

September 2015

REMINDER: All Providers Must Re-enroll in Texas Medicaid to Comply with Federal Regulations

Texas Medicaid must comply with federal regulations requiring all providers to re-enroll in the Medicaid program every three to five years. **This means any Medicaid provider enrolled before January 1, 2013, must be fully re-enrolled by March 24, 2016.** To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive notification from TMHP that their application has been approved.

Application processing times will vary based on accuracy and complexity of the application. To allow sufficient time for application processing and to avoid a lapse in enrollment status, providers are encouraged to begin this process immediately.

Medicaid providers who are not fully re-enrolled by March 24, 2016 may experience:

- ***Interruption in reimbursement for Medicaid services provided in fee-for-service and managed care.***
- ***Denial of claims for Medicaid services indicating that the provider is not actively enrolled.***
- ***Difficulties with or removal from managed care organization (MCO) or dental maintenance organization (DMO) networks. Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO or DMO. Providers must be re-enrolled to maintain credentialing with their plans.***

In addition, Medicaid providers who are not re-enrolled prior to the March 24, 2016 deadline will have to complete a new enrollment application to return to the program.

Providers can find more information about the federal re-enrollment requirement on the TMHP web page at <http://www.tmhp.com/Pages/Topics/ACA.aspx>.

For help with enrollment, providers can contact the TMHP Contact Center (1-800-925-9126, option 2) or the TMHP CSHCN Services Program Contact Center (1-800-568-2413).

Providers can also email TMHP at PE-Email@tmhp.com to request assistance with enrollment questions.