



ELECTRONIC VISIT VERIFICATION (EVV)

EVV CLAIMS SUBMISSION: SUBMITTER ID AND RECEIVER ID QUICK REFERENCE GUIDE (QRG)



Introduction

The purpose of this document is to provide information about the type of Submitter ID and Receiver ID needed to submit claims to Texas Medicaid & Healthcare Partnership (TMHP) through Electronic Data Interchange (EDI). It's important to note that program providers submitting claims through TexMedConnect do not need a Submitter ID or Receiver ID.

Both a Submitter ID and Receiver ID are required to submit claims to TMHP through EDI. It is important that program providers use the correct combination of Submitter ID and Receiver ID when submitting electronic claims. This guide provides:

- Tips for determining the correct Submitter ID.
- Examples of the correct combination of IDs required by program provider type.
- Next steps and additional resources to submit EVV claims.

What is a Submitter ID?

A Submitter ID is a unique nine-digit number provided by TMHP and is needed to submit claims to TMHP. It serves as an electronic mailbox used by program providers and third parties to submit information to TMHP. A Submitter ID is necessary for all EDI claim submissions to TMHP, and is unique for each program provider or third-party claim submitter (clearinghouse/vendor/software). There are three types of Submitter IDs:

- **Compass 21 (C21) Submitter ID:** Used for acute care fee-for-service (FFS) claims and managed care services claims, unless the program provider is a managed care organization (MCO) Long-term Services and Supports (LTSS) provider
- **Claims Management System Submitter ID:** Used for Long-Term Care (LTC) FFS claims
- **LTSS Submitter ID:** Used for managed care claims for those MCO LTSS providers who are not enrolled with TMHP for acute care

Contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, to obtain a Submitter ID.

Program providers using a third-party claim submitter (clearinghouse/vendor/software) to submit claims should contact the third-party claim submitter to determine if a separate Submitter ID is required.

Which Submitter ID Do I Need?

Refer to the table below to determine which type of Submitter ID to use to submit EVV claims to TMHP using EDI.

Provider Identifier Number	Submitter ID
HHSC LTC provider number (formerly DADS contract number)	LTSS Submitter ID for all MCO services claims Claims Management System Submitter ID for all LTC FFS claims
Not an HHSC LTC provider number	LTSS Submitter ID for all MCO services claims

What is a Receiver ID?

A Receiver ID is one of three unique numbers assigned by TMHP. Each unique Receiver ID is associated with a specific TMHP claims system. A program provider must use the correct Receiver ID when submitting claims to TMHP so the claim is processed by the correct claims system. Claims submitted with an incorrect Receiver ID will be rejected. Receiver IDs are used for:

- Acute care FFS and managed care claims (Receiver ID: 617591011C21P).
- LTC FFS claims (Receiver ID: 617591011CMSP).
- MCO LTSS provider claims (Receiver ID: 617591011LTSSP).

Submitter ID and Receiver ID Combinations

Effective for dates of service on or after September 1, 2019, program providers must use the following Submitter ID and Receiver ID combinations to submit EVV claims to TMHP using EDI.

Payer	Program Provider Type	Submitter ID	Receiver ID
HHSC	Acute care FFS	C21 Submitter ID	617591011C21P
MCOs	Program providers enrolled with TMHP that provide managed care services	C21 Submitter ID	617591011C21P
LTC	LTC FFS	Claims Management System Submitter ID	617591011CMSP
MCO (for LTSS services)	MCO LTSS providers	LTSS Submitter ID	617591011LTSSP

EDI Claim Submission Tips

If you have **only** submitted claims to TMHP, there is no change to your process.

If you have **only** submitted claims to MCOs, you may need a new Submitter ID and Receiver ID. Only Submitter IDs and Receiver IDs assigned by TMHP can be used to submit claims.

If you have submitted claims to **both** MCOs and TMHP, verify the following in your billing software:

- The correct TMHP Submitter ID (C21, Claims Management System, or LTSS) is being used based on the program provider type.
- The correct Receiver ID is being used based on the program provider type.

Acute Care and LTC Claim Formats

Claim format requirements for EVV services have not changed with implementation of the EVV Aggregator on September 1, 2019. Use the claim formats below for LTC and acute care FFS claims.

Payer (TMHP)	EVV Provider Type	Claim Format
LTC (LTC FFS claims)	All program provider types	837P
HHSC (Acute care FFS claims)	Home Health program providers (Provider type 44)	837I
HHSC (Acute care FFS claims)	All other program provider types	837P

For more information about the claim formats, refer to the [837P and 837I Companion Guides](#).

MCO and MCO LTSS Provider Claim Formats

Claim format requirements for MCO and MCO LTSS providers have not changed. Each payer may have specific requirements about which claim format can be used to bill EVV services. These requirements have not changed.

Contact your payer with questions about the claim format.

Next Steps

- Make sure you have the correct type of Submitter ID.
- Make sure you are using the correct Receiver ID.
- Call the TMHP EDI Help Desk at 1-888-863-3638, Option 4, if you have questions or need to obtain a Submitter ID.

Additional Resources

- Refer to the Companion Guides list on the [TMHP EDI](#) webpage for additional information about TMHP claims submission.
- Refer to [Approved EDI Vendors](#) for a list of EDI Version 5010 approved vendors.
- Refer to the [EVV](#) webpage on the TMHP website for up-to-date EVV news and information.