

# November 2005

# Long Term Care

# No. 24

## Provider Bulletin



## In This Bulletin

This bulletin includes a provider survey about the Long Term Care (LTC) TDHconnect Workshops currently conducted on a quarterly basis by TMHP. The Department of Aging and Disability Services (DADS) is interested in hearing about the effectiveness of the training workshops and the training needs of the LTC provider community. The results of this survey will provide DADS and TMHP with valuable information to improve TDHconnect training and to be more effective for both new and established providers.

This bulletin also includes information about the release of TDHconnect 3.0 Service Pack 7 on November 4, 2005. ■

## What's New?

### Providers' Survey TDHconnect Training

With the implementation of the Claims Management System (CMS) in 1999, TDHconnect training has been offered through provider workshops conducted by TMHP on a quarterly basis. DADS would like to receive comments and recommendations from the provider community about the training and is requesting providers complete the survey found on page 15.

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This information will assist DADS and TMHP in making future content and format changes to the training.

This survey may be detached from the bulletin and either faxed to DADS Claims Management by November 30, 2005, at 1-512-438-4380 or mailed to:

Department of Aging and Disability Services  
Claims Management MC-W-465  
PO Box 149030  
Austin, TX 78714-9030 ■



## TDHconnect and Broadband

TDHconnect service Pack 5 was released on May 5, 2005. Service Pack 5 added a secure Internet based solution for TDHconnect that allows providers or submitters to use broadband, cable, or DSL connectivity when submitting transactions through TDHconnect. DADS and TMHP encourages providers to use the new connectivity methods.

The advantages of using broadband are:

- Sending and receiving information is easier and faster.
- Business telephone lines are not in use for long periods of time.
- Additional telephone lines are not necessary. ■

## Release of TDHconnect 3.0 Service Pack 7

TDHconnect 3.0 Service Pack 7 was released on November 4, 2005. Service Pack 7 includes the following enhancements:

- Claim Status Inquiry (CSI) requests can be made by using the provider number.
- Managed care information can be viewed when performing a Medicaid Eligibility Service Authorization Verification (MESAV) inquiry.
- The eligibility response files include inactive eligibility segments (time periods).

TDHconnect users should download all previously requested responses, such as CSIs and MESAVs, before installing Service Pack 7.

Follow these steps to access the service pack:

1. Connect to the TMHP website at [www.tmhp.com](http://www.tmhp.com).
2. Click the **Find Publications/File Library** link in the “*I would like to...*” list on the right side of the homepage. The TMHP File Library webpage opens.
3. Click the **TDHconnect** link. The TMHP File Library/TDHconnect webpage opens.
4. Click the **TDHconnect Updates** link. The TMHP File Library/TDHconnect/TDHconnect Updates webpage opens.
5. Click **tdhsp7** to begin installation.

## Service Pack Installation

To install the service pack, follow these steps:

1. Double-click the **TDHconnect 3.0 Updates Service Pack 7.msi icon**. This icon was added to the desktop during the file download.
2. A dialog opens with the following message: “This will install TDHconnect 3.0 Service Pack 7. Do you want to continue?” Click **Yes** to install the TDHconnect 3.0 Service Pack.

3. After the TDHconnect Service Update Installation Utility window opens and the TDHconnect 3.0 Service Pack wizard opens, several informational messages will open. Read each message and click **Next** to advance to the next screen.
4. A dialog opens with the following message: "Do you wish to backup your databases?" This will overwrite databases that are in the Backup folder. Choose one of the following options:
  - A. Click **Yes** to backup your databases before installing any database updates (this is the recommended choice).
  - B. Click **No** to continue with the installation without making backups.
5. Installation of the TDHconnect 3.0 Service Pack is complete. To view the readme file, check the **View readme** check box and click **Finish**. The readme document opens.
6. Read the document, close it, uncheck the **View readme** check box, and click **Finish**.
7. When prompted to restart the computer, select "Yes, I want to restart my computer now," and then click **Finish**. The next time TDHconnect is opened, the version of the service pack is listed along with the name TDHconnect 3.7.0.

For more information, or help with downloading or installing service packs, contact the TMHP Electronic Data Interchange (EDI) Help Desk at 1-800-626-4117, Option 3. ■

### Performing a Claim Status Inquiry (CSI)

Effective November 2005, CSI functionality will include new searching capabilities, allowing providers to create group templates and access information by using the provider and individual's number. ■

### Accessing Managed Care Information

Effective November 2005, providers will be able to access managed care information when performing a Medicaid Eligibility System for Application, Verification, Eligibility, Reports, and Referrals (SAVERR) or a MESAV inquiry. Providers requesting a MESAV inquiry will receive managed care information if it exists and if the provider is eligible to receive valid eligibility information. The provider is not required to be associated with the individual's service authorization to receive managed care information. A provider who is associated with the individual's service authorization will receive all eligibility information for the individual, including managed care and service authorization information. ■

### Publishing National Code Descriptions

Effective September 2005, the LTC Bill Code Crosswalk no longer includes Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) code descriptors. Because of copyright limitations, HHSC directed all state agencies to remove these descriptors. Providers may view and/or purchase a list of all current HCPCS and CPT codes and their descriptors on the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.hhs.gov/medicare/hcpcs](http://www.cms.hhs.gov/medicare/hcpcs). ■

### National Provider Identifier (NPI) Update

HHSC is currently reviewing a transition strategy to allow submission of both the legacy provider number and the National Provider Identifier on standard electronic transactions. This process will allow the state to collect data from providers prior to the compliance date, May 23, 2007, and will facilitate a smoother transition to the NPI. Submission of a Texas Provider Identifier (TPI) will not be permitted after the compliance date.

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## Background

As reported in the May/June 2005 *Texas Medicaid Bulletin*, No. 186 and the May 2005 *Long Term Care Bulletin*, No. 22, the United States Department of Health and Human Services (HHS) published the final National Provider Identifier (NPI) rule in January 2004.

This rule adopts the NPI as the standard, unique identifier for health care providers. All entities meeting the definition of health care provider, as described in the 45 Code of Federal Regulations (CFR) 160.103, can apply for an NPI. Covered entities that meet the definition for health care providers will be required to obtain and use the NPI in standard transactions by the compliance date of the rule, which is May 23, 2007. An individual health care provider should not have more than one NPI.

Providers may now begin transition to the NPI by applying for their identifier. For additional NPI information, including directions on how to apply for an NPI, visit the CMS website at [www.cms.hhs.gov/hipaa/hipaa2](http://www.cms.hhs.gov/hipaa/hipaa2). *However, covered entities receiving their NPI cannot use the NPI to bill Texas Medicaid until directed to do so by the Health and Human Services Commission (HHSC). If these entities use the NPI before the state's claim payment systems are modified to accept it, their claims will be rejected or denied.*

Until given further direction from the Texas Medicaid Program, health care providers and clearinghouses should do the following:

- Verify contact information with TMHP and DADS
- Become informed about the NPI and its implementation
- Identify processes and systems that are affected by provider identifiers
- Develop implementation plans
- Educate staff

For more information, visit the TMHP website at [www.tmhp.com](http://www.tmhp.com). ■

## Most Frequently Asked Questions During This Quarter Answered

**Question:** What process should a provider follow when requesting an onsite visit or TDHconnect training from a TMHP provider relations representative?

**Answer:** Providers should contact the field-based representative assigned to their area to request a visit. The territory map and the corresponding provider relations representatives, along with their telephone numbers is also listed on pages 8 through 9 of this bulletin and listed on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

**Question:** How many days does a TMHP provider relations representative have to return calls?

**Answer:** TMHP provider relations representatives return telephone calls within 24 to 48 business hours from receipt.

**Question:** What process should a provider follow when they do not receive a return call from a TMHP provider relations representative within the 48-business hour timeframe?

**Answer:** Providers should contact the TMHP Call Center/Help Desk at 1-800-626-4117 and request the agent make a referral to TMHP Provider Relations.

**Question:** When would it be more appropriate to call the TMHP Call Center/ Help Desk at 1-800-626-4117 rather than calling the provider relations representative?

**Answer:** Providers who need technical assistance, claim status, or other services (listed on page 10 under *TMHP LTC Contact Information*) should contact the TMHP Call Center/Help Desk. Providers should contact their provider relations representative for onsite educational and training needs. ■

## Reminders

### Verify Eligibility with a MESAV Inquiry

A MESAV inquiry enables providers to electronically obtain eligibility and service authorization information through TDHconnect software. DADS updates TMHP files each weekday so the most current MESAV information is always available.

MESAV inquiries provide valuable information about each individual enrolled in the LTC Program. The inquiries enable providers to check services, units, eligibility, medical necessity, applied income/co-payment, and level of service in the Service Authorization System (SAS), as well as the effective dates for those authorizations.

Authorized providers can access information about a specific individual for a specific date range by requesting a MESAV inquiry. Information may be requested for dates spanning up to three months. The information returned may extend beyond the three-month range. Information that providers receive is based on the individual's eligibility information available through TMHP. The Claims Management System maintains confidentiality by returning information only to the provider authorized to perform requested services for that individual.

Providers should verify an individual's eligibility before submitting a claim by generating a MESAV inquiry and ensure the dates of service being billed fall within the effective dates of the service authorization. One of the most common reasons claims deny is the dates of service are not within the service authorization period. If the explanation of benefits (EOB) states the individual is not authorized for services received, generate a MESAV inquiry to verify that the correct dates and services are on file at TMHP. Eligibility can expire or could be on hold.

Providers submitting paper claims on a Form 1290 can verify an individual's eligibility by contacting the TMHP Call Center/Help Desk at 1-800-626-4117, Option 1. ■

## **ER&S Reports Useful for Tracking Billing Activity**

Electronic Remittance and Status (ER&S) reports are valuable tools to use when tracking billing activities. A successful business typically has good accounting practices, such as reconciliation of ER&S reports. Agencies that do not reconcile their ER&S reports may be billing incorrectly, which can result in audit and/or penalties. It is the provider's responsibility to ensure all billing is done correctly.

Providers are encouraged to download and generate their ER&S reports weekly because each report is only available for 30 days. When generating a report, use dates beginning on Friday through the following Monday.

ER&S reports are divided into the following three sections:

- The *Non-Pending* section contains HIPAA-compliant information based on the national procedure or revenue code submitted on the claim. It also lists any adjustments made to the total provider payment. Providers will receive one ER&S report per warrant issued for the reporting period.
- The *Claim Activity* section provides information about all finalized claims and claims still pending processing and/or payment. Finalized claims that make it through the claims payment process are either approved to pay or denied. This section contains information such as the derived local billing code, units paid, billed amount, paid amount, and so forth. Providers will receive only one Claim Activity section per reporting period. The Claim Activity section may correspond to multiple Non-Pending sections if more than one warrant was received that week.
- The *Financial Summary* section provides warrant information and warrant amounts for the reporting period.

To accurately assess claim activity for the reporting period, all three sections must be used.

The Non-Pending and Claim Activity sections outline which claims were processed, the national code billed, the local bill code derived, and the payment amount for the services based on the derived bill code. This is the only way to determine if the system derived the correct bill code for payment.

The number of warrants issued, and indirectly, the number of Non-pending sections to look for are provided in the Financial Summary section. ■



## Tips for Accessing and Downloading Information and Reports

The following are suggestions for accessing and downloading information and reports:

- For help while using TDHconnect to complete, download, or retrieve files, press the F1 key to access the electronic help option.
- View the latest weekly NEWS on the TMHP website at [www.tmhp.com/LTC](http://www.tmhp.com/LTC) Programs. Contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 3, for assistance. ■

## Providers Encouraged to Bill Electronically

TDHconnect is software designed for electronic submission of claims. It is recommended that all providers submit claims electronically. The following are advantages of using TDHconnect:

- TDHconnect is free of charge.
- Claims are dispositional within five to seven days.
- The billing cycle is more closely related to business needs.
- Time delays due to mailing are avoided.

Contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 3, to obtain TDHconnect software. ■

## Following LTC Claim Form 1290 Guidelines Expedites Claims Processing

Providers should use the following guidelines when billing LTC Claim Form 1290:

- Print legibly.
- Do not write in cursive.
- If data is typed, use a font large enough to distinguish between characters.
- Complete all required fields.
- Use the most current LTC Bill Code Crosswalk.
- Review the form for accuracy before submitting.

- Sign each form:
  - An original signature is required on each form.
  - Copied or stamped signatures are not accepted.

Mail Form 1290 to the following address:

TMHP  
ATTN: Long Term Care, MC-B02  
PO Box 200105  
Austin, TX 78720-0105

Delivery to TMHP could take five business days. Allow ten business days for the claim to appear in the system.

Send overnight mail to the following address:

Texas Medicaid & Healthcare Partnership  
ATTN: Long Term Care, MC-B02  
12357-B Riata Trace Parkway  
Austin, TX 78727

Allow three to five business days for the overnighted claim to appear in the system. Providers contacting TMHP to check the status on a claim must provide the overnight mail tracking. ■



## Provider Resources

### TMHP Provider Workshops

The following workshops are occurring this quarter:

#### Long Term Care TDHconnect Workshops

TMHP conducts LTC workshops in select cities every quarter. These workshops are designed to educate LTC providers about TDHconnect claims submission, MESAV inquiries, CSI, ER&S reports, and much more.

#### Community-Based Alternative 3652 CARE Form—Nursing Facility Forms Workshops

These workshops are designed to educate LTC providers about medical necessity, processes for submitting a 3652 CARE form, the importance of downloading and using the Weekly Status Report, and much more.

### Registration and Schedule Information

Workshop information is posted on the TMHP website at [www.tmhp.com](http://www.tmhp.com) when schedules are finalized. Additional information about upcoming 2006 dates and locations for the LTC workshops will be published in the February 2006 *Long Term Care Provider Bulletin*, No. 25. Providers should register at least ten days before the preferred workshop date. Providers may register online at the TMHP website, or by faxing the completed registration form to 1-512-302-5068, or mailing it to:

TMHP  
ATTN: Provider Relations  
PO Box 204270  
Austin, TX 78720-4270

Providers do not receive a confirmation for registration. The Workshop Registration Form is available on the TMHP website at [www.tmhp.com/C18/Workshops/Workshop Forms/Workshop Registration Form.pdf](http://www.tmhp.com/C18/Workshops/Workshop Forms/Workshop Registration Form.pdf). ■



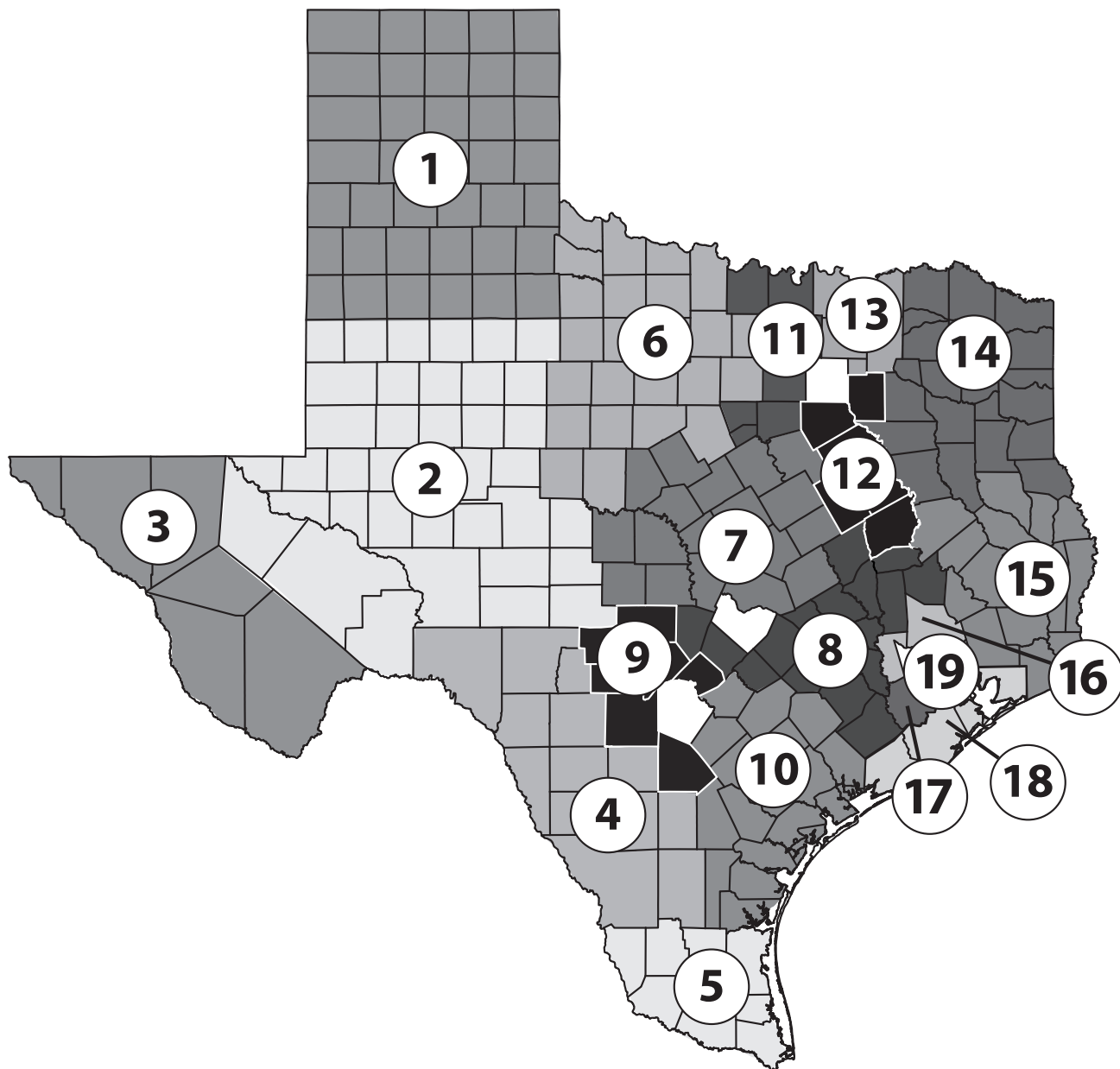
### Helpful Information Available on LTC Websites

The following websites contain information that is helpful to providers:

- A. LTC Program information is available on the TMHP-LTC webpage at [www.tmhp.com/LTC](http://www.tmhp.com/LTC) Programs.
- B. On the DADS website ([www.dads.state.tx.us](http://www.dads.state.tx.us)), providers can:
  - C. Access mental retardation services information.
  - D. Access Community Care Information Letters at [www.dads.state.tx.us/business/communitycare/infoletters/index.cfm](http://www.dads.state.tx.us/business/communitycare/infoletters/index.cfm) under Community Care Information Letters.
  - E. Access information for nursing facilities and therapy providers at [www.dads.state.tx.us/business/ltc-policy/index.cfm](http://www.dads.state.tx.us/business/ltc-policy/index.cfm) under Communications.
  - F. Access the LTC Bill Code Crosswalk at [www.dads.state.tx.us/business/communitycare/index.cfm](http://www.dads.state.tx.us/business/communitycare/index.cfm) under Community Care Programs.
  - G. Access LTC messages and alerts. ■



## TMHP Provider Relations Territory Map





## TMHP Provider Relations Representatives

TMHP provider relations representatives offer a variety of services designed to inform and educate the provider community about TDHconnect and claims filing procedures. Provider relations representatives assist providers through telephone contact, on site visits, and scheduled workshops.

The map on page 8 and the following table indicate TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county and workshop information, is available on TMHP website at [www.tmhp.com/Providers/default.aspx](http://www.tmhp.com/Providers/default.aspx). (Click on the Regional *Support link*, then choose the applicable region.)

<b>Territory</b>	<b>Regional Area</b>	<b>Provider Representative</b>	<b>Telephone Number</b>
1	Amarillo, Childress, and Lubbock	Elizabeth Ramirez	1-512-506-6217
2	Midland, Odessa, and San Angelo	Diane Molina	1-512-506-3423
3	Alpine, El Paso, and Van Horn	Isaac Romero	1-512-506-3530
4	Del Rio, Eagle Pass, and Laredo	Francisca Sanchez	1-512-506-7271
5	Brownsville, Harlingen, and McAllen	Cynthia Gonzales	1-512-506-7991
6	Abilene and Wichita Falls	Matthew Cogburn	1-512-506-7095
7	Brady, Brownwood, Hospitals in Travis County, Round Rock, and Waco	Andrea Daniell	1-512-506-7600
8	Austin, Bryan, College Station, and Wharton	Heather Tarman	1-512-506-3526
9	San Antonio and Kerrville	Sue Lamb	1-512-506-3422
10	San Antonio, Corpus Christi, and Victoria	Will McGowan	1-512-506-3554
11	Cleburne, Denton, and Fort Worth	Rita Martinez	1-512-506-7990
12	Dallas, Corsicana, and Groesbeck	Sandra Peterson	1-512-506-3552
13	Dallas and Whitesboro	Olga Fletcher	1-512-506-3578
14	Tyler, Texarkana, and Paris	Trilby Foster	1-512-506-7053
15	Beaumont and Lufkin	Gene Allred	1-512-506-3425
16	Houston and Conroe	Linda Wood	1-512-506-7682
17	Houston and Katy	Rachelle Moore	1-512-506-3447
18	Galveston and Matagorda	John Miller	1-512-506-3586
19	Houston	Stephen Hirschfelder	1-512-506-3446 ■

## TMHP LTC Contact Information

The TMHP Call Center/Help Desk operates Monday through Friday, 7 a.m. to 7 p.m., Central Time (excluding TMHP-recognized holidays).

When calling the TMHP Call Center/Help Desk, providers are prompted to enter their nine-digit LTC provider/contract number using the telephone keypad. If calling from a rotary telephone, remain on the line for assistance.

Providers calling the about Forms 3618, 3619, and the 3652 CARE form need to enter their nine-digit LTC provider/contract number using a telephone keypad.

Additionally, providers should have their four-digit Vendor/Facility Site ID number available.

When inquiring about a specific individual, providers must have the Medicaid and/or Social Security number available along with the individual's medical chart or documentation.

When the nine-digit LTC provider/contract number is entered on the telephone keypad, the TMHP Call Center/Help Desk system automatically populates the TMHP representative's screen with that provider's specific information, such as name and telephone number. TMHP call center representatives can instantly view a provider's contact history, complete with prior communication dates, discussion topics, and any notes made by representatives the provider has spoken to previously. This enables the representative to research and respond to inquiries more effectively.

For questions, providers should call the TMHP Call Center/Help Desk at the following telephone numbers:

- Austin local telephone number at 1-512-335-4729
- Toll-free telephone number (outside Austin) at 1-800-626-4117 or 1-800-727-5436

For questions about...		Choose...
<ul style="list-style-type: none"> <li>• General inquiries</li> <li>• Using TDHconnect</li> <li>• Completing Claim Form 1290</li> <li>• Claim adjustments</li> <li>• Claim status inquiries</li> <li>• Claim history</li> </ul>	<ul style="list-style-type: none"> <li>• Claim rejection and denials</li> <li>• Understanding R&amp;S reports</li> <li>• 3652 CARE form</li> <li>• Forms 3618 or 3619</li> <li>• TILE levels</li> </ul>	Option 1: Customer service/general inquiry
<ul style="list-style-type: none"> <li>• Medical necessity</li> </ul>		Option 2: To speak with a nurse
<ul style="list-style-type: none"> <li>• TDHconnect—Technical issues, obtaining access, user IDs, and passwords</li> <li>• Modem and telecommunication issues</li> <li>• American National Standards Institute (ANSI) ASC X12 specifications, testing, and transmission</li> </ul>	<ul style="list-style-type: none"> <li>• Processing provider agreements</li> <li>• Verifying that system screens are functioning</li> <li>• Getting EDI assistance from software developers</li> <li>• EDI and connectivity</li> </ul>	Option 3: Technical support
<ul style="list-style-type: none"> <li>• Electronic transmission of 3652 CARE forms</li> <li>• Electronic transmission of Forms 3618 and 3619</li> <li>• Weekly Status Reports</li> <li>• MDS submission problems</li> <li>• Technical issues</li> </ul>	<ul style="list-style-type: none"> <li>• CARE form software (CFS) installation</li> <li>• Transmitting forms</li> <li>• Interpreting Quality Indicator (QI) Reports</li> </ul>	Option 3: Technical support

For questions about...	Choose...
<ul style="list-style-type: none"> <li>New messages (banner) in audio format for paper submitters</li> </ul>	Option 4: Headlines/topics for paper submitters
<ul style="list-style-type: none"> <li>Individual appeals</li> <li>Individual fair hearing requests</li> </ul>	Option 5: Request fair hearing
<ul style="list-style-type: none"> <li>Replay for menu options</li> </ul>	Option 6: Replay options ■

## DADS Contact Information—Claims Management

If you have questions about.	Contact...
12-month claims payment rule	Provider Services (Community Care for Aged and Disabled Programs [CCAD])—Contract Manager Institutional Services (NFs)—Claims Management: 1-512-490-4666 MR Services—Claims Management: 1-512-490-4666
Contract enrollment	Provider Services (CCAD): 1-512-438-3875 Institutional Services: 1-512-438-2546 Hospice Services: 1-512-438-2546 MR Services: 1-512-438-3544
Cost report information (days paid and services paid)	Use TDHconnect to submit a batch CSI.
How to prepare a cost report (forms and instructions)	HHSC: 1-512-491-1175 Website: <a href="http://www.hhsc.state.tx.us/medicaid/programs/rad/index.html">www.hhsc.state.tx.us/medicaid/programs/rad/index.html</a>
How to sign up for or obtain direct deposit/electronic funds transfer	Accounting: 1-512-438-4310, 1-512-438-5595, or 1-512-438-4684
Medicaid eligibility and name changes	Medicaid Eligibility (ME) Worker or Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a>
Obtaining a copy of LTC Claim Form 1290	Contract Manager or Website: <a href="http://www.dads.state.tx.us/business/communitycare/infoletters/index.cfm">www.dads.state.tx.us/business/communitycare/infoletters/index.cfm</a> under <i>Community Care Information Letters</i>
Provider-on-hold questions	Provider Services (CCAD)—Contract Manager Institutional Services (NFs)—Claims Management: 1-512-490-4636 MR Services: 1-512-438-3544
Status of warrant/claim after it has been transmitted to Accounting (fiscal) by TMHP	Accounting: 1-512-438-3989 (When calling Accounting, provide the document locator number (DLN) number assigned by TMHP.) Comptroller's website: <a href="https://ecpa.cpa.state.tx.us">https://ecpa.cpa.state.tx.us</a> (Choose the <b>State-to-Vendor-Payment Info-Online-Search</b> link.)
Texas State University Texas Index Level of Effort (TILE) training	The Office of Continuing Education: Online course: 1-512-245-7118 or 1-512-245-2507 (correspondence course and general information) Website: <a href="http://www.txstate.edu/continuinged">www.txstate.edu/continuinged</a>
Third Party Resources (TPR)/TORT	Claims Management: 1-512-490-4635

If you have questions about.	Contact...
<p align="center"><b>Community Care for the Aged and Disabled Programs (CCAD), Community-Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), Deaf and Blind with Multiple Disabilities (DB/MD), Medically Dependent Children Program (MDCP), Consolidated Waiver, and Hospice Programs</b></p>	
CLASS Program CLASS Interest Line	Program Consultant 1-877-438-5658
DB/MD Program	1-512-438-2622
Financial or functional eligibility criteria	Caseworker or Case Manager
Hospice policy questions	1-512-438-3169
Medically Dependent Children Program (MDCP)	1-512-438-5391
Program policies/procedures	Contract Manager
<p align="center"><b>Intermediate Care Facility for Persons with Mental Retardation (ICF-MR)</b></p>	
Cost report payments/quality assurance fee (QAF)	1-512-438-3597
Health and Human Services Commission Network (HHSCN) connection problems	1-512-438-4720
ICF/MR/durable medical equip.m.ent (DME), Home Community-Based Services (HCS), Texas Home Living Waiver (TxHml), and home modifications, adaptive aids, and dental services	1-512-490-4642
ICF/MR/Residential Care (RC) billing questions and individual movements/service authorization	Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a>
Mental Health and Mental Retardation (MHMR) Client Assessment Registration System (CARE) Help Desk	1-512-438-4720
Program enrollment for utilization review (UR)/usual, customary utilization control (UC), Purpose codes, and MR/RC Assessment Form, level of service, level of need, level of care, and ICAP	1-512-438-3597
Provider contracts, eligibility, and vendor holds	1-512-438-3544
Provider systems access for CARE forms	1-512-438-5037
TPR issues	1-512-490-4635
<p align="center"><b>Hospice, Nursing Facilities, Swing Beds, or Rehabilitation Specialized Services</b></p>	
3652 CARE form and Forms 3618 and 3619 missing/incorrect information	Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a>
Deductions Provider-on-hold questions Audits	Claims Management: 1-512-490-4666 Fax: 1-512-490-4636 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a>
HCS, TxHml billing, policy, payment reviews	1-512-438-3612

If you have questions about.		Contact...
<b>Hospice, Nursing Facilities, Swing Beds, or Rehabilitation Specialized Services</b>		
Hospice—Authorization Forms 3071/3074 issues	Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a>	
Rehabilitation specialized services	1-800-792-1109	
Service authorizations	Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: <a href="http://ausmis31.dhs.state.tx.us/cmsmail">http://ausmis31.dhs.state.tx.us/cmsmail</a> ■	

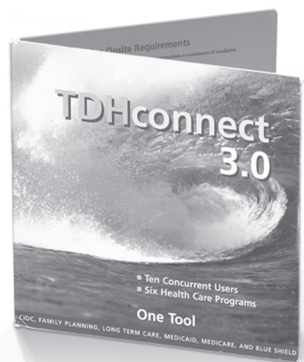
## Bulletin Article Resources

The Bulletin Article Resource table includes a list of previously published articles, sequenced in order of the bulletin edition in which the articles appear, starting with November 2004. Providers may use this table as a resource for referencing previously published articles.

Article Name	LTC Bulletin	Page Numbers
Coordination of Services and HIPAA Privacy Rules	November 2004, No. 20	5
Units of Service	November 2004, No. 20	6
Tip of the Quarter—Diagnosis Codes	November 2004, No. 20	6
Common Billing Errors and How to Avoid Them	November 2004, No. 20	6
Physician's License Number	November 2004, No. 20	7
Preadmissions Screening and Resident Review (PASARR) Medical Necessity Determination	November 2004, No. 20	8
Release of Information Code and Signature Source Code	November 2004, No. 20	9
Processing of Claims	November 2004, No. 20	9
Twelve-Month Claims Submittal	November 2004, No. 20	9
Error and Suspense Reports Available for Medicaid-Certified Nursing Facility Providers	February 2005, No. 21	2
TMHP's Intent to Discontinue Support of Windows® 95	February 2005, No. 21	3
TDHconnect 3.0 Service Pack 5 Release	February 2005, No. 21	3
Medicaid Eligibility Service Authorization Verification (MESAV) Inquiries	February 2005, No. 21	4
Use of Modifiers for Transition Assistance Services (TAS)	February 2005, No. 21	4
Medically Dependent Children's Program (MDCP)—Availability of Units	February 2005, No. 21	5
Community Living Assistance and Support Services (CLASS)—Form Completion	February 2005, No. 21	5
Most Frequently Asked Questions for This Quarter <ul style="list-style-type: none"> <li>• "T" claims showing up on R&amp;S report</li> <li>• Vendor/Facility Site ID number</li> <li>• Downloading the (CARE ) Weekly Status Report</li> <li>• Approved MN forms not showing up on SAS</li> </ul>	February 2005, No. 21	5



Article Name	LTC Bulletin	Page Numbers
Accessing the Remittance and Status (R&S) report Through TMHP Website	February 2005, No. 21	6
Medical Necessity Weekly Status Report	February 2005, No. 21	6
Purpose Code E Reminders	February 2005, No. 21	7
<i>2005 LTC User Manual</i> to Be Mailed to Paper Submitters	May 2005, No. 22	2
Tentative Release of TDHconnect 3.0 Service Pack 6 Scheduled	May 2005, No. 22	2
In This Bulletin “Glossary has been removed”	May 2005, No. 22	2
New Security Features Enhance TMHP Website	May 2005, No. 22	3
In This Corner <ul style="list-style-type: none"> <li>• 3652 CARE Forms</li> <li>• Tips for Completing the 3652 CARE Form</li> </ul>	May 2005, No. 22	4
Top Three Reasons Why Claims Deny	May 2005, No. 22	5
Providers Verify Eligibility with a MESAV Inquiry	May 2005, No. 22	6
Most Frequently Asked Questions During This Quarter <ul style="list-style-type: none"> <li>• EOB 250—Late Billing—Must be filed within 12 months from the end of the service month</li> <li>• “T” Miscellaneous Claims—Recoup.m.ent</li> <li>• Vendor/Facility Site ID number</li> </ul>	May 2005, No. 22	7
• TDHconnect Training Materials Available	August 2005, No. 23	3
• Changes to Electronic Data Interchange Agreements	August 2005, No. 23	3
• Changes in the Community Living and Support Services (CLASS) Program	August 2005, No. 23	3
• Most Frequent Asked Questions During This Quarter Answered	August 2005, No. 23	5
• TIERS Impact		
• Primary Home Changes to Priority Level		
• Claims Status Inquiries		
• Most Frequently Used Reports	August 2005, No. 23	7 ■
• Processed 3652 CARE Forms Shown in Medical Necessity Weekly Status Report		
• Error and Suspense Reports Available for Medicaid-Certified Nursing Facility Providers		



## Provider Survey for the LTC TDHconnect Training Workshop

### Survey (Please print requested information below)

Please take a moment to provide DADS with your feedback to help improve the TDHconnect training workshops.

1. Have you ever attended a TDHconnect training workshop?

- ☐ Yes (If Yes, please continue to question number 2.)
- ☐ No (If No, please indicate below the reason for not attending.)

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2. When was the last time you attended a training workshop?

- ☐ During 2005
- ☐ During 2004
- ☐ Prior to 2004

If you attended a training workshop prior to the calendar year 2003, please continue to question number 6. If you attended the training workshop during the calendar years 2004 and 2005, please continue to question number 3.

3. Did you find the training useful?

- ☐ Yes (If Yes, please continue to question number 4.)
- ☐ No (If No, please indicate below why not. Continue to question number 4.)

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**Survey (Please print requested information below)**

4. Which parts of the training were the most useful?

☐ Claim Submission

☐ Eligibility

☐ Claim Tracking

☐ All (Please continue to question number 5.)

☐ None (Please indicate below the reason that the training workshops were not useful. Continue to question number 5.)

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5. Was the length of the training appropriate?

☐ Yes (If Yes, continue to question number 6.)

☐ No (If No, please indicate below why not. Continue to question number 6.)

Explain:

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**Survey (Please print requested information below)**

6. What changes or recommendations do you have for future training workshops?

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Additional comments:

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Please detach the survey and mail or fax by November 30, 2005, to:

Department of Aging and Disability Services  
Claims Management MC-462-1  
PO Box 149030  
Austin, TX 78714-9030  
Fax: 1-512-438-4380

# LTC Bulletin

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AUSTIN, TX 78727

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