

PROVIDER REFERENCE GUIDE

Cigna-HealthSpring CarePlan



PROVIDER SERVICES

Get help with claims status, eligibility, existing authorizations, benefit questions and Primary Care Provider (PCP) assignment.

Provider service representatives

Call 1-877-653-0331

Automated eligibility verification line

Call 1-866-467-3126

Member service representatives

Call 1-877-653-0327

Note: Provider and Member Services above are available Monday to Friday, 8 a.m. to 8 p.m. Central.

Demographic changes

ProviderDataValidation@healthspring.com

Online provider portal

Go to STARPLUS.HSConnectOnline.com/login

Get secure, interactive help 24 hours a day to:

- Verify member eligibility and PCP
- Check individual claim status or by batch
- Submit claims
- Request authorizations and check status
- Verify member's Service Coordinator
- Print duplicate EOPs

HS Connect Technical Support

Call 1-866-952-7596 or email HSConnectHelp@hsconnectonline.com

PRIOR AUTHORIZATIONS (PA)

PA is required for:

- All out-of-network services
- Audiology testing and hearing aids
- Non-emergency ambulance
- Behavioral health services - after 30th session
- Chemotherapy drugs
- Durable Medical Equipment (DME) - Rentals purchases, maintenance or repair over \$500
- Home health services

- Inpatient services - physical and behavioral health
- Long Term Services & Supports (LTSS)
- Pain management
- Psychological & neuropsychological testing
- Radiological procedures - such as MRI, MRA, CT Scan, PET Scan
- Rehabilitative therapy - OT, PT, ST, cardiac rehabilitation
- Sleep studies
- Wound care - outpatient only
- Transplant services
- Mental health rehabilitation
- Targeted case management
- Supported employment and employment assistance

Note: This list is not all-inclusive. Request for services from a non-participating, out-of-network facility, provider or vendor in any location requires authorization.

Online provider portal

Go to STARPLUS.HSConnectOnline.com/login

- Request PA online

Download PA forms

<http://www.cigna.com/medicare/healthcare-professionals/tx-mmp>

Outpatient PA

Fax to 1-877-809-0787

Inpatient PA

Fax to 1-877-809-0786

Long Term Services & Supports (LTSS) PA

Fax to 1-877-809-0788

Acute services PA - standard

- In network - Determination within 3 business days
- Out of network - Determination within 3 business days

Acute services PA - expedited

Call 1-877-725-2688

Emergency admissions and services

PA not required. Providers must notify us of admissions resulting from Emergency Services within one business day

72-hour emergency prescriptions

Important: Federal and Texas laws require that a 72-hour emergency supply of a prescribed drug be provided when a medication is needed without delay when PA is unavailable. This rule applies to non-preferred drugs on the Preferred Drug List and any drug that is affected by a clinical or therapeutic PA edit and would need prescriber PA.

Pharmacy services

Go to <http://www.cigna.com/medicare/healthcare-professionals/tx-mmp>

LAB SERVICES

Routine lab services that may be performed in a participating provider's office/facility:

81001	81007	82272	83026	84703	85610
81002	81025	82570	83036	85013	87449
81003	82010	82947	84478	85014	87804
81005	82270	82962	84520	85018	87880

All other lab specimens should be drawn in the provider's office and sent to the contracted lab provider (Quest, CPL, ProPath, and LabCorp). The provider will be reimbursed for specimen handling.

SERVICE COORDINATION

Cigna-HealthSpring CarePlan offers Service Coordination as a member benefit that help assess and monitor acute care service and coordinate Long Term Services & Supports (LTSS).

Service Coordination and LTSS support

Call 1-877-725-2688

CLAIM FILING TIPS

Providers are required to:

- Submit claims on a CMS 1500 or UB 04 Claim Form - as specified by HHSC/TMHP
- Submit claims within 95 days of date of service - LTSS services should be submitted within 95 days of first date of service
- Know that Cigna-HealthSpring is required to process clean claims within 30 days of receipt
- Providers should not collect payment from or bill Cigna-HealthSpring members for covered services
- Know that if eligible for Attendant Care Enhancement Payments, you must bill at least the amount you expect to be reimbursed
- Submit claims for one member and one provider per claim form
- Itemize multiple visits rendered over several days. If there is a break in service, bill on a separate line. Do not span months or years on one claim.
- Bill CMS 1500 claims with a valid place of service identifier
- Avoid using unlisted procedure codes when possible - submit unlisted codes only after receiving prior authorization for the specific code
- Know that providers billing as a group must list the:
 - Rendering provider's NPI in the unshaded portion of box 24
 - Rendering provider's TPI in the shaded portion of box 24
 - Group provider's NPI in box 33a
 - Group's TPI in box 33b (if applicable)
- Enroll in EFT and/or ERA to view your Payments and download duplicate copies of EOP's on our Claims portal.

FOUR WAYS TO FILE A CLAIM

File a claim with Cigna-HealthSpring by:

Electronic clearing house

(Payer ID# 52192)

- Change Healthcare (formerly Emdeon)
- PayerPath
- Availity

Secure online provider portal

Go to STARPLUS.HSConnectOnline.com

Mail

Cigna-HealthSpring
P.O. Box 981709 - CarePlan
El Paso, TX 79998-1709

State website

www.tmhp.com

PAYMENT DISPUTE FORM

Administrative decisions include billing issues such as incorrect modifiers, diagnostic codes, overpayments, underpayments. Examples of when to use this form are:

- Denial for "timely filing", but provider has proof of timely.
- Denial for "no auth on file", but provider has auth listed.

Fax form to: 1-877-809-0783

E-mail form to:

Claims_MMP_Medicaid@HealthSpring.com

or mail to: Attention: Cigna-HealthSpring

Payment Dispute Unit

P.O. BOX 211088

Bedford, TX 76095

FILE AN APPEAL

File an appeal with Cigna-HealthSpring on a previously processed claim by:

Fax

1-877-809-0783

Secure online provider portal

Go to STARPLUS.HSConnectOnline.com

Mail

Complaints Department

P.O. Box 211088

Bedford, TX 76095

Note: Appeals or requests for reconsideration must be made within 60 days from date of Explanation of Payment (EOP). Appeals will be resolved within 30 calendar days.

Appeals, Payment Dispute Forms may be found on Cigna-HealthSpring CarePlan Provider website at <http://www.cigna.com/medicare/healthcare-professionals/tx-mmp>

EXTRA SERVICES

24-Hour Health Information Line

Call 1-855-418-4552

Members have toll-free access to registered nurses 24 hours a day.

Behavioral Health and Substance Abuse

Call 1-877-725-2539

Dental services

Call 1-888-308-9345

Go to DentaQuest.com

Vision services

Call 1-866-819-4298

Go to BlockVisionOnline.com

IMPORTANT CONTACTS

Maximus (Medicaid Enrollment)

Call 1-800-964-2777

Medicaid Managed Care Helpline

Call 1-866-566-8989

Medicaid Managed Care Helpline TDD

Call 1-866-222-4306

Managed Transportation Organizations (MTO)

Call 1-877-633-8747 - Hidalgo SDA and MRSA Northeast SDA

Call 1-855-687-3255 - Tarrant SDA

Texas Department of Family & Protective Services (TDFPS)

Call 1-512-438-4800

Change Healthcare (formerly Emdeon)

- Call 1-800-845-6592
- To enroll in electronic funds transfer (EFT) go to: <http://www.emdeon.com/epayment/>
- To enroll in Electronic Remittance Advice (ERA) go to: <http://www.emdeon.com/resourcepdfs/ERAPSF.pdf>

HHSC Office of Inspector General Fraud Hotline

Call 1-800-436-6184