

Deadline Approaching: Avoid Medicaid Provider Disenrollment

Information posted March 7, 2016

As a requirement of the Patient Protection and Affordable Care Act (PPACA), state Medicaid agencies must revalidate the enrollment of all providers in state Medicaid programs. The original revalidation deadline was March 24, 2016, and was extended by the Centers for Medicare and Medicaid Services (CMS) to allow states additional time to process provider applications. For Texas Medicaid, this means all providers, including ordering and referring providers, who have not met all PPACA revalidation requirements must do so through re-enrollment by September 24, 2016 (see resources at the bottom of this article for information on how to verify your re-enrollment status).

To avoid disenrollment on September 25, 2016, and possible disruption in claims payment, providers should submit a re-enrollment application to the state or TMHP today.

Applications Received On or Before June 17, 2016

To avoid potential disruption in payment, a complete re-enrollment application must be received on or before **June 17, 2016** in order to be re-validated by September 24, 2016. For Texas Medicaid, this means all providers, including ordering and referring providers, who have not met all PPACA revalidation requirements must do so through re-enrollment by September 24, 2016. Complete applications that are received on or before June 17, 2016, will most likely complete the re-enrollment process by September 24, 2016. In the event that the re-enrollment process is not completed by September 24, 2016, and the provider is still working toward addressing identified deficiencies at that time, the provider will continue to remain enrolled in Texas Medicaid as long as the provider continues to respond to deficiency notifications within the defined timeframe for response. Continued enrollment is contingent upon continuing to meet deficiency correction timelines and receiving final application approval. **Providers should submit a re-enrollment application to the state or TMHP today.**

Applications Received After June 17, 2016

Texas Medicaid will normally process complete applications received on or after June 17, 2016; however, Texas Medicaid cannot guarantee that those applications will be completely processed by the September 24, 2016 deadline. **If final approval on an application received after June 17, 2016 is not completed by September 24, 2016, the provider will be dis-enrolled from Texas Medicaid.** Providers including, but not limited to, ordering and referring providers, will be dis-enrolled from Texas Medicaid with an effective date of September 25, 2016 if the application is received after June 17, 2016, and a final determination on the application is pending. Though these applications will continue to be processed, a gap in enrollment will exist between September 25, 2016, and the date the application is approved. Providers whose applications are denied will remain dis-enrolled with an effective date of September 25, 2016. Providers with a gap in Medicaid enrollment will not be eligible to receive reimbursement for claims with dates of service during the time the provider is not enrolled in Texas Medicaid. If the re-enrollment application is approved at a later date, the re-enrollment date will be the date the application was approved. The effective date will not be retroactive to the date the provider was dis-enrolled. Additionally, dis-enrolled providers will not be eligible to participate in Medicaid managed care organizations (MCOs) or dental maintenance organizations (DMOs) during the dis-enrolled period.

Programs Required to Re-enroll

This re-enrollment requirement applies to providers who participate in Medicaid managed care, traditional fee-for-service Medicaid (each active TPI Suffix), the Texas Vendor Drug Program (VDP),

and in long term care services administered through the Texas Department of Aging and Disability Services (DADS).

Information for Acute Care and Pharmacy/DME providers re-enrolling through TMHP:

- [TMHP Provider Re-enrollment webpage](#)
- TMHP Provider Re-enrollment Application: <https://secure.tmhp.com/ProviderEnrollment>
- [TMHP Provider Re-enrollment FAQs](#)
- Instructions on [verifying your re-enrollment compliance status](#), as well as the date by which you must next re-enroll. Contact a TMHP provider enrollment representative for assistance at: 1-800-925-9126, Option 2 TMHP
- [Provider Enrollment Tool Quick Reference Guide](#)
- Submit general re-enrollment question via email or request a PEP application walk-through at: Provider.Enrollment.Mailbox@tmhp.com

Information for Long Term Care (LTC) only providers with a DADS Medicaid contract re-enrolling through DADS:

- [DADS Re-enrollment webpage](#)
- [DADS Provider Re-enrollment Forms](#)
- [DADS Provider Re-enrollment FAQs](#)
- Submit questions via DADS Provider Re-enrollment Mailbox: Texas.Medicaid.Enrollment@dads.state.tx.us

Information for Vendor Drug Program (VDP) providers re-enrolling through VDP:

VDP providers should receive a targeted outreach communication from the Vendor Drug Program with specific information for this provider type.

For more information, call the TMHP Contact Center at 1-800-925-9126, 2.

- [VDP Re-enrollment webpage](#)
- [VDP Re-enrollment Application](#)
- [VDP Provider Re-enrollment FAQs](#)
- Submit provider re-enrollment questions via email at: [MCD Pharmacy Re-Enrollment@hsc.state.tx.us](mailto:MCD_Pharmacy_Re-Enrollment@hsc.state.tx.us)

Information for Medicaid MCO Long-Term Services and Support (LTSS) providers:

There is a separate enrollment process for these LTSS providers who bill MCOs and do not have an active DADS Medicaid contract and do not have a TPI for the same provider type to bill TMHP for acute care services. These providers are required to re-enroll through the Medicaid MCO LTSS provider re-enrollment process. LTSS providers who are unaware of their DADS contract status may contact DADS at: Texas.Medicaid.Enrollment@dads.state.tx.us to verify contract status and establish next steps.

Information for Ordering and Referring-Only providers:

Ordering- and referring-only providers are those providers whose only relationship with Texas Medicaid is ordering or referring services for Medicaid clients. These providers are now required to enroll with Texas Medicaid as participating providers.

- [Information for Ordering and Referring-Only providers](#)
- Enroll Online: <https://secure.tmhp.com/ProviderEnrollment>
- [Paper Application](#)

For more information, call the TMHP Contact Center at 1-800-925-9126 or visit the TMHP website at www.tmhp.com.