Provider Enrollment and Management System (PEMS)
Provider Webinar Questions & Answers (Q&A)

This document is produced by TMHP Training Services. Contents are current as of the time of publishing and are subject to change. Providers should always refer to the TMHP website for current and authoritative information.

Contents

Texas Provider Identifiers (TPIs)

Q) Will providers who had more than one Texas Provider Identifier (TPI) now have one enrollment record with Texas Medicaid & Healthcare Partnership (TMHP) and one TPI?

A) No, TPIs are no longer issued to providers. Providers who were previously issued a TPI will now use their National Provider Identifier (NPI) instead. Providers will manage all of their provider information under a single NPI in the Provider Enrollment and Management System (PEMS).

Q) Are TPIs required to be listed on the provider's NPI profile? If it is not there, will it cause claim denials?

A) No, TPIs are no longer a provider requirement for Texas Medicaid.

Q) Will providers continue to receive multiple TPIs (i.e., one per practice location)?

A) No, TPIs are no longer a provider requirement for Texas Medicaid so you will no longer receive a TPI.

Q) Will the providers who are already enrolled with TMHP be switching over to their NPIs or will they keep the TPIs they already have?

A) Providers will no longer use TPIs; they will need to switch to using their NPIs. All TPI language has been removed from provider-facing materials.

Q) I am not hearing any reference to TPI number. Have you done away with TPI numbers?

A) Yes, TMHP no longer uses TPIs. Please see TMHP.com for correspondence related to TPI removal. Your enrollment will now be linked to your NPI.

Q) TPIs will no longer be issued according to the response given a few seconds ago. So, how will a provider be identified as being able to provide a specific service such as Texas Health Steps?

A) The provider will make their Texas Health Steps Dental and Medical program selections on the Programs page in PEMS.

Q) If a provider had a traditional TPI and needs to enroll in the Children with Special Health Care Needs (CSHCN) Services Program, what type of application should this provider use?

A) Providers will no longer be able to use their TPI. Instead of a TPI, providers will use their NPI. If the NPI is already enrolled, then an Existing Enrollment request can be submitted to add in additional programs and services for applicable locations that need to be updated.

Q) Will pediatricians need a separate TPI number for each location now?

A) No, TPIs are no longer issued to providers. Once enrolled, providers will manage all of their provider information under a single NPI in PEMS. Each practice location where services are rendered must be added under Practice Location Information in PEMS.

W-9/Electronic Funds Transfer (EFT)

Q) **Is a W-9 is required for every initial, revalidation, or reenrollment application?**

A) A separate W-9 form is not required. A substitute W-9 form is stored in PEMS and, once you have completed it, it will remain in PEMS. The W-9 will only need to be updated in the event that the provider's information such as the legal name or Tax ID changes.

Q) **Is EFT direct deposit used to send provider payments?**

A) Yes, EFT is available as a form of payment. Providers may opt in or opt out of the EFT direct deposit.

Q) **Is a W-9 needed for each provider if they are joining a group?**

A) A W-9 is not required for a provider joining a group. The W-9 is obtained when the group enrolls.

Q) **How does a provider complete the EFT section and upload the EFT form in PEMS?**

A) The provider does not need to upload an EFT form. Instead, the provider will opt into EFT under the Accounting/Billing Information page. The authorized signatory will sign the EFT agreement when signing the Texas Health and Human Services Commission (HHSC) Provider Agreement.

Q) **Do we have to upload the EFT and W-9 forms for each enrollment? Will the system no longer store the EFT and W-9 information like it currently does when you input the facility TPI?**

A) EFT and W-9 information will be stored in PEMS. The EFT and W-9 information does not require updates unless the provider needs to change/update information.

Q) **Can you clarify EFT for LTC providers?**

A) If you provide acute care services, you will be able to change your information within PEMS on the EFT subpage. If you are providing services for LTC, you must submit the appropriate documentation directly to HHSC-LTC as part of your contracting enrollment.

Q) **Do we opt out of EFT when we are adding a new provider to an existing group?**

A) The group may initiate a request to add a performing provider to a group. When a group-initiated request is completed, the EFT page will not be available and therefore no action is needed to opt out because EFT information is at the group level. If the performing provider application is not submitted as a group-initiated request, then the EFT page will appear and the provider should opt out since EFT information is at the group level.

Training

Q) **Will there be a guide on how to use the Provider Enrollment and Management System (PEMS)? I am not seeing anything in the handouts.**

A) A dynamic PEMS Instructional Site, which is a Step-by-Step Guide, will be available on <u>tmhp.com</u>. It can also be accessed from within PEMS by clicking the **View Instructions** link at the bottom right of each page or section.

Q) **Will we still be able to schedule application "walk-throughs" with TMHP using the PEMS system?**

A) Yes, Provider Relations (PR) will still be able to walk you through the application process on an as-needed basis. If you need help finding a PR representative in your area, refer to the <u>Provider Relations</u> page on the TMHP website.

Q) **Do you have any video tutorials available for PEMS?**

A) TMHP has a <u>YouTube channel</u> with a <u>Provider Enrollment and Management System playlist</u>. There are videos about the benefits of PEMS, the removal of TPI from forms, and other short demonstration videos. You can find TMHP's channel by going to YouTube and searching "TMHP". You can also find a link on the <u>Provider Education and Training</u> page on tmhp.com.

Licenses

Q) **If renewed medical licenses are faxed in, will they still be processed or do providers need to upload renewed medical licenses to the portal?**

A) With PEMS, providers must submit a "Maintenance – Licenses" request to update information and upload copies of the renewed license; faxes will no longer be accepted.

Q) **What is the difference between PEMS and Texas Unified Licensure Information Portal (TULIP)? Is TULIP still applicable?**

A) TULIP is the long-term care licensure application system. Long-Term Care (LTC) providers must obtain licensure, through TULIP before enrolling as a Medicaid provider.

Q) **This question is regarding updating license information; since PEMS is linked to the National Plan & Provider Enumeration System (NPPES), is PEMS also linked to Texas State, Clinical Laboratory Improvement Amendments (CLIA), etc.? Meaning, will we need to monitor the TMHP portal to update the Licenses section in PEMS, or will it be auto-populated from other databases?**

A) There are some License boards that provide information to PEMS and allow systematic updates. This is not complete coverage of all License boards, however. Providers whose license/certification/accreditation/surety bond is due to expire within 60 days will get a courtesy letter to notify them that they will need to login to PEMS to perform the update.

Q) Under the Licenses section in PEMS, is there still an option to add a supervising physician for allied health providers with their license number? Is this still required?

A) Yes, a supervising physician is still required for a limited number of provider types in PEMS, in the same way that it was required in the Provider Enrollment Portal (PEP). The providers will need to add the supervising license on the License page, and then the license information is associated with the practice location where that supervising physician's information is relevant.

For midwife enrollments, there is an additional section on the Practice Location page which will be populated to create the Supervising Physician Agreement, which must be signed by the supervising physician. This signing process is handled on the Agreements page.

Q) HHSC Contracts, HHSC Licensure, and Medicare have different definitions for a Change of Ownership (CHOW). What is Texas Medicaid & Healthcare Partnership's (TMHP's) definition of a CHOW?

A) A CHOW is defined as a change of ownership and not a change in ownership, which will be explained below. Often the bill of sale is needed in determining if there has been an actual CHOW. If Medicare observed a change as a CHOW, TMHP will follow their lead.

An example of a change in ownership would be something like the entity was enrolled with Owners A, B, and C with each owning 33.3 percent. Owner B has now sold his shares to Owners A and C. Change of ownership is defined as a change in the Tax ID, NPI, or more than 50 percent of the ownership of the business.

Q) My home health license expired on November 30, 2021. Can I upload my new license, or do I have to fill out a full application on PEMS?

A) If the provider is not due for revalidation and only needs to update licensure on file with TMHP, this can be submitted as a maintenance request in PEMS. A full application is not required for a license update.

Q) Do you have to attach a copy of the individual's license?

A) A copy of the provider's license is only required when licensure cannot be verified online or online verification is missing required data such as an expiration date.

Q) To renew a license that expires in February 2022, will I need to renew it through PEMS or TULIP?

A) Once you are ready to send TMHP your updated expiration date, you can login to PEMS and perform a "Maintenance - Licenses" request to enter the new expiration date and submit a copy of the license for validation.

Q) Are LTC license renewals still being submitted through TULIP or is it changing to PEMS?

A) TMHP will not process license renewals. Additionally, license renewals are not processed through PEMS. Contact your licensing board for more information on license renewal processes.

Q) Is PEMS a replacement for TULIP, and are we renewing contracts in PEMS?

A) TULIP is the long-term care licensure application system used by HHSC. LTC providers must obtain licensure, using TULIP, before enrolling as a Medicaid provider. The licensing process with HHSC is separate from TMHP enrollment process with PEMS.

Q) If for some reason the account is not on PEMS, can we fax the license to TMHP for update as before?

A) Faxes are no longer accepted for applications or maintenance updates. The provider may upload their updated license information to PEMS.

Q) Will we ever not need to provide copies of the provider's renewed licenses?

A) A copy of the provider's license is only required when licensure cannot be verified online or online verification is missing required data such as an expiration date.

Taxonomy

Q) Historically, TMHP would not accept the taxonomy code 282E00000X, which identifies an LTC hospital despite this being the code of record with NPPES. Instead, 282E00000X for General Acute Hospital was required to be reported as the primary taxonomy code. If NPPES shows the taxonomy code for an LTC hospital, will this be pulled into PEMS or must we also have a General Acute Hospital taxonomy code of record with NPPES. Also, is TMHP still going to issue a TPI for Ambulatory Surgical Center when enrolling an LTC hospital? This has never made sense to me and causes confusion.

A) The taxonomy codes that are accepted in PEMS are the ones that were approved for use by HHSC. The taxonomy codes that are attested on the provider's NPPES record are pulled into the PEMS database, compared to the codes that HHSC approved, and then indicated on the NPI Taxonomy page in PEMS as eligible or ineligible for enrollment.
Policy questions about the rules regarding provider enrollments are outside the scope of this project. PEMS is meant to include all of the enrollment functionality in an NPI-based system, and changes to the policy as described in the question were not included.

Q) For group enrollment, I have a primary taxonomy and multiple alternate taxonomy codes. Since the information is being preloaded from NPPES, can I pick which taxonomy code I want used?

A) All taxonomy codes that are attested at NPPES will be pulled into PEMS. The codes that are approved by HHSC for use in Texas Medicaid will be listed as eligible on the NPI Taxonomy page. When the practice location is created, the provider can select any of these eligible taxonomy codes as primary for the practice location.

Q) If a provider's taxonomy needs to be updated or added, when do I need to notify TMHP? Also, will a new application need to be submitted to reflect the new taxonomy?

A) The provider would update their taxonomy-code attestations with NPPES. Then, when accessing PEMS, select the **Refresh Information** link on the NPI Taxonomy page.

Q) If an approved taxonomy doesn't match what is in NPPES, will that be updated right away in PEMS?

A) PEMS can refresh information from NPPES when the user selects the **Refresh Information** link on the NPI Taxonomy page.

Q) Will PEMS accept the NPPES taxonomy code for in-home supports? Long-term Services and Supports (LTSS) did not.

A) The taxonomy codes that are accepted in PEMS are the ones that were approved for use by HHSC. The taxonomy codes that are attested on the provider's NPPES record are pulled into the PEMS database, compared to the codes that HHSC approved, and then indicated on the NPI Taxonomy page in PEMS as eligible or ineligible for enrollment.
Policy questions about the rules regarding provider enrollments are outside the scope of this project. PEMS is meant to include all of the enrollment functionality in an NPI-based system, and changes to the policy were not included.

Q) On the section where you discussed the NPPES and the auto-population of a certain field, will the field auto-populate with all TMHP services eligible for the NPPES taxonomy? Or are those services supposed to be listed in the NPPES?

A) On the NPI Taxonomy Information page, the eligible Texas taxonomies will display automatically from NPPES and can be refreshed by clicking **Refresh Information** at the top of the screen. Any missing taxonomies would need to be added to NPPES first before they would be viewable on the NPI Taxonomy Information page.

Q) Are we able to update/add taxonomy?

A) Taxonomies are derived from NPPES. If you need to add a taxonomy that is not displayed on your provider record in PEMS, you must update the taxonomy on the NPPES website.

Q) If the NPI taxonomy information isn't reflected in PEMS, how can I update this information? NPPES was updated and reviewed for accuracy previous to this transition.

A) On the NPI Taxonomy Information screen, click the **Refresh Information** link in the top right part of the screen, and the data will be updated from NPPES.

Q) Is there a special taxonomy code for non-Medicare providers? Do they need a special taxonomy code like they did in LTSS?

A) The taxonomy code utilized in PEMS will be systematically populated from the NPPES NPI registry. If the taxonomy code requires an update, the provider must update the taxonomy code in NPPES.

Q) If an incorrect taxonomy was entered in the old system and we need to update the taxonomy, do we update it in NPPES to ensure the correct taxonomy is listed?

A) If the taxonomy is incorrect on the NPI Taxonomy Information page in PEMS, the provider must update their taxonomy on the NPPES website. Once the taxonomy has been updated in NPPES, the provider can click the **Refresh Information** link on the NPI Taxonomy Information page in PEMS to see the updated taxonomy.

My Account/Message Dashboard/TexMedConnect

Q) **I am a PEP administrator, and currently all providers are linked to my account. Will I still have access to all of the same providers once PEMS is converted?**

A) Yes, these providers will still be linked to the administrator login information.

Q) **We are not able to get into the My Account tab. Do we need to reenroll?**

A) Please contact the EDI Help Desk at 888-863-3638 or the TMHP Contact Center at 800-925-9126 for assistance if you are not able to access My Account on the portal.

Q) **Is PEMS accessible via the current TMHP portal or is there a new portal/link?**

A) PEMS is accessible on the main My Account page by clicking the **Provider Enrollment Management System** link.

Q) **Is there a way to view a list of all NPIs associated with your organization?**

A) The administrator of the portal account can see all NPIs that are associated to that account.

Q) **Will we be able to download our own approval letters?**

A) Yes, these letters will be available in the Message Dashboard for 120 days.

Q) **I have an account, but do not see "Manage Provider Accounts" or "Message Dashboard".**

A) Portal users should be able to access My Account and see the Message Board link and the different links for managing the account on that page. This is separate from PEMS.

Q) **NPI is not mapped to my account. Who do I need to contact?**

A) If this NPI needs to be mapped to your account and has never been mapped to it, you need to create an enrollment record in PEMS for that NPI. If the NPI was previously associated to your account and has been missed in the data conversion, please contact your PR representative, and give them the information.

Q) **If you currently have login details, but that user no longer works for your company, can you make a new one and keep all the info already obtained?**

A) If you have the login information, you can edit the name of the user from the My Account page. If you do not have the login information, contact the EDI Help Desk at 888-863-3638 to walk you through the process of getting access to your account.

Q) **To confirm, if I already have a login as an administrator, can I still use the account?**

A) Yes, you can still use the account if you have an existing login.

Q) **I have registered; however, it is not accepting my password. When I request to reset, it says it has sent me an email, but I am not receiving it. What is my next step?**

A) Contact the EDI Help Desk at 888-863-3638 to walk you through the process of looking for the email or updating your email information.

Q) **I submit billing for several providers. Do I have one account, or do I need a TMHP and/or PEMS account for each provider?**

A) Billing is not included in PEMS and should not have changed as a result.

Q) **How does billing check on claims submitted on the portal? Can eligibility be checked online?**

A) Billing and eligibility were not included in PEMS and should not have changed as a result.

Q) **Are you all going to go over claims and appeals using this new software?**

A) Claims and appeals were not included in PEMS and should not have changed as a result.

Q) **Will all current accounts with usernames and passwords be linked in the new system?**

A) Yes. The accounts that were accessing PEP and the Provider Information Management System (PIMS) should now be able to access PEMS instead.

Q) **Does each provider need a PEMS account to submit an application?**

A) Not necessarily. Performing provider applications can be submitted under the desired group's user account.

Q) **Where do I go to sign up for a TMHP account? Do I have to sign up on another site to gain access to PEMS?**

A) Go to tmhp.com, then click **My Account**. Click **Cancel** on the Sign in pop-up window, then click **Activate My Account**. Click **Go** to choose the type of account you want to create.

Q) **When I am in the TMHP site creating an account, which Provider Type Options do I choose for assisted living? I do not see that listed as an option.**

A) To set up an account, select **Create Account and link to a PEMS provider**.

Q) **Do I first create an account on TMHP, then create a PEMS account? Or is the TMHP account the only one needed?**

A) You will only need to create a TMHP account to access PEMS.

Q) **What happens when there is not an account administrator listed?**

A) Access the TMHP Account Activation page and select **Create a Provider Enrollment Account**.

Q) **Could you tell me again how to access the PEMS Dashboard?**

A) You can access the PEMS Dashboard by logging into My Account on tmhp.com. Once logged in, click the **Provider Enrollment and Management System** link on the My Account Dashboard. This link will take you to your PEMS Provider Management Dashboard.

Performing Providers

Q) How can a performing provider be enrolled in PEMS?

A) There are two ways a performing provider may be enrolled in PEMS:

1) Groups

Groups may add performing providers through a group-initiated request for enrollment by following these instructions:

   a) Access the group enrollment and navigate to the Practice Location Information page using the left navigation menu.

   b) Scroll to the bottom of the page and click the **+Add Performing Provider** button.

   c) A pop-up window will be displayed. Enter the performing provider's NPI and answer the remaining questions.

   d) After completing the information on the pop-up window, a new request will be started to add the performing provider to the group.

   e) Complete and submit the request.

2) Performing Providers

Performing providers may add themselves to a group using their individual user account by following these instructions:

   a) Click the **+Add Performing Provider** button.

   b) Answer **No** to the question "Do you bill for services at this location?"

   c) Answer **Yes** to the question "Are you a member of a group at this location?"

   d) Enter the Group NPI and select the group location. If the location does not appear, reach out to the group to see if the location is still waiting to be enrolled or ask the group which location to add.

   e) Click **Add Practice**.

   f) Complete the pages for the location. If there are additional practice locations, they can be added to the same request.

Q) Can we use a modified application made by our office to obtain required information from new performing providers joining our group?

A) No, the provider must submit an application using PEMS to enroll in Texas State Healthcare Programs.

Q) All my enrollments are under performing providers and added to existing groups. When I enroll physician assistants or nurse practitioners, I find that many of those providers work at multiple locations. Can all those locations be added under one application?

A) Yes, providers must add each practice location in PEMS under the practice location information.

Q) For the enrollment agreements, will my performing provider be required to have a separate login to access and e-sign in Adobe?

A) Any authorized signatory will receive an email that will provide step-by-step instructions on how to open the agreements for e-sign.

Q) I would like to add a participating provider to our group. This provider has a TPI with another group but no longer works there. What is the process to add them to our group?

A) Access your group enrollment and navigate to the Practice Location Information page using the left navigation. Scroll to the bottom of this page, and click the **+Add Performing Provider** button. A pop-up will display where you will enter the performing provider's NPI and answer a few more additional questions. After completing the pop-up window, a new request will be started to add the performing provider to your group. Complete and submit the request.

General

Q) Will all new applications be submitted online, meaning I do not have to fax over additional documents?

A) Correct. Additional supporting documentation must be uploaded as part of the online submission, except for application fee payments, which will still be mailed when applicable.

Q) Does the authorized official, who will be electronically signing the application, need to have a TMHP account to sign?

A) No. Authorized signatories do not need to have a TMHP account. The authorized signatory will receive an email where they can access and sign the agreement electronically.

Q) Will paper HHSC signed agreements still be accepted?

A) No, the agreement(s) must be signed using the Adobe sign function.

Q) Is it a must for the Authorized signer to sign electronically? If so, then how do we enroll them?

A) An authorized signer will be sent an email so that they can sign the agreement without needing to log in.

Q) Is the application process time-restricted like it was before?

A) Yes. When there are deficiencies identified that require updates to the request, there is a set amount of time for the provider to respond. There will be an email sent out to let the provider know how much time is left to resubmit the request.

Q) Will we now be able to submit multiple locations on a single application instead of submitting multiple applications for a single doctor?

A) Correct. You will be able to submit multiple locations on a single application.

Q) This is eliminating the Provider Information Change (PIC) form, correct?

A) Yes, that's correct.

Q) Will this require using Chrome or Internet Explorer?

A) PEMS is compatible with Chrome, Microsoft Edge, and Internet Explorer, though TMHP recommends using Chrome or Microsoft Edge.

Q) I'm wondering which enrollment application I would use for a new provider being added to an existing group. Would I use a new enrollment application?

A) If a new provider is joining an existing group, a new enrollment application would be submitted in PEMS.

Q) Do I need to complete the application to have a contract with a managed care healthcare insurance, such as United Healthcare?

A) If you want to provide Medicaid and related services for an MCO or dental maintenance organization (DMO), you must first enroll with Texas Medicaid before contracting with the MCO or DMO.

Q) What is the go-live date for PEMS?

A) The PEMS go live date was 12/13/2021.

Q) Will we need to create a login for PEMS if we are an existing provider?

A) No. Existing providers need not create a new login, but they must ensure the NPI is linked to a user ID to login to PEMS.

Q) Am I understanding correctly that we can no longer mail the application agreement pages because they need to be uploaded?

A) Correct. PEMS encourages providers to use electronic signatures to sign the agreement. The HHSC Agreement must be electronically signed; printed/uploaded copies will not be accepted.

Q) Will you need a Medicare provider number prior to enrolling in Medicaid?

A) Medicare enrollment is a prerequisite for most provider types that enroll with Texas Medicaid, therefore enrollment with Medicare must be completed prior to initiating PEMS enrollment for Texas Medicaid.

Q) Before enrolling a new provider, do address changes need to be completed in NPPES?

A) Yes, the information entered in to PEMS must align with NPPES information. Please ensure that NPPES is up-to-date prior to beginning a PEMS enrollment.

Q) Do we have to revalidate after December 13th?

A) Yes, but providers that were due for revalidation effective March 1, 2020, through February 28, 2022, will be given a post-Public Health Emergency (PHE) grace period to complete the revalidation process. TMHP will notify providers in January 2022 of their recalculated enrollment end date and

again 120 days prior to their enrollment end date. You can refer to the provider notification about revalidation extensions posted to tmhpcom.

Q) Will providers still have payment denial codes when an update hasn't been made?

A) Yes, payment holds will still be applied as a result of noncompliance. These holds are called program status codes in PEMS.

Q) How do we access reenrollment, revalidation, etc. applications?

A) When applicable, reenrollment or revalidation will be an option from the Edit Enrollment Record screen. Reenrollment is only available when the NPI is disenrolled, terminated, excluded, or otherwise removed as a provider. Revalidation is only available within 120 days of the revalidation due date.

Q) Can you add multiple locations for a provider under one application?

A) Yes, the applicant can add multiple locations and/or program and service participation details for the same NPI within a single application.

Q) If we are enrolling one provider with multiple practices with the same TIN, are we still allowed to do a new enrollment?

A) New enrollment is when a provider submits an enrollment application for a new provider and their associated NPI or API that does not have an existing enrollment record in PEMS.
The provider/applicant can add multiple locations and/or program and service participation details for the same NPI within a single application. If the provider/NPI/API already has an existing enrollment record in PEMS, the application will not be a new enrollment. The appropriate option from the Edit Enrollment Record screen must be selected based on the provider situation.

- Reenrollment is when a provider submits an enrollment application for a provider/NPI/API that has an existing enrollment record in PEMS that has been dis-enrolled, terminated, excluded, or otherwise removed as a provider.

- Revalidation is when a provider submits a revalidation application for a provider/NPI/API that has an existing enrollment record in PEMS prior to the end of their enrollment period, i.e., within 120 days prior to the revalidation due date.

- Existing enrollment is when a provider submits an existing enrollment application for a provider/NPI/API that has an existing enrollment record in PEMS prior to the end of their enrollment period, outside of the revalidation process; this application does not impact the enrollment period.

  - Providers cannot submit an existing enrollment application if they are currently within their revalidation period.

Q) For providers with multiple staff with PEMS access, will each official be able to edit/access applications that another staff member opened but has not been submitted?

A) Yes, the account administrator must grant access to the users. Refer to the Portal Security Training Manual for step-by-step instructions on linking or creating your accounts.

Q) I still do not understand how to get into PEMS, where do we go?

A) Go to tmhp.com, log into your account and click on the **Provider Enrollment and Management System** link within the Manage Provider Accounts section.

Q) How can we update a provider's address using PEMS?

A) Providers may update their address through a Maintenance request: PEMS Maintenance – Practice Location – Address Change.

Q) How you do add a program at a later time?

A) To add additional programs for an existing provider, the provider will submit an existing enrollment request via PEMS and update their program selections on the programs page.

Q) We have multiple office locations with separate tax ID numbers for each office; is a new provider enrollment required for each office location?

A) The information can be collected on a single enrollment for an NPI. For each program and service participation record at each practice location, the provider can specify the tax ID number to be used.

Q) How do we know that our enrollment is up for reenrollment or revalidation?

A) Providers will be emailed a reminder through the PEMS Message Dashboard.

Q) How do we term a provider? I have several listed that were previously termed.

A) This can be done via an existing enrollment request. The provider will select the approved record for the NPI they are wanting to disenroll. Once in the approved record, the provider can edit the enrollment record and if the existing enrollment request is available, they can create the request. Next, the provider will go to the practice location page, select the location to disenroll, and under the practice location subpage section the provider can access the Program and Service Participation Details. Lastly, they can complete the program participation by answering the question "Do you wish to end your participation?" Also, be sure to fill all other required fields.

Q) Are we able to submit multiple enrollment applications at once through PEMS?

A) There can be only one enrollment for an NPI in process at a time.

Q) Will we be able to create enrollment templates?

A) No, templates are not an option in PEMS and would not be necessary because reenrollment, existing enrollment, or revalidation applications will reflect all information that is currently on file for the enrollment record that is being edited.

Q) Is it required to have the enrollment agreements signed via Adobe or can original signatures be uploaded?

A) The agreement(s) must be signed using the Adobe sign function.

Q) How do I know if my enrollment is still active?

A) Enrollment information is displayed on the Provider Information page in PEMS. On this page, you can see when the next revalidation date is as well as your current enrollment period.

Q) Will the Adobe sign portion of the application replace the need to fax in a signed enrollment page?

A) Yes. You will not fax the signed enrollment page.

Q) A provider is coming to work for our FQHC. Would this be a new enrollment even if they have been enrolled before?

A) If the NPI has been previously enrolled, the provider can access their existing enrollment information and submit either an "Existing Enrollment" or a "Reenrollment" request depending on their current enrollment status. If the NPI has not been enrolled, the provider can submit a "New Enrollment" request.

Q) Will we still be timed out?

A) Yes, users will be timed out for inactivity.

Q) Do we still need to fax in PIC forms for updates such as adding a new address to an organization?

A) No, all PIC forms for updates can be submitted through PEMS maintenance requests in the PEMS application.

Q) If one person accesses the deficiency letter, will it be marked as "read" and will others no longer be notified that the letter is present?

A) Yes, if one person accesses/opens the deficiency letters in Message Dashboard, the system will mark it as read. The letters will then be located under Read Messages on the Message Dashboard.

Q) Is Medicare still required to enroll a provider?

A) Medicare enrollment is a prerequisite for most provider types that enroll with Texas Medicaid, therefore enrollment with Medicare must be completed prior to initiating PEMS enrollment for Texas Medicaid.

Q) You keep referring to Medicare. Is PEMS used for Medicaid as well?

A) PEMS is used for the TMHP enrollment process only. Medicare enrollment is a prerequisite for most provider types that enroll with Texas Medicaid, therefore enrollment with Medicare must be completed prior to beginning a PEMS enrollment for Texas Medicaid.

Q) I work for a multi-specialty group and enroll at the group level and send the HHSC agreement to the individual provider to sign and answer all questions. Will I be able to print this information and continue to forward it to the individual providers? We have over 600 providers employed.

A) The HHSC Agreement must be electronically signed; printed/uploaded copies will not be accepted.

Q) If enrollment was not done online, how do you do maintenance with no enrollment record?

A) Previous enrollment information was converted into PEMS to create the enrollment record. Once the TMHP User Account has been created and linked to the appropriate NPI, provider will be able to access the enrollment record and perform maintenance even if the original application was not done online.

Q) How do you update new documents? For example, liability insurance or Clinical Laboratory Improvement Amendments (CLIA).

A) CLIA updates, as well as license updates, can be updated through a Maintenance request; PEMS Maintenance – Licenses.

Q) Where is Online Provider Lookup (OPL) information gathered from, and when is managed care organization (MCO) and dental maintenance organization (DMO) information added.

A) OPL data is gathered from PEMS. The Plan code data received from Enrollment Broker is used to update the plan codes in PEMS daily.

Q) Does PEMS limit the request per location or per provider in system? For example, if the provider needs a change in the system at office A, but also has a different request at office B, which does not share a tax ID, will we have to wait until the first request is completed?

A) For an NPI, an enrollment request can be submitted to change all information on the enrollment record at once, which includes all locations and tax information on the enrollment record. Only one enrollment request can be submitted and active at a time.

Q) For maintenance updates, will a signature be required?

A) A signature may be required for certain maintenance updates, namely an EFT update.

Q) Could you please, state the types of enrollments and who should enroll in each one?

A) New enrollment is when a provider submits an enrollment application for a new provider/NPI/API that does not have an existing enrollment record in PEMS.
The provider/applicant can add multiple locations and/or program and service participation details for the same NPI within a single application. If the provider/NPI/API with an existing enrollment record in PEMS, the application will not be a new enrollment. The appropriate option from the Edit Enrollment Record screen must be selected based on the provider situation.

- Reenrollment is when a provider submits an enrollment application for a provider/NPI/API with an existing enrollment record in PEMS that has been dis-enrolled, terminated, excluded, or otherwise removed as a provider.

- Revalidation is when a provider submits a revalidation application for a provider/NPI/API with an existing enrollment record in PEMS prior to the end of their enrollment period, i.e., within 120 days prior to the revalidation due date.

- Existing Enrollment is when a provider submits an existing enrollment application for a provider/NPI/API with an existing enrollment record in PEMS prior to the end of their enrollment period, outside of the revalidation process; this application does not impact the enrollment period.

  - Providers cannot submit an existing enrollment application if they are currently within their revalidation period.

Q) Do we have to fill out the "Ownership and Controlling Interest" section in PEMS for all providers we enroll under our group?

A) Only the group NPI needs to have the "Ownership and Controlling Interest" section filled out. If it is a group-initiated request where a performing provider is being added to the group, you do not need the Ownership and Controlling Interest section filled out.

Q) When we attempt to submit a new provider application for a provider who has a TMHP file associated with a different office, PEMS does not allow us to populate the NPI to begin the process of enrolling the provider in our office. How can we proceed to get the application submitted?

A) In PEMS, if the provider's NPI is already enrolled, the provider would not need a new enrollment like in the old system. They would submit an existing enrollment request to add new programs and locations.

Q) I am currently receiving payment from TMHP. Will anything change with this new system?

A) Payment sent to the provider will continue as they do today. Claim remittance and status (R&S) reports may no longer display a TPI.

Q) How do we know what email is listed for our office?

A) You can review the verified email(s) for the practice location in the Provider Information page in PEMS.

Q) How long does it take for a PEMS change request to be completed?

A) TMHP will continue to process requests submitted within five business days of the received date.

Q) I tried to set up a secondary email by clicking the Edit Enrollment Record button, then opening a request under "Maintenance-Provider Information". The field would not allow me to enter a secondary email. What do I need to do to add the email?

A) Submit the "Maintenance - Provider Information – Change Email" request to change the email addresses on the Provider Information page.

Q) It looks like when information was transferred from PIMS to PEMS, it moved our organization's billing/accounting address to the Mailing Address section instead of the Accounting/Billing section. How can we correct this?

A) Submit a "Maintenance - W9/Tax Information" request to correct the billing/accounting address.

Q) If I need to change my address, do I use the PEMS portal?

A) Correct. Update or add the practice location address using the "Existing Enrollment" request.

Q) If there isn't anything listed under the NPI Taxonomy Information tab for our organization, does that mean it needs to be updated in NPPES?

A) Yes. Access the [NPPES website](#) and click **Search NPI Registry**, then click **Help** to view the [NPPES NPI Registry Help](#) page.

Q) How do we handle it if a provider works at more than one location and in two different groups?

A) The provider will need to be enrolled in both groups.

Q) Can you briefly explain the Medicaid structure in Texas? I thought that enrolling as a Medicaid provider through TMHP was all I needed to do, but it seems that's the start and then providers must continue to enroll in each specific Medicaid managed care company (e.g., Dell Children's/ Amerigroup, Driscoll health plan). Is there a way to see a list of all of the Medicaid managed care companies and the regions they oversee?

A) Enrollment into Texas Medicaid under Traditional Enrollment or Fee-for-Service is a prerequisite prior to enrolling into a managed care organization (MCO). Once you are enrolled and active in Texas Medicaid, you should contact the respective MCOs for information about enrolling into their program.

Q) Where do we find the forms to be completed and uploaded to PEMS?

A) All required forms related to PEMS are within the electronic application, specified by their respective pages. Any additional documentation, such as AP-152 Taxpayer Identification Number form for VDP, KHC, CSHCN-FSS, or LTC will still be obtained through HHSC.

Q) Are we able to submit multiple applications for one rendering provider under different tax IDs? Or, will we submit one application at a time?

A) PEMS allows providers to enroll one NPI per enrollment application; however, if that NPI provides services at different locations and provides different program services, they will be able to list all locations and programs associated with that NPI in the same application. PEMS also allows providers to enroll multiple tax ID numbers in one enrollment application.

Q) Are we allowed to enroll a provider on their behalf rather than a provider doing the enrollment themselves?

A) Yes, this process can be conducted through a group-initiated enrollment in PEMS.

Q) Does the designated individual who will provide the authorized signature have to be an administrator to sign?

A) The authorized signatory is the individual, who is also a principal of the entity, that is designated to sign on behalf of the organization. If the admin of the group is also a principal, they must be disclosed as a principal on the enrollment application.

Q) Can applications be saved and completed later? Can we print them prior to submission?

A) Yes, applications can be saved and the draft can be finished at a later time. A copy of the application may be printed using the browser's print menu.

Q) How many addresses can you add at a time to a provider's file?

A) Practice locations can be added one at a time to allow for validation and accuracy during the review period.

Q) Will we be able to add an additional practice location?

A) PEMS allows multiple practice locations to be added to an enrollment record.

Q) As an administrator, am I still allowed to access any type of enrollment for a provider, or do I have to complete the demographic information that prompts the managing employee section to be completed to ensure that I will be able to submit the applications under the group? I want to make sure TMHP sees my role is permitted to perform electronic application submission.

A) The administrator of the account will be able to access any enrollment record that is tied to that administrator account.

Q) If I complete the application and my provider does not answer the email to sign the application, will I be able to send them a reminder through PEMS?

A) PEMS does have the option to resend the notification.

Q) Can the application be signed using DocuSign?

A) Documents that require signatures (e.g., agreements) are electronically signed. PEMS will send an email with the document attached and requires authentication before signing.

Q) What is an assumed name certificate and where do I get it?

A) An assumed name is a name for your business that is different than its legal registered name. An assumed name certificate is the document that serves as proof that your company has the legal right to use a specific name. The assumed name certificate can be obtained from the [Texas Secretary of State](#).

Q) Will we have a copy of the signed agreement after the authorized signatory has signed it?

A) A copy of the signed agreement will be emailed to the authorized signatory's email address.

Q) If we receive a deficiency letter, can we still request an extension by fax?

A) Application extension requests are no longer accepted. The provider must respond to deficiencies in PEMS.

Q) How do we update a provider name through PEMS?

A) To update a provider name in PEMS, the provider may submit a "PEMS Maintenance - Provider Information" request.

Q) Can more than one person per provider be in the system at the same time?

A) Access is not limited to one user at a time. However, the provider may only open one specific request type at a time. For example, if the provider started a request to update their provider information, a second provider information request cannot be opened until the first one has been completed.

Q) How long will the online application remain in the system? It will take a few days for some of my providers to sign the HHSC and EFT forms online.

A) The standard 30–business day requirement still applies to PEMS. If the provider is not able to provide a response within the 30-business day time frame, the application will auto-close for no response and the provider will have to start a new request.

Q) How do we report a stock transfer when CMS considered it a change of information only?

A) PEMS will allow a provider maintenance request pertaining to specific information being updated. For example, principal information that was changed will be submitted as a maintenance request under Ownership/Controlling Interest.

Q) Will the deficiency process be the same? Or will there be a more customer-friendly process to resolve deficiencies? Currently the deficiencies are processed by different representatives who are not consistent in determining deficiencies.

A) All deficiency letters will now be sent by email correspondence and can be reviewed in the Message Dashboard. Deficiencies can be resolved by authorized users in PEMS, who can make changes to entered data and upload required documents.

Q) How can we contact the person reviewing our application?

A) There isn't a way to contact the person reviewing your application. Correspondence about deficiencies will be available in the Message Dashboard and you will be notified by email. If you need help with your application, call the TMHP Contact Center at 800-925-9126 or reach out to your PR representative.

Q) If we submit the wrong type of application, will we receive an email to resubmit the correct application?

A) If it is determined that the type of application is incorrect, Provider Enrollment will send a deficiency/denial letter and request that you close the current request and submit the correct enrollment application type.

Q) What is the difference between enrollment contact and provider agent?

A) An enrollment contact should be the contact for the application, where the Provider Enrollment specialist can contact and discuss any open deficiencies that are on the enrollment application. A provider agent has the same role as the enrollment contact, but they specifically handle Kidney Health Care enrollment.

Q) If a provider sees patients in more than one location, can this be done with only one enrollment application?

A) Yes, PEMS can add several practice locations in a single enrollment request.

Q) Will we be able to save our application to our computer?

A) Currently there isn't a way to download and save the entire application as a PDF.

Q) How can we view our full list of providers?

A) A view of the full list of performing providers for the group can be found in the PEMS dashboard by entering the group NPI or within the "Practice Location Information" page.

Q) Will the process change for updating Surety Bond information? Can this be done in PEMS like in PIMS?

A) Yes, updates to the Surety Bond information can be performed in PEMS. Providers will use the Existing Enrollment option to make changes to the Surety Bond information.

Q) Is the principal's address the same as the home or business address for the individuals?

A) Yes, the address listed would be that of the Owner/Creditor/Principal and not the enrolling provider's practice location.

Q) Will there still be drop-down boxes for addresses?

A) Practice location addresses will have a drop-down when enrolling a performing provider into a group. The practice locations on file for the group will be displayed as a drop-down selection.

Q) Will there be six-month verifications in the new system?

A) Six-month verifications will not be required in PEMS.

Q) How quickly will applications be processed and approved?

A) It takes up to 60 business days to process the enrollment application once TMHP has received all of the information necessary to process it. It may take longer in special circumstances.

Q) If the provider has an administrator, does the provider have to submit an application for the administrator?

A) Enrollment applications are only required for providers seeking enrollment into State health-care programs. If the provider administrator meets the definition of an Owner/Creditor/Principal then the Owner/Creditor/Principal forms must be completed.

Q) Are we still able to download and save enrollment applications submitted to TMHP?

A) PEMS will be your record and there is no longer a download option for a PEMS application.

Revalidation

Q) The application in the live demonstration is a revalidation; does everything prepopulate with our information previously reported?

A) Existing enrollment data is transferred to PEMS. There may be some additional information requested when you create the first enrollment request.

Q) Is the revalidation button only available 120 days before the revalidation date?

A) Correct, the revalidation option will only be available from the "Edit Enrollment Record" list when you are within your revalidation window i.e., 120 days prior to the revalidation due date.

Q) We have contracts with the Home & Community-based Services (HCS) and Texas Home Living (TxHmL) programs. We also have contracts with the Family Support Services (FSS) program. Do we have to complete a separate revalidation process for each program?

A) Revalidation will only need to be done once per NPI enrollment. All the programs and services for the NPI will be available to revalidate on one request.

Q) How do I know if I need to perform a new enrollment or a revalidation? We already have an NPI.

A) A message will display on the screen if a new enrollment is started when the NPI has already been enrolled previously. When the message displays, the user can access the NPI on the Provider Management Dashboard.

Q) How long is the revalidation period?

A) To remain in compliance with [Title 42 Code of Federal Regulations (CFR) §455.414](), all providers are required to revalidate enrollment information at least every five years, during which time required screening will be completed. In some situations, in compliance with [Texas Administrative Code (TAC) §371.1015](), providers may have to revalidate enrollment on a more frequent basis. You will be able to access the revalidation option in PEMS from "Edit Enrollment Record" 120 days prior to your revalidation due date.

Q) Is there a listing of revalidation due dates like we used to see?

A) When you login to PEMS and navigate to Provider Management tab, you should see a Revalidation Due Date column for a given NPI linked to a user ID.

Q) I was told our revalidation date had been extended from May 2021 to Nov 2021 due to the pandemic and that I would receive more information before my revalidation was due. I have still not received anything. How can I find out what our revalidation due date is?

A) Providers that were due for revalidation effective March 1, 2020, through February 28, 2022, will be given a post-PHE grace period to complete the revalidation process. TMHP will notify providers in January 2022 of their recalculated enrollment end date and again 120 days before their enrollment end date. You can refer to this [provider notification](#) about revalidation extensions posted to tmhp. com.

Q) If we submitted a paper application, revalidation, or recredentialing, will this be reflected in PEMS?

A) If the application is open and inflight during the PEMS transition, the enrollment information will be transferred to PEMS once the application is closed enrolled.

Q) Is there a revalidation fee?

A) Yes, an application fee for institutional providers will be required in the following instances:
- Providers initially enrolling in Medicaid, Medicare, and the Children's Health Insurance Program (CHIP)
- Providers revalidating their Medicaid, Medicare, or CHIP enrollment
- Providers adding a new Medicare practice location

Q) If my revalidation is due in 2025, do I have to resubmit an application?

A) No, the provider does not need to submit an application for revalidation until the provider is within 120 days of their revalidation due date.

Q) Revalidation applications will now be available 120 days before the due date rather than 90 days as it was before?

A) Correct. Revalidation applications will be available 120 days before the revalidation due date.

Q) Is there a way to check revalidation dates for providers using just the NPI in PEMS?

A) Yes, it can be viewed under Provider Management tab.

Q) Will we get a notification on the Message Dashboard for revalidations?

A) Yes, revalidation reminders will be available on the Message Dashboard.

Q) When I am in the process of revalidating, will all history automatically populate, or will items need to be re-entered? For example: Will I need to re-enter ownership and control information?

A) Yes. Some previously entered information may need to be re-entered and reviewed.

Reenrollment

Q) If we are already a TMHP provider, do we have to reenroll in PEMS?

A) A reenrollment application is only submitted when an existing provider has been disenrolled, terminated, or excluded. The provider must submit a revalidation application when approaching their revalidation due date.

Q) I must reenroll because I never billed. What is the easiest way to reenroll?

A) The provider will need to complete a reenrollment application using PEMS.

Q) If we are an existing TMHP provider do we reenroll or just revalidate? And by when?

A) A reenrollment application is only submitted when an existing provider has been disenrolled, terminated, or excluded. The provider must submit a revalidation application when approaching their revalidation due date.

Q) If a provider was disenrolled, but returned to the group, is that a new enrollment or reenrollment?

A) This scenario would be a reenrollment.

Terminations

Q) If a provider has termed, where can we update the information?

A) On the Provider Management dashboard:

1. Search for the provider's NPI number.

2. Click the ellipses icon and view the approved record.

3. In the blue banner, click the **Edit Enrollment Record** button to open the list of request types available for the provider.

4. If the provider is termed, they will see a reenrollment request type and can start the reenrollment process by clicking the **Create Request** button.

CHOW

Q) Is a stock transfer still considered a CHOW, even though CMS considers it a change of information and thus a new enrollment is required?

A) TMHP follows the guidelines under [CMS 42 Code of Federal Regulations (CFR) 489.18](#) for CHOW.

Q) For an LTC (Personal Attendant Services agency), will CHOWs be done through PEMS or through the HHSC Primary Home Care (PHC) contract program?

A) PEMS has the ability to process a CHOW.

Q) **You said a CHOW must be submitted within 30 days. Does that mean before or after the effective date of the CHOW?**

A) The CHOW must be submitted within thirty days from the effective date of the CHOW.

Program/Provider Type-specific

Q) **Are we able to enroll providers as ordering/referring providers in PEMS?**

A) Yes, ordering/referring providers will submit an application for enrollment using PEMS.

Q) **Does PEMS replace the LTSS application for non-Medicare providers?**

A) Yes. Providers wanting to enroll into LTSS must submit an application using PEMS for enrollment.

Q) **Will the PEMS system accept applications for Hospice providers?**

A) Yes, Hospice is an option in PEMS for certain programs.

Q) **We are an LTC/HCS provider. Please let me know what effective date and expiration date for an HCS provider?**

A) Effective and expiration dates would be related to the provider's license information. TMHP uses the license information to confirm the provider is licensed appropriately for the program/provider type the provider is requesting enrollment into.

Q) **Will Texas Health Steps enrollments be eliminated?**

A) Texas Health Steps enrollments have not been eliminated. The provider can select the programs under the Programs page in PEMS. Texas Health Steps program selections fall into two categories: Acute Care Services – Texas Health Steps Dental and Acute Care Services – Texas Health Steps Medical.

Q) **Does PEMS replace Availity for signing up with managed care organizations (MCOs)?**

A) No, PEMS does not replace any MCO-related processes. Please contact your MCO for MCO-related enrollment questions.

Q) **TMHP stopped allowing physical therapists to enroll as groups. Has this changed with PEMS?**

A) Physical therapists are eligible to enroll as groups. Occupational therapists are not eligible to enroll as groups and are considered individual practitioners only.

Q) **Is there a difference between Comprehensive Care Program (CCP) and the Children with Special Health Care Needs (CSHCN) Services Program? If you are enrolled in the CSHCN Services Program, can you service CCP patients? Can one submit application for CCP at this time?**

A) If a provider is enrolled with TMHP, they are eligible to be reimbursed for services rendered to CCP clients (clients under the age of 21). There is not a separate and unique enrollment for CCP. However,

the provider must enroll with the CSHCN Services Program to be reimbursed for services rendered to CSHCN Services Program clients (clients enrolled with the CSHCN Services Program).

Q) What if my NPI is used for the 25 years I have worked for government and state agencies, but I desire to become a provider for TMHP through my business name as a sole proprietor. Do I use the same NPI?

A) Yes, but you must ensure that the NPI is updated with the correct business name and taxonomy number in NPPES prior to enrollment with TMHP.

Q) Does a provider with an HHSC contract such as Primary Home Care have to complete a PEMS application? Or is it just if they want to accept services from the MCO? Does this take the place of Availity or do the providers who want to enroll with MCOs still have to register with Availity?

A) Yes, you must have an active contract with HHSC before you can complete the PEMS application with TMHP.
Availity is the enrollment system used by the MCOs. TMHP enrollment through PEMS is separate from the MCO contracting process and needs to be completed prior to MCO contracting.

Q) Are you able to explain the process for adding a new therapist to my tax ID that is currently part of my contract under my NPI? This is how therapists are added to private practice, and it is often confusing whose info is being requested (the new therapist or the original therapist contracted).

A) This type of provider would follow the Individual Provider Enrollment process through PEMS and would utilize the entity's tax ID for reimbursement purposes.

Q) We are a home health provider with multiple locations. Will the current locations be auto-populated, or will we need to add each location?

A) No, these locations will not automatically be added. Providers must enroll each location where services are being rendered to TMHP clients.

Q) To confirm, do all LTC providers who will be using TMHP need to complete an enrollment application?

A) Yes, that is correct.

Q) Will Physician Assistants (PAs) and Nurse Practitioners (NPs) need to apply for TMHP if they work under an MD?

A) Yes.

Q) Is using PEMS required for an HCS provider or only for LTC?

A) Yes, PEMS enrollment is required for HCS providers who bill to TMHP.

Q) Will there be Healthy Texas Women (HTW) notifications?

A) Yes, reminders for HTW certifications will be sent annually.

Q) How can I submit an HTW certification/recertification for 2022 via PEMS?

A) HTW certification/recertification can be submitted through a maintenance request using the PEMS Maintenance – Licenses page.

Q) We are a Federally Qualified Health Center (FQHC) with multiple locations with their own location NPIs. Will we still need to create a new enrollment for each provider for each location or can a location and NPI be added to the provider?

A) Each NPI will have its own/separate NPI-based enrollment record.

Q) Will Medicare waiver letters still be required for pediatricians with no MC numbers? If so, where will these be uploaded on the application?

A) If a Medicare waiver is being requested, the applicant will need to select the appropriate option as well as explain and justify the reasons for making a Medicare Waiver Request in the available text box on screen within PEMS in lieu of uploading a letter. Providers will be able to explain and justify the reasons for making a Medicare Waiver Request on screen in PEMS within the Program and Service Participation Details section of the Practice Location page.

Q) To enroll a provider into an FQHC, do specific programs have to be selected? If so, which programs?

A) FQHC's are eligible to enroll into Acute Care Services – Fee-for-Service and the CSHCN Services Program.

Q) We are an assisted living facility. I did not see that as an option on the provider type. Will that be added?

A) Assisted living is an applicable provider type based on the taxonomy selection.

Q) As a group practice, if our providers are missing from PEMS, how can we add the providers to the group?

A) If the provider is not enrolled, you must submit a new enrollment application for the provider. If you believe the provider was already enrolled and associated with the group, please contact the TMHP Contact Center at 800-925-9126.

Q) How do HCS providers enter forms like Intellectual Disability or Related Conditions Assessment (IDRCA), Individual Plan of Care (IPC) renewals, etc. into the system?

A) For Medicaid (TMHP) enrollment, these forms are not required. This would continue to fall under the contracting enrollment process that will occur once enrollment with TMHP is complete.

Q) We are a dental service organization (DSO); can we just have one main portal to enroll all providers through?

A) An administrator account can be set up and you can link the NPIs associated with your provider population.

Q) Is HCS and TxHmL considered an LTC or LTSS provider?

A) HCS and TxHmL providers are considered LTC providers

Q) If we did a paper application to become an HCS provider years ago, is our next enrollment considered a new enrollment or revalidation?

A) The next enrollment would be a revalidation for the NPI/API. If there is a need to add a location, program and/or service then you can submit an existing enrollment request prior to the revalidation time period.

Q) How do I apply for LTC Medicaid if I already have an application approved for acute care?

A) Submit an "Existing Enrollment" request to add LTC to your existing NPI enrollment record.

Q) In PIMS, the HTW Certification was an option to check with no additional form to provide. In PEMS, it requires an attachment. Is this a form that providers now have to physically sign and upload, or are we able to submit the application without an uploaded form and a deficiency notice?

A) PEMS no longer requires a copy of the HTW Certification. Providers can attest during the enrollment period or reattest by submitting a "Maintenance – Licenses" request and checking the required checkbox(es). Refer to the [PEMS Instructions for HTW Certification and Attestation](#) on tmhp.com.

Q) Do agencies have to enter or update all of the information? We need further clarification on why we are using PEMS.

A) All required fields in PEMS must be completed for an enrollment application or maintenance request. Provider Enrollment & Management System (PEMS) has replaced Provider Enrollment on the Portal (PEP) and Provider Information Management System (PIMS). All provider enrollment applications and maintenance updates will now be completed and maintained in a single system (PEMS) for Texas Medicaid.

Q) I am an HCS and TxHmL provider; do I need access to PEMS?

A) HCS and TxHmL providers will be required to access PEMS to complete the Medicaid enrollment. HHSC-LTC will still handle the contracting enrollment.

Q) As an HCS and TxHmL provider, do I need to have a nursing facility/waiver program portal account?

A) After you set up your administrator account, you will link it to a nursing facility/waiver program provider. For information on setting up your account, refer to the [TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide](#).

Q) Do you use PEMS to reenroll in LTSS MCO Medicaid?

A) Yes, PEMS allows providers to reenroll for the MCO-LTSS program.

Q) As an LTC provider, am I required to submit an enrollment application?

A) LTC providers are required to enroll with TMHP using PEMS prior to completing their contract with the state.

Q) What do you select in the programs list if you want to enroll a provider for traditional Medicaid and the CSHCN Services Program.

A) When completing a PEMS application, the "Programs" page has a list of programs the provider can select to enroll under. On the Texas Medicaid Programs page:

- Select "Yes" to Acute Care Fee-for-Service to enroll in Traditional Medicaid.

- Select "Yes" to Children with Special Health Care Needs Services Program (CSHCN).

- Select "Yes" or "No" for remaining programs, depending on whether you want to enroll in them.

Q) Do you have to reenroll or revalidate your TMHP enrollment for Community Services?

A) Yes. PEMS allows for revalidation 120 days prior to the revalidation due date. After 120 days, PEMS will require the provider to go through the reenrollment process.

Q) I'm enrolled as a Speech Language Pathologist (SLP). Do I need a second application to get enrolled as a licensed behavioral analyst (LBA)? Or, do I need a maintenance request to update the application and add LBA under the already existing application?

A) If a provider is currently enrolled, but has a new Medicare number, a new practice location, a CHOW, a new provider type or specialty, or is seeking to enroll in additional State health-care programs, an existing enrollment application must be submitted.

Q) If you have three lines of business with three different NPIs, but the same tax ID, do you need to revalidate each NPI separately? For example, a provider is in home health, hospice, and personal assistant services. In the past when we revalidated, the acute care/home health agency and LTSS were automatically revalidated because they were all linked to the same physical location and tax ID number.

A) Yes, the provider would need to revalidate each NPI separately. PEMS is now NPI-based, but can have multiple practice locations and tax ID numbers.

Q) Will PEMS replace CARE billing for TxHmL?

A) No, PEMS is not replacing the CARE system for billing.

Q) Is PEMS used by Day Activity & Health Services (DAHS) providers?

A) Yes, DAHS providers can enroll into the LTSS program and the LTC program in PEMS.

Q) If the provider is set up for TxHmL does the provider have to provide payment information?

A) TxHmL providers will submit their AP-152 and 74-176 Direct Deposit forms directly to HHSC-LTC as part of the Contract Enrollment after Medicaid enrollment is complete.

Q) Our HCS contracts have our prior address; can this be changed through PEMS?

A) PEMS is used to enroll and maintain provider enrollment data. If the provider needs to confirm that their contract information is accurate, they will need to reach out to the program in question directly.

Q) What is the difference between a provider who is a pharmacy and a CHIP provider?

A) Pharmacy services provide access to outpatient drugs for patients enrolled in Texas Medicaid, while CHIP providers offer medical coverage for children aged 18 or younger.

Q) As an existing enrolled Durable Medical Equipment (DME) facility out-of-state, do we need to complete a new enrollment or a reenrollment when we change to an in-state facility?

A) A new enrollment is required if the change to in-state resulted in a new Centers for Medicare & Medicaid Services (CMS) PTAN/Palmetto number.

Q) When enrolling a provider that is working within a medical group that has multiple Provider Transaction Access Numbers (PTANs) will the provider have a different Medicaid ID number?

A) PEMS will be NPI-based and will not need different Medicaid ID numbers.

Q) Are home health LTC providers required to complete revalidation through PEMS?

A) Yes. Revalidation applications must be submitted for revalidation prior to the revalidation due date. The revalidation application will be made available to providers within 120 days of their revalidation due date.

Q) If I am a TxHmL provider, do I have to provide payment information?

A) TxHmL providers will submit their AP-152 and 74-176 Direct Deposit forms directly to HHSC-LTC as part of the Contract Enrollment after Medicaid enrollment is complete.

Groups

Q) What is considered "chain affiliation"? Does that mean a group?

A) A chain affiliate is any freestanding health-care facility that is owned, controlled, or operated under lease or contract by an organization consisting of two or more freestanding health-care facilities established within or across state lines which, is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable, or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities such as hospital–based home health agencies are not considered to be chain affiliates.

Q) PEMS will not allow us to start a new application for a provider who has a pending application at a different location. How can we resolve this issue?

A) If there is already a current application in-flight, PEMS will not allow multiple submissions of the same type of request.

Q) If our group is multi-specialty, do we need to list the various specialties? Does each individual need to have the taxonomy for their various sub-specialties?

A) Performing providers will list each specialty for their specific enrollment within their enrollment application.

Q) As an administrator for the group, does one need to be added or is it mandatory to be added as a managing employee as well to work on behalf of the performing providers joining our existing group? Does this all link up with the authorized signatory?

A) The authorized signatory is the individual, who is also a principal of the entity, that is designated to sign on behalf of the organization. If the admin of the group is also a principal, they must be disclosed as a principal on the enrollment application.

Q) For group enrollments with multiple locations, will we be able to enroll all practice sites with one enrollment?

A) Yes. One enrollment can be used to add or update all locations for the NPI.

Q) We have individual providers linked to a group for which we perform all enrollment functions. Are all providers now required to submit an email address to complete enrollment themselves?

A) Administrators of the group account may complete a performing provider application on behalf of the performing provider. The performing provider will be required to sign their HHSC Enrollment Agreement Form.

Q) Since I enroll all providers at the group level, will I enroll under the organization only?

A) Groups will enroll as an organization, except for sole proprietors.

Application Fee

Q) Who is eligible for the application fee waiver?

A) Any provider may request an application fee waiver. However, comprehensive documentation must be uploaded to justify why the provider cannot pay the application fee. Comprehensive documentation may include, without limitation, historical cost reports, recent financial reports (e.g., balance sheets and income statements), cash flow statements, tax returns, current bank statements within 30 days, etc.

Q) How do we pay the fee? Can it be paid via credit card?

A) Currently, credit card payments are not accepted. TMHP recommends mailing the payment after the online TMHP PEMS submission is complete, so the payment is applied appropriately. Include the PEMS ticket number on the check, and print the PEMS cover letter. Mail the printed PEMS cover letter with the check.

Q) **Will the "Application Fee" section have an option to pay the fee electronically? Rather than mailing a paper check?**

A) Currently, electronic payments are not accepted. TMHP recommends mailing the payment after the online TMHP PEMS submission is complete, so that the payment is applied appropriately. nclude the PEMS ticket number on the check, and print the PEMS cover letter. Mail the printed PEMS cover letter with the check.

Q) **What is the cost of Medicaid reenrollment?**

A) The application fee for calendar year 2022 is $631.00.

Q) **If we paid a lesser amount for enrollment, do we need to pay the difference?**

A) Yes, the provider is responsible to pay the full application fee. We will notify the provider about the application fee cost is and what is missing.

Q) **Will PEMS prompt us with instructions on how to send in payment after the application is submitted?**

A) PEMS offers a cover letter during enrollment on the "Application Fee" page with directions on how to send in your application fee payment. This cover letter should be printed from PEMS and mailed in with your payment.

Q) **PEMS is linked with NPPES, so information must be maintained in NPPES. For application fee purposes, is PEMS linked to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) and will the Medicare payment be reflected in the application fee section?**

A) PEMS is not linked to PECOS. If a payment was made to Medicare, the provider must upload their proof of payment with their application.

Q) **The application in PEMS requests payment. We have approval through 2024 already. Do we have to submit payment again?**

A) The application fee is only required for a new enrollment, reenrollment, or revalidation application. The fee will not be required until then.

NPIs/APIs

Q) **If you are enrolling as an organization with an NPI, do you enroll with the NPI or select No and enter the tax ID?**

A) Enter the NPI. You will only select no and provide the tax ID if you do not have an NPI and are requesting to enroll as an atypical provider. Atypical providers are limited to certain provider types that do not render healthcare services.

Q) **What is NPPES?**

A) NPPES stands for National Plan and Provider Enumeration System.

Q) Will we still have access to attest the NPI like previously or is that function now obsolete?

A) That function is now obsolete.

Q) If a provider's NPI is already enrolled, and provider now needs to enroll with another group tax ID, do we need to open new enrollment?

A) Yes, a new enrollment is needed to add the performing provider to another group.

Q) Do you need to create an account in PEMS for each NPI that is associated with the same tax ID?

A) An administrator account can be used to link each NPI that is associated with the same tax ID. Refer to the Portal Security Training Manual for step-by-step instructions on linking or creating your accounts.

Q) Since we are not Medicare certified, we were required to get a TPI for each of our locations (that use the same NPI). Will we be allowed to add several locations under an NPI if we are not Medicare certified?

A) Yes, practice locations will be at the NPI level.

Q) If the NPI taxonomy information doesn't show up in PEMS, how can I update this information? NPPES was updated and reviewed for accuracy previous to this transition.

A) Once the provider has completed the update on the NPPES system, there is a refresh button in PEMS on the NPI taxonomy information page that will update the list of eligible Texas taxonomy codes. However, there are some taxonomy codes that are not eligible in Texas and that will be listed in the ineligible Texas taxonomy code list.

Q) How do we correct addresses and providers that are listed under a particular organization's NPI but belong under a different group NPI?

A) For changes to practice location addresses, submit a "Maintenance - Practice Location – Address Change" to update any addresses that need to be corrected.
For performing providers that are listed under the wrong group, two separate requests would need to be submitted.

- First, submit an existing enrollment request by submitting the end date for the performing provider that is listed under the wrong group NPI.

- Then a second existing enrollment request would need to be submitted; this is done by adding the performing provider to the correct group NPI.

Q) Does this system use API numbers as well? Can you use your NPI for an API? What is the difference between an NPI and an API? Where can we get those numbers?

A) APIs can be used in PEMS. An NPI is not required for enrollment for non-healthcare services. However, to be assigned an API, the provider must attest that they are not a health-care provider and are unable to obtain an NPI. For more information about who may not apply for an NPI, refer to 45 CFR 160.103 in the Code of Federal Regulations.

Some examples of providers who may have an API include (but are not limited to):

- Financial Management Services Agencies (FMSAs)
- Community Living Assistance & Support Services (CLASS) - Case Management Agencies
- Transition Assistance Services Agencies
- Individual Transportation Participants (ITPs)

Q) Does an NPI expire?

A) No, NPIs assigned by NPPES do not expire. You can find more information on the NPPES website.

Disclosures

Q) Would an update in the ownership disclosures require submission as an existing enrollment or a reenrollment?

A) Existing enrollment would be used for reporting changes to the ownership disclosures.

Q) How do you enter an approximate date on the disclosure questions?

A) When the provider selects **Yes** to a disclosure question, PEMS will display the Date field to enter a date in MM/DD/YYYY format.

Application Fields/Pages

Q) Will each user have access to all pages shown in this demo, or will there be limitations based on your user access?

A) There will be certain limitation based on the user access. Certain fields might not be applied to a specific provider type/specialty.

Q) Will the Adobe password be the last 4 digits of the individual SSN or the contracted TIN?

A) The Adobe password will always be the last 4-digits of the individual SSN.

Q) Is the authorized signatory the person that can sign on the provider's behalf? Or must it be the provider themself?

A) Yes, authorized signatory can sign the agreement on the provider's behalf.

Q) PEMS should not allow you to submit if there are any deficiencies. Can it stop it you from signing the application?

A) If PEMS flags an error for a required field, the field must be completed before the provider can sign and submit the application. Deficiencies will be identified and marked appropriately in PEMS when TMHP completes a review of the submitted application.

Q) **Whose information should be entered in the employment information screen? The staff completing the application, owner, administrator, or other?**

A) The information entered on the employment information screen should be that of the Owners/Creditors/Principals information being completed.

Q) **Does the authorized signatory have to be listed as a "Principle"?**

A) Yes, the authorized signatory must submit the Owners/Creditors/Principals forms. PEMS will only allow the user to select an authorized signatory from the list of Owners/Creditors/Principals on the application.

Q) **Which employees are required on the employment information page?**

A) The Employment Information page is a sub-page of the Owners/Creditors/Principals page. If the employee meets the definition of an Owner, Creditor, or Principal, all pages must be completed.

Q) **Are you limited on file size? Is there a limit to the length of the document's name when you are attaching it?**

A) There is a file size limit of 50mb per file and you can upload up to ten 50mb files in one upload. Document names should not be longer than 100 characters.

Q) **When entering a practice location for new enrollment, is there a way to add all the locations for a provider?**

A) Yes, on the Practice Location Information page, the user would click **+ Add Practice Location** and complete the required fields.

Q) **Where do we complete the attestations?**

A) Provider agreement attestations have been removed from the agreement.

Q) **Did the disclosure questions change with the new portal?**

A) There were some minor changes made to the disclosure questions with the implementation of PEMS.

Q) **For the owner section, what do you enter if you are nonprofit?**

A) If there are not any owners due to nonprofit status, then 0 percent should be indicated. Non-profit entities that are 501(c)(3) exempt must provide their exemption letter from the IRS confirming 501(c)(3) status. All other nonprofit entities must upload an explanation as to why ownership is not 100 percent.

Q) **Our agency services 17 counties but we only have one office. This means that I will only need to enter the physical address to the agency, but do I need to list all the counties we service?**

A) The provider has the option to enter the counties they serve or may select client default in the Demographics section of the Practice Location Information: Programs and Services Participation subpage.

Q) On the Programs page, where all Texas Medicaid programs are listed, where is the SHARS (School Health and Related Services) selection?

A) SHARS is not a program but a provider type that is enrolled under the Acute Care Services – Fee-for-Service Program.

Q) Does the billing address have to be a physical address, or can it be a Post Office (P.O.) Box?

A) A P.O. Box address is acceptable for the accounting/billing address.

Q) In the Ownership section, is it possible for an organization to provide all owners with >5% ownership without the total adding up to 100%? There's nothing in the law that requires the total to add up to 100%.

A) If the ownership does not equal to 100%, the provider must upload a written explanation stating why ownership does not equal 100%.

Application Type

Q) When enrolling an individual or performing provider, will the enrollment involve the same application (revalidation) used during the demo?

A) The application type selection is dependent on the provider scenario. Read through the following scenarios:

- PEMS New Enrollment is when a provider submits an enrollment application for a new provider/NPI that does not have an existing enrollment record in PEMS.

- PEMS Reenrollment is when a provider submits an enrollment application for a provider/NPI that has an existing enrollment record in PEMS that has been disenrolled, terminated, excluded, or otherwise removed as a provider.

- PEMS Revalidation is when a provider submits a revalidation application for a provider/NPI that has an existing enrollment record in PEMS prior to the end of their enrollment period without an enrollment gap.

- PEMS Existing Enrollment is when a provider submits an existing enrollment application for a provider/NPI that has an existing enrollment record in PEMS prior to the end of their enrollment period; this does not impact the enrollment period.

Q) Would I be able to use the existing enrollment option if I start working with a new group or if I'm being added to an existing group?

A) A provider would use the existing enrollment option when they are already enrolled and when wanting to add a new Medicare number, new practice location, CHOW, or a new provider type or specialty, or when they want to enroll in additional state health-care programs.

Q) I'm wondering which enrollment application I would use for a new provider being added to an existing group. Should I use a new enrollment application?

A) If the new provider is not currently enrolled with their existing NPI, the provider must submit a new enrollment application. If the new provider is currently enrolled with their existing NPI but not associated to the group, the provider must submit an existing enrollment application.

Conversion Process

Q) Will all our information be transferred over and we need to verify it in PEMS?

A) Existing enrollment information will be transferred to PEMS. Additional information may be required when submitting the first request.

Q) I have an existing application that is currently in process. Will I be able to see that application in PEMS when the My Account page is back?

A) Applications that are currently in process will complete their processing in PEP. PEMS will be available for the enrollment record once the existing application has been completely processed in PEP.

Q) If all my providers and group have already been enrolled in traditional Medicaid for many years, do I need to reenroll each provider under PEMS or is there a way to link providers in the new system?

A) The existing enrollment information will be automatically available in PEMS. There is no need to reenroll into the new system.

Q) What happens to our existing applications?

A) Applications that were previously submitted in PEP will not be transferred to PEMS. All applications currently in-flight must be completed by February 15, 2022, with the exception of applications that are under an informal desk review or pending HHSC review. If the application is not completed by this date, the application will be closed, and providers will be required to submit the application through PEMS after February 15, 2022.

Q) What happens if we find errors in the transition of info from PIMS to PEMS?

A) You may proceed with updating PEMS to correct any discrepancies.

Q) Will all my information move to the new system or do I have to complete a new account or enrollment?

A) The existing information will move to the new system. Additional information may be requested when completing a new request in PEMS.

Q) If we need to send in a correction to an application that was submitted prior to PEMS, how do we do that?

A) If the application is complete and finalized, then PEMS can be used to submit an applicable maintenance or existing enrollment request to update the information.