Summer 2020

Medicare Advantage

NETWORK INSIDER

A resource for providers

PROVIDER PORTAL ENHANCEMENTS ARE COMING

Save time with streamlined authorization process

Making authorization requests is about to get easier.

Starting September 11, Cigna will integrate the industry-leading MHK software platform (formerly MedHOK or Medical House of Knowledge) into its secure Medicare Advantage HSConnect provider portal. This enhancement will greatly simplify and expedite the authorization process for your Cigna Medicare patients.

Portal integration will be seamless for providers who have access to HSConnect.

"As we transition to this new platform, we've made sure it will be a smooth adaptation for our provider partners," says Amirah Bare, Operating Effectiveness Manager, MHA, Business Lead. "As long as you have access to HSConnect, you'll be ready to go.

"Portal access and navigation, such as log-in information and passwords, will remain the same," Bare continues. "However, portal functionality — speed, efficiency, and transparency — has been greatly improved."

The enhanced portal also has a correspondence tab, where providers can see letters from Cigna.

Provider feedback played a significant role in our Medicare portal enhancements.

IN THIS ISSUE

Cigna.

Together, all the way.

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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**.

You'll see a common theme in this issue of *Network Insider* that underscores our commitment to a team approach: how we collaborate with you to provide resources that augment patient care. On page 6, we discuss several no-cost programs you can offer patients to enhance their treatment plans.

I'm excited to share some upcoming upgrades we're making to our HSConnect provider portal. Our cover article describes several new capabilities that will translate to more streamlined transactions and a much more user-friendly experience.

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

INFORMATION YOU NEED

... when you need it

Visit our provider website at **MedicareProviders.Cigna.com** for:

> Secure portal access for authorizations, eligibility and claims status
> Prior authorization requirements
> 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 **1-800-230-6138**.

PROVIDER PORTAL ENHANCEMENTS ARE COMING

"We appreciate the feedback from our provider partners regarding their portal needs and how we can better support their practice — we heard you!" says Bare. "We hope you'll reach out to your Network Operations Representative to let us know about your user experience with this new portal platform, which will help determine future site enhancements."

What the portal enhancement means to you

> Get expedited approvals (some at the time of entry)
> Request any inpatient and outpatient Medicare service electronically
> Eliminate the need to call or fax
> Attach all required documentation of any size
> Review the status of requests in real time, 24/7
> Receive a reference number for each request
> Immediate faxing of decision letters for provider records

Go-live and training

While providers will have access to the benefits of this new platform starting September 11, training prior to the launch is highly recommended.

Web-based training will be offered to providers in late August and continue through the end of September. You will be notified soon regarding details. Contact your local Network Operations Representative for more information.

Requesting portal access

For portal access or to create an account, go to **MedicareProviders.Cigna.com** > HSConnect Provider Portal.

Questions?

Questions about the portal? Our team is ready to help you. Call our dedicated HSConnect Help Desk at **1-866-952-7596**, option 2, 7 a.m.-4:30 p.m. CST.
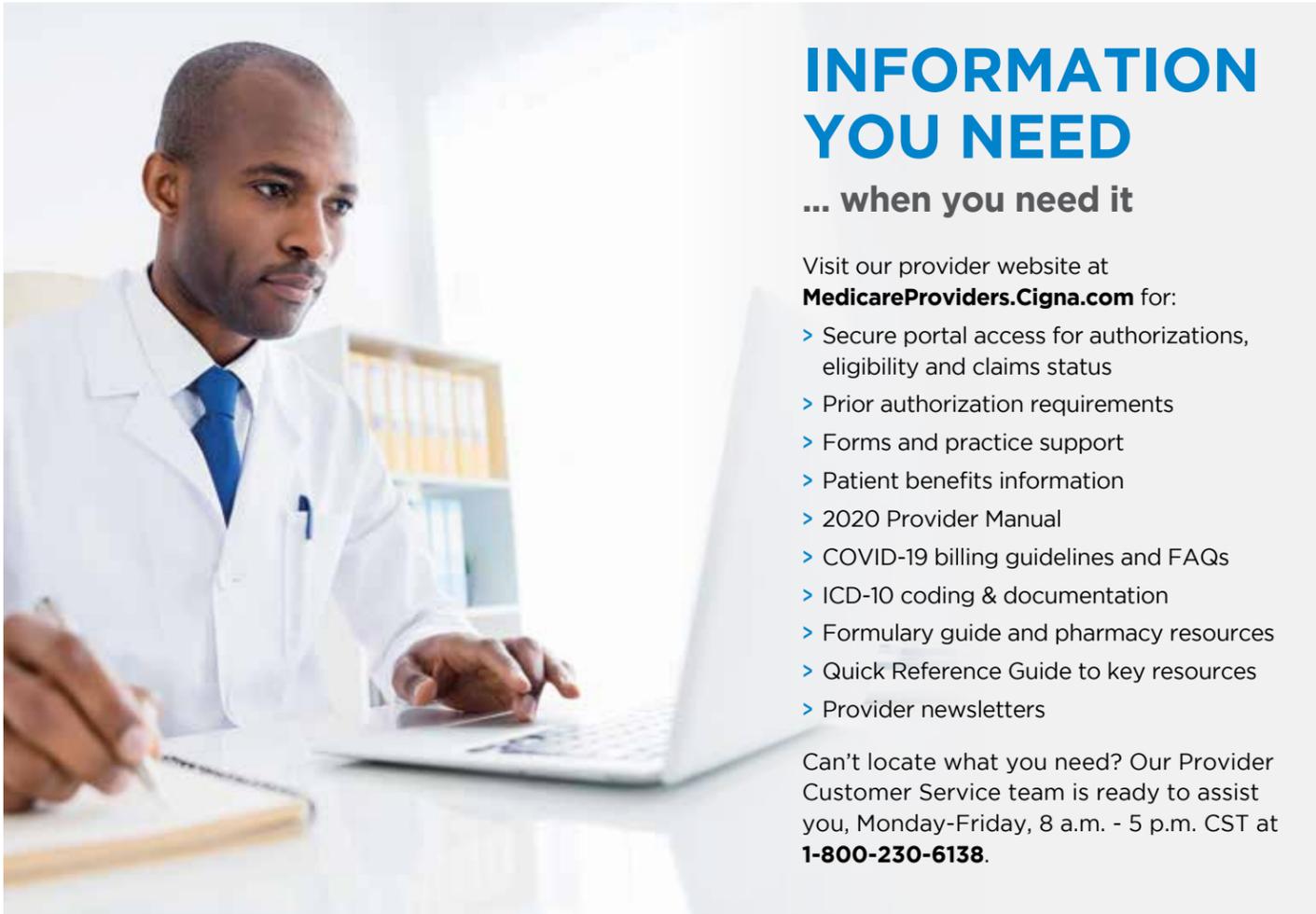
IMPROVE OUTCOMES, BOOST ADHERENCE

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.*

YOUR GUIDE TO PART D QUALITY MEASURES

The Centers for Medicare & Medicaid Services (CMS) developed its Star rating system to give Medicare beneficiaries an objective measure of a plan's performance and quality.

We've developed a useful Part D Provider Partnership Guide to help you understand these measures. Visit **MedicareProviders.Cigna.com** > Pharmacy Resources > Part D Stars Quality Program Overview to learn more.

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** (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** > 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/download it at **MedicareProviders.Cigna.com** > ICD-10 Coding and Documentation..

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 Network Operations Representative to learn more.

Need to correct a previously submitted diagnosis?

We can help. Contact the 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** > ICD-10 Coding and Documentation.

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

OFFERING 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. All programs are offered at no additional cost to the patient and don't replace the PCP.

Supported by a multidisciplinary team of professionals experienced in the clinical management of medically complex patients, these programs enable early intervention for your Cigna Medicare patients with medical, pharmaceutical 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
> Better medication management (see page 4 for Part D patient program information)

To learn more about our Care Management Program, contact your Network Operations Representative or email CareManagement@Cigna.com.

IN-HOME PROGRAMS

Program	Partner	Who qualifies?	For program/patient information or to make a referral, contact your Network Operations Representative, or:
Chronic conditions			
> Focuses on top health care utilizers > Improves the health of patients needing in-home support > Develops personalized care plans	Alegis Care® **AlegisCare.com**	Patients who are chronically ill with multiple uncontrolled comorbidities, homebound and lack access to care	> Referrals: CignaRefer_Help@Cigna.com > Information: Alegis Care at Info@AlegisCare.com
Palliative care			
> Reduces hospitalization risk > Manages symptoms > Improves quality of life > Organizes the home environment for better care delivery > Provides advanced care planning	Aspire Health **aspire.com** & Alegis Care **AlegisCare.com** (partner depends on patient geography)	Patients with advanced illness who require home-based care; most commonly: > CHF (Class III–IV) > COPD (Stage III–IV) > ESRD > Dementia > Frailty and impaired mechanical health > Cancer	> Referrals: CignaRefer_Help@Cigna.com > Information: Aspire Health at **1-844-232-0500** or Alegis Care at Info@AlegisCare.com
Post-hospital transition of care			
> Ensures a smooth transition from hospital to home > Reduced readmissions	Alegis Care **AlegisCare.com**	Patients with a strong likelihood of a readmission based on diagnoses, comorbidities and/or functional health status	> Information: Alegis Care at Info@AlegisCare.com

DISEASE-SPECIFIC PROGRAMS

Program	Partner	Who qualifies?	For program/patient information or to make a referral, contact your Network Operations Representative, or:
Behavioral health			
> Uses predictive analytics to identify care-avoidant patients > Works with patients on self-identified health issues > Provides medical, therapy and coaching interventions	Ontrak **ontrak-inc.com**	Patients with untreated behavioral health conditions that exacerbate serious physical health conditions and drive high medical costs	> Referrals: CignaRefer_Help@Cigna.com > Information: Ontrak at **1-866-321-6560** or Cigna Behavioral Health at **1-800-866-6534**
Congestive heart failure (CHF) remote monitoring and intervention			
> Conducts daily health checks > Contacts the patient if results show an increased risk > Notifies provider if intervention is required	Medtronic Care Management Services (MCMS) **Medtronic.com**	Patients with CHF	> Referrals: CignaRefer_Help@Cigna.com > Information: Patient Advocacy and Support Services at Pass@Medtronic.com or call **1-866-569-2843**
Medicare Diabetes Prevention Program			
> Developed by the Centers for Disease Control and Prevention > Promotes healthy lifestyles and weight loss to reduce Type 2 diabetes risk	Solera **soleranetwork.com**	Patients with pre-diabetes and qualifying lab work	> Provider referral forms: **soleranetwork.com/ medicaredpp** (requires recent blood value and BMI to confirm eligibility) > Information: Solera at **1-877-486-0141**

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

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CIGNA UPDATES

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 (Prevnar 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** > 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** for the latest guidance on:

> Authorization guidelines

> Screening/testing and treatment

> Telehealth

> CPT and diagnosis list

> Frequently asked questions

EARN CME CREDITS WITH THESE OPPORTUNITIES

ICD-10 coding education

Accurate documentation and coding can be complex and time-consuming, but it also offers valuable benefits for you and your practice. Cigna makes it easy for you to advance your skills in this area and earn free CME credits.

> Earn APA PRA* Category 1 credits™ with coding education on demand as well as live webinars.

> Learn best practice coding updates from subject matter experts.

> Stay up to date with our ICD-10 Provider Partnership Guide.

Visit **MedicareProviders.Cigna.com** > ICD-10 Coding and Documentation for details, or email CCQI@Cigna.com.

CareAllies *Valuable Insights* education series

Whether you're just beginning your transition to value-based care or are well on your way, you can increase your knowledge through *Valuable Insights*, a free, online education series that enables you to:

> Earn AMA PRA* Category 1 credits with *Valuable Insights* on-demand webcasts.**

> Learn quickly and on the go with *Valuable Insights* podcasts.

> Get industry updates from subject matter experts with *Valuable Insights* alerts.

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.

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*   American Medical Association Physician's Recognition Award

**   This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Illinois Academy of Family Physicians and CareAllies. The Illinois Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians.

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.

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).
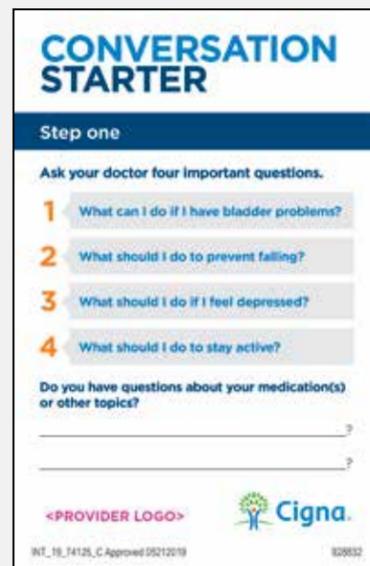
Tent card

Posters and brochures

Flier

Postcard

> *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	TX_PDV_Team@Cigna.com	1-855-694-2717
Medicaid and MMP Plans	ProviderDataValidation@Cigna.com	1-877-440-9336

MIPS COLUMN ADDED TO EOP

The Explanation of Payment (EOP) form for providers has been updated with a new column under MIPS (Merit-based Incentive Payment System). This EOP update occurred on July 31 and applies to non-contracted providers participating through CMS's Quality Payment Program, which is aimed at improving treatment value and outcomes through incentives and penalties.

Non-contracted providers who receive an incentive payment will see it displayed as a negative dollar amount in the MIPS column. If they're assessed a penalty, it's shown as a positive dollar amount.

Contracted providers, however, will always see $0.00 as the amount in the column.

Our EOP redesign now offers simpler navigation, which can save time for your staff.
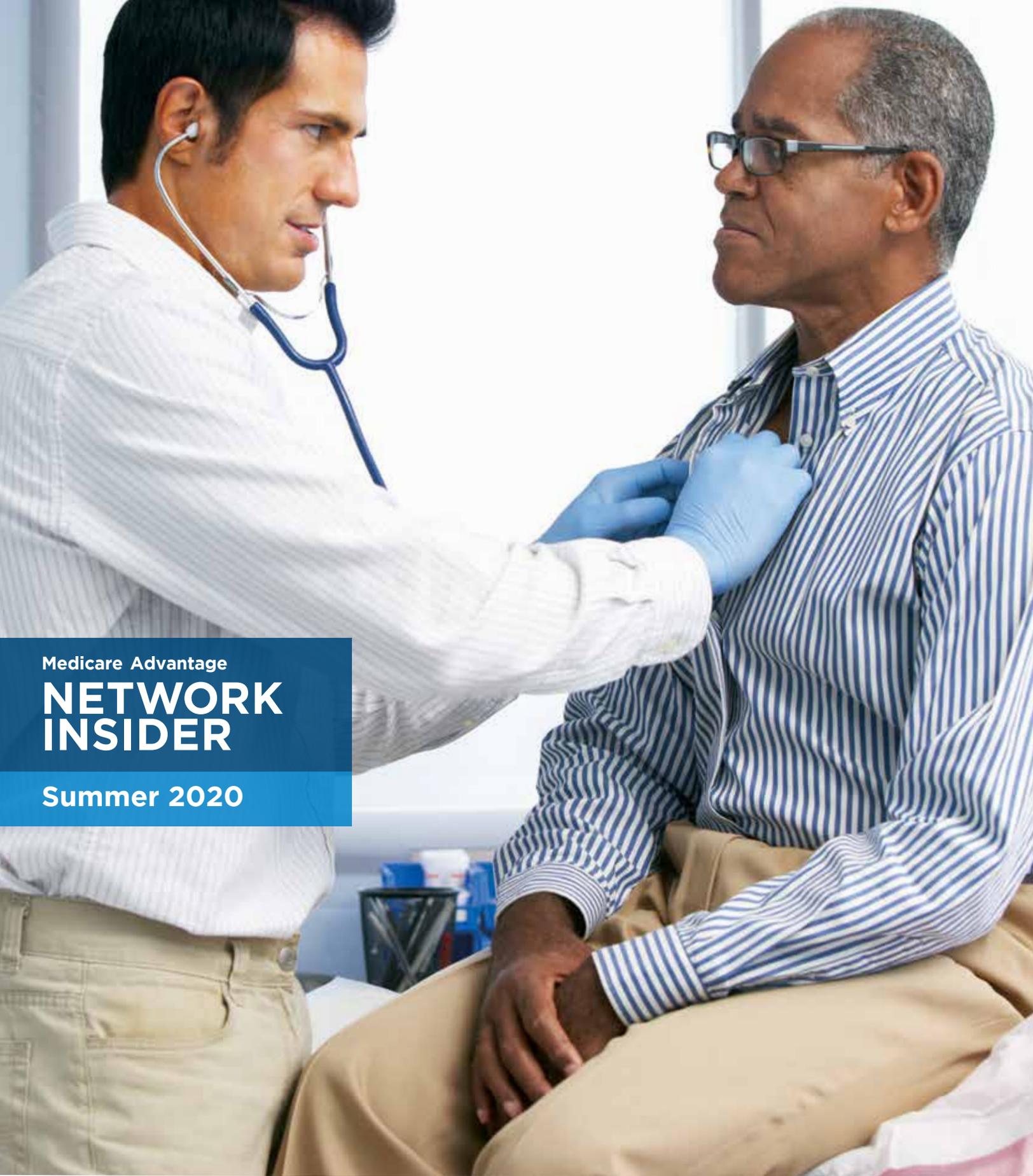
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