

Healthy Texas Women (HTW) Program Provider Enrollment on the Portal (PEP) Updates

Overview

The Provider Enrollment on the Portal (PEP) application has been updated to streamline the certification process during enrollment. The HTW Certification form no longer needs to be signed and mailed to Texas Medicaid & Healthcare Partnership (TMHP). The following screenshots provide details regarding the HTW enhancements.

The following steps provide instruction on how to complete the HTW certification process using PEP:

- 1) The HTW services question is displayed in the PEP Provider Demographics section.

Provider Enrollment : Application for Texas State Programs: Provider Demographics

Existing Medicaid Texas Provider Identifiers(TPIs):

(Please list all other assigned Texas Medicaid TPIs)

Existing TPIs:

Do you want to be a limited provider? Yes No

Group/ Company or Last Name:

First Name:

Middle Initial:

Title / Degree: MD

State: 000-00-0000

D.B.A.:

Date of Birth:

Legal Name According to the I.R.S. (Identical to W-9):

Accepting New Clients? Yes No

Gender Limitations: Both

Client Age Restrictions: 0 TO 0

Counties Served: Anderson, Angellina, Aransas, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera

Andrews

Will you perform Healthy Texas Women services? Yes No

By selecting "Yes" and completing the Healthy Texas Women (HTW) Certification Form you are attesting that you will not perform or promote elective abortion or affiliate with another entity that performs or promotes elective abortions during the period of certification. For more information about the Healthy Texas Women program, visit the Texas Medicaid Provider Procedures Manual by [clicking here](#).

- 2) If the **Yes** button is selected in response to the HTW services question, an affirmation checkbox will populate. Selecting the **Yes, I affirm that the statements listed in the certification are true and correct** checkbox will launch the certification statement automatically in a new window tab (based on Windows configuration).

• Will you perform Healthy Texas Women services? Yes No
 By selecting "Yes" and completing the Healthy Texas Women (HTW) Certification Form you are attesting that you will not perform or promote elective abortion or affiliate with another entity that performs or promotes elective abortions during the period of certification. For more information about the Healthy Texas Women program, visit the Texas Medicaid Provider Procedures Manual by [clicking here](#).

Yes, I affirm that the statements listed in the certification are true and correct. [Click here](#) to view your certification statements.

Effective Date: End Date:

TMHP :: Provider Enrollment

HEALTHY TEXAS WOMEN PROGRAM CERTIFICATION

I am the provider or, if the provider is an organization, I am authorized to make this certification on the provider's behalf. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. 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 certification is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization's owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in the HTW program, 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 certifying on the Texas Medicaid & Healthcare Partnership website, I affirm that each of the following statements is true. I understand that my failure to certify will be regarded as my representation that the statement is false:

Yes, I attest that I provide HTW women's health and family planning services to clients enrolled in HTW at this physical location. HTW women's health and family planning services include woman's health exams, health screenings, and birth control.

THE CONTACT INFORMATION PROVIDED FOR THIS LOCATION WILL BE INCLUDED IN BOTH THE HTW ONLINE PROVIDER LOOKUP AND THE TEXAS MEDICAID ONLINE PROVIDER LOOKUP AND AVAILABLE TO CLIENTS SEEKING HTW WOMEN'S HEALTH AND FAMILY PLANNING SERVICES. PLEASE ENSURE THAT THIS ATTESTATION INCLUDES THE PHYSICAL LOCATION AT WHICH YOU WILL RECEIVE CLIENTS AND PROVIDE HTW WOMEN'S HEALTH AND FAMILY PLANNING SERVICES TO CLIENTS.

No, I do not provide these services at this location.

Effective Date: End Date:

- 3) Once you have read the HTW Certification statement, navigate back to the PEP demographics screen and complete the HTW women's health and family planning services section. Providers are required to select **Yes** or **No** to respond to the HTW women's health and family planning services Attestation question for the location where HTW services are performed. Once complete, click the **Continue and Save** button to proceed with the enrollment application.

• Will you perform Healthy Texas Women services? Yes No
 By selecting "Yes" and completing the Healthy Texas Women (HTW) Certification Form you are attesting that you will not perform or promote elective abortion or affiliate with another entity that performs or promotes elective abortions during the period of certification. For more information about the Healthy Texas Women program, visit the Texas Medicaid Provider Procedures Manual by [clicking here](#).

Yes, I affirm that the statements listed in the certification are true and correct. [Click here](#) to view your certification statements.

Effective Date: End Date:

• HTW women's health and family planning services

Yes, I attest that I provide HTW women's health and family planning services to clients enrolled in HTW at this physical location. HTW women's health and family planning services include woman's health exams, health screenings, and birth control.

THE CONTACT INFORMATION PROVIDED FOR THIS LOCATION WILL BE INCLUDED IN BOTH THE HTW ONLINE PROVIDER LOOKUP AND THE TEXAS MEDICAID ONLINE PROVIDER LOOKUP AND AVAILABLE TO CLIENTS SEEKING HTW WOMEN'S HEALTH AND FAMILY PLANNING SERVICES. PLEASE ENSURE THAT THIS ATTESTATION INCLUDES THE PHYSICAL LOCATION AT WHICH YOU WILL RECEIVE CLIENTS AND PROVIDE HTW WOMEN'S HEALTH AND FAMILY PLANNING SERVICES TO CLIENTS.

No, I do not provide these services at this location.