

# MAINTAINING OR ADDING PRACTICE LOCATIONS

A JOB AID FOR HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TXHML) PROVIDERS



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

### Adding a New Practice Location

To get started, open the NPI record by clicking the ellipses and selecting **View** from the Provider Management tab in the PEMS Dashboard.

TEXAS MEDICA	ID & HEALTHCARE PARTNERSHIP EDICAID CONTRACTOR			BusOpsProvAdmin	Start New Enrollment View Help
PROVI	DER MANAGEMENT	r			
♦ REQUES	TS <u>O</u> PROVIDER MANAGEMENT	M LETTERS			Q 1023389103
Texas Medica revalidation g Providers car	id waived provider revalidations durin grace period for the federal COVID-19 P also find their revalidation due dates	g the federal COVID-19 Public Health Emergenc ublic Health Emergency will end on November in the Revalidation Due Date field on the Prov	y. The last day of the federal COVID-15 11, 2023. TMHP has sent an email to a der Information Page in the Enrollme	P Public Health Emergency v ffected providers with a rec nt Information section.	vas May 11, 2023. The provider alculated revalidation due date.
You must res	pond to and resolve all deficiencies wi	thin 45 business days, and you must review and	d update all practice location address	ses on the Practice Location	Information page
1234567890	HCS Provider	Individual		04/06/2024	Approved •••

To add a Practice Location, create an Enrollment request (Existing, Reenrollment, or Revalidation) using the Edit Enrollment Record button in the upper-right corner.

For this example, we will create a Revalidation request.

HCS Prov	ider			Include Pending Char	nges 🗸 Edit Enrollment Record
NPI TAXONOMY INFORMATION	⊘ <				
SERVICES PROVIDED	0	NPI Taxonomy —			Refresh Information 💍
PROVIDER INFORMATION	0	NAME HCS Provider	GENDER Female	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0	NPI NUMBER 1234567890 SOLE PROPRIETOR	NPI TYPE Individual STATUS	363L00000X	
DISCLOSURES	0	NO	Active		
TMHP TEXAS MEDICAID & HEALTHCARE P.	ARTNERSHIP <b>RACTOR</b>			BusOpsProv/	Admin Start New Enrollment View Help
HCS Provi 1234567890   Individua	ider ai			Include Pending Cha	nges 👻 Edit Enrollment Record
Edit Enrollment					
REQUEST TYPE			PENDING CHANGE REQUEST NUMBER	REQUEST STATU	JS 🔶 REQUEST ACTION 👙
Revalidation					Create Request
Maintenance - Provider Inform	nation - Char	nge Email			Create Request

Navigate to the Practice Location Information Tab.

Click + Add Practice Location, and select Facility from the drop-down. Then click Add Practice.

1 TOTAL DEFICIENCIES		<							
NPI TAXONOMY INFORMATION	ø		Billing for services at these locations						
SERVICES PROVIDED	ø		LOCATION OR GROUP NAME	LOCATION		STATUS 👙	Previous REQUEST ACTION	Next	
PROVIDER INFORMATION	Ø		HCS/TxHmL Provider Facility	123 Street, Suite	1 Austin, TX 78750	ACTIONNEEDED	EDITED		
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0				+ Add Practice Location				
DISCLOSURES	0						Previous	Next	
ACCOUNTING/BILLING INFORMATION	ø								
OWNERSHIP/CONTROLLING INTEREST	ø					Need help Locations	with Practice Information		
PROGRAMS	0					View In	structions		
PRACTICE LOCATION INFORMATION	10								

LOCA	Add Practice		
Com Care	PLEASE SELECT THE	TYPE OF LOCATION*	•••
	Facility	~	
		Cancel Add Practice	
		Locations Information	

There are five tabs on the left that need to be completed. Start in the Basic Information tab.

- 1. Enter the Location Name, and indicate whether it is a Group Home or Host Home.
- 2. Enter the address of the additional Practice Location that you are adding. (*No special characters*)

#### 3. Click Verify Address.

**Note:** If you receive a message stating "Address could not be found or was invalid," check the box on the right that says "Continue with address entered."

BASIC INFORMATION			
	Basic Information		
PROGRAMS AND SERVICES PARTICIPATION			
DEMOGRAPHICS	Group Home - Riata Trace		
MANAGING EMPLOYEES	ADDRESS LINE 1 *	ADDRESS LINE 2	
MAILING/CONTACT ADDRESSES	12357 Riata Trace Pkwy	Enter Address Line2 - Suite/APT	
	CITY *	STATE *	
	Austin	TX - Texas	~
	ZIP CODE *	ZIP CODE +4	
	78727	7171	

#### Below this, enter the primary phone number of the business office, and then click Save.

PHONE NUMBER *	EXT.	FAX NUMBER
5125555555	Enter Extension	Enter Fax Number
EFFECTIVE DATE		END DATE
Ë		MM/DD/YYYY
END REASON		_
Enter End Reason		
actice Location Add	ress Record History	
actice Location Add	ress Record History	
actice Location Add	ress Record History Address No data ava	
actice Location Add	ress Record History Address No data ava	EFFECTIVE DATES ilable in table
actice Location Add	ress Record History Address No data ava	EFFECTIVE DATES
actice Location Add	ress Record History	EFFECTIVE DATES tilable in table epted file types are pdf, doc, docx, jpg or jpeg )
actice Location Add	ress Record History	EFFECTIVE DATES tilable in table epted file types are pdf, doc, docx, jpg or jpeg )
actice Location Add	ress Record History  AddRess No data ava  Click here to select files (Acco	EFFECTIVE DATES  illable in table  epted file types are pdf, doc, docx, jpg or jpeg )

You should see a blue check circle on the Basic Information tab, indicating that the tab is complete.



Next click on the **Programs and Services Participation** tab on the left. Then click the **+ Add Program and Service Participation** button to add the Program and Provider Type to your enrollment record.

1 TOTAL DEFICIENCIES	Programs and Services Participation —	D Pending Change Request Number: 20343456	>
ROGRAMS AND SERVICES PARTICIPATION O	PRIMARY TAXONOMY 👙 PROGRAM 👙	BENEFIT CODE         \$ STATUS         \$ EFFECTIVE DATES         \$ REQUEST ACTION         \$           No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available in table         \$ No data available         \$ No data availa	
DEMOGRAPHICS		+ Add Program and Service Participation	
MANAGING EMPLOYEES			
MAILING/CONTACT ADDRESSES	Surety Bond		

From the Select a Program drop-down, select **Long Term Care Services**. Select the appropriate Primary Taxonomy Code, which will then allow you to choose **Home and Community Based Services (HCS)/Texas Home Living (TxHmL)** from the drop-down.

For the Provider Specialty and Provider Subspecialty drop-downs, choose N/A.

<     Program and Service Participation Details     —	
Program Participation	
SELECT A PROGRAM.*	Ĵ
Cauricae Drevided	
Services Provided	
PRIMARY TAXONOMY*	PROVIDER TYPE *
320900000X	<ul> <li>Home and Community Based Services (HCS) /Texas Home Living (TxHmL)</li> </ul>
PROVIDER SPECIALTY*	PROVIDER SUBSPECIALTY*
N/A	N/A ~

Scroll down to the Demographics information. Select the most appropriate choices from the dropdowns.

**Note:** Currently the demographics information is not used for your program. If you are unsure, you can mirror the choices below.

Demographics		
PATIENT GENDER LIMITATIONS*	PATIENT AGE LIMITATIONS - START*	PATIENT AGE LIMITATIONS - END*
All		
Accepting New Patients		
	5	

Select your Tax Payer Identification Number (TIN) from the drop-down.

T	ax Payer Identification Number (TIN)		
	ax Payer Identification Number (TIN)*	~	~]
Ľ			_

Answer the Program Specific Questions. For HCS these questions can be answered **No**. If you have a Medicare certification number, check Yes, and enter this information.

**Note:** Medicare enrollment is not required to enroll as an LTC-HCS/TxHmL Provider.

Program Specific Questions		
Are you using a Medicare certification number for this location?* Are you using a Medicare certification number for this location? Is required.	⊖ Yes	No
Do you offer telehealth services?* Do you offer telehealth services is required.	⊖ Yes	No No
Do you offer telemedicine services?* Do you offer telemedicine services is required.	O Yes	No No
Do you provide hearing services for children?* Do you provide hearing services for children is required	⊖ Yes	No No
Are you an Urgent Care Center?* Urgent Care Center question is required.	⊖ Yes	No No

Click **Save** to complete this tab. A blue check circle should now appear on this tab.



Next navigate to the Demographics tab. Start by entering the **Counties Served** for the Practice Location that you are adding. If you are unsure of your county, select **Client Default**. If any Additional Languages are spoken by your organization, add those in the Additional Language box.

1 TOTAL DEFICIENCIES			
SIC INFORMATION			
OGRAMS AND SERVICES PARTICIPATION			
MOGRAPHICS			
NAGING EMPLOYEES			
AILING/CONTACT ADDRESSES			
<			
Demographics		Pending Cha	inge Request Number: 203434
—			
Service Information			
COUNTIES SERVED *	ADDITIONAL L	ANGUAGE	
	Spanich		
× ITAVIS	Spanisi		

Enter the hours of operation. Click **Save**. A blue check circle should now appear on this tab.

**Note:** This information is currently not used for LTC-HCS/TxHmL Providers. If you are unsure or your Group Home is 24 hours, you can mirror the choices below.

monuay^					
8:00 AM	<b>~</b> -	5:00 PM	✓ Closed	Apply To All	
Tuesday*					
8:00 AM	<b>*</b> -	5:00 PM	✓ Closed		
Wednesday*					
8:00 AM	<b>~</b>	5:00 PM	✓ Closed		
Thursday*					
8:00 AM	<b>~</b> -	5:00 PM	✓ Closed		
Friday*					
8:00 AM	<b>~</b> -	5:00 PM	✓ Closed		
Saturday*					
8:00 AM	<b>~</b> _	5:00 PM	✓ Closed		
Sunday*					
8:00 AM	<b>~</b> -	5:00 PM	✓ Closed		

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

1 TOTAL DEFICIENCIES	<	>
BASIC INFORMATION	Managing Employees Pending Change Request Number: 20343	56
PROGRAMS AND SERVICES PARTICIPATION 🥑	NAME	
DEMOGRAPHICS 🥏	No data available in table	
MANAGING EMPLOYEES	+ Add Managing Employee Association	
MAILING/CONTACT ADDRESSES		

Choose the Selected Employee from the drop-down. Select the Managing Employee Role, and enter the Start Date. This could be today's date.

<	>
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	

To complete the Mailing/Contact Addresses tab, an LTC-HCS/TxHmL provider needs a Contact Address and a Mailing Address as shown below. Both address types need to be listed for the request to be submitted.

1 TOTAL DEFICIENCIES	<					2	>
BASIC INFORMATION	Mailing/Contact Addresses			Pending C	hange Request Number: 2034	43456	
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 🍦 Street Address 1 🍦 Street Address 2 🍦	City 🍦	State 🝦	Zip Code/Postal Code	🗧 Address Type 🍦		
DEMOGRAPHICS 🥑	12357 Riata Trace Pkwy	Austin	Texas	78727	Contact Address		
MANAGING EMPLOYEES	12357 Riata Trace Pkwy	Austin	Texas	78727	Mailing ••		
MAILING/CONTACT ADDRESSES	+ Add Mail	ling/Conta	ct Addresse	s			

To begin adding both Address Types, click the **Mailing/Contact Addresses** tab. Start by clicking the **+ Add Mailing/Contact Addresses** button.

1 TOTAL DEFICIENCIES	<	>
BASIC INFORMATION	Mailing/Contact Addresses Pending Change Request Number: 20343456	
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 💠 Street Address 1 💠 Street Address 2 💠 City 💠 State 💠 Zip Code/Postal Code 💠 Address Type 💠	
DEMOGRAPHICS		
MANAGING EMPLOYEES	+ Add Mailing/Contact Addresses	
MAILING/CONTACT ADDRESSES	Need help with Mailing Contact	

Then select **Contact Address** from the drop-down. Add the primary address information. After completing all these fields, click **Verify Address**.

dd 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
сіту *	STATE *
Austin	TX - Texas 🗸
ZIP CODE *	ZIP CODE +4
78727	7171
Verify Address	

Below this, add the phone number of the Enrollment Contact. Then in the Contact Type drop-down, select **Enrollment Contact**, and enter the enrollment contact's **email address**, along with the **first** and **last name**. Click **Save** to complete the Contact Address.

5125555555	Phone Number Extension Fax Number
ntact Information	
NTACT ТУРЕ *	EMAIL ADDRESS *
Enrollment Contact	enrollmentcontact@gmail.com
ST NAME *	COMPANY/LAST NAME *
ohn	Smith

Remember for HCS/TxHmL providers, a Contact Address *and* a Mailing Address need to be added to each Practice Location.

Start by clicking the Mailing/Contact Addresses tab. Then click **+ Add Mailing/Contact Addresses** to add the Mailing Address.

1 TOTAL DEFICIENCIES	<
BASIC INFORMATION	Mailing/Contact Addresses Pending Change Request Number: 20343456
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 🗄 Street Address 1 🔅 Street Address 2 🔅 City 🔅 State 💠 Zip Code/Postal Code 💠 Address Type 🖨
DEMOGRAPHICS	12357 Riata Trace Pkwy Austin Texas 78727 Contact Address •••
MANAGING EMPLOYEES	+ Add Mailing/Contact Addresses
MAILING/CONTACT ADDRESSES	Need help with Mailing Contact

To add the Mailing Address, select **Mailing** from the Address Type drop-down. Then enter the address information. After completing these fields, click **Verify Address**.

Add Mailing/Contact Addresses	
Address Information	
ADDRESS TYPE *	LOCATION NAME
Mailing ~	Enter Practice Location's Name
ADDRESS LINE 1 *	ADDRESS LINE 2
12357 Riata Trace Pkwy	Enter Street Address 2
сіту *	STATE *
Austin	TX - Texas 🗸
ZIP CODE *	ZIP CODE +4
78727	7171
Verify Address	

Below this, add the phone number. Then in the Contact Type drop-down, make an appropriate selection. Enter an **email address**, along with a **first** and **last name**. Click **Save** to complete the Mailing Address.

512555555 Contact Information	Phone Number Extension	Fax Number
Contact Information		
CONTACT TYPE *	EMAIL ADDRES	ss * 🔸
Provider	~ youremai	l@gmail.com
FIRST NAME *	COMPANY/LAS	ST NAME *
Jane	Smith	

Once you have entered and saved both addresses, you should see two Address Types in the Mailing/Contact Addresses tab: one for the Contact Address and one for the Mailing Address.

1 TOTAL DEFICIENCIES	<				>
BASIC INFORMATION	Mailing/Contact Addresses		Pending C	hange Request Number: <b>2</b> 0	0343456
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 💠 Street Address 1 🛛 💠 Street Address 2 🔅	City 🝦 State	Zip Code/Postal Code	Address Type  🍦	
DEMOGRAPHICS	12357 Riata Trace Pkwy	Austin Texas	78727	Contact Address	
MANAGING EMPLOYEES	12357 Riata Trace Pkwy	Austin Texas	78727	Mailing	
MAILING/CONTACT ADDRESSES	+ Add Mail	ing/Contact Address	es		

On the top bar, click the blue **Back button** to return to the Practice Location Information tab.

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR		joshua.haley	View Help
HCS/TxHmL Provider Practice Location	Practice Locations Information 1234507890   Organization   You must complete this revailation request by the revailation due date. PEMS will reject this request if you try to submit it after the revailation due date. Need help with revailations free to our Ensitteent Revailation Guick Reference document.	Due in 0 Days Request: 20363656 Include Pending Changes	•

Repeat these steps to add any additional Host Homes or Group Homes to your Enrollment Record.

Practice Location	on Infor	mation			
Billing Practice Loc	cations				
Billing for services at th	ese locations	5			
LOCATION OR GROUP NAME	TYPE 👙	LOCATION	STATUS	REQUEST ACTION	
	Facility	12357 Riata Trace Pkwy, Austin, TX, 78727-7171	PENDINGCHANGE	ADDED	•••
HCS/TxHmL Provider	Facility	123 Street Road, Suite 1 Austin, TX 78750	ACTIONNEEDED	EDITED	•••
		+ Add Practice Location			

After you have successfully entered all Practice Locations, click the **Agreements** tab. After you have electronically signed the HHSC Agreement, submit the request for processing.

ACCOUNTING/BILLING INFORMATION	HHSC Enrollment Agreement						
OWNERSHIP/CONTROLLING INTEREST	NAME OF THE AUTHORIZED SIGNATORY		EMAIL ADDRESS		Signed	DATE SIGNED \$	
PROGRAMS	EFT AGREEMENT(s)						
PRACTICE LOCATION INFORMATION 1	EFT TAX ID NAME OF THE AUTHORIZED SIGNATO	RY	EMAIL ADDRESS		≜ STATUS	DATE SIGNED 👙	
APPLICATION FEE					Signed	10/26/2023	
ATTACHMENTS 🔮	By submitting this application for provider en	ollmer	nt or credentialing, as we	ell as the	information	provided in connecti	on with this
agreements	pplication, I acknowledge that I intend to become enrolled or credentialed as a provider in the Texas State Programs. I also agree o adhere to all applicable laws, administrative rules, policies, and guidelines, and I understand that under these authorities I ust adhere to standards of behaviour that, if not met, can result in administrative, civil and/or criminal sanctions.						
			Submit				

Navigate back to the Requests tab within the PEMS Dashboard, and confirm that the request is in a Response Received status.

TEXAS MEDICAID & HEALTHCA A STATE MEDICAID CO	RE PARTNERSHIP INTRACTOR							joshua.haley	View Help
REQUESTS									
Securests of P	ROVIDER MANAGEMENT	🗹 LETTERS 🗎	Reports			<b>+†</b> ‡ adva	NCED SEARCH	Q 20342376	
Texas Medicaid waived p federal COVID-19 Public i Revalidation Due Date fi	provider revalidations du Health Emergency will ei eld on the Provider Infol	rring the federal COVID-1 nd on November 11, 2023 rmation Page in the Enro	9 Public Health Emergency. 9. TMHP has sent an email t Illment Information section	: The last day of ti o affected provide 1.	he federal COVID-19 ers with a recalcula	Public Health Emergency was May ted revalidation due date. Provider	11, 2023. The provid s can also find their	er revalidation grace revalidation due dat	period for the tes in the
You must respond to an	d resolve all deficiencies	within 45 business days	s, and you must review and	update all practi	ce location addres	es on the Practice Location Inform	ation page.		
REQUEST TYPE 🕴 NPI /	API + REQUEST	PROVIDER NAME	÷ I	NPI TYPE 💠 🚺	ROUP	STATUS		RESPONSE DUE	
PEMS - 1234 Revalidation	567890 20342376	HCS/TxHmL Provid	der	Organization		Response Received			

# Completing a Practice Location That Is Already Tied to a Provider's Record

If additional Practice Locations are reflected in your record, complete them with an enrollment request.

To get started, open the NPI record by clicking the ellipses and selecting **View**.

TEXAS MEDICAIC HP A STATE MEI	N HEALTHCARE PARTNERSHIP DICAID CONTRACTOR		BusOpsProvAdmin	Start New Enrollment	/iew Hel
PROVII	DER MANAGEMEN	т			
	s <u>Q</u> <u>PROVIDER MANAGEMENT</u>	Letters		Q 1023389103	
Texas Medicaio revalidation gr	l waived provider revalidations duri ace period for the federal COVID-19	ng the federal COVID-19 Public Health Emergency. The last day Public Health Emergency will end on November 11, 2023. TMHF	γ of the federal COVID-19 Public Health Emergency ν P has sent an email to affected providers with a rec	vas May 11, 2023. The provid alculated revalidation due	er date
Providers can a	also find their revalidation due date	's in the Revalidation Due Date field on the Provider Informatic	ion Page in the Enrollment Information section.		ate.
Providers can a You must respo	also find their revalidation due date ond to and resolve all deficiencies w	s in the Revaldation Due Date field on the Provider information within 45 business days, and you must review and update all pr	ion Page in the Enrollment Information section. ractice location addresses on the Practice Location	Information page	•
Providers can a You must respo	also find their revalidation due date ond to and resolve all deficiencies w PROVIDER / ORGANIZATION NAME	s in the Revaildation Due Date field on the Provider Information vithin 45 business days, and you must review and update all provide the second structure of the second struc	ion Page in the Enrollment Information section. mactice location addresses on the Practice Location ED BY GROUP	Information page	•

To add a Practice Location, create an Enrollment request (Existing, Reenrollment, or Revalidation) using the Edit Enrollment Record button in the upper-right corner.

For this example, we will create a Revalidation request.

HCS Prov 1234567890   Individu	r <b>ider</b>			Include Pending (	Changes 🗸 Edit Enrollment Record
NPI TAXONOMY INFORMATION	0	<			
SERVICES PROVIDED	0	NPI Taxonomy —			Refress information ()
PROVIDER INFORMATION	0	NAME HCS Provider	GENDER Female	ELIGIBLE TEXAS MEDICAID TAXONOMIES	INELIGIBLE TEXAS MEDICAID TAXONOMIES
LICENSES/CERTIFICATIONS/ ACCREDITATIONS	0	NPI NUMBER 1234567890 SOLE PROPRIETOR	NPI TYPE Individual STATUS	363L00000X	
DISCLOSURES	0	NU	Active		

TEXAS MEDICAID & HEARTHCARE PARTNERSHIP TMHP A STATE MEDICAID CONTRACTOR		BusOpsProvAdmin	Start New Enrollment View Help
HCS Provider		Include Pending Changes 🗸	Edit Enrollment Record
Edit Enrollment			
REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	♣ REQUEST STATUS	REQUEST ACTION
Revalidation			Create Request
Maintenance - Provider Information - Change Email			Create Request

Navigate to the Practice Location Information tab. Here we see four Practice Locations that need to be completed. To complete the information needed for a Practice Location, click the ellipses for that Practice Location, and select **Open**.

NPI TAXONOMY INFORMATION	0	Practice Location Information				
SERVICES PROVIDED	0	Billing Practice Locations				
PROVIDER INFORMATION		LOCATION OR GROUP NAME			STATUS	A.V.
LICENSES/CERTIFICATIONS/		Group Home - Elm Street	Facility	1023 Elm St, Dallas, TX, 75202- 3103	ADDED	
ACCREDITATIONS		Host Home - Smith Street	Facility	123 Smith Street, San Antonio, TX 78237-1111	ACTIC Open 👁	-
DISCLOSURES		Host Home - Oak Street	Facility	12345 Oak Street, Houston, TX 72334-9999	ACTIC	_
ACCOUNTING/BILLING INFORMATION		Group Home - Maple Road	Facility	9876 Maple Road Austin, TX 78727-7654	ACTIONNEEDED	•••
OWNERSHIP/CONTROLLING INTEREST			+ Add Pra	actice Location		
PROGRAMS						
PRACTICE LOCATION INFORMATION	0			,	Need help with <b>Practice Locat</b> Information	ions
APPLICATION FEE					View Instructions	
ATTACHMENTS	0					

Start in the Basic Information tab. Confirm that the address listed is correct. If this address needs to be updated, click the checkbox for "Click to change address." After updating the address, click **Verify Address**. Then enter the phone number, and click **Save**.

0 TOTAL DEFICIENCIES		<				
BASIC INFORMATION	0	Basic Information				Pending Change Request Number: 20367649
PROGRAMS AND SERVICES PARTICIPATION		LOCATION NAME				
DEMOGRAPHICS		Group Home - Elm Stre	et			
MANAGING EMPLOYEES		ADDRESS LINE 1 *			ADDRESS LINE 2	
MAILING/CONTACT ADDRESSES		1023 Elm St			Enter Address Line2 - Suite/APT	
		CITY *			STATE *	
		Dallas			TX - Texas	~
		ZIP CODE *			ZIP CODE +4	
		75202			3103	
		Address has been verifier	đ		Click to change address	
PHONE NUMBER *			EXT.	FAX NUMBER		
555555555			Enter Extension	Enter Fax Nur	nber	

Save

Next navigate to the Programs and Services Participation tab. You will already see the Long Term Care Services Program reflected here for HCS. To complete the Program Details, click the ellipses, and select **Open**.

ine up
20367649
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21

## **Disenrolling a Practice Location**

When completing information for Practice Locations tied to your NPI record, you can disenroll a practice location if you are no longer providing services at that location.

To disenroll a Practice Location, answer "Yes" to the question "Do you wish to end your participation?" Then select from the drop-down on the right for the Change/End Reason.

SELECT A PROGRAM.*	
Long Term Care Services	
DO YOU WISH TO END YOUR PARTICIPATION?	CHANGE/END REASON
Ves No	Select One 🗸
	Select One
	Performing provider leaving group
RETROACTIVE CLAIM DATE	Location closed, Out of Business or I sold my practice
	Retired
Ë	Deceased
	Untimely payments
	Administrative Difficulties
Status Codos	Other Explanation

**Note:** If you are disenrolling a Practice Location, PEMS requires that all five tabs within that Practice Location be completed. To continue verifying a Practice Location that is actively enrolled, ignore this step.

Within the Program and Service Participation Details tab, confirm that all the fields with red asterisks are filled out correctly. Once you have confirmed or updated this information, click **Save**.

Demographics					
PATIENT GENDER LIMITATIONS*		PATIENT AGE LIMITATIONS - START*		PATIENT AGE LIMITATIONS - END*	
All	~	0	~	105	~
ACCEPTING PATIENTS*					
Accepting New Patients	~				

Program Specific Questions	
Are you using a Medicare certification number for this location?*	Ves 💿 No
Do you offer telehealth services?*	Yes No
Do you offer telemedicine services?*	Yes No
Do you provide hearing services for children?*	Ves 💿 No
Are you an Urgent Care Center?*	Ves No



Next navigate to the Demographics tab. Confirm or update the Counties Served and the Office Hours. You can also indicate within this tab whether any additional languages are spoken. Once all the required fields are completed, click **Save**.

DEMOGRAPHICS	•	COUNTIES SERVED *		ADDITIONAL LANGUAGE	
MANAGING EMPLOYEES	0	× Dallas		Select Language	
MAILING/CONTACT ADDRESSES		Office Hours			
		Monday* 8:00 AM	Closed	Apply To All	
		Tuesday*           8:00 AM          5:00 PM	Closed		
		Wednesday*         8:00 AM         -         5:00 PM         ~	Closed		
		Thursday*         8:00 AM          5:00 PM            Toldame	Closed		
		8:00 AM         -         5:00 PM         -	Closed		
		sturday* 8:00 AM ✓ . 5:00 PM ✓	Closed		
		sunosy* 8:00 AM ✓ . 5:00 PM ✓	Closed		
			Sat	ve	

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

1 TOTAL DEFICIENCIES	< >>	
BASIC INFORMATION	Managing Employees Pending Change Request Number: 20343456	
PROGRAMS AND SERVICES PARTICIPATION 🥑	NAME 🔅 ROLE 👙 SOCIAL SECURITY NUMBER 👙 START DATE AT THIS LOCATION 👙	
DEMOGRAPHICS	No data available in table	
MANAGING EMPLOYEES	+ Add Managing Employee Association	
MAILING/CONTACT ADDRESSES	Need held with Manadag	

From the drop-down, select the Selected Employee. Select the Managing Employee Role, and enter the Start Date. This could be today's date.

SELECTED EMPLOYEE*	MANAGING EMPLOYEE ROLE *	START DATE AT THIS LOCATION *       •     •       •     •       •     •       •     •       •     •	END DATE AT THIS LOCATION
5125555555	EXT. Phone Number	Extension	Fax Number
CONTACT TYPE *	n	EMAIL ADDRESS *	_
Provider		✓ youremail@gmail.com	1
FIRST NAME *		COMPANY/LAST NAME *	
Jane		Smith	

Once you have entered and saved both addresses, you should see two Address Types in the Mailing/Contact Addresses tab: one for the Contact Address and one for the Mailing Address.

1 TOTAL DEFICIENCIES	<				>
BASIC INFORMATION	Mailing/Contact Addresses		Pending Cl	hange Request Number: 203434	456
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 🝦 Street Address 1 🍦 Street Address 2 🍦	City 🍦 State	e 🍦 Zip Code/Postal Code	🕴 Address Type 🍦	٦
DEMOGRAPHICS	12357 Riata Trace Pkwy	Austin Texa	as 78727	Contact Address 🛛 🚥	
MANAGING EMPLOYEES	12357 Riata Trace Pkwy	Austin Texa	as 78727	Mailing •••	
MAILING/CONTACT ADDRESSES	+ Add Mai	Address 2 City State Zip Code/Postal Code Austin Texas 78727 Austin Texas 78727			

To begin adding or confirming information for both Address Types, click the **Mailing/Contact Addresses** tab. Start by clicking the **+ Add Mailing/Contact Addresses** button.

1 TOTAL DEFICIENCIES	< >>
BASIC INFORMATION	Mailing/Contact Addresses Pending Change Request Number: 20343456
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 🔅 Street Address 1 🔅 Street Address 2 🔅 City 🔅 State 👙 Zip Code/Postal Code 🔅 Address Type 🔅
DEMOGRAPHICS	NO data available ili table
MANAGING EMPLOYEES	+ Add Mailing/Contact Addresses
MAILING/CONTACT ADDRESSES	Need help with Mailing Contact

Then select **Contact Address** from the drop-down. Add the primary address information. After completing all these fields, click **Verify Address**.

ldress Information		
DDRESS TYPE *	LOCATION NAME	
Contact Address	← Enter Practice Location's Name	
DDRESS LINE 1 *	ADDRESS LINE 2	
12357 Riata Trace Pkwy	Enter Street Address 2	
ITY <b>*</b>	STATE *	
Austin	TX - Texas	
IP CODE *	ZIP CODE +4	
78727	7171	

Below this, add the phone number of the Enrollment Contact. Then in the Contact Type drop-down, select **Enrollment Contact**, and enter the enrollment contact's **email address**, along with the **first** and **last name**. Click **Save** to complete the Contact Address.

PHONE NUMBER *	EXT.		FAX NUMBER
5125555555	Phone Number Ext	tension	Fax Number
Contact Information			
CONTACT TYPE *		EMAIL ADDRESS *	
Enrollment Contact		~ enrollmentcontact@	@gmail.com
FIRST NAME *		COMPANY/LAST NAME *	<
John		Smith	
		Save	
		Save	

Remember for HCS/TxHmL providers, a Contact Address *and* Mailing Address need to be added to each Practice Location.

Start by clicking the **Mailing/Contact Addresses tab.** Then click **+ Add Mailing/Contact Addresses** to add the Mailing Address.

1 TOTAL DEFICIENCIES	< · · · · · · · · · · · · · · · · · · ·
BASIC INFORMATION	Mailing/Contact Addresses Pending Change Request Number: 20343456
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 💠 Street Address 1 🔅 Street Address 2 🔅 City 💠 State 💠 Zip Code/Postal Code 🔶 Address Type 🍦
DEMOGRAPHICS	12357 Riata Trace Pkwy Austin Texas 78727 Contact Address •••
MANAGING EMPLOYEES	+ Add Mailing/Contact Addresses
MAILING/CONTACT ADDRESSES	Need belo with <b>Mailing Contact</b>

To add the Mailing Address, select **Mailing** from the Address Type drop-down. Then enter the address information. After completing these fields, click **Verify Address**.

ld Mailing/Contact Addresses -	
ddress Information	
ADDRESS TYPE *	LOCATION NAME
Mailing	← 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

Add the phone number. Then in the Contact Type drop-down, make an appropriate selection. Enter an **email address**, along with a **first** and **last name**. Click **Save** to complete the Mailing Address.

PHONE NUMBER *	EXT.		FAX NUMBER
5125555555	Phone Number Exter	nsion	Fax Number
ontact Informatio	on		
солтаст туре *	-	EMAIL ADDRESS *	
Provider	~	youremail@gmail.co	om
FIRST NAME *		COMPANY/LAST NAME *	<b></b>
		Smith	

Once you have entered and saved both addresses, you should see two Address Types in the Mailing/Contact Addresses tab: one for the Contact Address and one for the Mailing Address.

1 TOTAL DEFICIENCIES	<	>
BASIC INFORMATION	Mailing/Contact Addresses Pending Change Request Number: 20343456	
PROGRAMS AND SERVICES PARTICIPATION 🥑	Location Name 💠 Street Address 1 🔅 Street Address 2 🔅 City 🔅 State 🔅 Zip Code/Postal Code Address Type 🔅	1
DEMOGRAPHICS 🥑	12357 Riata Trace Pkwy Austin Texas 78727 Contact Address •••	L
MANAGING EMPLOYEES	12357 Riata Trace Pkwy Austin Texas 78727 Mailing ••••	
MAILING/CONTACT ADDRESSES	+ Add Mailing/Contact Addresses	

On the top bar, click the blue **Back button** to return to the Practice Location Information tab.

THEP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR			joshua.haley	View Help
HCS/TxHmL Provider Practice Location	←	Practice Locations Information 123456780   Organization   You must complete this revalidation request by the revalidation due date. PEMS will reject this request if you by to submit It after the revalidation due date. Reved help with revalidation Refer to our tracilment Revalidation Cuick Reference document.	Due in o Days Prequest: 203(3456 Include Pending Changes	v

Repeat these steps to add any additional Host Homes or Group Homes locations that you need to verify.

After you have successfully verified all Practice Locations, click the **Agreements** tab. After you have electronically signed the HHSC Agreement, submit the request for processing.

ACCOUNTING/BILLING INFORMATION	0	HHSC Enrollment Agreement								
OWNERSHIP/CONTROLLING INTEREST	0	NAME OF THE AUTHORIZED SIGNATORY								
PROGRAMS	0	EFT AGREEMENT(s)								
PRACTICE LOCATION INFORMATION	1	EFT TAX ID NAME OF THE AUTHORIZED SIGNATORY © EMAIL ADDRESS © STATUS © DATE SIGNED ©								
APPLICATION FEE	0	Signed 10/26/2023 •••								
ATTACHMENTS	0	By submitting this application for provider enrollment or credentialing, as well as the information provided in connection with this								
AGREEMENTS	0	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								

Navigate back to the Requests tab within the PEMS Dashboard, and confirm that the request is in a Response Received status.

TEXAS MEDICAID & HEALTHCARE PARTN IP A STATE MEDICAID CONTRA	ERSHIP CTOR						joshua.haley	View Help
REQUESTS								
	ER MANAGEMENT	🗹 LETTERS 🔒	Reports		ť	t‡ ADVANCED SEARCH	Q 20342376	
Texas Medicaid waived provide federal COVID-19 Public Health Revalidation Due Date field on	r revalidations durin Emergency will end o the Provider Informa	g the federal COVID- on November 11, 202. ation Page in the Enro	19 Public Health Emergency. 3. TMHP has sent an email to ollment Information section.	The last day of the federa affected providers with a	l COVID-19 Public Health Emergency recalculated revalidation due date.	was May 11, 2023. The provid Providers can also find thei	ler revalidation grace r revalidation due da	period for to tes in the
You must respond to and reso	lve all deficiencies wi	ithin 45 business day	rs, and you must review and u	Ipdate all practice locatic	n addresses on the Practice Location	n Information page.		
REQUEST TYPE 👙 NPI /API	REQUEST	PROVIDER NAME	$rac{1}{2}$ N	PI TYPE 💠 INITIATED B GROUP	Y ≜ STATUS		RESPONSE DUE	
PEMS - 1234567890	0 20342376	HCS/TxHmL Provi	ider 0	rganization				