

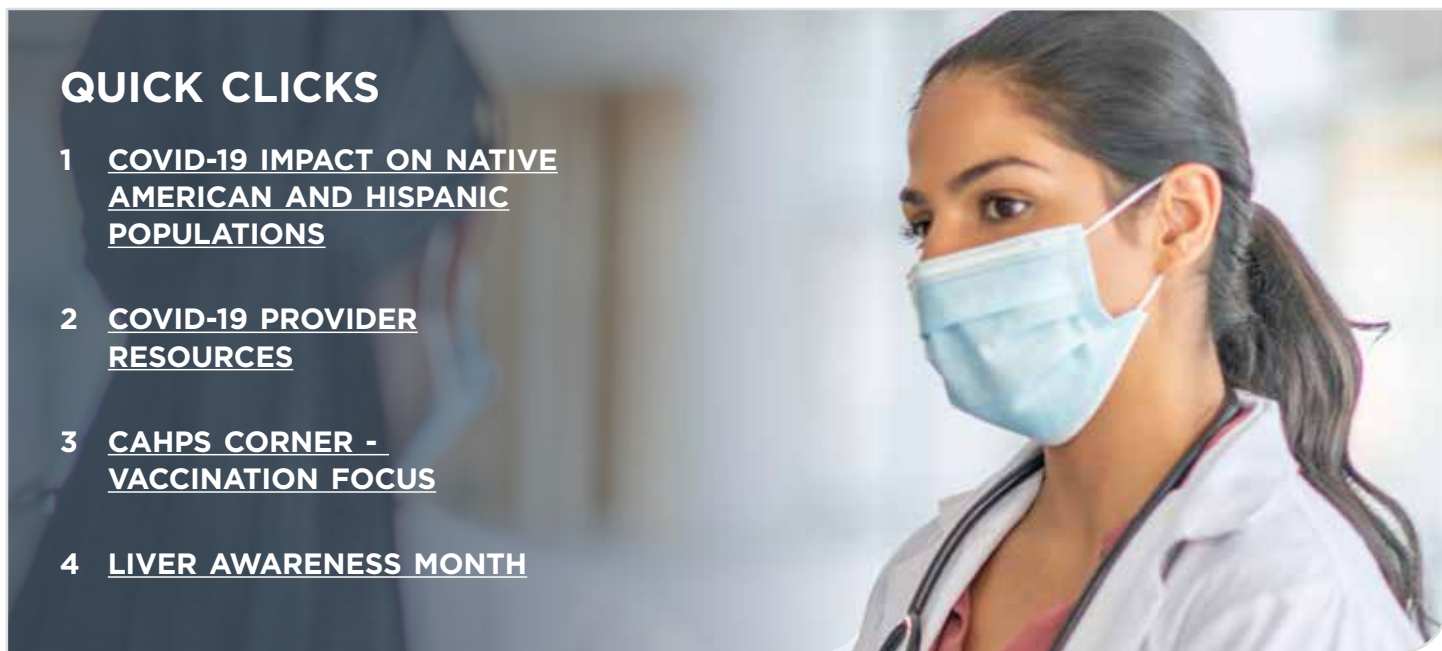
PCP E-NEWSLETTER

Cigna Medicare Advantage

October 2020

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Thank you, from the Texas Chief Medical Director

Dear health care heroes,

Thank you. These two simple words can't be expressed enough. Our gratitude to you is without bounds. And we want you to know we've developed provider resources to support you – our frontline heroes – as you continue to make inroads against this pandemic.

Now that winter looms ahead, it's also important that we continue to aim for, or maintain, a Five Star Quality Rating. Talk to your patients about getting the care they need to get healthier – and stay healthier – in a way that meets their comfort level.

Together, we're making great strides toward a brighter future. Stay safe. We're with you.

In gratitude,

Dr. Carlos Gonzalez
Chief Medical Director



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COVID-19 IMPACT ON NATIVE AMERICAN AND HISPANIC POPULATIONS

Today, health inequities are further exacerbated by the pandemic. One stark example is the American Indian and Alaska Native population, whose communities have lingering economic and social disparities.¹ According to the Indian Health Service (IHS), American Indians and Alaska Natives have a life expectancy 5.5 years less than other races in the U.S. (73.0 years to 78.5 years, respectively).¹ The impact of COVID-19 on this population has been devastating. Approximately \$714 million was provided in the Coronavirus Aid, Relief, and Economic Stimulus (CARES) Act to the Navajo Nation.²

The Hispanic population of South Texas has also been hard-hit. As of 2010, the Hispanic population comprised 68.9% of South Texas.³ Hispanics in the U.S. generally suffer from a number of health inequalities. As the CDC notes, “long-standing systemic health and social inequalities have put many ethnic minority groups at increased risk of getting sick and dying from COVID-19.”⁴

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COVID-19 IMPACT *continued*

Acknowledging the social disparities and recognizing that the Native American and Hispanic populations are being disproportionately affected by COVID-19 are only the first steps in the fight. We need to work together to develop solutions. As we approach a framework for solving these problems, certain barriers – both pre-existing and new – have presented themselves.

One of the more promising solutions to emerge is telehealth. Reference the CPT and Diagnosis Codes table below for technology requirements, details and acceptable telehealth codes:

TELEHEALTH SERVICES		
Service type	Code	Description and reimbursement
E-Visits <i>(Established patients only)</i>	• 99241 • 99422 • 99423 • G2061 • G2062 • G2063	A communication between a patient and their provider through an online patient portal Requirement: Patient portal
Virtual check-ins <i>(New or established patients only)</i>	• G2012 • G2010	A brief (5-10) minute check-in conversation between patient and provider to determine whether an office visit or other service is needed Requirement: Audio only
Medicare telehealth visits⁵ <i>(New or established patients only)</i> <i>(revised 5/12/2020)</i>	Cigna will accept CMS-covered telehealth codes for COVID-19 and non_COVID-19 related services as listed here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth?Telehealth-Codes .	A visit with a provider that uses telecommunication systems between a provider and patient Requirement: Video and audio <i>(note exception below)</i> Exception: CMS has recently waived the video requirement for certain telephone evaluation and management services and has added them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get certain telehealth services. Reference the Interim Final Rule with Comments for further details: https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf .

Learn more at <https://www.careallies.com/static/www-careallies-com/docs/careallies-covid-19-telehealth-resources.pdf>.

References

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2. <https://www.racmonitor.com/sdoh-and-covid-19-202006031554>
3. https://www.icsi.org/wp-content/uploads/2019/08/1.SolvingComplexProblems_BeyondClinicalWalls.pdf
4. <https://www.ihs.gov/newsroom/factsheets/disparities/>
5. <https://medicareproviders.cigna.com/static/medicareproviders-cigna-com/docs/coronavirus-billing-guidelines-faq.pdf>

COVID-19 PROVIDER RESOURCES



At Cigna, we're closely monitoring the COVID-19 pandemic and have put together provider resources and information to keep you up to date and informed. Learn more at <https://medicareproviders.cigna.com/>.

Additional resources

- › CareAllies has COVID-19 resources available here: www.careallies.com/coronavirus
- › Providers can access the UptoDate Pathways for COVID-19 treatment guidelines at <https://pathways.uptodate.com/pathway/127865>
- › Common COVID-19 clinical questions and answers can also be accessed at <https://www.uptodate.com/contents/127454?source=icg&topicId=127865&anchor=H00#H00>
- › CDC updates on “Vaccination Guidance During a Pandemic”: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

CAHPS CORNER

FOCUS ON VACCINATIONS



The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey developed to:

- › Better understand patient health care experience.
- › Develop strategies and tools to assess patient experience and report results.
- › Help organizations use the CAHPS 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 staff can affect 62% of CAHPS survey questions that affect the following measures:

- › Care Coordination.
- › Getting Care Quickly.
- › Getting Appointments Quickly.
- › Annual Vaccinations.

During flu season, let's focus on vaccinations.

Improving vaccination rates among the elderly is important. Some physicians and practices across the country have championed this cause and have identified some ways to improve vaccination rates among their patients.

In order to improve CAHPS scores around vaccinations, it's important to proactively engage with your patients about the importance of getting and keeping track of yearly flu and pneumonia shots. One of the best tactics is provider recommendation, as research has proven..

Talking with patients. Give it a shot.

ASK	DISCUSS	REVIEW
› Do you know flu and pneumonia warning signs?	› Let's look at your current vaccinations needs.	› Know how to prevent getting the flu or pneumonia.
› Do you remember getting flu and pneumonia shots last year?	› It's important to get your yearly flu and pneumonia shots	› Understand what to do if you experience symptoms.
› Have you recently received shots at a clinic or pharmacy?	› You can get your shots in office vs. at a clinic or pharmacy.	› Keep track of preventive screenings.
	› It's important to keep track of when you got shots.	

FOCUS ON VACCINATIONS

continued

Know the CAHPS questions asked concerning the flu and pneumonia vaccinations.

Have you had a flu shot since July 1 of last year?

☐ Yes ☐ No ☐ Don't Know

Have you ever had one or more pneumonia shots?

☐ Yes ☐ No ☐ Don't Know

Help patients respond “YES.”

- ▶ Remind/Recall systems
 - Computer-generated reminders
 - Vaccine history on first page of chart
 - Special reminders for high-risk patients
- ▶ Quick visits/Vaccine-only days
 - Patients come in for sole purpose of receiving vaccines
 - Use standing orders so patients don't wait for PCP

Help avoid the “Don't know” answer.

Older patients may not remember if they got vaccinated before July 1 of last year. The result is they reply “Don't Know.” A few simple strategies can help:

1. Remind patients to get the yearly flu shot when it's due.
2. Encourage patients to keep track of preventive screenings.
3. Thank patients for getting shots on time.
4. Follow up at every visit.
5. Include vaccination history in after-visit summary.

OCTOBER IS LIVER AWARENESS MONTH

Chronic liver diseases and hepatocellular carcinoma (HCC) are major public health issues affecting certain racial and ethnic groups disproportionately in the U.S.

Facts

- Hepatitis C virus (HCV) is the most significant contributing factor in the development of chronic liver disease and HCC, and it is twice more prevalent among African Americans than Caucasians in the U.S.¹
- Black patients with hepatitis C are more likely to be deemed ineligible for HCV treatment and twice more likely to develop HCC than their white counterparts.²
- Black HCC patients are significantly less likely to undergo liver transplantation compared to white patients despite similar tumor staging at diagnosis.³
- Active or recent substance abuse disorder and two or more medical comorbidities are the top two predictors of ineligibility for curative HCV antiviral treatment and liver transplantation.³

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LIVER AWARENESS MONTH *continued*

Together, we can make a difference

By raising awareness around liver health inequity in our society, you can work with patients, communities and organizations to close the gap. You can make a difference by promoting substance abuse rehabilitation, smoking cessation, and screening initiatives as well as by helping patients access antiviral therapy in a timely manner.

Learn more about the prevention and treatment of HCC and HCV infection.

- CDC Hepatitis C Testing Recommendations 2020: <https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>
- AASLD and IDSA HCV Guidelines 2015: <https://www.hcvguidelines.org>
- Cigna Health Professional Information from the National Cancer Institute (NCI):
 - HCC Prevention: <https://www.cigna.com/individuals-families/health-wellness/hw/medical-topics/liver-cancer-prevention-ncicdr0000433282>
 - HCC Screening: <https://www.cigna.com/individuals-families/health-wellness/hw/medical-topics/liver-cancer-screening-ncicdr0000062840>

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2. <https://doi.org/10.1002/hep.22223>
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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

PCP_ENewsletter_Team2@HealthSpring.com

