THFMA Annual Payer Summit
March 2015
CIGNA-HEALTHSPRING
Cigna-HealthSpring

Cigna-HealthSpring is one of the leading health plans in the United States focused on caring for the senior population, predominately through Medicare Advantage and other Medicare and Medicaid products. Our concentration on this market has allowed us to develop a unique approach to healthcare coverage for beneficiaries.
CIGNA-HEALTHSPRING…
is committed to helping our nation’s seniors live healthier, more active lives through personalized, affordable and easy-to-use health care solutions.

**OUR MISSION**

We are dedicated to improving the health of the communities we serve by delivering the highest quality & greatest value in health care benefits & services.

**OUR RESULTS**

- Over 2 million seniors served
- Improved compliance in quality measures by over 30%
- High quality results with lower medical cost
- Better customer satisfaction

**OUR BELIEF**

We believe in revolutionizing the health care experience for our customers by empowering physicians.

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We Develop and Manage Medical Care Delivery Systems

Key:
- **Existing Key Markets**
  - 2013 Expansion
  - 2014 Expansion

**Continue**
Delivery System Engagement

**Accelerate**
Product Diversification & Market Expansion

**Build**
Deep Insights & Reach
Arkansas Additions:
- Lawrence
- Greene
- Craighead
- Poinsett
- Mississippi

Removal for WTN:
- DeSoto (MS)
- Tate (MS)
- Marshall (MS)

Removal for ETN:
- Franklin
CMS evaluates the overall quality of MA plans through the STAR rating program.

The program aligns with our corporate vision by supporting continuous quality improvement and care coordination for our members.

Plans receive an overall rating based on performance in the following categories:

- Members’ compliance with preventative care and screening recommendations
- Chronic condition management
- Plan responsiveness, access to care, and overall quality
- Customer service complaints and appeals
- Clarity and accuracy of prescription drug information and pricing

Cigna-HealthSpring of Tennessee is a 4 STAR Plan, scoring in the top 20% of plans nationally.
Cigna-HealthSpring: More from Medicare

Cigna-HealthSpring continues a focus on preventive care:

- $0 monthly premium plans available
- $0 co-pay for routine, annual physical exams
- Preventive screenings & exams: Pap & Pelvic, Prostate, Colorectal, Bone Mass, Mammography, AAA, Glaucoma
- Disease Management Programs
- Immunizations
- $0 co-pay for diabetic supplies (preferred vendors)
- Transportation (exclusions)
- World-wide Emergency & Urgent care
- Coordinated-care through PCP
- Dental: Preventive & Preventive Plus (exclusions)
- Zero cost Gym Membership (exclusions)
- NO “3-day qualifying hospital stay” required to admit Member to SNF
NETWORK ADMINISTRATORS
Institutional Network Operations Team

*Hospital and Ancillary Providers:*

**Management**
Lisa Pirozzolo - Director, Network Operations

**West TN Team**
Suzette Stevens – Network Administrator, West Tennessee Region (ext. 505476)

**Middle TN Teams**
Jennifer Douglas – Network Administrator, Middle Tennessee Region (ext. 502421)
Mary Beth Liebhart – Network Administrator, Middle Tennessee Region (ext. 502819)
Lybronda Middlebrooks – Network Administrator, Middle Tennessee Region (ext. 502785)
Terri Ward – Network Administrator, East Tennessee Region (ext. 502752)

**East TN Team**
Lybronda Middlebrooks – Network Administrator, Knoxville Tennessee Region (ext. 502785)
Terri Ward – Network Administrator, Chattanooga Tennessee Region (ext. 502752)
Network Administrators Role

- Contract negotiation and management
  - Current service area
  - Expansion service area

- Facilitate educational meetings with provider
  - On-site or webinar
  - Policy and procedure review

- Cigna-HealthSpring provider liaison
  - Issue resolution and troubleshooting
  - Claims, credentialing, health services, appeals, etc.
How to reach us......

530 Great Circle Road
Nashville, TN 37228
Toll Free: (800) 230–6138
Local: (615) 291–7039
Fax: (615) 291–7547
Web: www.cignahealthspring.com
Member Benefits
TN 2015 MEMBER ID CARD

Health Plan (80840): XXXXXXXXXX
Member ID: XXXXXXXXXX
Name: John A. Doe
PCP: John Smith
PCP Phone: 987-654-3210
Network: XXXXXXXXXX

Copays: PCP $XX or $XX
Specialist $XX or $XX
ER $XX Urgent Care $XX

RxBIN: XXXXXX
RxPCN: XXXXXX

MedicareRx
Prescription Drug Coverage
Current Co-pay Administration

**ER, Urgent Care, Observation**
- If the Member is admitted within 24 hours, the Member cost-share is waived.

**Ground and Air Ambulance**
- Member cost-share is **not** waived if the Member is admitted.

**Therapy (PT/ST/OT)**
- When multiple therapies are performed on the same date and at the same place-of-service, one co-pay applies.

**Outpatient Surgery**
- Cost-share is dependent upon place of service (outpatient hospital vs. ambulatory surgery center)
- Cost-share is waived for surgical procedures incidental to colonoscopies only.
- The out-patient surgery co-pay will apply to nerve blocks.

**Diagnostic Tests**
- All endoscopic procedures, with the exception of colonoscopies, will require the diagnostic test cost-share

**High-Tech Radiology**
1) When **SINGLE** co-pay applies:
- When ONE or MULTIPLE images are taken.
- Test type are the **SAME**. (CT/CTA, Nuclear Medicine, MRI/MRA or PET)
- AND, test given on **SAME** day.

- **MONDAY** ~ Mr. Smith has 3 CT scans of the head, chest and abdomen = 1 co-pay.

2) When **MULTIPLE** co-pays apply:
- When MULTIPLE images are taken.
- Test types are **DIFFERENT**. (CT/CTA, Nuclear Medicine, MRI/MRA AND/OR PET)
- AND, tests given on **SAME** day.

- **TUESDAY** ~ Mr. Smith has 1 Whole Body PET scan and 2 CTs of chest and abdomen = 2 co-pays.

- **OR**, test types are the **SAME** and given on **DIFFERENT** days.

- **MONDAY** ~ Mr. Smith has 3 CT scans of the head, chest and abdomen = 1 co-pay.
- **TUESDAY** ~ Mr. Smith has 1 Whole Body PET scan and 2 CTs of chest and abdomen = 2 co-pays.

  **Mr. Smith has 3 co-pays.**
Out-of-Pocket Maximum

Once the Member reaches $4,400.00* of out of pocket expenses (i.e., co-pays, co-insurance), the Member no longer has a cost share for those services included in the OOP max. Cigna-HealthSpring pays 100%.

Services included in the out of pocket max: ambulance transports, dialysis, DME, home healthcare, hospital admissions, Infusion care, O&P, outpatient surgery, SNF stays, outpatient therapy visits, outpatient diagnostic tests

Supplemental benefits are the only exclusion to the out of pocket max.

Call Provider Services to verify how much of the out of pocket max has been met. Note all out of pocket information is based on processed claims as of the time that you inquire.

*Total Care - $6,700.00
HEALTHSPRING CONNECT
HealthSpring Connect


Experience the Ease of HSConnect

Your online solution for...
- Referrals Entry* and Inquiry
- Precertifications Entry* and Inquiry
- Inpatient Authorization Inquiry
- Eligibility Verification
- Claims Payment Review

It’s as easy as
1. Entering data
2. Attaching supporting clinical documentation
3. Submitting information and receiving IMMEDIATE status response

HSConnect is easy to use, HIPAA compliant, and provides enhanced efficiency and accuracy to your daily authorization process. Work with your provider representative and “Get Connected”

* Some features are subject to market availability, and not available for all markets. Please contact your HSConnect liaison if you wish to learn more or utilize these features.
1. Log into the HSConnect portal and accept the terms and conditions.

2. Select the Member Search link at the top of the Home Page. The Member Quick Search screen displays.

3. Enter a search term in at least one field. If you enter multiple fields, the search results only display those members where all fields match.
   - Member Last or First Name: Enter a full or partial name.
   - Member DOB: Use with the Name to narrow the search results.
   - Member ID: Enter the number with nine digits, an asterisk, and followed by the two digit suffix. For example 123456789.
   Note: Member ID is the preferred and most accurate search term.

4. Select Search. The search results display.
   Note: If needed, select Reset to clear and enter new search terms. The following details apply to the search results:
   - If there are more than 100 matching search results, a message displays stating you have exceeded the current limit of 100.
   - Partial name matches may display, such as Rosemary when you only entered Mary.
   - Use the First, Previous, Next, or Last links to page through the search results if there are multiple pages.

5. From the Member Search Results, select the Member ID, Member Name, or DOB link to display that member’s profile.
9. The member coverage history displays. (Optional) Select the hide history link to hide this section of the screen.

<table>
<thead>
<tr>
<th>Group ID</th>
<th>Benefit Plan Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Status Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN030*MA</td>
<td>TN PBP 030 POG</td>
<td>01/01/2011</td>
<td>12/31/2013</td>
<td>DISENROLLED</td>
</tr>
<tr>
<td>TNPBP030</td>
<td>TN PBP 02 POG</td>
<td>01/01/2012</td>
<td>12/31/2012</td>
<td></td>
</tr>
<tr>
<td>QMBP057</td>
<td>TN PBP 02 POG</td>
<td>01/01/2013</td>
<td>12/31/2013</td>
<td></td>
</tr>
</tbody>
</table>

10. View the co-pays the member pays for in-network, out-of-network, and referral services. For example, the Urgent Care co-pay in this example is $35.

Note: To view additional Co-Pay information please visit www.cignahealthspring.com website to select the member's plan and view specific details concerning the co-pays.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>In Network</th>
<th>Out Network</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIROPRAXIC</td>
<td>$20</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>CT Scan</td>
<td>$0-200</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>DENTAL</td>
<td>$35</td>
<td>Not covered</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$65</td>
<td>$65</td>
<td>N/A</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$275/day: days 1-6 $50/day: days 7-90</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>$35</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>MRI</td>
<td>$0-200</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Visit PCP</td>
<td>$10</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Visit Specialist</td>
<td>$35</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>Out of Pocket</td>
<td>$5500 which applies to In-Network Medicare-covered benefits</td>
<td>There is no maximum out of pocket cost for Out-of-Network benefits</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$300 for Outpatient Services and Observation</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35</td>
<td>$35</td>
<td>N/A</td>
</tr>
<tr>
<td>VISION</td>
<td>$0-35</td>
<td>Not covered</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Search for Claims and View Claim Detail Part 1

1. Log into the HSConnect portal and accept the terms and conditions.

2. Select the Claim Search link at the top of the Home Page. The Provider Claim Search screen displays.

3. Search for a claim(s) by using one of the following search methods:
   a. **Claim ID:** Enter the claim number assigned by Cigna-HealthSpring.
   b. **Check Number:** Enter the check number issued by Cigna-HealthSpring for payment on the claim.
   c. **Member ID and Begin/End Date:**
      - Enter the number assigned to the member by Cigna-HealthSpring (nine digits, an asterisk, and two digit suffix - for example 123456789). If you do not know the number, select the Find Member link to search for the member.
      - (Optional) Enter a Begin Date and End Date range for the Dates of Service on the claim(s) to narrow the search results.
   d. **Provider and Begin/End Date:**
      - Select the Select Provider link. The Search for Provider screen displays with the providers in your coverage group. If the provider you are looking for does not display, select the Next link until the provider displays. If you work in a very large provider group, you can use the text box to search by provider Name or NPI.
      - Select the NPI or Provider Name link for the applicable provider.
      - (Required) Enter a Begin Date and End Date range for the Dates of Service on the claim(s).

4. Select **Search.** The search results display.
   Note: If you searched by Member ID or Provider and there are more than 300 claims in the search results, you must narrow the date range.
13. View the Remittance Advice Detail that displays the same details included on the original remittance advice to the provider.

14. (Optional) Select the Print Page link to print a copy of the remittance advice.

15. (Optional) Select the Return to Claim Detail link to continue reviewing the details for the previously selected claim.

Need More Help? Contact the HSConnect Help Line: 866-952-7596 or E-mail HSConnectHelp@HealthSpring.com
POD/IPA CARE COORDINATION TEAM

- Network Operations
- ACCM
- Case Management
- P4Q Practice Coordinator
- Coding Specialist
- Sales Agent
Chronic Care Programs

- **Virtual CHF Program**: Home based monitoring and educational program for patients with a diagnosis of CHF during and inpatient hospitalization. Program combines an educational curriculum, motivational message, and monitoring equipment (bp, pulse, weight).

- **CROM Program**: Partnership that provides in home respiratory services to our members.

- **Aspire Health**: Home based palliative care for people with advanced disease and chronic illnesses. Anticipated to have life expectancy of 1 yr. or less. Co-management with the PCP.

- **Alegis**: Independent practitioner program in home, separate from PCP, which assesses and delivers care to members that have conditions/needs not easily met by the normal PCP model.
Prior Authorization

- A prior authorization may be required for services rendered.
- The Cigna-HealthSpring prior authorization list is available on our website [www.cignahealthspring.com](http://www.cignahealthspring.com)
- In order to process an authorization request the following information is needed:
  - Member name and Cigna-HealthSpring ID#
  - Name of ordering physician
  - CPT/Revenue/Per Diem code(s) & ICD-9 code(s)
  - Physician order
  - Recent office visit notes
  - Clinical documentation that supports the request (VERY IMPORTANT!)
  - CMN, if applicable
  - Requests missing this information may be delayed or returned for additional information.
Cigna-HealthSpring and MedSolutions are working to assist you in providing high-quality, cost-effective usage of advanced imaging.

- **Authorization Required**
  All outpatient, non-emergent, diagnostic imaging services including:
  - MR
  - CT
  - PET
  - Cardiac Imaging (including nuclear cardiac imaging and echocardiography) services

- **Authorization Not Required**
  - Inpatient radiology
  - Radiology testing done in the Emergency Room
  - Observation level of care radiology

- **Urgent & Emergent**
  When advanced imaging is required in less than 48 hours due to a medically urgent condition, the referring physician’s office must **call MedSolutions at 888-693-3211** for authorization. MedSolutions will render a decision within an expedited time frame of receipt of all necessary information. Please indicate clearly that the notification is for **medically urgent care**.
MedSolutions Contact Information

Phone: (888) 693-3211

Fax: (888) 693-3210

Website: www.medsolutionsonline.com
myNEXUS™ is a technology-driven care management company combining intelligent technology with compassionate care offering home health care benefit management services for Cigna-HealthSpring Members.

In collaboration with providers, myNEXUS™ works to effectively and efficiently deliver quality Home Health Care services to members, fostering health and independence in their homes, improving outcomes and reducing readmissions.

Delegated for utilization management and claims payment for Cigna-HealthSpring.

All new orders and reauths for DOS on or after 1/1/2015 are managed by myNEXUS.

Includes pre-certification, concurrent and retrospective review.

All activities address applicable state, and federal regulatory requirements, in addition to URAC standards.

3 Levels of Review; Level 3 Review by myNEXUS Medical Director.

Claims appeals from HHC Providers are managed by myNEXUS.

Member Services remain with C-HS.
myNEXUS HH Authorization Process

1. The referring provider faxes the “myNEXUS Authorization Request Form”, including the following information:
   ◦ Patient Demographics
   ◦ Order for home health care indicating specific discipline needed
   ◦ Diagnoses and pertinent clinical documentation to support the request

2. myNEXUS will receive the order from referring provider and then will send the order with the authorization for the Initial Evaluation and up to 2 visits to the HHC Provider. The HHC Provider will receive a “Referral Authorization” with confirmation of services.

3. myNEXUS will send the referring provider a “Service Notification Letter” with confirmation of the authorization.

4. Within 2 business days of the HHC’s initial evaluation, please complete and send the “Clinical Summary and Recommendation Form”.

5. myNEXUS will evaluate the medical necessity of the service and send a “Referral Authorization” to the HHC Provider within 48 hours of receipt of complete information for re-authorizations.

6. When the Member is discharging from your service, please send the NOMNC to the Member and notify myNEXUS of the discharge date and disposition.
**Please Note:**

- All home health care services provided in the home require authorization.
- If a request for HHC comes directly to you, you must contact myNEXUS to receive authorization prior to the start of care.
- DME authorizations remain with Cigna-HealthSpring.
- Infusion drug authorizations remain with Cigna-HealthSpring. The Infusion company will be responsible for contacting myNEXUS to coordinate home infusion nursing services.
- Authorizations will be based on specific and individual clinical indications for the Member.
- If the information provided does not support the authorization request, myNEXUS will notify you of insufficient information and you may provide additional supporting documentation.
- All services will continue to be provided by home health agency according to the current Cigna-HealthSpring Contract. (i.e. Psych visits, Power Wheel Chair Evaluations, etc.)
- Routine Wound Care Supplies are included in your per diem and no authorization is required.
- Non-routine Wound Care Supplies follow the current Cigna-HealthSpring process and are not included in the myNEXUS management services.
- Continue working with your Cigna-HealthSpring Institutional Administrator regarding all contracting questions, credentialing of new locations, and location demographic changes.
myNEXUS Contact Information

Phone: 844-411-9621

Fax: 844-411-9622

Website: www.mynexuscare.com

Note: All myNEXUS forms are available at the above website.
CLAIMS SUBMISSION and EFT/ERA
Claim Submission

ALL Cigna-HealthSpring guidelines must be met **BEFORE** you submit your claim to Cigna-HealthSpring (i.e., valid authorization number, referral, timely filing, etc). This includes initial claims, secondary claims, claims filed to an incorrect carrier, corrected claims, etc.

- If you have not received a Remittance Advice (RA) from Cigna-HealthSpring within **45 days**, please check the status on-line via *HealthSpring Connect*
  - If your **paper** claim is not in our system, submit the claim to Cigna-HealthSpring within **120 days of the DOS**.
  - If your **EDI** claim is not in our system, contact your EDI vendor immediately. Claims submitted via EDI are subject to the same timely filing guidelines, regardless of the source of the problem.

- Submit clean and clear forms

  *Contact your Network Administrator as soon as you discover a trend in claim issues*
Claim Submission

Paper Claim Submission:
- Mail ALL Paper Claims to:
  Cigna-HealthSpring
  ATTN: CLAIMS DEPARTMENT
  P.O. Box 981706
  El Paso, TX 79998

Electronic Claim Submission:
- Submit ALL Electronic Claims to Payor ID 63092
# Timely Filing Guidelines

<table>
<thead>
<tr>
<th>Type of Claim</th>
<th>TIMELY FILING POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Filing</strong></td>
<td>120 days from the date of service</td>
</tr>
<tr>
<td><strong>Secondary Filing</strong></td>
<td>120 days from the date on the Primary carrier’s Remittance Advice (RA)</td>
</tr>
<tr>
<td><strong>Filed to Incorrect Carrier</strong></td>
<td>120 days from the denial date on the incorrect carrier’s Remittance Advice *</td>
</tr>
<tr>
<td><strong>Corrected Claims</strong></td>
<td>180 days from the date on the Cigna-HealthSpring Remittance Advice **</td>
</tr>
</tbody>
</table>

*Claims filed to an incorrect carrier* - initial claim must have been submitted to the incorrect carrier within carrier’s timely filing standards.
- Contact Health Services for prior authorization number **BEFORE** submitting claim.
- Denial from incorrect carrier MUST accompany claim for payment consideration

**Corrected claims** - Submit the initial claim in its entirety; i.e. not the correction, only.

*Claims submitted to Cigna-HealthSpring after these time limits may NOT be considered for payment.*
*Please do not send claims denied for timely filing as appeals*
Electronic Funds Transfer/ Electronic Remittance Advice

- **EFT Enrollment Process:**
  - If you are already enrolled with Emdeon for EFT:
  - Under the change/add/delete section, the first two columns use the Cigna-HealthSpring information (52192 and Cigna-HealthSpring)
  - The last two columns will be your information
  - The document can be submitted electronically with eSign located at bottom of form window.

- If you are not enrolled with Emdeon for EFT, there are two methods to enroll for EFT:

- **ERA Enrollment Process:**
  - Download Emdeon Provider ERA Enrollment Form at the following location: [http://www.emdeon.com/resourcepdfs/ERAPSF.pdf](http://www.emdeon.com/resourcepdfs/ERAPSF.pdf)
  - Complete and submit ERA Enrollment Form via Email or Fax to Emdeon ERA Group:
    - Email: [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com)
    - Fax: (615) 885-3713

  **NOTE:** ERA enrollment for all Cigna-HealthSpring health plans must be enrolled under Cigna-HealthSpring Payer ID “52192”.
Encounter Data Submissions

HL7 Formatting
Provider Requirement-HL7

- Letter notification sent to providers in October 2014
- Due to Centers for Medicare and Medicaid Services (CMS) regulations, Cigna-HealthSpring will begin to implement front-end validation edits in accordance with the CMS implementation guide on all Electronic Data Interchange (EDI) transactions submitted to ensure all claims, lab results, eligibility and encounter data are compliant.
- Cigna-HealthSpring will use an edit tool to identify claims, lab results, eligibility and encounter data submitted that is not in accordance with the CMS implementation file.
- Incorrect formatting will result in a rejection of the file in its entirety as occurs today. In addition, a field record validation will occur and may result in a rejection.
- If a clearinghouse is used to submit electronic data on behalf of the provider; all file acknowledgements will be communicated back to the clearinghouse.
- The submitter will receive a TA1 acknowledgement confirming receipt of the submitted data file.
- The submitter will also receive a 999 acknowledgement. The 999 acknowledgment includes additional information about whether the received transaction had errors. This includes whether the transaction is in compliance with HIPAA requirements.

The 999 Acknowledgement may produce three results:
- Accepted (A)
- Rejected (R)
- Accepted with errors (E)
Additional information on HIPAA X12 format and EDI transactions can be found online at: www.cms.gov

Cigna-HealthSpring is dedicated to making your transition to the use of HIPAA X12 format for EDI transactions as seamless as possible. If you have any questions regarding the required format or the EDI process, please contact the Cigna-HealthSpring Information Technology Help Desk at 1-866-780-8553. You may also visit the Cigna-HealthSpring website for schedule and additional details at www.cigna-healthspring.com.
Appeals/ Claim Reconsideration
## Appeals

An Appeal is the request for Cigna-HealthSpring to review a previously made decision. Cigna HealthSpring offers two forms of Appeal, Medical Necessity and Reconsideration.

<table>
<thead>
<tr>
<th>Type of Appeal</th>
<th>APPEAL POLICY</th>
</tr>
</thead>
</table>
| **Medical Necessity Appeals**<br>(inpatient / SNF / pre-service) | • Immediate submission required.  
• Peer to Peer review may be requested by admitting physician for denials during this time.  
• Resolution as expeditiously as the Member’s health condition requires, but no later than 30 days from the date the appeal request is received. |
| **Medical Necessity Appeals**<br>(post discharge / outpatient) | • Must be submitted within 60 days of the date of Cigna-HealthSpring’s Notice of Denial of Medical Coverage.  
• Notice of denial must be received prior to submitting appeal. |
| **Reconsiderations**<br>(Claim and Payment Appeals) | • Must be received within 180 days from the date on the Cigna-HealthSpring Remittance Advice.  
• If appeal is upheld, there is no other level of appeal. |
Solutions Unit for Appeals
Medical Necessity

MAIL appeal to:
Cigna-HealthSpring
ATTN: Solutions Unit
P.O. Box 24087
Nashville, TN 37202-4087

E-MAIL secured appeal to:
FAX-SOL@healthspring.com

FAX appeal with fewer than 25 pages to:
(800) 931-0149

NOTE
➢ Request for Appeal or Reconsideration forms are available in the 2015 Cigna-HealthSpring Provider Manual on our website www.cignahealthspring.com.

➢ For additional information regarding appeals, please call (800) 230-6138.
Claim Reconsiderations

MAIL reconsideration to:

Cigna-HealthSpring
ATTN: Reconsiderations
P.O. Box 20002
Nashville, TN 37202-4087

FAX reconsideration to:

(615) 401-4642

NOTE

- Request for Appeal or Reconsideration forms are available in the 2015 Cigna-HealthSpring Provider Manual on our website www.cignahealthspring.com.
- For additional information regarding reconsiderations, please call (800) 230-6138.
Request for Appeal or Reconsideration Form

Example

Complete the top section of this form completely and legibly. Check the box that most closely describes your appeal or reconsideration reason. Be sure to include any supporting documentation, as indicated below. Requests received without required information cannot be processed.

### Request for Appeal or Reconsideration

<table>
<thead>
<tr>
<th>Member Name (last, first)</th>
<th>Claim number</th>
<th>Provider Name/Contact name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member HealthSpring ID</td>
<td>Provider ID</td>
<td>Provider's contact number, address, phone</td>
</tr>
<tr>
<td>Member ID/SSN</td>
<td></td>
<td>Provider's contact address</td>
</tr>
</tbody>
</table>

### Reason for Appeal:
- [ ] Medical Necessity
- [ ] Identification/Reidentification
  - Include Preauthorization/Prior Authorization number
- [ ] Referral Denial
- [ ] Other Policy

### Reason for Reconsideration:
- [ ] Payment Issue
- [ ] Duplicate Claims
- [ ] Interaction of Payment
- [ ] Request for Medical Records
  - Include copy of letter/requests received
- [ ] Request for Additional Information
  - Include copy of letter/requests received
- [ ] Provide missing or incomplete information
- [ ] Coordination of Benefits
  - Include copy of letter/requests received
  - Include coordination of benefits documentation
  - Include any other documentation of filing or reconsideration

Note: If you have multiple reconsideration requests for the same provider and payment issue, please indicate this in the notes below and include a list of the following: member ID, claim ID, and Date of Service. If the issue requires supporting documentation as noted above, it must be included for each individual claim.

### Submit Appeal to:

Cigna HealthSpring Attn: Appeals Unit PO Box 24087 Nashville, TN 37202 Phone: 1-800-511-6943 Fax: 1-800-932-0219 Secure Email: FAX.50@healthspring.com

### Submit Reconsiderations to:

Cigna HealthSpring Attn: Reconsiderations PO Box 20002 Nashville, TN 37202 Phone: 1-800-230-6138 Fax: 1-615-461-4672

If no additional documentation is required for your appeal or reconsideration request, fax only this completed worksheet. You may use the space below to briefly explain your reason for appeal or reconsideration.

### Definitions:
- Payment issue: issue not paid in accordance with the payment policy
- Coordination of benefits: issue not paid in accordance with another insurer/payer
- Preauthorization/Prior Authorization: issue not subject to a preauthorization/Prior Authorization requirement
- Coordination of Benefits: issue not subject to a coordination of benefits agreement
- Request for Medical Records: issue not subject to a request for medical records policy
- Request for Additional Information: issue not subject to a request for additional information policy
- Request for Reconsideration: issue not subject to a request for reconsideration policy

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Thank You!!!