

# Follow-up to “Coming Soon: TexMedConnect and EDI to Accept Most Claim Submissions for Routing to Health and Dental Plans”

Information posted January 30, 2012

This is a follow-up to an article titled [“Coming Soon: TexMedConnect and EDI to Accept Most Claim Submissions for Routing to Health and Dental Plans,”](#) which was published on this website on December 1, 2011.

S. B. 7, 82<sup>nd</sup> Legislature, Special Session, 2011, requires the Texas Health and Human Services Commission (HHSC) to provide a single source through which providers can submit Medicaid fee-for-service and Medicaid managed care claims to be routed to the appropriate entity, either TMHP or the Medicaid managed care organization (MCO) that administers the client’s Medicaid managed care benefits. In response to this requirement, TMHP will add functionality to the existing electronic claims filing system. Effective for dates of service on or after March 1, 2012, TMHP will serve as a conduit for MCO claims, and providers will be able to submit claims for the following MCO and dental plan services through TexMedConnect and through TMHP’s electronic data interchange (EDI):

- State of Texas Access Reform (STAR)
- STAR+PLUS
- STAR-Health
- Children’s Medicaid Dental Services

TMHP will accept the claim submissions and forward the claims as necessary to the MCO or dental plan that administers the client’s Medicaid managed care benefits as indicated on the client’s Medicaid eligibility file.

**Important:** *TMHP will not have access to the MCO or dental plan claims, benefits, or processes. Providers must call the MCO or dental plan that processed a claim for information about explanation of benefits (EOB), claims payment or denial, claim rejection, how to correct a rejected claim, or any other questions about the MCO or dental plan claim guidelines and processes.*

## Requirements for Appropriate Claims Routing

### MCO and Dental Plan Claims Submitted Using EDI Version 5010

Providers that submit MCO or dental plan claims to TMHP through TMHP EDI must submit their ANSI 837 transactions using EDI Version 5010. Although the deadline for EDI Version 5010 readiness, is March 31, 2012, for other claims submitted to TMHP, this deadline does not apply to MCO or dental plan claims. MCO or dental plan claims that are submitted using EDI Version 4010 will not be accepted for forwarding to an MCO or dental plan.

Between March 1, 2012, and March 31, 2012, providers whose systems are not compliant with EDI Version 5010 must submit claims to the MCOs or dental plans using a method other than TMHP EDI.

**Note:** *TexMedConnect is compliant with EDI Version 5010, and all claims submitted through TexMedConnect are transmitted as EDI Version 5010 transactions.*

**Refer to:** [“Reminder: EDI Version 5010 Required January 1, 2012,”](#) which was published on this website on October 19, 2011, and [“EDI Version 5010 Deadline Extended to April 1, 2012,”](#) which was published on this website on December 20, 2011, for additional information about the EDI Version 5010.

## **Client Eligibility File Updates**

TMHP’s client eligibility files are updated daily with the exception of foster care eligibility files, which are updated monthly. If a Medicaid MCO or dental plan updates their eligibility files for newborns and clients in foster care on a different schedule than TMHP, it is possible for a routed claim to be rejected for no eligibility even if the client’s eligibility is verified through AIS or other eligibility verification resources.

When claims are rejected by an MCO or dental plan for no eligibility, providers need to contact the MCO or dental plan for information about the rejection.

## **MCO or Dental Plan Subcontractors**

MCOs or dental plans may subcontract with other carriers for value-added or other services. Providers must contact the MCO or dental plan that administers the client’s Medicaid managed care benefits to determine the most appropriate way to submit claims to a MCO or dental plan subcontractor.

## **Claims That Will Not Be Routed**

TMHP will not forward the following claims submissions:

- Paper claim forms
- Electronic submissions for:
  - Pharmacy
  - NorthSTAR
  - Children’s Health Insurance Program (CHIP)
  - Long term care services

These claims must be submitted directly to the MCO or dental plan that administers the client’s Medicaid managed care benefits.

**Reminder:** *Medicare coinsurance and deductible claims (i.e., crossovers) for clients who have Medicare and Medicaid dual-eligibility must be submitted to TMHP on paper if the claims were not originally crossed over from the Medicare Intermediary or the Coordination of Benefits Administrator (COBA).*

## **Changes to TexMedConnect**

Effective for dates of service on or after March 1, 2012, providers that are submitting claims through TexMedConnect for routing to an MCO or dental plan will see new and changed screens.

## Claims Submission – No Changes Until Claim Is Submitted

All TexMedConnect screens and processes are the same for fee-for-service and managed care claims filing until the provider clicks **Submit**, and this process is not changing with the March 1, 2012, update.

When a provider clicks **Submit**, however, a claim for MCO or dental plan services will be forwarded to the MCO or dental plan that administers the client's Medicaid managed care benefits.

TMHP will not have any information about how forwarded claims are processed. Providers can determine which entity to talk to about a claim by checking the confirmation screen.

- If the confirmation screen indicates an MCO or dental plan name and contact information, the provider must contact the MCO or dental plan with questions about that claim.
- If the confirmation screen does not indicate an MCO or dental plan name and contact information, the provider can contact TMHP with questions about that claim.

The following TexMedConnect screens will be changed to provide information about the claims administrator responsible for processing the claim including contact information.

## Claims Submission – Step 2 Confirmation Screen

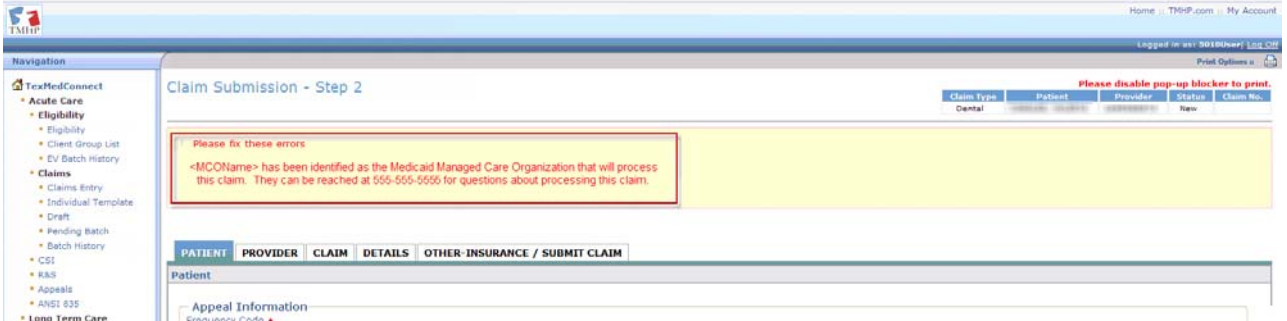
When a claim for a client who is covered by an MCO or dental plan is submitted, the following new information will appear to inform the provider of the name of the MCO or dental plan to which the claim was submitted and the MCO's or dental plan's contact information:

### Claims Submission – Step2: Forwarded Claim

The screenshot shows the 'Claim Submission - Step 2' confirmation screen in the TexMedConnect system. The main content area displays a message: '<MCOName> has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 555.555.5555 for questions about processing this claim.' Above this message, a box indicates 'The TMHP EDI Transaction Number is 21083DN1111'. Submitted at 10/6/2011 12:20:19 PM by 5010User. A table at the top right shows the claim details: Claim Type (Outpatient), Patient, Provider, Status (Forwarded), and E.T.N. (21083DN1111). Red arrows point to various elements: 'Displays EOB message returned from the 277CA' points to the message box; 'Displays Forwarded based on receiving ETN' points to the Status cell; 'Please disable pop-up blocker to print.' points to the print icon; and 'Displays the EDI Transaction Number' points to the E.T.N. cell.

If the claim is accepted and forwarded to the MCO or dental plan, but the MCO or dental plan detects an error on the submitted claim and rejects the claim, the Claim Submission – Step 2 confirmation screen will show a message that indicates the client's MCO or dental plan name and contact information:

### Claims Submission – Step2: Claim Rejected by MCO or Dental Plan

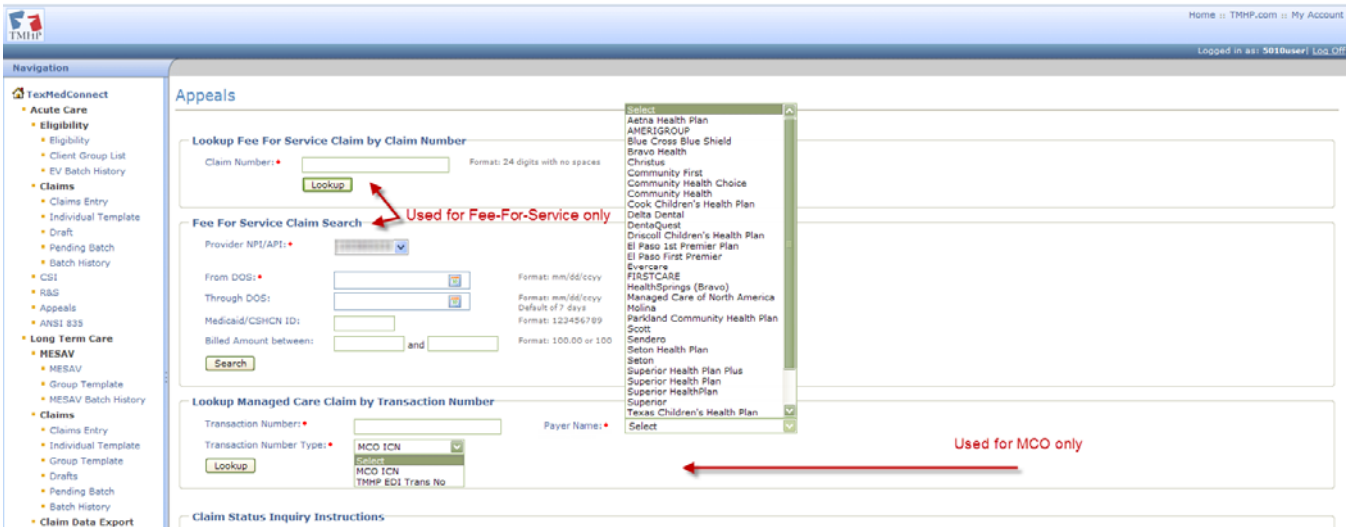


**Important:** TMHP will not have access to the MCO or dental plan claims, benefits, or processes. Providers must call the MCO or dental plan that processed a claim for information about explanation of benefits (EOB), claims payment or denial, claim rejection, how to correct a rejected claim, or any other questions about the MCO or dental plan claim guidelines and processes.

## Appeals screen

An additional section called Lookup Managed Care Claim by Transaction Number has been added to the Appeals screen. Providers can use the TexMedConnect Appeals screen to revise and resubmit claims that have been rejected by an MCO or dental plan.

## Appeals



Only claims that were rejected by an MCO or dental plan may be resubmitted through TexMedConnect's appeals screen. Claims that were denied by the MCO or dental plan must be appealed directly to the MCO or dental plan using the MCO's or dental plan's established appeals processes. Denied MCO or dental plan claims cannot be appealed through TexMedConnect or EDI.

The Transaction Number is either the MCO or dental plan internal control number (ICN) or the TMHP EDI transaction number:

- The MCO or dental plan ICN will be provided by the MCO or dental plan. TMHP will not have access to this number.

- The TMHP EDI transaction number is the number attached to the claim. If the claim was submitted through TexMedConnect, the TMHP EDI transaction number was included on the Claims Submission – Step 2 confirmation screen when the claim was submitted.

The payer name is the name of the MCO or dental plan that administers a client's Medicaid managed care benefits.

## Claims Status Inquiry (CSI) Search Details Screen

Providers will be able to use the TexMedConnect Claims Status Inquiry (CSI) screen to check the status of MCO or dental plan claims that were submitted through TMHP.

### CSI Search Details – Forwarded Claim

Navigation

TexMedConnect

- Acute Care
  - Eligibility
    - Client Group List
    - EV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Draft
    - Pending Batch
    - Batch History
  - CSI
  - R&S
  - Appeals
  - ANSI 835
- Long Term Care
  - MESAV
    - MESAV
    - Group Template
    - MESAV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Group Template
    - Drafts

CSI Search Details

[New Lookup](#)

Claim Information	
TMHP EDI Trans No	67018WW555555
Status	Forwarded
Status Date	4/27/2011
MCO Name	<MCOName>
MCO Phone No	555-555-5555
MCO ICN	

This claim has been forwarded to <MCOName> for processing. Contact <MCOName> at 555-555-5555 for questions related to this claim.

Forwarded MCO Contact information message.

The CSI Search Details screen will include the following information:

- **TMHP EDI Transaction No.** The TMHP EDI transaction number is the number attached to the claim. If the claim was submitted through TexMedConnect, the TMHP EDI transaction number was included on the Claims Submission – Step 2 confirmation screen when the claim was submitted.
- **Status of the claim.** A “Forwarded” status indicates that the claim has been routed to the MCO or dental plan. An “Accepted” status indicates that the claim has been accepted by the MCO or dental plan, and is pending review. A “Rejected” status indicates that the claim has been rejected by the MCO or dental plan and will not be reviewed at that time.
- **Status Date.** The status date is the date the status of this submission was dispositioned.
- **MCO Name.** The name of the MCO or dental plan that administers the client's Medicaid managed care benefits.
- **MCO Phone No.** The contact number for the MCO or dental plan for all questions about the claim.

- **MCO ICN.** The claim number assigned by the MCO or dental plan to the accepted claim. Claims in “Forwarded” and “Rejected” status will not have an MCO ICN assigned.

### CSI Search Details – Accepted Claim

Navigation

TexMedConnect

- Acute Care
  - Eligibility
    - Client Group List
    - EV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Draft
    - Pending Batch
    - Batch History
  - CSI
  - R&S
  - Appeals
  - ANSI 835
- Long Term Care
  - MESAV
    - MESAV
    - Group Template
    - MESAV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Group Template
    - Drafts
    - Pending Batch

CSI Search Details

[New Lookup](#)

Claim Information	
TMHP EDI Trans No	G701SWW555555
Status	Accepted
Status Date	4/27/2011
MCO Name	<MCOName>
MCO Phone No	555-555-5555
MCO ICN	12345678901234567890

**Appeal Claim**

The 'Appeal Claim' button appears for "Accepted" claims

This claim has been accepted by <MCOName> for processing. Contact <MCOName> at 555-555-5555 for questions related to this claim.

Accepted MCO Contact information message.

### CSI Search Details – Rejected Claims

Navigation

TexMedConnect

- Acute Care
  - Eligibility
    - Client Group List
    - EV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Draft
    - Pending Batch
    - Batch History
  - CSI
  - R&S
  - Appeals
  - ANSI 835
- Long Term Care
  - MESAV
    - MESAV
    - Group Template
    - MESAV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Group Template
    - Drafts
    - Pending Batch
    - Batch History

CSI Search Details

[New Lookup](#)

Claim Information	
TMHP EDI Trans No	G701SWW555555
Status	Rejected
Status Date	4/27/2011
MCO Name	<MCOName>
MCO Phone No	555-555-5555
MCO ICN	

**Appeal Claim**

The 'Appeal Claim' button appears for "Rejected" claims

This claim has been rejected by <MCOName>. Before making any corrections to this claim, contact <MCOName> at 555-555-5555 for more information.

Rejected MCO Contact information message

**Important:** TMHP will not have access to the MCO or dental plan claims, benefits, or processes. Providers must call the MCO or dental plan that processed the claim for information about claim rejections, how to correct a rejected claim, or any other questions about claim guidelines and processes for the MCO or dental plan.

## Batch History – List of Claims screen

The TexMedConnect Batch History will display all claims that were submitted to TMHP through TexMedConnect, including claims processed by TMHP and claims processed by an MCO or dental plan:

### Batch History – List of Claims - <batch number>

Status	Client #	Account No	Payer Name	Last Name	First Name	Start Date	Billed Amt	Claim Form	User ID
Forwarded		TMCMCOForward837P	TMHP	WALKER	WALKER	12/09/2011	\$ 45.00	Professional	9010user
Accepted		TMCFPEcept837e	TMHP	WALKER	WALKER	12/20/2011	\$ 45.00	Professional	9010user
Rejected		COR78MCOvision2	TMHP	WALKER	WALKER	01/03/2012	\$ 26.00	Vision	9010user
Rejected		COR78MCOvision	TMHP	WALKER	WALKER	01/02/2012	\$ 25.00	Vision	9010user

Total Billed Amount: \$110.00  
Batch ID: E112RGWG

Go Back

- MCO Names will only appear if the status is "Forwarded" or "Accepted" under the 'Payer Name' column.  
- If a Fee-For-Service claim is Accepted, "TMHP" is displayed under the 'Payer Name' column.

Providers can check the batch history to determine the status of all of the claims in each batch submitted to TMHP through TexMedConnect. The following information will appear in the list of claims:

- **Status.** A "Forwarded" status indicates that the claim has been routed to the MCO or dental plan. An "Accepted" status indicates that the claim has been accepted by the MCO or dental plan and is pending review. A "Rejected" status indicates that the claim has been rejected by the MCO or dental plan and will not be reviewed at that time.
- **Client #.** The client's Medicaid number.
- **Account No.** The client's account number as entered by the provider.
- **Payer Name.** This field will indicate the entity that processed or will process the claim – either "TMHP" or the name of the MCO or dental plan that administers the client's Medicaid managed care benefits.
- **Last Name.** The client's last name.
- **First Name.** The client's first name.
- **Start Date.** The first date of service entered on the claim.
- **Billed Amt.** The total amount billed on the claim for the services rendered.
- **Claim Form.** The type of claim that was submitted (e.g., "Dental" for THSteps dental claims submitted on the electronic equivalent of the American Dental Association (ADA) Dental Claim form, "Professional" for claims submitted on the electronic equivalent of the CMS-1500 paper claim form, or "Inpatient" for inpatient hospital claims submitted on the electronic equivalent of the CMS-1450 UB-04 paper claim form).
- **User ID.** The user ID of the claims submitter.

For questions and additional information about MCO or dental plan claims processing guidelines and procedures, providers must call the MCO or dental plan that administers the client's managed care benefits.

**Refer to:** The PCCM homepage at [www.tmhp.com/Pages/PCCM/PCCM\\_Home.aspx](http://www.tmhp.com/Pages/PCCM/PCCM_Home.aspx) for additional information including a list of contact information for Medicaid MCOs and dental plans.

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