



Long Term Care Provider Bulletin

LTC Provider Bulletin, No. 76

November 2018

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Upcoming Changes to Long Term Care Submission of 837 Professional, 837 Institutional, and 837 Dental Claims

The current Health and Human Services Commission (HHSC) Long Term Care (LTC) Bill Code Crosswalk allows providers to submit claims with:

- Skipped modifiers (skipped modifiers scenarios are defined as any record on the HHSC LTC Billing Code Crosswalk table where a modifier is required and any preceding modifier position[s] is not required or entered).
- Same modifier in multiple modifier positions on the same Detail Service Line.

Beginning February 1, 2019, to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA), HHSC and TMHP will implement changes that will no longer allow Duplicate Modifiers and Skipped Modifiers to be submitted on the same Detail Service Line. As a result, the following changes will be made:

HHSC LTC Bill Code Crosswalk

Updates will be made to the HHSC LTC Bill Code Crosswalk to require that modifiers start in position 1 and any subsequent modifier will not be the same (duplicate). Note that these Bill Code Crosswalk records will be retroactively changed. Any claims submitted beginning February 1, 2019, will be required to use the updated crosswalk irrespective of the Date of Service on the claim.

Some of the records used for Electronic Visit Verification (EVV) fee-for-service claims will be updated in this Bill Code Crosswalk.

Click the link below to review an example of the crosswalk dated January 31, 2019, pre-implementation and February 1, 2019, post implementation and the change to the modifiers.

Note: These are draft codes and the final version of the LTC Bill Code Crosswalk will be published on the HHSC website on February 1, 2019.

[Crosswalk Example](#)

Claims Entry

TexMedConnect

Changes will be made to the TexMedConnect Claims Entry Screens.

- Providers linked to multiple Service Groups (SGs) will be required to submit SG for Billing Provider in the Claim tab to indicate the SG that will apply to the services billed.

- Providers linked to Hospice SG 8 have the option to submit Residence Service Group in the Claim tab to indicate individual previous residency.
- Providers linked to Community Care SG 7 or Guardianship SG 20 have the option to submit Budget Number in the Claim tab to indicate the Budget Number that will apply to the services billed.

EDI

- Duplicate modifiers at the Detail Service Line will no longer be allowed.
- Skipped modifier positions will no longer be allowed.

Submission of Claims

TexMedConnect

Providers will start using an updated HHSC LTC Bill Code Crosswalk where:

- Data specified in the Modifier fields will be used to get the LTC Bill Code, and modifier location will be required to start in position 1 of the claim detail and following modifiers will be in sequential position order.
- Duplicate modifiers within the same Service Detail Line will not be allowed.

Modifiers in positions 1 and 2 will no longer be used to indicate SG, Residence Service Group, and Budget Number. Billing Providers will now indicate this information in the new fields located in the Claim tab in TexMedConnect:

- SG for Billing Providers that are associated with multiple SGs for LTC 837 Professional, Institutional, and Dental claims.
- Residence SG when Billing Provider is SG 8 to indicate individual's residence at the time of service for LTC 837 Institutional claims.
- Budget Number for Title XX services for LTC 837 Professional claims.

Note: *Billing Providers will continue to use modifiers in position 1, 2, 3, and 4, based on the HHSC LTC Bill Code Crosswalk to get the LTC Bill Code.*

Updates to Professional, Institutional, and Dental claim templates and/or drafts will be required to accommodate these changes.

EDI

Providers, third-party submitters, and trading partners will submit Service Group for Billing Provider, Residence Service Group, and Budget Number values at the 2300 Loop/NTE02 Segment of the 837 Professional, 837 Institutional, and 837 Dental Claims. Instructions for the upcoming changes are included below and will be provided in each of the transaction-specific Companion Guides, located on the TMHP website under EDI Technical Information Companion Guides for CMS and C21.

LTC 837 Professional

209	2300	NTE01	Claim Note	ADD		
210	2300	NTE02	Claim Note	Pos 24-28	1-5 Alpha-Numeric	To submit Billing Provider Service Group, enter the appropriate Service Group code for Billing Provider. NTE01 = 'ADD' NTE02 Positions 24-28 (left justified) (Refer to Long Term Care Reference Codes on the TMHP.com - www.tmhp.com/Pages/EDI/EDI_Reference_codes_ltc.aspx)
210	2300	NTE02	Claim Note	Pos 34-35	1-2 Alpha-Numeric	To Submit Budget Number NTE01 = 'ADD' NTE02 Positions 34-35 enter the appropriate alpha/numeric Budget Number. Values are 1, 2, 3, 4, or 5 and are left justified

LTC 837 Institutional

178	2300	NTE	Claim Note	ADD		
179	2300	NTE02	Claim Note		1-5 Alpha Numeric	To Submit Billing Provider Service Group NTE01 = 'ADD' NTE02 - Positions 24-28 Enter the appropriate Service Group for Billing Provider Code(left justified) Refer to Long Term Care Reference Codes on the TMHP.com website - www.tmhp.com/Pages/EDI/EDI_Reference_codes_ltc.aspx
179	2300	NTE02	Claim Note		1-5 Alpha Numeric	When Submitting the Residence Service Group NTE01 = 'ADD' NTE02 Positions 24-28 [5] spaces Positions 29-33 [5] enter the appropriate alpha/numeric Residence Service Group (left justified) - Refer to Long Term Care Reference Codes on the TMHP.com website - www.tmhp.com/Pages/EDI/EDI_Reference_codes_ltc.aspx

LTC 837 Dental

179	2300	NTE01	Claim Note	ADD		
179	2300	NTE02	Claim Note		1-5 Alpha Numeric	To submit the Billing Provider Service Group Code, enter the appropriate Service Group value for the Billing Provider in Positions 24-28. (left justified) Refer to Long Term Care Reference Codes on the TMHP.com website – www.tmhp.com/Pages/EDI/EDI_Reference_codes_ltc.aspx

Texas Medicaid will reject claims when a claim is received with a skipped modifier.

Texas Medicaid will reject claims when a claim is received with a duplicate modifier on the same Detail Service Line.

Click on the links below to review the draft of the Companion Guides pre-implementation.

Note: These are **draft** companion guides and the final version of the approved HHSC version will be published on the HHSC website on January 31, 2019.

[837D Dental Companion Guide Draft](#)

[837I Institutional Companion Guide Draft](#)

[837P Professional Companion Guide Draft](#)

Third-Party Submitters

Third-party submitters must be informed of these changes for claims to be successfully submitted. Providers are responsible for notifying third-party submitters regarding the changes outlined.

TexMedConnect Long Term Care User Guide

Information included in the *TexMedConnect Long Term Care User Guide* will change. Enhancements will be made to accommodate the above mentioned TexMedConnect claims submission changes.

Trading Partner Testing

Trading partner testing will begin November 15, 2018, and will be completed by January 4, 2019. Providers are strongly encouraged to test during this window to ensure no disruption to the processing of Long Term Care 837 Professional, 837 Institutional, and 837 Dental Claims transactions upon implementation of these changes. Failure to test could impact the processing and payment of Long Term Care claims.

For more information, email LTC-TPT@tmhp.com. ■

Infection Control

Flu season is here, and nursing facilities must be prepared to implement their vaccination programs and manage any outbreaks that occur. The Centers for Disease Control and Prevention (CDC) recommends offering the flu vaccine to staff and residents by the end of October; however vaccination should continue to be offered as long as flu viruses are circulating and unexpired vaccine is available.

The CDC [website](#) provides guidance for vaccination and outbreak management. Specific guidance for long term care facilities can be found [here](#).

What is reportable, and to whom?

- A list of notifiable conditions in Texas is available on the [DSHS website](#), and includes the timeframes for reporting. In addition to the conditions listed, any outbreaks, exotic diseases, and unusual group expressions of disease must be reported. Contact information for your local health department, based upon the county in which the facility is located, can be found [here](#).
- Nursing facilities have additional reporting requirements per 40 TAC §19.1923(b)(1)-(2). NFs are required to self-report outbreaks to the HHS Consumer Rights and Services (CRS). For more information about self-reporting incidents to CRS, see [Provider Letter 2017-18](#). The report must be made to CRS within 24 hours.



The Quality Monitoring Program (QMP) has developed and implemented an Infection Prevention and Control best practice focus area. Quality Monitors can visit your facility to evaluate your Infection Prevention and Control program, and provide technical assistance for improvement as needed.

If you would like to schedule a QMP visit, email your request to QMP@hsc.state.tx.us. ■

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New PASRR Comprehensive Service Plan Form Available for LA and NF Providers on January 26, 2019

Beginning January 26, 2019, Local Authority (LA) and nursing facility (NF) providers will have access to a new form called the PASRR Comprehensive Service Plan (PCSP), which will replace the Interdisciplinary Team (IDT) Meeting and PASRR Specialized Services (PSS) forms. New IDT and PSS form submissions will not be accepted after January 25, 2019.

The new PCSP form will be completed at each IDT or Service Planning Team (SPT) meeting to document the PASRR specialized services agreed upon for PASRR-positive residents.

NFs and LAs can complete the PCSP form by accessing the **Initiate PCSP** button available on a PASRR Evaluation (PE) form. LAs can also submit an SPT meeting directly on the new PCSP form by using the **Add Meeting** button available on a submitted PCSP form. Local Mental Health Authorities/Local Behavioral Health Authorities will now have the capability to submit an SPT meeting with this implementation using either method mentioned above. This is especially important for the individuals who are positive for mental illness only, so that any changes to PASRR specialized services can be documented on the new PCSP form.

NF providers must have IDT meeting submissions updated and current prior to January 25, 2019.

A new alert will be sent to the:

- LA when an IDT meeting is submitted or updated on a PCSP form for LA confirmation of this meeting.
- NF when an SPT meeting is submitted on the PCSP form to be added to the Individual Comprehensive Care Plan.

The provider administrator will need to grant permission for the providers to access or submit the new PCSP form by January 25, 2019.

Prior to January 25, 2019, NF and LA providers may need to use the IDT and PSS forms to make the following updates:

Prep for PCSP Form Release: Completion and Submission of IDT on the PASRR Level 1 Form

IDT meetings are required with the submission of all initial positive PEs, and all

subsequent positive PEs if the PASRR eligibility or PASRR specialized services have changed.

Effective January 1, 2018, all NF providers must convene and submit an IDT meeting on the LTC Online Portal after a change of ownership (CHOW). Failure to submit an IDT meeting after a CHOW will result in a submission rejection of the Minimum Data Set/ Long Term Care Medicaid Information.

NF providers must have IDT meeting submissions updated and current prior to January 25, 2019.

NF providers must submit IDT meetings using the current IDT tab on the PL1 prior to January 25, 2019, for all meetings held prior to January 25, 2019.

LA providers must confirm these IDT meetings on the IDT tab on the PL1 before January 25, 2019.

Providers will not be able to submit or update IDT meetings on the PL1 once the PCSP form is available, and failure to update prior to January 25, 2019, may require a new IDT meeting to be convened and completed on the new PCSP form.

*LA providers must update any PE that has a status of **LA Action Required**.*

PASRR Transaction ID (PTID) Status Requirements

Prior to January 25, 2019, LA providers must update any PE that has a status of **LA Action Required**. Failure to update the PTID status prior to January 25, 2019, may result in a resident not receiving a valid Medicaid number. The Medicaid number will only be generated when the PE is updated with the correct demographic information and the PTID status is changed from **LA Action Required**.

Completion and Submission of PSS Form

Prior to January 25, 2019:

- LA providers need to complete and submit the PSS forms for any SPT meetings that were held before January 25, 2019.
- LA providers that have a PSS form currently saved as a draft need to complete the form and submit it. Failure to submit prior to January 25, 2019, may result in losing the saved meeting information.

LA providers will not be able to submit new or draft PSS forms once the PCSP form is available, and failure to submit PSS forms prior to January 25, 2019, may require a new SPT meeting to be convened and completed on the new PCSP form.

For more information, call the Long Term Care Help Desk at 1-800-626-4117, Option 1. ■

Advanced CNA Academy

[Register now](#) for this free, two-day training. It will provide comprehensive training for nursing facility certified nursing assistants (CNAs), helping them to understand their role in the nursing facility and learn more about how to care for the geriatric population.

Topics to be covered include empowerment, communication, time management, organizational skills, stress and burnout, and professionalism along with understanding geriatric residents and those with intellectual or developmental disabilities (IDD), mental illness (MI), and complex medical needs. The training also covers competencies such as hand washing, perineal care, nutrition, safety, and transfers. Participants will be provided the latest resources and tools to enable them to provide the best possible care and quality of life for residents.

Dates and Locations:

- November 15-16, San Antonio
- December 5-6, Edinburg
- December 12-13, Corpus Christi
- December 19-20, Harlingen

Visit the [conference web page](#) for more information. Email questions to QMP@hhsc.state.tx.us. ■

Joint Training Opportunities

HHSC Education Services provides monthly training sessions around the state for both providers and surveyors. The training calendar is updated frequently and includes training opportunities in multiple locations across the state.

Visit the Joint Training web page to see the current training schedule: <https://apps.hhs.texas.gov/providers/training/jointtraining.cfm>. ■

Dementia Training Opportunities for NFs through QMP

Free, comprehensive dementia care training is available through the Quality Monitoring Program (QMP), including:

- **Alzheimer's Disease and Dementia Care Seminar:** An eight-hour training program that teaches staff to provide appropriate, competent, and sensitive care and support to residents with dementia. On completion of the training, participants are eligible to apply for certification through the National Council for Certified Dementia Practitioners. For more information about certification, visit nccdp.org.
- **Texas OASIS Dementia Training Academy:** A two-day training that focuses on dementia basics, including person-centered care and using non-pharmacological interventions to manage behaviors. The OASIS curriculum was developed by Dr. Susan Wehry, and in collaboration with the Health and Human Services Commission (HHSC), was adapted to meet the unique needs of Texas nursing facilities.
- **Virtual Dementia Tour:** Simulates the physical and mental challenges people with dementia face. It allows caregivers to *experience* dementia for themselves, letting them move from sympathy to empathy and to better understand the behaviors and needs of their residents.
- **Person-Centered Thinking:** An interactive, two-day training designed to provide nursing facility staff with the skills necessary to help residents maintain positive control over their lives.

Participants will be introduced to the core concept of Person-Centered Thinking Training: finding a balance between *what's important to* and *important for* the people they serve. Participants will learn how to obtain a deeper understanding of the people they support and to organize this learning to inform their efforts to help people get the lives they value.



If you are interested in scheduling any of these trainings in your facility, email the request to QMP@hhsc.state.tx.us. ■

Meaningful Engagement to Increase Quality of Life

The Health and Human Services Commission (HHSC), in collaboration with Natalie B. Davis, AA, CDP, CADDCT, hosted the *Meaningful Activities to Increase Quality of Life Training* at five regional venues in June and July 2018.

Facilities participating in the regional conferences were provided an opportunity to nominate themselves to receive a complementary, customized activity program, and twenty facilities were selected from those nominated. The facilities chosen were:

- Holly Hall Retirement Community
- Care Choice of Boerne
- Cleveland Health Care Center
- Goldthwaite Health & Rehab Center
- Uvalde Healthcare and Rehabilitation Center
- Retama Manor Nursing Center Corpus Christi
- Senior Rehabilitation & Skilled Nursing Center/Gulf Healthcare Center
- Town and Country Manor
- The Terrace at Denison
- Devine Health and Rehabilitation
- The Oaks at Radford Hills
- Meridian Care at Grayson Square
- Countryside Nursing and Rehabilitation
- Matagorda Nursing & Rehabilitation Center
- Oceanview Healthcare and Rehabilitation
- Regency House
- The Meadows
- Corpus Christi Nursing and Rehabilitation Center
- Rambling Oaks Courtyard Extensive Care Community
- Heritage House at Paris Rehab & Nursing



Center for Excellence in Aging Services and Long Term Care

The Center for Excellence in Aging Services and Long Term Care (Center) is a partnership between the Health and Human Services Commission (HHSC) and the University of Texas at Austin School of Nursing. The Center offers a web-based platform for the delivery of best practices, with a focus on geriatrics and disabilities. The content on the website has been adapted to meet the educational needs of a variety of professionals who provide care to residents of long term care facilities in Texas.

Under the leadership of Dr. Tracie Harrison, the Center is an educational platform for the delivery of geriatric and disability best practices to providers of long term care.

Plans are in development for Phase V of the Center. When launched, Phase V will address Infection Prevention and Control in long term care facilities. This will include web-based training modules to provide education and resources to providers at multiple levels such as physicians, licensed nurses, direct care staff, and family caregivers. Topics that will be addressed in Phase V include:

- An introduction to Infection Prevention and Control in long term care facilities.
- An overview of state and federal regulations related to Infection Prevention and Control in long term care settings.
- Evidence-based practices and guidelines for Infection Prevention and Control.
- Developing and implementing facility-specific policies and procedures, based on a facility infection control risk assessment and program evaluation.
- Developing and operationalizing surveillance programs, including mapping and tracking the spread of infections in a long term care facility.
- Best practice protocols for implementing and discontinuing transmission-based precautions.
- Developing and operationalizing antimicrobial stewardship programs.
- Hand hygiene programs, including staff training and competency evaluations.
- Protocols for immunization programs in long term care settings, based on the Centers for Disease Control and Prevention's recommendations for resident and staff immunizations.
- Processes for monitoring the effectiveness of the Infection Prevention and Control program in the long term care setting and methodology for reporting the findings.

In addition, the Center for Excellence will develop an evidence-based educational program for Infection Preventionists in long term care facilities. This web-based program

will address the training necessary for an individual to competently manage a long term care facility's Infection Prevention and Control program.

Phase V will launch in the summer of 2019.

Visit the Center for Excellence in Long Term Care at www.utlongtermcare.nurse.com. Registration is free. ■

Music & Memory Update

Nominations for Phase V of the HHSC Music & Memory program closed in August, and fifty facilities were selected from those nominated. Phase V of the program will kick off in December with a meeting in Austin.

Phase V of the program will include a research study conducted by The University of Texas at Austin School of Nursing. The study is designed to evaluate the effectiveness of the Music & Memory program in reducing the use of antipsychotic medications in residents with dementia.

The nationally recognized Music & Memory initiative builds on research showing the positive effects of familiar music on brain activity. The program has also been shown to reduce the use of antipsychotic medications in nursing facilities.

Since 2015, 485 facilities across Texas have participated in the HHSC Music & Memory program. By the end of 2018, more than 10,000 nursing home residents will have been impacted by this innovative program.

Email questions to QMP@hhsc.state.tx.us. ■



LTC Online Portal MDS 3.0 and MN/LOC Specification Changes

The federal Centers for Medicare & Medicaid Services announced changes to the Minimum Data Set (MDS) 3.0, which were effective on October 1, 2018. The Long Term Care (LTC) Online Portal changed to display the relevant revisions of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2018, or later. MDS 3.0 assessments with an ARD prior to October 1, 2018, display in the current format regardless of extraction date.

A small number of these changes apply to the Medical Necessity and Level of Care (MN/LOC) Assessments. These changes affect only MN/LOCs submitted on October 1, 2018, and after.

This use of the ARD does not alter the HHSC-LTC use of the Entry Date (A1600) as the effective date of MDS 3.0 Admission assessments and the Date Signed as Complete (Z0500b) as the effective date of all other MDS 3.0 assessments.

The following MDS 3.0 Comprehensive and Quarterly assessment fields have been added, deleted, or altered:

Section C Items

Modified: **C1310B**. B. Inattention – Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

Modified: **C1310C**. C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

Modified: **C1310D**. D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?

Section I Items

New Item: **I0020** – Indicate the resident's primary medical condition category

Indicate the resident's primary medical condition category that best describes the primary reason for admission.

Complete only if A0310B = 01

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction

- 05. Traumatic Spinal Cord Dysfunction
- 06. Progressive Neurological Conditions
- 07. Other Neurological Conditions
- 08. Amputation
- 09. Hip and Knee Replacement
- 10. Fractures and Other Multiple Trauma
- 11. Other Orthopedic Conditions
- 12. Debility, Cardiorespiratory Conditions
- 13. Medically Complex Conditions
- 14. Other Medical Condition if *other medical condition*, enter the ICD code in the boxes.

New Item [Eight blank data fields to capture up to eight ICD codes related to field I0010:14.]: **I0020A.**

I0020A

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Section J Item

New Item: **J2000.** Prior Surgery - Complete only if A0310B = 01

Did the resident have major surgery during the 100 days prior to admission?

- 0. No
- 1. Yes
- 8. Unknown

Section M Items

Modified: **Section M Intro Note** – Report based on highest stage of existing ulcers/injuries at their worst; do not reverse stage

Modified: **M0100.** Determination of Pressure Ulcer/Injury Risk

Modified: **M0100A.** – A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device

Modified: **M0150.** Risk of Pressure Ulcers/Injuries

Is this resident at risk of developing pressure ulcers/injuries?

Modified: **M0210.** Unhealed Pressure Ulcers/Injuries

Does this resident have one or more unhealed pressure ulcers/injuries?

- 0. No: Skip to M1030, Number of Venous and Arterial Ulcers

1. Yes: Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Modified: **M0300**. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Modified: **M0300A**. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

1. Number of Stage 1 pressure injuries

Deleted: **M0300B3**

Modified: **M0300D1**. 1. Number of Stage 4 pressure ulcers - If 0 Skip to M0300E, Unstageable - Non-removable dressing/device

Modified: **M0300E**. E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device

1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 Skip to M0300F, Unstageable - Slough and/or eschar
2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Modified: **M0300G**. Unstageable - Deep tissue injury:

1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 Skip to M1030, Number of Venous and Arterial Ulcers
2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Deleted: **M0610**

Deleted: **M0700**

Deleted: **M0800**

Deleted: **M0900**

Modified: **M1200**. Skin and Ulcer/Injury Treatments

Modified: **M1200E**. E. Pressure ulcer/injury care

Section N Items

Modified: **N0450A**. Did the Resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?

0. No – Antipsychotics were not received: Skip N0450B, N0450C, N0450D, and N0450E.

Modified: **N0450D**. Physician documented GDR as clinically contraindicated

- 0. No – GDR has not been documented by a physician as clinically contraindicated:
Skip N0450E Date physician documented GDR as clinically contraindicated.

New Item: **N2001**. Drug Regimen Review - Complete only if A0310B = 01

Did a complete drug regimen review identify potential clinically significant medication issues?

- 0. No - No issues found during review
- 1. Yes - Issues found during review
- 9. NA - Resident is not taking any medications

New Item: **N2003**. Medication Follow-up – Complete only if N2001 = 1

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- 0. No
- 1. Yes

New Item: **N2005**. Medication Intervention - Complete only if A0310H = 1

Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- 0. No
- 1. Yes

New Item: **N2005**. Medication Intervention - Complete only if A0310H = 1

Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- 0. No
- 1. Yes
- 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

Section O Items

Modified: **O0100F**. F. Invasive Mechanical Ventilator (ventilator or respirator)

Modified: **O0100G**.* G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)

* Only applicable for MDS Comprehensive Assessments

For more information, call the Long Term Care Help Desk at 1-800-626-4117, Option 1. ■

Reminder: Claims Identified for Potential Recoupment Reports Available

Providers are reminded that TMHP generates the Claims Identified for Potential Recoupment (CIPR) Provider Report on a weekly basis, and TMHP maintains each CIPR Provider Report for six months after it is generated. Reviewing the CIPR Provider Report regularly helps providers avoid unexpected recoupments. The CIPR Provider Report lists claims that have been identified for potential recoupment as a result of TMHP identifying new or changed long term care-relevant insurance policies for clients with paid claims during the policy coverage period. The CIPR Provider Report lists potentially impacted claims and the insurance company information for the corresponding long term care-relevant policy.

For each claim identified on the CIPR Provider Report, providers must file a claim with the appropriate third-party insurance for the services previously paid by Medicaid. After receiving the response from the third-party insurance, providers must then adjust the claim listed on the CIPR Provider Report, and include the Other Insurance (OI) Disposition information received from the third-party insurance. For more information about OI billing information, consult the [TexMedConnect Long Term Care User Guide](#).

A claim will continuously appear on the CIPR Provider Report until it is adjusted with a valid OI disposition reason. If a claim identified on the CIPR Provider Report is not adjusted within 120 days from the date the claim first appeared on the CIPR Provider Report, then the Health and Human Services Commission (HHSC) will recoup the previously paid claim.

Useful Links:

[Accessing R&S and CIPR Reports from the Website](#) – This PDF provides instructions for locating, viewing, downloading, and printing the CIPR Provider Report.

[TexMedConnect Long Term Care User Guide](#) – The User Guide provides information on how to submit a claim, adjusting claims, viewing Other Insurance on the Medicaid Eligibility and Service Authorization Verification (MESAV), and how to fill out the Other Insurance/Finish Tab section of the claim.

Contact Information

For questions about submission of long term care fee-for-service claims and adjustments, call the TMHP Long Term Care (LTC) Help Desk at 1-800-626-4117, Option 1.

For questions about Other Insurance information, including OI updates and OI MESAV discrepancies, call the TMHP LTC Help Desk at 1-800-626-4117, Option 6. ■

Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers

It is important for providers to follow proper procedures when a Medicaid overpayment has been discovered. The correct way to refund money to the Health and Human Services Commission (HHSC) for a long term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have processed to **Approved-to-pay (A)** status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to **Transferred (T)** status will require repayment by check or by deduction; deductions are set up by HHSC Provider Recoupments and Holds. If the adjustment claim processes to **T** status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider Recoupments and Holds to determine the appropriate method for returning the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always process an adjustment claim in TexMedConnect or through their third-party submitter. Some examples of overpayments requiring an adjustment claim include:
 - Original paid claim was billed with too many units of service.
 - Original paid claim did not properly report LTC-relevant Other Insurance payments or coverage.
 - Original paid claim was billed with the wrong revenue code and/or Healthcare Common Procedure Coding System (HCPCS) code.
- If submitted properly, LTC FFS claim adjustments to return money to HHSC will not deny for the one-year claim filing deadline edit (Explanation of Benefits [EOB] F0250).
 - LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.
- Providers **SHOULD NOT** use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute care claims.

Contact Information:

Entity	What they can do...
HHSC Provider Recoupments and Holds 512-438-2200, Option 3	<ul style="list-style-type: none"> • Provide the current outstanding balance after adjustment claims are processed • Facilitate payment to HHSC for outstanding negative T claims by provider check or deduction • Facilitate payment to HHSC for an outstanding negative balance (A or T claims) by provider check or deduction from an associated contract when the provider is no longer billing new LTC FFS claims
TMHP LTC Help Desk 1-800-626-4117, Option 1	<ul style="list-style-type: none"> • Assist with filing an adjustment claim • Assist with understanding the provider’s Remittance and Status (R&S) Report



Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page

The Quality Monitoring Program (QMP) and the TMF Quality Improvement Organization continue to collaborate on the Texas Nursing Facility Quality Improvement Coalition Facebook page. Many great resources and educational opportunities are shared on this Facebook page, designed to improve the quality of care and quality of life for all Texas nursing facility residents. In addition, this page is a means of communicating updates on current and future initiatives.

Like and follow the [Texas Nursing Facility Quality Improvement Coalition](https://www.facebook.com/Texas-Nursing-Facility-Quality-Improvement-Coalition-1395591093799608) Facebook page today! ■



Computer-Based Training (CBT) on the Texas Medicaid & Healthcare Partnership Learning Management System

The following long term care (LTC)-specific CBTs are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

LTC Online Portal Basics

This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account, and an overview of the features of the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.

TexMedConnect for Long Term Care (LTC) Providers

This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:

- Log in to TexMedConnect.
- Verify a client's eligibility.
- Enter, save, and adjust different types of claims.
- Export Claim Data.
- Find the status of a claim.
- View Remittance and Status (R&S) Reports.

Accessing the TMHP LMS

The TMHP LMS can be accessed through the TMHP website at www.tmhp.com/Pages/Education/Ed_Reg.aspx, or directly at <http://learn.tmhp.com>.

Users must have a user name and password to access CBTs and LTC webinar recordings in the LMS. To obtain a user name and password, providers must create an account by clicking the **Registration** link at the top right-hand corner of the LMS home page. After creating an account, providers can access all available training materials in the LMS.

For questions about the LTC training CBTs and webinars, call the TMHP Call Center/Help Desk at 1-800-626-4117 or 1-800-727-5436. For LMS login or access issues, email TMHP Learning Management System (LMS) support at TMHPTrainingSupport@tmhp.com. ■

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, and MCOs

Long term care (LTC) training sessions are available in webinar format. LTC providers are able to take advantage of live, online training webinars, as well as replays of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Programs providers, and managed care organizations (MCOs).

The webinars that are currently offered include:

- LTC Community Services Waiver Programs Webinar - Provides information that assists Community Services Waiver providers with using the LTC Online Portal to complete and submit the Medical Necessity and Level of Care (MN/LOC) Assessment
- LTC Form 3618: Resident Transaction Notice and Form 3619: Medicare/Skilled Nursing Facility Patient Transaction Notice Webinar
- LTC Nursing Facility Minimum Data Set (MDS) Assessment and Long Term Care Medicaid Information (LTCMI) Webinar
- LTC Nursing Facility PASRR/NFSS Webinar, Part 1
- LTC Nursing Facility PASRR/NFSS Webinar, Part 2
- LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the Webinar Registration page at www.tmhp.com/Pages/LTC/ltc_webinar.aspx. ■

Need Help Navigating the LTC Online Portal?



Click [HERE](#) to learn the basics

Click [HERE](#) to access the LTC Online
Portal Basics Computer Based Training (CBT)*

*Login Required

Long Term Care Home Page on TMHP.com

Long term care (LTC) has its own dedicated section on TMHP.com. All the content found under the Long Term Care tab at tmhp.com is up-to-date information and resources such as news articles, LTC Provider Bulletins, User Guides, and webinar information and registration.

Additionally, there are links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS), and the ability to search all of TMHP.com.

To locate the Long Term Care tab, click **providers** on the green bar at the top of tmhp.com, and then click **Long Term Care** on the yellow bar.

The Long Term Care home page features recent news articles by category and news articles that have been posted within the last seven days. In the upper right-hand corner, there are links to both the LTC Online Portal and TexMedConnect. Both of these links require a user name and password.

On the left-hand navigational bar, there are links to:

- [Program Information/FAQ](#), including frequently asked questions.
- [Information Letters](#), LTC providers are contractually obligated to follow the instructions provided in LTC Information Letters.
- [Reference Material](#), including manuals, User Guides, and other publications.
- [Forms](#), and form instructions, which includes the various downloadable forms needed by long term care providers.
- [Provider Support Services](#), where providers can locate their Provider Relations Representative, find all of the telephone numbers for the Contact Center and relevant state and federal offices.
- [Provider Education](#), which lists all of the provider education opportunities offered by TMHP, workshop and webinar registration, computer-based training modules, a link to the LMS, and written training materials.
- [Helpful Links](#) for long term care providers.

Providers are encouraged to frequently visit TMHP.com for the latest news and information. ■

Preadmission Screening and Resident Review (PASRR) Training Available

Texas Health and Human Services (HHS) PASRR Unit staff has created PASRR training, which is available online. Nursing facility (NF) staff can access the HHS PASRR home page for more information regarding PASRR processes and procedures affecting them at <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-resident-review-pasrr>.

HHS PASRR Training

- NFs can access the [PASRR 101 Web-based Training](#) to learn more about the role NFs play in the PASRR process.
- The [Preadmission Screening and Resident Review \(PASRR\) Specialized Services Training](#) explains the NFs role in the PASRR specialized services process.
- The [PASRR PL1: Back to Basics CBT](#) reviews the PASRR Level 1 (PL1) form in a section-by-section manner.
- The [PASRR PE: What Nursing Facilities Need to Know CBT](#) explains the PASRR Evaluation (PE) and how the PE impacts the NF.
- The [PASRR RULES: TAC Title 40, Part 1, Chapter 19, Subchapter BB CBT](#) discusses the NF Responsibilities Related to Preadmission Screening and Resident Review, found in the Texas Administrative Code (TAC) Title 40, Part 1, Chapter 19, Subchapter BB.



Reminder for Resource Utilization Group Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be able to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

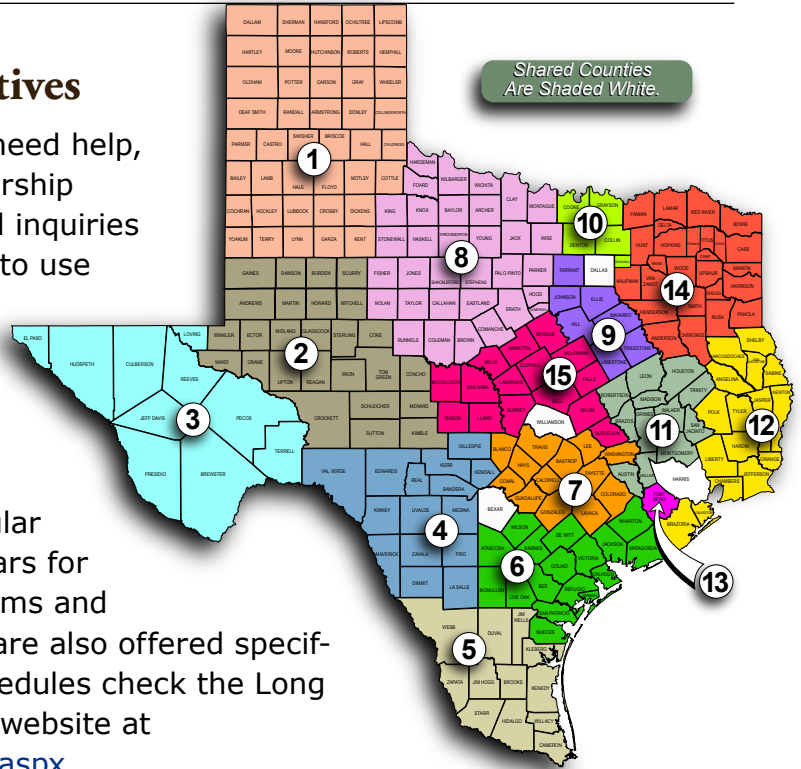
It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on current volume of enrollments and completions.

To register for the RUG training, or for more information, visit www.txstate.edu/continuinged/CE-Online/RUG-Training.html. ■

Provider Relations Representatives

When Long Term Care (LTC) providers need help, the Texas Medicaid & Healthcare Partnership (TMHP) is the main resource for general inquiries about claim rejections/denials and how to use automated TMHP provider systems (the LTC Online Portal and TexMed-Connect).

Providers can call TMHP at 1-800-925-9126 with questions and to request on-site visits to address particular areas of provider concern. TMHP webinars for LTC Community Services Waiver Programs and nursing facility (NF)/Hospice providers are also offered specifically for LTC providers. For current schedules check the Long Term Care Webinars Page on the TMHP website at www.tmhp.com/Pages/LTC/ltc_webinar.aspx.



The map on this page, and the table below, indicate TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county, is available on the TMHP website at www.tmhp.com/Pages/SupportServices/PSS_Reg_Support.aspx.

Territory	Regional Area	Representative
1	Amarillo, Childress, Lubbock	Kendra Davila
2	Midland, Odessa, San Angelo	Stacey Jolly
3	Alpine, El Paso, Van Horn	Isaac Romero
4	Carrizo Springs, Del Rio, Eagle Pass, Kerrville, San Antonio	Jacob Vasquez
5	Brownsville, Harlingen, Laredo, McAllen	Yvonne Garza-Garcia
6	Corpus Christi, San Antonio, Victoria	Araceli Wright
7	Austin, Bastrop, San Marcos	Josh Haley
8	Abilene, Wichita Falls	Brooke Livingston
9	Corsicana, Dallas, Denton, Fort Worth, Grayson	Vanessa Whitley-Parker
10	North Dallas	Melissa Tyler
11	Bryan College Station, Houston	Linda Wood
12	Beaumont, Galveston, Nacogdoches	Ebony Brown
13	Houston, Katy	Israel Barco
14	Longview, Marshall, Palestine, Northeast Texas	Carrita Mitchell
15	Killeen, Temple, Waco	Korey Reeder

*Bexar, Dallas, Harris, and Williamson Counties are shared by 2 or more provider representatives. These counties are divided by ZIP Codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP Code.

TMHP LTC Contact Information

The Texas Medicaid & Healthcare Partnership (TMHP) Call Center/Help Desk operates Monday through Friday from 7 a.m. to 7 p.m., Central Time (excluding TMHP-recognized holidays).

When calling the TMHP Call Center/Help Desk, providers are prompted to enter their 9-digit Long Term Care (LTC) provider number using the telephone keypad. When the 9-digit LTC provider number is entered on the telephone keypad, the TMHP Call Center/Help Desk system automatically populates the TMHP representative’s screen with that provider’s specific information, such as name and telephone number.

Providers should have their 4-digit Vendor/Facility or Site Identification number available for calls about Forms 3618 and 3619, Minimum Data Set (MDS), Medical Necessity and Level of Care (MN/LOC) assessment, and Preadmission Screening and Resident Review (PASRR).

Providers must have a Medicaid or Social Security number and a medical chart or documentation for inquiries about a specific individual.

For questions, providers should call the TMHP Call Center/Help Desk at the following telephone numbers:

- Austin local telephone number at 512-335-4729
- Toll free telephone number (outside Austin) at 1-800-626-4117 or 1-800-727-5436

For questions about...		Choose...
<ul style="list-style-type: none"> ▪ General inquiries ▪ Using TexMedConnect ▪ Claim adjustments ▪ Claim status inquiries ▪ Claim history ▪ Claim rejection and denials ▪ Understanding Remittance and Status (R&S) Reports ▪ Forms 	<ul style="list-style-type: none"> ▪ Forms 3071 and 3074 ▪ Forms 3618 and 3619 ▪ Resource Utilization Group (RUG) levels ▪ Minimum Data Set (MDS) ▪ LTC Medicaid Information (LTCMI) ▪ Medical Necessity and Level of Care (MN/LOC) assessment ▪ PASRR Level 1 Screening, PASRR Evaluation, and PASRR Specialized Services submission status messages 	Option 1: Customer service/general inquiry
<ul style="list-style-type: none"> ▪ Medical necessity 		Option 2: To speak with a nurse
<ul style="list-style-type: none"> ▪ TexMedConnect – technical issues, account access, portal issues ▪ Modem and telecommunication issues ▪ Processing provider agreements ▪ Verifying that system screens are functioning 	<ul style="list-style-type: none"> ▪ American National Standards Institute (ANSI) ASC X12 specifications, testing, and transmission ▪ Getting Electronic Data Interchange (EDI) assistance from software developers ▪ EDI and connectivity ▪ LTC Online Portal, including technical issues, account access, portal issues 	Option 3: Technical support

For questions about...		Choose...
<ul style="list-style-type: none"> ▪ Electronic transmission of Forms 3071, 3074, 3618, and 3619 ▪ Form Status Inquiry ▪ Technical issues ▪ Transmitting forms 	<ul style="list-style-type: none"> ▪ Interpreting Quality Indicator (QI) Reports ▪ Current Activity (formerly Weekly Status Report) ▪ MDS submission problems ▪ MN/LOC assessment submission problems 	Option 3: Technical support
<ul style="list-style-type: none"> ▪ Individual appeals ▪ Individual fair hearing requests 	<ul style="list-style-type: none"> ▪ Appeal guidelines 	Option 5: Request fair hearing
LTC other insurance information and updates		Option 6
To repeat this message		Option 7

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the QIES Technical Support Office (QTSO) at help@qtso.com or 1-800-339-9313.

HHSC Contact Information

If you have questions about...	Contact...
12-month claims payment rule	Community Services - Community Services Contract Manager Institutional Services (NFs)—Provider Claims Services: 512-438-2200, Option 1 IDD Services—Provider Claims Services: 512-438-2200, Option 1
Community Services contract enrollment	Email: ContractedCommunityServices@hhsc.state.tx.us Voice mail 512-438-3550
Hospice Services contract enrollment	Email: ContractedCommunityServices@hhsc.state.tx.us Voice mail 512-438-3550
ICF/IID and nursing facility contract enrollment	512-438-2630
Days paid and services paid information for cost reports	Use TexMedConnect to submit a batch of CSIs
Rate Analysis contacts	Website: rad.hhs.texas.gov/long-term-services-supports . Contact information is listed by program.
How to prepare a cost report (forms and instructions)/approved rates posted contact	Website: rad.hhs.texas.gov/long-term-services-supports then select appropriate program.
How to sign up for, or obtain direct deposit/electronic funds transfer	Accounting: 512-438-2410
How to obtain IRS Form 1099-Miscellaneous Income	Accounting: 512-438-3189

If you have questions about...	Contact...
<p>Medicaid eligibility, applied income, and name changes</p>	<p>Medicaid for the Elderly and People With Disabilities (MEPD) worker</p> <p>Integrated Eligibility and Enrollment (IEE) Call Center at telephone number 2-1-1</p> <p>Website: https://yourtexasbenefits.hhsc.texas.gov/</p>
<p>Intellectual Disability/Developmental Disability (ID/DD) PASRR Policy Questions</p> <ul style="list-style-type: none"> ▪ PASRR Level 1 Screening Form (PL1) ▪ PASRR Evaluation (PE) ▪ PASRR Specialized Services ▪ Interdisciplinary Team (IDT) Meeting <p>Mental Illness (MI) PASRR Policy Questions</p> <ul style="list-style-type: none"> ▪ PASRR Level 1 Screening Form (PL1) ▪ PASRR Evaluation (PE) 	<p>HHSC ID/DD PASRR Unit 1-855-435-7180 Email: PASRR.Support@hhsc.state.tx.us</p> <p>Website: https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/preadmission-screening-and-resident-review-pasrr</p> <p>HHSC MI PASRR Unit Email: PASRR.MentalHealth@hhsc.state.tx.us</p>
<p>Payment Issues – If payment has not been received after more than 10 days from the date of billing</p>	<p>HHSC Payment Processing Hotline 512-438-2410</p>
<p>Personal Needs Allowance (PNA)</p>	<p>Provider Claims Services 512-438-2200, Option 2</p>
<p>PASRR Quality Service Review</p>	<p>PASRR Quality Service Review Program Manager: 512-438-5413</p>
<p>Targeted Case Management Service Authorization questions for Local Intellectual and Developmental Disability Authorities (LIDDAs)</p>	<p>HHSC Regional Claims Management Coordinator</p> <p>Website: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts</p>
<p>Service Authorization questions for Guardianship Program</p>	<p>HHSC Office of Guardianship 512-438-2843</p>
<p>Deductions and provider-on-hold questions for Institutional Services (nursing facilities)</p>	<p>Institutional Services (NFs)—Provider Claims Services: 512-438-2200, Option 3</p>
<p>Deductions and provider-on-hold questions for Community Services</p>	<p>Community Services Contract Manager or IDD Services: 512-438-4722</p>
<p>Invalid or inappropriate recoupments for nursing facilities and hospice services</p>	<p>Provider Claims Services: 512-438-2200, Option 3</p>
<p>Status of warrant/direct deposit after a claim has been transmitted to Accounting (fiscal) by TMHP</p> <p>Note: Allow 5-7 business days for processing of claim(s) before verifying payment information</p>	<p>Comptroller’s website: www.window.state.tx.us Choose the State-to-Vendor-Payment Info-Online-Search link.</p> <p>Accounting 512-438-2410 When calling Accounting, provide the Provider/contract number assigned by HHSC.</p>
<p>Texas State University Resource Utilization Group (RUG) training</p>	<p>The Office of Continuing Education: Online course: 512-245-7118 Website: www.txstate.edu/continuinged</p>

If you have questions about...	Contact...
Long Term Care (LTC) Provider Recoupments and Holds (PRH) including torts and trusts and/or annuities for which the state is the residual beneficiary	Provider Claims Services: 512-438-2200, Option 4
Community Care for the Aged and Disabled Programs (CCAD), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Medically Dependent Children Program (MDCP), Home and Community-based Services (HCS), Texas Home Living Waiver (TxHmL), and Hospice Programs	
CLASS Program Policy	512-438-3078 or ClassPolicy@hhsc.state.tx.us
CLASS Interest Line	1-877-438-5658
HCS Program Policy	512-438-4478 or HCSPolicy@hhsc.state.tx.us
MDCP Program Policy	512-438-3501 or MDCPpolicy@hhsc.state.tx.us
MDCP Interest List Line	1-877-438-5658
TxHmL Program Policy	512-438-4639 or TxHmLPolicy@hhsc.state.tx.us
DBMD Program Policy	512-438-2622 or dbmdpolicy@hhsc.state.tx.us
DBMD Interest Line	1-877-438-5658
CCAD financial or functional eligibility criteria	Caseworker. For more contact information visit: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
CCAD service authorization issues	Caseworker. For more contact information visit: https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts
CCAD Program policies/procedures	512-438-3226 or CCADPolicy@hhsc.state.tx.us
Hospice policy questions	Email: HospicePolicy@hhsc.state.tx.us
Hospice Program service authorization issues	Provider Claims Services: 512-438-2200, Option 1
Home and Community-based Services (HCS) and Texas Home Living Waiver (TxHmL) billing, policy, payment reviews, cost report repayment	Billing and Payment Hotline: 512-438-5359 HCS.TxHmL.BPR@hhsc.state.tx.us
HCS, TxHmL, CLASS, or DBMD Program Enrollment/Utilization Review (PE/UR): Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC)	HCS or TxHmL: 512-438-5055, Fax: 512-438-4249 CLASS or DBMD: 512-438-4896, Fax: 512-438-5135
Vendor Holds for HCS/TxHmL	512-438-3234 or IDDWaiverContractEnrollment@hhsc.state.tx.us
Consumer rights (consumer/family complaints concerning HCS and TxHmL waiver)	Consumer Rights and Services: 1-800-458-9858 Email: ciicomplaints@hhsc.state.tx.us Website: https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services
Invalid or inappropriate CCAD recoupments	Provider Claims Services: 512-438-2200, Option 4

If you have questions about...	Contact...
Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) and Nursing Facility Programs	
HHS Quality Monitoring Program	Email: QMP@hhsc.state.tx.us
Payment information for cost reports	512-438-3597
Quality assurance fee (QAF)	512-438-3597
Health and Human Services Commission Network (HHSCN) connection problems	512-438-4720 or 1-888-952-4357
ICF/IID durable medical equipment (DME), DME authorizations, Home and Community-Based Services (HCS), Texas Home Living Waiver (TxHmL), home modifications, adaptive aids, and dental services approvals	Provider Claims Services: 512-438-2200, Option 5
ICF/IID/Residential Care (RC) Individual Movement Form IMT/service authorization questions	Provider Claims Services: 512-438-2200, Option 1
Client Assessment Registration (CARE) System Help Desk for ICF/IID	1-888-952-4357: request HHSC Field Support staff
Program enrollment/Utilization Review (PE/UR), Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC)	512-438-5055 Fax: 512-438-4249
Provider contracts and vendor holds for ICF/IID	512-438-2630
Provider access to ICF/IID CARE system	512-438-2630
MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619 missing/incorrect information	Provider Claims Services: 512-438-2200, Option 1
Rehabilitation and specialized therapy/emergency dental/Customized Power Wheelchair (CPWC) service authorizations	Provider Claims Services: 512-438-2200, Option 6 Fax: 512-438-2302
Service authorizations for nursing facilities	Provider Claims Services: 512-438-2200, Option 1 Fax: 512-438-2301
Invalid or inappropriate recoupments for ICF/IIDs	HHSC Help Desk: 512-438-4720 or 1-800-214-4175
Consumer Rights and Services Surrogate Decision Making Program (SDMP) for people receiving community-based services through the ICF/IID program	Consumer Rights and Services: 1-800-458-9858 Email: ciicomplaints@hhsc.state.tx.us Website: https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services



Acronyms In This Issue

Acronym	Definition
AMA	American Medical Association
ANSI	American National Standards Institute
ARD	Assessment Reference Date
CARE	Client Assessment Registration
CBT	Computer-Based Training
CCAD	Community Care for Aged and Disabled Programs
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CIPR	Claims Identified for Potential Recoupment
CHOW	Change of Ownership
CLASS	Community Living Assistance and Support Services
CNA	Certified Nursing Assistant
CPT	Current Procedural Terminology
CPWC	Customized Power Wheelchair
CRS	Consumer Rights and Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
EVV	Electronic Visit Verification
FARS/DFARS	Federal Acquisition Regulations System/Department of Defense Regulation System
FFS	Fee-For-Service
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-Based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HHSCN	Health and Human Services Commission Network
HIPAA	Health Insurance Portability and Accountability Act
ICF/IID	Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions
ID/DD	Intellectual Disability/Developmental Disability
IDD	Intellectual or Developmental Disability
ID/RC	Intellectual Disability-Related Condition
IDT	Interdisciplinary Team
IEE	Integrated Eligibility and Enrollment
IPC	Individual Plan of Care
LA	Local Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMS	Learning Management System

Acronym	Definition
LTC	Long Term Care
LTCMI	Long Term Care Medicaid Information
MCO	Managed Care Organization
MDCP	Medically Dependent Children’s Program
MDS	Minimum Data Set
MEPD	Medicaid for the Elderly and People With Disabilities
MESAV	Medicaid Eligibility and Service Authorization Verification
MI	Mental Illness
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
OI	Other Insurance
PASRR	Preadmission Screening and Resident Review
PCSP	PASRR Comprehensive Service Plan
PE	PASRR Evaluation
PE/UR	Program Enrollment/Utilization Review
PL1	PASRR Level 1
PNA	Personal Needs Allowance
PRH	Provider Recoupments and Holds
PSS	PASRR Specialized Services
PTID	PASRR Transaction ID
QAF	Quality Assurance Fee
QI	Quality Indicator
QMP	Quality Monitoring Program
QTSO	QIES Technical Support Office
R&S	Remittance and Status
RC	Residential Care
RN	Registered Nurse
RUG	Resource Utilization Group
SDMP	Surrogate Decision Making Program
SG	Service Group
SPT	Service Planning Team
TAC	Texas Administrative Code
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living Waiver

