

November 14, 2014

# **\*\*URGENT\*\***

Attention Pharmacies:

Catamaran, on behalf of our Client Cigna Health Plans, is sending you the attached one-page document, with all of the information your pharmacy should need to process claims for Cigna customers. The summary contains necessary details for Commercial, Medicare Part D, and Medicaid customers and is vital information for everyone to have a successful and smooth transition.

Also included in the following pages is a reminder of the January 1, 2015 changes for Medicare D and Medicaid customers.

**Please post this one page spread in your pharmacies work area/station to provide quick access and ease of information for anyone processing Cigna customer claims.**

This will help expedite any issues you may run across and resolve issues without member disruption.

If you have any questions or concerns please feel free to reach out to us at [Provider.Relations@CatamaranRx.com](mailto:Provider.Relations@CatamaranRx.com).

We value our relationship with you as a provider and thank you for your time and attention.

Sincerely,

Catamaran Provider Relations Staff

## IMPORTANT

### Cigna RxBIN/RxPCN Information

Cigna is transitioning its membership to Catamaran's RxClaim processing platform, which requires that you update pharmacy processing data for your **Cigna customers**. Please use the following information to process pharmacy claims for Cigna Commercial, Medicare and Medicaid customers.

Please display this summary where pharmacy staff can easily view/access it. When required, input data exactly as it appears on the customer's ID Card, including all leading and trailing zeros. Not using the correct information will result in rejected claims. Please verify **ALL** Cigna customer ID Cards to ensure you are using the correct information.

Commercial					
Name	NEW RxBIN	RxPCN	RxGroup/Group		
Cigna Pharmacy Services (Commercial)	Ø17Ø1Ø	Ø215ØØØØ	Group Required (See ID Card)		
Cigna International	Ø17Ø1Ø	Ø216ØØØØ	RxGroup or Account Required (See ID Card)		
Cigna Great West Commercial	Ø17Ø1Ø	Ø518ØØØØ	RxGroup Required (See ID Card)		
Cigna Payer Solutions	Ø17Ø1Ø	Ø519ØØØØ	RxGroup Required (See ID Card)		

**Note:** Cigna Commercial customers are receiving updated cards on a monthly basis. Existing Cigna **Commercial** RxBIN/RxPCN combinations will remain active until all business has been transitioned. **DO NOT DISABLE EXISTING RxBIN (600428) or RxPCN** information.

**Need Help?** Call 800-244-6224.

  

Medicare Part D & Medicaid					
Name	2014 Claims			2015 Claims	
	Current RxBIN	Current RxPCN		NEW RxBIN	NEW RxPCN
Cigna Medicare PDP	Ø12353	Ø349ØØØØ	January 1, 2015 cutover	Ø17Ø1Ø	CIHSCARE
Cigna Medicare MAPD	Ø12353	Ø35ØØØØØ		Ø17Ø1Ø	CIHSCARE
Cigna-HealthSpring Medicare D	61ØØ11	HTHSPRING		Ø17Ø1Ø	CIHSCARE
Cigna-HealthSpring Medicaid	61ØØ11	HSPMCAID		Ø17Ø1Ø	CIHSCAID

**Effective 1/1/15**, Cigna-HealthSpring Med D and Cigna-HealthSpring Medicaid will each have one valid RxBIN/RxPCN combination. The new 2015 combinations will be required for processing claims **beginning 1/1/15**. Not using the new RxBIN/RxPCN combinations as of **1/1/15** will result in rejected claims for Cigna-HealthSpring Medicare and Medicaid customers. Group/RxGroup is not required for Medicare/Medicaid. **Do not disable the old RxBIN/RxPCN information**. It will be needed for retroactive submission of claims dated before 1/1/15.

**Need Help?** Contact the Customer Service number located on the back of the member's ID Card for questions about eligibility, prior authorization, drug coverage, refill too soon or co-pays.

**Point-of-Service Processing Issues** – Contact the Pharmacy Technical Help Desk:

Medicare D:	888-625-5686
IL Medicaid:	855-312-2285
TX Medicaid (STAR+PLUS):	866-618-6725
Medicare Medicaid Alignment Initiative (MMAI):	855-577-6519

Catamaran Payer Sheets for Cigna can be found on our website via the Provider Portal at [www.catamaranrx.com/pharmacies](http://www.catamaranrx.com/pharmacies)

November 14, 2014

### **Action Required:**

## **Cigna Seniors Customers will transition to RxClaim, Cigna-HealthSpring effective 1/1/15; New ID cards being issued**

Effective January 1, 2015, Cigna, a client of Catamaran Rx Company, will transition **Seniors customers** to our RxClaim platform and will consolidate them under the Cigna-HealthSpring Med D plan. (Cigna-HealthSpring Med D and Medicaid customers are currently on RxClaim.) At the same time, **new ID cards with updated RxBIN/RxPCN combinations** will be issued to ALL Cigna-HealthSpring Med D and Medicaid customers.

Effective 1/1/15, there will one valid RxBIN/RxPCN combination for Cigna-HealthSpring Med D and one for Cigna-HealthSpring Medicaid.

Please see the information below and set up the new RxBIN/RxPCN combinations in your system as soon as possible; the new combinations – including all leading and trailing zeroes – will be required for processing claims **beginning 1/1/15. Not using this new BIN/PCN combination will result in rejected claims for Medicare and Medicaid customers.** Catamaran advises pharmacy providers to **verify all Cigna customer ID Cards** to ensure accuracy of the new RxBIN/RxPCN combinations.

### **Cigna-HealthSpring Medicare/Medicaid RxBIN, RxPCN Transition**

<b>Name</b>	<b>Current RxBIN</b>	<b>Current RxPCN</b>	<b>January 1, 2015 cutover</b>	<b>NEW RxBIN</b>	<b>NEW RxPCN</b>
<b>Cigna Medicare PDP</b>	Ø12353	Ø349ØØØØ		Ø17Ø1Ø	CIHSCARE
<b>Cigna Medicare MAPD</b>	Ø12353	Ø35ØØØØØ		Ø17Ø1Ø	CIHSCARE
<b>Cigna-HealthSpring Medicare D</b>	61ØØ11	HTHSPRING		Ø17Ø1Ø	CIHSCARE
<b>Cigna-HealthSpring Medicaid</b>	61ØØ11	HSPMCAID		Ø17Ø1Ø	CIHSCAID

Catamaran Payer Sheets for Cigna can be found on our website via the Provider Portal. Please make sure to access **Catamaran Standard D.Ø Medicare Payer Sheet 2015** as of January 1, 2015.

**Please note the important following points:**

- Cigna Seniors customers will receive updated cards in October, November and December of 2014 and **all will be effective as of 1/1/15**. Do not disable the previous RxBIN/RxPCN information for Medicare and Medicaid customers. It will be needed for retroactive submission of claims dated before 1/1/15.
- Cigna commercial customers will continue to receive new cards on a monthly basis until June 2015. For Cigna commercial customers, both the old and new RxBINs are valid throughout the RxClaim transition.
- Group is not a required field for Cigna Senior and Medicaid customers; however, it is **mandatory for all other Cigna customers**.
- Member ID will either be 11 digits or 8 digits; please enter exactly as it appears on the card.

**Contacts for your inquiries:**

Please use the following guidelines to correctly direct any inquiries you may have.

**Pharmacy Contract:** Contact Catamaran Provider Relations; please visit [www.catamaranrx.com/pharmacies](http://www.catamaranrx.com/pharmacies) under “Key Documents” go to the Provider Contract Request Form. You may also e-mail [Provider.Relations@catamaranrx.com](mailto:Provider.Relations@catamaranrx.com) or call 877-633-4701.

**Reimbursement Questions:** Visit Catamaran’s website [www.catamaranrx.com/pharmacies](http://www.catamaranrx.com/pharmacies) under “Key Documents” for applicable forms to complete.

**Point-of-Service Processing Issues:** Please contact the Pharmacy Technical Help Desk at:

<b>Medicare D:</b>	888-625-5686
<b>IL Medicaid:</b>	855-312-2285
<b>TX Medicaid (STAR+PLUS):</b>	866-618-6725
<b>Medicare Medicaid Alignment Initiative (MMAI):</b>	855-577-6519

**Claim Benefit Error Conditions:** Please call the Customer Service number on the back of the member’s ID Card for questions about eligibility, prior authorization, drug coverage, refill too soon or co-pays.

Sincerely,

Catamaran Provider Relations Staff

\*\*\*\*See next page for ID card samples

## Sample Medicare and Medicaid ID cards

**Cigna HealthSpring.** **MedicareRx**  
Prescription Drug Coverage

**<Plan Name>**  
**<Group Name>**  
**Health Plan (80840)**  
**ID: <Customer ID>**  
**Name: <Customer Name>**  
**PCP: <PCP Name>**  
**Phone: <PCP Phone Number>**  
**Network: <PCP Network>**  
**RxBIN: <RxBIN>**  
**RxPCN: <RxPCN>**

**<Contract & PBP #>**  
**Copays**  
**PCP: <copay>**  
**Specialist: <copay>**  
**ER: <copay>**  
**Urgent Care: <copay>**

**55617\_PBP>**

**This card does not guarantee coverage or payment.**

**<Barcode>**  
**<Services may require a referral by the PCP or authorization by the health plan.>**  
**<Medicare limiting charges apply.>**  
**Customer Service: <phone number>** **TTY: <phone number>**  
**Provider Services: <phone number>**  
**Authorization/Referral: <phone number>**  
**Medical Claims: <address>**  
**Pharmacy Help Desk: <phone number>**  
**Pharmacy Claims: <address>**  
**24 Hour Health Information Line: <phone number>**  
**Website: <URL>**

**Cigna HealthSpring Rx™ (PDP)**

**Cigna HealthSpring.**  
**Health Plan (80840) 9151014609**  
**Customer ID: <MemberID>**  
**Name: <first name> <middle> <last name>**  
**RxBIN: <RxBIN>**  
**RxPCN: <RxPCN>**  
**RxGroup: <RxGroup>**

**MedicareRx**  
Prescription Drug Coverage

**55617\_PBP>**

**Customer Service**  
**<Plan Contact #>**  
**TTY: 711**  
**Cigna-HealthSpring**  
**PO Box 269005**  
**Weston, FL 33326-9927**  
**Pharmacy Providers**  
**Help Desk: 1-888-625-5686**  
**Website: www.dgnahealthspring.com**

**Claims**  
**Cigna-HealthSpring**  
**Pharmacy DMR**  
**PO Box 20002**  
**Nashville, TN 37202**  
**Coverage Determination**  
**<Plan Contact #>**

**Cigna.** **Cigna-HealthSpring Preferred (HMO)**

**Name** **<Customer Name>** **PCP** **<XXX>**  
**ID #** **<XXXXXXXXXXXX>** **Specialist** **<XXX>**  
**Issuer** **<80840>** **Emergency** **<XXX>**  
**PCP** **<Doctor's Name>** **Urgent Care** **<XXX>**  
**PCP Phone** **<XXX-XXX-XXXX>** **Vision** **<XXX/XXX/XXX>**  
**RxBIN** **<017010>**  
**RxPCN** **<CIHSCARE>**  
**RxGroup** **<XXXXXX>**  
**POD** **<XX>**

**MedicareRx**  
Prescription Drug Coverage

**PBP <001/804/805>**  
**Contract H0354/2015**

**Customer Service: (800) 627-7534**  
**TTY: 711**  
**Payor ID: 62308**

**Medical Claims:**  
**Cigna Medicare Services**  
**Attn: Medicare Claims**  
**25500 N. Norterra Dr.**  
**Phoenix, AZ 85085**  
**Pharmacy Claims:**  
**Cigna Medicare Services**  
**Attn: DMR**  
**PO Box 20002**  
**Nashville, TN 37202**

Please call Customer Service or visit our website at [www.cignahealthspring.com](http://www.cignahealthspring.com) for more information.

To speak with a registered nurse, call the Cigna Health Information Line at 800-356-0665, after business hours when your doctor's office is closed.

**This card does not guarantee coverage.**

**Cigna HealthSpring.** **STAR+PLUS PROGRAM**  
Your Health Plan ■ Your Choice

**Issuer/Emisor** **80840**  
**Member ID/Núm. de identificación del miembro**  
**Name/Nombre**

If you get Medicare, Medicare is responsible for most primary, acute, and behavioral health services; therefore, the PCP's name, address and telephone number are not listed on the card. The member receives long-term services and support through Cigna-HealthSpring®. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Si usted cuenta con Medicare, Medicare es responsable de cubrir la mayor parte de los servicios de atención básica, intensiva y de comportamiento; por lo tanto, su tarjeta no incluye el nombre, la dirección, ni el número de teléfono de su médico. El miembro recibe apoyo y servicios de largo plazo a través de Cigna-HealthSpring. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible.

**Member Services/Teléfono de Servicios para Miembros:** **1-877-653-0327**  
**Hearing Impaired/Personas con problemas de la audición:** **711**  
**Service Coordination/Coordinación de servicios:** **1-877-725-2688**  
**Behavioral Health/Servicios de salud mental y**  
**abuso De sustancias:** **1-877-725-2539**

**Available 24 hours a day, 7 days a week**  
**Disponible las 24 horas del día, 7 días a la semana**

**Long Term Care Service ONLY/SOLO servicios de atención a largo plazo**

**For Prior Authorization:** **1-877-725-2688**

**Cigna-HealthSpring STAR+PLUS Claims:**  
**P.O. Box 981709-STAR+PLUS**  
**El Paso, TX 79998-1709**

**Catamaran**  
**RxBIN: 017010**  
**RxPCN: CIHSCAID**  
**RxGroup: MEDICAID**