

SHARS ORP OVERVIEW AND DEMONSTRATION FOR SLP AND AUDIOLOGISTS

**TEXAS MEDICAID & HEALTHCARE
PARTNERSHIP (TMHP)**

DEFINITIONS

TMHP – Texas Medicaid and Healthcare Partnership

SHARS – School Health and Related Services

SLP – Speech Language Pathologist

ORP – Ordering, Referring and Prescribing

THIS IS ONLY FOR SHARS-ONLY PROVIDERS

If you work or bill from a private practice, you do not want to enroll as an ORP. Enrolling as an ORP will replace your current enrollment, and you will no longer be reimbursed for services billed under your NPI.

1.1.4.2 Ordering- or Referring-Only Providers

Individual providers who are currently enrolled in Texas Medicaid or the CSHCN Services Program and who currently have an active Texas Medicaid or CSHCN Services Program enrollment can use their current enrollment for ordering or referring services and do not need to obtain a separate ordering and referring enrollment. An acute care billing provider's practice location will be deactivated if the provider enrolls as an ordering-only or referring-only provider.



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Provider | Client/Cliente

- Home
- Programs ▾
- Topics ▾
- Resources ▾
- Contact
- My Account

Welcome Texas Medicaid Providers

The Texas Medicaid & Healthcare Partnership provides the resources to help providers succeed with their Medicaid practice.

[My Account](#)

Sign in

<https://secure.tmhp.com>

Username

Password

[Sign in](#)

[Cancel](#)

Welcome to My Account. This section allows a user to perform various maintenance activities for their TMHP account. Click the appropriate link for access to the maintenance options.

Acute Care Online Portal

[View R&S/COF Reports](#)
[View PPE Provider Reports](#)
[TexMedConnect](#)
[View Paid Claims Detail Reports](#)
[Prior Authorization](#)
[View Payment Amounts](#)
[View MET Provider Reports](#)
[View ACA PCP Supplemental Payment Reports](#)
[Medicaid Client Portal for Providers](#)
[Fee Schedule](#)

Electronic Visit Verification (EVV) Portal

[EVV Search](#)
[EVV Reports](#)

Manage Provider Accounts

[Administer a Provider Identifier](#)
Become a Provider Administrator for a Provider Identifier (authorization required).
[Administer a Provider Enrollment Transaction](#)
Open the provider enrollment application
[Provider Enrollment and Management System](#)
Enroll a provider and manage provider enrollment information
[Modify Permissions](#)
Add remove permissions and/or unlink users for a Provider Identifier that you administer.
[Create a new user](#)
Create a new user for existing Provider Identifier.
[Link an existing user](#)

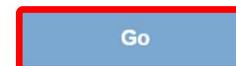
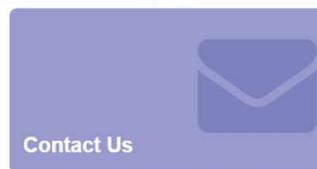
PROVIDER MANAGEMENT

-  REQUESTS
-  PROVIDER MANAGEMENT
-  LETTERS
-  Reports

Texas Medicaid waived provider revalidations during the federal COVID-19 Public Health Emergency. The last day of the federal COVID-19 Public Health Emergency will be May 11, 2023. The provider revalidation waivers for the federal COVID-19 Public Health Emergency will end on that date. TMHP has sent an email to affected providers with a recalculated revalidation due date. Providers can also find their Revalidation Due Dates in the "Revalidation Due Date" field on the Provider Information Page in the Enrollment Information section.

You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page.

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	INITIATED BY GROUP	REVALIDATION DUE DATE	STATUS
1234567890	JOHN SMITH	Individual	987654321		06/18/2024	Approved ⋮



Enter your email address and we will send a new generated password.

* Email

johnsmith@gmail.com

Submit

I want to **Activate My Account**:

If you are a Texas Medicaid Provider you must create a Provider Administrator account to access these secure functions.
Click here to [Create a Provider Administrator Account](#)

WHAT IS AN ORP?

**As of July 3,
audiologist
and SLPs can
enroll as
ORPs.**

Individual providers who are not currently enrolled in Texas Medicaid and whose only relationship with Texas Medicaid is to order or refer for supplies or services for Texas Medicaid-eligible clients must enroll in Texas Medicaid as participating providers. This requirement is in accordance with provisions of the Affordable Care Act of 2010 (ACA), 42 CFR §455.410(b), which requires all fee-for-service (FFS) and managed care network ordering or referring physicians or other professionals who order or refer for supplies or services under the Medicaid State plan, or under a waiver of the plan, to enroll in Medicaid as participating providers.

BENEFITS OF AN ORP ENROLLMENT

A screenshot of a checklist for ORP enrollment. At the top, a red bar indicates '0 TOTAL DEFICIENCIES'. The checklist items are: NPI TAXONOMY INFORMATION (checked), SERVICES PROVIDED (unchecked), PROVIDER INFORMATION (unchecked), LICENSES/CERTIFICATIONS/ACCREDITATIONS (unchecked), DISCLOSURES (unchecked), ACCOUNTING/BILLING INFORMATION (unchecked, highlighted in red), OWNERSHIP/CONTROLLING INTEREST (unchecked, highlighted in red), PROGRAMS (unchecked), PRACTICE LOCATION INFORMATION (unchecked), APPLICATION FEE (unchecked), ATTACHMENTS (checked), and AGREEMENTS (unchecked).

0 TOTAL DEFICIENCIES	
NPI TAXONOMY INFORMATION	<input checked="" type="checkbox"/>
SERVICES PROVIDED	<input type="checkbox"/>
PROVIDER INFORMATION	<input type="checkbox"/>
LICENSES/CERTIFICATIONS/ACCREDITATIONS	<input type="checkbox"/>
DISCLOSURES	<input type="checkbox"/>
ACCOUNTING/BILLING INFORMATION	<input type="checkbox"/>
OWNERSHIP/CONTROLLING INTEREST	<input type="checkbox"/>
PROGRAMS	<input type="checkbox"/>
PRACTICE LOCATION INFORMATION	<input type="checkbox"/>
APPLICATION FEE	<input type="checkbox"/>
ATTACHMENTS	<input checked="" type="checkbox"/>
AGREEMENTS	<input type="checkbox"/>

Less information is required!

The two sections that require the most information do not need to be completed to enroll as an ORP. These sections are:

- Accounting/Billing Information
- Ownership/Controlling Interest

BENEFITS OF AN ORP ENROLLMENT

Status codes, which would indicate that you are disenrolled, will not be placed on your identifier for lack of claim activity.

Status Codes

CODE	TYPE	DESCRIPTION	EFFECTIVE DATES
65	INACTIVE	Provider has no claim or encounter activity for a time period defined by the Program.	4/25/2016 - 8/13/2018

TAXONOMY REQUIREMENT

The appropriate taxonomy code listed in the **NPI/Taxonomy Information** tab will display in the eligible taxonomies for your provider type. If you do not see the following taxonomies displayed under eligible taxonomies, click on “Refresh Information” after adding the appropriate taxonomy in NPPES.

Speech-Language Pathologist

- **235Z00000X**

Audiologist

- **231H00000X**
- **231HA2400X**
- **231HA2500X**

LICENSE REQUIREMENTS

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION
- SERVICES PROVIDED
- PROVIDER INFORMATION
- LICENSES/CERTIFICATIONS/ACCREDITATIONS**
- DISCLOSURES
- ACCOUNTING/BILLING INFORMATION
- OWNERSHIP/CONTROLLING INTEREST
- PROGRAMS
- PRACTICE LOCATION INFORMATION
- APPLICATION FEE
- ATTACHMENTS
- AGREEMENTS

- SLPs must be licensed as an SLP by the Texas Department of Licensing and Regulation (TDLR)
- Audiologists must be licensed as an Audiologist by the Texas Department of Licensing and Regulation (TDLR)

Licenses/Certifications/Accreditations

Note - Only enter licenses/certifications/accreditations for the enrolling provider. Recent Licenses Only

Do not enter any licenses/certifications/accreditations for other providers. Entering a license for another provider on this page may cause delays in processing.

If a supervising license is required for enrollment, please enter the supervising license on the applicable Program and Service Details records in the Practice Location page of the application.

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION	REQUEST NUMBER	
LICENSES	Texas Department of Licensing and Regulation	12345	01/01/2012	12/31/2024		Inactive	ADDED	20184026	...

+ Add Licenses/Certifications/Accreditations

PROGRAM SELECTION

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION
- SERVICES PROVIDED
- PROVIDER INFORMATION
- LICENSES/CERTIFICATIONS/ACCREDITATIONS
- DISCLOSURES
- ACCOUNTING/BILLING INFORMATION
- OWNERSHIP/CONTROLLING INTEREST
- PROGRAMS**
- PRACTICE LOCATION INFORMATION
- APPLICATION FEE
- ATTACHMENTS
- AGREEMENTS

To enroll as an ORP, select **Yes** for Acute Care – Fee-for-Service.

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Texas Medicaid Programs

Helpful Hint: Only select the new programs in which you want to enroll. If the program below is marked "Yes", it is or has been enrolled for a practice location and cannot be edited.

Eligible Programs

Acute Care-Fee-for-Service*	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Acute Care - Comprehensive Care Program (CCP)*	<input checked="" type="radio"/> Yes	<input type="radio"/> No

ENROLLMENT DEMONSTRATION

Within Provider Management, click the ellipses and **View** to open up the Enrollment Record.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

PemsProviderAdmin [Start New Enrollment](#) [View Help](#)

PROVIDER MANAGEMENT

[REQUESTS](#) [PROVIDER MANAGEMENT](#)

1003919994

Texas Medicaid waived provider revalidations during the federal COVID-19 Public Health Emergency. The last day of the federal COVID-19 Public Health Emergency will be May 11, 2023. The provider revalidation waivers for the federal COVID-19 Public Health Emergency will end on that date. TMHP has sent an email to affected providers with a recalculated revalidation due date. Providers can also find their Revalidation Due Dates in the "Revalidation Due Date" field on the Provider Information Page in the Enrollment Information section.

You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page.

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	INITIATED BY GROUP	REVALIDATION DUE DATE	STATUS	
1003919994		Individual			05/20/2024	Approved	View 

In the upper right-corner click **Edit Enrollment Record**.

The screenshot displays the PemsProviderAdmin interface for a provider. The top navigation bar includes the TMHP logo, the text 'TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR', the user name 'PemsProviderAdmin', and buttons for 'Start New Enrollment' and 'View Help'. Below the navigation bar, there is a breadcrumb trail with a back arrow and the label 'Individual'. To the right of the breadcrumb is a dropdown menu labeled 'Include Pending Changes' and a button labeled 'Edit Enrollment Record', which is highlighted with a red rectangle. On the left side, there is a sidebar menu with the following items: 'NPI TAXONOMY INFORMATION', 'SERVICES PROVIDED', 'PROVIDER INFORMATION', 'LICENSES / CERTIFICATIONS / ACCREDITATIONS', 'DISCLOSURES', and 'ACCOUNTING / BILLING INFORMATION', each with a checkmark icon. The main content area is titled 'NPI Taxonomy' and includes a 'Refresh Information' link. Below the title is a table with the following data:

NAME	GENDER	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
	Male	253Z00000X	
NPI NUMBER	NPI TYPE		
	Individual		
SOLE PROPRIETOR	STATUS		
YES	Active		

Below the table, there is a note: 'If you do not see the taxonomy code that you would like to use for enrollment, please update your taxonomy codes at [NPPES Site](#)'.

Click **Create Request** for Existing Enrollment.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
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PemsProviderAdmin [Start New Enrollment](#) [View Help](#)

 **JORGE GUERRERO**
1891276986 | Individual

Edit Enrollment

REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	REQUEST STATUS	REQUEST ACTION
Maintenance - Provider Information			Create Request
Maintenance - Licenses			Create Request
Maintenance - W9/Tax Information			Create Request
Maintenance - Ownership/Controlling Interest			Create Request
Maintenance - Disclosure			Create Request
Maintenance - Attachments			Create Request
Existing Enrollment			Create Request

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Starting in the **NPI Taxonomy Information** tab, click **Refresh Information** in the upper-right corner to complete this tab.

<

NPI Taxonomy

Refresh Information ↻

NAME	GENDER	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
NPI NUMBER	NPI TYPE Individual		
SOLE PROPRIETOR NO	STATUS		

If you do not see the taxonomy code that you would like to use for enrollment, please update your taxonomy codes at [NPPES Site](#)

- NPI TAXONOMY INFORMATION ✓
- ~~SERVICES PROVIDED~~ ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Navigate to the **Provider Information** tab. Within this tab confirm that the **Expiration Date** for the ID type is current and that a valid email address is listed in the **Primary Email Address** field.

Note: Skip the Services Provided tab.

Provider Information Pending Change Request Number: 20184091

Basic Information

FIRST NAME *	MIDDLE NAME	LAST NAME *	
<input type="text" value="JOHN"/>	<input type="text" value="Enter Middle Name"/>	<input type="text" value="SMITH"/>	
SUFFIX	SOCIAL SECURITY NUMBER *	DATE OF BIRTH *	
<input type="text" value="Select One"/>	<input type="text" value="123456789"/>	<input type="text" value="12/11/1973"/>	
GENDER *	ID TYPE *	ID NUMBER *	
<input type="text" value="Male"/>	<input type="text" value="Drivers License"/>	<input type="text" value="2468012"/>	
STATE ISSUER *	ISSUE DATE *	EXPIRATION DATE *	
<input type="text" value="TX - Texas"/>	<input type="text" value="01/01/1990"/>	<input style="border: 2px solid red;" type="text" value="12/01/2025"/>	
PRIMARY EMAIL ADDRESS *	PRIMARY EMAIL STATUS	SECONDARY EMAIL ADDRESS	SECONDARY EMAIL STATUS
<input style="border: 2px solid red;" type="text" value="SLP@ISD.com"/>	Verified	<input type="text" value="AUDIOLOGIST@ISD.com"/>	Verified

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Navigate to the **Licenses/Certifications/Accreditations** tab. To complete this tab, begin by clicking the ellipses on the right and opening up the license segment.

Licenses/Certifications/Accreditations

Recent Licenses Only

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION
LICENSES	Texas Department of Licensing and Regulation		06/07/2002	05/31/2024	Active	Active	EDITED

Open

Need help with Licenses Information

[View Instructions](#)

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Once the license is open, confirm that the **Expiration Date** is current. Click **Save** once the license reflects a future-dated expiration date to complete this tab.

Add Licenses/Certifications/Accreditations Pending Change Request Number: 20184091

LICENSE/CERTIFICATION/ACCREDITATION TYPE *	ISSUER *	NUMBER *
LICENSES	Texas Department of Licensing and Regulat	12345
TYPE *		
SPEECH LANGUAGE PATHOLOGIST		
EFFECTIVE DATE *	EXPIRATION DATE *	LAST UPDATE DATE
1/2/2012	12/31/2024	MM/DD/YYYY
STATE ISSUER *		
TX - Texas		

Save

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

In the **Disclosures** tab, confirm that the Yes/No Questions are answered accurately. Then click **Save** on the bottom.

Disclosures

“Sanction” is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action.

Have you ever been sanctioned (as defined above) in any state or federal program? *

Yes No

Is your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *

Yes No

Have you ever had your professional healthcare license or certification revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *

Yes No

Save

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION ✓
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Go to the **Accounting/Billing Information** tab and open up the current Tax Identification Number (TIN) segment. Click the ellipses on the right and select **Open**.

Accounting/Billing Information

ACCOUNTING/BILLING NAME	W9 NAME	TAX NUMBER	ADDRESS	EFT ACCOUNT NUMBER	IN USE	REQUEST ACTION	UPDATE DATE	
JOHN SMITH	JOHN SMITH	012345678	12357 Riata Trace Pkwy, Austin, TX - Texas, 78727-7171		InActive	ADDED	9/11/2023	... Open

+ Add Accounting/Billing Information

Need help with Accounting/Billing Information

[View Instructions](#)

0 TOTAL DEFICIENCIES

ACCOUNTING/BILLING

W-9

EFT

In the **Accounting/Billing** tab, click **Verify Address**, and then click **Save** on the bottom to complete this tab.

ACCOUNTING/BILLING INFORMATION

CONTACT - FIRST NAME *	CONTACT - MIDDLE NAME	CONTACT - LAST NAME *
<input type="text" value="JOHN"/>	<input type="text" value="Enter Middle Name"/>	<input type="text" value="SMITH"/>
ADDRESS LINE 1 *	ADDRESS LINE 2	CITY *
<input type="text" value="12357 RIATA TRACE PARKWAY"/>	<input type="text" value="Enter Street Address 2"/>	<input type="text" value="AUSTIN"/>
STATE *	ZIP CODE *	ZIP CODE +4
<input type="text" value="TX - Texas"/>	<input type="text" value="78728"/>	<input type="text" value="Enter Zip Extension"/>
<input type="button" value="Verify Address"/>		
CONTACT PHONE NUMBER *	EXT.	CONTACT FAX NUMBER
<input type="text" value="5125555555"/>	<input type="text" value="Enter Extension"/>	<input type="text" value="Enter Fax Number"/>

Third Party Biller

DO YOU HAVE A THIRD PARTY BILLER? *

Yes No

0 TOTAL DEFICIENCIES

ACCOUNTING/BILLING

W-9

EFT

Confirm that all the required fields are filled out in the **W-9** tab. After everything is completed, click **Save** on the bottom.

Public / Private

Public/Private Entities (required for all providers):

Definition: Public entities are those that are owned or operated by a city, state, county or other government agency or instrumentality, according to the Code of Federal Regulations, including any agency that can do intergovernmental transfers to the State. Public agencies include those that can certify and provide state matching funds.

Are you a private or public entity?*

Private Public

Additional Entity Information and Attachments

State of Entity's Formation: TX - Texas

Do you have a 501(c)(3) Internal Revenue Exemption?: Yes No

CHARTER NUMBER:

ATTACHMENTS

[Click here to select files](#) (Accepted file types are pdf, doc, docx, jpg or jpeg)

Save

In the **EFT** tab, confirm the box stating, “I do not wish to participate in the EFT Program.” is checked, and click **Save** to complete this tab.

0 TOTAL DEFICIENCIES

ACCOUNTING/BILLING

W-9

EFT

< Pending Change Request Number: 20184091

EFT

I do not wish to participate in the EFT Program.

Save

Click the back button the blue header to return to the main PEMS page.

 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

JOHN SMITH
Accounting Billing

 Accounting Billing Information
Individual

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

In the **Ownership/Controlling Interest** tab, confirm that all the Yes/No questions are answered. Then scroll all the way to the bottom, and click **Save**.

Has there been any changes of ownership or control within the past 5 years as defined in 42 CFR §489.18? If Yes, give date(s), Entity Name, and Explanation:* Yes No

Are you seeking enrollment or updating your enrollment due to change of ownership?*: Yes No

Do you anticipate any change of ownership or control within the year? If "Yes," give date:*: Yes No

Do you anticipate filing bankruptcy within the year? (see provider agreement for additional information) If "Yes," give date:*: Yes No

Did any former owner(s) transfer their ownership interest to an "immediate family member," as that term is defined in 42 USC 1320a-7, following a sanction, conviction, licensure restriction of any kind, or assessment of a monetary penalty (civil or criminal)?*: Yes No

Did any former owner(s) transfer their ownership interest to an "immediate family member," as that term is defined in 42 USC 1320a-7, in anticipation of or with knowledge of a pending administrative, civil and/or criminal investigation that could possibly result in a sanction, conviction, professional licensure restriction of any kind, or assessment of a monetary penalty (civil or criminal)?*: Yes No

Save

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓**
- PROGRAMS
- PRACTICE LOCATION INFO
- APPLICATION FEE ✓
- ATTACHMENTS ✓
- AGREEMENTS ✓

Scroll down to the Owners/Creditors/Principals area. Open up the principal reflected by clicking the ellipses and selecting **Open**.

Owners/Creditors/Principals						
NAME/COMPANY NAME	SSN/TAX ID	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER NUMBER	PERCENT OWNED	FINGERPRINT REQUIRED	
JOHN SMITH	123-45-6789	01/01/1970	987654321	100	NO	⋮

Instructions for Adding Authorized Individuals

Open 

0 TOTAL DEFICIENCIES

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES

In the **Basic Information** tab, confirm that the ID Type is current.
Then click **Save**.

Basic Information Pending Change Request Number: 20184091

Select person or entity* Person Entity

Select principal or subcontractor* Principal Subcontractor

What is the percentage(%) of ownership?*

What is the percentage(%) of ownership

FIRST NAME: JOHN

MIDDLE NAME: Enter Middle Name

LAST NAME: SMITH

GENDER: Male

DATE OF BIRTH: 01/01/1970

SOCIAL SECURITY NUMBER: 123-45-6789

DRIVER'S LICENSE OR OTHER NUMBER: 98765432

STATE ISSUER: TX - Texas

DRIVER'S LICENSE OR OTHER NUMBER EXPIRATION DATE: 12/31/2024

MAIDEN NAME: Enter Maiden Name

ALIAS NAME: Enter Alias Name

OWNER/CREDITOR/PRINCIPAL RELATIONSHIP END DATE: MM/DD/YYYY

REASON RELATIONSHIP ENDED

REASON RELATIONSHIP ENDED

Save

0 TOTAL DEFICIENCIES

- BASIC INFORMATION
- ADDRESSES
- HEALTHCARE LICENSES/CERTIFICATIONS/ACCREDITATIONS
- EMPLOYMENT INFORMATION
- RELATIONSHIP INFORMATION
- DISCLOSURES

In the **Addresses** tab, click **Verify Address**, check the box below that states, “**Same as Physical Address**,” and then click **Save** on the bottom to complete this tab.

Addresses Pending Change Request Number: 20184091

Physical Address

ADDRESS LINE 1 *	ADDRESS LINE 2
12357 Riata Trace Pkwy	Enter Street Address 2
CITY *	STATE *
Austin	TX - Texas
ZIP CODE *	Zip Code + 4
78727	7171

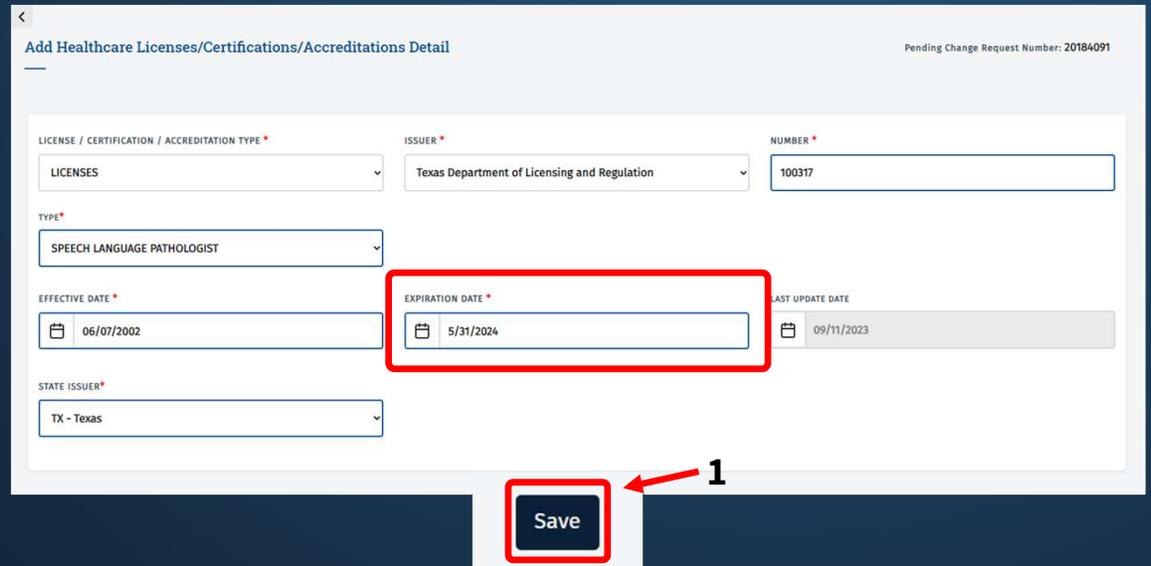
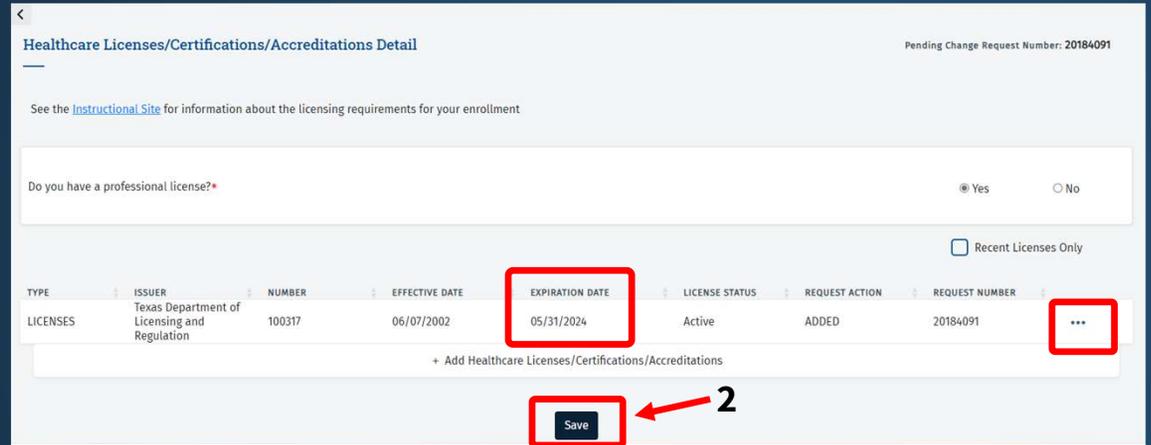
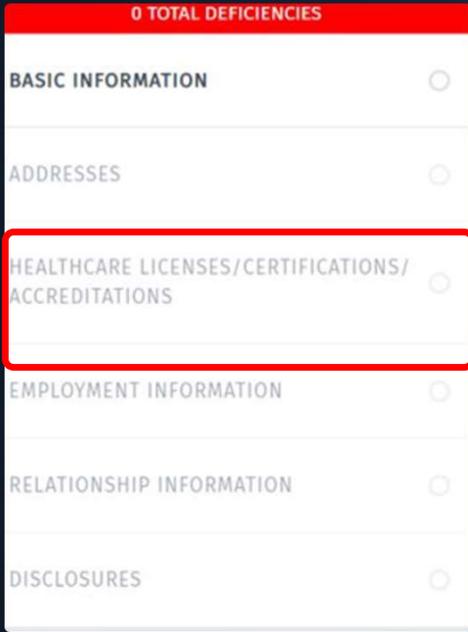
Address has been verified

Click to change address

Same as Physical Address

Accounting/Billing Address

ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP CODE
12357 Riata Trace Pkwy		Austin	TX - Texas	78727



To complete the Healthcare **Licenses/Certifications/Accreditations** tab, click the ellipses to open up the license. Confirm that the license is current; if it is not, update this. Then click **Save** on the bottom. Back on the license page, click **Save** again to complete this tab.

0 TOTAL DEFICIENCIES

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES

Confirm that all the fields are completed within the **Employment Information** tab. Then click **Save** to complete this tab.

< Employment Information Pending Change Request Number: 20184091

YOUR TITLE IN THE PROVIDER ORGANIZATION FOR WHICH ENROLLMENT IS BEING SOUGHT *

YOUR DUTIES TO THE PROVIDER ORGANIZATION *

YOUR ROLE IN THE PROVIDER ORGANIZATION * ROLE EFFECTIVE START DATE * END DATE

+ Add Job Role

Do you have employment history with a separate provider?* Yes No

0 TOTAL DEFICIENCIES

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES

In the **Relationship Information** tab, make sure “No” is checked, and click **Save** to complete this tab.

< Relationship Information Pending Change Request Number: 20184091

Do you have a relationship with a separate provider? *

Yes No

Save

0 TOTAL DEFICIENCIES

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES

In the **Disclosures** tab, confirm all the Yes/No questions are answered, and click **Save** on the bottom to complete this tab. Click the back button in the blue header to return back to the Ownership/Controlling Interest tab.

Are you currently subject to court-ordered child support payments? * Yes No

Are you currently behind 30 days or more on court ordered child support payments? * Yes No

Are you a citizen of the United States? If "No," provide the country of which you are a citizen. * Yes No

Make a selection from the dropdown in order to associate each attachment to a question.

ATTACHMENTS

[Click here to select files](#) (Accepted file types are pdf, doc, docx, jpg or jpeg)

Save

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

Scroll to the very bottom of the **Ownership/Controlling Interest** tab and confirm that there is an Authorized Signatory listed with a valid email address. This email address will be where the HHSC Agreement is sent. Then click **Save** to complete this tab.

Designation of Authorized Individuals

NAME	POSITION/TITLE	EMAIL ADDRESS	
JOHN SMITH	SPEECH LANGUAGE PATHOLOGIST	EMAIL@ISD.COM	...

+ Add Authorized Signatory

Save

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

Go to the **Programs** tab. Check “Yes” to Acute Care – Fee-for-Service. “Yes” should already be checked for the Acute Care – Comprehensive Care Program (CCP). Check “No” for all the other programs. Then click **Save** to complete this tab.

Texas Medicaid Programs Pending Change Request Number: 20184091

Helpful Hint: Only select the new programs in which you want to enroll. If the program below is marked "Yes", it is or has been enrolled for a practice location and cannot be edited.

Eligible Programs

Acute Care-Fee-for-Service*	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Acute Care - Comprehensive Care Program (CCP)*	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Acute Care - Texas Health Steps Dental *	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Acute Care - Texas Health Steps Medical *	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Acute Care -Case Management*	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Save

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

In the **Practice Location Information** tab, click the ellipses to open up the Practice Location associated to your enrollment record.

Practice Location Information

Billing Practice Locations

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION
TEXAS ISD	Individual	12357 Riata Trace Pkwy, Austin, TX, 78727-7171	ENROLLED	EDITED

+ Add Practice Location

Need help with Practice Locations Information

BASIC INFORMATION



PROGRAMS AND SERVICES PARTICIPATION



DEMOGRAPHICS



MANAGING EMPLOYEES



MAILING/CONTACT ADDRESSES



In the **Basic Information** tab, click **Verify Address**, and then click **Save** on the bottom to complete this tab.

Basic Information Pending Change Request Number: 20184092

LOCATION NAME
TEXAS ISD

ADDRESS LINE 1 * 12357 Riata Trace Pkwy ADDRESS LINE 2 Enter Address Line2 - Suite/APT

CITY * Austin STATE * TX - Texas

ZIP CODE * 78727 ZIP CODE +4 7171

Verify Address

PHONE NUMBER * 5555555555 EXT. Enter Extension FAX NUMBER Enter Fax Number

EFFECTIVE DATE 7/25/2017 END DATE MM/DD/YYYY

- BASIC INFORMATION ✓
- PROGRAMS AND SERVICES PARTICIPATION ✓**
- DEMOGRAPHICS ✓
- MANAGING EMPLOYEES ✓
- MAILING/CONTACT ADDRESSES ✓

In the **Programs and Services Participation** tab, click the ellipses to open the program. Then check “Yes” to the box that states, “Do you wish to end your participation?” Complete the rest of the fields within this tab, and click **Save** on the bottom.

< Programs and Services Participation

PRIMARY TAXONOMY	PROGRAM	BENEFIT CODE	STATUS	EFFECTIVE DATES	REQUEST ACTION
235Z00000X	Acute Care - Comprehensive Care Program (CCP)	CCP - CCP	ENROLLED	10/12/2022 - Present	...

< Program and Service Participation Details

Program Participation

SELECT A PROGRAM.*

Acute Care - Comprehensive Care Program (CCP)

DO YOU WISH TO END YOUR PARTICIPATION?

Yes No

CHANGE/END REASON

Other Explanation

RETROACTIVE CLAIM DATE



- BASIC INFORMATION ✓
- PROGRAMS AND SERVICES PARTICIPATION ✓
- DEMOGRAPHICS ✓**
- MANAGING EMPLOYEES ✓
- MAILING/CONTACT ADDRESSES ✓

In the **Demographics** tab, confirm that all the fields are completed, and then click **Save** on the bottom to complete this tab.

Demographics Pending Change Request Number: 20184092

Service Information

COUNTIES SERVED * ADDITIONAL LANGUAGE

Office Hours

Monday* - Closed Apply To All

Tuesday* - Closed

Wednesday* - Closed

Thursday* - Closed

Friday* - Closed

Save

- BASIC INFORMATION ✓
- PROGRAMS AND SERVICES PARTICIPATION ✓
- DEMOGRAPHICS ✓
- MANAGING EMPLOYEES** ✓
- MAILING/CONTACT ADDRESSES ✓

In the **Managing Employees** tab, click the ellipses and select **Edit** to open up this segment.

Managing Employees Pending Change Request Number: 20184092

NAME	ROLE	SOCIAL SECURITY NUMBER	START DATE AT THIS LOCATION	
JOHN SMITH	Employee	123456789	12/01/2020	⋮

+ Add Managing Employee Association

⋮

Edit

Remove

Need help with Managing Employees Information

Confirm that all the fields are filled in, and then click **Save** to complete this tab.

Add/Edit Employee Pending Change Request Number: 20184092

SELECTED EMPLOYEE*	MANAGING EMPLOYEE ROLE*	START DATE AT THIS LOCATION*	END DATE AT THIS LOCATION
JOHN SMITH	Employee	12/01/2020	

- BASIC INFORMATION ✓
- PROGRAMS AND SERVICES PARTICIPATION ✓
- DEMOGRAPHICS ✓
- MANAGING EMPLOYEES ✓
- MAILING/CONTACT ADDRESSES ✓**

Mailing/Contact Addresses Pending Change Request Number: 20184092

Location Name	Street Address 1	Street Address 2	City	State	Zip Code/Postal Code	Address Type
	12357 Riata Trace Pkwy		Austin	Texas	78727	Mailing

+ Add Mailing/Contact Addresses

...
View
Edit
Remove

Need help with Mailing Contact Address

Add Mailing/Contact Addresses Pending Change Request Number: 20184092

Address Information

ADDRESS TYPE * LOCATION NAME

ADDRESS LINE 1 * ADDRESS LINE 2

CITY * STATE *

ZIP CODE * ZIP CODE +4

Address has been verified Click to change address

PHONE NUMBER EXT. FAX NUMBER

Contact Information

CONTACT TYPE * EMAIL ADDRESS *

FIRST NAME * COMPANY/LAST NAME *

In the **Mailing/Contact Addresses** tab, click the ellipses, and then select **Edit** to open up that segment.

Verify Address, confirm that all the fields are filled in, and then click **Save** on the bottom to complete the tab.

To add yourself as an ORP, begin by clicking “+ Add Practice Location.” Make the selections shown on your screen, and then click **Add Practice**.

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

Practice Location Information

Billing Practice Locations

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION
TEXAS ISD	Individual	12357 Riata Trace Pkwy, Austin, TX, 78727-7171	PENDINGCHANGE	EDITED

+ Add Practice Location

Add Practice

DO YOU BILL FOR SERVICES AT THIS LOCATION?*

Yes No

ARE YOU A MEMBER OF GROUP AT THIS LOCATION?*

Yes No

I understand that in the future if I wish to seek reimbursements for services performed to Medicaid recipients, I must submit a new enrollment application to be eligible for Medicaid billing.*

Cancel Add Practice

Enter the location for your ISD, and then click **Verify Address**.
Enter the **Phone Number** for the ISD, and then click **Save** on the
bottom to complete this tab.

BASIC INFORMATION

PROGRAMS AND SERVICES PARTICIPATION

< Basic Information Pending Change Request Number: 20184092

LOCATION NAME
ORP ISD LOCATION

ADDRESS LINE 1 * 12357 Riata Trace Pkwy ADDRESS LINE 2 Enter Address Line2 - Suite/APT

CITY * Austin STATE * TX - Texas

ZIP CODE * 78727 ZIP CODE +4 7171

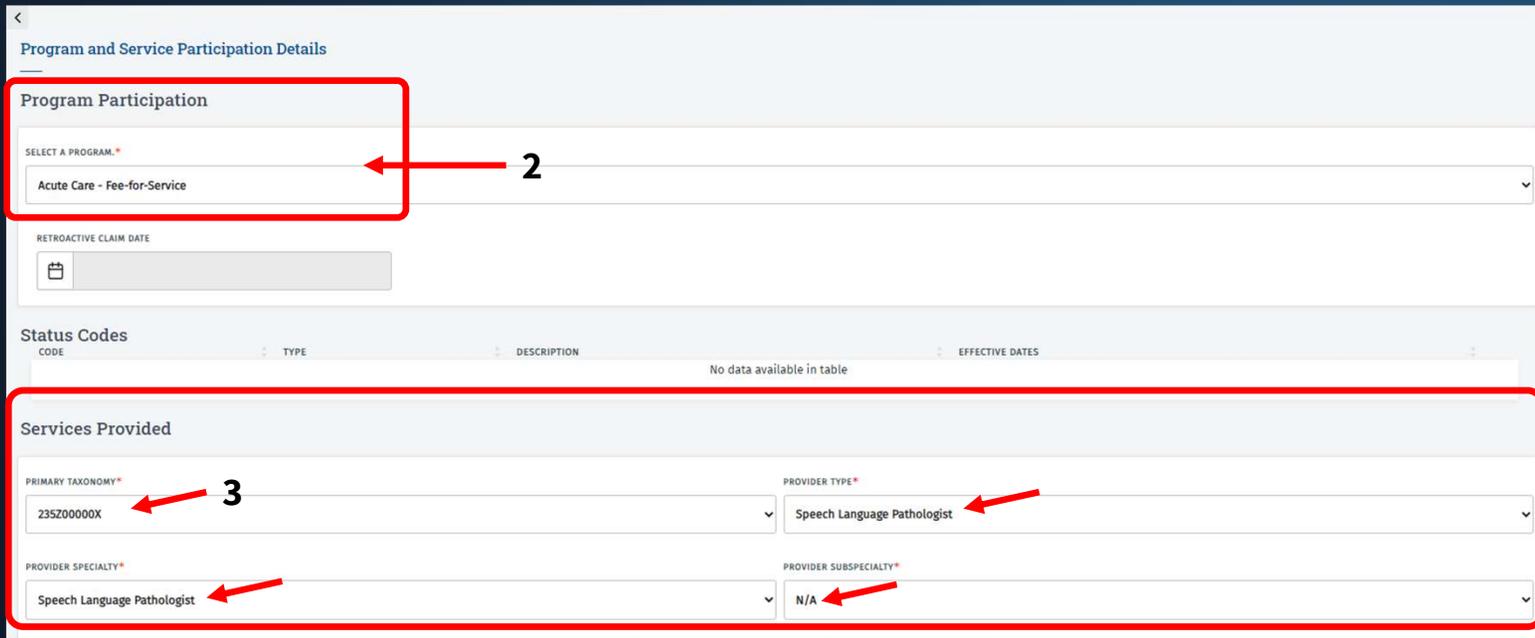
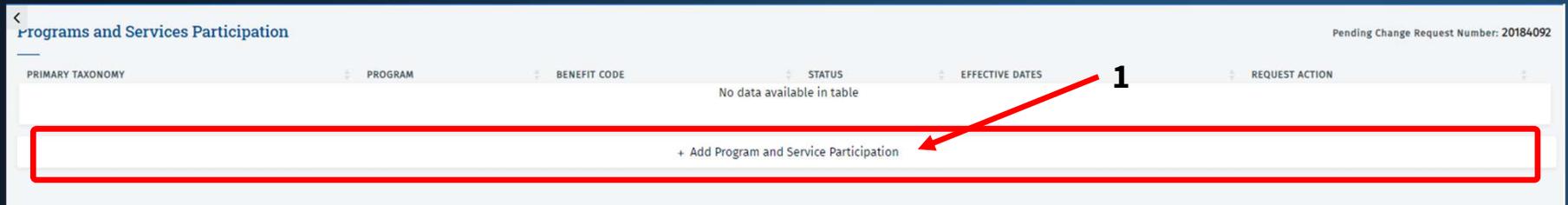
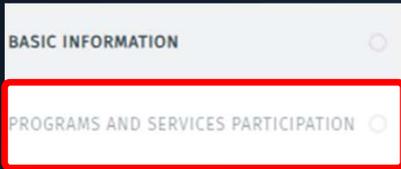
Verify Address

PHONE NUMBER * 5555555555 EXT. Enter Extension FAX NUMBER Enter Fax Number

EFFECTIVE DATE 9/11/2023 END DATE MM/DD/YYYY

Save

In the **Programs and Services Participation** tab, click “**+Add Program and Service Participation.**” On the next page, select the **Program, Taxonomy, and Provider Type** from the drop-down.



BASIC INFORMATION

PROGRAMS AND SERVICES PARTICIPATION

Fill out the rest of the information within the **Program Details** tab, and click **Save** on the bottom to complete this tab.

Demographics

PATIENT GENDER LIMITATIONS*

All

PATIENT AGE LIMITATIONS - START*

0

PATIENT AGE LIMITATIONS - END*

18

ACCEPTING PATIENTS*

Accepting New Patients

Reassignment of Benefits History

GROUP'S PROVIDER TYPE

GROUP'S BENEFIT CODE

GROUP'S TAXONOMY

GROUP'S ZIP CODE

GROUP'S NPI

EFFECTIVE DATES

No data available in table

Program Specific Questions

Do you offer telehealth services?*

Do you offer telehealth services is required.

Yes

No

Do you offer telemedicine services?*

Do you offer telemedicine services is required.

Yes

No

Do you provide hearing services for children?*

Do you provide hearing services for children is required

Yes

No

Are you an Urgent Care Center?*

Urgent Care Center question is required.

Yes

No

Save

- BASIC INFORMATION
- PROGRAMS AND SERVICES PARTICIPATION

To add the license to the **Program**, open up the Program that was just added by clicking the ellipses.

< Programs and Services Participation Pending Change Request Number: 20184091

PRIMARY TAXONOMY	PROGRAM	BENEFIT CODE	STATUS	EFFECTIVE DATES	REQUEST ACTION	
235Z00000X	Acute Care - Fee-for-Service		PENDINGENROLLMENT	09/11/2023 - Present	ADDED	...

BASIC INFORMATION

PROGRAMS AND SERVICES PARTICIPATION

Licenses / Certifications / Accreditations

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	LICENSE TYPE	FACILITY TYPE	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	ASSOCIATION EFFECTIVE DATES
No data available in table									
+ Association License/Certification/Accreditation									

Scroll down to the **Licenses/Certifications/Accreditations** section, and click “+ Association License/Certification/Accreditation.” Select your license from the drop-down. After this is reflected, click **Save** on the bottom to complete this tab.

Add Licenses / Certifications / Accreditations

LICENSE/CERTIFICATION/ACCREDITATION

LICENSES - Texas Department of Licensing and Regulation - 123456

Select License/Certification/Accreditation

LICENSES - Texas Department of Licensing and Regulation - 123456

Cancel Save

Licenses / Certifications / Accreditations

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	LICENSE TYPE	FACILITY TYPE	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	ASSOCIATION EFFECTIVE DATES
LICENSES	Texas Department of Licensing and Regulation	SPEECH LANGUAGE PATHOLOGIST		123456	01/12/1993	12/31/2024		EDITED	1/12/1993 - Present ...

To complete the request, navigate to the **Agreements** tab. Click the ellipses, and choose **Select Authorized Signatory**. Then enter your **Email Address**, and click **Activate Agreement**.

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	✓
ATTACHMENTS	✓
AGREEMENTS	✓

Agreements & Signatures Pending Change Request Number: 20184091

The Business Entity acknowledges, through its authorized representative's signature on the Agreements page of the electronic application, that all information provided is true and correct and subject to Texas Penal Code §37.10.Tampering with Governmental Record.

Instructions for E-Sign:
An Owner or Principal who is a Person must be selected in order to sign the Agreement. If there are no Owners or Principals who are Persons, please return to the Owners/Creditors/Principals page and add an Owner or Principal who meets this criteria.

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
No Existing Record. Choose "Select Authorized Signatory" from the ellipsis menu.			

SELECT AUTHORIZED SIGNATORY ⌵

Add Authorized Signatory

NAME OF AUTHORIZED SIGNATORY *

EMAIL ADDRESS *

If the Business Entity wishes to change the individual(s) authorized to act on its behalf, the Business Entity must notify HHSC by completing and submitting HHSC a revised Designation of Authorized Individual(s). No change is effective until HHSC receives and process the revision.

Activate Agreement Cancel

Agreements & Signatures Pending Change Request Number: 20184091

The Business Entity acknowledges, through its authorized representative's signature on the Agreements page of the electronic application, that all information provided is true and correct and subject to Texas Penal Code §37.10.Tampering with Governmental Record.

Instructions for E-Sign:
An Owner or Principal who is a Person must be selected in order to sign the Agreement. If there are no Owners or Principals who are Persons, please return to the Owners/Creditors/Principals page and add an Owner or Principal who meets this criteria.

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
JOHN SMITH	YOUREMAIL@GMAIL.COM	Sent	

The **HHSC Provider Agreement** will now populate. Click on the yellow tab to go straight to the signature line.

Type your name to sign, and click **Apply**.

The screenshot shows a PDF document titled "Enrollment Agreements" with the main heading "HHSC Provider Agreement". The document text includes:

The provider (Provider) agrees to comply with all terms and conditions of this HHSC Provider Agreement (Agreement) as a condition for participation under the following programs (collectively referred to as "Program"):

I LEGAL AUTHORITY

1.1.1 All Providers

1.1.1.1 This Agreement between Provider and the Texas Health and Human Services Commission (HHSC) is authorized by Texas Government Code Chapter 531 and Human Resources Code Chapter 32 and is in compliance with the provisions of the Code of Federal Regulations (CFR), including 42 CFR § 431.307, and the Texas Administrative Code (TAC), including 1 TAC § 302.5 and 302.7.

II TERMS, CONDITIONS, AND REQUIREMENTS

21 Availability of Funding.

21.1 All Providers

21.1.1 This Agreement is contingent upon the availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or Health and Human Services Agencies, amendments to the General Appropriations Act, Health and Human Services agency consolidation, or any other disruptions of current appropriated funding for this Agreement, HHSC may restrict, reduce, or terminate funding under this Agreement, without penalty to HHSC. Notice of any restriction, reduction, or termination will include detailed information on the services and/or goods to be covered by any restriction, reduction, or termination of funds.

22 Agreement and documents constituting Agreement.

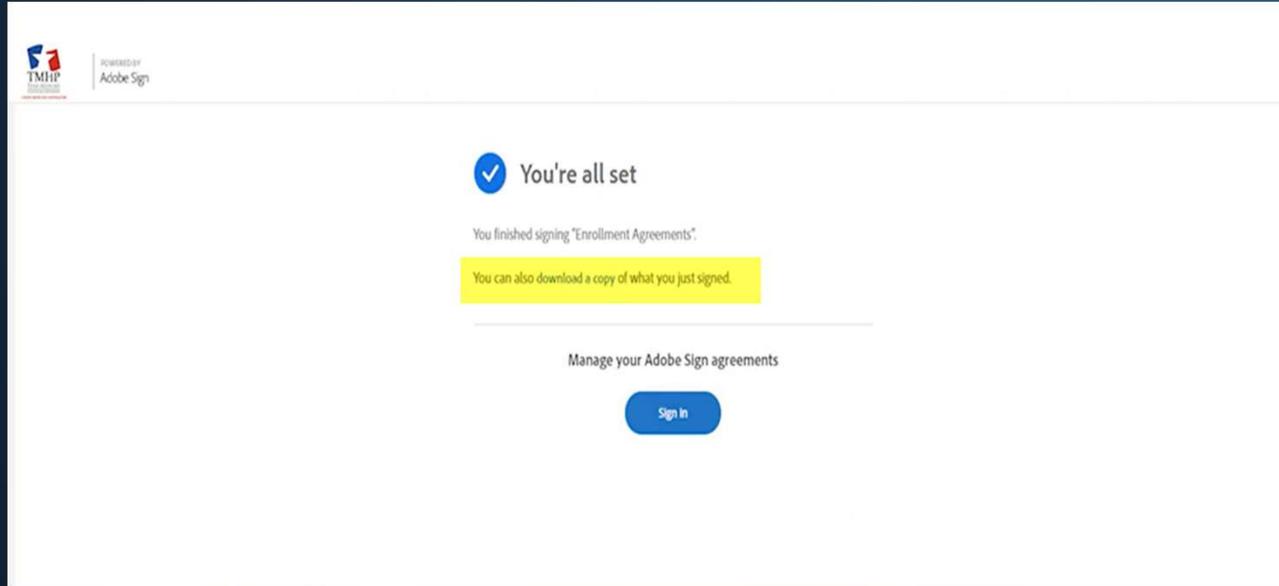
22.1 All Providers

22.1.1 HHSC Program-specific provider procedures manuals (Provider Manual) and provider handbooks (Provider Handbook) may be accessed via the Internet at www.tnhsp.com and <https://hhs.texas.gov/>. Provider agrees to comply with the requirements of each Provider Manual relating to each Program that the Provider attends to. Provider also agrees to comply with all state and federal laws governing or regulating each Program in which Provider is enrolled. This Agreement incorporates by reference all Program requirements and the Provider application, including all revisions thereto.

A yellow tab labeled "Sign" is visible at the bottom left of the document, with a red arrow pointing to it.

The screenshot shows a signature line with the text "Type your signature here". A red box highlights the "Apply" button. The text "Full name of Provider's Signatory" and "For Provider's authority to sign below" is visible on the left side of the signature line. A red box also highlights the "Apply" button.

Once the HHSC Agreement is signed successfully, you will get the following message. You can choose to download or print a copy for your files. Close out this window when you are done.



NPI TAXONOMY INFORMATION



SERVICES PROVIDED



PROVIDER INFORMATION



LICENSES/CERTIFICATIONS/
ACCREDITATIONS



DISCLOSURES



ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS



Once the HHSC Enrollment Agreement has been signed, you will need to allow 5-10 minutes for the signature to process.

Refresh the page and go to the Agreements tab and check the status.

When the status changes from Sent to **Signed**, you will see the Submit button. Click the **Submit** button to submit your application.

<

Agreements & Signatures

Pending Change Request Number: 20184091

The Business Entity acknowledges, through its authorized representative's signature on the Agreements page of the electronic application, that all information provided is true and correct and subject to Texas Penal Code §37.10.Tampering with Governmental Record.

Instructions for E-Sign:
An Owner or Principal who is a Person must be selected in order to sign the Agreement. If there are no Owners or Principals who are Persons, please return to the Owners/Creditors/Principals page and add an Owner or Principal who meets this criteria.

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED	
JOHN SMITH	joshua.haley@tmhp.com	Signed	9/12/2023	...

By submitting this application for provider enrollment or credentialing, as well as the information provided in connection with this application, I acknowledge that I intend to become enrolled or credentialed as a provider in the Texas State Programs. I also agree to adhere to all applicable laws, administrative rules, policies, and guidelines, and I understand that under these authorities I must adhere to standards of behaviour that, if not met, can result in administrative, civil and/or criminal sanctions.

Submit

Once the application is accepted and submitted, you will not be able to make modifications during TMHP processing.

Click on **Requests** to check the status of the application. When the application is submitted successfully, the status will change from Draft to **PE Review**.

The screenshot displays the TMHP PEMS Provider Admin interface. At the top left, the TMHP logo and text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR" are visible. On the top right, the user "PemsProviderAdmin" is logged in, with buttons for "Start New Enrollment" and "View Help". The main header is "REQUESTS". Below the header, there are navigation tabs for "REQUESTS" and "PROVIDER MANAGEMENT". An "ADVANCED SEARCH" section contains a search box with the value "20184091". A red notice is present: "Texas Medicaid waived provider revalidations during the federal COVID-19 Public Health Emergency. The last day of the federal COVID-19 Public Health Emergency will be May 11, 2023. The provider revalidation waivers for the federal COVID-19 Public Health Emergency will end on that date. TMHP has sent an email to affected providers with a recalculated revalidation due date. Providers can also find their Revalidation Due Dates in the 'Revalidation Due Date' field on the Provider Information Page in the Enrollment Information section." Below this, another red notice states: "You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page." The main content is a table with the following data:

REQUEST TYPE	NPI /API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PEMS - Existing Enrollment	1003919994	20184091	JOHN SMITH	Individual		PE Review	

RESOURCES

Reach out to TMHP directly for enrollment assistance by:

- Calling our Contact Center at: **800-925-9126**
- Emailing Provider Relations at: **provider.relations@tmhp.com**

