# PHARMACY SERVICES PROVIDER ENROLLMENT REQUIREMENTS

## A PEMS RESOURCE GUIDE FOR PHARMACY SERVICES PROVIDERS

TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

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# Introduction

The purpose of this document is to provide an overview of the enrollment requirements for providers enrolling into the Pharmacy Services program. Enrolling Pharmacy providers must:

- Submit an enrollment request through the Provider Enrollment and Management System (PEMS).
- Include information specific to this Provider Type within their enrollment request.
- Attach necessary documents in PEMS.

For additional assistance on the enrollment requirements, visit the PEMS Instructional Site.

## Global Requirements

**License Requirement** — Any pharmacy enrolling for pharmacy services needs to be actively licensed by the Texas State Board of Pharmacy (TSBP) or by the appropriate state board where services are rendered.

**Pharmacist in Charge Requirement** — An actively licensed pharmacist in charge needs to be listed as a principal within the Ownership/Controlling Interest tab. This principal/pharmacist in charge also needs to be listed as the managing employee for the enrolling location. If enrolling as an out of state (OOS) provider, the pharmacist in charge must be licensed by the Texas State Board of Pharmacy (TSBP).

**W-9 Information** — For a tax classification of Single Member LLC, C-Corporation, S-Corporation, Partnership, Limited Liability Company, or Professional Association, the following documents will need to be attached within this tab:

- Active Franchise Tax Account Status
- Organizational Structure Document
- Any one of the following documents: Articles of Association, Articles of Incorporation, Articles of Merger, Articles of Organization, Certificate of Amendment, Certificate of Authority, Certificate of Fact, Certificate of Filing, Certificate of Formation, Certificate of Incorporation, Certificate of Limited Partnership, Certificate of Merger, Certificate of Registration, or Charter.
    - If a Partnership is selected, we will need a Partnership Agreement along with a Partner Responsibility Statement in lieu of one of the documents listed above.
- Conditional: If a doing business as (DBA) name is listed in Line 2 and this name differs from Line 1 of the W-9, an Assumed Name Certificate will also need to be attached within this tab.

**EFT** — Please check the box "I do not wish to participate in the EFT program" if providers are solely enrolling as a Pharmacy. To add direct deposit to your enrollment record, submit Direct Deposit Form 74-176 with your request.

**Program Selection** — For Pharmacy providers, select "Yes" only for Pharmacy Services. Adding additional programs within the Programs tab can result in multiple application fees.

**Network Participation** — When enrolling as a Pharmacy provider, you will be able to see clients who have eligibility under the following programs: Medicaid (this includes managed care organization [MCO]

participation), Children with Special Health Care Needs (CSHCN) Services Program, Kidney Health Care (KHC), Children's Health Insurance Program (CHIP), and Healthy Texas Women (HTW). All these programs will be automatically checked under the Network Participation section of your PEMS request.

If you opt out of any of these programs by unchecking them, you could have claims issues and a lack of reimbursement for services that you provided. We encourage you to leave all these programs selected to avoid any claims issues.

**Application for Texas Identification Number Form 4109 (Only required if you are new, inactive, or updating information within the form)** — This application must be submitted by every person (sole owner, individual recipient, corporation, or other organization) who intends to bill or receive payment from the Texas Health and Human Services Commission for goods, services provided, refunds, public assistance, etc. This form would need to be uploaded within the Attachments tab.

**Direct Deposit Form 74-176 (Only required for newly enrolled or inactive Pharmacy enrollments)** — To add direct deposit to your enrollment record for newly enrolled or inactive Pharmacy providers, you need to attach this form within the Attachments tab.

**Pharmacy-Specific Questions** — If enrolling as a Pharmacy, you will need to answer questions specific to a Pharmacy enrollment. For instance, is the pharmacy in a hospital, or is your pharmacy part of a chain? Be sure to complete and answer all these questions within the Program and Services Participation Details tab. The answers to these questions will determine your dispenser class and what type of Pharmacy you will be enrolled as.

To access these questions, open the Practice Location, navigate to the Program and Services Participation Details tab, and then open the Pharmacy Services program. Scroll to the bottom of the Program and Services Participation Details tab, and make sure each of these questions has a response.

## Information Required for Each Pharmacy Enrollment Type

### New Enrollments:

- The Pharmacy must be actively licensed by the Texas State Board of Pharmacy.
- Providers must include a pharmacist in charge within the Ownership/Creditors/Principal section and the Managing Employee section of the PEMS application request. The pharmacist in charge must be actively licensed under the Texas State Board of Pharmacy.
- Attachments in the W-9 tab. (Please see detailed information below.)
- Check the box "I do not wish to participate in the EFT program" within the EFT tab.
- Within the Program tab, select "Yes" for only Pharmacy Services. (Unless you are providing services outside of pharmacy services.)
- Within the Programs Details tab, ensure that all programs you want to participate with are checked under Network Participation.
- Application fee required.
- Attach Form 74-176 within the attachments tab to set up Direct Deposit.

- Attach Form 4109 Application for Texas Identification Number within the attachments tab.
- Change of Ownerships (CHOW) - New enrollment transaction is acceptable if enrolling due to a CHOW.

  **Note:** *Refer to the CHOW section below for additional details.*

## Revalidations:

**Note:** *If you are already enrolled with the Texas Medicaid & Healthcare Partnership (TMHP) under any other provider type except for a Pharmacy, and you are adding a Pharmacy enrollment to your record for the first time through an Existing Enrollment request, refer to the requirements listed under New Enrollments.*

- The Pharmacy must be actively licensed by the Texas State Board of Pharmacy.
- Providers must include a pharmacist in charge within the Ownership/Creditors/Principal section and the Managing Employee section of the PEMS application request. The pharmacist in charge must be actively licensed under the Texas State Board of Pharmacy.
- Attachments in the W-9 tab. (Please see detailed information below.)
- Check the box "I do not wish to participate in the EFT program" within the EFT tab.
- Within the Program tab, select "Yes" for only Pharmacy Services. (Unless you are providing services outside of pharmacy services.)
- Within the Programs Details tab, ensure that all programs you want to participate with are checked under Network Participation.
- Application fee required.
- Attach Form 74-176 within the attachments tab to set up Direct Deposit.
  (**Note:** *For Revalidation Requests, this form is only required if you are updating Direct Deposit information.*)
- Attach Form 4109 Application for Texas Identification Number within the attachments tab.
  (**Note:** *For Revalidation Requests, this form is only required if you are updating information within the form.*)

## Existing Enrollments:

**Note:** *If you are already enrolled with TMHP under any other provider type except for a Pharmacy, and you are adding a Pharmacy enrollment to your record for the first time through an Existing Enrollment request, refer to the requirements listed under New Enrollments.*

- The Pharmacy must be actively licensed by the Texas State Board of Pharmacy.
- Providers must include a pharmacist in charge within the Ownership/Creditors/Principal section and the Managing Employee section of the PEMS application request. The pharmacist in charge must be actively licensed under the Texas State Board of Pharmacy.
- Attachments in the W-9 tab. (Please see detailed information below.)
- Check the box "I do not wish to participate in the EFT program" within the EFT tab.

- Within the Program tab, select "Yes" for only Pharmacy Services. (Unless you are providing services outside of pharmacy services.)
- Within the Programs Details tab, ensure that all programs you want to participate with are checked under Network Participation.
- Attach Form 74-176 within the attachments tab to set up Direct Deposit. (**Note:** *For Existing Enrollments, this form is only required if you are updating information within the form.*)
- Attach Form 4109 Application for Texas Identification Number within the attachments tab. (**Note:** *For Existing Enrollments, this form is only required if you are updating information within the form.*)
- Change of Ownerships (CHOW) – Existing enrollment transaction is acceptable if enrolling due to a CHOW.

  **Note:** *Refer to the CHOW section below for additional details.*

### Reenrollments:

- The Pharmacy must be actively licensed by the Texas State Board of Pharmacy.
- Providers must include a pharmacist in charge within the Ownership/Creditors/Principal section and the Managing Employee section of the PEMS application request. The pharmacist in charge must be actively licensed under the Texas State Board of Pharmacy.
- Attachments in the W-9 tab. (Please see detailed information below.)
- Check the box "I do not wish to participate in the EFT program" within the EFT tab.
- Within the Program tab, select "Yes" for only Pharmacy Services. (Unless you are providing services outside of pharmacy services.)
- Within the Programs Details tab, ensure that all programs you want to participate with are checked under Network Participation.
- Application fee required.
- Attach Form 74-176 within the attachments tab to set up Direct Deposit.
- Attach Form 4109 Application for Texas Identification Number within the attachments tab.

## Conditional Requirements

**Change of Ownership** – If enrolling due to a Change of Ownership (CHOW), the application must be submitted as either as an enrollment request.

1. If the Buyer's NPI is not changing, the transaction will be initiated in PEMS as a CHOW and you must answer "yes" to the questions below, which allows two pharmacies to be listed under one NPI in PEMS while the Buyer application is being processed. The NPI for the Seller will have an end date, and this NPI will then be attached to the Buyer's record in PEMS upon their enrollment date. The NPI end date will be one day before the Buyer enrollment starts. In this case, the Seller's NPI is **transferring** to the Buyer.
2. If the Buyer's NPI is changing, PEMS will initiate the application as a CHOW. The difference is that the seller's NPI will be **closed**.

3. The following questions must be answered with a "yes" within the **Ownership/Controlling Interest** tab in PEMS:
    a. Has there been any changes of ownership or control within the past 5 years as defined in 42 CFR §489.18? If Yes, give date(s), Entity Name, and Explanation:
    b. Are you seeking enrollment or updating your enrollment due to change of ownership?
4. The following CHOW documentation must be submitted:
    c. Bill of Sale or Transfer Agreement
    d. Pharmacy Transfer Agreement (Form 1332)
5. The Buyer must follow the New Enrollment requirements listed above.

**Out of State (OOS) Enrollments** – If enrolling one or more out of state practice locations, the pharmacist in charge must be licensed by the Texas State Board of Pharmacy. You must also specify which conditional OOS criteria is being met based on Title 1 Texas Administrative Code (TAC) §352.17 and submit supporting documentation. Out of state criteria is as follows:

- The services are medically necessary emergency services provided to a recipient who is located outside the Texas state border.
- The **c**lient's health is in danger if he or she is required to travel to Texas.
- Services are more readily available in the state where the client is located.
- The services are medically necessary to a recipient who is eligible on the basis of participation in an adoption assistance or foster care program administered by the Texas Department of Family and Protective Services under Title IV-E of the Social Security Act
- The services are medically necessary and have been prior authorized by the Texas Health and Human Services Commission (HHSC) or its designee, and documented medical justification indicating the reasons the recipient must obtain medical care outside Texas is furnished to HHSC or its designee before providing the services and before payment.
- The services are medically necessary, and it is the customary or general practice of recipients in a particular locality within Texas to obtain services from the out-of-state provider, if the provider is located in the United States and within 50 miles driving distance from the Texas state border, or as otherwise demonstrated on a case-by-case basis.
- The services are medically necessary, and the nature of the service is such that providers for this service are limited or not readily available within the state of Texas.
- The services are medically necessary services to one or more dually eligible recipients.
- The services are provided by a pharmacy that is a distributor of a drug that is classified by the U.S. Food and Drug Administration (FDA) as a limited distribution drug.
- The services are medically necessary and one or both of the following is true:
    - Texas Medicaid–enrolled providers rely on the services.

- Applicant maintains existing agreements as a participating provider through one or more Medicaid managed care organizations (MCOs) and enrollment of the applicant leads to more cost-effective delivery of Medicaid services.

**Note:** *Vendor IDs that are used for billing will be in your Welcome Letter once you are enrolled. Welcome Letters are located within the dashboard of the user account of the person who completed the enrollment request.*