CPW
ENROLLMENT PACKET

en español

Provider enrollment for the Case Management for Pregnant Women program is now available to Community Health Workers and Doulas.

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WELCOME

Case Management for Children and Pregnant Women (CPW) is a Medicaid benefit that provides health-related case management services to:

- Children from birth to age 20 with health conditions
- High-risk pregnant women of any age

Case managers:

- Help clients access medical, social, and educational services
- Advocate for families at school meetings
- Address issues like homelessness, mental health, and domestic violence

HB 1575 expanded the case management program providers from just Social Workers and Nurses, adding Community Health Workers (CHW) and Doulas. As a CHW or doula, you already connect communities to vital resources. This new opportunity allows you to deepen your impact by assisting low-income families with health and social services that improve pregnancy outcomes and child health.

This program is NOT Medicaid reimbursement for full doula support. This is to provide case management for high risk pregnant women and children who are on Medicaid. Case managers may work independently or may be employed by or contract with an agency. Bilingual case managers are needed.

In the pages that follow, we will walk you through how to become an enrolled Medicaid provider in the CPW program.

Enrollment Overview

01 **Contact AskCM@hhs.texas.gov**
share your interest in becoming a CPW provider

02 **Attend pre-planning interview**
to learn more about program, eligibility, and obtain next steps

03 **Take four self-paced training modules**
on Texas Health's website, submit certificates back to Health and Human Services Commission (HHSC)

04 **Begin final case management course**
and submit completion certificate to HHSC to receive approval and next steps

05 **Obtain National Provider Identifer (NPI) number**
and wait for verification of application

06 **Complete a HIPAA Training**
and receive a certificate to submit to TMHP

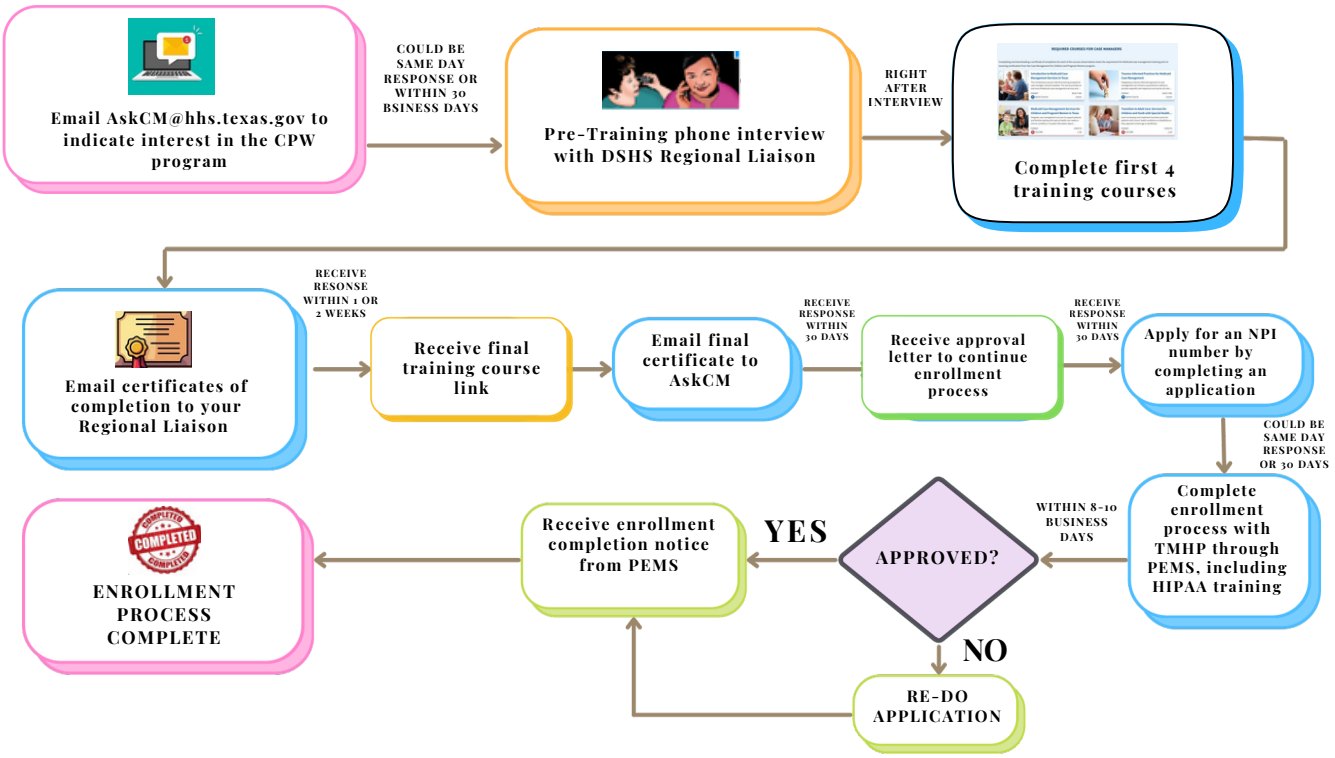
06 **Enroll with TMHP as a group or individual**
through Provider Enrollment and Management System (PEMS)

07 **Receive welcome letter from PEMS**
that shows your application process is complete. Accept clients as a Fee for Service (FFS) provider or continue to next step to enroll with managed care organizations (MCOs)

08 **Contract with Regional Medicaid MCOs**
including obtaining credentialing verification through Verisys

Support clients and make a difference in the lives of families who need resources, support and care

CPW Enrollment Visual Aid



Acronym Guide

CPW - Case Management for Children and Pregnant Women

CHW - Community Health Worker

HHSC - Health and Human Services Commission

NPI - National Provider Number

HIPAA - Health Information Portability and Accessibility Act

TMHP - Texas Medicaid & Healthcare Partnership

PEMS - Provider Enrollment and Management System

MCO - Managed Care Organization

FFS - Fee for Service

DSHS - Department of State Health Services

Readiness Assesment

Quick Readiness Assessment
Use this self-check to determine if you're ready for the Texas Medicaid CPW opportunity:

1. Are you comfortable advocating for clients and navigating health-related systems?
□ Yes □ No

2. Have you completed (or are you willing to complete) the required 5 CPW training courses?
□ Yes □ No

3. Are you prepared to discuss your patient demographics and outreach plans in a pre-planning meeting?
□ Yes □ No

4. Do you have the time and resources to complete the enrollment process?
□ Yes □ No

5. Are you committed to serving your community through Medicaid services?
□ Yes □ No

6. Based on the eligibility criteria, are you currently eligible to become a CPW Provider?
□ Yes □ No

Scoring

- 67%–100% Yes: You are ready to move forward with this opportunity. Start by expressing your interest to HHSC.
- 34%–66% Yes: You may need additional preparation or training. Review this workbook. and the HHSC case management page to refresh your knowledge and skills.
- 0%–33% Yes: Consider focusing on foundational skills or exploring alternative roles until you feel more prepared.

Pathways to Credentialing

As part of the creation of the CPW program, HHSC had to create the credentialing requirements for doulas. Here are the two pathways for doula credentialing, as well as the required paperwork and documentation for doulas and CHWs.

Doulas Enrolling With the Experience Pathway

Doulas who are enrolling with the experience pathway must:

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

Doulas Enrolling With the Training Pathway

Doulas who are enrolling with additional training in core competencies must:

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

Community Health Workers (CHWs)

CHWs must:

- 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 CHW.
- Attest to having completed HIPAA training.
- Upload their HIPAA certification.

Note: You will submit the required documentation, including certifications and attestations, and associate your certificate and attestation with your corresponding practice location, within the PEMS system (step 7).

TWO PATHWAYS FOR PAY

FFS Medicaid members represent only about 3 percent of the total Medicaid population in Texas. However, Texans are initially enrolled in FFS Medicaid to be able to choose their preferred MCO before being assigned an MCO (the insurance company that oversees care for each person), if no choice is made.

Path 1 – Fee for Service (FFS)
FFS Medicaid members represent only about 3 percent of the total Medicaid population in Texas. However, often Texans are in FFS Medicaid before being enrolled with an MCO, the insurance company that oversees care for each person. To become a provider who serves this clientele, you will complete steps 1 through 7, working with the Department of State Health Services (DSHS) and enrolling with the Texas Medicaid & Healthcare Partnership (TMHP).

Path 2 – Managed Care - Contract with an MCO
Most Texans enrolled in Medicaid receive services through an MCO, which determines the medically necessary services for that individual (like the CPW Program) based on clinical evaluation criteria and HHSC managed care and medical policy requirements.

The process for enrolling as a Medicaid provider in both FFS and with MCOs is the same, except that there are additional steps to becoming a CPW provider with an MCO. In addition to working with DSHS and enrolling with TMHP, providers who want to work with MCOs must also be credentialed with Verisys, a centralized credentialing organization contracted with the MCOs. They also contract directly with the MCOs they want to bill. See Steps 1 through 9.

We've added an estimated timeframe for each of the following steps. If any step is taking longer than the amount of time listed, please feel free to follow up with the department or organization involved in that step.

THE DETAILS

Let's go step by step through the process. We will break what to do, how long to expect between each step, as well as what steps are for you to take action versus you waiting on someone else to take action.

Remember, as a CPW Case Manager, you'll assist families with:

- Connecting to health and social services.
- Accessing state and federal benefits like Medicaid waivers or SSI.
- Finding resources for behavioral health, housing, or education.
- Supporting clients in overcoming challenges like homelessness or domestic violence.

01

Contact AskCM@hhs.texas.gov

To get started, all you need to do is email and express your interest in working with this program.

In the email, include:

- Name and contact information
- CHW Certification number, or that you are a doula

Within 7 business days, the DSHS Regional Liaison will contact the interested provider to schedule a pre-planning interview.

While you wait, review the requirements for Doulas and Community Health Workers to enroll, and read more about the program.

THE DETAILS

02

Attend pre-planning interview

This meeting is usually conducted within a few days of receiving notice from the AskCM email box to set up a time to complete the pre-planning. The scheduling of the interview usually depends on the provider's schedule, but typically, the regional liaisons complete the step within a week.

This interview, which is more of a conversation than a formal meeting, takes 15-20 minutes. In it, the DSHS Regional Liaison will give you an overview of the program and ask you questions to determine if you are eligible to continue enrolling. Some questions they will ask include:

- If you want to focus on just pregnant women or just children, or work with both
- Where you live/work
- Your background - for example, are you a community health worker or doula.
    - If you are a CHW they will ask for your CHW number (if applicable).
    - If you are a Doula, they will ask if you are credentialing using the training or experience pathway.
- If you want to register as an individual or as part of a group
    - If enrolling as a group, you will provide or email the DSHS Regional Liaison all the names, emails, and credentialing information for each individual enrolling in your group.

Following the interview, you will receive an email with information on the next step.

THE DETAILS

03

Take four self-paced training modules

To continue enrolling in the CPW program, you will complete 4 modules to learn more about the program and its history.

Click the link in the email to access the training module. You will create an account on HHSCs website: Home | Texas Health Steps. The password must be at least 12 characters, including a number and a symbol.

Trainings:

1. Introduction to Case Management Services in Texas est. 13 min read
2. Trauma-Informed Practices for Medicaid Case Management est. 15 min read time
3. Medicaid Case Management Services for Children and Pregnant Women in Texas est. 1 hour, module based
4. Transition to Adult Care: Services for Children and Youth with Special Health Care Needs est. 1 hour, module based

Once you complete each of the four trainings, you will email copies of the certificates to AskCM@hhs.texas.gov.

Within 2-4 business days, your DSHS Regional Liaison will send you access to the final case management training module, also available on the HHSC website.

THE DETAILS

04

Begin final Case Management course

This training course is self-paced and takes an estimated 9 hours to complete. It is an in-depth look at the CPW program, dos and don'ts of case management, paperwork you will complete in the program, and how you will bill. Take notes, as you will need to reference this information for the final quiz, as well as when you are conducting case management with clients.

Once complete, you will email the final training certificate to AskCM@hhs.texas.gov.

Approximately 7 days after submitting the training certifications to AskCM@hhs.texas.gov, you will receive an approval letter via email with instructions on how to begin the official enrollment process to become a Medicaid CPW provider.

05

Obtain your National Provider Identifier (NPI) number

You made it through the first hurdle! Now it's time to make you an officially registered provider by obtaining a National Provider Identifier (NPI) from the National Plan & Provider Enumeration System.

Some people have reported receiving their NPI as quickly as the same day, while others have reported the process taking up to 90 days. If you already have an NPI you can skip this step.

THE DETAILS

05

NPI Continued

When obtaining an NPI, the designated CPW taxonomies are to be selected. The following outlines the taxonomy designation by provider qualification, and whether enrolling as a group or individual:

CPW providers enrolling as a group should use the following taxonomies:
• Licensed Nurse or Licensed Social Worker: 251B00000X
• Doula: 374J00000X PLUS either 193400000X or 193200000X (single or multi-specialty)
• Community Health Worker: 172V00000X PLUS either 193400000X or 193200000X (single or multi-specialty)

Group CPW providers must have at least one performing provider enroll after the group enrollment has been completed. This is true, even for those group owners that will be the ones providing case management services.

Case managers for the group must obtain another NPI by also enrolling as a performing provider.

CPW providers enrolling as an individual or performing provider should use the following taxonomies:
• Licensed Nurse or Licensed Social Worker: 171M00000X
• Doula: 374J00000X
• Community Health Worker: 172V00000X

06

HIPAA Training

Effective 6/1/2025, all CPW enrollees will also be required to take training on the Health Insurance Portability and Accountability Act (HIPAA), which governs medical privacy and grants individuals rights over their health information. You will need a certificate of completion for a course in the next step to enroll in the CPW program.

THE DETAILS

07

Enroll with TMHP as a group or individual

After receiving an NPI, your next step is to enroll with Texas Medicaid & Healthcare Partnership (TMHP) through the Provider Enrollment and Management System (PEMS) as either a group or individual provider.

1. Open the PEMS website. Take note of the Enrollment Help Page and Video Tutorials
2. Choose the Enrollment category that fits your scenario. Most people will select New Enrollment.
3. Follow along the process, answering questions related to your enrollment. You will get to a page that has an overview of all the information you will need to continue with the application. As you click Continue, you will be taken through a step by step tutorial on each section of the PEMS application. It is extremely helpful to read through this and continue to reference this as you complete the PEMS.

TMHP hosts a YouTube channel that includes step-by-step instructions for creating an account and enrolling in Medicaid. Relevant videos include:

- The Benefits of the Provider Enrollment and Management System (PEMS) – Introduction to the system – 3.06
- TMHP Website: Provider Enrollment – Brief overview of the landing page - .49
- Website Navigation – How to navigate the PEMS website while performing enrollment-related tasks - 1:54
- Dashboard Overview – How to find location in PEMS account where providers handle new enrollments, re-enrollments, re-validations, and maintenance – 1:34
- TMHP Secure User Account – How to create a user account – 1:00
- Start New Enrollment – How to start a new Medicaid enrollment - 2:55

THE DETAILS

07

TMHP Continued

- Message Dashboard in TMHP User Account – How to access messages sent by TMHP and/or HHSC (note: messages available for 120 days only) - 1:37
- Resolving Deficiencies – How to find and resolve administrative/enrollment deficiencies (e.g., enrollment issues requiring a response) - 2:35
- Add Performing Providers – How to add performing providers to a group enrollment – 14:49
- Add Practice Locations – How to add practice locations to a group enrollment – 18:17
- Provider Manuals – Provides information on the online location of provider manuals that include program-specific information – 1:08
- TMHP Claims – How to submit a fee-for-service claim for payment – 3:55

NOW, Create a PEMS account, and begin the actual application.

The typical end-to-end processing time for clean applications is 16-25 business days for individuals and 19-48 business days for groups. A clean application has no deficiencies and is one that TMHP can process with no additional communication with the provider. Due to recent unusually high volumes, a clean application is currently taking an average of 25 business days for processing an individual enrollment and 48 business days for a group enrollment.

For deficient applications, meaning the application received has one or more deficiencies and requires further communication with the provider, it takes an average of 47 business days for an individual and 81 for a group enrollment. Due to current high volumes, it is taking an average of 62 business days for an individual enrollment and 105 business days for a group with deficiencies on the application.

You can call TMHP or schedule one-on-one consultations if you need support during this process.

THE DETAILS

07

TMHP Continued

Office of Inspector General (OIG) Enrollment Tips & Updates

What is OIG and why it matters

The Office of Inspector General (OIG) reviews Medicaid provider applications from TMHP to make sure providers meet program integrity requirements. This step is required before enrollment can be approved.

Common mistakes to avoid (based on OIG guidance)

OIG reviews often get delayed because of small but important errors. To help your application move faster:

- Make sure all information matches exactly across documents
- (names, addresses, license numbers, etc.)
- Fully complete every section of the application
- Missing fields—even small ones—can cause delays or denials
- Upload all required documents
- This may include licenses, certifications, ownership information, and disclosures
- Double-check ownership and controlling interest information
- This is a common area where applications get flagged
- Respond quickly to requests for additional information
- Delays in responding will slow down your application timeline

For more detailed guidance, providers can review OIG's full tips here:
OIG Provider Enrollment Resources

Current processing timelines

Due to a high volume of applications:

- Most applications are currently processed within 90–120 calendar days
- Applications are reviewed in the order they are received
- Priority is given to providers with urgent revalidation deadlines

What this means for you

- Plan ahead, start your enrollment as early as possible
- Expect delays and build that into your timeline for serving clients
- Submit a clean, complete application the first time to avoid setbacks

THE DETAILS

08

Receive welcome letter from PEMS

You will receive an enrollment completion notice from PEMS once your application has been approved!

PEMS generates a welcome letter the same day that the application is closed (provider is enrolled) and emails the letter the same day to the email addresses on the application.

At this point, you are considered “enrolled” in Texas Medicaid and may begin providing services for individuals receiving Medicaid through Fee For Service (FFS). To work with MCOs, you must continue to Step 8.

All newly enrolled providers (you) are included on the master provider file that is sent to all managed care organizations on Tuesdays, that includes all Medicaid providers that are enrolled by 5 pm CST the previous Friday. After you are added to this file, you can continue the credentialing / contracting process with the MCOs.

THE DETAILS

09

Contract with Regional Medicaid MCOs

If you choose to contract with MCOs in your area, this next step can take at least 90 days.

1. Locate which MCOs operate in your Service Delivery Area. You can contract with one, many, or all MCOs in your region.
2. Find the MCO website and reach out to the Provider Relations team within that MCO. Each MCO will have an internal process to contracting with new providers, and may include contract agreements or other documents that need to be reviewed and signed.
    a. Some MCOs conduct pre-contracting and initial rate discussion with their providers prior to the credentialing process and other MCOs conduct these discussions after. When you reach out to begin credentialing ask the provider representative about that specific MCO's process.
3. All MCOs work with Verisys to verify your provider information. They will send a work order to Verisys, the credentialing verification organization contracted with the Texas Association of Health Plans to verify you on behalf of the MCO.
    a. As part of this process, Verisys will send you a credentialing application. Providers can contact Verisys Customer Service line at 1-855-743-6161 for assistance with the process. Verisys will outreach every 15 days up 4 outreach attempts until the completed application is received.
    b. You complete the application (60 days maximum).
    c. Verisys then completes a Primary Source Verification to confirm information provided in the application about education and training, work history, licenses and certifications. Verisys sends the results to the MCO(s). (30 days maximum)

The MCO will then complete your credentialing process via committee decision.

THE DETAILS

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Continued

Please note - Contracting with an MCO is separate from the credentialing process with Verisys. You will still need to engage with the MCO for contracting needs and provide any additional information to the MCO to complete both the credentialing and contracting processes in order to begin billing for services.

The MCO must complete the credentialing and contracting process for a new provider, and its claim systems must be able to recognize the provider as an in-network provider, no later than 90 days after receipt of a complete application. Managed care contract requirements allow MCOs to determine the providers in their networks, so not all MCOs may need additional CPW providers. The MCO provider relations representative can provide you with additional information.

The MCO representative creates a contract for you to review – note, contracts are negotiated so this is where you and the MCO discuss and determine pay rates, and other MCO requirements. MCOs typically negotiate rates based off of the FFS rate established by HHSC and the number of CPW providers available in their network.

Once you sign the contract and return it to the MCO, the MCO representative will sign, or execute, the contract. The MCO will then provide you with a copy and an in-network effective date that specifies when you can receive referrals/see clients. If you have questions or need to learn about billing requirements, the MCO provider representative can help you. Some have staff able to come onsite and support you.

Every provider must go through re-enrollment and re-credentialing processes at a timeframe specified by HHSC and in keeping with state and federal laws. This is usually between three to five years after the initial enrollment.

NEXT STEPS

Thank you!

You may now receive referrals, and/or begin serving clients. For more information on service provision, documentation, and billing, go HERE.

Stay tuned for webinars and continuing education.

This project was made possible with funding from

EPISCOPAL HEALTH FOUNDATION