Contents

Slide Presentation ....................................................................................................................................... 5
Navigating TexMedConnect ..................................................................................................................... 13
Workshop Evaluation ................................................................................................................................49
Agenda

- Reasons for Change
- Update on National Provider Identifier (NPI)
- TexMedConnect Features
- TexMedConnect Overview
- Resources/References
- Questions and Answers

Reasons for Change

- TDHconnect Architecture:
  - System Life Cycle Approaching End of Life (EOL)
- Software Incompatibility:
  - Operating Systems
  - Ancillary Software
  - Maintenance
Update on NPI

- History of HIPAA and NPI:
  - Privacy Guidelines
  - EDI Standards
  - NPI
- NPI Contingency:
- Notifying DADS of your NPI
- Effects of NPI on Claims filing
  - TexMedConnect

TexMedConnect Features

- Stable/secure environment for claims submission
- Provides comparable solution to most TDHconnect tasks:
  - No need for service pack updates
  - No need to maintain local client and provider databases
  - Adjustments are created from a CSI response
- Easily accessible from any computer with Internet access
- Internet access is required to access TMHP.com

Internet Requirements

- Internet Service Provider (ISP)
- Internet Browser Software supported by TMHP:
  - Microsoft Internet Explorer
  - Netscape Navigator
- Broadband connection is recommended, but not required
TexMedConnect Overview

- TMHP website security
- Navigating TexMedConnect
- MESAV
- Claim forms submission:
  - Professional
  - Institutional
  - Dental
  - Nurse Aide Training
- Claim Status Inquiries
- Claim adjustments submission
- R&S reports
- Claims Data Export

TMHP Website Security

- Administrator account required:
  - Strongly recommended to have multiple Administrator Accounts
- Provider can establish user accounts for each provider/contractor number
- Provides for secure access to web functions

Which web portal account do I need?

**Long Term Care**
- TexMedConnect access
- View R&S reports
- Submit forms 3071 and 3074

**NF/Waiver Programs**
- Submit forms 3618, 3619 and 3652
Navigating TexMedConnect

- Navigation pane
- Batch history screens
- Pending batch screens
- Saving as a draft
- Saving as a template

Medicaid Eligibility & Service Authorization Verification (MESAV)

- MESAV function provides similar capabilities as TDHconnect
- Flexible search options
- NPI related data (Referral Number) will be displayed on response

Bill Code Crosswalk

- Identifies proper billing process based on MESAV information
- Identifies correct claim format
- Identifies appropriate codes to be used on the claim:
  - Revenue codes
  - CPT and HCPCS codes
- Identifies modifiers that are required for the claim:
  - Modifier fields 1 and 2 based on provider contract
  - Modifier fields 3 and 4 based on crosswalk
- Available in Microsoft Excel format or PDF format
- Access the Long Term Care provider page on the TMHP web portal for a link to download:
Claim Forms Submission

- Enter NPI/Contract number (required) initially to pre-populate the provider tab in the claim
- Enter client number to pre-populate the client tab on the claim
- Application edits ensure all required fields are entered in the correct format before submission
- Group claim template capability available
- Ability to submit claims interactively or in batch

Claim Status Inquiry (CSI)

- CSI response will contain same information available on the R&S report
- Ability to submit an adjustment from a CSI response

Adjustments

- Adjustments are created from a CSI response
- Application will populate claim fields thus requiring less data entry
- Ability to submit adjustments in batch or interactively
Remittance & Status Reports (R&S)

- Two versions of R&S reports available:
  - Adobe Acrobat File (PDF)
  - ANSI 835 file (ER&S)
- Files are available for download for 90 days

Claims Data Export

- Allows user to extract claims data for a specific provider number for a specified date range
- Only users with administrative rights can submit requests
- Data is available next business day in a single file

Resources/References

- TMHP website at www.tmhp.com:
  - NPI page on TMHP website
- EDI Help Desk (1-800-925-9126 option 3)
- www.hhsc.state.tx.us
- www.dads.state.tx.us
- www.nppes.cms.hhs.gov/NPPES
- *NPI Special Bulletins*, No. 202 and 205
Questions and Answers
The screen shots on the following pages are for demonstration purposes only. Actual screens may vary.
Creating Administrator Account on TMHP.com

- Select the Activate my Account link from the “I would like to…” section of the TMHP home page.
Click the Create a provider/vendor administrator account to continue.
  - Long Term Care providers will need the following items to create their account:
    - NHIC or TMHP EDI submitter ID.
    - Texas Identifier Number (TIN).
    - ICN from a recent R&S report (within three weeks).
Select the Account Type that you wish to set up:
- Long Term Care used for viewing R&S, using TexMedConnect, and submitting 3071 and 3074 forms.
- NF/Waiver is used for submitting 3618, 3619, and 3652 forms.

Provide the requested information and proceed to complete the Account Activation process.
• Provide the requested information and proceed to complete the Account Activation process.
• Check the box at the bottom of the screen to indicate agreement to the General Terms and Conditions.
• Click the Create Provider Administrator button to create your user ID.
Access the My Account screen to administer your user account and to access any of the functions on the LTC Online Portal or TexMedConnect.
Navigating TexMedConnect

Welcome Screen and Navigation Pane

• Select the Access TexMedConnect link from the I would like to… section of the home page.
• Used as the main navigation tool within the TexMedConnect.
• Click the title on the Navigation Pane to display the requested function.

• Select the NPI/API & Contract Number from the drop down menu.
Batch History Screen

- Provides a list of submitted batches along with the current status of the batch and the transmission date.
- Click the Batch ID link to display the Batch History List which is a list of claims in the specified batch.
Batch History List

- Displays list of claims in the specified batch.
- Rejected claims are listed first proceeded by accepted claims.
- Click the Status link for a specific claim to display the claim in the Claims Entry screen allowing the user to correct any errors on rejected claims.
Pending Batch Screen

- Displays list of claims saved in batch (prior to submission).
- Click the View link for a specific claim to display that claim in the Claims Entry screen in a read only format.
- Click the Edit link for a specific claim to display that claim in the Claims Entry screen allowing the user to update a claim prior to submission.
- Click the Delete link for a specific claim to delete the claim from the batch prior to submission.
- Click the Submit Batch button to submit all claims in the list for processing.
**Saving as a Draft**

- Displays a list of claims which have been saved as a draft.
- Claims in various stages of completion can be saved for future updating and will be stored here for 45 days (the 45 day time period is renewed each time a draft is opened and updated).
- Click the **Draft Name** link to display the claim in the claims entry screen allowing for updates and completion of the claim for submission.
- Click the **Delete** link to delete that claim from the Draft List.
Saving as a Template

- Displays a list of claims which have been saved as a template.
- Claims in various stages of completion can be saved for future updating and will be stored here for one year (the one year time period is renewed each time a template is opened and updated).
- Click the Template Name link to display the claim in the claims entry screen allowing for update and completion of the claim for submission.
- Click the Delete link to delete that claim from the Template List.
Medicaid Eligibility & Service Authorization Verification (MESAV)

Interactive Request

- Click the MESAV link from the Navigation Pane to display the interactive request screen.
- Enter the desired NPI/API and Contract Number, From and Through Eligibility Dates, and Patient Information search criteria.
- Click the Submit button to submit the request interactively (one request at a time).
Click the **Group Template** link from the Navigation Pane to display this screen which provides the ability to create and display groups of clients for which a MESAV request may be submitted. Note: these lists will be stored for 90 days (the 90 day time period will be renewed each time a list is used and saved).

- Click the **Name of the Group** link to display the list of clients in that group in the MESAV Client Group List screen.
- Click the **Delete** link to delete that group (and all its associated clients) from the MESAV Group List.
- Click the **Add Group** button to create a new list of clients.
MESAV Client Group List

- The MESAV Client Group List screen is displayed when a user selects a group from the MESAV Group List.
- The MESAV Client Group List screen is used to maintain a list of clients needed for MESAV including appropriate search criteria such as name, client number, and social security number.
- To submit a MESAV request, enter the Start Date and End Date fields and then click the MESAV link:
  - Dates can be up to a three month span.
  - End date can be no later than current date.
- To submit a CSI request, enter the Start Date and End Date fields and then click the CSI link:
  - Dates can be up to a three month span.
  - End date can be no later than current date.
- Click the Delete link to remove that client from the Client List.
- Click the Add Client button to display the Add Client screen, allowing the user to add additional clients to the MESAV Client Group List.
Add Client Screen

- The Add Client screen is used to add clients to the MESAV Client Group List screen.
- The user enters the search criteria needed to lookup a client and then may add the client to their MESAV Client Group List.
- Once the search criteria has been entered, the user will:
  - Click the Lookup button to identify the client meeting their search criteria.
  - Click the Add to Group button to add the client to the MESAV Client Group List.
Response

• Complete MESAV information is displayed.
• Printable view available.
Claims Submission

Claims Entry Screen

- Select the appropriate NPI/API & Contract No. information from the drop down menu (required):
  - System will populate most of the required fields on the Provider Tab.
- Enter the Client No.:
  - System will populate most of the required fields on the Client Tab (recommended)
  - If the client number is not entered the user will need to manually enter all required fields on the Client Tab
- Select the Claim Type from a list provided which will include Professional, Institutional, Dental and Nurse Aide Trainee.
- Click the Continue button to display the claims entry screen for the claim type selected.
### Professional Claim Format

**Client Tab**

<table>
<thead>
<tr>
<th>Client</th>
<th>Provider</th>
<th>Claim</th>
<th>Details</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Identification Numbers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client ID</td>
<td>Patient Account No.</td>
<td>Medical Record No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>M.I.</td>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address 2</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Client General Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Date Of Birth</td>
<td>Referral No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Required fields are indicated by a red dot.
- If the Client Number is entered on the Claims Entry screen, many of these fields will be populated by the system (Patient Account Number and Medical Record Number will be keyed in by user).
- Referral Number is a new field and will be populated if the client number is entered in Step 1.
  - Although not a required field it may be necessary based on the billing provider.
- Functions available from this screen:
  - Save Draft, Save Template, Save Group, Previous, and Next

**Provider Tab**

<table>
<thead>
<tr>
<th>Client</th>
<th>Provider</th>
<th>Claim</th>
<th>Details</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>NPI/API:</td>
<td>Contact Name</td>
<td>Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ID Qual</td>
<td>Other ID</td>
<td></td>
</tr>
</tbody>
</table>

| Performing Provider | | | | |
| NPI/API | First Name | Last Name | M.I. | Suffix | ID Qual | Other ID |

- Most of the required fields for Billing Provider will be populated by the system.
- Functions available from this screen:
  - Save Draft, Save Template, Save Group, Previous, and Next
Navigating TexMedConnect

Claim Tab

Functions available from this screen:
- Save Draft, Save Template, Save Group, Previous, and Next

Details Tab

Functions available from this screen:
- Save Draft, Save Template, Save Group, Previous, and Next
Finish Tab

User must select either the **Submit** or **Save to Batch** radio button, and check the **We Agree** box.

Functions available from this screen:
- Save Draft, Save Template, Save Group, Previous, and Next
Nurse Aide Trainee Claim Format

Header Information

<table>
<thead>
<tr>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee SSN</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

- Required fields are indicated by a red dot.
- Functions available from this screen:
  - Save Draft, Save Template, Save Group, Previous, and Next

Line Item Information Tab

<table>
<thead>
<tr>
<th>Header Information</th>
<th>Line Item Information</th>
<th>Finish</th>
</tr>
</thead>
</table>

| Number of details to add: | 1 | Add Detail | Copy Row |

<table>
<thead>
<tr>
<th>Service Start Date</th>
<th>Service End Date</th>
<th>Billing Code</th>
<th>Training Hours</th>
<th>No. of Units</th>
<th>Unit Rate</th>
<th>Line Item Total</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Claim Total: $0.00

- Functions available from this screen:
  - Save Draft, Save Template, Save Group, Previous, and Next
Finish Tab

- Functions available from this screen:
  - Save Draft, Save Template, Save Group, Previous, and Next
Rejected Claims Response

- The Rejected Claims Response screen will display any errors on the claim.
- Errors must be corrected, and the claim resubmitted.
- A printable view of this screen is available.
Creating and Using Group Templates

Claims Group Template List

- The Claims Group Template List displays a list or group templates created by the user.
- Click the Name of Template link to display the group template.
- Click the Delete link to delete the group template from your list.
- Click the Add Group Template button to create a new group template:
  - This will display the claims entry screen.
  - Create claim normally.
  - Click Save to save claim to the group template.

Note: There is no mechanism to transfer your group templates in TDHconnect to TexMedConnect.
Claims Group Templates

- Complete the fields on the Global Update tab to update all claims in the template.
- Click the Add Client button to add clients/claims to your existing template.
- Click the Delete link to delete claim from the group template.

- Click the Save to Batch button to save all claims to the pending batch:
  - Claims can be edited from the Pending Batch screen if necessary
- Templates will purge after a rolling 90 days of non use.
Submitting a Claim Status Inquiry (CSI)

Claim Status Inquiry - Request

The Claim Status Inquiry (CSI) function allows a user to determine the status of processed claims. There are three years of claims history available.

- Search by claim number or by entering search criteria.
- If claim number is not available, the Service Begin Date must be entered at a minimum. Other search fields may be entered to narrow search.
- Claims meeting the search criteria will be displayed on the CSI Results Screen.
This screen will display the first fifty claims meeting the search criteria entered on the CSI Entry screen.

Click the **Claim Number** link to display the claim status in the CSI Details screen.
CSI Details Screen

- This screen will display the claim information for the claim selected from the CSI Results Screen.
- The information displayed will be the same information available on the Remittance and Status (R&S) Report.
Submitting a claim adjustment
CSI Details Screen

- User must have permission on their user ID for Adjustments to access this screen.
- Select the correct Claim Type from the drop-down list at the top of the screen.
- Click the Adjust Claim button.
  - Application will create the adjustment.
  - Complete any missing fields and submit.
Remittance and Status (R&S) Reports

Downloading the PDF Version

The Texas Medicaid & Healthcare Partnership (TMHP) website provides Remittance and Status (R&S) reports and the COF report that can be viewed, printed or downloaded. R&S Reports are organized by National Provider Identifier (NPI) for Acute Care Providers and by Provider Number for Long Term Care Providers. For Acute Care Providers, reports are further organized by Program Type.

The COF report is organized by National Provider Identifier (NPI) for the Applicable Providers and by Provider Number that are required to certify funds.

TMHP will maintain three months (12 calendar weeks) of your most current R&S Reports online. After the first 12 week limitation has been reached, TMHP will begin archiving reports weekly, as new reports are posted. Providers are encouraged to save R&S reports each week, as required by the Texas Medicaid program.

TMHP will maintain the most current and the previous COF report online. The oldest COF report will be removed when the next report is generated. Providers are encouraged to save the COF report on a quarterly basis.

To open the R&S and COF report PDF files, you need Adobe Acrobat Reader software on your machine. TMHP recommends using Adobe Acrobat version 6.0 to view PDF files on the TMHP website.
The process for downloading the PDF version of the R&S report will not change from the current process.
Downloading the ANSI 835 Version

- Enter the Submitter ID and Password used with the TDHconnect software.
  - The Submitter ID can be found in TDHconnect under the Communications file menu by accessing System Settings.
  - The Password, if not known, can be obtained by calling the TMHP EDI Help Desk at 1-888-863-3638.
- Click Save when you see the File Download prompt.
- Clicking Cancel or leaving this page prior to clicking Save will cause your files to be lost.
Claims Data Export
Submitting a Claims Data Export Query

- Select **Claims Data Export** from the Navigation Pane:
  - Only users with administrative rights have access to this function.
- Select the NPI/API & Contract number for which the query is being requested.
- Complete and submit the **Claims Data Export Query**.
- Claims data export request data is returned the next business day in a single CSV file format.
Downloading the CSV file

- Enter the Submitter ID and Password used with the TDHconnect software.
  - The Submitter ID can be found in TDHconnect under the Communications file menu by accessing System Settings.
  - The Password, if not known, can be obtained by calling the TMHP EDI Help Desk at 1-888-863-3638.
- Click Save when you see the File Download prompt.
- Clicking Cancel or leaving this page prior to clicking Save will cause your files to be lost.
**Timeframes and maximum amounts for lists on TexMedConnect**

**Individual CSI**
- Max date range user may search: 3 months (FDOS-TDOS)
- Furthest back user may search: 3 years (FDOS)

**CSI Group Template**
- Max date range user may search: 3 months (FDOS-TDOS)
- Furthest back user may search: 3 years (FDOS)
- Max #: 100 Groups/NPI
- Max #: 250 Clients/Group

**Individual Template**
- Max #: 500 claims
- Time period before automatic deletion: Rolling 1 year

**Drafts**
- Max #: 500 claims
- Time period before automatic deletion: Rolling 45 days

**Pending Batch**
- Max #: 250 claims
- Time period before automatic deletion: Rolling 45 days

**Batch History**
- Time period before automatic deletion: 120 days

**Claims Data Export**
- Max date range user may search: 3 months (FDOS-TDOS)
- Furthest back user may search: 3 years (FDOS)
- Results remain on FTP server: 3 months
Workshop Evaluation

Workshop City: ____________________  Workshop Date: ________________________

Presenter 1: _______________________ Presenter 2: ___________________________

Please use the following scale to answer the following questions:

1  Strongly Disagree
2  Somewhat Disagree
3  Somewhat Agree
4  Strongly Agree

For question 1, please rank your satisfaction with your entire experience with the Texas Medicaid Program, not only with the workshop attended.

1. Overall, I am satisfied with my practice’s participation in the program.   1  2  3  4

For the remaining questions, please consider only your experience with the workshop attended:

2. The workshop enhanced my understanding of:
   a. TexMedConnect navigation.   1  2  3  4
   b. MESAV.   1  2  3  4
   c. Claims submission.   1  2  3  4
   d. Claims Status Inquiry   1  2  3  4
   e. Adjustment process.   1  2  3  4
   f. Claims Data Export.   1  2  3  4

3. The information presented was clear and concise.   1  2  3  4

4. I feel confident in my ability to apply the information presented.   1  2  3  4

5. The printed materials provided are useful.   1  2  3  4

6. The presenters were effective and engaging.   1  2  3  4

7. The presenters answered questions clearly and completely.   1  2  3  4

8. Overall, I was satisfied with the workshop.   1  2  3  4

Please let us know what topics you would like more information on:
____________________________________________________________________________________________
____________________________________________________________________________________________

Please provide any additional comments on your experience at this workshop:
____________________________________________________________________________________________
____________________________________________________________________________________________

If you would like to be contacted by a TMHP Provider Representative, please provide your contact information:

Name: ____________________________________________________________

Provider Name and Provider Identifier: ________________________________

Email: ____________________________________________________________

Telephone Number: ________________________________________________

Long Term Care TexMedConnect Application Training