

## District Revalidation Information Form – Example Checklist

This document is provided as an example only to help districts prepare for the Texas Medicaid revalidation process. It is intended to serve as a checklist to help gather and organize the required information before entering it into the [Provider Enrollment and Management System \(PEMS\)](#). This is not an official application form and should not be submitted to any organization, state or federal agency.

Do not send or share any of the information collected on this checklist with TASB. The information includes sensitive personal and financial details that should only be entered directly into PEMS using secure methods.

Note: The "Principal Contact" refers to the person responsible for completing the Medicaid revalidation application on behalf of the district. This is typically the Superintendent, Chief Financial Officer, Business Manager, or another individual authorized to represent the district in financial and/or contractual matters.

District Information (to be gathered for entry into PEMS):

- District Name and TEA County District Number
- Physical Address and Contact Information
- Principal Contact's Full Name, Date of Birth, and Email
- Banking Information: Bank Name, Address, Phone, Account Type
- Principal Contact's Professional Disclosures (e.g., licensing, disciplinary history, criminal background, or having been sanctioned—defined as being excluded, penalized, or otherwise formally disciplined by a state or federal agency related to participation in Medicaid or other healthcare programs)

Additional Information/Documentation to Have Available:

- Completed W-9
- Bank Routing and Account Numbers (to be entered securely)
- DBA/Assumed Name Certificate (if applicable)
- Organization Chart including the Principal Contact
- Principal Contact's:
  - Social Security Number (secure entry only)
  - Driver's License Info: Number, Issue State, Issue & Expiration Dates (secure entry only)
  - Start Date and Brief Job Description (if new to PEMS)
- End Date for Previous Principal Contact (if applicable)
- Voided Check or EFT Letter on Bank Letterhead
- 0% Ownership Letter on District Letterhead (see example below)

Sample 0% Ownership Letter:

*The principal owner, <Principal Name>, identified by <District or Charter School Name> on the Principal Information Form section of the district's reenrollment application is listed with 0% ownership. As <District or Charter School Name> is a public school/charter school/entity, no principal actually owns a percentage of the school/entity. Per previous discussions with Texas Medicaid & Healthcare Partnership staff, this is an acceptable practice for providers enrolling, reenrolling and/or revalidating as a School Health and Related Services Medicaid provider. Should you have any questions or concerns, please contact us at <Phone Number and/or email address>.*

Disclosures - to be answered by Principal Contact (to be entered securely):

1. Have you ever been sanctioned in any state or federal program? Yes \_\_\_ No \_\_\_
2. Is your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non-disciplinary actions? Yes \_\_\_ No \_\_\_
3. Have you ever had your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non-disciplinary actions? Yes \_\_\_ No \_\_\_
4. Are you currently, or have you ever been, subject to a licensing or certification disciplinary or non-disciplinary actions? Yes \_\_\_ No \_\_\_
5. Have you ever voluntarily surrendered a professional health care license or certification in lieu of disciplinary action? Yes \_\_\_ No \_\_\_
6. Have you ever enrolled in or applied to any other state's Medicaid or CHIP program? Yes \_\_\_ No \_\_\_
7. Are you currently or have you ever been subject to the terms of a settlement agreement, corporate compliance agreement or corporate integrity agreement in relation to any State or Federally funded program? Yes \_\_\_ No \_\_\_
8. Do you currently have any outstanding debt, or have you received notice of an unpaid amount due in relation to any State or Federally funded program? Yes \_\_\_ No \_\_\_
9. Have you ever been arrested? Yes \_\_\_ No \_\_\_
10. Have you ever been indicted and/or had an information filed against you? Yes \_\_\_ No \_\_\_
11. Is there an outstanding warrant for your arrest? Yes \_\_\_ No \_\_\_
12. Are you currently charged with a crime (excluding Class C misdemeanor traffic citations)? Yes \_\_\_ No \_\_\_
13. Have you ever been convicted of a crime (excluding Class C misdemeanor traffic citations)? Yes \_\_\_ No \_\_\_

This information is provided for educational purposes only to facilitate a general understanding of the law or other regulatory matters. This information is neither an exhaustive treatment on the subject nor is this intended to substitute for the advice of an attorney or other professional advisor. Consult with your attorney or professional advisor to apply these principles to specific fact situations. This information was developed with the assistance of an artificial intelligence tool, specifically a large language model (LLM). The AI provided support in generating textual content, augmenting data analysis capabilities, and aiding in the development of insights.