

Instructions to Complete Provider Application

Purpose of Application: Mental Health Mental Retardation Authority of Harris County (MHMRA) is required to ensure licensed providers for mental health, mental retardation, developmental delays and substance abuse services participate and maintain credentialing requirements to ensure client protection and compliance with billing procedures for service activities by a licensed provider.

Credentials must be assessed, verified and approved by MHMRA of Harris County's Credentialing Committee prior to delivery of service(s).

Required Items to Initiate Credentialing Process:

There are 3 types of applications that follow. Please choose the application that applies to you and complete it in its entirety. Incomplete applications will not be processed. Copies of all required documents must be received along with a completed application for review and approval by MHMRA of Harris County's Credentialing Committee. All documents are required for credentialing purposes only.

1. Provider Checklist with Texas Standardized Credentialing Application (TSCA) for Licensed staff (QMHP's use only the checklist) – Individual providers:
 - This application is for licensed practitioners to complete in full.
 - Refer to the Provider Checklist cover sheet for the documentation requirements that must be attached to be considered a complete application.

2. Facility Application– Facilities and/or group practices:
 - This application is to be completed in full by a facility or group practice.
 - Refer to the Facility Application cover sheet for the documentation requirements that must be attached to be considered a complete application.
 - Attach a TSCA for each licensed individual – MDs, Physician Assistants, APNs, LPCs, LMFTs, LCSWs and Psychologists, etc.; however, if you are a QMHP, you will follow the instructions at the bottom of the page on the Provider Checklist.
 - Facility Applications must include a Texas Standardize Application for each licensed individual to be considered complete and a Provider Checklist for each QMHP.

3. Interest Letter—To be used only by applicants who already are under contract with local Authority:
 - A current contractor since FY 10, can potentially increase their service level array if successfully have provided lesser service by audit and on-going follow-up determination. The provider would then only complete the Interest Letter and update any other information on previous applications.

A delay in the credentialing process will occur if the application is not completed and/or supporting documents are not attached.

NOTE: If you answered yes to any malpractice questions, please attach a letter from your attorney, a copy of the complaint and the judgment, the name of the malpractice carrier that handled the claim(s) and the firm representing the carrier.

MHMRA of Harris County
Attn: Sharon Brauner, C.P.M., A.P.P., Senior Purchasing Coordinator
7011 Southwest Freeway
Houston, TX 77074
Ofc: (713) 970 – 7279
Fax: (713) 970 – 7682
Email: Sharon.brauner@mhmraharris.org
CC: Nina.cook@mhmraharris.org

MHMRA of Harris County

**MH Authority Support Services
Network Management
Provider Checklist**

Required documentation listed below must accompany the application for EACH licensed provider.

- Complete, date and sign the enclosed provider application
- Attach Texas Standard Application (2007 version) for Licensed individuals – MDs, Physician Assistants, APNs, LPCs, LMFTs, LCSWs and Psychologists etc. If you are a QMHP, follow instructions at the bottom of the page.
 - *If you had a gap of more than 6 months in employment, please attach a detailed written explanation*
 - *If you answered yes to any malpractice questions, please attach a letter from your attorney, a copy of the complaint and the judgment, the name of the malpractice carrier that handled the claims and the firm representing the carrier.*
- Attach a copy of Curriculum VITAE
- Attach a copy of Current State License and/or License Registration Certificate
- Attach a copy of Current State Controlled Dangerous Substance (CDS/DPS) Certificate
- Attach a copy of Current Federal Drug Enforcement Agency (DEA) Certificate
- Attach a copy of Current Malpractice Insurance Face Sheet with the limits of Liability
- Attach a copy of the W-9 form.
- Attach required Exhibits C-U (**Note: Exhibit H and M should be complete**)
- Attach a copy of your ECFMG certificate, if you are a foreign medical school graduate.

Send the application along with the required documents by mail to:

MHMRA of Harris County
Attn: Sharon Brauner, C.P.M., A.P.P., Senior Purchasing Coordinator
7011 Southwest Freeway
Houston, TX 77074
Ofc: (713) 970 – 7279
Fax: (713) 970 – 7682
Email: Sharon.brauner@mhmraharris.org
CC: Nina.cook@mhmraharris.org

Provider Rights Notification

*The practitioner has the right to appeal any alleged erroneous information by providing additional information.
Practitioners have the right to be informed of their credentialing/re-credentialing status upon request.
Practitioners have the right to review the information submitted in support of their credentialing application with exceptions below.*

***For QMHPs only (Bachelor Level staff only)**

Degree: _____

Date of degree: _____

Attach a copy of transcript from an accredited college or university if degree is not in social fields: psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or a Registered nurse.