

VOL. 4 ISSUE 3 • DECEMBER 2021

# PATHWAYS TO MANAGED CARE

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## Humana December 2021 Provider Communication

As Humana continues to make improvements to the Service Fund system and implement new ways to support providers, we want to share this information with you.

- **2020 Final Risk Adjustment Reconciliation** Humana received the second final 2020 risk adjustment reconciliation in the November 2021 payment from CMS. The updated risk scores are based on diagnoses with dates of service from January 1, 2019 to December 31, 2019 submitted to CMS through August 8, 2021. The payment adjustments from CMS appear with Adjustment REason Code (ARC) 25 - Part C Risk Adjustment FActor Change/Recon, and 37 - Part D Risk Adjustment Factor Change. Providers will see adjustments in their HCFA (CMS) Record data file (REHCF) as combined retroactive premium for 2020 incurred months or in their Capitation and Funding data file (RECAP) as reason code 13-EXTERNAL PREMIUM CHANGE.
- **White Bagged Drugs** Effective January 1, 2022, certain injectable drugs dispensed by a pharmacy to a provider will shift from Part B to Part D in alignment with industry practice. This will apply to all Medicare lines of business.
- **Bulletin Board System (BBS) Report Archive** BBS data reports older than 12 months will be archived. The archiving will process through the end of 2021 and will be finalized beginning January (PE20220101). The data reports up to 10 years old will remain in the archive. Requests for archived data reports may be sent to [servicefund@humana.com](mailto:servicefund@humana.com)

## This issue:

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UNITED HEALTHCARE  
Reimbursement Policy

BLUECARE  
Budget Impacts

CIGNA  
Centers of Excellence



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## UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: December 2021

Revised		
Policy Title	Effective Date	Summary of Changes
Telehealth/Telemedicine Policy, Professional*	1/1/2022	<ul style="list-style-type: none"><li>In alignment with the CMS Place of Service (POS) code set, beginning with dates of service on 1/1/2022, UnitedHealthcare will consider for reimbursement the new Telehealth POS code 10 (Telehealth Provided in Patient's Home). UnitedHealthcare will continue to reimburse the existing POS code 02 (Telehealth Provided Other than in Patient's Home).</li><li>CMS revised the description of POS code 02 and created a new POS code 10 as follows: <b>POS 02: Telehealth Provided Other than in Patient's Home</b> – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. <b>POS 10: Telehealth Provided in Patient's Home</b> – The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.</li></ul>

\*This Reimbursement Policy will also be implemented for UnitedHealthcare Oxford Health Plans on the listed effective date.

**Note:** The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).





## Fiscal Year 2022 Budget Reductions/Impacts

Dear Health Care Provider,

Each year the Division of TennCare informs all managed care organizations (MCOs) about program changes that will be made for the upcoming fiscal year based on the State of Tennessee's annual budget. Your BlueCare and TennCareSelect contracts automatically include these state laws, regulations and program changes.

Below is a summary of recent and upcoming changes to your provider agreement.

### **Presumptive urine drug testing\***

- Effective Oct. 6, 2021, tests using chemistry analyzers represented by CPT® code 80307 are limited to 12 per calendar year.

### **Assay drug testing\***

- Effective Oct. 6, 2021, any combination of confirmatory drug tests represented by codes G0480, G0481, G0482, and G0483 will be limited to 12 per calendar year.

*\*These changes don't apply to CoverKids members.*

### **Durable medical equipment (DME) maximum fee schedule**

- Effective July 1, 2021, surgical implants are exempt from DME maximum fee schedule limitations, which say that we can't reimburse DME at higher reimbursement rates than those listed on the CMS DMEPOS fee schedule.

### **340B Drug Pricing Program**

- Providers who participate in the 340B program must offer the benefit of 340B pricing.

All previously announced budget requirements will also remain in effect.

**Please note:** Procedure codes in the budget memo are provided to help ensure guidance is consistent across the TennCare managed care organizations. However, CMS updates CPT® and HCPCS codes on an annual basis. As those updates occur, codes for budget reduction items will be updated, as well.

If you have questions about these changes, please call the Provider Service line for your patient's plan.

Thank you for the care you provide to your patients and our members.

Sincerely,

Amber Cambron  
President and CEO  
BlueCare Tennessee

Vikram Shah, MD  
National Medical Director  
Network Performance Evaluation

October 27, 2021



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#### Re: 2022 Cigna Centers of Excellence hospital displays

Dear UNIVERSITY PHYSICIANS ASSOCIATES,

Many of our customers want to know more about provider quality and cost efficiency. Annually, we evaluate hospital patient outcomes and cost-efficiency information for 18 surgical procedures and medical conditions through the Cigna Centers of Excellence (COE) program.

#### Existing hospital designations will remain in effect through 2022

We are extending the time frame for COE designations to apply. As a result of this change, the current 2021 COE designations will remain in effect, and the profiles will continue to display in our online directories at Cigna.com and myCigna.com through December 31, 2022.

This letter explains the methodology we used to evaluate hospitals for the 2021 and 2022 profiles, how you can request the current results for your facility, and the process for submitting a reconsideration request. The profiles are available for most hospitals participating in our network. They are informational only, and not used to provide performance-based payments to Cigna-contracted hospitals.

#### Patient outcomes score

The patient outcomes score is a quality measure of a hospital's relative effectiveness in treating a selected surgical procedure or medical condition. This score is based on the nine nationally recognized quality measures listed below.

- Centers for Medicare & Medicaid Services (CMS) hospital-wide readmission rate
- CMS readmission rate for pneumonia
- CMS healthcare-associated infections (HAI) measure
- CMS early elective delivery measure
- Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) specifications complication rate
- AHRQ Inpatient Quality Indicators (IQIs) mortality rate
- AHRQ IQI primary cesarean-section delivery rate
- Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) Star Rating
- Leapfrog Hospital Safety Score

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#### Cost-efficiency score

The cost-efficiency score is a measure of a hospital's average cost for a particular surgical procedure or medical condition that has been severity adjusted for national comparison. The score reflects both the rates that a hospital charges, and the average time spent in the hospital for the specific surgical procedure or medical condition. The score does not include physician fees or outpatient services. A variety of factors, including geographic cost differences, may affect the overall score.

**Star displays.** A hospital can receive a score of up to three stars (\*) for both patient outcomes and cost efficiency for each evaluated surgical procedure or medical condition. Hospitals that attain at least five stars (three stars for patient outcomes and two stars for cost-efficiency, or three stars for cost-efficiency and two stars for patient outcomes) receive the COE designation for that surgical procedure or medical condition.

#### How to request your 2021 and 2022 results, additional information, or a reconsideration

To obtain your hospital specific COE results, or to request that we reconsider results, correct inaccuracies, or to submit additional information, please email [PhysicianEvaluationInformationRequest@Cigna.com](mailto:PhysicianEvaluationInformationRequest@Cigna.com), or fax your request to 866.448.5506. Please include the facility's name and Taxpayer Identification Number (TIN), and your name and contact information in the request. A Cigna Network Clinical Manager or Specialist will contact you to provide additional details about the program and the facility's results.


If your results subsequently change after we review your reconsideration request, the updated results will be amended for the next online provider directory update.

#### Additional information

You can find additional information in the 2021 and 2022 Cigna Centers of Excellence Methodology white paper. You can access the white paper by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > Medical Resources > Commitment to Quality > 2021 and 2022 Cigna Centers of Excellence Methodology, or by calling Cigna Customer Service at 800.88.Cigna (882.4462).

We are committed to working with hospitals to improve the reliability of our patient outcomes and cost-efficiency measures. We value our relationship with you, and welcome your feedback as we continue to refine our program.

Sincerely,

  
Vik Shah, MD  
National Medical Director  
Network Performance Evaluation

**At a glance**

- We designate participating hospitals as Cigna Centers of Excellence (COE) when they meet specific patient outcomes and cost-efficiency criteria by procedure and condition.
- For 2022, we are extending the time frame for COE designations to apply, and the current 2021 COE designations will remain in effect through 12/31/22.
- The hospital profiles will display in our provider directories on Cigna.com and myCigna.com.
- To obtain your hospital-specific results, please email your request to [PhysicianEvaluationInformationRequest@Cigna.com](mailto:PhysicianEvaluationInformationRequest@Cigna.com), or fax your request to 866.448.5506
- For additional details, go to [CignaforHCP.com](http://CignaforHCP.com) > Medical Resources > Commitment to Quality > 2021 and 2022 Cigna Centers of Excellence Program Methodology.



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## University Physicians' Association, Inc.



To extend our passion by helping clients through creating new partnerships within the medical community.

To offer the medical community seamless, knowledge-based solutions by providing services customized to a client's specific need.

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