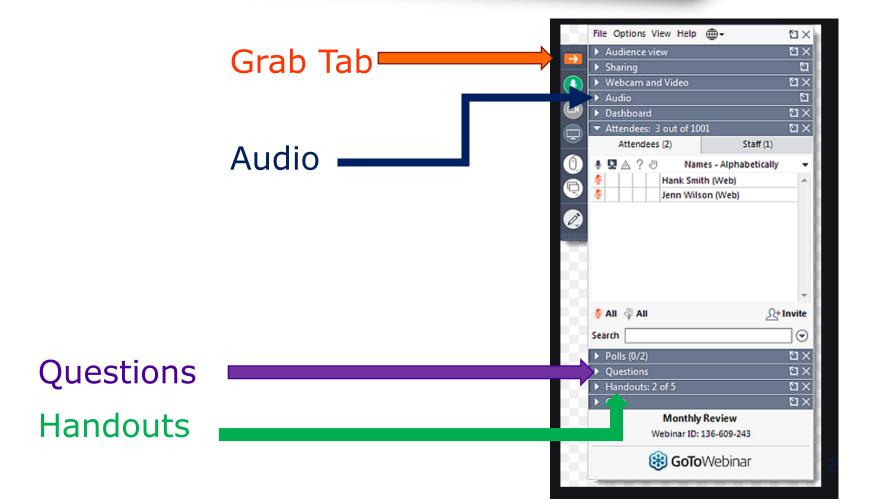


#### Welcome to the TMHP LTC Portal Town Hall Webinar for HCS/TxHmL Providers & FMSAs

Thank you for joining us for today's webinar!
July 12, 2023

#### **Control Panel Features**





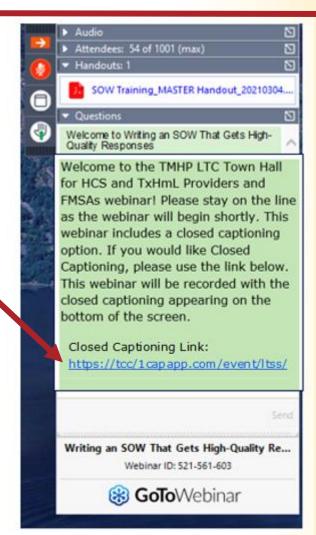


Services

#### **Closed Captioning Option**

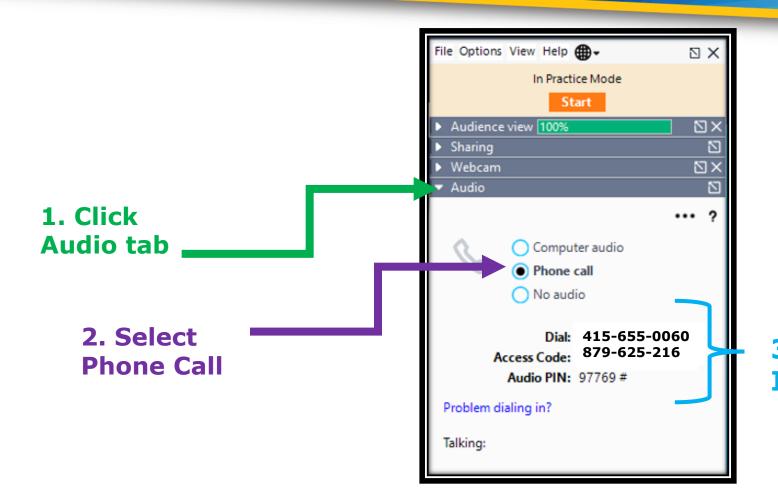
- 1. Open your Questions tab located in your navigation pane.
- 2. Click on the closed captioning, link provided.
- 3. Link will open a new internet browser window displaying more lines of text.

Today's Closed Captioning Link is: <a href="https://tcc.1capapp.com/event/ltss/">https://tcc.1capapp.com/event/ltss/</a>



#### Telephone Audio Option





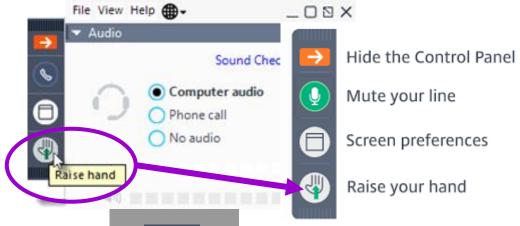
3. Dial-in Information

### Town Hall Rules of Engagement Option 1: Verbally Ask Questions



#### **How To Verbally Ask A Question**

 Click on the "Raise your Hand" icon. (This will signal us that you have a question.)



2. When your name is called, click on your microphone icon, and ask your question.—

**Note:** Don't forget to mute your microphone and lower your hand icon when you are finished.



## Town Hall Rules of Engagement Option 2: Written Question

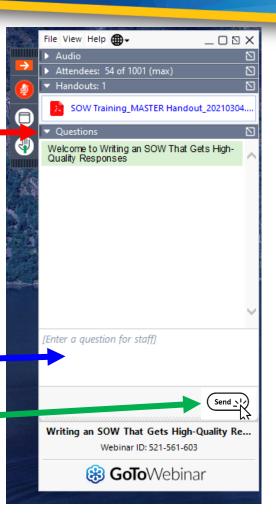


Note: Written questions submitted will be used as topics for the future Town Hall webinar.

1. Open your Questions Tab \_\_\_\_

2. Type your question in the box provided.

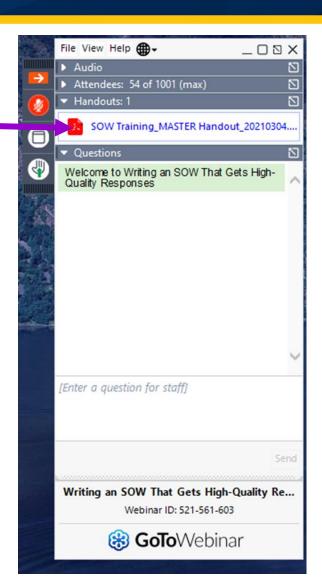
3. Click Send



## Where can I get a copy of the presentation or handouts?



- 1. Find a copy of the presentation under the "Handouts" tab.
- 2. Double-click on the presentation handout to download it to your computer.
- 3. Open the presentation, click "File"> "Save As"
- 4. Select desired location you wish to save this presentation (Ex: Desktop)
- 5. Click "Save" when done.







- Questions?
  - Suggestion?
    - Comment?
- Let us know!
- Your responses will provide valuable input to the development of future Town Hall webinars!





#### Thank you

#### **Technical Questions:**

Email: <u>Dawn.Roland@hhs.texas.gov</u>



## TMHP LTC Portal for HCS/TxHmL Providers and FMSAs Town Hall Presentation

July 12, 2023

#### Introduction



- Purpose Town Hall, information sharing, training
- Panelists
  - Ashley Wechsler Program Eligibility and Support (PES)
  - Holly Lindsey Utilization Review (UR)
  - Marie Redman Provider Claims Services (PCS)
  - Beth Feaster Local Procedure Development and Support (LPDS)
  - Kali Schmidt Contract Administration & Provider Monitoring (CAPM)
  - Rick Bishop Claims Management
  - Amy Aubin Long Term Services and Supports (LTSS) Policy Unit
  - Sameer Bootwalla HHSC Information Technology (IT)
  - Arvind Duvvuri Texas Medicaid & Healthcare Partnership (TMHP)
  - Janet Deng Texas Medicaid & Healthcare Partnership (TMHP)

#### Agenda



- 10:00 AM Start of webinar and Housekeeping Dawn Roland
- 10:05 AM 10:15 AM: Trending issues Arvind Duvvuri
- 10:15 AM 10:45 AM: Training and information sharing
  - Individual Movement Forms (IMT)
  - Provider Location Updates (PLUs)
  - Attachments
  - IPC Transfers
- 10:45 AM 12:00 PM: Questions and Answers
  - Questions asked during registration
  - All other questions

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





- Trending Issue Support Volume 21 is now published.
- This is just a reminder of the following topics:
  - a) Day Habilitation and Individualized Skills and Socialization billing.
  - b) Submitting Forms for Transfers
  - c) Provider Quick Reference Contact list.
- Refer TMHP notification in the 'Recent News' section on the 1915c Waivers Program website on <a href="mailto:tmhp.com">tmhp.com</a>.

#### Trending Issues – Upcoming Training Video



#### New YouTube videos on the TMHP have now been published

- a) Entering a Transfer in the correct Order
- b) Entering A Revision IPC
- c) Addressing IPC Rate changes.
- YouTube and in the HCS/TxHmL playlist, you can access the playlist at this link (<u>HCS and TxHmL - YouTube</u>), which is also posted for providers in the Reference Material section of the 1915c Waiver Programs page on the TMHP website.



**Issue**- When an IPC transfer is being entered, the correct units are not showing up.

**Reason-** This happens when there is a split in the service authorizations but when submitting a claim, it was submitted in a date span that covers both service authorization.



- Example for service code 18A Host Home/Companion Care
- 1st IPC start date is 2-27-2022 and ends on 2-26-2023
- 2<sup>nd</sup> IPC (current IPC) start date is 2-27-2023 and ends on 2-26-2024

Service Au	Service Authorization Information/Details										
Effective Date	End Date			Svc Code Desc	Client Control No.	Units Paid	Unit Type	Units			
2/27/2022	2/26/2023		Active	21	HCS	5A	DENTAL - WAIVER PROGRAMS		645.45		995.00
2/27/2022	2/26/2023		Active	21	HCS	18A	HOST HOME/COMPANION CARE		357.00		365.00
2/27/2022	2/26/2023		Active	21	HCS	41E	REQUISITION FEES - DENTAL		54.03		54.03
2/27/2022	2/26/2023		Active	21	HCS	10C	Habilitation - Day Habilitation				1.00
2/27/2022	2/26/2023		Active	21	HCS	13B	Nursing Services - RN		20.00		20.00
1/1/2023	2/26/2023		Active	21	HCS	23	INDIVIDUALIZED SKILLS AND SOCIALIZATION				69.00
2/27/2023	2/26/2024		Active	21	HCS	41E	REQUISITION FEES - DENTAL		36.21		54.03
2/27/2023	2/26/2024		Active	21	HCS	23	INDIVIDUALIZED SKILLS AND SOCIALIZATION				1,560.00
2/27/2023	2/26/2024		Active	21	HCS	5A	DENTAL - WAIVER PROGRAMS		362.07		584.10
2/27/2023	2/26/2024		Active	21	HCS	13B	Nursing Services - RN		3.00		10.00
2/27/2023	2/26/2024		Active	21	HCS	18A	HOST HOME/COMPANION CARE		95.00		365.00



 When the claim was billed it was billed from 2-26-2023 to 2-28-2023 for 3 units and it was paid but the utilized units were from the current IPC, not split like the authorization.

Dtl No	Detail Status	Service Begin Date	Service End Date	Billing Code	Billed Amount	Paid Amount	OI Paid Amount	Applied OI Amoun	t Billed Units	Paid Units
1	P	2/26/2023	2/28/2023	M0122	\$217.68	\$217.68	\$0.00	\$0.00	3.00	3.00
2	P	3/1/2023	3/4/2023	M0122	\$290.24	\$290.24	\$0.00	\$0.00	4.00	4.00

**Solution**- You will have to make an adjustment to the claim to show the correct Dates of service so that the billed units gets utilized for the correct IPC. This means you will adjust the claim according to the split in the authorization.

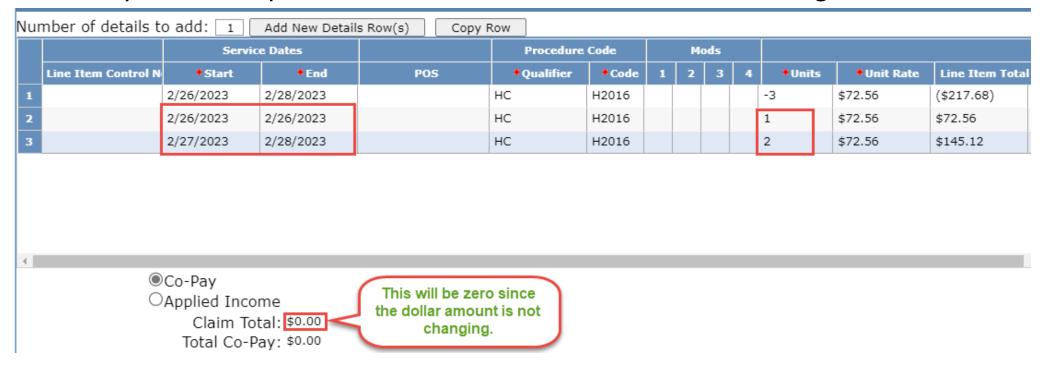


- In this case you would go to claims adjustment and enter the needed information. Adjusting claims was covered in a previous webinar.
- For details on how to do the adjustment, please refer to the <u>TexMed</u>
   <u>Connect User Guide.</u>
- To do the adjustment you would need to go to claims adjustment
- Main thing would be done on the details tab. You would delete the DOS 3-1-2023 to 3-4-2023 since this is not being adjusted.

С	lient Provide	er Claim	Details	Other Insuranc	e / Finish	~				
Nur	Number of details to add: 1 Add New Details Row(s) Copy Row									
		Service Dates		Procedu		Code	Durable Medica	ble Medical Equipment		
	Line Item Control N	• Start	• End	POS	•Qualifier	◆ Code	Purchase Price	Co-Pay Exempt	Delete	
1		2/26/2023	2/28/2023		HC	H2016	\$0.00		<u>Delete</u>	
2		3/1/2023	3/4/2023		HC	H2016	\$0.00		<u>Delete</u>	



- Then you would add 2 new detail rows.
- 1<sup>st</sup> row should show the negative -3 units
- 2<sup>nd</sup> row you would put the date for the 1<sup>st</sup> IPC date range
- 3<sup>rd</sup> row you would put the date for the current IPC date range.





- Since you are not changing the dollar amount but only changing the dates, the claim will show zero paid amount.
- Once this adjusted claim is submitted and is in the paid status. Then
  you should be able to do the IPC transfer reflecting the correct units.

## Claims Date Span Billing V.S. Day-by-Day Billing



- Things to keep in mind is that some services will require you to bill day by day since this is involving the LICN field.
- Services that do not need the LICN field to be entered can be billed in a date span. Like the example I showed.
- Please refer to the bill code crosswalk to show which services need the Line-Item Control Number (LICN).
- Best practice when billing, is to submit the claim in a batch so that you would be able to see what the claim status is like rejected, accepted etc.
- Also, when looking in a batch, make sure you click the word Accepted to see the claims details.
- You do have up to 12 months to bill a claim for LTC so make sure you do not run into timely filing issues.

## Individual Movement Form Enhancement (IMT)



- If there is a location code error, the form will be immediately returned to the submitter as a "Provider Action Required-Pending Location Availability" status for the provider to correct.
- FSI result grid will now include the Service Coordinator Column.
- For the LIDDA –

If the LA reassignment is without an IPC Transfer form for contract change (Program Provider change or FMSA change), please leave the field 11a "Is provider also changing?" unchecked, and then input the actual new location code in the field 111 "New Location Code" on the LA Reassignment form. If a provider/FMSA is also changing for the individual, please check the box of the field 11a "Is provider also changing?", and then the field 111 "New Location Code" will become disabled and not required on the LA Reassignment form. The actual new location code will be needed on the IPC Transfer form.

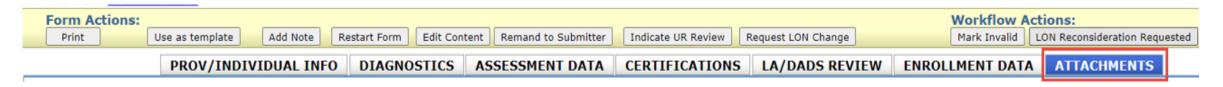
#### PLU How to Change Effective Date Health and Human Services

- How can I change the effective date if the effective date was already changed to a future date when now I need it to go back?
- Solution is: HHSC users can remand a PLU which has been Processed/Complete back to the submitter (Remand to Submitter). The submitter/provider will then have the Correct this Form button to correct the form. In the child form, update the Effective Date to a past date, and submit the child form.





Most of the forms will have the Attachments tab towards the end of the form.



- The only form that will not have this function is the Individual Movement form (IMT).
- Uploads will be limited to a maximum of ten files at a time. If more than ten files need to be uploaded, users will be able to upload additional files (up to ten at a time) after uploading the first ten files.





- The maximum size for each attachment will be 10 megabytes (MB). If an attachment larger than 10 MB needs to be submitted, the attachment will need to be split into files that are smaller than 10 MB. The files can then be submitted as multiple attachments.
- Attachments will be limited to the following file types: PDF, JPG, TIF, PNG, DOC, DOCX, XLS, XLSX, and RTF. Other file types must be converted to an acceptable file type before submitting the attachment.
- This applies only to forms first submitted on or after July 3, 2023. Forms entered prior to this date should use the method in place at the time of submission (i.e., through the HHSC IDD Operations Portal or fax). Forms with a submission date prior to July 3, 2023 that are corrected or edited should also use the submission method in place at the time of the original submission.





- If you are getting the below error message
  - ATTACHMENTS has errors
  - ATTACHMENTS is required. Please fill out ATTACHMENTS and try submitting again
- This happens when the form that is being submitted was saved as a draft and it does not have the new changes.
- To correct this, the LIDDA should delete all the drafts and start from scratch.

### **Important Information in the Attachment Section**



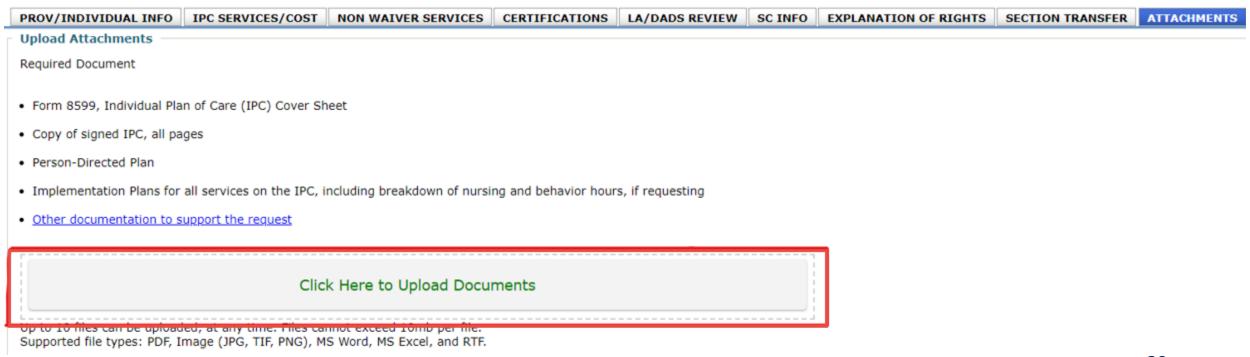
- Once you click the attachments tab, you will see:
- Required Documents.
- Click Here to upload Documents.
- Successful Attachments.

# Upload Attachments Required Document Determination of Intellectual Disability ICAP and scoring sheet Person Directed Plan Click Here to Upload Documents Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF. Successful Attachments

#### How to Upload the Attachment

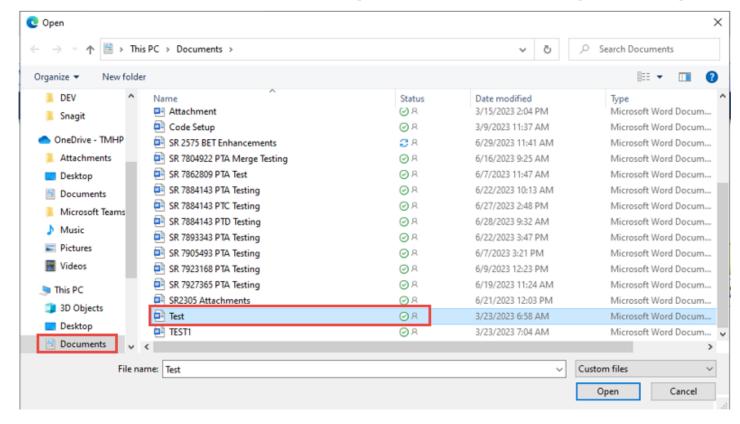


- 1. You will need to save the needed documents to your desktop or other locations which is permitted by your company.
- 2. Click on "Click Here to Upload Documents"



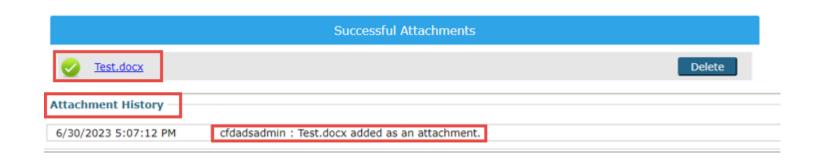
#### How to Upload the Attachment (cont.) Health and Human Services

 You should then get a window showing your computer, select the location from where you want to upload your documents.



#### How to Upload the Attachment (cont.) TEXAS Health and Human Services TEXAS Services

- You will then click save and the document will show up under Successful Attachments section.
- You will also see a note being added to the attachment History section.
- Upload attachments can be done during form submission or after the form is submitted.







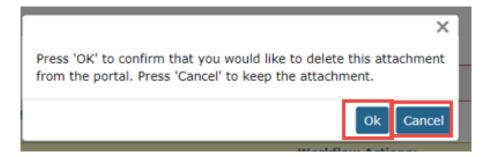
 You can also delete the attached document by clicking the Delete button when the button is present.

	Successful Attachments	
Test.docx		Delete

#### How to Delete the Attachment (cont.)



 Once you click on the delete button, you should get a confirmation window asking if you want to delete the document. If you agree, then click ok. If you do not agree, then click Cancel.



 If you did click ok, then the document will be deleted, and a history note will be added.

Attachment History							
6/30/2023 5:07:12 PM	cfdadsadmin : Test.docx added as an attachment.						
6/30/2023 5:10:25 PM	cfdadsadmin : Test.docx removed as an attachment.						

## Example of the Required Documents



**PLU** 

#### Upload Attachments

Required Document

- Form 8491 Request for a Four- Person Residence Approval
- Fire Marshal Inspection

## Correction from June Townhall: IPC Transfers



- Question: If the program provider or FMSA is not changing, <u>must</u> service units also be split?
  - <u>Incorrect Response</u>: Service units <u>must</u> be split if the program provider or FMSA is <u>not changing</u>.
  - <u>Correct Response</u>: Service units <u>do not</u> need to be split if the program provider or FMSA contract is <u>not changing and the form</u> <u>is complete as described today</u>.
- This clarification will be provided in the following:
  - July LIDDA webinar
  - FAQs posted on TMHP 1915(c) website
  - Next Trending Issues posted on TMHP 1915(c) website
  - Individual Plan of Care Item-by-Item Guides

## IPC Transfer When Provider Is Not Changing



 When Provider contract is not changing, users do not need to fill-in Section 2- Receiving Program Providers Information

No fields will be required in Section 2 as long as no fields are completed

Section 2 is only required if the Provider contract is being added or

changed

28a	Legal Name of the Receiving Program Provider	
31	Receiving Program Provider Vendor No.	
32a	Receiving Program Provider Contract No.	9
33	Receiving Program Provider NPI Number	
34a	Receiving Program Provider Representative First Name	
34b	Receiving Program Provider Representative Last Name	
35a	Receiving Program Provider Area Code and Telephone No.	
36a	Receiving Program Provider Fax No.	
37	Receiving Program Provider Individual Local Case No.	
38	Receiving Program Provider Service County Name	v
39a	Receiving Program Provider Location Code	
1y signatu	re indicates my agreement with the information in this section of the form.	
40a	Certification of Receiving Program Provider Signature	0
40b	Receiving Program Provider Signature Date	mm/dd/yyyy 💌

## IPC Transfer When Provider Is Not Changing



- If Section 2 is empty, field 91 is enabled (LIDDAs can check or uncheck it)
- Field 91 should be unchecked for all Provider services
- This will keep the service authorizations continuing for the assigned Provider, without having to split or allocate

Waiver Program Service  Note: You must complete Receiving Provider/CDSA information fields where needed prior to completing this section.  Field 69. Transferring provider/CDSA reserved units/dollars for service provided but not yet billed  Field 70. Total number or units/dollars of service available to the transferring provider/CDSA.  Field 71. SC enters the units/dollars of service to be provided after the transfer effective date by the receiving provider/CDSA.  Field 72. Totals on the Transfer IPC.  Field 91. Check to indicate the service is included in the transfer.										
91 Transfer this Service	67 Waiver Program Service	67c Authorized Units	68 Program Units/Dollars Claimed (1)	69 To l Transferr Provider/		70 Totals for Transferring Provider/CDSA (3)	71 To be Provided by Receiving Provider/CDSA (4)	72 Totals on Transfer IPC (5)		
	63V, CDS FINANCIAL MANAGEMENT SERVICES	12	0							
	11XV, HOURLY RESPITE - CDS	336	0							
<b>8</b>	10C, HABILITATION - DAY HABILITATION	52	0	20		20	32	52		
	48V, CDS HAB TRANSPORTATION	520	0							
	10CFV, CDS CFC PAS/HAB	6776	0							

# IPC Transfer When FMSA Is Not Changing



- When FMSA contract is not changing, users do not need to fill-in Section 4- Receiving CDSA Information
- No fields will be required in Section 4 as long as no fields are completed
- Section 4 is only required if the FMSA contract is being added or changed

	n - LL - engal - x f LL -							
Section 4- Receiving CDSA's Information								
54	Legal Name of the Receiving CDSA							
57	Receiving CDSA Vendor No.							
58	Receiving CDSA Contract No.							
59c	Receiving CDSA NPI Number							
59a	Receiving CDSA Representative First Name							
59b	Receiving CDSA Representative Last Name							
61	Receiving CDSA Area Code and Telephone No.							
62	Receiving CDSA Fax No.							
63a	Receiving CDSA Individual Local Case No.							
64a	Receiving CDSA Service County Name	V						
ly signature	e indicates my agreement with the information in this section of the form.							
66c	Certification of Receiving CDSA Signature							

## IPC Transfer When FMSA Is Not Changing



- If Section 4 is empty, field 91 is enabled (LIDDAs can check or uncheck it)
- Field 91 should be unchecked for all CDS services (end with a "v"), including FMSA fee
- This will keep the service authorizations continuing for the assigned FMSA, without having to split or allocate

Waiver Program Service  Note: You must complete Receiving Provider/CDSA information fields where needed prior to completing this section.  Field 69. Transferring provider/CDSA reserved units/dollars for service provided but not yet billed  Field 70. Total number or units/dollars of service available to the transferring provider/CDSA.  Field 71. SC enters the units/dollars of service to be provided after the transfer effective date by the receiving provider/CDSA.  Field 72. Totals on the Transfer IPC.  Field 91. Check to indicate the service is included in the transfer.									
91 Transfer this Service	67 Waiver Program Service	67c Authorized Units	68 Program Units/Dollars Claimed (1)	69 To be Reserved for Transferring Provider/CDSA (2)	70 Totals for Transferring Provider/CDSA (3)	71 To be Provided by Receiving Provider/CDSA (4)	72 Totals on Transfer IPC (5)		
	63V, CDS FINANCIAL MANAGEMENT SERVICES ~	12	0						
	11XV, HOURLY RESPITE - CDS	336	0						
<b>2</b>	10C, HABILITATION - DAY HABILITATION	52	0	20	20	32	52		
	48V, CDS HAB TRANSPORTATION 🗸	520	0						
	10CFV, CDS CFC PAS/HAB	6776	0						

# IPC Transfer When Either Provider/FMSA Are Not Changing



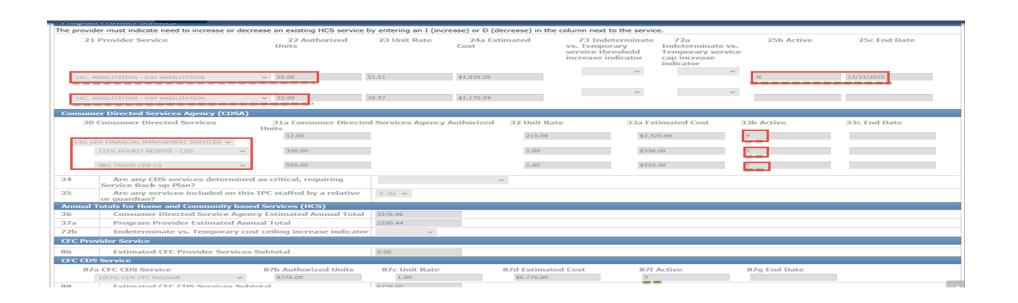
After the calculate IPC is clicked, then this is how the IPC Service/Cost tab will look like.

The provider must indicate need to increase or decrease an existing HCS service by entering an I (increase) or D (decrease) in the column next to the service. 21 Provider Service 22 Authorized 23 Unit Rate 24a Estimated 73 Indeterminate 72a 25b Active 25c End Date Units Cost vs. Temporary Indeterminate vs. service threshold Temporary service increase indicator cap increase indicator ∨ 20.00 51.51 12/31/2022 √ 32.00 Consumer Directed Services Agency (CDSA) 30 Consumer Directed Services 31a Consumer Directed Services Agency Authorized 32 Unit Rate 33a Estimated Cost 33b Active 33c End Date Units 12.00 \$2,520.96 /, CDS FINANCIAL MANAGEMENT SERVICES > \$336.00 520.00 \$520.00 Are any CDS services determined as critical, requiring Service Back-up Plan? Are any services included on this IPC staffed by a relative 0. No 🕶 or guardian? Annual Totals for Home and Community based Services (HCS) Consumer Directed Service Agency Estimated Annual Total 3376.96 37a Program Provider Estimated Annual Total 2200,44 Indeterminate vs. Temporary cost ceiling increase indicator **CFC Provider Service** 0.00 Estimated CFC Provider Services Subtotal CFC CDS Service 87a CFC CDS Service 87b Authorized Units 87c Unit Rate 87d Estimated Cost 87f Active 87g End Date 6776.00 \$6,776.00 Estimated CEC CDS Services Subtotal

## IPC Transfer When Either Provider/ FMSA are Not Changing (cont.)



- Allocate other services as appropriate
- Click Calculate IPC button
- Review services on IPC Services tab
- Check that the services that are continuing are not ended (marked "y" under active)



#### Question & Answer Protocol

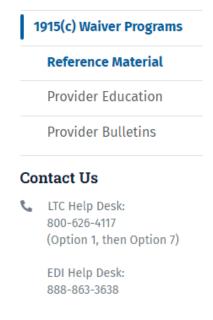


- Use the raise your hand icon to ask question (you will be called on and your microphone will be enabled.
- Please lower your hand after asking your question
- Please limit to one question—Please Raise your hand again to ask another question.
- Please be professional when speaking
- Do not use identifying information when referencing cases

## Important Reminders-YouTube Videos



- Watch new and previous training videos:
  - HCS and TxHmL YouTube Playlist Includes topics on R&S, Accessing Dashboard, MESAV and Appendix A.



#### **Reference Material**

Last updated on 2/16/2023

#### **General Information**

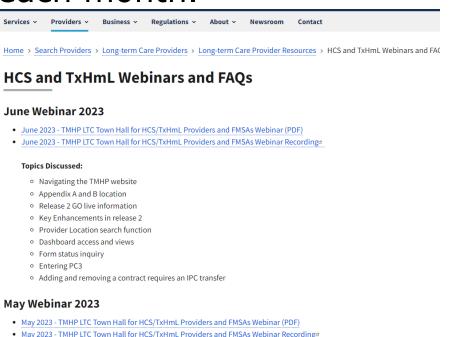
- TMHP Account Setup for HCS and TxHmL Waiver Programs
- LTC Online Portal
- Provider Enrollment and Management System (PEMS)
- · Electronic Visit Verification website
- 1915(c) Waiver Programs LMS Trainings<sup>□</sup>
- Provider Quick Reference Contact List for HCS and TxHmL
- HCS and TxHmL YouTube Playlist<sup>™</sup>
- Long-Term Care (LTC) Provider Resources Guide
- Long-Term Care (LTC) Explanation of Benefits Table

#### **User Guides**

## Important Reminders-Webinar Recordings



- Watch this and previous Webinar/Town hall Recordings:
  - HCS and TxHmL Webinars and FAQs | Texas Health and Human Services - The topics that were discussed in each Webinar/Townhall are listed below each month.



43

## Important Reminders-FAQs



- Use the Frequently Asked Questions document:
  - <u>Frequently Asked Questions Home and Community-based Services (HCS)</u>
     <u>Texas Home Living (TxHmL) Waiver Programs</u>

FTOVIDETS AND FINANS WEDNIALS

- Remittance and Status (R&S) Reports for LTC Providers: A
   Quick Reference Guide
- Remittance and Status Reports Video Series

#### **Frequently Asked Questions**

- <u>Frequently Asked Questions Home and Community-based Services (HCS) Texas Home Living (TxHmL) Waiver Programs</u>
- Frequently Asked Questions TexMedConnect Claim Processing, Denials, and Rejections

#### **Additional Resources**

Long Term Care Service Group Codes

## Important Reminders-August Townhall Training Topics



We will cover the following topics during the training section of the August Townhall:

Revision and renewal IPCs

## Important Reminders-Post webinar



- Please remember to complete the post webinar survey
  - If you raised your hand during this Townhall, and we did not get to you, please state that with your question on the survey.
- The next monthly meeting is scheduled for August 9, 2023





- 1915c Waiver Programs (TMHP)website
  - <u>tmhp.com/programs/1915c-waiver-programs</u>
- Reference Material | TMHP

#### **General Information**

- TMHP Account Setup for HCS and TxHmL Waiver Programs
- LTC Online Portal
- Provider Enrollment and Management System (PEMS)
- Electronic Visit Verification website
- 1915(c) Waiver Programs LMS Trainings
- Provider Quick Reference Contact List for HCS and TxHmL
- HCS and TxHmL YouTube Playlist



# Thank you for attending

Our next meeting is August 9, 2023