



**Our name has evolved.
Our commitment to
you remains the same.**

Page 3

**Digital ID cards
are here**

Page 9

**Kaiser Permanente
members to access
Cigna PPO providers**

Page 12

**2023 Cigna Medicare
Advantage plan
highlights**

Page 20

Network News

SECOND QUARTER 2023

For providers



COVID-19 UPDATES

The White House **announced** its intent to end the COVID-19 public health emergency on May 11, 2023. Visit the Cigna for Health Care Professionals website (**CignaforHCP.com**) for the most current reimbursement virtual care coverage and other guidelines.

Contents



FEATURE ARTICLE

Our name has evolved. Our commitment to you remains the same. 3



POLICY UPDATES

Preventive care services policy updates 5

Clinical, reimbursement, and administrative policy updates 6

Precertification updates 8



ELECTRONIC TOOLS

Digital ID cards are here 9

CignaforHCP.com eligibility and benefit enhancement 10

Webinar schedule for digital solutions 11



NETWORK UPDATES

Kaiser Permanente members to access Cigna PPO providers12

Kestra cardioverter defibrillator rentals for your patients14

Cigna + Oscar Health plans15



PHARMACY NEWS

Cigna Specialty Care Options programs drug list expansion17

Pulmonary hypertension prescribers give Accredo high marks18

Specialty Medical Injectables with Reimbursement Restriction19



MEDICARE NEWS

2023 Cigna Medicare Advantage plan highlights 20

Practice transformation opportunities23

Meet your Medicare Advantage Market Medical Executives25



GENERAL NEWS

New cancer/oncology behavioral health specialty designation26

Enhanced advanced cellular therapy benefit rollout27

Cigna Gene Therapy Program updates28

National Injectable and Immunization Fee Schedule (NIIFS) quarterly update29

Tips to prevent balance billing29

Appeals reminders 30

Cigna resources to address social determinants of health32

Language assistance services overview flyer available33

Providers must meet language assistance compliance requirements 34

Participate in the 2023 Leapfrog Hospital Survey35



REGIONAL NEWS

Adverse childhood experiences training for California providers36

California medical group and IPA review guidance: HMO plans37

Quarterly notification of Maryland nonparticipating specialists38

Texas prior authorization exemption legislation39



HELPFUL REMINDERS

Market Medical Executives contact information40

How to contact us 41

Cigna Reference Guides 41

Use the network 41

Patient reviews reminders 42

Quick Guide to Cigna ID Cards 42

Urgent care for nonemergencies 43

View drug benefit details using real-time benefit check 43

Transformations behavioral health digital newsletter 43

CareAllies education series44

Cultural resources you can use 44

Recredentialing with Cigna 45

Have you moved recently? Did your phone number change? 46

Get digital access to important information 47

Access the archives 47

Letters to the editor 47



OUR NAME HAS EVOLVED. OUR COMMITMENT TO YOU REMAINS THE SAME.

Cigna has become Cigna Healthcare. This evolution of our brand signifies our renewed focus as an advocate for better health through every stage of life, as well as our continued commitment to improving the health, well-being, and peace of mind of our customers – your patients. Together, Cigna Healthcare and Evernorth Health Services compose The Cigna Group.

One of the core focuses of Cigna Healthcare will be to help guide your patients through the health care system by providing them with information and insights they need to make the best choices for improving health and vitality. And because guiding your patients through this journey is not possible without a robust provider network, we remain committed to partnering with you to create innovative programs, streamlined processes, and enhanced digital solutions to ensure that you remain empowered to provide quality care.

What this means to you

Your day-to-day business with us – including contracts, reimbursement, and network status – remains the same. Only the Cigna Healthcare name and logo have changed. You will see the new name, logo, and branding in communications, on websites, and on the ID cards your patients with Cigna Healthcare coverage present to you over the course of 2023 and beyond.

Going forward, your partnership will continue to be key in improving the health of our customers. Working together, we will help the people we serve have access to the very best care.

Continued on next page



Our name has evolved. Our commitment to you remains the same. *continued*

OUR EVOLVED BRANDS

The Cigna Group is a global health company committed to creating a better future built on the vitality of every individual and every community. The Cigna Group includes products and services marketed under Cigna Healthcare, Evernorth Health Services, and its subsidiaries. The Cigna Group maintains sales capabilities in more than 30 countries and jurisdictions, and has more than 190 million customer relationships around the world.

Cigna Healthcare is the health benefits provider of The Cigna Group, serving customers and employer groups through its U.S. commercial, U.S. government (e.g., Medicare Advantage), and international health businesses.

Evernorth Health Services partners across the health care system to serve customers and employer groups, including health plans, employers, government entities, and others. Its capabilities are powered by Express Scripts®, Express Scripts Pharmacy, Accredo®, eviCore healthcare®, MDLIVE®, and Evernorth Behavioral Health – along with holistic Evernorth platforms and solutions that move people and organizations forward.



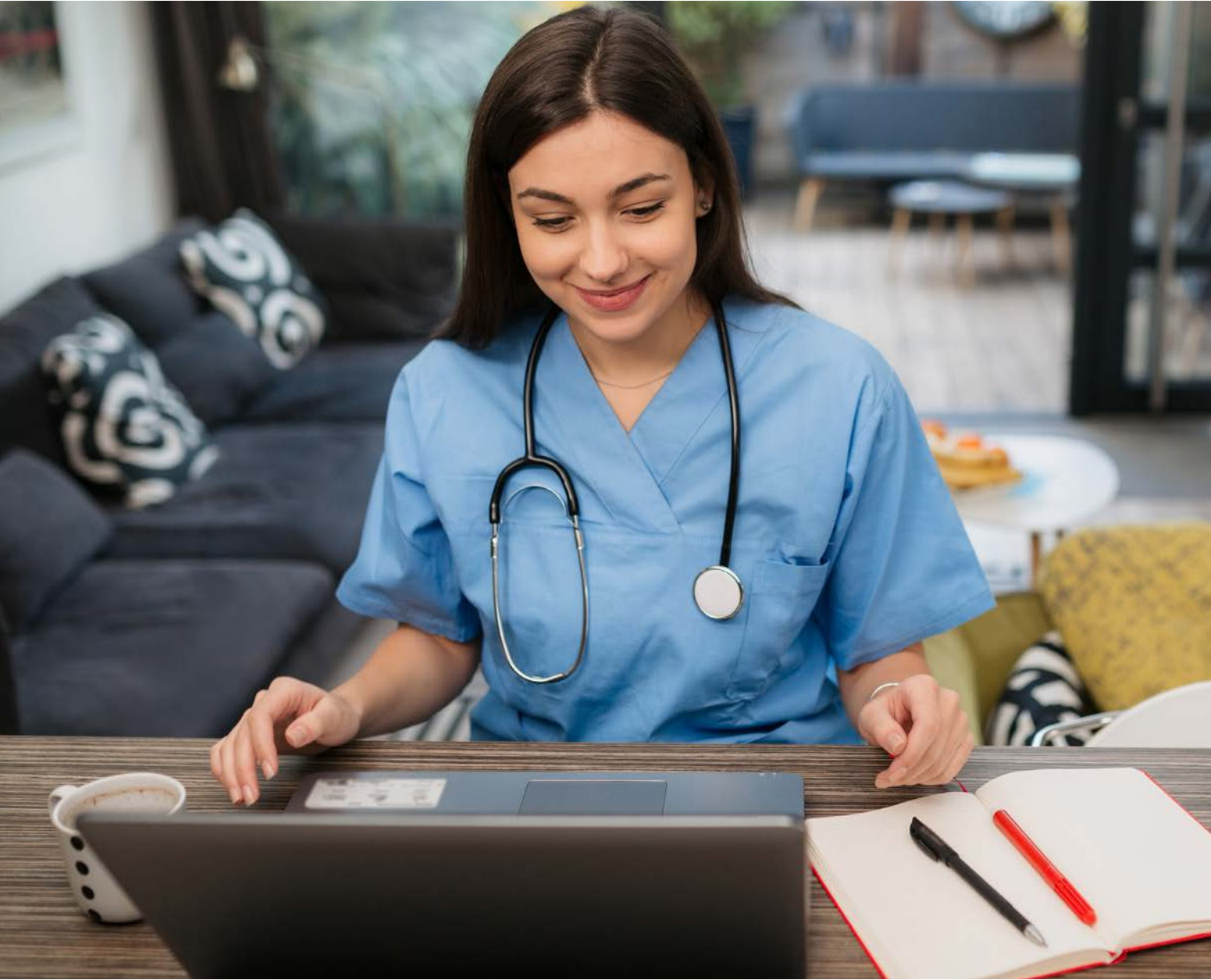
PREVENTIVE CARE SERVICES POLICY UPDATES

On January 1, 2023, updates became effective for Cigna’s Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on January 1, 2023

DESCRIPTION	UPDATE	CODES
Breast-feeding equipment and supplies	➤ Added one Healthcare Common Procedure Coding System (HCPCS) code for breast-feeding equipment and supplies	HCPCS code K1005
Surgical sterilization procedures for women	➤ Removed four Current Procedural Terminology (CPT®) codes and one HCPCS code associated with the Essure device, which is no longer available in the U.S.	CPT codes 58340, 58565, 74740, and 76830, and HCPCS code A4264
Women’s contraceptive services	➤ Added one HCPCS code for contraceptive supplies	HCPCS code A4267

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website (SignaforHCP.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 updates¹

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Ambulatory External and Implantable Electrocardiographic Monitoring (O547)	Ambulatory electrocardiographic monitoring is used in the evaluation of patients with suspected arrhythmias and unexplained episodes of syncope and/or cryptogenic stroke.	We will deny claims for 349 International Classification of Diseases, Tenth Revision (ICD-10) codes when billed alone or with codes that are not covered. These codes are defined as unspecified or are not supported by clinical literature.	April 16, 2023, ² for dates of service on or after this date.
Evaluation and Management Services (R30)	Current Procedural Terminology (CPT®) code 96372 is an injection administration code and includes the assessment of a patient for the purpose of injection.	We will administratively deny facility evaluation and management (E&M) CPT codes 99211–99215 when billed with CPT code 96372 and Healthcare Common Procedure Coding System (HCPCS) codes J1071 or J3145 (testosterone drugs) by the same provider on the same claim for the same date of service and when there are no other services billed on the claim.	April 16, 2023, ³ for dates of service on or after this date.
Revenue Code Billing Requirements (R41)	Revenue codes 270–279 are used to bill for medical and surgical supplies and devices, including prosthetics and orthotics, pacemaker supplies, and implants.	We will administratively deny revenue codes 270–279 when billed without a procedure code.	May 1, 2023, ⁴ for dates of service on or after this date.
Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service (M25)	Modifier 25 is used to report an additional E&M service on a day when another service was provided to the patient by the same provider.	We will require the submission of office notes with claims submitted with E&M CPT codes 99212–99215 and modifier 25 when a minor procedure was billed. We will administratively deny the E&M line if we do not receive documentation that supports that a significant and separately identifiable service was performed.	May 25, 2023, ⁵ for dates of service on or after this date.

1. Please note that the planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](#).
2. For Massachusetts and Texas, the effective dates are May 16, 2023, and June 16, 2023, respectively.
3. For Colorado, Kentucky, Ohio, and Texas, the effective date is April 25, 2023.
4. For Colorado, Kentucky, Ohio, and Texas, the effective date is June 1, 2023.
5. For California, Colorado, Kentucky, Ohio, and Texas, the effective date is June 11, 2023.

Continued on next page



Clinical, reimbursement, and administrative policy updates *continued*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Genetic Testing (R28)	An Ashkenazi Jewish (AJ) laboratory panel is run to identify gene mutations that may result in rare disorders within the Eastern European Jewish heritage.	We will expand the existing AJ laboratory panel and add CPT code 81443 as an option for expanded carrier testing. Some individual codes that make up CPT panel code 81412 may be shifted to code 81443 if 15 or more units are billed.	July 16, 2023, for dates of service on or after this date.

OTHER IMPORTANT UPDATES

Effective April 25, 2023

Spine surgery admitted through the emergency room

We will pend claims for elective spine surgery and related charges for patients admitted via the emergency room when precertification was denied or not obtained. Pended claims will be reviewed for medical necessity. The affected CPT codes are 22551, 22553, 22554, 22558, 22600, 22612, 22630, and 22633.

Additional information

Coverage policies

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

Reimbursement and modifier policies

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

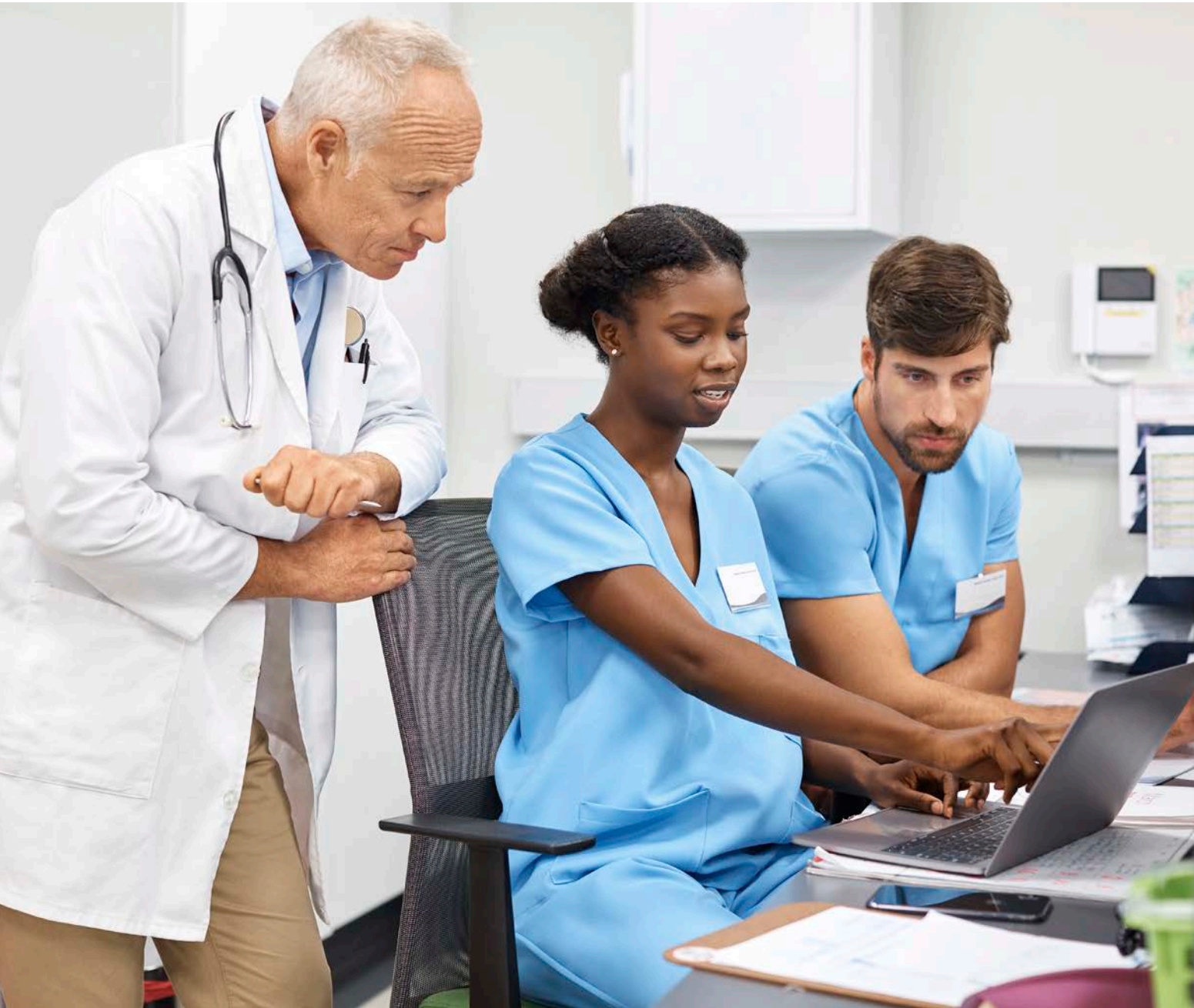
Claim editing policies and procedures

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

Administrative policies

To view our administrative policies, go to [CignaforHCP.com](#) > Review coverage policies > [Medical and Administrative A-Z Index](#).

Note: 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 2023

On April 1, 2023, we added eight new Current Procedural Terminology (CPT®) codes and 20 new Healthcare Common Procedure Coding System (HCPCS) codes.

To view the complete list of services that require precertification of coverage, [click here](#). Or log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, go to [CignaforHCP.com](#) and click [Register](#).



DIGITAL ID CARDS ARE HERE

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

Digital ID cards are not new to Cigna

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

How patients may share their digital ID card

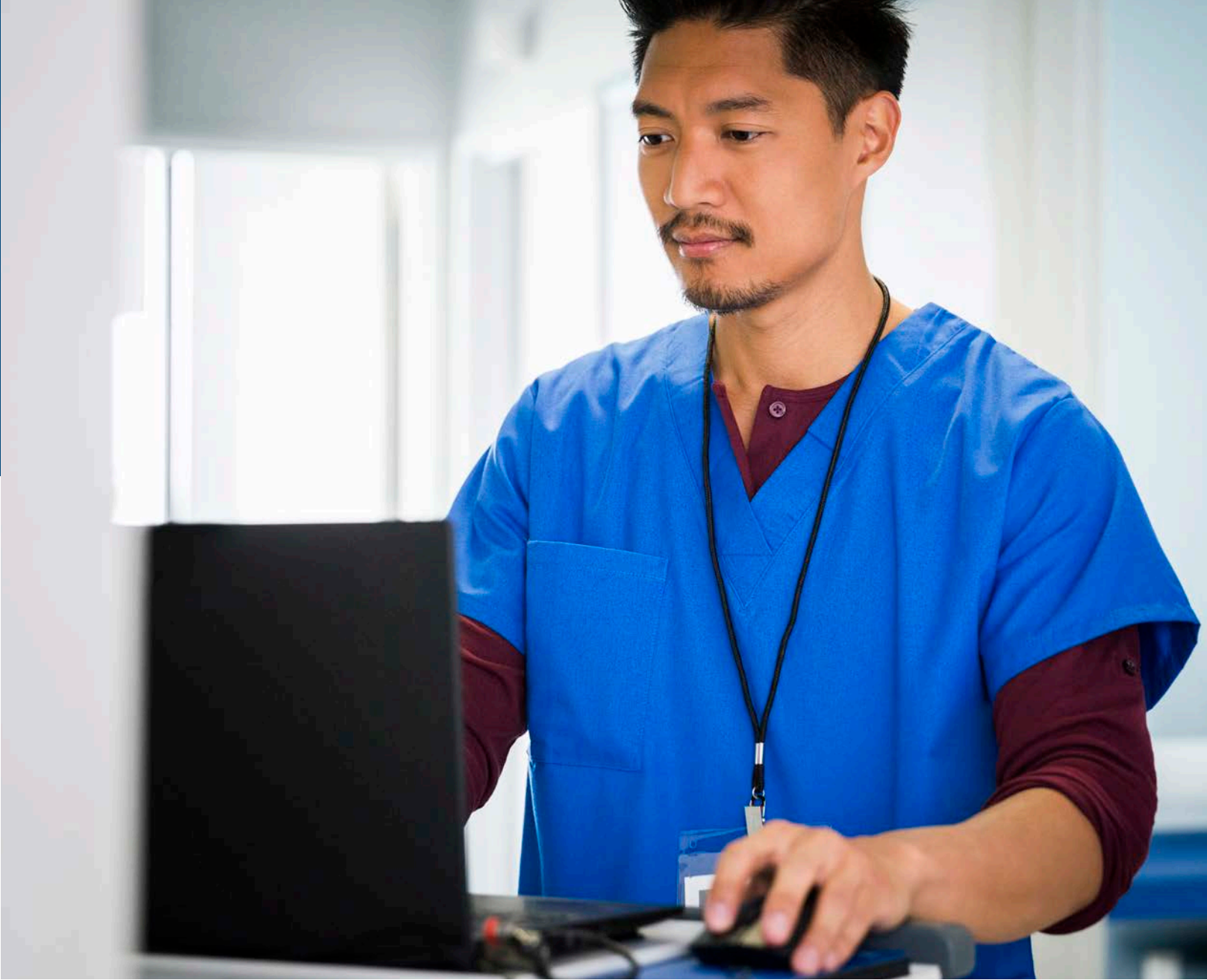
Your patients may share their digital Cigna ID card by:

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

If your health portal accepts digital ID cards, advise your patients that they can save time by uploading their card and/or registering for their account prior to their appointment.



Sample digital ID card images



What do digital ID cards look like?

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

Digital ID card tool kit for providers and office staff

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

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

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

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



CIGNAFORHCP.COM ELIGIBILITY AND BENEFIT ENHANCEMENT

Soon, when you use the Cigna for Health Care Professionals website (CignaforHCP.com) to view eligibility and benefits for patients with Cigna-administered coverage, you'll be able to determine, at a glance, if their care is in network or out of network.

How it will work

Once the enhancement is implemented, the Patient Plan and Details screen will contain a Network Status section near the top. You'll see your Taxpayer Identification Number (TIN) and your name (or your group's name). If your care is in-network for the patient, "In-Network" with a green circled checkmark will appear next to your name. Otherwise, "Out-of-Network" will display.

Making CignaforHCP.com better

Our ongoing goal is to continuously improve your experience with CignaforHCP.com.

Johnathan Doe

Cigna Medical

Behavioral

View Claims

Precertifications

Coverage Details

Estimate Costs

USEFUL LINKS

Network Status

Eligibility as of date

09/15/2022

TIN

Select a TIN

Provider/Group

RICHARD TONY

In-Network

This is not a guarantee of coverage or that the coverage amounts shown will remain unchanged until the date of services are rendered. Any claim submitted is subject to all plan provisions including eligibility requirements, exclusions, limitations and state mandates. Coverage will be determined on the basis of the facts existing when services are rendered.

Patient and Plan Detail

Patient Detail

Name

Johnathan Doe

Patient ID

0123456789

Gender

Male

Date of Birth

01/22/1960

Relationship

Self

Address

1234 Congress St
Denver, CO 80245

Plan and Network

Plan Type

LocalPlus IN

Plan Funding Type

ASO

Plan Renewals

Calendar Year

Plan Renewals From

01/01/2022

Plan Renewals Till

12/31/2022

HRA

No

HSA

No

FSA

No

Initial Coverage Date

10/01/2017

Current Coverage

10/01/2019 - Present

Other Insurance?

No

Account #

00619644

Account Name

Johnathan Doe, LLC.

Network

QA010

Electronic Claims

<http://www.cigna.com/EDIVEN/dors>

10 CIGNA NETWORK NEWS • SECOND QUARTER 2023

WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS



You’re invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Learn how to navigate the site and perform time-saving transactions, such as eligibility and benefit inquiries, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. There is also a special training session for website access managers. The tools and information presented will benefit you and your patients with Cigna coverage.

Preregistration is required for each webinar

(Please take note of the time zones for each session.)

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

Three ways to join the audio portion of the webinar:

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

Option 2 – Call **844.621.3956**. When prompted, enter the corresponding Meeting Number shown on the right. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

Questions?

Email: ProviderDigitalSolutions@Cigna.com

TOPIC	DATE	MEETING TIME IN U.S. TIME ZONES				LENGTH	MEETING NUMBER
		EASTERN	CENTRAL	MOUNTAIN	PACIFIC		
Website Access Manager Training	Wednesday, April 26, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 923 7307
CignaforHCP.com Overview	Wednesday, May 3, 2023	12:30 PM	11:30 AM	10:30 AM	9:30 AM	90 min	179 460 0514
Eligibility and Benefits	Wednesday, May 10, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 228 5821
Checking Claim Status	Monday, May 15, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 653 4137
Online Appeal and Claim Reconsideration	Wednesday, May 17, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 505 6473
EFT Enrollment, Online Remittance, Request a Fee Schedule	Tuesday, May 23, 2023	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 065 5727
Website Access Manager Training	Thursday, May 25, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 092 8793
CignaforHCP.com Overview	Wednesday, June 7, 2023	9:00 AM	8:00 AM	7:00 AM	6:00 AM	90 min	179 022 2756
Eligibility and Benefits	Monday, June 12, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 733 8670
Checking Claim Status	Wednesday, June 14, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 622 3175
Online Appeal and Claim Reconsideration	Wednesday, June 21, 2023	10:00 AM	9:00 AM	8:00 AM	7:00 AM	60 min	179 888 0204
EFT Enrollment, Online Remittance, Request a Fee Schedule	Monday, June 26, 2023	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 770 4985
Website Access Manager Training	Wednesday, June 28, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 501 9497



KAISER PERMANENTE MEMBERS TO ACCESS CIGNA PPO PROVIDERS

In April 2022, Evernorth, Cigna’s health services business, and Kaiser Permanente, one of the nation’s leading integrated health care organizations, entered into a five-year collaboration.

As a result, eligible¹ Kaiser Permanente and Kaiser Permanente Insurance Company (KPIC)² members began to have access to Cigna’s preferred provider organization (PPO³) network of providers **outside of California, Colorado, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington.**

About the Cigna and Kaiser Permanente collaboration

Effective August 1, 2022, Kaiser Permanente members with health maintenance organization (HMO) or exclusive provider organization (EPO) plans began to have access to the Cigna PPO network of providers **for emergency and urgent care services.**

Effective January 1, 2023, Kaiser Permanente members with 3-Tier point of service (POS) plans and members with KPIC PPO plans began to have access to Cigna’s PPO network of providers **for most covered services.**⁴

What this means for Cigna PPO network providers

You are considered a participating provider for eligible Kaiser Permanente members if you participate in the Cigna PPO network. This means your care is in network for Kaiser Permanente members with a Cigna logo on the back of their ID card. If an ID card does not show the Cigna logo, please call **888.831.0761** to verify eligibility. All terms of your current Cigna provider agreement will apply.

Plan administration

To confirm your patients’ eligibility and benefits, submit precertification requests, and check claims status, please call Kaiser Permanente’s dedicated phone line for Cigna PPO providers at **888.831.0761.**

Where to send claims

Providers in the Cigna PPO network that render care to eligible Kaiser Permanente members or KPIC members outside of California, Colorado, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington should send the claims to Cigna.

Cigna Medical Claims
 PO Box 188061
 Chattanooga, TN, 37422-8061
 Payer ID: 62308



1. Not available for Kaiser Permanente and KPIC members enrolled in:

- HMO, EPO, PPO, and POS plans issued by Kaiser Foundation Health Plan (KFHP) of Washington and KFHP of Washington Options, Inc.
- PPO and POS 3-Tier plans issued by KFHP of Northwest.
- Medicare and Medicaid plans (Medi-Cal in California).

2. KPIC is a subsidiary of KFHP.

3. The Cigna PPO network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

4. Most covered services include, but are not limited to, outpatient and inpatient services.

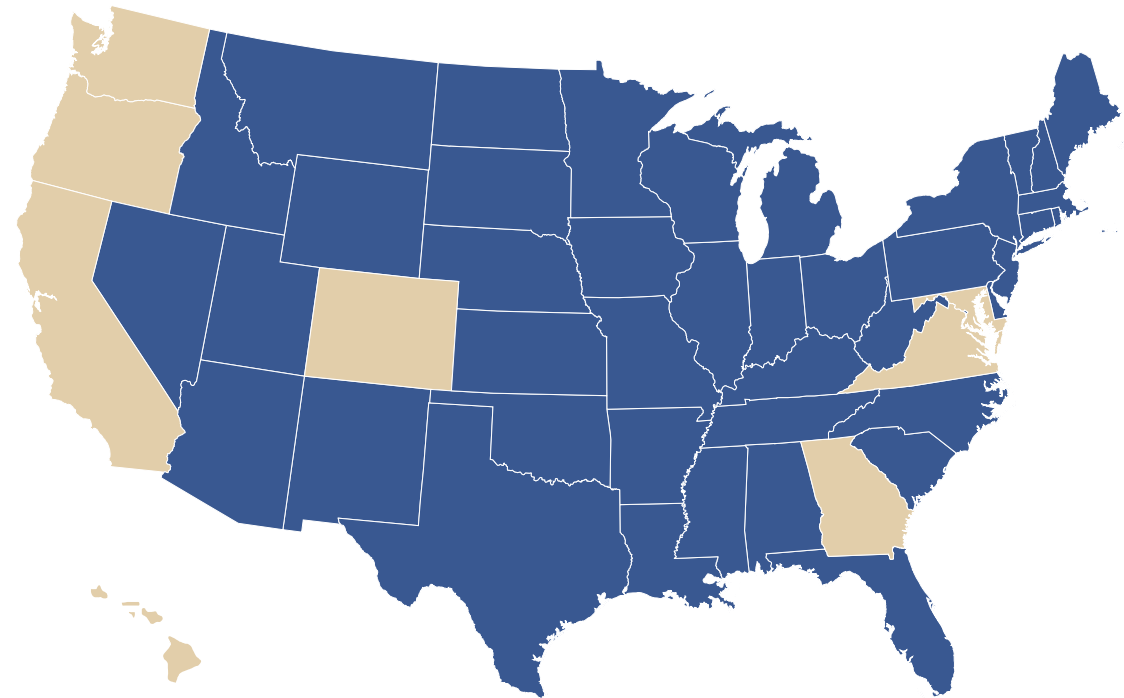
Continued on next page



Kaiser Permanente members to access Cigna PPO providers *continued*

Network service areas

In the map below, the Cigna PPO network service areas for eligible Kaiser Permanente members are shown in blue.



Kaiser Permanente ID cards: Look for the Cigna logo on the back

Cigna PPO network providers can easily identify eligible Kaiser Permanente and KPIC members by checking the back of their Kaiser Permanente ID card, which will display a Cigna logo. If there is no Cigna logo, please call **888.831.0761** to verify eligibility.

Sample ID cards

Kaiser Permanente HMO and EPO

For emergency and urgent care



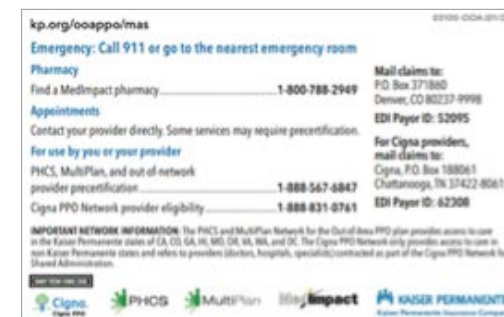
**Kaiser Permanente
POS**

For most covered services



**Kaiser Permanente
Insurance Company PPO**

For most covered services



KESTRA CARDIOVERTER DEFIBRILLATOR RENTALS FOR YOUR PATIENTS

We strive to provide programs and opportunities that help ensure quality and cost-effective care for your patients with Cigna-administered coverage. As part of these efforts, on August 1, 2022, we entered into an agreement with Kestra Medical Technologies, Inc. (Kestra) to supply wearable cardioverter defibrillator (WCD) rentals.

Precertification process

Precertification is required for WCD rentals. To begin an initial or a renewal precertification request for a Kestra WCD rental, complete one of the forms below, as appropriate, and fax it to Kestra at **425.279.8040**.

- › **Cigna Initial Wearable Cardioverter Defibrillator Request Form** – Use this form to request an initial precertification.
- › **Cigna Renewal Wearable Cardioverter Defibrillator Request Form** – Use this form when a previously approved WCD rental will be necessary beyond the initial authorization period.

Kestra will review the form to ensure it contains all of the necessary information and then submit the precertification request to Cigna. Initial authorization will be for up to four months. If the medical necessity criteria for approval are met based on the submission of updated documentation, these authorizations may be renewed in one-month increments.

Claims

Kestra will submit all claims for WCD rentals to Cigna.

ZOLL WCD rentals

Note that ZOLL LifeVest Holdings, LLC (ZOLL) continues to be a supplier of WCD rentals for Cigna customers, as well. Their precertification requirements and processes remain unchanged.

Coverage criteria

A WCD is considered medically necessary for an individual who is at a high risk for sudden cardiac death. To be approved for coverage, the individual must meet the criteria for implantable cardioverter defibrillator placement but not be a suitable candidate for the placement due to the conditions outlined in our Wearable Cardioverter Defibrillator and Automatic External Defibrillator coverage policy (0431).

The coverage policy is available on the Cigna for Health Care Professionals website (CignaforHCP.com) > Get questions answered: Resource > Coverage Policies > Medical and Administrative A-Z Index: View Documents > **Wearable Cardioverter Defibrillator and Automatic External Defibrillator - (0431)**.



CIGNA + OSCAR HEALTH PLANS

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

About Cigna + Oscar Health plans

These plans go by two names. In most states where the plans are offered, the name is Cigna + Oscar. In Arizona only, the name is Cigna Administered by Oscar.* The plans are the same (only the names are different), and both offer two plan types: Cigna LocalPlus and Open Access Plus.

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

Network-participating providers

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

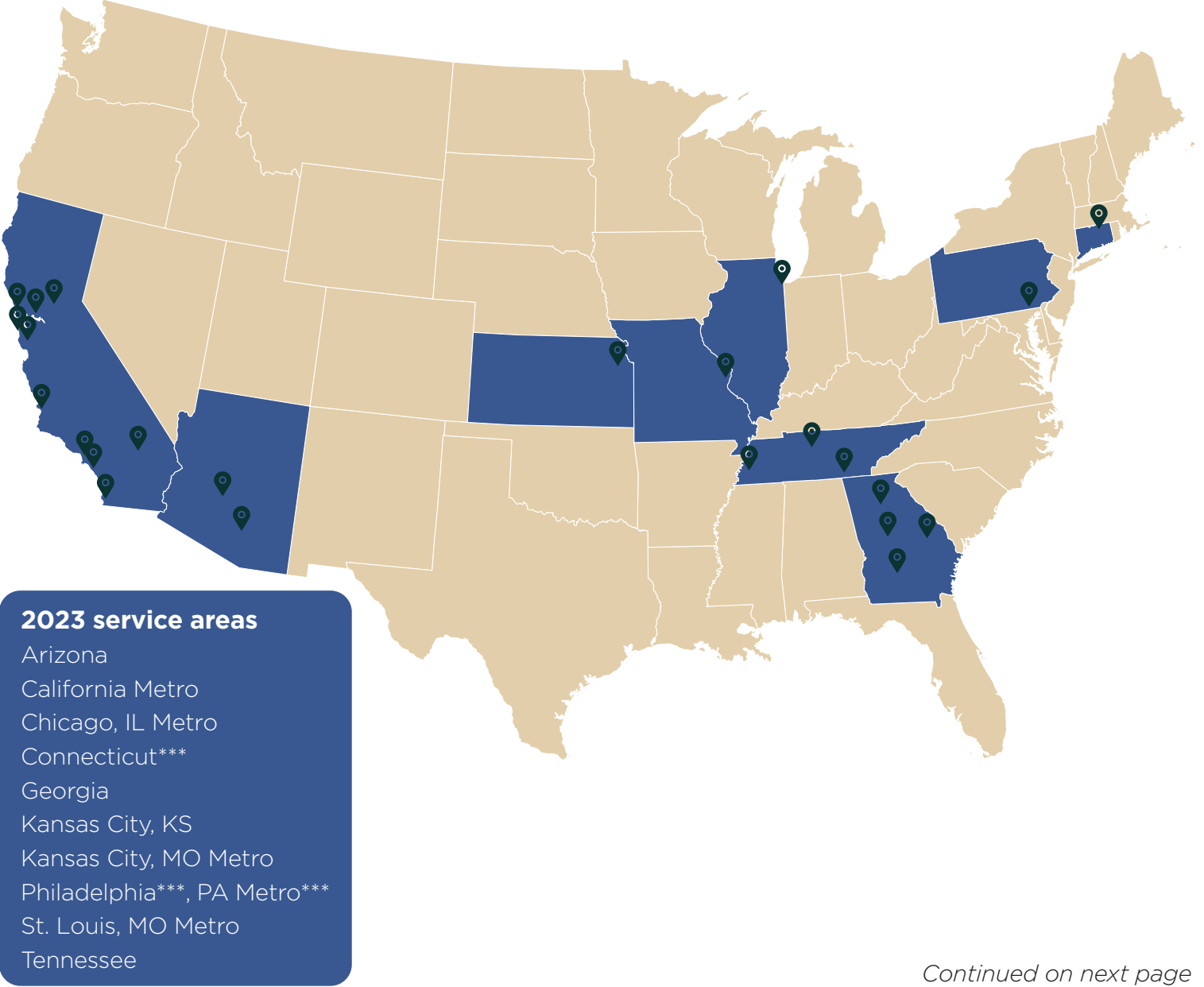
To check your network participation, visit Oscar’s online directory at CignaOscar.com/search or call Oscar Customer Service at **855.672.2789**.

More information

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

* Different name required by Arizona Department of Insurance. References to Cigna + Oscar in this article include Cigna Administered by Oscar.
 ** CignaforHCP.com > Get questions answered: Resource > Reference Guides > Medical Reference Guides > [Cigna + Oscar Supplemental Quick Reference Guide](#) OR [Cigna Administered by Oscar Supplemental Quick Reference Guide](#).
 *** Connecticut and Philadelphia, Pennsylvania plan participants will only utilize Cigna's Open Access Plus network.

Where Cigna + Oscar Health plans are offered



Continued on next page

Cigna + Oscar Health plans continued

ID cards – now contain the Cigna Network logo

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

LocalPlus sample ID cards

Cigna + Oscar

John Doe

LocalPlus Bronze \$1000
(No referral required)

Member plan information

Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022

In-network spending

Deductible	\$1000 / \$2000
Rx deductible	\$6100 / \$12200
Out-of-pocket max	\$8700 / \$17400

In-network cost before / after deductible

Oscar Virtual Urgent Care	\$0 / \$0
Primary care	\$95 / \$95
Specialist	\$150 / \$150
Urgent care	\$150 / \$150
Emergency room	100% / \$1500

Front

Member Care Team

Log in at [hioscar.com/member](#), or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2756
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

RxBIN	003858	Payer ID	OSCAR
RxPCN	A4	e-Payer ID	62308
RxGRP	CIOSCRx	Dental ID	CX083

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.

Back

Cigna Administered by Oscar

John Doe

LocalPlus Gold \$2750
(No referral required)

Member plan information

Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022

In-network spending

Deductible	\$2750 / \$6500
Out-of-pocket max	\$7500 / \$15000

In-network cost before / after deductible

Oscar Care virtual visits	\$0 / \$0
Primary care	\$0 / \$0
Specialist	\$60 / \$60
Urgent care	\$60 / \$60
Emergency room	100% / \$800

Front

Member Care Team

Log in at [cignabyoscarAZ.com](#), or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2756
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

RxBIN	003858	Payer ID	OSCAR
RxPCN	A4	e-Payer ID	62308
RxGRP	CIOSCRx	Dental ID	CX083

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

Insured by Cigna Health and Life Insurance Company. Insurance benefits administered by Oscar Management Corporation, a third party administrator. Cigna Insurance coverage contains exclusions and limitations.

Back

Open Access Plus sample ID cards

Cigna + Oscar

John Doe

Open Access Plus Bronze \$1000
(No referral required)

Member plan information

Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022

In-network spending

Deductible	\$1000 / \$2000
Rx deductible	\$6100 / \$12200
Out-of-pocket max	\$8700 / \$17400

In-network cost before / after deductible

Oscar Virtual Urgent Care	\$0 / \$0
Primary care	\$95 / \$95
Specialist	\$150 / \$150
Urgent care	\$150 / \$150
Emergency room	100% / \$1500

Front

Member Care Team

Log in at [hioscar.com/member](#), or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2756
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

RxBIN	003858	Payer ID	OSCAR
RxPCN	A4	e-Payer ID	62308
RxGRP	CIOSCRx	Dental ID	CX083

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.

Back

Cigna Administered by Oscar

John Doe

Open Access Plus Bronze \$3000
(No referral required)

Member plan information

Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022

In-network spending

Deductible	\$3000 / \$6000
Rx deductible	\$3100 / \$6200
Out-of-pocket max	\$9100 / \$18200

In-network cost before / after deductible

Oscar Care virtual visits	\$0 / \$0
Primary care	\$0 / \$0
Specialist	\$150 / \$150
Urgent care	\$150 / \$150
Emergency room	100% / \$1200

Front

Member Care Team

Log in at [cignabyoscarAZ.com](#), or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2756
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

RxBIN	003858	Payer ID	OSCAR
RxPCN	A4	e-Payer ID	62308
RxGRP	CIOSCRx	Dental ID	CX083

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

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Back



CIGNA SPECIALTY CARE OPTIONS PROGRAMS DRUG LIST EXPANSION

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

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

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

SCO and SCO+ drug list expansion

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

SCO INJECTABLES		
Brand name	Generic name	Site of care addition date
Tzield™	teplizumab-mzwv	December 21, 2022
Briumvi	ublituximab-xiiy	January 24, 2023
Sunlenca®	lenacapavir sodium	January 24, 2023
Lutrate Depot	leuprolide acetate for depot suspension (7.5 mg)	January 24, 2023
Leqembi	lecanemab-irmb	February 21, 2023

SCO+ INJECTABLES		
Brand name	Generic name	Site of care addition date
Stimufend®	pegfilgrastim-fpgk	January 24, 2023
Lutrate Depot	leuprolide acetate for depot suspension (7.5 mg)	January 24, 2023



SCO and SCO+ drug list

To access the SCO and SCO+ drug list, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reimbursement and Payment Policies > Precertification Policies > Specialty Care Options and Specialty Care Options Plus Drug List. We recommend you review this list frequently, as it is subject to change. Specialty medical injectables may be added upon U.S. Food & Drug Administration approval.



PULMONARY HYPERTENSION PRESCRIBERS GIVE ACCREDO HIGH MARKS

Accredo, a Cigna specialty pharmacy, serves patients with chronic, complex conditions that require high-cost, high-touch specialty medications. In addition to fulfilling and administering treatments, Accredo provides care services to help ensure patient safety and effective treatment.

Pulmonary hypertension prescribers rank Accredo highest among specialty pharmacies

In a recent survey of pulmonary hypertension prescribers, Accredo ranked highest among specialty pharmacies.*

- › On a ranked scale of one to five, where five denotes “excellent,” **72 percent** of prescribers rated Accredo’s communication at either a four or a five.*
- › **82 percent** of prescribers rated Accredo staff’s knowledge of pulmonary hypertension and related information at either a four or a five.*
- › **78 percent** of prescribers ranked Accredo as the top specialty pharmacy in terms of prescription processing.*

To learn more, read “The Importance of a Robust Clinical Model for Specialty Care.” Visit the Evernorth website ([Evernorth.com](https://www.evernorth.com)) > News and Insights > Insights Overview > [The Importance of a Robust Clinical Model for Specialty Care](#).

What prescribers can expect from Accredo

Accredo provides prescribers and their offices the tools, resources, and teams to ensure their patients have seamless access to quality care, while simultaneously minimizing the administrative burden and opening lines of communication to expedite the referral process.

On the dedicated prescriber website [MyAccredoPatients.com](https://myaccredopatients.com), prescribers can:

- › Verify the status of a new patient referral.
- › Check benefits in real time.
- › Check the status of prescriptions and prior authorization requests.
- › View pending items that require action.

In addition, providers have many options to submit a referral for a new specialty drug prescription to Accredo. For more information, visit the Accredo website ([Accredo.com](https://www.accredo.com)) > Prescribers > [Manage Referrals](#).

If you have questions about this or other specialty pharmacy information, please visit [Accredo.com](https://www.accredo.com) or call the Accredo Physician Service Center at 844.516.3319.



* Lesley D’Albini, PharmD. “The Importance of a Robust Clinical Model for Specialty Care.” Evernorth. 22 December 2022. Retrieved from <https://www.evernorth.com/articles/the-importance-of-a-robust-clinical-model-for-specialty-care>.



SPECIALTY MEDICAL INJECTABLES WITH REIMBURSEMENT RESTRICTION

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

The reimbursement restriction:

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

Specialty Medical Injectables with Reimbursement Restriction list expansion

We recently expanded the Specialty Medical Injectables with Reimbursement Restriction list to include the specialty medical injectables listed below.*

NAME	DATE ADDED
ELAHERE™ (mirvetuximab-soravtansine-gynx)	December 28, 2022
TZIELD™ (teplizumab-mzwv)	December 28, 2022

Additional information

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

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



2023 CIGNA MEDICARE ADVANTAGE PLAN HIGHLIGHTS

In 2023, Cigna Medicare Advantage has an expanded geographic presence, along with new features and enhanced benefits. This is great news for both providers and your patients.

Expanded footprint

Our plans are now offered in 581 counties within 28 states, increasing the Cigna Medicare Advantage footprint by 22 percent compared with last year. The provider network has also doubled over the past two years, with the number of specialists increasing significantly.

Building our specialty provider network

Our focus on building a robust network of specialists continues to be a priority in 2023. We want to ensure a full continuum of care is available for your patients, and give you the opportunity to see more patients (depending on your contracted status) and grow your practice.

Continued on next page



2023 Cigna Medicare Advantage plan highlights *continued*

Enhanced benefits for your patients in 2023

- At least one Medicare Advantage plan **with a \$0 premium** is available in every county in the U.S.
- Available with all of our Medicare Advantage plans, the **Cigna Healthy Today™ card** gives your patients with this coverage easy, convenient access to healthy incentives and rewards, as well as other supplemental benefits. The card is preloaded with funds for each benefit, which can vary by location and plan, and may include allowances for:
 - Over-the-counter health-related items.
 - Groceries.
 - Utilities.
 - Pet care.
 - Fitness supplies.
 - Cost-sharing reductions to help pay for dental, vision, and/or hearing services that begin after patients have used their available plan benefits.

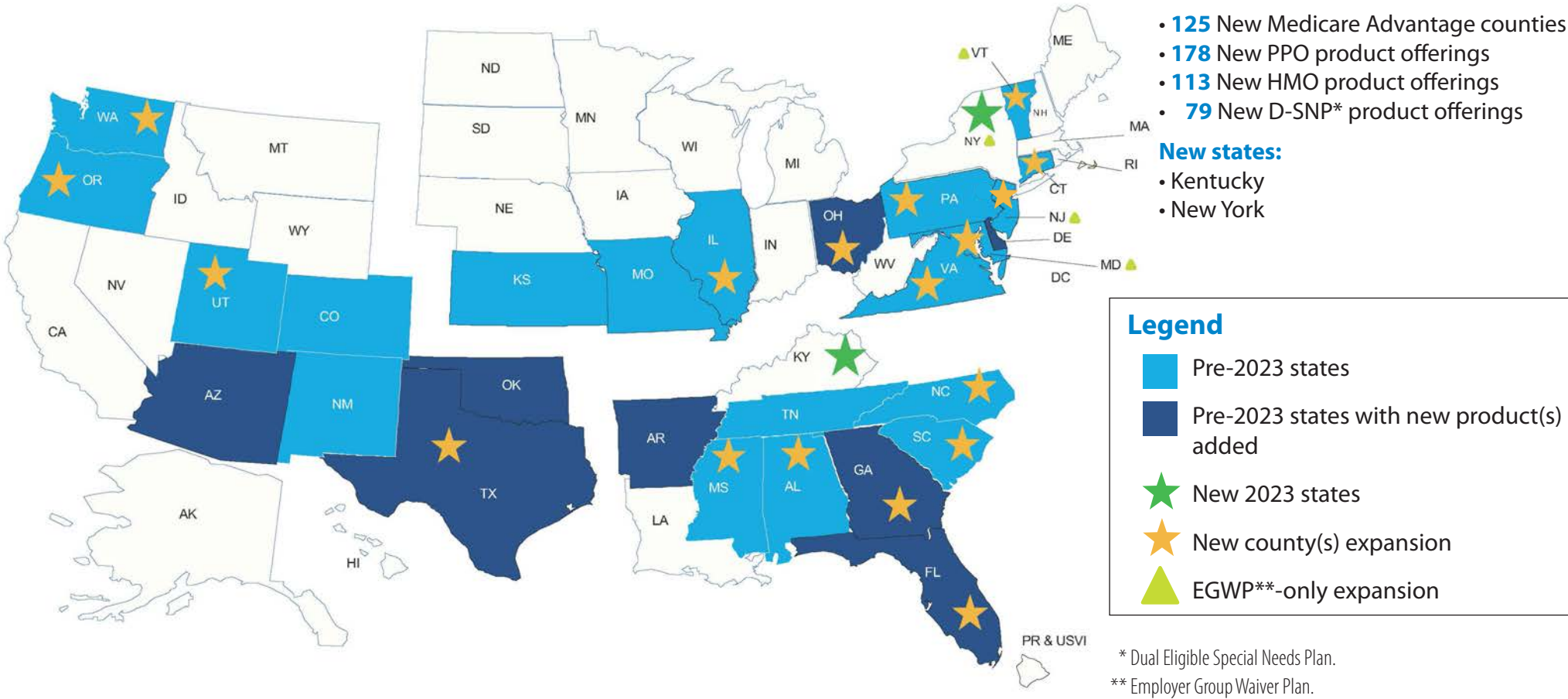
Patients can access these benefits and more, as well as earn additional incentives or reward dollars by completing their yearly check-up.

Supplemental benefits your patients may be eligible to receive include:

- **Enhanced dental coverage with an increased annual maximum** of up to \$20,000 and a \$0 dental HMO copayment; discount for using a Cigna Dental network provider.
- **Enhanced hearing and vision coverage** for exams, services, and fittings.
- **Transportation benefit** for nonemergency trips to approved health-related locations.
- **Home-delivered meals** after a hospital stay.

Patients can learn more by visiting [Cigna.com](https://www.cigna.com) > For Medicare > Member Resources. They can also manage their Cigna Healthy Today benefits by logging in to [CignaHealthyToday.com](https://www.CignaHealthyToday.com).

Cigna Medicare Advantage: 2023 expansion



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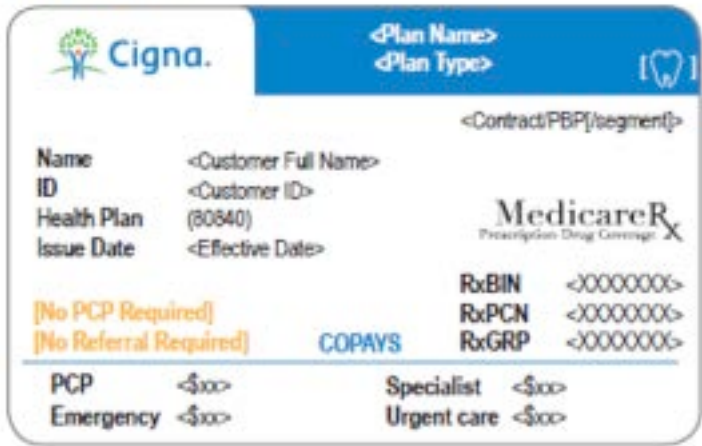


2023 Cigna Medicare Advantage plan highlights *continued*

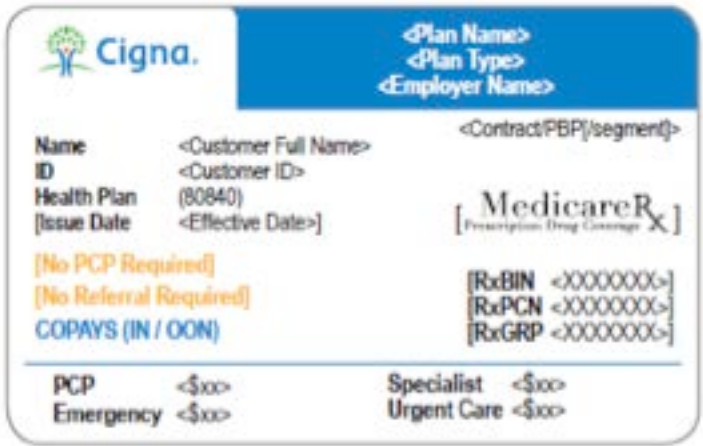
2023 ID cards

You can identify your patients who have Cigna Medicare Advantage plans by their ID card. Sample ID cards are shown below. Your patients with Cigna Medicare Advantage coverage can access a digital ID card, if preferred, on [myCigna.com](#).

Individual



Employer Group



CIGNA MEDICARE ADVANTAGE WEB PAGE FOR PROVIDERS

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

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

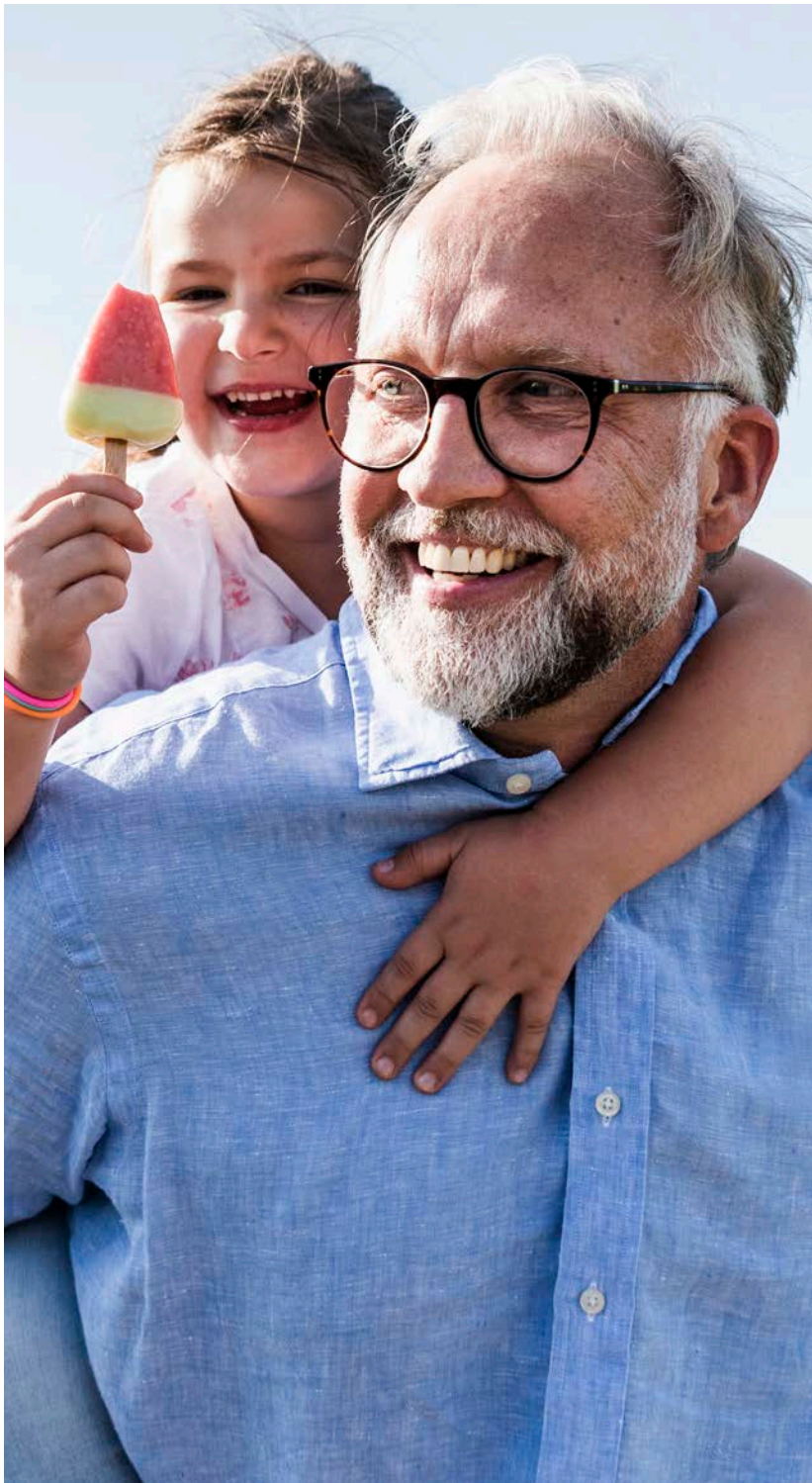
Read *Network Insider* for more Cigna Medicare Advantage news

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

Go to [MedicareProviders.Cigna.com](#) > Provider Resources > [Network Insider Medicare Provider Newsletter](#).



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



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



PRACTICE TRANSFORMATION OPPORTUNITIES

Improve your patients' experience with Cigna's support

Patient feedback is at the core of any successful practice. To help capitalize on steps you're already taking to improve patient satisfaction, we now offer two new no-cost opportunities:

- › Post-visit survey
- › Process Improvement Training program

These resources provide *direct feedback to your practice*. They also serve as a checkpoint to help identify opportunities to enhance your practice and improve your patients' experience prior to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey (this began in March), and the Health Outcomes Survey (HOS), which begins later in the year.

CAHPS survey and HOS results make up 40 percent of annual Star ratings, with patient experience continuing to figure prominently in new Star measures. Star ratings reflect the quality of care a health plan and their provider partners deliver.

Post-visit survey

Cigna has partnered with Press Ganey, a leading health care survey company, to capture and share directly with you meaningful data throughout the year about your patients' experiences.

A good patient experience offers your practice:

- › Better clinical outcomes.
- › Patient retention.
- › Opportunity for new referrals.

How it works

Post-visit surveys are triggered by claims for primary care doctor visits – either routine care or sick care visits – by patients with Cigna Medicare Advantage coverage. Patients identified from these claims will receive the survey via email or mail.*

The post-visit survey covers topics such as:

- › Getting needed care.
- › Getting care quickly.
- › Care coordination.
- › Provider communication.
- › Quality of patient care.

The post-visit survey can be a reliable indicator of your practice's potential score on the CAHPS survey that follows, and it can serve as a valuable preview of what your patients are saying about their care experience with your practice. CAHPS survey responses can ultimately impact your practice; therefore, it's important to encourage your patients to complete the survey if they are chosen to participate.



Partnership for Quality program impact

The post-visit survey also supports the patient experience incentives included in the 2023 Partnership for Quality (P4Q) program. This is a voluntary program that rewards primary care providers for high-quality care, service, and outcomes for patients with Cigna Medicare Advantage plans, and it allows provider groups to earn quality incentives based on Star-related satisfaction measures.

Process Improvement Training program

This program was originally piloted in 2019 by CareAllies®, a Cigna company, in Texas. In 2022, it evolved to become an enterprise-wide partnership

between Cigna and CareAllies, providing boots-on-the-ground support to help providers and their practices align resources to maximize practice enhancement opportunities.

How it works

The Cigna Process Improvement Training team evaluates a participating provider's practice based on the post-visit survey patient data. After the evaluation is complete, a customized plan is developed to address specific care gaps for practice enhancements. The team follows up with the participating practice throughout the year and provides real-time performance monitoring with the post-visit survey. *See the next page for an example of the program's effectiveness.*

* All customers who have an email address on file will be emailed a digital survey. All other customers will be randomly selected to be mailed a paper survey; up to 450,000 paper surveys per year may be mailed.

Continued on next page



Practice transformation opportunities *continued*

Cigna provides free resources to help your practice close identified care gaps, including:

- **“Call Us First” campaign kit** – offers patient scripts and process maps to help improve patient wait times
- **Nonemergency pre-visit and triage checklists** (for frontline staff) – includes scripting and messaging tactics for directing patients more efficiently
- **Patient education kit** – includes practice educational posters, flyers, brochures, and conversation starters around CAHPS and HOS topics; available at the Cigna Medicare Advantage Providers website ([MedicareProviders.Cigna.com](https://www.cigna.com/providers/medicare-advantage/providers)) > **Provider Education** > STARS Education
- **CAHPS practice kit** – offers best practices from reputable health care resources, including Press Ganey, Centers for Medicare & Medicaid Services, the American Medical Association, and the Agency for Healthcare Research and Quality
- **Continuing medical education-accredited communications trainings** – coming soon!

More information

If you have questions about the post-visit survey, Process Improvement Training program, or P4Q program, or to place an order for any of the above materials, contact your Network Operations Representative or Provider Engagement team member. You can also find training materials and checklists on [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

YOUR PATIENTS MAY ASK ...

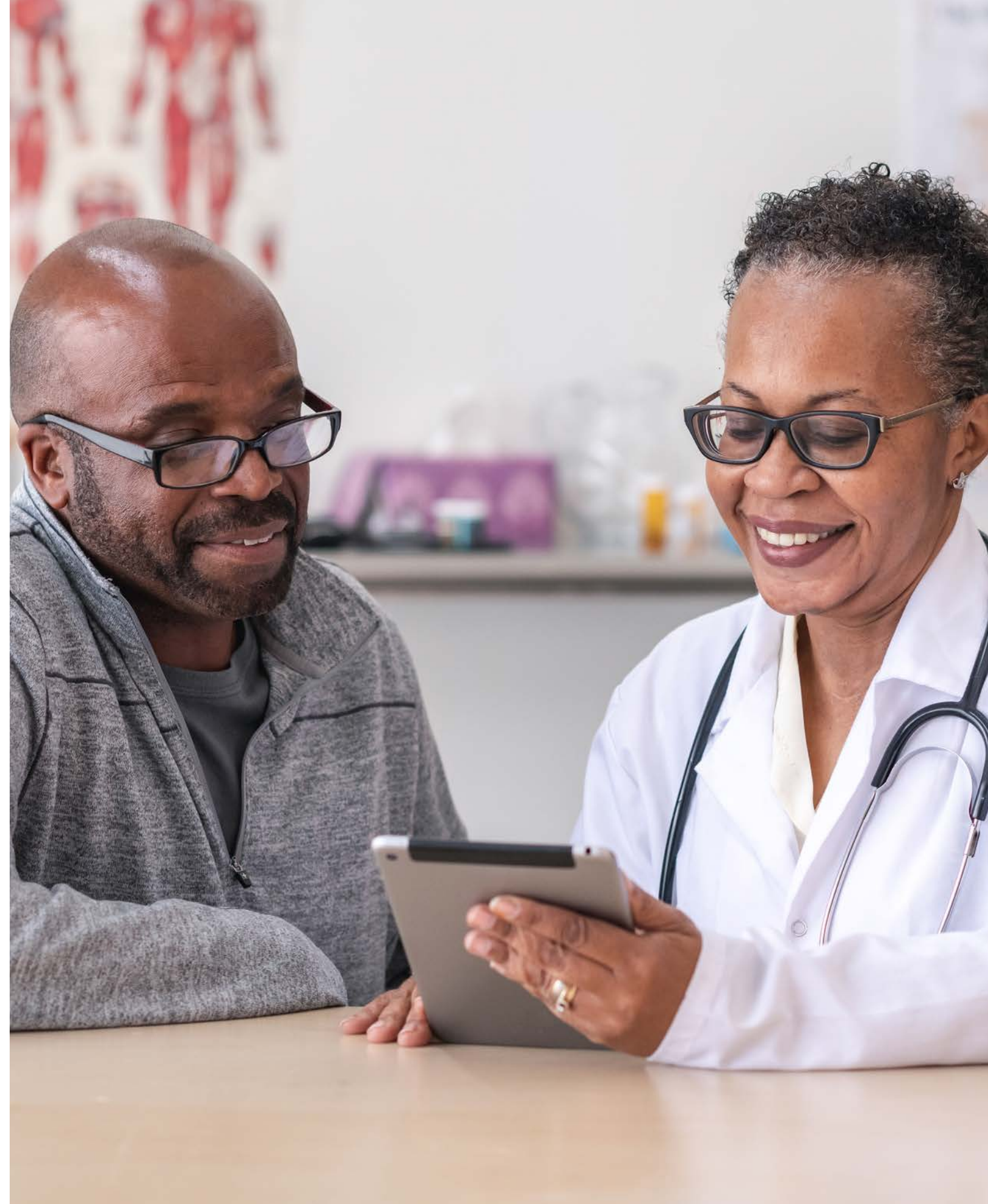
This quarter, your patients with Medicare Advantage coverage will receive materials designed to promote patient-provider communication, including a **Passport to Health**, which lets patients log and track recommended preventive screenings throughout the year. They're encouraged to bring the Passport to each office visit to guide conversations with their providers.

Remind your patients about incentives they can earn from Cigna for healthy behaviors. Patients can learn more at myCigna.com or request a Passport to Health booklet by calling Cigna Medicare Advantage Customer Service at **800.668.3813** or text telephone (TTY) 711.

PROCESS IMPROVEMENT TRAINING IN ACTION

Practice improves patient experiences, health outcomes

CareAllies worked with a busy primary care practice in Texas to support their goal of reducing plan all-cause readmissions (PCR) by an average of 2.5 percent. The practice identified this goal in an effort to reduce patient mortality and improve health care affordability. The Cigna Process Improvement Training team adjusted several processes and, in less than a year, helped the practice lower its PCR rate by at least 10 percent – far exceeding the original goal. And, in the process, the practice was able to stabilize PCR results with less variation.



MEET YOUR MEDICARE ADVANTAGE MARKET MEDICAL EXECUTIVES

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

Their clinical expertise can help you to:

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

Contact your Medicare Advantage Market Medical Executive to:

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

- › Ask questions about your specific practice and utilization patterns.
- › Report or request assistance with a quality concern involving your patients who have Cigna Medicare Advantage coverage.
- › Request or discuss recommendations for improvements to our health advocacy, affordability, or cost-transparency programs.
- › Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within networks.
- › Identify opportunities to enroll your patients in Cigna health advocacy programs.



Cigna Medicare Advantage Market Medical Executives

NORTHEAST REGION

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

SOUTHEAST REGION

Pete Powell, MD, Regional Medical Executive		James.Powell@Cigna.com
Bob Coxe, MD	GA, NC, SC	David.Coxe@Cigna.com
Sam Eisa, MD (interim)	AL, Northwest FL, MS	Osama.Eisa@Cigna.com
Nelson Mangione, MD	AR, TN	Nelson.Mangione@Cigna.com
Eric Wurst, MD	FL	Eric.Wurst@Cigna.com

WEST REGION

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



NEW CANCER/ONCOLOGY BEHAVIORAL HEALTH SPECIALTY DESIGNATION

When your patients are diagnosed with or living with cancer, it can cause them significant psychological stress. That can have a negative effect on their health outcomes. However, there is encouraging news: It has been shown that mental health treatment in tandem with oncology treatment can actually help improve cancer survival.* ([Read more.](#))

That’s why Evernorth Behavioral Health (Evernorth) recently created a cancer/oncology behavioral health specialty designation. The goal is to help simplify and improve customers’ access to network-participating oncology behavioral health providers who have additional training on the specific needs of people with cancer, empowering them to achieve their best health care outcomes.

Evernorth’s new oncology-specific behavioral health network

To support the new specialty designation, Evernorth is creating an oncology-specific behavioral health provider network, powered by its partnership with the American Psychosocial Oncology Society (APOS).

How behavioral health providers can earn the designation

More than 261,000 Evernorth network-participating behavioral providers have the opportunity to obtain the cancer/oncology behavioral health specialty designation via the APOS [Psychosocial Oncology Virtual Academy](#). *Other qualifying behavioral clinicians in medical office settings can also complete the [training](#).*

The 15-session online course provides knowledge and skills for supporting people with cancer and their families. The estimated total completion time for this self-paced, on-demand course is 30 hours. APOS will offer a free one-year membership to non-members after they complete the course.

Coming soon

In the future, Evernorth network-participating behavioral providers with the cancer/oncology behavioral health specialty designation will be identified in the Evernorth provider directory.

In addition, APOS plans to introduce a similar virtual cancer/oncology designation for medical providers.



Meet Dr. Chalice C. Rhodes

The first designee of the [APOS Psychosocial Oncology Virtual Academy](#)

Dr. Chalice C. Rhodes, an Evernorth Behavioral Health-participating provider, recently completed the [APOS Psychosocial Oncology Virtual Academy](#). She received oncology-specific behavioral health training to better support her patients with cancer and grow her practice’s oncology telehealth groups. “This designation is near and dear to my heart. I was diagnosed with non-invasive breast cancer in September 2022 and had a subsequent lumpectomy. I completed my radiation treatment in December. My own health experiences combined with my profession as a Psychological Cancer/Oncology Behavioral Health Specialist and designation from the APOS have increased my knowledge and sensitivity to help provide competent and effective care to individuals surviving cancer.”

*“Coupling Cancer Diagnosis and Treatment with Behavioral Health Care Can Improve Health Outcomes for Oncology Patients.” Evernorth Health Services. 17 November 2022. Retrieved from <https://www.Evernorth.com/articles/coupling-cancer-diagnosis-and-treatment-behavioral-health-care-can-improve-health-outcomes>.



ENHANCED ADVANCED CELLULAR THERAPY BENEFIT ROLLOUT

On April 1, 2023, we began to roll out an enhanced advanced cellular therapy benefit for customers with Cigna commercial medical plans. With this new offering, advanced cellular therapy is now a separate, unique benefit designed to more effectively meet customers’ needs.*

Features include:

- ▶ Quality care and cost savings resulting from care delivery by specially contracted providers in the Cigna LifeSOURCE Transplant Network®.**
- ▶ Access to additional advanced cellular therapy drugs and facilities.
- ▶ Facilitation of the prior authorization process.
- ▶ A dedicated advanced cellular therapy case management team that provides customer guidance, support, and education about the disease being treated and the related therapy, along with access to additional resources and follow-up calls after the treatment.
- ▶ Travel assistance for customers traveling more than 60 miles from their primary residence to a contracted provider when medical necessity criteria are met.

What this means to providers

Because of the complexities and therapeutic nuances of advanced cellular therapies, each therapy requires a customized management approach. Therefore, Cigna contracts with selected providers for advanced cellular therapy products approved by the U.S. Food & Drug Administration (FDA). Advanced cellular therapy and related services will be covered when medically necessary and rendered by Cigna LifeSOURCE Transplant Network® providers who are contracted for the specific advanced cellular therapy product needed by a customer.**

About advanced cellular therapy

Advanced cellular therapy uses intact, live cells (many times immune system cells) that are more than minimally manipulated ex vivo to treat disease (usually cancer). The cells may originate from the patient (autologous cells) or a donor (allogeneic cells).



Chimeric antigen receptor (CAR) T-cell therapy, perhaps the best known example of advanced cellular therapy, uses a genetic construct processed ex vivo that redirects a patient’s T cells to recognize and kill specific cancer cells.

Cellular therapies include hematopoietic stem cell transplantation and mesenchymal stem cell transplantation. Both advanced cellular therapies and cellular therapies will continue to be contracted and managed under the Cigna LifeSOURCE Transplant Network.

List of participating providers

To view the complete list of participating providers for advanced cellular therapies, go to the Cigna LifeSOURCE Transplant Network website ([CignaLifeSOURCE.com](https://cignalifesource.com)) > Patients & Families > Our Transplant Network > **Cigna LifeSOURCE Advanced Cellular Therapy Programs.**

For additional information

Access the national version of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care providers by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://cignaforhcp.com)) > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides. Choose the state or region and click Open Guide. Navigate to “All Other Administrative Guidelines” (second to last page), and select “Click here.”***

If you have questions about the advanced cellular therapy benefit, contact your Cigna Contracting Representative.

* Cigna covers advanced cellular therapies for eligible customers when medical necessity requirements are met. A customer’s benefit plan will determine coverage of these therapies and may limit coverage to a select group of contracted providers or programs. The enhanced advanced cellular therapy benefit will become effective on: April 1, 2023, for administrative services only (ASO) plans that renew on April 1; the 2023 renewal date for ASO plans that renew April 2–December 31; the 2024 renewal date for ASO plans that renew January 1–March 31, and; the 2024 renewal dates for fully insured plans (subject to state regulatory approvals).

** Cigna will only reimburse claims for advanced cellular therapy products and related services rendered by Cigna LifeSOURCE Transplant Network–participating providers contracted for that specific product. All others will be denied unless a single-case agreement has been secured.

*** Providers in the following states can navigate directly to the “Gene and Advanced Cellular Therapy” section of their state-specific guide: Alabama, Alaska, Arkansas, Georgia, Hawaii, Idaho, Iowa, Kentucky, Minnesota, Mississippi, Montana, Nebraska, North Dakota, South Dakota, and Wyoming.



CIGNA GENE THERAPY PROGRAM UPDATES

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

New gene therapies

On December 16, 2022, the FDA approved Adstiladrin® (nadofaragene firadenovec-vncg), from Ferring Pharmaceuticals. Adstiladrin is the first gene therapy approved for the treatment of adult patients with high-risk Bacillus Calmette-Guérin (BCG)–unresponsive non-muscle-invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors. Adstiladrin is projected to be available in the second half of 2023.

The Gene Therapy Program will have participating providers aligned to deliver the full spectrum of care required for this new product.

List of participating providers

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

Additional information

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

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

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



NATIONAL INJECTABLE AND IMMUNIZATION FEE SCHEDULE (NIIFS) QUARTERLY UPDATE

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

The 2023 second quarter NIIFS has been updated and will become effective on May 1, 2023.

For additional information

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



TIPS TO PREVENT BALANCE BILLING

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

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

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



APPEALS REMINDERS

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.

Provider appeal submission methods

You may request an appeal online via the Cigna for Health Care Professionals website (CignaforHCP.com), the **Request for Health Care Professional Payment Review** form, or an appeal letter. To help ensure your appeal will receive a full and thorough review, it is important that you submit complete information.

- › **CignaforHCP.com** (recommended). Registered users of CignaforHCP.com who are able to view claims on the website and have access to the “Reconsideration” entitlement can submit appeal requests online. For more information, refer to the Online Claims Reconsideration **video tutorial** and **step-by-step guide**.**

› 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 > For Providers > Coverage and Claims > Appeals and Disputes > Why submit an Appeal: **through a written request**.

- › **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.

When submitting appeals via fax or mail

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 > For Providers > Coverage and Claims > **Appeals and Disputes**.

* Processes may vary due to state mandates or contract provisions.
** CignaforHCP.com > Get Questions Answered: Resource > [Medical Education and Training](#).

Continued on next page



Appeals reminders *continued*

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.

Customer appeal submission methods

You may submit an appeal on behalf of a customer online via [CignaforHCP.com](#), 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 form > [Medical Forms](#) > Medical Appeal Request.

Registered users of [CignaforHCP.com](#) who can view claims on the website and have access to the “Reconsideration” entitlement can submit appeal requests online. For more information, refer to the Online Claims Reconsideration [video tutorial](#) and [step-by-step guide](#).** Be sure to include a copy of the Customer Appeal Request [form](#).

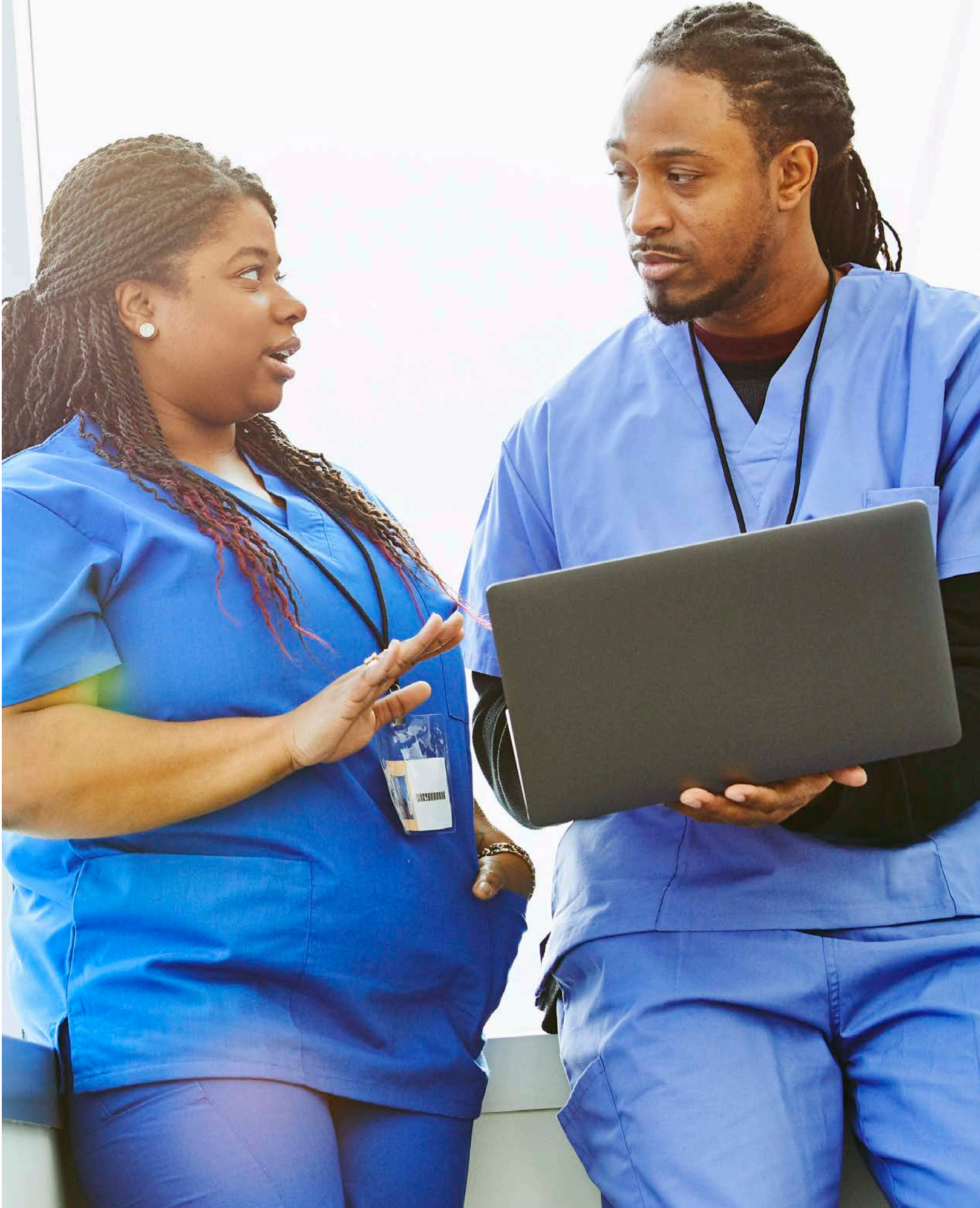
Expedited appeals

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 may result in 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. Expedited appeals cannot be submitted online via [CignaforHCP.com](#).



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



CIGNA RESOURCES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Today most providers recognize the importance of screening for social determinants of health (SDOH). Yet, there are still challenges, such as limited time, inadequate staffing, and lack of community resources – and how to access resources that are available.

Cigna has developed the following resources that are designed specifically to help meet these challenges.

Digital guide: Addressing SDOH Within Your Practice

This [guide](#) includes important information about:

- › SDOH screening tools and how to screen for unmet social needs.
- › How to discuss a positive screen.
- › Best practices for referring patients to community resources.

The guide includes sample scripts, links to existing validated screening tools, nationally available community resources, and more.

Training: Addressing Health Inequities

Learn about the impact of health inequities on patient outcomes and how you can address socioeconomic barriers. You may receive one American Medical Association Physician’s Recognition Award (AMA PRA) Category 1 Credit™ upon completion of the [course](#).

Cigna Community Find Help website

This easy-to-use [website](#) was designed for you and your patients to quickly access resources in the local community. Check it out to become familiar with the search features. When you share it with patients, you’ll be able to reassure them that the website is easy to access and use.

To access the website:

- › Go to <https://CignaCommunity.findhelp.com>.
- › Enter a ZIP code; click Search.
- › Select from the following categories: Food, Housing, Goods, Transit, Health, Money, Care, Education, Work, and Legal.
- › Select from the drop-down menu for that category.
- › Click the Personal Filters tab, Program Filters tab, or Income Eligibility tab to narrow your search further.

Your patients can contact the resources directly using the contact information shown or you can electronically send patient referrals directly from the website to the selected resource.

Instructional flyer

We encourage you to share this [flyer](#) with your patients. It contains instructions in both English and Spanish and links to a short overview [video](#).



National community resource list

This [list](#) contains nationally available resources, descriptions of the help each resource offers, and contact information.

Article: Using Z codes to document SDOH

Read this [article](#) to learn about the importance of using Z codes to document unmet social needs and how this can help your practice and your patients. For example, after documenting Z codes, you may find that food security is a top unmet need. You can then take steps to find a resource, such as a local food bank, and establish a smooth referral process to help your patients meet this need.

Note that since this article was published, additional Z codes have been released effective April 1, 2023. To learn more, go to the Centers for Medicare & Medicaid Services website (CMS.gov) > Medicare > ICD-10 > [2023 ICD-10-CM](#).

External resources

Listed below are a few external resources that you may also find helpful.

- › **CME training – Health Equity: Leading the Change.** You can earn up to 6.5 continuing medical education (CME) credits when you complete the five sessions that are included with this [training](#). The training is offered at no charge through the American Academy of Family Physicians.
- › **Flyer – CMS health equity resources.** This CMS [flyer](#) provides links to resources that can help address numerous health equity challenges.
- › **Report – The Physicians Foundation 2022 Physician Survey: Part 1.** This [report](#) examines the current impact of SDOH on physician practices and the well-being of physicians and their patients, along with possible solutions.



LANGUAGE ASSISTANCE SERVICES OVERVIEW FLYER AVAILABLE

A new flyer is available to providers and their staff about Cigna language assistance services, the discounted rates available for these services, and information on federal and state-specific laws. Cigna has contracted with professional language assistance service vendors to offer discounted rates to network-participating providers for their patients with limited English proficiency (LEP) who have Cigna-administered plans.

Depending on the service, discounted rates of up to 50 percent are available for the following:

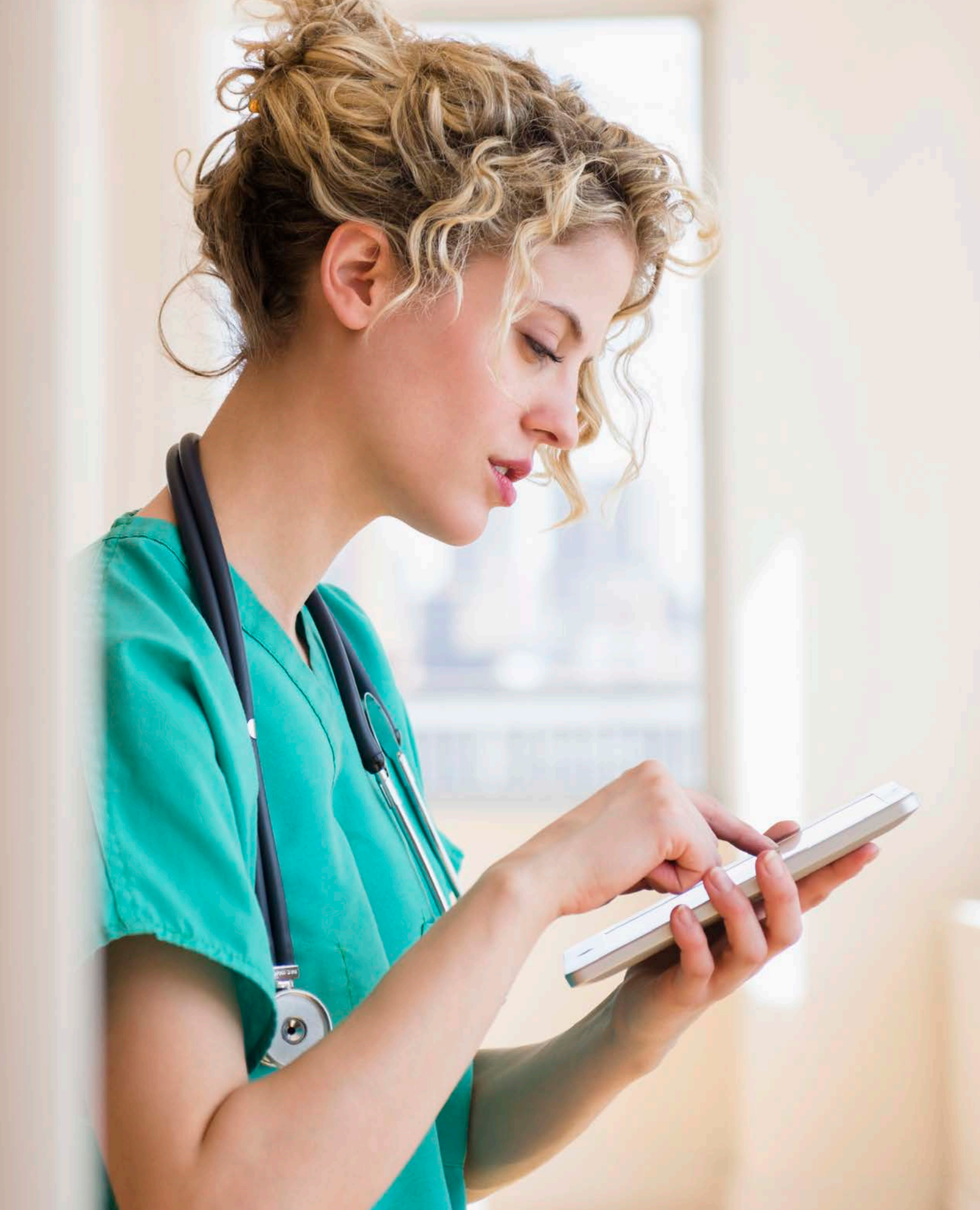
- › Telephonic interpretation
- › Face-to-face (in-person) interpretation
- › Video remote interpretation services
- › Written translation
- › Bilingual proficiency testing
- › American Sign Language

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.

You can access the flyer [here](#)* for information on the 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.

* Visit [Cigna.com](#) > For Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services > Additional information > [Language Assistance Services flyer \[PDF\]](#).
** Visit [Cigna.com](#) > For Providers > Provider Resources > Cultural Competency and Health Equity > [Language Assistance Services](#).



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 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.
- › Captioning.
- › Video remote interpretation 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 a customer’s preferred spoken language.
- › Access to bilingual staff who have passed an oral proficiency assessment administered by a professional vendor and can 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.

- › Nondiscrimination notices and taglines, which are available on [Cigna.com](#) and [myCigna.com](#), that inform customers about the availability of free language assistance services, nondiscrimination rights, and how to file a complaint. **Note:** *Some states and Individual & Family Plans require the notice and taglines to be included with customer mailings of significant documents.*

Special note: Compliance with California and New Mexico laws

In California and New Mexico only, state laws require health plans, such as Cigna, to provide language assistance services free of charge to eligible individuals who participate in their plans. In New Mexico only, this includes sign language interpreters. In California, the provider is responsible for covering the cost for sign language services to comply with Section 1557 and the ADA.

For more information about the California and New Mexico language assistance laws, refer to the related articles in the third quarter 2022 [Network News](#) or access the Cigna state-specific reference guides. Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides.

* 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.

PARTICIPATE IN THE 2023 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 2023 Leapfrog Hospital Survey online by going to the Leapfrog Group website (LeapfrogGroup.org) > **Survey Login and Materials** from April 1, 2023, through June 30, 2023. After that, you can still submit new surveys through November 30, 2023.

IMPORTANT DATES: 2023 LEAPFROG HOSPITAL SURVEY	
Date	Description
April 1, 2023	Hardcopy survey available for download
April 1, 2023	Online survey available
April 1–June 30, 2023	Submission period for inclusion in the first release of survey results
July 1–November 30, 2023	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 2023 Leapfrog Hospital Survey, please visit LeapfrogGroup.org > Hospital Survey and materials > **Deadlines**.



ADVERSE CHILDHOOD EXPERIENCES TRAINING FOR CALIFORNIA PROVIDERS

Understanding the toxic stress response*

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

It's important to screen for ACEs

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

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

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

Free ACEs training

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

You may receive 2.0 continuing medical education (CME) credits and 2.0 maintenance of certification (MOC) credits upon completion. For training details, visit the ACEs Aware training website (<https://training.ACEsAware.org>).

The free training is available to any provider.

* [ACEsAware.org](https://www.aceaware.org/) > ACE Fundamentals > [The Science of ACEs & Toxic Stress](#).

** For a complete list of ACE-associated physical and mental health conditions for both children and adults, and additional resources on implementing ACES into your practice, go to [ACESAware.org](https://www.acesaware.org) > Resources > Screening & Clinical Response > [ACE Screening Clinical Workflows](#), [ACEs and Toxic Stress Risk Assessment Algorithm](#), and [ACE-Associated Health Conditions: For Pediatrics and Adults](#).



How to attest to completion of the online training

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



CALIFORNIA MEDICAL GROUP AND IPA REVIEW GUIDANCE: HMO PLANS

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

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

When no precertification is required

PCP care

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

Women’s care

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

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

Emergency and urgent care

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

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

When precertification from a medical group or IPA is required

According to your group’s list of services requiring precertification, such as certain specialists or diagnostic procedures, the delegated group’s participating providers must submit precertification requests in a timely manner to their designated



utilization management department. Ideally, this occurs on the same day – or as soon as possible – following the patient’s appointment.

When review by Cigna is required

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

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

For more information

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

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

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



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.

First quarter 2023 nonparticipating specialists update

View the [list of the specialists](#) in Maryland whose participation in our network ended between January 1, 2023, and March 31, 2023. We hope this list helps you to consistently refer your patients with Cigna-administered coverage to network-participating specialists.

Reminder: These updates appear exclusively in *Network News*

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

Are you on the *Network News* distribution list?

If you are a PCP in Maryland and we have your email address, you should already be receiving *Network News* in your inbox each quarter during the last week of January, April, July, and October.

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

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



TEXAS PRIOR AUTHORIZATION EXEMPTION LEGISLATION

Texas House Bill 3459 became effective on January 1, 2022. Under this legislation, prior authorization may not be required for certain health care services if a Texas provider meets the following thresholds within a six-month evaluation period:

- ▶ The provider submitted at least five prior authorization requests for the particular health care service, and
- ▶ The payer (e.g., Cigna) has approved at least 90 percent of the prior authorization requests submitted by the provider for the particular health care service.

Cigna will periodically reassess prior authorization data and claims submissions to determine whether a provider qualifies, or continues to qualify, for exemption status for a certain health care service.

We will notify providers of their initial or continuing prior authorization exemption status, and mail letters biannually in accordance with the timeline below.

FOR AN EVALUATION PERIOD OF:	MAIL DATE
July 1 through December 31	March 1
January 1 through June 30	September 1

Any exemption status will remain in place for at least six months, and is subject to a patient’s eligibility and plan design or benefit limitations. All other codes and services not identified as exempt will continue to require prior authorization in accordance with standard requirements.

Additional information

If you have questions about Texas House Bill 3459, please email PriorAuthExemption@Cigna.com. To read frequently asked questions on this topic, go to [Cigna.com](https://www.cigna.com) > For Providers > Coverage and Claims > Prior Authorizations > **Texas Prior Authorization Exemption Legislation FAQs**.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CENTRAL EAST REGION

Christina Stasiuk, DO, Regional Medical Executive

Chip Chambers, MD	IA, KS, MO, ND, NE, SD
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Vaishali Geib, MD	DC, MD, VA
Laura M. Reich, DO	DE, OH, PA, WV
Christina Stasiuk, DO	DC, MD, VA

NORTHEAST REGION

Ronald Menzin, MD, Regional Medical Executive

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

SOUTHEAST REGION

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

SOUTHWEST REGION

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Mark Netoskie, MD, MBA, FAAP	LA, South TX
Douglas Smith, MD, MBA	UT
Frederick Watson, DO, MBA, CPE	OK, North TX

WEST REGION

Kenneth Phenow, MD, Regional Medical Executive

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

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

Reasons to call your MME

- › Ask questions and obtain general information about our clinical policies and programs.

› Ask questions about your specific practice and utilization patterns.

› Report or request assistance with a quality concern involving your patients with Cigna coverage.
- › Request or discuss recommendations for improvements to or development of our health advocacy, affordability, or cost-transparency programs.

› Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within networks.

› Identify opportunities to enroll your patients in Cigna health advocacy programs

Looking for your Cigna Medicare Advantage MME?

Find a complete list of Cigna Medicare Advantage MMEs by region, including email addresses, on [page 25](#).

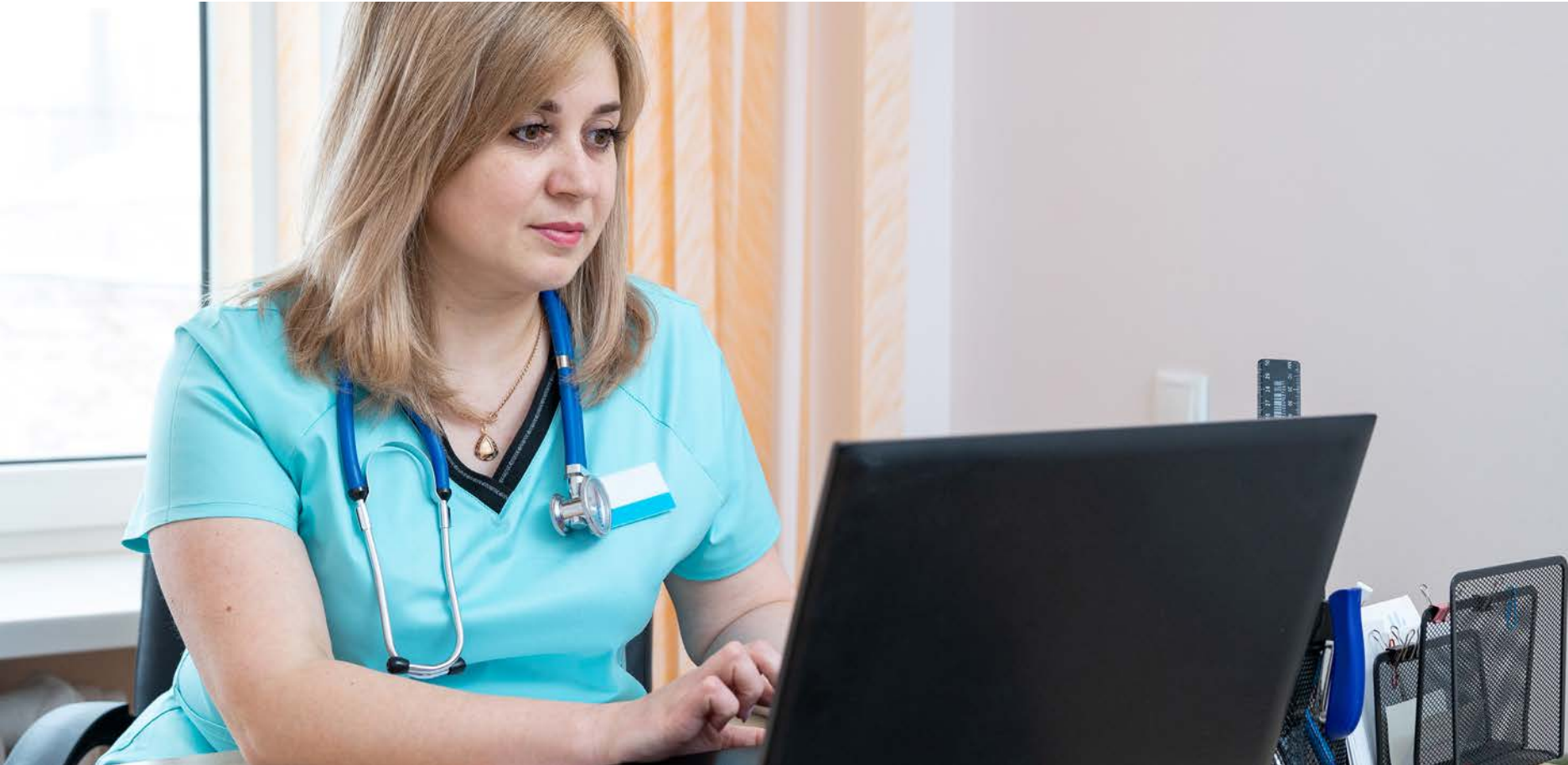


HOW TO CONTACT US

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

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

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



CIGNA REFERENCE GUIDES

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

Access the guides

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

Cigna Medicare Advantage provider manuals

If you are a Cigna Medicare Advantage network-participating provider, you can access important information about policies, procedures, and more for these plans by visiting the Cigna Medicare Advantage website for providers ([MedicareProviders.Cigna.com](#)) > Provider Manuals.

USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in our network. Not only is that helpful to them but it’s good for your relationship with Cigna, as it’s required in your contract. There are exceptions to using the network: Some are required by law, while others are approved by Cigna before you refer or treat the patient.

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

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

Referral reminder: New York and Texas

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

- [New York providers](#)
- [Texas providers](#)

For a complete list of Cigna-participating physicians and facilities, go to [Cigna.com](#) > [Find a Doctor](#). Then, select a directory.



PATIENT REVIEWS REMINDERS

As a reminder, verified patient reviews* display in providers' profiles in the [myCigna.com](#) directory. New reviews are published on an ongoing basis.

Reviews are verified

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

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

How patient reviews work

After a preventive care or routine office visit, customers may receive an email with a single question that asks about their recent health care experience. Customers are also able to leave reviews from the Claims Summary and Claims Detail pages on [myCigna.com](#). Their response (or “review”) is vetted to ensure it meets certain editorial guidelines. For example, the language cannot violate protected health information rules or contain profanity. Reviews that meet the guidelines will be published in the [myCigna.com](#) directory.

Who receives reviews?

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

How to access your reviews

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

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

QUICK GUIDE TO CIGNA ID CARDS

The *Quick Guide to Cigna ID Cards* contains samples of the most common customer ID cards for Cigna’s managed care plans, Individual & Family Plans, Medicare Advantage plans, Cigna Global Health Benefits® plans, Cigna Choice Fund® plans, Shared Administration Repricing plans, strategic alliance plans, Cigna + Oscar plans, and indemnity plans.

How to access the guide

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

What’s in the guide?

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

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

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

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



* For U.S. customers only.



URGENT CARE FOR NONEMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other, often better, options. Consider providing them with same-day appointments when it's an urgent problem. And when your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, visit [Cigna.com](#) > [Find a Doctor](#). Then, choose a directory.



VIEW DRUG BENEFIT DETAILS USING REAL-TIME BENEFIT CHECK

Real-time benefit check gives you access to patient-specific drug benefit information through your electronic medical record (EMR) or electronic health record (EHR) system during the integrated ePrescribing process. If you are a provider treating military beneficiaries, you also have access to patient-specific drug benefit information through your EMR or EHR system.

This service enables you to access drug benefit details, including:

- › Cost share.
- › Therapeutic alternatives with cost shares.
- › Coverage status (e.g., prior authorization, step therapy, quantity limits).
- › Channel options (i.e., 30- and 90-day retail; 90-day mail).

EMR or EHR system requirements

To access real-time benefit check, you must have the most current version of your vendor's EMR or EHR system, and the system must be contracted with Surescripts®. For more information and to get started, contact your EMR or EHR vendor.

TRANSFORMATIONS BEHAVIORAL HEALTH DIGITAL NEWSLETTER

Check out the latest issue of [Transformations](#), our digital newsletter for providers who offer behavioral health services to Cigna customers. Whether you want to stay informed about behavioral health services and specialties that may be available to your patients or want to learn more about resources to support the mind-body connection, you'll find what you're looking for here.



CAREALLIES EDUCATION SERIES

CareAllies®, a Cigna business, continues to help increase your value-based care knowledge through **Valuable Insights**, a free online education series. This series enables you to:

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

To obtain access to Valuable Insights, including past resources and notifications when new resources are posted, visit the **Valuable Insights registration page**. If you have questions, email info@CareAllies.com.



* American Medical Association Physician's Recognition Award.
** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Illinois Academy of Family Physicians and CareAllies.



CULTURAL RESOURCES YOU CAN USE

If you serve a culturally diverse patient population, check out the **Cigna Cultural Competency and Health Equity Resources** web page.¹ It contains many resources to help Cigna-contracted providers and their staff enhance interactions with these patients. Some are listed below.

Health disparities resources

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

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

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

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

Tool kit: Gender-inclusive language guidelines

This one-page **tool kit** shares concrete examples of gender-inclusive language, an important aspect of delivering culturally responsive care in alignment with CLAS Standards.³ It will also help you to be compliant with Section 1557 of the Affordable Care Act (ACA).

Cultural competency training

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

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

Language assistance services⁴

Obtain discounted rates of up to 50 percent for **language assistance services** – such as telephonic and face-to-face interpretations, as well as written translations – for eligible patients with Cigna coverage. Your office works directly with professional language assistance vendors, with whom we've negotiated these savings, to schedule and pay for services.

California Language Assistance Program

Providers in California may access the **California Language Assistance Program for Providers and Staff**. The training includes education on California Language Assistance Program regulations, provider responsibilities, how to access language services for your patients with Cigna coverage, and more.

CultureVision

As a practitioner, it's impossible to know everything about every cultural community you serve. However, learning what to ask may increase the likelihood that you will obtain the information you need – and enhance rapport and adherence. Gain these insights through CultureVison™, which contains culturally relevant patient care for more than 60 cultural communities.

NEW SOUTH ASIAN CULTURAL COMPETENCY RESOURCES

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

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

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

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



RECREREDENTIALING WITH CIGNA

As part of our quality assurance program and in compliance with applicable state laws, we require all physicians participating in a Cigna network to complete our recredentialing process. This is required once every three years, or more often if required by state law, and upon notice or receipt of any disciplinary action.

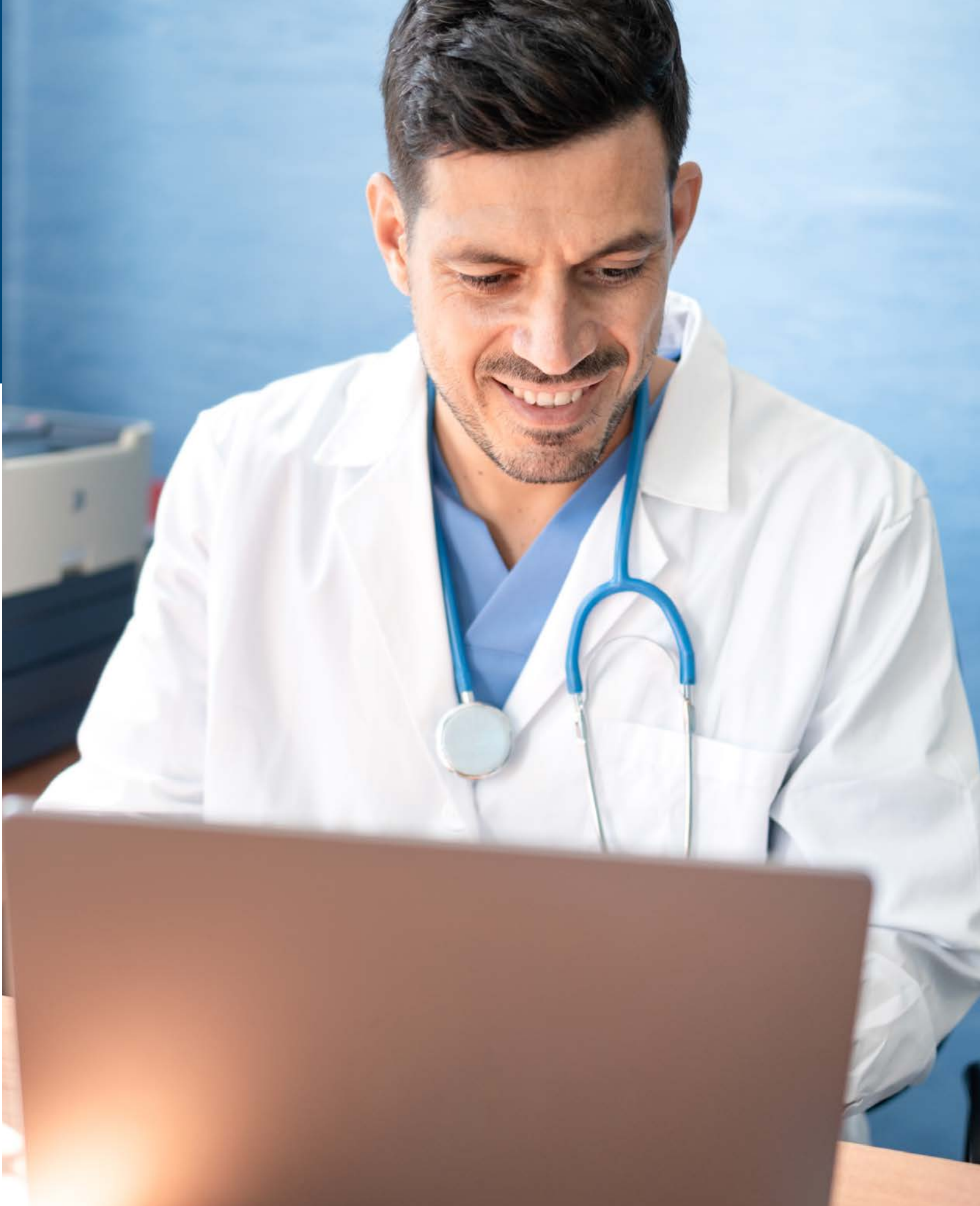
If you did not apply for credentialing through the Council for Affordable Quality Healthcare (CAQH®) Universal Provider Datasource®, you will receive a recredentialing letter approximately six months before your recredentialing date. It will direct you to complete the CAQH Universal Provider Datasource credentialing form. You can complete the form by:

- ▶ Visiting the CAQH ProView® website (<http://ProView.CAQH.org/login>), or
- ▶ Calling the CAQH help desk at **888.599.1771**.

If you have already completed, updated, and attested to the CAQH application as well as authorized Cigna to receive current credentialing information, we will automatically access your application during the recredentialing process and only contact you if needed. We encourage you to reattest to your CAQH application every 120 days to help avoid any unnecessary delays.

If you use a state-mandated form outside of CAQH, you must update any information that has changed, sign the attestation, and submit the form with current supporting documents.

To help ensure continued participation, please submit all required documentation within 30 days from the date on the recredentialing letter.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna provider directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients.

Information you can update online

You can use the online Provider Demographic Update Form to notify us of numerous types of changes, including the following:

- › Address or office location
- › Billing address
- › Office website address
- › Telephone number
- › Secondary language
- › Specialties

Your updates can prevent payment delays

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

It's easy to view and submit demographic changes online

- › Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.
- › Go to the Update Demographic Information section and click Update Health Care Professional Directory. *If you don't see this option, ask your website access manager to assign you access to the functionality to make updates.**
- › An online Provider Demographic Update Form will appear. It will be prepopulated with the information for your practice that currently displays in our provider directory. You can easily review the prepopulated fields, determine if the information is correct, make any necessary changes, and submit the form to us electronically.

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

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

* If you don't know who your website access manager is, log in to CignaforHCP.com. Click the drop-down menu next to your name on the upper right-hand side of the screen > Settings and Preferences > Online access > View TIN access. Select your TIN; the name of your website access manager(s) will be provided at the bottom of the screen.



GET DIGITAL ACCESS TO IMPORTANT INFORMATION

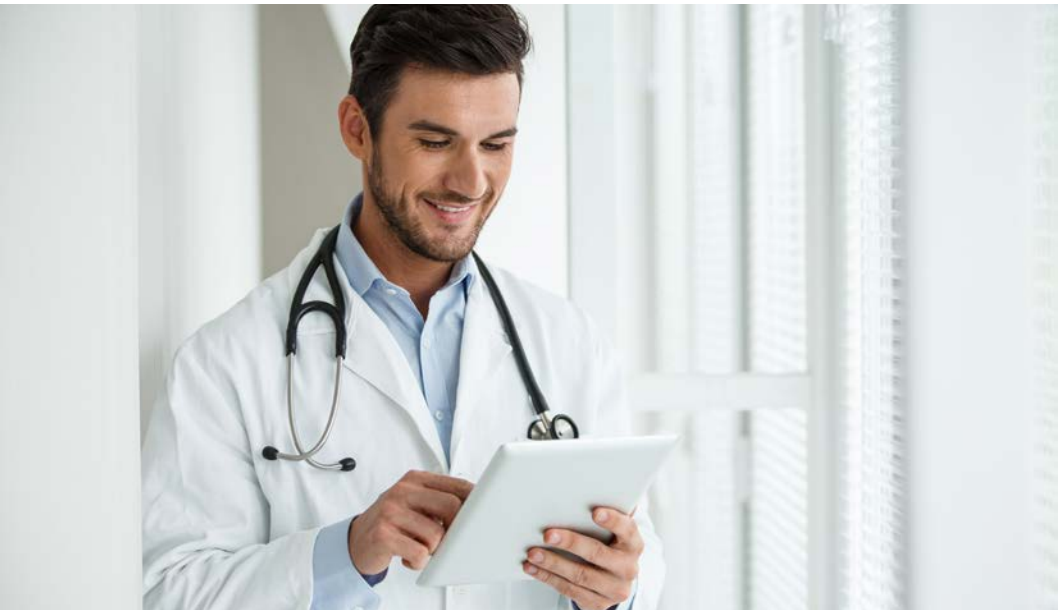
Would you like to reduce paper use in your office? Sign up now to receive certain announcements and important information from us right to your inbox.

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

- › Share, print, and save electronic communications, which makes it easy to circulate copies.
- › Access information anytime, anywhere. The latest updates and time-sensitive information are available online.

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

If you are a registered user, please check the My Profile page to make sure your information is current. If you are not a registered user but would like to begin using the website and receive electronic updates, go to CignaforHCP.com and click [Register](#).



ACCESS THE ARCHIVES

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

LETTERS TO THE EDITOR

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

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



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