# Cigna Medicare
## 2020 Out-of-Network Provider Manual

Cigna Medicare 2020 Out-of-Network Provider Manual – Version 1



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## Introduction and New 2020 Plan Offerings

Cigna continues to expand by offering new product offerings for 2020 in select markets. We are excited to introduce these plans to better improve the health of our customers. As a result, non-participating providers are likely to see more patients with these new plans.

This out-of-network provider manual has been created to assist you and your office when providing care to Cigna customers who may have an out of network benefit. It is not a binding a legal document but it contains important information concerning our policies and procedures including claims payment and submission requirements, prior authorization and referral requirements and other helpful information. This manual is intended to help non-participating providers more effectively do business with Cigna Medicare. As a non-participating provider, note the following:

- Referrals are not required to see customers enrolled in select plans (check customer ID card). See the Referrals section for further information.
- No contract is required to see members enrolled in PPO plans.
- Cigna will reimburse out of network providers that provide Covered Services to its Medicare Advantage plan members in accord with CMS regulations and the member's Benefit Plan design.
- Customer Identification Cards provide high-level product/network information and indicate the customer's plan, referral requirements and out-of-network benefits. Contact numbers are located on the back of the card for further assistance.
- Regional Product Maps are located in the Appendix.

## Medicare Overview

Cigna contracts with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) plans. Customers are able to select one of several plans offered based on their location, budget and health care needs.

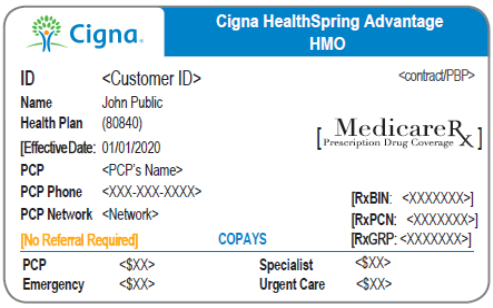
**Cigna Medicare Advantage Health Maintenance Organization (HMO) Plans:** Customers are required to select a PCP and must receive all covered services by utilizing in-network providers, except in the case of emergency. Select service areas do not require the use of referrals. Refer to the 2020 ID Card section to identify customers with HMO plans that **do not require referrals.**

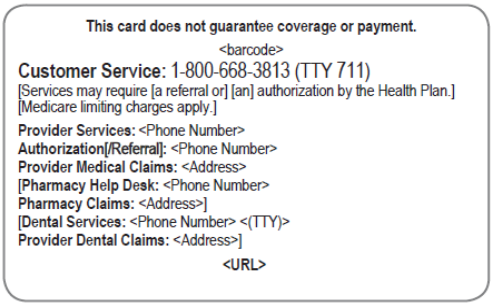
**Cigna Medicare Advantage Preferred Provider Organization (PPO) Plan:** Generally, customers are not required to select a PCP and referrals are never required to see Medicare-accepting providers in or out of the network. Customers are not limited to their home service area for routine care. Refer to the 2020 ID Card section to identify customers with PPO plans that **do not require a PCP or referrals**.

# 2020 ID Card Examples

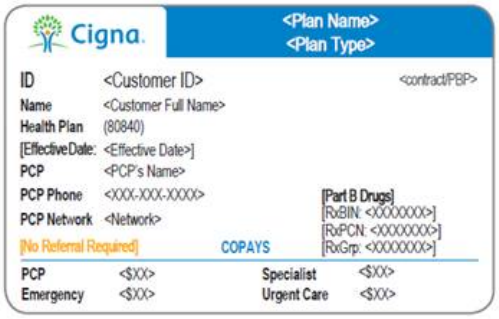
Customer Identification Cards provide high-level product/network information. Remember to contact the phone numbers on the card for assistance and follow guidance in order to verify eligibility, referral/no referral and authorization guidance.

## Medicare Advantage Prescription Drug



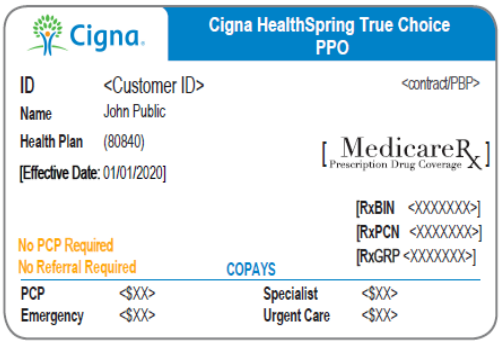



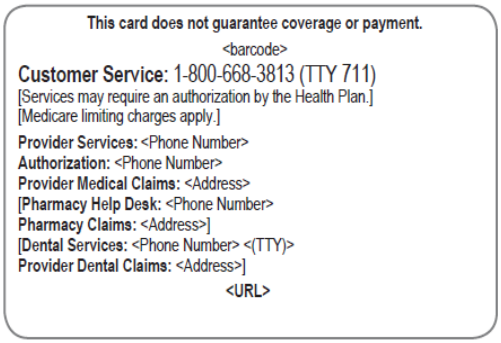

## Medicare Advantage





## Medicare Advantage - PPO



# Office Guidance

## Eligibility Verification

Verify customer's eligibility at each visit. Please note that customer data is subject to change. CMS retroactively terminates customers for various reasons. When this occurs, Cigna's claim recovery unit will request a refund from the provider. The provider must then contact CMS Eligibility to determine the customer's actual benefit coverage for the date of service in question.

## How to Verify Customer Eligibility

To verify customer eligibility use one of the following ways:

1. **Provider Customer Services: 1-800-230-6138**, Monday-Friday, 8 am - 5 pm CST. You must call Cigna to verify eligibility when the customer cannot present identification.
2. **Ask to see the customer's Identification Card.** Each customer is provided with an individual customer Identification Card. Noted on the ID Card is the customer's identification number, plan code, name of PCP (for HMO), copayment and effective date. Since changes do occur with eligibility, the card alone does not guarantee the customer is eligible.

# Referrals

| PPO Products | HMO Products |
|---|---|
| Referrals are **not required** for PPO products. | Referrals **not required** for participating specialist services in select markets with HMO. |

## HMO and PPO Quick Reference Referral Guide

| Market | Product Offering | Specialist Referrals are required for this HMO plan |
|---|---|---|
| Arizona (Phoenix) | HMO | ✓ |
| Arizona (Tucson) | HMO | ✓ |
| Daytona | HMO | ✓ |
| Colorado | HMO & PPO* | ✓ |
| Florida (Leon) | HMO | ✓ |
| Orlando | HMO | ✓ |
| Tampa | HMO | ✓ |
| Texas | HMO & PPO* | ✓ |
| Alabama | HMO & PPO* | |
| Arkansas | HMO | |
| Georgia | HMO & PPO* | |
| Illinois | HMO & PPO* | |
| Kansas City | HMO | |
| Mid-Atlantic (Delaware) | HMO & PPO* | |
| Mid-Atlantic (Maryland, DC) | HMO | |
| New Jersey | HMO | |
| North Carolina | HMO & PPO* | |
| Northern Florida | HMO | ✓ |
| Northwest Georgia | HMO | |
| Pennsylvania | HMO & PPO* | |
| South Carolina | HMO | |
| Southern Mississippi | HMO | |
| Tennessee | HMO & PPO* | |
| ***PPO plans do not require referrals** | | |

### Requesting a Referral

Request a referral through one of the following methods:

- Fax
- Phone
- Mail

**Remember:** An authorization number does not guarantee payment. Services must be a covered benefit. To verify benefits before providing services, call **1-800-230-6138.**

## Referrals to Non-Participating Providers

Referrals to a non-participating provider may be considered only if there is a continuity of care issue, a network gap has been identified, or in medically necessary circumstances in which the customer's need cannot be met in network, (e.g., a service or procedure is not provided in- network; delivery of services closer or sooner than provided or allowed by the organization's access or availability standards). Prior authorization is required for referrals to non-participating providers and requests are reviewed for specific criteria. It is recommended that a PCP initiate requests for authorizations to non-participating providers, customers or their authorized representatives may request on their own behalf.

PPO plans do not require an authorization for out-of-network care. However, PPO customers requiring out-of-network care meeting the network and medical necessity criteria above must also request a prior authorization to ensure the applicable customer cost-share is applied.

# Billing

## Claims Submission

Cigna prefers electronic submission of claims; however, both electronic and paper claims are accepted.

To submit a claim use one of the following methods:

## Paper Claims Submission

**Cigna**
Attn: Claims
PO Box 981706
El Paso, TX 79998

**Supporting claim documents** (i.e. medical records, itemized bills, EOBs, etc. should be faxed to **615-401-4642** or mailed to:

**Cigna**
Attn: Claims Intake
PO Box 20002
Nashville, TN 37228

## Electronic Submission

**Submit claims through:**

- Change Healthcare / Availity (Payer ID: 63092 or 52192)
- SSI Group /Proxymed/Medassets/Zirmed/Office Ally/Gateway EDI (Payer ID: 63092)
- Relay Health (Professional claims CPID: 2795 or 3839 Institutional claims CPID: 1556 or 1978)

## ERA/EFT Enrollment Process

Electronic payment options help save time and simplify reconciliation. Through our partnership with Change Healthcare, we are pleased to continue offering simpler, more efficient ePayment Solutions to help you maximize revenue and profit, reduce costs and errors and increase payment efficiency.

1. Access the Enrollment forms for **ERA** and **EFT** via www.changehealthcare.com/support/customer-resources/enrollment-services.
2. Select ERA Enrollment Forms to receive ERA files.
    a. In Section **ERA Payer Enrollment Forms** select institutional or professional and input 52192 in the search bar, click enter.
    b. This will show the form for Cigna.
3. **Click** on the form and complete. You can send directly via email to Change Healthcare on the bottom of the form.
4. Select **EFT Enrollment Forms** to receive payments electronically.

5. To set-up an EFT or change an existing EFT banking or payer select the **EPayment Request Forms**
6. Complete the form per instructions and email to eftenrollment@changehealthcare.com or fax to **615-238-9615**.
    a. To change a contact on an existing EFT select 'Epayment Contact Change Form'
    b. Complete the form and email to eftenrollment@changehealthcare.com or fax to **615-238-9615**.

**Any issues with locating or completing the forms call **1-866-506-2830**, **option2 for EFT and Option 4 for Enrollment**. If enrolling in EFT enrollment in ERA is mandatory to ensure all documents are received appropriately. **

### Timely Filing

According to Medicare standards, non-participating claims are be submitted within 365 days from the date of service. Claims received after 365 days are denied for timely filing.

### Questions?

If you have Claims questions, see the Key Contacts section located in the Appendix.

## Reimbursement of Out-of-Network Providers

Cigna Medicare Advantage (MA) PPO plans pay the original Medicare rate to out of network providers for covered plan services (minus any applicable patient cost-share), subject to plan benefit levels, medical necessity, and other Cigna Medicare Advantage PPO plan guidelines.

Depending on your Medicare-participation status, you are paid as followed for covered plan services:

- If you are not contracted with Cigna, but are a Medicare-participating provider (you **always** accept assignment), then you will be reimbursed the Medicare allowed amount (minus any applicable patient cost-share). You must accept Cigna's payment and any associated cost-share as payment in full. As a reminder, you may **only** bill patients for their cost-share amounts, and for any services not covered by the Cigna MA PPO plan. You may not balance bill patients or Cigna MA PPO for covered plan services in excess of the original Medicare rate.
- If you are not contracted with Cigna and are not a Medicare-participating provider (you accept assignment on a **case-by-case basis**), then you will be reimbursed as follows:
    - If **you accepted assignment** for the services and affirmatively indicated acceptance on the submitted claim, you will be reimbursed the Medicare allowed amount (minus any applicable patient cost-share). You must accept Cigna's payment and any associated cost-share as payment in full. As a reminder, you may only bill patients for their cost-share amounts, and for any services not covered by the Cigna MA PPO plan. You may not balance bill patients or Cigna MA PPO for covered plan services in excess of the original Medicare rate.

    - If **you did not accept assignment** for the services, you will be reimbursed up to the original Medicare limiting charge minus any applicable patient cost-share amount. You may bill patients for their cost-share amounts, and for any services not covered by the Cigna PPO plan. As a reminder, you may only bill patients for their cost-share amounts, and for any services not covered by the Cigna MA PPO plan. You may not

balance bill patients for covered plan services in excess of the plan cost-share. Cigna MA PPO plan is responsible for paying you the difference between the patient's cost-sharing and the original Medicare limiting charge.

## Join Cigna's Network

To join Cigna's network, visit **https://medicareproviders.cigna.com/forms** and complete applicable form.

- Facility/Ancillary Network Interest Form, or
- Medical Practitioner Interest Form

All practitioner and organizational applicants to Cigna must meet basic eligibility requirements and complete the credentialing process prior to becoming a Participating Provider. Every provider undergoes a rigorous verification process that includes primary and secondary source verifications of all applicable information for the contracted specialty(s).

Cigna does not discriminate in terms of participation, reimbursement, or based on the population of customers serviced, against any health care professional who is acting within the scope of his or her license or certification under state law.

### Provider Notification

All initial applicants who successfully complete the credentialing process are notified in writing of their plan effective date. Providers are advised to not see Cigna customers until they receive notification of their plan participation and effective date. Applicants who are denied by the Credentialing Committee will be notified in writing within 60 sixty (60) days of the decision detailing the reason(s) for the denial.

## Exchange of Electronic Data

### Information Protection Requirements and Guidance

Cigna follows all applicable laws, rules and regulations regarding the electronic transmittal and reception of customer and provider information. If an electronic connection is made to facilitate such data transfer, all applicable laws must be followed. At all times, a provider must be able to track disclosures, provide details of data protections and respond to requests made by Cigna regarding information protection.

Cigna will engage with a provider's staff to appropriately implement the connection. Any files placed for receipt by provider staff must be downloaded in 24 hours, as all data is deleted on a fixed schedule. If the files are unable to be downloaded, then

alternate arrangements for retransmission must be made. The provider and provider's staff will work collaboratively with Cigna to ensure information is adequately protected and secure during transmission.

## Key Contacts

| KEY CONTACTS | |
|---|---|
| **Claims Processing** | Claims questions: **1-800-230-6138**<br><br>Electronic Claims may be submitted through:<br>• Change Healthcare/Availity (Payor ID: 63092 or 52192)<br>• SSIGroup/Proxymed/Medassests/Zirmed/ OfficeAlly/Gateway EDI (Payor ID: 63092)<br>• Relay Health (Professional claims CPID: 2795 or 3839 \| Institutional claims CPID: 1556 or 1978)<br><br>Mail Paper Claims to:<br>Cigna<br>PO Box 981706<br>El Paso, TX 79998<br><br>Mail Reconsideration Requests to:<br>Cigna Reconsiderations<br>PO Box 20002<br>Nashville, TN 37202 |
| **Provider Customer Service** | Questions: **1-800-230-6138** |