

# 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)



### IN THIS ISSUE

- 1 AMBULATORY MEDICAL RECORD REVIEW
- 2 ANNUAL REQUIRED TRAINING COURSES
- 3 APPOINTMENT ACCESS AND AVAILABILITY
- 4 CERVICAL CANCER SCREENING
- 6 ATYPICAL PROVIDER IDENTIFIER ENROLLMENT DEADLINE EXTENDED
- 7 BEHAVIORAL HEALTH POPULATION
- 8 URGENT CARE FOR NON-EMERGENCIES
- 9 LONG-ACTING REVERSIBLE CONTRACEPTION PRODUCTS
- 10 NEW CONSOLIDATED CREDENTIALING VERIFICATION ORGANIZATION INITIATIVE
- 11 ADVANTAGES OF ELECTRONIC FUNDS TRANSFER
- 11 STREAMLINE ADMINISTRATIVE PAPERWORK WITH CAQH PROVIEW

**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).

# ANNUAL REQUIRED TRAINING COURSES

## What is cultural competency and why is it important?

For any health care provider who interacts with our members, cultural competency is the ability to understand diverse values, beliefs and behaviors, and to provide appropriate coaching and support. Cultural competency enables us to be stronger health and productivity advocates, and to demonstrate our true value to our members and your patients regardless of culture, language, age, ethnicity, race or disability.

Please be sure to take the required annual Cultural Competency training\* online at: <https://www.cigna.com/starplus/health-care-professionals/updates-and-education/provider-education/>

\* Cultural Competency required training is for providers enrolled for STAR+PLUS and/or MMP Plans.

## What is Special Needs Plan Model of Care and Why is it Important?

A Special Needs Plan (SNP) is for members enrolled in Cigna-HealthSpring's CarePlan (MMP) who have a range of special health care needs, including chronic illness. MMP members who qualify receive an HRA assessment and are stratified in the appropriate risk level based on the assessment. Members are assigned a designated service coordinator to assist with case management.

Please be sure to take the required annual Special Needs Plan training\* online at: <http://www.cigna.com/medicare/healthcare-professionals/tx-mmp>

\* SNP required training is for providers enrolled in our MMP Plan.

For more information or if you have questions, please contact our Provider Services Department Monday to Friday, 8 a.m. to 5 p.m. Central Standard Time at **877-653-0331**.

## NATIONAL DRUG CODES REQUIREMENT

Effective February 1, 2018, if you do not include a valid NDC/HCPCS or CPT combination with your claims submission, the entire claim will be denied and you will be notified through an Explanation of Payment (EOP) to resubmit a corrected claim with the valid information.

This requirement applies to:

- Paper claim forms - (CMS 1500 and UB04);
- Electronic (837P/837I) claims when billed for drug-related healthcare common procedure coding system (HCPCS) codes and drug related current procedure terminology (CPT) codes; and
- The NDC, quantity and the unit of measure will be enforced in addition to the corresponding HCPCS and CPT codes and the units administered for each code.

For more information regarding the NDC/HCPCS crosswalk, please visit: <https://www.txvendordrug.com/formulary/formulary/clinician-administered-drugs>

# APPOINTMENT ACCESS AND AVAILABILITY

## Does your office meet access and availability standards?

Cigna-HealthSpring STAR+PLUS and CarePlan establishes standards for appointment access to ensure members have timely access to care. Please ascertain that your office is following the standards below, which are all measured from the date of presentation or request, whichever occurs first:

APPOINTMENT TYPE	STANDARD
<b>Preventive care</b>	Adults 21 years of age or older: Within 90 days 20 years of age: Within 60 days
<b>Routine care</b>	PCP/ Pediatrics: Within 14 days Specialist: Within 21 days Behavioral Health: Within 14 days Long-Term Services and Supports: Within 7 days from the start date on the Individual Service Plan or the eligibility effective date for non-waiver LTSS unless the referring provider stated otherwise by the referring provider, Member, or S+P Provider Manual.
<b>Urgent care</b>	PCP/Specialist/Pediatrics/Behavioral Health: Within 24 hours; treatment for behavioral health services may be provided by a licensed behavioral health clinician.
<b>Emergency services</b>	PCP/Specialist: Immediately, same day. Behavioral Health: Within 6 hours
<b>Wait time in office</b>	30 minutes or less



# CERVICAL CANCER SCREENING

Cervical cancer used to be one of the most common causes of cancer death for American women. But with the available effective screening tests, the mortality rate has been reduced by more than 50 percent over the last 30 years. Cervical cancer is preventable in most cases due to the existence of the effective screening tests; and if detected early, cervical cancer is highly treatable.

The Texas STAR+PLUS population has experienced a decreasing trend in completing this screening. Improving adherence to cervical cancer screening in the STAR+PLUS population is one of the preventive screenings of focus for 2018.

**This HEDIS metric measures** the percentage of women, between the ages of 21 to 64, who had one of the following cervical cancer screenings:

- › Women, ages 21 to 64, who had a cervical cytology screening within the last three years.
- › Women, ages 30 to 64, who had a cervical cytology/human papillomavirus (HPV) co-screening within the last five years.
- › **Exclusions:** Women who have had a complete hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix anytime during the Member's history in the measurement year.

**What are the possible ways of improving medical record documentation of this HEDIS measure?**

- › Documentation in the medical record must include:



## CERVICAL CANCER SCREENING *continued*

- A note indicating the date when the cervical cytology was performed.
  - A note indicating when the cervical cytology and the HPV test were performed.
  - A note indicating when the cervical cytology and the HPV test were performed. Both tests must be performed from the same data source and indicate the result.
- In women who have had a complete hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix, the medical record documentation must include the following:
- Documentation of “complete”, “total” or “radical” abdominal or vaginal hysterectomy.
  - Documentation of a ‘vaginal pap smear” in conjunction with documentation of “hysterectomy”.
  - Documentation of hysterectomy in combination with documentation that the patient no longer needs pap smear testing/ cervical cancer screening.
- Remember, documentation of hysterectomy alone in the medical record does not meet criteria. It does not give sufficient evidence that the cervix was removed.

### Reference:

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening?ds=1&s=cervical-cancer-screening>

Provider Portal link: <https://healthspring.hsconnectonline.com/HSConnect/login.aspx>



# ATYPICAL PROVIDER IDENTIFIER ENROLLMENT DEADLINE EXTENDED

Previously, HHSC requested ALL providers assigned an Atypical Provider Identifier (API) must have complete the MCO LTSS provider enrollment process no later than January 1, 2018 whereby providers MUST have been completely re-enrolled by December 31, 2017.

HHSC granted LTSS providers with an extension to April 1, 2018 to allow providers who submitted their applications on December 31, 2017 or after to complete the enrollment process.

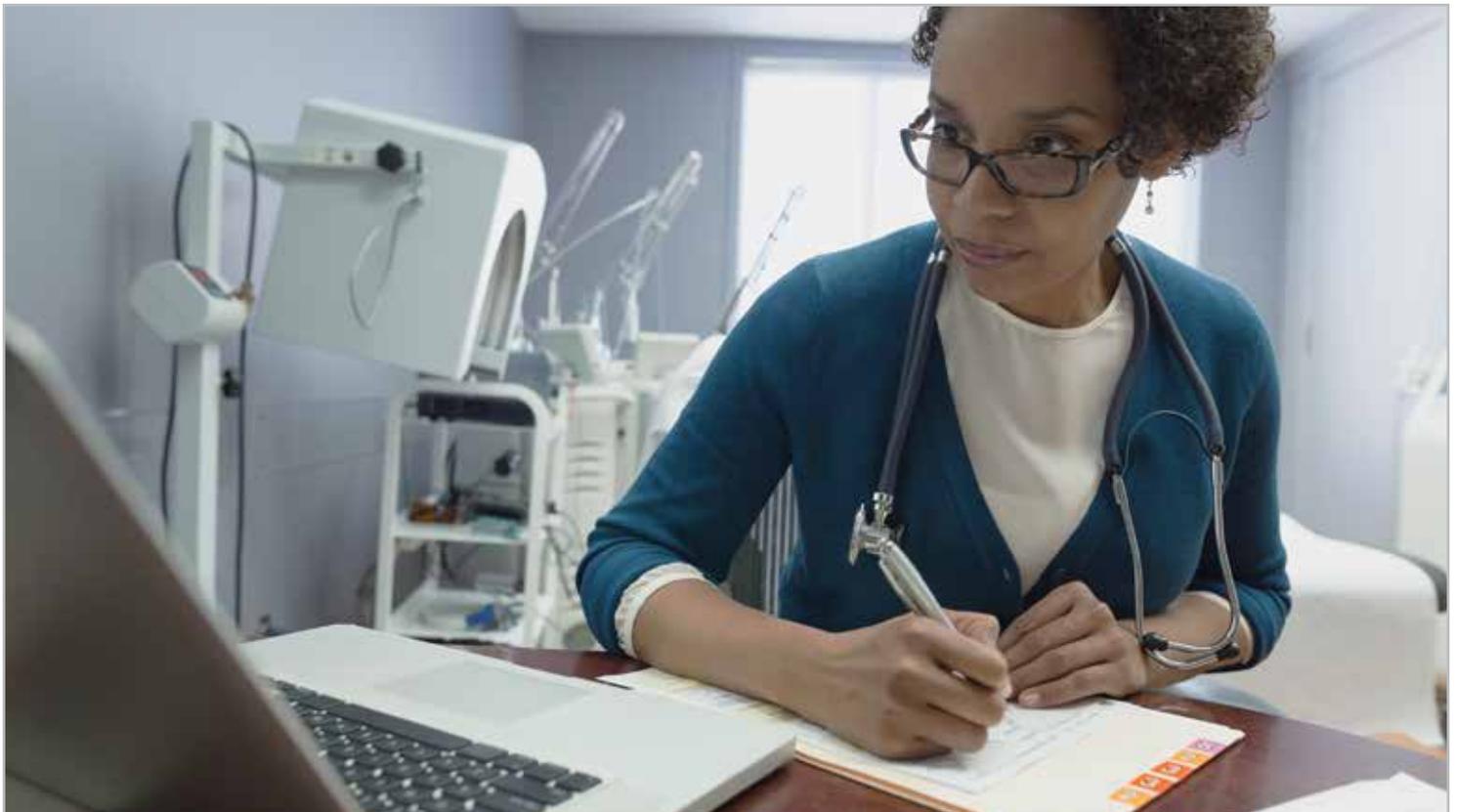
The extension is for LTSS providers who submitted their enrollment applications on or after December 31, 2017 and who meet the following qualifications:

- No active Texas Provider Identifier (TPI) for the same provider type to bill TMHP for acute care services, and
- No active DADS Medicaid contract.

Providers may obtain an application by submitting a request to [MCO\\_LTSS\\_Provider\\_Re-Enrollment@hsc.state.tx.us](mailto:MCO_LTSS_Provider_Re-Enrollment@hsc.state.tx.us).

Additional information regarding the MCO LTSS process can be found at: <https://hhs.texas.gov/doing-business-hhs/hhsc-medicaid-provider-enrollment>

You may also contact Cigna-HealthSpring's Provider Services at: **1-877-653-0331**, Monday to Friday from 8 a.m. to 5 p.m. Central Time.



# BEHAVIORAL HEALTH POPULATION

Cigna-HealthSpring, has a dedicated internal Behavioral Health (BH) team that manages our members who are diagnosed with a mental illness and/or a substance use disorder. The team is comprised of Case Managers who are licensed at either the Master's or Bachelor's level in a behavioral health discipline and Utilization Review Case Managers who are also licensed in a mental health discipline.

Members are able to access BH Services by contacting the BH Hotline at **1-877-725-2539** or Member Services at **1-877-653-0327**. The BH Hotline is available 8:00 a.m. to 5:00 p.m. CST Monday through Friday. This line is staffed by the BH Case Managers.

The BH Case Manager will assess the member's needs, screen for safety, and provide community resources and provider referrals that are appropriate to the member's needs. In addition, the BH Case Manager will continue to contact the member as often as clinically appropriate until all needs are resolved.

BH practitioners and facilities are able to submit requests for services to fax number **1- 855-500-2806**. These requests are screened and then submitted to the BH Utilization Management team for medical necessity review.

Whenever a member is admitted for a BH reason, the assigned BH Case Manager is notified of the admission. The BH Case Managers immediately begin outreach to the facility to assist facility discharge planners with developing a safe discharge plan which includes but is not limited to:

- Scheduling a follow-up appointment within 7 or 30 days from the date of discharge.
- Obtaining prior authorizations for medications.
- Updating the member's contact information.

After the member is discharged, the BH Case Manager will continue to contact the member as often as clinically appropriate until all needs are resolved and the member is maintaining compliance.



## 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 <http://starplussearch.mycignahealthspring.com/>.



# LONG-ACTING REVERSIBLE CONTRACEPTION PRODUCTS

Providers can prescribe and obtain Long-Acting Reversible Contraception (LARC) products that are on the Texas Medicaid and Texas Women's Health Program (TWHP) drug formularies from certain specialty pharmacies for women participating in Texas Medicaid and TWHP. LARC products are only available through a limited number of specialty pharmacies that work with LARC manufacturers.

Effective Jan. 1, 2016, Health and Human Services (HHS) implemented an immediate postpartum LARC Medicaid benefit. LARC devices are available through both pharmacy and "buy and bill" medical benefits. Providers who prescribe and obtain LARC products through the specialty pharmacies listed will be able to return unused and unopened LARC products to the manufacturer's third-party processor. Prescribers must use the designated specialty pharmacies in order to utilize the LARC "buyback" program.

Hospitals may receive reimbursement for a LARC device in addition to the labor and delivery reimbursement when a LARC is inserted immediately postpartum. Hospital/facility providers must submit an outpatient claim

with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) may receive reimbursement for covered LARC devices in addition to the encounter rate paid for the visit. When seeking reimbursement for an IUD or implantable contraceptive implant, Providers must submit on the same claim the procedure code for the contraceptive device along with the procedure code for the encounter. The contraceptive device is not subject to FQHC limitations.

Providers can refer to the Texas Medicaid Provider Procedures Manual at the TMHP website for billing requirements under Section 2: Women's Health Services Handbook. For a list of specialty pharmacies available to dispense LARC products, please call Cigna-HealthSpring's Pharmacy Services Department at **1-888-671-7379**.

For additional questions, contact Cigna-HealthSpring Provider Services at **1-877-653-0331**.



# NEW CONSOLIDATED CREDENTIALING VERIFICATION ORGANIZATION INITIATIVE

Cigna-HealthSpring STAR+PLUS and Cigna-HealthSpring Care Plan participate in the Texas Credentialing Verification Organization (CVO) project with all other Texas Medicaid Managed Care Organizations (MCOs). The Texas Association of Health Plans (TAHP) in collaboration with the Texas Medical Association (TMA) have selected Aperture Credentialing, LLC to manage a statewide CVO contract used by all Medicaid MCOs in Texas to streamline the provider credentialing process, excluding Dental Maintenance Organizations (DMOs).

The first phase of the project began after January 1, 2018 for new credentialing applications. Nothing has changed for providers who want to initiate a new contract with Cigna-HealthSpring. You will still submit a Network Interest Profile Form (NIPF) to your Cigna-HealthSpring Contracting Representative. If Cigna-HealthSpring decides to pursue a contract with your provider organization, then we will initiate a request with Aperture Credentialing to begin the credentialing process.

When you receive correspondence or outreach from Aperture Credentialing, please work with them on their requests so that your credentialing application can be processed.

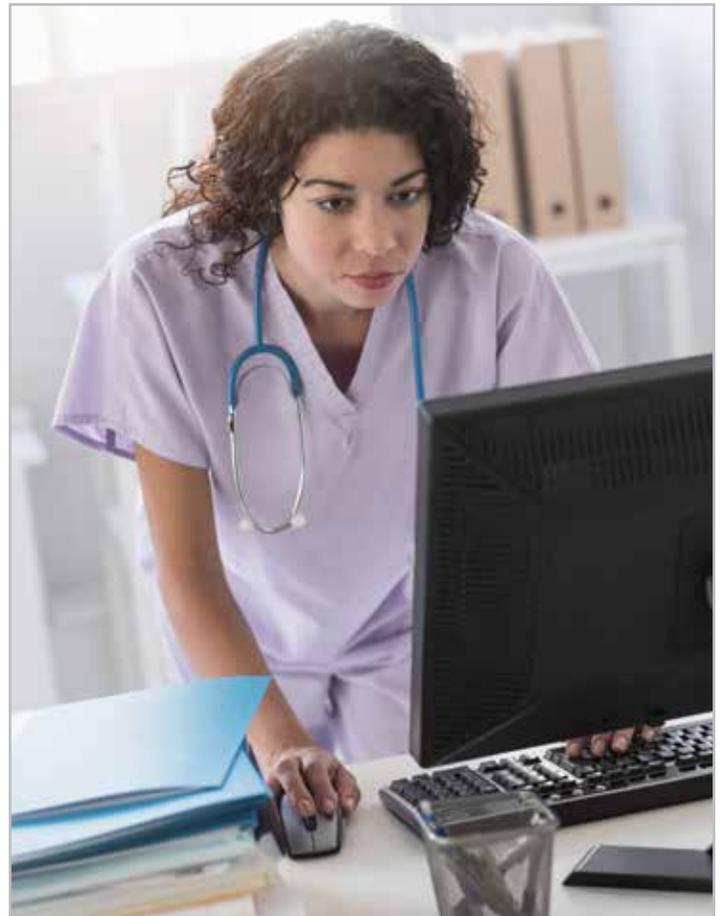
For providers that will be re-credentialing, that process began on April 1, 2018. Additional information will be forthcoming on that process. If you are contracted with other MCOs, you will have a common re-credentialing date for all MCOs, so that you only need to complete the re-credentialing process once. This should save many providers valuable time in the re-credentialing process.

For additional information contact our Provider Services Department at **1-877-653-0331** Monday to Friday, 8 a.m. to 5 p.m. Central Time.

Refer to our website at <http://starplus.cignahealthspring.com/> for detailed information.

You can also email us your questions to [providerrelationscentral@healthspring.com](mailto:providerrelationscentral@healthspring.com).

Information is also available on the HHS website at <https://hhs.texas.gov/services/health/medicaid-chip>.



## ADVANTAGES OF ELECTRONIC FUNDS TRANSFER

Cigna-HealthSpring is pleased to partner with Change Healthcare to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at **no cost** to Providers and allows online enrollment. Register today at: <https://legacy.changehealthcare.com/home/legacy/resources/enrollment-services/medical-hospital-enrollment/eft-enrollment#eftenrollment>

### Benefits include:

- › **Elimination of paper checks** - all deposits transmitted via EFT to the designated bank account.
- › **Convenient payments and retrieval of remittance information.**
- › **Improve cash flow** - Electronic payments can mean faster payments, leading to improvements in cash flow.
- › **Match payments to advices quickly** - You can associate electronic payments with electronic remittance advices quickly and easily.
- › **Electronic remittance advices available online.**
- › **HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System.**
- › **Reduce accounting expenses** - Electronic remittance advices can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying and less chance for errors.

## STREAMLINE ADMINISTRATIVE PAPERWORK 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.



# NETWORK INSIDER

Spring 2018

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including HealthSpring Life & Health Insurance Company, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2018 Cigna.

MCDTX\_18\_63887\_PR 06062018

916462

<Name>  
<Address>

500 Great Circle Road  
Nashville, TN 37228



Spring 2018

# NETWORK INSIDER