PHARMACY SERVICES CHECKLIST

READY TO SUBMIT YOUR PHARMACY SERVICES ENROLLMENT THROUGH PEMS? DON'T BEGIN UNTIL YOU'VE FULLY REVIEWED THE CHECKLIST BELOW.

PREREQUISITES

- ☐ **License** — Obtain a Pharmacy license from the Texas State Board of Pharmacy (TSBP) or by the appropriate state board where services are rendered.
  - ☐ If already licensed, ensure that the license is not set to expire within the next 30 days.
- ☐ **Pharmacist in Charge (PIC)** — Elect a pharmacist in charge. Whether enrolling as an in-state or out of state provider, the PIC must be licensed by TSBP.
- ☐ **W-9 Information** — Ensure that tax filing documentation is readily available. Required documentation is based on your tax classification (C-Corp., Single Member LLC, etc.). Documentation should be uploaded as a PEMS attachment.
- ☐ **Direct Deposit** (Form 74-176) — Complete the form and prepare for submission through PEMS attachments.
- ☐ **Application for Texas Identification Number** (Form 4109) — Complete the form and prepare for submission through PEMS attachments.
- ☐ **Application Fee** — Prepare payment in the form of a check. Payment amount changes each year. Refer to tmhp.com for additional details.

Note: *Refer to the Pharmacy Services Provider Enrollment Requirements Job Aid for additional information about each item above.*

PEMS SUBMISSION TIPS

- ☐ **Pharmacist in Charge (PIC)** — Include the PIC within the **Ownership/Creditors/Principal** section and the **Managing Employee** section of the PEMS application request.
- ☐ **EFT Omission** — Check the box "I do not wish to participate in the EFT program" within the EFT tab.
- ☐ **Program Selection** — Within the Program tab, select "Yes" for only Pharmacy Services. (Unless you are providing services outside of pharmacy services.)
- ☐ **Network Participation** — Within the Programs Details tab, ensure that all programs you want to participate with are checked under Network Participation.
- ☐ **Attachments** — Upload all required attachments based on your enrollment through the Attachments tab.

Note: *Refer to the Pharmacy Services Provider Enrollment Requirements Job Aid for additional information about PEMS application submission tips.*

CHANGE OF OWNERSHIP (CHOW)

- ☐ **Attachments** — The following documents must be submitted for a CHOW:
  - ☐ Bill of Sale or Transfer Agreement
  - ☐ Pharmacy Transfer Agreement (Form 1332)

- ☐ **Ownership/Controlling Interest tab** — The following questions must be answered with a "yes" in the **Ownership/Controlling Interest** tab within the PEMS request for a CHOW:
  - ☐ 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.
  - ☐ Are you seeking enrollment or updating your enrollment due to change of ownership?