

Texas Medicaid Provider Revalidation Guide



Complete your revalidation in PEMS to stay enrolled and get paid.

What You Need to Know

- ▶ Revalidation is the required process where you confirm and update your provider information.
- ▶ You must complete this process in the Provider Enrollment and Management System (PEMS) to maintain an active enrollment status and continue receiving Medicaid payments.

Why This Matters

To continue seeing Medicaid patients and receiving payment from the Texas Health and Human Services Commission (HHSC) or Medicaid managed care organizations (MCOs), providers are required to revalidate their enrollment information with the Texas Medicaid & Healthcare Partnership (TMHP).

- ▶ Most providers are required to revalidate **every 5 years**.
- ▶ This is required by state and federal law.

Don't Miss Your Deadline

If you do not complete revalidation on time:

- ▶ You will be **disenrolled** from Texas Medicaid.
- ▶ **Payments will stop**.
- ▶ You will lose access to **state-directed payment programs**.

What Counts as Complete?

Your revalidation must be:

- ▶ **Submitted, reviewed and approved** by your assigned due date.
- ▶ Final PEMS status must show: **Closed-Enrolled** in PEMS.

How to Stay on Track

- ▶ Watch for emails or letters from TMHP. They contain important deadlines and instructions.
- ▶ **Start early**. Revalidation can take time, especially if additional documents or corrections are needed.
- ▶ **Review PEMS training materials** before you begin.
- ▶ Confirm Medicare enrollment.
- ▶ Keep your email address updated in PEMS.

Temporary Flexibilities

Some providers may qualify for temporary flexibility extensions. [Click here for more information](#).

- ▶ These are limited and temporary.
- ▶ Not all providers qualify.
- ▶ Delaying action may still result in disenrollment.
- ▶ **Do not rely on flexibilities alone**. They are temporary and will end. Act now.

Need Help?

Visit [TMHP Enrollment Help](#) and the [TMHP YouTube channel](#) to learn more.

Take Action Now

- ▶ [Log into PEMS](#) to complete revalidation today.
- ▶ Check your due date in PEMS.
- ▶ If your due date is **within 180 days**, start revalidation now.

Provider Revalidation Resource Guide

YouTube Videos

YouTube videos for step-by-step guidance on completing Medicaid revalidation in PEMS, including how to log in, review and update information, upload documents, and submit your application.

- [Revalidating an Individual](#): A step-by-step video for individual providers on updating personal information and submitting Medicaid revalidation in PEMS.
- [Revalidating a Performing Provider](#): A step-by-step video for performing providers on updating personal information and submitting Medicaid revalidation in PEMS.
- [Revalidating a Clinic/Group Practice or Facility](#): A step-by-step video for Clinic/Group Practice or Facilities on updating personal information and submitting Medicaid revalidation in PEMS.

Recommended Actions

- ✓ Block time on your calendar to watch the video that matches your provider type
- ✓ Plan your revalidation application soon after watching

Written Guides, Job Aids, and Interactive Checklists

[Provider Enrollment Help Hub](#): A central “how-to” resource for understanding provider enrollment, revalidation, and account management in PEMS.

[NPI Type and Program Selection | TMHP](#): Provides an interactive customized checklist based on your provider type, program participation, and enrollment role (e.g., individual, group, or facility).

Recommended Actions

- ✓ Explore available resources and identify relevant job aids and instructions
- ✓ Confirm your National Provider Identifier (NPI) type and program participation to generate your customized checklist

Special Processes to Consider

[Common Deficiencies Identified by OIG](#): Highlights common disclosure errors such as missing owners, managing employees, affiliations, exclusion checks, or outdated ownership information. Incomplete or inaccurate disclosures may lead to denial or impact your ability to participate in Medicaid.

[ACA Screening Requirements](#): Explains how providers are screened during enrollment and revalidation, including risk levels and required site visits. Failure to complete or verify required screening steps may result in delays, denial, or termination of enrollment.



Recommended Actions

- ✓ Gather documents and complete info required for full disclosures prior to starting the revalidation process
- ✓ Expect additional review steps during screening, such as site visits
- ✓ Account for additional time for responding to deficiencies or responding to requests for additional information.

Customer Support

- For standard inquiries, contact Texas Medicaid & Healthcare Partnership (TMHP):
 - Email: Provider.Relations@tmhp.com
 - Phone: TMHP Contact Center at 800-925-9126 or TMHP-CSHCN Services Program at 800-568-2413
- For escalations, contact HHSC via the HHSC Provider Enrollment mailbox, at ProviderEnrollment@hhs.texas.gov