August 2005   No. 23

Long Term Care

Provider Bulletin

TEXAS
Department of Aging
and Disability Services

In This Bulletin

This bulletin features an article titled "In This Corner," which includes current topics and issues that require in-depth details to address. In this edition of the bulletin, "In This Corner" addresses the reorganization of the Community Living Assistance and Support Services (CLASS) Medicaid Waiver Program. This article is located on page 3 of this bulletin.

This bulletin also features an article titled "Most Frequently Asked Questions" (of this quarter), which addresses questions providers have asked to Department of Aging and Disability Services (DADS) and the Texas Medicaid & Healthcare Partnership (TMHP) staff members. This article is located on page 5 of this bulletin. ■

What's Coming Up?

Accessing a Claim Status Inquiry (CSI)

Coming in November 2005, providers will have the capability of requesting a CSI by provider number. This capability was removed during the *Health Insurance Portability and Accountability Act* (HIPAA) implementation in October 2003. Currently, providers can only request a CSI by using the individual's number or internal control number. Additional information will be provided in the November 2005 *Long Term Care Provider Bulletin*, No 24. ■

IN THIS EDITION

Accessing Managed Care Information

Providers will be able to access Managed Care
information when requesting a Medicaid Eligibility
System for Application, Verification, Eligibility, Reports,
and Referrals (SAVERR) and Medicaid Eligibility
Service Authorization Verification (MESAV) inquiry
beginning in November 2005. Look for additional
information published in the November 2005 *Long
Term Care Provider Bulletin*, No 24. ■

Publishing National Code Descriptions

Because of copyright limitations, the Texas Health
and Human Services Commission (HHSC) has
directed all state agencies to remove all Current
Procedural Terminology (CPT) and Healthcare
Common Procedure Coding System (HCPCS) code
descriptors from any publication related to Medicaid.
Removal of these descriptors should not result in
major inconveniences for providers since most agencies
are familiar with which procedure codes to use
when billing. Providers can access a list of all current
HCPCS and CPT codes and their descriptors on the
Centers for Medicare & Medicaid Services (CMS)
website at www.cms.hhs.gov/medicare/hcpcs.

Additionally, providers can purchase a copy of
the HCPCS and CPT codes with the descriptors
through the same CMS website. ■

Release of TDHconnect 3.0 Service Pack 7

The TDHconnect 3.0 Service Pack 7 is scheduled for
release on November 4, 2005. Service Pack 7 includes
an enhancement that will give providers the ability to
request a CSI by provider number and the ability to
view the managed care information when requesting
a MESAV inquiry. Additional information will be
published in the November 2005 *Long Term Care
Provider Bulletin*, No 24.

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

National Provider Identifier (NPI) Update

As reported in the February 2005 *Long Term Care
Provider Bulletin*, No. 21 and the May 2005 *Long
Term Care Provider Bulletin*, No. 22, the United
States Department of Health and Human Services
(HHS) published the NPI Final Rule in January
2004. This rule adopts the NPI as the standard,
unique identifier for health care providers. All entities
meeting the definition of health care provider, as
described in the 45 *Code of Federal Regulations* (CFR)
§160.103, can apply for an NPI. Covered entities
that meet the definition for health care providers will
be required to obtain and use the NPI in standard
transactions by the compliance date of the rule,
which is May 23, 2007. An individual health care
provider should not have more than one NPI.

Providers and health care plans may now begin
transition to the NPI by applying for their identifier.
For additional NPI information, including directions
on how to apply for an NPI, please visit the CMS
website at www.cms.hhs.gov/hipaa/hipaa2. However,
covered entities receiving their NPI cannot use the

NPI to bill Texas Medicaid until directed to do so by HHSC. If these entities use the NPI before the state's claim payment systems are modified to accept it, their claims will be rejected or denied.

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

- Verify that TMHP and DADS has your correct contact information

- Become informed about the NPI and its implementation

- Identify processes and systems that are affected by provider identifiers

- Develop implementation plans

- Educate staff

HHSC has begun analysis regarding NPI requirements related to Texas Medicaid. Additional provider information will be provided as it becomes available. ■

TDHconnect Training Material Available

TMHP conducts TDHconnect workshops and training on a quarterly basis in select cities.

Providers unable to attend a workshop or training session are encouraged to download the TDHconnect training material from the TMHP website at www.tmhp.com.

For more information, refer to the Provider Resource article on page 7 of this bulletin. ■

Changes to Electronic Data Interchange Agreements

The Electronic Data Interchange Agreement, TDHconnect Order Form, and the Submitter ID Linking Form have been modified to reflect changes to the software platform and to comply with HIPAA updates. These modifications should decrease form duplication and the number of errors when completing the form thereby decreasing return mail to the provider community. Effective immediately, providers should use the new forms located on the TMHP website at www.tmhp.com. Providers can contact the TMHP EDI Help Desk at 1-800-626-4117, Option 3, with questions about completing the forms. ■

In This Corner...
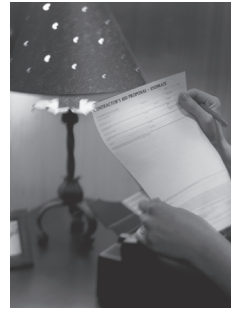
Changes in the Community Living and Support Services (CLASS) Program

The DADS Community Services Department is in the process of reorganizing the CLASS Medicaid Waiver Program.

Refer to the following table for a list of activities and the contact information for each:

Activity	Contact
CLASS Contracts • Complaints/ Investigations • Contract Management • Monitoring • Request for Proposal (RFP)	• Rosalin Willis, Community Services Contracts Unit Manager • Linda Bettis, Telephone: 1-512-438-5652 E-mail: linda.bettis@dads.state.tx.us • Geraldine Taylor, Program Consultant Telephone: 1-512-438-2655 E-mail: geraldine.taylor@dads.state.tx.us
CLASS Interest List • Intake • Interest List Updates/Individual Contact Information • Release Notices • Selection Notices	• Cindy Hale, Manager, Program Enrollment, Access, and Intake Unit 1 Telephone: 1-512-438-3768 • Peggy Maderer Telephone: 1-512-438-5235 E-mail: peggy.maderer@dads.state.tx.us • Judy Lundgren Telephone: 1-512-438-4459 E-mail: judy.lundgren@dads.state.tx.us

Activity	Contact
CLASS—Other • Data Entry • Service Authorization System (SAS)	• Chris Adkins, Data Entry Specialist Telephone: 1-512-438-3156 • Marta Lancon, Data Entry Specialist Telephone: 1-512-438-5490
CLASS Policy Development and Support • Adaptive Aid/ Minor Home Modifications • Consumer Directed Services • Levels-of-Care (LOC) • Other activities (i.e., remands of LOCs) • Policy/Procedures • Rider 7/28 • Rules • Waiver	• Susan Syler, Unit Manager—Policy Development and Support Unit • Gwen Barrs, Program Consultant Telephone: 1-512-438-4278 E-mail: gwen.barrs@dads.state.tx.us • Bob Scott, Program Consultant Telephone: 1-512/438-4481, E-mail: bob.scott@dads.state.tx.us
Consumer Directed Services All Community Care Programs	• Tommy Ford, Program Specialist Telephone: 1-512-438-3689 E-mail : tommy.ford@dads.state.tx.us ∎

CLASS Providers—Reminders

1. Keep a copy of all documents mailed/faxed to the state office for data entry.

2. To ensure there is no delay in entering data and receiving timely payment, perform a quality review on each form submitted.

3. Review each form for accuracy and for the following requirements (not all inclusive):

   —The form is legible and can be accurately read and deciphered.

   —The form includes the individual's correct Medicaid number.

   —The form includes the correct provider/ contract number.

   —Changes to the Individual Service Plan (ISP) are identified correctly (C = Change and N = New).

   Note: Forms submitted that do not meet the above requirements will be returned for correction. If a document has been faxed and the faxed copy is difficult to read, include a copy of the original to ensure that information for data entry is legible.

4. Allow 24 hours from the time the form is faxed to the agency by the state office for authorizations/forms to appear on a MESAV inquiry. Notify Claims Management immediately of any discrepancies.

5. When a claim is denied, request a MESAV inquiry to determine the reason the claim denied.

6. Contact TMHP for the following issues:

   —When the reason for the claim denial is unknown.

   — To get an explanation of benefits (EOB).

   — To find out how to correct an error.

   — To get assistance with using the Bill Code Crosswalk.

7. Contact the CLASS Program for the following issues:

   —When the MESAV inquiry indicates that there are not enough authorized units.

   —When services have not been added to the authorization.

   —When there is a gap in the service authorization.

   —When changes need to be made to the service authorization. ∎

Most Frequently Asked Questions During This Quarter Answered

Question: How will the rollout of the Texas Integrated Eligibility Redesign System (TIERS) application impact provider reimbursement in Travis and Hays Counties?

Answer: There should be no impact to the way providers are reimbursed or to the services received by individuals. Providers experiencing problems should report them through the normal reporting processes.

Question: If a primary home care (PHC) provider is paid at the *priority level* for a service they billed under a *non-priority level*, what should they do to correct it? The individual's level is non-priority.

Answer: Report this error to the individual's caseworker. The caseworker will need to change the level to non-priority. Once the level has been updated, the claims will need to be resubmitted.

Question: What methods are available for providers to check claim status and verify if reimbursement has been received for a previously filed claim?

Answer: Providers should request a CSI by using the individual's case or Medicaid number, or contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 1, to determine if payment has been made. ■

Reminders

Verify Eligibility with a MESAV Inquiry

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

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

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

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

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

ER&S Reports Useful for Tracking Billing Activity

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

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

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

- The *Non-pending* section contains HIPAA-compliant information based on the national procedure or revenue code submitted on the claim. It also lists any adjustments made to the total provider payment. Providers will receive one ER&S report per warrant issued for the reporting period.

- The *Claim Activity* section provides information about all finalized claims and claims still pending processing and/or payment. Finalized claims that make it through the claims payment process are either approved to pay or denied. This section contains information such as the derived local billing code, units paid, billed amount, paid amount, and so forth. Providers will receive only one Claim Activity section per reporting period. The Claim Activity section may correspond to multiple Non-pending sections if more than one warrant was received that week.

- The *Financial Summary* section provides warrant information and warrant amounts for the reporting period.

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

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

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

Tips Given for Accessing and Downloading Information and Reports

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

- For help while using TDHconnect to complete, download, or retrieve files, press the F1 key to access the electronic help option.

- View the latest NEWS weekly on the TMHP website at www.tmhp.com/LTC Programs. Contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 3, for assistance. ◼

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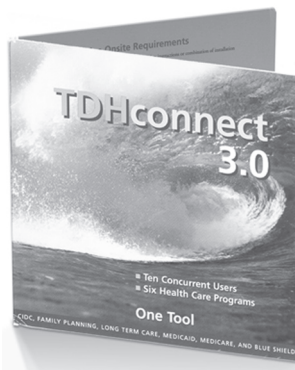
TDHconnect is software designed for electronic submission of claims. It is recommended that all providers submit claims electronically. The following are advantages of using TDHconnect:

- TDHconnect is free of charge.

- Providers can receive payment within five to seven days.

- The billing cycle is more closely related to business needs.

- Time delays due to mailing are avoided.

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

Following LTC Claim Form 1290 Guidelines Expedites Claims Processing

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

- Print legibly.

- Do not write in cursive.

- If data is typed, use a font large enough to distinguish between characters.

- Complete all required fields.

- Use the most current LTC Bill Code Crosswalk.

- Review the form for accuracy before submitting.

- Sign each form:

  — An original signature is required on each form.

  — Copied or stamped signatures are not accepted.

Mail Form 1290 to the following address:

> Texas Medicaid & Healthcare Partnership
> ATTN: Long Term Care, MC-B02
> PO Box 200105
> Austin, TX 78720-0105

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

Send overnight mail to the following address:

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

Allow three days for the overnighted claim to appear in the system. When contacting TMHP to check the status on a claim, the overnight mail tracking number must be provided. ■

Most Frequently Used Reports

Processed 3652 CARE Forms Shown in Medical Necessity Weekly Status Report

The Medical Necessity Weekly Status report contains all the 3652 CARE forms that have been successfully processed by TMHP for the previous week. Providers receive the report in the same manner that forms are submitted. If forms are transmitted electronically, the report is available electronically for download. If forms are submitted by mail, the report is mailed to the provider.

If a form was mailed or submitted electronically and it does not appear on the Medical Necessity Weekly Status Report, contact the Technical Support Help Desk at 1-800-626-4117, Option 3. When contacting the Technical Support Help Desk, providers must have transmission information available (the transmission number, date of transmission, number of forms sent, etc.).

For additional information, contact the TMHP Call Center/Help Desk at 1-800-626-4117, Option 1. ■

Error and Suspense Reports Available for Medicaid-Certified Nursing Facility Providers

Nursing facility (NF) providers can electronically access the Nursing Home Form Suspense and Error Report. This report contains transaction notices, Forms 3618 and 3619, and 3652 CARE forms, that have suspended or received errors in the system and cannot be processed for payment.

For more information, refer to the DADS secured webpage at http://txnfsr.dhs.state.tx.us/NFSRWeb/app/home, or call Provider Support at 1-512-490-4666. ■

Provider Resources

Dates and Locations Given for TMHP Provider Workshops

Long Term Care TDHconnect Workshops

TMHP conducts TDHconnect 3.0 workshops in select cities every quarter. The following are dates and locations for upcoming LTC workshops:

- August 2005 in San Angelo, Abilene, and Corpus Christi

- October 2005 in Tyler, Beaumont, and Weslaco

These workshops are designed to educate LTC providers about claims submission, MESAV inquiries, CSI, ER&S reports, and much more.

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

TMHP conducts forms completion workshops in select cities every quarter. The following are dates and locations for upcoming LTC workshops:

- August 2005 in San Angelo, Abilene, and Corpus Christi

- October 2005 in Tyler, Beaumont, and Weslaco

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

Workshop information is posted on the TMHP website at www.tmhp.com when schedules are finalized. A postcard will be mailed to providers as a reminder to register for the August and October 2005 workshops. Providers should register at least ten days before the preferred workshop date. Registration is available online at the TMHP website, or by faxing the completed registration form to 1-512-302-5068, or mailing it to:

<div align="center">

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

</div>

Providers do not receive a confirmation for registration. The Workshop Registration Form is available on page 15 of this bulletin and also on the TMHP website at www.tmhp.com/C18/Workshops/Workshop Forms/Workshop Registration Form.pdf. ■

Helpful Information Available on LTC Websites

The following websites contain information that is helpful to providers:

- LTC Program information is available on the TMHP-LTC webpage at www.tmhp.com/ LTC Programs.

- The DADS website address is www.dads.state.tx.us. On this website, providers can:

    A. Access mental retardation services information.

    B. Access Community Care Information Letters at www.dads.state.tx.us/business/ communitycare/infoletters/index.cfm under *Community Care Information Letters*.

    C. Access information for nursing facilities and therapy providers at www.dads.state.tx.us/ business/ltc-policy/index.cfm under *Communications*.

    D. Access the LTC Bill Code Crosswalk at www.dads.state.tx.us/business/communitycare/ index.cfm under *Community Care Programs*.

   E. Access LTC messages and alerts. ■

TMHP Provider Relations Representatives

TMHP provider relations representatives offer a variety of services designed to inform and educate the provider community about TDHconnect and claims filing procedures. Technical support and training are also provided for TDHconnect software users. Provider relations representatives assist providers through telephone contact, on-site visits, and scheduled workshops.

The map at right and the table below indicate the TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county and workshop information, is available on the TMHP website at www.tmhp.com/Providers/default.aspx. (Click on the *Regional Support* link, then choose the applicable region.)
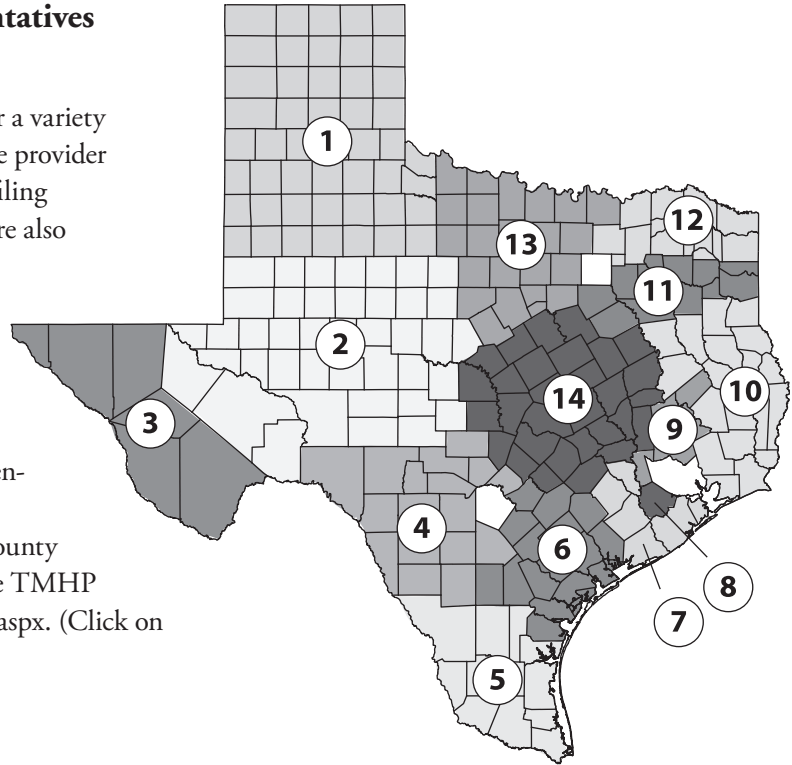
Territory	Regional Area	Provider Representative	Telephone Number
1	Amarillo and Lubbock	Elizabeth Ramirez	1-512-506-6217
2	Abilene, Midland, Odessa, and San Angelo	Diane Molina	1-512-506-3423
3	El Paso	Isaac Romero	1-512-506-3530
4	Del Rio, Kerrville, and N. San Antonio	Sue Lamb	1-512-506-3422
5	Brownsville, Falfurrias, and Laredo	Cynthia Gonzales	1-512-506-7991
6	Corpus Christi and S. San Antonio	Will McGowan	1-512-506-3554
7	Galveston, Harris County, and Wharton	Rachelle Moore	1-512-506-3447
8	Harris County	Linda Dickson	1-512-506-3446
9	Conroe and Harris County	Linda Wood	1-512-506-7682
10	Beaumont and Lufkin	Gene Allred	1-512-506-3425
11	Dallas, Tyler, and Waxahachie	Sandra Peterson	1-512-506-3552
12	Dallas and Texarkana	Olga Fletcher	1-512-506-3578
13	Eastland, Fort Worth, and Wichita Falls	Rita Martinez	1-512-506-7990
14	Austin, Bryan, College Station, Marble Falls, and Waco	Andrea Daniell	1-512-506-7600 ■

TMHP LTC Contact Information

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

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

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

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

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

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

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

- Austin local telephone number at 1-512-335-4729

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

For questions about…		Choose…
• General inquiries • Using TDHconnect • Completing Claim Form 1290 • Claim adjustments • Claim status inquiries • Claim history	• Claim rejection and denials • Understanding R&S reports • 3652 CARE form • Forms 3618 or 3619 • TILE levels	Option 1: Customer service/ general inquiry
• Medical necessity		Option 2: To speak with a nurse
• TDHconnect—Technical issues, obtaining access, user IDs, and passwords • Modem and telecommunication issues • ANSI ASC X12 specifications, testing, and transmission	• Processing provider agreements • Verifying that system screens are functioning • Getting EDI assistance from software developers • EDI and connectivity	Option 3: Technical support
• Electronic transmission of 3652 CARE forms • Electronic transmission of Forms 3618 and 3619 • Weekly Status Reports • MDS submission problems • Technical issues	• CARE form software (CFS) installation • Transmitting forms • Interpreting Quality Indicator (QI) Reports	Option 3: Technical support

For questions about…	Choose…
• New messages (banner) in audio format for paper submitters	Option 4: Headlines/topics for paper submitters
• Individual appeals • Appeal guidelines • Individual fair hearing requests	Option 5: Request fair hearing
• Replay for menu options	Option 6: Replay options ■

DADS Contact Information—Claims Management

If you have questions about...	Contact…
12-month claims payment rule	Provider Services (CCAD)—Contract Manager Institutional Services (NFs)—Claims Management: 1-512-490-4666 MR Services—Claims Management: 1-512-490-4666
Contract enrollment	Provider Services (CCAD): 1-512-438-3875 Institutional Services: 1-512-438-2546 Hospice Services: 1-512-438-2546 MR Services: 1-512-438-3544
Cost report information (days paid and services paid)	Use TDHconnect to submit a batch CSI.
How to prepare a cost report (forms and instructions)	HHSC: 1-512-491-1175 Website: www.hhsc.state.tx.us/medicaid/programs/rad/index.html
How to sign up for or obtain direct deposit/electronic funds transfer	Accounting: 1-512-438-3189 or 1-512-438-4684
Medicaid eligibility and name changes	Medicaid Eligibility (ME) Worker or Claims Management: 1-512-490-4666 Fax: 1-512-490-4668 Website: http://ausmis31.dhs.state.tx.us/cmsmail
Obtaining a copy of LTC Claim Form 1290	Contract Manager or Website: www.dads.state.tx.us/business/communitycare/infoletters/index.cfm under *Community Care Information Letters*
Provider-on-hold questions	Provider Services (CCAD)—Contract Manager Institutional Services (NFs)—Claims Management: 1-512-490-4636 MR Services: 1-512-438-3544
Status of warrant/claim after it has been transmitted to Accounting (fiscal) by TMHP	Accounting: 1-512-438-3989 (When calling Accounting, provide the document locator number (DLN) number assigned by TMHP.) Comptroller's website: https://ecpa.cpa.state.tx.us (Choose the State-to-Vendor-Payment Info-Online-Search link.)
Texas State University Texas Index Level of Effort (TILE) training	The Office of Continuing Education: Online course: 1-512-245-7118 or 1-512-245-2507 (correspondence course and general information) Website: www.txstate.edu/continuinged
Third Party Resources (TPR)/TORT	Claims Management: 1-512-490-4635

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

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

Bulletin Article Resources

Article Name	LTC Bulletin	Page Numbers
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Tip of the Quarter—Diagnosis Codes	November 2004, No. 20	6
Common Billing Errors and How to Avoid Them	November 2004, No. 20	6
Physician's License Number	November 2004, No. 20	7
PASARR Medical Necessity Determination	November 2004, No. 20	8
Release of Information Code and Signature Source Code	November 2004, No. 20	9
Processing of Claims	November 2004, No. 20	9
Twelve-Month Claims Submittal	November 2004, No. 20	9
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TMHP's Intent to Discontinue Support of Windows® 95	February 2005, No. 21	3
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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP **A STATE MEDICAID CONTRACTOR**

2005 Training Registration Form

Seating and materials are limited. Please RSVP at least 10 days prior to your preferred workshop date online at the TMHP website at www.tmhp.com or by completing the form below and faxing it to 1-512-302-5068 or mail it to:

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

Select a workshop:

☐ Community-Based Alternatives 3652 CARE Form   ☐ Nursing Facility 3618, 3619, and 3652 CARE Form

☐ TDHconnect 3.0

Please print:

_____
Workshop City

_____
Workshop Date

_____
Provider Name

_____
Vendor/Site ID Number

_____
Contact Name

(_____) _____
Daytime Telephone Number

_____
Number of Attendees

_____
Email Address
(Please provide an email address in case TMHP needs to contact you.)

Individuals with disabilities who require auxiliary aids or services should call TMHP at 1-512-506-7810 for assistance with these arrangements.

LTC Bulletin

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
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