

## Tooltips

Enrollment		
Page	Field	ToolTip
		<p>Medicare Number Required:</p> <p>Advanced Practice Nurse</p> <p>Ambulance/ Air Ambulance</p> <p>Ambulatory Surgical Center (ASC)</p> <p>Audiologist</p> <p>Catheterization Lab</p> <p>Certified Nurse Midwife (CNM)</p> <p>Certified Registered Nurse Anesthetist (CRNA)</p> <p>Chiropractor</p> <p>Community Health Mental Center</p> <p>Comprehensive Health Center (CHC)</p> <p>Comprehensive Outpatient Rehabilitation Facility (CORF)</p> <p>Durable Medical Equipment (DME)</p> <p>Federally Qualified Health Center (FQHC)</p> <p>Federally Qualified Look-alike (FQL)</p> <p>Federally Qualified Satellite (FQS)</p> <p>Freestanding Psychiatric Facility</p> <p>Freestanding Rehabilitation Center</p> <p>Home Health</p> <p>Hospital- In State</p> <p>Hospital- Out of State</p> <p>Independent Diagnostic Testing Facility</p> <p>Independent Lab</p> <p>Optician</p> <p>Optometrist (OD)</p> <p>Physician (excluding OB/GYN and Pediatrics)</p> <p>Physician Assistance</p> <p>Physiological Lab</p> <p>Podiatrist</p> <p>Portable X-Ray</p> <p>Psychologist</p> <p>Radiation Treatment Center</p> <p>Renal Dialysis Facility</p> <p>Rural Health Clinic (RHC)- Hospital &amp; Freestanding</p> <p>Skilled Nursing Facility (SNF)</p>
Provider Type Identification Form	Are you enrolled in Medicare?	
Provider Type Identification Form	Applicant is enrolling as: Individual (radio button)	An individual practitioner who is not affiliated with a group.
Provider Type Identification Form	Applicant is enrolling as: Performing Provider (radio button)	An individual practitioner within a business group; Medicare enrollment status must follow the Groups enrollment. If the Group is enrolled in Medicare including Pediatrician and OB/GYN the performing provider will also be required to have the same Medicare enrollment status.
Provider Type Identification Form	Applicant is enrolling as: Group (radio button)	A business group of one or more individual practitioners, who practice with different areas of specialization as a multi-specialty or all of the individuals practice with the same area of specialty as a single specialty groups.
Provider Type Identification Form	Applicant is enrolling as: Facility (radio button)	A facility or a distinct part of a facility that is required to enroll in order for the Texas State Programs to consider services rendered for payment. For enrollment purposes a business such as a Durable Medical Equipment or a Home Health Services is considered a Facility.
Provider Type Identification Form	Enrolling As: Performing Provider (radio button)	Performing providers of a Medicare group must also have a current Medicare number before enrolling in the Texas Medicaid Program
Provider Type Identification Form	NPT	National Plan and Provider Enumeration System
Provider Type Identification Form	CSHCN	The Children with Special Health Care Needs (CSHCN) Services Program is the oldest governmentally-administered continuous medical assistance program in Texas. In 1933, state legislative action initiated funding two years in advance of the first federal initiative, Title V of the Social Security Act. From its inception, the program has provided assistance to low income children with special health care needs. In response to Senate Bill 374, passed by the 76th Texas Legislature, the name and scope of the program changed. In accordance with the Act, other provisions became effective July 1, 2001. Among these provisions was the implementation of a comprehensive health benefits plan that provides medical checkups, mental health services, preventive services, and therapeutic medical and dental services to all eligible clients.
Provider Type Identification Form	Advanced Practice Nurse	To enroll in the Texas Medicaid Program, an advanced practice nurse (APN) must be licensed as a registered nurse and be recognized as an APN by the Board of Nurse Examiners for the State of Texas. All APNs are enrolled within the categories of practice as determined by the Board of Nurse Examiners. If enrolling into a Medicare-enrolled multi-specialty group, Medicare enrollment is required. APNs can enroll as groups or into multi-specialty groups.
Provider Type Identification Form	Ambulance/Air Ambulance	To enroll in the Texas Medicaid Program, ambulance providers must: 1) Operate according to the laws, regulations, and guidelines governing ambulance services under Medicare Part B. 2) Equip and operate under the appropriate rules, licensing, and regulations of the state in which they operate. 3) Acquire a license from Texas Department of State Health Services (DSHS) approving equipment and training levels of the crew. 4) Enroll in Medicare, a hospital-operated ambulance provider must be enrolled as an ambulance provider and submit claims using the ambulance Texas Provider Identifier (TPI) not the hospital TPI.
Provider Type Identification Form	Ambulatory Surgical Center (ASC)	To enroll in the Texas Medicaid Program, Ambulatory Surgical Centers (ASCs) must: meet and comply with applicable state and federal laws and provisions of the state plan under Title XIX of the Social Security Act for Medical Assistance, and be enrolled in Medicare. Out-of-state ASCs that are Medicare-certified as an ASC in the state where they are located and provide services to a Texas Medicaid client may be entitled to participate in the Texas Medicaid Program.
Provider Type Identification Form	Audiologist	To enroll in the Texas Medicaid Program, hearing aid professionals (physicians, audiologists, and fitters and dispensers) 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 service was performed and be enrolled as a Medicare provider. Additionally, audiologists must also be currently certified by the American Speech, Language, and Hearing Association or meet the Association's equivalency requirements. Audiologists can enroll as groups. Medicare enrollment is a prerequisite for enrollment as a Medicaid group. An Audiologist cannot enroll into a multi-specialty group.
Provider Type Identification Form	Birthing Center	To enroll in the Texas Medicaid Program, a birthing center must be licensed by DSHS. Texas Medicaid only reimburses birthing center services that provide a level of service equal to the professional skills of a physician or certified nurse-midwife (CNM) who acts as the birth attendant. A birthing center is defined as a facility or institution where a woman is scheduled to give birth following an uncomplicated (low-risk) pregnancy. This term does not include a hospital, ambulatory surgical center, nursing facility, or residence of the woman giving birth.
Provider Type Identification Form	Catheterization Lab	To enroll in the Texas Medicaid Program, a catheterization lab must be Medicare-certified.

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Provider Type Identification Form	Certified Nurse-Midwife (CNM)	To enroll in the Texas Medicaid Program, a certified nurse-midwife (CNM) must be a licensed registered nurse who is recognized by the Board of Nurse Examiners for the State of Texas 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.
Provider Type Identification Form	Certified Registered Nurse Anesthetist (CRNA)	CRNAs can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Chemical Dependency Treatment Facility	Chemical dependency treatment facilities licensed by HHSC are eligible to enroll in the Texas Medicaid Program. Chemical dependency treatment facility services are those facility services determined by a qualified credentialed professional, as defined by the Texas Commission on Alcohol and Drug Abuse Chemical Dependency Treatment Facility Licensure Standards, to be reasonable and necessary for the care of a person younger than age 21 who is chemically dependent.
Provider Type Identification Form	Chiropractor	To enroll in the Texas Medicaid Program, a doctor of chiropractic (DC) medicine must be licensed by the Texas Board of Chiropractic Examiners and enrolled as a Medicare provider.
Provider Type Identification Form	Community Mental Health Center	Community mental health centers (CMHC) can enroll in the Texas Medicaid Program without the approval of DADS, but must be enrolled in Medicare.
Provider Type Identification Form	Comprehensive Health Center (CHC)	To enroll in the Texas Medicaid Program to provide medical services, physicians (MD and DO) and doctors (DMD, DDS, OD, DPM, and DC) must be licensed by the licensing authority of their profession to practice in the state where the service is performed at the time services are provided. All physicians except pediatricians and physicians doing only THSteps medical screens must be enrolled in Medicare before Medicaid enrollment. TMHP may waive the Medicare enrollment prerequisite for pediatricians or physicians whose type of practice and service may never be billed to Medicare.
Provider Type Identification Form	Comprehensive Outpatient Rehabilitation Facility	To enroll in the Texas Medicaid Program, a Comprehensive Outpatient Rehab Facility (CORF) must be Medicare-certified. CORFs are public or private institutions primarily engaged in providing, under medical direction, diagnostic, therapeutic, and restorative services to outpatients, and are required to meet specified conditions of participation.
Provider Type Identification Form	Consumer Directed Services Agency (CDSA)	To enroll in the Texas Title XIX Medicaid Program, Consumer Directed Services Agency providers must complete the Texas Medicaid enrollment application. Providers of personal assistance services must submit their contract with the Department of Aging and Disability Services as a Consumer Directed Services Agency provider.
Provider Type Identification Form	Dentist	A dentist 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.
Provider Type Identification Form	Durable Medical Equipment (DME)	To be eligible to participate in the Comprehensive Care Program (CCP), providers of durable medical equipment (DME) must be enrolled in Medicare (Palmetto). Enrolled providers of DME or expendable medical supplies are issued a DMEH TPI that is specific to home health services. Providers of customized, nonbasic medical equipment, orthotic or prosthetic providers are also enrolled as a DME provider. Prescriptions, insulin and insulin syringes are covered through the Medicaid Vendor Drug Program. Refer to the Pharmacy section for more information on pharmacies enrolled as CCP providers.
Provider Type Identification Form	Durable Medical Equipment / Home Health	Enrolled providers of DME or expendable medical supplies are issued a DMEH TPI that is specific to home health services. These providers must be Medicare-certified as a DME/medical supplier to obtain a DME Home Health Texas Provider Number.
Provider Type Identification Form	Family Planning Agency	To enroll in the Texas Medicaid Program, family planning agencies must ensure that all services are furnished by, prescribed by, or provided under the direction of a licensed physician and have a medical director who is a physician currently licensed to practice medicine in Texas. Agencies must have an established record of performance in the provision of both medical and educational/counseling family planning services as verified through client records, established clinic hours, and clinic site locations; provide family planning services in accordance with the Department of State Health Services (DSHS) standards of client care for family planning agencies; and be approved for family planning services by the DSHS Family Planning Program. Family planning services are payable under the existing FQHC TPI using family planning procedure codes.
Provider Type Identification Form	Federally Qualified Health Center (FQHC)	To enroll in the Texas Medicaid Program, a Federally Qualified Health Center (FQHC) must be receiving a grant under Section 329, 330, or 340 of the Public Health Service Act or designated by the U.S. Department of Health and Human Services to have met the requirements to receive this grant. A copy of the Public Health Service issued notice of grant award reflecting the project period and the current budget period must be submitted with the enrollment application. A current notice of grant award must be submitted to the TMHP Provider Enrollment Department annually. Centers are required to notify TMHP of all satellite centers that are affiliated with the parent FQHC and their actual physical addresses.
Provider Type Identification Form	Federally Qualified Look-alike (FQL)	FQHC "look-alikes" are not required to enroll in Medicare but may elect to do so to receive reimbursement for crossovers.
Provider Type Identification Form	Federally Qualified Satellite (FQS)	FQHCs and their satellites are required to enroll in Medicare to be eligible for Medicaid enrollment. All FQHC satellite centers billing Medicaid for FQHC services must also be approved by the Public Health Service. For accounting purposes, centers may elect to enroll the Public Health Service-approved satellites using an FQS TPI that ties back to the parent FQHC TPI and tax ID. This procedure allows for the parent FQHC to have one provider agreement as well as one cost report combining all costs from all approved satellites and the parent FQHC. If an approved satellite chooses to bill the Texas Medicaid Program directly, the center must have a separate TPI from the parent FQHC and will be required to file a separate cost report.
Provider Type Identification Form	Freestanding Psychiatric Facility	To be eligible to participate in the THSteps-CCP, a psychiatric hospital/facility must be accredited by the Joint Commission, have a valid provider agreement with HHSC, and have completed the TMHP enrollment process. Facilities certified by Medicare must also meet the JCAHO accreditation requirements. Freestanding psychiatric hospitals enrolled in Medicare may also receive payment for Medicare deductible and coinsurance amounts with the exception of clients ages 21-64.
Provider Type Identification Form	Freestanding Rehabilitation Facility	To be eligible to participate in the THSteps-Comprehensive Care Program (CCP), a freestanding rehabilitation hospital must be certified by Medicare, have a valid Provider Agreement with HHSC, and have completed the TMHP enrollment process. The Texas Medicaid Program enrolls and reimburses freestanding rehabilitation hospitals for CCP services and Medicare deductible/coinsurance. The information in this section is applicable to CCP services only.
Provider Type Identification Form	Genetics	Only full-service genetic providers may enroll in the Texas Medicaid Program. 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: DSHS Genetic Screening and Case Management Division, 1100 West 49th Street, Austin TX 78756-3199, 512-458-7111 X2193.
Provider Type Identification Form	HCSSA	Home and Community Support Services Agency (HCSSA): To enroll in the Texas Medicaid Program, HCSSA providers must complete the Texas Medicaid enrollment application. These providers must be certified by the Texas Department of Aging and Disability Services as a Licensed Home Health. HCSSAs are eligible to enroll as a Durable Medical Equipment Home Health; Palmetto enrollment is not required.
Provider Type Identification Form	Hearing Aid	To enroll in the Texas Medicaid Program, hearing professionals (physicians, audiologists, and fitters and dispensers) 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 service was performed. Additionally, audiologists must also be currently certified by the American Speech, Language, and Hearing Association or meet the Association's equivalency requirements. Audiologists do not have to provide separate licensure to enroll as a fitter and dispenser because the audiology licensure encompasses and constitutes registration to fit and dispense hearing instruments.
Provider Type Identification Form	Home Health	To enroll in the Texas Title XIX Medicaid program home health services providers must complete the Texas Medicaid enrollment application. Home Healths are also eligible to enroll as a Durable Medical Equipment Home Health; Palmetto enrollment is not required.
Provider Type Identification Form	Hospital — In-State	To be eligible to participate in the Texas Medicaid Program, a hospital must be certified by Medicare, have a valid provider agreement with HHSC, and have completed the TMHP enrollment process.
Provider Type Identification Form	Hospital Ambulatory Surgical Center (HASC)	Hospitals certified and enrolled in the Texas Medicaid Program are assigned a nine-character TPI (HASC) exclusively for billing day surgeries.
Provider Type Identification Form	Hospital — Military	To enroll in the Texas Medicaid Program, a military hospital must be certified by Medicare, have a valid provider agreement with HHSC, and have completed the TMHP enrollment process. Veteran's Administration (VA) hospitals are eligible to receive Texas Medicaid payment only on claims that have crossed over from Medicare.

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Provider Type Identification Form	Hospital — Out-of-State	To be eligible to participate in the Texas Medicaid Program, a hospital must be certified by Medicare, have a valid provider agreement with HHSC, and have completed the TMHP enrollment process.
Provider Type Identification Form	Hyperalimentation	To enroll in the Texas Medicaid Program, providers of in-home total parenteral hyperalimentation must be enrolled in Medicare (Palmetto) as in-home total parenteral hyperalimentation supplier providers.
Provider Type Identification Form	Independent Diagnostic Testing Facility	To enroll in the Texas Medicaid Program, the Independent Diagnostic Testing Facility must: 1. Enroll in Medicare 2. Medicare enrollment must reflect diagnostic testing
Provider Type Identification Form	Independent Lab (Physician Involvement)	To enroll in the Texas Medicaid Program, the independent (freestanding) laboratory must: 1) Independent from a physician's office or hospital 2) Meet staff, equipment, and testing capability standards for certification by HHSC 3) Have Medicare certification
Provider Type Identification Form	Independent Lab (No Physician Involvement)	To enroll in the Texas Medicaid Program, the independent (freestanding) laboratory must: 1) Independent from a physician's office or hospital 2) Meet staff, equipment, and testing capability standards for certification by HHSC 3) Have Medicare certification
Provider Type Identification Form	Indian Health Services (IHS)	The Indian Health Services (IHS) provider must have Medicare certification before enrolling in the Medicaid Program. Therefore, if they have Medicare certification and are designated under Medicare as an IHS provider, they do not need to provide a HRSA designation letter to enroll in the Medicaid Program. IHS must enroll as a facility.
Provider Type Identification Form	Licensed Marriage and 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. LMFTs can enroll as part of a multi-specialty group whether or not they are enrolled in Medicare. Providers that hold a temporary license are not eligible to enroll in the Texas Medicaid Program.
Provider Type Identification Form	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. LPCs can enroll as groups or into multi-specialty and Behavioral Health groups. The Provider Agreement, Provider Information Form (PIF-1) and, Principal Information Form (PIF-2) must be completed for the group and each performing provider enrolling into the group.
Provider Type Identification Form	Maternity Service Clinic (MSC)	To enroll in the Texas Medicaid Program, maternity service clinics (MSC) must ensure that the physician prescribing the services is employed by or has a contractual agreement/formal arrangement with the clinic to assume professional responsibility for the services provided to clinic patients. To meet this requirement, a physician must see the patient at least once, prescribe the type of care provided, and if the services are not limited by the prescription, periodically review the need for continued care. Medicare certification is not a prerequisite for MSC enrollment. An MSC must: 1) be a facility that is not an administrative, organizational, or financial part of a hospital 2) be organized and operated to provide maternity services to outpatients 3) comply with all applicable federal, state, and local laws and regulations 4) an MSC wanting to bill and receive reimbursement for case management services to high-risk pregnant adolescents, women, and infants must meet the criteria specified in the Case Management for Children and Pregnant Women section.
Provider Type Identification Form	Mental Retardation Diagnostic Evaluation (MRDE)	To enroll in the Texas Medicaid Program, Mental Retardation Diagnostic Evaluation providers must be an approved Mental Health Retardation (MHMR) Facility, TMHP is required to verify approval with Department of State Health Services-Mental Retardation (DSHS-MR).
Provider Type Identification Form	Milk Bank Donor	Milk Donor Banks adhere to quality guidelines consistent with the Human Milk Bank Association of North America. HHSC has determined that a physician must prescribe the donor milk. The age restriction will be 0 through 2 years of age. Out-of-state providers do not have to provide the Certificate of Incorporation/Authority or the Letter of Good Standing if the corporation is not exempt from the Franchise Tax.
Provider Type Identification Form	Multi-Specialty Group	Multi-Specialty Group are a business group of one or more individual practitioners, who practice with different areas of specialization.
Provider Type Identification Form	Occupational Therapist (OT)	HHSC allows Medicaid enrollment of independently practicing licensed occupational therapists in the THSteps-Comprehensive Care Program (CCP). Some occupational therapy services are also available under Home Health.
Provider Type Identification Form	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. Opticians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	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. Opticians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Outpatient Physical Therapy Service (ORF)	Outpatient Physical Therapy Services (ORF) are centers which could be public or private institutions primarily engaged in providing under medical direction diagnostic, therapeutic, and restorative services to outpatients and are required to meet specified conditions of participation.
Provider Type Identification Form	Personal Assistant Services	To enroll in the Texas Title XIX Medicaid Program, personal assistance services providers must complete the Texas Medicaid enrollment application. Providers of personal assistance services must be licensed by the Home and Community Support Services Agency as a Personal Assistance (PAS) provider.
Provider Type Identification Form	Physical Therapist (PT)	To enroll in the Texas Medicaid Program, independently practicing licensed physical therapists must be enrolled in Medicare. The Medicare enrollment requirement is waived for therapists providing services only to THSteps-eligible clients who are under 21 and not receiving Medicare benefits. If you are currently enrolled with the Texas Medicaid Program or plan to provide regular acute care services to clients with Medicaid coverage, enrollment in the THSteps-Comprehensive Care Program (CCP) is not necessary. All non-CCP physical therapy services must be billed with your current Medicaid TPI.
Provider Type Identification Form	Physician DO	To enroll in the Texas Medicaid Program to provide medical services, physicians (MD and DO) and doctors (DMD, DDS, OD, DPM, and DC) must be licensed by the licensing authority of their profession to practice in the state where the service is performed at the time services are provided. All physicians except pediatricians, OB-GYNs, and physicians doing only THSteps medical screens must be enrolled in Medicare before Medicaid enrollment. TMHP may waive the Medicare enrollment prerequisite for pediatricians or physicians whose type of practice and service may never be billed to Medicare. Physicians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Physician MD	To enroll in the Texas Medicaid Program to provide medical services, physicians (MD and DO) and doctors (DMD, DDS, OD, DPM, and DC) must be licensed by the licensing authority of their profession to practice in the state where the service is performed at the time services are provided. All physicians except pediatricians, OB-GYNs, and physicians doing only THSteps medical screens must be enrolled in Medicare before Medicaid enrollment. TMHP may waive the Medicare enrollment prerequisite for pediatricians or physicians whose type of practice and service may never be billed to Medicare. Physicians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Physician Assistant	To enroll in the Texas Medicaid Program, a Physician Assistant (PA) must be licensed as a physician assistant and be recognized as a PA by the Texas Medical Board. All PAs are enrolled within the categories of practice as determined by the Texas Medical Board. PAs can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Physiological Lab	To enroll in the Texas Medicaid Program, radiological and physiological laboratories and portable X-ray suppliers must be enrolled in Medicare. Both radiological and physiological laboratories must be directed by a physician.
Provider Type Identification Form	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. Podiatrist can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Portable X-Ray	To enroll in the Texas Medicaid Program, radiological and physiological laboratories and portable X-ray suppliers must be enrolled in Medicare. A physician must direct both radiological and physiological laboratories.
Provider Type Identification Form	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. Psychologists can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Radiation Treatment	To enroll in the Texas Medicaid Program, Radiation Treatment Centers must be Medicare-certified and certified by HHSC Bureau of

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Form	Center	Radiation Control.
Provider Type Identification Form	Radiological Lab	To enroll in the Texas Medicaid Program, radiological and physiological laboratories and portable X-ray suppliers must be enrolled in Medicare. A physician must direct both radiological and physiological laboratories.
Provider Type Identification Form	Renal Dialysis Facility	To enroll in the Texas Medicaid Program, a renal dialysis facility must be Medicare-certified in the state that it is located to provide services. Facilities must also adhere to the appropriate rules, licensing, and regulations of the state where they operate.
Provider Type Identification Form	Rural Health Clinic - Hospital, Freestanding	To enroll in the Texas Medicaid Program and qualify for participation as a Title XIX rural health clinic (RHC), RHC must be enrolled in Medicare.
Provider Type Identification Form	Social Worker (LCSW)	To enroll in the Texas Medicaid Program independently or as a group, 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 or obtain a pediatric practice exemption through TMHP Provider Enrollment. Practitioners holding a temporary license are not eligible to enroll in Medicaid. Social Workers can enroll as groups or into multi-specialty or Behavioral Health groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	SHARS - School, Co-op or School District	To enroll in the Texas Medicaid Program, school districts, share service arrangements, and individuals or entities must meet Medicaid-approved or recognized certification and licensing requirements. These requirements must be consistent with state and federal laws and regulations and are subject to approval by HHSC. A qualified provider may be an institution, agency, person, or organization chosen by the parent who agrees in writing with HHSC to: 1) provide SHARS as listed in the individual education plan (IEP); 2) provide SHARS in the least restrictive environment as set forth in the IEP; 3) maintain and submit all records and reports required by the school district to ensure compliance with the IEP.
Provider Type Identification Form	SHARS - Non-School	To enroll in the Texas Medicaid Program, school districts, share service arrangements, and individuals or entities must meet Medicaid-approved or recognized certification and licensing requirements. These requirements must be consistent with state and federal laws and regulations and are subject to approval by HHSC. A qualified provider may be an institution, agency, person, or organization chosen by the parent who agrees in writing with HHSC to: 1) provide SHARS as listed in the individual education plan (IEP); 2) provide SHARS in the least restrictive environment as set forth in the IEP; 3) maintain and submit all records and reports required by the school district to ensure compliance with the IEP.
Provider Type Identification Form	Service Responsibility Option (SRO)	To enroll in the Texas Title XIX Medicaid Program, Service Responsibility Option providers must complete the Texas Medicaid enrollment application. Providers of personal assistance services must submit their contract with the Department of Aging and Disability Services as a Service Responsibility Option provider.
Provider Type Identification Form	TB Clinic	To enroll in the Texas Medicaid Program, the tuberculosis (TB) clinic must be:  1) A public entity operating under DSHS tax identification number (TB regional clinic) or a public entity operating under a non-DSHS tax identification number (city/county/local clinic) or a non-hospital based entity for private providers  2) A provider of TB-related clinic services must apply to the DSHS Tuberculosis Elimination Division.  For more information about provider qualifications, contact the Tuberculosis Elimination Division, Financial Services and Medicaid Unit at 512-458-7447. To receive a provider application form or provider supplement, send a request to the following address: Tuberculosis Elimination Division, ATTN: Financial Services and Medicaid Unit, 1100 West 49th Street, Austin TX 78756-3199.
Provider Type Identification Form	Vision Medical Supplier (VMS)	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 (Palmetto) Providers.
Provider Type Identification Form	Early Childhood Intervention (ECI)	To enroll in the Texas Medicaid Program, an ECI provider must comply with all applicable federal, state, local laws, and regulations regarding the services provided. The ECI provider must contact the Texas ECI Program at 512-424-6770. After meeting the case management criteria of the Texas ECI Program, providers must request a Medicaid application from TMHP Provider Enrollment.
Provider Type Identification Form	MH Case Management	To enroll in the Texas Medicaid Program, MH Case Management providers must contact Texas Department of State Health Services (DSHS) at (512) 206-5830 to be approved. Local mental health (MH) providers, with the approval of DSHS, are eligible to apply for MH case management.
Provider Type Identification Form	MH Case Management/MH Rehabilitative Services	To enroll in the Texas Medicaid Program, MH Rehabilitative Service providers must contact Texas Department of State Health Services (DSHS) at (512) 206-5830 to be approved. Local mental health (MH) providers, with the approval of DSHS, are eligible to apply to become MH rehabilitative service providers. To enroll in the Texas Medicaid Program, MH Case Management providers must contact Texas Department of State Health Services (DSHS) at (512) 206-5830 to be approved. Local mental health (MH) providers, with the approval of DSHS, are eligible to apply for MH case management.
Provider Type Identification Form	MH Rehabilitative Services	To enroll in the Texas Medicaid Program, MH Rehabilitative Service providers must contact Texas Department of State Health Services (DSHS) at (512) 206-5830 to be approved. Local mental health (MH) providers, with the approval of DSHS, are eligible to apply to become MH rehabilitative service providers.
Provider Type Identification Form	Women, Infants & Children (WIC) - Immunization Only	Enrollment for CPW providers is a two-step process. 1) Potential providers must submit a Department of State Health Services (DSHS) Case Management for Children and Pregnant Women provider application to the DSHS Health Screening and Case Management Unit. Step 2: Upon approval by DSHS, potential providers must enroll as a Medicaid provider for CPW and submit a copy of their DSHS approval letter. Facility providers must enroll as a CPW group, and each eligible case manager must enroll as a performing provider for the group. Federally qualified health center (FQHC) facilities that provide CPW services use their FQHC number and will not apply for an additional provider number for CPW.
Provider Type Identification Form	Blind Children's Vocational Discovery & Development Program	The Department of Assistive and Rehabilitative Services (DARS) Division for Blind Services (DBS), is the Medicaid provider of case management for children younger than 18 years of age who are blind and visually impaired. Providers must meet educational and work experience requirements that are commensurate with their job responsibilities and must be trained in DBS case management activities.
Provider Type Identification Form	Women, Infants & Children (WIC) - Immunization Only	To be eligible as a qualified provider for presumptive eligibility determinations the following federal requirements must be met. The provider must be 1) an eligible Medicaid provider 2) provide outpatient hospital services, rural health clinic services, or clinic services furnished by or under the direction of a physician without regard to whether the clinic itself is administered by a physician (includes family planning clinics) 3) receive funds from or participate in the WIC program.
Provider Type Identification Form	Dietitian	Independently practicing licensed dietitians may enroll in Texas Medicaid to provide services to THSteps-Comprehensive Care Program (THSteps-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.
Provider Type Identification Form	Licensed Vocational Nurse	Independently enrolled licensed vocational nurses may also enroll to provide private duty nursing under the Texas Medicaid THSteps-Comprehensive Care. Providers who wish to provide THSteps Comprehensive Care Program Private Duty Nursing services under the licensed only home health (LHH) category must enroll as providers under the LHH category. Medicare certification is not required for the LHH category.
Provider Type Identification Form	Occupational Therapist (OT)	HHSC allows Medicaid enrollment of independently practicing licensed occupational therapists in the THSteps-Comprehensive Care Program (CCP). Some occupational therapy services are also available under Home Health.
Provider Type Identification Form	Pharmacy	Pharmacy providers are eligible to participate in THSteps-CCP. To be enrolled in CCP, the pharmacy must also be enrolled in the Vendor Drug Program (VDP). Pharmacy providers currently enrolled with VDP are also enrolled in THSteps-CCP with TMHP. This enrollment allows pharmacy providers to bill for those medications and supplies payable by Medicaid for clients younger than 21 years of age but not covered by VDP (e.g., some over-the-counter drugs, diapers, and disposable or expendable medical supplies). Pharmacy providers must continue to bill HHSC for drugs covered under VDP.
Provider Type Identification Form	Physical Therapist (PT)	To enroll in the Texas Medicaid Program, independently practicing licensed physical therapists must be enrolled in Medicare. The Medicare enrollment requirement is waived for therapists providing services only to THSteps-eligible clients who are under 21 and not receiving Medicare benefits. If you are currently enrolled with the Texas Medicaid Program or plan to provide regular acute care services to clients with Medicaid coverage, enrollment in the THSteps-Comprehensive Care Program (CCP) is not necessary. All non-CCP physical therapy services must be billed with your current Medicaid TPI.
Provider Type Identification Form	Registered Nurse	Independently enrolled registered nurses may also enroll to provide private duty nursing under the Texas Medicaid THSteps-Comprehensive Care. Providers who wish to provide THSteps Comprehensive Care Program Private Duty Nursing services under the licensed only home health (LHH) category must enroll as providers under the LHH category. Medicare certification is not required for the LHH category.

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Provider Type Identification Form	Social Worker (LCSW-ACP)	To enroll in the Texas Medicaid Program independently or as a group, 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 or obtain a pediatric practice exemption through TMHP Provider Enrollment. Practitioners holding a temporary license are not eligible to enroll in Medicaid. Social Workers can enroll as groups or into multi-specialty or Behavioral Health groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
Provider Type Identification Form	Speech Therapist (SLP)	HHSC allows enrollment of independently practicing licensed speech-language pathologists under the THSteps-CCP. The Texas Medicaid Program enrolls and reimburses speech-language pathologists for CCP services only.
Provider Type Identification Form	Texas Health Steps Medical (THSteps) Services (EPST) (checkbox)	To enroll in the Texas Medicaid and THSteps Program, providers must be licensed physicians (MD, DO); health care providers of facilities (public or private) capable of performing the required medical checkup procedures under the direction of a physician; (such as regional and local health departments; family planning clinics; migrant health clinics; community-based hospitals and clinics; maternity clinics; rural health clinics; home health agencies; and school districts). Family and pediatric nurse practitioners may enroll independently as THSteps providers. Certified nurse-midwives may be enrolled as providers of THSteps medical checkups for newborns, up to two months of age, and adolescent females. Women's health care nurse practitioners may be enrolled as providers of THSteps medical checkups for adolescent females and adult nurse practitioners may enroll as providers of THSteps checkups for people older than age 14.
Provider Type Identification Form	Are you a private or public entity?	Public providers 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.
Provider Type Specific Form	Is this an ESRD facility?	End Stage Renal Disease
Provider Specialty Taxonomy	Do you provide Hearing Services for Children?	The Hearing Services for Children designation identifies providers that choose to administer diagnostic hearing services, hearing aids, and hearing aid accessories to children who are 20 years of age or younger.
Provider Specialty Taxonomy	Enter THSteps Taxonomy Code	All letters in taxonomies must be capitalized
Provider Demographics	Do you want to be a limited provider?	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 services 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.
Provider Demographics	Physical Address	Address should be where the services are being rendered, this address can not be a P.O. Box. If billing Medicare crossover claims, the address should match the physical address on file with Medicare.
Provider Demographics	Accounting / Billing Address	This address must match the address on the IRS W-9 Form. If adding to an existing group, the performing provider must match address on file for the group.
Provider Demographics	Professional License Number	TMHP is required to verify the license for every provider enrolled in the Texas State Healthcare Programs. Every provider is required to submit a valid license for all licensed or certified professionals except for the providers listed below
Provider Demographics	Legal Name According to the T.R.S.	The legal name must match the name on the IRS W-9 Form.
Provider Demographics	Accepting New Clients?	Are you accepting new Title XIX Medicaid, CSHCN, or Family Planning clients with in your demographic area.
Provider Demographics	Medicare Certification Date:	The Medicare Certification date must not be prior to your temporary or permanent license issue date. You must submit proof of meeting one of the following criteria prior to being able to enroll with the Texas Medicaid program: <ul style="list-style-type: none"> <li>Services are more readily available in the state where the client is temporarily located.</li> <li>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).</li> </ul>
Provider Demographics	Out of State Providers:	The following are subject to a 90 day enrollment: <ul style="list-style-type: none"> <li>A medical emergency documented by the attending physician or other provider.</li> <li>The client's health is in danger if he or she is required to travel to Texas.</li> <li>All services provided to adopted children receiving adoption subsidies (these children are covered for all services, not just emergency).</li> <li>Other out-of-state medical care may be considered when prior authorized.</li> <li>Medicare primary, Medicaid secondary for coinsurance and/or deductible payments only.</li> </ul>
Provider Information Form Page 2	CLIA Number	Effective for dates of service on or after September 1, 1992, CMS implemented CLIA rules and regulations. The CLIA regulations were published in the February 28, 1992, Federal Register and have been amended several times since. The regulations are found at Title 42 Code of Federal Regulations, Part 493. The CLIA rules and regulations are available on the CMS website at <a href="http://www.cms.gov">www.cms.gov</a> . CLIA regulations set standards designed to improve quality in all laboratory testing and include specifications for quality control (QC), quality assurance (QA), patient test management, personnel, and proficiency testing (PT). These regulations concern all laboratory testing used for the assessment of human health or the diagnosis, prevention, or treatment of disease. Under CLIA 88, all clinical laboratories (including those located in physicians' offices), regardless of location, size, or type of laboratory, must meet standards based on the complexity of the test(s) they perform. CLIA certificates may limit the holder to performing only certain tests. Medicaid bills must accurately reflect those services authorized by the CLIA program and no other procedures. Two types of certificates limit holders to only certain test procedures: Waiver and PPMP certificates. A list of those test procedures is located in the Texas Medicaid Provider Procedures Manual which can be located at <a href="http://TMHP.com">TMHP.com</a> .
Provider Information Form Page 2	Do you plan to use a Third Party Biller to submit your Medicaid claims?	Third-party billers are persons, businesses, or entities (excluding state agencies) that submit claims on behalf of a provider, but are not the provider or an employee of the provider. For these purposes, an employee is a person for which the provider completes an IRS Form W-2 that shows annual income paid to the employee. All others meet the definition of a third-party biller.
CSHCN Services Program Identification Form	Advanced Nurse Practitioner	To enroll in the Texas Medicaid Program, an advanced practice nurse (APN) must be licensed as a registered nurse and be recognized as an APN by the Board of Nurse Examiners for the State of Texas and actively enrolled in Medicaid as an Advanced Nurse Practitioner. All APNs are enrolled within the categories of practice as determined by the Board of Nurse Examiners. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required. APNs can enroll as groups or into multi-specialty groups.
CSHCN Services Program Identification Form	Ambulatory Surgical Center (ASC)	To enroll in the Texas Medicaid Program, Ambulatory Surgical Centers (ASCs) must: meet and comply with applicable state and federal laws and provisions of the state plan under Title XIX of the Social Security Act for Medical Assistance, and be enrolled in Medicare. The facility also must be actively enrolled in Medicaid as an ASC. Out-of-state ASCs that are Medicare-certified as an ASC in the state where they are located and provide services to a Texas Medicaid client may be entitled to participate in the Texas Medicaid Program.
CSHCN Services Program	Ambulance/Air	To enroll in the Texas Medicaid Program, ambulance providers must: <ol style="list-style-type: none"> <li>1) Operate according to the laws, regulations, and guidelines governing ambulance services under Medicare Part B</li> <li>2) Equip and operate under the appropriate rules, licensing, and regulations of the state in which they operate</li> </ol>

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Identification Form	Ambulance Services	<p>3) Acquire a license from Texas Department of State Health Services (DSHS) approving equipment and training levels of the crew</p> <p>4) Enroll in Medicare; a hospital-operated ambulance provider must be enrolled as an ambulance provider and submit claims using the ambulance Texas Provider Identifier (TPI), not the hospital TPI.</p> <p>5) Actively enrolled in Medicaid as an Ambulance/Air Ambulance</p>
CSHCN Services Program Identification Form	Audiologist	To enroll in the Texas Medicaid Program, hearing aid professionals (physicians, audiologists, and fitters and dispensers) 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 service was performed and be enrolled as a Medicare provider. Additionally, audiologists must also be currently certified by the American Speech, Language, and Hearing Association or meet the Association's equivalency requirements. Audiologists can enroll as groups. Medicare enrollment is a prerequisite for enrollment as a Medicaid group. An Audiologist cannot enroll into a multi-specialty group.
CSHCN Services Program Identification Form	Augmentative Communicative Devices	To enroll in the CSHCN Services Program, ACD providers must be current members of the Communication Aid Manufacturers Association (CAMA). ACD providers also must be actively enrolled in the Texas Medicaid Program, have a valid CSHCN Services Program Provider Number.
CSHCN Services Program Identification Form	Certified Registered Nurse Anesthetist (CRNA)	To enroll in the Texas Medicaid Program, a certified registered nurse anesthetist (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. CRNAs can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Comprehensive Cleft/Craniofacial Team (C/C)	To become a provider of THSteps or Craniofacial-Maxillofacial Reconstruction dental services, a dentist must be licensed by the Texas State Board of Dental Examiners and complete an enrollment application with TMHP.
CSHCN Services Program Identification Form	Comprehensive Outpatient Rehabilitation Facility	To enroll in the Texas Medicaid Program, a Comprehensive Outpatient Rehab Facility (CORF) must be Medicare-certified. CORFs are public or private institutions primarily engaged in providing, under medical direction, diagnostic, therapeutic, and restorative services to outpatients, and are required to meet specified conditions of participation.
CSHCN Services Program Identification Form	Custom DME	To enroll in the CSHCN Services Program, DME providers must be actively enrolled in the Texas Medicaid Program, have a valid CSHCN Services Program Provider Agreement, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Dental Services	To enroll in the CSHCN Services Program, dental providers must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state dental providers must be located in the United States, within 50 miles of the Texas state border.
CSHCN Services Program Identification Form	Expendable Medical Supplies	To enroll in the CSHCN Services Program, providers of expendable medical supplies must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Free-Standing Surgical Centers	To enroll with the CSHCN Services Program, freestanding surgical centers must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Hemophilia Blood Factor Products	To enroll in the CSHCN Services Program, providers of hemophilia blood factor products must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Hospice	CSHCN Services Program enrolls hospice organizations and home health agencies licensed to provide hospice services. To enroll in the CSHCN Services Program, agencies must be actively enrolled in the Texas Medicaid Program, have a valid provider agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospice providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border.
CSHCN Services Program Identification Form	General Acute Care or Long Term	To enroll in the CSHCN Services Program, a hospital must be actively enrolled in Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospitals must be located in New Mexico, Oklahoma, Arkansas, or Louisiana within 50 miles of the Texas state border and approved by the Department of State Health Services (DSHS). Hospital providers must be Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved and Medicare certified.
CSHCN Services Program Identification Form	Hearing Aid	To enroll in the Texas Medicaid Program, hearing professionals (physicians, audiologists, and fitters and dispensers) 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 service was performed. Additionally, audiologists must also be currently certified by the American Speech, Language, and Hearing Association or meet the Association's equivalency requirements. Audiologists do not have to provide separate licensure to enroll as a fitter and dispenser because the audiology licensure encompasses and constitutes registration to fit and dispense hearing instruments.
CSHCN Services Program Identification Form	Hospital - Private Full Care	To enroll in the CSHCN Services Program, a hospital must be actively enrolled in Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospitals must be located in New Mexico, Oklahoma, Arkansas, or Louisiana within 50 miles of the Texas state border and approved by the Department of State Health Services (DSHS). Hospital providers must be Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved and Medicare certified.
CSHCN Services Program Identification Form	Hospital - Private Outpatient	To enroll in the CSHCN Services Program, a hospital must be actively enrolled in Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospitals must be located in New Mexico, Oklahoma, Arkansas, or Louisiana within 50 miles of the Texas state border and approved by the Department of State Health Services (DSHS). Hospital providers must be Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved and Medicare certified.
CSHCN Services Program Identification Form	Hospital - Rehabilitation	To enroll in the CSHCN Services Program, a hospital must be actively enrolled in Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospitals must be located in New Mexico, Oklahoma, Arkansas, or Louisiana within 50 miles of the Texas state border and approved by the Department of State Health Services (DSHS). Hospital providers must be Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved and Medicare certified.
CSHCN Services Program Identification Form	Hospital Ambulatory Surgical Center (HASC)	To enroll in the CSHCN Services Program, a hospital must be actively enrolled in Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the TMHP-CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state hospitals must be located in New Mexico, Oklahoma, Arkansas, or Louisiana within 50 miles of the Texas state border and approved by the Department of State Health Services (DSHS). Hospital providers must be Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved and Medicare certified.
CSHCN Services Program Identification Form	Independent Diagnostic Testing Facility	To enroll in the CSHCN Services Program, Independent Diagnostic Testing Facilities must be actively enrolled in the Texas Medicaid Program, have a valid provider agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border. Radiological laboratories must be directed by a physician.
CSHCN Services Program Identification Form	Independent Lab (Physician Involvement)	To enroll in the CSHCN Services Program, independent laboratories must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Independent laboratory providers not located in Texas must be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).
CSHCN Services Program Identification Form	Independent Lab (No Physician Involvement)	To enroll in the CSHCN Services Program, independent laboratories must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Independent laboratory providers not located in Texas must be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).
CSHCN Services Program Identification Form	Licensed Clinical Social Worker (LCSW)	To enroll in the CSHCN Services Program, a licensed clinical social worker (LCSW) must be licensed by the Texas State Board of Social Worker Examiners, must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state providers must meet all these conditions, and be located in the United States, within 50 miles of

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		the Texas state border.
CSHCN Services Program Identification Form	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 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. LPCs can enroll as groups or into multi-specialty and Behavioral Health groups. The Provider Agreement, Provider Information Form (PIF-1) and, Principal Information Form (PIF-2) must be complete for the group and each performing provider enrolling into the group.
CSHCN Services Program Identification Form	Medical Foods	To enroll in the CSHCN Services Program, providers of medical foods are not required to be actively enrolled in the Texas Medicaid Program. However, they must have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state medical food providers may enroll and must meet all these conditions.
CSHCN Services Program Identification Form	Medical Nutritional Products	To enroll in the CSHCN Services Program, providers of medical nutritional products must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements. Out-of-state medical nutrition products providers may enroll and must meet all these conditions.
		To enroll in the CSHCN Services Program, providers of nutritional counseling services must be actively enrolled in the Texas Medicaid Program, and must be enrolled as licensed dietitians, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements. Out-of-state medical nutritional counseling services providers must meet all these conditions, and be located in the United States within 50 miles.
CSHCN Services Program Identification Form	Medical Nutritional Services	To enroll in the CSHCN Services Program, providers of medical nutritional products must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements. Out-of-state medical nutrition products providers may enroll and must meet all these conditions.
		To enroll in the CSHCN Services Program, providers of nutritional counseling services must be actively enrolled in the Texas Medicaid Program, and must be enrolled as licensed dietitians, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements. Out-of-state medical nutritional counseling services providers must meet all these conditions, and be located in the United States within 50 miles.
CSHCN Services Program Identification Form	Non Custom DME	To enroll in the CSHCN Services Program, DME providers must be actively enrolled in the Texas Medicaid Program, have a valid CSHCN Services Program Provider Agreement, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Occupational Therapy Services	HHSC allows Medicaid enrollment of independently practicing licensed occupational therapists in the THSteps-Comprehensive Care Program (CCP). Some occupational therapy services are also available under Home Health.
CSHCN Services Program Identification Form	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. Opticians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Optometrist	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 is performed, at the time the service is performed, and be enrolled as Medicare providers.
CSHCN Services Program Identification Form	Orthotic Services	To enroll in the CSHCN Services Program, an orthotics and prosthetics provider must be actively enrolled in the Texas Medicaid Program as a durable medical equipment (DME) provider, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Orthotics and prosthetics providers not located in Texas must be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).
CSHCN Services Program Identification Form	Physical Therapy Services	To enroll in the Texas Medicaid Program, independently practicing licensed physical therapists must be enrolled in Medicare. The Medicare enrollment requirement is waived for therapists providing services only to THSteps-eligible clients who are under 21 and not receiving Medicare benefits. If you are currently enrolled with the Texas Medicaid Program or plan to provide regular acute care services to clients with Medicaid coverage, enrollment in the THSteps-Comprehensive Care Program (CCP) is not necessary. All non-CCP physical therapy services must be billed with your current Medicaid TPI.
CSHCN Services Program Identification Form	Physician Services (D.O.)	To enroll in the Texas Medicaid Program to provide medical services, physicians (MD and DO) and doctors (DMD, DDS, OD, DPM, and DC) must be licensed by the licensing authority of their profession to practice in the state where the service is performed at the time services are provided. All physicians except pediatricians, OB-GYNs, and physicians doing only THSteps medical screens must be enrolled in Medicare before Medicaid enrollment. TMHP may waive the Medicare enrollment prerequisite for pediatricians or physicians whose type of practice and service may never be billed to Medicare. Physicians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Physician Services (M.D.)	To enroll in the Texas Medicaid Program to provide medical services, physicians (MD and DO) and doctors (DMD, DDS, OD, DPM, and DC) must be licensed by the licensing authority of their profession to practice in the state where the service is performed at the time services are provided. All physicians except pediatricians, OB-GYNs, and physicians doing only THSteps medical screens must be enrolled in Medicare before Medicaid enrollment. TMHP may waive the Medicare enrollment prerequisite for pediatricians or physicians whose type of practice and service may never be billed to Medicare. Physicians can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Podiatrist - Group	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. Podiatrist can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Podiatrist - Individual or Performing Providers	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. Podiatrist can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Prosthetic Services	To enroll in the CSHCN Services Program, an orthotics and prosthetics provider must be actively enrolled in the Texas Medicaid Program as a durable medical equipment (DME) provider, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Orthotics and prosthetics providers not located in Texas must be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).
> CSHCN Services Program Identification Form	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. Psychologists can enroll as groups or into multi-specialty groups. If enrolling into a Medicare enrolled multi-specialty group, Medicare enrollment is required.
CSHCN Services Program Identification Form	Radiation Treatment Center	To enroll in the Texas Medicaid Program, Radiation Treatment Centers must be Medicare-certified and certified by HHSC Bureau of Radiation Control.
CSHCN Services Program Identification Form	Renal Dialysis Facility	To enroll in the Texas Medicaid Program, a renal dialysis facility must be Medicare-certified in the state that it is located to provide services. Facilities must also adhere to the appropriate rules, licensing, and regulations of the state where they operate.
CSHCN Services Program Identification Form	Respiratory Care Practitioner	To enroll in the Texas Medicaid Program, a respiratory care practitioner (CRCP) must be certified by HHSC to practice under Texas Civil Statutes, Article 4512f. As of January 1, 1988, the National Board for Respiratory Care Exam must be passed to be certified by HHSC. Medicare certification is not a prerequisite for Medicaid enrollment.
CSHCN Services Program Identification Form	Skilled Nursing Services (Home Health Agency)	To enroll in the CSHCN Services Program, home health agencies providing skilled nursing services must be actively enrolled in the Texas Medicaid Program, have a valid provider agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, be a licensed and certified home and community services support agency (HCSSA), and comply with all applicable state laws and requirements. Out-of-state home health (skilled nursing) providers must be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).
CSHCN Services Program Identification Form	Speech-Language Pathology Services	To enroll in the CSHCN Services Program, speech-language pathology (SLP) providers must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state SLP providers must be located in the United States, within 50 miles of the Texas state border, and be approved by the Department of State Health Services (DSHS).

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CSHCN Services Program Identification Form	Stem Cell Transplant Facility	To enroll in the CSHCN Services Program, stem cell transplant facilities must be actively enrolled in the Texas Medicaid Program and approved as specialty centers by the CSHCN Services Program. Facilities must confirm in writing that the center meets the American Society for Blood and Marrow Transplantation (ASBMT) guidelines on a signed statement in the CSHCN Services Program provider enrollment application. If the specialty center requirements are not met, all services related to the stem cell transplant are denied.
CSHCN Services Program Identification Form	Total Parenteral Nutrition (TPN)	To enroll in the CSHCN Services Program, a provider of total parenteral nutrition (TPN)/hyperalimentation must be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements.
CSHCN Services Program Identification Form	Transportation of Remains	The CSHCN Services Program provides coverage for the costs of transporting a deceased client who expires in an approved facility (including nonbilling facilities) while receiving services, if the facility is not in the family's city of residence. Transportation costs of the parent or other responsible person accompanying the deceased client may also be paid.
CSHCN Services Program Identification Form	Vision Medical Supplier (VMS)	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 (Palmetto) Providers.
CSHCN Services Program Identification Form	Do you provide Hearing Services for Children?	The Hearing Services for Children designation identifies providers that choose to administer diagnostic hearing services, hearing aids, and hearing aid accessories to children who are 20 years of age or younger.
Section B	principals	All owners with a direct or indirect ownership or control interest of 5 percent or more in a provider entity. All corporate officers and directors, all limited and nonlimited partners, and all shareholders of a provider entity (including a professional corporation, professional association, or limited liability company). All managing employees or agents (at the enrolling location) who exercise operational or managerial control, or who directly or indirectly manage the conduct of day-to-day operations.

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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

**Please include this page with your supporting documentation to expedite processing of your application**

**Mailing Address:**

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

**Physical Address (For delivery by courier service):**

Texas Medicaid & Healthcare Partnership  
ATTN: Provider Enrollment  
12357-B Riata Trace Pkwy.  
Austin, TX 78727

DatePrinted: April 18, 2012

NPI: 1649331497

Provider Name: PAUL M FINE

[www.tmhp.com](http://www.tmhp.com)



## HHSC Medicaid Provider Agreement

Name of provider enrolling:					
Paul M Fine MD					
Medicaid TPI: (if applicable)			Medicare provider ID number: (if applicable)		
Pending			TXB 134223		
Physical address:					
Number	Street	Suite	City	State	ZIP
1504	Taubhoop		Houston TX		770301608
Accounting/billing address: (if applicable)					
Number	Street	Suite	City	State	ZIP
PO Box	4780		Houston TX		772104780

As a condition for participation as a provider under the Texas Medical Assistance Program (Medicaid), the provider (Provider) agrees to comply with all terms and conditions of this Agreement.

### I. ALL PROVIDERS

#### 1.1 Agreement and documents constituting Agreement.

A CD of the current *Texas Medicaid Provider Procedures Manual* (Provider Manual) has been or will be furnished to the Provider. The Provider Manual, all revisions made to the Provider Manual through the bimonthly update entitled *Texas Medicaid Bulletin*, and written notices are incorporated into this Agreement by reference. The Provider Manual, bulletins and notices may be accessed via the Internet at [www.tmhnp.com](http://www.tmhnp.com). Providers may obtain a copy of the manual by calling 1-800-926-9126. Provider has a duty to become educated and knowledgeable with the contents and procedures contained in the Provider Manual. Provider agrees to comply with all of the requirements of the Provider Manual, as well as all state and federal laws governing or regulating Medicaid, and provider further acknowledges and agrees that the provider is responsible for ensuring that all employees and agents of the provider also comply. Provider is specifically responsible for ensuring that the provider and all employees and agents of the Provider comply with the requirements of Title 1, Part 15, Chapter 371 of the *Texas Administrative Code*, related to waste, abuse and fraud, and provider acknowledges and agrees that the provider and its principals will be held responsible for violations of this agreement through any acts or omissions of the provider, its employees, and its agents. For purposes of this agreement, a principal of the provider includes all owners with a direct or indirect ownership or control interest of 5 percent or more, all corporate officers and directors, all limited and non-limited partners, and all shareholders of a legal entity, including a professional corporation, professional association, or limited liability company. Principals of the provider further include managing employee(s) or agents who exercise operational or managerial control or who directly or indirectly manage the conduct of day-to-day operations.

#### 1.2 State and Federal regulatory requirements.

1.2.1 By signing this agreement, Provider certifies that the provider and its principals have not been excluded, suspended, debarred, revoked or any other synonymous action from participation in any program under Title XVIII (Medicare), Title XIX (Medicaid), or under the provisions of Executive Order 12549, relating to federal contracting. Provider further certifies that the provider and its principals have also not been excluded, suspended, debarred, revoked or any other synonymous action from participation in any other state or federal health-care program. Provider must notify the Health and Human Services Commission (HHSC) or its agent within 10 business days of the time it receives notice that any action is being taken against Provider or any person defined under the provisions of Section 1128(A) or (B) of the Social Security Act (42 USC §1320a-7), which could result in exclusion from the Medicaid program. Provider agrees to fully comply at all times with the requirements of 45 CFR Part 76, relating to eligibility for federal contracts and grants.

1.2.2 Provider agrees to disclose information on ownership and control, information related to business transactions, and information on persons convicted of crimes in accordance with 42 CFR Part 455, Subpart B, and provide such information on request to the Texas Health and Human Services Commission (HHSC), Department of State Health Services (DSHS), Texas Attorney General's Medicaid Fraud Control Unit, and the United States Department of Health and Human Services. Provider agrees to keep its application for participation in the Medicaid program current at all times by informing HHSC or its agent in writing of any changes to the information contained in its application, including, but not limited to, changes in ownership or control, federal tax identification number, phone number, or provider business addresses, at least 10 business days before making such changes. Provider also agrees to notify HHSC or its agent within 10 business days of any restriction placed on or suspension of the Provider's license or certificate to provide medical services, and Provider must provide to HHSC complete information related to any such suspension or restriction.

Provider agrees to disclose all convictions of Provider or Provider's principals within 10 business days of the date of conviction. For purposes of this disclosure, Provider must use the definition of "Convicted" contained in 42 CFR 1001.2, which includes all convictions, deferred adjudications, and all types of pretrial diversion programs. Send the information to Office of Inspector General, P.O. Box 85211 - Mail Code 1361, Austin, Texas 78708. Fully explain the details, including the offense, the date, the state and county where the conviction occurred, and the cause number(s).

- 1.2.3 This Agreement is subject to all state and federal laws and regulations relating to fraud, abuse and waste in health care and the Medicaid program. As required by 42 CFR § 431.107, Provider agrees to create and maintain all records necessary to fully disclose the extent and medical necessity of services provided by the Provider to individuals in the Medicaid program and any information relating to payments claimed by the Provider for furnishing Medicaid services. On request, Provider also agrees to provide these records immediately and unconditionally to HHSC, HHSC's agent, the Texas Attorney General's Medicaid Fraud Control Unit, DARS, DADS, DFPS, DSHS and the United States Department of Health and Human Services. The records must be retained in the form in which they are regularly kept by the Provider for a minimum of five years from the date of service (six years for freestanding rural health clinics and ten years for hospital based rural health clinics); or, until all audit or audit exceptions are resolved; whichever period is longest. Provider must cooperate and assist HHSC and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse. Provider must also allow these agencies and their agents unconditional and unrestricted access to its records and premises as required by Title 1 TAC, §371.1643. Provider understands and agrees that payment for goods and services under this agreement is conditioned on the existence of all records required to be maintained under the Medicaid program, including all records necessary to fully disclose the extent and medical necessity of services provided, and the correctness of the claim amount paid. If provider fails to create, maintain, or produce such records in full accordance with this Agreement, provider acknowledges, agrees, and understands that the public monies paid the provider for the services are subject to 100% recoupment, and that the provider is ineligible for payment for the services either under this agreement or under any legal theory of equity.
- 1.2.4 The Texas Attorney General's Medicaid Fraud Control Unit, Texas Health and Human Services Commission's Office of Inspector General (OIG), and Internal and external auditors for the state and federal government may conduct interviews of Provider employees, agents, subcontractors and their employees, witnesses, and clients without the Provider's representative or Provider's legal counsel present. Provider's employees, agents, subcontractors and their employees, witnesses, and clients must not be coerced by Provider or Provider's representative to accept representation from or by the Provider, and Provider agrees that no retaliation will occur to a person who denies the Provider's offer of representation. Nothing in this agreement limits a person's right to counsel of his or her choice. Requests for interviews are to be complied with in the form and the manner requested. Provider will ensure by contract or other means that its agents, employees and subcontractors cooperate fully in any investigation conducted by the Texas Attorney General's Medicaid Fraud Control Unit or the Texas Health and Human Services Commission's Office of Inspector General or its designee. Subcontractors include those persons and entities that provide medical or dental goods or services for which the Provider bills the Medicaid program, and those who provide billing, administrative, or management services in connection with Medicaid-covered services.
- 1.2.5 Nondiscrimination. Provider must not exclude or deny aid, care, service, or other benefits available under Medicaid or in any other way discriminate against a person because of that person's race, color, national origin, gender, age, disability, political or religious affiliation or belief. Provider must provide services to Medicaid clients in the same manner, by the same methods, and at the same level and quality as provided to the general public. Provider agrees to grant Medicaid recipients all discounts and promotional offers provided to the general public. Provider agrees and understands that free services to the general public must not be billed to the Medicaid program for Medicaid recipients and discounted services to the general public must not be billed to Medicaid for a Medicaid recipient as a full price, but rather the Provider agrees to bill only the discounted amount that would be billed to the general public.
- 1.2.6 AIDS and HIV. Provider must comply with the provisions of Texas Health and Safety Code Chapter 85, and HHSC's rules relating to workplace and confidentiality guidelines regarding HIV and AIDS.
- 1.2.7 Child Support. (1) The Texas Family Code §231.006 requires HHSC to withhold contract payments from any entity or individual who is at least 30 days delinquent in court-ordered child support obligations. It is the Provider's responsibility to determine and verify that no owner, partner, or shareholder who has at least 25 percent ownership interest is delinquent in any child support obligation. (2) Under Section 231.006 of the Family Code, the vendor or applicant certifies that the individual or business entity named in the applicable contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this Agreement may be terminated and payment may be withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not eligible to receive the specified grant, loan, or payment. (3) If HHSC is informed and verifies that a child support obligor who is more than 30 days delinquent is a partner, shareholder, or owner with at least a 25 percent ownership interest, it will withhold any payments due under this Agreement until it has received satisfactory evidence that the obligation has been satisfied.
- 1.2.8 Cost Report, Audit and Inspection. Provider agrees to comply with all state and federal laws relating to the preparation and filing of cost reports, audit requirements, and inspection and monitoring of facilities, quality, utilization, and records.
- 1.3 Claims and encounter data.
- 1.3.1 Provider agrees to submit claims for payment in accordance with billing guidelines and procedures promulgated by HHSC, or other appropriate payer, including electronic claims. Provider certifies that information submitted regarding claims or encounter data will be true, accurate, and complete, and that the Provider's records and documents are both accessible and validate the services and the need for services billed and represented as provided. Further, Provider understands that any falsification or concealment of a material fact may be prosecuted under state and federal laws.
- 1.3.2 Provider must submit encounter data required by HHSC or any managed care organization to document services provided, even if the Provider is paid under a capitated fee arrangement by a Health Maintenance Organization or Insurance Payment Assistance.

- 1.3.3 All claims or encounters submitted by Provider must be for services actually rendered by Provider. Physician providers must submit claims for services rendered by another in accordance with HHSC rules regarding providers practicing under physician supervision. Claims must be submitted in the manner and in the form set forth in the Provider Manual, and within the time limits established by HHSC for submission of claims. Claims for payment or encounter data submitted by the provider to an HMO or IPA are governed by the Provider's contract with the HMO or IPA. Provider understands and agrees that HHSC is not liable or responsible for payment for any Medicaid-covered services provided under the HMO or IPA Provider contract, or any agreement other than this Medicaid Provider Agreement.
- 1.3.4 Federal and state law prohibits Provider from charging a client or any financially responsible relative or representative of the client for Medicaid-covered services, except where a co-payment is authorized under the Medicaid State Plan (42 CFR §447.20).
- 1.3.5 As a condition of eligibility for Medicaid benefits, a client assigns to HHSC all rights to recover from any third party or any other source of payment (42 CFR §433.145 and Human Resources Code §32.033). Except as provided by HHSC's third-party recovery rules (Texas Administrative Code Title 1 Part 15 Chapter 354 Subchapter J), Provider agrees to accept the amounts paid under Medicaid as payment in full for all covered services (42 CFR §447.15).
- 1.3.6 Provider has an affirmative duty to verify that claims and encounters submitted for payment are true and correct and are received by HHSC or its agent, and to implement an effective method to track submitted claims against payments made by HHSC or its agents.
- 1.3.7 Provider has an affirmative duty to verify that payments received are for actual services rendered and medically necessary. Provider must refund any overpayments, duplicate payments and erroneous payments that are paid to Provider by Medicaid or a third party as soon as any such payment is discovered or reasonably should have been known.
- 1.3.8 **TMHP EDI and Electronic Claims Submission.** Provider may subscribe to the TMHP Electronic Data Interchange (EDI) system, which allows the Provider the ability to electronically submit claims and claims appeals, verify client eligibility, and receive electronic claim status inquiries, remittance and status (R&S) reports, and transfer of funds into a provider account. Provider understands and acknowledges that independent registration is required to receive the electronic funds or electronic R&S report. Provider agrees to comply with the provisions of the Provider Manual and the TMHP EDI licensing agreement regarding the transmission and receipt of electronic claims and eligibility verification data. Provider must verify that all claims submitted to HHSC or its agent are received and accepted. Provider is responsible for tracking claims transmissions against claims payments and detecting and correcting all claims errors. If Provider contracts with third parties to provide claims and/or eligibility verification data from HHSC, the Provider remains responsible for verifying and validating all transactions and claims, and ensuring that the third party adheres to all client data confidentiality requirements.
- 1.3.9 **Reporting Waste, Abuse and Fraud.** Provider agrees to inform and train all of Provider's employees, agents, and independent contractors regarding their obligation to report waste, abuse, and fraud. Individuals with knowledge about suspected waste, abuse, or fraud in any State of Texas health and human services program must report the information to the HHSC Office of Inspector General (OIG). To report waste, abuse or fraud, go to [www.hhs.state.tx.us](http://www.hhs.state.tx.us) and select "Reporting Waste, Abuse, or Fraud". Individuals may also call the OIG hotline (1-800-436-6184) to report waste, abuse or fraud if they do not have access to the Internet.

## II. ADVANCE DIRECTIVES – HOSPITAL AND HOME HEALTH PROVIDERS

- 2.1 The client must be informed of their right to refuse, withhold, or have medical treatment withdrawn under the following state and federal laws:
- 2.1.1 the individual's right to self-determination in making health-care decisions;
- 2.1.2 the individual's rights under the Natural Death Act (Health and Safety Code, Chapter 672) to execute an advance written Directive to Physicians, or to make a non-written directive regarding their right to withhold or withdraw life-sustaining procedures in the event of a terminal condition;
- 2.1.3 the individual's rights under Health and Safety Code, Chapter 674, relating to written Out-of-Hospital Do-Not-Resuscitate Orders; and,
- 2.1.4 the individual's rights to execute a Durable Power of Attorney for Health Care under the Civil Practice and Remedies Code, Chapter 135, regarding their right to appoint an agent to make medical treatment decisions on their behalf in the event of incapacity.
- 2.2 The Provider must have a policy regarding the implementation of the individual's rights and compliance with state and federal laws.
- 2.3 The Provider must document whether or not the individual has executed an advance directive and ensure that the document is in the individual's medical record.
- 2.4 The Provider cannot condition giving services or otherwise discriminate against an individual based on whether or not the client has or has not executed an advance directive.
- 2.5 The Provider must provide written information to all adult clients on the provider's policies concerning the client's rights.
- 2.6 The Provider must provide education for staff and the community regarding advance directives.



### III. STATE FUND CERTIFICATION REQUIREMENT FOR PUBLIC ENTITY PROVIDERS

- 3.1 Public providers are those that are owned or operated by a state, county, city, or other local government agency or instrumentality. Public entity providers of the following services are required to certify to HHSC the amount of state matching funds expended for eligible services according to established HHSC procedures:
- School health and related services (SHARS)
  - Case management for blind and visually impaired children (BVIC)
  - Case management for early childhood intervention (ECI)
  - Service coordination for mental retardation (MR)
  - Service coordination for mental health (MH)
  - Mental health rehabilitation (MHR)
  - Tuberculosis clinics
  - State hospitals
- 3.2 A school district that is the sponsoring entity for a non-school SHARS provider is required to reimburse HHSC, according to established HHSC procedures, the non-federal portion of payments to the nonschool SHARS provider, since nonschool SHARS providers are paid the lesser of the provider's billed charges and 100% of the published fee for the service (i.e., both federal and state shares). To enroll in Texas Medicaid, a nonschool SHARS provider must submit in its enrollment packet an affiliation letter that meets the requirements in *Texas Medicaid Provider Procedures Manual, School Health and Related Services*.

### IV. CLIENT RIGHTS

- 4.1 Provider must maintain the client's state and federal right of privacy and confidentiality to the medical and personal information contained in Provider's records.
- 4.2 The client must have the right to choose providers unless that right has been restricted by HHSC or by waiver of this requirement from the Centers for Medicare and Medicaid Services (CMS). The client's acceptance of any service must be voluntary.
- 4.3 The client must have the right to choose any qualified provider of family planning services.

### V. THIRD PARTY BILLING VENDOR PROVISIONS

- 6.1 Provider agrees to submit notice of the initiation and termination of a contract with any person or entity for the purpose of billing Provider's claims, unless the person is submitting claims as an employee of the Provider and the Provider is completing an IRS Form W-2 on that person. This notice must be submitted within 5 working days of the initiation and termination of the contract and submitted in accordance with Medicaid requirements pertaining to Third Party Billing Vendors. Provider understands that any delay in the required submittal time or failure to submit may result in delayed payments to the Provider and recoupment from the Provider for any overpayments resulting from the Providers failure to provide timely notice.

Provider must have a written contract with any person or entity for the purpose of billing provider's claims, unless the person is submitting claims as an employee of the Provider and the Provider is completing an IRS Form W-2 on that person. The contract must be signed and dated by a Principal of the Provider and the Biller. It must also be retained in the Provider's and Biller's files according with the Medicaid records retention policy. The contract between the Provider and Biller may contain any provisions they deem necessary, but, at a minimum, must contain the following provisions:

- Biller agrees they will not alter or add procedures, services, codes, or diagnoses to the billing information received from the Provider, when billing the Medicaid program.
- Biller understands that they may be criminally convicted and subject to recoupment of overpayments and imposed penalties for submittal of false, fraudulent, or abusive billings.
- Provider agrees to submit to Biller true and correct claim information that contains only those services, supplies, or equipment Provider has actually provided to recipients.
- Provider understands that they may be criminally convicted and subject to recoupment of overpayments and imposed penalties for submittal of false, fraudulent, or abusive billings, directly or indirectly, to the Biller or to Medicaid or its contractor.
- Provider and Biller agree to establish a reimbursement methodology to Biller that does not contain any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program.
- Biller agrees to enroll and be approved by the Medicaid program as a Third Party Billing Vendor prior to submitting claims to the Medicaid program on behalf of the Provider.
- Biller and Provider agree to notify the Medicaid program within 5 business days of the initiation and termination, by either party, of the contract between the Biller and the Provider.

#### VI. TERM AND TERMINATION

This Agreement will be effective from the date finally executed until the termination date, if any, indicated in the enrollment correspondence issued by HHSC or its agent. If the correspondence/notice of enrollment from HHSC or its agent states a termination date, this agreement terminates on that date with or without other advance notice of the termination date. If the correspondence/notice of enrollment from HHSC or its agent does not state a termination date, this agreement is open-ended and remains effective until either a notice of termination is later issued or termination occurs as otherwise provided in this paragraph. Either party may terminate this Agreement voluntarily and without cause, for any reason or for no reason, by providing the other party with 30 days advance written notice of termination. HHSC may immediately terminate this agreement for cause, with or without advance notice, for the reason(s) indicated in a written notice of termination issued by HHSC or its agent. Cause to terminate this agreement may include the following actions or circumstances involving the provider or involving any person or entity with an affiliate relationship to the provider: exclusion from participation in Medicare, Medicaid, or any other publicly funded health-care program; loss or suspension of professional license or certification; any circumstances resulting in ineligibility to participate in Texas Medicaid; any failure to comply with the provisions of this Agreement or any applicable law, rule or policy of the Medicaid program; and any circumstances indicating that the health or safety of clients is or may be at risk. HHSC also may terminate this agreement due to inactivity, with or without notice, if the Provider has not submitted a claim to the Medicaid program for 12 or more months.

#### VII. ACKNOWLEDGEMENTS AND CERTIFICATIONS

By signing below, Provider acknowledges and certifies to all of the following:

- Provider must notify TMHP if the Provider files or is the subject of a bankruptcy petition. The Provider must provide TMHP and HHSC with notice of the bankruptcy and must copy TMHP and HHSC with all the Provider's pleading in the case. A failure to notify TMHP and HHSC of a bankruptcy petition is a material breach of the Provider Agreement.
- Provider has screened all employees and contractors to determine whether any of them have been excluded before and after enrollment.
- Provider has carefully read and understands the requirements of this agreement, and will comply.
- Provider has carefully reviewed all of the information submitted in connection with its application to participate in the Medicaid program, including the provider information forms (PIF-1) and principal information form (PIF-2), and provider certifies that this information is current, complete, and correct.
- Provider agrees to inform HHSC or its designee, in writing and within 10 business days, of any changes to the information submitted in connection with its application to participate in the Medicaid program, whether such change to the information occurs before or after enrollment.
- Provider understands that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and state law. Fraud is a felony, which can result in fines or imprisonment.
- Provider understands and agrees that any falsification, omission, or misrepresentation in connection with the application for enrollment or with claims filed may result in all paid services declared as an overpayment and subject to recoupment, and may also result in other administrative sanctions that include payment hold, exclusion, debarment, contract cancellation, and monetary penalties.

Name of Applicant

PAUL FINE, MD

Applicant's Signature

[Signature]

Date

4/18/12

For applicants that are entities, facilities, groups, or organizations, and an authorized representative is completing this application with authority to sign on the applicant's behalf, the authorized representative must sign above and print their name and title where indicated below.

Representative's Name

Representative's Position/Title

MR17



## Provider Agreement with the Department of State Health Services (DSHS) for Participation in the Children with Special Health Care Needs (CSHCN) Services Program

Name of provider enrolling:					
Paul M Fine MD					
Medicaid TPI:			CSHCN Services Program TPI:		
pending			pending		
Physical address:					
Number	Street	Suite	City	State	ZIP
1504	Taub Loop		Houston	TX	77030 1608
Mailing address: (if applicable)					
Number	Street	Suite	City	State	ZIP
PO Box	4780		Houston	TX	77210 4780

The provider agrees, in accordance with the state laws, rules and regulations pertaining to DSHS, CSHCN Services Program, and as a condition for participation in this program, to the terms and conditions set forth below:

1. A copy of the current *CSHCN Services Program Provider Manual* has been or will be furnished to the Provider. The provider manual, all revisions made to the provider manual through quarterly CSHCN Services Program provider bulletins, and written notices are incorporated into this Agreement by reference. The *CSHCN Services Program Provider Manual*, bulletins, and notices may be accessed via the internet at [www.tmhp.com](http://www.tmhp.com). Providers may obtain a copy of the manual by calling 1-800-568-2413. Provider has a duty to become familiar with the contents and procedures contained in the provider manual. Provider agrees to comply with all the requirements of the provider manual, as well as all state and federal laws and amendments, governing or regulating CSHCN Services Program. Provider is responsible for ensuring that employees or agents acting on behalf of the Provider comply with all of the requirements of the provider manual and all state and federal laws and amendments governing or regulating CSHCN Services Program.
2. To maintain and retain for a period of five years from the date of service, or until audit and all audit exceptions are resolved, whichever period is longer, such records as are necessary to fully disclose the extent of the services provided to the clients receiving assistance under the CSHCN Services Program and any information relating to payments claimed by the Provider. Providers must cooperate and assist DSHS or its designee, the Texas Health and Human Services Commission (HHSC), Office of Inspector General, and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse. Provider must also allow these agencies and/or their designees access to its premises as required by Title 1 *Texas Administrative Code* (TAC) §1643. If litigation is involved, the records must be retained until litigation is ended or for five (5) years as cited above, whichever is longer.
3. To provide unconditionally, upon request, free copies of and access to all records pertaining to the services for which claims are submitted to CSHCN Services Program or its designees.
4. To accept CSHCN Services Program payment as payment in full for service. Provider may collect allowable insurance or health maintenance organization co-payments in accordance with those plan provisions.
5. Provider agrees to disclose information on ownership and control, information related to business transactions, and information on persons convicted of crimes and provides such information, on request, to HHSC, DSHS, Office of the Inspector General, and the United States Department of Health and Human Services. Provider agrees to keep its application for participation in the CSHCN Services Program current by informing DSHS or its designee in writing of any changes to the information contained in its application, including, but not limited to, changes in ownership or control, federal tax identification number, phone number, or provider business addresses, at least 10 business days before making such changes. Provider also agrees to notify DSHS or its designee within 10 business days of any restriction placed on or suspension of the Provider's license or certificate to provide medical services, and Provider must submit to DSHS complete information related to any such suspension or restriction.

Provider agrees to disclose all convictions of Provider and Provider's principals within 10 business days of the date of conviction. For purposes of this disclosure, Provider must use the definition of "Convicted" contained in Title 42, *Code of Federal Regulations* (CFR) §1001.2. All principals of the Provider include an owner with a direct or indirect ownership or control interest of 5% or more, is an agent or managing employee of the Provider, is a corporate officer or director, general or limited partner, agent, managing employee (including a general manager, business manager, administrator or director) who exercises operational or managerial control over the entity or part thereof, or directly or indirectly conducts the day-to-day operations of the entity or part thereof.

6. The Office of Inspector General, Internal and external auditors for the state/federal government, DSHS and/or HHSC may conduct interviews of the Provider employees, subcontractors and their employees, witnesses, and clients without the Provider's representative or Provider's legal counsel present. Provider's employees, subcontractors and their employees, witnesses, and clients must not be coerced by the Provider or Provider's representative, to accept representation by the Provider, and Provider agrees that no retaliation will occur to a person who denies the Provider's offer of representation. Nothing in this agreement limits a person's right to counsel of his or her choice. Requests for interviews are to be complied with in the form and the manner requested. Provider will ensure by contract or other means that its employees and subcontractors over whom the Provider has control, cooperate fully in any investigation conducted by the Office of Inspector General. Subcontractors are those persons or entities that provide medical goods or services for which the Provider bills the CSHCN Services Program or who provide billing, administrative, or management services in connection with CSHCN Services Program covered services.
7. Provider agrees to submit claims for payment in accordance with billing guidelines and procedures promulgated by DSHS and HHSC, or other appropriate payor, including electronic claims. Provider certifies that information submitted regarding claims will be true, accurate, and complete, and that the Provider's records and documents are accessible and validates the services and the need for services billed and represented as provided. Further, Providers understand that any falsification or concealment of a material fact may be prosecuted under state and federal laws.
8. To accept payments established by Texas Medicaid as payment in full for Medicaid covered services for those clients who are assisted by this resource.
9. To utilize CSHCN Services Program as a resource for payment when clients are eligible for program assistance.
10. Provider acknowledges that if they have executed an HHSC Medicaid Provider Agreement and the Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts. All of the provisions of the HHSC Medicaid Provider Agreement and the Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts are hereby incorporated by reference in this Provider Agreement with the Department of State Health Services (DSHS) for participation in the Children with Special Health Care Needs (CSHCN) Services Program.
11. To utilize Texas Medicaid, Children's Health Insurance Program (CHIP), and/or private insurance (including HMO coverage) and the United States Department of Defense or Department of Veterans Affairs benefit plans as sources for reimbursement because they are primary to CSHCN Services Program payments.
12. To not bill the client/family for the cost of any charges not paid for by CSHCN Services Program due to the provider's failure to request the required authorization and/or failure to submit a claim for reimbursement within the appropriate submission deadline.
13. To not charge the client/family any pre-admission or pretreatment charges or deposits if services are reimbursable by CSHCN Services Program.
14. To refund the client/family any pre-admission or pretreatment charges when services are authorized and collection occurred prior to program application and eligibility determination.
15. To request authorization from CSHCN Services Program, before the date of service, for all services requiring prior authorization.
16. To request authorization from CSHCN Services Program for all services requiring authorization before the date of service or up to 95 days after the date of service.
17. That claims submitted by the provider, or on behalf of the provider, for payment by the CSHCN Services Program shall be for services or items actually provided by the provider or under his/her personal supervision to the eligible client recipient identified as the client for which the provider is entitled to payment. Claims must be submitted in the manner and in the form set forth in the *CSHCN Services Program Provider Manual* and within the time limits established by DSHS for submission of claims. The provider understands that payment and satisfaction of such claims will be from federal and/or state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws. Fraud is a felony, which can result in fines and imprisonment.
18. Provider agrees to submit notice of the initiation and termination of a contract with any person or entity for the purpose of billing Provider's claims, unless the person is submitting claims as an employee of the Provider and the Provider is completing an IRS Form W-2 on that person. This notice must be submitted within 5 working days of the initiation and termination of the contract and submitted in accordance with requirements pertaining to Third Party Billing Vendors. Provider understands that any delay in the required submittal time or failure to submit may result in delayed payments to the Provider and recoupment from the Provider for any overpayments resulting from the Provider's failure to provide timely notice.



Provider must have a written contract with any person or entity for the purpose of billing Provider's claims, unless the person or entity is submitting claims as an employee of the Provider and the Provider is completing an IRS Form W-2 on the person. The contract must be signed and dated by the Principal of the Provider and the Biller. It must also be retained in the Provider's and Biller's files according to the CSHCN Services Program records retention policy. The contract between the Provider and Biller may contain any provisions they deem necessary, but, at a minimum, must contain the following provisions:

- Biller agrees they will not alter or add procedures, services, codes, or diagnoses to the billing information received from the Provider, when billing the CSHCN Services Program.
  - Biller understands that they may be criminally convicted and subject to penalties or recoupment of overpayments for submittal of false, fraudulent, or abusive billings.
  - Provider agrees to submit to Biller true and correct claim information that contains only those services, supplies, or equipment Provider has actually provided to clients. Provider understands that they may be criminally convicted and subject to penalties or recoupment of overpayments for submittal of false, fraudulent, or abusive billings directly or indirectly, to the Biller or to the CSHCN Services Program or its contractor.
  - Provider and Biller agree to establish a reimbursement methodology to Biller that does not contain any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the CSHCN Services Program.
  - Biller agrees to enroll and be approved by the CSHCN Services Program as a Third Party Billing Vendor prior to submitting claims to the CSHCN Services Program on behalf of the Provider.
  - Biller and Provider agree to notify the CSHCN Services Program within 5 working days of the initiation and termination, by either party, of the contract between the Biller and the Provider.
19. To be payable by CSHCN Services Program, services must be personally performed by a physician or by a qualified person working under the personal or direct supervision of the physician. Personal supervision means that the physician must be in the building of the office or facility when and where the service is provided. Direct supervision means the physician must be physically present in the room at the time the service is provided. In instances where one physician is taking calls for another physician, the performing physician must bill the services provided.
20. Provider has an affirmative duty to verify that claims and encounters submitted for payment are true and correct, are received by DSHS or its designee within CSHCN Services Program deadlines, and to implement an effective method to track submitted claims against payments made by DSHS or its designee.
21. Provider has an affirmative duty to verify that payments received are for actual services rendered and medically necessary. Provider must refund to CSHCN Services Program any overpayments, duplicate payments, and or erroneous payments to which entitlement is not authorized under CSHCN Services Program rules and regulations that are paid to Provider by CSHCN Services Program or its designee as soon as the payment error is discovered.
22. To comply with Title VI of the *Civil Rights Act* of 1964 (Public Law 88-352), Sections 504 of the *Rehabilitation Act* of 1973 (Public Law 93-112), the *Americans with Disabilities Act* of 1990 (Public Law 101-336), and all amendments to each, and all requirements imposed by the regulations issued pursuant to these acts. In addition, the provider agrees to comply with Title 40, Chapter 73, of the TAC. These provide, in part, that no persons in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion be excluded from participation in, or denied, any aid, care, service or other benefits provided by federal and/or state funding, or otherwise be subjected to discrimination. To comply with Texas Health and Safety Code, Section 85.113 (relating to workplace and confidentiality guidelines regarding AIDS and HIV).
23. Provider agrees to not discriminate against the individual on the basis the person is a CSHCN Services Program client by means of pricing differentials or other means of discriminatory treatment. Provider must not exclude or deny aid, care, service, or other benefits available under CSHCN Services Program or in any other way discriminate against a person because of that person's race, color, national origin, gender, age, disability, political or religious affiliation or belief. Provider must provide services to CSHCN Services Program clients in the same manner, by the same methods, and at the same level and quality as provided to the general public. Provider agrees to apply to CSHCN Services Program clients all discounts and promotional offers provided to the general public. Provider agrees and understands that free services to the general public must not be billed to the CSHCN Services Program for CSHCN Services Program clients and discounted services to the general public must not be billed to CSHCN Services Program for a CSHCN Services Program client as a full price, but rather the Provider agrees to bill only the discounted amount that would be billed to the general public.
24. To provide language assistance that may be required for effective communication with CSHCN Services Program clients who demonstrate limited English proficiency to insure they have equal access to services.
25. To accept responsibility for informing and ensuring that those acting the provider's agents understand and follow CSHCN Services Program rules and regulations.
26. To comply with all requirements of CSHCN Services Program regulations, rules, standards, and guidelines published by CSHCN Services Program or its designee.

27. To maintain the confidentiality of records and other information relating to clients in accordance with applicable state and federal laws, rules, and regulations.
28. To promptly (within 10 calendar days) report change of address and/or change in status, including but not limited to change in name, loss of license, change in certification status, or change in Medicaid provider status.
29. To maintain provider enrollment and participation in Texas Medicaid as a condition to participate in the CSHCN Services Program. Should Texas Medicaid status be terminated, participation in CSHCN Services Program shall be terminated effective the date of Medicaid termination.
30. That this agreement may be terminated by either party upon thirty (30) days notice to the other party, except that termination may be earlier for submitting false or fraudulent claims, failing to provide and maintain quality services or medically acceptable standards, failure to comply with the provider agreement signed at the time of application or renewal for CSHCN Services Program participation, disenrollment as a Medicaid provider or violation of the standards of CSHCN Services Program rules and regulations or parts thereof. Provider specifically agrees that Paragraphs 2, 3, and 27 of this Agreement concerning client record retention, access by DSHS to records pertaining to CSHCN Services Program services, and confidentiality of client records and information shall remain in effect and binding upon provider if the remainder of this Agreement is terminated for any reason.
31. DSHS and the CSHCN Services Program expect providers to comply with the provisions of State law as set forth in Chapter 261, *Texas Family Code*, related to the reporting of child abuse and neglect.

I certify that the information I have supplied in this provider enrollment application constitutes true, correct, and complete information. I agree to inform DSHS or its designee, in writing, of any changes or if additional information becomes available. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines and imprisonment. I understand that any falsification or misrepresentation that, if known, would have resulted in a denial of the application will result in all paid services declared as an overpayment and subject to recoupment. I also understand that other administrative sanctions may be imposed that includes payment hold, exclusion, debarment, contract cancellation, and monetary penalties.

Name of Applicant PAUL FINE, MD  
Applicant's Signature [Signature] Date 4/18/12

For applicants that are entities, facilities, groups, or organizations, and an authorized representative is completing this application with authority to sign on the applicant's behalf, the authorized representative must sign above and print their name and title where indicated below.

Representative's Name \_\_\_\_\_

Representative's Position/Title \_\_\_\_\_

MR17

IT IS RECOMMENDED THAT YOU RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.



## MEDICARE

September 9, 2011

Baylor College Of Medicine  
Paula Segura  
Two Greenway Pl Suite 900  
Houston, Tx 770460205

RE: Document Control #: TX1123400378

Dear Provider:

TrailBlazer Health Enterprises® is pleased to inform you that the Medicare enrollment application for the below Provider Transaction Access Number (PTAN) has been approved. Listed below is the information reflected in your Medicare enrollment record, including your National Provider Identifier (NPI).

All correspondence related to a pending application, including the confirmation letter will be sent to the contact person listed in section 13 of the CMS-855 application.

Medicare claims can be submitted electronically. The Electronic Data Interchange (EDI) department can be contacted at (866) 749-4302. The NPI is required on all Medicare claim submissions. The PTAN is also activated for use and is required for all inquiries via telephone and in writing. The PTAN is required when retrieving data from our Interactive Voice Response (IVR) system concerning claims status, beneficiary eligibility, check status or other supplier related transactions. Please keep your PTAN secure. The PTAN is not considered a Medicare legacy identifier; and is not to be reported to the National Plan and Provider Enumeration System (NPPES) as an "other" provider identification number.

<b>Tax Identification Number (TIN):</b>	*****878
<b>Group PTAN</b>	00D19V
<b>Individual PTAN</b>	TXB134223
<b>NPI</b>	1649331497
<b>Participation Status</b>	PAR
<b>Specialty</b>	16 Obstetrics/Gynecology
<b>Effective Date</b>	July 1, 2011
<b>Group Name</b>	Baylor College Of Medicine
<b>Individual Name</b>	Paul Fine

If you disagree with any of the information above, please utilize the reconsideration process. Reconsideration is an independent review conducted by a hearing officer who was not involved in the initial determination. A reconsideration request must be received in writing within 60 calendar days of the postmarked date of this letter. Clearly state the issues, findings, facts and/or reasons for disagreement. Any additional information that may influence the decision should accompany the reconsideration request. The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized official who was included on the original CMS-855 application. Failure to timely request reconsideration is deemed a waiver of all rights to further administrative review. The request for reconsideration should be sent to:

**TrailBlazer Health Enterprises, LLC**  
Provider Enrollment

P.O. Box 650544 • Dallas, TX 75265-0544  
Executive Center III • 8330 LBJ Freeway • Dallas, TX 75243-1213



TEXAS MEDICAL BOARD	
P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029	
PHYSICIAN FULL PERMIT	
REGISTERED TO PROVIDE OBA SERVICES	
LICENSE/PERMIT NUMBER	EXPIRATION DATE
E7917	02-28-2013
PAUL MARTIN FINE, MD 5121 OAK COURT DICKINSON TX 77539-7528	
THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS	





National Plan & Provider Enumeration System

[Home](#)

[Help](#)

[Back to Results](#)

The information for the Provider you selected is displayed. The NPI Registry data was last updated on 08/15/2011.

**NOTE:** Some health care providers reported their SSNs or IRS ITINs in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, a provider may have reported an SSN or an IRS ITIN as an "Other Provider Identification Number" or as a "License Number". To protect the privacy of these individuals, we have made every attempt to locate and remove those SSNs and IRS ITINs from being displayed in the information provided below.

**Provider Information:**

**Name:** DR. PAUL M FINE M.D.  
**Gender:** MALE  
**Sole Proprietor:** YES

**NPI Information:**

**NPI:** 1649331497  
**Entity Type:** 1-INDIVIDUAL  
**Enumeration Date:** 12/13/2006  
**Last Update Date:** 07/11/2007  
**Replacement NPI:**  
**Deactivation Date:**  
**Reactivation Date:**

**Provider Business Mailing Address:**

**Address:** 5121 OAK CT  
DICKINSON, TX 77539-7528  
**Phone Number:**  
**Fax Number:**

**Provider Business Practice Location Address:**

**Address:** 5121 OAK CT  
DICKINSON, TX 77539-7528  
**Phone Number:** 8887812745  
**Fax Number:**

**Provider Taxonomy:**

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	207VG0400X - OBSTETRICS & GYNECOLOGY - GYNECOLOGY	TX	E7917

Form **W-9**  
(Rev. January 2005)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**BAYLOR COLLEGE OF MEDICINE**

Business name, if different from above  
**DEPARTMENT OF AMS BAYLOR - HCHD COMMUNITY MEDICINE**

Check appropriate box: ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶

☒ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)

**P. O. BOX 4780**

City, state, and ZIP code

**HOUSTON, TEXAS 77210-4780**

List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
| | | | | | | |

or

Employer identification number  
7 | 4 | 1 | 6 | 1 | 3 | 8 | 7 | 8

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person

Date ▶

4/18/12

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

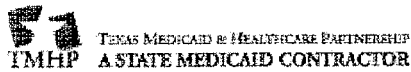
**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



PO Box 200795  
Austin, TX 78720-0795  
Fax: 1-512-514-4214

April 30, 2012

HCHD FAMILY MEDICINE  
1504 TAUB LOOP  
HOUSTON TX 77030-1608

Re: New Enrollment Information

Dear Hchd Family Medicine,

This letter is to notify you of your new provider enrollment information. Please make note of and verify your provider information and advise the Texas Medicaid & Healthcare Partnership (TMHP) if any corrections are needed.

A benefit code may be issued by TMHP to identify state programs and provider types. It is important to remember your benefit code when one has been assigned. It will be required for claims filing, requesting prior authorization, and other electronic transactions with TMHP. A benefit code may also be used to crosswalk a National Provider Identifier (NPI) or an Atypical Provider Identifier (API) to the appropriate Texas Provider Identifier (TPI) for specific state programs and provider types such as those listed in the table below.

Benefit Code	Benefit Code Description	Benefit Code	Benefit Code Description
CA1	County Indigent Health Care Program (CIHCP)	DM2	Durable Medical Equipment — Home Health Services (DMEH)
CCP	Comprehensive Care Program	DM3	Children with Special Health Care Needs (CSHCN) Services Program Durable Medical Equipment
CSN	Children with Special Health Care Needs (CSHCN) Services Program		
DEI	Texas Health Steps (THSteps) Dental		

[www.tmhp.com](http://www.tmhp.com)





Benefit Code	Benefit Code Description	Benefit Code	Benefit Code Description
EC1	Early Childhood Intervention (ECI) Provider	MA1	Maternity
EP1	Texas Health Steps (THSteps) Medical	MH2	Mental Health (MH) Case Management
FP3	Family Planning Agencies	TB1	Tuberculosis (TB) Clinics
HA1	Hearing Aid Dispensers		

A list of newly enrolled performing providers in your group is on the following page(s).

PLEASE NOTE, if you were assigned a new TPI and had an existing TPI that is no longer active or has been terminated, all existing accounts receivable for those old accounts that have the same Tax ID and/or NPI will be transferred to the new TPI number listed below.

Be sure to read the enclosed welcome letter for more resources that are available to you through TMHP. If you have any questions or need assistance, please call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Group Information:

Group Name: Hchd Family Medicine  
Texas Provider Identifier (TPI) Base: 0820060  
TPI Suffix: 01  
Enrollment Date: 6/25/1990  
Effective Date: 10/6/1994  
NPI/API: 1053352914  
Primary Taxonomy: 193200000X  
Secondary Taxonomy(s):  
Benefit Code:

Enclosures

[www.tmhp.com](http://www.tmhp.com)







TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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New Provider Information

Program Name	Traditional Medicaid
Provider Type	Physician (MD)
Provider Name	Paul M Fine
TPI Base	1374811
TPI Suffix	12
Enrollment Date	4/27/2012
Effective Date	7/1/2011
NPI/API	1649331497
Primary Taxonomy	207VG0400X
Secondary Taxonomy	
Benefit Code	

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[www.tmhp.com](http://www.tmhp.com)





TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

Dear Provider:

Welcome to Texas State Health-Care Programs! We look forward to building a strong working relationship with you. Your participation in these programs demonstrates your dedication and commitment to improving the health of Texas families.

The Texas Medicaid & Healthcare Partnership (TMHP) is a coalition of contractors, led by Affiliated Computer Services, Inc. (ACS), under contract with the Texas Health and Human Services Commission (HHSC). TMHP is the claims administrator for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. TMHP enrolls providers, processes health-care claims, publishes Texas Medicaid and CSHCN Services Program policies and procedures, and conducts provider education and training.

TMHP offers a variety of convenient ways for providers to access help, information, and services. We've outlined them in this letter. Please feel free to call us any time you have questions or need assistance.

#### **Publications**

**Important:** By signing the provider agreement you have acknowledged and certified that you will read, understand, and follow the instructions in the following publications.

- **Provider Procedures Manuals** - The *Texas Medicaid Provider Procedures Manual* (TMPPM) and *CSHCN Services Program Provider Manual* are comprehensive guides to Texas Medicaid and CSHCN Services Program benefits, policies, and procedures. They contain general information for each program, as well as information for specific provider types, forms, examples of completed forms, and other useful topics.

Both manuals are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com) in Portable Document Format (PDF).

Providers who do not have access to a computer or the Internet can ask for a paper manual by calling the appropriate number below:

- Texas Medicaid: 1-800-925-9126
  - CSHCN Services Program: 1-800-568-2413
- **Bulletins, Banner Messages, and Website Articles** - Updates and changes to policies and procedures in the TMPPM are published bimonthly in the *Texas Medicaid Bulletin*. The *CSHCN Services Program Provider Manual* is regularly updated to reflect the most recent policy and procedure changes. Updates are generally available the month following the effective date of the change. Policy and procedure updates are also published in website articles and weekly Remittance and Status (R&S) report banner messages. All TMHP bulletins, banner messages, and website articles are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

[www.tmhp.com](http://www.tmhp.com)





TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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## Electronic Services

- **TMHP Website** - Visit [www.tmhp.com](http://www.tmhp.com) for access to all Texas Medicaid and CSHCN Services Program publications, forms, announcements, training opportunities, fee schedules, and contact information for Provider Relations representatives.
- **TexMedConnect** - A free, web-based application for claims filing, eligibility verification, claims status inquiry, Electronic Remittance and Status (ER&S) reports, appeals, and more. TexMedConnect is available on the TMHP website.
- **TMHP Online Provider Lookup** - A useful tool for clients and others who want to find information about providers enrolled in Texas Medicaid and the CSHCN Services Program. Users can search for providers by location and specialty. Providers can use the lookup to locate appropriate referrals for their patients.

Texas Medicaid and CSHCN Services Program providers can access their own information to keep their practice and contact information up to date, in accordance with the provider enrollment agreement. Providers can make changes to the following fields:

- Address, telephone numbers, and office hours
  - Additional sites where services are provided
  - Additional services offered
  - Languages spoken
  - Client age or gender limitations
  - Counties served
  - Accepting new patients
  - Medicaid waiver programs
- **Electronic Data Interchange (EDI)** - Providers and/or their billing agents can use third-party software to access the TMHP EDI gateway. Call the EDI Help Desk at 1-888-863-3638 for more information.

**Telephone Contact Centers and Automated Inquiry System (AIS)** - Providers can call the contact centers listed below for assistance. Contact center representatives are available Monday to Friday, 7 a.m. to 7 p.m. Central Time.

- Texas Medicaid: 1-800-925-9126
- CSHCN Services Program: 1-800-568-2413

All call centers feature an Automated Inquiry System (AIS) for information about claims, payment status, and client eligibility. The AIS is available any time by selecting the option from the call center menu.

## Provider Relations Assistance

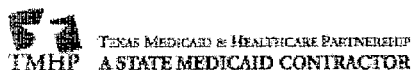
- **Office Visits and Individualized Assistance** - TMHP provider relations representatives assist providers with a broad range of matters including complex program issues, problem resolution, office visits, and training. Providers can find contact information for regional provider relations representatives on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

Once again, welcome and thank you for your dedication and commitment to improving the health of Texas families.

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[www.tmhp.com](http://www.tmhp.com)





PO Box 200795  
Austin, TX 78720-0795  
Fax: 1-512-514-4214

April 30, 2012

HCHD FAMILY MEDICINE  
1504 TAUB LOOP  
HOUSTON TX 77030-1608

Re: New Enrollment Information

Dear Hchd Family Medicine,

This letter is to notify you of your new provider enrollment information. Please make note of and verify your provider information and advise the Texas Medicaid & Healthcare Partnership (TMHP) if any corrections are needed.

A benefit code may be issued by TMHP to identify state programs and provider types. It is important to remember your benefit code when one has been assigned. It will be required for claims filing, requesting prior authorization, and other electronic transactions with TMHP. A benefit code may also be used to crosswalk a National Provider Identifier (NPI) or an Atypical Provider Identifier (API) to the appropriate Texas Provider Identifier (TPI) for specific state programs and provider types such as those listed in the table below.

Benefit Code	Benefit Code Description	Benefit Code	Benefit Code Description
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DEI	Texas Health Steps (THSteps) Dental		

[www.tmhp.com](http://www.tmhp.com)





TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

Benefit Code	Benefit Code Description	Benefit Code	Benefit Code Description
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HA1	Hearing Aid Dispensers		

A list of newly enrolled performing providers in your group is on the following page(s).

PLEASE NOTE, if you were assigned a new TPI and had an existing TPI that is no longer active or has been terminated, all existing accounts receivable for those old accounts that have the same Tax ID and/or NPI will be transferred to the new TPI number listed below.

Be sure to read the enclosed welcome letter for more resources that are available to you through TMHP. If you have any questions or need assistance, please call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

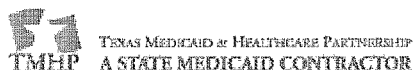
Group Information:

Group Name: Hchd Family Medicine  
Texas Provider Identifier (TPI) Base: 0820060  
TPI Suffix: 08  
Enrollment Date: 6/17/2005  
Effective Date: 5/5/1995  
NPI/API: 1053352914  
Primary Taxonomy: 193200000X  
Secondary Taxonomy(s):  
Benefit Code: CSN

Enclosures

[www.tmhp.com](http://www.tmhp.com)





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New Provider Information

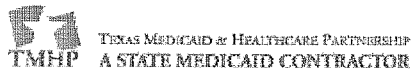
Program Name	CSHCN Services Program
Provider Type	Physician (MD)
Provider Name	Paul M Fine
TPI Base	1374811
TPI Suffix	13
Enrollment Date	4/27/2012
Effective Date	10/23/2011
NPI/API	1649331497
Primary Taxonomy	207VG0400X
Secondary Taxonomy	
Benefit Code	CSN

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[www.tmhp.com](http://www.tmhp.com)







Dear Provider:

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TMHP offers a variety of convenient ways for providers to access help, information, and services. We've outlined them in this letter. Please feel free to call us any time you have questions or need assistance.

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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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## Electronic Services

- **TMHP Website** - Visit [www.tmhp.com](http://www.tmhp.com) for access to all Texas Medicaid and CSHCN Services Program publications, forms, announcements, training opportunities, fee schedules, and contact information for Provider Relations representatives.
- **TexMedConnect** - A free, web-based application for claims filing, eligibility verification, claims status inquiry, Electronic Remittance and Status (ER&S) reports, appeals, and more. TexMedConnect is available on the TMHP website.
- **TMHP Online Provider Lookup** - A useful tool for clients and others who want to find information about providers enrolled in Texas Medicaid and the CSHCN Services Program. Users can search for providers by location and specialty. Providers can use the lookup to locate appropriate referrals for their patients.

Texas Medicaid and CSHCN Services Program providers can access their own information to keep their practice and contact information up to date, in accordance with the provider enrollment agreement. Providers can make changes to the following fields:

- Address, telephone numbers, and office hours
  - Additional sites where services are provided
  - Additional services offered
  - Counties served
  - Languages spoken
  - Accepting new patients
  - Client age or gender limitations
  - Medicaid waiver programs
- **Electronic Data Interchange (EDI)** - Providers and/or their billing agents can use third-party software to access the TMHP EDI gateway. Call the EDI Help Desk at 1-888-863-3638 for more information.

**Telephone Contact Centers and Automated Inquiry System (AIS)** - Providers can call the contact centers listed below for assistance. Contact center representatives are available Monday to Friday, 7 a.m. to 7 p.m. Central Time.

- Texas Medicaid: 1-800-925-9126
- CSHCN Services Program: 1-800-568-2413

All call centers feature an Automated Inquiry System (AIS) for information about claims, payment status, and client eligibility. The AIS is available any time by selecting the option from the call center menu.

## Provider Relations Assistance

- **Office Visits and Individualized Assistance** - TMHP provider relations representatives assist providers with a broad range of matters including complex program issues, problem resolution, office visits, and training. Providers can find contact information for regional provider relations representatives on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

Once again, welcome and thank you for your dedication and commitment to improving the health of Texas families.

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[www.tmhp.com](http://www.tmhp.com)

