

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

**Reminder: Performing Providers That Receive
Notification of No Claims Activity Have 6 Months to
Prevent TPI Termination**

Information posted May 15, 2020

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Reminder: TMHP terminates Texas Provider Identifiers (TPIs) that exceed 24 months with no claims activity. To avoid terminating TPIs that should remain active, TMHP sends a courtesy letter to all providers with TPIs that have been identified as having no claims activity over the previous 18 months.

Performing providers who treat Medicaid clients through a Medicaid managed care organization (MCO) could receive the courtesy letter.

How Performing Providers Can Prevent Termination of Their TPIs

To prevent the termination of TPIs, performing providers who treat Medicaid clients through an MCO and receive a courtesy letter about no claims activity must submit the following information to TMHP:

- A copy of the courtesy letter about no claims activity with:
 - A signed statement at the bottom of the letter indicating that the performing provider does not wish to have the TPI terminated because they are continuing to treat Medicaid managed care clients
 - The National Provider Identifiers (NPIs) of the entity for which they provide services

Providers should send the information above to the following address:

Texas Medicaid & Healthcare Partnership

PO Box 202978

Austin, TX 78720-0978

TMHP must receive this information within six months from the date on the courtesy letter to prevent the TPI from being terminated.

Consequence of Not Submitting Required Information

If TMHP does not receive the required information, TMHP will terminate a TPI after 24 months without claim activity. TMHP will send the provider a termination letter and apply a payment denial code to the TPI. If a provider's Medicaid TPI is terminated, any enrollments with any Medicaid MCOs or the Children with Special Health Care Needs (CSHCN) Services Program will also be terminated. Claims that are submitted for a terminated TPI after the payment denial code has been applied will be denied.

To have the payment denial code removed from a TPI, the providers must submit a completed application for the state health-care program in which they want to enroll, and the application must be approved. The information on this application must be identical to the information currently on the provider's file for the payment denial code to be removed.

For more information, call the TMHP Contact Center at 800-925-9126.