Frequently Asked Questions (FAQs)

1. What is the difference between TMHP and the Medicaid managed care organizations (MCOs)?

Texas Medicaid & Healthcare Partnership (TMHP), is the administrator for Texas Medicaid fee-for-service, including services that are carved out of managed care. The Texas Health and Human Services Commission (HHSC) contracts with and manages both TMHP and the Medicaid MCOs.

TMHP processes claims and reimburses providers for the following:

- Services rendered to Texas Medicaid fee-for-service clients
- Services rendered to managed care clients ONLY when the services are carved-out of managed care.

**Note:** “Carve-out services” are defined as certain services that are rendered to a Medicaid managed care client but are processed and reimbursed by TMHP instead of the client’s MCO.

Refer to: The *Texas Medicaid Provider Procedures Manual (Vol. 2, Managed Care Handbook)* for the list of carve-out services processed and reimbursed through TMHP instead of the client’s MCO.

MCOs contracted with HHSC to process and reimburse claims for Texas Medicaid managed care clients must provide all required contracted services for clients and providers. HHSC manages all Texas MCO contracts.

2. How do I determine the client’s eligibility and in which MCO the client is enrolled?

To verify a client’s Texas Medicaid eligibility, use the following options:

- **Medicaid Client Portal:** Visit [TMHP.com](http://TMHP.com), click **providers** then click **Log in to My Account**.
- **Basic eligibility Check:** Visit [TMHP.com](http://TMHP.com), click the blue **Check Client Eligibility** button.
- **TMHP Automated Inquiry System (AIS):** Call AIS at 800-925-9126 or 512-335-5986.
For additional questions, contact the TMHP Contact Center at 800-925-9126. For specific benefit information, the Texas Medicaid Provider Procedures Manual provides basic benefit information for acute care fee-for-service clients and acute care managed care clients. Each MCO may provide additional benefits, requirements, and limitations for managed care clients enrolled in their health plans. Contact the client’s MCO for specific benefit information.

Refer to: The Texas Medicaid Provider Procedures Manual, Section 4, “Client Eligibility,” for more information related to verifying eligibility.

3. **How do I find out what benefits for which my patient is eligible?**

The Texas Medicaid Provider Procedures Manual provides the benefits available for acute care fee-for-service clients, and provides the basic benefits available to Medicaid clients who are enrolled in a managed care plan. MCO clients may also be eligible for additional benefits provided through the MCO.

The TMHP Contact Center is able to answer questions related to benefits, requirements, and limitations outlined in the Texas Medicaid Provider Procedures Manual. The TMHP Contact Center cannot provide information about the additional benefits, requirements, or limitations that are provided through the MCOs.

The TMHP Contact Center can only provide information as it is published in the Texas Medicaid Provider Procedures Manual or on the TMHP website. TMHP can also provide information about TMHP claims processing, TMHP Remittance and Status (R&S) Reports, TMHP prior authorizations, provider enrollment information, and other items related to TMHP transactions. TMHP is unable to access MCO claims and is unable to answer related questions.

4. **Who do I contact to request prior authorization for services or to request prior authorization status?**

Providers are encouraged to verify the client’s coverage through the Medicaid Client Portal by accessing tmhp.com, then clicking on Log in to My Account before submitting the prior authorization request to ensure the request is submitted to the appropriate entity. Submit the prior authorization request to the appropriate entity based on the client’s verified eligibility as follows:

<table>
<thead>
<tr>
<th>Client Eligibility</th>
<th>Submit the Request to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-for-Service and Carve-out Services (except radiology services)</td>
<td>TMHP</td>
</tr>
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</table>
## Client Eligibility

<table>
<thead>
<tr>
<th>Refer to item A below for more information.</th>
<th>Submit the Request to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology Fee-for-Service</td>
<td>eviCore (Medsolutions)</td>
</tr>
<tr>
<td>Refer to item B below for more information.</td>
<td></td>
</tr>
<tr>
<td>Medicaid Managed Care Clients (except carve-out services)</td>
<td>Client’s MCO</td>
</tr>
<tr>
<td>Refer to item C below for more information.</td>
<td></td>
</tr>
</tbody>
</table>

### A. Fee-for-Service and Carve-out Services – TMHP (Except Radiology)

For services rendered to fee-for-service clients (except radiology services) or for carve-out services rendered to managed care clients, providers must contact TMHP to request prior authorization or to request the status of a prior authorization. Providers can refer to the “I would like to…” page on this website for more information about submitting prior authorization requests.

**Note:** “Carve-out services” are defined as certain services that are rendered to a Medicaid managed care client but are processed and reimbursed by TMHP instead of the client’s MCO.

Refer to: The *Texas Medicaid Provider Procedures Manual (Vol. 2, Managed Care Handbook)* for the list of carve-out services processed and reimbursed through TMHP instead of the client’s MCO.

### B. Radiology Fee-for-Service – eviCore (Medsolutions)

Prior authorization requests for radiology services are processed by eviCore (Medsolutions). Providers can access the eviCore website from the “I would like to…” page of this website.

Refer to: The *Texas Medicaid Provider Procedures Manual (Vol. 2, Fee-For-Service Prior Authorizations Handbook)* for more information about radiology prior authorizations through eviCore.

### C. Medicaid Managed Care Clients

For Medicaid managed care clients, providers must contact the client’s MCO to request prior authorization or to request the status of a prior authorization.
5. **Why do I need to enroll with TMHP and credential separately with the MCOs?**

In accordance with federal law, state Medicaid and Children’s Health Insurance Program (CHIP) agencies must require each of the following providers to enroll with the state agency:

- Providers who furnish items or services to Medicaid-eligible clients
- Providers who order, prescribe, refer, or certify eligibility for Medicaid-eligible clients

This requirement applies to the following:

- All providers who render services for clients who reside in states that pay for medical assistance on a fee-for-service basis as indicated in the state’s Medicaid or CHIP State Plan or waiver of the plan.
- Providers seeking participation in the network of a managed care entity that provides services to or orders, prescribes, or certifies eligibility for services for individuals who are eligible for Medicaid under the state’s Medicaid State Plan or under a waiver of the plan and who are enrolled with the entity.

Refer to the following federal requirements for additional information:

- [Title 42 Code of Federal Regulations § 455](#)
- [Section 1902(a) of the Social Security Act](#)
- [Title 42 Code of Federal Regulations 438.602(b)](#)
- [Section 1932(d) of the Social Security Act](#)

6. **How do I view my claim denial and verify my claim denial information?**

   - For claims processed by TMHP (i.e., fee-for-service and managed care carve-out claims), access the TMHP online provider portal by clicking **Log in to My Account** on the Home page at [TMHP.com](http://TMHP.com), using your login information. On the portal, you will be able to verify the claim status information online, or you can review your TMHP Remittance and Status (R&S) Report for claim status. If you have additional questions, contact the TMHP Contact Center at 800-925-9126.
   
   - For claims processed by the client’s MCO, contact the MCO for information about claim denials. TMHP does not have access to claims
processed by a client’s MCO.

**Note:** Claims that are submitted through TexMedConnect and the Electronic Data Interchange (EDI) for managed care clients are forwarded to the applicable MCO. TMHP does not retain the claim information and will not be able to answer questions about the processing of the managed care claims even if they were submitted through TexMedConnect or EDI.

7. **Whom do I contact for questions and information about the Master Provider File (MPF)?**

TMHP shares provider enrollment information with MCOs through the MPF. For questions and additional information about the MPF, contact the TMHP Contact Center at 800-925-9126, and choose the Enrollment option.

The MPF is a list of Medicaid- and CHIP-enrolled provider information, which is derived from information obtained at enrollment or updated by the provider and entered into the provider enrollment system. If providers identify incorrect information in the MPF, providers should update their information through the Provider Information Management System (PIMS) available on the TMHP website through “My Account.” Providers can also track the completion of those changes through PIMS as well.

8. **When my information changes, whom do I need to contact to make the necessary changes?**

When information changes, providers are required to notify TMHP of the change within 10 business days to ensure the most accurate information is available for payments and notifications.

Refer to: The *Texas Medicaid Provider Procedures Manual* “Provider Enrollment and Responsibilities” (Vol. 1, General Information) for more information.

Information provided at enrollment and after TMHP has been notified of a change is collected and submitted to the Medicaid and CHIP MCOs through the Master Provider File (MPF), which is available to the MCOs for download on a weekly basis each Tuesday morning. Additional information collected by the MCOs during the managed care credentialing process is not included in the MPF and must be updated with the Credentialing Verification Organization (CVO) or the individual MCOs when changes are necessary.
If providers identify incorrect information in the MPF, providers can update their information through the [Provider Information Management System (PIMS)](http://www.tmhp.org/) available on the TMHP website through “My Account.” Providers can also track the completion of those changes through PIMS as well.

If providers have verified that all of the information in the MPF is correct and are still being told by the MCO that the information contains errors, providers can email HHSC Managed Care Compliance and Operations at HPM_complaints@hhsc.state.tx.us.

**9. Whom do I contact for questions about Medicaid MCOs?**

For questions about Medicaid MCOs, providers may contact the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Contact</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific MCO questions</td>
<td>Contact the specific Medicaid MCO</td>
<td>Refer to the <a href="http://www.hhsc.state.tx.us">HHSC Medical and Dental Plans website</a> for contact information.</td>
</tr>
<tr>
<td>General MCO questions</td>
<td>HHSC</td>
<td><a href="mailto:Managed_Care_Initiatives@hhsc.state.tx.us">Managed_Care_Initiatives@hhsc.state.tx.us</a></td>
</tr>
<tr>
<td>STAR, STAR+PLUS, STAR Kids, STAR Health, and dental plan complaints</td>
<td>HHSC</td>
<td><a href="mailto:HPM_Complaints@hhsc.state.tx.us">HPM_Complaints@hhsc.state.tx.us</a></td>
</tr>
</tbody>
</table>

Refer to: The *Texas Medicaid Provider Procedures Manual Medicaid Managed Care Handbook* for additional information about Medicaid Managed Care complaints and fair hearings.

Refer to: The *Texas Medicaid Provider Procedures Manual (Vol. 2, Managed Care Handbook)* for additional information about Medicaid managed care complaints and fair hearings.

**10. Where do I find fee-for-service reimbursement rates for specific procedure codes?**

HHSC Rate Analysis Department (RAD) publishes proposed fee-for-service reimbursement rates on the [Rate Analysis](http://www.hhsc.state.tx.us) web page. The rate packets published on the Rate Analysis web page are proposed rates pending a rate hearing. The rate hearing information is also found on the [HHSC Rate Analysis web page](http://www.hhsc.state.tx.us).
TMHP publishes the final approved fee-for-service reimbursement rates in provider notifications and in the fee schedules available on the TMHP Fee Schedules web page as follows:

- **Online Fee Lookup (OFL)** – The OFL provides fee information for Texas Medicaid, including Texas Health Steps Medical and Dental; the HHSC Family Planning Program; Healthy Texas Women; and the Children with Special Healthcare Needs (CSHCN) Services Program. Users can search for fee information for specified procedure codes or for a range of procedure codes. The fee information is accurate for the current date or for a specified prior date of service. Providers who have an account on TMHP.com can log in to search for the fees that apply specifically to them. All other users can search for fees by provider type and specialty.

- **Static Fee Schedules** – The files on this page contain the Texas Medicaid fee schedules for the selected federal fiscal quarter. These fee schedules provide a view of the fees that were in effect during the first seven days of the selected quarter for the Medicaid program. If you are a Texas Medicaid provider and you have an active account on TMHP.com, you can limit the fee schedules that appear to those that apply to your provider identifier by logging in to the secure provider portal.

The fee-for-service rate information available on the OFL and in the static fee schedules are rates set by HHSC after the rate hearings and approval by the HHSC Executive Commissioner. The rates also include applicable state and federal adjustments.

**Note:** The rates do not include the negotiated rates between each MCO and the providers enrolled in the MCO networks. The rates also do not include the percent reduction for out-of-network providers (i.e., providers who are not in enrolled in the managed care plan’s network).

11. **When does TMHP post the static fee schedules?**

The Online Fee Lookup (OFL) updates daily and always contains the most current rates for each procedure code.

TMHP updates the Static Fee Schedules on a quarterly basis between the 1st and the 15th of the month: January, April, July, and October. The Static Fee Schedules contain the rates effective as of the date the fee schedule is posted to the website.
Providers are notified of fee updates that occur between quarters through articles published on the TMHP Provider Home page.