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Health and Human
Services

TMHP LTC Portal for HCS/TxHmL Providers and FMSSAs Town Hall

February 6, 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)
 - **Rhonda Richie** – Local Procedure Development and Support (LPDS)
 - **Kali Schmidt** – Contract Administration & Provider Monitoring (CAPM)
 - **McKenzie Sanchez** – Long Term Services and Supports (LTSS) Policy Unit
 - **Sameer Bootwalla** – HHSC Information Technology (IT)
 - **Audra Wilson** - Texas Medicaid & Healthcare Partnership (TMHP)
 - **Depesh Shah** – Texas Medicaid & Healthcare Partnership (TMHP)

Agenda



- **2:00 PM Start of webinar and Housekeeping--Dawn**
- **2:05 PM – 2:15 PM:** Trending issues---Audra Wilson
 - Trending Issue Report, Volume 16 (IPC Template and Location Code Field)
 - Suspension (Temporary Discharge) will be covered in the March Townhall.
- **2:15 PM – 3:00 PM:** Training---Depesh Shah
 - Cost Reporting Training
 - Claims Adjustments follow up
- **3:00 PM – 4:00 PM:** Questions and Answers
 - Questions related to trending issues and training presented today
 - All other questions if time permits

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 – Recap on New Notifications



- Refer to the [HCS and TxHmL Waiver Programs: Trending Issue Support, Volume 16 | TMHP](#) notification on the 1915c Waivers Program website on tmhp.com for the following updates:
 - ❑ Guidance on the appropriate use of the 'Use of Template' form action on IPC renewals
 - ❑ Replacement of the Location Code dropdown field to a textbox on the IMT and IPC forms
- Information regarding access and frequency of Remittance & Status (R&S) reports now available in [HCS and TxHmL Waiver Programs: Trending Issue Support, Volume 17 | TMHP](#) notification.
 - **Reminder:** Three-part YouTube videos on accessing and reading sections on the R&S available on [HCS and TxHmL – YouTube](#)
- Missing Medicaid eligibility segments on the TexMedconnect (TMC) MESAV that occurred in January was resolved. See [RESOLVED: Missing Medicaid Eligibility in MESAV | TMHP](#).

Trending Issues – Learning Tips



- Use Individual Search screen to obtain a list of individuals in specific statuses (for e.g., client that are enrolled, clients on hold, terminated clients, etc.)

Individual Search

Search Criteria

Individual		Address	
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Medicaid No.:	<input type="text"/>	CARE ID:	<input type="text"/>
Gender:	<input type="text" value="Select"/>	Street:	<input type="text"/>
SSN:	<input type="text"/>	City:	<input type="text"/>
Age:	<input type="text"/>	Zip:	<input type="text"/>
Status:	<input type="text" value="Select"/>	State:	<input type="text" value="Select"/>
DOB:	<input type="text" value="Select"/>		

The form displays search criteria for individuals. The 'Status' dropdown menu is highlighted with a red box, showing options: Select, Enrolled, PreEnrolled, Terminated, Denied, and EnrolledOnHold.

Trending Issues – Learning Tips (cont.)



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- Client hold removal guidance available in [HCS and TxHmL Waiver Programs: Trending Issue Support, Volume 4 | TMHP](#) for non-suspension reasons.
- Training on Suspension (Temporary Discharge) via the IMT form will be conducted in March webinar.

Where Can I Find Cost Reporting Data?



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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.
- If you do not know your submitter ID and password, contact the EDI Helpdesk at 888-863-3638, Option 4, from 7:00 a.m. to 7:00 p.m., Monday through Friday.



Where Can I Find Cost Reporting Data? (cont.)



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When you open the file which will be an excel format, the following are some of the data elements that you will see that will be useful:

- Begin and End date
- Provider number
- Claim number (ICN)
- Service Group
- Total billed amount
- Total paid amount
- Current status
- Members First and Last name
- R and S report date
- R and S report number
- Detail number (this means how many rows are in the claim)
- Billing code
- Billed units
- Paid units
- Paid Rate
- Modifiers
- Service Code (example 10c would be Day Hab)
- EOB Codes

Where Can I Find Cost Reporting Data? (cont.)



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Example of what the claims data export looks like:

BEGIN_DATE	END_DATE	PROVIDER_NUMBER	ICN	SERVICE_GROUP	WARRANT_NUMBER	TOTAL_BILLED_AMOUNT	REFERRAL_NUMBER	TOTAL_PAID_AMOUNT	TOTAL_OI_AMT	NPI_API	CURRENT_STATUS_C
2022.07.19	2022.07.20			21		61.9		80.28	0		P
2022.07.19	2022.07.19			21		36.57		47.09	0		P
2022.07.01	2022.07.01			21		28.13		36.69	0		P
2022.07.01	2022.07.01			21		28.13		36.69	0		P
2022.07.19	2022.07.19			21		36.57		47.09	0		P
2022.07.25	2022.07.25			21		27.43		35.32	0		P

CURRENT_STATUS_DATE	CLIENT_FIRST_NAME	CLIENT_MIDDLE	CLIENT_LAST_NAME	GENDER	PATIENT_ACCOUNT_NUMB	DATE_OF_BIRTH	R&S_REPORT_DATE	R&S_REPORT_NUMBE	DETAIL_NUMBER	STATUS	DETAIL_BEGIN_DATE
2022.10.04				M			2022.10.05	20221005	1	P	2022.07.19
2022.10.04				F			2022.10.05	20221005	1	P	2022.07.19
2022.10.04				F			2022.10.05	20221005	1	P	2022.07.01
2022.10.04				F			2022.10.05	20221005	1	P	2022.07.01
2022.10.04				F			2022.10.05	20221005	1	P	2022.07.19
2022.10.04				M			2022.10.05	20221005	1	P	2022.07.25

Upcoming Enhancements for the Claims Data Extract coming in June.

- Increase the data range from 90 days to a year
- Add more features such as LON, LOS, LICN and Submission date

Where Can I Find Cost Reporting Data? (cont.)



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Service Utilization File (GC062310)

- Previously called the HC062310 – Service Utilization Report
- This is a weekly extract of the 3608 and 8582 (SG 21 and SG 22 IPC data) forms on the LTCOP
- Sorted by vendor number (component code)

Where Can I Find Cost Reporting Data? (cont.)



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The following are some of the data elements that you will see that will be useful:

- Vendor number
- File name
- Care ID
- Contract Number
- Local Case Number
- Medicaid ID
- LIDDA vendor number
- Service Coordinator number
- Service Coordinator Name
- IPC begin date
- Latest Revised IPC Effective date
- IPC end date
- Date of Last Nursing Service for IPC
- Level of Care
- Level of Need
- Cost Ceiling
- Individual Location Code
- Total Units
- Service Name
- Service code
- Claimed Units
- Authorized Units
- Estimated Cost
- Claimed Dollar
- Authorized Dollar

Where Can I Find Cost Reporting Data? (cont.)



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Service Utilization File (GC062310) how to get it:

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

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

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: _____

New or modify account permissions and access:

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

Where Can I Find Cost Reporting Data? (cont.)



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- Other places where you can get the data is from the Dashboard or the Individual Search Page from the Online Portal

The screenshot displays the 'Estimated Annual Cost' section of the online portal. The navigation bar at the top includes links for Demographics, Estimated Annual Cost (highlighted with a red box), Levels, Individual History, Medicaid, and Hold Details. The main content area shows the following data:

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

Below the cost data, the following dates and completion status are displayed:

Begin Date:	8/28/2021	Last Revised Date:	8/5/2022	End Date:	8/27/2022	IPC Plan Year % Complete:	100%
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The 'Services' section is partially visible at the bottom of the screen.

Where Can I Find Cost Reporting Data? (cont.)



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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%

How to do Claim Adjustments

Recap: Criteria



- In order to do a claims adjustment using TexMedConnect, the following criteria needs to be followed:
- The claim must be in the paid status.
- 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.
- It would be advisable to have the Bill Code Crosswalk opened.
- Most of the steps were covered in the Dec 8th webinar.

How to Do A Claim Adjustments

Recap: Claim Type (cont.)



Dental Claims Adjustments

- For Dental Claims, the claim type will be Dental.
- For Dental Requisition fees, the claim type will be Professional.
- **For Dental Claims, this is what it looks like in the Details tab.**

Client	Provider	Claim	Details	Other Insurance / Finish											
Number of details to add: <input type="text" value="1"/> <input type="button" value="Add New Details Row(s)"/> <input type="button" value="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		12/30/2022	11 Office	D0120					1	\$254.00	\$254.00	\$0.00		00 Entire Oral Cavit	

- We have noticed that some providers have put 1 as the units and in the unit rate, the dollar amount.
- When the claim gets paid, the provider sees \$1 paid.
- The reason is because for Dental Claims the Unit Rate is always going to be \$1.00 (this is also in the IPC form).

How to Do A Claim Adjustments

Recap: Location (cont.)



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- To do the adjustment you would need to go to Texmed connect and click the Adjustment link under the CSI section in the navigation panel



The next page would be the adjustment page where you would have 2 options:

- Lookup Fee For service Claim by Claim Request
- Lookup Fee For Service Claim by Client Claim Request
- Fill out the fields with the Red Dot

Adjustment

To proceed, please search for the claim to be adjusted

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: Format: mm/dd/ccyy

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:

How to Do Claim Adjustments

Recap: Claim Type (cont.)



- Select the appropriate Claim Type from the drop-down box and click the Adjust Claim button.

Select the appropriate Claim Type for this Claim to Adjust

Claim Type: Unknown Adjust Claim

Claim Information

Claim No.	000000123456789
Dates of Service	9/3/2012 - 9/6/2012
Status	P
Effective Date	12/7/2012
Service Group	1
Warrant Number	10005

Client Information

Client/Medicaid No./Trainee SSN	0123456789
Name	JOHN DOE
Gender	M
Date of Birth	10/11/1949
Patient Account No.	
Medical Record No.	
Referral No.	

Financial Information

Total Billed Amount	\$175.00
Total Paid Amount	\$218.40
Total Applied Other Insurance Amount	\$40.00
Budget Number	

Provider Information

Provider NPI/AP1	1234567890
Provider Name	REGIONAL MEDICAL CENTER
Medicare Patient Days %	0
Private Patient Days %	0
Medicaid Patient Days %	0

DB No.	Detail Status	Service Begin	Service End	IC Billing Code	Billed Amount	Paid Amount	DI Paid Amount	Applied DI R	Billed Unit
1	P	9/3/2012	9/3/2012	R9002	\$45.00	\$109.30	\$30.00	\$30.00	1.00

Then you will get to the next screen that looks like you're billing. Make sure for each tab, you fill out the required information indicated by the red dot.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional	JOHN DOE	1234567890 / 00000000	New	

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

Client Identification Numbers

• Client ID: 0123456789 • Patient Account No.: • Medical Record No.:

Name and Address

• First Name: JOHN • Last Name: DOE MI Suffix: • Street Address: 123456 MAIN AVE • Street Address 2: • City: ANY TOWN • State: TX • Zip: 12345-6789

Client General Information

• Gender: Male • Date Of Birth: 10/11/1949 • Referral No.: 0000000123

Save Draft Save Template Save To Group Print Next Finish

How to Do Claim Adjustments

Recap: Details Tab Facts (cont.)



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Some facts 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. Should not try to change this.
- If the initial claim to be adjusted had multiple details, all the claim detail rows will show up as negative line details.
- If you do not wish to adjust all the rows on the initial claim, you will need to delete the rows you 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.

How to Do Claim Adjustments

Recap: Dental Claims (cont.)



- For the dental claim adjustment, this is what we will see:

Client	Provider	Claim	Details	Other Insurance / Finish										
Number of details to add: <input type="text" value="1"/> Add New Details Row(s) Copy Row														
	Line Item Control N	Service Date	Place of Service	Code	Mods				Units	Unit Rate	Line Item Total	Co-Pay	Tooth ID	Oral Cavity Code
					1	2	3	4						
1		5/5/2022	99 Other Place of S	D0120					-1	\$1.00	(\$1.00)	\$0.00		

- Click on Add New Detail Row

Client	Provider	Claim	Details	Other Insurance / Finish										
Number of details to add: <input type="text" value="1"/> Add New Details Row(s) Copy Row														
	Line Item Control N	Service Date	Place of Service	Code	Mods				Units	Unit Rate	Line Item Total	Co-Pay	Tooth ID	Oral Cavity Code
					1	2	3	4						
1		5/5/2022	99 Other Place of S	D0120					-1	\$1.00	(\$1.00)	\$0.00		
2									0	\$0.00	\$0.00	\$0.00		

- In the new row put all the same information as the top row except the units, here you would put 254 and the rate as \$1.00 and also select the Oral Cavity for both rows to be the same.

How to do Claim Adjustments

Recap: Dental Claims (cont.)



Client	Provider	Claim	Details	Other Insurance / Finish									
Number of details to add: <input type="text" value="1"/> <input type="button" value="Add New Details Row(s)"/> <input type="button" value="Copy Row"/>													
Line Item Control N	Service Date	Place of Service	Code	Mods				Units	Unit Rate	Line Item Total	Co-Pay	Tooth ID	Oral Cavity Code
				1	2	3	4						
1	5/5/2022	99 Other Place of Service	D0120					-1	\$1.00	(\$1.00)	\$0.00		00 Entire Oral Cavity
2	5/5/2022	99 Other Place of Service	D0120					254	\$1.00	\$254.00	\$0.00		00 Entire Oral Cavity

☒ Co-Pay
☐ Applied Income
Claim Total: \$253.00
Total Co-Pay: \$0.00

- Then click finish on the bottom right corner to go to the finish tab in order to submit the claim.

How to Do Claim Adjustments

Recap: Finish Tab (cont.)



- Click the Save to Batch radio button.
- Check the We Agree box.
- Click the Finish button in the lower right corner

A screenshot of a web application interface for claim adjustments. At the top, there are tabs: "Client", "Provider", "Claim", "Details", and "Other Insurance / Finish". The "Other Insurance / Finish" tab is active. Below the tabs, there is a section titled "Finish Options" with the instruction "Please select one of the following and click finish". It contains two radio buttons: "Submit" (unselected) and "Save to Batch" (selected). Below "Save to Batch" is a green button labeled "Save to Batch". Below this section is a "Certification, Terms And Conditions" section. It contains a paragraph of text and a green button labeled "We Agree". At the bottom of the form, there are buttons for "Save Draft", "Save Template", "Prev", "Next", and a green "Finish" button.

How to Do Claim Adjustments

Recap: Pending Batch (cont.)

- At this point, the claim will be sent to Pending Batch.
- Click the Pending Batch link under the Claims section in the navigation panel.



How to do claim adjustments recap

Pending Batch (cont.)



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

Pending Batch

Select NPI/API & Provider No. :

A dropdown menu showing a selected NPI/API and provider number, with the last two digits of the provider number being 01.

Continue >>

- 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 Claim Adjustments

Recap: Submitting Pending Batch (cont.)



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Pending Batch - List of Claims

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

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

Total Billed Amount: \$8,216.10

Submit Batch

- You can view, edit or delete claims in a pending batch before you submit them.
- Click the Submit Batch button. All claims in that batch will be submitted, even those created by other users.
- 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.

How to Do Claim Adjustments

Recap: Successful Submission (cont.)



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Pending Batch - List of Claims

NPI/API / Provider No.

- The pending batch was successfully submitted. 4 claims have been submitted in this batch. The status and details for this batch can be viewed in the Batch History Screen.

Total Billed Amount: \$ 0.00

How to do Claim Adjustments

Recap: Multiple Line Adjustments (cont.)



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How to adjust Multiple details line claim.

- The Details tab will only allow 28 rows so you might have to split the claim adjustment in 2 claims if you need to adjust all the lines.

Client	Provider	Claim	Details	Other Insurance / Finish									
Number of details to add: <input type="text" value="1"/> <input type="button" value="Add New Details Row(s)"/> <input type="button" value="Copy Row"/>													
	Line Item Control N	Service Dates		POS	Procedure Code		Mods				Units	Unit Rate	Line Item Total
		Start	End		Qualifier	Code	1	2	3	4			
1	0900	9/1/2022	9/2/2022		HC	T2020					-2	\$28.13	(\$56.26)
2	0900	9/5/2022	9/9/2022		HC	T2020					-5	\$28.13	(\$140.65)
3	0900	9/12/2022	9/16/2022		HC	T2020					-5	\$28.13	(\$140.65)
4	0900	9/19/2022	9/23/2022		HC	T2020					-5	\$28.13	(\$140.65)
5	0900	9/26/2022	9/29/2022		HC	T2020					-5	\$28.13	(\$140.65)

How to Do Claim Adjustments

Recap: Multiple Line Adjustments (cont.)



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- Delete the lines that do not need adjustment

Procedure Code		Mods								Performing Provider							Durable Medical Equipment			
Qualifier	Code	1	2	3	4	Units	Unit Rate	Line Item Total	Co-Pay	NPI/API	First Name	Last Name	MI	Suffix	Rental Unit	Length	Rental Price	Purchase Price	Co-Pay Exempt	Delete
HC	T2020					-2	\$28.13	(\$56.26)	\$0.00							0	\$0.00	\$0.00		Delete
HC	T2020					-5	\$28.13	(\$140.65)	\$0.00							0	\$0.00	\$0.00		Delete
HC	T2020					-5	\$28.13	(\$140.65)	\$0.00							0	\$0.00	\$0.00		Delete
HC	T2020					-5	\$28.13	(\$140.65)	\$0.00							0	\$0.00	\$0.00		Delete
HC	T2020					-5	\$28.13	(\$140.65)	\$0.00							0	\$0.00	\$0.00		Delete

- In this case we will adjust all lines since this is a claim for Day hab (10C) which is missing the KX modifier since the original claim is flagging for EVV07.

Client	Provider	Claim	Details	Other Insurance / Finish									
Number of details to add:		1	Add New Details Row(s)	Copy Row									
	Line Item Control N	Service Dates		POS	Procedure Code		Mods				Units	Unit Rate	Line Item Total
		Start	End		Qualifier	Code	1	2	3	4			
1	0900	9/1/2022	9/2/2022		HC	T2020					-2	\$28.13	(\$56.26)
2	0900	9/5/2022	9/9/2022		HC	T2020					-5	\$28.13	(\$140.65)
3	0900	9/12/2022	9/16/2022		HC	T2020					-5	\$28.13	(\$140.65)
4	0900	9/19/2022	9/23/2022		HC	T2020					-5	\$28.13	(\$140.65)
5	0900	9/26/2022	9/29/2022		HC	T2020					-5	\$28.13	(\$140.65)
6	0900	9/1/2022	9/2/2022		HC	T2020	KX				2	\$28.13	\$56.26
7	0900	9/5/2022	9/9/2022		HC	T2020	KX				5	\$28.13	\$140.65

How to Do Claim Adjustments

Recap: Multiple Line Adjustments (cont.)



Client	Provider	Claim	Details	Other Insurance / Finish										
Number of details to add: <input type="text" value="1"/> <input type="button" value="Add New Details Row(s)"/> <input type="button" value="Copy Row"/>														
	Line Item Control N	Service Dates		POS	Procedure Code		Mods				Units	Unit Rate	Line Item Total	Co-Pay
		Start	End		Qualifier	Code	1	2	3	4				
4	0900	9/19/2022	9/23/2022		HC	T2020					-5	\$28.13	(\$140.65)	\$0.00
5	0900	9/26/2022	9/29/2022		HC	T2020					-5	\$28.13	(\$140.65)	\$0.00
6	0900	9/1/2022	9/2/2022		HC	T2020	KX				2	\$28.13	\$56.26	\$0.00
7	0900	9/5/2022	9/9/2022		HC	T2020	KX				5	\$28.13	\$140.65	\$0.00
8	0900	9/12/2022	9/16/2022		HC	T2020	KX				5	\$28.13	\$140.65	\$0.00
9	0900	9/19/2022	9/23/2022		HC	T2020	KX				5	\$28.13	\$140.65	\$0.00
10	0900	9/26/2022	9/29/2022		HC	T2020	KX				4	\$28.13	\$112.52	\$0.00

☒ Co-Pay
☐ Applied Income

Claim Total: (\$28.13)
 Total Co-Pay: \$0.00

- As you can see detail line 5 was billed for 5 units when it should have been 4 units. Detail line 10 corresponds with detail line 5 where it is now billing the correct units.
- Keep in mind that the negative number (units) means that you are retuning that back to the state but in the positive line you are billing the state (all in one claim) so that is why you see the claim total in parenthesis which means returning only \$28.13

How to Do Claim Adjustments

Recap: Splitting Multiple Lines (cont.)



- For claims with all the 28 lines billed (like a month) then you will delete half of the dates of service so that you will have enough of the new lines to be added. Example would be deleting the last 14 days.
- Once the 1st 14 lines are adjusted and in pending batch, then you will use the same claim number used to do the adjustment for the 1st 14 lines and now you will delete the 1st 14 lines(since this will be repeated)and add 14 new lines to match the last 14 days.

Upcoming training video- where to find them.



- These can be found under the 1915c Webpage, reference material under TMHP.com. Hyper link as HCS and TxHmL YouTube Playlist.

The screenshot shows the TMHP (Texas Medicaid & Healthcare Partnership) website. The header includes the TMHP logo, the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR", and a search bar. The navigation menu includes Home, Programs, Topics, Resources, Contact, and My Account. The main content area features a large image of a young boy in a wheelchair with the text "1915(c) Waiver Programs" and a description: "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." Below this is a breadcrumb trail: Home > Programs > 1915(c) Waiver Programs > Reference Material. The left sidebar has a "1915(c) Waiver Programs" section with a "Reference Material" link. The main content area has a "Reference Material" section with a "Last updated on 1/4/2023" note and a "General Information" section with a list of links: "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", and "Long-Term Care (LTC) Provider Resources Guide". The right sidebar has a "Recent News" section with an "Overview of Upcoming LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs" dated 11/21/2022 and a "Reminder: Register for TMHP LTC Town Hall for HCS and TxHmL Providers and FMSAs" dated 1/06/2023.

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
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 > Reference Material

1915(c) Waiver Programs

Reference Material

Provider Education

Provider Bulletins

Contact Us

LTC Help Desk:
800-626-4117
(Option 1, then Option 7)

EDI Help Desk:
888-863-3638

Reference Material

Last updated on 1/4/2023

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](#)
- [Provider Quick Reference Contact List for HCS and TxHmL](#)
- [HCS and TxHmL YouTube Playlist](#)
- [Long-Term Care \(LTC\) Provider Resources Guide](#)

Recent News

Overview of Upcoming LTC Online Portal Enhancements for HCS and TxHmL Waiver Programs
11/21/2022

Reminder: Register for TMHP LTC Town Hall for HCS and TxHmL Providers and FMSAs
1/06/2023

Accessing the FAQ document on TMHP



- Frequently Asked Questions can be found on the TMHP website.
 - <https://www.tmhp.com/programs/1915c-waiver-programs/reference-material>

Frequently Asked Questions

- [Frequently Asked Questions – Home and Community-based Services \(HCS\) Texas Home Living \(TxHmL\) Waiver Programs](#)
 - [Frequently Asked Questions – TexMedConnect Claim Processing, Denials, and Rejections](#)
- It is recommended that you use word search for specific items within the FAQ documents.
- The FAQ documents will be updated based on most recent questions received.

- **Raise hand to ask question (you will be called on and unmuted) 🖐️**
- **Please lower hand after asking your question**
- **Please limit to one question**
- **Please be professional when speaking**
- **Do not use identifying information when referencing cases**

Important Reminders



- Reminder for R&S Videos
- Please remember to complete the post webinar survey
 - If you raised your hand during the February Townhall, and we did not get to you, please state that with your question on the survey.
- Webinar Recordings will be posted at:
 - [HCS and TxHmL Webinars and FAQs | Texas Health and Human Services](#) and on TMHP 1915c webpage. The topics that were discussed in each Webinar/Townhall are listed below each month.
- The next monthly meeting is scheduled for March 8, 2023
 - Suspensions discussion and training.

Contact Information



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- [Reference Material | TMHP](#)

General Information

- [TMHP Account Setup for HCS and TxHmL Waiver Programs](#)
 - [LTC Online Portal](#)
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 - [Provider Quick Reference Contact List for HCS and TxHmL](#)
 - [HCS and TxHmL YouTube Playlist](#)
- 1915c Waiver Programs (TMHP)website
 - tmhp.com/programs/1915c-waiver-programs
 - HCS and TxHmL Webinars and FAQs website
 - [HCS and TxHmL Webinars and FAQs | Texas Health and Human Services](#)



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Thank you for attending

Our next meeting is March 8, 2023