



BETTER HEALTH. WE'RE IN IT TOGETHER.

Working together to provide affordable,
accessible, quality health care

Arkansas Medical Society Meetings
October 2015

Together, all the way.SM



Better health.

We're in it together.

- Introductions
- Better health. We're in it together.
- Delivery system and network solutions
- Your patients, our customers
- Electronic services
- Claims submissions and payments
- Keeping you updated
- Q&A

AGENDA



your pledge, our

commitment

Provider

A pledge to provide patient care with the utmost respect, sympathy and a commitment to total health

patient care

respect and compassion

total health

Cigna

A commitment to helping people improve their health, well-being and sense of security.

health

well-being

sense of security

our shared goal:

patient

health and wellness



Better health.

We're in it together.

CREDENTIALING



credentialing resources

for you

New request and existing contract inquiries:

- Email: MedicalOnboarding@cigna.com
- Fax #: 1.866.509.4544

Credentialing status inquiries:

- Phone: 1.800.88CIGNA (882.4462)

Existing provider recredentialing:

- Email: CredArkansasRecred@cigna.com



Demographic changes

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

State and territories	Submission options
CT, DE, IL, IN, ME, MA, MI, NH, NJ, NY, OH, PA, RI, VT, WI, or WV	<ul style="list-style-type: none"> • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081 • Cigna phone: 800.882.4462 • Fax: 877.358.4301 • Email: Intake_PDM@Cigna.com • Mail: Cigna Provider Data Management 2 College Park Drive Hookset, NH 03106
AL, AR , FL, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, VA, or Washington DC	<ul style="list-style-type: none"> • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081 • Cigna phone: 800.882.4462 • Fax: 888.208.7159 • Email: Intake_PDM@Cigna.com • Mail: Cigna Provider Data Management 2701 North Rocky Pointe Dr. Ste 800 Tampa, FL 33607
AL, AZ, CA, CO, KS, MO, NV, OR, WA, or WY	<ul style="list-style-type: none"> • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081 • Cigna phone: 800.882.4462 • Fax: 860.687.7336 • Email: Intake_PDM@Cigna.com • Mail: Cigna Provider Data Management 400 North Brand Blvd., Ste 300 Glendale, CA 91203

Note: 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 Part Vendor.



Better health.

We're in it together.

DELIVERY SYSTEM AND NETWORK SOLUTIONS

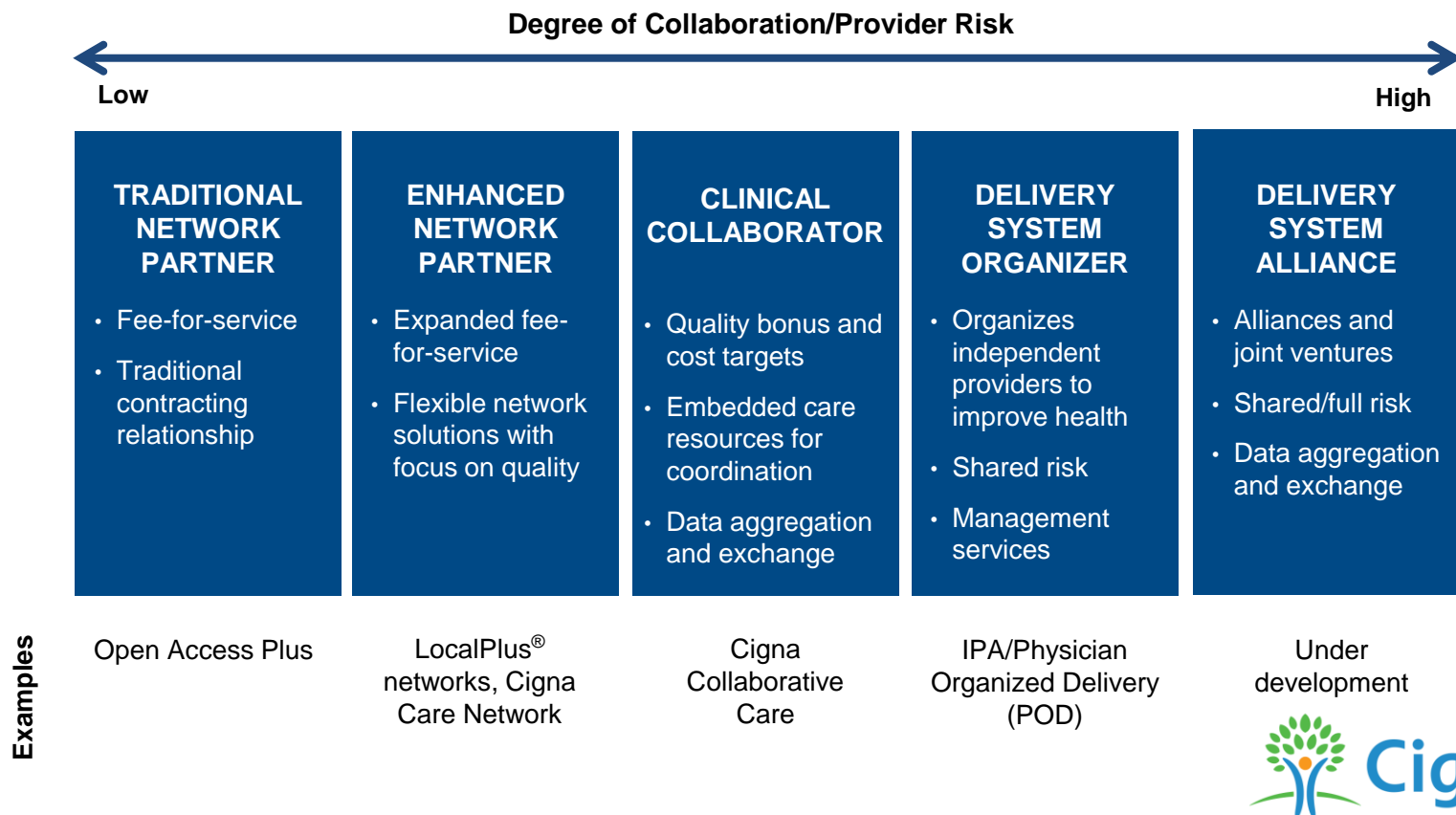
Driving higher quality, lower cost and better experience



engagement models

Cigna offers delivery system engagement models across the spectrum of “volume to value” and will help providers move toward a greater value orientation, which is our primary focus.

On the left side of the scale are arrangements that are still much more focused on reimbursing providers based on volume of services provided. The further along the spectrum we move, the higher degree of collaboration and risk-sharing on the part of the provider, with payment based on clinical outcomes not volume of services rendered.



Better health.

We're in it together.

CIGNA COLLABORATIVE CARE

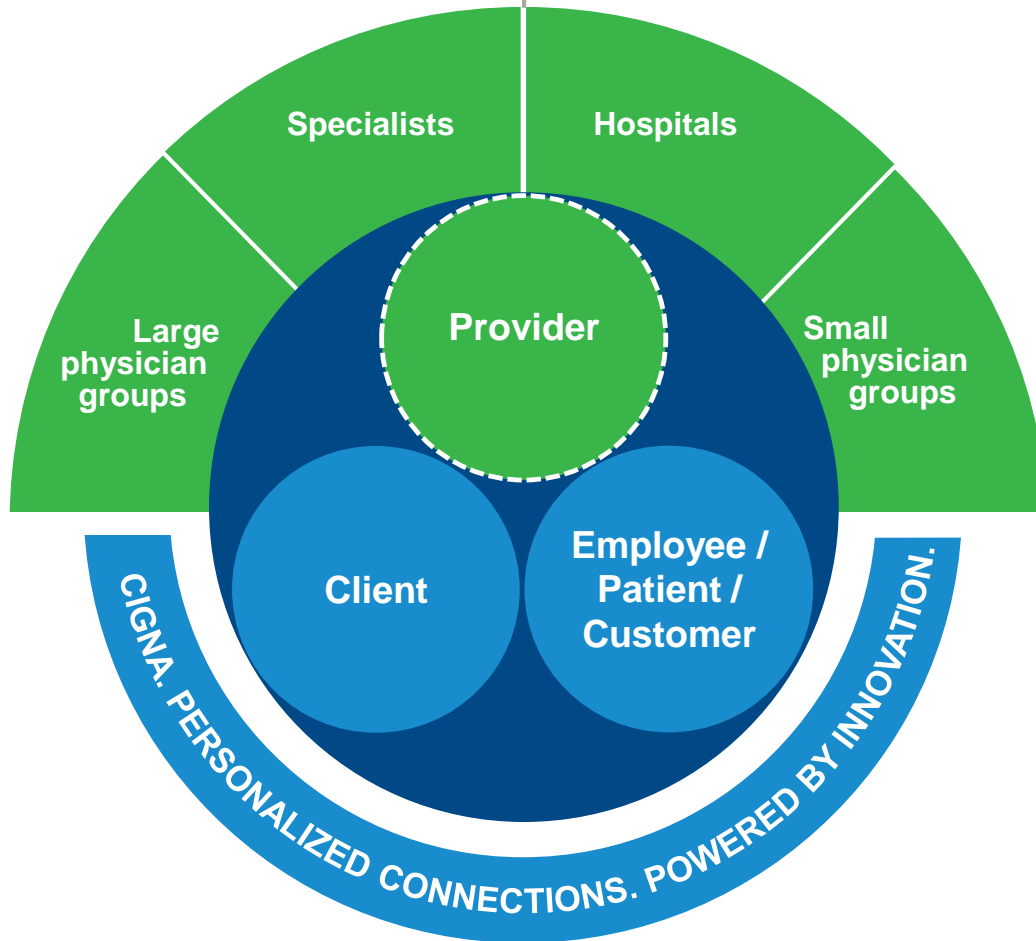
Working together for better outcomes



we make more connections

where care is delivered

Innovative solutions that **span the delivery system**



Collaborative care lets doctors get back to practicing medicine

- See total health issues sooner
- Share and learn from one another
- Get help to coordinate ongoing care
- Engage patients when you can't be there to treat them
- Rewarded when care quality and costs improve

Creating **personalized connections** to improve health, affordability and experience

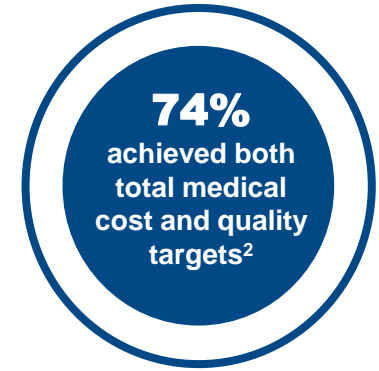
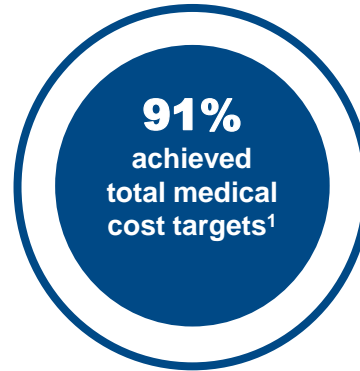
GOAL:

Majority of individuals with high-cost conditions or complex needs are cared for by providers with an incentive relationship with Cigna



deliver

better outcomes
and savings



On average, large physician groups that have been active for two or more years have shown:

- 2% better total medical cost compared to market²
- 2% better quality performance compared to market²

Evidence-based measures

19% – 25% higher compliance with diabetes measures³

Closing gaps in care

21% more gaps in care closed³

Emergency room cost

72% lower than market⁴

Hospital admissions

31% lower inpatient admission rate⁴



1. Average or better trend OR 4% better than market. Cigna Collaborative Care, Large Group annual results for 2013 versus market average (2014). Comparisons to "market" are established using Cigna internal claims data. "Quality is based on compliance with evidence-based medicine guidelines.

2. Trend 1% or more below market OR maintenance of 4% or better than market average. Cigna Collaborative Care, Large Group annual results for 2013 versus market average (2014). Comparisons to "market" are established using Cigna internal claims data. "Quality is based on compliance with evidence-based medicine guidelines.

3. Cigna Collaborative Care, Large Group annual results for full year 2012 performance versus market average for one physician group (2013).

4. Cigna Collaborative Care, Large Group annual results for full year 2013 performance versus market average for one physician group (2014).

connections where care is delivered

With more than 100 physician groups and growing across 28 states,
Cigna Collaborative Care connects more than 1.2 million customers to quality care.



Hospitals

50% of total medical cost spend

- 212 participating hospitals
- Focus on quality, cost, satisfaction:
 - CMS process of care measures
 - Readmission rates
 - Hospital-acquired conditions
 - C-section rate
 - CMS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (patient satisfaction)
 - Electronic claim submission

Small physician groups

45% total medical cost spend

- Previous pilots:
 - Gaps in care for chronic conditions
 - Pharmacy optimization
- 94% of physicians participated
- 90% chose lower-cost pharmacy alternatives; \$474 savings

Specialists

94% of total medical cost spend

- Top five specialties – orthopedics, oncology, cardiology, gastroenterology and OB/GYN
- 5–12 OB/GYN practices by 12/31
- 25 practices contracted for retrospective episodes of care
- Four large oncology groups
- Behavioral and pharmacy integrated into models



Better health.

We're in it together.

CIGNA CARE DESIGNATION

Recognizing quality, cost-efficient care among providers



Using cost and care
transparency to

stand apart



Designated physicians
are rated in both quality
and cost efficiency

Physicians with Cigna Care Designation (CCD)

21 specialties including
primary care physicians

Top 40% of doctors in our network*

or

Top 34% for either quality or cost efficiency



Cost
Efficiency
Rating



American
Board of
Medical
Specialties



Group
Board
Certified



Evidence
Based
Medicine

14% lower hospital readmissions**

11% lower episode costs**

* Cigna Analysis: Cigna Care Designation and Physician Quality and Cost-efficiency displays, 2015 Methodologies White Paper.

** Cigna analysis of Cigna Managed Care and PPO claims processed between January 2012–December 2013 for the 21 specialties reviewed, July 2014.

Creating a clear

incentive

for customers to make informed decisions using cost and care transparency

Cigna Care Network® Tiered Benefit Design

**TIER
1**



Cigna Care
Designation (CCD)

Lower copay/coinsurance

**TIER
2**

Non-CCD

Higher copay/coinsurance

**TIER
3**

Out-of-network

Highest copay/coinsurance

1%–3% reduction in total medical cost*



* Cigna analysis of Cigna Managed Care and PPO claims processed between January 2012–December 2013 for the 21 specialties reviewed, July 2014. The Cigna Care Network tiered benefit may not be available in all areas. See your Cigna representative for availability.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2015 Cigna

Better health.

We're in it together.

NATIONAL ANCILLARY PROGRAMS

Lowering costs without sacrificing quality



providing your patients with

quality and cost-effective care

Accessible

Quality focused

Cost efficient

Patient oriented

National Ancillary Programs*

Service	Ancillary Provider
Home health, durable medical equipment and home infusion therapy services	CareCentrix
Chiropractic	American Specialty Health; Healthways
Physical and occupational therapy (PT/OT)	OrthoNet; American Specialty Health
Radiology/Imaging	eviCore healthcare (formerly CareCore MedSolutions)
Lab	LabCorp; Quest
Dialysis	DaVita; Fresenius
Hearing	Amplifon Hearing Health Care (formerly HearPO)

20% decrease in unnecessary radiology procedures¹

45%–80% savings with national labs over other lab services²

Up to \$50,000 per case savings using in-network outpatient dialysis facility³

45%–50% savings on total chiropractic costs⁴

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

1. Cigna internal analysis of full year 2013 book of business. Results may vary

2. Savings estimate is based on an internal Cigna national study of 2013 lab utilization data, costs and discounts. Savings will vary.

3. eviCore healthcare, (formerly CareCore | MedSolutions Management), internal analysis of full year 2013 book of business. Individual client savings/results may vary.

4. Cigna internal analysis of full year 2013 book of business chiropractic costs for managed business.



everyday value for our providers

- Reduced administrative burden through proactive prescription refills, renewals and prior authorization support
- Easy access to obtain and submit prescription requests with online and faxable order forms, pharmacists available 24/7, and ePrescribe technology
- Fill and dispense specialty and non-specialty medications together providing a “one-stop shop”
- Provide Medicare Part D and Part B prescription claim processing
- Collaborate on specialty drug choice and infusion site
- Provide high access to the limited distribution network through deep manufacturer relationships with extensive reporting on Risk Evaluation and Mitigation Strategies (REMS)
- Unique fee schedule discounts for specialty drugs
- Alignment with value-based collaboration model



everyday value for your patients, our customers

We provide added support by helping your patients better understand their condition, medications, side effects and the importance of adherence through our therapy management teams

- Injection training in your office or your patient's home
- Reliable service and convenient delivery directly to your patient's home
- Refill reminders to help keep patients adherent



Better health.

We're in it together.

YOUR PATIENTS, OUR CUSTOMERS

Support, advocacy and resources



resources

for you

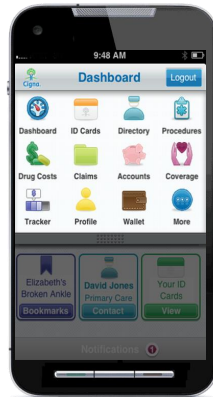
- Use material in meeting packet
- Go to CignaforHCP.com
- Quarterly Network Newsletter



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



Shaping healthier behavior through technology



Better health.

We're in it together.

ELECTRONIC SERVICES

Tools to make your life easier



committed to making your life
easier

**#2 overall rank among
eight major payers* for
ease of doing business**

Cigna also earned the class rank for denial rate and the #2 rank for first pass resolve rate and eService enrollment efficiency.

Please visit our landing zone for more information:

<http://www.cigna.com/healthcare-professionals/network-benefits/eservices>



Electronic transaction cost savings opportunities

Significant savings are available to health care professionals who choose electronic over manual transactions

Where's the proof?

The 2014 Council for Affordable Quality Healthcare (CAQH) U.S. Healthcare Efficiency Index® (Index) tracks and reports progress by the health care industry in its ongoing transition from manual to electronic administrative transactions. It also calculates savings the health care industry could obtain by adopting electronic administrative transactions.

The Index reports projected provider annual savings opportunities for these electronic transactions:

• Claim submission	\$540 million
• Eligibility & benefit verification	\$3.5 billion
• Prior authorization	\$450 million
• Claim status inquiry	\$450 million
• Claim payment	\$710 million
• Remittance advice	\$1.5 billion
TOTAL	\$7.17 billion

Here's where to find it:

<http://caqh.org/EfficiencyIndex.php>

CAQH Savings Calculator

Click this box to calculate your organization's potential savings.



Electronic Transaction Savings Opportunities



Transaction	Est. provider cost	Est. potential savings
Claim Submission		
Manual	\$2.39	\$2.23
Electronic	\$0.16	
Eligibility & Benefit Verification		
Manual	\$3.53	\$3.07
Electronic	\$0.46	
Prior Authorization		
Manual	\$14.07	\$8.93
Electronic	\$5.14	
Claim Status Inquiry		
Manual	\$2.87	\$1.23
Electronic	\$1.64	
Claim Payment		
Manual	\$4.15	\$3.04
Electronic	\$1.11	
Remittance Reports		
Manual	\$5.36	\$4.17
Electronic	\$1.19	

Sources: CAQH, Index; Milliman, Inc.

Health care professional and facility (provider-facility) savings estimates are based upon a cost analysis prepared for CAQH by Milliman, one of the world's largest providers of actuarial and related products and services. Full CAQH U.S. Healthcare Efficiency Index: <http://caqh.org/EfficiencyIndex.php>.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2015 Cigna



helping you
streamline
workflow and
increase
productivity

- Cigna for Health Care Professionals website
- Electronic data interchange
- Eligibility and benefits
- Online precertification
- Electronic claims submission and claims status inquiry
- Patient out-of-pocket cost estimator
- Electronic funds transfer (EFT) and electronic remittance advice (ERA)
- Online remittance reports

Information. Delivered.

CignaforHCP.com and our trading partners



Delivery of information through CignaforHCP.com

- **Patient Information and Transactions**
 - Eligibility and benefits
 - Patient out-of-pocket cost estimation (medical, behavioral)
 - Precertification submission and inquiry (medical)
 - Claims status inquiry
 - Electronic funds transfer enrollment and management
 - Remittance reports
- **Resources**
 - eCourses
 - Cigna formularies/drug list
 - ID cards
 - Clinical reimbursement and payment policies
 - Forms
 - Reference guides

Trading Partners/EDI Vendors

Delivery of information through HIPAA 5010 transactions

- Eligibility and benefits inquiry and response (270/271)
- Health service review/precertification (278)
- Electronic claim submission (837)
- Claim acknowledgement (277CA)
- Claims status inquiry and response (276/277)
- Electronic remittance advice (835)
- Patient out of pocket cost estimation (Availity only)
- Electronic funds transfer enrollment and management (CAQH only)

Transaction availability varies by partner/vendor.
For more information, visit Cigna.com/EDIVendors.

For more information on EDI, click here:
CignaforHCP.Cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/EDI_eligibility.pdf



Better health.

We're in it together.

CLAIMS SUBMISSION AND PAYMENTS



eServices overview

Tools that help streamline your office workflow and increase productivity

Solution	What it does and how it benefits you
Electronic claims submission and claims status inquiry	<ul style="list-style-type: none">• Decrease the chance of transcription errors or missing data• Track claims received electronically, which are automatically archived before processing• View, track and monitor claim status reports• Save time on resubmissions – incomplete or invalid claims can be reviewed and corrected online• To learn more about electronic claims submission, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/medBehaviorClaimSubmit.pdf• To learn more about claims status inquiry, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/edi.pdf
Electronic funds transfer (EFT) and electronic remittance advice (ERA)	<ul style="list-style-type: none">• Receive and reconcile your payments faster with EFT and ERA• Use ERA with your accounts receivable system to help save time and reduce costs and posting errors• EFT deposits claim payments directly into your bank account, avoiding mail delays. Funds are available the day of the deposit, which increases efficiency and improves cash flow• To learn more about EFT and online remittance reports, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf• To learn more about ERA, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDipra.pdf
Online remittance reports	<ul style="list-style-type: none">• Get detailed payment information at your fingertips and access to your remittance reports the same day you receive your electronic payment• To learn more about online remittance reports, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf



Claim submission tips

- Both primary and secondary (COB) claims can be submitted to us electronically.
- You don't have to submit Medicare Part A and Part B coordination of benefits agreement (COBA) claims to us. The Medicare explanation of benefit (EOB) or electronic remittance advice (ERA) will show that those claims are forwarded to us by the CMS Medicare Crossover (COBA) process.
- For administrative services only (ASO) plans,* if Cigna is the:
 - Primary payer, then claims must be submitted within 90 days** of the date of service
 - Secondary payer, then the claim must be submitted within 90 days of the date of receipt of the explanation of payment (EOP) from the primary payer
- To help ensure timely and accurate payments, include complete and correct information on each claim submission:
 - Contracted Taxpayer Identification Number (TIN)
 - National Provider Identifier (NPI)
 - Health care professional's name as reported to Cigna
 - TIN owner's name, billing address and telephone number as reported to the Internal Revenue Service

Your organization may have more than one organization or Type 2 NPI. Use the most appropriate organization NPI as your primary identifier when submitting the "Billing Provider" on claims. The federal TIN must also continue to be included for tax reporting purposes.

*Fully insured plans are not subject to the timely filing timeframe

**Unless a longer period is required by applicable law



Payer Solutions points of interaction

Claim flow:

- Claims should be submitted to Cigna
 - Via electronic payer ID 62308
 - or
 - To the claims mailing address on the patient's ID card
- Cigna prices the claims based on the network contracted rates
- The priced claim is then forwarded to the payer for payment based on the patient's eligibility and benefits
- The payers then remit payment following contractually agreed upon turnaround requirements

Clinical and contract-related appeals:

- Appeals of clinical denials should be sent to Cigna using the contact information supplied in the denial letter(s)
- Appeals of application of contract rates should go to the address on the patient's ID card

Contact the payer* for:

- Eligibility
- Benefits
- Precertification
- Claims status
- Non-pricing appeals

* The contact phone number is located on the patient's ID card

Contact Cigna* for:

- Reimbursement issues
- Pricing appeals
- General contract questions


* The contact phone number for Cigna is 888.663.8081



Sample explanation of payment

- We provide an explanation of payment (EOP) for all claims submitted.
- We strongly encourage you to enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA). When used together, you can get paid faster and shorten your payment cycle.
- There are two options to enroll in EFT:
 - Enroll in EFT with multiple payers, including Cigna, using the Council for Affordable Quality Health Care website: <https://solutions.CAQH.org>.
 - Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.
- To enroll in ERA with Cigna, contact your EDI vendor.

Cigna
PO Box 188061
Chattanooga, TN 37422-8061



CIGNA HEALTH AND LIFE INSURANCE COMPANY
AS AGENT FOR AKRIMAX PHARMACEUTICALS, LLC 00605287

DR. JOHNWELLBEING
PO BOX 464
LISBON, OH 44432-0464

Customer service
Call the number on the back of your ID card or
1-866-494-2111
MyCigna.com
*If you have any questions about this payment,
please call Customer Service at the number
above. Please have your reference number ready.*

Cigna
PO Box 188061
Chattanooga, TN 37422-8061

ID

Explanation of payment
The attached check is for the item below, minus anything paid directly to your health care professional. You can find the details of this claim in the explanation of benefits document that follows.

Check number / Date
/ June 30, 2014

Check amount
\$38.00

Account name / Account #

Claim for	Service dates	Amount Billed	What my plan paid
Patient: BRENDA BEAGLE	06/05/14	\$76.00	\$38.00

STEOB_V30.1.2012013 Detail at perforation Page 1 of 6

CIGNA HEALTH AND LIFE INSURANCE COMPANY
AS AGENT FOR AKRIMAX PHARMACEUTICALS, LLC 00605287
8505 E. ORCHARD RD
GREENWOOD VILLAGE, CO 80111

CHECK NUMBER:
DATE: June 30, 2014
PAYMENT REF #:

PAY: THIRTY EIGHT AND 00/100
TO THE CREDITOR OF: DR. JOHNWELLBEING
PO BOX 464
LISBON, OH 44432-0464

VOID

FIFTH THIRD BANK
CH
STEOB_V30.1.2012013

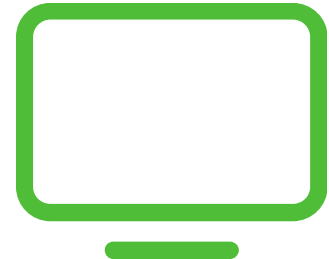
\$38.00
VOID after signature

Cigna
AUTHOR 2209 SIGNATURE



To file an appeal

- **Appeals:**
 - Our process offers a single level of appeal
 - Must be initiated within 180 calendar days of the date of the initial payment or denial decision
 - Decisions are made and communicated within 60 days of appeal receipt
- **For more information visit:**
 - Health care professionals should submit all appeal requests on a “Request for Provider Payment Review Form,” which can also be found on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Forms Center > Medical Forms). This form will help us understand the circumstances around your appeal request in order to conduct a thorough review.
- For additional information on how to submit an appeal, please review the Claim Adjustment & Appeals Guidelines on CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claims Appeals Policies and Procedures > Appeal Policy and Procedures.
- Note: Appeals policies may vary by state; statute supersedes Cigna policy. For details on state-specific dispute policies, see the claim appeal information posted on the website.



Better health.

We're in it together.

KEEPING YOU UPDATED

The latest information on policy and coverage updates



Recent coverage policy updates

policy and coverage updates

October, 2015

- Cardiac Rehabilitation (Phase II Outpatient)
- Cognitive Rehabilitation
- Intraocular Lens Implant (IOL)
- Pulmonary Rehabilitation
- Tilt Table Testing
- Nerve Conduction Velocity (NCV) and Electromyography (EMG)
- Obstructive Sleep Apnea (OSA) Diagnosis and Treatment (Home Portable Sleep Study)
- Drug Testing

July, 2015

- Modifier 25 (M25)
- Multiple Procedure Reduction – Radiology (R01)

June, 2015

- Three dimensional (3D) rendering of radiological imaging (CPT® code 76376)

May, 2015

- Omnibus Reimbursement Policy (R24) for Qualitative Drug Screen Testing

Information about these changes is available on the Cigna for Health Care Professionals website (CignaforHCP.com)



Precertification changes



To ensure that we are using the most current medical information available, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we plan to update our precertification list, as follows:

- On January 1, 2015, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released 131 new CPT® and HCPCS codes. These codes were reflected on our precertification list this month.*
- On February 16, 2015, we will include 35 additional codes that require precertification. At that time, we will also remove 53 codes from the precertification list.**
- On April 14, 2015, we will include one additional code that requires precertification, J9010 (Alemtuzuman [Lemtrada]).

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not currently registered for the website, you will need to register to log in. Go to CignaforHCP.com and click on “Register Now.”

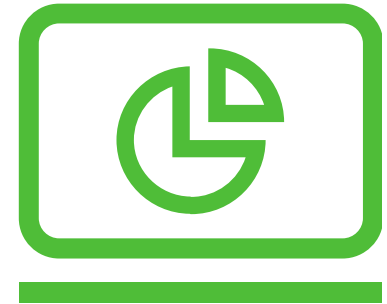
- * 24 of these codes are managed by our radiation therapy ancillary provider, eviCore healthcare, (formally CareCore | MedSolutions).
- ** Removal of codes from the precertification list is not a guarantee of coverage or payment. Codes may be subject to code editing, benefit plan exclusions, and post-service review for coverage.



ICD-10 update

What has Cigna done to prepare?

- **Cigna has taken the following steps to prepare for ICD-10 implementation:**
 - Completed remediation of system applications that support:
 - Claim intake
 - Benefit plan setup
 - Precertification and authorizations
 - Claim processing and payment
 - Financial and reporting databases
 - Upgraded vendor applications for claim editing and clinical bundling
 - Updated business processes and policies to support the new ICD-10 code set
 - Created a cross-organizational task force to oversee code translations for all business processes and systems
 - Performed analysis on inpatient hospital diagnosis related group payment impacts



If you have questions about ICD-10 implementation, please contact your Cigna representative, or call customer service at 800.88Cigna (882-4462).



Better health.

We're in it together.

TELEHEALTH SERVICES

Online and on-demand health care delivery services



WHAT IS TELEHEALTH

- Telehealth is the delivery of health-related services and information through:
 - telecommunications technologies, including telephones and smart phones
 - personal computers for secure virtual consultations between a patient and a health care professional
- Cigna offers coverage for telehealth services so customers may have access to online video or telephone consultations with board-certified internal medicine, family practice, and pediatric physicians
- This service, while being convenient and cost-effective, is available 24 hours a day, seven days a week (including holidays), by telephone or video from virtually anywhere



Teaming up

- Cigna has expanded access to telehealth services by teaming up with MDLIVE™, a leading telehealth vendor, for online and on-demand health care delivery services
- MDLIVE can make care more accessible and convenient by helping to provide a choice for condition appropriate care
- Health care professionals who contract directly with MDLIVE will be able to provide a cost-effective alternative to traditional care settings and can diagnose, treat, and write prescriptions for routine medical conditions
- MDLIVE contracted health care professionals log in to MDLIVE.com to access telehealth services
- Health care professionals who want to join MDLIVE will need to contract directly with MDLIVE to provide telehealth services to eligible customers
- Health care professionals who are contracted with MDLIVE may see an increase of patients seeking telehealth services



HOW TELEHEALTH WORKS

By telephone

- The patient calls a toll-free number available 24 hours a day, seven days a week, including holidays
- A Health Services Specialist (HSS) assists the patient in registering
- A HSS schedules an on-demand appointment with the next available physician, or at a future date and time
- The physician calls the patient at their preferred number in an hour or less

By video conference

- The patient logs into the website with their user name and password
- The patient can schedule an on-demand appointment with the next available physician, or for a future date and time
- The system helps the patient search for a physician by a criteria, such as specialty, language, gender, location, or simply finds the next available physician
- The physician interacts with the patient by video in an hour or less

After the consultation

- The patient may elect for consultation history to be sent to their primary care physician
- The patient receives discharge instructions through the patient website and secure email
- Prescription services can be sent directly to a pharmacy of choice
- The patient's personal health record gets updated with consult information



MORE INFORMATION

- Physicians who are interested in participating in telehealth services may initiate the contracting process with MDLIVE directly:
 - MDLIVE.com
 - 1.888.700.8312
- Physicians may call Cigna Customer Service at 1.800.88Cigna (882.4462) if they have questions about Cigna and MDLIVE



Better health.

We're in it together.



Q&A

Thank you!



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

“Cigna” and the “Tree of Life” logo are registered service marks, and “Together, all the way.” is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. All models are used for illustrative purposes only.

877987 THN-2014-437 02/15 © 2015 Cigna. Some content provided under license.

