TEXAS
Health and Human Services

TMHP LTC Portal for HCS/TxHmL Providers and FMSAs Webinar

December 8, 2022

Introduction

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- Purpose
- Panelists
  - **Ashley Wechsler** – Program Eligibility and Support (PES)
  - **Holly Lindsey** – Utilization Review (UR)
  - **Marie Redman** – Provider Claims Services (PCS)
  - **Kali Schmidt** – Contract Administration & Provider Monitoring (CAPM)
  - **Rhonda Richie** – Local Procedure Development and Support (LPDS)
  - **McKenzie Sanchez** – Long Term Services and Supports (LTSS) Policy Unit
  - **Audra Wilson** – Texas Medicaid & Healthcare Partnership (TMHP)

Agenda

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- **1:00 PM Start of webinar and Housekeeping--Dawn**
- **1:05 PM – 1:30 PM**: Trending issues --- Audra Wilson, Holly Lindsey, and Ashley Wechsler
- **1:30 PM – 2:15 PM**: Claims Discussion---Depesh Shah
- **2:15 PM – 2:20 PM**: Updates on HCS/TxHmL---Rick Bishop
- **2:20 PM – 2:30 PM**: Questions and Answers---Rick Bishop

To comply with HIPAA requirements, questions that include any identifying information for a specific individual will not be allowed during the monthly meetings.

Trending Issues – New Enhancements on LTCOP

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- Enhancements to 3608/8582, 3616, IMT (Suspension), 3615 and Provider Location Update (PLU) forms will be available on the TMHP LTCOP on 12/12/22.

- Refer to the Overview of Upcoming LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs | TMHP notification in the 'Recent News' section on the 1915c Waivers Program website on tmhp.com.

Note:

- Adding new minor home modifications (MHMs) maintenance services (16M and 16MV) on an IPC before the Home and Community-based Services (HCBS) setting rule becomes active will return 'ERROR' instead of the rate on the form.

Trending Issues – Recent Update to User Guide

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- Appendix B updated to include applicable action required when in specific statuses. See notification

- Refer to notification: Updated LTC HCS and TxHmL Waiver Programs Provider User Guide Now Available | TMHP

LTC HCS and TxHmL Waiver Programs - Provider User Guide

Appendix B: Assessment and Form Statuses

Statuses in this appendix appear in alphabetical order. Ensure you are referring to the statuses in this table exactly how they appear on the forms. For example, if you would like more information on status ***Pending Coach Review***, make sure to navigate to status ***Pending Coach Review*** in this table and not status ***Coach Review***. These are two separate statuses with two separate actions.

Status	Description of Status	Impacted Forms	Provider or LIDDA Action
Activated	HHSC-LTC or the submitter reactivated the Medicaid Eligibility verification process.	8578; 3608; 8582	No action needed.
Appeal Requested	An appeal has been requested.	3608; 8582	No action needed.

Trending Issues – Upcoming training video – R&S

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Youtube videos on the TMHP Remittance and Status (R&S) will be published on 12/8

- 3-part videos to accommodate easy viewing:
  - Part 1: General information and details how to set permissions to access R&S Reports
  - Part 2: How to read section one of the R&S Reports
  - Part 3: How to read section two through four.

ID/RC PC 3 - Pending DADS Review

Ashley Wechsler, IDD PES:

- **ID/RC purpose code 3 forms** in Pending DADS Review status are reviewed by PES staff to determine if supporting documentation is needed.
- If PES staff set the form status to Remanded to Submitter, a note is included in the form's history trail listing the documents that the submitter must upload to the IDD Operations Portal.

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Enrollment IPCs - Pending DADS Review

- **Enrollment IPC forms** in Pending DADS Review status are reviewed by PES staff to determine if the IPC must be referred to UR for a desk review.
- If PES refers the enrollment IPC to UR, UR staff will contact the submitter by email and, the submitter must upload the requested documents to the IDD Operations Portal.

Transfers, Suspensions & Terminations

- **Transfer IPCs, Continuation of Suspension and Termination forms** in Pending DADS Review status *always* require the submitter to upload supporting documentation to the IDD Operations Portal.
- Terminations are entered by the LIDDA, acknowledged by the provider, then sent to HHSC for review.

Suspension Reviews

In accordance with Section 9000 of the HCS Handbook:

- When a person is temporarily ineligible or unable to receive program services, an IMT–Suspension form must be submitted on the LTC Online Portal.
- The LIDDA is required to submit the IMT–Suspension form only if the person uses the CDS option for all services. Otherwise, the provider is required to submit the form.
- While services are suspended, the service coordinator is required to monitor the person's status and complete a suspension review every 30 calendar days.
- When a suspension review is due, the status of the IMT–Suspension form is 'Suspension Review Due.'
- If the due date passes, and the LIDDA has not submitted the review, the status of the IMT–Suspension form is 'Suspension Review Overdue.'

Renewal & Revision IPCs

- **Renewal and Revision IPC forms** in Pending DADS Review or Pending Coach Review status *always* require action from the submitter before the IPC is reviewed.
- This usually means faxing or uploading the supporting documentation to the IDD Operations Portal. For questions, the submitter can contact UR at 512-438-5055 or deskURLONIPC@hhs.texas.gov.

Renewal & Revision IPCs

What is a packet?

A packet is documentation that justifies the services requested on the IPC.

Renewal & Revision IPCs

What is a packet?

A packet submitted to UR must include:

- IPC Cover Sheet (form 8599, which can be found at https://www.hhs.texas.gov/regulations/forms/8000-8999/form-8599-individual-plan-care-ipc-cover-sheet)
- Copy of signed IPC, all pages
- Person-Directed Plan
- Implementation Plans for all services on the IPC, including breakdown of nursing and behavior hours, if requesting

Renewal & Revision IPCs

What is a packet?

A packet submitted to UR may include:

- Assessments – Comprehensive Nursing Assessment (CNA), Occupational Therapy (OT) evaluation, treatment plan or assessment (include orders); Physical Therapy (PT) evaluation, treatment plan or assessment (include orders); Speech/Language Therapy evaluation, plan or assessment (include orders) (not an all inclusive list)

Renewal & Revision IPCs

What is a packet?

A packet submitted to UR may include:

- All documentation for Adaptive Aids, if requesting, including the following:
  - A list of items to be purchased, the number of each item needed, and the cost (based on the lowest bid) for each item
  - Three bids for each item. Bids from online vendors are acceptable. If using an annual vendor, three bids are needed only if an item costs $500 per month or more; otherwise, annual vendor bid can be submitted.
  - Proof of Medicaid denial and professional recommendations, as required in Appendix VII of the HCS Program Billing Requirements
  - Please see Section 6100 of the HCS Billing Requirements at https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/hcs-billing-requirements.pdf for more information.

Renewal & Revision IPCs

What is a packet?

A packet submitted to UR may include:

- All documentation for Minor Home Modifications (3 bids based on the specs, specs from licensed professional recommendation), if requesting (please see Section 6200 of the HCS Billing Requirements).
- Transportation plan
- Form 8510, CFC PASHAB Assessment
- Behavior Support Plan or treatment plan (must meet HHSC criteria if individual has behavior increase in LON or there are restrictive practices utilized)

Renewal and Revision IPCs

21 Provider Service	22 Authorized Units	23 Unit Rate	24a Estimated Cost	25 I/D	73 Indeterminate Temporary service t increase indicator
41E, REQUISITION FEES - DENTAL	5.00	1.00	$5.00		
13D, SPECIALIZED NURSING LVN	1903.00	34.14	$64,968.42	1. Increase	
5A, DENTAL - WAIVER PROGRAMS	50.00	1.00	$50.00		
13B, NURSING SERVICES - RN	9.00	43.39	$390.51		
41, REQUISITION FEES - ADAPTIVE AIDS	12.96	1.00	$12.96		
13A, NURSING SERVICES - LVN	2.00	29.69	$59.38		
43A, BEHAVIORAL SUPPORT	46.00	79.53	$3,658.38	1. Increase	
15, ADAPTIVE AIDS/DME	129.60	1.00	$129.60		

Consumer Directed Services Agency (CDSA)		
34	Are any CDS services determined as critical, requiring Service Back-up Plan?	
35	Are any services included on this IPC staffed by a relative or guardian?	1. Yes
Annual Totals for Home and Community based Services (HCS)		
36	Consumer Directed Service Agency Estimated Annual Total	0.00
37a	Program Provider Estimated Annual Total	69274.25
72b	Indeterminate vs. Temporary cost ceiling increase indicator	Temporary

CFC Provider Service

85a CFC Provider Service	85b Authorized Units	85c Unit Rate	85d Estimated Cost	85e I/D	85f Active
10CFC, CFC PAS/HAB	4869.00	19.48	$94,848.12		Y

Renewal and Revision IPCs

41E, REQUISITION FEES - DENTAL	5.00
13D, SPECIALIZED NURSING LVN	1903.00
5A, DENTAL - WAIVER PROGRAMS	50.00
13B, NURSING SERVICES - RN	9.00
41, REQUISITION FEES - ADAPTIVE AIDS	12.96
13A, NURSING SERVICES - LVN	2.00
43A, BEHAVIORAL SUPPORT	46.00
15, ADAPTIVE AIDS/DME	129.60

Renewal and Revision IPCs

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CFC Provider Service				
	85a CFC Provider Service	85b Authorized Units	85c Unit Rate	85d Estimated Cost
	10CFC, CFC PAS/HAB	4869.00	19.48	$94,848.12
86	Estimated CFC Provider Services Subtotal			94848.12

Renewal & Revision IPCs

How to submit?

The most efficient mode of submission for HCS/TxHmL documentation is through the IDD Operations Portal. To learn how to register and use the IDD Operations Portal or for answers to any questions, please visit https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/idd-ops-portal or email IDD_Ops_Portal@hhsc.state.tx.us. Packets may also be submitted via fax at 512-438-4249.

Renewal & Revision IPCs

What about the IPCs for individuals 20 and under with nursing or therapies?

If the only reason the form is in Pending DADS Review –

- Nursing - Send PDP and IPs for UR to validate the nursing is to oversee the health and safety in the provision of other waiver services
- Therapies or Dental – Reconvene SPT

How to do batch billing using TexMedConnect (TMC)

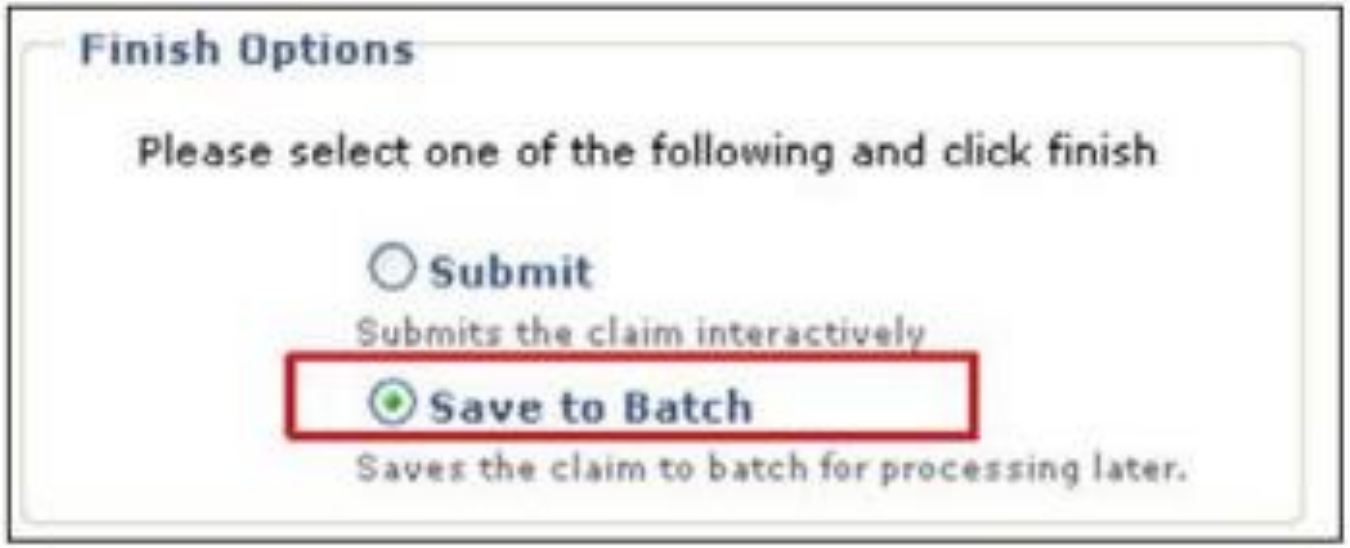
TEXAS Health and Human Services

Batch Claims

Saving to a Batch

To save a claim as part of a batch:

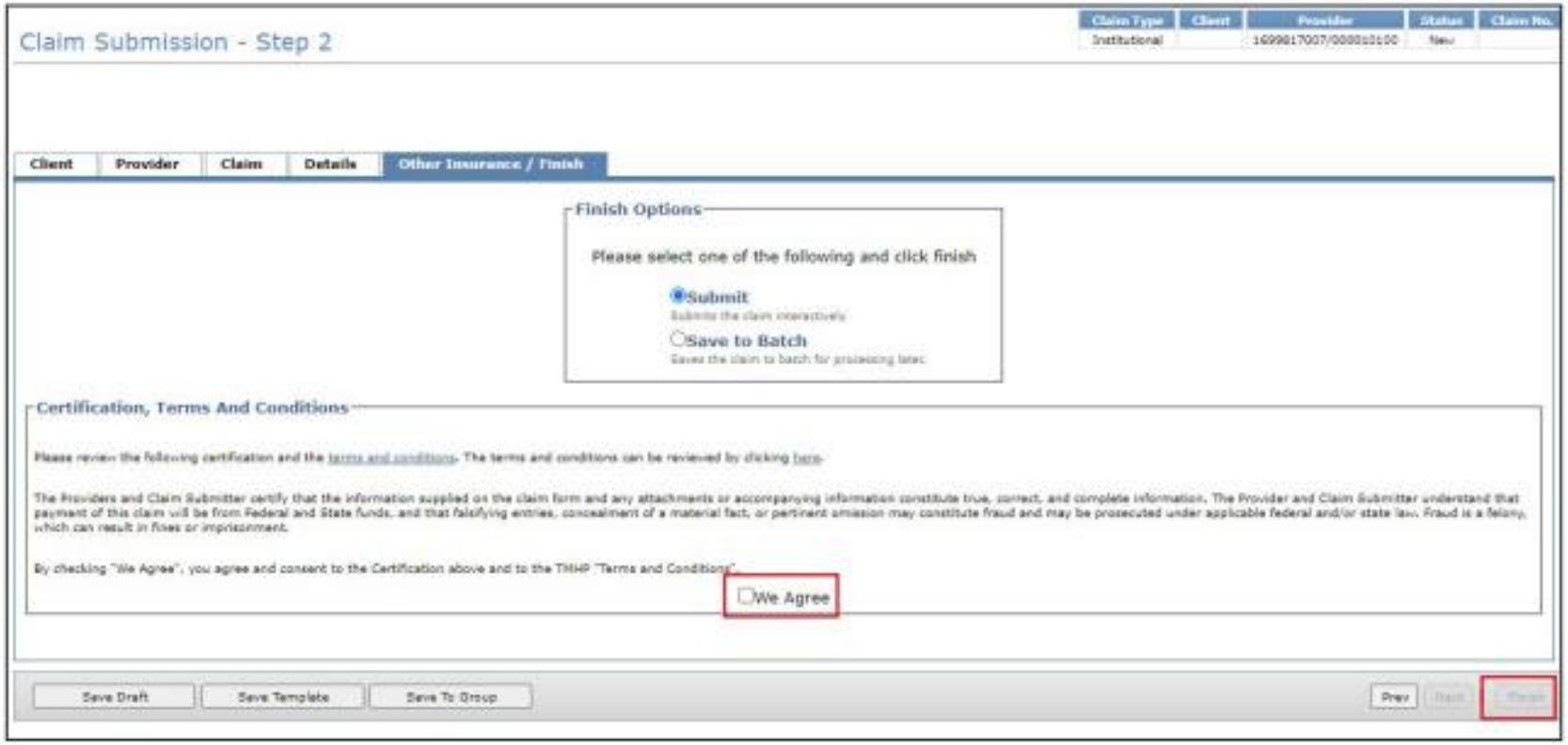
1) After completing a claim, click the Save to Batch radio button.



How to do batch billing (cont.)

TEXAS Health and Human Services

2) Check the We Agree box, and then click the Finish button. The claim will be saved as part of a batch, and you will be returned to the claims entry screen so you can continue to enter more claims.



How to do batch billing (cont.)

TEXAS Health and Human Services

To submit a batch:

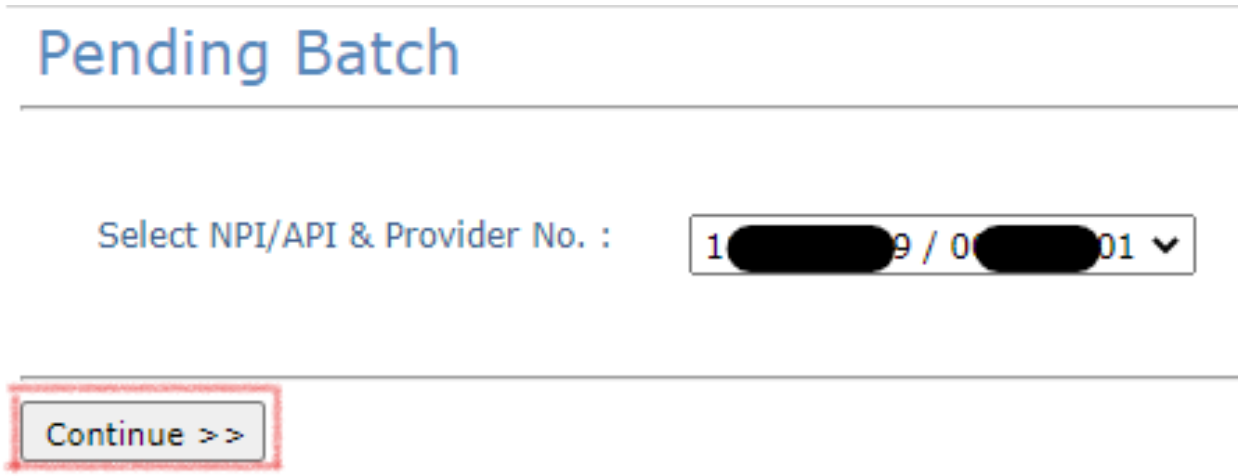
1) Click the Pending Batch link under the Claims section in the navigation panel.

- Long Term Care
  - MESAV
    - MESAV
    - Group Template
    - MESAV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Group Template
    - Drafts
    - Pending Batch
    - Batch History
  - Claim Data Export
    - Data Export Request
    - Data Export Downloads
  - CSI
    - CSI
    - Group Template

How to do batch billing (cont.)

TEXAS Health and Human Services

2) Select the appropriate NPI or API and provider number from the NPI/API & provider drop-down box and click the **Continue** button.



3) The Pending Batch page will display for the selected NPI or API and provider number. The pending batch list shows the claims that are ready to be submitted.

How to do batch billing (cont.)

TEXAS Health and Human Services

Pending Batch - List of Claims

NPI/API / Provider No.

Client #	Account No	Last Name	First Name	Start Date Of Service	Billed Amount	Claim Form	User ID			
				10/01/2012	$ 2,738.70	[redacted]		View	Edit	Delete
				10/04/2012	$ 2,738.70	[redacted]		View	Edit	Delete
				10/01/2012	$ 2,738.70	[redacted]		View	Edit	Delete

Total Billed Amount: $8,216.10

Submit Batch

4) You can view, edit or delete claims in a pending batch before you submit them.

5) Click the Submit Batch button. All claims in that batch will be submitted, even those created by other users.

How to do batch billing (cont.)

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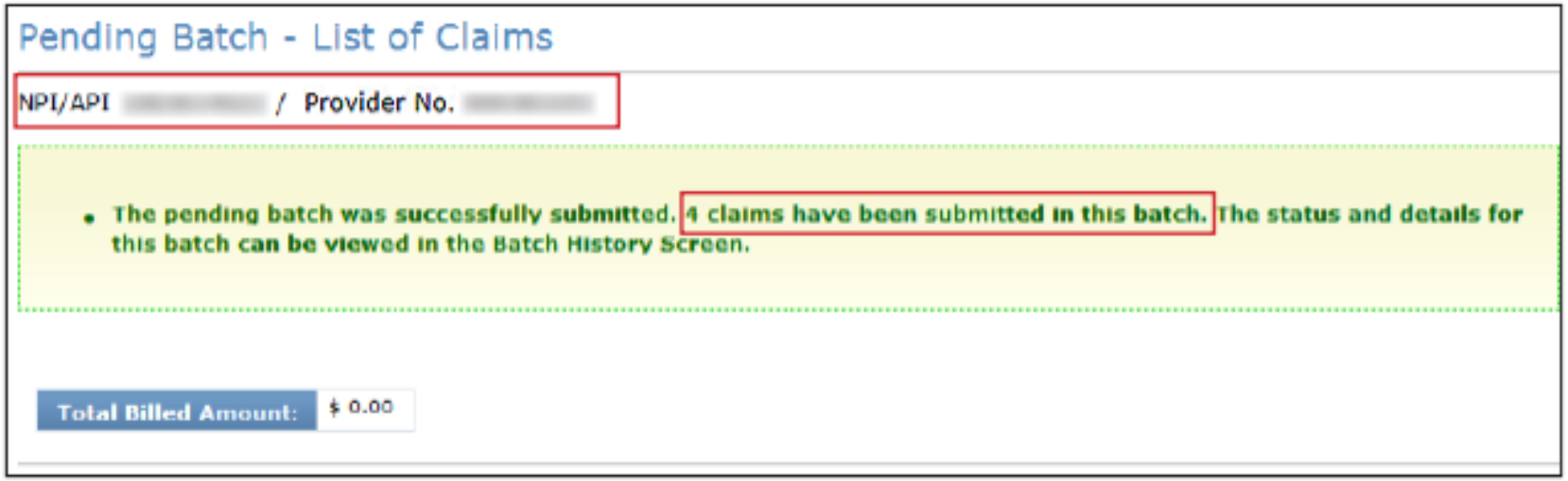
6) When the batch is submitted, a confirmation message will inform the user whether the submission was successful and the number of claims submitted in the batch.



- You can save up to 250 claims to a batch.
- Pending batches that are not submitted after 45 days are deleted from the system.

How to view Batch History

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1) Click the Batch History link under the Claims section in the navigation panel.

How to view Batch History (cont.)

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2) Select the appropriate NPI or API and provider number from the NPI/API & Provider No. drop-down box and click the **Continue** button.

How to view Batch History (cont.)

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Batch History

NPI/API [redacted] / Provider No. [redacted]

	Batch ID	Status	Claim Count	Total Billed Ar	Transmission Date	Submitted By
✔	G394LS8R	Processed	1	$ 200.00	08/27/2014 03:52:59 PM	[redacted]
✔	G394LS8W	Processed	1	$ 200.00	08/27/2014 03:54:10 PM	[redacted]
✔	G484MGG4	Processed	1	$ 159.09	09/05/2014 03:31:04 PM	[redacted]
✔	G484MGG5	Processed	1	$ 159.09	09/05/2014 03:47:48 PM	[redacted]
✔	G514MGGH	Processed	1	$ 159.09	09/08/2014 01:58:05 PM	[redacted]
✔	G514MGGV	Processed	1	$ 100.00	09/08/2014 04:24:17 PM	[redacted]
✔	G524MGH8	Processed	2	$ 318.18	09/09/2014 11:04:12 AM	[redacted]
✔	G524MGH9	Processed	1	$ 120.00	09/09/2014 11:18:10 AM	[redacted]
✔	G524MGHA	Processed	2	$ 200.00	09/09/2014 11:41:18 AM	[redacted]

3) Click on a Batch ID to view the list of claims included in that batch. The Batch History will display all available batches. Note: The Claim Count column indicates the total number of processed claims, not necessarily the total number of paid claims.

How to view Batch History (cont.)

TEXAS Health and Human Services

Batch History - List of Claims - [redacted]

NPI/API 1[redacted] / Provider No. 0[redacted]

Status	Client #	Account No	Payer Name	Last Name	First Name	Start Date Of Service	Billed Amt	Claim Form	User ID
Rejected	[redacted]			[redacted]	[redacted]	08/31/2022	$805.27	Professional	[redacted]
Accepted	[redacted]		TNHP	[redacted]	[redacted]	07/12/2022	$2,013.17	Professional	[redacted]
Accepted	[redacted]		TNHP	[redacted]	[redacted]	05/31/2022	$1,400.48	Professional	[redacted]
Accepted	[redacted]	[redacted]	TNHP	[redacted]	[redacted]	02/10/2022	$1,609.73	Professional	[redacted]
Accepted	[redacted]	[redacted]	TNHP	[redacted]	[redacted]	03/31/2022	$917.55	Professional	[redacted]
Accepted	[redacted]	[redacted]	TNHP	[redacted]	[redacted]	05/31/2022	$278.34	Professional	[redacted]
Accepted	[redacted]	[redacted]	TNHP	[redacted]	[redacted]	02/28/2022	$3,716.65	Professional	[redacted]
Accepted	[redacted]	[redacted]	TNHP	[redacted]	[redacted]	06/30/2022	$1,370.50	Professional	[redacted]

Total Billed Amount:	$12,111.69
BatchID:	[redacted]

Go Back

- You can see the status of the claims, either Accepted or Rejected.
- Members information like Medicaid number and name.
- Start of service, Billed amount, claim type and User Id who submitted the claim.

How to view claims in a batch

TEXAS Health and Human Services

5) Click the Status of a claim to view the details of that claim. If the status of the claim that you clicked was Rejected, you will see a yellow message box at the top of the screen listing the rejected EOBs. This is the same screen as Claims Submission Step 2.

- RJ001:Errors have been detected on claim - Please correct and resubmit.
- Claim Detail# 1: F0198 Cannot bill for future Service Dates or current date.

The Claims detail #1 shows the EOB code and description which will help in guiding you on how to fix it. This will also help the TMHP held desk if you were to call for assistance.

How to view claims in a batch (cont.)

TEXAS Health and Human Services

6) If the status of the claim that you clicked was Accepted, then the Claims Status Inquiry (CSI) Search Details page will be displayed

CSI Details

New Lookup

Claim Information	
Claim No.	
Dates of Service	8/1/2014 - 8/1/2014
Status	D
Effective Date	9/10/2014
Service Group	1
Warrant Number	

Client Information	
Client/Medicaid No./Trainee SSN	
Name	
Gender	F
Date of Birth	8/24/1984
Patient Account No.	
Medical Record No.	
Referral No.	

Financial Information	
Total Billed Amount	$100.00
Total Paid Amount	$0.00
Total Applied Other Insurance Amount	$0.00
Budget Number	

Provider Information	
Provider NPI/API	
Provider Name	
Medicare Patient Days %	0
Private Patient Days %	0
Medicaid Patient Days %	0

Dtl No	Detail Status	Service Begin	Service End Date	Billing Code	Billed Amount	Paid Amount	OI Paid Amount	Applied OI Amount	Billed Units	Paid Units	Estimated Paid Unit Rate	Nat'l EOB1	Nat'l EOB2	Modifier 1
1	D	8/1/2014	8/1/2014	RG008	$100.00	$0.00	$0.00	$0.00	1.00	0.00	$0.00			

Benefits of Batch billing

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- Save time by submitting all claims in a batch.
- You can submit up to 250 claims in a batch
- This will also be handy if you ever get audited and the state auditor had requested you to do some claim adjustments and show proof that you did the adjustment.
- Claims submitted in a batch, if rejected will show in the batch and help you understand why it rejected as you will have the EOB code and description.
- You can print the claims from a batch.

How to do claim adjustments.

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- In order to do a claims adjustment using TexMedConnect, the following criteria needs to be followed.

a) The claim has to be in the paid status.

b) Only the most recent claim can be adjusted, meaning the original claim cannot be used if it was already adjusted.

- Adjustments are made to correct claims that were initially billed incorrectly or made to reimburse HHSC for overpayments.

How to do claim adjustments. (cont.)

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1) Click the Adjustments link under the CSI section in the navigation panel.

- Long Term Care
  - MESAV
    - MESAV
    - Group Template
    - MESAV Batch History
  - Claims
    - Claims Entry
    - Individual Template
    - Group Template
    - Drafts
    - Pending Batch
    - Batch History
  - Claim Data Export
    - Data Export Request
    - Data Export Downloads
  - CSI
    - CSI
    - Group Template
  - Adjustments
  - R and S
  - ANSI 835

How to do claim adjustments. (cont.)

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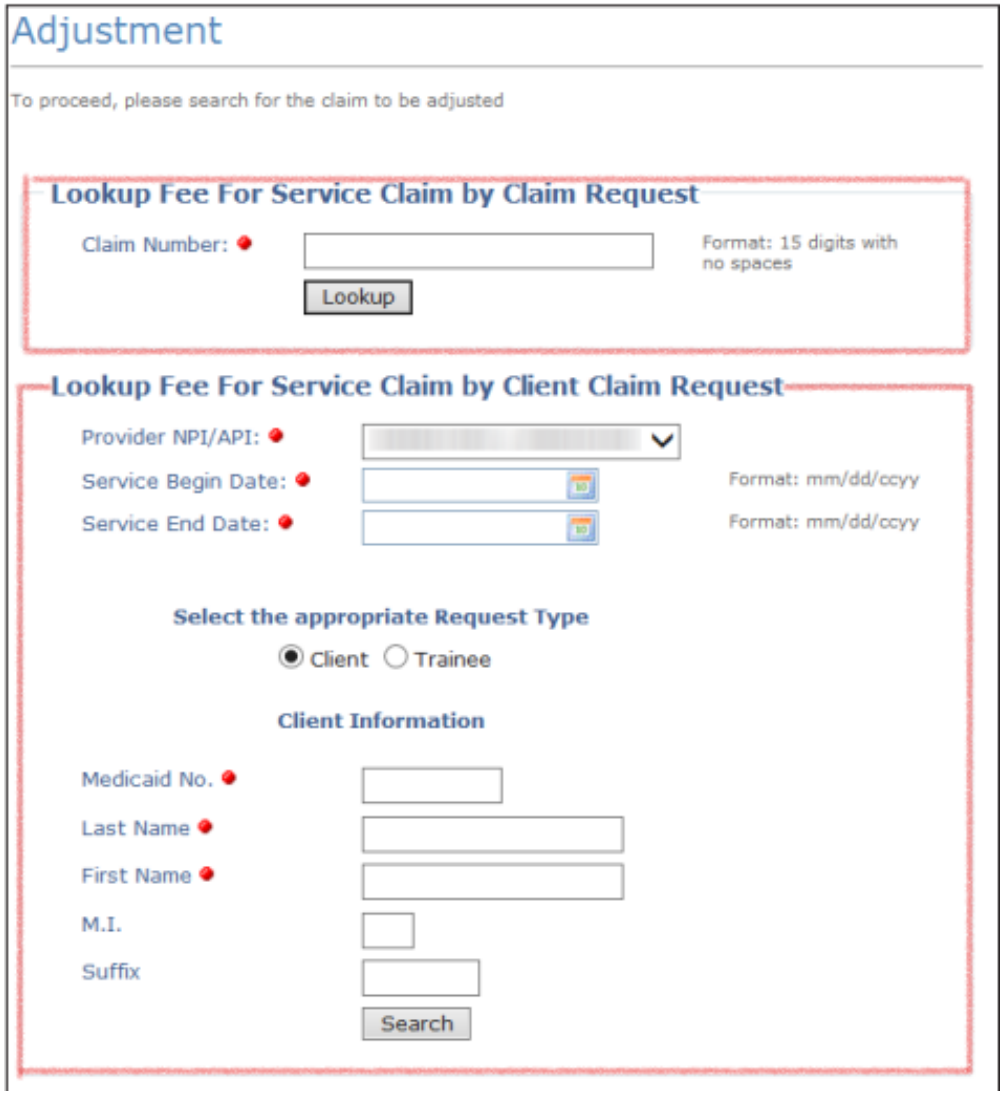
From the Adjustment screen, you will have 2 options to select from.

1. If you have the claim number (same as ICN) then enter it and click the Look up button.
2. If you do not know the claim number, you can search for the claim using the person's demographic information. Enter the required information indicated by a red dot and click the Search button.



How to do claim adjustments. (cont.)

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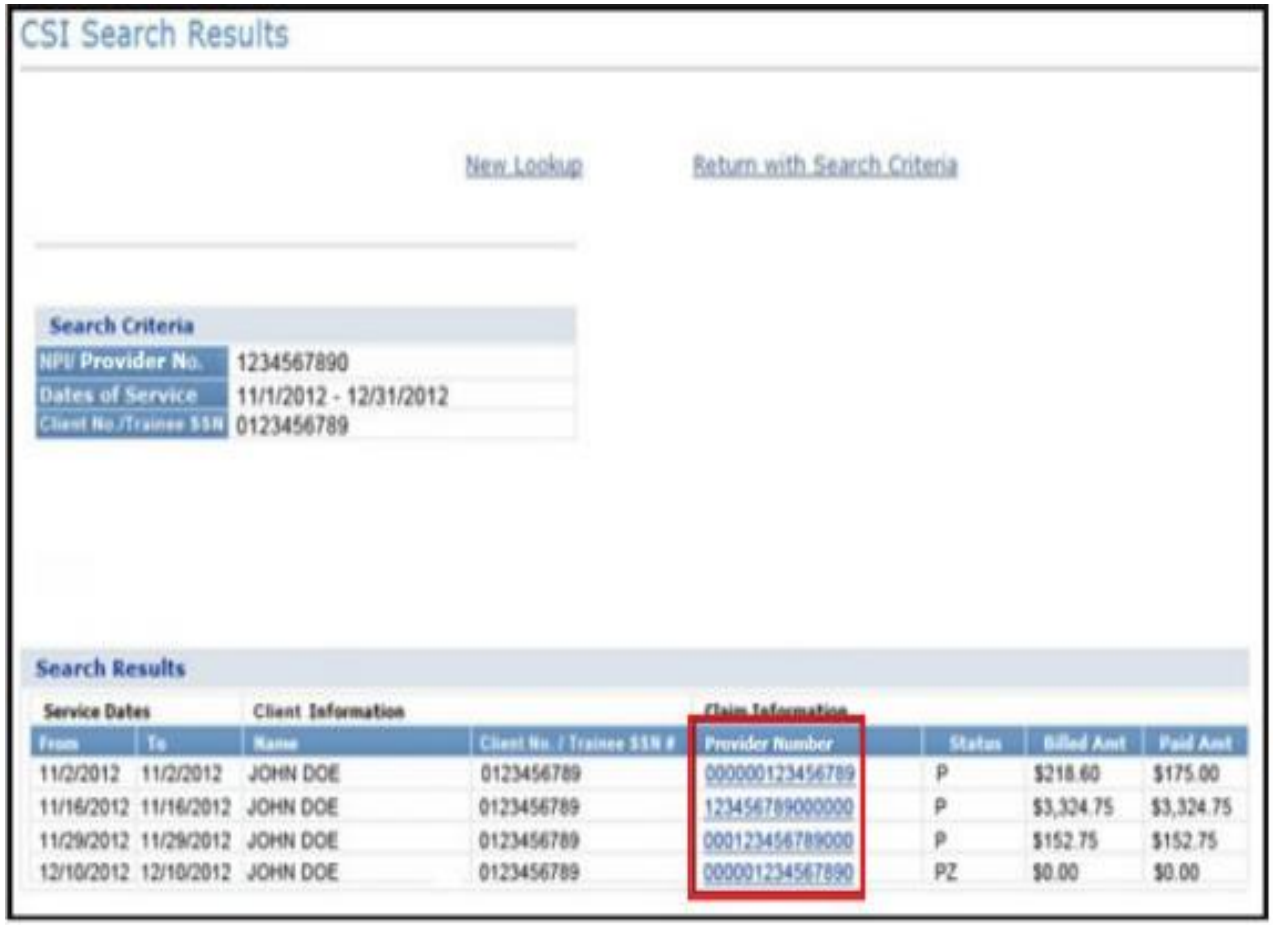
The search result is displayed. If more than one claim number with the same service dates and bill code is displayed as a result of your search, you can adjust the claim only with the most recent processing (or status) date. Providers can determine the most recent claim by comparing the Claim Status Dates, also known as the Effective Dates. To determine which claim is the most recent, click on the hyperlink for each claim in the list for the date range, and compare the Effective Dates of each claim. Adjust the claim number with the most recent Effective Date. Click the claim number to begin adjusting the claim.



CSI Search Results

New Lookup Return with Search Criteria

Search Criteria

NPI/ Provider No.	1234567890
Dates of Service	11/1/2012 - 12/31/2012
Client No./Trainee SSN	0123456789

Search Results

Service Dates		Client Information		Claim Information			
From	To	Name	Client No. / Trainee SSN #	Provider Number	Status	Billed Amt	Paid Amt
11/2/2012	11/2/2012	JOHN DOE	0123456789	000000123456789	P	$218.60	$175.00
11/16/2012	11/16/2012	JOHN DOE	0123456789	123456789000000	P	$3,324.75	$3,324.75
11/29/2012	11/29/2012	JOHN DOE	0123456789	000123456789000	P	$152.75	$152.75
12/10/2012	12/10/2012	JOHN DOE	0123456789	000001234567890	PZ	$0.00	$0.00

How to do claim adjustments. (cont.)

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- For both options, the next screen is the CSI Details page. Select the appropriate Claim Type from the drop-down box and click the **Adjust Claim** button.

How to do claim adjustments. (cont.)

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- The next screen is going to be the Claims Submission step 2.
- This is same as if you are doing a claim. So, make sure you verify all the required fields that are indicated by a red dot for each tab (Client, Provider and Claim) are populated or filled out.

How to do claim adjustments. (cont.)

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On the details tab, the system will auto populate the negative row(s) with the data that was initially paid on the initial claim. The Unit, Unit Rate, and Line-Item Total fields will be auto populated and read only. The user should not attempt to modify these fields on the negative row(s). If the initial claim to be adjusted had multiple details, all the claim detail rows will show up as negative line details. If the provider does not wish to adjust all the rows on the initial claim, they will need to delete the rows they do not wish to adjust by using the Delete button on the right side of the row. The line-item total will be in parentheses. If the adjustment is to return the entire amount of the claim, there is no need to click the Add New Details Row(s) button. Remember negative row means you are returning to HHSC and positive row means you are billing that to HHSC.

Client | Provider | Claim | Details | Other Insurance / Finish

Number of details to add: 1 Add New Details Row(s) Copy Row

					Mods										
	Line Item Control N	*Service Date	Place of Service	*Code	1	2	3	4	*Units	*Unit Rate	Line Item Total	Co-Pay	Tooth ID	*Oral Cavity Code	NPI/API
1		7/26/2022	99 Other Place of Se	D0120					-1	$1.00	($1.00)	$0.00			

For Dental claims the Oral Cavity code will be blank so you will have to select a code from the drop-down box. If you don’t know it, then select the one that makes most sense.

How to do claim adjustments. (cont.)

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To bill positive units for the same adjusted claim, click the **Add New Details Row(s)** button located above the Service Dates. On the new row, you will add the same information as the negative row except for the unit's section. In the units section you will need to put what was the correct units you were to bill initially. Do not put in the difference, as you will not be paid correctly.

Client | Provider | Claim | Details | Other Insurance / Finish

Number of details to add: 1 | Add New Details Row(s) | Copy Row

					Mods										
	Line Item Control N	Service Date	Place of Service	Code	1	2	3	4	Units	Unit Rate	Line Item Total	Co-Pay	Tooth ID	Oral Cavity Code	NPI/
1		7/26/2022	99 Other Place of S	D0120					-1	$1.00	($1.00)	$0.00		00 Entire Oral Cavit	
2		7/26/2022	99 Other Place of S	D0120					195	$1.00	$195.00	$0.00		00 Entire Oral Cavit	

For dental claims, you will have to put the same Cavity code as the one selected for the negative row. If you do not know the Cavity code, then select the best option from the drop-down box.

Then go to the other insurance/ finish tab, click the Save to Batch radio button, check the We Agree box, and then click the Finish button in the lower right corner. Then go to pending batch and submit the batch.

Claims Templates

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There are 2 types of claims templates that can be created and saved in TexMedConnect:

1. Group template
2. Individual template

Group Template

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- Group templates are beneficial as it will save you time if you are billing for the same member(s) for the same service everyday, every week or every month.
- Group template consists of several Individual templates, recommendation is to create a group template for each service.
- A maximum of 100 group templates can be created for each NPI(API)/provider number.
- Each group template can store up to 250 claims.
- A template will remain in the system as a template after each use. However, if a template has not been used for 365 days, it will be deleted from the system.

Individual template

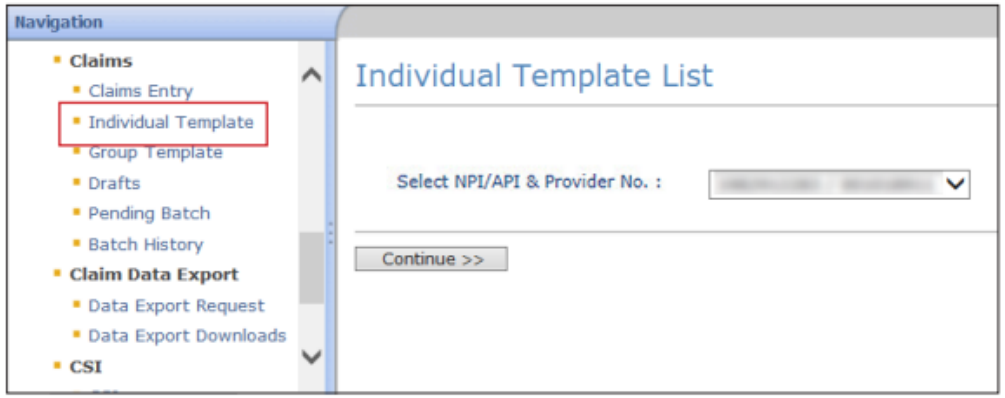
TEXAS Health and Human Services

- Providers can create Individual templates for different services for each member.
- A maximum of 1,000 individual claim template can be created for each NPI/API and provider number.
- Templates will not disappear when they are used and can be for unlimited number of times. However, they will be removed automatically if not used for 365 days.

How to create individual template

1. You would complete a claim like normal and then when you are in the Other insurance/ Finish tab, you would click the Save Template button.

2. Enter a template name and click the Save button. The claim will be added to the Individual Template list.
3. You can also save this to a group template if you already have a group template created, by clicking **Save to Group** button. Select the group name and hit save.
4. To access the Individual Template, click the Individual Template link under the Claims section in the navigation panel. Templates are displayed by NPI.

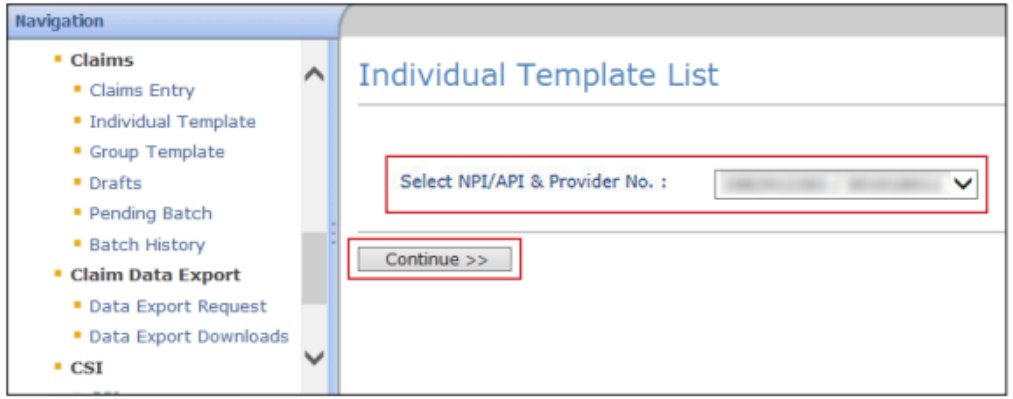


How to create individual template (cont.)

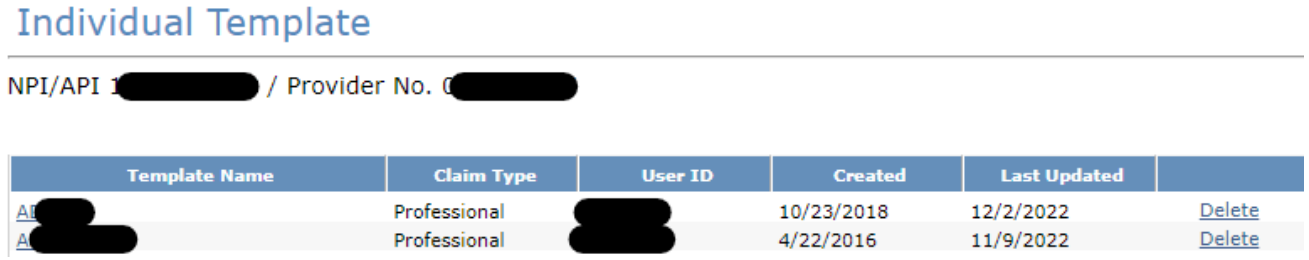
(Slide 2 of 2)

TEXAS Health and Human Services

1. Select the appropriate NPI or API and provider number from the NPI/API & Provider No. drop-down box and click the Continue button.



2. Click on the template name to open it.



Creating Group Templates.

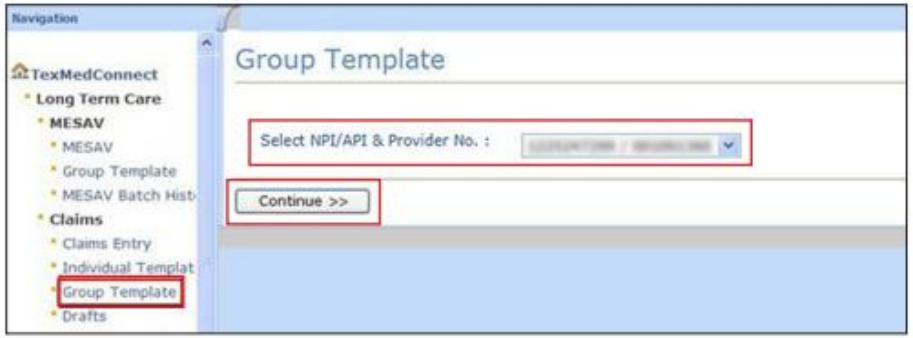
TEXAS Health and Human Services

1) Click the Group Template link under CSI in the navigation panel.

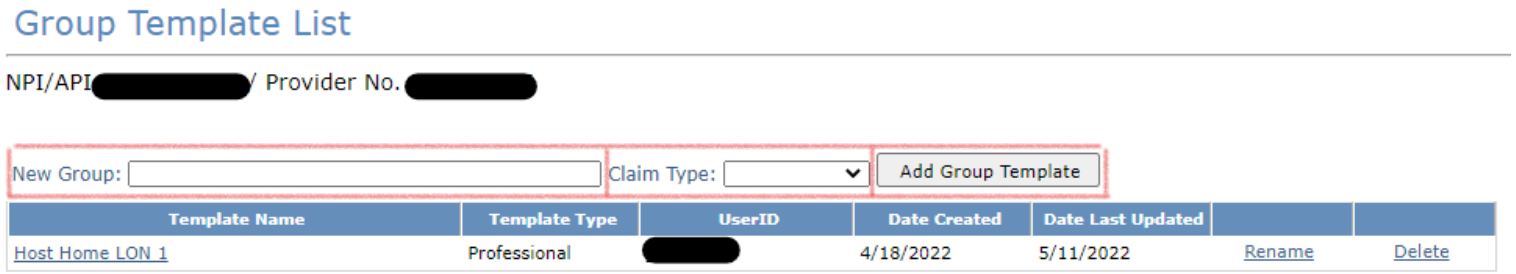
Creating Group Templates (cont.)

TEXAS Health and Human Services

2) Select the appropriate NPI or API and provider number from the NPI/API & Provider No. drop-down box and click the Continue button.



3) Enter the name of a group in the New Group field, choose the Claim Type from the drop-down box, and then click the **Add Group Template** button.

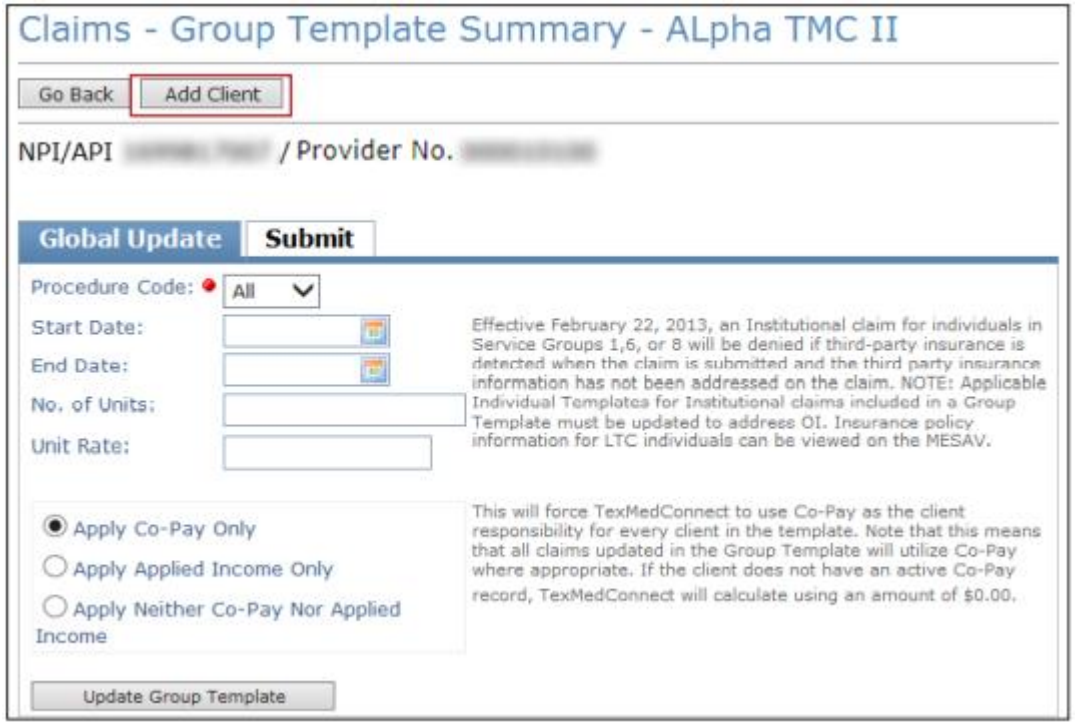


Creating Group Templates (cont.)

TEXAS Health and Human Services

4) After you have created the Group Template, the Group Template Summary page will be displayed.

5) To add a person to the group, open the group template and then click the **Add Client** button.



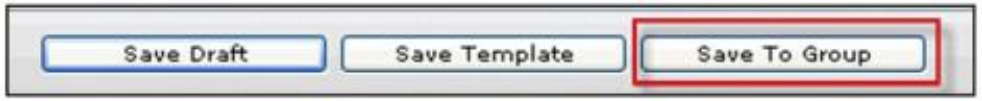
Creating Group Templates (cont.)

TEXAS Health and Human Services

6) Enter the members Medicaid number and hit Continue.

7) This will take you to claims submission step 2 page.

8) From here fill out all the information for the claim and then once you reach the Other Insurance/ Finish tab, click the **Save To Group** button.



9) This will save the template to the group. You can continue to follow the same steps to add other members.

Submitting claims from group template.

(Slide 1 of 3)

TEXAS Health and Human Services

1. Open the group template, the selected tab will be Global Update.
2. Enter the Procedure code from the drop-down box.
3. Define the start date and end date, the number of units, and the unit rate for all claims in the template.
4. You must click one of the three radio buttons:
    - Apply Co-Pay Only,
    - Apply Applied Income Only, or
    - Apply Neither Co-Pay Nor Applied Income

5. We recommend you choose Apply Neither Co-Pay Nor Applied Income Since the 1st 2 options don't apply to HCS or TxHmL providers. TexMedConnect will use no individual responsibility for every person in the template.

Submitting claims from group template (cont.)

(Slide 2 of 3)

TEXAS Health and Human Services

Claims - Group Template Summary - ALpha TMC II

Go Back | Add Client

NPI/API / Provider No.

Global Update | Submit

Procedure Code: All

Start Date:

End Date:

No. of Units:

Unit Rate:

Effective February 22, 2013, an Institutional claim for individuals in Service Groups 1,6, or 8 will be denied if third-party insurance is detected when the claim is submitted and the third party insurance information has not been addressed on the claim. NOTE: Applicable Individual Templates for Institutional claims included in a Group Template must be updated to address OI. Insurance policy information for LTC individuals can be viewed on the MESAV.

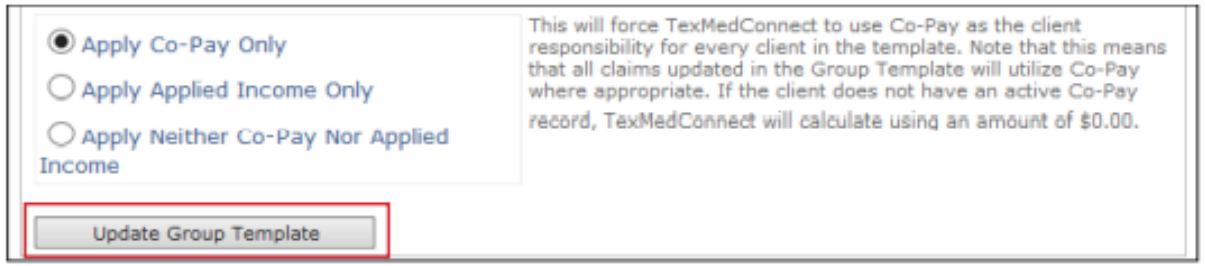
- Apply Co-Pay Only
- Apply Applied Income Only
- Apply Neither Co-Pay Nor Applied Income

This will force TexMedConnect to use Co-Pay as the client responsibility for every client in the template. Note that this means that all claims updated in the Group Template will utilize Co-Pay where appropriate. If the client does not have an active Co-Pay record, TexMedConnect will calculate using an amount of $0.00.

Update Group Template

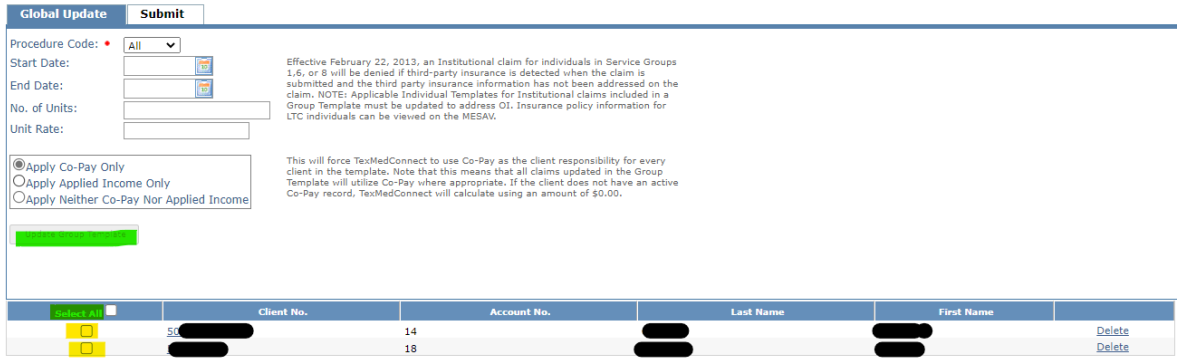
6. When you have entered all the required information, click the **Update Group Template** button to apply that information to all of the claims in the group.

Submitting claims from group template (cont.) (Slide 3 of 3)



7. If you do not click on the Update Group Template and hit submit button, then the new information will not be saved and applied to the new claim.

8. At this point you can either select all or check only the individuals you want to bill for.



9. Last step is to hit submit and the claims will be submitted.

Updates on LTC Online Portal - TMHP 1915(c) Website

TEXAS Health and Human Services

TMHP Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Provider | Client/Cliente

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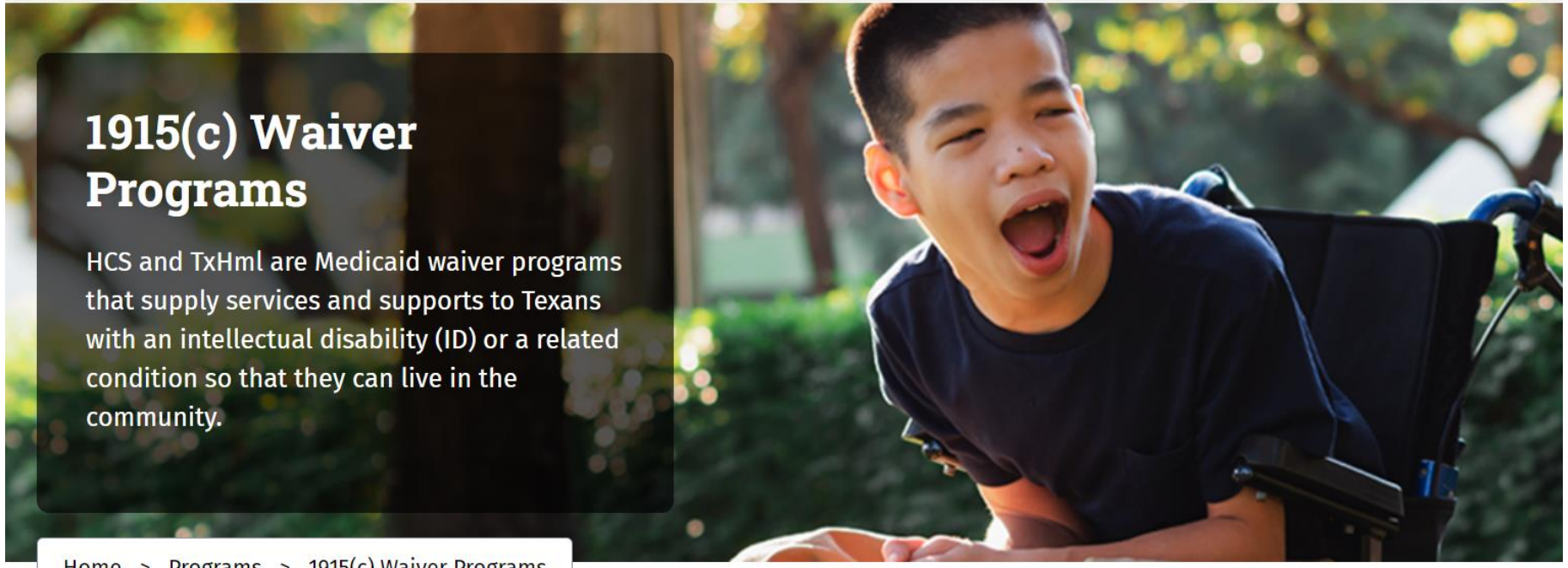

1915(c) Waiver Programs

HCS and TxHml are Medicaid waiver programs that supply services and supports to Texans with an intellectual disability (ID) or a related condition so that they can live in the community.

Home > Programs > 1915(c) Waiver Programs

Updates on LTC Online Portal (cont.)

TEXAS Health and Human Services

- December 12, 2022: Release 1 Go-Live
  - Overview of Upcoming LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs | TMHP

- Provider and State User Guide Appendix B are posted:
  - Updated LTC HCS and TxHmL Waiver Programs Provider User Guide Now Available | TMHP

- R&S videos will be posted today on TMHP 1915(c) Website

Use the TMHP 1915(c) Website for latest news and updates

Important Reminders

TEXAS Health and Human Services

- Please remember to complete the post webinar survey
- Webinar Recordings will be posted at:
  - HCS and TxHmL Webinars and FAQs | Texas Health and Human Services
- The next monthly meeting (January 11, 2022) will be a “townhall”

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Question and Answer

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Thank you for attending

Our next meeting is January 11, 2023