

# Update to “Definition of a Provider Enrollment ‘Complete Application’”

Information posted January 11, 2016

This is an update to the article titled, [“Definition of a Provider Enrollment ‘Complete Application.’”](#) which was published on the TMHP website at [www.tmhp.com](http://www.tmhp.com). The phrase “if required” was added as follows to the last bullet in the original article:

“Documentation of fingerprints of a provider or any person with a 5 percent or more direct or indirect ownership in the provider, if required.”

The following is the complete, updated article:

Effective September 1, 2015, the Inspector General is required to process new Medicaid enrollment and re-enrollment applications from providers within 10 business days of receiving a complete application. IG will be updating the definition of a complete application in Texas Administrative Code (TAC) Rule §371.1003.

Please Note Two Important Changes:

- Submission of copies of the complete disposition on all criminal history for all individuals required to disclose.
- Submission of documentation of compliance with current board/licensing orders for all individuals required to disclose.

Applications will not be processed until all documentation is provided. To be considered complete, an application must contain:

- Complete answers to all questions, including date of birth, Social Security numbers, license numbers, and all requirements for the provider type defined in the Texas Medicaid Provider Procedures Manual,
- IRS Form W-9 (if required),
- Signed and certified provider agreements,
- Provider Information Form (PIF-1),
- Principal Information Form (PIF-2) on all persons required to be disclosed (if required),
- Full disclosure of all criminal history, including copies of complete dispositions on all criminal history,
- Full disclosure of all board or licensing orders, including documentation of compliance with current board orders,
- Full disclosure of all corporate compliance agreements, settlement agreements, state or federal dent, and sanctions,
- Documentation of an active license. The license expiration date may not be within 30 days of when the application is submitted,
- Completion of a pre-enrollment site visit (if required) with all required current documentation, and
- Documentation of fingerprints of a provider and any person with a 5 percent or greater direct or indirect ownership stake in the provider (if required).

Providers can refer to [TAC Rule §371.1003 on the Texas Administrative Code website](#) for additional information.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.