

**LOCAL HIE ORGANIZATION INFORMATION:**

<b>Name of Organization:</b>	<b>Date Form Submitted:</b>
<b>Point of Contact Name:</b> (Last, First)	<b>Phone Number:</b>
<b>Point of Contact Title:</b>	<b>Email Address:</b>

**CONNECTIVITY TYPE:** Check all that apply.

*Ambulatory C-CDA*

*Hospital ADT*

*Hospital C-CDA*

For Ambulatory Onboarding: % Medicaid Per Provider 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

For Hospital Onboarding: % Medicaid \_\_\_\_\_ # of beds \_\_\_\_\_

Requires 10+% of Medicaid patient volume. Hospitals with high bed counts may be approved with lower patient volumes, at the sole discretion of HHSC.

**REQUEST FOR OPTIONAL PAYMENT:** Upon HHSC's acknowledgment of receipt of this form, the Local HIE Organization may submit an invoice for 20 percent of the contracted Cost Per Provider to HHSC.

Yes

No

**MEDICAID PRACTICE INFORMATION:** Answer ALL questions and if not applicable, insert N/A.

<b>Practice Name:</b>	
<b>Provider(s) to Connect:</b> (List all Providers in Practice using Page 2)	
<b>Main Physical Address:</b> (Street, Suite No., City, State, Zip Code)	
<b>Mailing Address:</b> (Street, Suite No., City, State, Zip Code)	
<b>Additional Address(s):</b> (Street, Suite No., City, State, Zip Code) <b>List all provider locations</b>	
<b>Practice Point of Contact Name:</b> (Last, First)	<b>Practice Point of Contact Title:</b>
<b>Practice National Provider Identifier (NPI):</b>	<b>Practice Texas Provider Identifier (TPI):</b>
<b>Description of the Practice:</b>	<b>Practice Website Address:</b>
<b>Name of EHR Vendor, Product/Version, CEHRT Level:</b>	

**ATTACHMENTS:**

- **Listing of Providers in the Medicaid Ambulatory Practice:** Attach a listing of **ALL** Medicaid Providers in the practice. Include Provider Name, NPI, Billing NPI, TPI, and Address of Practice(s).
- **Examples of C-CDA:** Attach copy (XML) of the Medicaid Providers C-CDA.
- **Letter of attestation providing Medicaid patient volume:** Hospitals and/or ambulatory practices

**OR**

- **Screenshot showing Medicaid participation and patient volume:** Use the HHS Provider Finance Department's Disproportionate Share Hospitals Qualification File for the latest year available, found [here](#).

