Long-Term Care
Provider Bulletin

TEXAS Health and Human Services

Coming Soon: Validation Enhancements on Some PASRR Forms

Beginning March 25, 2021, enhanced demographic validation for a person's last name, Medicaid number, Social Security number (SSN), and date of birth will be performed when the following forms are submitted:

- Preadmission Screening and Resident Review (PASRR) Level 1 (PL1)

- PASRR Evaluation (PE)

- PASRR Comprehensive Service Plan (PCSP)

- Create Alert function

NFSS demographic information will only be updated when there is a mismatch found on any of NFSS forms linked to the PL1. The validations currently performed upon submittal of the NFSS will remain unchanged.

Demographic information on MDS assessments will not be updated as a result of this change. Should the demographic information on the MDS not match the information on the validated PL1 or PCSP forms, the user will need to resubmit the LTCMI after modifying the MDS to reflect the updated/corrected information.

If a user enters a last name, Medicaid number, SSN, or date of birth on one of the PASRR-related forms listed above that is different from the demographic data on file at HHSC, the form will be automatically revised to reflect the on-file information upon submission of the form. If the form is a new submission on the LTC Online Portal, any changes made systematically to the demographic information will not be noted in the form history. If the PASRR form is being updated, however, then form history notes will be posted to reflect the fields that were changed by the system. No action on the part of the user is necessary when the system changes the demographic fields on the PASRR forms.

These validation enhancements will improve data quality by standardizing demographic information and ensuring consistent information. In addition, there will be less chance of sequencing and searchability issues arising from mismatched or incomplete information across a person's PASRR forms. ■

Coming Soon: New Processes for Submitting Forms and Claims for HCS and TxHmL Providers

Claims Submission

Beginning August 2, 2021, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers must submit claims for dates of service on or after August 1, 2021, using Texas Medicaid & Healthcare Partnership (TMHP) online claim submission tools, TexMedConnect or the Electronic Data Interchange (EDI). To become an EDI submitter, visit the TMHP EDI web page for more information. Providers should review the Portal Security Training Manual, and complete the Electronic Data Interchange Agreement for Long-Term Care Providers.

Forms Submission

Beginning August 2, 2021, HCS and TxHmL providers and Local Intellectual or Development Disability Authorities (LIDDAs) must submit forms online through the TMHP Long-Term Care (LTC) Online Portal. These form submission updates will help improve accuracy and will allow for more timely processing and payments for providers.

The following forms will be available for submission on the TMHP LTC Online Portal on August 2, 2021:

- HCS or TxHmL Pre-enrollment
- 8578 Intellectual Disability/Related Condition Assessment
- 8582 TxHmL Individual Plan of Care
- 3608 HCS Individual Plan of Care
- HCS Provider Location Update (PLU)
- Individual Movement (IMT)
  - Local Intellectual and Developmental Disability Authority (LIDDA) Reassignments
  - Request Individual Update
  - Service Coordinator Update
  - Initiate Individual Suspensions
- 3615 Request to Continue Suspension of Waiver Program Services
- 3616 Request for Termination of Services Provided by HCS/TxHmL Waiver Provider

Account Preparation and Additional Resources

To prepare for this transition to the TMHP LTC Online Portal, HCS and TxHmL providers that have never used the LTC Online Portal will need an administrator or user account. Providers can find directions for creating an account in the Long-Term Care (LTC) Online Portal Basics computer-based

training (CBT) in the [TMHP Learning Management System (LMS)](#), and the [Long-Term Care (LTC) User Guide for General Information, Online Portal Basics, and Program Resources](#) on the TMHP website and in the TMHP LMS.

Note: To access the LMS, users will need to register for the LMS by clicking the **Don't Have an Account? Sign Up Here** button beneath the login field.

HCS and TxHmL providers that use third-party software and third-party vendors to submit claims can register for the [TMHP Electronic Data Interchange (EDI)](#). Providers wanting to use EDI will need to complete software testing on the [TMHP EDI Testing website](#).

Additionally, providers are encouraged to visit the TMHP [Long-Term Care web page](#). In the left-hand menu of the LTC web page, providers can find Medicaid and LTC training materials and navigational videos. In the Recent News section, providers can find published bulletins containing news and information about this change, training opportunities, and other LTC news.

More information about this change will be available in future articles on the [TMHP website](#) and in upcoming Long-Term Care Provider Bulletins.

For any questions related to the HCS & TxHmL Forms and Claims Migration Project, email [HCS_TxHmL_Form_Migration@hhs.texas.gov](#).

For EDI-related questions, call the EDI Help Desk at 888-863-3638. ■

Coming Soon: NFSS Form Available for People on Medicare Coinsurance

Beginning March 25, 2021, the Preadmission Screening and Resident Review (PASRR) Authorization Request for Nursing Facility Specialized Services (NFSS) Form can also be submitted for people who are authorized for Medicare Coinsurance. This authorization will appear as Service Group 1, Service Code 3 in the person's Medicaid Eligibility Service Authorization Verification (MESAV) record. Before this update, a nursing facility would have been unable to submit an NFSS form for a person with coinsurance and would have to wait until the person was receiving Medicaid daily care, thereby delaying services.

New Error Messages

Error messages on the Long-Term Care (LTC) Online Portal and Electronic Data Interchange (EDI) will be updated to reflect this change. One or more of the following new error messages may display if providers attempt to submit a PASRR NFSS form when the person is not authorized for the appropriate service code:

- "This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

- "This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

- "The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

- "The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

- "The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

- "This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form."

In addition to receiving one of these error messages, the NFSS form will not submit without the appropriate service codes. ■

Effective May 15, 2021, Referring Provider Information Fields Will be Added to LTC Claims

Effective May 15, 2021, the following changes will be made to the TexMedConnect user interface for Long-Term Care (LTC) Institutional (837I), Professional (837P) and Dental (837D) Claims:

- A new Referring Provider section will be added to the provider tab of the LTC claims (below the existing Rendering Provider section on Institutional claims and the Performing Provider section on Professional and Dental claims), with the following fields:

  - National Provider Identifier (NPI)/Atypical Provider Identifier (API)

  - First Name

  - Last Name

  - Middle Initial

  - Suffix

- These new Referring Provider fields will initially be enabled, blank, and optional. However, the NPI/API, First Name, and Last Name fields will all become required once the user has entered data into any one of them.

> Important changes to the TexMedConnect user interface are coming, effective May 15, 2021.

In addition, the following new validations will be put into place:

- The system will validate that the Referring Provider NPI is not the same as the Billing Provider NPI.

- The Place of Service submitted on the LTC claim will be checked to ensure that it is appropriate for the service(s) billed on the claim.

The above changes will be applied to all LTC 837I, 837P, and 837D claims, including those received from third-party/Electronic Data Interchange (EDI) submitters.

- An updated version of the EDI Companion guide will be available to assist those who are submitting these types of claims.

Referring providers are strongly encouraged to enroll in Texas Medicaid.

Additional information regarding these changes will be announced in future news articles on the TMHP LTC web page. ■

COVID-19 Updates and Resources

The Quality Monitoring Program (QMP) continues to support nursing facilities (NFs) as they care for the people living in their facilities, through both telephonic and on-site visits. It is important for all providers to stay up-to-date with all guidance and recommendations from the CDC, HHSC, and DSHS. Below are key resources for providers:

HHSC

- HHSC COVID-19 Provider Resources
- COVID-19 Response for Nursing Facilities

Texas Department of State Health Services

- COVID-19 Vaccine Information
- Hospitals and Healthcare Professionals
- COVID-19 Dashboard

Centers for Disease Control and Prevention

- COVID-19 Vaccination
- Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes
- Preparing for COVID-19 in Nursing Homes
- NHSN LTCF COVID-19 Module
- Infection Control Guidance for Healthcare Professionals about COVID-19
- Discontinuation of Transmission-Based Precautions for Patients with COVID-19
- Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19
- COVID-19: When to Quarantine
- Optimizing Supply of PPE and Other Equipment During Shortages
- Sequence for Donning and Doffing PPE

 For questions, or to receive assistance from a QMP staff member, email QMP@hhsc.state.tx.us or your assigned Technical Assistance Advisor. ■

Update - 2020 Quality in Long-Term Care Conference

Due to the COVID-19 pandemic, Health and Human Services made the decision to move forward with an online Quality in Long-Term Care conference.

The conference presentations are available on the HHS Learning Portal, and can be accessed through August 2021. To obtain a certificate of completion, participants must view the selected presentation(s), and complete the associated learning quizzes and course evaluations. The certificate, noting any continuing education hours awarded, can be downloaded from the HHS Learning Portal.

HHS received approval to award continuing education credit through the Louisiana State Nurses Association (LSNA), an Accredited Approver through the American Nurses Credentialing Center. Continuing education hours awarded through the LSNA will be accepted by the Texas Board of Nursing.

Questions can be emailed to QMP@hhsc.state.tx.us. ■

Center for Excellence in Aging Services and Long-Term Care

The Center for Excellence in Aging Services and Long-Term Care (Center) is a partnership between the Health and Human Services Commission and the University of Texas at Austin School of Nursing. The Center offers a web-based platform for the delivery of best practices, with a focus on geriatrics and disabilities. The content on the website has been adapted to meet the educational needs of a variety of professionals who provide care to residents of long-term care facilities in Texas.

Under the leadership of Dr. Tracie Harrison, the Center is an educational platform for the delivery of geriatric and disability best practices to providers of long-term care.

Dr. Tracie Harrison

Visit the Center for Excellence in Aging Services and Long-Term Care website for more information. Registration is free. ■

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TRAINING AND EVENTS

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, and MCOs

Long-term care (LTC) training sessions are available in webinar format. LTC providers are able to take advantage of live, online training webinars, as well as replays and recordings of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Programs providers, and managed care organizations (MCOs).

The webinars that are currently offered include:

- LTC Community Services Waiver Programs Webinar - Provides information that assists Community Services Waiver providers with using the LTC Online Portal to complete and submit the Medical Necessity and Level of Care (MN/LOC) Assessment
- LTC Form 3618: Resident Transaction Notice and Form 3619: Medicare/Skilled Nursing Facility Patient Transaction Notice Webinar
- LTC Nursing Facility Minimum Data Set (MDS) Assessment and Long-Term
- Care Medicaid Information (LTCMI) Webinar
- LTC Nursing Facility PASRR Webinar, Part 1
- LTC Nursing Facility PASRR Webinar, Part 2
- LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074
- Physician Certification of Terminal Illness Webinar

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the TMHP Learning Management System (LMS) at http://learn.tmhp.com. ■

Coronavirus (COVID-19)

For information about this rapidly evolving situation, check the website at TMHP.com by clicking below.

www.tmhp.com/topics/covid-19

Online Training Courses - Available on the HHS Learning Portal

These online training opportunities are available through the HHS Learning Portal:

- Feeding Assistant Training - This curriculum was developed for use by participants in a feeding assistant training class and includes both instructor-led and online components. The goal is for residents to receive more assistance with eating and drinking to help reduce the incidence of unplanned weight loss and dehydration. This course must be taught by a licensed health professional (physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; pharmacist; physical or occupational therapy assistant; registered professional nurse; licensed vocational nurse; licensed dietitian; or licensed social worker) or registered dietician, and participants must demonstrate safe feeding techniques by performing two feedings in the Module 9 Practicum under the observation of a licensed nurse.

- Advanced CNA Academy – This comprehensive, five-module online course will provide nursing facility staff with thorough and sustainable education, information, and resources related to the Advanced Certified Nursing Assistant (CNA). Individual modules examine the role of the CNA in providing quality care, nursing facility rules and regulations, quality care for geriatric residents and residents with intellectual and/or developmental disabilities or mental illnesses, the role of CNAs in supporting resident assessments, and the safety and well-being of residents. Both a final exam and a training survey are required as part of the course. This online course has been approved for 6.0 hours of continuing education credit by HHSC for CNAs. HHSC is an approved provider of continuing education credits for CNAs as governed by 26 TAC Chapter 556, Section 556.9(3)(C).

- Meaningful Engagement to Enhance Quality of Life – Designed for nursing facility activity directors, licensed nurses, certified nurse aides, and ancillary staff, this online training explains evidence-based best practices to help staff develop meaningful and relevant person-centered activity programs and implement individualized activities that reflect each resident's preferences, customary habits, and lifestyle. This online course has been approved for 4.0 hours of continuing education credit by HHSC for the following professions: CNAs and nursing facility activity directors.

To take these courses, visit the HHS Learning Portal and create a secure user account. After creating your account, navigate the portal to find the course, or use the course links provided above.

Email questions to QMP@hhsc.state.tx.us. ∎

Computer-Based Training on the Texas Medicaid & Healthcare Partnership Learning Management System

The following long-term care (LTC)-specific computer-based training (CBT) courses are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

LTC Online Portal Basics

This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account, and an overview of the features of the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.

TexMedConnect for Long-Term Care (LTC) Providers

This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:

- Log in to TexMedConnect.

- Verify a client's eligibility.

- Enter, save, and adjust different types of claims.

- Export Claim Data.

- Find the status of a claim.

- View Remittance and Status (R&S) Reports.

> The TMHP Learning Management System (LMS) has a number of online trainings that LTC providers will find helpful.

Accessing the TMHP LMS

The TMHP LMS can be accessed through the TMHP website or directly at http://learn.tmhp.com.

Users must have a user name and password to access CBTs and LTC webinar recordings in the LMS. To obtain a user name and password, providers must create an account by clicking the **Don't have an account? Sign up here.** link on the LMS home page. After creating an account, providers can access all available training materials in the LMS.

For questions about the LTC training CBTs and webinars, call the TMHP Help Desk/Call Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP Learning Management System (LMS) support at TMHPTrainingSupport@tmhp.com. ■

Reminder for Resource Utilization Group Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be able to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long-Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on current volume of enrollments and completions.

To register for the RUG training, or for more information, visit www.txstate.edu/continuinged/CE-Online/RUG-Training.html. ■

Joint Training Opportunities

Health and Human Services Commission Education Services provides a variety of training sessions through webinars for both providers and surveyors. The training calendar is updated frequently. ■

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Eligibility Information Available for Hospice Providers

As a reminder, hospice providers seeking eligibility information can pull Medicaid Eligibility and Service Authorization Verification (MESAV) using any of the following field combinations through TexMedConnect. This service can be accessed 24 hours a day, 7 days a week.

- Medicaid/Client No. and Last Name

- Medicaid/Client No. and Date of Birth

- Medicaid/Client No. and Social Security Number

- Social Security Number and Last Name

- Social Security Number and Date of Birth (DOB)

- Last Name, First Name, and DOB

Listed below are the most common eligibility types that are valid for hospice services:

Program Type	Coverage Code
Type 12, 11	P
Type 13, 51	R
Type 01, 03, 07, 08, 09, 10, 14, 15, 18, 19, 20, 21, 22, 29, 37, 40, 43, 44, 45, 46, 47, 48, 55, 61, 63, 67	R or P

For more information on TexMedConnect and utilizing MESAV, call the TMHP Long-Term Care Help Desk at 800-626-4117, Option 1. ■

REMINDERS

Local Authority Evaluator Process to Search and Access Form Types

Beginning April 23, 2020, some Local Authority (LA) users at each center gained the ability to search and access additional form types to aid with completing a Preadmission Screening and Resident Review (PASRR) Evaluation (PE) using the Power Search function on the Long-Term Care (LTC) Online Portal.

To perform these searches, the LA users MUST request a NEW LTC Online Portal user name (different from their current one) from their center's system administrator. The system administrator is required to enter a unique email address for each LTC Online Portal user name due to Health Insurance Portability and Accountability Act (HIPAA) restrictions. Therefore, a new email address needs to be requested from the IT contact at the LA before the system administrator can create the new LTC Online Portal user name for the new access permission. When creating the new LTC Online Portal user name, the system administrator MUST grant the LA Evaluator profile/security permission ONLY. Following this procedure will ensure that the ability to search and access additional form types for a specific person will be available for the new user name.

Search Criteria Combinations:

1. Medicaid Number

2. Social Security number (SSN) *and* person's last name

3. SSN *and* date of birth (DOB)

4. DOB, person's first name, *and* person's last name.

Note: The system administrator may decide to create one LTC Online Portal user name with the new access permission that can be shared among multiple LA users, which would reduce the number of unique email addresses that need to be created. For those who added this permission to their traditional LA LTC Online Portal user name and experienced issues, you will need to remove the LA Evaluator profile/security permission from this traditional LA user name. Then follow the instructions above to create the new user name with only the LA Evaluator profile/security permission.

Once the new user name is available, the user will then need to enter one of the following valid search criteria combinations to access forms:

- Medicaid Number;
- Social Security number (SSN) and person's last name;
- SSN and date of birth (DOB);
- DOB, person's first name, and person's last name.

Note: If users enter invalid search criteria combinations, they will receive an error message and no forms will be returned. Forms returned using the correct identifying information will be view-only (not editable) but can be printed.

For more information, call the TMHP Long-Term Care Help Desk at 800-626-4117, Option 1. ■

Claims Identified for Potential Recoupment Reports Available

Providers are reminded that TMHP generates the Claims Identified for Potential Recoupment (CIPR) Provider Report on a weekly basis, and TMHP maintains each CIPR Provider Report for six months after it is generated. Reviewing the CIPR Provider Report regularly helps providers avoid unexpected recoupments. The CIPR Provider Report lists claims that have been identified for potential recoupment as a result of TMHP identifying new or changed long-term care-relevant insurance policies for clients with paid claims during the policy coverage period. The CIPR Provider Report lists potentially impacted claims and the insurance company information for the corresponding long-term care-relevant policy.

For each claim identified on the CIPR Provider Report, providers must file a claim with the appropriate third-party insurance for the services previously paid by Medicaid. After receiving the response from the third-party insurance, providers must then adjust the claim listed on the CIPR Provider Report and include the Other Insurance (OI) Disposition information received from the third-party insurance. For more information about OI billing information, consult the _Long-Term Care User Guide for TexMed-Connect_ beginning on page 102. The User Guide provides information on how to submit a claim, adjusting claims, viewing Other Insurance on the Medicaid Eligibility and Service Authorization Verification (MESAV), and how to fill out the Other Insurance/Finish Tab section of the claim.

A claim will continuously appear on the CIPR Provider Report until it is adjusted with a valid OI disposition reason. If a claim identified on the CIPR Provider Report is not adjusted within 120 days from the date the claim first appeared on the CIPR Provider Report, then the Health and Human Services Commission (HHSC) will recoup the previously paid claim.

Contact Information

For questions about submission of long-term care fee-for-service claims and adjustments, call the TMHP Long-Term Care (LTC) Help Desk at 800-626-4117, Option 1.

For questions about Other Insurance information, including OI updates and OI MESAV discrepancies, call the TMHP LTC Help Desk at 800-626-4117, Option 6. ■

Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page

The Quality Monitoring Program (QMP) and the TMF Quality Improvement Organization continue to collaborate on the Texas Nursing Facility Quality Improvement Coalition Facebook page. Many great resources and educational opportunities are shared on this Facebook page, designed to improve the quality of care and quality of life for all people residing in a Texas nursing facility. In addition, this page is a means of communicating updates on current and future initiatives.

Like and follow the Texas Nursing Facility Quality Improvement Coalition Facebook page today! ■

Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers

It is important for providers to follow proper procedures when a Medicaid overpayment has been discovered. The correct way to refund money to the Health and Human Services Commission (HHSC) for a long-term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have processed to *Approved-to-pay (A)* status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to *Transferred (T)* status will require repayment by check or by deduction; deductions are set up by HHSC Provider Recoupments and Holds. If the adjustment claim processes to T status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider Recoupments and Holds to determine the appropriate method for returning the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always process an adjustment claim in TexMedConnect or via their third-party submitter. Some examples of overpayments requiring an adjustment claim include:

  - Original paid claim was billed with too many units of service.

  - Original paid claim did not properly report LTC-relevant Other Insurance payments or coverage.

  - Original paid claim was billed with the wrong revenue code and/or Healthcare Common Procedure Coding System (HCPCS) code.

- If submitted properly, LTC FFS claim adjustments to return money to HHSC will not deny for the one-year claim filing deadline edit (Explanation of Benefits [EOB] F0250).

  - LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.

- Providers SHOULD NOT use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute care claims.

Contact Information:

Entity	What they can do…
TMHP LTC Help Desk 800-626-4117, Option 1	- Assist with filing an adjustment claim - Assist with understanding the provider's Remittance and Status (R&S) Report

Entity	What they can do…
HHSC Provider Recoupments and Holds 512-438-2200, Option 3	• Provide the current outstanding balance after adjustment claims are processed • Facilitate payment to HHSC for outstanding negative T claims by provider check or deduction • Facilitate payment to HHSC for an outstanding negative balance (A or T claims) by provider check or deduction from an associated contract when the provider is no longer billing new LTC FFS claims

Long-Term Care Home Page on TMHP.com

Long-term care (LTC) has its own dedicated section on TMHP.com. All the content found under Long-Term Care at tmhp.com is up-to-date information and resources such as news articles, LTC Provider Bulletins, User Guides, and webinar information and registration.

Additionally, there are links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS), and the ability to search all of TMHP.com.

To locate the Long-Term Care page, click **Programs** at the top of tmhp.com, and then select **Long-Term Care (LTC)** from the drop-down box.

The Long-Term Care home page features recent news articles in the right-hand column of the page. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMed-Connect can be found on the home page of tmhp.com. Both of these links require a user name and password.

On the left-hand side, there are links to:

- Provider Bulletins, with links to recent Long-Term Care Provider Bulletins.
- Provider Education, which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question and answer (Q&A) documents, User Guides, and the TMHP YouTube channel.
- Reference Material, including General Information, User Guides, and Frequently Asked Questions.
- Forms, and form instructions, which includes the various downloadable forms needed by long-term care providers.

Providers are encouraged to frequently visit TMHP.com for the latest news and information. ■

Provider Relations Representatives

When Long-Term Care (LTC) providers need help, the Texas Medicaid & Healthcare Partnership (TMHP) is the main resource for general inquiries about claim rejections/denials and how to use automated TMHP provider systems (the LTC Online Portal and TexMedConnect).

Providers can call TMHP at 800-925-9126 with questions and to request on-site visits to address particular areas of provider concern. TMHP webinars for LTC Community Services Waiver Programs and nursing facility (NF)/Hospice providers are also offered specifically for LTC providers.

The map on this page, and the table below, indicate TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county, is available on the TMHP website at www.tmhp.com/resources/provider-support-services/regional-territories.
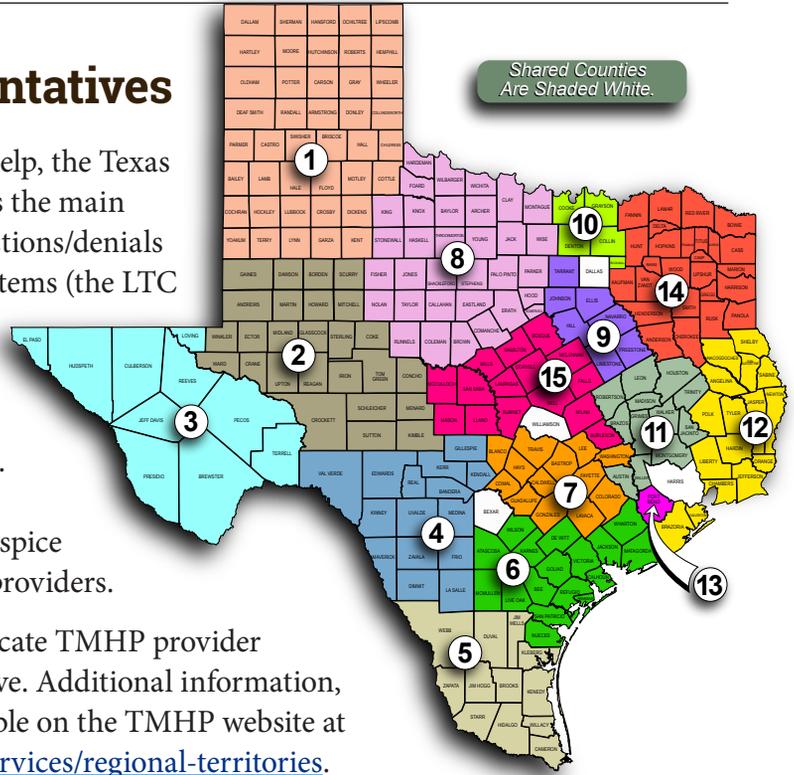
Territory	Regional Area	Representative
1	Amarillo, Childress, Lubbock	Kendra Davila
2	Midland, Odessa, San Angelo	Stacey Jolly
3	Alpine, El Paso, Van Horn	Isaac Romero
4	Carrizo Springs, Del Rio, Eagle Pass, Kerrville, San Antonio	Jacob Vasquez
5	Brownsville, Harlingen, Laredo, McAllen	Yvonne Garza-Garcia
6	Corpus Christi, San Antonio, Victoria	Araceli Wright
7	Austin, Bastrop, San Marcos	Josh Haley
8	Abilene, Wichita Falls	Brooke Livingston
9	Corsicana, Dallas, Denton, Fort Worth, Grayson	Vanessa Whitley-Parker
10	North Dallas	Jaime Vasquez
11	Bryan College Station, Houston	Christopher Morales
12	Beaumont, Galveston, Nacogdoches	Ebony Brown
13	Houston, Katy	Israel Barco
14	Longview, Marshall, Palestine, Northeast Texas	Carrita Mitchell
15	Killeen, Temple, Waco	Korey Reeder

*Bexar, Dallas, Harris, and Williamson Counties are shared by 2 or more provider representatives. These counties are divided by ZIP Codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP Code.

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TMHP LTC Contact Information

The Texas Medicaid & Healthcare Partnership (TMHP) Call Center/Help Desk operates Monday through Friday from 7:00 a.m. to 7:00 p.m., Central Time (excluding TMHP-recognized holidays).

When calling the TMHP Call Center/Help Desk, providers are prompted to enter their 9-digit Long-Term Care (LTC) provider number using the telephone keypad. When the 9-digit LTC provider number is entered on the telephone keypad, the TMHP Call Center/Help Desk system automatically populates the TMHP representative's screen with that provider's specific information, such as name and telephone number.

Providers should have their 4-digit Vendor/Facility or Site Identification number available for calls about Forms 3618 and 3619, Minimum Data Set (MDS), Medical Necessity and Level of Care (MN/LOC) Assessment, and Preadmission Screening and Resident Review (PASRR).

Providers must have a Medicaid or Social Security number and a medical chart or documentation for inquiries about a specific person.

For questions, providers should call the TMHP Call Center/Help Desk at the following telephone numbers:

- Austin local telephone number at 512-335-4729.

- Toll free telephone number (outside Austin) at 800-626-4117 or 800-727-5436.

After dialing the phone numbers above, **Choose Option 1: Customer service/general inquiry** for questions about:

- General inquiries.

- Using TexMedConnect.

- Claim adjustments.

- Claim status inquiries.

- Claim history.

- Claim rejection and denials.

- Understanding Remittance and Status (R&S) Reports.

- Forms.

- Forms 3071 and 3074.

- Forms 3618 and 3619.

- Resource Utilization Group (RUG) levels.

- Minimum Data Set (MDS).

- LTC Medicaid Information (LTCMI).

- Medical Necessity and Level of Care (MN/LOC) assessment.

- PASRR Level 1 Screening, PASRR Evaluation, and PASRR Specialized Services submission status messages.

Choose Option 2: To speak with a nurse about:

- Medical necessity.

- Custom Powered Wheelchair Form 3076.

- Forms pending denial.

- Medical necessity denial letters.

Choose Option 3: Technical Support for questions about:

- TexMedConnect – technical issues, account access, portal issues.

- Modem and telecommunication issues.

- Processing provider agreements.

- Verifying that system screens are functioning.

- American National Standards Institute (ANSI) ASC X12 specifications, testing, and transmission.

- Getting Electronic Data Interchange (EDI) assistance from software developers.

- EDI and connectivity.

- LTC Online Portal, including technical issues, account access, portal issues.

Choose Option 5: Request fair hearing for questions about:

- Individual appeals.

- Individual fair hearing requests.

- Appeal guidelines.

Choose Option 6 for questions about LTC other insurance information and updates.

Choose Option 7 to repeat this message.

Electronic Visit Verification (EVV) Contact Information

For questions about Claims, providers should call the TMHP EDI Helpdesk at: 888-863-3638, Option 4, including questions about:

- Electronic Data Interchange (EDI) – Submitting Claims for EVV.

- Claim Rejections (excluding Long-Term Care [LTC] claim rejections with error code F, RJ, and/or AC).

For questions about EVV Claims Processing, contact the entity that pays or denies your claims (i.e., the managed care organization [MCO]. See page 22 for a list of MCO phone numbers).

For questions about EVV Claims Processing that are specific to TMHP call:

- LTC: 800-626-4117, Option 1, then Option 6.

- Acute Care: 800-925-9126, Option 7.

For EVV general complaints questions, contact:

- HHSC Program Providers email: Electronic_Visit_Verification@hhsc.state.tx.us.

- MCO Program Providers at your MCO's EVV mailbox (See page 22).

For questions about MCO complaints, email: HHSC Managed Care Compliance and Operations at: HPM_Complaints@hhsc.state.tx.us.

For questions about EVV Vendor complaints, email the TMHP EVV mailbox at: EVV@tmhp.com.

If you have questions about policy and compliance, contact:

For general EVV questions about policy and compliance, email the HHSC EVV Operations mailbox at: Electronic_Visit_Verification@hhsc.state.tx.us. Questions may include:

- Rules.

- Programs and Services Required to Use EVV.

- The 21st Century Cures Act.

For general questions about EVV policy and compliance reviews, contact HHSC Program Providers at: Electronic_Visit_Verification@hhsc.state.tx.us or the MCO Program Providers at your MCO's EVV mailbox (See page 22 for a list of email addresses). Questions may include:

- Allowable Phone Identification and Recoupment.

- Compliance Oversight.

- Reason Codes.

- EVV Usage.

- Policy and Requirements.

- EVV Reports and Understanding EVV Reports.

- Visit Maintenance and Unlock Request Policy.

- Reason Codes.

For questions about the EVV Portal, email the TMHP EVV mailbox at EVV@tmhp.com or contact the EVV Vendor (See EVV Vendor list on page 22). Questions may include:

- General Support.

- EVV Provider Onboarding.

- EVV Reports in the Vendor System.

- EVV Visit Transactions – Includes Accepted and/or Rejected EVV Visit Transactions.

For questions about TexMedConnect and **Electronic Data Interchange** call the TMHP EDI Helpdesk at: 888-863-3638, Option 4. Questions may include:

- File Submission Errors.

- Form Processing (i.e., EDI Agreement, TPA, and TPAEF).

- PIMS Assistance.

- Submitter IDs – Creation and Modification.

- TexMedConnect and EDI – Account Setup, Submitting Claims for EVV.

For questions about training on the EVV Vendor System, contact the EVV Vendor (See EVV Vendor list on page 22). Questions may include:

- General questions.

- Accessing Reports.

- EVV Clock In and Clock Out Methods.

- Making Corrections through Visit Maintenance.

For questions about TMHP Systems training, email questions to the TMHP EVV mailbox at: EVV@tmhp.com.

Note: For non-system-related EVV Policy questions email the HHSC Program Providers at: Electronic_Visit_Verification@hhsc.state.tx.us or the MCO Program Providers at your MCO's EVV mailbox (See below for a list of email addresses). Questions may include:
- EVV Portal and EVV Standard Reports.

- Claims submission.

EVV Vendor list

DataLogic Software, Inc./Vesta:

Phone: 844-880-2400
Email: info@vestaevv.com

First Data Government Solutions/AuthentiCare:

Phone: 877-829-2002
Email: AuthenticareTXSupport@firstdata.com

MCO EVV Contact Information

Contact Information for MCOs.

Name of MCO	Phone	Email
Aetna	844-787-5437	evvmailbox@aetna.com
Amerigroup	800-454-3730	TXEVVSupport@amerigroup.com
Blue Cross Blue Shield	877-784-6802	BCBSTX_EVV_Questions@bcbstx.com
Children's Medical Center Health Plan	800-947-4969	cmchpevv@childrens.com
Cigna-Health Spring	877-653-0331	providerrelationscentral@healthspring.com
Community First Health	855-607-7827	cfhpevv@cfhp.com

Name of MCO	Phone	Email
Cook Children's Health Plan	800-964-2247	CCHPEVV@cookchildrens.org
Driscoll Children's Health Plan	877-324-7543	evvquestions@dchstx.org
Molina Healthcare of Texas	866-449-6849	mhtxevv@molinahealthcare.com
Superior Health Plan	877-391-5921	SHP.EVV@superiorhealthplan.com
Texas Children's Health Plan	800-731-8527	EVVGroup@texaschildrens.org
United Health Group	888-887-9003	uhc_evv@uhc.com

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the QIES Technical Support Office (QTSO) at help@qtso.com or 800-339-9313.

HHSC Contact Information

The following is HHSC contact information for questions listed.

If you have questions about the **12-month rule**, contact:

- Community Services - Community Services Contract Manager.

- Institutional Services (NFs)—Provider Claims Services: 512-438-2200, Option 1.

- IDD Services—Provider Claims Services: 512-438-2200, Option 1.

If you have questions about **Community Services** contract enrollment:

- Email: hhseopcm@hhsc.state.tx.us

- Voice mail: 512-438-3550.

If you have questions about **Hospice services** contract enrollment:

- Email: IDDWaiverContractEnrollment@hhsc.state.tx.us

If you have questions about **ICF/IID and nursing facility contract enrollment,** call 512-438-2630.

If you have questions about **Days paid and services paid information for cost reports**, use TexMed-Connect to submit a batch of CSIs.

If you have questions about **Rate Analysis** contacts visit this website: https://rad.hhs.texas.gov/long-term-services-supports/contact-list. Contact information is listed by subject.

If you have questions about **how to prepare a cost report** (forms and instructions) and approved rates posted, visit this website: rad.hhs.texas.gov/long-term-services-supports then select the appropriate program.

If you have questions about how to sign up for, or obtain **direct deposit**, or how to sign up for **electronic funds transfer,** call Accounting at: 512-438-2410.

If you have questions about how to obtain **IRS Form 1099-Miscellaneous Income,** call Accounting at: 512-438-3189.

If you have questions about **Medicaid eligibility, applied income**, and **name changes**, contact a Medicaid for the Elderly and People With Disabilities (MEPD) worker, or the Integrated Eligibility and Enrollment (IEE) Call Center at telephone number 2-1-1 or visit the website: https://yourtexasbenefits.hhsc.texas.gov/.

If you have questions about **PASRR policy and rules**, email PASRR.Support@hhsc.state.tx.us.

Note: *When emailing the PASRR mailbox, do not include the person's identifying information; instead, send the Document Locator Number (DLN), so PASRR staff can find the form.*

For additional learning opportunities, information, and forms, visit: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr.

If you have questions about **Payment Issues** (If payment has not been received after more than 10 days from the date of billing), call the HHSC Payment Processing Hotline at: 512-438-2410.

If you have questions about **Personal Needs Allowance** (PNA), call Provider Claims Services at: 512-438-2200, Option 2.

If you have questions about **PASRR Quality Service Review,** call a PASRR Quality Service Review Program Manager at: 512-438-5413.

If you have **Targeted Case Management** Service Authorization questions for Local Intellectual and Developmental Disability Authorities (LIDDAs), contact the HHSC Regional Claims Management Coordinator at website: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts.

If you have questions about Service Authorization questions for **Guardianship Program,** call the HHSC Office of Guardianship at: 512-438-2843.

If you have questions about **Deductions and provider-on-hold** questions for **Institutional Services (nursing facilities)**, contact the HHSC Regional Claims Management Coordinator at website: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts or Institutional Services (NFs)—HHSC Provider Recoupments and Holds at: 512-438-2200, Option 3.

If you have questions about **Deductions and provider-on-hold** questions for **Community Services,** call the Community Services Contract Manager or IDD Services at: 512-438-4722.

If you have questions about **Invalid or inappropriate recoupments** for nursing facilities and Hospice services, call HHSC Provider Recoupments and Holds at: 512-438-2200, Option 3.

If you have questions about **Status of warrant/direct deposit after a claim has been transmitted to Accounting** (fiscal) by TMHP, visit the Comptroller's website at: www.window.state.tx.us. Choose the State-to-Vendor-Payment Info-Online-Search link or call Accounting at: 512-438-2410. When calling Accounting, provide the Provider/contract number assigned by HHSC.

Note: *Allow 5-7 business days for processing of claims before verifying payment information.*

If you have questions about **Texas State University Resource Utilization Group** (RUG) training, call the Office of Continuing Education Online course at: 512-245-7118 or visit the website at: www.txstate.edu/continuinged.

If you have questions about Long-Term Care (LTC) Provider Recoupments and Holds (PRH) including torts and trusts and/or annuities for which the state is the residual beneficiary, call PRH at: 512-438-2200, Option 3.

For Questions about Community Care for the Aged and Disabled Programs (CCAD), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Medically Dependent Children Program (MDCP), Home and Community-based Services (HCS), Texas Home Living Waiver (TxHmL), and Hospice Programs

If you have questions about **CLASS Program Policy,** call 512-438-5077, 877-438-5658 or email ClassPolicy@hhsc.state.tx.us.

For questions about **HCS Program Policy,** call 512-438-4478 or email HCSPolicy@hhsc.state.tx.us.

For questions about **MDCP Program Policy,** call 512-438-3501, 877-438-5658, or email MDCPpolicy@hhsc.state.tx.us.

For questions about **TxHmL Program Policy,** call 512-438-4639 or email TxHmlPolicy@hhsc.state.tx.us.

For questions about **DBMD Program Policy,** call 512-438-2622, 877-438-5658, or email dbmdpolicy@hhsc.state.tx.us.

For questions about **CCAD financial or functional eligibility criteria** or **CCAD service authorization issues,** contact the caseworker.
Note: *For more contact information visit:*
https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts.

For questions about **CCAD Program policies and procedures,** email CCADPolicy@hhsc.state.tx.us.

For **Hospice policy** questions, email: HospicePolicy@hhsc.state.tx.us.

For questions about **Hospice Program service authorization issues,** call Provider Claims Services at: 512-438-2200, Option 1.

For questions about **Home and Community-based Services (HCS) and Texas Home Living Waiver (TxHmL)** billing and payment reviews, call the Billing and Payment Hotline at: 512-438-5359 or email: HCS.TxHml.BPR@hhsc.state.tx.us.

For questions about policy for **HCS TxHmL**, email: HCSpolicy@hhsc.state.tx.us or TxHmLpolicy@hhsc.state.tx.us.

For questions about **HCS, TxHmL, CLASS, or DBMD** Program Enrollment/Utilization Review (PE/UR): Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC), call HCS or TxHmL at: 512-438-5055 or Fax: 512-438-4249. Call CLASS or DBMD at: 512-438-4896 or Fax: 512-438-5135.

For questions about **Vendor Holds for HCS/TxHmL,** call 512-438-3234 or email: IDDWaiverContractEnrollment@hhsc.state.tx.us.

For questions about **Individual Rights (individual/family complaints concerning LIDDA, HCS, and TxHmL),** call IDD Ombudsman at 800-252-8154 or email: OmbudsmanIDD@hhsc.state.tx.us. Learn more about the IDD Ombudsman at https://hhs.texas.gov/idd-help.

For questions about **invalid or inappropriate CCAD recoupments,** call HHSC Provider Recoupments and Holds at: 512-438-2200, Option 3.

Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) and Nursing Facility Programs

If you have questions about the **HHS Quality Monitoring Program,** email: QMP@hhsc.state.tx.us.

For questions about **Payment information for cost reports or a Quality assurance fee (QAF),** call 512-424-6552.

For questions about **Health and Human Services Commission Network (HHSCN) connection problems,** call 512-438-4720 or 888-952-4357.

For questions about **ICF/IID durable medical equipment (DME), DME authorizations, Home and Community-Based Services (HCS), Texas Home Living Waiver (TxHmL)**, home modifications, adaptive aids, and dental services approvals, call Provider Claims Services at: 512-438-2200, Option 5.

For questions about **ICF/IID/Residential Care (RC) Individual Movement Form IMT/service authorization,** call Provider Claims Services at: 512-438-2200, Option 1.

For **Client Assessment Registration (CARE) System Help Desk for ICF/IID,** call 888-952-4357. Request HHSC Field Support staff.

For questions about **Program enrollment/Utilization Review (PE/UR), Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC),** call 512-438-5055 or Fax: 512-438-4249.

For questions about **Provider contracts and vendor holds for ICF/IID** or **Provider access to ICF/IID CARE system,** call 512-438-2630.

For questions about **MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619** missing/incorrect information, call Provider Claims Services at: 512-438-2200, Option 1.

For questions about **Rehabilitation and specialized therapy/emergency dental/Customized Power Wheelchair (CPWC)** service authorizations, call Provider Claims Services at: 512-438-2200, Option 6, or Fax: 512-438-2302.

For questions about **Service authorizations for nursing facilities,** call Provider Claims Services at: 512-438-2200, Option 1 or Fax: 512-438-2301.

For questions about **invalid or inappropriate recoupments for ICF/IIDs,** call the HHSC Help Desk at: 512-438-4720 or 800-214-4175.

For questions about **Consumer Rights and Services,** call Consumer Rights and Services at: 800-458-9858, email: ciicomplaints@hhsc.state.tx.us, or visit the website at: https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services.

For questions about **Medicaid policy, personal needs allowance, provider administrative or service requirements**, or other ICF/IID topics not already listed on this page, contact the ICF/IID Medicaid Policy Questions mailbox at ICFIID.Questions@hhsc.state.tx.us.

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Acronyms In This Issue

Acronym	Definition
AMA	American Medical Association
ANSI	American National Standards Institute
API	Atypical Provider Identifier
CARE	Client Assessment Registration
CBT	Computer-Based Training
CCAD	Community Care for Aged and Disabled Programs
CDT	Current Dental Terminology
CIPR	Claims Identified for Potential Recoupment
CNA	Certified Nursing Assistant
CLASS	Community Living Assistance and Support Services
CPT	Current Procedural Terminology
CPWC	Customized Power Wheelchair
DBMD	Deaf Blind with Multiple Disabilities
DLN	Document Locator Number
DME	Durable Medical Equipment
DOB	Date of Birth
EDI	Electronic Data Interchange
EVV	Electronic Visit Verification
FARS/DFARS	Federal Acquisition Regulations System/Department of Defense Regulation System
FFS	Fee-For-Service
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-Based Services
HHSC	Health and Human Services Commission
HHSCN	Health and Human Services Commission Network
HIPAA	Health Insurance Portability and Accountability Act
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability
ID/RC	Intellectual Disability - Related Condition
IEE	Integrated Eligibility and Enrollment
IMT	Individual Movement
IPC	Individual Plan of Care
LA	Local Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMS	Learning Management System
LSNA	Louisiana State Nurses Association
LTC	Long-Term Care
LTCMI	Long-Term Care Medicaid Information
MCO	Managed Care Organization
MDCP	Medically Dependent Children's Program

Acronym	Definition
MDS	Minimum Data Set
MEPD	Medicaid for the Elderly and People With Disabilities
MESAV	Medicaid Eligibility and Service Authorization Verification
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
NFSS	Nursing Facility Specialized Services
NPI	National Provider Identifier
OI	Other Insurance
OT	Occupational Therapy
PASRR	Preadmission Screening and Resident Review
PCSP	PASRR Comprehensive Service Plan
PE	PASRR Evaluation
PE/UR	Program Enrollment/Utilization Review
PL1	PASRR Level One
PLU	Provider Location Update
PNA	Personal Needs Allowance
PRH	Provider Recoupments and Holds
PT	Physical Therapy
QAF	Quality Assurance Fee
QMP	Quality Monitoring Program
QTSO	QIES Technical Support Office
R&S	Remittance and Status
RC	Residential Care
RN	Registered Nurse
RUG	Resource Utilization Group
SSN	Social Security Number
ST	Speech Therapy
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living Waiver

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