

## Change of Ownership Checklist for Nursing Facility Providers

Texas | Medicaid • Medicare-Medicaid Plan

<p><b>Facility name:</b></p>
<p><b>Change of ownership (CHOW) effective date:</b></p>
<p>Wellpoint service area:  <input type="checkbox"/> Bexar <input type="checkbox"/> El Paso <input type="checkbox"/> Harris <input type="checkbox"/> Jefferson <input type="checkbox"/> Lubbock <input type="checkbox"/> MRSA West <input type="checkbox"/> Tarrant <input type="checkbox"/> Travis</p> <p>If your facility is not in one of our service areas, please consult with one of our Network Relations consultants or send an email to NF-Provider Relations <a href="mailto:nf-providerrelations@wellpoint.com">nf-providerrelations@wellpoint.com</a>.</p>
<p><b>Current W-9 <input type="checkbox"/> Submitted</b></p>
<p>Please provide a current W-9 with the new owner information.</p>
<p><b>Letter of Interest/Request for Credentialing Form <input type="checkbox"/> Completed</b></p>
<p>All nursing facilities going through a CHOW must be credentialed under the new owner information. This form will open a new credentialing case with Verisys, the Credentialing Verification Organization (CVO) used by the MCOs. You must complete the application electronically through Availity Essentials or submit a paper application directly to Verisys. Please be sure to provide the supporting documentation requested on the application, as applicable.</p>
<p><b>Nursing Facility Demographic Information Form <input type="checkbox"/> Completed</b></p>
<p>This form is required for all facilities that wish to contract with Wellpoint. Please complete all fields to avoid a delay in processing.</p> <p>Make sure the facility name (DBA) and legal/tax name matches the W-9. For taxonomy code, list both codes for nursing home (NH) and skilled nursing facility (SNF). For provider type, check the boxes for both NH and SNF. If the facility currently has a temporary license under the new legal owner, please include that number in the field for HHSC nursing facility license #.</p>

### [provider.wellpoint.com/tx](https://provider.wellpoint.com/tx)

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Medicare-Medicaid Plan coverage provided by Wellpoint Texas, Inc.

TXWP-CDMMP-058842-24 | June 2024

**Skilled Nursing Facility Participation Criteria/Capability Survey Form**  Completed  N/A

This form is required to participate in our Wellpoint program. To be eligible for this program, a facility must meet these requirements: (1) have a CMS overall Star rating of 3 or more, (2) number of deficiencies must be at or below the current national average, and (3) have zero L3 health deficiencies in the most recent CMS survey. If the facility is interested in participating in this program and meets the above requirements, please complete this form, and provide supporting documentation, as indicated on the form. If the facility does not meet these requirements, it is not necessary to turn in this form.

Please note your participation in this program is subject to review and can change dependent on your CMS survey results.

If the facility is interested in participating in this program and meets the above requirements, please complete this form, and provide supporting documentation, as indicated on the form. If the facility does not meet these requirements, it is not necessary to turn in this form.

Please note your participation in this program is subject to review and can change dependent on your CMS survey results.

**HHSC Quality Incentive Payment Program (QIPP) Forms**  Completed  N/A

If your facility is currently a QIPP enrolled provider or will be a new QIPP provider in the upcoming QIPP year, please complete the following with the new owner information (only if in a Wellpoint service area):

QIPP agreement: Upon receipt of the W-9, your facility's Network Relations consultant can provide you with a pre-filled agreement with your facility information. If you complete the form on your own, make sure to have all fields completed – at the top of the form, add the full name of the facility to include legal and DBA names; in the preamble of the agreement, enter the facility (DBA) name; in the section above the facility signature, enter facility name.

*Electronic Funds Transfer (EFT) Form:* Please note this EFT enrollment is for QIPP funds only and is not meant for claims payments. Please complete all fields to avoid a delay in processing.

**Wellpoint Nursing Facility Quality Incentive Program (NFQIP) Form**  Completed  Not interested in participating

Wellpoint has its own incentive program, separate from HHSC's QIPP. If you are interested in participating in this program, please complete the *NFQIP Letter of Agreement*. Contact your Network Relations consultant or send an email to NF-Provider Relations [nf-providerrelations@wellpoint.com](mailto:nf-providerrelations@wellpoint.com) for more information about this program. You must be a fully credentialed and contracted provider with Wellpoint and have Wellpoint residents in your facility to be eligible for incentive payments. Please complete this form even if previously enrolled under the old owner tax ID.

### *Electronic remittance advices (ERA)*

To enroll your facility for ERAs with the new owner information, register through Availity at [Availity.com](https://www.availity.com). Select *Enrollments Center* in the *My Account Dashboard* on the home page. Select *ERA Enrollment* in the *Multi-Payer Enrollments* section. Then, simply follow the wizard and submit. After submitting, you will be notified by email that enrollment is complete and start receiving 835s through Availity. Contact Availity at **800-282-4548** to resolve any issues.

### *Electronic funds transfers (EFT)*

To enroll your facility for EFTs for claims payments with the new owner information, register through EnrollSafe at <https://enrollsafe.payeehub.org>. There is a *Help & Support Guide* available on the EnrollSafe website to assist you with the set-up process. You can also contact the EnrollSafe Support team at **877-882-0384** for questions related to registration and enrollment.

### *Nursing Facility Provider Quick Reference Guide*

A quick reference guide for nursing facility providers is located on our website at <https://provider.wellpoint.com/texas-provider/resources/star-plus>. See the section titled *Nursing Facility Resources > Documents*.

### *Provider trainings*

Wellpoint offers online nursing facility provider trainings. Please see the *Nursing Facility Provider Webinar Schedule* available on the Wellpoint website at <https://provider.wellpoint.com/texas-provider/resources/star-plus> under the section titled *Nursing Facility Resources > Nursing Facility Training*. To preregister for an orientation, send an email to [nf-providerrelations@wellpoint.com](mailto:nf-providerrelations@wellpoint.com). You can also set up topic-specific trainings with your Network Relations consultant.