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Cigna®

PROVEN SAVINGS USING ELECTRONIC TRANSACTIONS

You've probably heard that using electronic transactions can help you conduct business more efficiently and save money. But, did you ever wonder how much money? These details are available in the *2014 Council for Affordable Quality Healthcare® (CAQH®) Index* – a joint study* by CAQH and Milliman, one of the world's largest providers of actuarial and related products and services.

According to the Index, two significant areas of savings for providers are through payments received electronically and claims submitted electronically.

Electronic payment savings: $3.04 per payment

The Index estimates it costs providers $4.15 to receive and process each paper payment, while it costs only $1.11 for each electronic payment – a savings of 73%.*

How to receive your electronic payment savings

If you haven't already made the switch, you can start receiving these savings by enrolling in electronic funds transfer (EFT). You'll also have the added benefits of faster payments, secure transactions, and less paper to handle. Once enrolled, your Cigna fee-for-service and capitated payments will be deposited directly into your designated bank account. When used together with the electronic remittance advice (ERA), you'll help eliminate claims payment paperwork and improve your cash flow. We provide EFT for our PPO, OAP, HMO, Cigna Global Health Benefits, and Arizona Medicare Advantage HMO claim reimbursements.**

Not enrolled in EFT? With two options, it's easy

- Enroll with multiple payers, including Cigna, using the CAQH EnrollHub tool.
- Enroll directly with Cigna by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.

Not registered for the website?

- Go to CignaforHCP.com and click Register Now.
- For step-by-step registration directions, click Learn How To Register.

Two options to bulk your EFT payments

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

You'll want to bulk your ERAs the same way you choose to bulk your EFT payments. Enroll in ERA through your electronic data interchange (EDI) vendor or Post-n-Track® at Post-n-track.com/Enroll.

Electronic claims submission savings: $2.23 per claim

The Index estimates it costs providers $2.39 to submit a claim by paper, while it only costs $0.16 to submit a claim electronically – a savings of 93%. It's faster to submit claims electronically, too, and is an important step in improving your payment cycle.

How to receive your electronic claim submission savings

- The most important thing you can do is this: Ensure your organization is submitting all of its claims electronically to Cigna.
- For coordination of benefit (COB) claims submitted electronically:
  - Do not send a paper copy of the primary carrier's explanation of payments (EOP).
  - Talk to your electronic data interchange (EDI) vendor about COB information. COB claims should be billed in loops 2320 and 2330 on the electronic claim form. Values in those loops must balance with loop 2300 CLM02 Monetary Amount reported.
  - You do not need to submit Medicare COB claims to Cigna because we'll receive them electronically via the Centers for Medicare & Medicaid Services (CMS) crossover process.

Go to Cigna.com/edivendors for more information about electronic claims submission.

* 2014 CAQH Index report.

** EFT payments are not currently available for claim reimbursements for patients with GWH-Cigna or "G" ID cards.

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 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. Additional information, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies).

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, call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

Planned medical policy updates

POLICY NAME	UPDATE	EFFECTIVE DATE
Allergy Testing and Non-Pharmacologic Treatment	Consistent with Centers for Medicare & Medicaid Services (CMS) guidelines, industry standards, and our current Allergy Testing and Non-Pharmacologic Treatment coverage policy, we will apply a daily frequency limit of four units to complement antigen testing – Current Procedural Terminology (CPT®) code 86160.	December 15, 2015*
Screening Mammography (Coverage for Breast Tomosynthesis; Three-Dimensional Mammography)	Consistent with our current coverage policy, claims for screening 3D mammography billed with CPT code 77063 will be denied as experimental, investigational, or unproven (EIU). ***Note:*** *This update only applies to claims submitted on Form CMS-1500.*	February 15, 2016
Tissue-Engineered Skin Substitutes Breast Reconstruction Following Mastectomy or Lumpectomy	SurgiMend® has not been approved for use in breast reconstruction by the U.S. Federal Drug Administration. Therefore, claims for SurgiMend that are billed with Healthcare Common Procedure Coding System (HCPCS) codes C9358 or C9360 will be denied as EIU.	February 15, 2016
Electroencephalography	We will implement a new Electroencephalography (EEG) coverage policy that outlines the medical necessity criteria that must be met for approval of coverage for ambulatory EEG and digital EEG spike analysis services. ***Note:*** *This update only applies to claims submitted on a HCFA-1500 form.*	March 15, 2016

*This update was implemented in Texas on January 15, 2016.

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

PRECERTIFICATION UPDATES

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 outlined below.

Recent updates:

November 15, 2015	The U.S. Federal Drug Administration (FDA) granted accelerated approval for Darzalex (daratumumab) to "treat patients with multiple myeloma who have received at least three prior treatments." According to the FDA, "Darzalex is the first monoclonal antibody approved for treating multiple myeloma" (FDA website). This injectable will require precertification when it is released to market; however, no Healthcare Common Procedure Coding System (HCPCS) code has been assigned to it by the Centers for Medicare & Medicaid Services (CMS). Until one is assigned – and we can update our coding – this drug should be billed under J9999 (for unlisted codes), which requires precertification.
January 1, 2016	The American Medical Association (AMA) and CMS released 94 new Current Procedural Terminology (CPT®) and HCPCS codes. These codes were reflected on our precertification list this month.
January 1, 2016	We included 383 inpatient and outpatient codes on the precertification list as part of our Musculoskeletal and Pain Management Program, managed by eviCore healthcare (formerly CareCore | MedSolutions). These codes require precertification to be requested through eviCore. Click here for a list of the affected codes included in this program. Please see page 7 for additional information about this program.
February 27, 2016	We will add code L7499 (Upper Extremity Prostheses NOS) to the precertification list, managed by Cigna.
February 27, 2016	We will add 18 codes to the precertification list that will be managed by our radiation therapy ancillary partner, eviCore healthcare. These codes, listed on the following page, require precertification to be requested through eviCore.
February 27, 2016	We will remove 53 codes from the precertification list. Eight key removals are listed on the following page.

To view a full listing of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to the Cigna for Health Care Professionals website (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.

Codes requiring precertification through eviCore healthcare as part of the radiation therapy program as of February 27, 2016

CODE	DESCRIPTION
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
32553	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intrathoracic, single or multiple
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
49411	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intraabdominal, intrapelvic (except prostate), and/or retroperitoneum, single or multiple
49412	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), open, intraabdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation after loading apparatus for clinical brachytherapy
58346	Insertion of Heyman capsules for clinical brachytherapy
76965	Ultrasonic guidance for interstitial radioelement application
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77469	Intraoperative radiation treatment management
A9606	Radium ra-223 dichloride, therapeutic, per microcurie
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate
Revenue Code 0333	Radiology–therapeutic and/or chemotherapy administration-radiation therapy

Key codes no longer requiring precertification as of February 27, 2016*

CODE	DESCRIPTION
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation
0311T	Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report
43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optic endomicroscopy
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

* Please note that removal of codes from the precertification list is not a guarantee of coverage or payment. These codes may instead be subject to code editing, benefit plan exclusions, and post-service review for coverage.

PRECERTIFICATION OF MUSCULOSKELETAL AND PAIN MANAGEMENT SERVICES THROUGH EVICORE

On January 1, 2016, we implemented our musculoskeletal and pain management program in partnership with eviCore healthcare (formerly CareCore | MedSolutions).

What this means to you

Health care professionals now need to request precertification for their patients with Cigna coverage directly from eviCore for the services included in the program – major joint surgery services related to the hip, knee, and shoulder, as well as interventional pain management.

Coverage guidelines

We have adopted eviCore's coverage guidelines related to the affected musculoskeletal services. This aligns our coverage and administrative policies with the most up-to-date evidence-based medical literature and industry standards.

Resources to support you

- **eviCore website to request precertifications.** This is the preferred and most efficient method to request precertification. Go to myportal.medsolutions.com.
- **A full list of affected services, CPT® codes, program information, and a Quick Reference Guide.** Go to medsolutions.com/implementation/Cigna.
- **Musculoskeletal program policy updates.** For the most up-to-date coverage policy updates, go to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies > Latest Updates > Musculoskeletal Program Policy Updates – January 2016).
- **Precertification and coverage guidelines.** For additional information, go to Medsolutions.com/CignaGuidelines.

Online orientation sessions

eviCore healthcare is currently offering online orientation sessions to help health care professionals learn more about our new musculoskeletal and pain management program. They include details about the precertification process, how to access information from the website, and a question-and-answer session.

Click here for session dates and instructions on how to register.

eSERVICES WEBINAR SCHEDULE

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 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, February 3, 2016	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	90 min	712 933 564
Eligibility & Benefits / Cigna Cost of Care Estimator / Online Precertification	Wednesday, February 10, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	710 177 420
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, February 24, 2016	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	45 min	718 748 414
CignaforHCP.com Overview	Tuesday, March 1, 2016	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	711 765 781
Eligibility & Benefits / Cigna Cost of Care Estimator / Online Precertification	Tuesday, March 15, 2016	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	716 537 435
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, March 22, 2016	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	719 202 288

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.

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: Cigna_Provider_eservice@Cigna.com

ELECTRONIC PRECERTIFICATION eCOURSES NOW AVAILABLE

You can now access the eCourse "Electronic Precertification Submission (ANSI 278 transaction)" two ways at no charge: On the Cigna for Health Care Professionals website (CignaforHCP.com) or through NaviNet's website for health care professionals (NaviNet.navimedix.com).

These short courses explain information we ask you to provide on 278 requests so that we can respond faster and more efficiently. It also describes the channels available for you to electronically check the status of your precertification requests.

To access the eCourse, log in to either of these websites:

- CignaforHCP.com > Resources > eCourses > EDI Electronic Precertification Submission
- NaviNet.navimedix.com > Cigna > Precertification Submission

You'll also find many other eCourses on CignaforHCP.com covering a variety of helpful topics. You can read, print, save, and share them with others in your office.

FORMULARY UPDATES MADE TO E-PRESCRIBING DATA

Submitting prescriptions can take time, and we want to help make it easier. One way we're doing this is by updating the Cigna formulary information available to you through electronic medical records (EMR) and electronic prescribing (e-prescribing) software.

We encourage all prescribers to use e-prescribing,* as it delivers a number of benefits over the traditional prescription tablet by:

- Improving patient safety
- Increasing office efficiency
- Improving formulary compliance
- Offering patient convenience
- Improving medication adherence rates

Studies have shown that e-prescribing is an important tool for prescribers and their patients when it comes to prescription medications. According to the SureScripts® 2014 National Progress Report,** there was significant growth in the use of this service. In 2014:

- 1,200,000,000 electronic prescriptions were made
- 67% of all new prescriptions were sent electronically
- 56% of all prescribers utilized e-prescribing software

Cigna will continue to maintain the accuracy of its formularies for EMR and e-prescribing software, and work with our partners to ensure timely updates.

* "What are some of the benefits of e-prescribing?" Health Resources and Service Administration, [n.d.]. http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/ElectronicPrescribing/benefitsepres.html.

** "2014 National Progress Report," SureScripts, http://surescripts.com/docs/default-source/national-progress-reports/surescripts-2014-national-progress-report.pdf.

WORLD OF DIFFERENCE GRANT – SHATTERPROOF

The Cigna Foundation funds the creation of a comprehensive addiction resource website

Approximately 360 Americans die each day from alcohol and drugs.* Overdoses from prescription painkillers have quadrupled since 1999.**

Addiction is one of the most prevalent diseases in the United States today. Despite these grim facts, there is no dedicated, comprehensive online site for information and education to help the 23 million individuals and their families affected by it.***

"Addiction to illicit drugs, prescription drugs, and alcohol is one of the most urgent preventable health crises in the United States today and the Cigna Foundation wants to do something about it," said Cigna Foundation's Executive Director David Figliuzzi.

To help address this unmet need, Cigna recently awarded a $100,000 World of Difference Grant to Shatterproof, a nonprofit organization committed to giving individuals, parents, families, and professionals the support and information they need to confront and overcome addiction. The grant will fund the creation of the Shatterproof Resource Portal.

"For every major disease in the U.S. there is one well-funded national organization that consolidates research and resources, providing the public with the most up-to-date, evidence-based information related to its respective disease. The National Institute on Health, Centers for Disease Control and Prevention, and many other entities have spent billions on research over the past decade, which has resulted in a powerful body of information. Tragically, this information has not been consolidated and published in one centralized, accessible, and regularly updated online site," explained Gary Mendell, CEO of HEI Hotels and Resorts, who founded Shatterproof after losing his son Brian to addiction in 2012.

Making addiction information accessible

The Shatterproof Resource Portal will change that by creating content and maintaining a comprehensive, interactive online portal to house and disseminate the most up-to-date, evidence-based information on how to understand, prevent, treat, and recover from the disease of addiction. The first phase of the website will emphasize resources related to the rise in prescription painkillers and heroin overdoses.

National rappelling events raise addiction awareness

Cigna announced the grant in October 2015 as dozens of individuals committed to raising awareness about addiction prepared to rappel off the 17-story United Way Building in Atlanta. Shatterproof has held rappelling events throughout the country, issuing a Shatterproof Challenge as a highly visible way to bring as much public attention as possible to addiction.

"Because of the stigma that often persists with respect to people with addiction, those who are addicted may not seek help," said Dr. Douglas Nemecek, Cigna's Chief Medical Officer, Behavioral Health, and member of Shatterproof's Scientific Board. "Society often doesn't treat people with addiction with the same compassion as those who suffer from other illnesses."

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 with nonprofit organizations that are creating innovative approaches to improving the health and security of individuals and communities everywhere. The Foundation's World of Difference Grants focus on health equity, with an emphasis on sharing the expertise and energies of Cigna's people with our nonprofit partners. Cigna has awarded approximately $2.5 million in World of Difference Grants to 19 organizations. For more information, visit our World of Difference Grants in Health Equity website.

About Shatterproof

Shatterproof (Shatterproof.org), founded in 2012, is a national nonprofit organization committed to protecting our loved ones from addiction to illicit drugs, prescription drugs and alcohol, and ending the stigma and suffering of those affected by this disease.

* https://www.washingtonpost.com/news/wonk/wp/2014/02/07/100-americans-die-of-drug-overdoses-each-day-how-do-we-stop-that/.

** http://www.medscape.com/viewarticle/824119.

*** *Substance Abuse and Mental Health Services Administration (SAMHSA).*

WE WANT TO PAY YOUR SECONDARY CLAIMS FASTER

Did you know that 1.4 percent of all coordination of benefit (COB) claims we receive require additional information from the submitting health care professional before we can process them? In the first three quarters of 2015 alone, this caused about 500,000 claims totaling $1.3 billion in payments to be delayed by two to three months, on average.*

We do our best to process secondary claims as quickly as possible. But, when we receive one that's missing information, we must pend it while making every effort to obtain what's needed from the submitting health care professional's office. Depending on how soon we receive the additional information, this can add days or even months to the process.

Most missed item: Primary payment information

The item most frequently missing from COB claims is the primary payment information. This omission can result in significant processing delays, with the average payment being made more than 77 days after the service date.

In addition, these delays can affect a health care professional's ability to collect outstanding payments from their patients for these services. That's because patients may wait to pay the balance for which they are responsible until they know how much their insurance has covered.

Submit electronically

For the quickest payment, always submit your COB and corrected claims with the required or missing item(s) electronically, including information from the primary payer's electronic remittance advice (ERA) or explanation of payments (EOP).** That way, we can process it more quickly and you won't need to submit a paper copy of the EOP. As a reminder, when requested to supply missing information for a pended claim, you should submit it on a corrected claim.

Where to find out what information to submit

If you're not sure what needs to be submitted with a COB claim, you can find out by going to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Electronic Claims Submission). Here you'll obtain helpful guidance on what to submit and how.

Submission tip: Be sure to bill COB claims in loops 2320 and 2330 on the electronic claim form. Values in these loops must balance with loop 2300 CLM02 Monetary Amount reported. Your electronic data interchange vendor can provide you with further guidance about submitting COB claims electronically.

* Based on Cigna claim figures from January 1, 2015 to August 31, 2015.

** **Special note about Medicare and COB claims.** When Medicare is the primary payer, you do not need to submit primary payment information to Cigna. The Centers for Medicare & Medicaid Services sends this to Cigna as part of the crossover process.

REMINDER: HEDIS DATA COLLECTION IS RIGHT AROUND THE CORNER

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS®), a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide to their customers. The National Committee for Quality Assurance (NCQA), employers, and health plans have developed HEDIS as an industry-wide method to help compare and assess a health plan's performance in a variety of areas.

What you need to know

- Our initial requests for medical record reviews are mailed to health care professionals' offices in February each year.
- The mailing includes a list of patients and a detailed description of what is needed from each patient's medical record. The patients identified on each list are chosen through a random selection process.
- The HEDIS medical record review is time sensitive. Please return the requested documentation within the time frame noted on the letter of request. We appreciate your timely response.
- If you have a secure electronic medical record (EMR) system, and will allow us access through our secure network, HEDIS requests can be completed remotely. This is a more efficient process that can help minimize any disruption to your office. You can also securely fax the requested documentation to us.
- All personal health information (PHI) is kept confidential, and only shared to the extent permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan's level.
- HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization is not required.
- Under your Cigna provider agreement, you are required to cooperate with the HEDIS data collection process.

Shared administration

We provide health benefit services to individuals covered by Taft-Hartley and Federal Employee Health Benefit (FEHB) plans as part of our shared administration program. Please be aware that FEHB plans within the shared administration product collect their own HEDIS data each year. These plans include:

- American Postal Workers Union (APWU)
- National Association of Letter Carriers (NALC)
- SAMBA Federal Employee Benefit Association

Therefore, if you have patients who have Cigna coverage through an FEHB plan, you may receive separate HEDIS requests directly from administrators of those FEBH plans. Please follow their instructions to submit any required medical records.

Additional information

For more information on HEDIS, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Medical Resources > Commitment to Quality > Healthcare Effectiveness Data and Information Set Record Collection).

You may also visit the NCQA website (NCQA.org) for more information on HEDIS.

CISEL TRAVEL INSURANCE COVERS EMERGENCY MEDICAL CARE THROUGH CIGNA PPO NETWORK

On February 1, 2016, emergency medical coverage in the United States will become available for Cigna Insurance Services (Europe) Limited (CISEL) customers who reside in the United Kingdom and purchase CISEL's new travel insurance plan. The coverage is provided through Cigna's national preferred provider organization (PPO) network. Benefits are managed through a third-party administrator, Healix International (Healix).

Benefits

The plan covers approved emergency medical, surgical, hospital, and ambulance services through Cigna's national PPO network of hospitals, physicians, and health care professionals. There is no copayment or coinsurance to collect, and health care professionals will be reimbursed at 100% of the PPO rate for approved medical services.

How to determine eligibility and benefits

To verify eligibility and benefits, health care professionals must call Healix at 1.877.697.7857. This phone number and other important Healix contact information will be on the CISEL customer ID card or travel policy document.

If the patient does not have their Cigna ID card or travel policy document but knows they are covered by Cigna, you can call Cigna Customer Service at 1.800.88Cigna (882.4462). Although only Healix can verify eligibility and benefits for CISEL customers, we can provide you with their contact information.

Claims filing and reimbursement

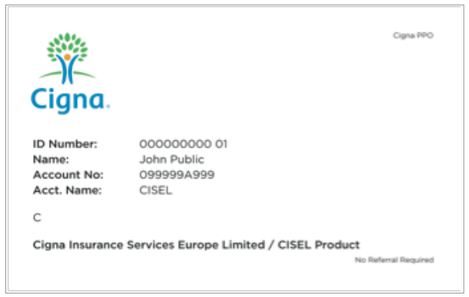
Claims should be mailed to Cigna International, PO Box 15050, Wilmington, DE 19850-5050 for reimbursement of approved, covered services. You may also submit your claims electronically using payer ID 62308. You will receive reimbursement and an explanation of payment directly from Healix.

If you or your patient has questions about claim status, payment, eligibility, or benefits, please call Healix Customer Service at 1.877.697.7857.

About CISEL. *Formerly FirstAssist Insurance Services, CISEL is one of the United Kingdom's leading providers of solutions across core areas of insurance expertise in travel, health, and accident protection, and legal protection plans.*

ID cards*

The sample ID card images below will help you to identify CISEL customers with emergency medical coverage in the United States.



Front of ID card

Back of ID card

*These cards are for illustrative purposes only.

PREVENT NEWBORN CLAIM REJECTIONS

In January 2015, we updated the newborn claim submission process to help reduce the number of claim rejections. However, although they have decreased in number, some are still occurring.

The most common reasons for newborn claim rejections:

- The Cigna ID number was submitted with the suffix
- The subscriber's name was listed as the mother's, although she is not the subscriber (policyholder)
- Patient information was listed as the mother's instead of the newborn's

Newborn claim coding tips

Please use the guidelines below when entering the subscriber and patient information on newborn claims.

For subscriber information, enter the *subscriber's*:

- Cigna ID number without the suffix

  Example:

  - If the Cigna ID number is U12345678 01, remove the suffix 01 and submit as U12345678
  - If the Cigna ID number is U12345678 02, remove the suffix 02 and submit as U12345678
- First and last name (not the mother's name unless she is also the subscriber)

For patient information, enter the *newborn's*:

- First name (or "Newborn," "Baby Boy," "Baby Girl," "Twin A," "Twin B," etc.)
- Last name
- Date of birth
- Gender

Please share these guidelines with those who submit newborn claims for your office.

THERACARE: SUPPORT FOR YOUR PATIENTS TAKING SPECIALTY MEDICATIONS

The TheraCare® program supports Cigna customers who use specialty medications to treat certain chronic conditions, such as multiple sclerosis, hepatitis C, and rheumatoid arthritis. It provides added support to your patients, and helps them understand and manage their condition, medications, and side effects, as well as understand the importance of taking their medications as prescribed.

Personalized care for your patient

With TheraCare, patients have the support of a dedicated team made up of clinical pharmacists, health coaches with nursing backgrounds, and support coordinators. They help to ensure the best health outcomes, and guide your patients through their complex therapy by:

- Acting as your patient's first point of contact
- Helping to make the prior authorization process quick and easy
- Using their medical knowledge and nursing backgrounds on these complex conditions to answer questions and help with side effects
- Reviewing the patient's medical history and overall health status to help ensure prescribed medications are effective
- Setting up medications and refills through Cigna Specialty Pharmacy Services or a home health care provider
- Arranging in-home training on how to use self-injectable medications, if needed
- Informing their doctor about how treatment is going through follow-up calls and laboratory monitoring

Working together to maximize patient care

We understand your professional medical judgment is of key importance in determining your patient's treatment. Our goal is to work collaboratively with you by providing an added level of support. With your patient's consent, we will contact you with any concerns we have while working with them.

If you have a patient with Cigna coverage who you feel may benefit from TheraCare, please call us at 1.800.633.6521 or ask your patient to call us 1.800.633.5231. For a list of TheraCare supported conditions, please click here.

GENETIC TESTING AND COUNSELING PROGRAM

For BRCA, colorectal cancer syndrome, and Long QT syndrome

The Cigna genetic testing and counseling program is a market-leading program designed to support our customers who have a family history of breast and ovarian cancer (BRCA), colorectal cancer syndrome, or Long QT syndrome. It helps them become better informed about their health and improve their outcomes with increased quality, information, and transparency.

Precertification requirement

To help ensure customers with Cigna-administered coverage receive cost-effective care that is covered under their benefit plan, certain Tier 1 and all Tier 2 genetic testing codes – including those for these three conditions – require precertification.

Genetic counseling requirement

As part of this program, individuals are required to receive genetic counseling from an independent board-certified genetic counselor or clinical geneticist for these three services before genetic testing is performed. This allows them to become fully informed about these complex tests.

The health care professional's role. Ordering physicians should educate their patients on the benefits of genetic counseling, and make the referral to the counselor or geneticist before requesting precertification for the genetic testing.

The genetics professional's role. The genetics professional will provide the pre- and post-testing genetic counseling, support the ordering physician, and help facilitate the overall testing process.

How to find a participating genetic counselor or clinical geneticist

There are several ways that health care professionals and their patients can find a participating independent board-certified genetic counselor or clinical geneticist:

- Review our list of participating genetic counselors.
- Call InformedDNA at 1.800.975.4819 for access to in-network telephonic and online genetic counseling. InformedDNA is a leading nationwide network of participating independent board-certified genetic counselors who deliver services via telephone or online.

Additional information

To learn more about our genetic testing and counseling program, including information about our relationship with InformedDNA, precertification requirements, and additional ways to find a participating genetic counselor or clinical geneticist, please visit Cigna.com/GeneticTestingProgram.

2016 MARKETPLACE PLANS

Introducing Connect and FocusIn plans

On January 1, 2016, coverage began for Individual and Family Plan (IFP) customers enrolled in the Connect and FocusIn plans. These are new, cost-effective options for accessing quality health care on- and off-Marketplace in selected areas. They feature market-specific networks composed of a smaller number of participating physicians, hospitals, and specialists.

Enrolled customers use only the health care professionals who participate in the network aligned with their plan, including primary care physicians (PCPs) and specialists. For most markets, the majority of PCPs who have been identified to participate in the networks aligned with the plans are part of a Cigna Collaborative Care arrangement.

Referrals

In most markets,* participating **PCPs** are responsible for providing customers enrolled in these plans with referrals to physicians, hospitals, specialists, and other health care professionals who participate in the aligned network. Participating **specialists** are responsible for confirming referrals, either by relying on a PCP's written referral that a customer presents to the office, or by calling Cigna Customer Service. When calling about a referral, choose the prompt for "specialist referral."

Questions?

If you are a health care professional in one of the markets where the Connect or FocusIn plans are offered, you should have received a notification letter in November 2015. It contained information about whether you were selected to participate in the network aligned with the plan, as well as additional plan details for those who were selected, including images of sample ID cards. You can also obtain additional information by calling Cigna Customer Service at 1.866.494.2111.

Connect and FocusIn plans at a glance

CONNECT PLAN

MARKET	ON- OR OFF-MARKETPLACE	NETWORK NAME	PCP REQUIRED?	REFERRAL REQUIRED?	AWAY FROM HOME CARE?	OUT-OF-NETWORK BENEFITS?
Arizona – Maricopa County	Both	Connect Network	Yes	Yes	No	No
Colorado – Denver – Metro and Boulder			Yes	Yes		
Missouri – St. Louis**			Encouraged	Encouraged		
Tennessee – Nashville and Tri-Cities			Yes	Yes		
Texas – Houston			Yes	Yes		

FOCUSIN PLAN

MARKET	ON- OR OFF-MARKETPLACE	NETWORK NAME	PCP REQUIRED?	REFERRAL REQUIRED?	AWAY FROM HOME CARE?	OUT-OF-NETWORK BENEFITS?
Texas – Dallas	Both	Focus Network	Encouraged	Encouraged	No	No

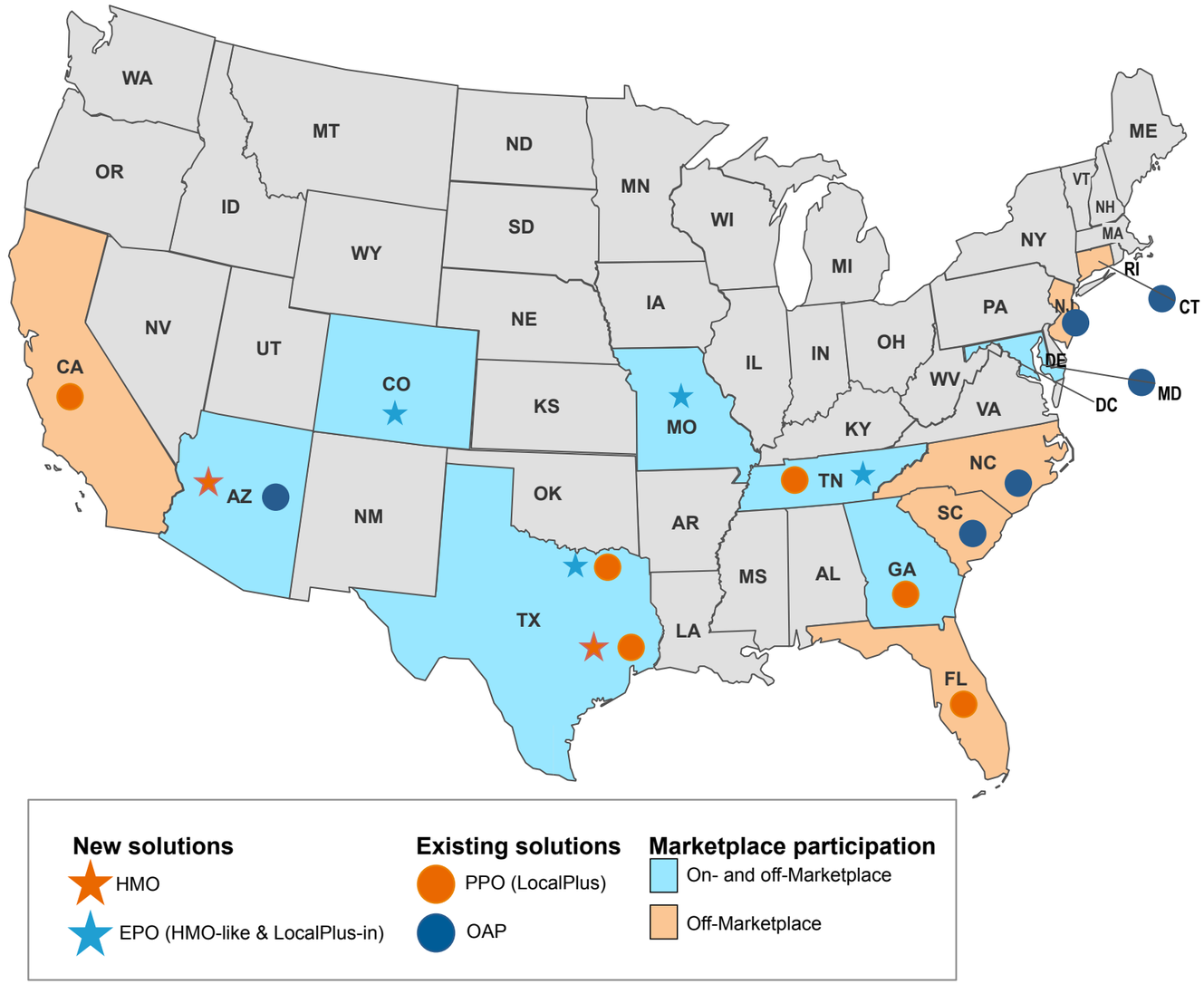
* In the Dallas and St. Louis markets, PCPs are not required to make referrals. We strongly encourage it though, as services provided by health care professionals who do not participate in the network aligned with the customer's Connect or FocusIn plan are generally not covered and will need to be paid by the customer.

** The Connect plan replaces the LocalPlus® plan in St. Louis.

More Marketplace solutions

In addition to the new Connect and FocusIn plans, Cigna continues to offer other IFP solutions both on- and off-Marketplace for 2016.

STATE	ON- OR OFF-MARKETPLACE	NETWORK NAME	PLAN NAME
Arizona – Statewide	Off	Open Access Plus	Access
California – Northern and Southern, San Diego	Off	LocalPlus®	Access, HealthFlex, HealthSavings
Colorado – Denver Metro	Both	LocalPlus IN	Vantage®
Connecticut – statewide	Off	Open Access Plus	Open Access Plus
Florida – South Florida, Orlando, Tampa	Off	LocalPlus IN	Vantage
		LocalPlus	HealthSavings
Georgia – East Atlanta, Macon, Rome	Both	LocalPlus	HealthFlex, HealthSavings
North Carolina – statewide	Off	Open Access Plus	Access
Maryland – statewide	Both	Open Access Plus	Access
South Carolina – statewide	Off	Open Access Plus	Access
Tennessee – Memphis	Both	LocalPlus	HealthFlex, HealthSavings
Texas – Dallas, Austin	Off	LocalPlus	HealthSavings, Vantage
Texas – Houston	Off	LocalPlus	HealthSavings, Vantage



If you have any questions about the plans we offer on- and off-Marketplace, call Cigna Customer Service at 1.866.494.2111, or visit the Healthcare.gov website.

AMPLIFON: EXCLUSIVE PROVIDER OF HEARING AIDS AND SUPPLIES OFFERS A SOUND VALUE

It can be expensive to purchase and maintain quality hearing aids, yet they're needed by many people who have hearing loss. We want to help make them more affordable and accessible to our customers. That's why we have an exclusive relationship with Amplifon Hearing Health Care (formerly HearPO), which now includes Miracle-Ear.®

What this means to you

Amplifon is our single network-participating point of contact for health care professionals to access digital and digitally programmable analog hearing devices and supplies for individuals with Cigna coverage. This includes all Shared Administration Repricing customers, including those in the American Postal Workers Union, the National Association of Letter Carriers, and SAMBA, as well as Payor Solutions customers.

There's no out-of-network coverage, so it's important that you work with Amplifon to order these items for your Cigna patients who have hearing aid benefit coverage.

Convenience for you

Amplifon provides health care professionals with a simplified and streamlined experience when ordering hearing aids and supplies. They eliminate all upfront costs by billing Cigna directly, as well as managing the process from end-to-end. This includes verifying customer eligibility, shipping the hearing aid devices and supplies to your office, and paying dispensing fees.

We will continue to reimburse you directly for all other covered services, such as hearing testing and evaluations, fittings, analog and disposable hearing aids, and follow-up visits. You can also continue to collect any associated deductibles or copayments from your Cigna patients for these other services.

Value for customers

Our relationship with Amplifon gives our customers low-price guarantees on more than 2,000 brand name devices and free one-year follow-up care. In addition, customers receive:

- A 60-day risk-free trial period for hearing aids, with no restocking fees
- Free batteries for two years
  - First set upon delivery of device
  - Additional sets (for the second year) directly through Amplifon
- Three-year warranty coverage for loss and damage

Contracting with Amplifon

You don't need to contract with Amplifon to obtain devices and supplies for your patients with Cigna coverage. However, if you are interested in becoming a participating health care professional in their network, you are required to have a network access agreement with them. Please call Amplifon directly at 1.855.531.4695, or go to the Amplifon USA website at Amplifonusa.com > Healthcare Providers and download the New Enrollment Packet. If you are currently in the Amplifon network, you may also use one of these two options to update your enrollment information.

Miracle-Ear joins Cigna network

Since September 1, 2015, Miracle-Ear® (a division of AmplifonUSA) has been contracted with Cigna to provide our customers with privately-labeled hearing aids through their locally-owned franchise. To refer patients to one of the approximately 850 Miracle-Ear franchise locations nationwide that participate in our network, please visit Amplifon's website.

IDENTIFYING AND TREATING HIGH BLOOD PRESSURE

According to the American Heart Association, one in three American adults has high blood pressure (140/90 or higher), placing them at an increased risk for heart attack, stroke, and other cardiovascular conditions.

That's why it's important to screen your patients for high blood pressure at every primary care visit, and to regularly retest those previously diagnosed with hypertension to ensure continued proper management of their disease.

To improve the number of our customers who access good clinical care, Cigna nurses are reaching out to certain people who have, or are at risk of developing, cardiovascular conditions to help schedule annual physicals. During these visits, primary care physicians can help with identified health issues, evaluate and treat high blood pressure, and make referrals to specialists for additional care as needed.

For 2016, there will be no copay for Cigna Medicare Advantage primary care visits. There is also no additional charge for the blood pressure screening. However, if other services are performed during the visit, there may be a charge. Patients should consult their Evidence of Coverage for benefit details.

DEPRESSION SCREENING IN OLDER ADULTS

According to the National Alliance on Mental Illness, depression affects 6.5 million Americans age 65 or older. However, it is believed to be widely misdiagnosed and untreated. That is because health care professionals often overlook symptoms in this population, or associate them with other illnesses such as dementia, Alzheimer's disease, or cancer.

In addition, people often dismiss the signs of depression in themselves. Or, they may recognize it but not seek help for a variety of reasons ranging from concerns about treatment cost, to embarrassment, to the feeling that they should be able to handle their problems without outside assistance.

Patient Health Questionnaires available for screenings

Cigna strongly encourages health care professionals to perform basic screenings for depression among all their Medicare patients at least annually, but more often for those with symptoms or a family history. They may use the Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-9 (PHQ-9) screening tools to identify patients with symptoms of depression.

For patients who screen positively, it's important to initiate proper treatment. For help selecting a network behavioral health care professional, Cigna Medicare Advantage customers can call Cigna Behavioral Health at 1.800.866.6534 or log in to CignaBehavioral.com > Find a therapist/psychiatrist. Prior authorization is not required for most routine mental health services.

CALIFORNIA REQUIREMENTS FOR ACCESS AND TIMELINESS OF CARE

As a health care professional, you're committed to providing quality care. In some states, there are regulations governing access to care, too.

In California, primary care physicians (PCPs) and specialty care physicians (SCPs) are required to adhere to regulations regarding a patient's access to care, and the timeliness of appointments to receive this care.

Access and availability guidelines

Health plans are required to notify their customers annually of California requirements for access and timeliness of care. We recently sent letters to our customers to explain this information, which includes these guidelines:

- Providing access to care within a reasonable amount of time that is appropriate for the patient's needs.
- Being available to provide or arrange for care 24/7/365.
- Establishing a phone number or triage screening service for patients to access 24/7/365. Patients must be informed of the length of time they may expect to wait for a return call, how to obtain urgent or emergency care, and, be directed to the on-call physician providing coverage.
- Ensuring that trained staff can respond to patient questions and gather appropriate information for calls that relate to routine, urgent, and emergency issues.
- Having basic health care services (excluding emergency care) available at least one day per week until 10:00 p.m. or later, or for at least four hours every Saturday (except on holidays).

Required time frames for scheduling patient appointments

The time frame within which a health care professional must schedule an appointment depends on the type of care needed.

TYPE OF CARE NEEDED	TIME FRAME TO PROVIDE ACCESS
Emergency or high-risk issues	Immediate, appropriate emergency room authorization, or directions to dial 9-1-1
Urgent cases that do not require precertification	Within 48 hours of request
Services that require precertification	Schedule appointment at same time as precertification request, and within 96 hours of request
Non-urgent, symptomatic, or routine appointments with a PCP	Within 10 days of request
Non-urgent, symptomatic, or routine appointments with a SCP	Within 15 days of request
Preventive screenings and physicals	Within 30 days of request
Non-urgent appointments for ancillary services for the diagnosis or treatment of an injury, illness, or other health condition	Within 15 days of request

You can access additional information about California-specific requirements in the Cigna Reference Guide for Physicians, Hospitals, Ancillaries, and Other Health Care Professionals. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides > California).

ADVANCE DIRECTIVES WORKSHOP OFFERED

Cigna Medical Group (CMG) is offering a free, comprehensive workshop on advance directives. Taught by a CMG Health Educator, it covers medical and legal issues concerning end-of-life decisions, and provides helpful information and tools needed to help make them.

The 90-minute workshop is available at Cigna locations throughout the Phoenix-metro area. It is open to anyone age 18 and older with Cigna-administered coverage, as well as their family members, friends, and caregivers who attend with them (whether or not they have Cigna coverage). Those over age 50 are especially encouraged to attend.

If you have patients with Cigna coverage who you think would benefit from attending a session, please recommend they register or obtain more information by calling 1.623.876.2355.

OREGON REGULATION: CUSTOMER RIGHT TO REDIRECT PROTECTED HEALTH INFORMATION

In 2015, Oregon lawmakers strengthened regulations addressing a customer's right to redirect protected health information (PHI) to an alternate location. These laws require health insurance companies to accommodate a customer's request to redirect their PHI solely to the persons they have identified as being authorized recipients. The PHI cannot be disclosed to anyone insured under the same policy, including the person who pays for the health insurance plan (the primary account holder), unless the customer expressly consents to it.

Requests to redirect PHI to an alternative person or location

If you are approached by a patient who wants to redirect their PHI to an alternative person or location, please encourage them to complete the Oregon Request for Confidential Communication form and send it to their health insurer. Your patients can obtain this form on the Oregon Insurance Division website (Insurance.Oregon.gov) > Get help > Health insurance > Patient right to privacy > Oregon Request for Confidential Communication.

Cigna customers should fax or email the completed form to our Central Health Insurance Portability and Accountability Act (HIPAA) Unit at:

Fax: 1.877.815.4827 or 1.859.410.2419

Email: CHUSI@Cigna.com

Cigna is committed to protecting its customers' PHI, and complying with HIPAA and all laws aimed at safeguarding privacy. For more information, call Cigna Customer Service at 1.800.88Cigna (882.4462).

CIGNA COLLABORATIVE CARE: EXPANDING TO MORE CONNECTIONS WHERE CARE IS DELIVERED

About Cigna Collaborative Care

Since 2008, Cigna has been building incentive-based relationships with health care professionals to provide quality, cost-effective programs focusing on patient-centered care. This value-based approach evolved into Cigna Collaborative Care, with programs that provide physician groups, hospitals, and specialty groups with the opportunity to earn an incentive reward based on specific quality measures aimed at improving patients' outcomes, experiences, and affordability. It's our model for achieving the same population health goals as accountable care organizations (ACOs) for better health and affordability, and an improved customer experience.

To learn more about our collaborative care programs, visit Cigna.com > Newsroom > Knowledge Center > Cigna's Approach to Accountable Care Organizations or contact your Market Medical Executive.

When we first established collaborative arrangements with health care professionals eight years ago, we started with large physician groups. Since then, we've expanded our relationships to include hospitals, specialty groups, and small physician groups. This has helped us connect more customers who have high-cost conditions or complex needs with health care professionals actively engaged in a program designed to improve their outcomes and lower costs.

Today, we have collaborative relationships with more than 134 large physician groups, 265 hospitals, and 25 specialist groups. In addition, we are currently piloting a collaborative care initiative with small physician groups. In 2016, we anticipate significant growth in the number of health care professionals participating in all of our programs.

Hospital collaborative care program

The hospital collaborative care program began in 2010 with 22 hospitals. It recognizes a hospital's commitment to improving patient safety, satisfaction, and affordability of care, and rewards hospitals based on their performance for specific quality measures. These include outcomes, patient experiences, and cost-efficiency that are related to baselines that are aligned with those established by the Centers for Medicare & Medicaid Services (CMS). Today, we have arrangements with over 265 hospitals throughout the country.

Quality measures

Some of the quality measures we evaluate include:

- Lowering readmission rates
- Reducing hospital-acquired complications
- Improving transition of care activities
- Increasing cost efficiency, such as by utilizing participating hospital-based physicians
- Increasing the number of customers who understand their post-discharge care

For more information about our hospital collaborative care quality measures, contact your local Market Contractor or Market Medical Executive.

Future expansion

In 2016, we anticipate expanding our hospital collaborative care program significantly by establishing arrangements with up to 750 additional hospitals.

Episodes of care: A specialty collaborative initiative

Episodes of care is a retrospective, episode-based payment initiative that rewards physicians for providing high-quality and efficient care for specific medical treatments and conditions. Its goal is to reduce costs, improve quality, and reduce potentially avoidable complications for seven specific episodes of care:

- Deliveries
- Hip replacements and revisions
- Knee replacements and revisions
- Cholecystectomies
- Colonoscopies
- Percutaneous coronary interventions
- Coronary artery bypass grafts

The episodes of care collaboration program is being offered to orthopedic, OB/GYN, cardiac, general surgery, and gastroenterology groups. It is one of three initiatives we have for specialty groups. The other two are for cancer care (oncology groups) and maternity care (OB/GYN groups).

Quality measures

Some key quality measures we evaluate vary based on the specialty type:

SPECIALTY	QUALITY MEASURES: EPISODES OF CARE
Cardiology	› Reducing potentially avoidable complications › Increasing the rate of smoking cessation and depression screening
General surgery	› Reducing hospitalization in the post-trigger window › Reducing length of stay › Reducing intraoperative cholangiography › Reducing endoscopic retrograde cholangiopancreatography (ERCP)
Gastroenterology	› Reducing potentially avoidable complications › Participating in the Qualified Clinical Data Registry › Reducing rates of perforation, post-polypectomy bleeds, and unnecessary colonoscopies
OB/GYN	› Reducing C-section rates › Increasing screenings for certain diseases › Increasing rates of Tdap vaccinations and smoking cessation
Orthopedic surgery	› Lowering the number of readmissions › Reducing frequency of certain postoperative conditions › Increasing the rate of smoking cessation and weight loss › Reducing the length of stay

Future expansion

Although relatively new, the number of specialty groups participating in one of our episodes of care collaborative care arrangements is rapidly expanding. In 2016, we anticipate establishing relationships with up to 70 additional groups.

For more information on the episodes of care program, refer to the fact sheet or contact a member of your Cigna team (local Market Medical Executive, Program Experience Manager, Contractor, Provider Territory Manager, or Clinical Operation Collaborator) for assistance.

Introducing Cigna Collaborative Care for primary care groups

On January 1, 2016, we began piloting a Cigna Collaborative Care initiative for primary care groups. This is an important first step toward implementing a collaborative, value-based national program specifically for primary care physicians (PCPs) with 5,000 or fewer Cigna customers, as this is where more than 60 percent of our customers receive their health care.

Similar to our collaborative care arrangements with larger physician groups, hospitals, and specialists, this initiative will provide financial incentives for delivering care based on evidence-based standards that improve quality, drive lower costs, and provide a better experience for our customers.

Two ways to earn incentive payments

Physicians who participate in the program will have the opportunity to earn financial rewards in two ways: Through the treat-to-target incentive and the pharmacy incentive.

Treat-to-target incentive. Physicians can earn rewards for improving chronic disease outcomes for their patients with diagnoses of coronary artery disease (CAD), diabetes, and hypertension. They can do this by achieving evidence-based biometric goals that have been shown to reduce complications of chronic disease and total medical costs, while improving quality of life.

Here's how it works. Participating physicians identify their Cigna patients diagnosed with certain CPT II codes for CAD, diabetes, and hypertension. Then, they work with these patients to help them meet specific minimum laboratory or biometric results. Physicians will receive a financial reward every six months for each identified patient who achieves the targeted results.

Pharmacy incentive. Physicians can earn rewards for taking steps to help improve the affordability and convenience of prescribed medications for their patients. These added supports have been shown to improve adherence to prescribed therapeutic regimens.

Here's how it works. Once a month, we send pharmacy information to each participating physician for identified patients – their names, currently prescribed drug(s), cost of the regimen, potential therapeutic alternatives, and Cigna Home Delivery Pharmacy opportunities. We'll also provide the expected dollar amount of savings to the patients if a change is made.

After reviewing this information, physicians will determine for each patient whether an alternative, lower-cost drug is clinically appropriate or if switching to Cigna Home Delivery Pharmacy would be beneficial. If the PCP decides that a change makes sense, they contact the patient, and provide a new prescription or recommend use of Cigna Home Delivery Pharmacy, as appropriate. If the PCP decides a change is not in the patient's best interest, or the patient does not want to make a switch at the current time, physicians simply document this in the patient's record.

Whether or not a change is made, Cigna will provide the pharmacy incentive to PCPs for reviewing and coordinating care for these patients.

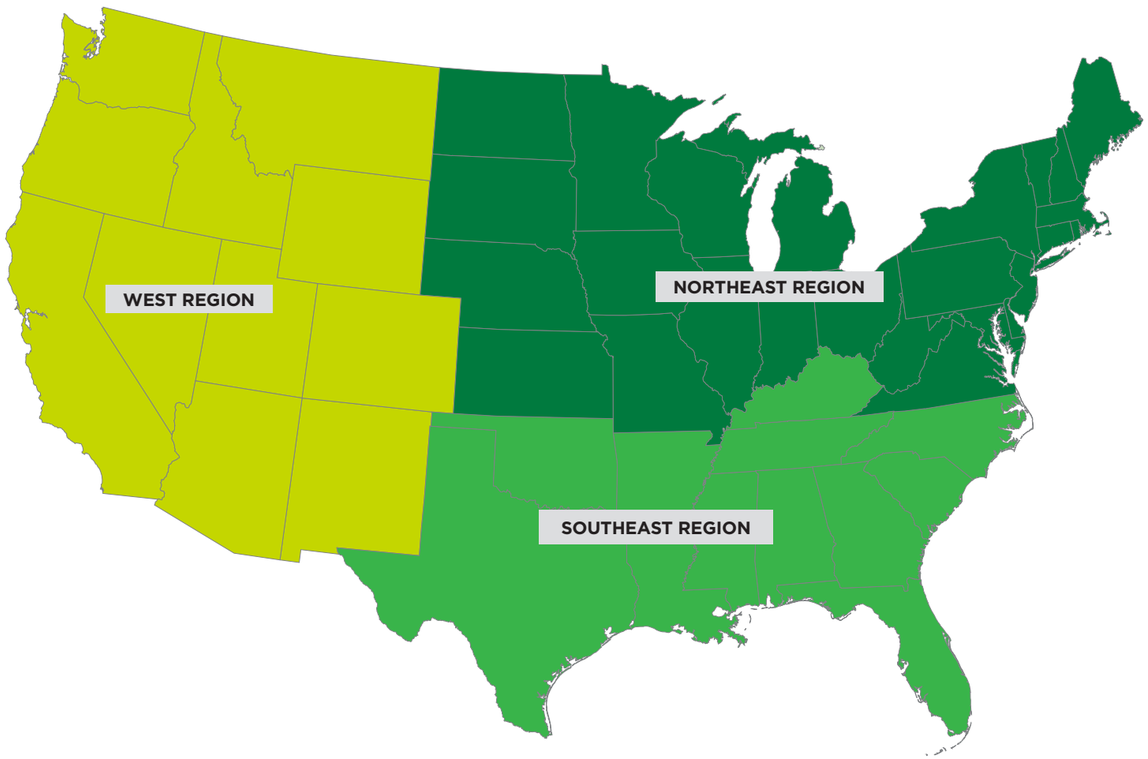
Looking ahead

Throughout 2016, we'll be adding more physician groups with 5,000 or fewer aligned Cigna customers to the Cigna Collaborative Care for primary care groups pilot, on a market-by-market basis. We'll notify eligible physicians as we expand to these additional markets.

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, Cigna Regional Accounts 1.804.240.9935

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.

Cigna

and

Anthem

Visit 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

GO GREEN – GO ELECTRONIC

Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your email box. When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), you can:

- Share, print, and save – electronic communications make it easy to circulate copies
- Access information anytime, anywhere – view the latest updates and time-sensitive information online when you need to

When you register, you will receive some correspondence electronically, such as *Network News*, while certain other communications will still be sent 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 Now."

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 the Cultural Competency Training and Resources page of Cigna.com to learn more. There are two ways to navigate to this page:

Cigna.com > Health Care Professionals > Resources > Cultural Competency Training and Resources **OR**

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 > Provider Directory Updates and Changes.

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).

After you log in, select Working with Cigna on your dashboard, and then choose the appropriate update link under Profile Information for Cigna Contracted Healthcare Physicians or Cigna Contracted Facilities and Other Health Care Providers. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com
Fax: 1.877.358.4301
Mail: Two College Park Dr.
Hooksett, NH 03106

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 > 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 or write to:

Cigna
Attn: Health Care Professional Communications
900 Cottage Grove Road, Routing B7NC
Hartford, CT 06152

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To access articles from previous issues of *Network News*, visit Cigna.com > Health Care Professionals > Newsletters. Article topics are listed for each issue.

Together, all the way.®

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