



# MAINTAINING OR ADDING PRACTICE LOCATIONS

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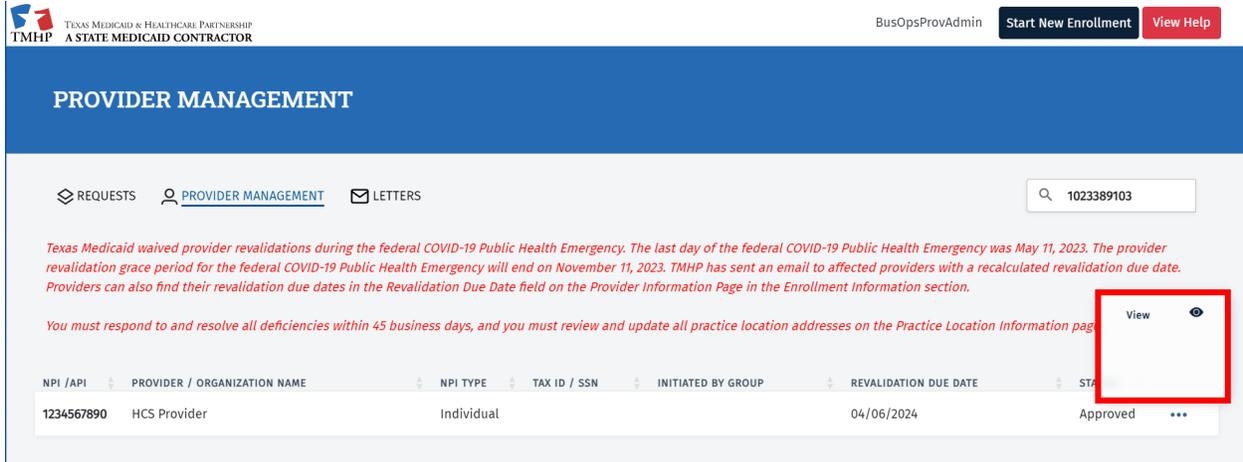
**A JOB AID FOR HOME AND COMMUNITY-BASED  
SERVICES (HCS) / TEXAS HOME LIVING (TXHML)  
PROVIDERS**



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

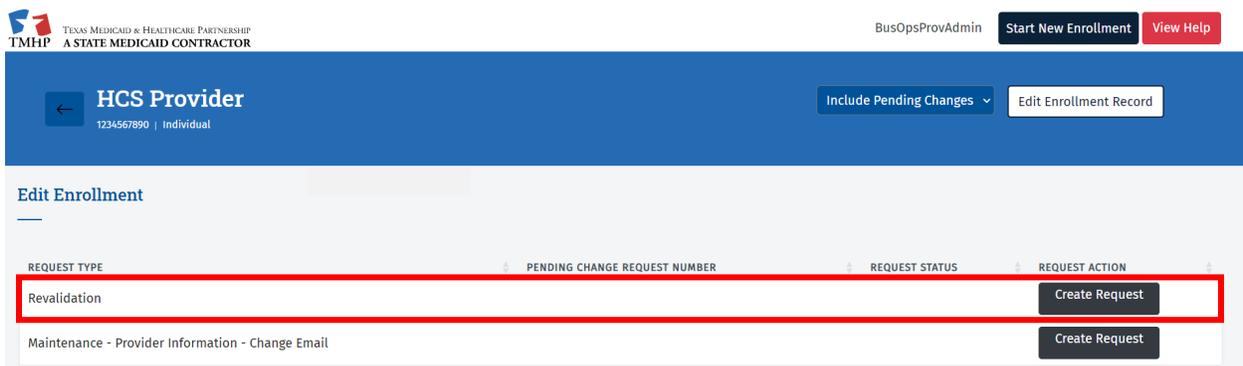
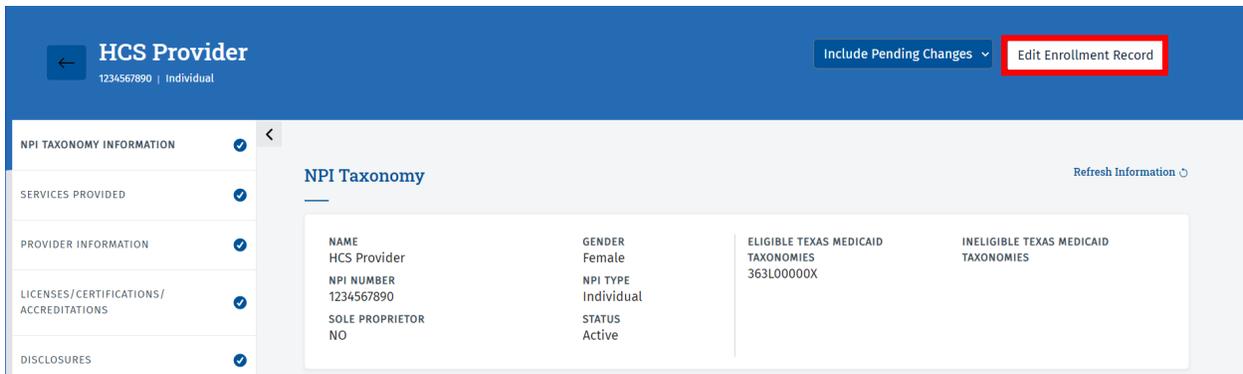
# Adding a New Practice Location

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



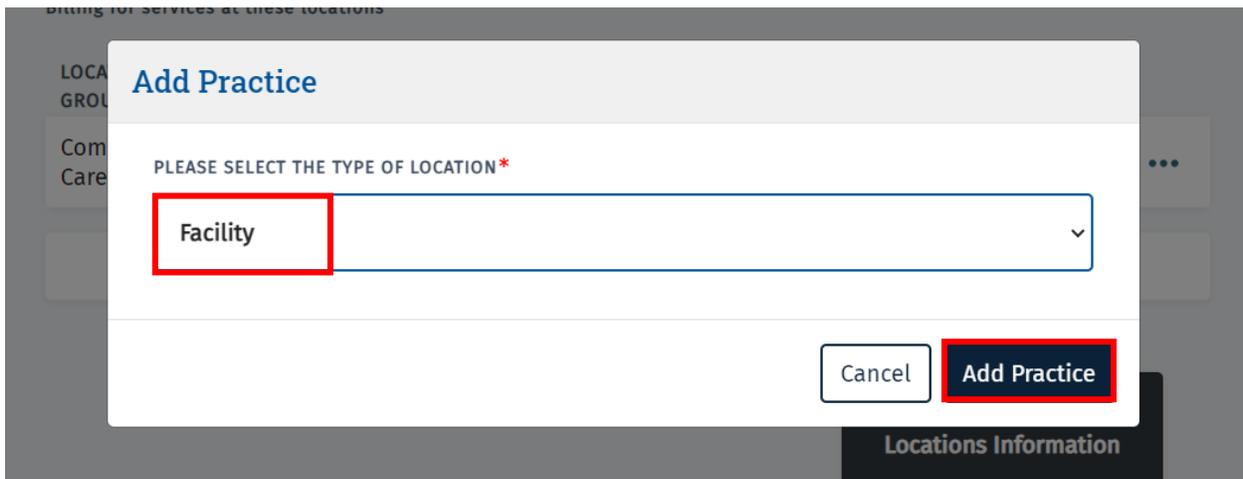
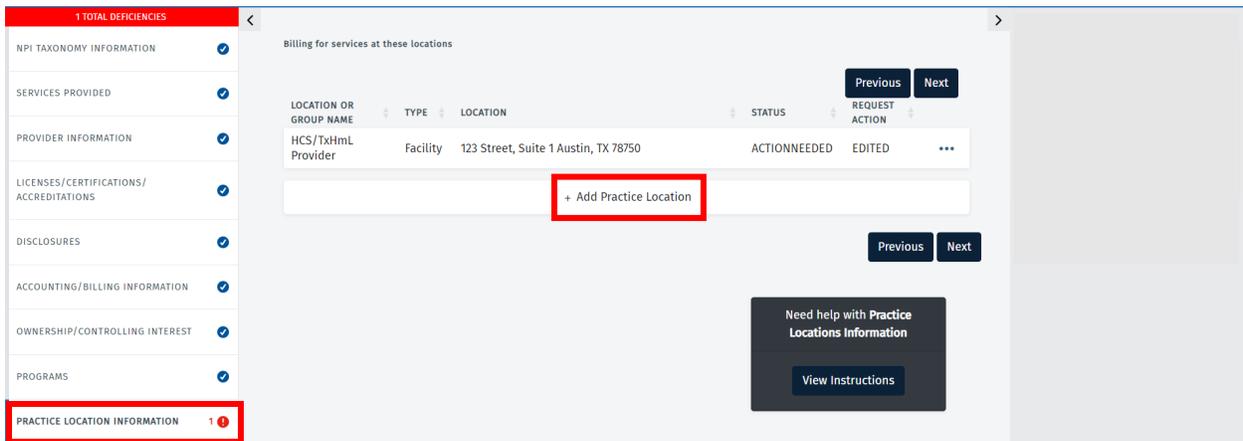
To add a Practice Location, create an Enrollment request (Existing, Reenrollment, or Revalidation) using the Edit Enrollment Record button in the upper-right corner.

For this example, we will create a Revalidation request.



Navigate to the Practice Location Information Tab.

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



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."*

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

 MM/DD/YYYY

END REASON

Enter End Reason

### Practice Location Address Record History

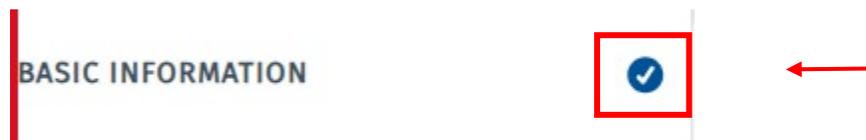
LOCATION NAME	ADDRESS	EFFECTIVE DATES
No data available in table		

ATTACHMENTS

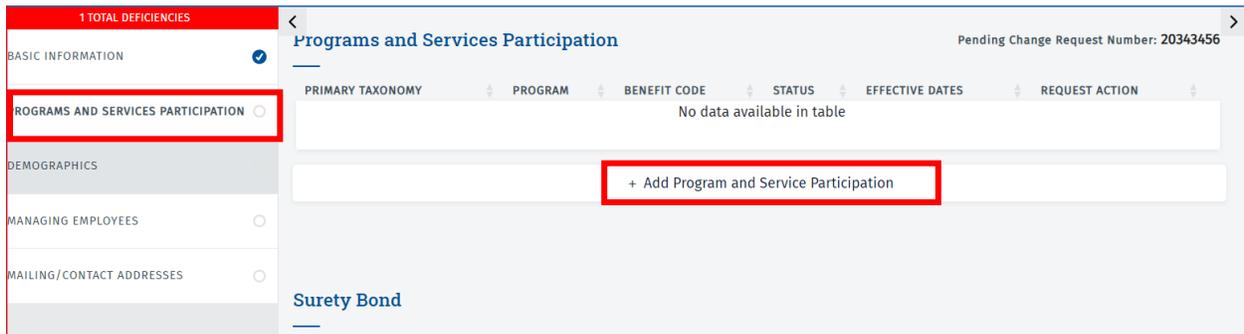
 Click here to select files ( Accepted file types are pdf, doc, docx, jpg or jpeg )

**Save**

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

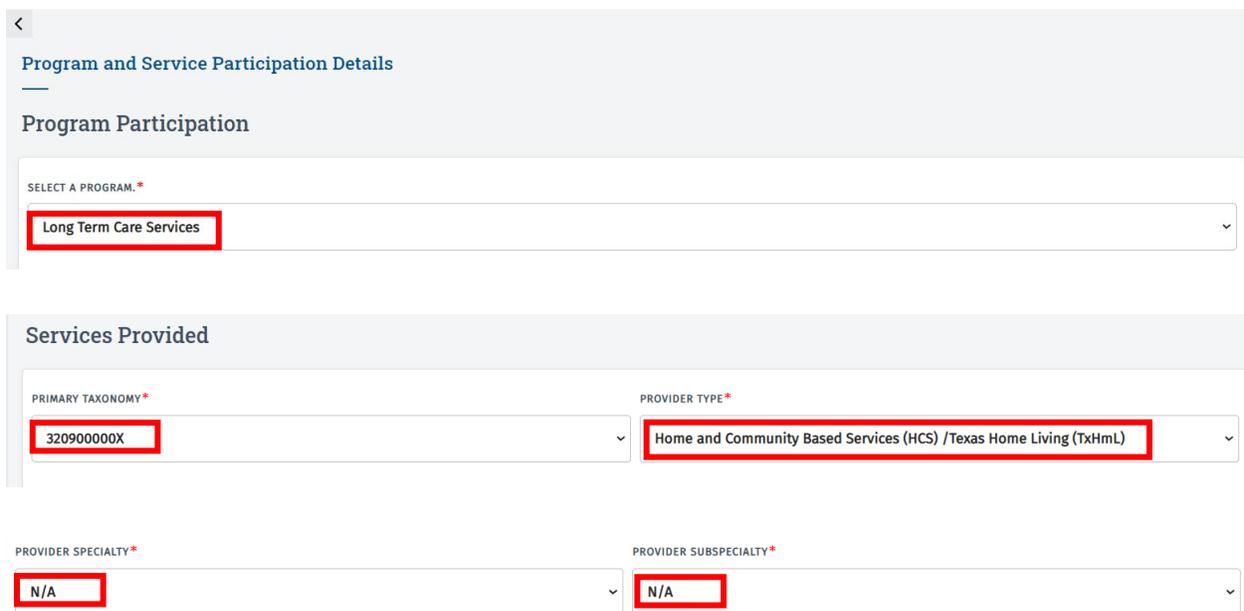


Next click on the **Programs and Services Participation** tab on the left. Then click the **+ Add Program and Service Participation** button to add the Program and Provider Type to your enrollment record.



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**.



Scroll down to the Demographics information. Select the most appropriate choices from the drop-downs.

**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\*

All
←
▼

PATIENT AGE LIMITATIONS - START\*

0
←
▼

PATIENT AGE LIMITATIONS - END\*

105
←
▼

ACCEPTING PATIENTS\*

Accepting New Patients
←
▼

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

### Tax Payer Identification Number (TIN)

Tax Payer Identification Number (TIN)\* ←

IRVING, 75062 ▼

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

Do you offer telemedicine services?\*

Do you offer telemedicine services is required.

Yes
 No

Do you provide hearing services for children?\*

Do you provide hearing services for children is required

Yes
 No

Are you an Urgent Care Center?\*

Urgent Care Center question is required.

Yes
 No

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

Save

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.

A sidebar menu with a red header '1 TOTAL DEFICIENCIES'. The menu items are: BASIC INFORMATION (checked), PROGRAMS AND SERVICES PARTICIPATION (checked), **DEMOGRAPHICS** (highlighted with a red box), MANAGING EMPLOYEES, and MAILING/CONTACT ADDRESSES.

The 'Demographics' tab interface. It shows a 'Service Information' section with two input fields: 'COUNTIES SERVED \*' containing 'Travis' and 'ADDITIONAL LANGUAGE' containing 'Spanish'. Both fields are highlighted with red boxes. A 'Pending Change Request Number: 20343456' is displayed in the top right.

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.

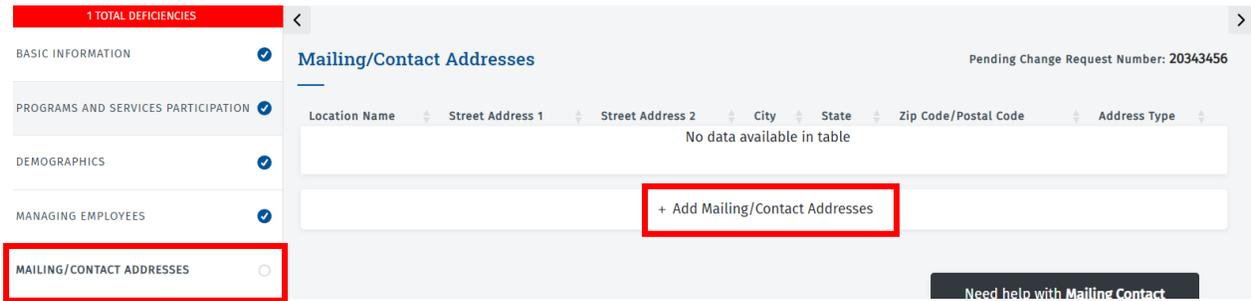
The 'Office Hours' configuration screen. It lists days from Monday to Sunday. Each day has two dropdown menus for start and end times (both set to 8:00 AM and 5:00 PM) and a 'Closed' checkbox. An 'Apply To All' link is present. A 'Save' button is highlighted with a red box at the bottom.

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

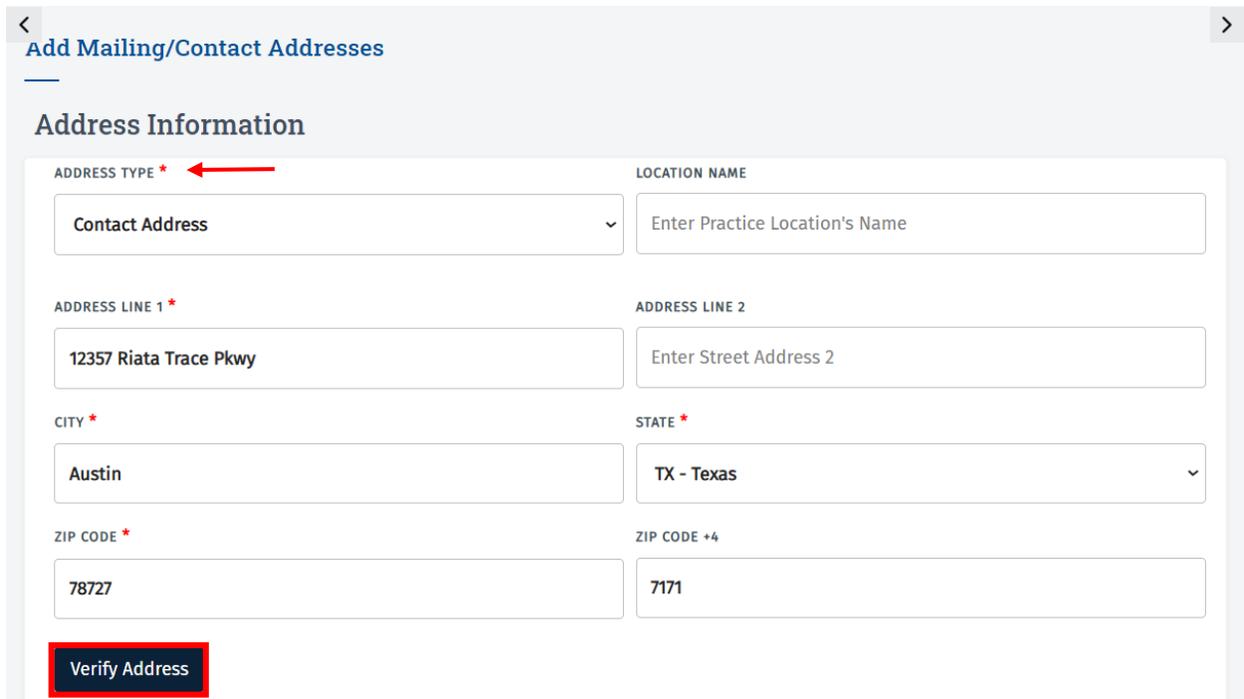
Choose the Selected Employee from the drop-down. Select the Managing Employee Role, and enter the Start Date. This could be today's date.

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.

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



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

The screenshot shows a form with the following fields and values:

- PHONE NUMBER \*: 5125555555
- EXT.: Phone Number Extension
- FAX NUMBER: Fax Number
- CONTACT TYPE \*: Enrollment Contact
- EMAIL ADDRESS \*: enrollmentcontact@gmail.com
- FIRST NAME \*: John
- COMPANY/LAST NAME \*: Smith
- Save button (highlighted with a red box)

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.

The screenshot shows the 'Mailing/Contact Addresses' tab selected in a sidebar. The main content area displays a table with one address entry:

Location Name	Street Address 1	Street Address 2	City	State	Zip Code/Postal Code	Address Type
	12357 Riata Trace Pkwy		Austin	Texas	78727	Contact Address

Below the table is a button labeled '+ Add Mailing/Contact Addresses' (highlighted with a red box). A 'Need help with Mailing/Contact' link is visible at the bottom right.

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
>

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### Address Information

ADDRESS TYPE \* ←

Mailing

ADDRESS LINE 1 \*

12357 Riata Trace Pkwy

CITY \*

Austin

ZIP CODE \*

78727

LOCATION NAME

Enter Practice Location's Name

ADDRESS LINE 2

Enter Street Address 2

STATE \*

TX - Texas

ZIP CODE +4

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.

PHONE NUMBER \* ←

5125555555

EXT.

Phone Number Extension

FAX NUMBER

Fax Number

### Contact Information

CONTACT TYPE \* ←

Provider

FIRST NAME \* ←

Jane

EMAIL ADDRESS \* ←

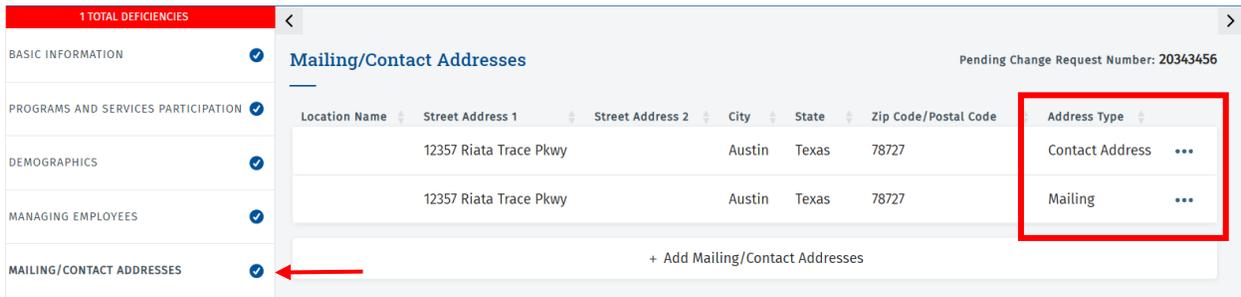
youremail@gmail.com

COMPANY/LAST NAME \* ←

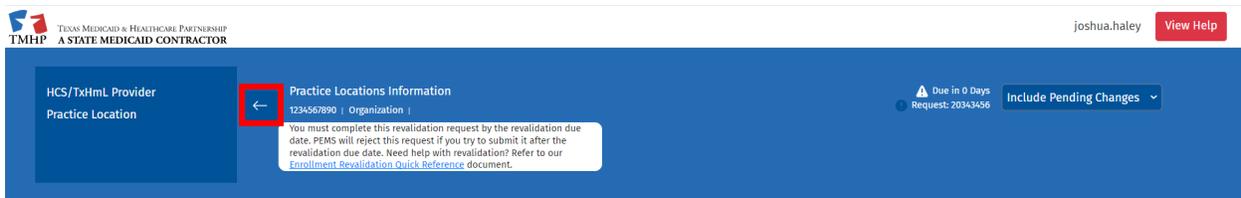
Smith

Save

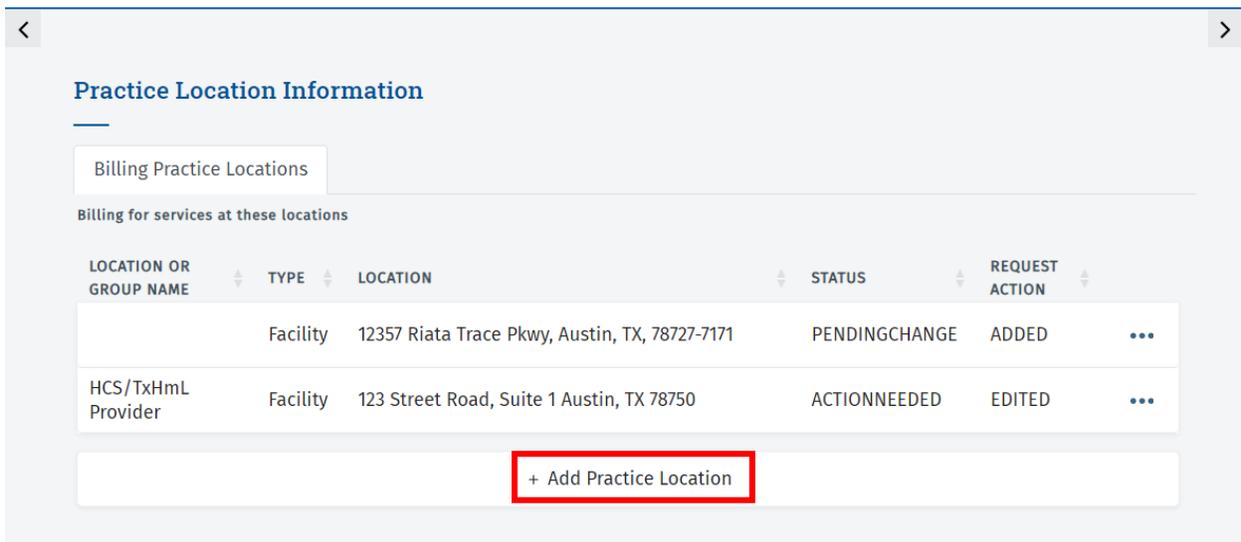
Once you have entered and saved both addresses, you should see two Address Types in the Mailing/Contact Addresses tab: one for the Contact Address and one for the Mailing Address.



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



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



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.

**HHSC Enrollment Agreement**

NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
		Signed	10/20/2023

**EFT AGREEMENT(s)**

EFT TAX ID	NAME OF THE AUTHORIZED SIGNATORY	EMAIL ADDRESS	STATUS	DATE SIGNED
			Signed	10/26/2023

By submitting this application for provider enrollment or credentialing, as well as the information provided in 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**

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

**REQUESTS**

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
TMHP A STATE MEDICAID CONTRACTOR

joshua.haley **View Help**

REQUESTS PROVIDER MANAGEMENT LETTERS Reports

ADVANCED SEARCH 20342376

*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.*

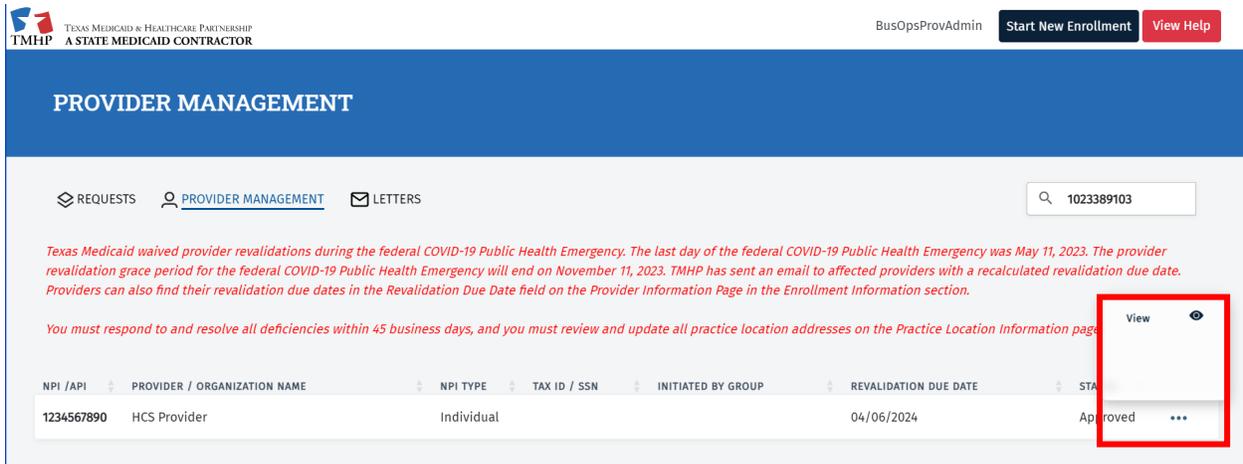
*You must respond to and resolve all deficiencies within 45 business days, and you must review and update all practice location addresses on the Practice Location Information page.*

REQUEST TYPE	NPI / API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PEMS - Revalidation	1234567890	20342376	HCS/TxHmL Provider	Organization		Response Received	

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

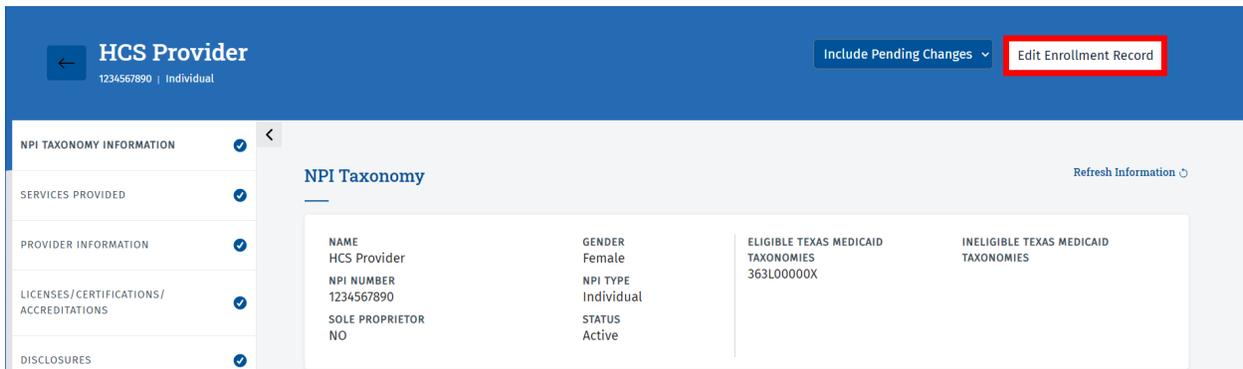
If additional Practice Locations are reflected in your record, complete them with an enrollment request.

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



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.



TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR
 BusOpsProvAdmin [Start New Enrollment](#) [View Help](#)

**HCS Provider** 1234567890 | Individual
 
[Include Pending Changes](#) [Edit Enrollment Record](#)

**Edit Enrollment**

REQUEST TYPE	PENDING CHANGE REQUEST NUMBER	REQUEST STATUS	REQUEST ACTION
Revalidation			<a href="#">Create Request</a>
Maintenance - Provider Information - Change Email			<a href="#">Create Request</a>

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**.

**Practice Location Information**

Billing Practice Locations

LOCATION OR GROUP NAME	TYPE	LOCATION	STATUS	REQUEST ACTION
Group Home - Elm Street	Facility	1023 Elm St, Dallas, TX, 75202-3103		ADDED ...
Host Home - Smith Street	Facility	123 Smith Street, San Antonio, TX 78237-1111	ACTIONNEEDED	Open ...
Host Home - Oak Street	Facility	12345 Oak Street, Houston, TX 72334-9999	ACTIONNEEDED	...
Group Home - Maple Road	Facility	9876 Maple Road Austin, TX 78727-7654	ACTIONNEEDED	...

+ Add Practice Location

Need help with Practice Locations Information [View Instructions](#)

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** Basic Information Pending Change Request Number: 20367649

PROGRAMS AND SERVICES PARTICIPATION

DEMOGRAPHICS

MANAGING EMPLOYEES

MAILING/CONTACT ADDRESSES

LOCATION NAME  
Group Home - Elm Street

ADDRESS LINE 1 \*  
1023 Elm St

ADDRESS LINE 2  
Enter Address Line2 - Suite/APT

CITY \*  
Dallas

STATE \*  
TX - Texas

ZIP CODE \*  
75202

ZIP CODE \*4  
3103

Address has been verified

Click to change address

PHONE NUMBER \*  
5555555555

EXT.  
Enter Extension

FAX NUMBER  
Enter Fax Number

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**.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

BusOpsProvAdmin **Start New Enrollment** **View Help**

### Group Home - Elm Street

Practice Locations Information  
1234567890 | Individual |

**Due in 0 Days**  
Request: 20367649

**Include Pending Changes** **Save Draft**

**0 TOTAL DEFICIENCIES**

#### Programs and Services Participation

Pending Change Request Number: 20367649

PRIMARY TAXONOMY	PROGRAM	BENEFIT CODE	STATUS	EFFECTIVE DATES	REQUEST ACTION
363L00000X	Long Term Care Services		ENROLLED	01/01/2012 - Present	ADDED

+ Add Program and Service Participation

**Surety Bond**

Demographics, Managing Employees, Mailing/Contact Addresses

**Open**

## 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?

Yes  No

CHANGE/END REASON

Select One

- Select One
- Performing provider leaving group
- No longer employed at location
- Location closed, Out of Business or I sold my practice
- Retired
- Deceased
- Untimely payments
- Inadequate payment
- Administrative Difficulties
- Other Explanation

RETROACTIVE CLAIM DATE



Status Codes

**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\*

ACCEPTING PATIENTS\*

### Program Specific Questions

Are you using a Medicare certification number for this location?*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you offer telehealth services?*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you offer telemedicine services?*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you provide hearing services for children?*	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Are you an Urgent Care Center?*	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Save

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

MANAGING EMPLOYEES

MAILING/CONTACT ADDRESSES

COUNTIES SERVED \*

Dallas

ADDITIONAL LANGUAGE

Select Language

Office Hours

Monday\*

8:00 AM - 5:00 PM  Closed

Tuesday\*

8:00 AM - 5:00 PM  Closed

Wednesday\*

8:00 AM - 5:00 PM  Closed

Thursday\*

8:00 AM - 5:00 PM  Closed

Friday\*

8:00 AM - 5:00 PM  Closed

Saturday\*

8:00 AM - 5:00 PM  Closed

Sunday\*

8:00 AM - 5:00 PM  Closed

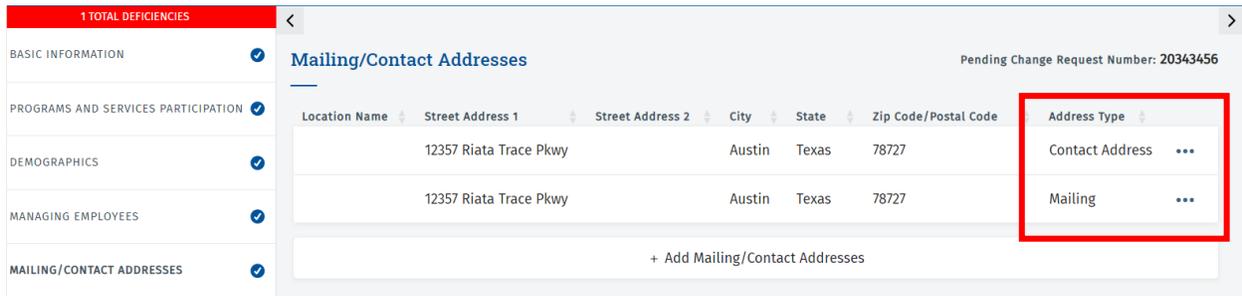
Apply To All

Save

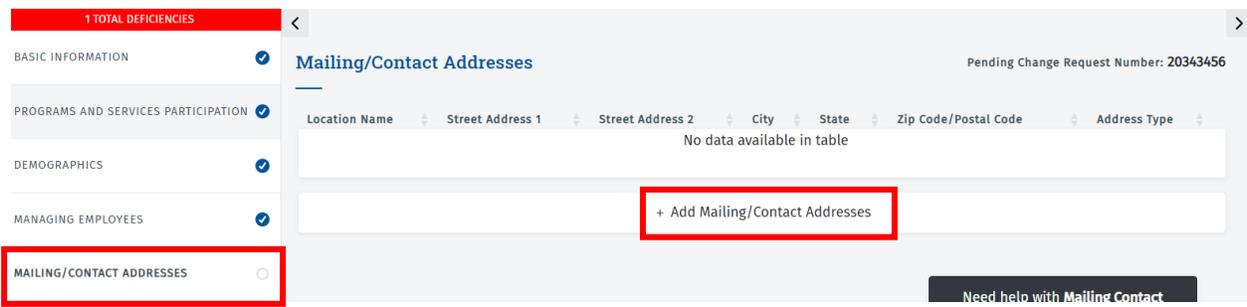
Navigate to the Managing Employees tab. Click the **+ Add Managing Employee Association** button.

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

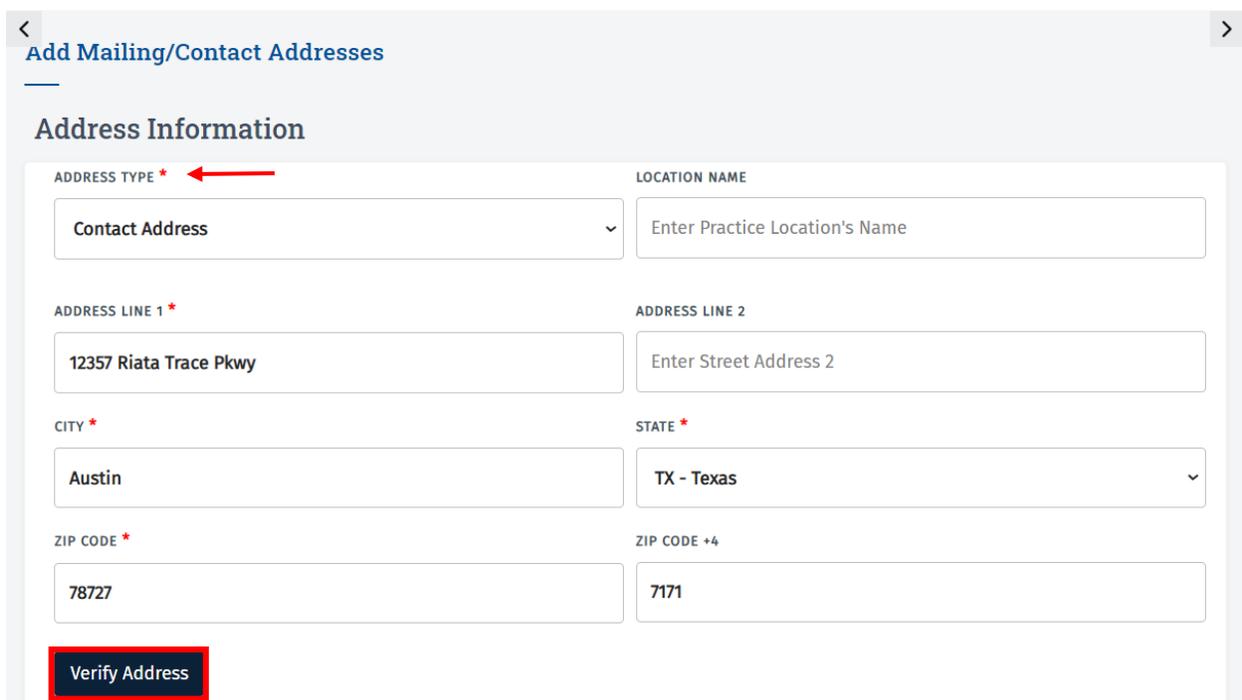
Once you have entered and saved both addresses, you should see two Address Types in the Mailing/Contact Addresses tab: one for the Contact Address and one for the Mailing Address.



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.



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

The screenshot shows a form with the following fields and values:

- PHONE NUMBER \*: 5125555555
- EXT.: Phone Number Extension
- FAX NUMBER: Fax Number
- CONTACT TYPE \*: Enrollment Contact
- EMAIL ADDRESS \*: enrollmentcontact@gmail.com
- FIRST NAME \*: John
- COMPANY/LAST NAME \*: Smith
- Save button (highlighted in red)

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.

The screenshot shows a software interface with the following elements:

- 1 TOTAL DEFICIENCIES (red bar)
- Sidebar with tabs: BASIC INFORMATION, PROGRAMS AND SERVICES PARTICIPATION, DEMOGRAPHICS, MANAGING EMPLOYEES, and MAILING/CONTACT ADDRESSES (highlighted in red).
- Main content area: Mailing/Contact Addresses (Pending Change Request Number: 20343456)
- Table with columns: Location Name, Street Address 1, Street Address 2, City, State, Zip Code/Postal Code, Address Type. Row 1: 12357 Riata Trace Pkwy, Austin, Texas, 78727, Contact Address.
- + Add Mailing/Contact Addresses button (highlighted in red)
- Need help with Mailing/Contact button

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

<p>ADDRESS TYPE * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <span style="border: 2px solid red; padding: 2px;">Mailing</span> </div>	<p>LOCATION NAME</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Enter Practice Location's Name             </div>
<p>ADDRESS LINE 1 *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 12357 Riata Trace Pkwy             </div>	<p>ADDRESS LINE 2</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Enter Street Address 2             </div>
<p>CITY *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Austin             </div>	<p>STATE *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 TX - Texas             </div>
<p>ZIP CODE *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 78727             </div>	<p>ZIP CODE +4</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 7171             </div>

Verify Address

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.

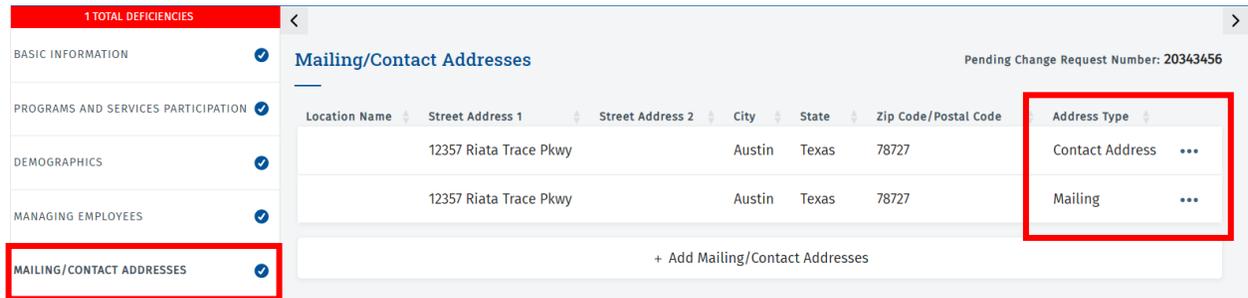
<p>PHONE NUMBER * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 5125555555             </div>	<p>EXT.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Phone Number Extension             </div>	<p>FAX NUMBER</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Fax Number             </div>
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### Contact Information

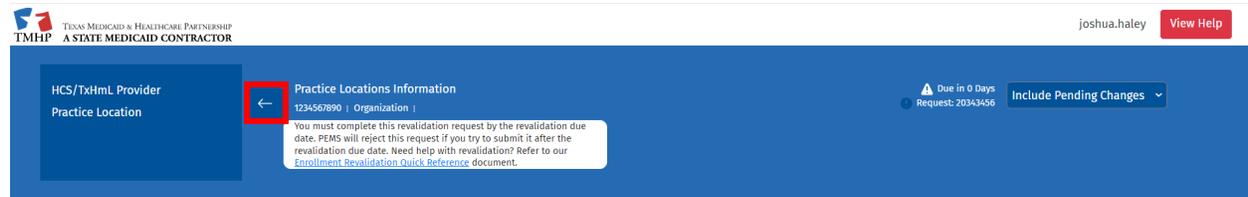
<p>CONTACT TYPE * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <span style="border: 1px solid #ccc; padding: 2px;">Provider</span> </div>	<p>EMAIL ADDRESS * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 youremail@gmail.com             </div>
<p>FIRST NAME * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Jane             </div>	<p>COMPANY/LAST NAME * <span style="color: red;">←</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">                 Smith             </div>

Save

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.

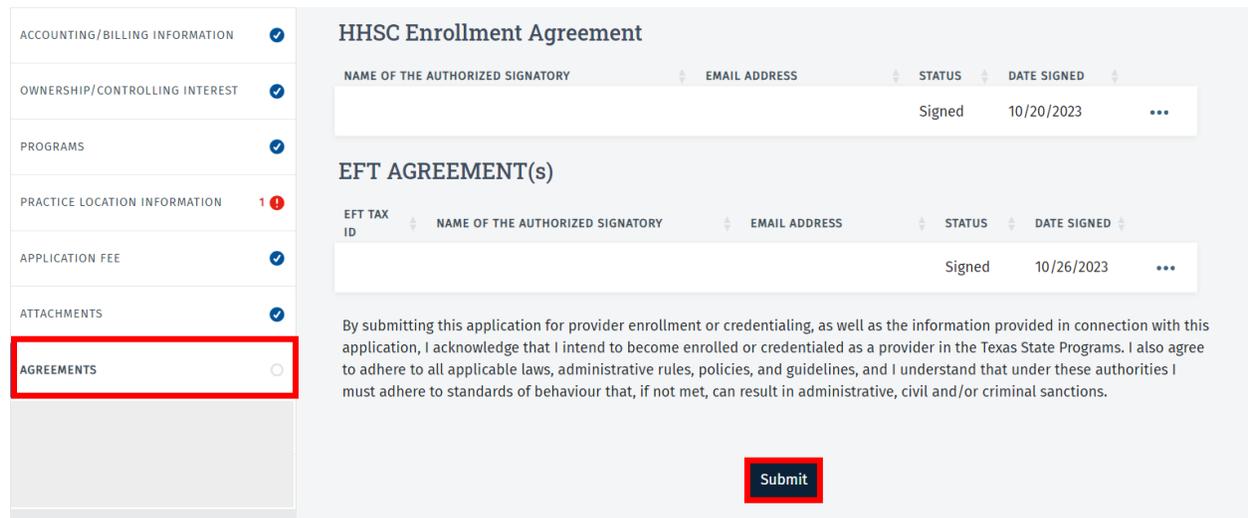


On the top bar, click the blue **Back** button to return to the Practice Location Information tab.



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.



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

The screenshot shows the 'REQUESTS' tab in the PEMS Dashboard. At the top left is the TMHP logo (Texas Medicaid & Healthcare Partnership, A STATE MEDICAID CONTRACTOR). At the top right, the user 'joshua.haley' is logged in with a 'View Help' button. Below the header is a navigation bar with 'REQUESTS' selected, along with 'PROVIDER MANAGEMENT', 'LETTERS', and 'Reports'. An 'ADVANCED SEARCH' field contains the request number '20342376'. A red notice states: '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.' Below the notice is a table with the following data:

REQUEST TYPE	NPI / API	REQUEST NUMBER	PROVIDER NAME	NPI TYPE	INITIATED BY GROUP	STATUS	RESPONSE DUE DATE
PEMS - Revalidation	1234567890	20342376	HCS/TxHmL Provider	Organization		Response Received	