Provider Information Change Form Instructions

General Instructions

Texas Medicaid and other State Health-Care Program providers can use this form to update the enrollment information on file with TMHP. Only one form can be submitted for each change you would like to make. For example, submit one form to update your physical address information, and another to update your mailing address; submit a form to update demographic information, and another form for any other update (Federal Tax ID number, communication preferences, etc.).

Reminder: *Provider information can also be updated electronically in the Provider Information Management System (PIMS) that is accessible through "My Account" at www.tmhp.com.*

Do not return this instructions page.

Fax completed forms and all other required documents (if applicable) to **512-514-4214** or mail to TMHP Provider Enrollment, PO Box 200795, Austin, TX 78720-0795.

Provider Information

Provide your name, primary taxonomy code, and either your nine-digit Texas Provider Identifier (TPI) *or* National Provider Identifier (NPI) / Atypical Provider Identifier (API). Forms will be returned if this information is not included.

Address Information

Providers may make modifications to the Physical or Accounting/Mailing Address on file with TMHP using this form. Physical and alternate physical addresses are locations where services are rendered to clients (*i.e., cannot be a PO Box*).

This form can also be used to make modifications to an Alternate Physical Address. Any modifications or additions to Alternate Physical Address information, for Medicare-enrolled providers, must match the address on file with Medicare (chemical dependency treatment facilities [CDTFs] are exempt from this requirement).

- Performing providers (providers within a group) *cannot* change accounting information. Performing provider address updates are limited to addresses that are already associated with the group, and currently on file with TMHP. *The update will be denied if the address is not on file for the group.*
- For Texas Medicaid fee-for-service and the Children with Special Health Care Needs (CSHCN) Services Program, changes to the accounting or mailing address require a copy of the W-9 form.
- For Texas Medicaid fee-for-service, a change in ZIP Code requires a copy of the Medicare letter for Ambulatory Surgical Centers.
- You cannot submit claims for services that are rendered at an alternate physical address or a new practice location until it has been approved and added to your enrollment record. Providers are encouraged to check PIMS or follow-up with TMHP prior to submitting claims.

Communication Preferences

Indicate how you would like to receive communications from Texas Medicaid and other state health-care programs.
Note: Selecting "mail" will result in communications being sent to the provider's mailing address on file with TMHP.

Provider Demographic Information

The TMHP Online Provider Lookup (OPL) allows users such as clients and providers to view information about Texas State Health-Care Program providers. To maintain the accuracy of your demographic information, please visit the OPL at **www.tmhp.com**. Review the existing information and add or modify any specific practice limitations accordingly. This will provide clients with more detailed information about your practice.

Children's Health Insurance Program (CHIP) providers can use this section to indicate whether or not they would like their practice information included in the OPL.

Tax Information

- Federal Tax Identification Number (TIN) changes for individual practitioner providers can only be made by the individual to whom the number is assigned.
- Performing providers *cannot* change the Federal TIN.
- A Federal W-9 form is required for *all* TIN changes and legal name changes.

Signatures

- The provider's signature is required on the Provider Information Change Form for any and all changes requested for individual provider information.
- A signature by the authorized representative of a group or facility is acceptable for requested changes to group or facility provider information.

Provider Information Change Form

Fax completed forms to **512-514-4214** or mail to: TMHP Provider Enrollment, PO Box 200795, Austin, TX 78720-0795.

Provider Information

Provider Name:	TPI:
NPI or API:	Primary Taxonomy Code:

Address Information (*Select only one option*)

- ☐ **Modify a Physical Address**
- ☐ **Modify an Accounting/Mailing Address**
- ☐ **Modify an Alternate Physical Address**
- ☐ **Add an Alternate Physical Address**
- ☐ **Delete an Alternate Physical Address**

Current Address on file with TMHP (Street, City, State, ZIP Code):

New / Modified Address (Street, City, State, ZIP Code):

Telephone No.: ( ) -	Ext.:	Fax No.: ( ) -

Communication Preference

I prefer to receive notifications by: ☐ Mail ☐ Email (*a valid email address is required below*)

Email Address 1:	Email Address 2:

Demographic Information

Non-English Languages Spoken:

Office Hours by Location:

Accepting New Clients: ☐ Yes ☐ No	Urgent Care Center? ☐ Yes ☐ No

Additional Services Offered:

☐ Hearing Aid Fitting and Dispensing ☐ Hearing Services for Children and Young Adults

☐ High-Risk Obstetrics (OB) ☐ HIV ☐ OB/GYN Care/Delivery ☐ Telemonitoring

CHIP Providers:

☐ I am a CHIP provider and do *not* want my information to be visible on the OPL.

☐ I am a CHIP provider and want my information to be visible on the OPL.

Patient Age Range Accepted (*0 years -105 years*):	Genders Served: ☐ Female ☐ Male ☐ All

Tax Information (*W-9 required for all TIN and Legal Name changes)*

TIN:	Change Effective Date:

Legal Name Reported to the IRS for this TIN:

Change of Provider Status (*e.g., plan disenrollment, move, or specialty change. Explain in the Comments.)*

Comments:

Required Signature

Signature:	**Date:**