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Referrals

- **Does the plan require a referral to see a specialist?**
Referrals are required unless it's specific to OB/GYN care, Chiropractic care, Podiatric care, or Dermatological care. These referrals must come from the member's PCP. A claim will not be denied if services have been received from a specialist; however, Disney has requested that the PCP be made aware of the services being provided. It is necessary for PCPs to refer to in-network specialists/providers.
- **Does the plan require a prescription on file for a referral for a specialist?**
The plan does not require a prescription on file for a referral for a specialist, though the referral must come from a PCP. Disney is asking Allegiance to track referral patterns, so please fill out this information in the referral field when submitting the claim.
- **Does the referring physician have to be listed for every claim?**
The referring physician should be on each claim submission.
- **Can a specialist refer to another specialist?**
A specialist can refer to another specialist, though the PCP should be aware of which providers the member is seeing. All referrals should be to an in-network provider.

Networks

- **If a member has coverage with Florida Hospital, are they allowed to seek care from Orlando Health Network with out-of-network benefits?**
There are no out-of-network benefits on this plan except for emergency services. If a member is seeking medical services out-of-network, it must be done so upon an approved transition of care form.
- **If a member is seen by an out-of-network provider for emergency services, can they continue seeing that same provider for follow-up services?**
Non-emergency services need to be rendered with an in-network provider.



If a member is on the Florida Hospital Plan, they must seek medical services from providers within the Florida Hospital network. Members also must be referred *within* their own network.

- **What should a provider do if a member doesn't have their ID card?**
Please call Allegiance Customer Service (855-999-1522) and the member ID can be given over the phone
- **Does the patient pick their network?**
They do at annual enrollment. Members have the option to enroll in the Florida Hospital HMO or the Orlando Health HMO. If a member did not select a plan, they were enrolled in the plan chosen during the previous annual enrollment period.
- **How do providers know if they are contracted with Florida Hospital?**
Providers can reach out to the member engagement line via the phone number in the upper right corner of the ID card (855-747-7476).
- **Can a member change their enrollment if they have a family status change?**
Members are only eligible to change their enrollment if they have a qualifying event. If there are questions regarding qualifying events, please call Disney Benefits Center at 800-354-3970.

PCP

- **How does a provider identify a member's PCP?**
Members are responsible for providing information on their PCPs. Providers can also call the Allegiance Customer Service line (855-999-1522) to inquire after the PCP for a particular member. The member's PCP is listed on the member ID card.

Transition of Care

- **What is a transition of care form and where can transition of care forms be found?**
The transition of care form is for those individuals who are receiving care from a provider outside their designated network and need to continue treatment with that provider. The transition of care form can be found at <https://www.askallegiance.com/DisneyFH/Forms> and then click on "transition/continuation of care form."
- **What is the turnaround time for a transition of care form?**
Ten days or less; as long as Allegiance has the correct information.

Emergency Services

- **If a member has coverage with Florida Hospital, are they allowed to seek care from Orlando Health Network with out-of-network benefits?**



- **If a member is seen by an out-of-network provider for emergency services, can they continue seeing that same provider for follow-up services?**
Non-emergency services need to be rendered by an in-network provider.

Ancillaries

- **Do providers have to go through the Ancillaries if they supply their own durable medical equipment in-office?**
If a provider is contracted with the Florida Hospital network and the contract covers those services, then the provider is not required to go through the ancillary.
- **Which ancillaries will provide lab services?**
Lab services will be provided by Quest, LabCorp, and contracted facilities within the Florida Hospital network. This is not a change from the current process.

Claims Administration

- **There are two P.O. Boxes listed on the member ID card; which one is used for billing?**
If a provider is directly contracted with Florida Hospital network, those claims are sent to the Missoula P.O. Box. All other provider claims go to the ancillary network or the Cigna P.O. Box.
- **Does the referring physician have to be listed for every claim?**
The referring physician should be on each claim submission.