Long-Term Care
Provider Bulletin

TEXAS Health and Human Services

LTC Provider Bulletin, No. 91   *August 2022*

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

TRENDING NOW

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 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 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, Option 1, then Option 7 to connect with an HCS and TxHmL customer service representative. ■

Update: Form Action Buttons No Longer Available on Converted PL1 Forms Beginning August 25, 2022

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 This change will help prevent outdated or invalid data from being copied into other PASRR forms.

Users will be able to continue to use the following form action buttons:

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

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 period(s)
- Provider Type Qualifier
- First and Last Name

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. ■

Update: NFs Will Be Able to Admit Individuals on Preadmission PL1 Forms With Negative PE Beginning August 25, 2022

Beginning August 25, 2022, Nursing Facility users will be 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 with admission type Preadmission. The "Admitted to NF" button will be present once an associated negative PASRR Evaluation (PE) form is successfully submitted. The NF will no longer be required to certify their ability to serve the individual on the PL1 in this case.

With this change, the system will update the status of the Preadmission PL1 to "Individual Placed in NF – PE Confirmed." Upon confirmation of the status change, the form history notes of the PL1 will be updated to indicate the individual has been admitted to the NF. ■

Coronavirus (COVID-19)

For information about this rapidly evolving situation, check the website at TMHP.com by clicking below.
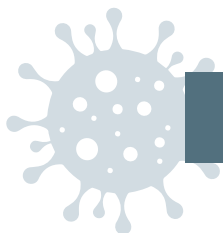
www.tmhp.com/topics/covid-19

Update: Two New PASRR Alerts on LTC Online Portal Available August 25, 2022

Beginning August 25, 2022, users will 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 will be 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 will be 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 will generate 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 will notify 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. ◾

Update: Changes to PCSP Form Beginning August 25, 2022

Beginning August 25, 2022, the PASRR Comprehensive Service Plan (PCSP) Form will be 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 (via the "Add Meeting" button) to the document locator number (DLN) of the invalidated meeting.

- Hide the "Update Form" and the "Edit Content" buttons after the meeting has been invalidated.

- The "Confirm IDT" button will not be available to 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 will be 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. ■

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.

TRAINING AND EVENTS

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 must create an account to access the training materials on the LMS. To create an account, click 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

- LTC Nursing Facility Minimum Data Set (MDS) Assessment and Long-Term Care Medicaid Information (LTCMI) Webinar

- LTC Nursing Facility PASRR Webinar, Part 1

- LTC Nursing Facility PASRR Webinar, Part 2

- LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar

- LTC Online Portal Training for HCS and TxHmL Waiver Programs Webinar

- 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. ■

Recently Implemented: Enhancements to Some PASRR Forms

Effective December 9, 2021, demographic validations across Preadmission Screening and Resident Review (PASRR) forms in the Long-Term Care Online Portal have been enhanced. The following forms now have standardized demographic validations:

- PASRR Level 1 (PL1) Screening Form
- PASRR Evaluation (PE)
- PASRR Comprehensive Service Plan (PCSP)

Upon submission or update of a PL1, PE or PCSP with a Medicaid ID found in the TMHP Claims Management System (CMS) database, demographic validations include all of the following:

- The first four letters of a person's last name instead of only the first two letters
- Social Security Number, if provided
- Date of birth

If the data entered into one or more of the above fields differs from the data in the TMHP CMS database, the user will see an error message alerting them to the incorrect information. Until the correct information is entered, the form or meeting will not submit.

The function for creating a manual alert to conduct a PL1 will also be enhanced to validate the first four letters of a person's last name instead of only the first two letters. An alert will not be created without correcting the demographic information.

These validation enhancements will improve data quality by standardizing demographic information and ensuring consistent information. In addition, there will be less chance of sequencing and searchability issues arising from mismatched or incomplete information across a person's PASRR forms. Also, the new validation error message will let the provider know which specific field has incorrect information when submitting a PASRR form or meeting. ■

Reminder: Providers Able to Enter a Person's Alternate Placement Preferences Upon Initial Submission of PL1

Providers are required to record a person's responses in fields E0100-E0400 (Alternate Placement Preferences) of the Section E tab when they initially submit the PL1. The section will be enabled and required for data entry only if the person for whom the form is being submitted appears to have positive PASRR eligibility. If there is no indication of positive eligibility, the section will not be enabled.

Nursing facility and local authority users who have the correct permissions are required to fill out or update fields E0500-E0900 (Alternate Placement Disposition) on the Section E tab of a PL1 that is in an active status when they use the update form functionality for a discharge. An inactivation cannot be made on the PL1 if the Section E tab is not completed. These changes were made to ensure that the person's alternate placement disposition is documented and available on the LTC Online Portal at the time of discharge.

For more information, see the Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR). ■

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

As a reminder, long-term care providers 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
- Medicaid/Client No. and Social Security Number
- Social Security Number and Last Name
- Social Security Number and Date of Birth (DOB)
- Last Name, First Name, and DOB

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).

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 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 check or by deduction. 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 Home Page on TMHP.com

Long-term care (LTC) has its own dedicated section on TMHP.com. All of the content found under Long-Term Care 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 page, click Programs at the top of tmhp.com, and then select Long-Term Care (LTC) from the drop-down box.

The Long-Term Care home page features 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.
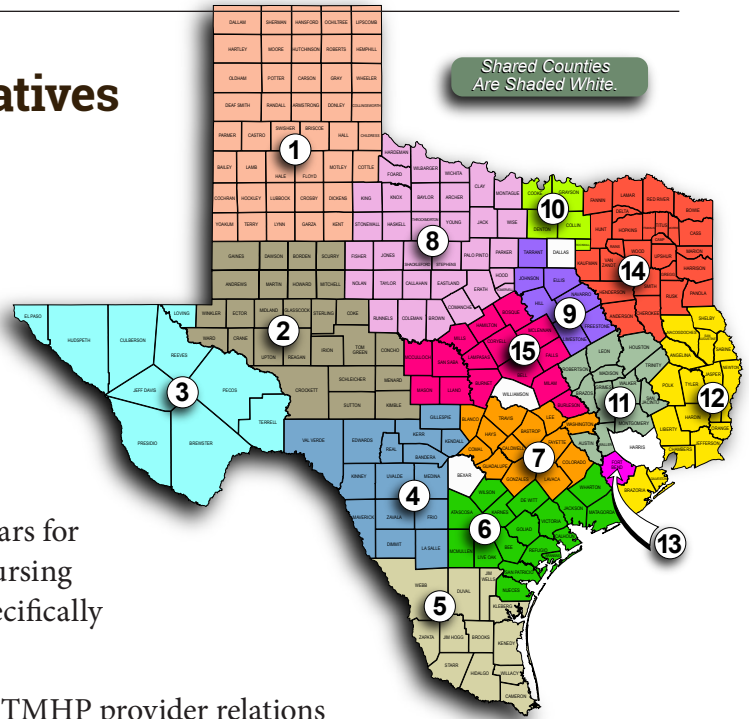
Territory	Regional Area	Representative
1	Amarillo, Childress, Lubbock	Kendra Davila
2	Midland, Odessa, San Angelo	Stacey Jolly
3	Alpine, El Paso, Van Horn	Isaac Romero
4	Carrizo Springs, Del Rio, Eagle Pass, Kerrville, San Antonio	Jacob Vasquez
5	Brownsville, Harlingen, Laredo, McAllen	Yvonne Garza-Garcia
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

The Texas Medicaid & Healthcare Partnership (TMHP) Call Center/Help Desk operates Monday through Friday from 7:00 a.m. to 7:00 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 from which the provider is calling.

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, Medical Necessity and Level of Care (MN/ LOC) Assessment, and Preadmission Screening and Resident Review (PASRR) forms.

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

TMHP Call Center/EDI Help Desk Options and Sub-Options

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 800-626-4117 or 800-727-5436.

After dialing the phone numbers above, **Choose Option 1: Customer service/general inquiry** if you have questions about:

- Option 1: Calls related to MN verification
- Option 2: Claims calls for all providers except HCS/TxHmL
- Option 3: Calls related to MDS/LTCMI issues
- Option 4: Calls related to all other form types excluding MDS/LTCMI and HCS/TxHmL
- Option 5: All other inquiries
- Option 6: EVV Calls
- Option 7: HCS/TxHmL providers with calls about their forms and claims

Choose Option 2: To speak with a nurse about:

- Option 1: Calls from submitters providing additional clinical information
- Option 2: Calls related to MN verification
- Option 3: Calls with inquiries related to LTC letters

Choose Option 3: Technical Support if you have questions about:

- TexMedConnect – technical issues, account access, portal issues.
- Modem and telecommunication issues.

- Processing provider agreements.
- Verifying that system screens are functioning.
- 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.

Choose Option 5: Request fair hearing for a Nursing Facility (NF) if 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 other insurance information and updates.

Choose Option 7 to repeat this message.

TexMedConnect (TMC) & Electronic Data Interchange (EDI)

- Submitter IDs – Creation and Modification
- My Account Portal – Account Setup
- TexMedConnect & EDI – Account Setup
- Login and Permission Issues
- EDI Claim Submission Issues
- File Submission Errors
- 835 (Health Care Claim Payment and Remittance Advice)
- Form Processing (e.g., EDI Agreement, Trading Partner Application [TPA] Form, and Trading Partner Agreement Application and Enrollment Form [TPAEF])

<div align="center">

Texas Medicaid & Healthcare Partnership (TMHP) EDI Help Desk
P: 888-863-3638, Option 4
Alt P: 512-514-4150, Option 4

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Long-Term Care Online Portal (LTCOP)

- TexMedConnect Claims Issues
- Web-based Remittance and Status (R&S) Reports
- Basic LTCOP Functionality
- Form Submission Questions
- Sequencing Questions

- LTCOP Form Error Messages

Texas Medicaid & Healthcare Partnership (TMHP)
Long-Term Care (LTC) Help Desk
P: 800-626-4117, Option 1, Option 7 (HCS, TxHmL)

Electronic Visit Verification (EVV) Contact Information

The Program Provider and FMSA EVV Contact Information Guide (PDF) lists contact information for EVV-related inquiries.

To access additional EVV resources, visit the HHSC EVV webpage and register your email address to receive electronic EVV notifications.

EVV Operations:

- Claim Denials with Mismatch Codes
- EVV Policy Questions
- HCS & TxHmL Services Requiring EVV Visit Data

EVV Operations
E: EVV@tmhp.com (TMHP EVV Mailbox)

HHS EVV Operations Mailbox
E: EVV@hhs.texas.gov
W: HHS EVV Website

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the QIES Technical Support Office (QTSO) at iqies@cms.hhs.gov or 800-339-9313.

HHSC Contact Information

The following is HHSC contact information for questions listed. If you have questions about the 12-month rule, contact:

- **HCS/TxHmL—Contract Manager**
- **Community Services—Community Services Contract Manager**
- **Nursing Facility (NFs)—Provider Claims Services**
  - P: 512-438-2200, Option 1
- **IDD Services—Provider Claims Services**
  - P: 512-438-2200, Option 1
- **Community Services Contract Enrollment**

- E: hhseopcm@hhsc.state.tx.us
- Voice mail: 512-438-3550
- **Hospice Services Contract Enrollment**
  - E: IDDWaiverContractEnrollment@hhsc.state.tx.us
- **ICF/IID and Nursing Facility Contract Enrollment**
  - P: 512-438-2630

HHS Field Support for HCS/TxHmL

Consolidated Help Desk
P: 855-435-7181
Alt P: 512-438-4720
Monday–Friday, 7:00 a.m. to 7:00 p.m. (CT)

If you have questions about:

- **Days paid and services paid information for cost reports**, use TexMedConnect to submit a batch of CSIs.
- **Provider Finance contacts**
  - W: https://pfd.hhs.texas.gov/ long-term-services-supports/contact-list (Contact information is listed by subject)
  - P: 512-424-6637

Provider Fiscal Compliance Reviews

Contract Administration & Provider Monitoring (CAPM) - Provider Monitoring - Provider Fiscal Compliance
P: 512-438-5359
E: providerfiscalcompliance@hhs.texas.gov

If you have questions about:

- **How to prepare a cost report** (forms and instructions) and approved rates posted
  - W: https://pfd.hhs.texas.gov/long-term-services-supports (Select the appropriate program.)
- **How to sign up for, or obtain direct deposit**, or **how to sign up for electronic funds transfer**
  - P: 737-867-7580 (HHSC Accounting)
  - E: vendor@hhs.texas.gov
- **How to obtain IRS Form 1099-Miscellaneous Income**
  - P: 512-438-3189 (Accounting)
- **Medicaid eligibility, applied income, and name changes**, contact a Medicaid for the Elderly and People With Disabilities (MEPD) worker, or
  - P: 2-1-1 (the Integrated Eligibility and Enrollment [IEE] Call Center)

- W: yourtexasbenefits.com
- **PASRR Authorizations** or **forms processing policy and rules**
  - 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; by sending the DLN there is no need for 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 person you talked to and the ticket number TMHP assigned you.*

- **MESAV updates or finalized forms**
  - P: 512-438-2200, Option 1 for NF, ICF, and Hospice or Option 5 for HCS and TxHmL (Provider Claims Services [PCS])
- **Additional PASRR learning opportunities, information, and forms**
  - W: www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr
- **Payment Issues** (if payment has not been received after more than 10 days from the date of billing)
  - P: 512-438-4222 (the HHSC Payment Processing Hotline)

AP Payment Line
- Taxpayer Identification Number (TIN) Setup
- Issues (Unbalanced Warrants)

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Warrant/Payment Issues
P: 512-438-4222
Alt P: 512-806-5659 (Immediate Assistance)

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If you have questions about:

- **Personal Needs Allowance (PNA)**
  - P: 512-438-2200, Option 2 (Provider Claims Services)
- **The Quality Monitoring Program (QMP) PASRR Unit**
  - P: 512-438-4399 (QMP)
  - E: QMP@hhs.texas.gov
- **Targeted Case Management Service Authorization** or **Habilitation Coordination** claims questions for Local Intellectual and Developmental Disability Authorities (LIDDAs)

- W: hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts (HHSC Regional Claims Management Coordinator)
- **Habilitation Coordination Authorization questions**
  - E: IDD-BH_PASRRSPA@hhsc.state.tx.us
- **Service Authorization for the Guardianship Program**
  - P: 512-438-2843 (HHSC Office of Guardianship)
- **The setup or unbalanced warrant or deduction issues**
  - P: 512-438-4222 or 512-806-5659 for immediate assistance (Warrants and Payment Issues)
- **Texas State University Resource Utilization Group (RUG) training**
  - P: 512-245-7118 (Office of Continuing Education Online course)
  - W: www.txstate.edu/continuinged
- **The status of warrant/direct deposit** after a claim has been transmitted to Accounting (fiscal) by TMHP
  - W: www.window.state.tx.us (the Comptroller's website)
    Choose the State-to-Vendor-Payment Info-Online-Search link,
  - P: 737-867-7580 (When calling Accounting, provide the Provider/contract number assigned by HHSC.)
    Note: *Allow 5-7 business days for processing of claims before verifying payment information.*

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

If you have questions about:

- **CLASS Program Policy**
  - P: 512-438-5077 or 877-438-5658
  - E: classpolicy@hhs.texas.gov
- **HCS Program Policy**
  - E: hcspolicy@hhs.texas.gov
- **MDCP Program Policy**
  - P: 512-438-3501 or 877-438-5658
  - E: MDCPpolicy@hhsc.state.tx.us
- **TxHmL Program Policy**
  - E: txhmlpolicy@hhs.texas.gov
- **DBMD Program Policy**
  - P: 512-438-2622 or 877-438-5658

- E: dbmdpolicy@hhs.texas.gov
- **Consumer Directed Services (CDS) Policy**

  - E: cdspolicy@hhsc.state.tx.us
    Note: *For questions about CCAD financial or functional eligibility criteria or CCAD service authorization issues, contact the caseworker.*
    Note: *For more contact information visit: hhs.texas.gov/about-hhs/find-us/ community-services-regional-contacts*

- **CCAD Program Policies and Procedures**

  - E: CCADPolicy@hhsc.state.tx.us

- **Hospice utilization review (UR)** or **Hospice Policy**

  - E: HospicePolicy@hhsc.state. tx.us

- **Hospice Program service authorization issues**

  - P: 512-438-2200, Option 1 (Provider Claims Services)

- **Home and Community-based Services (HCS)** and **Texas Home Living Waiver (TxHmL)** billing and payment reviews

  - P: 512-438-5359 (Billing and Payment Hotline)

  - E: providerfiscalcompliance@hhs.texas.gov

- **HCS TxHmL Rate Reviews**

  - 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/service authorization**

  - P: 512-438-2200, Option 5 (Provider Claims Services)

- **HCS or TxHmL Pre-enrollment Form Assistance** and CSIL data entry contact Intellectual or Developmental Disabilities (IDD) Services Local Procedure Development and Support (LPDS

  - E: InterestListPreEnroll_LIDDAHelp@hhs.texas.gov

  - P: 512-438-4720 or 855-435-7181 (toll-free) (for CSIL Access Issues)

- **HCS and TxHmL Interest List**, contact Intellectual or Developmental Disabilities (IDD) Services Local Procedure Development and Support (LPDS)

  - E: InterestListPreEnroll_ LIDDAHelp@hhs.texas.gov

- **HCS, TxHmL, CLASS, or DBMD Program Enrollment/Utilization Review (PE/ UR)**: Purpose Codes (PC3 and PC4), Level of Need, Level of Care, and Individual Plan of Care (IPC)

  - P: 512-438-5055 (HCS or TxHmL)

  - F: 512-438-4249 (HCS or TxHmL)

  - P: 512-438-4896 (CLASS or DBMD)

  - F: 512-438-5135 (CLASS or DBMD)

Blind Children's Program

- Case management

- Parent education

- Training to deafblind children and families

- Deafblind specialist services

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Blind Children's Program

E: blindchildrensprogram@hhs.texas.gov

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If you have questions about Vendor Holds in ID-CARE, IDD, waiver, contract enrollment, contract update for HCS/TxHmL, contact Contract Administration & Provider Monitoring (CAPM) Contract Administration and Waiver Program Enrollments

- P: 512-438-3234, fax 512-206-3916

- E: email IDDWaiverContractEnrollment@hhsc.state.tx.us

CAPM – DBMD Monitoring

- Discussing the findings of a provider's contract and fiscal monitoring review

- Discussing program requirements, offering training, and technical assistance

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CAPM – DBMD Monitoring:

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

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CAPM – Waiver Provider Enrollment

- Enrolling as a DBMD Provider

- Contract information updates

- Adding/removing service areas

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CAPM – Waiver Provider Enrollment

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

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If you have questions about:

- **HCS/TxHmL Intellectual Disability/Related Condition (IDRC) Authorizations: Level of Care, Level of Need PC2, Transfers, Enrollments, Suspensions, Continuation of Suspensions Reviews and Terminations,** contact HCS TxHmL Program Eligibility and Support (PES).

  - P: 512-438-2484

  - F: 512-438-4249

- Consumer Directed Services (CDS)

  - E: cdspolicy@hhsc.state.tx.us

Intermediate Care Facility/Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) and Nursing Facility Programs

If you have questions about:

- **HHS Quality Monitoring Program**
  - E: QMP@hhs.texas.gov
- **Payment information for cost reports** or a Quality assurance fee (QAF)
  - P: 512-424-6552
- **Health and Human Services Commission Network (HHSCN)** connection problems
  - P: 512-438-4720 or 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
  - P: 512-438-2200, Option 5 (Provider Claims Services)
- **ICF/IID/Residential Care (RC) Individual Movement Form IMT/service authorization**
  - 512-438-2200, Option (Provider Claims Services)
- **ICF/IID program policy**
  - E: ICFIID.Questions@hhsc.state.tx.us
- **Individual Movement Form IMT Local Authority (LA) Reassignments**,
  - E: IDD_Program_Improvement@hhs.texas.gov (Intellectual Developmental Disability (IDD) Services Program Improvement)
- **HCS/TxHmL Program Eligibility and Support (PES)**
  - P: 512-438-2484 (Message Line)
  - F: 512-438-4249
- **Client Assessment Registration (CARE) System Help Desk for ICF/IID**
  - P: 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)
  - P: 512-438-5055
  - F: 512-438-4249.
- **Provider contracts for ICF/IID** or **Provider access to ICF/IID CARE system**
  - P: 512-438-2630
- **MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619** missing/incorrect information
  - P: 512-438-2200, Option 1 (Provider Claims Services)
- **Rehabilitation and specialized therapy/emergency dental/Customized Power Wheelchair (CPWC)** service authorizations

- P: 512-438-2200, Option 6 (Provider Claims Services)
- F: 512-438-2302
- **Service authorizations for nursing facilities**
  - P: 512-438-2200, Option 1 (Provider Claims Services)
  - F: 512-438-2301
- **Service authorizations for HCS TxHmL**
  - P: 512-438-2200, Option 5 (Provider Claims Services)
- **Invalid or inappropriate recoupments in ID CARE**
  - P: 512-438-4720 or 800-214-4175 (HHSC Help Desk)
- **Complaint and Incident Intake**
  - P: 800-458-9858 (Complaint and Incident Intake)
  - E: ciicomplaints@hhs.texas.gov
  - W: hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake
- **Medicaid policy, personal needs allowance, provider administrative or service requirements, or other ICF/IID topics not already listed on this page**
  - E: ICFIID.Questions@hhsc.state.tx.us (the ICF/IID Medicaid Policy Questions mailbox)
- **Outstanding TMHP Long-Term Care (LTC) fee-for-service (FFS) recoupments, deductions, or vendor holds**
  - P: 512-438-2200, Option 3 (HHSC Provider Recoupments and Holds)
- **An individual with a tort, trust, or annuity for which the state is the residual beneficiary**
  - P: 512-438-2200, Option 4 (HHSC Provider Recoupments and Holds)
- **Medicaid Estate Recovery Program (MERP)**
  - 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	Advanced Certified Nursing Assistant
DOB	Date of Birth
EDI	Electronic Data Interchange
EOB	Explanation of Benefits
FFS	Fee-For-Service
FMSA	Financial Management Services Agencies
HCS	Home And Community-Based Services
HHSC	Health And Human Services Commission
IDD	Intellectual 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
MDS	Minimum Data Set

Acronym	Definition
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
MN/ LOC	Medical Necessity and Level of Care
NF	Nursing Facility
PASRR	Preadmission Screening and Resident Review
PCSP	PASRR Comprehensive Service Plan
PCS	Provider Claims Services
PE/UR	Program Enrollment/Utilization Review
PEMS	Provider Enrollment and Management System
PE	PASRR Evaluation
PES	HCS TxHmL Program Eligibility and Support
PL1	PASRR Level 1
QAF	Quality Assurance Fee
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
TPAEF	Trading Partner Agreement Application and Enrollment Form
TPA	Trading Partner Application
TxHmL	Texas Home Living