

# NETWORK INSIDER

Cigna-HealthSpring STAR+PLUS news you can use

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.

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**MISDIRECTED CLAIMS**

We strive for patient and provider-centricity every day. Misdirected claims have an adverse impact on both patients and providers. To learn more please visit:

[CignaHealthSpring.com](http://CignaHealthSpring.com) > [Health Care Professionals](#) > [Misdirected Claims Information](#)

## 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](http://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](http://NCQA.org) for more information on HEDIS.



## BILLING TIPS FOR LONG-TERM SERVICES AND SUPPORTS (LTSS) PROVIDERS

### To avoid claims from denying as duplicates:

- › If two identical claims are received for the same service on the same date for the same patient, one of the claims will be denied as an “exact” duplicate; unless noted as a corrected claim (resubmission code 7 on line 22 of a 1500 form).
- › If there is a break in service, do not bill for the days that you did not provide services to the patient. Enter the start date on the next line for services that resumed upon the patients return.
- › If you have filed a claim with us and were reimbursed for those services, do not file a separate claim for the entire month, which includes the same dates of service previously processed. Your claim will be denied as a duplicate.

**Example:** Provider billed and was reimbursed for dates of service 10/1/16 – 10/5/16. Subsequently, a separate claim is billed for dates of service 10/1/16 – 10/30/16.

### Partial units:

Historically, providers were instructed to bill services that require units to be billed in full or whole units, and if the units were .5 or partial to round up to the next full unit. Effective immediately, providers may bill for, and will be reimbursed for partial units.

### Electronic Visit Verification (EVV) reminders:

Important reminders on cellphone use with EVV:

<http://www.dads.state.tx.us/providers/communications/alerts/index.cfm>

Revised Reason Codes:

<https://www.dads.state.tx.us/providers/communications/alerts/alerts.cfm?alertid=2421>

EVV – when submitting hours for services provided, please bill the exact hours/units. It is not necessary to round up on units.

<http://starplus.cignahealthspring.com/evv>

## PERSONAL SERVICE CODE CHANGES

*Effective November 1, 2016*

Personal Service codes were updated for Physical Therapy, Occupational Therapy, Speech Therapy, Supportive Employment and Employment Assistance.

If you currently have an authorization with old HCPCS codes, Cigna-HealthSpring CarePlan and Cigna-HealthSpring STAR+PLUS will close that authorization with an end date of 10/31/2016; a new authorization will be opened effective 11/01/2016 with new codes. No action is required on your part.

For additional information regarding the updated codes or modifiers, please refer to DADS website at: <https://hhs.texas.gov/laws-regulations/handbooks/appendices/sph-appendix-xvi-long-term-services-and-supports-codes-and-modifiers> or call Cigna-HealthSpring’s Provider Services at **1-877-653-0331**

## MAKE SURE YOUR CONTACT INFORMATION IS CORRECT

Check your listing in the Cigna-HealthSpring Texas STAR+PLUS 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

<http://starplussearch.myhealthspring.com/starplus/providerdirectory/default.aspx>

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 Texas STAR+PLUS website (<http://starplus.cignahealthspring.com/>). Select Provider Resources> Forms> Provider Information Change Form. You may also submit your changes via:

Email: **ProviderDataValidation@healthspring.com**

Fax: **877-440-9336**

Mail: **Attn: PDV Team  
2208 Hwy 121, STE 210  
Bedford, TX 76021**

## TRAINING AND EDUCATION

Please visit <https://www.cigna.com/medicare/healthcare-professionals/tx-mmp> if you would like to attend an upcoming training session. For your convenience, the presentations for the sessions are also located on our website.

Sessions and presentations are available on the following topics:

- HSConnect Provider Portal
- Medicare-Medicaid Plan
- Nursing Facility
- General STAR+PLUS
- Texas Health Steps
- Special Needs Plan
- Claims
- Cultural Competency
- Authorizations
- Office of the Inspector General (OIG)

### Service authorization reminders for nursing facility

A separate training for Service Authorizations for add-on services is also available. Check our website for dates and times.

<http://starplus.cignahealthspring.com/ProviderEducation>

## PNEUMONIA VACCINATION UPDATE

The CDC issued an update on pneumococcal vaccination of adults 65+ in 2014. The recommendation was that adults 65+ be vaccinated with both Prevnar 13<sup>®</sup> (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein])<sup>1</sup> and the Pneumovax 23 (Pneumococcal Polysaccharide vaccine 23 valent), based on the findings of the Advisory Committee on Immunization Practices (ACIP)<sup>2</sup>.

Cigna-HealthSpring hospital admission statistics have shown pneumonia to be one of the top three causes for admission. 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:

Pneumococcal Vaccine- naïve* adults aged ≥ 65	Adults previously vaccinated with PPSV23 at age ≥ 65	Adults previously vaccinated with PPSV23 before age 65 years who are now aged ≥ 65
Administer Prevnar 13 <sup>®</sup> first	Administer Prevnar 13 <sup>®</sup> (at least 1 year after the most recent dose of PPSV23)	Administer Prevnar 13 <sup>®</sup> (at least 1 year after the most recent dose of PPSV23)
12 months later† Administer dose of PPSV23‡ (or during the next visit)		12 months later†, administer subsequent dose of PPSV23‡ (no sooner than 5 years after the most recent dose of PPSV23)

\* Pneumococcal vaccine naïve or unknown vaccine history.

† Minimum interval between sequential administration of Prevnar 13<sup>®</sup> and PPSV23 is 12 months

‡ The 2 vaccines (Prevnar 13<sup>®</sup> and PPSV23 should not be coadministered)

Prevnar 13<sup>®</sup> 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<sup>®</sup> 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)<sup>3</sup>.

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

Vaccine	CPT Code
Prevnar 13 <sup>®</sup>	90670
PPSV23	90732

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.

<sup>1</sup> Prevnar 13<sup>®</sup> (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein]) prescribing Information Wyeth Pharmaceuticals, Inc.; 2014

<sup>2</sup> Tomczyk S, Bennett NM, Stoecker C, et al; Centers for Disease Control and Prevention (CDC). Use of 13- valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged ≥65 years: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morb Mortal Wkly Rep. 2014;63(37): 822-825.

<sup>3</sup> <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<sup>1</sup>, 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](http://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](mailto:PledgeResponses@Cigna.com)

**Additional information and resources**, including guidelines for prescribing opioids for chronic pain, are available on the CDC website ([CDC.gov](http://CDC.gov) > CDC A-Z index > O > Opioid Overdose > Opioid Basics > *Understanding the Epidemic*).

<sup>1</sup>"The Surgeon General's Call to End the Opioid Crisis" ([turnthetiderx.org](http://turnthetiderx.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)

Please assist 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. For those providers documenting care to Medicare members, 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](mailto:billie.wallace@healthspring.com)

## CIGNA-HEALTHSPRING'S ATTENDANT CARE ENHANCEMENT PROGRAM (ACEP) ENROLLMENT COMING SOON

Historically, the ACEP was managed by the Texas Department of Aging and Disability Services (DADS). Cigna-HealthSpring will begin its own ACEP early this summer. Visit our website in the next couple months for more information. <http://starplus.cignahealthspring.com>

The following provider types are eligible to participate in the ACEP:

- › Personal Assistance Services (PAS)
- › Day Adult Health Services (DAHS)
- › Assisted Living (AL)

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