

Electronic Health Record (EHR) Incentive Program Limited Provider Enrollment (Deeming) Application Instructions

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Providers wanting to enroll only for the purpose of receiving payment under the Electronic Health Record Incentive program may complete and submit this form to add their limited provider information to the Texas Medicaid program. **Print** or **type** all information on this form. Mail the completed form and the additional required documentation to the following address:

Texas Medicaid & Healthcare Partnership (TMHP)
Provider Enrollment
PO Box 200795
Austin, TX78720-0795

All fields must be completed unless otherwise noted.

Field Number and Name	Description
1. 9-digit Texas Provider Identifier (TPI)	Enter your existing 9-digit TPI if you are already enrolled in the Texas Medicaid program only if one has been assigned previously.
2. National Provider Identifier (NPI)	Enter your 10-digit National Provider Identifier assigned to you by the NPPES.
3. Provider Name	Enter your First, Middle and Last Name. Individual providers only use this form. Group names should not appear on this form.
4. Taxonomy Code	174400000X is the appropriate taxonomy code for this limited enrollment, no other options are available.
5. Social Security Number	Please enter the 9-digit Social Security Number as listed on your SSN card administered by the Social Security Administration.
6. Date of Birth	Please enter the Date of Birth in the following day, month and year format (mm/dd/yyyy) for the provider enrolling.
7. Check Your Provider Type (7a) and Enter Your Primary Specialty (7b)	Check only one box. If the applicant is a physician assistant, they must review the statute requirements and declare if they meet the criteria of being a PA who practices in a PA-led RHC/FQHC.
8. Physical Address	Enter your practice physical location address including city, state, and ZIP + 4. The physical address cannot be a PO Box.
9. Accounting/Mailing Address	Enter your accounting/ mailing address including city, state, and ZIP + 4, if it is different than your physical address.
10. Public or Private Entity	Please check the appropriate box. A Public entity is one that is 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. Individual Providers using the W9 tax ID number for the facility and/or group must indicate if the facility or group is "Public" or "Private" – includes private not for profit".
11. Attachments Required	All providers must submit a current copy of licensure that will not expire within 30 days and a completed W-9.
12. Provider Signature	The original signature of the authorized representative of the provider is required.
13. Date	Enter the date the form was signed.
14. Printed Name	Print the name of the person signing the form.

Electronic Health Record Incentive Program Limited Provider Enrollment (Deeming) Application

1. Existing 9-digit TPI (if applicable):		2. National Provider Identifier (NPI):	
3. Provider Name:			
4. Taxonomy Code:	174400000X (no other options available)		
5. Social Security No.:	- -	6. Date of Birth (mm/dd/yyyy):	/ /
7a. Check Your Provider Type (check only one):			
<input type="checkbox"/> Individual Physician (MD, DO) <input type="checkbox"/> Nurse Practitioner (Advanced) <input type="checkbox"/> Dentist (DDS) <input type="checkbox"/> Certified Nurse Midwife (CNM) <input type="checkbox"/> Physician Assistant*			
<p>* As stated in 42 CFR 495.304 the statute at 1903(t)(3)(B)(v) regarding the program eligibility for physician assistants (PA's), a PA is eligible when they are a physician assistant practicing at an RHC/FQHC so-led by that same or another physician assistant. An FQHC/RHC would be considered "so-led" by a PA under any of the following circumstances: (1) When a PA is the primary provider in a clinic (for example, when there is a part-time physician and a full-time PA, we would consider the PA as the primary provider); (2) When a PA is a clinical or medical director at a clinical site of practice; or (3) When a PA is an owner of an RHC.</p> <p>Do you meet the criteria of being a PA who practices in a PA-led clinic as defined above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
7b. Enter Your Primary Specialty:			
8. Physical Address:		9. Accounting/Mailing Address:	
City:		City:	
State:	ZIP + 4:	State:	ZIP + 4:
Phone: () -		Phone: () -	
Fax:		Fax:	
Email:		Email:	
10. Are You a Public or Private Provider?		<input type="checkbox"/> Public <input type="checkbox"/> Private (refer to instructions)	
11. Attachments Required:		<input type="checkbox"/> Copy of current provider license <input type="checkbox"/> Completed W-9	
<p>I certify that the information I have supplied in this document constitutes true, correct, and complete information. I agree to inform HHSC or its designee, in writing, of any changes or if additional information becomes available. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment. I understand that any falsification or misrepresentation that, if known, would have resulted in a denial of the application will result in all paid services declared as an overpayment and subject to recoupment. I also understand that other administrative sanctions may be imposed that includes payment hold, exclusion, debarment, contract cancellation, and monetary penalties. This limited enrollment is for the sole purpose of enrolling for the Electronic Health Record (EHR) Incentive Program and cannot be used for billing purposes. Accordingly, in order to continue Medicaid participation beyond this limited enrollment, a completed Texas Medicaid Provider Enrollment application must be submitted.</p>			
12. Provider Signature:		13. Date: / /	
14. Printed Name:			