

TASB School Medicaid Services

SHARS 2025

CONFERENCE



TASB
SCHOOL MEDICAID
SERVICES



The SHARS Sidekick: Helping you Revalidate like a Pro!

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Why Revalidate?

- Districts enrolled in Medicaid must complete revalidation every five years to maintain their eligibility to participate in SHARS.
- Notifications for revalidation will be sent to districts 120, 90, and 45 days before the due date.
*****Please be sure any email addresses associated with the district are up to date and approved in order to receive the revalidation reminder notifications.*****
- Revalidation process becomes available 180 calendar days before your due date.
- Districts are encouraged to complete the revalidation promptly to prevent delays, as the approval process may take up to six months.



Revalidation Due Date Location

- You can locate your district's revalidation date by going to the Provider Information page in the Provider Enrollment and Management System (PEMS) on the Texas Medicaid Healthcare Partnership website www.tmhp.com

Manage Provider Accounts

[Administer a Provider Identifier](#)

Become a Provider Administrator for a Provider Identifier (auth)

[Administer a Provider Enrollment Transaction](#)

Open the provider enrollment application

[Provider Enrollment and Management System](#)

Enroll a provider and manage provider enrollment information

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	INITIATED BY GROUP	REVALIDATION DUE DATE
1104952118		Organization	741562392		12/20/2025



Revalidation Required Documentation

- National Provider Identifier (NPI)
- Primary Taxonomy Code
- Federal Employer Identification Number (EIN)
- Legal Name of entity/organization
- First and last name
- Social Security number
- Date of birth
- Driver's license information
- Licenses or certifications, if applicable
- Additional documentation required for program participation
- A copy of voided check or signed letter on bank letterhead with account number SHARS funds are deposited
- W-9
- Ownership/Controlling interest letter

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.



Revalidation Video

To make this process easier, tune into the [TMHP YouTube Channel](#)





Onsite Visit for Revalidation

- TMHP has initiated onsite visits as part of the PEMS revalidation process.
 - a. Federal regulations ([42 CFR 455.432](#)) require site visits for providers designated as “moderate” or “high” risk categories.
 - b. Onsite visit preparation information can be found at the end of the [Affordable Care Act \(ACA\) Screening Requirements](#)





Onsite Visit Required Documentation

The following information must be provided for **all** providers:

- Organizational Chart/Staff Roster with all employees **first/last name and titles** on Company Letterhead (**titles must be spelt out, no abbreviations**)
- Copy of License/Certifications (if applicable) **NOT APPLICABLE FOR PERFORMING PROVIDERS**
- Assumed Name Certificate, also known as Doing Business As [DBA] certificate (if applicable) **NOT APPLICABLE FOR PERFORMING PROVIDERS**
- If billing is done in house, please provide the first/last name(s) of the individuals who bill claims to Texas Medicaid. If billing is done through a billing service, please provide the name of the billing service. **NOT APPLICABLE FOR PERFORMING PROVIDERS**
- What written procedures do you follow to verify that the services being billed are the services that are provided?
- Is this location Leased or Owned?
- Providers Complaint Policy & Log referring clients to HHSC, OIG, or the licensing board for provider complaints.
 - **Only for Physical Therapists:** [Per TAC 337.2](#) - [Consumer Information Notice](#) must be posted in place of business.



We Are Here to Help

- We are here to support you—please feel free to contact any team member if you need assistance with your revalidation by emailing us at shars@tasb.org or calling our hotline at 888-630-6606.





Thank you!