



TEXAS  
Health and Human  
Services

# **TMHP LTC Portal for HCS/TxHmL Providers and FMSSAs Webinar**

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**October 5, 2022**

# Introduction



- 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



- **1:05p – 1:40p:** Trending Issues
- **1:40p – 1:50p:** Updates on LTC Online Portal for HCS/TxHmL
- **1:50p – 2:00p:** Questions and Answers

## **Please note:**

- Contact List is at the end of this presentation.
- 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 – How is data updated in TMHP?



When the current form (for e.g., ID/RC, IPC or IMT) has moved to one of the Processed/Complete status today (check form's history to confirm), see below chart on when updated information will be available.

| Elements                    | Subsequent Form Submission             | Individual Search Page                | Dashboard                                 | MESAV              |
|-----------------------------|--|---------------------------------------|---|--------------------|
| Individual Name             | Eligibility System                     | Eligibility System                    | Eligibility System                        | Eligibility System |
| Physical Individual Address | Real-time                              | Next day (latest finalized IPC form)  | Next day (latest finalized IPC form)      | N/A                |
| County                      | Real-time                              | Next day/CMS                          | Next day/CMS                              | Next day/CMS       |
| Residential Type            | Real-time (latest finalized IPC form)  | Next day (latest finalized IPC form)  | Next day (latest finalized IPC form)      | N/A                |
| Individual Location Code    | Real-time                              | Next day (latest finalized IPC form)  | Next day (latest finalized IPC form)      | N/A                |
| LAR Information             | Real-time                              | Next day (latest finalized IPC form)  | Next day (latest finalized IPC form)      | N/A                |
| LOC/LON Information         | Real-time (latest finalized IDRC form) | Next day (latest finalized IDRC form) | Next day (latest finalized IDRC form)/CMS | Next Day/CMS       |
| Estimated Cost/Services     | Real-time                              | Next day (latest finalized IPC form)  | Next day (latest finalized IPC form)      | Next Day/CMS       |
| LIDDA Information           | Real-time                              | Next day/CMS                          | Next day/CMS                              | Next day/CMS       |

# Trending Issues – Where can I find cost reporting data?



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11-07-19 C72:SERVICE DELIVERY BY IPC - DOLLARS VC060635

MRA/SVC COORD.: [REDACTED] REC 1 OF 15

COMPONENT: [REDACTED] LOCAL CASE NUMBER: [REDACTED]

COMPONENT: [REDACTED] CONTRACT: [REDACTED] LOCAL CASE NUMBER: [REDACTED]

NAME: [REDACTED] CLIENT ID: [REDACTED]

BEGIN DATE: 03-16-2018 REVISION DATE: 04-19-2018 END DATE: 03-15-2019

LATEST CS BILLING DATE: [REDACTED]

IPC PLAN YEAR 100% COMPLETE AGE: 48 LOC/LON: 1/5

WAIVER TYPE: TXHML RES TYPE: OWN/FAMILY HOME LOCATION: OHFH

| SERVICE | TOTAL DOLLARS | DOLLARS CLAIMED | DOLLARS REMAINING | PERCENTAGE UTILIZED |
|---------|---------------|-----------------|-------------------|---------------------|
| DH      | 5926.78       | 1438.00         | 4488.78           | 24.26               |
| REH     | 7615.20       | 2705.40         | 4909.80           | 35.53               |
| NUR     | 130.17        | 0.00            | 130.17            | 0.00                |
| NUL     | 89.07         | 0.00            | 89.07             | 0.00                |
| CFPH    | 19534.04      | 9551.24         | 9982.80           | 48.90               |
| TR      | 2939.78       | 466.50          | 2473.28           | 15.87               |
| TOTAL   | 36235.04      | 14161.14        | 22073.90          |                     |

AUTHORIZED 17000.00

MHM LIFETIME 0.00 CFC EST ANNTOT 19534.04

TAS LIFETIME 0.00

\* AA/MHM/DE ONLY APPEAR WHEN CALCULATING DOLLARS

11-07-19 C73:SERVICE DELIVERY BY PROVIDER (ALL) VC060625

COMPONENT : [REDACTED]

SERVICE BEGIN DATE: 09-01-2018 DOLLARS SERVICE END DATE: 09-30-2018

NAME: [REDACTED] CASE NO./ID/MEDICAID: [REDACTED]

| SERVICE CATEGORY     | SERVICE DATE | STAFF ID | PAID    | APPROVED TO PAY | NOT PAID | TOTAL   |
|----------------------|--------------|----------|---------|-----------------|----------|---------|
| RSS                  | 09-01-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-02-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-03-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| NUL                  | 09-04-2018   | 12229    | 14.85   | 0.00            | 0.00     | 14.85   |
| RSS                  | 09-04-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-05-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-06-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-07-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-08-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-09-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| NUL                  | 09-10-2018   | 12229    | 22.27   | 0.00            | 0.00     | 22.27   |
| RSS                  | 09-10-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-11-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-12-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-13-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-14-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| NUL                  | 09-15-2018   | 12229    | 7.42    | 0.00            | 0.00     | 7.42    |
| RSS                  | 09-15-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-16-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-17-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-18-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-19-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-20-2018   |          | 143.09  | 0.00            | 0.00     | 143.09  |
| RSS                  | 09-21-2018   |          | 0.00    | 143.09          | 0.00     | 143.09  |
| RSS                  | 09-22-2018   |          | 0.00    | 143.09          | 0.00     | 143.09  |
| TOTALS BY INDIVIDUAL |              |          | 2906.34 | 286.18          | 0.00     | 3192.52 |

TOTALS FOR COMPONENT: [REDACTED] PAID 5796.11 APPR TO PAY 286.18 NOT PAID 0.00 TOTAL 6082.29

# Trending Issues – Where can I find cost reporting data? (cont.)



## C72 Equivalent – Individual Detail (Individual Search Page or Dashboard)

Demographics

Estimated Annual Cost

Levels

Individual History

Medicaid

Hold Details

Estimated Annual Cost

Total Estimated Annual Cost: \$75,757.28

Program Estimated Annual Cost: \$75,757.28

CDS Estimated Annual Cost: \$0.00

CFC Estimated Annual Cost: \$0.00

Total Claimed: \$77,672.80

Begin Date: 8/28/2021

Last Revised Date: 8/5/2022

End Date: 8/27/2022

IPC Plan Year % Complete: 100%

Services

# Trending Issues – Where can I find cost reporting data? *(cont.)*



## C72 Equivalent – Individual Detail (Individual Search Page or Dashboard)

### Services

| Provider Services | Provider Service Description         | Provider No. | Vendor No. | Begin Date | End Date  | Authorized Units | Rate     | Est. Cost   | Claimed Unit | Claimed Dollar | % Utilized |
|-------------------|--------------------------------------|--------------|------------|------------|-----------|------------------|----------|-------------|--------------|----------------|------------|
| 15                | 15, ADAPTIVE AIDS/DME                |              |            | 8/28/2021  | 8/27/2022 | 715              | \$1.00   | \$675.00    | 37.5         | \$37.50        | 5.56%      |
| 41                | 41, REQUISITION FEES - ADAPTIVE AIDS |              |            | 8/28/2021  | 8/27/2022 | 54.03            | \$1.00   | \$54.03     | 3.75         | \$3.75         | 6.94%      |
| 10C               | 10C, HABILITATION - DAY HABILITATION |              |            | 8/28/2021  | 8/27/2022 | 260              | \$39.07  | \$10,158.20 | 232          | \$11,953.56    | 117.67%    |
| 5A                | 5A, DENTAL - WAIVER PROGRAMS         |              |            | 8/28/2021  | 8/27/2022 | 550              | \$1.00   | \$200.00    | 225          | \$225.00       | 112.50%    |
| 41E               | 41E, REQUISITION FEES - DENTAL       |              |            | 8/28/2021  | 8/27/2022 | 55               | \$1.00   | \$20.00     | 22.5         | \$22.50        | 112.50%    |
| 13B               | 13B, NURSING SERVICES - RN           |              |            | 8/28/2021  | 8/27/2022 | 40               | \$43.39  | \$1,301.70  | 21.75        | \$1,052.52     | 80.86%     |
| 13A               | 13A, NURSING SERVICES - LVN          |              |            | 8/28/2021  | 8/27/2022 | 40               | \$29.69  | \$1,484.50  | 21.5         | \$704.23       | 47.44%     |
| 46                | 46, RESIDENTIAL SUPPORT SERVICES     |              |            | 8/28/2021  | 8/27/2022 | 365              | \$169.49 | \$61,863.85 | 351          | \$63,673.74    | 102.93%    |



# Trending Issues – Where can I find cost reporting data? (cont.)



## C72 Equivalent – Service Utilization File (GC062310)

*If you do not have access to GlobalScape:*

- Complete the “GlobalScape EFT Server Maintenance Request” form
- Form submission instructions are on the form
- For assistance with this form, email [DLHHSCProductionOpsSFTP@hhsc.state.tx.us](mailto:DLHHSCProductionOpsSFTP@hhsc.state.tx.us)

HHS Enterprise Identity & Access Management / EFT Server Group / Production Operations / Enterprise Tools

### GlobalScape EFT Server Maintenance Request

Use this form to add, modify or delete EFT user IDs and file transfers. Note: If the user has not yet submitted a signed [HHS Acceptable Use Agreement \(AUA\)](#), please submit along with this form. HHS users may visit the [HHS Employee Intranet](#) for more information about Secure FTP (GlobalScape). For support or training on Windows SSH client or any other non-EFT server software, contact the HHS Help Desk at 512-438-4720 or 888-952-4357. For assistance with this form, email [DLHHSCProductionOpsSFTP@hhsc.state.tx.us](mailto:DLHHSCProductionOpsSFTP@hhsc.state.tx.us)

#### 1. User Information

First and last name: \_\_\_\_\_ Organization: \_\_\_\_\_ Position title: \_\_\_\_\_  
HHS Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### 2. EFT Account Information

☐ New User Account ☐ User has another existing account - GlobalScape username: \_\_\_\_\_  
☐ Modify Existing User Account - GlobalScape username: \_\_\_\_\_  
Program area: \_\_\_\_\_ GlobalScape folder (if known): \_\_\_\_\_  
Clone existing GlobalScape account: \_\_\_\_\_  
☐ Grant access identical to an existing account - Existing account ID: \_\_\_\_\_

| File Permissions                |                                 |                                   | Folder Permissions                   |                                 |                                 | Content Permissions                        |   |
|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------|---------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Upload | <input type="checkbox"/> Delete | <input type="checkbox"/> Download | <input type="checkbox"/> Show & list | <input type="checkbox"/> Delete | <input type="checkbox"/> Create | <input type="checkbox"/> Show hidden files | <input type="checkbox"/> Show read-only files |
| <input type="checkbox"/> Append | <input type="checkbox"/> List   |                                   |                                      |                                 |                                 |  |   |

Additional details for account creation, modification or deletion:  
\_\_\_\_\_

If a file transfer for this account needs to be added, modified or deleted, fill out Section 3 "File Transfers" below.

#### 3. File Transfers

☐ New ☐ Modify ☐ Delete  
File transfer description (What are we doing with the file? Where does this file need to go? What is the modification?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When will the file transfer occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Frequency: \_\_\_\_\_

Action(s) to be taken on file: ☐ Sending ☐ Retrieving  
Security Protocol (if unknown, leave blank): ☐ SFTP/HTTPS ☐ FTPS

#### Remote Server

Where does the data need to be sent or retrieved from?  
Server name and IP address: \_\_\_\_\_  
Server contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Server (if known): ☐ UNIX/Linux ☐ Windows

#### Remote Server Security

What are the account credentials for the Remote Server?  
Login ID: \_\_\_\_\_ How are we going to access this account? ☐ RSA key ☐ Certificate ☐ Password

EFT Server Maintenance Request Form, Revised Feb 2016 1 of 2



# Trending Issues – Where can I find cost reporting data? (cont.)



## C73 Equivalent – Claims Data Export (TexMedConnect (TMC))

- To request an extract of claims data for a particular date range (max. date range 3 months)
- Claims Data Export is available only to users with administrative rights on their account
- Must know the NPI/API, Submitter ID, password, Service Begin/End dates
- Requested file will be ready the next day, and available for download 3 months afterwards



# Trending Issues – What to do if you cannot access the Dashboard?



- To access the Dashboard, you would need to have a user account for HCS and TxHmL.
  - Cannot access this using an administrator account.
- The administrator should give the user account the correct permissions for that provider type.
- There should be no LA Evaluator permission given to any contracts associated to that user account.
  - This permission will restrict all other permissions (such as workflow actions).
- Create a separate user account for HCS and TxHmL to avoid issues seen when other programs like Hospice is tied to that account.

# Trending Issues – What to do if you cannot access the Dashboard? (cont.)



- Make sure you are using either Chrome or Edge Web browser and it is the current version with a current update.
- To check if you have the right permission, please access the 'Managing Your LTC Online Portal Account: A step by step guide located under the 1915c waiver program'.
- If nothing else works, please call LTC help desk at 800-626-4117 opt 1, opt 7.

# What is MESAV and how to access it.



- Providers can view Medicaid Eligibility and Service Authorization Verifications (MESAVs) electronically using TMC
- To prevent claim denials, providers must verify a person's eligibility for Medicaid services.
- The date range is restricted to three calendar months.
- The service authorization section of a MESAV indicates the billable or allowable services for the person.

# What is MESAV and how to access it. (cont.)



- To verify eligibility for a group of people at one time, create a MESAV Group Template.
- Each MESAV Group Template can contain up to 250 people.
  - You can create up to 100 Group Templates for each National Provider Identifier (NPI) number.
- To get more details, refer the TMC User guide and see pages 10 to 21.

# How to access MESAV



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## Submitting a MESAV

To verify a person's eligibility:

1. Click the MESAV link under the MESAV section on the navigation panel



# How to access MESAV



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## Submitting a MESAV

2. Complete the following required fields:

- Provider NPI/API\* & Provider No. \*National Provider Identifier (NPI)/Atypical Provider Identifier (API)
- Eligibility Start Date
- Eligibility End Date Note: The date range may not exceed three calendar months.
  - Selecting a date range greater than three months will result in an error.

**MESAV Entry**

Please enter the required information and click "Submit" to view the eligibility of the client.

NPI/API & Provider No. :

Eligibility Start Date:  Format: mm/dd/ccyy

Eligibility End Date:  Format: mm/dd/ccyy

**Client Information:** Please enter one of the following valid field combinations:  
Medicaid/Client# and Last Name  
or Medicaid/Client# and DOB  
or Medicaid/Client# and SSN  
or SSN and Last Name  
or SSN and DOB  
or Last Name, First Name and DOB

Medicaid/Client No.:  Format: 123456789

Social Security Number:  Format: 123-45-6789 or 123456789

Date of Birth:  Format: mm/dd/ccyy

Last Name:

First Name:



# How to access MESAV



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## Submitting a MESAV

2. Complete the following required fields (cont.):

- The Eligibility Start Date cannot be more than 36 months before the current date or be more than 3 consecutive months from the Eligibility End Date.
- The Eligibility End Date can include future dates of service but cannot be more than 3 consecutive months from the Eligibility Start Date.
- For example, if the Eligibility Start Date of the MESAV is today, the Eligibility End Date can be up to 3 months in the future.

**MESAV Entry**

Please enter the required information and click "Submit" to view the eligibility of the client.

NPI/API & Provider No. :

Eligibility Start Date:  Format: mm/dd/ccyy

Eligibility End Date:  Format: mm/dd/ccyy

Client Information: Please enter one of the following valid field combinations:  
Medicaid/Client# and Last Name  
or Medicaid/Client# and DOB  
or Medicaid/Client# and SSN  
or SSN and Last Name  
or SSN and DOB  
or Last Name, First Name and DOB

Medicaid/Client No.:  Format: 123456789

Social Security Number:  Format: 123-45-6789 or 123456789

Date of Birth:  Format: mm/dd/ccyy

Last Name:

First Name:

# How to access MESAV



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## Submitting a MESAV

3. You must also enter additional information in any of the following field combinations:
  - 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)
4. Click the Submit button.
5. The MESAV results screen will then be displayed.
  - It shows the person's demographic information.

# How to access MESAV



## Submitting a MESAV

6. The MESAV results screen will allow you to print the MESAV results as a (PDF) file.
- To print the PDF, click the PDF icon at the top right of the screen.
  - If you want to print a paper copy of the results, click the Print button on your browser's toolbar.

### Note:

- PDF copies of MESAVs are current only at the time of printing and are not necessarily accurate afterwards. MESAV information can change daily.
- For the most up-to-date information, you should perform another MESAV electronically.

# MESAV Results page

(Slide 1 of 2)



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## This is the Client information part

### MESAV Results

[New Lookup](#) [Return with Search criteria](#)

**General Disclaimer**

Payment is not based solely on any single piece of information listed below. This data may change. Outstanding claims may affect the number of units. Nursing Facility clients with managed care eligibility segments must have service authorizations verified by the appropriate MCO.

| Client Information            |            |
|-------------------------------|------------|
| Client No./Trainee SSN        | [REDACTED] |
| DOB                           | [REDACTED] |
| Gender                        | [REDACTED] |
| SSN                           | [REDACTED] |
| Name                          | [REDACTED] |
| Address                       | [REDACTED] |
| County                        | [REDACTED] |
| Medicare No.                  |            |
| Medicaid Recert Review Due Dt |            |

| Inquiry Information    |            |
|------------------------|------------|
| NPI/API                | [REDACTED] |
| Eligibility From       | 6/1/2022   |
| Eligibility Through    | 7/1/2022   |
| Medicaid /Client No.   | [REDACTED] |
| Social Security Number |            |
| Date of Birth          | [REDACTED] |
| Last Name              | [REDACTED] |
| First Name             | [REDACTED] |
| M.I.                   |            |
| Suffix                 |            |

# MESAV Results page



## **This is the Service authorization section.**

In this section you will be able to see the following information:

- Service authorization effective and end date.
- Referral number for the member
- Status of the authorization
- Service Group
- Service Code
- Service Code Description
- Units Paid
- Units (these are the authorized units)
- NPI/API
- Provider number

# MESAV Service auth section



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## Service Authorization Information/Details

| Effective Date | End Date | Referral Number | Status | Svc Grp | Svc Grp Desc | Svc Code | Svc Code Desc                   | Client Control No. | Units Paid | Unit Type | Units    | Proc. Code | Proc. Type | NPI/API    | Provider Number |
|----------------|----------|-----------------|--------|---------|--------------|----------|---------------------------------|--------------------|------------|-----------|----------|------------|------------|------------|-----------------|
| 2/3/2022       | 2/2/2023 | [REDACTED]      | Active | 21      | HCS          | 18A      | HOST HOME/COMPANION CARE        |                    | 231.00     |           | 365.00   |            |            | [REDACTED] | [REDACTED]      |
| 2/3/2022       | 2/2/2023 | [REDACTED]      | Active | 21      | HCS          | 41E      | REQUISITION FEES - DENTAL       |                    |            |           | 92.85    |            |            | [REDACTED] | [REDACTED]      |
| 2/3/2022       | 2/2/2023 | [REDACTED]      | Active | 21      | HCS          | 5A       | DENTAL - WAIVER PROGRAMS        |                    |            |           | 1,000.00 |            |            | [REDACTED] | [REDACTED]      |
| 2/3/2022       | 2/2/2023 | [REDACTED]      | Active | 21      | HCS          | 10C      | Habilitation - Day Habilitation |                    | 166.00     |           | 260.00   |            |            | [REDACTED] | [REDACTED]      |
| 2/3/2022       | 2/2/2023 | [REDACTED]      | Active | 21      | HCS          | 13B      | Nursing Services - RN           |                    |            |           | 14.00    |            |            | [REDACTED] | [REDACTED]      |

## Agent

-No Data-

## Authorization Message

-No Data-

## Monthly Units

-No Data-

# MESAV Eligibility & Level section



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**This section shows the details for eligibility and levels.**

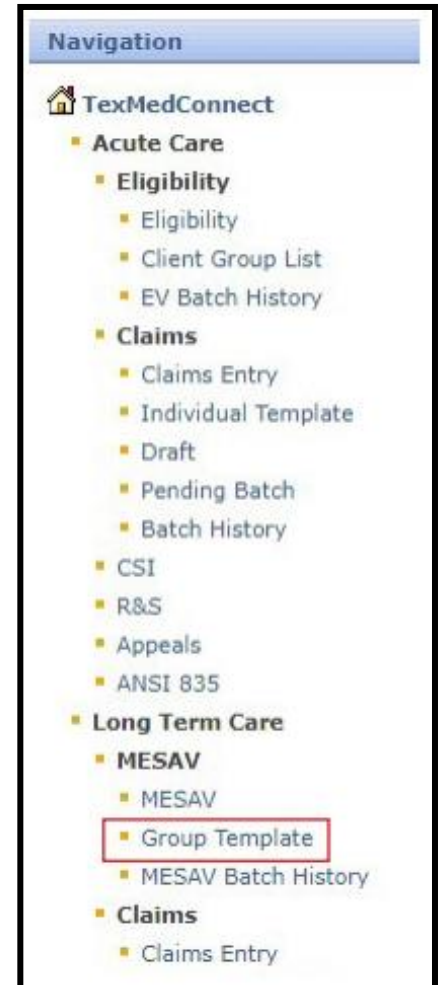
| Eligibility              |            |               |                         |              |                   |
|--------------------------|------------|---------------|-------------------------|--------------|-------------------|
| Begin Date               | End Date   | Coverage Code | Secondary Coverage Code | Program Type | Coverage Category |
| 2/1/2012                 | 12/31/9999 | R             | Q                       | 13           | 4                 |
| Other Insurance Policies |            |               |                         |              |                   |
| -No Data-                |            |               |                         |              |                   |
| Medicare                 |            |               |                         |              |                   |
| -No Data-                |            |               |                         |              |                   |
| Medical Necessity        |            |               |                         |              |                   |
| -No Data-                |            |               |                         |              |                   |
| Levels                   |            |               |                         |              |                   |
| Begin Date               | End Date   | Level         | Type                    |              |                   |
| 1/5/2022                 | 1/4/2023   | 8             | HN                      |              |                   |
| 1/5/2022                 | 1/4/2023   | 1             | HC                      |              |                   |
| Income/Co-Payment        |            |               |                         |              |                   |
| -No Data-                |            |               |                         |              |                   |



# Creating a MESAV Group Template

The Group Template feature allows you to create a list of people for whom you would like to verify eligibility.

- To create a MESAV group template:
  1. Click the Group Template link under the MESAV section in the navigation panel.



# Creating a MESAV Group Template (cont.)



2. The MESAV/CSI Group Template screen will open.
  - Choose the appropriate NPI or API and provider number from the NPI/API & Provider No. drop-down box, and then click the Continue button.

A screenshot of the "MESAV/CSI Group Template" web application. The title "MESAV/CSI Group Template" is at the top. Below it is a label "Select NPI/API & Provider No. :" followed by a drop-down menu. At the bottom left, there is a button labeled "Continue >>".

# Creating a MESAV Group Template (cont.)

3. If you have already created a group and want to add a person to an existing Group Templates, click the link from the list that is displayed under the Name of the group column and skip to Step 5.

MESAV/CSI Group Template

NPI/API  / Provider No.

New Group:

| Name of the group         | User ID    | Created Date | Last Updated Date |                        |
|---------------------------|------------|--------------|-------------------|------------------------|
| <a href="#">NewGroup1</a> | portaluser | 02/02/2022   | 02/02/2022        | <a href="#">Delete</a> |
| <a href="#">NewGroup2</a> | portaluser | 02/02/2022   | 02/02/2022        | <a href="#">Delete</a> |

# Creating a MESAV Group Template (cont.)

4. If you have not created a group or want to add a person to a new Group Template, enter the New Group name of your choice, and click the Add Group button.



The screenshot shows a web form titled "MESAV/CSI Group Template". Below the title is a horizontal line. Underneath the line, the text "NPI/API" is followed by a space and then "/ Provider No.". At the bottom of the form, there is a red-bordered box containing the text "New Group:" followed by an empty text input field. To the right of the input field is a grey button with the text "Add Group".

# Creating a MESAV Group Template (cont.)


## How to add a person to the Group Template.

5. To add a person to the Group Template, click the Add Client button.

MESAV/CSI Group Template - NewGroup1

[Go Back](#) [Add Client](#)

NPI/API  / Provider No.

From Date of Service:   Format mm/dd/yyyy

To Date of Service:   Format mm/dd/yyyy

| Select All <input type="checkbox"/> | First Name           | Last Name            | Client #             | SSN | Date of Birth        | MESAV                 | CSI                 | Delete                 |
|-------------------------------------|----------------------|----------------------|----------------------|-----|----------------------|-----------------------|---------------------|------------------------|
| <input type="checkbox"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> |     | <input type="text"/> | <a href="#">MESAV</a> | <a href="#">CSI</a> | <a href="#">Delete</a> |

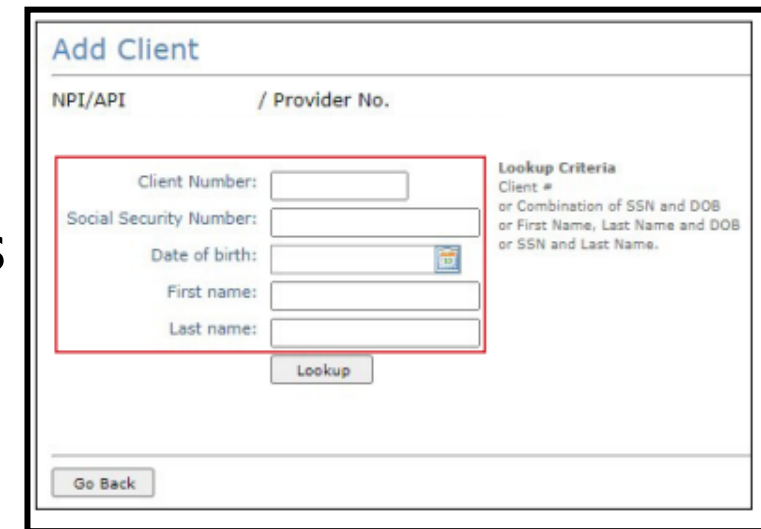
[Submit MESAV Batch](#)

# Creating a MESAV Group Template (cont.)

## How to add a person to the Group Template.

6. The Add Client page will open.

- Enter the person's information.
- If you do not have the person's Client Number, you must use one of the following combinations to find the person:
  - Social Security number and last name
  - Social Security number and date of birth
  - Last name, first name, and date of birth



# Creating a MESAV Group Template (cont.)

## How to add a person to the Group Template.

7. Click the Lookup button.



The screenshot shows the 'Add Client' form. It has a header with 'NPI/API' and '/ Provider No.'. Below this are input fields for 'Client Number:', 'Social Security Number:', 'Date of birth:', 'First name:', and 'Last name:'. To the right of these fields is a 'Lookup Criteria' section with the text: 'Client # or Combination of SSN and DOB or First Name, Last Name and DOB or SSN and Last Name.' Below the input fields is a 'Lookup' button, which is highlighted with a red box. At the bottom left is a 'Go Back' button.

8. To add the person, click the Add to group link.



The screenshot shows the 'Add Client' form, similar to the previous one, but with an additional table at the bottom. The table has columns for 'First Name', 'Last Name', 'Client #', 'SSN', 'Date of Birth', and 'Add to group'. The 'Add to group' link is highlighted with a red box. The 'Lookup' button is still present above the table. At the bottom left is a 'Go Back' button.



# Creating a MESAV Group Template (cont.)



## How to add a person to the Group Template.

9. The person will be added to the MESAV Group Template that you are working on.
  - You can create up to 100 groups for each NPI or API and provider number.
  - Each group can contain up to 250 people.
  - You can view, add, and delete people.

# Submitting a MESAV Group Template



TEXAS  
Health and Human  
Services

To verify eligibility using a group template:

1) Click the **Group Template** link under the MESAV section in the left 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

# Submitting a MESAV Group Template (cont.)



TEXAS  
Health and Human  
Services

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

## MESAV/CSI Group Template

Select NPI/API & Provider No. :

Continue >>

# Submitting a MESAV Group Template (cont.)

3) Select one of the templates listed under Name of the group to open the group list.

## MESAV/CSI Group Template

NPI/API / Provider No.

New Group:

Add Group

| Name of the group | User ID    | Created Date | Last Updated Date |               |
|-------------------|------------|--------------|-------------------|---------------|
| <u>NewGroup1</u>  | portaluser | 02/02/2022   | 02/02/2022        | <u>Delete</u> |
| <u>NewGroup2</u>  | portaluser | 02/02/2022   | 02/02/2022        | <u>Delete</u> |

# Submitting a MESAV Group Template (cont.)



4) Enter a date range in the From Date of Service and To Date of Service fields. The date range can be up to three months long.

MESAV/CSI Group Template - NewGroup1

Go Back

Add Client

NPI/API / Provider No.

From Date of Service:

Format mm/dd/yyyy

To Date of Service:

Format mm/dd/yyyy

| Select All               | First Name | Last Name | Client # | SSN | Date of Birth |       |     |        |
|--------------------------|------------|-----------|----------|-----|---------------|-------|-----|--------|
| <input type="checkbox"/> |            |           |          |     |               | MESAV | CSI | Delete |

Submit MESAV Batch

# Submitting a MESAV Group Template (cont.)



5) Check the individual boxes of the templates that you want to submit, or to submit all the templates, check the **Select All** box.

MESAV/CSI Group Template - NewGroup1

[Go Back](#) [Add Client](#)

NPI/API: / Provider No.:

From Date of Service:  Format mm/dd/yyyy

To Date of Service:  Format mm/dd/yyyy

| Select All               | First Name | Last Name | Client # | SSN | Date of Birth | MESAV | CSI | Delete |
|--------------------------|------------|-----------|----------|-----|---------------|-------|-----|--------|
| <input type="checkbox"/> |            |           |          |     |               |       |     |        |

# Submitting a MESAV Group Template (cont.)

6) Click the **Submit MESAV Batch** button at the bottom left of the screen. The batch will process and be ready for viewing within 24 hours.

MESAV/CSI Group Template - NewGroup1

Go Back

Add Client

NPI/API / Provider No.

From Date of Service:

Format mm/dd/yyyy

To Date of Service:

Format mm/dd/yyyy

| Select All               | First Name | Last Name | Client # | SSN | Date of Birth |       |     |        |
|--------------------------|------------|-----------|----------|-----|---------------|-------|-----|--------|
| <input type="checkbox"/> |            |           |          |     |               | MESAV | CSI | Delete |

Submit MESAV Batch



# Submitting a MESAV Group Template (cont.)



TEXAS  
Health and Human  
Services

## Viewing a MESAV Batch History

To view a MESAV Batch History:

1) Click the **MESAV Batch History** link under the MESAV section on 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

# Viewing a MESAV Batch History

(Slide 1 of 2)



TEXAS  
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Services

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

### Mesav Batch History

---

Select NPI/API & Provider No. :  ▼

---

# Viewing a MESAV Batch History (cont.)



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Services

3) Click the **Batch ID** of the MESAV batch that you would like to view.

## Batch History

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

|   | Batch ID                 | Status    | Claim Count | Total Billed Amount | Transmission Date      | Submitted By |
|---|--------------------------|-----------|-------------|---------------------|------------------------|--------------|
| ✓ | <a href="#">G184L8CZ</a> | Processed | 2           | \$ 5,477.40         | 08/06/2014 01:03:57 PM | [REDACTED]   |
| ✓ | <a href="#">G244LBSX</a> | Processed | 1           | \$ 3,800.32         | 08/12/2014 11:51:16 AM | [REDACTED]   |
| ✓ | <a href="#">G254LCS2</a> | Processed | 1           | \$ 10.00            | 08/13/2014 04:11:45 PM | [REDACTED]   |
| ✓ | <a href="#">G274LEBU</a> | Processed | 2           | \$ 2,748.70         | 08/14/2014 08:35:09 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIU3</a> | Processed | 1           | \$ 10.00            | 08/25/2014 09:37:49 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIU6</a> | Processed | 1           | \$ 3,800.32         | 08/25/2014 10:17:28 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIU7</a> | Processed | 1           | \$ 10.00            | 08/25/2014 10:25:21 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIUA</a> | Processed | 1           | \$ 2,738.70         | 08/25/2014 10:28:15 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIUB</a> | Processed | 1           | \$ 3,800.32         | 08/25/2014 10:32:19 AM | [REDACTED]   |
| ✓ | <a href="#">G374LIUC</a> | Processed | 1           | \$ 120.00           | 08/25/2014 10:38:17 AM | [REDACTED]   |
| ✓ | <a href="#">G654MVJN</a> | Processed | 2           | \$ 2,748.70         | 09/22/2014 12:34:54 PM | [REDACTED]   |
| ✓ | <a href="#">G654MVJO</a> | Processed | 2           | \$ 2,748.70         | 09/22/2014 12:42:28 PM | [REDACTED]   |
| ✓ | <a href="#">G654MVJP</a> | Processed | 1           | \$ 3,800.32         | 09/22/2014 12:42:28 PM | [REDACTED]   |
| ✓ | <a href="#">H144PPGP</a> | Processed | 1           | \$ 2,738.70         | 11/10/2014 11:12:12 AM | [REDACTED]   |
| ✓ | <a href="#">H184TXMH</a> | Processed | 3           | \$ 8,216.10         | 11/14/2014 02:07:00 PM | [REDACTED]   |

# Viewing a MESAV Batch History (cont.)



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Services

## 4) The MESAV will open in a new window. Review the status for each client number you selected.

**General Disclaimer:** Payment is not based solely on any single piece of information listed below. This data may change. Outstanding claims may affect the number of units. Nursing Facility clients with managed care eligibility segments must have service authorizations verified by the appropriate MCO.

| Client Information     |          | Inquiry Information    |           |
|------------------------|----------|------------------------|-----------|
| Client No./Trainee SSN |          | NPI/API                |           |
| DOB                    |          | Eligibility From       | 1/1/2016  |
| Gender                 | M        | Eligibility Through    | 3/31/2016 |
| SSN                    |          | Medicaid / Client No.  |           |
| Name                   |          | Social Security Number |           |
| Address                |          | Date of Birth          |           |
| County                 | Lampasas | Last Name              |           |
| Medicare No.           |          | First Name             |           |
|                        |          | M.I.                   |           |
|                        |          | Suffix                 |           |

| Service Authorization Information/Details |           |                 |        |           |                  |           |                 |                    |            |           |       |            |            |         |                 |
|---|-----------|-----------------|--------|-----------|------------------|-----------|-----------------|--------------------|------------|-----------|-------|------------|------------|---------|-----------------|
| Effective Date                            | End Date  | Referral Number | Status | Svc. Grp. | Svc. Grp. Desc.  | Svc. Code | Svc. Code Desc. | Client Control No. | Units Paid | Unit Type | Units | Proc. Code | Proc. Type | NPI/API | Provider Number |
| 1/1/2016                                  | 1/3/2016  |                 | Active | 1         | Nursing Facility | 2         | 60P             |                    |            | Daily     | 1.00  |            |            |         |                 |
| 1/4/2016                                  | 3/26/2016 |                 | Active | 1         | Nursing Facility | 1         | Daily Care      |                    |            | Daily     | 1.00  |            |            |         |                 |

**Agent:**  
-No Data-

**Authorization Message:**  
-No Data-

**Monthly Units:**  
-No Data-

| Eligibility |           |               |                         |              |                   |  |
|-------------|-----------|---------------|-------------------------|--------------|-------------------|--|
| Begin Date  | End Date  | Coverage Code | Secondary Coverage Code | Program Type | Coverage Category |  |
| 10/1/2015   | 3/26/2016 | A             |                         | 14           | 1                 |  |
| 3/30/2016   | 6/30/2016 | A             |                         | 14           | 1                 |  |

**Other Insurance Policies:**  
-No Data-

| Medicare       |                  |            |               |                    |         |   |
|----------------|------------------|------------|---------------|--------------------|---------|---|
| Effective Date | Termination Date | Add Date   | Medicare Type | CMG Code (Federal) | Plan ID | Provider Number Link                      |
| 7/1/2013       | 12/31/9999       | 11/26/2013 | C             |                    | 010     | <a href="#">CMS ID Info Connected MCO</a> |
| 5/1/2015       | 12/31/9999       | 10/22/2015 | B             |                    |         |   |
| 3/1/2015       | 12/31/9999       | 10/21/2015 | A             |                    |         |   |

**Medical Necessity:**  
Begin Date: End Date: Medical Necessity ID:

# Claims Status Inquiry (CSI)

(Slide 1 of 2)



TEXAS  
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**Claims Status Inquiry is used to determine the status of submitted claims.**

- There are several ways to perform a CSI:
  1. Lookup Fee For Service Claim by Claim Request.
  2. Lookup Fee For Service Claim by Client Claim Request.
  3. Lookup Managed Care Claim by Transaction Number.

# Claims Status Inquiry (CSI) (cont.)



TEXAS  
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Services

(Slide 2 of 2)

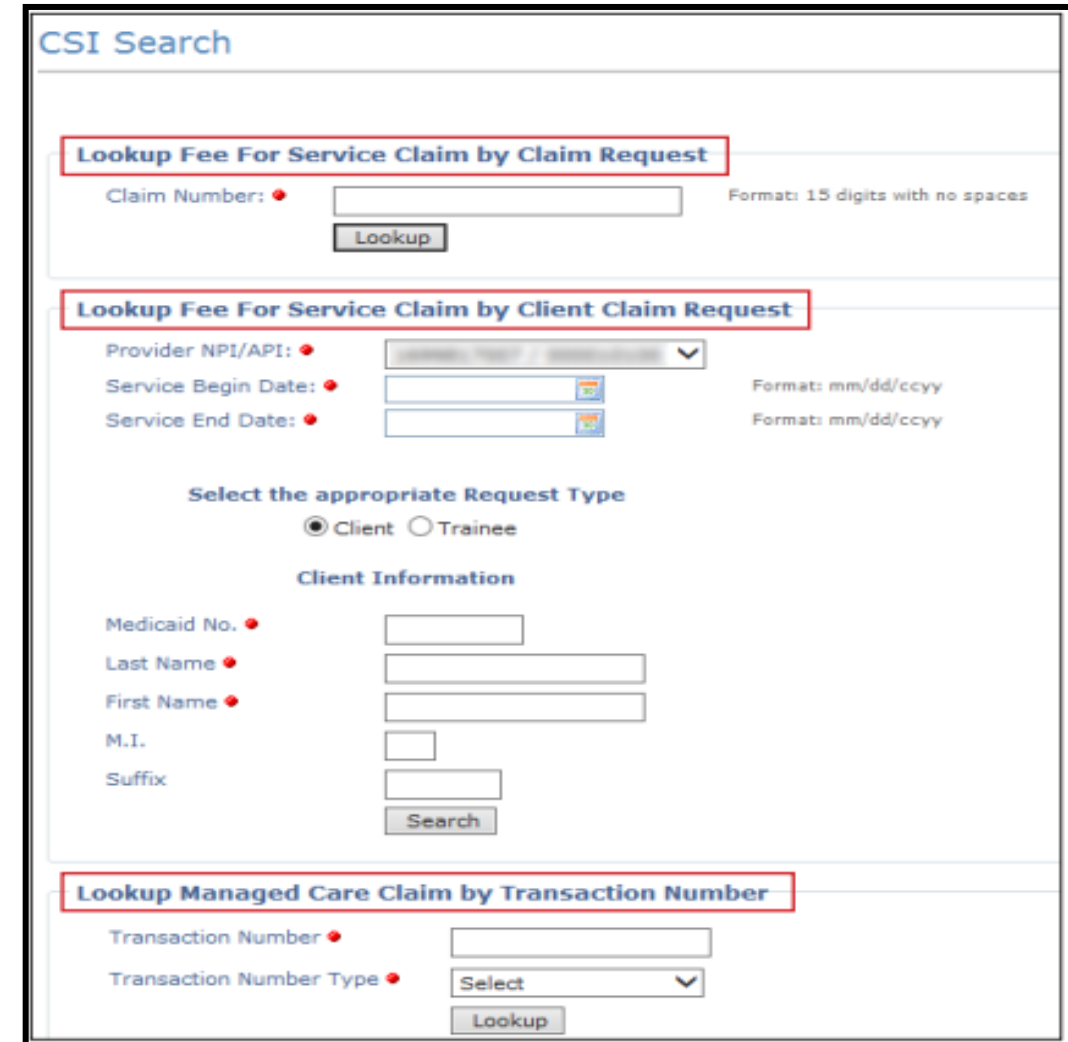
## 4. Lookup Managed Care Claim by MCO ICN.

- TMHP will forward certain Institutional claims to MCOs.
  - These claims can be set to the following statuses:
    - Forwarded: the claim has been forwarded to (but not yet accepted or rejected by) an MCO.
    - Rejected: the claim has been rejected by TMHP or the MCO to which it was forwarded.
    - Accepted: the claim has been accepted by TMHP or an MCO.
      - Claims handled by TMHP (not an MCO) can be set to the following statuses:
- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• I: In Process</li><li>• D: Denied</li><li>• A: Approved for Payment</li><li>• FT: Forced Transfer</li><li>• S: Suspended</li></ul> | <ul style="list-style-type: none"><li>• T: Transferred</li><li>• P: Paid</li><li>• PF: Paid Forced Transfer</li><li>• PT: Paid Transfer</li><li>• PZ: Paid Zero Net Balance to the Provider</li></ul> |
|--|---|

# CSI Search Screens

**Three years of claims history are available.**

- The system returns a maximum of 250 results for each search.
- The CSI Search screen is shown →



**CSI Search**

**Lookup Fee For Service Claim by Claim Request**

Claim Number:  Format: 15 digits with no spaces

**Lookup Fee For Service Claim by Client Claim Request**

Provider NPI/API:    
Service Begin Date:  Format: mm/dd/ccyy  
Service End Date:  Format: mm/dd/ccyy

Select the appropriate Request Type  
☒ Client ☐ Trainee

**Client Information**

Medicaid No.   
Last Name   
First Name   
M.I.   
Suffix

**Lookup Managed Care Claim by Transaction Number**

Transaction Number   
Transaction Number Type

# CSI Search Screens (cont.)



TEXAS  
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Services

## Lookup Fee For Service Claim by Claim Request

To search for a claim-by-Claim Request:

1. Enter the claim number in the Claim Number field and click the Lookup button

A screenshot of a web application interface titled "CSI Search". Below the title is a horizontal line. Underneath, the section "Lookup Fee For Service Claim by Claim Request" is displayed. This section contains a form with a label "Claim Number:" followed by a red asterisk icon and a text input field. To the right of the input field, the text "Format: 15 digits with no spaces" is displayed. Below the input field is a button labeled "Lookup". The entire form area is enclosed in a light blue border.



# CSI Search Screens (cont.) Slide 3 of 4)

## Lookup Fee For Service Claim by Claim Request

2. The CSI Details page will be displayed and auto-populate most of the fields, including the status of the claim, claim number, Warrant number Dates of Service etc.

CSI Details

[New Lookup](#)

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

| Client Information              |  |  |  |
|---------------------------------|--|--|--|
| Client/Medicaid No./Trainee SSN |  |  |  |
| Name                            |  |  |  |
| Gender                          |  |  |  |
| Date of Birth                   |  |  |  |
| 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 |  |  |

| Detl 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         |              | \$100.00      | \$0.00      | \$0.00         | \$0.00            | 1.00         | 0.00       | \$0.00                   |            |            |            |

# CSI Search Screens (cont.)



TEXAS  
Health and Human  
Services

## Lookup Fee For Service Claim by Client Claim Request

When searching by client information, the following conditions apply:


- You must enter both a Service Begin Date and a Service End Date.
  - The End date cannot be more than three consecutive months from the Begin date.
- The Service Begin Date cannot be more than 36 months before the current date.
- You must complete all required fields indicated by a red dot.
- Click the Search button.

A screenshot of a web form titled "Lookup Fee For Service Claim by Client Claim Request". The form contains several input fields with red dots indicating required fields. At the top, there is a dropdown menu for "Provider NPI/API:" with the value "0000000000 / 0000000000". Below this are two date fields: "Service Begin Date:" with the value "10/1/2014" and "Service End Date:" with the value "12/31/2014". To the right of these date fields, it says "Format: mm/dd/ccyy". Below the date fields, there is a section titled "Select the appropriate Request Type" with two radio buttons: "Client" (selected) and "Trainee". Below this is a section titled "Client Information" with fields for "Medicaid No.:" (value "123456789"), "Last Name:" (value "Smith"), "First Name:" (value "John"), "M.I.:" (empty), and "Suffix:" (empty). At the bottom of the form is a "Search" button.

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



TEXAS  
Health and Human  
Services



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
TMHP A STATE MEDICAID CONTRACTOR

Provider | Client/Client


Search

Home Programs Topics Resources Contact My Account

## 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 – Release 1 Enhancements



- **Mid-October 2022:** Release 1 Announcement
- **Late-November 2022:** Release 1 Items Posted
- **December 2022:** Release 1 Implementation

# Questions and Answers -



## **As a reminder...**

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



TEXAS  
Health and Human  
Services

# **Thank you for attending**

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**Our next meeting is November 9, 2022**

# Contact List – TMHP



TEXAS  
Health and Human  
Services

| Entity/Area   | What they can do...  |
|---|--|
| <u>The Texas Medicaid &amp; Healthcare Partnership (TMHP) EDI Help Desk</u><br>800-626-4117 opt 3 or 888-863-3638 opt 4 | <ul style="list-style-type: none"><li>• Creating an LTC Online Portal account</li></ul>  |
| <u>TMHP LTC Help Desk</u><br>800-626-4117, Option 1, then Option 7<br>or<br>800-727-5436 Option 1, then Option 7        | <ul style="list-style-type: none"><li>• LTC Online Portal access issues, slowness, timing out, etc.</li><li>• LTC Online Portal forms not functioning per the LTC Online Portal User Guide</li><li>• CARE data did not migrate or did not migrate correctly</li><li>• MESAV is not showing the correct information</li></ul> |



# Contact List – UR, PES, PCS



TEXAS  
Health and Human  
Services

| Entity/Area  | What they can do...   |
|--|---|
| <b>Utilization Review (UR)</b><br>512-438-5055 <a href="mailto:deskURLONIPC@hhs.texas.gov">deskURLONIPC@hhs.texas.gov</a>  | <ul style="list-style-type: none"><li>• 8578 ID/RC form with purpose code 3 or 4 on the LTC Online Portal</li><li>• Renewal or revision IPCs</li></ul>  |
| <b>Program Eligibility and Support (PES)</b><br>512-438-2484<br><a href="mailto:enrollmenttransferdischargeinfo@hhs.texas.gov">enrollmenttransferdischargeinfo@hhs.texas.gov</a> | <ul style="list-style-type: none"><li>• 8578 ID/RC with a purpose code 2 forms</li><li>• initial or transfer IPCs forms</li><li>• Suspensions</li><li>• 3615 Continuation of Suspension forms</li><li>• 3616 Request for Termination forms</li><li>• Individual Movement (IMT) forms for LA Reassignments</li></ul> |
| <u>Provider Claims Services (PCS)</u><br>512-438-2200, Option 5  | <ul style="list-style-type: none"><li>• Forms in 'Submitted to PCS' status</li></ul>  |



# Contact List – CAPM



TEXAS  
Health and Human  
Services

| Entity/Area  | What they can do...   |
|--|---|
| <u>Contract Administration &amp; Provider Monitoring (CAPM) -Provider Monitoring</u><br>512-438-5359<br><a href="mailto:providerfiscalcompliance@hhs.texas.gov">providerfiscalcompliance@hhs.texas.gov</a> | <ul style="list-style-type: none"><li>• HCS and TxHmL monitoring review questions</li><li>• Questions about a monitoring recoupment</li><li>• Questions about corrective action plans</li></ul> |
| <u>CAPM – Contract Administration – Waiver Provider Enrollment</u><br>512-438-3234<br><a href="mailto:IDDWaiverContractEnrollment@hhsc.state.tx.us">IDDWaiverContractEnrollment@hhsc.state.tx.us</a>       | <ul style="list-style-type: none"><li>• Vendor Holds</li><li>• Contract enrollments/amendments</li><li>• Change of ownership</li><li>• Contract capacity changes</li></ul>                      |