IMPORTANT INFORMATION:
NON-CONTRACTED PROVIDER APPEAL RIGHTS
AND
PROVIDER PAYMENT DISPUTE RESOLUTION

How to Appeal
To exercise your right to appeal a denied claim, you must file your request in writing within 60 days of receiving your denial notice. Under special circumstances, you may ask for more time to request an appeal. Your request must include the following information:

1. The name, telephone number, facsimile number and address of the person requesting the appeal,
2. The Cigna-HealthSpring customer’s name and ID number.
3. Claim identifying information, including the claim number and date of service.
4. The reason for requesting an appeal and supporting evidence why Cigna-HealthSpring should pay your claim.
5. A signed Waiver of Liability Statement.

What is a Waiver of Liability Statement?
When a non-contracted provider requests a standard appeal for the purpose of obtaining payment, the Waiver of Liability Statement must be signed. By signing this waiver, the non-contracted physician, provider or facility formally agrees to waive any right to payment from the member for a service. Your appeal request will not be considered without Cigna-HealthSpring receipt of a signed Waiver of Liability Statement. You can either mail or fax your completed request, including the Waiver of Liability Statement and supporting information, to:

Cigna-HealthSpring
Solutions Unit
P.O. Box 24087
Nashville, TN 37202-4070

What Happens Next?
Cigna-HealthSpring will review your appeal request and notify you in writing of its decision within 60 calendars days from the date we receive your appeal request. If Cigna-HealthSpring overturns its original claim denial, your claim will be processed for payment within 60 calendar days from the date your appeal request was received. If Cigna-HealthSpring upholds, in whole or part, its original claim denial, your appeal will be automatically forwarded for reconsideration to an independent review entity (Maximus Federal Services) that is contracted by Centers for Medicare & Medicaid Service (CMS). That independent review entity will contact you regarding the status of their review.

Provider Payment Dispute Resolution
A non-contracted provider is also permitted to request an independent review if the amount paid for a covered service is less than the amount that would have been paid under original Medicare or there is a disagreement about Cigna-HealthSpring decision to pay for a different service other than what was billed (often referred to as down-coding of claims). You must first submit your payment dispute request to Cigna-HealthSpring by mail at the following address:

Cigna-HealthSpring
Provider Relations
P.O. Box 20002
Nashville, TN 37202
(800) 230-6138

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WAIVER OF LIABILITY STATEMENT

Enrollee Name __________________________ Medicare/HIC Number __________________________

Provider __________________________ Dates of Service __________________________

Health Plan __________________________

I hereby waive any right to collect payment from the above-mentioned enrollee for the aforementioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CRF §422.600.

______________________________     ______________________________
Signature                        Date