

# Network News

OCTOBER 2015

**For health care professionals**



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# ICD-10: WE’RE PREPARED

On October 1, 2015, we transitioned from the International Classification of Diseases, Ninth Edition (ICD-9) to International Classification of Diseases, Tenth Edition (ICD-10) as the code set for medical diagnoses and inpatient hospital procedures. Leading up to this date, we made significant changes to our systems, and performed extensive testing. We also prepared plans and processes to help our operations continue to run smoothly, and prevent disruptions to your claim payments.

## Ways we’ll meet potential needs

We want you to have a good experience with Cigna. If you have any concerns resulting from the ICD-10 transition, we are ready to handle them. We’ve developed special internal processes and action plans specifically for this purpose. In addition, we are continuously monitoring all internal areas affected by the ICD-10 transition, and meeting daily with key stakeholders, including senior leaders from our Service Operations business areas, to address and resolve potential needs that may arise. We also have plans to communicate in a timely and informative manner to health care professionals, vendors, and other affected businesses, as needed.

## Action plans

We have prepared plans to address potential scenarios that you may experience. These include:

- › Changes in electronic and paper claim volume
- › Changes in medical claim pends, denials, or payment amounts
- › Irregularities in claim auto adjudication
- › Spikes in health care professional call wait times

## Important reminders

As you make the transition to ICD-10, please keep these key points in mind:

- › On October 1, 2015 all HIPAA-covered entities must implement the new ICD-10 codes for medical conditions (diagnosis codes) for all claims and procedure codes.

HIPAA-covered entities include health plans, health care clearinghouses, and health care providers. **ICD-10 codes must be used on health care transactions regardless of whether you bill for group coverage, individual coverage, Medicare, or Medicaid. Claims will be rejected and payments will be delayed if submitted with ICD-9 coding for dates of service on or after October 1, 2015.**

- › As part of the Cigna Participating Provider Agreement, contracted health care professionals agree to submit claims in accordance with timely filing requirements. If a claim is not filed on time, charges cannot be billed to the customer.
- › Cigna complies with all federal laws, regulatory requirements, and state laws to the extent they are not preempted by provisions of federal laws that are applicable to our services.

## Additional resources

You can find additional resources about ICD-10, including [Frequently Asked Questions](#) and [Episodes of Care Testing information](#) on the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Medical Resources > [ICD-10](#)).

You will also find industry-standard guidance and resources published by the Centers for Medicare & Medicaid Services (CMS) on their website ([CMS.gov](#) > Medicare > [ICD-10](#)).

If you have questions about ICD-10 preparedness that are not addressed in these resources, please contact your Cigna representative or call Cigna Customer Service at 1.800.88Cigna (882-4462).



# CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna. We routinely review clinical, reimbursement, and administrative policies, as well as our medical coverage policy positions and precertification requirements. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards.

The following table lists updates to our coverage policies. Information about these changes, including an outline of the specific updates, is available on the

### Planned medical policy updates

POLICY NAME	UPDATE	EFFECTIVE DATE
Drug Testing Billing Requirements (R25)	<p>The Centers for Medicare &amp; Medicaid Services (CMS) does not recognize Healthcare Common Procedure Coding System (HCPCS) codes H0003 and H0049 as valid codes for drug screening; therefore, we will no longer cover either code.</p> <p>We are aligning with CMS. Use of HCPCS codes G0431 and G0434 will be the appropriate codes to bill for drug screen services.</p>	October 19, 2015
Electrical Stimulation Therapy and Devices (O160)	Coverage for CPT® code A4595 will be allowed only when billed with the appropriate diagnosis codes for disuse atrophy or postoperative pain. Coverage for all other diagnosis codes billed with A4595 will be denied as experimental, investigational, or unproven.	November 9, 2015*
Drug Testing Billing Requirements (R25)	<p>CMS recently communicated that they created their own set of definitive drug testing codes, which identify the type and amount of a drug or substance in a sample. All of these codes are HCPCS G codes.</p> <p>CMS created codes that are specific to the drug being tested. CPT code descriptions are focused on drug category. 18 of these CPT codes have a direct match between the CPT code and CMS G code.</p> <p>Use of the G-code for definitive drug testing services when one is available will be considered the appropriate code. We will deny its CPT counterpart when the CPT code has a direct match to a G code.</p>	December 1, 2015**
Allergy Testing and Non-Pharmacologic Treatment (O070)	We will apply a daily frequency limit of four to CPT code 86160 (Complement; antigen, each component). Any units billed greater than four in one day for the same patient will be denied for coverage.	December 15, 2015***
Facility Routine Services, Supplies and Equipment (R12)	Consistent with our current coverage policy, we will no longer reimburse cardiac and vascular catheters and guide wires, regardless of the amount billed. This includes when they are billed for \$1,000 or more.	January 1, 2015

\* This update will be implemented in Texas on December 3, 2015.

\*\* This update applies to out-of-network health care professionals as of October 19, 2015.

\*\*\* This update will be implemented in Texas on January 15, 2015.

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

Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Reimbursement and Payment Policies > Coverage Policy Updates) at least 30 days prior to the effective date of the updated policy. On this page, you may also view new and updated policies in their entirety.

If you are not registered for [CignaforHCP.com](#), please register so you can log in and access these policies. Go to [CignaforHCP.com](#) and click “Register Now.” If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

# PRECERTIFICATION CHANGES

To help ensure that we are using the most current medical information available, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we plan to update our precertification list, as follows:

CODES ADDED TO THE PRECERTIFICATION LIST ON OCTOBER 1, 2015	
Code	Description
C9743	Injection/implantation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)
Q9979	Injection, almtuzumab, 1 mg

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to [CignaforHCP.com](#) and click on Precertification Policies under Useful Links. If you are not currently registered for the website, you will need to register to log in. Go to [CignaforHCP.com](#) and click Register Now.

\* Note: Removal of codes from the precertification list is not a guarantee of coverage or payment. Codes may be subject to code editing, benefit plan exclusions, and post-service review for coverage.



# eSERVICES WEBINAR SCHEDULE

You’re invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)). Learn how to navigate the site and perform timesaving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you’ll learn about will benefit you and your patients with Cigna coverage.

TOPIC	DATE	TIME (PST / MST / CST / EST)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, November 4, 2015	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	711 982 734
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, November 12, 2015	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	714 181 619
CignaforHCP.com Overview	Tuesday, December 1, 2015	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	717 666 171
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, December 10, 2015	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	719 386 693

**Preregistration is required for each webinar:**

1. Go to <http://Cignavirtual.webex.com>.
2. Enter the meeting number provided in the webinar listing.
3. Click “Join” and then click “Register.”
4. Enter the requested information. The password for each webinar is 123456.
5. You’ll receive a confirmation email with meeting details.

\* Preregistration is required for each session.

**To join the audio portion of the webinar:**

Dial 1.888.Cigna.60 (1.888.244.6260) and enter passcode 645904# when prompted.

**Questions?**

Contact: [Prov\\_eSvcs\\_Atlantic@Cigna.com](mailto:Prov_eSvcs_Atlantic@Cigna.com)



# MUSCULOSKELETAL PRECERTIFICATION PROGRAM THROUGH EVICORE HEALTHCARE

**In an effort to ensure our customers receive cost-effective and medically necessary care, we will implement a musculoskeletal precertification program, beginning January 1, 2016. Additionally, we have partnered with eviCore healthcare (formerly CareCore | MedSolutions) to provide utilization management, including precertification, for these services.**

**What this means to you**

As a result of this program, health care professionals will need to request precertification directly form eviCore for affected musculoskeletal services, including major joint surgery services related to the hip, knee, and shoulder and interventional pain management services.

In working with eviCore, we will also adopt their coverage guidelines related to affected musculoskeletal services. In doing so, we will align our coverage and administrative policies with the most up-to-date evidence-based medical literature and industry standards.

**Resources to support you**

- › The preferred and most efficient method for requesting precertification is through eviCore’s website at [myportal.medsolutions.com](http://myportal.medsolutions.com).
- › A full list of affected services and CPT® codes, as well as additional information about the program, including a program Quick Reference Guide, can be found at [medsolutions.com/implementation/Cigna](http://medsolutions.com/implementation/Cigna).
- › An outline of the updates to our musculoskeletal coverage policies can be found on our website at [CignaforHCP.com](http://CignaforHCP.com) > Resources > Coverage Policies > Latest Updates > [Musculoskeletal Program Policy Updates - January 2016](#).
- › Additional information about our precertification and coverage guidelines can be found at [medsolutions.com/CignaGuidelines](http://medsolutions.com/CignaGuidelines).

**Why eviCore?**

For more than two decades, eviCore has built industry-leading, innovative benefit management programs on the foundation of providing quality health care, while helping to lower health care costs for customers. eviCore engages board-certified physicians in orthopedic surgery, physical medicine and rehabilitation, spine surgery, and pain management to help ensure that patients receive tests and treatments that can improve their conditions and follow established evidence-based coverage guidelines. Ultimately, this helps ensure lower costs for our customers and clients, while maintaining the medically necessary care that your patients receive.



# CIGNAFORHCP.COM: ELIGIBILITY AND BENEFITS INFORMATION JUST GOT BETTER

We’ve made some important improvements to the medical coverage information provided on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) for your patients with certain Cigna medical plans.\* These enhancements will help you to verify eligibility and check benefits more easily, and improve your online experience.

The enhancements include more details about plan features, plan type, deductibles, coinsurance, and more, with all coverage information for a benefit displayed together. This makes it easier to see all applicable benefit information for a given service. In addition, hospital, X-ray, and lab benefits now include the place of service. This allows for differentiation in cost based on the place of service.

### Want to check eligibility and benefits on CignaforHCP.com?

If you are a registered user of the website, log in to [CignaforHCP.com](#) > Patients. If you are not registered, go to [CignaforHCP.com](#) and click Register Now.

\* The medical coverage information enhancements to CignaforHCP.com are available for certain Cigna medical plans only. The information you see may vary by patient based on their plan.

### Overview of enhancements to CignaforHCP.com

Here’s an overview of the improvements you’ll see when you use [CignaforHCP.com](#) to verify eligibility and check benefits for your patients with the affected Cigna medical plans.

Coinsurance variability	Certain benefits can have a coinsurance value that differs from the plan coinsurance value. Now you’ll see a more detailed description of the coinsurance value related to the specific type of service (i.e., inpatient hospital, outpatient facility, and inpatient and outpatient professional services).
Emergency room and urgent care	These services can have any combination of copayments, coinsurance, and plan deductibles. While you’ll continue to see the same out-of-network coverage for emergency room services, you’ll now see different cost shares for in-network and out-of-network urgent care.
In-network office visits	Primary care and specialty care office visits can now have any combination of copayments, coinsurance, and plan deductibles.
Laboratory and radiology	These services are now separate and distinct benefits, with any combination of variable coinsurance or plan deductible. Additionally, depending on your patient’s plan, the coinsurance and deductible can vary by the place of service.
Medical specialty drugs	This benefit is specific to the cost of medical infusion or injectable drugs that are administered by a medical professional. The cost of the drug is now subject to a specific coinsurance value based on where the drug is administered. See the Medical specialty drug coverage: New patient incentives target affordability and choice article on page 15 for more information about the pharmacy benefit changes.
Plan deductible sequence	The plan deductible sequence is now identified at the plan level when a claim is processed, and determines which cost share is applied first when there is a copayment and plan deductible applying to the same benefit.



# NEW DETAILS ON PREVENTIVE HEALTH COVERAGE

***A Guide to Cigna’s Preventive Health Coverage for Health Care Professionals* provides coverage information on wellness-related care and services. We want you to be aware of recent changes we’ve made.**

**The guide now includes these topics:**

- › Application of dental fluoride varnish in the primary care setting for infants and children through age six
- › Hepatitis B screening for adolescents and adults at risk for infection
- › Emotional and behavioral assessment

**The guide also contains updates on:**

- › Counseling and education about FDA-approved contraception, including follow up and management of side effects, and counseling for continued adherence
- › Coding for breast cancer and ovarian cancer risk assessment
- › Intrauterine device (IUD) products
- › Routine immunization vaccine codes

**Additional information**

You can access [A Guide to Cigna’s Preventive Health Coverage](#), which is available in electronic form, on the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Medical Resources > Clinical Health and Wellness Programs > [Care Guidelines](#) > A Guide to Cigna’s Preventive Health Benefits for Health Care Professionals).

## CIGNA PREVENTIVE CARE CAMPAIGN: AMERICA SAYS AHHHH

According to the Centers for Disease Control and Prevention (CDC), if every person got the preventive care they should, 100,000 lives could be saved. Driven by this fact, and insights that patients want to be in control of their health but are unaware of key preventive care benefits, we’re championing this often misunderstood and forgotten part of the patient wellness journey.

Launched in October, our “America Says Ahhh” preventive care campaign focuses on educating and encouraging all people to get well and stay well by utilizing preventive care services. We’re emphasizing the benefits of seeking care sooner, which can help them save money in the long run and lead more productive lives. As a result, you may start to see more patients take action by scheduling annual exams and preventive screenings.

To learn more about the “America Says Ahhh” preventive care campaign and the information your patients may see, visit [Cigna.com/takecontrol](#).





# CIGNA FOUNDATION’S FIRST WORLD OF DIFFERENCE SUMMIT

On July 15 and 16, 2015, the Cigna Foundation hosted “Spreading the Health: A Cigna Foundation World of Difference Summit” in Chicago, Illinois. This first-ever event brought together the Cigna Foundation’s major nonprofit grant partners from around the country and the world, as well as many leading Chicago nonprofits. The goal was for participants to learn from each other and explore opportunities to work together to “spread the health.”

In explaining the driving motivation behind the summit, Cigna Foundation Executive Director David Figliuzzi said, “There is a well-known African proverb that says, **‘If you want to go fast, go alone. If you want to go far, go together.’** We hope to take that wisdom another step further by suggesting that we, together with our nonprofit partners, can go *faster* as well as go *farther* if we work hand-in-hand.”

Throughout the event, grant recipients heard more about how other Cigna Foundation World of Difference grantee organizations were improving health and wellness in their communities. They shared best practices to help spark new ways of improving health in Chicago and other communities. Participants were encouraged to contribute to the discussion in real time, as well as through their social networks, using the hashtag for the event: #CignaFoundationPartners.

## Working together to spread the health

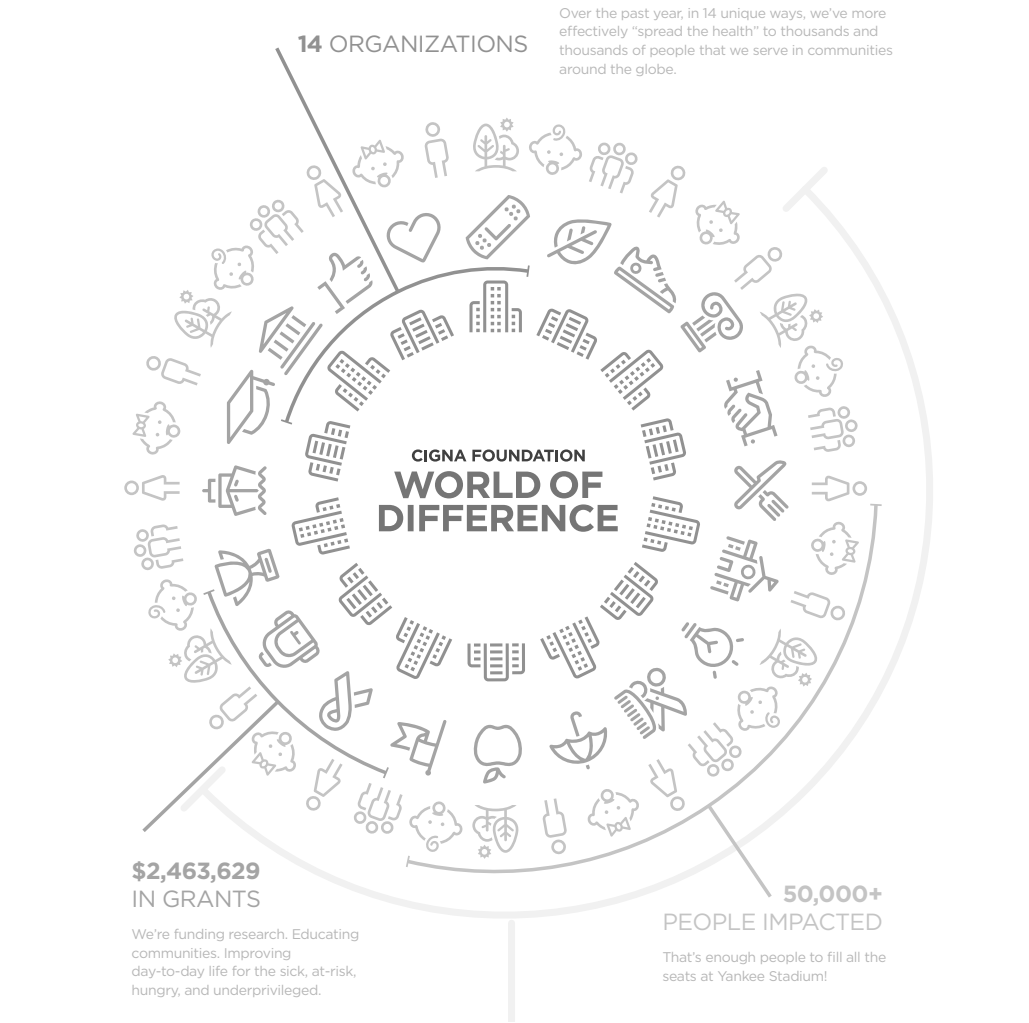
The two-day event energized participants with thought-provoking topics about working together to “spread the health” including:

<b>Working outside the matrix in an inside-the-matrix organization:</b> <i>Keynote address by Becky Kanis Margiotta, cofounder of the transformational change organization The Billions Institute.</i>	<b>The role of mobile health care:</b> <i>How can a mobile asset configured for an insurer’s customer service purpose be reconfigured for use in a community setting?</i>
<b>The role of technology:</b> <i>How can technology and social media be best employed to meet a nonprofit organization’s specific mission?</i>	<b>Innovative partnerships:</b> <i>What best practices can nonprofits and for-profits use to create a useful model of collaboration?</i>
<b>Learning from other cultures:</b> <i>What are some innovative methods nonprofits can adopt to use cultural distinctions as a tool to spread health information?</i>	<b>Building a localized model:</b> <i>What strategies can a corporate philanthropic program use to build effective partnerships in a defined community-level geographic area?</i>

The summit culminated with a Spreading the Health Knowledge Clinic. This “on your feet” activity encouraged forum participants and attendees to explore potential areas of collaboration that might result in a community-wide impact.

## About the Cigna Foundation.

The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation is committed to working together with nonprofit organizations that are creating innovative approaches to improving the health and security of individuals and communities everywhere. The Foundation’s primary grant-making focus is on health equity, with an emphasis on sharing the expertise and energies of Cigna’s people with our nonprofit partners.



## World of Difference grantees:

- |  |   |
|--|---|
| <a href="#">Achilles International</a>                                 | <a href="#">Girls on the Run International</a>          |
| <a href="#">Alzheimer’s Association</a>                                | <a href="#">Healthy Smiles Mobile Dental Foundation</a> |
| <a href="#">Arogya World</a>   | <a href="#">Hispanic Health Council</a>                 |
| <a href="#">Blessings in a Backpack</a>                                | <a href="#">Klyde Warren Park</a>                       |
| <a href="#">Chicago Cares</a>  | <a href="#">Memphis Leadership Foundation</a>           |
| <a href="#">City of Houston Health &amp; Human Services Department</a> | <a href="#">Methodist Healthcare Foundation</a>         |
| <a href="#">Community Solutions</a>                                    | <a href="#">The New York Botanical Garden</a>           |
| <a href="#">Dare2tri Paratriathlon Club</a>                            | <a href="#">NYU College of Nursing</a>                  |
| <a href="#">Fresh Start Surgical Gifts</a>                             |   |

## Is there a nonprofit organization making a difference in your community?

Every day, the Cigna network of health care professionals works to provide medical care to our customers, improving their health and well-being. The Cigna Foundation partners with nonprofits in the communities

where we live and work to extend our mission beyond our customers to the world around us. Is there a nonprofit organization making a difference in the health and well-being of your community? Tell us about it by sending an email to [Dorothy.Reed@Cigna.com](mailto:Dorothy.Reed@Cigna.com).



# LOCALPLUS TO EXPAND IN 2016

In 2016, we will be expanding the LocalPlus® product suite to continue our commitment to provide more customers with local access to quality, cost-effective care. LocalPlus plans offer coverage for the full scope of services provided by traditional Cigna-administered plans within a smaller network of participating health care professionals.

## New LocalPlus markets

Beginning January 1, 2016, LocalPlus will be available in three additional markets:

- › Clark County, Nevada
- › Wichita, Kansas
- › South Carolina (Greenville, Greenwood, Laurens, Oconee, and Spartanburg counties)

## ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. This card will also contain information about customer service contacts, benefits, and where to submit claims, as well as the logos for Away from Home Care (OAP) on the back side. These logos indicate that these customers have access to our national OAP network when they are outside of the LocalPlus geographies.

## Reminder: Refer in-network

You can help your patients with LocalPlus plans keep their medical costs down by making in-network referrals. The online directory at [CignaforHCP.com](#) will help you find participating LocalPlus physicians, hospitals, and other health care professionals. These listings have been updated to reflect changes to the LocalPlus network effective January 1, 2016, and will be noted within the network selection by “LocalPlus.”

You can also find these listings by going to a separate online directory of LocalPlus Individual and Family Plan (IFP) providers at [Cigna.com/ifp-providers](#).

## About LocalPlus

The LocalPlus suite includes four plans: LocalPlus, LocalPlus IN, Choice Fund LocalPlus, and Choice Fund LocalPlus IN. The key differences between LocalPlus and LocalPlus IN plans are in customers’ access to the network and the benefit coverage level. You can easily identify these customers by viewing their Cigna ID card, which will indicate one of the four plans as the network name.

## Additional information

For more information or if you have questions, call Cigna Customer Service at 1.800.88Cigna (882.4462) or log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Medical Resources > Medical Plans and Products).

# LocalPlus to be offered on- and off-Marketplace in the Denver-Metro area

On January 1, 2016, we will offer individuals in the Denver-Metro area both on- and off-Marketplace plan options that leverage the LocalPlus network of health care professionals:

- › Cigna Vantage HSA (bronze and silver level)
- › Cigna Vantage Flex (bronze, silver, and gold level)

The Denver-Metro area where these plans are offered includes Broomfield, Adams, Jefferson, Denver, Arapahoe, Douglas, Boulder, and Colorado Springs/El Paso, Larimer, Weld, Eagle, La Plata, Montezuma, and Summit counties.

As a reminder, customers who purchase their coverage on-Marketplace, and receive federal premium assistance, may be entitled to an extended grace period to pay their premiums. You may want to develop a policy on how to address patients who are in the premium payment grace period.



# CIGNA CENTERS OF EXCELLENCE

The Cigna Centers of Excellence (COE) program is designed to meet the ever-growing customer demand for information about patient outcomes and cost efficiency. We use Cigna claims data to evaluate hospital patient outcomes (quality) and cost-efficiency information. We then designate participating hospitals that meet our specific quality and cost-efficiency criteria as COEs by procedure and condition.

Profiles are available to patients with Cigna coverage for most hospitals participating in the Cigna network.

## About the hospital profile

- › Hospitals can receive a score of up to three stars (\*) each, for both patient outcomes and cost-efficiency measures, for each procedure and condition evaluated.
- › Hospitals 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 Cigna COE designation for that surgical procedure or medical condition.
- › A hospital's score may not display in the online provider directory if:
  - There is insufficient All Payer or Medicare Provider Analysis & Review (MEDPAR) data available to meet the patient volume requirement for that procedure or condition.
  - A surgical procedure is not performed or a condition is not treated at the hospital.
  - A contract limitation prohibits display of cost and quality data.

Because the COE program reflects only a partial assessment of quality and cost efficiency for select hospitals, 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 hospital.

## Timeline for COE designations and displays

September 25, 2015:	Hospitals notified about their 2016 results.
November 24, 2015:	Hospital reconsideration requests are due.
January 1, 2016:	COE information available in the Health Care Professional Directory on <a href="#">Cigna.com</a> and <a href="#">myCigna.com</a> .

## Timing of reconsideration requests

We must receive reconsideration requests by November 24, 2015 for the updated information to appear on the initial display of the Cigna COE designations on January 1, 2016. We will still process those we receive after this date.

## Additional information

Please contact your Cigna contractor to obtain your hospital COE results. After you review your information, you can request that we reconsider your results or correct inaccuracies, or you may submit additional information for review and reconsideration by:

- › Email: [PhysicianEvaluationInformationRequest@Cigna.com](mailto:PhysicianEvaluationInformationRequest@Cigna.com)
- › Fax: 1.866.448.5506

The facility name, Taxpayer Identification Number, and contact information must be included.

A Network Clinical Manager will contact you to discuss the request, initiate the Selection Review Committee review process, and provide a written response within 30 days of receipt of the reconsideration request.

To learn more about the methodology we use to determine COE designations, please review our white paper at the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Medical Resources > Commitment to Quality > [Cigna Centers of Excellence Whitepaper 2016](#)), or call Cigna Customer Service at 1.800.88Cigna (882.4462) to obtain a copy.



# CMS TO REQUIRE HEALTH CARE PROFESSIONAL DIRECTORIES TO INCLUDE PHYSICIAN AVAILABILITY

The Centers for Medicare & Medicaid Services (CMS) has issued new requirements for Medicare plans that will become effective in January 2016. They place stricter rules on the accuracy of health care professional information in online and printed directories.

In particular, directories will need to indicate if a physician is accepting new patients. In addition, online directories must be updated in real time to provide the most current information available for customers.

### Check and update your listing

Please ensure the accuracy of your office information – including street address and suite number (if applicable), phone number, and your availability to accept new patients – in our health care professional directory. You can check your listing by going to [Cigna.com](#) > Health Care Professionals > [Provider Directory Update and Changes](#).

If your information is not accurate or has changed, it’s important to notify us. You have several options:

Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Working With Cigna). Choose the appropriate link for an individual or group health care professional. You will be directed to the online form to complete and submit.

- › Email your changes to [Intake\\_PDM@Cigna.com](mailto:Intake_PDM@Cigna.com).
- › Fax your updates to 1.888.208.7159.

CMS will validate the information in health care professional directories by reviewing payers’ printed and online directories. Payers will be responsible for their directories, and punitive actions may be taken against them should numerous inaccuracies be discovered.

## THANK YOU FOR HELPING US MEET CREDENTIALING DEADLINES

Cigna Medicare Services thanks all of the health care professionals who assisted with our substantial credentialing and recredentialing efforts this summer. You were asked to turn around contracts and other information quickly, and you responded. Your jump to action helped us to meet tight deadlines, and we appreciate it.

## REMINDER: PRIMARY CARE PHYSICIAN UPDATES EFFECTIVE THE FIRST OF THE MONTH

The Cigna Medicare Advantage plan allows customers to change their primary care physicians (PCPs) at any time by calling Customer Service. In most cases, the change will be effective on the first day of the following month. This is important to note when directing your patients or submitting claims.



# COMPOUNDED MEDICATION PRESCRIPTION COVERAGE UPDATE

Compounded medications present health risks that may include sub- or super-potent or contaminated drug mixes. That’s why we feel it’s important to ensure that our customers have coverage for FDA-approved, clinically proven medications. On January 1, 2016, we will be updating our coverage for compounded drugs, with the goal of promoting customer safety and better health.

**Bulk chemical ingredients will not be covered**

Beginning January 1, 2016 Cigna will no longer cover bulk chemical ingredients found within compounds. They are not FDA-approved for safety and effectiveness, and subsequently introduce concerns when mixed into a compounded medication.

With this change, we will only cover the ingredients of compounds that are FDA-approved, finished pharmaceuticals unless otherwise excluded as part of an employer-specific plan design decision. This means that certain prescription medications may not be covered. If customers fill this type of prescription, they will likely have to pay the full price of the medication out of pocket.

**What this means to you**

If you have patients with Cigna Pharmacy benefits who take compounded medications that contain bulk chemicals or products, we encourage you to work with them to find a covered, clinically appropriate alternative before January 1, 2016. Customers who may take these drugs received a letter in early October urging them to meet with their doctor to change their prescription to an FDA-approved therapy.

If you have questions about this change, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



# CHANGES IN COVERED BRAND-NAME DRUGS

Year over year, the rising cost of brand-name drugs – especially specialty medications – can make some therapies costly. Often individuals are unable to manage their complex chronic conditions effectively because of their overwhelming out-of-pocket cost share.

On January 1, 2016, we will start making changes to our drug lists to help our customers transition to more cost-effective therapies. We will initially target drug classes in which brand-name drug use is prevalent. Some drug classes will feature either one or a select set of preferred drugs, and other brand-name equivalent drugs may only be considered for coverage by going through Cigna’s medical necessity review process.

### Affected drugs

The list of [prescription drug list changes for 2016](#) highlights the covered preferred brand-name and generic medications within the affected drug classes. Please note that this list only applies to our non-Medicare Standard Prescription Drug List and does not reflect the entire list of covered and non-covered drugs for this or any other Cigna drug list.

### What this means to you

If you have patients with a Cigna Pharmacy benefit who are taking a brand-name drug that will no longer be covered on their drug list, we strongly encourage you to work with them to find a covered, clinically appropriate alternative before January 1, 2016. Customers who take these medications received a letter in early October explaining the changes to the drug list, and may contact you directly to discuss medication alternatives.

If you have questions about this change, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



# MEDICAL SPECIALTY DRUG COVERAGE: NEW PATIENT INCENTIVES TARGET AFFORDABILITY AND CHOICE

If you typically prescribe medical specialty drugs to treat complex, chronic conditions such as cancer and multiple sclerosis, you should be aware of new benefit options that may be available to your patients with Cigna coverage.

Patients receiving these drugs may now have plan coverage that provides them with an incentive to receive injections and infusions in a doctor’s office or at home, if appropriate. Medications received at these sites of care typically cost less than those received in a hospital or an infusion facility.

### Improving affordability of medical specialty drug infusions and injections

We are focused on improving affordability around rising specialty drug costs, while supporting optimal care for medical specialty infused and injected medications. To support these objectives, some of our new plans provide an incentive for your patients to choose more cost-effective sites of care, while making them more aware of the cost of their medical specialty drugs. These plans offer your patients a:

- › Reduced cost share for medications received in a doctor’s office or at home that includes decreased or waived deductibles, or reduced coinsurance for the specialty medication cost.

- › Standard cost share for medications received in outpatient or hospital facilities.

### Physicians and practices associated with hospitals or health systems

Some physicians and practices are associated with hospitals or health systems, and may bill as a facility or a hospital. Please be aware that if you are part of this type of arrangement, the out-of-pocket costs will be higher for your patients who have a Cigna plan with the infusion incentive. You may receive questions from your patients if you bill as a facility or a hospital, as they will not receive the full benefit of their plan.

To determine if your patients have a Cigna plan with the infusion incentive, we encourage you to check their eligibility and benefits by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Patients). You can also call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

### Home infusion support for improved health and convenience

Cigna Specialty Pharmacy Services offers a wide range of support for home administration of medical specialty drugs through our medical directors, pharmacists, and health advisors with nursing backgrounds. Home administration eliminates the need for your patients to travel

to an appointment, allowing them to be comfortable right in their own home when they obtain treatment. It also allows them to receive the full benefit coverage of their plan.

When your patients receive medical specialty drugs at home, we guide them through their complex therapy, easing their path to adherence and better health. We help by providing:

- › Quick and simple prior authorizations
- › Easy access for prescription requests
- › Prescription support for complex conditions
- › Coordinated prescription refills and renewals
- › 24/7 access to pharmacists
- › Patient education and support
- › Coordination of Medicare Part D & B benefits
- › One-stop shop dispensing for both specialty and non-specialty drugs

For more information, or to make arrangements for home infusion, call Cigna Specialty Pharmacy Services at 1.800.351.3606, extension 144.



*Our relationship with you is important to us, and we want to be sure we’re keeping you up to date on some great happenings within Cigna Specialty Pharmacy Services to help provide the best support to you and your patients with hepatitis C.*

# CIGNA CUSTOMERS WITH HEPATITIS C ACHIEVE 98.4 PERCENT CURE RATE

**A Cigna analysis has found that 98.4 percent of Cigna Pharmacy Management® customers treated with Harvoni® for hepatitis C genotype 1 achieved a sustained virologic response (SVR12).<sup>1</sup> This means they are considered to be cured of hepatitis.<sup>2</sup> This latest analysis continues our efforts to understand how prescription drugs perform in the “real world,” and can deliver solutions that generate quantifiable improvements in clinical outcomes and affordability that meet or exceed results seen in clinical trials.**

We’ve also found that through our connected care approach to working with physicians, we’ve helped our customers to receive the preferred drug therapy when clinically appropriate, and the proper length of treatment according to evidence-based standards.<sup>3</sup> This has helped to improve health and affordability:

- › 99 percent of customers with hepatitis C genotype 1 have been treated with Harvoni since the implementation of Cigna’s preferred drug approach.
- › 100 percent of customers achieved a SVR12 when Cigna engaged physicians to help align the length of therapy (8, 12, or 24 weeks) with evidence-based protocols.

Cigna’s connected care approach focuses on helping physicians to deliver positive clinical outcomes and increase affordability by focusing on the whole customer, collaborating with physicians, and providing customer engagement. It goes well beyond negotiating competitive drug price rates by creating real incentive alignments with drug manufacturers to meet or exceed expected clinical outcomes.

To learn more about the results and Cigna’s connected care strategy for those with hepatitis C, please refer to the Cigna [news release](#) on the topic.

### We need your help

Having these types of SVR results helps us to better understand our customers with hepatitis C who are taking these medications. They enable us to continue providing the support needed for successful outcomes. Our goal is to help our customers with hepatitis C achieve a cure, if possible.

Our specialty pharmacy therapy management team is conducting a retrospective study. They will be faxing a brief survey to health care professionals who recently prescribed a hepatitis-treating medication, along with instructions on how to respond. If you receive a survey, please respond – we’d greatly appreciate it.

### About our therapy management team

Our therapy management team supports Cigna customers who use specialty medications to treat certain chronic conditions like multiple sclerosis, hepatitis C, and rheumatoid arthritis. The team is made up of specially trained pharmacists, health care coaches with nursing backgrounds, and therapy support coordinators who provide additional assistance to our customers to help them better understand their condition, medications and their side effects, and the importance of taking their medications as prescribed.

For more information about our therapy management team, please call us at 1.800.633.6521, extension 2772876.

1. Cigna analysis of “real world” results for customers using Harvoni. Commercial book of business, October 2014 – May 2015  
2. Gilead.com  
3. CDC.gov/hepatitis





# CONFIDENTIALITY AND DISCLOSURE PROTOCOLS FOR DOMESTIC ABUSE VICTIMS RESIDING IN ILLINOIS

**A recent law enacted in the state of Illinois (Code 215 ILCS 5/355b) requires health insurance companies to implement protocols to:**

- › Accommodate a customer’s request to receive claims-related information by alternative means or at an alternative location if the customer clearly states that disclosure of all or part of the information could endanger the customer.
- › Ensure that the information received is only disclosed to the person(s) whom the customer has identified as authorized recipients via their express consent, except as expressly permitted by the law. This restriction also prohibits disclosure of claim-related information to any other person insured under the same policy unless the customer expressly consents to disclosure of the claim-related information.

**Claim-related information includes:**

- › The address, telephone number, or any other personally identifying information of the customer who made the request or child for whose benefit a request was made.
- › The nature of the health care services provided.
- › The name or address of the provider of the health care services.
- › Any other sources from which there is a reasonable basis to believe this information could be obtained.

**Request to receive claim-related information by alternative means or locations, or request to change or revoke an existing request**

Cigna must receive a valid order of protection, along with a completed [Request for Restriction of Use and Disclosure of Protected Health Information form](#) or the [Change/Revoke Request form](#), from the customer in order to respond to the request. To assist your patients with these requests, please refer them to [Cigna.com](#) > Privacy > Cigna Notice of Privacy Practices > [Cigna Healthcare Notice – Victims of Domestic Violence Residing in Illinois](#).

**Additional information**

**Cigna customers can call:**

- › The phone number on their Cigna ID card
- › Cigna Customer Service: 1.800.Cigna24 (244.6224)
- › The State of Illinois Domestic Violence Helpline:  
Voice – 1.877.TOENDDV (863.6338)  
Teletypewriter (TTY) – 1.877.863.6339

**Cigna recommends that you post information regarding your patients’ rights under this confidentiality law in a visible location in your office(s)**

Cigna is committed to protecting personal information about our customers, especially the confidentiality of our customers’ protected health information (PHI), by complying with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA), as well as other laws aimed at safeguarding privacy.



# FOR THE RECORD: HEDIS COUNTS

## HEDIS changes on the horizon: How going electronic will make the going easier

Looking ahead, new Healthcare Effectiveness Data and Information Set (HEDIS®) measures and Centers for Medicare & Medicaid Services (CMS) requirements to collect records for health plans available on the Marketplace to comply with the new Quality Rating System (QRS), will result in a 40 percent increase in medical records collection in 2016. By 2017, the volume of requests is expected to double. The numbers add up quickly when considering Cigna, along with other health plans, may send multiple requests to you for multiple patients. In 2016, we will also be converting to an electronic HEDIS medical record collection process to support compliance with CMS Meaningful Use requirements.

We believe you'll find that going electronic is the most effective and efficient means to get the job done when it comes to HEDIS requests for patient medical records. As almost all health care professionals participating in our network use an electronic medical record (EMR) system, it really comes down to selecting the means that works best for you.

We offer electronic collection methods that include, but are not limited to, secure file transfer portal (SFTP), remote access to your EMR system through our secure network, or secure fax. Onsite collection may also be available based on the number of records we request and your office location.

While you should be on the lookout for our initial HEDIS requests to arrive in the mail in February 2016, we may also reach out to you in the coming months to determine a preferred electronic collection method to support compliance, as well as minimize administrative responsibilities and disruptions for your office.

## New HEDIS measures on the way for 2016

To ensure that HEDIS stays current, the National Committee of Quality Assurance (NCQA) has established a process to review the measurement set each year. NCQA's Committee on Performance Measurement, a broad-based group representing employers, consumers, health plans, and others, decide collectively to update existing measures and create new ones, including how they will be measured.

**The following six measures have been added for 2016:**

- › Risk-adjusted utilization
- › Inpatient hospital utilization
- › Emergency department utilization
- › Hospitalization for potentially preventable complications
- › Statin therapy for patients with cardiovascular disease and diabetes
- › Patient Health Questionnaire (PHQ-9) utilization to monitor depression symptoms for adolescents and adults



# Transforming data to promote preventive health and improve disease management

The scope of data collected for HEDIS makes it one of the most widely used sets of health care performance measures in the United States. The number of Americans currently enrolled in health plans that reported 2014 HEDIS data has doubled in 11 years to more than 171 million, or 54 percent of the U.S. population, according to the NCQA.

Every October, the NCQA issues a report on HEDIS results that provides a wealth of information that gives customers a side-by-side comparison of health plan performance and quality. In addition, the NCQA reports that HEDIS is used by more than 90 percent of health plans to measure performance on important dimensions of care and service.

Because HEDIS performance measures are related to many significant public health issues, including cancer, heart disease, smoking, asthma, and diabetes, it also presents an opportunity to work collaboratively to promote preventive health and improve chronic disease management among our customers. As part of the HEDIS process, we can:

- › Review the accuracy of documentation for office visits
- › Address potential gaps in care
- › Promote the use of health screenings, such as routine laboratory tests
- › Identify health risks for your patients

According to the NCQA 2014 State of Health Care Quality Report, almost half (46 percent) of HEDIS quality measures show significant, long-term improvement. This translates to healthier customers and lower health care costs.

# How we comply with HEDIS

The NCQA, employers, and health plans developed HEDIS as an industry-wide method to help compare and assess a health plan’s performance in a variety of areas. Health plans are required to conduct annual HEDIS reviews to maintain NCQA accreditation.

To comply with HEDIS, we review claims data, including diagnosis codes, procedure codes, and medical records to report on a core set of performance measures. In some cases, we will request copies of patient medical records related to claims that have been reviewed, and may have incorrect or missing information that is not accurately captured for HEDIS.

## Additional information

For more information on HEDIS, refer to the Quality Management Program section of the Cigna Reference Guide, which you can access by logging in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Reference Guides).

You can also visit the NCQA website ([NCQU.org](#)) for more information on HEDIS.

# HEDIS helpful hints

## 1. Your compliance keeps us compliant

As a health care professional in our network, your responsibility to submit requested medical records keeps us in compliance. It’s also required under the terms of your participation agreement.

Contact us right away if you have questions about the process or need guidance to respond to a request. We want to make the process as straightforward as possible to minimize disruption to your office.

## 2. Correct coding can reduce requests

One of the most surprising yet common coding errors is the coding of a male patient as being pregnant.

You can help reduce, or even eliminate, requests for medical records during the HEDIS data collection cycle by ensuring that you submit claims with the proper International Classification of Diseases, Ninth Revision or Tenth Revision (ICD-9 or ICD-10), or Current Procedural Terminology (CPT®) codes.

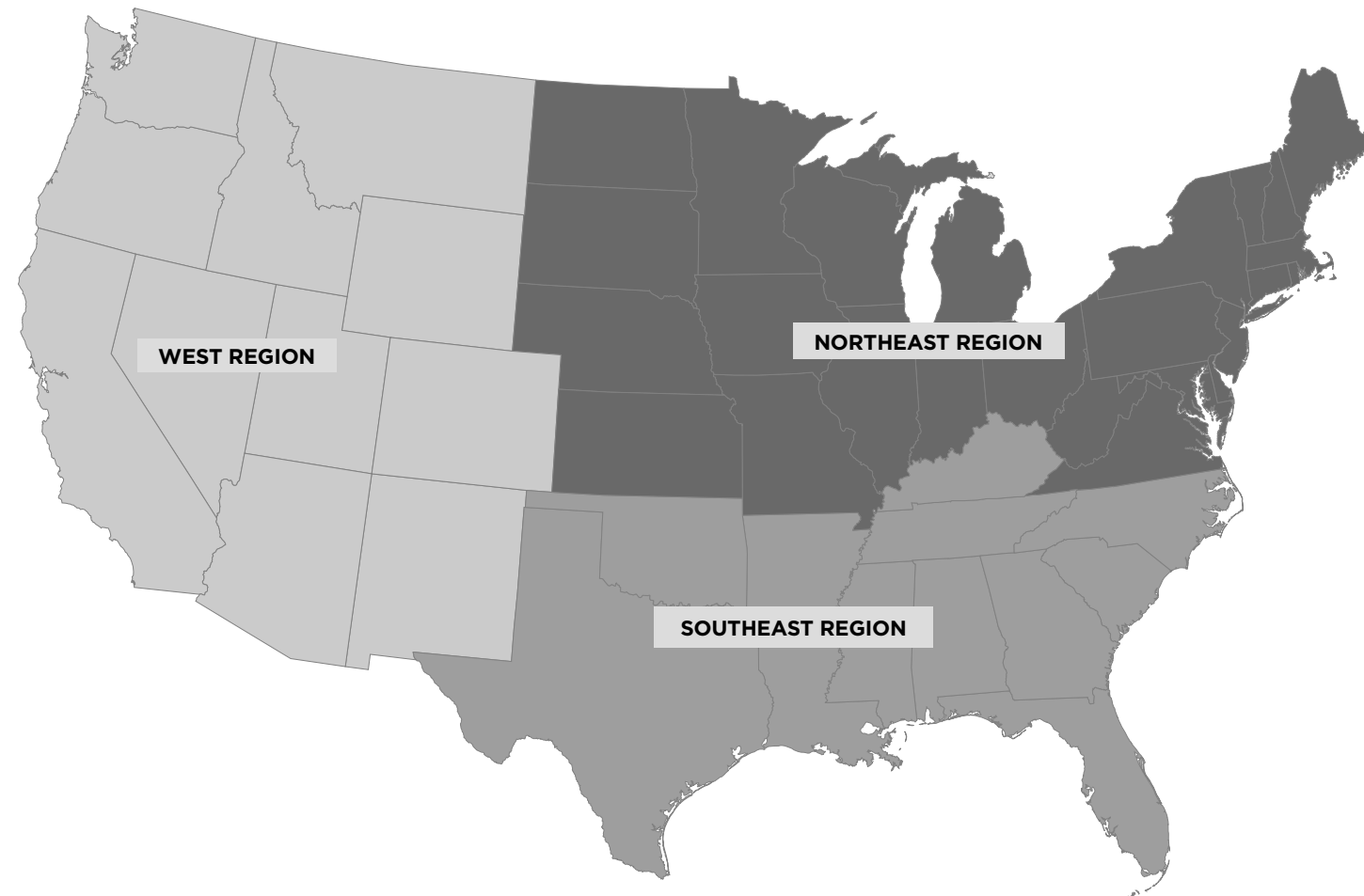
For example, the correct codes for an adult body mass index (BMI) assessment – a 2015 HEDIS measure – are ICD-10 Z68.1 - Z68.45 (for services provided on or after October 1, 2015), or ICD-9 V85.0 - V85.45 (for services provided before October 1, 2015).



# MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

Cigna Market Medical Executives (MMEs) are an important part of our relationship with health care professionals. They provide personalized service within their local regions and help answer your health care related questions. MMEs cover specific geographic areas so they are able to understand the local community nuances in health care delivery. This allows them to provide you with a unique level of support and service.

**CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION**



## NATIONAL

**Nicholas Gettas, MD**

Chief Medical Officer, 1.804.240.9935  
Cigna Regional Accounts

## Reasons to call your MME

- ▶ Ask questions and obtain general information about our clinical policies and programs.
- ▶ Ask questions about your specific practice and utilization patterns.
- ▶ Report or request assistance with a quality concern involving your patients with Cigna coverage.
- ▶ Request or discuss recommendations for improvements or development of our health advocacy, affordability, or cost-transparency programs.
- ▶ Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.
- ▶ Identify opportunities to enroll your patients in Cigna health advocacy programs.



and

# Anthem.

Visit [BetterHealthCareTogether.com](https://www.BetterHealthCareTogether.com)  
to stay informed about our plans to  
form a health service company.

# SO, WHAT DO YOU THINK?

We're always looking for ways to make *Network News* more informative and more useful to our health care professionals. Take a quick survey and let us know how we're doing - and how we can do better. Visit [Cigna.com/NetworkNewsSurvey](http://Cigna.com/NetworkNewsSurvey)



# GET CONNECTED. SIGN UP FOR EMAIL COMMUNICATIONS.

Is your desk strewn with paper? Piled high with stacks of letters? We can help reduce the clutter by delivering reminders, updates, and other important information directly to your email inbox. Electronic communications can be convenient for you, and a timely and efficient way for us to connect and communicate. Signing up to receive communications, including *Network News*, is simple. Submit your name, title, email, mailing address (city, state, and ZIP code), and Taxpayer Identification Number (TIN) to [NetworkNewsEditor@Cigna.com](mailto:NetworkNewsEditor@Cigna.com) with Cigna Email in the subject line. We'll add you to our email list, and our communications team will be in touch to confirm your connection.

# CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it's important to obtain a better understanding of culturally driven health care preferences. That's why Cigna has identified and created relevant cultural competency resources specifically for providers and office staff.

**Relevant tool kits, articles, and videos are just a few clicks away. Don't forget to check out one of the most popular resources: CultureVision™. Gain insights on culturally relevant patient care for over 60 cultural communities, or take a cultural competency self-assessment to learn more about yourself.**

Visit either of these websites to learn more:

[Cigna.com](#) > Health Care Professionals > Resources > Health & Wellness Programs > [Cultural Competency Training and Resources](#)

[CignaforHCP.com](#) > Resources > Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resources](#)

# USE THE NETWORK

Help your patients keep medical costs down by referring them to health care professionals in our network. Not only is that helpful to them, but it's also good for your relationship with Cigna, as it's required in your contract.

There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient. Of course, if there's an emergency, use your professional discretion.

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

# REFERENCE GUIDES

Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals contain many of our administrative guidelines and program requirements. The reference guides include information pertaining to participants with Cigna, GWH-Cigna, and “G” ID cards.

**Access the guides**

You can access the reference guides by logging in to [CignaforHCP.com](#) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on “Register Now.” If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912 to request one.



# HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

**Check your listing in the Cigna directory**

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our health care professional directory, including your office address, telephone number, and specialty. Go to [Cigna.com > Health Care Professionals > Health Care Professionals Directory](#).

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://CignaforHCP.com)). After you log in, select Working with Cigna on your dashboard, and then choose the appropriate link for an individual or group health care professional. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail as noted to the right.

Please note that as part of our ongoing effort to help ensure accurate information is displayed in the directory, we may call you in the coming months to verify your information. We'll take just a few minutes of your time to validate information with you over the phone.

IF YOU ARE LOCATED IN:	
AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, VA	<b>Email:</b> <a href="mailto:Intake_PDM@Cigna.com">Intake_PDM@Cigna.com</a> <b>Fax:</b> 1.888.208.7159 <b>Mail:</b> Cigna PDM, 2701 North Rocky Pointe Dr. Suite 800 Tampa, FL 33607
CT, DE, IL, IN, MA, ME, MI, MN, NH, NJ, NY, OH, PA, RI, VT, WI, WV	<b>Email:</b> <a href="mailto:Intake_PDM@Cigna.com">Intake_PDM@Cigna.com</a> <b>Fax:</b> 1.877.358.4301 <b>Mail:</b> Two College Park Dr. Hooksett, NH 03106
AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, WY	<b>Email:</b> <a href="mailto:Intake_PDM@Cigna.com">Intake_PDM@Cigna.com</a> <b>Fax:</b> 1.860.687.7336 <b>Mail:</b> 400 North Brand Blvd. Suite 300 Glendale, CA 91203

# 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 options. Consider providing them with same-day appointments when it's an urgent problem. And, when your office is closed

consider directing them to a participating urgent care center, rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, view our Health Care Professionals Directory at [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

## Letters to the editor

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

Your comments or suggestions are always welcome. Please email [NetworkNewsEditor@Cigna.com](mailto:NetworkNewsEditor@Cigna.com) or write to:

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