PROVIDER IN-SERVICE MEDICARE-MEDICAID PLAN (MMP)

Cigna HealthSpring CarePlan

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

H8423_15_36335_PR 10162015

AGENDA

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- Cigna-HealthSpring CarePlan Program Overview & Objectives
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CIGNA-HEALTHSPRING COMPANY OVERVIEW

Based in Nashville, Tennessee, Cigna-HealthSpring got its start in 2000 and is now one of the country's largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans. Cigna-HealthSpring currently owns and operates Medicare Advantage plans in Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, D.C. as well as a national stand-alone prescription drug plan.

Our Mission Statement

Cigna-HealthSpring is dedicated to improving the health of the communities we serve by delivering the highest quality and greatest value in healthcare benefits and services.

CIGNA-HEALTHSPRING COMPANY OVERVIEW

> Medicaid STAR+PLUS – Cigna-HealthSpring currently offers STAR+PLUS and Nursing Facility services in the Tarrant, Hidalgo and MRSA Northeast Service Delivery Areas.

> Combined, Cigna-HealthSpring covers a total of 50 counties across the State of Texas providing these services.

CIGNA-HEALTHSPRING CAREPLAN OVERVIEW & OBJECTIVES

- The Texas Health and Human Services Commission (HHSC) proposed a new way to serve people who are eligible for both Medicare and Medicaid, known as dual eligible. The goal of the project is to better coordinate the care those individuals receive.

- The Texas plan involves a three-party agreement between a Medicare-Medicaid health plan, the state and the federal Centers for Medicare and Medicaid Services (CMS) to provide the person with the full array of Medicaid and Medicare services.

- The project provides an innovative payment and service delivery model to improve coordination of services for dual eligible members, enhance quality of care and reduce costs for both the state and the federal government.

- March 1st, 2015, Cigna-HealthSpring began serving dual eligible beneficiaries in the Medicare-Medicaid Program (MMP). This is referred to as the *Cigna-HealthSpring CarePlan.* Skilled Nursing Facility services will be a benefit for Cigna-HealthSpring's MMP (CarePlan) effective October 1, 2015.

CIGNA-HEALTHSPRING CAREPLAN OVERVIEW & OBJECTIVES

- Make it easier for clients to get care.
- Promote independence in the community.
- Eliminate cost shifting between Medicare and Medicaid.
- Achieve cost savings for the state and federal government through improvements in care and coordination.
- Require one health plan to be responsible for the full array of services

CIGNA-HEALTHSPRING CAREPLAN QUALIFICATIONS

Clients must meet the following criteria:

> MMP is offered in the following six counties: Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant. Cigna-HealthSpring is participating in Hidalgo county.

> Are age 21 or older.

> Get Medicare Part A, B and D, and are receiving full Medicaid benefits.

> Enrolled in the Medicaid STAR+PLUS program, which serves Medicaid clients who have disabilities, or get STAR+PLUS Home and Community Based Services waiver services.

CIGNA-HEALTHSPRING CAREPLAN EXCLUSIONS

> The program will not include clients who reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities and Related Conditions or individuals with developmental disabilities who get services through one of these waivers:

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities Program (DBMD)
- Home and Community-based Services (HSC)
- Texas Home Living Program (TxHmL)

> Other eligible individuals who may opt to enroll, include:

- Individuals in a Medicare Advantage plan not operated by a health plan participating in the demonstration
- Individuals in the Program of All-Inclusive Care for the Elderly (PACE)

> Clients who do not have third party insurance

CIGNA-HEALTHSPRING CAREPLAN ENROLLMENT

> Clients that were eligible for the project received an enrollment packet with their plan selection and other information at least 60 days before the enrollment date of March 1, 2015 for Members in the community. Members in a Skilled Nursing Facility received their enrollment packet at least 60 days before the October 1, 2015 enrollment date.

> Enrollment for most eligible individuals will be conducted using a seamless, passive enrollment process with the opportunity to opt out.

> After the enrollment process is completed, the member will receive:
  - Welcome letter 90 days prior to the enrollment date
  - Notification of enrollment and the choice to opt out of the demonstration (60 and 30 days prior to the start date)

> Members have the option to opt in or out on a monthly basis.

> To enroll or disenroll, members can call the Medicaid Enrollment Broker Maximus at 1-877-782-6440 or Medicare at 1-800-MEDICARE.

CIGNA-HEALTHSPRING CAREPLAN ENROLLMENT

Hidalgo MMP Passive Enrollment Grid

Medicaid	Medicare	STAR+PLUS MMP Passive Enrollment Plan
C-HS S+P	FFS	C-HS MMP
C-HS S+P	MA-PD where no STAR+PLUS plan in market, e.g., UHC, Aetna, Humana	No passive enrollment
C-HS S+P (non-HCBS waiver client)	Molina Medicare Superior Medicare	Molina MMP Superior MMP
C-HS S+P (HCBS waiver client)	Molina Medicare Superior Medicare	C-HS MMP C-HS MMP
C-HS S+P	C-HS Medicare	C-HS MMP

CIGNA-HEALTHSPRING CAREPLAN BENEFITS

Overview

> In the demonstration, the health plans must provide the full array of Medicaid and Medicare services.

> This includes any benefits that were added to the STAR+PLUS services March 1, 2015, such as, psychosocial mental health rehabilitation and targeted case management.

> Skilled Nursing Facility services will be a benefit for Cigna-HealthSpring's MMP (CarePlan) effective October 1, 2015.

> Assignment is prioritized based on an algorithm that can be found at: http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/enrollment-algorithms.pdf

- Nursing facility passive enrollment schedule August 1, 2015
- October 1, 2015: Dallas, Hidalgo and Tarrant counties

CIGNA-HEALTHSPRING CAREPLAN BENEFITS

Benefits

- Medicare Advantage Program benefits (Acute)
  - ✓ Medical
  - ✓ Behavioral (Medicaid covers some additional Behavioral Health services)
  - ✓ Part D
- STAR+PLUS Community Based Long Term Care benefits (LTSS)
- Cigna-HealthSpring Value-Added benefits
- Skilled Nursing Facility Services

CIGNA-HEALTHSPRING CAREPLAN BENEFITS

Texas Medicare and Medicaid Program Benefits (Medical)

Medically necessary services covered under the traditional and fee-for-service with Medicare and Medicaid program include:

- ambulance
- audiology
- chiropractic
- dialysis
- DME
- emergency services
- hospital services
- laboratory
- podiatry
- primary care services
- prenatal care
- radiology
- specialty care services
- therapies
- transplantation
- in-home telemonitoring
- skilled nursing

For a comprehensive list of services and/or exclusions, please refer to our current Cigna-HealthSpring CarePlan Provider Manual located on our website http://www.cigna.com/medicare/healthcare-professionals/tx-mmp.

CIGNA-HEALTHSPRING CAREPLAN BENEFITS

Program Benefits (Behavioral)

Behavioral Health services – for the treatment of mental, emotional, or chemical dependency is a key component of the Cigna-HealthSpring CarePlan program. For a comprehensive list of covered behavioral health services and/or exclusions, please refer to the current Cigna-HealthSpring CarePlan Provider manual.

Examples include:

- Psychological Testing
- Electroconvulsive Therapy
- Mental Health Rehabilitative Services
- Targeted Case Management
- Supported Employment
- Residential services including
- Inpatient and Outpatient mental health services for adults & children
- Psychiatry services
- Health and Behavior Assessment and Intervention Services (HBAI)

CIGNA-HEALTHSPRING CAREPLAN BENEFITS

Value-Added Benefits – for Members in the community

Service	Cigna-HealthSpring CarePlan (Medicare-Medicaid Plan) Members in a Nursing Facility	Cigna-HealthSpring CarePlan (Medicare-Medicaid Plan) Members in the Community
24-Hour Nurse Line	Yes	Yes
Extra Help Getting a Ride (when state services are not available)	Yes	Yes
Extra Vision Services	Yes	Yes
Extra Dental Services for Adults (age 21 and older)	Yes	Yes
Hearing Services	Yes	Yes
Drug Store Services	Yes	Yes
Home Visits	N/A	Yes
Extra Help for Pregnant Women	Yes	Yes
Emergency Response Services (ERS)	N/A	Yes
Health and Wellness Services	Yes	Yes
Gift Programs	Yes	Yes

Note: *For more information on Cigna-HealthSpring CarePlan Value-Added benefits, please see the Cigna-HealthSpring CarePlan Member website at http://www.cigna.com/sites/careplantx/index.html or our Provider Manual at* http://www.cigna.com/medicare/healthcare-professionals/tx-mmp.
Or contact Provider Service, Service Coordination.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Cigna-HealthSpring CarePlan Example ID Card

Cigna-HealthSpring CarePlan (Medicare-Medicaid Plan)
Name: <Member Name>
Member ID: <Member ID>
Health Plan (80840)
Medicaid ID: <Member Medicaid ID>
PCP: <Provider Name>
PCP Effective Date: <PCP Effective Date>
PCP Phone: <Provider Phone #>
RxBIN: 017010
RxPCN: CIHSCARE
H8423-001

SAMPLE

Website: www.careplantx.com

<barcode>

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.
Member Services/Servicios al miembro: 1-877-653-0327
Behavioral Health/Salud del comportamiento: 1-877-725-2539
Service Coordination/Coordinator de servicios: 1-877-725-2688
Hearing Impaired/Personas con problemas de la audición: 711
For Prior Authorization/De autorización previa: 1-877-725-2688
Pharmacy Help Desk: 1-844-265-1770
Send pharmacy claims to: P.O. Box 20002, Nashville, TN 37202
Send Medical claims to: P.O. Box 981709, El Paso, TX 79998-1709
Claims inquiry: 1-877-653-0331

SAMPLE

Network Limitations

Cigna-HealthSpring does not require referrals from PCPs to in-network Specialty Care Providers or Ancillary providers.

- Members may select a PCP or one will be assigned to them. Members may see a Specialty Care Provider within the Cigna-HealthSpring network.
- Female Members may seek obstetrical and gynecological services from any participating OB/GYN without a referral from her PCP.
- Cigna-HealthSpring is a strong supporter of a PCP medical home. We highly encourage members to seek an evaluation from their PCP prior to seeing a specialist as often times the PCP can meet the member's medical needs.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Prior Authorization

- Prior Authorization is a component of the Utilization Management Department and issues authorizations for those services that require prior authorization as defined by Cigna-HealthSpring. Utilization Management Department is responsible for issuing authorizations based on plan benefit coverage, eligibility at the time services are rendered and medical necessity.

- A list of services requiring Prior Authorization can be found in the Cigna-HealthSpring CarePlan Provider Manual and our website, http://www.cigna.com/medicare/healthcare-professionals/tx-mmp. All inpatient admissions, all Out of Network services and all LTSS services require Prior Authorization.

- If a Member is admitted to an inpatient facility, Utilization Review nurses obtain initial clinical information during the Member's stay through discharge. The UM nurse is responsible for authorizing any services/equipment needed to ensure a safe discharge. The UM nurses communicate admission and discharge information to the Service Coordinators assigned to the member.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Prior Authorization

Cigna-HealthSpring CarePlan highly recommends Members access care through their PCP. If the PCP determines that specialty care, diagnostic testing, or other ancillary services are required, the PCP should refer the Member to an in-network provider. Cigna-HealthSpring CarePlan is an open-access plan and does not require referrals. Providers should refer members to in-network providers. Out-of- network providers require an authorization.

The list of Prior Authorization Services is intended to provide an overview of services requiring authorization. If a Member requires a service that is not listed in the Provider Manual or website, the provider should contact the Utilization Review team to inquire about the need for prior authorization. The presence or absence of a procedure or service on the list does not determine a Member's coverage or benefits.

Failure to obtain prior authorization for services that require authorization may result in nonpayment of services. It is important to note that prior authorization does not guarantee payment.

Prior Authorization

Limits of Authorization

Providers may request authorization up to 30 in advance of the service. If the service is authorized, but not provided for more than 30 days of the authorization, another authorization request with new clinical information is recommended as the member's condition may change. For our LTSS providers, services for Personal Attendant Services, Day Activity, and Health Services authorizations are usually issued for a 12 month period, but may be reassessed as needed. With the addition of the Medicare-Medicaid Plan, Skilled Nursing Facilities admissions will be authorized based on medical necessity using InterQual criteria. CMS benefit limits will apply.

Out-of-Network Referrals

If a service is not available within Cigna-HealthSpring's CarePlan provider network, a PCP may refer out-of-network or out of the service area. **Prior** to referring out-of-network or out of the service area, the PCP should document the justification for out-of-network services and obtain prior authorization from Cigna-HealthSpring CarePlan. All non-emergent, out-of-network services require prior authorization.

Prior Authorization Process

To initiate the prior authorization process, providers should follow the procedures listed below.

1. The provider evaluates a Cigna-HealthSpring CarePlan Member and determines that a "prior authorization service" is required.

2. At least five (5) business days prior to the requested date of service, the provider completes a Texas Standard Authorization Form, which is found on our website. The provider should include all pertinent clinical information supporting the need for the requested service, such as, results of any diagnostic tests or laboratory services results.

3. The provider faxes the completed form to Cigna-HealthSpring CarePlan.

Prior Authorization

Authorization Process (continued)

4. A prior authorization request is reviewed by a nurse who completes the medical necessity screening. It may be necessary to collect additional information from the ordering provider, such as clinical information, that is necessary to make the decision.

5. Cigna-HealthSpring will fax the authorization letter along with the authorization number and approved codes/services back to the requesting provider. The authorization number can be used when billing for the approved service.

6. A request may be denied for the following reasons:
   - There was not enough clinical information to provide a sound determination.
   - There was an in-network provider available to provide the services.
   - The request for authorization does not meet medical necessity requirements.

The ordering provider will be notified of the denial by fax and/or phone. The CarePlan Member will be notified of the denial in writing if the member is still inpatient or services have not yet been rendered.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Prior Authorization

3 Ways to Request Prior Authorization:

1. Fax a Prior Authorization Form to
   1-877-809-0787 (Any Outpatient service)
   1-877-809-0786 (Inpatient)
   1-877-809-0788 (LTSS)

2. Request Prior Authorization through the secure Provider Portal

3. Call 1-877-725-2688 and speak with a representative

Note: Prior Authorization Forms may be found on Cigna-HealthSpring's CarePlan provider website http://www.cigna.com/medicare/healthcare-professionals/tx-mmp *(select the appropriate hyperlink).*

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Prior Authorization

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

Issuer Name:	Phone:	Fax:	Date:

SECTION II — GENERAL INFORMATION

Review Type: ☐ Non-Urgent ☐ Urgent | Clinical Reason for Urgency:

Request Type: ☐ Initial Request ☐ Extension/Renewal/Amendment | Prev. Auth. #:

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	Sex: ☐ Male ☐ Female ☐ Unknown
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name *(see instructions)*:	
Requesting Provider's Signature and Date *(if required)*:		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version___)	Code

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other:_______________

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions:__________ Duration:______________ Frequency: _________ Other: _________________

☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Visits: ___________ Duration:______________ Frequency: _________ Other: _________________

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) *(Medicaid only:* Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS codes): ________________________________ Duration: ____________

SECTION VI — CLINICAL DOCUMENTATION *(SEE INSTRUCTIONS PAGE, SECTION VI)*

An issuer needing more information may call the requesting provider directly at: ______________________________

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The Texas Standard Prior Authorization Request Form for Health Care Services.

(mandatory effective 9/1/15)

- Member name and identification number;
- Location of service e.g., hospital or surgery center setting;
- PCP/requesting provider name;
- Servicing physician name and NPI;
- Date of service;
- Diagnosis;
- Service/Procedure/Surgery description and CPT or HCPCS code; and
- Clinical information supporting the need for the service to be rendered.

Cigna-HealthSpring reviews requests made via fax or portal after hours, weekends and holidays.

INTERACTING WITH CIGNA-HEALTHSPRING

Prior Authorization

Authorization Time Frames	Authorization Time Frames
ACUTE	***LTSS***

ACUTE

- Standard In-Network– **3 Days**
- Out-of-Network**- 5 Days**
- Expedited – Call Directly **1-877-725-2688**
- Emergency Admissions & Services – **Not Required**
- Post-Stabilization Request- Within **1 hour**

LTSS

- Personal Attendant Service (PAS)- **3 Days**
- Daily Activity Health Service (DAHS)- **3 Days**
- Respite Care/Adult Foster Care- **3 Days**
- Assisted Living / Residential Care- **3 Days**
- Emergency Response Service (ERS)- **3 Days**
- Medical Supplies- **3 Days**
- Minor Home Modifications- **14 Days**
- Supported/Employment Assistance - **3 Days**
- Cognitive Rehabilitation Therapy - **3 Days**
- Skilled Nursing Facility - will be authorized based on medical necessity using InterQual criteria. CMS benefit limits will apply.

Cigna HealthSpring CarePlan

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

LABORATORY

Authorizations Required	Authorizations NOT Required
• All other labs except 1. Quest 2. CPL 3. ProPath 4. LabCorp	• See Next Slide for complete list of labs that DO NOT require Authorization

Cigna HealthSpring CarePlan
TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

LABS

Authorizations NOT Required

****Note: All other labs should be sent to Quest, LapCorp, CPL and ProPath ****

81001-Urinalysis nonauto w/ scope	83026-Hemoglobin copper sulfate
81002-Urinalysis nonauto w/o scope	83036-Glycosylated hemoglobin test
81003-Urinalysis auto w/o scope	84478-Assay of triglycerides
81005-Urinalysis	84520-Assay of urea nitrogen
81007-Urine screen for bacteria	84703-Chorionic gonadotropin assay
81025-Urine pregnancy test	85013-Spun Microhematocrit
82010-Acetone assay	85014-Hemtocrit
82270-Occult blood feces	85018-Hemoglobin
82272-Occult blood feces 1-3 tests	85610 Prothrombin time
82570-Assay of urine creatinine	87449-Ag detect nos eia mult
82947-Assay glucose blood quant	87804-Influenza assay w/ optic
82962-Glucose blood test	87880-Strep a assay w/ optic

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Continuity of Care

A transition period will apply for enrollees to maintain a current course of treatment in the event the provider servicing the member is not in network.

> Current LTSS services will be authorized for up to six (6) months after initial enrollment into the Demonstration.

> Current Acute care will be authorized for up to ninety (90) days after the initial enrollment period into the Demonstration.

> Single Case Agreements will be offered to maintain continuity of care beyond 180 days if the provider remains outside of the network.

Note: After the continuity of care provisions expire, CarePlan Members may be transitioned to contracted providers and rates will not be protected.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Member/Provider Services Eligibility Verification

3 Ways to Verify Eligibility with Cigna-HealthSpring CarePlan

1. The Cigna-HealthSpring CarePlan Provider/Member Services Department by calling 1-877-653-0331.
2. TexMedConnect - The State's eligibility verification system
3. The Cigna-HealthSpring secure Provider Portal accessible through the Cigna-HealthSpring CarePlan Website http://www.cigna.com/medicare/healthcare-professionals/tx-mmp.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Member/Provider Services

Member/Provider Services provides customer service for providers, Member's authorized personal representatives as well as vendors etc.

Services provided include:

- ✓ Verify eligibility, benefits and prior authorizations on file
- ✓ Assist providers to the correct departments
- ✓ Verify claims receipt or review claims status
- ✓ Process demographic changes such as PCP on file or Member address changes
- ✓ Provide assistance with Cigna-HealthSpring's public website & secure Provider Portal

Provider/Member Services Department can be contacted by calling **1-877-653-0331**.

Update Your Information

Ensure your office is properly listed in the Cigna-HealthSpring Provider Directory and that your claims payments are sent to the correct address by providing timely, advance notification of demographic changes. Email the following types of demographic changes to MedicaidProviderOperations@healthspring.com.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Service Coordination

Cigna-HealthSpring CarePlan offers Service Coordination for CarePlan Members in an effort to work collaboratively with Providers & Members to:

- Assess Member health needs
- Create a plan of care
- Organize delivery of healthcare services
- Monitor progress toward Member's individual health goals.

In addition, Service Coordination assists with long term services & supports such as:

- Adult Foster Care and/or Adult Day Care
- Personal Attendant Services
- Minor Home Modifications
- Home Delivered Meals

Note: To reach a Service Coordinator call **1-877-725-2688** for all areas.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Contracting and Provider Relations

The Contracting & Provider Relations function includes:

1. Responsibility for maintaining the provider network, ensuring a sufficient number of providers are available in each county to serve the healthcare needs of Members enrolled in Cigna-HealthSpring's CarePlan Program.

2. Distribute documents to providers and respond to any inquiries related to contracting & credentialing requirements.

3. Serve as the primary liaison with participating providers to resolve any operational challenges between the provider & Cigna-HealthSpring CarePlan.

Note: *Provider's participation in the Cigna-HealthSpring CarePlan network does not automatically include participation in the Medicare Advantage network.*

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Claims

Submit claims within 95 days of date of service. LTSS services should be submitted within 95 days of first date of service. Cigna-HealthSpring is required to process clean claims within 30 days of receipt.

3 ways to file a claim with Cigna-HealthSpring:

1. **Electronically** – (Payer ID# 52192) – via 1 of the following 3 Cigna-HealthSpring claims clearinghouses; (1) Emdeon, (2) PayerPath, or (3) Availity.

2. **Via secure Provider Portal**

3. **Via Mail** paper claims. (See next slide for address)

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Claims

Type of Service	Claims Address
Acute care and LTSS services (including inpatient acute care services)	Cigna-HealthSpring P.O. Box 981709 – CarePlan El Paso, TX 79998-1709
Behavioral health services (including inpatient behavioral health services	Cigna-HealthSpring P.O. Box 981709 – CarePlan El Paso, TX 79998-1709
Dental services Electronic Claims: Emdeon/Availity Payer ID: CX014	DentaQuest-Claims 12121 North Corporate Parkway Mequon, WI 53092
Vision services www.superiorvision.com 1-800-879-6901	Superior Vision 939 Elkridge Landing Road, Suite 200 Linthicum, MD 21090

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Claims Reconsideration

3 ways a Provider may appeal a previously processed claim:

1. Fax the request to Cigna-HealthSpring CarePlan at 1-877-809-0783.

2. Mail the request to:
   Cigna-HealthSpring CarePlan
   Appeals and Complaints Department
   PO Box 211088
   Bedford, TX 76095

3. Submit via Cigna-HealthSpring's Provider Portal

> Requests for reconsideration must be made within sixty (60) days from the date of remittance of the Explanation of Payment (EOP).

> The appeal will be resolved within thirty (30) calendar days.

Electronic Funds Transfer (EFT)

Cigna-HealthSpring contracts with Emdeon to deliver electronic funds transfer services. If you are an existing EFT customer with Emdeon and wish to add Cigna-HealthSpring to your service, please call 1-866-506-2830, and select Option 1 to speak with an Emdeon Enrollment Representative, mention Payer ID 52192.

- There is **no cost** for providers to enroll in EFT.
- If you would like to learn more or sign up for EFT, please visit Emdeon's ePayment Web site at www.emdeonepayment.com**.**

Electronic Remittance Advice (ERA)

Providers who are able to automatically post 835 remittance data will save posting time and eliminate keying errors by taking advantage of 835 ERA file service.

ERA Enrollment Process

- Download Emdeon Provider ERA Enrollment Form at the following location: http://www.emdeon.com/resourcepdfs/ERAPSF.pdf
- Complete and submit ERA Enrollment Form via Email or Fax to Emdeon ERA Group:
    - Email: batchenrollment@emdeon.com
    - Fax: 1-615-885-3713
- Any questions related to ERA Enrollment or the ERA process in general, please call Emdeon ePayment Solutions at 1-866-506-2830 for assistance.
- NOTE: ERA enrollment for all Cigna-HealthSpring health plans must be enrolled under Cigna-HealthSpring Payer ID “52192”.

INTERACTING WITH CIGNA-HEALTHSPRING CAREPLAN

Sample of (Explanation of Payment) EOP

Cigna-HealthSpring CarePlan
2900 North Loop West Ste 1300
Houston, TX 77092

Forwarding Service Requested

WHITE STOCK

Contact Provider Services with any questions
1-877-653-0331
Monday - Friday 8:00 am to 8:00 pm CST

CIGNA-HealthSpring
Claims Department
PO Box 981709
El Paso, TX 79998-1709

1

Date:
Vendor:
Check Number:

Explanation of Payment

Member ID: **Network ID:** **Option:** **Provider Acct No:** **Date of Service:**
Member Name: **Claim Number:** **Provider Name:**

From Date of Service	To Date of Service	Service Code	Billed Amount	Allowed Amount	Copay	Deductible	Withhold	Adjustment	Interest	Payment	Reason Code

Claim Totals:

Member ID: **Network ID:** **Option:** **Provider Acct No:** **Date of Service:**
Member Name: **Claim Number:** **Provider Name:**

From Date of Service	To Date of Service	Service Code	Billed Amount	Allowed Amount	Copay	Deductible	Withhold	Adjustment	Interest	Payment	Reason Code

Claim Totals:

Member ID: **Network ID:** **Option:** **Provider Acct No:** **Date of Service:**
Member Name: **Claim Number:** **Provider Name:**

From Date of Service	To Date of Service	Service Code	Billed Amount	Allowed Amount	Copay	Deductible	Withhold	Adjustment	Interest	Payment	Reason Code

Claim Totals:

Explanation of Payment

Remark Code Explanation

212 This is a duplicate of a claim that was previously adjudicated
901 $6.78 Beginning balance from recovery amounts
902 $6.78 Recovery amounts applied to this check
903 $0.00 Check(s) received from provider for this check period
904 $0.00 Amount Written Off
905 $0.00 Outstanding balance not yet applied
*** *** If applicable, important information regarding appeal rights is attached ***
*** Effective July 1, 2014, all Home Health Agency (HHA) and Skilled Nursing Facilities (SNF) are required to submit Health Insurance Prospective Payment System (HIPPS) codes on all claims and use only the 837-Institutional claims format. Cigna-HealthSpring will begin to reject or deny HHA and SNF claims that do not contain a HIPPS code or that have been submitted in the 837-Professional claims format effective dates of service September 1, 2014.

Explanation of Payment will display:

- Provider’s information
- Members processed on that payment
- Payment information
- Remark Code Explanation

Cigna HealthSpring CarePlan

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

CIGNA-HEALTHSPRING CAREPLAN KEY PARTNERS

Pharmacy

- Dental Services – DentaQuest – ***DentaQuest*** provides dental services to all Cigna-HealthSpring CarePlan Members. Dental providers must contract with DentaQuest to provide dental services.

- Vision Services – Superior Vision –***Superior Vision*** provides vision services to all Cigna-HealthSpring CarePlan Members. Vision providers must contract with Superior Vision to provide vision services.

CIGNA-HEALTHSPRING CAREPLAN KEY PARTNERS

Pharmacy

- A coverage determination is the decision made by the plan about a member's Part D benefits, including whether a drug is covered, or whether to make an exception to a plan rule when the member or doctor requests it. The Part D plan sponsor must accept both oral and written requests for coverage determinations. That information may be found at the following website: http://www.cigna.com/medicare/healthcare-professionals/tx-mmp
- Cigna-HealthSpring CarePlan Providers Pharmacy Authorization
  - Contact: 1-888-671-7379
  - Fax number for Pharmacy Prior Authorizations: 1-888-766-6341

- A Coverage Determination Form may be found on our website under the Pharmacy tab: http://www.cigna.com/medicare/healthcare-professionals/tx-mmp

- Federal & Texas laws require that a 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization (PA) is not available. This rule applies to all drugs requiring a prior authorization (PA), either because they are non-preferred drugs on the Preferred Drug List or because they are subject to clinical edits. Pharmacies will be paid in full for 72-hour emergency prescription claims.

LEGAL OBLIGATION: Americans with Disabilities Act (ADA)Requirements

- Is your current practice location accessible, clearly marked and visible from the street and marked throughout your facility?
- Is your current practice location easily accessible via public transportation?
- Is your office handicap accessible?
  - Designated handicap parking?
  - Wheelchair ramps?
  - Equipped exam rooms?
  - Equipped rest rooms with rails?
  - Auto-Open external doors?
- Do you have procedures in place for handling visually and/or hearing impaired patients?
- Can your waiting room accommodate patients in wheelchairs or motorized scooters?
- If you offer radiology and/or other diagnostic services, are they accessible to patients?

If the answer is “NO” to any of these, we will coordinate with you to have our Coalition of Limited English Speaking Elderly (CLESE) vendor suggest ways in which you can make these accommodations. Contact: 1-312-461-0812.

Waste and Abuse:

Waste and abuse is the act of requesting payment for items and services when there is no legal entitlement to payment. Unlike fraud, the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Waste and abuse may, directly or indirectly, result in unnecessary costs to the Medicare program or improper payment for services that fail to meet professionally recognized standards of care or that are medically necessary.

What are the differences between Fraud, Waste and Abuse?

One of the primary differences is intent and knowledge. Fraud requires the person to have intent to obtain payment and the knowledge that his or her actions are wrong. Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge as Fraud.

FRAUD, WASTE AND ABUSE

Keeping Track

How does Cigna-HealthSpring keep on track with Compliance?

- Written Policies and Procedures
- Designation of a Compliance Officer and a Compliance Committee
- Conducting an effective training and education program
- Development of effective lines of communication
- Enforcement through Publicized Disciplinary Guidelines and Policies that deal with ineligible persons
- Auditing and monitoring
- Responding to Detected Offenses, Developing Corrective Action Plan Initiatives and reporting to government authorities.

FRAUD, WASTE AND ABUSE

Examples of Fraud, Waste and Abuse

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use his/her Medicaid or CHIP ID.
- Using someone else's Medicaid or CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

FRAUD, WASTE AND ABUSE

Lines of Communication

To report suspected or detected Medicare or Medicaid program non-compliance, please contact Cigna-HealthSpring's Compliance Department at:

Cigna-HealthSpring
Attn: Compliance Department
530 Great Circle Rd
Nashville, TN 37228

To report potential fraud, waste, or abuse please contact Cigna-HealthSpring's Benefit Integrity Unit at:

Cigna-HealthSpring
Attn: Benefit Integrity Unit
500 Great Circle Road
Nashville, TN 37228

By phone: 1-800-230-6138, Monday through Friday, 8:00 AM to 6:00 PM CST

FRAUD, WASTE AND ABUSE

Lines of Communication, Cont.

Visit http://oig.hhsc.state.tx.us/. Under the box labeled “I WANT TO” click “Report Waste, Abuse and Fraud” to complete the online form. The site tells you about the types of waste, abuse and fraud to report.

If you would rather talk to a person, call the HHSC Office of Inspector General Fraud Hotline (OIG) at 1-800-436-6184.

You also can send a note or letter to the following addresses:

To report Providers, use this address:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
P.O. Box 85200
Austin, TX 78708-5200

To report Members, use this address:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

CULTURE AND CULTURAL COMPETENCE

- **Culture refers** to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values, and institutions that unite a group of people.

- **Cultural competence** is the capability of effectively dealing with people from different cultures.

- **Culture defines** health care expectations:
  - who provides treatment
  - what is considered a health problem
  - what type of treatment
  - where care is sought
  - how symptoms are expressed
  - how rights and protections are understood

- For a complete presentation, visit our website http://www.cigna.com/medicare/healthcare-professionals/tx-mmp

SPECIAL NEEDS PLAN MODEL OF CARE PROVIDER TRAINING

> The Affordable Care Act Section 2602 Requires the Federal Coordinated Health Care Office to integrate Medicare and Medicaid benefits in order to improve the quality of, and access to, care for dual eligible individuals in the counties in which the MMP will be implemented

> Improving the coordination between the federal and state governments for individuals eligible for both Medicare and Medicaid benefits

> Establishing one set of benefits for the enrollee that encompasses both Medicare & Medicaid benefits that is administered by one MCO through the Medicare Medicaid Program (MMP)

> All providers must receive training on the MOC initially and annually thereafter. Please go to the below link to familiarize yourself with the SNP Model of Care.

> In order to receive credit for completing the Model of Care training course you must complete a short set of questions and attest that you have completed the training.

http://www.cigna.com/medicare/healthcare-professionals/tx-mmp

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SPECIAL NEEDS PLAN MODEL OF CARE (MOC): 4 DOMAINS, 14 ELEMENTS*

MOC 1: Description of the SNP Population

- A. Sub-Population: Define how the most vulnerable beneficiaries will be identified

MOC 2: Care Coordination

- A. Cutline roles and responsibilities of staff responsible for the MMP Population
- B. Comprehensive Health Risk Assessment Process

MOC 3: SNP Provider Network:

- A. Specialized Expertise
- B. Use of Clinical Practice Guidelines & Care Transitions Protocols
- C. MOC Training for the Provider Network
- D. Specialized and credentialed providers with expertise to manage the needs of the MMP population and to meet CMS network adequacy requirements

MOC 4: MOC Quality Measurement & Performance Improvement

- A. MOC Quality Performance Improvement Plan
- B. Measureable Goals & Health Outcomes for the MOC
- C. Measuring Patient Experience of Care (SNP Customer Satisfaction)
- D. Ongoing Performance Improvement Evaluation of the MOC
- E. Dissemination of SNP Quality Performance related to the MOC

*Determined and required by the Centers for Medicare and Medicaid Services

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Claims for MMP Providers

Skilled Nursing Facility Providers should bill claims as traditionally billed with TMHP.

- **Medicare benefit** - Skilled services are billed with appropriate RUG level, per Medicare guidelines for days 1-20.
- **Medicaid benefit** - Medicaid will cover the co-insurance for Medicare for days 21-100. These services to be billed with Revenue Code 0101.
- **Medicaid benefit** – Day 101, and thereafter bill Revenue Code 0100.

Note: The 3-day inpatient rule does not apply for MMP members wanting to enter into a Skilled Nursing Facility.

NURSING FACILITY PROGRAM OVERVIEW (CONT.)

Claims for MMP providers

- The MCO will pay the State's Medicare co-insurance obligation for days 21 to 100 of a Dual Eligible Member's Medicare-covered stay in a Nursing Facility.

- The Provider may submit claims for Medicare Coinsurance through a portal operated by the MCO or its designee, or an HHSC-designated portal.

- The MCO may deny a claim for Medicare Coinsurance for failure to file timely if the Provider does not submit the claim to the MCO or its designee, or the HHSC-designated portal, within 365 days of the date of service.

- The MCO will Adjudicate Clean Claims for Medicare Coinsurance no later than 10 days after the claim is received by the MCO or its designee.

- If the Provider files a claim for Medicare Coinsurance with a third-party insurance resource, the wrong health plan, or with the HHSC's administrative services contractor, and produces documentation verifying that the initial filing met the timeliness standard, the MCO will process the claim without denying the resubmission for failure to timely file.

CIGNA-HEALTHSPRING® CAREPLAN PROVIDER WEBSITE

The Cigna-HealthSpring CarePlan website is available at:

http://www.cigna.com/medicare/healthcare-professionals/tx-mmp

The website includes much of the information included in today's presentation and allows providers to download numerous additional, more informative resources as well, such as:

- ✓ CarePlan Provider Manual
- ✓ CarePlan Quick Reference Guide
- ✓ CarePlan Provider Directory
- ✓ CarePlan LTSS Billing Guidelines
- ✓ Cultural Competency Presentation
- ✓ Upcoming Trainings
- ✓ Provider Updates

CIGNA-HEALTHSPRING CAREPLAN SECURE PROVIDER PORTAL

HSConnect

Sign-in Contact

Sign-in

User Name:

Password:

Sign-in

Forgot Password?

Need an Account? click here...

Welcome to HSConnect!

The HSConnect portal allows participating providers access to the information and tools to make their interaction with HealthSpring/Bravo Health more efficient so you, the provider, can focus on patient care.

Welcome to HealthSpring Connect, should you need technical support assistance please contact us during our business hours of 7:00 a.m.-6:00 p.m CST., Monday through Friday. 1-866-952-7596 or email us at HSConnectHelp@healthspring.com

Experience the Ease of HSConnect

Your online solution for...

- Referrals Entry* and Inquiry
- Precertifications Entry* and Inquiry
- Inpatient Authorization Inquiry
- Eligibility Verification
- Claims Payment Review

It's as easy as

1. Entering data
2. Attaching supporting clinical documentation
3. Submitting information and receiving **IMMEDIATE** status response

HSConnect

HSConnect is easy to use, HIPAA compliant, and provides enhanced efficiency and accuracy to your daily authorization process. Work with your provider representative and "Get Connected"

**Some features are subject to market availability, and not available for all markets. Please contact your HealthSpring or Bravo Health liaison if you wish to learn more or utilize these features*

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- Cigna-HealthSpring's secure Provider Portal is available to participating providers only.
- Providers must have a User ID & Password to access the Provider Portal. New Providers must register a User ID & Password online when accessing the Provider Portal.
- The Provider Portal allows 24-hour access and is an interactive site where participating Providers are allowed to:
  - ✓ Verify Member eligibility and PCP on file
  - ✓ Check individual claim status or by batch
  - ✓ Submit ***individual CMS 1500*** claims
  - ✓ Submit Batch claims for **UB04 and CMS 1500**
  - ✓ Request authorizations
  - ✓ Check authorization status
  - ✓ Displays Member's Service Coordinator

Cigna HealthSpring CarePlan

TEXAS Medicare Medicaid PLAN

Your Health Plan ★ Your Choice

IMPORTANT PHONE NUMBERS

INTERNAL CONTACTS	Phone Number
Behavioral Health Crisis Hotline- Hidalgo	1-888-843-1315
Behavioral Health Substance Abuse Services	1-877-725-2539
Claims Status Request	1-877-653-0331
Compliance Hotline	1-877-653-0331
Cigna-HealthSpring Automated Eligibility Verification Line	1-866-467-3126
Provider/Member Services Department	1-877-653-0331
Utilization Management – Service Coordination	1-877-725-2688
Utilization Management – Concurrent Review & Skilled Nursing Facility	1-877-725-2688
Utilization Management – Home Health	1-877-725-2688
Utilization Management – Inpatient Intake	1-877-725-2688
Utilization Management – Prior Authorization	1-877-725-2688

IMPORTANT PHONE NUMBERS

EXTERNAL CONTACTS	Phone Number
24- Hour Nurse Line - Health Information Line (HIL)	1-855-418-4552
Automated Inquiry System (AIS), Eligibility Verification	1-800-925-9126
Cigna-HealthSpring CarePlan Pharmacy	1-877-653-0331
Coalition of Limited English Speaking Elderly (CLESE)	1-312-461-0812
Comprehensive Care Program (CCP)	1-800-846-7470
Dental (DentaQuest) – Provider Services	1-888-308-9345
Dental (DentaQuest) – Member Services	1-855-418-1628
Emdeon	1-800-845-6592
Laboratory Services (Quest Diagnostics)	1-800-522-9235
Laboratory Services (CPL)	1-800-595-1275
Laboratory Services (LabCorp)	1-888-522-2677
Laboratory Services (ProPath)	1-866-776-7284
MAXIMUS (Medicaid Managed Care Helpline)	**1-800-964-2777**
Medicaid Managed Care Helpline	1-866-566-8989
Medicaid Managed Care Helpline TDD	1-866-222-4306
Medical Transportation Program (MTP) – Hidalgo SDA	1-877-633-8747
Texas Department of Family & Protective Services (TDFPS)	1-800-252-5400
Vision (Superior Vision)	1-800-879-6901

TRAINING COMPLETION

Thank you for reviewing the Cigna-HealthSpring Texas CarePlan Provider In-Service Training.

If you are ready to take the quiz and acknowledge completion click CONTINUE.

If you would like to review the training again prior to taking the quiz, then review the presentation again from the beginning slide.

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