Reminder: Upcoming Enhancements to the LTC Claims Management System

Information posted April 28, 2016

In an effort to reduce the number of claim denials and rejections and align the Texas Medicaid & Healthcare Partnership (TMHP) claims systems with those of the managed care organizations (MCOs), TMHP is planning significant enhancements to the Long Term Care (LTC) Claims Management System on April 29, 2016.

If a third-party vendor is used for claims submission, it is the responsibility of the provider to notify those vendors about the upcoming changes to the Claims Management System so that software updates can be made if needed.

When these enhancements are implemented, the following changes will be reflected in the claim submission process for both TexMedConnect and the Electronic Data Interchange (EDI):

TexMedConnect

- A valid External Cause Diagnosis, when required, must be entered in the third position of the diagnosis table located on the Claim tab. The message “No Match Found” will be displayed if an External Cause Diagnosis is entered as a Principal Diagnosis or Admit Diagnosis on Institutional claims. Additionally, the message “No Match Found” will be displayed when a non-External Cause Diagnosis is entered in the External Cause Diagnosis field (Third Position) on Institutional claims. A validation has been added and if this validation fails, claim submissions will not be accepted.

- Claims with Other Insurance submissions will have a validation added to allow entry of either the Employer Name or Group Number. For claim submissions to be accepted, both options cannot be entered. The Employer Name field will be disabled if there are characters in the Group Number field; and The Group Number field will be disabled if there are characters in the Employer Name field.

- Employer/Tax ID will auto populate based on the value contained in the Provider File (Billing National Provider Identifier [NPI]).

- When updating the Billing NPI for a new claim, draft claim, or claim template, the ID Qualifier will automatically default to Employer/Tax ID and Other Information will display the associated Employer/Tax ID. Previously entered information in these fields will be lost.

- The Attending Provider field on the Provider tab will be checked to ensure a valid NPI is entered. If this validation fails, claim submissions will not be accepted. If the NPI submitted is not valid, the following message will display: “NPI failed digit check and is not valid. Please check the NPI and enter a valid NPI number.”
- Claims submitted with dates of service (DOS) spanning both fee-for-service and managed care segments will reject. Providers must submit separate claims for fee-for-service DOS and managed care DOS.

**Electronic Data Interchange (EDI)**

- 837I, 837P, and 837D claims will require all NPIs to pass the standard Luhn algorithm (a checksum formula) to prevent errors.
- 837I claims will require Attending Provider Name.
- 837I claims will require dates of service to be equal to, or within, the statement begin and end dates.
- 837I claims will not allow both Other Insurance Group Number and Employer Name to be sent.
- 837I claims will require Principal Diagnosis.
- 837I Inpatient Admission claims will require Admitting Diagnosis.
- 837I Inpatient Admission claims will require Admission Date/Hour.
- 837I Inpatient Final claims will require Discharge Hour.
- Claims submitted with dates of service (DOS) spanning both fee-for-service and managed care segments will reject. Providers must submit separate claims for fee-for-service DOS and managed care DOS.

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