

## NOTIFICATION OF SIGNIFICANT PROVIDER CHANGES

CASE MANAGEMENT PROVIDER: \_\_\_\_\_

PROVIDER NPI: \_\_\_\_\_ REGION: \_\_\_\_\_

☐ **CHANGE IN CASE MANAGERS (RESUME, CONFLICT OF INTEREST STATEMENT, AND LICENSURE MUST BE SUBMITTED TO ADD NEW CASE MANAGERS.)**

|                                   |             |                       |                                     |
|-----------------------------------|-------------|-----------------------|-------------------------------------|
| <input type="checkbox"/> ADDITION |             |                       | <input type="checkbox"/> EMPLOYED   |
| <input type="checkbox"/> DELETION | NAME: _____ | EFFECTIVE DATE: _____ | <input type="checkbox"/> CONTRACTED |
| <input type="checkbox"/> ADDITION |             |                       | <input type="checkbox"/> EMPLOYED   |
| <input type="checkbox"/> DELETION | NAME: _____ | EFFECTIVE DATE: _____ | <input type="checkbox"/> CONTRACTED |

☐ **CHANGE IN CONTACT PERSON**

|                                 |                         |
|---------------------------------|-------------------------|
| ADMINISTRATIVE CONTACT: _____   | TELEPHONE NUMBER: _____ |
| CASE MANAGEMENT DIRECTOR: _____ | TELEPHONE NUMBER: _____ |

☐ **CHANGE IN PROVIDER STATUS**

☐ **NOTICE OF CLOSING (MUST CHECK ONE OF THE BOXES BELOW)** EFFECTIVE DATE: \_\_\_\_\_

☐ I HAVE DISENROLLED AS A CPW PROVIDER WITH TMHP. I AM NOT ACCEPTING NEW REFERRALS AND CURRENTLY NOT SERVING ANY CLIENTS.

☐ I WILL DISENROLL WITH TMHP AS A CPW PROVIDER AFTER I HAVE COMPLETED SERVICES TO CURRENT CLIENTS.

☐ I AM REMAINING ENROLLED AS A CPW PROVIDER, BUT DO NOT CURRENTLY HAVE AN ELIGIBLE CASE MANAGER IN GROUP AT THIS TIME. I PLAN TO HIRE A CASE MANAGER TO FILL THIS POSITION.

☐ OTHER \_\_\_\_\_

☐ **CHANGE IN PROVIDER INFORMATION**

ALL CHANGES MUST ALSO BE MADE WITH TMHP BEFORE THEY WILL BE REFLECTED ON THE HHSC WEBSITE PROVIDER LISTING. (SUBMIT PROVIDER INFORMATION CHANGE AT TMHP.COM)

GROUP OR CASE MANAGER NAME: \_\_\_\_\_

(PROVIDERS WITH IN A GROUP AND INDIVIDUAL PROVIDERS MUST CHANGE THEIR RN/SW LICENSURE TO REFLECT NEW NAME BEFORE NOTIFYING TMHP. THIS DOES NOT APPLY TO A CM WITHIN A FQHC.)

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ **NOTE: PROVIDERS MUST INFORM CURRENT CLIENTS OF ANY PHONE NUMBER CHANGES.**

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHANGE IN EMPLOYMENT: \_\_\_\_\_

(IF A CASE MANAGER HAS OBTAINED DUAL EMPLOYMENT OR CHANGED THEIR EMPLOYER, THEY MUST SUBMIT AN UPDATED CONFLICT OF INTEREST STATEMENT TO HHSC-CM)

LIST OTHER CHANGES, SUCH AS CHANGE IN POPULATION SERVED, COUNTIES, ZIP CODES SERVED: \_\_\_\_\_

PROVIDER SHOULD ALSO INFORM CONTRACTED MCOs OF CHANGES.

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PERSON COMPLETING FORM