The 2009 Nursing, PCS, and Therapy Services Workshop:
Home Health and Comprehensive Care Program

Presented by

Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor
Workshop Expectations

- Start and stop on time.
- Stay focused.
- Silence distractions.
  - cellphones
  - blackberrys
  - side conversations
- Write questions down on the index cards provided.
- Be positively engaged.
What’s Changed

Because of you, this has happened:
- Enhanced workbooks
- Detailed references
- Additional resource information
- Inclusion of CSHCN
Workshop Agenda

- State Health Programs Team.
- Medicaid Managed Care.
- Provider Responsibilities.
- Verifying Client Eligibility.
- Home Health Services.
- Comprehensive Care Program (CCP) Services.
- Prior Authorization.
- Claims and Appeals Submission Guidelines.
- Third Party Resources and Other Insurance.
- Reporting Waste, Abuse, and Fraud.
- Resources.
State Health Programs Team

- Providers
- Clients
- Texas State Legislature
- HHSC
- DSHS
- DADS
- TMHP
- MAXIMUS
Medicaid Managed Care

- State of Texas Access Reform (STAR).
- Primary Care Case Management (PCCM).
- STAR+PLUS.
- NorthSTAR Program.
- Integrated Care Management (ICM).
- STAR Health (Foster Care).
- External Quality Review Organization (EQRO).
Provider Responsibilities

- Verifying eligibility.
- Providing medically necessary services to the Medicaid / CSHCN population.
- Providing services without discrimination.
- Accepting payment for Medicaid services as payment in full.
- Following guidelines for limiting your practice.
- Following all guidelines.
Provider Responsibilities

- Following HIPAA Compliancy.
- Ensuring medical record documentation supports services rendered.
- Maintaining records.
- Receiving correct authorization.
- Notifying TMHP of any changes.
- Reporting Medicaid waste, abuse, or fraud.
- Reporting child abuse.
Reimbursement Cycle

1. Submit Claim
2. Provide Service
3. Gain Prior Authorization
4. Verify Eligibility
5. Receive Reimbursement
6. File Appeal If Necessary
Eligibility

1. Gain Prior Authorization
2. Submit Claim
3. Provide Service
4. Receive Reimbursement
5. File Appeal If Necessary
6. Verify Eligibility
Eligibility

- TexMedConnect: using our electronic portal at www.tmhp.com
- Phone: Automated Inquiry System (AIS)
- Paper identification forms: the H3087 and H1027-A for Medicaid, and the CSHCN Services Program Eligibility Form.
TexMedConnect

1. Go to TMHP.com.
2. Select Verify Client Eligibility from the right navigation panel.
3. Enter your username and password.
4. Select Eligibility from the left navigation panel.
5. Enter the provider NPI/API and the eligibility to and through dates.
6. Narrow your search by entering additional information in any of the following combinations:
   – Medicaid/CSHCN Services Program ID
   – SSN and DOB
   – Last Name, First Name, and DOB
   – SSN and Last Name
Eligibility Verification

TMHP has been working with HHSC to assist the evacuees of Hurricane Katrina. As a result, a process for expedited eligibility has been created that generates a case number for the individual/family. To identify the client's individual Medicaid Recipient number required for billing TMHP for services provided, Providers may search for the case number by using the following link: Case Number Lookup.

*(Please note a CASE NUMBER cannot be used for billing purposes; the CASE NUMBER is generated when the eligibility information is initiated and will result in each individual receiving a 9 digit Medicaid Recipient Number that should be used on all claims when submitting to TMHP.)*

Please enter the required information and click "Submit" to view the eligibility of the client.

- **Provider NPI/API:**
  - Enter NPI/API

- **Eligibility From Date:**
  - Enter From Date

- **Eligibility Through Date:**
  - Enter Through Date

Please enter one of the following Medicaid/SNAP ID field combinations:

- Social Security Number and Last Name
- Social Security Number and Date of Birth
- Data of Birth and Last Name and First Name

- **Medicaid/SNAP ID:**
  - Enter Medicaid/SNAP ID

- **Social Security Number:**
  - Enter Social Security Number

- **Date of Birth:**
  - Enter Date of Birth

- **Last Name:**
  - Enter Last Name

- **First Name:**
  - Enter First Name

[Submit]
Eligibility Verification

TMHP has been working with HHSC to assist the evacuees of Hurricane Katrina. As a result, a process for expedited eligibility has been created that generates a case number for the individual/family. To identify the client's individual Medicaid Recipient number required for billing TMHP for services provided, providers may search for the case number by using the following link: "Case Number Lookup".

*Please note: A CASE NUMBER cannot be used for billing purposes; the CASE NUMBER is generated when the eligibility information is initiated and will result in each individual receiving a 9 digit Medicaid Recipient Number that should be used on your claims when submitting to TMHP.*

Please enter the required information and click "Submit" to view the eligibility of the client.

Provider NPI/API: 1717171717
Select a Provider NPI/API
Eligibility From Date: 7/1/2009 - Format: mm/dd/yyyy
Eligibility Through Date: 7/1/2009 - Format: mm/dd/yyyy

Please enter one of the following Medicaid/CQINID:
- Social Security Number and Last Name
- Social Security Number and Date of Birth
- Case of Birth and Last Name and First Name

Medicaid/CQINID: 0565556856
¬ Social Security Number: 119346789
¬ Date of Birth: 7/1/2009 - Format: mm/dd/yyyy
¬ Last Name: LastName
¬ First Name: FirstName

Submit
Eligibility Verification Results

New Lookup  Return with Search Criteria

Patient Information
- PCN
- DOB
- Gender
- SSN
- Name
- Address
- County
- Medicare

Inquiry Information
- KP/APH
- Eligibility From
- Date of Birth
- Social Security Number
- Last Name
- First Name

Eligibility Segments
- Segment Dates
- Medical Coverage
- Program Type
- Program
- Benefit Plan
- Spend-down Indicator

Medicare Segments
- Segment Dates
- Medicare Type

Lock-In Segments
- Segment Dates
- Name
- Address
- Phone

TPR Segments
- Segment Dates
- Name
- Address
- Phone

TPL Segments
- Segment Dates
- Address
- Phone

No Medicare Segments found
No Lock-In Segments found
No TPR Segments found
No TPL Segments found
### Eligibility Segments

<table>
<thead>
<tr>
<th>Segment Dates</th>
<th>Medical Coverage</th>
<th>Program Type</th>
<th>Program</th>
<th>Benefit Plan</th>
<th>Spend-down Indicator</th>
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<td>44 MEDICAID EXPANSION FOR CHILDREN (FED)</td>
<td>100 MEDICAID</td>
<td>100 TRADITIONAL MEDICAID</td>
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</table>

### Medicare Segments

- Segment Dates: Medical Coverage: No Medicare Segments Found
- Medicare Type: No Medicare Segments Found

### TPR Segments

<table>
<thead>
<tr>
<th>Segment Dates</th>
<th>Name</th>
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<td>TFM: 02/20/2007</td>
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</table>

### TPL Segments

- Segment Dates: Address/Phone/Additional Information: No TPL Segments Found

### Managed Care Segments

- Segment Dates: Organization/Name/Phone: No Managed Care Segments Found

### Limits Segments

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<th>Dental</th>
<th>Hearing Aid</th>
<th>Eye Exam</th>
<th>Eye Glasses</th>
<th>Medical</th>
</tr>
</thead>
</table>
Automated Inquiry System (AIS)

- Medicaid AIS: 1-800-925-9126
- CSHCN Services Program AIS: 1-800-568-2413
- AIS User’s Guide for Medicaid and CSHCN Services Program is available at TMHP.com
2009 Nursing, PCS, and Therapy Services Workshop

TX STATE HEALTH SERVICES

DAVID L. LAKELY, M.D.
COMMISSIONER

PARENT/GUARDIAN NAME STREET ADDRESS
CITY, TX ZIP CODE

B. F. SMITH

MEDICAID NUMBER: 123456789
VALID UNTIL:

This form may be used for services only between the “valid” dates listed in the box above.

This is the NEW CSHCN Services Program Eligibility Form. If you already have a form, throw away the old one. Take this form with you when you visit the CSHCN Services Program provider. Do not lose this form to other people. Service providers can copy the form for their files. If you lose this form, call the CSHCN Services Program Eligibility Section. Whenever you call or write to the CSHCN Services Program, use the case number (Case 9) shown on this form.

You must reapply for the CSHCN Services Program every 6 months. Send a new application and all proofs each time you reapply for CSHCN Services Program eligibility.

To stay on the CSHCN Services Program after this form runs out you must fill out a new CSHCN Services Program application and send the application to the CSHCN Services Program on or after 07/31/2009. However, your application must be received by the CSHCN Services Program not later than 09/30/2009. To get a new CSHCN Services Program application, call the CSHCN Services Program at 1-800-252-8035.

Provider Information

The client named on this form is eligible for CSHCN Services Program benefits for the period indicated. Service providers may duplicate this form for their files. Providers must be enrolled in the CSHCN Services Program. Prior authorization is required for some services. The CSHCN Services Program may revoke eligibility in the event of policy changes, changes in client medical or financial condition, or error. See the CSHCN Services Program Provider Manual for details. For more information, contact the CSHCN Services Program.

Under certain circumstances, the eligibility form MAY NOT be valid at the time you see this client. Please verify client’s eligibility for CSHCN Services Program Benefits by calling 1-800-562-2413 or the TMHP-CSHCN Contact Center at 1-800-562-2413.
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Limitations and Factors That Affect Client Eligibility

- Emergency.
- Limited.
- Qualified Medicare Beneficiary (QMB).
- Medicaid Qualified Medicare Beneficiary (MQMB).
- Hospice.
- Presumptive Eligibility (PE).
- Women’s Health Program.
- Third Party Resources (TPR).
- Managed Care Program:
  - STAR, PCCM, STAR+Plus, ICM, STAR Health, or NorthSTAR.
- Primary Care Provider
Third-Party Resource (TPR)

- Other insurance (OI) information.
- Private insurance billing and exceptions.
- Primary insurance guidelines.
- Private HMO and PPO co-pays.
- TPR Department.
Exceptions to the Third Party/OI Rules

- THSteps Medical Program
- THSteps Dental
- Family Planning services
- Case Management for Children and Pregnant Woman (CPW)
- Personal Care Services
Private Pay Policies

- Private pay agreement
- Client acknowledgment statement
Supplemental Security Income (SSI)

- What is the SSI program?
- How do I identify an SSI client?
- How does SSI eligibility affect me?
  - Authorizations
  - Claims Submission
# Authorizations and Claims for SSI

<table>
<thead>
<tr>
<th>Medicaid Plan</th>
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<th>Claims</th>
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<td>TMHP</td>
<td>TMHP</td>
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<td>TMHP</td>
<td>TMHP</td>
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<tr>
<td>STAR</td>
<td>HMO</td>
<td>TMHP</td>
</tr>
<tr>
<td>STAR+Plus</td>
<td>HMO</td>
<td>HMO *</td>
</tr>
</tbody>
</table>

* Claims for inpatient hospital services are billed to TMHP, except for inpatient psychiatric facilities which are billed to the HMO.
Home Health Services

- Services such as skilled nurse services, home health aide visits, physical therapy visits, occupational therapy visits, Durable Medical Equipment (DME), and expendable medical supplies that are provided to eligible Medicaid clients at their place of residence on a part-time or intermittent basis and furnished through an enrolled home health agency.
Services

- Skilled Nursing
- Home Health Aides
- The Comprehensive Care Program (CCP)
- Personal Care Services (PCS)
- Private Duty Nursing (PDN)
- Physical and Occupational Therapy
- Speech Therapy
Skilled Nursing Visits

- Provided by a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN).
- Services are provided on a part-time or intermittent basis.
  - Teach client or caregiver how to administer or assist in a service or activity.
  - Skilled nursing observation, assessment and evaluation.
  - General supervision of a home health aide.
- Administrative assessment visit for the purpose of developing the plan of care.
Home Health Aide Visits

- Visits are intended to provide delegated nursing services under the supervision of an RN, PT, or OT employed by the home health agency to promote independence and support the client living at home.

- Aide supervision requirements.
Physical and Occupational Therapy – Home Health

- Requested for a payable diagnosis.
- Provided by a licensed Physical or Occupational Therapist.
- For the treatment of an acute condition or an acute exacerbation of a chronic condition.
- Provided only until the patient has reached the maximum level of improvement or \textit{plateauing}.
- Services are billed by and paid to the home health agency.
Comprehensive Care Program (CCP)

- An expansion of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as mandated by the *Omnibus Budget Reconciliation Act* (OBRA) of 1989, which requires all states to provide treatment for correction of physical or mental problems to THSteps-eligible clients for any medically necessary services for which Federal Financial Participation (FFP) are available even if the services are not covered under the state’s Medicaid plan.
CCP Services

- Personal Care Services (PCS).
- Private Duty Nursing (PDN).
- Physical and Occupational Therapy.
- Speech Therapy (ST).
- Medical Supplies and Durable Medical Equipment (DME).
- Nutritional Products.
Personal Care Services (PCS) - CCP

- Personal care services are support services that provide assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and help clients with physical, cognitive, or behavioral functional limitations caused by a disability, physical or mental illness, or chronic condition.

- PCS is often provided by unlicensed persons.
PCS Does Not Include:

- ADLs, IADLs, or health-related functions that a typically developing child of the same chronological age could not safely and independently perform without adult supervision.
- Duplication of Medicaid services.
- Nursing care provided through Private Duty Nursing (PDN) or Home Health Skilled Nursing (HHSN).
Private Duty Nursing (PDN) - CCP

- Nursing services to correct or ameliorate the patient’s disability, physical or mental illness, or chronic condition.
- Nursing reimbursed hourly for clients who meet the THSteps –CCP medical necessity criteria and who require individualized continuous skilled care beyond the level of skilled nursing visits authorized under the Texas Medicaid Home Health Services.
- PDN cannot be authorized for the primary purpose of providing respite care, childcare, activities of daily living for the client, housekeeping services, or comprehensive case management beyond the service coordination required by the *Texas Nursing Practice Act*. 
Physical and Occupational Therapy – CCP

- Reimbursed for chronic conditions that require ongoing medical supervision.
- Provided by:
  - Licensed Physical or Occupational Therapist.
  - Comprehensive Outpatient Rehabilitation Facility.
- A physician prescription and revised therapy treatment plan are needed at least every six months to establish medical necessity.
- Prior authorization is required using the:
  - Request for Initial Outpatient Therapy (Form TP1).
  - Request for Extension of Outpatient Therapy (Form TP2).
Speech Therapy - CCP

- Speech-language services are benefits under CCP when provided to clients experiencing speech-language difficulty because of a disability, ongoing health condition, or communication disorder such as a disease or trauma, developmental delay, oral motor problem, or congenital anomaly or other conditions requiring medically necessary speech-language services.

- A request for speech therapy services may be prior authorized for no longer than six months duration.

- A new request must be submitted if therapy is required for a longer duration.
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Prior Authorization

1. Submit Claim
2. Provide Service
3. Gain Prior Authorization
4. Verify Eligibility
5. Receive Reimbursement
6. File Appeal If Necessary
Plan of Care (POC) – Home Health

1. Paint a picture.
2. Include diagnoses and procedure codes.
3. Fill out form before calling.
4. Call.
5. Get Plan of Care signed by physician.
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Prior Authorization

The deadline for creating a Provider Administrator account has been extended to June 30, 2005. To retain access to Claim Status Inquiry, Eligibility Verification, View R&I Reports, and Panel Rosters you must create a Provider Administrator account before June 30, 2005. After June 30, 2005 access will be denied until a Provider Administrator is configured.

You have TPIN / Provider Number(s) associated with your account that need to setup a provider administrator account.

Click Here to Configure an Administrator

Request a New Authorization

*NP/PIE: 171717177
*Client ID: 555555555
*Authorization Area: Home Health
*Submission Type: Plan of Care

Computed Tomography (CT) and Magnetic Resonance (MR) are accepted electronically through the Medisolutions portal. To reach the Medisolutions portal, click here. Alternately, requests may be faxed to 1-800-572-2119.

Requested Authorization Dates

*From: 2/3/2009

Note: fields marked with a red dot are required

Help

Prior Authorization Instructions: TMHP implemented prior authorization submission functionality on TMHP.com. A help guide has been developed by TMHP to assist providers. Providers can access the online guide by selecting TMHP.com Prior Authorization Instructions.
## New Authorization Request

### Provider Information
- NPI/API: 1717171717
- Taxonomy: 084N00000X

### Client Information
- Client ID: 555555555
- DSN: 

### Authorization Information
- **Authorization Dates**
  - From: 2/3/2009
- **Authorization Area / Type**
  - Authorization Area: Home Health
  - Submission Type: Plan of Care
- **Type of Submission**: [ ] E14 PM
  - Date of Submission: 4/4/2009

### Procedure Details
- **New Detail**
  - Procedure Code: [ ]
  - Mod 1: [ ]
  - Mod 2: [ ]

### Additional Questions
- DMH NPI/API Of Home Health Agency
- Services Received From Other Agencies
  - ICD-9 Diagnosis
  - Diagnoses Description
  - ICD-9 Diagnosis
  - Diagnoses Description

### Contact Information
- **Contact Name**:  
- **Method**: Phone
- **Phone Number**: 5125555555 Ext: 1234
- **Fax Number**: 5125555555

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2009 Nursing, PCS, and Therapy Services Workshop
Prior Authorization – Home Health

- Telephone: 1-800-925-8957.
- Fax: 1-512-514-4209.
- Telephone number for Home Health/DME services inquiries only: 1-800-846-7470.
  - 7 a.m. to 7 p.m. CST.
- Authorizations can now be submitted via the TMHP web portal.
PCS Client Referrals

A client referral can be provided by the following:

– Client.

– A primary practitioner, primary care provider, or medical home.

– A licensed health professional who has a therapeutic relationship with the client and ongoing clinical knowledge of the client.

– A family member.
PCS Authorization Process

- After receiving a referral for PCS, an assessment will be conducted by the Department of State Health Services to determine the number of hours to be authorized.
- Once a provider has been chosen by the family, the DSHS case manager will confirm with the provider that they are able to serve the client.
- Following this confirmation, an authorization will be submitted to TMHP by the DSHS case manager.
- The provider will meet with the family to develop a schedule.
Claims Submission

- Submit Claim
- Provide Service
- Gain Prior Authorization
- Verify Eligibility
- Receive Reimbursement
- File Appeal If Necessary
Submitting the Claim

1. Go to TMHP.com and click on the link Access TexMedConnect.
2. Enter your username and password.
3. Select Claims Entry.
4. Click the dropdown button and select the one that matches your client’s provider’s information.
5. Enter the client number for the claim (optional).
6. Select the claim type from the drop-down menu.
7. Click Proceed to Step 2.
8. Click on each individual tab and fill in the information necessary to complete the claim.
2009 Nursing, PCS, and Therapy Services Workshop
Welcome to TexMedConnect

TMHP
TEXAS MEDICAID
HEALTHCARE PARTNERSHIP
Deadlines and Time Limits

- 95
- 110
- 120
- 365
Reimbursement

- Submit Claim
- Provide Service
- Gain Prior Authorization
- Verify Eligibility
- Receive Reimbursement
- File Appeal If Necessary
Electronic Funds Transfer

- How to enroll in electronic funds transfer (EFT).
- TMHP holiday schedule in the *Texas Medicaid Provider Procedures Manual*.
- Benefits:
  - Money available by Thursday.
  - No paper check to deposit.
  - R&S displays deposit amount in financial summary.
Remittance and Status (R&S) Reports

- Electronic R&S (ANSI 835 file) report:
  - TexMedConnect.
  - Third Party Software.

- Portable Document Format (PDF) “Paper R&S”:
  - TexMedConnect.
Accessing R&S Reports

To acquire these reports online:
1. Go to TMHP.com.
2. Click the link, “Access TexMedConnect.”
3. Enter user ID and password if prompted.
4. Click on the “R&S” link under the “Navigation” column.
5. Click on the “Name” link to navigate to the claim you are looking for.
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 the COF report PDF files, you need Adobe Acrobat Reader software on your machine. TMHP recommends using Adobe Acrobat version 8.0 to view PDF files on the TMHP website.

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Associate additional National Provider Identifiers (Acute Care Providers) or Provider Numbers (Long Term Care) or change your delivery options on the My Account page (You must be a Provider Administrator to change configuration).

For more information or for problems, please contact the EDI Helpdesk at 1-888-863-3638.
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 the 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.

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Appeals

1. Submit Claim
2. Provide Service
3. Gain Prior Authorization
4. Verify Eligibility
5. Receive Reimbursement
6. File Appeal If Necessary
Appeals

- Electronic
- AIS
- Paper
Filing an Appeal - Electronic

1. Click Appeals in the left navigation panel.

2. Enter the claim number you want to appeal.

3. If you do not know the claim number, enter information about the claim and click Search.

4. Click Appeal Claim to continue the appeal process.

5. Most fields populate with the claim information. You can modify the claim information for the appeals.
TMHP Home

Thank you for visiting the Texas Medicaid & Healthcare Partnership's (TMHP) Internet website for the Texas Medicaid Program. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of Medicaid claims processing and the Medicaid primary care case management services program. ACS meets its new consolidated Medicaid responsibilities with a team of subcontractors under the name of TMHP.

To view the publications available on this site, you will need Adobe Reader installed on your computer. Adobe Reader is available as a free download from Adobe's website. Click the Adobe link to go to the download page...

I would like to...
Access LTC Online Portal
Access Provider Enrollment
Current providers will use their TMHP.com account to log on. New providers must choose the Activate My Account link to begin the enrollment process.

Access TexMedConnect
For NPI claims filing, status, and appeals; claim eligibility; R&S reports

Activate my Account
Attest on NPI
Email the Contact Center
Find Publications/File Library
Get user name and password emailed
Look for a Provider
Register for a Workshop
Search/Extend an Existing Prior Authorization
Submit a Prior Authorization
Submit Radiology Prior Authorization
Initiate prior authorization for Computed Tomography (CT) and Magnetic Resonance (MR) through the MedSolutions portal

2009 Nursing, PCS, and Therapy Services Workshop
Navigation

- TextMedConnect
  - Acute Care
  - Eligibility
  - Client Group List
  - Claims
    - Claims Entry
    - Individual Template
    - Draft
  - CSI
  - R&S
  - Appeals
  - Pending Batch
  - Batch History
  - ANSI 835
  - Long Term Care

Appeals

Lookup Claim by Claim Number

Claim Number: • [Input field] [Format: 24 digits with no spaces] [Lookup]

Claim Search

Provider NPI/PI: [Input field] [1717217217]

From DOS: • [Input field] [Format: mm/dd/yyyy]
Through DOS: • [Input field] [Format: mm/dd/yyyy]
Medicaid/CSHCN ID: [Input field]
Billed Amount between: [Input field] and [Input field] [Format: 100.00 or 100]

Search

Claim Status Inquiry Instructions

Help

TMHP.com Claims Appeal Instructions: Effective April 2006, TMHP implemented appeals submission functionality on TMHP.com. A help guide has been developed by TMHP to assist providers. Providers can access the online guide by selecting TMHP.com Appeals Instructions.
Filing an Appeal - AIS

Providers can appeal claims through AIS that were denied for the following:

- Client number.
- Date of birth.
- Date of onset.
- X-ray date.
- Place of service (POS).
- Type of service (TOS).
- Quantity billed.
- Prior authorization number (PAN).
- Beginning date of service.
- Ending date of service.
- Billing, performing, referring, or limited provider identification numbers.
Filing an Appeal - Paper

1. Copy the R&S page where the claim is paid or denied.
2. Circle one claim per R&S page.
3. Identify the reason for the appeal.
4. Attach a completed claim form
5. Indicate the incorrect information and provide the corrected information
6. Attach a copy of any supporting medical documentation. A copy of other official notification from TMHP may also be submitted.
Submitting Appeals and Complaints to HHSC

Four types of HHSC Appeals:

- Administrative.
- Medical necessity.
- Complaints to HHSC – Fee-For-Service and PCCM.
- Complaints to HHSC – Managed Care Providers.
Medical Transportation Program (MTP)
Child Abuse Reporting
Waste, Abuse, and Fraud

- Billing for services not performed.
- Billing for unnecessary services.
- Upcoding or unsubstantiated diagnosis.
- Billing outpatient services as inpatient services.
- Over treating or lack of medical necessity.
TMHP Website
Steps to Resolve your Medicaid Questions

1. Provider manuals
2. Provider bulletins
3. R&S report (including banner messages)
4. TMHP.com
5. TMHP Contact Center
6. TMHP Provider Relations Representatives
Recap

- Verified eligibility
- Gained and submitted the prior authorization
- Submitted the plan of care
- Filed the claim
- Received our reimbursement
- Filed an appeal
The 2009 Nursing, PCS, and Therapy Services Workshop: Home Health and Comprehensive Care Program

Presented by

Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor