Explanation of Benefits F0304 Medicare Advantage Plan (MAP) Part C Coinsurance Claims for Dual-Eligible Clients

Information Posted December 12, 2019

Beginning December 13, 2019, Texas Medicaid & Healthcare Partnership (TMHP) will reprocess all long-term care (LTC) fee-for-service (FFS) skilled nursing facility (SNF) Medicare coinsurance claims with dates of service (DOS) from March 1, 2015, to October 31, 2019, that denied for Explanation of Benefits (EOB) F0304 – “Client is enrolled in a Medicare Part C Advantage Plan (MAP) contracted with HHSC to cover all cost sharing obligations. See the client’s MESAV for Medicare and Medicaid eligibility details.”

TMHP will also perform monthly recurring reprocessing of LTC FFS SNF Medicare coinsurance claims for DOS after November 1, 2019, that deny for EOB F0304.

These reprocessed claims will bypass the denial EOB F0250 – “Late billing - Claim must be filed 12 months from the end of the month of service or 12 months from the end of the eligibility add date,” and reconsideration requests will not be required.

Claims with DOS between March 1, 2015, and August 31, 2017, will be processed and paid through the Comptroller’s Miscellaneous Claims process and will change from Denied (D) status to Transferred (T) status on your TMHP Remittance & Status (R&S) Report. You should expect to receive the Miscellaneous Claim Application and Fiscal Year Debit Statement by mail, from the HHSC Accounts Payable (HHSC AP) department. You must complete the Misc. Claim Application and return it to HHSC AP for the claims to be processed and paid. These claims will change from T status to Paid Transferred (PT) status on your TMHP R&S. You should expect warrants to be issued directly by the Comptroller. The date warrants are issued to your account, varies by financial institution.

Claims with DOS from September 1, 2017 to current, will also be reprocessed. They will process normally and change from D status, to Paid (P) status on your TMHP R&S Report. You should expect warrants to be issued directly by the Comptroller. The date warrants are issued to your account varies by financial institution.

Providers should ensure they have successfully submitted all claims for all necessary DOS to TMHP. If you have already successfully submitted all claims, resubmission is not necessary. Providers are encouraged to regularly review and reconcile their bi-weekly TMHP R&S Report.

For questions about submission of LTC FFS claims and the TMHP R&S Report, call the TMHP LTC Help Desk at 1-800-626-4117, Option 1. See Accessing Re-S and CIPR Reports from the Website.

For questions about reprocessed LTC FFS T claims that appear on the Fiscal Year Debit Statement, call the HHSC Provider Recoupments and Holds (PRH) department at 512-438-2200, Option 3.

For questions about the Misc. Claim Application process, call the HHSC AP department at 512-438-5936.