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STUDY SHOWS SAVINGS FOR HEALTH CARE PROFESSIONALS THAT RECEIVE PAYMENTS ELECTRONICALLY

Technology exists today for health care professionals to lower their costs for certain routine business transactions that can now be completed electronically. This is supported by a joint study conducted by the Council for Affordable Quality Healthcare (CAQH) and Milliman, which confirms that significant savings are available to health care professionals who choose electronic over manual transactions.* The study results were recently published in the [2013 Council for Affordable Quality Healthcare \(CAQH\) U.S. Healthcare Efficiency Index®](#).

Electronic funds transfer (EFT): Significant savings with each claim payment

The [Index](#) shows that the cost for a health care professional to receive claim payments by paper checks is eight times more than receiving these same funds electronically. The estimated cost to a health care professional for a payment received by a paper check is \$1.83 per claim, compared to only \$0.30 for the same electronic payment.**

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Quicker payments and less paperwork

There are benefits beyond saving money, as well. Payments made by EFT are secure, and enable health care professionals to receive these funds faster. What's more, when used together, EFT and electronic remittance advice (ERA) can help eliminate claims payment paperwork and improve cash flow.

Not enrolled in EFT?

Cigna offers EFT for PPO, OAP, HMO, Cigna Global Health Benefits, and Arizona Medicare Advantage HMO claim reimbursements.***

Once the enrollment process is complete, all of a health care professional's fee-for-service and capitated payments are electronically deposited directly into their bank account(s). There are two options to enroll in EFT with Cigna.

- › Enroll in EFT 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."

- › Enroll in EFT with multiple payers, including Cigna, using the [CAQH website](#).

Two options to bulk your EFT payments

- › By your Taxpayer Identification Number (TIN) and payment address
- › By your billing provider's National Provider Identifier (NPI) from your submitted claims

How to enroll in ERA

Enroll in ERA through your electronic data interchange (EDI) vendor or Post-n-Track® at [Post-n-Track.com/Cigna](#). With ERA, your remittance information can be automatically loaded into your accounts receivable system. This can:

- › Reduce costs and save time
- › Reduce posting errors
- › Shorten the payment cycle

Be sure to bulk your ERAs (by TIN or NPI) the same way you choose to bulk your EFT payments.

* Milliman is one of the world's largest providers of actuarial and related products and services.

** Specified as "provider-facility cost" in the Index.

*** 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 Cigna insured or administered medical plan, we routinely review clinical, reimbursement, and administrative policies as well as our medical coverage positions, and our 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 planned updates to our coverage policies. Information about these changes, including an outline of the specific updates, is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement 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 may 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).

Planned medical policy updates

POLICY NAME	UPDATE EFFECTIVE DATE
Autonomic Nervous System Testing	February 16, 2015
Mechanical Devices for the Treatment of Back Pain	February 16, 2015
Allergy Testing and Non-Pharmacologic Treatment	February 16, 2015

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

PRECERTIFICATION CHANGES

To 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:

- ▶ On January 1, 2015, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released 131 new CPT® and HCPCS codes. These codes were reflected on our precertification list this month.*
- ▶ On February 16, 2015, we will include 35 additional codes that require precertification. At that time, we will also remove 53 codes from the precertification list.**
- ▶ On April 14, 2015, we will include one additional code that requires precertification, J9010 (Alemtuzuman [Lemtrada]).

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 on “Register Now.”

* Note: 24 of these codes are managed by our radiation therapy ancillary partner, CareCore.

** 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.

CMS INTRODUCES SUBSET OF NEW MODIFIERS FOR MODIFIER 59

The Centers for Medicare & Medicaid Services (CMS) implemented four new modifiers as subsets of Modifier 59, effective January 1, 2015. The new modifiers were created to help reduce existing errors associated with the current use of Modifier 59, which indicates distinct and separate procedures performed on the same day by the same provider.

Beginning February 16, 2015 our code editing system, ClaimsXten™, will recognize the four new modifiers as being valid for claims. Although Cigna and CMS will continue to accept Modifier 59, you are encouraged to use the most specific appropriate modifier available. The new modifiers are:

- ▶ XE (Separate Encounter)
- ▶ XS (Separate Structure)
- ▶ XP (Separate Practitioner)
- ▶ XU (Unusual Non-overlapping Service)

Additional information

For more information on this policy update, please log in to the Cigna for Health Care Professionals website at (CignaforHCP.com > Useful Links > Policies & Procedures > Modifiers and Reimbursement Policies).

If you have questions about the new subset of modifiers for Modifier 59, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).



NATIONAL 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
Online Precertification	Wednesday, January 28, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	716 974 365
CignaforHCP.com Overview	Thursday, February 5, 2015	9:00 AM / 10:00 AM / 11:00 AM / NOON	90 min.	717 939 621
Eligibility & Benefits / Cigna Cost of Care Estimator	Tuesday, February 10, 2015	11:00 AM / NOON / 1:00 PM / 2:00 PM	45 min.	712 762 516
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, February 19, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	718 453 145
Online Precertification	Thursday, February 26, 2015	11:00 AM / NOON / 1:00 PM / 2:00 PM	45 min.	711 467 029
CignaforHCP.com Overview	Wednesday, March 4, 2015	9:00 AM / 10:00 AM / 11:00 AM / NOON	90 min.	713 109 071
Eligibility & Benefits / Cigna Cost of Care Estimator	Tuesday, March 10, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	710 577 044
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, March 18, 2015	9:00 AM / 10:00 AM / 11:00 AM / NOON	45 min.	716 887 450
Online Precertification	Thursday, March 26, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	710 528 440

To register* for a webinar:

1. Go to CignaVirtual.webex.com.
2. Enter the meeting number (below).
3. Click "Join" and then click "Register."
4. Enter the requested information.
5. You'll receive a confirmation email with meeting details.

* Preregistration is required for each session. The password for each webinar is 123456.

To join the audio portion of the webinar:

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

Questions?

Email: Prov_eSvcs_Atlantic@Cigna.com



TIPS FOR SMOOTH AND FAST PROCESSING OF YOUR ELECTRONIC CLAIMS

You already know that submitting electronic claims is faster than paper and an important step in improving your payment cycle. The following tips will help to ensure these claims are processed quickly and accurately.

Commercial coordination of benefit (COB) claims

- › Submit COB claims electronically to Cigna.
- › You are not required to submit a paper copy of the primary carrier’s explanation of benefits form.
- › Talk to your electronic data interchange (EDI) vendor about COB information.

(It 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.)

Medicare COB claims

- › Cigna receives your Medicare COB claims electronically through the Centers for Medicare & Medicaid Services (CMS) Medicare crossover process.

Corrected claims

- › Submit correct claims electronically.
- › In the Claim Frequency Type Code in loop 2300, segment CLM05, specify the frequency of the claim. (This is the third position of the Uniform Billing Claim Form Bill Type.) Talk to your EDI vendor for more information.
- › Use one of these codes to indicate the claim type.

1	Original (admit through discharge claim)
7	Replacement (of prior claim) Include required segment REF*F8, Payer Claim Control #
8	Void (or cancellation of prior claim) Include required segment REF*F8, Payer Claim Control #

Reminders for using correct modifiers

When submitting an electronic claim for a repeat procedure, make sure you use the correct procedure and diagnosis modifiers to indicate that the procedure or test is occurring again. These modifiers should be appended for repeat procedures.

76	Repeat procedure or service by same physician
77	Repeat procedure by another physician
91	Repeat clinical diagnostic laboratory test

Responding to pended claims

When a claim is pended because we need additional information from you to complete processing, we will send you a letter that:

- › Identifies the pended claim.
- › Outlines what additional information is being requested.
- › Asks that the information you send back to us includes a copy of the letter.

This is important because it will help us to quickly match the additional information with the pended claim.



MARKETPLACE PLANS: PAYMENTS FOR PRIOR AUTHORIZED SERVICES DURING GRACE PERIOD

When individuals enroll in Marketplace plans, by law they have a 90-day grace period to pay their premiums. Because you won't be able to tell which individuals are enrolled in Marketplace plans, it is important to establish "best practices" for use with all of your patients to help ensure we're able to accurately process claims for all the services you perform.

Prior authorizations

If individuals have not paid their premiums but are within their 90-day grace period, you can still obtain prior authorizations they may need for certain services. However, be sure to verify their eligibility before performing these services, as they will not be covered unless the premiums are paid within the 90 days.

Please note that when you call Cigna for prior authorizations (800.88Cigna, select "approval"), most customer service representatives will not have access to the information needed to provide the status of the individuals' premium payments, 90-day grace period, or eligibility to receive these services. To verify eligibility, refer to the adjacent chart, "How to ensure your claims will be processed for payment."

Once you are able to confirm that your patients are eligible for services, you can perform the procedures without obtaining the prior authorizations again, as they will still be valid.

Claim processing during the grace period

If you submit claims for services (including those that are prior authorized) performed for individuals with Marketplace plans who have not yet paid their premiums, the claims will be pended. If the premiums are paid in full within the 90-day grace period, these claims will be reopened and processed. You do not need to resubmit them. If the premiums are not paid within the 90-day grace period, the claims will be denied and your patients will be responsible for their payment.

How to ensure your claims will be processed for payment

Always verify your patient's eligibility and benefits before performing services. You can do this using any of the tools below.

PRIOR AUTHORIZATION OPTION	YOUR PATIENT MAY BE WITHIN THE EXTENDED GRACE PERIOD, AND NOT BE ELIGIBLE FOR BENEFITS, IF:
Cigna for Health Care Professionals website (CignaforHCP.com)	<ul style="list-style-type: none"> ▶ You see "Eligibility pending for verification of premium payment" on the Coverage Details screen. ▶ A "S1" remark code appears on the claims detail screen for pended claims with "Suspend Missing Information Letter to Insured" noted.
Electronic data interchange (EDI) eligibility and benefit inquiry and response (271)	<ul style="list-style-type: none"> ▶ A code "5" (active - pending investigation) is returned.
Telephone (2 options): <ul style="list-style-type: none"> ▶ 1.800.88Cigna (1.882.4462)/Select "Eligibility" ▶ Call phone number on back of their ID card <p>You will be prompted to provide the patient's Social Security number or patient's identification number, their date of birth and name. This will provide you with the patient's eligibility information based on current data in our system.</p>	<ul style="list-style-type: none"> ▶ You are told "eligibility pending for verification of premium payment" regarding coverage details. ▶ You are told "suspend missing information letter to insured" regarding a pended claim.

Additional information

To learn more about grace periods, please visit CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Marketplace Information.



THE CIGNA FOUNDATION FUNDS THE NEW YORK BOTANICAL GARDEN TO HELP IMPROVE IMMIGRANT HEALTH CARE

On October 21, 2014, the Cigna Foundation announced a \$140,000 World of Difference grant to The New York Botanical Garden to help improve health care for New York’s immigrant Latino and Caribbean communities. The grant will fund the work of Dr. Ina Vandebroek, an ethnomedical research specialist at The New York Botanical Garden. Dr. Vandebroek is educating medical students and physicians on how to provide better clinical care by understanding how their patients use medicinal plants as part of traditional remedies alongside modern medicine.

Research promotes collaboration between plant scientists and health care professionals

The project will be influential in a new field called urban ethnobotany, which combines medical anthropology, community health, and immigrant studies with plant sciences. It’s the first project of its kind to promote collaboration between plant scientists and health care professionals to address health care in Latino and Caribbean immigrant populations.

The Cigna Foundation Executive Director David Figliuzzi noted, “It’s exciting to be involved in work that can help the health care system deliver culturally sensitive care to an underserved population. This work falls squarely within The Cigna Foundation’s focus on achieving health equity for all we serve.”

Dr. Vandebroek’s work seeks to uncover the nature of medicinal plant use among Latino and Caribbean communities in New York City, with an initial focus on Dominicans, Mexicans, Puerto Ricans, and Jamaicans. One complexity of the project is that

different communities may have different names for the same plants. They may also have different cultural beliefs surrounding what causes illnesses, their symptoms, and when treatment with plants or pharmaceuticals is preferred.

“We expect the results of this work will have an impact far beyond New York to the broader scientific and clinical community.”

David Figliuzzi
The Cigna Foundation
Executive Director

Project aims to improve patient-physician communication

An essential component of the project is the training of health care professionals to enable them to communicate effectively with patients from these communities about the use of medicinal plants that they often use in parallel with modern medicine. “Because some herbal remedies are known to interact with prescription drugs, it’s essential that patients who use traditional remedies disclose this to their doctors, who in turn must have the training to respond with sensitivity to this information,” Dr. Vandebroek explained.

The ultimate goal of the project is to improve patient-physician communication, and increase trust between them. It is anticipated that this will foster adherence to medical treatment plans, engender respect for cultural health care practices, and prevent adverse effects from occurring due to the use of traditional remedies that are incompatible with modern medicine.

“We expect the results of this work will have an impact far beyond New York to the broader scientific and clinical community,” Figliuzzi said.

About the Cigna Foundation. *The Cigna Foundation World of Difference grants provide support for improving children’s wellness, senior care, women’s health, and health equity – the four social priorities for Cigna’s corporate responsibility platform known as Cigna Connects. To learn more about the Cigna Foundation and its grant activities, visit Cigna.com > About Cigna > Foundation and Civic Affairs.*

About The New York Botanical Garden. *The New York Botanical Garden is a museum of plants, an educational institution, and a scientific research organization. Founded in 1891, it is one of the world’s preeminent centers for studying plants at all levels, from the whole organism down to its DNA. Garden scientists conduct fundamental research on plants, algae, and fungi globally, as well as on the many relationships between plants and people. A National Historic Landmark, its 250-acre site is one of the greatest botanical gardens in the world, and the largest in any city in the United States.*

Learn more: nybg.org



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 in our request letter. We appreciate your timely response.
- ▶ You can securely fax the requested documentation to Cigna. If you have a secure electronic medical record (EMR) system, and will allow us access through our secure network, HEDIS requests can be completed by Cigna staff remotely. This is a more efficient process that can help minimize any disruption to your office.

- ▶ 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. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule and patient authorization is not required.

Cigna provides 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

As such, if you have patients who have Cigna coverage through an FEHB plan, you may receive separate HEDIS requests directly from those FEHB plans. Please follow the instructions provided to submit required medical records for these plans.

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 CignaforHCP.com > Resources > Reference Guides). You may also visit the NCQA website (NCQU.org) for more information on HEDIS.



LOCALPLUS PRODUCT EXPANSION

LocalPlus®, a product suite that has been introduced in several states and markets, provides our customers with ease of access to health care professionals, hospitals, and ancillary providers focused on delivering clinical excellence and patient satisfaction at a lower cost than other traditional plans.

In keeping with the evolving needs of our customers, we have expanded the LocalPlus network to include new markets, beginning January 1, 2015.

- › Massachusetts for employer business
- › Rhode Island for employer business
- › Georgia
 - Atlanta, Augusta, Columbus, Macon, Rome, and Savannah for employer, and individual and family plan business
 - Atlanta, Macon, and Rome for individual and family plans

Beginning January 1, 2015, the LocalPlus network is also available on- and off-Marketplace for individual and family plans (IFPs) in St. Louis, Missouri in the following counties: Franklin, St. Louis, Jefferson, St. Louis City, Lincoln, Ste. Genevieve, St. Charles, Warren, St. Francois, and Washington. We offer eight options at various levels, through three Cigna plan types.

- › myCigna Health Savings (bronze and silver level)
- › myCigna Health Flex (bronze, silver, and gold level)
- › myCigna Copay Assure (bronze, silver, and gold level)

Please be aware that customers who have purchased coverage on-Marketplace, and are receiving federal premium assistance may be entitled to an extended grace period to pay their premiums. Health care professionals may wish to develop a policy on how to address patients who are in the premium payment grace period.

About LocalPlus

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. The LocalPlus product suite includes four plans:

- › LocalPlus
- › LocalPlus IN
- › Cigna Choice Fund LocalPlus
- › Cigna Choice Fund LocalPlus IN

The key differences between LocalPlus and LocalPlus IN plans are in the customer's access to the network and the benefit coverage level.

Making referrals

You can access the Cigna.com online directory to find participating LocalPlus health care professionals, hospitals, and ancillary providers. When using our Find a Doctor search tool, pick LocalPlus under "Select a Plan."

Please note that to make referrals for patients with IFP plans, you can find a list of participating LocalPlus IFP providers in a separate Cigna online directory at Cigna.com/ifp-providers.

Beginning January 2015, patients with LocalPlus plans may present a new ID card. Similar to standard Cigna ID cards, the new card will indicate LocalPlus, LocalPlus IN, Choice Fund LocalPlus, or Choice Fund LocalPlus IN as the network name. The LocalPlus ID card will also contain information about customer service contacts, benefits, and where to submit claims. In addition, the cards will display Cigna Open Access Plus (OAP), and the "Away from Home" logo will appear on the back of the ID card as a reminder that LocalPlus customers have access to our national OAP network when they are outside their LocalPlus geographies.

Additional information

For more information or to ask questions, call Cigna Customer Service at 1.800.88Cigna (1.882.4462).



CIGNA INFERTILITY CENTERS OF EXCELLENCE PROGRAM

As part of our Cigna Centers of Excellence (COE) program, we evaluate patient outcomes and cost-efficiency information for infertility treatment centers. To assess patient outcomes, we use the most current publically reported data from the Centers for Disease Control (CDC). To assess cost efficiency, we evaluate costs related to infertility cycles from our claims data to determine the average cost per cycle for the facility.

About the infertility center profile

- › Infertility centers must meet minimum criteria before we will assess them, including:
 - At least one Cigna-contracted board certified endocrinologist
 - Accreditation of their laboratory by the American College of Pathologists (CAP)
 - Minimum volume criteria
- › We may award infertility centers the COE designation if they meet criteria for quality alone, or if they meet criteria for both quality and cost efficiency:
 - **Quality alone:** An infertility treatment center may qualify as a COE if its performance is in the top third of all infertility centers in its state, AND it has a better-than-expected success rate for singleton live birth.
 - **Quality and cost efficiency:** An infertility treatment center may qualify as a COE if its success rate is better than or equal to the expected success rate, AND its average cost is better than or equal to expected.
- › The Cigna health care professional directory will display an icon (🌟) indicating the infertility treatment centers that are COE.

Additional information

To learn more about the methodology we use to determine COE designation, please review our white paper at Cigna.com/InfertilityCenterOfExcellence. If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (1.882.4462) to request this information.

Timeline for COE designations and displays

- › November 17, 2014: Infertility centers were sent a notification about the availability of their 2015 results.
- › January 1, 2015: Infertility COE information became available in the health care professional directory on Cigna.com and myCigna.com.

The Cigna COE program is designed to meet the ever-growing customer demand for tools and information on patient outcomes and cost efficiency. However, it reflects only a partial assessment of the quality and cost efficiency for select hospitals and infertility centers. Therefore, we tell our customers that it should not be the sole factor used when making decisions. We encourage them to consider all relevant factors, and to speak with their treating physician when selecting a hospital or infertility center.

PREVENTIVE CARE SERVICES: LUNG CANCER SCREENING

For plans subject to the provisions of the Patient Protection and Affordable Care Act (PPACA), we cover annual lung cancer screenings with low-dose computed tomography. To qualify, your patient with Cigna coverage must be 55 to 80 years old, have a 30 pack-year smoking history, and either currently smoke or have quit within the past 15 years.*

This screening is covered as a preventive care service effective on a plan's start date or anniversary date on or after January 1, 2015. Please be sure to correctly code the lung cancer screening as a preventive care service, as that is the key to allowing your patients to receive this service as a preventive benefit of their plan.

A Guide to Cigna's Preventive Health Coverage

For additional information on preventive care services, including coding guidance for lung cancer screening, refer to A Guide to Cigna's Preventive Health Coverage for Health Care Professionals on the Cigna for Health Care Professionals website at CignaforHCP.com > Health Care Professionals > Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines > A Guide to Cigna's Preventive Health Coverage for Health Care Professionals.

Cigna medical coverage policy: Low-dose computed tomography for lung cancer screening

For additional information on lung cancer screening criteria, refer to the Cigna medical coverage policy Computed Tomography, Low Dose for Lung Cancer Screening (0007) (CignaforHCP.com Resources > Clinical Reimbursement Policies and Payment Policies > Coverage Policies > Medical and Administrative A-Z Index > Computed, Low Dose for Lung Cancer Screening).

* Subject to precertification.



SEVEN DAYS: HELPING TO ENSURE CUSTOMER ACCESS TO PART D BENEFITS

Did you know that most pharmacies can bill Cigna claims online for a period of seven days post-service? This piece of information is good to keep in mind, as some Part D enrollees may not use their Medicare drug card at the time of sale.

If your patients present their drug card, it's important to follow through with online claim processing, even when the service date has passed.

The Centers for Medicare & Medicaid Services (CMS) urges Part D enrollees to have prescription claims consistently processed through their Part D sponsor. Consistent online claim processing allows enrollees to receive:

- › Access to plan pricing, which eliminates unnecessary upfront costs
- › Accurate tracking of true out-of-pocket dollars
- › Proper drug utilization review
- › Timely coordination of benefits without the need for paper claims

At Cigna, we are mindful of CMS' instruction to process all claims online, and agree that this is a critical part of Part D benefit administration. Please partner with us to ensure that Medicare enrollees have easy and consistent access to Part D benefits.

Source: Medicare Prescription Drug Benefit Manual, Chapter 14 - Section 50.

PHARMACY NEWS

PREVENTIVE CARE PHARMACY COVERAGE UPDATE: TOBACCO CESSATION MEDICATIONS

Cigna is making a change to its pharmacy benefit coverage to comply with a May 2, 2014 clarification, issued by the U.S. Department of Health and Human Services, about the tobacco cessation interventions section of the Patient Protection and Affordable Care Act (PPACA).

For existing plans that renew and new plans that are effective as of December 1, 2014, we will cover all over-the-counter (OTC) and generic prescription tobacco cessation medications approved by the Food and Drug Administration (FDA), with no cost-sharing or deductible applied. In addition, we will cover prescription-brand tobacco cessation medications with no cost-sharing when OTC or generic products are designated by the health care

professional as medically inappropriate for the patient. The coverage includes two 90-day courses of treatment in a plan year, and is only available at pharmacies that participate in our network.

Health care professionals may call Cigna Customer Service at 1.800.Cigna24 (1.800.244.6224) select "health care professional" then "approvals" to request coverage of brand products, at no cost, on behalf of their patients.

You can find more information on PPACA and covered services at our Informed on Reform website at Cigna.com > Informed on Reform > Preventive Services.



THERAPY MANAGEMENT SUPPORT FOR PATIENTS WITH HEPATITIS C

Providing supportive therapy requires extensive management to help ensure successful clinical outcomes. At Cigna, our integrated pharmacy and medical benefits help support our Specialty Pharmacy Therapy Management team. This is especially important for customers being treated with complex, high-cost medications recently introduced for hepatitis C. Adherence to these medications is important to achieving a sustained virological response.

Requesting your help: Survey being faxed to health care professionals

Our specialty pharmacy therapy management team is conducting a retrospective study to help us better

understand our customers with hepatitis C who are taking these medications. This can enable us to continue providing the support and care needed for successful outcomes. Our goal is to support our customers with hepatitis C in achieving a cure.

We are faxing a brief survey to health care professionals who recently prescribed one of the new hepatitis C medications, with instructions on how to complete the survey. If you receive a survey, please respond.

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, nurses, and therapy support coordinators who provide additional assistance to our customers to help them better understand their condition, medications, side effects, and the importance of taking their medication as prescribed.

For more information, please call our TheraCare® program at 1.800.633.6521 and dial extension 2772876.

COMPOUNDED DRUGS AND CHANGES WE ARE MAKING

Issues and concerns about compounded drugs

There are a number of issues and concerns surrounding compounded drugs related to their safety, effectiveness, quality control, cost, and the pricing and dispensing practices of some pharmacies. While compounded medications can be valuable to some people, for most we believe they are not better than commercially available products. Here's why:

- › **No validation of safety or effectiveness.** The U.S. Food and Drug Administration (FDA) does not regulate these drugs, and, therefore, does not verify their safety or effectiveness.
- › **Lack of quality control.** Compounded drugs often lack FDA oversight of business practices and quality. Most facilities are not monitored to make sure they meet federal quality standards.
- › **Higher cost.** The price for compounded drugs is usually much higher than for commercially available prescription medications. Their price is dictated by, and can vary widely by, the pharmacy, with some costing thousands of dollars.
- › **Suspected improper dispensing and billing practices.** A small but growing number of compounding pharmacies in certain regions of the United States are suspected of engaging in improper dispensing and billing practices.

Changes we've made

We've made changes to address potential safety, quality, and cost issues associated with compounded drugs.

- › We lowered the dollar amount needed for prior authorization of compound prescriptions from \$500 to \$200, as of November 2014. Prescriptions submitted over the price threshold will be reviewed for cost and medical necessity.
- › We notified affected customers with a letter explaining the need for approval of compounded drugs, and urging them to speak with their health care professional to find FDA-approved alternatives.
- › We are asking health care professionals to consider an FDA-approved prescription medication that may work for their Cigna patient before prescribing a compounded drug.
- › We audit certain compounding pharmacies with which there are concerns about dispensing and billing practices, possibly resulting in some being removed from our network.

If you have any questions about this information, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).



NEW YORK AND TEXAS OUT-OF-NETWORK DISCLOSURE FORMS

Except in the case of an emergency when a referral is needed, patients with Cigna-administered coverage generally expect and prefer that their Cigna-participating physician refer them to other participating physicians so they may use their in-network benefits whenever possible. Please be aware that an out-of-network disclosure form must be completed by the referring physician (and not delegated) each time a referral is made to a non-participating health care professional or facilities, including ambulatory surgical centers, dialysis facilities, and freestanding laboratories. Cigna customers should have the necessary information to make an informed decision regarding the use of participating or non-participating health care professionals or facilities, such as:

- › The potential financial impact of their choices
- › In-network alternatives
- › The referring physician's financial interest, if a non-participating health care professional is chosen

When you refer a Cigna customer to a non-participating health care professional, facility or other health care entity, they will be responsible for the out-of-network charges consistent with their benefit plan. A complete list of participating health care professionals, facilities, and other health care entities can be found on our websites at Cigna.com and CignaforHCP.com.

How to access and use the forms

The New York and Texas out-of-network disclosure forms are located here:

- › [New York Patient Notice and Disclosure Form for referral to a non-participating health care professional, facility or vendor](#)
- › [Cigna Out-of-Network Disclosure Form for Health Care Professionals in Texas](#)

Please note: It is not necessary to complete the form in emergency situations, or if Cigna determines there is no alternative Cigna-participating health care professional that can provide the requested covered services. A copy of the completed form should be given to the patient and the original placed in the patient's medical file. Please note that the use of this form is subject to periodic audits to ensure compliance with this administrative requirement.

Additional information

Criteria for our out-of-network referral policies were derived from published materials that are supported by nationally recognized agencies such as the American College of Medical Quality (ACMQ). For more information regarding the ACMQ, visit their website at <http://www.acmq.org>.

CALIFORNIA LANGUAGE ASSISTANCE LAW REMINDER

In support of California's Health Care Language Assistance Act, we provide language assistance services to eligible Cigna participants, including those covered by the Cigna HealthCare of California, Inc. HMO (including Cigna "Network") and PPO plans issued in California. California capitated provider groups have some specific requirements regarding English vital document notifications for HMO patients and interpretation services.

Toll-free number

As a reminder, you must offer our free telephone professional interpretation services to your patients with Cigna coverage. Call 800.806.2059 to access a professional interpreter. If your patient refuses to use the service, you must document this by completing a Request/Refusal for Interpretation Services form, which is available in English, Spanish, and Traditional Chinese. You can download and print the form at CignaforHCP.com > Resources > Forms Center > Medical Forms > CALAP - Request-Refuse Interpretation Services.

New "I Speak" card for California customers

We now provide California customers with an interpreter card to help them communicate to providers that they need an interpreter. It includes instructions in English, Spanish, and Traditional Chinese, and advises California customers and providers that Cigna will pay for professional interpreter services for eligible customers in any health care setting.

Additional information about language assistance services

For additional details about our language assistance services, please refer to the California Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care professionals. Or, visit Cigna.com > Health Care Professionals > Resources > Clinical Payment and Reimbursement Policies > Claim Policies, Procedures and Guidelines.



CIGNA SPONSORS THE MOST MAGICAL RACES ON EARTH

Kicking off 2015 on a happy, healthy note, Cigna was again honored to serve as the presenting sponsor of *Walt Disney World*® Marathon Weekend. Held on January 7-11 this year, the race weekend was a premier event that combined fun, family, and physical activity in one of the most delightful places on earth.

Making this year's race weekend was even more special, events were scheduled at all four *Walt Disney World*® Resort theme parks: *Epcot*®, *Magic Kingdom*® Park, *Disney's Animal Kingdom*® Theme Park, and *Disney's Hollywood Studios*®. The final day of the weekend featured a marathon that followed a 26.2-mile route through all four properties, making the experience even more magical for both those who ran and those who cheered them on.

Walking our talk

At Cigna, we talk a lot about healthy outcomes and the importance of relationships in achieving high quality, cost-effective care. Sponsoring this event is right in step with our focus on doing our best to help people improve their health, well-being, and sense of

security. Working with *Walt Disney World*® Marathon Weekend allowed us to reach thousands of people and celebrate their efforts to adopt a healthy lifestyle.

The way we see it, healthier people are more productive, enjoy a better quality of life, and help lower costs for everyone in the health care system. That's why we will continue to walk our talk – or, in this case, lace up and run – in support of better health for everyone.

Connecting with our network health care professionals

One of the things we loved most about *Walt Disney World*® Marathon Weekend was the opportunity to spend time with valued network health care professionals and friends. In the spirit of friendly competition, Cigna employees competed in the events along with some of our network-participating health care professionals. All runners and their guests were also invited to visit the Cigna booth at the *runDisney* Health & Fitness Expo to share healthy lifestyle information and enjoy fun activities.

Something for everyone

If it's happening at *Walt Disney World*® Resort, you know it's going to be special. This year's marathon weekend had a number of unique events to delight just about everyone, including:

- › The *Walt Disney World*® 10K, new this year, which followed a 6.2-mile course through *Epcot*® and the scenic World Showcase.
- › The Dopey Challenge, taken on by the most dedicated runners, to finish the 5K, 10K, Half Marathon, and Marathon (within pacing requirements) over four days to earn a coveted Dopey Challenge finisher medal.

Events celebrating healthy families included the *Walt Disney World*® 5K for older kids and family members, and the *runDisney* Kids' Races, where kids 13 and under competed in age-appropriate races like the Mickey Mile and the Diaper Dash.

Feel like a run?

If you missed the excitement of the 2015 *Walt Disney World*® Marathon Weekend, you will have another chance to compete later this year. For the first time ever, Cigna will be the presenting sponsor of the 2015 *Disneyland*® Half Marathon Weekend in Anaheim, California on September 3-6, 2015. Watch for details and registration information coming this spring on Cigna.com.



THE CIGNA MOBILE LEARNING LAB: HELPING PAVE THE WAY TO BETTER HEALTH FOR YOUR PATIENTS

As a health care professional, you know the more patients understand their health, the easier it is to take good care of it. That's why our Mobile Learning Lab travels the country, showing people in a fun, interactive way how positive lifestyle choices and preventive care can affect their health and well-being down the road.

What's a Mobile Learning Lab?

It's our state-of-the-art wellness center in an 18-wheeler that was designed just for Cigna. Inside are six unique, interactive exhibits designed to help visitors learn how nutrition, exercise, stress, and other factors can make a real difference in the quality of their lives.

Here's how it works:

- › Visitors entering the lab create a user profile at the first kiosk
- › Using this profile information, they can interact with each exhibit and answer questions on-screen
- › Before leaving, they can choose to email themselves a personalized report

Each personalized report includes specific recommendations for nutrition, exercise, stress, and other lifestyle changes. Designed to inspire, inform, and motivate, this practical information can help people make more positive lifestyle choices for themselves, their families, and their communities.

How healthy are your patients?

Healthy people tend to live more satisfying, productive lives, which can lower health costs for everyone. Bringing the Learning Lab into communities across the country helps show visitors practical ways to take more active roles in maintaining their health.

Here's a quick look at some of the most popular interactive exhibits in the Mobile Learning Lab:

- › Stress Wall. Feeling a little stressed? The Stress IQ test measures your stress level and provides practical information about managing stress.
- › Exercise. Want to lose a few pounds? Slip on the fat vest to see how 20 pounds of extra weight makes a big difference in your everyday activities.
- › Nutrition. Does portion size matter? Build a healthy plate of food using the new MyPlate guidelines and learn practical tips about healthier eating.
- › Prevention. Push the button to see how many different things you can do in two minutes or less every day to improve your health.

Adapted for Spanish-speakers

English is not the primary language for millions of people nationwide. In May 2014 we launched our first Bilingual Mobile Learning Lab. The new lab comes standard in English but also converts to a full Spanish experience by adding magnetic panels. The general layout is very similar to the English-only lab, with slight modifications to make the overall experience more culturally relevant.

To take a virtual tour of Cigna's Mobile Learning Lab, watch this video:

Bring the Mobile Learning Lab to your community

For more information, email HealthAwarenessTourInfo@Cigna.com.



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.

NORTHEAST REGION

Peter McCauley, Sr., MD, CPE <i>Regional Medical Director</i>	IL, IN, MN, ND, SD, WI, MI	1.312.648.5131
Frank Brown, MD	DC, MD, VA	1.804.344.2384
Jack Davidson, MD, MBA	KS, MO, NE, IA, ND, SD	1.314.290.7313
Robert Hockmuth, MD	CT, MA, ME, NH, RI, VT	1.603.268.7567
Tiffany Lingenfelter-Pierce, MD	CT, MA, ME, NH, RI, VT	1.603.203.4317
Ronald Menzin, MD	NJ, NY	1.631.247.4526
E. David Perez, MD	NJ, NY	1.646.658.7157
Christina Stasiuk, DO	DE, OH, PA, WV	1.215.761.7168

SOUTHEAST REGION

Jordan Ginsburg, MD <i>Regional Medical Director</i>		1.314.610.0095
Robert W. Hamilton, MD	AL, GA	1.404.443.8820
Michael Howell, MD, MBA, FACP	FL, USVI	1.407.833.3130
Edward Hunsinger, MD	NC, SC	1.860.902.6671
Renee McLaughlin, MD	AR, KY, MS, TN	1.423.763.6764
Mark J. Netoskie, MD, MBA, FAAP	LA, South TX	1.713.576.4465
Frederick Watson, DO, MBA, CPE	North TX, OK	1.972.863.5119

WEST REGION

Jennifer Gutzmore, MD <i>Regional Medical Director</i>	Southern CA	1.818.500.6459
Jacob Asher, MD	Northern CA	1.415.317.1613
John Keats, MD	AZ, NV	1.480.426.6779
Mark Laitos, MD	CO, NM, UT, WY	1.303.566.4705
John Sobeck, MD	AK, HI, ID, MT, OR, WA	1.206.625.8861

NATIONAL

Nicholas Gettas, MD, <i>Chief Medical Officer,</i> <i>Cigna Regional Accounts</i>	1.804.379.0645
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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.



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 secure 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 toolkits, 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 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 > Health Care Professionals > Resources > 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 and GWH-Cigna 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. 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 at 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	Email: Intake_PDM@Cigna.com Fax: 1.888.208.7159 Mail: 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	Email: Intake_PDM@Cigna.com Fax: 1.877.358.4301 Mail: Two College Park Dr. Hooksett, NH 03106
AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, WY	Email: Intake_PDM@Cigna.com Fax: 1.860.687.7336 Mail: 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 > Health Care Professionals > Resources > 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

Access the archives

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.SM



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