



Medicare Advantage
**NETWORK
INSIDER**

A resource for providers

DEPRESSION: NOT A NORMAL PART OF AGING

Cigna's depression management program supports patients and providers

Diagnosing depression in seniors presents unique challenges:

- > The prevalence of coexisting conditions and multiple medication use can contribute to or mask depression.
- > Symptoms can differ from those seen in a younger population.
- > Cognitive decline and impairment can both cause depression and be a manifestation of it, adding to diagnostic complexity.¹

“This age group has constraints they didn't have when they were younger because of changes in their capabilities, in their cognitive functioning, and sometimes in their real or perceived level of dependence or independence,”

PCPs are in a position to assess changes that may indicate depression.

says Cigna Senior Medical Director Carlos J. Gonzalez, MD. “Many things come into play that may trigger depressive episodes.”

Despite this complexity, it's important to acknowledge that depression is not a normal part of the aging process and should be treated.

Diagnosis

Medicare beneficiaries with multiple chronic conditions are more likely to use primary care providers (PCPs) for the majority of their health care; in one study, nearly

Continued on page 4

IN THIS ISSUE

- 2 A message from our new Chief Medical Officer
- 3 Why should you care about CAHPS?
- 5 Cigna's depression management program
- 6 Quick Reference Guide for providers
- 8 360 Comprehensive Assessment can enhance patient care
- 10 Cigna updates: new pharmacy partnerships
- 11 CMS updates: telehealth, opioid treatment



Together, all the way.®

A MESSAGE FROM OUR NEW CHIEF MEDICAL OFFICER



Gina M. Conflitti, MD, MBA, FACP

Hello. I recently joined Cigna to lead our clinical teams in developing programs and strategies to best serve our Medicare Advantage customers. You play an enormous role in the success of those strategies, and we value our partnership with you.

The excellent care you provide our customers is reflected in Cigna's CAHPS survey scores and resulting

Star ratings: In 2020, 87% of our customers are enrolled in a 4-Star rated plan or higher. That's up from 77% in 2019 and 73% in 2018. This illustrates how, together, we can provide high-quality services and deliver improved clinical outcomes. On page 3, we discuss why CAHPS results matter.

I'm a strong advocate of whole body health. We're living longer than ever, and advancing age brings with it unique health challenges. Geriatrics as a specialty is understaffed. And as the over-65 population continues to grow, that leaves senior care — including behavioral health issues like depression — to primary care physicians.

The National Alliance on Mental Health says seniors don't seek help for depression for a number of reasons: They may believe it's a normal part of aging or the result of chronic illnesses, losses they've endured, or changes in social status. They may feel medically vulnerable or think of depression as a character flaw.

Our cover article examines geriatric depression and the challenges associated with diagnosing and treating it. We also discuss our Depression Disease Management program and how to refer patients to it. Senior patients often require extra time and attention, which can be in short supply in a busy medical practice, so our program is here to support you and your patients.

I'll close by thanking those of you who participated in our 2019 provider satisfaction survey. We heard you, and your responses are guiding us in making improvements to our services and processes.

Gina M. Conflitti, MD, MBA, FACP
Cigna Chief Medical Officer
Government Business

COMING IN THE NEXT ISSUE

Because medically complex seniors have unique care needs, Cigna provides programs at no additional cost to optimize care for these patients:

- > Depression Disease Management program (see article on pages 4-5)
- > Congestive heart failure
- > Palliative care
- > In-home programs

The next issue of *Network Insider* will examine some of these programs in more detail.



WHY SHOULD YOU CARE ABOUT CAHPS?

Here's why: The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey asks patients to evaluate their experience with you, their provider.

Results are then used to calculate Centers for Medicare & Medicaid Services' (CMS) Star ratings, which are made public on the Medicare Plan Finder at www.medicare.gov/plan-compare. These ratings serve as performance reviews to help consumers choose where to receive care.

Patient experience accounts for nearly one-third of a plan's Stars rating.*

Because Star ratings influence consumer decision making, they can have a direct effect on Medicare Advantage health plan and provider reimbursements. Five-Star rated plans are allowed to enroll Medicare beneficiaries throughout the year, which can lead to more enrollees, and that, in turn, can help providers grow their practices.

The CAHPS survey, developed by the Agency for Healthcare Research and Quality, is sent to a random sample of Medicare beneficiaries in March. A second survey is sent to non-respondents in April.

* Combined results from CAHPS and the Medicare Health Outcomes Survey (HOS)

Bragging rights

A combination of the excellent care you deliver and the services we provide to our customers have yielded some 2020 CMS Star ratings worth bragging about. Here are a few highlights:

Florida

The Cigna Medicare Advantage Network plan in Florida achieved an overall 5-Star rating for the second year in a row and also earned 5 Stars for customer satisfaction.

Alabama, Tennessee and Texas

Our plans in these markets earned 4.5 Stars.

Pennsylvania, North Carolina and Arizona

Plans in these states achieved 4 Stars, with Pennsylvania up from 3.5 Stars last year.

Other notable results:

- > Our PDP plans increased from 2 to 3.5 Stars, and our pharmacy measures improved from 3.5 to 4 Stars.
- > Administrative measures, which focus on appeals, benefits coverage and payment operations, improved from 4 to 4.5 Stars.
- > We sustained a CAHPS weighted Star average of 4 and a Healthcare Effectiveness Data and Information Set (HEDIS) weighted Star average of 4.5 from 2019 to 2020.

HOW YOU CAN IMPACT CAHPS RESULTS

More than half of the CAHPS survey focuses on measures you and your staff can directly impact, including how easily and quickly patients can get care.

Improve patient comfort and convenience by:

- > Creating comfortable waiting areas
- > Minimizing phone hold times
- > Offering a 24-hour phone helpline, after-hours support and next-day callbacks

Engage with patients at every office visit and:

- > Ask about prescriptions, side effects, and trouble taking or affording medications
- > Discuss generic alternatives, 90-day supplies and home delivery pharmacy services
- > Review any specialty care treatments and services

- > Explain the referral process, including how long it may take
- > Talk about flu and pneumonia vaccinations

Empower patients to be their own health advocates by:

- > Having open, honest health conversations
- > Recommending they make a list of questions to bring to every checkup
- > Stressing the importance of yearly vaccinations
- > Suggesting they use Cigna's Passport to Health to track their preventive care for review during each office visit
- > Discussing the importance of filling out all health surveys they receive

DEPRESSION: NOT A NORMAL PART OF AGING

Continued from page 1

two-thirds of participants reported that their PCPs served as gatekeepers for their care.²

“PCPs are in a position to have relationships with patients and assess changes in their lives that may indicate depression,” says Dr. Gonzalez. “When we’re seeing patients for the first time, it’s a good idea to use depression screening tools to establish whether there’s a history of that type of disorder.”

Symptoms

Seniors may present with depressive symptoms different from those found in younger adults. They may not report feeling sad; instead, they may mention lack of motivation and energy. Irritability, anxiety and somatic symptoms — such as unexplained pain, fatigue or gastrointestinal problems — are more common, as well as:

- > Psychomotor agitation or retardation
- > Excessive worries about finances and health problems
- > Frequent tearfulness
- > Feeling worthless or helpless
- > Weight changes
- > Pacing or fidgeting
- > Difficulty sleeping or sleeping too much
- > Difficulty concentrating
- > Withdrawal from social activities
- > Fixation on death; thoughts of suicide³

The death of a loved one may also trigger a depressive episode.³

Screening

While 99% of PCPs acknowledge the importance of screening seniors for cognitive issues including depression, only 16% of all Medicare beneficiaries report receiving such a screening during their annual wellness visits.⁴

PCPs cite several factors for not screening, including lack of time, uncertainty about how to screen and a desire for more guidance on how to identify patients who can benefit from it. Seniors may expect their PCPs to initiate screening conversations, while providers often wait for family members/caregivers to mention cognitive issues before conducting an assessment.⁴

“When we interact with the senior population, it’s important to ask them, ‘Are you having changes in sleep or eating patterns or lack of interest in activities?’ which can be tip-offs to depression,” says Dr. Gonzalez.

Since elderly patients may not recognize and self-report symptoms, there are signs providers can look for during office visits.

“We may see a change in the way the patient is behaving — are they withdrawn, are they interactive?” he continues. “Family members may also be able to detect things they can pass on.”

Screening tools

Cigna provides the PHQ-9 screening tool for depression online at [Cigna.com/health-care-providers/resources/body-mind](https://www.cigna.com/health-care-providers/resources/body-mind). Alternatively, the Geriatric Depression Scale (GDS) is an established and reliable instrument designed

Continued

to identify symptoms specific to older adults. Long- and short-form GDS questionnaires are available on the Agency for Healthcare Research and Quality website at www.integrationacademy.ahrq.gov.

Documentation and coding

Depression documentation and coding education is available in our ICD-10 Provider Partnership digital guide and through an on-demand 0.25 CME webinar on our provider website at [MedicareProviders.Cigna.com/icd-10](https://www.MedicareProviders.Cigna.com/icd-10).

- ¹ Blackburn, P., Wilkins-Ho, M. and Wiese, B. (2017). Depression in older adults: Diagnosis and management. *British Columbia Medical Journal*. [online] Available at: www.bcmj.org/articles/depression-older-adults-diagnosis-and-management [Accessed 18 Dec. 2019].
- ² LaPointe, J. (2017). Seeing PCP As Main Provider Lowered Medicare Spending by 9%. [online] *RevCycleIntelligence*. Available at revcycleintelligence.com/news/seeing-pcp-as-main-provider-lowered-medicare-spending-by-9 [Accessed 12 Dec. 2019].
- ³ Taylor, Warren D. (25 September 2014). Clinical practice. Depression in the Elderly. *The New England Journal of Medicine*. 371 (13): 1228-1236.
- ⁴ Alzforum.org. (2019). Alzheimer’s Association Report Argues for Cognitive Screening. [online] Available at: www.alzforum.org/news/community-news/alzheimers-association-report-argues-cognitive-screening [Accessed 16 Dec. 2019].

CIGNA’S DEPRESSION MANAGEMENT PROGRAM

Cigna offers a voluntary 12-week Depression Disease Management program at no cost to Medicare Advantage customers who qualify.

What

The telephonic program connects patients with a behavioral health specialist biweekly, and includes education/materials and symptom and medication tracking tools. The specialist may refer the patient to a licensed behavioral health professional when appropriate.

Who

The program is designed for patients with mild to moderate depression, situational depression or those new to taking an antidepressant. It is *not* designed for more severe forms of depression, such as bipolar, schizoaffective or personality disorder.

Our program is effective!
In 2019, 84% of program participants reported an improvement in depression symptoms.

How

Patients may self-refer or providers can recommend the program to their patients. Referred patients will be contacted by a Cigna disease management associate and, based on a PHQ-9 assessment, placed in one of four intervention levels. With your patient’s permission, Cigna will keep you informed of his or her participation throughout the program, including a post-program summary.

How to refer

- > Send a review through HSConnect to the Depression Disease Management group and use review type “BH Depression Disease Mgmt.”
- > Fax a referral form to the Behavioral Health Unit at **1-866-949-4846** (form available online at [MedicareProviders.Cigna.com/bhunit](https://www.MedicareProviders.Cigna.com/bhunit) or by calling **1-866-780-8546**).

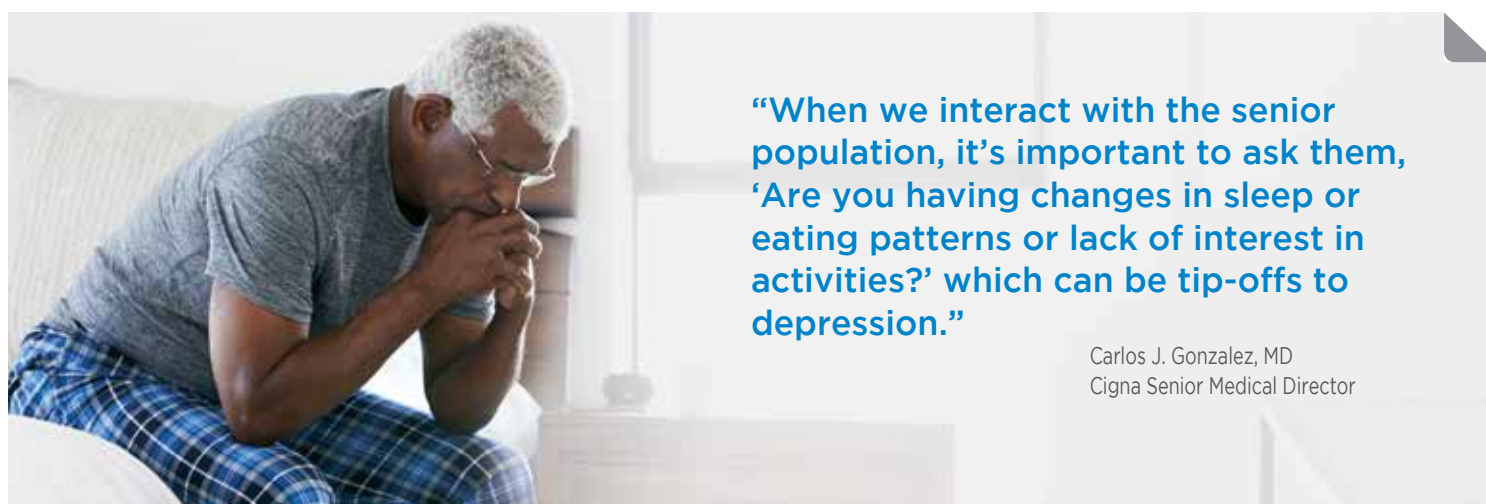
For questions about this program, contact our behavioral health department at **1-866-780-8546**, weekdays, 8 a.m. – 5 p.m., CST.



YOUR PATIENTS MAY ASK ...

More From Life, Cigna’s customer magazine, encourages patients to talk to their providers about depression and call us if they’re interested in our Depression Disease Management program. We provide additional support and resources through:

- > **myCigna.com**. Patients can review behavioral health coverage and search Cigna’s participating provider directory.
- > **Behavioral health specialists**. To make an appointment with a Cigna behavioral health specialist, patients can call **1-866-780-8546 (TTY 711)**, 24 hours a day, 7 days a week.



“When we interact with the senior population, it’s important to ask them, ‘Are you having changes in sleep or eating patterns or lack of interest in activities?’ which can be tip-offs to depression.”

Carlos J. Gonzalez, MD
Cigna Senior Medical Director

Provider Quick Reference Guide

Provider customer service
1-800-230-6138

Provider website
MedicareProviders.Cigna.com

Provider manual
MedicareProviders.Cigna.com

> Provider Manuals > 2020 Provider Manual

Provider portal: HSConnect
www.HSConnectOnline.com

Help Desk: 1-866-952-7596
Email: HSConnectHelp@HSConnectOnline.com

**ICD-10 coding & documentation/
360 Comprehensive Assessment**
MedicareProviders.Cigna.com/icd-10



| | | |
|---|---|---|
| Eligibility/copay verification | Customer Service: 1-800-668-3813 Provider Portal: HSConnectOnline.com | |
| Ancillary services/ supplemental benefits | Outpatient lab: LabCorp: 1-888-522-2677 Quest Diagnostic: 1-866-697-8378 Post hospital meal benefit: GA Foods: 1-866-481-2721 | Behavioral health/substance abuse: Authorizations: 1-866-780-8546 Fax: 1-866-949-4846 Questions: 1-800-230-6138 |
| High-tech radiology/ diagnostic cardiology | Precertification/provider resources: Evicore.com/Resources/HealthPlan/Cigna-Medicare Support for web portal: Email: Portal.Support@Evicore.com Customer service: Email: ClientServices@Evicore.com | Radiation therapy: 1-866-686-4452 Fax: 1-800-540-2406 Radiology/cardiology: 1-888-693-3211 Fax: 1-888-693-3210 |
| Prior authorization | Required for inpatient and elective admissions, home health, DME, outpatient services. Requirements updated quarterly on January 1, April 1, July 1 and October 1 | View the latest changes/requirements at MedicareProviders.Cigna.com Obtain through HSConnectOnline.com or by calling Provider Customer Service at: 1-800-230-6138 |
| Referrals | HMO: requirements vary by plan; obtain through HSConnectOnline.com ; PPO: not required | |
| Claims processing | Questions: Claims: 1-800-230-6138 Appeals: 1-800-511-6943 Fax: 1-800-931-0149 Electronic claims: > Change Healthcare/Availity (Payor ID: 63092 or 52192) > SSIGroup/Proxymed/Medassets/Zirmed/OfficeAlly/GatewayEDI (Payor ID: 63092) > Relay Health (Professional CPID: 2795 or 3839 , Institutional CPID: 1556 or 1978) | Mail Claims: Paper claims: Cigna Medicare Advantage P.O. Box 981706, El Paso, TX 79998 Cigna Medicare Advantage appeals: P.O. Box 24087, Nashville, TN 37202 Reconsideration requests: Cigna Medicare Advantage Reconsiderations P.O. Box 20002, Nashville, TN 37202 |
| Compliance | To report potential fraud, waste or abuse: Phone: 1-800-667-7145 Email: SpecialInvestigations@Cigna.com (Attn: Cigna Medicare Operations) Mail: Special Investigations Unit, Cigna Medicare Advantage, P.O. Box 20002, Nashville, TN 37202 | |
| Pharmacy | Part D: Prior authorization requests: www.CoverMyMeds.com (preferred method) Formulary: Cigna.com/medicare/resources/drug-list-formulary Forms: Cigna.com/medicare/resources/drug-search Questions: 1-877-813-5595 Fax: 1-866-845-7267 Express Scripts: Transfer/prescribe: Express-Scripts.com , or call 1-877-860-0982 , option 2, M-F, 7 a.m. – 11 p.m. (CST) | Accredo Specialty Pharmacy: Review medication dispensed by Accredo: MedicareProviders.Cigna.com > Pharmacy Transfer/prescribe: www.Accredo.com , or call 1-866-759-1557 , M-F, 8 a.m. – 8 p.m. (EST) Submit a referral: www.Accredo.com > Prescribers > Referral forms (Search for form by condition and product/therapy name) Questions: Call Physician Service Center at 1-844-516-3319 , M-F, 8 a.m. – 8 p.m. (EST) |
| Patient resources for better health | Silver&Fit® Exercise and Healthy Aging fitness program: www.silverandfit.com Some plans offer free fitness center membership at no additional cost to patients HealthWise: www.healthwise.net/cigna Tips, tools and videos to help patients make better health decisions | |

360 COMPREHENSIVE ASSESSMENT CAPTURES HEALTH DETERMINANTS OFTEN MISSED DURING OFFICE VISITS

The typical office visit tends to focus on what's bothering the patient most at that moment, which is most often the patient's physical health. Meanwhile, other vital health determinants may get overlooked — determinants such as mental health, social aspects like loneliness, and incidental issues like balance or gait problems.

"Often, the patient doesn't bring [those concerns] forward, especially our elderly members," says Michele Prichard, MS, APRN, ANP-BC, Cigna Quality Clinical Management Advisor.

By the time the patient has addressed her most pressing concerns, she may forget she's been feeling anxious or depressed. Or she may not bring up an issue because it's embarrassing.

"But if you ask, the patient will open up," adds Prichard.



YOUR PATIENTS MAY ASK ...

In communications Cigna sends our customers, we refer to the 360 Comprehensive Assessment as the **360 Exam**. Eligible patients who complete their yearly 360 Exam between January 1 and May 31, 2020, can earn a \$50 gift card. **This incentive may create an influx of requests for the exam within this timeframe.** Eligible PPO patients may receive incentives for completing the following:

- > HbA1c screening
- > Diabetic retinal eye exam
- > Mammogram
- > Colorectal cancer screening

Cigna mailed all patients an individually coded form in January, which they may bring to their 360 Exam appointment or complete online as described in the patient mailer.

Studies show that patients want to have deeper discussions with their doctors.

The **360 Comprehensive Assessment** does just that, engaging the patient in discussion regarding her whole health. It asks questions that bring to the forefront those often overlooked issues, better equipping providers to act on the patient's concerns.

"The 360 assessment identifies not only the physical but also the mental and social issues impacting the patient, and provides a complete picture of the patient's health," says Prichard. More specifically...

The 360 Comprehensive Assessment:

- > Creates an opportunity to provide more holistic, team-based care with a focus on prevention and early detection
- > Facilitates customized care planning and coordination
- > Creates a pathway for recommending other Medicare-covered preventive services (e.g., mammogram, colonoscopy)
- > Supports continuity of care
- > Assists providers in connecting patients with community-based and Cigna resources that can help them achieve a healthier lifestyle and better control of chronic conditions
- > Provides a mechanism for capturing and improving Star ratings and HEDIS quality metrics
- > Enhances doctor-patient communication
- > Boosts patient satisfaction
- > Improves overall health outcomes

The assessment enhances Cigna's ability to support our Medicare-contracted providers in overall coordination of care. Through 360 documentation, the provider outlines a very specific and concise care plan for each of the patient's chronic conditions.

Cigna also provides our Medicare customers with a monetary incentive for completing their 360 assessment, which can improve compliance with their treatment plan (see sidebar).

Broadening the focus

A 2018 survey of 2,000 adults found that physical health dominates the discussion in a typical office visit (74% of conversations). Other health determinants, such as diet and sleep habits, mental health and social support, were discussed half as often or less.

Despite these findings, studies show that patients *want* to have deeper discussions with their doctors. The 360 assessment provides an avenue for meaningful discussions. It gives providers the opportunity to enhance patient care and recapture clinical and financial benefits.

360 assessment resources

Cigna offers these resources, available at **MedicareProviders.Cigna.com/icd-10**, to help providers understand and administer the 360 assessment:

- > A 360 Comprehensive Assessment provider guide
- > Two on-demand webinars:
 - For new providers: step-by-step instructions for completing the 360 assessment
 - For established providers: an update on 360 changes for 2020

In addition to the paper form, providers can choose from two electronic options for completing/submitted 360 assessments to Cigna:

- > A customized EMR 360 (template added to your EMR). This allows for the assessment to be completed within your own EMR and submitted to Cigna via fax.
- > An Arcadia 360 may be completed via the Arcadia internet-based platform. This option offers the benefit of access to patient information collected from claims, providing a holistic view of the patient's health.

For providers who would like assistance completing 360 Comprehensive Assessments within their offices, an Embedded Nurse Practitioner may be an option. Contact your Network Operations Representative to learn more.

Cheney, C. (2018). *Gaps Exposed Between Primary Care Physicians and Patients*, *HealthLeaders Media*. [online] Healthleadersmedia.com. Available at: www.healthleadersmedia.com/clinical-care/gaps-exposed-between-primary-care-physicians-and-patients [Accessed 16 Dec. 2019].



ANATOMY OF THE 360

CMS requires all Medicare Advantage patients to complete the assessment annually in a face-to-face encounter with an MD, DO, PA or NP. It captures:

- > Past medical and surgical history
- > Family and social history
- > Medications and allergies
- > Pain screening
- > Identification of current conditions and associated treatment plans
- > Preventive screening recommendations
- > Screening exams (e.g., diabetic foot exam, fall risk, incontinence, depression)

The assessment is available at no additional cost to the patient and should be performed in the office. Otherwise, one of Cigna's in-home partners will conduct the assessment.



CIGNA UPDATES: WHAT'S NEW IN 2020

New pharmacy partnerships

Express Scripts

- > Effective January 1, Express Scripts became Cigna's preferred mail order pharmacy.
- > Medicare Advantage customers were notified of this change, issued new ID cards and instructed on how to register at www.Express-Scripts.com to avoid an interruption in their home delivery prescriptions.
- > Cigna Home Delivery and Postal Prescription Services are no longer in-network.*

Accredo®

- > Accredo, part of Express Scripts, is now Cigna's preferred specialty pharmacy.
- > Your patients were notified of this change and told how to choose a new in-network specialty pharmacy service to avoid an interruption in refilling their prescriptions.
- > Cigna Home Delivery no longer fills prescriptions, and Postal Prescription Services is no longer in-network.*

What this means to you:

- > Your patients may request a new prescription.
- > Express Scripts, Accredo, or a new mail order or specialty pharmacy may request a prescription transfer.

* There are other home delivery and specialty pharmacies in our network.

CONVENIENCE, SAVINGS, COMPLIANCE

Cigna's preferred home delivery often provides the lowest cost for your patients' medications. And they may be able to save even more with a 90-day supply. When they have the right amount of medications on hand, patients are less likely to miss a dose.

HMO REFERRAL PROCESS

No referrals are required for participating specialist services in HMO plans in select markets. See our online provider manual at MedicareProviders.Cigna.com > Provider Manuals for details on referral requirements.

CMS UPDATES: WHAT'S NEW IN 2020

New requirements for Medicare Advantage plans

Telehealth

Effective January 1, the Centers for Medicare & Medicaid Services (CMS) require Medicare Advantage plans to provide telehealth services to their customers.

Cigna has selected MDLIVE® as its Medicare Advantage telehealth provider, offering patients round-the-clock video or telephone access to board-certified physicians, potentially bypassing the need for urgent care or emergency room visits.

While not intended to replace primary care, telehealth services can be a win-win option for patients and doctors. Patients don't have to leave the comfort of home for medical consultations, and doctors deal with fewer appointment cancellations. MDLIVE physicians also can send prescriptions to a patient's choice of pharmacy. Patients can have consultation reports faxed to their PCPs, and if follow-up care is needed, they are referred back to their PCPs.

How does it work?

By telephone: Patients call MDLIVE at **1-866-918-7836** any time, day or night, including holidays. A health services specialist registers the patient and schedules with the next available physician. Then the physician calls the patient in an hour or less.



By video conference: Patients log onto www.MDLIVE.com/CignaMedicare to register and provide a brief medical history. The patient can schedule an appointment with the next available physician, and can search for a physician by specialty, gender or location. The physician contacts and interacts with the patient by video, usually within an hour or less.

The patient's cost share is the same as the cost share for an in-office doctor visit.

Physicians interested in participating in MDLIVE telehealth can go to www.MDLIVE.com/provider to initiate the contracting process.

Opioid treatment programs

CMS has established a Part B benefit for opioid use disorder (OUD) treatment services furnished by Opioid Treatment Programs (OTPs). All Medicare Advantage plans are required to include this benefit starting January 1, 2020.

Medicare Advantage plans must contract with OTPs that have a valid certification from the Substance Abuse and Mental Health Services Administration (SAMHSA), and meet necessary requirements for health and safety. Treatment services covered under the OTP benefit include:

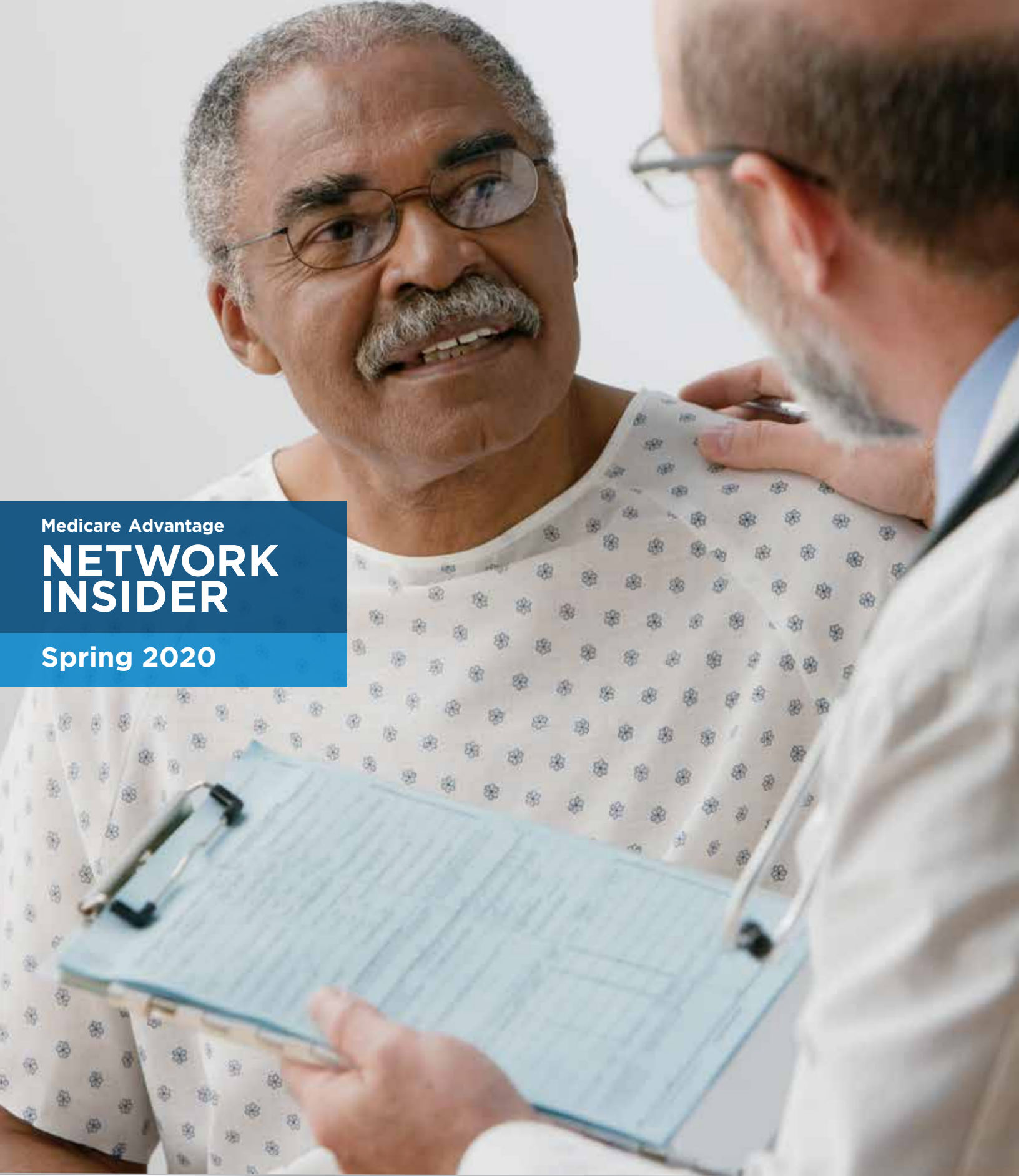
- > Prescribing FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications (and dispensing/administration of such medications, if applicable)
- > Individual and group therapy
- > Case management
- > Random drug screens
- > Other services

Some services may be provided through telehealth.

Medicare-eligible patients who lose Medicaid or commercial insurance can remain covered for OTP through Medicare. The change also moves the primary coverage of OTP from Medicaid to Medicare.

Guidelines for OTP participation

- > Document that the prospective patient meets the diagnosis for opioid use disorder, showing the pattern, duration and severity of misuse. Include previous attempts to discontinue opioid use, a history of any agonist therapies, and the nature and severity of withdrawal.
- > Document the patient's use of non-opioid substances, such as alcohol, and incorporate how these substances will be managed.
- > Check the Prescription Drug Monitoring Program (PDMP) before administering buprenorphine treatment.



Medicare Advantage

NETWORK INSIDER

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