



# Request for Participation: Rate Enhancement for Attendant Compensation

The [Attendant Compensation Rate Enhancement](#) is a Texas Health and Human Services (HHS) program that allows additional payments for services delivered by non-medical attendants who care for Texas Medicaid recipients. If your agency employs non-medical attendants, you may be eligible to participate. If previously enrolled, you must attest to your participation or verify any changes each year by completing this form.

### When is the form due?

We need to receive your form by Nov. 1st for you to be eligible for that year’s rate enhancement.

### Where can I submit the form?

**Mail: Provider Network Management**  
Blue Cross and Blue Shield of Texas  
Arboretum Plaza II  
9442 Capital of Texas Hwy N, Suite 500  
Austin, TX 78759

**Email:** [TexasMedicaidNetworkDepartment@bcbstx.com](mailto:TexasMedicaidNetworkDepartment@bcbstx.com)  
**Fax:** 512-349-4860

Once we receive your form and confirm your participation in the program, we’ll update your Blue Cross Blue Shield of Texas Medicaid Program Participation Agreement with the rate enhancement. If you have any questions, please call your Provider Relations Representative or call us at **800-336-5696**. Thank you.

**I wish to participate in the Attendant Compensation Rate Enhancement program with Blue Cross Blue Shield of Texas Medicaid Program.**

Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

National Provider Identification (NPI) Number: \_\_\_\_\_

Current Rate Enhancement Level: \_\_\_\_\_

Texas Department of Aging and Disability Services Contract Number: \_\_\_\_\_

This information is required by the state. You can learn more about the state guidelines on their [Attendant Compensation Rate Enhancement](#) website.

In a few short words, please describe how the enhanced rate will benefit your attendants and how you plan on notifying your attendants of the enhanced rate.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

[By clicking this link](#), you will go to a new website/app (“site”). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.