

## **Filing Claims for Uninsured Evacuees of Hurricane Dolly and Hurricane Ike**

The State of Texas has received a special Social Services Block Grant from the U.S. Department of Health and Human Services that can be used, in part, to process claims related to 2008's Hurricane Ike and Hurricane Dolly for uninsured evacuees. A Medicaid provider may be reimbursed for services rendered to a hurricane evacuee who is uninsured and is not eligible for Medicaid.

Hurricane Ike *and* Hurricane Dolly claims are exempt from prior authorization and 95-day filing deadline requirements.

Funds for uninsured evacuees of Hurricane Dolly and Hurricane Ike are limited, and claims will be paid only until the funds are exhausted. Providers are encouraged to file claims as soon as possible.

Claims will be accepted in three stages:

1. Hurricane Dolly Claims (*Dates of service from July 22, 2008, through September 19, 2008*)

Hurricane Ike Claims (**With FEMA number**) – (*Dates of service from September 7, 2008, through November 7, 2008*)

Claim submission dates: May 1, 2009, through June 30, 2009

2. Hurricane Ike Claims (**Without FEMA number**) - (*Dates of service from September 7, 2008, through October 5, 2008*)

Claim submission dates: July 1, 2009, through July 31, 2009.

3. Hurricane Ike Claims (**Without FEMA number**) – (*Dates of service from October 6, 2008, through November 7, 2008*)

Claim submission dates: August 1, 2009, through August 31, 2009.

The following Hurricane Ike/Hurricane Dolly claims will be denied:

- Claims that are filed with incomplete client information; and
- Claims for which TMHP is unable to validate the information.

A claim that is denied for either reason will include the explanation of benefits (EOB) message 00182, "Client number invalid. Please resubmit with accurate client information." The provider must submit a claim that is denied with this EOB message as a new day claim with the complete, accurate client information.

New day claims will be considered for reimbursement for:

- Medicaid enrolled providers.
- Medicaid covered services.
- Services to clients without other insurance coverage.
- Services delivered to U.S. citizens or legal permanent residents.

Do not resubmit a denied claim as an appeal. All claims must be filed as new day claims and within the timeframes specified below.

Providers will be required to complete an attestation indicating the following:

- Services were delivered to a disaster evacuee or related to the disaster.
- No other health insurance was available.
- Services were delivered to either a U.S. citizen or legal permanent resident.

The [attestation form](#) is available on this website. The form must be submitted to the following address:

Texas Medicaid & Healthcare Partnership

Claims

PO Box 200555

Austin, TX 78720-0555

### **Hurricane Dolly – Dates of service from July 22, 2008, through September 19, 2008**

To be considered for reimbursement for services rendered to uninsured evacuees of *Hurricane Dolly*, a claim must meet the following criteria:

- **The provider must submit the claims during the period that begins May 1, 2009, and ends June 30, 2009.**
- A claim for an inpatient hospital stay must have an admission date during the period that begins July 22, 2008, and ends September 19, 2008.
- The person to whom the services were provided:
  - Must be an evacuee of Hurricane Dolly; and
  - Must, as determined from the person's ZIP code, have resided in the identified evacuation area for Hurricane Dolly. (Click [here](#) for a list of affected counties and ZIP codes).
- The client patient control number (PCN) must be 000000005.
- FEMA information is not required for Hurricane Dolly claims.
- TexMedConnect submitters: The client's ID number 000000005 must not be entered on the initial claim screen "Claims Submission Step 1." The provider must leave the Client # field blank and advance to the next screen where the provider can manually enter the client's number and client information.

### **Hurricane Ike (With FEMA number) – Dates of service from September 7, 2008, through November 7, 2008**

To be considered for reimbursement for services rendered to uninsured evacuees of *Hurricane Ike*, a claim must satisfy the following criteria:

- **The provider must submit the claims during the period that begins May 1, 2009, and ends June 30, 2009.**
- A claim for an inpatient hospital stay must have an admission date during the period that begins September 7, 2008, and ends November 7, 2008.
- The person to whom the services were provided:
  - Must be an evacuee of Hurricane Ike; and
  - Must, as determined by the person's ZIP code, have resided in the identified evacuation area for Hurricane Ike. (Click [here](#) for a list of affected counties and ZIP codes).
- The client PCN must be 000001791.
- TexMedConnect submitters: The client's ID number 000001791 must not be entered on the initial claim screen "Claims Submission Step 1." Providers must leave the Client # field blank and advance to the next screen where they can manually enter the client's number and client information.
- The claim must contain the 13-digit FEMA information number consisting of the 9-digit FEMA household number and the 4 digit disaster number (1791 for Hurricane Ike), and the word FEMA in claim fields as follows:

Paper Claims

- CMS-1500 – Field 11 13-digit FEMA number (no dashes or special characters) and Field 11c the word FEMA
- UB-04 CMS-1450 – Field 62 13-digit FEMA number (no dashes or special characters) and Field 61 the word FEMA
- 2006 ADA – Field 8 13-digit FEMA number (no dashes or special characters) and Field 5 the word FEMA

Electronic Claims

Electronic submitters must indicate the FEMA information in the corresponding other insurance electronic fields.

TexMedConnect submitters: Click [here](#) for information regarding other insurance fields and requirements.

EDI submitters Click [here](#) for information regarding other insurance fields and requirements.

**Hurricane Ike (Without FEMA number) – Dates of service from September 7, 2008, through October 5, 2008**

A provider who did not obtain the FEMA number from the client can submit claims without the FEMA number as follows:

- **The provider must submit the claims during the period that begins July 1, 2009, and ends July 31, 2009.**

- A claim for an inpatient hospital stay must have an admission date during the period that begins September 7, 2008, and ends October 5, 2008.
- The person to whom the services were provided:
  - Must be an evacuee of Hurricane Ike; and
  - Must, as determined by the person's ZIP code, have resided in the identified evacuation area for Hurricane Ike. (Click [here](#) for a list of affected counties and ZIP codes).
- The client PCN must be 000001791.
- TexMedConnect submitters: The client's ID number 000001791 must not be entered on the initial claim screen "Claims Submission Step 1." Providers must leave the Client # field blank and advance to the next screen where they can manually enter the client's number and client information.
- These claims will be placed on hold for review until the submission period ends (up to 30 days). HHSC will determine available funds, which may result in payments being reduced, and will direct TMHP to process claims accordingly.

***Important: By accepting assignment, a provider specifically agrees that such payment is payment in full for these claims, and the provider is prohibited from billing or seeking payment from a Hurricane Dolly and Hurricane Ike evacuee.***

### **Hurricane Ike (Without FEMA number) – Dates of service from October 6, 2008, through November 7, 2008**

- **The provider must submit the claims during the period that begins August 1, 2009, and ends August 31, 2009.**
- A claim for an inpatient hospital stay must have an admission date during the period that begins October 6, 2008, and ends November 7, 2008.
- The person to whom the services were provided:
  - Must be an evacuee of Hurricane Ike; and
  - Must, as determined by the person's ZIP code, have resided in the identified evacuation area for Hurricane Ike. (Click [here](#) for a list of affected counties and ZIP codes).
- The client PCN must be 000001791.
- TexMedConnect submitters: The client's ID number 000001791 must not be entered on the initial claim screen "Claims Submission Step 1." Providers must leave the Client # field blank and advance to the next screen where they can manually enter the client's number and client information.
- These claims will be place on hold for review until the submission period ends (up to 30 days). HHSC will determine available funds, which may result in payments being reduced, and will direct TMHP to process claims accordingly.

***Important: By accepting assignment, a provider specifically agrees that such payment is payment in full for these claims, and the provider is prohibited from billing or seeking payment from a Hurricane Dolly and Hurricane Ike evacuee.***

For more information, call the TMHP Contact Center at 1-800-925-9126.