

# Orlando Health Network Reference Guide for Disney Patients

Allegiance – Patients		
TASK	CONTACT	WEBSITE/ELECTRONIC
Verify patient eligibility	(406) 523-3199	askallegiance.com/disneyoh/forproviders <i>Electronically via: 270/271 using Payer ID 81040</i>
Inquire about patient benefits and covered services	(406) 523-3199	
Request precertification for services	(800) 342-6510	
Review medical or pharmacy coverage, guidelines and payment policies		askallegiance.com/disneyoh/forproviders
Obtain information about organ and tissue transplant network	(800) 342-6510	
Obtain sample ID cards		askallegiance.com/disneyoh/forproviders
Allegiance – Claims		
Check claim status	(855) 999-1522	askallegiance.com/disneyoh/forproviders <i>Electronically via: 276/277 using Payer ID 81040</i>
Submit claims	<p><i>Submit medical claims to:</i>  <b>Allegiance</b>                      P.O. Box 3018                      Missoula, MT 59806</p> <p><i>Ancillary providers should submit claims according to their contract; either directly to the ancillary network or to Cigna.</i></p>	<p><i>Submit medical claims electronically via:</i>                      837 to Payer ID 18040</p> <p><i>Submit ancillary claims electronically via:</i>                      837 to Payer ID 62308</p>
Submit or ask about an appeal or dispute	<p><i>Submit:</i>  <b>Allegiance</b>                      P.O. Box 3018                      Missoula, MT 59806</p> <p><i>Inquire:</i>                      (855) 999-1522</p>	
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)	(800) 987-4904	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	Tel (321) 843-6700 Fax (321) 843-6895 OrlandoHealthNetwork@OrlandoHealth.com	
Submit or inquire about professional credentialing		
Obtain a Reference Guide		
Request a copy of your contract		
Update Provider Directory		

## BENEFITS

### How do the Disney Cast Member benefit options compare to last year?

Like last year, Cast Members had the opportunity to choose from multiple HMO and PPO options. The main differences for this coming Plan Year are:

- Orlando Health is responsible for contracting the Orlando Health Cast Advantage plan and will have performance guarantees for cost and quality.
- Allegiance 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. Allegiance also will be responsible for pre-certification and pre-treatment reviews before care is administered.
  - Cigna will continue to administer the Disney PPO products and any HMO Cast Members living outside of the Orlando Health/Florida Hospital 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 Florida Hospital 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. Cast Members may no longer use their Cigna HMO card or Express Scripts card. This sample shows the front and back of the new Orlando Health Cast Advantage card.

**My Benefits**  
Medical and Pharmacy Card

ORLANDO HEALTH Cast Advantage<sup>SM</sup>  
For the Disney Medical Plan  
1-844-939-6437  
OrlandoHealth.com/Disney

<b>Group ID#:</b> 3000801	Preventive Care	\$0
<b>Member:</b> JOHN SAMPLE	PCP Copay	\$20
<b>Member ID#:</b> SMPL0001	Specialist Copay	\$40
	CLW Copay	\$10
	Urgent Care	\$50
<b>Effective Date</b>	Hospital ER	\$200
	Coinurance	90%/10%
<b>PCP:</b>	OH Virtual Visit	\$0
<b>PCP Phone:</b>	EAP/BHSA	See back
	Rx Information	See back
	Cigna	**S*
	Open Access Plus	

**Plan: Orlando Health Cast Advantage**

**Allegiance**  
CIGNA Company

**24 hour Verification of Coverage:** 1-406-523-3199  
**Customer Service:** 1-855-999-1522  
**Visit Our Website at:** askallegiance.com/disneyoh  
Call 1-800-342-6510 For Pre-Certification for inpatient hospital stays, Pretreatment reviews for certain outpatient procedures and to report all Emergency admissions within 72 hours. See Plan SPD for more details.

**OH Providers Submit Claims to:**  
**Allegiance**  
PO Box 3018  
Missoula, MT 59806  
Payer ID: 81040

**All Other Providers Submit Claims to:**  
**Cigna** PO Box 188061  
Chattanooga, TN 37422-9061  
Payer ID: 62308  
270/271 Transactions-Payer ID 81040

**EXPRESS SCRIPTS**  
**RXBIN:** 610014  
**RxGRP:** DISNEYRX  
Patient Customer No: 1-800-375-0696  
TDD: 1-800-759-1089  
Accredo Specialty: 1-800-803-2523  
Pharmacist Use Only: 1-800-922-1557

**Rx Copays**  
Retail-30 day supply  
Generic \$4  
Brand 35%/\$80 max  
Mail-90 day supply  
Generic \$8  
Brand 30%/\$160 max

**Cigna EAP/BHSA:** 1-800-952-6676  
Disney HMO is a Disney self-funded program and not a coverage provided by an HMO Insurance Company.

**AWAY FROM HOME CARE**  
We encourage you to use a PCP as a valuable resource and personal health advocate.

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

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

- 1 (406) 523-3199
- askallegiance.com/disneyoh/forproviders
  - Select "Verification of Benefits"

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

Referrals are an essential part of the network model of care. 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 [oh.getvim.com/public](http://oh.getvim.com/public).

### **How do I know how many Cast Members selected me as their Primary Care Physician?**

You may reach out to [OrlandoHealthNetwork@OrlandoHealth.com](mailto: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 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 Allegiance.

### **If I direct an Orlando Health Cast Advantage participant to a Florida Hospital 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
- East Sand Lake
- Kissimmee
- Lake Mary
- MetroWest
- Ocoee
- South Orange
- Winter Springs
- Oviedo

## PRIOR AUTHORIZATION & 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 [askallegiance.com/disneyoh](http://askallegiance.com/disneyoh) and follow these steps.

- Select “For Providers Only”
- Select “Pre-Treatment Review/Pre-Certification”
- Select “Outpatient Pretreatment Review”

### How do I request prior authorization?

Medical prior authorizations will be handled by StarPoint Health Group, an Allegiance company. To obtain medical prior authorization, call 1 (800) 342-6510.

Pharmaceutical prior authorizations will be handled by Express Scripts. To obtain pharmaceutical prior authorization, go to [www.esrx.com/pa](http://www.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 1(888) 693-3297.

### How do I submit a claim?

Claims for Medical Providers can be submitted using these methods:

- Submit electronically with Payer ID 81040
- Mail a CMS-1500 form to:  
Allegiance  
P.O. Box 3018  
Missoula, MT 59806

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 18806  
Chattanooga, TN 37422

**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 patient appeal a denied claim?**

If a patient or provider disagrees with a decision denying coverage of services, only the patient may appeal the decision. A written appeal should be sent within 180 days of the denial and include: a statement of why the patient wishes to appeal, a copy of the medical record, and any supporting documentation. Mail to:

Allegiance  
P.O. Box 3018  
Missoula, MT 59806

For any further questions regarding appeals, patients should contact the Allegiance Customer Service line at 1 (855) 999-1522.

Allegiance will inform the patient of its decision within 30 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.

**How do I request a provider review?**

If a provider disagrees with a decision denying coverage of services, he/she may request a review of the decision. A written request for review should be sent within 180 days of the denial and include: a statement of why the provider is requesting a review, a copy of the medical record, and any supporting documentation. Mail to:

Allegiance  
P.O. Box 3018  
Missoula, MT 59806

Allegiance will inform the provider of the outcome. 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?**

For questions regarding pricing, please e-mail Allegiance at [provider-dl@askallegiance.com](mailto:provider-dl@askallegiance.com). Allegiance will review to ensure that the correct pricing was applied and that the provider is correctly listed as a network provider.

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

For EFT setup, please contact Zelis at 1 (877) 828-8770 or [zelispayments.com](http://zelispayments.com).