

# Provider Enrollment Electronic Signature Instructions

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#### Provider Enrollment

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The electronic signatures portion of the <u>Provider Enrollment on the Portal (PEP)</u> process helps providers and provider administrators save time and avoid deficiencies that may occur when physically signing and mailing required documents.

Providers can opt out of this step if they prefer not to e-sign required documentation or they do not have the capability to do so. They can then continue their enrollment application in PEP and provide required documents via mail.

Providers who elect to e-sign documents should remember that these documents are legally binding and there may be some limitations to upload sizes and which documents can and cannot be e-signed.

It is the responsibility of the provider administrator to ensure that all documents are signed, electronically or not, and provided to TMHP in a timely manner. Providers can only submit online applications and use electronic signatures after they have activated a TMHP User Account and a Portal ID. Instructions for activating an account are available in the <u>TMHP Portal Security Provider Training Manual</u>.

#### Assign the Agreements for Electronic Signature

The Provider Administrator must assign the agreements to the enrolling provider so that they can be signed electronically. The following enrollment agreements can be e-signed:

- The Electronic Funds Transfer (EFT) Agreement
- The HHSC Medicaid Provider (Traditional Medicaid) Program Agreement
- The Provider Agreement with the Health and Human Services Commission (HHSC) for Participation in the Children with Special Health Care Needs (CSHCN) Services Program
- The HHSC Medicaid Provider Agreement (THSteps Dental) Agreement
- The HHSC Medicaid Ordering or Referring Provider Agreement
- 1) Acknowledge that the application is complete, then indicate whether electronic signatures will be used to complete the application, or not.

51							1	Home :: TMHP.com :	My Account
TMHP	7	_	_	_	_	_	_	Logged in as: Portal Ticket #	Log Off
THIP II: Provider Enrollment	Quick Links: Provider Type Identification Form Final Acknowledgement Application Summary I certify that the information I have becomes available. I understand the declared as an overpayment and si monetary penalties. After you accept and submit the ap R. I acknowledge that the application I will use electronic signatures to After you accept and submit the ap If you need to generate a preview that it will take to generate the pre Important: Generating a preview	Provider Permoaraphics aupplied in this docum at hisping and its, co aupplied in this docum at hisping and its, co biject to recoupment. I plication, you cannot n is complete this application plication, a finalized PC DPD before. The preview PDF does not complete	Provider Information Form	Disclosure of Ownership rect, and complete infor act, or pertinent ornissi act, or pertinent ornissi act, or pertinent ornissi er administrative sanct hile TMHP processes it.	Principal Information Form	Pisclosure of Relationships HHSC or its designee, i and mabe produced includes payment hold, s listed above to review processing, w DDF The size of the en o complete your applicat	Provider Acknowledgement	as or if additional information of the second secon	mation and is a and submit
	Previous Page							Continue and	d Save

2) Users who selected "Yes" in the previous step will enter the Portal User ID for each agreement in the "User ID of Authorized Signatory" field. PEP will assign each agreement to the designated Portal User ID.

51							Hom	e :: TMHP.com :: My A	Account
TMITP				_		_	Lo	gged in as:	Log Of
TMHP :: Provider Enrollment							Por	tal licket #	
Provider Enrollment     Enrollment     View Existing Transactions	Quick Links: Provider Type Identification Form	<u>Provider</u> Demographics	Provider Information Form	<u>Disclosure of</u> <u>Ownership</u>	Principal Information Form	Disclosure of Relationships	<u>Provider</u> Acknowledgement	Signatures and Attachments	
View Saved Templates	Signatures and Attachmen	ts							
	Select the name from the "Authorized electronic signature fields. Please ente Each signer must contact the PEP Adm	Signatory" dropdown a er a Portal User ID for e nin for this application	and enter the Portal ID fi each agreement within th to obtain additional enro	or each Agreement wit ne "Assigned for Signat Ilment agreement info	hin the "User ID of Signate ture To" field below. To cre rmation.	ory" field below. Each si ate new Portal User ID:	gner must have a Portal s, access the My Account	User ID to access the link at the top of this p	age.
	Please verify that all Portal User I	Ds are complete and	correct prior to activa	iting the agreement	(s) for electronic signat	ure.			
	Agreement:	Name of Authorize Signatory:	ed User ID Signato	of Authorized ry:					
	Electronic Funds Transfer Agreement	Doctor Jones V							
	HHSC Traditional Medicaid Agreement	Doctor Jones V							
			Act	ivate Agreement i	for E-Signatures				
	Required Documentation								
	Complete and attach the following	documents to support t	his enrollment applicatio	n:					
	Attachments								
	All other required documentation, i attached to this enrollment applica	f applicable, must be e tion.	ither uploaded electronic	ally or faxed/mailed.	<u>Click here</u> for more informa	tion on documents that	can be electronically sca	nned/uploaded and	
	These attachments must be saved megabytes.	and uploaded as a Port	table Document File (PDF	;) and the maximum fi	le size limit total for each f	ile is up to 2 megabyte	s and for all attached doc	uments is up to 20	
	Browse	dd Document							
	Agreement								
	By submitting this application for pr as a provider in the Texas State Pro standards of behavior that, if not m	rovider enrollment or c ograms. I also agree to iet, can result in admin	redentialing, as well as t adhere to all applicable istrative, civil and/or crir	he information provide laws, administrative ru ninal sanctions.	d in connection with this a ules, policies, and guideline	pplication, I acknowled s, and I understand the	ge that I intend to becom at under these authorities	e enrolled or credential I must adhere to	led
				I Decline	I Accept				
	Once the application is accepted a	nd submitted, you will	not be able to make moo	difications during TMHF	<sup>o</sup> processing.				
	Previous Page								

3) Click Validate Portal User ID(s) to validate the Portal User IDs.

Signatures and Attachments						
Select the name from the "Authori access the electronic signature fiel at the top of this page. Each signe	Select the name from the "Authorized Signatory" dropdown and enter the Portal ID for each Agreement within the "User ID of Signatory" field below. Each signer must have a Portal User ID to access the electronic signature fields. Please enter a Portal User ID for each agreement within the "Assigned for Signature To" field below. To create new Portal User IDs, access the My Account link at the top of this page. Each signer must contact the PEP Admin for this application to obtain additional enrollment agreement information.					
Please verify that all Portal Use	er IDs are complete and corre	ect prior to activating the agreement(s) for electronic signature.				
Agreement:	Name of Authorized Signatory:	User ID of Authorized Signatory:				
Electronic Funds Transfer Agreement	Doctor Jones 🗸					
HHSC Traditional Medicaid Agreement	Doctor Jones 🗸					
		Validate Portal User Id(s)				

4) PEP will list the designated Portal User IDs and their email addresses. Click **Activate Agreement for E-Signature button** to forward the agreement for the providers' electronic signatures.

Signatures and Attachme	ents			
elect the name from the "Authoriz lectronic signature fields. Please e ach signer must contact the BED A	ed Signatory" dropdown and enter nter a Portal User ID for each agre dmin for this application to obtain	the Portal ID for each Agreement wi ement within the "Assigned for Signa additional accollment accommon info	thin the "User ID of Sigr ture To" field below. To	atory" field below. Each signer must have a Portal User ID to access the create new Portal User IDs, access the My Account link at the top of this page.
lease verify that all Portal Use	r IDs are complete and correct	prior to activating the agreement	(s) for electronic sign	ature.
Agreement:	Name of Authorized Signatory:	User ID of Authorized Signatory:	Email:	
Electronic Funds Transfer Agreement	Doctor Jones 🗸			Clear
HHSC Traditional Medicaid Agreement	Doctor Jones 🗸			Clear
			( = c' +	, 
		Activate Agreement	for E-Signatures	

5) TMHP will send the providers an email titled "Signature Required for Texas State Health-Care Program Agreements." The email will prompt them to log in to the TMHP portal with their Portal User ID and e-sign their agreements.

🖂   🛃 🧉 😈 🐟 🗇 📮 🛛 Signature Required for Texas State Health-Care Program Agreements - Message (Plain Text) 📃 💷 🔤								
File Message Voltag								
ignore X & Junk + Delete	Reply Reply Forward Nore	ng Pi Move to: ? A To Manager → → Team E-mail →	Move	<ul> <li>Mark Unread</li> <li>Categorize ▼</li> <li>Follow Up ▼</li> </ul>	a ∰ Translate	Zoom		
Delete	Respond	Quick Steps 5	Move	Tags 🕞	Editing	Zoom		
From: To: Cc: Subject: Sign	From: © @tmhp.com Sent: Thu 4/16/2015 10:29 AM To: © Cc: © Subject: Signature Required for Taxas State Health Care Program Agreements							
4/16/2015								
Dear Provider:								
Your signature Traditional Me	on the following agreements is dicaid (THSteps Dental)	required to complete provi	der enrollment applic	ation number	: HHSC			
To sign and cor	nplete the agreements, you mu	st log in to your TMHP port	al account on the TMI	HP website at <u>ww</u>	vw.tmhp.com.			
To access the p account, who i	provider enrollment application r s copied on this email.	umber , you mus	t contact the provide	r administrator of	f your TMHP po	rtal		
If you received	this email in error, please notify	the provider administrato	r of your TMHP porta	account and del	ete the email.			
If you have any CSHCN Service	If you have any general questions about provider applications, please call the TMHP Contact Center at 1-800-925-9126 or the TMHP- CSHCN Services Program Contact Center at 1-800-568-2413.							
2	@tmhp.com					22 ^		

## Accept and Sign the Agreements

When the Provider Administrator assigns the agreements to the provider, the provider must log in to PEP with a Portal User Account.

1) Once logged into My Account, click Administer a Provider Enrollment Transaction.

51		Home :: TMHP.com :: My Acco
TMHP		Logged in as:   Log
Navigation		
G ▲ THHE.com • My Account	Welcome to My Account. This section allows a user to perform various maintenance activities for their TMHP account.         Click the appropriate link for access to the maintenance options.         Acute Care Online Portal         View. R&S/COF_Reports         View. PEP Provider Reports         TextMedConnect         Prior. Authorization         View. MET_Provider Reports         View. MET_Provider Reports         View. MET_Provider Reports         View. AC. AC.PC Supplemental Payment Reports         View. Payment Amounts         Medical Client Portal for Providers         Fee. Schedule         Message_Dashboard (You have 0 unread messages)	
	Manage Provider Accounts         Administer a Provider Identifier         Berome a Drovider Administrator for a Provider Identifier (authorization required).         Administer a Provider Enrollment Transaction         Open the provider enrollment application         Berome a Drovider enrollment application         Create a new user         Create a new user for existing Provider Identifier.         Link an existing user to a Provider Identifier that you administer.         Provider Information, Management System         Check re-enrollment Information, Manage provider addresses, self-declared specialities & subspecialities and other demographic information.         Texas Medical EHR Information, Manage provider addresses, self-declared specialities & subspecialities and other demographic information.         Texas Medical EHR Information, Angaeg provider addresses, self-declared specialities & subspecialities and other demographic information.         Texas Medical EHR Information, Manage provider addresses, self-declared specialities & subspecialities and other demographic Information.         Texas Medical EHR Information Advice (ERA)         Enroll to receive Electronic Remittance Advice (ERA)         Enroll to receive Steronic Remittance Advice (ERA)         Add a new Provider Jorms/EDU/TMIP-ERS-Agreement.pdf         EVV. Portal         Add a new Provider Vendor Selection Form or search and update an existing form.         Change your Membed of delivery of R&S repor	
	Submit Administrative Appeal Upload an Administrative Appeal. Note: This is not intended for any other appeal process other than	

2) Click View Existing Transactions.



3) In the "Link to Agreement" column, click the link to e-sign the agreement through Adobe Echo Sign.

gnatures and Attachr	ments						
lect the name from the "Autho ctronic signature fields. Please ch signer must contact the PE	orized Signatory" dropdown a e enter a Portal User ID for e P Admin for this application t lser IDs are complete and	ind enter the Portal ID for each ach agreement within the "Assi o obtain additional enrollment a	Agreement within t gned for Signature agreement informat	the "User ID of Signa To" field below. To c tion. <b>for electronic signa</b>	tory" field below. Each signer reate new Portal User IDs, ac <b>ture.</b>	r must hav cess the M	e a Portal User ID to access the y Account link at the top of this pa
Agreement:	Name of Authorized Signatory:	User ID of Authorized Signatory:	Email:		Link to Agreement:	Status:	
Electronic Funds Transfer Agreement	Doctor Jones 🗸			Clear	Click Here to E-Sign	Sent	Remind/Re-Send Email
HHSC Traditional Medicaid Agreement	Doctor Jones 🗸			Clear	Click Here to E-Sign	Sent	Remind/Re-Send Email
		Activate	Agreement for	E-Signatures			

4) If the designated provider decides they do not want to e-sign, after clicking on the Link to Agreement in Step 3, they would click the Option drop-down box and select, "I will not e-sign".

Powerei Adobe	EchoSign	(?)			
Options 🗸	Enrollment Agreements	Next Required 4			
I will not e-sign Clear document data	HHSC Medicaid Provider Agreement				
	Name of provider enrolling:				
	1027bill Alberta				
Church	Medicare provider ID number: (if applicable) Medicare provider ID number: (if applicable)				
Start	Physical address (where health care is rendered): Providers MUST enter the physical address where the services are rendered to clients. If the accounting, corporate, or mailing address is entered in this physical address field, the application may be denied.				
	Number Street Suite City State ZIP				
	10/160 Albarta, Round Rook, 73, 78884				
	Number Street Suite City State ZIP				
	102040 Alberta, Round Rock, 73, 78884				
	As a condition for participation as a provider under the Texas Medical Assistance Program (Medicaid), the provider (Provider) agrees to comply with all terms and conditions of this Agreement.  I. ALL PROVIDERS  1.1 Agreement and documents constituting Agreement. The current <i>Texas Medicaid Provider Procedures Manual</i> (Provider Manual) may be accessed via the internet at www.tmhp.com. Provider has a duty to become educated and knowledgeable with the contents and procedures contained in the Provider Manual. Provider agrees to comply with all of the requirements of the Provider Manual, as well as all state and federal laws governing or regulating Medicaid, and provider further acknowledges and agrees that the provider is responsible for ensuring that all employees and agents of the provider also comply. Provider agrees to acknowledge HIHSC's provision of enrollment processes and authority to make enrollment decisions as found in Title 1, Part 15, Chapter 352 of the Texas Administrative Code. Provider is specifically responsible for ensuring that the provider and all employees and agrees on the provider is each agrees that the provider and its principals will be held responsible for violations of this agreement through any acts or omissions of the provider, its employees, and its gents. For purposes of this agreement, a principal of the provider includes all owners with a direct or indirect ownership or control interest of 5 percent or more, all corporate officers and directors, all limited and non-limited partners, and all shareholders of a legal entity, including a professional corporation, professional association, or limited liability company. Principals of the provider further include managing employee(s) or agents whe exercise operational or managerial control or who directly or indirectly manage the conductof au-to-any operations.				
	1.2 State and Federal regulat ( ) v () v () v () tents. 1 / 5 () () () () () () () () () () () () ()	×			
Language English: US	O 2015 Adobe Systems Incorporated All rights reserved Terms Privacy Cookies	Consumer Disclosure Trust			

5) All of the required fields must be completed for each agreement. Portal Users will not be able to proceed to the next field if the required fields have not been completed. Multiple agreements may be displayed. Each agreement will have a separate link and must be signed individually. All of the agreements must be completed before the application is submitted.

Agreement Example:

Рошен ТЕХА МЕЙСКИР Активиски сонистик	E EchoSign HHSC	?
Options 👻	Enrollment Agreements	Completed
	HHSC Medicaid Provider Agreement	
	Name of provider enrolling:	
	Dama Roma	
	Medicaid TPI: (if applicable) Medicare provider ID number: (if applicable)	
	Included Table	
	Physical address (where health care is rendered): Providers MUST enter the physical address where the services are rendered to clients. If the accounting, corporate, or mailing address is entered in this physical address field, the application may be denied. Number Street Street Street	
	1788 Hallerine Has. D. Paulit, To. 70750	
	Accounting/billing address: (if applicable)	
	Number Street Suite City State ZIP	5
	As a condition for participation as a provider under the Texas Medical Assistance Program (Medicaid), the provider (Provider) agrees to comply with all terms and conditions of this Agreement.  ALL PROVIDERS  Agreement and documents constituting Agreement. The current <i>Texas Medicaid Provider Procedures Manual</i> (Provider Manual) may be accessed via the internet at www.tmhp.com. Provider has a duty to become educated and knowledgeable with the contents and procedures contained in the Provider Manual. Provider garees to comply with all of the requirements of the Provider interposite for ensuing that all entipleses and agents of the Provider Manual, as well as all state and federal laws governing or regulating Medicaid, and provider further acknowledges and agrees that the provider is responsible for ensuing that all employees and agents of the Drovider also comply. Provider agrees to the Provider Single HISC's provider a provider is specifically responsible for ensuing that the provider and and proved and and provider of the Provider and and the text of the Texas Administrative Code. Provider is a specifically responsible for ensuing that the provider and all employees and agents of the Provider index of Tile 1, Part 15, Chapter 371 of the Texas Administrative Code, related to wate, abuse and fraud, and provider acknowledges and agrees that the provider and is principals will be held responsible for viorbide inclusions of this agreement through may acts or omissions of the provider, is engeloses. For purposes of this agreement, a principal of the provider inclused all covers with a direct or indirect ownership or control interest of 5 percent or more, all corporate officers and directors, all limited and non-limited partners, and all stateholders of a legal entity, including a professional accorporation, professional association, or limited liability company. Principals of the provider further include managing employee(s) or agents who exercise operational or managerial control or who directly or indirectly manage	
Saved	1.2 State and Federal regulatory requirements.	
	1.2.1 By signing this agreement, Provider certifies that the provider and its principals have not been excluded, suspended, debarred, revoked or any other synonymous action from participation in any program under Title XVIII (Medicare), Title XIX (Medicaid), or under the provisions of Executive	
	I agree to the Terms of Use and Consumer Disclosure of this document Click to sign	

6) Click **Click to sign** to submit e-signature.

		<u> </u>
I agree to the Terms of Use and Consumer Disclosure of this document	Click to sign	

7) Signees will type their name in the **Type Signature** window, and click **Apply**.

I ype Signature	
	Test Test MD
Ser	Test Test HD
	Cancel Apply

8) The "Enrollment Agreement confirmation" page will display all of the completed and signed agreements. Click **Download a copy** button to view or save a copy of the agreement.

9) Close the Adobe EchoSign page, and the e-sign status in the associated PEP application will change from **Sent** to **Signed**.

ronic signature fields. Pleas signer must contact the PE	e enter a Portal User ID for e	each agreement within the "Assi to obtain additional enrollment a	gned for Signature agreement informati	To" field below. To cre ion.	eate new Portal User IDs, ac	cess the M	y Account link at the top of thi
Agreement:	Name of Authorized Signatory:	User ID of Authorized Signatory:	Email:	or electronic signat	Link to Agreement:	Status:	
Electronic Funds Transfer Agreement	Doctor Jones 🗸			Clear	Click Here to E-Sign	Signed	Remind/Re-Send Ema
HHSC Traditional Medicaid Agreement	Doctor Jones 🗸	ł.		Clear	Click Here to E-Sign	Signed	Remind/Re-Send Ema

# **Attaching Files to the Application**

Providers can attach and submit their supporting documents, regardless of whether they would like to e-sign or not.

The following conditions apply:

- All attachments must be saved and uploaded as Portable Document Format (PDF) files.
- Each attachment has a maximum file size of 2 megabytes, and the total size of all of the attached PDFs cannot exceed 20 megabytes.
- If the required documents are not attached to the online application, the provider must mail or fax the documents to TMHP as specified in the "Provider Enrollment" section of the *Texas Medicaid Provider Procedures Manual*.

uachmenus	
All other required document attached to this enrollment	ation, if applicable, must be either uploaded electronically or faxed/mailed. <u>Click here</u> for more information on documents that can be electronically scanned/uploaded and application.
These attachments must be	saved and uploaded as a Portable Document File (PDF) and the maximum file size limit total for each file is up to 2 megabytes and for all attached documents is up to 20
megabytes.	
Brows	a Add Document
Brows File Name	and Document

Once all attachments have been uploaded, click **I Accept** to submit the application. The application cannot be modified after clicking the "I Accept" button.

greement	
By submitting this application for provider enrollme as a provider in the Texas State Programs. I also a standards of behavior that, if not met, can result ir	Int or credentialing, as well as the information provided in connection with this application, I acknowledge that I intend to become enrolled or credentialed gree to adhere to all applicable laws, administrative rules, policies, and guidelines, and I understand that under these authorities I must adhere to administrative, civil and/or criminal sanctions.
Once the application is accepted and submitted	ou will not be able to make modifications during TMHP processing.

## System Requirements

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, such as Microsoft Edge. Adobe Acrobat 10.0 or a more recent version is also needed.