



Network News

APRIL 2015

For health care professionals



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MORE FREQUENT EFT PAYMENTS COMING SOON

Starting Monday, May 18, 2015, medical and behavioral health care professionals who are enrolled in electronic funds transfer (EFT) will begin receiving these payments three times per week instead of only once per week. We will initiate payments on Tuesday, Thursday, and Saturday. These payments will typically be deposited into your bank account two to three business days later, increasing your cash flow and allowing for quicker reconciliation.

What you need to do

You don't need to do anything for the more frequent payments to begin. However, please be sure to let your accounts receivable staff know of this change. If you use a billing company to perform this function, you should inform them too. You may also want to let your banking institution know that they will be receiving more frequent transactions. These may result in a small per-transaction increase to your bank fees.

EFT payment calendars available

You can find current EFT payment calendars with the dates of scheduled deposits on the Cigna for Health Care Professionals website (CignaforHCP.com). Calendars will reflect the additional payment dates beginning May 18, 2015. Visit CignaforHCP.com > Resources > Reimbursement and Payment Policies > Reimbursement > Electronic Funds Transfer (EFT) >

Payment Calendars, or click here. Note that you do not need to be a registered user of the website to access the calendars.

Accessing your remittance reports online

If you are registered for the Cigna for Health Care Professionals website (CignaforHCP.com), you can access your remittance reports the same day as the deposit by logging in to CignaforHCP.com > Remittance Reports. Not registered to use the website? Visit CignaforHCP.com > Register Now.

Questions?

Call Cigna Customer Service at 1.800.88Cigna (882.4462).



CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a 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 can log in and access these policies. Go to CignaforHCP.com and click "Register Now." If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

Planned medical policy updates

POLICY NAME	UPDATE EFFECTIVE DATE
Omnibus Reimbursement Policy - R24 (For Qualitative Drug Screens)	May 15, 2015
Omnibus Reimbursement Policy - R24 (For 3D Rendering Services)	June 8, 2015
Modifier 25 (M25)	July 13, 2015
Multiple Procedure Reduction - Radiology (R01)	July 13, 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.

Codes added to the precertification list on April 1, 2015

CODE	DESCRIPTION
C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units
C9449	Injection, blinatumomab, 1 mcg
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg
C9451	Injection, peramivir, 1 mg
J3145 (replaces deleted code C9023)	Injection, testosterone undecanoate, 1 mg
J9010	Injection, alemtuzumab, 10 mg
Q9975	Factor VIII FC Fusion Recomb

Codes no longer requiring precertification on April 1, 2015

CODE	DESCRIPTION
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

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.





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 time-saving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you'll learn about will benefit you and your patients with Cigna coverage.

TOPIC	DATE	TIME (PST / MST / CST / EST)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, May 6, 2015	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	90 min.	351 789 301
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, May 13, 2015	12:30 PM / 1:30 PM / 2:30 PM / 3:30 PM	45 min.	712 195 533
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, May 19, 2015	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min.	355 445 608
Online Precertification	Thursday, May 28, 2015	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min.	712 195 533
CignaforHCP.com Overview	Tuesday, June 9, 2015	8:00 AM / 9:00 AM / 10:00 AM / 11:00 AM	90 min.	715 992 484
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, June 16, 2015	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	45 min.	358 026 459
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, June 25, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	712 164 402
Online Precertification	Tuesday, June 30, 2015	12:30 PM / 1:30 PM / 2:30 PM / 3:30 PM	45 min.	359 323 929

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



PROVEN SAVINGS USING ELECTRONIC TRANSACTIONS

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



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

Electronic payment savings: \$3.04 per payment

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

How to receive your electronic payment savings

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

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

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

Not registered for the website? Go to [CignaforHCP.com](#) and click "Register Now."

For step-by-step registration directions, click "Learn how to register."

Two options to bulk your EFT payments

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

You'll want to bulk your electronic remittance advices (ERAs) the same way you choose to bulk your EFT payments. Enroll in ERA through your EDI vendor or Post-n-Track® at [Post-n-Track.com/Cigna](#).

Electronic claim submission savings: \$2.23 per claim

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

Tips to obtain electronic claim submission savings

The most important thing you can do is this: Ensure your organization is submitting all of its claims electronically to Cigna. Then, follow the tips below to help your electronic claims get processed quickly and accurately.

Submit commercial coordination of benefit (COB) claims electronically

- › A paper copy of the primary carrier's explanation of benefits (EOB) form is not required.
- › Talk to your electronic data interchange (EDI) vendor about COB information.
(COB claims should be billed in loops 2320 and 2330 on the electronic claim form. Values in these loops must balance with loop 2300 CLM02 Monetary Amount reported.)

Medicare COB claims

You do not need to submit Medicare COB claims to Cigna because we'll receive them electronically via the CMS Medicare Crossover process.

[Click here](#) or go to [Cigna.com/edivendors](#) for more information about electronic claim submission.

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





ELECTRONIC PRECERTIFICATION eCOURSE AVAILABLE

You can now access a new eCourse, "Electronic Precertification Submission (ANSI 278 transaction)."

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

To access the new eCourse, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > eCourses > EDI Electronic Precertification Submission.

There are many eCourses available to you on CignaforHCP.com covering a variety of helpful topics. You can read, print, save, and share them with others in your office.

RESET YOUR PASSWORD FOR CignaforHCP.com

As a reminder, all registered users of the Cigna for Health Care Professionals website (CignaforHCP.com) are required to reset their password every 120 days. This is important to help you provide better security for your office and patient information.

To help make it easier to remember, we will also be providing an automated message two weeks in advance of the 120-day required reset date. You can then change the password whenever it's most convenient during the two-week period. Of course, you can reset your password even more frequently. Log in to CignaforHCP.com > Settings and Preferences (top of screen) > Password > Create a new password. It's easy, and takes less than a minute.



HearPO CHANGES ITS NAME TO AMPLIFON HEARING HEALTH CARE

HearPO, our exclusive provider of digital and digitally programmable analog hearing aids and supplies, is now Amplifon Hearing Health Care (Amplifon). This name and branding change, which took effect on March 1, 2015, does not affect any other aspect of the program.

For additional information about Amplifon's new name, please visit their website at amplifonusa.com/about-hearpo.

About our relationship with Amplifon

We work with Amplifon in an exclusive relationship to provide digital and digitally programmable analog hearing aids and supplies to Cigna customers in all markets.

Amplifon acts as the single point of contact for health care professionals to coordinate procurement of digital and digitally programmable analog hearing devices and supplies for our customers. Amplifon works directly with health care professionals to procure, pay for, and bill Cigna directly for devices.



WORLD OF DIFFERENCE GRANT – WATER FOR PEOPLE

The Cigna Foundation funds Water For People to help improve the health of global neighbors

On March 23, 2015, the Cigna Foundation announced a \$100,000 World of Difference grant to Water For People. The grant will help this global organization to improve the health of 1.8 billion people who lack access to safe water and 2.8 billion people (35 percent of the world's population) who lack access to sanitation. Water For People supports the development of locally sustainable drinking water resources, sanitation facilities, and hygiene education programs in Honduras, Guatemala, Nicaragua, Peru, Bolivia, Rwanda, Uganda, Malawi, and India.

Water system sustainability through local community partnerships

Water For People's approach, as seen in this video, <http://vimeo.com/channels/691451/24844769>, ensures water system sustainability by requiring a commitment from each beneficiary community. The organization believes the community must be actively involved in the planning, implementation, and maintenance of its water system. It does not believe in sending engineers and volunteer laborers into a community to build them. Instead, local community members are trained to build and maintain systems, and collect tariffs for ongoing operations. Should

repairs be needed, only locally available materials are used, ensuring that community members take ownership and have the ability to maintain their own water and sanitation systems.

"Cigna's support will enable our projects to impact entire districts," explained Kristin Sturges Hood, Assistant Director, Marketing and Partnerships, Water For People. "Safe drinking water and adequate sanitation can change the local economy as people are able to work and build businesses. Children are less likely to be ill and can attend school. Women are free from tedious water collection and can take care of their families and generate income. Local entrepreneurs are able to create businesses and services related to this new community asset."

The banner shows the Water For People logo and navigation menu at the top. Below is a photograph of a smiling woman in a red headscarf holding a young child. Overlaid on the right is a circular progress indicator showing 3% completion. To its right, a box displays 'Raised \$9,077' and 'Goal \$300,000' with a 'Learn More' button. At the bottom of the banner, the text reads 'THIS MOMENT BROUGHT TO YOU BY water.' with the 'water.' logo in a script font.

Reaching four million people in nine countries

By 2018, the Cigna Foundation grant will help Water For People reach four million people in nine countries. Additionally, Cigna's health and finance experts will help this organization measure the health impacts of its programs, and address financial challenges related to water system replacement and repair.

"With Water For People, the Cigna Foundation is looking to help those around the globe who lack the basic essentials of clean water and sanitation, which are fundamental to good health," said David Figliuzzi, Executive Director of the Cigna Foundation. "We believe it's inexcusable that half of the world's hospital beds are filled with people suffering from waterborne disease, and 3.4 million people a year are dying from water-related disease. We share Water For People's vision that one day, every family, every school, and every clinic will have clean water and sanitation."

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 Water For People. *Water For People brings together local entrepreneurs, civil society, governments, and communities to establish creative, collaborative solutions that allow people to build and maintain their own reliable safe water systems. Empowering everyone transforms people's lives by improving health and economic productivity to end the cycle of poverty. Learn more: Waterforpeople.org.*





REMINDER: LOCALPLUS PRODUCT EXPANDED

LocalPlus[®], a product suite that has been introduced in several states and markets, provides our customers with ease of access to a narrow network of quality health care professionals, hospitals, and ancillary providers at a lower cost than other traditional plans.

As a reminder, on January 1, 2015, we expanded the LocalPlus network to include new markets:

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

In addition, the LocalPlus network became 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).



QUALCARE ALLIANCE NETWORKS IS NOW A CIGNA COMPANY



On January 26, 2015, Cigna acquired New Jersey-based QualCare Alliance Networks, Inc. (QANI). This brings together the national reach of Cigna’s broad and integrated portfolio of health-related products and services with QANI’s expertise and capabilities in working with hospital systems to drive innovation, affordability, and value. Together, we will focus on locally tailored innovations that will drive customer engagement, meet personal health needs, and deliver the best possible health outcomes for individuals.

“Cigna’s goal is to deliver affordable health care solutions that provide greater value and better health outcomes and experience for our customers,” said Matt Manders, President of U.S. Commercial Markets and Global Health Care Operations for Cigna. “This acquisition is an example of Cigna’s ongoing commitment to being a partner of choice for health care professionals and hospital systems. It demonstrates our focus on partnering with systems and physician groups to deliver next generation health care models.”

“The era of providers relying on volume of care and illness is over. The future is one of serving local communities and focusing on wellness,” said John K. Lloyd, Chairman, Board of Directors, QualCare Alliance Networks, Inc. and CEO of Meridian Health.

About QANI

QANI is one of the region’s leading providers of health care plans for employers, and consultative services for health care professionals. Its provider network includes over 31,000 physicians, and is the second largest in New Jersey. It serves approximately 200,000 customers in self-funded health plans, and has more than 900,000 customer relationships. Its clients span health systems, unions, local governments, school boards, and other commercial employers. QANI has experienced dramatic, sustained growth over the past 10 years, with 2014 being its strongest year financially.

What this means to you

Whether you are located in a QANI service area or not, the acquisition does not affect how you interact with Cigna or QANI. For now, it is business as usual. Continue to use the same processes and procedures as before. For example, there are no changes to:

- › Contract or network participation – if you participated in just one network prior to the acquisition, you will continue to participate in only that network today
- › Fee schedules
- › Patient ID cards
- › Telephone numbers and contacts
- › Websites

- › Eligibility and benefits verification, checking claim status, or submitting precertification requests
- › Claim submission addresses and electronic data interchange (EDI) payer ID numbers
- › Patient referrals to network-participating HCPs, facilities, and vendors

If you have questions about the acquisition, contact Cigna or QANI customer service at the telephone numbers or websites provided below or on the patient’s ID card. You may also contact your health care professional contracting representative.

CIGNA	QANI
1.800.88Cigna (882.4462)	1.800.992.6613
CignaforHCP.com	QualCareInc.com

Future benefits

This new relationship can benefit you and your patients in a number of ways.

- › New innovations will be introduced to help drive customer engagement, meet personal health needs, and deliver the best possible health outcomes that may include pay-for-value strategies, and aligning health system incentives around improving quality, affordability and experience.
- › We’ll be able to offer hospital systems and physician groups a broad suite of both managed services and solutions that include multi-tier plan administration, population analytics, performance reporting and management, clinical benchmarking, and a highly flexible set of integration tools to further drive provider-payer collaboration.
- › QANI customers can have more options, including access to Cigna’s full suite of specialty capabilities, including dental, pharmacy, behavioral, and life and disability.

Our relationship with you remains a key component of our business mission. We look forward to continuing to work closely with you to ensure continuity during this exciting time. As updates become available, we will proactively communicate them to you.



RHEUMATOID ARTHRITIS TREATMENT RECOMMENDATIONS AND CODING TIPS



PREVENTIVE HEALTH COVERAGE GUIDE UPDATED

For your patients diagnosed with rheumatoid arthritis (RA), we appreciate your efforts in treating the disease, and entering the correct diagnosis codes when submitting claims for payment. This helps to ensure claims are processed accurately, efficiently, and quickly.

Treatment guidelines*

To further support your efforts when treating your patients with RA, we ask you to consider the following guidelines:*

Consider referring your patient to an expert in rheumatic diseases if the:

- › Diagnosis is for RA or active inflammatory arthritis.
- › RA diagnosis is unclear.
- › Disease is poorly controlled.

Consider starting disease-modifying anti-rheumatic drugs (DMARDs) as soon as possible, and work toward tightly controlling the inflammation and disease progression.

Consider methotrexate as the first line of treatment for moderate or severe RA, except for your patients who:

- › Are considering becoming pregnant or are pregnant.
- › Have liver disease, excessive alcohol intake, or severe renal impairment (eGFR < 30 mL/min).

For pain control and inflammation, consider prescribing:

- › Nonsteroidal, anti-inflammatory drugs (NSAIDs).
- › Corticosteroids – by mouth or intramuscular, and intra-articular.

To reduce the risks associated with RA and DMARDs:

- › Offer immunizations. Avoid live vaccines for your patients who are taking DMARDs, or consider stopping their use of these drugs for a period of time.
- › Prescribe steroids judiciously.
- › Focus on controlling the RA or inflammation, as well as other comorbidities (e.g., diabetes, chronic obstructive pulmonary disease).

Address non-pharmacological interventions (e.g., patient education, rest and exercise, physical therapy, occupational therapy, nutritional and dietary counseling).

Monitor and reassess the:

- › Patient's condition every three months.
- › Functional capacity of the patient to measure disease activity.
- › The need to repeat joint imaging every two years if the patient is in remission, or if there is low disease activity.

Coding tips

Tips for appropriate RA diagnosis claim coding.

- › Verify the RA diagnosis, or refer to rheumatologist first.
- › Code symptoms instead of diagnoses, such as joint pain, stiffness, swelling, effusion, etc.
- › Document the use of DMARDs, or provide adequate documentation explaining why the patient is not taking them.

*Based on the American College of Rheumatology (ACR) 2012 treatment recommendations. Visit Rheumatology.org.

Cigna has updated A Guide to Cigna's Preventive Health Coverage for Health Care Professionals for 2015, which provides coverage information on wellness-related care and services.

The updates include:

- › References to cholesterol screening for children and adolescents, nutrition and physical activity counseling for children, adolescents, and adults, gonorrhea screening for women, and osteoporosis screening
- › Coding for the following screenings: Colorectal cancer, cervical cancer, hearing, hepatitis C, HIV, and counseling for obesity
- › Routine immunization vaccine codes
- › Screening for lung cancer with low-dose computed tomography for adults ages 55 to 80 who meet criteria (requires precertification)
- › Discussion of chemoprevention for women at high risk for breast cancer

Access the guide

You can access the guide on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines > A Guide to Cigna's Preventive Health Coverage).



PROMOTING RESOLUTION: HOW TO INITIATE A PEER-TO-PEER DISCUSSION

Trusted health care professionals play an important role in helping their patients receive quality care that delivers the best possible outcomes. When we make coverage determinations, we carefully review all available customer clinical information, applicable federal and state mandates, the customer's benefit plan, Cigna coverage policies, and other appropriate guidelines (e.g., MCG). However, we recognize that certain cases may lend themselves to a peer-to-peer discussion between a Cigna Medical Director and the patient's physician to reach a medically appropriate decision that is consistent with the benefit plan.

That's why we encourage health care professionals to be involved through a process that provides them with an opportunity to speak peer-to-peer with one of Cigna's Medical Directors to discuss an adverse coverage decision and provide clarification or additional information.

The goal of a peer-to-peer discussion is to facilitate an exchange of information to help ensure the Medical Director fully understands the request and clinical circumstances. It also provides the Medical Director with an opportunity to clarify the relevant benefit and evidence-based medical coverage guidelines used in the review. When possible, we arrange the discussion with the physician who made the initial coverage determination.

Getting started

The initial denial letter will include the name and contact information of the Medical Director who made the determination, as well as contact information. The requesting health care professional can initiate a peer-to-peer discussion following an initial adverse determination on behalf of a patient by calling the number listed on the letter. Peer-to-peer discussions typically occur during

standard business hours 8:00 am –8:00 pm (EST), Monday through Friday, and are usually completed within one business day.

If the Medical Director who made the determination is not available, a health care professional's call may be transferred to another Medical Director. The health care professional also has the option to schedule a time to speak with the Medical Director who made the initial coverage determination.

Information to have on hand

Health care professionals should have the following information on hand when calling for a peer-to-peer discussion.

- › The letter that details the denial or partial denial
- › Patient's name and date of birth
- › Authorization code or denial number
- › Pertinent clinical records



What happens next?

In most cases, the Medical Director will make a decision during the discussion with the health care professional to uphold or change the denial. If the peer-to-peer discussion does not result in a change in the decision, health care professionals may still file a formal appeal following Cigna's policies and guidelines.

Information on how to request an appeal is available in the denial letter and on the secure Cigna for Health Care Professionals website (CignaforHCP.com > Clinical Reimbursement Policies and Payment Policies > Claim Appeals > Appeal Policy and Procedures for Health Care Professionals).

Please note that peer-to-peer discussions are not required before submitting a formal appeal.

Additional information

Our coverage policies are available on the secure Cigna for Health Care Professionals website at (CignaforHCP.com > Useful Links > Clinical Reimbursement Policies and Payment Policies).

You can also call Cigna Customer Service at 1.800.88.Cigna (882.4462) for more information on peer-to-peer discussions or to connect with the appropriate Medical Director.



MEDICARE CLAIMS ADDRESS CORRECTION

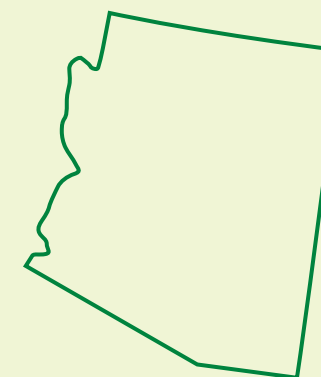
Please be aware that the 2015 ID cards for Arizona Medicare Advantage customers were issued with the incorrect medical claims address.* Affected customers have been issued stickers with the correct address to affix to their current ID card.

All medical claims should be sent to:

Cigna Medicare Services
 PO Box 38639
 Phoenix, AZ 85069

* The address for prescription drug claims is correctly printed on the card.

NAME CHANGE FOR MEDICARE ADVANTAGE PLANS IN ARIZONA



You may have noticed changes to our Medicare Advantage plan names in the Arizona market. As of January 1, 2015 all of our 2015 Medicare Advantage and Medicare Part D plans were transitioned to the Cigna-HealthSpring name.

The name change does not affect our relationship or existing contracts with you, but we want to make you aware that customer ID cards and other materials for our 2015 Medicare plans include the Cigna-HealthSpring name. You should also continue to use the same processes and procedures you currently do for your patients with Cigna-administered Medicare coverage.

Here's what you need to know about the names of our 2015 Cigna-HealthSpring Medicare plans.

2014 PLAN NAME	NEW 2015 PLAN NAME
Cigna Medicare Select Plus Rx	Cigna-HealthSpring Preferred (HMO)
Cigna Medicare Select Plus Rx - Diabetes Heart	Cigna-HealthSpring Achieve Plus (HMO SNP)
N/A - New 2015 Plan	Cigna-HealthSpring Preferred Plus (HMO)
Cigna Medicare Rx Secure	Cigna-HealthSpring Rx Secure (PDP)
Cigna Medicare Rx Secure-Xtra	Cigna-HealthSpring Rx Secure-Xtra (PDP)
Cigna Medicare Rx Secure-Max	Cigna-HealthSpring Rx Secure-Max (PDP)

Additional information

A reference guide for Arizona 2015 Medicare Advantage ID cards is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Using ID Cards > Arizona Medicare Advantage ID Card Reference Guide).

If you have questions about the name change for our 2015 Medicare Advantage and Medicare Part D plans in Arizona, call Cigna Medicare customer service at 1.800.627.7534.



CIGNA INCLUDES HARVONI AS PREFERRED DRUG FOR HEPATITIS C

Cigna has reached an agreement with Gilead Sciences, Inc. to include Harvoni® as the only preferred brand prescription drug treatment for customers with chronic hepatitis C genotype 1. Genotype 1 is the most common form of the disease in the United States. The agreement includes development of an innovative outcomes incentive alignment based on actual sustained virologic response (SVR) results across Cigna's customer population.

Clinical studies have shown that 94 to 99 percent of individuals with hepatitis C genotype 1 treated with Harvoni achieve an SVR¹. Customers who have a SVR when tested 12 weeks after the completion of treatment are considered cured².

We anticipate that our clients and customers will benefit from higher clinical cure rates, at a significantly lower cost compared to other available hepatitis C drugs. We are also continuing to:

- ▶ Offer therapy support management through Cigna Specialty Pharmacy Services to every customer undergoing hepatitis C treatment.
- ▶ Conduct real-world outcomes assessments on existing and new hepatitis C drug treatments, including Harvoni, to further develop outcome-based strategies

For more information, refer to the press release in the [Cigna.com](#) newsroom. If you have questions, please contact your [Cigna Market Medical Executive](#).



1. Gilead Sciences, Inc. study as reported in February 26, 2015 [press release](#).

2. Afdhal N, Zeuzem S, Kwo P, et al. Ledipasvir and sofosbuvir for untreated HCV genotype 1 infection. *N Engl J Med*. 2014;370:1889-98. [PubMed Abstract](#).



CIGNA FOUNDATION FUNDS NASHVILLE NONPROFITS TO DEVELOP SENIOR HEALTH PROGRAMS

In February, the Cigna Foundation announced a \$60,000 grant to be divided among three Nashville-based nonprofits to aid and develop important senior health programs. The YMCA of Middle Tennessee, FiftyForward, and Bethlehem Centers of Nashville each received a \$20,000 grant to support senior-specific programs.

“We are pleased to support these three great organizations that share our mission of supporting senior health in the community,” said Greg Miller, Market Manager for Cigna-HealthSpring of Tennessee. “Their senior programming is highly utilized, and designed to have a deep and lasting impact in our community.”

These charities represent a diverse sample of nonprofit organizations in Nashville. Their programs reflect the Middle Tennessee community’s growing commitment to join together in turning the tide on health crises by giving people the knowledge, skills, and resources to develop sustainable healthy habits – a movement championed by Nashville Mayor Karl Dean.

“Education is at the heart of these programs,” said David Figliuzzi, Executive Director of the Cigna Foundation. “Through them, seniors gain new knowledge about how to live healthfully and affordably, oftentimes using resources already available to them. It is our hope that the information, knowledge, and resources offered by these programs will not only improve the health and lives of senior participants, but also have far-reaching effects long after people complete the classes and programs.”

Beginning in March, the [YMCA of Middle Tennessee](#) will use its Cigna Foundation grant to launch “A Matter of Balance,” a new fall prevention program, at eight of its locations, reaching 75% of its senior customers. According to the Centers for Disease Control and Prevention (CDC), among older adults, falls are the leading cause of both fatal and nonfatal injuries. According to its own research, Cigna-HealthSpring identified a fall prevention program to be a top priority. The YMCA’s program is based on a previous successful pilot program.

[FiftyForward](#), a local thought leader on important senior health topics and resources for seniors and their caregivers, is using the grant money to support three programs. They are their Adult Day Care program, which is available at no cost to high-risk seniors, their Meals on Wheels program, and their Bordeaux Center, which offers high-risk seniors health screenings, social services, and education at no cost. All of these programs hit on a key component of healthy aging: Peer interaction. Socialization helps all areas of well-being, delays the onset of chronic disease, and keeps seniors living independently longer.

[Bethlehem Centers of Nashville](#), a family resource center founded in 1894 and one of the oldest Nashville nonprofits serving the community, is using its grant to update and install a commercial kitchen. This will enable its highly successful Meals on Wheels program to be brought back to the headquarters, and for their community reach to continue growing. The kitchen will also be used to teach seniors how to make heart-healthy and diabetes-friendly recipes. Free cooking classes will be available to seniors, families and children.

About the Cigna Foundation. The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE:CI) and its subsidiaries. It supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. To learn more about the Cigna Foundation and its grant activities, visit [Cigna.com](#) > About Cigna > Corporate Responsibility > [Cigna Foundation](#).



SHAVE AND A HAIRCUT – AND COLORECTAL CANCER SCREENINGS

The Maryland Center for Health Equity (M-CHE) in the School of Public Health at the University of Maryland and the Cigna Foundation recently announced a partnership to encourage colorectal cancer screenings among African-Americans through health promotion initiatives in barbershops and beauty salons in Prince George's County. The partnership is made possible by a \$200,000 World of Difference grant to M-CHE from the Cigna Foundation.

Although the Affordable Care Act identifies colorectal cancer screening as one of the free preventive screenings, many people are not aware of and do not seek screening in a timely manner.

African Americans have the highest rate for new cases of colorectal cancer and are the most likely to die from it. Individuals age 50 and older are most at risk for colorectal cancer. More than 50,000 people die each year from the disease.

The American Cancer Society estimates that more than 135,000 people will be diagnosed with colorectal cancer this year.

Barbers and stylists as Lay Health Advocates

Dr. Stephen B. Thomas, Professor of Health Services Administration and Founding Director of the M-CHE, announced the grant at The Shop barbershop and salon in Hyattsville, Maryland. Dr. Thomas said M-CHE has a solid track record of mobilizing barbershops and beauty salons to be locales for health promotion and disease prevention activities within the community. "This partnership with the Cigna Foundation will allow us to expand our work in the community with barbershops

and beauty salons. It is an opportunity to actively engage the community in taking control of its health, and to increase age-appropriate screenings in a timely manner to reduce the rates of colorectal cancer deaths. It is also about empowering barbers and hair stylists with the knowledge to improve the community's health."

Fred Spry, proprietor of The Shop barbershop and salon said, "I am pleased to be a part of this project personally, and to also involve The Shop. As barbers and stylists, we hear the stories over and over again. Our customers are comfortable talking with us about issues that they are sometimes not comfortable discussing with their families. So if we can be agents of change to help improve our community's health, we're on board."

M-CHE will train barbers and hair stylists as Lay Health Advocates to educate their clientele about colorectal cancer and the importance of getting screened. "Family history, personal history, and race are among the common risk factors for colorectal cancer," said Dr. Mary A. Garza, Associate Director of the M-CHE and principal investigator for the project. "So, in addition, M-CHE will train genetic counselors to conduct family health histories onsite with customers."

On hand to present the grant award were Cigna's President for the Mid-Atlantic region, Julia Huggins, and Dr. Christina Stasiuk, Cigna's National Medical Director for Health Disparities. "The Cigna Foundation works to nourish culturally sensitive projects that are incubators for innovation," said Huggins. "We are proud to support this initiative, which will make a difference in improving health here in Prince George's County."

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 > Corporate Responsibility > Cigna Foundation.

About the University of Maryland Center for Health Equity (M-CHE). This is a university-wide research initiative, established in September 2010, and headquartered in the School of Public Health, Office of the Dean. It is a National Institutes of Health-designated Center of Excellence on Race, Ethnicity, and Health Disparities Research, funded by the National Institute on Minority Health and Health Disparities. Its mission is to raise the visibility of racial and ethnic health disparities, and implement promising solutions to advance a better state of health through diverse partnerships, programs, and campaigns. Learn more: sph.umd.edu/center/che.



CALIFORNIA LANGUAGE ASSISTANCE LAW



California law requires health plans to provide Language Assistance Program (LAP) services to eligible enrollees with limited English proficiency (LEP). To support this requirement, Cigna provides language assistance services for eligible Cigna participants including individuals covered by California HMO (including Cigna “Network”) and individuals covered under a California situated PPO account.

Cigna LAP-eligible enrollees are entitled to the following free services

- › Spanish or Traditional Chinese translation of documents considered “vital” according to California law.
- › Interpreter services at each point of contact, such as at a doctor’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 sent to covered HMO individuals.
 - Educating physicians that they must offer Cigna’s free telephone interpreter services (1.800.806.2059) to LEP patients. Even if a practitioner or office staff speaks in the Cigna customer’s language, a phone interpreter must always be offered. If a Cigna customer refuses to use a trained interpreter, it must be documented in the patient medical record.

For more detailed information, refer to the Cigna California Physician, Hospital, Ancillary, and other Health Care Professionals Reference Guide or visit the Cigna website, Cigna.com, click on Health Professional > Medical > Policies and Procedures and Guidelines or follow the link: Cigna.com/customer_care/healthcare_professional/medical/policies_procedures_guidelines.html or contact your Experience Manager.

Racial and linguistic diversity at a glance

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

Language

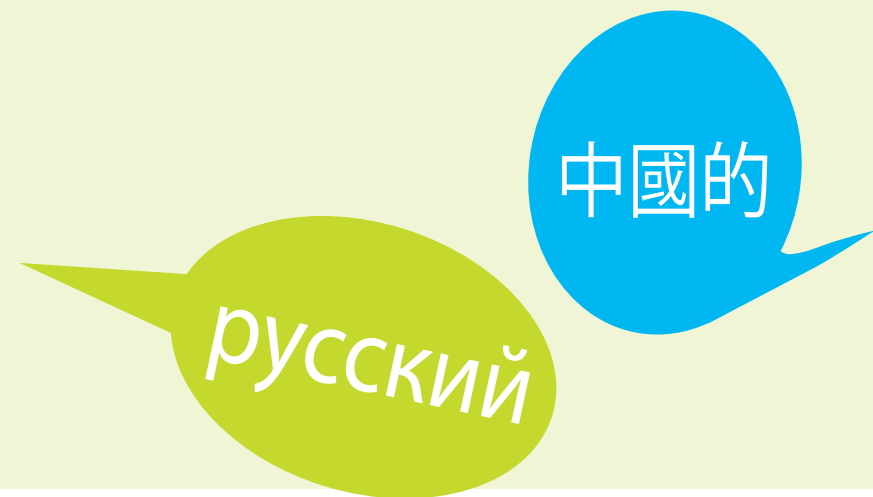
- › Cigna uses California demographic data as a proxy for our customer base until we have a statistically valid number of enrollee language preference records. The following is an overview of that data.
 - 44% of the California population (over five years old) speak a language other than English¹
 - Spanish (29%) and Cantonese/Mandarin (3%) are the top languages spoken in California¹

Cigna racial and ethnic composition

The following data is an indirect estimation (derived from a methodology using a combination of census geocoding and surname recognition).

- › 51% Caucasian
- › 23% Hispanic
- › 20% Asian
- › 3% African American
- › 3% Other

1. S. Census Bureau, 2009-2013 5-Year American Community Survey.





NEW YORK “SURPRISE BILL” LAW REQUIRES OUT-OF-NETWORK DISCLOSURE



Effective April 1, 2015, the “New York Emergency Medical Services and Surprise Bills” law requires that health care professionals must make consumers aware that they are being referred to an out-of-network health care professional, facility, or other health entity.

To ensure consumers are aware that they are being referred to an out-of-network health care professional, and consistent with Cigna policy, a New York Patient Notice and Disclosure Form for Referral to a Non-participating Health Care Professional, Facility, or Vendor must be completed by the referring physician (and not delegated) each time a Cigna participant is referred to an out-of-network health care professional or facility, including ambulatory surgical centers, dialysis facilities, and freestanding laboratories.* Once completed, this disclosure form provides our customers with the necessary information to make an informed decision regarding the use of in- or out-of-network health care professionals and safeguards them from incurring “surprise bills” for out-of-network services. Those considerations include:

- › The potential financial impact of their choices
- › In-network alternatives
- › The referring physician’s financial interest, if any, if an out-of-network health care professional is chosen

A copy of the completed disclosure 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 law and our administrative policies.

Please note that under this New York law, the disclosure requirement also applies to non-participating health care professionals and facilities. As such, out-of-network health care professionals cannot pursue payment from patients for surprise out-of-network medical bills if the referring physician did not comply with the disclosure requirements.

You may access the New York Patient Notice and Disclosure Form for Referral to a Non-participating Health Care Professional, Facility or Vendor [here](#), or in the Tri-State Region edition of the Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care professionals. You can access the reference guide by logging in to Cigna for Health Care Professionals website [CignaforHCP.com](#) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on “Register Now.”

Referring in-network can cut patients’ costs

When a referral is needed, patients generally expect and prefer that their in-network physician refers them to other in-network health care professionals so they may use their in-network benefits whenever possible. This is because the cost to the patient for out-of-network services is typically higher than alternative in-network choices, and individuals with out-of-network benefits (or no out-of-network benefits) usually have higher out-of-pocket cost-sharing responsibilities when receiving services from an out-of-network health care professional or facility. You can find a complete list of in-network health care professionals and facilities on our websites at [Cigna.com](#) and [CignaforHCP.com](#).

* Please note that the required use of the form does not apply in emergency situations. Additionally, Cigna may not require the use of the form if we determine there is no alternative in-network health care professional that can provide the requested covered services.



CIGNA FOUNDATION FUNDS ORAL HEALTH SERVICES FOR UNDERSERVED CHILDREN IN CALIFORNIA'S AGRICULTURAL HEARTLAND

On March 3, 2015 the Cigna Foundation announced a \$103,000 World of Difference grant to Healthy Smiles Mobile Dental Foundation. The grant will help provide ongoing oral health services to more than 2,500 currently underserved children in Fresno, Kings, Madera, and Merced Counties in California.

Using a mobile van equipped as a state-of-the-art dental office, Healthy Smiles Mobile Dental Foundation professionals travel to over 75 rural and inner-city communities. A critical component of their services is oral health education for both children and their parents. The grant will help cover oral health supplies, sealants that prevent decay on primary molars, and other expenses associated with operating an effective traveling clinic.

"Every day, our dental professionals see children who are experiencing tooth decay and gum disease – health challenges that are completely preventable. We are excited to be joined by Cigna and the Cigna Foundation to expand our services so that more children of all backgrounds can enjoy smiles that last a lifetime," said Tai Hartman, Executive Director for Healthy Smiles Mobile Dental Foundation.

"Healthy teeth are an important contributor to a healthy body. We want all children to be able to fulfill their potential, and are pleased to work together with Healthy Smiles Mobile Foundation in providing access to important oral health care in our community," said Peter Welch, Cigna President and General Manager, Northern California.

Regular dental care is critical in maintaining oral health. Decayed teeth can affect a child's overall health and eating. In addition, it may be

painful, impacting school attendance and performance. A study by the Herman Ostrow School of Dentistry of the University of Southern California found that socioeconomically disadvantaged elementary students missed, on average, 2.1 days of school during the year because of dental problems. In addition, children who reported having recent tooth pain were four times more likely to have a lower grade point average than children without pain. According to the U.S. Department of Health and Human Services, 42 percent of uninsured children ages 2 to 17 haven't seen a dentist in more than a year.

"What attracted us to Healthy Smiles is their commitment to bringing good oral health to young people from economically stressed families in a creative, culturally sensitive way," said David Figliuzzi, Executive Director of the Cigna Foundation. "With their focus on children who have the least access to care, such as children from migrant, homeless, and uninsured families, Healthy Smiles is a great partner in helping fulfill the World of Difference goal of making a healthy, more secure life a reality for individuals everywhere."



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 Healthy Smiles Mobile Dental Foundation. Established in 1994, this mobile dental practice provides oral health care to over 5,000 at-risk children annually in over 75 rural and inner-city communities in the agricultural heartland of California. Their program is designed to provide regular visits to multiple communities, and is founded on cultural competency and diversity, as well as sensitivity to economic issues. Their caring, professional team is multicultural and multilingual. Many of them faced the same dental health challenges as the children they serve. Learn more: HealthySmiles.US.



CIGNA COLLABORATIVE CARE – HELPING DOCTORS GET BACK TO WHAT MATTERS MOST

For doctors and hospitals who want to get back to what matters most, practicing medicine, Cigna Collaborative Care creates the right connections to help make improved health easier, more effective and more affordable for you and your patients. Each arrangement represents a true collaboration between Cigna and a physician group or hospital in an effort to help patients get better care at a lower cost.

This video illustrates how Cigna Collaborative Care enables a physician group, Piedmont Healthcare located in Atlanta, to improve the care customers receive. This is done with support from the trained Embedded Care Coordinator based at Piedmont, and the actionable patient-specific information and clinical support Cigna provides.

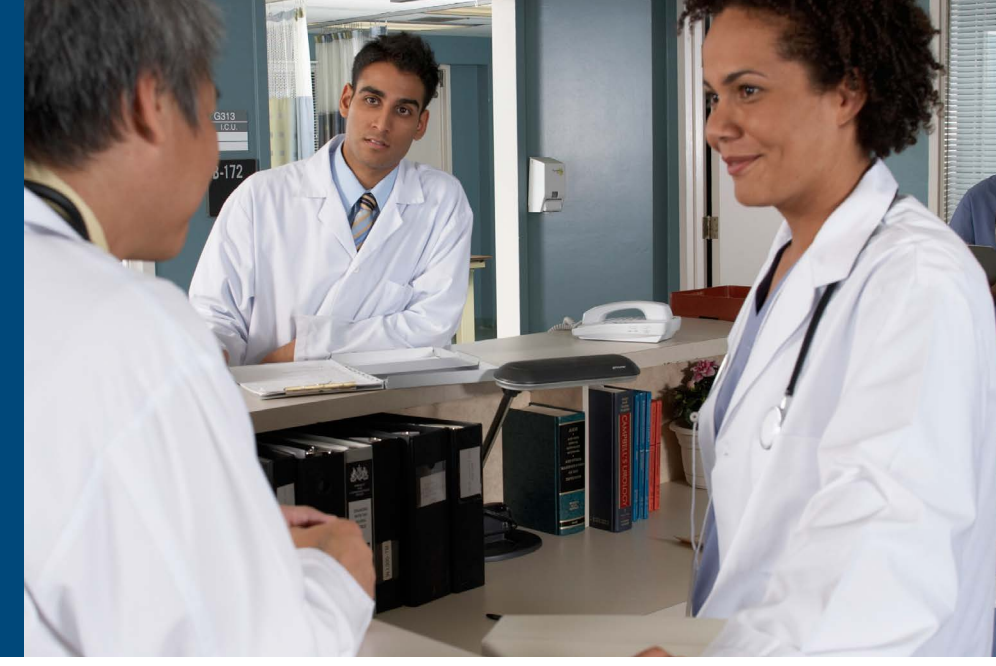


Take a look at the Cigna Collaborative Care guide for a more in-depth look at how Cigna Collaborative Care is helping physicians, hospitals and patients along the path to improved health.

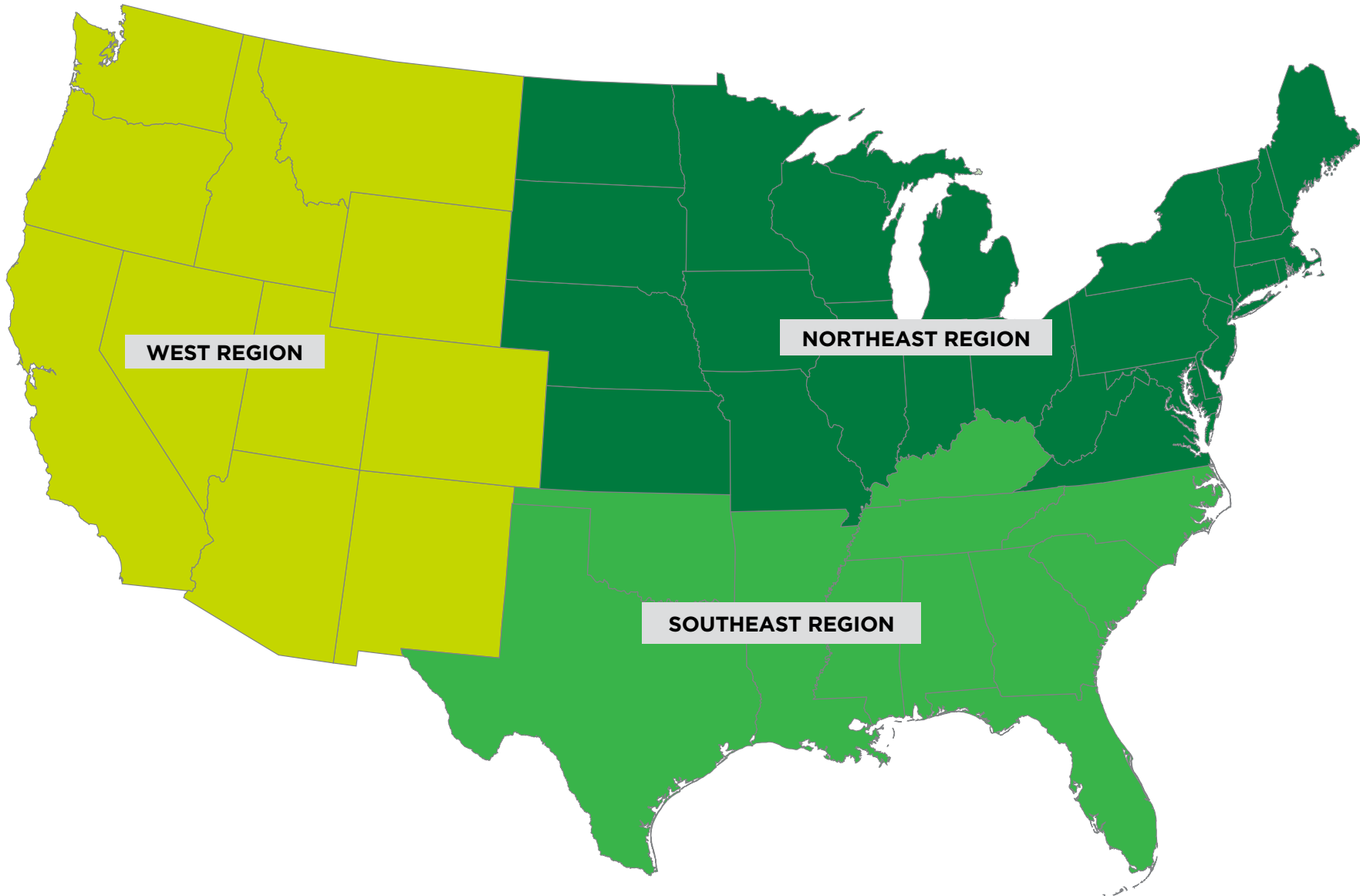


MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

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



CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



NATIONAL	
Nicholas Gettas, MD, Chief Medical Officer, Cigna Regional Accounts	1.804.240.9935

Reasons to call your MME

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



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 G or 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. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our health care professional directory, including your office address, telephone number, and specialty. Go to Cigna.com > Health Care Professionals > Health Care Professionals Directory.

If your information is not accurate or has changed, it's important to notify us - it's easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website 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.

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