

MEDICARE ADVANTAGE QUICK REFERENCE GUIDE

Maryland, Delaware, Pennsylvania, and Washington, DC



Website	Visit: www.cignahealthspring.com				
Eligibility Verification / Customer Service	Customer Service provides eligibility & copayment information for plan members. Customer Service: 1-800-668-3813 Provider Services: 1-800-230-6138 Visit: https://healthspring.hsconnectonline.com/HSCConnect				
Ancillary Services / Supplemental Benefits	<table border="0"> <tr> <td> OUTPATIENT LABORATORY SERVICES LabCorp Call: 1-888-522-2677 Quest Diagnostic Laboratories Call: 1-866-697-8378 </td> <td> DENTAL SERVICES Administered through Denta Quest Call: 1-888-423-2949 </td> </tr> <tr> <td> BEHAVIORAL HEALTH/SUBSTANCE ABUSE Cigna-HealthSpring Network (Please call for authorizations) Call: 1-866-780-8546 </td> <td> ROUTINE VISION Administered through Superior Vision Call: 1-888-886-1995 </td> </tr> </table> <p>For questions concerning Supplemental Benefits, please call Provider Service Call: 1-800-230-6138</p>	OUTPATIENT LABORATORY SERVICES LabCorp Call: 1-888-522-2677 Quest Diagnostic Laboratories Call: 1-866-697-8378	DENTAL SERVICES Administered through Denta Quest Call: 1-888-423-2949	BEHAVIORAL HEALTH/SUBSTANCE ABUSE Cigna-HealthSpring Network (Please call for authorizations) Call: 1-866-780-8546	ROUTINE VISION Administered through Superior Vision Call: 1-888-886-1995
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Health Services	HEALTH SERVICES PRIOR AUTHORIZATION See Prior Authorization Matrix. Prior Auth can be obtained through HS Connect Inpatient Admission Notification Home Health Care /DME Prior Auth – Outpatient Services Elective Admission Notification Call: 1-866-949-7103 Fax: 1-855-388-1452				
	HSCONNECT-REFERRALS/PRIOR AUTHORIZATION Referrals are required for Specialist office visits and can be obtained through HSConnect. To call or email the HSConnect Help Desk: 1-866-952-7596 HSConnecthelp@hsconnectonline.com To register for HSConnect visit: https://healthspring.hsconnectonline.com/HSCConnect				
Claim Processing	Claims questions: 1-800-230-6138 Appeals questions: 1-800-511-6943 Fax: 1-800-931-0149 Electronic claims may be submitted through: <ul style="list-style-type: none"> • Change Healthcare/Availity (Payor ID: 63092 or 52192) • SSI/Group/Proxymed/Medassets/Zirmed/OfficeAlly/GatewayEDI (Payor ID: 63092) • Relay Health (Professional claims CPID: 2795 or 3839 Institutional claims CPID: 1556 or 1978) 				
	Mail Paper Claims to: Cigna-HealthSpring, PO Box 981706, El Paso, TX 79998 Mail Appeals to: Cigna Health-Spring Appeals, PO Box 24087, Nashville, TN 37202 Mail Reconsideration Requests to: Cigna-HealthSpring Reconsiderations, PO Box 20002, Nashville, TN 37202				
HSConnect (Online Portal)	Experience the ease of HSConnect. Your online solution for referral entry and inquiry, inpatient authorization inquiry, eligibility verification, and claims payment review. Call: 1-866-952-7596 Email: HSConnecthelp@hsconnectonline.com Visit: https://healthspring.hsconnectonline.com/HSCConnect				
Compliance	To report potential fraud, waste, or abuse please contact Cigna-HealthSpring's Special Investigations Unit By mail: Cigna-HealthSpring Attn: Special Investigations Unit PO Box 20002, Nashville, TN				
	By email: specialinvestigations@cigna.com Attn: Cigna Medicare Operations By phone: 1-800-667-7145				
Cigna-HealthSpring Behavioral Health Services	Call: 1-866-780-8546 Fax: 1-866-949-4846				
Pharmacy	PHARMACY – PART D Visit our website for detailed formulary information. Call: 1-800-222-6700 Visit: http://www.cigna.com/medicare/part-d/drug-list-formulary Drug Coverage Determinations visit: https://www.cigna.com/healthspringdrugforms				

Sample ID Card

<Plan Name>	
Customer ID: <Member ID> Name: <Member Name> Health Plan (80840) PCP: <Provider Name> Phone: <Provider Phone Number> Network: <Network Name> RxBIN: 017010 RxPCN: CIHSCARE	<contract & PBP> Copays PCP: <copay> Specialist: <copay> ER: <copay> Urgent Care: <copay>

This card does not guarantee coverage or payment.	
<Barcode>	
<Services may require a referral by the PCP or authorization by the Health Plan.> <Medicare limiting charges apply.>	
Customer Service: <phone number> TTY: <phone number> Provider Services: <phone number> Authorization/Referral: <phone number> Medical Claims: <address>	Pharmacy Help Desk: <Phone number> Pharmacy Claims: <address>
Website: <URL>	