



ATTENDANT CARE ENHANCED PAYMENT (ACEP) PARTICIPATION ATTESTATION FORM

09/25/2019

Dear Valued Provider:

Cigna-HealthSpring (CHS) CarePlan and STAR+PLUS offers all eligible, CHS credentialed and contracted providers the opportunity to participate in the CHS STAR+PLUS Attendant Care Enhanced Payment (ACEP) Option which is based on funding by the Texas Legislature. To participate, providers must allocate at least 90% of the dollars received under this option to the Community Care Attendant(s) as stipulated in the rules outlined in Title 1, Texas Administrative Code (TAC) 355.112.

_____ (“Provider”) is requesting to receive reimbursement at a Participant Level based on the Dad’s Contract ID and acknowledges that participation in the program will be reviewed at a minimum annually to ensure the enhanced payments received were used for the proper purpose.

As a CHS contracted Provider, I am required to supply CHS with verification of all cost reports submitted to participate in CHS’s Attendant Care Enhanced Payment (ACEP) option.

ATTESTATION:

I certify the information used by Cigna-HealthSpring including but not limited to cost reports is complete, accurate, and current. I acknowledge that any misstatements, misrepresentations, or omissions from these reports constitute for denial or summary dismissal in the CHS option that may result in recoupment of funds received. I have reviewed this information as of the most recent date listed below.

All required information must be submitted in its entirety in order for any review to be conducted and completed by CHS. Please return form in one of the following ways:

- Online at our Cigna-HealthSpring website: <https://www.cigna.com/starplus/health-care-professionals/provider-resources/forms>
- Fax to: 855-250-9862
- US Mail: Business Support, Cigna-HealthSpring STAR+PLUS:
2208 Highway 121, Ste. 210, Bedford, TX 76021

The Enrollment Period (EP) will continue for sixty (60) days beginning September 1st through October 31st. During the (EP) providers who desire to participate in the ACEP program must submit an Attestation Form, including their current ACEP level Note: Attestations not returned within 60 days, from the date of this letter, will result in loss of Enhanced Attendant Compensation reimbursement, until attestation is received by Cigna-HealthSpring STAR+PLUS.

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H8423_MCDTX_17_53308_PR Approved



I hereby acknowledge that action on the cost reports will be delayed until all required information is received and/or verified.

Print Name: _____

TIN: _____

NPI: _____

DADS Contract ID: _____

Signature: _____

(Stamped signature is not acceptable)

Date: _____

If you have questions please call Cigna-HealthSpring STAR+PLUS at **1-877-653-0331**, Monday to Friday, 8 a.m. to 5 p.m. Central Time. Providers can also email CHS’s Provider Relations team at Providerrelationscentral@healthspring.com.

Thank you,

Cindy Forester
Senior Director of Provider Operations
Cigna-HealthSpring STAR+PLUS
Cigna-HealthSpring CarePlan