

NETWORK INSIDER

Cigna-HealthSpring news you can use

PREVENTIVE HEALTH REMINDER

Encourage patients to get the flu shot

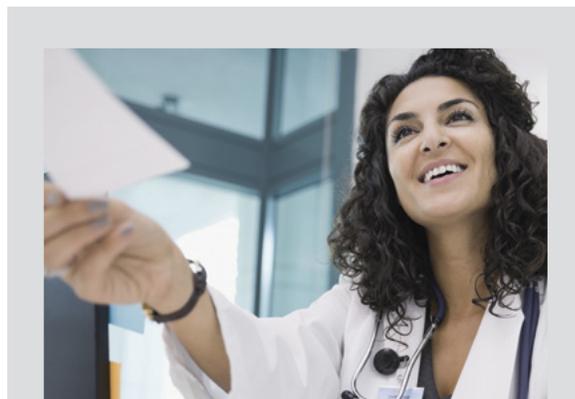
It is important to immunize your patients prior to the onset of influenza season. Vaccination should be made available to unimmunized patients throughout influenza season. The timing and duration of influenza outbreaks is inconsistent and there may be more than one outbreak in a year. Community outbreaks can start as early as October, but most influenza activity peaks between December and February. However, influenza activity may still be prevalent throughout the spring.

The Centers for Disease Control and Prevention (CDC) published an analysis of influenza seasons from 1982 to 2016 which illustrated that 74% of peak influenza activity occurred in January or later, and in 59% of seasons, the peak was in February or later (1).

According to the CDC, the benefits of 2015/16 influenza vaccination were (2):

- › The estimated number of flu illnesses prevented by flu vaccination during the 2015-2016 season: 5 million, as many people use Denver International Airport in one month.
- › The estimated number of flu medical visits prevented by vaccination during the 2015-2016 season: 2.5 million, equal to the population of Portland, Oregon.
- › The estimated number of flu hospitalizations prevented by vaccination during the 2015-2016 season: 71,000, enough to fill every registered hospital bed in the state of Texas.

continued on next page



Inside

- 1 PREVENTIVE HEALTH REMINDER
- 2 NOTICE FOR APPOINTMENT AVAILABILITY
- 3 CULTURAL COMPETENCY
- 4 ATRIAL FIBRILLATION ICD-10 CODING TIPS
- 5 TEXAS MEDICAID UPDATE
- 6 NEW BENEFIT COMING SOON
- 7 LAB TESTS WHEN PRIOR AUTHORIZATION IS NOT REQUIRED
- 8 BEHAVIORAL HEALTH CARE FOLLOW-UP
- 9 NEW WEB PORTAL
- 10 INDIVIDUAL AND GROUP NPI



TIP

To help ensure that you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to www.Cigna.com/CodingEducation

PREVENTIVE HEALTH REMINDER *CONTINUED*

As a clinician, your role is to raise the awareness of the importance of influenza vaccination and to remind, encourage and reassure your patients if they have concerns about being immunized.

References:

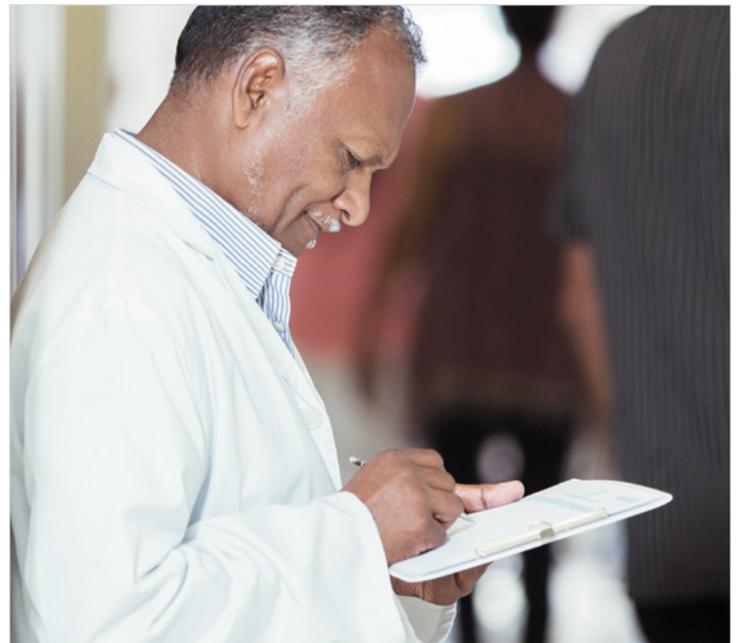
1. CDC. The flu season. Atlanta, GA: US Department of Health and Human Services, CDC; 2014. <http://www.cdc.gov/flu/about/season/flu-season.htm>
2. DATA: Influenza Division program impact report 2015-2016, <https://www.cdc.gov/flu/about/disease/2015-16.htm>

*Note that the 2017-2018 flu information has not been updated on the CDC website as of May 4, 2017.

NOTICE FOR APPOINTMENT AVAILABILITY

Survey coming soon - please share your feedback

Cigna-HealthSpring CarePlan and STAR+PLUS established standards for appointment access to ensure members get timely care. Performance against these established standards is measured at least annually. We recently conducted an Appointment Availability Survey to evaluate appointment access within your office. Please watch your mail for the survey and upon completion return within 30 business days.



CULTURAL COMPETENCY

Provider education

Cigna-HealthSpring believes in providing you with the tools necessary to help treat your patients. By being culturally competent, you can better understand your patients' diverse values, beliefs and behaviors, and customize treatment to meet specific social, cultural and linguistic needs. Cigna-HealthSpring requires that ALL providers who serve our members complete the online training course at <http://starplus.cignahealthspring.com/ProviderEducation>.

ATRIAL FIBRILLATION ICD-10 CODING TIPS

Atrial fibrillation (AF) is disorganized atrial cardiac rhythm that can lead to the development of clot formation in the heart, which poses a threat of stroke in the event that the intra-cardiac clot is ejected to the brain.

Types of AF

- › Paroxysmal – two or more episodes that last for more than 30 seconds, which terminate spontaneously in seven days or less
- › Persistent – fails to terminate in less than seven days
- › Chronic (permanent) – present for more than 12 months

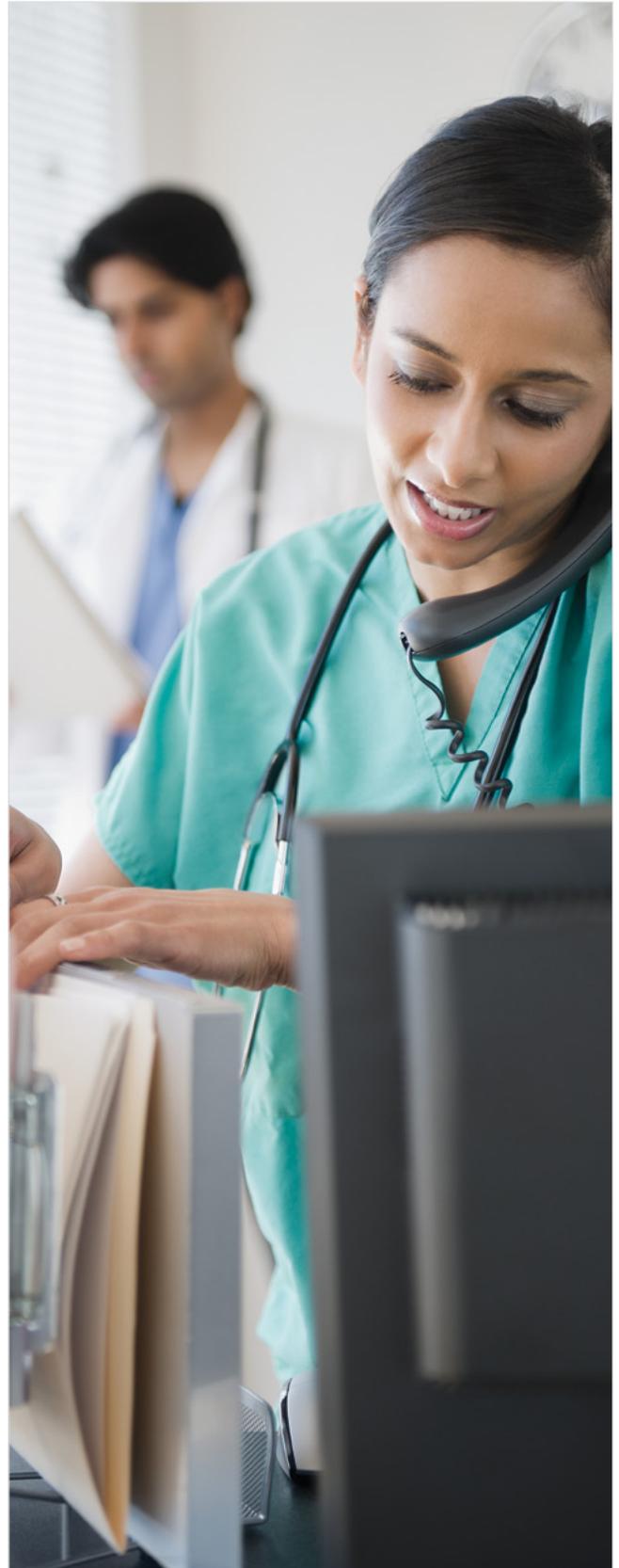
Statistics (CDC, 2015)

- › AF is the most common cardiac arrhythmia.
- › 2.7 to 6.1 million people in the U.S. have AF.
- › 9% of those with AF are 65 and older.
- › AF accounts for approximately 130,000 deaths annually.
- › About \$6 billion dollars are spent annually on treating AF.

Risk factors

- | | |
|---|--|
| › Advanced age | › Hyperthyroidism |
| › Prior atrial dysrhythmia | › Obesity |
| › Coronary artery disease | › Alcohol dependence |
| › Open heart surgery | › Sepsis |
| › Congestive heart failure | › Electrolyte disturbances |
| › Hypertension | › Enlarged atrial chambers of the heart determined on echocardiogram |
| › Diabetes | |
| › Chronic obstructive pulmonary disease | |

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ATRIAL FIBRILLATION ICD-10 CODING TIPS *CONTINUED*

Signs and symptoms

- › Palpitations
- › Dizziness
- › Tachycardia
- › Shortness of breath
- › Fatigue
- › Chest pain
- › Weakness

Physical exam findings

- › Irregular pulse
- › Edema
- › Jugular vein distention

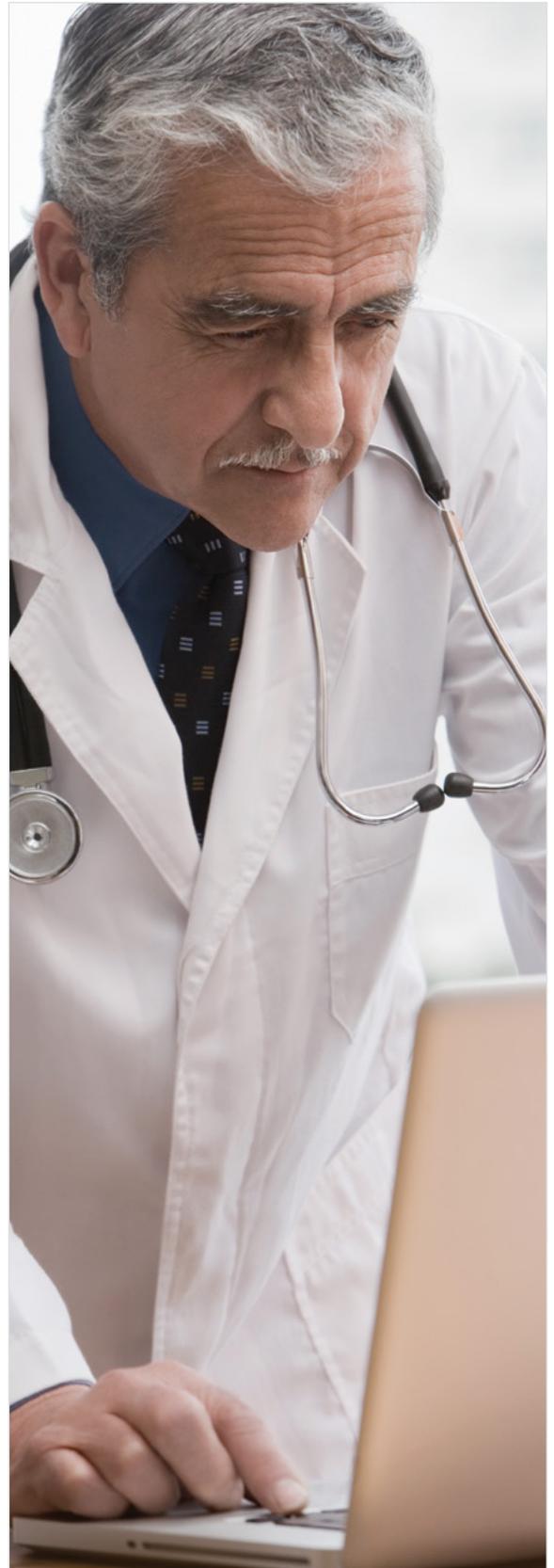
Diagnostic testing

- › 12-lead electrocardiogram denoting the absence of P-waves, and the R to R intervals do not follow a repetitive pattern. Typically the QRS complexes are narrow and less than 120 milliseconds in duration.
- › Echocardiogram to determine the structural integrity of the heart.
- › Blood work to ascertain if there is any underlying thyroid dysfunction, anemia, infection, and/or electrolyte abnormalities.
- › Holter or event monitoring.

Treatment

- › Medications
 - Beta blockers
 - Calcium channel blockers
 - Anti-arrhythmics
 - Anti-coagulants to reduce stroke burden
- › Procedures
 - Direct current cardioversion with or without trans-esophageal guidance
 - Catheter-based ablation

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ATRIAL FIBRILLATION ICD-10 CODING TIPS *CONTINUED*

Associated conditions

- › Ischemic strokes with an estimated incidence of 15 to 20% of ischemic strokes (Mozaffarian, D. et al., 2015)
 - It is suggested that clot burden be risk stratified with either the CHADs2 (<https://www.mdcalc.com/chads2-score-atrial-fibrillation-stroke-risk>) or CHAsDS2-VASc scoring tool (<http://www.globalrph.com/CHA2DS2VASc-Scoring-System.htm>)
- › Congestive heart failure

Coding and documentation tips

- › Make sure there is a date of service with the clinical encounter.
- › Include provider name, credentials, and signature.
- › Document the treatment and follow-up plan.
- › Consider the disease state that may be etiological related to the acquisition of AF.
- › Remember to code and document patients the use of anti-coagulants.

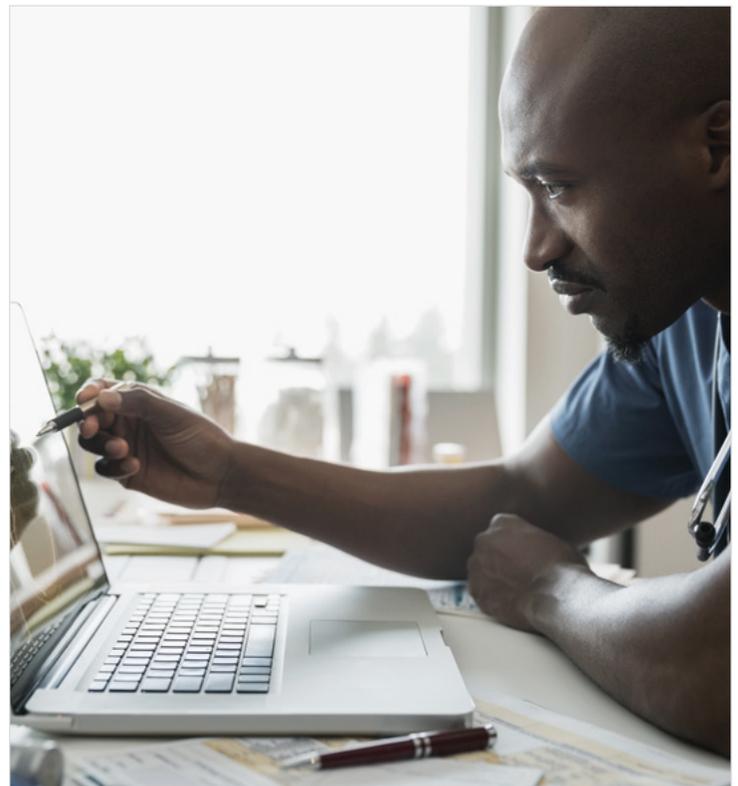
ICD-10 diagnostic codes

ICD-10-CM code	ICD-10-CM description
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation (permanent)
I48.91	Unspecified atrial fibrillation

References

Centers for Disease Control [CDC]. (2015). Atrial fibrillation fact sheet [web page]. Retrieved from https://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_atrial_fibrillation.htm

Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, et al. (2015). Heart disease and stroke statistics—2015 update: a report from the American Heart Association. *Circulation*, 131:e29–e322.



TEXAS MEDICAID UPDATE

Prescriber enrollment requirement

The Federal Patient Protection and Affordable Care Act (PPACA) and the Code of Federal Regulations (CFR) Title 42 §455.410(b) require all physicians or other professionals who order, refer, or prescribe drugs, supplies and services for Medicaid clients to be enrolled as a participating provider.

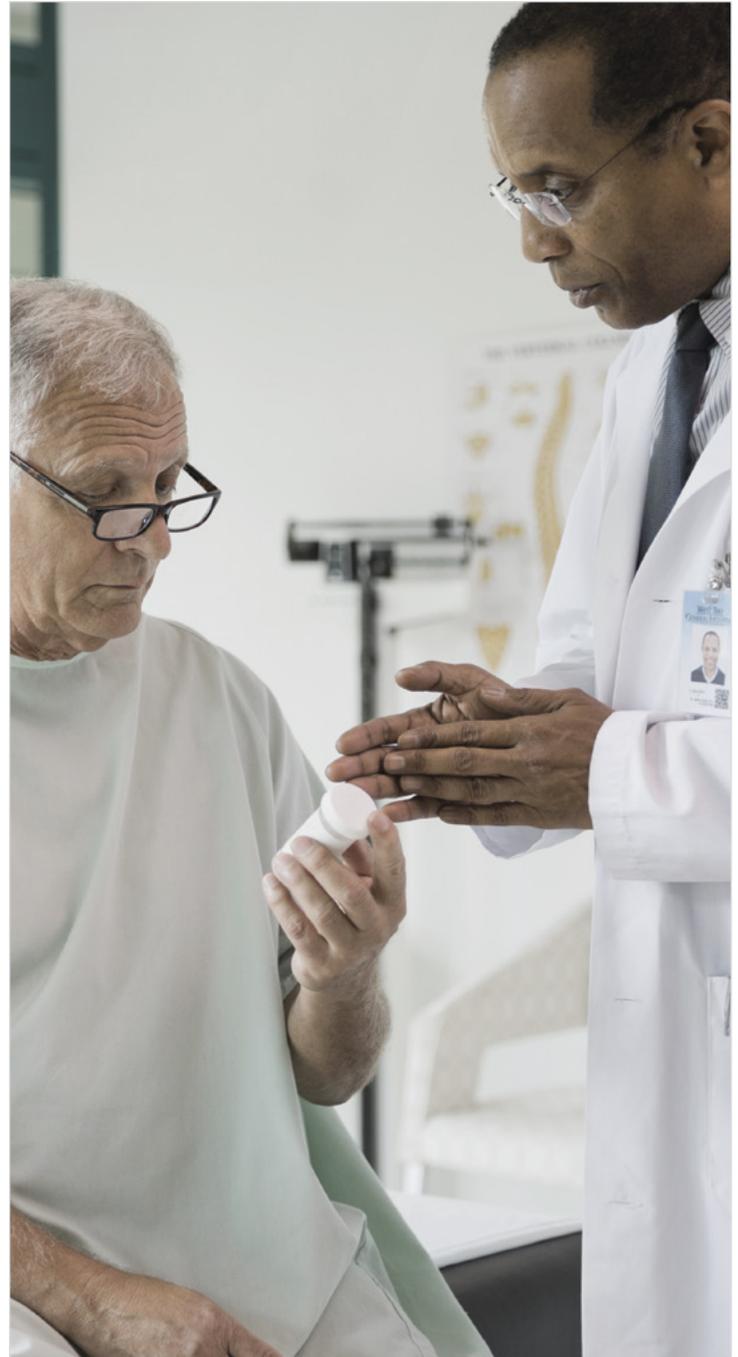
Update

Beginning Oct. 16, 2017, prescriptions written by providers who are not enrolled with Texas Medicaid will not be covered at the pharmacy under Texas Medicaid. You must be enrolled with Texas Medicaid on the day you write the prescription in order for the Medicaid claim to be payable. This applies to claims processed for prescription medicines through Medicaid managed care and traditional fee-for-service.

Summary

- ▶ Because ordering and referring providers do not bill Texas Medicaid for rendered services, they do not need to enroll in Medicaid as a billing provider.
 - Ordering/referring-only providers need only to complete a short application designed for providers who order, refer or prescribe services to Texas Medicaid clients.
 - The shortened Texas Medicaid enrollment application is available on the TMHP website.
- ▶ Those enrolling for the limited purpose of ordering and referring will not be listed as Texas Medicaid providers in the Texas Medicaid provider directories.
- ▶ Ordering and referring-only providers are not required to pay the application fee to complete the ordering and referring-only enrollment process.

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TEXAS MEDICAID UPDATE *CONTINUED*

Resources and support

Ordering and referring-only providers must complete the Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only enrollment form located at:

http://www.tmhp.com/Provider_Forms/Medicaid/F00110_HHSC_Provider_Agreement_Ordering_Referring_01012017.pdf.

For enrollment assistance, call the TMHP Contact Center at **1-800-925-9126, option 3**, or the TMHP CSHCN Services Program Contact Center at **1-800-568-2413**.

If you have any additional questions, please call Cigna-HealthSpring Provider Services at **1-877-653-0331**.

NEW BENEFIT COMING SOON

Medicaid for Breast and Cervical Cancer program

This fall, women in the Medicaid for Breast and Cervical Cancer (MBCC) program will receive all their Medicaid services, including cancer treatment, through the STAR+PLUS health plan they chose.

Important dates

- › **June 2017** - qualifying women will receive information in the mail about the upcoming change to managed care, including information about selecting a health plan.
- › **August 14, 2017** - deadline to choose a health plan
- › **September 1, 2017** - program start date.

If you have questions about MBCC services changing to managed care, email ManagedCareInitatives@hhsc.state.tx.us.



LAB TESTS WHEN PRIOR AUTHORIZATION IS NOT REQUIRED

The following lab tests do not require authorization when performed in provider office or facility

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

Important:

Lab specimens performed in an office or facility setting that is not listed above must be sent to our contracted labs: LabCorp, CPL, Propath or Quest. Lab specimens that are sent to labs other than those listed will result in nonpayment - unless prior authorization is obtained. For authorization, please call Utilization Review at **1-877-725-2688**.



BEHAVIORAL HEALTH CARE FOLLOW-UP

Cigna-HealthSpring continues to participate in a Performance Improvement Project (PIP) that addresses behavioral health care. The goal of this PIP is to improve the rate at which members receive a follow up appointment with a licensed behavioral health practitioner within 7 and 30 days of discharge from inpatient treatment for a mental health diagnosis.

The below information is designed to give you an overview of how you might be able to help us reach our goal.

Follow-Up Care Guidelines: Post-Acute Care Hospitalization

Timely follow-up after an inpatient psychiatric hospitalization promotes continuity of behavioral health care and supports a member's return to baseline functioning in a less restrictive level of care. These factors are keys to facilitating therapeutic gains and successful outcomes.

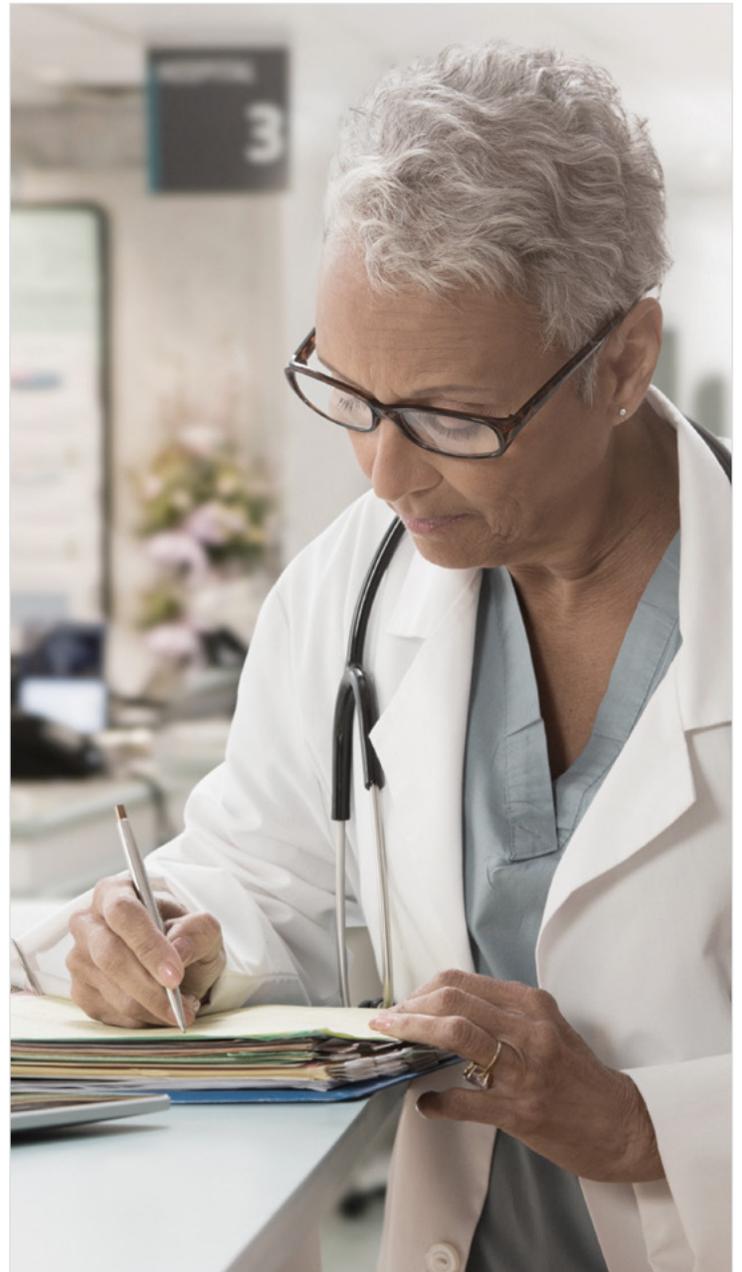
The data that will be measured in this PIP uses National Committee for Quality Assurance (NCQA) HEDIS® FUH measures, which guide our efforts in measuring the quality and effectiveness of the care provided. The FUH measures specifically focus on follow-up care after an acute care hospitalization.

What are the HEDIS® follow-up (FUH) measures?

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of members who received follow-up within 30 days of discharge
- The percentage of members who received follow-up within 7 days of discharge

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BEHAVIORAL HEALTH CARE FOLLOW-UP *CONTINUED*

What are the best practices regarding these HEDIS® measures?

Inpatient Providers:

- › Discharge planning should begin as soon as a member is admitted and should be ongoing
- › Ensure the member's discharge paperwork is sent to his or her outpatient provider within 24 hours
- › Schedule the member's aftercare appointment prior to discharge, including date, time, location and healthcare provider's contact information, and ensure that this information is shared with inpatient and outpatient healthcare providers, as well as with the member and his/her caregivers, if applicable
- › Attempt to alleviate barriers to attending appointments prior to discharge, such as ensuring that prior authorizations are completed for medications and transportation is available

You can contact the Behavioral Health Team for assistance with discharge planning needs such as: locating appointments, placement in stable housing, and scheduling transportation. The number is **1-877-725-2539**.

Outpatient Providers:

- › Ensure flexibility when scheduling appointments for members who are being discharged from acute care; the appointment should be scheduled within seven days of discharge
- › Review medications with members to ensure they understand the purpose and appropriate frequency and method of administration

What is the relevance of these measures?

One study found that hospitalized members who did not comply with at least one outpatient appointment after discharge were two times more likely to be re-hospitalized than those who kept at least one appointment after discharge.¹

1. Nelson, A., Maruish, M., & Axler, J. (2000, July 1). Effects of Discharge Planning and Compliance with Outpatient Appointments on Readmission Rates. Retrieved November 25, 2014.



NEW WEB PORTAL

ICD-10 coding and documentation

Cigna-HealthSpring's new ICD-10 web portal offers:

- › Announcements
- › Education
- › Monthly disease-specific webinars
- › On-demand recording access for disease-specific topics
- › Opportunity to earn CME credits

Check it out

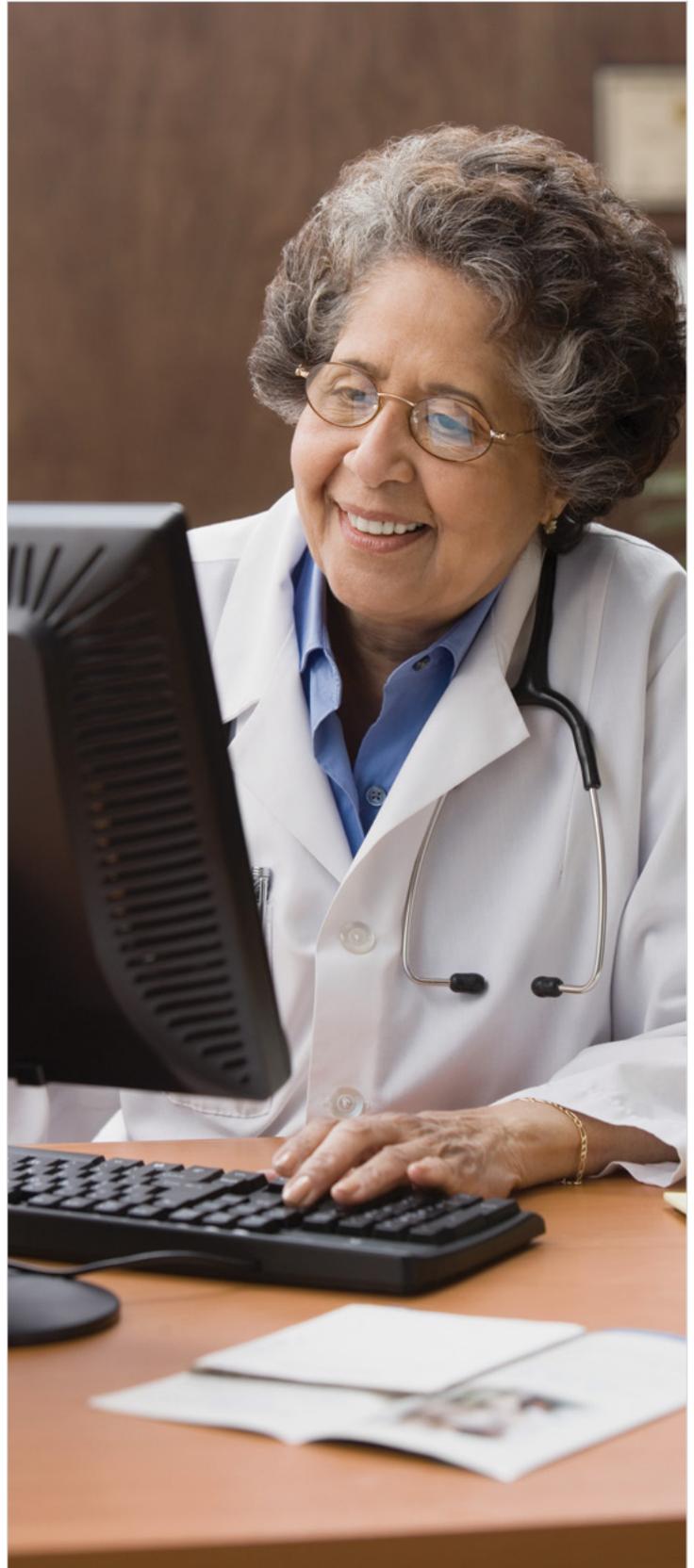
New coding & documentation resource page for Healthcare Professionals

Cigna-HealthSpring ICD-10 web portal contains important announcements and educational offerings. In addition to the monthly disease specific live webinar series, the web portal will have on-demand recording access for disease specific topics. We hope that you will find value in attending these educational sessions as your schedule permits, along with the opportunity to earn CME credits!

INDIVIDUAL AND GROUP NPI

Important attestation reminder

Attention: Providers affiliated with an Individual and Group NPI. Please verify that you have attested both individual and Group NPI with Health and Human Services (HHS). Failure to attest each NPI may result in contract termination with Cigna-HealthSpring.





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Summer 2017

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<Name>
<Address>

500 Great Circle Road
Nashville, TN 37228



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