TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Texas Medicaid
Enrollment Application

Performing Providers

INSTRUCTIONS
V. II

Introduction

Dear Health-Care Professional:

Thank you for your interest in becoming a Texas Medicaid provider. Participation by providers in Texas Medicaid is vital to the successful delivery of Medicaid services, and we welcome your application for enrollment.

An application must be completed in its entirety as outlined in the instructions below and will be reviewed by the Texas Health and Human Services Commission (HHSC) and the claims contractor Texas Medicaid & Healthcare Partnership (TMHP).

Providers are encouraged to review the current *Texas Medicaid Provider Procedures Manual* for information about provider responsibilities, claims filing procedures, filing deadlines, benefits and limitations, and much more. The provider manual is updated monthly and can be accessed from the TMHP website at **www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx**.

There is no guarantee that your application will be approved for processing or that you will be assigned a Texas Provider Identifier (TPI). If you decide to provide services to a Medicaid client before your application has been approved, you do so with the understanding that, if your application is denied, Texas Medicaid will not pay the claims and that the law also prohibits you from billing the Medicaid client for the services that you provided.

Privacy Statement

With a few exceptions, Texas privacy laws and the Public Information Act entitle you to ask about the information collected on the application forms, to receive and review this information, and to request corrections of inaccurate information. The Health and Human Services Commission's (HHSC) procedures for requesting corrections are in Title 1 of the Texas Administrative Code, 1 TAC §351.17-§ 351.23.

For questions concerning this notice or to request information or corrections, please contact Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **1-800-925-9126**. TMHP customer service representatives are available Monday through Friday from 7 a.m. to 7 p.m. Central Standard time.

Application Correspondence

All correspondence related to an application (i.e., enrollment denials, deficiency letters) will also be mailed to the **physical address** listed on your application unless otherwise requested in the Contact Information section of the application.

Contact Information

For information about Medicaid provider identifier requirements, the status of your enrollment, or claims submission, call TMHP Contact Center toll-free at **1-800-925-9126**.

Thank you for your applying to become a Texas Medicaid provider.

Enrollment Requirements

Affordable Care Act

In compliance with the Affordable Care Act of 2010 (ACA), all providers are subject to ACA screening procedures for newly enrolling and re-enrolling providers. All participating providers must be screened upon submission of an application, including, but not limited to:

- Applications for providers that are new to Texas Medicaid.
- Applications for providers that are requesting new practice locations.
- Applications for currently enrolled providers that must periodically revalidate their enrollment in Texas Medicaid.

Refer to: Code of Federal Regulations (CFR) Title 42, Ch. IV, Part 455, Subpart E-Provider Screening and Enrollment; and Texas Administrative Code (TAC) Title 1, Part 15, Chapter 352, for the statutory provisions for these requirements.

Provider Screening

The Centers for Medicare & Medicaid Services (CMS) has defined three levels of risk: limited, moderate, and high. Categories are assigned to each provider type based on an assessment of the risk of fraud, waste, and abuse. HHSC has the authority to assign a risk level higher than that assigned by Medicare. HHSC assesses risk using criteria similar to that used by CMS, which includes trends of fraud, waste, and abuse specific to Texas provider types.

Fingerprint Criminal Background Check (FCBC)

All high-categorical risk level providers and their owners that have a 5 percent or more direct or indirect ownership interest must submit fingerprints for enrollment or revalidation in Texas Medicaid. Currently, performing providers are only assigned a high categorical risk level when they meet specific criteria to have their risk level adjusted, as outlined in 42 CFR §455.450(e).

If you meet the criteria to receive a high categorical risk level, you will be sent with a deficiency letter with specific directions and information required to schedule a fingerprinting appointment.

For more information about fingerprinting requirements or risk categories, please see the "*Provider Fingerprinting Requirement FAQs*" available under the "Helpful Links" section on the provider enrollment page of the TMHP website at **www.tmhp.com/Pages/ProviderEnrollment/PE_TX_Medicaid_New.aspx**.

Provider Revalidation

In compliance with ACA, all providers are required to revalidate their enrollment at least every three to five years depending on provider type. Providers will be notified that they are required to revalidate before their revalidation deadline. The ACA screening criteria applies during revalidation. Providers that do not revalidate their enrollment by the designated date will be disenrolled and will no longer receive reimbursement from Texas Medicaid.

Texas Medicaid Provider Enrollment Application Instructions

All Providers

This application can be used to enroll as a performing provider in Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

To ensure accurate processing, complete and return the following forms to TMHP:

- Medicare Enrollment Information Form (page <?> of the application)
- Texas Medicaid Identification Form (page <?> of the application)
- Provider of Services Information (page <?> of the application)
- Provider Information Form (page <?> of the application)
- HHSC Medicaid Provider Agreement (original signatures required) (page <?> of the application)

The following attachments must also be submitted if applicable for the requesting provider type:

- Copy of Certification of Mammography Systems from the Bureau of Radiation Control (for all providers rendering mammography services)
- Healthy Texas Women Certification (original signatures required)

Important: *Retain a copy for your records of all documents submitted for enrollment.*

Enrolling in Additional State Health-Care Programs

To enroll in other State health-care programs, the following applications are available on the provider forms page of the TMHP website at **www.tmhp.com/Pages/Medicaid/medicaid_forms.aspx**:

- Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only
- THSteps Dental Provider Enrollment Application
- Medical Transportation Program (MTP) Provider Enrollment Application
- Texas Vaccines for Children Program (TVFC)

Enrollment Criteria for Out-of-State Providers

Out-of-state providers are subject to a limited enrollment term. You must submit proof of meeting one of the following criteria prior to being able to enroll with Texas Medicaid:

- A medical emergency documented by the attending physician or other provider.
- The client's health is in danger if he or she is required to travel to Texas.
- Services are more readily available in the state where the client is temporarily located.
- The customary or general practice for clients in a particular locality is to use medical resources in the other state (this is limited to providers located in a state bordering Texas).
- All services provided to adopted children receiving adoption subsidies (these children are covered for all services, not just emergency).
- The services are medically necessary and the nature of the service is such that providers for this service are limited or not readily available within the state of Texas.
- The services are medically necessary services to one or more dually eligible recipients (i.e., recipients who are enrolled in both Medicare and Medicaid)
- The services are provided by a pharmacy that is a distributor of a drug that is classified by the U.S. Food and Drug Administration (FDA) as a limited distribution drug.
- The services are medically necessary and one or more of the following exceptions for good cause exist and can be documented:
    - Texas Medicaid enrolled providers rely on the services provided by the applicant.
    - Applicant maintains existing agreements as a participating provider through one or more Medicaid managed care organizations (MCO) and enrollment of the applicant leads to more cost-effective delivery of Medicaid services.

Instructions for Completing the Performing Provider Application and Additional Forms

Medicare Enrollment Information

Medicare enrollment is a prerequisite for Medicaid enrollment if you render services for clients who are eligible for Medicare. If you have a Medicare number that pertains to this enrollment, you must supply the number to TMHP. If you do not have a Medicare number and are eligible for a Medicare Waiver Request, check the box for the waiver request that matches your situation (see page <?> of the application).

This information is required. Your enrollment in Texas Medicaid may be delayed if this section of the application is not completed at the time of submission.

Texas Medicaid Identification Form

Type of Enrollment:

Choose the appropriate box to indicate if this is a new enrollment for a new provider, new provider type, new practice location, etc. or if this enrollment is in response to a
re-enrollment letter.

Requesting Enrollment As:

Performing Provider is pre-populated in this field. This type of enrollment applies to an individual health-care professional who is licensed or certified in Texas, and who is seeking enrollment under a group. The enrollment is under the tax identification number of the group, and payment is made to the group.

NPI:

Enter your National Provider Identifier (NPI) in this box. An NPI is not required for Financial Management Services Agency (FMSA), Milk Donor Bank, Personal Assistance Services, and Service Responsibility Option (SRO) providers.

Additional Program Enrollment:

Children with Special Health Care Needs (CSHCN) Services Program. By checking this box, you are indicating that you would like to be considered for enrollment in the CSHCN Services Program. If this box is checked, you must also submit the following forms that are available on the CSHCN forms page of the TMHP website at **www.tmhp.com/Pages/CSHCN/CSHCN_Forms.aspx**:

- CSHCN Services Program Identification Form
- Provider Agreement with the Health and Human Services Commission (HHSC) for Participation in the Children with Special Health Care Needs (CSHCN) Services Program
- Required Information for Enrollment as a CSHCN Services Program Dental Orthodontia Provider (as applicable)

Texas Medicaid Identification Form

Texas Medicaid services are categorized by traditional services, case management services, and Comprehensive Care Program (CCP) services. Check the box with the appropriate category that identifies the provider type with which you are seeking enrollment. Check only the appropriate box to ensure proper enrollment. For assistance in choosing the appropriate provider type, please refer to the instructions below.

Traditional Services

Anesthesiologist Assistant (AA). To enroll in Texas Medicaid, AAs must be certified by the National Commission for Certification of Anesthesiologist Assistants. AA providers must enroll as performing providers into an anesthesiology group or a clinic/group practice. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Certification information will be required upon enrollment.

Audiologist. To enroll in Texas Medicaid, audiologists who provide hearing evaluations or fitting and dispensing services must:

- Be licensed by the licensing board of their profession to practice in the state where the services are performed at the time the services are provided.
- Be enrolled as a Medicare provider.
- Be currently certified by the American Speech, Language, and Hearing Association or meet the Association's equivalency requirements.

Certified Registered Nurse Anesthetist (CRNA). To enroll in Texas Medicaid, a CRNA must be a registered nurse approved as an advanced practice nurse by the state in which they practice and be currently certified by either the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists. Medicare enrollment is a prerequisite for enrollment as a Medicaid provider.

You must attach a copy of your CRNA certification or re–certification card.

Certified Nurse Midwife (CNM). To enroll in Texas Medicaid, a CNM must be a licensed registered nurse who is recognized by the Texas Board of Nursing as an advanced practice nurse in nurse-midwifery and certified by the American College of Nurse-Midwives. Medicare enrollment is a prerequisite for enrollment as a Medicaid provider.

CNMs must complete the Physician Letter of Agreement form for Certified Nurse Midwife (CNM) and Licensed Midwife (LM) Providers and submit the agreement with this enrollment application.

Chiropractor. To enroll in Texas Medicaid, a doctor of chiropractic (DC) medicine must be licensed by the Texas Board of Chiropractic Examiners and enrolled as a Medicare provider. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Dentist/Doctor of Dentistry as a Limited Physician. Dentists can enroll as traditional Medicaid providers to be reimbursed for medically necessary dental services, and as THSteps dental providers to be reimbursed for preventive dental care for THSteps dental clients.

To enroll as a Doctor of Dentistry Practicing as a Limited Physician, a dentist must be currently licensed by the TSBDE or currently be licensed in the state where the service was performed at that time, have a Medicare provider identification number before applying for and receiving a Medicaid provider identifier and enroll as a Medicaid provider with a limited physician provider identifier using the Traditional Medicaid Provider Enrollment Application.

Dentists must complete an enrollment application for each separate practice location and will receive a unique nine-digit Medicaid provider identification number for each practice location.

Note: *The Texas Medicaid Provider Enrollment Application is required to enroll in Texas Medicaid as a Doctor of Dentistry as a Limited Physician. To enroll in Texas Medicaid as a THSteps dental provider, complete and submit the Texas Health Steps (THSteps) Dental Provider Enrollment Application.*

Family Planning Agency. Family planning services are preventive health, medical, counseling, and educational services that assist individuals in managing their fertility and achieving optimal reproductive and general health. To enroll in Texas Medicaid, family planning agencies must ensure that all services are furnished by, prescribed by, or provided under the direction of a licensed physician and have a medical director who is a physician currently licensed to practice medicine in Texas. Agencies must have an established record of performance in the provision of both medical and educational/counseling family planning services as verified through client records, established clinic hours, and clinic site locations; provide family planning services in accordance with DSHS standards of client care for family planning agencies; and be approved for family planning services by the DSHS Family Planning Program. Physicians who wish to provide Medicaid Obstetric and Gynecologic (OB-GYN) services are allowed to bypass Medicare enrollment and obtain a Medicaid-only TPI for OB-GYN services regardless of provider specialty. Similarly, federally qualified health centers do not need to apply for a separate physician or agency number. Family planning services are payable under the existing FQHC TPI using family planning procedure codes.

Genetics. Only full-service genetic providers may enroll in Texas Medicaid. Before enrolling, the provider must contract with DSHS for the provision of genetic services. Basic contract requirements are as follows. 1) The provider's medical director must be a clinical geneticist (MD or DO) who is board eligible/certified by the American Board of Medical Geneticists (ABMG). The physician must oversee the delivery and content of all medical services. 2) The provider must use a team of professionals to provide genetic evaluative, diagnostic, and counseling services. The team rendering the services must consist of at least the following professional staff. 3) The clinical geneticist (MD or DO) and at least one of the following: nurse, genetic associate, social worker, medical geneticist, or genetic counselor. Administrative personnel and support staff may also be involved. Additionally, each genetic professional providing clinical services must obtain a performing TPI from TMHP. For more contracting information, contact the DSHS Genetic Screening and Case Management Division at PO Box 149347, Austin, TX 78714-9347, Mail Code 1918, or call **1-800-252-8023**.

Licensed Marriage Family Therapist (LMFT). To enroll in the Texas Medicaid Program, a licensed marriage and family therapist (LMFT) must be licensed by the Texas State Board of Examiners of Licensed Marriage and Family Therapists. LMFTs are covered as Medicaid-only providers. Therefore, enrollment in Medicare is not a requirement. LMFTs can enroll as part of a clinic/group practice whether or not they are enrolled in Medicare. Providers that hold a temporary license are not eligible to enroll in the Texas Medicaid Program.

Licensed Midwife (LM). To enroll in Texas Medicaid, an LM must be licensed and approved by the Texas Midwifery Board under Chapter 203 of the Occupations Code and 22 TAC Chapter 831 (relating to Midwifery). Per the Affordable Care Act, Section 2301, LMs are able to perform certain professional services in birthing centers, given they are licensed birthing attendants as recognized by Texas. LMs are required to retain a referring/consulting physician as a condition of enrollment. LMs are not recognized by Medicare and are not required to enroll in Medicare as a prerequisite for Medicaid enrollment.

LMs must complete the Physician Letter of Agreement form for Certified Nurse Midwife (CNM) and Licensed Midwife (LM) Providers and submit the agreement with this enrollment application.

Licensed Professional Counselor (LPC). To enroll in the Texas Medicaid Program, LPCs must be licensed by the Texas State Board of Examiners of Professional Counselors. LPCs are covered as Medicaid-only providers; therefore, enrollment in Medicare is not a requirement for enrollment in Medicaid. Practitioners holding a temporary license are not eligible to enroll in Medicaid.

Nurse Practitioner/Clinical Nurse Specialist (NP/CNS). To enroll in Texas Medicaid, a Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) must be licensed as a registered nurse and recognized as an Advanced Practice Registered Nurse (APRN) by the Texas Board of Nursing (TBON). If an NP or a CNS is enrolling as a performing provider in a Medicare-enrolled clinic/group practice, the NP or CNS must also be enrolled in Medicare. Providers must submit a Medicare Waiver Request if their type of practice and service may never be billed to Medicare. Under the multi-state licensure compact, an APRN may be licensed in another state but must also be certified as an APRN by the TBON.

Optician. To enroll in the Texas Medicaid Program, doctors of optometry must be licensed by the licensing board of their profession to practice in the state where the service was performed, at the time the service was performed, and be enrolled as Medicare Providers. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Optometrist (OD). To enroll in the Texas Medicaid Program, doctors of optometry must be licensed by the licensing board of their profession to practice in the state where the service was performed, at the time the service was performed, and be enrolled as Medicare Providers. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Orthotist. Orthotists must be enrolled in Medicare and licensed by the Texas Board of Orthotics and Prosthetics as a licensed orthotist (LO) or licensed prosthetist/orthotist (LPO) to measure, design, fabricate, assemble, fit, adjust, or service an orthosis for the correction or alleviation of a neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity.

Pharmacist. A pharmacist is an individual licensed by the appropriate state regulatory agency to engage in the practice of pharmacy. The practice of pharmacy includes, but is not limited to: assessment, interpretation, evaluation and implementation, initiation, monitoring or modification of medication and or medical orders; the compounding

or dispensing of medication and or medical orders; participation in drug and device procurement, storage, and selection; drug administration; drug regimen reviews; drug or drug-related research; provision of patient education and the provision of those acts or services necessary to provide medication therapy management services in all areas of patient care. Pharmacists must complete an application as a performing provider under a pharmacy group if interested in providing Medicaid clients only vaccines. Pharmacists must be certified by Medicare and certified to perform immunizations.

Physical Therapist (PT). To enroll in Texas Medicaid, independently practicing licensed physical therapists must be enrolled in Medicare. If you are currently enrolled with Texas Medicaid or plan to provide regular acute care services to clients with Medicaid coverage, enrollment in CCP is not necessary. All non-CCP physical therapy services must be billed with your current Medicaid TPI.

Physician. To enroll in Texas Medicaid in order to provide medical services, physicians (M.D. and D.O.) must:

- Be licensed by the licensing authority of their profession to practice in the state where the services are performed at the time the services are provided.
- Be enrolled as a Medicare provider with the exception of pediatricians and obstetrics and gynecology (OB-GYN) providers
- Submit a Medicare Waiver Request if their type of practice and service may never be billed to Medicare.

If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required. Otorhinolaryngologists who provide fitting and dispensing services are no longer required to submit a separate enrollment application to dispense hearing aids.

Physician Assistant (PA). To enroll in Texas Medicaid, a PA must be licensed as a PA and be recognized as a PA by the Texas Physician Assistant Board. All PAs are enrolled within the categories of practice as determined by the Texas Medicaid Board. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Podiatrist. Podiatrists (DPM) must be Medicare-certified and enrolled as Medicaid providers are authorized to perform procedures on the ankle or foot as approved by the Texas Legislature under their licensure as a DPM when such procedures would also be reimbursable to a physician (MD or DO) under the Texas Medicaid Program. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Prosthetist. Prosthetists must be enrolled in Medicare and licensed by the Texas Board of Orthotics and Prosthetics as a prosthetist (LP) or prosthetist/orthotist (LPO) to measure, design, fabricate, assemble, fit, adjust, or service a prosthesis.

Psychologist. To enroll in the Texas Medicaid Program, an independently practicing psychologist must be licensed by the Texas State Board of Examiners of Psychologists and be enrolled as a Medicare provider. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

A copy of the psychologist's license that is not due to expire within 30 days must be submitted with this application.

Qualified Rehabilitation Professional (QRP). A person who meets one or more of the following criteria: a) Holds a certification as an assistive technology professional or a rehabilitation engineering technologist issued by, and in good standing with, the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA); b) Holds a certification as a seating and mobility specialist issued by, and in good standing with, RESNA; and/or c) Holds a certification as a certified rehabilitation technology supplier issued by, and in good standing with, the National Registry of Rehabilitation Technology Suppliers (NRRTS).

A copy of the NRRTS/RESNA certification must be submitted with this application.

Social Worker (LCSW). To enroll in the Texas Medicaid Program, a licensed clinical social worker (LCSW) must be licensed through the State Board of Social Work Examiners as a LCSW and be enrolled in Medicare. Providers must submit a Medicare Waiver Request if their type of practice and service may never be billed to Medicare. Practitioners holding a temporary license are not eligible to enroll in Medicaid. If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required.

Speech-Language Pathologist (SLP). If enrolling into a Medicare enrolled clinic/group practice, Medicare enrollment is required. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Speech-language pathologists address typical and atypical impairments and disorders related to communication and swallowing in the areas of speech sound production, resonance, voice, fluency, language (comprehension and expression), cognition, and feeding and swallowing.

Case Management Services

Case Management for Children and Pregnant Women. Enrollment for Case Management for Children and Pregnant Women is a two-step process. Potential providers must submit a Case Management for Children and Pregnant Woman application to the HHSC Case Management Unit. Upon approval by HHSC, potential providers must enroll as a Medicaid provider for Case Management for Children and Pregnant Women. After the enrollment process is completed, the applicant is notified, in writing, of the provider status and TPI. The facility must enroll as a group and enroll registered nurses and social workers as performing providers of the group. The Provider Agreement, Provider Information Form, and Principal Information Form (PIF-2) must be completed for each principal of the group and each performing provider enrolling into the group. You must attach a copy of your approval letter from HHSC if you are enrolling as a new group or individual.

Texas Vaccines for Children Program (TVFC)

Check the appropriate boxes in response to the questions. Providers that provide routinely recommended vaccines to children who are 18 years of age and younger can apply to receive free vaccines from TVFC. The TVFC Provider Agreement is available in the forms section of the TVFC website at **www.dshs.texas.gov/immunize/tvfc/ProviderResources.shtm**.

Provider of Services Information

This section is for provider specialty and demographic information. Provide complete and correct information as required.

Healthy Texas Women (HTW)

Choose the appropriate statement. If you will be rendering services for HTW clients, you must complete and submit the Healthy Texas Women Certification form with this application. This form must be completed and submitted by providers that render women's health and family planning services to clients who participate in the Healthy Texas Women program. An original signature is required. This form cannot be faxed to TMHP. The form is located in Appendix A of the application.

Important: *Under Texas Human Resources Code, Section 32.024(c-1), and relating program rules in the Texas Administrative Code, the provider or the provider's affiliated organization is not qualified to participate in and is ineligible to bill for services provided through the Healthy Texas Women program if the provider or anyone in the provider's organization performs or promotes elective abortions, or is an affiliate of another entity that performs or promotes elective abortions.*

Provider Information Form

Each provider must complete the Provider Information Form before enrollment.

Important: *The physical address is where health care is rendered. In the Physical Address field, providers MUST enter the* ***physical address*** *where the services are rendered to clients; the accounting, corporate, or mailing address must NOT be entered in the physical address field. If a site visit is required and cannot be conducted because the physical address was not provided, the enrollment application will be denied.*

HHSC Medicaid Provider Agreement

Complete the required information at the beginning of the form, read the agreement information, and sign and date the agreement to indicate that you have read and agree with the terms of enrollment as required by HHSC.

Important: *The physical address is where health care is rendered. In the Physical Address field, providers MUST enter the* ***physical address*** *where the services are rendered to clients; the accounting, corporate, or mailing address must NOT be entered in the physical address field. If a site visit is required and cannot be conducted because the physical address was not provided, the enrollment application will be denied.*

Appendix A

The following are instructions for the additional attachments available in Appendix A:

Physician Letter of Agreement for Certified Nurse Midwife (CNM) and Licensed Midwife (LM) Providers

Upon initial enrollment and upon revalidation every 5 years, the CNM or LM must complete and submit to TMHP with the enrollment application this agreement affirming the LM's referring or consulting physician arrangement or the CNM's supervising physician arrangement. A separate agreement must be submitted for each referring or consulting physician with whom an arrangement is made. This agreement must be signed by the CNM or LM and the referring or consulting physician.

A new agreement must also be completed and submitted to TMHP when a new arrangement is made and when changes to an arrangement are made. The new agreement must be submitted to TMHP with all appropriate signatures within 10 business days of a cancellation or change.

Healthy Texas Women Certification

Refer to the HTW instructions on the previous page for additional information.

Note: *The following forms must be obtained from other sources and submitted with your application as appropriate for the requested provider type:*

Franchise Tax Account Status

This certificate must be obtained from the Texas State Comptroller's Office website at **https://mycpa.cpa.state.tx.us/coa/Index.html**.

There is no charge for this request.

Providers who answer "yes" to the question "Do you have a 501(c) (3) Internal Revenue Exemption" must submit a copy of their IRS Exemption Letter with submission of this application's signature page. Providers who have a 501(c)(3) Internal Revenue Exemption are not required to submit a copy of the Franchise Tax Account Status Page from the State Comptroller's Office.

Frequently Asked Questions

Q. How long does it take to process an enrollment application?

A. It takes up to 60 business days to process the enrollment application once TMHP has received all of the information that is necessary to process it. It may take longer in special circumstances.

Q. Can I submit a temporary license?

A. TMHP only accepts temporary licenses from physicians and physician assistants.

Q. Do I have to notify TMHP when I receive my full license or when I update my license?

A. Yes. Providers are also required to submit to TMHP, within 10 business days of occurrence, notice that the provider's license or certification has been partially or completely suspended, revoked, or retired. Not abiding by this license and certification update requirement may impact a provider's qualification to continued participation in Texas Medicaid.

Q. Am I required to disclose a conviction regardless of how long ago it occurred, e.g., 20 years ago?

A. Yes. All convictions must be disclosed regardless of when the conviction occurred.

Q. I was told that my conviction was dismissed because I participated in a deferred adjudication or first offender program. Why am I required to disclose it in the application?

A. Per 42 CFR 1001.2 a deferred adjudication, and any other first offender program, is considered to be a conviction and therefore is required to be disclosed.

Q. Should I send my application by regular or certified mail, or should I send it through an express mail service?

A. Do not send certified mail to TMHP. You can send your application by regular mail, but TMHP recommends using an express service, like FedEx or UPS, so that you have a tracking number, a delivery receipt, and a guarantee of quick delivery. Send express mail to our physical address:

TMHP-Provider Enrollment
12357B Riata Trace Parkway
Austin, TX 78727

Q. How will I receive my new Texas Provider Identifier (TPI)?

A. Notification letters are printed the business day after an application is processed. Notifications are mailed to the physical address listed on the application. New providers will also receive a welcome packet that includes orientation information and other important documents.

Q. Does TMHP supply claim forms?

A. TMHP does not supply CMS-1500, Dental ADA, and UB-04 claim forms. You can buy the forms at any medical office supply store. You can submit claims online for free using TexMedConnect.

Q. Should I wait to submit claims until I receive a TPI?

A. No. Please refer to "Claims Filing and Filing Deadline Information" in this section for more information about claims filing deadlines.

Q. As a Medicaid provider, how long do I have to retain records about the services I render?

A. You must retain records for a minimum of five years from the date of service or until all audit questions, appeal hearings, investigations, and court cases have been resolved. Freestanding rural health clinics (RHCs) must retain records for six years. Hospital-based RHCs must retain records for 10 years. The records retention requirements do not affect any time limits for pursuing administrative, civil, or criminal claims.

Q. How do I update my address, phone number, and other information?

A. You can update the following information online through your provider portal account at **https://secure.tmhp.com/MyAccount/default.aspx**:

- Address, telephone numbers, and office hours
- Languages spoken
- Additional sites where services are provided
- Accepting new patients
- Additional services offered
- Client age or gender limitations
- Counties served
- Medicaid waiver programs

All other information must be updated using the Provider Information Change (PIC) Form. This form is available on the provider forms page of the TMHP website at **www.tmhp.com/Pages/Medicaid/medicaid_forms.aspx**.

Q. How long is my enrollment active?

A. All providers are enrolled under a limited enrollment as regulated by 42 CFR §455.414, and Title 1 Texas Administrative Code (TAC) §352.5, and §352.9. Providers are required to revalidate their enrollment at least every 3 to 5 years.

Claims Filing and Filing Deadline Information

As a potential new provider to Texas Medicaid, you must abide by the applicable claims filing procedures and deadlines as outlined in the current *Texas Medicaid Provider Procedures Manual* while your enrollment application is in review by TMHP and HHSC. This is particularly important if you render Medicaid services to clients before you receive your welcome letter with your assigned provider identifier.

There is no guarantee that your application will be approved for processing or that you will be assigned a Texas Provider Identifier (TPI). If you decide to provide services to a Medicaid client before your application has been approved, you do so with the understanding that, if your application is denied, Texas Medicaid will not pay the claims and that the law also prohibits you from billing the Medicaid client for the services that you provided.

If you render services to Medicaid clients before you receive your TPI, you must follow the claims filing procedures and meet the filing deadlines that are specified in the most current *Texas Medicaid Provider Procedures Manual*.

All claims for services rendered to Medicaid clients who do not have Medicare benefits are subject to a filing deadline from date of service of:

- 95 days of the date of service on the claim
- 365 days for OUT-OF-STATE providers or from the discharge date for inpatient claims

Providers who render services to a Medicaid client before they complete the enrollment process and receive a TPI must submit claims within the following deadlines:

- Newly enrolled providers:
  - TMHP must receive claims that were submitted by instate providers and providers located within 50 miles of the Texas state border within 95 days of the date on which the new provider identifier was issued.
  - TMHP must receive the claims within 365 days of the date of service (DOS) (i.e., the date on which the service was provided or performed).
- Newly enrolled clients:
  - TMHP must receive the claims within 95 days of the date on which the client's eligibility was added to the TMHP eligibility file (i.e., the "add date").

    - TMHP must receive the claims within 365 days of the DOS for professional or outpatient claims or within 365 days of the discharge date for inpatient claims.
- Clients with retroactive eligibility:
    - TMHP must receive the claims within 95 days of the date on which the client's eligibility was added to the TMHP eligibility file (i.e., the "add date").
    - TMHP must receive the claims within 365 days of the DOS for professional or outpatient claims or within 365 days of the discharge date for inpatient claims.
- Clients with dual Medicare and Medicaid eligibility:
    - When the rendered service is a benefit of Medicare and Medicaid, the claim must be submitted to Medicare first. TMHP must receive the claim for Medicaid's portion of the payment within 95 days of the date of the Medicare disposition.
    - When a client is only eligible for Medicare Part B, the inpatient hospital claim is sent directly to TMHP. TMHP must receive the inpatient claim within 95 days of the date of discharge.

Note: *TMHP only processes one client per Medicare RA. For multiple clients, submit one copy per client.*

The Texas Administrative Code (TAC), Code of Federal Regulations, and Texas Health and Human Services Commission (HHSC) established these deadlines.

Therefore, providers must submit all claims for services that have been provided to Medicaid clients to the following address within the 95-day filing deadline.

Texas Medicaid & Healthcare Partnership
PO Box 200555
Austin, TX 78720-0555

Providers with a pending application should submit any claims that are nearing the 365-day deadline from the date of service. Claims will be rejected by TMHP until a provider identifier is issued. Providers can use the TMHP rejection report as proof of meeting the 365-day deadline and submit an appeal. Procedures for appealing denied or rejected claims are included on the Remittance and Status (R&S) report and in the claims filing section of the *Texas Medicaid Provider Procedures Manual*.

Limited ("Lock–In") Information

Clients are placed in the Limited Program if, on review by HHSC and the Office of Inspector General (OIG), their use of Medicaid services shows duplicative, excessive, contraindicated, or conflicting health care and/or drugs; or if the review indicates abuse, misuse, or fraudulent actions related to Medicaid benefits and services. Clients qualifying for limited primary care provider status are required to choose a primary care provider. The provider can be a doctor, clinic, or nurse practitioner in the Medicaid program. If a limited candidate does not choose an appropriate care provider, one is chosen for the client by HHSC / OIG after obtaining an agreement from the provider. The provider is responsible for determining appropriate medical services and the frequency of such services. A referral by the primary care provider is required if the client is treated by other providers.

Written Communication

Enrollment Applications:

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

Claims:

Texas Medicaid & Healthcare Partnership
PO Box 200555
Austin, TX 78720-0555

Telephone Communication

CCP Provider Customer Service.....1-800-846-7470

TMHP Contact Center 1-800-925-9126

TMHP EDI Help Desk.....1-888-863-3638