



INSTRUCTIONS FOR HTW CERTIFICATION AND ATTESTATION

PROVIDER ENROLLMENT AND MANAGEMENT SYSTEM (PEMS)



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

v2023_0511

Overview

Providers who want to participate in the Healthy Texas Women (HTW) program must complete the HTW Certification Form to provide services to HTW clients in accordance with Texas Health and Human Services Commission (HHSC) rules and contract requirements. The HTW program offers services such as women's health exams, health screenings, and birth control.

During a new enrollment in the Provider Enrollment and Management System (PEMS), providers will electronically complete the HTW certification process in the Licenses/Certifications/Accreditations page in PEMS.

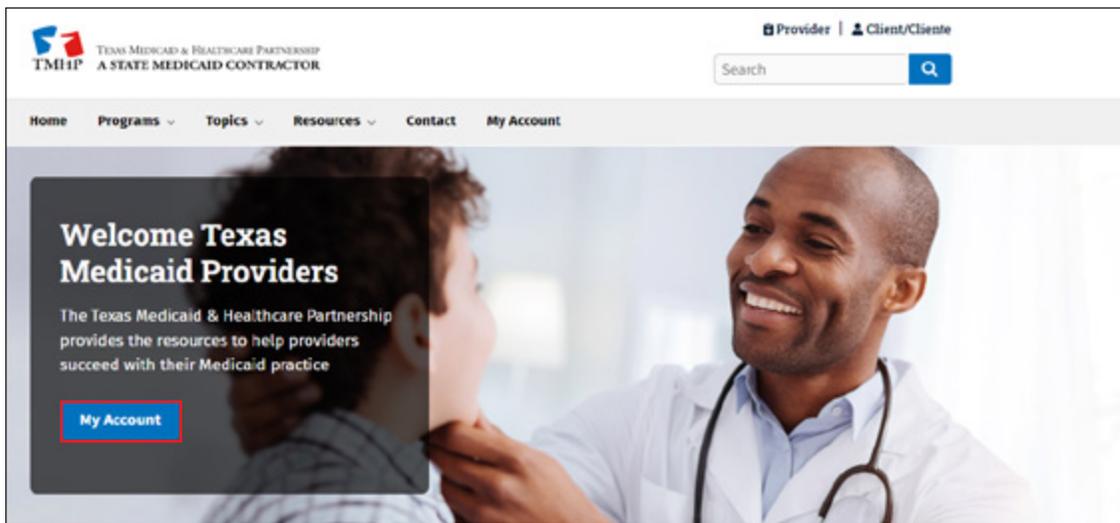
When a provider needs to recertify with the HTW program, a letter is posted to the Message Dashboard in My Account. Providers will submit a Maintenance - Licenses request in PEMS and submit the updated HTW attestation in the Licenses/Certifications/Accreditations page in PEMS.

The following HTW provider types are not required to certify:

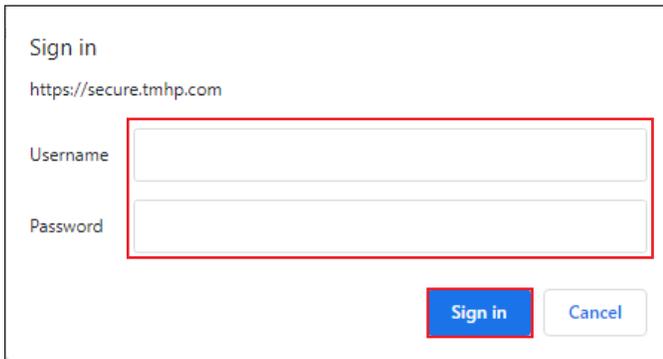
- Teaching hospitals
- Independent laboratories
- Radiology facilities

Accessing PEMS

- 1) Go to the TMHP website at tmhp.com.
- 2) Click **My Account**.



- 3) Enter your TMHP secure account username and password. Click **Sign in**.



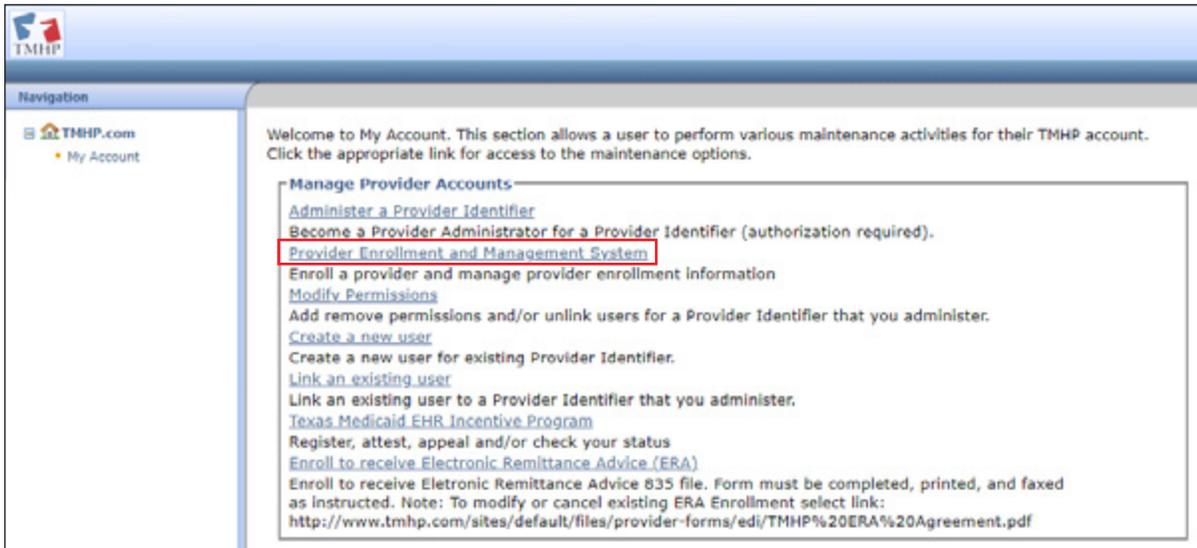
Sign in
https://secure.tmhp.com

Username

Password

Sign in Cancel

- 4) Click the **Provider Enrollment and Management** link to open PEMS.



TMHP

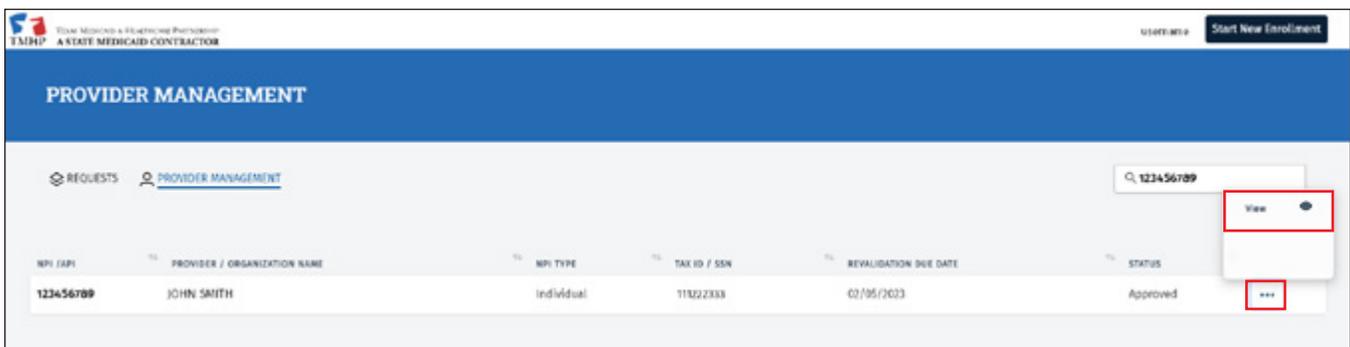
Navigation
TMHP.com
My Account

Welcome to My Account. This section allows a user to perform various maintenance activities for their TMHP account. Click the appropriate link for access to the maintenance options.

Manage Provider Accounts

- [Administer a Provider Identifier](#)
- [Become a Provider Administrator for a Provider Identifier \(authorization required\).](#)
- [Provider Enrollment and Management System](#)**
- [Enroll a provider and manage provider enrollment information](#)
- [Modify Permissions](#)
Add remove permissions and/or unlink users for a Provider Identifier that you administer.
- [Create a new user](#)
- [Link an existing user](#)
Link an existing user to a Provider Identifier that you administer.
- [Texas Medicaid EHR Incentive Program](#)
Register, attest, appeal and/or check your status
- [Enroll to receive Electronic Remittance Advice \(ERA\)](#)
Enroll to receive Electronic Remittance Advice 835 file. Form must be completed, printed, and faxed as instructed. Note: To modify or cancel existing ERA Enrollment select link:
<http://www.tmhp.com/sites/default/files/provider-forms/edi/TMHP%20ERA%20Agreement.pdf>

- 5) Locate the enrollment record and click the **ellipses**, then **View** to open.



TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

11/07/2019 Start New Enrollment

PROVIDER MANAGEMENT

REQUESTS PROVIDER MANAGEMENT

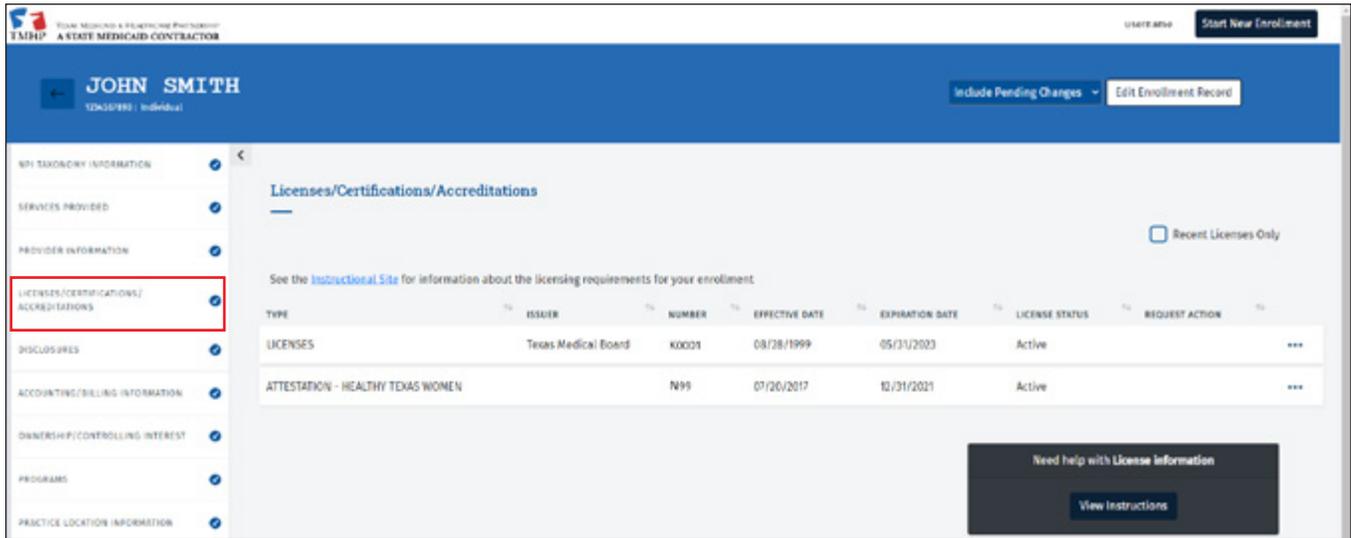
123456789

NPI / API	PROVIDER / ORGANIZATION NAME	NPI TYPE	TAX ID / SSN	REVALIDATION DUE DATE	STATUS
123456789	JOHN SMITH	Individual	111222333	01/05/2023	Approved

View

...

- 6) Click **Licenses/Certifications/Accreditations** in the left navigation menu to view the current HTW Attestation status in the License Status column.



The screenshot shows the provider portal for John Smith. The left navigation menu includes: MY TAXONOMY INFORMATION, SERVICES PROVIDED, PROVIDER INFORMATION, **LICENSES/CERTIFICATIONS/ACCREDITATIONS** (highlighted with a red box), DISCLOSURES, ACCOUNTING/BILLING INFORMATION, OWNERSHIP/CONTROLLING INTEREST, PROGRAMS, and PRACTICE LOCATION INFORMATION. The main content area is titled 'Licenses/Certifications/Accreditations' and includes a 'Recent Licenses Only' checkbox. Below this is a table with columns: TYPE, ISSUER, NUMBER, EFFECTIVE DATE, EXPIRATION DATE, LICENSE STATUS, and REQUEST ACTION. The table contains two rows: 'LICENSES' issued by 'Texas Medical Board' with number 'K0001' and 'ATTESTATION - HEALTHY TEXAS WOMEN' with number 'N99'. A 'Need help with License Information' button with a 'View Instructions' link is also visible.

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION
LICENSES	Texas Medical Board	K0001	08/28/1999	05/31/2023	Active	...
ATTESTATION - HEALTHY TEXAS WOMEN		N99	07/20/2017	12/31/2021	Active	...

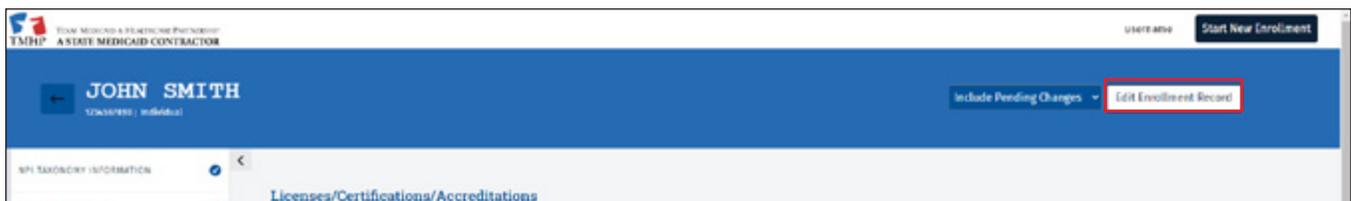
Recertify Your HTW Attestation

Providers must recertify annually between October and December. If you recertify after December, you will still follow the same steps to recertify for the current year.

It is extremely important to review the Practice Location Information page to ensure accuracy. This information will be included in the HTW Online Provider Look-up, located at healthytexaswomen.org, which is available to clients searching for a provider.

Once a provider's certification status is updated, no further action is required until the next certification period; however, if a provider wants to make a change to the current year's certification and certify for the following year, follow the steps below and choose to terminate the certification.

- 1) To recertify your HTW Attestation, click **Edit Enrollment Record** in the blue header bar.



The screenshot shows the provider portal for John Smith. The left navigation menu is partially visible. The main content area is titled 'Licenses/Certifications/Accreditations'. In the blue header bar, the 'Edit Enrollment Record' button is highlighted with a red box.

- 2) Click **Create Request** for the request type Maintenance - Licenses.

The screenshot shows the 'Edit Enrollment' page for John Smith. The page has a blue header with the user's name and a 'Start New Enrollment' button. Below the header is a table with columns: REQUEST TYPE, PENDING CHANGE REQUEST NUMBER, REQUEST STATUS, and REQUEST ACTION. The table lists various request types, and the 'Create Request' button for 'Maintenance - Licenses' is highlighted with a red box.

REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	REQUEST STATUS	REQUEST ACTION
Maintenance - Provider Information			Create Request
Maintenance - Licenses			Create Request
Maintenance - DR/Tax Information			Create Request
Maintenance - Ownership/Controlling Interest			Create Request
Maintenance - Disclosure			Create Request
Maintenance - Attachments			Create Request
Existing Enrollment			Create Request
Maintenance - Provider Information - Change Email			Create Request
Maintenance - Practice Location - Demographics			Create Request
Maintenance - Practice Location - Address Change			Create Request
Maintenance - EFT			Create Request

- 3) The Licenses/Certifications/Accreditations page opens. On the ATTESTATION - HEALTHY TEXAS WOMEN line, click the **ellipsis**, then **Open**.

The screenshot shows the 'Licenses/Certifications/Accreditations' page for John Smith. The page has a blue header with the user's name and buttons for 'Request Renewal', 'Save Draft', and 'Submit All Changes'. Below the header is a table with columns: TYPE, ISSUER, NUMBER, EFFECTIVE DATE, EXPIRATION DATE, LICENSE STATUS, REQUEST ACTION, and REQUEST NUMBER. The 'ATTESTATION - HEALTHY TEXAS WOMEN' row has an ellipsis icon highlighted with a red box.

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
LICENSES	Texas Medical Board	80001	08/28/1999	05/31/2023	Active		2000098
ATTESTATION - HEALTHY TEXAS WOMEN		899	07/26/2017	12/31/2025	Active		2000098

- 4) Review the attestation. To recertify, click the check box next to “Certify for Next Year”. Then, click the check box next to “Yes, I affirm that the statements listed in the certification are true and correct”. The effective and expirations dates automatically update.
If you do not want to continue as a HTW provider, click the check box next to “Terminate certification”. The expiration date automatically updates to today’s date.

Click **Save**.

JOHN SMITH
23M52999 | Individual

Request: 20000918 Save Draft Submit All Changes

0 TOTAL REFERENCES

SPR TAGGROUP INFORMATION SERVICES PROVIDED PROVIDER INFORMATION LICENSES/CERTIFICATIONS/ACCREDITATIONS DISCLOSURES ACCOUNTING/BILLING INFORMATION OWNERSHIP/CONTROLLING INTEREST PROGRAMS PRACTICE LOCATION INFORMATION APPLICATION FEE ATTACHMENTS AGREEMENTS

Add Licenses/Certifications/Accreditations Pending Change Request Number 20000918

LICENSE/CERTIFICATION/ACCREDITATION TYPE *
ATTESTATION - HEALTHY TEXAS WOMEN

I am the provider or, if the provider is an organization, I am authorized to make this certification on the provider's behalf. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here.

Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization's owners, officers, employees, and volunteers, or any combination of these.

By certifying on the Texas Medicaid & Healthcare Partnership website, I affirm that each of the following statements is true. I understand that my failure to certify will be regarded as my representation that the statement is false:

1. I do not perform or promote elective abortions
2. I am not an affiliate of an entity that performs or promotes elective abortions.
3. None of the funds that I receive for performing healthy Texas Women Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of abortion procedures.
4. None of the funds that I receive for performing healthy Texas Women Program services are distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

In addition, I understand and acknowledge that:

- if I fail to complete and submit this certification, I will be disqualified from the healthy Texas Women Program and the Texas Health and Human Services Commission (HHSC) will deny any claims I submit for healthy Texas Women program services.
- if, after I submit this signed certification, I perform or agree to perform, or promote elective abortions, I will notify HHSC at least 30 calendar days before such action is taken. If I fail to notify HHSC as required, I will be disqualified from the HHSC program and HHSC will deny any claims I submit for healthy Texas Women Program services.
- if, while participating in the Healthy Texas Women Program, I perform or promote an elective abortion, I will be disqualified from the Healthy Texas Women Program, and HHSC will deny any claims I submit for healthy Texas Women program services.

The term "Promote" means advancing, furthering, advocating, or publicizing elective abortion by, for example:

1. Taking affirmative action to secure elective abortion services for a healthy Texas Women Program (HTW) client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and non-directive counseling, including the name, address, telephone number, and other relevant information about a provider;
2. Furnishing or displaying to healthy Texas Women Program client information that publicizes or advertises an elective abortion service or provider; or
3. Using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

Terminate certification.
 Certify for Next Year.
 Yes, I affirm that the statements listed in the certification are true and correct.

EFFECTIVE DATE * 01/01/2022 EXPIRATION DATE * 12/31/2022 LAST UPDATE DATE MM/DD/YYYY

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

Save

5) A new row is added for the updated HTW certification. Click **Submit All Changes**.

JOHN SMITH
23M52999 | Individual

Request: 2000918 Save Draft Submit All Changes

0 TOTAL REFERENCES

SPR TAGGROUP INFORMATION SERVICES PROVIDED PROVIDER INFORMATION LICENSES/CERTIFICATIONS/ACCREDITATIONS DISCLOSURES ACCOUNTING/BILLING INFORMATION OWNERSHIP/CONTROLLING INTEREST PROGRAMS

Licenses/Certifications/Accreditations Pending Change Request Number 20000918

Recent Licenses Only

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

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	REQUEST ACTION	REQUEST NUMBER
LICENSES	Texas Medical Board	E0001	08/28/1999	05/31/2023	Active		20000918
ATTESTATION - HEALTHY TEXAS WOMEN		899	03/20/2020	12/31/2021	Active		20000918
ATTESTATION - HEALTHY TEXAS WOMEN		899	01/01/2022	12/31/2022	Active	ADDED	20000918

+ Add Licenses/Certifications/Accreditations

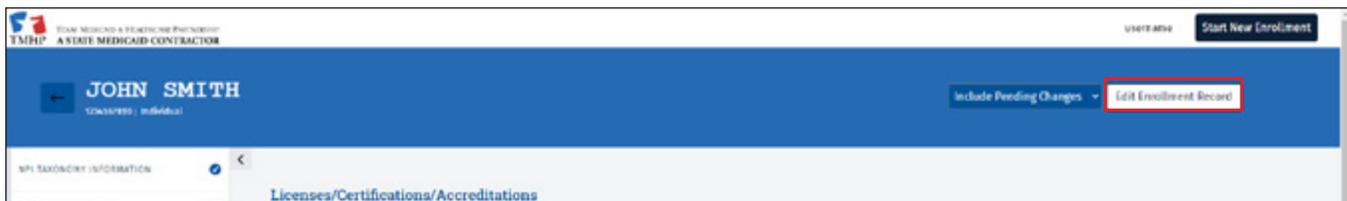
6) You can view the status of your request on the Requests dashboard.



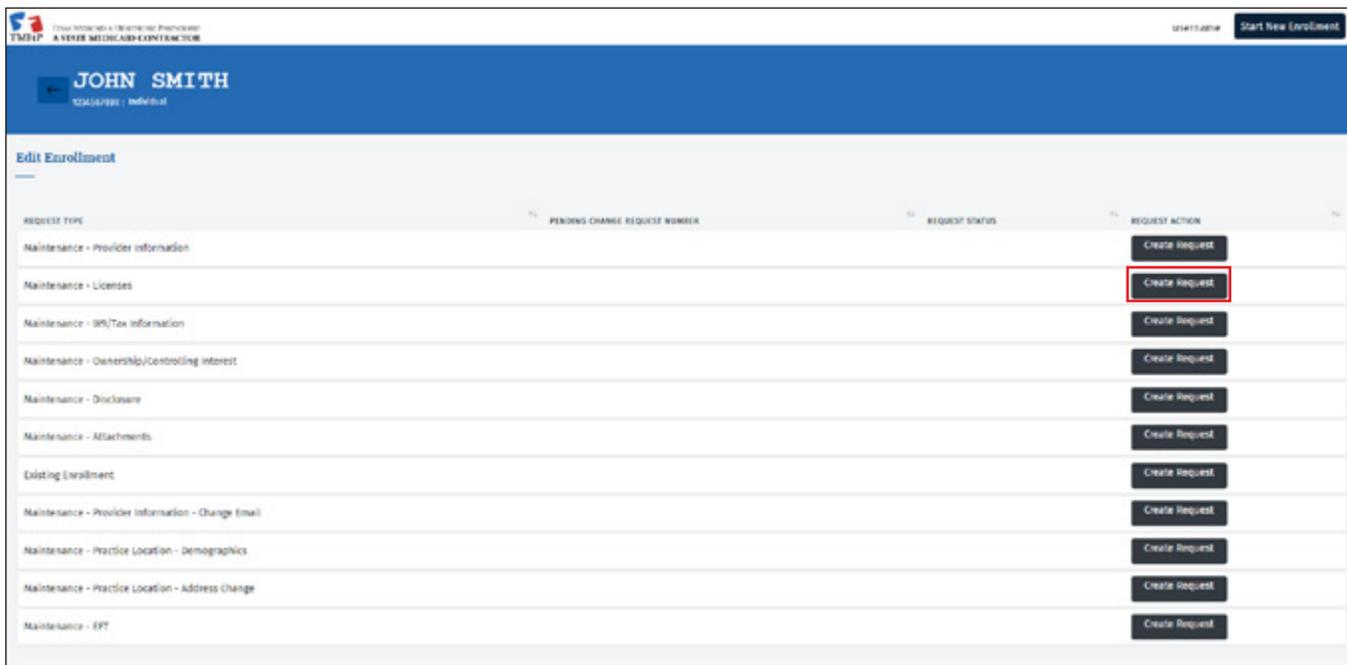
Adding a New HTW Attestation

When completing the initial HTW certification process, it's important to associate the HTW Attestation to applicable programs and practice locations.

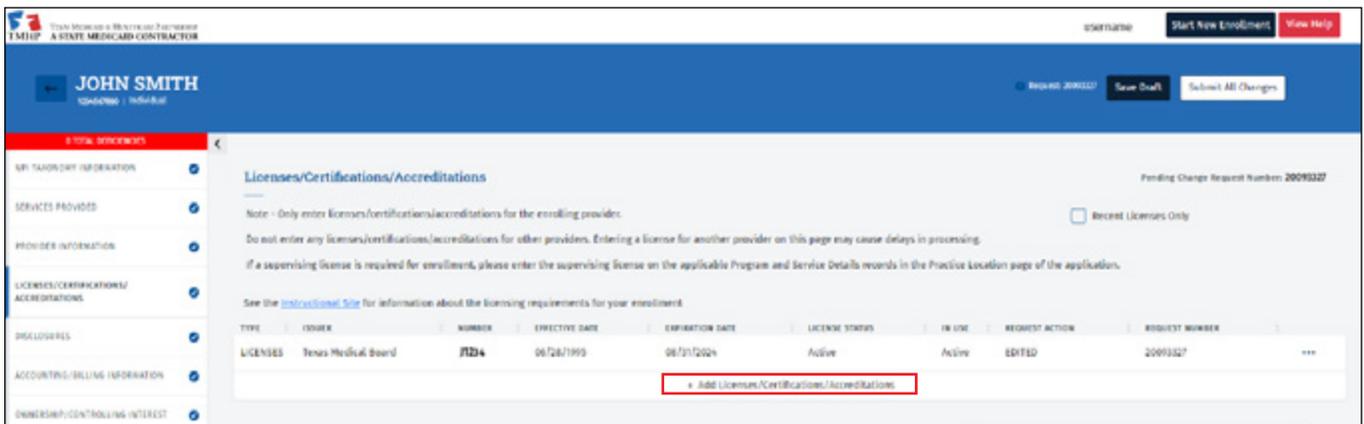
1) To add a new HTW Attestation, click **Edit Enrollment Record** in the blue header bar.



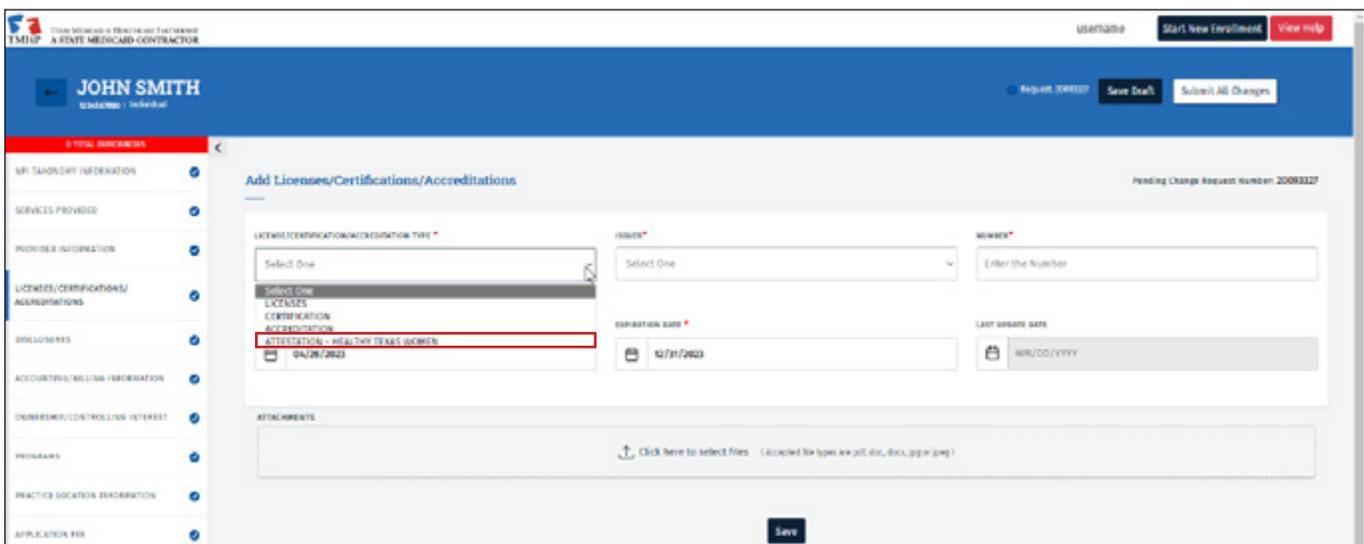
2) Click **Create Request** for the request type Maintenance-Licenses.



3) The Licenses/Certifications/Accreditations page opens. Click + **Add Licenses/Certifications/Accreditations**.



4) From the License/Certification/Accreditation field drop-down menu, select **Attestation - Healthy Texas Women**.



- 5) Click the check box next to “Yes, I affirm that the statements listed in the certification are true and correct.” Then click **Save** at the bottom of the page.

The screenshot shows the 'Add Licenses/Certifications/Accreditations' form in the PEMS system. The form is for 'ATTESTATION - HEALTHY TEXAS WOMEN'. It includes a declaration of truth and a checkbox for affirming the statements. The 'Save' button is highlighted at the bottom.

ATTESTATION - HEALTHY TEXAS WOMEN

I am the provider or, if the provider is an organization, I am authorized to make this certification on the provider's behalf. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here.

Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization's owners, officers, employees, and volunteers, or any combination of these.

By certifying on the Texas Medicaid & Healthcare Partnership website, I affirm that each of the following statements is true. I understand that my failure to certify will be regarded as my representation that the statement is false:

- I do not perform or promote elective Abortions
- I am not an Affiliate of an entity that performs or promotes elective Abortions.
- None of the funds that I receive for performing Healthy Texas Women Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Abortion procedures.
- None of the funds that I receive for performing Healthy Texas Women Program services are distributed to individuals or entities that perform elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective Abortion procedures.

In addition, I understand and acknowledge that:

- misleading or displaying to Healthy Texas Women Program client information that publicizes or advertises an elective Abortion service or provider; or
- Using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective Abortions.

Yes, I affirm that the statements listed in the certification are true and correct.

EFFECTIVE DATE: 4/26/2023
EXPIRATION DATE: 12/31/2023
LAST UPDATE DATE: MM/DD/YYYY

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

Save

- 6) A new row is added for the HTW Attestation and the license status **Not Associated** appears, indicating the HTW Attestation is not associated with any program for any practice location. Each attestation must be associated with a program.

The screenshot shows the 'Licenses/Certifications/Accreditations' table in the PEMS system. A new row is added for 'ATTESTATION - HEALTHY TEXAS WOMEN' with a license status of 'Not Associated'.

TYPE	ISSUER	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSE STATUS	IN USE	REQUEST ACTION	REQUEST NUMBER
LICENSES	Texas Medical Board	11234	06/28/1995	08/31/2024	Active	Active	EDITED	20093327 ***
ATTESTATION - HEALTHY TEXAS WOMEN		NR	04/26/2023	12/31/2023	Not Associated		ADDED	20093327 ***

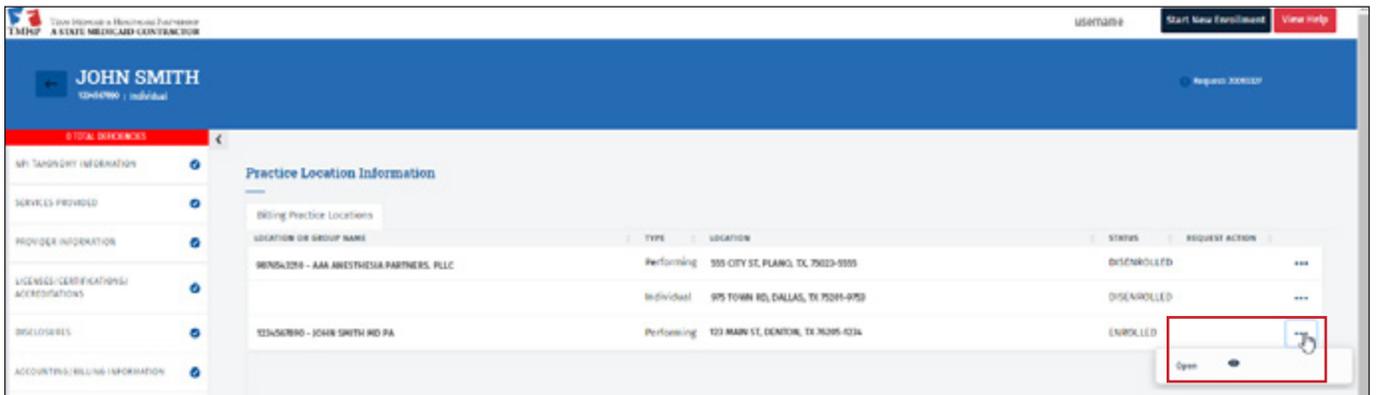
+ Add Licenses/Certifications/Accreditations

Note: If more than one HTW Attestation appears in the list, note the location (e.g., first, second, third, etc.) in the list. This will help you select the correct version to associate to the practice location.

7) To add the HTW Attestation to the appropriate program, click **Practice Location Information**.



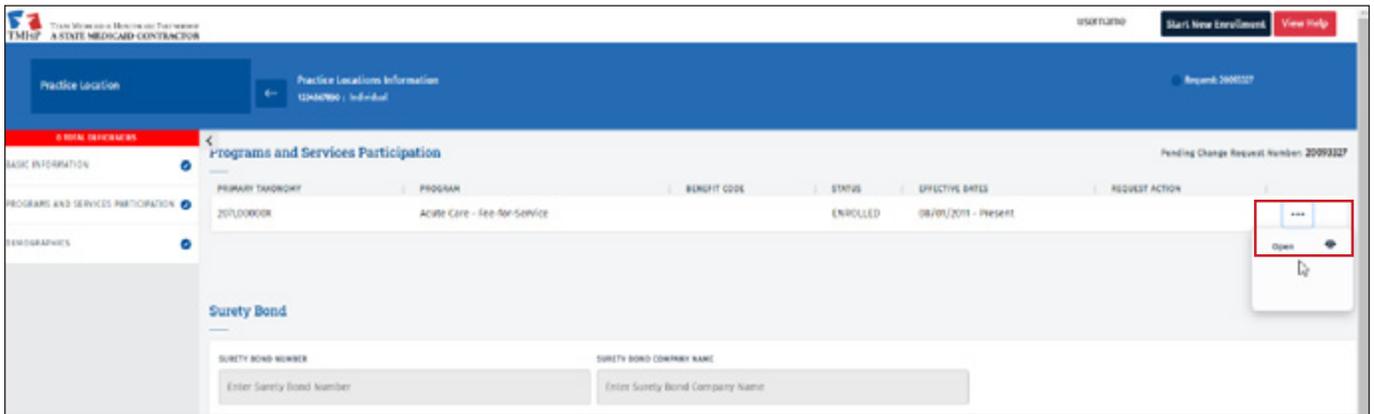
8) Locate the practice location and click the **ellipses**, then **Open** to view the record.



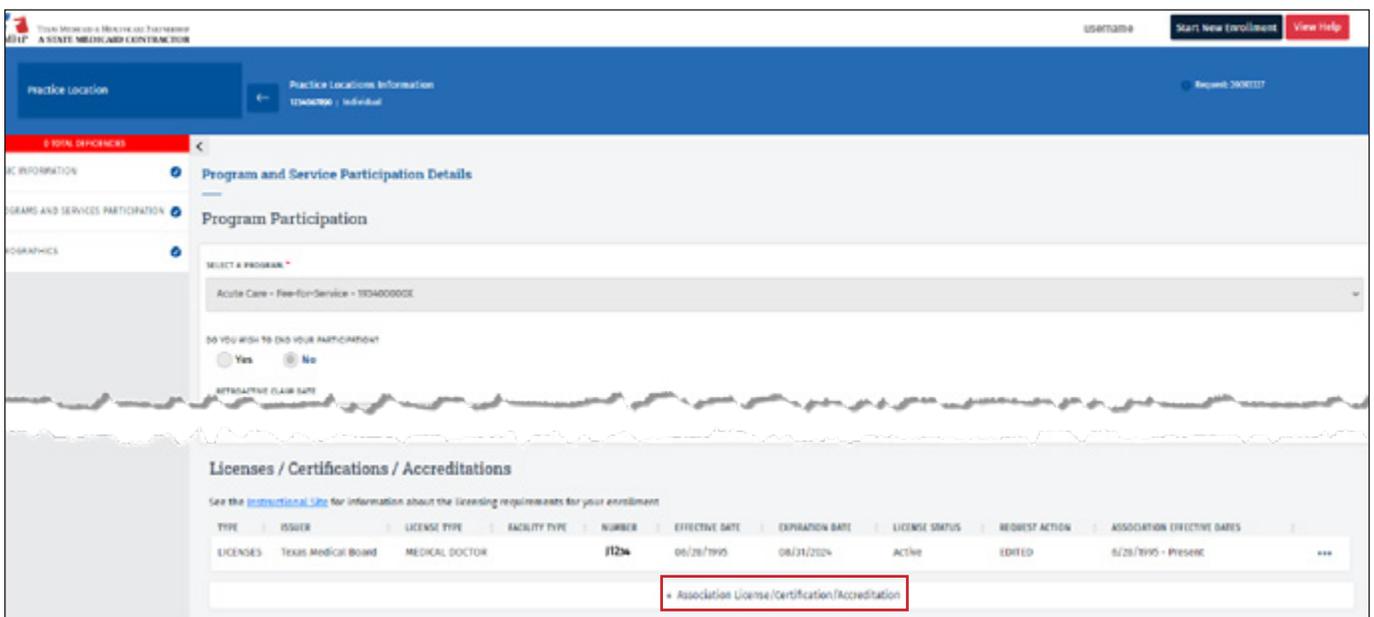
9) Click **Programs and Services Participation**.



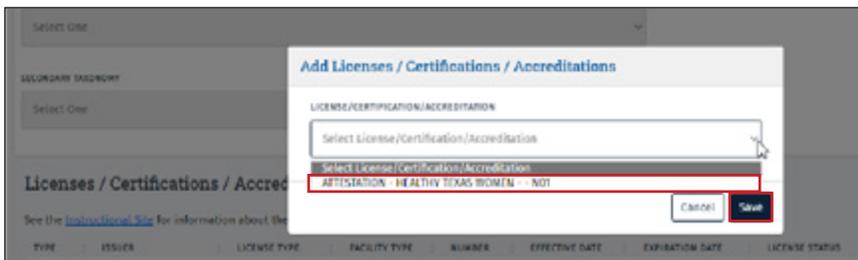
10) Locate the program needing the HTW Attestation added, and click **Open**.



11) In the Licenses/Certifications/Accreditations section, click + Association License/Certification/Accreditation.



12) Select the HTW Attestation for the current year. The attestations are listed in the same order as on the Licenses/ Certifications/Accreditations page. Click **Save**.



13) The HTW Attestation is now added and associated with the program.

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
LICENSES	Texas Medical Board	MEDICAL DOCTOR		J1234	06/28/1995	08/31/2024	Active	EDITED	6/28/1995 - Present
ATTESTATION - HEALTHY TEXAS WOMEN				N01	04/26/2023	12/31/2023	ADDED		4/26/2023 - Present

14) To verify the HTW Attestation has updated to the status **Active**, navigate back to the Licenses/Certifications/Accreditations page.

15) Click **Submit All Changes** to save the changes and send for approval.

16) You can view the status of your request on the Requests dashboard.