



Provider Change FAQ

Cigna-HealthSpring® STAR+PLUS (CHS) and Cigna-HealthSpring® CarePlan (Medicare-Medicaid Plan) has developed the Practitioners/Group/Ancillary Update Form for updating information surrounding your existing contract with CHS. Below are FAQs.

Question: When would a Provider use this form?

Answer: This form is for contracted Cigna-HealthSpring providers, groups or ancillaries that need to make a change to their agreement such as:

- a. Adding additional individual providers to their current agreement.
- b. A change of ownership
- c. Adding an additional location
- d. Adding a specialty
- e. Updating an address
- f. NPI Change
- g. Tax-ID Change

Question: What is the turnaround time?

Answer: Once form is submitted via email, Cigna-HealthSpring (CHS) will review and notify you of next steps within 30 business days.

Question: If the results are not to my satisfaction, what is the next step?

Answer: Please contact Cigna HealthSpring via phone at 1-877-653-0331 or via email at MedicaidProviderOperations@Healthspring.com

Question: How will I get notified of the status?

Answer: Cigna HealthSpring will review the Practitioners/Group/Ancillary Update Form within 30 business days of receipt and notify you (to the email address listed) on next steps.

Question: Am I required to use the form?

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Answer: Cigna HealthSpring strongly encourages you to utilize this form for provider changes to ensure we're able to process it as soon as possible.

Question: What is the maximum number of updates I can submit on one form?

Answer: Cigna HealthSpring requests that you use one form per Tax-ID.

Question: If I am adding multiple providers to a group will I need to fill out this form for each provider ?

Answer: No, you can attach a roster of the provider names, NPI# and service location along with the provider change form.

Question: What is the difference between the Provider Change Form, and the Standardized Provider Information Change Form? (See answers 1, 2, and 3)

Answer:

1. **Provider Change Form** –should be used for anychanges that may effect your existing CHS agreement. For example, in cases where you may be undergoing a change of ownership, are wanting to add a specialty or have updated your Tax-ID and/or NPI number. CHS strongly encourages providers to notify us of any changes as soon as possible to ensure our online provider directory reflects the correct information and to avoid any potential claim issues.
2. **Standardized Provider Information Change Form** – is used for updating your service location completing the American Disabilities Act survey, updating office hours, and items that may not directly effect your contract status.

Question: Where do I mail/fax/email this form?

Answer: In order to process your request as quickly as possible please complete this form in its entirety, along with a w9 (if applicable) and email directly to our Business Support Team at MedicaidProviderOperations@Healthspring.com.

For any questions, please contact Provider Services at: 1-877-653-0331.