

CIGNA AND HEALTHPARTNERS STRATEGIC ALLIANCE

Quick Reference Guide for Health Care Professionals

Updated: May 2023

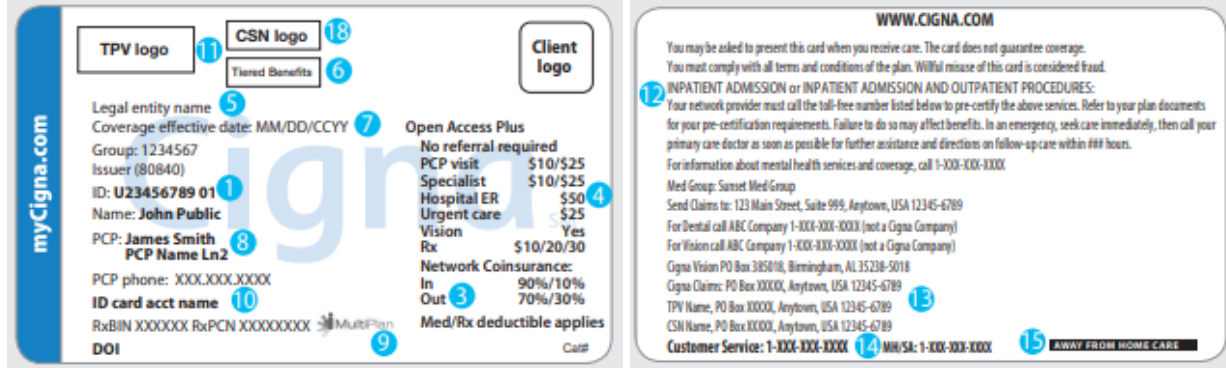
Cigna and HealthPartners formed a Strategic Alliance in 2006 to better serve commercial business in select geographic territories.

What you should know

- Members who are able to access care through this strategic alliance will have an ID card issued either by HealthPartners (or its related company HealthPartners UnityPoint Health) or Cigna (including GWH-Cigna and “G” ID cards) that contains both company logos.
- The HealthPartners contracted provider network covers Minnesota, North Dakota, South Dakota, Iowa, Nebraska, and parts of Wisconsin.
- **Members with HealthPartners, Robin with HealthPartners or HealthPartners UnityPoint Health coverage** (i.e., ID card issued by HealthPartners or HealthPartners UnityPoint Health) are able to access care through the HealthPartners network of health care professionals in the select geographic areas noted above. In all other US locations, members access care through the Cigna network of health care professionals.
 - Providers in Iowa and Nebraska may be contracted directly with HealthPartners (this includes contracts directly with HealthPartners, contracts with UnityPoint Health’s ACO and contracts with Midlands Choice).
 - Providers who have both a HealthPartners and a Cigna contract will be reimbursed at the HealthPartners contracted rate when servicing HealthPartners members.
- **Members with Cigna coverage** (i.e., ID card issued by Cigna) access care through the HealthPartners network of health care professionals in Minnesota, North Dakota, and Western Wisconsin. In all other US locations, members access care through the Cigna network of health care professionals.
 - Providers in the HealthPartners network in Minnesota, North Dakota and Western Wisconsin will be reimbursed based on HealthPartners contracted rates. Providers not in this area will be reimbursed based on Cigna contracted rates

Sample ID card: Cigna administration

Please submit claims to the address indicated on the back of the member's ID card.



TPV logo 11 **CSN logo** 18 **Client logo**

Tiered Benefits 6

Legal entity name 5
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** 1
 Name: **John Public**
 PCP: **James Smith**
 PCP Name Ln2 8
 PCP phone: XXX.XXX.XXXX
 ID card acct name 10
 RxBIN XXXXXX RxPCN XXXXXXXX
 DOI

Open Access Plus
 No referral required
 PCP visit \$10/\$25
 Specialist \$10/\$25
 Hospital ER \$50
 Urgent care \$25
 Vision Yes
 Rx \$10/20/30
 Network Coinsurance:
 In 90%/10%
 Out 70%/30%
 Med/Rx deductible applies
 Cat#

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.

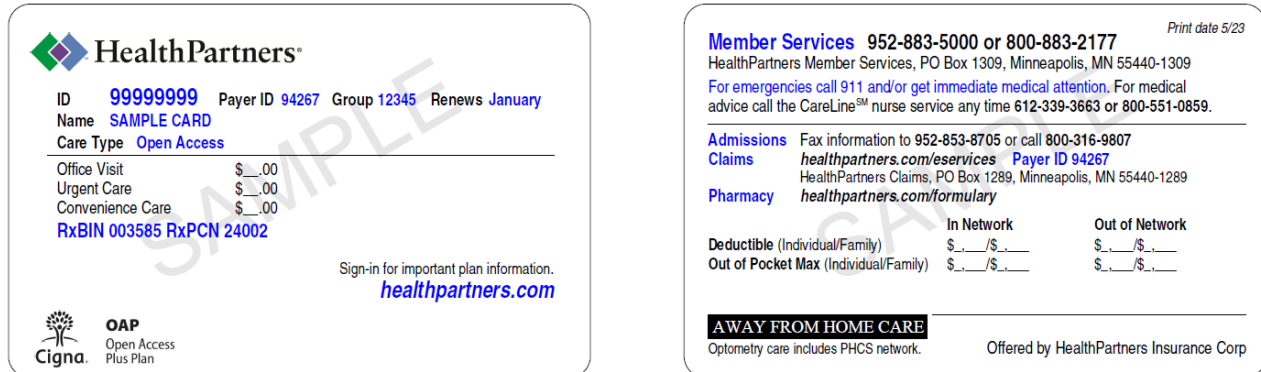
12 INPATIENT ADMISSION or INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:
 Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ## hours.
 For information about mental health services and coverage, call 1-XXX-XXX-XXXX.

Med Group: Sunset Med Group
 Send Claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789
 For Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)
 For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)
 Cigna Vision PO Box 385016, Birmingham, AL 35218-5018
 Cigna Claims: PO Box XXXXXX, Anytown, USA 12345-6789
 TPV Name, PO Box XXXXX, Anytown, USA 12345-6789 13
 CSN Name, PO Box XXXXX, Anytown, USA 12345-6789
 Customer Service: 1-XXX-XXX-XXXX 14 MH/SA: 1-XXX-XXX-XXXX 15

AWAY FROM HOME CARE

Sample ID card: HealthPartners administration

Please submit claims to the address indicated on the back of the member's ID card.



HealthPartners®

ID **99999999** Payer ID **94267** Group **12345** Renews **January**

Name **SAMPLE CARD**

Care Type **Open Access**

Office Visit \$__.00
 Urgent Care \$__.00
 Convenience Care \$__.00
 RxBIN **003585** RxPCN **24002**

Sign-in for important plan information.
healthpartners.com

OAP
 Open Access Plus Plan

Member Services 952-883-5000 or 800-883-2177 *Print date 5/23*
 HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440-1309
 For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time 612-339-3663 or 800-551-0859.

Admissions Fax information to 952-853-8705 or call 800-316-9807
Claims healthpartners.com/eservices Payer ID **94267**
 HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Pharmacy healthpartners.com/formulary

	In Network	Out of Network
Deductible (Individual/Family)	\$./\$.	\$./\$.
Out of Pocket Max (Individual/Family)	\$./\$.	\$./\$.

AWAY FROM HOME CARE
 Optometry care includes PHCS network. Offered by HealthPartners Insurance Corp

Sample ID card: HealthPartners administration (Robin with HealthPartners products)

Please submit claims to the address indicated on the back of the **member's** ID card.

Robin
HealthPartners

ID **99999999** Payer ID **94267** Group **12345** Renews **January**


Name **SAMPLE CARD**

Care Type **Robin Broad Network**

Office Visit \$_.00
 Convenience Care \$_.00
 Urgent Care \$_.00

RxBIN 003585 RxPCN 24002

Sign-in for important plan information.
healthpartners.com/robin

 **OAP**
Open Access Plus Plan

Print date 5/23

Member Services 855-813-3888
 HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440-1309
 For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time 612-339-3663 or 800-551-0859.

Admissions Fax information to 952-853-8705 or call 800-316-9807
Claims healthpartners.com/eservices Payer ID **94267**
 HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Pharmacy healthpartners.com/formulary

	In Network	Out of Network
Deductible (Individual/Family)	\$._/\$._	\$._/\$._
Out of Pocket Max (Individual/Family)	\$._/\$._	\$._/\$._

AWAY FROM HOME CARE
 Optometry care includes PHCS network. Offered by HealthPartners Insurance Corp

Sample ID card: HealthPartners UnityPoint Health administration

Please submit claims to the address indicated on the back of the member's ID card.

 **HealthPartners**
UnityPoint Health

ID **99999999** Payer ID **94267** Group **12345** Renews **January**

Name **SAMPLE CARD**

Care Type **Bridges**

Office Visit \$_.00
 Convenience Care \$_.00
 Urgent Care \$_.00

RxBIN 003585 RxPCN 24002

Sign-in for important plan information.
healthpartnersunitypointthealth.com

Print date 5/23

Member Services 866-843-3461
 HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440-1309
 For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time 612-339-3663 or 800-551-0859.

Admissions Fax information to 952-853-8705 or call 800-316-9807
Claims healthpartners.com/eservices Payer ID **94267**
 HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Pharmacy healthpartners.com/formulary

	In Network	Out of Network
Deductible (Individual/Family)	\$._/\$._	\$._/\$._
Out of Pocket Max (Individual/Family)	\$._/\$._	\$._/\$._

AWAY FROM HOME CARE
 Optometry care includes PHCS network. Offered by HealthPartners UnityPoint Health

Cigna and HealthPartners Strategic Alliance plan administration

To help answer your questions about Cigna and HealthPartners Strategic Alliance plan administration, refer to the chart below. **For individuals with Cigna coverage** (ID cards issued by Cigna, including GWH-Cigna and “G” ID cards), use the information in the right column. **For individuals with HealthPartners, Robin with HealthPartners, or HealthPartners UnityPoint Health coverage**, use the information in the middle column.

	HealthPartners, Robin with HealthPartners, and HealthPartners UnityPoint Health	Cigna, GWH-Cigna, and “G”
Online Inquiries* <small>*Registration required</small>	HealthPartners.com/provider	CignaforHCP.com
	<ul style="list-style-type: none"> • Verify patient eligibility and coverage • Check the status of a claim • Request precertification for services • View claim coding policies and payment guidelines • Review medical coverage positions • View the pharmacy formulary • Update practice address information 	
Electronic data interchange (EDI)	<ul style="list-style-type: none"> • Listing of EDI vendors HealthPartners.com/provider-public/edi/clearinghouses/ • Payer ID 94267 	<ul style="list-style-type: none"> • Listing of EDI vendors Cigna.com/EDIVendors • Payer ID 62308
	<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 advices 	
Telephonic Support	<ul style="list-style-type: none"> • Member Services: 1-800-883-2177 • Provider Services: 1-800-444-4558 	<ul style="list-style-type: none"> • Cigna: 1-800-88Cigna (1-800-882-4462) • GWH-Cigna or “G” ID cards: 1-866-494-2111
	<ul style="list-style-type: none"> • Verify patient eligibility and coverage • Check the status of a claim • Request precertification for services • Check credentialing status • Request an exception to the prescription drug list • Learn about electronic services 	

	HealthPartners, Robin with HealthPartners, and HealthPartners UnityPoint Health	Cigna, GHW-Cigna, and “G”
Appeals	<ul style="list-style-type: none"> • Payment Appeals 1-800-444-4558 	<ul style="list-style-type: none"> • Cigna Cigna National Appeals PO Box 188011 Chattanooga, TN 37422 Fax: 1-877-815-4827 • GWH-Cigna or “G” ID cards GWH-Cigna National Appeals PO Box 188062 Chattanooga, TN 37422-8062 Fax: 1-877-804-1679
	For Clinical Appeals, refer to your authorization or denial letter for the appropriate contact.	