

# IF YOU ACCEPT MEDICARE, YOU CAN ACCEPT THESE PLANS.

## Cigna Medicare Advantage PPO In and Out-of-Network Guide.

### Did you know?

Cigna Medicare Advantage PPO plan customers can go to any Medicare provider – in-network or out-of-network – with no referral. That means you can:

- Accept patients with these ID cards; look for “PPO” plan type in blue section of the card
- Collect copay or coinsurance at time of service, depending on the patient’s plan
- Submit claims to Cigna for covered services and receive one payment; see **MedicareProviders.Cigna.com > Out-of-Network Provider Manual** for further information
- Cigna will process claims using:
  - Medicare billing, coding and coverage determination guidelines
  - Medicare fee schedule including applicable limiting charges
  - Prospective payment systems
  - Plan of benefits as described in patient’s Evidence of Coverage (EOC)

### Contact Information

- To verify eligibility and benefits or precertification of Medicare Advantage patients, call **1-800-230-6138** Monday - Friday, 8:00 am – 5:00 pm CST.
- To view our *Out-of-Network Provider Manual*, visit **MedicareProviders.Cigna.com > Current Out-of-Network Provider Manual**.
- To learn more about becoming a contracted provider, visit **MedicareProviders.Cigna.com > Forms and Practice Support > Network Interest Forms - Practitioner**.

### Important Information

#### ➤ PRIOR AUTHORIZATION (PA)


PA is only required for in-network and out-of-network services listed at **MedicareProviders.Cigna.com > Prior Authorization**

This allows us to confirm that these services are covered and are medically necessary for:


- Inpatient hospital and skilled nursing admissions\*
- Outpatient procedures, services and supplies

#### ➤ Patients with coverage through employer groups pay the same out of pocket for in-network and out-of-network covered services

#### Individual

		<Plan Name> <Plan Type>
		<Contract/PBP/segment>
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan	(80840)	MedicareRx <small>Prescription Drug Coverage X</small>
[Effective Date <Effective Date>]		RxBIN <XXXXXXXX>
[No PCP Required]		RxPCN <XXXXXXXX>
[No Referral Required]	COPAYS	RxGRP <XXXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>

#### Employer Group

		<Plan Name> <Plan Type> <Employer Name>
		<Contract/PBP/segment>
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan	(80840)	MedicareRx <small>Prescription Drug Coverage X</small>
[Effective Date <Effective Date>]		[RxBIN <XXXXXXXX>]
[No PCP Required]		[RxPCN <XXXXXXXX>]
[No Referral Required]	COPAYS (I/N/OON)	[RxGRP <XXXXXXXX>]
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>



\* PA allows us to inform you about our patient support programs that may help your patients.

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