



Cigna + Oscar Payor Termination Checklist

Terminating 12/31/24

SUMMARY

Effective December 31, 2024, Cigna + Oscar is discontinuing insurance coverage in the small business market. Patients should not have Cigna + Oscar ID cards in 2025.

COMMUNICATION

- Pull list of Cigna + Oscar patients
- Send notification to patients of Cigna + Oscar's termination.

Email template for email to patients:

Dear Parent/Guardian of XXXXXXXXX,

Our records indicate your child/children are covered by Cigna + Oscar this year. As you are aware, Cigna + Oscar is ending insurance coverage on December 31, 2024. When you schedule your next visit, please bring in your new insurance ID card for 2025. When you are choosing a new carrier please refer to our website for a current list of carriers. If you have any questions, please contact our office at XXX-XXX-XXXX.

Sample social media script:

Have you heard? Cigna + Oscar is ending insurance coverage on December 31, 2024. Remember to bring in your new insurance ID card at your next visit! Questions? Contact our office at XXX-XXX-XXXX.

FRONT OFFICE

- Post Internal signage (See attachment)

Talking points for front office

- Patients should not have Cigna + Oscar ID cards in 2025.
- If a patient provides a Cigna + Oscar ID card, request a new payor ID card.

Pull list of Cigna + Oscar patients

- Put message in PM/EMR/chart.
- Maintain flag through first appointment in 2025 when new payor information received.

BILLING

- It is important to prioritize Cigna + Oscar claims prior to 12/31/2024 termination date. Customer service/provider services numbers will remain operational. Phone numbers are found on ID cards.
- Pay close attention to the 90-day timely filing period.
- Submit claims to Cigna + Oscar as quickly as possible.
- Post EFT/Check payments when received.
- When working Remittance/EOBs, prioritize Cigna + Oscar accounts.
- File any disputes/appeals as quickly as possible. All dispute and appeal requirements remain the same.

Pull A/R reports

- Cigna + Oscar Aging by Open Claims and Date.
- Practices must work their claims and follow claim guidelines to ensure payment.

CLINICAL

- Complete a Transition of Care review for patients with high medical needs.
- Identify patients with ongoing needs that may require a new payor, specialist, and/or pharmacy referrals.

