

TEXAS WOMEN'S HEALTH PROGRAM CERTIFICATION

This certification pertains to the following billing or performing provider:

Provider Name _____

Federal Tax ID Number _____

NPI Number _____

Provider's primary billing address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

Provider's primary physical address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification, as provided for by Title 25 of the Texas Administrative Code, Sections 39.31 through 39.45, the following terms are defined as follows:

The term "affiliate" means:

(A) An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

- (i) common ownership, management, or control;
- (ii) a franchise; or
- (iii) the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

- (1) taking affirmative action to secure elective abortion services for a Texas Women's Health Program (TWHP) client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
- (2) furnishing or displaying to a TWHP client information that publicizes or advertises an elective abortion service or provider; or
- (3) using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is _____. I am the provider or, if the provider is an organization,

I am the provider's (title or position) _____. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf.

Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organizations, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Title 25 of the Texas Administrative Code, Sections 39.31 through 39.45, I am not qualified to participate in the TWHP, or to bill the program for services if I perform or promote elective abortions, or if I am an affiliate of an entity that performs or promotes elective abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not perform or promote elective abortions outside the scope of the TWHP.
 I affirm that this statement is true and correct.
2. I am not an affiliate of an entity that performs or promotes elective abortions.
 I affirm that this statement is true and correct.
3. In offering or performing a TWHP service, I do not promote elective abortions within the scope of the TWHP.
 I affirm that this statement is true and correct.
4. In offering or performing a TWHP service, I maintain physical and financial separation between my TWHP activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All TWHP services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me has no board members who are also members of the governing board of an entity that performs or promotes elective abortions;
 - c. None of the funds that I receive for performing TWHP services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my accounting records confirm this;
 - d. At my location and in my public electronic communications, I do not display any signs or materials that promote elective abortion. I affirm that this statement is true and correct.
5. I do not use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.
 I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the TWHP and the Texas Department of State Health Services (DSHS) or its designee (henceforth, "DSHS") will deny any claims I submit for TWHP services.
- If, after I submit this signed certification, I perform, agree to perform, or promote elective abortions, or I affiliate or agree to affiliate with an entity that performs or promotes elective abortions, I will notify DSHS at least 30 calendar days before I perform or promote an elective abortion or affiliate with an entity that does so. If I fail to notify DSHS as required, I will be disqualified from the TWHP and DSHS will deny any claims I submit for TWHP services.
- If, while participating in the TWHP, I perform or promote an elective abortion, I will be disqualified from the TWHP, and DSHS will deny any claims I submit for TWHP services.
- If I submit this certification and agree to its terms, but DSHS determines that I am in fact ineligible to participate in the TWHP, DSHS may place a payment hold on claims submitted by me or my organization for TWHP services until DSHS can make a final determination regarding my eligibility.
- If DSHS determines that I am ineligible to receive funds under the TWHP:
 - a) DSHS may recoup TWHP funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) DSHS will deny all TWHP claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the TWHP until I comply with Texas Human Resources Code section 32.024(c-1) and Title 25 of the Texas Administrative Code, Sections 39.31 through 39.45.
- If I knowingly make a false statement or misrepresentation on this certification, DSHS may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the TWHP.

I also understand that, to enable DSHS to verify my or my organization's eligibility to participate in the TWHP, I must complete and return this certification form to DSHS at the following address:

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

If statements 1 – 5 are all marked “true,” indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification _____ through 12/31/_____

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your TWHP certification:

Terminate WHP Certification

Signature: _____

Printed Name: _____

Title: _____

Date: _____