Quick Tips to Avoid Common Provider Enrollment Deficiencies

Prior to submitting your application for enrollment into Texas State Health-Care Programs, review your response for each area below to ensure that the application has been completed correctly and in its entirety. These directions are relevant to both the paper application and Provider Enrollment on the Portal (PEP) submissions. Deficiencies related to a specific enrollment format are designated by either “paper” or “PEP.” If further documentation is required, submit the information to the TMHP Provider Enrollment Department at:

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

Pages that do not require your signature can be faxed to 1-512-514-4214.

Note: Providers should keep copies of all documents submitted to TMHP for record-keeping purposes.

### All Sections

**Application Revision** - The paper enrollment application must be submitted on the most current application revision. The current revision of the application is located on the [TMHP Forms](#) page.

All corrections to a paper application must be submitted on the deficiency letter that is received by the provider. Any corrections requiring supporting documentation will be indicated on the deficiency letter and must be submitted separately. Provider agreement corrections will require submission of a new provider agreement and cannot be corrected on the deficiency letter.

The applicant or authorized representative must sign the deficiency letter when submitting the completed corrections or the new information will not be processed.

Note: A signature is not required on the deficiency letter if the correction is not being submitted directly on the letter itself.

**License Information Discrepancies** - Any discrepancy between the information on the license and the enrollment application will cause a delay. Verify that your license information is current prior to submitting your application (i.e., provider name, physical address, Medical Director, etc.).

Note: If the information listed on the licensing agency’s website has not been updated or cannot be verified online, the provider must submit documentation verifying that the licensing agency was provided with the corrections to the TMHP Provider Enrollment Department.

**Medicare Certification Discrepancies** - Review the information on file with Medicare to ensure that it is current and matches the application being submitted (i.e., provider name, physical practice location, individual ownership, liability insurance, etc.).

Note: If a change has been requested with Medicare and is not reflected online, the provider must submit documentation of the corrections and a written request to proceed with the Medicaid enrollment despite the discrepancy. This documentation must be submitted to the TMHP Provider Enrollment Department.

**Medicare Enrollment Information Form, Texas Medicaid Identification Form, and Provider of Service Information Form**

When part of a paper program-specific enrollment application, the Medicare Enrollment Information Form, Texas Medicaid Identification Form, and Provider of Service Information must be submitted for each applicant.

Note: For group enrollments, these forms must be submitted for the group and for each individual performing provider who is enrolling as a member of the group.
Under “Additional Enrollment” in PEP or on paper, check the “opt out” box only if you do not wish to participate in the Children with Special Health Care Needs (CSHCN) Services Program. If you would like to participate and are submitting a paper application, leave the box blank and submit the appropriate CSHCN Services Program forms that are located on the CSHCN Forms page. In PEP, the necessary forms will display for the provider to complete CSHCN enrollment.

Note: Performing providers must “opt out” if the group is not enrolled in the CSHCN Services Program.

Disclosure of Ownership

All owners who have a five percent or greater direct or indirect ownership interest, officers, directors, managing employees and individuals with the authority to act for or on behalf of the provider must be listed under section III on paper or Section B in PEP, “Owners, Partners, Officers, Directors, and Principals.”

The percentage owned must total 100 percent for all owners except non-profit 501(c)(3) entities. If, for any reason, total ownership does not equal 100 percent, a brief explanation of the discrepancy must be submitted.

Non-profit entities that have a 501(c)(3) designation should complete the Disclosure of Ownership form by listing officers or directors that have a control interest in the entity and managing employees. Since there will be no entries for any person with an ownership interest, then the percentage of ownership will always be less than 100 percent. Applications will not be found deficient for having less than 100 percent ownership.

Note: Individuals should be listed in subsection (a) and entities should be listed in subsection (b) a Principal Information Form (PIF-2) should be submitted for each individual and each entity.

The “Legal Name (according to the IRS)” and the “Type of Entity” fields must match the information provided on the IRS W-9 form.

Note: If the type of entity selected in the “federal tax classification” section of the W-9 is not an option in the Disclosure of Ownership “Type of Entity,” select “Other” and enter the correct entity type in the space provided.

Provider Information Form (PIF-1) and Principal Information Form (PIF-2)

The PIF-2 must be completed in full for all persons and entities with five percent or more ownership. The PIF-2 must also be completed in full for any person or entity that meets one or more of the defined criteria of a “Principal.”

Non-profit entities that have a 501(c)(3) designation should complete the PIF-2 by listing officers or directors that have a control interest in the entity and managing employees. Since there will be no entries for any person with an ownership interest, then the percentage of ownership will always be less than 100 percent. Applications will not be found deficient for having less than 100 percent ownership.

Note: This requirement extends to all persons and entities that own five percent or more of the company, and all managing employees or agents who exercise operational or managerial control, or who directly or indirectly manage the conduct of day-to-day operations (i.e., directors, executives, board member, delegated officials, administrators, alternate administrators, on-site manager, supervising licensed practitioner, etc.).

Any listed driver’s license needs to be current. If the driver’s license is expired or the provider does not have one, any current government-issued photo identification card can be submitted.

Providers must disclose all sanctions against them, regardless of the amount of time that has passed since the occurrence.

Note: Copies of any correspondence pertaining to the sanction must be submitted with your Medicaid application.

Providers must disclose any actions taken by a licensing board or agency against them, regardless of the amount of time that has passed since the occurrence.
Provider Information Form (PIF-1) and Principal Information Form (PIF-2) (cont.)

All convictions, with the exception of Misdemeanor Class C traffic violations, must be disclosed, regardless of the amount of time that has passed since the occurrence.

This requirement includes deferred adjudications, first offender programs, and pre-trial diversions that have resulted in a dismissal by the court once the terms have been completed. Current arrests and charges must also be disclosed.

**Note:** Documentation pertaining to past convictions or current charges must be submitted with your Medicaid application.

If the provider or principal is not a U.S. citizen, valid documentation demonstrating the right to reside and work in the United States must be submitted.

**Note:** Refer to the U.S. Citizenship and Immigration Services website for more information on accepted documents that meet this requirement.

HHSC Medicaid Provider Agreement

For the HHSC Medicaid Provider Agreement, confirm that a selection for either “Yes” or “No” has been made for Section VIII, “Compliance Program Requirement,” and Section IX, “Internal Review Requirement.”

At the end of the agreement, the “Name of Applicant” field of the signature block should match the name of the individual, performing provider, group, or facility enrolling.

For individuals and performing providers, each applicant must sign the agreement.

For organizations, the person who will sign on behalf of a group or facility must complete the “Representative Name” and “Representative Title” fields.

**Note:** The person who signs for the group or facility must submit a PIF-2.

Electronic Funds Transfer (EFT) Notification

For the Electronic Funds Transfer (EFT) Notification, revalidating providers must select the “Change Enrollment” box in the “Reason for Submission” field on the paper application. PEP defaults the EFT agreement to the selection of “New Enrollment.” If you are already enrolled in EFT, your existing EFT information can be used to complete this form. If a revalidating provider completes the form using different EFT information, EFT payments will be delayed during the transition between accounts.

**Note:** If a revalidating provider does not submit the paper form or selects “I do not wish to participate in the EFT Program” in PEP, the existing EFT enrollment will be canceled.

Provider Enrollment on the Portal (PEP) Accounts and Maintaining Provider Demographic Information

For revalidation applications, all Texas Provider Identifiers (TPIs), including those assigned to group-member) providers, must be associated with the administrative account selected from the “Re-enrolling TPI” drop menu.

If you are an existing provider, review and update your demographic information in Provider Information Management System (PIMS) through My Account. For assistance with PIMS, refer to the Provider Information Management System (PIMS) User Guide.

Information will be pre-populated in the Provider Enrollment on the Portal (PEP) application based on the selected TPI. Check that the prepopulated information is correct.

A new TPI will be issued for any changes to program enrollment, current provider type, or specialty.

**Note:** The provider name cannot be edited in PEP for existing or revalidating providers. Any changes to the provider name must be completed prior to creating the application in PEP. Provider name changes must be submitted in the Provider Information Management System (PIMS) or on the Provider Information Change (PIC) form.