# FACILITY/ANCILLARY NETWORK INTEREST PROFILE FORM

**Required fields denoted with an asterisk (*). Incomplete forms will be returned to contact mailing address.**

## General Information

Applying for Cigna-HealthSpring*: ☐ MMP ☐ STAR+PLUS Date:

Operating/DBA Name*:

Multiple Locations: ☐ Yes ☐ No If yes, please attach additional location information

NPI*: TIN*: Medicare #: Medicaid #:

| Contact Person*: | Contact Phone*: |
|---|---|
| Contact Email*: | Contact Fax*: |

Contact Mailing Address*:

City, State, and Zip*:

## Provider Specifications

**Please check the type of service(s) you provider*:**

- ☐ Acute Hospital
- ☐ Adult Day Care
- ☐ Adult Foster Care
- ☐ Ambulatory Surgery Center
- ☐ Assisted Living Facility
- ☐ Behavioral Health
- ☐ Consumer Direct Agency
- ☐ Diagnostics (list services below)
- ☐ Dialysis
- ☐ DME
- ☐ Emergency Response
- ☐ Habilitation Services
- ☐ Home Delivered Meals
- ☐ Home Health
- ☐ Home Modifications
- ☐ Hospice Services
- ☐ Infusion
- ☐ Nursing Facility (custodial/residential)
- ☐ Othotics/Prosthetics
- ☐ Pediatric Day Care
- ☐ Personal Assistant Services
- ☐ PT/OT/ST
- ☐ Protective Supervision
- ☐ Respite Services
- ☐ SNF (sub-acute, non-custodial)
- ☐ Transitional Assistance Services
- ☐ Urgent Care
- ☐ Other:

Are you accredited? ☐ Yes ☐ No If yes, list the accrediting entity:

Do you carry general and professional liability insurance? If so, how much? General: Liability:

**Providers must be a licensed Medicaid approved provider to be considered for our STAR+PLUS and/or STAR+PLUS MMP products**

**Geographic coverage of services*:**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Hidalgo SA** | ☐ Webb | ☐ Cass | ☐ Hopkins | ☐ Red River | ☐ Upshur | ☐ Tarrant |
| ☐ Cameron | ☐ Willacy | ☐ Delta | ☐ Lamar | ☐ Rusk | ☐ Van Zandt | ☐ Wise |
| ☐ Duval | ☐ Zapata | ☐ Fannin | ☐ Marion | ☐ Sabine | ☐ Wood | |
| ☐ Hidalgo | **Northeast SA** | ☐ Franklin | ☐ Montague | ☐ San Augustine | **Tarrant SA** | |
| ☐ Jim Hogg | ☐ Anderson | ☐ Grayson | ☐ Morris | ☐ Shelby | ☐ Denton | |
| ☐ Maverick | ☐ Angelina | ☐ Gregg | ☐ Nacogdoches | ☐ Smith | ☐ Hood | |
| ☐ McMullen | ☐ Bowie | ☐ Harrison | ☐ Panola | ☐ Titus | ☐ Johnson | |
| ☐ Starr | ☐ Camp | ☐ Henderson | ☐ Rains | ☐ Trinity | ☐ Parker | |

**Languages spoken:** ☐ Arabic ☐ Chinese-Cantonese ☐ Chinese-Mandarin ☐ Hindi ☐ Sign Language ☐ Spanish ☐ Vietnamese ☐ Other:

The Cigna-HealthSpring Network Interest Committee will review your request and send notification to you once the committee renders a decision. Determinations based on network need and current availability of services. All providers are subject to Cigna-HealthSpring Credentialing requirements and applicable state and federal guidelines as set forth in the Cigna-HealthSpring participating provider agreement. **PLEASE NOTE:** Requesting, obtaining, or submitting a profile form does not guarantee or imply that Cigna-HealthSpring will accept your participation in the Cigna-HealthSpring network, nor does it entitle you to payment of any services rendered to a Cigna-HealthSpring member prior to your receiving written confirmation of an effective date and meeting any and all applicable authorization requirements.

Highway 121, Ste 210 – Bedford, TX 76021 Phone:1-877-653-0331 Fax: 1-877-440-7260
Email: STARPLUSproviderrelations@healthspring.com Website: http://starplus.cignahealthspring.com



H8423_MCDTX_15_35677 Approved