HOME AND COMMUNITY-BASED SERVICES (HCS) ENROLLMENT CHECKLIST

READY TO SUBMIT YOUR HCS ENROLLMENT REQUEST THROUGH THE PROVIDER ENROLLMENT AND MANAGEMENT SYSTEM (PEMS)? DON'T BEGIN UNTIL YOU'VE FULLY REVIEWED THE CHECKLIST BELOW.



PREREQUISITES	5
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Ha	we the Following Information Handy — You will need to provide this information in PEMS.			
	Organization name			
	Tax Identification Number and legal entity name			
	First and last name, Social Security number, date of birth, and identification for the provider and any owners, creditors, principals, subcontractors, and managing employees			
	Employer's Tax Identification Number and legal name			
	Documentation related to disclosures, including any change of ownership (CHOW) information, if needed			
Ha	we the Application Fee Ready — Refer to tmhp.com for additional details. Payment amount is subject to changes each year.			
	Make the check, money order, or cashier's check payable to Texas Medicaid & Healthcare Partnership (TMHP). Include the PEMS Request Number and NPI on the check, and print the PEMS cover letter found on the Application Fee tab of your PEMS request.			
	Note: TMHP encourages providers with application fees to attach a copy of their check or money order as an attachment within the Application Fee tab.			
Application Fee is Required:				
	For Revalidation Requests.			
	For Existing Enrollments where the provider is requesting HCS enrollment for the very first time.			
	For providers that became disenrolled from all their HCS practice locations and are now seeking to enroll a new practice location.			
	Mail the printed PEMS cover letter with the check to one of the following addresses:			
	Mailing Address: Texas Medicaid & Healthcare Partnership ATTN: Provider Enrollment PO Box 200795 Austin, TX 78720-0795			
	Physical Address (For delivery by courier service): Texas Medicaid & Healthcare Partnership ATTN: Provider Enrollment 12365-A Riata Trace Pkwy. Austin, TX 78727			
Ap	pplication Fee is Not Required:			
	If you are actively enrolled as an HCS provider and are adding Practice Locations through an Existing Enrollment request.			
	Note: Check the middle option on the Application Fee tab when this is showing as required, indicating you already paid the fee to Medicare. TMHP will not request an application fee for enrolled HCS providers who are submitting requests to add locations			



	V-9 Information — Ensure that tax filing documentation is readily available. Required documentation is based on your tax lassification (e.g., C-corp., single member LLC, etc.). Documentation should be uploaded as PEMS attachments. Typically, the re:	ese
	An organizational structure chart.	
	A filing document from the Secretary of State.	
	An assumed name certificate (if applicable).	
	Practice Locations — Each practice location must be added individually within the PEMS enrollment application, and each reactice location will require a site visit. A practice location is a distinct physical location where services are provided, even if c's operated by the same health care entity or provider. For HCS providers, this includes all billing and administrative office ocations, three-person residences, four-person residences, and Host Home/Companion Care (HH/CC) residences	
	he following documents are required when a site visit is conducted at the billing location:	
	Personnel listing or organizational chart (including titles)	
	Assumed name certificate (e.g., a Doing Business As certificate)	
	Complaint policy and log	
	Review Your Revalidation Date - Providers may view their revalidation date and enrollment information in PEMS.	
	Providers must complete their revalidation enrollment before the end of their enrollment period. Providers can initiate revalidation of their enrollment in PEMS up to 180 calendar days before the revalidation due date.	
	Ensure that your application is in submitted status (not in draft form) prior to the due date to avoid enrollment gaps.	
PE	AS SUBMISSION TIPS	
	Program Selection — Within the Program tab, ensure that "Yes" is selected for Long-term Care.	
	f Enrolling With an Individual NPI — Choose the Individual Sole Proprietor checkbox within the W-9 tab for this NPI type of confirm you are an individual sole proprietor, include an attachment indicating that this is your correct tax classification.	e.
	Owners/Creditors/Principals — Identify any person who meets the definition of an owner, creditor, principal, subcontractor, nanaging employee. Each of these individuals will need to be added in the PEMS enrollment record. Refer to the <i>Texas Medic Provider Procedures Manual</i> (TMPPM), section 1.1.9.3.	
	Mailing/Contact Address — Be sure to list both a mailing and a contact address within the Mailing/Contact Address tab for ach practice location.	
	abel Each Practice Location — Within the location name field, indicate whether the location is a:	
	Group home	
] Host home	
	Business office	
	Respond to Any Deficiencies as Soon as Possible to Avoid Any Delays	
	Providers may need to provide fingerprints, submit additional documentation, or complete other screening requirement	ıts.
	Providers have a total of 45 business days to complete and resolve all deficiencies when completing their enrollment application.	



RESOURCES

<u>Instructional Site</u> — 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 <u>Enrollment Help Page</u>.

<u>TMHP YouTube Channel</u> — TMHP's YouTube channel has several videos covering information within PEMS. The content of these videos includes information on getting started, entire revalidation demonstrations, and submitting various maintenance requests.

<u>Contact Us</u> — The TMHP Contact Center is staffed with agents who are knowledgeable about Texas Medicaid and the Long-term Care 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.