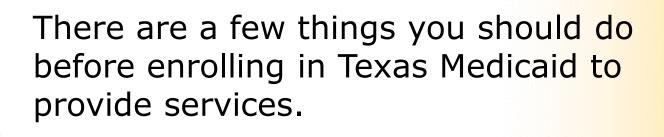# Provider Enrollment

Indian Health Services Providers

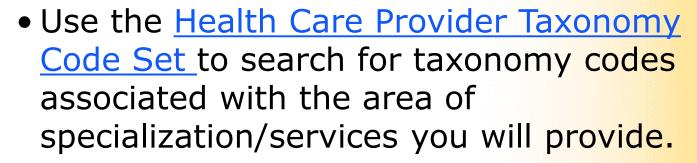# Introduction

Indian Health Services (IHS) providers can enroll in multiple service types, depending on business needs.

There are a few things you should do before enrolling in Texas Medicaid to provide services.

Before Enrolling

- Use the [Health Care Provider Taxonomy Code Set](#) to search for taxonomy codes associated with the area of specialization/services you will provide.

- Visit the [National Plan and Provider Enumeration System (NPPES) NPI Registry](#) to verify your National Provider Identifier (NPI) is associated with the appropriate taxonomy codes.

  ‣ Log in to [NPPES](#) to make any updates, which will take 24 hours to complete.

Enrollment Resources

Helpful enrollment information can be found on tmhp.com:

- [Provider Enrollment](#) – information about getting started with, or making changes to, enrollment requests.

- [Provider Enrollment and Management System (PEMS) Instructional Site](#) – a step-by-step guide providing information about the required information needed for enrollment into different programs.

Using the Instructional Site

Select the application type.

A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the Enrollment Help page and the TMHP YouTube channel .

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Note: If you do not see the PEMS request type you are trying to create please make sure there isn't one already in a draft status or in progress. PEMS requests left in a Draft status for 180 days will be set to "Expired" and cannot be submitted.

PEMS Existing Enrollment, Revalidation, or Reenrollment request may not be available if your provider has an open PEMS Maintenance request in draft or in progress.
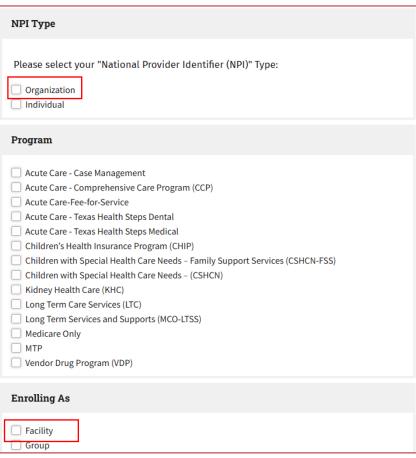
If your request type is no longer valid due to the providers Enrollment Status the following error will display once the Admin tries to submit the PEMS request "The request that you are trying to submit is not appropriate for your enrollment status. Please cancel this request, and select Edit Enrollment Record to create an appropriate request type. If you have any questions, call the TMHP Contact Center at 800-925-9126 and select option 3 for Provider Enrollment or visit the PEMS Instructional Site for request type definitions."

Select an option below for a description of each application type:

New Enrollment	⌄
Existing Enrollment	⌄
Revalidation	⌄
Reenrollment	⌄
Maintenance	⌄

TEXAS
Health and Human Services

Using the Instructional Site

Select information for each section.

Using the Instructional Site

Select the provider type.

Provider Type Selection

Last updated on 12/3/2024

Based on the information you provided (shown at left), you may enroll as one of the following provider types. Select only one option, then click the **"Continue"** button below.

- ☐ Ambulance/Air Ambulance
- ☐ Ambulatory Surgical Center (ASC)
- ☐ Birthing Center
- ☐ Catheterization Lab
- ☐ Chemical Dependency Treatment Facility
- ☐ Community Mental Health Center
- ☐ Comprehensive Health Center
- ☐ Comprehensive Outpatient Rehab Facility (CORF)
- ☐ Durable Medical Equipment
- ☐ Family Planning Agency
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Freestanding Psychiatric Facility
- ☐ Freestanding Rehabilitation Facility
- ☐ Genetics
- ☐ HCSSA
- ☐ Hearing Aid
- ☐ Home Health Agency
- ☐ Hospital
- ☐ Independent Diagnostic Testing Facility (IDTF)
- ☐ Independent Laboratory
- ☐ Indian Health Services (IHS)

Using the Instructional Site

The checklist displays requirements for the provider type.

Provider Type Checklist

Last updated on 12/3/2024

Requirements

To enroll in the Acute Care Program, Indian Health Services (IHS) providers must:

- Be actively enrolled in Medicare.

Change of Ownership:

Documentation: The following documentation needs to be completed to support a Change of Ownership (CHOW) for Acute Care Fee-for-Service (FFS) enrollment:

1. New PEMS Enrollment Application

2. Organizational Chart

3. Tax Filing Documentation (i.e. – Assumed Name Certificate, Franchise Tax Account, Certificate of Filing/Incorporation), if applicable

4. The following questions must be answered with a "yes" within the Ownership/Controlling Interest page

- Has there been any changes of ownership or control within the past 5 years as defined in 42 CFR §489.18?

- Are you seeking enrollment due to change of ownership?

5. Bill of Sale or Lease Agreement

6. CMS Medicare Letter Acknowledging the CHOW or CMS Tie-In Notice for Acquisition/Merger.

Required Licenses and Certifications

Indian Health Services (IHS) Providers must have the following licenses or certifications:

- There are no license or certification requirements for Indian Health Services (IHS) providers.

Patient Protection and Affordable Care Act Information

- For Indian Health Services (IHS) providers, the "Initial Screen Risk Category" is "Limited".

- The application fee is not required.

IHS Enrollment Requirements

- Providers are required to:

  ‣ Have an NPI.

  ‣ Be actively enrolled in Medicare as an IHS provider and setup with an Organizational Structure of "Other (tribal Health Facility)."

- Select **Yes** for Acute Care Fee-for-Service (FFS) and/or Children Health Insurance Plan (CHIP), then select **Indian Health Services (IHS)** as the provider type.

Enrollment for IHS Providers

Enroll as a Facility with an Organizational NPI Type.

Eligible Programs	Additional Information
• Acute Care FFS • CHIP	• Application fees are not required for IHS enrollments. • Reimbursement methodology for services provided in Indian Health Services Facilities operating under the authority of Public Law 93-638 is located at 1 TAC §355.8620.

Non-Tribal Enrollment Opportunities

Facilities can also enroll to provide services as other provider types.

- IHS providers must enroll separately to provide these services.

- Tribal entities that enroll as non-IHS provider types should submit documentation that supports their tribal affiliation to bypass any requirements that are waived under the CMS Indian Provisions in the Final Medicaid and Children's Health Insurance Program Managed Care Regulations.

Enrollment for a Federally Qualified Health Center (FQHC)

Enroll as a Facility with an Organizational NPI Type.

- Eligible Programs
  - ‣ Acute Care FFS
  - ‣ CHIP
  - ‣ Children with Special Healthcare Needs (CSHCN) Services Program

FQHC Additional Information

- Must be actively enrolled in Medicare as an FQHC, FQHC Satellite, or FQHC Look-Alike.

  ‣ Eligible to request a Medicare waiver at the time of initial enrollment.

- FQHC providers must:

  ‣ Complete and submit the Federally Qualified Health Center Affiliation Affidavit.

FQHC Additional Information

- FQHC providers must:

  ‣ Complete and submit the Federally Qualified Health Center Affiliation Affidavit.

  ‣ Upload the Federally Qualified Health Center grant and approval from the Department of Health and Human Services Health Resources and Services Administration. Note: This is not required for an FQHC Look-Alike.

FQHC Application Fees

- Application fees are required for FQHCs.

  - Providers that are required to pay the application fee, but have already paid the fee to Medicare, or another state's CHIP or Medicaid program, have fulfilled the requirement and are not required to pay the fee to Texas Medicaid or the CSHCN Services Program. Proof of payment must be submitted with the application.

FQHC Visit Rates

- Medicaid provider-specific prospective payment system (PPS) visit rates for FQHCs are calculated in accordance with 1 TAC §355.8261.

Enrollment for a Hospital

Enroll as a Facility with an Organizational NPI Type.

- Eligible Programs
  - ▸ Acute Care FFS
  - ▸ CHIP
  - ▸ CSHCN Services Program
  - ▸ Kidney Health Care (KHC)

Hospital Additional Information

- Must be actively enrolled in Medicare as a Hospital.

- Hospitals in Texas must submit a license issued by Texas Department of State Heath Services (DSHS) Health Facility Program.

- Hospitals outside of Texas must submit a license issued by the appropriate Board.

Hospital Application Fees

- Application fees are required for Hospitals.

  ‣ Providers that are required to pay the application fee, but have already paid the fee to Medicare, or another state's CHIP or Medicaid program, have fulfilled the requirement and are not required to pay the fee to Texas Medicaid or the CSHCN Services Program. Proof of payment must be submitted with the application.

Hospital Visit Rates

- Medicaid provider-specific prospective payment system (PPS) based on diagnosis-related groups (DRGs) for Hospitals in accordance with 1 TAC §355.8052 (Inpatient) and 1 TAC §355.8061 (Outpatient).

Enrollment for a Dentist

Enroll as a Group with an Organizational NPI Type.

- Eligible Program
  - ‣ Acute Care – Texas Health Steps Dental

Dentist Additional Information

- Medicare enrollment is not required.

- All owners of a dental practice must maintain an active license status with the Texas State Board of Dental Examiners (TSBDE) or by the appropriate state board where services are rendered to receive reimbursement from Medicaid.

  ‣ The dentistry group/individual dentist associated with an FQHC can enroll without having a dentist as the owner.

Dentist Application Fees

- Application Fees are not required for Texas Health Steps Dental enrollments.

Dentist Visit Rates

- The Medicaid rates for dentists are calculated as access-based fees in accordance with 1 TAC §§355.455(b), 355.8085, and 355.8441(11.

Enrollment for a Pharmacy

Enroll as a Facility with an Organizational NPI Type.

- Eligible Program
  - ‣ Vendor Drug Program (VDP)

Pharmacy Additional Information

- Medicare enrollment is not required.

- The Pharmacy must be actively licensed by the Texas State Board of Pharmacy (TSBP) or by the appropriate state board where services are rendered.
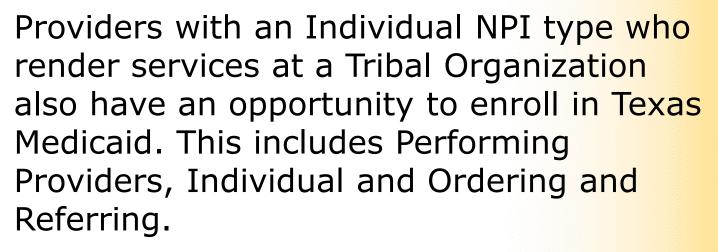
Pharmacy Rates

- Pharmacies identified as a FQHC do not qualify for reimbursement through VDP.

  ‣ FQHCs are reimbursed by a total encounter rate for all services under the Veterans Health Care Act of 1992. Please refer to https://www.hrsa.gov/opa for information regarding FQHC and the 340B Drug Pricing Program.

NPI Type: Individual

Providers with an Individual NPI type who render services at a Tribal Organization also have an opportunity to enroll in Texas Medicaid. This includes Performing Providers, Individual and Ordering and Referring.

- These providers are exempt from the in-state license requirement and may enroll with a license that does not correspond to the State of enrollment.
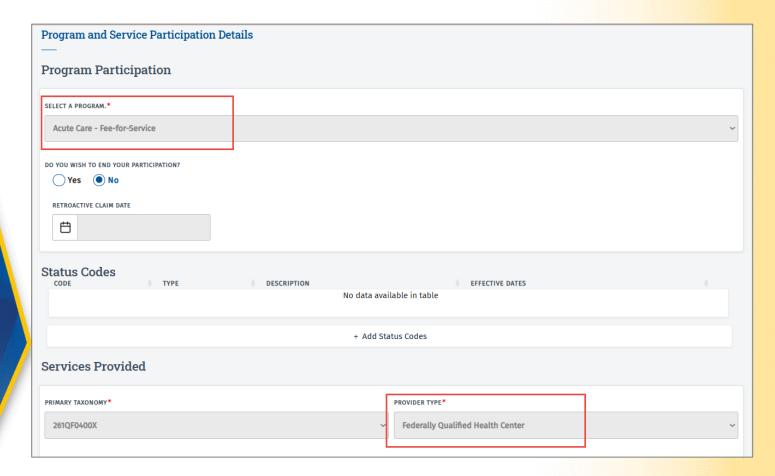
NPI Type: Individual

To qualify for this exemption, the following is required along with the PEMS enrollment application:

- A waiver letter confirming the provider is rendering services at a Tribal Entity.

- The waiver must include the Tribal Entity's Taxpayer Identification Number (TIN).
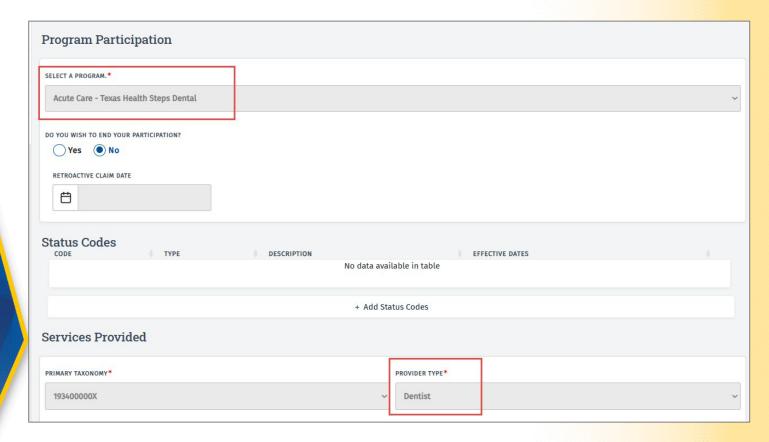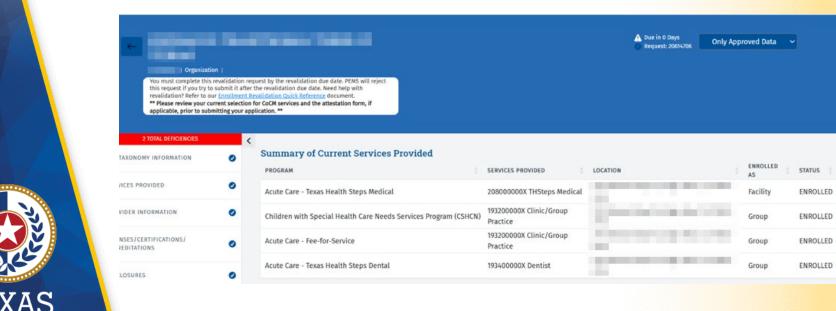
A Look At PEMS: FQHC

Program and Service Participation Details
—

Program Participation

SELECT A PROGRAM.*

Acute Care – Fee-for-Service

DO YOU WISH TO END YOUR PARTICIPATION?
○ Yes ● No

RETROACTIVE CLAIM DATE
📅

Status Codes

CODE	TYPE	DESCRIPTION	EFFECTIVE DATES
No data available in table			

+ Add Status Codes

Services Provided

PRIMARY TAXONOMY*

261QF0400X

PROVIDER TYPE*

Federally Qualified Health Center

A Look At PEMS: Dentist

A Look At PEMS: Services Provided

Need help?

Contact us for enrollment assistance at:

- provider.relations@tmhp.com
- providerenrollment@hhs.texas.gov

Closing

Angie Hutchison

angie.hutchison@hhs.texas.gov