Updating Your Information with TMHP

It is important that your information is current and correct in the TMHP system. TMHP uses this information to contact you using your mailing address, phone number, or e-mail.

Follow the instructions below to update your information.

1) Go to www.tmhp.com and click providers in the header.

2) Click Go to TexMedConnect in the upper right corner.

3) Enter your User name and Password. Click OK.
4) Click My Account in the upper-left corner.

5) From the My Account screen, click **My Profile** to change/verify your provider information.

**Note:** Information in the grey area of the page cannot be updated online by you. To make updates to information in this area, you must submit a Provider Information Change (PIC) Form.

6) You must click **Edit** to activate a section for editing. You can:
   - Update address information.
   - Update telephone numbers and e-mail addresses.

3) Save and Cancel buttons appear when an area is active for editing. You must choose to **save** the information or **cancel** your changes before editing any other sections.

Once you update your information, it should appear with the new information immediately.
Instructions for Completing the Provider Information Change Form

Signatures
- The provider’s signature is required on the Provider Information Change Form for any and all changes requested for individual provider numbers.
- A signature by the authorized representative of a group or facility is acceptable for requested changes to group or facility provider numbers.

Address
- Performing providers (physicians performing services within a group) may not change accounting information.
- For Texas Medicaid fee-for-service and the CSHCN Services Program, changes to the accounting or mailing address require a copy of the W-9 form.
- For Texas Medicaid fee-for-service, a change in ZIP Code requires copy of the Medicare letter for Ambulatory Surgical Centers.

Tax Identification Number (TIN)
- TIN changes for individual practitioner provider numbers can only be made by the individual to whom the number is assigned.
- Performing providers cannot change the TIN.

Provider Demographic Information
An online provider lookup (OPL) is available, which allows users such as Medicaid clients and providers to view information about Medicaid-enrolled providers. To maintain the accuracy of your demographic information, please visit the OPL at www.tmhp.com. Please review the existing information and add or modify any specific practice limitations accordingly. This will allow clients more detailed information about your practice.

General
- TMHP must have either the nine-digit Texas Provider Identifier (TPI), or the National Provider Identifier (NPI)/Atypical Provider Identifier (API), primary taxonomy code, physical address, and benefit code (if applicable) in order to process the change. Forms will be returned if this information is not indicated on the Provider Information Change Form.
- The W-9 form is required for all name and TIN changes.
- Mail or fax the completed form to:
  Texas Medicaid & Healthcare Partnership (TMHP)
  Provider Enrollment
  PO Box 200795
  Austin, TX 78720-0795
  Fax: 512-514-4214
# Provider Information Change Form

Texas Medicaid fee-for-service, Children with Special Health Care Needs (CSHCN) Services Program, and Primary Care Case Management (PCCM) providers can complete and submit this form to update their provider enrollment file. Print or type all of the information on this form. Mail or fax the completed form and any additional documentation to the address at the bottom of the page.

Check the box to indicate a PCCM Provider

| Date: | / | /

Nine-Digit Texas Provider Identifier (TPI):
Provider Name:

National Provider Identifier (NPI):
Primary Taxonomy Code:

Atypical Provider Identifier (API):
Benefit Code:

List any additional TPIs that use the same provider information:

<table>
<thead>
<tr>
<th>TPI:</th>
<th>TPI:</th>
<th>TPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPI:</td>
<td>TPI:</td>
<td>TPI:</td>
</tr>
<tr>
<td>TPI:</td>
<td>TPI:</td>
<td>TPI:</td>
</tr>
</tbody>
</table>

**Physical Address**—The physical address cannot be a PO Box. Ambulatory Surgical Centers enrolled with Traditional Medicaid who change their ZIP Code must submit a copy of the Medicare letter along with this form.

<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: ( )</td>
<td>Fax Number: ( )</td>
<td>Email:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Accounting/Mailing Address**—All providers who make changes to the Accounting/Mailing address must submit a copy of the W-9 Form along with this form.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: ( )</td>
<td>Fax Number: ( )</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Secondary Address**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone: ( )</td>
<td>Fax Number: ( )</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Change** (check the appropriate box)

- [ ] Change of physical address, telephone, and/or fax number
- [ ] Change of billing/mailing address, telephone, and/or fax number
- [ ] Change/add secondary address, telephone, and/or fax number
- [ ] Change of provider status (e.g., termination from plan, moved out of area, specialist) *Explain in the Comments field*
- [ ] Other (e.g., panel closing, capacity changes, and age acceptance)

**Comments:**

**Tax Information**—Tax Identification (ID) Number and Name for the Internal Revenue Service (IRS)

<table>
<thead>
<tr>
<th>Tax ID number:</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax ID number:</td>
<td>Effective Date:</td>
</tr>
<tr>
<td>Exact name reported to the IRS for this Tax ID:</td>
<td></td>
</tr>
</tbody>
</table>

**Provider Demographic Information**—Note: This information can be updated on [www.tmhp.com](http://www.tmhp.com).

- Languages spoken other than English:
- Provider office hours by location:
- Accepting new clients by program (check one):
- Accepting new clients: [ ]
- Current clients only: [ ]
- No: [ ]
- Patient age range accepted by provider:
- Additional services offered (check one):
- HIV: [ ]
- High Risk OB: [ ]
- Hearing Services for Children: [ ]
- Participation in the Woman’s Health Program? Yes: [ ]
- No: [ ]
- Patient gender limitations: Female: [ ]
- Male: [ ]
- Both: [ ]

**Signature and date are required or the form will not be processed.**

| Provider signature: | Date: | / | /
|---------------------|-------|---|---|

**Mail or fax the completed form to:**

Texas Medicaid & Healthcare Partnership (TMHP)

Fax: 512-514-4214

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Effective Date_0012009/Revised Date_012120