

TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
PRIVATE HOSPITALS CHECKLIST - TRANSFORMATION WAIVER

FOR NEW AFFILIATIONS OR PROVIDERS, PLEASE INCLUDE COMPLETED FORMS BELOW WITH UC TOOL SUBMISSION.  
INCOMPLETE PACKETS WILL NOT BE ACCEPTED OR CONSIDERED ELIGIBLE FOR PAYMENT.

**All Hospitals**

**Required Forms**

- 1. AP-152 (Application for Texas Identification Number)  
<http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf>
- 2. 74-176 (Direct Deposit Authorization/Advance Payment Notification)  
<http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf>  
*(Please ensure AP-152 and 74-176 have identical hospital names, addresses, and EIN numbers. Forms that do not match will be returned.)*  

**The AP-152 and 74-176 are required with packet submission unless a complete 14 digit TIN is provided below:**

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- 3. Certification of Hospital Participation  
<http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-hosp-cert.pdf>
  - a) Page 1: Complete 9 digit TPI (Texas Provider Identification)
  - b) Page 1: Private Hospital
  - c) Page 1: Individual certifying form
  - d) Page 1, Paragraph 1: affiliated Government entity
  - c) Page 4: Sign and date

**Government Entities Affiliating with Hospitals**

**Required Forms**

- 1. AP-152 (Application for Texas Identification Number)  
<http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-gov-entity-cert.pdf>
- 2. 74-176 (Direct Deposit Authorization/Advance Payment Notification)  
<http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf>  
*(Please ensure AP-152 and 74-176 have identical entity names, addresses, phone numbers, and EIN numbers. Forms that do not match will be returned.)*  

**The AP-152 and 74-176 are required with packet submission unless a complete 14 digit TIN is provided below:**

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- 3. 89-103 (TexNet Enrollment Form)  
<http://www.window.state.tx.us/taxinfo/taxforms/00-107.pdf>
- 4. Certification of Governmental Entity Participation  
<http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-gov-entity-cert.pdf>
  - a) Page 1: Government Entity listed
  - b) Page 1: Entity description
  - c) Page 1: Individual certifying form
  - b) Page 4: Sign and date

Please mail completed originals to:

HHSC Rate Analysis  
P.O. Box 85200  
Mail Code H-400  
Austin, Texas 78708-5200  
Attn: Kellie Stephens

For questions regarding documentation, please call (512) 491-1862.