

Medicare Advantage NETWORK INSIDER

A resource for providers

EXTRA CARE FOR COMPLEX HEALTH CONDITIONS

Medicare Advantage programs provide collaborative support

Medically complex patients benefit from tailored interventions. Cigna's patient support programs* can serve as a customizable adjunct to your treatment plans for these patients.

Cigna Care Management Program

Our Care Management Program is staffed by a multidisciplinary team of professionals experienced in the clinical management of medically complex patients. The program enables early intervention for your Cigna Medicare patients with diabetes or behavioral health needs who would benefit from:

- > Improved self-management skills
- > Referrals to adjunct programs
- > Short term and/or complex care management
- > Assistance coordinating plan benefits and/or community resources
- > Targeted efforts to prevent or manage exacerbations
- > Closing gaps in preventive care measures
- > Improved medication management (see page 2 for Part D patient program information)

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Together, all the way.®

A MESSAGE FROM OUR CHIEF MEDICAL OFFICER



Gina M. Conflitti, MD, MBA, FACP

Our team approach to health care is a theme we emphasize often when communicating with your Cigna Medicare patients. I've never been prouder to be part of that team than I am now, as we navigate the COVID-19 pandemic together. Thank you for your commitment to providing continuity of care in the face of such an unprecedented event.

This crisis remains fluid and requires vigilant monitoring to stay on top of the latest testing and treatment plans. For updates, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

We're committed to collaborating with you to provide resources that augment patient care. These include the support programs described below and on the next page. They're available at no cost to your patients and designed to enhance your treatment plans.

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

IMPROVE OUTCOMES, BOOST ADHERENCE

Achieving desired medication therapy outcomes relies on a number of factors: maintaining optimal adherence, identifying care gaps, reducing barriers and finding potential cost-saving opportunities. Cigna's Medication Therapy Management (MTM) program can help you achieve these goals for your Cigna Medicare patients.

How MTM works

- > Eligible patients are automatically enrolled and encouraged to complete a Comprehensive Medication Review (CMR) prior to their annual wellness visit
- > No cost to the patient
- > In 2020, participants must:
 - Have at least three of the following conditions: congestive heart failure (CHF), diabetes, dyslipidemia, hypertension, osteoporosis
 - Take at least seven Part D drugs from select classes
 - Be likely to incur annual costs of \$4,255 or more for covered drugs

How CMRs work

The CMR is a key component of MTM:

- > Cigna pharmacists review your Cigna Medicare patient's medication regimen (e.g., prescription and over-the-counter medications, herbal therapies, dietary supplements).
- > If any potential drug therapy problems (DTPs) are identified, the prescribing providers and/or primary care provider (PCP) are notified and provided with the patient's prior four-month medication history.
- > After their consultation with the pharmacist, the patient receives a letter listing all reviewed medications and an action plan to share with their PCP.

Your eligible Cigna Medicare patients can call **1-800-625-9432** to initiate their annual CMR.

CMR completion rates impact Part D Star ratings, so it's important to encourage your patients to complete it.

EXTRA CARE FOR COMPLEX HEALTH CONDITIONS

Continued from page 1

The programs listed below are available at no additional cost to the patient and are not intended to replace the PCP. For more information, contact your Network Operations Representative.

Program	Who qualifies?	To refer patients or learn more, contact:
Behavioral health		
<ul style="list-style-type: none"> > Uses predictive analytics to identify care-avoidant patients > Works with patients on self-identified health issues > Provides medical, therapy and coaching interventions 	<p>Patients with untreated behavioral health conditions that exacerbate serious physical health conditions and drive high medical costs</p>	<ul style="list-style-type: none"> > Your Network Operations Representative or Provider Customer Service at 1-800-627-7534 > Cigna Behavioral Health: 1-800-866-6534
Medicare Diabetes Prevention Program		
<ul style="list-style-type: none"> > Developed by the Centers for Disease Control and Prevention > Promotes healthy lifestyles and weight loss to reduce Type 2 diabetes risk 	<p>Patients with pre-diabetes and qualifying lab work</p>	<ul style="list-style-type: none"> > soleranetwork.com/medicareddpp for provider referral forms (requires recent blood value and BMI to confirm eligibility) > Solera: 1-877-486-0141, Monday – Friday, 9 a.m. – 9 p.m. EST.

* Clinical patient support programs are not available in all geographical areas.



Cigna Medicare's patient support programs* can serve as a customizable adjunct to your treatment plans for medically complex patients.

A QUICK SHOT ON VACCINE REIMBURSEMENT

Risk usually determines Part B or Part D coverage

With common flu season ahead, we make it easier for Medicare providers to stay up to speed on those vaccines that should be reimbursed under Part B and under Part D.

Whether for injection or nasal mist, process **flu** vaccine reimbursements through Part B; **pneumococcal** vaccines (Pneumar 13 and Pneumovax 23) also fall into this category.

With other kinds of vaccines, a patient's risk level often determines how they should be processed. Higher risk falls under Part B; low risk, Part D. For example:

> **Hepatitis B** should be processed through Part B for patients with intermediate- or high-risk factors like end-stage renal disease, IV drug use, whether they're homosexual men and other indicators. Low-risk patients are processed under Part D.

> **Tetanus** should be processed under Part B when necessary due to an injury, but under Part D when given as general prevention.

> **Varicella** (shingles, chickenpox) vaccines are always processed under Part D.

In general, vaccinations given because of injury or direct exposure to disease are covered under Part B. Prophylactic vaccines other than influenza and pneumococcal fall under Part D.

We've made vaccination reimbursement quicker and easier. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Pharmacy Resources > Vaccines Quick Reference Guide.

COVID-19 INFORMATION AND RESOURCES

The COVID-19 pandemic is a medical moving target, so we've made resources available online to help providers navigate the upheaval. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) for the latest guidance on:

- > Authorization guidelines
- > Screening/testing and treatment
- > Telehealth
- > CPT and diagnosis list
- > Frequently asked questions



MEDWATCH

Adverse drug event reporting tool

The problem: Because clinical trials may not reveal *all* potential safety concerns, especially after a drug or product is marketed, the FDA relies on health professionals to voluntarily report adverse events.

A solution: If your patients experience adverse events with a medication (e.g., unexpected side effect) or medical product (e.g., quality issue), you can report it through MedWatch, a safety tool provided by the U.S. Food and Drug Administration (FDA).

Using Form 3500, you can submit reports:

- > Online: [FDA.gov/safety/MedWatch](https://www.fda.gov/safety/MedWatch)
(also sign up for safety alerts)
- > By phone: **1-800-332-1088**
- > By fax: 1-800-332-0178

PHARMACY-RELATED COMMUNICATION RESOURCES FOR YOUR PRACTICE

Visit [MedicareProviders.Cigna.com/az-region](https://www.MedicareProviders.Cigna.com/az-region) > Medicare Pharmacy Resources to find the following tools:

- > Express Scripts, Accredo specialty pharmacy and home delivery information
- > Part D Provider Partnership Guide
- > Market medication adherence guides
- > 2020 formulary



DECODING THE CODES

Tools to boost documentation accuracy, reimbursement speed

The complexities of coding and documentation can be daunting and time-consuming, especially when it comes to chronic diseases. These user-friendly tools and resources can ease the load and ensure more reliable results.

ICD-10 digital guide

Cigna's ICD-10 Provider Partnership Guide is a digital resource that helps clinicians hone their coding and documentation skills. The easy-to-navigate guide includes tips and best practices, a quick-reference section and in-depth disease-specific information.

View it at [MedicareProviders.Cigna.com/az-region](https://www.MedicareProviders.Cigna.com/az-region) > ICD-10 Provider Partnership Guide.

Documentation & coding compliance reports

These reports make it easier for you to determine if your documentation and coding meets Cigna's best practice standards. Built using ICD-10 and CPT codes, they are specifically developed to support your practice.

- 1 Cigna will arrange regular deliveries of these reports to you and your staff.
- 2 Start using these reports to enhance documentation and coding compliance.
- 3 Contact your Provider Education Specialist to learn more.

Need to correct a previously submitted diagnosis?

We can help. Contact your Provider Education Specialist, or email CCQI@Cigna.com for research and review. A copy of *Cigna's Best Practices For Documentation and Coding* is available at [MedicareProviders.Cigna.com/az-region](https://www.MedicareProviders.Cigna.com/az-region) > ICD-10 Provider Partnership Guide.

Compliance concerns?

To report suspected or detected Medicare program non-compliance, contact:
Cigna Medicare Advantage
c/o Compliance Department
P.O. Box 20002, Nashville, TN 37202
1-800-230-6138 | Monday-Friday, 8 a.m.-6 p.m. CST

Educational opportunities

To sharpen your coding skills, try out our quick, on-demand, disease-specific training webinars at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > ICD-10 Coding and Documentation.

IMPROVE PERCEPTIONS, INCREASE STAR RATINGS

Tools you can use to communicate

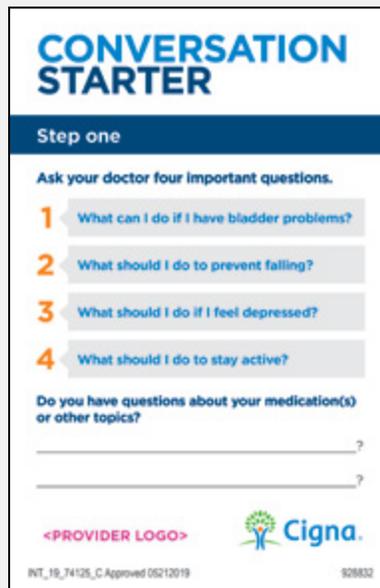
Medicare Star ratings reflect patients' perceptions about the care they receive from their providers. These patient-facing educational tools can help improve these perceptions at no cost to your practice:

- > Postcards
- > Posters and brochures about:
 - Fall risk
 - Urinary incontinence
 - Physical activity
 - Depression
 - Vaccinations
- > CDC flu fliers and posters
- > Survey reminder tent cards

Contact your Network Operations Representative to order, or send an email to CAHPSandHOS@Cigna.com (include the state you practice in).



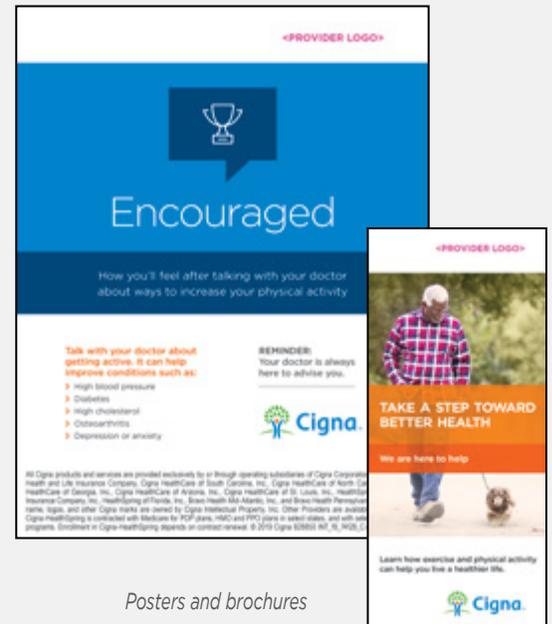
Tent card



Postcard



Flier



Posters and brochures



Positive patient experiences offer enormous benefits for your practice, such as trust and loyalty, and contribute to positive health outcomes, including better medication adherence.

HELP PATIENTS FIND YOU

Is your Cigna Medicare Provider Directory listing up to date?

This is how our Medicare patients find you and see if you're accepting new patients. Pick one of these three easy choices to update your listings:

1 The Council for Affordable Quality Healthcare (CAQH)

- > If you're enrolled with CAQH, update your listing at proview.caqh.org/PO or by calling **1-888-600-9802**.

2 CignaMedicare.com

- > Visit **CignaMedicare.com** > Find a Doctor and enter your name.
- > To update your listing, click on Report incorrect information, enter your contact information in the comments field and submit.

3 Email or fax your market representative

LISTING:	EMAIL:	FAX:
AL, GA, NC, SC, FL, MS	ALPDVTeam@Cigna.com	1-877-720-3859
AZ	AZMA_PDV@Cigna.com	1-888-230-7302
CO	CoDocs@Cigna.com	1-855-595-2211/860-907-8933
IL	IL-PDV@Cigna.com	1-855-595-2211/860-907-8933
KC	KC-PDV@Cigna.com	1-855-595-2211/860-907-8933
MAPA	MAPA_PDV_Team@Cigna.com	1-866-790-8599
TN	TNDocs@Cigna.com	1-855-595-2211/860-907-8933
TX Medicare Advantage Plans Medicaid and MMP Plans	TX_PDV_Team@Cigna.com ProviderDataValidation@Cigna.com	1-855-694-2717 1-877-440-9336



CIGNA'S QUALITY OF CARE REVIEW

Help with swift resolution of patient grievances

Patient grievances are evaluated by Cigna's Quality of Care (QOC) review team. Here are a few things you should know:

- > Grievances are based on patients' perceptions of the care/services they experienced.
- > CMS mandates all cases be reviewed and closed within 30 days. Therefore, if you receive a request for medical records, be sure to submit the requested information as soon as possible. We'll make up to three medical record requests before closing a case.
- > All QOC cases are confidential and peer-review protected.

INFORMATION YOU NEED

... when you need it

Visit our provider website at

MedicareProviders.Cigna.com/az-region for:

- > Forms and practice support
- > Patient benefits information
- > 2020 Provider Manual
- > COVID-19 billing guidelines and FAQs
- > ICD-10 coding & documentation
- > Formulary guide and pharmacy resources
- > Quick Reference Guide to key resources
- > Provider newsletters

Can't locate what you need? Our Provider Customer Service team is ready to assist you Monday-Friday, 8 a.m.-5 p.m. CST at **1-800-627-7534**.

Medicare Advantage

**NETWORK
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Summer 2020

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