The Texas Medicaid & Healthcare Partnership presents:

2005 Acute Care TDHconnect 3.0

Workshop Manual

TMHP — TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Table of Contents

1 TDHconnect 3.0 Overview

With TDHconnect 3.0 you can:

- Administer billing for Family Planning, Long Term Care (LTC), Medicaid, and Children with Special Health Care Needs (CSHCN) clients (see HIPAA table).

HIPAA Compliant Transaction Types	
Eligibility Request	270
Eligibility Response	271
Claim Status Inquiry	276
Claim Status Inquiry Response	277
ER&S Report	835
Dental Claims	837D
Institutional Claims	837I
Professional Claims	837P

- Support the submission of Blue Cross and Medicare claims
- Access the same database simultaneously—up to ten concurrent users per database

Important: Basic knowledge of Windows® operating systems is required to use TDHconnect 3.0.

Providers in rotary dial areas cannot use TDHconnect 3.0.

TDHconnect 3.0 works with a standard telephone line or the slower port (one that a telephone could connect to) of a DSL connection. TDHconnect 3.0 does not work with T1 or cable modem transmission lines.

Microsoft® and Windows® are either registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries.

NOTES

2 TDHconnect 3.0 Hardware and Software Requirements

Important: Verify that your system meets the minimum requirements before attempting to install the TDHconnect 3.0 software.

The table below gives the minimum and recommended hardware configurations for running TDHconnect 3.0 software.

- To run TDHconnect 3.0, your computer system must meet the minimum requirements. TDHconnect 3.0 is not supported on non-Windows operating systems, or on systems not meeting the minimum requirements.
- For improved performance, your system should meet or exceed the recommended requirements.

HARDWARE	
Minimum	**Recommended**
PC with a Pentium II class processor	PC with a Pentium II class processor, 400 MHz or faster
128MB of RAM	128MB of RAM
100MB hard disk space for installation, plus three times the size of the database	100MB hard disk space for installation, plus three times the size of the database
CD-ROM drive for installation	CD-ROM drive for installation
800 x 600 VGA (monitor resolution), 256 colors	800 x 600 VGA (monitor resolution), 256 colors
9600 bps modem	28800 (28.8K) bps or faster modem

SOFTWARE	
Minimum	**Recommended**
Microsoft Windows® 95 or more recent operating system, or Microsoft Windows® NT 4.0 with Service Pack 5	Microsoft Windows® 95 or more recent operating system, or Microsoft Windows® NT 4.0 with Service Pack 5
Adobe Acrobat Reader® 4.0 (Acrobat Reader 4.05 is included on the TDHconnect 3.0 installation CD-ROM)	Adobe Acrobat Reader® 4.05 (included on the TDHconnect 3.0 installation CD-ROM)
Microsoft Internet Explorer® (I.E.) version 4.01 with Service Pack 2 or later. (Microsoft Internet Explorer 5.0 is included on the TDHconnect 3.0 installation CD-ROM.)	Microsoft Internet Explorer® (I.E.) version 5.0 (included on the TDHconnect 3.0 installation CD ROM.)

Note: *Hardware requirements will change with Service Pack 5.*

Adobe® and Acrobat Reader® are either registered trademarks or trademarks of Adobe Systems Incorporated in the United States and/or other countries.

NOTES

3 Obtaining Support

This section explains how to get assistance from Texas Medicaid & Healthcare Partnership (TMHP) with technical issues, training, and claims questions. This section also shows how to access additional resources on the TMHP website referenced below.

3.1 Getting Technical Assistance

The TMHP Electronic Data Interchange (EDI) Help Desk provides technical assistance only with troubleshooting TDHconnect 3.0 and TMHP EDI Gateway system problems. Contact your system administrator for assistance with modem, hardware, or phone line issues.

Note: Providers in rotary dial areas cannot use TDHconnect 3.0*.*

To reach the TMHP EDI Help Desk (available Monday through Friday, 7:00 a.m. to 7:00 p.m. Central Time), select one of the following methods:

- For Medicaid, CSHCN, and Family Planning technical issues, call 1-888-863-3638.
- For Long Term Care technical issues, call 1-800-626-4117.
  Fax 1-512-514-4230 or 1-512-514-4228.

3.2 Accessing Training Resources

The TMHP EDI Help Desk does not provide training. To obtain training, call your TMHP provider relations representative or attend one of the training workshops provided by TMHP Provider Relations.

Contact: To get contact information for your training specialist, call the TMHP Contact Center at 1-800-925-9126 or visit the TMHP website at www.tmhp.com.

For CSHCN Customer Service, call 1-800-568-2413.

For Long Term Care Customer Service, call the TMHP LTC Help Desk at 1-800-626-4117.

For Medicaid and Family Planning information, call the TMHP Contact Center at 1-800-925-9126.

For workshop and other information, visit the TMHP website at www.tmhp.com.

TIP: For other Medicaid customer service numbers, refer to the Telephone and Addresses Guide in the current *Texas Medicaid Provider Procedures Manual*.

3.3 Getting Claims Assistance

For answers to questions about Medicaid, Family Planning, and CSHCN electronic or paper claims call the TMHP Contact Center at 1-800-925-9126.

For links to Frequently Asked Questions (FAQs) and Medicaid workshop schedules, visit the TMHP website at www.tmhp.com.

For answers to questions about LTC electronic or paper claims call the TMHP LTC Help Desk at 1-800-626-4117. In Austin, call 335-4729.

For links to the LTC home page, visit the TMHP website at www.tmhp.com

TIP: For other useful numbers, refer to the Telephone and Addresses Guide in the current *Texas Medicaid Provider Procedures Manual*.

4   Accessing Documentation

4.1   Using TDHconnect 3.0 Online Help

Important: Internet Explorer 4.01 Service Pack 2 or higher must be installed on your computer to run TDHconnect 3.0 help.

TDHconnect 3.0 contains an online help file that is available after the TDHconnect 3.0 software is installed. The help topics provide instructions for using TDHconnect 3.0.

4.1.1   Opening the TDHconnect 3.0 Online Help File

There are three ways to open the TDHconnect 3.0 Online Help file:
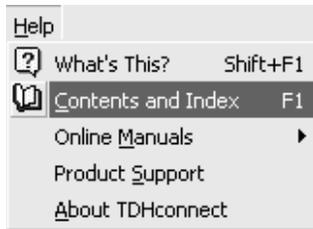
1. Click **Help**>**Contents and Index** on the TDHconnect 3.0 menu bar.

2. Click the help book icon on the TDHconnect 3.0 tool bar.

3. Press **<F1>** to open related help topics related to the TDHconnect 3.0 active window.

4.1.2   Using the TDHconnect 3.0 Online Help File
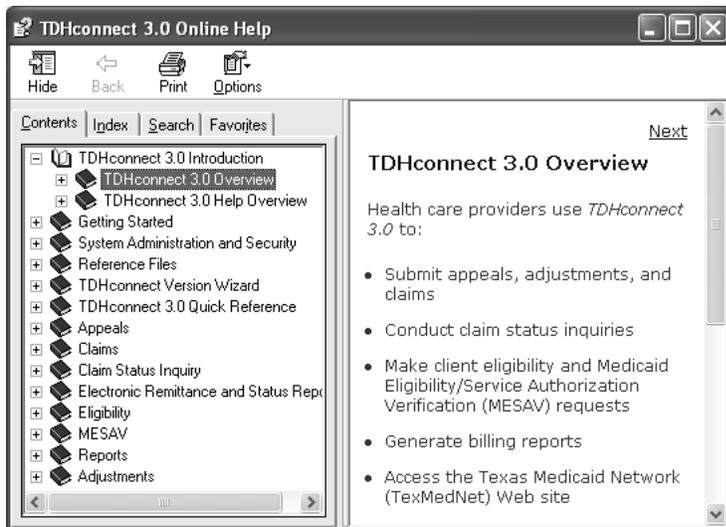
1. *Contents, Index, Search*, and *Favorites* tabs on the left side of the window provide access to help topics, and the right side contains the selected help information and instructional steps.

2. The *Contents* tab contains a multi-tiered list of help topics in TDHconnect 3.0 help.

3. The *Index* tab contains an alphabetized index for TDHconnect 3.0 help.

4. The *Search* tab works like most Internet search engines. Enter the word or words to find in the "Type in the keyword to find" field and click **List Topics**. The help system lists the help topics that contain the keyword(s) you entered.

5. The *Favorites* tab allows you to bookmark the address of a help topic you use frequently. Open the help topic and select the *Add in the Favorites* tab to add a link to the current topic on the tab.

4.2　　The TDHconnect 3.0 Quick Start Guide

In addition to the instructions contained in this manual, the installation and setup instructions are also contained in the TDHconnect 3.0 Quick Start Guide. A printed copy of the TDHconnect 3.0 Quick Start Guide is sent with the software.

An electronic version of the TDHconnect 3.0 Quick Start Guide is also available inside TDHconnect 3.0 after installation. Select **Help>Online Manuals>Quick Start Guide** on the TDHconnect 3.0 menu bar. Acrobat Reader opens and displays the TDHconnect 3.0 Quick Start Guide.

Important: Adobe Acrobat Reader 4.01 with Service Pack 2 or higher is required to open, view, and print the electronic version of the TDHconnect 3.0 Quick Start Guide.

4.3　　The TDHconnect 3.0 User Manual

An electronic version of the *TDHconnect 3.0 User Manual* is available inside TDHconnect 3.0 after installation. Click **Help>Online Manuals>User Manual** on the TDHconnect 3.0 menu bar. Acrobat Reader opens and displays the *TDHconnect 3.0 User Manual*.

To print the *TDHconnect 3.0 User Manual*, select **File>Print** on the Acrobat Reader menu bar, select the printer and printer settings, and click **OK**.

Important: Adobe Acrobat Reader 4.01 with Service Pack 2 or higher is required to open, view, and print the electronic version of the *TDHconnect 3.0 User Manual*.

5 Accessing the TMHP Website

The TMHP website is a valuable resource for obtaining information such as bulletins, banner pages, provider manuals, and TDHconnect 3.0 updates. The TMHP website provides documentation, email and chat features that allow you to contact TMHP representatives for assistance.

All enrolled providers are given an account to access the TMHP website, but you must activate your account and select a password to gain access to many of the advanced features of the TMHP website such as:

- Forums
- Polls and questionnaires
- Claim status inquiry (Acute Care providers only)
- Eligibility verification (Acute Care providers only)

5.1 Activating an Account on the TMHP Website

1. Have the following information ready:

Acute Care Providers

- Nine-digit Texas Provider Identifier (TPI)
- TMHP EDI submitter ID
- Tax ID–Employer Identification Number (EIN)
- Social Security Number (SSN)
- Medical license number

Long Term Care Providers

- Nine-digit Texas Provider Number (TPI)
- TMHP EDI submitter ID
- Zip code

2. Access the TMHP website at www.tmhp.com. The TMHP homepage opens.
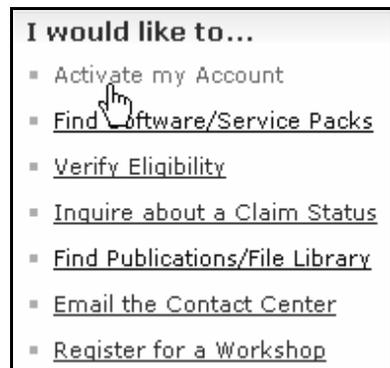
3. Click the *Activate my Account* link in the *I would like to…* section. The TMHP Activate Account web page opens.

4. Scroll down to:

5. Click the *Activate My Account Now* link. The Activate My Account web page opens.

6. Complete the following fields (all fields must be completed, as indicated by the red ● dot).

   • Enter a user name (6–15 alphanumeric characters; do not use your EDI Submitter ID)

   • Enter a first name

   • Enter a last name

   • Enter an email address

   • Re-enter to confirm email address

   • Enter a password (8–15 characters alphanumeric)

   • Re-enter to confirm password

   • Select provider type (Acute Care or Long Term Care)

   • Enter one of the following: TPI; Submitter ID; tax ID, SSN or license number

7. Scroll down to the General Terms and Conditions.

8. Read the general terms and conditions. Use the scroll bar on the right side of the text box to scroll through the text.

9. After you read and understand the general terms and conditions, select the check box next to "I agree to these terms."

10. Click . Your account is now activated.

11. An Account Activation Confirmation dialog box opens to confirm that your user name and password have been sent to the email address that was specified in your request.

12. Write down your user name and password and put it in a safe place.

Note: If you do not receive your user name and password within 24 hours, please contact the TMHP EDI Help Desk at 1-888-863-3638 for assistance.

5.2 Finding Information on the TMHP Website

5.2.1 Publications

Publications available online include the *Texas Medicaid Provider Procedures Manual* and bulletins. To download publications, follow these steps:

1. Access the TMHP web site at www.tmhp.com. The TMHP Home page opens.

2. Click the *Find Publications/File library* link in the *I would like to…* section. The TMHP File Library web page opens.

3. Use the links on the TMHP File Library web page to locate specific publications.

5.2.2 Banner Messages

To view banner messages from TMHP:

1. Access the TMHP website at www.tmhp.com. The TMHP Home page opens.

2. Click the *Find Publications/File library* link in the *I would like to…* section. The TMHP File Library web page opens.

3. Click the *Banner Messages* link. The TMHP File Library web page provides links to banner message files organized by publication date.

4. Use these links to select banner messages to view.

1. To print a banner message file, select **File,** then **Print** on your browser's menu bar.

5.2.3 Reference Codes

Download reference codes using TDHconnect 3.0, or perform the following steps to download reference codes from the TMHP website:

Long Term Care

1. Access the TMHP web site at www.tmhp.com. The TMHP Home page opens.

2. Click the *Providers* link at the top of the page. The Providers web page opens.

3. Click the *Long Term Care Programs* link on the left side of the page. The Long Term Care Programs web page opens.

4. Scroll down to locate and click the *LTC Reference Codes* link. The TMHP File Library web page opens and provides links to reference code files available for download.

5. Click each file to download.

5.2.4 Other TDHconnect 3.0 Resources Online

To learn more about how to transmit transactions and current TDHconnect 3.0 issues, visit www.tmhp.com. Click the *Find Publications/File Library* link, then the *TDHconnect* link.

6   Installing TDHconnect 3.0

This section describes how to install the TDHconnect 3.0 software. TDHconnect 3.0 can be installed as a network application on a Local Area Network (LAN), or as a stand alone application on one or more independent computers.

6.1   Before Installing

Important: Before installing TDHconnect 3.0, carefully read and follow the sequence of installation tasks listed below. If the installation sequence is interrupted, TDHconnect 3.0 will not install correctly.

1. Determine that the computer(s) meet the hardware and software requirements described in Section 2, *TDHconnect 3.0 Hardware and Software Requirements*, on page 3.

2. Ensure that Internet Explorer (IE) 4.01 Service Pack (SP) 2 or more recent is installed. Internet Explorer 5.0 is included in the TDHconnect 3.0 installation CD-ROM.

- To determine the version of Internet Explorer installed on your system, start Internet Explorer, click **Help** on the Internet Explorer toolbar, and select **About Internet Explorer**. The About Internet Explorer dialog box opens.
- If Internet Explorer is not installed, use the TDHconnect 3.0 CD-ROM to install Internet Explorer 5.0.

3. If an earlier version of Internet Explorer is installed, uninstall the earlier version and use the TDHconnect 3.0 CD-ROM to install Internet Explorer 5.0.

   - To uninstall a program, open the Windows® Start menu (in the lower left corner of the screen) and click **Settings**>**Control Panel**. Double click **Add/Remove Programs**. In the *Install/Uninstall* tab, select the program to remove and click **Add/Remove**.

   - To install a program, open the Windows® Start menu (in the lower left corner of the screen) and click **Settings**>**Control Panel**. Double click **Add/Remove Programs**. In the *Install/Uninstall* tab click **Install**. Insert the CD-ROM containing the program to install and click **Next**.

4. If Acrobat Reader 3.0 is installed, it must be uninstalled. See the instructions above to uninstall a program or contact your system administrator for assistance. If you do not have a system administrator, please contact the appropriate technical assistance group.

5. Create and save an external backup of TDHconnect onto tape, CD-ROM, or a separate machine if available.

Important: When using TDHconnect 2.0 with Service Pack 7 you must save your data prior to installing TDHconnect 3.0 and performing data conversion.

6. Purge old records from TDHconnect if this has not been done. Perform the following steps to purge records:

    - In TDHconnect Explorer, double click **System** to expand the System menu, and double click **Database Utilities**.
    - Select the *Purge* tab and select the program to purge.
    - In the "Age in days" field, enter or select the number of days. Only records older than the number of days defined in this step are purged.
    - Click **Purge** to purge the records for the selected programs.

Note: See Section 14.2.2, *Purge Tab*, on page 36 for more information.

7. Compress the database by double clicking **System** to expand the System menu and double clicking **Database Utilities**. The Database Utilities dialog box opens. Select the *Compress* tab and select the program to purge.

Note: Only one database can be compressed at a time.

8. Click **Compress**. See Section 14.2.1, *Compress Tab*, on page 36.

Important: Close all open applications and remove all media such as backup tapes, CD-ROMs, or removable disks before installing TDHconnect 3.0.

6.2 Installing TDHconnect 3.0 on a LAN

This section describes the steps necessary to install TDHconnect 3.0 on a LAN. Keep in mind the following as you prepare to install:

- Administrator rights are required when installing to a network.
- The system administrator must install TDHconnect 3.0 on each PC, and install the databases in a common LAN location.
- Since there is only one database (located on the server), only one Compass21 User ID and password is needed.
- The most current TDHconnect 3.0 Service Pack must be installed on each PC that has an installed copy of TDHconnect 3.0.
- The system administrator must map the individual PCs to the database location on the LAN.
- Download the required authorizations and agreements forms (as needed) from www.tmhp.com or contact the TMHP EDI Help Desk to obtain these forms. See Section 3, *Obtaining Support*, on page 5 for applicable help desk phone numbers.
- Open the TDHconnect 3.0 System Totals window, and select **Communications**>**System Settings** on the TDHconnect 3.0 menu bar. Verify you have a Production User ID in the "Compass21" and/or "Long Term Care User ID" fields.

Note: TDHconnect 3.0 does not support modem pools.

6.3   Installation Steps

Important: Administrator rights are required when installing TDHconnect 3.0 in a Windows® network environment.

1. Close all open applications and remove all media such as backup tapes, CD-ROMs, or removable disks.

2. Select **Settings**>**Control Panel** on the Windows® Start menu. Double click **Add/Remove Programs**. In the *Install/Uninstall* tab, click **Install**.

3. Insert the installation CD-ROM into your CD-ROM drive. Click **Next**. Click **Browse**.

4. Select the location of your CD-ROM drive in the "Look in" field. Select **Setup.exe** in the list of files and click **Open**.

5. Click **Finish**. The TDHconnect 3.0 installation window opens.

6. Read the welcome screen, click **Next**, and **Next** again to confirm that you are about to install TDHconnect 3.0. The Choose Destination Location window opens.

7. Click **Next** to install the default installation location, or click **Browse** to select a new location.

8. Click **Next** in the Start Copying Files window. After installation completes, the Acrobat Reader 4.05 Setup window opens.

Note: If Acrobat Reader 4.05 or higher is already installed on your system, click **Cancel**, click **Yes**, and skip to step 12.

9. Click **Next** to install Acrobat Reader 4.05. The Choose Destination Location window opens.

10. Click **Next** to install to the default location, or click **Browse** to select a new location. A message opens: "Copying program files…"

11. After installation is complete, the Information dialog box displays the following message: "Thank you for choosing Acrobat Reader!"

12. Click **OK** to close this dialog box. A message opens: "Do you wish to backup your databases?" This will overwrite databases that are in the Backup folder.

    • Click **Yes** to back up the existing databases.

    • Click **No** to skip backing up the databases.

13. The Setup Complete window opens.

    • Select **Yes, I want to restart my computer now** to complete the installation now *or*

    • Select **No**, **I will restart my computer later** to complete the installation later.

    • Click **Finish** to close the window.

Note: The installation of TDHconnect 3.0 is not complete until you have restarted your computer.

6.4 Setting the Dialing Properties in Windows®

Important: Before you can send requests and retrieve responses, you must also set the dialing properties and communications settings in TDHconnect 3.0.

Note: The procedure below does not apply to Windows 2000.

1. Open the Windows® Start menu and select **Settings**>**Control Panel**.
2. Double click the Modems icon. If you have more than one modem installed or listed in the Modem Properties dialog box, select the modem that was set up during TDHconnect 3.0 installation.
3. On the Modem Properties dialog box, click **Dial Properties**.
4. If you must dial a number to access an outside line, proceed to step 5. If not, skip to step 7.
5. Enter 9 in the "To access outside lines for local calls, dial___" field.
6. Enter 9 in the "To access outside lines for long distance calls, dial___" field.

Note: Enter a number other than 9 if a different number is required by your service. Service pack 5 will have connectivity options, (Cable, DSL).

7. Click **Apply** and click **OK** in the Dialing Properties window.
8. In the Modem Properties window, click **Close**. Exit the Control Panel window.

Note: Verify that your modem speed range is set between 9600 baud (minimum) and 28.8k baud (maximum). Modem speed settings outside of this range may result in transmission/reception errors.

6.5 Finishing the Installation

If TDHconnect 3.0 is still running, exit the program. Restart your computer to ensure that the installation is complete and that all settings are correctly applied.

Important: After installation, download the most recent Service Pack (see Section 8) to obtain critical software updates. Check www.tmhp.com for the most recent Service Pack release.

Note: If other applications are added after installing TDHconnect 3.0, the system administrator (or appropriate technical assistance group) should test TDHconnect 3.0 to ensure that the other applications did not disable TDHconnect 3.0.

7 Data Conversion

Important: If the data conversion process stalls or stops during processing and does not complete correctly, your old database could become corrupted or you may lose old data.

TMHP is not liable for any data lost during the conversion process. It is your responsibility to take the appropriate steps to back up and save your data before beginning the data conversion process.

The installation process automatically converts Eligibility, Claims, Claim Status Inquiry, and Electronic Remittance & Status (ER&S) reports data to TDHconnect 3.0. All Acute Care completed claims are converted with the status of *Incomplete*. As a result, you have to open all converted claims and save them. If the claim passes TDHconnect 3.0 edits, the claim saves as *Complete*; however, the word "Complete" should not be confused with a claim being processed and finalized by TMHP. *Complete* in this context means that a completed claim is stored on your hard drive and is ready to submit to TMHP.

Note: *Providers who file eyeglass appeals*: If data is converted from TDHconnect 2.0 to TDHconnect 3.0*,* any rejected eyeglass appeals that were stored in TDHconnect 2.0 must be manually re-entered in TDHconnect 3.0 before resubmitting the eyeglass appeal.

7.1 Converting Existing Appeals to TDHconnect 3.0

1. Back up and save your TDHconnect 2.0 data prior to conversion.

Important: You must save your data using TDHconnect 2.0 with Service Pack 7 prior to installing TDHconnect 3.0 and performing data conversion.

2. Exit all versions of TDHconnect, including TDHconnect 3.0*.*
3. Open the Windows® Start menu and select **Programs**>**TDHconnect>ConvertAppeals**.
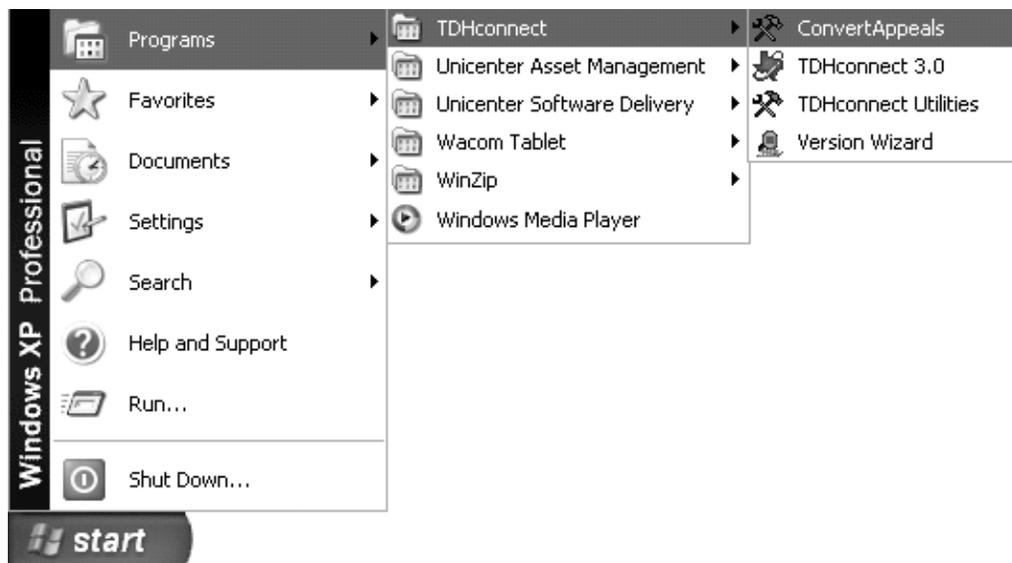
The TDHconnect Appeals Conversion window opens.

4.   Select the type of appeals to convert, such as Convert Medicaid Appeals. The totals in the data fields change to reflect the conversion changes.

8 Updating TDHconnect 3.0

8.1 Downloading TDHconnect 3.0 Service Packs

The easiest way to obtain Service Packs is to download them from the TMHP website. However, this method works only if you have an Internet connection. This method may be slower than connecting to TMHP if you are using a dial-up connection.

Perform the following steps to download a Service Pack from the TMHP website:
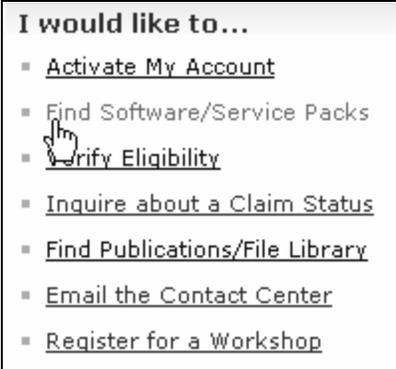
1. Connect to TMHP via the Internet (see section 5, *Accessing the TMHP Website*, on page 9. Verify that you are viewing the TMHP homepage at www.tmhp.com.

2. Click the *Find Software/Service Packs* link in the *I would like to…* list on the right side of the home page. The TMHP File Library main page opens.

3. Scroll down to locate the *File Library* links.
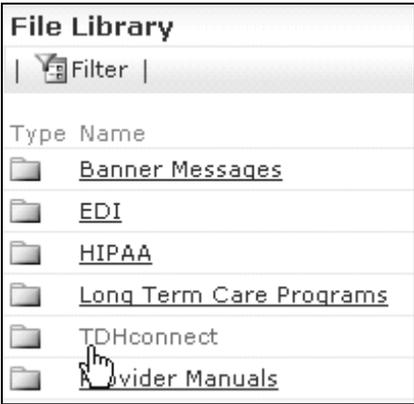
4. Click the *TDHconnect* link. The TMHP File Library/ TDHconnect web page opens.

5. Scroll down to locate the *File Library* links.
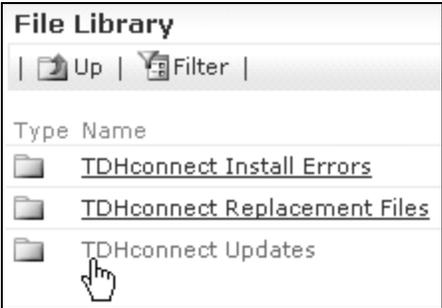
6. Click the *TDHconnect Updates* link. The TMHP File Library/TDHconnect/TDHconnect Updates web page opens.

7. Scroll down to locate the *File Library* links.

8. Select the most recent Service Pack:

    TDHconnect 3.0 Updates Service Pack 3

    The File Download dialog box opens.

9. Click **Save**. The Save As dialog box opens.

10. Save the file to the desktop.

11. After the download is complete, click **Close** and exit the TMHP website.

8.2   Installing a TDHconnect 3.0 Service Pack

1. Double click the **TDHconnect 3.0 Updates Service Pack (number).zip** icon. This icon was added to the desktop during the file download.

TIP: The file can be moved to a location on a LAN to share with other TDHconnect 3.0 users.

2. A dialog box opens with the following message:

    This will install TDHconnect 3.0 Service Pack #. Do you want to continue?

    Click **Yes** to install the TDHconnect 3.0 Service Pack.

3. The TDHconnect Service Update Installation Utility window opens, and the TDHconnect 3.0 Service Pack wizard opens.

4. Several informational messages open. Read each message and click **Next** to advance to the next screen.

5. A dialog box opens with the following message:

    Do you wish to backup your databases? This will overwrite databases that are in the Backup folder.

    *   Click **Yes** to backup your databases before installing any database updates, (Recommended) *or*
    *   Click **No** to continue with the installation without making backups.

6. Several additional informational messages open. This process may take several minutes as database updates are made.

7. 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.

8. Read the document, close it, uncheck the View readme check box, and click **Finish**.

9. When prompted to restart the computer, select **Yes, I want to restart my computer now** and click **Finish**.

Important: The next time TDHconnect is opened, the version of the Service Pack is listed along with the name TDHconnect 3.0*.*

9   Opening and Logging on to TDHconnect 3.0

Important: Each user must have a unique TDHconnect 3.0 user ID and password. Additional user IDs can be created in TDHconnect 3.0 using the security function.

1. Double click the TDHconnect 3.0 icon on your desktop. The TDHconnect Version 3.0 Login dialog box opens.
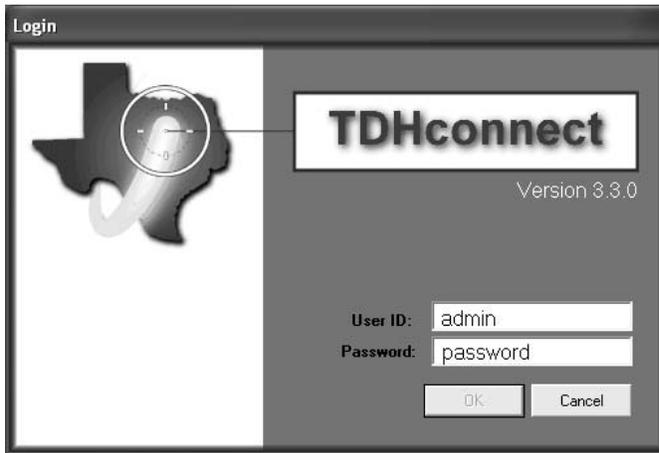
2. In the "User ID" field, enter `admin` in lowercase letters.

3. In the "Password" field, enter `password` in lowercase letters. The "Password" field is always case sensitive.

4. Click **OK**. TDHconnect 3.0 starts.

Note: When logging on, the following error messages may be encountered:

- *Admin is currently logged on to TDHconnect*
- *TDHconnect is already running. Please open Task Manager and End Task for the Shell and Hints tasks that are running.*

To resolve these errors, see the instructions in Section 10, *TDHconnect 3.0 Log On Error Messages*, on page 23.

NOTES

10   TDHconnect 3.0 Log On Error Messages

This section explains what to do when you receive the two most common error messages encountered while using TDHconnect 3.0.

Error Message:	During login, the following message may open: *[username] is currently logged on to TDHconnect.*
SOLUTION:	Use TDHconnect Utilities to log off user. See Section 10.1 below.
Error Message:	If the TDHconnect 3.0 icon is clicked more than once to start the program, the following message may open: *TDHconnect is already running.*

> **TIP:** This error message commonly occurs following a system event or power failure that resulted in an involuntary shutdown while TDHconnect was running. To prevent this error, always try to log off TDHconnect before shutting down your computer.

SOLUTION: Use the Windows® Task Manager to shut down TDHconnect 3.0. See *Using the Windows® Task Manager to shut down TDHconnect 3.0* Section 10.2 on page 24.

10.1   Using TDHconnect Utilities to Log Off a User

1. Click **OK** in the error message dialog box. The error message dialog box closes.

Click **Start**>**Programs**>**TDHconnect**>**TDHconnect Utilities.**
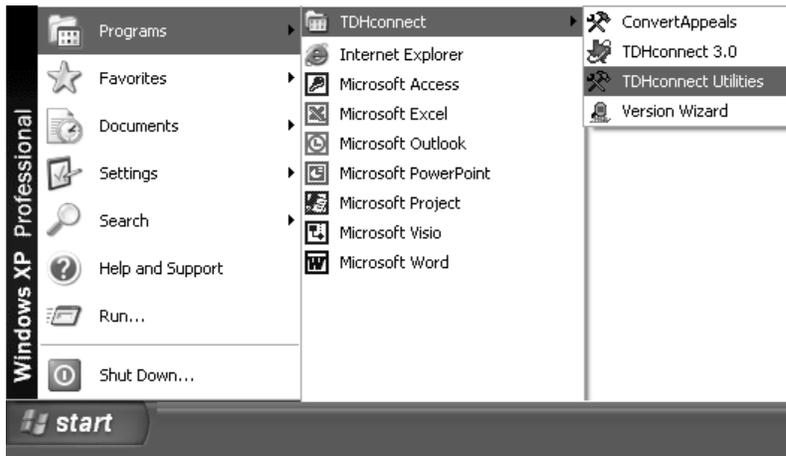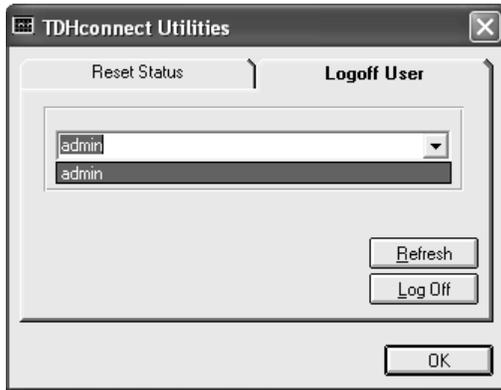
The TDHconnect Utilities program starts.

2.   Select the *Logoff User* tab.

3.   Select the User ID (in this case, admin) to log off.

4.   Click **Log Off.**

5.   Click **OK**.

10.2   Using the Windows® Task Manager to Shut Down TDHconnect 3.0

1.   Click **OK** in the error message dialog box. The error message dialog box closes.

2.   Press **<CTRL>** + **<ALT>** + **<Delete>** keys simultaneously to start the Task Manager.

Note: Different computers may offer different Task Manager options, such as Task List or an Application tab.

3.   Select **TDHconnect** in the Task Manager dialog box.

4.   Select **Hints**.

5.   Click **End Task.** TDHconnect 3.0 shuts down.

11   Keyboard Shortcuts & Function Keys

The following tables describe the keyboard shortcuts and function key actions available in TDHconnect 3.0.

Keyboard Shortcuts	
Press	**Action**
<CTRL> + C	Copy selected text
<CTRL> + E	Focus on Error window
<CTRL> + D	Delete a record from the database
<CTRL> + O	Open a record from a list
<CTRL> + R	Focus onTDHconnect Explorer
<CTRL> + S	Save a request
<CTRL> + T	Clear all fields on this window
<CTRL> + V	Paste selected text
<CTRL> + W	Focus on Workspace
<CTRL> + X	Cut selected text
<ALT> + E	Open Edit menu
<ALT> + H	Open Help menu
<ALT> + N	Open Navigation menu
<ALT> + R	Open Reports menu
<ALT> + V	Open View menu
<Shift> + <F1>	Open What's This?

| Function Keys	
Press	**Action**
<F1>	Access the Help files for information about the current window.
<F2>	Access the Local Reference Database for the selected field. Place the cursor in the field and press **<F2>**.
<F3>	Copies a single cell. Place the cursor beneath the cell to copy and press **<F3>**.
<F4>	Copies the entire row. Place the cursor beneath the line to copy and press **<F4>**.
<F5>	Causes a window to refresh and display all data created simultaneously by multiple users of TDHconnect 3.0.
<F6>	Inserts a new row. Place the cursor on a row (the new line is added below this row) and press **<F6>**.
<F7>	Deletes a row. Place the cursor on the row to delete and press **<F7>**.

NOTES

12   Setting Up Communications in TDHconnect 3.0

This section explains how to configure your computer's System Settings and Modem Settings to allow TDHconnect 3.0 to communicate.

12.1   System Settings

Important: If you do not already have a Production User ID and Password, contact the TMHP EDI Help Desk for assistance at 1-888-863-3638.

1. Log into TDHconnect 3.0 if you are not already logged in. The TDHconnect 3.0 System Totals window opens in the workspace.
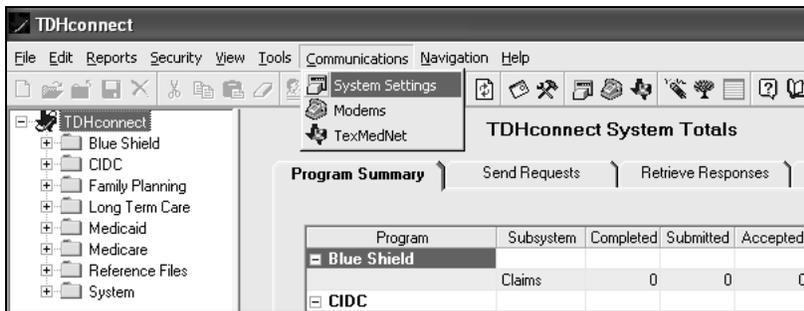
2. Select **Communications**>**System Settings** on the TDHconnect 3.0 menu bar.

    The System Settings dialog box opens.
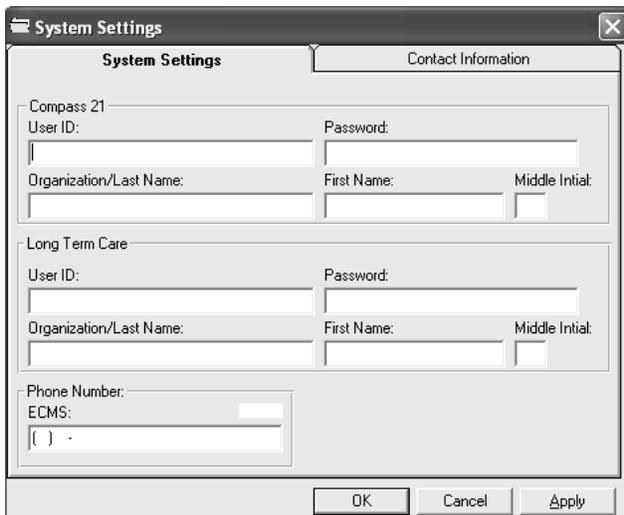
3. Select the *System Settings* tab.

Note: If you do not have a Compass21 User ID or a Long Term Care User ID, leave those fields blank.

4. In the *Compass21* section, enter the following information:
    *   The User ID (not the logon ID) that the TMHP EDI Help Desk issued, in lower case.
    *   The Password that the TMHP EDI Help Desk issued, also in lower case.
    *   The Organization/Last Name.

5. Enter your User ID, Password, and Organization/Last Name in the *Long Term Care* section (if applicable).

6. Enter 1-800-291-3734 in the "ECMS" field in the *Phone Number* section.

Important: TDHconnect 3.0 uses a single telephone number for all transmissions (batch and interactive).

7. Select the *Contact Information* tab.
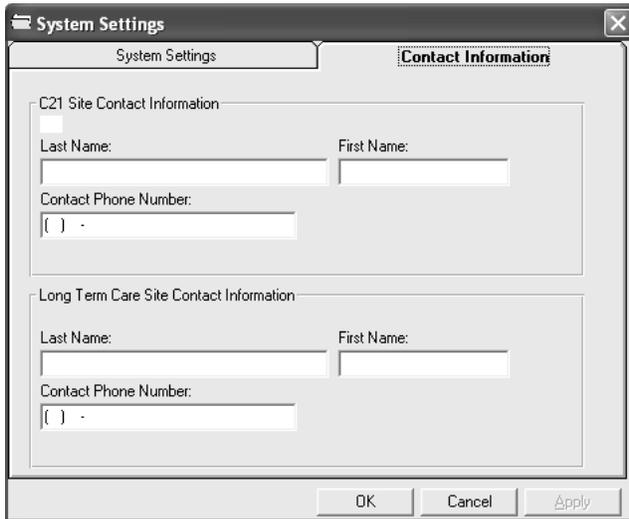
8. For each ID on the *System Settings* tab, enter the following information in the correct section (C21 Site Contact Information or Long Term Care Site Contact Information):

    •   Last Name

    •   First Name

    •   Contact Phone Number

9. Click **Apply**.

10. Click **OK**.

12.2   Modem Settings

1. Log into TDHconnect 3.0 if you are not already logged in. The TDHconnect 3.0 System Totals window opens in the workspace.
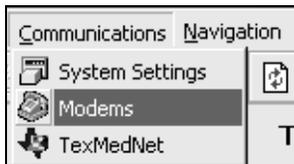
2. Select **Communications**>**Modems** on the TDHconnect 3.0 menu bar.

    The Installed Modems dialog box opens.
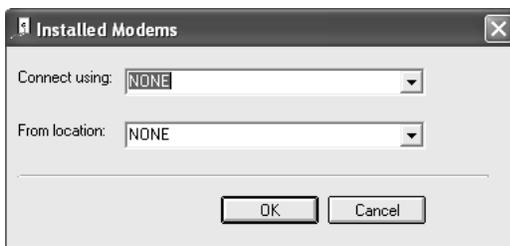
3. Select the modem name in the *Connect using* menu.

4. Select the location (such as new location) in the *From location* menu.

5. Click **OK**.

Note: It is not neccesary to select modem settings when using DSL, cable or a T1 connection.

13   Setting Up Reference Files in TDHconnect 3.0

The client and provider reference files are not required to file claims and appeals. However, they are recommended and can save time when filling out forms and can reduce input errors.

The tree view containing yellow folders on the left side of the TDHconnect 3.0 System Totals window is referred to as TDHconnect Explorer**.**

- Double click the file names to expand folders.
- Double click the file names again to collapse folders.

13.1   Adding Clients

This section describes the steps necessary to add client data.

Note: New clients also can be added through Eligibility or Medicaid Eligibility Service Authorization Verification (MESAV) responses.

1. Expand the **Reference Files** folder and double click **Client**. The Client Selection window opens in the workspace.
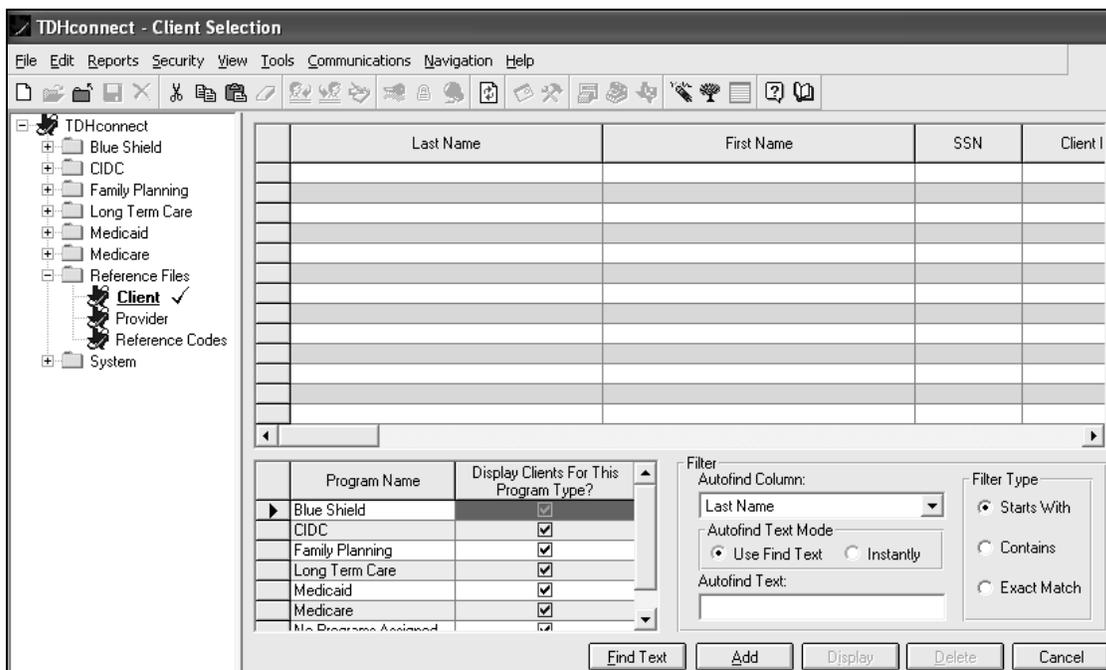
2. To add clients manually, click **Add**. The Client Common Setup window opens in the workspace.

Note: You must complete all fields with **bold** headings to successfully add a client.

3.   Select the check box in the *Client Status* column next to the appropriate program name.

Select the program in the *Launch Program for Client menu* (this example selected Medicaid).

TIP: A faster method to complete the fields in these tabs is to enter only the Account No. and the Medicaid No. at this time and use the eligibility request to fill out the other fields. See Section 17, *Medicaid Eligibility*, on page 51 for more information about determining Medicaid eligibility.

- Account No. is a 1–20 character alphanumeric field assigned by the provider (not TMHP) to track the client.
- Medicaid No. is the nine-digit client/Medicaid number.

4. After entering client data, click **OK**. The Client Common Setup window opens.

5. Enter another client or click **Cancel** to close.

13.2   Adding Providers

This section describes the steps necessary to add provider data.

1. Expand the **Reference Files** folder and double click **Provider**. The Provider Selection window opens in the workspace.

2. Click **Add**. The Provider Common Setup window opens in the workspace.

Note: Fields with **bold** headings must be completed to successfully add a provider.

3. Select the check box in the *Provider Status* column next to the appropriate Program Name.

4. Select the program in the *Launch Program for Provider* menu (this example selected Medicaid)

5. Input the nine-digit Texas Provider Number (TPI) in the "Provider ID" field. This field is required to successfully add a provider.

6. Click **OK**.

13.3   Downloading Reference Codes

Double click **Reference Codes** to view the various codes—such as procedure codes, diagnosis codes, billing codes, and Explanation of Benefits (EOB) codes—included in the TDHconnect software.
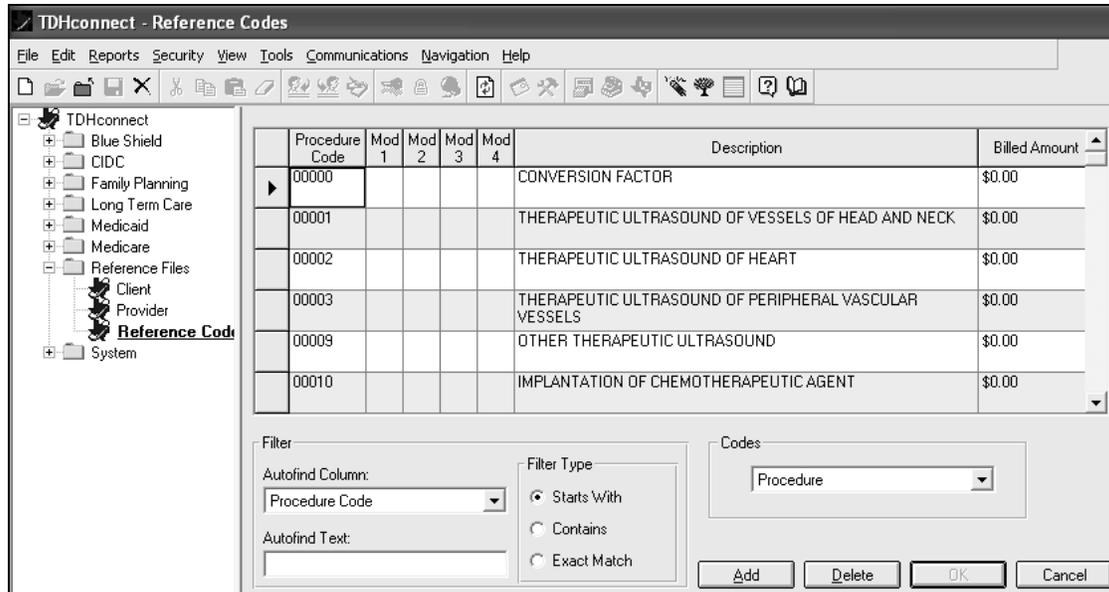
1.   Use the Filter function to view more than the first 50 entries. The Autofind Column selection menu contains the code selected in the Codes window. Input a code in the "Autofind Text" field to list matching entries in the Description column in the Codes table above.

2.   Scroll up or down in the Codes menu and select one of the following code types: Procedure, Diagnosis, Edit/Audit, EOB, EOPS, or DRG.
LTC Providers: LTC Procedure, LTC Service Group, LTC Service Code, LTC Billing, LTC Item, LTC EOB, or LTC Crosswalk.

3.   Press **<F2>** when the cursor is in a code field in claims or appeals to access codes that can be used to auto-populate forms.

4.   Modifiers and billed amounts can be added to procedure codes and used later to auto-populate claim forms. To add modifiers or billed amounts to procedure codes, select the procedure code (using Filter if necessary to locate it), select the "Modifier" field or "Billed amount field," and enter the data. Repeat for each modifier or billed amount to add.

5.   Click **OK** when finished.

6.   Click **Cancel** to exit.

13.4 Downloading Updated Reference Codes (Retrieve Other)

Although TDHconnect 3.0 includes built-in reference codes, these codes change and need to be periodically updated. This section describes the steps necessary to download the most recent codes to update the TDHconnect 3.0 database.

Important: Compress the database (see Section 14.2, *Database Utilities*, on page 35 for instructions) after downloading codes.

13.4.1 Downloading Compass21 (C21) Reference Codes

Select the *Retrieve Other* tab on the TDHconnect System Totals window.
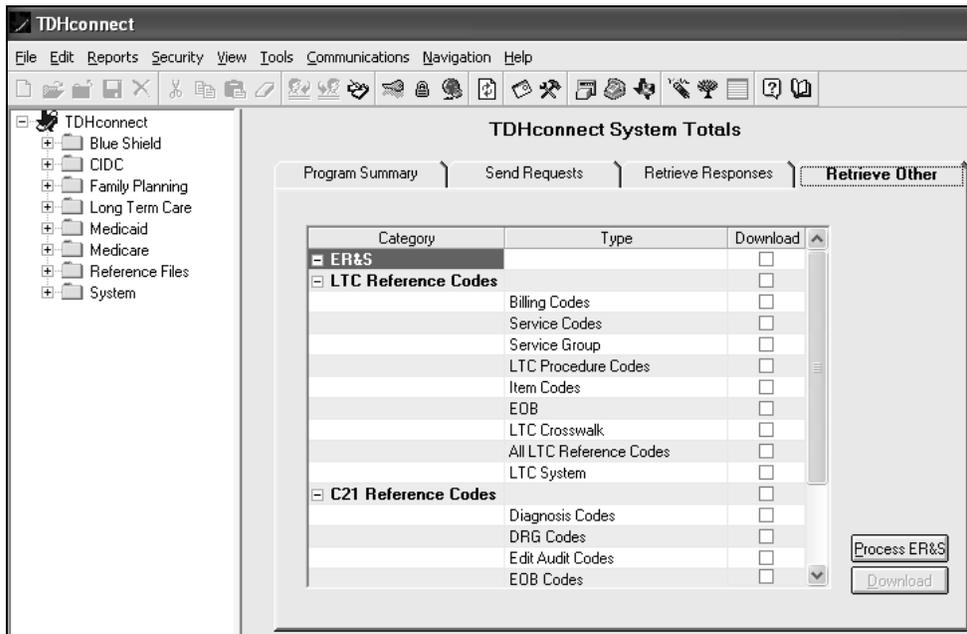
7. Scroll down to C21 Reference Codes.

8. Use the check boxes in the Download column to select the codes to download.

9. Click **Download**.

10. After the download is complete, compress the database again (see Section 14.2, *Database Utilities*, on page 35 for instructions).

14   TDHconnect 3.0 System Maintenance

14.1   System Functions Overview

1. To view system functions, double click the **System** folder in TDHconnect Explorer.

2. The **System** folder expands. The options are:

   - Database Utilities
   - Password Admin(istration)
   - Scheduling
   - Security Admin(istration)
   - TexMedNet*
   - TexMedNet* Info(rmation)

Note: *While TexMedNet functions are now performed by the TMHP EDI Gateway, the way to access these functions in TDHconnect 3.0 remains the same.

14.2   Database Utilities

After sending and receiving requests, the TDHconnect 3.0 database becomes larger, and response time eventually becomes slower. Regular maintenance such as backing up files, purging files, and compressing the database is important to TDHconnect 3.0 database performance. The database utilities described in this section help maintain the size and response time of the TDHconnect 3.0 database.

1. Expand the **System** folder in TDHconnect Explorer.

2. Double click **Database Utilities**. The Database Utilities dialog box opens with four tabs: *Compress, Purge, Mapper,* and *Back-up*.

14.2.1   Compress Tab
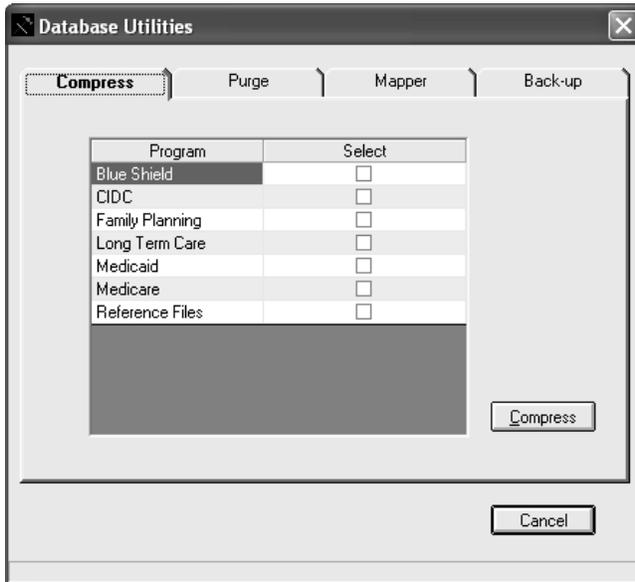
Important: To improve the performance of TDHconnect, use the *Compress* feature at least once per month and after each time you purge data.

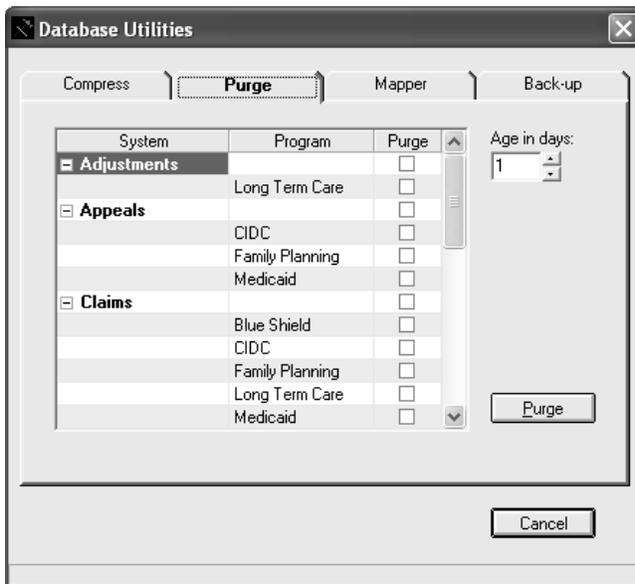1. Use the check boxes in the *Select* column to select the databases to compress.

2. Click **Compress** to compress the database(s).

14.2.2   Purge Tab

Important: To ensure database integrity, back up your database before purging data, and compress after purging.

The *Purge* tab is used to purge old data from TDHconnect.

1. Scroll through the selections on the *Purge* tab and use the check boxes in the *Purge* column to select data types to delete.

2. In the "Age in Days" field, enter the age of the data to select for deletion. Only data that old or older is deleted.

3. Click **Purge** to delete the data.

14.2.3   Mapper Tab

Mapper is most frequently used when multiple users are sharing one TDHconnect 3.0 database, although any TDHconnect 3.0 user can change the location of the database. The system can support up to ten concurrent users. A shared database is located on a server, and TDHconnect 3.0 is installed on the computers connected to the server. The database is shared, but TDHconnect 3.0 itself is not.

Important: Administrator rights are required when installing TDHconnect 3.0 in a Windows NT® or Windows 2000 environment.
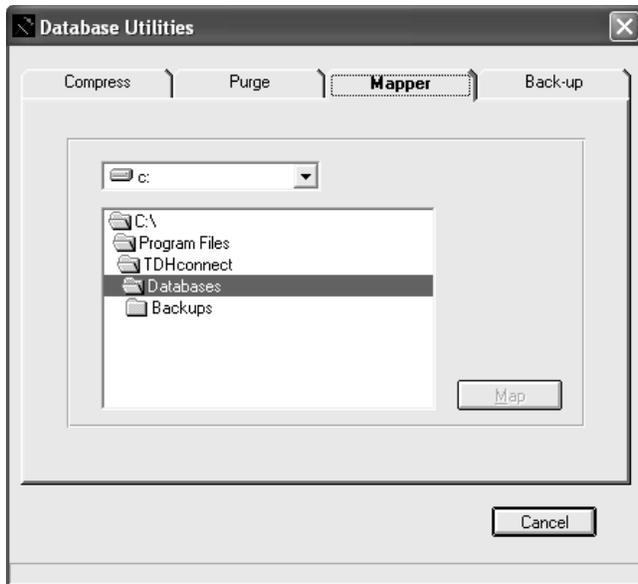
To set up concurrent users:

1. Create a folder on the server where the TDHconnect database is stored (and shared).
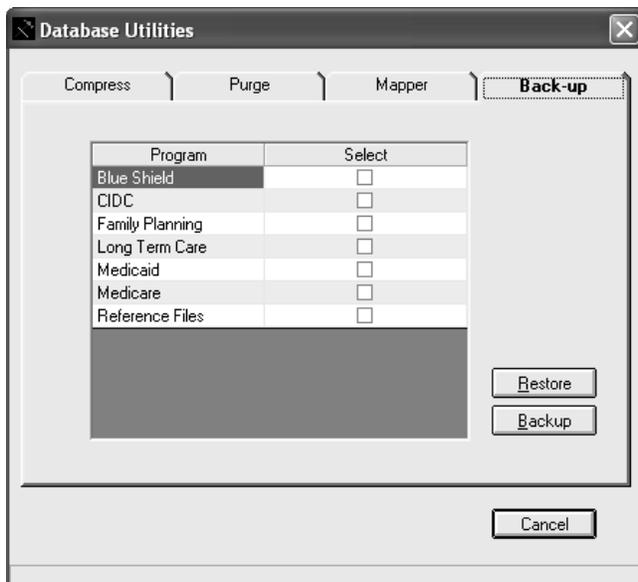
2. After installing TDHconnect 3.0 on the computers that access the server (accepting the default database location), the Mapper function is used to locate the TDHconnect database on the server.

3. It is also possible to point to the TDHconnect database on the server during installation of TDHconnect 3.0 on each computer.

14.2.4   Back-up Tab

1. Use the check boxes in the *Select* column to select the type of data to back up, and click **Backup**.

2. A backup copy of the selected data is placed in the TDHconnect backup folder. The previous backup is overwritten.

Note: To back up the data to a different disk drive (to ensure protection in case of disk drive failure) contact your system administrator or computer support personnel for assistance.

Important: Avoid accidentally clicking Restore. Clicking Restore overwrites the existing database image with the previously backed up database image. Following a restore, all changes to the database that occurred after the previous back up are lost.

14.3　Password Administration

Important: If the login password is changed or forgotten, TMHP's EDI technical support team cannot assist you with accessing TDHconnect 3.0. Write down your new password and save it in a secure location.
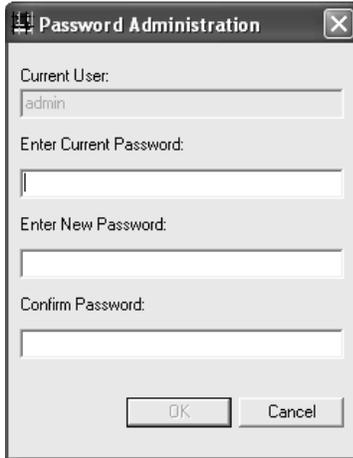
To change the password of the user currently logged in:

1. Expand the **System** folder.

2. Double click **Password Admin**. The Password Administration dialog box opens.

3. Enter the current password, enter the new password, and enter the new password again to confirm in the appropriate fields.

4. Click **OK** to accept the password change.

## 14.4　Scheduling

1. Expand the **System** folder.

2. Double click **Scheduling**. The Scheduler dialog box opens.

The Scheduler dialog box is used to schedule future events such as sending requests to TMHP, getting responses from TMHP, and completing database maintenance.

The Scheduler dialog box has the following five tabs:

- *Options*
- *Send Requests*
- *Get Responses*
- *Database*
- *History*

14.4.1   Scheduler Dialog Box—Options Tab
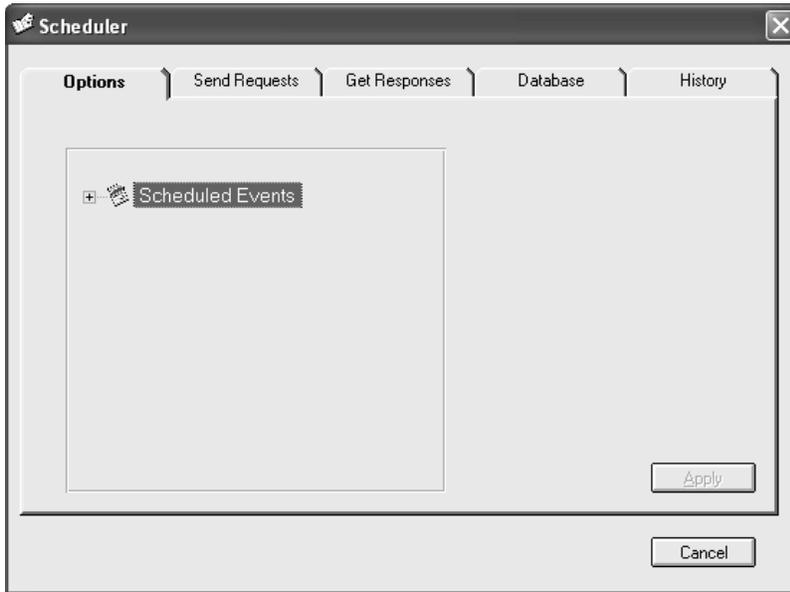
The *Options* tab is used to allow, or to not allow, scheduled events.

Important: The PC must be powered on and the user must be logged into TDHconnect at the time the event is scheduled for the scheduled event to occur.

Note: Schedule events at least 15 minutes apart to allow time for each event to complete.

14.4.2   Send Requests Tab
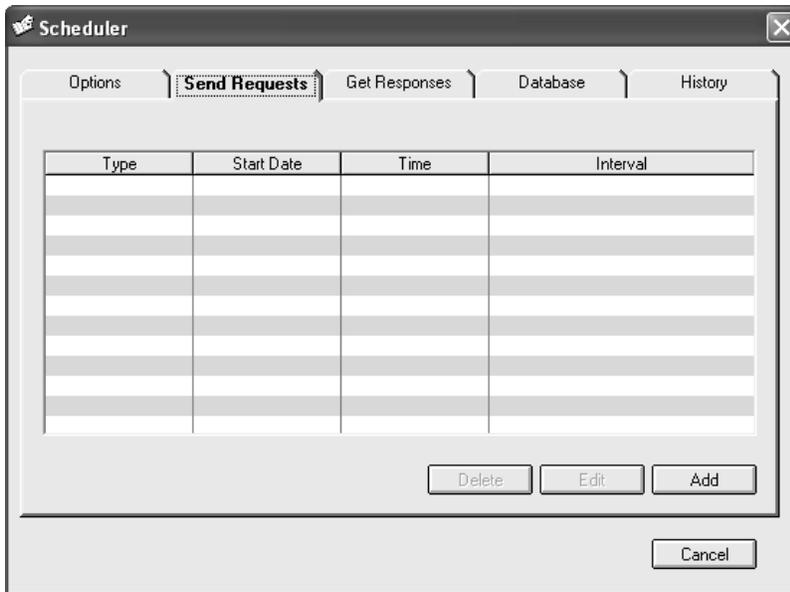
The *Send Requests* tab is used to schedule sending a batch of requests to TMHP.

1. Open the *Send Requests* tab.

2. Click **Add**. The Event Scheduler dialog box opens.

3. Select an event type in the Type menu.

4. Select a date in the When menu.

5. Enter the time (hour:minute:second AM or PM) in the field below the date. Use the following format

   HH:MM:SS AM (or PM)

6. Set the periodicity of the event in the Interval menu. If "Irregular" is selected, enter the number of days in the field to the right of the interval selector.

   The Age menu is not used to send requests.

7. Click **Apply** and click **OK** to schedule.

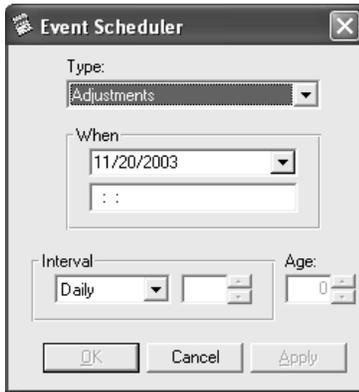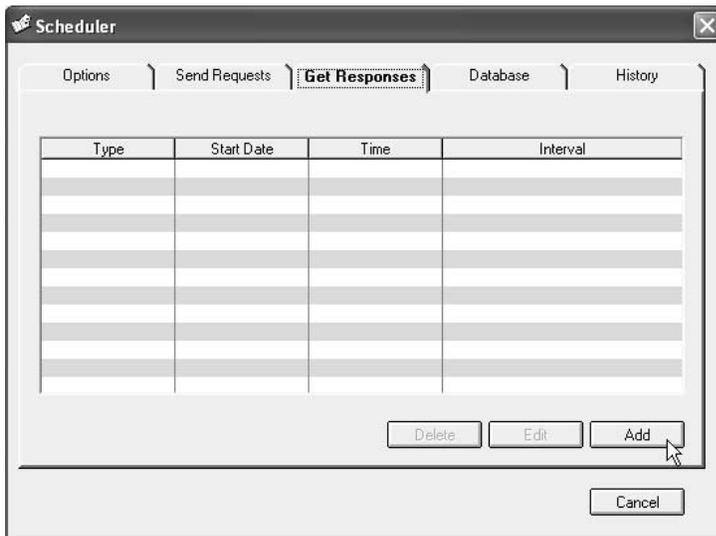## 14.4.3 Get Responses Tab

Use the *Get Responses* tab to schedule the retrieval of batch responses.

Note: If Send Requests have been scheduled, consider scheduling Get Responses on the following day

1. Select the *Get Responses* tab

2. Click **Add**. The Event Scheduler dialog box opens.

3. Select an event type in the Type menu.

4. Select a date in the When menu.

5. Enter the time (hour:minute:second AM or PM) in the field below the date. Use the following format

   HH:MM:SS AM (or PM)

6. Set how often the event repeats in the Interval menu. If "Irregular" is selected, enter the number of days in the field to the right of the interval selector.

   The Age menu is not used to send requests.
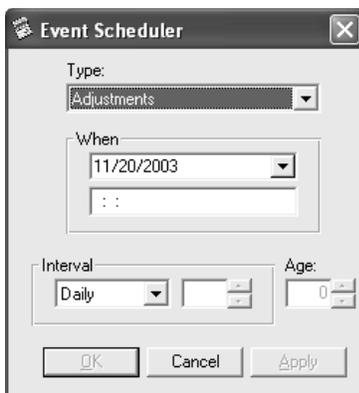
7. Click **Apply** and **OK** to schedule.

14.4.4   Database Tab
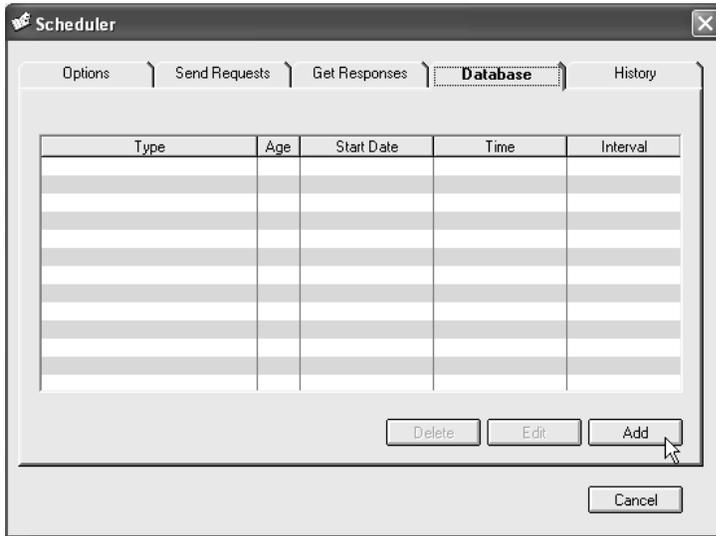
Use the *Database* tab to schedule the automatic execution of database maintenance functions such as backup, compress, or purge.

1.   Select the *Database* tab

2.   Click **Add**. The Event Scheduler dialog box opens.
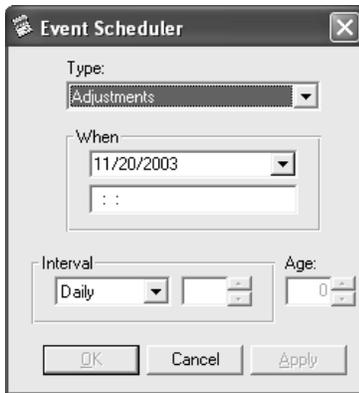
3.   Select an event type in the Type menu.

4.   Select a date in the When menu.

5.   Enter the time (hour:minute:second AM or PM) in the field below the date. Use the following format

          HH:MM:SS AM (or PM)

6.   Set how often the event repeats in the Interval menu. If "Irregular" is selected, enter the number of days in the field to the right of the interval selector.

7.   Set the age of affected records in the Age menu. Only records older than the number of days defined in step are affected.

8.   Click **Apply** and click **OK** to schedule.

14.4.5   History Tab

The *History* tab lists any scheduled events that occurred as successful or unsuccessful. Use the *History* tab to verify scheduled events.

Note: If the event was unsuccessful, submit the request or response retrieval in the Program Summary window or use the Database Utilities for database maintenance.

14.5   Security Admin (Add Users)

Use Security Admin to set up new TDHconnect 3.0 users.

Note: TDHconnect 3.0 is set up with a default user called Admin.

1.   Expand the **System** folder in TDHconnect Explorer.

2.   Double click **Security Admin**. The Loading Users. . . progress dialog box opens. Once all users are loaded, this dialog box closes and the Security Administration dialog box opens.

3.   Click **Add User**. The Security Wizard–Step 1 dialog box opens.

Follow the step-by-step instructions in the Security Wizard to add a user.

14.5.1   Security Wizard Step 1

Note: The orange square on the diagram on the left side of the dialog box indicates the current step in the process.

Fields with bold titles are required fields.

4. Enter the User ID, Full Name, and a Description for the user.

5. Enter password in the "Password field." New users are asked to change their password the first time they login.

6. Click **Next** to advance to the next step.
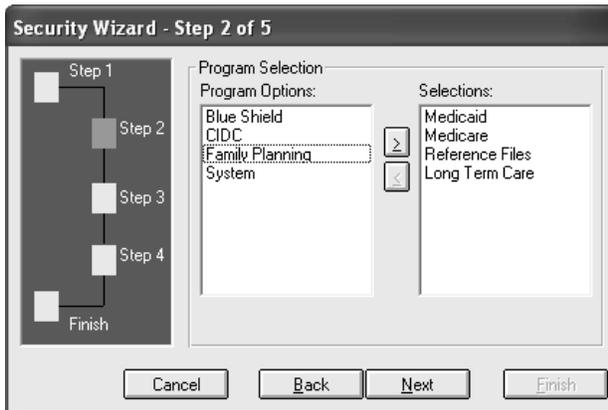
7. Select the programs that the user can access by double clicking a program name in the Program Options menu. The program name is moved to the Selections menu.

Double click a program name in the Selections menu to deselect it. The program name is moved to the Program Options menu.

8. Click **Next** to continue.

9. Select the options that the new user is authorized to use.

• Double click the user ID to expand a list of available programs.

• Double click a program name (such as Medicaid) to expand a list of options available for that program.

• Double click an option to expand a list of functions available for that option.

• A ✓ indicates that the user has access, and an ✕ indicates that a user does NOT have access.

• Change the settings by double clicking on the ✓ or ✕ symbols

10. Click **Next** when done.

14.5.2   Security Wizard Step 4

Step four summarizes the functions that the user can complete.

To change a selection, click **Back**, *or*

Click **Finish** to add the user.

15   Connecting to TMHP

The only way to connect to the TMHP website is through an Internet Service Provider (ISP). This incurs the cost of having an ISP.

1. Connect to your ISP if not already connected.

2. Open Internet Explorer.

3. In the address line, enter www.tmhp.com. The TMHP website opens and displays the TMHP home page.

NOTES

16   Using the TDHconnect System Totals Window

The TDHconnect 3.0 System Totals window is the default window in TDHconnect 3.0. It features the following four tabs: *Program Summary, Send Requests, Retrieve Responses,* and *Retrieve Other*.

16.1   Program Summary Tab

TDHconnect System Totals

Program Summary	Send Requests	Retrieve Responses	Retrieve Other

Program	Subsystem	Completed	Submitted	Accepted	Rejected
Blue Shield					
	Claims	0	0	0	0
CIDC					
	Eligibility	0	0	0	0
	Claims	0	0	0	0
	CSI	0	0	0	0
	Appeals	0	0	0	0
Family Planning					
	Eligibility	0	0	0	0
	Claims	0	0	0	0
	CSI	0	0	0	0
	Appeals	0	0	0	0
Long Term Care					
	MESAV	0	0	0	0
	Claims	0	0	0	0
	CSI	0	0	0	0

The *Program Summary* tab contains the following columns of information:

- **Program**–Blue Shield, CIDC, Family Planning, Long Term Care, Medicaid, and Medicare.
- **Request types** (**Subsystem**)– Eligibility, Claims, CSI, Appeals, Adjustments, and MESAV.
- **Request status**–the number of Completed, Submitted, Accepted, or Rejected requests.

16.1.1   Batch Request Status

Important: It is critically important to download all submitted claims and appeals to see if any were rejected and work them immediately. Files are not available after 30 days.

- *Completed*. A request (Eligibility, Claim, Appeal, or Claim Status Inquiry) was entered into TDHconnect and passed all the local edits, but it has not been submitted to TMHP. Completed requests convert to *Submitted* status after being sent to TMHP in a batch.

- *Incomplete* (displayed in *Claims* section only). The request was entered into TDHconnect but did not pass all the local edits and is not ready to submit to TMHP. Incomplete requests convert to *Completed* status after completion.

- *Submitted*. The request has been transmitted to TMHP for processing (see Section 16.2, *Send Requests Tab*, on page 48). *Submitted* requests convert to *Processed* status after the response is downloaded from TMHP.

- *Processed* (displayed in later sections). Twenty-four hours after submitting a request, download the request to see if it was accepted or rejected.

- *Accepted*. Electronically-submitted requests that have passed the acceptance edits at TMHP, have been assigned an ICN (a unique claim number) and are processing in the TMHP system.

Note: An Accepted claim does not guarantee payment. Accepted status indicates only that the claim is accepted for further processing. Whether the claim is paid or denied is not determined until after it finishes processing.

Important: To see the status of accepted claims, check your Remittance & Status (R&S) reports or run a claim status inquiry. You must have a signed Claim Status Inquiry Authorization form on file with TMHP to perform claim status inquiries. Call TMHP (1-888-863-3638) and also see Section 19, *Medicaid Claim Status Inquiry*, on page 93 for a blank agreement form.

- *Rejected*. Electronically-submitted requests that received a response indicating the request has been rejected due to errors. You can correct and resubmit these requests.

Note: Rejected claims do not receive an ICN and do not appear on the R&S report, nor do they appear on a claim status inquiry.

16.1.2   Batch Transmission Process

A common error is to click **OK** in claims or appeals and assume that the transaction has been sent to TMHP. Another common error is to submit the claim or appeal to TMHP but not retrieve the response the next day to see if the claim or appeal was accepted or rejected.

Important: Unless all four steps of a batch transmission (see diagram below) are performed, you may overlook rejected claims or appeals, resulting in possible loss of reimbursement.

16.2   Send Requests Tab

The *Send Requests* tab allows the user to send batches or groups of appeals, claims, claim status inquiries, or eligibility requests.
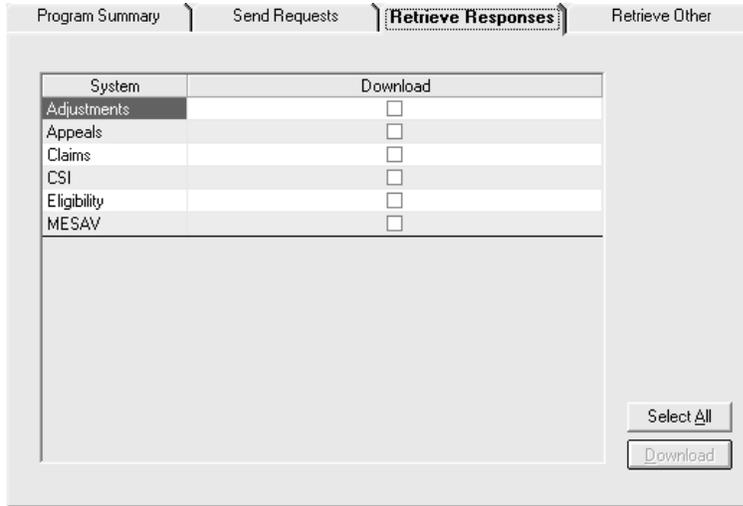

1. Use the check boxes in the *Send* column to select batches to send to TMHP.

2. When finished selecting, click **Submit**.

3. Once the transmission to TMHP is completed without errors, open the *Program Summary* tab and verify that the sent requests have changed from Completed status to Submitted status.

16.3 Retrieve Responses Tab

Responses become available approximately 24 hours after submitting requests to TMHP. To view responses, open the *Retrieve Responses* tab.


1. Use the check boxes in the *Download* column to select the responses to download.

2. When finished, click **Download**.

3. To verify that responses were successfully downloaded, open the *Program Summary* tab. Verify that the status has updated from Submitted status to Accepted or Rejected status.

Note: If you are unable to retrieve a response 48 hours after submitting a request, call the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638 for assistance.

Important: Rejected claims are not kept by TMHP and are not included in R&S reports or claims status inquiries. If the rejected claim is within the appropriate filing deadline period based on the date of service, you may correct and resubmit the rejected claim. If the rejected claim is beyond the filing deadline, the next deadline to meet is 120 days following the date of the rejection. In this case, you must print the rejection report, with valid batch ID, to prove timely filing and send it along with a paper claim to TMHP.

16.4 Retrieve Other Tab
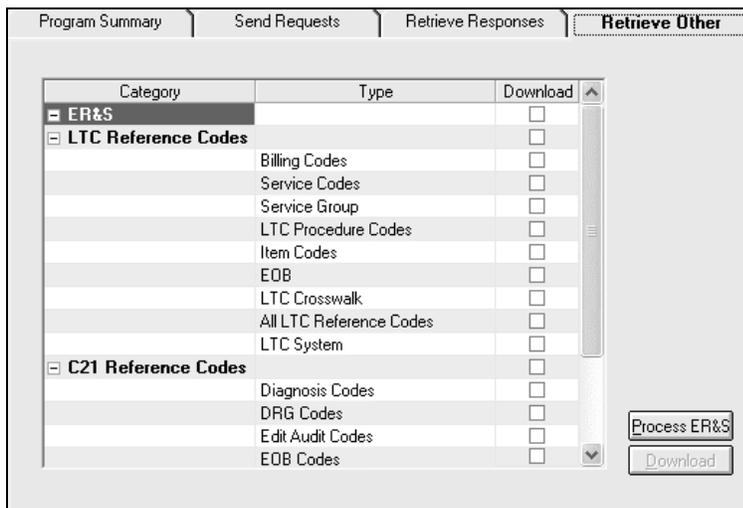
The *Retrieve Other* tab is used to electronically download R&S reports and reference codes.

16.4.1 Retrieve ER&S Reports

Important: You must have a signed Electronic Remittance and Status (ER&S) Agreement on file with TMHP before you are allowed to download ER&S reports.

ER&S reports are available weekly at 6:00 a.m., central time, each Monday. To download your ER&S report:

1. Use the check box in the *Download* column to select **ER&S**.
2. Click **Download**.
3. Click **Process ER&S** only if there is an error downloading the ER&S.

Note: You cannot view the ER&S report by using the *Retrieve Other* tab. To generate and view the ER&S report after it has been downloaded, see Section 20, *Medicaid Electronic Remittance & Status (ER&S)*, on page 99 for instructions.

16.4.2 Retrieve Reference Codes

1. Use the check boxes in the *Download* column to select the reference code types to retrieve.
2. Click **Download**.

17 Medicaid Eligibility

The purpose of an eligibility request is to verify that a client is eligible to receive Texas Medicaid. An eligibility request returns very helpful information such as if the client is a member of an HMO, has other insurance, or is no longer eligible for Medicaid eligibility. Refer to the current *Texas Medicaid Provider Procedures Manual* for related policy information.

17.1 Changes Due to HIPAA

Under HIPAA, the electronic eligibility request is standard 270, and the electronic eligibility response is standard 271. The following items have changed:

- The last name and the suffix are now in separate fields on eligibility requests and responses, so separate the suffix field even if the paper 3087 shows the suffix appended to the last name.

- On the eligibility response, authorization information is no longer available. Call the TMHP Contact Center at 1-800-925-9126.

- TPR (Third Party Resources) relationship to the insured is no longer available on the eligibility response.

17.2 Beginning the Eligibility Request

1. Double click **Medicaid** to expand the Medicaid folder.
2. Double click **Eligibility** to display the Medicaid Eligibility Request/Response Summary window.
3. Click **File**>**New** on the TDHconnect 3.0 menu bar. The Request Information dialog box opens.

4. Enter the Provider ID (TPI) or click the magnifying glass icon to select the Provider ID. Input the Start Date and End Date. The Start and End dates can span up to three months. The End Date can be the current date. The date span must be within the past three years.

5. Input any of the listed field combinations:

Important: Input the *minimum* amount of information in this section, preferably Medicaid number only, because any incorrect information will cause the request to fail.

- Medicaid No. *or*
- SSN and Last Name *or*
- SSN and Date of Birth *or*
- Last Name, First Name, and Date of Birth

Note: Suffix is not contained in the "Last Name" field; it has its own field.

17.3   Creating an Eligibility Template

In TDHconnect Explorer, double click **Medicaid** to expand the folder and double click **Eligibility**.

1. In the TDHconnect 3.0 main menu, click **File**>**New**. The *Request Information* tab opens in the workspace.

2. Complete the required fields.

3. Once all information has been completed, click **Save As Template**. You are prompted to select a name for the template. Enter a name and click **OK**.

17.4 Submitting and Retrieving Eligibility Requests

There are two ways to submit eligibility requests: interactive and batch. An interactive request is fast and done online while you wait, but it can only be done for one client at a time. A batch of requests takes 24 hours (usually overnight), but may include one or many eligibility requests.

17.4.1 Submit/Retrieve Interactive Requests

To submit and retrieve an interactive eligibility request, click **Interactive** and within a few minutes the eligibility response, accepted or rejected, is displayed.

17.4.2 Submit/Retrieve Batch Requests

Important: Clicking OK does not send the request to TMHP. Clicking **OK** stores the request in Completed status on the provider's database only. You must do all four steps listed below to send and retrieve batch requests.

Submit a batch request:

1. Fill out eligibility requests and click **OK** on each request. Requests are stored in Completed status on your database.
2. Click **Cancel** to exit Eligibility.
3. Open the TDHconnect 3.0 System Totals window and select the *Send Requests* tab.
4. Select the check box for **Medicaid Eligibility** in the *Send* column.
5. Click **Submit**. Requests are changed to Submitted status and are sent to TMHP.

Retrieve a batch request:

1. 24 hours after request submission, open the TDHconnect 3.0 System Totals window and select the *Retrieve Responses* tab.
2. Select the check box for **Eligibility** in the *Download* column.
3. Click **Download**. Requests are now changed to Processed status.
4. To view the downloaded response, double click **Eligibility** under the **Medicaid** folder (left side of window), then double click the response.

17.5 Medicaid Eligibility—Response

The response displays client eligibility. Tabs with shaded labels have no information to display.

Note: HIPAA compliant eligibility responses no longer display authorization information or Relationship to the Insured on the *Other Insurance* tab.

Click the **Patient** icon in the upper right corner of the screen to send client information to the Client Reference file, which allows the magnifying glass icons to be used later to populate client information in forms.

When the Eligibility *Save Patient Wizard* opens, select the fields to send to the client reference file, or click **Select All,** and click **Finish**. A message states that the patient was updated.

- Select the *Managed Care* tab to see the HMO or PCCM Texas Health Network information.

- Select the *Benefit Limits* tab for the latest eyeglass, hearing aid, THSteps dental and THSteps medical claims.

- Select the *Other Insurance* tab for information on other insurers for the client. To update the client's other insurance, contact Third Party Resources at 1-800-846-7307. See also the *Third Party Resources* section in the *Texas Medicaid Provider Procedures Manual*.

- Include an account number before saving client data.

17.6   Printing Eligibility Reports

Six types of eligibility reports may be printed from the Medicaid Eligibility Request/Response Summary.

Transmission Summary	1. Click a batch eligibility response (has Transmit Type B and a Transmission ID).
	2. Click **Reports and Transmission Summary** to display the report. The number of accepted or rejected responses is listed.
	3. Click **Print** for a paper copy.
Transmission Detail	1. Click an accepted batch eligibility response (has Transmit Type B and a Transmission ID).
	2. Click **Reports** and **Transmission Detail**. A list of eligibility responses in that batch is displayed.
	3. Click **Print** for a paper copy.
Information Request	1. Double-click the completed row near the top of the window. At least one completed eligibility request is required.
	2. Select a request that has been Completed but not Submitted.
	3. Click **Reports>Information Request** on the TDHconnect 3.0 menu bar. A detailed display of the request is given, but no response information is available since this request has not yet been submitted to TMHP and retrieved.
	4. Click **Print** for a paper copy.
Information Response	1. Select an accepted response, batch or interactive. The response is displayed.
	2. To print the response, click **Reports, Information Response.**
	3. Click **Print** on the TDHconnect 3.0 menu bar.
Interactive Summary	1. Click **Reports** and **Interactive Summary** on the TDHconnect 3.0 menu bar.
	2. Input a range of beginning and ending transmit dates.
	3. Click **OK**. A report of eligibility responses is displayed.
	4. Click **Print** for a paper copy.
Batch Report	1. Select an interactive or a batch response.
	2. Click **Reports** and **Batch Report**. The report immediately starts printing a detailed list of all eligibility responses from the row you selected.

18   Medicaid and Family Planning Claims

The Claims program task is used to create, view, submit, change, and delete claims or claim information.

Note: See Section 4 of the *Texas Medicaid Provider Procedures Manual* for related policy information.

18.1   Changes to Claims Resulting from HIPAA

Under HIPAA, the electronic claim request is standard 837. Professional and eyeglass claims are standard 837P, dental claims are 837D, and inpatient and outpatient claims are 837I. Numerous changes have occurred to the main tabs (screens) for Patient, Provider, Claim, Diagnosis, Details, and Other Insurance, and some tabs now have sub-tabs. A claim response for an accepted claim may also be used (click **Save as Appeal**) to generate an appeal.

Important: If a claim denies with zero allowed, zero paid amounts (see R&S below), follow up with a new claim instead of an appeal, within 120 days of the R&S date. If your new claim has the same provider number, client/Medicaid number, date of service, and billed amount, then the new claim can be submitted on TDHconnect 3.0. If one of these fields has changed, then the new claim must be filed as a paper claim.

If a claim rejects (not denies, but rejects) and the claim is beyond the 95-day filing deadline, the rejected claims report may be printed and sent to TMHP along with a new paper claim if within 120 days of the rejection. See *Claim reports* at the end of this section.

Double-click **Claims** to display the Medicaid Claim Request/Response Summary window.

To start a new claim, click one of the five icons in the top left corner of the screen 🖫 🕶 🖫 ⊕ ⊕ , or click **File**>**New** on the TDHconnect 3.0 menu bar and then the type of claim: Professional, Eyeglass, Dental, Inpatient, or Outpatient.
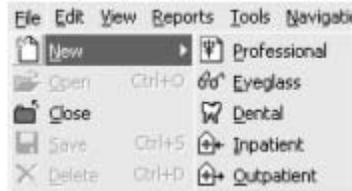
Note: The HIPAA transactions for Professional and Eyeglass claims are now transaction 837P (professional), Dental claims are transaction 837D (dental), and Inpatient or Outpatient claims are transaction 837I (institutional).

18.2   Filing Professional Claims

To start a new Professional claim (HIPAA transaction 837P), click the **New Professional Claim** icon, or click **File**>**New**>**Professional** on theTDHconnect 3.0 menu bar.

18.2.1   Patient Tab

Click the magnifying glass icon to autopopulate the fields in the client reference files database, or enter the fields manually. Required fields appear in **bold** type.

18.2.2   Provider Tab

The *Provider* tab has two sub-tabs, *Provider Facility,* and *Referring and Other Provider.*

18.2.2.1   Provider Facility Sub-Tab

- Select the *Provider* tab.
- Click the magnifying glass icon to autopopulate the fields in the provider reference files database, or enter the fields manually. Required fields appear in **bold** type.

If services were provided in a place other than the patient's home or the provider's facility (such as a hospital, birthing center, or nursing facility), open the *Provider Facility* sub-tab and enter information.

Required fields are:

Facility Provider ID, Name, ID type (employer ID or social security number), Other ID (corresponding to ID type), Service Location, Address, City, State, and Zip Code.

18.2.2.2   Referring and Other Provider Sub-Tab

If required by the type of claim to enter a referring or primary care physician, open the Referring and *Other Provider* sub-tab and enter the 6–13 character referring Provider ID as a nine-digit TPI, six-digit Medicare number, or a Universal Provider Identifier Number (UPIN).

Also enter the Last Name and First Name of the referring provider, ID type (employer ID or social security number), and Other ID (corresponding to ID type). Other fields are optional.

18.2.3   Claim Tab

If an ambulance, THSteps medical, or authorization number is necessary, open the *Claim* tab and enter the necessary data.

Note: THSteps medical providers, after clicking the "THSteps indicator" field on the *Claim* tab, will select an appropriate Condition Code.

NU (Not Used)	Indicates the patient had a normal screening, an abnormal screen without treatment, an abnormal screen initiated treatment, was referred to another health agency, or to family planning.
S2 (Under Treatment)	Indicates that the client's screen was abnormal, but the condition is under treatment.
ST (New Services Requested)	Indicates new services requested, such as when the client was referred to the Primary Care Physician or to a specialist.

18.2.4   Diagnosis Tab

Note: A diagnosis code is required for professional claims.

1. Select the *Diagnosis* tab.
2. Input the HCPCS or CPT code to the highest level of specificity. If uncertain of the code, press **<F2>** while the cursor is in the *Code* column to bring up diagnosis codes in the reference files. More than one diagnosis code may be entered.
3. Input the Description in the appropriate column.

Note: *THSteps CCP Pharmacies.* The following note is found in Section 40 of the *Texas Medicaid Provider Procedures Manual*: "Pharmacies using their VP TPI should obtain prior authorization for prescription medications not paid through the Vendor Drug Program. If a claim is submitted without a diagnosis, then a provider must attach documentation establishing medical necessity and a signed prescription from a physician (MD or DO). Electronic claims must have diagnosis code V7999 for the claim to be accepted."   Instead, use the HIPAA compliant diagnosis code for THSteps CCP Pharmacies is V7285 (Other Specified Examination).

Independent Laboratory providers. Section 25 of the *Texas Medicaid Provider Procedures Manual* states the following: "Independent laboratories and pathologists do not have to supply Medicaid with a diagnosis except when billing the following procedures…". If the procedure being billed by independent laboratory providers is not one of the procedures listed in that section requiring a diagnosis code by policy, they may use diagnosis code V726 (Laboratory Examination) for the claim to be accepted.

Radiology providers. If no other diagnosis code is available, use V725 (Radiological Examination, Not Elsewhere Classified).

18.2.5   Details Tab

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

1. Select the *Details* tab and enter the date of service in MM/DD/YYYY format

2. Tab to the *POS* column and use the drop-down menu to select place of service (POS).

3. Click in the "Procedure Code ID" field and use the drop-down menu to select the type of procedure code (HCPCS; HIEC; National Drug Code in 4-4-2 format, 5-3-2 format, 5-4-1 format, 5-4-2 format, or Mutually Defined).

4. Input the Procedure Code. If needed, press **<F2>** to bring up procedure codes in the reference files for assistance. Type of Service (TOS) is automatically inserted by C21 based on the procedure code entered.

5. Genetic providers must use the "Remarks Code" field (after completing the "Procedure Code" field) to enter the five-character local procedure code that identifies the DNA test or laboratory enzyme test performed.

6. Dental claims for Orthodontics require a remarks code. See Medicaid Bulletin 174.

7. Input any needed modifier codes (Mod 1 through Mod 4).

8. If needed, enter anesthesia minutes (Ane Min).

9. Input the diagnosis reference (Diag Ref) to refer to the most important diagnosis code entered on the *Diagnosis* tab.

10. Input the quantity (Qty) and Unit Price. The Total Charges are calculated.

11. Use the scroll bar to gain access to the fields on the right hand side of the window.

12. If the provider is a member of a group, enter the nine-digit performing provider number (Perform Provider ID) and name (Perf Last Name).

Patient:				Provider:		Status:		Claim Number:	
				-		New			

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Dtl No.	Date of Service	POS	Procedure Code ID	Procedure Code	Remarks Code	Mod 1	Mod 2	Mod 3	Mod 4	Ane Min	Diag Ref	Qty	Unit Price	Tot▲
▶	1	/ /													
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														

Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Save as Template   Interactive | OK | Cancel

Patient:				Provider:		Status:		Claim Number:	
				-		New			

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Total Charges	Perform Provider ID	Perf Last Name	Perf First Name	Perf MI	Perf Suffix	▲
▶							

Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Save as Template   Interactive | OK | Cancel

18.2.6   Other Insurance Tab

The *Other Insurance* tab has sub-tabs for three other insurance entries, and each of these entries has two sub-tabs for company and subscriber information.

18.2.6.1   Company Sub-Tab

1. To list the client's other insurance, open the *Other Insurance* tab and select the Source of Payment, such as Commercial Insurance.

2. If the other insurance delays and does not reply (see the *Texas Medicaid Provider Procedures Manual*), click the **Delay Indicator** check box and enter the bill date.

3. If an Adjustment Reason Code is applicable, select it and enter the Disposition Date and paid amount (Paid Amt).

4. Input the Other Insurance Company information: Company Name, Address, City, State, Zip Code and telephone number.

5. If a verbal denial was received from the other insurer, click the Verbal Denial check box and enter the date they were contacted (Verbal Date), the Contact Name, and a Comment regarding the conversation. The Disposition indicator on the *Other Insurance* tab can be used to indicate if the other insurer denied, did not file, paid, or issued no response.

18.2.6.2   Other Insurance Tab with Subscriber Sub-Tab

To enter information about the insured, open the *Subscriber* tab on the lower right side of the *Other Insurance* sub-tab.

Enter the ID/SSN, Last Name, First Name, Group/Policy Number, and Group/Employer Name.

18.3   Submitting and Retrieving Requests

There are two ways to submit Medicaid claims on TDHconnect 3.0: interactive or batch. An interactive claim is accepted or rejected online while you wait, but must be done one claim at a time. A batch of claims takes 24 hours (usually overnight) to be accepted or rejected, and can include one or many claims.

Note: *Accepted* claims do not guarantee payment, only that they are accepted for further processing and will be paid or denied at a later date.

18.3.1   Submit/Retrieve Interactive Requests

To submit and retrieve an interactive claim, click **Interactive**. Within a few minutes the claim response, *accepted* or *rejected*, is displayed.

18.3.2   Submit/Retrieve Batch Requests

Note: Clicking OK does not send the request to TMHP. Clicking OK stores the request in *Completed* status on the provider's database only. You must do all four steps listed below to send and retrieve batch requests.

18.3.2.1   Submit a Batch Request

1. Fill out the claim and click **OK**. Repeat for each claim. Claims are stored in *Completed* status on the provider's database.

2. Click **Cancel** to exit Claims and go back to the TDHconnect System Totals window.

3. In the TDHconnect System Totals window, open the *Send Requests* tab.

4. Select the check box for **Medicaid Claims** in the *Send* column.

5. Click **Submit**. Requests are changed to Submitted status and are sent to TMHP.

18.3.2.2   Retrieve Responses to a Batch Request

1. 24 hours after request submission, go to the TDHconnect 3.0 System Totals window and open the *Retrieve Responses* tab.

2. Select the check box for **Claims** in the *Download* column.

3. Click **Download**. Requests are now changed to *Processed* status.

4. To view the downloaded response, double click **Claims** under the **Medicaid** folder in TDHconnect Explorer, then double click the response.

18.4   Eyeglass Claims

After double-clicking **Claims** under Medicaid, click the Eyeglass icon, or click **File**>**New**>**Eyeglass**.

Note: The *Patient* tab, *Provider* tab, *Diagnosis* tab, and *Other Insurance* tab are identical to the professional (837P) claim previously covered. The *Claim* tab and *Details* tab are described below.

18.4.1   Claim Tab

Note: Eyeglass claims require eyeglass-specific information.

18.4.2 Details Tab

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

1. Select the *Details* tab and enter the date of service in MM/DD/YYYY format.

2. Tab to the POS column and use the drop-down box to select place of service (POS).

3. Click inside the "procedure code ID" field and use the drop-down box to select the type of procedure code (HCPCS; HIEC; National Drug Code in 4-4-2 format, 5-3-2 format, 5-4-1 format, 5-4-2 format, or Mutually Defined).

4. Input the Procedure Code. If needed, press **<F2>** to bring up procedure codes in the reference files for assistance. Type of Service (TOS) is automatically inserted by C21 based on procedure code entered.

5. Input any needed modifier codes (Mod 1 through Mod 4).

6. Input the diagnosis reference (Diag Ref) to refer to the most important diagnosis code entered on the *Diagnosis* tab.

7. Input the quantity (Qty) and Unit Price. The Total Charges are calculated.

8. Use the scroll bar to gain access to the fields on the right hand side of the window.

If the provider is a member of a group, enter the nine-digit performing provider number (Perform Provider ID) and name (Perf Last Name).

Patient:				Provider:	Status:	Claim Number:
				-	New	

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Total Charges	Perform Provider ID	Perf Last Name	Perf First Name	Perf MI	Perf Suffix	▲
▶							
							▼

Total Charges:	$0.00
Other Insurance Paid:	$0.00
Net Billed:	$0.00

Save as Template   Interactive   OK   Cancel

18.5 Dental Claims

To fill out a dental claim (HIPAA transaction 837D), double-click **Claims** in the Medicaid folder, then click the Dental icon in the upper left-hand corner of the screen, or click **File>New>Dental**.

Note: The *Patient* tab, *Provider* tab, and *Other Insurance* tab are identical on the professional (837P) claim previously covered. The *Claim* tab and *Details* tab are described below.

18.5.1 Claim Tab

Note: Dental claims require dental-specific information on the *Claim* tab.

18.5.2 Details Tab

Dental claims require dental-specific information on the *Details* tab.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Patient: Provider: [-]   Status: [New]   Claim Number: [ ]

| Patient | Provider | Claim | **Details** | Other Insurance |

	Dtl No.	Date of Service	POS	Procedure Code ID	Procedure Code	Remarks Code	Mod	Tooth ID	Surface ID	Qty	Unit Price
▶	1	/ /									
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										

Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

[Save as Template]   [Interactive] [OK] [Cancel]

Patient: Provider: [-]   Status: [New]   Claim Number: [ ]

| Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance |

	Total Charges	Perform Provider ID	Perf Last Name	Perf First Name	Perf MI	Perf Suffix
▶						

Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

[Save as Template]   [Interactive] [OK] [Cancel]

18.6   Inpatient Claims

To fill out an inpatient claim (HIPAA transaction 837I), double-click **Claims** in the Medicaid folder, then click the Inpatient icon, or click **File>New>Inpatient**.

Note: The *Other Insurance* tab is identical on the professional (837P) claim previously covered. The *Patient* tab, *Provider* tab, *Claim* tab, *Diagnosis* tab, and *Details* tab are described below.

18.6.1   Patient Tab

Required fields:

- Account No., Medicaid No., and provider-defined Medical Record No.
- Last Name and First Name
- Sex, Date of Birth, Street Address, City, State, and Zip Code

18.6.2   Provider Tab

The *Provider* tab has two sub-tabs within it:

- Billing and Attending Providers
- Operating and Other Providers

18.6.2.1   Billing and Attending Providers Sub-Tab

Required fields:

- Billing Provider's Provider ID, Facility Name, Address, City, State, Zip Code, and Tax ID No.
- Attending Provider's Provider ID, Last Name, First Name, ID Type (Employer ID or Social Security No.), and Other ID (corresponding to ID type).

18.6.2.2   Operating and Other Provider Sub-Tab

Required fields (if applicable):

- Operating Provider ID, Last Name, and First Name
- The Other Provider ID, Last Name, and First Name

18.6.3   Claim Tab

Click the *Claim* tab to enter claim data.

Required fields:

- From Date and To Date
- Authorization Number (if needed), Patient Status, and Type of Bill
- Admission Date, Hour, Type, and Source
- Days Covered and Non-Covered
- Discharge Hour

Include any applicable occurrence codes and dates, and any applicable condition codes.

18.6.4   Diagnosis Tab

Click the *Diagnosis* tab to enter diagnoses. At least one diagnosis code is required.

18.6.5   Details Tab

The *Details* tab has three sub-tabs: *Accommodation Details, Ancillary Details,* and *Surgery Details*.

18.6.5.1   Accommodation Details

To enter data for accommodations, open the Accommodation *Details* sub-tab.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Required fields:
- Revenue code (Rev Code)
- Days
- Daily Rate

The *Non-covered charges* column may be used to report specific non-covered amounts.

Patient: Provider: -   Status: New   Claim Number:

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Dtl No.	Rev Code	Days	Daily Rate	Total Charges	Non-Covered Charges
▶	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					

Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Accommodation Details | Ancillary Details | Surgery Details

Save as Template   Interactive   OK   Cancel

Patient: Provider: -   Status: New   Claim Number:

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Rev Code	Days	Daily Rate	Total Charges	Non-Covered Charges
▶					

Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Accommodation Details | Ancillary Details | Surgery Details

Save as Template   Interactive   OK   Cancel

18.6.5.2   Ancillary Details

Click the *Ancillary Details* sub-tab of the *Details* tab to enter ancillary charges.

Note: This window is shown in two graphics to display all of the scrolling area.

Required fields:
- Revenue codes (Rev Code)
- Units
- Total Charges

Unit price is required for revenue codes 100-219.

The *Non-Covered Charges* column may be used to report line specific non-covered amounts.

	Rev Code	Units	Unit Price	Total Charges	Non-Covered Charges	
▶						

Patient:

Provider: -

Status: New

Claim Number:

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Accommodation Details | **Ancillary Details** | Surgery Details

Save as Template | Interactive | OK | Cancel

18.6.5.3   Surgery Details

Click the *Surgery Details* sub-tab of the *Details* tab to enter surgery charges.

Optional fields:

- Surgical Code
- Procedure Information (HCPCS or ICD-9 code)
- Date of Service

18.7   Outpatient Claims

To fill out an outpatient claim (HIPAA transaction 837I), double-click **Claims** in the Medicaid folder, and then click the Outpatient icon, or click **File**>**New**>**Outpatient**.

The *Diagnosis* tab and *Other Insurance* tab is identical on the Professional (837P) claim previously covered. The *Patient* tab, *Claim* tab, and *Details* tab are described in the following sections.

18.7.1   Patient Tab

Required fields:

- Account No., Medicaid No., and provider-defined Medical Record No.
- Last Name and First Name
- Sex, Date of Birth, Street Address, City, State, and Zip Code

18.7.2   Provider Tab

The *Provider* tab has two sub-tabs, *Billing* and *Attending Providers,* and *Operating* and *Other Providers*.

18.7.2.1 Billing and Attending Providers

18.7.2.2 Operating and Other Providers

18.7.3   Claim Tab

Click the *Claim* tab to enter claim information.

Required fields:
- Admission Date and Hour
- Type of Bill

Optional fields:
- Authorization Number
- Discharge Hour
- Occurrence Codes and dates
- Condition Codes

18.7.4   Details Tab

Click the *Details* tab to enter details information.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Required fields:
- Date of Service
- Diagnosis reference (Diag Ref)
- Quantity (Qty)
- Total Charges

- Procedure Code ID is the type of procedure code such as HCPCS; HIEC; National Drug Code in 4-4-2 format, 5-3-2 format, 5-4-1 format, 5-4-2 format, or Mutually Defined.

18.8   Family Planning Claims

To fill out a Family Planning claim (2017 form), double-click **Family Planning** to expand the folder, double-click **Claims**, and then click the Create New Claim icon on the TDHconnect toolbar, or select **File**>**New** from the TDHconnect menu bar.

The *Diagnosis* tab and *Other Insurance* tab is identical on the Professional (837P) claim previously covered. The *Patient* tab, *Provider* tab, *Claim* tab, and *Details* tab are described in the following sections.

18.8.1   Patient Tab

Click the *Patient* tab to enter patient information.

Required fields appear in **bold** text after the appropriate Family Planning Program is selected.

18.8.2   Provider Tab

The *Provider* tab has two sub-tabs: *Facility Provider*, and *Referring* and *Other Provider*.

Required fields:
- Billing Provider ID and Last/Organization Name
- Address, City, State, and Zip Code
- Tax ID

18.8.3   Claim Tab

Click the *Claim* tab to enter claim information.

18.8.4   Details Tab

Click the *Details* tab to enter details information.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Patient:				Provider:		Status:		Claim No:	
				-		New			

Patient | Provider | Claim | Diagnosis | **Details** | Other Insurance

	Dtl No.	From DOS	To DOS	POS	**Procedure Code ID**	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag Ref	Qty/ Units	Total Charge
▶	1	/ /											
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												
	13												

Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00

Save as Template   Interactive   OK   Cancel

18.8.5   Submitting and Retrieving Requests

There are two ways to submit Family Planning claims on TDHconnect 3.0: interactive or batch. An interactive claim is accepted or rejected online while you wait, but must be done one claim at a time. A batch of claims takes 24 hours (usually overnight) to be accepted or rejected and can include one or many claims.

Note: *Accepted* claims do not guarantee payment, only that they are accepted for further processing and will be paid or denied at a later date.

18.8.5.1   Submit/Retrieve Interactive Requests

To submit and retrieve an interactive claim, click **Interactive**. Within a few minutes the claim response, *accepted* or *rejected*, is displayed.

18.8.5.2   Submit/Retrieve Batch Requests

Note: Clicking OK does not send the request to TMHP. Clicking OK stores the request in *Completed* status on the provider's database only. You must do all four steps listed below to send and retrieve batch requests.

Submit a Batch Request

1. Fill out the claim and click **OK**. Repeat for each claim. Claims are stored in *Completed* status on your database.

2. Click **Cancel** to exit Claims and go back to the TDHconnect System Totals window.

3. In the TDHconnect System Totals window, open the *Send Requests* tab.

4. Select the check box for **Family Planning Claims** in the *Send* column.

5. Click **Submit**. Requests are changed to Submitted status and are sent to TMHP.

Retrieve Responses to a Batch Request

1. 24 hours after request submission, go to the TDHconnect 3.0 System Totals window and open the *Retrieve Responses* tab.

2. Select the check box for **Claims** in the *Download* column.

3. Click **Download**. Requests are now changed to Processed status.

4. To view the downloaded response, double click **Claims** under the **Family Planning** folder in TDHconnect Explorer, then double click the response.

18.9   Printing Reports

Seven types of claim reports may be printed from the Medicaid Claim Request/Response Summary.

*   *Transmission Summary.* Click a batch claim response (has Transmit Type B and a Transmission ID). Click **Reports**>**Transmission Summary** to display the report. The number of accepted or rejected claim responses is listed. Click **Print** for a paper copy.

*   *Transmission Detail.* Click an accepted batch claim response (has Transmit Type B and a Transmission ID, and the No. of Requests is greater than the No. Rejected). Click **Reports**>**Transmission Detail**. A list of claim responses in that batch is displayed. Click Print for a paper copy.

*   *Interactive Summary.* Click **Reports** and **Interactive Summary**. The Interactive Transmission Report dialog box opens.
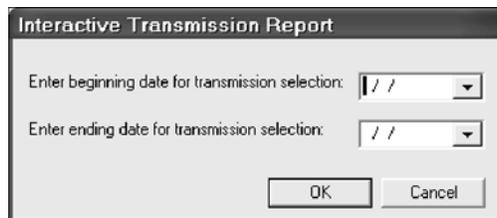
*   Input a range of beginning and ending transmit dates and click **OK**.

*   A report of claim responses is displayed. Click **Print** for a paper copy.

*   *Error Summary.* Click a batch claim response (has Transmit Type B and a Transmission ID) and the No. Rejected must be greater than zero. Click **Reports**>**Error Summary**. A list of rejected claims and errors in the batch is displayed. Click **Print** for a paper copy.

*   *Claim Detail.* Double click an **interactive or batch claim** response. Click **Reports**>**Claim Detail**. A detailed list of the claim is displayed. Click **Print** for a paper copy.

- *Completed Claims.* Click **Reports** and **Completed Claims**. A detailed list of all completed claims immediately starts printing.

- *Rejected Claims.* Click **Reports** and **Rejected Claims**. A detailed list of all rejected claims immediately starts printing. This report can be very useful for working rejected claims. Remember that you will not see rejected claims on your R&S report or on a claim status inquiry.

NOTES

19 Medicaid Claim Status Inquiry

Important: Before using Claim Status Inquiry (CSI), you must fax in a CSI request form, even though claim status inquiry is a built-in function of TDHconnect. A blank Claim Status Inquiry Authorization form is included in the back of this workbook.

Note: Rejected claims are not displayed in CSI responses, only claims that are in process, paid, or denied status.

Contact: For claims assistance, call the TMHP Contact center at 1-800-925-9126.

For LTC claims assistance, call the LTC Help Desk at 1-800-626-4117 (1-512-335-4729 in Austin).

19.1 Create a New CSI Request

CSI requests retrieve information on the status of claims that were accepted into the TMHP system, regardless of whether the claims were submitted on paper or electronically. To create a new CSI request:

1. Double click **CSI** to display the Medicaid Claim Status Inquiry Request/Response Summary window.

2. There are two types of CSI requests, Provider Patient Request and Claim Request. To open a new request, do one of the following:

- Click **File**>**New Request** on the TDHconnect 3.0 menu bar.
- Click the Provider Patient Request icon.
- Click the Claim Request icon.

19.1.1   Provider Patient Request

This batch request retrieves claim information for a specific client and provider over a range of up to three months of service dates, and this three month window can go back three years. Although the range of service dates can span only up to three months, several requests could be submitted in a batch to cover a longer range of service dates.

Required fields:

- Service Begin Date
- Service End Date
- Provider ID and Last/Organization Name
- Client Medicaid No., Last Name, and First Name

The Service Begin Date and Service End Date may be typed in, or use the down arrow to select a range of dates. A span of up to three months can be used, going back three years. The Service End Date can be the current date.

Click **OK** to save as a completed batch CSI request to be sent to TMHP later.

Important: Clicking OK does not send the request to TMHP. Clicking OK stores the request in *Completed* status on the provider's database only. You must follow the procedure described in Section 18.3.2, *Submit/Retrieve Batch Requests*, on page 65 to send and retrieve batch requests.

19.1.2   Claims Request

This request is very useful for quickly finding the status of one claim. This request may be sent *interactively* or as a *batch*.

Required fields:

- Claim Number (24 digits)
- Provider ID (nine-digit TPI), and Last/Organization Name
- Client's Medicaid No., Last Name, and First Name

Interactive Claim Request

Click **Interactive** to get an immediate response. Since this request deals with just one claim, Interactive mode is recommended.

Batch Claim Request

Click **OK** to save as a batch request to be sent to TMHP later.

19.2   Submitting and Retrieving Requests

19.2.1   Submit/Retrieve Interactive Requests

To submit and retrieve an interactive request (such as a Claim Request), fill out the request and click **Interactive**. You will receive a response while online.

19.2.2   Submit/Retrieve Batch Requests

Important: Clicking OK does not send the request to TMHP. Clicking OK stores the request in *Completed* status on the provider's database only. You must follow the procedure described in Section 18.3.2, *Submit/Retrieve Batch Requests*, on page 65 to send and retrieve batch requests.

Submit a Batch Request
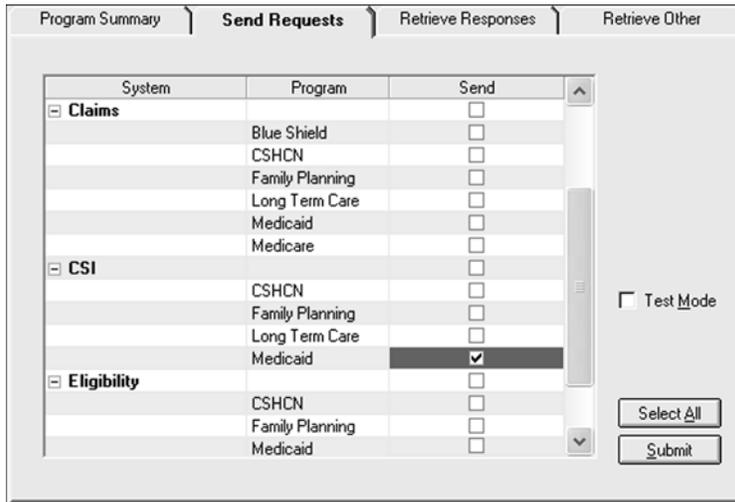
1. Fill out the CSI request and click **OK**. Repeat as needed for each CSI request.
2. Click **Cancel** to exit. The TDHconnect 3.0 System Totals window is displayed.
3. Select the *Send Requests* tab.
4. Select the check box for **Medicaid CSI** in the *Send* column.
5. Click **Submit**.

Retrieve a Batch Request
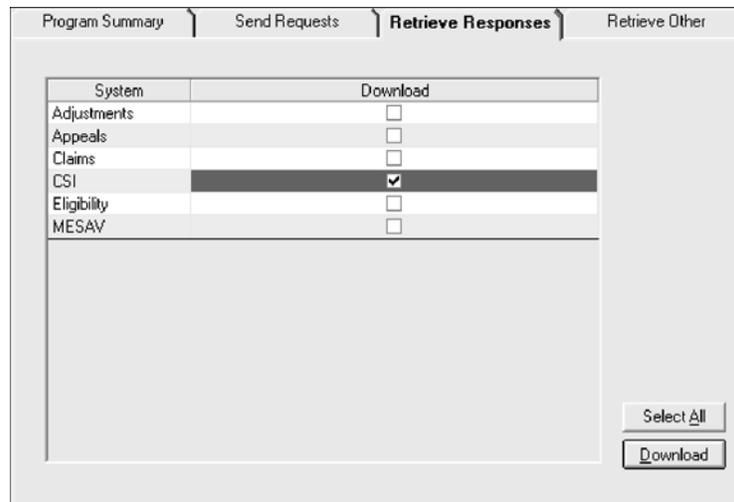
1. 24 hours after request submission, go to the System Totals window and select the *Retrieve Responses* tab.
2. Select the check box for CSI in the Download column.
3. Click **Download**. Requests are now changed to Processed status.
4. To view the downloaded response, double click CSI under the **Medicaid** folder (left side of window), then double click the response.

19.3   Medicaid CSI—Printing Reports

Two types of CSI reports may be printed from the Medicaid Claim Status Inquiry Request/Response Summary.

- *Response Report.* Click an accepted CSI response (number of requests is greater than the number rejected). Click **Reports**, **Response Report**, and **Claim Report**. Click **Print** for a paper copy.

- *Batch Report.* Select **interactive** or **batch response**, click **Reports**>**Batch Report**. The report immediately starts printing a detailed list of all CSI responses from the row you selected.

NOTES

20   Medicaid Electronic Remittance & Status (ER&S)

Note: Refer to the current *Texas Medicaid Provider Procedures Manual*, Section 4, Appendix C and Appendix D for related information and a copy of the ER&S Agreement. You can also call the TMHP EDI Help Desk at 1-888-863-3638 for this form.

To view ER&S information, double-click ER&S to display the Medicaid ER&S Summary List window.

To display a specific ER&S report, double-click the row of the report.

20.1   Download an ER&S Report

Before generating a report:

1. Open the TDHconnect System Totals window.

2. Open the *Retrieve Other* tab.

3. Select the check box in the *Download* column for ER&S.

4. Click **Download**.

Note: ER&S reports are available to download at 6:00 a.m. each Monday. A good practice is to download them weekly.

20.2   Generate an ER&S Report
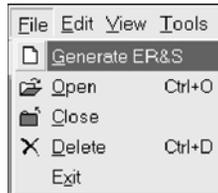
In the Medicaid ER&S Summary List window, click **File**>**Generate R&S**.
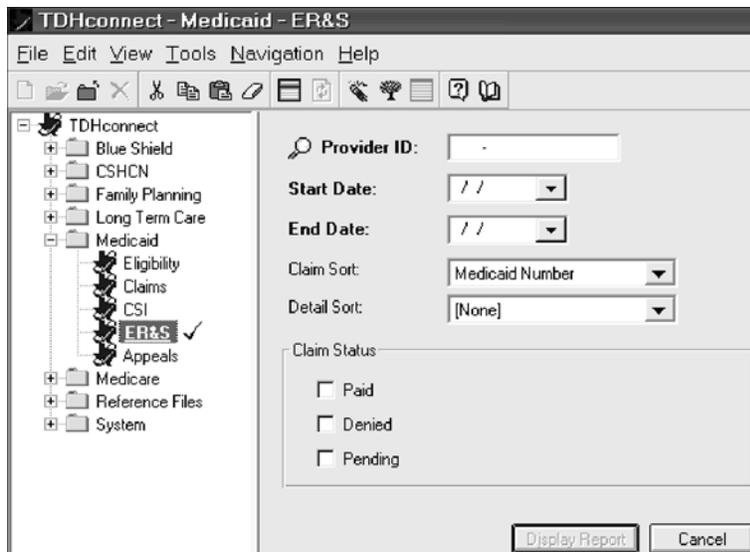
Required fields are:

*   Provider ID
*   Start Date
*   End Date
*   Claim Status **(**check one)

The Start Date is usually a Friday and the End Date is usually the following Monday.

Click **Display Report** to see the report.

20.3   Medicaid ER&S—Print Report

*   Click **Print** to print the ER&S report.
*   Use the forward or backward arrows to see other pages.
*   The down arrow on the size (100%) box reduces or enlarges the image.

21   Medicaid Appeals

Note: Refer to Section 5 in the current *Texas Medicaid Provider Procedures Manual* for related policy information.

Important: If a claim denies with zero allowed, zero paid amounts (see R&S below), follow up with a new claim (not an appeal) within 120 days of the R&S date. See Section 13, *Medicaid Claims* on page 41 for details. An appeal cannot be filed on a pending claim. The ER&S Report has a section for pending claims, identified by *The following claims are being processed*. The pending claim must finalize and be paid or denied before an appeal may be filed.

21.1   Changes to Appeals Resulting From HIPAA

The following items reflect changes to appeals resulting from HIPAA:

- All required data on the appeal must be completed, not just the data being changed from the original claim.
- Appeals look similar to claims, with the exception of three fields on the *Patient* tab of the appeal. See Section 21.4, *Appeal Fields*, on page 104.
- Changes to surgical procedure codes on inpatient claims must be appealed on paper with supporting documentation for review.
- Appeals must include all detail lines on the original claim, in the same order as on the original claim. An appeal will reject if it contains fewer detail lines than the original claim being appealed.
- An added detail line must be submitted as a separate new day claim.

Reminders:

- If the appeal requires additional paperwork, such as on ambulance claims, the appeal must be sent on paper.
- Crossover claims must be submitted on paper, along with a Remittance Advice from Medicare.
- Appeals with dates of service prior to October 16, 2003 should contain Medicaid local procedure codes, if applicable.
- TDHconnect appeals are only by batch; there are no interactive TDHconnect appeals.

Note: If a Provider who files eyeglass appeals converts data from TDHconnect 2.0 to TDHconnect 3.0, any rejected eyeglass appeals that were stored in TDHconnect 2.0 will have to be manually re-entered in TDHconnect 3.0 before resubmitting the eyeglass appeal.

21.2   Three Ways to Complete TDHconnect Appeals

There are three ways to complete TDHconnect appeals:

- Create an appeal from an accepted TDHconnect claim
- Create an appeal from an ER&S report
- Start from a blank TDHconnect appeal

21.3   Create an Appeal from an Accepted TDHconnect Claim

To create an appeal from an accepted TDHconnect claim, perform the following steps:

1. Click the *Save as Appeal* tab at the bottom of an opened claim in the *Claims* section of TDHconnect.

Important: Remember that the claim being appealed must be finalized (paid or denied) before it can be appealed.

2. A message appears:
   - An incomplete appeal has been generated and saved
   - user must go to appeals in TDHconnect to complete the appeal
   - before submitting verify that the claim is in appealable status

3. Go to Appeals and double-click the **Incomplete Appeals** row, then double-click the appropriate appeal from the list of Incomplete Appeals.

4. Fill out any missing information required on the appeal. The fields for appeals are the same as for claims of the same type with one exception: the *Patient* tab has three additional fields not found on claims. See Section 21.4, *Appeal Fields*, on page 104. For frequency code, select seven for an appeal or eight for a void (recoupment), enter the original ICN as a 15 or 24-digit claim number, and the original Medicaid number is filled in for you.

Important: Remember that bolded fields are required, and other fields may be necessary depending on the type of appeal.

Click **OK** on the appeal to save it in completed status to be submitted later to TMHP.

Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals.

Clicking OK does not send the request to TMHP. Clicking OK stores the request in Completed status on the provider's database only. Follow the procedure described in Section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

21.3.1   Create an Appeal from an ER&S Report

To create an appeal from an ER&S report, perform the following steps:

1. Open the Appeals window by double-clicking **Appeals** on the left side of the TDHconnect System Totals window.

2. Click **File>From ER&S**, or click the icon on the TDHconnect 3.0 menu bar to create an appeal from an ER&S report. The ER&S Search window appears.

Important: If you have not signed up to receive ER&S reports, you may do so by filling out an ER&S agreement and faxing it in to the Electronic data interchange department of TMHP.

3. In the ER&S Search window, enter search criteria to find the claim to be appealed and click **Search**.

4. Click the claim being appealed and click **Create**.

5. Fill out any missing information required on the appeal. The fields for Appeals are the same as for claims of the same type with one exception: the *Patient* tab has three additional fields not found on claims. See Section 21.4, *Appeal Fields*, on page 104. For frequency code, select seven for an appeal or eight for a void (recoupment), enter the original ICN as a 15-or 24-digit claim number, and the original Medicaid number is filled in for you.

Important: Remember that bolded fields are required, and other fields may be necessary depending on the type of appeal.

Click **OK** on the appeal to save it in completed status to be submitted later to TMHP.

Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals.

Clicking OK does not send the request to TMHP. Clicking OK stores the request in Completed status on the provider's database only. You must follow the procedure described in Section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

21.3.2   Create an Appeal from a Blank Form

To create an appeal from a blank form, perform the following steps:

1. Open the Appeals window by double-clicking **Appeals** on the left side of the TDHconnect 3.0 System Totals window.
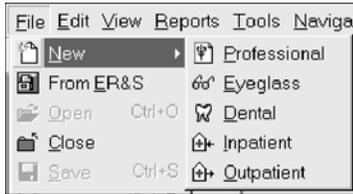
2. Click **File**>**New**, then one of the following:

    -   Professional

    -   Eyeglass

    -   Dental

    -   Inpatient

    -   Outpatient

Or click the icon for the appropriate appeal type on the TDHconnect 3.0 menu bar.

3. Fill out all required fields in the corresponding dialog box displayed.

21.4   Appeal Fields
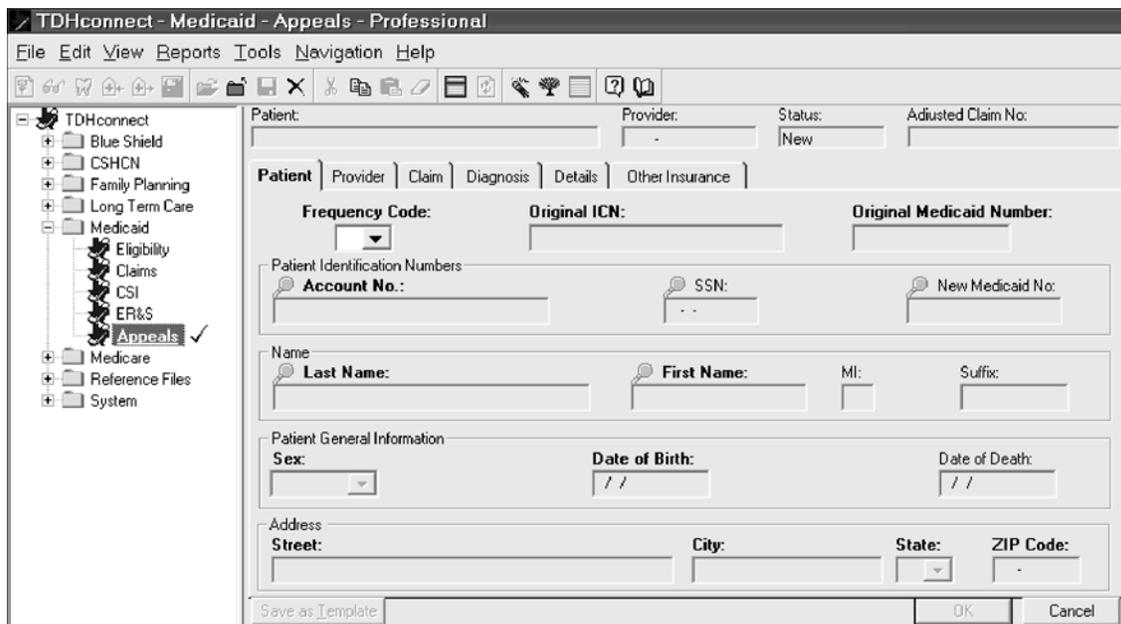
The fields for appeals are the same as for claims of the same type with one exception: the *Patient* tab has three additional fields not found on claims.

-   *Frequency Code.* Select the value of seven to indicate an appeal, or eight to void (recoup) the entire claim. To recoup only a detail line on a claim, fill out the entire appeal and enter the value 0 (zero) for the "Unit Price" field on the *Details* tab.

-   *Original ICN.* Input the 15 or 24-digit claim number of the claim being appealed.

-   *Original Medicaid Number.* Input the nine-digit client Medicaid number used on the claim being appealed.

21.5   Medicaid Appeals—Submitting and Retrieving Requests

21.5.1   Submit/Retrieve Batch Requests
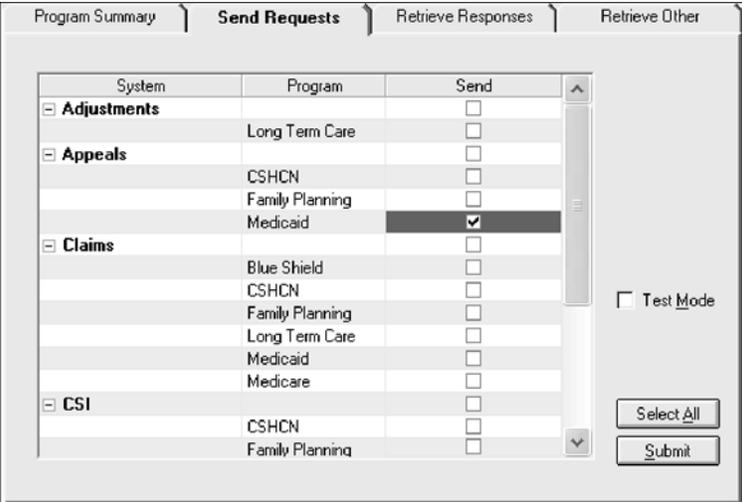
When finished entering data, click **OK** to save the completed appeal to be submitted to TMHP later.

Important: Clicking OK does not send the request to TMHP. Clicking OK stores the request in Completed status on the provider's database only. Follow the procedure described in Section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals. To submit and retrieve a batch of appeals, perform the steps described in the following sections.

Submit a Batch Request
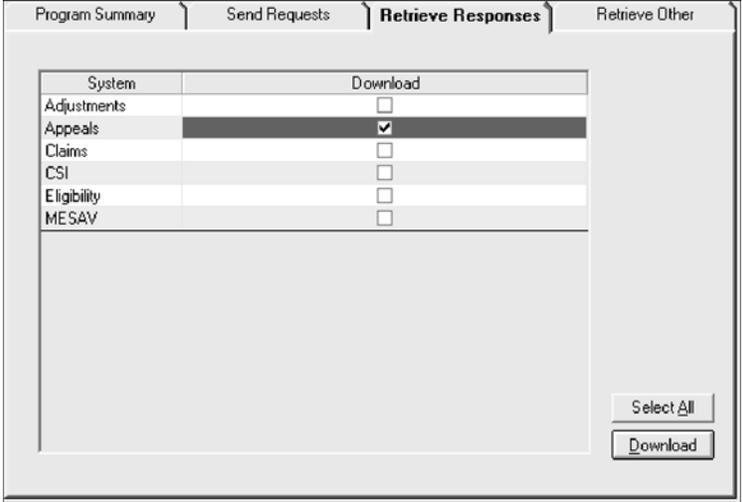
1.   Fill out the appeal and click **OK**. Repeat as needed for each appeal.

2.   Click **Cancel** to exit. The TDHconnect System Totals window is displayed.

3.   Select the *Send Requests* tab.

4. Select the check box for **Medicaid Appeals** in the *Send* column.

5. Click **Submit**.

Retrieve a Batch Request

1. Twenty-four hours after request submission, go to the TDHconnect System Totals window and select the *Retrieve Responses* tab.

2. Select the check box for **Appeals** in the *Download* column.

3. Click **Download**. Requests are now changed to Processed status.

4. To view the downloaded response, double click **Appeals** under the **Medicaid** folder (left side of window), then double click the response.

21.6   Medicaid Appeals—Printing Reports

Six types of appeals reports may be printed from the Medicaid Appeal Request/Response Summary:

Transmission Summary	1. Click an appeal response.
	2. Click Reports>Transmission Summary to display the report. The number of accepted or rejected appeals is listed, along with the amount billed.
	3. Click Print for a paper copy.
Transmission Detail	1. Click an accepted appeal response
	2. Click Reports and Transmission Detail. A list of appeal responses in that batch is displayed.
	3. Click Print for a paper copy.
Error Summary	1. Click an appeal response with a processed status and number rejected greater than zero.
	2. Click Reports>Error Summary. A list of rejected appeals and errors in the batch is displayed.
	3. Click Print for a paper copy.
Appeal Detail	1. Double-click an appeal response.
	2. Click Reports>Appeal Detail. A detailed list of the appeal is displayed.
	3. Click Print for a paper copy.
Completed Appeals	1. Click Reports>Completed Appeals. The following statement appears: There are __ appeals to print. Do you want to continue?
	2. Click Yes to print a detailed list of all completed but not yet submitted appeals.
Rejected Appeals	1. Click Reports>Print Rejected Appeals. The following message appears: There are __ appeals to print. Do you want to continue?
	2. Click Yes to print a detailed list of all rejected appeals.

22 Attachments

22.1 Claim Status Inquiry Authorization Form

This section contains the TMHP Claims Status Inquiry Authorization form.

Note: This form is for Acute Care providers only. Long Term Care providers should contact the TMHP EDI Help Desk at 1-888-863-3638 for assistance.

TIP: Photocopy this form and retain the original for future use.

Claim Status Inquiry Authorization

This form is for ACUTE CARE providers only.

If you are a Long Term Care provider, contact TMHP's EDI Help Desk at 888-863-3638 to request the correct form.

The following information <u>MUST</u> be completed before you can be granted Claim Status Inquiry (CSI) access.

---

1. Enter your Production User ID: _____

2. Enter your Production User ID Password: _____

*The TMHP **Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Claim Status Inquiry reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.*

---

3. Select Action: **A** ☐ Add Claim Status Inquiry Privileges
                          B ☐ Revoke Claim Status Inquiry Privileges

---

4. Enter organization information:

*List the billing Texas Provider Identifier (TPI) number(s) you choose to access using the Production User ID given above. **Submit additional copies of this form if you need to add more TPI numbers.***

Provider Name   **7–Digit BILLING TPI Base Number**
Must be the name associated with the TPI Base number listed at right.   *The first 7 digits of the 9 digit TPI number.**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

*Note: *Performing TPI numbers do not have Claim Status Inquiry access. Enter only **<u>BILLING</u>** TPI numbers.*

---

5. Enter Requestor Information:

              Name: _____

              Title: _____

              Signature: _____

    Telephone Number: _____ ext. _____

          Fax Number: _____ ext. _____

---

6. Return this form to: Texas Medicaid & Healthcare Partnership
                                Attention: EDI Help Desk, MC–B14   Or Fax to
                                PO Box 204270   512-514-4228 or 512-514-4230
                                Austin, TX 78720-4270

DO NOT WRITE IN THIS AREA — For Office Use

Input By: _____ Input Date: _____ Mailbox ID: _____

22.2   TDHconnect Order Form

This section provides the TMHP TDHconnect order form.

TIP: Photocopy this form and retain the original for future use.

TDHconnect Order Form

TDHconnect is the software owned by the State of Texas for interfacing into the TexMedNet system. You will be able to use Eligibility, Claims Submission, Claim Status Inquiry, Remittance and Status Report, Appeals, TexMedNet Email, and access the TexMedNet BBS using this software. The system requirements for TDHconnect are listed on the bottom of this page. You should acquire at the least, the minimum PC requirements before ordering TDHconnect. This form should be faxed to 1-512-514-4228 or 1-512-514-4230. You should receive your software and User IDs within two weeks of our receipt of the form. Installation instructions will be enclosed with your software.TDHconnect includes an online help file containing all necessary information for the operation of TDHconnect. However, if you find you need further assistance using TDHconnect, workshop-style classes are available. Contact the TDHconnect workshop registration line at 1-512-514-3250 for information regarding TDHconnect workshops.

Only one TDHconnect order form for your location is necessary. If you have multiple billing Texas Provider Identifiers (TPIs), list all TPIs in the "Billing TPI(s)" field. Send a separate attachment listing all billing TPIs if there are more than seven.

Organization Name			
Billing Texas Provider Identifier(s)			
Contact Name			
Contact Phone			
Address			
City/State/ZIP			

TDHconnect Software and Hardware Requirements

Minimum PC Requirements	Recommended PC Requirements
PC with a Pentium class processor	PC with a Pentium 200-MHz or higher processor
16MB of RAM for Windows 95	48MB of RAM for Windows 95 or later
24MB of RAM for Windows 98	64MB of RAM for Windows 98
32MB of RAM for Windows ME	64MB of RAM for Windows ME
24MB of RAM for Windows NT 4.0 w/Service Pack 5	64MB of RAM for Windows NT 4.0
64MB of RAM for Windows 2000 Professional Operating System	128MB of RAM for Windows 2000 Professional Operating System

100MB hard disk space for installation	100MB hard disk space for installation
50MB hard disk space per user per year for database	50MB hard disk space per user per user per year for database
CD-ROM drive for installation	CD-ROM drive for installation
800 x 600 VGA (monitor resolution), 256 colors	800 x 600 VGA (monitor resolution), 256 colors
Microsoft Windows 95 or later operating system or Microsoft Windows NT operating system version 4.0 with Service Pack 5 or later	Microsoft Windows 95 or later operating system or Microsoft Windows NT operating system version 4.0 with Service Pack 5 or later
8600 bps modem	28800 (or greater) bps modem
Adobe Acrobat Reader 4.0 (4.05 will be included on the installation CD)	Adobe Acrobat Reader 4.05 (4.05 will be included on the installation CD)
Microsoft Internet Explorer (I.E.) 4.01 with Service Pack 2 (Microsoft Internet Explorer 5.0 will be included on the TDHconnect installation CD.)	Microsoft Internet Explorer (I.E.) 5.0 (Microsoft Internet Explorer 5.0 will be included on the TDHconnect installation CD).

Last update 03/30/2001

TDHconnect Order Form — Submission & Shipping Instructions

Standard delivery of the *TDHconnect* software is via USPS regular mail. Overnight or Next Day Air shipping is available **at Provider's expense** via UPS. Indicate below the shipping method you prefer:

☐ Standard mail delivery (allow 15 working days)

☐ UPS Overnight

☐ UPS 2nd Day Air

UPS cannot deliver to a PO BOX.

UPS delivery is **at Provider's expense**. Enter your UPS Account Number below. Requests submitted without a valid account number will be shipped via standard mail delivery.

Before faxing or mailing this agreement, ensure that all required information is completely filled out, and that the agreement is signed.

Incomplete agreements cannot be processed.

Mail to: Texas Medicaid & Healthcare Partnership
Attention: EDI Help Desk MC–B14
PO Box 204270
Austin, TX 78720-4270

Fax to: (512) 514-4228
= OR =
(512) 514-4230

22.3   Glossary

Accepted Electronically submitted requests that have passed the acceptance edits, been assigned an ICN, and are processing in the system. Accepted claims appear on your R&S report.

Batch Submission One or more transactions grouped together and submitted for processing. You may download a response 24 hours after submission.

Completed Request has been entered into TDHconnect 3.0, passed all the local edits, but has not been submitted. Completed requests convert to Submitted status after being sent in a batch.

Denied A claim that has been denied for payment because it did not pass all program edits. A denied claim appears on your R&S report in the non-pending section.

Download The process of retrieving electronic files from another system.

Interactive Submission Submission of a single electronic transaction that receives a response during one session.

Minimize Reduce a window or dialog box to an item on the Windows® taskbar. The minimize button is on the upper right corner of a window, dialog box, or message.

Operating System The version of Windows® you are currently using, such as Windows 95, 98, ME, NT and 2000.

Paid A claim that has been approved to pay because it passed the program edits. This claim appears on the R&S report.

Pended/ Suspended Claim A claim that has failed a program edit and is pending edit resolution before continued processing. You cannot submit a claim or an adjustment for a claim in the pending section of your R&S report.

Processed Request has been submitted through TDHconnect 3.0 and a response has been downloaded. Processed requests cannot be resubmitted.

Rejected Request that has received a response indicating the request has been sent back for errors. The request may be corrected and resubmitted. Rejected claims do not receive an ICN nor do they appear on the R&S report. Providers are still bound to submitting a claim within the original 95-day timeline, but if the rejection is within the 95-day timeline, they may print the rejection report and submit a new claim with a paper copy of the rejection report within 120 days of the rejection.

Submit Error A submit error is a software level error that resulted in the batch not being transmitted electronically to TMHP. A submit error is usually the result of keying errors on one or more claims but could be the result of several different reasons. If the error in the claim(s) cannot be located, please contact the TMHP EDI Help Desk at 1-888-863-3638.

Submitted Request has been transmitted for processing. Submitted requests convert to Processed after the response has been downloaded.

Submitter ID The nine-character, numeric ID first issued when providers start to bill electronically. This should be placed in the "Compass21 user ID" field and/or "CMS user ID" field, located in the System settings window. You can reach this window by going to Communications>System Settings.

Template A TDHconnect 3.0 window that shows all the data fields needed to submit a claim or MESAV request. Templates allow you to save complete or partial data for future use.

TPI Number The nine-character, numeric Texas Provider Identifier number issued to you through Medicaid.

22.4   Workshop Evaluation

Location (City): _____   **Date:** _____

Presenter(s): _____

I.   Objective (evaluate from 1 to 5): How well do you feel this workshop has fulfilled its objectives?

This workshop has helped me understand:	Effective				Ineffective
Installation	5	4	3	2	1
Eligibility Inquiries	5	4	3	2	1
Client Database	5	4	3	2	1
Claims Submission	5	4	3	2	1
Claim Status Inquiry	5	4	3	2	1
Electronic Adjustments	5	4	3	2	1
Reference Files	5	4	3	2	1
Electronic Remittance & Status Reports	5	4	3	2	1
Paper Claim Forms	5	4	3	2	1

II.   Overall program (evaluate from 1 to 5):

	Yes				No
Content was informative and helpful to your office	5	4	3	2	1
Information was clearly presented and easily understood	5	4	3	2	1
Seminar met or exceeded your expectations	5	4	3	2	1
Would recommend this seminar to others	5	4	3	2	1

III.   Comments / Suggestions:

_____

_____

IV.   How did you hear about this workshop?

_____

V.   Complete the following section only if you would like information or you have a question or problem you need help resolving:

Name: _____   **Provider #:** _____

Provider Name: _____

Mailing Address: _____   **Phone #:** _____

I would like a visit to discuss the following questions or problems:

_____

_____