

Provider notice:

Texas Medicaid provider revalidation & extension criteria



Dear Aetna Better Health Providers,

This notice serves to inform contracted providers that **Texas Medicaid provider revalidation** is required in accordance with requirements established by the Texas Health and Human Services Commission (HHSC) and administered by the Texas Medicaid & Healthcare Partnership (TMHP).

Provider revalidation requirements

Providers must complete the revalidation process through the Provider Enrollment and Management System (PEMS) upon receiving notification from the Texas Medicaid & Healthcare Partnership (TMHP). Completing revalidation is a mandatory requirement for maintaining active enrollment in Texas Medicaid. **Providers who need to request an extension must follow the instructions outlined on page two (2) of this notice.**

Failure to complete revalidation by the applicable TMHP deadline **may result in administrative action**, including but not limited to claims payment delays, claim denials, or disenrollment from Texas Medicaid. Disenrollment from Texas Medicaid may affect participation in the Aetna Better Health of Texas provider network.

Provider responsibilities

Providers who receive a TMHP revalidation notice are responsible for:

- Accessing **TMHP My Account** at tmhp.com
- Completing and submitting the required PEMS **Revalidation Application**
- Ensuring enrollment information, disclosures, licensure, ownership, and practice location data are accurate and current
- Monitoring application status until it reflects **Closed – Enrolled**

Revalidation is not considered complete until TMHP has finalized the application and the status reflects **Closed – Enrolled** in PEMS.

Questions



- **TMHP Contact Center: 800-925-9126**



- **TMHP Provider Enrollment Help:**
tmhp.com/topics/provider-enrollment/provider-enrollment-help

HHSC Provider revalidation extension criteria: Effective February 1, 2026

Aetna Better Health of Texas (ABH-TX) is providing this notice to inform network providers and partners about recent updates from the Texas Health and Human Services Commission (HHSC) regarding eligibility for second and third revalidation due date extensions in the Provider Enrollment and Management System (PEMS). These updates take effect on February 1, 2026.

First-time revalidation extensions

No changes have been made to the eligibility criteria for first-time revalidation extensions. Providers who have not previously received an extension and whose current revalidation due date is on or before May 31, 2026, continue to qualify for a 180-day extension.

Second revalidation extensions

Effective February 1, 2026, providers may be eligible for a second revalidation extension if the following conditions are met:

- The provider's current revalidation due date is on or before May 31, 2026, and the provider has already received an initial 180-day extension.
- The provider has submitted a revalidation application in PEMS prior to the current revalidation due date.





Third revalidation extensions

Also, effective February 1, 2026, providers may qualify for a third revalidation extension if:

- The provider's current revalidation due date is on or before May 31, 2026, and the provider has received two prior 180-day extensions.
- The provider has submitted a revalidation application in PEMS before the current due date.

Resources:

Educational Videos (TMHP YouTube Playlist): Playlist link:

[Youtube.com/playlist?list=PLvyay6IWAC_7RlmGSrEs—Xcp8gbMsnGS](https://www.youtube.com/playlist?list=PLvyay6IWAC_7RlmGSrEs—Xcp8gbMsnGS)

- Revalidating an Individual
- Revalidating a Performing Provider
- Revalidating a Clinic/Group Practice or Facility

For plan level support please contact your designated Provider Experience Representative or email our team at ABHTXProviderEngagement@AETNA.com.

Sincerely,

Aetna Better Health of Texas Provider Experience.



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