

HealthPartners CIGNA Alliance

CIGNA/HealthPartners Strategic Alliance Quick Reference Guide



To better serve our members, HealthPartners, Inc. and CIGNA have formed a strategic alliance making a national network available to **HealthPartners and CIGNA** employer groups and individual customers. The focus of this alliance is providing access to quality care and improving health through a comprehensive network.

What you should know:

- The alliance national network is comprised of the CIGNA Open Access Plus provider network and the HealthPartners provider network.
- HealthPartners service area is Minnesota, North Dakota, Western Wisconsin and South Dakota.
- CIGNA membership (including Behavioral Health) within the HealthPartners service area will utilize the HealthPartners provider network (except in South Dakota).
- HealthPartners membership (including Behavioral Health and Transplant networks) will utilize the CIGNA **Open Access Plus** provider network in areas outside the Minnesota, North Dakota, Western Wisconsin and South Dakota service area.
- **The key distinguishing factor in determining if the member is accessing the alliance national network as a CIGNA member or HealthPartners member is the member ID card.**

Sample ID card - CIGNA Plan Administration (Claims are submitted to CIGNA address on back of card)

myCIGNA.com

HealthPartners **1**

Connecticut General Life Insurance Co.

IIN 600428 Control 00600000

Account: 1234567

Issuer (80840)

Coverage Effective Date: 01/01/2006

ID: **U12345678 01**

Name: **John Public**

PCP: John Doe

PCP Phone: 800-123-4567

ABC Company

Open Access Plus **2**

No Referral Required

PCP Visit \$15

Specialist \$30

Hospital ER \$50

Urgent Care \$25

Vision Yes

Rx \$10/20%/40%/100%

Rx Indiv Deduct\$50

Network Coinsurance: In 90%/10%

Med/Rx Deductible Applies

Network Savings Program

WWW.CIGNA.COM

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

3

INPATIENT ADMISSION:

Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 48 hours.

4

Send Claims to:

P.O. Box 5200, Scranton, PA 18505-5200

5

Customer Service: 1-800-244-6224 MH/SA 1-800-555-5555

We encourage you to use a PCP as a valuable resource and personal health advocate

AWAY FROM HOME CARE

- 1** CIGNA/HealthPartners logos **2** Product Information **3** Precertification Info **4** Paper Claims address **5** Customer Service Contact Numbers

Sample ID card-HealthPartners Plan Administration (Claims are submitted to HealthPartners address on back of card)

HealthPartners **1**

ID 55555555 **1** Group 0001 January

Name JANE K. DOE

Care Type CARETYPE

HealthPartners **2**

Office \$Office1

ER \$ER1

Urgent \$UC1

Deductible \$Ded1

Open Access Plan **1**

Emergency & Urgently Needed Care

For emergency situations, call 911 and/or get medical attention immediately. For medical needs after clinic hours, if possible, call the CareLineSM Service at 1-800-284-9745 or call your clinic.

4

Claims Submission: Provider: www.healthpartners.com/electronicconnectivity

Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN, 55440-1289.

3

Pharmacy: Provider: www.healthpartners.com/formulary

Pharmacist: Submit to PharmaCare with D + member ID. Questions call 1-800-777-1023.

Precertification: Contact CareCheckSM at 1-888-883-0083.

5

Member Services: www.healthpartners.com

HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN, 55440-1309, phone 952-883-5036 or 1-888-922-2313 1-800-530-4966.

Coverage includes optometry care through the PHCS network.

Minnesota Commissioner of Health Appeals: phone 651-282-5600 or 1-800-657-3916.

AWAY FROM HOME CARE

Offered by HealthPartners

***These ID card samples are examples.

<http://www.cignaforhcp.com>

<u>IF YOU WANT TO:</u>	<u>USE THIS SERVICE FOR CIGNA RELATED INQUIRIES</u>	<u>USE THIS SERVICE FOR HEALTHPARTNERS RELATED INQUIRIES</u>
<p>Perform the following online transactions:</p> <ul style="list-style-type: none"> • Verify patient eligibility and coverage • Check the status of a claim • Request precertification for services (CIGNA only) • View claim coding policies and payment guidelines <p>Review Administrative Information including:</p> <ul style="list-style-type: none"> • Medical coverage positions • Pharmacy formulary • Update address information • Quality and Quality Improvement Programs • Clinical Guidelines • Utilization Management Including: <ul style="list-style-type: none"> Financial Incentives Criteria Contact a Medical Director • Member Rights and Responsibilities and Complaint processes and procedures • Confidentiality Privacy 	<p align="center">http://www.cignaforhcp.com/</p>	<p align="center">http://www.healthpartners.com/provider/</p>
<p>Perform the following electronic transactions:</p> <ul style="list-style-type: none"> • Verify patient eligibility and coverage • Inquire about patient coverage and covered services • Check the status of a claim • Request precertification for services (CIGNA only) • Submit claims electronically • Receive electronic remittance advice 	<p align="center">CIGNA Managed Care and PPO Payer ID: 62308</p> <p align="center">CIGNA Medicare Advantage PFFS Payer ID: 86033</p> <p align="center"><u>Post-N-Track</u> http://www.post-n-track.com/ 1.860.257.2030</p> <p align="center">Existing Clearinghouse or contact Emdeon http://www.emdeon.com/ 1.877.469.3263</p>	<p>HealthPartners has multiple options for electronic claims submission-Visit www.HealthPartners.com/Provider and click “Explore Electronic Transactions (EDI)”</p>
<p>Perform the following through telephonic transactions:</p> <ul style="list-style-type: none"> • Learn about electronic services • Verify patient eligibility and coverage • Check the status of a claim • Request precertification/prior authorization services • Check credentialing status • Request an exception to the prescription drug list 	<p align="center">1.800.88CIGNA(882.4462)</p>	<p align="center">1.800.883.2177</p>

<u>IF YOU WANT TO:</u>	<u>USE THIS SERVICE FOR CIGNA RELATED INQUIRIES</u>	<u>USE THIS SERVICE FOR HEALTHPARTNERS RELATED INQUIRIES</u>
Contact Provider Services or for general inquiries	1.800.88CIGNA(882.4462)	1.800.444.4558
Submit a payment appeal	Cigna National Appeals PO Box 188011 Chattanooga, TN 37422 1.800.88Cigna Fax:1.877.815.4827	1.800.444.4558
Submit a clinical appeal	Refer to contact information on the authorization/denial letter	Refer to the contact information received on the authorization/denial letter
Transplants	1.800.668.9682	1.799.773.2177