



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

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, 2016 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.

Name of Agency: _____

Provider NPI/API: _____ DADS Contract #: _____

Provider TIN: _____ Submitter Name: _____

By submitting this form, I represent and warrant that all of the information provided are correct and complete to the best of my knowledge and belief. I understand that falsification or omission of information may be grounds for rejection.

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.

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