TEXAS Health and Human Services
Case Management for Children and Pregnant Women

CM-10
8/22

NOTIFICATION OF SIGNIFICANT PROVIDER CHANGES

CASE MANAGEMENT PROVIDER: _____

PROVIDER NPI: _____ REGION: _____

☐ **CHANGE IN CASE MANAGERS (IF ADDING A NURSE, RESUME MUST BE SUBMITTED.)**

☐ ADDITION ☐ EMPLOYED
☐ DELETION NAME: _____ EFFECTIVE DATE: _____ ☐ CONTRACTED
☐ ADDITION ☐ EMPLOYED
☐ DELETION NAME: _____ EFFECTIVE DATE: _____ ☐ CONTRACTED

☐ **CHANGE IN CONTACT PERSON**

ADMINISTRATIVE CONTACT: _____ TELEPHONE NUMBER: _____

CASE MANAGEMENT DIRECTOR: _____ TELEPHONE NUMBER: _____

☐ **CHANGE IN PROVIDER STATUS**

☐ CHANGE TO ACTIVE -- NOW ACCEPTING NEW REFERRALS (PROVIDER WILL BE LISTED ON WEBSITE) EFFECTIVE DATE: _____

☐ CHANGE TO INACTIVE* (**MUST CHECK ONE OF THE BOXES BELOW**)

- ☐ NOT ACCEPTING NEW REFERRALS AND CURRENTLY NOT SERVING ANY CLIENTS
- ☐ NOT ACCEPTING NEW REFERRALS BUT WILL CONTINUE TO SERVE CURRENT CLIENTS
- ☐ NOT ACCEPTING NEW REFERRALS DUE TO NO ELIGIBLE CASE MANAGER IN GROUP AT THIS TIME

EFFECTIVE DATE: _____

*NEW PRIOR AUTHORIZATION REQUESTS WILL NOT BE APPROVED IF PROVIDER IS INACTIVE

☐ CHANGE TO CLOSED

IF APPLICABLE, EXPLAIN PLAN TO INFORM CLIENTS OF CHANGE IN STATUS: _____

☒ **CHANGE IN PROVIDER INFORMATION**

*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: _____

*SUBMIT PROVIDER INFORMATION CHANGE FORM FOUND AT TMHP.COM TO TMHP.

ALL OF THE CHANGES ABOVE MUST BE MADE WITH TMHP BEFORE HHSC CAN MAKE ANY CHANGES.

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

FAX NUMBER: _____

E-MAIL ADDRESS: _____

LIST OTHER CHANGES, SUCH AS CHANGE IN POPULATION SERVED, COUNTIES, ZIPS SERVED: _____

PROVIDER SHOULD INFORM CONTRACTED MCOs OF CHANGES.

_____ _____

SIGNATURE OF PERSON COMPLETING FORM DATE

_____

PRINTED NAME OF PERSON COMPLETING FORM