



**TEXAS**  
Health and Human  
Services



**Kidney Health Care (KHC)**  
**Prescription Drug**  
**Provider Manual**  
**Medicare Part D**  
**Premium Payment**

**April 2024**

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# Welcome to the Kidney Health Care Program

This provider manual is designed to answer questions you may have as a provider of our prescription drug plan or the Medicare Part D Premium Payment benefit. It is separated into three sections:

- Your rights and responsibilities as a provider
- The various benefits available to KHC clients
- How to file claims for processing

If you cannot find the answer you need, please call our Customer Service line at 800-222- 3986, Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Standard Time (CST). You can also email us with questions at [khc@hhs.texas.gov](mailto:khc@hhs.texas.gov).

Thank you for participating in the Kidney Health Care (KHC) Program and for providing the highest level of service to Texans in need.

# Contact Information

## General Phone Number

800-222-3986

## For Austin-Area Clients

512-776-7150

## General Fax Number

512-776-7162

## Email Address

[khc@hhs.texas.gov](mailto:khc@hhs.texas.gov)

## Billing File Submission

[HDS.ADS@hhs.texas.gov](mailto:HDS.ADS@hhs.texas.gov)

## Mailing Address

Kidney Health Care Program  
Mail Code 1938  
P.O. Box 149030  
Austin, Texas 78714-9947

## Physical Address for courier service

Kidney Health Care Program  
Texas Health and Human Services Commission  
Winters Building  
701 W. 51st Street, Mail Code 1938  
Austin, TX 78751

## Program Overview

Kidney Health Care (KHC) of the Texas Health and Human Services Commission (HHSC) improves access to health care by helping people with end-stage renal disease (ESRD) pay for their dialysis, access surgery, travel, and prescriptions.

KHC operates under the Texas statutes and rules found in the Health and Safety Code, Chapter 42 on the Texas Constitution and Statutes website and Texas Administrative Code, [Title 26, Par 1, Chapter 365](#).

KHC is a State Pharmaceutical Assistance Program (SPAP) for clients diagnosed with ESRD and who are receiving kidney dialysis or have had a kidney transplant. The Center for Medicare and Medicaid Services (CMS) has assigned KHC **SPAP ID SS005**.

All payments made by KHC for drugs covered by Medicare Part D count towards the clients' true out-of-pocket (TrOOP) expenses.

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**PCN:.....DRTXPRODKH**

**GROUP: .....KHC**

KHC benefits include limited assistance for medical, drug, and transportation expenses. KHC also offers assistance with premiums for clients with Texas Medicare Part D stand- alone plans that have enrolled in the PEMS system.

KHC does not provide facilitated enrollment in Medicare Prescription Drug Plans (PDP) for KHC clients.

# Provider Enrollment

In the fall of each year, CMS-certified Medicare Part D Stand-alone Prescription Drug Plans for Texas are reviewed for the upcoming year.

PDP providers should contact the Texas Medicaid & Healthcare Partnership (TMHP) for information regarding how to become KHC providers. Providers are required to enroll in the Provider Enrollment and Management System (PEMS).

## Change of Ownership (CHOW)

Any KHC-enrolled provider that changes ownership must notify TMHP immediately. KHC also needs to know if the new owner will assume liability for outstanding balances in effect or incurred by the previous owner.

## Suspension or Termination of Enrollment

TMHP may suspend or terminate a provider's enrollment for any of the following reasons:

- Submission of false or fraudulent billings
- Breach of the provider agreement
- Termination or suspension by CMS

# Provider Rights

PDP providers have the right to:

- Be notified of the KHC decision relating to denials, suspensions, or terminations.
- Retain confidentiality of information in the manner and to the extent authorized by law.
- Bill the clients for any balances due after KHC has paid or denied a premium payment.
- Request an administrative review in the event KHC denies a claim, requests reimbursement of a previous payment, or suspends or terminates provider enrollment.
- Request a fair hearing if the provider disagrees with the outcome of the administrative review.

# Provider Responsibilities

All KHC PDP providers are responsible for reviewing and complying with all applicable federal and state laws and regulations.

KHC PDP providers have the responsibility to:

- Comply with provisions of the most current KHC PDP Provider Manual.
- Report changes in ownership, business name, address, phone number, status of Medicare or other required license and certifications to KHC and TMHP in writing within 30 days of the change.
- Submit billing files within deadlines.
- Reimburse KHC for any overpayments within 30 days of the date on the notice.



# Client Eligibility

KHC clients must meet the following criteria:

- Have a diagnosis of ESRD certified by a physician.
- Be receiving regular dialysis treatments or have received a kidney transplant.
- Be a Texas resident.
- Have a gross annual income of less than \$60,000.
- Apply for Medicare based on ESRD.

KHC clients must not:

- Have full Medicaid (drugs, transportation, and medical benefits).
- Be a ward of the state or be incarcerated in a city, county, state, or federal jail or prison.

# Client Prescription Drug Benefits and Limitations

Clients eligible for Medicare must have a Texas stand-alone Part D Plan and have no other drug benefits to receive KHC assistance with premiums. KHC is the payer of last resort and will only coordinate with Texas Medicare Part D stand-alone plans.

## Benefits

KHC assists with up to four (4) prescriptions per month. KHC also assists with deductibles, co-insurance, gap coverage, and excluded Medicare Part D Drugs that are on the KHC formulary.

## Limitations

KHC pays up to the program allowable each month for any premium for any plan option minus any subsidized amount.

KHC cannot reimburse or pay for premiums when a client elects to have their premium payments withheld by the Social Security Administration (SSA) or auto-deducted from a personal bank account.

# Billing File Submission and Reimbursement

## Part D Billing File Submission

All KHC PDP providers are required to submit a billing file in the designated format within 95 days of the last day of the month for which the premium coverage applies. KHC must not be billed for premiums that have already been paid by the client.

## Billing File Submission Procedures

PDP providers must send KHC an individualized client record in an Excel spreadsheet format.

Refer to the attached Kidney Health Care Medicare Rx Premium Bill File Layout for billing file format.

A PDP provider may submit billing files in an electronic format (Excel) to: [HDS.ADS@hhs.texas.gov](mailto:HDS.ADS@hhs.texas.gov).

PDP providers are notified of incomplete or incorrect billing files. PDP providers must resubmit corrected billing files within the 95-day filing deadline or 30 days from the date of the notice, whichever is later.

## Reimbursement

KHC pays up to the program allowable amount each month for any premium for any plan option minus any subsidized amount.

KHC assists with premiums even if a client is 100% subsidized and chooses a plan option that is above the full subsidized amount up to the program allowable amount. However, KHC does not pay for late enrollment penalties (LEP). The client is responsible for any LEP incurred each month.

An Explanation of Benefits (EOB) is emailed to PDP providers after the billing files have been adjudicated. An EOB explains the payment or denial of a claim and includes the client's identifying information.

A lump-sum payment is issued to PDP providers and sent to the financial institution or address as directed.

## **Overpayments**

A PDP provider who has been overpaid may have future payments adjusted to satisfy the overpayment(s). If no further claims are submitted, the provider is directed to reimburse KHC directly for any overpayment(s) within 30 days of receipt of the notice.

## Administrative Review and Fair Hearing

If a PDP provider disagrees with a KHC decision, an administrative review may be requested. Requests may be for denial of provider enrollment, change in provider enrollment status, or denial of premium payments that are a benefit, and recoupments.

To qualify for an administrative review, requests must be in writing and received by KHC within 30 days from the date on the Explanation of Benefits (EOB) or adverse notice. Requests can be submitted via fax at 512-776-7238 or mailed to:

Kidney Health Care Administrative Review  
Mail Code 1938  
P. O. Box 149030  
Austin, Texas 78714-9947

KHC will conduct an administrative review and send a written response within 30 days following receipt of the request.

If a provider disagrees with the decision of an administrative review, the provider may be able to request a fair hearing within 20 days from the date of the administrative review response. Providers are notified of their right to request a fair hearing in the administrative review response. Requests for fair hearings must be in writing and submitted via fax number 512-776-7238 or mailed to:

Kidney Health Care Fair Hearing  
Mail Code 1938  
P. O. Box 149030  
Austin, Texas 78714-9947

If the affected provider does not respond within 20 days, the right to a fair hearing will be waived and KHC's decision will become final.

# Appendix: Kidney Health Care Medicare Rx Bill File Layout

This format has a fixed length with no delimiters. Header and trailer records are not required.

Field #	Field Name	Data Type	Length	Description	Value	Required field?	Value Definition or Allowed
1	Claim Type	Alpha-numeric	8	Identifies the type of record for processing	HCFA1500	Y	Internal claim processing code signifying a claim for medical services/premiums
2	SrvCd	Alpha-numeric	6	Identifies the type of record for processing	000002	Y	Internal claim processing code signifying Medicare RX Premium payments. Leading zeros are required
3	SSN	Numeric	9	Identifies the unique social security number for each member	Example: 123456789	Y/N	Plans must either include HCIN, MBI or KHC BNum on each member file
4	BNum	Alpha-numeric	9	KHC assigned unique ID number assigned to member	Example: 800590356	Y/N	KHC ID numbers always begin with 8. Allowed values: 0-9. Submitted as text. Field not required if Field #3 is completed
5	Last Name	Alpha	20	Identifies members by last name on record	Example: Doe	Y	This is the last name of the member. KHC will match for the first 5 letters
6	First Name	Alpha	20	Identifies members by first name on record	Example: John	Y	This is the first name of the member. KHC will match for the first 3 letters

Field #	Field Name	Data Type	Length	Description	Value	Required field?	Value Definition or Allowed
7	DOB	Numeric	8	Member's date of birth	Example: MM/DD/YYYY	Y	This is the date of birth for the member
8	MCRNum	Alpha-numeric	11	Medicare Beneficiary Identifies (MBI)	Example: 2A29B89CD34	Y	Medicare number of plan enrollee for the premium billed. Allowed values: 0-9, A-Z. Right fill with spaces
9*	PDPMCRNum	Alpha-numeric	6	Medicare Part D Plan Contractor Number	Example: S5000	N	Allowed values: 0-9, A-Z, spaces. Right fill with spaces
10	OrgName	Alpha-numeric	50	Organization name	Example: Humana, Inc.	Y	Allowed values: 0-9, A-Z, spaces. Right fill with spaces
11	PlanName	Alpha-numeric	50	Name of specific benefit plan level selected by subscriber	Example: Humana PDP Enhanced S5884-020	Y	Allowed values: 0-9, A-Z, spaces. Right fill with spaces
12	PDPPlanNum	Alpha-numeric	3	Number of specific benefit plan level selected by subscriber		Y	Allowed values: 0-9. Right fill with spaces
13	BeginDt	Date	10	Effective date of subscriber coverage under the Part D Plan billing for premiums	Example: 01/01/2006	Y	Must be a valid date
14	EndDt	Date	10	Date the subscriber's coverage was terminated under the Part D Plan billing for premiums	Example: 05/30/2006	N	Must be a valid date or spaces
15**	SrvDt	Date	10	The month and year for the premium being billed; use the first day of the month for the day	Example: 05/01/2006 Represents the premium bill for May 2006	Y	Must be a valid date

Field #	Field Name	Data Type	Length	Description	Value	Required field?	Value Definition or Allowed
16	BasePremAmt	Numeric	5,2	The premium for the Part D base plan offered by the organization	Example: 022.00	Y	Allowed values: .00 through 999.99
17***	LEP	Numeric	2,2	Late enrollment penalty for this subscriber, plan and premium month	Example: 02.20	Y	Allowed values: .00-99.99
18	OtherPmt	Numeric	5,2	Any amount paid, or that the plan anticipates will be paid, by another payer, excluding the LIS and Kidney Health Car and subscriber premium payments	Example: 011.00	Y	Allowed values: .00 through 999.99
19	LISAmt	Numeric	5,2	Amount of Low-Income Subsidy provided by the federal government	Example: 011.00	Y	Allowed values: .00 through 999.99
20	MoPremBalDue	Numeric	5,2	The remaining balance after the LIS and other non-subscriber payers for the premium month billed	Example: 022.00	Y	Allowed values: .00 through 999.99

\*At least one of the two provider identifiers (KHC Provider Number, or Medicare Part D Plan Contractor Number) must be included.

\*\*The service date is always shown as the first day of the month. Multiple records for a subscriber may be submitted in the same file as long as the premium month is different for each record.

\*\*\*AS OF 1/1/2012, this fee is no longer paid by KHC. Client is responsible for any LEP incurred each month.

For questions regarding the content or format of this data file, call the KHC Customer Service toll free number at 800-222-3986 or the central office in Austin at 512-776-7150.