

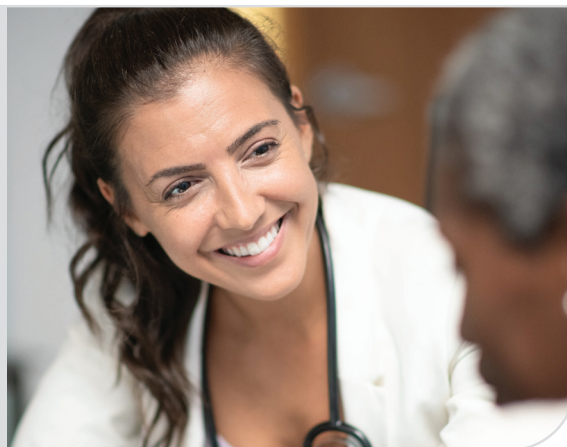
PCP E-NEWSLETTER

For Medicare Advantage providers

April 2020

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Message from the Texas Chief Medical Director

Hello,

April is here, and our first quarter is almost complete. We truly value your hard work and dedication to providing quality care for our Cigna patients.

As we move forward, it is vital that we keep aiming for, or maintaining, a Five-Star Quality Rating. Thank you for your continued partnership. Let's keep up the fantastic work.

In good health,



Dr. Carlos Gonzalez
Chief Medical Director



Coronavirus Update

At Cigna, we are closely monitoring the COVID-19 outbreak and have put together provider resources and information to keep you up to date and informed. To see the latest, please visit medicareproviders.cigna.com.

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PATIENT ASSISTANCE PROGRAMS

Patient Assistance Programs (PAPs) are created by pharmaceutical companies to help financially needy patients obtain access to necessary medications. Through PAPs, prescription medications may be made available at a small fee or, in many cases, at no cost to the patient. Typically, PAPs target individuals who do not have insurance or are underinsured.

How Do PAPs Work?

Each PAP is different and has requirements specific to the medication and manufacturer. Therefore, there is no standard enrollment process. However, there are general requirements that are consistent across almost all PAPs. These include:

- › Be a permanent, legal resident of the United States.
- › Meet manufacturer-specific insurance requirements (some programs require an individual to have insurance, while others are only available to those without insurance).
- › Meet manufacturer-specific income eligibility requirements.

How to Apply

You should direct your patients to apply for patient assistance directly with the pharmaceutical company or supply manufacturer. Applications can be found on the manufacturer's website or at <https://www.medicare.gov/pharmaceutical-assistance-program/>. Applications usually request demographic information, income, prescription history, insurance and provider-specific information.

Things to Keep in Mind

- › Each PAP has a different structure, and benefit amounts depend both on the PAP and the participating individual's needs and resources.
- › Each PAP has its own timeline. Processing and delivery of benefits can happen in as little as one week, or may take longer.
- › The duration of one's enrollment in a patient assistance program varies. Some PAPs require participants to reapply with each new prescription, while others require annual re-application.

Visit <https://www.medicare.gov/pharmaceutical-assistance-program/> for a centralized list of PAPs.



WORLD IMMUNIZATION WEEK

The World Health Organization (WHO) has assigned the last week of April as World Immunization Week to help promote the use of immunizations. The 2020 campaign aims to highlight the need to build on current progress in vaccination rates through awareness, education and investment. Overviews of common immunization considerations are as follow.

Influenza Immunization

- › The influenza immunization is recommended annually for all patients, unless contraindicated. Coverage is under Medicare Part B.
- › Please note that adults age 65 and older should not receive the nasal spray, intradermal injection or jet injector influenza immunizations.

Pneumococcal Immunization

- › The pneumococcal vaccination comes in two forms: 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar13®) and 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23). Coverage for both is under Medicare Part B.
- › Both were previously recommended for all patients age 65 and older. However, an important update occurred in November of 2019.
 - The **PCV13** recommendation has been changed from “routine” in all patients age 65 and older to one requiring “shared clinical decision-making.” A shared clinical decision can be made regarding administration of the PCV13 if the patient:
 - Has not previously received the PCV13.
 - Does not have an immunocompromising condition, cerebrospinal fluid leak or cochlear implant.
 - The **PPSV23** is still recommended as routine in all patients age 65 and older.
- › Additionally, younger patients with significant comorbidities may require PPSV23.
 - Comorbidities warranting PPSV23 immunization include: chronic heart, lung or liver disease, diabetes, alcoholism and cigarette smokers.



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WORLD IMMUNIZATION WEEK *continued*

Pneumococcal Vaccination Administration Considerations

- PCV13 and PPSV23 should not be administered simultaneously at the same visit.
- When a patient requires both immunizations, PCV13 should be given before PPSV23.
 - Following PCV13 administration, PPSV23 can be given 1 year later for immunocompetent adult or 8 weeks for adults with immunocompromising conditions (i.e., HIV, solid organ transplant, chronic renal failure).
- If PPSV23 was administered first, 1 year must pass before PCV13 can be administered.
- If PPSV23 has been administered, 5 years must pass before subsequent doses of PPSV23 can be administered.

Herpes Zoster Immunization

- Shingrix® is the new two-dose series of herpes zoster immunization approved for individuals age 50 and older. Note that coverage is under Medicare Part D and may have a copay.
- The two doses can be administered 2-6 months apart.
- Patients that previously received Zostavax® should be re-immunized with Shingrix at least 8 weeks after the initial immunization.
- Immunizations should not be administered during an acute episode of herpes zoster.

For more information and specific immunization schedules, please refer to the CDC website at <https://www.cdc.gov/vaccines/schedules/index.html>.



FORMULARY QUICK REFERENCE GUIDE

The 2020 Formulary Quick Reference Guide (QRG) is now available. The QRG is not an all-inclusive list, but includes some of the most commonly prescribed medications and their corresponding formulary tiers. The purpose of this reference guide is to help you select therapeutically appropriate and cost-effective products for your patients. Please contact your Embedded Care Coordinator (ECC) or the pharmacy team for a copy.

CAHPS CORNER

WHAT IS CAHPS?

The Consumer Assessment of Healthcare Provider and Systems (CAHPS) is an annual survey developed to better understand patient experiences with health care, and develop scientifically valid and feasible strategies and tools to assess patient experience, report survey results and help organizations use those results to improve overall quality of care.

CMS has decided to increase the weighting of the CAHPS Star Rating measures so that the CAHPS survey will represent about 22% of a plan's overall Star Quality Rating. You and your office staff can affect 62% of CAHPS Survey questions that affect Star Quality Rating measures. These measures are Care Coordination, Getting Care Quickly, Getting Appointments Quickly and Annual Vaccinations.



Getting Care Quickly and CAHPS Scores

One of the main measures of CAHPS is the time it takes a patient to get health appointments, information and services.

The key to improving is to understand patients' perception vs. reality when it comes to time.

Perception	vs.	Reality
"I should be able to get the care I need, when and where I need it"	▶	The average patient waits 29.3 days to see a family medicine physician in large cities.
"I should be able to get an appointment as soon as I need it"	▶	26% of Americans had to wait 6+days for a PCP appointment when sick/needed care

Affecting perception may be the best answer to improving a patient's wait in your office. Below are examples of the CAHPS questions asked and actions you can take to improve getting care and appointments quickly.

CAHPS Questions (Getting care and appointments quickly)

In the last 6 months:

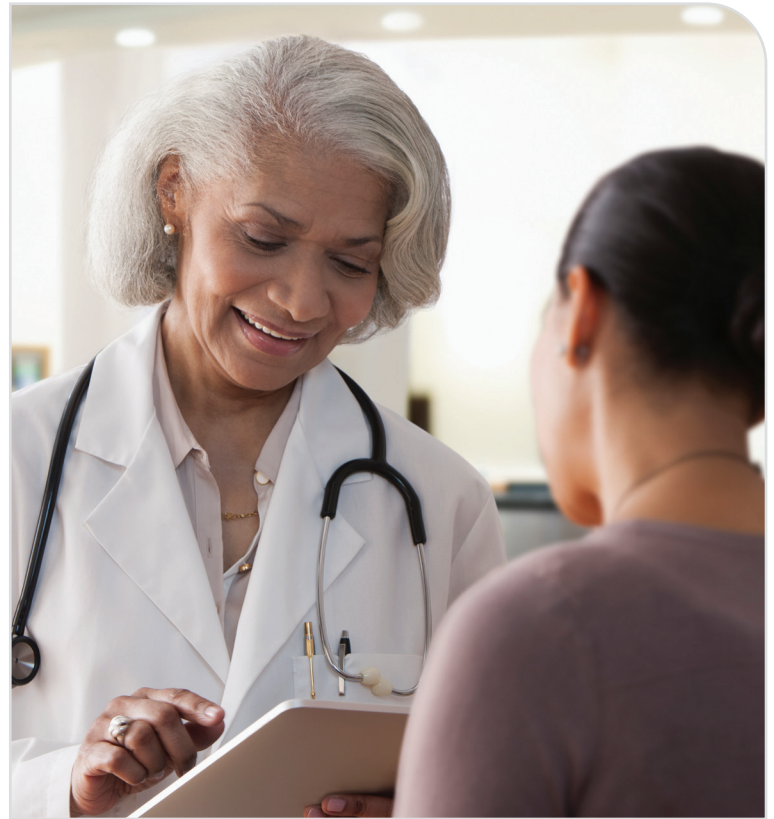
- › Did you get an appointment to see a specialist when needed?
- › How often was it easy to get care, tests or treatment?
- › How often did you get an appointment for a check-up or routine care when needed?
- › When needing care right away, how often did you get care as soon as you thought you needed it?

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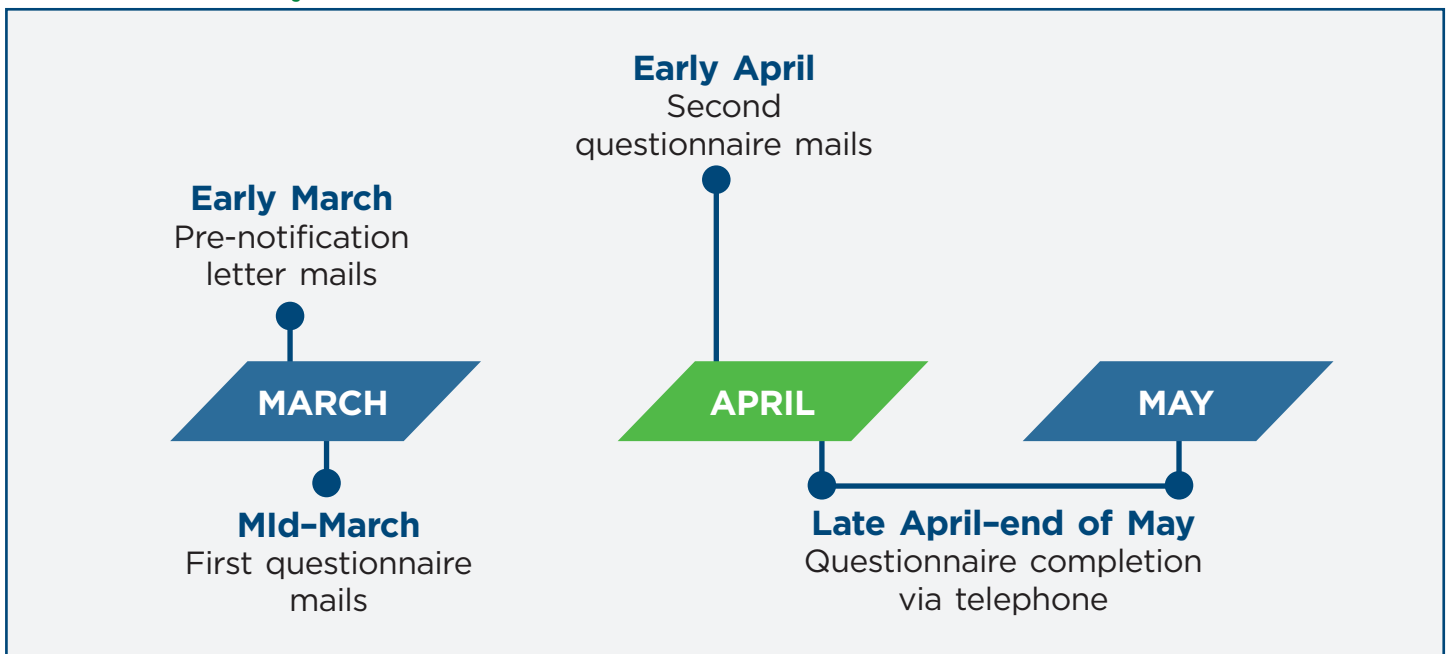
CAHPS CORNER *continued*

Actions you can take:

- › Refer patients to in-network specialist, labs and health care facilities.
- › Avoid putting patients on hold when they call.
- › Provide information such as:
 - 24-hour help phone line.
 - After-hours messaging with next-day callback.
 - Provider on-call information.
 - In-network Urgent Care.
- › Send out appointment reminders and updates.
- › Use digital signage – a display screen that shares media and conveys information created specifically for your office.
- › Timers and clocks can be installed outside of each exam room to track wait time.
- › Survey your patients – you can ask about wait times and collect other kinds of helpful practice management feedback.



CAHPS 2020 Survey Timeline



Osborn, R., & Schoen, C. (2013). The commonwealth fund 2013 international health policy survey in eleven countries. *Consulté le*, 19.

Chung, M. K. (2002). Tuning up your patient schedule. *Family practice management*, 9(1), 41–45.

VALUABLE INSIGHTS: NEWS YOU CAN USE

Kathleen Gravelle, CareAllies Chief Risk Officer, shares a quick regulatory update in this [Valuable Insights: News You Can Use](#).

To view other *Valuable Insights* educational resources, and receive notifications when new resources are posted, register [here](#). If you have questions, email info@CareAllies.com.



SHARE YOUR FEEDBACK

Please email us any questions you have or topics you'd like discussed. Our goal is to tailor our content to meet your needs. We look forward to hearing from you at:

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