

TMHP Account Setup for HCS and TxHmL Waiver Programs

QUICK REFERENCE GUIDE (QRG)



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Overview

Home and Community-based Services (HCS) program providers, Texas Home Living (TxHmL) program providers, and financial management services agencies (FMSAs) billing on behalf of Consumer Directed Services (CDS) employers must create Texas Medicaid & Healthcare Partnership (TMHP) accounts necessary for submitting claims and forms to TMHP. Complete all account setup steps in this quick reference guide (QRG) to prevent claim and form submission delays after the migration to TMHP.

This QRG begins with steps for creating a TexMedConnect administrator account.

- If you already have a TexMedConnect administrator account, go to <u>Step 2A: Link Your TexMedConnect</u> <u>Administrator Account to the LTC Online Portal</u>.
- If you already have a Long-Term Care (LTC) Online Portal administrator account, begin with <u>Step 2B:</u> <u>Link Your LTC Online Portal Administrator Account to TexMedConnect</u> to create your TexMedConnect administrator account.
- If you already have both administrator accounts (TexMedConnect and LTC Online Portal), go to <u>Step 3: Create</u> <u>Your TexMedConnect Users</u>.

Note: Skip a step if you have already completed it or if it does not apply to you. You may call the Electronic Data Interchange (EDI) Help Desk at 888-863-3638 to confirm if you have already completed steps.

Note: You will see a Provider Enrollment and Management System (PEMS) button during account setup labeled 'PEMS provider.' You should not click this button anytime during account setup. To ensure accurate and successful account creation, follow the steps in this QRG exactly as they are written.

Step 1: Create Your TexMedConnect Administrator Account

The TexMedConnect administrator account gives you access to client eligibility information, electronic claims submission tools, the Portable Document Format (PDF) version of the Remittance and Status (R&S) Report (available to you for *90 days*), and more. You must create this account to submit claims to TMHP using TexMedConnect. Each TexMedConnect account should have at least two administrators. For more information about TexMedConnect, refer to the *Long-Term Care (LTC) User Guide for TexMedConnect* and <u>TexMedConnect for Long-Term Care (LTC) Providers Computer-Based Training (CBT)</u>.

Note: Microsoft Edge must be used, and you must have a Personal Identification Number (PIN) to complete the following steps. Plan accordingly, as It may take up to 10 days from when it was requested to receive your PIN in the mail.

- a) Go to <u>tmhp.com</u>.
- b) Click I Accept if the Disclaimer Block appears.



d) Click **Cancel** when the Windows Security Prompt appears since you have not yet created an account.

HAR

| Sign in | |
|-------------------------|--|
| https://secure.tmhp.com | |
| Password | |
| Sign in Cancel | |
| | |
| | |

e) Click Activate My Account to begin the process for creating an administrator account, then click Go.

| Forgot Password Provider/Vendor |
|---|
| If you are a Texas Medicaid Provider/Vendor, you must create a Provider Administrator account to access secure functions. Select this option to Create a Provider/Vendor Administrator Account. |
| Try Again Contact Us Go |

f) Click Create Account and link to a Long Term Care provider, then click Next.



g) Enter your provider number (also known as contract number), then click Look-up.

| TMHP | | Logged in as: Log Off |
|-------------|---|-----------------------|
| * * ? | Find your previously enrolled provider Provider Number Back | |

h) Click **Do you need to request a PIN?** since you do not yet have a PIN.

| | Find your previously enrolled provider | | | | | | |
|---------|--|--|--|--|--|--|--|
| \$ 0 | Provider Number | | | | | | |
| | Select one of the following options then select "Next" | | | | | | |
| | Security Questions Enter PIN | | | | | | |
| | Do you need to request a PIN? | | | | | | |
| | Back | | | | | | |

i) Click the **radio button** next to the address where the PIN should be mailed, then click **Submit**. It may take up to 10 days to receive your PIN in the mail.

| | Request a PIN | |
|---------|--|--|
| \$ 0 | A PIN is required for an Administrator enrollment when a current Internal Control Number (ICN) is not available during account activation. Complete the following to request a PIN. | |
| | Please select the address to which the PIN should be sent | |
| | Submit | |
| | | |

- j) Repeat steps A through G once you receive your PIN.
- k) Click Enter PIN, then click Next.

| | Find your previously enrolled provider | | | |
|--------|--|--|--|--|
| ¢ 0 | Provider Number | | | |
| | Select one of the following options then select "Next" | | | |
| | Security Questions Enter PIN Do you need to request a PIN? | | | |
| | Back | | | |

l) Enter your PIN, then click **Next**.

| | Find your previously enrolled provider | | | | | | |
|--------------|---|--|--|--|--|--|--|
| 0 | Provider Number | | | | | | |
| | If you have requested and received a portal security PIN from TMHP, you may enter it here: | | | | | | |
| | * PIN PIN must be entered manually. Copy and paste functionality is disabled for security purposes. | | | | | | |
| | Do you need to request a PIN? | | | | | | |
| | Back | | | | | | |

- m) Complete required fields, as indicated by the red dots, to create your TMHP administrator account username and password.
- n) Scroll down to review all the General Terms and Conditions, then click the "I agree to these terms" check box.
- o) Click the "I'm not a robot" check box, then click **Submit**.

| Cleate New Account | | |
|--|---|---|
| *User Name | | 6-20 characters(no spaces or special characters) |
| *First Name | | (no special characters) |
| *Last Name | | (no special characters) |
| *Business Telephone | | 2006-2006-2006 |
| *Email | | To ensure delivery to your inbox please add donotreply@tmhp.com to your address book today |
| *Confirm Email | | Retype email address. Do not copy and paste |
| *Password | | 8-20 characters(no spaces) |
| *Confirm Password | | Retype password. Do not copy and paste |
| *General Terms and Conditions | | |
| You have entered the secure portion of the Texas TMHP means TMHP, Accenture State Healthcare subcontractors. | Medicaid & Healthcare Partnership (TMHP) websi Services, LLC, its parent company, affiliates, subs | te. Throughout the terms herein, reference to idiaries, employees, consultants, and |
| Terms of Use By accepting the terms of use, you will be allowed the secure portion of this website. Only authorized may enter and access the secure portion of this w | I access to programs, reports, and information prol- d persons in lawful possession of a password provio rebsite. The use of this website is subject to the ten | ected by federal and state law contained in ded by TMHP to provide such passwords ms of use contained herein. |
| Once you have accepted the terms of use, you wi the right at any time to change or modify the terms have been posted will be deemed to constitute ac | Il not be asked to accept such terms again when yo s of use which will be posted on this website. Any u ceptance by you of the modified terms. TMHP has | ou access the site another time. TMHP has use of the website by you after modified terms the right at any time to change or discontinue |
| | | I agree to these terms |
| I'm not a robot |] | |
| | | |

p) The following confirmation screen appears and you receive three confirmation emails when your TexMed-Connect administrator account is successfully created. Click My Account and sign in with the username and password you created in step M to go to your My Account page.

Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.



Step 2A: Link Your TexMedConnect Administrator Account to the LTC Online Portal

The LTC Online Portal administrator account gives you access to submit and manage forms. You must link to this account to submit forms to TMHP.

Note: Each LTC Online Portal account must have at least one user to access forms, even if your TMHP account administrator is the only person who will submit forms for your organization. See <u>Step 5: Create Your LTC Online</u> <u>Portal Users</u> for details.

- a) Request your vendor password.
 - 1. Call the EDI Help Desk at 888-863-3638, Option 4.
 - 2. Tell them your account type is Nursing Facility/Waiver Program Provider.
 - 3. Give them your vendor number (0 plus component code) and Medicaid provider number (also known as contract number).
 - 4. You will receive your vendor password during the call.

b) Sign in with the username and password you created for your TexMedConnect administrator account in Step 1.

| | Sign in |
|----------|--|
| | https://secure.tmnp.com |
| | Username |
| | Password |
| | Sign in Cancel |
| | |
| | |
| | |
| | |
| lick Adr | ninister a Provider Identifier on the My Account page. |
| | |
| | Administer a Provider Identifier |
| | Become a Provider Administrator for a Provider Identifier (authorization required). |
| | Open the provider enrollment application |
| | Provider Enrollment and Management System Enroll a provider and manage provider enrollment information |
| | Modify Permissions |
| | Add remove permissions and/or unlink users for a Provider Identifier that you administer. |
| | Create a new user Create a new user for existing Provider Identifier. |
| | Link an existing user |
| | Link an existing user to a Provider Identifier that you administer. Texas Medicaid EHR Incentive Program |
| | Register, attest, appeal and/or check your status |
| | Enroll to receive Electronic Remittance Advice (ERA) Enroll to receive Eletronic Remittance Advice 835 file. Form must be completed, printed, and faxed |
| | as instructed. Note: To modify or cancel existing ERA Enrollment select link: |
| | http://www.tmhp.com/sites/default/files/provider-forms/edi/TMHP%20ERA%20Agreement.pdf Change your Remittance and Status Reports (R&S)/COF delivery method |
| lick Lin | k to a Nursing Facility/Waiver Program provider, then click Next. |
| | |
| | |
| | Disconcelent the type of provider you would like to link |
| | Please select the type of provider you would like to link |
| | your account to. |
| | Become Administrator for an Existing Enrolled Medicaid Provider |
| | |
| | |
| | |
| | Link to a Nursing |
| | Link to a Long Term Care |
| | Link to a Long Term Care provider Program provider Link to a Nursing Facility/Waiver Program provider Link to a PEMS provider |
| | Link to a Long Term Care provider provider Program provider Link to a PEMS provider |
| | Link to a Long Term Care provider Link to a Nursing Facility/Waiver Program provider Link to a PEMS provider |

e) Enter your provider number (also known as contract number), vendor number (0 plus component code), and vendor password, then click **Next**. Your administrator account information prepopulates on the next page.

| TMHP = | |
|-------------|---|
| * • • | Find your previously enrolled Provider * Provider Number Formerly known as Contract Number * Vendor Number * Vendor Password Formerly known as MicroECS password If you do not have your Vendor Password, you may contact the EDI Helpdesk at 1-888-863-3638, 7:00 a.m. to 7:00 p.m., Central Time for assistance. Back |

- f) Scroll down to review all the General Terms and Conditions, then click the "I agree to these terms" check box.
- g) Click Link Provider Number.

| ÎMHÎP | | | | Logged in as: |
|--------|--|--|--|---------------|
| * • | The provider security validate your account | | | |
| 0 | * User Name | | | |
| | * First Name | | (no special characters) | |
| | *Last Name | | (no special characters) | |
| | *Business Telephone | | 3000-3000-30000 | |
| | *Email | | To ensure delivery to your inbox please add donotreply@tmhp.com to your address book today | |
| | *Confirm Email | | Retype email address. Do not copy and paste | |
| | General Terms and Conditions Create new portal accounts and link existing accommitiple provider numbers. During the process of information about you, and to promptly update this the website as explained below. Any personal inf Account Information and Password Protection When you create a Provider Advinitinstrator account that you can access your account with us. You ap Disclosure of Your Identity From time to time we may receive requests to dis personally identifiable information in accordance | unts to the registered provider number. One indiv Creating a Provider Administrator account, you a information when it changes. If you do not updu- ormation that you provide to us is subject to the te nt or activate your account, you vill be assigned a pree that you will keep this information confidentia close the identifies of our users. We only will disc with the terms of our policy on privacy. | idual may be a Provider Administrator for gree to give us true, accurate, and complete the try warm suspend or terminate your use of mms of our policy on privacy. user name and you will select a password so it. iose the identities of our users or other ' 1 agree to these terms Link Provider Number | |

 h) The following confirmation screen appears and you receive a confirmation email when your provider number is successfully linked. Click My Account and repeat these steps until all your provider numbers are linked.

Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.



Step 2B: Link Your LTC Online Portal Administrator Account to TexMedConnect

If you already have an LTC Online Portal administrator account and need to create a TexMedConnect administrator account, continue with the following steps. If you already completed <u>Step 1: Create Your</u> <u>TexMedConnect Administrator Account</u> and <u>Step 2A: Link Your TexMedConnect Administrator Account to the LTC Online Portal</u>, go to <u>Step 3: Create Your TexMedConnect Users</u>.

The TexMedConnect administrator account gives you access to client eligibility information, electronic claims submission tools, the Portable Document Format (PDF) version of the Remittance and Status (R&S) Report (available to you for *90 days*), and more. You must create this account to submit claims to TMHP using TexMedConnect. Each TexMedConnect account should have at least two administrators. For more information about TexMedConnect, refer to the *Long-Term Care (LTC) User Guide for TexMedConnect* and <u>TexMedConnect for Long-Term Care (LTC) Providers Computer-Based Training (CBT)</u>.

Note: You must have a Personal Identification Number (PIN) to create your TexMedConnect administrator account. Plan accordingly, as It may take up to 10 days from when it was requested to receive your PIN in the mail.

a) Sign in with the username and password you created for your LTC Online Portal administrator account.

| Sign in https://secure.tmhp.com | |
|---------------------------------|--|
| Password | |
| Sign in Cancel | |
| | |
| | |



c) Click Link to a Long Term Care provider, then click Next.



d) Enter your provider number (also known as contract number), then click Look-up.

| ТМНР | Log | gged in as: Log Off |
|-------------|---|---------------------|
| * * ? | Find your previously enrolled provider Provider Number Back | |

e) Click **Do you need to request a PIN?** since you do not yet have a PIN.

| ТМНР | | Logged in as: Log Off |
|----------|--|-----------------------|
| * | TP' 1 1 11 1 11 | |
| å | Find your previously enrolled provider | |
| \$ | Provider Number | |
| 0 | | |
| | Select one of the following options then select "Next" | |
| | Security | |
| | Questions Enter PIN | |
| | Do you need to request a PIN? | |
| | Back | |

f) Click the **radio button** next to the address where the PIN should be mailed, then click **Submit**. It may take up to 10 days to receive your PIN in the mail.

| | Request a PIN | |
|--------|--|--|
| ¢ 0 | A PIN is required for an Administrator enrollment when a current Internal Control Number (ICN) is not available during account activation. Complete the following to request a PIN. | |
| | Please select the address to which the PIN should be sent | |
| | Submit | |
| | | |

- g) Repeat steps A through D once you receive your PIN.
- h) Click Enter PIN, then click Next.

| Find your previously enrolled provider Provider Number | |
|--|--|
| Select one of the following options then select "Next" Security Questions Enter PIN | |
| Do you need to request a PIN? Back Next | |

i) Enter your PIN, then click **Next**. Your administrator account information prepopulates on the next page.

| * * 0 | Find your previously enrolled provider Provider Number | |
|-------------|---|--|
| | If you have requested and received a portal security PIN from TMHP, you may enter it here: *PIN PIN must be entered manually. Copy and paste functionality is disabled for security purposes. | |
| | Do you need to request a PIN? Back Next | |

- j) Scroll down to review all the General Terms and Conditions, then click the "I agree to these terms" check box.
- k) Click Link Provider Number.

| ГМНР | | | | Longolio ac- |
|-------------|--|---|--|----------------|
| * & © | The provider security validate your account | r information has beer t information | n verified. Please | - Loggod in as |
| 0 | • User Name | | | |
| | • First Name | | (no special characters) | |
| | • Last Name | | (no special characters) | |
| | *Business Telephone | | 1001-1001-10001 | |
| | * Email | | To ensure delivery to your inbox please add donotreply@tmhp.com to your address book today | |
| | Confirm Email | | Retype email address. Do not copy and paste | |
| | *General Terms and Conditions reate new portal accounts and link existing acco multiple provider numbers. During the processes information about you, and to promptly update this the website as explained below. Any personal infi Account Information and Password Protection When you create a Provider Administrator accound that you can access your account with us. You ap Disclosure of Your Identity From time to time we may receive requests to dis personally identifiable Information in accordance | sunts to the registered provider number. One indivi foreating a Provider Administrator account, you a is information when it changes. If you do not upda ormation that you provide to us is subject to the te nt or activate your account, you will be assigned a gree that you will keep this information confidential close the identifies of our users. We only will discl with the terms of our policy on privacy. | dual may be a Provider Administrato for gree to give us true, accurate, and complete the it, we may suspend or terminate your use of mis of our policy on privacy. user name and you will select a password so user name and you will select a password so uses the identities of our users or other the identities of our users or other the identities of users or other the identities | |

1)

The following confirmation screen appears and you receive a confirmation email when your provider number is successfully linked. Click **My Account** and repeat these steps until all your provider numbers are linked.

Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.

| THEP = | | |
|--------|--|---------------|
| | | Logged in as: |
| * | | |
| ₽ | | |
| 0 | | |
| | Success! | |
| | Congratulations . Your account has been linked to the selected provider. Wy Account Hyper need account account of the TJAHP HeigDeck at 1-886-963-3638 between 7 a.m. to 7 p.m. CST. | |
| | | |

Step 3: Create Your TexMedConnect Users

Your TMHP account administrator must create and grant permissions to users to access TexMedConnect. If your user does not need access to TexMedConnect and only needs access to forms on the LTC Online Portal, go to <u>Step</u> <u>5: Create Your LTC Online Portal Users</u>.

Note: Each user must have a unique email address and cannot have the same email address as the account administrator.

a) Sign in to your TMHP administrator account.

| | | Q 🕁 🛩 |
|--------------------------|---|-------------------------------------|
| | Sign in | » |
| | https://secure.tmhp.com | |
| | Username | |
| | Dacsword | |
| | | |
| | Sign in Cancel | |
| | | |
| | | |
| | | |
| b) Cliels Create a | norman on the Max A account near | |
| b) Click Create a | new user on the My Account page. | |
| | Administer a Provider Enrollment Transaction | |
| | Open the provider enrollment application Provider Enrollment and Management System | |
| | Enroll a provider and manage provider enrollment information | |
| | Modify Permissions Add remove permissions and/or unlink users for a Provider Identifier that you administer. | |
| | Create a new user | |
| | Create a new user for existing Provider Identifier. | |
| | Link an existing user to a Provider Identifier that you administer. | |
| | Texas Medicaid EHR Incentive Program Register attest appeal and/or check your status | |
| | Enroll to receive Electronic Remittance Advice (ERA) | |
| | Enroll to receive Eletronic Remittance Advice 835 file. Form must be completed, printed, and faxed as instructed. Note: To modify or cancel existing ERA Enrollment select link: | |
| | http://www.tmhp.com/sites/default/files/provider-forms/edi/TMHP%20ERA%20Agreement.pdf | |
| | Change your Remittance and Status Reports (R&S)/COF delivery method Modify your method of delivery of R&S reports. | |
| c) Select the appr | opriate Long Term Care Provider Number. | |
| | | |
| Navigation | | |
| My Account | You are the Provider Administrator for the following Provider Identifiers. Please select a Provider Identifier Number to Create a new use | er. |
| | Long-term Care Administration | |
| | At the Long-term Care Administration security level, you can add or remove users who administer all functions for the selected Long-ter | m Care record |
| | If you add a user as an administrator for a specific Long-term Care record of an NPI/API, the user will be able to add or remove use. If you remove an administrator of a Long-term Care record of an NPI/API, the user will be unable to add or remove users for that | sers for that Lo NPI/API's speci |
| | Select a record, and then select Create a new user. | |
| | Long Term Care Provider Numbers | |
| | Nursing Facility/Waiver Program Administration | |
| | At the Nursing Facility/Waiver Program Administration security level, you can add or remove users who administer all functions for the s | selected Nursing |
| | If you add a user as an administrator for a specific Nursing Facility/Waiver Program record of a vendor number, the user will be ab | ole to add or rer |
| | If you remove an administrator of a Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or | remove users f |

- d) Complete required fields, as indicated by the red dots.
- e) Check the permission boxes you would like to assign the user. Refer to pages 13-14 of the *Managing Your Long-Term Care Online Portal Account: A Step by Step Guide* to determine permissions based on the services your organization is contracted to provide and the related tasks the user is responsible for.
- f) Click **Create User** after permissions are assigned. The new user's username and password display. The new user receives an email confirmation.

Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.

| Please type in the user information for the Provider Number | e new user and selec | t the security permiss | ions for: | | | | | | | | |
|--|----------------------|---------------------------|--------------------------|----------------|----------------|---------------------------|-------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------|
| User Name: | | 6-20 characters(no spaces | s or special characters) | | | | | | | | |
| Must be different than your EDI Submitter ID | | | | | | | | | | | |
| First Name: | | (no special characters) | | | | | | | | | |
| Last Name: | | (no special characters) | | | | | | | | | |
| | | ********** | | | | | | | | | |
| Business telephone: | | | | | | | | | | | |
| Email: | | | | | | | | | | | |
| To ensure delivery directly to your inbox please add donotreply@tmhp.com to your address box today | | | | | | | | | | | |
| Confirm Email: | | Retype email address. Do | not copy and paste. | | | | | | | | |
| L | | | | | | | | | | | |
| Permissions(s) for: Provider Number | | | | | | | | | | | |
| MESAV Performer View 835 Reports | CSI Performer | Claim Submitter | Adjustment Submitter | 3071 Submitter | 3074 Submitter | Provider Administrator | IMT Hospice Provider | IDRC Hospice Provider | 3071 Miscellaneous permission | 3074 Miscellaneous permission | EVV Provid |
| | | | | | | | | | | | [|
| Croate Unor | | | | | | | | | | | |

Step 4: Link an Existing TexMedConnect User to the LTC Online Portal

If an existing TexMedConnect user needs access to forms, your TMHP account administrator must link the existing user and grant LTC Online Portal permissions.

a) Sign in to your TMHP administrator account.

| | @ ☆ 👳 |
|-------------------------|-------|
| Sign in | » |
| https://secure.tmhp.com | |
| Username | |
| Password | |
| Sign in Cancel | |
| | |
| | |
| | |
| | |

b) Click Link an existing user on the My Account page.

| Manage Provider Accounts | |
|---|----------------|
| Administer a Provider Identifier | |
| Become a Provider Administrator for a Provider Identifier (authorization required). | |
| Administer a Provider Enrollment Transaction | |
| Open the provider enrollment application | |
| Provider Enrollment and Management System | |
| Enroll a provider and manage provider enrollment information | |
| Modify Permissions | |
| Add remove permissions and/or unlink users for a Provider Identifier that you admin | ister. |
| Create a new user | |
| Create a new user for existing Provider Identifier. | |
| Link an existing user | |
| Link an existing user to a Provider Identifier that you administer. | |
| Texas Medicaid EHR Incentive Program | |
| Register, attest, appeal and/or check your status | |
| Enroll to receive Electronic Remittance Advice (ERA) | |
| Enroll to receive Eletronic Remittance Advice 835 file. Form must be completed, print | ted, and faxed |
| as instructed. Note: To modify or cancel existing ERA Enrollment select link: | |
| http://www.tmhp.com/sites/default/files/provider-forms/edi/TMHP%20ERA%20Agre | ement.pdf |
| Change your Remittance and Status Reports (R&S)/COF delivery method | |

c) Select the **Vendor Number** you are linking.

| TMHP | |
|--------------------------|---|
| Navigation | |
| ATMHP.com My Account | You are the Provider Administrator for the following Provider Identifiers. Please select a Provider Identifier Number to Link an existing user. Long-term Care Administrator for the following Provider Identifiers. Please select a Provider Identifier Number to Link an existing user. I tyou add a user as an administrator for a specific Long-term Care record of an NPI/API, the user will be able to add or remove users for that Long-term Care record of the NPI/API. If you and then select Link an existing user. Long Term Care Provider Numbers Mursing Facility/Waiver Program Administration security level, you can add or remove users who administer all functions for the selected Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that NPI/API's specific Long-term Care record of a vendor number. I fyou add a user as an administrator for a specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that Nersing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that Nersing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the user will be unable to add or remove users for that vendor number's specific Nursing Facility/Waiver Program record of a vendor number, the |

d) Enter the existing user's username, then click **Find User**.

| Find User | |
|--|--------|
| Please type in the user name of the user you want to link to Vendor Number and Provider Number User Name Find User | mber . |
| | |
| | |
| | |

- e) Check the permission boxes you would like to assign the user. Refer to pages 13-14 of the *Managing Your* <u>Long-Term Care Online Portal Account: A Step by Step Guide</u> to determine permissions based on the services your organization is contracted to provide and the related tasks the user is responsible for.
- f) Click Link User after permissions are assigned. A confirmation page displays that the username is successfully linked to the provider number. The user receives an email confirmation.
 Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.

| k User ase verify the i | user's contact | t information h | efore granting : | ICCESS | | | | | | | | | |
|--|--|---|------------------|---|-----------------------|---|----------------------|--|---------------------------|--|-----------------------|---|-----------------|
| User Informatio | on | . Information b | sole granding a | iccess. | | | | | | | | | |
| User Name F | First Name | ast Name Ph | one Number | Email | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Transmission of the local division of the lo | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ase select the | permissions t | o grant | to Ve | endor Number | and Pro | vider Number | | | | | | | |
| ase select the Permissions(s) | permissions t | o grant | to Ve | endor Number | and Pro | vider Number | | | | | | | |
| ase select the Permissions(s) Vendor Number Targeted | permissions to for: and Pro | o grant vider Number Provider | to Ve | endor Number | and Pro | vider Number | | | | | | | |
| ase select the Permissions(s) Vendor Number Targeted Case | permissions to for: and Pro | o grant vider Number Provider Location | to Ve | endor Number | and Pro | vider Number | | | 1000 | 1000 0078 | • | | 1 |
| ase select the Permissions(s) Vendor Number Targeted Case Management discellaneous | permissions to for: Provider Location Undate | o grant vider Number Provider Location Update Miscellanenu | to Ve | endor Number | and Pro | RCSS3615 Miscellaneous | RT53616 | RTS3616 Miscellaneous | IDRC 8578 | IDRC 8578 Miscellaneous | TPC 8587 | IPC 8582 Miscellaneous | Pi 1 |
| ase select the Permissions(s) Vendor Number Targeted Case Management discellaneous permission | permissions to for: and Provider Location Update Submitter | o grant vider Number Provider Location Update Miscellaneou permission | to Ve | IPC 3608 Miscellaneous permission | RCSS3615 Submitter | RCSS3615 Miscellaneous permission | RTS3616 Submitter | RTS3616 Miscellaneous permission | IDRC 8578 Submitter | IDRC 8578 Miscellaneous permission | IPC 8582 Submitter | IPC 8582 Miscellaneous permission | PL1 Submitte |

g) Repeat these steps until you have linked all the provider numbers your user needs to access.

Step 5: Create Your LTC Online Portal Users

Your TMHP account administrator must create and grant permissions to users to access forms on the LTC Online Portal. Each LTC Online Portal account must have at least one user to access forms, even if your TMHP account administrator is the only person who will submit forms for your organization. If your user also needs access to TexMedConnect, complete <u>Step 3: Create Your TexMedConnect Users</u> and <u>Step 4: Link an Existing TexMedConnect Users to the LTC Online Portal</u> instead.

Note: Each user must have a unique email address and cannot have the same email address as the account administrator.

a) Sign in to your TMHP administrator account.

| | | Q. | ☆ | -0 |
|-------------------------|---|----|---|----|
| Sign in | | | | » |
| https://secure.tmhp.com | | | | |
| Username | | | | |
| Password | | | | |
| Sign in Cancel | | | | |
| | - | | | |
| | | | | |
| | | | | |

b) Click **Create a new user** on the My Account page.



c) Select the appropriate Vendor Number.

| Navigation | |
|---------------------------|---|
| ☑ ▲ TMHP.com • My Account | You are the Provider Administrator for the following Provider Identifiers. Please select a Provider Identifier Number to Create a new user. Long Term Care Provider Numbers Vendor Numbers for Provider Number |

- d) Complete required fields, as indicated by the red dots.
- e) Check the permission boxes you would like to assign the user. Refer to pages 13-14 of the <u>Managing Your</u> <u>Long-Term Care Online Portal Account: A Step by Step Guide</u> to determine permissions based on the services your organization is contracted to provide and the related tasks the user is responsible for.
- f) Click **Create User** after permissions are assigned. The new user's username and password display. The new user receives an email confirmation.

Note: Call the EDI Help Desk at 888-863-3638 if you receive any error messages or do not receive a confirmation email.

| [17] | | | (T) | | E | 1 | | | | 6 | 0 | 1 | E | ľ |
|---|---|---|-----------------------|---|--|---|---|--|---------------------------|--|-----------------------|---|------------------|-----|
| Targeted Case Management Miscellaneous permission | Provider Location Update Submitter | Provider Location Update Miscellaneous permission | IPC 3608 Submitter | IPC 3608 Miscellaneous permission | RCSS3615 Submitter | RCSS3615 Miscellaneous permission | RTS3616 Submitter | RTS3616 Miscellaneous permission | IDRC 8578 Submitter | IDRC 8578 Miscellaneous permission | IPC 8582 Submitter | IPC 8582 Miscellaneous permission | PL1 Submitter | Sub |
| Permissions Vendor Num | s) for: ber ar | nd Provider Nu | mber | _ | | | | | | | | | | |
| Confirm Email | p.com to you | address box toda | γ |] | Retype ema | iil address. Do not | copy and past | e. | | | | | | |
| Email: | erv directly to | your inbox please | bbe | | | | | | | | | | | |
| Business telep | ohone: | | | | xxx-xxx-xx | ** *** | | | | | | | | |
| Last Name: | | | | | (no special | characters) | | | | | | | | |
| First Name: | | | | (no special | characters) | | | | | | | | | |
| Must be different than your EDI Submitter ID | | | | | U LU LIMIU | and an above an | apresion erran de | | | | | | | |
| User Marrie: | | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | The second | and the second se | 1 4 h 4 h 1 h | | | | | | |

Step 6: Submit Your EDI Agreement

All organizations must submit an Electronic Data Interchange (EDI) Agreement to access the electronic version of the Remittance and Status (R&S) Report. The R&S Report provides the status of claims processed by TMHP. Providers cannot retrieve R&S Reports older than *90 days* if an EDI Agreement is not submitted.

835 Electronic Remittance and Status (ER&S) Reports can be retrieved as far back as the time your submitter ID has been linked to your provider number (also known as contract number). Refer to the <u>835 Long Term Care</u> <u>Companion Guide</u> on <u>tmhp.com</u> for more information on 835 ER&S Reports. If you access the Portable Document Format (PDF) version of the R&S Report through TexMedConnect, it will only be available to you for *90 days*.

Note: If you plan to submit claims using EDI, reference the <u>TMHP EDI web page</u> for detailed information on <u>approved trading partners</u>, software testing, and more.

a) Submit a completed <u>EDI Agreement</u> for each provider number (also known as contract number). The EDI Agreement may take up to 30 days to process.

Step 7: Create Your LMS Account

The Learning Management System (LMS) provides education related to claims submission, the LTC Online Portal, managing your TMHP accounts, and more. You must create an account the first time you access the LMS, and log in with those credentials thereafter. Reference the <u>Learning Management System (LMS) Registration and</u> <u>Navigation Job Aid for Providers</u> for further information.

a) Complete the form on the <u>New User Registration</u> web page to create your account.

| New User Registration |
|---|
| |
| Note: Fields marked with a * are required |
| Account |
| Username * |
| Password * |
| Confirm Password * |
| Profile Picture |

Once you have successfully created your TexMedConnect and LTC Online Portal administrator accounts, created your account users, and completed all other steps in this QRG, you are now ready to submit claims and forms to TMHP.

Contact Information

Contact the following if you require assistance:

- For TMHP account-related questions—TMHP LTC Help Desk at 800-626-4117, Option 1.
- For EDI-related questions—EDI Help Desk at 888-863-3638.
- For LMS-related questions—<u>TMHP Training Support</u>.