



# Medicare Advantage NETWORK INSIDER

A resource for providers

## LESS TIME ON PAs, MORE TIME ON PATIENTS

Getting prior authorizations (PAs) is now easier than ever before. Over the past year, we've transformed our Medicare PA process so you can spend less time getting approvals and more time with your patients.

Highlights of changes that support your practice include:

- > 163 codes have been eliminated, including outpatient physical and occupational therapy.
- > Several hundred outpatient procedures, including cardiac and orthopedic surgeries, and medically necessary cosmetic procedures, now incorporate Cigna Coverage Policies into the clinical decision-making process.

These changes will help provide clearer, more transparent rationale for decisions on medical necessity and help expedite treatment plans.

"Feedback from our provider survey revealed opportunities to streamline the PA program," says Peter Freeby, Advisor, Precert Coding and Communications. "We focused on improving key processes and removing many administrative burdens. These changes, along with our enhanced provider portal, will dramatically impact provider practices."

**Find out what the portal can do for your practice:** Sign up for training at **MedicareProviders.Cigna.com** > Provider Portal. See page 5 for details.

### What this means to you

- > Hundreds of PA codes eliminated, including outpatient PT and OT
- > Improved clinical decision-making process for many outpatient procedures
- > Expedited oncology treatment approvals through eviCore (see page 4)
- > Streamlined PA process through HSConnect
- > Searchable PA reference guide

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Together, all the way.®

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# 2021 MEDICARE HIGHLIGHTS

## New benefits to meet patient needs

2021 will bring new benefits\* and services for your Cigna Medicare patients, with more comprehensive coverage, affordable and predictable out-of-pocket costs and extended health benefits — to help your patients access the care they need, when they need it.

### New 2021 benefits for all Cigna Medicare patients

- > \$0 behavioral health**  
 Patients have access to affordable behavioral specialty and psychiatric care at a \$0 copay, eliminating financial barriers for Individual and Group (EGWP) patients.
- > No-cost 24/7 online wellness resources**  
 This includes general wellness and prevention, disease management, fitness and exercise, men's and women's health, smoking cessation, weight management, advanced care planning, senior health and more.
- > Telehealth for physical therapy (PT)**  
 This benefit is in addition to our behavioral health and primary care telehealth services. Any participating PT provider who offers telehealth can use it; cost share is the same as in-person PT.

### More flexibility, stability to get patients healthier

Nearly 100%	96%	94%	85%	75%	73%
will have fitness, dental, eyewear, meal and hearing aids benefits	will have a flat or reduced premium	will have a \$0 PCP copay	will have an over-the-counter benefit	will have access to a transportation benefit	will have a \$0 premium plan

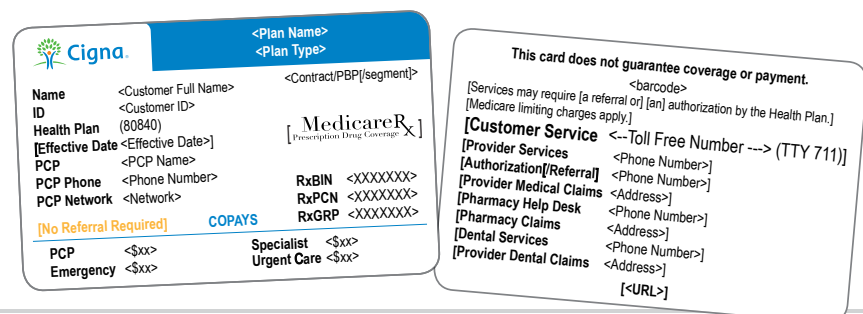
### New plan names

Last year, we embarked on a new chapter of our Medicare business. We transitioned the Cigna-HealthSpring brand to Cigna for our Medicare Advantage, Part D and Texas Medicare-Medicaid plans. Here's an overview of plan name changes.

2020	2021
Cigna-HealthSpring Advantage (HMO)	> Cigna Fundamental Medicare (HMO)
Cigna-HealthSpring Preferred AL (HMO)	> Cigna Preferred AL Medicare (HMO)
Cigna-HealthSpring Preferred Plus (HMO)	> Cigna Preferred Plus Medicare (HMO)
Cigna-HealthSpring TotalCare (HMO D-SNP)	> Cigna TotalCare (HMO D-SNP)
Cigna-HealthSpring True Choice (PPO)	> Cigna True Choice Medicare (PPO)
Cigna-HealthSpring Achieve Plus (HMO C-SNP)	> Cigna Achieve Medicare (HMO C-SNP)
Cigna-HealthSpring Preferred Part B Savings (HMO)	> Cigna Preferred Savings Medicare (HMO)

### New 2021 ID cards

Your Cigna Medicare Advantage patients will receive new ID cards with the Cigna logo and updated plan names, as shown here:



\* To learn more about patient benefits in your area, contact your Network Operations Representative.

# A MESSAGE FROM OUR CHIEF MEDICAL OFFICER



Gina M. Conflitti, MD, MBA, FACP

Last issue, we announced enhancements to our provider portal, HSConnect, that will make doing business with us simpler and allow you more time with your patients. The enhanced portal is now live, and many of our providers are already taking advantage of its improvements. We encourage you to sign up for portal training at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Portal.

In this issue, we highlight several ways we've simplified the prior authorization process (see article on page 1). If you haven't already created an account on HSConnect, I encourage you to do so. The streamlined PA process can be a significant timesaver for you and your office staff.

Your feedback is vitally important to us and informs decisions we make about our programs and services. In fact, the changes described above are direct results of your responses to our 2019 provider survey. That feedback also prompted us to initiate additional

onboarding and education for our Provider Customer Service Representatives.

Our 2020 provider survey recently wrapped up, and we thank you for your valuable input. Through those survey results, we'll continue to identify new opportunities to support your patients and your practice.

Some patients with behavioral health and multiple chronic conditions may be less inclined to follow up on regular medical appointments during COVID-19, causing their physical and mental health to worsen. That's why we have recently partnered with Ontrak to support the unique behavioral health needs of your Cigna Medicare patients. See page 9 for more information.

We're here for you. Don't hesitate to call on your Network Operations Representative if we can help.

Gina M. Conflitti, MD, MBA, FACP  
 Cigna Chief Medical Officer  
 Government Business

## PRACTICE RESOURCES AT YOUR FINGERTIPS

Access our downloadable Medicare Advantage Provider Quick Reference Guide (QRG) to find the resources you need to do business with Cigna, including information about:

- > Ancillary services and supplemental benefits
- > Radiology and diagnostic cardiology services
- > Prior authorization guidance and requirements
- > Referrals
- > Claims processing
- > Compliance matters
- > Pharmacy forms and requests

The QRG is available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Quick Reference Guide.

# ONCOLOGY TREATMENT APPROVALS, STAT

Cigna has partnered with eviCore healthcare\* to streamline medical oncology prior authorization requests for regimens that include infused chemotherapy, oral oncolytic and supportive drugs. This option is currently available for all Medicare patients except RPO, WellMed and Advocate plan members, with plans to expand to all Cigna Medicare patients by 2022.

## How it works

- > eviCore reviews your entire treatment plan — not just individual medications — to ensure it's consistent with NCCN\*\* guidelines and Cigna Coverage Policies.
- > eviCore issues an immediate approval or conducts a clinical review.
- > Below are ways providers can make oncology PA requests that offer the fastest turnaround times:
  - eviCore's provider portal: [eviCore.com](https://www.evicore.com)
  - **1-866-668-9250**, Monday-Friday, 7 a.m.-10 p.m., EST
  - RPO providers may use Cigna Medicare's provider portal at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Portal
  - Urgent requests only, call **1-866-686-4452** (decisions often within 24 hours)

## Providing the best in clinical options for your patients

- > eviCore reviews all submitted clinical information you provide and identifies all appropriate NCCN-approved treatment plans.
- > If you have the patient's chart handy, the entire process can be decided in less than 10 minutes.

Remember, submitting requested clinical information is key to a swift review!

For more information, including access to a regularly updated drug list, visit [eviCore.com/resources/healthplan/cigna-medicare](https://www.evicore.com/resources/healthplan/cigna-medicare) > Solution Resources > Medical Oncology.

\* eviCore's medical oncology criteria is Medicare-compliant and ensures consistency in clinical practice. The program has a proven track record, with an 86% reduction in denials.

\*\* National Comprehensive Cancer Network



Continued from page 1

# LESS TIME ON PAs, MORE TIME ON PATIENTS

As a reminder, through HSConnect, Cigna's recently enhanced Medicare Advantage provider portal, providers can:

- > Submit all required PA clinical documentation electronically — no need to call or fax
- > View all correspondence between your practice and Cigna, including decision letters, which populate as soon as a decision is made

## View and search PA codes

Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for the most current PA requirements. Need to know if a specific service requires PA? The document is searchable (Ctrl+F > enter the 5-digit code) and updated quarterly.

### Need a PA form?

Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Forms and Practice Support.

## Connect with HSConnect

Take advantage of the streamlined PA process and other convenient features by logging on or creating an account at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Portal.

**New!** Web-based training on the enhanced portal is available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Portal, right on the login page. Contact your Network Operations Representative to learn more.

## Access Coverage Policies

Cigna Coverage Policies are available for review at [CignaForHCP.Cigna.com](https://www.CignaForHCP.Cigna.com) > Review Coverage Policies.

Contact Provider Customer Service at **1-800-230-6138** with questions.

# COVID-19 AND FLU SEASON

## Talking to your patients

Flu and COVID-19 viruses will spread simultaneously this fall and winter, making it more important than ever to discuss flu vaccine benefits with your patients.

### What you say matters

- > Your strong recommendation is a critical factor in whether your patients get a flu vaccine. Most adults are likely to do so if their health care providers recommend it.
- > Most adults believe vaccines are important, but they need a reminder from you to follow through.
- > If you don't offer a vaccine, encourage your patients to get a flu shot at a network pharmacy free of charge and then follow up at subsequent appointments to ensure patients got vaccinated.

See our COVID-19 and Flu Season: How to Talk to Your Patients FAQ, located in the COVID resources section at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).



# PATIENT-PROVIDER RELATIONSHIP GAINS WEIGHT

## CAHPS survey offers your practice new opportunities

Patients are becoming savvier when choosing their health care providers, often using online reviews to make informed decisions. That's why it's valuable to know how your patients feel about the care they receive from your practice.

Annual CAHPS and HOS\* surveys can offer you an up-close-and-personal glimpse into patients' opinions. Results from these surveys have long served as key metrics for the Center for Medicare & Medicaid Services' (CMS) Star rating system.

Now, CMS is placing even greater importance on CAHPS scores. They'll be 2x weighted in 2021 and 4x in 2023, making the patient-provider experience more crucial than ever to overall Star ratings. Consumers use Star ratings, which are made public on the Medicare Plan Finder at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), to make decisions about where to seek care.

### Surveys focus on patient perceptions

Patients are asked to rank provider performance based on how they perceive key aspects of the care they received, *not* how satisfied they were with it. CAHPS and HOS focus on services that include routine preventive care and annual vaccinations (more important than ever during COVID-19), communicating with their doctors, understanding medication instructions and coordinating their health care needs — all subjective measures you and your staff can directly impact.

### How we can help

Cigna offers a CAHPS Success Series online training program, available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > Stars Education.

Additionally, we can provide conversation starters and brochures you can give or mail to patients to spark discussions on these topics. Contact your Network Operations Representative to order, or send an email to [CAHPSandHOS@Cigna.com](mailto:CAHPSandHOS@Cigna.com), and include the state you practice in.

\* Consumer Assessment of Healthcare Providers & Systems and Health Outcomes Survey



## SAMPLE SURVEY QUESTIONS

### CAHPS asks ...

- > Whether patients have received an annual flu vaccine
- > How easily and quickly they can get an appointment
- > How long they have to wait once they arrive for an appointment
- > How effectively their care is coordinated among primary care providers and specialists

### HOS asks ...

...if patients have discussed the following topics with their provider:

- > Fall risk management
- > Urinary incontinence
- > Physical activity

## HOW YOUR SUPPORT IMPACTS 2021 STAR RATINGS

In 2021, Cigna expects 88% of its Medicare Advantage and Prescription Drug Plans (MAPD) customers will be in a 4-Star rated plan — the highest percentage in our history! Partnering with you has resulted in improved patient experience and health outcomes, and we appreciate the exemplary care you provide. Plans with 4-Star ratings or higher receive incentives from CMS, which are used to improve benefits for your Cigna Medicare patients.

# USE CPT II CODES TO BOOST HEDIS SCORES

CPT II codes simplify performance measure reporting, reduce the need for medical chart retrieval and abstraction, help close gaps in care and improve Healthcare Effectiveness Data and Information Set (HEDIS) scores. While providers have three main ways to capture HEDIS quality data, as shown below, CPT II codes are the preferred method.

## Data capture methods

### CPT II codes

- > Informational claim codes for tracking, reporting quality performance
- > Fast
- > Efficient

### Supplemental data feeds

- > Automated data exchange between your Electronic Medical Record (EMR) and Cigna
- > Bi-directional or one-way

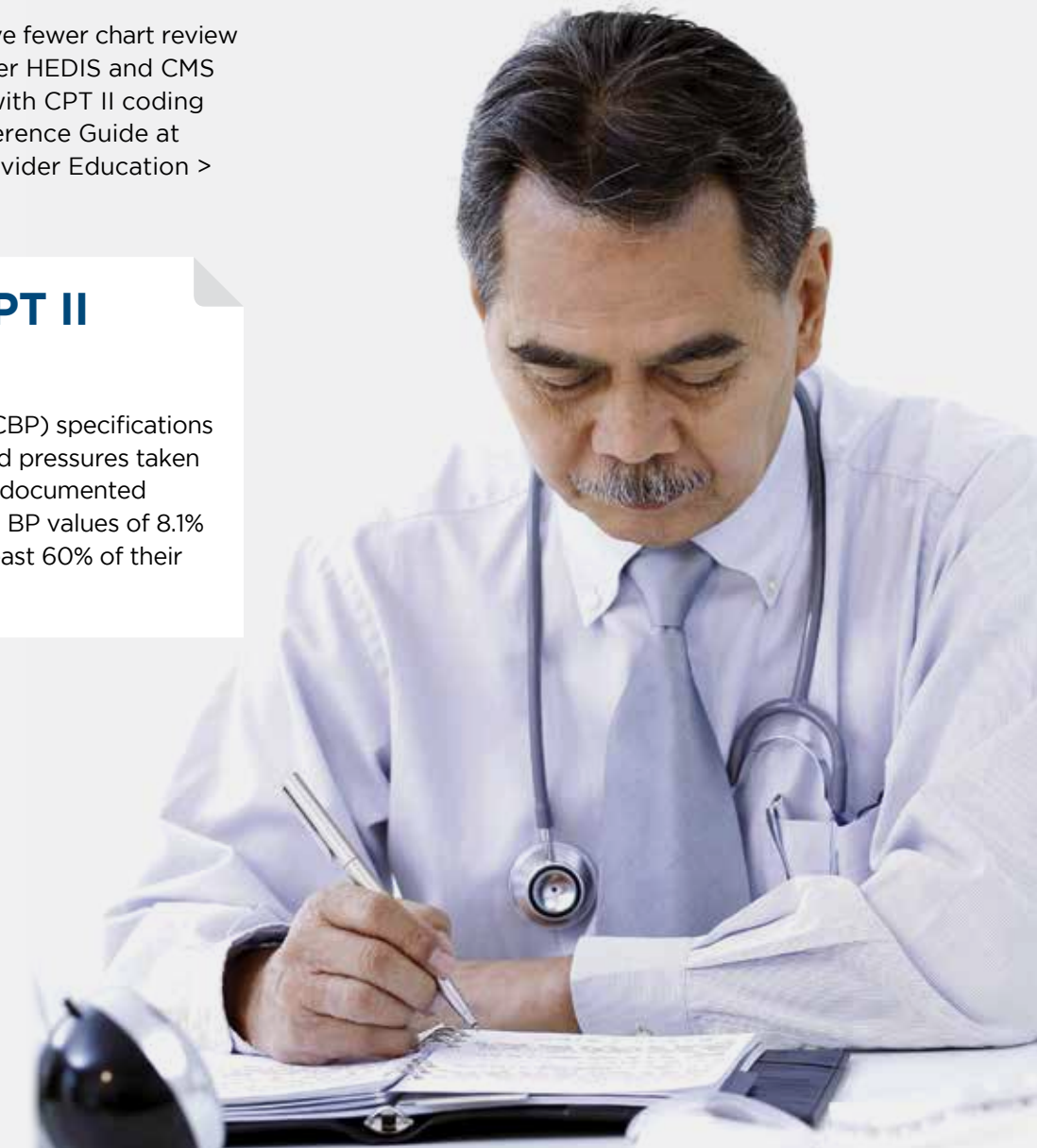
### Arcadia

- > Cigna's digital population health management tool
- > Manual entry of quality care gaps
- > EMR interface

Providers who use CPT II codes receive fewer chart review requests and, on average, have higher HEDIS and CMS Star ratings. For resources to help with CPT II coding decisions, visit our HEDIS Quick Reference Guide at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > HEDIS Quick Reference Guide.

## THE CASE FOR CPT II CODES

Controlling High Blood Pressure (CBP) specifications now accept patient-reported blood pressures taken by a digital device. Providers who documented these using CPT II codes averaged BP values of 8.1% and one Star rating higher for at least 60% of their Cigna patients in 2019.



# 2021 FORMULARY GUIDE

Now available

When making prescribing decisions, it's important to evaluate the best options with your patients, taking into consideration cost, generic alternatives and any prior authorization requirements. To ensure seamless treatment decisions and care plans for your patients, you can stay up to date on formulary changes for 2021 by reviewing the most current drug list at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Medicare Pharmacy Resources.

Our 2021 formulary includes alternatives in each class for drugs that have been removed. These drugs are frequently used in treating Medicare patients.

Drug class	Impacted drug name	2021 formulary alternatives
Pulmonary agents	Advair Diskus	Wixela Inhub
Gastrointestinal agent	Amitiza	Linzess
Metabolic bone disease agents	Forteo	Tymlos
Antiarrhythmic agent	Multaq	Amiodarone
Pulmonary agents	ProAir HFA/RespiClick	Albuterol sulfate HFA, Ventolin
Ophthalmic agents	Zioptan	latanoprost, travoprost, Lumigan

The prescribing physician always makes the final decision regarding a patient's drug therapy. If a formulary alternative is appropriate for your patient, write a prescription for the formulary drug. If changing treatment isn't appropriate, you can request a coverage determination for the impacted drug in advance of the January 1, 2021 formulary change effective date.

## Submit your request in one of three ways:

- > Electronic prior authorization (ePA) via CoverMyMeds, Surescripts, ExpressPath portal or your ePA-enabled EHR
- > By phone at **1-877-813-5595**
- > By fax at 1-866-845-7267
- > Online: [Cigna.com/Medicare/resources/drug-prior-authorization](https://www.medicareproviders.cigna.com/medicare/resources/drug-prior-authorization)

## Medicare exception

Medicare allows a 90-day non-formulary exception to aid transition between drugs in a treatment plan; however, patients should be aware this may result in higher out-of-pocket costs. Your patients who take medications on this list have been informed about upcoming changes.

View the 2021 formulary quick reference guide at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Pharmacy Resources > Cigna Medicare Drug List Formularies, and find drug-specific forms for prior authorization requests at [Cigna.com/Medicare/resources/drug-search](https://www.medicareproviders.cigna.com/medicare/resources/drug-search).

**Questions?** We're here to help! Contact your Network Operations Representative or call Provider Customer Service at **1-800-230-6138**.

## SAFER OPIOID USE

Cigna now has resources to help with opioid prescribing decisions and treatment plans for your Medicare patients. Visit [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Medicare Pharmacy Resources for information about prescribing naloxone and patient counseling tips. Contact your local Network Operations Representative with questions.



# BEHAVIORAL HEALTH SUPPORT FOR CHRONICALLY ILL PATIENTS

## Ontrak™ helps reduce hospital visits and improve health

More than a third of patients with comorbid chronic conditions suffer from depression, according to the Cleveland Clinic. Patients with both behavioral health (BH) conditions and chronic conditions present a dual challenge for providers. Unaddressed BH conditions and social determinants of health (transportation, food insecurity and financial barriers) contribute to poor health outcomes, along with socioeconomic issues such as poverty, malnutrition, and access to preventive care.

Ontrak (formerly Catasys) can help. It supports your Cigna Medicare patients with multiple chronic conditions who are struggling with depression, anxiety or substance abuse disorders, and expands your scope of treatment.

Patients engage with therapists through a personalized, fully integrated program that uses a combination of telephonic and virtual care coaching, as well as therapy and/or BH medication management with a psychiatrist.

Patients can also receive resources and support from an Ontrak Community Care Coordinator to overcome barriers related to social determinants of health. Patients "graduate" from the program based on goal completion, confidence level in managing their conditions and readiness to engage with primary care.

*Ontrak expands your scope of treatment for Cigna Medicare patients who are struggling with behavioral health challenges.*

If you have Cigna Medicare patients you feel could benefit from Ontrak but who are hesitant to seek treatment, encourage them to learn more by visiting [Stayontrak.com](https://www.stayontrak.com). (Ontrak is not available to patients in Colorado but may launch in 2021.)

## CLOSING GAPS IN CARE DURING COVID-19

### Cigna waives cost sharing for in-office and telehealth care

Cigna has eliminated cost sharing for all primary care, specialty care and behavioral health care, both in the in-office setting and via telehealth, for COVID-19 and non-COVID care. This applies to services received from network providers through December 31, 2020.

Telehealth can be used for patient visits as long as your practice has access to audio and video equipment permitting two-way, real-time interactive communication. It's important to use the codes associated with different types of telehealth visits. For the latest Cigna Medicare COVID-19 Billing Guidelines, CPT and Diagnosis Codes regarding telehealth, visit [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com).

### HEDIS data supports your practice

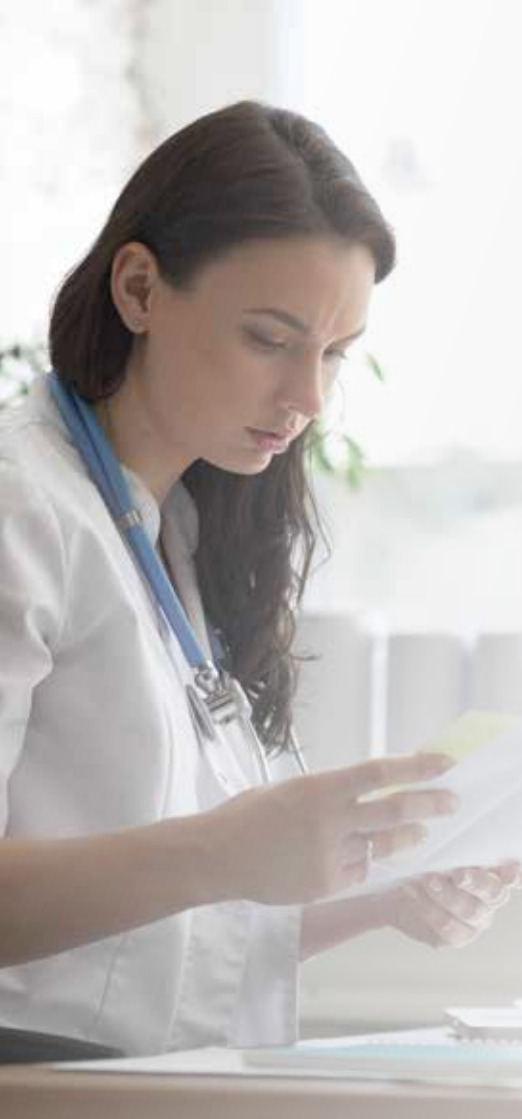
Cigna makes Healthcare Effectiveness Data and Information Set (HEDIS) data available to your

practice to help close gaps in preventive screenings or other clinical activities for your patients. For a full list of these preventive care opportunities, including those that can be closed through telehealth, see the HEDIS/telehealth flier, Closing HEDIS Care Gaps: A Resource for Medicare Providers, available at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Forms and Practice Support. You can also find a handy FAQ to help address patients' telehealth concerns in the COVID resources on our homepage at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com).

### Efficient coding with our easy-to-use ICD-10 digital guide

Using CPT II codes is one of the best ways to ensure your clinical work is captured. Access our easy-to-use ICD-10 Partnership Guide at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Provider Education.

Questions? Reach out to your Network Operations Representative or our Provider Customer Service team at **1-800-230-6138**.



## RESOURCES FOR CODING ACCURACY AND EFFICIENCY

Accurate diagnostic coding can improve payment timeliness, help ensure accurate recordkeeping and ultimately contribute to better overall patient care.

Our Provider Education team recently reviewed past claims to track coding trends that often require resubmittal. Three common areas revealed were:

- > **Acute vs. Sequela code:** a current condition for which the patient is undergoing active treatment vs. a history of the diagnosis (for example, stroke, cancer, myocardial infarction, traumatic injuries)
- > **Gender codes:** conditions typically associated with a gender, such as prostate cancer, breast cancer
- > **Population codes:** conditions not typically associated with Medicare patients or patients residing in the U.S., such as cystic fibrosis in the elderly or malnutrition

Visit our ICD-10 Resource Center at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education. Here, you'll find an ICD-10 Code Clarification List and 2020 Best Practices and Guidelines for Risk Adjustment and ICD-10 Coding.

If you believe a condition has been documented in error, email us at [CCQI@Cigna.com](mailto:CCQI@Cigna.com) for assistance. To request onsite education for your practice support team, reach out to a Provider Education Specialist at [ProviderEducation@Cigna.com](mailto:ProviderEducation@Cigna.com). Questions? Contact your Network Operations Representative.

## THE 360 COMPREHENSIVE ASSESSMENT CAN EARN YOU FINANCIAL INCENTIVES AND EASE YOUR WORKLOAD

The 360 Comprehensive Assessment gives you a full picture of your patient's health, helps map treatment decisions and eases the administrative burden of caring for your Cigna Medicare patients. **In addition, Cigna is offering new provider financial incentives for completing 360 Comprehensive Assessments prior to December 31, 2020. If you haven't been notified, reach out to your Network Operations Representative or email [DSS-Communications@Cigna.com](mailto:DSS-Communications@Cigna.com). Patients who schedule the exam have until this date to earn a \$50 gift card.**

The 360 Exam helps you:

- > Identify health risks
- > Document disease states
- > Develop a care plan
- > Manage health conditions
- > Strengthen patient relationships
- > Improve overall outcomes

COVID-19 continues to present challenges for our Medicare providers. We've made it easier for you to complete 360 Comprehensive Assessments by:

- > Waiving patients' cost-share for in-network provider visits (in person and via telehealth)
- > Facilitating completion of the assessment via telehealth
- > Removing requirements for vitals during a telehealth visit that are typically collected in person (e.g., blood pressure, pulse, BMI, physical exam).

Get step-by-step instructions for completing the assessment form at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > 360 Interactive Provider Partnership Guide.

## STEP THERAPY FOR PART B DRUGS AND BIOLOGICS ANNOUNCED

Avsola has been added to Cigna's Medicare Advantage Part B step therapy program as a preferred immunomodulator agent. The addition gives you more flexibility with therapies that regulate the immune system and treat Crohn's disease, ulcerative colitis, psoriatic arthritis and other autoimmune disorders.

Avsola joins Renflexis and Inflectra as step 1 therapies that don't require precertification. Remicade remains non-preferred and does require precertification.

The Part B step therapy program is designed to help achieve lower drug prices while maintaining patient

access to medications. Step therapy applies to new starts only, so if a patient is continuing therapy on a non-preferred agent (step 2 drug), they're not subject to step therapy requirements. Additional changes are coming in 2021 and will be announced later this year.

Find step therapy forms, as well as the latest medication additions, at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Forms and Practice Support. Forms are also available at the HSConnect Provider Portal, which is the fastest way to request precertification. Requests can also be faxed to 1-877-730-3858. For additional assistance, call the Precertification team at **1-888-454-0013**.

## CMS REQUIRES ANNUAL SPECIAL NEEDS MODEL OF CARE TRAINING

CMS requires all contracted medical providers and staff to receive annual basic training on the Special Needs Plan (SNP) Model of Care, which is a plan for delivering coordinated care and care management to special needs patients.

Cigna's SNP Model of Care is designed to optimize the health and well-being of your Cigna Medicare aging, vulnerable and chronically ill patients.

This training defines SNP and characteristics of the SNP population, and covers:

- > Your responsibilities as a network provider
- > Your role in the care coordination process
- > Your impact on health outcomes and patient satisfaction
- > How you and Cigna can work together to successfully deliver care

SNP/MOC training materials are available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Forms and Practice Support.

Contact your Network Operations Representative with questions.

*Cigna's SNP Model of Care is designed to optimize the health and well-being of your aging, vulnerable and chronically ill Medicare patients.*





*For more than 125 years, Cigna has been committed to building a trusted network of health care providers so we can connect patients with truly personal care.*

Medicare Advantage

# NETWORK INSIDER

Fall 2020

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Fall 2020

Medicare Advantage

# NETWORK INSIDER