

New CIGNA PHS Medical Management Product Effective 1/1/2020

Purpose of this communication:

To inform providers about Cigna's new PHS Medical Management products effective 1/1/2020.

What do I need to know?

- Starting 1/1/2020 and continuing over a two year period, Cigna will be migrating its current PHS members to its new Health Matters Care Management Basic product. The Basic product has two categories Basic Standard and Basic Low. Basic Standard requires prior authorization on a subset of high-cost outpatient codes, similar to the current PHS+ product. Basic Low mimics the current PHS product where services are not subject to prior authorization, and providers are only required to submit a registration/pre-notification to CareCentrix.
- For those patients whose PHS plan is migrated to Basic Standard and who require services on or after 1/1/2020, prior authorization will be required for those HCPCS codes on the Basic Standard pre-certification list.
- Providers can obtain information on which PHS patients are migrating to the Basic Standard product and a listing of the HCPCS codes on the Basic Standard pre-certification list at the Cigna for Health Care Professionals website at CignaforHCP.com. This information will be published on the site in December 2019.
- CareCentrix will be assigning and supplying providers with new Intake ID numbers for those PHS patients who are migrating to the Basic Standard product effective 1/1/2020 and for which CareCentrix has a service registration/pre-notification on file for services required on and after 1/1/2020.

What do I need to do?

- Continue to register/submit pre-notification to CareCentrix for all services for all Cigna products and obtain prior authorization when required.
- Using the new Intake number supplied by CareCentrix for PHS patients migrating to the new Basic Standard product, for services required on and after 1/1/2020, submit a prenotification/registration with CareCentrix and obtain prior authorization for those services on the Basic Standard pre-certification list.
- Ensure that requests for which prior authorization is required include all required clinical information to support the request.

Thank you in advance for your cooperation and continued partnership. If you have any authorization questions please reach out to (1-844-457-9969).