



Long-Term Care Provider Bulletin

LTC Provider Bulletin, No. 80

November 2019

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Medicaid Eligibility Status Available on PCSP Form November 15, 2019

Beginning November 15, 2019, the Preadmissions Screening and Resident Review (PASRR) Comprehensive Service Plan (PCSP) form will display a new Medicaid Eligibility (ME) field, "A0810 Medicaid Eligibility." Providers will not be able to update this field, it will always remain disabled.

When providers click the **Submit Form** button on the PCSP form, the ME will automatically validate before the form is submitted.

The new field will be pre-populated with any one of the following values:

0. ME Not Found
1. ME Confirmed
2. ME Undetermined

ME Not Found

When the ME validation indicates the person does not have a valid ME, the user will receive a pop-up message, "The person does not have Medicaid Eligibility for the Date of Meeting or later. Do you want to continue processing? Please click on 'Cancel' to return to the meeting without submitting or click 'OK' to continue with the meeting submission."

If the user clicks the **OK** button on the pop-up message, the PCSP submission will continue and the following note is added to the PCSP form history:

"Medicaid Eligibility not found for the person for the Date of Meeting or later."

If the user clicks the **Cancel** button on the pop-up message, the user is returned to the PCSP form.

ME Confirmed

When the ME validation indicates the person has a valid ME, then the following note will be added in the PCSP form history:

"Medicaid Eligibility found for the person for the Date of Meeting or later."

ME Undetermined

When the ME validation is unable to find a match based on the person's Medicaid Number, Date of Birth, and SSN, the user will receive a pop-up message, "Medicaid Eligibility is unable to be determined based on the Medicaid Number, SSN, and/or Date of Birth. Do you want to continue processing? Please click on 'Cancel' to return to the meeting without submitting or click 'OK' to continue with the meeting submission."

If the user clicks the **OK** button on the pop-up message, the PCSP submission will continue and the following note is added to the PCSP form history:

“Medicaid Eligibility is unable to be determined.”

If the user clicks the **Cancel** button on the pop-up message, the user is returned to the PCSP form.

For more information, call the Long-Term Care Help Desk at 1-800-626-4117, Option 1. ■

Common Errors on the New PASRR Comprehensive Service Plan (PCSP) Form

As of January 26, 2019, the PCSP form replaced the Interdisciplinary Team (IDT) meeting and PASRR Specialized Services (PSS) forms. Nursing facility (NF) providers and Local Authorities (LA's) began using this form to record their initial and annual IDT meetings and Quarterly Service Planning Team (SPT) or LA Update meetings.

This article will explain to NF and LA staff how to avoid making the four most common mistakes made on the PCSP form.

1. Submitting a quarterly SPT before the IDT.

LA's should check the Long-Term Care (LTC) Online Portal using Form Status Inquiry to determine if there is an existing IDT meeting (submitted on a PL1 IDT tab or PCSP Form) for the person already in the LTC Online Portal within the previous 12 months.

LA's must not submit a Quarterly or LA Update meeting if no IDT meeting exists for this person at the current facility. Doing so will prevent the NF from submitting the IDT on the LTC Online Portal and prevent the person's Long-Term Care Medicaid Information from submitting due to lack of an IDT meeting.

The LA's first meeting submitted on the LTC Online Portal will be the Quarterly SPT which is scheduled every three months after the initial IDT/SPT team meeting initiated by the NF.

2. Entering the wrong meeting date.

NFs can update the IDT meeting:

- Within 30 calendar days from when the meeting was submitted or updated.
- Until the LA confirms the IDT meeting.

Prior to clicking on the Submit Form button, the NF should double-check all fields on the PCSP form, including the date, for accuracy. Errors should be corrected immediately, prior to the LA's confirmation.

If an LA notices an error, they must contact the NF and ask them to correct the issue prior to the LA confirming the IDT. Once the LA has confirmed the IDT meeting, the NF cannot make updates to the IDT meeting information on the PCSP form.

3. Demographic information (Name, Medicaid or Social Security number, date of birth, etc.) do not match the PASRR Level 1 (PL1) or PASRR Evaluation (PE).

Demographic information for the person on the PCSP form is pre-populated from the PE. Ensure the information on the PE is correct and matches the information on the PL1. If information on either the PL1 or PE is incorrect, the submitter will receive an error code indicating:

“Individual’s identifying information is not valid. Please review Individual’s identifying information for Last Name, SSN, and Birth Date.”

4. Selecting the wrong status for PASRR specialized services information.

The NF for an IDT, or the LA for a Quarterly or LA Update meeting, must select the appropriate status for each enabled service listed in the Meeting Type column in Sections A2800 through A3110 which reflect the most current status for that service.

Options on the drop-down lists for the Specialized Services include:

- **Individual/LAR Refused** - Person and/or LAR refused these services at the time of the meeting.
- **New** - the first time a service is recommended.
- **Ongoing** - when a service has already started and will be continued.
- **Discontinued** - when an ongoing service (e.g., habilitative therapies, mental illness specialized services) will be stopped as agreed to by the team or when the person no longer wants the service.
- **Item Received** - when the person has received durable medical equipment (DME)/Wheelchair. This can be noted during an LA Update or Quarterly meeting.
- **Pending** - should be used when:
 - Services or DME have been requested but not yet started or received;
 - Persons who have applied but do not have Medicaid at the time of the meeting (**Medicaid pending**); or
 - Persons will require alternate funding sources (other than Medicaid) to obtain specialized services.
- **Not Needed** - should be used when the team agrees that the recommended service, customized manual wheelchair (CMWC), or DME is not needed at the time of the meeting.
- **Completed** - to be used when assessments have been completed.

If “4. **Discontinued**” or “7. **Not Needed**” are selected for any of these specialized services, then comments will be required in field A3200 or A3300 to explain these options.

Comments must be included to explain when services for people who are Medicaid pending will begin or when the person does not have Medicaid and alternate sources will be explored and when they are anticipated to begin services.

For more information, call the Long-Term Care Help Desk at 1-800-626-4117, Option 1. ■

Review of September 1, 2019, Changes to Electronic Visit Verification

On September 1, 2019, providers currently required to perform Electronic Visit Verification (EVV) experienced changes to EVV policy and EVV requirements, such as claims submission, claims matching, and online viewing of visit data for billing.

EVV Policy: New and revised EVV policies for fee-for-service (FFS) and managed care providers became effective September 1, 2019, and are on the [HHSC EVV website](#). New and revised policies include EVV usage, reason codes and required free text, billing, claims, training, vendor selection and transfer, and reports.

EVV Portal: A new EVV Portal tool is accessible to assist enrolled providers, contracted providers, and Financial Management Services Agencies (FMSAs) with reporting and billing functions. The EVV Portal is an online system that allows users to perform searches and view reports associated with EVV visit data, such as their accepted and rejected visits and claims matching results.

The EVV Portal provides visibility into the EVV Aggregator, which is a centralized database that collects, validates, and stores all statewide EVV visit data transmitted from the EVV vendor system(s).

More information about accessing the EVV Portal, including standard reports and search tools, is available in the *TMHP EVV Portal Job Aid* and on the [TMHP EVV website](#).

Claims Submission Process: Providers currently required to use EVV must submit all claims for EVV-relevant services in FFS and Medicaid managed care to TMHP via TexMedConnect or Electronic Data Interchange (EDI) for the new claims matching process to be performed. For questions regarding access to TexMedConnect or EDI, call the TMHP EDI Help Desk at 1-888-863-3638, Option 4.

Claims Matching Process: When a claim with EVV-relevant services has been received at TMHP, it is now matched against the EVV visit data that was previously sent to the EVV Aggregator by the EVV vendor system. If the following data elements do not match an accepted EVV visit, the claim is denied:

- Medicaid ID
- EVV visit date
- National Provider Identifier (NPI) or Atypical Provider Identifier (API)
- Healthcare Common Procedure Coding System (HCPCS) code
- HCPCS modifiers, if applicable
- Billable units

Once the EVV claims matching process has been performed, all EVV claims are forwarded to the appropriate payer for final processing. A successful match does not guarantee that the EVV claim will be paid. If an EVV claim is denied, providers should contact the correct payer for that claim. Providers will receive an explanation of benefits (EOB) or an explanation of payment (EOP) from their payers when a data element does not match during the EVV claims matching process.

On November 1, 2019, EVV claims for Acute Care and Long-Term Care (LTC) FFS with dates of service on or after November 1, 2019, will be denied by the payer when a data element does not match during the EVV claims matching process. Providers submitting EVV claims for Acute Care and LTC FFS with dates of service between September 1, 2019, and October 31, 2019, received an information EOB when a data element did not match during the claims matching process.

Billing Requirements: Providers may continue to submit EVV-relevant claims with a range of service dates (which are also known as span dates of service billing) or by single date of service according to the billing guidelines of your managed care payer or TMHP for FFS. [See the new EVV billing policy for more information.](#)

For questions regarding your payer's billing requirements, contact your payer. ■

January 1, 2020, EVV Start Date Delayed for Programs Affected by the 21st Century Cures Act

The 21st Century Cures Act is a federal law requiring all states to implement the use of EVV for Medicaid personal care services (PCS) by January 1, 2020, and home health services by January 1, 2023.

In August 2019, HHSC requested to delay the January 1, 2020, EVV start date for new programs, services, and service delivery options affected by the Cures Act. The Centers for Medicare & Medicaid Services (CMS) approved HHSC's request. This delay allows HHSC more time to address EVV implementation challenges and a new EVV start date and more implementation details will be provided.

The programs, services, and service delivery options affected by this delay are listed in the table below.

Providers for these programs affected by the delay should still prepare and train for EVV. Training resources are available on the [HHSC EVV website](#).

Providers currently required to use EVV must continue to use EVV under state law and HHSC policy.

Programs, Services, and Service Delivery Options Affected by Delay

| Program | Services | Service Delivery Options |
|---|---|--------------------------|
| 1915(c) Community Living Assistance and Support Services Waiver | CFC PAS/HAB In-Home Respite | CDS |
| 1915(c) Deaf Blind with Multiple Disabilities Waiver | CFC PAS/HAB In-Home Respite | Agency CDS |
| 1915(c) Home and Community-based Services Waiver | CFC PAS/HAB In-Home Respite Day Habilitation – provided in the home | Agency CDS |

| Program | Services | Service Delivery Options |
|--|---|--------------------------|
| 1915(c) Texas Home Living Waiver | CFC PAS/HAB In-Home Respite Day Habilitation – provided in the home | Agency CDS |
| 1915(c) Youth Empowerment Services Waiver | In-Home Respite | Agency |
| 1915(i) Home and Community Based Services Adult Mental Health | In-Home Respite Supported Home Living-Habilitative Support | Agency |
| 1915(k) Community First Choice (including STAR members who receive these services through the traditional Medicaid model) | CFC PAS CFC HAB | CDS SRO |
| Community Attendant Services | PAS | CDS SRO |
| Family Care | PAS | CDS |
| Personal Care Services provided under the Texas Health Steps Comprehensive Care Program (including STAR members who receive these services through the traditional Medicaid model) | PCS | CDS SRO |
| Primary Home Care | PAS | CDS SRO |
| STAR Health | CFC PAS, CFC HAB, PCS | CDS SRO |
| STAR Health – MDCP Covered Services | In-Home Respite Flexible Family Supports | Agency CDS SRO |
| STAR Kids | CFC PAS, CFC HAB, PCS | CDS SRO |
| STAR Kids – MDCP Covered Services | In-Home Respite Flexible Family Supports | CDS SRO |
| STAR+PLUS | CFC PAS, CFC HAB, PAS | CDS SRO |
| STAR+PLUS Home and Community Based Services | CFC PAS, CFC HAB, PAS In-Home Respite Protective Supervision | CDS SRO |
| STAR+PLUS Medicare-Medicaid Plan | CFC PAS, CFC HAB, PAS In-Home Respite Protective Supervision | CDS SRO |

Questions? Email Electronic_Visit_Verification@hhsc.state.tx.us. ■

2019 Quality in Long-Term Care Conference Wrap-Up

On August 12th and 13th 2019, Texas Health and Human Services' (HHS) Quality Monitoring Program (QMP) held its annual Quality in Long-Term Care Conference at the Sheraton Georgetown Hotel in Georgetown, Texas. Based on feedback from conference attendees and featured presenters, the conference was one of QMP's most successful conferences to date, with over 600 people attending each day.

Formerly known as the HHS Geriatric Symposium, the 2019 Quality in Long-Term Care conference featured nationally- and internationally-recognized speakers who discussed evidence-based best practices, current health-care trends, and cutting-edge advances in long-term care, aging, and disabilities. The conference's two days featured over 60 breakout sessions, panel discussions, and keynote presentations; and provided continuing education credits for more than a dozen long-term health-care professions including nursing and social work.

HHS and the Quality Monitoring Program would like to thank all conference volunteers, attendees, and presenters for making this year's conference a success. Planning for next year's conference will begin soon. We hope to see you again in 2020! ■

Register Now - Quality Assurance, Performance Improvement (QAPI), and Resident Safety Training

This free, two-day training will provide nursing facility (NF) staff with the knowledge and skills required to develop, initiate, and evaluate different approaches to quality assurance, performance improvement, and resident safety.

The Centers for Medicare & Medicaid Services states "QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving." This workshop will provide facilities with the practical tools required to implement sound and efficient QAPI programs from the ground up. Various quality tools and performance improvement methodologies will be explored through case study examination that demonstrate simple approaches to collecting and analyzing performance data. The program will also explore the requirements for programs in Resident Safety, Infection Control, and Compliance and Ethics and how these important programs integrate into the overall QAPI program.

This program is of value to Nursing Home Administrators, Directors of Nursing, Department Managers, Unit Managers, and staff that will be directly involved in overseeing QAPI programs in a facility. Staff members with a special interest in the improvement of quality will gain the knowledge required to be a proactive member of any QAPI team.

Remaining Dates and Locations:

- November 13-14, 2019 – Austin
- December 4-5, 2019 – El Paso
- December 18-19, 2019 – San Antonio
- January 8-9, 2020 – Edinburg
- February 5-6, 2020 – Corpus Christi
- February 19-20, 2020 - Houston

To register for the conference, visit www.surveygizmo.com/s3/4906199/Quality-Assurance-Performance-Improvement-and-Resident-Safety-Training.

More information is available on the conference webpage: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities/quality-assurance-performance-improvement-resident-safety-training>.

Email questions to QMP@hhsc.state.tx.us. ■

Project Update: Providing Advanced Practice Nurse Services in NFs

The Quality Monitoring Program's (QMP) joint Civil Money Penalty (CMP) project with The University of Texas at Austin School of Nursing, *Providing Advanced Practice Registered Nurse Services in Nursing Facilities* has begun!

In this program, nine advanced practice registered nurses (APRNs) are currently being employed by UT School of Nursing and placed in five central Austin nursing facilities (NFs) that have been selected by HHSC to participate in the program. During the program, the NFs will be monitored closely by HHS, and UT School of Nursing will administer a study to determine if employment of full-time APRNs as part of an NF care team reduces the rates of adverse events and improves the quality of care for NF people.

To prepare for this program, the APRNs completed a comprehensive four-week training on a broad variety of regulatory and evidence-based best practice topics conducted by QMP staff and faculty from UT Nursing, and were then matched with participating NFs at a kickoff event at UT's School of Nursing on Friday, August 9th. Participating NFs include: Will-O-Bell Nursing Home, Meridian Care, Bridgemoor Transitional Care, Austin Retirement and Nursing Center, and Oakcrest Nursing and Rehabilitation.

The program is expected to last between 1-3 years and is not currently open to additional participants. Questions about this program may be sent to QMP@hhsc.state.tx.us. ■

New Online Training Courses Now Available in the HHS Learning Portal

Two online training opportunities are now available through the HHS Learning Portal:

- **[Advanced CNA Academy](#)** – This comprehensive, five-module online course will provide nursing facility staff with thorough and sustainable education, information, and resources related to the Advanced Certified Nursing Assistant (CNA). Individual modules examine the role of the CNA in providing quality care, nursing facility rules and regulations, quality care for geriatric people and people with intellectual and/or developmental disabilities or mental illnesses, the role of CNAs in supporting person assessments, and the safety and well-being of people. Both a final exam and a training survey are required as part of the course.
- **[PASRR in the Nursing Facility](#)** – A new, online Preadmission Screening and Resident Review (PASRR) course for nursing facility (NF) staff is now available. This nine-module, comprehensive online course will provide thorough and sustainable education, information, and resources that are needed to successfully complete all NF responsibilities related to the PASRR process. In addition, this training will detail the complexities of caring for people with intellectual or developmental disabilities, mental illness, or both.

Additionally, the following computer-based courses will be available soon:

- **[Meaningful Engagement to Enhance Quality of Life](#)** – Designed for nursing facility activity directors, licensed nurses, certified nurse aides, and ancillary staff, this online training explains evidence-based best practices to help staff develop meaningful and relevant person-centered activity programs and implement individualized activities that reflect each person's preferences, customary habits, and lifestyle.

To take these courses, visit the [HHS Learning Portal](#) and create a secure user account. After creating your account, navigate the portal to find the course, or use the course links provided above. Email questions to QMP@hhsc.state.tx.us. ■

CDC Recommendations for Tuberculin Skin Tests During Nationwide Shortage of APLISOL®

The manufacturer of APLISOL® notified the Centers for Disease Control and Prevention (CDC) that they expect a nationwide shortage of the 5 ml tests beginning June 2019, and of the 1 ml tests by November 2019. APLISOL® is one of two PPD tuberculin antigens licensed by the Food and Drug Administration for performing tuberculin skin tests (TSTs).

Visit <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/qmp/cdc-recommends-nationwide-shortage-tuberculin.pdf> for more information and the CDC recommendations for conducting TSTs during the shortage. ■

Joint Training Opportunities

Health and Human Services Commission Education Services provides monthly training sessions around the state for both providers and surveyors. The training calendar is updated frequently and includes training opportunities in multiple locations across the state.

Visit the Joint Training web page to see the current training schedule:

<https://apps.hhs.texas.gov/providers/training/jointtraining.cfm>. ■

Dementia Training Opportunities for Nursing Facilities through QMP

Free, comprehensive dementia care training is available through the Quality Monitoring Program (QMP), including:

- *Alzheimer's Disease and Dementia Care Seminar*: An eight-hour training program that teaches staff to provide appropriate, competent, and sensitive care and support to people with dementia. On completion of the training, participants are eligible to apply for certification through the National Council for Certified Dementia Practitioners. For more information about certification, visit nccdp.org.
- *Texas OASIS Dementia Training Academy*: A two-day training that focuses on dementia basics, including person-centered care and using non-pharmacological interventions to manage behaviors. The OASIS curriculum was developed by Dr. Susan Wehry, and in collaboration with the Health and Human Services Commission, was adapted to meet the unique needs of Texas nursing facilities.
- *Virtual Dementia Tour*: Simulates the physical and mental challenges people with dementia face. It allows caregivers to *experience* dementia for themselves, letting them move from sympathy to empathy and to better understand the behaviors and needs of their people.

If you are interested in scheduling any of these trainings in your facility, email the request to QMP@hhsc.state.tx.us.

Also available is the Person-Centered Thinking training. This interactive, two-day training is designed to provide nursing facility staff with the skills necessary to help people maintain positive control over their lives. Participants will be introduced to the core concept of Person-Centered Thinking Training: finding a balance between what's *important to* and *important for* the people they serve. Participants will learn how to obtain a deeper understanding of the people they support and to organize this learning to inform their efforts to help people get the lives they value.

To request the Person-Centered Thinking training in your facility, email

kittie.farmer@hhsc.state.tx.us. ■

Center for Excellence in Aging Services and Long-Term Care

The Center for Excellence in Aging Services and Long-Term Care (Center) is a partnership between the Health and Human Services Commission and the University of Texas at Austin School of Nursing. The Center offers a web-based platform for the delivery of best practices, with a focus on geriatrics and disabilities. The content on the website has been adapted to meet the educational needs of a variety of professionals who provide care to people in long-term care facilities in Texas.

Under the leadership of Dr. Tracie Harrison, the Center is an educational platform for the delivery of geriatric and disability best practices to providers of long-term care. Phase V - Infection Control is now available on the website.

Visit the Center for Excellence in Aging Services and Long-Term Care at www.utlongtermcareurse.com. Registration is free.

UPDATES

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Need Help Navigating the LTC Online Portal?



Click [HERE](#) to learn the basics

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

*Login Required

New Features for Hospice Forms 3071 and 3074

Providers have the ability to closely monitor and interact with hospice forms 3071 Individual Election/Cancellation/Update and 3074 Physician Certification of Terminal Illness on the Long-Term Care (LTC) Online Portal by viewing the form status.

Upon submission of the 3071 or 3074, individual Medicaid information and eligibility are verified. Forms will not be forwarded to the Health and Human Services Commission (HHSC) for processing if the person's First and Last Name do not match the provided Medicaid ID or Social Security number. Likewise, if the person does not have Medicaid eligibility approved for hospice services, the forms will not continue to process. They will remain in *pending* status until the eligibility is established or the issue is corrected.

In addition to the existing "Save as Draft" and "Print" form actions; providers also have access to the following form actions (depending on the user's security permissions and/or the current form status):

- Add Note
- Correct this form
- Inactivate Form
- Reactivate Form
- Resubmit Form
- Use as Template

Providers also benefit from the addition of a new Provider Action Required (PAR) workflow, which allows them to take action, such as correct/inactivate/resubmit, on forms which have been rejected by HHSC processing. Specific error messages are available for each rejected form to assist with resolving issues.

To utilize these new form actions and processes in the LTC Online Portal, providers must have the correct security permissions enabled. For help with these permissions, contact your local account administrator.

For more information, call the LTC Help Desk at 1-800-626-4117, Option 1. ■

RHC 'High' Rate Overbilling Reviews

On October 1, 2019, Hospice Utilization Review (UR) began reviewing hospice agency routine home care (RHC) billing to ensure compliance with the allowable 'high' rate billing for the initial 60 days of hospice services. The Centers for Medicare & Medicaid Services authorized an increase in the RHC rate for the initial 60 days of hospice services, which tends to carry higher costs of care for providers. This change was authorized under the *FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements* published August 6, 2015, and implemented by the Health and Human Services Commission (HHSC) on January 1, 2016. UR has begun reviewing RHC billing to ensure accurate billing at the 'high' rate. Click the link below to view the update in its entirety: www.govinfo.gov/content/pkg/FR-2015-08-06/pdf/2015-19033.pdf.

RHC 'high' rate overbilling reviews ensure compliance with the guidelines set out in [Information Letter 19-14](#), "Recoupment of Overbilling on Routine Home Care First 60 Days," dated August 1, 2019. The general guidelines are outlined below, under the link: <https://apps.hhs.texas.gov/providers/communications/2019/letters/IL2019-14.pdf>.

When a person elects Medicaid hospice services, and is receiving RHC, the hospice provider will be eligible for increased per diem rates during the first 60 days of service based on the following:

- The day is an RHC level of care day.
- The day occurs during a person's first 60 days of hospice services.
- If a person receiving hospice services is discharged and readmitted to Medicaid hospice within 60 days of the discharge, the prior hospice days will follow the person and count toward the person's initial 60 days of hospice services. The total number of days the person received hospice services will be used to determine whether the hospice may claim the high or low RHC rate.
- If a person receiving hospice service is discharged from hospice and does not receive services for 60 days, the re-election of hospice services resets the person's 60-day window payable at the RHC 'high' rate; and
- The hospice provider, based on a conversation with the person receiving services or their representative, is required to determine if and when the person had a prior hospice election to determine whether the hospice provider may bill the high or low RHC rate.

Two billing codes have been created under the RHC rate for submission of high and low RHC claims. The billing code used for the lower rate (61 days and ongoing) is T0100 and the billing code for the first 1 through 60 days of service is T0101. Both of these billing codes are under Service Group 8/Service Code 1.

Compliance reviews began October 1, 2019. Reviews will be conducted on an ongoing basis and hospice agencies will be notified of HHSC's intent to recoup via determination letters. If overbilling is identified, the provider will receive a determination letter stating HHSC's intent to recoup the overbilled 'high' rate. Determination letters will include information identifying the overbilling. The letter will include steps to file an appeal as well as contact information if the provider has questions.

Review the FAQs attached to [Information Letter 19-14](#), and direct all unanswered questions to MHUR@hhsc.state.tx.us. ■

Changes and Additions to the PCSP Form, Implemented on August 22, 2019

On August 22, 2019, updates to the Preadmission Screening and Resident Review (PASRR) Comprehensive Service Plan (PCSP) form were implemented.

Updates to Field A2700

Field A2700 label has been updated to “Nursing Facility Specialized Services Indication” and will only be required when field A2400. **Individual is PASRR positive for:** displays “1. IDD only” or “3. IDD and MI.”

Additional Field for MI Specialized Services

New field A3110. **Additional MI Specialized Services has been added to the Specialized Services Information section of the PCSP form and includes** the following specialized services:

- A. Cognitive Processing Therapy
- B. Counseling Services (CBT – Person or Group)
- C. Crisis Intervention Services
- D. Peer Support
- E. Pharmacological Management
- F. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening – Brief Intervention Not Provided
- G. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening – Brief Intervention Provided

Values to select from the drop-down list (for example, “2. New,” “3. Ongoing,” “7. Not Needed”) for the additional mental illness (MI) specialized services are the same as existing values for other specialized services fields listed in the Specialized Services Information section.

Changes to “Confirm IDT” Function on the PCSP Form for Non-Bexar County LA Users

Non-Bexar County Local Authority (LA) users will be required to confirm only one section (field A3400A or field A3500A) of the Local Authority Confirmation section on the PCSP form. Once the Non-Bexar County LA user clicks one of the checkboxes for field A3400A or field A3500A, the selected field section becomes enabled and required. The other field remains enabled and optional (it will become required if user clicks the checkbox). Non-Bexar County LA users can enter information into both fields, but the form will not be rejected if only one field is complete.

Habilitation Coordinator

A new value “9. LIDDA – Habilitation Coordinator” has been added to field **A2500A. Participant Type** in the Participant Information section of the PCSP form.

In some cases, the attendance type in field **A2500B. Attendance Type** will only enable option “1. Yes – Attended in person” if “9. LIDDA – Habilitation Coordinator” was selected in field A2500A. If the Habilitation Coordinator attended via phone, select a different option in field A2500 and select “2. Habilitation Coordinator” in field **A2500C. Title**.

Participants Information
Identify all meeting participants.

A2500. Meeting Participation Number of Participants to Add

1 Add Participants

| # | A. Participant Type | B. Attendance Type | C. Title | D. Other |
|---|--------------------------------------|--------------------------|--|----------|
| 1 | 2. LA - IDD <input type="checkbox"/> | <input type="checkbox"/> | 2. Habilitation C <input type="checkbox"/> | |

| # | A. Participant Type | B. Attendance Type | C. Title | D. Other |
|---|--------------------------------------|--|--|----------|
| 1 | 2. LA - IDD <input type="checkbox"/> | <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <ul style="list-style-type: none"> 1. Yes - Attended in person 2. Yes - Attended via phone 3. No - Did not attend 4. No - Declined </div> <input type="checkbox"/> | 2. Habilitation C <input type="checkbox"/> | |

Alternate Placement Considerations

Qualified Intellectual Disability Professional (QIDP)

A new value “15. Qualified Intellectual Disability Professional (QIDP)” has been added to field **A2500C. Title** in the Participants Information section of the PCSP form.

Updated Error Messages

Users will see the following error message when invalid data is entered in fields:

- A1100. Other
- A1400. Vendor No.
- A2500D. Other
- A2500E. Full Name

- A3200. Nursing Facility Comments
- A3300. Local Authority Comments
- A3400C. LA – MI Specialized Services Comments
- A3400F. LA – MI Participation Confirmation Comments
- A3500C. LA – IDD Specialized Services Comments
- A3500F. LA – IDD Participation Confirmation Comments

Depending on the field containing the invalid data, the error message will reflect where the invalid data was entered. The error message reads (field name) “contains invalid alphanumeric characters. Alphanumeric characters are limited to: 0-9, A-Z, a-z, and the following characters @’/+,_-”.

Users will see the following error message when a meeting is being entered on a new PCSP form initiated from PASRR Evaluation (PE) and associated PL1 is no longer valid:

“PL1 associated to the PE from which this form was initiated is no longer valid. PCSP form must be initiated from a PE with a valid PASRR Level 1 (PL1). The PASRR process must be started again by submitting a PL1, and associated PE and PCSP if applicable, if the individual is residing at the NF.”

Comment Boxes

The number of characters allowed in the following fields has been increased to allow up to 1,000 alphanumeric characters:

- A3300. Local Authority Comments; and
- A3200. Nursing Facility Comments.

Selecting options for Specialized Services

Specialized Services fields will be enabled and are required based on the person’s PASRR determination indicated in field A2400. Therefore:

- If field A2400 displays “1. IDD only,” then only NF and IDD specialized services are enabled and required (Sections A2800, A2900, and A3000).
- If field A2400 displays “2. MI only,” then only MI specialized services are enabled and required (Sections A3100 and A3110).
- If field A2400 displays “3. IDD and MI,” then all specialized services are enabled and required (Sections A2800, A2900, A3000, A3100, and A3110).

For more information, call the Long-Term Care Help Desk at 1-800-626-4117, Option 1. ■

Daily Care or Hospice Room and Board Service Authorization is Required for Submission of a PASRR NFSS Form

Providers need to ensure that a Daily Care (service group [SG] 1/service code [SC] 1) or Hospice Room and Board (SG 8/SC 31) service authorization is valid for the person receiving services when submitting a Preadmission Screening and Resident Review (PASRR) Authorization Request for Nursing Facility Specialized Services (NFSS) form on the Long-Term Care Online Portal.

PASRR NFSS forms need to include and ensure the following:

1. The date of assessment on each assessment tab either:
 - Falls on or after the Daily Care (SG 1/SC 1) service authorization begin date, and before the Daily Care service authorization end date; or
 - Falls on or after the Hospice Room and Board (SG 8/SC 31) service authorization begin date, and before the Hospice Room and Board service authorization end date.
2. The date a user is attempting to submit an NFSS form for an item or service either:
 - Falls on or after the Daily Care (SG 1/SC 1) service authorization begin date, and before the Daily Care service authorization end date; or
 - Falls on or after the Hospice Room and Board (SG 8/SC 31) service authorization begin date, and before the Hospice Room and Board service authorization end date.

PASRR NFSS forms that are submitted without a valid Daily Care service authorization (SG 1/SC 1) or Hospice Room and Board (SG 8/SC 31) service authorization will be rejected, and providers will receive an error message. Nursing facilities (NFs) can then correct the date of assessment or submit the necessary paperwork to establish the appropriate service authorization. The NF can resubmit the NFSS form when the appropriate service authorization has been established.

For more information, call the Long-Term Care Help Desk at 1-800-626-4117, Option 1. ■

Eligibility Information Available for Hospice Providers

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

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

Listed below are the most common eligibility types that are valid for hospice services:

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

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

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

It is important for providers to follow proper procedures when a Medicaid overpayment has been discovered. The correct way to refund money to the Health and Human Services Commission (HHSC) for a long-term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have processed to **Approved-to-pay (A)** status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to **Transferred (T)** status will require repayment by check or by deduction; deductions are set up by HHSC Provider Recoupments and Holds. If the adjustment claim processes to **T** status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider

Recoupments and Holds to determine the appropriate method for returning the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always process an adjustment claim in TexMedConnect or via their third-party submitter. Some examples of overpayments requiring an adjustment claim include:
 - Original paid claim was billed with too many units of service.
 - Original paid claim did not properly report LTC-relevant Other Insurance payments or coverage.
 - Original paid claim was billed with the wrong revenue code and/or Healthcare Common Procedure Coding System (HCPCS) code.
- If submitted properly, LTC FFS claim adjustments to return money to HHSC will not deny for the one-year claim filing deadline edit (Explanation of Benefits [EOB] F0250).
 - LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.
- Providers **SHOULD NOT** use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute care claims.

Contact Information:

| Entity | What they can do... |
|---|---|
| HHSC Provider Recoupments and Holds 512-438-2200, Option 3 | <ul style="list-style-type: none"> • Provide the current outstanding balance after adjustment claims are processed • Facilitate payment to HHSC for outstanding negative T claims by provider check or deduction • Facilitate payment to HHSC for an outstanding negative balance (A or T claims) by provider check or deduction from an associated contract when the provider is no longer billing new LTC FFS claims |
| TMHP LTC Help Desk 1-800-626-4117, Option 1 | <ul style="list-style-type: none"> • Assist with filing an adjustment claim • Assist with understanding the provider’s Remittance and Status (R&S) Report |



Claims Identified for Potential Recoupment Reports Available

Providers are reminded that TMHP generates the Claims Identified for Potential Recoupment (CIPR) Provider Report on a weekly basis, and TMHP maintains each CIPR Provider Report for six months after it is generated. Reviewing the CIPR Provider Report regularly helps providers avoid unexpected recoupments. The CIPR Provider Report lists claims that have been identified for potential recoupment as a result of TMHP identifying new or changed long-term care-relevant insurance policies for clients with paid claims during the policy coverage period. The CIPR Provider Report lists potentially impacted claims and the insurance company information for the corresponding long-term care-relevant policy.

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

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

Useful Links:

[Accessing Re&S and CIPR Reports from the Website](#) – This PDF provides instructions for locating, viewing, downloading, and printing the CIPR Provider Report.

[TexMedConnect Long-Term Care User Guide](#) – The User Guide provides information on how to submit a claim, adjusting claims, viewing Other Insurance on the Medicaid Eligibility and Service Authorization Verification (MESAV), and how to fill out the Other Insurance/Finish Tab section of the claim.

Contact Information

For questions about submission of long-term care fee-for-service claims and adjustments, call the TMHP Long-Term Care (LTC) Help Desk at 1-800-626-4117, Option 1.

For questions about Other Insurance information, including OI updates and OI MESAV discrepancies, call the TMHP LTC Help Desk at 1-800-626-4117, Option 6. ■

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

The following long-term care (LTC)-specific computer-based training (CBT) courses are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

LTC Online Portal Basics

This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account, and an overview of the features of the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.

TexMedConnect for Long-Term Care (LTC) Providers

This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:

- Log in to TexMedConnect.
- Verify a client's eligibility.
- Enter, save, and adjust different types of claims.
- Export Claim Data.
- Find the status of a claim.
- View Remittance and Status (R&S) Reports.

Accessing the TMHP LMS

The TMHP LMS can be accessed through the TMHP website at www.tmhp.com/Pages/Education/Ed_Home.aspx, or directly at <http://learn.tmhp.com>.

Users must have a user name and password to access CBTs and LTC webinar recordings in the LMS. To obtain a user name and password, providers must create an account by clicking the **Registration** link at the top right-hand corner of the LMS home page. After creating an account, providers can access all available training materials in the LMS.

For questions about the LTC training CBTs and webinars, call the TMHP Help Desk/Call Center at 1-800-626-4117 or 1-800-727-5436. For LMS login or access issues, email TMHP Learning Management System (LMS) support at TMHPTrainingSupport@tmhp.com. ■

Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, and MCOs

Long-term care (LTC) training sessions are available in webinar format. LTC providers are able to take advantage of live, online training webinars, as well as replays of those webinars, that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Programs providers, and managed care organizations (MCOs).

The webinars that are currently offered include:

- LTC Community Services Waiver Programs Webinar - Provides information that assists Community Services Waiver providers with using the LTC Online Portal to complete and submit the Medical Necessity and Level of Care (MN/LOC) Assessment
- LTC Form 3618: Resident Transaction Notice and Form 3619: Medicare/Skilled Nursing Facility Patient Transaction Notice Webinar
- LTC Nursing Facility Minimum Data Set (MDS) Assessment and Long-Term Care Medicaid Information (LTCMI) Webinar
- LTC Nursing Facility PASRR/NFSS Webinar, Part 1
- LTC Nursing Facility PASRR/NFSS Webinar, Part 2
- LTC Hospice Form 3071 Election/Cancellation/Discharge Notice and 3074 Physician Certification of Terminal Illness Webinar

For a list of webinar descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the Webinar Registration page at www.tmph.com/Pages/LTC/ltc_webinar.aspx. ■

Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page

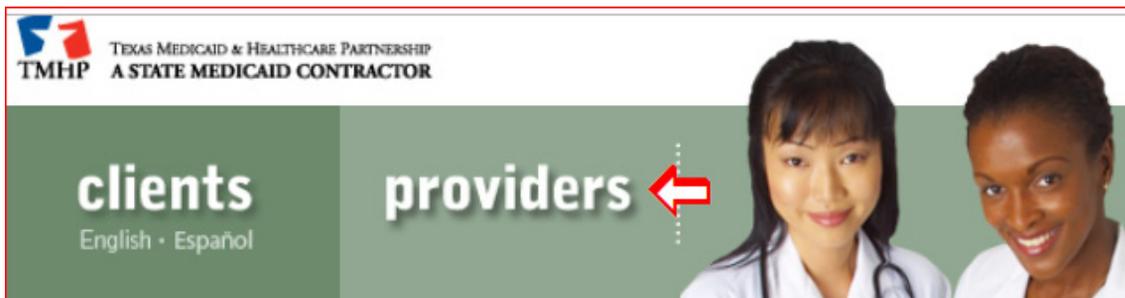
The Quality Monitoring Program (QMP) and the TMF Quality Improvement Organization continue to collaborate on the Texas Nursing Facility Quality Improvement Coalition Facebook page. Many great resources and educational opportunities are shared on this Facebook page, designed to improve the quality of care and quality of life for all Texas nursing facility people. In addition, this page is a means of communicating updates on current and future initiatives.

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

Long-Term Care Home Page on TMHP.com

Long-term care (LTC) has its own dedicated section on TMHP.com. All the content found under the Long-Term Care tab at tmhp.com is up-to-date information and resources such as news articles, LTC Provider Bulletins, User Guides, and webinar information and registration.

Additionally, there are links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS), and the ability to search all of TMHP.com.



To locate the Long-Term Care tab, click **providers** on the green bar at the top of tmhp.com, and then click **Long-Term Care** on the yellow bar.

A screenshot of the TMHP website. At the top left is the TMHP logo. Below it is a blue navigation bar with 'Providers' and 'Texas Medicaid'. To the right is an 'Enroll Today!' section. Below the blue bar is a yellow navigation bar with various program links: 'Texas Medicaid', 'CSHCN', 'Family Planning', 'CHIP', 'Long-Term Care', 'LTP', 'Health IT', 'HTW', 'EVP'. A red arrow points to 'Long-Term Care'. Below the yellow bar is a green sidebar with a list of links: 'Medicaid Home', 'Program Information', 'Medicaid Provider Manual', 'Prior Authorization', 'Provider Education', 'Forms', 'Texas Health Steps', 'Enrollment', 'Fee Schedules', 'Rate Changes', 'Code Updates', 'Managed Care', 'Hospital Initiatives', 'Medicare Dual-Eligibility', 'Provider Support Services'. The main content area features a 'Mark Your Calendar' banner for a 'Provider Revalidation Webinar' on Thursday, November 7th, 2019. Below this is a 'Texas Medicaid Provider Home Page' section with a brief description and a link to 'News for Medicaid Providers'. The news section has two columns: 'Top News' and 'New Publications'. The 'Top News' column includes 'Provider Revalidation Webinar Replay Upcoming' and 'Esketamine (Spravato) to Become a Benefit of Texas Medicaid Effective October 1, 2019'. The 'New Publications' column includes 'Banner Messages for 10-14-19 and 10-18-19' and 'Banner Messages for 10-07-19 and 10-11-19'. On the right side of the page, there is a 'Check Client Eligibility' button and a 'Get the client info you need' section with a photo of a healthcare professional.

The Long-Term Care home page features recent news articles by category and news articles that have been posted within the last seven days. In the upper right-hand corner, there are links to both the LTC Online Portal and TexMedConnect. Both of these links require a user name and password.

On the left-hand navigational bar, there are links to:

- [Program Information/FAQ](#), including frequently asked questions.
- [Information Letters](#), LTC providers are contractually obligated to follow the instructions provided in LTC Information Letters.
- [Reference Material](#), including manuals, User Guides, and other publications.
- [Forms](#), and form instructions, which includes the various downloadable forms needed by long-term care providers.
- [Provider Support Services](#), where providers can locate their Provider Relations Representative, find all of the telephone numbers for the Contact Center and relevant state and federal offices.
- [Provider Education](#), which lists all of the provider education opportunities offered by TMHP, workshop and webinar registration, computer-based training modules, a link to the LMS, and written training materials.
- [Helpful Links](#) for long-term care providers.

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

Reminder for Resource Utilization Group Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be able to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long-Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on current volume of enrollments and completions.

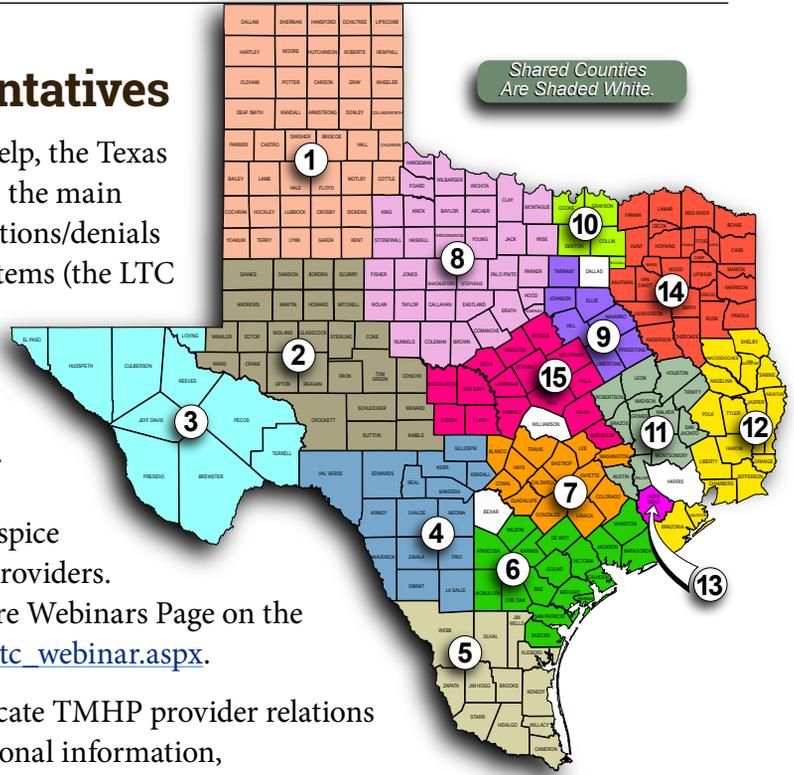
To register for the RUG training, or for more information, visit www.txstate.edu/continuinged/CE-Online/RUG-Training.html. ■

Provider Relations Representatives

When Long-Term Care (LTC) providers need help, the Texas Medicaid & Healthcare Partnership (TMHP) is the main resource for general inquiries about claim rejections/denials and how to use automated TMHP provider systems (the LTC Online Portal and TexMedConnect).

Providers can call TMHP at 1-800-925-9126 with questions and to request on-site visits to address particular areas of provider concern. TMHP webinars for LTC Community Services Waiver Programs and nursing facility (NF)/Hospice providers are also offered specifically for LTC providers. For current schedules check the Long-Term Care Webinars Page on the TMHP website at www.tmhp.com/Pages/LTC/lc_webinar.aspx.

The map on this page, and the table below, indicate TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county, is available on the TMHP website at www.tmhp.com/Pages/SupportServices/PSS_Reg_Support.aspx.



| Territory | Regional Area | Representative |
|-----------|--|------------------------|
| 1 | Amarillo, Childress, Lubbock | Kendra Davila |
| 2 | Midland, Odessa, San Angelo | Stacey Jolly |
| 3 | Alpine, El Paso, Van Horn | Isaac Romero |
| 4 | Carrizo Springs, Del Rio, Eagle Pass, Kerrville, San Antonio | Jacob Vasquez |
| 5 | Brownsville, Harlingen, Laredo, McAllen | Yvonne Garza-Garcia |
| 6 | Corpus Christi, San Antonio, Victoria | Araceli Wright |
| 7 | Austin, Bastrop, San Marcos | Josh Haley |
| 8 | Abilene, Wichita Falls | Brooke Livingston |
| 9 | Corsicana, Dallas, Denton, Fort Worth, Grayson | Vanessa Whitley-Parker |
| 10 | North Dallas | Melissa Tyler |
| 11 | Bryan College Station, Houston | TBD |
| 12 | Beaumont, Galveston, Nacogdoches | Ebony Brown |
| 13 | Houston, Katy | Israel Barco |
| 14 | Longview, Marshall, Palestine, Northeast Texas | Carrita Mitchell |
| 15 | Killeen, Temple, Waco | Korey Reeder |

*Bexar, Dallas, Harris, and Williamson Counties are shared by 2 or more provider representatives. These counties are divided by ZIP Codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP Code.

TMHP LTC Contact Information

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

When calling the TMHP Call Center/Help Desk, providers are prompted to enter their 9-digit Long-Term Care (LTC) provider number using the telephone keypad. When the 9-digit LTC provider number is entered on the telephone keypad, the TMHP Call Center/Help Desk system automatically populates the TMHP representative's screen with that provider's specific information, such as name and telephone number.

Providers should have their 4-digit Vendor/Facility or Site Identification number available for calls about Forms 3618 and 3619, Minimum Data Set (MDS), Medical Necessity and Level of Care (MN/LOC) Assessment, and Preadmission Screening and Resident Review (PASRR).

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

For questions, providers should call the TMHP Call Center/Help Desk at the following telephone numbers:

- Austin local telephone number at 512-335-4729.
- Toll free telephone number (outside Austin) at 1-800-626-4117 or 1-800-727-5436.

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

- General inquiries.
- Using TexMedConnect.
- Claim adjustments.
- Claim status inquiries.
- Claim history.
- Claim rejection and denials.
- Understanding Remittance and Status (R&S) Reports.
- Forms.
- Forms 3071 and 3074.
- Forms 3618 and 3619.
- Resource Utilization Group (RUG) levels.
- Minimum Data Set (MDS).
- LTC Medicaid Information (LTCMI).
- Medical Necessity and Level of Care (MN/LOC) assessment.
- PASRR Level 1 Screening, PASRR Evaluation, and PASRR Specialized Services submission status messages.

Choose Option 2: To speak with a nurse about:

- Medical necessity.
- Custom Powered Wheelchair Form 3076.
- Forms pending denial.
- Medical necessity denial letters.

Choose Option 3: Technical Support for questions about:

- TexMedConnect – technical issues, account access, portal issues.
- Modem and telecommunication issues.
- Processing provider agreements.
- Verifying that system screens are functioning.
- American National Standards Institute (ANSI) ASC X12 specifications, testing, and transmission.
- Getting Electronic Data Interchange (EDI) assistance from software developers.
- EDI and connectivity.
- LTC Online Portal, including technical issues, account access, portal issues.

Choose Option 5: Request fair hearing for questions about:

- Individual appeals.
- Individual fair hearing requests.
- Appeal guidelines.

Choose Option 6 for questions about LTC other insurance information and updates.

Choose Option 7 to repeat this message.

Electronic Visit Verification (EVV) Contact Information

For questions about Claims, providers should call the TMHP EDI Helpdesk at: 1-888-863-3638, Option 4 including questions about:

- Electronic Data Interchange (EDI) – Submitting Claims for EVV.
- Claim Rejections (excluding Long-Term Care [LTC] claim rejections with error code F, RJ, and/or AC).

For questions about EVV Claims Processing, contact the entity that pays or denies your claims (i.e., the managed care organization [MCO]. See page 31 for a list of MCO phone numbers).

For questions about EVV Claims Processing that are specific to TMHP call:

- LTC: 1-800-626-4117, Option 1.
- Acute Care: 1-800-925-9126, Option 2.

For EVV general complaints questions, contact:

- HHSC Program Providers email: Electronic_Visit_Verification@hhsc.state.tx.us.
- MCO Program Providers at your MCO's EVV mailbox (See page 31).

For questions about MCO complaints, email: HHSC Managed Care Compliance and Operations at: HPM_Complaints@hhsc.state.tx.us.

For questions about EVV Vendor complaints, email the TMHP EVV mailbox at: EVV@tmhp.com.

If you have questions about policy and compliance, contact:

For general EVV questions about policy and compliance, email the HHSC EVV Operations mailbox at: Electronic_Visit_Verification@hhsc.state.tx.us. Questions may include:

- Rules.
- Programs and Services Required to Use EVV.
- The 21st Century Cures Act.

For general EVV questions about policy and compliance reviews, contact HHSC Program Providers at: Electronic_Visit_Verification@hhsc.state.tx.us or the MCO Program Providers at your MCO's EVV mailbox (See page 31 for a list of email addresses). Questions may include:

- Allowable Phone Identification and Recoupment.
- Compliance Oversight.
- Reason Codes.
- EVV Usage.
- Policy and Requirements.
- EVV Reports and Understanding EVV Reports.
- Visit Maintenance and Unlock Request Policy.
- Reason Codes.

For questions about EVV Aggregator or the EVV Portal, email the TMHP EVV mailbox at EVV@tmhp.com or contact the HHSC-Approved EVV Vendor (See HHSC-Approved Vendor list on page 30). Questions may include:

- General Support.
- EVV Provider Onboarding.
- EVV Reports in the Vendor System.
- EVV Visit Transactions – Includes Accepted and/or Rejected EVV Visit Transactions.

For questions about TexMedConnect and Electronic Data Interchange call the TMHP EDI Helpdesk at: 1-888-863-3638, Option 4. Questions may include:

- File Submission Errors.
- Form Processing (i.e., EDI Agreement, TPA, and TPAEF).
- PIMS Assistance.
- Submitter IDs – Creation and Modification.
- TexMedConnect and EDI – Account Setup, Submitting Claims for EVV.

For questions about training on the EVV Vendor System, contact the HHSC-Approved EVV Vendor (See HHSC-Approved Vendor list on page 30). Questions may include:

- General questions.
- Accessing Reports.
- EVV Clock In and Clock Out Methods.
- Making Corrections through Visit Maintenance.

For questions about TMHP Systems training, email questions to the TMHP EVV mailbox at: EVV@tmhp.com.

Note: For non-system related EVV Policy questions email the HHSC Program Providers at: Electronic_Visit_Verification@hhsc.state.tx.us or the MCO Program Providers at your MCO's EVV mailbox (See page 31 for a list of email addresses). Questions may include:

- EVV Aggregator.
- EVV Portal and EVV Standard Reports.
- Claims submission.

HHSC-Approved Vendor list

DataLogic Software, Inc./Vesta:

Phone: 1-844-880-2400

Email: info@vestaevv.com

MCO EVV Contact Information

Contact Information for MCOs.

| Name of MCO | Phone | Email |
|---------------------------------------|----------------|--|
| Aetna | 1-844-787-5437 | evvmailbox@aetna.com |
| Amerigroup | 1-855-817-5790 | TXEVVSupport@amerigroup.com |
| Blue Cross Blue Shield | 1-877-784-6802 | BCBSTX_EVV_Questions@bcbstx.com |
| Children’s Medical Center Health Plan | 1-800-947-4969 | cmchpevv@childrens.com |
| Cigna-Health Spring | 1-877-653-0331 | providerrelationscentral@healthspring.com |
| Community First Health | 1-855-607-7827 | cfhpevv@cfhp.com |
| Cook Children’s Health Plan | 1-800-964-2247 | CCHPEVV@cookchildrens.org |
| Driscoll Children’s Health Plan | 1-877-324-7543 | evvquestions@dchstx.org |
| Molina Healthcare of Texas | 1-866-449-6849 | mhtxevv@molinahealthcare.com |
| Superior Health Plan | 1-877-391-5921 | SHP_.EVV@superiorhealthplan.com |
| Texas Children’s Health Plan | 1-800-731-8527 | EVVGroup@texaschildrens.org |
| United Health Group | 1-888-887-9003 | uhc_evv@uhc.com |

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the QIES Technical Support Office (QTSO) at help@qtso.com or 1-800-339-9313.

HHSC Contact Information

The following is HHSC contact information for questions listed.

If you have questions about the **12-month rule**, contact:

- Community Services - Community Services Contract Manager.
- Institutional Services (NFs)—Provider Claims Services: 512-438-2200, Option 1.
- IDD Services—Provider Claims Services: 512-438-2200, Option 1.

If you have questions about **Community Services contract enrollment** or **Hospice Services contract enrollment**:

- Email: ContractedCommunityServices@hhsc.state.tx.us.
- Voice mail 512-438-3550.

If you have questions about **ICF/IID and nursing facility contract enrollment** call 512-438-2630.

If you have questions about **Days paid and services paid information for cost reports**, use TexMed-Connect to submit a batch of CSIs.

If you have questions about **Rate Analysis** contacts visit this website:

rad.hhs.texas.gov/long-term-services-supports. Contact information is listed by program.

If you have questions about **how to prepare a cost report** (forms and instructions) and approved rates posted, contact this website: rad.hhs.texas.gov/long-term-services-supports then select the appropriate program.

If you have questions about how to sign up for, or obtain **direct deposit**, or how to sign up for **electronic funds transfer**, call Accounting at 512-438-2410.

If you have questions about how to obtain **IRS Form 1099-Miscellaneous Income**, call Accounting at 512-438-3189.

If you have questions about **Medicaid eligibility, applied income, and name changes**, contact a Medicaid for the Elderly and People With Disabilities (MEPD) worker, or the Integrated Eligibility and Enrollment (IEE) Call Center at telephone number 2-1-1 or visit the website: <https://yourtexasbenefits.hhsc.texas.gov/>.

If you have questions about **PASRR policy and rules**, email PASRR.Support@hhsc.state.tx.us. Email is preferred so that we may review your question and do any necessary research before responding.

For additional learning opportunities, information, and forms: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>.

If you have questions about **Payment Issues** (If payment has not been received after more than 10 days from the date of billing) call the HHSC Payment Processing Hotline at: 512-438-2410.

If you have questions about **Personal Needs Allowance** (PNA) call Provider Claims Services at: 512-438-2200, Option 2.

If you have questions about **PASRR Quality Service Review** call a PASRR Quality Service Review Program Manager at: 512-438-5413.

If you have **Targeted Case Management** Service Authorization questions for Local Intellectual and Developmental Disability Authorities (LIDDAs), contact the HHSC Regional Claims Management Coordinator at website: <https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts>.

If you have questions about Service Authorization questions for **Guardianship Program** call the HHSC Office of Guardianship at: 512-438-2843.

If you have questions about **Deductions and provider-on-hold** questions for **Institutional Services (nursing facilities)**, contact the HHSC Regional Claims Management Coordinator at website: <https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts> or Institutional Services (NFs)—Provider Claims Services at: 512-438-2200, Option 3.

If you have questions about **Deductions and provider-on-hold** questions for **Community Services** call the Community Services Contract Manager or IDD Services at: 512-438-4722.

If you have questions about **Invalid or inappropriate recoupments** for nursing facilities and hospice services call Provider Claims Services at: 512-438-2200, Option 3.

If you have questions about **Status of warrant/direct deposit after a claim has been transmitted to Accounting** (fiscal) by TMHP, contact the Comptroller's website at: www.window.state.tx.us. Choose the State-to-Vendor-Payment Info-Online-Search link or call Accounting at: 512-438-2410. When calling Accounting, provide the Provider/contract number assigned by HHSC.

Note: Allow 5-7 business days for processing of claims before verifying payment information.

If you have questions about **Texas State University Resource Utilization Group** (RUG) training, call the

Office of Continuing Education Online course at: 512-245-7118 or visit the website at:

www.txstate.edu/continuinged.

If you have questions about Long-Term Care (LTC) Provider Recoupments and Holds (PRH) including torts and trusts and/or annuities for which the state is the residual beneficiary, call Provider Claims Services at: 512-438-2200, Option 4.

For Questions about Community Care for the Aged and Disabled Programs (CCAD), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Medically Dependent Children Program (MDCP), Home and Community-based Services (HCS), Texas Home Living Waiver (TxHmL), and Hospice Programs

If you have questions about CLASS Program Policy call 512-438-3078, 1-877-438-5658 or email

ClassPolicy@hhsc.state.tx.us.

For questions about HCS Program Policy call 512-438-4478 or email HCSPolicy@hhsc.state.tx.us.

For questions about MDCP Program Policy call 512-438-3501, 1-877-438-5658, or email

MDCPpolicy@hhsc.state.tx.us.

For questions about TxHmL Program Policy call 512-438-4639 or email TxHmLPolicy@hhsc.state.tx.us.

For questions about DBMD Program Policy call 512-438-2622, 1-877-438-5658, or email

dbmdpolicy@hhsc.state.tx.us.

For questions about CCAD financial or functional eligibility criteria or CCAD service authorization issues contact the caseworker.

Note: For more contact information visit:

<https://hhs.texas.gov/about-hhs/find-us/community-services-regional-contacts>.

For questions about CCAD Program policies and procedures call 512-438-3226 or email

CCADPolicy@hhsc.state.tx.us.

For Hospice policy questions email: HospicePolicy@hhsc.state.tx.us.

For questions about Hospice Program service authorization issues call Provider Claims Services at: 512-438-2200, Option 1.

For questions about Home and Community-based Services (HCS) and Texas Home Living Waiver (TxHmL) billing, policy, payment reviews, or cost report repayment call the Billing and Payment Hotline at: 512-438-5359 or email: HCS.TxHmL.BPR@hhsc.state.tx.us.

For questions about HCS, TxHmL, CLASS, or DBMD Program Enrollment/Utilization Review (PE/UR): Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC) call HCS or TxHmL at: 512-438-5055 or Fax: 512-438-4249. Call CLASS or DBMD at: 512-438-4896 or Fax: 512-438-5135.

For questions about Vendor Holds for HCS/TxHmL call 512-438-3234 or email:

IDDWaiverContractEnrollment@hhsc.state.tx.us.

For questions about Consumer rights (consumer/family complaints concerning HCS and TxHmL

waiver) call Consumer Rights and Services at: 1-800-458-9858, email: ciicomplaints@hhsc.state.tx.us, or visit the website at: <https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services>.

For questions about **invalid or inappropriate CCAD recoupments** call Provider Claims Services at: 512-438-2200, Option 4.

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

If you have questions about the **HHS Quality Monitoring Program** email: QMP@hhsc.state.tx.us.

For questions about **Payment information for cost reports or a Quality assurance fee (QAF)** call 512-438-3597.

For questions about **Health and Human Services Commission Network (HHSCN) connection problems** call 512-438-4720 or 1-888-952-4357.

For questions about **ICF/IID durable medical equipment (DME), DME authorizations, Home and Community-Based Services (HCS), Texas Home Living Waiver (TxHmL)**, home modifications, adaptive aids, and dental services approvals call Provider Claims Services at: 512-438-2200, Option 5.

For questions about **ICF/IID/Residential Care (RC) Individual Movement Form IMT/service authorization** questions call Provider Claims Services: 512-438-2200, Option 1.

For **Client Assessment Registration (CARE) System Help Desk for ICF/IID** call 1-888-952-4357. Request HHSC Field Support staff.

For questions about **Program enrollment/Utilization Review (PE/UR), Intellectual Disability-Related Conditions (ID/RC) Assessment Purpose Codes, Level of Need, Level of Care, and Individual Plan of Care (IPC)** call 512-438-5055 or Fax: 512-438-4249.

For questions about **Provider contracts and vendor holds for ICF/IID or Provider access to ICF/IID CARE system** call 512-438-2630.

For questions about **MDS 3.0, MDS Purpose Code E, and Forms 3618 and 3619** missing/incorrect information call Provider Claims Services 512-438-2200, Option 1.

For questions about **Rehabilitation and specialized therapy/emergency dental/Customized Power Wheelchair (CPWC)** service authorizations call Provider Claims Services 512-438-2200, Option 6, or Fax: 512-438-2302.

For questions about **Service authorizations for nursing facilities** call Provider Claims Services at: 512-438-2200, Option 1 or Fax: 512-438-2301.

For questions about **invalid or inappropriate recoupments for ICF/IIDs** call the HHSC Help Desk at: 512-438-4720 or 1-800-214-4175.

For questions about **Consumer Rights and Services** or questions about the Surrogate Decision Making Program (SDMP) for people receiving community-based services through the ICF/IID program call Consumer Rights and Services at: 1-800-458-9858, email: ciicomplaints@hhsc.state.tx.us, or visit the website at: <https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services>.



Acronyms In This Issue

| Acronym | Definition |
|------------|--|
| AMA | American Medical Association |
| ANSI | American National Standards Institute |
| API | Atypical Provider Identifier |
| APRN | Advanced Practice Registered Nurse |
| CARE | Client Assessment Registration |
| CBT | Computer-Based Training |
| CCAD | Community Care for Aged and Disabled Programs |
| CDC | Centers for Disease Control and Prevention |
| CDS | Consumer Directed Services |
| CDT | Current Dental Terminology |
| CFC | Community First Choice |
| CIPR | Claims Identified for Potential Recoupment |
| CMP | Civil Monetary Penalty |
| CMS | Centers for Medicare & Medicaid Services |
| CNA | Certified Nursing Assistant |
| CLASS | Community Living Assistance and Support Services |
| CMS | Centers for Medicare & Medicaid Services |
| CPT | Current Procedural Terminology |
| CPWC | Customized Power Wheelchair |
| DBMD | Deaf Blind with Multiple Disabilities |
| DME | Durable Medical Equipment |
| DOB | Date of Birth |
| EDI | Electronic Data Interchange |
| EOB | Explanation of Benefits |
| EOP | Explanation of Payment |
| EVV | Electronic Visit Verification |
| FARS/DFARS | Federal Acquisition Regulations System/Department of Defense Regulation System |
| FFS | Fee-For-Service |
| FMSA | Financial Management Services Agency |
| HAB | Habilitation |
| HCPCS | Healthcare Common Procedure Coding System |
| HCS | Home and Community-Based Services |
| HHS | Health and Human Services |
| HHSC | Health and Human Services Commission |
| HHSCN | Health and Human Services Commission Network |
| ICF | Intermediate Care Facility |
| ICF/IID | Intermediate Care Facility for Individuals with an Intellectual Disability |
| IDT | Interdisciplinary Team |

| Acronym | Definition |
|----------------|---|
| IPC | Individual Plan of Care |
| LA | Local Authority |
| LIDDA | Local Intellectual and Developmental Disability Authority |
| LMS | Learning Management System |
| LTC | Long Term Care |
| LTCMI | Long Term Care Medicaid Information |
| MCO | Managed Care Organization |
| MDCP | Medically Dependent Children's Program |
| MDS | Minimum Data Set |
| ME | Medicaid Eligibility |
| MEPD | Medicaid for the Elderly and People With Disabilities |
| MESAV | Medicaid Eligibility and Service Authorization Verification |
| MN/LOC | Medical Necessity and Level of Care |
| NF | Nursing Facility |
| NFSS | Nursing Facility Specialized Services |
| NPI | National Provider Identifier |
| OI | Other Insurance |
| PAR | Provider Action Required |
| PASRR | Preadmission Screening and Resident Review |
| PCS | Personal Care Services |
| PE | PASRR Evaluation |
| PE/UR | Program Enrollment/Utilization Review |
| PCSP | PASRR Comprehensive Service Plan |
| PL1 | PASRR Level 1 |
| PNA | Personal Needs Allowance |
| PRH | Provider Recoupments and Holds |
| PSS | PASRR Specialized Services |
| QAF | Quality Assurance Fee |
| QAPI | Quality Assurance, Performance Improvement |
| QIDP | Qualified Intellectual Disability Professional |
| QMP | Quality Monitoring Program |
| QTSO | QIES Technical Support Office |
| UR | Utilization Review |
| R&S | Remittance and Status |
| RC | Residential Care |
| RHC | Routine Home Care |
| RN | Registered Nurse |
| RUG | Resource Utilization Group |
| SBIRT | Screening Brief Intervention and Referral to Treatment |

| Acronym | Definition |
|----------------|---|
| SC | Service Code |
| SDMP | Surrogate Decision Making Program |
| SG | Service Group |
| SPT | Service Planning Team |
| TMHP | Texas Medicaid & Healthcare Partnership |
| TxHmL | Texas Home Living Waiver |
| UR | Utilization Review |

