Network News

Third Quarter 2023

COVID-19 updates

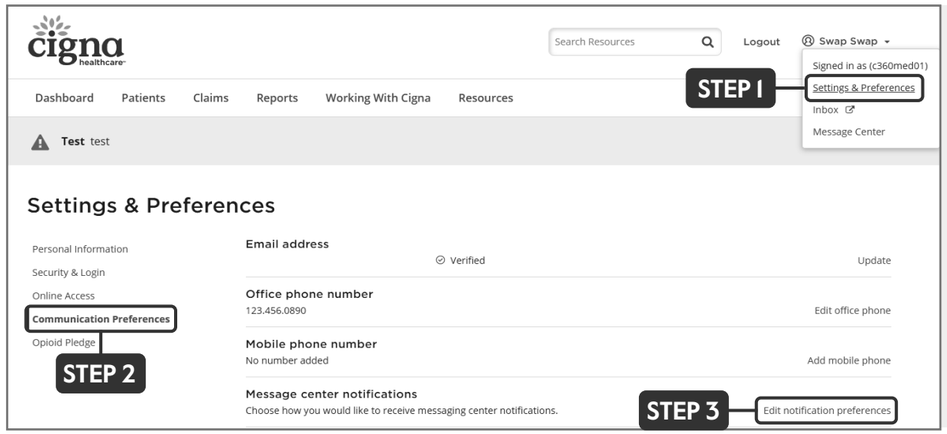
As a reminder, the COVID-19 public health emergency (PHE) ended earlier this year. For the latest post-PHE guidance regarding Cigna Healthcare coverage, billing guidelines, and answers to your diagnostic and treatment questions, visit the Cigna for Health Care Professionals website (**CignaforHCP.com)**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

Contents

FEATURE ARTICLE

Claim status notifications available on the CignaforHCP.com Message Center

If you're a registered user for the Cigna for Health Care Professionals website (**CignaforHCP.com**) and have the Claim Search entitlement, you can now view notifications in the Message Center for claims that have been processed, pended, or denied. The Message Center can automatically provide daily emails informing you of these claim status changes or you can set your own preferences.



How to change your notification preferences

You can change your notification preferences by logging in to **CignaforHCP.com** and following the steps below.

- **Step 1:** Select **Settings & Preferences** from the drop-down menu located under your name in the top-right corner of the screen.
- **Step 2:** Click **Communication Preferences** > **Message Center notifications**.
- **Step 3:** Click **Edit notification preferences** to edit your preference for each claim notification type (processed, pended, and denied), frequency (daily or weekly), and method (via email, CignaforHCP.com* [i.e., Message Center], or both).

Please note that if you do not change your notification preferences, you will continue to receive daily notifications via the Message Center and to the email address on file for your User ID.

About the Message Center

The Message Center on **CignaforHCP.com** is where you'll find notifications for claims status changes and downloaded claim reports. In the future, additional types of information will be available.

How to access the Message Center

Log in to **CignaforHCP.com**. Then, access the Message Center in one of three ways.

1. Click the Message Center tile link on the dashboard, *or*
2. Go to the top-right corner of the screen; click the name displayed to view the drop-down menu; select Message Center, *or*
3. Click the link to the Message Center that displays when you try to download a claim report that exceeds the file size limit.

Who can set claim status notification preferences

If you are a registered user of **CignaforHCP.com** and have the Claim Search entitlement, you will be able to use this feature. To verify your access:

- Go to the drop-down menu located under your name in the top-right corner of the screen.
- Select Settings & Preferences > Online Access > View access rights.
- Select a Taxpayer Identification Number (TIN) from the drop-down menu to view entitlements for that TIN.

To disable claim status notifications

Contact your website access manager if you want to disable any claim status notifications you receive via the Message Center.

*Notification via CignaforHCP.com will already be preselected and can only be disabled by the website access manager(s) designated by your organization or facility.

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	**CPT:** 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 **HCPCS:** M0201

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

Clinical, reimbursement, and administrative policy updates

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna 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
Remote Patient Monitoring (RPM) and Remote Therapeutic (RTM) Monitoring (0563)	RPM involves the use of digital technologies to capture and monitor information regarding the physical or behavioral functioning of an individual. RTM refers to the management of an individual's non-physiological information by a health care provider.	We will deny RPM as not medically necessary unless indicated for chronic obstructive pulmonary disease, diabetes mellitus, and heart failure. RTM will be denied as not medically necessary for all indications.	May 13, 2023,** for dates of service on or after this date.
Revenue Code Billing Requirements (R41)	Healthcare Common Procedure Coding System (HCPCS) code G0463 is used to bill for a hospital outpatient clinic visit for the assessment and management of a patient.	We will administratively deny HCPCS code G0463 for a hospital outpatient clinic visit for the assessment and management of a patient when billed without the appropriate revenue codes 510–529.	August 12, 2023, for dates of service on or after this date.
Code Editing Policy and Guidelines	A medically unlikely edit (MUE) or frequency limit is set by the Centers for Medicare & Medicaid Services (CMS) to limit how often a particular service may be billed. It is the maximum units of service that a provider would report under most circumstances for a single patient on a single date of service.	We will apply daily MUE or frequency limits to allergy laboratory, testing, and immunotherapy services and administratively deny reimbursement for services above the MUE limit set by CMS.	August 12, 2023, for dates of service on or after this date.
Procedure and Place of Service (R43)	Place of service (POS) codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.	We will administratively deny the Current Procedural Terminology (CPT®) code or HCPCS code when billed with an inappropriate POS based on the code's description or coding guidelines.	August 12, 2023, for dates of service on or after this date.
Revenue Code Billing Requirements (R41)	A revenue code is a billing code that indicates the type of service provided and where it was performed. Revenue codes also often include ancillary charges and/or specific accommodations.	We will administratively deny revenue codes 249–259 and 637 when billed without a procedure code.	September 17, 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.

**For Massachusetts and Texas, the effective dates are June 11, 2023, and June 16, 2023, respectively.

Continued on next page.

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

Policy name	Description of service	Update	Effective date
Miscellaneous Musculoskeletal Procedures (0514)	Intra-articular corticosteroid injections are a well-established modality for the treatment of chronic osteoarthritic joint pain when conservative treatment has been exhausted or has failed to provide satisfactory benefit. In routine clinical practice, intra-articular joint injections are performed as a single injection and at a frequency of no more than every three months.	We will deny intra-articular corticosteroid injections for the treatment of chronic osteoarthritic joint pain as not medically necessary when administered at a frequency greater than four injections in a 12-month rolling time frame or two per day.	September 17, 2023, for dates of service on or after this date.
Hospital in the Home (R42)	Hospital in the home is a care delivery model that enables certain health care services to be provided in a patient's home rather than in a hospital. Hospitals must be approved by CMS and participate in the CMS Acute Hospital Care at Home program to provide hospital in the home services.	We will accept qualifying claims for hospital in the home services through the newly established revenue code 0161 and occurrence span code 82. These new codes enable hospitals to distinguish acute inpatient care in the home for qualifying patients. We will reimburse covered hospital in the home services **at a discount off the current contracted inpatient reimbursement rate** when ALL of the criteria outlined in the reimbursement policy are met on the date of service. This update applies to Cigna Healthcare commercial plans and Individual & Family Plans only. Precertification is required and the policy is limited to specific conditions. Only direct admissions to hospital in the home from the emergency room are eligible.	October 1, 2023, for dates of service on or after this date.

Additional information

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

Reimbursement and modifier policies
To view our reimbursement and modifier policies, log in to **CignaforHCP.com**. Go to Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement and Modifier Policies.

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

Administrative policies
To view our administrative policies, go to **CignaforHCP.com** > Review coverage policies > **Medical and Administrative A-Z Index**.

If you are not registered for the website, go to CignaforHCP.com and click Register.

Precertification updates

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

Codes added to the precertification list in July 2023
On July 1, 2023, we added 10 new Current Procedural Terminology (CPT®) codes and 25 new Healthcare Common Procedure Coding System (HCPCS) codes.

Codes removed from the precertification list in July 2023
On July 1, 2023, we removed five CPT codes.

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

Digital ID cards are here

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

Digital ID cards are not new to Cigna Healthcare

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

Sample digital ID card images

How patients may share their digital ID card

Your patients may share their digital Cigna Healthcare ID card by:

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

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

Digital ID card tool kit for providers and office staff

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

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

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

What do digital ID cards look like?
Digital ID cards look the same and have the same benefit information as printed ID cards.

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

Request participating provider agreements online

Did you know you can request participating provider agreements on the Cigna for Health Care Professionals website (**CignaforHCP.com**)? It's easy when you're a registered user of the website* and have the appropriate entitlement.

Who can request a participating provider agreement?

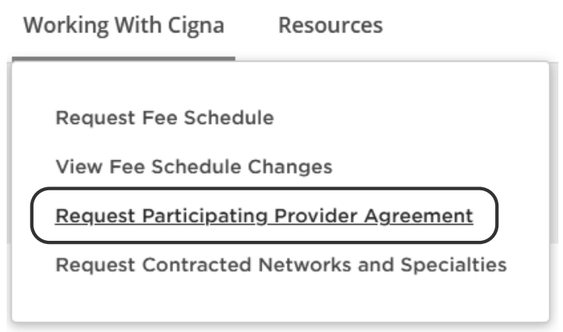
If you have one of the following access entitlements on **CignaforHCP.com**, you can request a participating provider agreement:

- Claim search
- Delegate access and view delegation history report
- Enroll and manage electronic funds transfer (EFT)
- Patient reviews
- Directory updates

How to determine your access entitlements

If you're not sure which entitlements you have access to on **CignaforHCP.com** or need to obtain an entitlement, ask the website access manager for your organization. To find the name of your website access manager:

- Log in to **CignaforHCP.com**.
- Click your name in the top right corner of the screen.
- Go to Settings & Preferences > Online Access > View Access Rights.
- Select the appropriate Taxpayer Identification Number (TIN) from the drop-down menu. The website access manager(s) will be listed below the list of access entitlements.



FOUR QUICK STEPS

1. Log in to **CignaforHCP.com**.
2. Click Working with Cigna.
3. Click Request Participating Provider Agreement.
4. Complete the online form.

*To register for the website, go to CignaforHCP.com > Register Now.

Receive your claim payments faster: Enroll in EFT

Improve office workflow and productivity and shorten your payment cycle by enrolling in electronic funds transfer (EFT) and electronic remittance advice (ERA). When used together, EFT and ERA can help eliminate claims payment paperwork and improve your cash flow — no more waiting for paper checks to clear.

What Is EFT?

EFT, or direct deposit, electronically deposits claim fee-for-service and capitated payments directly into your bank account.

Benefits of enrolling in EFT

- Eliminate paper check mail delivery and handling.
- Access funds on the same day as the deposit.
- Increase efficiency and improve cash flow.
- View a separate remittance report online for each deposit, which shows the:
  - > Deposit transaction.
  - > Details about the claims processed.
  - > Payments included in that funds transfer.
- Reconcile payments easily using a single remittance tracking number.
  - > Ask your bank to provide the payment-related information from field 3 of record 7 on the EFT report they send to you.
  - > Use the "Reference Identification Field" (or TRN02) on your ERA.
  - > Use the number located on the first page of your online remittance report.

Choose how to bulk your EFT payments

When enrolling in EFT with Cigna Healthcare, you can choose to have your payments grouped or bulked in either of two ways:

- Based on your Taxpayer Identification Number (TIN) and payment address.
- By your Billing Provider National Provider Identifier (NPI) from your submitted claims.

If you already receive EFT payments and want to change the method by which your payments are bulked, log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Working with Cigna > Electronic Funds Transfer (EFT). Select the TIN from the drop-down menu; then click Manage. You will be able to update your payment preferences from this page.

It's easy to enroll in EFT

First, make sure you're registered for **CignaforHCP.com** and have the "Enroll and manage EFT" entitlement (ask the website access manager at your organization if you're unsure).
Then, enroll in EFT directly with Cigna Healthcare.

- Log in to **CignaforHCP.com** > Working with Cigna > Enroll in Electronic Funds Transfer (EFT).
- Complete the electronic enrollment form.

Cigna Healthcare will send a "pre-note" transaction to your bank to verify that all of the banking information is correct. If the pre-note is:

- Not returned to Cigna Healthcare, EFT will begin on your next payment cycle.
- Returned to Cigna Healthcare with errors, we will contact you to obtain the correct banking information.

How to enroll in ERA

To enroll in ERA with Cigna Healthcare, contact your electronic data interchange (EDI) vendor.

Learn more about ERA and see the **EFT payment calendars** for the schedule of direct deposit payments.

CIGNA HEALTHCARE TO PARTNER WITH ZELIS FOR TINS NOT ENROLLED IN EFT

If your TIN is not enrolled in Cigna Healthcare EFT and you would like to receive EFT or virtual credit card payments for Cigna Healthcare and other payers via one platform, you will soon have the option to enroll in electronic payments via Zelis, a multi-payer vendor.

In addition, if you have one or more TINs that are currently enrolled in an electronic payment method (EFT or virtual credit card) with Zelis for other payers, you may begin receiving Cigna Healthcare payments from Zelis for these TINs. If this will occur, Zelis will send you a letter advising you of the transition date. Providers can opt out their TIN(s) by calling Zelis at **877.828.8770**.

If you have a TIN that is **not** enrolled in EFT with Cigna Healthcare or other payers via Zelis, you will begin to receive paper checks for Cigna Healthcare payments from Zelis.

If you have questions regarding your existing Zelis payment preference or ERA delivery options, please call Zelis at **877.828.8770**, Monday–Friday, 8:00 a.m.– 7:00 p.m. ET.

Cigna Healthcare doesn't charge any fees when you sign up on our website and receive EFT payments directly from us.

Webinar schedule for digital solutions

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

Topic	Date	Meeting time in U.S. time zones				Length	Meeting Number
		Eastern	Central	Mountain	Pacific		
CignaforHCP.com Overview	Wednesday, August 2, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	90 min	179 082 4818
Eligibility and Benefits	Wednesday, August 9, 2023	1:00 PM	12:00PM	11:00 AM	10:00 AM	60 min	179 510 6827
Checking Claim Status	Wednesday, August 16, 2023	9:00 AM	8:00 AM	7:00 AM	6:00 AM	60 min	179 801 8049
Online Appeal and Claim Reconsideration	Monday, August 21, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 321 8046
EFT Enrollment, Online Remittance, Request a Fee Schedule	Wednesday, August 23, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 473 4430
Website Access Manager Training	Tuesday, August 29, 2023	11:00 AM	10:00 AM	9:00 AM	8:00 AM	60 min	179 298 7292
CignaforHCP.com Overview	Wednesday, September 6, 2023	10:00 AM	9:00 AM	8:00 AM	7:00 AM	90 min	179 972 2814
Eligibility and Benefits	Tuesday, September 12, 2023	2:00 PM	1:00 PM	12:00 PM	11:00 AM	60 min	179 078 7000
Checking Claim Status	Wednesday, September 13, 2023	1:00 PM	12:00PM	11:00 AM	10:00 AM	60 min	179 643 8793
Online Appeal and Claim Reconsideration	Wednesday, September 20, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 238 8193
EFT Enrollment, Online Remittance, Request a Fee Schedule	Thursday, September 21, 2023	1:00 PM	12:00 PM	11:00 AM	10:00 AM	60 min	179 440 6318
Website Access Manager Training	Wednesday, September 27, 2023	12:00 PM	11:00 AM	10:00 AM	9:00 AM	60 min	179 851 4970

Timely referrals: The important role of PCPs

Timely referrals are essential to help your patients receive needed care and experience optimal outcomes. But sometimes the referral process can be confusing to patients, resulting in missed appointments and incomplete patient information. For these reasons, we recommend having a clearly defined referral process.

Referral requirements

Depending on your patient's benefit plan, primary care provider (PCP) referrals may be required for specialty services to be covered at the highest benefit level. **Please log in to the Cigna for Health Care Professionals website (CignaforHCP.com) for patient-specific information.** The general referral requirements for Cigna Healthcare plans include the following:

- **Health maintenance organization (HMO) and network plans**
  PCPs must make referrals for specialty care. Only network-participating providers are covered.
- **Point of service (POS) plan**
  PCPs are not required to make referrals; both participating and nonparticipating providers are covered. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.
- **Open access, preferred provider organization (PPO), and indemnity plan**
  PCPs never need to make referrals. Patients may visit any doctor for primary or specialty care. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.

One exception is women's health care
Regardless of plan type, referrals are not required for visits to network-participating OB/GYNs for covered obstetrical or gynecological services.

Steps to consider

Prepare your patient
Make sure they understand:

- The reason for the specialty care referral, and ensure that they agree to it.
- Why it's an important component of their treatment plan.
- Whether they need to schedule the appointment themselves or if the specialist office will contact them.

Be sure to give your patient the specialist's contact information and office location.

Provide a high-value referral request to the specialist office

Clearly state the clinical questions being asked of the specialist. Provide supporting data, such as prior treatments, related imaging or test results, and specifics related to the urgency of the referral.

Define the specialist's role

Clarify what you are asking of the specialist. Do you want the specialist to evaluate the patient to determine if another referral is necessary? Perform a specific procedure? Assume care for the patient until he or she is stable?

Close the referral loop

You should either receive a referral note or notification from the specialist if your patient did not show up for the specialist appointment or canceled it.

Many primary care offices will periodically review open referrals and track down what happened, calling the specialist if needed.

In addition, it's important to communicate with the specialist and acknowledge his or her recommendations. Then, make notations in the patient's chart regarding the referral and outcomes as a result of the specialist's evaluation. This will help ensure continuity of care in the future.

Documenting referrals

We do not require participating physicians to notify us of referrals to network-participating specialists, unless a specific requirement exists in a patient's benefit plan. (Please log in to **CignaforHCP.com** for patient-specific information.) In that case, please use the **Physician Referral Form**.

Resources

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

- **Cigna.com**. On the **referrals web page**,* providers can view information about referrals, access the Physician Referral Form, and click a link to search for participating providers.
- **American College of Physicians website**. A **High Value Care Coordination (HVCC) Tool kit**** provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors.

*Cigna.com > For Providers > Coverage and Claims > Coverage and Claims Overview > Referrals.
**ACPonline.org > Clinical Information > High Value Care > High Value Care Coordination Tool kit.

Physical and occupational therapy management: National ASH expansion

Effective September 1, 2023, Cigna will expand the management of physical therapy (PT) and occupational therapy (OT) services nationally to American Specialty Health® (ASH).* On this date, PT and OT providers in applicable service areas must be contracted with ASH to render in-network services for patients with Cigna benefit plans. This change applies to freestanding PT and OT providers and does not affect multispecialty groups and hospitals.

Expansion

ASH currently administers PT and OT services in 25 markets; As of September 1, 2023, ASH will administer services in an additional 13 markets.

Markets 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**

Additional markets effective September 1:
Alaska, Arkansas, Colorado, Illinois, Kansas, Kentucky, Mississippi, Missouri, Oklahoma, Tennessee, West Virginia, Wisconsin, Wyoming

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

Affected providers have been notified of the upcoming transition, asked to participate in the ASH network, and given the credentialing documents they need to complete. We encourage PT and OT providers to contract with ASH before September 1, 2023.

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 directly.
**Certain counties only; ASH management of PT and OT services will expand to the remaining counties on September 1.

Cigna Healthcare + 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 Cigna Healthcare's national and local provider networks — Cigna Healthcare LocalPlus® and Open Access Plus — and Oscar Health's innovative digital customer experience.

About Cigna Healthcare + Oscar Health plans

These plans go by two names. In most states where the plans are offered, the name is Cigna Healthcare + Oscar. In Arizona only, the name is Cigna Healthcare 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 Healthcare + Oscar customers who live outside of a Cigna Healthcare + 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

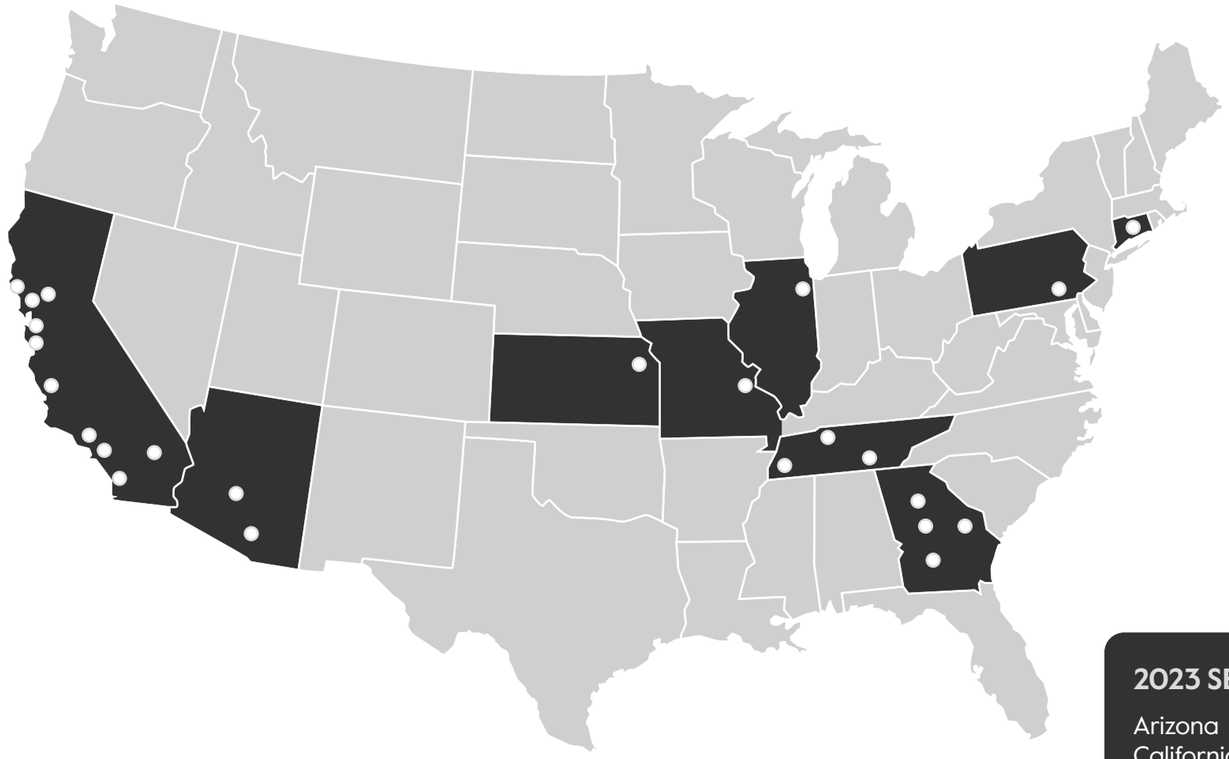
You are considered a participating provider for Cigna Healthcare + Oscar plans if you are a participating provider for the Cigna Healthcare LocalPlus plan or Open Access Plus plan. This means your care is in network for your patients with Cigna Healthcare + Oscar plans, and all terms of your current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

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

More information

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

WHERE CIGNA HEALTHCARE + OSCAR HEALTH PLANS ARE OFFERED



2023 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

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

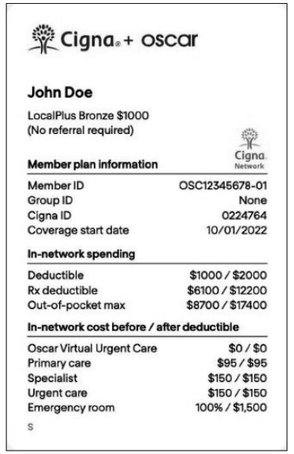
Continued on next page.

Cigna Healthcare + Oscar Health plans (cont.)

ID cards now contain Cigna Network logo

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

LocalPlus sample ID cards


Cigna + oscar

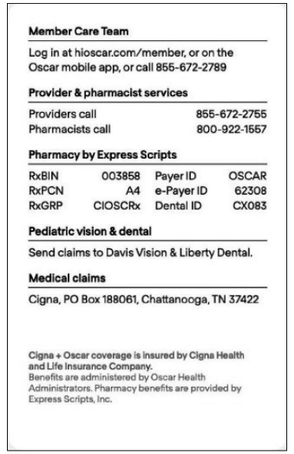
John Doe

LocalPlus Bronze $1000
(No referral required)

Cigna Network

Member plan information	
Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022
In-network spending	
Deductible	$1000 / $2000
Rx deductible	$6100 / $12200
Out-of-pocket max	$8700 / $17400
In-network cost before / after deductible	
Oscar Virtual Urgent Care	$0 / $0
Primary care	$95 / $95
Specialist	$150 / $150
Urgent care	$150 / $150
Emergency room	100% / $1,500

S


Member Care Team

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

Provider & pharmacist services

Providers call	855-672-2755
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

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

Pediatric vision & dental

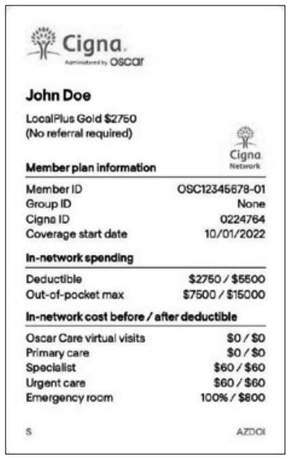
Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

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

Cigna Healthcare + Oscar


Cigna
Administered by OSCAR

John Doe

LocalPlus Gold $2750
(No referral required)

Cigna Network

Member plan information	
Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022
In-network spending	
Deductible	$2750 / $5500
Out-of-pocket max	$7500 / $15000
In-network cost before / after deductible	
Oscar Care virtual visits	$0 / $0
Primary care	$0 / $0
Specialist	$60 / $60
Urgent care	$60 / $60
Emergency room	100% / $800

S AZDOI


Member Care Team

Log in at cignabyoscarAZ.com, or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2755
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

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

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

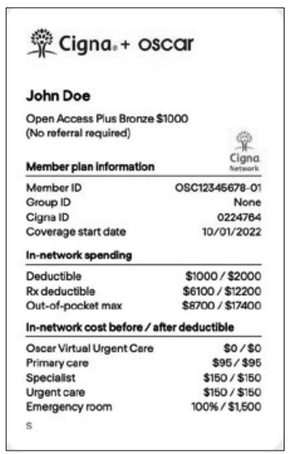
Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

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

Cigna Healthcare Administered by Oscar

Open Access Plus sample ID cards


Cigna + oscar

John Doe

Open Access Plus Bronze $1000
(No referral required)

Cigna Network

Member plan information	
Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022
In-network spending	
Deductible	$1000 / $2000
Rx deductible	$6100 / $12200
Out-of-pocket max	$8700 / $17400
In-network cost before / after deductible	
Oscar Virtual Urgent Care	$0 / $0
Primary care	$95 / $95
Specialist	$150 / $150
Urgent care	$150 / $150
Emergency room	100% / $1,500

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Member Care Team

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

Provider & pharmacist services

Providers call	855-672-2755
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

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

Pediatric vision & dental

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Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

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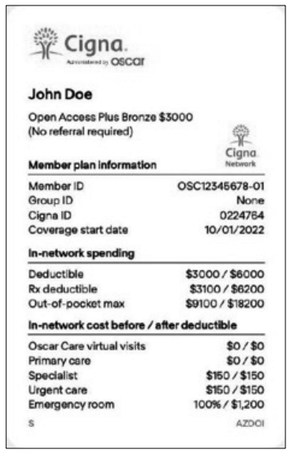
Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.

Cigna Healthcare + Oscar


Cigna
Administered by OSCAR

John Doe

Open Access Plus Bronze $3000
(No referral required)

Cigna Network

Member plan information	
Member ID	OSC12345678-01
Group ID	None
Cigna ID	0224764
Coverage start date	10/01/2022
In-network spending	
Deductible	$3000 / $6000
Rx deductible	$3100 / $6200
Out-of-pocket max	$9100 / $18200
In-network cost before / after deductible	
Oscar Care virtual visits	$0 / $0
Primary care	$0 / $0
Specialist	$150 / $150
Urgent care	$150 / $150
Emergency room	100% / $1,200

S AZDOI


Member Care Team

Log in at cignabyoscarAZ.com, or on the Oscar mobile app, or call 855-672-2789

Provider & pharmacist services

Providers call	855-672-2755
Pharmacists call	800-922-1557

Pharmacy by Express Scripts

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

Pediatric vision & dental

Send claims to Davis Vision & Liberty Dental.

Medical claims

Cigna, PO Box 188061, Chattanooga, TN 37422

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

Cigna Healthcare Administered by Oscar

Medical Mutual of Ohio members to access Cigna Healthcare PPO network

In January 2023, Cigna Healthcare and Medical Mutual of Ohio (MMO) (Cleveland, Ohio), entered into a five-year collaboration under which eligible MMO members have access to the Cigna Healthcare Preferred Provider Organization (PPO)* network when outside of the MMO service area. The MMO service area includes the state of Ohio, as well as Kenton, Campbell, and Boone counties in Kentucky.

What this means for Cigna Healthcare PPO network providers

You are considered a participating provider for eligible MMO members if you participate in the Cigna Healthcare PPO network and are located outside the MMO service area. This means the care you render will be covered as in network. All terms of your current Cigna Healthcare provider agreement apply.

Look for the Cigna logo

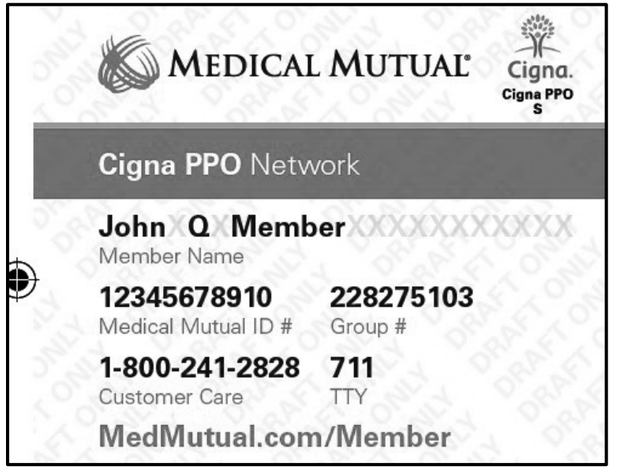
Providers can easily identify eligible MMO members by checking the back of their ID card, which will display a Cigna logo. There are different MMO plans, and the ID cards will include the Cigna logo and Cigna Healthcare claim submission information, when applicable. If an ID card does not show the Cigna logo, please call MMO Customer Service at **800.362.1279** to verify eligibility.

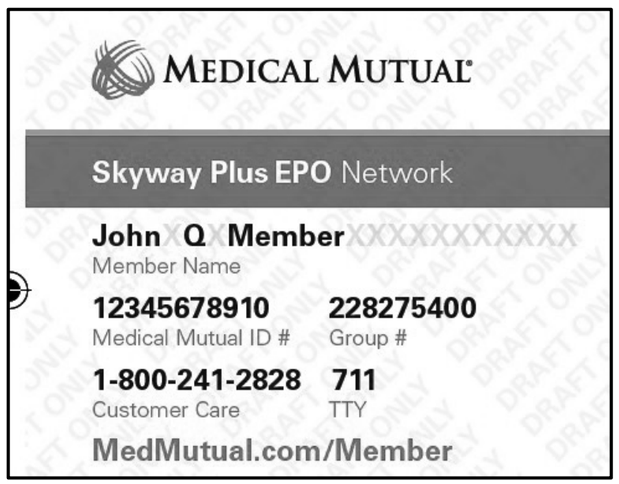
Plan administration

To confirm eligibility and benefits, submit precertification requests, and check claims status for MMO members, please call MMO Customer Service at **800.362.1279**.

Sample ID Cards

The sample ID cards shown below are for illustrative purposes only.





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

Controlling High Blood Pressure: HEDIS measure CPT II codes

For quality tracking purposes, and in accordance with Healthcare Effectiveness and Data Information Set (HEDIS®*) guidelines, providers can submit claims with Current Procedural Terminology Category II (CPT® II) codes for their patients age 18–85 who have a diagnosis of hypertension.

List of CPT II codes for the measure

It's important to ensure you use the correct CPT II codes for blood pressure readings. This will help close HEDIS gaps and prevent the need for medical record reviews.

The proper CPT II codes for blood pressure readings (based on blood pressure levels) are listed below. They have been identified by the National Committee for Quality Assurance (NCQA) as acceptable for the Controlling High Blood Pressure measure.

CPT II systolic codes	
3074F	Most recent systolic blood pressure **less than 130 mm Hg**
3075F	Most recent systolic blood pressure **130–139 mm Hg**
3077F	Most recent systolic blood pressure **greater than or equal to 140 mm Hg**

CPT II diastolic codes	
3078F	Most recent diastolic blood pressure **less than 80 mm Hg**
3079F	Most recent diastolic blood pressure **80–90 mm Hg**
3080F	Most recent diastolic blood pressure **greater than or equal to 90 mm Hg**

Blood pressure reading tips

- If your patient's blood pressure is elevated (above 140/90) when you take a reading, consider retaking their blood pressure. Many times the second reading will be lower. HEDIS allows you to use the lowest systolic and diastolic reading taken on the same day.
- Do not round blood pressure values up.
- Encourage your patients to self-monitor their blood pressure at home and to report the results during their next visit.

*HEDIS is a registered trademark of the NCQA.

CLINICAL NEWS

Kidney Health Evaluation for Patients with Diabetes: New HEDIS measure

An estimated 37 million American adults are affected by kidney disease, but 90 percent are unaware they even have it.* The National Committee on Quality Assurance (NCQA) and the National Kidney Foundation (NKF) hope to change that with the new Healthcare Effectiveness Data Information Set (HEDIS®**) measure – Kidney Health Evaluation for Patients with Diabetes.

The new HEDIS measure will improve kidney disease testing in people with diabetes – a key risk factor for developing kidney disease. The measure evaluates adults – age 18 to 85 with diabetes (type 1 and type 2) – who have received a kidney health evaluation through blood and urine kidney tests during the measurement year. The glomerular filtration rate (eGFR) assesses kidney function and the urine albumin-creatinine ratio (uACR) assesses kidney damage.

The HEDIS measure hopes to reveal any gaps in care for clinicians, who can then develop a treatment plan that may include additional testing, lifestyle changes, medicine, and a referral to a nephrologist for further evaluation.

Clinical practice guidelines recommend that people with diabetes be routinely tested to detect and diagnose kidney disease. Yet, even though these tests are inexpensive and widely available, people with diabetes often don't receive them. We encourage providers who have patients with diabetes to include kidney disease testing as part of annual visits.

Early testing is the best hope of catching kidney disease before it advances to the later, more dire stages, and slowing the progression of the illness.

Learn more on the NKF website.

*"New Kidney Health Evaluation Measure to Improve Kidney Disease Testing in Diabetes Patients." NKF. 21 July 2020. Retrieved from https://www.kidney.org/news/new-kidney-health-evaluation-measure-to-improve-kidney-disease-testing-diabetes-patients.
**HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

CLINICAL NEWS

CDC Hear Her™ campaign: Tips to prevent pregnancy-related deaths

Many people die each year in this country from problems related to pregnancy or delivery complications. According to the Centers for Disease Control and Prevention (CDC), 80 percent of these deaths could be prevented. As part of the Cigna Healthcare commitment to offering providers relevant resources to help inform their treatment and clinical decisions, we share the following **article*** that was recently published by the CDC as part of their Hear Her™ campaign to support the prevention of pregnancy-related deaths.

As a health care professional, you play a critical role in eliminating preventable maternal mortality. One part of the solution is to really hear women's concerns during and after pregnancy, and engage in an open conversation to make sure any issues are adequately addressed.

Listen to pregnant and postpartum women if they experience concerns

Help your patients understand the urgent maternal warning signs and the need to seek medical attention right away. When patients are engaged in their health care, it can lead to improvements in safety and quality. Take steps to make them feel understood and valued during their visit with you.

Here are some things that may make a difference:

- Ask questions to better understand your patient and things that may be affecting their lives.
- Help your patients, and those accompanying them, understand the **urgent maternal warning signs** and when to seek medical attention right away.
- Help patients manage chronic conditions or conditions that may arise during pregnancy like **hypertension**, **diabetes**, or **depression**.
- Recognize **unconscious bias** in yourself and in your office.
- Provide all patients with respectful care.
- Address any concerns your patients may have.

Watch this video

The **video** features Dr. Wanda Barfield, Director of the CDC's Division of Reproductive Health. She shares how health care providers can make a difference in preventing pregnancy-related deaths.

Additional information for:

- **Obstetrics professionals**
- **Pediatricians**
- **Healthcare professionals who serve AIAN communities**
- **Other health care professionals**

Related resources

- **Clinical Resources and Tools**
- **Healthcare Professional Campaign Materials**

*"HEAR HER Campaign: Healthcare Professionals." CDC. 5 December 2022. Retrieved from https://www.CDC.gov/hearher/healthcare-providers/index.html?s_cid=DRH_Hear_Her_SearchOYI_HCPs_Brand_Main.

Timely communication of test results

To lessen your patients' anxiety and concern about clinical tests, it's important they receive their results within a reasonable time frame.

When and how results are shared may vary depending on the type of clinical test, where it is performed, and a practice's established procedures. However, once test results are available, your patients expect to be informed of them in a timely manner — regardless of whether they receive them from the treating provider or the rendering laboratory or facility.

Test result communication policy

To ensure test results are communicated appropriately, we encourage providers to implement policies and procedures that confirm the:

- Patient (or designee) knows when to reasonably expect the results of clinical tests and how they will receive them.
- Patient confidentiality is protected, regardless of how the results are given.
- Patient understands what to do if test results aren't received within the expected time frame.
- Test results are shared in a sensitive, understandable manner that includes all information needed to make informed decisions about future treatment.
- Ordering provider is notified and has access to results prior to patient notification, if the patient will receive results directly from a third party.

ADDITIONAL INFORMATION

For more helpful recommendations to develop or amend a test result communication policy, check out **Eight Recommendations for Policies for Communicating Abnormal Test Results.***

Key definitions to include in a test result communication policy

You may want to consider adding the following key definitions at the beginning of your test result communication policy to help standardize understanding of these terms across many users.*

Test result communication policy definitions

Term	Description
Critical test result	Any result or finding that may be considered life threatening or that could result in severe morbidity and require urgent or emergency clinical attention.
Significantly abnormal test result	Nonemergency, non-life-threatening results that need attention and follow-up action as soon as possible, but for which timing is not as crucial as critical test results. These results generate a mandatory notification in the electronic health record but are not required to be reported verbally.
Critical tests	Tests that require rapid communication of results, whether normal, abnormal, or critical.
Read-back	The process of an individual receiving a critical test result or significantly abnormal test result by writing down and reading back the information to the individual providing this information.
Diagnostic areas	Pathology and laboratory medicine, imaging, cardiology, and other diagnostic areas as defined by the organization.

*Singh, Hardeep; Vij, Sagar "Eight Recommendations for Policies for Communicating Abnormal Test Results." Joint Commission Journal on Quality and Patient Safety. May 2010. 36(5):226-32. Retrieved from https://www.researchgate.net/publication/44609625_Eight_Recommendations_for_Policies_for_Communicating_Abnormal_Test_Results.

Ambulatory medical record reviews

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

We conduct ambulatory medical record reviews annually

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

We will inform providers with ambulatory medical record reviews scores below 100 percent

These providers may be required to submit a corrective action plan outlining the steps being taken to improve documentation. They may also be included in a follow-up medical record review to confirm documentation compliance going forward.

Information most frequently missing

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

- List of medication allergies and intolerances, with specific adverse reactions for each
- Documentation that consultation reports were received and reviewed.
- Documentation of health screenings for alcohol and tobacco usage.

View Cigna Healthcare documentation standards

Go to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > **Medical Record Reviews**.

Questions?

If you have questions about the ambulatory medical record reviews process, please send an email to our dedicated email box at **DedicatedAMRRMailbox@Cigna.com**.

Help us respond to your questions more quickly

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

AMBULATORY MEDICAL RECORD REVIEW CHECKLIST

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

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

Cigna Specialty Care Options programs drug list expansion

Our Cigna Specialty Care Options℠ (SCO) and Cigna Specialty Care Options Plus℠ (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**
VEGZELMA	(bevacizumab)	March 21, 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.

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 injectable listed below.*

Name	Date added
Lamzede® (velmanase alfa-tycv)	May 3, 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**) > 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.

Accredo encourages ePA for faster access to specialty medications

Accredo, a Cigna Healthcare specialty pharmacy, serves patients with chronic, complex conditions that require high-cost, high-touch specialty medications. Accredo understands that prescribers value having ample time to spend with their patients who have these conditions, and many prescribers appreciate digital tools that can help them perform administrative functions more quickly.

One important way prescribers can save time is by using an electronic prior authorization (ePA) tool. When you submit an ePA request for specialty medications, the process is not only quicker for you, but the turnaround time is usually much faster and can help get medication into your patients' hands more efficiently. **Choose the ePA option that works best for you.**

MyAccredoPatients.com
- Access an all-in-one web portal with information at your fingertips.
- Check the status of a prior authorization request or run a prior authorization report quickly.
- Access pre-populated CoverMyMeds ePA forms.
- Complete an ePA request along with a new referral through iAssist,* Accredo's electronic referral service, or simply complete the ePA request as a stand-alone service.

CoverMyMeds®
- Obtain faster prior authorization approvals — often in real time.
- Help decrease prescription abandonment by your patients.
- Submit ePA requests with no paperwork or phone calls to Cigna Healthcare.

Electronic health record
- Manage ePA requests within your existing ePrescribing workflow.
- Access benefit and formulary information in your electronic health record (EHR).
- Receive approval or denial of the ePA request — often in real time.

Surescripts CompletEPA QuickStart®
- Submit full ePA requests with connectivity to 100 percent of pharmacy benefit managers and payers.
- Save valuable time with full integration into your EHR workflow.

For more information, please visit **Accredo.com** > Prescribers > Manage Referrals > **Prior Authorizations.**

TIME-SAVING BENEFITS OF EPA

- Turnaround time is up to six times faster.
- 70 percent of ePAs are approved in minutes.
- 70 percent of ePA users report time savings.**

*Controlled substances are not in scope through iAssist.
**CoverMyMeds Provider Survey, 2019.

Incentives drive preventive screening adherence

Do you have reluctant, high-risk patients who put off annual health screenings? Incentives can encourage patient adherence to these important appointments. Cigna Healthcare rewards patients with Cigna Healthcare Medicare Advantage coverage for getting routine and preventive screenings, which provides additional motivation and can benefit your practice, too.

The Cigna Healthy Today℠ card helps drive adherence with your treatment plan and recommended health screenings. The card has several new benefits for 2023, ranging from out-of-pocket discounts to features designed to address social determinants of health gaps. Even better, there's less paperwork for your practice.

The card gives your patients easy, convenient access to healthy incentives and rewards, as well as to other supplemental benefits (these can vary by location and plan). They can earn up to $200, depending on their plan, for the following health screenings:

Activity	Reward
Yearly health check-up (must complete to earn other rewards)	$30
Diabetes management (must complete two different diabetes screenings)	$30
Colorectal screening	$15 (1 or 3 year) $30 (5 or 10 year)
Bone density screening	$25
Get started with Silver&Fit® (fitness center, coaching, home kit)	$10
Keep going with Silver&Fit (complete 12 workouts or coaching)	$10
Community engagement (complete an activity to connect with others)	$10
Cigna Healthcare online engagement (complete any activity at **myCigna.com**)	$5

How the card works

- Patients complete healthy living activities, beginning with a yearly checkup, to earn rewards.
- Reward dollars are automatically loaded to patients' Healthy Today card. (Providers don't have to sign incentive forms; they simply file the claim for the service and the reward is automatically loaded.)
- Patients can use rewards for health and wellness products at participating retailers.

A win-win for patients and providers

Adherence with preventive screenings drives overall patient health, early identification of chronic conditions, and practice loyalty.
Patients who:

- Have Cigna Healthcare Medicare Advantage plan coverage and earned a yearly health incentive in 2022 were more than 20 percent more likely to follow through with additional recommended preventive health screenings.
- Received a screening incentive were more likely to proactively engage with their provider throughout the year on other health issues .
- Earned a health care incentive responded more favorably regarding their health care experience on the Consumer Assessment of Healthcare Providers & Systems survey and the Health Outcomes Survey.
- Took advantage of the preventive health screenings and related incentives were more likely to remain with their provider practice.

Your patients can learn more by visiting **CignaHealthyToday.com** or by logging in to **myCigna.com** > Wellness > View My Incentives.

Advance directive service for special needs patients

Advance directives document patient preferences for their care, including the use of life-sustaining treatments. But, according to AARP, 54 percent of senior patients don't have an advance directive in place. If those patients become ill and are unable to make decisions on their own, state laws will determine who can make medical decisions on their behalf.

Cigna Healthcare now offers a digital self-service portal to help patients with a Dual Eligible Special Needs Plan (D-SNP)* document their wishes in the event they are unable to make health care decisions. This service, offered through a partnership with Koda Health, lets patients create their own advance directive, free of charge. A Koda Health navigator may contact your eligible patients by phone to help them get started. Patients who have additional needs will be referred to the Cigna Healthcare Population Health case management team for extra support.

YOUR PATIENTS MAY ASK...

Your patients with Cigna Healthcare Medicare Advantage plans may have received an informational mailer about our new advance directives portal. It explains how to access the portal and create an advance directive. Patients can email completed advance directives to their providers via the portal. Cigna Healthcare will be notified when an advance directive is completed but won't receive the directive itself.

*D-SNPs are Medicare Advantage plans that provide specialized care and wraparound services for dual-eligible beneficiaries (eligible for both Medicare and Medicaid).

Streamlined support for your practice

We encourage you to take advantage of the numerous resources available 24 hours a day, 365 days a year at **MedicareProviders.Cigna.com**. Find the information you need faster and simplify administrative processes so that you can focus on what matters most: Your patients.

Cigna Healthcare Medicare Advantage resources

Resource	Available
2023 Cigna Healthcare Medicare Advantage Provider Manual	**MedicareProviders.Cigna.com** > **Provider Manual**
2023 Regulatory Highlights Guide	**MedicareProviders.Cigna.com** > **Claims, Appeals and Practice Support** > Provider Manuals and Regulatory Highlights Guide
Medicare Advantage Quick Reference Guide *Includes a version you can download and print*	**MedicareProviders.Cigna.com** > **Quick Reference Guide**
ICD-10 Provider Tool kit	**MedicareProviders.Cigna.com** > **Provider Education** > Documentation and Coding Resources

Peer-to-peer reviews with Cigna Healthcare medical directors

Cigna Healthcare medical directors are available at any time for peer-to-peer reviews with providers who participate in the Cigna Healthcare Medicare Advantage network. Medical directors make both proactive and post-service peer-to-peer calls in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines to offer support and connect with you. They can help obtain clinical information and have a conversation with you about a patient's care.

Medical directors may reach out to a primary care provider through a:

- Preservice call before a patient's visit to ensure all information is in hand to enable timely decision-making about patient care.
- Post-service call to help efficiently resolve potential issues, reduce administrative burden, and streamline treatment timelines.

SNP-MOC annual training in a snap

Cigna Healthcare has video training and a turnkey attestation that can help you check the box for annual compliance with the CMS Special Needs Plan Model of Care (SNP-MOC) training requirement in 10 minutes or less. All Cigna Healthcare Medicare Advantage network-participating providers should complete the training by December 31, 2023. Go to **CignaSNPTraining.com**.

Continued on next page.

Streamlined support for your practice (cont.)

Precertification and prior authorization

Fewer than six percent of all medical services for your patients with Cigna Healthcare Medicare Advantage plans require prior authorization. Benefits of precertification and prior authorization include:

- Provides information for providers and patients regarding the coverage of services.
- Helps patients receive disease management, case management, and other available services.
- Helps prevent potential noncovered services and unplanned charges to the patient.
- Facilitates timely payment of claims to all providers
- Reduces duplication of services.
- Enables patients to receive evidence-based medicine and care.
- Supports the quality pillar of evidence-based care and guidelines.

View current prior authorization guidance at **MedicareProviders.Cigna.com** > **Prior Authorization Requirements.**

Prior authorization reminders

Ensure timely notification and support for your treatment plan.

Cigna Healthcare prior authorization requirements support your treatment plan, cost-effective care, and patient health outcomes. If timely prior authorization cannot be obtained, notify Cigna Healthcare or the delegated utilization management agent, as well as the appropriate participating provider, no later than 24 hours after ordering or providing the covered service, or on the next business day.

Admission notification

For timely and efficient treatment planning, remember that notification for emergency or urgent admissions should be submitted within 24 hours of admission or the next business day (whichever is later), even when the admission is prescheduled. Home health agencies have seven days from the initial visit to establish a care plan and should include all visits needed to establish the plan of care when requesting prior authorization.

Ensure timely admissions notification by reviewing prior authorization requirements regularly and before delivering planned services at **MedicareProviders.Cigna.com** > Prior Authorization Requirements.

You can find complete policy details at **MedicareProviders.Cigna.com** > **Provider Manual.**

Corrected Evidence of Coverage (EOC) for telehealth visits

The previous EOC for Physician/Practitioner services, including doctor's office visits, did not clearly outline the copayment for each Medicare-covered telehealth specialist visit.

A corrected EOC was effective May 1, 2023, and can be found by going to **Cigna.com** > For Medicare > Member Resources > Find Your Plan Documents > **Evidence of Coverage (EOC)**.

COVID-19 RESOURCES

As a reminder, the COVID-19 public health emergency (PHE) ended earlier this year.

For the latest post-PHE guidance regarding Cigna Healthcare Medicare Advantage coverage, billing guidelines, and answers to your diagnostic and treatment questions, visit the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Medical Resources > Doing Business with Cigna > **Cigna's response to COVID-19.**

Clinical, reimbursement, and administrative policy updates

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

Policy name	Description of service	Update	Effective date
Emergency Room Services (MAR36) reimbursement policy	Emergency room (ER) services are typically performed in a designated emergency department that is set up to provide unscheduled episodic services when a patient needs immediate medical attention. ER services are provided by a physician or other qualified health care provider.	We will review facility claims submitted on Form UB-04 with ER evaluation and management Current Procedural Terminology code 99285 for billing and coding accuracy in Pennsylvania and Texas.	August 15, 2023, for claims processed on or after this date (Pennsylvania and Texas only)

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

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Physician quality and cost-efficiency reconsideration requests due September 8

Cigna Healthcare regularly evaluates physician quality and cost-efficiency information. Physicians who meet specific criteria can receive the Cigna Care Designation (CCD) for a given measured specialty. CCD denotes a higher-performing provider, based on the criteria outlined in the 2024 Quality, Cost Efficiency, and Cigna Care Designation methodology **white paper**.

Customers will be able to preview physician Tier I displays in October 2023 in the provider directories on our public site, **Cigna.com**, and customer site, **myCigna.com**. This will help enable customers to make decisions about provider selection during their open enrollment period. The designations will become effective on January I, 2024.

2024 results sent to providers in July

In July 2023, we mailed information to primary care providers and specialists in 21 specialties informing them how to obtain their 2024 quality, cost-efficiency, and CCD profile directory display results.* The communication gives instruction on how to request reports, review results, submit inquiries, and submit changes or reconsideration requests.

When amended results will appear in online directories

Reconsideration requests that we receive by September 8, 2023, and that result in a change in designation status, will be viewable in the online directories on **Cigna.com** and **myCigna.com** by October 2023. Requests received after September 8, and that result in a change of status, will display on these websites after October 2023 when we publish updates again.

For more information or to request reconsideration

To review additional quality and cost-efficiency information, obtain a full description of the methodology and data that our decisions were based on, correct inaccuracies, request that we reconsider your quality or cost-efficiency results, or submit additional information, send an email to **PhysicianEvaluationInformationRequest@CignaHealthCare.com** or fax your request to **866.448.5506**.

When submitting a request, be sure to include your:

- Full name and telephone number.
- Practice name and full address.
- Taxpayer Identification Number.
- Reason for the request.
- Supporting documentation, if applicable.

After we receive your request for more information or reconsideration, a Quality Clinical Manager will contact you to provide additional details about the program and your profile results.

Methodology

You can view a full description of the methods we use to determine 2024 provider quality, cost efficiency, and CCD results at **Cigna.com/CignaCareDesignation.**

*Providers in certain markets received actual results in compliance with state regulations.

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 May 19, the FDA approved **VYJUVEK™** (beremagene geperpavec) from Krystal Biotech. VYJUVEK is the first topical and redosable gene therapy to treat people with dystrophic epidermolysis bullosa (DEB) and is the only FDA-approved treatment for DEB. It is projected to be available in the second half of 2023 from providers designated by Krystal Biotech as Centers of Excellence for DEB treatment.

On May 29, the FDA approved delandistrogene moxeparvovec from Sarepta Therapeutics, Inc., in partnership with Roche Holding AG. Delandistrogene moxeparvovec is the first gene therapy designed to treat the underlying cause of Duchenne muscular dystrophy by delivering a functional, shortened dystrophin gene to muscle tissue. It is projected to be available in the second half of 2023.

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

Expanding our list of participating providers

We are pleased to announce that additional providers have contracted with the Cigna Healthcare Gene Therapy Program to administer LUXTURNA®, SKYSONA®, ZOLGENSMA® and ZYNTEGLO® to Cigna Healthcare customers:

Center	Location	Therapy
Alkek Eye Center, Baylor College of Medicine Jamail Specialty Care Center	Houston, TX	LUXTURNA
Children's Healthcare of Atlanta at Egleston	Atlanta, GA	ZOLGENSMA
Children's Healthcare of Atlanta at Scottish Rite	Atlanta, GA	ZOLGENSMA
Children's Hospital of Philadelphia*	Philadelphia, PA	SKYSONA, ZYNTEGLO
Erlanger Baroness Hospital	Chattanooga, TN	ZOLGENSMA
Erlanger East Hosptial	Chattanooga, TN	ZOLGENSMA

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

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 third quarter NIIFS has been updated and will become effective on August 1, 2023.

For additional information

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

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 Gene Therapy Program. To access this guide, log in to **CignaforHCP.com** > Resources > Reference Guides > Medical Reference Guides: View Documents > Health Care Professional Reference Guides.

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

*Currently contracted to administer LUXTURNA and ZOLGENSMA.
**"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.

GENERAL NEWS

Physical and occupational therapy medical necessity review program

Effective September 1, 2023, American Specialty Health® (ASH), a Cigna Healthcare national ancillary provider, will begin 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 Healthcare commercial and Individual & Family Plan plans.*

ASH currently 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

Effective September 1, 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
- **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**) > Get questions answered: Resource > Coverage Policies > Medical and Administrative A-Z Index: View Documents > **Physical Therapy - (CPGI35)** or **Occupational Therapy - (CPGI55).**

Learn more

Prior to the September 1 effective date, training and educational information will be available on **ASHLink.com**.

*Applicable markets: Alabama, Alaska, 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, Wisconsin, and Wyoming.

GENERAL NEWS

DispatchHealth: On-demand, urgent in-home health care services

DispatchHealth, a Cigna Healthcare national ancillary provider, delivers on-demand, in-home health care services in 27 states to customers who require treatment for an urgent medical need or a complex injury or illness. They provide services in the customer's home or in a senior care facility instead of in an emergency room or urgent care center.

These services became available to Cigna Healthcare commercial customers on April 1, 2023, and to Cigna Healthcare Medicare Advantage customers on June 1, 2023.

How it works
DispatchHealth provides care 365 days a year, 8:00 a.m.–10:00 p.m. local time. Customers can request care by visiting their website (**DispatchHealth.com**) > **Request a visit** or by calling them at **888.967.9660**.

When a customer calls DispatchHealth, a representative will ask for details about the illness or injury, as well as for their address and name of their primary care provider (PCP). The representative will either set up an in-home appointment or have the customer complete a secondary telephone screening with a DispatchHealth medical provider.

If DispatchHealth determines an in-home visit is needed, a care team will usually arrive at the customer's home within a few hours. Each care team consists of a physician assistant or nurse practitioner, a medical technician, and an on-call emergency room physician.

DispatchHealth will call in any prescriptions needed, provide updates to the customer's PCP, and submit the claim to Cigna Healthcare on the customer's behalf.

Questions
For more information, go to **DispatchHealth.com** or call DispatchHealth at **855.222.2691**.

Virtual speech therapy available via Great Speech

Approximately 13 percent of Americans experience some form of a communication disorder,* which can negatively affect their physical and mental health. Early diagnosis, identification, and treatment of a communication disorder can help improve health outcomes, mental health, and quality of life. It may also slow disease onset or the progression of a medical condition such as Alzheimer's disease, dementia, or Parkinson's disease.

Great Speech virtual speech therapy

Great Speech, a Cigna Healthcare national ancillary provider, has a network of virtual speech language pathologists who can work with your patients from their homes to address and overcome speech and communication difficulties.

Speech therapists in the Great Speech network:

- Are highly specialized and matched with patients to treat specific conditions.
- Have flexible hours and are available evenings and weekends 8:00 a.m.–9:00 p.m. in all time zones.
- Enable individuals to address their particular communication challenges.
- Help patients reach their goals in a shorter time frame.

Benefits of speech therapy

Speech therapy can support a variety of conditions, including:

- Alzheimer's and dementia.
- Articulation disorder.
- Autism spectrum disorder.
- Cognitive communication disorder.
- Hearing loss.
- Parkinson's disease.
- Stroke and aphasia rehabilitation.
- Stuttering and social skills.
- Transgender voice affirmation.
- Traumatic brain injury.
- Voice disorder.
- Emerging post-COVID-19 speech and cognitive impairment symptoms.

Scheduling Great Speech therapy

If you have patients who may benefit from speech therapy, we encourage you to refer them to Great Speech as their services are considered in network for many Cigna Healthcare commercial and Medicare Advantage plans.**

ELIGIBLE CUSTOMERS CAN SCHEDULE SESSIONS WITH A SPEECH THERAPIST VIA:

Website: GreatSpeech.com
Telephone: 954.820.7400 or 833.5SPEECH (577.3324)
Email: info@GreatSpeech.com

Note that Great Speech will obtain precertification or prior authorization, if required.

For more information: Visit **GreatSpeech.com**.

*2017-2021 NIDCD Strategic Plan. National Institute on Deafness and Other Communication Disorders. 19 November 2021. Retrieved from https://www.NIDCD.NIH.gov/about/strategic-plan/2017-2021-nidcd-strategic-plan.

**Subject to your patient's eligibility, benefit plan design, and limitations. Great Speech services are not currently available for customers: with plans that use Cigna Healthcare third-party vendor networks, alliance networks, or client-specific networks; in the U.S. territories, in the following states: MS, ND, WI, and WY (commercial customers); MS (individual Cigna Healthcare Medicare Advantage customers); and HI, ND, MS, MT, WI, and WY (nationwide Cigna Healthcare Medicare Advantage Employer Group Waiver Plan preferred provider organizations).

Tips for managing third-party administered benefits

Employer groups who require a high level of customization and flexibility may choose to have third-party administrators (TPAs) administer their benefit plans.

Cigna Healthcare Payer Solutions has relationships with select TPAs to help meet these needs by providing a breadth of complementary product solutions, including access to our medical network of providers.

Why it's important to know if your patient has a TPA-administered plan

If your patient has a TPA-administered plan, you will want to contact the TPA for questions related to:

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

Cigna Healthcare cannot answer questions related to the topics above for patients with TPA-administered plans.

How to determine if a patient has a TPA-administered plan

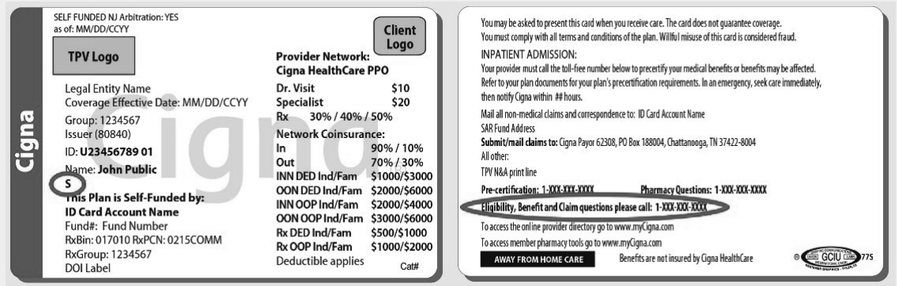
There are two ways to determine if your patient has a TPA-administered plan. The first option is to check their ID card. The second option is to log in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) and view their coverage details.

Option 1: Patient's ID card

The ID card for a patient with a TPA-administered plan will have the letter "S" on the front side.

The ID card will include the:

- Paper and electronic claims submission addresses.
- TPA's telephone number and address(es) for inquiries about eligibility, benefits, claim status, and payment.



Option 2: Coverage details on CignaforHCP.com

When you perform a search of your patient on **CignaforHCP.com**, the Coverage Details screen will indicate if the patient's has a TPA plan, and display the TPA name and phone number.

Additional information

Learn more by visiting **CignaforHCP.com** > Get questions answered: Resource > Medical Resources > Medical Plans And Products > **Payer Solutions**.

No Surprises Act and claim dispute negotiation requests

On December 27, 2020, the Consolidated Appropriations Act, 2021, which is sometimes referred to as the No Surprises Act (NSA), was signed into law.

The NSA established a dispute resolution process for nonparticipating providers, which includes post-payment negotiations and a binding independent dispute resolution process.

Who is eligible to submit negotiation requests?
Only nonparticipating providers can initiate the NSA's dispute resolution process. This means that before submitting an NSA open negotiation request to Cigna Healthcare, it's important that providers make sure they do not participate in the network aligned to that patient's plan and that the services submitted on the claim are considered out of network. Explanation of payments and direct deposit activity reports for claim payments will contain information on whether the NSA applies and, if so, how to initiate dispute resolution.

Questions
If you have any questions, please contact your Cigna Healthcare representative.

Coordination of care

Coordination of care is the process by which a patient's team of providers cooperatively help coordinate care management and ensure access to quality, cost-effective care. Disruptions in care and lack of timely communication may result in delays in treatment and possibly poor health outcomes for patients. Through communication, planning, and collaboration, continuity and coordination of care can be achieved to ultimately meet patients' needs.

To help facilitate continuous and appropriate care for patients, our quality program monitors, assesses, and identifies opportunities to take action and improve upon continuity and coordination of care across health care settings and between providers.

Our quality programs monitor for:

- Coordination of care
  - During transitions between inpatient settings, such as hospitals, skilled nursing facilities, or hospice.
  - In outpatient settings, such as rehabilitation centers, emergency departments, or surgery centers.
  - When patients move between providers (for example, from a specialist to a primary care provider).
- Notification of patients and their transition from providers who have been terminated from a network.
- Patients who qualify for continued coverage of services rendered by providers who have been terminated from a network for reasons other than quality.

We have developed tools based on our assessments to serve as models for exchanging clinical information that help facilitate continuity and coordination of care. The tools are available for download from the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Get questions answered: Resource > Medical Resources > Commitment to Quality > Quality > **Continuity and Coordination of Care**.

RECOGNIZED NCQA NYS PATIENT-CENTERED MEDICAL HOME

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers, and researchers.

Behavioral Health Centers of Excellence program

The Evernorth Behavioral Health Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost efficiency for our participating mental health, substance use disorder, and eating disorder treatment providers. We evaluate data annually to determine if facilities will be added to or removed from the program. The facilities that meet quality and cost-efficiency metrics are designated as Centers of Excellence.

Patient outcomes score

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

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

Cost-efficiency score

The cost-efficiency score is a measure of a facility's average cost to treat mental health, a substance use disorder, or an eating disorder, and is based on a facility's fee schedule and average length-of-stay data. It does not include provider fees or outpatient services, and is severity adjusted for comparison.

The score reflects the rates that a facility charges, as well as the average time spent in the facility for the specific treatment. A variety of factors, including geographic cost differences, may affect the overall score.

Star displays

A facility can receive a score of up to three stars(*), for both patient outcomes and cost efficiency, for each evaluated condition. Those that attain at least five stars (three stars for patient outcomes and two stars for cost efficiency, or three stars for cost efficiency and two stars for patient outcomes) receive the Evernorth Behavioral COE designation.

Additional information

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

To find an Evernorth Behavioral COE facility in your area, call the phone number on the back of your patient's ID card or visit **Cigna.com** > **Find a Doctor.** When prompted, search for a health facility using the COE designation. Your patients can also locate COE facilities by logging into **myCigna.com.**

*The COE program reflects only a partial assessment of quality and cost efficiency for select facilities. Therefore, it should not be the sole factor used when you or your patients make decisions about where they should receive care. We encourage individuals to consider all relevant factors and to speak with their treating physician when selecting a facility.

Cigna Healthcare quality resources and more

We want you to have the latest information about our quality initiatives, case management programs, and health and wellness programs, as well as medical and pharmacy coverage policies, behavioral clinical practice guidelines, and utilization-management decisions.

We hope you find these resources helpful when considering care options for your patients with Cigna Healthcare coverage.

You can find the following resources on the Cigna for Health Care Professionals website (**CignaforHCP.com**).

Quality initiatives	**CignaforHCP.com** > Get Questions answered: Resource > Medical Resources > Commitment to Quality > **Quality**
Case management/ health and wellness	**CignaforHCP.com** > Get Questions answered: Resource > Medical Resources > **Case Management/Health and Wellness**
Medical and pharmacy coverage policies	**CignaforHCP.com** > **Review Coverage Policies**
Behavioral clinical practice guidelines	**CignaforHCP.com** > Get questions answered: Resource > **Behavioral Health Resources**

Utilization management

We base utilization-management decisions on appropriateness of care and services, standardized evidence-based criteria, and existence of coverage.

We do not reward decision makers for issuing denials of coverage. There are no financial incentives in place for utilization-management decision makers who encourage or influence decision-making.

Your patients have the right to disagree with a coverage decision, and we will provide them with instructions on how to submit an appeal. Your patients can also elect to obtain care at their own expense.

The following services are available to you and your patients, free of charge, when you submit a utilization management request:

- Language line services.
- Telecommunications device for the deaf (TDD) and teletypewriter (TTY) services. Any deaf, hearing-impaired, or speech-impaired person in the United States can access these services through the 711 dialing code to the Telecommunications Relay Services (TRS), which interfaces with the existing phone equipment used by hearing-impaired persons.

Cigna Collaborative Care Health Equity Action Awards recognize three groups

Health equity can be achieved only when every person has the opportunity to reach their full health potential, regardless of social, economic, or environmental circumstances. Yet there are many people in this country who still experience greater obstacles to health based on their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity, disability, and the conditions in the environments where they live and work.

Health Action Equity Awards Challenge

To celebrate and recognize provider partners in the Cigna Collaborative Accountable Care (CAC) program who are going above and beyond to achieve health equity in their patient populations, we recently held a Cigna Health Equity Action Awards Challenge in conjunction with the 15th anniversary of the CAC program. In their entries, providers shared their initiatives to address health disparities and reduce the negative impacts of social determinants of health (SDOH) in their communities.

From the 38 entries we received, we selected three winning award recipients: Novant Health, Northwell Health, and Phoenix Children's Care Network.

Gold Award: Novant Health
Addressing food insecurity

Novant Health won the top award for their work addressing food insecurity in the greater Winston-Salem North Carolina area with their "food as medicine" strategy. They developed Novant Health Nourishes, a plan to help those who screened positive for food insecurity.

Novant Health prepared and began distributing emergency packs of healthy food for families and individuals, along with "pop-top" food packs of ready-to-eat meals for those without access to cooking appliances. The packs, which are sourced from local food banks and community partners, are distributed at points of care when urgent food insecurity is identified during SDOH screenings. To support longer-term access to food, Novant Health also helps connect food-insecure individuals to print or digital resources to navigate local food pantries and social benefit programs. They also connect people with multiple social needs to community health workers and social workers.

Since the launch of the program in January 2022, Novant Health has conducted nearly 370,000 screenings for food insecurity and connected nearly 60 percent of food insecure patients with a local community resource.

As the winner of our Gold Award, Novant Health has been presented with $10,000 from The Cigna Group to support the program through a 501c3 charity of their choice. Novant Health was also invited to The Cigna Group's national client account forum to share their initiative and outcomes with hundreds of the nation's leading businesses and organizations, with the goal of helping others enact similar programs to address health disparities and build awareness from their findings.

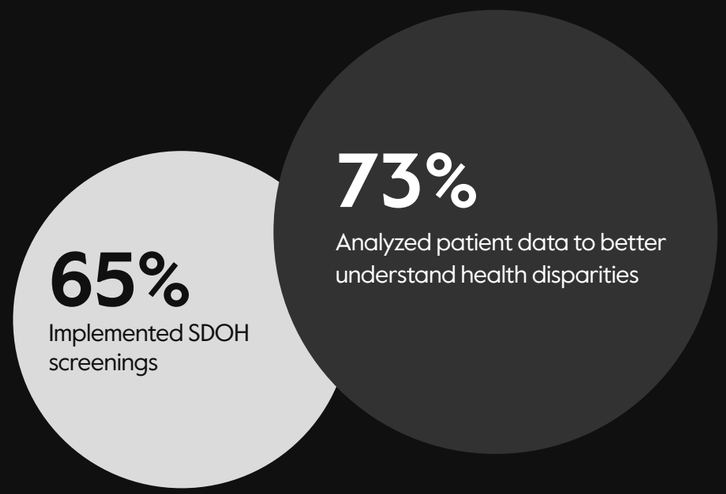
Continued on next page.

CIGNA CAC PROGRAM TARGETS HEALTH EQUITY

For 15 years, the Cigna CAC program has improved access to coordinated care and, through this effort, began its journey to address health disparities with networks of doctors, hospitals, and specialty providers to adopt value-based metrics that reward providers based on the improved outcomes, affordability, and experiences they achieve — rather than just the number of services they provide.

The CAC program takes this model to another level as an industry leader by embedding health equity outcomes into these value-based relationships. We do this by creating a culture of collaboration and accountability, and through financial rewards for providers who proactively screen for SDOH and create programs or initiatives to address health disparities.

THE CIGNA GROUP: PROVIDERS THAT PARTICIPATE IN A CAC PROGRAM*



*2021

Cigna Collaborative Care Health Equity Action Awards recognize three groups (cont.)

Silver Award: Northwell Health
Innovative and collaborative COVID-19 response

Northwell Health in the New York market won the second-highest award for their innovative and collaborative COVID-19 response in outreaching to communities disproportionately affected by the pandemic.

In 2020, Northwell Health was the first health care provider in New York State to bring testing access directly to communities of need, emerging as a national leader in addressing the disproportionate impact on under-resourced, low-income communities. They set up a health equity task force, working directly with community and faith leaders and local government. Together, they established a grassroots distribution of culturally competent and multilingual educational materials, and convenient testing and vaccination sites in the areas of most need.

In addition, after recognizing high rates of preexisting chronic conditions and a need for mental health care in these communities, Northwell Health addressed these issues by bringing medical and behavioral health clinics into these areas. They also provided local faith leaders with first aid training for stress and mental health.

To date, Northwell Health has provided over 700,000 vaccine doses at over 1,100 faith-based and community pop-up locations, with more than half administered to community members in areas with the greatest social need. Additionally, they distributed over 12,500 copies of culturally appropriate educational materials and resource guides.

Bronze Award: Phoenix Children's Care Network
Standardized SDOH screening and referral for children

Phoenix Children's Care Network won the third-highest award for their work in screening children and their families for SDOH in Arizona, and for creating a referral process to help support and manage unmet social needs. Research shows that children with unmet SDOH needs are more likely to experience developmental delays, have decreased functioning of their immune and nervous systems, and have behavioral and mental health issues.

Phoenix Children's Care Network developed a comprehensive, standardized set of SDOH screening tools for their network of over 1,000 pediatric primary care providers and specialists, with the goal of screening every patient at every visit. For those identified as being at-risk, Phoenix Children's Care Network established an integrated care coordination team comprising care navigators, social workers, nurses, and others to help guide families through resources and support.

To date, the integrated care coordination team has identified thousands of needs related to SDOH among children. Going forward, the team is aiming for a 25 percent increase in the number of standardized SDOH screenings.

LEARN MORE

For additional details about these award-winning initiatives, read the latest **news release**.

Continued on next page.

Cigna Collaborative Care Health Equity Action Awards recognize three groups (cont.)

Cigna Collaborative Accountable Care 15th Anniversary and Health Equity Awards Challenge
Congratulations to the award recipients

Gold Award: Novant Health

Addressing food insecurity

370,000
screenings conducted for food insecurity

Area: Winston Salem, NC

6 out of 10
were connected to a local resource

Silver Award: Northwell Health

Innovative and collaborative COVID-19 response

700k
vaccines provided

1,100
pop-up locations

More than 350k were given to those with the greatest needs

Bronze Award: Phoenix Children's Care Network

Standardized SDOH screening and referral for children

1,000+
Standardized SDOH screening tools for over 1,000 pediatric providers

Goal:
Screening every patient at every visit

REGIONAL NEWS

Quarterly notification of Maryland nonparticipating specialists

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

Second quarter 2023 nonparticipating specialists update
View the **list of the specialists** in Maryland whose participation in our network ended between April 1, 2023, and June 30, 2023. We hope this list helps you to consistently refer your patients with Cigna Healthcare-administered coverage to network-participating specialists.

Reminder: These updates appear exclusively in *Network News*
We no longer mail or email the quarterly updates to PCPs. We hope this has helped reduce the amount of paper you receive from us and has made it easier to access and view this important information.

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

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).

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.

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

Free ACEs training

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

You may receive 2.0 Continuing Medical Education (CME) credits and 2.0 Maintenance of Certification (MOC) credits upon completion.

For training details, visit the ACEs Aware training website: (**https://training.ACEsAware.org**).

The free training is available to any provider.

How to attest to completion of the online training

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

*ACEsAware.org > ACE Fundamentals > The Science of ACEs & Toxic Stress.

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

California language assistance law (CALAP)

California law requires health plans to provide Language Assistance Program (LAP) services to eligible customers with limited English proficiency (LEP). To support this requirement, Cigna Healthcare provides language assistance services for eligible Cigna Healthcare participants, including those covered by our California health maintenance organization (HMO), Network Open Access, and Network Point of Service (POS) plans, as well as for individuals covered under insured California-sitused preferred provider organization (PPO) plans and open access plans (OAPs).

Cigna Healthcare LAP-eligible customers are entitled to the following free services:

- Spanish or Traditional Chinese translation of documents considered vital according to California law.
- Interpreter services at each point of contact, such as at a provider's office or when calling Cigna Healthcare Customer Service.
- Notification of rights to LAP services.

California-capitated provider groups are responsible for:

- Inserting or including the LAP notification in English vital documents sent to individuals with Cigna Healthcare HMO plan coverage.
- Educating providers in their practice that they must offer the Cigna Healthcare free telephone interpreter services by calling **800.806.2059** to support their LEP patients with Cigna Healthcare coverage. Even if a provider or office staff member speaks in the patient's language, a professional telephone interpreter must always be offered. If the patient refuses to use a trained interpreter, it must be documented in his or her medical record.
- Supplying the **California Customer Grievance Form** and **grievance brochure** to Cigna Healthcare customers who communicate dissatisfaction with the services or care received, a utilization management decision, or a claim denial. To download and print the form in English, Spanish, or Traditional Chinese, go to **Cigna.com** > I want to... > Find a Form > Medical Forms > **Cigna in California** > Cigna, Grievances & Appeals:
  - > Cigna Grievance Procedure > California Grievance Brochure
  - > How to File a Grievance > Medical Grievance Form

For additional information:

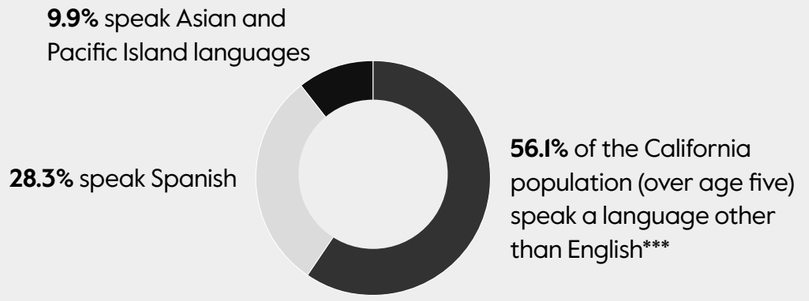
- Refer to the California edition of the Cigna Reference Guide for physicians, hospitals, ancillaries, and other providers by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.
- Review the **California Language Assistance Program** web page.*
- Download the **provider training presentation** about LAP regulations and how to access language services for your patients with Cigna Healthcare coverage.**
- Contact your Experience Manager.

RACIAL AND LINGUISTIC DIVERSITY AT A GLANCE

Cigna Healthcare collects language preference, race, and ethnicity data for California-eligible customers.

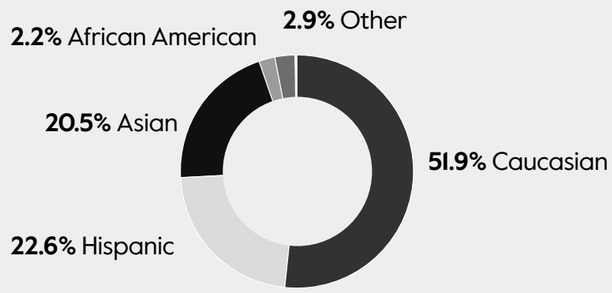
Language

Cigna Healthcare uses California demographic data as a proxy for our customer base until we have a statistically valid number of customer language preference records. The data listed below is currently available for the most non-English spoken languages in California.***



Racial and ethnic composition

The data below is an indirect estimation of Cigna Healthcare California customers. The figures were derived from a methodology that uses a combination of census geocoding and surname recognition.



*Visit Cigna.com > For Providers > Provider Resources > Cultural Competency and Health Equity > California Language Assistance Program.
**Visit Cigna.com > For Providers > Provider Resources > Cultural Competency and Health Equity > More Resources: California Language Assistance Program Training for Providers and Staff.
***2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from https://data.census.gov/cedsci/table?q=California&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACSSTIY2019.SI601&vintage=2018.

New Mexico language assistance law

New Mexico law requires health plans to provide free language assistance services to all customers who reside in New Mexico. Cigna Healthcare provides free interpreter services at all Cigna Healthcare locations and provider points of contact for all customers in New Mexico with Cigna Healthcare-administered plans (regardless of product type) who have limited English proficiency (LEP) and/or differing hearing abilities that qualify under the Americans with Disabilities Act (ADA) for sign language.

Language assistance services that providers are responsible for offering

Language service needed	Action	Details
LEP patient office visit or phone calls	Call the Cigna Healthcare toll-free number at **800.806.2059** for free professional over-the-phone interpreter services. Periodically validate with the over-the-phone interpreter that interpretation is accurate.	Be ready to provide the patient's Cigna Healthcare ID number and date of birth. If telephone interpretation services do not meet the needs of your patient in New Mexico with a Cigna Healthcare-administered plan, you can schedule free face-to-face and video remote interpreter services, including American Sign Language (ASL), by calling Cigna Healthcare Customer Service at **800.88Cigna (882.4462)**. For face-to-face Spanish interpreters, please allow at least three business days to schedule services. For all other languages, including ASL, please allow at least five business days to schedule services.
Deaf patient office visit	Call Cigna Healthcare Customer Service at **800.88Cigna (882.4462)** to schedule an appointment for free sign language interpreter services.	Provide information about the patient's next scheduled appointment and type of sign language service needed (e.g., ASL). For ASL interpreters, please allow at least five business days to schedule services.
Deaf patient telephone service relay	Call 711 Telecommunications Relay Services (TRS)	711 TRS is a no-cost relay service that uses an operator, phone system, and a special teletypewriter (telecommunications device for the deaf [TDD] or teletypewriter [TTY]) to help people with hearing or speech impairments have conversations over the phone. The 711 TRS can be used to place a call to – or receive a call from – a TTY line. Both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven- or 10-digit access number. Simply dial 711 to be automatically connected to a TRS operator. Once connected, the operator will relay your spoken message in writing and read responses back to you. In some areas, 711 TRS offers speech impairment assistance. Specially trained speech recognition operators are available to help facilitate communication with individuals who may have speech impairments.[1]
Refusal of service: An LEP or deaf patient wants to use a family member or friend to interpret OR An LEP patient wants to speak with bilingual office staff	Offer a telephone interpreter to the LEP patient. Discourage the use of family and friends — especially minors — as interpreters. Offer a trained, qualified telephone interpreter, even if a provider or office staff member speaks in the patient's language.	If a patient insists on using a family member or friend, or refuses to use a trained interpreter, document this in his or her medical record.

Continued on next page.

1. Better Communication, Better Care: Provider Tools to Care for Diverse Population. Industry Collaboration Effort. March 2017. Retrieved from https://www.iceforhealth.org/library/documents/Better_Communication,_Better_Care_-_Provider_Tools_to_Care_for_Diverse_Populations.pdf.

New Mexico language assistance law (cont.)

Language assistance services that Cigna Healthcare is responsible for offering

Language service needed	Action	Details
LEP customer telephone communication at Cigna Healthcare point of contact	Customers call the telephone number on the back of their Cigna Healthcare ID card for access to Cigna Healthcare bilingual staff and free interpreter services.	Cigna Healthcare uses qualified professional interpreters and bilingual staff tested for proficiency in language and health care terminology in non-English languages.
Deaf or hard-of-hearing telephone communication at Cigna Healthcare point of contact	Customers dial 711 for TRS.	Cigna Healthcare staff follow department workflows to communicate with deaf or hard-of-hearing customers.
LEP customer telephone and in-person interpreter services at provider point of contact	Customers have access to these services at the provider's office at no cost to the provider.[2]	Each contract requires the health care insurer or managed health care plan to provide interpreters for LEP individuals, and interpretative services for patients who qualify under the ADA. Refer to **Tips for Working with a Language Interpreter**[3] for more information.

RACIAL AND LINGUISTIC DIVERSITY AT A GLANCE

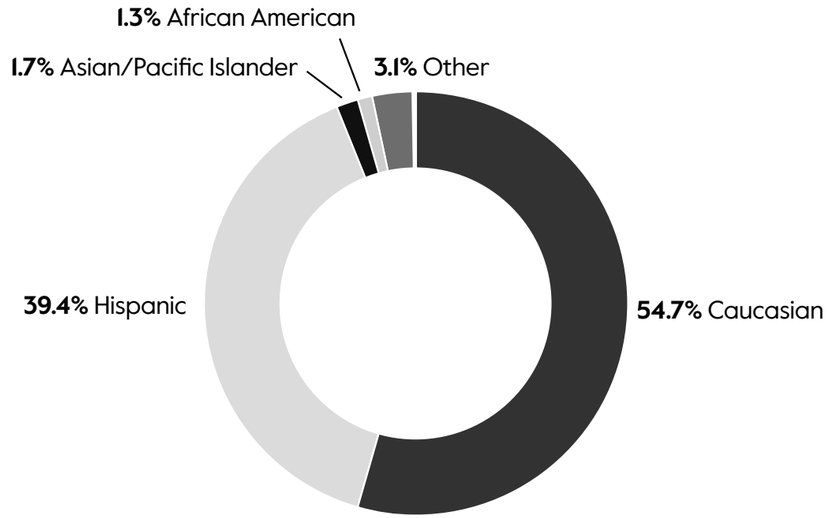
Cigna Healthcare collects language preference, race, and ethnicity data for New Mexico customers.

Language

Cigna Healthcare uses New Mexico demographics data as a proxy for our customer base until we have a statistically valid number of customer language preference records. Available data for spoken languages other than English shows that Spanish, at 26 percent, is the most spoken non-English language in New Mexico.[4]

Racial and ethnic composition

This data below is an indirect estimation of the racial composition of Cigna Healthcare New Mexico customers. The data was derived from a methodology that uses a combination of census geocoding and surname recognition.



2. New Mexico Administrative Code, Title 13, Chapter 10, Part 22, Section 12 (13.10.22.12).
3. Cigna.com > For Providers > Provider Resources > Cultural Competency and Health Equity > Language Assistance Services > Tips for Working with a Language Interpreter.
4. 2019 5-Year American Community Survey. U.S. Census Bureau. December 2019. Retrieved from https://data.census.gov/cedsci/table?q=new%20mexico&t=Language%20Spoken%20at%20Home&hidePreview=false&tid=ACSSTIY2019.SI601&vintage=2018.

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 30**.

Continued on next page.

Market medical executives contact information (cont.)

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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** 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**. Their response (or "review") is vetted to ensure it meets certain editorial guidelines.

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

Who receives reviews?

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

How to access your reviews

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

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

*For U.S. customers only.

Quick Guide to Cigna ID Cards

The *Quick Guide to Cigna ID Cards* contains samples of the most common customer ID cards for Cigna 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 Healthcare + Oscar plans, and indemnity plans.

How to access the guide

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

What's in the guide

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

- To learn more about a featured Cigna 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**.

CareAllies®

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

Cultural resources you can use

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

Health disparities resources

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

Social determinants of health: Addressing Health Inequities training

You may receive 1 AMA PRA[2] Category I Credit™ upon **course** completion. Explore the impact of health inequities on patient outcomes and how you can confront socioeconomic barriers.

Tool kit: Gender-inclusive language guidelines

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

Cultural competency training

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

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

Language assistance services[4]

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 Healthcare coverage, and more.

CultureVision

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

CRCultureVision.com
Login: CignaHCP
Password: HealthEquity2021!

NEW SOUTH ASIAN CULTURAL COMPETENCY RESOURCES

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

- South Asian Health Disparities **web page** and **white paper**.[5]
- **Digital guide**: South Asians and Heart Health.
- **Digital guide companion** (one page).
- **Video** (*four minutes*): South Asians and Heart Health.

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

HELPFUL REMINDERS

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
- 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).

It's easy to view and submit demographic changes online

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

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

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

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

HELPFUL REMINDERS

Get digital access to important information

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

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

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

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** and click **Register.**

Access the archives

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

Letters to the editor

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

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