

CIGNA MEDICARE SELECT DUAL-SPECIAL NEEDS PLAN (D-SNP)

2012 D-SNP Training
Cigna Contracted Physicians, Facilities, and
Other Health Care Professionals

Revised May 2012



OBJECTIVES

- What is a Dual-Special Needs Plan (D-SNP)?
- Cigna D-SNP Offering
- How to Identify a D-SNP Participant
- D-SNP Eligibility Requirements
- CMS Model of Care Requirements
- 2012 MOC Care Management Structure
- Cigna's D-SNP Model of Care Goals
- Cigna Additional Services
- Case Management
- Cigna D-SNP Infrastructure
- D-SNP Cost Share Rules
- Contact Information
- Your Role with D-SNP Participants
- Glossary
- D-SNP Participation Acknowledgement

WHAT IS A DUAL-SPECIAL NEEDS PLAN (D-SNP)?

Special Needs Plans (SNPs) were created by Congress in the Medicare Modernization Act (MMA) of 2003 as a new type of Medicare managed care plan focused on certain vulnerable groups of Medicare beneficiaries:

- The institutionalized
- Dual-eligible beneficiaries
- Beneficiaries with severe or disabling chronic conditions.

These beneficiaries are typically older, with multiple co-morbid conditions, and are more challenging and costly to treat.

CIGNA D-SNP OFFERING

Cigna HealthCare of Arizona, Inc offers:

Cigna Medicare Select Plus Rx – Dual-Special Needs Plan (D-SNP)

- D-SNP plans are highly regulated by the Centers for Medicare and Medicaid Services (CMS)
- D-SNP plans MUST be approved by CMS (Medicare) and the National Committee for Quality Assurance (NCQA)
- Cigna received a three-year approval from NCQA
- 2012 D-SNP Benefit Plan: [D-SNP Benefit Grid](#)

HOW TO IDENTIFY A D-SNP PARTICIPANT

- Cigna D-SNP participants have group numbers: **4070 or 4071**
- Participants can be located through several channels:
 1. Access the Claimstat website: www.claimstat.com
 - Select the Member Eligibility Module
 - Enter the Member Identification Number. If the participant is eligible, select the link displayed and view the Benefit Plan – it will have the group numbers listed above (e.g. IND003 **4070MR**)
 2. Access the Cigna for Health Care Professionals website: CignaforHCP.com
- For more information call Cigna Customer Service at 1.800.627.7534
 - Our customer service associates can provide information on the D-SNP level of Medicaid eligibility.

D-SNP ELIGIBILITY REQUIREMENTS

- To be eligible, D-SNP participants **must**:
 - Reside in the service area - comprised of Maricopa county and certain ZIP codes in Apache Junction and Queen Creek cities
 - Have Medicare Part A and Part B
 - Not have End Stage Renal Disease (ESRD), unless enrolled in a Cigna commercial plan
 - Have Medicare and Medicaid coverage, or have Medicare coverage and are receiving State Assistance (examples include: AHCCCS, QMB, SLMB, QI, LIS, etc.)
- D-SNP participants do not have lock-in periods
- D-SNP participants may enroll or disenroll at any time

CMS MODEL OF CARE (MOC) REQUIREMENTS

- A Model of Care (MOC) describes the care management structure and goals for D-SNPs
- CMS MOC requirements are listed below

Annual - Comprehensive Health Risk Assessment	Care management for the Most Vulnerable
Individual Care Plan	Integrated communication network
Interdisciplinary Care Team (ICT) to provide care management	Measurable goals
Model of care training for Cigna Medical Group personnel and the contracted health care professional network	Performance and health outcome measurements
The health care professional network has specialized expertise and uses clinical practice guidelines	Staff structure and care management goals

2012 MOC CARE MANAGEMENT STRUCTURE

Cigna HealthCare of Arizona's D-SNP Model of Care structure includes:

- Annual and ad-hoc comprehensive health risk assessment
- Individual Care Plan (ICP) for each D-SNP participant
 - ICP addresses individual health care needs
 - ICP has goals to improve participant health outcomes
 - Risk stratification - based on health care needs
- Care management by multi-specialty Interdisciplinary Care Team (ICT)
- Most frail and vulnerable receive additional services and benefits
- Transition of care services (hospital to skilled nursing facility, skilled nursing facility to home, etc.)
- Coordination of care by Nurse Navigator for outpatient and ancillary services

2012 MOC CARE MANAGEMENT STRUCTURE

Cigna HealthCare of Arizona D-SNP Model of Care structure continued:

- Integrated communications network (telephonic, in-person, web, etc.)
- Specialty health care professionals having the expertise required to address D-SNP health care needs
- Health care professionals use evidence-based medicine
- Staff structure geared to address participant's specific health care needs
- No or low copayments (depends on eligibility)
- Routine transportation - 24 free one-way trips (routine)
- Cost-sharing protections (state pays participant cost-share, as applicable)
- Annual D-SNP training to ensure appropriate care management
- Report analysis to identify health outcome improvements (i.e., reduction in risk score, decreased gaps in care, etc.)

CIGNA'S 2012 D-SNP MODEL OF CARE GOALS

- Improve health outcomes and quality of life for our D-SNP participants
- On an individual basis, our MOC is designed to:
 - Improve beneficiary health outcomes
 - Improve access to care
 - Improve the coordination of care
 - Improve the transitions of care
 - Decrease gaps in care
 - Increase cost-effectiveness
 - Address frail and end of life issues
 - Manage complex medical, behavioral, and social issues

CIGNA D-SNP ADDITIONAL SERVICES

- Cigna Medical Group (CMG) is the designated network to provide services to D-SNP participants
- D-SNP participants have access to the following services:
 - Care coordination by a Nurse Navigator
 - Cigna's 24-hour Health Information Line
 - Transition of Care Nurse program
 - Emergency Room (ER) outreach
 - Case management services (health care professional or self referral)
 - Home based care
 - Chronic Health Improvement Program (CHIP)
 - Free health education and wellness programs

CASE MANAGEMENT

- Cigna's Case Managers are here to assist. Our complex case management program includes:
 - Customer outreach activities to encourage participation
 - Completion of comprehensive Evidence Based Assessment
 - Plan of care development with mutually agreed upon goals (participant, physician, case manager)
 - Identification of gaps in care, coordination of services
 - Participant education (chronic, preventive, co-morbidity)
 - Collaboration with participant and their doctors to ensure appropriate care management
 - Medication reconciliation activities
 - Address access issues (health care professional and vendor)
 - Advanced Directives, Medical Power of Attorney
 - Healthy living, exercise, eating well, care self management
 - List is not exhaustive
- Refer to Case Management by:
 - Email MedicareCMReferral@cigna.com
 - Fax: 860.697.7804
- Cigna Case Management will communicate with you via email, fax or phone to:
 - Notify you when your patient is accepted into the care management program
 - Collaborate/validate current treatment plans, self-management plans and plan of care

CIGNA D-SNP INFRASTRUCTURE

- **Tier 1 - D-SNP Patient Care** is managed by Cigna primary care physicians (PCPs) and Care Coordinators who are experts at medical management, community services and systems.
- **Tier 2 - D-SNP Patient Care Oversight** is managed by a PCP and an Interdisciplinary Care Team (ICT). At a minimum, the ICT includes the participant's PCP, a behavioral health specialist, and a social worker.
- **Tier 3 - D-SNP Program Oversight** is managed by the Cigna Medicare Administrative Team (MAT). The MAT is comprised of: Cigna Medical Group operations, Utilization Management, Medicare Quality, Population Health, Medicare Operations and Compliance, Information Technology and Cigna HealthCare of AZ Medical, Network, and Finance departments.

D-SNP COST SHARE RULES

- All health care professionals must abide by the following state regulation:
 - 42 CFR 422.504(g)(1)(3) states: (iii) For all MA organizations with enrollees eligible for both Medicare and Medicaid, organizations must specify in their provider contracts that enrollees will not be held liable for Medicare Part A and B when the State is responsible for paying such amounts.
- Plans may not impose cost-sharing that exceeds the amount of cost-sharing permitted individuals under title XIX.
- All health care professional, facility and ancillary contracts must state that they will - (A) Accept the MA plan payment as payment in full, or (B) Bill the appropriate State source.
- Please refer to your Medicare Regulatory Addendum for details.

CONTACT INFORMATION

- **Cigna has a D-SNP help line for health care professionals**
 - Call us at **1.602.402.0003**
 - Available 24 hours a day, seven days a week, including holidays
- **What can the D-SNP help line do for you?**
 - Provide D-SNP updates
 - Facilitate communication with a Cigna Medical Group health care professional
 - Arrange for home health services
 - Assist with direct skilled nursing facility admits
 - Facilitate prescription renewals
 - Facilitate case management services
 - Schedule follow-up appointments (with Cigna Medical Group)
 - Perform patient outreach calls

YOUR ROLE IN CIGNA'S D-SNP PLAN

- **Your role is vital to the success of our D-SNP program**
- When you receive a call or fax about your D-SNP participant:
 - Please read the individual's care plan
 - Share your medical opinion (verbal or written)
 - Make sure you understand Cigna Medicare Select D-SNP by accessing the D-SNP training annually (this is a CMS requirement)

GLOSSARY

- CFR - Code of Federal Regulations
- D-SNP - Dual-Special Needs Plan
- CMG - Cigna Medical Group
- CMS - The Center for Medicare & Medicaid Services (Medicare)
- MA - Medicare Advantage Organization
- MAT - Medicare Administrative Team
- MMA - Medicare Modernization Act
- RN - Registered Nurse
- SNF - Skilled Nursing Facility
- TOC - Transition of Care

D-SNP PARTICIPATION ACKNOWLEDGMENT

- Annual review of this training information is a requirement for all persons involved in the administration or delivery of the Cigna Medicare Select D-SNP program.
- Complete and retain a copy of the Participation Acknowledgement Form (next slide) to confirm you have reviewed the training material.
- A copy of the form should be provided to Cigna or The Centers for Medicare and Medicaid Services (CMS) upon request.

D-SNP PARTICIPATION ACKNOWLEDGMENT FORM

- Physician/Group Name: _____
- Physician/Group TIN: _____
- Physician/Group Address: _____
- Physician/Group Telephone Number: _____
- Physician/Group Fax Number: _____
- Physician/Group Email Address: _____
- Physician/Group List of Attendees:

- Acknowledgement Signature: _____
- Print Name: _____
- Date: _____
- Provider Services Rep Name: _____

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