Caring for Patients

Cigna was the first carrier to waive customer cost-share and co-payments for COVID-19, both for testing and treatment, and has taken the following steps to help provide the security and partnership through this time:
> Waive prior authorizations for the transfer of non-COVID-19 customers from acute inpatient hospitals to in-network LTACHs (long term acute care hospitals) and other subacute facilities.
> Prior authorization (i.e., precertification) is not required for evaluation, testing, or treatment of Cigna customers related to COVID-19.
> Customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, making it easier for customers to be treated virtually for routine medical examinations by in-network physicians.
> Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists.
> Partner with Buoy Health, an artificial-intelligence powered navigation platform to provide a free, web-based interactive triage tool that assesses COVID-19 risk.
> Offer free resources for all customers, clients and communities to support them during these times of high stress and anxiety. The company has opened a 24-hour toll-free help line (1-866-912-1687) to connect people directly with qualified clinicians who can provide support and guidance.
> Offer a free on-demand webinar for the general public with tools and techniques for stress management and building resiliency.
> To make it easier for customers to access an emergency dental consult during the COVID-19 pandemic, Cigna launched Dental Virtual Care. Dental virtual care will be available through Cigna's growing network of dental providers who offer teledentistry. The company is also partnering with The TeleDentists, a national virtual care dental provider with more than 300 dentists.
> Cigna customers can call 1-855-287-8400 to talk to our dedicated team to answer their COVID-19 claims or billing questions.
> Premium due dates with Cigna will be extended through May 15, 2020 (or later in some states depending on that state’s emergency regulations).

Supporting Providers

Cigna has taken proactive steps to help providers streamline care for patients during this pandemic:
COVID-19 screening (in-person or virtual), testing (i.e., specimen collection by clinician), and laboratory testing (i.e., performed by state, hospital, or commercial laboratory) will be covered with no cost-share for customers through May 31, 2020.

Cigna will cover COVID-19 treatment, even if customers go out of network. Cigna will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable. This will apply to COVID-19 treatment that was administered beginning February 4, 2020.

Per current policies, prior authorization is not required for evaluation, testing, or medically necessary treatment of Cigna members related to COVID-19. For other services that do require authorization, Cigna will not deny administratively for failure to secure authorization (FTSA) if the care was emergent, urgent, or if extenuating circumstances applied. Delays in timely filing of claims or the ability to request an authorization due to COVID-19 will be considered an extenuating circumstance in the same way Cigna views care in the middle of a natural catastrophe (e.g., hurricane, tornado, fires, etc.).

Cigna is allowing for accelerated hospital/long-term acute care hospital transfers by waiving prior authorization.

Cigna does not require prior authorization for home health services.

Emergent transport to nearby facilities capable of treating customers is covered without prior authorization.

Cigna is working to ensure that its members can quickly and seamlessly enter SNFs and long-term acute-care hospitals (LTACs) to help preserve as much acute-care hospital space as possible to treat patients with COVID-19. Members requiring SNF, or other levels of service, following an acute-care hospital stay will receive automatic prior approval.

Transport between facilities such as hospitals and skilled nursing facilities (SNFs), and between hospitals and Acute Rehab centers is also covered without prior authorization.

Cigna is covering transfer and treatment to auxiliary facilities to enable the proper care and treatment of COVID-19 patients. For in-network (INN) facilities, Cigna will work with the provider or facility directly on reimbursement. For OON providers/hospitals or non-medical facilities, Cigna will pay the originating facility with no balance billing permitted.

Ventilator patients requiring LTAC care will receive automatic prior approval; all other service types will be approved through a streamlined process to ensure precious ventilator beds are preserved.

Patients requiring an inpatient rehabilitation facility (IRF) will be approved.

All home-based oxygen and ventilator requests will receive automatic prior approval.

Replacements for durable medical equipment (DME) that is lost, damaged, or otherwise unusable will be approved without standard requirements, such as a physician’s order, medical necessity documentation, or face-to-face evaluations.

Cigna will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.

Non COVID-19 related care remains at standard cost share, billing, and reimbursement requirements.

Providers including mid-level practitioners (e.g., physician assistants and nurse practitioners) will be able to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19.

Cigna will not make any requirements regarding the type of technology used. Phone, video, FaceTime, Skype, etc. are all appropriate to use at this time.

Virtual physical, occupational, and speech therapy (PT/OT/ST) services will be allowed through May 31, 2020 when appended with a GQ modifier and billed with a standard place of service code. These services will be reimbursed consistent with the standard fee schedule.

Effective immediately, primary care physician referrals for specialist office visits are being waived temporarily through May 31, 2020 for Individual & Family Plan (IFP) and SureFit plans.

Through May 31, 2020, co-pays and cost shares for ambulance transfers related to COVID-19 treatment will be waived.

Providers are encouraged to visit CignaforHCP.com daily for the latest updated billing guidance and FAQs.
Compassion for our Community

Cigna recognizes the far-reaching effects of the COVID-19 pandemic and has focused not only in supporting our patients and medical community, but also by focusing on all of our communities:

- Cigna behavioral health experts staffing a free, COVID-19 support line (1.866.912.1687), available 24/7 to the general public to help assist people in managing feelings of stress, fear, and anxiety while building resiliency. Cigna believes in whole-person health and is committed now, and always, to ensuring access to behavioral health. We believe the importance of mental health is so great that we are extending our behavioral health experts to everyone in this time of need.

- Cigna is also partnering with Buoy Health, an artificial-intelligence powered navigation platform to provide a free, web-based interactive triage tool that assesses COVID-19 risk.

- Deploy hundreds of on-staff clinicians, including physicians and nurse practitioners, to join the team of health care professionals at telehealth provider MDLIVE.

- To accelerate research for a COVID-19 treatment, Cigna is providing medications to Washington University School of Medicine in St. Louis to initiate a clinical trial that will evaluate antimalarial and antibiotic treatments for COVID-19.

- The Cigna Foundation will commit up to $300,000 to support the needs of patients and health care providers directly impacted by the novel coronavirus (COVID-19).

- In alignment with ongoing efforts to raise awareness about loneliness and its impact on health and well-being, Cigna has launched a pilot program to increase social connectivity among its Medicare Advantage (MA) customers during the COVID-19 pandemic. Cigna is reaching out proactively to many of its Medicare customers to monitor their general health and well-being as well as daily needs during COVID-19, including food, housing and transportation.

- Cigna colleagues are also supporting efforts to connect with residents in senior communities, many of which are unable to accept visitors under COVID-19 containment restrictions. Cigna employees and their families have created nearly 2,500 homemade cards, which will be distributed in partnership with Bring Smiles to Seniors to resident in senior communities across the country. The Cigna Foundation is providing a grant to the organization to support their continued efforts to lift the spirits of seniors during this isolating time.

- In addition to the many activities listed above, Cigna has taken on many local community efforts throughout the United States. As an example, Cigna donated gift bags to residents in a Nashville community. The gift bags included essential items for the resident, including hand sanitizer.

Understanding Financial Concerns

Cigna recognizes the financial effects of the COVID-19 pandemic and has focused not only in supporting our patients’ care, but also by caring for their financial concerns during this unprecedented time:

- Premium due dates with Cigna will be extended through May 15, 2020 (or later in some states depending on that state’s emergency regulations).

Prescription Drug Management through Express Scripts

To maintain the continued reliability and ease of access, and to reduce administrative burden for our pharmacy partners during this pandemic, we have done the following:

- During this crisis, Express Scripts also has created temporary exceptions that allow major drug store chains like CVS, Walgreens and Rite-Aid to provide home delivery services to our members at no additional cost to the patients.

- Promoting Responsible Refill Behavior: Express Scripts has reiterated to network pharmacies its Refill Too Soon emergency override process that relies upon the professional judgment of pharmacists, while also implementing a responsible approach to prevent the stockpiling of certain drugs that could produce shortages of drugs that members rely upon to manage their ongoing, underlying health conditions.

- Education and Access to Mental and Emotional Care During COVID-19. Express Scripts is supporting members through the COVID-19 pandemic by working with SilverCloud Health to make their digital mental health platform available to clients and their members at no cost. The digital platform enables members to build resilience and develop skills to better manage...
stress and sleep issues. Based on principles of cognitive behavioral therapy (CBT), mindfulness, and positive psychology, the action-oriented solutions could help members build self-awareness and self-management skills to improve emotional health.

> **Express Scripts Donates Drugs to Clinical Trial.** To accelerate research for a COVID-19 treatment, Express Scripts provided medications to Washington University School of Medicine in St. Louis to initiate a clinical trial that will evaluate antimalarial and antibiotic treatments for COVID-19. The research will evaluate the effectiveness of a combination of these drugs to treat and decrease the severity or duration of respiratory symptoms for COVID-19 patients.

> **Pharmacy Audits:** As of March 13, 2020, Express Scripts suspended all network pharmacy field audits. As of March 23, 2020, Express Scripts suspended desk audits, as well. The exceptions to that policy are fraud, waste and abuse investigations or those audits still required under law.

> **Signature Logs:** As of March 19, 2020, Express Scripts suspended the requirement that pharmacies obtain signatures from patients, unless required by law. Understanding that pharmacies are serving patients in unique ways, Express Scripts provided flexible options for documentation.

> **Pharmacy Re-credentialing:** Express Scripts requires participating pharmacy providers to complete re-credentialing of their pharmacy every three years. Re-credentialing is an important part of ensuring the quality and safety of our network. On April 7, 2020, all pharmacies that already had been solicited to complete re-credentialing by April 30, 2020, but that had not completed the process, were granted an extension until June 30, 2020. For all pharmacies due to start the re-credentialing process March through June 2020, Express Scripts postponed all re-credentialing requirements through at least July 1, 2020. The pandemic situation is dynamic and Express Scripts will reevaluate circumstances and timelines and will communicate additional extensions, if appropriate.

**Utilization Management Programs through eviCore**

eviCore, a Cigna company, manages utilization management programs for over 100 payers across both commercial and government lines of business. Not all payer clients are asking eviCore to make the same changes as other payers. eviCore is working closely with our clients to put the right solutions in place based on their geographic location and the demographics of their membership.

> **Testing for COVID-19:** We are working to make sure patients suspected of having COVID-19 are getting the necessary testing as quickly as possible.

> **Laboratory Management:** It is essential that eviCore function as an enabler of rapid testing. To that end, eviCore has proactively provided coding information related to COVID-19 to our clients as it has become available in an effort to enhance testing capabilities.

> **Advanced Imaging:** eviCore is working with providers to rapidly approve CT scans for known or suspected COVID-19 cases.

> **Post-Acute Care:** We are working to ensure patients can quickly and seamlessly enter skilled nursing facilities (SNFs) and long-term acute-care hospitals (LTACs) to help preserve as much acute-care hospital space as possible to treat patients with COVID-19. All home-based oxygen and ventilator requests will receive automatic prior approval. Replacements for durable medical equipment (DME) that is lost, damaged, or otherwise unusable will be approved without standard requirements, such as a physician’s order, medical necessity documentation, or face-to-face evaluations.

> **CMS Out-of-Network Site Restrictions Lifted:** To effectively respond to patient needs, most eviCore clients have lifted all out-of-network (OON) restrictions for Medicare, Medicaid, and CHIP members effective March 23, 2020. This applies to all prospective, concurrent, and retrospective requests. These cases will still be subject to standard medical necessity review.