FAQs Orlando Health

Allegiance a Cigna Company

Please use the quick links below to access Frequently Asked Questions regarding the Orlando Health Plan

Referrals

- **Is a referral or authorization needed for in-office physical therapy?**
  If the provider is directly contracted with Orlando Health, the referral would need to come to Allegiance. Disney has requested the PCP be made aware of the services being provided. After 30 visits, Allegiance will request medical records to ensure treatment is still medically necessary. If the provider is contracted with ASHN, they will need to follow their contract with ASHN and supply to required prescription/referral.
- **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.

Network

- **How do providers verify coordination of benefits information?**
  Please contact Allegiance Customer Service (855-999-1522).
- **What is the easiest way to verify benefits and eligibility for facility services?**
  The fastest way to verify benefits is online at www.askallegiance.com/disneyoh by clicking on the "For Providers Only" link on the bottom right of the page. Providers need the member's ID number (which can be found on the front of the ID card) along with the member's date of birth to access the information.
- **Where can providers find an updated listing of in-network providers?**
  A list of providers can be found online at https://www.askallegiance.com/DisneyOH/FindAProvider or by calling the Orlando Health Concierge line at 844-939-6437.
- **How quickly will the Allegiance website show if member coverage was termed?**
  The Allegiance website is updated overnight, so as soon as notification is received, the changes are made and the website is updated by the next day.

- **Is there a way to determine member coverage *without an insurance card*?**
  Providers can call Allegiance Customer Service (855-999-1522) and supply the patient's name and date of birth to obtain the member ID number. Once the provider acquires the patient's ID number, the provider can be transferred into the fax back verification of benefits or they can complete the verification process online at www.askallegiance.com/DisneyOH/ForProviders
- **Who would a member need to contact to find an in-network provider after their transition of care period expires?**
  The Orlando Health Concierge line assists members with transitioning to in-network providers and scheduling appointments.
- **If a member chose Florida Health but wants to change to Orlando Health in order to see a specific specialist, do they have the option to change plans now, or do they have to wait until annual enrollment?**
  The member must wait until annual enrollment unless they have a qualifying event. Members will need to contact Disney Benefits Center at 800-354-3970 for more information
- **Where can providers find an updated listing of in-network providers?**
  A list of providers can be found online at https://www.askallegiance.com/DisneyOH/FindAProvider or by calling the Orlando Health Concierge line at 844-939-6437.

Transition of Care

- **If a member is approved for transition of care, how will the provider know?**
  Both the member and provider will receive a letter stating that their transition of care request has been approved. Notes will also be made in the Allegiance system stating which provider was approved and the timeframe allowed. If the provider calls our Customer Service line, they can acquire the information.
- **Who would a member need to contact to find an in-network provider after their transition of care period expires?**
  The Orlando Health Concierge line assists members with transitioning to in-network providers and scheduling appointments.

Ancillaries

- **Can patients utilize any ancillary laboratory facility?**
  The Cigna national lab contracts through Quest, LabCorp, and AmeriPath can be used as well as an Orlando Health contracted lab.

Claims Administration

- **Who processes the claims?**
  Allegiance processes the medical claims.
- **Who do providers reach out to with operational issues (claims/authorizations/etc.)?**

Please contact Allegiance Customer Service (855-999-1522).

- **Does it matter which PCP a member sees in regards to claim processing?**
  As long as the provider is in-network and services are covered, the claims will be processed; however, Disney has requested that the PCP be made aware of the services being provided.
- **When providers call Allegiance Customer Service and they choose to leave a voicemail, is their place held in the queue for call back? If not, how long is time for call back?**
  When choosing to leave a voicemail, provider place in the queue is not held. Messages left for Allegiance Customer Service are returned within 24 hours.
- **What is the Allegiance Fax number?**
  The fax number for the Allegiance Claims Center is 406-523-3111.
- **What should a provider do to escalate an issue not resolved by Customer Service?**
  Providers can request to be escalated to a supervisor through Customer Service. Supervisors will examine the requests and respond accordingly.
- **If a claim is denied, how and where does a provider appeal?**
  The ***member's*** rights to appeal can be found on the back of the Explanation of Benefits. The provider can request "provider review" if they think a claim was processed incorrectly.
- **How quickly will the Allegiance website show if member coverage was termed?**
  As soon as notification is received, the changes are made and the Allegiance website is updated overnight.
- **How do providers access the Explanation of Benefits?**
  Explanation of Benefits can be accessed by going to https://www.askallegiance.com/DisneyOH/ForProviders and logging in as a provider or the Zelis website. Explanation of Benefits are also attached to the check received after claims are processed.
- **Is there a list of procedures that require authorization?**
  Providers can find a list of procedures online at https://wwwlaskallegiance.com/DisneyOH/Forms by clicking on "pre-treatment review/pre-certification" and then on "outpatient pretreatment review" OR by following this link: https://docs.google.com/spreadsheets/d/1XWjzLkpfdDpEYH6Wxu1XwPdwXeXM8Tu1nV5wmjKQbcI/edit#gid=1836132892. In the left hand corner of the spreadsheet, providers can "find and replace", type in the CPT code, and find the information needed.
- **How do providers check the status of a claim?**
  Providers need to go to www.askallegiance.com/disneyoh and click on the "For Providers Only" link at the bottom of the page. The first link allows providers to log in or set up an account (**passwords are sent via USPS**). Once the provider account has been set up, providers are able to login and view claim status and/or print Explanation of Benefits.
- **What is the timely filing for claims?**
  365 days from the date of service is timely filing for claims.
- **What is the turnaround time for authorizations?**
  Many authorizations can be quick-certified. The spreadsheet located here: https://wwwlaskallegiance.com/DisneyOH/Forms by clicking on "pre-treatment review/pre-certification" and then on "outpatient pretreatment review" OR by following this link: https://docs.google.com/spreadsheets/d/1XWjzLkpfdDpEYH6Wxu1XwPdwXeXM8Tu1nV5wmjKQbcI/edit#gid=1836132892 allows providers to determine if an authorization is a quick-

cert. Turnaround time is dependent on the requisite information being included on the form so the review can be completed.