

Tennessee Healthcare Financial Management Association

CIGNA-HEALTHSPRING

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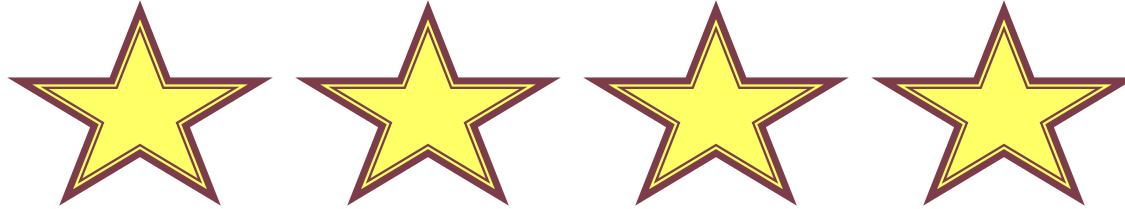


Cigna-HealthSpring

Cigna-HealthSpring is one of the leading health plans in the United States focused on caring for the senior population, predominately through Medicare Advantage and other Medicare and Medicaid products. Our concentration on this market has allowed us to develop a unique approach to healthcare coverage for beneficiaries.

STARS

STAR RATING



Cigna-HealthSpring of Tennessee is a 4 STAR Plan, scoring in the top 20% of plans nationally.

CMS evaluates the overall quality of MA plans through the STAR rating program.

The program aligns with our corporate vision by supporting continuous quality improvement and care coordination for our members.

Plans receive an overall rating based on performance in the following categories:

- Members' compliance with preventative care and screening recommendations

- Chronic condition management

- Plan responsiveness, access to care, and overall quality

- Customer service complaints and appeals

- Clarity and accuracy of prescription drug information and pricing

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CMS STAR PROGRAM OVERVIEW

2007

- First STAR ratings were published

PURPOSE

- Help enrollees make informed enrolment decisions
- Provides overall indication of quality of a plan

2010

- Affordable Care Act mandated MA plans be paid according to level of quality provided

REVENUE
IMPLICATIONS

- It was determined that only 4 and 5 STAR plans would receive a “quality bonus”
- Bonus is actually a revenue withhold. Plans can earn back 5% of revenue if 4 or 5 STAR rating is achieved

PURPOSE OF THE STAR RATING PROGRAM

Evidence shows that Americans often do not get the care they need even though the United States spends more money per person on health care than any other nation in the world.

Preventive care is underutilized

Patients with chronic diseases often do not effective treatments such as drug therapies or self management services

Problems are aggravated by a lack of coordination of care for patients with chronic diseases

Cigna-HealthSpring: More from Medicare

Cigna-HealthSpring continues a focus on preventive care:

- **\$0 monthly premium** plans available
- **\$0 co-pay** for routine, annual physical exams
- **Preventive** screenings & exams: *Pap & Pelvic, Prostate, Colorectal, Bone Mass, Mammography, AAA, Glaucoma*
- Disease Management Programs
- Immunizations
- Routine Vision Exams for *all* Members
- **\$0 co-pay** for diabetic supplies (preferred vendors)
- Transportation (exclusions)
- **World-wide** Emergency & Urgent care
- **Coordinated-care** through PCP
- **Dental:** Comprehensive & Preventive (exclusions)
- **Zero cost** Silver Sneakers Exercise Program (exclusions)
- **NO “3-day qualifying hospital stay” required to admit Member to SNF**

HEALTH SERVICES

Health Services

- ▶ Services are provided by Cigna HealthSpring case managers located in the community, the facility and physician groups.
- ▶ These case managers ensure continuity of care and care coordination for the members.
- ▶ The community based case manager meets the member at home, hospital, skilled nursing facility or MD's office to develop a plan that will empower the member with self management skills. The outcome goal is to enable the member to be a willing and effective partner with the MD in the healthcare process.

Health Services Programs

- ▶ Long term case management for members with chronic complex conditions.
- ▶ Respiratory focused for members with identified COPD/Asthma diagnoses.
- ▶ Specialized for members with diagnosis of CHF.
- ▶ Assistance with smoking cessation.
- ▶ Members who are in need of organ or tissue transplants.
- ▶ A focused program to meet the physical, emotional and spiritual needs of our members with terminal illness and/or advanced end-stage disease.

Cigna–HealthSpring’s Focus on Quality

Cigna–HealthSpring is achieving the triple aim of better health results, improved affordability and enhanced customer satisfaction

Care Transition Team

- Provider Education Specialist
- Community Case Manager
- Hospital- Acute Care Case Manager (on-site)
- Specialist

360 Physical

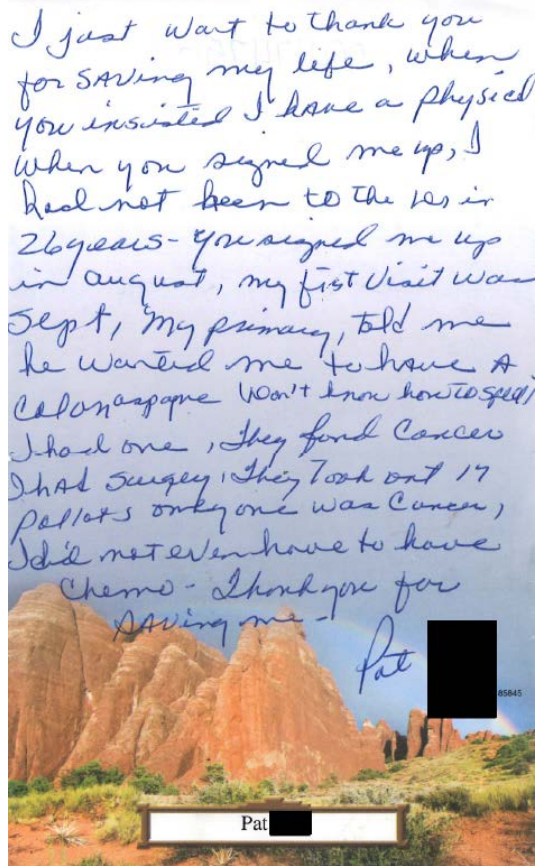
- Provides thorough documentation of patient history
- Prompts completion of recognized standards of care
- Establishes chronic conditions
- Promotes early detection

Partnership for Quality (P4Q)

- Provides an additional resource at point of care
- Focuses on preventive care and management of chronic conditions
- Gives PCP access to Reports to track results

More from Medicare. More from life.

Not just a tag line...



“I just want to thank you for saving my life, when you insisted I have a physical. When you signed me up, I had not been to the doc in 26 years - you signed me up in August, my first visit was September. My primary told me he wanted me to have a colonoscopy (don't know how to spell). I had one, they found cancer. I had surgery. They took out 17 polyps (sic), only one was cancer. I did not even have to have chemo. Thank you for saving me.”

– Pat

CLAIMS AND APPEALS

Claim Submission

ALL Cigna-HealthSpring guidelines must be met BEFORE you submit your claim to Cigna-HealthSpring (i.e., valid authorization number, referral, timely filing, etc). This includes initial claims, secondary claims, claims filed to an incorrect carrier, corrected claims, etc.

- If you have not received a Remittance Advice (RA) from Cigna-HealthSpring within 45 days, please check the status on-line via *HealthSpring Connect*
 - If your **paper** claim is not in our system, submit the claim to Cigna-HealthSpring within 120 days of the DOS.
 - If your **EDI** claim is not in our system, contact your EDI vendor immediately. Claims submitted via EDI are subject to the same timely filing guidelines, regardless of the source of the problem.
- Submit clean and clear forms

Contact your Network Administrator as soon as you discover a trend in claim issues

Claim Submission

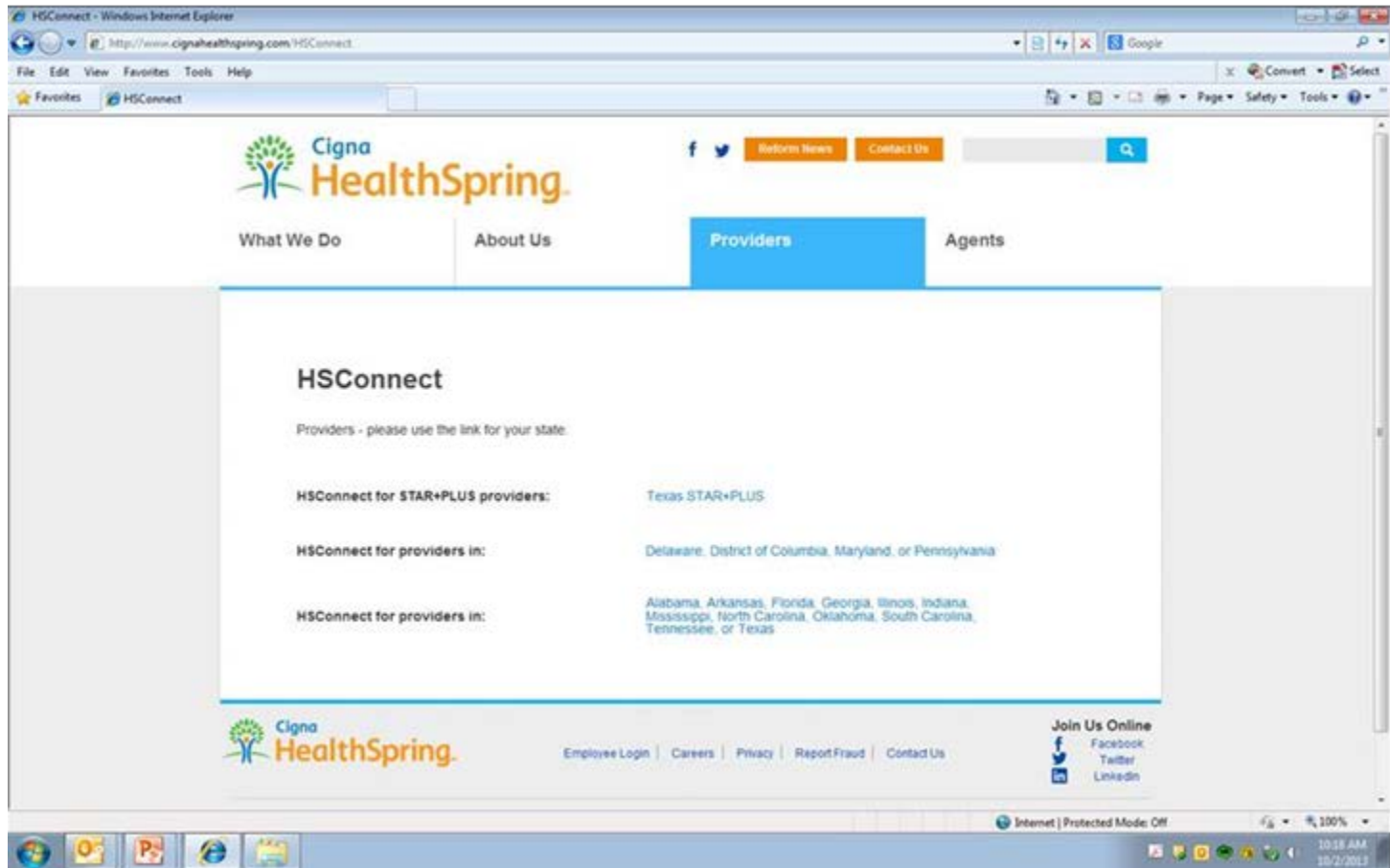
Paper Claim Submission:

- Mail ALL Paper Claims to:
Cigna-HealthSpring
ATTN: CLAIMS DEPARTMENT
P.O. Box 981804
El Paso, TX 79998

Electronic Claim Submission:

- Submit ALL Electronic Claims to **Payor ID 63092**

HealthSpring Connect



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Appeals

- An Appeal is the request for Cigna-HealthSpring to review a previously made decision. You must receive a Notice of Denial of Medical Non-Coverage or Remittance Advice before you can submit an appeal. Please do not send initial claims as appeals.

Type of Appeal	APPEAL POLICY
Medical Necessity Appeals (inpatient / SNF / pre-service)	Resolved as expeditiously as the Member's health condition requires, but no later than <u>30 days</u> from the date the appeal request is received.
Medical Necessity Appeals (post discharge / outpatient)	Must be submitted within <u>60 days</u> of the date of Cigna-HealthSpring's Notice of Denial of Medical Coverage.
Claim and Payment Appeals*	Must be received within <u>180 days</u> from the date on the Cigna-HealthSpring Remittance Advice.

***For claim and payment appeals, if upon appeal, the decision is upheld there is no other level of appeal and the claim will not be reviewed again.**

Solutions Unit for Appeals

MAIL appeal to:

**Cigna-HealthSpring
ATTN: Solutions Unit
P.O. Box 24087*
Nashville, TN 37202-4087**

**Note the P.O. Box for Appeals is different than the P.O. Box for claims
Do not send certified mail to the P.O. Box. Send certified mail to our physical
address*

~OR~

FAX appeal with fewer than 25 pages to:
(615) 401-4584

For additional information regarding appeals, please call (615) 401-4528

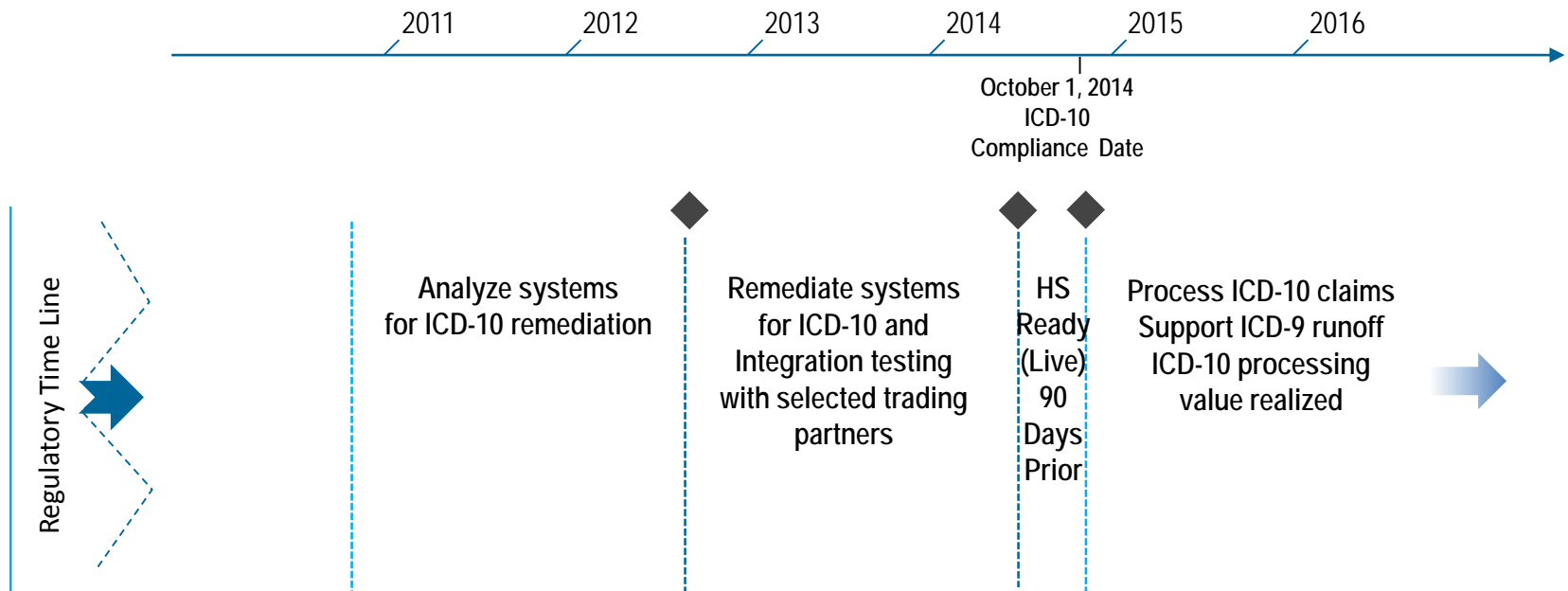
In Summary...

- ✓ *Understand your contract with Cigna-HealthSpring*
- ✓ *Verify Member eligibility*
- ✓ *Bill codes as they appear in the authorization*
- ✓ *Bill according to the rate page of your contract*
- ✓ *Submit claims within 120 days of the date of service*
- ✓ *Follow up on claims after 45 days*
- ✓ *Contact Cigna-HealthSpring as soon as you become aware of an issue!*

ICD-10 AND HOT TOPICS

CIGNA-HEALTHSPRING COMPLIANCE TIMELINE

Cigna-HealthSpring is working towards the ICD-10 compliance date of October 1, 2014.



Cigna-HealthSpring will need to accept both ICD-9 and ICD-10 codes after the compliance date to support claim runoff after the ICD-10 compliance date of October 1, 2014.

1. Accept ICD-9 claims for dates of service or discharge date before the October 1, 2014 compliance date
2. Accept ICD-10 claims after October 1, 2014

CIGNA–HEALTHSPRING CLAIM* INTAKE GUIDING PRINCIPLES

Cigna-HealthSpring will process outpatient claims based on date of service and inpatient claims based on discharge date.

- Outpatient claims submitted with a date of service or discharge date prior to the compliance date of October 1, 2014 will be processed using ICD-9 codes.
- Outpatient claims submitted with a date of service or discharge date on or after October 1, 2014 will be processed using ICD-10.
- Inpatient claims will be processed based on the discharge date.
 - When the discharge date occurs prior to the compliance date of October 1, 2014, the claim will be processed using ICD-9 codes.
 - When the discharge date occurs on or after the compliance date of October 1, 2014, the claim will be processed using ICD-10 codes.
- Claims with ICD-9 codes will be rejected if submitted with a date of service or discharge date on or after the compliance date of October 1, 2014.
 - Electronic claims with ICD-10 codes will be rejected if submitted with a date of service or discharge date prior to October 1, 2014.
- Claims submitted with a mix of ICD-9 and ICD-10 codes will be rejected. Claims should be coded based on date of service or discharge date using the above guidelines.

* Includes electronic and paper claims.



ICD-10 STATUS

Adoption of ICD-10 will bring change to a health plan's entire value chain and requires careful consideration for business and IT remediation.

Business readiness

- Impact assessments and business requirements completed across all functions and information technology (IT) systems
- IT and business readiness multi-year project plans are complete and delivery is on target
- Remediation and testing is underway with critical operations vendors

Claim submission

- Guiding principles defined for electronic and paper claims based on CMS guidelines
- Modeling impact to risk scores

Education

- HealthSpring and health care professional education is underway

HOT TOPICS

- Electronic Funds Transfer(EFT) & Electronic Remit Advice(ERA)
- Prior Authorization List: Update 1.01.14
- Migration of QNXT–Claim Payment System
- Provider Manual

www.cignahealthspring.com

EAST TN ADMINSTRATOR

Terri Ward

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QUESTIONS????

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