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



Required Documentation for Enrollment

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



Go to TMHP Website: <u>www.tmhp.com</u> Provider Enrollment, Enroll Today









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.





NPI & Enrollment Information



- 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



TEAS MEDICAID & HEALTHCARE PARTS TMHIP A STATE MEDICAID CONTRAC	TOR				Start New Enrollment View Help					
DemoFirst I	DemoFirst DemoMiddle DemoLast									
O TOTAL DEFICIENCIES		<								
	•	NPI Taxonomy			Refresh Information 🔿					
SERVICES PROVIDED										
PROVIDER INFORMATION		NAME DemoFirst DemoMiddle DemoLast NPI NUMBER	GENDER Male NPI TYPE Lodioidual	ELIGIBLE TEXAS MEDICAID TAXONOMIES 208000000X	INELIGIBLE TEXAS MEDICAID TAXONOMIES					
LICENSES/CERTIFICATIONS/ ACCREDITATIONS		SOLE PROPRIETOR YES	STATUS Active							
DISCLOSURES		If you do not see the taxonomy code that you would like	to use for enrollment, please update your taxonomy code	s at NPPES Site						
ACCOUNTING/BILLING INFORMATION				_						
OWNERSHIP/CONTROLLING INTEREST					Need help with NPI Taxonomy Information					
PROGRAMS					View Instructions					
PRACTICE LOCATION INFORMATION										
APPLICATION FEE										
ATTACHMENTS	•									
AGREEMENTS										

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	<				
		MPI Taxonomy			Refresh Information 👌
SERVICES PROVIDED		NAME	GENDER	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
PROVIDER INFORMATION		DemoFirst DemoMiddle DemoLast	Male NPI TYPE	508000000X	
LICENSES/CERTIFICATIONS/ ACCREDITATIONS		SOLE PROPRIETOR YES	STATUS Active		
DISCLOSURES		If you do not see the taxonomy code that you would like to	o use for enrollment, please update your taxonomy code:	s at NPPES Site	
ACCOUNTING/BILLING INFORMATION					
OWNERSHIP/CONTROLLING INTEREST					Need help with NPI Taxonomy Information
PROGRAMS					View Instructions
PRACTICE LOCATION INFORMATION					
APPLICATION FEE					
ATTACHMENTS	•				
AGREEMENTS					

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



Provider Information

O TOTAL DEFICIENCIES	6								
IPI TAXONOMY INFORMATION	0	Provider Information						Pending C	hange Request Number: 20183474
ERVICES PROVIDED		 Basic Information							
ROVIDER INFORMATION		FIRST NAME *	1	MIDDLE NAME		LAST	NAME *		
ICENSES/CERTIFICATIONS/ CCREDITATIONS		DemoFirst		DemoMiddle		De	moLast		
ISCLOSURES		surra		SOCIAL SECURITY NUMBER *			DATE OF BIRTH *		
COUNTING/BILLING INFORMATION		Select One	۷	Enter SSN			MM/DD/YYYY		
WWERSHIP/CONTROLLING INTEREST		GENDER*	1	10 1191 *			ID NUMBER *		
ROGRAMS		Male	۲	Select One	۷	Enter ID Number			
NUTLICE LOCATION INFORMATION		STATE ISSUER *		ISSUE DATE *		(XPI)	RATION DATE *		
		Select One	×	64/14/2023		MM/00/YYYY			
PLICATION FEE		PRIMARY EMAIL ADDRESS *	1	PRIMARY EMAIL STATUS	SECONDARY EMAIL ADDRESS			SECONDARY EMAIL STATUS	
TACHMENTS	•	Enter Primary E-Mail		Enter Secondary E-Mail					Verify Email
FREEMENTS									
		Maiden Name, Other Alias, Nicknames			MIDDLE NAME			LAST NAME	
				+ Add Maiden	Name. Other Alias, Nicknames				

- 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

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Licenses/Certifications/Accreditations

O TOTAL DEFICIENCIES	<	
NPI TAXONOMY INFORMATION	0	Licenses/Certifications/Accreditations
SERVICES PROVIDED		Note - Only enter licenses/certifications/accreditations for the enrolling provider.
PROVIDER INFORMATION	0	Do not enter any licenses/certifications/accreditations for other providers. Entering a license for another provider on this page may cause delays in processing.
LICENSES/CERTIFICATIONS/ ACCREDITATIONS		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.
DISCLOSURES		See the <u>Instructional Site</u> for information about the licensing requirements for your enrollment TYPE ISSUER NUMBER EFFECTIVE DATE EXPIRATION DATE LICENSE STATUS IN USE REQUEST ACTION REQUEST NUMBER
ACCOUNTING/BILLING INFORMATION		No data available in table
OWNERSHIP/CONTROLLING INTEREST		+ Add Licenses/Certifications/Accreditations
PROGRAMS		Need help with Licenses Information
PRACTICE LOCATION INFORMATION		View Instructions
APPLICATION FEE		
ATTACHMENTS	•	
AGREEMENTS	0	

Click: Add Licenses/Certifications/Accreditations button if you are a new provider Enter License information Certifications/Accreditations are not required for ORP's



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"

O TOTAL DEFICIENCIES				
PI TAXONOMY INFORMATION	0	Disclosures		
ERVICES PROVIDED				
ROVIDER INFORMATION	0	"Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action.	⊖ Yes	O No
ICENSES/CERTIFICATIONS/ CCREDITATIONS	0	Have you ever been sanctioned (as defined above) in any state or federal program? *	G	
ISCLOSURES				
CCOUNTING/BILLING INFORMATION		Is your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *	⊖ Yes	O NO
WNERSHIP/CONTROLLING INTEREST				
ROGRAMS				
RACTICE LOCATION INFORMATION		Have you ever had your professional healthcare license or certification revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? +	⊖ Yes	O No
PPLICATION FEE				
TTACHMENTS	0			
GREEMENTS		Are you currently, or have you ever been, subject to a licensing or certification disciplinary or non - disciplinary actions? +	() ves	O No
		Have you ever voluntarily surrendered a professional healthcare license or certification in lieu of disciplinary action? * (You may be subject to a license or certification (status check with your licensing or certification heard.)	() Yes	O No



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



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

- DemoFirst I	Demo	Middle DemoLast	Request: 20183474 Sa	ve Draft
O TOTAL DEFICIENCIES				
NPI TAXONOMY INFORMATION	0	Texas Medicaid Programs	Pending Change Requ	uest Number: 20183474
SERVICES PROVIDED		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.		
PROVIDER INFORMATION	0	Eligible Programs		
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0	Acute Care-Fee-for-Service*	• Yes	O NO
DISCLOSURES	0			
ACCOUNTING/BILLING INFORMATION		Acute Care - Comprehensive Care Program (CCP)+	◯ Yes	No
OWNERSHIP/CONTROLLING INTEREST		Acute Care - Texas Health Steps Dental +	O Yes	No
PROGRAMS	0			
PRACTICE LOCATION INFORMATION		Acute Care - Texas Health Steps Medical +	⊖ Yes	• No
APPLICATION FEE		Acute Care -Case Management*	◯ Yes	No
ATTACHMENTS	•			
AGREEMENTS		Children with Special Health Care Needs Services Program (CSHCN)*	⊖ ves	• No
		Children with Special Health Care Needs - Family Support Services (CSHCN-FSS)*	⊖ Yes	• No

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Practice Location Information

DemoFirst DemoMiddle DemoLast	Add Practice
Nut NUCLANARY Na Trackor W NURMARY Na Trackor W NURMARY <	DO YOU BILL FOR SERVICES AT THIS LOCATION?* Yes NO MELYOU A MEMBER OF GROUP AT THIS LOCATION?* Yes NO I understand that in the future if I wish to seek reimbursements for services performed to Medicaid recipients, I must submit a new enrollment application to be eligible for Medicaid billing.*

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)

IC INFORMATION	Basic Information			Pending Change Request Number: 20183474		
NGRAMS AND SERVICES PARTICIPATION	LOCATION NAME					
	Enter Practice Location Name					
	ADDRESS LINE 1*		ADDRESS LINE 2			
	Enter Street Address		Enter Address Line2 - Suite/APT			
	anv*		STATE*			
	Enter City Name		Select One	v		
	21P CODE *		ZIP CODE +4			
	Zip Code		Zip Code +4			
	Verify Address					
	PHONE NUMBER *	00.	FAX NUMBER			
	Enter Phone Number	Enter Extension	Enter Fax Number			
	EFFECTIVE DATE		END DATE			
	8		Ам/00/үүүү			
	IND REASON					
	Enter End Reason					

Programs and Services Participation – answer Demographic and Program Specific Questions Answer "No" to Healthy Texas Women

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 f 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 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."



Demographics for Practice Location section

Demographics							
PATIENT GENDER UMITATIONS*	PATIENT	AGE LIMITATIONS - START		PATIENT AGE LIMIT	TATIONS - END*		
All	~ 0			~ 99			*
ACCEPTING PATIENTS*							
Accepting New Patients	*						
Reassignment of Benefits History							
GROUP'S PROVIDER TYPE GR	OUP'S BENEFIT CODE	GROUP'S TAXONOMY No data availa	GROUP'S ZIP CODE		GROUP'S NPI	EFFECTIVE DATES	
Program Specific Questions							
Do you offer telehealth services?* Do you offer telehealth services is required.				() Yes	O No		
Do you offer telemedicine services?* Do you offer telemedicine services is required.			l≽.	() Yes	○ No		
Do you provide hearing services for children?* Do you provide hearing services for children is required				() Yes	0 100		
Are you an Urgent Care Center?* Urgent Care Center question is required.				Oves	○ No		



TMHP TEXE MEDICAID & HEALTHCARE P	PAINER			Start New Enrollment View Help
Demofirst DemoMiddle De Practice Location	emoLast ← Practice Locations Information			Request: 201834% Save Draft
O TOTAL DEFICIENCIES				
BASIC INFORMATION	 Program and Service Participation Details 			Pending Change Request Number: 20183474
PROGRAMS AND SERVICES PARTICIPATI	Program Participation			
	SELECT A PROGRAM.*			
	Acute Care - Fee-for-Service			v
	RETROACTIVE CLAIM DATE			
	0			
	Status Codes			
	CODE TYPE	DESCRIPTION No data ava	lable in table	
	Services Provided			
	PRIMARY TAXONOMY*		PROVIDER TYPE*	
	208000000X	v	Physician (MD)	•
	PROVIDER SPECIALTY*		PROVIDER SUBSPECIALTY*	
	Pediatrics	•	N/A	~
	BEREFIT CODE			

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



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

TMHP A STATE MEDICAID CON	TRACTOR DemoFirst DemoMiddle DemoLast					Request: 2018/44
DemoFirst DemoMiddle I	Demolast	Practice Locations Information	0 TOTAL DEFICIENCIES		C C C C C C C C C C C C C C C C C C C	
Oractica Location	Contro Calera	←	NPI TAXONOMY INFORMATION	0	Agreements & Signatures	Pending Change Request Number: 20183474
Practice Location			SERVICES PROVIDED	0		
	_		PROVIDER INFORMATION	0	The Business Entity acknowledges, through its authorized representative's signature on the Agreements page of the electronic application, that all information provided is true and correct and subject to Tex	as Penal Code §37.10.Tampering with Governmental Record.
			LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0	Instructions for E-Sign: An Owner or Principal who is a Person must be selected in order to sign the Agreement. If there are no Owners or Principals who are Persons, please return to the Owners/Creditors/Principals page and add a	n Owner or Principal who meets this criteria.
DASIC INFORMATION		Program and Service Participation Details	DISCLOSURES	0	HHSC Enrollment Agreement MMIC of THE AUTHORIZED SIGNATORY EMAIL ADDRESS STATUS	DATE SIGNED
			ACCOUNTING / BILLING INFORMATIO	O N	DemoFirst DemoMiddle DemoLast Sent	-29
			OWNERSHIP/CONTROLLING INTER	ist o		



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

	Ŧ			Signature Re	quired for Tex	as State Health-Care Program	Agreements Non Prod Environment	- Please ignore	- Message (HTML)					844	m -
File Message Hel	p 🛛 🖓 Tell me what you want to	do													
©lgnore ∭ — ⊗Junk + Delete Archive	Reply Reply Forward D More ~	Share to Teams	Closed Tickets Closed Tickets Reply & Delete	→ To Manager ✓ Done 梦 Create New	0.0	Wove Content of Conten	Assign Mark Categorize Follow Policy ~ Unread ~ Up ~	P Find I Related → Select →	Read Immersive Aloud Reader	Translate	Q Zoom	Viva Insights			
Delete	Respond	Teams	Quic	k Steps	rş.	Move	Tags 15	Editing	Immersive	Language	Zoom	Add-in			
R regr_PEMSEm	d for Texas State Health-C ailService@tmhp.com	are Pro	gram Agreemer	its Non Pr	od Envir	onment Please	ignore						S Reply	≪⊃ Reply All	→ Forward Fri 5
05/19/2023															
Dear DemoFirst DemoMid	dle DemoLast,														
Your signature on the follo	wing agreements is required to comp	olete provid	der enrollment applic	ation number 203	83474 : HH	SC Provider Agreement									
To sign and complete the a nrvQq1HhpydFf2YK0fYMq	agreement, please click the following MN_tLpL and verify your identity by o	link: <u>https:</u> entering the	//texasmedicaid.na1. e last four digits of yo	echosign.com/pu our Social Security	blic/apiesig Number to	n?pid=CBFCIBAA3AAABLb access the agreement.	lq7hARwOvCbdWwiaQ5AeMoXUo9	gGha6LNsIIsT9	gi5wilD62lVz5JG79ti	FGsSrp797c	weCmtsw	po17Bcgzv5	oh5V4&client_idi	CBICHBCAABA	APIA-
For any questions about th	e provider enrollment application nu	mber 2018	3474, you must cont	act the provider a	dministrato	r of your TMHP portal acc	count, who is copied on this email.								
f you received this email i	n error, please notify the provider ad	ministrator	of your TMHP portal	account and dele	te the ema	a.									
if you have any general qu	estions about provider applications, p	please call t	he TMHP Contact Ce	nter at 1-800-925	-9126 or th	TMHP-CSHCN Services P	rogram Contact Center at 1-800-56	3-2413.							



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 <u>The Provider Enrollment Program Administrator</u>.

Enter password...





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



You finished signing "Enrollment Agreements".

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

Don't have an Adobe account?

Create 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





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

TEXAS MEDICAID & HEALTHCARE PARTN TMHP A STATE MEDICAID CONTRAC	CTOR				-	Start New Enrollment View Help
DemoFirst I	Demo	Middle DemoLast				Request: 20183474
O TOTAL DEFICIENCIES	•					
NPI TAXONOMY INFORMATION	•	Agreements & Signatures				Pending Change Request Number: 20183474
SERVICES PROVIDED	0	—				
PROVINE INFORMATION		The Business Entity acknowledges, through its authorized representat	tive's signature on the Agreements page of the electronic application, that a	Il information provided is true and correct and subject	to Texas Penal Code §37.10.Tam	pering with Governmental Record.
PROVIDER INFORMATION	0	Instructions for E-Sign:				
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	•	An Owner or Principal who is a Person must be selected in order to sig	ign the Agreement. If there are no Owners or Principals who are Persons, plea	ase return to the Owners/Creditors/Principals page an	d add an Owner or Principal wh	o meets this criteria.
DISCLOSURES	0	HHSC Enrollment Agreement				
		NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED	
ACCOUNTING/BILLING INFORMATION		DemoFirst DemoMiddle DemoLast		Signed	5/19/2023	
OWNERSHIP/CONTROLLING INTEREST		By submitting this application for provider enrollment or credentialin	ng, as well as the information provided in connection with this application, I	acknowledge that I intend to become enrolled or cred	entialed as a provider in the Tex	as State Programs. I also agree to adhere
PROGRAMS	0	to all applicable laws, administrative rules, policies, and guidelines, a	and I understand that under these authorities I must adhere to standards of	behaviour that, if not met, can result in administrative	, civil and/or criminal sanctions	k .
PRACTICE LOCATION INFORMATION	•		Submit			
APPLICATION FEE			Once the application is accepted and submitted, you will not be ab	ble to make modifications during TMHP processing.		
ATTACHMENTS	•			_		
AGREEMENTS					Need help with Agreeme	nts Information
					View Instruct	ions



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.

HP A STATE MEDICAID CONTRACTO	r R					Start New Enrollment	View Help
REQUESTS							
	MANAGEMENT				\†\ ADVANCED SEARCH	Q jseard NPI or Request #	
Medicaid waived provider revalida ders with a recalculated revalidatio	ions during the federal COVIL 1 due date. Providers can also	D-19 Public Health Emergency. The o find their Revalidation Due Dates	e last day of the federal COVID-19 Public Health Emergency will b is in the "Revalidation Due Date" field on the Provider Informatio	e May 11, 2023. The provider revalidation waivers for the in Page in the Enrollment Information section.	e federal COVID-19 Public Health Emergency wil	ill end on that date. TMHP has sent an ema	l to affected
						Start New Enrolline	
TEXAS MEDICARD & HEALTHCARE PARTNERS	17 R					Start New Enderne	t View He
TEXE MEDICARD & HEARDICARE PARTNERS A STATE MEDICARD CONTRACTO	er R						t View H
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TECO MEDICADA MUNICIPAL PARTAGE A STATE MEDICAID CONTRACTO REQUESTS © REQUESTS © PROVIDER Medicaid waived provider revailed fers with a recalculated revailed	er R MANAGEMENT tions during the federal COVI	D-19 Public Health Emergency. The o find their Revalidation Due Date	e last day of the federal COVID-19 Public Health Emergency will b es in the "Revalidation Due Date" field on the Provider Informatic	e May 11, 2023. The provider revalidation waivers for the on Page in the Enrollment Information section.	+† ‡ ADVANCED SEARC e federal COVID-19 Public Health Emergency wil	CH Q 20183474	it view He
TEXE MEDICARD & MANDROWE PARTNER A STATE MEDICARD CONTRACTO REQUESTS & PROVIDER © REQUESTS & PROVIDER Medicaid waived provider revalidation ders with a recalculated revalidation must respond to and resolve all def	MANAGEMENT tions during the federal COVI n due date. Providers can als ciencies within 45 business d	ID-19 Public Health Emergency. The to find their Revalidation Due Date: Says.	e last day of the federal COVID-19 Public Health Emergency will b es in the "Revalidation Due Date" field on the Provider Informatic	e May 11, 2023. The provider revalidation waivers for the on Page in the Enrollment Information section.	In the second	CH Q 20183474	il to affected
TOWNEDWARD & HAUDICARE PARTNER ASTATE MEDICAID CONTRACTO REQUESTS Q PROVIDER © REQUESTS Q PROVIDER Medicaid waived provider revalidation the recalculated revalidation must respond to and resolve all def REQUEST TYPE	MANAGEMENT tions during the federal COVI n due date. Providers can als ciencies within 45 business d	ID-19 Public Health Emergency. The to find their Revalidation Due Date. Says.	e last day of the federal COVID-19 Public Health Emergency will b es in the "Revalidation Due Date" field on the Provider Informatic PROVIDER NAME	e May 11, 2023. The provider revalidation waivers for the on Page in the Enrollment Information section. NPI TYPE INITIATED BY	tt ADVANCED SEARC e federal COVID-19 Public Health Emergency wil GROUP : STATUS	CH Q 20183474 ill end on that date. TMHP has sent an ema	il to affected



Updating License Dates (SLP)



Speech Licensure Updates

From Provider Management Screen in TMHP, search for NPI number

TMHP TEXAS MEDICAID & F	IEALTHCARE PARTNERSHIP AID CONTRACTOR					Stat	t New Enrollment	View Help
PROVIDI	ER MANAGEMENT							
	O PROVIDER MANAGEMENT					Q 19	92786321	>
NPI /API	The provider / organization name	74 NP	TYPE	TAX ID / SSN	REVALIDATION DUE DATE	The STATUS	74	
1992786321	DemoFirst J DemoLast	Inc	lividual	999596399	06/23/2026	Appro	ved	



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

TEXAS MEDICAID & I HP A STATE MEDIC	HEALTHCARE PARTNERSHIP CAID CONTRACTOR				Start New Enrollment View Help
PROVIDI	ER MANAGEMENT				
					Q 1992786321
NPI /API	** PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	The REVALIDATION DUE DATE	The STATUS The
1992786321	DemoFirst J DemoLast	Individual	999596399	06/23/2026	Approved



Edit Enrollment

Select Edit Enrollment Record

TIMHP TASTATE MEDICAID CONT ASTATE MEDICAID CONT DEMOFITS 199278521 Individu	TRACTOR	emoLast			Start New Edit	Record
NPI TAXONOMY INFORMATION	0	<				
SERVICES PROVIDED	0	NPI Taxonomy				Refresh Information ඊ
PROVIDER INFORMATION	0	NAME DemoFirst J DemoLast	gender Male	ELIGIBLE TEXAS TAXONOMIES 2085R0202X	INELIGIBLE TEXAS TAXONOMIES	
LICENSES/CERTIFICATIONS/		NPI NUMBER 1992786321	NPI TYPE Individual			
ACCREDITATIONS		SOLE PROPRIETOR YES	STATUS Active			
DISCLOSURES	0					

Create Request for Maintenance-Licenses

TOON MEDICALD & HEALTHICARE PARTNERSHIP TMHP A STATE MEDICALD CONTRACTOR			Start New Enrollment	View Help
DemoFirst J DemoLast				
Edit Enrollment —				
REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	THE REQUEST STATUS	** REQUEST ACTION	71.
Maintenance - Provider Information			Create Request	
Maintenance - Licenses			Create Request	



Select the ellipses (...) and then open

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

Ta True More un a Marrierae Par	arrusulan.		Start New Enrollment View Help	TMHP A STATE MEDICAID CONTR	ITNERSHIP ACTOR				Start New Enrollment View Help
TMHP A STATE MEDICAID CONTR	ractor	ıoLast		DemoFirst 1992786221 Individual	J Den	loLast		🕐 Request: 20	Save Draft Submit All Changes
1992786321 Individual			Save Draft Submit All Changes	O TOTAL DEFICIENCIES	<				
				NPI TAXONOMY INFORMATION	0	Add Licenses/Certifications/Accreditations			Pending Change Request Number: 20001253
0 TOTAL DEFICIENCIES	<			SERVICES PROVIDED	0	—			
NPI TAXONOMY INFORMATION	0	Licenses/Certifications/Accreditations	Pending Change Request Number: 20001253			LICENSE/CERTIFICATION/ACCREDITATION TYPE *	ISSUER*	NUMBER*	
			r strang strange reducer remoter soor soo	PROVIDER INFORMATION		LICENSES	Texas Medical Board	~	
SERVICES PROVIDED	0		Recent Licenses Only	LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0	TYPE			
PROVIDER INFORMATION	0	See the Instructional Site for information about the licensing requirements for your enrollment		DISCLOSURES	0	MEDICAL DOCTOR ~			
LICENSES/CERTIFICATIONS/	0	TYPE TO ISSUER TO NUMBER TO EFFECTIVE DATE TO EXPRANTION DATE LICENSE STATUS	TE REQUEST ACTION TE REQUEST NUMBER	ACCOUNTING/BILLING INFORMATION	•	EFFECTIVE DATE *	EXPIRATION DATE *	LAST UPDATE	DATE
		LICENSES Texas Medical Board 12/11/1999 05/31/2023	20001253 •••	OWNERSHIP/CONTROLLING INTEREST	•	12/11/1999	05/31/2023		/DD/YYYY
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ACCOUNTING/BULLING INFORMATION		+ Add Licenses/Certifications/Accreditations		PRACTICE LOCATION INFORMATION	0	TX - Texas			



• Save the request number and click "OK"





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.

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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



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

ORP Enrollment video link

 <u>https://www.youtube.com/wat</u> <u>ch?v=2_2SCVXivKk</u>

Updating license information video link

<u>https://www.youtube.com/watc</u>
 <u>h?v=WWkSRotN9Ic</u>







