

LTC Online Portal Enhancements Nursing Facility/Hospice Providers Effective July 31, 2009

- An adjustment has been made in the Long Term Care Medicaid Information (LTCMI) section. Previously, the portal would not allow entry of the same date for the Missed Assessment Start Date (S1f) and the Missed Assessment End Date (S1g) providers are now able to seek reimbursement for a single missed day.
- Corrections to Field 10 on the Admission/Discharge Resident Transaction Notice (3618) and Discharge Medicare/Skilled Nursing Facility Patient Transaction Notice (3619) will no longer be allowed if the parent form or any predecessor form has been successfully processed at the Department of Aging and Disability Services (DADS). If a modification to the Transaction type needs to be made, the form will need to be inactivated and a new form submitted. A successfully processed form will be indicated by a status of “Processed/Complete” or “PCS Processed/Complete.”
- Corrections to Field 10 on the Admission Medicare/Skilled Nursing Facility Patient Transaction Notice (3619) will no longer be allowed if the parent form or any predecessor form has been submitted to the DADS Service Authorization System (SAS). If a modification to the Transaction field needs to be made, the form will need to be inactivated and a new form submitted.
- Validation will be done to ensure that the effective date of the assessment, rather than the TMHP received date, is within the dates the contract is in effect. Effective dates are based on the type of assessment being submitted. Minimum Data Set (MDS) Admission Assessment effective dates are based on the Date of Entry (AB1). Quarterly and Comprehensive/Annual MDS assessment effective dates are based on the Date RN Assessment Coordinator signed as complete (R2b). For any assessment containing a Purpose Code ‘E’ or ‘M,’ the effective date will be based on the Missed Assessment Start Date (S1f). All current timeliness rules still apply.
- The Medical Necessity Letters that are generated through the LTC Online Portal have been updated by DADS. The letters are sent to providers, doctors, and clients and have been re-written to improve clarity and comprehension.

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- Date validation edits will be added to the Date of Above Transaction Field on Form 3618 – Resident Transaction Notice, and Form 3619 – Medicare/SNF Patient Transaction Notice. When submitting a form that is between one and five years old, providers will receive the following warning message to verify that they have entered the correct date: “Date of Above Transaction is over one year old, do you want to continue?” Providers will have the option of choosing “OK” or “Cancel” before the form will continue to process. If a provider submits a Date of Above Transaction that is equal to or more than 5 years old, the form will not be accepted onto the LTC Online Portal. Additionally, forms with a future date in the Date of Above Transaction field will continue to not be accepted onto the LTC Online Portal.

- Providers will be able to delete unwanted or unnecessary comprehensive or quarterly Minimum Data Set (MDS) assessments that are in a status of “Awaiting LTC Medicaid Information” on the LTC Online Portal. At the end of the DLN row, providers will see a new column on the Forms Status Inquiry (FSI) page that contains a “Delete” hyperlink for each assessment. To delete an assessment, providers must click the “Delete” hyperlink associated with that assessment. When the “Delete” hyperlink is chosen, the provider will see a message asking them to verify that they do intend to delete the chosen assessment by choosing “OK”. If the assessment should not be deleted, the provider will need to click the “Cancel” button. A confirmation message, “Assessment Successfully Deleted”, will be displayed at the top of the page whenever an MDS assessment is successfully deleted by the provider. Once deleted, the assessment will no longer be available on the LTC Online Portal. To delete MDS assessments, providers must have the appropriate security permissions. Providers who are currently the administrator of an NPI/Contract number on the LTC Online Portal will be automatically updated with the permission needed to delete MDS assessments. No action will be required by these users. Users who are NOT currently designated as the administrator of an NPI/Contract on the LTC Online Portal must work with their administrators to receive this new permission. Administrators will be able to add the “Delete MDS” permission to any non-administrator users through the My Account/Modify Permissions screens on the LTC Online Portal.
- Providers will be able to submit MDS Purpose Code E (Missed Assessments) with a missed assessment date range greater than 92 days. This allows providers to submit one MDS Purpose Code E to cover large gaps in dates.
- Providers will be able to sort the “Current Activity” screen within each form type, in a variety of different ways. By clicking on the heading of a column, the provider can choose to sort results by Document Locator Number (DLN), Received Date, Social Security Number (SSN), Medicaid Number, Medicare Number, Name, or Status. When the user clicks on a column heading the first time, it is sorted in ascending order. By clicking on the column heading a second time, the sort will change to descending order. Sorting will apply only within the form type where the header being clicked is located.
- Third-party vendors will be allowed to submit the Long Term Care Medicaid Information (LTCMI) section of the MDS directly onto the LTC Online Portal. For questions related to this change in functionality, providers are directed to contact their third-party software vendors.
- When printing the LTCMI section of the MDS, the resident’s name will appear on the top left hand side of each page. The name will be populated based on the information in section AA1 of the MDS assessment.

Changes to Prior Authorization for Non-Emergency Ambulance Transport Effective September 1, 2009

Prior authorization is required for all non-emergency ambulance transport. The special evening and weekend hours for submitting prior authorization requests by telephone ended on September 1, 2009. Providers may continue to submit prior authorizations on the TMHP website at www.TMHP.com or fax a copy of the Ambulance Fax Cover Sheet to the TMHP Ambulance Unit at **1-512-514-4205**. Hospitals may continue to call TMHP at **1-800-540-0694** to request prior authorization Monday through Friday, 7 a.m. - 7 p.m., Central Time.

Other prior authorization changes include the following:

- A request for a one-day transport may be submitted on the next business day following the transport in some circumstances; however, every attempt should be made to obtain prior authorization before the transport takes place.
- A request for a recurring transport must be submitted before the client is transported by ambulance.
- A request may be granted for a period of up to 180 days.

Authorization requests for one day transports that are submitted beyond the next business day, will be denied. Denied authorizations may not be appealed by the provider.

Additional information regarding non-emergency ambulance transport prior authorization and the authorization process may be found in the *2009 Texas Medicaid Provider Procedures Manual* section 8.3.2 "Non-emergency Ambulance Services," page 8-9.

For more information, call the TMHP Contact Center at **1-800-925-9126**.