REMINDER:

HEDIS DATA COLLECTION IS QUICKLY APPROACHING

Each year, we collect data for the Healthcare Effectiveness Data and Information Set (HEDIS), a core set of performance measures that provides an in-depth analysis of the quality of care that health care organizations provide. The National Committee for Quality Assurance (NCQA), employers, and health plans have developed HEDIS as an industry-wide method to help compare and assess a health plan’s performance in a variety of areas.

What you need to know

› Our initial requests for medical record reviews are mailed to health care professionals’ offices in February each year.

› The mailing includes a list of patients and a detailed description of what is needed from each patient’s medical record. The patients identified on each list are chosen through a random selection process.

› The HEDIS medical record review is time-sensitive. Please return the requested documentation within the time-frame noted on the letter of request. We appreciate your timely response.

› HEDIS requests can be completed remotely if you have a secure electronic medical record (EMR) system and allow access through our secure network. This is a more efficient process that can help minimize any disruption to your office. You can also securely fax the requested documentation to us.

continued on page 2
HEDIS DATA COLLECTION continued

➤ All personal health information (PHI) is kept confidential, and only shared to the extent permitted by federal and state law. Data is aggregated to reflect just the presence or absence of a particular procedure at the health plan’s level.

➤ HEDIS record collection is considered a health care operation under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, Patient authorization is not required.

➤ Under your Cigna-HealthSpring provider agreement, you are required to cooperate with the HEDIS data collection process.

Vendor collaboration

Cigna-HealthSpring has partnered with CIOX Health to retrieve medical records selected for the HEDIS data collection process in certain areas. Please note that we have executed a business associate agreement with CIOX and their employees. Any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, as well as current HIPAA requirements. Please anticipate receiving a call from CIOX to schedule the review. They will work with you to minimize disruptions in patient care activities. We appreciate your cooperation with this request.

Online information

Go to Cigna.com/Medicare/Healthcare-Professionals

➤ Click Current Provider Manual in the drop-down menu

➤ Go to HEDIS Record Collection.

You may also visit NCQA.org for more information on HEDIS.
CAHPS AND HOS SURVEY SEASON IS UNDERWAY

As a provider, you play an important role in caring for patients. Thank you for being kind, understanding, and listening to your patients. Your actions affect a patient’s overall healthcare experience.

The results are in

Thank you for your role in helping us to ensure that patients are seen within 15 minutes of their appointment time. Our 2016 CAHPS survey results indicated an increase of two points overall for all of your Cigna-Healthspring patients. That’s a big win and your role was a major factor in our success, but we still need your help. Our results also indicated other areas of opportunity:

› Care Coordination (CAHPS) – It’s important to follow-up with patients after their appointment to deliver their test results within a day of receiving them.
› Reducing the Risk of Falling (HOS) - Once a person experiences a fall, they immediately become at a greater risk for more falls. Continue to encourage patients to exercise regularly and remove any hazardous objects in their home that could cause them to fall.
› Talk to your patients to make sure they understand their diagnosis, know how and why to take medication as prescribed and what are the next steps toward treatment.
› Encourage patients to discuss topics such as incontinence that may be uncomfortable or embarrassing. Ask questions to help them through the process.

Together we can make a positive difference. We look forward to a great 2017 of teamwork and positive patient experiences on our 2017 CAHPS survey. Thank you for all you do.
BILLING RULES FOR DUAL-ELIGIBLE BENEFICIARIES

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual-eligible program which exempts individuals from Medicare cost-sharing liability. Balance billing prohibitions may also apply to other dual eligible beneficiaries in MA plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost-sharing. Note that the prohibition on collecting Medicare cost-sharing is limited to services covered under Parts A and B. Low Income Subsidy (LIS) copayments still apply for Part D benefits.

(Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter; 42 C.F.R. §422.504(g)(1)(iii))

For additional Information regarding dual eligible billing rules, Cigna-HealthSpring cost-sharing, and Medicaid Coverage Groups, refer to our online provider manual.

https://www.cigna.com/medicare/healthcare-professionals/provider-manual/Select Customer Information>Dual Eligible Individuals> Cigna-HealthSpring Cost-Sharing Chart> Medicaid Coverage Groups

CODING AND DOCUMENTATION IMPROVEMENT EDUCATIONAL WEBINARS

PLEASE JOIN US

Every third Tuesday of the month, the Chronic Care Quality Initiative (CCQI) department hosts a monthly webinar designed specifically for providers, healthcare professionals and administrative staff who want to broaden their understanding and use of documentation and coding skills.

Please visit https://www.cigna.com/medicare/healthcare-professionals/icd-10 for more information.
DID YOU KNOW THAT CIGNA-HEALTHSPRING MEDICARE ADVANTAGE REIMBURSES FOR TELEPSYCHIATRY?

Telepsychiatry is reimbursed at the same rate as in-office psychiatric visits. Cigna-HealthSpring Medicare Advantage also reimburses a per session fee for the staff member who presents the patient (originating site fee).

There are four requirements for reimbursement:

1. **Geographic**
   The patient must be located in a non-metropolitan statistical area, or rural census tract within a metropolitan statistical area.

2. **Facility**
   The patient must be located in a qualifying facility.

3. **Procedure**
   The service must be an approved telepsychiatry procedure.

4. **Billing**
   Services must be billed with Place of Service 02 and modifiers GT or GQ.

For more information, visit:


Reference: Chapter 15, “Medicare Benefit Policy Manual” (Publication 100-02) on the CMS website

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PAPER CLAIM SUBMISSION

Cigna-HealthSpring would like to ensure that any paper claim submissions are submitted with a font size of 12 point and the preferred font of Verdana or Courier. While Cigna-HealthSpring prefers electronic submission of claims, paper claims are accepted. If you are interested in submitting claims electronically, please contact Cigna-HealthSpring Provider Services for assistance at **1-800-230-6138**.
MAKE SURE YOUR CONTACT INFORMATION IS CORRECT

Check your listing in the Cigna-Healthspring directory.

We want to be sure that patients have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our provider directory, including your office address, telephone number, and specialty. To view your listing in the directory please visit https://providersearch.hsconnectonline.com/OnlineDirectory

If your information is not accurate or has changed, it's important to notify us. Submit changes electronically using the online form available on the Cigna-Healthspring for Health Care Professionals website (https://www.cigna.com/medicare/healthcare-professionals/). Select your region from the FIND YOUR REGION drop down> Select the HealthCare Professional Information drop down> Health Care Professional Change Form. After you select Health Care Professional Change Form you will be directed to the electronic form to complete and submit. You may also submit your changes by email, fax, or mail to your appropriate market.

MARKETS

TN, AR, Northwest GA (Catoosa, Dade, Walker counties)
Email: TNDocs@healthspring.com
Fax: 855-595-2211
Mail: Attn: PDV Team
530 Great Circle Road
Nashville, TN 37228

AL, GA (Catoosa, Dade and Walker Counties)
North FL, South MS, NC, SC
Email: ALPDVTTeam@healthspring.com
Fax: 877-720-3859
Mail: Attn: PDV Team
2 Chase Corporate Dr. Suite 300
Birmingham, AL 35244

KS, MO
Email: TNDocs@healthspring.com
Fax: 855-595-2211
Mail: Attn: PDV Team
530 Great Circle Road
Nashville, TN 37228

TX
Email: TX_PDV_Team@healthspring.com
Fax: 855-694-2717
Mail: Attn: PDV Team
2900 North Loop West, STE 1300
Houston, TX 77092

IL, IN
Email: TNDocs@healthspring.com
Fax: 877-440-9336
Mail: Attn: PDV Team
2208 Hwy 121 Suite 210
Bedford, TX 76021

MD, DC, DE, PA
Email: MAPA_PDV_Team@healthspring.com
Fax: 866-790-8599
Mail: Attn: PDV Team
1500 Spring Garden St.
Philadelphia, PA 19130
ICD-10 LATERALITY PROVIDER COMMUNICATION

Beginning July 1, 2017, Cigna-HealthSpring will update policies and claims payment systems to align with correct-coding initiatives from CMS guidelines, national benchmarks and industry standards, such as the American Medical Association (AMA) Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, 10th Edition/Revision (ICD-10) code sets regarding physician/health care provider and facility claims.

Due to these changes, we are taking this time to communicate to our providers that based on the ICD-10 coding guidelines, new diagnosis coding policies will be implemented:

› ICD-10-CM Laterality policy for Diagnosis-to-Modifier comparison.
› ICD-10-CM Laterality policy for Diagnosis-to-Diagnosis comparison

Our policies are to support the unique attributes to the ICD-10-CM code set for the reporting regarding laterality that have been built into code descriptions. Some ICD-10-CM codes specify whether the condition occurs on the left or right, or is bilateral. For example: if no bilateral code is provided and the condition is bilateral, then codes for both left and right should be assigned. If the side is not identified in the medical record, then the unspecified code should be assigned.


If you have questions about this communication, please contact your Provider Account Representative.
### FORMULARY UPDATES

*Effective 3/1/2017 (unless otherwise noted)*

<table>
<thead>
<tr>
<th>Name of Affected Drug</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ezetimibe</td>
<td>Addition to formulary</td>
</tr>
<tr>
<td>Epinephrine Auto-Injector</td>
<td>Addition to formulary (effective 1/30/17)</td>
</tr>
<tr>
<td>Anoro Ellipta</td>
<td>Addition to formulary (AZ MAPD only)</td>
</tr>
<tr>
<td>Oseltamivir</td>
<td>Addition to formulary with Quantity Limit</td>
</tr>
<tr>
<td>Rasagline</td>
<td>Addition to formulary with Quantity Limit</td>
</tr>
<tr>
<td>Kyprolis</td>
<td>Addition to formulary with Prior Authorization</td>
</tr>
<tr>
<td>Ribavirin</td>
<td>Addition to formulary with Prior Authorization</td>
</tr>
<tr>
<td>Aprepitant</td>
<td>Addition to formulary with Prior Authorization and Qty Limit</td>
</tr>
<tr>
<td>Epclusa</td>
<td>Addition to formulary with Prior Authorization and Qty Limit</td>
</tr>
<tr>
<td>Rubraca</td>
<td>Addition to formulary with Prior Authorization and Qty Limit</td>
</tr>
<tr>
<td>Tecfidera</td>
<td>Addition to formulary with Prior Authorization and Qty Limit</td>
</tr>
<tr>
<td>Zubsolv</td>
<td>Addition to formulary with Prior Authorization and Qty Limit</td>
</tr>
<tr>
<td>Allopurinol</td>
<td>Addition to formulary with Step Therapy</td>
</tr>
<tr>
<td>Livalo</td>
<td>Addition to formulary with Step Therapy and Qty Limit</td>
</tr>
<tr>
<td>Voltaren Gel</td>
<td>Removal of Step Therapy Edit (effective 1/25/17)</td>
</tr>
</tbody>
</table>
PHARMACY UPDATE

60-day formulary change notifications
Every month, the Preferred Drug List (formulary) is updated. Changes include but are not limited to removal of brand products, addition of new products including generics and removal/addition of UM restrictions such as quantity limit, step therapy, or prior authorizations. Information regarding changes may be found on our website at cigna.com/medicare/part-d/drug-list-formulary.

60-day notification for medical removal from formulary
When a medication is removed from the list, providers will be notified at least 60 days before it is removed, or if prior authorization, quantity limit or step therapy restrictions have been placed on a medication. This information will also be updated, along with any drugs added to the formulary, on our website at cigna.com/medicare/part-d/drug-list-formulary.

Formulary exception requests
Physicians may request exceptions to our coverage rules if medically necessary. Cigna-HealthSpring will make a determination within 72 hours after we receive the request from the physician. Formulary exception request forms are available on our website cigna.com/medicare/resources/2017-customer-forms and may be faxed to 1-866-845-7267.

BEHAVIORAL HEALTH QUESTIONS
Contact Cigna Behavioral Health at 1-800-926-2273 for:
› Contracting
› Credentialing
› Demographic updates
Contact Cigna-HealthSpring at 1-800-230-6138 for:
› Authorizations
› Benefits and eligibility
› Claims
www.cignaforhcp.com
www.cigna.com/medicare/healthcare-professionals/
PREFERRED PHARMACY NETWORK

As a reminder, Cigna-HealthSpring Medicare Advantage plans now offer a preferred pharmacy network. Our PDP (Part D only) plans utilized a preferred network in 2016 and will continue to do so in 2017. The preferred pharmacy network supports affordability for patients while helping to improve health outcomes. By negotiating with many of our contracted pharmacies, we were able to either lower or maintain drug copays for patients who utilize this preferred network. Most patients filling their medications at these pharmacies will experience lower copays than when using a standard pharmacy in our network1. Performance on medication adherence metrics is a component of the agreement with pharmacies in our preferred network. This increased focus from our preferred network pharmacies, coupled with the reduced copays at these pharmacies, should help improve your patients’ medication adherence.

The preferred network includes several large and regional chains in addition to local pharmacies. The following is a list of some of the over 32,000 retail pharmacies that are participating in our preferred pharmacy network for 2017 (up-to-date pharmacy directories can be accessed at https://www.cigna.com/medicare/medicare-advantage/pharmacy-options):

Patients can also find network pharmacies in their area by going to www.cignahealthspring.com and hitting the “Find a Pharmacy/Drug” button. This will direct them to a geo-coded system that will identify preferred and standard network pharmacies near a specific address.

our Cigna-Healthspring patients still have the option of filling their prescriptions at either preferred or standard network pharmacies. The copay difference has been communicated to them by mail.

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1 The preferred network pharmacy copay difference does not apply to patients in Cigna-Healthspring TotalCare, Primary, or Traditions plans. Also, patients who receive a low-income subsidy (LIS) may not see a copayment difference as their copayments are set by CMS. The copay difference also does not apply to Tier 5 - Specialty Drugs.
PNEUMONIA VACCINATION UPDATE

The CDC issued an update on pneumococcal vaccination of adults aged 65+ in 2014. The recommendation was that adults 65+ be vaccinated with both Prevnar 13* (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein]) and the Pneumovax 23 (Pneumococcal Polysaccharide vaccine 23 valent), based on the findings of the Advisory Committee on Immunization Practices (ACIP).

Cigna-HealthSpring hospital admission statistics have shown pneumonia to be one of the top three causes for admission year over year. In an effort to address this serious health problem in the 65+ population, Cigna-HealthSpring supports the updated ACIP recommendations. The CDC recommendations for adults 65+ had a change in 2016 as follows:

<table>
<thead>
<tr>
<th>Pneumococcal Vaccine-naïve adults aged &gt; 65</th>
<th>Adults previously vaccinated with PPSV23 at age &gt; 65</th>
<th>Adults previously vaccinated with PPSV23 before age 65 years who are now aged &gt; 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer Prevnar 13* first</td>
<td>Administer Prevnar 13* (at least 1 year after the most recent dose of PPSV23)</td>
<td>Administer Prevnar 13* (at least 1 year after the most recent dose of PPSV23)</td>
</tr>
<tr>
<td>12 months later†</td>
<td>12 months later†, administer subsequent dose of PPSV23‡ (no sooner than 5 years after the most recent dose of PPSV23)</td>
<td></td>
</tr>
</tbody>
</table>

* Pneumococcal vaccine naïve or unknown vaccine history.
† Minimum interval between sequential administration of Prevnar 13* and PPSV23 is 12 months.
‡ The 2 vaccines (Prevnar 13* and PPSV23 should not be coadministered).

Prevnar 13* is indicated for active immunization for the prevention of disease caused by Streptococcus pneumoniae serotypes 1,3,4,5,6A,6B,7F,9V,14,18C,19A, and 23F. Effectiveness of Prevnar 13* when administered < 5 years after the PPSV vaccine is given are unknown.

Changes in the 2016 adult immunization schedule for the pneumonia vaccines from the 2015 schedule included the following new ACIP recommendations:

Interval change for 13-valent pneumococcal conjugate vaccine (PCV13) followed by 23-valent pneumococcal polysaccharide vaccine (PPSV23) from “6 to 12 months” to “at least 1 year” for adults aged > 65 years who do not have immunocompromising conditions, anatomical or functional asplenia, cerebrospinal fluid leaks, or cochlear implants (1). The interval for adults aged ≥ 19 years with any of these conditions is at least 8 weeks (2).

Both pneumonia vaccines are a covered benefit for Cigna-HealthSpring patients. The billing code for each vaccine is:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevnar 13*</td>
<td>90670</td>
</tr>
<tr>
<td>PPSV23</td>
<td>90732</td>
</tr>
</tbody>
</table>

For further information, links to the referenced article in the CDC report are provided below:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm
http://www.cdc.gov/mmwr/volumes/65/wr/mm6504a5.htm

If you have additional questions, please feel free to contact your Network Operations representative.

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3 http://www.cdc.gov/mmwr/volumes/65/wr/mm6504a5.htm
OPIOID QUALITY IMPROVEMENT PLEDGE

As a health care provider, you have likely seen the many harmful affects of opioids on individuals, families, and communities, including a growing number of overdoses and deaths. This is a complex problem that will take many different solutions and stakeholders to solve. But, working together, we can take actions that can make a difference.

Let's help turn the tide
To help prevent patients from becoming dependent on opioid prescription drugs, and stem the tide of deaths, we are developing initiatives to work collaboratively with providers. One of these initiatives is the Opioid Quality Improvement Pledge. Its goals are to raise awareness of the Surgeon General’s ‘Turn the Tide’ prescriber pledge, and to ask providers for their commitment to quality improvement activities that will:

› Reduce potentially hazardous opioid prescribing.
› Improve the coordination and quality of care for patients who are taking opioids.

In addition, the Provider Opioid Quality Improvement Pledge asks providers to develop quality improvement activities focused on reducing potentially hazardous prescribing and coordination of care for patients currently taking an opioid.

How to sign the pledge
We invite you to review and sign the Opioid Quality Improvement Pledge by going to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy > Pharmacy Clinical Programs > Enhanced Narcotic Therapy Management > Opioid Quality Improvement Pledge). Once you have completed and signed the pledge, please email it to PledgeResponses@Cigna.com

New P4Q Opioid Measure
As part of our commitment, Cigna-HealthSpring has added a quality measure to its 2017 Partnership for Quality (P4Q) Program. It will specifically track the number of patients 18 years or older, excluding those with cancer or hospice, receiving greater than 120 mg morphine equivalent doses for 90 consecutive days or more.

Additional Information and Resources, including guidelines for prescribing opioids for chronic pain, are available on the CDC website (CDC.gov > CDC A-Z index > O > Opioid Overdose > Opioid Basics > Understanding the Epidemic).

1 “The Surgeon General’s Call to End the Opioid Crisis” (turnthetidery.org).
ANNUAL AMBULATORY MEDICAL RECORD REVIEW REMINDER

Cigna-HealthSpring conducts an annual Ambulatory Medical Record Review to assure physicians are addressing all elements in a patient’s record as required by national documentation standards. A random sample is reviewed which includes Medicare and Medicaid contracts. Though the review exceeded the passing score of 70% in 2016, the top three standards consistently lacking supportive evidence of inclusion in the record were:

› Opportunity to complete Advance Directives either offered or reviewed for update purposes

› Sexual practices discussed

› Medication profile included refill dates (other than new prescriptions)

Thank you for assisting us in our efforts to encourage superior quality of care and effective care coordination for your Cigna-HealthSpring patients by reviewing these items with patients or their caregivers at least once each calendar year. The current Cigna-HealthSpring 360 examination form is an excellent tool for covering required documentation elements.

For more information:
(860) 907-5573
billie.wallace@healthspring.com
STATIN USE IN PERSONS WITH DIABETES (SUPD)

SUPD is a new display measure initiated by the Centers for Medicare & Medicaid Services (CMS). Statin use reduces cardiovascular disease (CVD) in people with diabetes, resulting in better health outcomes for our patients and improved Star Quality Ratings. Pharmacy Quality Alliance (PQA) endorsed the SUPD measure and CMS has indicated their intention for the measure inclusion for the 2019 Stars Program (for 2017 dates of service).

CVD is the biggest contributor to morbidity and mortality in diabetic patients, and accounts for the majority of diabetes-associated costs. Use of statin medications has been shown to significantly reduce CVD events. Current diabetes (ADA) and lipid (ACC/AHA) guidelines agree that a statin should be initiated in all diabetic patients age 40-75 years of age, in addition to lifestyle modifications, to prevent CVD events. All patients 40-75 years of age who have two or more fills of a diabetes medication during the calendar year are included in the measure. Once the patient has one fill of a statin medication they will have fulfilled this measurement for the calendar year.

What statins are on the 2016 formulary? Current Cigna-HealthSpring formulary statins include

- Tier 1: Atorvastatin, Lovastatin, Pravastatin, Simvastatin
- Tier 2: Rosuvastatin
- Tier 3: Livalo (Step Therapy Required)
- Tier 4: Crestor (Step Therapy Required)

What options are available if my patient experiences intolerance to statins? We recommend alternate-day dosing, adding a Coenzyme (CoQ10) supplement and increased water consumption to improve tolerability.

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How to contract with Cigna-HealthSpring

**Important anti-discrimination notice**

1. Any health care provider wishing to contract with Cigna-HealthSpring may submit an interest form located on the Cigna-HealthSpring website.

2. Cigna-HealthSpring reviews all interest forms and accepts or denies the request based on a needs assessment related to the provider’s specialty.

3. Should a provider be denied participation, a written notice is provided outlining the reasoning behind the denial.

**IMPORTANT:** No health care professional shall be discriminated against by Cigna-HealthSpring in reimbursement, participation or based on the population served.

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Medical record documentation

**Standards checklist**

Let’s work together to make sure your patient medical records include:

- Identifying patient information
- Identification of providers participating in care and information on services furnished by these providers
- A problem list, including significant illnesses and medical and psychological conditions
- Presenting complaints, diagnoses and treatment plans
- Prescribed medications, including dosages and dates of initial or refill prescriptions
- Information on allergies and adverse reactions (or a note that patient has no known allergies or history of adverse reactions)
- Information on advanced directives
- Past medical history, including physical examinations, necessary treatments and risk factors relevant to the particular treatment

**IMPORTANT:** Cigna-HealthSpring may conduct site visits to determine whether the site conforms to the organization’s standards for medical record keeping practices and the confidentiality requirements.