Texas Medicaid Individual Enrollment for Public School SLPs and Audiologists

Presenter:
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Panelists:
Dr. JoAnn Wiechmann, CCC-SLP Ed.D
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Lisa Gore, M.S., CCC-SLP
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Disclosures

Financial:

Receive compensation from Assessment Intervention Management, LLC.
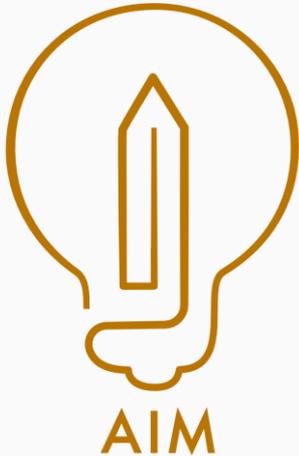
Non-Financial:

Serve as a member of the Public School Advisory Joint TSHA/TCASE Committee

AIM

Panelists

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Lindsey Cardenas, M.S., CCC-SLP - Coordinator of Speech Services, Comal ISD

Jennifer Cook, M.S., CCC-SLP - Lead Speech-Language Pathologist, Lubbock ISD

Lisa Gore, M.S., CCC-SLP - Clinical Instructor, TTUHSC

Sallie Hobbs, M.S., CCC-SLP - Team Lead Speech-Language Pathologist, Austin ISD

Special Thanks

Lisa Gore

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Kendra Everette

Julie Gruszynske

Sallie Hobbs

Sheryl Jones

Jenny Larson

Jessica Lund

Caroline Perkins

Daniel Rigney

Rebecca Rogers

Objectives

- Participants will be able to identify referral sources for Medicaid School Health and Related Services audiology and speech therapy services
- Participants will be able to identify aspects needed for an AuD or SLP evaluation to serve as a referral source
- Participants will be able to identify how often a referral must be updated for SHARS audiology and speech therapy services
- Participants will be able to identify the updated timelines required to document for SHARS services to be reimbursed.

Who should participate in this training (today)

- Evaluating Audiologists and Speech-Language Pathologists in public and/or charter schools that complete evaluations and have already acquired their NPI number

Who does not need to participate in this training:

- Non-referring SLPs/SLP Assistants and AUDs/AUD Assistants
- Public and/or charter school SLP and Audiologists that have not yet obtained their NPI (please go through the training once you acquire your NPI)
- SLPs and Audiologists that work outside of public schools

Agenda - let's go out of order

- SHARS Policy Updates (rationale for Medicaid enrollment)
- NPI Enrollment Considerations
- Phase I of Enrollment: Creating an Account
- SHARS Policy Updates (rationale for Medicaid enrollment)
  - AuD Referral Sources and Timelines
  - SLP Referral Sources and Timelines
  - Referral Requirements
  - Service Documentation Timelines and Requirements
- Phase II of Enrollment: New Enrollment
- Phase III of Enrollment: Completing Enrollment

Issues?

If you have issues with the Medicaid enrollment process, please contact TMHP provider relations

1 800-925-9126 (option 3 is provider enrollment)
provider.relations@tmhp.com

Valid?

- This presentation was valid as of 07/28/2022

Jump to NPI / Phase I

[NPI Slide](#)

SHARS Policy Handbook

[School Health and Related Services (SHARS Handbook) December 2021](#)

Changes have been made to SHARS due to a need to bring the SHARS program further into compliance with federal standards for Medicaid reimbursement

[Beginning November 1, 2022, all therapy claims must have the referring/prescribing provider NPI attached to the claim.](#)

SHARS Policy Updates
Referral - Audiology Services (2.3.1)

- A referral is required for audiology services. The referral must be updated a minimum of one time every three calendar years.
- In order for audiology services to be reimbursed through SHARS, the name and national provider identifier (NPI) of the referring licensed physician, or eligible referring provider, must be listed on the claim and kept in the medical record. Audiologists whose evaluations serve as the referral must be enrolled in Medicaid as individual practitioners and must use their individual NPI for claim submission.

SHARS Policy Updates
Referral - Speech and Language Services (2.3.9)

- A referral is required for ST services. The referral must be updated a minimum of one time every three calendar years.
- In order for ST services to be reimbursed through SHARS, the name and national provider identifier (NPI) of the referring licensed physician, or eligible referring provider, must be listed on the claim and kept in the medical record. Speech therapists whose evaluations serve as the referral must be enrolled in Medicaid as individual practitioners and must use their individual NPI for claim submission.

SHARS Policy Updates
Do I need to enroll as a Medicaid Provider?

SLP/AUD Assistants

Non-referring SLPs/SLP Assistants and AUDs/AUD Assistants do not need an NPI number, nor must they enroll as Texas Medicaid providers. An NPI number and Medicaid enrollment is only needed if the professional is making a referral/completing an evaluation.

SHARS Policy Updates
Semantic Clarification

Q. For students new to speech, can an SLP's evaluation suffice as the referral if they have an NPI & are enrolled in TX Medicaid, or do they have to complete a referral for the evaluation of speech and sign it themselves? (seems like they would be completing a referral for themselves to perform an evaluation of speech), or is the referral supposed to come from another source (such as a parent or teacher) but signed off on by the SLP?

A. The SLP's evaluation can serve as the referral for speech therapy services. Please note that the evaluation serving as the "referral" for speech therapy services is different than a Child Find "referral" for evaluation, despite both using the word "referral".

SHARS Policy Updates
Referral Defined

A referral is defined as a written document requesting evaluation for services (such as, ST or Audiology) from the referring physician or other eligible referring provider (SHARS Policy Handbook 2.1).

Referrals must include:
- Medicaid prescribing provider
- NPI #
- Signature

Referrals must be completed within three calendar years before initiation of services

Referral and IEP must match and become part of the student's medical record.

SHARS Policy Updates
TEA Referral Form

Medicaid Speech Referral from SLP

_____ Independent School District

Student Name: DOB:

Campus: Medicaid number:
                                           Student ID#:

Current Speech Evaluation:

An evaluation for speech services is requested for the student listed above.

Comments:

Signature: Printed name:

Title: Date of Signature:

NPI:

Medicaid Speech Referral from Physician

_____ Independent School District

Student Name: DOB:

Campus: Medicaid number:
                                           Student ID#:

An evaluation for speech services is requested for the student listed above.

Comments:

Signature: Printed name:

Title: Date of Signature:

Address: NPI:

SHARS Policy Updates
Prior Evaluations

Q. If a provider writes a referral for a speech therapy evaluation, is that referral retroactive for the testing that was completed the year or two before? In other words, the student isn't due for a re-evaluation for another year or two.

A. Having a standalone referral document like the one recommended by TEA referencing the prior evaluation is the most viable option, per HHSC.

SHARS Policy Updates
Documentation Timelines

SHARS providers must document services provided in the student's record (i.e., Service log, session note, or evaluation) within **<u>1 week, or 7 calendar days,</u>** from the date the service was rendered, regardless of whether in paper or electronic form. The 7-day period includes non-school days, holidays, and weekends.

The 7 calendar day timeline applies to **<u>evaluations</u>** and **<u>therapy sessions</u>**.

SHARS Policy Updates
Documentation Timelines for Evaluations

Q. Do SLPs, LSSPs, OTs and PTs continue to wait until after the ARD to document evaluations in our SHARS platform, or do they need to document evaluations by the 7th day? The ARD is when the committee agrees to the evaluation and recommendations. I am not sure if the provider can bill for an actual evaluation when the ARD happens after the 7 days.

A. The district can bill for the evaluation, if documented within 7 days from the date of service. The billing process does not indicate eligibility, as that is determined by the ARD Committee.

SHARS Policy Updates - Documentation Requirements

Documentation of service provided (Service Log) <u>must support the services billed</u> and include:

- The student's name
- Date of birth
- Medicaid identification number on every page of the chart/record/note
- Date of service including the following for each date of service:
  - Billable start and stop time
  - Total billable minutes, activity performed during the session
  - Student observation
  - Procedure codes(s)
  - Activity performed
- SHAR's provider's printed name, title, and original handwritten or electronic signature

Therapy session notes must <u>include all elements of the service log,</u> <u>and:</u>

- The student's related IEP objective(s)
- The student's progress toward the goals (if applicable)
- Whether the service was provided individually or in group.

SHARS Administrator Perspective

- Why is receiving reimbursement important?
- Where does the money go?
- General Budget or Special Ed?
- Consequences in eGrant if funds go directly to Special Ed
- How is the money used in districts?
- How can I appropriately advocate for support with billing?

Jump to Phase II

[Phase II Slide](#)

National Provider Identifier

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers.

- You can look up your NPI number here: https://npiregistry.cms.hhs.gov
- You can apply for an NPI number here: https://nppes.cms.hhs.gov/#/

Here are some sample instructions on how to apply for an NPI

Directions for Applying for a National Provider Identifier

Phase I
Create an account or Log into your account

- In order to begin an application you will need to access the following link: [TMHP Provider Enrollment](#)
- Disclaimer AMA/ADA End User License Agreement will appear, to proceed forth you will need to scroll down and select that you accept/agree.
- You may then select "Enroll Today"

Provider Enrollment

Everything you need to know to enroll in Texas Medicaid and other State health-care programs.

Enroll Today

Create an Account

- You will be prompted to log in to your account after selecting "Enroll Today."
- If you have previously created an account, then log in.
- If you have never created an account, select "Cancel."

Log in to secure.tmhp.com:443
Your login information will be sent securely.

User Name

Password

☐ Remember this password

Cancel   Log In

Create an Account

- A new screen with various colored boxes will appear. Click the teal box labeled "Enroll as a Texas Medicaid Provider/Vendor" then click "Go."
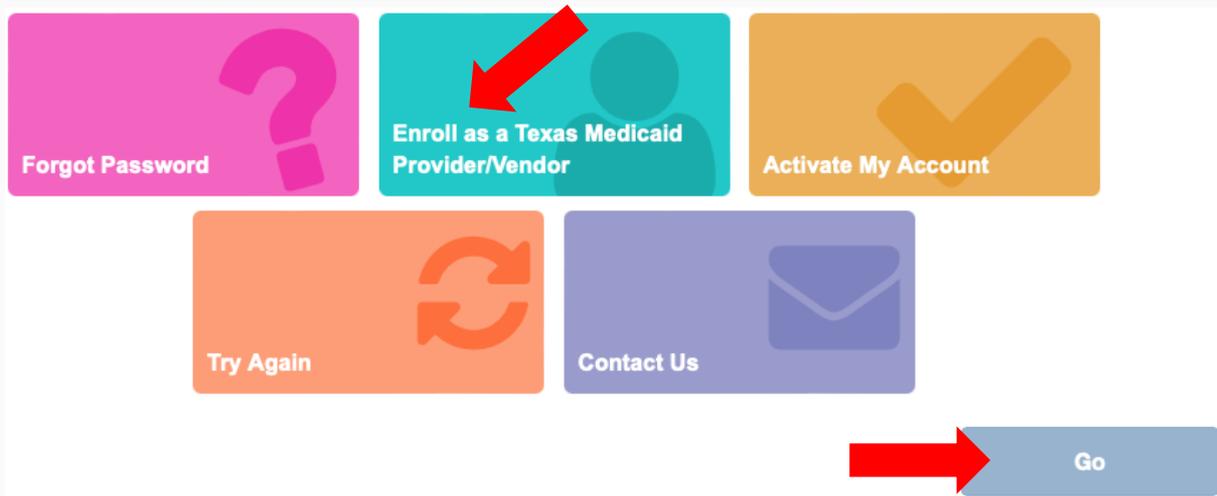
Create an Account

- Another new screen with various colored boxes will appear. Click the teal box labeled "Create a Provider Enrollment Account" then click "Next."

Create a Provider Enrollment Account.

Next
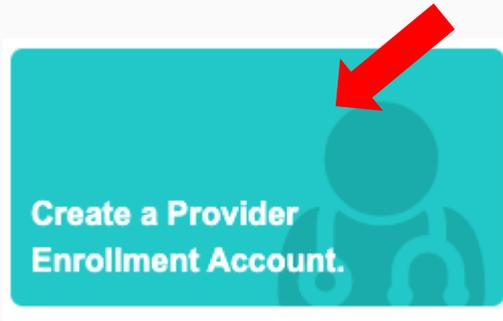
Create an Account

- You will be prompted to "Create New Account" with the following information needed:
- This enrollment travels with you, so I would recommend using your personal email.

Create New Account

*User Name Must be a different than your EDI Submitter ID	User123	6-20 characters(no spaces or special characters)
*First Name	John	(no special characters)
*Last Name	Smith	(no special characters)
*Business Telephone	555-555-5555	XXX-XXX-XXXX
*Email	johnsmith@gmail.com	To ensure delivery to your inbox please add donotreply@tmhp.com to your address book today
*Confirm Email		Retype email address. Do not copy and paste
*Password		8-20 characters(no spaces)

Create an Account

- Please note, that you will need to scroll all the way through the General Terms and Conditions in order to agree to the terms and click "Submit"

Create an Account

- Click "Enroll Provider" to begin the enrollment process

Success!

Your account has been created

Enroll Provider

If you need additional help with Account Activation, contact the TMHP HelpDesk at 1-888-863-3638 between 7 a.m. to 7 p.m. CST.
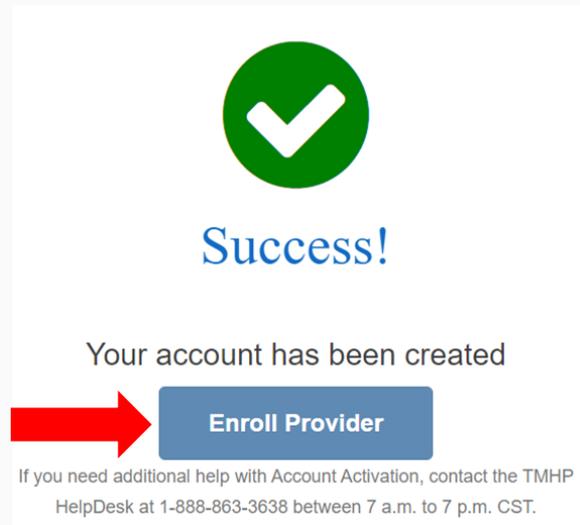
Log into your Account

- Log in to the account you just created (some professionals have reported that they were unable to log in immediately after creating their account, so you may need to wait ~15 minutes to log in).
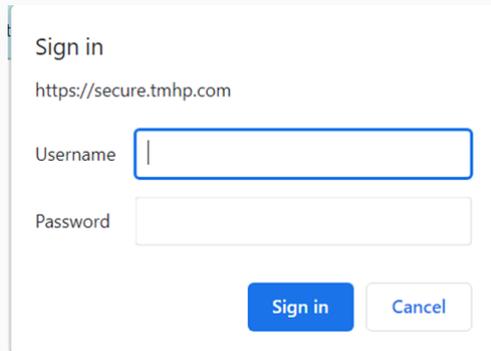
Sign in

https://secure.tmhp.com

Username

Password

Sign in　**Cancel**

Log into your Account

- If you leave and return to complete the enrollment process, you can access the system by going to **TMHP Provider Enrollment** and select "Enroll Today"

Log into your Account

- Sometimes when you sign in to the system, you will see a screen similar to the picture below. To complete an enrollment application, select the "Provider Enrollment and Management System"

Application Preparation

- While waiting for you account to become active, get the following information ready
- Driver's License
- Texas License Number, Effective Date, and Expiration Date (You can do a [TDLR License Search](#) to identify your license number, effective date, and expiration date)
- ASHA Certification Number, Effective Date, and Expiration Date (You can do an [ASHA Verification Search](#) to identify the effective date and expiration date)

Return to SHARS Update

[SHARS Policy Handbook Slide](#)

Phase II
New Enrollment

- If you previously started a new enrollment and are returning to complete the application, select "REQUESTS" to see the application in draft status, and click the ellipsis symbol to "Open" the application.

New Enrollment

- Once you successfully log in to the Provider Enrollment Management System, you will select "Start New Enrollment" in the upper right corner

  → **Start New Enrollment** **View Help**

- To proceed with the application, you will be prompted with a Welcome message that provides basic instructions for enrollment. Please note that SLPs and Audiologists will need to obtain their NPI number prior to initiating the PEMS application. You can select continue at the bottom of the page.

  → **Continue** **Cancel**

NPI Lookup / NPI Application

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers.

- You can look up your NPI number here: https://npiregistry.cms.hhs.gov
- You can apply for an NPI number here: https://nppes.cms.hhs.gov/#/

Here are some sample instructions on how to apply for an NPI

Directions for Applying for a National Provider Identifier

NPI & Enrollment Information Continued

- A screen titled "NPI & Enrollment Information" will appear.
  - Select Enroll as a Provider with an Existing National Provider Identifier
  - Input your NPI number and select "Validate"

NPI & Enrollment Information Continued

- The screen titled "NPI & Enrollment Information" will expand.
  - Additional information will incorporate a section titled "Verify NPPES Information"
  - You will be prompted to answer the question "Are you seeking enrollment due to a change of ownership (CHOW)?
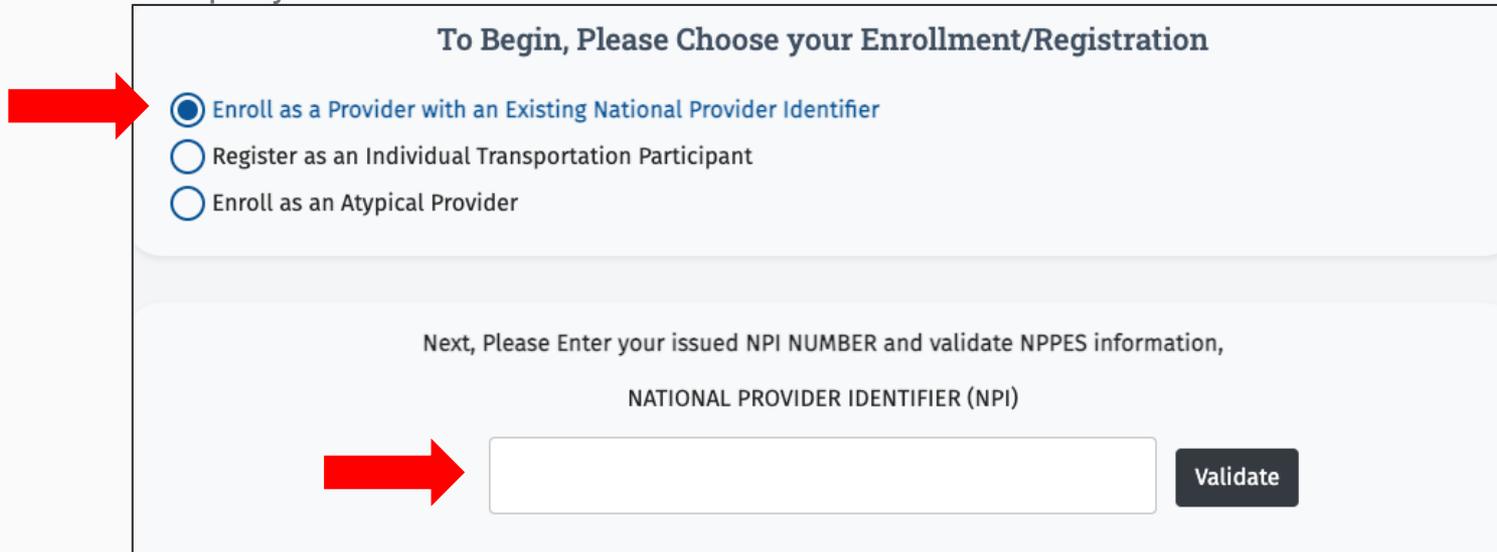
  - You will need to indicate that you "have read and agree to the Texas privacy statement and laws" to select "Begin Enrollment / Registration"

NPI & Enrollment Information Continued

- If you receive a prompt stating "Existing Enrollment Record," then you are already enrolled in Medicaid in some form with your NPI.

Next, Please Enter your issued NPI NUMBER and validate NPPES information,

NATIONAL PROVIDER IDENTIFIER (NPI)

[_____] **Validate**

Existing Enrollment Record :

If you are trying to update the enrollment record then go to Provider Profile Provider Management section

Phase III
Completing the Application

Navigation note 1: On the left-hand side you will have a menu bar that guides you through sections of the application. After a section has been completed, a check mark will appear.

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

Completing the Application

Navigation note 2: Some sections rely on answers from previous sections. As such, it may be best to complete the application in sequential order.

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

Completing the Application

- Navigation Note 3: To return to some sections with PEMS, you will need to click the ellipsis symbol to open that section

Owners/Creditors/Principals

NAME/COMPANY NAME	SSN/TAX ID	DATE OF BIRTH	RELATIONSHIP END DATE	DRIVER'S LICENSE OR OTHER NUMBER	PERCENT OWNED	FINGERPRINT REQUIRED	
							...

+ Add Owner/Creditor/Principal

Open 👁

Delete ✕

Instructions for Adding Authorized Individuals

Completing the Application

There are multiple ways to access the Provider Enrollment Management System. Sometimes when you log in, you will have a view similar to what is shown below. You will need to access the "Provider Enrollment Management System" to go to your enrollment application.
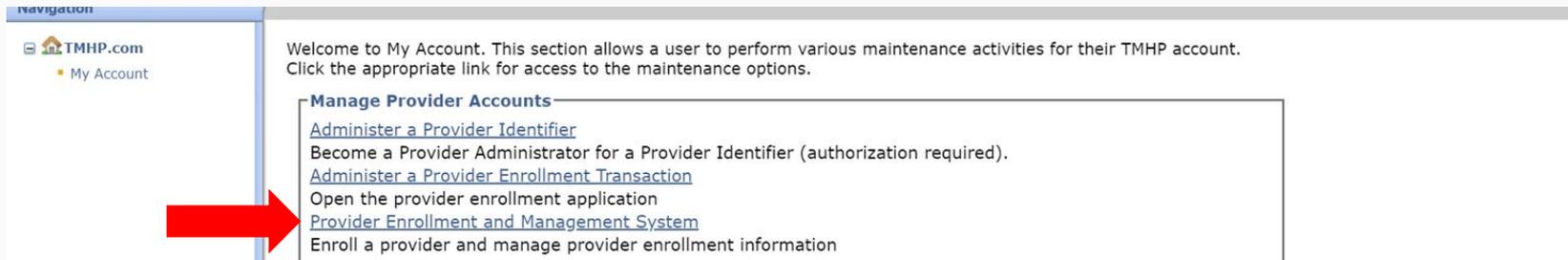
Navigation

☐ 🏠 TMHP.com
   • My Account

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

Manage Provider Accounts

Administer a Provider Identifier
Become a Provider Administrator for a Provider Identifier (authorization required).
Administer a Provider Enrollment Transaction
Open the provider enrollment application
Provider Enrollment and Management System
Enroll a provider and manage provider enrollment information

Services Provided

- Select "Services Provided" on the Left Menu Bar
- Select "+Add Services Provided"

Services Provided

- TMHP advised the following selections noted below for the purpose of an enrolling public school SLP and Audiologist
- Note from TMHP representative: "Selecting "No" to **"DO YOU BILL FOR SERVICES AT THIS LOCATION USING YOUR TAX ID?*"** under Services Provided, the system automatically changes the "Enrolled As" to ORP (order, referring, prescribing providers) and SLPs are not eligible to enroll as that type of provider which is why the taxonomy is not coming up. Even though the SLPs are not billing with their SSN, the system only has 2 options to select and SLPs are not eligible for ORP option so the question has to be answered as "Yes"."

Locations Where Services are Provided

IS THIS A NEW LOCATION? *
◉ Yes   ○ No

ARE YOU A MEMBER OF A GROUP AT THIS LOCATION? *
○ Yes   ◉ No

DO YOU BILL FOR SERVICES AT THIS LOCATION USING YOUR TAX ID? *
◉ Yes   ○ No

Services Provided

- Insert your school address information. We utilized the central office location rather than individual campuses
- When you first select "Verify Address" you may receive an alert stating "Address could not be found or was invalid." You may check the box labeled "Continue with address entered" to complete the "Verify Address" process.

LOCATION NAME

ADDRESS LINE 1 * ADDRESS LINE 2 CITY *

Enter Street Address 2

STATE * ZIP CODE * ZIP CODE +4

Enter Zip Extension

Address could not be found or was invalid

☐ Continue with address entered

Verify Address

Services Provided - Audiologists

- Make the following selection for school based Audiologists

Program Participation

PROGRAM *

Acute Care - Fee-for-Service

PRIMARY TAXONOMY *

231H00000X

PROVIDER TYPE *

Audiologist

Save

Services Provided - SLP

- Make the following selection for school based SLPs

Program Participation

PROGRAM *

Acute Care - Comprehensive Care Program (CCP)

PRIMARY TAXONOMY *

235Z00000X

PROVIDER TYPE *

Speech-Language Pathologist (SLP-CCP)

Save

Provider Information

- Select "Provider Information" on the left menu bar

Provider Information

- Insert your basic information and select verify email
- Scroll down to the bottom and click "Save"
- You will receive an email for verification - in that email click "confirm your email address"

FIRST NAME *

▮▮▮▮▮▮

MIDDLE NAME

Enter Middle Name

LAST NAME *

▮▮▮▮▮

SUFFIX

Select One

SOCIAL SECURITY NUMBER *

Enter SSN

DATE OF BIRTH *

MM/DD/YYYY

GENDER *

▮▮▮▮▮▮

ID TYPE *

Select One

ID NUMBER *

Enter ID Number

STATE ISSUER *

Select One

ISSUE DATE *

04/04/2022

EXPIRATION DATE *

MM/DD/YYYY

PRIMARY EMAIL ADDRESS *

Enter Primary E-Mail

PRIMARY EMAIL STATUS

SECONDARY EMAIL ADDRESS

Enter Secondary E-Mail

SECONDARY EMAIL STATUS

Verify Email

Provider Information

- If you have a maiden name, other aliases, or nicknames, please complete the process to add them to your enrollment.

Maiden Name, Other Alias, Nicknames

NAME TYPE	FIRST NAME	MIDDLE NAME	LAST NAME
No data available in table			

+ Add Maiden Name, Other Alias, Nicknames

Provider Information

Many people did not need to complete the additional areas under Provider Information including:

- Enrollment Information
- Screen Risk Category Reason Code
- Enrollment Periods

Licenses/ Certifications/ Accreditations

- Select "Licenses/Certifications/Accreditations" on the left menu bar

NPI TAXONOMY INFORMATION ✓

SERVICES PROVIDED ○

PROVIDER INFORMATION ○

LICENSES/CERTIFICATIONS/ ACCREDITATIONS ○

DISCLOSURES ○

ACCOUNTING/BILLING INFORMATION ○

OWNERSHIP/CONTROLLING INTEREST ○

PROGRAMS ✓

PRACTICE LOCATION INFORMATION ✓

Licenses/Certifications/Accreditations

- Select "+Add Licenses/Certifications/Accreditations" to add your license(s)

Licenses/Certifications/Accreditations

Pending Change Request Number: **20045537**

See the Instructional Site for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
No data available in table							

+ Add Licenses/Certifications/Accreditations

Licenses/Certifications/Accreditations for Audiology License Entry

- You can do a <u>TDLR License Search</u> to identify your license number, effective date, and expiration date

Licenses/Certifications/Accreditations for Speech-Language Pathology License Entry

- You can do a **TDLR License Search** to identify your license number, effective date, and expiration date

LICENSE/CERTIFICATION/ACCREDITATION TYPE *

LICENSES

ISSUER*

Texas Department of Licensing and

NUMBER*

Enter the Number

Number is required.

TYPE*

SPEECH LANGUAGE PATHOLOGIST

EFFECTIVE DATE *

MM/DD/YYYY

Effective Date is required.

EXPIRATION DATE *

MM/DD/YYYY

Expiration Date is required.

LAST UPDATE DATE

MM/DD/YYYY

STATE ISSUER*

TX - Texas

Licenses/Certifications/Accreditations

- Select "+Add Licenses/Certifications/Accreditations" to add your certification(s)

See the Instructional Site for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
			No data available in table				

+ Add Licenses/Certifications/Accreditations

Licenses/Certifications/Accreditations

- You can do a <u>ASHA Verification Search</u> to identify your effective date, and expiration date

Disclosures

- Select "Disclosures" on the left menu bar

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

Disclosures

- Answer the questions regarding disclosures
- If you respond "Yes" to any question (excluding the last question regarding US citizenship), **you will need to provide supporting documentation through an attachment even if the system acts like it is optional**
- You will be prompted with a pop-up saying that you have select "yes" to one or more questions. To proceed you will need to select "Ok"

secure.tmhp.com says

You have selected Yes for one or more questions. Please provide relevant attachments if available. Do you want to proceed?

OK   Cancel

Accounting/Billing Information

- Select "Accounting/Billing Information" on the left menu bar

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/
ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING
INFORMATION

OWNERSHIP/CONTROLLING
INTEREST

PROGRAMS

PRACTICE LOCATION
INFORMATION

Accounting/Billing Information
Accounting/Billing Subsection

● Select "Accounting/Billing Information" in the left menu bar

Accounting/Billing Information
Accounting/Billing Subsection

- Select "+Add Accounting/Billing Information"

Accounting/Billing Information Accounting/Billing Subsection

Please note that subsections are included for the accounting/billing area. As you complete each section be sure to save and then access the other subsections by clicking on the area for those elements in the left menu bar.

Accounting/Billing Information
Accounting/Billing Subsection

- For this section, you may input your school information (we put central office address information)

Accounting/Billing Information
Accounting/Billing Subsection

- Select "No" when asked if you have a third party biller

Accounting/Billing Information
W-9 Subsection

- Select "W-9" in the left menu bar
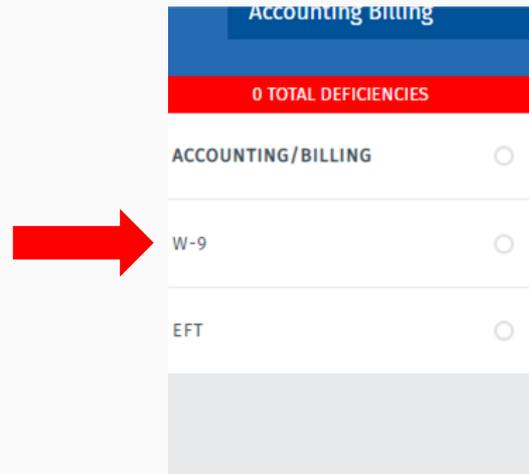
Accounting/Billing Information - W-9 Subsection

- Fill out the W-9 information
- Leave box 2 and 4 blank
- Select "Individual/sole proprietor or single member LLC"

Substitute Form W-9:
Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.*

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only One of the following seven boxes.*

☑ **Individual/sole proprietor or single-member LLC**

☐ **C Corporation**

☐ **S Corporation**

☐ **Partnership**

☐ **Trust/estate**

☐ **Limited Liability Company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership)**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ **Other(see instructions)** ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

Accounting/Billing Information - W-9 Subsection

- Enter your social security number in Part I Taxpayer Identification Number (TIN)

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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN).

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social Security Number

Or

Employer Identification Number

Accounting/Billing Information
W-9 Subsection

● You may select that you attest to the information

Part II   Certification

1. The number shown on this form is my correct taxpayer identification number; 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. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

☐ **Check here to 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.**

☑ **I attest this is what appears on my W-9.***

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Accounting/Billing Information
W-9 Subsection

- You may select "Private"

Public / Private

Public/Private Entities (required for all providers):

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

Are you a private or public entity?* ⬤ Private ◯ Public

Accounting/Billing Information
W-9 Subsection

- You may select "TX"
- You may select "No" to 501(c)(3) question

Additional Entity Information and Attachments

State of Entity's Formation

Do you have a 501(c)(3) Internal Revenue Exemption?

CHARTER NUMBER

TX - Texas

○ Yes ● No

Accounting/Billing Information
EFT Subsection

● Select "EFT" in the left menu bar
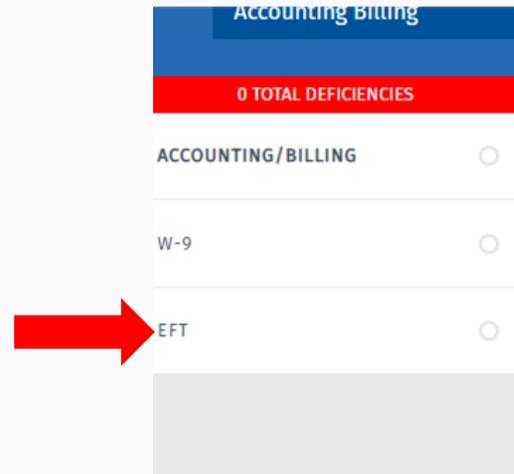
Accounting/Billing Information
EFT Subsection

- Select "EFT" in the left menu bar
- You may select "I do not wish to participate in the EFT Program."

Ownership/Controlling Interest

- Select "Ownership/Controlling Interest" on the left menu bar

Ownership/Controlling Interest

Answer the questions posed - for our school based professionals, it is likely that all questions will be answered "no"

- Please note that the questions related to staffing ask about changes in administrator, director of nursing, medical director, or principals - this is not referencing your school administrators. You may select "no"

Ownership/Controlling Interest

- Select "+Add Owner/Creditor/Principal"

Owners/Creditors/Principals

NAME/COMPANY NAME		SSN/TAX ID		DATE OF BIRTH		RELATIONSHIP END DATE		DRIVER'S LICENSE OR OTHER NUMBER		PERCENT OWNED		FINGERPRINT REQUIRED	
					No data available in table								

+ Add Owner/Creditor/Principal

Ownership/Controlling Interest

- You may insert your SSN if you filled out the W-9 in the Accounting/Billing Information

SSN or Tax ID Lookup

Using the SSN or Tax ID Number, search for an existing owner, principal, or creditor.

Enter SSN or Tax ID Number

Before manually entering all the information required to add a new owner, creditor or principal, use the above search to see if the person or entity already exists in the system. This will ensure minimum errors and redundancies.

Verify Information   Cancel

Ownership/Controlling Interest

- Select "Basic Information" in the left menu bar

BASIC INFORMATION ✓

ADDRESSES ○

HEALTHCARE LICENSES/ CERTIFICATIONS/ ACCREDITATIONS ○

EMPLOYMENT INFORMATION ○

RELATIONSHIP INFORMATION ○

DISCLOSURES ○
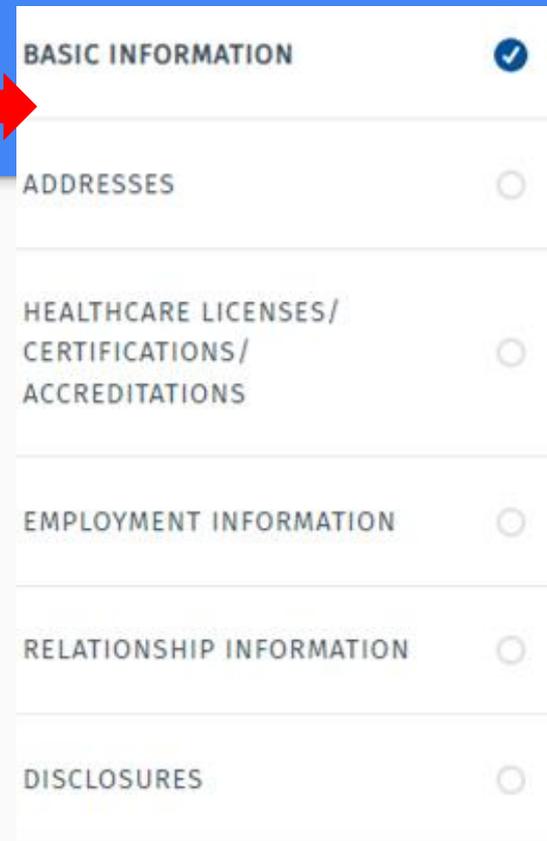
Ownership/Controlling Interest Basic Information Subsection

- You may select the following entries in the Basic Information section

Select person or entity*	● Person	○ Entity
Select principal or subcontractor*	● Principal	○ Subcontractor
What is the percentage(%) of ownership?*		100

Ownership/Controlling Interest Basic Information Subsection

- You may enter your personal information

Ownership/Controlling Interest Basic Information Subsection

You may leave this section blank

OWNER/CREDITOR/PRINCIPAL RELATIONSHIP END DATE

MM/DD/YYYY

REASON RELATIONSHIP ENDED

REASON RELATIONSHIP ENDED

Save

Ownership/Controlling Interest

Select "Addresses" in the left menu bar.

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/
CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES
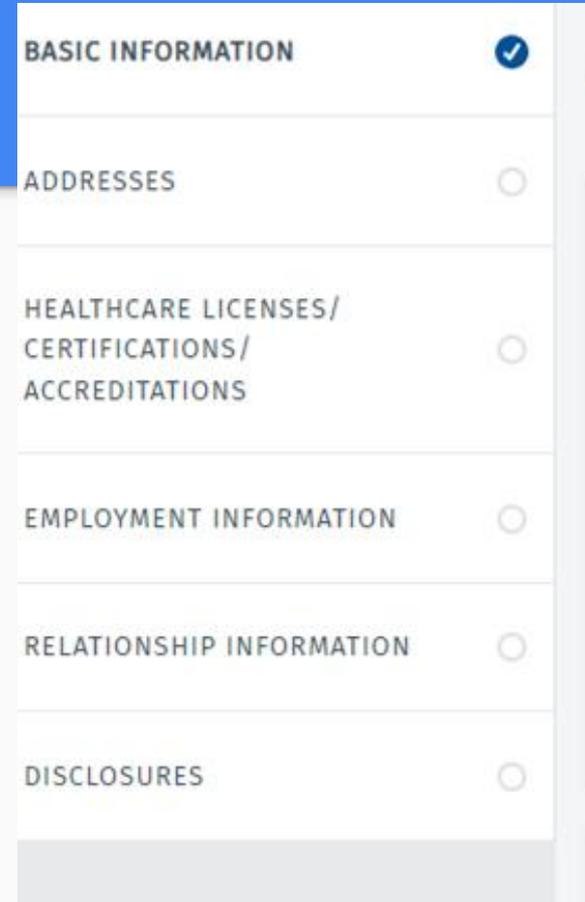
Ownership/Controlling Interest Addresses Subsection

- Enter your address
- Select Verify
- Checkmark "Continue with address entered"
- Checkmark "Same as Physical Address"

Ownership/Controlling Interest

- Select "Healthcare Licenses/Certifications/Accreditations/" in the left menu bar.
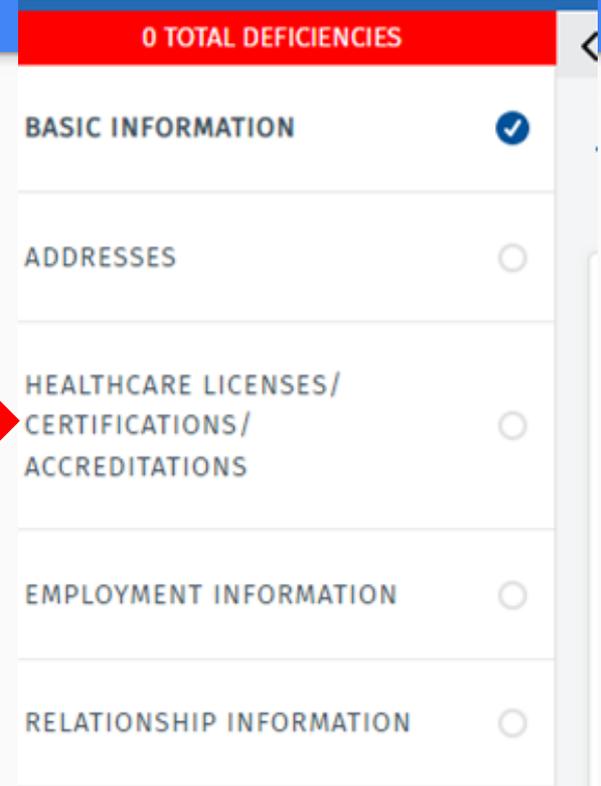
0 TOTAL DEFICIENCIES

BASIC INFORMATION ✓

ADDRESSES ○

HEALTHCARE LICENSES/ CERTIFICATIONS/ ACCREDITATIONS ○

EMPLOYMENT INFORMATION ○

RELATIONSHIP INFORMATION ○

Ownership/Controlling Interest, Healthcare License/Certifications/Accreditations Subsection

- Select "yes" for the following question, then "+Add Healthcare Licenses/Certifications/Accreditations"

Ownership/Controlling Interest Healthcare License/Certifications/Accreditations Subsection for Audiologists

- You may enter your license information

LICENSE/CERTIFICATION/ACCREDITATION TYPE *

LICENSES

ISSUER*

Texas Department of Licensing and

NUMBER*

[redacted]

TYPE*

AUDIOLOGIST

EFFECTIVE DATE *

MM/DD/YYYY

Effective Date is required.

EXPIRATION DATE *

MM/DD/YYYY

Expiration Date is required.

LAST UPDATE DATE

MM/DD/YYYY

STATE ISSUER*

TX - Texas

Ownership/Controlling Interest Healthcare License/Certifications/Accreditations Subsection for SLPs

- You may enter your license information

LICENSE/CERTIFICATION/ACCREDITATION TYPE *

LICENSES

ISSUER *

Texas Department of Licensing and

NUMBER *

Enter the Number

Number is required.

TYPE *

SPEECH LANGUAGE PATHOLOGIST

EFFECTIVE DATE *

MM/DD/YYYY

Effective Date is required.

EXPIRATION DATE *

MM/DD/YYYY

Expiration Date is required.

LAST UPDATE DATE

MM/DD/YYYY

STATE ISSUER *

TX - Texas

Ownership/Controlling Interest, Healthcare License/Certifications/Accreditations Subsection

- Select "+Add Healthcare Licenses/Certifications/Accreditations" to add ASHA Certification information

Do you have a professional license?*   ● Yes   ○ No

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
No data available in table							

+ Add Healthcare Licenses/Certifications/Accreditations

Save

Ownership/Controlling Interest Healthcare License/Certifications/Accreditations Subsection

- You may enter your certification information

Ownership/Controlling Interest Healthcare License/Certifications/Accreditations Subsection

- This "recent licenses only" checkbox may pop up after adding in license/certifications to the application. You may check the box and save.

Do you have a professional license?* ◉ Yes ○ No

☐ Recent Licenses Only

Ownership/Controlling Interest

Select "Employment Information" in the left menu bar.

BASIC INFORMATION ✓

ADDRESSES ○

HEALTHCARE LICENSES/
CERTIFICATIONS/
ACCREDITATIONS ○

→ EMPLOYMENT INFORMATION ○

RELATIONSHIP INFORMATION ○

DISCLOSURES ○
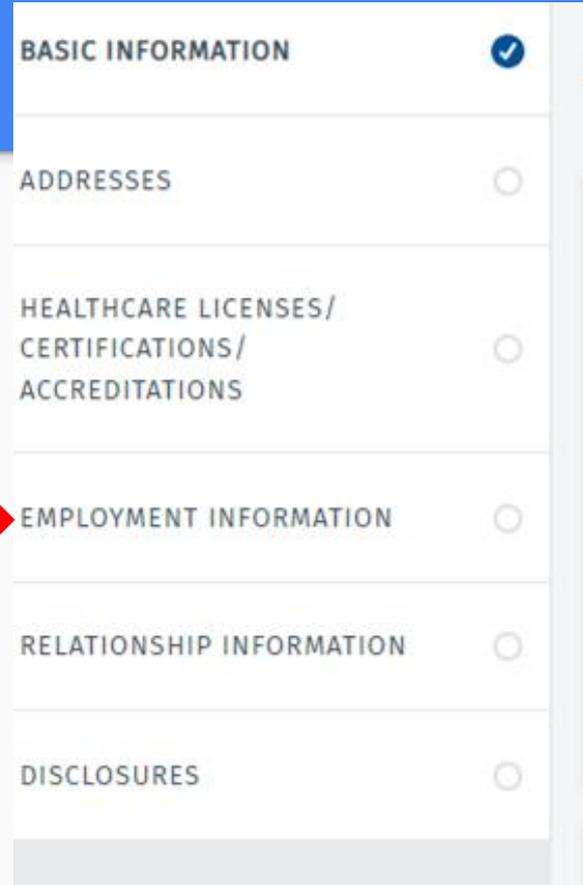
Ownership/Controlling Interest Employment Information Subsection

- You may enter your employment information

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

Speech Language Pathologist

YOUR DUTIES TO THE PROVIDER ORGANIZATION *

SLP

YOUR ROLE IN THE PROVIDER ORGANIZATION *

Employee

ROLE EFFECTIVE START DATE *

📅 08/13/2021

END DATE

📅 MM/DD/YYYY

+ Add Job Role

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

nfo/ViewLicenseInfomation

Ownership/Controlling Interest

Select "Relationship Information" in the left menu bar.

BASIC INFORMATION ✓

ADDRESSES ○

HEALTHCARE LICENSES/ CERTIFICATIONS/ ACCREDITATIONS ○

EMPLOYMENT INFORMATION ○

RELATIONSHIP INFORMATION ○

DISCLOSURES ○
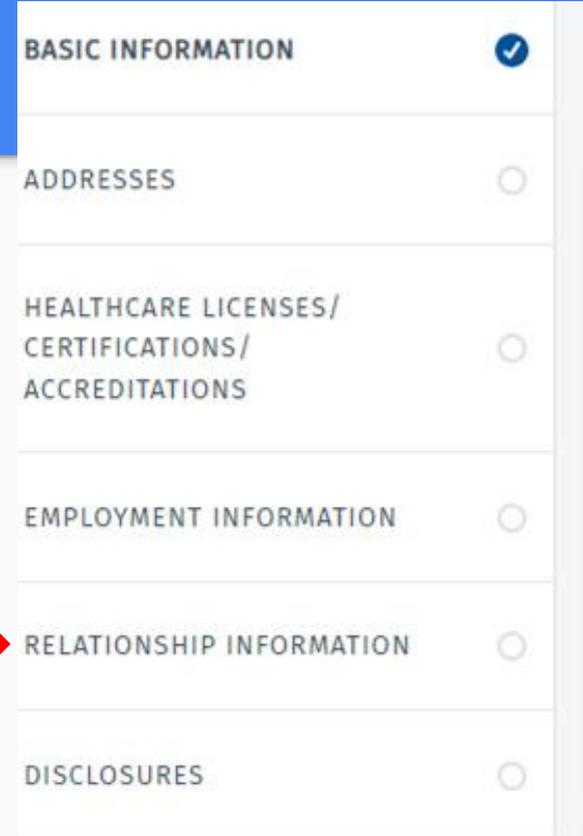
Ownership/Controlling Interest Relationship Information Subsection 1 relationship

- If you only support one organization that bills for Medicaid you may select "no" to the question about a relationship with a separate provider.

Do you have a relationship with a separate provider? *   ○ Yes   ● No

Ownership/Controlling Interest Relationship Information Subsection 2+ relationships

- If you only support more than 1 organization that bills for Medicaid you may select "yes" to the question about a relationship with a separate provider and further information will be collected.

Do you have a relationship with a separate provider? *   ● Yes   ○ No

NPI

Enter NPI

PROVIDER NAME

Enter Provider Name

ADDRESS (NUMBER, STREET, AND APT.OR SUITE NO.)

Enter Address

CITY

Enter City

STATE

Select One

START DATE

MM/DD/YYYY

END DATE

MM/DD/YYYY

Remove

Ownership/Controlling Interest

Select "Disclosures" in the left menu bar.

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/
CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION
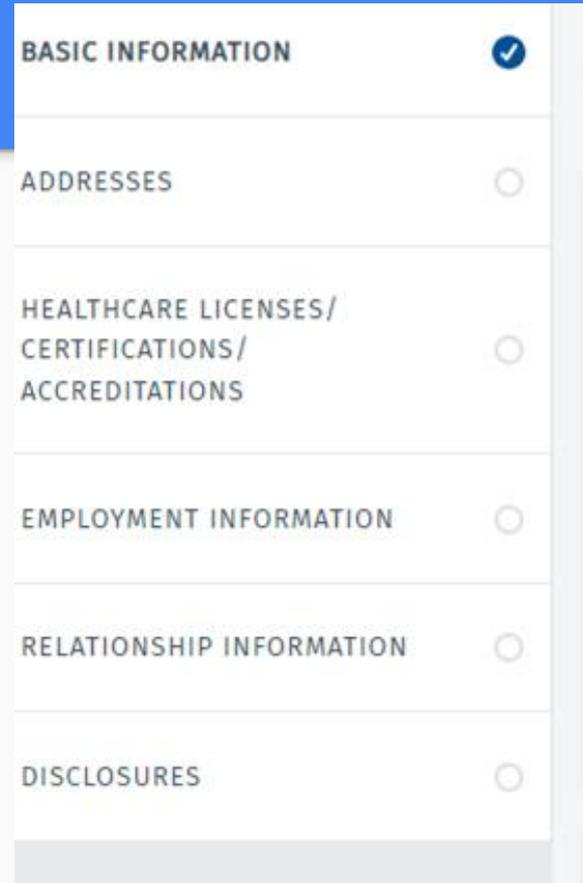
DISCLOSURES

Ownership/Controlling Interest Disclosures Subsection

- Answer the questions regarding disclosures
- If you respond "Yes" to any question (excluding the last question regarding US citizenship), **you will need to provide supporting documentation through an attachment even if the system acts like it is optional**
- You will be prompted with a pop-up saying that you have select "yes" to one or more questions. To proceed you will need to select "Ok"

secure.tmhp.com says

You have selected Yes for one or more questions. Please provide relevant attachments if available. Do you want to proceed?

OK   Cancel

Ownership/Controlling Interest

After completing Disclosures page, select the arrow next to your name to navigate back to the main menu.

Ownership/Controlling Interest
Add Authorized Signatory

- Within Ownership/Controlling of Interest, scroll down to "Designation of Authorized Individuals"
- Select "+Add Authorized Signatory"

Ownership/Controlling Interest
Add Authorized Signatory

- Select your name in the drop down box
- Enter your email in the "email address" box

Programs

- Select "Programs" on the left menu bar

Programs
For Audiologists

- Audiologists will select "yes" to Acute Care-Fee-for-Service and "no" for all other options.

Acute Care-Fee-for-Service*   ● Yes   ○ No

Programs
For SLPs

- SLPs will select "yes" to Acute Care - Comprehensive Care Program (CCP) and "no" for all other options.

Acute Care - Comprehensive Care Program (CCP)*   ⦿ Yes   ◯ No

Practice Location Information

- Select "Practice Location" on the left menu bar

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

Practice Location Information

- Select the ellipsis symbol to input information for Practice Location if an option is pre-populated for you OR select "+Add Practice Location"
- Your type should be "Individual"

Billing Practice Locations

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION	
▮▮▮▮▮▮▮▮▮	Individual	▮▮▮▮▮▮▮▮▮	Pending Change	ADDED	•••

+ Add Practice Location

Practice Locations Information

Select "Programs and Services Participation" in the left menu bar.

BASIC INFORMATION ✓

PROGRAMS AND SERVICES PARTICIPATION ○

DEMOGRAPHICS ○

MANAGING EMPLOYEES ○

MAILING/CONTACT ADDRESSES ○
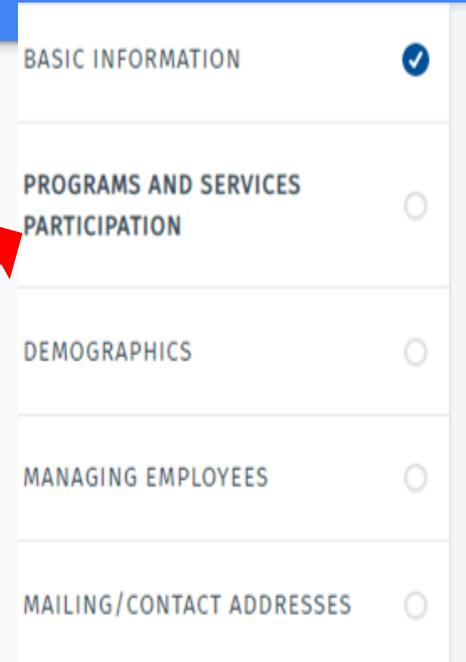
Practice Locations Information
Programs and Services Participation Subsection

- Select the ellipsis symbol to input information for Practice Location if an option is pre-populated for you OR select "+Add Program and Service Participation"

PRIMARY TAXONOMY	PROGRAM	BENEFIT CODE	STATUS	EFFECTIVE DATES	REQUEST ACTION	
235Z00000X	Acute Care - Comprehensive Care Program (CCP)		PENDINGENROLLMENT	07/25/2022 - Present	ADDED	•••

+ Add Program and Service Participation

Practice Locations Information
Programs and Services Participation Subsection

- Audiologists will select the Acute Care-Fee-for-Service
- SLPs will select the Acute Care - Comprehensive Care Program (CCP)

SELECT A PROGRAM. *

Acute Care - Comprehensive Care Program (CCP)

RETROACTIVE CLAIM DATE

Practice Locations Information
Programs and Services Participation Subsection
for Audiologists

You may select the following options to complete this section for Audiologists

Services Provided

PRIMARY TAXONOMY *

231H00000X

PROVIDER TYPE *

Audiologist

PROVIDER SPECIALTY *

Audiologist

PROVIDER SUBSPECIALTY *

N/A

BENEFIT CODE

Select One

SECONDARY TAXONOMY

Select One

Practice Locations Information
Programs and Services Participation Subsection
for SLPs

You may select the following options to complete this section for SLPs

Services Provided

PRIMARY TAXONOMY *
```
235Z00000X
```

PROVIDER TYPE *
```
Speech-Language Pathologist (SLP)
```

PROVIDER SPECIALTY *
```
Speech Therapy (CCP)
```

PROVIDER SUBSPECIALTY *
```
N/A
```

BENEFIT CODE
```
CCP - CCP
```

SECONDARY TAXONOMY
```
Select One
```

Practice Locations Information
Programs and Services Participation Subsection

- You may add or select your pre-populated license and certification information from the drop down

Practice Locations Information
Programs and Services Participation Subsection

- You may input the following demographic selections
- Select your TIN or SSN in the dropdown

Demographics

PATIENT GENDER LIMITATIONS *
All

PATIENT AGE LIMITATIONS – START *
0

PATIENT AGE LIMITATIONS – END *
21

ACCEPTING PATIENTS *
Accepting New Patients

Tax Payer Identification Number (TIN)

Tax Payer Identification Number (TIN) *
Select One

Tax Payer Identification Number (TIN) is required.

Practice Locations Information Programs and Services Participation - For Audiologists

- Answer the following program specific questions

Program Specific Questions

Are you using a Medicare certification number for this location?* ○ Yes ● No

☑ I understand that the services that are provided to Medicare-eligible clients cannot be billed to Medicaid unless Medicare is billed first. If the services are not billed to Medicare first, Medicaid may recoup payments for the services. I also understand that I cannot bill the client for these services.

MEDICARE WAIVER REQUEST*

If you are eligible to request a Medicare Waiver, choose one of the folowing and continue with the application

☑ I certify my practice is limited to individuals' birth through 20 years of age. I understand if Medicare certification is obtained during or after the completion of the Texas State Health-Care Programs enrollment application, I will be required. to submit a new enrollment application listing this Medicare certification information. Performing providers cannot request a Medicare Waiver when joining a group that is Medicare enrolled.

☐ I certify that the service(s) I render is/are not recognized by Medicare for reimbursement. I further certify the claims for these services will not be billed to Medicare (this includes Medicare crossover claims). I understand if Medicare certification is obtained during or after the completion of the Texas State Health-Care Programs enrollment application, I will be required. to submit a new enrollment application listing this Medicare certification information. Performing providers cannot request a Medicare Waiver when joining a group that is Medicare enrolled.

In the box below, explain and justify your reasons for making a Medicare Waiver Request.*

SHARS does not bill Medicare services

Practice Locations Information
Programs and Services Participation
For SLPS

- Answer the following program specific questions

Program Specific Questions

Do you offer telehealth services?*	◉ Yes	○ No
Do you offer telemedicine services?*	○ Yes	◉ No
Do you provide hearing services for children?*	○ Yes	◉ No
Are you an Urgent Care Center?*	○ Yes	◉ No

Practice Locations Information
Programs and Services Participation

- Make a selection regarding Healthy Texas Women services

Healthy Texas Women

Will you provide HTW services, HTW plus services, or both at this location?

HTW offers women's health and family planning services, including cancer screenings, testing/treatment for infections, and birth control.

HTW plus covers testing and treatment for cardiovascular and coronary conditions, as well as treatment for behavioral health conditions for recently pregnant women.

If you provide HTW or HTW plus services at this location, do you want to be included in online provider lookup tools?

HTW clients use these tools to find HTW providers. If you select 'Yes', your address and contact information will be made available on the HTW Online Provider Lookup and the Texas Medicaid Provider Online Lookup. Please be sure this information is up-to-date.

○ Yes, I attest that I provide HTW or HTW Plus services at this physical location and want this location included in online provider lookup tools.

● No, I do not provide HTW or HTW Plus services at this location and do not wish for this location included in online provider lookup tools.

Practice Locations Information Programs and Services Participation

Select "Demographics" in the left menu bar.

BASIC INFORMATION ✓

PROGRAMS AND SERVICES PARTICIPATION ○

DEMOGRAPHICS ○

MANAGING EMPLOYEES ○

MAILING/CONTACT ADDRESSES ○
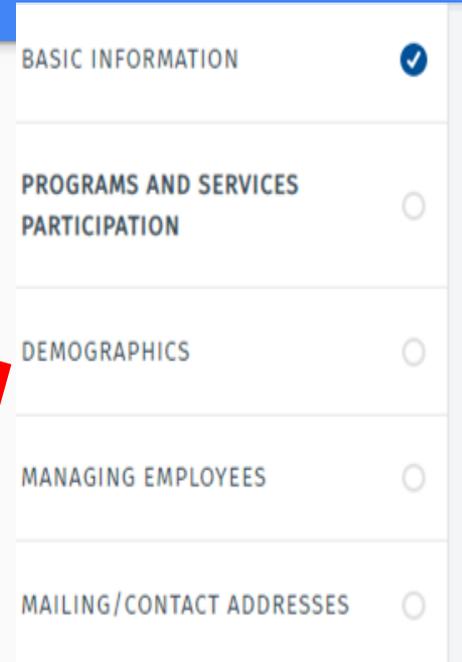
Practice Locations Information Demographics Subsection

- You may input Office Hours

Service Information

COUNTIES SERVED *

▮▮▮▮▮▮

ADDITIONAL LANGUAGE

Select Language

Office Hours

Monday*

7:00 AM — 5:00 PM ☐ Closed   Apply To All

Tuesday*

7:00 AM — 5:00 PM ☐ Closed

Wednesday*

7:00 AM — 5:00 PM ☐ Closed

Practice Locations Information

Select "Managing Employees" in the left menu bar.

BASIC INFORMATION

PROGRAMS AND SERVICES PARTICIPATION

DEMOGRAPHICS

MANAGING EMPLOYEES

MAILING/CONTACT ADDRESSES

Practice Locations Information Managing Employees Subsection

- Select "+ Add Managing Employee Association"

Managing Employees

Pending Change Request Number: **20045537**

NAME	ROLE	SOCIAL SECURITY NUMBER	START DATE AT THIS LOCATION	
No data available in table				

+ Add Managing Employee Association

Practice Locations Information Managing Employees Subsection

- Select the appropriate employee (yourself) and your role

Practice Locations Information

Select "Mailing/Contact Addresses" in the left menu bar.

BASIC INFORMATION ✓

PROGRAMS AND SERVICES PARTICIPATION ○

DEMOGRAPHICS ○

MANAGING EMPLOYEES ○

MAILING/CONTACT ADDRESSES ○

Practice Locations Information Mailing/Contact Addresses Subsection

- Select "+ Add Mailing/Contract Addresses"
- Input your address information

Practice Locations Information Mailing/Contact Addresses Subsection

- Input your contact phone number

Address could not be found or was invalid

[Verify Address]

☑ Continue with address entered

PHONE NUMBER *	EXT.	FAX NUMBER
Phone Number	Phone Number Extension	Fax Number

Phone Number is required.

Practice Locations Information Mailing/Contact Addresses Subsection

- Select "Provider"
- Insert your email address, first name, and school district

Application Fee

- Please note that this type of application does not require an application fee so you will not have a completed check mark for the "Application Fee" section

Attachments

- You may be prompted to include pertinent attachments based on your previous selection within the application.
- For some applications, the attachments section will automatically be checked.

Agreements

- Select the ellipsis symbol
- Select "Select Authorized Signatory"

Agreements

- Enter the email address that you want the form to be received.
- Select Activate Agreement

Add Authorized Signatory

NAME OF AUTHORIZED SIGNATORY *

EMAIL ADDRESS *

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

Activate Agreement   Cancel

Agreements

- An email will be sent to the address you input with a link that is password protected with the last 4 digits of your social security number
- Once you enter your password, you will access a HHSC Provider Agreement form to review and sign
- Once you sign, you will need to return to the application within the PEMS system, refresh the agreements page. The status of your form should change to "signed"

Agreements

- When the system realizes that you have filled out all sections and have signed the HHSC Provider Agreement, you should be able to "Submit" your enrollment application (Please note that this type of application does not require an application fee so you will not have a completed check mark for the "Application Fee" section)

Last notes:

- You can verify the status of your application by returning to the home page of the PEMS site and clicking on Requests
- The example below shows an application in review status. Some applicants are contacted by TMHP to make edits/updates to their application before they are enrolled.
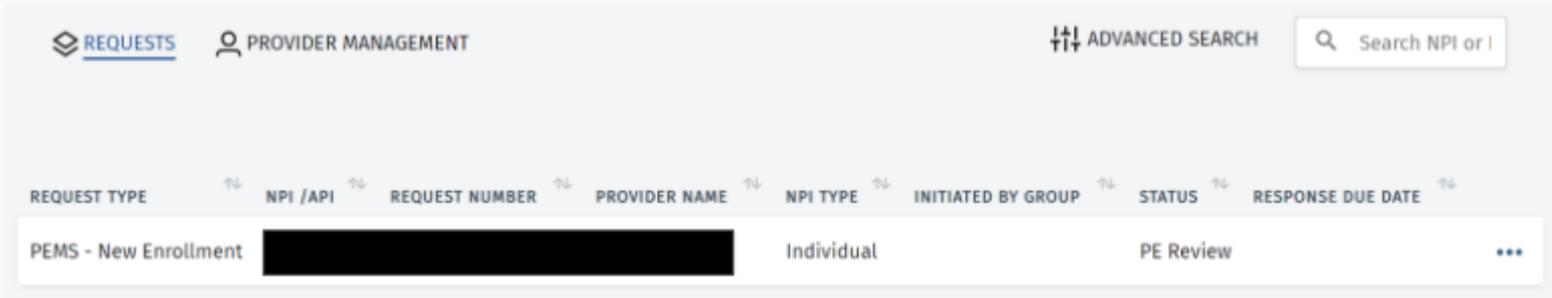
REQUEST TYPE	NPI /API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PEMS - New Enrollment	████████████████			Individual		PE Review	•••

Last notes:

- You can verify the status of your application by returning to the home page of the PEMS site and clicking on "Requests"
- The example below shows an application that has been enrolled.

REQUEST TYPE	NPI /API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE	
PEMS – New Enrollment				Individual		Closed - Enrolled		•••

Re-validation information

- Information to come

Resources

SHARS Provider Handbook – Nov. 2021 - www.tmph.com

Texas Medicaid Provider Enrollment Questions – 800-925-9126 (option 3)
Provider.relations@TMPH.com

Enrollment as Texas Medicaid Provider – tmph.com/topics/provider-enrollment

NPI Application Process – 800-465-3203, https://npiregistry.cms.hhs.gov/
Customerservice@npinumeratpr.com

HHSC SHARS policy inquiries – MedicaidBenefitRequest@hhsc.state.tx.us
HHSC SHARS reimbursement inquiries – ProviderFinanceSHARS@hhs,texas.gov

Texas Medicare and Healthcare Partnership (TMHP) SHARS provider enrollment inquiries – ProviderEnrollmentStateCommunications@tmhp.com

All other TMPH SHARS provider related inquires to Provider.Relations@tmph.com

Contact Information–If you decide to provide these.

Questions about CE trainings - staff@txsha.org

Dalan Gore - dalan.gore@austinisd.org

Issues?

If you have issues with the Medicaid enrollment process, please contact TMHP provider relations

1 800-925-9126 (option 3 is provider enrollment)
provider.relations@tmhp.com