

TMHP LTC Portal for HCS/TxHmL Providers and FMSAs 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 <u>HCS and TxHmL Waiver Programs: Trending Issue Support, Volume 16 | TMHP</u> 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 <u>HCS and TxHmL Waiver Programs: Trending Issue Support, Volume 17 | TMHP</u> 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 <u>RESOLVED</u>: <u>Missing Medicaid Eligibility in MESAV | TMHP</u>.

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.)

			Individu	al Search			
Search Criteria							
Individual Last Name:		First Name:		Address Street:	City:		
Medicaid No.:		CARE ID:		Zip:	State:	Select	~
Gender:	Select v	Status:	Select V				
SSN:		DOB:	Enrolled PreEnrolled Terminated				
Age:			Denied EnrolledOnHold				

Trending Issues – Learning Tips (cont.)



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



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 of 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.





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



Example of what the claims data export looks like:

BEGIN_DATE	END_DATE	PROVIDER_NUMBER	ICN	SERVICE_GROUP WAR	RANT_NUMBER	TOTAL_BILLED_AMOUNT	REFERRAL_NUMBER	TOTAL_F	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		Р
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		Р
CURRENT_STA	TUS_DATE C	CLIENT_FIRST_NAME	CLIENT_MIDDLE CLIENT	LAST_NAME GENDER	R PATIENT_ACCO	DUNT_NUMB DATE_OF_BIR	TH R&S_REPORT	_DATE	R&S_REPORT_N	UMBE DETAIL_NUM	IBER STATUS	DETAIL_BEGIN_DATE
2022.10.04				M			2022.10.05		20221005	1	Р	2022.07.19
2022.10.04				F			2022.10.05		20221005	1	P	2022.07.19
2022 40 04												
2022.10.04				F			2022.10.05		20221005	1	P	2022.07.01
2022.10.04				F F			2022.10.05 2022.10.05		20221005 20221005	1 1	P P	2022.07.01
				F F	-					1 1 1	P P P	

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



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)



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 Revisied 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



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 <u>DLHHSCProductionOpsSFTP@hhsc.state.tx.us</u>

					aintenanc				
		or delete EFT user II	Ds and file tran	sfers. Note: If t	he user has not ye	et submit	tted a signed H	HIS Acceptable Use nation about Secure	
(GlobalScape).	For support or	r training on Windo	ws SSH client o	rany other non	-EFT server softwa	are, cont		elp Desk at 512-438-	
		e with this form, em	nail DLHHSCPro	duction OpsoF re	@hhsc.state.tx.us	<u> </u>			
1. User Ini	formation	1		Organization			Doubles 6	title:	
			Phone		Fmail:		Position	itle:	
HHS Employee	e ID: count Info	ation	Fillens		Erman.				
							,		_
New User				xisting account	- GlobalScape use	rname:			
<u> </u>		ount - GlobalScape u							
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	File Permission			Folder Permissi	ons		Conten	t Permissions	_
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Additional det	r for this account	unt needs to be adde	ed, modified or	deleted, fill out					
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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

Demographics	ted Annual Cost	Individual History	● Medicaid ⊘ Hold Details		
Estimated Annual Cost					
Total Estimated Annual Cost: Program Estimated Annual Cost: CDS Estimated Annual Cost:	\$75,757.28 \$75,757.28 \$0.00 \$0.00		Total \$77,672.80 Claimed:		
CFC Estimated Annual Cost:					
Begin Date: 8/28/2021	Last Revised Date:	8/5/2022	End Date: 8/27/2022	IPC Plan Year % Complete:	100%
Services					



Individual Detail (Individual Search Page or Dashboard)

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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.



- 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.)



 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:

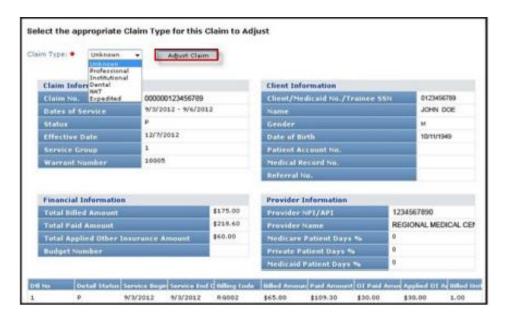
- Lookup Fee For service
 Claim by Claim Request
- Lookup Fee For Service Claim by Client Claim Request
- Fill out the fields with the Red Dot

djustment	
proceed, please search for the claim to be adjusted	
Lookup Fee For Service Claim by Claim Req	juest
Claim Number: • Lookup	Format: 15 digits with no spaces
Lookup Fee For Service Claim by Client Clai	im Request
Provider NPI/API: •	~
Service Begin Date: ◆	Format: mm/dd/ccyy
Service End Date: •	Format: mm/dd/ccyy
Select the appropriate Request Type	
Client O Trainee	
Client Information	
Medicaid No. ●	
Last Name •	
First Name •	
M.I.	
Suffix	

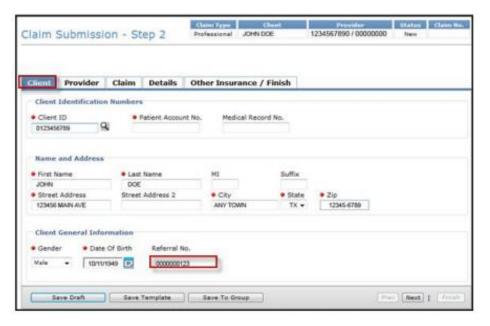
How to Do Claim Adjustments Recap: Claim Type (cont.)



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



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.



How to Do Claim Adjustments Recap: Details Tab Facts (cont.)



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.

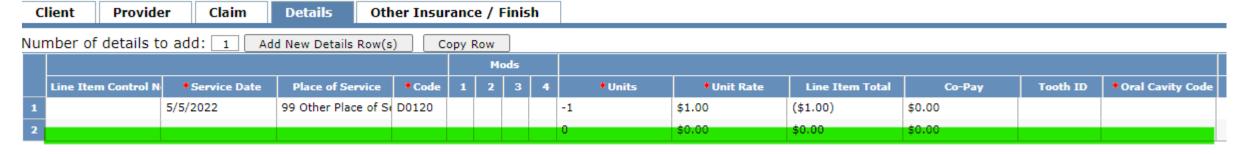
How to Do Claim Adjustments Recap: Dental Claims (cont.)



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



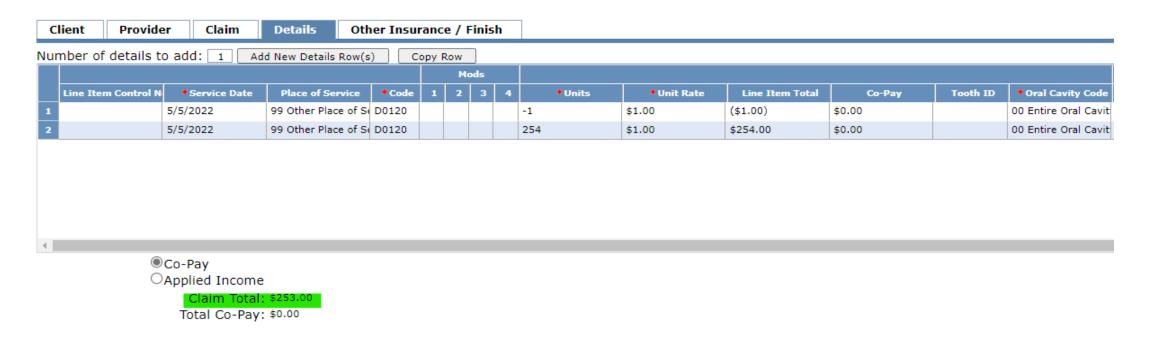
Click on Add New Detail Row



 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.)





 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



How to Do Claim Adjustments Recap: Pending Batch (cont.)



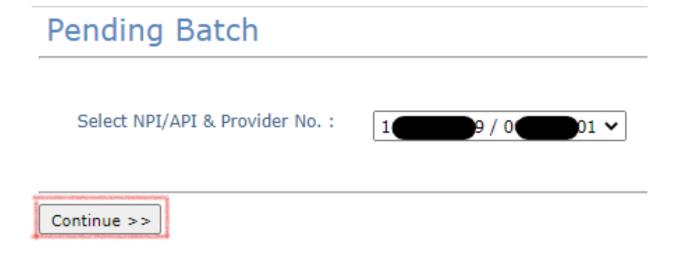
- At this point, the claim will be sent to Pending Batch.
- Click the Pending Batch link under the Claims section in the navigation panel.



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.



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.)





- 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.)



Pending Batch - List of Claims	
NPI/API / Provider No.	
The pending batch was successfully submit this batch can be viewed in the Batch History	tted. <mark>4 claims have been submitted in this batch.</mark> The status and details for ory Screen.
Total Billed Amount: \$ 0.00	

How to do Claim Adjustments Recap: Multiple Line Adjustments (cont.) TEXAS Health and Huma Services

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.

C	lient Provide	er Claim	Details	Other Insuranc	e / Finish								
Nu	mber of details t	o add: 1	Add New Details	s Row(s) Copy I	Row								
		Servio	e Dates		Procedure	Code		Мо	ods				
	Line Item Control N	• Start	• End	POS	• Qualifier	• Code	1	2	3	4	• Units	• Unit Rate	Line Item Total
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		нс	T2020					-5	\$28.13	(\$140.65)

How to Do Claim Adjustments Recap: Multiple Line Adjustments (cont.)



Delete the lines that do not need adjustment

Procedure	Code		Мо	ods							i i	Performing Provider						Durable Medica	l 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	Lengt	Rental Price	Purchase Price	Co-Pay Exempt	Delete
НС	T2020					-2	\$28.13	(\$56.26)	\$0.00							0	\$0.00	\$0.00		<u>Delete</u>
HC	T2020					-5	\$28.13	(\$140.65)	\$0.00							0	\$0.00	\$0.00		<u>Delete</u>
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		<u>Delete</u>

• 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.

C	lient Provide	er Claim	Details	Other Insuranc	e / Finish								
Vui	mber of details t	o add: 1	Add New Detail	s Row(s) Copy I	Row								
		Servi	ce Dates		Procedure	Code		Mo	ods				
	Line Item Control N	• Start	• End	POS	• Qualifier	• Code	1	2	3	4	• Units	• Unit Rate	Line Item Tota
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)
	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		нс	T2020	KX				2	\$28.13	\$56.26
7	0900	9/5/2022	9/9/2022		нс	T2020	КХ				5	\$28.13	\$140.65

How to Do Claim Adjustments Recap: Multiple Line Adjustments (cont.) TEX. Services

			ce Dates		Procedure				ods _		***			
	Line Item Control N		• End	POS	• Qualifier	• Code	1	2	3	4	• Units	Unit Rate	Line Item Total	
4	0900	9/19/2022	9/23/2022		нс	T2020					-5	\$28.13	(\$140.65)	\$0.00
5	0900	9/26/2022	9/29/2022		нс	T2020					-5	\$28.13	(\$140.65)	\$0.00
6	0900	9/1/2022	9/2/2022		нс	T2020	KX				2	\$28.13	\$56.26	\$0.00
7	0900	9/5/2022	9/9/2022		нс	T2020	KX				5	\$28.13	\$140.65	\$0.00
8	0900	9/12/2022	9/16/2022		HC	T2020	кх				5	\$28.13	\$140.65	\$0.00
9	0900	9/19/2022	9/23/2022		нс	T2020	кх				5	\$28.13	\$140.65	\$0.00
10	0900	9/26/2022	9/29/2022		нс	T2020	КХ				4	\$28.13	\$112.52	\$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.)

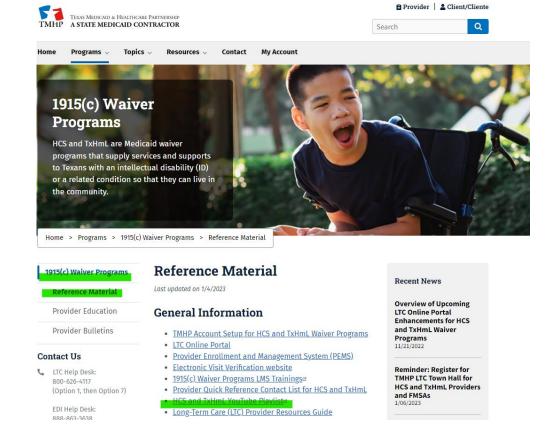


- For claims with all the 28 lines billed (like a month) then you will delete
 half of the dates of service so that you will have enough of the new
 lines to be added. Example would be deleting the last 14 days.
- Once the 1st 14 lines are adjusted and in pending batch, then you will use the same claim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



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

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

Question & Answer Protocol



- 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





- 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.





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[™]
- 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



Thank you for attending

Our next meeting is March 8, 2023