



Aetna Better Health of Texas PROVIDER NOTIFICATION

Provider Enrollment Revalidation Extensions to End on May 11, 2023

Background:

The Affordable Care Act (ACA) requires that Medicaid providers enroll in state Medicaid programs and then periodically revalidate their Medicaid enrollment at least every five years; however, certain providers may be required to revalidate more often based on risk level. Due to the federal COVID-19 public health emergency (PHE) and in alignment with federal guidelines, the Health and Human Services Commission (HHSC) allowed Medicaid providers to delay their revalidation requirements. To operationally accommodate this flexibility, HHSC instructed the Texas Medicaid & Healthcare Partnership (TMHP) to extend revalidation due dates for Medicaid providers.

Key Details:

Effective May 11, 2023, HHSC will end the flexibility of extended Medicaid provider revalidation dates that came due during the COVID-19 PHE.

Per federal guidance, providers that were due for revalidation effective March 1, 2020, through May 11, 2023, will receive a post-PHE grace period to complete the revalidation process.

TMHP notified providers in March 2023 of their recalculated enrollment end date and will notify them again 120 days prior to their Medicaid provider enrollment end date.

Providers are strongly encouraged to avoid potential enrollment delays by submitting revalidation applications as soon as possible within the 120-day window.

Providers can find their revalidation due dates in the Provider Dashboard in PEMS under the Revalidation Due Date field in the Enrollment Information section of the Provider Information page.

Additional Information:

Providers that do not complete the revalidation process by their deadline will be disenrolled from all Texas state health care programs, and all claims and prior authorization requests submitted after the revalidation deadline will be denied.

Revalidating providers may need to provide fingerprints, submit additional documentation, or complete other screening requirements.

Providers can visit PEMS to view and confirm their revalidation date and enrollment information. To speed up the application process, providers should have the following information available to ensure this information is accurate:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's tax identification number and legal name
- Licenses or certifications, if applicable
- Identification for the provider and any person who meets the definition of owner, creditor, principal, subcontractor, or managing employee
- Documentation related to disclosures, if needed
- Additional documentation required for program participation

Providers that are revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements while their revalidation is being processed.

Certain revalidating providers must pay a provider enrollment application fee. Refer to the [State of Texas Provider Types Required to Pay an Application Fee](#) for a list of institutional providers that have to pay the application fee.

Providers can also refer to the current Texas Medicaid Provider Procedures Manual, General Information, Section 1, "[Provider Enrollment and Responsibilities](#)," for more information.

Resources:

Providers may find more information and start their revalidations in the [Provider Enrollment and Management System \(PEMS\)](#) under "Determine Your Application Type."

Contact:

For further assistance, call the TMHP Contact Center at 800-925-9126.

Email: providerenrollmentmanagementsystem@hhs.texas.gov