

Medicare Advantage NETWORK INSIDER

A resource for providers



2022 MEDICARE ADVANTAGE PLAN HIGHLIGHTS

Expanded benefits in the year ahead

Starting in 2022, your patients with Cigna Medicare Advantage plan coverage will have more comprehensive health benefits than ever before. We're also introducing innovative plan features to:

- > Address the complexities of evolving patient care needs
- > Offer you more support for better treatment outcomes and overall health

Turn to page 2 to see what's new.

COVID-19 TOOLS AND RESOURCES

COVID-19 guidance continues to evolve, based on the most current scientific information available. On page 6, you'll find the latest updates, as well as provider resources and tools to support your practice.

Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for:

- > Billing guidelines
- > Telehealth CPT and diagnosis codes
- > FAQs
- > Virtual Care Reimbursement Policy information
- > Links to CMS COVID-19 vaccine resources



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Together, all the way.®

2022 MEDICARE ADVANTAGE HIGHLIGHTS

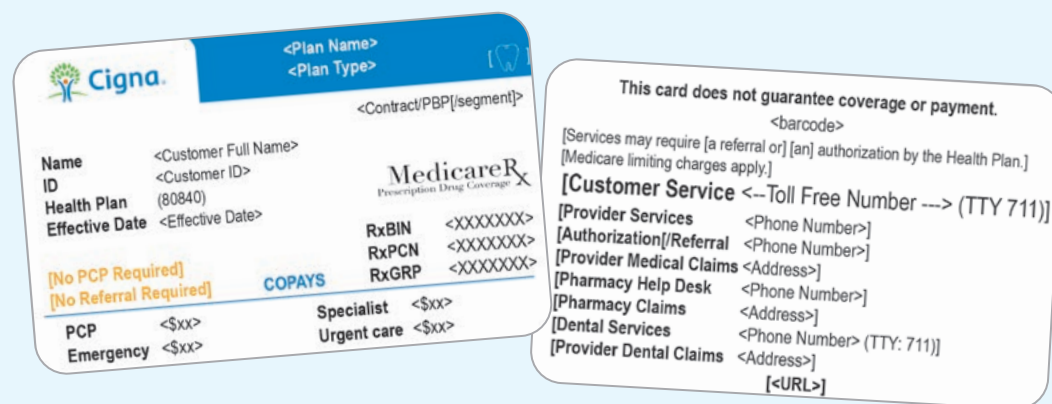
More patients, expanded benefits in the year ahead

Expanded benefits

\$0 copayment	\$0 copayment for PCP, specialist, physical therapy, speech therapy and behavioral health visits by in-network providers or telehealth vendors
Cigna Insulin Savings Program	<ul style="list-style-type: none"> > Lower prescription costs for non-Low Income Subsidy (LIS) patients who have a predictable and stable glycemic response > Copayments capped at \$35 per month
Part D Low Income Subsidy (LIS)	Cost sharing eliminated for all covered plans, with a \$0 copayment for deductible — initial and gap coverage
Medication affordability and adherence	Cigna Visa Card* provides patients with a Part C cash rebate for prescription medicine copayments
Healthy nutrition	Healthy Benefits card* provides eligible patients with a monthly allowance for the purchase of healthy foods from participating retailers
In-home support, social isolation and depression support	<p>Papa program (joinpapa.com) pairs older adults with companions to assist with:</p> <ul style="list-style-type: none"> > Everyday tasks, virtually or in their homes, and offers social activities > Transportation to and from doctors' appointments, medication pickup, etc. > Light housekeeping

* Not available in all markets. Contact your Network Operations Representative for more information.

2022 ID cards identify Cigna Medicare Advantage patients



A MESSAGE FROM OUR CHIEF MEDICAL OFFICER



Michael Reardon, M.D.

100 million Americans without a full round of shots, according to AARP.¹

Seniors and individuals with pre-existing medical conditions are the most vulnerable to becoming severely ill. The Centers for Disease Control and Prevention (CDC) states that COVID-19 infection, hospitalization and death risk in seniors is significantly higher than other age groups. Compared to 18- to 29-year-olds — the age group with the largest cumulative number of COVID-19 cases — the rate of death is four times higher in 30- to 39-year-olds, and 570 times higher in those who are 85 and older.² And many individuals continue to make vaccine decisions based on misinformation.

While older Americans are more likely to be vaccinated than younger Americans, seniors without full vaccine protection are at much higher risk of dying from COVID-19.

Thank you for continuing to discuss the importance of vaccination with your patients who are hesitant and urging them to take this step to protect their health. Research shows you are your patients' most trusted information source.³ Read more about overcoming vaccine hesitancy on page 6.

Many older Americans still aren't vaccinated, making the COVID-19 Delta wave an even greater health concern. Though more than 186 million Americans — and nearly 84 percent of adults 65 and older — have been fully vaccinated against COVID-19, that's still less than 66 percent of the vaccine-eligible U.S. population. That leaves more than

We're in this educational effort with you. We're sending mailers designed to eliminate confusion, address misconceptions and overcome vaccination reluctance to your Medicare patients in underserved communities. And we're offering free round-trip transportation to vaccination sites.

“Thank you for continuing to discuss the importance of vaccination with your patients who are hesitant and urging them to take this step to protect their health. Research shows you are your patients' most trusted information source.”

To find the latest on vaccines and boosters, monoclonal antibody treatment and coverage, and billing guidelines, visit MedicareProviders.Cigna.com.

We appreciate the opportunity to continue to partner with you to bring better health to your patients.

Michael Reardon, M.D.
Chief Medical Officer
Cigna Medicare Advantage

¹ <https://www.aarp.org/health/conditions-treatments/info-2021/coronavirus-vaccine-distribution.html>

² <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

³ 83% of patients trust their PCP for credible info – what about other healthcare institutions? Becker's Hospital Review, July 2021.

A note of gratitude

We thank retiring Cigna Medicare Advantage Chief Medical Officer Gina Conflitti, M.D., for her leadership over this past year. Dr. Conflitti joined us at the beginning of 2020, before the start of the pandemic. During a period of uncertainty, fluidity and challenges, Dr. Conflitti's strong, calm, trustworthy leadership has helped guide us. We're grateful for her many contributions, notably developing a national clinical operating model that has enabled us to grow by providing your patients with affordable and predictable care.



Gina M. Conflitti,
M.D., MBA, FACP



PART B PRACTICE SUPPORT CHANGE

Step therapy, precertification forms are moving

Effective October 2021, Part B drug/biologics requests for your patients with Cigna Medicare Advantage (MA) coverage are reviewed by our Cigna MA Part B Drugs/Biologics Department.

What this means to you

- > Part B drugs/biologics step therapy and precertification forms no longer reside on the Arizona Medicare provider-facing website.
- > These forms can now be accessed at [MedicareProviders.Cigna.com](https://www.medicareproviders.cigna.com) > Forms and Practice Support > Part B Drugs/Biologics. They're marked "AZ Only (Effective 10/08/2021)."

You can continue to submit precertification requests via:

- > Fax: 1-877-730-3858
- > Phone: 1-888-454-0013
- > Mail: Cigna, Attn: Precertification, PO Box 20002, Nashville, TN 37228

Step therapy changes

- > Renflexis, Inflectra and Avsola remain the preferred agents and no longer require precertification.
- > Remicade remains the non-preferred agent with precertification and step therapy required.

Questions? Call Cigna Provider Customer Service at **1-800-627-7534**, or contact your Network Operations Representative.

360 COMPREHENSIVE ASSESSMENT

A valuable roadmap to help get your patients' health back on track

Last year, COVID-19 prompted many people to put off routine preventive care. Now, as more of your patients return to in-person visits, we encourage you to use the annual 360 Comprehensive Assessment (also known as the 360 Exam) to help get them back on course.

What the Assessment offers you and your patients

- > Provides a full picture of a patient's health — body and mind
- > Helps you identify risk factors, manage health conditions and improve overall health
- > Combines aspects of a physical exam and a health assessment, and is a conversation enabler
- > Serves as a wellness visit or a chronic disease follow-up visit
- > Assists with comprehensive assessment and treatment planning

Additionally, your patients may be eligible to earn a \$50 gift card for completing their yearly 360 Comprehensive Assessment by December 31, 2021.

For more information regarding your market's provider reimbursement for completing the 360 Comprehensive Assessment, contact your Network Operations Representative or email DSS-Communications@Cigna.com.

How to complete the Assessment

Choose from the following documentation platforms to complete the Assessment through the end of 2021:

- > 360 Comprehensive Assessment form (paper)¹
- > Customized electronic medical record (EMR) 360 template
- > Easy-to-use 360 Interactive Provider Partnership Guide²

¹ MedicareProviders.Cigna.com > Forms > Practice Support > 360 Comprehensive Assessment Form 2020 (Note: Providers may continue to use the 2020 form to complete 2021 Assessments.)

² MedicareProviders.Cigna.com > Provider Education > 360 Interactive Provider Partnership Guide



PRECERTIFICATION CHANGES FOR 2022

Starting January 2022, Cigna is expanding precertification requirements for certain musculoskeletal (MSK) procedures.

MSK precertification requirements will include medical necessity review for major joint surgery services related to the hip, knee, and shoulder. eviCore healthcare (eviCore) will continue to manage medical necessity and level of care for these requests.

How it works

You can submit MSK precertification requests to eviCore by:

- > Logging in to the eviCore website at www.evicore.com/resources/healthplan/cigna-medicare
- > Calling **1-888-693-3297**
- > Faxing to 1-888-693-3210

Note: We may deny inpatient requests for procedures that don't meet medical necessity guidelines for inpatient level of care. In these cases, we'll automatically review the request for outpatient level of care.

Provider forums

eviCore is hosting online provider forums to assist you and your staff with our expanded MSK program. These sessions will include detailed information about the precertification process, a review of how to access information on [eviCore.com](https://www.evicore.com) and a question-and-answer period.

To access the orientation schedule or program training resources or to register, visit www.evicore.com/resources/healthplan/cigna-medicare.

For more information

For a full list of affected services and CPT® codes, visit www.evicore.com/resources/healthplan/cigna-medicare. You can find additional information about coverage guidelines at www.evicore.com/resources/pages/providers.aspx.

Questions? Call Provider Customer Service at **1-800-627-7534**.

CONTINUED CARE DURING COVID-19

Resources for you and your patients

COVID-19 guidance continues to evolve based on the latest scientific information available. For the latest in Cigna Medicare Advantage coverage, interim accommodation information, billing guidelines, and answers to your diagnostic and treatment questions, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

Patients with post-COVID-19 conditions

If you're caring for patients experiencing post-COVID-19 conditions (persistent physical and mental health symptoms following a COVID-19 infection), you can find resources that support holistic, empathetic treatment approaches at [CDC.gov](https://www.CDC.gov) > coronavirus.

COVID-19 and flu vaccinations

You're a trusted resource for your patients as they make decisions about whether to get COVID-19 and flu vaccines. You play a critical role in proactively and strongly endorsing vaccinations for all of your patients, as clinically appropriate.

Fall typically marks the start of the flu season. This year, as COVID-19 continues to pose a health threat, it's more important than ever to discuss with your patients the benefits of getting vaccinated. For helpful tips on framing the conversation, go to [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > COVID-19 & Flu Season: How to Talk to Your Medicare Patients.

MDLIVE: Behavioral health support for your patients

MDLIVE offers a telehealth option for care that complements — not replaces — the way your patients interact with you, as well as providing additional support for you and your patients with complex care needs. It's a resource for network-participating providers who want to seamlessly make behavioral health referrals for their patients.

Cigna has expanded its partnership with MDLIVE to offer virtual behavioral health services to your Medicare patients. Effective Q1 2022, MDLIVE will offer medical and behavioral health appointments via video or phone to your patients with Cigna Medicare Advantage (MA) plan coverage.

Your Cigna MA patients can access MDLIVE by calling **1-866-918-7836 (TTY 711)** or by registering online for an MDLIVE appointment via [myCigna.com](https://www.myCigna.com).

Questions? Contact Provider Customer Service or your Network Operations Representative.

Monoclonal antibodies

Monoclonal antibody treatment remains a clinically effective, critical tool to help fight COVID-19. Despite this, these treatments often go unused for myriad reasons. Because many of your patients may be unaware of the treatments and where to receive them, we encourage providers, including hospitals, to prescribe the medications and arrange the infusion sites necessary to administer the drugs when medically necessary and prudent to do so.

You can find facilities that offer these treatments through a number of resources, including:

- > The U.S. Department of Health and Human Services outpatient antibody treatment locator tool,¹ which displays locations that have received shipments of FDA EUA-approved monoclonal antibody therapeutics within the past several weeks
- > The National Infusion Center Association COVID-19 Antibody Treatment Locator,² which helps providers find infusion centers that are administering COVID-19 antibody therapies

Additional resources

These tools and resources can also help improve patient/provider communication:

- > Mental health awareness training to help you manage COVID-related mental health needs (available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education)
- > CAHPS/HOS/HEDIS/Part D online catalog, which provides tips on communicating with your patients (available through your Network Operations Representative)

¹ Available at <https://protect-public.hhs.gov/pages/therapeutics-distribution#distribution-locations>

² Available at <https://infusioncenter.org/infusion-prescribers-covid-antibody-treatment-resource-page>

Navigating vaccine hesitancy

With the emergence of COVID-19 variants, patients need your guidance to make decisions about getting vaccinated. Dr. Elizabeth Stahl, Regional Medical Director for CareAllies*, offers these tips to help overcome vaccine hesitation:

Understand patients' hesitancy:

- Lack of mobility/transportation
- Forgetfulness
- No vaccine education or guidance
- Misinformation
- Difficulty getting an appointment
- Financial confusion
- Lack of access (for marginalized communities)

Maneuver conversations to resolve hesitation:

- Be empathetic
- Realize some patients haven't been told they need the vaccine
- Learn the reasons for hesitancy
- Address any misinformation (or information gaps)
- Speak to reservations regarding side effects
- Make sure your staff is prepared to answer vaccine-related questions

Watch Dr. Stahl's webcast on navigating vaccine hesitancy at [CareAllies.com](https://www.CareAllies.com) > Insights > Valuable Insights: Navigating Through COVID-19 Vaccine Hesitancy to learn more and earn 0.5 CME credits.

*CareAllies®, a Cigna business, has an extensive and successful history of innovative value-based provider collaborations. Register at Events.CareAllies.com/ValuableInsights, or email Info@CareAllies.com with questions. Once registered, you'll be notified when new resources are added.



PART D: SUPD EXCLUSIONS, NEW QUALITY MEASURES

Greater flexibility in treatment planning for diabetes patients

Historically, end-stage renal disease was the only condition excluded from the Centers for Medicare & Medicaid Services' (CMS) Statin Use in Persons with Diabetes (SUPD) quality measure. CMS has now issued additional SUPD exclusions, as shown in the chart below.

New SUPD exclusions

These exclusions represent conditions that could alter the clinical risk/benefit ratio of starting a statin in patients with diabetes who have certain comorbidities. Additionally, they support treatment decisions without negatively impacting quality measures. Those that would most likely affect the Medicare population include rhabdomyolysis, prediabetes and liver disease. Pregnancy, lactation and Polycystic Ovarian Syndrome are other excluded conditions. Below is an expanded list of exclusions for the SUPD measure.

EXCLUDED CONDITIONS	ICD-10 CODE	DESCRIPTION
Rhabdomyolysis	G72.0	Drug-induced myopathy
	G72.9	Myopathy, unspecified
	M60.80	Other myositis, unspecified site
	M62.82	Rhabdomyolysis
	T46.6X5A	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter
Prediabetes	R73.03	Prediabetes
	R73.09	Other abnormal blood glucose
Liver disease	B18.2	Chronic viral hepatitis C
	K70.0	Alcoholic fatty liver
	K72.00	Acute and subacute hepatic failure without coma
	K74.0	Hepatic fibrosis
End-stage renal disease	N18.5	Chronic kidney disease, stage 5
	N18.6	End-stage renal disease
	N19	Renal failure, unspecified
	Z99.2	Dependence on renal dialysis

* ICD-10 code list is illustrative and not comprehensive. Contact your Network Operations Representative with questions.

For more information about SUPD exclusions, see our Medicare Advantage Part D Partnership Guide or SUPD educational flyer at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Pharmacy Resources.



Monitoring risks with medication use

CMS is considering adopting new Part D quality measures to monitor risks associated with certain medication use, including:

- > Antipsychotic use in Persons with Dementia (APD)
- > Polypharmacy – Anticholinergics (Poly-ACH)
- > Two related to opioid use:
 - Use of Opioids at High Dosage in Persons without Cancer (OHD)
 - Use of Opioids from Multiple Providers in Persons without Cancer (OMP)

Cigna has created provider guides for each of these measures to help you proactively identify patients who may need changes to their medication regimens to avoid additional risk. These guides are available for download at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education. To order a supply, contact your Network Operations Representative or send an email to CAHPSandHOS@Cigna.com (be sure to mention the state you practice in).

New opioid safety measure on concurrent benzodiazepine use

CMS is considering new prevention measures to reduce the overuse and misuse of prescription opioids among Medicare Part D patients who have:

- > 2+ unique claims for a benzodiazepine
- > 30+ days of concurrent use of opioids and benzodiazepines

to the adverse effects of benzodiazepines, due to age-related changes in pharmacokinetics and pharmacodynamics.² Centers for Disease Control and Prevention guidelines recommend that clinicians avoid prescribing concurrent therapy whenever possible.³

What to know

Concurrent use of benzodiazepines and opioids can cause central nervous system depression, decrease respiratory drive and increase the risk for potentially fatal overdose.¹ Older adults are especially vulnerable

What to do

Stay up to date on CMS's opioid measures, recommendations for deprescribing, supportive therapies to offer your patients and more by visiting [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Pharmacy Resources.

¹ FDA Drug Safety Communication: FDA requiring Boxed Warning updated to improve safe use of benzodiazepine drug class, 2020. Accessed at <https://www.fda.gov/media/142368/download>.

² Bogunovic OJ, Greenfield SF. Use of Benzodiazepines Among Elderly Patients. *Psychiatric Services: Practical Geriatrics*. 2004 Mar; 55(3):233-235.

³ Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. *MMWR Recomm Rep* 2016;65 (No. RR-1):1-49.

STREAMLINED SUPPORT

for Your Practice

As a Cigna Medicare Advantage contracted provider, you have immediate access to timely updates and 24/7 resources at your fingertips to help you do business with Cigna at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

These resources can offer important information on policies and procedures that will save time for you and your staff. Here, you'll find the latest on:

Provider Manual

- > Credentialing
- > Billing (ERA/EFT support)
- > How to file a coverage determination; electronic submission of prior authorization requests
- > Pharmacy quality programs; prescription drug monitoring programs
- > Medical health services; utilization, prior authorization, concurrent review

Quick Reference Guide

- > Phone numbers for key services and support programs

2021 Regulatory Highlights Guide

- > Key contacts for prior authorization requests
- > Cultural competency resources

Prior authorization updates

We continue to refine prior authorization (PA) requirements to reduce administrative burden on providers:

- > As of October 1, 2021, 82 trauma and fracture codes in non-emergency settings were removed. (These codes never required PA in emergency settings.)
- > To date in 2021, 161 codes have been removed from PA requirements.

Claim editing enhancement

Viewing claim code edits is easier with Clear Claim Connection™ (C3). This disclosure tool now incorporates Medicare claims decisions and allows you to:

- > Enter Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) coding scenarios
- > Immediately access clinical edit rationales and edit sourcing

Access the tool at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).



PREVENT PAYMENT DELAYS: UPDATE YOUR ADDRESS

Prompt payment is a priority for you and Cigna. Make sure we can find you; we receive 20,000 returned checks each year due to incorrect addresses. To update your mailing address:

- > Cigna network providers: Contact your Network Operations Representative.
- > Non-participating providers: Email an updated Form W-9 to PDM@Cigna.com.

VERIFY BENEFITS AND ELIGIBILITY FASTER THAN EVER

Don't want to wait in line? You can now verify patient eligibility, benefits and copayment amounts without holding for or speaking to a representative. Simply call our automated system at **1-800-627-7534** or visit [ClaimStatMCIS.com](https://www.ClaimStatMCIS.com).

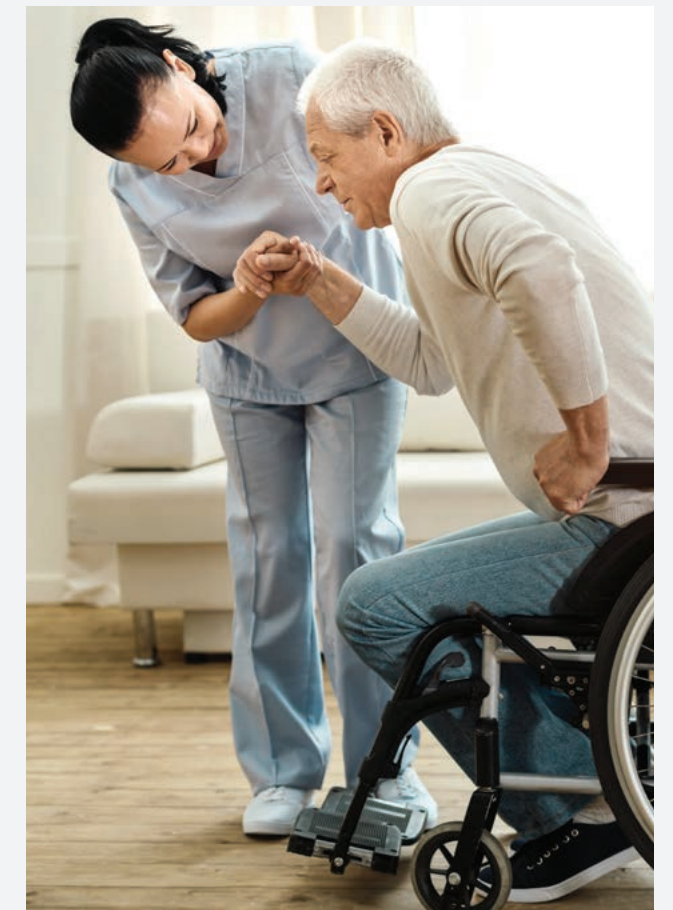
SNP MODEL OF CARE TRAINING MADE EASY

In less than 10 minutes, you can be compliant with the annual CMS-required Special Needs Plan Model of Care (SNP-MOC) training requirement.* Cigna's new training video and user-friendly attestation keep the process simple.

All Medicare Advantage contracted providers have until December 31, 2021 to complete the training. Visit [CignaSNPTraining.com](https://www.CignaSNPTraining.com).

Questions? Contact your Network Operations Representative.

* The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff to complete annual training on the Special Needs Plan Model of Care.

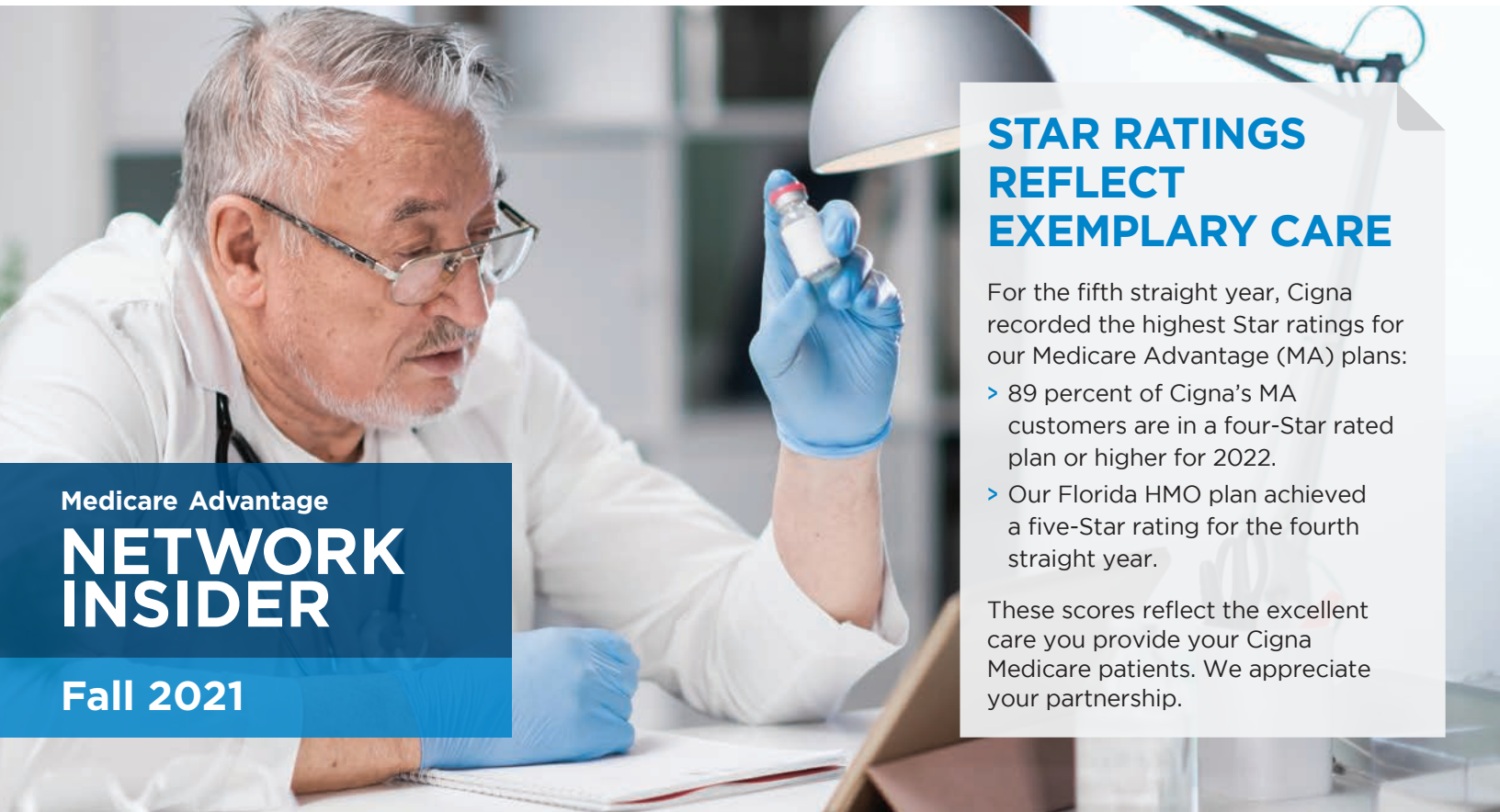


Medicare Advantage
**NETWORK
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Fall 2021



500 Great Circle Road
Nashville, TN 37228



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**STAR RATINGS
REFLECT
EXEMPLARY CARE**

For the fifth straight year, Cigna recorded the highest Star ratings for our Medicare Advantage (MA) plans:

- > 89 percent of Cigna's MA customers are in a four-Star rated plan or higher for 2022.
- > Our Florida HMO plan achieved a five-Star rating for the fourth straight year.

These scores reflect the excellent care you provide your Cigna Medicare patients. We appreciate your partnership.

