



Medicare Advantage NETWORK INSIDER

A resource for providers

CLOSING THE GAP

Supporting your patients with kidney disease

When Carl Gibson, an end-stage renal disease (ESRD) patient, learned he needed dialysis, he was fearful at first. He found the new routine difficult to deal with emotionally — until he joined the Monogram Health program.



Carl Gibson with his Monogram Health Care Manager, Lenie White

Patients with chronic kidney disease (CKD) and ESRD require highly complex care management *and* coordination between primary care providers (PCPs) and specialists. These heightened treatment demands can be challenging for a busy primary care practice, ultimately risking gaps in care.

Through a partnership with Monogram Health (Monogram), a kidney disease-focused managed services company, Cigna is providing extra support for your Medicare patients with CKD and ESRD.

As an extension of the care you provide, Monogram offers a personal touchpoint and highly individualized patient support

through a care manager who, in turn, provides comprehensive, clinical information you can use to make treatment decisions.

This model has made all the difference for Gibson. Read about his treatment journey on page 8.

INSIDE:

- 2 Expanded benefits for your Medicare patients
- 4 Four streamlined processes to support your practice
- 5 Managing opioid use in the primary care setting
- 6 Why CAHPS and HOS matter
- 10 New tools for better medication adherence
- 11 Supporting patients' mental health during COVID-19



Together, all the way.®

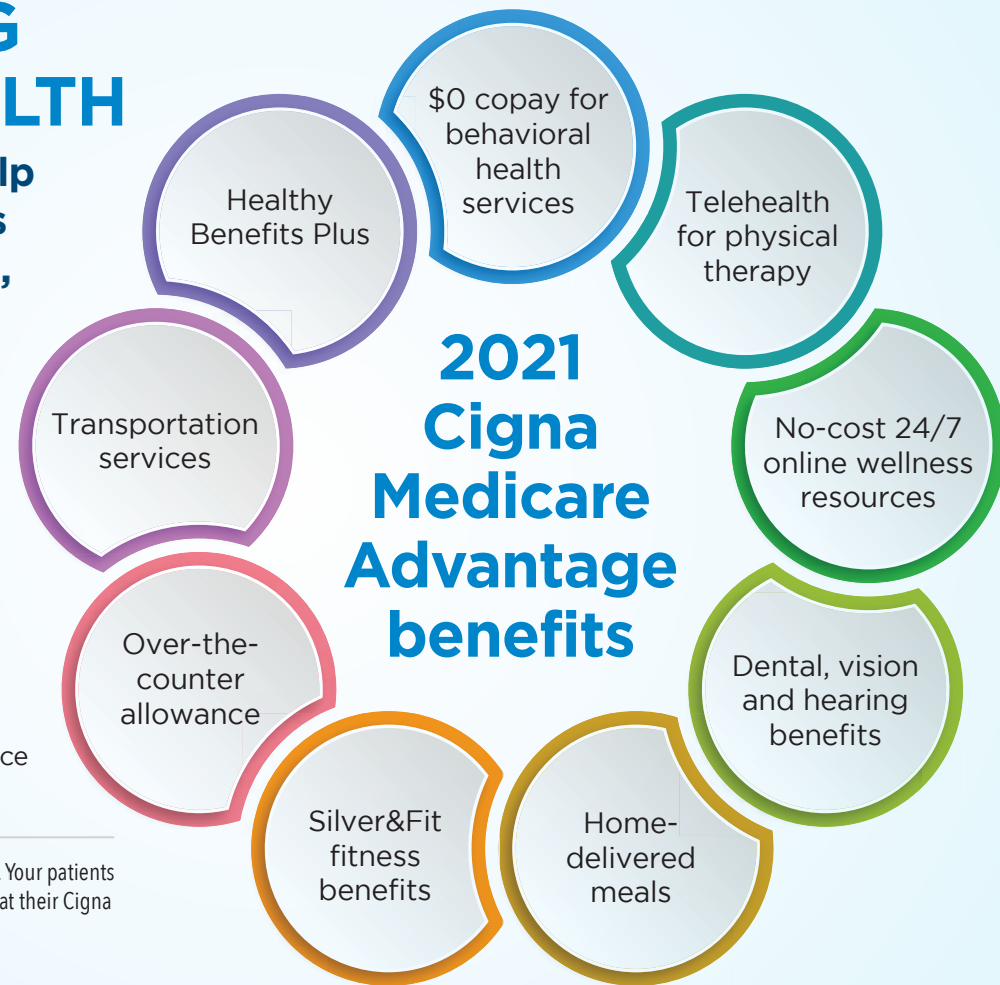
SUPPORTING WHOLE HEALTH

Expanded benefits* help your Medicare patients get the care they need, when they need it

These benefits support better overall wellness, making it easier for patients to keep appointments, manage their medications and reduce out-of-pocket costs.

If your patients have questions about resources to support their treatment plan or wellness journey, remind them to visit [Cigna.com/medicare/resources](https://www.cigna.com/medicare/resources). Or they can call the Customer Service number on their Cigna ID card.

* These benefits may not be available in all markets. Your patients should check their Evidence of Coverage to see what their Cigna Medicare Advantage plan provides.

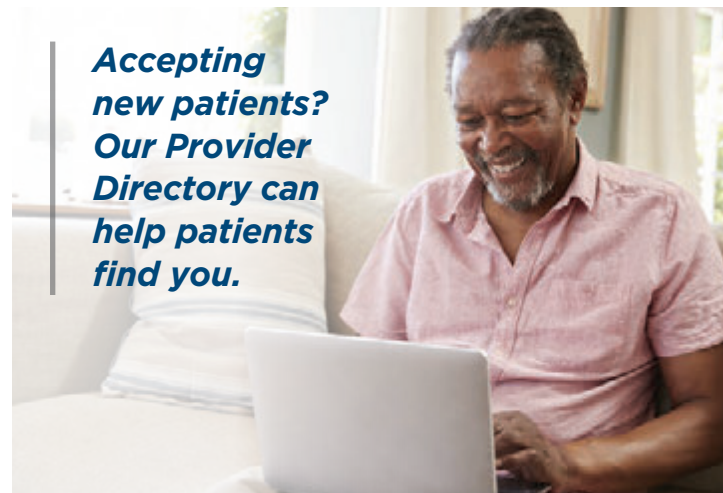


HELP PATIENTS FIND YOU

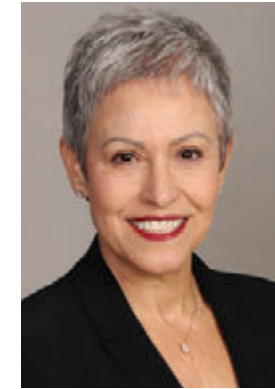
Update your Cigna Medicare Advantage Provider Directory listing

Here are four easy ways to do it:

1. If you're enrolled with the Council for Affordable Quality Healthcare (CAQH), update your listing at proview.caqh.org/PO or by calling **1-888-600-9802**.
2. Visit [CignaMedicare.com](https://www.cignamedicare.com) > Find a Doctor. Enter your name > click on Report incorrect information > enter your contact information in the comments field > submit.
3. Email or fax your market representative.
4. Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Forms and Practice Support > Provider Information Change Forms. Choose your state > complete the electronic form > click submit.



A MESSAGE FROM OUR CHIEF MEDICAL OFFICER



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

If there's one lesson learned from the COVID-19 vaccine rollout, it's this: We're better together.

By collaborating with providers and others, Cigna is removing vaccination barriers for seniors and underserved populations. We know that lack of transportation can be an issue, so we now offer free transportation to and from vaccination sites.

We've also partnered with Evernorth to launch the Community of Immunity initiative, centered on inspiring, educating and engaging people in the communities where we live to get vaccinated. Now, as we protect ourselves against the latest COVID-19 variants, encouraging vaccination is even more critical. You, as their trusted health care provider, play an important role in educating your patients and advocating for vaccination.

The pandemic has significantly impacted mental health and well-being, and exacerbated pre-existing conditions like depression and anxiety. On page 11, we provide

some useful resources you can share with your patients to support their mental health.

"You, as their trusted health care provider, play an important role in educating your patients and advocating for vaccination."

We strive to improve the support we provide your practice — so you can spend your time where it matters most. Starting on page 4, we outline four areas we've simplified to ease administrative processes and give you access to quick reference resources. These changes will mean streamlined claims adjustments, less time on prior authorizations and more.

Thank you for your partnership.

Gina M. Conflitti, M.D., MBA, FACP
Chief Medical Officer
Cigna Medicare Advantage



COVID-19 PROVIDER RESOURCES

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

- > Billing guidelines
- > Telehealth CPT and diagnosis codes
- > FAQs
- > Resources to support your mental health (live-guided relaxation via telephone, wellness podcasts)
- > Virtual Care Reimbursement Policy information
- > Links to CMS COVID-19 vaccine resources

STREAMLINED SUPPORT FOR YOUR PRACTICE

1 Enhanced support — on your schedule

Calling Provider Customer Service is now faster and easier! We've added Virtual Hold Technology to minimize hold times for precertification requests. This new feature tells you the estimated wait time and lets you request a callback — without losing your place in line. You can then hang up and focus on other tasks; we'll call you back when you get to the front of the queue. Our Provider Customer Service team is ready to

assist you Monday-Friday, 8 a.m. - 5 p.m. CST. Call **1-800-627-7534**.

Web-based resources and tools

MedicareProviders.Cigna.com is your 24/7 resource for doing business with Cigna. Here, you'll find:

- > Secure portal access for authorizations, eligibility and claims status
- > Prior authorization requirements
- > Forms and practice support

- > Patient benefits information
- > 2021 Provider Manual
- > COVID-19 billing guidelines and FAQs
- > ICD-10 coding and documentation
- > Formulary guide and pharmacy resources
- > Quick Reference Guides to key resources
- > Past issues of *Network Insider* newsletter

2 Claim editing enhancements

We recently upgraded our claim editing tool to improve your experience. The new tool, ClaimsXten, is being introduced in a phased approach, and:

- > Better aligns with CMS and other Medicare payers' guidelines (for details, visit [cms.gov](https://www.cms.gov) > Medicare >

National Correct Coding Initiative Edits)

- > Provides more detailed claim edit descriptions in the ERA

Additionally, the Clear Claims Connection (C3) code disclosure tool will now incorporate Medicare

claims decisions. You can:

- > Enter CPT and HCPCS coding scenarios
- > Access clinical edit rationales and edit sourcing

Visit [CignaforHCP.com](https://www.cignaforhcp.com).

3 Paving the way for prior authorization

Less time getting approvals, more time with patients: That's our goal as we continue to refine prior authorization (PA) requirements. In the first half of 2021, 68 codes were removed, and we expect to eliminate more by the end of the year.

You can view all Medicare Advantage PA requirements:

- > In one place at [MedicareProviders.Cigna.com/az-region](https://www.MedicareProviders.Cigna.com/az-region) > Authorizations > Prior Authorization Requirements
- > At the beginning of each quarter for the latest updates

As a reminder, we use evidence-based clinical criteria to determine medical necessity. For details, visit [CignaforHCP.com](https://www.cignaforhcp.com) > Review Coverage.

4 The latest CMS guidance for Part B step therapy

Our step therapy program continues to evolve to better serve you and make it easier for patients to get the medications they need. Here are a few recent updates:

- > Part B drugs established as preferred by our Part B Drugs

and Biologics team do not require step therapy.

- > Certain Part B drugs that require precertification will also require step therapy; these drugs are considered non-preferred.

- > Our Step Therapy Quick Reference Guide explains precertification/step therapy requirements. Find it at [MedicareProviders.Cigna.com/az-region](https://www.MedicareProviders.Cigna.com/az-region) > Forms > Part B Step Therapy Quick Reference Guide.

DO YOU FEEL STUCK PRESCRIBING OPIOIDS?

Many providers find themselves facing the dual challenge of treating chronic pain effectively in their patients age 65 and older, while also striving to address or prevent opioid use disorder (OUD) in this population.

Opioid use disorder screening

In the primary care setting, it's estimated that nearly 35 percent of people taking opioids for chronic pain meet the criteria for OUD.¹ This highlights the critical importance of OUD screenings.

Questions to ask your patients

- > Have you ever taken more than your prescribed dose?
- > When you don't take your medication, do you experience any withdrawal symptoms?
- > Have you ever asked another prescriber to refill your pain medications?

Depending on the responses to these questions, you may want to take steps to encourage patients to utilize an opioid treatment program (OTP). As of January 1, 2020, Medicare covers methadone and medication-assisted treatment, as well as related services provided by OTPs.²

Covered OTP services

To view OTP services that provide medication, counseling, drug testing, and individual and group therapy, go to [Medicare.gov](https://www.Medicare.gov) > What Medicare Covers > Is my test, item, or service covered? Type Opioid Use Disorder; click Go. Select Opioid use disorder treatment services.

¹ Boscarino JA, Rukstalis MR, Hoffman SN, Han JJ, Erlich PM, Ross S, Gerhard GS, Stewart WF: Prevalence of prescription opioid-use disorder among chronic pain patients: comparison of the DSM-5 vs. DSM-4 diagnostic criteria. *J Addict Dis.* 2011, 30(3): 185-194. 10.1080/10550887.2011.581961.

² "Opioid Treatment Programs (OTP)." 16 March 2021. Centers for Medicare & Medicaid Services. Retrieved from [CMS.gov](https://www.CMS.gov) > Medicare > Medicare Fee-for-Service Payment: Opioid Treatment Programs (OTP).



CIGNA OPIOID SAFETY RESOURCES AND TOOLS

Cigna Opioid Resources provider web page

Visit the new Opioid Resources provider web page ([CignaforHCP.com/opioids](https://www.cignaforhcp.com/opioids)), where you can find the opioid tools and information you need to support your patients — all in one location.

Cigna Behavioral Health Community-Based Care Coordinator

To connect your patients with Cigna Medicare Advantage network-participating providers and facilities that offer OUD medication-assisted treatment, contact Cigna's dedicated Medicare Advantage Community-Based Care Coordinator team. Call **1-866-780-8546** or fax clinical information to 1-866-949-4846.

Web-based education

Additionally, there are many screening tools available to help recognize OUD, including the following free web-based education and tools:

- > Providers Clinical Support System (PCSS) Education & Training³
- > Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool⁴
- > CAGE-AID Substance Abuse Screening Tool⁵

For 24/7 access to opioid coding education and help submitting accurate and complete opioid coding, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > ICD-10 Resources.

³ <https://pcssnow.org> > Education & Training

⁴ [DrugAbuse.gov/taps](https://www.drugabuse.gov/taps)

⁵ https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf

MORE THAN A MEASUREMENT

Why CAHPS and HOS matter

Each year, the Centers for Medicare & Medicaid Services (CMS) update measures that are incorporated into its Five-Star Quality Rating System. This year, patients' opinions and experiences matter more than ever. That's because feedback from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Health Outcomes Survey (HOS) now comprises 40% of plan and provider Star ratings — increasing to 46% in 2023.

Why the change?

The federally mandated CAHPS and HOS surveys are sent to a random sample of Medicare Advantage patients each year. These surveys measure your patients' well-being and perception of their health care provider and plan. And as we all know, perception is reality.

Together, these data sets provide powerful metrics that can help move your practice forward, especially when striving to:

- > Strengthen relationships with patients
- > Drive better health outcomes
- > Identify training for key staff
- > Invest in tools or resources to better support your practice and patients

Why it matters

Plans with four-Star ratings or higher receive incentives from CMS and are able to invest in additional programs and services that support patients' health goals, which can lead to improved outcomes. Ultimately, higher Star ratings correlate with patient satisfaction and health, helping you improve patient retention and loyalty.

Boost your Star ratings

CAHPS and HOS survey results are based on subjective measures; e.g., how your patients feel about the quality of care they receive. Be sure you and your patient are on the same page with good communication and meaningful conversations about:

- > Mental health
- > Physical health
- > Urinary incontinence
- > Fall risk
- > Physical activity

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

- > 24/7 education
- > Free Continuing Medical Education (CME) credits
- > CAHPS, HOS and Stars resources and tools

HOS TIMING CHANGE IS PERMANENT

The HOS was disseminated in July this year and will remain open through November. This timing change, introduced in 2020 due to pandemic concerns, will be permanent in the future.



CONVERSATION STARTER

Use this checklist to ask patients important questions.

Every year, Medicare patients receive surveys that ask about their health and health care experiences. It's important to talk with patients about these topics before surveys go out. These conversations help improve patient experiences, health outcomes and retention rates and impact Star Quality Ratings and CMS payments to providers and health plans.

✓	Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey patient questions:	CAHPS measurement:
<input type="checkbox"/>	Have you had the flu shot this season? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual flu vaccine
<input type="checkbox"/>	Are you having any issues receiving needed services such as an appointment with a specialist, a referral, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Care coordination
<input type="checkbox"/>	Do you need any help scheduling an appointment with a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Care coordination
<input type="checkbox"/>	Would you like to schedule your next routine care visit before you leave our office today? <input type="checkbox"/> Yes <input type="checkbox"/> No	Getting appointments and care quickly
<input type="checkbox"/>	Are you experiencing any delays in receiving tests, treatment or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Getting needed care
<input type="checkbox"/>	Do you have any questions about the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Getting needed prescription medications
<input type="checkbox"/>	Are you having any issues with getting or taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Getting needed prescription medications
✓	Health Outcomes Survey (HOS) patient questions:	HOS measurement:
<input type="checkbox"/>	Have you had a fall in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what caused the fall? _____	Reducing the risk of falling
<input type="checkbox"/>	Are you experiencing any trouble with your balance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reducing the risk of falling
<input type="checkbox"/>	Have you been bothered by emotional problems such as feeling down, uninterested or irritable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improving or maintaining mental health
<input type="checkbox"/>	Can you describe your daily level of energy? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Improving or maintaining mental health
<input type="checkbox"/>	How often are you getting out and socializing? <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Many times a week	Improving or maintaining mental health
<input type="checkbox"/>	Is alcohol use causing any problems for you and/or your family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improving or maintaining mental health
<input type="checkbox"/>	How long can you walk for without getting tired? _____	Improving or maintaining physical health
<input type="checkbox"/>	Are you having any difficulty climbing stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improving or maintaining physical health
<input type="checkbox"/>	Are you having any pain that is limiting your activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improving or maintaining physical health
<input type="checkbox"/>	Have you had any problems controlling your bladder in the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often? _____ When does this problem occur? _____	Improving bladder control
<input type="checkbox"/>	What physical activities do you enjoy? _____	Monitoring physical activity
<input type="checkbox"/>	How many times a week are you active, with increased heart rate, for at least 30 minutes? _____/week	Monitoring physical activity

QUESTIONS?

Email CAHPSandHOS@Cigna.com or access resources at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education.



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Use this tool to start the conversation

Our conversation starter is a valuable tool, providing you with a checklist of questions to discuss with your patients. Download this checklist at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > Stars Education. To order a supply, contact your Network Operations Representative or send an email to CAHPSandHOS@Cigna.com (be sure to mention Arizona as the state you practice in).



NEW STARS ON THE HORIZON

CMS continually monitors quality metrics and often introduces new measures into its Star rating calculation. In 2022, CMS will increase its focus on:

- > **Coordinating transitions of care between settings**, which includes time-sensitive elements to mitigate readmission risk, such as:
 - Follow-up visits
 - Awareness of admission and discharge
 - Communication of discharge plan
 - Medication reconciliation
- > **Follow-up after emergency department (ED) visit for patients with multiple chronic conditions** (expected to be triple weighted by 2022); seeks to ensure follow-up with vulnerable patients within seven days of ED discharge to help improve National Committee for Quality Assurance data measurements, including:
 - 24% average readmission rate among older adults discharged from an ED
 - 24% average post-discharge hospitalization rate within the first three months following an ED visit

Check out the 2022 Star Metrics overview at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > Stars Education to learn more.

CLOSING THE GAP ... continued from page 1

Easing the way for patients and their families

Gibson, 76, joined the Monogram program soon after his ESRD diagnosis. With Monogram care manager Lenie White to help him navigate the daily challenges of his condition and provide support for his wife, Gibson's quality of life has vastly improved.

"I'm not used to being a sick guy," Gibson says. "I'm not used to being a patient. I'm not used to having this many doctors. So, it's been a lifestyle change."

White worked with Gibson and encouraged him to make changes beneficial to his health, which included reducing his smoking and alcohol intake.

"Some days he wants to continue dialysis and he feels great," she says. "Some days he says, 'I can't do this anymore. It's too straining on me. I want to give up.' So, I call him to ask how he's feeling and what he wants to do. I'm there to educate and help him navigate whatever he chooses to do."

The benefits of extra patient support

Gibson and his wife Janet Lee have derived numerous benefits from their relationship with White, including a more stable health outlook for Gibson. He's going to dialysis regularly and is experiencing fewer falls than he did previously.

White helped Gibson obtain a walker, a wheelchair and a ramp, and she's working to find in-home help for Lee, who sometimes feels overwhelmed by her caregiving role. In the meantime, White provides a valuable listening ear for Lee.

"Lenie is really responsive to my needs and gives me honest information when I ask her tough questions," Lee says. "I know nobody has real answers as far as timelines go, but I feel comfortable asking questions, and just having her to talk to helps me immensely."

Educating patients, supporting providers

As a care manager, White serves as a vital link between patients and their PCPs, easing the burden on both by:

- > **Educating patients** on their condition and what to expect as their disease progresses
- > **Identifying community and home health resources** for patients
- > **Staying in touch** with patients and monitoring their well-being
- > **Communicating the status of a patient** to his or her provider, which is especially important because patients don't always relay adequate information themselves. If White can't reach a physician by phone, she visits their office and gives information to a medical assistant in that practice.

The support services White and other Monogram care managers provide are a win for PCPs. Their early and proactive interventions translate to more stable patients with fewer Emergency Department (ED) visits.

"Lenie is really responsive to my needs and gives me honest information when I ask her tough questions."

"We're able to hone in on the patient's status, not just physically but emotionally," White says. "And we can gather more information than a provider is able to in a five- to 10-minute follow-up visit."

That information is quickly passed on to providers, giving them a thorough, current assessment of their patient's condition, along with any changes that could inform new directions in treatment plans.

"The provider learns what's going on with patients more quickly than waiting two or three months for the follow-up, only to find the patient has declined significantly," she says.

The partnership benefits all involved: the patient, their family and the PCP.

24/7 CODING EDUCATION FOR TRENDING CARE ISSUES

To help you submit accurate and complete coding, Cigna offers ICD-10 coding and documentation education and resources for trending conditions and needs, such as CKD, ESRD, behavioral health, substance abuse, depression and osteoporosis. Access on-demand audio webinars featuring the latest research and insights, and receive CME credit.

Visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > ICD-10 Resources.

Updated patient support program resources

To quickly determine whether a patient is eligible for a Cigna patient support program, such as Monogram Health, see our Patient Support Programs overview at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Patient Support Programs.



Gibson and his wife can now spend more time relaxing by the pool, thanks to his caregiving team.

SUPPORT FOR YOUR PATIENTS

Monogram Health's care managers are RNs and social workers who:

- > Encourage patients to contact their PCP or Monogram care manager with non-emergent needs instead of visiting the ED
- > Educate patients on CKD treatments, including conservative care and dialysis options
- > Provide PCPs with regular clinical updates on patient status
- > Help schedule testing and follow-up appointments
- > Secure transportation to and from appointments
- > Locate home health services
- > Establish goals to work toward self-management and improved medication compliance
- > Begin advance care planning discussions

RX FOR BETTER MEDICATION ADHERENCE

Boosting medication adherence in the Medicare Advantage population can mean better control of medical conditions, slowed disease progression and fewer hospital admissions. It's also a very important CMS Star measure supporting quality outcomes. Cigna provides the following resources to help you guide your senior patients to better adherence.

Part D partnership guide

Cigna's online Medicare Advantage Part D Partnership Guide offers:

- > An overview of CMS' Part D Star rating system
- > Medication adherence tips for patients
- > New exclusions to the Statin Use in Persons with Diabetes (SUPD) measure
- > Medication Therapy Management program

The guide is available at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Pharmacy Resources.

New SUPD exclusions

CMS has added the following conditions as exclusions, deeming them clinical situations where a patient may not be a good candidate for a statin:

- > Rhabdomyolysis or myopathy
- > Pregnancy, lactation or fertility
- > Pre-diabetes
- > Polycystic ovary syndrome
- > Liver disease

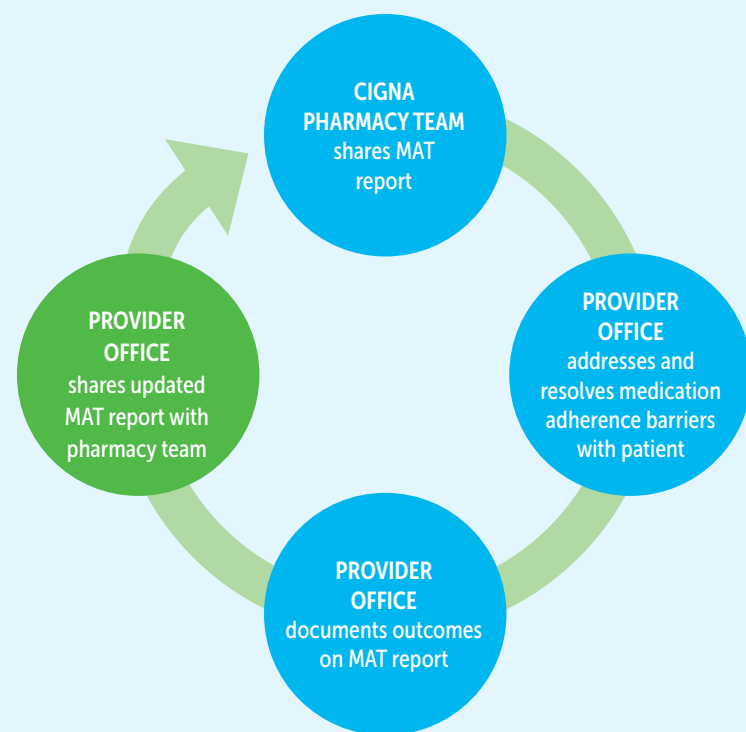
To be excluded, relevant codes must be identified and captured by a provider.

Market-specific guidance

Cigna has developed market-specific medication adherence flyers that provide turnkey information in one place:

- > The latest Low Income Subsidy copays
- > The latest formulary status for Stars adherence medications
- > Reminders about prominent preferred pharmacies in your market and a link to find additional network pharmacies and cost-saving opportunities

To find flyers for your market, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Pharmacy Resources > Medication Adherence.



Medication Adherence Tracker (MAT) reports

Cigna's MAT reports help your practice identify non-adherent patients for outreach. They target patients late to fill medications that correspond to Part D adherence quality measures:

- > Hypertension
 - ACE inhibitors
 - Angiotensin receptor blockers
 - Direct renin inhibitors
- > Hyperlipidemia (statins)
- > All diabetes classes except insulin

Our pharmacy team can also provide guidance on optimizing telephonic outreach. If desired, Cigna's clinical team may be able to meet with your office staff to explore solutions to improve measures.

For more information, contact your Network Operations Representative.

CONTINUITY OF CARE

Supporting your patients' mental health during COVID-19

The COVID-19 pandemic has increased the need to screen patients for emotional or mental health problems. In fact, the *Cigna Resilience Index: 2020 U.S. Report* shows rising rates of depression and anxiety, with one in five adults reporting at least one mental illness or addiction.

In addition to recognizing mental health concerns in your patients, timely communication with behavioral health providers is also vital to ensuring continuity of care. [Cigna.com/medicare/resources](https://www.Cigna.com/medicare/resources) provides helpful tools for your patients, including:

- > Case and disease management programs
- > Substance use resources
- > Help managing depression and anxiety
- > Behavioral telehealth services

Crisis support

Your Medicare patients can call the phone number on their Cigna ID card for behavioral health support.

Below are some important phone numbers to have on hand during care delivery:

National Suicide Prevention Lifeline: 1-800-273-8255

Crisis Text Line: Text HOME to 74174 from anywhere in the U.S.

Institute on Aging Friendship Line: 1-800-971-0016

Cigna Veteran Support Line: 1-855-244-6211

For 24/7 access to behavioral health coding education and help submitting accurate and complete behavioral health coding, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Education > ICD-10 Resources.



PROVIDER RESOURCES: Encouraging vaccination

Health care providers are the most trusted source of information for vaccine-hesitant patients. Educating your patients — especially those at high risk of severe illness — about vaccine safety, effectiveness and availability can mean the difference between getting and declining vaccination. Cigna stands ready to support you and your patients.

Eliminating barriers to vaccination

Cigna is partnering with transportation vendors to offer no-cost rides to indoor COVID-19 vaccine appointments for your Medicare patients. They can call Customer Service at **1-800-627-7534 (TTY 711)** for rules and information or visit [Cigna.com/covidma](https://www.Cigna.com/covidma).

Cigna will continue to cover all FDA emergency use authorized (EUA) COVID-19 vaccines, with no out-of-pocket costs for your patients. We will also ensure providers receive reasonable reimbursement consistent with established national CMS rates for vaccine administration.

For additional information on COVID-19 vaccine coverage and reimbursement, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com).

GUIDANCE FROM THE CDC

The Centers for Disease Control and Prevention offer a variety of COVID-19 provider resources at [cdc.gov/vaccines/covid-19/hcp](https://www.cdc.gov/vaccines/covid-19/hcp), including:

- > *FAQs for Healthcare Professionals*
- > *Making a Strong Recommendation for the COVID-19 Vaccination*
- > *Vaccine Recipient Fact Sheet*
- > *Patient FAQs*
- > Vaccine training and education information, including best practices and what providers need to know about each vaccine

Medicare Advantage

NETWORK INSIDER

Summer 2021



500 Great Circle Road
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Medicare Advantage

NETWORK INSIDER

Summer 2021

Cigna Medicare Advantage (MA) providers are moving the needle on patient experience and health outcomes. In 2021, an estimated 88% of Cigna MA and prescription drug plan patients will be in a four-Star plan or higher.

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