

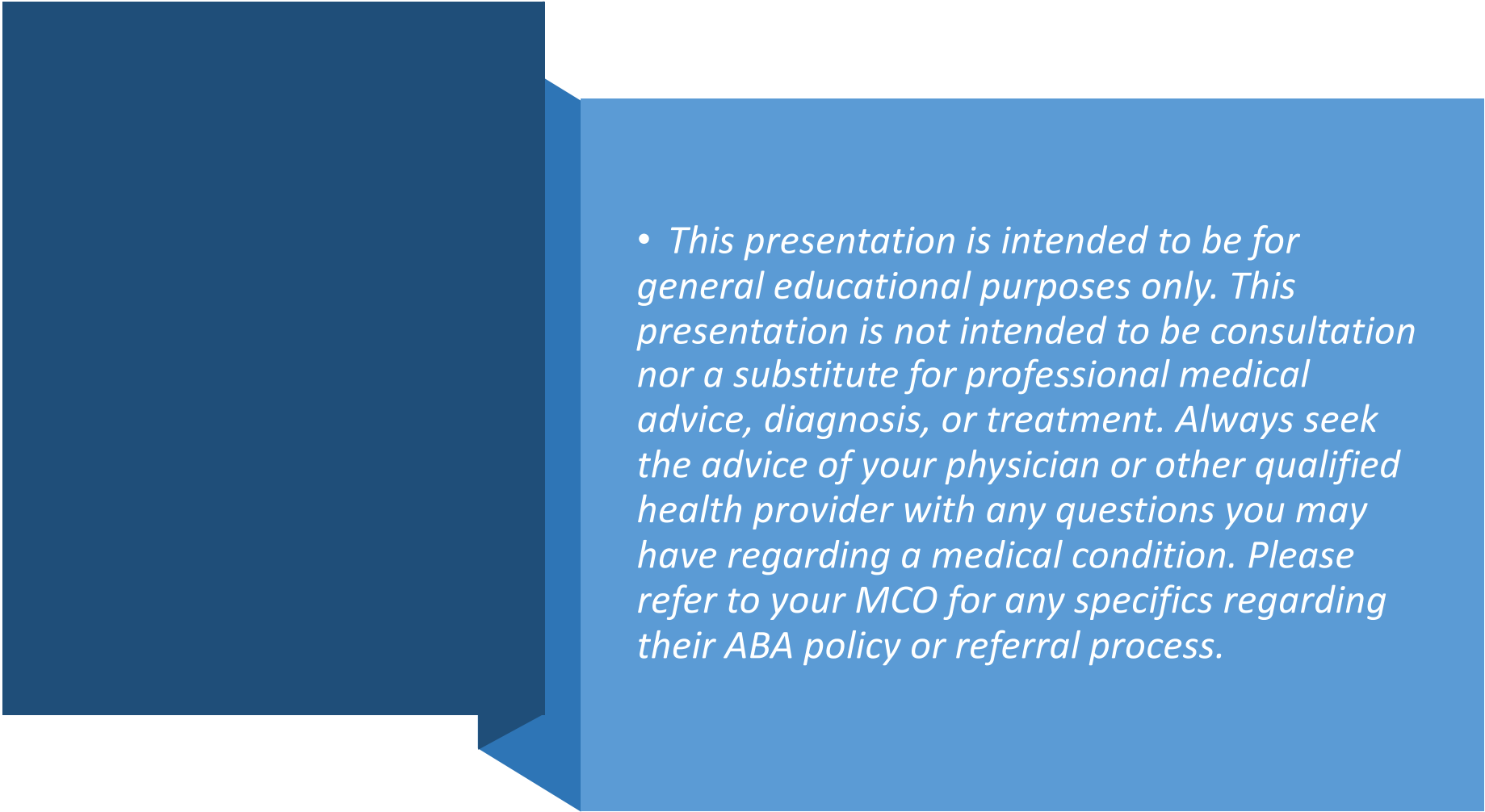
# Texas Medicaid ABA Services Provider Update

PRESENTED BY



Monday | August 8, 2022 | 12:00 - 1:30 pm Central





- *This presentation is intended to be for general educational purposes only. This presentation is not intended to be consultation nor a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Please refer to your MCO for any specifics regarding their ABA policy or referral process.*

# Stay Connected

- TxABA Public Policy Group
  - <https://behavioranalysispu.wixsite.com/txabappg>
- Council for Autism Service Providers (CASP)
  - <https://casproviders.org>
- TxABA
  - <https://txaba.org/>

Texas Medicaid & Healthcare Partnership (TMHP)

Presents

# Licensed Behavior Analyst Enrollment



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

# Topics

- Enrolling a LBA Group or Individual Provider
- Submitting updates for an Enrollment Record
- Enrolling a Performing Provider
- Adding a Practice Location (Handout)
- W-9 Attachments (Handout)



# Enrolling a LBA Group or Individual Provider



Verify the NPI is not enrolled using the PEMS Dashboard.

**PROVIDER MANAGEMENT**

REQUESTS **PROVIDER MANAGEMENT** LETTERS Reports

1427719206

NPI (API)	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	RENEWAL/DUE DATE	STATUS
No data available in table					



To enroll a new group, you would click the Start New Enrollment Button

The screenshot displays the 'PROVIDER MANAGEMENT' section of the TMHP website. At the top right, there is a navigation bar with the text 'pmsprovideradmin', a red button labeled 'Start New Enrollment', and another red button labeled 'View Help'. An arrow points from the text above to the 'Start New Enrollment' button. Below the navigation bar, the page title 'PROVIDER MANAGEMENT' is visible. There are two tabs: 'REQUESTS' and 'PROVIDER MANAGEMENT', with the latter being selected. A search bar is located on the right side. Below the search bar is a table with the following columns: 'NPI ID', 'PROVIDER / ORGANIZATION NAME', 'NPI TYPE', 'TAX ID / EIN', 'REVALUATION END DATE', and 'STATUS'. The table contains two rows of data, with some cells redacted by black boxes.

NPI ID	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / EIN	REVALUATION END DATE	STATUS
[REDACTED]	[REDACTED]	Organization	[REDACTED]	04/15/2021	Approved
[REDACTED]	[REDACTED]	Organization	[REDACTED]	01/31/2021	Approved



After reviewing the Basic Instructions select “Continue”.

Group Admins Enrolling Performing Provider Instructions

Groups may add performing providers through a group-initiated request for enrollment by following these instructions:

- 1) Click Cancel to navigate back to the PEMS Dashboard.
- 2) Search for the appropriate Group NPI/API from the PEMS Dashboard.
- 3) Click the Ellipsis [...] and then View to open the Enrollment Record.
- 4) Navigate to the Practice Location Information page using the left navigation. Scroll to the bottom of the page and click **+Add Performing Provider** button.
- 5) A pop-up will display. Enter the performing provider's National Provider Identifier (NPI) and answer a few more questions.
- 6) After completion of the pop-up window, a new group-initiated request will be started to add the performing provider to the group.
- 7) Complete and submit the request.

Continue

Cancel



To Begin, Please Choose your Enrollment/Registration

Enroll as a Provider with an Existing National Provider Identifier

Enroll as an Atypical Provider

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

NATIONAL PROVIDER IDENTIFIER (NPI)

1427719269

Validate

If you are trying to update the enrollment record then go to Provider Profile [Provider Management](#) section

Verify NPPES Information

NAME

NPI Number

1427719269

SOLE PROPRIETOR

NO

NPI TYPE

Organization

STATUS

Active

Select the top choice, “Enroll as a Provider with an Existing National Provider Identifier”.

Enter the NPI and click Validate.

This will pull the Name, NPI Type, and Status directly from the National Plan and Provider Enumeration System (NPPES) system.



Below the NPI information a Change of Ownership (CHOW) question will populate. For this example, we'll select "No". Check the box, "I have read and agree to the Texas privacy statement and laws", and then click "Begin Enrollment/Registration" below.

### Change of Ownership

ARE YOU SEEKING ENROLLMENT DUE TO A CHANGE OF OWNERSHIP (CHOW)?\*

Yes

No

Please review the 'Texas privacy statement' found below in a hyperlink and click the checkbox to conform you have read and agreed to the statement and laws.

Once these steps have been completed, please select the 'Begin Enrollment/Registration' Button to proceed with your enrollment.

I have read and agree to the [Texas privacy statement](#) and laws.

Begin Enrollment / Registration

Cancel





This will open the newly created enrollment application. The request number for the enrollment request is in the upper-right corner.

Start with the “**Provider Information**” tab. Enter the:

- Organization Name (as shown on your income tax return)
- Email Address

### Basic Information

NAME (as shown on your income tax return) \*

New Enrollment

DOING BUSINESS AS

Enter Doing Business As

PRIMARY EMAIL ADDRESS \*

John.smith@gmail.com

PRIMARY EMAIL STATUS

Verified

SECONDARY EMAIL ADDRESS

Enter Secondary E-Mail

SECONDARY EMAIL STATUS

### Enrollment Information

ENROLLMENT STATUS

Enrolled

REVALIDATION DUE DATE \*

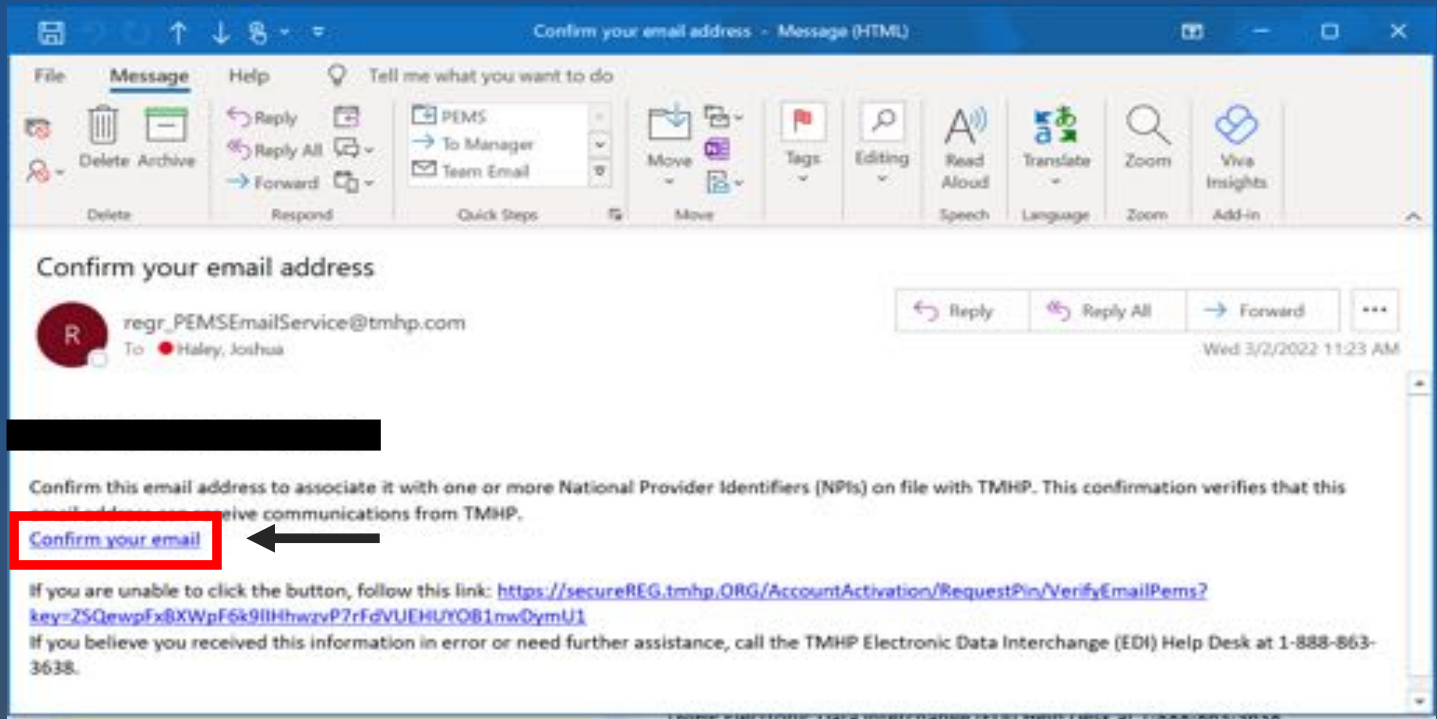


08/13/2022

Screen risk category

Limited





Confirm  
your email





## Success!

Your email has been successfully confirmed.

Select where you would like to go from the options presented below:

[My Account](#)

[Create a New Account](#)

[TMHP.com](#)



## License/Certification/Accreditations tab

Initiated by [REDACTED]

Account Settings Save Draft

**1 Total Licenses**

- ALL INFORMATION ON LICENSES
- SERVICES PROVIDED
- PROVIDER INFORMATION
- LICENSES/CERTIFICATIONS/ACCREDITATIONS**
- EXPIRES
- PRACTICE LOCATION INFORMATION
- ATTACHMENTS
- ADDRESS

### Licenses/Certifications/Accreditations

Pending Change Request Number: 2000207

Recent Licenses Only

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

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
LICENSES	Texas Medical Board	[REDACTED]					2000207

+ Add License/Certification/Accreditation

Open

Need help with License Information? [View Instructions](#)



PERSONAL INFORMATION

LICENSES/CERTIFICATIONS/  
ACCREDITATIONS

**DISCLOSURES**

PHYSICIAN LOCATION INFORMATION

DETAILS

WORKSHEET

"Sanction" is defined as revocation, payment hold, imposition of penalties or damages, contract cancellations, exclusions, debarment, suspension, revocation, or any other disciplinary action.

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

Yes

No

DATE (Approximate Date Received) \*



MM/DD/YYYY

DATE WHEN THE INCIDENT OCCURRED \*

Select State



Enter Program

PROGRAM AFFECTED \*

AGENCY THROUGH THE ACTION \*

Enter Agency

ACTION TAKEN \*

Enter Action Taken

If disclosure is for a prior exclusion, provide documentation from DO. Attach to this page.

EXPLANATION/DETAILS \*

Please provide a detailed explanation and attach all relevant documentation. If documentation is not available, please explain why and where it can be obtained.

Answer the Yes or No questions in the **Disclosures** tab.



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The **Accounting/Billing Information** tab has three tabs within this section that need to be completed.

- Accounting/Billing
- W-9
- EFT

The screenshot shows a web form titled "ACCOUNTING/BILLING INFORMATION" with a "Pending Change Request Number: 20004323" in the top right. The form contains several input fields for contact and address information. A red box highlights the "ACCOUNTING/BILLING" tab in the left sidebar. Another red box highlights the "EFT" field in the sidebar. A third red box highlights the "CONTACT PHONE NUMBER" field, which contains the value "325067000".

CONTACT - FIRST NAME *	CONTACT - MIDDLE NAME	CONTACT - LAST NAME *
John	Enter Middle Name	Haley

ADDRESS LINE 1 *	ADDRESS LINE 2	CITY *
12345 State Street Hwy	Enter Street Address 2	Austin

COUNTY *	ZIP CODE *	ZIP CODE 4+
TX - Texas	78707	78707

Address has been verified [Click to change address](#)

CONTACT PHONE NUMBER *	FAX	CONTACT FAX NUMBER
325067000	Enter Extension	Enter Fax Number

DO YOU HAVE A THIRD PARTY BILLER?  Yes  No

Is the Third Party Biller A company or individual?  Entity  Individual  
Is the Third Party Biller A company or individual is required

TAX ID NUMBER\*  
Enter Tax ID Number  
Tax ID Number is required

BILLING AGENT - ADDRESS LINE 1\*  
Enter Billing Agent Address Line 1

BILLING AGENT - ADDRESS LINE 2  
Enter Billing Agent Address Line 2

BILLING AGENT - CITY\*  
Enter Billing Agent City

BILLING AGENT - STATE\*  
Select One

BILLING AGENT - ZIP CODE\*  
Enter Billing Agent Zip/Postal Code

BILLING AGENT - ZIP CODE +4  
Enter Billing Agent Zip Extension

Verify Address

CONTACT PHONE NUMBER\*  
Enter Phone Number  
Phone Number is required

EXT.  
Enter Extension

COMMENTS

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

Save

Add the Third-Party biller, if you have one, at the bottom of the Accounting/Billing tab, by selecting “Yes” to this question.



## Complete the **W-9** tab, by entering the name of the Group or Individual and selecting the Federal Tax Classification

The screenshot shows a mobile application interface for completing a W-9 form. On the left, a sidebar menu lists various tabs: ACCOUNTING/BILLING, W-9 (highlighted with a red box), and (T). The main content area displays the 'Substitute Form W-9: Taxpayer Identification Number and Certification'. At the top right, it shows 'Pending Change Request Number: 20068563'. Below the title, there is a link to 'Go to www.irs.gov/FormW9 for instructions and the latest information.' The form fields are as follows:

- Line 1: Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. (This field is highlighted with a red box.)
- Line 2: 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
  - Partnership
  - Limited Liability Company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership)
  - C Corporation
  - S Corporation
  - Trust/estate
- Line 3: Exempt person code (if any)
- Line 4: Exempt from FATCA reporting code (if any)

Additional text at the bottom of the form states: '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.'

Enter the EIN for the group and check the box that indicates that information entered is what is located on the W-9.

**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 1, later. For other entities, it is your employer identification number (EIN).

**Social Security Number**

Please enter valid Social Security Number(SSN) Or Employer Identification Number(EIN) Or Employer Identification Number

**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.\*

## Public / Private

**Public/Private Entities** (required for all providers):

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

Are you a private or public entity?\*

Private

Public

## Additional Entity Information and Attachments

State of Entity's Formation


TX - Texas

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

Yes  No

CHARTER NUMBER

ATTACHMENTS

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

Save

- Select whether you are a Private or Public Entity
- Select the State of Entity's Formation
- Indicate whether you are 501(c)3
- If the Charter Number is indicating it's required, put N/A in this field.
- Attach required documents and click Save on the bottom.



In the **EFT** tab complete the required fields and enter the banking information.

**Financial Institution Information**

FINANCIAL INSTITUTION NAME\*

Enter Financial Institution Name

ACCOUNT NUMBER\*      ROUTING NUMBER\*      TYPE OF ACCOUNT\*

Enter Account Number      Enter Routing Number      Select One

ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER\*

PROVIDER TAX IDENTIFICATION NUMBER      NATIONAL PROVIDER ID (NPI)

741548089       1467756247

Go to the **Ownership/Controlling Interest** tab and answer the Yes/No questions within this section.

The screenshot shows a web interface with a sidebar on the left containing a list of tabs: SERVICES PROVIDED, PROVIDER INFORMATION, LICENSES/CERTIFICATIONS/ACCREDITATIONS, DISCLOSURES, ACCOUNTING/BILLING INFORMATION, **OWNERSHIP/CONTROLLING INTEREST** (highlighted with a red box), PROGRAMS, PRACTICE LOCATION INFORMATION, APPLICATION FEE, and ATTACHMENTS. The main content area is divided into two sections: 'Controlling Interest' and 'Ownership'. The 'Controlling Interest' section contains two questions with radio button options for 'Yes' and 'No': 'Do you currently have a creditor with a security interest in a debt that is owed by you?' and 'Is the creditor(s) security interest protected by at least 5 percent of your property?'. The 'Ownership' section contains definitions for 'Ownership interest', 'Person', and 'Change of Ownership', followed by a question: 'Has there been any changes of ownership or control within the past 5 years as defined in 42 CFR §489.58? If yes, give date(s), Entity Name, and Explanation?' with 'Yes' and 'No' radio button options.



Scroll down and click the Add Owner/Creditor/Principal button to add a principal(s).

NAME/COMPANY NAME	SSN/TAX ID	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER NUMBER	PERCENT OWNED	FINGERPRINT REQUIRED
No data available in table					
<a href="#">+ Add Owner/Creditor/Principal</a>					

To open the principal information section enter the SSN or TIN of the person or entity that you are going to add.

### SSN or Tax ID Lookup

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

Required 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](#)

0 TOTAL DEFICIENCIES

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

- Start at the Basic Information tab and enter the percentage of ownership and information for the principal or entity.
- Enter the physical and mailing address for the principal or entity. This can be the practice location's address.
- If it a person and they have a healthcare license, certificate or accreditation enter that information here.
- Within the employment information tab, enter the title, duties, role and role effective date for the person or entity. If it is a person who has employment history with a previous provider, select yes and enter that information here.
- If there is a contractual relationship with another provider, check yes and enter their information here.
- Lastly answer the Yes/No questions for the principal within the disclosure tab

# Ownership Information



Click the Add Authorized Signatory button on the bottom. You will be able to add any person who is listed as a principal here. The authorized signatory will be able to sign the EFT Agreement.

**Designation of Authorized Individuals**

NAME	POSITION/TITLE	EMAIL ADDRESS
No data available in table		
<a href="#">+ Add Authorized Signatory</a>		

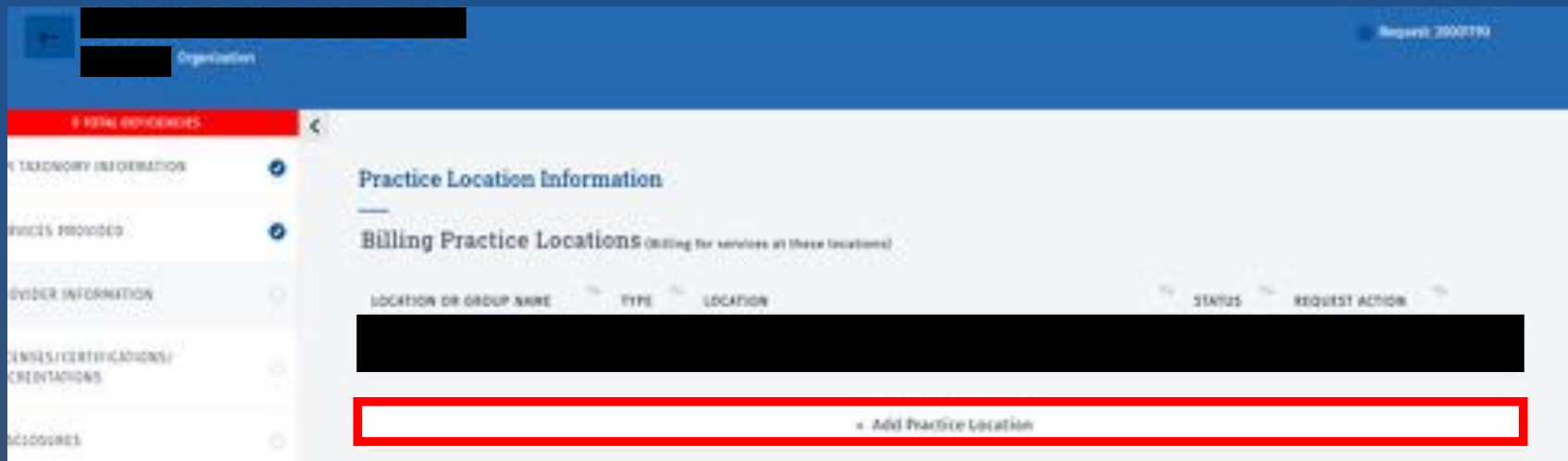


Next go to the **Programs** tab, and select Yes for the Acute Care Fee-for-Service Program

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

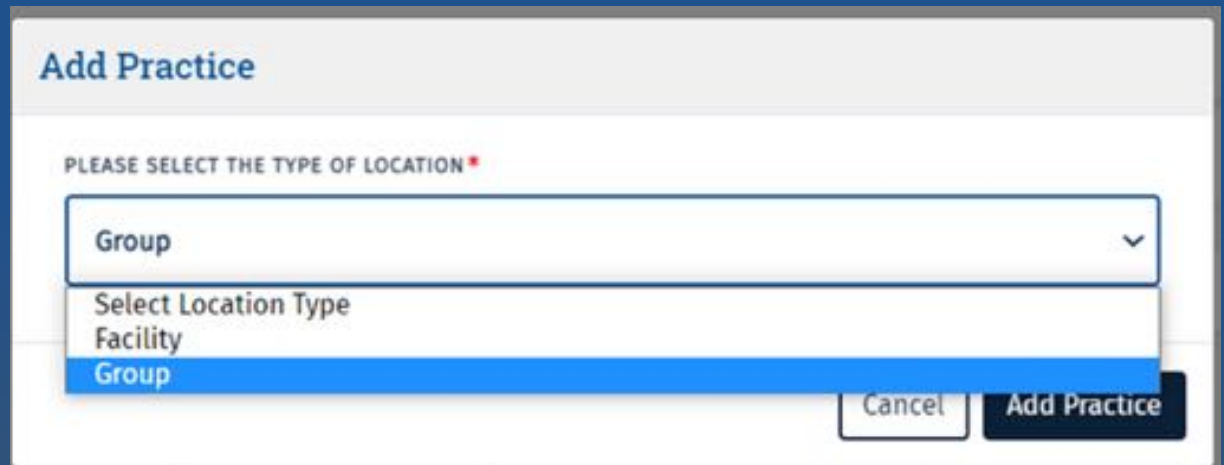


To add the new practice location go to the “**Practice Location Information**” tab on the left and click “Add Practice Location” to add the new location.



Select the “Type of Location”. For an Organizational NPI type the choices will be Facility or Group.

Please select Group for the DME Group.



The screenshot shows a web form titled "Add Practice". Below the title is a required field labeled "PLEASE SELECT THE TYPE OF LOCATION \*". The dropdown menu is open, showing two options: "Facility" and "Group". The "Group" option is highlighted with a blue background. At the bottom right of the form are two buttons: "Cancel" and "Add Practice".

The first tab on the left “**Basic Information**” is where the address of the new location will be entered. After you enter this address for the practice location, click “Verify Address”. You will also need to fill out the phone number to be able to save this tab and add the practice location.

0 TOTAL DEFICIENCIES

**BASIC INFORMATION**

PROGRAMS AND SERVICES PARTICIPATION

IDENTIFICATION

PERSONNEL

MANAGED EMPLOYEES

PHYSICIAN CONTACT INFORMATION

### Basic Information

Pending Change Request Number: 20001190

LOCATION NAME  
New Location

ADDRESS LINE 1 \*  
13357 Riata Trace Pkwy

ADDRESS LINE 2  
Enter Address Line2 - Suite,APT

CITY \*  
Austin

STATE \*  
TX - Texas

ZIP CODE \*  
78757

ZIP CODE 4+  
Zip Code 4+

Verify Address





Go to the “**Programs and Services Participation**” tab to add the program(s) for the newly added practice location. Click “Add Program and Service Participation”.

The screenshot displays a web application interface for managing practice locations. At the top, there is a header with a 'Practice Location' dropdown and a 'Practice Locations Information' section. A 'Save Draft' button is visible in the top right. The main content area is titled 'Programs and Services Participation' and includes a 'Pending Change Request Number: 20007790'. Below the title is a table with columns: 'PRIMARY INSURERS', 'PROGRAM', 'REQUEST CODE', 'STATUS', 'EFFECTIVE DATE', and 'REQUEST ACTION'. The table currently contains no data, indicated by the text 'No data available in table'. A red box highlights the 'PROGRAMS AND SERVICES PARTICIPATION' tab in the left sidebar. Another red box highlights a button labeled '+ Add Program and Service Participation' located below the table. At the bottom of the main content area, there is a 'Surety Bond' section.

Select the program(s) you are trying to add to the practice location.

**SELECT A PROGRAM \***

Acute Care - Fee-for-Service

**RETROACTIVE CLAIM DATE**

4/19/2022

**Status Codes**

CODE	TYPE	DESCRIPTION	EFFECTIVE DATES
No data available in table			

**Services Provided**

**PRIMARY TAXONOMY \***

103K00000X

**PROVIDER TYPE \***

Licensed Behavioral Analyst

## Medicare Waiver

### Program Specific Questions

Are you using a Medicare certification number for this location?\*

Yes

No

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 following 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.

My practice provider 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.\*

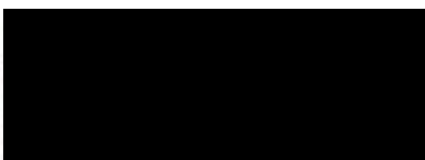
Medicare Waiver Request is required.

- Check "No" to the Medicare certification question.
- Check the top box
- Check only one of the two boxes listed for the Medicare Waiver request reason.
- Enter the explanation to justify the Medicare Waiver Request



## NPI Taxonomy

Refresh Information ↻



SOLE PROPRIETOR  
NO

NPI TYPE  
Organization  
STATUS  
Active

### ELIGIBLE TEXAS TAXONOMIES

103K00000X

231S00000X

261QD1600X

193400000X

### INELIGIBLE TEXAS TAXONOMIES

## Services Provided

PRIMARY TAXONOMY\*

103K00000X

PROVIDER TYPE\*

Licensed Behavioral Analyst



**PRIMARY TAXONOMY\***  
 Select One  
 Primary Taxonomy Code is required.

**PROVIDER TYPE\***  
 Select One  
 Provider Type is required.

**BENEFIT CODE**  
 Select One

**Licenses / Certifications / Accreditations**  
 See the [Instructional Site](#) for information about the licensing requirements for your enrollment.

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

**Demographics**

**PATIENT GENDER LIMITATIONS\***  
 Select One  
 PATIENT GENDER LIMITATIONS is required.

**PATIENT AGE LIMITATIONS - START\***  
 Select Age  
 PATIENT AGE LIMITATIONS - START is required.

**PATIENT AGE LIMITATIONS - END\***  
 Select Age  
 PATIENT AGE LIMITATIONS - END is required.

**ACCEPTING PATIENTS\***  
 Select One  
 ACCEPTING PATIENTS is required.

Enter the rest of the information within the “Programs and Services Participation” tab. Click Save after all the required fields have been entered to complete this tab.



Select the Counties Served, enter any additional languages spoken and enter the office hours for the newly added location within the “Demographics” tab.

The screenshot shows a web application interface with the following elements:

- DEMOGRAPHICS**: A sidebar tab that is selected and highlighted with a red box.
- COUNTIES SERVED**: A text input field with a blue **Track** button below it, both highlighted with a red box.
- ADDITIONAL LANGUAGE**: A text input field with a blue **Specify** button below it, both highlighted with a red box.
- Office Hours**: A section containing several rows for different days of the week. Each row has a dropdown menu for the start time (e.g., 8:00 AM), a dropdown menu for the end time (e.g., 5:00 PM), and a checkbox labeled **Closed**. The first row (Monday) is highlighted with a red box.
- Apply To All**: A button located to the right of the office hours section, highlighted with a red box.



Add the **Managing Employee** for the newly added Practice Location within this tab.

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

+ Add Managing Employee Association

Pending Change Request Number: 20001222

Use the drop-down to add the managing employee, select their role and the Start Date they became the managing employee.

SELECTED EMPLOYEE \* John Smith

MANAGING EMPLOYEE ROLE \* Managing Employee

START DATE AT THIS LOCATION \* 03/05/2022

END DATE AT THIS LOCATION

Save Cancel

BASIC INFORMATION **Mailing/Contact Addresses** Pending Change Request Number: 20001222

Location Name	Street Address 1	Street Address 2	City	State	Zip Code/Postal Code	Address Type
No data available in table						
+ Add Mailing/Contact Addresses						

PROGRAMS AND SERVICES PARTICIPATION

DEMOGRAPHICS

MANAGING EMPLOYEES

**MAILING/CONTACT ADDRESSES**

**Address Information**

ADDRESS TYPE \*  LOCATION NAME

ADDRESS LINE 1 \*  ADDRESS LINE 2

CITY \*  STATE \*

ZIP CODE \*  ZIP CODE -4

**Verify Address**

PHONE NUMBER \*  PHONE NUMBER EXTENSION  FAX NUMBER

Add the mailing address and contact information for the newly added Practice Location using the **Mailing/Contact Addresses** tab on the left.



## Licensed Behavior Analyst (LBA) Attestation Form Regarding Location of Services

I, \_\_\_\_\_, a Licensed Behavior Analyst (LBA) licensed pursuant to Chapter 121 of Title 16 of the Texas Administration Code, attest that I (please select all that apply below):

- ~~Will provide services to clients at a designated office location.~~
- ~~Will provide services to clients at a designated office location and at the client homes.~~
- ~~May provide services to clients in my own home.~~
- ~~Will provide services to clients exclusively at the client homes or at a location directed by clients.~~

## Licensed Behavior Analyst (LBA) Attestation Form Regarding Location of Services

Irrespective of where you provide services, if you use a third-party billing service for invoicing or receiving payment, submit a copy of your billing agreement. If you do not use a third-party billing service, check the box below.

- I do not use a third-party billing service.

By signing this form, I certify that the information above is true and correct. If I become aware that any information above is not true or correct or changes, I agree to notify TMHP at 800-925-9126 immediately. I know that I may be subject to penalties or prosecution under State and Federal laws if I provide information that is not true or correct.

### Provider Information

LBA Printed Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Provider Signature (*stamped signatures not accepted*) \_\_\_\_\_

Date \_\_\_\_\_



Click the back button on the blue header once the program has been added and then click the **Agreements** tab on the left. Click the ellipses and Select the Authorized Signatory.

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

Enter the Email Address for where the provider is wanting to send this to and click "Activate Agreement".

**Add Authorized Signatory**

NAME OF AUTHORIZED SIGNATORY \*      EMAIL ADDRESS \*

[Redacted]      joshua.haley@tmhp.com

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

Go back to the **Agreements** tab within the application and wait for the status to change from Sent to Signed. Then click “Submit” once the status is updated to Signed.

HHSC Enrollment Agreement				
NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED	
[REDACTED]	[REDACTED]	Signed	2/25/2022	...

**Submit**

**Enrollment**

Your application has been submitted and is now under review. Your request number is:  
20001208

**OK**

A message will appear indicating the application has been successfully submitted to the Provider Enrollment department for review.

User the Request tab you can view the status of the request.

**REQUESTS**

**REQUESTS** PROVIDER MANAGEMENT [REDACTED] ADVANCED SEARCH 20057296

REQUEST TYPE	NPI (NPI)	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PERM - New Enrollment	[REDACTED]	20057296	[REDACTED]			Review Deficiency Response (Response Received)	***

# Submitting updates for an Enrollment Record



Request options that can be created through the “Edit Enrollment Record” button.

REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	REQUEST STATUS	REQUEST ACTION
Maintenance - Provider Information			Create Request
Maintenance - Licenses			Create Request
Maintenance - W9/Tax Information			Create Request
Maintenance - Ownership/Controlling Interest			Create Request
Maintenance - Disclosure			Create Request
Maintenance - Attachments			Create Request
Existing Enrollment			Create Request
Maintenance - Provider Information - Change Email			Create Request
Maintenance - Practice Location - Demographics			Create Request
Maintenance - Practice Location - Address Change			Create Request
Maintenance - EFT			Create Request

# Adding a Performing Provider to a Group



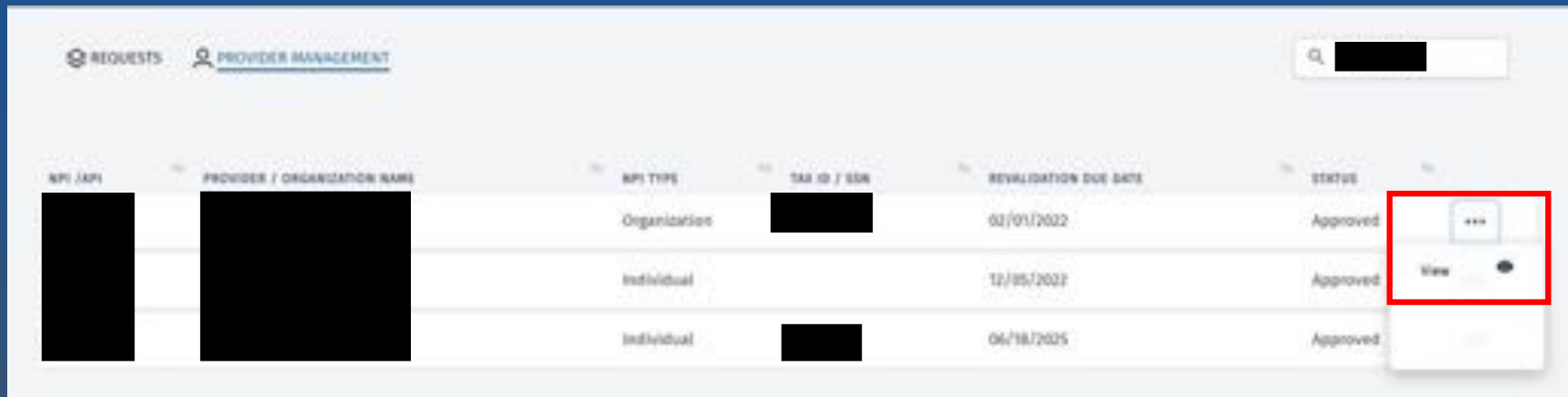
## Enrollment Requirements

1. The provider must be licensed as Licensed Behavior Analyst by the Texas Department of Licensing and Regulation (TDLR) or by the appropriate state board where services are rendered.
2. Licensed Behavior Analyst (LBA) Attestation Form (Site Visit Attestation)
3. Must enroll in the Acute Care-Fee-for-Service program





Go to Provider Management in the PEMS dashboard and open the Group record by clicking the ellipses and selecting “View”.



The screenshot shows the 'PROVIDER MANAGEMENT' section of the PEMS dashboard. It features a search bar and a table with the following columns: NPI / API, PROVIDER / ORGANIZATION NAME, NPI TYPE, TAX ID / EIN, REVALIDATION DUE DATE, and STATUS. A dropdown menu is open for the first record, with the 'View' option highlighted by a red box.

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / EIN	REVALIDATION DUE DATE	STATUS
[REDACTED]	[REDACTED]	Organization	[REDACTED]	02/01/2022	Approved
[REDACTED]	[REDACTED]	Individual	[REDACTED]	12/30/2021	Approved
[REDACTED]	[REDACTED]	Individual	[REDACTED]	06/18/2025	Approved

Once you are in the group's record, go to the "Practice Location Information" tab. Scroll to the bottom of their Performing Provider list and click "+ Add a Performing Provider."

**Practice Location Information**

Billing Practice Locations | **Performing Providers**

Performing services for a group at these locations

10/26/2012 - Present	PENDINGCHANGE	20000700	ADDED	...
10/26/2012 - Present	PENDINGCHANGE	20000702	ADDED	...
10/26/2012 - Present	PENDINGCHANGE	20000706	ADDED	...
12/29/2009 - Present	PENDINGCHANGE	20000788	ADDED	...
12/09/2021 - Present	PENDINGCHANGE	20000582	ADDED	...
09/22/2017 - Present	PENDINGCHANGE	20000596	ADDED	...

+ Add Performing Provider

Enter the NPI of the Performing Provider you are trying to add and click Validate.

The screenshot shows a web form titled "Add Performing". Below the title is a label "NATIONAL PROVIDER IDENTIFIER (NPI) \*". A text input field contains the number "1234567890". Below the input field are two buttons: "Cancel" on the left and "Validate" on the right. Red boxes highlight the input field and the "Validate" button.

Once the NPI is validated, select the drop-down to choose which address you are wanting to add the performing provider to. Then click “Add Performing” to initiate the performing provider application.

*\*Note\* If the group wants to add the performing provider to multiple locations, add additional locations through the “Services Provided” tab.*

### Add Performing

NATIONAL PROVIDER IDENTIFIER (NPI) \*

[Redacted]

Cancel Validate

NAME [Redacted] GENDER Male

NPI TYPE Individual STATUS Enrolled

Select a Practice Location the Performing Works at. \*

Additional Practice Locations can be added Once the request is started.

[Redacted] -1806 Broadway Blvd, Kilgore, 75662-3520

Select Performing Location

[Redacted] -1806 Broadway Blvd, Kilgore, 75662-3520

ADD Performing

This will create the performing provider application. The request number is in the upper-right corner. Complete the: Provider Information, License/Certifications/Accreditations and Disclosures tab.

Confirm or enter the Performing Provider's information in this tab and click save.

Provider Information

Pending Change Request Number: 2000430P

Basic Information

FIRST NAME *	MIDDLE NAME	LAST NAME *
[Redacted]	[Redacted]	[Redacted]
GENDER *	SOCIAL SECURITY NUMBER *	DATE OF BIRTH *
Male	[Redacted]	[Redacted]
STATE CHANGE *	ISSUE DATE *	EXPIRATION DATE *
Select One	06/13/2009	06/13/2009

*Note: If the performing provider has any other enrollments with TMHP, PEMS was designed to gray out the SSN and DOB fields in the Provider Information tab. If the provider is wanting to update this information, they will need to be an administrator for the NPI of the performing provider.*

Enter, confirm or update the Performing Provider's License Information.

The screenshot shows a web application interface for managing provider information. The sidebar on the left contains several menu items, with 'LICENSES/CERTIFICATIONS/ACCREDITATIONS' highlighted in red. The main content area is titled 'Licenses/Certifications/Accreditations' and includes a 'Pending Change Request Number: 2000207' and a checkbox for 'Recent Licenses Only'. Below this is a table with columns: TYPE, ISSUER, NUMBER, EFFECTIVE DATE, EXPIRATION DATE, LICENSE STATUS, REQUEST ACTION, and REQUEST NUMBER. The table contains one row with the following data: TYPE: LICENSES, ISSUER: Texas Medical Board, NUMBER: [REDACTED], EFFECTIVE DATE: [REDACTED], EXPIRATION DATE: [REDACTED], LICENSE STATUS: [REDACTED], REQUEST ACTION: [REDACTED], REQUEST NUMBER: 2000207. A red box highlights the 'Add Licenses/Certifications/Accreditations' button below the table. Another red box highlights the 'Open' button in the 'REQUEST ACTION' column of the table row. A third red box highlights the three-dot menu icon in the 'REQUEST ACTION' column of the table row. At the bottom right, there is a dark gray box with the text 'Need help with License Information' and a 'View Instructions' button.

## Complete the following fields to add a License/Certificate/Accreditation:

LICENSE/CERTIFICATION/ACCREDITATION TYPE *	ISSUER*	NUMBER*
ACCREDITATION	Clinical Laboratory Improvement Amendm	1234567
EFFECTIVE DATE *	EXPIRATION DATE *	LAST UPDATE DATE
6/5/2022	12/31/2022	MM/DD/YYYY
ADDRESS LINE 1*	ADDRESS LINE 2	
12357 Riata Trace Pwky	Enter Address Line 2	
CITY*	STATE*	
Austin	TX - Texas	
ZIP CODE*	ZIP CODE +4	
78727	Enter the ZIP Extension	

\* Independent laboratories, including those located in physicians' offices must answer all CLIA certification questions. The CLIA rules and regulations are available on the CMS website at [www.cms.gov](http://www.cms.gov)

- Type
- Issuer
- Number
- Effective Date
- Expiration Date
- Address (if applicable)





PROVIDER INFORMATION

LICENSE/IDENTIFICATION ACCOUNT NUMBERS

**DISCLOSURES**

PRACTICE LOCATION INFORMATION

DETAILS/NOTES

SUBJECTS

"Sanction" is defined as revocation, payment hold, imposition of penalties or damages, contract cancellations, exclusion, delinquent, suspension, revocation, or any other disciplinary action.

Yes No

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

DATE (Approximate Date Allowed) \*

DATE WHEN THE INCIDENT OCCURRED \*

PROGRAM AFFECTED \*

MM/DD/YYYY

Select State

Enter Program

AGENCY TAKING THE ACTION \*

ACTION TAKEN \*

Enter Agency

Enter Action Taken

If disclosure is for a prior exclusion, provide documentation documentation from DSH. Attach to this page.

EXPLANATION/DETAILS \*

Please provide a detailed explanation and attach all relevant documentation. If documentation is not available, please explain why and when it can be obtained.

Answer the Yes or No questions in the Disclosures tab.

Go to the “Practice Location Information” tab and open the address(es) the group is trying to add the Performing Provider to by clicking the ellipses and selecting Open.

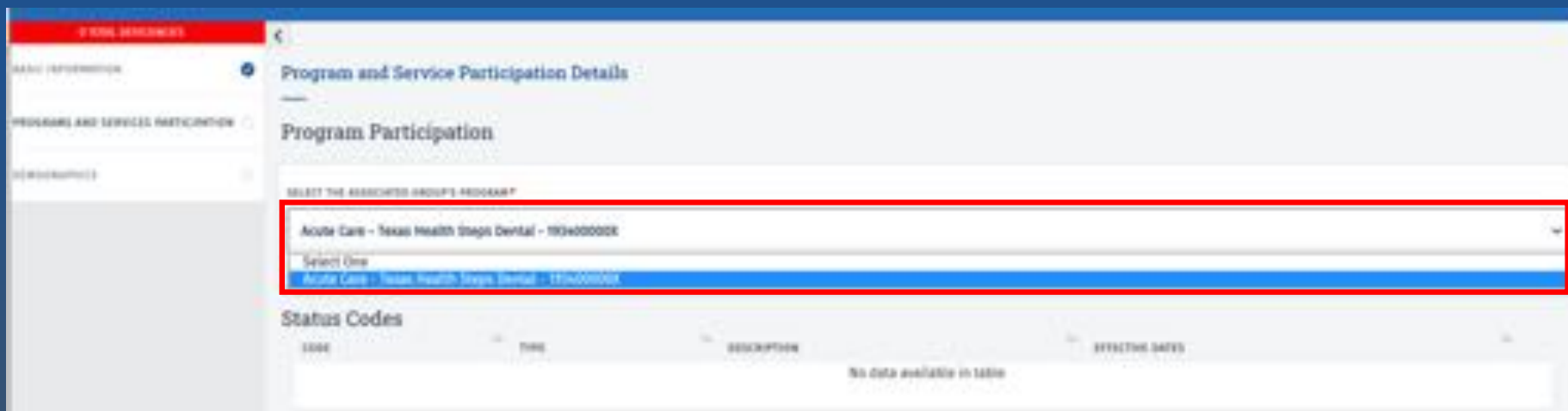
The screenshot shows a web application interface. On the left is a navigation menu with several items, including 'PRACTICE LOCATION INFORMATION' which is highlighted with a red box. The main content area is titled 'Practice Location Information' and contains a table with the following columns: 'LOCATION OR GROUP NAME', 'TYPE', 'LOCATION', 'STATUS', and 'REQUEST ACTION'. A single row is visible in the table with a redacted name, 'Performing' type, and '100 Broadway Blvd, Elgin, TX, 75643-0201' location. The 'REQUEST ACTION' column for this row contains 'ADD' and an ellipsis icon. A dropdown menu is open from the ellipsis icon, with the 'Open' option highlighted by a red box. Below the table, there is a dark grey box with the text 'Need help with Practice Locations Information?' and a 'View Instructions' button.

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION
[REDACTED]	Performing	100 Broadway Blvd, Elgin, TX, 75643-0201		ADD <span>⋮</span>

Go to the “Programs and Services Participation” tab and click “+ Add Program and Service Participation”.

The screenshot shows a web application interface. At the top, there is a blue header with a 'Practice Location' dropdown menu and a 'Save Draft' button. Below the header, there is a navigation menu on the left with three items: 'PRACTICE INFORMATION', 'PROGRAMS AND SERVICES PARTICIPATION', and 'BENEFICIARIES'. The 'PROGRAMS AND SERVICES PARTICIPATION' item is highlighted with a red border. The main content area is titled 'Programs and Services Participation' and contains a table with columns: 'PRIMARY TAGWORD', 'PROGRAM', 'BENEFIT CODE', 'STATUS', 'EFFECTIVE DATES', and 'REQUEST ACTION'. The table is currently empty, with the text 'No data available in table' centered below the headers. Below the table, there is a red-bordered button labeled '+ Add Program and Service Participation'.

Select the Program from the drop-down. The only programs that will be available will be ones that the group is enrolled in. For instance, if the group is not enrolled in CSHCN then this will not be reflected in the drop-down. The group would need to add this program to its enrollment in order for the performing provider to enroll in it.



Within this same section select the taxonomy, which will populate the eligible provider types for that taxonomy.

**Services Provided**

<b>PRIMARY TAXONOMY*</b>	<b>PROVIDER TYPE*</b>
Select One	Select One
Primary Taxonomy Code is required.	Provider Type is required.
<b>BENEFIT CODE</b>	
Select One	

*Note: If the taxonomy does not populate the provider type the provider is trying to enroll as they will need to add that taxonomy to their NPI through NPPES.*

## Licensed Behavior Analyst (LBA) Attestation Form Regarding Location of Services

I, \_\_\_\_\_, a Licensed Behavior Analyst (LBA) licensed pursuant to Chapter 121 of Title 16 of the Texas Administration Code, attest that I (please select all that apply below):

- Will provide services to clients at a designated office location.
- Will provide services to clients at a designated office location and at the client homes.
- May provide services to clients in my own home.
- Will provide services to clients exclusively at the client homes or at a location directed by clients.

## Licensed Behavior Analyst (LBA) Attestation Form Regarding Location of Services

Irrespective of where you provide services, if you use a third-party billing service for invoicing or receiving payment, submit a copy of your billing agreement. If you do not use a third-party billing service, check the box below.

I do not use a third-party billing service.

By signing this form, I certify that the information above is true and correct. If I become aware that any information above is not true or correct or changes, I agree to notify TMHP at 800-925-9126 immediately. I know that I may be subject to penalties or prosecution under State and Federal laws if I provide information that is not true or correct.

### Provider Information

LBA Printed Name: \_\_\_\_\_

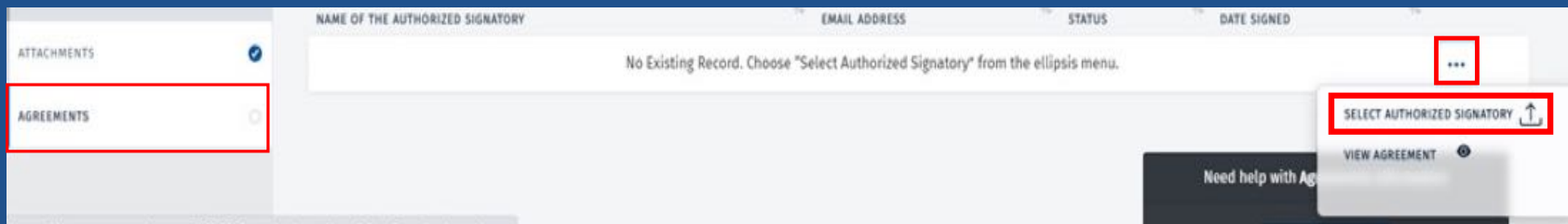
NPI: \_\_\_\_\_

Provider Signature (stamped signatures not accepted)

Date: \_\_\_\_\_



Click the back button on the blue header once the program has been added and then click Agreements on the left. Click the ellipses and Select the Authorized Signatory.



Enter the Email Address for where the provider is wanting to send this to and click "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.

Go back to the Agreements tab within the application and wait for the status to change from Sent to Signed. Then click “Submit” once the status is updated to Signed.

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED	
[REDACTED]	[REDACTED]	Signed	2/25/2022	...

Submit

Enrollment

Your application has been submitted and is now under review. Your request number is:  
20001208

OK

A message will appear indicating the application has been successfully submitted to the Provider Enrollment department for review.



# Topics

- Adding a Practice Location (Handout)
- W-9 Attachments (Handout)



# THANK YOU



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR