TMHP TexMed Connect or EDI
X12 Format

TMHP CMS
Approved To Pay Claims
Claim Status

DADS HHSAS
Claim
Claim Status

Comptroller

Nursing Facility (NF)

Submitting LTSS Fee for Service Claims
Claim

Submitting Claim for Medicare Coinsurance Claim for MCO Member (837 i w Informational Pricing)
Claim

Submitting Claim for Add-on Services for STAR+PLUS Member (Either TMHP or MCO)
Claim

Submitting Adjustment for Fee for Service Claim
Claim

Claim

Claim

MCO Claims Portal
Claims

MCO Claims Adjudicator

TMHP Vision 21

Nursing Facility Claims Forwarding v4

LTSS Fee for Service Claims:
- Services to individuals in pediatric care NF
- Services to individuals under 21 in NF
- Services to residents in Veteran Homes

NF Carve-in Services to STAR+PLUS Members:
- Daily Care
- Medicare Coinsurance
- Add-on services: Physical Therapy, Speech Therapy, Occupational Therapy; Durable Medical Equipment; Customized Power Wheelchairs; Customized Manual Wheelchair; Emergency Dental; Ventilator; Tracheostomy

 Payment
**NF Pricing Calculation v.6**

Receive Claim

- **End**
  - **Yes** Revenue Code = '0100'
    - **End**
    - **No** CLAIM FIL IND is not 'VA'
      - **Yes**
        - Lookup Provider Contract Nbr.
          - Key = R-INT-PROV-DTL-NPI-NUM
            - SC = 1
              - **Yes**
                - Lookup Client Service
                  - Key = R-INT-DTL-CLENT-MED-GRP = '1'
              - **No**
                - Lookup Client RUG
                  - Key = R-INT-LSRV-LVLSERV-STATUS = 'A'

- **No**
  - Key = R-INT-PROV-DTL-PROV-NUM
    - Key = R-INT-DTL-CLENT-MED-NUM
    - R-INT-DTL-CLENT-AUTH-SERV-PRV
    - R-INT-DTL-CLENT-AUTH-BEGIN-DT
    - R-INT-DTL-CLENT-AUTH-END-DT
    - R-INT-DTL-STATUS = 'A'

**Client Information** – ID, address, gender, date of birth

**Provider Information** – NPI, Address

Claim File Indicator, Place of Service & Diagnosis Code

Claim Detail – Dates of Service, Units, Unit Rate (billed, not paid amount), Revenue code

Other Insurance

**Revenue Code** = '0100'

and CLAIM FIL IND is not 'VA'

Yes

End

No
http://www.dads.state.tx.us/providers/hipaa/billcodes/LTCBillCodeCrosswalk.pdf

NF Pricing Calculation v.6
Page 3

- Bill Code Cross-walk
- Provider Rate History
- Priced Rate
- Medicare Part C
- Has Part C
- Billed Rate < Priced Rate
- Replace Priced Rate with Billed Rate
- Client ID
- Dates
NF Pricing Calculation v.6

Page 4

- Lookup Client Monthly Copay
- Full Month Priced Amount = (Priced Rate x Units) – (Monthly Copay Amount)
- Partial Month Priced Amount = (Priced Rate x Units) – (Daily Copay x Units)
- Calculate Daily Copay: Daily Copay = Monthly Copay Amount / Number of Days in Month
- Adjusted Priced Amt.
- Other Insurance Paid Amount for Dates of Service
- Service Authorization Tab
- R-INT-AP-CPAY-CPAY-AP-AMT
- R-INT-AP-CPAY-CLIENT-MED-NUM
- R-INT-AP-CPAY-CPAY-AP-TYPE = 'A'
- R-INT-AP-CPAY-CPAY-AP-BEGIN-DT
- R-INT-AP-CPAY-CPAY-AP-END-DT
- R-INT-AP-CPAY-STATUS = 'A'

Key =

Adj. Priced Amt. =

(Date) -

(Other Ins.)