

August 9, 2022

PROVIDER ENROLLMENT EFFECTIVE DATES

Summary of Notification:

The Provider Enrollment and Management System (PEMS) fully deployed on December 13, 2021. The system introduced new business rules for enrollment in Texas Medicaid.

Prior to the PEMS implementation, the provider billing effective date could be the Medicare enrollment effective date, the provider license date, or the application completion date (retroactive billing date).

With PEMS implementation, new and reenrolled provider agreement effective dates were upon signature of the agreements and required all screenings to be completed. After further review, HHSC, in collaboration with the Office of Inspector General (OIG) made the decision to allow retrospective billing effective dates in certain circumstances, as outlined in the table below.

The new policy applies to new enrollments and reenrollments only.

Key Details:

The retroactive effective date appeared on the master provider file starting July 5, 2022. HHSC has directed Texas Medicaid & Healthcare Partnership to reprocess denied claims for providers. HHSC directs MCOs to allow for the reprocessing of claims for providers with the retroactive billing effective dates.

Resources:

More information on PEMS can be found at [Provider Enrollment | TMHP](#)

Applies To	Retroactive Billing Allowed?	Allowance	Criteria
Medicare Enrolled Providers with same Risk Category as Medicaid	Yes	The later of either the: <ul style="list-style-type: none"> - Medicare Certification Date - License Effective Date - 1 Year 	The following information must match between Medicaid and Medicare: <ul style="list-style-type: none"> - Name (Individual or Entity) - SSN (Last 4) or Tax ID Number - Owners (All 5% +) - Practice Location - NPI - Risk Category
Medicare Enrolled Providers with Higher Risk Category in Medicaid	No	Billing allowed only after the OIG completes all federally required screenings and recommends enrollment approval.	Elevated Medicaid Risk Categories Occur When: <ul style="list-style-type: none"> - Medicaid overpayment over \$1,500 not currently under appeal or part of a payment arrangement. - Exclusion or Credible Allegation of Fraud within the past 10 - Moratorium lifted in the past six months.
Medicaid-Only Providers	Based on Risk level	Moderate and High risk: Billing allowed only after the OIG completes all federally required screenings and recommends enrollment approval. Limited risk: Billing allowed back to provider application date	Provider isn't enrolled in Medicare; nothing to leverage. Limiting risk to state based on provider risk level.