WINTER 2019

NETWORK INSIDER

Cigna-HealthSpring news you can use

ON-DEMAND WEBINAR TRAINING

Clinical documentation series

The clinical documentation on-demand webinar training series is here. Each course listed below has been approved for 0.25 hours of PRA – category one Continuing Medical Education (CME) units:

- Heart failure
- Peripheral arterial disease
- Hypertension
- Osteoporosis
- Cerebral vascular accidents
- Chronic pulmonary disease

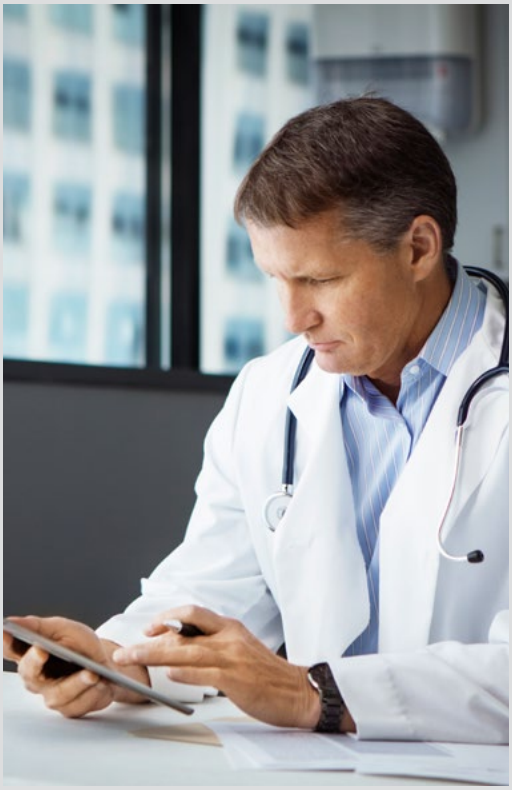
PART D PRIOR AUTHORIZATIONS MADE EASIER

New, online process now available

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

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

It's free and HIPAA-compliant. Sign up at www.CoverMyMeds.com.



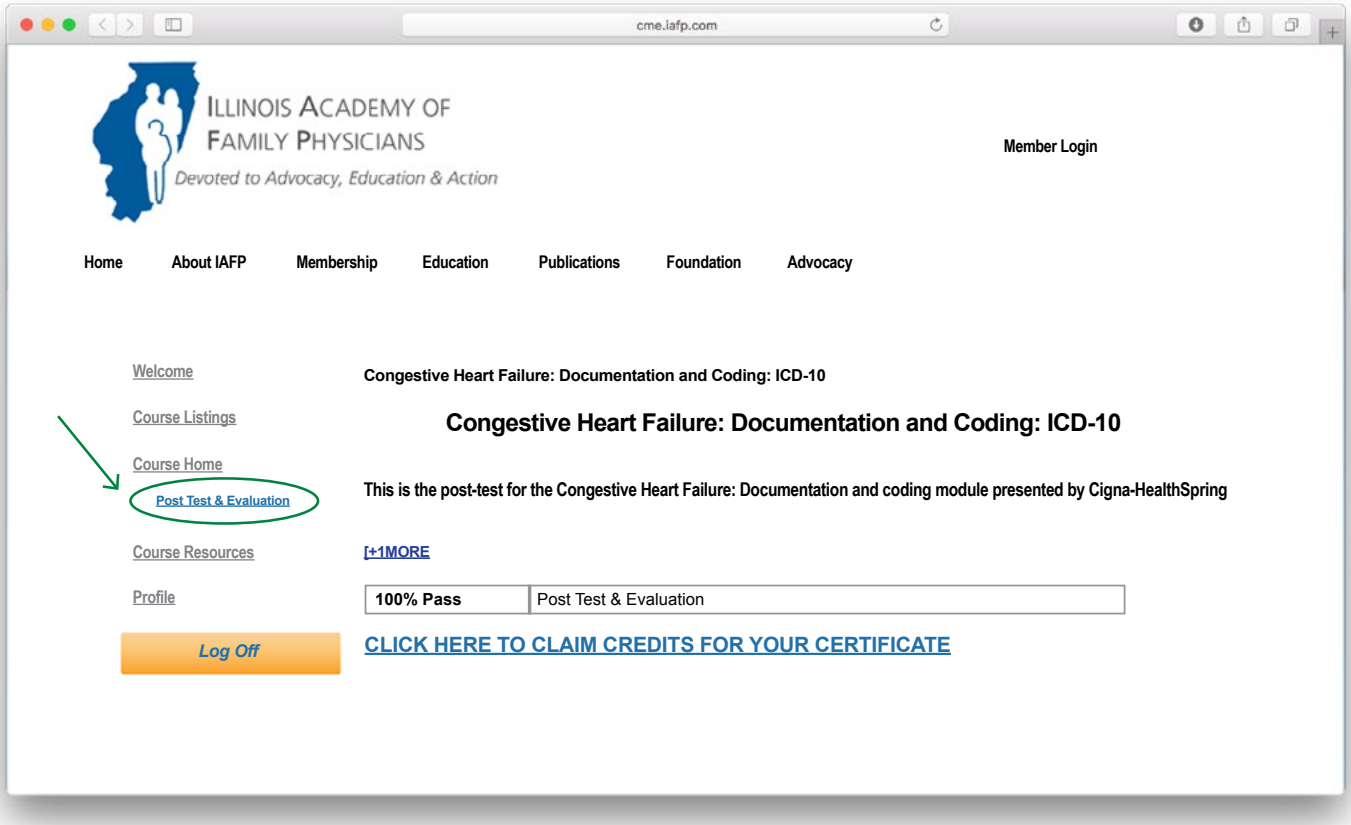
IN THIS ISSUE

Cigna®

ON-DEMAND WEBINAR TRAINING *(CONTINUED)*

Please pass this information on to our partnering clinicians. CME is not required, but may be deemed as a value opportunity for clinicians that care for our membership. Instructions for attainment of CME are as follows.

1. First, the attendee will link to the content by clicking the specific topical Internet hyperlink above.
   - Prior to content launch the attendee will be prompted to provide demographic information
   - Of note – When viewing this content, mobile devices are not supported, therefore the content can only be viewed using a desktop computer with one of the following browsers: Safari, Internet Explorer, or Google Chrome.
2. Second, after the content has been viewed the attendee will need to register or use their previously registered Illinois Academy of Family Physicians (IAFP) account – this is a free online account.
3. Once logged on to the IAFP account the user will:
   - Migrate to the Post Test & Evaluation tab
   - Select one of the ICD-10 courses by clicking the specific topic
   - Select the Post Test & Evaluation link as noted in the picture below



CLINICAL SKINNY

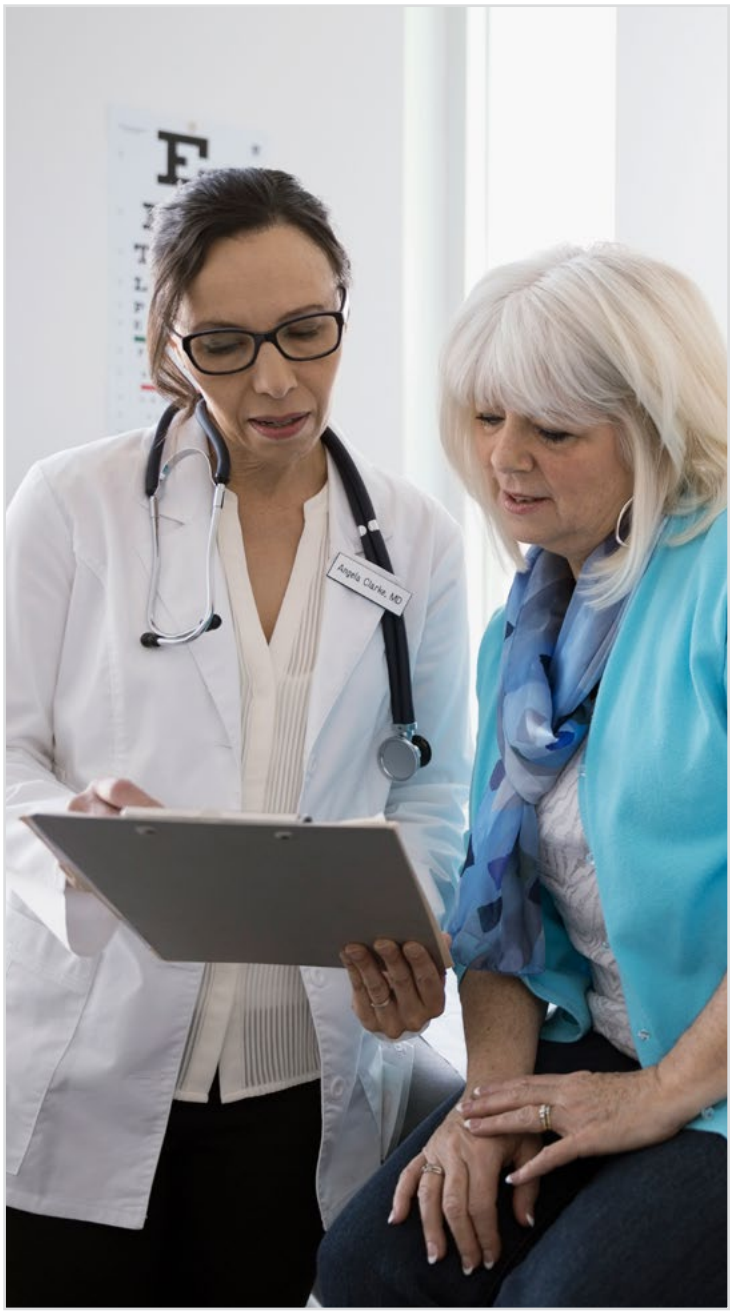
Linking Diabetes and Comorbid Manifestations

Diabetes is the seventh leading cause of death in the United States. This is related to the comorbid manifestations that commonly occur among diabetic patients. A good majority of these complications are associated with eye, kidney, and vascular complications.[1] These diabetic complications can cause blindness, kidney failure, and limb amputations if the diabetic condition is not aggressively treated.

Clinicians may or may not be aware that specific ICD-10 codes exist to illustrate the diabetes condition and comorbid manifestation(s). For example, ICD-10 code E11.22 describes type 2 diabetes mellitus with kidney complications. Diabetes and comorbid manifestations can be linked together using the words "with" or "in." Diseases that are linked together provide a more specific impact on the progression of illness severity. When clinically relevant, clinicians should be encouraged to link diabetes and comorbid manifestations together.

To help ensure providers are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, please have clinicians visit the Cigna Coding and Documentation Education webpage.

- Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements.
- Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties.
- Accurate coding and submission activities allow us to provide the best benefits and resources possible to our customers.



References:

Centers for Disease Control and Prevention [CDC]. (2016). Diabetes: working to reverse an epidemic at a glance 2016 [webpage]. Retrieved from http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm

2019 OPIOID CHANGES

The use of opioid medications presents serious risks, including addiction, overdose, and death. The Medicare population has among the highest and fastest-growing rates of opioid use disorder, with a current prevalence of six in every 1,000 beneficiaries.[1] New opioid initiatives for 2019 focus on strategies to help prevent and combat opioid overuse and abuse among the Medicare Part D population.

CMS will be requiring all Part D sponsors to implement safety controls at point-of-sale, including day supply limits on acute pain treatment in opioid-naïve patients, maximum daily morphine milligram equivalent (MME) limits with real-time care coordination, and precautions around concurrent therapy with benzodiazepines and duplicate therapy among long-acting opioids. Additionally, as part of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Part D sponsors will be able to limit at risk beneficiaries' coverage for frequently abused drugs (opioids and benzodiazepines) to certain prescribers and pharmacies – often referred to as a "lock-in" program.

Please review the following upcoming opioid changes for 2019 and what you can do to ensure your patient receives his/her opioid therapy.

- Opioid prescriptions for the treatment of acute pain in opioid-naïve patients will be limited to a maximum of a seven-day supply.
  - Cigna-HealthSpring defines "opioid naïve" as patients who have not had an opioid medication filled within the past 120 days.
  - Prescriptions written for opioid-naïve patients for greater than a seven-day supply will be denied at point-of-sale and require a coverage determination.
- The maximum cumulative MME will be decreased to 90 mg/day. Opioid prescriptions for patients who exceed the 90 MME dose limit AND have two or more opioid prescribers will be denied at point-of-sale.
  - A coordination of care between the prescriber and dispensing pharmacist is encouraged. The dispensing pharmacist must consult with the prescriber and document the discussion. Upon receiving a confirmation of the prescriber's intent, the pharmacist may override the denial using pharmacy professional service (PPS) codes to receive a paid claim.
  - If the prescriber cannot be reached for consultation, the prescription will remain denied and may not be filled. If you're a prescriber and are prescribing an opioid medication to your patient, please be aware that the patient's pharmacy may need to consult with you prior to being able to dispense your patient's medication.

2019 OPIOID CHANGES *(CONTINUED)*

- Opioid prescriptions will be denied at point-of-sale if an interaction with a benzodiazepine is detected.
  - The dispensing pharmacist may override the denial with PPS codes if the pharmacist consults with the prescriber, provides patient counseling, and/or determines that it is safe to dispense the opioid medication.
- Opioid prescriptions for a long-acting opioid medication will be denied at point-of-sale if a duplication of therapy is detected between two or more long-acting opioid medications.
  - The dispensing pharmacist may override the denial with PPS codes if the pharmacist consults with the prescriber, provides patient counseling, and/or determines that it is safe to dispense the opioid medication.
- Drug Management Programs will utilize CMS-defined criteria to identify patients at risk for opioid overuse based on MME/day and using multiple prescribers and/or pharmacies to obtain opioids.
  - Cigna-HealthSpring will contact the prescribers of opioids for patients who are determined to be "at risk" in order to verify the appropriateness of the patient's opioid regimen. If you are contacted regarding your patient's opioid regimen, communication with the health plan is an important part of the process.
  - Based on prescriber consultation, the patient may be limited to receiving opioids from specific prescribers and/or pharmacies, or limited to a specific opioid medication regimen.
- Affected patients will be notified and offered the opportunity to submit their preferred prescriber and/or pharmacy in advance.

Important considerations to note

- Patients who are residents of a long-term care facility, in hospice or receiving palliative care, or being treated for active cancer-related pain are excluded from interventions described above.
- Patients' access to medication-assisted treatment (MAT), such as buprenorphine, is not impacted by the interventions described above.
- Patients and providers have the right to request a coverage determination.

For additional resources and information on Cigna's current opioid initiatives, visit Cigna.com/helpwithpain/

References:

1. Centers for Medicare & Medicaid Services (CMS) Opioid Misuse Strategy (2017 January 5), https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf
2. Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter (2018 April 2), https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

NOTES

NOTES

NETWORK INSIDER

Winter 2019

INT_18_72024_C 01042019 923784

NETWORK INSIDER
Winter 2019

500 Great Circle Road
Nashville, TN 37228

Cigna®