



Long-Term Care Provider Bulletin

LTC Provider Bulletin, No. 92

November 2022

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Avoiding HCS and TxHmL Overpayment of Services

Effective January 2, 2023, Texas Medicaid & Healthcare Partnership (TMHP) will perform monthly calculations on services for the Individual Plan of Care (IPC) that overlap the May 1 implementation of the new process for submitting Home and Community-based Services (HCS) and Texas Home Living (TxHmL) forms and claims. On a quarterly basis, TMHP will calculate all services that have been paid through Client Assignment and Registration system (CARE) and TMHP and will recoup services that exceed the authorized IPC amount.

To avoid overpayments and recoupments, providers, Local Intellectual or Developmental Disability Authorities (LIDDAs), consumer-directed services (CDS), and financial management services agencies (FMSAs) should ensure:

- IPC and Intellectual Disability or Related Condition report (ID/RC) with an effective date prior to May 1, 2022, which were not entered into the CARE system before close of business on April 6, 2022, are entered into both systems.
- IPC forms are corrected timely to avoid incorrect data on Medicaid Eligibility Service Authorization Verification (MESAV).
- Claims with dates of service through April 30, 2022 are submitted in CARE. Claims with dates of service beginning May 1, 2022 are submitted in TMHP.
- Units/dollar amounts are correct before submitting claims. See [Clarification of Billing Units for HCS and TxHmL Hourly Services](#).

Providers should continue to use the CARE screen C73-Service Delivery by Provider (PAID) and TMHP's MESAVs to ensure services are being updated and billed correctly.

For questions regarding Individual Plan of Service Form 3608 and 8582, contact the Intellectual and Developmental Disability (IDD) Utilization Review (UR) message line at 512-438-5055.

For questions regarding CARE claims with dates of service through April 30, 2022, contact HHSC Field Support for HCS and TxHmL at 1-800-214-4175, option 2.

For questions regarding TMHP claims with dates of service beginning May 1, 2022, contact TMHP LTC Help Desk at 1-800-626-4117, option 1.

For questions about facilitating payment to HHSC for outstanding negative claims, contact HHSC Provider Recoupments and Holds at 512-438-2200, option 3. ■

1915(c) Waiver Programs Web Page Is Available on the TMHP Website

For Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers to more easily access articles and resources relevant to their programs, the Texas Medicaid & Healthcare Partnership (TMHP) has developed a 1915(c) Waiver Programs web page on the [TMHP website](#). Access this page by clicking 1915(c) Waiver Programs in the Programs drop-down menu. From this page, providers can also access reference materials, provider education information, and long-term care (LTC) provider bulletins by clicking the links in the left-hand menu.

HCS and TxHmL program providers can also filter relevant articles on the [Recent News](#) page by selecting 1915(c) Waiver Programs from the Programs drop-down menu. By default, articles posted within the last 30 days appear in the results. To see older articles, providers can choose other ranges from the Date Range filter. ■

Provider Information Validation on LTC Claims Began June 10, 2022

Provider information on Long-Term Care (LTC) claims will be validated using data stored in the NPPES (National Plan and Provider Enumeration System) and the TMHP Provider Enrollment and Management System (PEMS). This enhancement will ensure consistency of provider information and help avoid claim rejection. Attending provider information will be validated on **Nursing Facility** and **ICF** claims. Referring provider information will be validated on **Hospice** claims.

The following data will be validated for attending and referring providers:

- National Provider Identifier (NPI)
- Dates of service on the claim (must be within the Texas Medicaid Enrollment periods)
- Provider Type Qualifier
- First and Last Name

Effective October 1, 2022, claims with invalid attending and referring provider information will reject.

Provider must be enrolled in Texas Medicaid. Otherwise, LTC claims could be denied or rejected due to a mismatch in the claim information. The mismatches may cause submitted claims to be assigned one of the explanation of benefits (EOBs) in the following table:

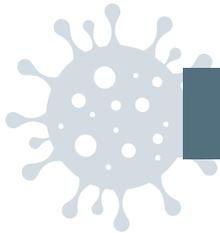
EOB	EOB Description
V2254	Header Attending NPI is not enrolled in Texas Medicaid.
V2255	Header Attending Provider Entity type is invalid.
V2256	Header Attending Provider Last Name does not match the Last Name on file for the NPI.

EOB	EOB Description
V2257	Header Attending Provider First Name does not match the First Name on file for the NPI.
V2258	Header Referring NPI is not enrolled in Texas Medicaid.
V2259	Header Referring Provider Entity Type is invalid.
V2260	Header Referring Provider Last Name does not match the Last Name on file for the NPI.
V2261	Header Referring Provider First Name does not match the First Name on file for the NPI.

For more information about using PEMS, providers can refer to the article, “[TMHP Provider Enrollment and Management System \(PEMS\) Training Materials Available](#)” and [Section 352.5 of the Texas Administrative Code](#). For more information, contact the LTC Help Desk at 1-800-626-4117. ■

Coronavirus (COVID-19)

For information about this evolving situation, check the website at TMHP.com by clicking below.



www.tmhp.com/topics/covid-19

Center for Excellence in Aging Services and Long-Term Care

The Center for Excellence in Aging Services and Long-Term Care offers a web-based platform that delivers best practices that are focused 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 people living in Texas long-term care facilities.

Visit the Center for Excellence in Aging Services and Long-Term Care website for more information. Registration is free. ■

Online Training Courses - Available on the HHS Learning Portal

These online training opportunities are available through the HHS Learning Portal:

- [Feeding Assistant Training](#) - This course was developed for use by participants in a feeding assistant training class and includes both instructor-led and online components. The goal is to reduce the incidence of unplanned weight loss and dehydration by making sure that residents get help with eating and drinking. This course must be taught by a registered dietician or a licensed health professional (physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; pharmacist; physical or occupational therapy assistant; registered professional nurse; licensed vocational nurse; licensed dietitian; or licensed social worker.) Participants must demonstrate safe feeding techniques by performing two feedings in the Module 9 Practicum under the observation of a licensed nurse.
- [Advanced CNA Academy](#) – This comprehensive, five-module online course provides nursing facility staff with thorough and sustainable education, information, and resources related to the Advanced Certified Nursing Assistant (CNA). Individual modules examine the role of the CNA in providing quality care, nursing facility rules and regulations, quality care for geriatric residents and residents with intellectual and/or developmental disabilities or mental illnesses, the role of CNAs in supporting resident assessments, and the safety and well-being of residents. Both a final exam and a training survey are required as part of the course. This online course has been approved by HHSC for 6 hours of continuing education credit for CNAs.
- [Meaningful Engagement to Enhance Quality of Life](#) – This course was designed for nursing facility activity directors, licensed nurses, certified nurse aides, and ancillary staff. The training explains evidence-based best practices to help staff develop meaningful and relevant person-centered activity programs and to implement individualized activities that reflect each resident’s preferences, customary habits, and lifestyle.

This online course has been approved by HHSC for 4 hours of continuing education credit for CNAs and nursing facility activity directors.

To take these courses, visit the [HHS Learning Portal](#) and create a secure user account. After creating your account, navigate the portal to find the course, or use the course links provided above.

Email questions to QMP@hhs.texas.gov. ■

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. ■

Need Help Navigating the LTC Online Portal?



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

*Login Required

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

The following long-term care (LTC)-specific computer-based training (CBT) courses 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](#) or directly at learn.tmhp.com.

Providers and LIDDAs must create an account to access the training materials on the LMS. To create an account, click the **Don’t have an account? Sign up here.** link on the LMS home page.

For questions about the LTC training CBTs and webinars, call the TMHP Contact Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP LMS support at TMHPTrainingSupport@tmhp.com. ■

Joint Training Opportunities

Health and Human Services Commission Education Services provides a variety of training webinars for both providers and surveyors. The training calendar is updated frequently. ■

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, Local Authorities 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 and recordings 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, local authorities involved in NF PASRR, 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](#) - Provides information on sequencing of documents, provider workflow process and rejection message, correcting and inactivating forms, and what the forms are used for.
- [LTC Nursing Facility Minimum Data Set \(MDS\) Assessment and Long-Term Care Medicaid Information \(LTCMI\) Webinar](#) - Provides information on the MDS assessment LTCMI, the purpose Codes E and M, and saving the LTCMI section of the MDS assessment.
- [LTC Nursing Facility PASRR Webinar, Part 1](#) - Provides information on the PASRR process, identifying the PCSP form, demonstrating how to request authorization to deliver specialized services using the NFSS form, and more.
- [LTC Nursing Facility PASRR Webinar, Part 2](#) - Provides information on medical necessity, fair hearings, validations requiring provider monitoring, system and manual alerts, updating the PL1 screening form, inactivating PL1 forms, and more.
- [LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar](#) - Provides information on the sequencing of documents, what the forms are used for, how to fill out and submit the forms, effective dates, and form pairing.
- [LTC Online Portal Training for HCS and TxHmL Waiver Programs Webinar](#) - Provides information on the features and navigation of the LTC Online Portal, management of waiver program assessments and forms in the LTC Online Portal, purpose and workflow of the forms.

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the TMHP Learning Management System (LMS) at learn.tmhp.com. ■

Now Available: HCS and TxHmL Programs Forms and Claims Submissions to TMHP

Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers, Local Intellectual and Development Disability Authorities (LIDDAs), and financial management services agencies (FMSAs) billing on behalf of Consumer Directed Services (CDS) employers can submit forms and claims to TMHP with dates of service on or after May 1, 2022.

Active claims in the HHSC Client Assignment and Registration (CARE) system will continue processing and providers will receive payment as normal for dates of service prior to May 1, 2022.

For more information about this change, providers can refer to the article, "[HCS and TxHmL Programs: Continue to Submit Claims and Forms Using CARE System Until May 1, 2022.](#)"

Providers and LIDDAs can refer to the following training resources for more information about submitting claims and forms to TMHP:

- [Long-Term Care User Guide and Item by Item Guides](#)
- [Claim Appeals for Medicaid CBT](#)
- [Long-Term Care \(LTC\) Online Portal Basics Computer-Based Training \(CBT\)](#)
- [Long-Term Care \(LTC\) Online Portal User Guides for Home and Community-based Services \(HCS\) and Texas Home Living \(TxHmL\) Waiver Programs](#)
- [Long-Term Care \(LTC\) User Guide for Online Portal Basics, General Information, and Program Resources](#)
- [Long-Term Care \(LTC\) User Guide for TexMedConnect](#)
- [Remittance and Status \(R&S\) Reports for LTC Providers Quick Reference Guide \(QRG\)](#)
- [TexMedConnect for Long-Term Care \(LTC\) Providers CBT](#)
- [TMHP Account Setup for HCS and TxHmL Waiver Programs QRG](#)
- [TMHP Claims Video](#)
- [TMHP Electronic Visit Verification CBT – Module 6: EVV Claims and Billing](#)

For additional questions, providers and LIDDAs can refer to [HCS and TxHmL Waiver Programs Frequently Asked Questions \(FAQ\)](#) or contact the Long-Term Care (LTC) Help Desk at 800-626-4117 (select option 1, then sub-option 7) to connect with an HCS and TxHmL customer service representative. ■

Recently Implemented: Form Actions Buttons No Longer Available on Converted PL1 Forms, Effective August 25, 2022

Effective August 25, 2022, Form Actions buttons on converted Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) forms, which might put the form(s) back into an active workflow, are no longer displayed to the users. This change helps prevent outdated or invalid data from being copied into other PASRR forms.

Users can continue to use the following Form Actions buttons:

- Print
- Print IDT
- Add Note
- Update Form (displayed for NF users only because they are documented as the PL1 submitters) ■

Recently Implemented: Two New PASRR Alerts Generated on LTC Online Portal Effective August 25, 2022

Effective August 25, 2022, users see two new Preadmission Screening and Resident Review (PASRR) alerts on the Long-Term Care (LTC) Online Portal.

NF Resident Age Alert

When the LTC Online Portal discovers that a nursing facility (NF) resident has turned 21 years of age, the following new alert is sent to the local authorities (LAs) documented on the PASRR Level 1 (PL1) Screening form:

NF resident turned 21 years old - Conduct PE

The alert will help the LAs detect when a resident turns 21 years of age and recommend appropriate specialized services by conducting and submitting a new PASRR Evaluation (PE). The PL1 form history is automatically updated with the system-generated alert.

NF Unable to Serve Alert

When an NF certifies that they cannot meet the needs of an individual on a PL1 (via the “Unable to Serve the Individual” button), the LTC Online Portal generates the following alert for LAs and the PASRR Unit:

NF unable to serve the person - Place person in another NF or alternate setting

This new alert notifies the LAs and the PASRR Unit, in a timely manner, that the NF has certified on the PL1 that they cannot meet the individual’s needs. The LAs can then place the individual in the appropriate setting. ■

Recently Implemented: Changes to PCSP Form Effective August 25, 2022

Effective August 25, 2022, the PASRR Comprehensive Service Plan (PCSP) Form was updated to invalidate the interdisciplinary team (IDT) meeting when the documented local authority (LA) submits their confirmation of the IDT meeting indicating that they were not in attendance.

When an LA selects value “3. No – Did not attend” in the “Attendance Type” field (mental illness [MI] or intellectual and developmental disabilities [IDD]) of the confirmation section of the PCSP form for Initial or Annual IDT meetings and submits their confirmation, the LTC Online Portal will:

- Invalidate the meeting by updating the “Type of Meeting” to “5. Invalid,” and add a corresponding note to the form history.
- Send an alert to the nursing facility to schedule a new IDT meeting, and add a corresponding note to the form history.
- Prevent the addition of Quarterly or LA Update meetings to the document locator number (DLN) of the invalidated meeting by hiding the “Add Meeting” button.
- Hide the “Update Form” and the “Edit Content” buttons after the meeting has been invalidated.
- Hide the “Confirm IDT” button from the other LA once the meeting is invalidated by the first LA confirming the IDT meeting when the person is eligible for both IDD and MI PASRR specialized services.

NFs are still able to initiate the following:

- A new Initial IDT meeting from the same PE since the system will not find the previous Initial IDT meeting after it is invalidated.
- A new Annual IDT meeting from the same or subsequent PE without checking that 11 months have passed since the meeting date of an invalidated Initial or Annual IDT meeting. ■

Recently Implemented: NFs Can Admit Individuals on Preadmission PL1 Forms With Negative PE Effective August 25, 2022

Effective August 25, 2022, Nursing Facility users are able to admit individuals to the facility by clicking the “Admitted to NF” button. This button is displayed on the Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) form that was submitted with the admission type Preadmission. The “Admitted to NF” button will be present once an associated negative PASRR Evaluation (PE) form is successfully submitted. The NF is not required to certify their ability to serve the individual on the PL1 in this case.

With this change, the system updates the status of the Preadmission PL1 to “Individual Placed in NF – PE Confirmed.” Upon confirmation of the status change, form history notes are added to the PL1 indicating that the individual has been admitted to the NF. ■

Resources to Avoid Nursing Facility Specialized Services (NFSS) Denials

This is a reminder to nursing facility (NF) staff about the education resources available to help avoid common mistakes that result in the denial of a prior authorization request for Preadmission Screening and Resident Review (PASRR) NF specialized services or assessments.

Providers can refer to the following guides for details on submitting NFSS forms on the LTC Online Portal:

- [Top 10 Reasons for Nursing Facility Specialized Services \(NFSS\) Denials](#)
- [Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form](#)
- [Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services](#)
- [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(PASRR\)](#) ■

Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page

The Texas Nursing Facility Quality Improvement Coalition Facebook page provides resources and educational opportunities for staff members who work in Texas nursing facilities. In addition, this page is a means of communicating updates on current and future initiatives from the QMP.

Like and follow the [Texas Nursing Facility Quality Improvement Coalition Facebook page](#) today! ■

Eligibility Information Available for Long-Term Care Providers and LIDDAs

As a reminder, long-term care providers and LIDDAs who are seeking eligibility information can pull Medicaid Eligibility and Service Authorization Verification (MESAV) using any of the following field combinations through TexMedConnect. This service can be accessed 24 hours a day, 7 days a week.

- Medicaid/Client No. and Last Name
- Medicaid/Client No. and Date of Birth (DOB)
- Medicaid/Client No. and Social Security Number
- Social Security Number and Last Name
- Social Security Number and DOB
- Last Name, First Name, and DOB

Reminders

MESAV can provide the Medicaid eligibility Program Type, Coverage Code, and Medicaid Recertification Due Date to help providers ensure appropriate and continued Medicaid eligibility for long-term care services.

Listed below are the most common eligibility types that are valid for hospice and most other long-term care programs:

Program Type	Coverage Code
Type 12, 11	P
Type 13, 51	R
Type 01, 03, 07, 08, 09, 10, 14, 15, 18, 19, 20, 21, 22, 29, 37, 40, 43, 44, 45, 46, 47, 48, 55, 61, 63, 67	R or P

Note: *The Medicaid recertification review due date is not available for all long-term care (LTC) clients, including children who are enrolled in foster care and Medicaid clients who are enrolled through Social Security (Coverage Code R, Program Type 13).*

Listed below are the Medicaid Coverage Codes and Program Types acceptable for HCS or TxHmL enrollment.

Home and Community-Based Services (HCS)			
R or P 01	R or P 15	R or P 44	R or P 82
R or P 02	R or P 18	R or P 45	R or P 87
R or P 03	R or P 19	R or P 47	R or P 91
R or P 07	R or P 20	R or P 48	R or P 92
R or P 08	R or P 21	R or P 51*	R or P 93
R or P 09	R or P 22	R or P 55	R or P 94
R or P 10	R or P 29	R or P 61	R or P 95
R or P 12	R or P 37	R or P 70	R or P 96
R or P 13	R or P 40	R or P 79	R or P 97
R or P 14*	R or P 43	R or P 81	R or P 98

Texas Home Living (TxHmL)			
R or P 01	R or P 18	R or P 45	R or P 88
R or P 02	R or P 19	R or P 47	R or P 91
R or P 03	R or P 20	R or P 48	R or P 92
R or P 07	R or P 21	R or P 55	R or P 93
R or P 08	R or P 22	R or P 61	R or P 94
R or P 09	R or P 29	R or P 70	R or P 95
R or P 10	R or P 37	R or P 79	R or P 96
R or P 12	R or P 40	R or P 81	R or P 97

Texas Home Living (TxHmL)			
R or P 13	R or P 43	R or P 82	R or P 98
R or P 15	R or P 44	R or P 87	

Note: MBIC R or P 88 is allowable for TxHmL ONLY. See supervisor is pending HCS enrollment has R or P 88. The only accepted Coverage Codes are R or P.

R= Regular coverage; **P**= Prior coverage

T = Only pays for community care services, doesn't work for waivers. When you see that, ask for prior coverage.

Any other Medicaid Coverage Code/Program Type is not accepted in the HCS or TxHmL Waiver.

* indicates the code is accepted in HCS but not TxHmL.

For more information on TexMedConnect and utilizing MESAV, call the TMHP Long-Term Care Help Desk at 800-626-4117, option 1. ■

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. The CIPR Provider Report lists claims that have been flagged for potential recoupment as a result of TMHP identifying a new or changed long-term care-relevant Other Insurance (OI) policy for clients who have had claims paid during the policy coverage period. The CIPR Provider Report also lists the OI company information for the corresponding long-term care-relevant policy. Regularly reviewing the CIPR Provider Report helps providers reconcile claims and avoid potential recoupments.

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

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

Contact Information

For questions about submitting long-term care fee-for-service claims and adjustments, call the TMHP Long-Term Care (LTC) Help Desk at 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 800-626-4117, option 6. ■

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

It is important for providers to follow the proper procedures when they discover a Medicaid overpayment. 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 personal or company check or through a claim adjustment. 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 submit an adjustment claim in TexMedConnect or through their third-party submitter. 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.
- 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.
- If they are submitted properly, LTC FFS claim adjustments to return money to HHSC will not be denied by the one-year claim filing deadline edit (Explanation of Benefits [EOB] F0250).

Some examples of overpayments that require a claim adjustment include:

- Original paid claims that were billed with too many units of service.
- Original paid claims that did not properly report LTC-relevant Other Insurance payments or coverage.
- Original paid claims that were billed with the wrong revenue code or Healthcare Common Procedure Coding System (HCPCS) code.

Contact Information

Entity	What they can do...
TMHP LTC Help Desk 800-626-4117, option 1	Help file an adjustment claim Help providers understand their Remittance and Status (R&S) Reports
HHSC Provider Recoupments and Holds 512-438-2200, option 3	Help facilitate payment to HHSC for outstanding negative balances (A or T claims).

Long-Term Care and 1915c Waivers Program Home Pages on TMHP.com

Long-term care (LTC) and 1915c Waivers Program have their own dedicated sections on [TMHP.com](https://tmhp.com). All of the content found under Long-Term Care and 1915c Waivers Program 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](https://tmhp.com).

To locate the Long-Term Care page, click **Programs** at the top of tmhp.com, and then select **Long-Term Care (LTC)** or **1915c Waivers Program** from the drop-down box.

The Long-Term Care and 1915c Waivers Program home pages feature recent news articles by category and news articles that have been posted within the last seven days. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMedConnect can be found on the home page of tmhp.com. Both of these links require a username and password.

On the left-hand side, there are links to:

- [Provider Bulletins](#), with links to recent Long-Term Care Provider Bulletins.
- [Provider Education](#), which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question and answer (Q&A) documents, User Guides, and the TMHP YouTube channel.
- [Reference Material](#), including General Information, User Guides, and Frequently Asked Questions.
- [Forms](#), and form instructions, which includes the various downloadable forms needed by long-term care providers.

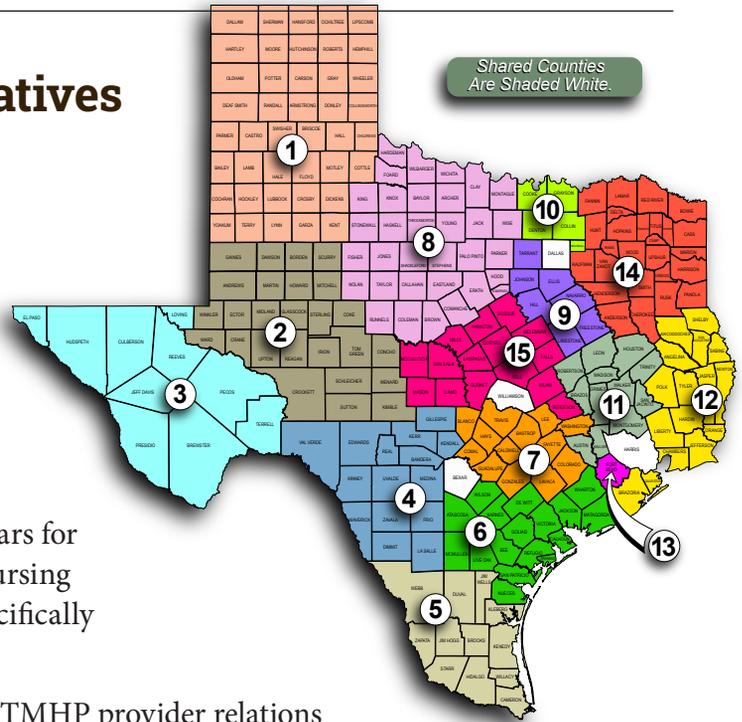
Providers are encouraged to frequently visit tmhp.com for the latest news and information. ■

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 TexMedConnect).

Providers can call TMHP at 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.

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/resources/provider-support-services/regional-territories.



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	Jaime Vasquez
11	Bryan College Station, Houston	Christopher Morales
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

TMHP Call Center/EDI Help Desk

The Texas Medicaid & Healthcare Partnership (TMHP) Call Center/ Electronic Data Interchange (EDI) Help Desk operates Monday through Friday from 7:00 a.m. to 7:00 p.m., Central Time (excluding TMHP-recognized holidays). Contact the TMHP Call Center/EDI Help Desk:

- Phone (P): 512-335-4729 (local Austin number)
- Alt P: 800-626-4117 (toll-free number to call if you are outside of Austin)
- Alt P: 800-727-5436 (toll-free number to call if you are outside of Austin)

When calling the TMHP Call Center/Help Desk, callers are prompted to enter their 9-digit Long-Term Care (LTC) provider number (aka contract 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 caller'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) assessments, the Medical Necessity (MN) and Level of Care (MN/LOC) Assessment, Preadmission Screening and Resident Review (PASRR) forms, Intermediate Care Facility for Individuals with an Intellectual or Developmental Disability or Related Conditions (ICF/IID) forms, and Home and Community-based Services/Texas Home Living Waiver (HCS and TxHmL) forms.

Providers and Local Intellectual and Developmental Disability Authorities (LIDDAs) must have a Medicaid or Social Security number and a medical chart or documentation for inquiries about a specific person.

TMHP Call Center Contact Information and Sub-Options

Dial 512-335-4729 (local Austin number), 800-626-4117 (toll-free number), or 800-727-5436 (another toll-free number), and **choose option 1 if you have a customer service/general inquiry**. If you have specific questions about the following topics, you must select a sub-option after selecting option 1:

- MN verification: select sub-option 1
- Claims: select sub-option 2 (all providers can choose this option unless you are an HCS and TxHmL provider)
- Minimum Data Set (MDS)/Long Term-Care Medicaid Information (LTCMI) issues: select sub-option 3
- All other form types, excluding MDS/LTCMI and HCS and TxHmL: select sub-option 4
- Electronic Visit Verification (EVV)-related calls: select sub-option 6
- Forms and claims, and you are an HCS and TxHmL provider: select sub-option 7
- All other inquiries: select sub-option 5

Choose option 2 if you want to speak to a nurse and you have questions about:

- Providing additional clinical information: select sub-option 1
- MN verification: select sub-option 2
- LTC letters: select sub-option 3

Choose option 3 if you want to speak to Technical Support.

Choose option 5 if you want to request a fair hearing for a nursing facility (NF) and you have questions about:

- Individual appeals
- Individual fair hearing requests
- Appeal guidelines

Note: *All other fair hearing requests are handled and addressed with the corresponding managed care organization (MCO).*

Choose option 6 if you have questions about LTC insurance information and updates

Choose option 7 to repeat the phone-tree options

EDI

If you have questions about:

- 835 (health care claim payment and remittance advice)
- American National Standards Institute (ANSI) ASC X12 specifications, testing, and transmission
- EDI and connectivity
- EDI claim submission issues
- File submission errors
- Form processing (e.g., EDI Agreement, Trading Partner Application [TPA] Form, and Trading Partner Agreement Application and Enrollment Form [TPAEF])
- Login and permission issues
- LTC Online Portal (technical issues, account access, and portal issues)
- My Account Portal (account setup)
- Processing provider agreements
- Submitter IDs (creation and modification)
- TexMedConnect (TMC) (technical issues, account access, and portal issues)

Contact the TMHP EDI Help Desk:

- P: 888-863-3638 (option 4)
- Alt P: 512-514-4150 (option 4)
- Alt P: 800-626-4117 (option 3)

EVV

Use the following contact information guides to address EVV topics or questions:

- [EVV Contact Information Guide for Program Providers and FMSAs \(PDF\)](#)
- [EVV Contact Information Guide for CDS Employers \(PDF\)](#)
- Website (W): [TMHP EVV Website](#)

HHSC Contact Information

HHSC Contact Information by Program Type

Blind Children's Program

If you have questions about:

- Case management
- Parent education
- Training for deafblind children and families
- Deafblind specialist services

Contact the **Blind Children's Program**:

- Email (E): blindchildrensprogram@hhs.texas.gov

CAPM

If you have questions about:

- Vendor holds in ID-CARE
- IDD waiver contract enrollment
- Change of ownership
- Contract enrollment
- Contract update
- Contract expiration

Contact **Contract Administration & Provider Monitoring (CAPM) Waiver Provider Enrollment**:

- P: 512-438-3234
- Fax (F): 512-206-3916
- E: IDDWaiverContractEnrollment@hhsc.state.tx.us

CAPM – Deaf-Blind Multiple Disabilities (DBMD) Monitoring

If you have questions about:

- Findings of a provider's contract and fiscal monitoring review
- Program requirements, how to offer training, and technical assistance

Contact CAPM – DBMD Monitoring:

- P: 512-438-5359
- E: CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov

CAPM – Waiver Provider Enrollment

If you have questions about:

- Enrolling as a DBMD provider
- Contract information updates
- Adding/removing service areas

Contact CAPM – Waiver Provider Enrollment:

- P: 512-438-3550
- E: IDDWaiverContractEnrollment@hhsc.state.tx.us

CCSE

If you have questions about:

- Community Care Services Eligibility (CCSE) program policies and procedures, contact:
 - E: CCADPolicy@hhs.texas.gov
- Community Care for Aged and Disabled (CCAD) financial or functional eligibility criteria or CCAD service authorization issues, contact or visit:
 - The case worker
 - W: <https://www.hhs.texas.gov/about/contact-us/community-services-regional-contacts> (includes additional contact information)

CDS

If you have questions about:

- Consumer Directed Services (CDS) policy, contact or visit:
 - E: CDS@hhs.texas.gov
 - W: <https://www.hhs.texas.gov/providers/long-term-care-providers/consumer-directed-services-cds/contact-cds-program-staff> (includes additional contact information)

CLASS

If you have questions about:

- Community Living Assistance and Support Services (CLASS) program policy, contact:
 - P: 512-438-5077
 - Alt P: 877-438-5658
 - E: classpolicy@hhs.texas.gov

DBMD

If you have questions about:

- Program policy, contact:
 - P: 512-438-2622
 - Alt P: 877-438-5658
 - E: dbmdpolicy@hhs.texas.gov
- Program Enrollment/Utilization Review (PE/ UR) Purpose Codes (PC3 and PC4), Level of Need, Level of Care, and Individual Plan of Care (IPC), contact:
 - P: 512-438-4896
 - F: 512-438-5135

EVV

Use the following contact information guides to address EVV topics or questions:

- [EVV Contact Information Guide for Program Providers and FMSAs \(PDF\)](#)
- [EVV Contact Information Guide for CDS Employers \(PDF\)](#)
- W: [HHSC EVV Website](#)

HCS and TxHmL

If you have questions about:

- HCS program policy, contact:
 - E: hcspolicy@hhs.texas.gov
- HCS and TxHmL billing and payment reviews, contact:
 - P: 512-438-5359 (**Billing and Payment Hotline**)
 - E: providerfiscalcompliance@hhs.texas.gov
- TxHmL program policy, contact:
 - E: txhmlpolicy@hhs.texas.gov
- HCS and TxHmL rate reviews, contact or visit:
 - P: 512-424-6637 (**Provider Finance**)
 - E: rad-ltss@hhsc.state.tx.us
 - W: <https://pfd.hhs.texas.gov/long-term-services-supports>
- HCS or TxHmL Individual Movement Form (IMT) invalidation and authorization assistance, contact **Provider Claims Services (PCS)**:
 - P: 512-438-2200 (option 5)
- Medicaid Eligibility and Service Authorization Verification (MESAV) updates or finalized forms, contact **PCS**:
 - P: 512-438-2200 (option 5)

- Provider Finance rate recoupments or provider fiscal compliance review recoupments, contact **Provider Recoupment and Holds**:
 - P: 512-438-2200
 - Select option 3 for outstanding provider recoupments and vendor holds
 - Select option 4 for tort, trusts, and annuities
- ICF/IID durable medical equipment (DME), DME authorizations, home modifications, adaptive aids, and dental services approvals, contact **PCS**:
 - P: 512-438-2200 (option 5)
- HCS and TxHmL Interest List assistance or Pre-enrollment Form assistance, contact **Intellectual or Developmental Disabilities (IDD) Services Local Procedure Development and Support (LPDS)**:
 - E: InterestListPreEnroll_LIDDAHelp@hhs.texas.gov
- LIDDA access issues for the Community Services Interest List (CSIL) application, contact the **Consolidated Help Desk** (Monday–Friday, 7:00 a.m. to 7:00 p.m. [CT]):
 - P: 512-438-4720
 - Alt P: 855-435-7181
- Program eligibility and support, including:
 - HCS and TxHmL Intellectual Disability/Related Condition (IDRC) authorizations
 - Level of Care, Level of Need PC2, transfers, enrollments, suspensions, continuation of suspension reviews, and terminations
 - Individual Movement (IMT) Form Local Authority (LA) reassignments

Contact **HCS and TxHmL Program Eligibility and Support (PES)**:

 - P: 512-438-2484
 - F: 512-438-4249
- HHSC Field Support for HCS and TxHmL, contact the **Consolidated Help Desk** (Monday–Friday, 7:00 a.m. to 7:00 p.m. [CT]):
 - P: 855-435-7181
 - Alt P: 512-438-4720
- Service authorizations for HCS and TxHmL, contact **PCS**:
 - P: 512-438-2200 (option 5)
- Client Assessment Registration (CARE) System Help Desk for ICF/IID, contact:
 - P: 888-952-4357 (request **HHSC Field Support** staff)

Hospice

If you have questions about:

- Utilization review (UR) or policy, contact:
 - E: HospicePolicy@hhs.texas.gov

- Program service authorization issues, contact **PCS**:
 - P: 512-438-2200 (option 1)
- Services contract enrollment, contact:
 - E: IDDWaiverContractEnrollment@hhsc.state.tx.us
- Outstanding TMHP LTC fee-for-service (FFS) recoupments, deductions, or vendor holds, contact **HHSC Provider Recoupments and Holds**:
 - P: 512-438-2200 (option 3)

ICF/IID

If you have questions about:

- Contract enrollment, contact:
 - P: 512-438-2630
- Residential Care (RC) IMT Form invalidation or service authorization, contact **PCS**:
 - 512-438-2200 (option 1)
- Program policy, contact:
 - P: 512-438-5055 (voice mail)
 - E: ICFIID.Questions@hhsc.state.tx.us
- Provider contracts or vendor holds, contact:
 - P: 512-438-2630
- Invalid or inappropriate recoupments in ID CARE, contact the **HHSC Help Desk**:
 - P: 512-438-4720
 - Alt. P: 800-214-4175
- Complaint and Incident Intake, contact or visit:
 - P: 800-458-9858
 - E: ciicomplaints@hhs.texas.gov
 - W: hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake

MDCP

If you have questions about:

- Medically Dependent Children Program (MDCP) program policy, contact:
 - P: 512-438-3501
 - Alt P: 877-438-5658
 - E: MDCPpolicy@hhsc.state.tx.us

NF

If you have questions about:

- Policy, contact:
 - E: nf.policy@hhsc.state.tx.us
- Contract enrollment, contact:
 - P: 512-438-2630
- MESAV updates or finalized forms, contact **PCS**:
 - P: 512-438-2200 (option 1)
- Service authorizations for nursing facilities, contact **PCS**:
 - P: 512-438-2200 (option 1)
 - F: 512-438-2301
- MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619 missing/incorrect information, contact **PCS**:
 - P: 512-438-2200 (option 1)
- Outstanding TMHP Long-Term Care (LTC) fee-for-service (FFS) recoupments, deductions, or vendor holds, contact **HHSC Provider Recoupments and Holds**:
 - P: 512-438-2200 (option 3)
- Electronic MDS submissions, contact the **Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO)**:
 - P: 800-339-9313
 - E: iqies@cms.hhs.gov
- PASRR authorizations or forms processing policy and rules, email **PASRR**:
 - E: PASRR.Support@hhsc.state.tx.us

Important: *If you email the PASRR mailbox:*

- Send the Document Locator Number (DLN). Do not include the person's identifying information.
- Do not send an encrypted email.
- Include as much detail as possible.
- Send the email to PASRR.Support@hhsc.state.tx.us only. Do not copy any other HHSC staff or HHSC mailbox.
- Include your contact information.
- If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of the person at TMHP that you talked to and the ticket number that TMHP assigned you.

- If you have questions about additional PASRR learning opportunities, information, or forms, visit:
 - W: www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr
- Rehabilitation and specialized therapy, emergency dental, or customized power wheel chair (CPWC) service authorizations, contact **PCS**:
 - P: 512-438-2200 (option 6)
 - F: 512-438-2302
- The Quality Monitoring Program (QMP) (PASRR Unit), contact:
 - P: 512-438-4399
 - E: QMP@hhs.texas.gov

PE/UR

If you have questions about:

- Program Enrollment/Utilization Review (PE/UR) Purpose Codes (PC3 and PC4), Level of Need, Level of Care, and Individual Plan of Care (IPC), contact:
 - P: 512-438-4896
 - F: 512-438-5135

UR/IDRC

If you have questions about:

- Utilization Review (UR) Intellectual Disability/Related Condition (IDRC) Purpose Codes (PC3 and PC4), or Renewal and Revision IPCs, contact:
 - P: 512-438-5055 (HCS or TxHmL)
 - F: 512-438-4249 (HCS or TxHmL)
 - E: deskURLONIPC@hhs.texas.gov

Miscellaneous HHSC Contact Information

If you have questions about:

- Obtaining IRS Form 1099-Miscellaneous Income, contact **HHSC Accounting**:
 - P: 512-438-3189
- Signing up for or obtaining direct deposit, or signing up for electronic funds transfer, contact **HHSC Accounting**:
 - P: 737-867-7580
 - E: vendor@hhs.texas.gov

- Payment issues (if payment has not been received after more than 10 days from the date of billing), contact **HHSC Payment Processing Hotline**:
 - P: 512-438-4222
- Taxpayer Identification Number (TIN) setup or unbalanced warrant or deduction issues, contact **Warrants and Payment**:
 - P: 512-438-4222
 - Alt. P: 512-806-5659
- Personal Needs Allowance (PNA), contact **PCS**:
 - P: 512-438-2200 (option 2)
- Status of warrant or direct deposit *after* TMHP has transmitted a claim to **HHSC Accounting**, contact or visit:
 - P: 737-867-7580 (Provide the provider or contract number assigned by HHSC.)
 - W: www.window.state.tx.us (the Comptroller’s website). Choose the **State-to-Vendor-Payment Info-Online-Search** link.
 - For days paid and services paid information for cost reports, use **TexMedConnect** to submit a batch of Claim Status Inquiries (CSIs).
- **Provider Finance**, contact or visit:
 - P: 512-424-6637
 - W: <https://pfd.hhs.texas.gov/long-term-services-supports/contact-list> (contact information is listed by subject)
- Preparing a cost report (forms and instructions) and approved rates posted, visit:
 - W: <https://pfd.hhs.texas.gov/long-term-services-supports> (select the appropriate program)
- Medicaid eligibility, applied income, and name changes, contact a **Medicaid for the Elderly and People With Disabilities (MEPD)** worker, or contact or visit:
 - P: 2-1-1 (**Integrated Eligibility and Enrollment [IEE] Call Center**)
 - W: yourtexasbenefits.com
- Payment issues (if payment has not been received after more than 10 days from the date of billing), contact the **HHSC Payment Processing Hotline**:
 - P: 512-438-4222
- HHS Quality Monitoring Program, contact:
 - E: QMP@hhs.texas.gov
- Payment information for cost reports or a quality assurance fee (QAF), contact:
 - P: 512-424-6552
- Health and Human Services Commission Network (HHSCN) connection problems:
 - P: 512-438-4720
 - Alt P: 888-952-4357

- Targeted Case Management Service Authorization or Habilitation Coordination claims for LIDDAs, visit:
 - W: hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts (select the appropriate **HHSC Regional Claims Management System Coordinator**)
- Habilitation Coordination Authorization, contact:
 - E: IDD-BH_PASRRSPA@hhsc.state.tx.us
- Service authorization for the Guardianship Program, contact the **HHSC Office of Guardianship**:
 - P: 512-438-2843
- Texas State University Resource Utilization Group (RUG) training, contact the **Office of Continuing Education**:
 - P: 512-245-7118
 - W: www.txstate.edu/continuinged
- Tort, trust, or annuity for which the state is the residual beneficiary, contact **HHSC Provider Recoupments and Holds**:
 - P: 512-438-2200 (option 4)
- Medicaid Estate Recovery Program (MERP), contact:
 - E: MERP@hhs.texas.gov

Acronyms in This Issue

Acronym	Definition
ANSI	American National Standards Institute
CAPM	Contract Administration & Provider Monitoring
CARE	Client Assignment and Registration
CBT	Computer-Based Training
CDS	Consumer Directed Services
CMS	Claims Management System
CNA	Certified Nursing Assistant
DOB	Date of Birth
EDI	Electronic Data Interchange
EOB	Explanation of Benefits
EVV	Electronic Visit Verification
FFS	Fee-For-Service
FMSA	Financial Management Services Agencies
HCS	Home and Community-Based Services
HHSC	Health and Human Services Commission
IDD	Intellectual or Developmental Disability
IDRC	Intellectual Disability/Related Condition
IDT	Interdisciplinary Team
IEE	Integrated Eligibility and Enrollment
IPC	Individual Plan of Care
LA	Local Authorities
LIDDA	Local Intellectual and Developmental Disability Authorities
LMS	Learning Management System
LPDS	Local Procedure Development and Support
LTC	Long-Term Care
MCO	Managed Care Organizations

Acronym	Definition
MDS	Minimum Data Set
MEPD	Medicaid for the Elderly and People With Disabilities
MERP	Medicaid Estate Recovery Program
MESAV	Medicaid Eligibility and Service Authorization Verification
MI	Mental Illness
MN/ LOC	Medical Necessity and Level of Care
NF	Nursing Facility
PASRR	Preadmission Screening and Resident Review
PCS	Provider Claims Services
PCSP	PASRR Comprehensive Service Plan
PE	PASRR Evaluation
PEMS	Provider Enrollment and Management System
PES	HCS and TxHmL Program Eligibility and Support
PE/UR	Program Enrollment/Utilization Review
PL1	PASRR Level 1
QAF	Quality Assurance Fee
QIES	Quality Improvement and Evaluation System
QMP	Quality Monitoring Program
QTSO	QIES Technical Support Office
R&S	Remittance and Status
RN	Registered Nurse
RUG	Resource Utilization Group
TMHP	The Texas Medicaid & Healthcare Partnership
TPA	Trading Partner Application
TPAEF	Trading Partner Agreement Application and Enrollment Form
TxHmL	Texas Home Living