**FORM B-1: ENTITY**

**Texas Department of State Health Services**

**Newborn Screening Program Benefits Program**

**Open Enrollment Application, Enrollment HHS0014639**

|  |
| --- |
| **Eligibility Requirements***Check the appropriate box(es) below for all physician specialist(s) who will provide or assure the provision of services on behalf of the Entity and provide a copy of certification with the open enrollment application.* |
| [ ]  Board certified/board eligible in Medical Biochemical Genetics or Clinical Biochemical Genetics. Medical Geneticists who are physicians and boarded in Clinical Genetics are eligible but must be able to document having been active in the management of patients with inborn errors of metabolism at least 25% of their time two years prior to submitting an application. |
| [ ]  Board certified/board eligible Adult and Pediatric Endocrinologists (Adult or Pediatric Endocrinology, Diabetes, or Metabolism)  |
| [ ]  Board certified/board eligible Adult and Pediatric Hematologists (Adult or Pediatric Hematology/Oncology) |
| [ ]  Board certified/board eligible Adult and Pediatric Pulmonologists (Adult or Pediatric Pulmonology Disease) |
| [ ]  Board certified/board eligible Allergy and Immunology.  |
| [ ]  Board certified/board eligible in specialty area approved by the Texas Newborn Screening Program Medical Director |
| **Required Information***Enter the name, phone, fax and e-mail address, and National Provider Identification (NPI) number of each physician specialist who will provide or assure the provision of services on behalf of the Entity. Add pages as needed.* |
| Name: | Name: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| NPI#Entity Locations authorized to work: | NPI#Entity Locations authorized to work: |
| Name: | Name: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-mail: | E-mail: |
| NPI#Entity Locations authorized to work: | NPI#Entity Locations authorized to work: |

|  |
| --- |
| **Newborn Screening Program Benefits Program Assurances**As the duly authorized representative of the applicant, I certify that the applicant agrees to comply with the requirements and intent of the Newborn Screening Program Benefits Program Open Enrollment and all other requirements of the Texas Department of State Health Services (DSHS) which include, but are not limited to, the following: |
| Each Physician specialist providing services on behalf of the Entity must be currently enrolled as a Texas Medicaid Provider. |
| Applicant certifies to provide or assure the provision of benefits to include but not limited to confirmatory testing, follow-up care, and medical management services for eligible clients. |
| Applicant shall comply with the requirements in the Newborn Screening Program Benefits Contractor Procedures Manual. |
| Applicant shall comply with the requirements in the Newborn Screening Program Benefits Contractor Procedures Manual listed in Section II: Client Services Policies and Procedures. |
| Applicant shall comply with the requirements in the Newborn Screening Program Benefits Contractor Procedures Manual regarding billing requirements and non-reimbursable expenditures listed in Section IV: Billing. |
| **Signature** | **Print Name** | **Date** |
|  |  |  |