



Network News

For Health Care Professionals
Participating in Cigna Networks

JULY 2014

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Cigna begins new relationship with HearPO

We strive to provide health care professionals and their patients with cost-effective programs and opportunities that can help ensure quality, cost-effective care. As part of these efforts, we have entered into an exclusive national agreement with HearPO, an Amplifon Company, to be the in-network provider of digital and digitally programmable analog hearing aids and supplies to Cigna customers in certain benefit plans who have a hearing aid benefit. This relationship begins September 1, 2014.*



What this means to health care professionals

- Health care professionals will need to order digital and digitally programmable analog hearing aids and supplies directly from HearPO for their patients with Cigna insured or administered coverage that includes a hearing aid benefit.
- Digital and digitally programmable analog hearing aids and supplies that are not ordered from HearPO for these individuals will not be eligible for reimbursement.
- To obtain these devices for their patients with Cigna-administered coverage, health care professionals can verify patient benefit and eligibility information directly with HearPO, and HearPO will secure the requested device for the customer and ship it directly to the ordering health care professional.
- HearPO will assume the financial responsibility for the cost of the device and associated supplies, thus removing any up-front costs to the health care professional. HearPO will then bill us for the cost of the device and supplies.
- This means that health care professionals should not bill Cigna directly or collect any patient deductibles, coinsurance, or copayments for these devices and supplies.
- HearPO will be responsible for paying dispensing fees directly to the health care professional.

* This change affects managed care plans, including Open Access.

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GO YOU[®]

Cigna begins new relationship with HearPO

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Health care professionals will continue to be reimbursed for all other covered services, including hearing testing and evaluation, fittings, analog and disposable hearing aids, follow-up visits, and repairs. For these services, health care professionals can collect any associated deductibles or copayments in accordance with the Cigna Administrative Guidelines. Additionally, claims for these services should continue to be sent directly to Cigna.

For more information about our new relationship with HearPO, health care professionals are encouraged to call HearPO at 1.855.531.4695 or Cigna at 1.800.88Cigna (882.4462).



Clinical, reimbursement, and administrative policy updates

To support access to quality, cost-effective care for your patients with a 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 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 (882.4462).

Planned medical policy updates

Policy name	Update effective date
Acupuncture	August 18, 2014
Bone Growth Stimulators	August 18, 2014
Facility Routine Services and Supplies and Equipment	August 18, 2014
Genetic Testing for Mitochondrial Disorders	August 18, 2014
Intraoperative Monitoring (part of Code Editing Guidelines)	August 18, 2014
Fecal Calprotectin Testing (part of Omnibus Codes policy)	August 18, 2014
Helicobacter Pylori Antibody Testing	August 18, 2014
Hyaluronates	August 18, 2014
Transvaginal Ultrasound	August 18, 2014

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

Precertification changes

On July 1, 2014, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released new CPT® and HCPCS codes. Codes released as part of their updates will be reflected on our precertification list this month.

On August 18, 2014, we will update our list of existing CPT and HCPCS codes to include eight additional codes that will require precertification. At that time, we will also remove 17 codes from the precertification list. Please also be aware that six codes that currently require precertification will be managed by CareCore, our network-participating provider of radiation therapy benefits.

The precertification list on the Cigna for Health Care Professionals website (CignaforHCP.com) reflects these updates.

To view the complete list of services requiring 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."



Codes being added to the precertification list on August 18, 2014

22214	C9353	J7323	J7325
C9352	J7321	J7324	J7326

Codes that will no longer require precertification on August 18, 2014*

15780	15783	17360	65778	65781	86153
15781	15788	21175	21175	21175	V2790
1578	15792	37250	65780	86152	

Codes that currently require precertification, but will be managed by CareCore on August 18, 2014

32701	61797	61799
61796	61798	61800

Obtaining precertification for specialty drugs

When you order specialty pharmacy drugs through Cigna Home Delivery Pharmacy, we'll help manage the precertification process, coordinate prescription refills and renewals, and ensure your patients are getting the support they need for their complex conditions. For more information, or to order and obtain precertification for a specialty drug, call Cigna Home Delivery Pharmacy at 1.800.351.3606. Order forms are available at CignaforHCP.com.

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

Receive and reconcile your payments faster

Help improve your office workflow and productivity, and shorten the payment cycle by enrolling in electronic funds transfer (EFT). Also known as direct deposit, EFT electronically deposits fee-for-service and capitated payments directly into your bank account. When used together, EFT and electronic remittance advice (ERA) can help eliminate claims payment paperwork and improve your cash flow – no more waiting for paper checks to clear.

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

Choose how to bulk your EFT payments

When you enroll in EFT with Cigna, you can choose to have your payments bulked either of two ways:

Option 1: By your Taxpayer Identification Number (TIN) and payment address

Option 2: By your Billing Provider National Provider Identifier (NPI) from your submitted claims

If you already receive EFT payments and wish to change the method by which your payments are bulked, log in to CignaforHCP.com > Working with

Cigna > Manage EFT Settings, then you'll be able to update your payment preferences from this page.

Not enrolled in EFT?

You have two options to enroll in EFT with Cigna:

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

Easily access your remittance reports

If you are enrolled in EFT with Cigna, and are registered for CignaforHCP.com with access to claims status inquiry, you can easily access your remittance reports for your payments.

- Log in to CignaforHCP.com > Remittance Reports
- Search for your remittance reports using a few options:
 - Deposit amount
 - Patient information
 - Claim/Reference number

Not registered for the website?

- Go to CignaforHCP.com and click "Register Now"
- For step-by-step registration directions, click "Learn how to register"

Electronic remittance advice

With electronic remittance advice (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

Enroll through your EDI vendor or Post-n-Track® at Post-n-Track.com/Cigna.

* EFT payments are not currently available for claim reimbursements for patients with GWH-Cigna ID cards. EFT payments and bulking options will be available for patients with GWH-Cigna ID cards later in 2014.



ICD-10 compliance testing update

In April, the Centers for Medicare & Medicaid Services (CMS) announced that implementation of the much-anticipated ICD-10 diagnostic and procedure codes would be delayed for at least a year. The new compliance date may be on, or after, October 1, 2015.

The delay, however, has not affected or interrupted our testing initiatives to ensure that ICD-10 coded claims will be processed accurately once the codes become effective. In May, we successfully completed external testing with clearinghouses, vendors, and a sample group of health care professionals who submit claims directly to us. Testing was done to help ensure uninterrupted service and that we can correctly receive and send files, transactions, and codes.

The testing process included:

- Receipt of ICD-9 and ICD-10 coded test claims
- Confirmation of accept and reject logic based on date of service or discharge
- Routing of claims to all Cigna business units
- Processing and payment of ICD-9 and ICD-10 coding claims
- Return of the following 5010 industry standard transactions: 999, 277, and 835
- Remediation of all proprietary inbound and outbound files that contain ICD-9 and ICD-10 codes

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ICD-10 compliance testing update *Continued from page 4*

In the year ahead

Currently, no additional external testing is planned for 2014. We will continue internal testing and validation of reporting and analytics processing, including outbound files to clients and vendors.

We will also be focusing our efforts on the ability to continue to accept ICD-9 codes, monitoring CMS developments and keeping you updated on our ICD-10 implementation.

Additional information

For our most current information and resources on ICD-10 implementation, go to the Cigna for Health Care Professionals website at CignaforHCP.com> Resources > Medical Resources> ICD-10.

National eServices webinar schedule

Cigna invites you to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Attend our webinars to learn how to navigate the site, and how to conduct a number of timesaving transactions, including online precertifications, claim status inquiries, and much more. The tools and information we provide will benefit you and your patients with Cigna coverage.

To register* for a webinar:

1. Go to <http://cignavirtual.webex.com>.
 2. Enter the Meeting Number (below).
 3. Click "Join" and then click "Register."
 4. Enter the requested information and you will receive a confirmation email with meeting details
- * Pre-registration 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 494987# when prompted.

Questions?

Contact Prov_eSvcs_Atlantic@Cigna.com

Topic	Date	Time (PST / MST / CST / EST)	Length	Meeting Number
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, July 16, 2014	12:30 PM / 1:30 PM / 2:30 PM / 3:30 PM	45 min	711 571 191
Online Precertification	Tuesday, July 22, 2014	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	45 min	719 726 531
CignaforHCP.com Overview	Thursday, July 31, 2014	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	90 min	713 925 426
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, August 6, 2014	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	45 min	716 535 437
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, August 14, 2014	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	714 452 007
Online Precertification	Wednesday, August 20, 2014	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	45 min	715 828 621
CignaforHCP.com Overview	Tuesday, August 26, 2014	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	716 292 764
Eligibility & Benefits /Cigna Cost of Care Estimator	Tuesday, September 9, 2014	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	45 min	719 501 014
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, September 18, 2014	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	718 883 425
Online Precertification	Wednesday, September 24, 2014	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min	713 340 048

Important reminder: Altegra Health to perform risk adjustment chart reviews

A component of the Patient Protection and Affordable Care Act (PPACA) requires insurers to conduct medical chart reviews in order to collect data that will be used in risk adjustment calculations. Your role in the process will help us achieve an accurate risk adjustment, as well as optimal health outcomes for your patients with Cigna coverage—which is why we wanted to include this important reminder outlining the process Cigna has in place for conducting medical chart reviews.

What it means for you

As part of our process, beginning June 2014 you may be contacted by Altegra Health to request medical records for individual customers. You will be able to submit this information by secure fax, email, or remote electronic medical record (EMR) download. In some cases, an Altegra representative may contact you to schedule an onsite visit to retrieve and scan medical records.

Cigna has executed a confidentiality agreement with Altegra Health and their employees on behalf of our customers and network of participating health care professionals. Any

information shared will be kept in confidence in accordance with all applicable state and federal laws, and Health Insurance Portability and Accountability Act (HIPAA) requirements regarding the confidentiality of patient records.

How it works

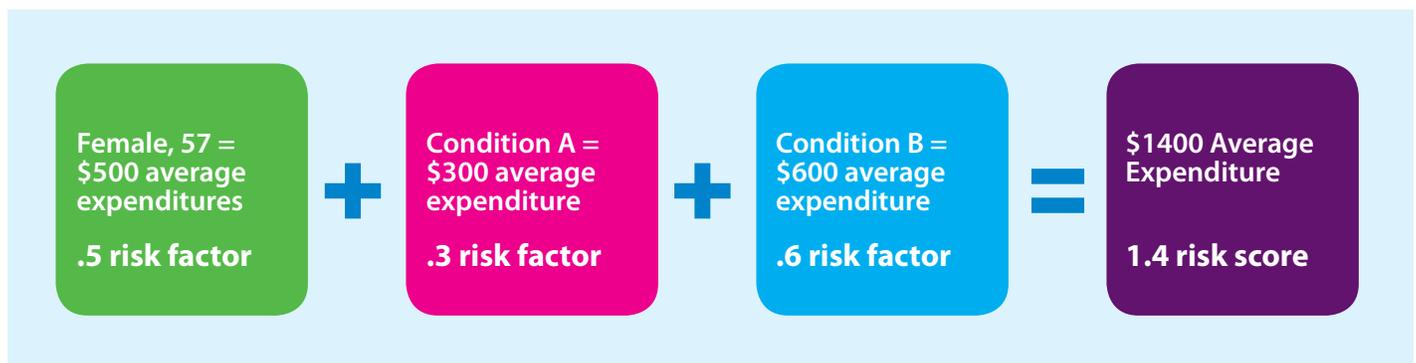
Each year, we are required to conduct a review and documentation of ICD-9 codes to provide data that will be sent to:

- The Department of Health and Human Resources (HHS) for risk calculations
- Cigna for claims management and clinical intervention

A risk score consists of:

- The individual's demographic and health status information
- The sum of demographic and health factors weighted by their estimate marginal contributions to total risk

Risk adjustment example:



The above example is not intended to be an exact replication of average expenditures. It is used for illustration purposes only.

Additional information

To learn more about risk adjustment and the methodologies used, visit the Cigna website at InformedOnReform.com. You can also visit the Centers for Medicare & Medicaid Services website at cms.gov > Private Insurance > Training Resources.



Precertification requirement for Cigna Global Health Benefits customers

As a reminder, precertification is now required for inpatient and certain outpatient services that are rendered in the United States to Cigna Global Health Benefits® (CGHB) customers. ID cards for customers of CGHB were updated to indicate that inpatient and outpatient services require precertification. These ID cards also include Customer Service contact information, which can be used to request precertification.

What do you need to do differently?

You should now call CGHB Customer Service at 1.800.441.2668 to request precertification for inpatient and certain outpatient services for these customers. Please be aware that precertification does not guarantee coverage and treatments or services that require precertification will not be covered unless precertification was obtained.

For more information about our precertification policy or for the complete list of services requiring precertification, please visit the Cigna for Health Care Professionals website at CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not a registered user, you will need to register to log in to access these policies. Go to CignaforHCP.com and click "Register Now."

Additional information

If you would like additional information about this update, or if you do not have Internet access, please call CGHB Customer Service at 1.800.441.2668.

Cigna Care designation reconsideration requests due September 8

This month, primary care physicians and specialists in 71 markets and 21 specialties will receive a letter about the availability of their results for the 2015 Cigna Care designation and physician quality and cost-efficiency displays. The letter will give physicians the option to request reports, review their results, submit inquiries, and request changes (i.e., requests for reconsideration).

Requests for reconsideration must be received by September 8, 2014. Reconsideration requests received after September 8, 2014 will be processed, but the directory information may not be updated until after the initial display of Cigna Care designations on October 20, 2014.

Please send us an email or fax if you would like to request reports, review results, submit inquiries, or request changes:

- Email: PhysicianEvaluationInformation@Cigna.com
- Fax: 1.866.448.5506

If you are requesting reconsideration, make sure you include the reason for the request and any documentation, as applicable, to support the request. A Network Clinical Manager will contact you to share details about your results and possible next steps.



Breastfeeding equipment and supplies coverage

The Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover breastfeeding services and equipment at 100 percent, as long as certain requirements are met. This includes breastfeeding supplies (e.g., tubing, adapter, breast shield and splash protector, polycarbonate bottle and cap, and locking ring), and lactation support and counseling.

Ordering through CareCentrix®

In order to receive in-network benefits, your patients with Cigna coverage are required to obtain a prescription from their physician for a breast pump, and obtain it through CareCentrix,* the durable medical equipment provider that participates with our network. There is no copayment, coinsurance, or deductible when ordered through CareCentrix. One manual or electric breast pump per birth can be purchased or rented (coverage will be 100 percent up to the purchase price).

Breast pumps may be requested beginning at 28 weeks (seven months) gestation or later. Requests for a hospital-grade breast pump require medical necessity review and precertification, and are limited to a rental-only option. This equipment is usually delivered within a week after CareCentrix receives the prescription. Quicker delivery can be requested for premature births.

To obtain the breast pump and initial supplies, Cigna customers may call CareCentrix at 1.877.466.0164, option 3. They should have a prescription from their doctor before they call. To obtain replacement supplies, Cigna customers may contact Edgemark Medical Supplies, our network-participating national partner for breast pump supplies, at 1.800.321.0591.

* Specific brands and models are limited to what is available in stock at the time of request.

Patient concerns or complaints

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

Information requests may include:

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

If you have any questions about how we handle patient concerns or complaints, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



Cigna quality initiatives available online

We want you to have the latest information about our quality initiatives and health management programs, care guidelines, and utilization management. We hope you find these resources helpful when considering care options for patients with Cigna-administered coverage.

The details of our quality initiatives are just a few clicks away on the CignaforHCP.com website. Once there, click on Resources > Medical Resources > Commitment to Quality > Quality.

Care Guidelines

Cigna Care Guidelines are also available on the CignaforHCP.com website. Once there, click on Resources > Cigna Clinical Health and Wellness Programs > Care Guidelines.

Utilization management information

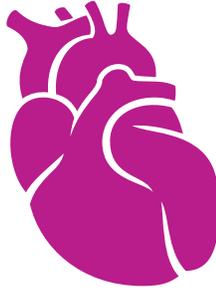
Utilization management decisions are based on appropriateness of care and service, and existence of coverage. We do not reward health care professionals for issuing denials of coverage. There are no financial incentives in place for utilization management decision makers that encourage or influence decision making. Customers have the right to disagree with a coverage decision and are provided instructions on how to submit an appeal. The customer can also elect to obtain care at their own expense. The following services are available for submitting utilization management requests:

- Language line services are available free of charge
- TTD/TYY services through the 711 relay center that is available free of charge to any deaf, hearing-impaired, or speech-impaired person in the United States and interfaces with the existing phone equipment used by the hearing impaired

If you have questions about our quality initiatives, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call 1.800.88Cigna (882.4462).

Women and coronary artery disease

Coronary artery disease (CAD) is the leading cause of death in the United States. Surprisingly, more women than men die from this disease. In fact, more women die from CAD than any form of cancer, chronic lower respiratory disease, Alzheimer's disease, and accidents combined.



The problem: Women most at risk often underestimate the threat of CAD

Of particular concern is the fact that the rate of death attributable to CAD is increasing in young women (less than 55 years old), even though the overall rate of CAD has declined 30.6 percent from 1998 to 2008.¹ Similarly, while the rate of awareness of CAD as the leading cause of death in the general population nearly doubled (56 percent versus 30 percent) between 1997 and 2012, the rate of awareness among African American and Hispanic women was much lower (36 percent and 34 percent, respectively).¹ It is believed that the reason for this is that these women, who are most at risk, underestimate the threat it may pose to their health.

The recommendation: Consider statins and other treatment options

One barrier to better outcomes for women with CAD may be insufficient use of available medical therapy, such as statins. Recent research reveals that the pathophysiology and symptoms of CAD vary between women and men, and, therefore, the optimal treatment for each gender may not be the same. However, statins can play a vital role in improving outcomes for women. This is also supported by standard medical guidelines, which promote use of statins by both men and women patients who have a heart event or a stroke, or have multiple risk factors for heart disease or diabetes.²

The action: Talk to patients

We encourage health care professionals to talk to their female patients with CAD about the condition and the risk it poses to their health. It's important to explain that by following prescribed treatment plans – including lipid-lowering therapy and lifestyle changes – they can reduce their risk and improve their overall health.

1. Mosca L, Mochari-Greenberger H, Dolor RJ, Newby LK, Robb KJ. Twelve-year follow-up of American women's awareness of cardiovascular disease risk and barriers to heart health. *Circ Cardiovasc Qual Outcomes*. 2010;3:120–127.
2. Mosca L, Benjamin EJ, Berra K, et al. Effectiveness-based guidelines for the prevention of cardiovascular disease in women—2011 update: a guideline from the American Heart Association. *Circulation*. 2011;123:1243–1262.

“Health Disparities” white paper for health care professionals

If you're like many health care professionals, you believe it is important to eliminate health disparities and cultivate health equity among the patients you care for. A new Cigna white paper is now available to help you better understand and resolve health disparities that may exist in your medical practice and your community: *Health Disparities: How your practice and patients may be affected*.

What are health disparities?

Health disparities are avoidable and unfair differences in health status between segments of the population. They are typically experienced by groups of people who have social or economic obstacles to good health care due to their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity or expression, disability, or geographic location. When people experience

health disparities, they are deprived of the opportunity to attain their full health potential. Health disparities also account for approximately \$309 billion annually in direct and indirect costs due to higher health care spending, lost productivity, and premature death.¹

For more information

All the resources highlighted in this white paper, such as the new CultureVision™ toolkit, are available on our Cultural Competency Training and Resources page, which you can find on either of these websites:

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

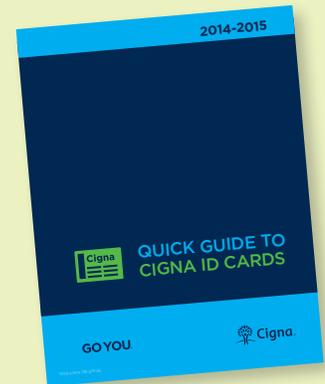
[CignaforHCP.com](#) > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

1. Joint Center for Political and Economic Studies. *The Economic Burden of Health Inequalities in the United States*.

New Quick Guide to Cigna ID Cards

Cigna's 2014-2015 Quick Guide to Cigna ID Cards is now available. Keep this handy guide at your fingertips to clarify information that appears on Cigna's most common ID cards. It can also help you understand the requirements associated with our various plans.

This guide includes an easy-to-use key to quickly and efficiently process your patient's information. We've also included details about the myCigna Mobile App that patients with Cigna coverage may use when presenting their Cigna ID card, claims information or coverage eligibility to you with their mobile devices. Download a copy of the latest ID card brochure by logging in to the secure Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Using ID Cards). It is also available at Cigna.com (Health Care Professionals > Resources > Doing Business with Cigna).



Claim mailroom facility closing

As of July 1, 2014, we have consolidated the mailing location for all Cigna paper claims. All paper claims should be sent to Chattanooga, TN. The Kennett, MO mailing address that you may have used is no longer valid.

Previously, the Kennett, MO address was used to receive claims for patients with GWH-Cigna ID cards and in Payor Solutions plans, as indicated on the patient ID cards. Now, these claims should be sent to the new corresponding P.O. Box and address located in Chattanooga, TN, as outlined in the grid below.

Claims that are sent to the Kennett, MO address after July 1, 2014 will be forwarded to Chattanooga, TN by the U.S. Postal Service. This process will help ensure that we receive your claim submissions in a timely manner.

We will begin updating ID cards with the new Chattanooga, TN claim address as plans renew throughout 2014, and will continue until all ID cards are updated with the correct claim address. The expected time frame to complete the ID card reissue is approximately 18 months. Other documents and communications that reference the Kennett, MO address will be updated with the correct address throughout the remainder of 2014.

Please send all paper claims to the Chattanooga, TN mailing address and use the new PO Box as indicated in the grid below. As a reminder, you may still submit claims electronically. For more information on electronic claim submissions, please go to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Policies and Procedures > How to File a Claim).

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

Function	Previous address	New address
General mail and claims (including Payor Solutions)	1000 Great-West Drive Kennett, MO 63857-3749	PO Box 188061 Chattanooga, TN 37422-8061
GWH-Cigna Appeals	PO Box 668 Kennett, MO 63857-0668	PO Box 188062 Chattanooga, TN 37422-8062
Cigna LifeSource Transplant Network®	PO Box 228 Kennett, MO 63857-0228	PO Box 188063 Chattanooga, TN 37422-8063
GWH-Cigna Behavioral Health appeals	PO Box 763 Kennett, MO 63857-0763	PO Box 23487 Chattanooga, TN 37422-3487

You and your Market Medical Executive

In a recent article, we introduced your Market Medical Executive (MME) team as a valuable resource and an important part of our collaborative relationship with you. We'd like to highlight a win-win interaction between one of our MMEs and a large physician practice in Tennessee.

Delivering solutions

Dr. Renee McLaughlin, a Southeast region MME, recently had a positive and informative visit to a large obstetrics and gynecology practice in Knoxville, Tennessee. The practice had requested this visit to review the group's current Cigna Care designation profile. During the meeting, the practice manager shared her concerns with Dr. McLaughlin about the expectations of health care reform, seeking guidance on steps to take and priority setting to help the practice prepare for the changes.

Following the visit, Dr. McLaughlin received an email from the practice manager, thanking her for her time and "disarming manner." In the practice manager's words:

"While I have had several conversations with the state as well as with other payers, I have to comment that the job you did in explaining the coming reforms was excellent."

As a result of their conversation, the practice felt equipped with the necessary information to determine next steps to meet the requirements of "this complicated statistical reform."

Another positive outcome of the meeting stemmed from a detailed review and analysis of the groups' referral patterns for services such as labs and high-technology radiology. As a result, the practice manager gained a better understanding of their cost profile and the importance of referring patients with Cigna coverage to participating facilities in the Cigna network – a key way to help patients gain access to significant cost savings options.

We are all aware of the ongoing changes in health care, and the challenges you and your practice may face in keeping up with the evolving landscape. These positive outcomes are examples of the collaborative nature of MME visits and how your MME may be a valuable resource to you in accessing the most current health care reform information to help you understand the changes affecting you and your patients with Cigna coverage. MMEs can also help you evaluate your practice performance so you can provide your patients the opportunity to achieve the triple aim of better quality, lower costs, and an improved customer experience.

Contact your MME

Call your MME to learn more about how they may be a valuable resource to you. You can find their contact information in the Market Medical Executives contact information article on page 14.



ePrescribing for Cigna Home Delivery Pharmacy

Cigna Home Delivery PharmacySM (CHDP) is now fully operational for electronic prescribing (ePrescribing).^{*} This is a convenient alternative to retail pharmacies for your patients with Cigna pharmacy benefits.

Help your patients experience the benefits of CHDP:

- 24/7 access to pharmacists and customer service agents
- Prescription fills for up to 90 days of medication at one time
- Free, prompt delivery to a patient or other preferred location
- Lower out-of-pocket expenses for many patients
- QuickFill, our free, automated refill reminder service

In addition, CHDP offers FDA-approved medications, responsive individual coaching, and proactive customer communication.

Health care professionals who use ePrescribing for patients with Cigna pharmacy benefits will also be able to receive prescription renewal requests from CHDP electronically, reducing the amount of faxes and phone calls your staff manages.

Interested in ePrescribing?

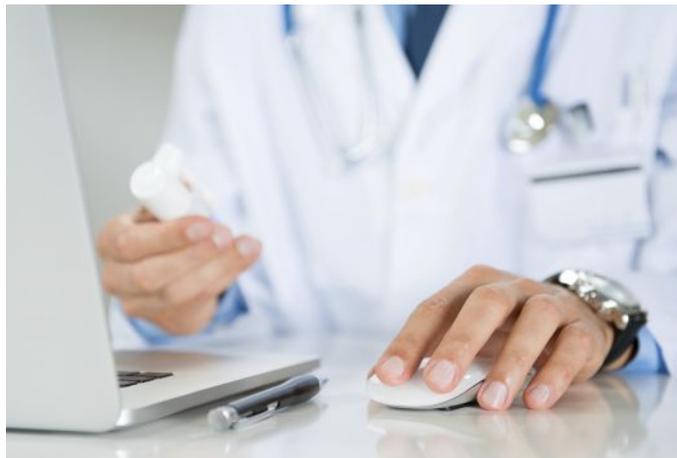
If you're not using ePrescribing yet, there's never been a better time to start. ePrescribing offers:

- Real-time access to your patients' medication history, indicating possible adverse drug interactions and adherence issues
- Fewer phone calls to explain handwritten prescriptions
- Electronic access to the prescription drug list, which allows for the most cost-effective, clinically appropriate prescribing decisions
- Administrative efficiencies

What's more, the Centers for Medicare & Medicaid Services (CMS) offers incentive dollars to encourage health care professionals to use ePrescribing. Some programs even carry penalties, in the form of reduced Medicare reimbursement payments, for doctors who have not chosen to use ePrescribing.

To learn more about ePrescribing for CHDP, please call 1.800.285.4812, option 3.

* All prescriptions are submitted through a secure connection with Surescripts[®] electronic prescribing network.



Cholesterol-lowering medication without prior authorization



Cigna has entered into a contract with AstraZeneca to help ensure customers are given an appropriate cholesterol-lowering medication based on their treatment need. For Cigna customers who are at an increased risk for atherosclerotic cardiovascular disease (ASCVD) and need to aggressively manage their low-density lipoprotein cholesterol (LDL-C), CRESTOR[®] (rosuvastatin calcium), a brand-name, cholesterol-lowering drug manufactured by AstraZeneca, can be prescribed and filled without requiring prior authorization.

As an integrated health service company, Cigna is able to use both medical and pharmacy information in predictive risk modeling to help identify potential opportunities for you to help improve a customer's overall health condition. When a doctor prescribes CRESTOR, identified customers will no longer be subject to "step therapy" – where a generic alternative is tried first – and can have their prescriptions for CRESTOR filled and covered immediately.

California language assistance law

The California Language Assistance Program (CALAP) requires health plans to provide services to eligible health plan enrollees with limited English proficiency (LEP). To support this requirement, Cigna provides language assistance services to eligible Cigna participants, including those covered by the Cigna HealthCare of California, Inc. HMO (including Cigna “Network”) and PPO plans situated in California.

Cigna Language Assistance Program (LAP)-eligible enrollees are entitled to the following services at no cost:

- Spanish or Traditional Chinese translation of documents considered vital according to California law
- Interpreter services at each point of contact, such as at a health care professional’s office or when calling customer service
- Notification of rights to LAP services

California capitated provider groups are responsible for:

- Inserting or including the LAP notification to English vital documents that are sent to covered HMO individuals
- Informing health care professionals that they must offer Cigna’s free telephone professional interpretation services by calling 1.800.806.2059 to support their Cigna LEP patients. Even if a health care professional or office staff speaks in the patient’s language, a telephone interpreter must always be offered. If the patient refuses to use a trained interpreter, it must be documented in the patient medical record.

For more details, please refer to the California Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care professionals. You may also visit the Cigna.com website, (Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Clinical Payment and Reimbursement Policies > Claim Policies, Procedures and Guidelines, or contact your local representative.



Racial and linguistic diversity at a glance:

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

Language

Cigna uses California demographic data as a proxy for our customer base until we have a statistically valid number of enrollee language preference records. The following data is currently available:

- 44 percent of the California population (over age five) speaks a language other than English.
- 29 percent speak Spanish, and three percent speak Cantonese and Mandarin (these are the top three non-English languages spoken in California).

Racial and ethnic composition

The following data is an indirect estimate of Cigna’s California customers*:

- 51 percent Caucasian
- 23 percent Hispanic
- 19 percent Asian
- 3 percent African American
- 3 percent other

* Derived from a methodology using a combination of census geocoding and surname recognition.

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.

National		
Nicholas Gettas, MD, <i>Chief Medical Officer, Cigna Regional Accounts</i>		1.804.344.3038
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	1.314.290.7313
Robert Hockmuth, MD	CT, MA, ME, NH, RI, VT	1.603.268.7567
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>	KS, MO, NE	1.314.290.7308
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	1.415.374.2520
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



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 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 at 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.

Help keep medical costs down by referring in 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 listing of Cigna participating physicians and facilities, go to Cigna.com > Health Care Professionals > Resources > Find a Doctor.

Go green — go electronic

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

Urgent care for non-emergencies

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.

Cultural competency training and resources

Cultural competency resources are available to health care professionals on the Cigna.com and CignaforHCP.com websites.

You will be able to access links to resources, at no extra cost to you, including CultureVision™, a comprehensive online resource to gain insights and understanding on patient care for more than 50 cultural communities. Also available is a toolkit to help you and your staff screen for cultural needs of a diverse patient practice: *Better communication, better care: Tools to care for diverse populations*. More resources such as articles, training, videos, a cultural competency assessment, and tips on working with a language interpreter are also available.

Go to either of these websites to learn more:

Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health & Wellness Programs > Cultural Competency Training and Resources

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

HELPFUL REMINDERS ●●●

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 below.

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, or 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, or 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, or WY

Email: Intake_PDM@Cigna.com

Fax: 1.860.687.7336

Mail: 400 North Brand Blvd., Suite 300, Glendale, CA 91203

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.

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:

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The term "health care professional" is referred to in contracts as "provider."

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