



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

CREDENTIALING CONTACT INFORMATION

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

Form fields for Date, Name, Email, Phone #, Fax #, Address, City, State, and Zip Code.

FACILITY/ANCILLARY INFORMATION

Form fields for Corporate Name, DBA Name, NPI #, Tax ID #, Medicare #, and 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)

Form fields for Address, City, State, Zip Code, Phone#, Fax#, and Office Hours for two locations.

COUNTIES SERVICED

Grid of checkboxes for various Texas counties including Anderson, Delta, Houston, Nacogdoches, Shelby, Wise, etc.

FACILITY/ANCILLARY SPECIFICATIONS

Grid of checkboxes for facility specifications such as Acute Hospital, Financial Management Services, Transitional Assistance Services, etc.

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 Phone: 1-877-653-0331 http://starplus.cignahealthspring.com

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