LTC HCS/TxHmL FAQs

Long-Term Care (LTC) Home & Community-based Services (HCS)/Texas Home Living (TxHmL) Waiver Programs Frequently Asked Questions (FAQs)

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TMHP
Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor

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Section 1: TexMedConnect and Electronic Data Interchange (EDI)

1.1 If I have already set up my Texas Medicaid & Healthcare Partnership (TMHP) secure portal account, does that mean I signed the EDI Agreement?

Setting up your TMHP secure portal account does not necessarily mean you have a signed EDI Agreement on file. To confirm you have an EDI Agreement on file, and for all other EDI-related questions, call the TMHP EDI Help Desk at 888-863-3638, Option 4.

1.2 I have three separate contracts numbers (two HCS and one TxHmL) in TexMedConnect, but only one is displaying.

If you do not see all of your contract numbers, you will need to link your TMHP secure portal username to the numbers that are not displaying. Reference Section 2.3 of the *TMHP Portal Security Training Manual* for steps on completing this action.

1.3 If I decide to use TexMedConnect, do I need to submit a completed EDI agreement?

Yes, you will need to submit a completed EDI Agreement to ensure you have access to the Electronic Remittance and Status (ER&S) Report.

1.4 Is there any material outlining how to register for an EDI account?

The *New Processes for Submitting Forms and Claims for HCS and TxHmL Providers* web article, located on the TMHP website, details steps for creating a new EDI account.

1.5 What clearinghouses does TMHP work with?

Providers can view the TMHP Approved Vendor List located on the EDI page of the TMHP website to see the clearinghouses TMHP works with. If a provider is using an existing vendor not on the approved list, the vendor will need to contact the TMHP EDI Help Desk at 888-863-3638, Option 4, to begin testing requirements.

1.6 What is the difference between billing in EDI and TexMedConnect?

Billing through EDI can be done in multiple ways, but it is most commonly done using a third-party billing service. Billing in TexMedConnect is done through a free, web-based interface that is supported by TMHP.

1.7 If we already use TMHP for Electronic Visit Verification (EVV), does that mean we already have a completed EDI on file?

To check if you have an existing EDI agreement on file, contact the TMHP EDI Help Desk at 888-863-3638, Option 4.

1.8 What is TexMedConnect?

TexMedConnect is an online application that lets providers file claims, check claims status, confirm client eligibility, and more. There are two versions of TexMedConnect—Acute-Care and Long-Term Care. HCS and TxHmL providers will utilize the Long-Term Care version.

1.9 When I log into my TexMedConnect account, my only option is Acute Care and not Long-Term Care. What do I need to do?

Reference section 2.3 in the *TMHP Portal Security Training Manual* for assistance with linking a Long-Term Care account.

1.10 Will there be daily or weekly payments for EDI transactions separate from TexMedConnect transactions, or will transactions for both systems be added together for daily or weekly payments?

All claims for each provider number/contract number are combined into one voucher. TexMedConnect and EDI claims are not separated out for voucher creation or electronic funds transfer (EFT)/payment. After a voucher is paid (for the group of claims), TMHP does reconciliation to mark all the claims for that voucher as Paid (status "P"). Until then, the claim status will be Approved (status "A"). Providers can use the Remittance & Status (R&S) Reports or the Claims Status Inquiry (CSI) screen to confirm their claims status.

1.11 Will all the billing reports still be available in Portable Document Format (PDF), or will we be able to export the data to Excel®?

The Claims Data Export is in Excel format, while all the other data reports within TexMedConnect are PDF.

1.12 If we use a clearinghouse, do we need to complete the EDI Agreement or is the clearinghouse responsible for it?

Providers are required to sign the EDI Agreement. You should work with your clearinghouse to get this done.

1.13 When I try to log into my TMHP secure portal account, I receive an error message stating, "Username must be different than your EDI submitted ID."

If you are unable to log into your account, you can request a password reset as outlined on page 7 of the *Basic Tasks for Managing an Account on the TMHP Secure Provider Portal Manual*. Upon completion of the password reset, you will be able to log into your TMHP secure portal account.

1.14 Is the Submitter ID and Login ID the same?

For TMHP EDI File Transfer Protocol (FTP)/Virtual Private Network (VPN), the Submitter ID and Login ID are the same. Users who experience problems with their Submitter IDs or passwords can contact the EDI Help Desk by telephone at 888-863-3638, Option 4.

For TexMedConnect, the Login and Submitter ID are not the same. You can access TexMedConnect from the Long-Term Care home page of the TMHP website. To use TexMedConnect, you must

already have an account on the TMHP website. If you do not have an account, you can set one up using the information provided in the *TMHP Portal Security Training Manual*.

1.15 What is the personal identification number (PIN) used for?

You will need to request a PIN if you are unable to answer the security questions to begin the process of creating a TMHP secure portal account. Follow the steps in the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide* and the *TMHP Portal Security Training Manual* for further information, or call the Help Desk at 888-863-3638, Option 4, for assistance.

1.16 Does the administrator create a TMHP Portal User ID for their staff members, or should staff members create their own accounts and somehow link it with the main administrator's account?

The administrator will create a secure portal account for each additional user. Each user will need their own login credentials. Follow the steps in the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide* and the *TMHP Portal Security Training Manual* for further information on creating accounts.

1.17 Is there a location where we enter our Submitter ID in TMHP?

The only location to enter a Submitter ID within TMHP is in the Claims Data Export. This information can be found within the *Long-Term Care (LTC) User Guide for TexMedConnect*.

1.18 Is there a benefit to having a separate LTC Submitter ID for HCS and TxHmL?

The difference for having a separate LTC Submitter ID for HCS and TxHmL is the login credentials for TMHP EDI FTP/VPN, the receipt of the response files, and the 835 Report. The benefit is if you link all contract numbers to one Submitter ID, then you will receive only one 835 file.

1.19 On page 10 of the EDI Agreement, what are the Types of Access Required?

Types of Access Required include additional supported X12 transactions, including:

- 270/271 Eligibility Verification.
- 276/277 CSI.
- 835 ER&S Report.

1.20 Do I need multiple authorization PINs for all my billing staff?

Only one PIN is needed for creating the initial administrator account. The administrator will then create a secure portal account for each additional user. Each user will need their own login credentials. Follow the steps in the *Managing Your Long-Term Care Online Portal Account: A Step-by-Step Guide* and the *TMHP Portal Security Training Manual* for further information on creating accounts.

1.21 Can we have access to both EDI and TexMedConnect?

Yes, you can use both EDI and TexMedConnect.

1.22 Are clearinghouses assigned a single Submitter ID for all providers using their platform, or is each provider assigned their own Submitter ID?

This depends on each vendor and their requirements.

1.23 What is a loop?

A loop and segment are the location where data can be entered. More information on EDI X12 claims submission can be found in the *837P Long Term Care Companion Guide*.

1.24 I was told by the EDI Help Desk that the Apple® default browser, Safari, is not compatible with TexMedConnect. Is this correct?

This is correct. You will need to download Internet Explorer 11 (preferred) or Google Chrome to your machine to access TexMedConnect.

Section 2: Claims

2.1 Should we anticipate that the billing crosswalk for TMHP is going to be different than the crosswalk we are using to bill in the Client Assignment and Registration (CARE) System, which is provided by the Texas Health and Human Services Commission (HHSC)?

On May 10, 2021, HHSC updated the Long-Term Care Bill Code Crosswalks to include the changes for dates of service (DOS) on or after August 1, 2021. The Long-Term Care Bill Code Crosswalks page, located on the HHSC website, will guide you to the bill code crosswalks for DOS prior to August 1, 2021, and DOS on or after August 1, 2021. It also provides a link to the EVV bill code crosswalk.

2.2 Does TMHP provide direct payments to the provider?

No, TMHP's Claims Management System runs a daily financial cycle (Monday through Friday) to generate the Payment/Voucher file. The Voucher file is sent to the Centralized Accounting and Payroll/Personnel System (CAPPS), which issues the EFT payments to providers.

Typically, vouchers are paid on the third business day following the TMHP financial cycle (e.g., vouchers generated for the Monday evening financial cycle are paid on Thursday.)

2.3 Will all billing (Personal Assistance Services/Habilitation [PAS/HAB], respite, nursing, special therapies, Supervised Living [SL] and Host Home) go through TMHP?

Beginning August 2, 2021, HCS and TxHmL providers must submit claims for DOS on or after August 1, 2021, using TMHP online claim submission tools, TexMedConnect or EDI.

2.4 What is the timeline to correct a claim rejected by TMHP?

Providers have 12 months from the end of the month the DOS was performed to successfully submit a clean claim. Claims that were rejected or denied when originally submitted can not be "corrected;" however, they can be resubmitted as a new claim and are subject to the same timeline as the original claim. For example, a claim submitted in March for a January 1, 2021, DOS

rejects. The provider has the remainder of the 12 months from the original DOS to submit the new, corrected claim and meet the timely filing deadline.

2.5 Does Datalogic/Vesta have the capability to send respite, In-Home Day Habilitation, and PAS/HAB services billing through TMHP?

Yes, Datalogic/Vesta is a TMHP-approved EDI vendor. You will need to submit an EDI Agreement for each contract number to submit claims through EDI. Additionally, you will need to work with Datalogic/Vesta and provide your credentials for TMHP claims submission.

2.6 Since we will be billing in both CARE and the TMHP system, will Individual Plans of Care (IPCs) reflect the change of units in both systems, or will providers need to add the units used in CARE to the units used in TMHP to keep track of how many units are left on the IPCs?

Using the TexMedConnect Medicaid Eligibility and Service Authorization Verification (MESAV) system or the EDI X12 EV transaction, providers will be able to track units used on the IPC service authorization, since TMHP will obtain this information for claims processed by CARE when the implementation date falls within the IPC effective dates.

For example, if the IPC effective dates are June 1, 2021, through May 31, 2022, there is a process to account for all the units billed for an individual before the DOS on or after August 1, 2022, on the service authorization record.
Note*: This process will not be activated for IPC service authorizations that end on or before July 31, 2021.*

2.7 How do we correct a claim?

Claims that have processed successfully can be adjusted. To learn more on the adjustment process, reference the *Long-Term Care (LTC) User Guide for TexMedConnect*.

2.8 How will the Line Item Control Number (LICN) field work in TexMedConnect?

The current instruction for the HCS and TxHmL LICN field in TexMedConnect is the following:

- Characters 1-4 represent the sequence number. Positions 1-2 will range from 00-23. Positions 3-4 will range from 00-59.
- Characters 5-20 are for the EVV Attendant identification (ID) or the last name, and the first name of the provider's staff.
- Characters 21-30 are for the internal claim ID.
  Note: *Submitters can shorten characters 5-20 if more characters are need for the internal claim ID.*

2.9 Can you explain the referral number?

The referral number is assigned by HHSC to enable the TMHP Claims Management System to differentiate between two contract numbers that share the same National Provider Identifier

(NPI). The referral number will appear on the individual's MESAV once the authorization has been granted.

2.10 How long does it take to generate an internal control number (ICN)?

Generation of an ICN for TMHP claims is virtually instantaneous as long as the claim is not rejected at the beginning of the claims process. Rejected claims will not receive ICNs.

2.11 Does TMHP generate R&S Reports every time billing is submitted?

Providers can submit claims daily; however, R&S Reports are generated twice a week and are available every Saturday and Wednesday. R&S Reports generated on Saturday list claims processed from the previous week between the close of business (COB) Tuesday through COB Friday. R&S Reports generated on Wednesday list claims processed from the previous Friday (after COB) through COB Tuesday of the current week.

The R&S Reports also list other claims finalized during the reporting period, pending claims from the previous reporting period, system adjustments, and recoupment claims.

2.12 How can I find out what my Submitter ID is?

Contact the TMHP EDI Help Desk at 888-863-3638, Option 4, for assistance.

2.13 Can we have a separate Submitter ID for a sender and receiver for one provider number?

You can choose to use the same Submitter ID or obtain a different one. Regardless of your choice, you will need to submit a completed EDI Agreement.

2.14 If I have an Intermediate Care Facilities (ICF) Submitter ID, do I also need a separate HCS Submitter ID?

You can use the same ICF Submitter ID, or you can obtain a different one. Regardless of your choice, you will need to submit a completed EDI Agreement.

2.15 Will we be able to separate our contracts for each NPI, or do we have to link all our contracts to the same NPI?

To get an NPI assigned for each contract, you will need to repeat the process for obtaining an NPI that you completed previously. If you decide not to have an NPI assigned for each contract, there are other options available, such as:

- Linking your HCS and TxHmL contracts and associated NPIs to your existing TexMedConnect User ID.
- Creating a new TexMedConnect User ID and linking specific contracts and NPIs to differentiate between contracts and claims.

To update an existing TMHP Portal ID, reference the *TMHP Portal Security Training Manual*.

2.16 Where will the authorization for Adaptive Aids (AA), Minor Home Modifications (MHM), and Dental (DE/DEV) services appear in the claims submission at TMHP?

Form 4116 will no longer be required for submission to HHSC starting with DOS August 1, 2021, and after. Form 4116 for MHM, Pre-Minor Home Modifications (PMHM), AA, and DE/DEV services will be entered into the TMHP system as part of the IPC. Providers will then bill their claims directly in TexMedConnect based upon the IPC and service authorization found on the MESAV screen.

2.17 Will we still need to submit paper claims for AA and DE/DEV for service dates prior to August 1, 2021? Specifically, will the step of having to submit a paper claim, waiting for approval, and then entering claims be removed?

Providers will continue to submit Form 4116 for MHM, PMHM, AA, and DE/DEV for service dates prior to August 1, 2021. Claims for all services with dates prior to August 1, 2021, will continue to be billed into CARE. For service dates on or after August 1, 2021, providers will not submit Form 4116 for MHM, PMHM, AA, and DE/DEV for services. These services will be entered into the TMHP system as part of the IPC. Providers will then bill their claim in TexMedConnect.

2.18 As of August 1, 2021, will all billing be done under TMHP? Can we submit claims simultaneously in CARE and TexMedConnect?

Providers must submit HCS and TxHmL claims with DOS on or after August 1, 2021, through TMHP. CARE will continue to be utilized to bill HCS and TxHmL claims with DOS before August 1, 2021.

2.19 Will historical claims data remain available in CARE and for how long?

Historical claim data will remain in CARE for five years, after which the claims are archived.

2.20 How long should providers expect to have a delay in payment after August 1, 2021?

HHSC does not anticipate a delay in provider payment after August 1, 2021, due to the migration to TMHP.

2.21 Is there a time cut-off to submit billing like there is in CARE (i.e. 6:00 p.m.), or can you submit billing 24/7?

TexMedConnect allows for billing 24 hours a day, 7 days a week, except for times of scheduled system maintenance and/or service outages.

2.22 In CARE, we have longer than 365 days to bill. Per rule, we have until the last day of the month that the service was delivered one year later. For example, if the service was provided on April 1, 2021, we have until April 30, 2022, to bill it into CARE. Will this be the same with TMHP?

The HCS and TxHmL transition is not altering the claims filing deadline as outlined in the Texas Administrative Code (TAC). HCS and TxHmL providers will continue to submit claims within 12 months after one of the following, whichever is later:

- The last day of the month in which the service was provided, the AA or medical supply was delivered, or the MHM was completed.
- The date the individual's eligibility for the service was determined.

2.23 Will TMHP require the individual's diagnosis code when submitting claims? Will it be required when submitting claims via 837 electronically? Will this diagnosis code need to match what is on the individual's 8578 Intellectual Disability (ID)/Related Condition (RC) Assessment?

The individual's diagnosis code is required on the claim. At least the Principal Diagnosis code is expected to be submitted on the claim. TMHP does not match the diagnosis code with the individual's 8578 ID/RC Assessment.

2.24 Will an authorization number be required to bill HCS services through TMHP electronically via 837?

Long-Term Care billing functionality through TMHP does not require or support use of an authorization number for any services.

2.25 When will the referral number be available in TMHP MESAV for HCS and TxHmL?

The referral number is found on the client service authorization record(s). Historical service authorization records that span the date (August 1, 2021) will be available on day one in MESAV. IPC forms submitted will be available through MESAV once they are approved by HHSC staff and authorization records are received at TMHP.

2.26 Is there a way to report the contract number instead of the referral number for each service on a claim?

If there is more than one contract associated with an NPI number, you must include a referral number on the claim, or the claim will be denied. You can access the referral number by searching an individual's eligibility within MESAV.

2.27 Do we submit Healthcare Common Procedure Codes (HCPCs) or bill codes on a claim?

Providers are required to submit claims using National Codes: Revenue (REV), Current Procedure Terminology (CPT), and HCPCs using the HHSC LTC Bill Code Crosswalk. The HHSC LTC Bill Code Crosswalk is a code set used to match the National Codes to the Texas LTC local codes (bill codes).

2.28 If claims are submitted appropriately, should providers expect two 835 files?

Yes, typically, vouchers are paid within three days of submitting the claim. Providers can view submitted claims through TexMedConnect, the CSI screen, or by obtaining the R&S Report. If claims are submitted through EDI X12 transactions, then the 276/277 Claims CSI and 835 ER&S Report can be used.

2.29 Will responses be 999 or TA1?

999 responses are Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard rejections and TA1 refers to files that are incorrectly formatted. Providers will receive these two types of rejections, if applicable.

2.30 How do we set up templates for billing?

For information on setting up templates, refer to the *Long-Term Care (LTC) User Guide for TexMedConnect* and the TexMedConnect for Long-Term Care (LTC) Providers CBT.

2.31 Will TMHP require the attending physician NPI be different from the billing provider NPI (like in ICF)? If so, does TMHP require the primary care provider (PCP) NPI for all of our HCS clients?

An attending provider is not applicable for professional claims. You can submit the performing provider NPI and name and the referring provider NPI and name on these claims, but these are optional fields. Only the billing provider information is required to pay these claims.

Section 3: Long-Term Care Online Portal (LTCOP)

3.1 After August 1, 2021, do we need to enter 8578 ID/RC Assessments and IPCs through TMHP?

Yes, the 8578 ID/RC Assessment and 3608/8582 IPC, along with the HCS or TxHmL Pre-enrollment Form, the Individual Movement Form (IMT), the 3615 Request to Continue Suspension of Waiver Program Services Form, the 3616 Request for Termination of Services Form, and the Provider Location Update (PLU) Form will be submitted and managed through the LTCOP.

3.2 Do I need to have a nursing facility (NF)/waiver account if I am an HCS provider?

You will need to select the NF/waiver option when creating your LTCOP account so that you may submit, manage, and print forms from the LTCOP. Providers must create their LTCOP account by August 2, 2021. Follow the steps on page 6 of the *Managing Your Long-Term Care Online Portal Account: A Step-by Step-Guide* for assistance with creating your LTCOP account.

3.3 Will there be webinars that review the assessments and forms we will be managing in the LTCOP?

Yes, webinars focused on the LTCOP (including assessments and forms) will be presented in a two-part series. Webinars are scheduled from 10:00 a.m. to 12:30 p.m., and will take place on the following dates:

- June 29, 2021 - Part 1
- July 1, 2021 - Part 2
- July 6, 2021 - Part 1
- July 8, 2021 - Part 2
- July 13, 2021 - Part 1
- July 15, 2021 - Part 2
- August 17, 2021 - Part 1
- August 19, 2021 - Part 2

Webinar registration is now open.

3.4 Is the LTCOP the same as the Intellectual and Developmental Disability (IDD) Operations Portal?

No, the LTCOP is not the same as the IDD Operations Portal. The LTCOP will allow providers to submit, manage, and print HSC and TxHmL forms.

3.5 Will the LTCOP be user-friendly?

The LTCOP is a web-based, user-friendly system that houses HCS and TxHmL forms many providers are already familiar with. Additionally, training materials including Item-by-Item Guides and a Provider User Guide will be available on TMHP's Learning Management System (LMS).

3.6 Will there be a way to do "hands on training" before the LTCOP goes live in August?

Due to time constraints, HHSC will not be having "hands on training" prior to Go-Live. HHSC recommends visiting the TMHP website frequently for updates, which will include quarterly bulletins, articles, and FAQs; as well as quick reference tools which will assist in determining what data will remain in CARE and what data will be found in TMHP.

Webinars focused on the LTCOP (including assessments and forms) will be presented in a two-part series. Registration for these webinars is now open.

Section 4: General Questions

4.1 Is the provider number the same as the NPI number?

In TMHP systems, the 9-digit number on your provider agreement is referred to as your provider number. An NPI is a 10-digit number assigned randomly by the National Plan and Provider Enumberation System (NPPES). An NPI must be obtained before a provider can enroll as a Texas Medicaid provider.

4.2 Is the CARE System phasing out? How will we know what is moving to TMHP and what is staying in CARE?

CARE is not phasing out with this migration. However, the HCS & TxHmL form and claim submission on CARE is phasing out. Additional functions remaining in CARE include:

- 1185 Permanency Plan Status Report
- 249 PPR Approval Status (Inquiry)
- 309 Permanency Plan Review
- 686 Critical Incident Update
- 286 Critical Incidents Data Inquiry
- C97 WS/C Authority Review Notations
- 410 Add Case to ID/Demographics
- 325 Register individual: CARE-ID
- 360 Death/Separation of individual: Add/Change/Delete

4.3 Is the client ID the same as the CARE ID or Medicaid ID? Will the same CARE ID be used?

The client ID is known as the Medicaid ID in TMHP systems. Providers utilizing CARE for DOS prior to August 1, 2021, will continue to use the same CARE ID. TMHP does also utilize the CARE ID as secondary identification. For DOS on or after August 1, 2021, the provider will use the client/individual number, also known as the Medicaid ID number, for all form submissions and claims entered into the TMHP system.

4.4 What contingency plan does TMHP and HHSC have if the data conversion from CARE is corrupt during the migration process or if there is a major problem with the start date?

HHSC and TMHP have been and continue to run numerous cycles of the data conversion throughout the project timeline and will ensure the copied data is validated prior to go live.

4.5 Are the provider numbers already assigned for HCS and TxHmL the ones that are currently filed through CARE or will new provider numbers be needed?

HHSC will continue to use the 9-digit provider/contract number that identifies the contract under which an individual is receiving services.

4.6 What is the difference between the provider number, the vendor number for HCS, the contract number, the component code, the NPI, the Taxpayer Identification Number (TIN), and the Employer Identification Number (EIN)?

The provider/vendor/contract number is the 9-digit number given by the HHSC Contracts Administration which identifies the contract under which the individual is receiving services.

The component code is a 3-digit unique code that identifies a state hospital, state school, state center, community center, or a private provider.

The NPI is a 10-digit number which is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number that covered health-care providers, all health plans, and health-care clearinghouses must use in the administrative and financial transactions adopted under HIPAA.

The TIN is a 9-digit identification number used by the Internal Revenue Service (IRS) in the administration of tax laws.

The EIN is also known as the Federal Tax Identification Number and is used to identify a business entity.

4.7 Will providers receive a list of contacts so that we can have support as we transition?

Providers will have access to several job aids beginning August 1, 2021, to assist with the transition, which will include a contact list, bill code crosswalk, and data crosswalk. You are encouraged to continue to visit the TMHP website frequently for updates, which will include quarterly bulletins, articles, and FAQs; as well as quick reference tools which will assist in determining what data will remain in CARE and what data will be found in TMHP.

4.8 Are the service codes changing for HCS services? Is Level of Need (LON) changing?

Service codes will change for some services within HCS and TxHmL effective August 1, 2021. Use the updated LTC Bill Code Crosswalks to include the changes for DOS on or after August 1, 2021. HHSC will continue to use the LON.