

TexMedConnect Frequently Asked Questions (FAQ)

1. What TexMedConnect modifications are effective February 1, 2015?

On the Provider tab users will find:

- **Taxonomy (Nursing Facility [NF] institutional claims only):**
This field is required on all claims submitted to TexMedConnect for nursing facility services and captures the taxonomy code which best describes the service being billed. The drop-down box options include 314000000X, 313M00000X and Other. 314000000X is commonly used for skilled nursing facility services. 313M00000X is used for other nursing services. If the rendered service does not correspond with one of these options, select Other. You must then enter a valid Taxonomy code in the field labeled Other Taxonomy. More information related to Taxonomy may be found at www.cms.gov.
- **Attending Provider (All institutional claims):**
The NPI or API of the Attending Provider is required for submission of Long Term Care Institutional claims. All Medicaid contracted providers are required to have an NPI or API in order to submit claims. Supply the full name of an individual or organizational entity.

Modifications to the Claim tab include:

- **Existing Place of Service** drop-down box has been updated. Place of Service, also known as Facility Type, indicates where the individual is receiving services.
 - The following values are now present in the drop-down box:
 - 18 Swing Bed
 - **21 SNF Inpatient (Including Medicare Part A) NEW**
 - **22 SNF Inpatient (Medicare Part B) NEW**
 - 28 Swing Bed - Nursing Facility
 - 32 Home Health - Inpatient
 - 34 Home Health Outpatient - Other
 - 66 Intermediate Care Facility
 - 74 Outpatient Rehabilitation Center
 - 75 Comprehensive Outpatient Rehabilitation Center
 - 79 Clinic - Other
 - 81 Hospice - Special Facility
 - **86 Residential Facility (Medicaid Only) NEW**
 - 89 Special Facility - Other
 - The following values have been removed from the **Place of Service** drop-down box:
 - 33 Home Health - Outpatient
 - 25 Skilled Nursing Level I
 - 27 Skilled Nursing Level III

Note: You should select the Place of Service which most accurately describes the location/facility in which services were rendered.

- New **Patient Discharge Status** (All institutional claims):
The **Patient Discharge Status** identifies the location of the individual at the end of the billing cycle. There are several options to choose from in the drop-down box.

- **Patient Discharge Status** drop-down box will contain the following values:
 - 01 Discharged to home or self-care (routine discharge)
 - 02 Discharged/transferred to a short-term general hospital for inpatient care
 - 03 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care
 - 04 Discharged/transferred to an intermediate care facility (ICF)
 - 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
 - 07 Left against medical advice or discontinued care
 - 20 Expired
 - 21 Discharged/transferred to Court/Law Enforcement
 - 30 Still Patient
 - 43 Discharged/transferred to a federal health care facility.
 - 50 Hospice - home
 - 51 Hospice - medical facility
 - 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
 - 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH).
 - 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare.
 - 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
 - 69 Discharged/transferred to a Designated Disaster Alternative Care Site
 - 70 Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List. (Effective 4/1/08)

Note: The most common status selected will be 30 Still Patient. This indicates the individual continues to receive services and subsequent claims will be submitted. There are instances in which 30 Still Patient is not appropriate. For example: Any claim on which you indicate the individual has discharged or a claim which contains the last billable date of a stay (either date prior to discharge or date of death) will not have a Patient Discharge Status of 30 Still Patient.

When you are submitting a claim which contains the last billable date of a stay, you should select the appropriate Discharge or Expired status from the drop-down box.

- New **Claim Frequency** (All institutional claims):
The code selected for the Claim Frequency field should indicate the position of the claim within the billing sequence. Four options are available in the drop-down box:
 - 1 Admit Through Discharge Claim (Claim dates include both the Admission and Discharge dates of a stay)

- 2 Interim – First Claim (Claim includes Admit Date and indicates continuing service)
- 3 Interim – Continuing Claim (Claim indicates continuing service)
- 4 Interim – Last Claim (Claim indicates last billable date is included)

Note: If you have selected Claim Frequency 1 Admit Through Discharge Claim or 4 Interim – Last Claim, Patient Discharge Status 30 Still Patient must not be used.

- **Admit Date** (When required):
When required, the Admit Date drop-down box calendar will be enabled. You should select the date of the admission which corresponds with the dates being submitted on the claim. Most often, this will be the most recent date of admission into the facility or program.
- **Admitting Diagnosis Code** (When required):
Under the heading of Diagnosis, field 1 is intended for the individual’s Principle Diagnosis Code and is always required. Field 2 will appear, when required, and is intended for the Admitting Diagnosis Code. The Principle Diagnosis and the Admitting Diagnosis may be the same.

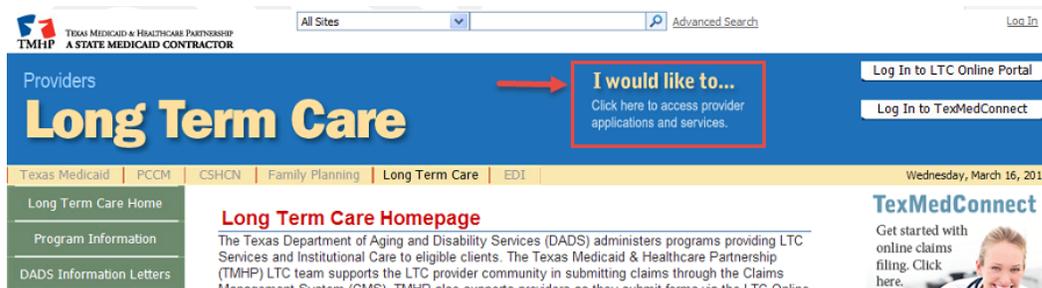
2. Where can I get additional information about the February 1, 2015 TexMedConnect system changes?

For additional information about the TexMedConnect system changes, effective February 1, 2015, see the Health and Human Services Commission Long Term Care (LTC) [Information Letter 14-68](#), Nursing Facility Changes to the Medicaid Claims Submission Process – Revised, and [Information Letter 14-82](#), available on this website.

3. How do I create an administrator account and request a PIN for TexMedConnect?

Steps:

- a) Go to TMHP.com and click **Providers** in the green bar located at the top of the screen.
- b) Click **Long Term Care** in the yellow bar.
- c) Click **I would like to...** in the blue bar located at the top of the screen.



- d) Click the **Activate my account** link.

I would like to...

Click the links below to perform tasks and access provider applications.

Unsecured Provider Tasks

The following tasks can be performed without logging to a provider account:

- [Activate my account](#)
- [Register for a workshop or webinar](#)
- [Get user name and password e-mailed](#)
- [Check vendor testing status](#)

e) Click the **New Username and Activate Existing Provider** link.

Welcome to the **Account Activation** portion of TMHP.com.

The following instructions will help providers choose the correct option for creating TMHP User Accounts and activating Texas Medicaid or Children with Special Health Care Needs Services Program (CSHCN) Provider/Vender Accounts online.

- If you **do not have** a TMHP User Account, choose one of the following options:
 - To create a TMHP User Account and begin the enrollment process to be a new provider in Texas Medicaid or the CSHCN Services Program, click [New Username and Enroll](#).
 - To create a TMHP User Account and activate an existing Texas Medicaid or CSHCN Services Program provider/vendor account for online use, click [New Username and Activate Existing Provider](#).

f) Click the **Create a Provider/Vendor Administrator Account** link.

Within the secure portion of TMHP.com, Provider/Vendor administrators have the ability to:

- Submit Claims
- Appeal Claims
- Inquire about claim status
- Verify client eligibility
- View R&S Reports
- View PCCM Panel Reports
- Submit prior authorization requests*

* This feature is currently unavailable to CSHCN providers, but it is coming soon.

You can administer a Provider Account three to five days after receiving the TMHP enrollment confirmation letter.

Click the following link to [Create a Provider/Vendor Administrator Account](#). Validation will be required to activate an Account.

g) From the Provider Type drop-down box, select **Long Term Care**.

Use the following guidelines to determine your selection from the Provider Type menu below:

- Option 1: If you are a provider enrolled by TMHP, choose Acute Care.
- Option 2: If you are a provider enrolled by DADS and would like to view R&S reports and submit 3071s and 3074s, choose Long Term Care.
- Option 3: If you want to submit 3618s, 3619s, MDS, MDS Quarterly, MN/LOC, 8578s, Individual Movements, PASRR Level 1 Screenings, or PASRR Evaluations, choose NF/Waiver Programs.
- Option 4: If you are attempting to become a Texas Medicaid or CSHCN Services Program provider and currently do not have a TPI/NPI, choose Provider Enrollment.

Provider Type:

h) Enter your provider number and click the **Next** button.

- i) Enter an Internal Control Number (ICN) OR click **Request PIN by Mail**.

The screenshot shows a form with two main options. The first option is for entering a Tax ID/Social Security Number, with a text input field and a format example of '12-3456789' and a 'More Info' link. The second option is for entering an ICN, with a yellow text input field and a format example of '123456789123456789123456' and a 'More Info' link. Below these options is a red box containing the text 'PIN: Request PIN by Mail' and a 'More Info' link. At the bottom left is a 'Next' button.

- j) Once the PIN is received, return to the appropriate Account Activation page (see above) to complete the validation process for Account Activation.

4. Which version of Internet Explorer® should I be using?

Texas Medicaid & Healthcare Partnership (TMHP) supports Internet Explorer 6.0, 7.0, or 8.0.

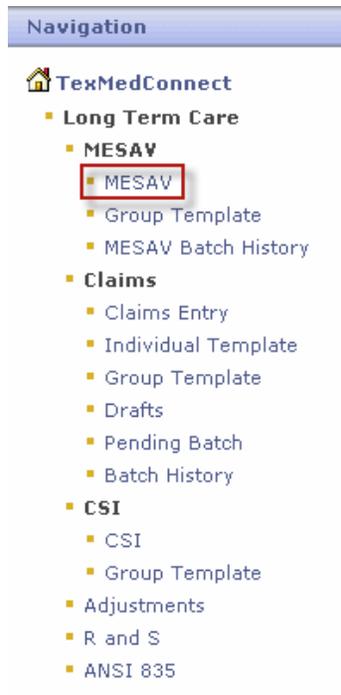
5. What assistance is available if I have additional questions regarding claims billing using TexMedConnect?

Contact the TMHP Long Term Care department at 1-800-626-4117, Option 1, for additional assistance with TexMedConnect.

6. How can I view client eligibility information in TexMedConnect?

Steps:

- k) Click the **MESAV** (Medicaid Eligibility Service Authorization Verification) link on the left Navigational Panel (see screenshot below).



l) Select the appropriate **NPI/API & Contract No.** from the drop-down box.

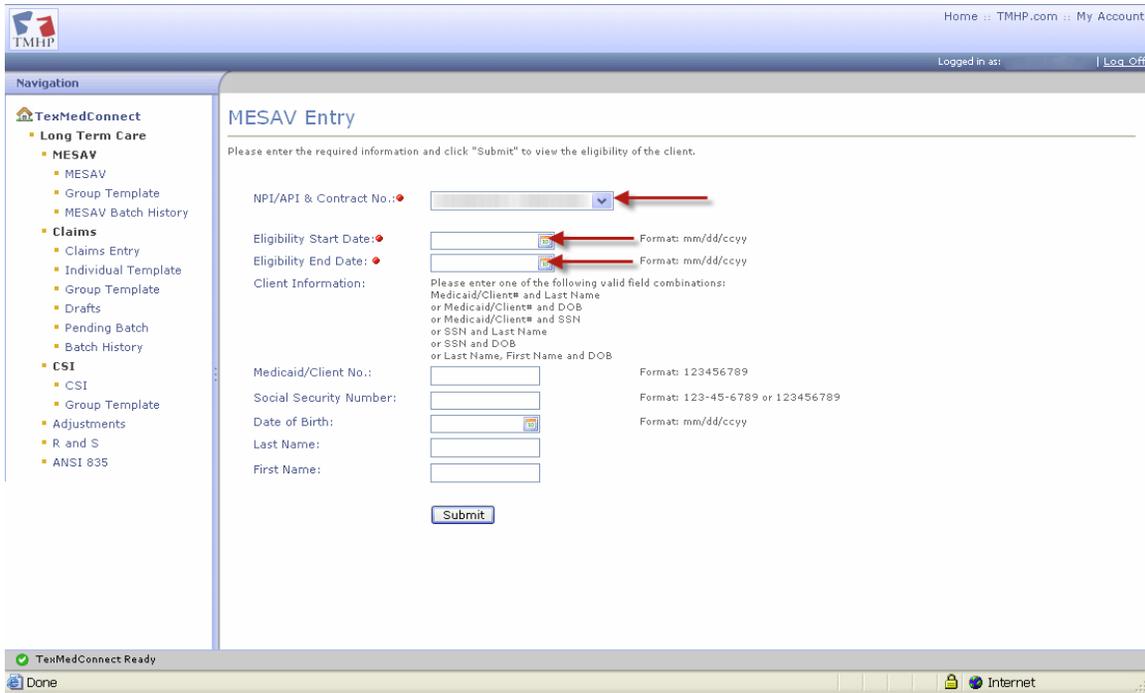
m) Complete the following required fields:

- Provider NPI/API* & Contract No.

*National Provider Identifier (NPI)/Atypical Provider Identifier (API)

- Eligibility Start Date and Eligibility End Date. The date range can be up to three months long.
- Enter one of the following valid field combinations:
 - Medicaid/Client No and Last Name
 - Or Medicaid/Client No and DOB
 - Or Medicaid/Client No and SSN
 - Or SSN and Last Name
 - Or SSN and DOB
 - Or Last Name, First Name, and DOB

n) Click the **Submit** button.



Note: The MESAV results will be returned with service authorization dates and additional client information.



7. Once I have created my TexMedConnect account; how do I bill for services rendered?

Review the TexMedConnect Computer-Based Training (CBT) and the TexMedConnect Long Term Care Manual for billing questions.

Click [here](#) to access the Bill Code Crosswalk on the DADS website.

8. Additional Resources

Click [here](#) to access the TexMedConnect Long Term Care Manual.

Click [here](#) to access the TexMedConnect CBT.

To view the CBT course on TMHP's Learning Management System (LMS):

- a) Click **Computer-Based Training** in the left navigational bar. The LMS opens in a new window.
- b) Log in to an existing account by clicking the [login](#) link at the top of the page or create a new account by clicking the [register](#) link. New visitors to the LMS can access courses immediately after they register.