



Long-Term Care Provider Bulletin

LTC Provider Bulletin, No. 89

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Trending Now **2**

Potential Payment Delay for HCS and TxHmL Programs: Don't Delay Creating Accounts for Submitting Claims and Forms to TMHP	2
New TMHP Account Setup Quick Reference Guide for HCS and TxHmL Providers and FMSAs	3
June 30, 2022: Two New PASRR Alerts on LTC Online Portal	4
Changes to PCSP Form Beginning June 30, 2022	5

Training and Events **6**

Center for Excellence in Aging Services and Long-Term Care	6
Online Training Courses - Available on the HHS Learning Portal	6
Reminder for Resource Utilization Group Training Requirements	7
Computer-Based Training on the Texas Medicaid & Healthcare Partnership Learning Management System ..	8
Joint Training Opportunities	8
Webinars Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, and MCOs	9

Reminders **10**

New Processes for Submitting Forms and Claims for HCS and TxHmL Providers	10
Top Ten Reasons for NFSS Denials	11
Recently Implemented: Enhancements to Some PASRR Forms	12
Reminder: Providers Able to Enter a Person's Alternate Placement Preferences Upon Initial Submission of PL1	13
Resources to Avoid Nursing Facility Specialized Services (NFSS) Denials	13
Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page	13
Eligibility Information Available for Long-Term Care Providers	14
Claims Identified for Potential Recoupment Reports Available	14
Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers	15
Long-Term Care Home Page on TMHP.com	16

Provider Resources **17**

Provider Relations Representatives	17
TMHP LTC Contact Information	18
HHSC Contact Information	20
Acronyms In This Issue	25



Potential Payment Delay for HCS and TxHmL Programs: Don't Delay Creating Accounts for Submitting Claims and Forms to TMHP

Beginning March 1, 2022, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers, local intellectual developmental disability authority (LIDDA) agencies, and financial management services agencies (FMSAs) billing on behalf of consumer-directed services (CDS) employers will submit claims and forms to the Texas Medicaid & Healthcare Partnership (TMHP). It's important that HCS and TxHmL program providers, LIDDAs, and FMSAs set up their accounts as soon as possible to avoid any delays in payment after March 1, 2022. Program providers, LIDDAs, and FMSAs are strongly encouraged to set up the following accounts if they have not already done so:

- Claims Submission Account
 - TexMedConnect or
 - Electronic Data Interchange (EDI)
- Long-term Care (LTC) Online Portal
- TMHP Learning Management System (LMS)

Program providers, LIDDAs, and FMSAs can find resources for creating the necessary accounts and the time frames it could take to create those accounts in the following table.

What You'll Use	What It Does	Account Setup Resource	Time Frame
TexMedConnect	Allows users to submit claims	TMHP Account Setup for HCS and TxHmL Waiver Programs	Can take up to 10 days
EDI	Allows users to submit claims through a third-party submitter or a provider's own software	Updated 837P LTC Companion Guide Now Available for HCS and TxHmL Program Claims Submission Practice	Can take up to 30 days
LTC Online Portal	Allows users to submit, view, and manage forms	TMHP Account Setup for HCS and TxHmL Waiver Programs	Can take up to 3 days
TMHP LMS	Allows users access to important TMHP training materials	Learning Management System (LMS) Registration and Navigation Job Aid for Providers	1 day

For additional questions, providers can refer to the [HCS and TxHmL Waiver Programs Frequently Asked Questions \(FAQ\)](#), or contact the TMHP EDI Help Desk at 888-863-3638. ■



New TMHP Account Setup Quick Reference Guide for HCS and TxHmL Providers and FMSAs

Beginning March 1, 2022, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers and Financial Management Services Agencies (FMSAs) billing on behalf of Consumer Directed Services (CDS) employers are required to submit claims and forms to Texas Medicaid & Healthcare Partnership (TMHP). To successfully submit claims and forms, HCS and TxHmL providers and FMSAs must set up TMHP accounts.

The new TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide (QRG) is now available. The QRG provides step-by-step directions for creating new TMHP accounts or linking to existing accounts, has contact information for assistance, and is available on the [TMHP website](#) and [TMHP Learning Management System \(LMS\)](#).

HCS and TxHmL providers and FMSAs must complete the account setup process for the following TMHP systems to avoid delays in submitting claims and forms to TMHP, and to complete necessary training:

- TexMedConnect
- Providers using TexMedConnect for claims submission need to complete and submit the [EDI Agreement](#) so that they are able to receive Electronic Remittance and Status (ER&S) reports and to access older R&S reports in TexMedConnect. Providers that have not submitted an EDI Agreement will not receive ER&S reports or be able to access PDF (TexMedConnect portal-based) R&S reports older than 90 days.
- Electronic Data Interchange (EDI)
- Long-Term Care (LTC) Online Portal
- TMHP LMS
- To access provider training materials on the LMS, users must have an account. They can register for an account on the [New User Registration](#) webpage. Users can email [TMHP Training Support](#) or reference the [Learning Management System \(LMS\) Registration and Navigation Job Aid for Providers](#) for support on creating an LMS account or navigating the LMS.

For general LTC news and information, including information about the HCS and TxHmL programs' transition to TMHP, providers should regularly check the Recent News section of the [TMHP LTC webpage](#). Program providers and FMSAs can have Medicaid and LTC news delivered to their inbox with a free subscription to HHSC's [GovDelivery](#). ■

June 30, 2022: Two New PASRR Alerts on LTC Online Portal

Beginning June 30, 2022, users will see two new Preadmission Screening and Resident Review (PASRR) alerts on the Long-Term Care (LTC) Online Portal.

NF Resident Age Alert

When the LTC Online Portal discovers that a nursing facility (NF) resident has turned 21 years of age, the following new alert will be sent to the local authorities (LAs) documented on the PASRR Level 1 (PL1) Screening form:

NF resident turned 21 years old - Conduct PE

The alert will help the LAs detect when a resident turns 21 years of age and recommend appropriate specialized services by conducting and submitting a new PASRR Evaluation (PE). The PL1 form history will be automatically updated with the system-generated alert.

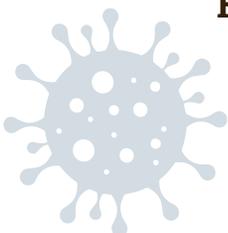
NF Unable to Serve Alert

When an NF certifies that they cannot meet the needs of an individual on a PL1 (via the “Unable to Serve the Individual” button), the LTC Online Portal will generate the following alert for LAs and the PASRR Unit:

NF unable to serve the person - Place person in another NF or alternate setting

This new alert will notify the LAs and the PASRR Unit, in a timely manner, that the NF has certified on the PL1 that they cannot meet the individual’s needs. The LAs can then place the individual in the appropriate setting. ■

Coronavirus (COVID-19)



For information about this rapidly evolving situation, check the website at TMHP.com by clicking below.

www.tmhp.com/topics/covid-19

Changes to PCSP Form Beginning June 30, 2022

Beginning June 30, 2022, the PASRR Comprehensive Service Plan (PCSP) Form will be updated to invalidate the interdisciplinary team (IDT) meeting when the documented Local Authority (LA) is not in attendance.

When an LA selects value “3. No – Did not attend” in the “Attendance Type” field (mental illness [MI] or intellectual and developmental disabilities [IDD]) of the confirmation section of the PCSP form for Initial or Annual IDT meetings and submits form, the LTC Online Portal will:

- Invalidate the meeting by updating the “Type of Meeting,” and add a corresponding note to the form history.
- Send an alert to the nursing facility to schedule a new IDT meeting, and add a corresponding note to the form history.
- Prevent the addition of Quarterly or LA Update meetings (via the “Add Meeting” button) to the document locator number (DLN) of the invalidated meeting.
- Hide the “Update Form” and the “Edit Content” buttons after the meeting has been invalidated.
- The “Confirm IDT” button will not be available to the other LA once the meeting is invalidated by the first LA confirming the IDT meeting when the person is eligible for both IDD and MI PASRR specialized services.

Providers will be able to initiate one of the following:

- A new Initial IDT meeting from the same PE since the system will not find the previous Initial IDT meeting after it is invalidated
- A new Annual IDT meeting from the same or subsequent PE without checking that 11 months have passed since the meeting date of an invalidated Initial or Annual IDT meeting. ■

Center for Excellence in Aging Services and Long-Term Care

The Center for Excellence in Aging Services and Long-Term Care offers a web-based platform that delivers best practices that are focused 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 living in Texas long-term care facilities.

Visit the Center for Excellence in Aging Services and Long-Term Care [website](#) for more information. Registration is free. ■

Online Training Courses - Available on the HHS Learning Portal

These online training opportunities are available through the HHS Learning Portal:

- [Feeding Assistant Training](#) - This course was developed for use by participants in a feeding assistant training class and includes both instructor-led and online components. The goal is to reduce the incidence of unplanned weight loss and dehydration by making sure that residents get help with eating and drinking. This course must be taught by a registered dietician or a licensed health professional (physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; pharmacist; physical or occupational therapy assistant; registered professional nurse; licensed vocational nurse; licensed dietitian; or licensed social worker). Participants must demonstrate safe feeding techniques by performing two feedings in the Module 9 Practicum under the observation of a licensed nurse.
- [Advanced CNA Academy](#) – This comprehensive, five-module online course provides 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 residents and residents with intellectual and/or developmental disabilities or mental illnesses, the role of CNAs in supporting resident assessments, and the safety and well-being of residents. Both a final exam and a training survey are required as part of the course. This online course has been approved by HHSC for 6 hours of continuing education credit for CNAs.
- [Meaningful Engagement to Enhance Quality of Life](#) – This course was designed for nursing facility activity directors, licensed nurses, certified nurse aides, and ancillary staff. The training explains evidence-based best practices to help staff develop meaningful and relevant person-centered activity programs and to implement individualized activities that reflect each resident’s preferences, customary habits, and lifestyle.

This online course has been approved by HHSC for 4 hours of continuing education credit for CNAs and nursing facility activity directors.

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 <mailto:QMP@hhs.texas.gov>. ■

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. ■

Need Help Navigating the LTC Online Portal?



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

*Login Required

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](#) or directly at <http://learn.tmhp.com>.

Providers must create an account to access the training materials on the LMS. To create an account, click **Don’t have an account? Sign up here.** link on the LMS home page.

For questions about the LTC training CBTs and webinars, call the TMHP Contact Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP LMS support at TMHPTrainingSupport@tmhp.com. ■

Joint Training Opportunities

Health and Human Services Commission Education Services provides a variety of training webinars for both providers and surveyors. The [training calendar](#) is updated frequently. ■

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 and recordings 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 Webinar, Part 1
- LTC Nursing Facility PASRR 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 TMHP Learning Management System (LMS) at learn.tmhp.com. ■



New Processes for Submitting Forms and Claims for HCS and TxHmL Providers

REMINDERS

Beginning March 1, 2022, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) providers, Local Intellectual and Developmental Disability Authorities (LIDDAs), and Financial Management Services Agencies (FMSAs) billing on behalf of Consumer Directed Services (CDS) employers will begin submitting their claims and forms to Texas Medicaid & Healthcare Partnership (TMHP) upon release of the new systems. HCS and TxHmL providers that do not have an account with TMHP should prepare for this transition as soon as possible to avoid issues with their claims and forms.

TexMedConnect

Beginning March 1, 2022, HCS and TxHmL providers will submit claims to TMHP with the release of the new system changes. Providers that want to submit claims directly to TMHP will use TexMedConnect, TMHP's free, online claims submission tool. To get started:

- Set up a TMHP secure portal account by following the steps in the [TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide \(QRG\)](#).
- Review the [Long-Term Care \(LTC\) User Guide for TexMedConnect](#) for information about how to submit claims and more.

Note: *Providers using TexMedConnect for claims submission need to complete and submit the [EDI Agreement](#) so that they are able to receive Electronic Remittance and Status (ER&S) reports and to access older R&S reports in TexMedConnect. Providers that have not submitted an EDI Agreement will not receive ER&S reports or be able to access Portable Document Format (PDF) (TexMedConnect portal-based) R&S reports older than 90 days.*

Third-Party Software and Billing Services

Providers that use a third-party billing service or third-party billing software will submit the [Electronic Data Interchange \(EDI\) Agreement for Long Term Care Providers before they can submit claims to TMHP](#). The EDI agreement provides a detailed explanation of who is required to complete it.

Providers that will use EDI can refer to the article, "[Trading Partner Testing and Claims Submission Practice Now Available for TxHmL and HCS Programs](#)," for more information about completing the EDI account creation process.

Long-Term Care Online Portal

HCS and TxHmL program providers, will begin submitting forms online through the TMHP LTC Online Portal beginning March 1, 2022. To prepare for this transition to the TMHP LTC Online Portal, HCS and TxHmL program providers must create an administrator account and a Nursing Facility (NF)/Waiver Account.

Providers can find directions for creating an LTC Online Portal account in the [TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide \(QRG\)](#). More information about using and navigating the LTC Online Portal can be found in the Long-Term Care (LTC) Online Portal Basics computer-based training (CBT) in the [TMHP Learning Management System \(LMS\)](#) and the [Long-Term Care \(LTC\) User Guide for Online Portal Basics, General Information, and Program Resources](#) on the TMHP website and in the TMHP LMS.

HCS and TxHmL providers can find information for setting up an NF/Waiver account in the [TMHP Account Setup for HCS and TxHmL Waiver Programs Quick Reference Guide \(QRG\)](#).

Note: *To access the LMS, users must register for the LMS by clicking the **Don't Have an Account? Sign Up Here** button under the login field.*

Providers are encouraged to visit the TMHP [Long-Term Care web page](#). In the left-hand menu of the LTC web page, providers can find links to Medicaid and LTC training materials and navigational videos. In the Recent News section of the LTC web page, providers can find articles about changes related to the HCS and TxHmL claims and forms migration, training opportunities, and other LTC news. Providers can also sign up to receive [Gov Delivery](#), an electronic mailer from HHSC that includes current news and topics of interest for LTC providers.

Additional Information

In the time leading up to this transition, providers can prepare by:

- Keeping claims submissions current in the Intellectual Disability Client Assignment and Registration (ID-CARE) system.
- Submitting Intellectual Disability/Related Condition (ID/RC) and Individual Plan of Care (IPC) renewals in a timely manner.
- Completing ID-CARE system data entry.
- Reconciling any errors relating to location exceptions.

For any questions related to the HCS and TxHmL Forms and Claims Migration Project, email HCS_TxHmL_Form_Migration@hhs.texas.gov.

For EDI-related questions, call the TMHP EDI Help Desk at 888-863-3638, Option 4. ■

Top Ten Reasons for NFSS Denials

A new resource titled, "[Top 10 Reasons for Nursing Facility Specialized Services \(NFSS\) Denials](#)" is available to help nursing facility (NF) staff avoid making the most common mistakes that cause the denial of authorization requests for Health and Human Services Commission (HHSC) Preadmission Screening and Resident Review (PASRR) NF specialized services or assessments. Authorization requests are submitted on the Nursing Facility Specialized Services (NFSS) form, which is submitted through the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal. ■

Recently Implemented: Enhancements to Some PASRR Forms

Demographic Validations

Beginning December 9, 2021, demographic validations across Preadmission Screening and Resident Review (PASRR) forms in the Long-Term Care Online Portal will be enhanced. The following forms will have standardized demographic validations:

- PASRR Level 1 (PL1) Screening Form
- PASRR Evaluation (PE)
- PASRR Comprehensive Service Plan (PCSP)

Upon submission or update of a PL1, PE or PCSP with a Medicaid ID found in the TMHP Claims Management System (CMS) database, demographic validations will include all of the following:

- The first four letters of a person's last name instead of only the first two letters
- Social Security Number, if provided
- Date of birth

If the data entered into one or more of the above fields differs from the data in the TMHP CMS database, the user will see an error message alerting them to the incorrect information. Until the correct information is entered, the form or meeting will not submit.

The function for creating a manual alert to conduct a PL1 will also be enhanced to validate the first four letters of a person's last name instead of only the first two letters. An alert will not be created without correcting the demographic information.

These validation enhancements will improve data quality by standardizing demographic information and ensuring consistent information. In addition, there will be less chance of sequencing and searchability issues arising from mismatched or incomplete information across a person's PASRR forms. Also, the new validation error message will let the provider know which specific field has incorrect information when submitting a PASRR form or meeting.

PE Form Enhancement

Additionally, the B0500 field of the PE form is being updated to add a new option 'Habilitation Coordination' beginning December 9, 2021. This option will be auto-selected by the system when the PE is positive for ID and/or DD, and the information will be automatically carried over to the PCSP form. ■

Reminder: Providers Able to Enter a Person's Alternate Placement Preferences Upon Initial Submission of PL1

Providers are required to record a person's responses in fields E0100-E0400 (Alternate Placement Preferences) of section E when they initially submit the PL1. The section will be enabled and required for data entry only if the person for whom the form is being submitted appears to have positive PASRR eligibility. If there is no indication of positive eligibility, the section will not be enabled.

Nursing facility and local authority users who have the correct permissions are required to fill out or update fields E0500-E0900 (Alternate Placement Disposition) in section E of a PL1 that is in an active status when they use the update form functionality for a discharge. An inactivation cannot be made on the PL1 if section E is not completed. These changes were made to ensure that the person's alternate placement disposition is documented and available on the LTC Online Portal at the time of discharge.

For more information, see the [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(PASRR\)](#). ■

Resources to Avoid Nursing Facility Specialized Services (NFSS) Denials

This is a reminder to nursing facility (NF) staff about the education resources available to help avoid common mistakes that result in the denial of a prior authorization request for Preadmission Screening and Resident Review (PASRR) NF specialized services or assessments.

Providers can refer to the following guides for details on submitting NFSS forms on the LTC Online Portal:

- [Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form](#)
- [Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services](#)
- [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(PASRR\)](#) ■

Visit the Texas Nursing Facility Quality Improvement Coalition Facebook Page

The Texas Nursing Facility Quality Improvement Coalition Facebook page provides resources and educational opportunities for staff members who work in Texas nursing facilities. In addition, this page is a means of communicating updates on current and future initiatives from the QMP.

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

Eligibility Information Available for Long-Term Care Providers

As a reminder, long-term care providers who are 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

MESAV can provide the Medicaid eligibility Program Type, Coverage Code and Medicaid Recertification Due Date to help providers ensure appropriate and continued Medicaid eligibility for long-term care services.

Listed below are the most common eligibility types that are valid for hospice and most other long-term care programs:

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

Note: *The Medicaid recertification review due date is not available for all long-term care (LTC) clients, including children who are enrolled in foster care and Medicaid clients who are enrolled through Social Security (Coverage Code R, Program Type 13).*

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

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. The CIPR Provider Report lists claims that have been flagged for potential recoupment as a result of TMHP identifying new or changed long-term care-relevant Other Insurance (OI) policy for clients who have had claims paid during the policy coverage period. The CIPR Provider Report also lists the OI company information for the corresponding long-term care-relevant policy. Regularly reviewing the CIPR Provider Report helps providers reconcile claims and avoid potential recoupments.

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

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

Contact Information

For questions about submitting long-term care fee-for-service claims and adjustments, call the TMHP Long-Term Care (LTC) Help Desk at 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 800-626-4117, Option 6. ■

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

It is important for providers to follow the proper procedures when they discover a Medicaid overpayment. 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. 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 submit an adjustment claim in TexMedConnect or through their third-party submitter. 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.
- 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.

Reminders

- If they are submitted properly, LTC FFS claim adjustments to return money to HHSC will not be denied by the one-year claim filing deadline edit (Explanation of Benefits [EOB] F0250).

Some examples of overpayments that require a claim adjustment include:

- Original paid claims that were billed with too many units of service.
- Original paid claims that did not properly report LTC-relevant Other Insurance payments or coverage.
- Original paid claims that were billed with the wrong revenue code or Healthcare Common Procedure Coding System (HCPCS) code.

Contact Information

Entity	What they can do...
TMHP LTC Help Desk 800-626-4117, Option 1	Help file an adjustment claim Help providers understand their Remittance and Status (R&S) Reports
HHSC Provider Recoupments and Holds 512-438-2200, Option 3	Help provide the current outstanding balance after adjustment claims have been processed Help facilitate payment to HHSC for outstanding negative balances (A or T claims).

Long-Term Care Home Page on TMHP.com

Long-term care (LTC) has its own dedicated section on TMHP.com. All of the content found under Long-Term Care 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 page, click **Programs** at the top of tmhp.com, and then select **Long-Term Care (LTC)** from the drop-down box.

The Long-Term Care home page features recent news articles by category and news articles that have been posted within the last seven days. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMedConnect can be found on the home page of tmhp.com. Both of these links require a user name and password.

On the left-hand side, there are links to:

- [Provider Bulletins](#), with links to recent Long-Term Care Provider Bulletins.
- [Provider Education](#), which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question and answer (Q&A) documents, User Guides, and the TMHP YouTube channel.
- [Reference Material](#), including General Information, User Guides, and Frequently Asked Questions.
- [Forms](#), and form instructions, which includes the various downloadable forms needed by long-term care providers.

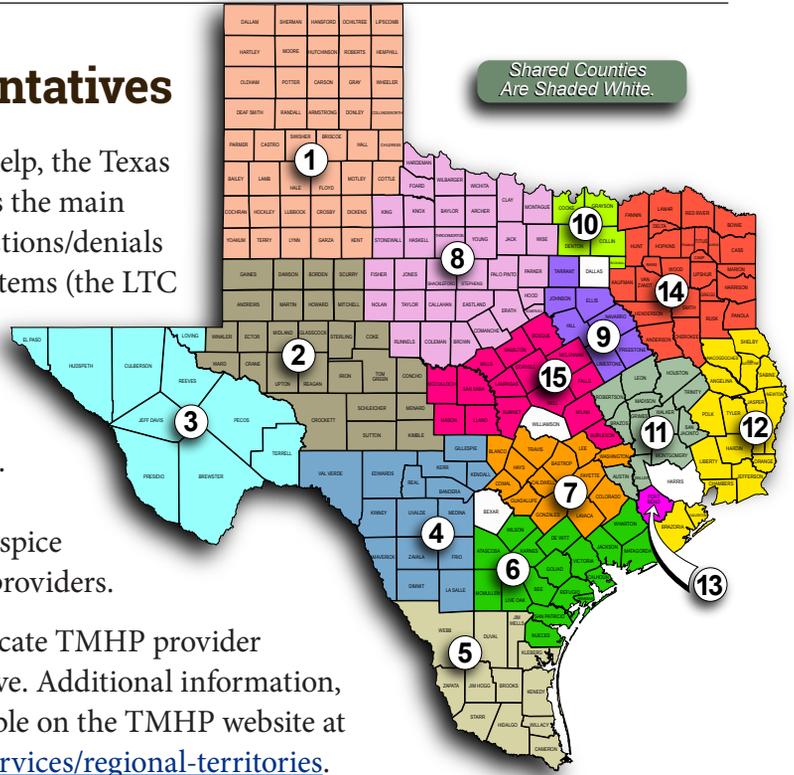
Providers are encouraged to frequently visit tmhp.com for the latest news and information. ■

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 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.

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/resources/provider-support-services/regional-territories.



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	Jaime Vasquez
11	Bryan College Station, Houston	Christopher Morales
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 from which the provider is calling.

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

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 800-626-4117 or 800-727-5436.

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

- General inquiries.
- General Inquiries about the Long-Term Care Online Portal (LTCOP).
- Using TexMedConnect.
- Medicaid Eligibility and Service Authorizations Verification (MESAV) Inquiries.
- Claim adjustments.
- Claim status inquiries.
- Claim history.
- Claim rejection and denials.
- Understanding Remittance and Status (R&S) Reports.
- Forms.
- Forms 3071 and 3074.
- Individual Movement Form and Form 8578.
- 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 for medical necessity.
- 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

The [Program Provider and FMSA EVV Contact Information Guide \(PDF\)](#) lists contact information for EVV-related inquiries.

To access additional EVV resources, visit the [HHSC EVV webpage](#) and [register your email address](#) to receive electronic EVV notifications.

Electronic MDS Submissions Contact Information

If you have questions about electronic Minimum Data Set (MDS) submissions, contact the QIES Technical Support Office (QTSO) at iqies@cms.hhs.gov 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:

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

If you have questions about **Hospice services** contract enrollment:

- Email: IDDWaiverContractEnrollment@hhsc.state.tx.us

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 **Provider Finance** contacts visit this website: <https://pfd.hhs.texas.gov/long-term-services-supports/contact-list>. Contact information is listed by subject.

If you have questions about **how to prepare a cost report** (forms and instructions) and approved rates posted, visit this website: <https://pfd.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: yourtexasbenefits.com.

If you have questions about **PASRR policy and rules**, email PASRR.Support@hhsc.state.tx.us.

Important: *If you email the PASRR mailbox:*

- *Send the Document Locator Number (DLN). Do not include the person's identifying information.*
- *Send the email to PASRR.Support@hhsc.state.tx.us only. Do not copy any other HHSC staff or HHSC mailbox.*
- *Do not send multiple email requests for the same DLN.*

If you have questions about MESAV updates or finalized forms, call Provider Claims Services (PCS) at: 512-438-2200, Option 1 for NF, ICF, and Hospice or Option 5 for HCS and TxHmL.

For additional PASRR learning opportunities, information, and forms, visit: <https://www.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: 512-438-4222.

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

If you have questions about the Quality Monitoring Program (QMP) **PASRR Unit**, contact QMP by phone at 512-438-4399 or by email at QMP@hhs.texas.gov.

If you have **Targeted Case Management** Service Authorization or Habilitation Coordination claims 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 Habilitation Coordination Authorization questions, please email IDD-BH_PASRRSPA@hhsc.state.tx.us.

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

If you have questions about Taxpayer Identification Number (TIN) setup or unbalanced warrant or deduction issues, call Warrants and Payment Issues at: 512-438-4222 or 512-806-5659 for immediate assistance.

If you have questions about **Status of warrant/direct deposit after a claim has been transmitted to Accounting** (fiscal) by TMHP, visit 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.

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 512-438-5077, 877-438-5658 or email classpolicy@hhs.texas.gov.

For questions about **HCS Program Policy**, email HCSPolicy@hhsc.state.tx.us.

For questions about **MDCP Program Policy**, call 512-438-3501, 877-438-5658, or email MDCPpolicy@hhsc.state.tx.us.

For questions about **TxHmL Program Policy**, email TxHmlPolicy@hhsc.state.tx.us.

For questions about **DBMD Program Policy**, call 512-438-2622, 877-438-5658, or email dbmdpolicy@hhs.texas.gov.

For questions about Consumer Directed Services (CDS) Policy, email cdspolicy@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**, email CCADPolicy@hhsc.state.tx.us.

For **Hospice utilization review (UR) or 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 and payment reviews**, call the Billing and Payment Hotline at: 512-438-5359 or email: providerfiscalcompliance@hhs.texas.gov.

For questions about HCS TxHmL Rate Reviews, call Provider Finance at 512-424-6637, email rad-ltss@hhsc.state.tx.us, or visit this website: <https://rad.hhs.texas.gov/long-term-services-supports/contact-list>.

For questions about policy for **HCS TxHmL**, email: HCSpolicy@hhsc.state.tx.us or TxHmLpolicy@hhsc.state.tx.us.

For questions about HCS TxHmL Individual Movement Form IMT/service authorization, call Provider Claims Services at: 512-438-2200, Option 5.

For HCS or TxHmL Pre-enrollment Form Assistance, contact Intellectual or Developmental Disabilities (IDD) Services Local Procedure Development and Support (LPDS) at liddarequests@hhsc.state.tx.us.

For questions about **HCS, TxHmL, CLASS, or DBMD Program Enrollment/Utilization Review (PE/UR): Purpose Codes (PC3 and PC4), 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 Contact Administration & Provider Monitoring (CAPM) Contract Administration and Waiver Program Enrollments at 512-438-3234, fax 512-206-3916, or email: IDDWaiverContractEnrollment@hhsc.state.tx.us.

For questions about HCS/TxHmL Intellectual Disability/Related Condition (IDRC) Authorizations: Level of Care, Level of Need PC2, Transfers, and Terminations contact HCS TxHmL Program Eligibility and Support (PES) at: 512-438-2484 or Fax: 512-438-4249.

For policy questions about Consumer Directed Services (CDS), email cdspolicy@hhsc.state.tx.us.

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@hhs.texas.gov.

For questions about Payment information for cost reports or a Quality assurance fee (QAF), call 512-424-6552.

For questions about **Health and Human Services Commission Network (HHSCN) connection problems**, call 512-438-4720 or 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**, call Provider Claims Services at: 512-438-2200, Option 1.

For questions about ICF/IID program policy, email: ICFIID.Questions@hhsc.state.tx.us.

For assistance with Individual Movement Form IMT Local Authority (LA) Reassignments, email Intellectual Developmental Disability (IDD) Services Program Improvement at: IDD_Program_Improvement@hhs.texas.gov.

For **Client Assessment Registration (CARE) System Help Desk for ICF/IID**, call 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 at: 512-438-2200, Option 1.

For questions about **Rehabilitation and specialized therapy/emergency dental/Customized Power Wheelchair (CPWC)** service authorizations, call Provider Claims Services at: 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 Service authorizations for HCS TxHmL, call Provider Claims Services at: 512-438-2200, Option 5.

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

For questions about **Complaint and Incident Intake**, call Complaint and Incident Intake at: 800-458-9858, email: ciicomplaints@hhs.texas.gov, or visit the website at: <https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake>.

For questions about Medicaid policy, personal needs allowance, provider administrative or service requirements, or other ICF/IID topics not already listed on this page, contact the ICF/IID Medicaid Policy Questions mailbox at ICFIID.Questions@hhsc.state.tx.us.

If you have questions about outstanding Long-Term Care (LTC) fee-for-service (FFS) recoupments, deductions, or vendor holds, call HHSC Provider Recoupments and Holds at: 512-438-2200, Option 3.

If you have questions about an individual with a tort, trust, or annuity for which the state is the residual beneficiary, call HHSC Provider Recoupments and Holds at: 512-438-2200, Option 4.

If you have questions about the Medicaid Estate Recovery Program (MERP), email MERP at: MERP@hhs.texas.gov. ■

Acronyms In This Issue

Acronym	Definition
AMA	American Medical Association
ANSI	American National Standards Institute
CARE	Client Assessment Registration
CBT	Computer-Based Training
CCAD	Community Care for Aged and Disabled Programs
CDS	Consumer-Directed Services
CDT	Current Dental Terminology
CIPR	Claims Identified for Potential Recoupment
CNA	Certified Nursing Assistant
CLASS	Community Living Assistance and Support Services
CMS	Claims Management System
CPT	Current Procedural Terminology
CPWC	Customized Power Wheelchair
DBMD	Deaf Blind with Multiple Disabilities
DLN	Document Locator Number
DME	Durable Medical Equipment
DOB	Date of Birth
EDI	Electronic Data Interchange
FARS/DFARS	Federal Acquisition Regulations System/Department of Defense Regulation System
FFS	Fee-For-Service
FMSA	Financial Management Services Agency
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-Based Services
HHSC	Health and Human Services Commission
HHSCN	Health and Human Services Commission Network
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability
ID/RC	Intellectual Disability - Related Condition
ID-CARE	Intellectual Disability Client Assignment and Registration
IDT	Interdisciplinary team
IEE	Integrated Eligibility and Enrollment
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

Acronym	Definition
LTCOP	Long-Term Care Online Portal
MCO	Managed Care Organization
MDCP	Medically Dependent Children's Program
MDS	Minimum Data Set
MEPD	Medicaid for the Elderly and People With Disabilities
MESAV	Medicaid Eligibility and Service Authorization Verification
MI	Mental Illness
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
NFSS	Nursing Facility Specialized Services
OI	Other Insurance
PASRR	Preadmission Screening and Resident Review
PCSP	PASRR Comprehensive Service Plan
PE	PASRR Evaluation
PE/UR	Program Enrollment/Utilization Review
PL1	PASRR Level 1
PNA	Personal Needs Allowance
Q&A	Question and Answer
QAF	Quality Assurance Fee
QMP	Quality Monitoring Program
QRG	Quick Reference Guide
QTSO	QIES Technical Support Office
R&S	Remittance and Status
RC	Residential Care
RN	Registered Nurse
RUG	Resource Utilization Group
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living Waiver