

How to Submit an Appeal

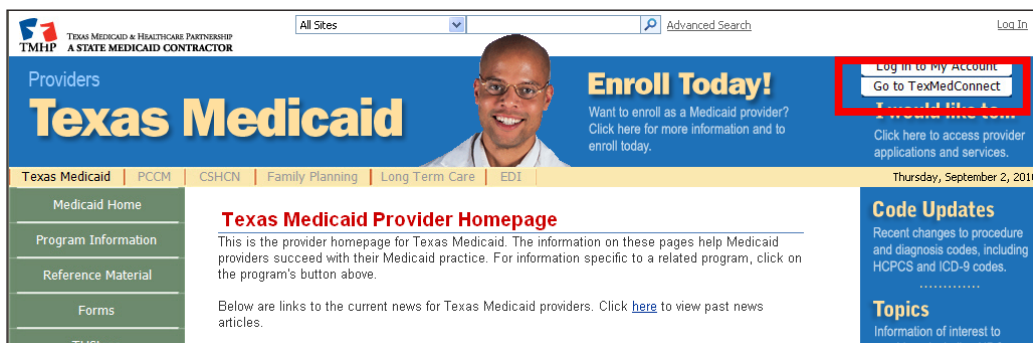
Electronic Appeals through TexMedConnect

Claims with a finalized status can be appealed directly from TexMedConnect through the TMHP website at www.tmhp.com. To appeal a claim, follow these steps:

- 1) Go to www.tmhp.com and click **providers** in the header.



- 2) Click **Go to TexMedConnect** in the upper right corner.



- 3) Enter your User name and Password.



Note: You must have appropriate security rights to access this section.

- 4) Click **Appeals** in the left navigation column of the TexMedConnect screen.



Note: If you do not know the claim number, enter information about the claim and click **Search**. If a match is found, the CSI Search Details screen will appear.

- 5) Enter the claim number you want to appeal and click **Lookup**.
 - If you do not know the claim number, enter information about the claim and click **Search**.



- 6) When the claim is open, click **Appeal Claim** to continue the appeal process.
 - The information from the original claim will auto-populate into the fields.



- 7) Select the appeal type from the drop-down menu:
 - Adjustment - a normal appeal and will be submitted to TMHP for reconsideration.
 - Void - causes the original claim to be recouped in full if payment was received.

Claim Submission - Step 2

Please disable pop-up blocker to print.

| Claim Type | Patient | Provider | Status | Claim No. |
|------------|---------------|------------|--------|--------------------------|
| Outpatient | MAMAMAZ, RAUL | 1717171717 | Paid | 100023030200929400000000 |

PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM

Appeal Information

Frequency Code *

Adjustment - Allow adjustments to be made to the claim
 Void - Void claim and recoup any money previously paid on this claim

Original Client No. 22322324

Patient Identification Numbers

Account No. * 52525252 SSN Client Number * 525252524

Name and Address

Last Name * MAMAMAZ First Name * RAUL MI * R Suffix *

Street * 333 CHURCH RD City * YEGUIN State * TX ZIP+4 * 75555

Patient General Information

Gender * Male Patient Date of Birth * 1/11/2000

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You are logged on as a TMHP Employee. By clicking the submit button, this claim will be sent to Compass21 for front end edits only. This claim will not be fully processed by Compass21.

Note: Not all fields are copied from the R&S Report or Claim Status Inquiry (CSI).

- 8) Move through the claim tabs and make all of the changes that are appropriate for the appeal you want to submit.
- 9) On the OTHER INSURANCE / SUBMIT CLAIM tab, read the certification, terms, and conditions and click to check the “We Agree” box.

Certification, Terms And Conditions

Please Review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

We Agree

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- 10) You have the option of submitting the appeal, saving the appeal as a draft, or saving the appeal to batch. Click **Submit** when you are ready to submit the appeal.

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We Agree

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Note: If the appeal is successfully submitted, an ICN number will be generated. If there are errors on the appeal, error messages will appear. If necessary, correct the error and re-submit the appeal.

Automated Inquiry System (AIS)

AIS Appeals Guide

To access the AIS automated appeals guide, providers can call **1-800-925-9126**, Option 1. Providers may submit up to three fields per claim and 15 appeals per call. If during any step invalid information is entered three times, the call transfers to the TMHP Contact Center for assistance.

The following appeals may be submitted using AIS:

- **Provider Information (Excluding Medicare Crossovers):** The correct provider identifier is required for the billing provider, performing provider, referring provider, and limited provider. The name and address of the provider are required for the facility.
- **Claim Corrections:** MTP providers may correct the following:
 - Date of birth (DOB)
 - Place of Service (POS)
 - Quantity billed
 - Authorization Number
 - Beginning Date of Service (DOS)
 - Ending DOS

The following appeals may not be appealed through AIS:

- Claims listed on the R&S Report as incomplete claims
- Claims listed on the R&S Report with \$0 allowed and \$0 paid
- Claims that require supporting documentation (e.g., physician signature, claim form)
- Procedure code, modifier, or diagnosis code
- Claims listed as pending or in process with Explanation of Pending Status (EOPS) messages
- Claims denied as past filing deadline except when retroactive eligibility deadlines apply
- Claims denied as past the payment deadline

Providers may appeal these denials either electronically or on paper.

Refer to: *“Disallowed Electronic Appeals”, in the current Texas Medicaid Provider Procedures Manual (TMPPM), Vol. 1 General Information to determine whether these appeals can be billed electronically. If these appeals cannot be billed electronically, a paper claim must be submitted.*

Paper Claim Appeals

After determining a claim cannot be appealed electronically or through AIS, the claim may be appealed on paper by completing the following:

- 1) Submit a copy of the R&S Report page on which the claim is paid or denied. A copy of other official notification from TMHP may also be submitted.
- 2) Submit one copy of the R&S Report for each claim appealed.
- 3) Circle only one claim per R&S Report page.
- 4) Identify the reason for the appeal.
- 5) If applicable, indicate the incorrect information and provide the corrected information that should be used to appeal the claim.
- 6) Attach a copy of any supporting documentation that is required or has been requested by TMHP. Supporting documentation must be on a separate page and not copied on the opposite side of the R&S Report.

Submit correspondence, adjustments, and appeals to the following address:

Texas Medicaid & Healthcare Partnership
Appeals/Adjustments
PO Box 200645
Austin, TX 78720-0645

Paper appeals may be submitted for TPI-only claims submitted before the end of the NPI Implementation contingency period, but only for claims with at least one detail that indicates a paid status. TPI-only claims on which all details have been denied cannot be appealed with a TPI only. Paper appeals for claims on which all details have been denied must be submitted with both a TPI and NPI for billing and performing providers.

All other provider fields on the claim forms (referring, facility, admitting, operating, and other) require only an NPI.

Providers that choose to appeal the claim with NPI information must continue submitting both a TPI and an NPI until the claim is finalized.

Note: *It is strongly recommended that providers submitting paper appeals retain a copy of the documentation being sent. It also is recommended that paper documentation be sent by certified mail with a return receipt requested. This documentation, along with a detailed listing of the claims enclosed, provides proof that the claims were received by TMHP, which is particularly important if it is necessary to prove that the 120-day appeals deadline has been met. If a certified receipt is provided as proof, the certified receipt number must be indicated on the detailed listing along with the Medicaid number, billed amount, DOS, and a signed claim copy. The provider may need to keep such proof regarding multiple claims submissions if the provider identifier is pending.*