

# CIGNA-HEALTHSPRING STAR+PLUS

## Nursing Facility quick reference guide

### PROVIDER SERVICES

Claims status, eligibility, benefit questions, existing authorizations and PCP assignment.

#### › Provider Service Representatives

Call **1-877-653-0331**

Monday - Friday, 8 a.m. - 5 p.m., Central Time

#### › Automated Eligibility Verification Line

Call **1-866-467-3126**

#### › Member Service Representatives

Call **1-877-653-0327**

Monday - Friday, 8 a.m. - 5 p.m., Central Time

#### › Email demographic changes and change of ownership to

[ProviderDataValidation@healthspring.com](mailto:ProviderDataValidation@healthspring.com)

### PROVIDER PORTAL

#### [STARPLUS.HSConnectOnline.com/login](https://STARPLUS.HSConnectOnline.com/login)

The Provider Portal is an interactive site that gives participating providers 24-hour access to:

- › Verify Member eligibility and PCP
- › Submit claims
- › Check individual claim status or by batch
- › Request authorizations
- › Check authorization status
- › Print duplicate Explanations of Payments
- › Verify Member's Service Coordinator

### HSCONNECT HELP DESK

Call **1-866-952-7596**

Email [HSConnectHelp@HSConnectOnline.com](mailto:HSConnectHelp@HSConnectOnline.com)

### TO REQUEST PRIOR AUTHORIZATION (PA) FOR UNIT RATE

Complete the 3618 or 3619 forms with MDS Assessments and submit to TMHP LTC Online Portal. This means the types of services included in the DADS daily rate for nursing facility providers, such as room and board, medical supplies and equipment, personal needs items, social services, and over-the-counter drugs.

### SERVICE COORDINATION

Every Member has a dedicated Service Coordinator that works with the Nursing Facility to:

- › Assess Member's health needs
- › Collaborate on the plan of care
- › Organize delivery of acute health care services
- › Monitor progress toward health goals
- › Help with discharge planning or changes in level of care
- › Remind Members of their responsibility to remit applied income to the facility

Call **1-877-725-2688**

### TO REQUEST PRIOR AUTHORIZATION (PA) FOR ADD-ON SERVICES

Fax a PA Form to the Nursing Facility at

**1-877-809-0787**

Request PA through the secure Provider Portal at

[STARPLUS.HSConnectOnline.com/login](https://STARPLUS.HSConnectOnline.com/login)

**Note:** If a paper PA Form is preferred to submitting through the portal, PA Forms may be found at [STARPLUS.CignaHealthSpring.com](https://STARPLUS.CignaHealthSpring.com)

### PA FOR ADD-ON SERVICES

- › **Standard In Network**  
Determination within three business days
- › **Out of Network**  
Determination within three business days
- › **Expedited**  
Call **1-877-725-2688** and follow prompts for "providers"
- › **Admissions**  
Providers must notify us of admissions, changes in level of care, and adverse event, ER visit within one business day.
- › **Pharmacy services**  
[STARPLUS.CignaHealthSpring.com/SPParmacy](https://STARPLUS.CignaHealthSpring.com/SPParmacy)  
Pharmacies are contracted through OptumRX
- › **Follow up on authorization requests not yet approved:**  
Call **1-877-725-2688** and follow prompts for "providers"



## CLAIM FILING TIPS

- › Participating Providers must submit claims within 365 days from date services were rendered for Nursing Facility unit rate services.
- › Add-on Services claims must be sent to Cigna-HealthSpring within 95 days from date covered service was rendered.
- › Cigna-HealthSpring is required to process clean claims within 10 days of receipt for Nursing Facility unit rate services. Add-On Service claims are paid within 30 days.
- › Providers should not collect payment from or bill Cigna-HealthSpring Members for covered services, with the exception of applied income.
- › Submit claims for one Member and one Provider per claim form.
- › Unit rate billed separate from Add-on services.
- › Multiple visits rendered over several days should be itemized by date of service. If there is a break in consecutive days, bill the dates as rendered on a separate line.
- › Diagnoses codes are valid by dates of service.
- › Missing information, such as units, DOS, service code, etc. will result in a claim denial.
- › Unit rate service code is 0100.
- › Medicare co-insurance (add-on) service code is 0101.
- › Unit rate claims are billed to Cigna-HealthSpring by the Nursing Facility
- › Add-on services claims are billed to Cigna-HealthSpring for therapy services provided by Nursing Facility or their subcontractors. Claims billed to Cigna-HealthSpring for services provided by an in-network provider are submitted by the in-network provider
- › Enroll in EFT and/or ERA to view your Payments and download duplicate copies of EOP's on our Claims portal.

## THREE WAYS TO FILE CLAIMS ELECTRONICALLY WITH CIGNA-HEALTHSPRING

1. Through one of the following Cigna-HealthSpring claims clearinghouses (Payer ID # 52192):
  - Change Healthcare (formerly Emdeon)
  - Payer Path
  - Availity
2. Secure Provider Portal at [STARPLUS.HSConnectOnline.com](https://STARPLUS.HSConnectOnline.com)
3. TMHP State website at [www.TMHP.com](https://www.TMHP.com)

## PAYMENT DISPUTE FORM

Administrative decisions include billing issues such as incorrect modifiers, diagnostic codes, overpayment and underpayment. Examples include:

- › To be used for RUG Level Changes affecting payments previously made by Cigna-HealthSpring
- › Denial for “timely filing”, but provider has proof of timely

- › Denial for “no auth. on file”, but provider has auth. listed

Fax to **1-877-809-0783**

Email to **Claims\_MMP\_Medicaid@HealthSpring.com**

Mail to

**Attention: Cigna-HealthSpring  
Payment Dispute Unit  
P.O. BOX 211088  
Bedford, TX 76095**

## THREE WAYS A PROVIDER MAY APPEAL A PREVIOUSLY PROCESSED CLAIM

1. Fax appeal to **1-877-809-0783**
2. Electronically at **STARPLUS.HSConnectOnline.com**
3. Mail to **Cigna-HealthSpring Appeals and Complaints Department  
P.O. Box 211088  
Bedford, TX 76095**

Appeals or requests for reconsideration must be made within 120 days from date of Explanation of Payment. Acknowledgment letter for appeals are sent within five business days of receipt. Appeals will be resolved within 30 calendar days.

Get forms for Appeals and Payment Dispute at **STARPLUS.CignaHealthSpring.com**

## IMPORTANT CONTACTS

- › **Long-term Care Ombudsman**  
Call **1-800-252-2412**
- › **Maximus (Medicaid enrollment)**  
Call **1-800-964-2777**
- › **Medicaid Managed Care Helpline**  
Call **1-866-566-8989**
- › **Change Healthcare (formerly Emdeon)**  
Call **1-800-845-6592**
- › **Electronic Funds Transfer (EFT)**  
To enroll go to **www.Emdeon.com/epayment**
- › **Medicaid Managed Care Helpline TDD**  
Call **1-866-222-4306**
- › **Managed Transportation Organizations (MTO)**
  - Hidalgo SDA and MRSA Northeast SDA  
Call **1-877-633-8747**
  - Tarrant SDA  
Call **1-855-687-3255**
- › **Texas Department of Family and Protective Services (TDFPS)**  
Call **1-512-438-4800**
- › **Provider Pharmacy Website**  
**www.TVVendorDrug.com/pdl/**
- › **Electronic Remittance Advice (ERA)**  
Go to **www.emdeon.com/resourcepdfs/ERAPSF.pdf to enroll**