

²⁰⁰⁵ Acute Care TDHconnect 3.0

Workshop Manual



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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.

See Section 9, *Opening and Logging on to TDHconnect 3.0,* on page 21 for basic information on how to log on after installing TDHconnect 3.0 software.

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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	

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 $^{(\! R)}$ 4.0 (Acrobat Reader 4.05 is included on the TDH connect 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.

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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:

Help		
🕐 What's This?	Shift+F1	
💭 Contents and Ir	ndex F1	
Online <u>M</u> anuals	•	
Product <u>S</u> upport		
About TDHconnect		

- 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.
- 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

2. Access the TMHP website at www.tmhp.com. The TMHP homepage opens.

I would like to...

- Activate my Account
- Find Loftware/Service Packs
- <u>Verify Eligibility</u>
- Inquire about a Claim Status
- Find Publications/File Library
- Email the Contact Center
- Register for a Workshop

- 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:

Click here to: <u>Activate My Account Now</u> رالمی

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

Long Term Care Providers

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

тмнр Activate My Account					
<u>Home</u> > Security					
To activate your account, please fill out th	To activate your account, please fill out the information below and click the Activate Account button.				
* User Name:		6-15 characters(no spaces or special characters)			
Must be different than your EDI Submitter ID					
* First Name:		(no special characters)			
* Last Name:		(no special characters)			
* Email:					
* Confirm Email:		Please retype your email. Do not cut and paste.			
* Password:		8-15 characters(no spaces or special characters)			
* Confirm Password:					
* Provider Type:	Select 🗸				

- 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.

You nave entered the secure portion of the lexas Medicald's Healthcare Parthership (TMHP) website. Throughout the terms herein, reference to TMHP means TMHP, &CS State Healthcare, LLC, its parent company, affiliates, subsidiaries, employees, consultants and subcontractors.	
Terms of Use	_
By accepting the terms of use, you will be allowed access to programs, reports and information protected by federal and state law contained in the secure portion of this website. Only authorized persons in lawful possession of a password provided by TMHP to provide such passwords may enter and access the secure portion of this website. The use of this website is subject to the terms of use contained herein. Once you have accepted the terms of use, you will not be asked to accept such terms again when you access the site another time. TMHP has the right at any time to change or modify the terms of use which will be posted on this website. Any use of the website by you after modified terms have been posted will be deemed to constitute acceptance by you	2
I agree to these terms	
Activate Account	

- Read the general terms and conditions. Use the scroll bar on the right side of the text box to scroll through the text.
- After you read and understand the general terms and conditions, select the check box next to "I agree to these terms."

- 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.

Help	
Con	itents and Index
Tip	of the Day
For	Netscape Users
Onli	ine Support
Sen	d Feedback
Aba	out Internet Explorer

- 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:

I would like to...

- Activate My Account
- = Find Software/Service Packs
- = Vrify Eligibility
- Inquire about a Claim Status
- Find Publications/File Library
- Email the Contact Center
- <u>Register for a Workshop</u>

File Library		
🔄 Filter		
Туре	Name	
	<u>Banner Messages</u>	
	EDI	
	HIPAA	
	Long Term Care Programs	
	TDHconnect	
	<u>X</u> vider Manuals	

 File Library

 Up | Filter |

 Type Name

 TDHconnect Install Errors

 TDHconnect Replacement Files

 TDHconnect Updates

- 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.
- 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.
- 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.
- 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: <i>TDHconnect is already running</i> .		
	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 th <i>Windd</i>	ie Windows [®] Task Manager to shut down TDHconnect 3.0. See <i>Using the</i> boxs [®] 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.

🛛 Windows Task Manager
File Options View Windows Help
Applications Processes Performance Networking
Task Status
🗐 TDHconnect 3 v0.0a.doc - Microsoft Word Running
SnagIt Running
C) Hints Running
Workbooks Running
End Task Switch To New Task
Processes: 46 CPU Usage: 1% Commit Charge: 286248K / 865756K

- 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</ctrl>	Copy selected text		
<ctrl> + E</ctrl>	Focus on Error window		
<ctrl> + D</ctrl>	Delete a record from the database		
<ctrl> + 0</ctrl>	Open a record from a list		
<ctrl> + R</ctrl>	Focus onTDHconnect Explorer		
<ctrl> + S</ctrl>	Save a request		
<ctrl> + T</ctrl>	Clear all fields on this window		
<ctrl> + V</ctrl>	Paste selected text		
<ctrl> + W</ctrl>	Focus on Workspace		
<ctrl> + X</ctrl>	Cut selected text		
<alt> + E</alt>	Open Edit menu		
<alt> + H</alt>	Open Help menu		
<alt> + N</alt>	Open Navigation menu		
<alt> + R</alt>	Open Reports menu		
<alt> + V</alt>	Open View menu		
<shift> + <f1></f1></shift>	Open What's This?		

Function Keys			
Press	Action		
<f1></f1>	Access the Help files for information about the current window.		
<f2></f2>	Access the Local Reference Database for the selected field.		
	Place the cursor in the field and press <f2></f2> .		
<f3></f3>	Copies a single cell.		
	Place the cursor beneath the cell to copy and press <f3></f3> .		
<f4></f4>	Copies the entire row.		
	Place the cursor beneath the line to copy and press <f4></f4> .		
<f5></f5>	Causes a window to refresh and display all data created simultaneously by multiple users of TDHconnect 3.0.		
<f6></f6>	Inserts a new row.		
	Place the cursor on a row (the new line is added below this row) and press <f6></f6> .		
<f7></f7>	Deletes a row.		
	Place the cursor on the row to delete and press <f7< b="">>.</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.

Z TDHconnect					
<u>File Edit Reports Security View</u>	w <u>T</u> ools <u>C</u> ommunications <u>N</u> avigation	Help			
D⊯≓∎X⊁⊾∎€	🛓 🖉 🖉 System Settings 🛛 📝	0 🛠 🗄	1 🖉 🌵	``\$ 🖤 🗌	00
TDHconnect	Modems TexMedNet	[DHconne	ct Syste	m Totals	;
i⊞∽iiii CIDC ⊞∽iiii Eamily Planning	Program Summary S	end Requests) Re	trieve Resp	onses
E Long Term Care					
Hedicaid	Program	Subsystem	Completed	Submitted	Accepted
Hedicare	Blue Shield				
En neiefence Files		Claims	0	0	0

🚍 System Settings	×
System Settings	Contact Information
Compass 21	
User ID:	Password:
Organization/Last Name:	First Name: Middle Intial:
Long Term Care	
User ID:	Password:
Organization/Last Name:	First Name: Middle Intial:
Phone Number:	
ECMS:	
[_] ·	
	OK Cancel <u>Apply</u>

 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.

🚍 System Settings	×
System Settings	Contact Information
C21 Site Contact Information Last Name: Contact Phone Number:	First Name:
Long Term Care Site Contact Information Last Name: Contact Phone Number: [() •	First Name:
	OK Cancel Apply

- 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.

Communications Navigation		
🗊 System Settin	gs 🕼	
🖉 Modems		
🏘 TexMedNet	T	

2. Select **Communications>Modems** on the TDHconnect 3.0 menu bar. The Installed Modems dialog box opens.

Installed A	lo dems	\mathbf{x}
Connect using:	NONE	•
From location:	NONE	•
		OK Cancel

le installed moderns 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



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.

Z TDHconnect - Client Sele	ction
<u>File Edit R</u> eports <u>S</u> ecurity <u>V</u> iev	v Iools Communications Navigation Help
D⊯≝∎×⊁₽∎®	l / 22 22 27 72 6 9 12 12 27 5 28 49 14 14 17 12 12 12 12 12 12 12 12 12 12 12 12 12
TDHconnect Blue Shield CIDC Family Planning CIDC Government Americane Medicare Reference Files Client Reference Codes System	Last Name First Name SSN Client I Last Name First Name SSN Client I Last Name First Name SSN Client I Image: Signal Strategy Clients For This Program Type? Filter Autofind Column: Filter Type Blue Shield Image: Strate Strategy Clients For This Program Type? Filter Autofind Text Mode Image: Strate Strategy Clients For This Program Type? Blue Shield Image: Strate Strategy Clients For This Program Type? Filter Autofind Text Mode Image: Strate Strategy Clients For This Program Type? Blue Shield Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type? Filter Type Autofind Text Mode Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type? Filter Type Medicaid Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type? Medicaid Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type? Image: Strategy Clients For This Program Type?
	Ne Program Assigned
	<u>Find Text</u> <u>A</u> dd <u>Display</u> <u>Delete</u> <u>Cancel</u>

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.

Last Name:	First Name:		M.I.: S	uffix:
ient Information				Launch Program
Address 1:		Program Name	Client Status	Client
		Blue Shield		Blue Shield
Address 2:		CIDC		CIDC
		Family Planning		Family Planning
Citu:	State: ZIP Code:	Long Term Care		Long Term Care
		Medicaid	<u> </u>	Medicaid
	Date of Pirth: Sour	Medicare		Medicare
Account No.:				
Release of Info Indicator:	Patient Signature Source:			
narmacy Information				
Name:	Phone No.:			

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).

TDHconnect - Client - Med	licaid						
<u>File E</u> dit <u>R</u> eports <u>S</u> ecurity <u>V</u> iew	Tools Communications	Navigation <u>H</u> elp					
□ ☞ 🖬 🖬 🗙 👗 🛍 🛍	0 🕺 🗐 💝 🛤 🖗) 💁 🗹 🗇 🤅	* 534	``\$ 🖤 🔲	20		
E 😸 TDHconnect	Last Name:		First Name:			M.I.:	
	Doe		John			\Box	
Family Planning	Client Detail 1 Asso	ciated Provider 1	Authorization	Diagnosis	Other Insurance] Miscellaneous [
E Medicaid			Hadronzadori	Diagnoolo	other modifice	Intecentione	1
Medicare	Client IDs						
<u>En hererence Files</u>	Account No.:		Medicaid No.:	Medical f	Record No.:	Lock-	In/PCP
Provider	J.		1	1			
E E System	Barrand	Description 1	1				
	Date of Death:	Last:	Name	Fir	st:		M.L:
	77 💌						
						ОК	Cancel

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.

Z TDHconnect - Provider Se	lection								
Eile Edit Reports Security View Tools Communications Navigation Help									
D⊯≝∎X∦≵≞®	0 🖉 🕸 💝 🛤 🔒 🛃 🤣	* 🗊 🖗 🐐 📽 🖤 🔲 🕄 🛍							
TDHconnect Blue Shield CIDC Family Planning Clorg Term Care Medicare Medicare Reference Files Client Provider	Last/Organization Name	First Name	Tax ID Blue						
Efference Codes ⊕-∰ System									
	Program Name Display Prov Progra Display Prov Progra Display Prov Program Program Display Prov Program Program No Program Assignment	iders For This Filter M Type? Autofind Column: Image: Strate Str	Filter Type Filter Type Starts With Contains CExact Match Delete Cancel						

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.

/ TDHConnect - Provider C	ommon Setup				
<u>File Edit Reports Security View</u>	w <u>T</u> ools <u>C</u> ommunications <u>N</u> avigation <u>H</u> elp				
D⊯≝∎X X ⊫∎®	10223> = 8500	* 🕫 🖉 🐐	¥ 🗌 🕽 ն		
TDHconnect TDHconnect Blue Shield Family Planning Family Planning Family Care	Provider Last/Organization Name:	First Name:			M.I.: Suffix:
Eoig reinicale Medicaid Medicare Reference Files	Provider Information Address 1:		Program Name Blue Shield	Provider Status	Launch Program For Provider Blue Shield
Client Provider ✓ Reference Codes ⊕-	Address 2:		CIDC Family Planning Long Term Care Medicaid		CIDC Family Planning Long Term Care Medicaid
	City: State:	ZIP Code:	Medicare		Medicare
	Phone No.:				
	Provider IDs Tax ID: SSN:				Þ
					OK Cancel

- 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.

Z TDHconnect - Provider - I	Medicaid
<u>File Edit R</u> eports <u>S</u> ecurity <u>V</u> iew	v <u>T</u> ools <u>C</u> ommunications <u>N</u> avigation <u>H</u> elp
D 📽 🖬 日 🗙 👗 🛍	4 0 22 22 3> ≈ 8 \$ 1 0 2 5 5 5 4 3 5 4 3 5 5 1 0 10
TDHconnect Blue Shield CDC Family Planning Cong Term Care Hedicaid Faference Files Client Faference Files Provider Faference Codes System	Last/Organization Name: First Name: MI: Smith John Medicaid Provider Provider ID: Provider ID: Group ID No.: CLIA No.: State License No.: Notes:
	OK Cancel

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.

Z TDHconnect - Reference Codes								
Eile Edit Reports Security View Tools Communications Navigation Help								
D ☞ 🖬 🖬 X ½ 🖻 8 / 2 22 ở 🕫 8 角 🖸 ⊘ ở 🗊 🧶 🏘 🌂 🆤 🗐 🤁 🕼								
🖃 🐙 TDHconnect	_							
🕀 🧰 Blue Shield		Procedure Code	Mod	Mod	Mod	Mod	Description	Billed Amount 📥
⊞⊶ CDC ⊞⊶ Family Planning		00000	1			7	CONVERSION FACTOR	\$0.00
term Lang Ferm Lare terminia Medicaid		00001					THERAPEUTIC ULTRASOUND OF VESSELS OF HEAD AND NECK	\$0.00
Hedicare		00002					THERAPEUTIC ULTRASOUND OF HEART	\$0.00
Provider		00003					THERAPEUTIC ULTRASOUND OF PERIPHERAL VASCULAR VESSELS	\$0.00
€		00009					OTHER THERAPEUTIC ULTRASOUND	\$0.00
		00010					IMPLANTATION OF CHEMOTHERAPEUTIC AGENT	\$0.00
	Filte Aut Pr Aut	ofind Columr ocedure Coc ofind Text:	n: le			•	Filter Type Codes Image: Code starts With Procedure Image: Code starts With Procedure Image: Code starts With Image: Code starts With Image: Code starts With Ima	Cancel

- 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.
- 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

Z TDHconnect		
<u>File Edit R</u> eports <u>S</u> ecurity <u>V</u> iev	v <u>T</u> ools <u>C</u> ommunications <u>N</u> avigation <u>H</u> elp	
D 📽 🖬 🖬 X 🐇 🖬 🛱	. ∕ № № ♥ ≈ 8 9 1 0 0 0 0 0 0 0 0 0 0	00
E 😸 TDHconnect	TDHconnect System Tote	lls
tering CIDC tering Family Planning	Program Summary	sponses Retrieve Other
ia - international Long Term Care Ia - international Medicaid	Catagoria	Deumland
🗄 💼 Medicare	= FB1S	Download A
🗄 🛄 Reference Files	LTC Beference Codes	
	Billing Codes	
	Service Codes	
	Service Group	
	LTC Procedure Codes	
	Item Codes	
	EOB	
	LTC Crosswalk	
	All LTC Reference Codes	
	LTU System	
	- L21 Reference Lodes	
	DIagnosis Codes	
	Edit Audit Codes	Process ER&S
	EOB 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

TDHconnect



- 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

🔊 Datab	ase Utilities	_				2
Com	press	Purge	ì	Mapper	ì	Back-up
	Program Blue Shield CIDC Family Planning Long Term Care Medicaid Medicare Reference Files		c	ielect		
					(<u>C</u> ompress
					(Cancel

- **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

Compress)	Purge	Mapper) Bac	:k-up
System	Program	Purge 🗸	Age in d	ays:
Adjustments			1	-
	Long Term Care			_
Appeals				
	CIDC			
	Family Planning		-	
	Medicaid			
🖃 Claims				
	Blue Shield			
	CIDC			
	Family Planning			
	Long Term Care			
	Medicaid		Puri	ge _

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.

Database Utilities	X
Compress Purge Mapper	Back-up
	Map
	Cancel

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

🔊 Database Utilities			×
Compress	Purge	Mapper	Back-up
Program Blue Shield CIDC Family Planning Long Term Care Medicaid Medicare Reference Files		Select	
			<u>B</u> estore Backup
			Cancel

- 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.

🖽 Password Administration 🛛 🗙
Current User:
admin
Enter Current Password:
Enter New Password:
Confirm Password:
OK Cancel

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

📽 Scheduler	\mathbf{x}	
Options Send Requests Get Responses Database	History	The <i>Options</i> 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.
	<u>Apply</u>	Note: Schedule events at least 15 minutes apart to allow time for each event to

14.4.2 Send Requests Tab

📽 S	icheduler								×
	Options	ÌS	end Requests	Get Responses	٦.	Database	T	History	h
			,		·		·		
	Туре		Start Date	Time			Interval		
									di.
					Delete	e Ec	lit	Add	ן
								Cancel]

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.

🖗 Event Scheduler 🛛 🔀
Type: Adjustments
When 11/20/2003
Interval Age:
OK Cancel Apply

- 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

Scheduler	nd Bequests	monses i) Database) History)	3	
Туре	Start Date	Time	Interval	Us the	e the <i>Get Responses</i> tab to schedule retrieval of batch responses.
				No	te: If Send Requests have been scheduled, consider scheduling Get Responses on the following day
				1.	Select the Get Responses tab
	1.	Delete Ec		2.	Click Add . The Event Scheduler dialog box opens.
			Cancel		

🖗 Event Scheduler 🛛 🗙
Type: Adjustments
When 11/20/2003
Interval Age:
<u> </u> K Cancel Apply

- 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

📽 Scheduler	X	
Options Send Requests Get Responses Database	History	
Type Age Start Date Time		Use the <i>Database</i> tab to schedule the automatic execution of database
		maintenance functions such as backup,
		compress, or purge.
		1. Select the <i>Database</i> tab
		2. Click Add . The Event Scheduler
		dialog box opens.
Delete		
	Cancel	

🖗 Event Scheduler 🛛 🔀
Type:
Adjustments
When
11/20/2003
Age:
<u>OK</u> Cancel Apply

- 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

¥.	Scheduler				×	1	
	Options)	Send Requests	esponses	Database	History	The <i>Hi</i>	<i>story</i> ta
	Event	Туре	Date	Status	Time	unsuco schedu	curred essful. Iled eve
						Note:	If the submi retriev windo Utilitie
					Clear All		
					Cancel		

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.

oading Users	-
Iser dgard loading	

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.

Security Admin	istration			×
User ID	User Name	Description	TexMedNet ID	TexMedNet 🔺
Admin	System Administrator	Administrator	nC21Test	nhic
-				
				_
		1		
				<u> </u>
		Add User Edit User	<u>D</u> elete User ∐iew	Rights Cancel

 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



Security Wizard - Step 2 of 5 Program Selection Stepi Program Options: Selections: Blue Shield Medicaid Step 2 CIDC Medicare Family Planning Reference Files Long Term Care System. Step 3 Step 4 Cancel Back <u>N</u>ext



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 \checkmark indicates that the user has access, and an $\mathbf x$ indicates that a user does NOT have access.
- Change the settings by double clicking on the \checkmark or \mathbf{X} 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) Re	trieve Resp	onses	Retrieve Otl	her
,						
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.

Program Summary	Send Requests	Retrieve Responses]	Retrieve Other
	, , , , , , , , , , , , , , , , , , ,			
System	Program	Send	~	
Adjustments				
	Long Term Care			
 Appeals 				
	CIDC			
	Family Planning			
	Medicaid			
– Claims				
	Blue Shield			
	CIDC			E Tanking
	Family Planning			I Test Mode
	Long Term Care			
	Medicaid			
	Medicare			
- CSI				Calaasidii
	CIDC			Select All
	Family Planning		Y	Submit

- 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.

Program Summary	Send Requests Retrieve Responses	Retrieve Other
System	Download]
Adjustments		
Appeals		
Claims		
CSI		
Eligibility		
MESAV		
		Select All
		Jelect All
		Download

- 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

Category	Туре	Download	^
ER&S			
LTC Reference Codes			
	Billing Codes		
	Service Codes		
	Service Group		
	LTC Procedure Codes		
	Item Codes		
	EOB		
	LTC Crosswalk		
	All LTC Reference Codes		
	LTC System		
C21 Reference Codes			
	Diagnosis Codes		
	DRG Codes		D D
	Edit Audit Codes		Process ER&S
	EOB Codes		Download

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

🗸 TDHconnect - Medicai	id - Eligibility				
<u>E</u> ile <u>E</u> dit ⊻iew <u>R</u> eports <u>I</u>	Tools <u>N</u> avigation <u>H</u> el	р			
"┢╔┎╡┫╳┊╝╔	1/ 🗖 🖗 🛯 🖉	20			
🖃 🐙 TDHconnect		Medicaid Eligit	ility Request/Respor	nse Summary	
🕒 🛄 Blue Shield					
CSHCN Econily Planning		Status Completed	No.	. of Items	
Care		Rejected	0		
E Medicaid		Template	0		
Eliqibility 🗸					
CSI	Transmission ID Local	ITxn ID Transmit Tran Type Tran	mit Date/Time Status	No. of No. Requests Rejected	Submitter ID
Appeals	1	I 10/20/2	000 03:46:06 PM Processed	1 0	admin
• Medicare					
🛨 🛄 Reference Files					
i - E - E System					
					Leiete Lancel

- 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.

TDHconnect - Medicai	d - Eligibility		
- Torreonnect - Meurcar			
∃ile <u>E</u> dit ⊻iew <u>R</u> eports <u>T</u>	ools <u>N</u> avigation <u>H</u> elp		
ो⊯∸É⊟×Xն≞®	4 / ⊟ 🖻 📽 🌳 🗐 🕼	1	
∃ 🐙 TDHconnect ⊕ 💼 Blue Shield	Request Information		
E CSHCN		Req	uest Status New Request
😟 💼 Family Planning	Provider Information		
🕀 🛄 Long Term Care	Provider ID:	Start Date:	End Date:
E Medicaid	1234567-01	01/13/200 👻	01/13/200 💌
🛃 Eligibility 🗸			
	One of the following field com	binations must be entered: Medicaid No.;	SSN & Last Name; SSN & DOB; or
	Last Name, First Name & DOB.		
Appeals	Patient Information		
	🔎 Medicaid No.:	O SSN:	O Account No.:
Reference Files			
主 💼 System	O Last Name:	First Name:	M.I.: Suffix:
-		ř	
			1
	Additional Search Fields		
	Date of Birth:	Sex	
		•	
	City:		
		·	
	<u>Save as Template</u>		Interactive OK Cancel

- 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	1.	Click a batch eligibility response (has Transmit Type B and a Transmission ID).
Summary	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	1.	Select an accepted response, batch or interactive. The response is displayed.
Response	2.	To print the response, click Reports, Information Response.
	3.	Click Print on the TDHconnect 3.0 menu bar.
Interactive	1.	Click Reports and Interactive Summary on the TDHconnect 3.0 menu bar.
Summary	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	1.	Select an interactive or a batch response.
Report	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.

Z TDHconnect - Medicaid -	Claims								
<u>File E</u> dit <u>V</u> iew <u>R</u> eports <u>T</u> ools	Navigation <u>H</u> elp								
🖺 66 🛱 🔂 🔂 🖬 📑	IX % 66/	1 🖸 🔌	%	20					
E 😸 TDHconnect		Med	dicaid	Claim Reques	st/Response S	Summary			
Here Shield			St	atus	No. of	ltems			
🗄 🧰 Family Planning		Completed			0				
🗄 🛄 Long Term Care		Incomplete	9		0				
E Medicaid		Template			0		-		
		1-		1					
CSI	Transmission ID Lo	ical Txn ID	ransmit Type	Transmit Date/Tim	ne Status	No. of Requests	No. Rejected	Submitter ID	Billing
ER&S									
🗄 🛄 Reference Files									
± System									
									►
					ſ	Liet	Dialata	- Can	
					L	Flor	Delete		001

To start a new claim, click one of the five icons in the top left corner of the screen $\textcircled{1}{100}$ 100 100 100, or click **File**>**New** on the TDHconnect 3.0 menu bar and then the type of claim: Professional, Eyeglass, Dental, Inpatient, or Outpatient.

Ele	Edit	⊻jew	Repo	rts	Tools	Navigal	50
0	New		Þ	*	Profe	ssional	
1	Open	C	0+ht	60	Eyeg	ass	
ť	⊈lose			R	Denta	al	
₩.	Save	Ģ	6145	0+	Inpati	ient	
×	Deleta		q+hs	€+	Outpa	atient	þ

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.

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis	Details Other Insurance		
Patient Identification Numbers			O Mediesid No :
	· ·		
Name .O Last Name:	© First Name:	MI:	Suffix:
Patient General Information	Date of Birth		Date of Death:
Address Street:	City:		State: ZIP Code:
Save as <u>T</u> emplate		Interactive	OK Cancel

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.

Patient:	Provider:	Status:	Claim Number:
]	J •	New	
Patient Provider Claim Diagnosis Details) Other Insurance		
Billing Provider			
Provider ID: D Last/Organiza	tion Name:	📃 🔎 First Na	ame: <u>MI: Suffix:</u>
Address:		City:	State: ZIP Code:
			· · ·
ID type: Other ID: Phone No	0.:		
Provider Facility	Referring	g and Other Provider)
Facility	,		
Provider ID: O Name:		ID type: Other ID): Service Location:
J			•
Address:	City:		State: ZIP Code:
			· · ·
Save as Template		Interactive	OK. Cancel

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.

Patient:	Provider:	Status:	Claim Number:
Patient Provider Claim Diagnosis Details	Other Insurance	ו	
Billing Provider	on Name:	♀ First Nar	ne: MI: Suffix:
Address:		City:	State: ZIP Code:
ID type: Other ID: Phone No.:		1	, _ ,
Provider Facility	Referr	ing and Other Provid	ler
Referring/Other Provider Provider ID: ID type: Other ID: ID type: Other ID:		P First Name:	MI: Suffix:
Save as Iemplate		Interactive	OK. Cancel

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.

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis De	etails Other Insurance		
Date of Current Condition: Auto Accident Employment Related: THSteps Indicator:	Condition Codes C Not Used (NU) C Under Treatment (S2) C New Service Req (ST)	Authorization No. Accident State:	
- Ambulance Information	Typ N -	e of Transport: None 🗨	
Save as <u>T</u> emplate		Interactive	OK. Cancel

18.2.4 Diagnosis Tab

Note: A diagnosis code is required for professional claims.

- 1. Select the *Diagnosis* tab.
- 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.

Pat P	ent: atient Diagn) Pro	ovider Clair	m Diagnosis Details	Provider:	Status: New	Claim Number:	
	•	Ref #	Code		Description			
		2						
		3						
		5						Move
		6						
		7						
		8						
Sa	ive as	s <u>T</u> emp	olate			Interactive	OK	Cancel

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).
- 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).
- 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:					F	Provider: Status:		Claim Number:							
Pati	ent]	Provider)	Claim	Diagnosis	Details	Other Insu	rance	1							
	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	t Tota
	1	11													
	2														
	3														
	4														
	с а														+
	7									_					
	8														
	9														
	10														
	11	-													▼
															•
Total Charges: \$0.00 Other Insurance Paid: \$0.00 Net Billed: \$0.00															
Save as Template OK Cancel							Cancel								

Patient:	Provi	der: 9	Status:	Claim Number:				
Patient Provider Claim Dia	gnosis Details Othe	r Insurance	New	J				
Total Charges Perform Provid	er 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	ΟK	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

Patient:	Provider:	Status:	Claim Number:	
	· ·	New		
Patient Provider Claim	Diagnosis Details Other Insurance			
Other Insurance 1	Other Insurance 2	Other Ins	urance 3	
Payment Source Of Payment:	- None			Company
				Subscriber
Save as <u>T</u> emplate		Interactive	OK	Cancel

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

Patient:		Provider:	Status: New	Claim Number:	
Patient Provider C	laim Diagnosis Details	Other Insurance) Others In		
Uther Insurance 1		urance 2		surance 3	
Payment Source Of Payment:	CI - Commercial Ins Co	Dek	ay cator: 🔲 Bill D)ate: 7 / /	Company
Disposition Adjustment Reason Co	ode:	Di T	sposition Date: PP	O Discount: Paid A	4mt: \$0.00
Other Insurance Compa Company Name:	Address:	Ci	ty:	State: ZIP (Code: Subscr
Contact Verbal Denial:	ne No.: Verbal Date: • 7 7 ment:	Contact Name:			löer er
Save as <u>T</u> emplate			Interactive	ОК	Cancel

- 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.

Patient:	Provider:	Status:	Claim Number:	
1	J ·	New	J	
Patient Provider Claim Diagnosis [Details Other Insurance			
Other Insurance 1)ther Insurance 2	Other Ir	nsurance 3)
Insurance Policy Holder				Q
ID/SSN: Last Name:	I	First Name:	<u>MI:</u>	aduc
1				Ϋ́
- Insurance Policy Information	о IF I N			
Group/Policy Number:	Group/Employer Name:			
1				
				§
				scrib
				ĕ
Save as <u>T</u> emplate		Interactive	OK	Cancel

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.

Patient:	er Claim Di	agnosis Details	Provider:	ance]	Status: New	Clai	m Number:	
Replacement Ir Prescription Da	ndicator: te: Accide	ent State:	Auto Accident F Employment THSteps In	Related : Related: ndicator:		Authorizal	tion Number: Surgery Date:	
,	-New Eye Rx Right Eye: Left Eye:	Sphere	Cylinder	Near		ermediate		
	Old Eye Rx Right Eye: Left Eye:	Sphere	Cylinder	Near		ermediate		
Save as <u>T</u> emplate]				Int	eractive	OK	Cancel

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).
- 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:					Prov	Provider:			Status: New			Claim Number	:	
Pati	ent]	Provider) (Claim)	Diagnosis Diagnosis	Details Oth	er Insi	urance		~					
	Dtl No.	Date of Service	POS	Procedure Code ID	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Diag Ref	Qty	Unit Price	Total Charges	-
	1	17												
	2													+
	3													
	45													+
	6													+
	7													+
	8													+
	9													†
	10													1
•	11)	•
							l	Other I	Total Insurai N	Charges: nce Paid: Net Billed	:	\$0.00 \$0.00 \$0.00		
Save	e as <u>I</u>	emplate								Intera	ctive	OK	Car	ncel

Patient:	der Claim Dia	agnosis Details	Provider:	Status: New	Claim Number:	
Total Charges	Perform Provider ID	Perf Last Name	Perf First Name	Perf MI	Perf Suffix	<u> </u>
•						▼
			Other	Total Charges: Insurance Paid: Net Billed:	\$0.00 \$0.00 \$0.00	
Save as <u>T</u> empla	te			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.

Patient:	Provider:	Status: New	Claim Number:	
Patient Provider Claim Details	Other Insurance			
Date of Current Condition:	Auto Accident: Employment Related: Ortho Related: Exception to Periodicity: Emergency/Trauma Related: Periodicity Comments		Authorization No.:	
				Г
Save as <u>T</u> emplate		Interac	tive OK	Cancel

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:				F	Provider:	S	tatus:	Cla	Claim Number:		
I]	·	IN IN	lew				
Patient	Provider	Claim	Details	Other Insuranc	;e]						
			,								
Dtl	Date of	POS	Procedure	Procedu	re Remarks	Mod	Tooth	Surface ID	Otu	Ilnit Price	
No.	Service	105	Code ID	Code	Code	mou	ID	Sandeene	any		
1 2	//	-								<u> </u>	
3											
4											
5		_									
7						-	-				
8											
9		-								<u> </u>	
11										<u>↓ </u>	
•										•	
						Total	Charge	. •0	00		
					Oth	er Insura	nce Pai	s. su d: \$0	.00		
						1	Net Bille	d: \$0	.00		
Save as	Template						Inte	eractive	0K.	Cancel	
Patient:					Provider:		Status:		aim Num	ber:	
1			×			II	New	J_			
Patient	Provide	r Claim	Diagnosis	Details	Other Insurance						
	* • • • •										
	iotal II Charges I	Perform Pi ID	Perf La	ast Name	Perf First Name	Per	rf MI	Pe	rf Suffix		
						To	tal Charg	ges:	\$0.00		
					C	ther Insu	urance F	'aid: Illadi	\$0.00		
							Net B	liled:	Φ 0.00		
Save as	Template	1					[10]	teractive	ОK	Cancel	
0070 03	Toublare	1					10	widouro	01		

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

Patient:	Provider:	Status: Claim Number:
Patient Provider Claim Diagnosis	Details Other Insurance	
Patient Identification Numbers	OSSN: OM	edicaid No.: Medical Record No.:
Name Last Name:	♀ First Name:	MI: Suffix:
Patient General Information Sex:	Date of Birth:	
Address Street:	City:	State: ZIP Code:
Save as Template		Interactive OK Cancel

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).

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis Details	Other Insurance		
Billing and Attending Providers	Operating a	and other Providers)
Billing Provider Provider ID: Facility I	Name:		Phone No.:
Address:	City:		State: ZIP Code:
O Tax ID No.:	1		
Attending Provider ID: Last Name:	0 Fi	rst Name:	MI: Suffix:
ID type: Other ID:			_
Save as Template		Interactive	OK Cancel

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

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis Details	Other Insurance		
Billing and Attending Providers	Operating	g and other Provid	ders
Operating Provider ID: ID type: Other ID:		P First Name:	MI: Suffix:
Other		O Finthlenn	NI. 0.40
C Provider ID: C Last Name.			
ID type: Other ID:			
Save as <u>T</u> emplate		Interactive	OK Cancel

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.

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis	Details Other Insurance		
Statement Covers From Date: To Date: 7 /	General Authorization Number:	Patient Status:	Type of Bill:
Occurrence Span Code Code:	Admission Information Date: Hou	ır: Type:	Source:
From Date: To Date:	Occurrence Codes		tion Codes
Days Covered Covered: Non-Covered:	Number Code ▶ 1 ▼ 2 3 3		Number Code 1 ▼ 2 3
Discharge Information Date: Hour:			4 5 6 7
Save as Template		Interactive	OK. Cancel

18.6.4 Diagnosis Tab

Patient:					Provider:	Statu Nev	48: V	Claim Number:	
Patient	Provide	er Claim	Diagnosis	Details	Other Insurance	1			
Admittir	ng Diag	nosis							
		Code:			Descr	ription:			
– Diagno	sis								
	n d								_
	Her #	Code			Desc	ription			
▶	1								
	2								-
	4								
	5								Move
	7								- 🖊 🗌
	8								
	9								-
Save as <u>T</u> e	mplate	;					Interactive	OK	Cancel

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:		laim Number:	
1							New			
Patient	Provider	Claim	Diagnosis	Details	Other Insu	irance				
								-		
	Dtl R	ev n	aug Dailu B		otal Charges	Non-Co	vered 🔺			
	No. Co	de			otal charges	Char	ges			
	2						_			
	3									
	4									
	5									
	7									
	8									
	9									
	10									
	12								Total Charges:	\$0.00
	13						•	Non-Cov	ered Charges:	\$0.00
								Other In	nsurance Paid:	\$0.00 ¢0.00
Accom	nodation	Details	Ancillary Del	tails	Suro	erv Details	:	-	Net Billed:	\$U.UU
			<u> </u>							
Save as	[emplate						Int	eractive	OK	Cancel
Patient:					Provider:		Status:		laim Number:	
,					-		New			
Patient	Provider) Claim	Diagnosis	Details) Other Insu	(rance)	New			
Patient	Provider) Claim) Diagnosis	Details) Other Insu	irance]	New	r 		
Patient	Provider Bey) Claim	Diagnosis	Details) Other Insu	Irance	New]		
Patient	Provider Rev Code	Claim	Diagnosis	Details Total C) Other Insu harges	Irance	New ed			
Patient	Provider Rev Code	Claim	Diagnosis	Details Total C) Other Insu	rance) Non-Cover Charges	ed 🔺]		
Patient	Provider Rev Code	Claim	Diagnosis	Details Total C) Other Insu	vance	ed 🔺			
Patient	Provider Rev Code	Claim	Diagnosis	Details Total C	harges	Irance	ed 🔺			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed 🔺			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed 🔺			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed			
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed		Tabal Charges	¢0.00
Patient	Provider Rev Code	Days	Diagnosis	Details Total C	harges	Irance	ed	Non-Cov	Total Charges: 'ered Charges:	\$0.00 \$0.00
Patient	Provider Rev Code	Days Days	Diagnosis	Details Total C	harges	Irance	ed	Non-Cov Other Ir	Total Charges: rered Charges: isurance Paid:	\$0.00 \$0.00 \$0.00
Patient	Provider Code	Days	Diagnosis	Details Total C	harges	Irance	ed A	Non-Cov Other Ir	Total Charges: rered Charges: hsurance Paid: Net Billed:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Patient	Provider Rev Code	Claim Days	Diagnosis	Details Total C	harges	Irance	ed	Non-Cov Other Ir	Total Charges: rered Charges: nsurance Paid: Net Billed:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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.

Patie	ent:					Provider:	Sta Ne	atus: BW	Claim Number:	
Pa	tient	Prov	/ider Cl	aim Di	agnosis Det	ails Other Insur	ance			
									1	
		Dtl No.	Rev Code	Units	Unit Price	Total Charges	Non-Covered Charges			
	▶	1								
		2								
		4								
		5						<u> </u>		
		6						-		
		7								
		8								
		9						_		
		10						-		
		11						-	THE	40.00
		12						.	Lotal Charges:	\$0.00 ¢0.00
	la t	1131		1 1		1 1	•		Other Insurance Paid:	\$0.00 \$0.00
									Net Billed:	\$0.00 \$0.00
Ac	comm	iodatio	n Details	Ar	ncillary Detai	ls Surge	ery Details			\$0.00
Sa	ve as	Templ	ate					Inte	ractive OK	Cancel

Patie	nt:				Provide	er:	Status: New	Claim Number:	
Pal	tient]	Provider	Claim	Diagnosis	Details Other	Insurance]			
		D				New Course	4		
		Hev Code	Units	Unit Price	Total Charges	Charges	°≜		
	\mathbf{F}								
1 °									
							- 1		
								Total Charges:	\$0.00
							_ _	Non-Covered Charges:	\$0.00
								Other Insurance Paid:	\$0.00 ¢0.00
Ac	commo	dation De	tails	Ancillaru [) etails	Surgeru Details		Net Billed:	\$0.00
Ē	comme		Carlo			ourgery Details			
Sav	/e as <u>T</u>	emplate					<u>l</u> r	teractive 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

Patient:		Provide	r:	Status: New	Claim Number:	
Patient Provider Claim	Diagnosis Detai	Is Other I	Insurance			
[
-						
	Dul No Surgical	Procedure	Date of			
	Code	Information	Service			
	Principal					
	A					
	B					
	<u> </u>					
	E					
					Total Charges:	\$0.00
					Non-Covered Charges:	\$0.00
					Other Insurance Paid:	\$0.00
					Net Billed:	\$0.00
Accommodation Details	Ancillary Details		Gurgery Detail	s	Hot Dilloc.	
Save as <u>T</u> emplate				Intera	active OK	Cancel

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

Patient: Patient Provider Claim Diagnosis	Details Other Insurance	Status: New	Claim Number:
Patient Identification Numbers	O SSN: O Me	edicaid No.:	
Clast Name: Patient General Information	P First Name:	MI:	Suffix:
Sex:	Date of Birth:		
Street:	City:		State: ZIP Code:
Save as Template		Interactive	OK Cancel

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

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis Details	Other Insurance		
Billing and Attending Providers	Operating a	and Other Providers	
Billing Provider Provider ID:	O Last/Facility Na	me:	Phone No.:
Address:	City:		State: ZIP Code:
Attending			
O Provider ID: O Last Name:		First Name:	MI: Suffix:
ID type: Other ID:			
Save as Template		Interactive	OK Cancel

18.7.2.2 Operating and Other Providers

Patient:	Provider:	Status: C	laim Number:
Patient Provider Claim Diagnosis	Details Other Insurance	JNew	
Billing and Attending Providers) Operat	ing and Other Provider	15
Operating O Provider ID:	.ast Name:	♀ First Name:	MI: Suffix:
ID type: Other ID:			
Other O Provider ID:	.ast Name:) First Name:	MI: Suffix:
ID type: Other ID:			
Save as Template		Interactive	OK Cancel

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

Patient:	Provider:	Status: New	Claim Number:
Patient Provider Claim Diagnosis Details	Other Insurance		
Admission Information Date: Hour:	General Authorizat	ion Number:	Type of Bill:
Occurrence Codes	Condition C	odes Code Number ▶ 1 2 3 4 5 6 7	Code
Save as Template		Interactive	e OK Cancel

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.

Patient:						Prov	vider:			Sta	tus:			aim Numb	er:		
Dations	1	Chin Ì	Diamatic	í Da	ataila	ر س (•		1	JNe	W						
Fatient			Diagnosis		etalis	1 00	ner ins	urance	; 								
Dti	Date of Service	Rev Code	Procedu Code II	ure D	Proce	dure Ie	Mod 1	Mod 2	Mod 3	Mod 4	Diag Ref	Qty	U U	nit Price	Nor	n Covered Tharges	
	11																
													-				
4																	
6																	
7																	
8																	
10)																
11																F	-
											I Char			¢0.00			
								N	ion-Lo	overed Tota	s Unarg al Charo	jes: jes:		\$0.00 \$0.00			
								I	Other	Insura	ance Pa	aid:		\$0.00			
											Net Bill	ed:		\$0.00			
Save as	Template										Inte	eractiv	e [0K		Cano	el
0410 40																	
Patient:						Prov	vider:			Sta	tus:		c	aim Numb	er:		
Patient:						Pro	vider: -			Sta Ne	tus: w		сі Г	aim Numb	er:		
Patient: Patient] Provider]	Claim]	Diagnosis	De	etails	Prov	vider: - her Ins	urance		Sta Ne	tus: w		CI	aim Numbo	er:		
Patient: Patient Ratient	Provider	Claim) edure f	Diagnosis Procedure Code	Mod 1	etails	Prov	vider: - ner Ins Mod 4	urance Diag Ref	Qty	Sta Ne	tus: w	:e	Ci Ci Non Cł	aim Numbo Covered harges	er: T Cha	otal arges	
Patient: Patient	Provider) Rev Proce ode Code	Claim) dure f e ID	Diagnosis Procedure Code	Mod	etails	Prov	vider: - ner Ins Mod 4	urance Diag Ref	Q ty	Sta Ne	tus: :w Jnit Pric	:e	Ci Non Cł	aim Numbo Covered harges	er: T Cha	otal arges	
Patient:	Provider	Claim) edure f e ID	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - mer Ins Mod 4	urance Diag Ref	Qty	Sta Ne	tus: :w Jnit Pric	e	Cl Non Cł	aim Numb Covered harges	er: T Cha	otal arges	
Patient:	Provider	Claim) edure f	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - ner Ins Mod 4	urance Diag Ref	Q ty	Sta Ne	tus: :w Jnit Pric	e	Ci Non Cł	aim Numb Covered arges	er: T Cha	otal arges	
Patient:	Provider) Rev Proce Code Code	Claim Claim	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - her Ins Mod 4	urance Diag Ref	Qty	Sta Ne	Jnit Pric	e	CI Non Cł	aim Numb Covered harges	T Cha	otal arges	
Patient:	Provider) Proce ode Code	Claim) edure f e ID	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - Mod 4	urance Diag Ref	Qty	Sta Ne	tus: w	;e	Non Cł	aim Numb Covered arges	er: T Cha	otal arges	
Patient:	Provider	Claim Claim	Diagnosis Procedure Code	Mod 1	etails	Prov	vider: - Mod 4	urance Diag Ref	Qty		Jnit Pric		CI Non Cł	aim Numb Covered harges	T Cha	otal arges	
Patient:	Provider	Claim) edure f e ID /	Diagnosis Procedure Code	De Mod	etails	Prov	Mod 4	Urance Diag Ref	Qty		Lus: w		Cl Non Cł	aim Numb Covered harges	T Cha	otal arges	
Patient:	Provider	Claim	Diagnosis Procedure Code	Í De	etails	Prov Oth Mod 3	vider: - her Ins Mod 4	Urance Ref	Qty		Jnit Pric		Cl Non Cł	aim Numb Covered harges	T Cha	otal arges	
Patient:	Provider	Claim Claim	Diagnosis Procedure Code	Mod 1	etails	Prov	vider: - mer Ins Mod 4 - - - - - - - - - - - - -	urance Diag Ref	Qty		Jnit Pric		Cl Non Cł	aim Numb Covered harges \$0.00	er: T Cha	otal arges	
Patient:	Provider	Claim	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - her Ins Mod 4	Urance Ref	Qty		Jnit Pric		Cl Non Cł	aim Numbo	T Cha	otal arges	
Patient:	Provider	Claim Claim	Diagnosis Procedure Code	Mod 1	etails	Prov	vider: - mer Ins Mod 4 - - - - - - - - - - - - -	Urance Diag Ref	Qty Qty on-Cc Dther	Sta Ne	Jnit Pric	ce		aim Numb Covered harges \$0.00 \$0.00 \$0.00 \$0.00		otal arges	
Patient:	Provider Proce	Claim	Diagnosis Procedure Code	Mod 1	etails	Prov Oth Mod 3	vider: - her Ins Mod 4 - - - - - - - - - - - - -	Urance Ref	Qty Qty on-Cc Dther	Sta Ne	Jnit Pric	je		aim Numbo Covered arges \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	T Cha	otal arges	

18.8 Family Planning Claims

To fill out a Family Planning claim (2017 form), double-click **Family Planning** to expand the folder, doubleclick **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.

Patient:	Provider:	Status:	Claim No:
Patient Provider Claim Diagnosis Details	Other Insurance)	
,	Family Planning F	rogram Title XIX	Title X Information Level of Payment:
Patient Identification Numbers Account No.: SSN:	O Medic	aid No.:	P Family Planning No.:
Name Dast Name:		₽ First Name:	MI: Suffix:
Personal Sex: Date of Birth:	Date of Eligibility:	Patient Status:	County of Residence:
Address Street:			Family Size:
City:	State:	ZIP Code:	Family Income:
<u>S</u> ave as Template		Interactive	OK Cancel

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

Patient:	Provider:	Status:	Claim No:
U (n. 1 n. 1 n. 1 n.		JNew	J
Patient Provider Claim Dia	gnosis Details Other Insuran	ice	
Billing Provider Provider ID:	Last/Organization Name:	O First	Name: MI: Suffix:
Address:	(City:	State: ZIP Code:
Tax ID: Phon	e No.:		, _ ,
Facility Provider	Ĩ	Referring and Other Provide	r)
Provider ID:	Name:		
Address:	0	lity:	State: ZIP Code:
			· ·
Cause as Tamplata		- Internet	
2ave as relipiate		Interact	
Patient:	Provider:	Status: New	Claim No:
Patient Provider Claim Dia	gnosis Details Other Insuran	ce]	
Billing Provider	Last/Organization Name:	P First	Name: MI: Suffix:
) `it	Ctata: ZIB Cada:
Address.		JRY.	
Tax ID: Phon	e No.:		, _ ,
Facility Provider	Ì	Referring and Other Pro	rider
Referring/Other Provider Provider ID:	0.5.0	ame: MI:	Suffix:

18.8.3 Claim Tab

Patient:	Provider:	Status:	Claim No:
		New	
Patient Provider Claim Dia	agnosis] Details] Other Insurance]		
General Demographics Marital Status:	Race:	•	Ethnicity:
General Patient Co-Pav: [Date of Docurrence: Authorization	Number:	Level of Practitioner:
Birth Control			
Primary Before Visit:	Primary After Visit:	No Me	ethod Reason:
	•	•	-
Reproductive History			
No. Times Pregnant:	No. Live Births:		No. Living Children:
Save as Template		Interacti	ve OK Cancel

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.

Patier	nt:				Pro	vider: -	_	Stati Nev	us: V		Clai	m No:		-
Patien	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													
	5													
	7													
	9 10													
	12													
•	13				1		I					1	•	
	Total Charges: \$0.00 Other Insurance Paid: \$0.00 Net Billed: \$0.00													
Save	as Te	emplate							Inte	eractiv	/8	OK	Cancel	

Patient:	Provider:	Status: New	Claim No:							
Patient Provider Claim Diagnosis Details Other Insurance										
Qty/ Units Total Charges	Performing Provider ID Perf Last Name	Perf First Name Perf	MI Perf Suffix							
			•							
		Total Charges: Other Insurance Paid: Net Billed:	\$0.00 \$0.00 \$0.00							
<u>S</u> ave as Template		Interactiv	e 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.

/ TDHconnect - Medicaid- Claim Status Inquiry									
<u>File Edit View Reports Tools Navigation H</u> elp									
92 18 2 × % 18 18 /									
E 🐙 TDHconnect		Medicai	d Clain	n Status Inquiry P	lequest/Re	sponse	Summar	У	
Blue Shield									
E CSHCN		Const		Status	No. d	of Items			
E Family Planning		Beiect	etea						
Medicaid		Jinopoo	.00	10					
Eligibility									
Claims									-
ER&S	Transmission ID	Local Txn ID	Transmit Type	Transmit Date/Time	Status	No. of Requests	No. Rejected	Submitter ID	Request Type
Appeals		7	I	01/08/2001 12:51:05 P	M Processed	1	0	admin	CM
Medicare									
Reference Files	_								
± System									
						List		<u>)</u> elete	Cancel

- 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.

/ TDHconnect - Medicai	id- Claim Status Inquir	y- Provider Patient Request		
<u>File Edit ⊻iew R</u> eports]	ools <u>N</u> avigation <u>H</u> elp			
₽ ₽ # # # # * # #	n 🗈 🖉 📄 🖏 🌳	🔲 🕄 ն		
🖃 😸 TDHconnect	Provider Patient Request			
E Blue Shield				
E Family Planning	Service Begin Date:	Service End Date:		
🗉 🦲 Long Term Care	11 -	// 🔻		
Eligibility	Descrides Information			
Claims	Provider Information	Last/Organization Name:	O First Name:	MI: Suffix:
	· ·			
🗉 🧰 Medicare	Client		0 5	HI 0.11
Reference Files Sustem	Medicaid No.: D	Last Name:	Pirst Name:	MI: Sumx
,	P)	
				UK. Cancel

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*.

/ TDHconnect - Medicai	id- Claim Status Inquiry- Claims Request	
<u>F</u> ile <u>E</u> dit ⊻iew <u>R</u> eports]	Cools <u>N</u> avigation <u>H</u> elp	
By Ba 🔐 🖬 🖬 🗙 🐇 Ba	n 🛍 🖉 📑 😰 📽 🦞 🔲 😨 🕼	
TDHconnect Blue Shield CSHCN Family Planning Long Term Care Medicaid Eligibility	Claims Request Claim Number: Provider Information	
Claims CSI FR&S Appeals	Client	P First Name: MI: Suffix:
 Reference Files System 	O Medicaid No.: O Last Name:	P First Name: MI: Suffix
		Interactive OK Cancel

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

System	Program	Send	~	
 Claims 				
	Blue Shield			
	CSHCN			
	Family Planning			
	Long Term Care			
	Medicaid			
	Medicare			
- CSI				
	CSHCN			E Turker
	Family Planning			I Test Mod
	Long Term Care			
	Medicaid	✓		
 Eligibility 				
	CSHCN			Calaas All
	Family Planning		-	Select All
	Medicaid		~	Submit

- 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

Program Summary	Send Requests Retrieve Responses	Retrieve Other
	,	
System	Download	
Adjustments		
Appeals		
Claims		
CSI		
Eligibility		
MESAV		
		Select <u>A</u> ll
		Select <u>A</u> ll

- 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.

/ TDHconnect - Medicaid - ER&S					
<u>File Edit ⊻iew T</u> ools <u>N</u> avigation <u>H</u> elp					
D 😹 🖆 🗙 🐇 🖻 🖻 🖉 💐 🦞 🗐 🖾 🕲					
E 😸 TDHconnect	Medicaid ER&S Summary List				
Blue Shield GSHCN					
E Tamily Planning	Report No. / Check No.	Provider ID	R&S Run Date	Report Status	
🕀 🛄 Long Term Care	100456700	1004507.00	07/07/2002	Finalized	
E Medicaid	123430703	1234307-03	0770772003	Finalizeu	
Eligibility					
EHAS V					
Appeals					
E Reference Files					
E Sustem					
S System					
		1			
			jsplay <u>D</u> el	ete Cancel	

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:

Category	Туре	Download	~
- ER&S		× 1	
- LTC Reference Codes			
	Billing Codes		
	Service Codes		
	Service Group		
	LTC Procedure Codes		
	Item Codes		
	EOB		
	LTC Crosswalk		
	All LTC Reference Codes		
	LTC System		
- C21 Reference Codes			
	Diagnosis Codes		
	DRG Codes		× 0
			Process EH

- 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

<u>F</u> ile	<u>E</u> dit	⊻iew	Tools 1
	<u>G</u> enei	rate EF	R&S
Ê.	<u>O</u> pen		Ctrl+O
ti i	<u>C</u> lose		
\mathbf{X}	<u>D</u> elete	Э	Ctrl+D
	E⊻it		

In the Medicaid ER&S Summary List window, click File>Generate R&S.

/ TDHconnect - Medicaid - ER&S				
<u>File Edit View Tools Navigation H</u> elp				
Image: Constraint of the state of the s	Provider ID: Start Date: End Date: Claim Sort: Detail Sort: Claim Status Paid Paid Pending	Image: Control of the second secon	▼ ▼ Cancel	 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.

Z TDH.connect - Medicaid - Appeals - ER&S Search				
<u>File Edit View Reports Tools Navigation Help</u>				
🖺 60 🕅 🗗 🕀 🔛 🚅 🖬	i 🛛 🛛 👗 🖪 🛍 🖉 🗖	d 🗞 🦇 🔲 🗘 ն		
E 🐙 TDHconnect	Search Criteria			
Blue Shield	Claim No.:	Provider ID:	Patient No.:	Claim Status:
E CSHUN		•		Paid 💌
E Long Term Care	Cul Cui Duiu	Cult FullPate		
E Medicaid	Lycle Start Date:	Lycle End Date:		Count
Eligibility				<u>s</u> earch
ER&S	Claim Cycle Date	Claim No.	Provider ID	Patient No.
Appeals 🗸				
H Medicare				
E System				
	•			F
				Create Cancel

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.

<u>File</u> <u>E</u> dit <u>V</u> iew <u>R</u> ep	oorts <u>T</u> ools <u>N</u> avigat
11 <u>N</u> ew	Professional
From <u>E</u> R&S	ණ' <u>E</u> yeglass
💕 <u>O</u> pen 👘 Ctrl+O	🖌 <u>D</u> ental
首 <u>C</u> lose	⊕+ <u>I</u> npatient
Save Ctrl+S	⊕+ <u>O</u> utpatient

- 2. Click File>New, then one of the following:
 - Eyeglass

Professional

- 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

/ TDHconnect - Medicai	id - Appeals - Professional			
<u>File</u> <u>E</u> dit <u>V</u> iew <u>R</u> eports <u>I</u>	[ools <u>N</u> avigation <u>H</u> elp			
🖺 60 🛱 🕀 🕀 🖬 🚅 🖬	i 🛛 🗙 🐇 🖻 🖻 🖉 💐 🆤	🗌 🗘 💭		
E 🐙 TDHconnect	Patient:	Provider:	Status:	Adiusted Claim No:
Blue Shield	1		INew	1
	Patient Provider Claim Diagnosis D	etails Other Insurance		
🗉 🛄 Long Term Care	Frequency Code: Origi	inal ICN:	Origina	al Medicaid Number:
Medicaid	•			
	Patient Identification Numbers		,	
CSI	Account No.:	🔎 SSN:		New Medicaid No:
ER&S				
Appeals 🗸	Name			
Medicare Reference Files	🔎 Last Name:	🔎 First Name:	MI:	Suffix:
E System				
	Patient General Information			
	Sex:	Date of Birth:		Date of Death:
		11		11
	Address			
	Street:	City:	S	State: ZIP Code:
				<u>▼</u> .
	Save as Template			OK Cancel

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

Program Summary	Send Requests	Retrieve Responses	1	Retrieve Other
	,			
System	Program	Send	~	
 Adjustments 				
	Long Term Care			
Appeals				
	CSHCN			
	Family Planning			
	Medicaid	✓		
Claims				
	Blue Shield			
	CSHCN			Test Med
	Family Planning			I rest mod
	Long Term Care			
	Medicaid			
	Medicare			
- CSI				
	CSHCN			
	Family Planning		*	Submit

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

Program Summary	Send Requests Retrieve Responses	Retrieve Other
	. ,	
System	Download	
Adjustments		
Appeals	⊻	
Claims		
CSI		
Eligibility		
MESAV		
		Select All

- 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		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.

This fo If you are a Long Term Care provi The following information <u>MUS</u>	orm is for ACUTE CARE ider, contact TMHP's EDI Help Des T be completed before you can be	providers only. <i>k at 888-863-3638 to request the correct form.</i> granted Claim Status Inquiry (CSI) access.			
1. Enter your Production User I	D:				
2. Enter your Production User I The TMHP Production User In Status Inquiry reports. For ass contact your software vendor o	D Password: D (Submitter ID) is the electronic m istance with identifying and using y r clearinghouse.	ailbox ID used for downloading your Claim our Production User ID and password,			
3. Select Action: A □ Ad B □ Re	A Add Claim Status Inquiry Privileges B Revoke Claim Status Inquiry Privileges				
4. Enter organization information List the billing Texas Provider I given above. Submit addition	on: Identifier (TPI) number(s) you choo nal copies of this form if you nee	se to access using the Production User ID d to add more TPI numbers.			
Provider Name Must be the name associated with	the TPI Base number listed at right.	7-Digit BILLING TPI Base Number The first 7 digits of the 9 digit TPI number.*			
*Note: Performing IPI numbe	rs do not have Claim Status Inquiry	access. Enter only BILLING I PI numbers.			
Name:					
Title:					
Signature:					
Telephone Number:		ext.			
Fax Number:		ext.			
6. Return this form to:	Texas Medicaid & Healthcare Par Attention: EDI Help Desk, MC PO Box 204270 Austin, TX 78720-4270	rtnership B14 Or Fax to 512-514-4228 or 512-514-4230			
DO NOT WRITE IN THIS AREA — Fo	or 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

TDHconnect 3.0—Workbook for Acute Care Providers

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

Standard delivery of the shipping is available <u>at</u> prefer:	e <i>TDHconnect</i> software is via USPS regular mail. Overnight or Next Day Air Provider's expense via UPS. Indicate below the shipping method you
Standard mail deliv	ery (allow 15 working days)
 UPS Overnight UPS 2nd Day Air UPS cannot deliver 	UPS delivery is <u>at Provider's expense</u> . Enter your UPS Account Number below. Requests submitted without a valid account number will be shipped via standard mail delivery.
to a PO BOX.	
Before faxing or n	nailing this agreement, ensure that all required information
is <u>comp</u>	etery med out, and that the agreement is <u>signed</u> .
Inc	complete agreements cannot be processed.
Mail to:	Texas Medicaid & Healthcare Partnership
	PO Box 204270
	Austin, TX 78720-4270
Faulta	(640) 644 4000
	(512) 514-4226 = OR =
	(512) 514-4230

TDHconnect Order Form — Submission & Shipping Instructions

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 $^{ m R}$ 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.
Submit Error Submitted	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. Request has been transmitted for processing. Submitted requests convert to Processed after the response has been downloaded.
Submit Error Submitted Submitter ID	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. Request has been transmitted for processing. Submitted requests convert to Processed after the response has been downloaded. 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.
Submit Error Submitted Submitter ID Template	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. Request has been transmitted for processing. Submitted requests convert to Processed after the response has been downloaded. 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. 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.

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 #:	
ould like a visit t	o discuss the following questions or probl	ems.	