Quick Tips to Avoid Common Provider Enrollment Deficiencies

Prior to submitting your application for enrollment into the Texas State Health-Care Programs, please review the information provided for each of the key areas identified below to help ensure that the application has been completed correctly and in its entirety. Avoiding these common deficiencies will allow your application to be processed more quickly and efficiently:

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<th>All Sections</th>
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<td><strong>Application Revision</strong> - The enrollment application must be submitted on the most current application revision. All corrections to a paper application must be made on the same revision as originally submitted. It is recommended that a copy of all submitted documents be kept for record keeping purposes. If the revision originally submitted is no longer available online, blank pages may be requested by sending an email including the specific revision and page numbers requested to the TMHP Provider Enrollment department at <a href="mailto:provider.enrollment.mailbox@tmhp.com">provider.enrollment.mailbox@tmhp.com</a>.</td>
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| **License Information Discrepancies** - Any discrepancy between the information on the license and the enrollment application will cause a delay. Verify that everything is current on your license prior to submitting your application (i.e., provider name, physical address, Medical Director, etc.).
*If the information listed on the licensing agency’s website has not been updated or is unable to be verified online, include the request that was submitted to the licensing agency and the response received along with a written request to proceed with the license discrepancy on the Medicaid application. The request that was submitted to the licensing agency and the written request to proceed must be submitted to the TMHP Provider Enrollment Department at:*

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

| **Medicare Certification Discrepancies** - Review the information on file with Medicare to ensure that everything is current and matches the application being submitted (i.e., provider name, physical practice location, individual ownership, liability insurance, etc.).
*If a change has been requested and is not reflected online, submit the corrections that have been submitted to Medicare along with a written request to proceed with the Medicare discrepancy on the Medicaid application. The corrections that were submitted to Medicare and the written request to proceed must be submitted to the TMHP Provider Enrollment Department at:*

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

| **Medicare Enrollment Information Form/Identification Form/Provider of Service Information**

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

**Note:** For group enrollments, these forms must be submitted for not only the group, but for each performing provider who is enrolling as a member of the group.
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Under “Additional Enrollment,” check the “opt out” box only if you do not wish to participate as a provider in the CSHCN Services Program. If you would like to participate, leave the box blank and submit the appropriate CSHCN Services Program forms and Provider Agreement which may be obtained through the CSHCN Forms page on www.tmhp.com.

### Disclosure of Ownership Form

All owners who have a five percent share or greater must be listed under section III “Owner, Partners, Officers, Directors, and Principals.”

**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 percentage owned must total 100 percent.

**Note:** If, for any reason, total ownership does not equal 100 percent, a brief explanation explaining the difference must be submitted.

### Provider Information Form (PIF-1) or Principal Information Form (PIF-2)

The PIF-2 must be completed in full for all persons/entities with five percent or more ownership AND any person or entity that meets any one or more of the items identified within the definition of a “Principal.”

**Note:** This includes not only all persons/entities that own five percent or more of the company, but also 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 substituted.

All sanctions must be disclosed regardless of how long ago the event occurred.  
*Include copies of any correspondence pertaining to the sanction with your Medicaid application.*

All actions taken by the licensing board/agencies must be disclosed regardless of how long ago the event occurred (i.e., administrative penalties, remedial plans, board orders, etc.).

All convictions, with the exception of Misdemeanor Class C traffic violations, are required to be disclosed regardless of how long ago the event occurred.

**Note:** This 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.

Valid documentation demonstrating the right to reside and work in the United States must be submitted in the case the provider or principal is a not a US citizen.

**Note:** Refer to the U.S. Citizenship and Immigration Services website for more information on acceptable documents.

### Provider Agreement
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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 organizations, the person who is signing on behalf of a group or facility should list their name in the “Representative Name” field, and their respective title in “Representative Title” field.