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**Highlights**

- Information on the changes to the Preadmission Screening and Resident Review on the Long Term Care Online Portal can be found on page 3.

- An explanation of the diagnosis code qualifier requirements for claims submitted on both TexMedConnect and EDI is on page 4.

- New webinars are available for Nursing Facilities, Hospice, and Community Services Waiver Program Providers, see page 7.
Texas Taking the Next Step: Dementia in Long Term Care and Community Settings

The Texas Department on Aging and Disability Services (DADS) and Texas State University are hosting a free, one-day event focusing on dementia in long-term care and community settings.

This educational event will help long term care and community care professionals, as well as family caregivers learn innovative methods to better care for older adults with dementia, and learn non-pharmacological strategies for managing dementia-related behaviors. The information provided will help empower staff and family caregivers, while gaining knowledge of standards for care, and reducing caregiver stress by providing easy-to-implement tools and information.

Texas Taking the Next Step: *Dementia in Long Term Care and Community Settings* will be held August 20, 2015, at the Palmer Events Center in Austin, Texas.

For more information, and to register for the event, visit [http://texastakingthenextstep.com/index.html](http://texastakingthenextstep.com/index.html). Seating is limited, so register today!

PASRR Service Planning Team – Specialized Services Intellectual and Developmental Disability Local Authorities

On October 30, 2015, Texas Medicaid & Healthcare Partnership (TMHP) will implement a modification to the Long Term Care (LTC) Online Portal to support documentation of Preadmission Screening and Resident Review (PASRR) specialized services information for Nursing Facility individuals, as a result of the Service Planning Team (SPT) meetings.

A new PASRR Specialized Services (PSS) form will be implemented as the instrument by which Local Intellectual and Developmental Disability Authorities (LIDDAs) will have the ability to document PASRR specialized services information on the LTC Online Portal (Initial, Quarterly, and Update). The PSS form will initiate from a positive PASRR Evaluation (PE) where the individual is IDD or Dual (IDD and Mental Illness [MI]).

Additionally, the following modifications will be implemented:

- View-only capabilities of the PSS form by Local Mental Health Authorities (LMHAs), Nursing Facility providers, and managed care organizations (MCOs).
- Search capabilities of the PSS form will be added to the Form Status Inquiry (FSI), including export functionality.

Additional information regarding the PSS form will be published November 5, 2015, as addenda to the LTC Nursing Facility/Hospice and LTC Local Authority PASRR Workshop User Guides. A detailed Item-by-Item Guide for completing the PSS form will be published on the Department of Aging and Disability Services (DADS) PASRR and TMHP websites on October 28, 2015. Providers are encouraged to monitor the LTC home page on TMHP.com for informative articles relating to this modification.

For questions about these changes to the LTC Online Portal, contact the LTC Help Desk at 1-800-626-4117, Option 1.
What’s New

Long Term Care Online Portal Preadmission Screening and Resident Review (PASRR) Changes

Effective July 7, 2015, Nursing Facilities (NFs) must document the interdisciplinary team (IDT) meetings through the Long Term Care (LTC) Online Portal.

For a resident with a positive PASRR Evaluation (PE), the IDT meeting is held within 14 days of a resident’s admission into the Nursing Facility. This meeting is held to determine whether the individual is best served in a facility or community setting and to identify which of the specialized services recommended for the resident that the resident, or legally authorized representative (LAR) on the resident’s behalf, wants to receive.

The interdisciplinary team consists of:

- The resident;
- The resident’s LAR, if any;
- A registered nurse from the Nursing Facility with responsibility for the resident;
- A representative of the Local Intellectual or Developmental Disability Authority (LIDDA) or Local Mental Health Authority (LMHA); and
- Others as follows:
  - Concerned persons whose inclusion is requested by the resident or LAR;
  - Persons specified by the resident or LAR, Nursing Facility, or LIDDA or LMHA, as applicable, who are professionally qualified, certified, or licensed with special training and experience in the diagnosis, management, needs, and treatment of people with mental illness (MI), intellectual disability (ID), or development disability (DD); and
  - If the resident is school eligible, representatives of the appropriate school district as requested by the resident or LAR.

The Nursing Facility must document the IDT meeting within three business days after the ID meeting is held by clicking on the IDT tab located on the individual’s completed PASRR Level 1 (PL1) Screening Form on the LTC Online Portal and entering the following information:

- The date of the IDT meeting;
- The names of the people who participated in the IDT meeting;
- The Nursing Facility specialized services, LIDDA specialized services, and LMHA specialized services that were agreed to in the IDT meeting; and
- The determination of whether the resident is best served in a facility or community setting.

As a required member of the IDT, a representative of the LIDDA or LMHA will confirm, within five business days after the IDT meeting is held, their attendance at the meeting (in person or by telephone) and that the specialized services listed on the IDT tab were those agreed to during the IDT meeting.
LTC Claims Submitted With Diagnosis Codes Via TexMedConnect and EDI Will Require ICD Qualifier

Professional and Institutional Claims Submitted Via TexMedConnect

Effective August 28, 2015, professional and institutional long term care (LTC) claims submitted via TexMedConnect will require providers to manually select the International Classification of Diseases, Ninth Revision (ICD-9) or the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis code qualifier. Updates to LTC professional and institutional claim templates will be required to accommodate these changes.

New TexMedConnect Field

Qualifier drop-down menu located on the Diagnosis tab

TexMedConnect will have a qualifier drop-down menu located on the Claim Submission – Step 2 of the Diagnosis tabs. The qualifier is required for all LTC professional and institutional claim submissions.

If the qualifier information is not entered, providers will receive the following error message, “Qualifier is required.”

For professional and institutional claims, if the qualifier selected does not match the Diagnosis code entered based on the Date(s) of Service, TexMedConnect will display the following error message: “Diagnosis [1234] is invalid. Matching diagnosis not found in the standard code set for Date of Service.”

Note: [1234] will display exactly what value was entered into the Diagnosis code field(s).

For more information, call the LTC Help Desk at 1-800-626-4117, Option 1.

Professional, Institutional, and Dental Claims Submitted Via EDI

Effective August 29, 2015, professional, institutional, and dental long term care (LTC) providers must submit a valid ICD-9 or ICD-10 diagnosis code and corresponding qualifier on all claims submitted through the Electronic Data Interchange (EDI).

Health Insurance Portability and Accountability Act (HIPAA) edits will be enabled on August 29, 2015, that will validate diagnosis codes and the corresponding qualifier through EDI, and claims with invalid codes and qualifiers will reject.

If an invalid code and qualifier is entered, providers will see the following error messages:

- “0x3939631 (SNIP 5): ICD-9-CM Diagnosis code is invalid in Health Care Diagnosis Code. Expected value is from external code list - ICD-9-CM Diagnosis Code (131).”
- “0x393964C (SNIP 5): ICD-10-CM Diagnosis code is invalid in Health Care Diagnosis Code. Expected value is from external code list - ICD-10-CM Diagnosis Code (897).”

For more information, call the EDI Help Desk at 1-888-863-3638. The EDI Help Desk is available from 7:00 a.m. to 7:00 p.m., Central Time, Monday through Friday.
Avoid Miscellaneous Fee-for-Service Claims

The State of Texas fiscal year (FY) runs from September 1 through August 31. In the upcoming FY 2016, any fee-for-service claims submitted for FY13 (September 1, 2012, through August 31, 2013) that are received by the Texas Medicaid & Healthcare Partnership (TMHP) to be paid by the Department of Aging and Disability Services (DADS) on or after this year’s fiscal year-end cutoff in August become Miscellaneous Claims that cannot be paid through the standard Claims Management System payment process. A Miscellaneous Claim occurs when the service dates on a claim are older than two FYs before the current FY. Miscellaneous Claims for services that are less than eight years old or those that total less than $50,000 owed to a single legal entity are paid on a first-come, first-served basis using funds that are appropriated during each legislative session. Any Miscellaneous Claim over $50,000 or for services more than eight years old cannot be paid except as a special line item in the state budget.

If a provider submits a claim that has already become a Miscellaneous Claim, the claim is processed as a Transferred Status claim and appears on Remittance and Status (R&S) Reports with a “T” status. The provider should not calculate “T” status claims in the Total Paid Amount on the R&S Report. “T” status claims must be submitted to the Texas Comptroller for Public Accounts for processing and payment, and are subject to the funding limitations described above. The Department of Aging and Disability Services (DADS) Third Party Recovery (TPR) Unit processes “T” status claims on a monthly basis. Assistance in filing an Application for Payment of Claim Against the State of Texas may be obtained by contacting TPR at (512) 438-2200, Option 3 (for Nursing Facilities, Hospice, and Intermediate Care Facilities for Persons with Intellectual Disabilities [ICF/ IID]), and Option 4 (for Community Care for the Aged and Disabled).

Providers should submit their claims in a timely manner to avoid significant delays in payment caused by Miscellaneous Claims. It is also useful to review R&S Reports each week.

For more information on Miscellaneous Claims, refer to Long Term Care Information Letter 15-37 – “Preparing for the Upcoming Fiscal Year 2015 Fee-For-Service Claims Billing Closeout” for fiscal year-end cutoff date information, providers should monitor online notices published on the LTC web page at www.tmhp.com/Pages/LTC/ltc_home.aspx and the DADS Information Letter notices at www.dads.state.tx.us/providers/communications/letters.cfm.

Claims Submitted via TexMedConnect for Different Fiscal Years Cannot Be Combined

Providers must not combine any line-item details for services that were provided in different fiscal years (FYs) on the same fee-for-service claim. For example, since September 1 is the beginning of the state FY, two separate claims are required for services provided in August and September. One claim would be for services provided in August, and a second claim would be for services provided in September.

Claims will be denied if a provider combines two different fiscal years on the same claim.

For more information about Miscellaneous Claims and claims that span more than one FY, call the Texas Medicaid & Healthcare Partnership (TMHP) Call Center/Help Desk at 1-800-626-4117, Option 1, or refer to the June 24, 2015, Long Term Care Information Letter No. 15-37, “Preparing for the Upcoming Fiscal Year 2015 Fee-for-Service Claims Billing Closeout.”
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 the Long Term Care Tab at www.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 Tab, click “providers” on the green bar at the top of www.tmhp.com and then click “Long Term Care” on the yellow bar.

The Long Term Care home page features recent news articles by category and news articles that have been posted within the last seven days. In the upper right hand corner, there are links to both the LTC Online Portal and TexMedConnect. Both of these links require a User name and password.

On the left hand navigational bar, there are links to:

• **Program Information/FAQ**, including frequently asked questions;
• **Department of Aging and Disability Services (DADS) Information Letters**;
• **Reference Material**, including manuals, User guides, and other publications;
• **Forms**, which includes the various downloadable forms needed by Long Term Care providers;
• **Provider Support Services**, where providers can locate their Provider Relations Representative, find all of the telephone numbers for the Contact Center and relevant state and federal offices;
• **Provider Education**, which lists all of the provider education opportunities offered by TMHP, workshop registration, computer-based training modules, a link to the LMS, and written training materials; and
• **Helpful Links** for Long Term Care Providers.

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

All Aboard The T.R.A.I.N. (Texas Reducing Antipsychotics In Nursing Homes) Webinar Recording Available

The Department of Aging and Disability Services (DADS) Quality Monitor Pharmacist and the Minimum Data Set (MDS) Clinical Coordinator for Texas hosted an ALL ABOARD THE T.R.A.I.N! – Strategies to Stay on Track Managing Antipsychotic (AP) Drug Usage webinar on May 8, 2015. The webinar, which was produced by DADS Quality Monitoring Program, was about Antipsychotic (AP) Drug Coding and Care Clarifications. Topics included in this webinar were:

• AP Coding on the MDS by Drug Classification (with examples).
• Diagnosis coding in Section I (that relate/impact AP drug use and Quality Measure [QM] reporting).
• AP Long and Short Stay QM specifications.
• Appropriate Use of AP.
• Inappropriate Use of AP.
• Drug Reduction/Elimination of AP.
• Question & Answer.

Nursing Facility staff, including nursing staff; director and assistant directors of nurses; administrators; MDS coordinators; medical directors; physicians who prescribe antipsychotics for residents in Nursing Facilities; and pharmacists are encouraged to view the posted recorded webinar at: Texas Quality Matters website.

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 Updates

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

Long Term Care (LTC) training sessions have been upgraded to a webinar format. On-location LTC Live workshops are no longer offered. LTC providers are now able to take advantage of live, online training webinars, as well as replays of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. Two LTC webinars which replaced the previous LTC live workshops were presented live in July. These webinars targeted Nursing Facility (NF) and Hospice providers, and Community Services Waiver Programs providers. The next series of live webinars for these providers will be presented in October 2015. Replays of the July webinars are available on the TMHP Learning Management System (LMS) at http://learn.tmhp.com.

Providers are encouraged to monitor the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com for upcoming webinar information.

**LTC NF/Hospice Provider Webinar Series**

The LTC NF/Hospice webinar series is delivered online and includes information that will enable the provider to submit forms, screenings, and assessments accurately and efficiently. Gain a better understanding of the functions and benefits of using the LTC Online Portal to complete and submit the Long Term Care Medicaid Information (LTCMI) associated with the Minimum Data Set (MDS). This webinar series contains updates on the Preadmission Screening and Resident Review (PASRR) and Medical Necessity determination processes.

Sample Topics:

- Medical Necessity (MN) process including the Fair Hearing process.
- Minimum Data Set (MDS) submission process.
- The PASRR process, including:
  - The Medical Necessity determination on the PASRR Evaluation;
  - MDS LTCMI rejection process; and
  - Understanding how and when PASRR alerts are generated, how to access alerts and how to respond to alerts.
- How to prepare and complete Department of Aging and Disability Services (DADS) Forms 3071, 3074, 3618, 3619 and PL1 Screening Form, PASRR Evaluations.
- Understanding Document statuses.
- Correcting, Modifying, and Inactivating documents.
Reminders

• Managing the provider workflow.

**LTC Webinar Series for Community Waiver Providers**

The Community Services Waiver Programs Webinar series is delivered online. This webinar series provides information that will assist Community Services Waiver providers and MCOs in submitting assessments accurately and efficiently. This course describes how to use the LTC Online Portal to complete and submit forms and assessments relevant to Waivers, MCOs, and Community First Choice (CFC) users.

Sample Topics:
• Identifying and following the MN process, including the Fair Hearing process.
• LTCMI section.
• Submitting Medical Necessity and Level of Care (MN/LOC) Assessments for state Medicaid payment.
• Identifying assessment statuses.
• Managing provider workflow.

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**Reminders**

**Long Term Care Provider Preparation for ICD-10 Implementation**

The *International Classification of Diseases, Tenth Revision*, Clinical Modification (ICD-10-CM) code set will replace ICD-9-CM codes that are used to report medical diagnoses and inpatient procedures through Health Insurance Portability and Accountability Act (HIPAA) standard transactions. The effective date for implementation of the ICD-10-CM code sets is October 1, 2015. After the ICD-10-CM code implementation, long term care (LTC) providers will not be able to use ICD-9-CM codes for effective dates after October 1, 2015.

The new ICD-10-CM code set affects diagnosis coding for all entities that use standard transactions that are identified in HIPAA. Health-care providers, payers, clearinghouses, and billing services must be prepared to comply with the October 1, 2015, ICD-10-CM code set implementation. In preparation for the implementation, providers are encouraged to consider the following:

• Long Term Care (LTC) providers who submit claims through TexMedConnect will need to select the appropriate ICD Qualifier based on date of service (DOS). This will require providers to update all of their templates.
  ▪ For claims submitted with DOS on or before September 30, 2015, the ICD Qualifier is 9.
  ▪ For claims submitted with DOS on or after October 1, 2015, the ICD Qualifier is 0.
• An ICD-10 Related Condition Code link will be placed on the PASRR Level 1 (PL1) and the PASRR Evaluation (PE) forms.
• Nursing Facility providers will need to align with the federal Centers for Medicare & Medicaid Services guidelines for Minimum Data Set (MDS) submission.
• Community Services providers must be prepared to submit the Medical Necessity and Level of Care (MN/LOC) Assessment using the new ICD-10-CM diagnosis codes.
Reminders

- ICD-10-CM codes will be required on the Long Term Care Medicaid Information (LTCMI) section of the MDS submitted on the LTC Online Portal.
- LTC providers will be required to submit ICD-10-CM diagnosis codes on all claims.
- LTC providers will be required to submit ICD-10-CM diagnosis codes on all ID/RCs (Form 8578) with effective dates on or after October 1, 2015.
- Making software changes required to submit assessments or claims with ICD-10-CM code sets, or meeting with any system vendors and/or clearinghouses you may have regarding changes needed for ICD-10-CM implementation.

Providers should watch for future Department of Aging and Disability Services (DADS) information letters related to the October ICD-10-CM code set implementation.

Additional information is available on the federal Centers for Medicare & Medicaid Services website at [www.cms.gov/Medicare/Coding/ICD10/](http://www.cms.gov/Medicare/Coding/ICD10/).

**Computer-Based Training (CBT) on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS)**

The following LTC-specific CBTs are currently available on the TMHP LMS:

- **LTC Online Portal Basics.** This interactive CBT provides a basic overview of the LTC Online Portal, including 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 hands-on experience.
- **TexMedConnect for Long Term Care (LTC) Providers.** This CBT teaches providers how to use TexMedConnect to verify a client’s eligibility, create claims, and find claim status.

**Accessing the TMHP LMS**

The TMHP LMS can be accessed through the TMHP website at [www.tmhp.com/Pages/Education/Ed_Reg.aspx](http://www.tmhp.com/Pages/Education/Ed_Reg.aspx), or directly at [http://learn.tmhp.com](http://learn.tmhp.com).

Users must have a User name and Password to access CBTs in the LMS. To obtain a User name and Password, providers must create an account by clicking the Registration link at the top right-hand corner of the LMS home page. After creating an account, providers can access all available CBT materials in the LMS.

For questions about the content in the CBTs above, call the TMHP Call Center/Help Desk at 1-800-626-4117 or 1-800-727-5436. For CBT log in or access issues, email TMHP Learning Management System (LMS) support at [TMHPTrainingSupport@tmhp.com](mailto:TMHPTrainingSupport@tmhp.com).
Preadmission Screening and Resident Review (PASRR) Training Available

The Department of State Health Services (DSHS) PASRR program staff and the Department of Aging and Disability Services (DADS) PASRR Unit staff have created PASRR training which is available online. Local Mental Health Authorities (LMHAs) can learn more at PASRR: For Local Mental Health Authorities (LMHAs). Referring Entities (REs) can learn how to complete the hardcopy PASRR Level 1 (PL1) Screening Form at PASRR Training For Referring Entities.

For more information, users can access the DSHS PASRR Training home page at www.dshs.state.tx.us/mhsa/pasrr/training/.

Nursing Facility staff can access the DADS PASRR home page for more information regarding PASRR processes and procedures affecting them at www.dads.state.tx.us/providers/pasrr/index.cfm.

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 completions 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.
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 1-800-925-9126 with questions and to request on-site visits to address particular areas of provider concern. TMHP workshops and computer-based training (CBT) for LTC Community Services Waiver Programs and Nursing Facility (NF)/Hospice providers are also offered specifically for LTC providers. For current schedules check the Provider Education Home Page on the TMHP website at www.tmhp.com/Pages/Education/Ed_Reg.aspx.

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/Pages/SupportServices/PSS_Reg_Support.aspx.

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<td>Kendra Davila</td>
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<td>2</td>
<td>Midland, Odessa, San Angelo</td>
<td>Stacey Jolly</td>
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<td>3</td>
<td>Alpine, El Paso, Van Horn</td>
<td>Isaac Romero</td>
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<td>4</td>
<td>San Antonio, Kerrville, Del Rio, Eagle Pass, Carrizo Springs</td>
<td>Sean Parker</td>
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<td>5</td>
<td>Brownsville, Harlingen, McAllen, Laredo</td>
<td>Yvonne Garza Garcia</td>
</tr>
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<td>6</td>
<td>Corpus Christi, San Antonio, Victoria</td>
<td>Araceli Wright</td>
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<tr>
<td>7</td>
<td>Austin, Waco, Bastrop, San Marcos</td>
<td>Kim Flanagan</td>
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<tr>
<td>8</td>
<td>Abilene, Witchita Falls</td>
<td>Alisa Hinton</td>
</tr>
<tr>
<td>9</td>
<td>Dallas, Fort Worth, Denton, Grayson, Corsicana</td>
<td>Vanessa Whitley-Parker</td>
</tr>
<tr>
<td>10</td>
<td>North Dallas</td>
<td>Kirk Crumbley</td>
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<td>11</td>
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<td>Linda Wood</td>
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<td>12</td>
<td>Nacogdoches, Beaumont, Galveston</td>
<td>Gene Allred</td>
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<td>Israel Barco</td>
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<td>14</td>
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<td>Carrita Mitchell</td>
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* Austin, Dallas, Houston, and San Antonio territories are shared by 2 or more provider representatives. These territories are divided by ZIP Codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP Code.
TMHP LTC Contact Information

The Texas Medicaid & Healthcare Partnership (TMHP) Call Center/Help Desk operates Monday through Friday from 7 a.m. to 7 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 individual.

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 1-800-626-4117 or 1-800-727-5436

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<td>Modem and telecommunication issues</td>
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Provider Resources

For questions about...  Choose...
- Electronic transmission of Forms 3071, 3074, 3618, and 3619  - Interpreting Quality Indicator (QI) Reports  - Option 3: Technical support
- Form Status Inquiry  - Current Activity (formerly Weekly Status Report)
- Technical issues  - MDS submission problems
- Transmitting forms  - MN/LOC Assessment submission problems

- Individual appeals  - Appeal guidelines  - Option 5: Request fair hearing
- Individual fair hearing requests

LTC other insurance information and updates  Option 6
To repeat this message  Option 7

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the MDS Automation Coordinator at brian.johnson@dads.state.tx.us or (512) 438-2396.

DADS Contact Information

If you have questions about...  Contact...
12-month claims payment rule  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
Community Services contract enrollment  Email: communityservicescontracts@dads.state.tx.us
Voice mail (512) 438-3550
Hospice Services contract enrollment  Email: communityservicescontracts@dads.state.tx.us
Voice mail (512) 438-3550
ICF/IID and Nursing Facility contract enrollment  (512) 438-2630
Days paid and services paid information for cost reports  Use TexMedConnect to submit a batch of CSIs
Rate Analysis contacts  Website: www.hhsc.state.tx.us/rad/long-term-svcs/index.shtml. Contact information is listed by program
How to prepare a cost report (forms and instructions)/approved rates posted contact  Website: www.hhsc.state.tx.us/rad/long-term-svcs/index.shtml then select appropriate program
How to sign up for, or obtain direct deposit/electronic funds transfer  Accounting: (512) 438-2410
How to obtain IRS Form 1099-Miscellaneous Income  Accounting: (512) 438-2410
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| Medicaid eligibility, applied income, and name changes | Medicaid for the Elderly and People With Disabilities (MEPD) worker  
Integrated Eligibility and Enrollment (IEE) Call Center at telephone number 2-1-1  
Website: [http://yourtexasbenefits.hhsc.state.tx.us/programs/health](http://yourtexasbenefits.hhsc.state.tx.us/programs/health) |
| ID/DD PASRR Policy Questions  
• PASRR Level 1 Screening Form (PL1)  
• PASRR Evaluation (PE) | DADS PASRR Unit 1-855-435-7180  
Email: pasrr@dads.state.tx.us  
Website: [www.dads.state.tx.us/providers/pasrr/](http://www.dads.state.tx.us/providers/pasrr/) |
| MI PASRR Policy Questions  
• PASRR Level 1 Screening Form (PL1)  
• PASRR Evaluation (PE) | DSHS PASRR Office 1-866-378-8440  
Email: pasrr@dshs.state.tx.us  
Website: [www.dshs.state.tx.us/mhsa/pasrr/](http://www.dshs.state.tx.us/mhsa/pasrr/) |
| Personal Needs Allowance (PNA) | Provider Claims Services (512) 438-2200, Option 2 |
| Service Authorization questions for Local Authorities (LA) | DADS Assigned Regional Claims Management Coordinator |
| Service Authorization questions for Guardianship Program | DADS Guardianship (512) 438-2843 |
| Deductions and provider-on-hold questions for Institutional Services (Nursing Facilities) | Institutional Services (NFs)—Provider Claims Services:  
(512) 438-2200, Option 3  
Website: [https://hhsportal.hhs.state.tx.us/iam/portal](https://hhsportal.hhs.state.tx.us/iam/portal) |
| Deductions and provider-on-hold questions for Community Services | Community Services Contract Manager or IDD Services:  
(512) 438-5652 |
| Invalid or inappropriate recoupments for nursing facilities and hospice services | Provider Claims Services: (512) 438-2200, Option 3 |
| Status of warrant/direct deposit and/or payment issues after a claim has been transmitted to Accounting (fiscal) by TMHP | Comptroller’s website: [www.window.state.tx.us](http://www.window.state.tx.us)  
Choose the **State-to-Vendor-Payment Info-Online-Search** link.  
Accounting (512) 438-3989  
When calling Accounting, provide the Provider/contract number assigned by DADS. |
| Texas State University Resource Utilization Group (RUG) training | The Office of Continuing Education:  
Online course: (512) 245-7118  
Website: [www.txstate.edu/continuinged](http://www.txstate.edu/continuinged) |
| Long Term Care (LTC) Third Party Recovery (TPR) including torts and trusts and/or annuities for which the state is the residual beneficiary | Provider Claims Services: (512) 438-2200, Option 4  
Website: [https://hhsportal.hhs.state.tx.us/iam/portal](https://hhsportal.hhs.state.tx.us/iam/portal) |
<p>| <strong>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</strong> | |</p>
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## Provider Resources

If you have questions about... | Contact...  
--- | ---  
ICF/IID/Residential Care (RC) Individual Movement Form IMT/service authorization questions | Provider Claims Services (512) 438-2200, Option 1  
Client Assessment Registration (CARE) System Help Desk for ICF/IID | 1-888-952-4357: request HHSC Field Support staff  
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) | (512) 438-5055  
Fax: (512) 438-4249  
Provider contracts and vendor holds for ICF/IID | (512) 438-2630  
Provider access to ICF/IID CARE system | (512) 438-2630  
MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619 missing/incorrect information | Provider Claims Services: (512) 438-2200, Option 1  
Website: [https://hhsportal.hhs.state.tx.us/iam/portal](https://hhsportal.hhs.state.tx.us/iam/portal)  
MDS 3.0 Scheduling and Coding Questions | MDS Clinical Coordinator 1-210-619-8010  
Website: [www.dads.state.tx.us/providers/mds](http://www.dads.state.tx.us/providers/mds)  
Rehabilitation therapy/emergency dental/Customized Power Wheelchair (CPWC) service authorizations | Provider Claims Services: (512) 438-2200, Option 6  
Fax: (512) 438-2302  
Service authorizations for nursing facilities | Provider Claims Services: (512) 438-2200, Option 1  
Fax: (512) 438-2301  
Website: [https://hhsportal.hhs.state.tx.us/iam/portal](https://hhsportal.hhs.state.tx.us/iam/portal)  
Invalid or inappropriate recoupments for ICF/IIDs | HHSC Help Desk: (512) 438-4720 or 1-800-214-4175  
Consumer Rights and Services | Consumer Rights and Services: 1-800-458-9858  
Email: CRSComplaints@dads.state.tx.us  
Website: [www.dads.state.tx.us/services/crs/index.html](http://www.dads.state.tx.us/services/crs/index.html)  
**Surrogate Decision Making Program (SDMP) for people receiving community-based services through the ICF/IID program** |  

### Acronyms In This Issue

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<td>ANSI</td>
<td>American National Standards Institute</td>
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<td>AP</td>
<td>Antipsychotic</td>
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<td>CARE</td>
<td>Client Assessment Registration</td>
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<td>CBT</td>
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<td>CFC</td>
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<td>CLASS</td>
<td>Community Living Assistance and Support Services</td>
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<td>CM</td>
<td>Clinical Modification</td>
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### Acronym | Definition
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CPT | Current Procedural Terminology
CPWC | Customized Power Wheelchair
CSI | Claim Status Inquiry
DADS | Department of Aging and Disability Services
DBMD | Deaf Blind with Multiple Disabilities
DD | Developmental Disability
DME | Durable Medical Equipment
DOS | Date of Service
DSHS | Department of State Health Services
EDI | Electronic Data Interchange
FAQ | Frequently Asked Questions
FARS/DFARS | Federal Acquisition Regulations System/Department of Defense Regulation System
FFS | Fee-For-Service
FSI | Form Status Inquiry
FY | Fiscal Year
GDT | Goal-Directed Therapy (Rehabilitative Services)
HCS | Home and Community-Based Services
HHSC | Health and Human Services Commission
HHSCN | Health and Human Services Commission Network
HIPAA | Health Insurance Portability and Accessibility Act
ICD | International Classification of Diseases
ICD-9 | International Classification of Diseases, Ninth Revision
ICD-10 | International Classification of Diseases, Tenth Revision
ICF/IID | Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions
ID | Intellectual Disability
IDD | Intellectual and Developmental Disability
ID/RC | Intellectual Disability/Related Condition
IDT | Interdisciplinary Team
IEE | Integrated Eligibility and Enrollment
IMD | Institution for Mental Disease
IPC | Individual Plan of Care
LA | Local Authority
LAR | Legally Authorized Representative
LIDDA | Local Intellectual or Developmental Disability Authority
LMHA | Local Mental Health Authority
LMS | Learning Management System
LTC | Long Term Care
LTCMI | Long Term Care Medicaid Information
## Provider Resources

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<td>MCO</td>
<td>Managed Care Organization</td>
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<td>Medically Dependent Children's Program</td>
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<td>MDS</td>
<td>Minimum Data Set</td>
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<td>MEPD</td>
<td>Medicaid for the Elderly and People with Disabilities</td>
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