ORLANDO HEALTH® | Network

Reference Guide for Disney Patients

Task	Contact	Website/Electronic
Cigna – Patients		
Verify patient eligibility	**(800) 577-7498**	**Cignaforhcp.cigna.com** Electronically via: **270/271 using Payer ID 62308**
Inquire about patient benefits and covered services	**(800) 577-7498**	
Request precertification for services	**(800) 577-7498**	**Cignaforhcp.cigna.com**
Review medical or pharmacy coverage, guidelines and payment policies		**Cignaforhcp.cigna.com**
Obtain sample ID cards		**Cignaforhcp.cigna.com**
Cigna – Claims		
Check claim status	**(855) 999-1522**	**Cignaforhcp.cigna.com** Electronically via: **276/277 using Payer ID 62308**
Submit claims	Submit medical claims to: Cigna P.O. Box 182223 Chattanooga, TN 37422-7223	Submit medical claims electronically via: **837 to Payer ID 62308** Submit ancillary claims electronically via: **837 to Payer ID 62308**
Submit or ask about an appeal or dispute	Submit: Cigna P.O. Box 182223 Chattanooga, TN 37422-7223 Inquire: **(800) 577-7498**	
Express Scripts		
View the prescription drug list		**Express-Scripts.com/Disney**
Request an exception to the prescription drug list	**(800) 753-2851**	
Prior authorization		**ESRX.com/PA**
Home delivery pharmacy	**(888) 327-9791** Express Scripts Home Delivery NCPDP ID 2623735 4600 North Hanley Rd. St. Louis, MO 63134	
Specialty pharmacy services (specialty medications administered by injection or infusion, and certain oral medications)	**(877) 826-7657**	**Accredo.com/Healthcare-Professionals**
Other		
Cigna	Cigna Behavioral Health	**(800) 952-6676**
Delta Dental	Contact a dental network	**(866) 902-4835**
Zelis	Receive electronic remittance advice	**(877) 828-8770**
Orlando Health Network		
○ Request provider fee schedule ○ Submit or inquire about professional credentialing ○ Obtain a Reference Guide ○ Request a copy of your contract ○ Update Provider Directory	**(321) 843-6700** (321) 843-6895 fax **OrlandoHealthNetwork@OrlandoHealth.com**	

Benefits

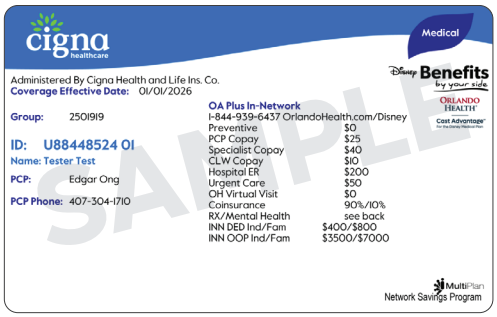
What additional benefit options are included for Disney Cast Members?

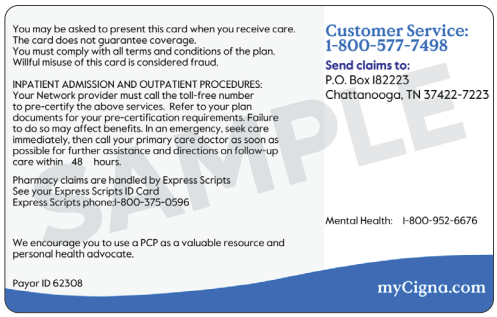
Cast Members have the opportunity to choose from multiple health maintenance organization (HMO) and preferred provider organization (PPO) options. Additional information is below on plan benefits:

- Orlando Health is responsible for contracting the Orlando Health Cast Advantage plan and will have performance guarantees for cost and quality.
- Cigna will administer the Orlando Health Cast Advantage plan. Its representatives will determine when services are covered in-network and handle claim payments, explanations of benefits, appeals and other claim-related communications to patients. Cigna also will be responsible for pre-certification and pre-treatment reviews before care is administered.
  - Cigna will also administer the Disney PPO products and any HMO Cast Members living outside of the Orlando Health/ Advent Health service area.
- Disney Cast Advantage members will be required to stay within their selected network and will not have the option to utilize both the Orlando Health and Advent Health networks.

What do the Disney Cast Member ID cards look like?

Cast Members will receive a new combined medical/pharmacy identification card to use during medical visits and when filling prescriptions. This sample shows the front and back of the Orlando Health Cast Advantage card.





How do I verify coverage eligibility and benefits for a Cast Member?

You can verify a Cast Member's benefits by telephone or online.

- **(800) 577-7498**
- **Cignaforhcp.cigna.com**
  - Select "Review Coverage Policies"

Do Disney Cast Members need a referral to see a specialist?

Referrals are an essential part of the network model of care. Primary care providers (PCPs) will refer Cast Members to specialists, hospitals, and other facilities within the Orlando Health Cast Advantage network in order to deliver coordinated, quality care.

Network

Where can I find a provider directory?

In-network providers can be found on the provider directory at **https://hcpdirectory.cigna.com/web/public/consumer/directory**.

How do I know how many Cast Members selected me as their primary care physician?

You may reach out to **OrlandoHealthNetwork@OrlandoHealth.com** to request a patient roster, indicating who selected you as their PCP.

There are multiple physicians in my practice – can a Cast Member see any of the physicians in our group?

A Disney Cast Member can see any physician in the group as long as they

1. Have a contract with Orlando Health Network, and
2. Participate in the Orlando Health Cast Advantage plan.

Can Cast Members switch their PCP selection to me later in the year?

Yes, Cast Members may switch PCPs. However, they will not be issued a new card with the updated PCP information unless requested from Cigna.

If I direct an Orlando Health Cast Advantage participant to an Advent Health facility, will their care be considered in-network?

No, you should only direct the Cast Member to an Orlando Health hospital in order for it to be covered. Some exceptions may apply, such as emergency services or some highly specialized care that has been pre-authorized.

What urgent-care centers are available in the Orlando Health Cast Advantage plan?

The CareSpot Urgent Care – Orlando Health centers are part of the Orlando Health Cast Advantage plan. Locations include:

- Altamonte Springs
- Apopka
- Avalon Park
- Clermont
- East Sand Lake
- Kissimmee
- Lake Mary
- Lee Vista
- Leesburg
- MetroWest
- Ocoee
- South Orange
- Winter Springs
- Oviedo

Prior Authorization and Claims

What services require prior authorization?

Prior authorization by the plan is required for all inpatient services, including emergency admissions within seventy-two (72) hours after admission.

To identify the requirement of prior authorization for specific outpatient services, please go to **Cignaforhcp.cigna.com** and follow these steps.

- Select "Click Resources"
- Select "Clinical Reimbursement Policies and Payment Policies"
- Select "Precertification Policies"

To look up specific current procedural terminology (CPT) codes and verify if authorization is needed, please go to **https://legacy.cigna.com/static/www-cigna-com/docs/individuals-families/master-precertification-list-for-providers.pdf**.

How do I request prior authorization?

Medical prior authorizations will be handled by Cigna. To obtain medical prior authorization, call **(800) 577-7498**.

An authorization can be initiated via **Cignaforhcp.cigna.com**. If you prefer to submit a prior authorization form via fax, send the form to **(866) 873-8279**. To contact Cigna's coverage review team, please call the phone number listed on the back of the patient's identification card or **(800) Cigna24 (244-6224)**.

Pharmaceutical prior authorizations will be handled by Express Scripts. To obtain pharmaceutical prior authorization, go to **ESRX.com/PA**.

High-tech imaging prior authorizations will be handled by Cigna for the eviCore network. To obtain high-tech imaging prior authorization, call **(888) 693-3211**.

How do I submit a claim?

Claims for medical providers can be submitted using these methods:

- Submit electronically with Payer ID 62308
- Mail a CMS-1500 form to:
  Cigna
  P.O. Box 182223
  Chattanooga, TN 37422-7223

Ancillary providers should submit claims according to their contract, either directly to the ancillary network or to Cigna.

Please note that the following ancillary and national networks will be accessed through Cigna: American Specialty Health Network (ASHN), CareCentrix, Quest/Lab Corp, eviCore and Davita/Fresenius.

- Submit electronically with Payer ID 62308
- If ancillary providers' contracts instruct them to submit claims to Cigna, mail a UB-04 CMS-1450 form to:
  Cigna
  P.O. Box 182223
  Chattanooga, TN 37422-7223
- Submit through **Cignaforhcp.cigna.com**.

Is there a timely filing deadline that must be met for claims submission?

Yes, new claims must be submitted within 180 days of the date of service.

How can a denied claim be appealed?

If a patient or provider disagrees with a decision denying coverage of services, they may appeal the decision within 180 days of denial. If a claim was denied or not processed as expected due to claim coding edits, a **Cignaforhcp.cigna.com** or **Provider.Evernorth.com** user with claims/reconsideration access can submit a reconsideration request on the claim.

Following the internal Cigna Healthcare process, arbitration may be used as a final resolution step.

The submitter will need to fill out the "Request for Health Care Professional Payment Review" form at **https://static.cigna.com/assets/chcp/pdf/resourceLibrary/medical/RequestForHealthCareProfessionalPaymentReview.pdf** and send in via mail. The form will help to fully document the circumstances around the appeal request and will also help to ensure a timely review of the appeal. All forms should be fully completed, including selecting the appropriate check box for the reason for the appeal. Appeal Types are available in the national reference guide on the Cigna for Health Care Professionals portal (**Cignaforhcp.cigna.com**).

With the form, you will need to submit:

- The original explanation of benefits (EOB)
- Explanation of payment (EOP) or letter sent to the health care provider requesting additional information
- Documentation that supports why the decision should be overturned (e.g., operative reports or medical records)

A written appeal can be sent as well within 180 days of the denial and mailed to:
Cigna
P.O. Box 182223
Chattanooga, TN 37422-7223

For any further questions regarding appeals, patients should contact the Cigna Customer Service line at **(800) 577-7498**.

Cigna will inform the appeal submitter of its decision within 60 business days. All decisions are final. If the administrative denial is reversed, the claim is adjusted within 90 business days of the date of the decision.

What if I have a question regarding the pricing on a claim?

To find the most recent medical necessity review list, precertification policies, and modifiers and reimbursement policies, log in to **Cignaforhcp.cigna.com** to find all available information.

How do I set up Electronic Funds Transfer (EFT)?

For EFT setup, please contact Zelis at **(877) 828-8770** or ZelisPayments.com.