

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Texas Medicaid
Enrollment Application

Individuals

INSTRUCTIONS
Volume V

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 in the application, 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 this 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 this 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. If you have already submitted fingerprints for enrollment in Medicare, Texas Medicaid, or another state's Medicaid, please submit the proof of fingerprinting to the address listed in the Final Checklist (page 39 of the application).

Providers that are required to submit proof of fingerprinting must submit proof with this enrollment application. If proof of fingerprinting is not available at the time of submission, a six-digit service code will be provided when an application is submitted. This service code will be sent with a deficiency letter, and is 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.

All Providers

This application can be used to enroll as an individual provider in Texas Medicaid, Texas Health Steps, 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 4 of the application)
- Application Payment Form (if applicable) (page 5 of the application)
- Texas Medicaid Identification Form (page 6 of the application)
- Provider of Services Information (page 7 of the application)
- IRS W-9 Form (performing providers exempt) (page 9 of the application)
- Provider Information Form (page 13 of the application)
- Disclosure of Ownership and Control Interest Statement Form (page 23 of the application)
- Principal Information Form (PIF-2) (page 26 of the application)
- HHSC Medicaid Provider Agreement (original signatures required) (page 32 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)
- Copy of CLIA Certificate with approved specialty services as appropriate
- 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
- Txas Health Steps Dental Provider Enrollment Application
- Medical Transportation Program (MTP) Provider Enrollment Application
- Texas Vaccines for Children Program (TVFC)

Providers Incorporated In Texas

If the enrolling provider is **incorporated in Texas**, the following additional forms must be submitted:

- Corporate Board of Directors Resolution Form. This document must contain original signatures and be notarized.
- Articles or Certification of Incorporation or Certificate of Fact. If a corporation was formed before 2006, one of these certificates must be obtained from the Office of the Secretary of State.
- Certificate of Formation or Certificate of Filing. If a corporation was formed after 2006, one of these certificates must be obtained from the Office of the Secretary of State.
- Franchise Tax Account Status.

Refer to the instructions for “Appendix A” on page 14 for more information.

Out-of-State Incorporated Providers

If the enrolling provider is **incorporated in another state**, the following additional forms must be submitted:

- Corporate Board of Directors Resolution Form. This document must contain original signatures and be notarized.
- Certification of Registration or Certificate of Authority. One of these certificates must be obtained from the Office of the Secretary of State.
- Franchise Tax Account Status Page.

Refer to the instructions for "Appendix A" on page 14 for more information.

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.
- A laboratory may participate as an in-state provider, regardless of the location where any specific service is performed or where the laboratory's facilities are located if:
  - The laboratory or an entity that is a parent, subsidiary, or other affiliate of the laboratory maintains laboratory operations in Texas;
  - The laboratory and each entity that is a parent, subsidiary, or other affiliate of the laboratory, individually or collectively, employ at least 1,000 persons at places of employment located in this state; and
  - The laboratory is otherwise qualified to provide the services under the program and is not prohibited from participating as a provider under any benefit programs administered by a health and human services agency, including HHSC, based on conduct that constitutes fraud, waste, or abuse.

Instructions for Completing the Individual 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 4 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.

Application Payment Form

Certain providers are required to submit an application fee. An application cannot be processed if the application fee is required and is not submitted with the application. For more information, please see the "*Provider Types Required to Pay an Application Fee*" 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.**

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:

Individual. This type of enrollment applies to an individual health-care professional who is licensed or certified in Texas, and who is seeking enrollment under the name, and social security or tax identification number of the individual. An individual may also enroll as an employee, using the tax identification number of the employer. Certain provider types must enroll as individuals, including dieticians, licensed vocational nurses (LVN), occupational therapists, and speech therapists.

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 Health Steps Services (i.e., EPSDT). By checking this box, you are indicating that you wish to provide Texas Health Steps preventive medical checkups. If approved, you may be issued a Texas Health Steps medical provider identifier in addition to the provider identifier for your requested provider type.

If you elect *not* to enroll in Texas Health Steps at this time, you can enroll at a later date by submitting the Texas Health Steps Provider Enrollment Application, which is available on the provider forms page of the TMHP website at **www.tmhp.com/Pages/Medicaid/medicaid_forms.aspx.**

To enroll in the Texas Health Steps program, a provider must be a licensed physician (MD, DO); physician assistant (PA); clinical nurse specialist (CNS); nurse practitioner (NP); certified nurse midwife (CNM); federally qualified health centers (FQHC); health-care provider of a facility (public or private) capable of performing the required medical checkup

procedures under the direction of a physician (such as a regional and local health department; family planning clinic; migrant health clinic; community-based hospital and clinic; maternity clinic; rural health clinic; home health agency; or school-based health center).

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

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.

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.*

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**.

Hearing Aid. To enroll in Texas Medicaid, hearing aid fitters and dispensers 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. Audiologists and physicians who provide fitting and dispensing services should choose their respective provider type.

Licensed Behavior Analyst (LBA). To enroll in Texas Medicaid, a Licensed Behavior Analyst (LBA) must be licensed by the Texas Department of Licensing and Regulation. LBAs are Medicaid-only providers and enrollment in Medicare is not required. Not eligible to enroll as an out of state provider. Board Certified Assistant Behavior Analysts (BCaBA) and Registered Behavior Technicians (RBT) are not eligible for enrollment.

Licensed Marriage Family Therapist (LMFT). To enroll in the Texas Medicaid Program, whether as an individual or as part of a group, 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. 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, independently or as a group of practicing licensed professional counselors (LPCs), you 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. The Provider Agreement, Provider Information Form, and Principal Information Form must be complete for the group and each performing provider enrolling into the group.

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). 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.

Occupational Therapist (OT). To enroll in Texas Medicaid, the provider must be licensed as an Occupational Therapist by the Executive Council of Physical Therapy & Occupational Therapy Examiners or by the appropriate state board where services are rendered. The provider must be actively enrolled in Medicare as an occupational therapist.

Occupational therapists are also eligible to enroll in CCP. Refer to the Occupational Therapist-CCP section of this instructions table for additional information.

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.

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.

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 an "individual" 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.

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.

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.

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.

Prosthetist/Orthotist. To enroll as a prosthetist/orthotist, you must be licensed as both. Refer to the Prosthetist and Orthotist sections of these instructions for additional information.

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

Respiratory Care Practitioner (CRCP). To enroll in Texas Medicaid, a certified respiratory care practitioner (CRCP) must be certified by the Texas Medical Board to practice under Chapter 604 of the Texas Occupations Code. Medicare certification is not a prerequisite for Medicaid enrollment.

Social Worker (LCSW). To enroll in the Texas Medicaid Program independently, 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.

Speech-Language Pathologist (SLP). To enroll in Texas Medicaid, independently practicing licensed physical therapists must be enrolled in Medicare. 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.

Comprehensive Care Program (CCP) Services Dietitian. Independently practicing licensed dietitians may enroll in Texas Medicaid to provide services to CCP clients. Providers of nutritional services and counseling must be licensed by the Texas State Board of Examiners of Dietitians in accordance with the Licensed Dietitians Act, Article 4512h.

Licensed Vocational Nurse (LVN). Independently enrolled licensed vocational nurses may also enroll to provide private duty nursing (PDN) under Texas Medicaid CCP. In order to enroll, the LVN must submit a plan of RN supervision, including the name and license number of the RN providing the supervision.

Occupational Therapist (OT-CCP). HHSC allows Medicaid enrollment of independently practicing licensed occupational therapists in CCP. Licensed HCSSAs are also able to provide occupational therapy in CCP.

Physical Therapist (PT-CCP). The Medicare enrollment requirement is waived for therapists providing services only to THSteps-eligible clients who are 20 years of age and younger and who are not receiving Medicare benefits. Physical therapy services may also be provided by a licensed HCSSA. CCP physical therapy may be provided by either a licensed and certified home health provider or licensed HCSSA, and physical therapy through Medicaid home health services may be provided by a licensed and certified HCSSA.

Registered Nurse (RN). Independently enrolled registered nurses may also enroll to provide private duty nursing under CCP.

Speech-Language Pathologist (SLP-CCP). To enroll in Texas Medicaid, independently practicing licensed physical therapists must be enrolled in Medicare. 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.

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 this 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.*

IRS W–9 Form

Provide complete and correct information as required.

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.*

Electronic Funds Transfer (EFT) Notification

To enroll in the EFT program, complete the attached Electronic Funds Transfer (EFT) Notification. You must return a voided check or signed letter from your bank on bank letterhead with the notification to the TMHP address indicated on the form.

Disclosure of Ownership and Control Interest Statement

Completion and submission of this form is a condition of participation, certification or recertification under any of the programs established by Titles V, XVIII, XIX and XX or as a condition of approval or renewal of a contractor agreement between the disclosing entity and the secretary of appropriate state agency under any of the above-titled programs, a full and accurate disclosure of ownership and financial interest is required. Failure to submit requested information may result in a refusal by the appropriate State agency to enter into an agreement or contract with any such institution in termination of existing agreements.

GENERAL INSTRUCTIONS

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under the Remarks Section referencing the item number to be continued. If additional space is needed, use an attached sheet.

DETAILED INSTRUCTIONS

ITEM I – Identifying Information

(a) Under identifying information specify in what capacity the entity is doing business as (DBA), example, and name of trade or corporation.

ITEM II – Self–explanatory.

ITEM III – Owners, Partners, Officers, Directors, and Principals

List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity. 501 (c) (3) nonprofit and state-owned entities must list the officers or directors that have a control interest in the entity and managing employees in Section III(a). Since there will be no entries for any person with an ownership interest (Section III[b]), the percentage of ownership will always be less than 100 percent.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program or health related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if "A" owns 25 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, "A's" interest equates to a 20 percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices; the ability or authority, expressed or reserved to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved to amend or change the by-laws, constitution or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved to control the sale of any or all of the assets to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Note: *All individuals listed in Section III(a) must submit a PIF-2.*

ITEMS IV through VII – Changes in Provider Status

Change in provider status is defined as any change in management control. Examples of such changes would include a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any change of ownership.

For items IV through VII, if the **Yes** box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.

ITEM IV – Ownership

(a & b) If there has been a change in ownership within the last year or if you anticipate a change, indicate the date in the appropriate space.

ITEM V – Management

If the answer is "Yes," list name or the management firm and employer identification number (EIN) or the leasing organization. A management company is defined as any organization that operates and names a business on behalf of the owner of that business with the owner retaining ultimate legal responsibility for operation of the facility.

ITEM VI – Staffing

If the answer is "Yes," identify which has changed (Administrator, Medical Director or Director of Nursing) and the date the change was made. Be sure to include name of the new administrator, Director of Nursing or Medical Director, as appropriate.

ITEM VII – Affiliation

A chain affiliate is any freestanding health-care facility that is owned, controlled, or operated under lease or contract by an organization consisting of two or more freestanding health-care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities such as hospital–based home health agencies are not considered to be chain affiliates.

ITEM VIII – Capacity

If the answer is "Yes," list the actual number of beds in the facility now and the previous number.

ITEM IX - Disclosure of Relationship

Please disclose any of familial relationships between principals and/or the provider (i.e., Husband, Wife, Natural or Adoptive Parent, Natural or Adoptive Child, Natural or Adoptive Sibling).

Principal Information Form (PIF-2)

A separate copy of the Principal Information Form (PIF-2) must be completed in full for each principal, subcontractor, and creditor of the Provider, before enrollment.

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:

Corporate Board of Directors Resolution

This form is required if the enrolling provider is incorporated. This form must be notarized, and an original signature is required. This form **cannot** be faxed to TMHP.

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 page 4 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 Texas Medicaid Provider 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