TexMedConnect User Guide for Managed Care Organization (MCO) Long-Term Services and Supports (LTSS) Providers



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

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Overview

TexMedConnect is a free, online claims submission application provided by Texas Medicaid & Healthcare Partnership (TMHP). Managed care organization (MCO) Long-term Services and Supports (LTSS) providers can use TexMedConnect to submit claims, perform Claim Status Inquiries (CSI), and submit appeals.

An MCO LTSS provider is any provider who provides LTSS services under a specific National Provider Identifier (NPI) and taxonomy combination and submits claims through Medicaid Managed Care. An MCO LTSS provider will have to enroll through this process when the NPI combination they bill LTSS services does not have an active, associated Texas Provider Identifier (TPI) through TMHP or an Atypical Provider Identifier (API) through this process.

TexMedConnect:

- Delivers an integrated, web-based application.
- Provides a stable and secure environment for claims submission.
- Is accessible from any computer with Internet access.

TexMedConnect for MCO LTSS providers supports Institutional Outpatient claims (837I) and Professional claims (837P) for Health Insurance Portability and Accountability Act (HIPAA) - compliant transactions. Institutional Outpatient claims are used for services rendered in a hospital. Professional claims are used for services rendered by an individual provider.

Basic knowledge of browsing the web and using other web-based applications is helpful when using TexMedConnect.

Requirements

TexMedConnect is a web-based application and requires Internet capabilities as follows:

- Internet service provider (ISP)
- Internet browser Microsoft® Internet Explorer® (version 11.0 and later)
- Google Chrome® (version 48 and later)

A broadband connection is recommended but not required.

Getting Support

This section explains whom at TMHP to contact for assistance with technical issues and claims questions.

Technical Support

Contact the TMHP Electronic Data Interchange (EDI) Help Desk at 888-863-3638, Option 4, for MCO LTSS provider's technical issues. The TMHP EDI Help Desk provides technical assistance with troubleshooting TexMedConnect and TMHP EDI Gateway system issues.

Contact your system administrator for assistance with modem, hardware, Internet connectivity, or phone line issues.

Claims Support

Call the TMHP Contact Center at 800-925-9126 with questions about MCO LTSS electronic claims.

Accessing TexMedConnect

Access TexMedConnect through the TMHP website. To use TexMedConnect, you must already have an account on the TMHP website. If you do not have an account, set one up using the information provided in the <u>TMHP Website Security Provider Training Manual</u>.

Once you have an account for the TMHP website:

1) Access the TMHP website at tmhp.com.



2) Click TexMedConnect. Enter your user name and password.



3) The My Account page will open to display website features you have access to. Click **TexMedConnect**.

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Navigation		
<u>My Account</u>	Welcome to My Account. This sect Click the appropriate link for acces	ion allows a user to perform various maintenance activities for their TMHP account. ss to the maintenance options.
	LTSS Online Portal	Electronic Visit Verification (EVV) Portal
	rexmedConnect	EVV Search EVV Reports
	- Manago Drovidor Accounte	

Navigation Panel

All of the available menu options for MCO LTSS providers are located under Acute Care in the left navigation panel. A user's access privilege determines which options appear. You can select the activity you would like to perform from the navigation panel.



Eligibility

You have the ability to verify a client's eligibility, create a list of clients for whom you would like to verify eligibility, and create eligibility batch reports by NPI or API.

Eligibility Verification (EV)

To verify a client's eligibility, follow these steps:

1) Select **Eligibility** from the navigation panel.



2) Use the Provider NPI/API drop-down list to select an NPI or API.

Eligibility Verification				
Please enter the required information and click "Submit" to view the eligibility of the client.				
Provider NPI/API: •		Select a Provider NPI/API		
Eligibility From Date: • Eligibility Through Date: •		Format: mm/dd/yyyy Format: mm/dd/yyyy		

3) Enter an Eligibility From Date and Eligibility Through Date manually, or use the calendar icon.

Eligibility Verification				
Please enter the required information and click "Submit" to view the eligibility of the client.				
Provider NPI/API: •	v	Select a Provider NPI/API		
Eligibility From Date: • Eligibility Through Date: •		Format: mm/dd/yyyy Format: mm/dd/yyyy		

4) You must also enter information in the Medicaid/CSHCN ID field or Social Security Number field and either the Date of Birth, Last Name, or First Name fields. Click **Submit**.

Please enter one of the followingMedicaid/CSHCN ID and Date of Birth valid field combinations: or Medicaid/CSHCN ID and Last Name or Medicaid/CSHCN ID and Social Security Number or Social Security Number and Last Name or Social Security Number and Date of Birth or Social Security Number and Date of Birth or Date of Birth and Last Name or Social Security Number and Date of Birth			
Medicaid/CSHCN ID: Social Security Number: Date of Birth: Last Name: First Name:	Format: 123456789 Format: 123-45-6789 or 123456789 Format: nm/dd/yyyy		
	Submit		

5) Eligibility verification results appear. Click the PDF icon in the top right corner of the Eligibility Verification Results page to view and print results.

							Print Options ::	7
Eligibility V	erification Res	ults						~
New Lookup	Return with Search	Criteria						
Patient Inform	ation			Inquiry Information	on			
Client No./Train	ee SSN			NPI/API				
DOB Gondor	F			Eligibility From	9/1/2019			
SSN				Medicaid / Client No).			
Name	Contrast of Manager			Social Security Nun	nber			
Address	Garza			Date of Birth				
Medicare No.	P1000000000			First Name				
Base Plan	INDIV OUTS							
Eligibility Segn	Medical Coverage	Program Type	Program	Benefit Plan	Spe	nd-down Indicator		
EFF: 1/1/2012 TRM:	R - REGULAR	54 - MQMB (SSI, R	ECIPIENT) 100 - MEDICAID	140 - MCAID QUAL MEDICARE	BENE Q - N	QMB - CATEGORY 01,		
11/22/2011					DUAI	LY ELIGIBLE FOR MAO		
					AND	QMB		
Medicare Segm	ents							
Segment Dates	Medicare Type Cont	ract Number Plan	ID Contract N	umber Link				
7/31/2020 ADD :	<u>^</u>							
EFF: 4/1/1992 TRM :	В							
4/20/1992								
Lock-In								
Segments	forward .							
NO LOCK-IN Segments	ound							
TPR Segments								
No TPR Segments four	id							
TPL Segments								
No TPL Segments four	d							
Managed Care	Segments							
Segment Dates	Organization	Plan Code I	Line Of Business	Name Pho	ne			
EFF : 9/1/2013 TRM : 7/31/2020 ADD :	LINE R. MAL	5B 5	STAR+PLUS					
7/23/2013								
Limits Segment	s							
Dental	Hearing Aid	Eye Exam	Eye Glasses	Medical				
		4/26/1990	1/16/2012					*

6) Click **New Lookup** to return to the Eligibility Verification screen. Click **Return with Search Criteria** to return to the Eligibility Verification screen with the last search criteria in the fields.

Eligibility Verification Results					
New Lookup Return with Search Criteria					
Dationt Information	Inquiry Informat	stion			
Client No. /Trainee SSN	NDT/ADT				
DOB	Eligibility From	9/1/2019			
Gondor F	Eliaibility Through	b 9/30/2019			

Client Group List

The client group list allows you to create a list of clients for whom you would like to verify eligibility. You can create up to 100 groups for each NPI or API. Each client group can contain up to 250 clients.

To verify eligibility through the client group list, follow these steps:

1) Select **Client Group List** from the navigation panel.



2) Select the NPI or API on the EV Client Group List screen. Click **Continue**.

EV	EV Client Group List							
Sele	Select NPI/API and related data							
	NPI	Taxonomy	Address	Zip	Benefit Code			
۲	-			77642	LTSS			
0				77642	LTSS			
0	-	210704842		77642	LTSS			
Conti	nue >>							

Click the name of the group to view the client list. Click <u>Delete</u> to remove an existing client group list.
 You can also type a group name and click **Add Group** to create a new client group list.

Client Group List					
NPI/API					
Add Group					
Name of the group	User ID	Created Date	Last Updated Date		
TEST	and they said	08/04/2020	08/04/2020	Delete	
<u>TEST 4</u>	1017mg, 344	08/04/2020	08/04/2020	Delete	
LTSS client Group Test 0805	1017mg. 344	08/05/2020	08/05/2020	Delete	
New LTSS Group 2 0805	101710-348	08/05/2020	08/05/2020	<u>Delete</u>	

d) To create a group, enter a Client number or social security number and date of birth, last name, or first name. Click **Lookup**. Then, click **Add to Group**.

-		
Add Clien	t	
Client #: SSN: DOB: Last Name: First Name:	Lookup	Lookup Criteria Combination of Client # and DOB or Client # and Last Name or Client # and SSN or SSN and Last Name or SSN and DOB or DOB and Last Name and First Name.
Go Back Add To	Group	

5) You can click **Add Client** to add more clients to the group.

Client List	
Go Back Add Client	

6) Enter a date range in the From Date of Service and To Date of Service fields manually, or use the calendar icon. Click **Eligibility** to view the Eligibility Verification Results.

					Print Option	ıs :: [
Client List						
Go Back Add Client						
NPI/API						
From Date of Service	Format mm/dd/yyyy Format mm/dd/yyyy					
Select All First Name	Last Name	Client #	SSN			
and the second s	100.000	0.0000.000	***_**_	Eligibility	Delete	
- Manan	HERE FOR THE PARTY OF THE PARTY	100000000000000000000000000000000000000	***_**_	Eligibility	Delete	
Submit EV Batch						

7) Eligibility verification results appear. Click the PDF icon in the top right corner of the Eligibility Verification results page to view and print results. Click **<u>Return to List</u>** to return to the Client List screen.

				Print Options :: 🗾 📩
Eligibility Verification Results				
Return to List				
Patient Information		Inquiry Information		
Client No./Trainee SSN		NPI/API		
DOB		Eligibility From 9/1/2019	9	
Gender M		Eligibility Through 9/30/20	[9	
Name		Social Security Number		
Address		Date of Birth		
County Dallas		Last Name		
Medicare No.		First Name		
Base Plan INDIV OUTS				
Eligibility Segments				
Segment Dates Medical Coverage Program	ype Program	Benefit Plan	Spend-down Indicator	
EFF: 12/1/2011 TRM: R - REGULAR 54 - MQMB (S 7/31/2020 ADD:	SI, RECIPIENT) 100 - MEDICAID	140 - MCAID QUAL MEDICARE BENE	Q - MQMB - CATEGORY 01, 03. OR 04 CLIENT WHO IS	
10/25/2011			DUALLY ELIGIBLE FOR MAD	
			AND QUD	
Medicare Segments				
Segment Dates Medicare Type Contract Number	Plan ID Contract Number Li	ink		
EFF : 5/1/2011 TRM : A				
7/31/2020 ADD : 4/6/2011				
EFF : 2/1/2011 TRM : B				
5/24/2011				
EEE4/1/2019 TRM : C	CMS ID Info			

8) To submit an eligibility report for one or more clients in a client group list to batch, enter a date range in the From Date of Service and To Date of Service fields manually, or use the calendar icon. Click individual check boxes to select clients for a batch report, or click **Select All** to create a batch report for all members of the client group list. Click **Submit EV Batch**.

					Print Optio	ons :: 🛛 🗧
Client List						
Go Back Add Client						
NPI/API						
From Date of Service	Format mm/dd/yyyy Format mm/dd/yyyy					
Select All First Name	Last Name	Client #	SSN			
	100.000	1.048.010	***_**_	<u>Eligibility</u>	Delete	
in in its second	HERE FROM TO	1000070010	***_**_	Eligibility	Delete	
Submit EV Batch						

EV Batch History

To view eligibility batch reports, follow these steps:

1) Select **<u>EV Batch History</u>** from the navigation panel.



2) Select an NPI or API on the EV Batch History screen. Click **Continue**.

(
EV	Batch History				
Sele	ct NPI/Contract No.				
	NPI	Taxonomy	Address	Zip	Benefit Code
۲				77642	LTSS
0				77642	LTSS
0				77642	LTSS
Conti	nue >>				

3) Select a **Batch ID** to review the eligibility report results. The report opens in a new browser window in a PDF format.

(Print Options ::	
EV Batch Histor	istory						
LT Dutter Histor	,						
BatchID	Group Name	Client Count	Status	Submitted By	Transmission Date		
100	LTSS Test Group 2	1	Processed	and the second second	7/14/2020		
and the second second	TEST DEV	1	Processed	COLUMN TWO AND ADDRESS	7/14/2020		

4) Use your browser print functions to print the report results. Click the **X** on the browser tab to close the report and return to the EV Batch History results screen for the selected NPI or API.

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🔮 ТМНР	🥖 secure	× 📑	
_			
Created Date:	7/14/2020		
oroutou putor	,, 11, 2020		
Error: 51 - P:	rovider not on file.		
CLIENT INFORMA	TION		INQUIRY INFORMATION
Client No./Tra:	inee SSN:		NPI/API:
DOB:			Rightity From: 6/11/2020
Gender:			Kiigibility Through: 6/20/2020
SSN:			Medicald/Clent No.:
Name:			Date of Birth.
Auuress:			Lack Mana.
Modigare No .			River Meno
Base Plan:			FIISt Name:
Dabe Flam.			

Filing a Claim

You have the ability to submit the following claim types for a selected NPI or API:

- Institutional Outpatient
- Professional

Required data must be entered on each claim submission tab for the selected claim type. Click each tab to navigate through the screens. Ensure the data entered meets field edit requirements (such as social security number [SSN] must be nine digits, and future dates are not allowed for the patient date of birth or date of death).

After the claim information is entered, you can either submit the claim, save a draft, or save the individual claim as a template. Once a claim is submitted successfully, you will receive information about claim routing and a TMHP EDI Transaction Number (ETN).

Claims Entry

To enter the details of a claim, follow these steps:

1) Select **Claims Entry** from the navigation panel.

51	Home :: TMHP.com :: My Account
ТМНР	Logged in as: <u> Log Of</u>
Navigation Carlot Care Carlot Care Client Group List Client Group List Client Group List Claims Claims	Welcome to TexMedConnect

2) Use the NPI drop-down list to select an NPI or API. A list of NPIs or APIs and related data (such as taxonomy, physical address, and benefit code selections) is displayed based on the user's access.



 Enter the client number for the claim (optional). The client number is the Medicaid ID number. When a client number is entered, the system populates most of the required fields on the Client tab. If you do not enter the client number, you must enter all required fields manually on the Client tab.

NPI: •	~
Client#:	
Claim Type: •	~

4) Use the Claim Type drop-down menu to select **Outpatient** or **Professional**. Click **Proceed to Step 2.**

Claim Submission - Step 1
NPI: • V Client#: Claim Type: • Outpatient -UB04 (CMS1450) Professional - CMS1500
Proceed to Step 2 >>

Professional Claim

The Claims Entry screen appears for the Professional claim type. Required fields (indicated by a red dot) must always be completed on each tab. If you entered the client number on the Claims Entry screen, many of these fields are pre-populated, but can still be edited.

You can use the Next and Previous buttons on each tab to save claim data and move through the claims entry steps.

Patient Tab

On the Patient tab, complete all required fields. Make sure to enter a nine-digit ZIP code in the ZIP+4 field.

Home :: TMHP.cor	m :: My Account
Logged in as:	Log Off
Prove disable and the provention of the proventi	it Options :: 📋
Claim Submission - Step 2	s Claim No.
Professional New	
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
Patient	
Patient Identification Numbers	
Account No. • SSN Client Number •	
Name and Address	
Last Name • First Name • MI Suffix	
Street • City • State • ZIP+4 •	
Patient General Information	
Gender • Patient Date of Birth • Patient Date of Death	
Save Draft Save Template	Previous Next

Provider Tab

On the Provider tab, complete all required fields. Some billing provider fields pre-populate. All other required data (such as ID Type) must be entered manually.

Home :: TMHP.com :: My A	ccou
Logged in as:	Log
Print Options	:: (
Claim Submission - Step 2	n No
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
Providers	
Billing Provider	
NPII Taxonomy Benefit Code	
LTSS	
Last/Organization Name First Name MI Suffix	
Address Address2 City State ZIP+4	
ID Type • EIN/SSN • Phone No.	
Facility Provider	_
NPI/API Name	
Address City State Zip+4	
Service Location	
Referring/Other Provider	
NPI/API Last Name First Name MI Suffix	
	_
Not/opt Lack Near Section 2010	
INTERATE THIS INSTREMENT OF SUTTOR	
Save Draft Save Template Drewinwe	Neo

Claim Tab

On the Claim tab, complete all required fields when applicable.

	Home :: TMHP.com :: My Account
	Logged in as:
	Print Options :: 🕒
Claim Submission - Step 2	Please disable pop-up blocker to print.
	Claim Type Patient Provider Status Claim No. Professional New
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT O	
Claim	
General	
Date Of Current Condition AutoAccident Authorization No. Outside Lab?	
Employment Related	
THSteps Related Charges	
UOther Accident \$	
Dates patient unable to work in current occupation	
Value Codes	
Value Amount	
Save Draft Save Template	Previous Next

Diagnosis Tab

On the Diagnosis tab, complete all required fields.

Home :: TMF	P.com :: My Account
Logged in	as: <u>Loq Off</u>
	Print Options ::
Claim Submission - Step 2 Please disable pop-	up blocker to print.
Claim Type Patient Provider	Status Claim No.
Protessional	New
DATIENT DROUTDED CLANK DIACHOOTS DETAILS OTHER INCURANCE / CURNET CLANK	
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
Qualifier •	
Diagnosis	
Code • Description	
Number of Details To Add: Add New Diagnosis Code Row(s)	
I nere is a maximum or 12 Diagnosis code rows available for entry.	
Save Draft Save Template	Previous Next

Use the Qualifier drop-down list to select International Statistical Classification of Diseases and Related Health Problems (ICD-9) or ICD-10 to ensure the correct ICD diagnosis code is found in the Code lookup field. The qualifier selected must be valid for the diagnosis code entered, based on the date of services.

Input the diagnosis code to the highest degree of specificity. Click the magnifying glass icon to look up the code description.

To add additional diagnosis code rows, enter the **Number of Details To Add** (up to 12) and click **Add New Diagnosis Code Row(s)**.

Details Tab

On the Details tab, complete all required fields.

				Home ::	TMHP.com ::	My Account
		\rangle				
				Logge	d in as:	Log Off
		7			Print O	tions :: 📋
Claim Submission - Step 2		Claim T	Ple Dationt	ease disable p	op-up bloci	er to print.
	$\nabla = \langle$	Professio	nal Patient	Provider	New	Claim No.
	V	\rangle				
	\rightarrow \langle					ļ
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM		\rangle				
General Details						
Mods				NDC		
•DOS +POS +Proc ID +Proc Remarks 1 2 3 4 Ane. Min. 08.Ane.Units +Diag Ref +Qty/Units +Unit Price		Ben Code	NDC	Qty	UOM	
	$ \rightarrow $					Delete
2						Delete
						Delete
		7				Delete
		<u> </u>				Delete
	$\Sigma = \langle$					
		>				
Number of Details to Add: Add New Detail Row(s) Copy Row		\rangle				
Totals	\rightarrow	×				
Total Charner Other Insurance Daid Not Billed	(<u> </u>				
\$0.00 \$0.00 \$0.00 \$0.00						
Save Draft Save Template					Pre	vious Next

The Total Charges on each row are automatically calculated based on the Qty/Units x Unit Price. It is important to note that for EVV claims, the units on the EVV claim must match the units on the EVV transactions for the date of service, or the claim will be denied.

Consult the current <u>HHSC published list of EVV services</u> to know which services are set to bypass the EVV06 claims units match edit. In the list, find your service. Go to the Units Matched During EVV Claims Matching? column to determine if the units on the EVV claim must match the units on the EVV visit transactions for that service.

Additionally, the Total Charges at the bottom of the screen is automatically calculated, based on the Total Charges for each row entered.

To add additional detail rows, enter the **Number of Details To Add** (up to 28) and click **Add New Detail Row(s).** To duplicate a detail row, click on the row number and click **Copy Row.**

Click **Delete** in the far right column to remove a row.

Other-Insurance/Submit Claim Tab

On the Other-Insurance/Submit Claim tab, you can select an option from the **Source of Payment** dropdown list. Enter insurance information into all required fields. Click **Add Another Insurance Plan** to create new insurance that is not on file.

Submission - Step 2 New Submission - Step 2 MI PROVIDER CLAIN DLAGNOSIS DETAILS OTHER: INSURANCE / SUBMIT CLAIN strance 1 of Payment diamage of Payment It of Payment of Payment of Payment of Payment Bit Certification, Terms And Conditions certification, Terms And Conditions		Home :: TMHP.com ::
Expedient to the folding confliction and the game and conditions and is a relevance of the claim of the set in the dist of the set in the set in the dist of the dist of the set in the dist of the dist of the set in the dist of the dist of the set in the dist of the dist of the set in the dist of the dist of the set in the dist of the dist of the set in the dist of the dist of the dist of the set in the din the dist of the dist of t		
Submission - Step 2 Press data page block The PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBNITI CLAIM surance 1 of Payment d Paym		Logged in as:
Submission - Step 2		Print Op
Subject 2 State 2	Submission - Stan 2	Please disable pop-up block
		Claim Type Patient Provider Status
NT ROVIDER CLAIN DAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIN Strance I of Payment: of Payment: of Payment: of Payment: of Payment: of Payment: of Payment: of Payment: of Payment: of Payment: Other Edwards and Conditions can be reviewed by clicking larg: The Pointeer and conditions frue and conditions can be reviewed by clicking larg: The Pointeer and Constituter config data the information rappled to the clim from and any asynchmeter or excempanying information constitute to exact on the configation and the payment of this clim related and strate bio: Freder and Clim Schember understand the payment of this clim related and strate bio: Freder and Clim Schember understand the payment of this clim related and strate bio: Freder and condition*		Professional New
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of Payment te v e Thrunce Plan e Thrunce Plan Plane Review the following certification and the <u>terms and conditions</u> . The terms and conditions can be reviewed by clicking <u>term</u> . Plane Review the following certification and the <u>terms and conditions</u> . The terms and conditions can be reviewed by clicking <u>term</u> . The Providers and Claim Submitter understand that payment of this claim will be from Federal and State fords, and that falsifying entries, concealment of a material fact, or periment omission may constitute from and any teacherse and conditions'. By checking 'We Agree', you agree and consents to the Centification above and to the TIMP Terms and Conditions'.	surance 1	
of Payment NE V er Insurance Plan Exercision and the sums and conditions. The terms and conditions can be reviewed by clicking hers. The Providers and Claim Submitter certify that the information supplied on the claim from and any attachments or accompanying information constitute true, correct, and complets information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and the failsfying errorite, concentration and or pertinent omission may constitute true, prevented index applicable federal and/or state law. Fraud is a febory, which can reach in free or imprisonment. By checking "We Agree", you agree and consent to the Certification above and to the TIHP "Terms and Conditions". Diffice Agree	of Payment	
The Providers and Claim Submitter certify that the information supplied on the Claim from and any attachments or accompanying information constitute true, correct, and completes information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that failifying entries concerned. By checking "We Agree", you agree and construct to the Certification above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter understand that payment to the Certification above and to the TIMP Terms and Conditions'. By checking "We Agree", you agree and construct to the Certification above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider and Claim Submitter certify that the information above and to the TIMP Terms and Conditions'. If the Provider above and the Provider above and to the TIMP Terms and Conditions'. If the Provider above and the Provider above and the the Provider above	e of Payment	
	NEV	
Certification, Terms And Conditions Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking terms. The Provider and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felory, which can result in fines or imprisonment. By checking "We Agree", you agree and consent to the Certification above and to the TMAP Terms and Conditions".	ther Insurance Plan	
Certification, Terms And Conditions Plesse Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking terms. The Provider and Claim Submitter certify that the information suppled on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment. By checking "We Agree", you agree and consent to the Certification above and to the TMAP Terms and Conditions".		
Certification, Terms And Conditions Plesse Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking heres. The Provider and Claim Submitter certify that the information suppled on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment. By checking "We Agree", you agree and consent to the Certification above and to the TMAP Terms and Conditions".		
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After reviewing the Certification, Terms, and Conditions, check **We Agree** to enable the Submit button.

Click **Submit** for the claim information to be automatically verified by TexMedConnect.

If there is any missing or invalid information, an error message will display the location of the error. Click each tab to view the error message detailing fields that must be corrected and correct them. The claim will not submit until the errors are corrected.

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Save Draft Save Template Submit Previous Next

Once all errors are corrected, return to the Other-Insurance/Submit Claim tab. Read the Terms and Conditions, then check the **We Agree box**. Click **Submit** to submit the claim.

Once a claim is submitted successfully, you can view information about claim routing and a TMHP ETN. Click the ETN number to open the CSI screen to view claim routing information and the status of the claim, such as *Pending*, *Accepted*, or *Rejected*.

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	Enter Another Claim											
	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM											

Institutional Outpatient Claim

The Claims Entry screen appears for an Outpatient claim type. Required fields (indicated by a red dot) must always be completed on each tab. If you entered the client number on the Claims Entry screen, many of these fields are pre-populated but can still be edited.

Use the Next and Previous buttons at the bottom of each tab to save claim data and move through the claims entry steps.

Patient Tab

On the Patient tab, complete all required fields.

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Claim Submission - Step 2	Please disable pop-up blocker to print Claim Type Patient Provider Status Claim No.
	Outpatient New
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
Patient	
Patient Identification Numbers	
Account No. • SSN Client Number •	
Name and Address	
Last Name First Name MI Suffix	
Street • City • State • ZIP+4 •	
Patient General Information	
Gender • Patient Date of Birth •	
Save Draft Save Template	Previous Next

Provider Tab

On the Provider tab, complete all required fields. Some billing provider fields pre-populate. All other required data (such as ID Type) must be entered manually.

	Home :: TMHP.com :: My Account
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Save Draft Save Template	Previous Next

Claim Tab

On the Claim tab, complete all required fields.

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To add occurrence code rows, click **Add New Occurrence Code**. There is a maximum of four occurrence code rows.

To add value code rows, click **Add New Value Code** (up to 24 rows) and click **Add New Diagnosis Code Row(s).**

To add condition codes, click Add New Condition Code.

To delete any added rows, click **Remove**.

Diagnosis Tab

On the Diagnosis tab, complete all required fields.

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Claim Submission - Step 2	Please disable pop-up blocker to print. Claim Type Patient Provider Status Claim No. Outpatient New New									
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Qualifier •										
Diagnosis										
Code • Description										
Number of Details To Add: Add New Diagnosis Code Row(s) There is a maximum of 12 Diagnosis code rows available for entry.										
Save Draft Save Template	Previous Next									

Use the Qualifier drop-down list to select ICD-9 or ICD-10 to ensure the correct ICD diagnosis code is found in the Code lookup field. The qualifier selected must be valid for the diagnosis code entered, based on the date of services.

Input the diagnosis code to the highest degree of specificity. Click the magnifying glass icon to look up the code description.

To add additional diagnosis code rows, enter the **Number of Details To Add** (up to 12) and click **Add New Diagnosis Code Row(s).**

Details Tab

On the Details tab, complete all required fields.

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The Total Charges on each row are automatically calculated based on the Qty/Units x Unit Price. It's important to note that for EVV claims, the units on the EVV claim must match the units on the EVV transactions for the date of service, or the claim will be denied. Additionally, the Total Charges at the bottom of the screen is automatically calculated, based on the Total Charges for each row entered.

To add additional detail rows, enter the **Number of Details To Add** (up to 28) and click **Add New Detail Row(s).** To duplicate a detail row, click on the row number and click **Copy Row.**

To remove a row, click **Delete** in the far right column.

Other-Insurance/Submit Claim Tab

On the Other-Insurance/Submit Claim tab, you can select an option from the **Source of Payment** dropdown list. Enter insurance information into all required fields. Click **Add Another Insurance Plan** to create new insurance that is not on file.

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	Claim Type Patient Provider Status Claim No. Outpatient New
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Add Another Insurance Plan	
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Save urant Save remplate Save to Batch Submit	Previous Next

After reviewing the Certification, Terms, and Conditions, check **We Agree** to enable the Submit button.

Click **Submit** for the claim information to be automatically verified by TexMedConnect.

If there is any missing or invalid information, an error message will display the location of the error. Click each tab to view the error message detailing fields that must be corrected. The claim will not submit until the errors are corrected.

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Once all errors are corrected, return to the Other-Insurance/Submit Claim tab. Read the Terms and Conditions, then check the **We Agree box**. Click **Submit** to submit the claim.

Once a claim is submitted successfully, you can view information about claim routing and a TMHP ETN. Click the ETN number to open the CSI screen to view claim routing information and the status of the claim, such as *Pending*, *Accepted*, or *Rejected*.

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Claim Submission - Step 2	Please disable pop-up blocker to print.
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Cigna-HealthSpring has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-6	553-0331 for questions about processing of this claim.
Enter Another Claim	
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	

Saving a Claim

MCO LTSS provider claims can be saved as a draft or saved as a template.

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∑we Agree	
Save Draft Save to Satch Submit	Previous Next

Click **Save Draft** to add the claim to the Draft list for completion at a later time.

Click **Save Template** to add claims to the Individual Template list for quicker claims creation in the future.

Saving as a Draft

You can save incomplete claims in a draft status for later submission. To save a claim as a draft, follow these steps:

1) Click Save Draft.

Save Draft	Save Template	Save to Batch	Submit
	Sav	/e Cancel	

2) Enter a draft name in the blank field that appears. The draft name can include both numbers and letters.

Save Draft	Save Template	Save to Batch	Submit
Example	× 5	ave Cancel]

3) Click Save to save the draft. Click Cancel to close the draft name field.

Save Draft	Save Template	Save to Batch	Submit
Example	× Save	Cancel	

The claim is saved to the Draft screen for completion at a later time.

Viewing Draft Claims

A list of NPIs and APIs and related data appear in the Claims Draft screen. Once a draft is submitted, it is removed from the draft list. *Additionally, drafts are removed if they are not submitted within 45 days*. A maximum of 50 drafts can be created for each NPI or API number. Drafts are displayed by NPI or API. To view a list of draft claims:

1) Click **Draft** in the left navigation panel.

51	Home :: TMHP.com :: My Account
IMHP	Logged in as: Log Of
Navigation TexMedConnect • Acute Care • Eligibility • Client Group List • Client Group List • Claims Entry • Individual Template • Draft • Draft • Batch History • Batch History • CSI • Appeals	Welcome to TexMedConnect

2) Select the NPI or API on the Claims Draft screen. Click **Continue**.

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3) Click on a draft name to continue working on it. Drafts can be sorted by clicking column headers.

Claims - Draft List					
NPI/API					
Draft Name	Claim Form	UserID	Create Date	Date Last Updated	
<u>Draft1</u>	Professional		11/6/2019	11/6/2019	Delete

Saving Individual Claims as Templates

You can save individual claims as a template to save time submitting claims in the future. To save a claim as a template, follow these steps:

1) Click Save Template.

Example

	Save Draft Save Template Save to Batch Submit
2)	Enter a template name in the blank field that appears.
	Save Draft Save Template Save to Batch Submit Save Cancel
3)	Click Save to save the template. Click Cancel to close the template name field.
	Save Draft Save Template Save to Batch Submit

4) The claim is saved to the Individual Template screen for completion at a later time.

Save

×

Viewing Individual Templates

A list of NPIs and APIs and related data appear in the Claims Individual Template List screen. Templates are displayed by NPI or API. *Templates do not disappear when used, but they are removed after 90 days of not being used*. A maximum of 1000 individual claim templates can be created for each NPI or API number. To view a list of individual templates:

Cancel

1) Click Individual Template in the left navigation panel.



2) Select the NPI or API on the Claims Individual Template List screen. Click **Continue**.

Claims In	alms Individual Template List					
Select NPI//	elect NPI/API and related data					
	NPI	Taxonomy	Address	Zip	Benefit Code	
۲				77642	LTSS	
0		_		77642	LT55	
0				77642	LTSS	
Continue >>					>	

3) Click on a template name to continue working on a claim. Templates can be sorted by clicking column headers.

Claims - Individual Template List						
NPI/API						
Template Name	Claim Form	UserID	Created Date	Last Updated	1	
EVV TEMPLATE 1	Professional	Taxabarra .	11/1/2019	11/1/2019	Delete	

Saving as Batch

You can save a claim to batch, which creates a pending batch list that is maintained until you submit the batch. One batch can contain up to 250 claims. Claims from Draft, Templates, or claims currently being created can be saved to a pending batch. Pending batches not submitted after 45 days are deleted. To save a claim to batch, follow these steps:

1) Click Save to Batch.

Save Draft	Save Template	Save to Batch	Submit

2) After you click **Save to Batch**, the system will take you back to the claims entry screen.

Pending Batch

The pending batch list displays claims that are ready to be submitted. To submit a batch of pending claims, follow these steps:

1) Click **Pending Batch** in the left navigation panel.



2) Select the NPI or API in the Select NPI/API and related data list, then click **Continue**.

						Logged in as:	Log_OI
Pendin	g Batch						
Select N	- PI/API and related data						~
-	NPI	Taxonomy	Address	Zip	Benefit Code		
۲					LTSS		
0					LTSS		
0					LTSS		~
Continue >:	2						>

3) Click **View** to view pending claim detail. Click **Edit** to make changes to the pending claim. Click **Delete** to delete the pending claim.

Click **Submit Batch** when all pending claims displayed are ready to be submitted. All claims in the batch will be submitted, even if they were created by other users under the same NPI.

(
Pending Batch - List of Claims										
NPI/API										
Client #	Account No	Last Name	First Name	Start Date Of Service	Billed Amt	Claim Form	User ID			
				12/03/2019	\$5,336.00	Professional		<u>View</u>	<u>Edit</u>	<u>Delete</u>
				12/10/2019	\$5,336.00	Professional		<u>View</u>	Edit	<u>Delete</u>
				12/11/2019	\$5,336.00	Professional		<u>View</u>	Edit	<u>Delete</u>
				12/12/2019	\$5,336.00	Professional		<u>View</u>	<u>Edit</u>	<u>Delete</u>
Total Billeo	Amount: \$2	21344.00								
Submit Batch										

4) A confirmation appears when the batch is submitted.

	Logged in as:	Log Off
Pending Batch - List of Claims		
NPI/API The pending batch was successfully submitted. 4 claims have been submitted in this batch. The status and details for this batch can be viewed in the Batch History Screen. Total Billed Amount: \$.00		

Batch History

You can view the history of previously submitted claim batches for the previous 120 days. Batches that are more than 120 days old are automatically deleted from the history. To view a batch history, follow these steps:

1) Click **Batch History** in the left navigation panel.



2) Select the NPI or API in the Select NPI/API and related data list, then click **Continue**.

		and the second			Loggeu in as.	I Log OII
Batch	History					
Select	NPI/API and related dat	a				^
	NPI	Taxonomy	Address	Zip Benefit Co	de	
۲				LTSS		
0				LTSS		
0				LTSS		~
Continue	>>					>

3) A Batch History list appears. Batch IDs are assigned a *Submitted* status or a *Processed* status.

A *Submitted* status indicates the user has submitted the batch, but it has not been forwarded to the payer. A *Processed* status indicates the batch has been processed by the system and forwarded to the payer. A *Submitted* status will change to a *Processed* status within 24 hours. Contact the EDI Help Desk a 888-863-3638, Option 4, if the batch remains in a *Submitted* status for over 24 hours.

Click a **Batch ID** in *Processed* status to view the list of claims in that batch.

(
Batch Histo	orv				
NPI/API					
Batch ID	Status	Claim Count	Total Billed Amount	Transmission Date	Submitted By
è	Submitted	1	\$5,336.00	12/26/2019 03:57:18 PM	
è	Submitted	2	\$9,336.00	01/13/2020 12:20:30 PM	
R	Submitted	1	\$200.00	01/13/2020 01:12:53 PM	
0	Processed	1	\$495.00	01/13/2020 01:23:00 PM	
e	Submitted	4	\$21,344.00	01/15/2020 09:24:16 AM	

- 4) A list of claims for the Batch ID appears. Claims are in a Forwarded, Accepted, or Rejected status. Forwarded claims have been sent to the payer, but have not been accepted or rejected. Accepted claims have been accepted by the payer. Rejected claims have been rejected by the payer.
- 5) Clicking the **Status** link will take you to additional details on the MCO CSI Search Details screen.

	_									Logged in as:		<u>Log Off</u>
										F	Print Options :	: 🔒
Batch Hi	story -	List of Clai	ims -									
Status	Client #	Account No	Daver Name	Lact Name	First Name	Start Date Of Service	Billed Amt	Claim Form	licer TD			
Forwarded	circiic #	12341234	rayer name	Lust Hume	Thisthanic	01/03/2020	\$495.00	Professional	USCI ID			
Torwarded		12341234				01/03/2020	4755.0C	FIORESSIONAL				
Total Billed	Amount: \$4	195.00										
BatchID:												
Go Back												

6) The MCO CSI Search Details screen appears. Use the internet browser back button to return to the previous screen.

C IMHP	
🗴 🕏 Convert 🔻 🗟 Sel	ect
ТМНР	
Navigation	
TexMedConnect	MCO CSI Search Details
Acute Care	
Eligibility	
Eligibility	
Client Group List	Appeal Claim
EV Batch History	
Claims	Claim Information
Claims Entry	TMHP EDI Trans No
Individual Template	Status Date 1/23/200 12:42:23 PM
 Draft 	MCO Name
Pending Batch	MCO Phone No 1-877-391-5921
Batch History	NCOICN
 CSI 	The following we the descriptions of the EOD (Evaluation of Banefits) / EODS (Evaluation of Banding Status) and a that angula a this drive
Appeals	The following are the descriptions of the COB (Explanation of benefits) / COPS (Explanation of Penning Status) Codes that appear on this claims
	EOB / EOPS codes messages
	EOB EOB Description Code
	01826 has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-
	mis cleim. 20
	This claim has been accepted by 1 for processing. Contact ! at 1- for questions related to this claim.
1	

7) Click **Go Back** to return to the list of claims.

								مربع میشوند .		Logged in as:		<u>og Off</u>
										F	Print Options ::	
Batch Hi	story -	List of Clai	ims -									
r												
Status	Client #	Account No	Payer Name	Last Name	First Name	Start Date Of Service	Billed Amt	Claim Form	User ID			
Forwarded		12341234				01/03/2020	\$495.00	Professional				
Total Billed	Amount: \$4	95.00										
BatchID:												
Go Back												

Claim Status Inquiry (CSI)

CSI allows you to determine the status of processed claims. The search can be performed using a claim number or a combination of other fields. A summary of claims within the past three years that matches the search criteria appears, and claim detail can be accessed. A maximum of 250 results are returned. To perform a CSI search:

1) Click **CSI** in the left navigation panel.

		,
ТМНР	Logged in as:	<u>Loq</u>
Navigation	Welcome to TexMedConnect Image: Constraint of the second	

2) Enter a claim number. Click **Lookup**. If you do not know the claim number, enter other claim information and click **Search**.

It is important to note that a date range cannot be longer than 30 days, and the From date of service (DOS) field cannot have a date more than 36 months prior to today's date.

CSI Search
Lookup Fee For Service Claim by Claim Number
Claim Number: • Format: 24 digits with no spaces
Lookup
Fee For Service Claim Search
Provider NPI/API.*
Fram DOS+ Commut mm/ddcoy
Through DOS: Frances my/delcory Default of 2 days
Medicald/CSHCN1D: Format: 12345/89
0illed Anount between: and Format: 100.00 or 100 Bearch
Lookup Managed Care Claim by Transaction Number
Transaction Number*
Claim Status Inquiry Instructions
Providers have two options for conducting a Claim Status Inquiry (CS1) search:
1. By claim number 2. By a valid Provider Identifier (PI), including from date of service (FDOS) and through date of service (TDOS)
When searching by PJ/FDOS/TDOS, the following conditions apply:
The date cannot span a length of time greater than 90 days. The FDOS cannot go back in time greater than 36 months from the current date. If the FDOS is entered, but the TDOS is not provided, the default value of 7 days (from the FDOS date) will be used for the TDOS field.
Additional field options for narrowing a claim search include client number and billed amount.
Claim Status Inquiry Search Results
If the criteria entered matches more than one claim, a summary of the claims with matching criteria will populate. This is called the Search Results screen. To view an individual claim within the list, click on a claim number and the Claim View screen will open.

3) CSI search details appear if a match is found. If the search does not locate the desired claim, narrow the search criteria to produce a more specific match.

CO	CSI Sea	arch Details	
			Appeal Claim
Claim	Informatic	n .	
ТМНР	DI Trans N	10 L119	
Status		ACCEPTED	
Status	Date	11/7/2019 4:35:17 PM	
MCO N	ame	Superior Health Plan	
MCO P	hone No	1-877-391-5921	
MCO IO	2N		
The fol	lowing are	the descriptions of the E	OB (Explanation of Benefits) / EOPS (Explanation of Pendin
Status)	codes that	t appear on this claim:	
EOB /	EOPS code	s messages	
EOB Code	EOB Desc	ription	
01826	Superior Hea	Ith Plan has been identified as the	Medicaid Managed Care Organization that will process this claim. They can be the processing of this claim.

Appeals

Institutional outpatient claims with a finalized status, such as *Denied* or *Paid*, must be appealed directly with the MCO using the existing appeal process.

Professional claims with a finalized status, such as *Denied* or *Paid*, can be appealed directly from TexMedConnect. You can only appeal finalized claims. To appeal a claim, follow these steps:

1) Click **Appeals** in the left navigation panel.



2) Enter the claim number. Click **Lookup**. If you do not know the claim number, enter other claim information and click **Search**.

Appeals
Lookup Fee For Service Claim by Claim Number
Claim Number: • [Format: 24 digits with no spaces
Fee For Service Claim Search
Provider NPI/API: •
From DOS1• Format: mm/dd(ccyy
Through DOS: Format: mov/dd/cocy Default of 7 days
Medicaid/CSHCN ID: Format: 12345789
Billed Amount between: and Format: 100.00 or 100
Bearch
Lookup Managed Care Claim by Transaction Number
Transaction Number: •
Transaction Number Type: • Select V
Lookup
telp THP-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.

3) CSI search details appear if a match is found. Click **Appeal Claim** to begin the appeal process.

MCO CSI Search Details Image: Claim Information Image: Claim Status Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB EOB Description Code Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim. <th></th>	
Cocst Search Details Image: Claim Claim Information TMHP EDI Trans No Status ACCEPTED Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1:877-391-5921 MCO ICN Image: Claim The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending status) codes that appear on this claim: EOB / EOPS codes messages EOB Description EOB / EOP Scodes messages EOB Description EOB / Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1:977-391-5921 for questions about processing of this claim.	Print
Appeal Claim Claim MHIP EDI Trans No Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB / EOP Scodes messages EOB Description Olage Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
Appeal Claim Implementation Status Date Superior Health Plan MCO Name Superior Health Plan MCO ICN	
Image: I	
Impead Claim Claim Information TMHP EDI Trans No Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN	
Claim Information TMHP EDI Trans No Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN 1-877-391-5921 Bob Status) codes that appear on this claim: EOB / EOPS codes messages EOB EOB Description 01826 Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
TMHP EDI Trans No Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN 1-877-391-5921 The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB / Code Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
Status ACCEPTED Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN 1-877-391-5921 The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB EOB EOB Description Ola26 Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
Status Date 11/7/2019 4:35:17 PM MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN 1-877-391-5921 The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB EOB Description 01826 Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
MCO Name Superior Health Plan MCO Phone No 1-877-391-5921 MCO ICN 1-807-391-5921 The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB / EOB Description 01826 Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
MCO Phone No 1-877-391-5921 MCO ICN 1-877-391-5921 The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim: EOB / EOPS codes messages EOB / EOB codes to the top to the top	
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Code Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
01826 Superior Health Plan has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at 1-877-391-5921 for questions about processing of this claim.	
nis claim has been accented by Superior Health Dlan for processing. Contact Superior Health Dlan at 1-877-301-5031 for	

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