

Navigating the Roadblocks of Medicaid Enrollment/Licensure Updates

TMHP Ordering Referring-Only Providers

Presented by: Laurie Woodel, TASB Special Education Solutions Manager

This information is provided for educational purposes only to facilitate a general understanding of the law or other regulatory matter. 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.



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Today's Journey

- ORP Enrollment Documentation Requirements
- ORP Enrollment
- Updating Speech Licensure
- Friendly Reminders
- Questions



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Required Documentation for Enrollment

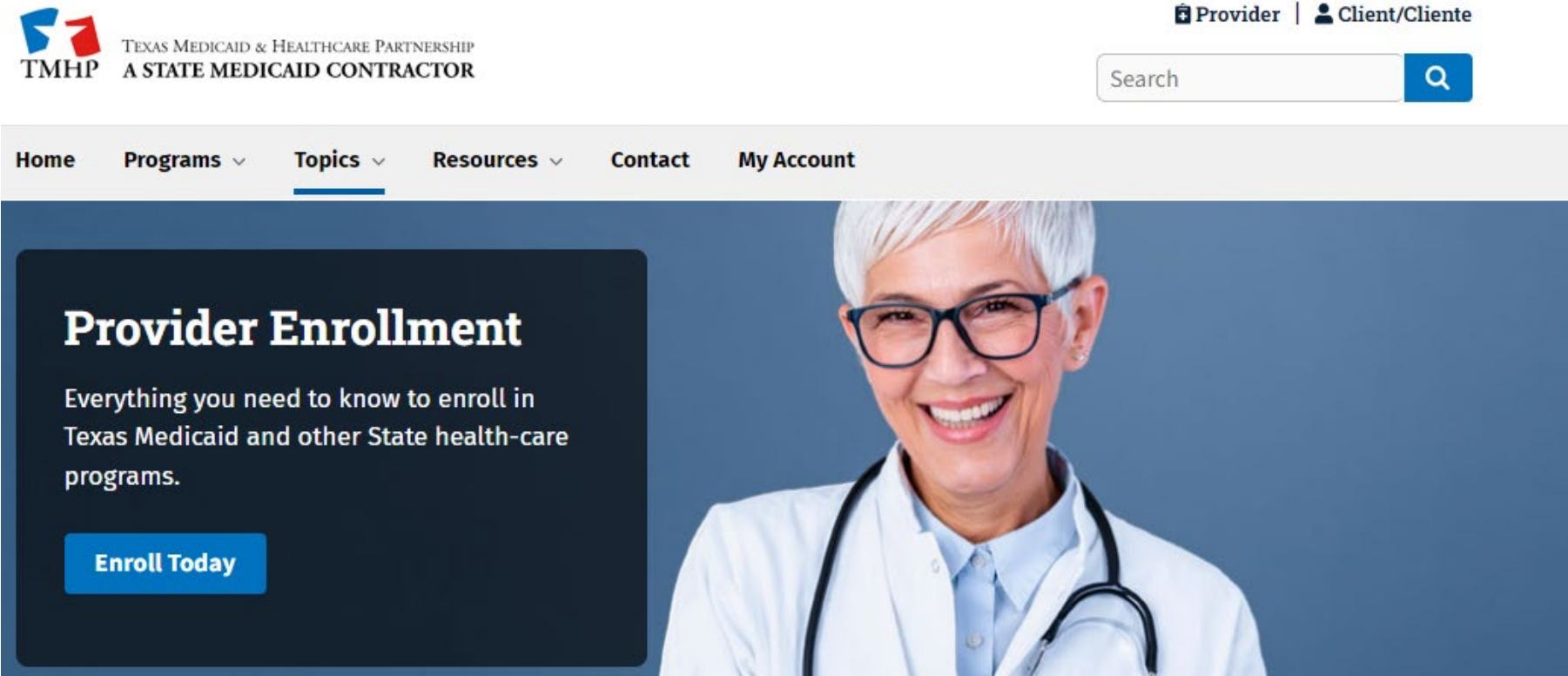
- Social Security Number (SSN)
- Date of birth (DOB)
- Driver's license information
- Professional healthcare license information
- National Provider Identifier (NPI)



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Go to TMHP Website: www.tmhp.com Provider Enrollment, Enroll Today



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Start New Enrollment

Read Information, click Continue

NPI & Enrollment Information

Welcome to the Provider Enrollment Management System (PEMS)

Basic Instructions

When you Select **Start New Enrollment**, a new record will be created using your National Provider Identifier(NPI) or Atypical Provider Identifier (API).

*Note: If you accidentally **Start New Enrollment**, select 'Cancel' below, or the **back button** on your web browser to return to your dashboard view.*

PEMS bases each enrollment/registration application on the applying provider or participant's NPI or API.

Providers and Participants who would like to enroll or register in Texas health-care programs must do so under one of three categories determined by their NPI or API: **Provider, Atypical Provider, or Individual Transportation Participant.**

Some examples of providers that may have an API include, but are not limited to:

- Financial Management Service Agencies (FMSAs)
- Community Living Assistance & Support Services (CLASS) - Case Management Agencies
- Transition Assistance Services Agencies

To learn more about who might need to apply for an API, refer to 45 Code of Federal Regulations (CFR) §160.103.



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NPI & Enrollment Information

NPI & Enrollment Information

To Begin, Please Choose your Enrollment/Registration

Enroll as a Provider with an Existing National Provider Identifier
 Register as an Individual Transportation Participant
 Enroll as an Atypical Provider

Next, Please Enter your issued NPI NUMBER and validate NPPES information,

NATIONAL PROVIDER IDENTIFIER (NPI)

If you are trying to update the enrollment record then go to Provider Profile [Provider Management](#) section

I have read and agree to the [Texas privacy statement](#) and laws.

- Select Enroll as a Provider with an Existing National Provider Identifier
- Enter NPI, click Validate
- Check box next to “I have read and agree to the Texas privacy statement and laws”
- Click Begin Enrollment/Registration

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION

NPI Taxonomy

Refresh Information

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES / CERTIFICATIONS / ACCREDITATIONS

DISCLOSURES

ACCOUNTING / BILLING INFORMATION

OWNERSHIP / CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS

NAME
DemoFirst DemoMiddle DemoLast
NPI NUMBER
SOLE PROPRIETOR
YES

GENDER
Male
NPI TYPE
Individual
STATUS
Active

ELIGIBLE TEXAS MEDICAID TAXONOMIES
208000000X

INELIGIBLE TEXAS MEDICAID TAXONOMIES

If you do not see the taxonomy code that you would like to use for enrollment, please update your taxonomy codes at [NPPES Site](#)

Need help with NPI Taxonomy Information

View Instructions

This information is pulled from the Texas Medicaid and Healthcare Partnership (TMHP) website. Be sure to verify all information. If the taxonomy is not correct, click NPPES Site and update the taxonomy.

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

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AGREEMENTS

NPI Taxonomy

Refresh Information

NAME	GENDER	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
DemoFirst DemoMiddle DemoLast	Male	20800000X	
NPI NUMBER	NPI TYPE		
	Individual		
SOLE PROPRIETOR	STATUS		
YES	Active		

If you do not see the taxonomy code that you would like to use for enrollment, please update your taxonomy codes at [NPPES Site](#)

Need help with NPI Taxonomy Information

[View Instructions](#)

Services Provided Section is not required for Ordering, Referring Provider (ORP)



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Provider Information

Provider Information

Basic Information

First Name * DemoFirst Middle Name DemoMiddle Last Name * DemoLast

Suffix Select One Social Security Number * Enter SSN Date of Birth * MM/DD/YYYY

Gender * Male ID Type * Select One ID Number * Enter ID Number

State Issuer * Select One Issue Date * 04/14/2023 Expiration Date * MM/DD/YYYY

Primary Email Address * Enter Primary E-Mail Primary Email Status Secondary Email Address Enter Secondary E-Mail Secondary Email Status Verify Email

Maiden Name, Other Alias, Nicknames

Name Type	First Name	Middle Name	Last Name

No data available in table

+ Add Maiden Name, Other Alias, Nicknames

Enrollment Information

- Required fields are denoted with a *
- Disregard Revalidation Date
- Verify the email address by logging into your email and clicking on the link that was sent to you
- Be sure to click “Save” once all required fields have been completed

Licenses / Certifications / Accreditations

0 TOTAL DEFICIENCIES

Licenses/Certifications/Accreditations

Pending Change Request Number: 20183474

Note - Only enter licenses/certifications/accreditations for the enrolling provider.
Do not enter any licenses/certifications/accreditations for other providers. Entering a license for another provider on this page may cause delays in processing.
If a supervising license is required for enrollment, please enter the supervising license on the applicable Program and Service Details records in the Practice Location page of the application.
See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION	REQUEST NUMBER
No data available in table								

+ Add Licenses/Certifications/Accreditations

Need help with Licenses Information

View Instructions

Click: Add Licenses/Certifications/Accreditations button if you are a new provider

Enter License information

Certifications/Accreditations are not required for ORP's



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Disclosures

- Read and answer all questions.
- If yes is answered to any question except “Are you a citizen of the United States?”, you will be required to upload additional information.
- When answering “yes” to “Are you a citizen of the United States?” a pop-up will appear, click “Ok”

**ORP APPLICANTS ARE NOT REQUIRED TO
COMPLETE ACCOUNTING/BILLING INFORMATION
OR OWNERSHIP/CONTROLLING INTEREST
SECTIONS**



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Programs – answer “Yes” for Acute Care-Fee-For-Service, and “No” for all others and Save

DemoFirst DemoMiddle DemoLast Request: 20183474 Save Draft

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS

Texas Medicaid Programs

Pending Change Request Number: 20183474

Helpful Hint: Only select the new programs in which you want to enroll. If the program below is marked "Yes", it is or has been enrolled for a practice location and cannot be edited.

Eligible Programs

Acute Care-Fee-for-Service*	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Acute Care - Comprehensive Care Program (CCP)*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Acute Care - Texas Health Steps Dental *	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Acute Care - Texas Health Steps Medical *	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Acute Care -Case Management*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Children with Special Health Care Needs Services Program (CSHCN)*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Children with Special Health Care Needs - Family Support Services (CSHCN-FSS)*	<input type="radio"/> Yes	<input checked="" type="radio"/> No



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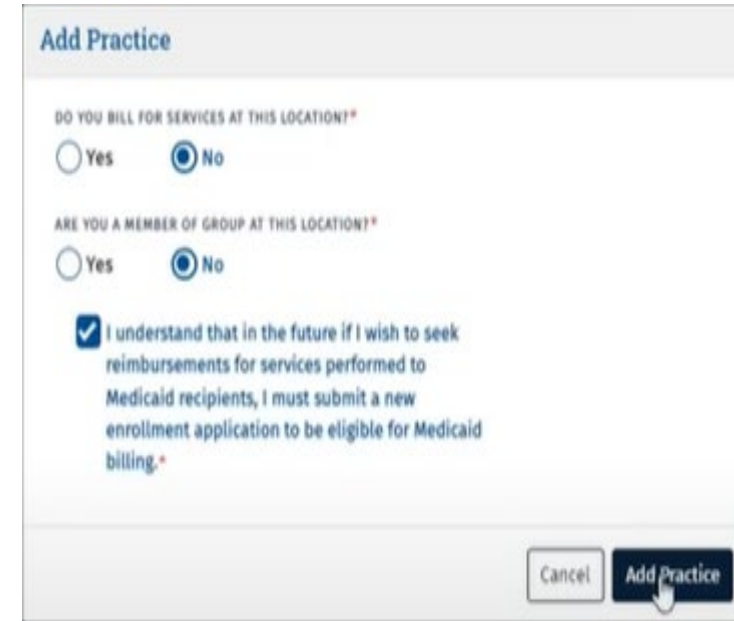
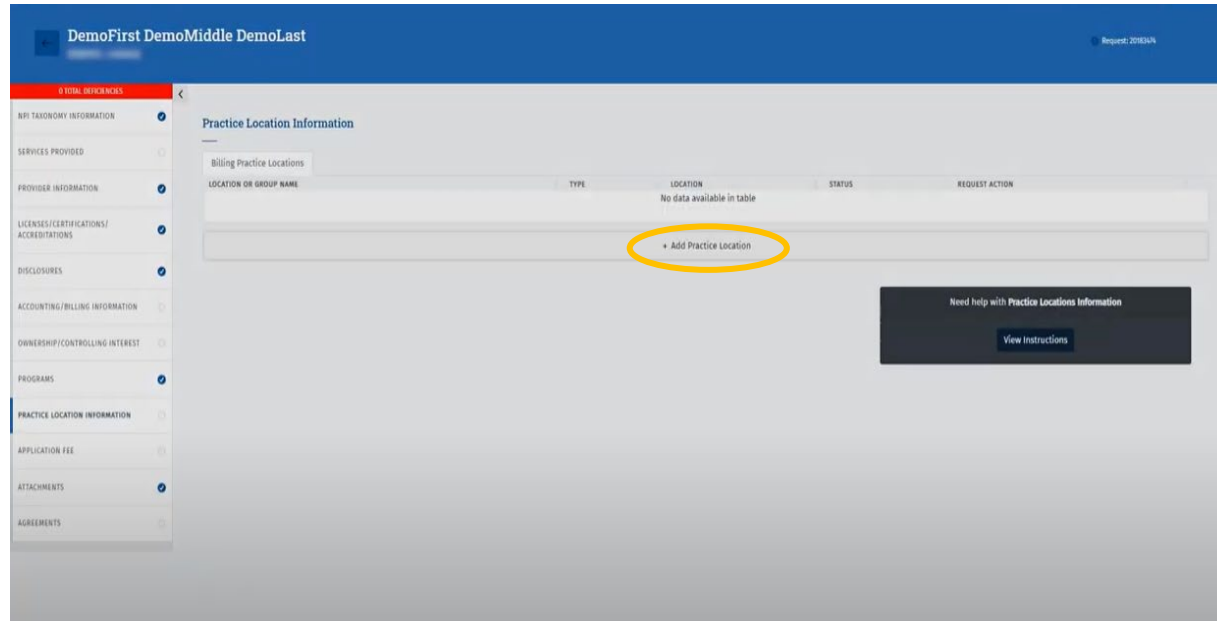
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Practice Location Information



Click Add Practice Location and a box will open with two questions. You will answer “No” to these questions.

Basic Information – Complete all * areas and click “Save” (Practice location is typically school district address)

Programs and Services Participation – answer Demographic and Program Specific Questions

Answer “No” to Healthy Texas Women

The screenshot shows a 'Basic Information' form with the following fields:

- LOCATION NAME: Enter Practice Location Name
- ADDRESS LINE 1: Enter Street Address
- ADDRESS LINE 2: Enter Address Line2 - Suite/APT
- CITY: Enter City Name
- STATE: Select One
- ZIP CODE: Zip Code
- ZIP CODE 4: Zip Code 4
- Verify Address (button)
- PHONE NUMBER: Enter Phone Number
- EXT: Enter Extension
- FAX NUMBER: Enter Fax Number
- EFFECTIVE DATE: MM/DD/YYYY
- END DATE: MM/DD/YYYY
- END REASON: Enter End Reason

Healthy Texas Women

Will you provide HTW services, HTW plus services, or both at this location?

HTW offers women's health and family planning services, including cancer screenings, testing/treatment for infections, and birth control.

HTW plus covers testing and treatment for cardiovascular and coronary conditions, as well as treatment for behavioral health conditions for recently

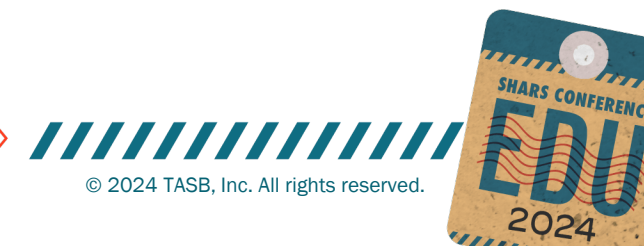
If you provide HTW or HTW plus services at this location, do you want to be included in online provider lookup tools?

HTW clients use these tools to find HTW providers. If you select 'Yes', your address and contact information will be made available on the HTW Online

Yes, I attest that I provide HTW or HTW Plus services at this physical location and want this location included in online provider lookup tools.

No, I do not provide HTW or HTW Plus services at this location and do not wish for this location included in online provider lookup tools.

After clicking “Save” click on Programs and Services Participation section and click on the ellipses, select open, scroll down to Licensures/Certifications/Accreditations. Select License information and click “Save.”



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Demographics for Practice Location section

Demographics

PATIENT GENDER LIMITATIONS*
All

PATIENT AGE LIMITATIONS - START*
0

PATIENT AGE LIMITATIONS - END*
99

ACCEPTING PATIENTS*
Accepting New Patients

Reassignment of Benefits History

GROUP'S PROVIDER TYPE	GROUP'S BENEFIT CODE	GROUP'S TAXONOMY	GROUP'S ZIP CODE	GROUP'S NPI	EFFECTIVE DATES
No data available in table					

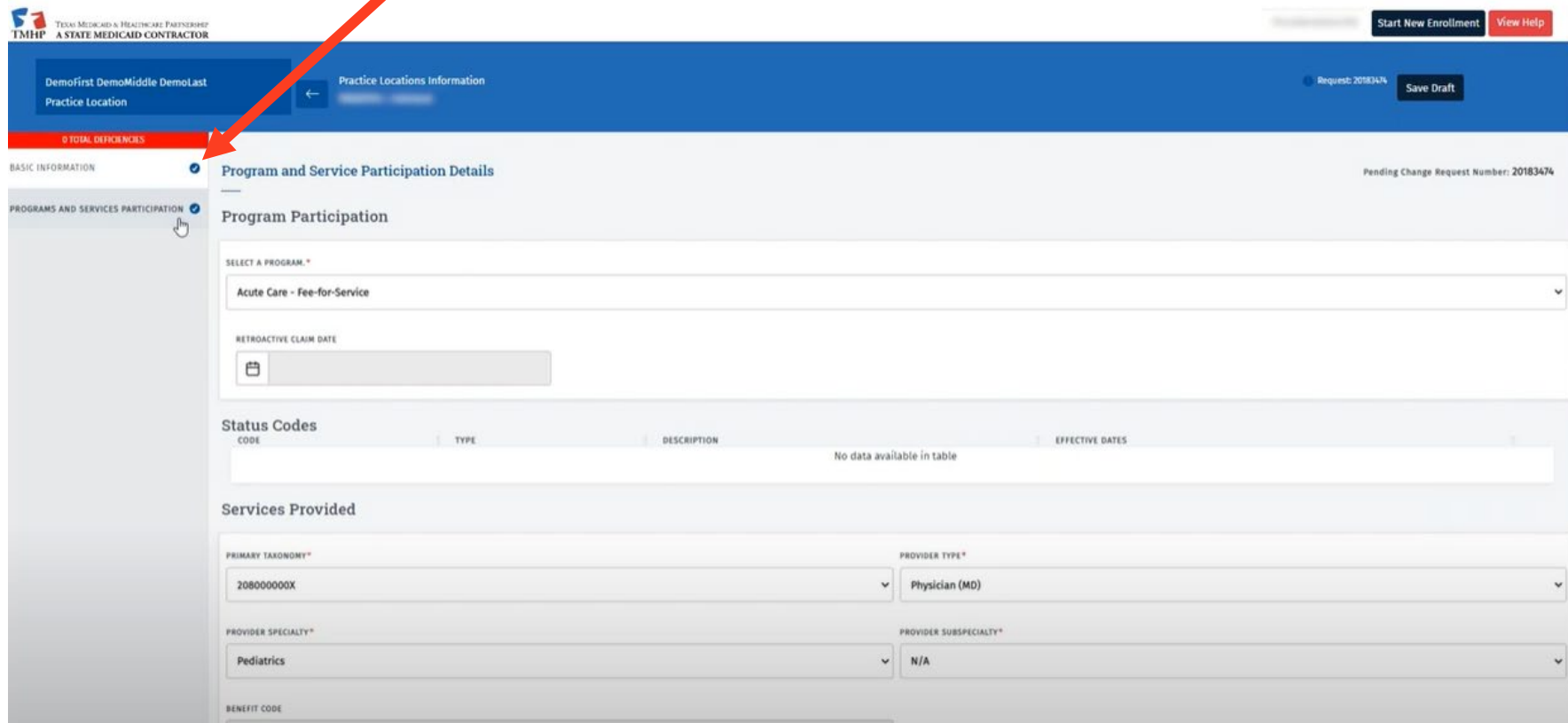
Program Specific Questions

Do you offer telehealth services?*
Do you offer telehealth services is required. Yes No

Do you offer telemedicine services?*
Do you offer telemedicine services is required. Yes No

Do you provide hearing services for children?*
Do you provide hearing services for children is required Yes No

Are you an Urgent Care Center?*
Urgent Care Center question is required. Yes No



Be sure that both **Basic Information** and **Programs and Services Participation** have blue check marks which indicates both have been completed.



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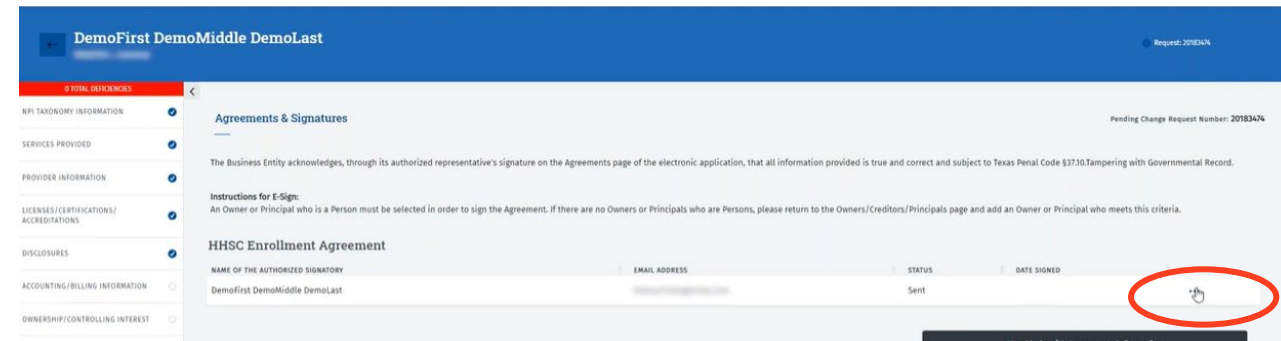
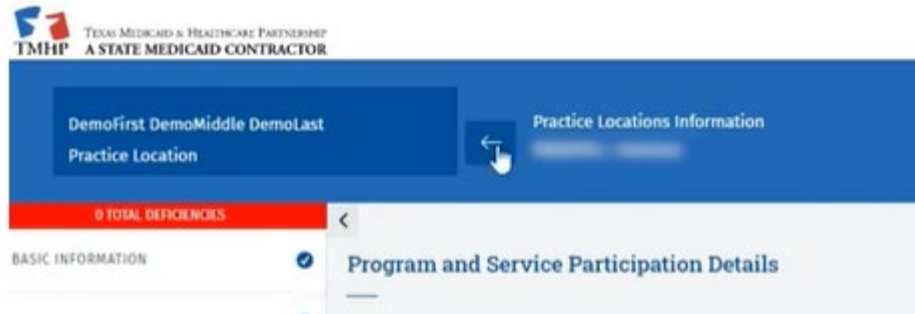
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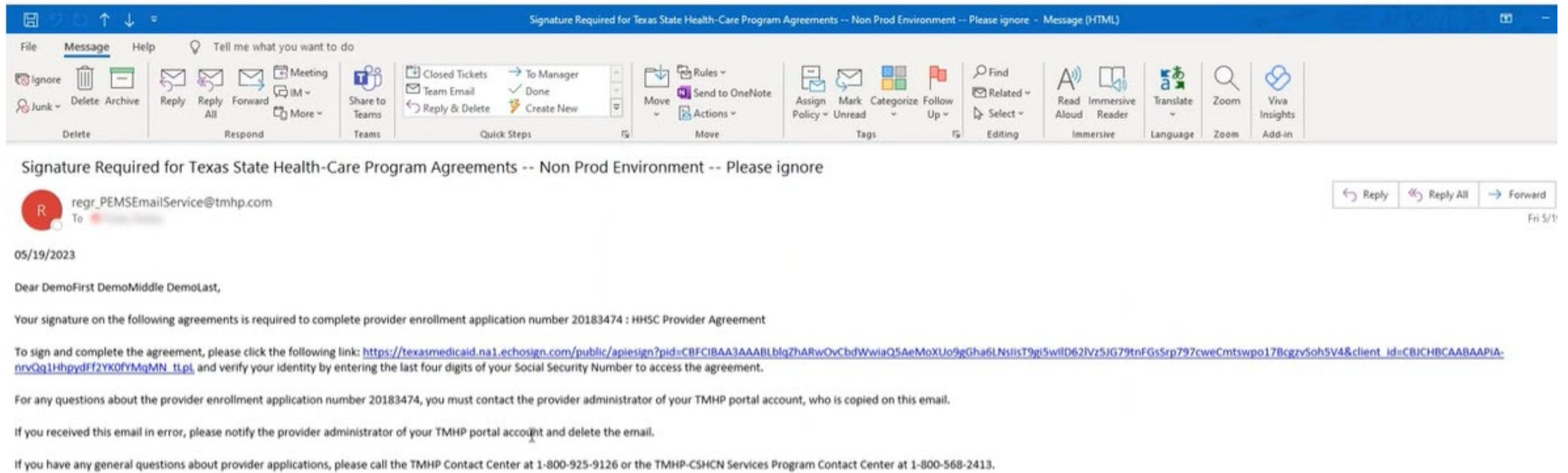
Click the back arrow to electronically sign the agreement

Click the back arrow to electronically sign the agreement

Select the ellipses (...) and select Authorized Signatory from the dropdown and enter email address to send HHSC Agreement



You will receive an email with a link to sign and complete the agreement



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You will be required to enter a password which is the last 4-digits of the enrolling provider's Social Security Number (SSN)

Once the password has been entered, follow the prompts to begin the e-signature process. Name must be exactly how it was entered on the application. No nicknames, no initials, no titles



This document is password protected

You need a password to access this document. If you do not have the password, you will need to contact [The Provider Enrollment Program Administrator](#).

Enter password..

Continue

Type Signature



DemoFirst DemoMiddle DemoLast

Clear

Close

Apply



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When completed, you will receive a message that confirms the HHSC Provider agreement was successfully signed

You're all set

You finished signing "Enrollment Agreements".

You can also download a copy of what you just signed.

Don't have an Adobe account?

- ✓ Access future agreements anywhere on the web
- ✓ Fill, sign, share, or comment on any PDF
- ✓ Send 2 free agreements for e-signature on a monthly basis



Create account



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**Be sure to submit the request to complete the application process

The screenshot shows the TMHP (Texas Medicaid & Healthcare Partnership) application portal for a State Medicaid Contractor. The user is logged in as 'DemoFirst DemoMiddle DemoLast' with a request ID of 20183474. The application progress bar shows 0 total deficiencies. The current step is 'Agreements & Signatures', which includes a table for the 'HHSC Enrollment Agreement'.

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
DemoFirst DemoMiddle DemoLast	[REDACTED]	Signed	5/19/2023

Below the table, there is a 'Submit' button and a note: 'Once the application is accepted and submitted, you will not be able to make modifications during TMHP processing.' A 'View Instructions' link is also present.



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How to check the status of your application – Select Requests. You can search by entering the request number or NPI number. Application status will show as “PE Review” until approved.

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

Start New Enrollment View Help

REQUESTS

REQUESTS PROVIDER MANAGEMENT

ADVANCED SEARCH Search NPI or Request #

Texas Medicaid waived provider revalidations during the federal COVID-19 Public Health Emergency. The last day of the federal COVID-19 Public Health Emergency will be May 11, 2023. The provider revalidation waivers for the federal COVID-19 Public Health Emergency will end on that date. TMHP has sent an email to affected providers with a recalculated revalidation due date. Providers can also find their Revalidation Due Dates in the "Revalidation Due Date" field on the Provider Information Page in the Enrollment Information section.

Start New Enrollment View Help

REQUESTS

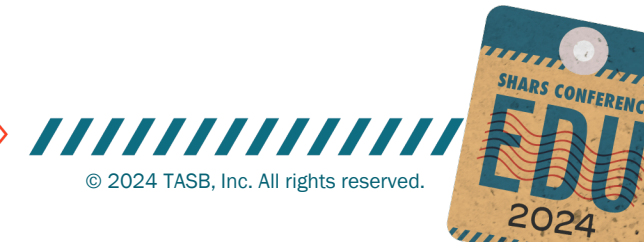
REQUESTS PROVIDER MANAGEMENT

ADVANCED SEARCH 20183474

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You must respond to and resolve all deficiencies within 45 business days.

REQUEST TYPE	NPI / API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PEMS - New Enrollment		20183474	DemoFirst DemoMiddle DemoLast	Individual		PE Review	...



Updating License Dates (SLP)



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Speech Licensure Updates

From Provider Management Screen in TMHP, search for NPI number

The screenshot shows the TMHP (Texas Medicaid & Healthcare Partnership) Provider Management interface. At the top left is the TMHP logo and the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". At the top right are buttons for "Start New Enrollment" and "View Help". Below the header is a blue bar with the text "PROVIDER MANAGEMENT". Underneath, there are tabs for "REQUESTS" and "PROVIDER MANAGEMENT". A search bar on the right contains the NPI number "1992786321", which is circled in red. Below the search bar is a table with the following data:

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	REVALIDATION DUE DATE	STATUS	
1992786321	DemoFirst J DemoLast	Individual	999596399	06/23/2026	Approved	...

Select the ellipses (...) and then view to open enrollment record associated with that NPI


TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
MHP A STATE MEDICAID CONTRACTOR

Start New Enrollment View Help

PROVIDER MANAGEMENT

REQUESTS PROVIDER MANAGEMENT

1992786321

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	REVALIDATION DUE DATE	STATUS	
1992786321	DemoFirst DemoLast	Individual	999596399	06/23/2026	Approved	



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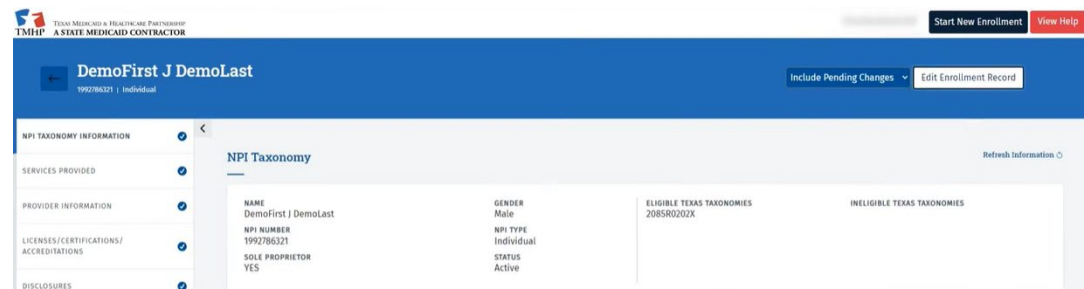


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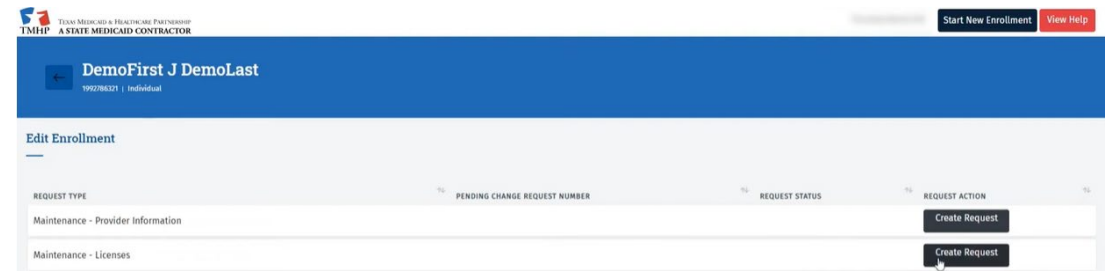


Edit Enrollment

Select Edit Enrollment Record



Create Request for Maintenance-Licenses

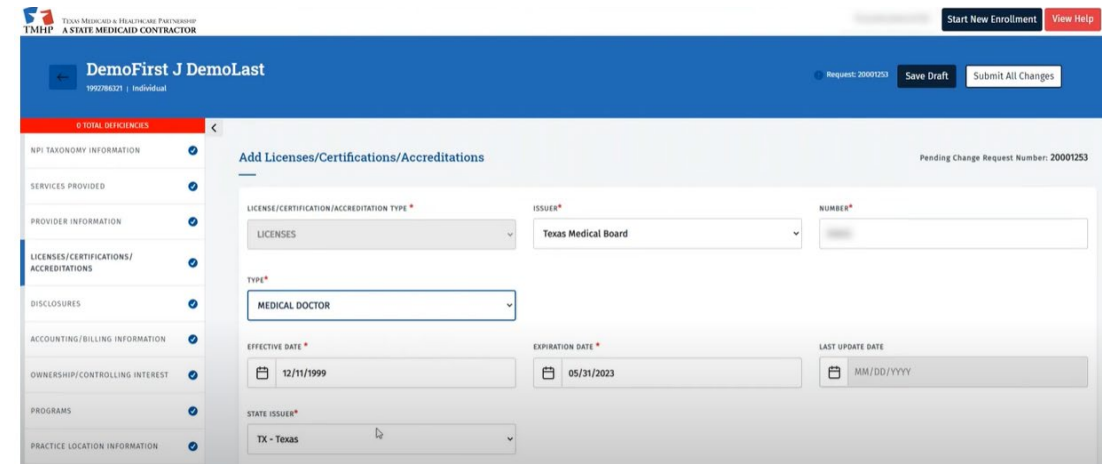
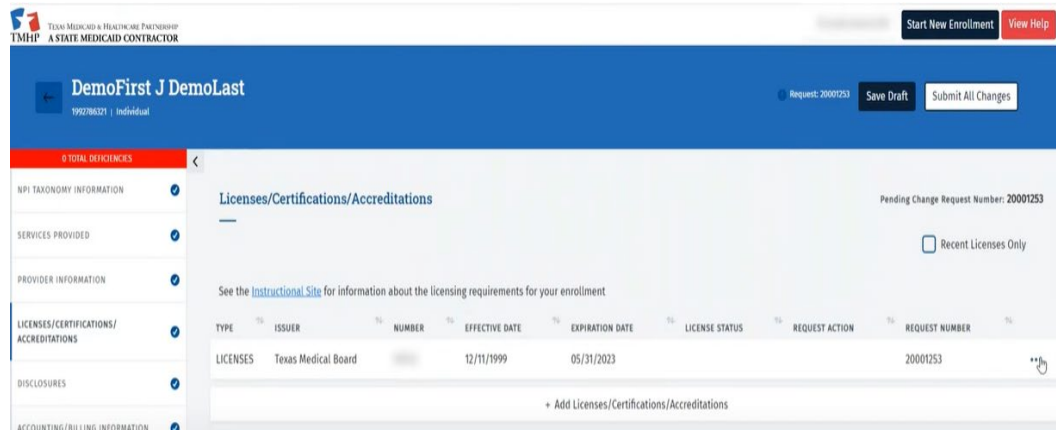


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Select the ellipses (...) and then open

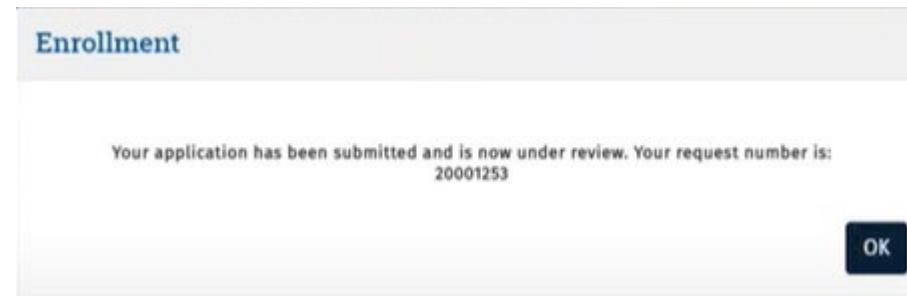
Update the expiration date of your license information, save, and submit all changes



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- Save the request number and click “OK”



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How to check the status of your license update – Select Requests. You can search by entering the request number or NPI number. Application status will show as “PE Review” until approved.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR Start New Enrollment View Help

REQUESTS

REQUESTS PROVIDER MANAGEMENT ADVANCED SEARCH Search NPI or Request #

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR Start New Enrollment View Help

REQUESTS

REQUESTS PROVIDER MANAGEMENT ADVANCED SEARCH 20183474

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PEMS - New Enrollment		20183474	DemoFirst DemoMiddle DemoLast	Individual		PE Review	...



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Friendly Reminders

- Speech referring providers should update their licensure expiration date in TMHP Provider enrollment each time their license renews
- Referrals are good for three years unless the referring speech provider leaves the district, then a new speech referral is needed
- Referrals should have a National Provider Identifier, printed name of provider, signature of provider, date signed by provider, address, phone number, and district name



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Helpful YouTube video links to assist with initial enrollment and updating license dates

ORP Enrollment video link

- https://www.youtube.com/watch?v=2_2SCVXivKk

Updating license information video link

- <https://www.youtube.com/watch?v=WWkSRotN9Ic>



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Questions
Thank you!



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