TexMedConnect Acute Care Manual



TEXAS MEDICALD & HEALTHCARE PARTNERSHIP A STATE MEDICALD CONTRACTOR

Contents

1.0 Overview
2.0 Accessing TexMedConnect and Internet Requirements
2.1 Logon and Logoff
3.0 Getting Support
3.1 Getting Technical Assistance
3.2 Accessing Training Resources
3.3 Getting Claims Assistance
4.0 Navigation Panel
5.0 Filing a Claim
Claims Flow Chart
5.1 Entering Claim Details
5.2 Tabs for Other Claim Types
5.2.1 Dental Claim
5.2.2 Inpatient Claim
5.2.3 Outpatient Claim
5.2.4 Family Planning Claim
5.2.5 Family Planning Claim Using the Professional - CMS1500 Claim Form
5.2.6 Vision Claim
5.3 Saving a Claim
5.3.1 Saving As a Draft
5.3.2 Viewing Draft Claims
5.3.3 Saving As a Template
5.3.4 Saving To a Batch
5.3.5 Submitting a Batch
5.4 Fee-for-Service Claims Appeals
5.4.1 Other Pathways for Fee-for-Service Claims Appeals
5.4.2 Other Pathways for MCO Claims Appeals
5.4.3 Other Pathways for Long Term Services and Supports (LTSS) MCO Claims Appeals 46
6.0 Verifying Client Eligibility
6.1 Client Group List
7.0 Claims Status Inquiry (CSI)
8.0 Remittance and Status (R&S) Reports

8.1 Viewing the PDF Version	.55
8.2 Downloading the ANSI 835 Version	56

1.0 Overview

The TexMedConnect – Acute Care application is accessed online on the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com. TexMedConnect will replace TDHconnect. Although TexMedConnect uses similar logic and validation that existed in TDHconnect, TexMedConnect has a new look, feel, and updated navigation. A new left navigation bar makes it easier to move through the application.

Additionally, the application is more efficient due to the improved technology.

TexMedConnect requires a National Provider Identifier (NPI) and does not support the Texas Provider Identifier (TPI).

TexMedConnect:

- Delivers an integrated, web-based application.
- Provides a stable and secure environment for claims submission.
- Provides a comparable solution to most TDHconnect tasks.
- Provides accessibility from any computer with Internet access.

With TexMedConnect – Acute Care, you can administer billing for Medicaid, Family Planning, and Children with Special Health Care Needs (CSHCN) Services Program clients.

TexMedConnect supports the following Health Insurance Portability and Accountability Act (HIPAA) - compliant transaction types:

HIPAA Compliant Transaction Types								
Eligibility Request	270							
Eligibility Response	271							
Claim Status Inquiry	276							
Electronic Remittance and Status (ER&S) Report	835							
Dental Claims	837D							
Institutional Claims	837I							
Professional Claims	837P							
Long Term Care Claims	*(See Note)							

Note: All transaction types except 276 apply for LTC transactions through TexMedConnect.

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

2.0 Accessing TexMedConnect and Internet Requirements

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

- Internet service provider (ISP)
- Internet browser Microsoft[®] Internet Explorer[®]
- Google Chrome®

Note: Broadband connection is recommended but not required

TexMedConnect is accessed through the TMHP website at <u>tmhp.com</u>. After accessing the website and clicking **TexMedConnect** on the page.



2.1 Logon and Logoff

There is a "Log in to my account" hyperlink located in the upper right hand corner on the homepage of the TMHP website directly above the "Access TexMedConnect" link. Selecting this hyperlink directs the user to the My Account page, as shown below, and not directly to TexMedConnect. The My Account page provides users with another method to access TexMedConnect, and it allows providers to manage their accounts.



3.0 Getting Support

This section explains how to get assistance from TMHP with technical issues, training, and claims questions. This section also shows how to access additional resources on the TMHP website.

3.1 Getting Technical Assistance

For Medicaid, CSHCN Services Program, and Family Planning technical issues, you can call the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638. The TMHP EDI Help Desk provides technical assistance with troubleshooting TexMedConnect and TMHP EDI Gateway system issues. Contact your system administrator for assistance with modem, hardware, Internet connectivity, or phone-line issues.

3.2 Accessing Training Resources

The TMHP EDI Help Desk does not provide training; however, training is available through your TMHP provider relations representative or one of the training workshops provided by TMHP Provider Relations. You can also find answers to frequently asked questions (FAQs) and Medicaid workshop schedule information on the TMHP website at www.tmhp.com.

TMHP has two contact centers that provide information about your provider relations representative, workshops, or other information:

- For Medicaid and Family Planning information, call the TMHP Contact Center at 800-925-9126.
- For CSHCN Services Program information, call the TMHP-CSHCN Services Program Contact Center, at 800-568-2413.

3.3 Getting Claims Assistance

For answers to questions about Medicaid and Family Planning electronic or paper claims, providers can call the TMHP Contact Center at 800-925-9126.

For answers to questions about CSHCN Services Program electronic or paper claims, providers can call the TMHP-CSHCN Services Program Contact Center, at 800-568-2413.

4.0 Navigation Panel

Available transactions for Medicaid, Family Planning, and the CSHCN Services Program are located under "**Acute Care**" in the sidebar navigation. You can select the activity you would like to perform from the navigation panel:



Note: A user's access privilege determines which transactions show up in the navigation panel.

5.0 Filing a Claim

To submit an individual claim, you must select a valid NPI and related data before entering the Claims Entry screen.

You have the ability to submit interactively for the following claims:

- 020 (Professional, Ambulance, and Vision)
- 021 (Dental)
- 023 (Outpatient)
- 040 (Inpatient)
- 056 (DSHS Family Planning Program [DFPP])
- 058 (Family Planning Title XIX)

After choosing the appropriate claim type, entering the optional client number, and selecting the next appropriate action, you are directed to the Claims Main screen. On the Claims Main screen, the required data can be entered on the available tabs for the selected claim type.

After the claim is completed, you can choose to submit the claim interactively from the Other Insurance tab. After doing so, you receive any Explanation of Benefits (EOBs) that may apply or an Internal Control Number (ICN) if the claim has submitted successfully. You also can save incomplete claims in a draft status or to save the individual claim as a template.

The following flow chart provides an overview of the process.

Claims Flow Chart



5.1 Entering Claim Details

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

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

		Logged in an pertakeer Log.ou
Navigation	TexMedConnect - Acute Care - Claims - Claims Entry	
Claims C	Claim Submission - Step 1 NP1. Clent#: Claim Type Proceed to Step 2 >>	
EV Client Group List Appeals Pending Batch Batch History R and S ANSE 835		
TexMedConnect Ready		
El nove		🧐 Internet

2) Select the appropriate billing provider information.

A list of NPI/API and related data such as taxonomy, physical address, and benefit code selections is displayed based on the user's logon information.

Client#:	
Claim Type: •	•

3) Enter the client number for the claim (optional).

The system populates most of the required fields on the Client tab.

Claim Submission - S	Step 1
NPI: •	×
Client#:	
Claim Type: •	
Proceed to Step 2 >>	

Note: If you do not enter the client number, you must enter all required fields manually on the Client tab.

4) Select the claim type from the drop-down menu.

ТМНР				Home :: TMHP.com :: My Account
Navigation				
TextHedConnect Acute Care Eligibility Clent Group List EV Batch History Claims Entry Individual Template Oraft Pending Batch Batch History CS1 RaS Appeals Anst 835 Long Term Care MESAV	Claim Submission - S NPI: • Client#: Claim Type: •	2017 Claim Form Inpatient - U804 (CMS1450) Outpatient - U804 (CMS1450) Dental - ADA Dental Form Professional - CMS1500 Arnbulance - CMS1500 WTP - CMS1500		
 Group Template MESAV Batch History 				

5) Click Proceed to Step 2.

The Claims Entry screen appears for the selected claim type.

Note: If you entered the client number on the Claims Entry screen, many of these fields are populated by the system but can still be edited.

The selected claim type (**Professional**) appears.

6) Patient Tab

	Home :: TMHP.com :: My Account
T MHP	
	Logged in as: portaluser <u>Log Off</u>
Navigation	Print Options :: 📄
A PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	A
Active Care Patient Patient	
• Eligibility	
 Eligibility 	
Client Group List Patient Identification Numbers SSN Client Numbers	
• EV Batch History	
Claims	
Claims Entry	
Individual Template Name and Address	
Dratic Bath	
Ratch History Street City State ZIP+4	
· CSI	
• R&S	
Appeals	
ANSI 835 Patient General Information Gender. Patient Date of Birls Patient Date of Date of Date	
Long Term Care Conduct - Total Conduc	
• MESAV	
• MESAV	
Group Template	Dravious Next
Tayledonnect Ready	

Complete the information on the screen.

- a) Enter the required fields, which are indicated by a red dot.
- b) Ensure the data entered meet field edit requirements:

Alphanumeric – Account No., First, Last Names, MI, Suffix, Street, City Drop-down calendar – Patient Date of Birth (no future date allowed), Date of Death (no future date allowed) Drop-down selection – Gender, State Numeric only – SSN (9 digits), Client Number (9 digits), ZIP+4 (5+4)

7) Provider Tab

PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSURAN	CE / SUB	MIT CLAIM
Providers							
Billing Pro	ovider						
NPI:	Taxonom	у	Benefit Code				
Last/Organiz	zation Name First N	lame	MI Suffix				
Address		Addres	ss2 (City	State ZIP+4		
ID Type •		N/SSN •	Phone N	0.			
Facility Pr NPI/API	ovider _{Na}	me					
Address	<u> </u>		City	Stat	zip+4		
Service Loca	tion				~		
	·						
Referring	Other Provide	er					
NPI/API		st Name			First Name	MI	Suffix
Poforring	Other Superv	icina Drov	idor				
NPI/API	La:	st Name			First Name	MI	Suffix
	9						
Save Dra	aft Sa	ve Template					Previous Next

- a) Enter provider information into all required fields, which are indicated by a red dot. Many of the fields are populated on this screen from the Billing Provider NPI/Related selected on the Claims Entry screen.
- b) Ensure the data entered meet field edit requirements:

Billing Provider

Note: The billing provider information on this tab pre-populates only the related data from the NPI that was selected from the initial Claims Entry screen. All other required data (for example, tax ID) must be entered manually.

Alphanumeric – First, Last/Organization Names, MI, Suffix, Address, Address 2, City, Taxonomy, Benefit Code

Drop-down selection - State, ID Type

Numeric only – NPI/API (10 digits), EIN/SSN (9 digits), Phone Number (area code + 7), ZIP+4 (5+4) Facility Provider

Alphanumeric – Name, Address, City

Drop-down selection – State, Service Location, ID Type

Numeric only - NPI/API (10 digits), EIN/SSN (9 digits), ZIP+4 (5+4)

Referring/Other Provider Alphanumeric – First, Last Names, MI, Suffix Drop-down selection – ID Type Numeric only – NPI/API (10 digits), EIN/SSN (9 digits) Referring/Other Supervising Provider Alphanumeric – First, Last Names, MI, Suffix Drop-down selection – ID Type Numeric only – NPI/API (10 digits), EIN/SSN (9 digits)

8) Claim Tab

PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSURANCE / SUBMIT CLAIM	
Claim						
General						
Date Of Curre Dates patien From:	ent Condition	AutoAccider Employmen THSteps Re Other Accid ork in currer	nt Authoriz t Related lated ent it occupation	zation No.	Outside Lab?	
Value Code Value Amou	S nt					
Save Dra	aft Sa	ave Template			Previous Next	

- a) Enter claim information into all required fields, which are indicated by a red dot.
- b) Ensure the data entered meet field edit requirements:

Alphanumeric – Authorization No

Checkbox

Auto Accident – If Auto Accident is checked, the Accident State box appears. The state is required in this field

Employment Related

THSteps Indicator – When the THSteps Indicator is checked, Condition Codes fields appear.

Condition codes are required. Only one condition indicator per detail is allowed.

Other Accident

Drop-down calendar

Date of Current Condition (no future date allowed) Dates patient unable to work in current occupation

Drop-down selection

Accident State

Outside Lab

Charges

Drop-down selection for Condition Codes

NU – Indicates the patient had a normal screening, an abnormal screen without treatment, an abnormal screen initiated treatment, or was referred to another health agency or to family planning.

S2 – Indicates that the client's screen was abnormal but the condition is under treatment.

ST – Indicates new services requested, such as when the client was referred to the primary care physician or to a specialist.

9) Diagnosis Tab

51		Home in TMHP.com in My Account
TMHP		Logged in as: portaluser Log Off
Navigation		Print Options :: 🔒
TexMedConnect Acute Care	Claim Submission - Step 2	Please disable pop-up blocker to print. Claim Type Patient Provider Status Claim No. Professional New New New New
Eligibility Eligibility Eligibility Clent croup List EV Batch History	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
Claims Entry	Diagnosis	
 Individual Template Draft Pending Batch Batch History 	Code	
CSI R&S	There is a maximum of 12 Diagnosis code rows available for entry.	
Appeals	Save Draft Save Template	Previous Next

- a) Enter diagnosis information into all required fields, which are indicated by a red dot.
- b) Select the qualifier dropdown in order to enter the correct ICD diagnosis code qualifier. **Note:** *Qualifier selected must be valid for the diagnosis code entered, based on date of services.*
- c) Input the diagnosis code to the highest degree of specificity. A valid diagnosis must be entered if required for claim. More than one diagnosis code can be entered by clicking **Add New Diagnosis**. There is a maximum of 12 Diagnosis code rows available for entry.
- d) Ensure the data entered meet field edit requirements:
 Alphanumeric Diagnosis Code, Description populates when a valid diagnosis code is entered.
 Note: Clicking the magnifying glass displays the diagnosis description.

10) Details Tab

Navigation	(Pr	int Options :: 🔒
TexMedConnect Acute Care Eligibility	Claim Su	bmission	- Step 2						Cl Pro	aim Type fessional	Please disa Patient Prov	ble pop-up blo ider Status New	cker to print. Claim No.
 Eligibility Client Group List Claims Claims Entry 	PATIENT	PROVIDER	CLAIM D	IAGNOSIS	DETAILS	OTHER	R-INSURA	NCE / SU	BMIT CLAIN	1			
 Individual Template Draft 	General Det	ails			- N	lods					1.200		
CSI R&S	+DOS	◆POS ◆Pr	oc II + Proc	Remarks	1 2	3 4	Ane. Min.	. •Diag Ref	◆Qty/Units	•Unit Price	Total Charges	NPI/API	Ac
 Appeals Pending Batch Batch History 	2 3 4												
 ANSI 835 Long Term Care MESAV 	5												
 MESAV Group Template Claims 	< ♣ 1 [Add New Deta	il Row(s)	Copy Row									>
 Claims Entry Individual Template Group Template 	Totals Total Charge	s Oth	er Insurance Pa	id Net Billed	í								
Claim Data Export Data Export Data Export Request Data Export Downloads	Save	Draft	Save Template		20.							Previ	ous Next
CSI Group Template													
 Adjustments Pending Batch 													
Batch History R and S ANSI 925													
<													
TexMedConnect Ready Done												intern	et

- a) Enter claim detailed information into all required fields, which are indicated by a red dot.
- b) Ensure that the data entered meet field edit requirements:
 Alphanumeric Procedure Code, Mod1–Mod4, Remarks
 Drop-down calendar –Date of Service (no future date allowed)
 Drop-down selection Procedure Code ID, POS, Diagnosis Ref
 Numeric only Ane. Min, Other Insurance Paid, Net Billed, Qty/Units, Unit Price, Performing NPI/ API (10 digits), Total Charges are calculated
 Clicking the magnifying glass validates the NPI/API.
 Note: To add additional details, click Add New Detail Row(s). Use Copy Row to populate the information from previous detail.

v2021_0908

11) Other Insurance / Submit Claim Tab

Navigation		Print Options ::
TexMedConnect		
Acute Care		
 Eligibility 	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
 Eligibility 	Other Incurrance 1	
 Client Group List 		
• Claims	Source of Payment	
 Claims Entry 	Source of Payment	
 Individual Template 		
• Draft		
• CSI		
• R&S		
Appeals	Add Anther Insurance Plan	
Pending Batch		
Batch History		
• ANSI 835		
Long Term Care	- Contification Towns and Conditions	
• MESAV	Certification, remis and conditions	
 MESAV 	Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by dicking here.	
 Group Template 		
• Claims	The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true,	correct,
 Claims Entry 	and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that faisfying (concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felon	antries, y, which
 Individual Template 	can result in fines or imprisonment.	100
 Group Template 	De shading "We dene" anno and an anthe the Cattle the share adde the TMUD "Terms and Cattless"	
 Drafts 	by checking we Agree , you agree and consent to the Certification above and to the TMMP Territs and Conditions .	
Claim Data Export	We Agree	
Data Export Request	1700 (SALA) 8 * 808	
Data Export Downloads		
• CSI	Save Draft Save Template Save to Batch Submit	revious Next
CSI		
×		

- 12) Locate the Source of Payment field and select an option from the drop-down menu.
 - a) Enter insurance information into all required fields, which are indicated by a red dot.
 - b) Ensure the data entered meet field edit requirements:

Alphanumeric – Company Name, Address, City, Contact Name, Policy Holder First, Last Names, MI, Group/Policy Number, Group/Employer Name

Checkbox - Verbal Denial, Delay Indicator

Drop-down calendar – Bill Date (no future date allowed), Disposition Date (no future date allowed), Verbal Date (no future date allowed)

Drop-down selection – Source of Payment, Adjustment Reason Code, State, Verbal Denial **Free text** – Comment

Numeric only – PPO Discount, Paid Amt, ZIP+4 (5+4), Phone Number (area code + 7), Policy Holder ID/SSN (9 digits)

- c) Click the **Add Another Insurance Plan** button to create new insurance that is not on file.
- d) **Save to Batch** and **Submit** buttons are enabled when you accept the Certification, Terms, and Conditions by clicking the **We Agree** button.

5.2 Tabs for Other Claim Types

The information required varies by claim type. The following sections provide details for the following claim types:

- Dental Claim tab, Details tab
- Inpatient Provider tab, Claim tab, Diagnosis tab, Details tab
- Outpatient Claim tab, Diagnosis tab, Details tab
- Family Planning Patient tab, Provider tab, Claim tab

• Vision – Claim tab

5.2.1 Dental Claim

To enter a dental claim, follow these steps:

Claim Tab

PATIENT	PROVIDE		DIAGNOSIS	DETAILS	OTHER-INSURANCE / SUBMIT CLAIM
Claim					
General					
Date Of Curr	ent Condition	AutoAccide	nt	Authorization N	No.
	10	Employmen	t Related		
		Ortho Relat	ed		
		Exception T	o Periodicity		
Emergency/1	Trauma Commer	Emergency,	Trauma Related		
Value Code	5				
Value Amou	unt				
Save Dr	aft	Save Template			Previous Next

- 1) Enter dental-specific information into all required fields, which are indicated by a red dot.
- 2) Ensure the data entered meet field edit requirements:

Alphanumeric – Authorization No.

Drop-down calendar - Date of Current Condition (no future date allowed)

Drop-down selection - Accident State

Free text - Emergency/Trauma or Exception to Periodicity Comments

Check box - Auto Accident, Employment Related, Ortho Related, Exception to Periodicity,

Emergency/Trauma Related. If Auto Accident is selected the Accident State field is enabled, which requires a state to be selected.

Diagnosis Tab

ТЛНР		Home :: TMHP.com :: My Account
		Logged in as: portaluser Log Off
Navigation		Print Options :: 🕒
TexMedConnect	Claim Submission - Step 2	Please disable pop-up blocker to print. Claim Type Patient Provider Status Claim No. Dental New New <t< td=""></t<>
Acute Care Eligibility Eligibility Client Group List	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
EV Batch History Claims	Qualifier	
Claims Entry	Diagnosis	
 Individual Template Draft Pending Batch Batch History 	Code Description	
CSI R&S	There is a maximum of 4 Diagnosis code rows available for entry.	
Appeals	Save Draft Save Template	Previous Next

3) Enter dental-specific information into all required fields, which are indicated by a red dot.

4) Ensure that the data entered meet field edit requirements:

Select the qualifier dropdown in order to enter the correct ICD diagnosis code.

Note: A qualifier selection is required if a diagnosis code is entered. Qualifier selected must be valid for the diagnosis code entered, based on date of services.

Alphanumeric – Code, Number of details to add

There is a maximum of 4 diagnosis code rows available for this entry.

Details Tab

ТМНР								Home :: TMHP	kom :: My Account
								Logged in as	: portaluser <u>Log Off</u>
Navigation	(1	Print Options :: 🗎
TexMedConnect	Claim Submission -	Step 2				Claim Type Dental	Please Patient P 1000	e disable pop-up rovider Sta 0000000 Ne	blocker to print. Itus Claim No. IW
Client Group List EV Batch History				-INSURANCE / SI	IBMIT CLAIM				
Claims	TAILENT TROVIDER	CEALIN DIAGNOSIE	JETHIES OTHER	insonance, s	SDHIT CEALIN				
 Claims Entry 	General Details								
 Individual Template 		1	1		1				Performin
 Draft 	• DOS • POS • I	Proc ID Proc Rema	ks Mod1 Tooth ID	Surface ID	Diag Ref •Qty/U	nits •Unit Price	Total Charges	NPI/API	Add
Pending Batch	1 11 Office AL	- Ame			1				
 Batch History 	2 11 Office AE	- Ame			1				
• CSI	3 11 Office AD	- Ame			1				
Ras	4 11 Office AD	- Ame			1				
Appeals	5 11 Office AE	- Ame			1				
E Long Term Care									
MESAV									
MESAV	•		III.						P.
 Group Template MESAV Batch History 	Number of Details to Add	Add New Detail	Row(s) Copy Row						
Claims	Totals								
 Claims Entry 									
 Individual Template Group Template 	\$ 0.00 \$ 0	.00 \$ 0.00	ed						
 Drafts Pending Batch 	Save Draft	Save Template						Pr	revious Next
 Batch History 									
Claim Data Export									
 Data Export Request 									
 Data Export Downloads 									
• CSI									
CSI									
- Group Template									
TexMedConnect Ready	1								
•						Tetere et l'Deste ete	d Mada Oa		- ⊕ 00%
						g internet Protecte	a wode: On	×# .	- 0/ ee

- 5) Enter dental-specific information into all required fields, which are indicated by a red dot.
- 6) Ensure the data entered meet field edit requirements:

Alphanumeric – Procedure Code, Remarks, Mod

Alphabet only – Surface ID

Drop-down calendar - Date of Service (no future date allowed)

Drop-down selection - POS, Procedure Code ID (AD), Tooth ID

Numeric only – Qty/Unit, Unit Price, Perf NPI/API (10 digits), ZIP+4 (5+4), Other Insurance Paid, Net Billed

Total charges are calculated.

Note: To add more details, click on **Add New Detail Row(s)**. Use **Copy Row** to copy the information from previous detail.

5.2.2 Inpatient Claim

To enter an inpatient claim:

Provider Tab

PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER	-INSURANCE / S	UBMIT CL	AIM
Providers								
Billing Pro	ovider							
NPI:	Тахо	nomy	Benefit C	ode				
1011081	• • •							
Last/Organ	nization Name							
Address			Address2	City		State ZIF	P+4	
Stat 100				100000			10011-001	
EIN •		Phone No.						
	Q							
Operating	Provider							
Operating I	Provider NPI/AP	I Last Na	me			First Name	MI	Suffix
	9							
Referring/	Other Provide	r						
NPI/API		Last Name	e		Fi	rst Name	MI	Suffix
	4							
Rendering	Provider							
NPI		Last Name	e		Fi	rst Name	MI	Suffix
	q							
Save D	Draft	Save Tem	blate					Previous Next

- 7) Enter provider information into all of the required fields, which are indicated by a red dot. If the Billing Provider NPI/Related Data is selected on the Claims Entry screen, many of these fields are populated automatically by the system.
- 8) Make sure that the data you enter meets the field edit requirements:

Billing Provider

Alphanumeric—Last/Organization Name, Address, Address 2, City, Taxonomy, Benefit Code Drop-down selection—State

Numeric only—NPI/API (10 digits), Tax ID (9 digits), Phone Number (area code + 7), ZIP+4 (5+4) **Attending Provider**

Alphanumeric—First, Last Names, MI, Suffix will be popuated automatically when the NPI/API is entered and the magnifying glass is clicked.

Drop-down selection—ID Type

Numeric only-NPI/API (10 digits), EIN/SSN (9 digits)

Operating/Referring/Other Provider

Alphanumeric—First, Last Names, MI, Suffix will be populated automatically when the NPI/API is entered and the magnifying glass is clicked.

Drop-down selection—ID Type **Rendering Provider** Alphanumeric—Last Name, First Name, MI, and Suffix Numeric only—NPI

Claim Tab

PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM
Claim
Statement Covers From Date To
General
Patient Discharge Status Authorization No.
Type of Bill •
Occurrence Span Code
Code From Date To Date
Admission Information
Date • Hour • Priority (Type) of Admission or Visit • Point of Origin for Admission or Visit •
Days Covered
Covered Not Covered
Discharge Information
Occurrence Codes
Ucurrence Lode Ucurrence Date
Add New Occurrence Code
Value Codes
Value Code Value Amount
IAGO New Value Code There is a maximum of 22 Value Code rows available for entry
Condition Codes
Condition Code Remove
Add New Condition Code
Save Draft Save Template Previous Net

- 9) Enter the claim information into all of the required fields, which are indicated by a red dot.
- 10) Make sure that the data you enter meets the field edit requirements: Alphanumeric—Authorization No.

Drop-down calendar—Statement Covers From Date & To Date (no future date allowed), Occurrence Span Code From Date & To Date (no future date allowed), Admission Date (no future date allowed), Discharge Date (no future date allowed), Occurrence Date (no future date allowed)

Drop-down selection—Patient Status, Type of Bill, Occurrence Span Code, Admission Hour, Type & Source, Discharge Hour, Occurrence Code, Condition Code Numeric only—Days Covered, Not Covered

11) You can also add occurrence, condition and value codes:

To add an occurrence code, click Add New Occurrence Code.

To add a condition code, click Add New Condition Code.

To add a value code, click **Add New Condition Code**.

To remove an occurrence code, condition or value code, click **Remove**.

Diagnosis Tab

ТМНР					Home	e :: TMHP.com :: My Account
	_		_		L	ogged in as: portaluser Log_Off
Navigation						Print Options :: 😭
TexMedConnect Acute Care	Claim Subm	nission - Step 2			Please dis Claim Type Patient Provi Inpatient	able pop-up blocker to print. ider Status Claim No. New
 Eligibility Eligibility Client Group List 	PATIENT P	PROVIDER CLAIM DIAGN	DSIS DETAILS	OTHER-INSURANCE / SUBMIT CLAIM		
 EV Batch History Claims 	Qualifier •					
Claims Entry	Admitting Diag	nosis				
 Individual Template Draft Pending Batch Batch History 	Code •	Description				
• CSI	Diagnosis					
 R&S Appeals ANSI 835 	Code •	Description		Present on Admission	×	
Long Term Care MESAV	Number of Deta There is a maxi	Mils To Add: Add New Diagno Mum of 25 Diagnosis code row	sis Code Row(s) s available for entry	у.		
 Group Template 	External Cause	of Injury Diagnosis				
MESAV Batch History	Code •	Description		Present on Admission		
Claims	Q					
 Claims Entry Individual Template Group Template 	Number of Deta There is a maxi	ails To Add: <u>Add New Diagno</u> imum of 12 External Cause of I	sis Code Row(s) njury Diagnosis cod	le rows available for entry.		
Drafts	Save Draft	Save Template				Previous Next

- 12) Enter the diagnosis information into all of the required fields, which are indicated by a red dot.
- 13) A qualifer selection is required from the dropdown.
 Note: Qualifier selected must be valid for the diagnosis code entered, based on the date of discharge.
- 14) Select the Present on Admission (POA) value in the POA field for each diagnosis code entered.
- 15) Input the admitting diagnosis to the highest degree of specificity. A valid diagnosis must be entered if it is required for claim.
- 16) To enter more than one diagnosis code, click **Add New Diagnosis**. **Note:** There is a maximum of 25 Diagnosis code rows available for entry.
- 17) Make sure that the data you enter for the Admitting Diagnosis and diagnosis code is all alphanumeric.

Note: To display the diagnosis description, click the magnifying glass.

Details Tab

51						Ho	me :: TMHP.com	:: <u>My Account</u>
TMHP							Logged in as:	Log Off
Navigation	(Print	Options ::
TexMedConnect Acute Care	Claim Submissior	n - Step 2			Claim Type Pa Inpatient	Please disab tient Provid	le pop-up block ler Status New	ker to print. Claim No.
 Eligibility 								
 Eligibility Client Group List 	PATIENT PROVID	DER CLAIM DIAG	NOSIS DETAILS	OTHER-INSURAN	CE / SUBMIT C	LAIM		
 EV Batch History 	General Details							
Claims						Rendering Provide	r	
Claims Entry	Rev Code	• Days • DallyRate	Total Charges	Non-Covered Charges	NPI	Last Name	First Name	
 Individual Template 	1							Delete
Draft Pending Batch	2		2					Delete
 Batch History 	3							Delete
 CSI 	4		-		-			Delete
R&S								
Appeals								
ANSI 835	Number of Details to Ad	d: Add New Detail Row(s) Copy Row					
- Long Term Care	Surgery Details							
	Qualifier							
	Surgical Code	Date of Service						
	1	D	elete					
	Number of Datailate Ad		-16 -31					
	Number of Details to Ad	a: Add New Surgery Del	taii(s)					
	Ancillary Details							
	• Rev Code	+ Units	Unit Price	otal Charges Nor	n-Covered Charges			
	1		20222000000000000000000000000000000000			Delete		
						1000000		
	Number of Details to Ad	d: Add New Ancillary De	tail(s)					
	Totals							
	Total Charges	Non-Covered Charges)ther Insurance Paid	Net Billed				
	\$0.00 \$	0.00 \$	0.00	\$ 0.00				
	Save Draft	Save Template					P	Previous Next

18) Enter the claim detail information into all of the required fields, which are indicated by a red dot.

19) Make sure that the data you enter meets the field edit requirements: Numeric only - Rev Code, Days, Daily Rate, Non-Covered Charges and NPI Note: Total Charges are calculated by TMC and are not editable. Alphanumeric - Surgical Code, Last Name, and First Name Select the qualifier field to enter the correct ICD surgical procedure code. Note: A qualifier selection is required if a procedure code is entered. Qualifier selected must be valid for the procedure code entered, based on date of services. Drop-down calendar—Date of Service (no future date allowed) Drop-down selection—Procedure Information Numeric only—Rev Code, Units, Unit Price, Non-Covered Charges Total Charges are calculated. Numeric only—Other Insurance Paid, Net Billed Total Charges—Is calculated using the information you enter.
20) You can also add more details:

To add more rows, click **Add New Detail Row(s)**.

To copy the information from previous detail use **Copy Row**.

5.2.3 Outpatient Claim

To enter an outpatient claim, follow these steps:

Claim Tab

PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSURANCE / SUBMIT CLAIM
Claim					
General					
Patient Dis	charge Status •				
T					
Туре ог Ві	•				
					~
Admission	Information				
Date •	Hou	r • Pric	ority (Type) of Adr	mission or Visi	t • Point of Origin for Admission or Visit •
	10	~		~	×
- Discharge I	nformation				
Hour					
~					
Occurrence	Codes				
Occurrence	Code				Occurrence Date
				~	
Add New Occurr	rence Code				
- Condition C	odes				
Condition Co	ode <u>Remove</u>				
Add New Condit	ion Code				
Volue Cede					
Value Code	-8				Value Amount
				~	
Add New Value	e Code				

1) Enter claim detailed information into all required fields, which are indicated by a red dot.

2) Ensure the data entered meet field edit requirements:

Alphanumeric – Authorization No.

Drop-down calendar – Admission Date (no future date allowed), Occurrence Date (no future date allowed)

Drop-down selection – Admission Hour, Type of Bill, Discharge Hour, Occurrence Code, Condition Code, Value Code

Diagnosis Tab

53		Home :: TMHP.com :: My Account
		Logged in as: portaluser Log Off
Navigation		Print Options :: 🕒
TexMedConnect	Claim Submission - Step 2	Please disable pop-up blocker to print. Claim Type Patient Provider Status Claim No. Outpatient New New
Acute Care Eligibility Eligibility	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	
EV Batch History Claims	Qualifier +	
 Claims Entry Individual Template Draft Pending Batch Batch History 	Diagnosis Code • Description Q Number of Details To Add: Index Number of Details To Add: Index Number of Details To Add:	
CSI R&S Appeals	There is a maximum of 12 Diagnosis code rows available for entry. Save trait Save Template Save Template Save Template	Previous Next

- 3) Enter diagnosis information into all required fields, which are indicated by a red dot.
- 4) A valid diagnosis must be entered if required for claim. More than one diagnosis code can be entered by clicking **Add New Diagnosis**.
- 5) The qualifier dropdown must be selected for the correct ICD diagnosis code entered. **Note:** *Qualifer selected must be valid for the diagnosis code entered, based on the date of services.*
- 6) Ensure the data entered meet field edit requirements:

Alphanumeric – Diagnosis Code

Note: Clicking the magnifying glass displays the diagnosis description.

Details Tab

P	ATIENT	PROVIDER	CLAIM	DIAGNO	SIS	DE	TAIL	s	OTHER-II	SURANCE ,	SUBMIT C	LAIM			
Gei	neral Details														
						м	ods						-		NDC
	+DOS	• Rev Cod	le Proc I	D Proc	1	2	3	4	• Diag Ref	•Qty/Units	Unit Price	• Total Charges	Non-Covered Charges	NDC	Qty
1															
2															
3															
4															
5															
•									m						•
÷	1	Add New Deta	il Row(s)	Copy I	Row]									
Tot	als														
То \$	tal Charges	s Non-C \$ 0.00	overed Cha	rges Othe \$ 0.0	r Ins 00	uranc	e Paic	1 N \$	et Billed						
	Save (Draft	Save Templ	ate											Previous Next

- 7) Enter claim detailed information into all required fields, which are indicated by a red dot.
- 8) Ensure the data entered meet field edit requirements:

Alphanumeric - Mod1-Mod4, Procedure Code

Drop-down calendar – Date of Service (no future date allowed)

Drop-down selection - Procedure Code ID, Diagnosis Ref

Numeric only – Rev Code, Qty/Units, Unit Price, Other Insurance Paid, Net Billed

Total charges and non-covered charges are calculated.

9) Ensure the data entered meet field edit requirements:

Alphanumeric – Mod1–Mod4, Procedure Code, Last Name, and First Name
Drop-down calendar – Date of Service (no future date allowed)
Drop-down selection – Procedure Code ID, Diagnosis Ref
Numeric only – Rev Code, Qty/Units, Unit Price, Other Insurance Paid, Net Billed and NPI
Note: Total Charges and non-covered charges are calculated by TMC and are not editable.
Note: To add more details, click on Add New Detail Row(s). Use Copy Row to copy the information from previous detail.

5.2.4 Family Planning Claim

To enter a family planning claim, follow these steps:

NOTE: To submit the claim as a Family Planning Program claim using the Professional - CMS1500 claim form, see section on the Professional - CMS1500 claim form after these steps.

Patient Tab

ТМНР		Home :: TMHP.com :: My Account
	/	Logged in as: portaluser Log Off
Navigation		Prnt Options :: 📺
TexMedConnect Acute Care Eligibility Eligibility	Claim Submission - Step 2	Please disable pop-up blc:Ker to print. Claim Type Patient Provider Status Claim No. Iaim Form Title X 1000000000 New Vector Vector <t< td=""></t<>
Client Group List		-
EV Batch History	PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM	I
Claims	Patient	
Individual Template Draft Pending Batch	Patient Identification Numbers Account No. • SSN Client Number DSHS Client Number	
- Datch History		
• 885		
Appeals	Name and Address	
- ANSI 835	Last Name	
Long Term Care		
MESAV	Street • City • State • ZIP+4 • C	ounty Of Residence
MESAV		
 Group Template 		
 MESAV Batch History 	Patient General Information	
Claims	Gender • Patient Date of Birth • Date of Eligibility Status •	
Claims Entry		
Individual Template		
Group Template	Family	
Peoding Batch	Level Of Payment Family Size Family Income	
Batch History	→ \$	
Claim Data Export		
Data Export Request	Save Draft Save Template	Previous Next
Data Export Downloads		Previous Inext
- CSI		
• CSI ·		
TexMedConnect Ready		
Done		🚷 Internet Protected Mode: On 🛛 🖓 👻 🔍 100% 👻 🖉

1) Enter patient information into all required fields, which are indicated by a red dot.

If the client number is entered on the Claims Entry screen, many of these fields are populated by the system.

2) Ensure the data entered meet field edit requirements:

Alphanumeric – Account No., DSHS Client Number, First, Last Names, MI, Suffix, Street, City **Drop-down calendar** – Patient Date of Birth (no future date allowed), Date of Eligibility (no future date allowed)

Drop-down selection – Level of Payment, Gender, Patient Status, County of Residence, State **Numeric only** – SSN (9 digits), Client Number (9 digits), ZIP+4 (5+4), Family Size, Family Income

Provider Tab

ТМНР	Home :: TMHP.com :: My Account
	Logged in as: portaluser <u>Log Off</u>
Navigation	Print Options :: 🗾 📩
TexMedCor Car Car Eligibili Climt Claims Claims Claim: Draft CSI R&S	Billing Provider NPI/API Taxonomy Benefit Code Last/Organization Name First Name MI Suffix Address Address2 City State ZIP+4
E Appeals Pending Batch Hi ANSI 83 Long Ter	NPI/API Name Address City State Zip+4
MESAV MESAV Group R&S	Referring/Other Provider NPI/API Last Name First Name MI Suffix
C TexMedConnect Re	Save Draft Save Template Previous Next

- Enter provider information into all required fields, which are indicated by a red dot.
 If Billing Provider NPI/Related Data is selected on the Claims Entry screen, many of these fields are
 populated by the system.
- 4) Ensure the data entered meet field edit requirements:

Billing Provider

Alphanumeric – First, Last/Organization Names, MI, Suffix, Address, Address 2, City, Taxonomy, Benefit Code

Drop-down selection – State Numeric only – NPI/API (10 digits), EIN (9 digits), Phone No. (area code + 7), ZIP+4 (5+4) Facility Provider Alphanumeric – Name, Address, City Drop-down selection – State Numeric only – NPI/API (10 digits), ZIP+4 (5+4) Referring and Other Provider Alphanumeric – First, Last Names, MI, Suffix Numeric only – NPI/API (10 digits)

Claim Tab

	Logged in as: portaluser Log Off
	Print Options :: 🗾 📩
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAI	M
Claim	
Coneral Demographics	
Marital Status Race Ethnicity	
Married 💌	
General	
Date Of Occurrence Patient Co-Pay Level Of Practitioner Authorization No.	
▼ \$	
Birth Controls	
Primary Before Visit Primary After Visit	
× ×	
Beneral and an I distance	
Reproductive History	
Save Draft Save Template	Previous Next

5) Enter claim information into all required fields, which are indicated by a red dot.

6) Ensure the data entered meet field edit requirements:

Alphanumeric – Authorization No.

Drop-down calendar - Date of Occurrence (no future date allowed)

Drop-down selection – Marital Status, Race, Ethnicity, Level of Practitioner, Primary Before Visit (Birth Control), Primary After Visit (Birth Control)

Numeric only – Patient Co-Pay, Number of Times Pregnant, Number of Live Births, Number of Living Children

5.2.5 Family Planning Claim Using the Professional - CMS1500 Claim Form

To enter a Family Planning Program claim, follow these steps:

1) Select **Claims Entry** in the left navigation panel.



2) Select the appropriate billing provider information. A list of NPI/API and related data such as taxonomy, physical address, and benefit code selections is displayed based on the user's logon information.

ТМНР		Home :: TMHP.com ::	My Account
		Logged in as:	Log Of
Navigation			
TexMedConnect Acute Care Eligibility Eligibility Client Group List EV Batch History Claims Claims Entry Individual Template Draft Pending Batch Batch History CSI R&S Appeals	Claim Submission - Step 1		
- ANSI 835			

3) Select "Professional - CMS1500" from the Claim Type drop-down menu.

ТМНР		Home :: TMHP.com :: My	/ Account
		Logged in as:	Log Off
Navigation			
Claims Claims Claims Entry Claims Entry Claims Entry Claims Entry Pending Batch Batch History CSI R&S	Claim Submission - Step 1		

4) By selecting "Professional – CMS1500" an "FPP Family Planning Claim" check box will display. To submit the claim as a Family Planning Program claim using the Professional - CMS1500 claim form, you must check this box.

51	Home :: TMHP.com :: My Accou
1 MHP	Logged in as: Log
Navigation	
TexMedConnect	Claim Submission - Step 1
Eligibility Eligibility Client Group List EV Batch History Claims	NPI: • V Client#: Claim Type: • Professional - CMS1500 V FPP Family Planning Claim
Claims Entry Individual Template Draft Pending Batch	Proceed to Step 2 >>

5) Click the **Proceed to Step 2 >>** button.

ТМНР	Home :: TMHP.com :: My Account
	Logged in as: Log O
Navigation	
 ▲ TexMedConnect ▲ Acute Care ■ Eligibility ■ Eligibility ■ Claimt Group List ■ EV Batch History ■ Claims Entry ■ Individual Template ■ Draft ■ Pending Batch ■ Batch History ■ CSI ■ R&S ■ Appeals ■ ANSI 835 	Claim Submission - Step 1

6) Enter information into required fields as indicated by a red dot. For example, the County of Residence and Gender are required fields, but the Client Number and Date of Eligibility fields are

optional.

Claim Sub	mission -	Stop 2					Ple	ase disable i	pop-up bloc	ker to print.
	mission -	Step 2			Claim Type		Patient	Provider	Status	Claim No.
					Professional FPP -	FP			New	
PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSUR	ANCE /	SUBMIT CL	AIM		
Patient										
⊢Patient Id	entification N	umbers—								
Account No.	•		SSN		Client Number					
					Q					
⊳Name and	Address —									
Last Name •			First Name 🔸		MI Suffix					
Street •			City	•	Sta	ite 🔸	ZIP	+4 •	County Of Re	esidence 🔸
						,	-			•
							•			
_Patient Ge	eneral Informa	ntion ——								
Gender 🔸	Patient Date	of Birth 🔸	Patient Date	of Death	Date of Eligibility					
Female 🔻			10				10			

- 7) The Provider tab is used to enter provider information for the claim. Enter the provider's information into all of the required fields, as indicated by a red dot.
 - a) Billing provider fields will be auto populated with the information associated with the NPI /API that was entered on the Claim Submission Step 1 screen.
 - b) Information about additional providers (facility, referring, supervising) may also be entered.

Liaim Submission - Step 2	Claim Type Professional EDP - ED	Patient	Provider Status Clair
	FIGIESSIUNAL FPP - FP		New
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM]		
Providers			
- Billing Provider-			
NPI: Taxonomy Benefit Code			
Last/Organization Name First Name MI Suffix			
Address Address2 City State ZIP+4			
ID Type EIN/SSN Phone No.			
- Facility Provider-			
NPI/API Name			
Address City State Zip+4			
Service Location			
Pofewing (Other Desuiday			
NPI/API Last Name First Name MI Suf	fix		
Referring/Other Supervising Provider			
NPI/API Last Name First Name MI Suf	fix		
Save Draft Save Template			Previous
			(

8) The Claim tab is used to provide additional information that may be required on a claim. Each claim type has different requirements. If there is required information, it will be indicated by a red dot.

Claim Sul	mission -	Step 2				Plea	ase disable p	op-up bloc	ker to print.
	5111551011	Step 2		Claim Ty	Claim Type Patient			Status	Claim No.
				Professional FF	P - FP			New	
PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER	-INSURANC	E / SUBMI	T CLAIM	
Claim									
_ General —									
AutoA Emplo THSte	ccident pyment Related ps Related Accident	Authorizatic	on No.		Dutside Lab Charges	?			
Value Code	es unt								
Save D	raft S	ave Template						Pre	vious Next

- 9) The Diagnosis tab is used to describe the client's condition using diagnosis codes.
 - a) Select the qualifier dropdown to enter the correct ICD diagnosis code.
 - b) Enter the diagnosis code that has the highest degree of specificity.
 - c) Enter the diagnosis information into all required fields, as indicated by a red dot.
 - d) To enter more than one diagnosis code, click Add New Diagnosis.
 - e) To display the description for the entered diagnosis code, click the magnifying glass icon.

Claim Sul	mission -	Sten 2			Ple	ase disable po	p-up bloc	ker to print
cium ou	0111001011	Step 2	Cla	nim Type	Patient	Provider	Status	Claim No.
			Professi	onal FPP - FP			New	
				1				
PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INS	URANCE / S		CLAIM
Qualifier ● ICD-10 ▼								
Diagnosis								
Code •	Description							
N64.53	Q							
Number of D	etails To Add:	Add Nev	v Diagnosis Code Row	(s)				
there is a ma	aximum of 12 D	agnosis co	de rows available	e for entry.				
			energia di sua menyatan dan 1949 (k. 1960) (k. 1960)	norma narran - an allo di tra Bjo kj			1.00	2002 A
Save D	raft S	ave Template	2				Pre	vious Next

- 10) The Details tab is used to enter the services that have been rendered to the client.
 - a) Begin by entering data into all of the required fields, as indicated by a red dot.
 - b) To add additional details, click Add New Detail Row(s).
 - c) Claims can have up to 28 detail rows. Click **Copy Row** to copy the information from a previous detail.

d) Rows can also be deleted by clicking **Delete** at the end of each row.

									pl	and the fill of the	a sa blada	
Claim Submission - Step 2							Claim	Type	Patient	Provider	Status	claim No.
							Professiona	FPP - FP	Pauein	Provider	New	claim no.
PATIENT PROVIDER CEAIM DIAGNO	JSIS DETAILS OTHER	NSURANCE / SUBMIT C										
General Details												
Mods					Pe	erforming Provide	-			NDC	_	-
*Proc ID *Proc Remarks 1 2 3 4	Ane. Min. OB.Ane.Un s * Diag Re	Qty/Units Unit Price	Total Charges	NPI/API	Address	ZIP+4	Taxonomy	Ben Code	NDC	Qty	UOM	
												Delete
4												+
Number of Details to Add Add New Detail Row	(s Copy Row											
Totals												
Total Charges Other Insurance Paid Net	Billed											
\$ 0.00 \$ 0.00 \$ 0.0	0											
Save Draft Save Template											Previo	ous Next

- 11) If there is current, other insurance information that is on file with Texas Medicaid and Healthcare Partnership (TMHP) it will be displayed under the Other-Insurance / Submit Claim tab. If you do not see the other insurance information but there is other insurance information, it should be added.
 - a) To enter other insurance information, select the applicable Source of Payment drop-down menu.

	im Cu	hmission -	Sto	n 2							Ple	ase disable p	op-up bloc	ker to print.
cidini Submission Step 2								im Type		Patient		Provider	Status	Claim No.
							Professio	nal FPP - FP					New	
Р	ATIENT	PROVIDER	CL/	AIM	DIAGNOSIS	DETAILS	OTHER-IN	ISURANCI	e / S i	UBMIT	CLA	ГМ		
Oth	er Insur	ance 1												
-50	ource of	Payment —		-										
	Source of P	'ayment												
	CI - Comm	iercial Ins Co	•											
Ad	XX NONE 11 Other N 12 Preferre 13 Point Of 14 Exclusiv 15 Indemn 16 - (HMO) AM - Autor BL - Blue (lon-Federal Program ad Provider Org (PP f Service (POS) ve Provider Org (EP ity Insurance) Medicare Risk mobile Medical Cross/Blue Shield	ns 'O) 'O)											l
	CH - Cham CI - Comm DS - Disab HM - HMO	ipus iercial Ins Co illity	2		Ce	rtification, T	erms And Co	onditions-						
	LM - Liabili MB - Medic	ty Medical care Part B	f	cation	and the <u>terms and</u>	conditions. The te	erms and condition	ons can be re	viewed	by clickin	g <u>here</u>			
	MC - Medic OF - Other VA - Veter WC - Work	aid Federal program an Admin Plan er's Compensation	te r f v il	r certif The P mate in fine	y that the informati Provider and Claim Irial fact, or pertinents or imprisonment.	ion supplied on th Submitter underst nt omission may (he claim form an stand that payme constitute fraud a	d any attachm nt of this clair and may be p	nents or m will b rosecut	r accompa e from Fe ted under	anying deral a applic	information con and State funds, able federal and	stitute true, and that l/or state la	w.

12) Additional fields will display so that you can enter the Source of Payment information. Enter data into all of the required fields as indicated by a red dot.

Claim Submission - Step 2					Please disable p	op-up bloo	cker to print
			Claim Type	Patient	Provider	Status	Claim No.
		PTC	oressional PPP - PP			New	
				_			
PATIENT PROVIDER CLAIM D	DIAGNOSIS DETAILS	OTHER-INSURANCE	/ SUBMIT CLAIN	1			
Other Insurance 1							
Source of Payment							
Source of Payment		Other In	surance on File at TMH	Р			
▼		Ŧ					
_ Contact			Delay				
Verbal Denial Phone Number •			Indicator				
Yes			Yes				
Disposition							
Adjustment Reason Code							
			•				
Conter Insurance Company							
Company Name Address	City •	State • ZIP-	+4 •				
r Insurance Policy Holder							
ID/SSN • Last name •		First Name •	MI				
- Insurance Delicy Information-							
Group/Policy Number Group/Employer Na	ame						
	7						
Add Another Insurance Plan							

13) If there are additional insurance plans, click the **Add Another Insurance Plan** button to create new insurance that is not on file.

[Oth	er Insurance Co	mpany <u> </u>								
Con	npany Name 🔸	Address •	City •	State •	ZIP+4 •					
				T						
Ins	urance Policy Ho	older —								
ID/	SSN •	Last name •		First Name 🔸	MI					
Ins	urance Policy In	formation				_				
Gro	up/Policy Number 🔸	Group/Employer Name								
1										
Add Ar	other Insurance Plan									
			Certificatio	on, Terms And Co	onditions					
	Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.									
	The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.									
	By checking "We Agr	ee", you agree and consent	to the Certification above and	d to the TMHP "Terms a	and Conditions".					
				✓ We Agree						

14) When the claim is not ready to be submitted, the claim can be saved as a draft, to be completed and submitted later. A claim can also be saved as a template for use with submitting future claims.

Cother Ⅰ	insurance C	ompany ———			
Company	/ Name 🔸	Address •	City •	State •	ZIP+4 •
			Austin	TX T	
_ Insura	nce Policy H	lolder			
ID/SSN	•	Last name •		First Name •	MI
		Doe		John	
∟ ∟	nce Policy I	nformation —			
Group/Po	olicy Number •	Group/Employer Na	ime		
]		
Add Anothe	r Insurance Pla	n			
			Certifica	ation, Terms And Co	onditions
Blog	on Doviour the	following contification on	d the terms and conditions. The	terms and conditions can	to reviewed by elicities have
Fied	ise keview tile	ronowing certification an	u the terms and conditions. The	e terms and conditions can	be reviewed by clicking <u>nere</u> .
The	Providers and plete informati	Claim Submitter certify on. The Provider and Cla	that the information supplied on im Submitter understand that p	the claim form and any a bayment of this claim will b	ttachments or accompanying information constitute true, correct, and e from Federal and State funds, and that falsifying entries, concealment of
a m imp	aterial fact, or j risonment.	pertinent omission may	constitute fraud and may be pro	osecuted under applicable	federal and/or state law. Fraud is a felony, which can result in fines or
Ву	checking "We A	gree", you agree and co	nsent to the Certification above	and to the TMHP "Terms a	and Conditions".
				We Agree	
Sav	e Draft	Save Template	Save to Batch	Submit	Previous Next

15) When the claim is ready to be submitted, read the terms and conditions. If you agree, click the **We Agree** box in the Certification, Terms And Conditions section.

Insurance Policy Information Group/Policy Number Group/Employer Name
Add Another Insurance Plan
Certification, Terms And Conditions Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here. The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment. By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".
Save Draft Save Template Save to Batch Submit Previous Nex

16) **Save to Batch** and **Submit** buttons are enabled when you accept the Certification, Terms, and Conditions by clicking the **We Agree** box. For more information see the Saving To a Batch section of

this manual.

Company Name • Address • City • State • ZIP+4 • Insurance Policy Holder • • • ID/SSN • Last name • First Name • MI Insurance Policy Information Group/Policy Number • Group/Policy Number • Group/Policy Number • Group/Employer Name Image: State • Certification, Terms And Conditions Radd Another Insurance Plan Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.
Insurance Policy Holder ID/SSN • Last name • ID/SSN • Last name • Insurance Policy Information Group/Policy Number • Group/Employer Name Image: Strate Stra
Insurance Policy Holder ID/SSN • Last name • ID/SSN • Last name • Insurance Policy Information Group/Policy Number • Group/Employer Name Image: Strain
ID/SSN • Last name • First Name • MI Insurance Policy Information Group/Policy Number • Group/Employer Name Add Another Insurance Plan Certification, Terms And Conditions Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.
Insurance Policy Information Group/Policy Number • Group/Employer Name Add Another Insurance Plan Certification, Terms And Conditions Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.
Insurance Policy Information Group/Policy Number Group/Employer Name Add Another Insurance Plan Certification, Terms And Conditions Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.
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Please Review the following certification and the terms and conditions. The terms and conditions can be reviewed by clicking here.
The Brouiders and Claim Submitter contifu that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and
In er provier's and Claim Submitter Certary that the information supplied on the claim form and any ductiments or accompanying information consultie due, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State Funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.
By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".
I We Agree
Save Draft Save Template Save to Batch Submit Previous Ne

17) When the **Submit** button is clicked, the claim information will be automatically verified by TexMedConnect. If there is any missing or invalid information, an error message will display and indicate the type and location of the error.

Claim Submission - Step 2		Please	e disable pop-up blo	cker to prin
claim Submission = Step 2	Claim Type	Patient	Provider Status	Claim No.
	Professional FPP - FP		New	
 Please fix these errors. The page will not submit until these are corrected. Account Number is required County is required There are errors in PROVIDER tab There are errors in DIAGNOSIS tab There are errors in DETAILS tab There are errors in INSURANCE tab 				
PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS	OTHER-INSURANCI	E / SUBMIT CLAIM	1	
Patient				
Account No.	ber			
Name and Address Last Name MI Su	uffix			
Street	State • TX •	ZIP+4 •	County Of Residenc	e• ▼ <u>A</u>

18) Click the tab(s) where the error is located. The field(s) with the error(s) will be highlighted. Correct all the errors. Be sure to check each tab for errors.

Claim Submission - Sten 2				Pleas	e disable pop-up blo	cker to prin
Cidim Submission - Step 2			Claim Type	Patient	Provider Status	Claim No.
			Professional FPP - FP		New	
Please fix these errors. The page will Account Number is required County is required There are errors in PROVIDER tab There are errors in DIAGNOSIS ta There are errors in DETAILS tab There are errors in INSURANCE ta	not submit until the b	ese are corrected				
PATIENT PROVIDER CLAIM	DIAGNOSIS	DETAILS	OTHER-INSURANCE	/ SUBMIT CLAIN	4	
Patient						
- Dationt Identification Numbers						
Account No. •	SSN	Client	Number			
			٩			
Name and Address						
Last Name •	First Name •	MI	Suffix			
Ctract	City •		State •	7IP+4 •	County Of Residence	

19) Once all errors have been corrected, return to the Other Insurance / Submit Claim tab, read the Terms and Conditions, and click the **We Agree** box. The claim can now be submitted. Click the **Submit** button.

Cother In	surance C	ompany			
Company	Name 🔸	Address •	City •	State •	ZIP+4 •
				T	
_[Insuran	ce Policy H	lolder —			
ID/SSN •		Last name •		First Name •	MI
_ Insuran	ce Policy I	nformation ———			
Group/Poli	cy Number •	Group/Employer Nam	e		
:					
Add Another	Insurance Plai	n			
			Certifica	ntion, Terms And Co	conditions
Pleas	e Review the	following certification and t	he <u>terms and conditions</u> . The	terms and conditions can	n be reviewed by clicking <u>here</u> .
The	roviders and	Claim Submitter certify tha	t the information supplied on	the claim form and any at	attachments or accompanying information constitute true, correct, and
comp a mai impri	lete information terial fact, or p sonment.	on. The Provider and Claim pertinent omission may co	submitter understand that p nstitute fraud and may be pro	ayment of this claim will b secuted under applicable	be from Federal and State funds, and that faisifying entries, concealment of federal and State funds, and that faisifying entries, concealment of federal and/or state law. Fraud is a felony, which can result in fines or
By ch	ecking "We A	gree", you agree and cons	ent to the Certification above	and to the TMHP "Terms a	and Conditions".
				✓ We Agree	
Save	Draft	Save Template	Save to Batch	Submit	Previous Ne

20) Once the claim has been successfully submitted, a message indicating the claim was submitted successfully will display and assign the Internal Control Number (ICN) for the claim. The ICN is a clickable link that will open the Claim Status Inquiry (CSI) screen and display the status of the

laim.								
Claim S	ubmissic	n - St	:ep 2	Claim Profess	Type Patient sional	Provider	Status Accepted	Claim No. 12345678901234567890123
	Claim	was subn	nitted success Submitter	fully. The I I at 12/22/ <u>En</u> f	ICN for the claim 12:27:05 P ter Another Claim	i is <u>123456789</u> M by provider.	0123456789) <u>01234</u> .
PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSURA	NCE / SUBMIT	CLAIM	
Add A	Payment	Plan						
Ce	rtification, Te	rms And	Conditions					
Pleas The I const State appli	e Review the foll Providers and Cla itute true, correct funds, and that cable federal and	owing certifie im Submitte t. and compl falsifying en d/or state lan	cation and the <u>terr</u> er certify that the i lete information. T stries, concealmen w. Fraud is a felon	ms and condition nformation sup The Provider an it of a material ity, which can re	ons. The terms and c oplied on the claim fo nd Claim Submitter ur I fact, or pertinent om sult in fines or impris	onditions can be re rm and any attachn iderstand that payr ission may constitu onment.	viewed by clickin nents or accomp nent of this clain te fraud and ma	g <u>here</u> . anying information m will be from Federal and ny be prosecuted under
By ch	ecking "We Agre	e", you agre	e and consent to	the Certification	in above and to the T	MHP "Terms and Co	onditions".	

5.2.6 Vision Claim

To enter a vision claim, follow these steps:

C**laim Tab**

PATIENT	PROVIDER	CLAIM	DIAGNOSIS	DETAILS	OTHER-INSU	RANCE / SUBMIT CLAIM
Claim						
General						
Prescription I	Date	AutoAccider Employmen Other Accid	nt Authori It Related ent	zation No.		Outside Lab?
Replacement	Indicator		ataract Surgery Dat	e		•
Dates patie From:	nt unable to w To s	ork in currer	nt occupation			
	int int					
Right Eye Sph	ere Rig	ht Eye Cyl	Right Ey	e Near	Right Eye Inter	
Left Eye Spher	re Lef	t Eye Cyl	Left Eye	Near	Left Eye Inter	
Old Eye Pre	ere Rig	ht Eye Cyl	Right Ey	e Near	Right Eye Inter	
Left Eye Spher	re Lef	t Eye Cyl	Left Eye	Near	Left Eye Inter	
Save Dra	aft S	ave Template				Previous Next

- 1) Enter vision-specific information into all required fields, which are indicated by a red dot.
- 2) Ensure the data entered meet field edit requirements:
 Alphanumeric Authorization Number, Charges, New Rx for Right & Left Eye (Sphere, Cylinder, Near, Intermediate), Old Rx for Right & Left Eye (Sphere, Cylinder, Near, Intermediate)
 Checkbox Auto Accident, Employment Related, and Other Accident
 Drop-down calendar Prescription Date (no future date allowed). Cataract Surgery Date (no future)

Drop-down calendar – Prescription Date (no future date allowed), Cataract Surgery Date (no future date allowed)

Drop-down selection – Outside Lab?, Replacement Indicator, Accident State

5.3 Saving a Claim

Claims cannot be submitted until all required information has been entered correctly. The following message screen appears if the information has been entered incorrectly. Error fields are indicated with red exclamation marks.



Once all required fields have been completed, four choices are available for processing:



- Save Draft Adds claim to the draft list for completion at a later time.
- Save Template Adds claim to the template list for quicker claims creation in the future.
- Save to Batch Adds claim to the pending claims list for batch submission.
- **Submit** Submits one claim at a time.

Note: After a claim is submitted, an ICN number is generated.

5.3.1 Saving As a Draft

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

1) Click Save as Draft.



- 2) Enter a draft name.
- 3) Click Save.

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

5.3.2 Viewing Draft Claims

When a draft is submitted, it is removed from the draft list. Drafts also are removed if they are not submitted within 45 days. A maximum of 50 drafts can be created for each NPI number. Drafts are displayed by NPI.

To view a list of all your draft claims, follow these steps:

1) Click Drafts in the left navigation panel.

A screen appears with a list of the NPIs to which you have access.

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Navigation		10					
TexMedConnect	Clai	ms Draft					
Eligibility Eligibility Client Group List	Selec	t NPI/API an	d related data				
Claims		NPI	Taxonomy	Address	Zip	Benefit Code	~
Claims Entry	۲	A DESCRIPTION OF	and the second second	INCO INCOME LANSING OF \$200	77459-5555		
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E Draft	0	100.0010.009	14141230001	NUM TRUE NO	77095		
E CSI	0	101.041.0864	24.2 (24.2 10.2 10.2	LASS ADDRESS TO	77488		
E R&S	0	212.0445.02.5	1011-100-0-0011-1	NUA 48 308 3/2 87	78705	CCP	
E Assasta	0	PRO DESIGNATION	12 Percentation	Total and up and	79072		
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	0	And international Property lies	on the summer	table is declarged only one	75218		-
TexMedConnect Ready	Co	ntinue >>				1 1/2	

2) Select the NPI whose drafts you want to view.

3) Click **Continue**. The Claims- Draft List screen appears.

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Navigation	(
<u> TexMedConnect</u>	Claims - Draft List					
Eligibility	NPI/API	man, and according acts of	1010 140, 1100			
🖽 Client Group List 🔁 Claims	Draft Name	Claim For	m UserID	Create Date	Date Last Upda	
Claims Entry Claim	patsa	Profession	3	08/01/2007	08/01/2007	Delete
TexMedConnect Ready						

- 4) Click on a column to sort the list by the data in that column.
- 5) Click on a claim to view the details of the claim.

5.3.2 Saving As a Template

You can save an individual claim as a template. Templates are displayed by NPI. Templates do not disappear when used, but they are removed after 90 days of not being used. A maximum of 1000 individual claim templates can be created for each NPI number. You can view a list of templates by selecting **Individual Template** in the Claims section of the left navigation panel.

To save a claim as a template, follow these steps:

1) Click the **Save as Template** button



- 2) Enter a template name
- 3) Click Save

The claim is added to the Template List screen to be used later for quicker claims creation.

51					Home :: TMHP.com	n :: My Account
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Navigation	(
Acute Care Care Eligibility Care Eligibility	Claims - Individual Te	emplate List	L-10 #100, 7107	,		
	Template Name	Claim Form	UserID	Created Date	Last Updated	
Claims Entry	maini.	Family Planning	(Strate)	08/01/2007	08/01/2007	Delete
E Individual Template	To the association descent day	Family Planning	(Incase)	08/01/2007	08/01/2007	Delete
Draft CSI R and S Appeals Pending Batch Batch History ANSI 835 Long Term Care MESAV Group Template R and S						
V TexMedConnect Ready					1 11 11002	
🕙 Done					🌒 🚺 🔮 Interne	t

5.3.3 Saving To a Batch

You can select to save the claim to a batch by using the Save to Pending Batch function, which creates a pending batch list that is maintained until you submit the batch. One batch can contain up to 250 claims. Claims that are from Draft, Templates, or claims that are currently being created can be saved to a pending batch. Clicking **Save to Pending Batch** returns you to the claims entry screen where you can continue claims entry. Pending batches that are not submitted after 45 days are purged from the system. You can view or edit claims in a pending batch before submission.

To save a claim as part of a batch, follow these steps:

1) Click Save to Pending Batch

Save Draft	Save Template	Save to Batch	Print Preview	Previous Next
Submit				

2) Click Save

The claim is added to the pending batch list for batch submission.

5.3.4 Submitting a Batch

The pending batch list includes those claims that are ready to be submitted. Clicking on a column sorts the list by the data in that column. The Submit Batch button appears at the end of the list.

Note: When you Submit Batch, all claims tied to the NPI contained within that batch are submitted, even those created by other users.

To submit a batch, follow these steps:

 Select Pending Batch from the left navigation bar The Pending Batch screen appears.



- 2) If there are more claims than can fit on one screen, click **Continue** at the bottom of the screen. To look at the listing on a previous page, use the internet browser back-arrow button.
- 3) Click **Submit Batch** on the last screen

The system displays a confirmation screen when the batch is submitted.

5.4 Fee-for-Service Claims Appeals

Claims with a finalized status, such as Denied or Paid, can be appealed directly from TexMedConnect using the TMHP ICN. You can appeal all finalized claims.

To appeal a claim, follow these steps:

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

11	Home :: TMHP.com :: My Account
ТМНР	Longelin assertativeeril co.C
Navigation	
Navigation TexMedConnect Acute Care Bigibility Glighility Client Group Liat Claims Entry Claims Claims Entry Claims Clai	Appeals Lookup Fee For Service Claim by Claim Number Claim Number: Claim Number: Format: 24 digts with no spaces Fee For Service Claim Search Provider NPI(API: 100000000 From DOS: Format: mm(dd(repy) Through DOS: Format: mm(dd(repy) Format: mm(dd(rep)) Format: m
 Claims Entry Individual Template Group Template Drafts 	Transaction Number • Transaction Number Type: • Select Lookup
Pending Batch Batch History Claim Data Export Data Export Request Data Export Downloads CSI Group Template Adjustments	Claim Status Inquiry Instructions Help TMHP.com Claims Appeal Instructions: Effective April 2006, TMHP implemented appeals submission functionality on TMHP.com. A help guide has been developed by TMHP to assist providers. Providers can access the online guide by selecting TMHP.com Appeals Instructions.
TexMedConnect Ready	
	🕥 Internet Protected Mode: On 🛛 🖓 👻 🤻 99% 🔻

2) Enter the claim number you want to appeal

3) If you do not know the claim number, enter information about the claim and click **Search**. CSI Search Details appears if a match is found.

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Navigation	(Print Option	s = 🔒
☆TexMedConnect Acute Care Eligibility	CSI Search Det	ails				Ap	peal Cla	aim)				^
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🗉 Client Group List	Claim #	-		-				Medica	id/CSHCN II)	No. 1, 1991 11 (1991)	
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Draft	Status	De	nied					Patient	Account #		CONTRACTOR OF CO	
E CSI	Status Date	7/:	25/2007	, ,				Medica	l Record #			
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🗐 Group Template	Check Number		_		-							
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	Claim Details											
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TexMedConnect Ready		hi n		-		-		da.	hi	al.		
E Done											🌍 Internet	

- 4) Click **Appeal Claim** to continue the appeal process
- 5) Most fields populate with the claim information. You can modify the claim information for the appeals.

5.4.1 Other Pathways for Fee-for-Service Claims Appeals

Instead of using the Appeals function, you can appeal claims by locating the claim on a CSI Search page or from an R&S Report.

5.4.2 Other Pathways for MCO Claims Appeals

Providers may only appeal MCO claims that were submitted to TMHP and forwarded to the MCO, with a claim acknowledgement response from the MCO indicating that the claim was "accepted" by the MCO system for processing. Submitting the appeal creates an adjustment claim that is forwarded to the MCO. **NOTE:** Your MCO may refer to Appeals as "Corrections," "Adjustments," or "Updates.

For MCO claims, use the "Lookup Managed Care Claim by Transaction Number" section of CSI and enter either a TMHP-assigned EDI Transaction Number (ETN) or the MCO-assigned ICN.

ТМНР		
Navigation		
TexMedConnect	Lookup Fee For Service Claim by Claim Number	_
Acute Care	Claim Number: Format: 24 digits with no spaces	
 Eligibility 		
 Eligibility 	Lookup	
 Client Group List 		
EV Batch History	Fee For Service Claim Search	_
Claims	Dravidor NDI/ADI:	
Claims Entry Individual Templata	FIGURE NELAEL	
 Draft 	From DOS: • Format: mm/dd/ccyy	
Pending Batch	Through DOS:	
Batch History	Medicaid/CSHCN ID: Format: 123456789	
R&S	Billed Amount between:	
Appeals		
ANSI 835	Search	
Long Term Care		
	Lookup Managed Care Claim by Transaction Number	_
	· · · · · · · · · · · · · · · · · · ·	
	Transaction Number: •	
	Transaction Number Type: • Select	
	LOCKUP	

5.4.3 Other Pathways for Long Term Services and Supports (LTSS) MCO Claims Appeals

LTSS MCO providers should reference the *TexMedConnect User Guide for MCO LTSS Providers* for additional details about claim appeals and adjustments.

NOTE: Your MCO may refer to Appeals as "Corrections," "Adjustments," or "Updates.

6.0 Verifying Client Eligibility

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

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

Navigation	
TexMedConnect	Eligibility Verification
 Acute Care Eligibility 	Please enter the required information and click "Submit" to view the eligibility of the client.
 Eligibility Client Group List EV Batch History 	Provider NPI/API: Select a Provider NPI/API
 Claims 	Fligibility From Date: • Format: mm/dd/yyyy
Claims Entry Individual Template	Eligibility Through Date: • Format: mm/dd/yyyy
 Draft Pending Batch Batch History CSI R&S Appeals 	Please enter one of the following Medicaid/CSHCN ID and Date of Birth or Medicaid/CSHCN ID and Last Name or Medicaid/CSHCN ID and Security Number or Social Security Number and Last Name or Date of Birth or Date of Birth and Last Name and First Name Medicaid/CSHCN ID:
ANSI 835	Social Security Number: Format: 123-45-6789 or 123456789
 Long Term Care 	Date of Birth: Format: mm/dd/yyyy
MESAV	Last Name:
MESAV Group Template MESAV Batch History Claims Claims Entry Individual Template Group Template Drafts	First Name:

- 2) Enter the following required fields:
 - Provider NPI/API and related data
 - Eligibility Dates



3) If necessary, narrow your search by entering additional information in any of the following combinations:

- Medicaid/CSHCN ID and DOB
- Medicaid/CSHCN ID and Last Name
- Medicaid/CSHCN ID and SSN
- SSN & Last Name
- SSN & DOB
- Last Name, First Name & DOB

Patient Information		
Medicaid/CSHCN ID:		Format: 123456789
Social Security Number:		Format: 123-45-6789 or 123456789
Date of Birth:	1	Format: mm/dd/ccyy
Last Name:		
First Name:		

Note: If you perform more than one interactive eligibility check, the Provider NPI/API on the Eligibility Search page defaults to the most recently used Provider NPI/API.

The Eligibility Verification (EV) results screen allows you to access the EV results as a PDF. To perform this action, click on the PDF icon at the top of the EV results page.

Home :: TMHP.com :: <u>My Acc</u>	ount
Logged in as: portal.test Lo	a Off
Print Options ::	*

Note: Printed EV results are considered valid proofs of eligibility.

6.1 Client Group List

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

To verify eligibility through the Client Group list, follow these steps:

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

2) Select NPI/API and related data by checking the radio button.

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TMHP					Log	ged in as: portalus	ser <u>Loq</u> (
Navigation							
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	0	1104612739	125-m000000	1201 wartes so or on one to	76048-1474		_
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	0	1346293156	2518000004	TOLL SOUTHWEST PRESMAN	77074		
	0	1001006542	2518-000004	550 S 527W 47	76701		~

3) Click **Continue**.

The Client Group List appears.

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Navigation					
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📰 Claims Entry	Name of the group	Liser ID	Created Date	Last Undated Date	
E Individual Template	Rune of the group	portakusar	06/15/2007	07/26/2007	Delete
EDorat	Both a La Composited Text	portalizar	06/19/2007	06/19/2007	Delete
	Time Test Street	anntaluser	06/21/2007	06/21/2007	Delete
	Name Total Group La 201 Million To 1964 South	portabular	06/21/2007	06/26/2007	Delete
Pending Batch	stuffer, group	portaluser	06/28/2007	06/28/2007	Delete
Batch History	term South General	portalisar	06/28/2007	06/28/2007	Delete
E ANSI 835	2001 (Chevel Streep)	aurhalusar	06/28/2007	07/19/2007	Delete
🔁 Long Term Care	standing.	portalisar	07/10/2007	07/10/2007	Delete
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I MESAV	dista	portalisar	07/12/2007	07/12/2007	Delete
📰 Group Template	22	aurhaluser	07/13/2007	07/13/2007	Delete
📰 R and S		portalisari	07/13/2007	07/13/2007	Delete
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4) Click on the name of a client group. The client list for the client group appears.

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- 5) Enter a date range in the From Date of Service and To Date of Service fields.
- 6) Click on **EV** on a client row to verify eligibility for that client. The Client Eligibility screen appears.

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7) Repeat step 5 for each client whose eligibility you want to verify.

7.0 Claims Status Inquiry (CSI)

The Claim Status Inquiry (CSI) function allows you to determine the status of processed claims. There are three years of claims history available. Claims meeting the search criteria are displayed on the CSI Results Screen. The system returns a maximum of 250 results.

You can determine claim status for all claims.

You have two options for conducting a CSI search:

- By claim number.
- By a valid NPI/API and related data, including from date of service (FDOS) and through date of service (TDOS).

When searching by NPI/FDOS/TDOS, the following conditions apply:

- The dates cannot define a length of time greater than 30 days.
- The FDOS cannot go back in time more than 36 months from the current date.
- If the FDOS is entered but the TDOS is not provided, the default value of 7 days (from the FDOS date) auto-populates in the TDOS field.

To perform a claim status inquiry, follow these steps:

1) From the navigation panel, select CSI.

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TexMedConnect Acute Care	CSI Search	
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 MESAV Group Template MESAV Batch History Claims Claims Entry Individual Template Group Template Drafts 	Search Lookup Managed Care Claim by Transaction Number Transaction Number: Transaction Number Type: Select Lookup	
Pending Batch Batch History Claim Data Export Data Export Request Data Export Devenloads CSI CSI Group Template	Claim Status Inquiry Instructions Providers have two options for conducting a Claim Status Inquiry (CSI) search: 1. By claim number 2. By a valid Provider Identifier (PI), including from date of service (FDOS) and through date of service (TDOS)	
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The search criteria screen opens.

2) Enter the search information, either the claim number or NPI/FDOS/TDOS and other search criteria.



The Search Results screen appears. A maximum of 50 claims can be displayed in the Search Results screen.

Note: If search does not locate the desired claim, you can narrow the search criteria to produce a more specific match. Some tips for narrowing a search include using closer span dates, adding the client number, and adding and/or narrowing the total billed amount for the claim.

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3) To display the claims status details, click on the claim number on the CSI Claims Results screen.

4) Click **Next** to display the next 50 claims meeting the search criteria.

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The claim information for the claim selected appears.

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Note: The information displayed on the Details screen is the same information available on the R&S Report. Claims in an appealable status contain a link to submit an appeal. In order for the appeal button to be activated, you must have security permissions to appeal.

Additional information may become available on the CSI Search Details screen for certain claim denials. If additional information about the claim denials is available, a link that indicates "Click here to see additional information about your claim" will appear.

Click the link to review the rationale for the denial(s). The rationale will appear below the link in the National Correct Coding Initiative (NCCI) and sourced edits information table on the CSI Search

Details screen.

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**Note:** A companion guide that contains information about file formats is available on the TMHP website under EDI Technical Information.

# 8.0 Remittance and Status (R&S) Reports

The R&S function on the navigation panel has two options:

- PDF Displays the Portable Document Format (PDF) version of the R&S Report.
- 835 Accesses TMHP's secure FTP server to download the ANSI 835 version of the electronic R&S Report.

# **8.1 Viewing the PDF Version**

To view the PDF version of the R&S Report, follow these steps:

1) Select the **R and S** option from the navigation panel



2) Click on the folder number to display the R&S Report

# 8.2 Downloading the ANSI 835 Version

You can access the 835 non-pending ER&S and the pending ER&S through a web page requiring a submitter ID and password. The submitter ID and password are the same you used for TDHconnect. If you do not have a submitter ID or have forgotten the password, you can call the TMHP EDI Help Desk at 1-888-863-3638.

To download the ANSI 835 version of the R&S Report, follow these steps:

- 1) Select the ANSI 835 option from the navigation panel to access the FTP site
- 2) Enter your submitter ID and password

Log On .	As			×					
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	After you log	on, you can add	this server to your Favorites and return to it easily.						
A	ETP does not encrypt or encode passwords or data before sending them to the server. To protect the security of your passwords and data, use Web Folders (WebDAV) instead.								
	Learn more ab	out <u>using Web F</u>	Folders,						
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**Note:** The Submitter ID can be found in TDHconnect under the Communications file menu by accessing System Settings.

3) Click Log On.

The download window opens.

4) Open the Batch folder to access R&S Report files

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The list of available ANSI 835 files is displayed.

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**Note:** A companion guide that contains information about file formats is available on the TMHP website under EDI Technical Information.

This document is produced by TMHP Training Services. Contents are current as of the time of publishing and are subject to change. Providers should always refer to the TMHP website for current and authoritative information.