

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

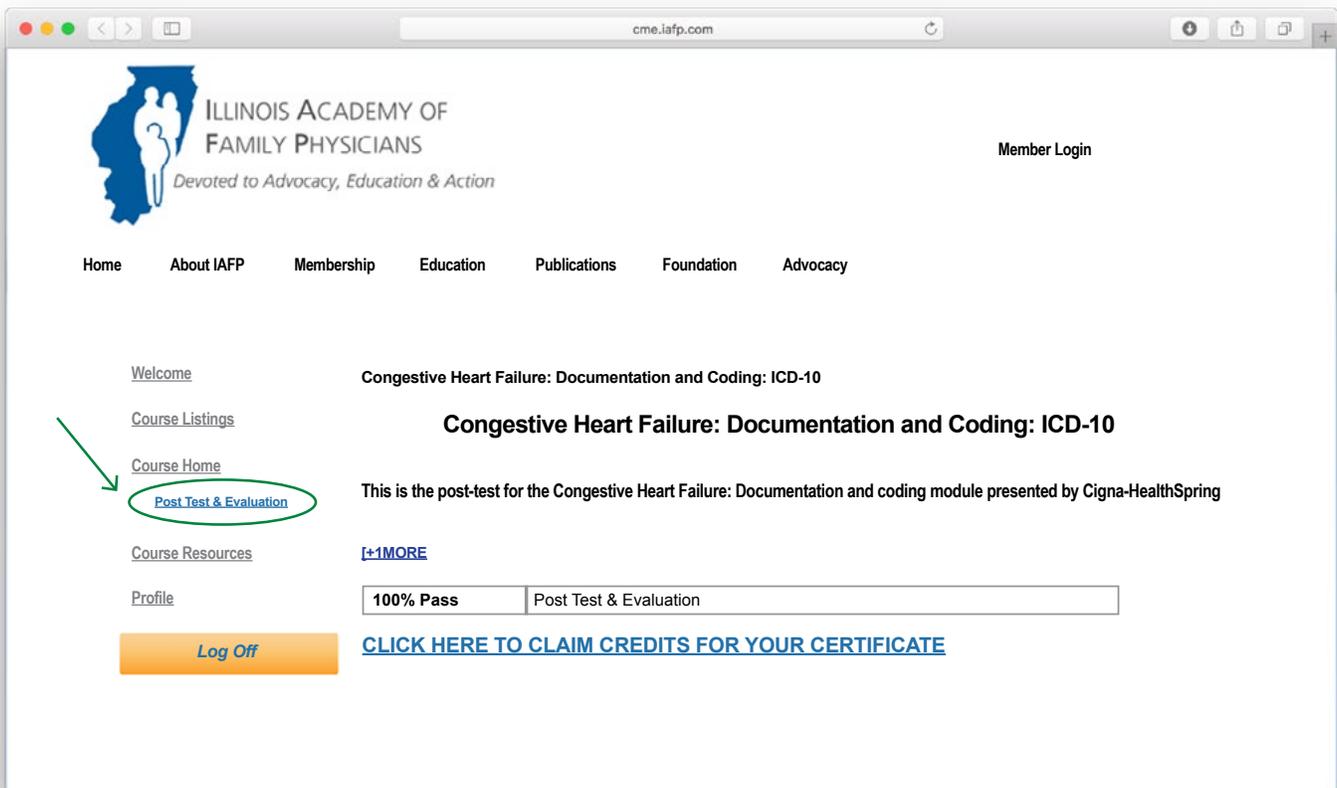
- 1 ON-DEMAND WEBINAR TRAINING
- 1 PART D PRIOR AUTHORIZATIONS MADE EASIER
- 2 ON-DEMAND WEBINAR TRAINING
- 3 CLINICAL SKINNY
- 4 2019 OPIOID CHANGES
- 6 CUSTOMER HOLD HARMLESS AND NON-COVERED SERVICE
- 7 CIGNA-HEALTHSPRING BEHAVIORAL HEALTH
- 8 REMOTE MONITORING FOR YOUR CONGESTIVE HEATH FAILURE (CHF) PATIENTS



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

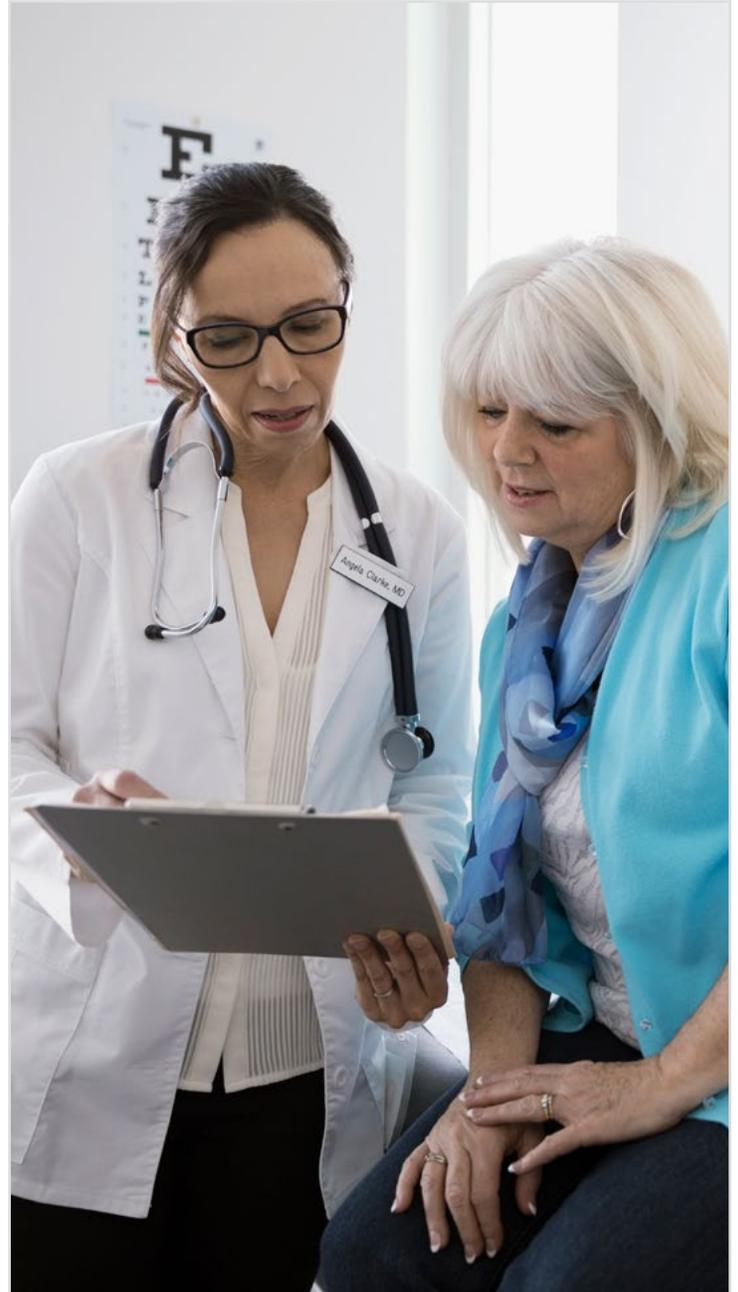
Linking Diabetes and Comorbid Manifestations

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/MedicareAdvgtgSpecRateStats/Downloads/Announcement2019.pdf>

CUSTOMER HOLD HARMLESS AND NON-COVERED SERVICE

Customer Hold Harmless

Participating providers are prohibited from balance billing Cigna-HealthSpring customers, including, but not limited to, situations involving non-payment by Cigna-HealthSpring, insolvency of Cigna-HealthSpring, or Cigna-HealthSpring's breach of its Agreement. Provider shall not bill, charge, collect a deposit from, seek compensation or reimbursement from, or have any recourse against customers or persons, other than Cigna-HealthSpring, acting on behalf of customers for Covered Services provided pursuant to the Participating Provider's Agreement. The provider is not, however, prohibited from collecting copayments, coinsurances or deductibles for covered services in accordance with the terms of the applicable customer's Benefit Plan, or for collecting payment when rendering non-covered services if the provider complies with the requirements of the non-covered services section of the Provider Manual.

Non-covered Services

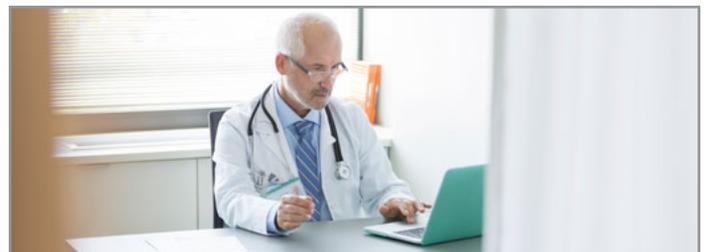
Providers may only collect fees from customers for non-covered services when the customer has been provided with a standardized written organization determination denial notice from Cigna-HealthSpring prior to the item or service being rendered to the customer, or if the customer's EOC clearly states the item or service is a non-covered service.

In circumstances where there is a question whether or not the plan will cover an item or service, customers have the right to request an organization determination prior to obtaining the service from the provider. If coverage is denied, Cigna-HealthSpring provides the customer with a standardized written

organization determination denial notice which states the specific reasons for the denial and informs the customer of his or her appeal rights. In absence of the appropriate Cigna-HealthSpring organization determination denial notice or a clear exclusion in the EOC, the customer must be held harmless (i.e., cannot be held financially liable for the charges).

When a provider knows or believes that a service or item is not covered under the customer's benefit, and the EOC does not explicitly state the item or service as non-covered, the provider must advise the customer to request a pre-service organization determination from Cigna-HealthSpring or the provider can request the organization determination on the customer's behalf before the provider moves forward with rendering the services, providing the item, or referring the customer to another provider for the non-covered item or service.

Providers may not issue any form or notice that advises the customer they will be responsible for the costs associated with non-covered services unless the customer has already received the appropriate pre-service organization determination denial notice from Cigna-HealthSpring or the service or item is explicitly stated as a non-covered service in the EOC.



CIGNA-HEALTHSPRING BEHAVIORAL HEALTH

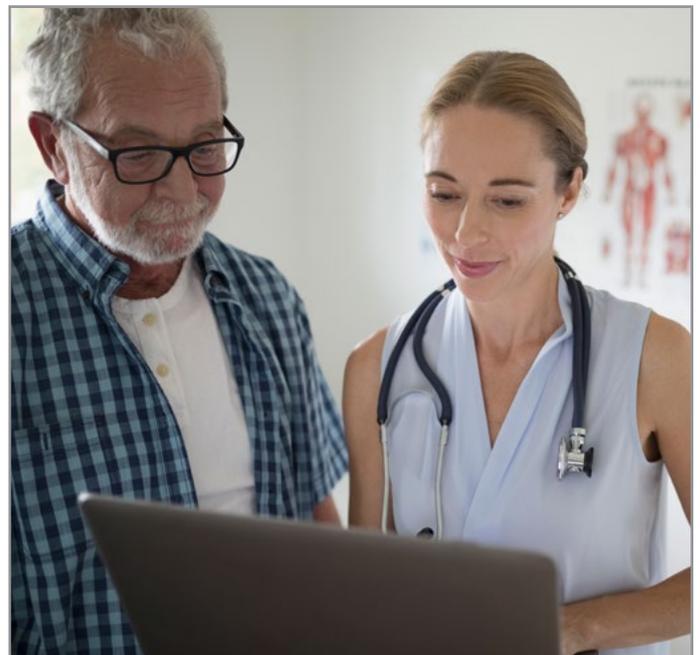
2019 benefit updates

Behavioral Telehealth is expanding.

- ▶ Beginning January 2019, Cigna-HealthSpring is expanding its Behavioral Telehealth benefit offerings to include more patients in AL, AR, FL, GA, IL, KS, MO, MS, PA, and TN. Behavioral Telehealth in the affected states will no longer be limited by CMS' Telehealth coverage policies.
- ▶ Behavioral Telehealth is the delivery of therapy and medication management sessions via interactive audio and video telecommunications technologies. Providers must utilize a real-time, secure, video-based technology in order to render Telehealth services.
- ▶ Providers licensed in the state in which the patient is being treated will be able to provide Telehealth services in accordance with the patient's Cigna-HealthSpring benefit plan.
- ▶ If you offer Telehealth services, please complete the Attested Specialty Form found on [CignaforHCP.com](https://cignaforhcp.com). Upon receipt "telehealth" will be added as a specialty to the provider's Cigna-HealthSpring profile. There are no additional contracting or credentialing requirements for delivering Telehealth services.
- ▶ Providers should bill Telehealth sessions per CMS guidelines. There will not be a cost differential to the patient for in-office versus Telehealth services.
- ▶ Prior authorization guidelines for Telehealth services will be the same as in-office prior authorization requirements.

Remember to verify eligibility and benefits.

It is important to remember that a patient's eligibility and benefits can change frequently, especially at the beginning of a new calendar year. Please ensure that you are verifying eligibility and benefits by calling the Provider Services phone number listed on the back of your patient's card. You may also verify eligibility and benefits through Cigna-HealthSpring's online portal, HSConnect, at <https://healthspring.hsconnectonline.com/HSConnect>.



REMOTE MONITORING FOR YOUR CONGESTIVE HEALTH FAILURE (CHF) PATIENTS

Receive alerts when intervention may be required

Connected data and personalized care coordination now make it possible to monitor your patients at home, and help them avoid unnecessary health care utilization.

Announcing Cigna's first national heart health program.

In partnership with Medtronic Care Management Services (MCMS), Cigna-HealthSpring's Congestive Heart Failure Solution offers daily health-check monitoring and personal telephone coaching. Additional remote patient-monitoring technology will be added in 2019.

MCMS is a pioneer in innovative remote patient monitoring, currently servicing more than 95,000 patients at any given time, with more than 20 disease management protocols with co-morbid capabilities.

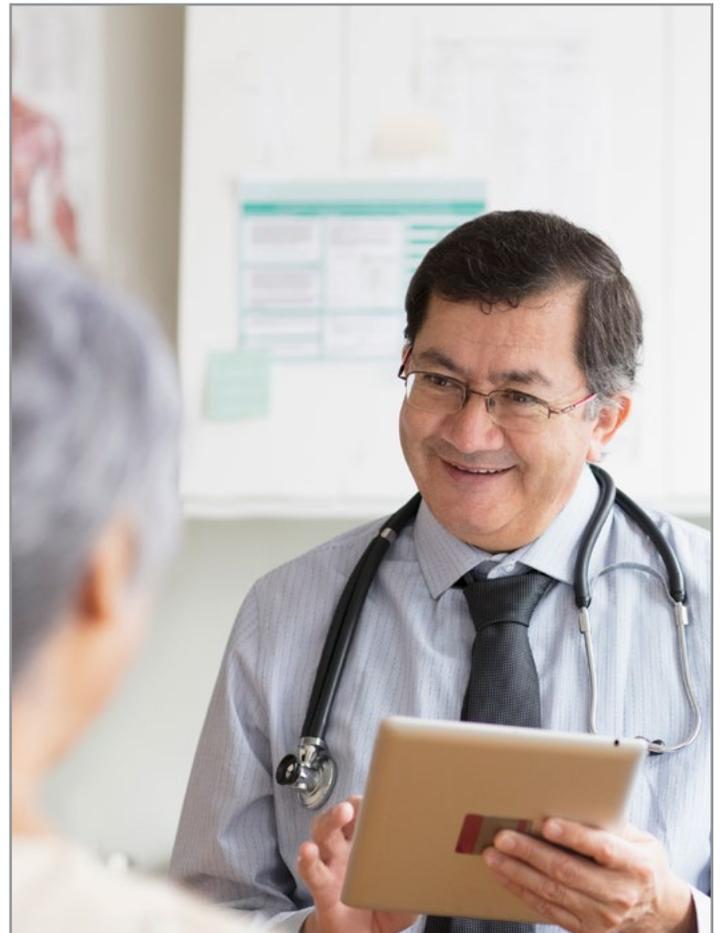
Patients learn how to take control of their health.

Patients are educated on the signs of trouble so that they can make an appointment with their health care provider before requiring hospitalization. Similar programs across the United States show that patients who take part are readmitted less often and stays are generally shorter.¹

This program is offered at no additional cost to patients.

How does the program work?

1. The patient's own telephone, tablet or computer facilitates symptom and biometric monitoring.
2. Health-check data is automatically and securely transmitted from the patient to Medtronic.
3. Medtronic reviews this data and contacts the patient (as needed) by phone to verify any biometrics or symptoms that are concerning.



REMOTE MONITORING FOR YOUR CONGESTIVE HEALTH FAILURE (CHF) PATIENTS *(CONTINUED)*



How is the physician informed if there's a concern?

1. If there is a biometric measurement outside the patient's predetermined clinical parameters, or a symptom score above a set threshold, Medtronic will contact the provider's office with the information by phone and/or fax.
2. The provider then determines the best course of treatment and contacts the patient directly with any care instructions. Providers are notified of patient status changes that may require intervention.

Helping providers deliver the right care to the right patients at the right time

- Improved provider experience
- Improved clinical outcomes
- Better identification of patient needs
- Optimized operational efficiency
- Health-check data, which allows providers to focus resources on those who need it most

Who qualifies for this program?

Your Medicare Advantage and Dual-Eligible Cigna-HealthSpring patients with CHF in all markets.²

Which patients do NOT qualify?

Medicaid-only, end-stage renal disease (ESRD), AIDS, those institutionalized for 30 days or more, hospice, skilled nursing facility (SNF), awaiting or received a recent organ transplant, or unable to cognitively understand written or spoken questions in English or Spanish

Who do I contact for more information, or to submit a patient referral?

- Your Network Operations Representative
- Cigna-HealthSpring National Health Services Clinical Programs: Jessica Kinowski (Jessica.Kinowski@Cigna.com) or Charlotte Chinnery (Charlotte.Chinnery@Cigna.com)
- Medtronic Care Management Services: Patient Advocacy Support Services (pass@medtronic.com or 866-569-2843)

1. National Center for Biotechnology Information. "Remote Monitoring of Patients With Heart Failure: An Overview of Systematic Reviews." Published online January 20, 2017.

2. Program not offered in Arizona and Leon Medical Center.



NETWORK INSIDER

Winter 2019

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2019 Cigna

INT_18_72022_C 01042019

923783

500 Great Circle Road
Nashville, TN 37228



Winter 2019

NETWORK INSIDER