BETTER HEALTH.
WE'RE IN IT TOGETHER.

Working together to provide affordable, accessible, quality health care.

Date: Nov 16, 2018
Presenter name: Gail Wiggins
Rebecca Gimble

Together, all the way.℠

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- Introductions
- National Ancillary Program
- Provider Digital Solutions
- Resources
- Keeping you updated
- AAHAM Q&A

AGENDA

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NATIONAL ANCILLARY PROGRAMS

Lowering costs without sacrificing quality

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providing your patients with

quality and cost-effective care

- Accessible
- Quality focused
- Cost efficient
- Patient oriented

National Ancillary Programs*

Service	National ancillary providers*
Chiropractic	American Specialty Health®
Dialysis	• Davita • Fresenius
Durable medical equipment, home health care, infusion therapy	CareCentrix
Hearing	Amplifon Hearing Health Care
High-technology radiology and diagnostic cardiology	eviCore healthcare
Integrated Oncology Management Program	eviCore healthcare
Laboratory	• LabCorp® • Quest Diagnostics®
Musculoskeletal and pain management	eviCore healthcare
Orthotics and Prosthetics	Linkia
Physical and occupational therapy	American Specialty Health®
Radiation therapy	eviCore healthcare
Sleep management services	CareCentrix
Vision services	Vision Services Plan

* List is not all-inclusive of every national ancillary provider. Ancillary providers do not manage services in all states and markets.

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national ancillary providers with a local presence

Some Cigna employer groups use separate ancillary providers for specialty services such as vision, chiropractic care, and mental health or substance abuse. Before referring your patient, verify their coverage and the ancillary provider network by using one of the methods listed below.

For patients with Cigna ID cards	For patients with GWH-Cigna or "G" ID cards
• Visit the Cigna for Health Care Professionals website (CignaforHCP.com) • Call 1.800.88Cigna (882.4462) • Access through your electronic clearinghouse or vendor	• Visit the Cigna for Health Care Professionals website (CignaforHCP.com) • Call 1.866.494.2111 • Access through your electronic clearinghouse or vendor

Check the back of the patient's ID card or CignaforHCP.com for coverage and precertification requirements. The website will have the most up-to-date information.

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PROVIDER DIGITAL SOLUTIONS

Tools to make your life easier

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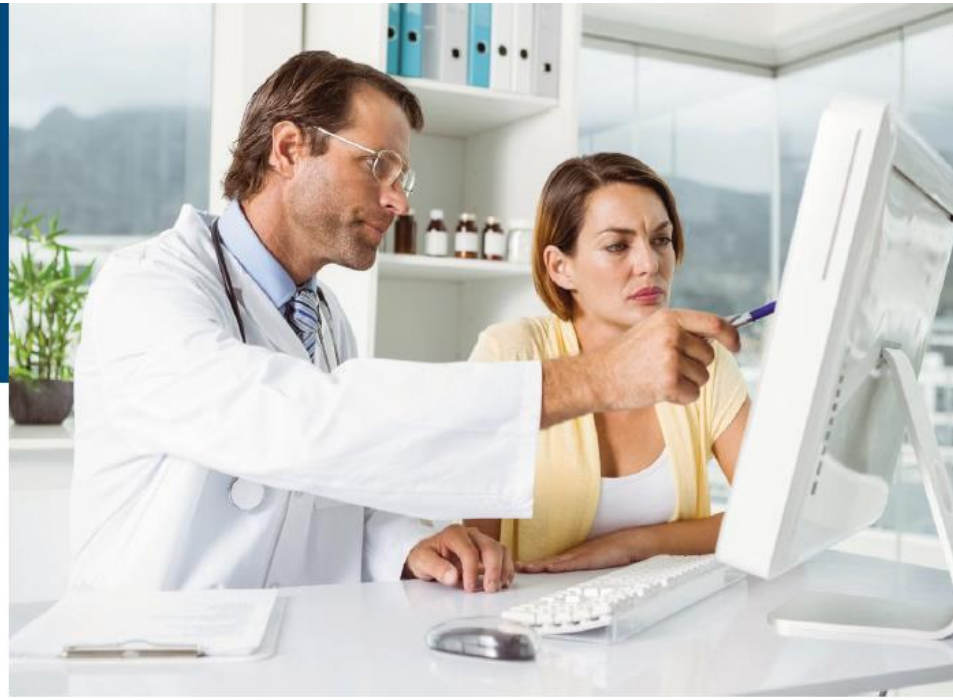
FEATURED ARTICLE

NEW CUSTOMIZED ACCESS OPTIONS ON CIGNAFORHCP.COM



Later this year, we will change how providers register for, and obtain the appropriate level of access to, the Cigna for Health Care Professionals website (CignaforHCP.com).* Newly assigned website access managers at each practice will now manage these functions.

These changes will give your practice more control over the security of electronic transactions and management of patient privacy. It should also be a faster and more seamless experience when registering new users and making changes to a user's level of access to the website.

Website access manager's role at your practice

There will be one or more website access managers at your practice who will be responsible for:

- **Managing website registrations and approvals**
  The website access manager will be able to register one or more users in your group with one or more Taxpayer Identification Numbers (TINs) all at the same time. *Individuals in your group may also continue to register themselves for the website. However, the website access manager will approve these registrations, and assign the appropriate level of access to CignaforHCP.com.*
- **Assigning users' levels of access to the website**
  Your website access manager will assign the appropriate level of access to CignaforHCP.com for new users, as well as manage the level of access for all other registered users in your group. This will help to ensure that users can view content and utilize functions that are aligned and relevant to their job. For example, website access managers will assign access to electronic funds transfer (EFT) banking information to those who need it to perform their job, but not to others.
- **Managing users' levels of access to the website**
  Cigna will no longer able to change or modify the level of website access for users.
- **Removing access to website functions and CignaforHCP.com**
  When a user no longer needs access to a function or no longer works for your group, your website access manager will be responsible for changing their level of access or removing their access to the website, as applicable.

How to find your website access manager

When the changes go live later this year, you will be able to find your website access manager by logging in to CignaforHCP.com, and going to Settings and Preferences. Select Online Access. Under View Access Rights, you will select a TIN from the drop-down menu to find your website access manager. Later this year, we will change how providers register for, and obtain the appropriate level of access to, the Cigna for Health Care Professionals website (CignaforHCP.com).* Newly assigned website access managers at each practice will now manage these functions.

Training for website access managers

To learn more about your role, go to CignaforHCP.com/WebsiteAccessManager.

We'll email registered users of CignaforHCP.com before these changes become effective.

* CignaforHCP.com is best viewed on Internet Explorer version 10 and above, and all versions of Microsoft Edge, Chrome, FireFox, and Safari. Some functionality may not display on older versions of Internet Explorer.

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NEW ENHANCEMENTS TO CIGNAFORHCP.COM

If you recently logged in to the Cigna for Health Care Professionals website (CignaforHCP.com), you may have noticed some new features. They were created based on the feedback we received from providers who use the website, and are part of our commitment to improving your online experience.

The new features include:

- A precertification resource page that provides an easy and organized way to access information on how to start the precertification process.
- The ability to digitally upload supporting documents for pended claims.
- A deeper look into patient benefits and eligibility, including plan benefit history, current coverage details, and referral requirements. For certain patient benefits, you can view the number of visits used and the number remaining.
- Online electronic funds transfer enrollment.

More to come

We are listening to you, and look forward to bringing you more enhancements based on your feedback. Let us know what you think by using the feedback button on CignaforHCP.com.

Log in to CignaforHCP.com to explore the latest enhancements.

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Provider Digital Solutions updates

CignaforHCP.com enhancements

New enhancements include the ability for you to:

- View your patients' ID card online and print a copy.
- Find whether you are a participating provider in the network aligned to your patient's plan.
- Quickly see when your patient's plan renews, and if your patient has a Health reimbursement account (HRA), health savings account (HSA) , or flexible spending account (FSA).
- See what programs are available for your patients to help support your discussions about healthier lifestyles or improving chronic conditions.
- Electronically submit supporting documentation for pended claims.

Electronic Funds Transfer (EFT) enhancements

Enhancements to the Enroll in EFT screen in CignaforHCP.com include:

- A **Provider Record view** that allows you to easily view all records (names or National Provider Identifier numbers) by Taxpayer Identification Number, and their EFT status in an expanded table format.
- A **Provider Type field**. This added field helps you distinguish between a physician group and a facility that share the same name.
- **Auto-select records functionality**. A record that is not enrolled will be automatically selected for enrollment. You have the ability to uncheck records you do not wish to enroll.

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WEBINAR SCHEDULE FOR DIGITAL SOLUTIONS

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.

Preregistration is required for each webinar

1. Go to https://Cigna.Webex.com.
2. Enter the Meeting Number; then click Join.
3. Enter session password 123456. (This is the passcode for each webinar.) Click OK.
4. Click Registration.
5. Enter the requested information and click Register.
6. You'll receive a confirmation email with the meeting details, and links to join the webinar session and add the meeting to your calendar.

Three ways to join the audio portion of the webinar

Option 1 – When you link to the webinar, "Call me" will appear in a window. If you have a direct outside phone line, you can click this option. You'll receive a phone call linking you to the audio portion.

Option 2 – Call **1.866.205.5379**. When prompted, enter the corresponding Meeting Number shown above. When asked to enter an attendee ID, press #.

Option 3 – Call in using your computer.

For additional webinar dates go to CignaforHCP.com > Explore medical resources > Communications > Webinars for Health Care Professionals.

Questions?

Email: Cigna_Provider_eService@Cigna.com

TOPIC	DATE	TIME (PT / MT / CT / ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Wednesday, November 7, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	90 min	718 560 723
Eligibility & Benefits/Cigna Cost of Care Estimator	Wednesday, November 14, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	712 766 922
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, November 20, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	715 716 602
Website Access Manager Training	Monday, November 26, 2018	9:00 AM / 10:00 AM / 11:00 AM / 12:00 PM	60 min	715 879 108
CignaforHCP.com Overview	Tuesday, December 4, 2018	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	90 min	717 014 959
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, December 11, 2018	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	713 207 930
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, December 20, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	715 183 488
Website Access Manager Training	Friday, December 21, 2018	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	60 min	711 752 206

Contacts and support

- Webinars
  (CignaforHCP.com > News You Can Use)
- General eServices product information
  (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- eCourses
  (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- EFT payment calendars
  (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- Your EDI vendor
  Don't have an EDI vendor?
  Visit Cigna.com/EDIvendors
  for more information
- 1.800.88Cigna
- Your Experience Manager or
  Experience Consultant

your
resources
your
way

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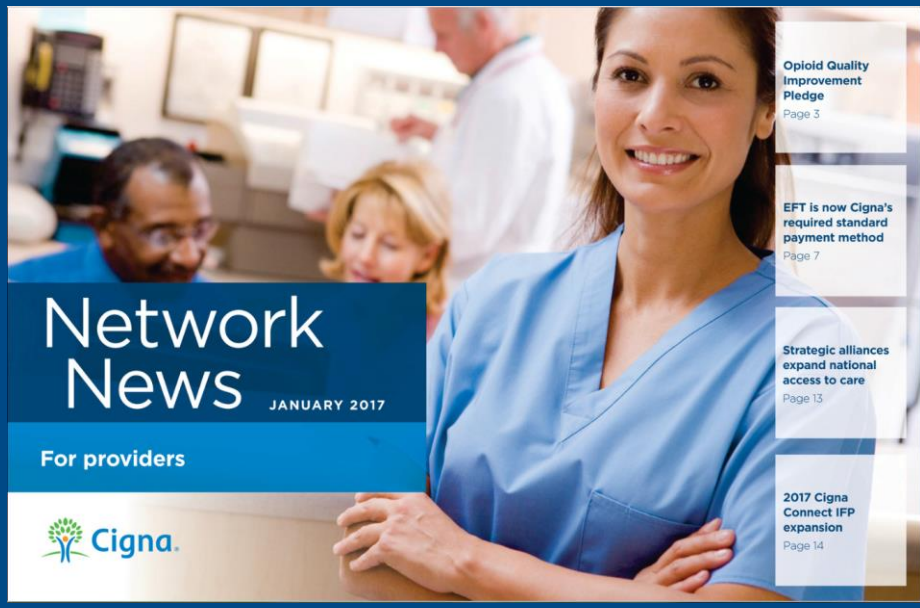
resources

for you

- Quarterly *Network News*
- Use material in meeting packet
- Go to the Cigna for Health Care Professionals website (CignaforHCP.com)



Email: NetworkNewsEditor@Cigna.com to be added to the distribution

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KEEPING YOU UPDATED

The latest information on policy and coverage updates.

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PRECERTIFICATION UPDATES

To help ensure we are administering benefits properly, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we updated our precertification list.

Codes added to the precertification list on October 1, 2108

On October 1, 2018, we added three Healthcare Common Procedure Coding System (HCPCS) codes and 20 Current Procedural Terminology (CPT®) codes.

CODE	DESCRIPTION
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of four biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, common and select rare variants (i.e., *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., non-duplicated gene when duplication/ multiplication is trans) (List separately in addition to code for primary procedure)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (i.e., ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
C9033*	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and perioperative interrogation and programming; complete system (includes device and electrode)
Q5110*	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram

* HCPCS codes C9033 and Q5110 will be managed through our Integrated Oncology Management Program managed by evlCore Healthcare.

To view an online list of monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) and click Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click Register Now.

CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or "G" ID cards.

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Uniform Billing Revenue Code List	The Uniform Billing Editor (UBE) provides detailed information about the Centers for Medicare & Medicaid Services (CMS) UB requirements, including a list of revenue codes that require a Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code.	We will expand the list to include additional revenue codes not listed under the CMS UB requirements. Please note: This rule will ONLY apply to claims submitted by non-participating providers, and participating providers with full percentage of charges (POC) reimbursement arrangements.	July 15, 2018 for claims processed on or after this date.
UB-04 Claims for Clinic Room Charges Billed with Evaluation and Management Revenue Codes	This update is consistent with our Omnibus Reimbursement Policy (R24), which indicates that facility clinic room charges are not separately reimbursable when billed with evaluation and management (E&M) codes. Because HCPCS code G0463 is also a code for E&M services, we will update our R24 reimbursement policy to include this code.	Claims from facilities for clinic room charges billed with HCPCS code G0463 will be denied when billed with revenue codes 510-515, 517-525, and 527-529 for E&M services.	September 16, 2018 for facility claims (i.e., those submitted on a UB-04 form) processed on or after this date.
Genetic Testing	We currently require precertification for many genetic testing CPT codes. Some of these codes, however, are not considered medically necessary for any condition, or are considered experimental, investigational, or unproven (EIU). Providers routinely request precertification for many of these services that are ultimately denied.	To remove the administrative burden of having to request precertification for services that we will always deny, we will no longer require providers to obtain precertification for these codes. However, please note that we will still deny these services when submitted on either a CMS-1500 or UB-04 claim form.	October 22, 2018 for claims with dates of service on or after this date.
Reimbursement Policy for Infusion and Injection Administration Services with Emergency Department as Place of Service	This update applies to claims that are billed with revenue codes 450-459 when the emergency department (ED) is the place of service, and with CPT codes 96360-96379 and 96521-96523. Please note that our current Facility Routine Services, Supplies, and Equipment (R12) and Pharmacy and Infusion Services (R14) reimbursement policies indicate that we deny these services when billed by an outpatient facility. Expanding the policies to include EDs will help ensure claims are processed consistently, regardless of place of service.	We will deny claims from EDs for infusion and injection administration services because these services are considered incidental to the primary service – and are therefore not separately reimbursable.	November 11, 2018 for claims processed on or after this date.
Precertification of Cardiac Electrophysiological Studies	Precertification will be required for cardiac electrophysiological (EP) studies billed with CPT codes 93619, 93620, 93621, 93622, 93623, 93624, 93654, 93655, and 93662.	We will implement a new medical coverage policy to support precertification for cardiac EP studies. The new medical coverage policy is cardiac EP studies (0532).	January 1, 2019 for claims with dates of service beginning on this date.

Coverage policy monthly updates

To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies > Policy Updates.

If you are not registered for this website, go to CignaforHCP.com and click Register Now. If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

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

CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2019

We will be updating our drug formulary effective January 1, 2019,[1] focusing on the following categories:

- **Attention deficit hyperactivity disorder (ADHD).** We will remove certain drugs from our formularies,[2] and expand utilization management programs to help reduce inappropriate use of high-cost dose forms and promote coverage of generic use.[3] Additionally, we will apply age limits on individuals 13 years of age or older on certain branded drugs to reduce inappropriate utilization of orally disintegrating tablets and liquids.
- **Anticonvulsants.** We will prefer coverage of generic options for customers who are using anticonvulsants for non-seizure disorders (such as for the prevention of headaches). Specifically:
  - We will not cover certain branded drugs in our formularies that have alternatives containing similar or near-similar ingredients.[3]
  - For brand-name drugs with no alternatives or limited alternatives, we will require prior authorization for coverage. Minors under 18 years of age will not be affected.
  - By using combined medical and pharmacy claims data, when available, we will identify customers with a documented seizure disorder, as well as those under 18 years of age, to ensure they do not need to obtain a prior authorization for coverage of a brand-name anticonvulsant drug.
- **Topical acne.** We will not cover all brand-name drugs in our formularies[2] due to availability of multiple over-the-counter or generic alternatives.[3]
- **Cholesterol (PCSK9).** We will move the injectable drug Repatha® to preferred brand status, subject to prior authorization. We will not cover PRALUENT® in our formularies.[2,3]
- **Topical antivirals.** Research has shown that topical antiviral therapy provides little clinical value in the treatment of herpes, when compared to oral drug treatment. Oral antiviral regimens are the most clinically effective ways to shorten the length of symptoms and stop the recurrence of infection.[4] We will not cover topical antiviral creams for herpes in our formularies.[3] If approved through a coverage exception review, these drugs will be subject to quantity limits.
- **Proton pump inhibitors (PPIs).** We will add NEXIUM® Powder Packets to our formularies to provide an alternative option to swallowable tablets and capsules.
- **Human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS).** We will offer preferred tier placement for clinically effective combination regimens, which combine several active ingredients into one or more pills. Depending on the customer's treatment plan, this may reduce the amount he or she must pay under the plan for combination regimens.
- **Inflammatory.** We are adding ENTYVIO®, which will provide an additional coverage option under the medical benefit for treatment of Crohn's disease and ulcerative colitis. Like other drugs in this class, ENTYVIO will be subject to prior authorization, but will be in a preferred position for the treatment of Crohn's disease and ulcerative colitis.[3]
- **Transmucosal immediate release fentanyl (TIRF):** To ensure appropriate patient access to opioids, we will require prior authorization for the following TIRF drugs when prescribed for non-cancer related treatment:
  - Abstral®
  - ACTIQ® and generic ACTIQ alternatives
  - FENTORA®
  - Lazanda®
  - SUBSYS®

What this means to you and your patients with Cigna coverage

In late September 2018, we sent letters explaining the drug list changes to affected providers and customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives.

Beginning January 1, 2019, customers who continue filling prescriptions that are no longer covered may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically-appropriate alternative medications before this date.

Additional information

To obtain a list of the affected drugs, or to search for alternative medications for your patients, refer to the resources listed below. You can find them on the Cigna for Health Care Professionals website (CignaforHCP.com) as described below.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription drug list changes for 2019	This list highlights the covered preferred brand-name and generic medications within the affected drug classes.	Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > 2019 Prescription Drug List Changes. *You do not need to be a registered user of the website to access this list.*
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view the customer's estimated out-of-pocket costs based on their plan benefit.	Log in to CignaforHCP.com. Then, perform a patient search by name, ID number, or date of birth. *You must be a registered user of the website to use this tool.*

For more information about our coverage policy, please visit CignaforHCP.com > Review Coverage Policies > Pharmacy (Drugs & Biologics) A-Z Index.

1. For Texas and Louisiana insured customers, the effective date may be deferred until the plan renewal date as required by state law.
2. Includes our standard, value, advantage and performance formularies.
3. Drugs removed from formularies can be considered for coverage through our exception review process unless otherwise excluded by a benefit plan.
4. Cochrane Database of Systematic Reviews - R Heslop, H Roberts, D Flower, V Jordan. August 2016.

Demographic changes

Please notify us in writing **90 days before** changing your office or billing address, telephone number, Taxpayer Identification Number (TIN), National Provider Identifier (NPI), or specialty. You can submit your demographic changes by email, fax, mail, or online. Refer to the chart below to identify the contact information for your state.*

How you can submit changes	
Email:	Intake_PDM@Cigna.com
Fax:	1.877.358.4301
Mail:	Cigna Provider Data Management Two College Park Drive Hooksett, NH 03106
Online:	Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Forms)

* Third-party vendor states are Idaho, Iowa, Montana, Nebraska, New Mexico, North Dakota and South Dakota. For these states, submit your changes directly to the third-party vendor.

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AAHAM Q&A

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CIGNA INTENSIFIES EFFORT TO CURTAIL OPIOID EPIDEMIC

Opioid prescription use has decreased among Cigna commercial customers by 25 percent (May 2016 to March 2018)* – an accomplishment reached in collaboration with more than 1.1 million prescribing physicians.

Yet, despite this success, our claims data shows that opioid overdoses continue to rise. This finding is consistent with the Centers for Disease Control and Prevention (CDC) data, which shows a continued increase in overdose deaths due to opioids and other substances in 2016, and a continuing trend for 2017.

The message is clear: We need to intensify our commitment to fighting the opioid epidemic, and focus on new drug prevention and treatment efforts to help reduce opioid overdoses.

New goal: Reduce opioid overdoses by 25 percent

We will collaborate with employers, customers, prescribing clinicians, pharmacists, and community-based organizations to reduce the number of overdoses by 25 percent among our commercial customers in targeted U.S. communities by December 2021.

"The continued increase in people suffering from overdoses is alarming, and immediate action is needed to help disrupt this trend," said Doug Nemecek, MD, Chief Medical Officer for Behavioral Health at Cigna. "We know we can't do it alone, and are collaborating with partners on local efforts to curb this preventable disease by improving care for people with chronic pain and substance use disorders."

Where we'll focus our efforts

Initially, we'll focus on reducing prescription and illicit opioid overdoses in communities where a sizable number of Cigna commercial customers reside, and where there are higher-than-average overdose rates, such as Connecticut, Maryland, New Jersey, and Virginia, and in the metropolitan areas of Chicago, New York, Philadelphia, and Washington, DC.

"Behind every number, there are real people struggling along with families, employers, and communities. Our commitment to reduce drug overdoses by 25 percent is a commitment to each and every one of them, and we look forward to working closely with our partners to meet it."

— David M. Cordani
President and Chief Executive Officer
Cigna

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Cigna intensifies effort to curtail opioid epidemic *continued*

Our approach

We are partnering locally to develop immediate and long-term approaches that make it easier for people to access treatment for substance use disorders. Examples include medication-assisted treatment (MAT), comprehensive pain management, and enhanced support and counseling. We are also making naloxone more readily available for treatment of an overdose.

We'll also continue to reinforce safe prescribing guidelines, and encourage a coordinated pharmacy care approach that includes care providers and community pharmacists.

Additionally, we have expanded an existing program that uses predictive analytics to identify customers who are most likely to suffer from an opioid overdose, and prompts interventions to help prevent the overdose from happening.

Tracking our progress

To track against the goal of reducing overdoses by 25 percent, Cigna will:

- Measure claims submitted with an opioid overdose diagnosis code.
- Continue measuring the total volume of opioids being prescribed based on morphine milligram equivalent (MME) doses, taking into account the number of pills, the dosing of them, and the relative strengths of opioid medications.

The Cigna opioid quality improvement pledge

To date, more than 9,000 provider groups and 130,000 prescribing clinicians have signed the Cigna opioid quality improvement pledge, which dovetails with the U.S. Surgeon General's "Turn the Tide" pledge and the CDC's opioid prescribing guidelines.

We encourage additional providers to sign the Cigna opioid quality improvement pledge to reduce opioid prescribing, and treat opioid use disorder as a chronic condition. To sign and submit the pledge, providers should log in to the Cigna for Health Care Professionals website (CignaforHCP.com), and click on Settings and Preferences.

Learn more

For more information on Cigna's efforts to fight the opioid epidemic, go to Cigna.com > About Cigna > Company Profile > Health Care Leadership > Let's Find Solutions, Not Fault.

Did you know?

- Nearly 64,000 people died of drug overdoses across the U.S. in 2016, and about two-thirds of them were linked to opioids.**
- In 2016, opioids were linked to:
  - One in 65 of all U.S. deaths.**
  - One in five of all U.S. deaths for adults 25-34 years of age.**
- Opioid-related deaths increased 345 percent between 2001-2016, resulting in about 1.68 million person-years of life lost in 2016 alone.***

* This was a three-year goal set in May 2016 and reached about a year early in March 2018.

** Seth P, Scholl L, Rudd RA, Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015–2016. Morbidity and Mortality Weekly Report (MMWR) 2018;67:349–358. DOI: http://dx.doi.org/10.15585/mmwr.mm6712a1.

*** Gomes T, Tadrous M, Mamdani MM, Paterson JM, Juurlink DN. The Burden of Opioid-Related Mortality in the United States. The Journal of the American Medical Association (JAMA) Network Open. 2018;1(2):e180217. DOI:10.1001/jamanetworkopen.2018.0217. Available at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2682878.

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Requests for additional information

Respond to requests for information timely.

Cigna routinely evaluates claims for coding, billing accuracy, and appropriateness and may request supporting claim payment information such as:

- An itemized bill
- Medical records

Once the claims review is completed, we will:

- process and reimburse the claim accordingly
- issue an explanation of payment
- send you a letter explaining any charges determined to be not payable

Visit the secure Cigna for Health Care Professionals website for a list of the Not-Payable Reason Codes, including descriptions and reconsideration criteria, at CignaforHCP.com > Resources > Reimbursement and Payment Policies > Clinical Claim Review Not Payable Reason Codes.

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