

Cigna Health and Life Insurance Company
West Virginia Health Access Plan
Cigna Open Access Plus (OAP) Network
Cigna Preferred Provider Organization (PPO) Network
Cigna Point of Service (POS) Network

Introduction

Cigna Health and Life insurance Company (“Cigna”) hereby establishes a written Health Access Plan for its health plan’s networks. The Access Plan contains information regarding the accessibility and availability of participating health care professionals as well as information on the quality and type of services available to the medical, pharmacy, behavioral and vision network customers.

The Cigna Open Access Plus (OAP) Network, the Cigna Preferred Provider Organization (PPO) Network and the Cigna Point of Service (POS) Network; offer benefits for both in network and out of network provider services. The features of these networks include but are not limited to: lower medical costs for in-network services; in-network coverage in the case of an emergency nationwide; helpful decision support tools on Cigna.com and via the Cigna.com Mobile app; 24/7/365 live customer service and health information line; access to Evernorth Behavioral Health network; and network comprised of quality health care providers.

The Access Plan contains information regarding the accessibility and availability of participating health care professionals as well as information on the quality of and type of services available to customers. This Access Plan shall be made available to any interested party upon request. The Access Plan can also be accessed at the following website: <https://www.cigna.com/product-disclosures/> under State-Specific Notices and Disclosures –West Virginia.

Quality Assurance Standards

Cigna's Quality and Medical Management Program is integral to the Access Plan Elements described below.

Quality Program Scope

The Quality Program provides direction to management for the coordination of both quality improvement and quality management activities across all departments, matrix partners, health services affiliates and delegates. The Program outlines quality-monitoring standards and provides guidance in initiating process improvement initiatives when opportunities are identified. Quality Studies are designed and documented to objectively and systematically monitor, evaluate and improve the quality and appropriateness of care and service.

Quality Program Measurement Activities

- Reviewing performance against key indicators as specifically identified in the quality work plan.
- Promotion of quality clinical care and service, including both inpatient and outpatient services, provided by hospitals and health care professionals.
- Evaluating satisfaction information, including survey data and complaint and appeal analysis.
- Evaluating access to services provided by the plan and its contracted health care professionals.

Annual Evaluation

An annual evaluation is conducted to assess the overall effectiveness of the various organizations' quality improvement processes. The evaluation reviews all aspects of the Quality & Medical Management Programs with emphasis on determining whether the Program has demonstrated improvements in the quality of health care professional care and services that are provided through the organizations. The annual evaluation includes:

- The impact the quality improvement process had on improving health care and service to individuals.

- An assessment of whether the year's goals and objectives were met.
- A summary of quality improvement activities and whether improvements were realized.
- Potential and actual barriers to achieving goals.
- A review of whether human and technological resources were adequate.
- An analysis of membership demographics, cultural and linguistic needs, and epidemiology is performed as needed or as required by state regulators.
- An analysis of the member population characteristics to evaluate and ensure membership needs are being met through the complex and specialty case management processes and resources
- Recommendations for program revisions and modifications for the coming year.

The annual evaluation is reviewed and approved by the appropriate quality committee and the Quality Management Governing Body. The results of the annual program evaluation are used to develop and prioritize the annual work plan for the upcoming year.

Access Plan Elements

Element 1 – Having and Maintaining Adequate Networks

For more than 125 years, Cigna has been committed to building a trusted network of health care providers. The providers, hospitals, facilities and other health care professionals we contract with must meet certain credentialing requirements and agree to our billing rates. This helps make sure you have access to quality, cost-effective care. To build our network, we look at how many primary care and specialty providers are in a specific area. We also look at what hospitals, labs, and other facilities are in that area. Our goal is to build a network that gives you choice and convenient access to treatment and services. Provider networks vary by state and plan and include providers, hospitals, and health care facilities in your local area. Initially, we don't use quality or cost measures or customer experience ratings to choose providers.

Cigna recognizes our customer's need to have an adequate number of providers and facilities within a reasonable distance or travel time, or both. Geographic accessibility in some circumstances may be available through the use of telehealth.

In a case where Cigna has no participating providers to provide a covered benefit, Cigna will arrange for a referral to a provider with the necessary expertise and ensure that the covered person obtains the covered benefit at no greater cost to the covered person than if the benefit was obtained from a participating provider. If the covered person is unable to obtain a covered benefit from an in-network provider, Cigna has a process in place to ensure that the covered person can receive the covered benefit from an out of network provider, and any claims for these out of network services will be processed on an exception basis as if they were in-network services. To determine payment to the out of network provider, Cigna attempts to negotiate with the provider on an allowable rate. If those negotiation attempts are unsuccessful, the client election of MRC (Maximum Reimbursable Charge) is applied to the claim at the in-network benefit level. The client's plan design for in-network benefits is applied to this approved Network Adequacy situation. The customer is responsible for the same level of cost-sharing as if the customer went to an in-network provider. If the customer is balance billed any portion above the in-network benefit cost share and contacts Cigna, a second attempt at negotiating with the provider is made. If that additional attempt is still unsuccessful, the claim will be processed allowing up to the balance billed amount, less customer cost share and any reduction due to clinical/medical billing practices. The customer's cost share will be accumulated to their out of pocket maximum and any other plan limits as specified in their plan.

Provider and Facility Availability

Cigna's adheres to a provider and facility availability policy which helps ensure that Cigna maintains an adequate network of health care professionals and facilities and monitors how effectively the network meets the needs and preferences of its clients and meets the West Virginia requirements for having and maintaining an adequate network. The provider availability policy also helps ensure that the provider

network meets the availability needs of clients by annually assessing three (3) aspects of availability:

- Geographic distribution - participating health care professionals are within reasonable proximity to clients.
- Number of health care professional(s) - an adequate number of participating health care professional(s) are available, and
- Cultural, ethnic, racial and linguistic needs and preferences of participating health care professional(s) meet the cultural, ethnic, racial and linguistic needs and preferences of clients.

Cigna conducts an annual audit of provider availability by state/market. The audits are conducted utilizing Quest Analytics, using established standards to ensure a sufficient number of participating health care professionals and facilities. The audit is conducted to ensure that Cigna is complying with the West Virginia network adequacy requirements. The measurements used for West Virginia are noted below and in Appendix A.

Access to Service

As required by West Virginia regulations, certain access and availability standards are followed. Please see Appendix A for information regarding Provider Ratios and Travel Distance Standards and see Appendix B for Providers by Provider Type and by County tables and Providers by Specialty Type and by County tables for the OAP, PPO and POS networks.

In some instances, these geographic availability guidelines are not able to be met due to lack or absence of, qualified providers and/or hospital facilities. Cigna may need to alter the standard based on local availability. Supporting documentation that such a situation exists will be supplied along with any proposed guideline changes or exceptions to the appropriate Quality Committee for approval.

In the event that Cigna determines that the network does not meet the adequacy requirements, Cigna's applicable provider recruitment team is engaged. These teams make phone calls and/or send e-mails to viable providers. A minimum of 3 attempts are made to the Provider. Any interested Provider is sent materials to allow the Provider to join the network.

Cigna monitors provider networks across all product lines on an annual basis to ensure that they have a sufficient number and distribution of practitioners and providers to meet customers' availability, cultural, ethnic, racial, and linguistic needs, preferences, and expectations. This includes targeted recruitment efforts of Essential Community Providers (ECP) that serve predominately low-income and medically underserved individuals which include Federally Qualified Health Centers, Ryan White clinics, family planning clinics, hospitals and other ECPs. There is an active, ongoing recruitment effort in West Virginia for ECPs. Cigna identifies ECPs via the Center for Medicare and Medicaid Services ("CMS") Non-Exhaustive list of ECP's which is updated annually. Based on these listings, Cigna actively recruits and extends contracts. All providers, including ECP's must meet contracting requirements such as reimbursement rates, and agree to contract language such as member hold harmless agreements.

Cigna Network Development

The Cigna network is open to all providers interested in joining the network and who can agree to contracting terms and meet credentialing requirements (as appropriate).

Language in our Hospital Agreements requires our participating hospitals to assist us in securing agreements with their hospital-based physician groups that are not employed by the Hospital. For any Hospital-Based Physicians that are employed by the hospital, the reimbursement is generally included in the Hospital's reimbursement rates. To ensure compliance with this provision, we conduct a review on at least an annual basis, including but not limited to outreach to the hospital to confirm hospital-based groups, roster audits, and monitoring non-participating claim reports.

Telehealth

Cigna views telemedicine as a viable alternate care delivery method, which enhances the effectiveness and efficiency of the provider/patient relationship by making access to care more convenient while appropriately compensating providers for their services. Cigna directly contracts with providers who offer telehealth services. Additionally, customers can access telehealth services through national vendors, such as MDLive. While providers rendering services via telehealth only are a vital component to Cigna's network, their services are not accounted for in any time/distance standard network adequacy metrics.

Element 2 – Referral Policy / Prior Authorization

The Cigna plans do not require referrals but some services do require precertification. Pre-certified services and procedures will not be denied retrospectively except for eligibility, fraud and abuse. If a customer needs specialized care, they may see any specialist in or outside of the network. Benefits are highest and out-of-pocket costs are lowest when a participating provider is used. If there are questions about whether specialized care is covered or whether preauthorization is required, a customer may call Customer Services at the toll-free number on their Cigna ID card.

At the time a provider contracts with Cigna, providers are given access to a provider portal that has a link to our provider directory. The provider is also given instructions on how to find other participating providers through the directory. If the customer is referred to an out-of-network provider the customer should call Cigna to assist them in locating an in-network provider to keep their out of pocket costs lower. If, however, the customer receives services from the out-of-network provider the claim will be processed according to the customer's out-of-network benefits. Federal rules also protect individuals from surprise medical bills for out-of-network emergency services, air ambulance services from nonparticipating providers, and non-emergency services furnished by nonparticipating providers at participating facilities in certain circumstances. Coverage is also required for non-emergency services rendered by an out-of-network provider at an in-network facility at the in-network benefit level (unless the nonparticipating provider gives notice to the individual and the individual consents to out-of-network care).

Prior Authorization for Inpatient and Outpatient Services

In order to be eligible for benefits, prior authorization is required for all non-emergency inpatient admissions, certain other admissions, and certain outpatient services. Failure to obtain prior authorization prior to an elective admission to a hospital or certain other facility may result in a penalty or lack of coverage for the services provided. Prior Authorization can be obtained by the customer or provider by calling the number on the back of the customer's ID card. Emergency admissions will be reviewed post admission. Inpatient prior authorization reviews are conducted for both the necessity for the admission and the need for continued stay in the hospital.

Outpatient Prior Authorization should only be requested for non-emergency procedures or services, at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered.

It is the responsibility of a participating provider to receive approval from the Review Organization for services that require prior authorization. If the Participating provider does not get the required authorization and provides the service to the member, and no extenuating circumstances apply, the claim is denied and the customer cannot be billed. Pre-certification for out-of-network services is the member's responsibility and the penalty can vary based on the plan of benefits. The penalty can be a percentage or a flat dollar amount.

Emergency Care

In an emergency, customers should seek help immediately by calling 911 or their local emergency service, police or fire department for assistance. Customers may go to any emergency facility or hospital, even one that is not in their plan's network. Authorization is not needed for emergency care.

Element 3 – Ongoing Monitoring

Health Care Professional Availability and Accessibility monitoring is conducted on an ongoing basis and an analysis is performed annually to ensure that established standards for reasonable geographical location, number of practitioners, hours of operation, appointment availability, provision for emergency care and after hours services are measured. Monitoring activities may include evaluation of satisfaction surveys, on-site visits, evaluation of complaint and appeal reports, network adequacy analysis, evaluation of health care professionals to member ratios, and monitoring of closed primary care physician panels. An assessment of the health care professional network is also performed to ensure that the network meets the cultural, ethnic, racial and linguistic needs and preferences of individuals. Specific deficiencies are addressed with a corrective action plan, and follow up activities are conducted to reassess compliance. Data are presented to the Service Advisory Committee or appropriate Quality Committee for evaluation and recommendations.

Element 4 – Serving a Diverse Population

Cigna is focused on eliminating health disparities and cultivating health equity nationally and in the communities where we provide health services. Cigna strives to meet the cultural and linguistic needs of each of our customers as a key tenant of our commitment to health equity.

The Health Equity and Social Determinants of Health Council is the governing body of our overall strategy to address health equity. Comprised of leaders from across the enterprise, Cigna has committed to making health equity a priority on business department agendas across the enterprise from Quality to Service Operations. Cigna also collaborates externally with private and public entities, including clients, health care providers, and community-based organizations to provide a comprehensive infrastructure to increase awareness and drive action in health equity.

Health Disparities

Cigna does not require individuals to identify their racial/ethnic status. However, Cigna has collected self-reported race/ethnic data on a portion of its total medical population. In addition, Cigna uses a system to approximate race and ethnic data for our entire U.S. book of business using U.S. Census data and last name recognition. Using this algorithm Cigna is able to identify race information at the population level within certain confidence intervals.

Cigna uses a variety of data sources and analytical tools to analyze customer populations according to a Social Determinants of Health Index (SDI) in order to help understand the potential health disadvantages the population may have based on their geographic location. We also use claims data and geospatial analytics tools to identify health disparities by geography to identify health inequities between subpopulations (e.g., gender, race, and ethnicity). These findings are used to enhance our clinical program offerings, close disparities, and better serve our vulnerable customer populations.

In addition to evaluating the employer population as a whole, Cigna analyzes SDI correlations to various utilization and condition metrics. Employers have found value in analysis such as:

- Prevalence of behavioral health and other chronic diseases along the SDI index
- Compliance with preventive health related to the SDI index
- Emergency room utilization across the SDI index

The insights drawn from this analysis can lead to client specific recommendations such as benefit changes, program enhancements, targeted communications, and assists customers in maximizing exposure to community resources.

We handle the diverse needs of our customers by utilizing data sources, programs, services, training, pilots, and more.

Using this advanced analytics and data-driven approach, Cigna has identified specific populations

experiencing disparate health outcomes and or social determinants of health that contribute to health inequity. The following are a few examples:

Cigna’s Collaborative Care (CCC): As a part of the Health Equity Committee’s strategy and goals, Cigna has acted aggressively to address social determinants of health (SDoH) through an update of our Cigna Collaborative Care (CCC) provider model called COVID Care. Effective as of 2021, this model rewards providers who conduct SDoH patient screenings and offer referrals to address unmet social needs. In addition, the providers are rewarded if they identify areas of health disparities among their patient population and create a written action plan to address these health disparities.

Outreach and Engagement: A poster presentation at Academy Health’s National Health Policy Conference in January 2019 demonstrated that Cigna customers living in communities with higher social determinants of health are less likely to engage in case management than customers living in communities with fewer social determinant of health.

To improve engagement in case management, Cigna designed a tailored email campaign for vulnerable customers who are identified for case management preceding an outreach call. The email aims to increase engagement by raising awareness of resources available from Cigna to more holistically address a customer’s SDoH needs, specifically Cigna’s community support services provided through our Health Matters Case Management Program, which connects customers with resources such as food, housing, and transportation. The campaign is scheduled to launch in the first quarter of 2021.

Cigna understands the importance of providing culturally responsive services to all our customers, especially marginalized populations. Specialized services include:

Language Assistance Services

Our language assistance services are available for customers with limited English proficiency (LEP). These services include:

- written translation of health and benefit related documents in more than 33 languages, including Braille, alternative fonts, audio, and large print;
- bilingual internal staff and trained, professional interpreters via phone;
- coordination of in-person professional interpreters for various employer events, as well as video remote interpreter services, including American Sign Language;
- extension of vendor contracted language service discounts to our network providers.
- 711 services - a telecommunications relay service - that translates from TTY (English and Spanish), voice users (English and Spanish), PC American Standard Code for Information Interchange (ASCII) users (English/Spanish), or Telebraille for those with hearing and speech disabilities.

Culturally competent Organization

An organizational assessment of staff is routinely conducted to assess training needs of our diverse workforce. Cultural competence training designed specifically for health plan staff has been completed by the majority of Cigna employees and cultural trainings focused on certain cultural groups have been developed specific to Cigna clinical roles, as well as mandatory training for customer-facing new hires. Work groups within the clinical customer facing teams develop and promote ongoing cultural diversity education to their respective teams to help improve understanding and promote engagement. All employees and providers have access to the online tool, CultureVision™ (an online database) which provides communication and etiquette best practices along with patient care insights for more than 60 cultural communities.

Staff Training and Resources

- mandatory cultural competency training for customer-facing new hires

- annually-required unconscious bias training for all employees
- courses on various racial and ethnic groups: Cultural Competency Awareness, Developing Cultural Agility, Spotlight on Poverty, and Transgender Inclusion Awareness to educate and increase awareness related to culturally driven disparities.
- CultureVision™ (www.crculturevision.com), a resource with access to more than 60 cultural communities
- Words We Use guidelines (English, Spanish, and Traditional Chinese) ensures everyday language is used at all customer touchpoints
- Clear Communications Policy and training ensures customer communications are in plain language and at the sixth-grade reading level
- Language Assistance Program Roadshow provides resources and processes to assist Cigna staff with accessing language assistance services to support our LEP customers and customer with disabilities
- Customer Language Assistance Service Brochure - a readable PDF available in English and Spanish as well as large print

Cigna recognizes that our network of providers are key partners in ensuring our customers receive culturally competent health care.

Provider Training and Resources

Cigna's [Cultural Competency and Health Equity website](#) is free to providers and their staff and offers quick access to customer-focused cultural competency web-based trainings, white papers and toolkits promoting patient-centered care and culturally appropriate communication techniques for diverse populations.

Trainings include Developing Cultural Agility to examine assumptions, raise awareness about unconscious bias, and provide cultural competency best practices to serve as a primer for additional trainings. Training also addresses gender disparities by raising awareness of statin use in women with coronary artery disease, including insights from the latest research and how implicit bias impacts patients.

Additional training and resources specifically related to multicultural populations, including the Spanish-speaking population, are available. For example, we provide a podcast on illness, health, and plant remedies within the Latino communities as well as the Hispanic health disparity brief and the Culturally Responsive Care for the Hispanic Community curriculum (a three-part series). To address the needs of our Asian communities, we made available our Diabetes Among South Asians curriculum (also a three-part series) which includes patient education translated into three top South Asian languages—Hindi, Nepali, and Urdu. White papers addressing health disparities for particular populations such as South Asian and LGBT are also available.

Free resources are also available on the website, such as [CultureVision™](#), an online database that provides insights into more than 60 cultural communities, access to culturally competent patient care, and a cultural competency assessment. We also provide information and education in the [provider newsletters](#) that are distributed to our medical, behavioral, and dental providers. These articles include health equity topics ranging from health disparities, unconscious bias, social determinants of health, and cultural competency.

Resources are also available to support providers in serving patients with limited English proficiency, including commonly used patient forms in Spanish and consent, refusal instruction, and treatment forms that providers may download for use within their practice. We created a request/refusal for interpretation services form to assist providers in documenting a patient's request for or refusal of interpretation services. Available in English, Spanish, and Traditional Chinese, providers may use these forms for

patients with or without Cigna coverage. Additionally, we offer “I Speak” interpreter cards for patients to hand over at their physician’s office to alert them to the need for an interpreter. The “I Speak” cards also educate eligible customers and providers on available language assistance services.

Additionally, we have extended updated discounts to our provider network for language services, such as interpretation, such as video remote interpretation services, including American Sign Language, and translation in this discount program. Video remote interpretation can be an effective communication option for obtaining a professional interpreter; it is often lower in cost and quicker to obtain than a face-to-face, in-office interpreter.

Veterans’ Support

A free national Veterans’ Support Line offers many resources and is available 24X7, 365 days a year, for veterans, their families, and caregivers.

Cigna evaluates enrollee population characteristics, social determinants of health utilization of enrollee health engagement programs, complex and specialty case management processes and resources to evaluate ensure enrollee needs are being met. There are various programs which are designed to address the needs of covered persons with physical or mental disabilities, serious, chronic, and complex medical conditions.

A population assessment is completed for the Medical and Behavioral Health Case Management programs and is geared toward the population serviced, specifically those with disabilities related to catastrophic medical conditions, or experiencing acute medical conditions requiring Case Management services, for all age groups. The evaluation and support that is provided is at the individual customer level for cases identified for the program. Behavioral Health case managers also assess each customer (enrolled in a case management program) for visual needs, hearing needs, assistance locating providers with given race/language/ethnicity, and assess for co-occurring mental health, substance use, and/or medical issues. Customer needs are assessed on a population level and an individual customer level.

Case Management and Disease Management: Our case management programs are designed such that our RN case managers are trained to assess customers holistically. Our case managers lead customers in open-ended conversations that take in more than just the customer’s physical health, to include behavioral/emotional health, level of functionality, knowledge deficits, social and community factors, and so forth.

Chronic Conditions Management Program

Cigna’s chronic condition management program is a person-centered health solution for individuals with chronic illness. Our whole-person coaching approach enables identified customers to use a personalized online program or to connect with a coach. Cigna’s customer health engagement solution integrates the latest insights and practices of the sociology of engagement, motivation and rewarding behavior change with the latest in health tools and technology. The integration of information identifies customer’s health and wellness opportunities and engages them in programs, products and services that will help meet those opportunities. Coaches can also refer an individual to case management based on the needs/benefits of the customer.

Well Informed Program – Gaps in Care

The Well Informed program is designed to identify gaps in care that occur when individuals do not receive or adhere to care that is consistent with established medical and behavioral guidelines for prevention or treatment. Using clinical rule-based software, together with our integrated medical, behavioral, pharmacy, and lab data, potential gaps are identified at an individual level on a monthly basis. A select number of gaps are then communicated to providers and individuals.

Customers identified for case management may be referred to behavioral health management, pharmacy or other programs, to ensure access to appropriate care, settings, and providers, based on the enrollee’s needs and their plan benefits.

Behavioral and Complex Case Management Programs & Specialty Case Management:

Complex case management activities and resources are updated to address customer characteristics and needs, as necessary, to include programming that meets the needs of children and adolescents, individuals with disabilities, and/or serious and persistent mental illness and substance use conditions.

Cigna's behavioral Case Management Program also relies on collaborative relationships with enrollees and providers of care, advocating for enrollee needs within the framework of available benefits. The goal of behavioral Complex Case Management and Coaching is to identify, enroll and engage individuals in treatment and to improve treatment and medication adherence. For the assessment and treatment of behavioral conditions, Cigna adopts best practice, evidence-based, clinical practice guidelines from recognized national professional organizations.

Behavioral Complex Case Management facilitates diagnosis-based, focused, readmission avoidance activities and identifies consumers with potential or predictable risk for needing extensive services, coordination of care, and enrollee safety. Those who require intensive coordination or education to achieve optimal medical outcomes are accepted into the Behavioral Complex Case Management Program. The Behavioral Complex Case Management Program is integrated with the services provided by professionals and facilities involved in the enrollee's behavioral health care.

Specialty Complex Case Management/Coaching - Case Managers with specialized expertise in a therapeutic area deliver specialty case management services. Case Management team rounds and regular department meetings, leverage multi-disciplinary expertise, including those of licensed psychiatrists, to enhance care coordination, address gaps in care and help individuals to be informed, active participants in the health care process. These specialized resources focus on high impact conditions that have proven complications and subsequent high health care utilization to facilitate access to appropriate services and improve outcomes for these individuals.

Behavioral Health developed the following Behavioral Health Case Management Programs to address the needs of the population:

- Intensive Behavioral Case Management
- Coaching and Support for Parents & Families (0-17 ages)
- Substance Use Disorders
- The Eating Disorders Specialty Case Management Program
- Opioid & Pain Management Program
- Autism Specialty Care Management Program

Cigna developed the Community Support Program (CSP) to address the needs of the population. The CSP provides assistance to enrollees that need help with basic needs. The program is based in the belief that to support health, basic needs must be addressed. The CSP accepts referrals from not only the behavioral organization but also our medical partners. This team assists Cigna customers to secure financial assistance, food, clothing, living space, copayments, medication, transportation, and other supportive services.

Social Determinants of Health

Cigna works to address the social determinants of health that contribute to inequitable health care.

Social Determinants Index - Data Sources

Cigna is committed to supporting clients in identifying, assessing, and addressing the social needs of their employees. We also developed our proprietary Social Determinants Index to help us understand the potential health disadvantages an individual may experience based on where they live. We define a health disadvantage as the inability to meet the basic human needs required for full social participation and optimal health and well-being. These needs include, but are not limited to, economic security, food, shelter, transportation, language and culture, and education.

The Social Determinants Index is a composite score that characterizes a community for social determinants of health at the census-tract level in the US. There are 17 measures which fall into six domains of social determinants of health: economy, education, language, health coverage, infrastructure, and food access. The data associated with the measures in each domain are sourced from public use data, such as the US Census and US Department of Agriculture. Measures include data on dimensions, such as income, education, homeownership, transportation, and access to supermarkets.

A higher Social Determinants Index score represents a census tract with a higher level of social determinants that poorly impact health compared to a census tract with a lower Social Determinants Index score. A Social Determinants Index score is meant to provide a portrait of the census tract and to better describe the social determinants of health for residents living in the census tract, relative to other areas across the US. It is not meant to accurately depict an individual's unique situation because the data sourced is not at the individual level; it's at the community level.

Cigna is currently using the Social Determinants Index in two ways:

- **Identify Communities** - The first step is to identify communities of Cigna customer populations whose overall health status and utilization are impacted by social determinants of health and to determine if additional resources need to be deployed in the community.
- **Identify Customers** - The second step is to improve identification of customers who are at increased risk for poor health and utilization based on their residence and for whom personalized solutions may need to be put into place in order to achieve better health and affordability.

Using these advanced analytics and data-driven approach, Cigna has identified specific populations experiencing disparate health outcomes and/or social determinants of health that contribute to health inequity.

The social determinants of health that negatively influence health outcomes have become more prevalent due to the pandemic; however, they have become especially more pronounced in communities that were already vulnerable. During this unprecedented and challenging time, we are incorporating relevant data points into our enterprise strategy to help us rapidly identify and support communities where social determinants of health are affecting vulnerable populations facing the COVID-19 pandemic.

Community Support Program

Cigna developed the Community Support Program (CSP) to address the needs of the population. The CSP provides assistance to enrollees that need help with basic needs. The program is based in the belief that to support health, basic needs must be addressed. The CSP accepts referrals from not only the behavioral organization but also our medical partners. This team assists Cigna customers to secure financial assistance, food, clothing, living space, copayments, medication, transportation, and other supportive services.

We launched a pilot program using a tailored email campaign for vulnerable customers who are identified for case management preceding an outreach call in April 2021. The email aims to increase engagement by raising awareness of resources available from Cigna to more holistically address a customer's social determinants of health-related needs, including community support services provided through our Health Matters Case Management Program, which connects customers with resources, such as food, housing, and transportation.

Speech Analytics Technology

We leverage speech analytics technology to gain insights into spoken interactions with our customers. This technology is used to identify customers with needs related to social determinants of health and provide beneficial information for our clinical staff and case managers. Customers are supported in overcoming barriers, making informed decisions, and addressing deficiencies through effective education, resources, and community support program referrals.

Self-Referral for Social Determinants of Health Support

Cigna has partnered with the vendor findhelp (formerly named Aunt Bertha), a social care network available to Cigna staff and network providers to help customers locate local resources during a crisis. This navigation tool is now available directly to customers at the following link: [Coronavirus \(COVID-19\) Resource Center | Cigna](#). Cigna also refers clients to 2-1-1 as an additional resource to support unmet social needs.

Digital Divide Pilot

Cigna is also actively working to remove the digital divide and close gaps. For example, in a current pilot in Memphis and Los Angeles, we are partnering with wireless carriers to remove any data or minute limits so we can positively impact health outcomes, engagement, and reduce avoidable costs for those impacted populations. This will help achieve greater access to health care and health information without fear of unknown or unexpected financial penalties and the ability to access care and information where and when they need it, thus removing barriers around work schedule, childcare, and transportation.

Element 5 – Satisfaction Assessments

Satisfaction is assessed through evaluation of survey data and complaint information. Satisfaction surveys are designed to assess satisfaction with the organization's services. Survey data are used for continuous quality improvement in several key areas: 1) to establish benchmarks and monitor national and local performance, 2) to assess overall levels of satisfaction as an indication of whether the organization is meeting individual expectations, 3) to assess service performance in comparison to competitors, 4) to assess medical management program customer and provider satisfaction levels and 5) to assess the quality and accuracy of benefit information provided on the organization(s) web sites.

Customer/ Enrollee Satisfaction

An assessment of satisfaction is performed at least annually. Results are summarized by product customer market/region and nationally. These results are reviewed by the appropriate quality committee to identify areas for improvement. Action Plans are created accordingly based on findings.

Case Management Satisfaction surveys, which include various specialty programs, are distributed upon closure of a case management case. Results are trended for evaluation against an internal benchmark/goal, at the program and national levels. Results are reviewed by the appropriate committees.

Element 6 – Communication with Members

To ensure that our customers fully utilize their health care benefits, Cigna provides each customer an enrollment packet that contains, among other things, a Summary of Benefits Coverage form (SBC) and a West Virginia supplement to the SBC, a Certificate, and Participating Provider information. This information guides the customer through activities such as how to access covered services (including emergency, non-emergency and specialty care); procedures for providing and approving emergency and non-emergency medical care; the process for choosing and changing network providers; benefits covered (including services offered through the preventive care benefit and extent of specialty medical services covered, such as, physical therapy, occupational therapy and rehabilitation services); special programs; and how to pursue an appeal of an adverse benefit decision or file a complaint. Information can also be accessed on Cigna's website at www.cigna.com or www.mycigna.com.

Selection of a Primary Care Provider: Some plans may require the designation of a primary care provider. Customers have the right to designate any primary care provider who participates in the network and who is available to accept customer or customer's family members. Until the customer makes this designation, Cigna will designate one for the customer. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the Customer ID card. For children, you may designate a pediatrician as the primary care provider.

Notice Regarding Provider Directories and Provider Networks: A list of network providers is available to

customers without charge by visiting the website or by calling the phone number on the customer ID card. The network consists of providers, including hospitals, of varied specialties as well as general practice, affiliated or contracted with Cigna or an organization contracting on its behalf. Provider directories include information about the processes used to update provider directories.

Element 7 – Coordination Activities

Medical Continuity and Coordination of Care

To facilitate continuous and appropriate care for individuals, and to strengthen industry-wide continuity and coordination of care among health care professionals, the quality program monitors, assesses, and may identify opportunities for individuals or health care professionals to take action and improve upon continuity and coordination of care across health care network settings and transitions in those settings. Assessment of continuity and coordination of care collaboration may include, but is not limited to, measurement of the following as demonstrated through the use of surveys, committee discussions reflected in minutes, medical record review, and data analysis. Examples of monitoring may include:

- Exchange of information in an effective, timely and confidential manner.
- Notification and movement of individuals from a terminated practitioner.
- Monitoring of individuals who qualify for continued access to a practitioner terminated for other than quality reasons.
- Encouraging individuals to forward copies of their medical records to their new primary care physician when PCP changes are made.

Behavioral and Medical Continuity and Coordination of Care

To facilitate continuity and coordination of care for individuals among behavioral and medical health care professionals, Cigna, in collaboration with our behavioral health partners, fosters and supports programs which monitor continuity and coordination of behavioral care through assessment of one or more of the following:

- Appropriate communication between behavioral and medical practitioners.
- Appropriate health care professional screening, treatment and referral of behavioral health disorders commonly seen in primary care.
- Evaluation of the appropriate uses of psychopharmacological medications.
- Management of treatment access and follow-up for individuals with coexisting medical and behavioral health disorders.
- Implementation of a primary or secondary behavioral health preventive program.

Case Management Identification

The Utilization and Case Management programs identify consumers with potential or predictable risk for needing extensive services and coordination of care services. Referral sources include Medical Directors, matrix partners, such as claim administrators, clients, disease management, the Health Information Line, the Health Advisor Program, the individual/family/caregiver, health care professionals and through the use of internal predictive modeling tools. Cases identified for complex or specialty case management are screened for the potential for assistance and impact. Cases that require intensive coordination or education to achieve optimal medical outcome are accepted into the Case Management program.

Case Management Program Definition, Goals & Purpose

Cigna's case management program is collaborative in nature, delivered telephonically, and includes a process for assessment, planning, facilitation, coordination and advocacy for individuals enrolled in the program. The populations served by the program are individuals with complex medical needs beyond the scope of our short term, wellness, chronic condition support, or advocacy programs, or an individual with a diagnosis that falls within scope of one of the Specialty Case Management programs listed below. The overall goal of the program is to promote the achievement of optimal functional and medical outcomes and to help individuals avoid preventable hospital readmissions whenever possible. Over the past several years, multiple studies have shown that patients who understand and adhere to the treatment plan prescribed by their doctor experience a reduction in acute events and subsequent

hospitalizations. The goals of Cigna's Case Managers include helping individuals achieve optimal clinical outcomes and avoid hospital readmissions whenever possible.

The Case Management Program integrates with other Cigna programs such as Wellness and Behavioral based on the individual needs of the customer and the customer's benefit structure.

Case Management Process

The case manager collaboratively works with the individual, the treatment team and health care professionals. They advocate for the individual and the family, within the framework of available benefits and scope of the program delivery. This may include educating the individual and health care professionals on available benefit options to assist in maximizing available benefits, working to ensure access to appropriate services, providing clinical education to enhance the individual's understanding and management of their clinical situation and completing assessments to evaluate and ensure consumer safety. The case management process includes:

- An introduction, disclosure, and consent process, including education on the individual's rights under case management.
- A comprehensive initial assessment that includes health status, clinical and medication history, activities of daily living, mental status/cognitive functions, life planning activities, cultural/linguistic needs, preferences or limitations, caregiver resources and available benefits.
- During their initial (and subsequent) assessments, Cigna's case managers use evidence-based assessment tools to address the following topics, all of which are significant in helping to avoid readmissions:
 - Confirmation that the individual has a follow-up appointment scheduled with his or her doctor within two weeks of discharge.
 - Helping the individual understand and recognize the signs and symptoms that need attention and what to do if any of these occurs and document in a written self-management plan or "sick-day" plan.
 - Medication reconciliation that includes confirmation of medication compliance – prescribed medications have been filled and the individual is taking them strictly according to directions
 - Validation that any required DME or home health services is in place.
 - Identification of the root cause(s) that may lead to readmission so that the case manager can work to alleviate it/them.
- Development of a management plan with patient centric, prioritized, measurable goals in collaboration with individual, family, and the individual's treatment team.
- Identification of potential barriers to the plan.
- Confirmation and communication of the management with the individual, caregiver, family, the treatment team or other health care professionals.
- Follow-up scheduling to enable monitoring of the individual's medical, safety, and educational needs.
- Periodic evaluation of barriers to achievement of the management plan goals and update, as needed.
- Coordination/facilitation of referral, care and/or services required by the individual, within the scope of the benefit plan and/or contractual agreement with the client.
- Closure of file when the individual's management plan goals have been achieved or the individual is no longer eligible to receive services, and initiate communication to the appropriate parties to ensure continuity of care.
- Generation of a program satisfaction survey.

Specialty Case Management

Case managers with special expertise and training in a therapeutic area deliver specialty case management services. They work collaboratively with specialty physician leads as a team to enhance care coordination, address gaps in care and help individuals be informed, active participants in the health care process. These specialized resources adhere to the same case management process noted above, and focus on high impact conditions that have proven to be at risk for complications and subsequent high health care

utilization. The specialized team goals are to facilitate access to appropriate services in order to improve the medical outcomes for these individuals, and, thereby, decrease utilization and cost. Specialty Case Management Services are available depending upon contract terms and may include the following specialties:

- Transplant
- Neonate
- Oncology
- High Risk Maternity

Chronic Conditions Management Program

Cigna's chronic condition management program is a person-centered health solution for individuals with chronic illness. Our whole-person coaching approach enables identified customers to use a personalized online program or to connect with a coach. Cigna's customer health engagement solution integrates the latest insights and practices of the sociology of engagement, motivation and rewarding behavior change with the latest in health tools and technology. The integration of information identifies customer's health and wellness opportunities and engages them in programs, products and services that will help meet those opportunities. Coaches can also refer an individual to case management based on the needs/benefits of the customer.

Well Informed Program – Gaps in Care

The Well Informed program is designed to identify gaps in care that occur when individuals do not receive or adhere to care that is consistent with established medical and behavioral guidelines for prevention or treatment. Using clinical rule-based software, together with our integrated medical, behavioral, pharmacy, and lab data, potential gaps are identified at an individual level on a monthly basis. A select number of gaps are then communicated to providers and individuals.

Customers identified for case management may be referred to behavioral health management, pharmacy or other programs, to ensure access to appropriate care, settings, and providers, based on the enrollee's needs and their plan benefits.

Behavioral and Complex Case Management Programs & Specialty Case Management:

Complex case management activities and resources are updated to address customer characteristics and needs, as necessary, to include programming that meets the needs of children and adolescents, individuals with disabilities, and/or serious and persistent mental illness and substance use conditions.

Cigna's behavioral Case Management Program also relies on collaborative relationships with enrollees and providers of care, advocating for enrollee needs within the framework of available benefits. The goal of behavioral Complex Case Management and Coaching is to identify, enroll and engage individuals in treatment and to improve treatment and medication adherence. For the assessment and treatment of behavioral conditions, Cigna adopts best practice, evidence-based, clinical practice guidelines from recognized national professional organizations.

Behavioral Complex Case Management facilitates diagnosis-based, focused, readmission avoidance activities and identifies consumers with potential or predictable risk for needing extensive services, coordination of care, and enrollee safety. Those who require intensive coordination or education to achieve optimal medical outcomes are accepted into the Behavioral Complex Case Management Program. The Behavioral Complex Case Management Program is integrated with the services provided by professionals and facilities involved in the enrollee's behavioral health care.

Specialty Complex Case Management/Coaching - Case Managers with specialized expertise in a therapeutic area deliver specialty case management services. Case Management team rounds and regular department meetings, leverage multi-disciplinary expertise, including those of licensed psychiatrists, to enhance care coordination, address gaps in care and help individuals to be informed, active participants in the health care

process. These specialized resources focus on high impact conditions that have proven complications and subsequent high health care utilization to facilitate access to appropriate services and improve outcomes for these individuals.

Behavioral Health developed the following Behavioral Health Case Management Programs to address the needs of the population:

- Intensive Behavioral Case Management
- Coaching and Support for Parents & Families (0-17 ages)
- Substance Use Disorders
- The Eating Disorders Specialty Case Management Program
- Opioid & Pain Management Program
- Autism Specialty Care Management Program

Element 8 – Continuity of Care

In the event that a health care professional leaves the Cigna network, the organization is required to notify affected individuals and assist them with either transitioning to a contracted provider or applying for Continuity of Care (COC). Continuity of Care (COC) is a process that enables a customer to continue services with a terminated health care professional in certain circumstances for a period of up to 90 days or a timeframe mandated by state law. Terminated providers may include primary care physicians or specialty care physicians.

To qualify for Continuity of Care approval, a customer would have had one (1) or more visits to a health care professional in the last 12 months. This process allows customers that are currently in active treatment or in their second or third trimester of pregnancy to safely complete medical course of treatment. Requests for Continuity of Care should be made within 30 days of the health care professional's termination date. Continuity of Care forms are available to customers and specialty care professionals on www.Cigna.com. Customers or their specialty care physicians are able to access the Continuity of Care form and complete it.

Cigna utilizes a standard set of letters to notify Affected Individuals that the health care professional they have seen will no longer be participating with Cigna. For members within an inpatient facility coverage will be extended until discharge from the inpatient facility. The letter informs impacted individuals how to obtain a Continuity of Care Request Form for their health care professional. The time frame for notification to the Affected Individual is based on state-specific mandates. If a specific state does not have a requirement, the Cigna standard is to notify the Affected Individual at least 30 calendar days prior to the termination date.

Cigna provider contracts include a provision that either party may terminate the agreement with proper notice. The provider contracts also include provisions regarding a provider's obligation to continue services after termination in some circumstances and also include limitations on billing participants.

Provider contracts between Cigna and participating providers include a hold harmless provision that state a covered person should not be liable, under any circumstance, for money owed to participating providers by the plan and that in no event a participating provider collect or attempt to collect from a covered person any money owed to the provider by Cigna.

Appendix A:

West Virginia Provider Ratios	
Provider Type	Ratio
Primary Care Physician	1 for every 500 members
Pediatrician	1 for every 250 members
Obstetrics/Gynecology	1 for every 1000 members
Specialist	1 for every 2000 members

West Virginia Travel Distance Standards	
Specialty	Travel Time/Distance
At least two of each of the following: Allergists Audiologists Cardiologists Dentist for Pediatric only	30 minutes travel time from member residence and/or 25 miles
At least two of each of the following: Dermatologists General Surgery Gastroenterologists Neurologists Occupational Therapy Oncologists OB/GYNs and/or Nurse Midwives Ophthalmologists Orthopedic Orthopedic Surgeons Otolaryngologist/Otorhinolaryngologic Pediatric or Age appropriate Primary Care Physicians (PCPs) Physical Therapy Primary Care Physicians (PCPs) Pulmonologists	30 minutes travel time from member residence and/or 25 miles
At least one of each of the following: Anesthesiology Chiropractic Dialysis Durable Medical Equipment (DME) Endocrinology Hematology Home Health Services Laboratory Nephrology Neurosurgery Orthotics/Prosthetics Pathology Plastic surgery Podiatry Radiology Services Thoracic Surgery Urology	30 minutes travel time from member residence and/or 25 miles

At least one of each of the following for Pediatric: Oral Surgeon Orthodontist	60 minutes travel time from member residence and/or 45 miles
At least two of each of the following behavioral health providers: Psychologists Psychiatrists Licensed Independent Clinical Social Worker	60 minutes travel time from member residence and/or 45 miles
At least one of each of the following: Hospital Access Hospital with the following Tertiary Services Access: Acute care services to pediatric patients in medical and surgical units; Obstetric services; and Neo-natal intensive care unit	45 minutes travel time from member residence and/or 30 miles
Behavioral Health (Substance Use Disorder): Outpatient SUD Provider	60 minutes travel time from member residence and/or 45 miles

Appendix B

Cigna OAP Network: Providers by Provider Type and by County Table

County	PCP	Obstetricians, Gynecologists, OBGYN	Pediatricians	Behavioral Health, Mental Health and Substance Abuse Disorder Providers	Hospitals	Emergency	Urgent Care Facilities	Behavioral Health, Mental Health and Substance Abuse Disorder Facilities
	Count of Providers	Count of Providers	Count of Providers	Count of Providers	Count	Count	Count	Count
Barbour	Yes	Yes		Yes	Yes	Yes		
Berkeley	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boone	Yes	Yes	Yes	Yes	Yes	Yes		
Braxton	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Brooke	Yes	Yes	Yes	Yes	Yes	Yes		
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun	Yes		Yes		Yes	Yes		
Clay	Yes	Yes	Yes	Yes				
Doddridge	Yes		Yes	Yes				
Fayette	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gilmer	Yes		Yes	Yes				
Grant	Yes	Yes	Yes		Yes	Yes		Yes
Greenbrier	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hampshire	Yes	Yes	Yes	Yes	Yes	Yes		
Hancock	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hardy	Yes	Yes	Yes	Yes				
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes	Yes	Yes	Yes	Yes	Yes		
Jefferson	Yes	Yes	Yes	Yes	Yes	Yes		
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis	Yes	Yes	Yes	Yes	Yes	Yes		
Lincoln	Yes	Yes	Yes	Yes				
Logan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marshall	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Mason	Yes	Yes	Yes	Yes	Yes	Yes		
McDowell	Yes	Yes	Yes	Yes	Yes	Yes		
Mercer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mineral	Yes	Yes	Yes	Yes	Yes	Yes		
Mingo	Yes		Yes	Yes				Yes
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe	Yes		Yes	Yes				
Morgan	Yes	Yes	Yes	Yes	Yes	Yes		
Nicholas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton	Yes		Yes					Yes
Pleasants	Yes		Yes	Yes				
Pocahontas	Yes	Yes	Yes	Yes	Yes	Yes		
Preston	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Randolph	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ritchie	Yes		Yes					
Roane	Yes		Yes		Yes	Yes		
Summers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Taylor	Yes		Yes	Yes	Yes	Yes		
Tucker	Yes	Yes		Yes				Yes
Tyler	Yes				Yes	Yes	Yes	
Upshur	Yes	Yes	Yes	Yes	Yes	Yes		
Wayne	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Webster	Yes	Yes	Yes	Yes	Yes	Yes		
Wetzel	Yes		Yes		Yes	Yes		
Wirt	Yes		Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes		Yes					

Cigna OAP Network: Providers by Provider Type and by County Table

Note, the Specialty Type by County table below does not include all Specialty Types. For complete and most up to date Specialty and Sub Specialty Type availability, please see your Provider Directory available on www.cigna.com

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County	Allergists	Audiologists	Cardiologists	Chiropractic	Dermatologists	Endocrinology	Gastroenterologists	General Surgery	Hematology	Nephrology	Neurologists	Neurosurgery	Occupational Therapy	Oncologists	Ophthalmologists	Orthopedic Surgeons	Otolaryngologist/Otorhinolaryngologic	Physical Therapy	Plastic surgery	Podiatry	Pulmonologists	Thoracic Surgery	Urology
Barbour																		Yes		Yes			
Berkeley		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boone			Yes	Yes	Yes		Yes	Yes			Yes				Yes	Yes	Yes	Yes			Yes		
Braxton			Yes					Yes	Yes	Yes					Yes	Yes		Yes		Yes			
Brooke		Yes	Yes	Yes		Yes			Yes				Yes	Yes			Yes	Yes		Yes		Yes	
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun										Yes						Yes							
Clay								Yes															
Doddridge																							
Fayette		Yes	Yes	Yes		Yes	Yes	Yes			Yes				Yes			Yes	Yes	Yes			
Gilmer										Yes								Yes					
Grant			Yes					Yes							Yes	Yes	Yes	Yes					Yes
Greenbrier		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Hampshire			Yes		Yes		Yes	Yes							Yes			Yes		Yes	Yes		
Hancock	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hardy			Yes		Yes					Yes					Yes								
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes		Yes	Yes				Yes		Yes		Yes			Yes	Yes	Yes	Yes	Yes	Yes			
Jefferson	Yes		Yes	Yes		Yes		Yes	Yes	Yes			Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis		Yes	Yes				Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Lincoln																					Yes		
Logan	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Marion	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Marshall			Yes				Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Mason			Yes					Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
McDowell		Yes						Yes		Yes								Yes					
Mercer		Yes	Yes	Yes	Yes			Yes		Yes	Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Mineral			Yes	Yes				Yes		Yes				Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes
Mingo		Yes	Yes												Yes			Yes		Yes	Yes		
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe				Yes											Yes			Yes					
Morgan			Yes				Yes	Yes								Yes				Yes	Yes		
Nicholas		Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes		Yes		Yes	Yes		Yes		Yes	Yes		Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton													Yes										
Pleasants																		Yes		Yes			
Pocahontas			Yes					Yes										Yes		Yes			
Preston	Yes		Yes					Yes		Yes	Yes		Yes			Yes	Yes	Yes			Yes		Yes
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Randolph		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Ritchie				Yes														Yes					
Roane			Yes					Yes				Yes				Yes		Yes		Yes	Yes		
Summers								Yes	Yes					Yes	Yes	Yes		Yes		Yes			
Taylor			Yes							Yes	Yes							Yes		Yes			
Tucker			Yes					Yes										Yes		Yes			
Tyler																Yes				Yes	Yes		
Upshur		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes
Wayne		Yes		Yes											Yes	Yes	Yes	Yes					
Webster			Yes							Yes								Yes					
Wetzel	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes
Wirt			Yes															Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming				Yes														Yes		Yes			

Cigna PPO Network: Providers by Provider Type and by County Table

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	Count of Providers	Count of Providers	Count of Providers	Count of Providers	Count	Count	Count	Count
Barbour	Yes	Yes		Yes	Yes	Yes		
Berkeley	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Boone	Yes	Yes	Yes	Yes	Yes	Yes		
Braxton	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Brooke	Yes	Yes	Yes	Yes	Yes	Yes		
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun	Yes		Yes		Yes	Yes		
Clay	Yes	Yes	Yes	Yes				
Doddridge	Yes		Yes	Yes				
Fayette	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gilmer	Yes		Yes	Yes				
Grant	Yes	Yes	Yes		Yes	Yes		Yes
Greenbrier	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hampshire	Yes	Yes	Yes	Yes	Yes	Yes		
Hancock	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hardy	Yes	Yes	Yes	Yes				
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes	Yes	Yes	Yes	Yes	Yes		
Jefferson	Yes	Yes	Yes	Yes	Yes	Yes		
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis	Yes	Yes	Yes	Yes	Yes	Yes		
Lincoln	Yes	Yes	Yes	Yes				
Logan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marshall	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Mason	Yes	Yes	Yes	Yes	Yes	Yes		
McDowell	Yes	Yes	Yes	Yes	Yes	Yes		
Mercer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mineral	Yes	Yes	Yes	Yes	Yes	Yes		
Mingo	Yes		Yes	Yes				Yes
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe	Yes		Yes	Yes				
Morgan	Yes	Yes	Yes	Yes	Yes	Yes		
Nicholas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton	Yes		Yes					Yes
Pleasants	Yes		Yes	Yes				
Pocahontas	Yes	Yes	Yes	Yes	Yes	Yes		
Preston	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Randolph	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ritchie	Yes		Yes					
Roane	Yes		Yes		Yes	Yes		
Summers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Taylor	Yes		Yes	Yes	Yes	Yes		
Tucker	Yes	Yes		Yes				Yes
Tyler	Yes				Yes	Yes	Yes	
Upshur	Yes	Yes	Yes	Yes	Yes	Yes		
Wayne	Yes	Yes	Yes	Yes	Yes			Yes
Webster	Yes	Yes	Yes	Yes	Yes	Yes		
Wetzel	Yes		Yes		Yes	Yes		
Wirt	Yes		Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes		Yes					

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Barbour																		Yes		Yes			
Berkeley		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boone			Yes	Yes	Yes		Yes	Yes	Yes		Yes				Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Braxton			Yes	Yes				Yes	Yes	Yes					Yes	Yes		Yes		Yes			
Brooke		Yes	Yes	Yes		Yes			Yes			Yes	Yes	Yes			Yes	Yes		Yes		Yes	
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun										Yes						Yes							
Clay								Yes															
Doddridge																							
Fayette		Yes	Yes	Yes		Yes	Yes	Yes			Yes				Yes			Yes	Yes	Yes			
Gilmer										Yes								Yes					
Grant			Yes					Yes							Yes	Yes	Yes	Yes					Yes
Greenbrier		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hampshire			Yes		Yes		Yes	Yes	Yes							Yes		Yes		Yes	Yes		
Hancock	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hardy			Yes		Yes					Yes						Yes							
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes		Yes	Yes				Yes	Yes	Yes		Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Jefferson	Yes		Yes	Yes		Yes		Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis		Yes	Yes				Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lincoln																						Yes	
Logan	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Marion	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Marshall			Yes				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mason			Yes					Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
McDowell		Yes								Yes								Yes					
Mercer		Yes	Yes		Yes			Yes		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mineral			Yes	Yes				Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mingo		Yes	Yes												Yes			Yes		Yes	Yes	Yes	Yes
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe			Yes												Yes			Yes					
Morgan			Yes				Yes	Yes								Yes		Yes		Yes	Yes		
Nicholas		Yes	Yes	Yes		Yes		Yes	Yes		Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton													Yes										
Pleasants																		Yes		Yes			
Pocahontas			Yes					Yes										Yes		Yes			
Preston	Yes		Yes					Yes		Yes	Yes	Yes				Yes	Yes	Yes			Yes	Yes	Yes
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Randolph		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ritchie				Yes																Yes			
Roane			Yes					Yes				Yes				Yes		Yes		Yes	Yes		
Summers								Yes	Yes					Yes	Yes	Yes		Yes		Yes			
Taylor			Yes							Yes	Yes							Yes					
Tucker			Yes					Yes										Yes		Yes			
Tyler																		Yes		Yes	Yes		
Upshur		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wayne		Yes		Yes												Yes	Yes	Yes					
Webster			Yes							Yes								Yes					
Wetzel	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Wirt			Yes															Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming				Yes														Yes		Yes			

Cigna POS Network: Providers by Provider Type and by County Table

County	PCP	Obstetricians, Gynecologists, OBGYN	Pediatricians	Behavioral Health, Mental Health and Substance Abuse Disorder Providers	Hospitals	Emergency	Urgent Care Facilities	Behavioral Health, Mental Health and Substance Abuse Disorder Facilities
	Count of Providers	Count of Providers	Count of Providers	Count of Providers	Count	Count	Count	Count
Barbour	Yes	Yes		Yes	Yes	Yes		
Berkeley	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boone	Yes	Yes	Yes	Yes	Yes	Yes		
Braxton	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Brooke	Yes	Yes	Yes	Yes	Yes	Yes		
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun	Yes		Yes		Yes	Yes		
Clay	Yes	Yes	Yes	Yes				
Doddridge	Yes		Yes	Yes				
Fayette	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gilmer	Yes		Yes	Yes				
Grant	Yes	Yes	Yes		Yes	Yes		Yes
Greenbrier	Yes	Yes	Yes	Yes			Yes	Yes
Hampshire	Yes	Yes	Yes	Yes	Yes	Yes		
Hancock	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Hardy	Yes	Yes	Yes	Yes				
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes	Yes	Yes	Yes	Yes	Yes		
Jefferson	Yes	Yes	Yes	Yes	Yes	Yes		
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis	Yes	Yes	Yes	Yes	Yes	Yes		
Lincoln	Yes	Yes	Yes	Yes				
Logan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Marshall	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Mason	Yes	Yes	Yes	Yes	Yes	Yes		
McDowell	Yes		Yes	Yes				
Mercer	Yes	Yes	Yes	Yes			Yes	Yes
Mineral	Yes	Yes	Yes	Yes	Yes	Yes		
Mingo	Yes		Yes	Yes				Yes
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe	Yes			Yes				
Morgan	Yes	Yes	Yes	Yes	Yes	Yes		
Nicholas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton	Yes		Yes					Yes
Pleasants	Yes		Yes	Yes				
Pocahontas	Yes	Yes	Yes	Yes				
Preston	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Randolph	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ritchie	Yes		Yes					
Roane	Yes		Yes		Yes	Yes		
Summers	Yes			Yes				
Taylor	Yes		Yes	Yes	Yes	Yes		
Tucker	Yes	Yes		Yes				Yes
Tyler	Yes				Yes	Yes	Yes	
Upshur	Yes	Yes	Yes	Yes	Yes	Yes		
Wayne	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Webster	Yes	Yes	Yes	Yes	Yes	Yes		
Wetzel	Yes		Yes		Yes	Yes		
Wirt	Yes		Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming			Yes					

Cigna POS Network: Providers by Provider Type and by County Table

Note, the Specialty Type by County table below does not include all Specialty Types. For complete and most up to date Specialty and Sub Specialty Type availability, please see your Provider

Directory available on www.cigna.com

You may also call our Customer Service Department at the toll-free number listed on your Cigna ID card. We'll be happy to help you.

County	Allergists	Audiologists	Cardiologists	Chiropractic	Dermatologists	Endocrinology	Gastroenterologists	General Surgery	Hematology	Nephrology	Neurologists	Neurosurgery	Occupational Therapy	Oncologists	Ophthalmologists	Orthopedic Surgeons	Otolaryngologist/Otorhinolaryngologist	Physical Therapy	Plastic surgery	Podiatry	Pulmonologists	Thoracic Surgery	Urology
Barbour																		Yes		Yes			
Berkeley		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boone			Yes	Yes	Yes		Yes				Yes				Yes	Yes	Yes	Yes			Yes		
Braxton			Yes					Yes	Yes	Yes					Yes	Yes		Yes		Yes			
Brooke		Yes	Yes	Yes		Yes			Yes				Yes	Yes			Yes	Yes		Yes		Yes	
Cabell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Calhoun										Yes						Yes							
Clay								Yes															
Doddridge																							
Fayette		Yes	Yes	Yes		Yes	Yes	Yes			Yes				Yes			Yes	Yes	Yes			
Gilmer										Yes								Yes					
Grant			Yes												Yes	Yes	Yes						Yes
Greenbrier		Yes	Yes				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Hampshire			Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Hancock	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hardy			Yes		Yes					Yes													
Harrison	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jackson	Yes		Yes	Yes				Yes				Yes			Yes	Yes	Yes	Yes	Yes	Yes			
Jefferson	Yes		Yes	Yes		Yes		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kanawha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lewis		Yes	Yes				Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lincoln																						Yes	
Logan	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Marion	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Marshall			Yes				Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Mason		Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
McDowell																		Yes					
Mercer			Yes	Yes	Yes						Yes					Yes				Yes	Yes	Yes	Yes
Mineral			Yes	Yes				Yes		Yes				Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes
Mingo		Yes	Yes												Yes			Yes		Yes	Yes		
Monongalia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monroe																							
Morgan			Yes				Yes	Yes								Yes				Yes	Yes		
Nicholas		Yes	Yes			Yes		Yes	Yes	Yes	Yes		Yes		Yes	Yes		Yes		Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pendleton													Yes										
Pleasants																		Yes		Yes			
Pocahontas								Yes												Yes			
Preston	Yes		Yes	Yes				Yes		Yes	Yes		Yes			Yes	Yes	Yes		Yes	Yes	Yes	Yes
Putnam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Raleigh	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Randolph		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Ritchie				Yes														Yes					
Roane			Yes					Yes				Yes				Yes		Yes		Yes	Yes		
Summers															Yes								
Taylor			Yes							Yes	Yes							Yes					
Tucker			Yes					Yes										Yes		Yes			
Tyler																Yes				Yes	Yes		
Upshur		Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes
Wayne		Yes		Yes												Yes	Yes	Yes					
Webster			Yes							Yes								Yes					
Wetzel	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes
Wirt			Yes															Yes					
Wood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming																		Yes					