



# Network News

Fourth Quarter 2023

## COVID-19 updates

As a reminder, the COVID-19 public health emergency (PHE) ended earlier this year. For the latest post-PHE guidance regarding Cigna Healthcare<sup>SM</sup> coverage, billing guidelines, and answers to your diagnostic and treatment questions, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) > [Cigna's Response to Coronavirus](#).



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# Digital provider newsroom to launch in 2024 replacing *Network News*



We are excited to announce that in early 2024, we will launch a new web-based newsroom for health care providers. The newsroom will replace the quarterly *Network News* digimag format, giving you more timely access to important news, updates, and articles relevant to your practice.

## What this means to you

As a digital knowledge center, the newsroom will provide you with timely content updates and intuitive navigation, making it easier to find and search for Cigna Healthcare and industry updates valuable to you and your practice. Its responsive design will make it convenient to access information whenever you want on key topics, such as:

- Claims and appeals.
- Reimbursement.
- Policy updates.
- Health plan and network updates.
- Digital tools and trainings.

## Single source for news and updates

The digital newsroom will give providers a single source for news and updates for many of our lines of business. It will replace the *Network News* digimag for commercial medical providers, the *Network Insider* newsletter for Medicare Advantage providers, and the *Transformations* digital newsletter for behavioral health providers.

## Watch for updates

Over the next few months, we will be sending update emails to providers who typically receive the *Network News* announcement eCard each quarter. These updates will include additional details about the newsroom, how to access it, when it will launch, and more.

We will also post updates about the digital newsroom on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)).

# Preventive care services policy updates

On May 12, 2023, updates became effective for the Cigna Healthcare Preventive Care Services Administrative Policy (A004).

**Summary: Preventive care updates and revisions effective on May 12, 2023**

Description	Update	Codes
Routine Immunization	Added 54 Current Procedural Terminology (CPT®) codes and one Healthcare Common Procedure Coding System (HCPCS) code for COVID-19 as a routine immunization	<p><b>CPT:</b> 0001A–0004A, 0011A–0013A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A– 0054A, 0064A, 0071A–0074A, 0081A–0083A, 0091A–0094A, 0111A–0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 91300, 91301, 91303–91309, 91311–91317</p> <p><b>HCPCS:</b> M020I</p>

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



# Clinical, reimbursement, and administrative policy updates

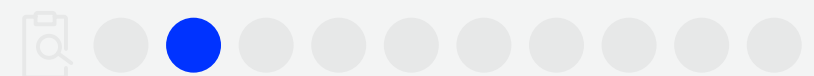
To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna Healthcare, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with “G” ID cards.

## Planned medical policy updates\*

Policy name	Description of service	Update	Effective date
Anesthesia Services (R39)	Anesthesia Current Procedural Terminology (CPT®) codes include all services integral to the anesthesia procedure.	We will administratively deny the unbundled CPT code when billed with one or more anesthesia codes by the same provider on the same day.	October 14, 2023, for dates of service on or after this date.
Anesthesia Services (R39) and Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers	Modifier AD is used to indicate medical supervision by a physician for more than four concurrent anesthesia procedures.	We will reduce reimbursement to four units – a combination of three base units and one time unit – for anesthesia claims submitted with modifier AD and CPT codes 00100-01999.	October 14, 2023, for dates of service on or after this date.
Benign Prostatic Hyperplasia (BPH) Treatments (O159)	CPT 37242: Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, and pseudoaneurysms).  CPT 37243: Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction.	We will deny claims for vascular embolization or occlusion billed with CPT codes 37242 and 37243 as experimental, investigational, or unproven for the treatment of benign prostatic hyperplasia.	October 14, 2023, for dates of service on or after this date.
Facility Routine Service, Supplies, and Equipment (R12) and Bone Graft Substitutes (O118)	Bone graft substitutes are materials that are absorbed by the body and not considered to be implants.	We will administratively deny bone graft substitutes as incidental to a facility’s global surgical fee when billed under revenue code 278.	October 25, 2023, for dates of service on or after this date.
Transthoracic Echocardiography in Adults (O510)	Transthoracic echocardiography (TTE) is the ultrasonic examination of the heart through the chest wall. Two-dimensional (2D) TTE may allow visualization of the cardiac chambers, cyclic variation in myocardial wall thickness, valvular structure and function, the proximal great vessels, and the pericardium.	We will remove I51 International Classification of Diseases, 10th Revision (ICD-10) codes and add eight ICD-10 codes.	October 25, 2023, for dates of service on or after this date.

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

Continued on next page.



# Clinical, reimbursement, and administrative policy updates (cont.)

Policy name	Description of service	Update	Effective date
Nucleic Acid Pathogen Testing (O530)	A nucleic acid test identifies the presence of genetic material from a virus, bacteria, or fungus (pathogen) in the respiratory system. A panel test is run to identify more than one pathogen.	We will administratively deny respiratory pathogen panel testing when administered at a frequency greater than either 12 in a 12-month rolling time frame or one per day.	November 12, 2023, for dates of service on or after this date.
Professional Unbundled Services (R44)	A somatic nerve injection delivers one or more anesthetic medications and/or steroids near the identified nerve and/or with catheter placement.	We will administratively deny the unbundled imaging CPT code when billed with one or more somatic nerve injection codes by the same provider on the same day.	November 12, 2023, for dates of service on or after this date.
Code Editing Policy & Guidelines	COVID-19 laboratory tests are performed to detect if an individual has been infected with SARS-CoV-2 (the virus that causes COVID-19) by collecting specimens from his or her nose or mouth.	We will add 21 COVID-19 laboratory service codes. These services will be administratively denied when administered at a frequency greater than the medically unlikely edit set by the Centers for Medicare & Medicaid Services.	December 21, 2023, for dates of service on or after this date.

**Other important updates** (effective November 12, 2023)

**ClaimsXten update – Bundled Service rule**

We will update the Bundled Service ClaimsXten rule to add 22 service codes. This rule administratively denies claims submitted with bundled codes when billed with any other procedure code not indicated as bundled.

**Additional information**

**Coverage policies**

To view our coverage policies, including a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) > [Review Coverage Policies](#).

**Reimbursement and modifier policies**

To view our reimbursement and modifier policies, log in to [CignaforHCP.com](https://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](https://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](https://CignaforHCP.com) > Review coverage policies > [Medical and Administrative A-Z Index](#).

If you are not registered for the website, go to [CignaforHCP.com](https://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 removed from the precertification list on July 28, 2023

On July 28, 2023, we removed 308 Current Procedural Terminology (CPT®) codes and 326 Healthcare Common Procedure Coding System (HCPCS) codes.

### Codes added to the precertification list in October 2023

On October 1, 2023, we added 10 new HCPCS codes.

### Codes removed from the precertification list in October 2023

On October 1, 2023, we removed one CPT code and one HCPCS code.

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](https://CignaforHCP.com)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not registered for the website, go to [CignaforHCP.com](https://CignaforHCP.com) and click [Register](#).





# Cigna Cost of Care Estimator to sunset in January

In January 2024, the Cigna Cost of Care Estimator® will no longer be available on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)).

You may continue to access a patient's detailed deductible, coinsurance, and copayment information to estimate a patient's cost of care by logging in to [CignaforHCP.com](https://CignaforHCP.com) or by submitting a health care eligibility benefit inquiry and response (ANSI 270/271) transaction through your practice management system or clearinghouse.

In addition, earlier this year we enhanced [myCigna.com](https://myCigna.com)® with a Find Care & Costs feature. This allows customers to view personalized cost estimates for 500 health services that reflect their benefit plan and our current negotiated service rate agreement with each provider.

# Electronic Solutions Advisory Council invitation to providers

Would you like to be one of the first to learn about enhancements being considered to improve the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) and help prioritize changes we make to the website?

We invite you to join the Electronic Solutions Advisory Council, a team dedicated to improving the provider experience on [CignaforHCP.com](https://CignaforHCP.com). You'll be part of a select group of providers who help drive the development of enhancements, test them, and provide valuable feedback to assure their success.

You can choose your level of participation, depending on your interest and time availability. We hold quarterly meetings to keep you informed of enhancements and participation opportunities.

Learn more today and join the council by reviewing and completing this [quick registration form](#).



# Condition-specific care program indicator on CignaforHCP.com coming soon



We are enhancing the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) to indicate when your patients with Cigna-administered coverage are eligible to participate in one of our condition-specific care programs.

For example, when you log in to [CignaforHCP.com](https://CignaforHCP.com) and access the Patient and Plan detail screen, you will be able to see if a patient is eligible to participate in the Cigna Pathwell Bone & Joint program, a condition-specific care program. This program includes a certain number of outpatient physical therapy visits that may help a patient to avoid unnecessary surgery.

**To view the condition-specific care indicator:**

- Log in to [CignaforHCP.com](https://CignaforHCP.com).
- Go to the Patient and Plan Detail screen. If your patient is eligible for a condition-specific care program, the indicator will appear.

# Webinar schedule for digital solutions

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website ([CignaforHCP.com](https://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 Healthcare 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, plus 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](mailto:ProviderDigitalSolutions@Cigna.com)

Topic	Date	Meeting time in U.S. time zones				Length	Meeting Number
		Eastern	Central	Mountain	Pacific		
CignaforHCP.com Overview	Wednesday, November 1, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	90 min	179 760 4831
Eligibility and Benefits	Monday, November 6, 2023	10:00 AM	9:00 AM	8:00 AM	7:00 AM	60 min	179 670 0284
Checking Claim Status	Wednesday, November 8, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 655 6804
Online Appeal and Claim Reconsideration	Monday, November 13, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 261 4331
EFT Enrollment, Online Remittance, Request a Fee Schedule	Wednesday, November 15, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 679 8685
Website Access Manager Training	Tuesday, November 29, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 938 7150
CignaforHCP.com Overview	Tuesday, December 5, 2023	2:00 PM	1:00 PM	12:00 PM	11:00 AM	90 min	179 385 0057
Eligibility and Benefits	Thursday, December 7, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 790 7234
Checking Claim Status	Monday, December 11, 2023	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 671 5269
Online Appeal and Claim Reconsideration	Wednesday, December 13, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 400 3771
EFT Enrollment, Online Remittance, Request a Fee Schedule	Tuesday, December 19, 2023	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 006 4791
Website Access Manager Training	Thursday, December 21, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 590 2444

# Physical and occupational therapy management: National ASH expansion update

On September 1, 2023, American Specialty Health® (ASH) began managing physical therapy (PT) and occupational therapy (OT) services for Cigna Healthcare customers in 11 additional markets. On November 1, 2023, ASH will expand the management of these services to four additional markets. Freestanding PT and OT providers in these markets must be contracted with ASH to render in-network services for patients with Cigna Healthcare benefit plans.\*

## Expansion

ASH currently administers PT and OT services in 34 markets; as of November 1, 2023, ASH will administer services in an additional four markets.

## Markets effective prior to September 1:

Alabama, Arizona, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois,\*\* Louisiana, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, West Virginia\*\*

## Markets effective on September 1:

Arkansas, Colorado, Illinois, Kansas, Kentucky, Mississippi, Missouri, Oklahoma, Tennessee, West Virginia, Wisconsin

## Additional markets effective on November 1:

Alaska,\*\* North Carolina, South Carolina\*\*\*

## Service administration

ASH will be responsible for:

- Contracting and network management.
- Medical necessity review and claims processing.
- Review of claims from nonparticipating PT and OT providers for medical necessity.

## Contracting with ASH

If you have any questions about contracting with ASH, please call the ASH Practitioner Recruitment department at **888.511.2743** (option 1). Representatives are available to assist you Monday–Friday, 11:00 a.m.–8:00 p.m. ET.

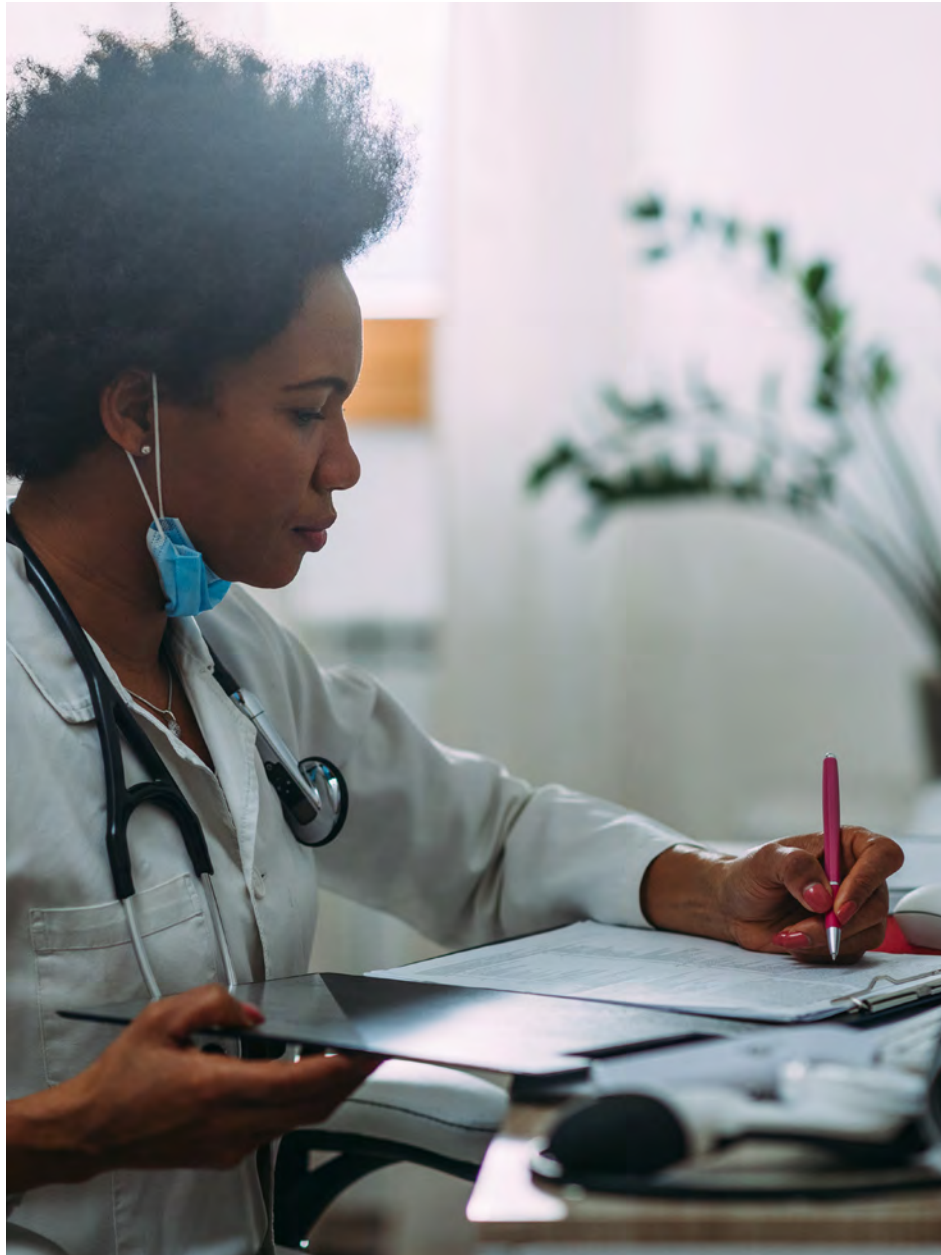
\*Speech therapy providers must contract with Cigna Healthcare directly.

\*\*Certain counties only; ASH management of PT and OT services expanded to the remaining counties on September 1.

\*\*\*Originally included in the September 1 expansion.



# HealthPartners moves to one payer ID



On July 1, 2023, HealthPartners®, a Cigna Healthcare strategic alliance, established a single payer ID: 94267. It is important to use this payer ID for your patients with these plans to help assure your claims are processed in a timely manner. *Individuals with a HealthPartners plan have access to providers and hospitals that participate in the Cigna Healthcare Open Access Plus (OAP) network outside of Iowa, Minnesota, North Dakota, Nebraska, South Dakota, and western Wisconsin.*

### What this means for providers

You are considered a participating provider for eligible HealthPartners plans if you participate in the OAP network. All terms of your current Cigna Healthcare provider agreement apply.

Effective immediately, to help prevent rejections, denials, and processing delays, it is important to:

- Use payer ID 94267 when submitting claims, requesting remittance advices, and accessing eligibility data electronically for your patients with a HealthPartners plan.
- Use one of the approved clearinghouses listed below with which HealthPartners has a relationship.
- Contact your clearinghouse, if it is listed, to ensure the correct payer ID, 94267, is being used.
- Contact your clearinghouse, if it is not listed, and ask if it can connect with an approved clearinghouse.

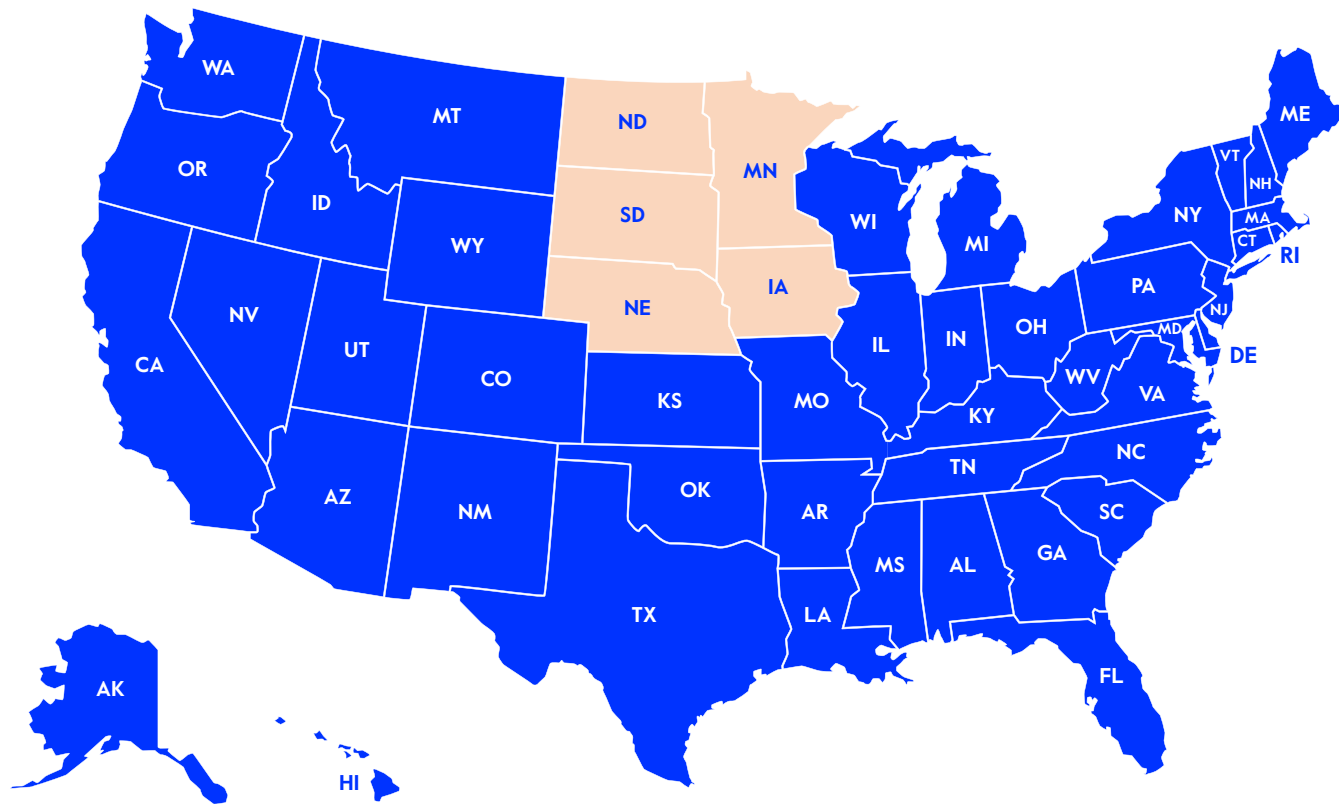
Clearinghouse	Transactions
Availity®	Claims, remittance advices, eligibility
Availity Healthia Exchange	Eligibility only
Change Healthcare	Medical and dental claims, remittance advices, eligibility
DentalXChange	Claims, remittance advices
HealthEC/MnEconnect	Claims, remittance advices, eligibility
Health Fiscal Management Inc./HFMI	Eligibility only
MedData Health/FinThrive	Eligibility only
PNT Data	Claims, remittance advices, eligibility
Smart Data Solutions	Claims, remittance advices, eligibility

Continued on next page.

# HealthPartners moves to one payer ID (cont.)

## Network service areas

Individuals with a HealthPartners plan may access providers that participate in the Cigna Healthcare OAP network in the service areas shown below in blue.



## Plan administration

For helpful information about verifying eligibility and benefits, submitting precertification requests, and checking claim status, view the [HealthPartners Quick Reference Guide\\*](#) or visit the HealthPartners website ([HealthPartners.com/provider](https://HealthPartners.com/provider)).

\*Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > Strategic Alliances > Medical Reference Guides > [HealthPartners Quick Reference Guide](#).

\*\*[CignaforHCP.com](https://CignaforHCP.com) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > Strategic Alliances.

## HealthPartners ID card

Providers can identify patients with a HealthPartners plan by their ID card, which will be updated with the single payer ID, 94267, as employer groups renew their contracts between July 2023 and January 2024. *The sample ID card shown below is for illustrative purposes only.*



## Our other strategic alliances

In addition to its strategic alliance with HealthPartners, Cigna Healthcare has strategic alliances with:

- MVP® Health Care (Upstate New York and Bradford County, Pennsylvania).
- Priority Health (Lower Peninsula, Michigan).
- Tufts Health Plan (Massachusetts and Rhode Island).

Customers with these strategic alliance plans have access to the Cigna Healthcare national network outside of the referenced service areas.

To learn more about our strategic alliances, visit the Cigna Healthcare [Strategic Alliances web page](#)\*\*.

# Cigna + Oscar Health plans

Cigna Healthcare and Oscar Health are committed to providing quality, cost-efficient health solutions for small employer groups. These solutions bring together the power of the Cigna Healthcare national and local provider networks — Cigna Healthcare 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 Healthcare LocalPlus and Open Access Plus.

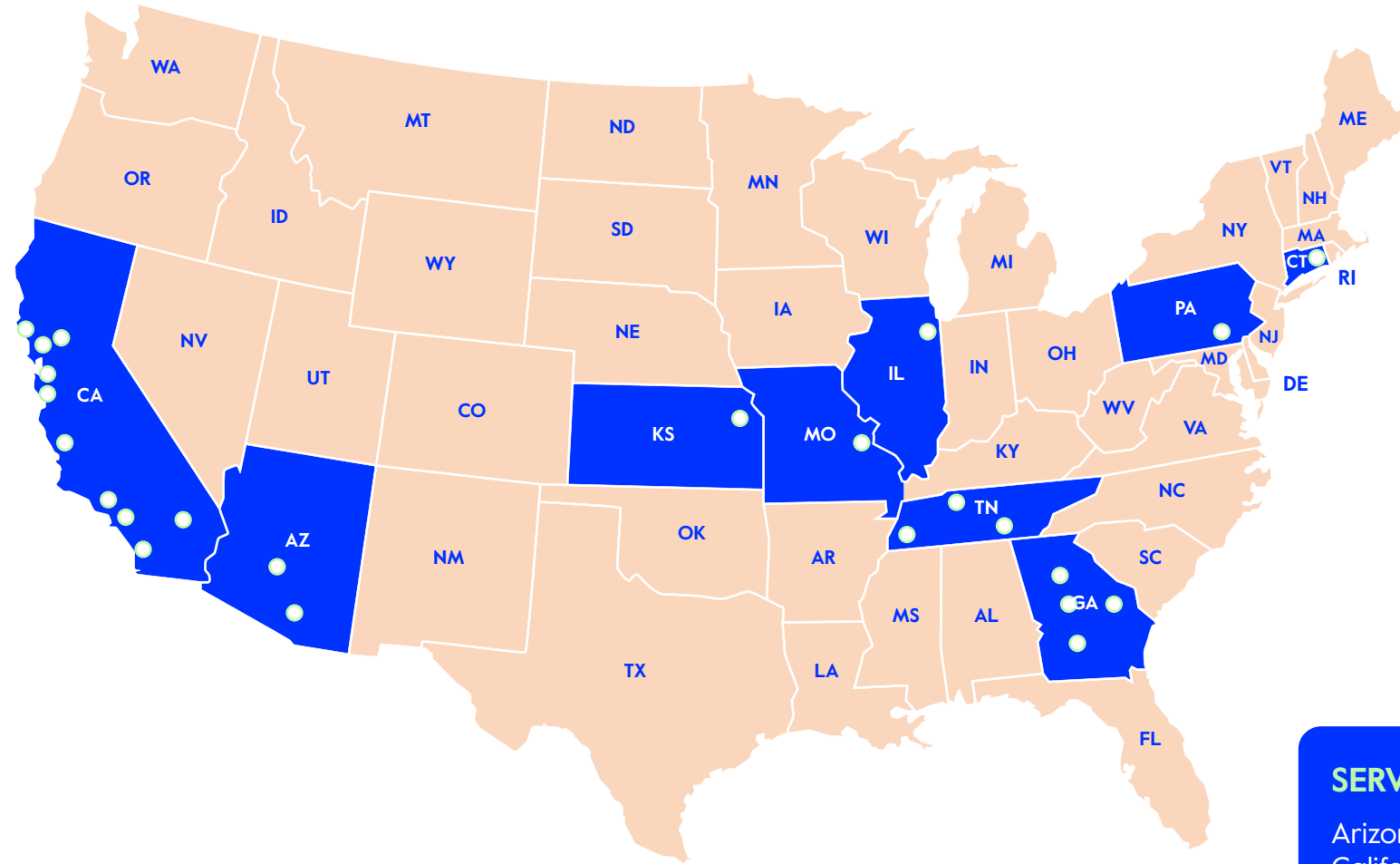
Cigna + Oscar customers who live outside of a Cigna + Oscar service area may access care from a provider that participates in the Cigna Healthcare LocalPlus network or Open Access Plus network. These services are considered in-network.

## Network-participating providers

You are considered a participating provider for Cigna + Oscar plans if you are a participating provider for the Cigna Healthcare 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 Healthcare provider agreement apply.

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

## WHERE CIGNA + OSCAR HEALTH PLANS ARE OFFERED



**SERVICE AREAS**

- Arizona
- California Metro
- Chicago, IL Metro
- Connecticut\*\*\*
- Georgia
- Kansas City, KS
- Kansas City, MO Metro
- Philadelphia, PA Metro\*\*\*
- St. Louis, MO Metro
- Tennessee

## 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](https://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](https://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, PA Metro plan participants will only utilize the Cigna Healthcare Open Access Plus network.

Continued on next page.

# Cigna + Oscar Health plans (cont.)

## ID cards now contain Cigna Network logo

You can easily identify patients with a Cigna + Oscar plan by viewing their ID card. Sample ID cards appear to the right. Note that the Cigna Network logo is 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

<b>John Doe</b> LocalPlus Bronze \$1000 (No referral required)			
<b>Member plan information</b> Member ID: OSC12345678-01 Group ID: None Cigna ID: 0224764 Coverage start date: 10/01/2022			
<b>In-network spending</b> Deductible: \$1000 / \$2000 Rx deductible: \$6100 / \$12200 Out-of-pocket max: \$8700 / \$17400			
<b>In-network cost before / after deductible</b> Oscar Virtual Urgent Care: \$0 / \$0 Primary care: \$95 / \$95 Specialist: \$150 / \$150 Urgent care: \$150 / \$150 Emergency room: 100% / \$1,500			
<b>Member Care Team</b> Log in at <a href="https://hioscar.com/member">hioscar.com/member</a> , or on the Oscar mobile app, or call 855-672-2789		<b>Provider &amp; pharmacist services</b> Providers call: 855-672-2755 Pharmacists call: 800-922-1557	
<b>Pharmacy by Express Scripts</b> RxBIN: 003858 Payer ID: OSCAR RxPCN: A4 e-Payer ID: 62308 RxGRP: CIOSCRx Dental ID: CX083			
<b>Pediatric vision &amp; dental</b> Send claims to Davis Vision & Liberty Dental. Cigna, PO Box 188061, Chattanooga, TN 37422			
<small>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.</small>			

Cigna + Oscar

### Open Access Plus sample ID cards

<b>John Doe</b> Open Access Plus Bronze \$1000 (No referral required)			
<b>Member plan information</b> Member ID: OSC12345678-01 Group ID: None Cigna ID: 0224764 Coverage start date: 10/01/2022			
<b>In-network spending</b> Deductible: \$1000 / \$2000 Rx deductible: \$6100 / \$12200 Out-of-pocket max: \$8700 / \$17400			
<b>In-network cost before / after deductible</b> Oscar Virtual Urgent Care: \$0 / \$0 Primary care: \$95 / \$95 Specialist: \$150 / \$150 Urgent care: \$150 / \$150 Emergency room: 100% / \$1,500			
<b>Member Care Team</b> Log in at <a href="https://hioscar.com/member">hioscar.com/member</a> , or on the Oscar mobile app, or call 855-672-2789		<b>Provider &amp; pharmacist services</b> Providers call: 855-672-2755 Pharmacists call: 800-922-1557	
<b>Pharmacy by Express Scripts</b> RxBIN: 003858 Payer ID: OSCAR RxPCN: A4 e-Payer ID: 62308 RxGRP: CIOSCRx Dental ID: CX083			
<b>Pediatric vision &amp; dental</b> Send claims to Davis Vision & Liberty Dental. Cigna, PO Box 188061, Chattanooga, TN 37422			
<small>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.</small>			

Cigna + Oscar

<b>John Doe</b> LocalPlus Gold \$2750 (No referral required)			
<b>Member plan information</b> Member ID: OSC12345679-01 Group ID: None Cigna ID: 0224764 Coverage start date: 10/01/2022			
<b>In-network spending</b> Deductible: \$2750 / \$5500 Out-of-pocket max: \$7500 / \$15000			
<b>In-network cost before / after deductible</b> Oscar Care virtual visits: \$0 / \$0 Primary care: \$0 / \$0 Specialist: \$60 / \$60 Urgent care: \$60 / \$60 Emergency room: 100% / \$800			
<b>Member Care Team</b> Log in at <a href="https://cignabyoscarAZ.com">cignabyoscarAZ.com</a> , or on the Oscar mobile app, or call 855-672-2789		<b>Provider &amp; pharmacist services</b> Providers call: 855-672-2755 Pharmacists call: 800-922-1557	
<b>Pharmacy by Express Scripts</b> RxBIN: 003858 Payer ID: OSCAR RxPCN: A4 e-Payer ID: 62308 RxGRP: CIOSCRx Dental ID: CX083			
<b>Pediatric vision &amp; dental</b> Send claims to Davis Vision & Liberty Dental. Cigna, PO Box 188061, Chattanooga, TN 37422			
<small>Insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.</small>			

Cigna Administered by Oscar

<b>John Doe</b> Open Access Plus Bronze \$3000 (No referral required)			
<b>Member plan information</b> Member ID: OSC12345678-01 Group ID: None Cigna ID: 0224764 Coverage start date: 10/01/2022			
<b>In-network spending</b> Deductible: \$3000 / \$6000 Rx deductible: \$3100 / \$6200 Out-of-pocket max: \$9100 / \$18200			
<b>In-network cost before / after deductible</b> Oscar Care virtual visits: \$0 / \$0 Primary care: \$0 / \$0 Specialist: \$150 / \$150 Urgent care: \$150 / \$150 Emergency room: 100% / \$1,200			
<b>Member Care Team</b> Log in at <a href="https://cignabyoscarAZ.com">cignabyoscarAZ.com</a> , or on the Oscar mobile app, or call 855-672-2789		<b>Provider &amp; pharmacist services</b> Providers call: 855-672-2755 Pharmacists call: 800-922-1557	
<b>Pharmacy by Express Scripts</b> RxBIN: 003858 Payer ID: OSCAR RxPCN: A4 e-Payer ID: 62308 RxGRP: CIOSCRx Dental ID: CX083			
<b>Pediatric vision &amp; dental</b> Send claims to Davis Vision & Liberty Dental. Cigna, PO Box 188061, Chattanooga, TN 37422			
<small>Insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.</small>			

Cigna Administered by Oscar





# Use of Imaging Studies for Low Back Pain: HEDIS measure

More than 80 percent of Americans will experience low back pain in their lifetime. To diagnose the severity of the condition, providers commonly order imaging tests such as X-rays, magnetic resonance imaging (MRI), and computerized tomography (CT) scans. However, imaging tests do not provide useful information in cases of strained muscles and ligaments, expose patients to unnecessary radiation, and can be costly.

## HEDIS definition

The Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> defines the Use of Imaging Studies for Low Back Pain measure as the percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, or CT scan) within 28 days of diagnosis. The measure is an inverted rate, meaning that a higher score indicates appropriate treatment of low back pain.<sup>2</sup>

## Imaging for low back pain often not associated with improved outcomes

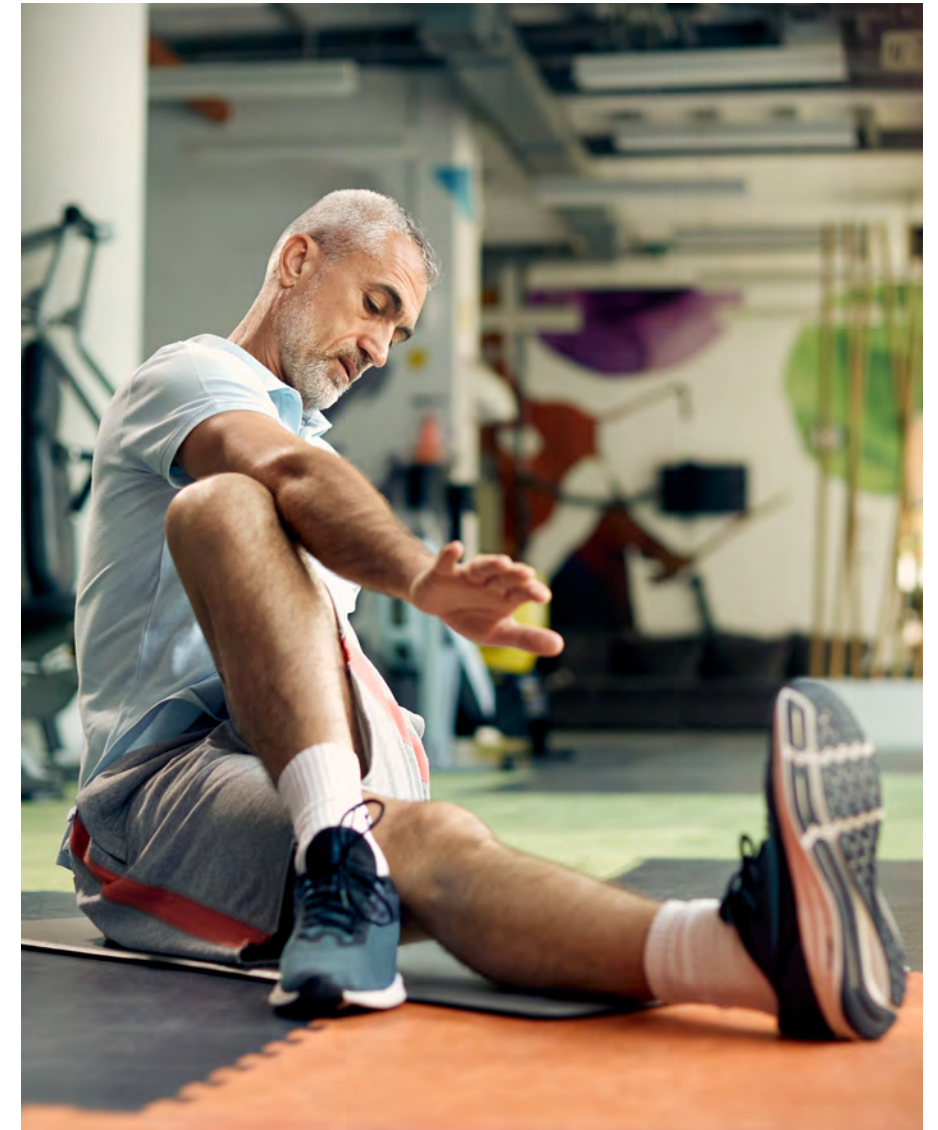
Evidence shows that X-rays, MRIs, and CT scans for low back pain are often unnecessary and not associated with improved outcomes. For many individuals who experience severe low back pain:

- Pain improves within the first two weeks of onset.
- The avoidance of imaging can prevent unnecessary harm and unintended consequences, as well as reduce health care costs, when there is no indication of an underlying condition.<sup>3</sup>
- Imaging is not recommended within the first six weeks unless red flags are present.<sup>4</sup>

## Imaging alternatives

According to our HEDIS data, there has been an increased trend in imaging studies for patients diagnosed with low back pain. There are alternative treatment options we encourage you to consider first before imaging. They include:

- Exercises to strengthen the low back and core.
- Physical therapy.
- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment such as massage and heat or ice.<sup>5</sup>



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

2. HEDIS MY 2024 Measure Descriptions. NCQA. Retrieved from <https://www.ncqa.org/wp-content/uploads/HEDIS-MY-2024-Measure-Description.pdf>.

3. "Use of Imaging Studies for Low Back Pain." NCQA. Retrieved from <https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain>.

4. "Imaging for Low Back Pain." American Academy of Family Physicians (AAFP). Retrieved from <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/cw-back-pain.html>.

5. Amir Qaseem, MD, PhD, MHA, et al. "Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians." 04 April 2017. Retrieved from <https://www.acpjournals.org/doi/10.7326/M16-2367>.

# Cigna Specialty Care Options programs drug list expansion



Our Cigna Specialty Care Options<sup>SM</sup> (SCO) and Cigna Specialty Care Options Plus<sup>SM</sup> (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 Healthcare 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 non-hospital-based ambulatory infusion center. In certain circumstances, procurement from a specialty pharmacy with which Cigna Healthcare 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 injectable listed below.\*

SCO+ injectables		
Brand name	Generic name	Site of care addition date
VYVGART HYTRULO	efgartigimod alfa and hyaluronidase-qvfc	July 10, 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 and Drug Administration approval.

\*Cigna Healthcare 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 Healthcare has a reimbursement arrangement.

# 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 Healthcare-contracted specialty pharmacy, unless otherwise authorized by Cigna Healthcare.

The reimbursement restriction:

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

**Specialty Medical Injectables with Reimbursement Restriction list expansion**

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

Name	Date added
Qalsody™ (tofersen)	June 1, 2023
Elfabrio® (pegunigalsidase alfa-ixxj)	July 1, 2023
VYVGART HYTRULO (efgartigimod alfa and hyaluronidase-qvfc)	July 1, 2023
Columvi (glofitamab-gxbm)	July 25, 2023
Rystiggo (rozanolixizumab-noli)	July 25, 2023
Epkinly™ (epcoritamab-bysp)	July 25, 2023

**Additional information**

To access the Specialty Medical Injectables with Reimbursement Restriction list, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://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 and Drug Administration approval.



\*Cigna Healthcare 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 Healthcare has a reimbursement arrangement.

# Changes in drug formulary effective January 1, 2024

Effective January 1, 2024,\* we will make changes to our commercial Standard/Performance, Value/Advantage, Legacy, and Total Savings drug formularies to help ensure our customers have access to affordable and quality health care.

### Major areas of focus

By making these updates, we have the opportunity to promote cost-effective and clinically appropriate therapies and improve clinical outcomes and affordability. Our major areas of focus are detailed below.\*\*



#### Promoting generics:

- Antidepressants.
- Beta blockers.
- Glaucoma medications.

#### Removing egregiously priced drugs:

- Non-specialty high-cost drugs.

#### Promoting lower-cost alternatives:

- Alternate dosage forms.
- Asthma biologics.
- Asthma/chronic obstructive pulmonary disease inhalers.
- Diabetes medications and supplies (glucagon-like peptide-1 agonists, insulin, and pen needles).
- Direct-acting antivirals (hepatitis C).
- Growth hormones.
- Osteoporosis injection treatment.
- PARP inhibitors.

#### Supporting our biosimilar strategy:

- Breast and gastric cancer treatment.
- Inflammatory therapy.

### What this means to you and your patients with Cigna Healthcare coverage

In September 2023, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna Healthcare-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning January 1, 2024, your patients with Cigna Healthcare pharmacy coverage who fill prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. For your patients who need drugs covered under their Cigna Healthcare medical benefit, we may deny their claims if precertification or step therapy procedures are not followed. We encourage you to work with your patients to find covered, clinically appropriate alternative medications before January 1, 2024.

### Additional information

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

Resource	Description	Where to find
Prescription Drug List changes for 2024	The list highlights the covered preferred, brand-name, and generic medications within the affected drug classes.  These changes only apply to your patients without Cigna Healthcare Medicare Advantage plan coverage.	Go to <a href="https://CignaforHCP.com">CignaforHCP.com</a> > Get questions answered: Resource > Pharmacy Resources > <a href="#">Cigna's Prescription Drug Lists: View Documents.</a>
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for patients with Cigna Healthcare-administered coverage and view their estimated out-of-pocket costs based on their benefit plan.	Log in to <a href="https://CignaforHCP.com">CignaforHCP.com</a> . Then, perform a patient search by name, ID number, or date of birth.  You must be a registered user of the website to use this tool.

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

\*\*These highlights do not reflect the entire list of the January 2024 changes.

# Accredo patient support for medication affordability



Accredo, a Cigna Healthcare specialty pharmacy, serves patients with chronic, complex conditions that often require high-cost medications to treat. For many patients, these needed medications can be challenging to afford and a barrier to medication compliance.

### How Accredo supports medication affordability

Accredo has a dedicated team of professionals who are knowledgeable and experienced in financial assistance coordination. They provide support that helps ease patients' financial fears following a diagnosis and feel more confident about paying for their medication.

Accredo's financial assistance coordinators have access to real-time information about potential ways to afford medications, such as:

- Third-party foundation support.
- Manufacturer copayment card programs that provide financial assistance.

The financial assistance coordinators are adept at identifying savings and financial assistance programs because they have:

- Experience in researching benefits and copayments for many medications.
- Expansive knowledge of government and non-government payer requirements.
- Patient advocacy with payers, including appeals completion on behalf of the patient, when authorized.
- Assistance with expediting the prior authorization process.

### DID YOU KNOW?

In 2022, Accredo helped secure **\$2.3 billion\*** in copayment assistance for thousands of patients.

### Learn more

Visit the Accredo [website](#).

\*Accredo 2022 Year End Copay Revenue Report.

# Reach for the Stars

Higher Star ratings can positively impact the growth of your practice by. They can:

- Improve patient outcomes.
- Strengthen patient relationships.
- Guide health care consumers to make informed decisions.

## 2024 HEDIS updates

The Healthcare Effectiveness Data and Information Set (HEDIS®\*) helps ensure timely and appropriate patient care, and help you identify gaps in care for your patients with chronic and acute illnesses. HEDIS provides valuable information on public health trends and at-risk groups, which can help improve your patients’ outcomes and support the delivery of value-based care.

### Kidney Health Evaluation for Patients with Diabetes measure – new

This measures the percentage of customers ages 18–85 with diabetes types 1 and 2 who received a kidney health evaluation — defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) — during the measurement year. This measure is moving to Stars as early as 2024 with single weighting.

*Provider action tip:* This replaces the old diabetes measure for kidney evaluation. New lab tests will be required.

### Care for Older Adults Functional Status Assessment measure – returning

This measures the percentage of adults age 66 and older who had each of the following performed during the measurement year:

- Medication review.
- Functional status assessment.
- Pain assessment.

Pain and medication reviews are Star measures with a single weight, and functional status assessment is moving to Star measures as early as 2024 with a single weight.

*Provider action tip:* Review our provider guide “How to Close Care of Older Adults Gaps” for information and options for closing gaps. This and other Stars-related tools are available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > [Provider Education](#) > STARS Education.

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

## Complete and accurate documentation: Cigna Healthcare resources for your practice

The Centers for Medicare & Medicaid Services (CMS) announced the final rule for Medicare Advantage plans on March 31, 2023. Modifications to the risk-adjustment program will be phased in over three years.

Cigna Healthcare offers convenient webinars, disease-specific education, guides, tools, and resources to help you:

- Stay current on the latest trends in chronic condition prevention and treatment.
- Streamline and support complete, accurate, and precise medical record documentation and coding.
- Reduce administrative burden.
- Make your practice more efficient and effective.
- Earn free continuing medical education credits.

Check out our International Classification of Diseases, 10th Revision (ICD-10) Toolkit at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > [Provider Education](#) > Documentation and Coding Resources, which can help you submit accurate and complete coding. The toolkit includes:

- ICD-10 Partnership Guide.
- ICD-10 Quick Desk Reference Guide.
- ICD-10 On-the-Go Pocket Guide.
- Additional documentation and coding resources.



Continued on next page.

# Reach for the Stars (cont.)

## New digital Stars guidebook

Your patients use Star ratings and other quality measures to make informed health care decisions, such as who to choose as their primary care provider and where they'll receive elective nonemergency surgeries and procedures. Good performance on standard quality and patient experience measures can result in better Star ratings and more patients for your practice.

Our new digital [Stars Guidebook for Providers](#) focuses on actionable information you and your staff can take to boost Star ratings. It also provides background and resources on key Star measures and domains. This easy-to-navigate resource is divided into the following areas:

- Introduction to the CMS Five-Star Quality Rating System.
- Raising Star ratings through health conversations with your patients.
- Clinical and claims data to improve coding accuracy and Star ratings.
- Pharmacy measures as Star makers.
- The value of patient follow-ups.
- Provider group case study—best practices for success.
- Closing HEDIS-based care gaps virtually.
- Your front office staff and Stars.
- How Stars are measured.
- Cigna Healthcare support for moving the needle.
  - > Patient-level information around open gaps in care.
  - > Recent and upcoming changes to Star ratings.
- FAQs and additional resources on the 360 Comprehensive Assessment, Current Procedural Terminology (CPT®) II codes, technical specifications and frailty/advanced illness exclusions for HEDIS measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures, pharmacy measures, and the Health Outcomes Survey.

The digital version is available at [MedicareProviders.Cigna.com > Provider Education > STARS Education > Stars Guidebook for Providers](#).

## Don't forget: Complete the 360 Exam by year-end

The 360 Exam combines aspects of a physical wellness visit and a preventive care visit to provide a complete picture of a patient's health. It satisfies the yearly health check-up requirement. Access the 360 form and information at [MedicareProviders.Cigna.com > Provider Education > Health Assessment Tools and Information](#).



# Enhanced benefits for your patients in 2024

With more than 26 million people currently enrolled in a Medicare Advantage plan, accounting for 42 percent of the total Medicare population, demand for high-quality and affordable health care options continues to grow. To meet these needs in 2024, we're providing more comprehensive health benefits than ever before for customers with Cigna Healthcare Medicare Advantage plans.

## 2024 plan enhancements

In 2024, our plans will offer increased flexibility and simplicity to help customers get healthy.

Percentage	Will have
100%	Fitness, dental, eyewear, meal, and hearing aid benefits
100% (with D-SNP*)	\$0 copayment for Part D-covered drugs
95%	\$0 primary care provider copayment
88%	A flat or reduced premium
74%	\$0 premium
88%	An over-the-counter benefit
87%	A grocery and utility allowance
73%	\$0 premium plan
54%	Transportation benefit

\*Dual Eligible Special Needs Plan.

\*\*Benefits may vary according to plan and location.

## Expanded markets in 2024

We now offer Medicare Advantage plans in over half of the U.S. and serve 387,000 seniors — and we're continuing to grow. In 2024, we'll expand our plans into the state of Nevada. We're also adding:

- Medicare Advantage plans in 25 new counties.
- Health maintenance organization (HMO) plans in 10 new counties.
- Preferred provider organization (PPO) plans in 22 new counties.

## New plan features in 2024

New and enhanced benefits\*\* in 2024 will help you to close coverage gaps and impact Star measures.

- **Insulin coverage.** All Cigna Healthcare Medicare Advantage Prescription Drug (MAPD) plans will offer select Tier 3 insulins at a copayment of up to \$35 per month at preferred and standard pharmacies.
- **Dental care.** All medical plans will include dental care — either preventive or preventive and comprehensive — through either a dental allowance or a traditional dental HMO plan. You'll be able to identify patients with dental plans by the tooth icon on the front of their ID card.
- **Vision care.** All plans will offer supplemental vision benefits, including routine eye exams that include refraction, flexible lenses and frames or contacts, and after-cataract surgery glasses (lenses and frames or contacts) from participating providers.
- **Hearing coverage.** All plans will include hearing benefits to provide easy access to routine hearing exams and evaluations, fittings, and hearing aid devices.
- **Fitness benefit.** All plans will offer a supplemental fitness benefit that includes premium fitness locations and experiences, one-on-one telephonic coaching, a variety of home fitness kits, and a free fitness tracker.

- **Home-delivered meals.** All plans will offer a meal supplement. High-quality, nutritious frozen meals will be delivered to customers in inpatient or skilled nursing facilities, or to those with end-stage renal disease.
- **Advance care directives.** All plans will include access to advance directive services through Koda Health (currently only offered to D-SNP customers).
- **In-home medical care.** All plans in select markets will offer Dispatch Health in-home medical services for nonemergency care when the customer's provider office is closed.
- **100-day prescription drug supply.** Select plans in Colorado, New Mexico, Ohio, and Utah will offer a 100-day medication supply at the same copayment as a 90-day supply for covered drugs from Tiers 1–4.



Continued on next page.



# Enhanced benefits for your patients in 2024 (cont.)



## Continued plan benefit features from 2023

In addition to the new benefits, customers with our plans will continue to have access to many current plan features.\*\*

- **Provider of choice.** Customers can generally see the provider of their choice, thanks to our extensive provider network. Additionally, those with PPO plan coverage can go to any participating or nonparticipating Medicare provider without a referral (required for some HMO plans).
- **\$0 copayment for diabetic supplies.** Customers have a \$0 copayment for select brand diabetic supplies. They're also eligible for one glucose monitor and one continuous glucose monitoring device every two years, and 200 glucose test strips or three sensors per 30-day period (depending on the monitor).
- **Part B rebate plans.** Customers who pay their own Part B premiums are eligible for a rebate.
- **In-home support.** Customers may have access to Papa Pals for companionship and help with daily living activities, either virtually or in-home.
- **Telehealth services.** Customers can access nonemergency medical care, behavioral health care, physical therapy, and speech therapy virtually or by phone. Behavioral health visits are covered at \$0, and physical and speech therapy visits are covered at \$0 at network-participating providers.
- **Transportation benefit.** Customers can access help with nonemergency health-related transportation needs within 70 miles via van, taxi, wheelchair-equipped vehicle, or rideshare services.
- **Caregiver support system.** Customers and their caregivers have access to our support system with no copayment.

## HEALTHY TODAY CARD

The Cigna Healthy Today<sup>SM</sup> card is a prepaid Visa debit card that helps customers more easily access their plan perks and benefits, along with the financial rewards they earn when they complete certain preventive health screenings and activities. The card can be used to cover out-of-pocket expenses or to extend some benefits already included in their plan.\*\*

### Card features include:

- Cost-sharing reductions to help pay for dental, vision and/or hearing services.
- Over-the-counter health-related items allowance for in-store, online and catalog purchases.
- Quarterly healthy grocery and utility service allowances.
- Yearly pet care allowance.
- Fitness supply allowance.

### Reminder:

The Open Enrollment Period runs January 1—March 31. Encourage your Medicare patients who could benefit from Medicare Advantage to enroll.

\*\*Benefits may vary according to plan and location.

# Provider solutions for growing mental health crisis

The demand for mental health services has increased significantly in recent years, and there aren't enough behavioral providers to meet the ever-growing need. As the medical community searches for ways to combat the shortage, it's increasingly turning to primary care providers (PCPs) to fill the void.\*

It's estimated that up to 66 percent of PCPs are providing mental health services due, in large part, to this shortage.\*\* For a typical PCP, this additional responsibility can be challenging and time-consuming.

### How we can help

Cigna Healthcare Medicare Advantage mental health resources can help you balance the increased demand for behavioral health services with the routine, preventive, and chronic care you provide patients. Our programs use a multidimensional, evidence-based approach to conduct medical and behavioral health status assessments and help address social determinants of health and gaps in care.

The following programs are available for customers in all markets.

Program	Description	To be eligible, patients must have	Call
Behavioral Health Complex Care Management	Helps with complex behavioral health issues	<ul style="list-style-type: none"> <li>A severe and persistent mental illness</li> <li>High health care utilization, with two or more inpatient psychiatric admissions within the last three months</li> </ul>	Cigna Healthcare Behavioral Health Unit intake line: <b>800.668.3813 (TTY 711)</b> Monday–Friday 8:00 a.m.–5:00 p.m. Central Time  Providers and customers may call.
Behavioral Health Short-Term Care Management (60 days or less)	Helps with short-term behavioral health issues	<ul style="list-style-type: none"> <li>A low- to moderate-acuity level</li> <li>High health care utilization, with one inpatient psychiatric admission within the last three months</li> </ul>	

### For more provider information and tools:

Visit the Cigna Healthcare Medicare Advantage provider website at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) >

- [Behavioral Health Information](#) (resources for providers).
- [Patient Support Programs](#) > Behavioral Health Programs (behavioral health programs for your patients).

### Vital support for your patients: 988 Suicide and Crisis Lifeline

The national 988 Suicide and Crisis Lifeline provides free, confidential support, 24 hours a day, 365 days a year for people in crisis and emotional distress. Individuals can contact the crisis line by entering 988 on their phone, sending a text to 988, or visiting <https://988lifeline.org/chat>. Guide your patients to get the help they need by telling them about this important, preventive, and life-saving resource.

\*"A growing psychiatrist shortage and an enormous demand for mental health services." Association of America Medical Colleges. 9 August 2022. Retrieved from <https://www.AAMC.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services>.

\*\*Nahid M Abed Faghri, MS, CAGS, LMHC, et al. "Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions." National Institutes of Health. March 2010. Retrieved from <https://www.NCBI.NLM.NIH.gov/pmc/articles/PMC2925161/>.



# Encouraging flu vaccination

With influenza, COVID-19 variants, and respiratory syncytial virus (RSV) circulating, experts are calling this winter a potential “triple-demic.” All three viruses are especially dangerous for older adults, which makes vaccination even more crucial.

Your patients trust your medical advice, including whether to get vaccinated. A strong recommendation from you can be a key factor in their decision to protect themselves.

## Encourage your patients to get vaccinated

The Centers for Disease Control and Prevention recommends the SHARE method when discussing the flu shot.\*

- **SHARE** the reasons why an influenza vaccine is right for the patient.
- **HIGHLIGHT** positive experiences with influenza vaccines to reinforce the benefits and strengthen confidence in the influenza vaccination.
- **ADDRESS** patient questions and any concerns about influenza vaccines.
- **REMINDE** patients that influenza vaccines help protect them and their loved ones from serious illness or even death for some people.
- **EXPLAIN** the potential costs of getting influenza, including serious health effects, time or financial costs, as well as the potential to spread influenza to more vulnerable family members or friends.

## Flu vaccinations and Star ratings

Flu vaccine administration also drives Star ratings under the Centers for Medicare & Medicaid Services (CMS) Staying Healthy: Screening, Tests, and Vaccines domain. The percentage of plan enrollees who get the flu shot

is measured via the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Cigna Healthcare offers a variety of resources and tools to help with patient flu education at the Cigna Healthcare Medicare Advantage provider website at [MedicareProviders.Cigna.com](https://www.cigna.com/medicare-providers) > [Provider Education](#) > STARS Education > CAHPS/HOS Resources.

## Flu shot education resources

### For your practice

- **Flu shot toolkit:** Drive patient awareness about the flu vaccine and its benefits by ordering our free flu shot toolkit. These kits provide patient-facing visual reminders, such as posters, brochures, buttons, vaccination record cards/holders, and badge buddies. Contact your Cigna Healthcare Stars representative for more information and to order.
- [Medicare Seasonal Vaccine Coverage, Reimbursement, and Patient Education Information \[PDF\]](#)
- [COVID-19 and Flu Season: How to talk to your patients with Medicare plans \[PDF\]](#)

### For your patients

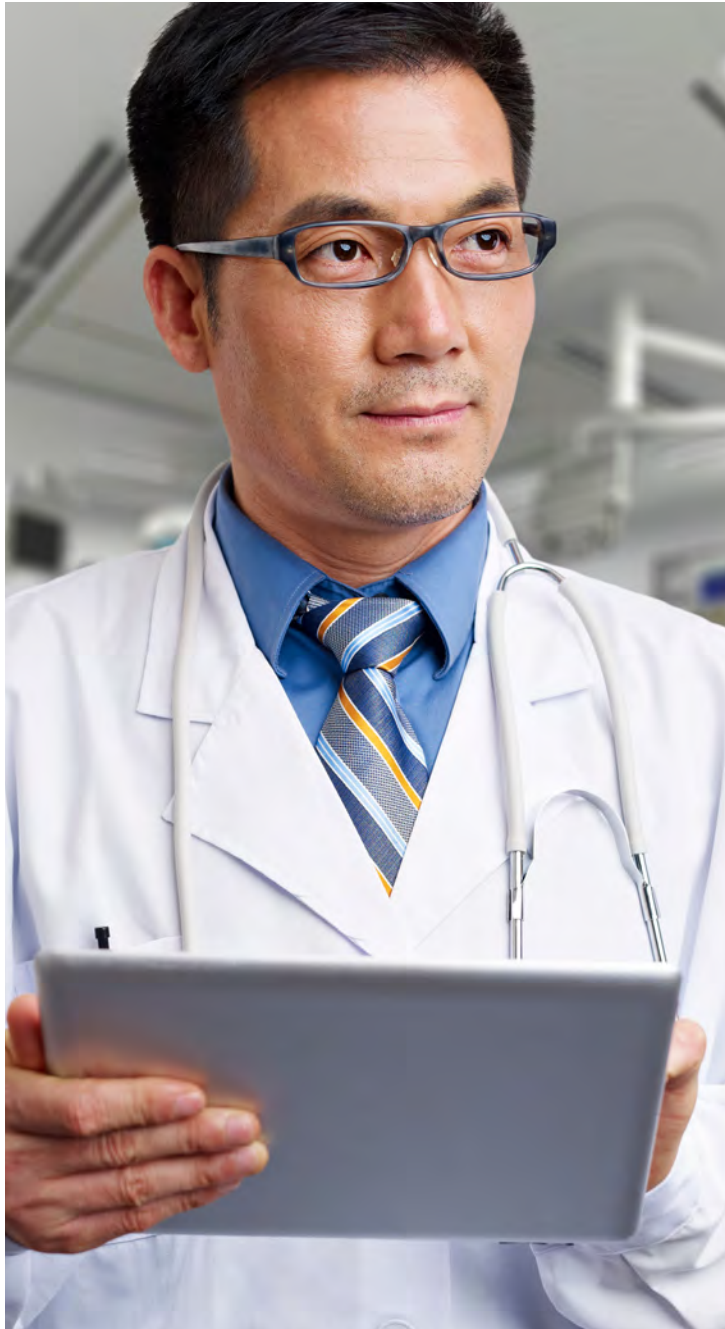
- [Flu Vaccines: Should I Get a Flu Vaccine?](#)
- [Influenza \(Seasonal Flu\)](#)
- [Vaccines to Prevent the Flu](#)

Your patients with Medicare Advantage plan coverage can receive flu vaccinations with no out-of-pocket costs.



\*“Make a Strong Influenza Vaccine Recommendation.” Centers for Disease Control and Prevention. 21 September 2022. Retrieved from <https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm>.

# Meet your Medicare Advantage market medical executives



Cigna Healthcare 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 Healthcare 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 Healthcare Medicare Advantage resources to drive outstanding health outcomes for your patients.
- Get general information about Cigna Healthcare 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 Healthcare 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 Healthcare health advocacy programs.

## CIGNA HEALTHCARE MEDICARE ADVANTAGE MARKET MEDICAL EXECUTIVES

**Northeast region** **Angela Kloepfer-Shapiro, MD, Regional Medical Executive**  
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Ken Puckett, MD | AZ  
[Kendall.Puckett@CignaHealthcare.com](mailto:Kendall.Puckett@CignaHealthcare.com)

# Long COVID billing guidance

In the wake of the COVID-19 pandemic, the phenomenon of “long COVID” has garnered significant attention. This is a condition in which people experience lingering symptoms long after their initial infection with the virus.

When it is clinically determined that a patient suffers from long COVID, it is vital that you accurately document the services you provide to them for the ongoing treatment of long COVID when submitting claims. **We encourage you to utilize International Classification of Diseases, 10th Revision (ICD-10) code U09.9 (“Post-COVID condition, unspecified”).**

## Understanding long COVID

Long COVID, also known as post-acute sequelae of SARS-CoV-2 infection (PASC), presents a unique challenge. According to the Centers for Disease Control and Prevention (CDC), patients who initially experience mild to moderate COVID-19 might develop persistent health issues that affect various systems, including the respiratory, cardiovascular, neurological, and gastrointestinal systems.

The diversity and persistence of many of the typical symptoms — including fatigue, shortness of breath, brain fog, joint pain, and more — make long COVID a distinct clinical entity that warrants specialized attention and care.

## Why use ICD-10 code U09.9 to bill for long COVID

Properly billing for long COVID has several important benefits.

- It appropriately aids in conveying the complexity of medical conditions and treatments and also acts as a data point for ongoing research. Over the long run, consistently billing with ICD-10 code U09.9, when appropriate, will aid researchers in their quest to have a more comprehensive understanding of the prevalence and impact of long COVID.
- When processing complex claims, it gives us a better understanding of the need for extended care — and at times specialized care — enabling appropriate coverage and reimbursement for necessary treatments.
- A clear and specific code simplifies the billing process. It can reduce delays and denials due to ambiguity and minimize the administrative burden for everyone.

## Billing tips

We encourage you to follow [CMS guidance](#) when billing for long COVID symptoms.

For	Use ICD-10 code	Other important information
Post-COVID-19 condition	U09.9	Add other codes for conditions related to the COVID-19 infection. e.g., R50.9 for fever
Current COVID-19 infection	U07.1	Do not use ICD-10 code U09.9
Current COVID-19 infection and conditions from a previous COVID-19 infection	U09.9 with U07.1	Add other codes for conditions related to the COVID-19 infection. e.g., R06.02 for shortness of breath

## For more information

Please refer to pages 30-31 of [ICD-10-CM Official Guidelines for Coding and Reporting: Fiscal Year 2022 \(PDF\)](#).

# Verifying eligibility for patients with third party-administered plans

Some of your patients with Cigna Healthcare benefit plans may access care from providers that participate in our Preferred Provider Organization (PPO), Open Access Plus (OAP), and LocalPlus® networks through a third-party administrator (TPA).

**For these patients, it's important to contact the TPA to verify eligibility, as Cigna Healthcare will not have this information.**

**Only the TPA can answer questions about:**

- Eligibility.
- Benefit administration.
- Claim status, payment, and administrative appeals.
- Precertification and prior authorization requests.

We strongly recommend calling the TPA directly for this information as **online verification services or “clearinghouses” may incorrectly indicate your care is out-of-network** when in fact your care is in-network.

**How to identify a patient with a TPA-administered plan**

There are two methods: View the patient’s ID card or log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) and access their coverage detail results.

**ID card**

If your patient has a TPA plan, their ID card will display both the TPA and Cigna Healthcare logos. An “S” or the words “Shared Administration” will appear underneath the Cigna Healthcare logo to designate shared administration of the plan with a TPA. (See the sample ID card to the right).

Taking these small but important steps will help to ensure a positive patient experience and accurate claim processing and payment.

**Sample TPA ID card**

(for illustrative purposes only)



# Patient concerns and complaints

Occasionally, a patient with Cigna Healthcare-administered coverage or a Cigna Healthcare representative may ask for information to help resolve a quality of care or service complaint. Your timely response is important to address and resolve the patient's concern, and comply with applicable laws. By responding within the requested time period, you'll also be adhering to your provider contract with Cigna Healthcare.

## Information requests may include:

- A response from your office about the complaint.
- Medical records (please coordinate with your copy services to ensure timely release of records).

## Additional information

To learn more about our quality programs, visit the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)) > Get questions answered: Resource > Medical Resources > Commitment to Quality > [Quality](#).

We appreciate the quality care you provide to our customers and your continued assistance with our quality programs.



# Electronic abstraction helps providers save time and money on HEDIS data collection



With the demands of your busy schedule, it can be an arduous task to supply health plans with the records they request each year to meet Healthcare Effectiveness and Data Information Set (HEDIS®) data collection requirements.

To help alleviate these challenges, more providers are setting up an electronic abstraction process for their offices. This is a practical, time-saving process that enables health plans to electronically access HEDIS-required plan enrollee medical records, while freeing up your office staff to work on other tasks important to running your business.

**The result can be significant savings in time and money for your office.**

## **HEDIS electronic extraction and Cigna**

When you use electronic abstraction, Cigna Quality Management nurses will directly access the requested electronic medical record(s) for your patients with Cigna Healthcare-administered coverage and extract the needed data for proof of compliance.

This past year, the number of records Cigna Healthcare collected via electronic abstraction for HEDIS data collection increased 28 percent.

## **Get set to save in 2024**

You still have time to set up an electronic abstraction process for your organization before the HEDIS annual data collection begins in 2024.

Please contact us at [HEDISMarketLeads@Cigna.com](mailto:HEDISMarketLeads@Cigna.com) for guidance in setting up a HEDIS electronic abstraction process or to notify us that you have put a procedure in place.

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



# Cigna Pathwell Specialty program expansion

In 2022, we introduced Cigna Pathwell Specialty<sup>SM</sup>, a medical specialty drug management solution and benefit plan option with industry-leading capabilities that address high-cost medical conditions. The solution aims to help reduce escalating specialty drug costs while lowering customers' total cost of care. This option is paired with a national, designated, and cost-effective provider network for specialty injected and infused drugs.

Customers with this benefit plan option must use designated Cigna Pathwell Specialty Network providers for specialty injected and infused drugs in order to receive benefit coverage.

## 2024 program expansion

In January 2024, we will begin offering this program to more than 4 million additional customers. This includes customers with:

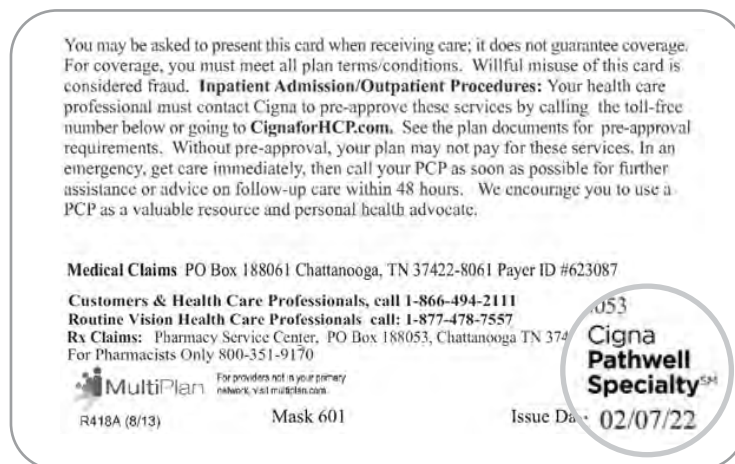
- Commercial plans in the United States.
- Individual & Family Plans in Arizona, Colorado, Georgia, Illinois, Mississippi, Texas, and Virginia.

As a result of this expansion, providers in the Cigna Pathwell Specialty Network may experience an increase in the number of Cigna Healthcare customers to whom they provide infusion services.

## How to identify patients with this benefit

Your patients with this benefit will have an ID card with Cigna Pathwell Specialty marked on the back (as shown).

Providers who are not in the Cigna Pathwell Specialty Network have the option to obtain the specialty drug from a participating specialty pharmacy and administer it in their office.



## Additional support for your patients

### Dedicated care managers

Cigna Pathwell Specialty offers your patients personalized support and guidance through dedicated care managers. These highly trained nurses have a complete view of a patient's information, including benefits and condition(s).

If infusions are being received out of network, a care manager will proactively outreach to the patient, as well as work directly with the doctor's office or treatment location, to move the patient to a Cigna Pathwell Specialty Network-participating provider to help them maximize their plan benefit. This added support may help give patients peace of mind and allow them to focus on their health and well-being.

### Caregiver Bridge

Caregivers of patients who are receiving specialty drugs through the Cigna Pathwell Specialty benefit can access Caregiver Bridge, a program of Cigna Healthcare, which offers caregivers support from dedicated, licensed behavioral clinicians. Services include clinical support, planning, nutritional support, transportation coordination, resilience life coaching, stress management, and chronic condition management.

## Cigna Pathwell Specialty-managed drugs

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

## Participating infusion providers

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

### To find participating providers:

Go to the Cigna Healthcare provider directory at [Cigna.com](https://Cigna.com) > [Find a Doctor](#), and follow these steps.

1. Click the appropriate coverage (Employer or School or Healthcare.gov or Direct Purchase).
2. Enter the geographic location.
3. Click **Doctor by Type**.
4. Type in Pathwell; select the appropriate Cigna Pathwell Specialty option.
5. Click **Search**.
6. Click **Continue as guest**.
7. After completing any additional information requested, providers who participate in the Cigna Pathwell Specialty Network will appear. **Note that results may appear when you click Search at step 5.**

# Medical necessity review program for physical and occupational therapy services



In September 2023, American Specialty Health® (ASH), a Cigna Healthcare national ancillary provider, began managing the medical necessity review program for Cigna Healthcare-contracted providers who render physical therapy (PT) and occupational therapy (OT) services for customers with Cigna commercial and Individual & Family Plans.\*

ASH also manages this program for ASH-contracted providers and non-contracted Cigna Healthcare providers who render PT and OT services for patients with Cigna Healthcare coverage.

## What this means to providers

PT and OT services that require a medical necessity review can be submitted either preservice or post-service. Submission of the clinical treatment plan is typically not required until after the patient's fifth visit.

## Medical necessity review requests

There are three ways to submit medical necessity review requests:

- **ASHLink website:** [ASHLink.com](https://www.ashlink.com)
- **Fax:** 877.248.2746
- **Mail:** PO Box 509077, San Diego, CA 92150

To ensure a timely review, requests should include the clinical treatment plan, necessary clinical information, and progress documentation.

ASH clinicians will review requests using evidence-based medicine and Cigna Healthcare coverage guidelines to determine medical necessity. Following the review, ASH will issue a determination to the requesting provider and Cigna Healthcare customer.

ASH will only be responsible for medical necessity review. Cigna Healthcare will continue to manage all other processes, including claims submission and processing.

## Coverage guidelines

For more information about our PT and OT coverage guidelines, go to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Get questions answered: Resource > Coverage Policies > Medical and Administrative A-Z Index: View Documents > [Physical Therapy - \(CPGI35\)](#) or [Occupational Therapy - \(CPGI55\)](#).

## Learn more

Training and educational information is available on [ASHLink.com](https://www.ashlink.com).

\***Effective dates by state: September 1, 2023** — Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin. **November 1, 2023** — Alaska. **November 15, 2023** — North Carolina and South Carolina.

# Cigna Healthcare Gene Therapy Program updates

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

## New gene therapies

On June 22, the FDA approved **ELEVIDYS** from Sarepta Therapeutics, Inc., in partnership with Roche Holding AG. This is the first gene therapy to treat patients ages 4 to 5 with Duchenne muscular dystrophy (DMD), with a confirmed mutation in the DMD gene, who can still walk and do not have a preexisting medical reason preventing treatment with this therapy. The coverage position is pending final review.

On June 29, the FDA approved **ROCTAVIAN™** from BioMarin. This is the first gene therapy designed to treat adults with severe hemophilia A (congenital factor VIII deficiency) with factor VIII activity less than 1 IU/dL without preexisting antibodies to the adeno-associated virus serotype 5 (AAV5) detected by the FDA-approved test DetectCDx™.

## Gene therapy participating providers

The Cigna Healthcare Gene Therapy Program has participating providers aligned to deliver the full spectrum of care required for these new products.

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

## Additional information

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

If you have questions about the Cigna Healthcare Gene Therapy Program, send an email to [GeneTherapyProgram@Cigna.com](mailto:GeneTherapyProgram@Cigna.com).

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

# National Injectable and Immunization Fee Schedule quarterly update

The Cigna Healthcare 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 fourth quarter NIIFS has been updated and will become effective on November 1, 2023.**

## For additional information

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



# LGBTQ+ attributes in provider directory profiles



Cigna Healthcare actively supports the LGBTQ+ community by striving to provide the understanding, acceptance, and resources needed to take care of their health, well-being, and peace of mind.

We are committed to reducing barriers to health care and promoting access to providers who advocate for inclusive and equitable treatment, regardless of sexual orientation, gender expression, or gender identity. As part of this effort, our directories display providers who have self-identified as being interested in or experienced in caring for LGBTQ+ individuals.

We encourage you to join your peers by adding one or more LGBTQ+ attributes (lesbian, gay, bisexual [LGB], transgender, gender non-conforming, gender dysphoria, and/or HIV/AIDS) to your Cigna Healthcare directory profile.

### Provider benefits

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

### How to update your profile

Read the [Help us provide better health for all](#) flyer, which includes frequently asked questions and instructions on how to update your profile.

### Additional information

For more information about adding one or more of the LGBTQ+ attributes to your directory profile, please visit our dedicated LGBTQ+ web page ([CignaforHCP.com/LGBTQ+](https://CignaforHCP.com/LGBTQ+)).

# California HMO provider appointment access and availability

When patients receive the right care at the right time, it can result in better health outcomes and an improved care experience.

The State of California has set forth regulations to help ensure individuals with health maintenance organization (HMO) plans receive timely access to medical and behavioral care based on their needs. Timely appointment access is also required as part of your Cigna Healthcare contract.

## Annual Provider Appointment Availability Survey

Based on Knox-Keene regulations, the Department of Managed Health Care (DMHC) developed the Provider Appointment Availability Survey (PAAS) to measure access to care for California HMO plan enrollees. All reporting health plans are required to adhere to the DMHC's specific methodology when administering the PAAS and reporting compliance rates for timely appointment access.

Each year, we require *randomly selected* Cigna Healthcare network-participating providers to complete the PAAS to help ensure compliance with the California regulations and Cigna Healthcare access standards for care.

## Resources

Please refer to the infographic on the next page, which we encourage you to use as a visual reminder of appointment standards for your patients based on their needs.

To learn more about California access standards, refer to the resources below.

Resource	Go to
<b>Cigna Healthcare Reference Guide</b> for participating physicians, hospitals, ancillaries, and other health care providers (California)	Cigna for Health Care Professionals website ( <a href="https://CignaforHCP.com">CignaforHCP.com</a> ) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California. (Login required)
<b>California Department of Managed Health Care website: Timely Access to Care</b>	<a href="https://DMHC.CA.gov">DMHC.CA.gov</a> > Health Care in California > Your Health Care Rights > <a href="#">Timely Access to Care</a> .

## Questions? We're here to help.

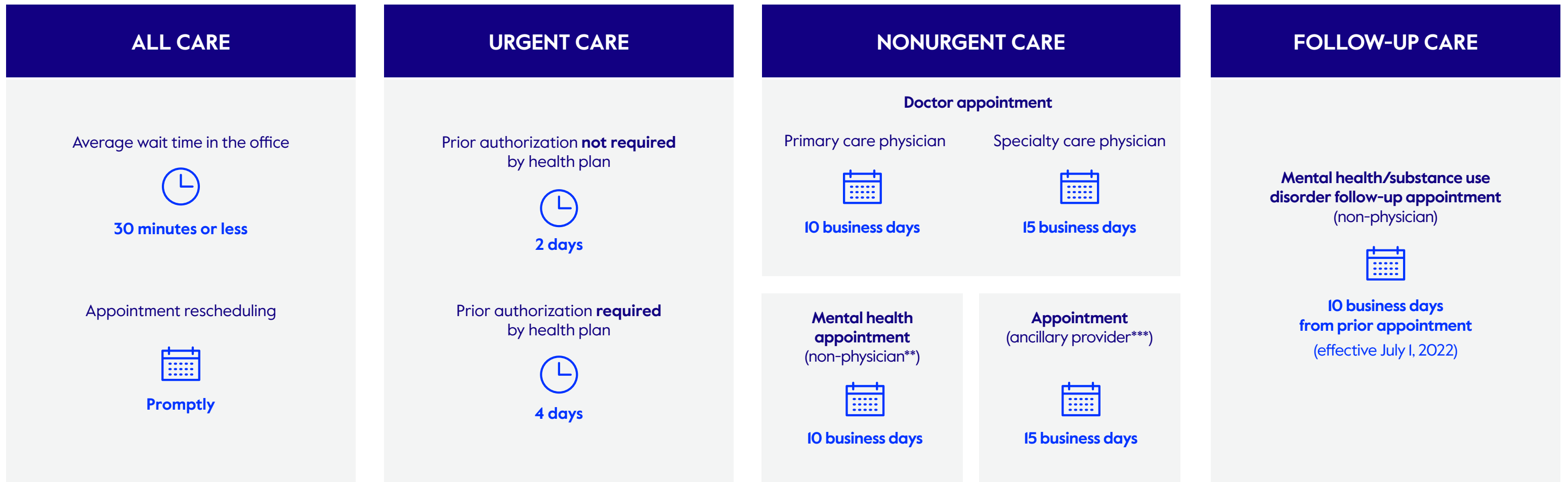
Please contact your Cigna Healthcare Provider Relations representative or email [Access2Care@Cigna.com](mailto:Access2Care@Cigna.com).

Continued on next page.



# California HMO provider appointment access and availability (cont.)

## Timely Access to Care



\*The Urgent Care, Nonurgent Care, and Follow-Up Care sections of this infographic are reproduced and printed with the permission of the DMHC website ([DHMC.CA.gov](https://www.dhmc.ca.gov) > Health Care in California > Your Health Care Rights > [Timely Access to Care](#)).

\*\*Examples of nonphysician mental health providers include counseling professionals, substance abuse professionals, and qualified autism service providers.

\*\*\*Examples of ancillary services include lab work of diagnostic testing, such as mammograms or MRIs, and treatment such as physical therapy.

# 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.

## How to attest to completion of the online training

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

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

\*\*For a complete list of ACE-associated physical and mental health conditions for both children and adults, and additional resources on implementing ACEs into your practice, go to [ACEsAware.org](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](#).





# Pennie plans: Providers required to offer language assistance services

As a reminder, the law requires that providers make language assistance services available to their patients with health care plans purchased through Pennie, as well as pay for these services, just as they do for their patients with commercial and government plans.

Pennie is Pennsylvania’s official health coverage marketplace. It operates in accordance with Section 1557 of the Affordable Care Act (also known as the nondiscrimination rule), which requires health care providers to provide and pay for language assistance services for their patients with limited English proficiency (LEP) in the health care setting.

## Language services available at a discount

To support providers in offering language and communication services to their patients, Cigna Healthcare has contracted with professional language assistance vendors to offer discounted rates for network-participating providers for their patients with LEP who have Cigna Healthcare-administered plans.

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

- Over-the-phone interpretation.
- Face-to-face (in-person) interpretation, including American Sign Language.
- Video remote interpreting services, including American Sign Language.
- Written translation.
- Bilingual proficiency testing.

For information on the discounted rates and how to schedule the services, please read the article [Discounted Rates for Language Assistance Services](#).\*

## Additional resources for providers

Additional resources are available on the Cigna Healthcare Cultural Competency and Health Equity Resources web page:

- [Tips for Working with a Language Interpreter](#)
- [Cultural Competency Training](#)
- [Commonly Used Patient Forms in Spanish](#)

Additionally, Cigna Healthcare provides [non-discrimination notices](#) to customers to educate them on their rights.

## Language patterns by region\*\*

While English is the language preference for many people in Pennsylvania, you may have patients whose spoken preference is another language and for whom, by law, you are required to offer language assistance services. The chart below illustrates Pennsylvania’s population broken down by language preference. *Note that Pennsylvania demographic data is used as a proxy for our customer base until we have a statistically valid number of customer language preference records.*

Pennsylvania (all ages)						
Language	State of Pennsylvania	Montgomery County	Bucks County	Chester County	Delaware County	Philadelphia County
English only	88.08%	84.20%	85.97%	86.03%	86.08%	75.63%
Asian	2.50%	6.46%	4.09%	4.57%	4.97%	6.57%
Indo-European	3.62%	4.93%	6.10%	4.05%	4.73%	5.47%
Spanish	5.07%	3.48%	3.30%	5.03%	2.60%	10.64%
Other	0.73%	0.94%	0.54%	0.32%	1.63%	1.79%

## Questions?

Please contact your Provider Relations Representative if you have questions about the language assistance services available to you or the non-discrimination rule that governs compliance.

\*Go to [Cigna.com](#) > For Providers > Explore all provider resources > All Resources: [Language Assistance Services Discounted Rates](#).

\*\*2023 population. Retrieved from: <https://worldpopulationreview.com/us-counties/pa/chester-county-population>.

# Market medical executives contact information



Cigna Healthcare Market Medical Executives (MMEs) are an important part of our relationship with providers. They provide a unique level of personalized support and service within their local regions. Your local MME understands local community nuances in health care delivery, can answer your health care–related questions, and is able to assist you with issues specific to your geographic area.

## NATIONAL

**Peter McCauley, Sr., MD, CPE**  
Clinical Provider Engagement & Value-Based Relationships  
**312.648.5131**

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

### Reasons to call your MME

- Ask questions and obtain general information about our clinical policies and programs.
- Ask questions about your specific practice and utilization patterns.
- Report or request assistance with a quality concern involving your patients with Cigna Healthcare 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 Healthcare health advocacy programs.

### LOOKING FOR YOUR CIGNA HEALTHCARE MEDICARE ADVANTAGE MME?

Find a complete list of Cigna Healthcare Medicare Advantage MMEs by region, including email addresses, on [page 28](#).

Continued on next page.

# Market medical executives contact information (cont.)

## CENTRAL REGION

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# How to contact us

When you're administering plans for your patients with Cigna Healthcare 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 Healthcare Reference Guides

The Cigna Healthcare 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 Healthcare 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 Healthcare Medicare Advantage provider manuals

If you are a Cigna Healthcare Medicare Advantage network-participating provider, you can access important information about policies, procedures, and more for these plans by visiting the Cigna Healthcare 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 Healthcare, 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 Healthcare before you refer or treat the patient.

Additionally, your contract with Cigna Healthcare requires you to use pharmacies in the Cigna Healthcare network for specialty medications, including injectable medications, whenever possible. Accredo, a Cigna Healthcare 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 Healthcare-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](https://myCigna.com) directory. New reviews are published on an ongoing basis.

## Reviews are verified

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

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

## How patient reviews work

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

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

\*For U.S. customers only.

## 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](https://CignaforHCP.com)). If you are not a registered user of the website, go to [CignaforHCP.com](https://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](https://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 Healthcare 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

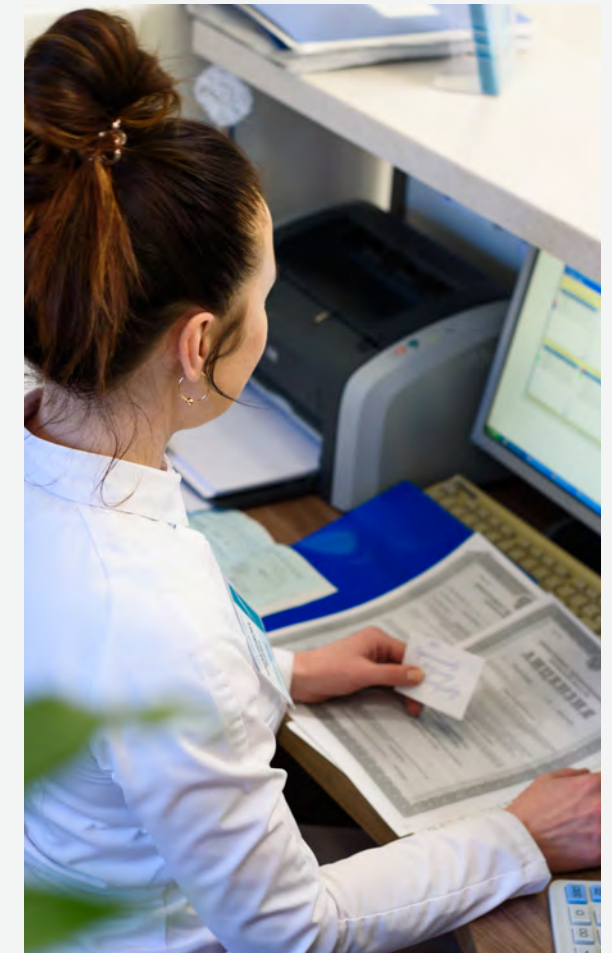
The guide is available online as a PDF. Go to [Cigna.com](https://Cigna.com) > For Providers > Coverage and Claims > Coverage Policies: [ID Cards](#). We encourage you to bookmark this page to help ensure you access the most up-to-date information because we occasionally make updates to the guide.

## 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 Healthcare 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 Healthcare 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.



## 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 Healthcare 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 Healthcare 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 Healthcare 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 I 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](mailto: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.

# 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](https://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.

In addition, while 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](https://CignaforHCP.com) and click [Register](#).

# Cultural resources you can use

We invite you to explore the [Cigna Cultural Competency and Health Equity Resources](#) web page, which contains resources to help Cigna Healthcare-contracted providers and their staff enhance interactions with culturally diverse patient populations.<sup>1</sup> Some of the resources are listed below.

## CULTUREVISION

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™ — an online database containing culturally relevant patient care information for nearly 75 ethnic groups, religious groups, and additional cultural communities.

Contracted providers can access CultureVison at no charge by going to [CultureVision.com](#) and using the following login and password:

Login: CignaHCP  
Password: HealthEquity2021!

For more information, visit our [CultureVision dedicated web page](#).

## Health disparities resources

We have added more resources to support you in delivering culturally responsive care to patients that have a greater likelihood of developing certain diseases such as diabetes and heart disease.

- Health Disparities [web page](#).
- African American/Black Health Disparities [web page](#).
- Hispanic and Latino Health Disparities [web page](#).
- South Asian Health Disparities [web page](#).

## Social determinants of health

- [Addressing Health Inequities training](#):<sup>2</sup> Explore the impact of health inequities on patient outcomes and how you can confront socioeconomic barriers. One AMA PRA<sup>3</sup> Category I Credit™.
- [Addressing Social Determinants of Health within Your Practice](#): Learn how you can identify and address non-medical factors that influence your patients' health in this digital guide.

## Language assistance services<sup>2</sup>

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 Healthcare 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.

## Cultural competency training

Our [eCourses](#) can help you develop cultural competency, learn overall best practices, and gain a deeper understanding of subpopulations in the United States. The eCourses include:

- Developing Cultural Agility (addressing unconscious bias).
- Developing Culturally Responsive Care: Hispanic Community (three-part series).
- Diabetes Among South Asians (three-part series).

## 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.<sup>4</sup> It will also help you to be compliant with Section 1557 of the Affordable Care Act.



1. [Cigna.com](#) > For Providers > Provider Resources > [Cultural Competency and Health Equity](#).  
2. Available to Cigna Healthcare-contracted providers.  
3. American Medical Association Physician's Recognition Award.  
4. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.



# Recredentialing with Cigna Healthcare

As part of our quality assurance program and in compliance with applicable state laws, we require all physicians participating in a Cigna Healthcare 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 by 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 Healthcare 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 Healthcare provider directory

We want to be sure that Cigna Healthcare 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).

\*If you don't know who your website access manager is, log in to [CignaforHCP.com](http://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.

## It's easy to view and submit demographic changes online

- Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://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](http://CignaforHCP.com) > Settings and Preferences to make the updates. You can also change your phone number, job role, address, and password here.

# Access the archives

To access articles from previous issues of *Network News*, visit [Cigna.com](https://www.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](mailto:NetworkNewsEditor@Cigna.com) or write to Cigna Healthcare, Attn: Provider Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.



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