

Patient Protection and Affordable Care Act Deadline has Passed and Dis-enrollment from Texas Medicaid will occur January 31, 2017

Information posted September 26, 2016

The Patient Protection and Affordable Care Act (PPACA) requires providers to have revalidated their enrollment in state Medicaid programs by September 24, 2016. In accordance with PPACA and based on direction from the Texas Health and Human Services Commission (HHSC), TMHP has accepted and is processing completed revalidation applications received by September 24, 2016. There will be no dis-enrollment action taken on providers that met this submission date and continue to respond to application deficiencies by specified deadlines.

TMHP has begun dis-enrollment actions on providers that failed to submit a completed revalidation application by September 24, 2016. These actions will be completed and a final dis-enrollment effective date of **January 31, 2017** will be applied to any provider that failed to meet the application submission deadline. Providers may refer to the notification published on August 31, 2016, for details on dis-enrollment actions.

Revalidation Applications Received After the September 24, 2016, Deadline

TMHP will continue to process revalidation applications that are received after September 24, 2016. If a revalidation application is received after September 24, 2016, but it has not completed the revalidation process by the final dis-enrollment date of **January 31, 2017**, the provider will be dis-enrolled from Texas Medicaid until the application has been approved and finalized. Receipt of a completed revalidation application after the September 24, 2016, submission deadline will not cease dis-enrollment actions.

Additionally, dis-enrolled providers will not be eligible to participate as network providers in Medicaid managed care organizations (MCOs) or dental maintenance organizations (DMOs) while they are not enrolled in Texas Medicaid.

This revalidation requirement applies to providers that participate in Medicaid Fee for Service (FFS), Medicaid managed care, the Texas Vendor Drug Program (VDP), the Children with Special Healthcare Needs (CSHCN) Services Program, and in long term care (LTC) services administered through the Texas Department of Aging and Disability Services (DADS).

To avoid dis-enrollment, and a disruption in claims payment, providers should submit a revalidation application to the state or TMHP immediately.

Information for Acute Care and Pharmacy/Durable Medical Equipment (DME) Providers Re-enrolling through TMHP:

- [TMHP Provider Re-enrollment webpage](#)
- [TMHP Provider Re-enrollment Application](#)
- [TMHP Provider Re-enrollment FAQs](#)
- [TMHP Provider Enrollment Tool Quick Reference Guide](#)

- Submit general re-enrollment questions via email or request a PEP application walk-through at Provider.Enrollment.Mailbox@tmhp.com.
- Contact a TMHP provider enrollment representative for assistance at 1-800-925-9126, Option 3.

Information for LTC Only Providers with DADS Medicaid Contract Re-enrolling through DADS:

- [DADS Re-enrollment webpage](#)
- [DADS Provider Re-enrollment Forms](#)
- [DADS Provider Re-enrollment FAQs](#)
- Submit questions via email to [DADS Provider Re-enrollment Mailbox](#).

Information for VDP Providers Re-enrolling through VDP:

- VDP providers should have received a targeted outreach communication from VDP with specific information for this provider type.
- [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@hhsc.state.tx.us.

Information for Medicaid MCO Long-Term Services and Support Provider:

There is a separate enrollment process for long term services and support (LTSS) providers that bill MCOs, do not have active DADS Medicaid contracts, and do not have Texas Provider identifiers (TPIs) 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 that 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.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.