of medical terminology and health care benefits in the customers' preferred spoken language.
- Access to bilingual staff – who have passed an oral proficiency assessment administered by a professional vendor – to speak directly with LEP customers in their preferred language.
- At the request of the customer, written translation of significant documents in more than 33 languages in formats that include Braille, large print, alternative fonts, and audio.

PROVIDER DISCOUNTS AVAILABLE FOR LANGUAGE ASSISTANCE SERVICES

Cigna has contracted with professional language assistance service vendors to offer discounted rates for Cigna-participating providers for their LEP patients who have Cigna-administered plans. Depending on the service, discounted rates of up to 50 percent are available for telephone, face-to-face, and video remote interpretation services (including American Sign Language), as well as written translations.

Providers and their staff must contact the vendors directly to schedule and pay for the services. Requests for face-to-face interpreters, including American Sign Language, must be made in advance.

***Visit [Cigna.com](https://www.cigna.com) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity Resources > [Language Assistance Services](#).

You can access [vendor information](#), such as available discounts, how to schedule the services, and more.

Additional resources, such as [Tips for Working with a Language Interpreter](#),*** are available on Cigna's Cultural Competency and Health Equity Resources web page.

We hope these discounts will help make it easier for providers to comply with federal language assistance laws and ensure successful communications with their LEP patients.



PARTICIPATE IN THE 2022 LEAPFROG HOSPITAL SURVEY

Cigna encourages hospitals to participate in the Leapfrog Hospital Survey. We use Leapfrog Hospital Safety Grades in the Cigna Centers of Excellence Hospital Value Profile, which includes hospital performance information collected from this survey. This self-reported public data is one of the criteria we use to assess participating hospitals for the Cigna Center of Excellence designation.

Survey deadline

You can complete the 2022 Leapfrog Hospital Survey online from April 1, 2022 through June 30, 2022. Go to the Leapfrog Group website (LeapfrogGroup.org) > Hospital Survey and Materials > **Get Started**. After that, you can still submit new surveys through November 30, 2022.

Important dates: 2022 Leapfrog Hospital Survey

DATE	DESCRIPTION
April 1, 2022	Hardcopy survey available for download
April 1, 2022	Online survey available
April 1-June 30, 2022	Submission period for inclusion in the first release of survey results
July 1-November 30, 2022	Submission period to submit surveys for inclusion in monthly updates

Additional information

For more information about The Leapfrog Group and how to participate in the 2022 Leapfrog Hospital Survey, visit LeapfrogGroup.org > Hospital Survey and Materials > **Deadlines**.



EVIDENCE-BASED MEDICINE HELPS ENSURE HIGH-QUALITY CARE

When providers practice evidence-based medicine (EBM), it helps ensure their patients receive the best available, scientifically validated methods to meet their health care needs. For some providers, updating to an EBM care model may mean making some changes to how they currently deliver care. However, the payoff is that when providers use their clinical knowledge and expertise, combined with research-based EBM guideline adherence, the likelihood of better aggregate outcomes for their patients increases.* Additionally, it may result in the lowest costs for their patients.**

Discerning the value of research in certain populations

Health care providers have the skills and knowledge to discern the value of research for specific patients. It may not be possible to generalize research studies to all patients, such as those with comorbidities or complexities not captured in the relevant trials, limited life expectancies, or preferences to not undergo certain preventive care screening options or treatment protocols.

EBM and our coverage policies

We develop our coverage positions based on EBM guidelines, which are derived from the recommendations of numerous clinical research organizations, such as the U.S. Preventive Services Task Force. We use these coverage positions to help determine any precertification requirements

that will best support our customers in receiving the highest-quality, evidence-based health care services.

Implementing EBM into your practice

There are many good resources to help providers implement EBM into their practice. One such resource is the **EBM Toolkit**,*** found on the American Academy of Family Physicians website (AAFP.org).

Cigna resources

To support your care delivery, access the resources listed below on the Cigna for Health Care Professionals website (CignaforHCP.com).

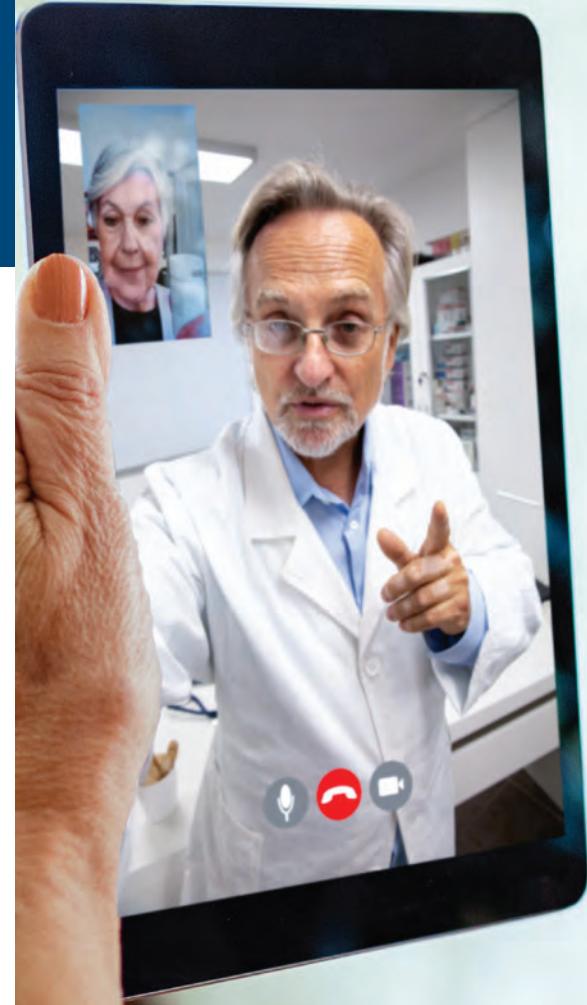
- › **Coverage Policies** (including **Monthly Policy Updates**)
- › **Precertification Guidelines**

* Christopher Worsham, Anupam B. Jena. "The Art of Evidence-Based Medicine."

Harvard Business Review. 30 January 2019. Retrieved from <https://hbr.org/2019/01/the-art-of-evidence-based-medicine>.

** Sonja J Lewis, Burton I Orland. "The importance and impact of evidence-based medicine." National Institutes of Health: National Library of Medicine. September 2004. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/15369418/>.

*** AAFP.org > AFP Journal > Other Resources: **EBM Toolkit**.



SOUTH ASIAN HEALTH DISPARITIES: PROVIDER RESOURCES

South Asians are the fastest growing major ethnic group in the United States¹, accounting for 5.4 million people. South Asians are also one of the most diverse groups, with individuals tracing their heritage to Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Some are refugees or immigrants, while others were born and raised in the United States.

Heart disease and diabetes health disparities

Regardless of their background, one thing South Asians have in common is their greater likelihood of developing heart disease, sometimes at a significantly younger age, and type 2 diabetes at a lower body mass index (BMI) than the general population. As a group, South Asians:

- Are at a four times greater risk of developing heart disease.²
- Have a higher mortality rate when living with diabetes.³
- Develop heart disease an average of 10 years earlier than those of other descent, even with a normal BMI.²
- Have more abdominal adiposity, which confers greater metabolic risk and leads to insulin resistance. Therefore, diabetes screening is suggested if BMI is 23 or greater.⁴

Because of the significant variations in the socioeconomic statuses and health care practices of South Asians, it can be difficult for providers to plan health care initiatives that may address gaps in care and improve these health disparities.

Cigna offers new resources for providers

To help providers address the unique health needs of their South Asian patients, we recently added new resources to the materials already available on the [Cigna Cultural Competency and Health Equity Resources web page](#). The new materials include a [web page](#), a heart health [digital guide](#), and a heart health [video](#) – all focusing on South Asian health disparities.



Continued on next page

South Asian health disparities: Provider resources

continued

Cigna resources for providers

You can access all of the new and existing resources using the chart below.

GENERAL HEALTH DISPARITIES	
South Asian Health Disparities web page – new	The South Asian population in the United States is rapidly increasing. However, there is limited awareness by clinicians and their South Asian patients regarding significant health disparities in this ethnic group and related screening needs. This web page contains the resources clinicians and patients need to gain insights about these health disparities and how to address them.
White paper	<ul style="list-style-type: none"> ➤ Focuses on five main areas of disparities: Cardiovascular health, diabetes, cancer, mental health, and maternal child health. ➤ Highlights the importance of preventive care, screening, and close surveillance.
Video (five minutes)	Anil Sipahimalani, MD, talks about the reasons for higher incidences of diabetes and coronary artery disease in South Asians.
Video (six minutes)	Sheila Sudhakar, MD, addresses how providers can discuss lifestyle modifications with South Asian patients in a culturally appropriate way.
HEART HEALTH AND SOUTH ASIANS	
Digital guide – new	<ul style="list-style-type: none"> ➤ Helps your patients understand their unique risks factors. ➤ Encourages them to take an active role in their health care, engage with their health care provider, and discuss risk factors and how to address them.
Digital guide companion – new	This one-page flyer will stimulate conversations with your patients regarding heart health, screening needs, prevention, and lifestyle changes.
Video (four minutes) – new	<ul style="list-style-type: none"> ➤ Provides educational content for health care providers and their patients about cardiovascular health risk factors, and strategies to address them. ➤ Helps reinforce the importance of knowing one's risk factors and taking action. ➤ Provides compelling personal examples presented by Cigna employees.
DIABETES AMONG SOUTH ASIANS	
Overview (35 minutes) ⁵	<ul style="list-style-type: none"> ➤ Addresses key health disparities found within the South Asian population, including a deeper exploration into certain subpopulations.
Three case studies (15 minutes) ⁵	<ul style="list-style-type: none"> ➤ Helps providers expand clinical awareness related to culturally driven disparities through unique case studies. ➤ Leverages insights and assesses factors that help patients engage in healthy lifestyle changes.
Patient card (brochure) Available in English, Hindi, Nepali, and Urdu	<ul style="list-style-type: none"> ➤ Shares culturally relevant insights on how providers can suggest dietary modifications with their patients. ➤ Discusses potential barriers South Asians may have in accessing and navigating the health care system. ➤ Available in four languages to encourage providers to share the brochure with their patients and help increase diabetes self-management adherence.

1. "South Asians by the Numbers: Population in the U.S. has grown by 40% since 2010." South Asian Americans Leading Together. 15 May 2019. Retrieved from <https://SAALT.org/south-asians-by-the-numbers-population-in-the-u-s-has-grown-by-40-since-2010/>.

2. Krishnan, Sandeep. "Cover Story – South Asians and Cardiovascular Disease: The Hidden Threat." American College of Cardiology. 17 May 2019. Retrieved from <https://www.ACC.org/latest-in-cardiology/articles/2019/05/07/12/42/cover-story-south-asians-and-cardiovascular-disease-the-hidden-threat>.

3. Shah, Arti; Kanaya, Alka. "Diabetes and Associated Complications in the South Asian Population." May 2014. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026332/>.

4. "Diabetes and Asian Americans." Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/diabetes/library/spotlights/diabetes-asian-americans.html>.

5. Access this training course at Cigna.com/health-care-providers/resources/cultural-competency-training. Follow the instructions to register for and take the course.



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 on [Cigna.com](#) 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.

Please note that this option is currently only available for medical providers who utilize ProView. However, we plan to expand this initiative to other providers.

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:

- Read the [frequently asked questions](#), which contains instructions on how to select one or more of the LGBTQ+ attributes in ProView (see question 4).
- Watch a brief [video](#) from Dr. Renee McLaughlin, Senior Medical Director, for more information.



* 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.



QUARTERLY NOTIFICATION OF MARYLAND NONPARTICIPATING SPECIALISTS

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

Specialist updates move to *Network News*

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

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

If we don't have your email address, you can access *Network News* by visiting [Cigna.com](#) > Health Care Providers > Provider Resources > [Cigna](#)

[Network News for Providers](#). To sign up to receive subsequent issues of *Network News* via email, scroll to the bottom of the [Cigna Network News for Providers](#) web page and click Sign Up.

Access the first quarter 2022 specialist update

View the [list of the specialists](#) in Maryland whose participation in our network ended between January 1, 2022 and March 31, 2022. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network-participating specialists.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

NORTHEAST REGION

Peter McCauley, Sr., MD, CPE, Medical Officer

Chip Chambers, MD	IA, KS, MO, ND, NE, SD
Jennifer Daley, MD	MA, ME, NH, RI, VT
Catherine Dimou, MD, FACP	IL, IN, MI, MN, WI
Vaishali Geib, MD	DC, MD, VA
Tiffany Lingenfelter-Pierce, MD	MA, ME, NH, RI, VT
Ronald Menzin, MD (interim)	CT
Ronald Menzin, MD	NJ, NY
E. Dave Perez, MD	NJ, NY
Laura M. Reich, DO	DE, OH, PA, WV
Christina Stasiuk, DO, FACOI	DC, MD, VA

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	Central FL, North FL, USVI
John Leslie, MD	AR, MS, West TN
Mark Netoskie, MD, MBA, FAAP	LA, South TX
Angela Reddy, MD MBA	North FL
Carvel Tefft, MD, SFHM, MMM	AR, KY, MS, TN
Marco Vitiello, MD	Southern FL
Frederick Watson, DO, MBA, CPE	OK, North TX

WEST REGION

Jennifer Gutzmore, MD, Medical Officer

Leslie Barakat, MD, MBA	AZ
Richard Hourigan, MD, MHA, FAAFP	AK, ID, MT, OR, WA
Jeffrey Klein, MD, FAAFP	Southern CA, NV
Todd Mydler, MD	CO, NM, WY
Kenneth Phenow, MD	Northern CA
Douglas Smith, MD, MBA	UT
Keith Wilson, MD	Southern CA, NV
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Douglas.Smith@Cigna.com
Keith.Wilson@Cigna.com
Rodgers.Wilson@Cigna.com

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



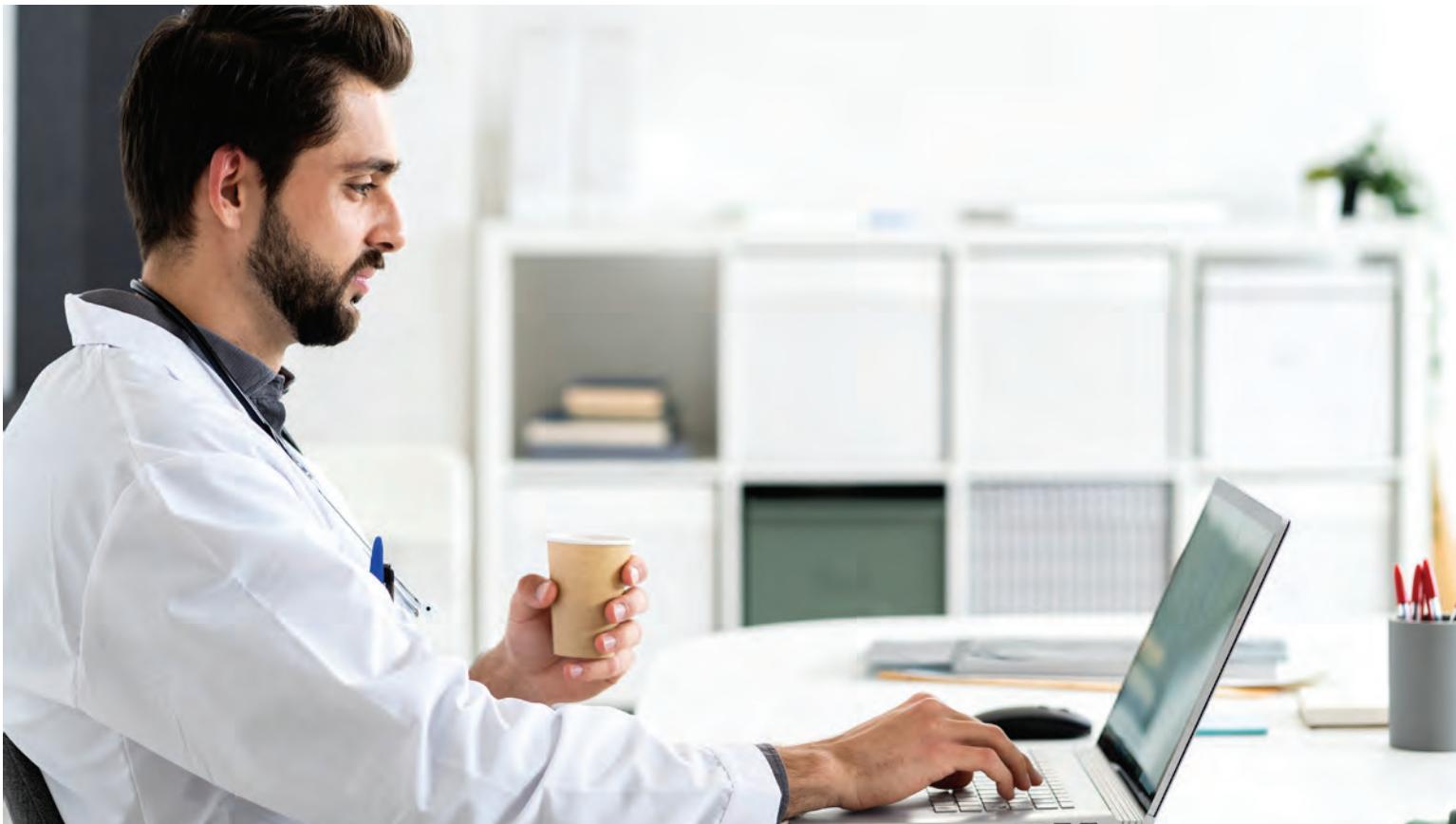
HOW TO CONTACT US

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

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 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](#) directory. New reviews are published on an ongoing basis.

Reviews are verified

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

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

How patient reviews work

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

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

Who receives reviews?

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

How to access your reviews

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

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

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.

*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

- › 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.



* 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, 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:

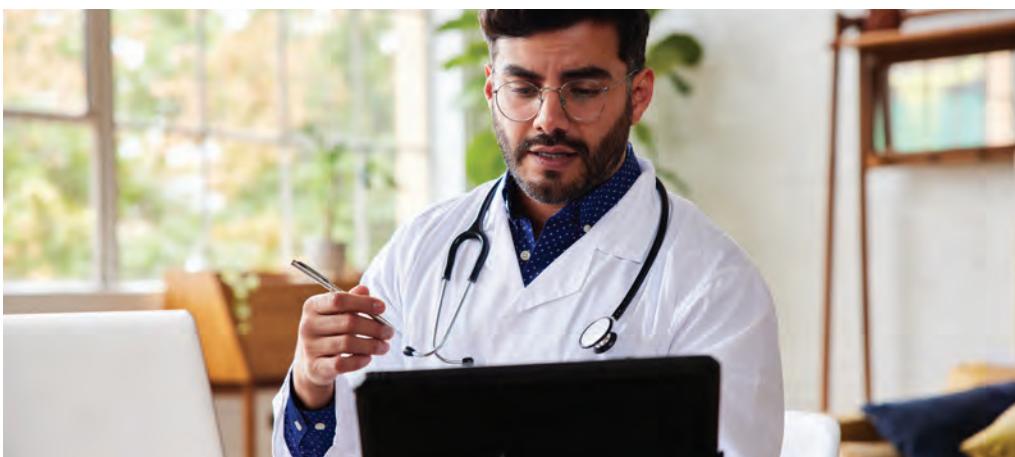
- › Earn AMA PRA* Category 1 Credits[™] with Valuable Insights on-demand webcasts.**
- › Learn quickly and on the go with Valuable Insights podcasts.
- › Get industry updates from subject matter experts with Valuable Insights alerts.

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 Cigna-contracted providers and their staff enhance your interactions with these patients, including those listed below.

Health disparities resources

These resources are designed to help providers address health disparities.

- › Addressing Social Determinants of Health (SDoH) within Your Practice [digital guide](#).
- › Health Disparities [web page](#): Contains resources to help providers reduce unfair or avoidable health differences.
- › African American/Black Health Disparities [web page](#).

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 CultureVision[™], which

contains culturally relevant patient care for more than 60 cultural communities. Go to:

[CRCultureVision.com](#)

(Available until December 31, 2022)

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 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](#).⁴
- › [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](#).

1. [Cigna.com](#) > Health Care Providers > Provider Resources > [Cultural Competency and Health Equity](#).

2. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

3. Available to Cigna-contracted providers.

4. [Cigna.com](#) > Health Care Providers > Provider Resources > Cultural Competency and Health Equity Resources > More Resources > [South Asian Disparities \(White Paper\)](#).



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.

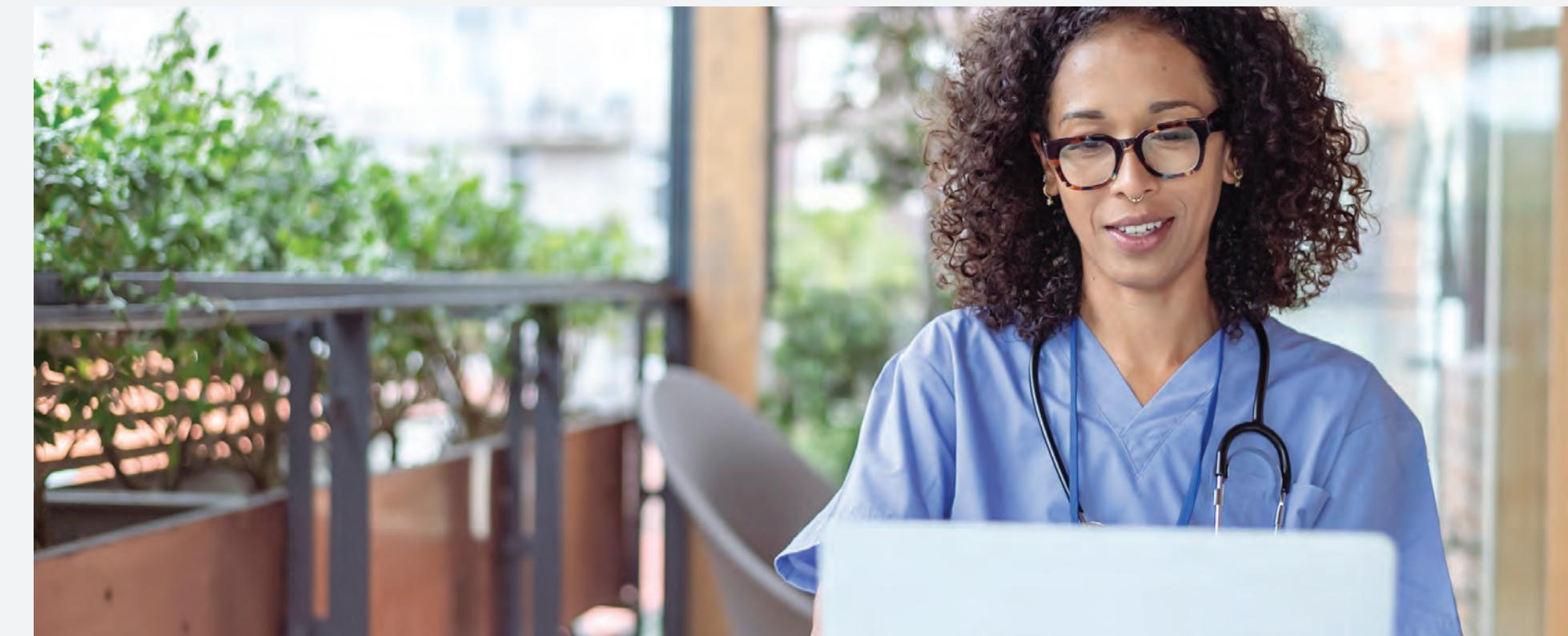
When you register, you will receive some correspondence electronically, such as *Network News*.* You will still receive certain other communications by regular mail.

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**.

Together, all the way.[®]

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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, Rutherford B7NC, Hartford, CT 06152.

