

# Provider Enrollment for Providers of Hearing Services

Information posted June 5, 2009

As part of the Program for Amplification of the Children of Texas (PACT) hearing services transition effective for dates of service on or after September 1, 2009, TMHP is encouraging providers to ensure that they are enrolled appropriately. Audiologists must be enrolled with Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program as audiologists; hearing aid providers must be enrolled as hearing aid providers; and otologists and otorhinolaryngologists (ENTs) must be enrolled as physicians.

Providers may use the following information as a guide to determine the correct way to enroll.

## Enrollment Options

### Option 1: To enroll with Texas Medicaid and the CSHCN Services Program as a new provider type

To be reimbursed for audiology services provided to Texas Medicaid or CSHCN Services Program clients on or after September 1, 2009, audiologists who are currently enrolled as hearing aid fitters and dispensers must complete the online Texas Medicaid provider enrollment application. Audiologists who enroll with Texas Medicaid are encouraged to enroll with the CSHCN Services Program as well. To apply for enrollment in Texas Medicaid and the CSHCN Service Program, follow these steps:

1. Access through this website.

**Note:** Providers who have already activated their account online may skip down to step 7. Providers who have not activated their account online may continue with step 2.

2. Providers who have not activated their account online may establish an account by choosing **Activate my Account**, which is located on the right side of the page. Click on **New Texas Medicaid Provider**.
3. In the Provider Type field, choose **Provider Enrollment** from the drop-down menu.
4. Enter your provider account information.
5. Read the General Terms and Conditions and click in the **I agree to these terms** box if you agree to the terms. Click on the **Create Provider Administrator** button.

The User Name and Password will be sent to the email address that was specified in the request.

6. Return to the home page.
7. Choose **Access Provider Enrollment** from the list on the right side of the page.
8. Enter the User Name and Password that you established for your account.
9. Choose **Enrollment** and follow the prompts to complete the enrollment application.

You will be prompted to print, sign, and mail some pages to TMHP.

**10. To simultaneously enroll as an audiologist in the CSHCN Services Program:**

Upon completion of the online Texas Medicaid application, complete the Provider Agreement located on pages 7 through 11 of the paper CSHCN Provider Enrollment Application available for downloading and printing on this website. Mail the completed pages to TMHP at the following address:

Texas Medicaid & Healthcare Partnership  
Provider Enrollment  
PO Box 200795  
Austin, TX 78720-0795

**Note:** Providers who wish to provide hearing services to CSHCN Services Program clients must first enroll with Texas Medicaid before enrolling with the CSHCN Services Program.

**Option 2: CSHCN Services Program enrollment for audiologists who have been enrolled in Texas Medicaid for less than 12 months**

Providers may refer to their enrollment letter for the effective date of their Texas Medicaid enrollment. If the effective date is within the last 12 months, providers must complete the following pages of the CSHCN Services Program Provider Enrollment Application available for downloading and printing on this website:

- CSHCN Services Program Enrollment Information form. This form is an addendum to page 3 of the application. Use this form to designate the appropriate provider type.
- Pages 3 through 6 of the application. Do not designate a provider type by checking any of the boxes on this page. Use the CSHCN Services Program Enrollment Information form to designate the appropriate provider type.
- Page 7 through 11 of the application.

The completed information must be mailed to TMHP at the following address:

Texas Medicaid & Healthcare Partnership  
Attn: Provider Enrollment  
PO Box 200795  
Austin, TX 78720-0795

**Important:** To enroll as both an audiologist and as a hearing aid provider, providers must make a copy of the information listed above and complete a copy for each provider type.

**Option 3: CSHCN Services Program enrollment for audiologists who have been enrolled in Texas Medicaid for more than 12 months:**

Providers may refer to their enrollment letter for the effective date of their Texas Medicaid enrollment. If the effective date of enrollment is more than 12 months ago:

1. Complete the CSHCN Services Program Provider Enrollment Application along with the following forms (as applicable) available for downloading and printing on this website:

- A copy of the CSHCN Services Program Enrollment Information form. This form is an addendum to page 3 of the application. Use this form to designate the appropriate provider type.

**Note:** Do not designate a provider type by checking any of the boxes on this page. Use the CSHCN Services Program Enrollment Information form to designate the appropriate provider type.

- A copy of the Provider Information Form (PIF-1) for each provider being enrolled into the CSHCN Services Program. If you are a newly enrolling group adding a performing provider, two copies of this form (one for the group, one for the provider) should be submitted.
- A copy of the Principal Information Form (PIF-2) for each principal of all providers, including any individuals with an ownership interest in the entity.
- A copy of the Disclosure of Ownership and Control Interest Statement.
- A copy of the W-9 request for Taxpayer Identification Number and Certification listing the tax information for the entity.
- A copy of the forms applicable for providers who are incorporated.

**Note:** The CSHCN Services Program enrollment application and additional forms may be downloaded and printed from this website.

2. Mail the completed application to:

Texas Medicaid & Healthcare Partnership  
Attn: Provider Enrollment  
PO Box 200795  
Austin, TX 78720-0795

**Important:** To enroll as both an audiologist and as a hearing aid provider, providers must make a copy of the CSHCN Services Program Provider Enrollment Application and complete an application and all applicable forms for each provider type.

## Finalizing Enrollment

When the application for enrollment is approved, TMHP sends newly enrolled providers a letter by mail welcoming them to Texas Medicaid or the CSHCN Services Program. Each provider also receives an approval letter by mail for each program that includes the Texas Medicaid or CSHCN Services Program provider identifier and provider type. After receiving the approval letter, a provider will be able to file claims to TMHP for children's hearing services that are rendered on or after September 1, 2009. As a reminder, PACT services with dates of service before September 1, 2009, must be sent to the Department of State Health Services (DSHS) for processing.

## Provider Communications and Updates

This website has a web page to hold all communications about the PACT transition to the Texas Health and Human Services Commission (HHSC) for Texas Medicaid benefits and the DSHS-CSHCN Services Program for CSHCN Services Program benefits. The link to the Hearing Services for Children (PACT Transition) web page can be found by clicking the **Providers** tab at the top of the home page. TMHP is working with HHSC and the DSHS-CSHCN Services Program to update the hearing services benefits. Updates

to the hearing services benefits for Texas Medicaid and the CSHCN Services Program will be published later this summer. Providers are encouraged to check frequently for announcements and updates.