Provider Information Management System (PIMS) User Guide
Overview

The Provider Information Management System (PIMS) application is used to maintain provider accounts. It is accessed online from the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com through My Account. Providers enrolled in Medicaid can create a TMHP administrator user account to access provider information on the website.

For information on account activation, click the link provided to go to the TMHP Portal Security Manual.

This user guide provides instructions for navigating through My Account and how to update demographic and account information in PIMS. The information that is populated in PIMS will also appear in the Online Provider Lookup (OPL) tool. The OPL search tool assists in finding doctors, hospitals or other participating providers in the Medicaid network. It is extremely important that the information in the OPL tool is kept up to date with the most current provider data.

The following provider notification contains details regarding the account expectations: Reminder: Enrolled Providers Must Verify and Update Key Demographic Information Every Six Months

PIMS Navigation

2) Select providers in the upper left corner of the screen.
3) Select **Log in to My Account** in the upper right corner of the screen, and log in using your secure user name and password.

4) Under the **Manage Provider Accounts** heading, select **Provider Information Management System**.
5) The following screen will display if there are multiple Texas Provider Identifier (TPI) numbers attached to one National Provider Identifier (NPI). The taxonomy code, benefit code, and address will be different for each TPI associated with the same NPI. The expiration date column lists the date on which providers are required to update their account information for each TPI. Providers with certain provider types must verify or update key demographic information every six months to ensure that their information is correct in the OPL.
Information Change Tab

The following screen appears once an NPI is clicked.

![Image of Information Change Tab screen from PIMS User Guide]
1) The highlighted grey section cannot be edited: last name, first name, Provider gender, Specialty, Subspecialty, Plan affiliation, NPI, TPI, Taxonomy, Benefit code, Group affiliation, Federal Re-enrollment complete, and Federal Re-enrollment date. To make changes to this section, contact the TMHP Provider Enrollment Department at 1-800-925-9126.

The information change tab allows providers to update demographic information.

**Note:** Be sure to select the “Check to confirm.” check boxes for each section to verify the information is accurate.

The system will not save the updates until all check boxes have been selected and errors have been fixed. A symbol will appear next to the check boxes that have not been selected. If you are experiencing difficulty saving the updates, the application may not be compatible with your internet browser. Internet Explorer 11 should be used to access applications on the TMHP website. TMHP recommends Google Chrome or Mozilla Firefox for providers that use a computer operating system that is not compatible with Internet Explorer 11. **Note:** The OPL tool will immediately display information updated in PIMS.

2) If you prefer to receive a deficiency notification by mail, select the check box.

Click on the Select button that highlights the location that will be updated.
A **Provider Information Change (PIC) form** along with a copy of the W-9 Tax Identification form must be submitted to update the mailing address. Refer to the following Provider Enrollment section for additional information on proper submission of the PIC form.

3) Enter values in the address, phone number, fax, and email fields. Fields marked by a red dot are required.

**Reminder:** Select the “Check to confirm.” check box to confirm accuracy. When making address changes, the address will be validated by United States Postal Service (USPS) software with the following message to re-save again:

*The address has been validated. Please confirm that the address is correct and click **Save**. If the address is not correct, edit it and click **Save** again.*

An address entry can be returned as invalid two times. On the third try, the user will be able to save the address without validation from the USPS.

4) Providers are allowed to declare which counties they serve. To add or remove the counties that will be served for this location, highlight a county in the left box and click the > (add) button. You can enter any number of counties. To remove a county, highlight the county in the box on the right side, and click the < (remove) button. If you want to remove all of the counties selected, click the << (remove all) button. At least one county must be selected in order to save the changes.
Change or update hours of operation for this location by selecting a time from the drop-down box. An open and close time must be selected for each day of the week. The **Open** and **Close** time fields cannot be left blank. If there is not an open or close time, **Close** must be selected in both fields. Click the “Check to confirm.” check box for each day.

5) The following section includes information pertaining to the health plan, language, additional services offered, patient gender limitations, patient age limitations, and urgent care center.

**Note:** Managed Care Organization (MCO) provider practice limitations will be displayed but the fields cannot be edited. Updates must be made through the individual MCOs.
Select the appropriate option from the Traditional Medicaid drop-down box.

- Accepting New Patients – Accepting new or current Traditional Medicaid patients.
- Current Patients Only – Accepting only current Traditional Medicaid patients.
- Not Accepting Patients – Not accepting new or current Traditional Medicaid patients.

Be sure to select the primary languages offered at your facility. Up to three languages may be selected.

Select the additional services offered at the location.
Select the patient gender limitation, patient age limitation, and whether or not the facility is an urgent care center.

Click **Save**.

**Note:** All information is updated immediately once save is clicked.

### Group Information

The group affiliation panel will only appear for providers that are group administrators.

1) This expander provides a list of provider administrators. Select the **Edit** button to change the end date for each administrator. The date must be the current date or a future date. Click **Update** to save the change.

2) Click the drop-down menu to open the calendar and select a date. The date must either be the current date or a future date. The date can be manually typed into the field if needed. Click **Update** to save the change.
Attestation Tab

The attestation tab will be available based upon provider specialties that are eligible to enroll in the Texas Women's Health Program (TWHP). For additional information see the PIMS Instructions for TWHP Certification and Attestation Job Aid.

Declare Specialties/Subspecialties

This section allows provider administrators to select up to three subspecialties from the list provided. Provider-declared subspecialties will be available as advanced search criteria in the OPL and will be displayed on the “Expanded Results” page. The sub-specialties within the provider's scope of practice will be available in this section.

Select the available subspecialty and move it to the “Selected Subspecialty” box by clicking the right-arrow. To remove a sub-specialty from the “Selected Subspecialty” box, click the left-arrow and click Submit when all necessary changes are complete.
The PIMS User Guide is produced by TMHP Training Services Team. Providers should regularly consult the TMPPM, CSHCN Services Program Provider Manual, web articles, and banner messages for updated policy and procedure information.