



**FACILITY/ANCILLARY NETWORK INTEREST FORM**

NOTE: Cigna-HealthSpring will review your request and send notification to you once a decision has been rendered. Determinations are based on network need and current availability of services. All providers are subject to Cigna-HealthSpring credentialing requirements and applicable state and federal guidelines. Submission of Interest Form Does Not Guarantee Acceptance by the Plan

**OFFICE CONTACT INFORMATION**

*(Cigna-HealthSpring will use this information for any questions, concerns or responses regarding this form)*

Date:	Name:	Email:
Phone #		Fax #
Address:	City:	State: Zip Code:

**FACILITY/ANCILLARY INFORMATION**

Corporate Name:	DBA Name:		
NPI #	Tax ID #	Medicare #	Medicaid #

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

Network Participation you seek:  TX STAR+PLUS  TX Medicare Medicaid Plan (Hidalgo County Only)

*Note: Providers must meet all applicable CMS and/or state requirements for any product lines requested.*

**SERVICE LOCATIONS**

*(Only list locations where you actively practice. \*If you have more than 2 locations, please include an excel listing of all locations)*

Address:	City:	State:	Zip Code:
Phone#:	Fax#:	Office Hours:	
Address:	City:	State:	Zip Code:
Phone#:	Fax#:	Office Hours:	

**COUNTIES SERVICED**

<input type="checkbox"/> Anderson	<input type="checkbox"/> Delta	<input type="checkbox"/> Houston	<input type="checkbox"/> Nacogdoches	<input type="checkbox"/> Shelby	<input type="checkbox"/> Wise
<input type="checkbox"/> Angelina	<input type="checkbox"/> Duval	<input type="checkbox"/> Johnson	<input type="checkbox"/> Panola	<input type="checkbox"/> Smith	<input type="checkbox"/> Wood
<input type="checkbox"/> Bowie	<input type="checkbox"/> Fannin	<input type="checkbox"/> Jim Hogg	<input type="checkbox"/> Parker	<input type="checkbox"/> Starr	<input type="checkbox"/> Zapata
<input type="checkbox"/> Camp	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lamar	<input type="checkbox"/> Rains	<input type="checkbox"/> Tarrant	<input type="checkbox"/> Statewide
<input type="checkbox"/> Cameron	<input type="checkbox"/> Grayson	<input type="checkbox"/> Marion	<input type="checkbox"/> Red River	<input type="checkbox"/> Titus	<input type="checkbox"/> Other
<input type="checkbox"/> Cass	<input type="checkbox"/> Harrison	<input type="checkbox"/> Maverick	<input type="checkbox"/> Rusk	<input type="checkbox"/> Trinity	
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Henderson	<input type="checkbox"/> McMullen	<input type="checkbox"/> Sabine	<input type="checkbox"/> Van Zandt	
<input type="checkbox"/> Cooke	<input type="checkbox"/> Hidalgo	<input type="checkbox"/> Montague	<input type="checkbox"/> San Augustine	<input type="checkbox"/> Webb	
<input type="checkbox"/> Denton	<input type="checkbox"/> Hood	<input type="checkbox"/> Morris	<input type="checkbox"/> Upshur	<input type="checkbox"/> Willacy	

**FACILITY/ANCILLARY SPECIFICATIONS**

<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Transitional Assistance Services
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Habilitation Services	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> Adult Foster Care	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Other
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Home Modifications	<input type="checkbox"/> Home Health
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Infusion Drug	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Infusion Administration	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Nursing Facility (custodial/residential)	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Consumer Direct Agency	<input type="checkbox"/> Orthotics/Prosthetics	<input type="checkbox"/> Nursing Services
<input type="checkbox"/> CORF/ORF	<input type="checkbox"/> Personal Assistant Services	<input type="checkbox"/> Medical Social Worker
<input type="checkbox"/> Diagnostics (Please Attach Separately)	<input type="checkbox"/> Protective Supervision	<input type="checkbox"/> Private Duty Nursing
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Respite Services	<input type="checkbox"/> Home Health Aide
<input type="checkbox"/> DME	<input type="checkbox"/> SNF (sub-acute, non-custodial)	

This form can be downloaded and completed electronically and return via email. *Please note that it can take up to 60 days to receive a response to your Network Interest Form.* If this form is returned without all required questions answered, the form will not be processed.  
 Email: [MedicaidProviderOperations@healthspring.com](mailto:MedicaidProviderOperations@healthspring.com) Phone: 1-877-653-0331 <http://starplus.cignahealthspring.com>