TMHP Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Submitter ID Linking Form

The Submitter ID Linking Form must be complete and accurate before it can be processed. All provider information must match the contract information on file with the State of Texas. Questions about the information used to verify this form should be directed to the provider's contract manager. Only one provider number and one submitter ID per form is allowed. Incomplete or inaccurate forms will be returned with a list of the necessary corrections.

Submitter ID

A submitter ID is necessary for all of TMHP's electronic services. It serves as an electronic mailbox for the provider and TMHP to exchange data files. All Long Term Care providers must link their provider numbers with the submitter ID used to transmit their electronic files to TMHP. Medicaid Eligibility Service Authorization Verifications (MESAVs) and Claim Status Inquiries (CSIs) transmitted with a submitter ID not linked to the provider number will be rejected. Providers may link multiple submitter ID's to a single provider number or a single submitter ID to multiple provider numbers. The link between a provider number and submitter ID can be canceled if the provider chooses Box 3.

Electronic Remittance & Status Report

The Remittance and Status report (R&S) is sent to billing providers itemizing claims submissions, pending claims, claims dispositions, and warrant information. Providers who use electronic services can download the electronic version of the R&S called the ER&S. Providers may receive the ER&S with the submitter ID on this form by selecting Box 2. *Only one submitter ID can download the ER&S*. Choosing Box 2 will cancel any previous ER&S setup. Providers are advised to determine the current recipient of the ER&S before selecting this option. Providers may use the *View R&S Reports* link on www.tmhp.com if they would like to allow multiple users to access an Adobe PDF version of the paper R&S.

Section I: Provider Address Information

Please setup the following provider for electronic services:

Legal name of provider including DBA | **Provider Number**

Street Address | **Telephone**

City | **State** | **Zip Code**

Section II: Submitter ID: _146254605__

☐ **I want to link this Submitter ID and Provider Number.**

☐ **I want the ER&S to be sent to the Submitter ID listed above.**
I understand that only one submitter ID can download the ER&S and that this will cancel any previous ER&S setup.

☐ **I want to *remove* the link between this Provider Number and Submitter ID.**

Section III: Provider Attestation

I (we) attest to the accuracy of the information provided on this request. I (we) authorize the exchange of data as defined in this request.

Signature of Provider Representative | **Name (please print)**

Title | **Date**

Fax Number	Mailing Address:
1-512-514-4228 or 1-512-514-4230	Texas Medicaid & Healthcare Partnership EDI Helpdesk 12365-A Riata Trace Pkwy., Ste. 100 Austin, TX 78727