



Greetings:

Our records indicate a portion of the reimbursement paid to you by Cigna-HealthSpring STAR+PLUS is Enhanced Attendant Compensation. It is our obligation to confirm that 90% of your attendant revenue is spent on attendant compensation.

By signing this form, you are attesting that 90% of your attendant revenue is spent on attendant compensation.

Please return this attestation to Cigna-HealthSpring within 30 days, from the date of this letter. We will be validating current DAD's contract number with the award level posted on the DAD's website upon receipt of this form. Claims processed prior to the level change updates in our system, for dates of service starting on September 1, 2015 to the current date, will be automatically reprocessed. You do not need to file corrected claims to receive the retroactive payment as long as you bill the higher rate.

Note: Attestations not returned within 30 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.

Name of Agency _____

Provider NPI/API _____

DADS Contract # _____

Provider Signature _____

Please return form in one of the following ways:

- Fax to: 1-855-250-9862
- US Mail: Cigna-HealthSpring STAR+PLUS - 2208 Highway 121, Ste 210, Bedford, TX 76021

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.

Thank you