Effective February 23, 2013, LTC Claims for Providers with Clients in Nursing Facilities, ICF/IID, and Hospice Must Include Third-Party Insurance and Other Information

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On February 22, 2013, the Texas Medicaid & Healthcare Partnership (TMHP) claims management system and TexMedConnect will be updated to detect the existence of third-party insurance policies in accordance with the electronic data interchange (EDI) standards of the American National Standard Institute (ANSI X12).

Effective February 22, 2013, a claim will be denied if third-party insurance is detected when the claim is submitted but the third-party insurance information has not been added to the claim.

All claims will have new other-insurance fields, which must be completed. Long Term Care (LTC) providers will have additional fields to complete depending on the type of provider:

- Nursing facilities), intermediate care facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), and hospices must include the status (paid, denied, or no response) of the LTC-relevant third-party insurance claim, and the amount paid by the insurance company. A claim will be denied if an LTC-relevant third-party insurance policy is detected when a claim is submitted but this information has not been added to the claim.

- Skilled nursing facilities must include either the traditional Medicare total coinsurance amount due per the Medicare Part A Remittance Advice or the non-traditional Medicare total copay and deductible amount due per the Medicare Part C explanation of benefits (EOB).

Providers With an In-House EDI (ANSI X12) Solution

The EDI (ANSI X 12) Companion Guides have been updated with the changes required for all LTC 277P, LTC 835, and LTC 837I transactions and are now available on the TMHP website EDI Companion Guides Web Page. It is the provider’s responsibility to ensure that their method of submitting electronic claims and receiving responses has been updated before the February 22 implementation date to avoid denial of claims.

Providers Using a Clearinghouse, Third Party Biller, or Vendor Software

Providers whose claims are submitted by a clearinghouse, third-party biller, or vendor software must ensure that their clearinghouses, third-party biller, or vendor software has been updated to submit claims and receive the appropriate responses.

TexMedConnect Computer Based Training

TMHP will update the TexMedConnect computer-based training (CBT) to help providers with the new requirements and recognize the new screen fields required for claim submission. The updated CBT will be available February 22, 2013.

To avoid denial of claims, providers are strongly urged to read about the updates in the EDI Companion Guide on the TMHP website.