

# NETWORK INSIDER

Cigna-HealthSpring news you can use

## AMBULATORY MEDICAL RECORD REVIEW

Cigna-HealthSpring conducts an annual Ambulatory Medical Record Review to ensure physicians are addressing all elements in a patient's record as required by national documentation standards. A random sample of 30 charts from each managed market was reviewed which includes Medicare and Medicaid contracts. Though each market exceeded the passing score, 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 our customers by covering these items with your patients or their caregivers each calendar year.

**The current Cigna-HealthSpring 360 examination form is an excellent tool for covering required documentation elements.**

For more information, please contact Cigna-HealthSpring at **1-804-904-4359** or by email at [Jean.Horrell@HealthSpring.com](mailto:Jean.Horrell@HealthSpring.com)



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**NEW, ONLINE  
PROCESS  
MAKES PA'S  
FASTER AND  
EASIER**

### PART D PRIOR AUTHORIZATIONS

Cigna-HealthSpring has teamed with CoverMyMeds® to help prescribers and pharmacies:

- Submit and track PA's online.
- Ensure all required information is submitted.
- Reduce paperwork related to missing information.
- Receive electronic determinations and create renewals from previous requests.

It's free and HIPAA-compliant. Sign up at [www.CoverMyMeds.com](http://www.CoverMyMeds.com).

# 2018 CAHPS AND HOS SURVEY SEASON IS UNDERWAY...

CAHPS is the Consumer Assessment of Healthcare Providers & Systems. CAHPS is an annual survey of patients' health care experiences over the previous six months. The CAHPS survey focuses on health care experiences including services received, perception with providers, and perception with their plan.

HOS is the Health Outcomes Survey (HOS) The Medicare Health Outcomes Survey (HOS) gathers clinically meaningful health status data by utilizing a survey methodology. HOS is used as part of the effectiveness of care component of HEDIS.

Our common goal is to improve each patient's experience at your office by caring for our customers. Thank you for being kind, for being understanding, and for listening to your patients and our customers as your actions affect a customer's overall experience.

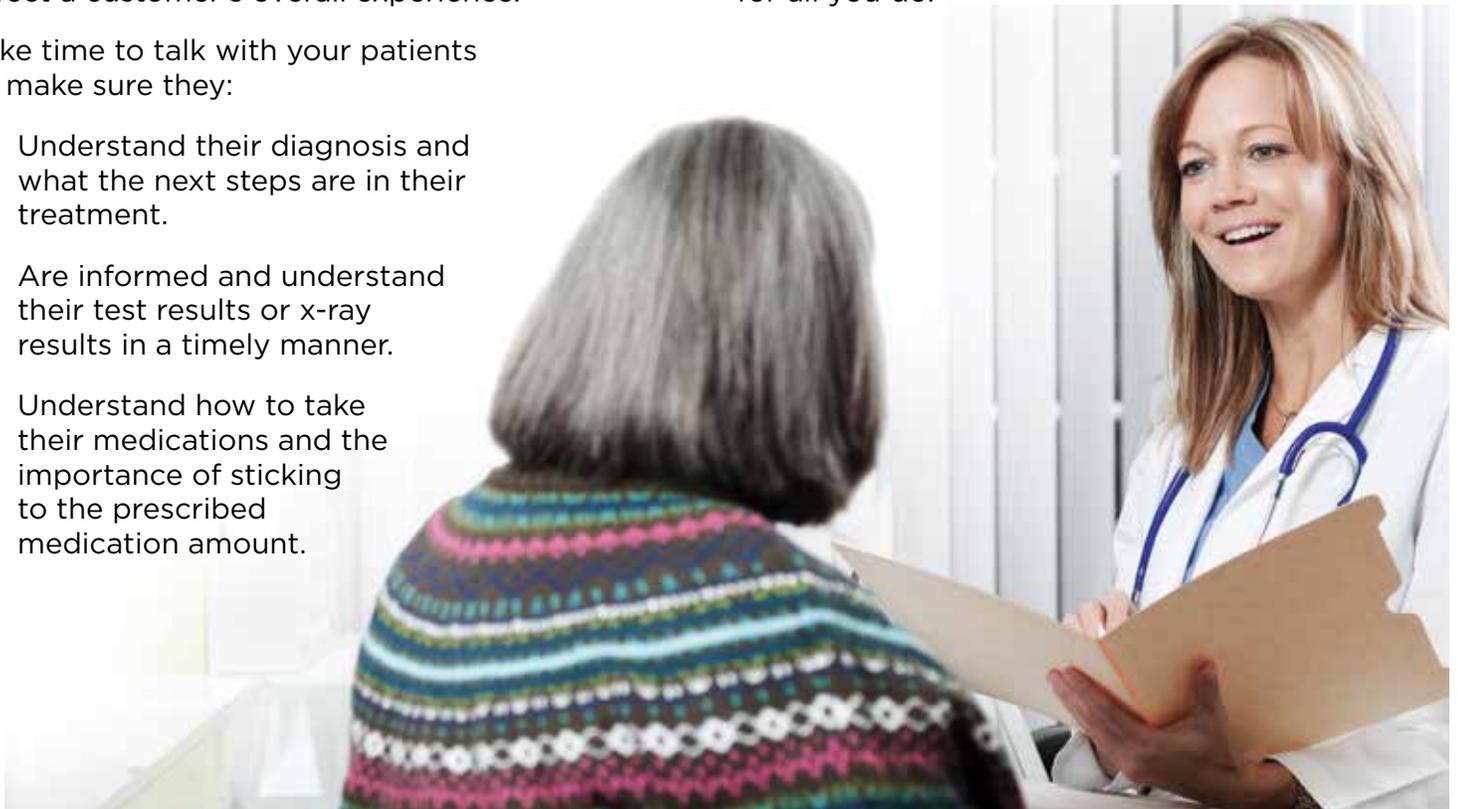
Take time to talk with your patients to make sure they:

- Understand their diagnosis and what the next steps are in their treatment.
- Are informed and understand their test results or x-ray results in a timely manner.
- Understand how to take their medications and the importance of sticking to the prescribed medication amount.

If you're running behind on the schedule, have your office staff inform customers of the wait time. These few steps are important for our customers.

Sometimes patients may have a hard time discussing uncomfortable or embarrassing topics like urinary incontinence. Keep encouraging patients by asking questions and helping them through the process. Discuss with patients about fall risk and offer safety tips around the home. Talk to your patients about the benefits of regular exercise and help them create an exercise plan that is right for them.

Together we can make a difference in our customers' experience. We are looking forward to another great 2018 of teamwork and a positive customer experience on our 2018 CAHPS and HOS surveys. Thank you for all you do.



## HELP PATIENTS FIND YOU

The Centers for Medicare & Medicaid Services (CMS) requires the maintenance of accurate data in provider directories. To ensure patients can locate your correct practice information, please review your current directory listing at <https://providersearch.hsconnectonline.com/OnlineDirectory>.

### How to update your directory listing

- › Update your profile in CAQH
- › For providers not participating in CAQH, submit updates electronically at <https://chsproviderdatavalidation.com/>
- › Contact your Network Operations Representative



# REDUCE ADMINISTRATIVE BURDEN ON YOUR PRACTICE AND PATIENTS WITH CAQH PROVIEW

1.4 million health care providers use Council for Affordable Quality Healthcare (CAQH) ProView as their one-stop-shop to streamline administrative paperwork for multiple insurance plans. CAQH ProView is fully electronic and was developed to save your staff and you the time it takes to complete the lengthy paper forms needed for each health care organization with which you are affiliated and it's at no charge to you.

- Self-report and electronically store professional information in one user-friendly online data source.
- Directly upload credentialing documents to improve the accuracy and timeliness of applications.
- Share information common to multiple practice locations among providers in that practice.
- Maintain control of professional information with security features and authorize specified organizations to receive it.

To sign up or learn more about CAQH Proview, go to <https://www.caqh.org/solutions/caqh-proview>



PROVIEW.

# MEDICARE DIABETES PREVENTION PROGRAM

Effective 4/1/2018, the Medicare Diabetes Prevention Program (MDPP) expanded model is a structured intervention with the goal of preventing progression to type 2 diabetes in individuals with an indication of pre-diabetes. The MDPP helps participants lose weight, adopt healthy habits, and reduce their risk for type 2 diabetes. Participants learn ways to eat healthier, increase their activity, and manage the challenges that come with lifestyle change. This is a once in a lifetime benefit.

The clinical intervention consists of a minimum of 16 intensive “core” sessions of a Center for Disease Control and Prevention (CDC) approved curriculum furnished over six months. The program is in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions-less intensive monthly follow-up meetings will help ensure that participants maintain healthy behaviors. The primary goal of the expanded model is for participants to obtain at least a 5 percent weight loss.

Aside from the first year core services, the MDPP also includes second year maintenance sessions for those who achieve the 5% weight-loss goal and attend a minimum of 2 sessions per 3-month period. MDPP also provides a lifestyle health coach to help set goals and keep participants on track. The small group-based setting will also allow enhanced interpersonal support and encouragement.

Patients are eligible for the program if they meet all of these 5 requirements:

- › Enrolled in Medicare part B
- › BMI of  $\geq 25$  (or  $\geq 23$ , if self-identified as Asian)
- › No previous diagnosis of type 1 or type 2 diabetes (history of gestational diabetes will NOT impact eligibility)
- › No history of end-stage renal disease (ESRD)
- › In the past 12 months, one of these lab results:
  - A1C between 5.7-6.4%
  - Fasting plasma glucose 110-125 mg/dL
  - 2-hour plasma glucose 140-199 mg/dL (oral glucose tolerance test)

If eligible, MDPP is a covered preventive benefit with no cost-sharing to the patients.

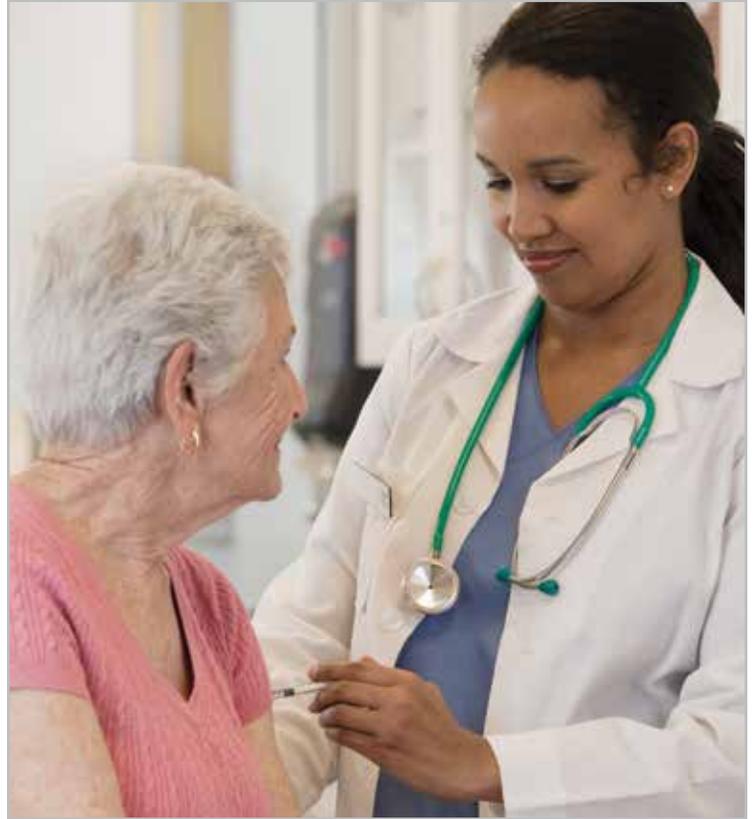
Cigna-HealthSpring has partnered with Solera Health to provide the MDPP benefit. The referral form can be assessed on Solera’s website <http://soleranetwork.com/medicatedpp/> Please fax the completed form to Solera Health at 602-650-0690, or send via email to [screen@soleranetwork.com](mailto:screen@soleranetwork.com) . If you have any questions about the program, please reach out to Solera Health directly at **1-877-486-0141**.



# PNEUMONIA VACCINATION UPDATE

The Centers for Disease Control and Prevention (CDC) issued an update on pneumococcal vaccination of adults aged 65 and older in 2014. The recommendation was that adults 65+ be vaccinated with both Prevnar 13® (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 year over year. For 2017, pneumonia continued to be the top diagnosis billed for acute care admissions. In an effort to address this serious health problem in the 65 years of age and older population, Cigna-HealthSpring supports the updated ACIP recommendations. In 2016, the CDC changed the recommendations for this population as follows:



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

\* 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 less than 5 years after the PPSV vaccine is given are unknown.

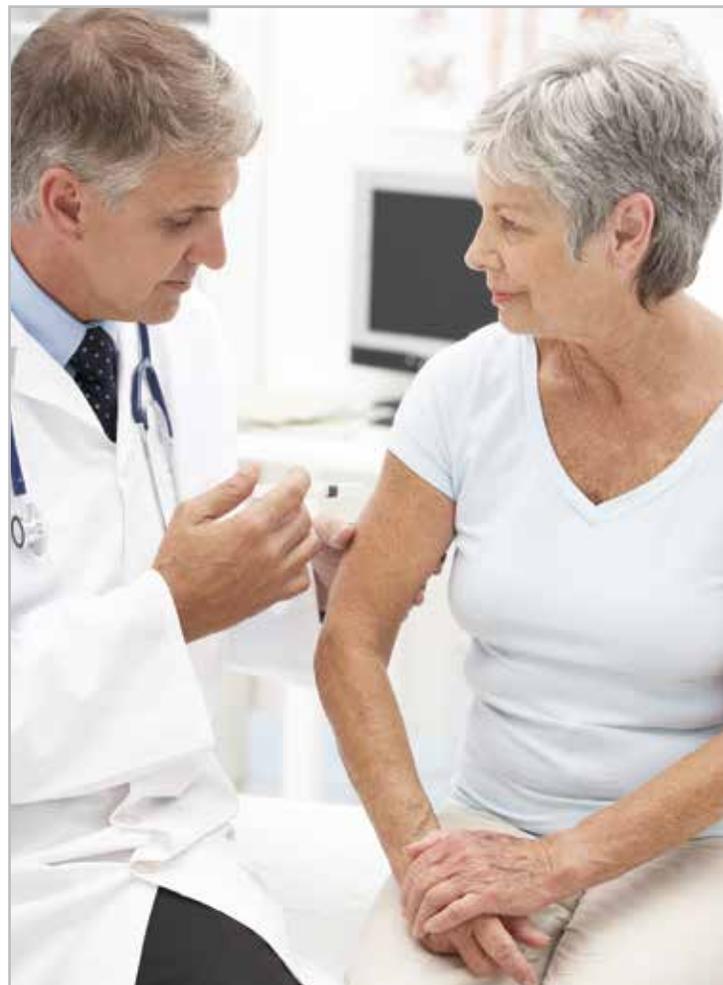
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## PNEUMONIA VACCINATION UPDATE *continued*

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 and older who do not have immunocompromising conditions, anatomical or functional asplenia, cerebrospinal fluid leaks, or cochlear implants (1). The interval for adults aged 19 years and older with any of these conditions is at least 8 weeks (2)<sup>3</sup>. Both pneumonia vaccines are a covered benefit for Cigna HealthSpring customers. The billing code for each vaccine is:

Vaccine	CPT Code
Pevnar 13®	90670
PPSV23	90732



**In 2018, the ACIP will be reevaluating the recommendations for routine PCV13 use among adults aged ≥65 years and will revise as needed.**

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> Pevnar 13® (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>

# CMS ISSUES NEW MEDICARE CARDS

Medicare recently began removing Social Security numbers from Medicare Cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private health care and financial information of all Medicare beneficiaries.

CMS started issuing new Medicare cards in April 2018 with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems. All Medicare cards will be replaced by **April 2019**.

The goal of CMS is to make this process as easy as possible for you, your patients, and your staff. Based on feedback from health care providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other health care providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier for you and your business operations, there is a 21-month transition period where all health care providers will be able to use either the MBI or the HICN for billing purposes.



## For more information regarding the new Medicare Cards:

1. Go to the CMS provider website at: <https://www.cms.gov/Medicare/New-Medicare-Card/index.html#target> and sign-up for the weekly MLN Connects® newsletter.
2. Verify all of your Medicare patients' addresses. If the addresses you have on file are different than the Medicare address you get on electronic eligibility transactions, ask your patients to contact Social Security at **1-800-773-1213 (TTY 1-800-325-0778)**, Monday through Friday from 7 a.m. to 7 p.m. and update their Medicare records.
3. Test your system changes and work with your billing office staff to be sure your office can accept the new MBI format. Please visit: <https://www.cms.gov/Medicare/New-Medicare-Card/index.html> to learn more about this initiative.



## URGENT CARE FOR NON-EMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other options. Consider providing them with same-day appointments when it's an urgent problem. When your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna-HealthSpring's participating urgent care centers, view our Provider Directory at <https://providersearch.hsconnectonline.com/OnlineDirectory>



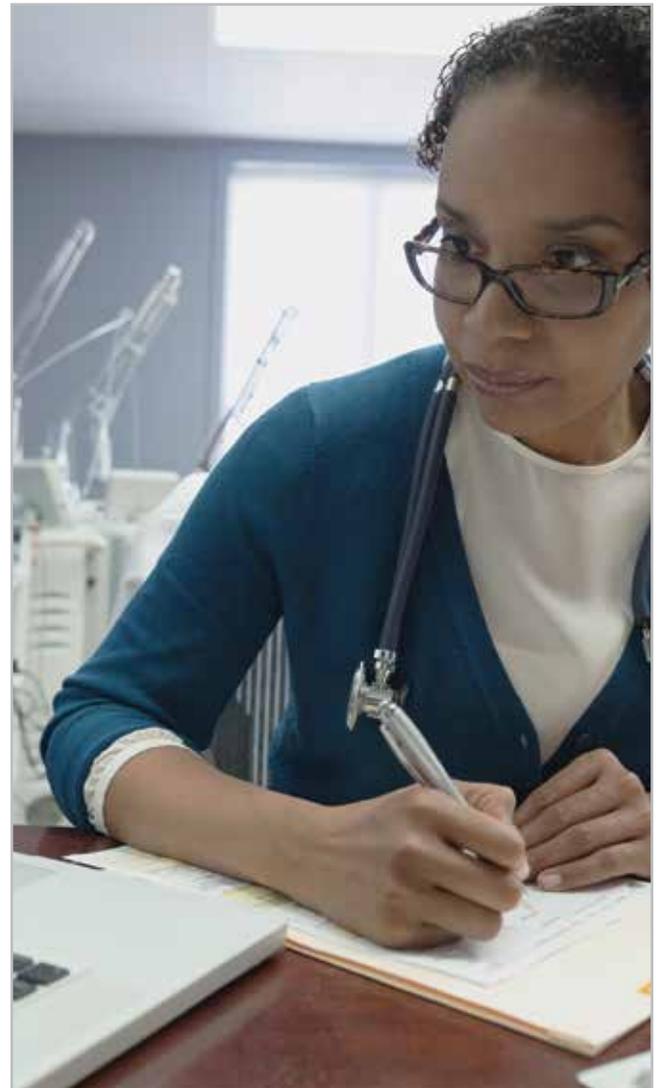
# PROVIDER CODING AND DOCUMENTATION WEBINAR SCHEDULE

Cigna-HealthSpring is pleased to once again offer our popular disease specific documentation and coding education series for clinician and coding professionals. These sessions are 15 to 30 minutes in duration and are designed to improve coding and documentation skills.

For 2018, there will be two participation options, an on-demand choice and/or the live webinar series. The on-demand sessions can be accessed via the educational website (<https://www.cigna.com/medicare/healthcare-professionals/icd-10>), and will be aligned with Continuing Medical Education (CME) units. The live webinar calendar of the live events is as follows:

**All times listed are Central Standard Time (CST)**

Date	Time CST	Topic
7/17/18	11:30 a.m.	CKD
8/21/18	11:30 a.m.	Cancer
9/18/18	11:30 a.m.	Diabetes
10/16/18	11:30 a.m.	PVD
11/20/18	11:30 a.m.	Anti-coagulation
12/18/18	11:30 a.m.	Obesity



**Please follow these instructions to connect to the webinar:**

1. Launch the web link (URL) <https://cigna.webex.com/meet/jason.jean>
  - a. When prompted enter the URL above, along with individual name and e-mail address to log attendance  
**NOTE: if launching from a mobile device - you'll be asked to install the WebEx application**
2. Set up the conference audio by either one of the following ways:
  - a. Have WebEx call the phone number you provide;
  - b. Dial the toll free number: **1-866-205-5379**, then enter the conference code: **719-388-454**; or
  - c. Have your computer connect by selecting "Call over internet."

# PREFERRED NETWORK PHARMACIES AND MEDICATION ADHERENCE

Use Preferred Network Pharmacies to help patients save money and improve adherence.

## Consider a formulary medication on a lower copay tier:

- All patients receive an Annual Notice of Change which lists medications that Cigna-HealthSpring covers.
- Please review this list of covered medications to determine if there is an alternative medication that offers a lower copay.

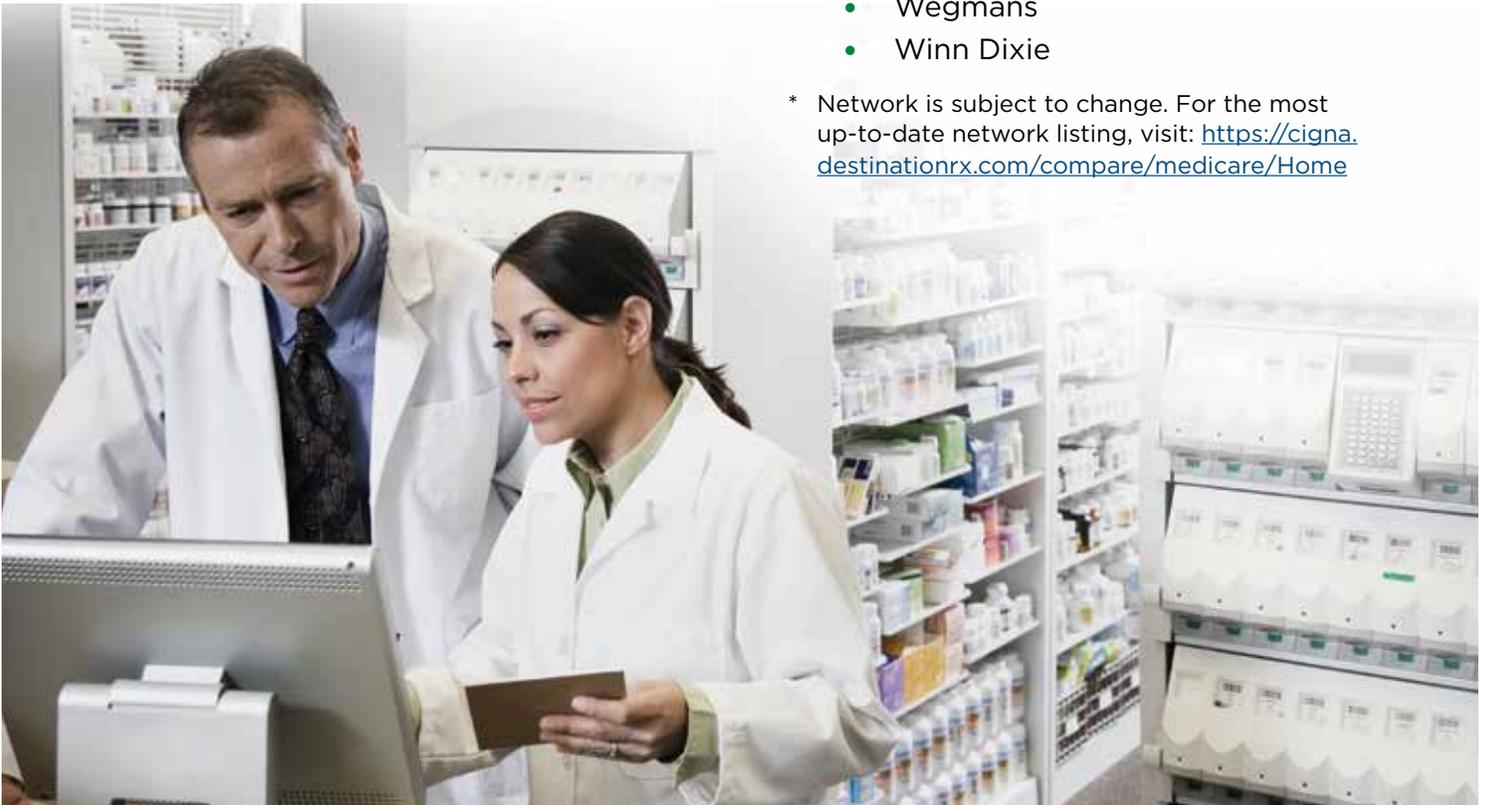
**By using a Cigna-HealthSpring Preferred Network Pharmacy**, most patients may save \$5 per month for many medications.

**Consider prescribing a 90-day supply of a generic medication** to help patients save money and time.

There are over 32,000 independent, regional and national chain Preferred Petwork Pharmacies\* including:

- Albertsons
- Kroger
- Kmart
- Food Lion
- Fred's Pharmacy
- Giant Eagle Pharmacy
- HEB Pharmacy
- Meijer
- Osco
- Safeway
- ShopRite
- The Medicine Shoppe
- Walgreens
- Walmart
- Wegmans
- Winn Dixie

\* Network is subject to change. For the most up-to-date network listing, visit: <https://cigna.destinationrx.com/compare/medicare/Home>





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Spring 2018

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<Address>  
<Name>

500 Great Circle Road  
Nashville, TN 37228



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