

Provider Information Change Form

Traditional Medicaid, Children with Special Health Care Needs (CSHCN) Services Program, and Primary Care Case Management (PCCM) providers can complete and submit this form to update their provider enrollment file. Print or type all of the information on this form. Mail or fax the completed form and any additional documentation to the address at the bottom of the page.

Check the box to indicate a PCCM Provider Date : / /

Nine-Digit Texas Provider Identifier (TPI): _____ Provider Name: _____

National Provider Identifier (NPI): _____ Primary Taxonomy Code: _____

Atypical Provider Identifier (API): _____ Benefit Code: _____

List any additional TPIs that use the same provider information:

TPI: _____	TPI: _____	TPI: _____
TPI: _____	TPI: _____	TPI: _____
TPI: _____	TPI: _____	TPI: _____

Physical Address—The physical address cannot be a PO Box. Ambulatory Surgical Centers enrolled with Traditional Medicaid who change their ZIP Code must submit a copy of the Medicare letter along with this form.

Street address _____ City _____ County _____ State _____ Zip Code _____

Telephone: () _____ Fax Number: () _____ Email: _____

Accounting/Mailing Address—All providers who make changes to the Accounting/Mailing address must submit a copy of the W-9 Form along with this form.

Street Address _____ City _____ State _____ Zip Code _____

Telephone: () _____ Fax Number: () _____ Email: _____

Secondary Address

Street Address _____ City _____ State _____ Zip Code _____

Telephone: () _____ Fax Number: () _____ Email: _____

Type of Change (check the appropriate box)

- Change of physical address, telephone, and/or fax number
- Change of billing/mailling address, telephone, and/or fax number
- Change/add secondary address, telephone, and/or fax number
- Change of provider status (e.g., termination from plan, moved out of area, specialist) *Explain in the Comments field*
- Other (e.g., panel closing, capacity changes, and age acceptance)

Comments:

Tax Information—Tax Identification (ID) Number and Name for the Internal Revenue Service (IRS)

Tax ID number: _____ Effective Date: _____

Exact name reported to the IRS for this Tax ID: _____

Provider Demographic Information—Note: This information can be updated on www.tmhp.com.

Languages spoken other than English: _____

Provider office hours by location: _____

Accepting new clients by program (check one): Accepting new clients Current clients only No

Patient age range accepted by provider: _____ Additional services offered (check one): HIV High Risk OB

Participation in the Woman’s Health Program? Yes No Patient gender limitations: Female Male Both

Signature and date are required or the form will not be processed.

Provider signature: _____ Date: / /

Mail or fax the completed form to: Texas Medicaid & Healthcare Partnership (TMHP) Fax: 512-514-4214
 Provider Enrollment
 PO Box 200795
 Austin, TX 78720-0795

Instructions for Completing the Provider Information Change Form

Signatures

- The provider's signature is required on the Provider Information Change Form for any and all changes requested for individual provider numbers.
- A signature by the authorized representative of a group or facility is acceptable for requested changes to group or facility provider numbers.

Address

- Performing providers (physicians performing services within a group) may *not* change accounting information.
- For Traditional Medicaid and the CSHCN Services Program, changes to the accounting or mailing address require a copy of the W-9 form.
- For Traditional Medicaid, a change in ZIP Code requires copy of the Medicare letter for Ambulatory Surgical Centers.

Tax Identification Number (TIN)

- TIN changes for individual practitioner provider numbers can only be made by the individual to whom the number is assigned.
- Performing providers *cannot* change the TIN.

Provider Demographic Information

An online provider lookup (OPL) is available, which allows users such as Medicaid clients and providers to view information about Medicaid-enrolled providers. To maintain the accuracy of your demographic information, please visit the OPL at www.tmhp.com. Please review the existing information and add or modify any specific practice limitations accordingly. This will allow clients more detailed information about your practice.

General:

- TMHP must have either the nine-digit Texas Provider Identifier (TPI), or the National Provider Identifier (NPI)/Atypical Provider Identifier (API), primary taxonomy code, physical address, and benefit code (if applicable) in order to process the change. Forms will be returned if this information is not indicated on the Provider Information Change Form.
- The W-9 form is required for *all* name and TIN changes.
- Mail or fax the completed form to:

Texas Medicaid & Healthcare Partnership (TMHP)
Provider Enrollment
PO Box 200795
Austin, TX 78720-0795
Fax: 512-514-4214