

Community Health Worker & Doula

STAKEHOLDER MEETING

Welcome & Introductions

Agenda

- Overview of House Bill 1575 and CPW
- Provider Enrollment Overview
- Health Plan Credentialing & Contracting



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Services

House Bill (H.B.) 1575 Implementation Updates

Michelle Erwin
Medicaid and CHIP Services Office of Policy
Health and Human Services Commission

November 2024

What is Medicaid?

Medicaid

A jointly funded state-federal healthcare and long-term services program for certain groups of low-income persons

CHIP

A similar program for children whose families earn too much to qualify for Medicaid but can not afford health insurance

HHSC

Certain clients may be on Medicare and Medicaid

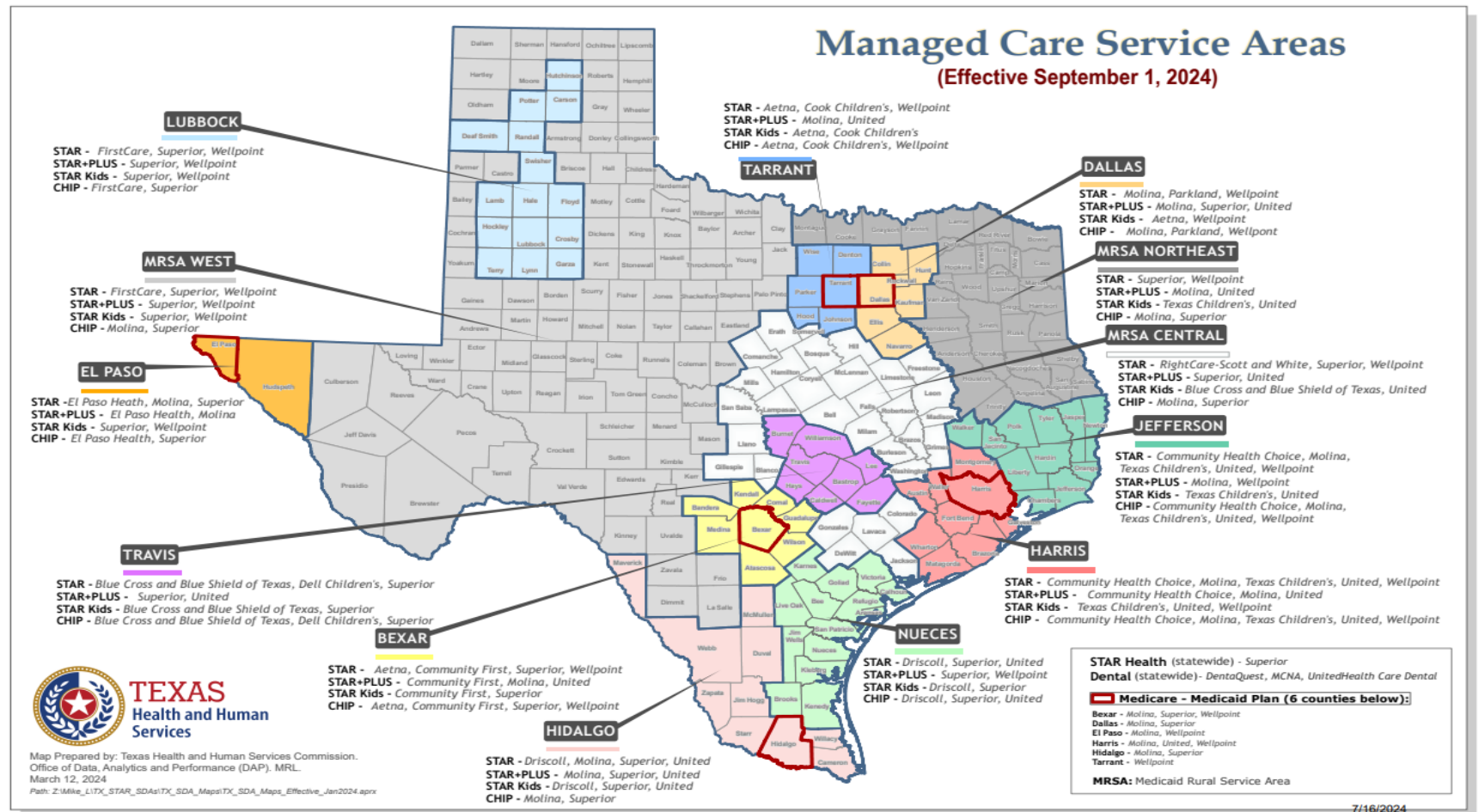
Medicare

A federal program that provides health coverage for people who are 65 and older or have a severe disability, regardless of income



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Medicaid Managed Care Service Areas



Summary of House Bill (H.B.) 1575, 88th Legislature, Regular Session, 2023



- Medicaid Managed Care Organizations (MCOs) and Thriving Texas Families (TTF) screen pregnant women for non-medical health-related needs and coordinate services
- Pregnant women must opt-in



- MCOs and TTF share results with HHSC



- Community Health Workers (CHW) and Doulas as new providers of Medicaid case management for Children and Pregnant Women (CPW) services
- Revised provider training for CPW services



- Report sent to the Legislature every two years

Case Management Services

About CPW



Case management for children and pregnant women (CPW) services are a Medicaid benefit for children birth through 20 years of age and pregnant women of any age who have a health condition, health risk, or high-risk condition.

Services are furnished to assist members in gaining access to needed medical, social, educational, and other services.

CPW case management providers:

- Complete an initial assessment to determine if the individual is Medicaid eligible.
- Conduct a comprehensive face-to-face assessment and periodic reassessments of the member needs.
- Develop a care plan that identifies a course of action.
- Conduct follow-up activities to ensure the care plan is implemented and needs are being addressed.



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H.B. 1575 Impact on CPW

Current CPW Services

- Licensed nurses
- Social workers
- Case management for medical, social, educational & other services
- MCO service coordinators are primary to help members access medical and social services



With H.B. 1575

Expands who can provide CPW services



- Community Health Workers (CHWs)
- Doulas

New needs may be identified



- Specific focus on food, housing, transportation and child care needs

More coordination options



- If member has an established relationship or preference, they can keep their CPW provider to address medical and social needs



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*Medicaid fee-for-service clients still get this benefit

Steps to Become a CPW Case Management Provider



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STEP 1

Contact AskCM@hhs.texas.gov to indicate interest in becoming a CPW Provider

STEP 2

DSHS Regional Liaison contacts the interested provider to schedule a pre-planning session

STEP 3

DSHS Regional Liaison completes pre-planning process and determines if provider meets criteria for next step in the process

STEP 4

Provider completes all training requirements

STEP 5

Provider receives approval letter to begin the official enrollment process to become a Medicaid CPW provider

STEP 6

Provider obtains National Provider Identifier from the National Plan & Provider Enumeration System

STEP 7

Provider enrolls through PEMS as either a group or individual provider December 2024

STEP 8

Provider receives enrollment completion notice from PEMS

STEP 9

Newly enrolled providers are included on the master provider file that is sent to all managed care organizations

STEP 10

Provider contracts and credentials with managed care organizations in their area and provision of services can begin

CHWs and
Doulas who
attended any
summer 2024
trainings are
here

Preplanning and Training

Step 1-3: Interest & Preplanning

- ❖ Contact HHSC by emailing AskCM@hhs.texas.gov
- ❖ A regional DSHS liaison will contact you to schedule
- ❖ The preplanning session gives information about the CPW program and requirements for becoming a provider

Step 4-5: Training & Approval to Start Enrollment Process

Expanded CPW
Training

Required for all CPW providers
to enroll in Texas Medicaid

 Self-paced online

Four prerequisite courses
found on
[Case Manager | Texas
Health Steps](#)

Completing the
standardized “Case
Management Training”
course is the last step to
begin the official enrollment
process



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Certification and Requirements

Existing CPW Providers

Nurses

- Licensed in Texas
- Advanced practice, or
- Bachelors in nursing, or
- Associate degree in nursing with specific experience

Social Workers

- Licensed in Texas
- Including independent practice

New CPW Providers

Community Health Workers (CHWs)

- Must have current certification by DSHS

Doulas

- Determined two appropriate pathways to certification
 1. Experience
 2. Training



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What to Know about CPW Case Management and MCOs

➔ **Doulas and CHWs enroll with HHSC and credential/contract with MCOs starting December 1.**

New provider types must be added to both the state and MCO systems. HHSC is updating the following:

- The provider enrollment system (PEMS); and
- The Medicaid fee-for-service claims processing system.

MCOs are updating credentialing/contracting processes and claims processing systems.

➔ **MCO requirements:**

- Service coordination
- CPW access requirements
- Third party insurance requirements
- Professional liability insurance timing



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MCO Service Coordination

MCOs provide service coordination to provide assistance with accessing medical and social services. MCO activities include:

- Development of a service plan.
- Help accessing providers to ensure access to covered services.
- Coordination of authorizations.
- Coordinate non-capitated services and enlist the involvement of community organizations.



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CPW Access Requirements

To ensure access to care, the managed care organizations must:

1

Include CPW providers in their network and ensure access to CPW services

2

No duplication of payment and allow direct referrals to CPW providers

3

New: Allow members to keep CPW provider when previous relationship or member preference

4

New: Continuity of care for members who had CPW provider while in fee-for-service and referrals to CPW providers



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Third Party and Professional Liability Insurance

Third-Party Liability and Third-Party Recovery

- MCOs must first pay and later seek recovery from liable third parties for CPW services.

Professional Liability Insurance.

- MCOs must ensure providers have professional liability insurance.
- MCOs must allow new CPW providers 6 months to obtain the insurance.
- CPW providers are not required to obtain malpractice insurance.
- Dollar amount not specified.



Resources for Providers

[Updates to the Uniform Managed Care Manual \(UMCM\) 16.1](#)

[Updates to CPW Program Services Benefit Criteria
Effective December 1, 2024 | TMHP](#)

[New Doula and CHW Provider Types for CPW Case
Management Services Available December 1, 2024 | TMHP](#)

Webinars on H.B. 1575 updates and information can be found at:
[Case Management Providers CPW | Texas Health and Human Services](#)

July 24, 2024: *Current
CPW providers webinar*

July 25, 2024: *New CPW
providers webinar*



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Services



Questions about H.B. 1575

AskCM@hhs.texas.gov



CHILDREN AND PREGNANT WOMEN (CPW) DOULA/COMMUNITY HEALTH WORKER (CHW) ENROLLMENT OVERVIEW



PRESENTER

Elisa Hernandez

**Provider Relations
Representative**

**Five years at Texas Medicaid
and Healthcare Partnership
(TMHP)**

TOPICS

- Enrollment Requirements and Overview
- Provider Enrollment and Management System (PEMS) Enrollment for Groups and Individuals
- Resources
- Question and Answer Session

At the conclusion of today's presentation, we will hold a Question-and-Answer Session. Please ensure that any questions posed are tracked and documented for discussion at the conclusion of the session.

ENROLLMENT REQUIREMENTS AND OVERVIEW

WHAT IS THE PROVIDER ENROLLMENT AND MANAGEMENT SYSTEM (PEMS)?

PEMS is the single tool for provider enrollment, reenrollment, revalidation, change of ownership, and maintenance requests (maintaining and updating provider enrollment record information).

The screenshot shows the TMHP Provider Management interface. At the top, the TMHP logo and name are on the left, and a 'View Help' button is on the right. Below this is a blue header bar with the text 'PROVIDER MANAGEMENT'. Under the header, there are two tabs: 'REQUESTS' and 'PROVIDER MANAGEMENT', with the latter being selected. To the right of the tabs is a search bar. Below the tabs, there is a red text block containing information about COVID-19 revalidation waivers and a reminder to respond to deficiencies within 45 business days. At the bottom, there is a table with columns for NPI / API, PROVIDER / ORGANIZATION NAME, NPI TYPE, TAX ID / SSN, INITIATED BY GROUP, REVALIDATION DUE DATE, STATUS, and a 'Next' button. The table contains one row of data.

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	INITIATED BY GROUP	REVALIDATION DUE DATE	STATUS	
1234567890	PEMS ENROLLMENT RECORD	Organization	987654321		03/15/2026	Approved	...

A paperless enrollment process. One, “smart” online provider enrollment application for all programs. Real-time data validation to reduce errors and speed application processing.

REQUIREMENTS TO ENROLL AS A DOULA PROVIDER

Doula's With the Experience Pathway

- **Attest to having five years of experience as a doula within the last seven years*.**
- **Attest to attendance in three births in the last seven years*.**
- **Attest to having completed Health Insurance Portability and Accountability Act (HIPAA) training*.**
- **Submit an approval letter from HHSC*.**
- **Upload their HIPAA certification*.**
- **Submit three professional letters of recommendation dated in the last seven years*.**



***Information highlighted yellow and bolded indicates an attachment in PEMS**

ATTACHMENTS				
Click here to select files (Accepted file types are pdf, doc, docx, jpg or jpeg)				
UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS
HHSC Approval Letter.docx	Approval Letter from HHSC	YES	11/13/2024 02:21 PM	View Replace Delete

REQUIREMENTS TO ENROLL AS A DOULA PROVIDER



Doula's With the Training Pathway

- **Attest to having completed all training that is necessary to meet the core competency requirements*.**
- **Attest to attendance in three births*.**
- **Attest to having completed HIPAA training*.**
- **Submit an approval letter from HHSC*.**
- **Upload their HIPAA certification*.**
- **Submit three professional letters of recommendation dated in the last seven years*.**

*Information highlighted red and bolded indicates an attestation or a confirmation in PEMS this has taken place

☒ Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *

REQUIREMENTS TO ENROLL AS A CHW PROVIDER

Community Health Worker (CHW)



- Submit an **approval letter from HHSC***.
- Submit their **CHW certification** number and state the expiration date, which should be no more than two years from the date of enrollment as a CHW.
- Attest to having completed HIPAA training.
- **Upload their HIPAA certification***.

*Information highlighted yellow and bolded indicates an attachment in PEMS

CERTIFICATION/APPROVAL LETTERS

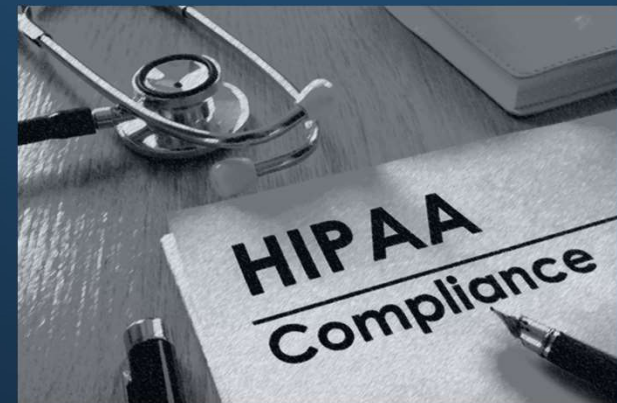
Approval Letter from HHSC (Douglas and CHW)

- Provider will email askcm@hhs.Texas.gov to express interest in enrolling as one of these two provider types
- An HHSC liaison will reach out to schedule a pre-planning session to discuss case management options; where you want to provide services, whether to enroll as a group or individual provider, required training, etc.
- Complete 9.5 hours of training (5 training courses)
- After completing the training HHSC will provide you with an approval letter
- You will upload this approval letter as an attachment in PEMS when enrolling

HIPAA Certification (Douglas and CHW)

- Providers will need to take a HIPAA Training
- Receive a certification indicating you have taken this
- Upload the certification within the Attachments tab within PEMS

Note: If you are unsure where to take the HIPAA training, HHSC offers a free HIPAA training on their website.



CERTIFICATION/APPROVAL LETTERS

CHW Certification (only for CHW)

- Visit DSHS at <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/chw-certification-renewal/chw-initial-certification>
- Complete the required training to obtain your CHW certification number
- Enter this certification number into PEMS within the License/Certification/Accreditation tab.

Note: These certifications are for two-year periods. You must maintain your certification by following the training requirements identified by DSHS. You must update the expiration date in PEMS through a maintenance request before the certification expires. You will receive a notice from PEMS prior to the expiration as a reminder. You would need to update the expiration date in PEMS through a maintenance request once this has taken place.

Community Health Worker Initial Certification

Community Health Workers (CHWs), or Promotores de Salud, are non-medical public health workers who connect communities to health care and social service providers. The Texas Department of State Health Services (DSHS) established the CWH program, in accordance with Health and Safety Code Chapter 48 to operate a program designed to train and educate persons within the CHW program.

CHWs demonstrate skills in the eight [core competencies](#) and must meet the following certification requirements:

- Texas resident
- Must be 16 years old.
- Training – Completion of an approved DSHS-certified 160-hour competency-based Community Health Worker training program.

OR

Experience – At least 1000 cumulative hours of community health worker services within the most recent three (3) years. Experience will be verified with the supervisor(s) noted in the application.

TYPES OF PROVIDERS



Group (with an organizational NPI)

This type of enrollment applies to healthcare items or services provided under the auspices of a legal entity. A group must have at least one performing provider enrolled in the group.



Individual

This type of enrollment applies to an individual healthcare professional who is licensed or certified in Texas and who is seeking enrollment under the name and social security or tax identification number of the individual.



Performing Provider

This type of enrollment applies to an individual health care professional who is licensed or certified in Texas, and who is seeking enrollment under a group.

ENROLLMENT TIMELINE

Deficiencies Corrections

Providers have 45 days total to resolve all deficiencies before a request is closed out

Does not require HHSC-OIG Review

Revalidations, most maintenance updates, add/modify for performing providers.

HHSC-OIG Review

They have up to 30 days to screen and make an enrollment decision. Typically, this process does not take the full 30 days.

Provider Enrollment will review the submitted request within 30 business days.

If deficiencies are identified, you will need to correct this information.
If there are not any deficiencies, see Step 4.

Once the request is resubmitted Provider Enrollment has up to 30 business days to review these corrections.

If the request needs HHSC-OIG Approval, it will be sent to them. It can take up to 30 days to decide.

When TMHP receives the decision from HHSC-OIG, we will relay that to the provider within 8-10 business days.

1

2

3

4

5

Application Submitted

Deficiencies Identified?

Request Resubmitted

HHSC - OIG Review

Review HHSC -OIG Decision

TAXONOMY REQUIREMENT FOR DOULA'S

If enrolling as an individual or performing provider Doula provider, please ensure that taxonomy code **374J00000X** is added to your National Provider Identifier (NPI).

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

joshua.haley View Help

DOULA PROVIDER
1234567890 | Individual

Include Pending Changes Edit Enrollment Record

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/
ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

NPI Taxonomy

NAME
DOULA PROVIDER

NPI NUMBER
1234567890

SOLE PROPRIETOR
NO

NPI TYPE
Individual

STATUS
Active

ELIGIBLE TEXAS MEDICAID TAXONOMIES
374J00000X

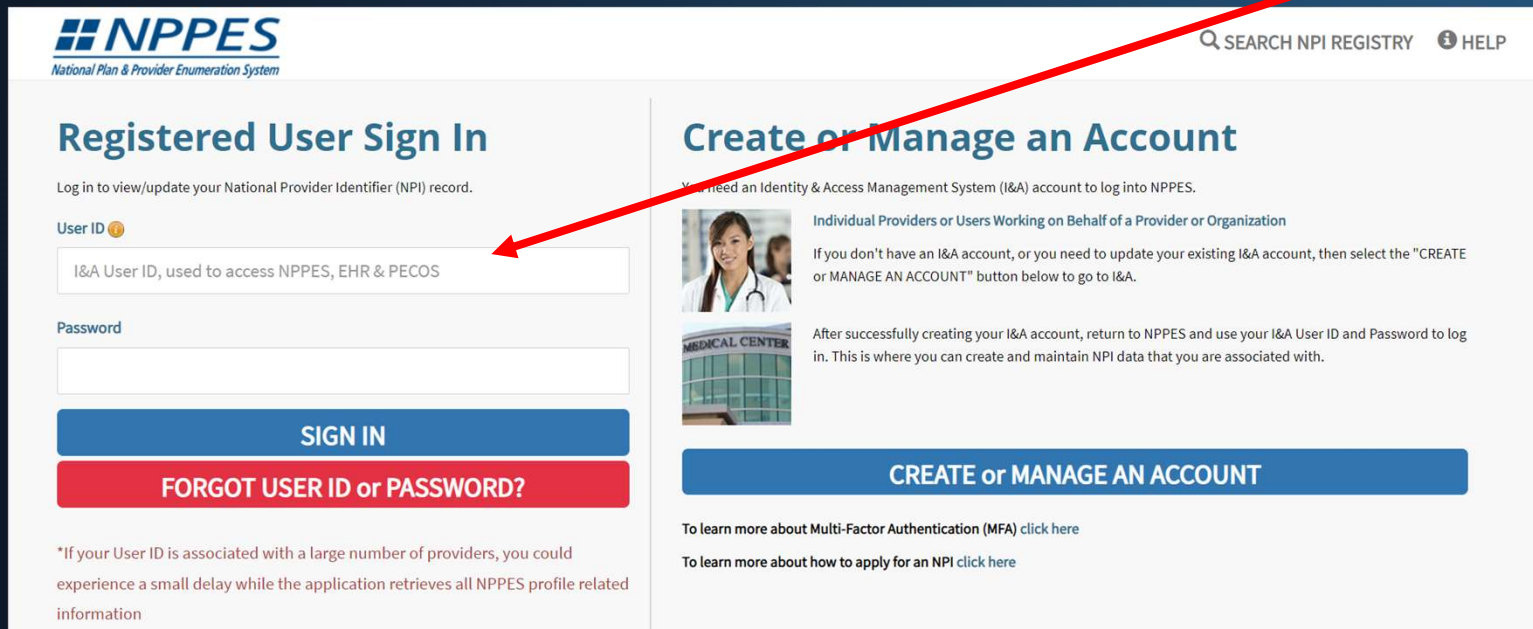
ELIGIBLE TEXAS
MEDICAID
TAXONOMIES
374J00000X

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

If enrolling as a group, you can use taxonomy code 193400000X or 193200000X.

UPDATING TAXONOMIES

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



NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID or PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create or Manage an Account

You need an Identity & Access Management System (I&A) account to log into NPPES.

Individual Providers or Users Working on Behalf of a Provider or Organization

If you don't have an I&A account, or you need to update your existing I&A account, then select the "CREATE or MANAGE AN ACCOUNT" button below to go to I&A.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log in. This is where you can create and maintain NPI data that you are associated with.

CREATE or MANAGE AN ACCOUNT

To learn more about Multi-Factor Authentication (MFA) click here

To learn more about how to apply for an NPI click here

Log into NPPES with your credentials. Then edit the NPI to add or replace taxonomies code.

After updating and submitting the update in NPPES, the updated taxonomy should appear in PEMS usually within 15 minutes.

TAXONOMY REQUIREMENT FOR COMMUNITY HEALTH WORKER

If enrolling as Community Health Worker (CHW), please ensure that taxonomy code **172V00000X** is added to your National Provider Identifier (NPI).

The screenshot shows the 'COMMUNITY HEALTH WORKER' profile page for NPI 1234567890. The left sidebar lists various information categories, all of which are marked as complete with checkmarks. The main content area is titled 'NPI Taxonomy' and contains a table of provider details. A callout box points to a 'Refresh Information' button. Another callout box highlights the 'ELIGIBLE TEXAS MEDICAID TAXONOMIES' section, which lists the code 172V00000X. A third callout box points to a link for updating taxonomy codes.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

joshua.haley View Help

COMMUNITY HEALTH WORKER
1234567890 | Individual

Include Pending Changes Edit Enrollment Record

NPI TAXONOMY INFORMATION ✓
SERVICES PROVIDED ✓
PROVIDER INFORMATION ✓
LICENSES/CERTIFICATIONS/ACCREDITATIONS ✓
DISCLOSURES ✓
ACCOUNTING/BILLING INFORMATION ✓

Click here to show the updated taxonomy in PEMS after making the update in NPPES.

Refresh Information ↻

NAME COMMUNITY HEALTH WORKER	ELIGIBLE TEXAS MEDICAID TAXONOMIES 172V00000X	INE
NPI NUMBER 1234567890		
SOLE PROPRIETOR NO		
NPI TYPE Individual		
STATUS Active		

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

If enrolling as a group, you can use taxonomy code 193400000X or 193200000X.

COMPLETING THE PEMS REQUEST

NPI TAXONOMY INFORMATION ☐

~~SERVICES PROVIDED~~ ☒

PROVIDER INFORMATION ☐

LICENSES/CERTIFICATIONS/
ACCREDITATIONS ☐

DISCLOSURES ☐

ACCOUNTING/BILLING INFORMATION ☐

OWNERSHIP/CONTROLLING INTEREST ☐

PROGRAMS ☐

PRACTICE LOCATION INFORMATION ☐

~~APPLICATION FEE~~ ☐

ATTACHMENTS ☒

AGREEMENTS ☐

Do not complete the:

Services Provided tab

or

Application Fee tab

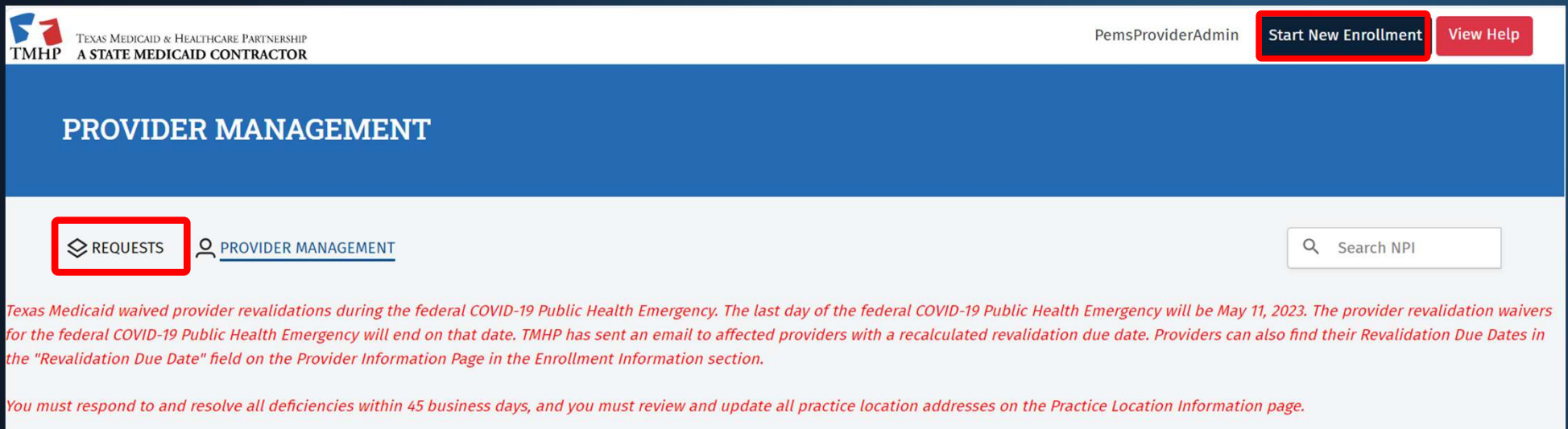
Tips for Success

- Complete all fields with a red asterisk
- Click Save on the bottom of each tab, after completion
- Ensure each tab has a blue check circle before submission
- If you leave the request, make sure to use the Request tab, we reviewed earlier, to access the draft from the PEMS dashboard
- Reach out to TMHP directly if you need any assistance with PEMS

PEMS ENROLLMENT FOR GROUPS AND INDIVIDUALS

GETTING STARTED

Click **Start New Enrollment** in the upper-right corner to initiate the application request.



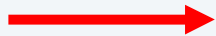
The screenshot displays the TMHP (Texas Medicaid & Healthcare Partnership) Provider Management interface. The top navigation bar includes the TMHP logo, the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR", the user name "PemsProviderAdmin", and two buttons: "Start New Enrollment" (highlighted with a red box and a red arrow) and "View Help". Below the navigation bar is a blue header section labeled "PROVIDER MANAGEMENT". The main content area features a sidebar with two tabs: "REQUESTS" (highlighted with a red box) and "PROVIDER MANAGEMENT". A search bar labeled "Search NPI" is located on the right side of the main content area. Below the sidebar and search bar, there is a red text notice: "Texas Medicaid waived provider revalidations during the federal COVID-19 Public Health Emergency. The last day of the federal COVID-19 Public Health Emergency will be May 11, 2023. The provider revalidation waivers for the federal COVID-19 Public Health Emergency will end on that date. TMHP has sent an email to affected providers with a recalculated revalidation due date. Providers can also find their Revalidation Due Dates in the 'Revalidation Due Date' field on the Provider Information Page in the Enrollment Information section." and another red text notice: "You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page."

GETTING STARTED

Group Admins Enrolling Performing Provider Instructions

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

- 1) Click Cancel to navigate back to the PEMS Dashboard.
- 2) Search for the appropriate Group NPI/API from the PEMS Dashboard.
- 3) Click the Ellipsis [...] and then View to open the Enrollment Record.
- 4) Navigate to the Practice Location Information page using the left navigation. Scroll to the bottom of the page and click **+Add Performing Provider** button.
- 5) A pop-up will display. Enter the performing provider's National Provider Identifier (NPI) and answer a few more questions.
- 6) After completion of the pop-up window, a new group-initiated request will be started to add the performing provider to the group.
- 7) Complete and submit the request.



Continue

Cancel

This will generate a list of instructions for performing providers. Please click Continue.

GETTING STARTED

Check the top radio button and then Enter your NPI and click validate. After the NPI is validated check the box for the agreement and click “Begin Enrollment/Registration.”

NPI & Enrollment Information

To Begin, Please Choose your Enrollment/Registration

☒ **Enroll as a Provider with an Existing National Provider Identifier**

☐ Register as an Individual Transportation Participant

☐ Enroll as an Atypical Provider

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

NATIONAL PROVIDER IDENTIFIER (NPI)

1234567890 **Validate**

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

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

Begin Enrollment / Registration **Cancel**

PROVIDER INFORMATION

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS

Provider Information

Pending Change Request Number: 20183474

Basic Information

FIRST NAME *

Provider First Name

MIDDLE NAME

Enter Middle Name

LAST NAME *

Provider Last Name

SUFFIX

Select One

SOCIAL SECURITY NUMBER *

123456789

DATE OF BIRTH *

01/01/1980

GENDER *

Male

ID TYPE *

Drivers License

ID NUMBER *

123456789

STATE ISSUER *

TX - Texas

ISSUE DATE *

01/01/1997

EXPIRATION DATE *

01/01/2026

PRIMARY EMAIL ADDRESS *

PNotifications@gmail.com

PRIMARY EMAIL STATUS

SECONDARY EMAIL ADDRESS

Enter Secondary E-Mail

SECONDARY EMAIL STATUS

Verify Email

Provider Information

Pending Change Request Number: 20183474

Basic Information

FIRST NAME *

Provider First Name

MIDDLE NAME

Enter Middle Name

LAST NAME *

Provider Last Name

SUFFIX

Select One

SOCIAL SECURITY NUMBER *

123456789

DATE OF BIRTH *

01/01/1980

GENDER *

Male

ID TYPE *

Drivers License

ID NUMBER *

123456789

STATE ISSUER *

TX - Texas

ISSUE DATE *

01/01/1997

EXPIRATION DATE *

01/01/2026

PRIMARY EMAIL ADDRESS *

PNotifications@gmail.com

PRIMARY EMAIL STATUS

SECONDARY EMAIL ADDRESS

Enter Secondary E-Mail

SECONDARY EMAIL STATUS

Verify

LICENSE/CERTIFICATIONS/ACCREDITATIONS

- NPI TAXONOMY INFORMATION ☒
- SERVICES PROVIDED ☒
- PROVIDER INFORMATION ☒
- LICENSES/CERTIFICATIONS/ACCREDITATIONS ☐
- DISCLOSURES ☐
- ACCOUNTING/BILLING INFORMATION ☐
- OWNERSHIP/CONTROLLING INTEREST ☐
- PROGRAMS ☐
- PRACTICE LOCATION INFORMATION ☐
- APPLICATION FEE ☐
- ATTACHMENTS ☒
- AGREEMENTS ☐

Licenses/Certifications/Accreditations

Note - Only enter licenses/certifications/accreditations for the enrolling provider.

Do not enter any licenses/certifications/accreditations for other providers. Entering a license for another provider on this page may cause delays in processing.

If a supervising license is required for enrollment, please enter the supervising license on the applicable Program and Service Details records in the Practice Location page of the application.

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION	REQUEST NUMBER
No data available in table								
+ Add Licenses/Certifications/Accreditations								

ATTESTATION FOR DOULAS IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

NPI TAXONOMY INFORMATION ✓

SERVICES PROVIDED ✓

PROVIDER INFORMATION ✓

**LICENSES/CERTIFICATIONS/
ACCREDITATIONS ✓**

DISCLOSURES ○

ACCOUNTING/BILLING INFORMATION ○

OWNERSHIP/CONTROLLING INTEREST ○

PROGRAMS ○

PRACTICE LOCATION INFORMATION ○

APPLICATION FEE ○

ATTACHMENTS ✓

AGREEMENTS ○

ATTESTATION - DOULA

EFFECTIVE DATE *
11/13/2024

LAST UPDATE DATE
MM/DD/YYYY

Doula Services *

☒ Do you want to enroll as a Doula with experience?

☐ Do you want to enroll as a Doula with additional training in core competencies?

☒ Approval letter from Texas Health & Human Services Commission (HHSC) to enroll as a Case Management for Children & Pregnant Women (CPW) provider *

HHSC approval letter is required.

EXPIRATION DATE
11/13/2024

LAST UPDATE DATE
MM/DD/YYYY

☒ Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *

HIPAA Training Certificate required

EFFECTIVE DATE
11/13/2024

LAST UPDATE DATE
MM/DD/YYYY

☒ Attest to having at least five (5) years of experience as a doula in the last seven (7) years *

☒ Attest to having attended at least three (3) births in the last seven (7) years *

☒ Three (3) professional letters of recommendation from the last seven (7) years *

Three recommendation letters are required

ATTACHMENTS FOR DOULAS IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

Scroll to the bottom of this tab to add your attachments

ATTACHMENTS

Click here to select files

(Accepted file types are pdf, doc, docx, jpg or jpeg)

Select your attachment from the drop-down, and click Add Attachment

Add Attachments

DOCUMENT NAME*

Select Document Name

Select Document Name

HHSC Approval Letter

Professional Recommendation Letter

Proof of HIPPA Training

Training Certificate

All attachments should be reflected in this tab prior to submitting the enrollment request

UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS		
Letter of recommendation 3.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	View	Replace	Delete
Letter of recommendation 2.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	View	Replace	Delete
Letter of Recommendation 1.docx	Professional Recommendation Letter	YES	11/13/2024 02:22 PM	View	Replace	Delete
HIPPA Training Certification.docx	Proof of HIPPA Training	YES	11/13/2024 02:21 PM	View	Replace	Delete
HHSC Approval Letter.docx	Approval Letter from HHSC	YES	11/13/2024 02:21 PM	View	Replace	Delete

CERTIFICATIONS FOR CHW'S IN THE LICENSE/CERTIFICATIONS/ACCREDITATIONS TAB

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS

LICENSE/CERTIFICATION/ACCREDITATION TYPE *
CERTIFICATION

ISSUER *
Department of State Health Services (DSHS) - CHW

NUMBER *
12345

EFFECTIVE DATE *
11/13/2024

EXPIRATION DATE *
11/20/2026

LAST UPDATE DATE
MM/DD/YYYY

☒ Approval Letter from Texas Health & Human Services Commission (HHSC) to enroll as a Case Management for Children & Pregnant Women (CPW) Provider *

HHSC Approval Letter is required

EFFECTIVE DATE
11/13/2024

LAST UPDATE DATE
MM/DD/YYYY

☒ Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *

HIPAA Training Certificate is required

EFFECTIVE DATE
11/13/2024

LAST UPDATE DATE
MM/DD/YYYY

ATTACHMENTS

Click here to select files (Accepted file types are pdf, doc, docx, jpg or jpeg)

UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS
HIPPA Training Certification.docx	Proof of HIPPA Training	YES	11/13/2024 02:44 PM	View Replace Delete
HHSC Approval Letter.docx	Approval Letter from HHSC	YES	11/13/2024 02:44 PM	View Replace Delete

DISCLOSURES

Read and answer the Yes/No questions within the **Disclosures** tab. If a question is answered Yes, you may want to add supporting documentation. You can upload this on the bottom of this tab.

NPI TAXONOMY INFORMATION	<input checked="" type="checkbox"/>
SERVICES PROVIDED	<input checked="" type="checkbox"/>
PROVIDER INFORMATION	<input checked="" type="checkbox"/>
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	<input checked="" type="checkbox"/>
DISCLOSURES	<input type="checkbox"/>
ACCOUNTING/BILLING INFORMATION	<input type="checkbox"/>
OWNERSHIP/CONTROLLING INTEREST	<input type="checkbox"/>
PROGRAMS	<input type="checkbox"/>
PRACTICE LOCATION INFORMATION	<input type="checkbox"/>
APPLICATION FEE	<input type="checkbox"/>
ATTACHMENTS	<input checked="" type="checkbox"/>
AGREEMENTS	<input type="checkbox"/>

Disclosures

"Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action.
Have you ever been sanctioned (as defined above) in any state or federal program? *

☐ Yes

☒ No

Is your professional healthcare license or certification currently revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *

☐ Yes

☒ No

Have you ever had your professional healthcare license or certification revoked, suspended or otherwise restricted, which includes all disciplinary and non - disciplinary actions? *

☐ Yes

☒ No

Are you currently, or have you ever been, subject to a licensing or certification disciplinary or non - disciplinary actions? *

☐ Yes

☒ No

ACCOUNTING/BILLING INFORMATION

When completing the **Accounting/Billing Information** tab ensure the appropriate documents are attached in the W-9 tab and EFT tab.

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION ☒
- SERVICES PROVIDED ☒
- PROVIDER INFORMATION ☒
- LICENSES/CERTIFICATIONS/ACCREDITATIONS ☒
- DISCLOSURES ☒
- ACCOUNTING/BILLING INFORMATION** ☐
- OWNERSHIP/CONTROLLING INTEREST ☐
- PROGRAMS ☐
- PRACTICE LOCATION INFORMATION ☐
- APPLICATION FEE ☐
- ATTACHMENTS ☒
- AGREEMENTS ☐

Accounting/Billing Information

ACCOUNTING/BILLING NAME	W9 NAME	TAX NUMBER	ADDRESS	EFT ACCOUNT NUMBER	IN USE	REQUEST ACTION	UPDATE DATE
No data available in table							
+ Add Accounting/Billing Information							

0 TOTAL DEFICIENCIES

ACCOUNTING/BILLING ☒

W-9 ☐

EFT ☒

ATTACHMENTS

[Click here to select files](#) (Accepted file types are pdf, doc, docx, jpg or jpeg)

UPLOADED FILES	ATTACHMENT NAME	CURRENT REQUEST	DATE UPLOADED	ATTACHMENT ACTIONS
Organizational Structure Document.docx	Organizational Structure Chart	YES	04/11/2024 10:58 AM	View Replace Delete
Franchise Tax Account Status.docx	Franchise Tax Account Status	YES	04/11/2024 10:58 AM	View Replace Delete
Certificate of Filing.docx	Certificate of Filing	YES	04/11/2024 10:57 AM	View Replace Delete

Typically, the required documents are:

- Organizational Structure Document
- Active Franchise Tax Account (TMHP will verify)
- Filing Document

OWNERSHIP/CONTROLLING INTEREST

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION

SERVICES PROVIDED

PROVIDER INFORMATION

LICENSES/CERTIFICATIONS/
ACCREDITATIONS

DISCLOSURES

ACCOUNTING/BILLING INFORMATION

OWNERSHIP/CONTROLLING INTEREST

PROGRAMS

PRACTICE LOCATION INFORMATION

APPLICATION FEE

ATTACHMENTS

AGREEMENTS

When completing the **Ownership/Controlling Interest** tab ensure each Principal listed has current information. For a new enrollment be sure to add any Principal's within your organization.

A Principal of the Applicant is defined as follows:

- All owners with a direct or indirect ownership or control interest of 5 percent or more. All corporate officers and directors, all limited and non-limited partners, and all shareholders of a provider entity (including a professional corporation, professional association, or limited liability company).
- All managing employees or agents who exercise operational or managerial control or who directly or indirectly manage the conduct of day-to-day operations; this includes but is not limited to On-Site Manager, Pharmacist in Charge, Medical Director for Ambulance and Opioid Treatment providers, and Supervising Licensed Practitioner.
- All individuals, companies, firms, corporations, employees, independent contractors, entities or associations who have been expressly granted the authority to act for or on behalf of the provider.

A Subcontractor of the Provider is defined as follows:

- An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing all or part of the goods, services, work, materials required or medical care to its patients; or
 - If the disclosing entity contracts or proposes to contract with a management company to perform any services related to the disclosing entity's participation in HHSC programs, the disclosing entity is required to fully disclose all levels of ownership or control interest in the management company, and is required to disclose all entities and all individuals at each level of ownership, from the ownership of the management company to the ownership of each successive ownership entity. The disclosing entity is also required to disclose all managing employees at each level of ownership.
- An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Owners/Creditors/Principals

NAME/COMPANY NAME	SSN/TAX ID	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER NUMBER	PERCENT OWNED	FINGERPRINT REQUIRED
No data available in table					

+ Add Owner/Creditor/Principal

COMPLETING INFORMATION FOR THE PRINCIPAL

0 TOTAL DEFICIENCIES

BASIC INFORMATION

ADDRESSES

HEALTHCARE LICENSES/CERTIFICATIONS/
ACCREDITATIONS

EMPLOYMENT INFORMATION

RELATIONSHIP INFORMATION

DISCLOSURES

Ensure the information is accurate and that a current expiration date listed for the Principal's ID type.

Enter the address for the Principal.

If the Principal has a license, ensure the expiration date is current. **Note:** *Licenses are not required for all Principals.*

Confirm that the title, duties, and role effective date fields are accurately completed.

Indicate if the Principal has a contractual relationship with another provider.

Verify each Disclosure question is answered accurately.

PROGRAMS

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION	<input checked="" type="checkbox"/>
SERVICES PROVIDED	<input checked="" type="checkbox"/>
PROVIDER INFORMATION	<input checked="" type="checkbox"/>
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	<input checked="" type="checkbox"/>
DISCLOSURES	<input checked="" type="checkbox"/>
ACCOUNTING/BILLING INFORMATION	<input checked="" type="checkbox"/>
OWNERSHIP/CONTROLLING INTEREST	<input checked="" type="checkbox"/>
PROGRAMS	<input type="checkbox"/>
PRACTICE LOCATION INFORMATION	<input type="checkbox"/>
APPLICATION FEE	<input type="checkbox"/>
ATTACHMENTS	<input checked="" type="checkbox"/>
AGREEMENTS	<input type="checkbox"/>

Make sure to check **Yes** to **Acute Care – Case Management** within the **Programs** tab.

Eligible Programs

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

ADDING A PRACTICE LOCATION

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION** ○
- APPLICATION FEE ○
- ATTACHMENTS ✓
- AGREEMENTS ○

Practice Location Information

Billing Practice Locations

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION
<div>+ Add Practice Location</div>				

Add Practice

PLEASE SELECT THE TYPE OF LOCATION

Select Location Type ▼

- Select Location Type
- Facility
- Group**

Group (Organizational NPI)

Add Practice

DO YOU BILL FOR SERVICES AT THIS LOCATION?*

☒ Yes

☐ No

Individual (Individual NPI)

ADDING A PROGRAM

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION ☒

SERVICES PROVIDED ☐

PROVIDER INFORMATION ☐

LICENSES/CERTIFICATIONS/ACCREDITATIONS ☐

DISCLOSURES ☐

ACCOUNTING/BILLING INFORMATION ☐

OWNERSHIP/CONTROLLING INTEREST ☐

PROGRAMS ☐

PRACTICE LOCATION INFORMATION ☐

APPLICATION FEE ☐

ATTACHMENTS ☒

AGREEMENTS ☐

1 TOTAL DEFICIENCIES

Programs and Services Participation Pending Change Request Number: 20343456

BASIC INFORMATION ☒

PROGRAMS AND SERVICES PARTICIPATION ☐

DEMOGRAPHICS ☐

MANAGING EMPLOYEES ☐

MAILING/CONTACT ADDRESSES ☐

Surety Bond

PRIMARY TAXONOMY	PROGRAM	BENEFIT CODE	STATUS	EFFECTIVE DATES	REQUEST ACTION
No data available in table					
+ Add Program and Service Participation					

Within the Program and Services Participation tab, click the **+ Add Program and Service Participation** button. On the next page be sure to select **Acute Care – Case Management** from the Program drop-down.

Program Participation

SELECT A PROGRAM.*

Acute Care - Case Management

COMPLETING THE PROGRAM DETAILS

Remember, Taxonomy determines what Provider Type you can enroll as. If you are not seeing the appropriate Provider Type displayed, you may need to go to NPPES to add a taxonomy that is eligible for CHW/Doula Enrollment.

Program Participation

PROGRAM *
Acute Care - Case Management

PRIMARY TAXONOMY *
172V00000X

PROVIDER TYPE *
Community Health Worker

PROVIDER SPECIALITY *
Maternity Service Clinic/CPM CM

PROVIDER SUBSPECIALITY *
Private Provider

Save

Program Participation

PROGRAM *
Acute Care - Case Management

PRIMARY TAXONOMY *
374J00000X

PROVIDER TYPE *
Doula

PROVIDER SPECIALITY *
Maternity Service Clinic/CPM CM

PROVIDER SUBSPECIALITY *
Private Provider

Demographics

PATIENT GENDER LIMITATIONS *
Select One

PATIENT AGE LIMITATIONS - START *
Select Age

PATIENT AGE LIMITATIONS - END *
Select Age

ACCEPTING PATIENTS *
Select One

Tax Payer Identification Number (TIN)

Tax Payer Identification Number (TIN) *
Select One

Case Management required attestation

Attest to having completed Medicaid Case Management Services for Children and Pregnant Women in Texas training *
[Medicaid Case Management Services for Children and Pregnant Women in Texas](#) / [Texas Health Steps Implementation Guide](#)
☒ Yes ☐ No

Attest to having completed the Health Insurance Portability & Accountability Act (HIPAA) training *
☒ Yes ☐ No

Options to upload HIPAA completed training certificate in ATTACHMENTS page

Within the Program, you will also need to complete all other required fields. Please ensure all fields with a red asterisk * are answered or filled in.

COMPLETING THE PROGRAM DETAILS

Within the Program Details be sure to associate the Attestation (for Doulas) or the Certification (for CHWs) here. Start by clicking “+Association License/Certification/Accreditation.”

Licenses / Certifications / Accreditations

See the [Instructional Site](#) for information about the licensing requirements for your enrollment

TYPE	ISSUER	LICENSE TYPE	FACILITY TYPE	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	ASSOCIATION EFFECTIVE DATES
No data available in table									

+ Association License/Certification/Accreditation

Add Licenses / Certifications / Accreditations

LICENSE/CERTIFICATION/ACCREDITATION

Select License/Certification/Accreditation

Select License/Certification/Accreditation

ATTESTATION - DOULA - Doula - D01

Cancel Save

*This is an example for Doulas. For CHW's it will display Certification here instead.

Licenses / Certifications / Accreditations									
See the Instructional Site for information about the licensing requirements for your enrollment									
TYPE	ISSUER	LICENSE TYPE	FACILITY TYPE	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	ASSOCIATION EFFECTIVE DATES
ATTESTATION - DOULA	Doula			D01	11/13/2024			ADDED	11/13/2024 - Present

ADDING A MANAGING EMPLOYEE

1 TOTAL DEFICIENCIES

Managing Employees Pending Change Request Number: 20343456

NAME ROLE SOCIAL SECURITY NUMBER START DATE AT THIS LOCATION

No data available in table

+ Add Managing Employee Association

MANAGING EMPLOYEES

ADD/EDIT EMPLOYEE

SELECTED EMPLOYEE* MANAGING EMPLOYEE ROLE* START DATE AT THIS LOCATION* END DATE AT THIS LOCATION

John Smith Owner 01/01/2015

Save Cancel

OWNERSHIP/CONTROLLING INTEREST

Owners/Creditors/Principals

NAME/COMPANY	SSN/TAX ID	DATE OF BIRTH	RELATIONSHIP	END DATE	DRIVER'S LICENSE OR OTHER NUMBER	PERCENT OWNED	FINGERPRINT REQUIRED
JOHN SMITH	123-45-6789	09/01/1974			000111333	0.00	NO
JANE SMITH	987-65-4321	01/01/1983			444555777	0.00	NO
CLARK KENT	000-22-4444	06/01/1979			888555222	0.00	NO

Navigate to the Managing Employees tab. Click the button “+ Add Managing Employee Association” button.

From the drop-down Select the “Selected Employee”. Select the **Managing Employee Role** and enter the **Start Date**. This would be the date the employee started as a Managing Employee.

The Managing Employees will pull from the **Principals** that you entered within the **Ownership/Controlling Interest** tab.

If the Managing Employee is not reflected within this tab, please be sure to add them as a Principal.

COMPLETING THE MAILING/CONTACT ADDRESS

0 TOTAL DEFICIENCIES

- NPI TAXONOMY INFORMATION ✓
- SERVICES PROVIDED ✓
- PROVIDER INFORMATION ✓
- LICENSES/CERTIFICATIONS/ACCREDITATIONS ✓
- DISCLOSURES ✓
- ACCOUNTING/BILLING INFORMATION ✓
- OWNERSHIP/CONTROLLING INTEREST ✓
- PROGRAMS ✓
- PRACTICE LOCATION INFORMATION** ○
- APPLICATION FEE ○
- ATTACHMENTS ✓
- AGREEMENTS ○

BASIC INFORMATION ✓ Mailing/Contact Addresses Pending Change Request Number: 20001222

PROGRAMS AND SERVICES PARTICIPATION ✓

DEMOGRAPHICS ✓

MANAGING EMPLOYEES ✓

MAILING/CONTACT ADDRESSES ○

Location Name	Street Address 1	Street Address 2	City	State	Zip Code/Postal Code	Address Type
No data available in table						
+ Add Mailing/Contact Addresses						

Add Mailing/Contact Addresses

Address Information

ADDRESS TYPE * LOCATION NAME

Contact Address Enter Practice Location's Name

ADDRESS LINE 1 * ADDRESS LINE 2

12357 Riata Trace Pkwy Enter Street Address 2

CITY * STATE *

Austin TX - Texas

ZIP CODE * ZIP CODE +4

78727 7171

Verify Address

PHONE NUMBER * EXT. FAX NUMBER

5125555555 Phone Number Extension Fax Number

Contact Information

CONTACT TYPE * EMAIL ADDRESS *

Enrollment Contact enrollmentcontact@gmail.com

FIRST NAME * COMPANY/LAST NAME *

John Smith

Save

Add the mailing address and contact information for the newly added Practice Location using the **Mailing/Contact Addresses** tab on the left.

AGREEMENTS

0 TOTAL DEFICIENCIES

NPI TAXONOMY INFORMATION	✓
SERVICES PROVIDED	✓
PROVIDER INFORMATION	✓
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	✓
DISCLOSURES	✓
ACCOUNTING/BILLING INFORMATION	✓
OWNERSHIP/CONTROLLING INTEREST	✓
PROGRAMS	✓
PRACTICE LOCATION INFORMATION	✓
APPLICATION FEE	○
ATTACHMENTS	✓
AGREEMENTS	○

Start by clicking the ellipses. Then select your Authorized signature and enter/confirm the email address you would like the agreement sent to. You will receive an email. Click the link within the email and follow the prompts to electronically sign the HHSC Agreement.

HHSC Enrollment Agreement

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
Josh Haley	josh.haley@tmhp.com	Signed	...

connection with this application, I acknowledge that I intend to become enrolled or credentialed as a provider in the Texas State Programs. I also agree to adhere to all applicable laws, administrative rules, policies, and guidelines, 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.

Submit

Once the application is accepted and submitted, you will not be able to make modifications during TMHP processing.




Once the HHSC Enrollment Agreement has been signed, you will need to allow time for the signature to process.

When the status updates from Sent to **Signed**, you will see the Submit button. Click the “**Submit**” button to submit your application.

REQUEST STATUS

Click on Requests, to check the status of the application. When the application is submitted successfully, the status will change from Draft to PE Review. Be sure to check on the status of the request.

If the status indicates “Pending Provider Response,” you will need to correct a deficiency and resubmit.

 PROVIDER MANAGEMENT  LETTERS  Reports

ADVANCED SEARCH

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

You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page.

REQUEST TYPE	NPI /API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE	
PEMS - Revalidation	1234567890	20555555	NEW ENROLLMENT REQUEST	Organization		PE Review		...



RESOURCES

RESOURCES

Upcoming Changes Planned for CPW Program Providers Effective December 2024

On the bottom of the TMHP homepage, click “See All News” to view older articles

Recent News

Extended System Outage December 6–8, 2024 10/30/2024	New Service in Home and Community-Based Services, Texas Home Living, and Deaf Blind with Multiple Disabilities 11/02/2024
Update to “Providers Are Required to Maintain Surety Bonds in PEMS” 8/30/2024	Register for 2024 ICF Conference Webinar 11/02/2024
Reminder: STAR+PLUS Contracts Beginning Sept. 1, 2024 8/29/2024	Register Now for the Employment Readiness and Provider Fiscal Compliance Review Process Webinar 11/02/2024
Updated: Clarification on HCS and TxHml IPCs in Pending OADS Review Status 7/26/2023	Some Hospital Claims Will Be Reprocessed Due to Either Incorrect APR-DRG or SOI Levels 11/08/2024
Informal Comments on Draft Rules for HCS and TxHml. Due Now 27 11/13/2024	EVW Alternative Device Reduction Schedule Beginning Sept. 1, 2025 11/08/2024
Providers Must Disclose in PEMS Whether Their Practice Location Is Physically Accessible to People With Disabilities and if Their Practice Has a Website 11/02/2024	Payment Methodology for Cochlear Implants and Implantable Infusion Pumps to Be Updated in TMPPM 11/08/2024

[See All News >>](#)

The article we posted about these requirements is dated 08/16/2024

Date Range: **- Any -** Title: Program: **- Any -** Topic: **- Any -** Category: **- Any -**

Apply

August 2024

- **Surgical Services Procedure Code 45399 to Become a Benefit of Texas Medicaid Effective October 1, 2024-8/16/2024**
- **Upcoming Changes Planned for CPW Program Providers Effective December 2024-8/16/2024**
- Coming October 1, 2024: TCD-10 Annual Updates-8/16/2024
- Additional Second Quarter 2024 HCPCS Updates-8/16/2024
- Influenza Vaccine Procedure Code 90653 to Become a Benefit of Texas Medicaid Effective September 1, 2024-8/16/2024
- TMHP Call Center Inquiry Limit to Change for PE Queue-8/16/2024
- Coming October 2024: Third Quarter HCPCS Updates for Texas Medicaid-8/16/2024
- SHARS Benefits for Texas Medicaid Will Change on October 1, 2024-8/16/2024

CHW Requirements

CHWs must be 18 years of age or older and will need the following to enroll as one of the new provider types:

- An HHSC approval letter.
- A CHW certification number and expiration date.
- Health Insurance Portability and Accountability Act (HIPAA) training.

Doula Requirements

Doulas must be 18 years of age or older.

Doulas that are planning to enroll with the experience pathway will need:

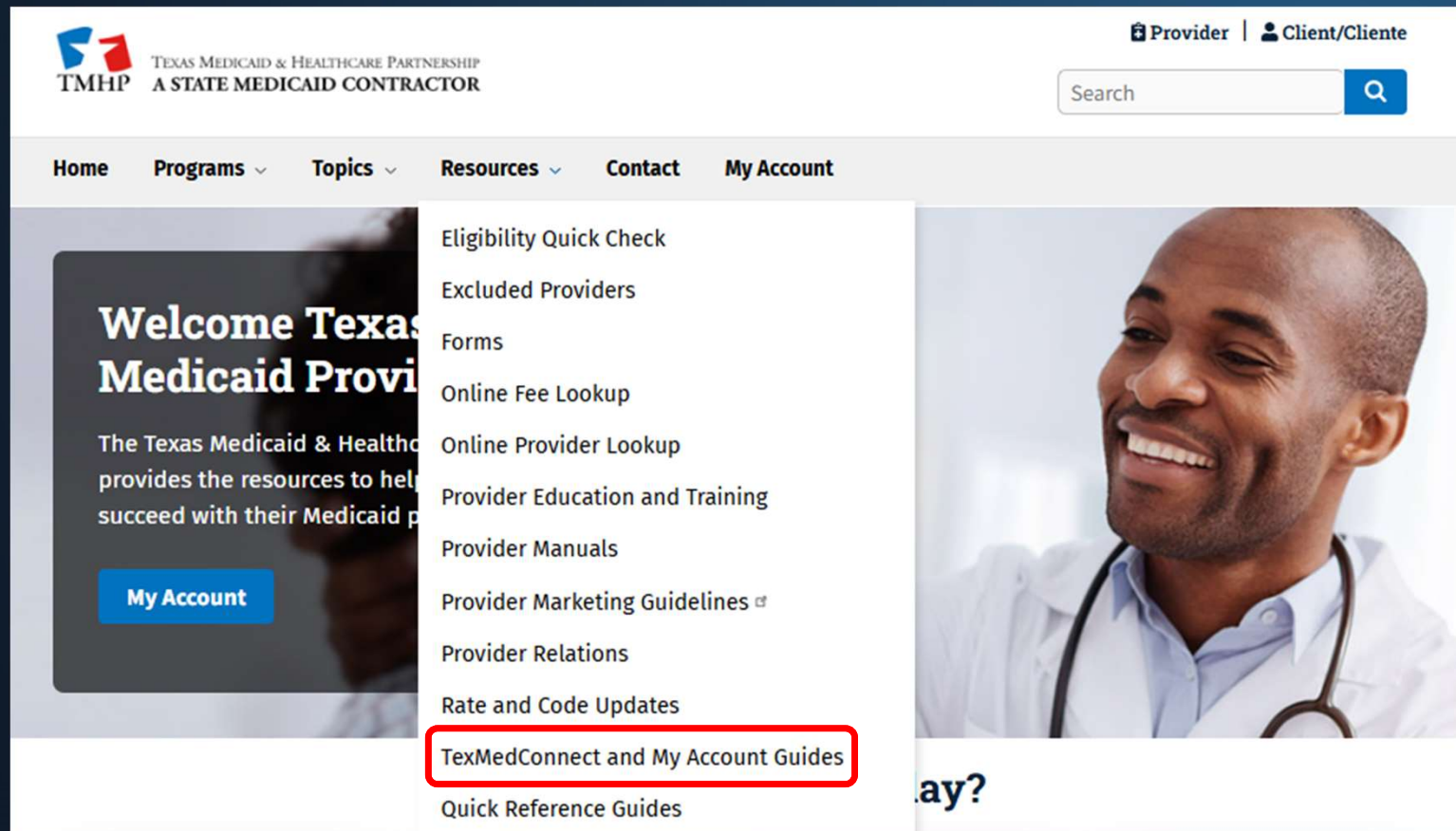
- An HHSC approval letter.
- Five years of doula-related experience.
- Attendance in at least three births.
- Three professional letters of recommendation.
- HIPAA training.

Doulas that are planning to enroll with the training pathway but do not have five years of experience will need:

- An HHSC approval letter.
- Training that meets the following core competency requirements:
 - Childbirth education.
 - Lactation support or proof of lactation counselor (CLC) or international lactation consultant (IBCLC) certification.
 - Nonmedical comfort measures, prenatal support, and labor support techniques.
 - Chronic and acute health conditions during the perinatal period.
 - Cultural competency.
- Attendance in at least three births.
- Three professional letters of recommendation.
- HIPAA training.

RESOURCES

Account Assistance



The screenshot displays the TMHP website interface. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP" and "A STATE MEDICAID CONTRACTOR". To the right are links for "Provider" and "Client/Cliente", and a search bar. The navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The "Resources" dropdown menu is open, listing various links. The link "TexMedConnect and My Account Guides" is highlighted with a red rectangular border. On the left side of the page, there is a "Welcome Texas Medicaid Provider" banner with a "My Account" button. On the right, there is a photograph of a smiling male doctor with a stethoscope, and the text "ay?" is partially visible below it.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Provider | Client/Cliente

Search

Home Programs Topics Resources Contact My Account

Welcome Texas Medicaid Provider

The Texas Medicaid & Healthcare Partnership provides the resources to help providers succeed with their Medicaid patients.

[My Account](#)

- Eligibility Quick Check
- Excluded Providers
- Forms
- Online Fee Lookup
- Online Provider Lookup
- Provider Education and Training
- Provider Manuals
- Provider Marketing Guidelines
- Provider Relations
- Rate and Code Updates
- TexMedConnect and My Account Guides**
- Quick Reference Guides

ay?

RESOURCES

Account Assistance

The **TMHP Portal Security Training Manual** will contain the steps needed to create an account to access PEMS.

TexMedConnect and My Account Guides

Last updated on 10/30/2023

My Account

My Account is the main account that all providers must have to use any of TMHP's portals, including Prior Authorization on the Portal, the Provider Enrollment and Management System (PEMS), and TexMedConnect.

For more information about how to setup and use My Account, providers can refer to:

- [TMHP Portal Security Training Manual](#)
- [Basic Tasks for managing an account on the Secure Provider Portal](#)

TexMedConnect

TexMedConnect is an online application that lets providers file claims, check claims status, confirm client eligibility, and more. There are two versions of TexMedConnect—acute-care and long-term care.

For more information about how to setup and use the acute care version of TexMedConnect, providers can refer to:

- [TexMedConnect-Acute Care Manual](#)
- [TexMedConnect User Guide for Managed Care Organization \(MCO\) Long Term Services and Supports \(LTSS\) Providers](#)
- [STAR Kids MCO Training Manual – TMHP Web Security and Permissions](#)

For more information about how to setup and use the long-term care version of TexMedConnect, providers can refer to:

- [TexMedConnect-Long-Term Care User Guide](#)

Please utilize section **2.1 Create a Provider Enrollment Account** to view these steps.

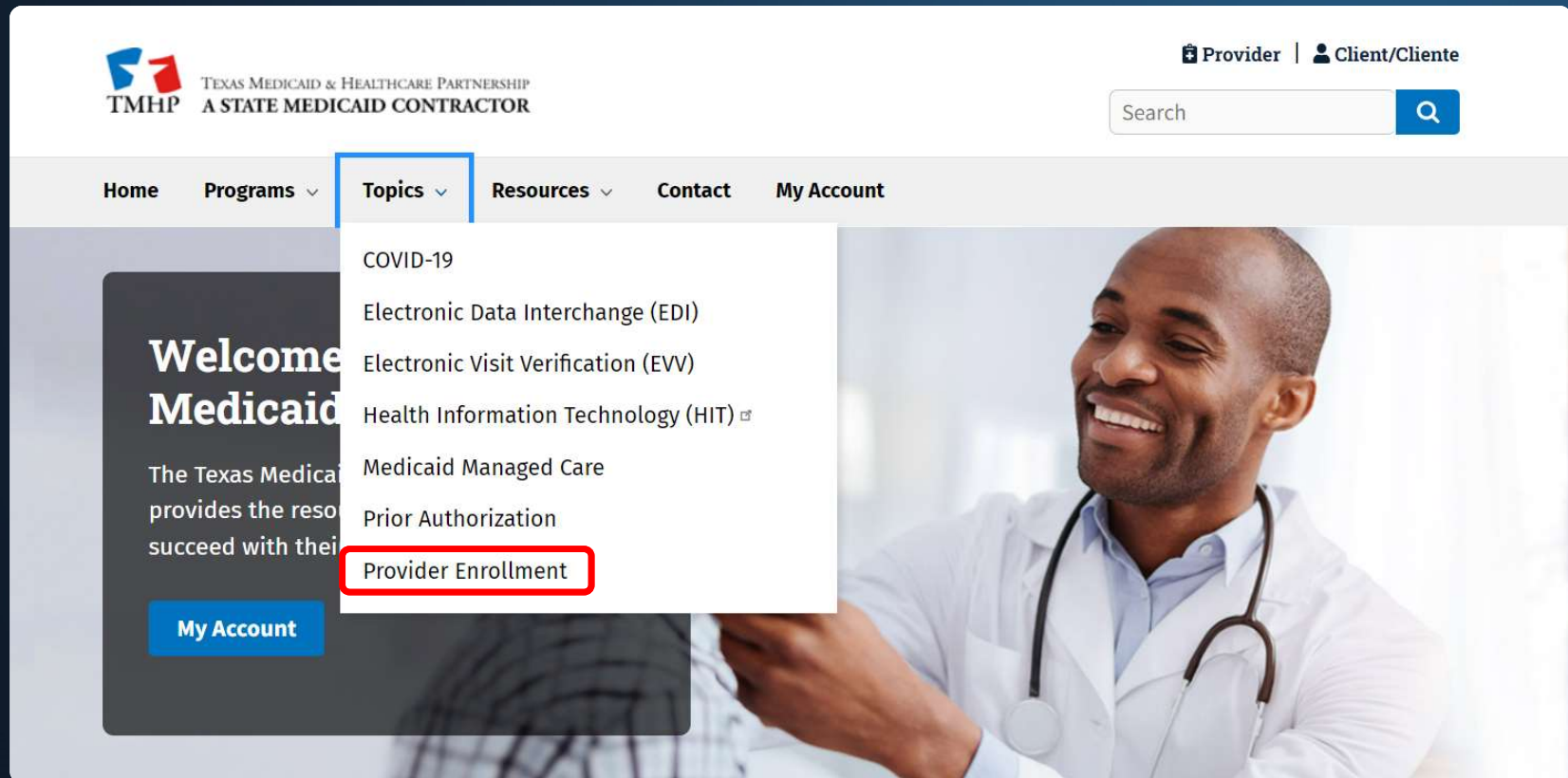
TMHP Portal Security Manual

Contents

1.0 Texas Medicaid & Healthcare Partnership (TMHP) Portal Security Responsibilities	1
1.1 Terms to Know	1
1.2 Account Administrator Responsibilities	1
1.3 General User Responsibilities	2
2.0 Account Activation	3
2.1 Create a Provider Enrollment Account	4
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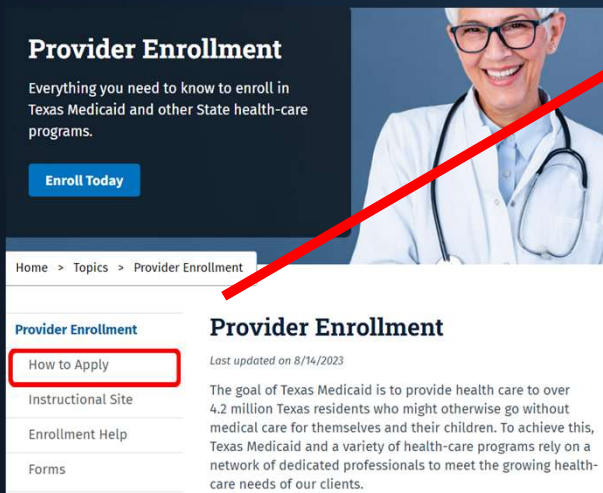
RESOURCES

Topics



RESOURCES

Provider Enrollment



A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

New Enrollment



Existing Enrollment



Revalidation



Reenrollment



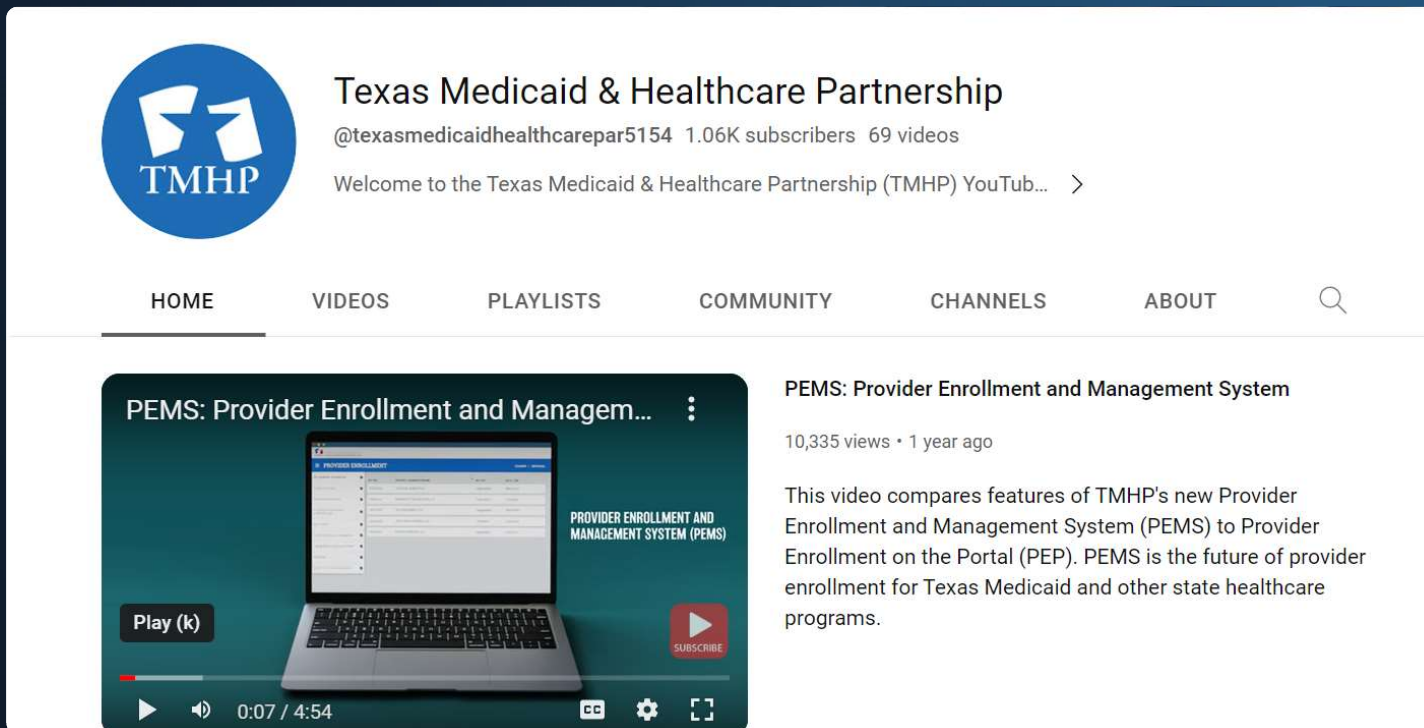
Maintenance



RESOURCES

TMHP YouTube Channel

<https://www.youtube.com/c/texasmedicaidhealthcarepartnership>



The screenshot shows the YouTube channel page for the Texas Medicaid & Healthcare Partnership (TMHP). The channel's profile picture is a blue circle with a white star and the letters 'TMHP'. The channel name is 'Texas Medicaid & Healthcare Partnership', with the handle '@texasmedicaidhealthcarepar5154', 1.06K subscribers, and 69 videos. A welcome message is displayed below the channel information. The navigation bar includes links to HOME, VIDEOS, PLAYLISTS, COMMUNITY, CHANNELS, and ABOUT, along with a search icon. The main content area features a video player for 'PEMS: Provider Enrollment and Management System'. The video thumbnail shows a laptop displaying the PEMS interface. The video has 10,335 views and was uploaded 1 year ago. A description below the video states: 'This video compares features of TMHP's new Provider Enrollment and Management System (PEMS) to Provider Enrollment on the Portal (PEP). PEMS is the future of provider enrollment for Texas Medicaid and other state healthcare programs.'

Texas Medicaid & Healthcare Partnership
@texasmedicaidhealthcarepar5154 1.06K subscribers 69 videos
Welcome to the Texas Medicaid & Healthcare Partnership (TMHP) YouTub... >

HOME VIDEOS PLAYLISTS COMMUNITY CHANNELS ABOUT

PEMS: Provider Enrollment and Management System
10,335 views • 1 year ago

This video compares features of TMHP's new Provider Enrollment and Management System (PEMS) to Provider Enrollment on the Portal (PEP). PEMS is the future of provider enrollment for Texas Medicaid and other state healthcare programs.

CONTACT US

Reach out to TMHP directly for assistance by:

- Calling our Contact Center at: **1-800-925-9126**
- Emailing Provider Relations at: **provider.relations@tmhp.com**



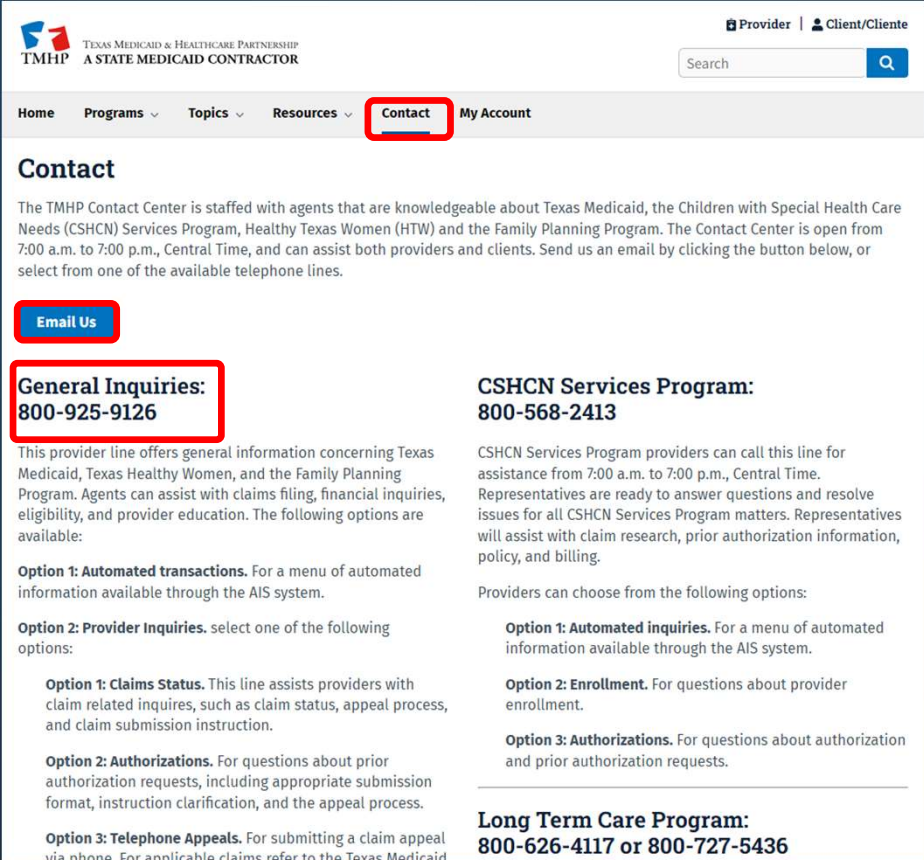
CONTACT US

Provider's can use the Contact link on the top of TMHP.com to view contact information.

The main number to receive assistance is our contact center

To contact a representative, a provider can use the "Email Us" link within this page.

Note: *Provider Relation Representative's individual information is no longer displayed on the TMHP website.*



The screenshot shows the TMHP website's 'Contact Us' page. At the top, the TMHP logo and 'TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR' are displayed. A navigation bar includes links for Home, Programs, Topics, Resources, **Contact** (highlighted with a red box), and My Account. A search bar is also present. The main heading is 'Contact'. Below it, a paragraph describes the TMHP Contact Center. A red box highlights the 'Email Us' button. Another red box highlights the 'General Inquiries: 800-925-9126' section. To the right, the 'CSHCN Services Program: 800-568-2413' is listed. Below this, three options for providers are detailed: Option 1 (Automated transactions), Option 2 (Provider Inquiries), and Option 3 (Telephone Appeals). A red arrow points from the text 'The main number to receive assistance is our contact center' to the 'General Inquiries' number. At the bottom right, the 'Long Term Care Program: 800-626-4117 or 800-727-5436' is listed.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Provider | Client/Cliente

Search

Home Programs Topics Resources **Contact** My Account

Contact

The TMHP Contact Center is staffed with agents that are knowledgeable about Texas Medicaid, the Children with Special Health Care Needs (CSHCN) Services Program, Healthy Texas Women (HTW) and the Family Planning Program. The Contact Center is open from 7:00 a.m. to 7:00 p.m., Central Time, and can assist both providers and clients. Send us an email by clicking the button below, or select from one of the available telephone lines.

Email Us

General Inquiries:
800-925-9126

This provider line offers general information concerning Texas Medicaid, Texas Healthy Women, and the Family Planning Program. Agents can assist with claims filing, financial inquiries, eligibility, and provider education. The following options are available:

Option 1: Automated transactions. For a menu of automated information available through the AIS system.

Option 2: Provider Inquiries. select one of the following options:

Option 1: Claims Status. This line assists providers with claim related inquiries, such as claim status, appeal process, and claim submission instruction.

Option 2: Authorizations. For questions about prior authorization requests, including appropriate submission format, instruction clarification, and the appeal process.

Option 3: Telephone Appeals. For submitting a claim appeal via phone. For applicable claims refer to the Texas Medicaid

CSHCN Services Program:
800-568-2413

CSHCN Services Program providers can call this line for assistance from 7:00 a.m. to 7:00 p.m., Central Time. Representatives are ready to answer questions and resolve issues for all CSHCN Services Program matters. Representatives will assist with claim research, prior authorization information, policy, and billing.

Providers can choose from the following options:

Option 1: Automated inquiries. For a menu of automated information available through the AIS system.

Option 2: Enrollment. For questions about provider enrollment.

Option 3: Authorizations. For questions about authorization and prior authorization requests.

Long Term Care Program:
800-626-4117 or 800-727-5436

BENEFITS OF A PROVIDER RELATIONS WALK-THROUGH

- Schedulers utilize a system to find the earliest available opening to get provider's scheduled
- An entire hour dedicated to assist providers with their enrollment request or any deficiencies
- The Teams meeting allows the provider to screenshare to better assist guiding them through their request
- Can track status related to the enrollment request within the ticket and follow-up with the provider as necessary
- Applications submitted through a walkthrough tend to have less deficiencies, which results in shorter processing time

QUESTION AND ANSWER SESSION



TAHP
The Texas Association of Health Plans

Medicaid Provider Credentialing 101

November 21, 2024

TAHP
The Texas Association of Health Plans

Medicaid 101: The Basics



Texas Medicaid Program

1964 – Over 50 years ago, U.S. create the Medicaid Program – Partnership between the federal and state governments

- Federal Government: Sets Guidelines (60/40 match)
- State Governments: Operate the program
- Medicaid is an entitlement program – open ended
- Texas largely covers only federally mandatory populations

1967 – Texas adopted Medicaid – the Texas Medical Assistance Program

1993 – Texas began shifting to a health insurance model – Managed Care

1999 – CHIP implemented in Texas

2011 – Texas expanded Medicaid managed care statewide and carved in most populations and services through an 1115 waiver

Today 97% of Medicaid clients are in Medicaid managed care

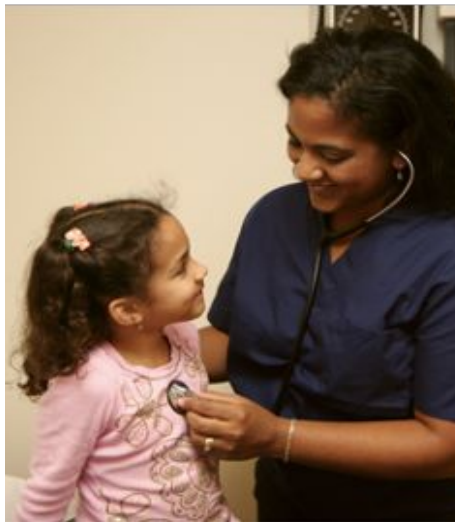
Who is Eligible for Medicaid?

Medicaid Provides Affordable, Quality Health Insurance for 4 Million Texans

Pregnant Women



Children



Older Texans



Texans with Disabilities



Coverage Across Five Managed Care Products

STAR



Children, pregnant women and some families

STAR Kids



Children and youth with disabilities

CHIP



Children and youth who don't qualify for Medicaid due to family income

STAR Health



Children who get Medicaid through the Department of Family and Protective Services and young adults previously in foster care

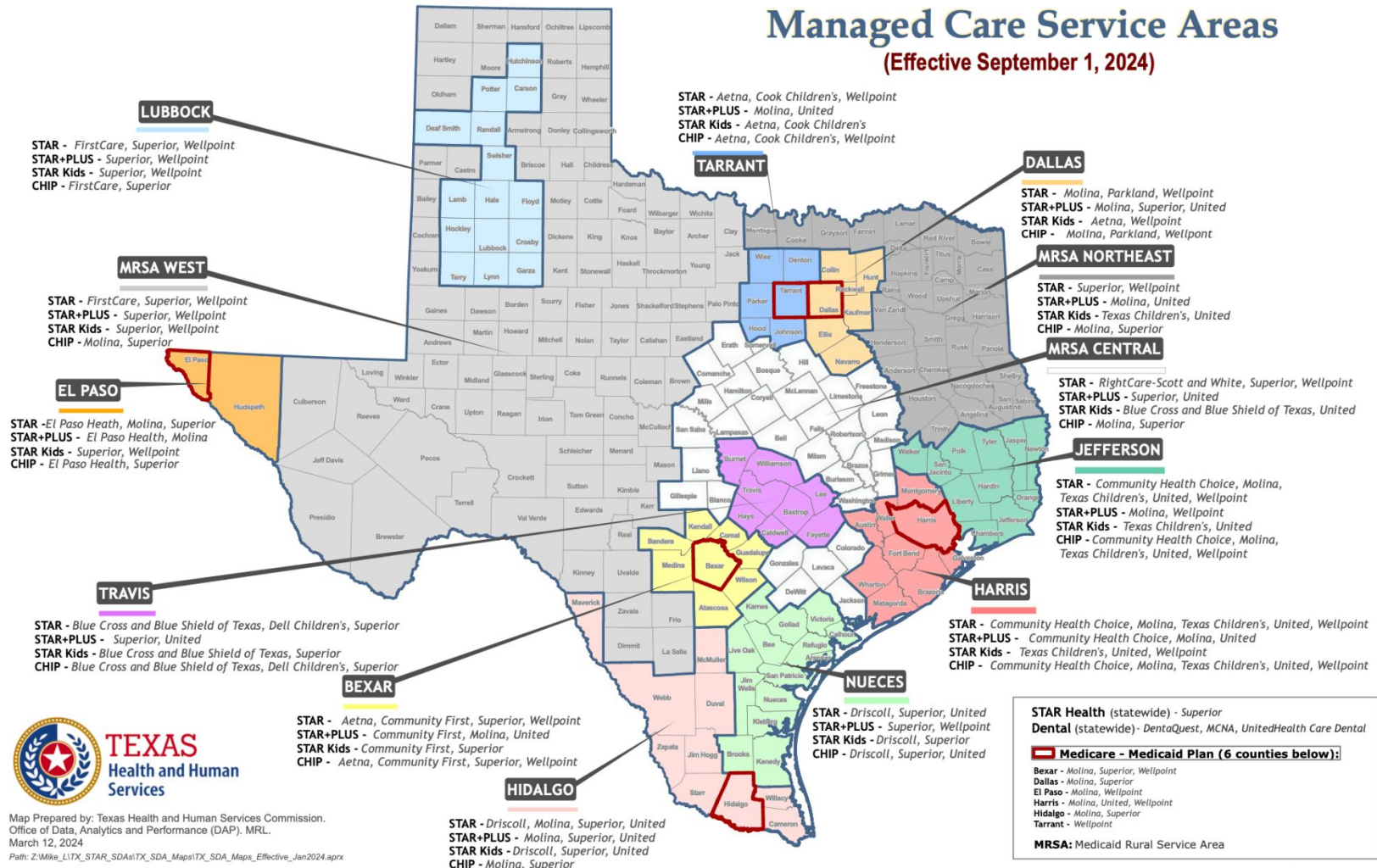
STAR+PLUS



Adults with a disability, people age 65 and older (including those dually eligible for Medicare and Medicaid), and women with breast or cervical cancer

Managed Care Service Areas

(Effective September 1, 2024)



How does Managed Care Work?

HHSC contracts with health plans also known as managed care organizations (MCOs) to administer the Medicaid program which includes:

- **Building a network of providers** by contracting and credentialing
- **Processing and paying claims** submitted by providers
- **Receiving and determining status of prior authorization requests** if necessary for a particular service
- **Educating their Medicaid members** about services and programs available to them
- **Case management** determining which services each of their Medicaid members are eligible for based on medical necessity and/or need and making referrals
- **Service coordination** to ensure members get the services they need.

MCO Service Coordination

- **Service coordinators help manage members health care and long-term care needs**, which can include access to community resources.
 - They work with the member your primary care provider, and your specialty and non-medical providers to develop and carry out an Individualized Service Plan.
- **Service coordination and other requirements are outlined in the Uniform Medicaid Managed Care Contract and the Uniform Managed Care Manual.**
 - The contract dictates the level of Service Coordination that high-risk pregnant women must receive from their health plan Service Coordinator.
 - Pregnant women that do not receive Service Coordination or that may need additional case management services may be referred to CPW by their health plan.
 - Service Coordination services can not be duplicated.



Medicaid Provider Credentialing

Becoming a Medicaid Provider

Enrollment

Enroll with
HHSC's Texas
Medicaid and
Healthcare
Partnership
(TMHP)

Credentialing

Credential with
MCO's
Credentialing
Verification
Organization
(CVO)

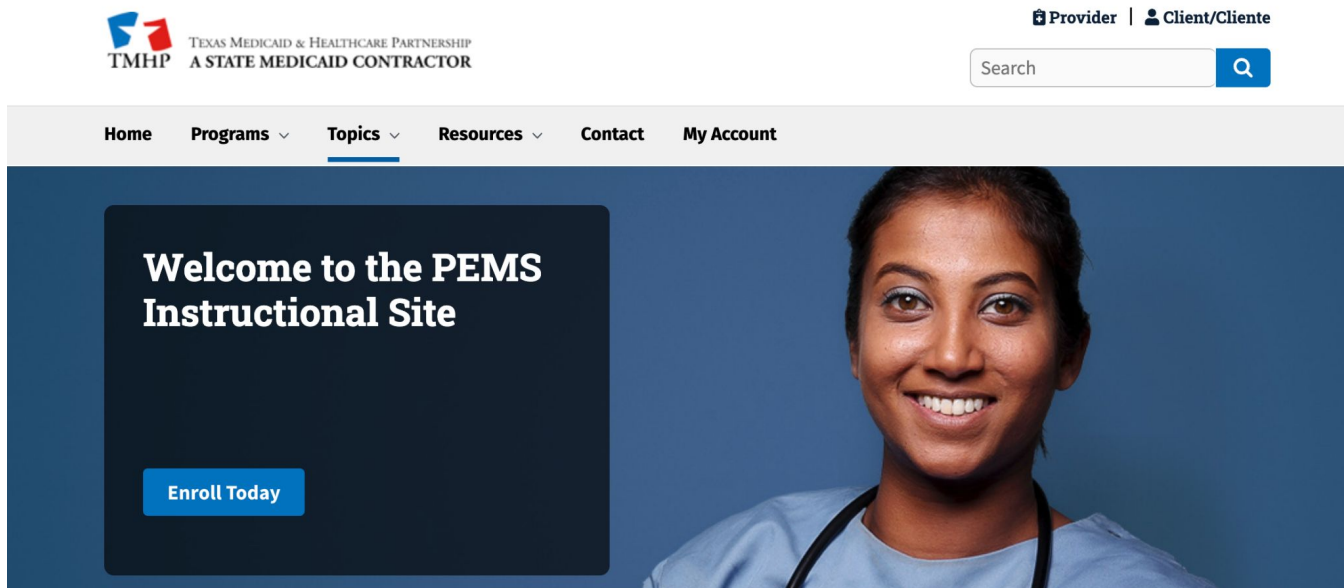
Contracting

Contract with
Medicaid
Managed Care
Organizations
(MCOs)

Providers must complete enrollment, credentialing, and contracting to participate in the Texas Medicaid program

Medicaid & CHIP Provider Enrollment

- **Providers must complete the Medicaid enrollment process through the Texas Medicaid & Healthcare Partnership (TMHP) and Provider Enrollment and Management System (PEMS).**
- Doulas and CHWs may begin enrollment on December 1, 2024.



What is Credentialing?

Credentialing is the review of qualifications and other relevant background information pertaining to a provider for MCO network participation. Credentialing protects Medicaid program against fraud and ensures patient safety.

- **Texas Medicaid Has Consolidated Credentialing:**
 - In 2013, the 84th Legislature established a process for Texas to streamline the Medicaid provider credentialing process, based on recommendations from the Texas Sunset Commission and collaboration with stakeholders to achieve long term goals.
 - In 2018, Texas Medicaid MCOs implemented a new National Committee for Quality Assurance (NCQA) certified centralized Credentialing Verification Organization (CVO).
- **Consolidated Credentialing Reduces Provider Burden:**
 - Eliminates duplicative efforts and streamlines processes for providers credentialing with multiple MCOs.

What is a Credentialing Verification Organization(CVO)?

- ✓ **CVOs gather credentialing applications and perform Primary Source Verification (PSV)** for Medicaid providers currently enrolled or seeking to become enrolled and participate in Texas Medicaid.
- ✓ **CVOs use primary source verification (PSV)** to obtain and verify information about education and training, work history, licenses, and certifications.

TAHP manages the centralized credentialing entity – CVO.

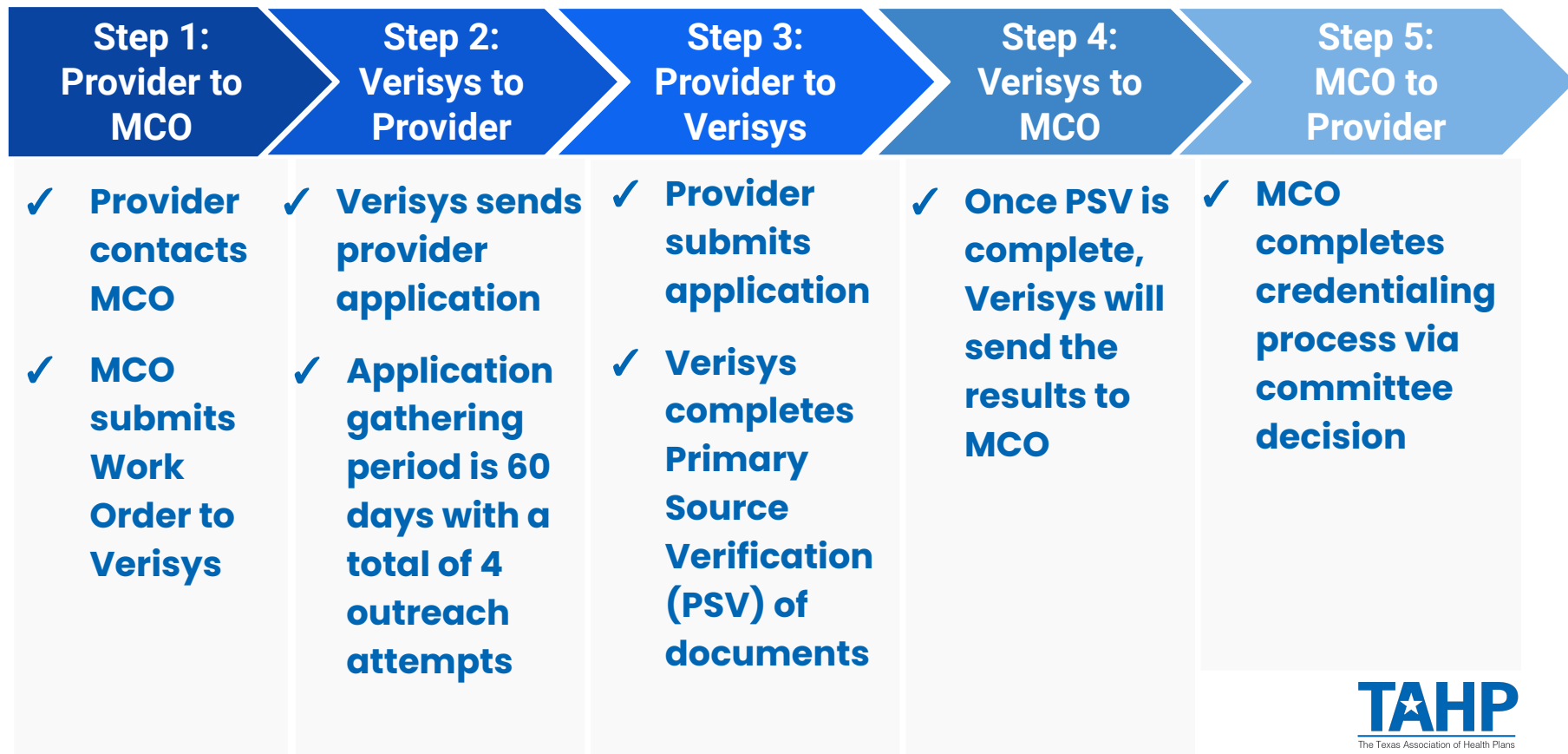
- MCOs must utilize TAHP's contracted CVO, Verisys, as part of its consolidated credentialing and recredentialing process.



Verisys Corporation is the selected Texas' CVO.

- Nationally recognized and both National Committee for Quality Assurance (NCQA) and URAC accredited for over 20 years.

Initial Credentialing Process



The Credentialing Process

#1 Providers should contact the MCO(s) to initiate the onboarding, credentialing, and contracting processes

- MCO submits work order to Verisys
- **Who do I contact with questions:** Your MCO

#2 Verisys will send you a letter via mail with information to complete and submit the credentialing application

- **How long does this take:** Verisys starts within 1 business day after receipt, including mailing letter
- **Who do I contact with application questions:** Verisys through Verisys' Customer Service line at 1-855-743-6161.
- You can also contact your MCO for a copy of the credentialing application.
- **Application gathering period is 60 days**, and Verisys will outreach every 15 days with up to 4 outreach attempts until the complete application is received.

Sample Letter from CVO



Credentials Request For:

John Provider, MD
12345 Provider Way
Ste 303
San Antonio, TX 78253

Client Requesting Information:

Aetna (TAHP)

CAQH Provider ID #: 000000
<https://proview.caqh.org/>

Date: Friday, November 15, 2024

Dear: John Provider, MD

IMPORTANT: To participate with Aetna (TAHP), as well as to meet compliance obligations, we ask that you complete the credentialing process. Failure to respond may jeopardize your network status.

During the 84th Legislative Session, the Texas Legislature passed SB 200 which mandated a consolidated credentialing process for all Medicaid providers in Texas. MCOs, including Dental MCOs, are now contractually required to participate in this endeavor by HHSC. As a part of this process, Verisys (formerly Aperture Health) is sending this letter to you on behalf of your contracted Medicaid health plan. Your timely response is required in order to avoid losing your network status.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (<https://proview.caqh.org/>) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to Aetna (TAHP).

Dental providers are strongly encouraged to use the CAQH dental platform. There is no cost to providers to utilize CAQH and submitting your application electronically will reduce the opportunity for errors and the administrative effort required to submit an application when providers are due for re-credentialing.

To submit your credentialing application via the CAQH ProView™ Web-based solution, please visit: <https://proview.caqh.org/>. If you are a first-time user or to learn more about CAQH and the ProView™ program, visit the CAQH Web site at <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please be

sure to include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

After your application is complete on CAQH, Verisys, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Verisys for additional information.

If you are unable to access CAQH, you may return your completed paper application with supporting documents to Verisys via the following methods,

- upload to our secure document submission website at <https://outreach.aperturecvo.com>. Use Access Code: aperture
- fax to 866-293-0421 utilizing this bar-coded letter as a cover sheet
- mail to Verisys, PO Box 221049 Louisville, KY 40252

If you have any questions regarding the primary source verification process, you may contact Verisys' Customer Service at 1-855-743-6161.

Thank you for your cooperation in completing this requirement for participation in Aetna (TAHP).

Practitioner Rights

When the credentialing process is initiated, the practitioner is entitled to:

- Review information submitted to support the credentialing application
- Correct erroneous information
- Receive the status of their credentialing or re-credentialing upon request. Contact your MCO/DMO



Confidentiality Notice:

The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

The Credentialing Process

#3 Complete Application: Complete all required application elements, attest the information is correct, and submit [Texas standardized credentialing form](#) to Verisys.

- Complete and submit via paper in most instances, unless registered for CAQH
- **How long does this take:** Attestation is valid for 120 days from the date the application completed.
- **Who do I contact with questions:** Verisys.

#4 Verisys conducts Primary Source Verification (PSV)

- **How long does PSV take:** Must be completed within 30 calendar days for CPW providers, on average is much quicker.
- **Verisys will reach out every 5 days during the PSV Verification period, if additional information is needed.** Verisys will make up to 6 attempts to contact you. Not responding may result in an incomplete verification returning to your MCO.
- **Who do I contact with questions:** Verisys

The Credentialing Process

#5 Verisys sends the completed PSV information to your MCO.

#6 MCO Credentialing Committee: MCO credentialing representative will complete and organize the provider summary for approval from the MCO Credentialing Committee

- **How long does the MCO Committee process take:** MCOs must complete within 60 calendar days , but it's usually faster
- **Who do I contact with questions:** Your MCO

#7 Once the credentialing process is complete:

- Onboarding and contract with your MCO (if not completed before PSV)
- Your MCO sends you a final letter letting you know if you've been admitted into their network
- **Who do I contact with questions:** Your MCO

What is Primary Source Verification (PSV)?

- **PSV is the verification of a provider's reported qualifications by the original source or an approved agent of that source.**
 - Verisys performs PSV functions on behalf of all Medicaid MCOs.
- PSV Requirements are driven by the following:
 - TAHP Delegation Agreement and Amendment (MSA and SOW)
 - National Committee for Quality Assurance (NCQA) and URAC CVO Standards
 - TAHP Requirements Grid (requirements defined by participating plans)

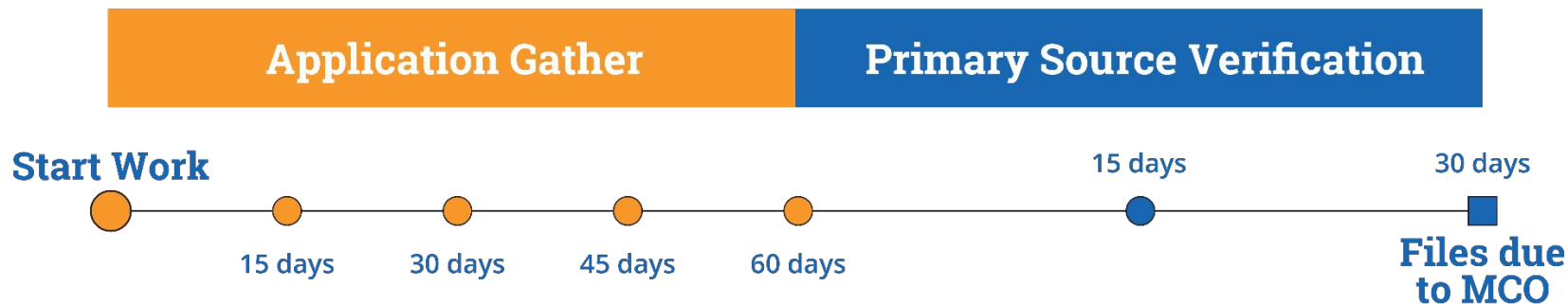
Primary Source Verification (PSV) Includes

Attestation >
Hospital Privileges >
OIG List of Excluded >
Individuals/Entities (LEIE)
Consent and Release Form (TX) >
Professional Liability Coverage >
Texas OIG (Medicaid Exclusion) >
Legal Business Name/DBA >
(Facilities Only)
General Liability Coverage >
(Facilities Only)
Questionnaire >
Office Information >



< State License
< Board Certification
(MD, DO, DPM, DDS, DMD,
all Chiropractors, PA all Nurses,
and Allied Provider types)
< DEA
< Malpractice History
< GSA/SAM
(GSA EPLS for Facilities)
< Work History (Initial Only)
< SSA DMF (Death Master file)
< Education and Training
< Medicare Opt-Out

Application & PSV Timeline



Providers have 60 days to complete the application

- Missing information must have outreach performed within 5 days.
- Verisys will outreach every 15 days.
- Verisys will make 4 outreach attempts to gather information.

PSV begins when the application is complete (could be sooner than 60 days)

PSV turn around times (following complete application):

- MD/DO – 15 days
- Non MD/DO – 30 days
- Facility – 30 days

Application and PSV Process Timelines

- **Applications gathering: missing information must have outreach performed within 5 days** of receipt of the (incomplete) application.
 - Application gathering period is 60 days with a total of 4 outreach attempts every 15 calendar days by Verisys
- **PSV turnaround times:**
 - **Provider:**
 - 15 calendar days for MDs/DOs after receipt of a completed application
 - 30 calendar days for all non-MDs/DOs after receipt of a completed application
 - **Facility:**
 - 30 calendar days after receipt of a completed application
- The MCO must complete the credentialing process for a new provider and its claim systems must be able to recognize the provider as a Network Provider no later than 90 Days after receipt of a complete application

What will CHWs and Doulas need for their credentialing application?

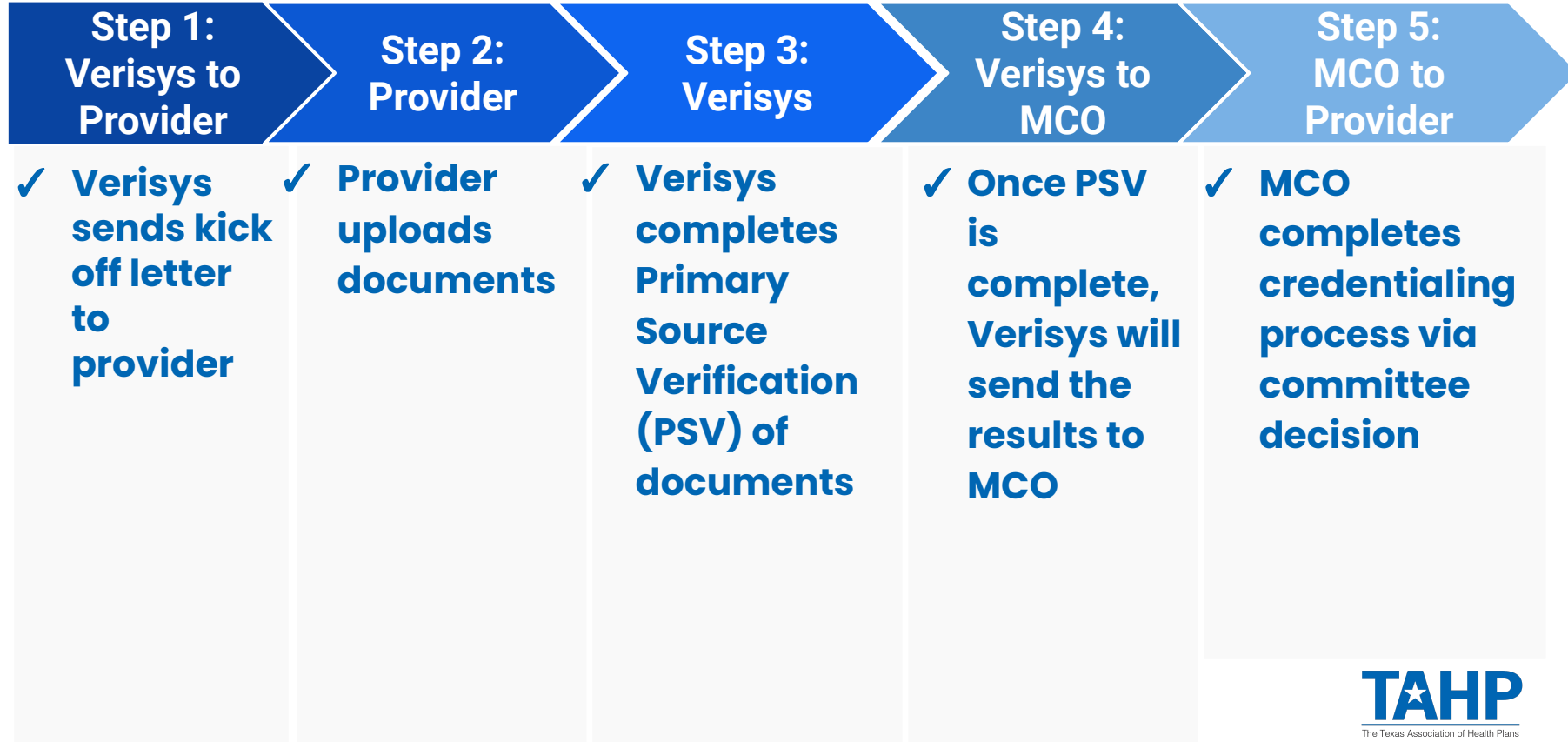
- Attestation
- Consent and Release Form
- Office Information – Address
- National Provider Identifier (NPI)
- Work History
- Proof of Education and Training
- Professional Liability Coverage declaration
- Questionnaire

What is Recredentialing?

Recredentialing is the review of credentialing every 3 years in accordance with regulatory agencies and accreditation bodies.

- **The consolidated recredentialing process reduces time, resources and administrative burden** by allowing the provider to recredential once for all MCOs instead of being recredentialed by multiple MCOs at different times
 - If you are a current network provider belonging to more than one MCO and have a different credentialing effective date with either plan, then your recredentialing due date will be based on the earliest initial credentialing or recredentialing effective date.
- **The CVO will initiate automated recredentialing** for providers every three (3) years by sending a kick off letter.
 - Providers requiring recredentialing will be notified by Verisys **at least 180 calendar days in advance of the recredentialing due date.**
 - Who do I contact with questions? Verisys
- PSV and MCO committee processes are the similar to initial credentialing

Recredentialing Process



Sample Recredentialing Letter



Credentials Request For:

Doe, Jane
2715 Physician Way
GRAND PRAIRIE, TX 75051

Client Requesting Information:

Cook Children's Health Plan (TAHP)
Children's Medical Center Health Plan (TAHP)
Aetna (TAHP)

CAQH Provider ID #: 0000000

<https://proview.caqh.org/>

Monday, November 18, 2024

Dear: Jane Doe, MD

To renew your participation in the provider networks listed above, as well as to meet compliance obligations, we ask that you complete the re-credentialing process. Failure to respond may jeopardize your network status within these networks.

During the 84th Legislative Session, the Texas Legislature passed SB 200 which mandated a consolidated credentialing process for all Medicaid providers in Texas. MCOs, including dental MCOs, are now contractually required to participate in this endeavor by HHSC. As a part of this process, Verisys (formerly Aperture Health) is sending this letter to you on behalf of your contracted Medicaid health plan. Your timely response is required to avoid losing your network status.

The Texas Association of Health Plans (TAHP) has formed a Credentialing Alliance to simplify your re-credentialing process. The participating health plans listed above have agreed to process one application on the same re-credentialing schedule and accept the Texas Standardized Credentialing Application submitted through the CAQH portal or via paper.

The first step in the process is the completion of the Texas State Mandated Credentialing Application via the Council for Affordable Quality Healthcare's (CAQH) ProView™ (<https://proview.caqh.org/>). This is a Web-based solution that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to participating plans.

If you are a first-time user or would like to learn more about CAQH and the ProView™ program, visit the CAQH Web site at <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

Dental providers are also strongly encouraged to use the CAQH dental platform.

There is no cost to providers to utilize CAQH and submitting your application electronically will reduce the opportunity for errors and the administrative effort required to complete applications when providers are due again for re-credentialing.

If you are in a state other than Texas, please ensure that an office location in Texas is reflected in your application data. If you don't have an office location in Texas, please include Texas as a practicing state. This will ensure that the Texas Standardized Credentialing Application is provided by CAQH to the Health Plans.

If you are unable to access CAQH, you may return your completed paper application with the supporting documents to Verisys via the following methods:

- Upload to our secure document submission website at <https://outreach.aperturecvo.com>. Use Access Code: aperture
- Fax to 866-293-0421 utilizing the bar-coded letter as a cover sheet
- Mail to Verisys, P.O. Box 221049, Louisville, KY 40252-1049. (A blank application form is available online at <https://www.tdi.texas.gov/hmo/crform.html>.)

If you have any questions regarding the primary source verification process, you may contact Verisys' Customer Service at 1-855-743-6161.

Thank you for your cooperation in completing this requirement for participation in the Health Plans listed above.

Practitioner Rights

When the credentialing process is initiated, the practitioner is entitled to:

- Review information submitted to support the credentialing application
- Correct erroneous information
- Receive the status of their credentialing or re-credentialing upon request. Contact your MCO/DMO



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MCO Contracting

- **Each MCO has its own individualized provider contracting process.**
 - Some MCOs conduct pre-contracting and initial rate discussion with their providers prior to the credentialing process and other MCOs conduct these discussions after the PSV has been completed.
 - The MCO Contracting representative creates a contract for the provider.
 - Once contract is signed by the provider and returned to the MCO, the contracting representative will process for execution.
 - When the provider contract is executed, the contracting representative will provide an in-network effective date to the provider.
- **Within 90 Days:** The MCO must complete the credentialing process for a new provider and its claim systems must be able to recognize the provider as a Network Provider no later than 90 Days after receipt of a complete application.

Top 5 Tips for Success

#1 Ensure all required documents are submitted in your application

#2 Ensure accurate and complete responses to questionnaire

#3 Respond to your MCO and Verisys as soon as possible

- You'll be removed from the credentialing process if you don't respond to Verisys or your MCO within the 60-day application gathering period.

#4 Onboarding and contracting processes vary by MCO

- Some MCOs conduct pre-contracting discussions and initial rate discussions with their practitioners prior to the credentialing process, other MCOs save that until after PSV has been completed.
- Contact your MCO for specifics.

#5 Even after enrollment and credentialing is complete, MCOs still must approve providers and execute contracts before a provider can begin participating in the Medicaid program



Questions?

Networking

- Find your region!
- Introduce yourself and share which geographic areas you serve.
- What is the most exciting or worrying thing about what you heard today?

Managed Care Service Areas

(Effective January 2022)

STAR Health (statewide) - Superior
Dental (statewide) - DentaQuest, MCNA, UnitedHealth Care Dental

LUBBOCK

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - FirstCare, Superior

MRSA WEST

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - Molina, Superior

EL PASO

STAR - El Paso First, Molina, Superior
STAR+PLUS - Amerigroup, Molina
STAR Kids - Amerigroup, Superior
CHIP - El Paso First, Superior

TRAVIS

STAR - Blue Cross and Blue Shield of Texas, Dell Children's, Superior
STAR+PLUS - Amerigroup, United
STAR Kids - Blue Cross and Blue Shield of Texas, Superior
CHIP - Blue Cross and Blue Shield of Texas, Dell Children's, Superior

BEXAR

STAR - Aetna, Amerigroup, Community First, Superior
STAR+PLUS - Amerigroup, Molina, Superior
STAR Kids - Community First, Superior
CHIP - Aetna, Amerigroup, Community First, Superior

HIDALGO

STAR - Driscoll, Molina, Superior, United
STAR+PLUS - Molina, Superior
STAR Kids - Driscoll, Superior, United
CHIP - Molina, Superior

STAR - Aetna, Amerigroup, Cook Children's
STAR+PLUS - Amerigroup, Molina
STAR Kids - Aetna, Cook Children's
CHIP - Aetna, Amerigroup, Cook Children's

TARRANT

DALLAS

STAR - Amerigroup, Molina, Parkland
STAR+PLUS - Molina, Superior
STAR Kids - Aetna, Amerigroup
CHIP - Amerigroup, Molina, Parkland

MRSA NORTHEAST

STAR - Amerigroup, Superior
STAR+PLUS - Molina, United
STAR Kids - Texas Children's, United
CHIP - Molina, Superior

MRSA CENTRAL

STAR - Amerigroup, RightCare-Scott and White, Superior
STAR+PLUS - Superior, United
STAR Kids - Blue Cross and Blue Shield of Texas, United
CHIP - Molina, Superior

JEFFERSON

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

HARRIS

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Amerigroup, Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

NUECES

STAR - Driscoll, Superior, United
STAR+PLUS - Superior, United
STAR Kids - Driscoll, Superior
CHIP - Driscoll, Superior, United



MMP (6 counties below):

Bexar - Amerigroup, Molina, Superior
Dallas - Molina, Superior
El Paso - Amerigroup, Molina
Harris - Amerigroup, Molina, United
Hidalgo - Molina, Superior, Molina Medicare Medicaid STAR+PLUS Plan
Tarrant - Amerigroup



TEXAS
 Health and Human
 Services

Small Groups

- Go back to your region and divide up by profession (CHW or Doula)

1. What is one thing you wish everyone knew or understood about your profession?
2. What do you wish you had to make your work easier and more impactful?

Small Groups

REPORT OUTS

1. What is the most exciting or worrying thing about what you heard today?
2. What is one thing you wish everyone knew or understood about your profession?
3. What do you wish you had to make your work easier and more impactful?

THANK YOU!