

Objectives



By the end of the presentation, you should be able to:

- Follow various methods to submit claims
- Understand claim submission deadlines and timelines
- Be familiar with the claims process or life cycle
- Obtain and interpret R&S Reports
- Identify and resolve the most common explanation of benefit (EOB) codes
- Navigate the TMHP website
- Access additional Computer-Based Training (CBTs)



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

By the end of the presentation, you should be able to:

- Follow various methods to submit claims
- Understand claim submission deadlines and timelines
- Be familiar with the claims process or life cycle
- Obtain and interpret R&S Reports
- Identify and resolve the most common explanation of benefit (EOB) codes
- Navigate the TMHP website
- Access additional Computer-Based Training (CBTs)

Claims and Claim Rules

- A request for reimbursement for services
- Submitted to TMHP by providers
 - Cannot charge a fee for submitting claims
 - Cannot charge for missed appointments
- Reimbursed only for services rendered



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

A **claim** is a request for reimbursement for services rendered and are submitted to TMHP.

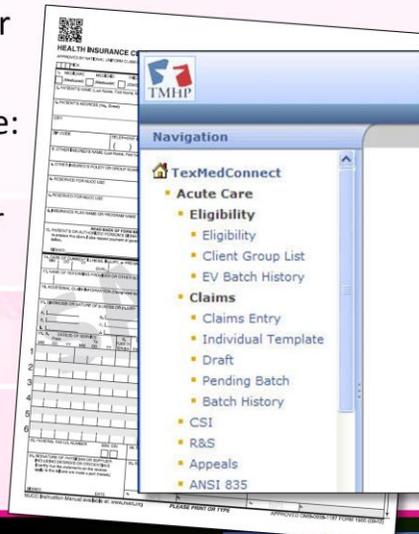
Because Texas Medicaid and HTW cannot make payments to clients, the provider who performs the service must submit the claim for reimbursement. Federal regulations prohibit providers from charging clients a fee for completing or submitting Medicaid claims.

Providers are not allowed to charge TMHP for submitting claims because the cost of claim submission is part of the usual and customary rate for doing business.

Providers **cannot** submit claims to Texas Medicaid or HTW or charge HTW clients for missed appointments. Only claims for services rendered are considered for reimbursement.

Claims and Claim Submission

- Can be submitted on paper or electronically
- Electronic methods include:
 - TexMedConnect
 - Third party software vendor
- Electronic claims:
 - Process more quickly and more accurately
 - Result in faster reimbursement



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and FAMILY PLANNING

Claims can be submitted on paper or electronically. Most claims are submitted to TMHP electronically using TexMedConnect or through electronic data interchange (EDI) using third party vendor software.

When you submit claims electronically, claims are processed more quickly and more accurately, which results in a faster reimbursement. Providers who use billing software other than TexMedConnect should make sure that the vendor's requirements are met when submitting claims.

For information on how to submit a paper claim form, see the Claim Forms CBT found in the TMHP Learning Management System (LMS).

TexMedConnect

- Secure online application
- Available on the TMHP website
- Offers functions including:
 - Claim submission
 - Claim status inquiry (CSI)
 - Appeal submission
 - R&S Reports
 - Eligibility verification
- [TexMedConnect Acute Care User Guide](#)



TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

TexMedConnect is a secure, online application that is offered on the TMHP website, and provides the following functions:

- Claim submission
- Claim status inquiry (CSI)
- Appeal submission
- Remittance and Status (R&S) Reports
- Eligibility verification

Claim Submission Deadlines

Claim submission deadlines

- Claims - within 95 days of the DOS or date of Other Insurance disposition
- Out-of-state providers - within 365 days of the DOS

95 365

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR HEALTHY TEXAS WOMEN and FAMILY PLANNING

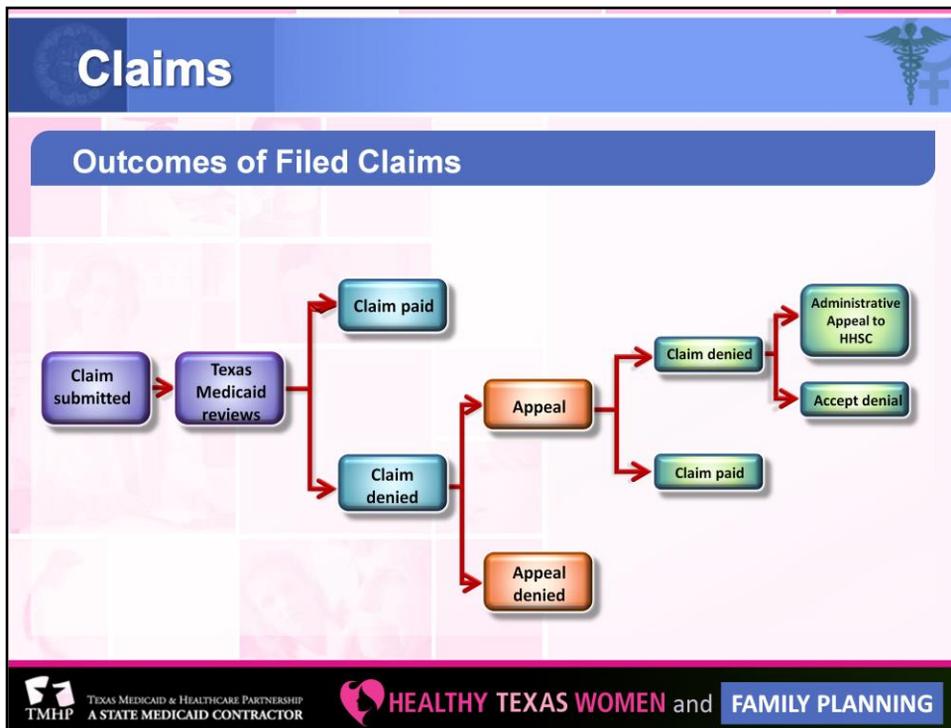
TMHP must follow the state and federal determined claim submission deadlines. Claims that are received after timely filing deadlines will be denied.

New claims must be submitted within 95 days of the date of service (DOS) or date of discharge (DOD), for inpatient hospital claims.

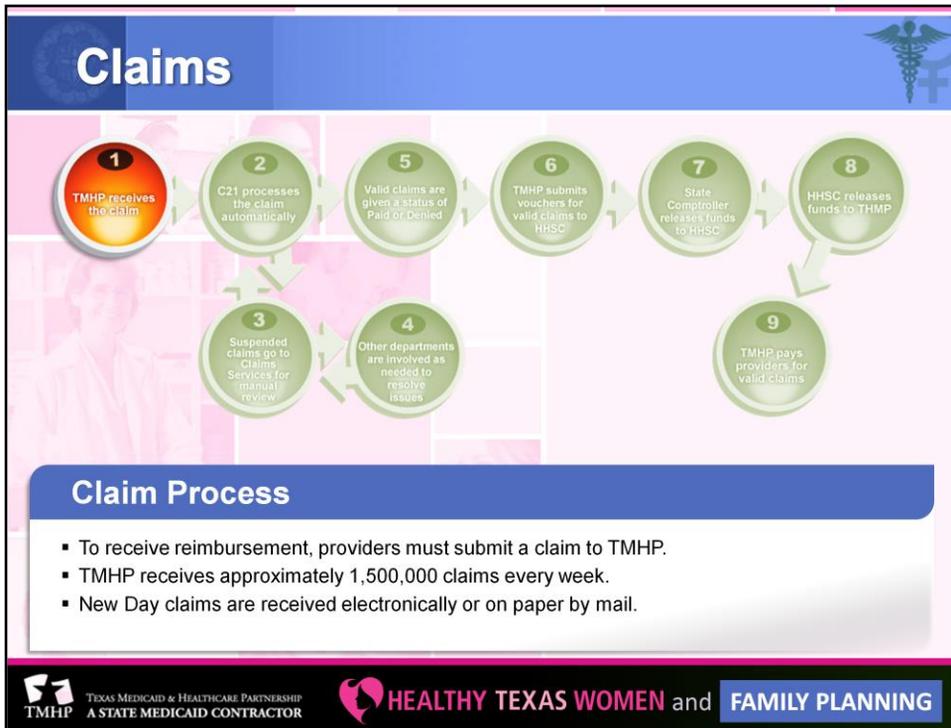
Newly enrolled providers must submit claims within 95 days of the date on which the new provider identifier is issued, but no later than 365 days after the DOS.

Claims for clients with retroactive eligibility must be submitted within 95 days of the date on which the eligibility was added to TMHP system (the add date); the 365-day federal filing deadline still applies.

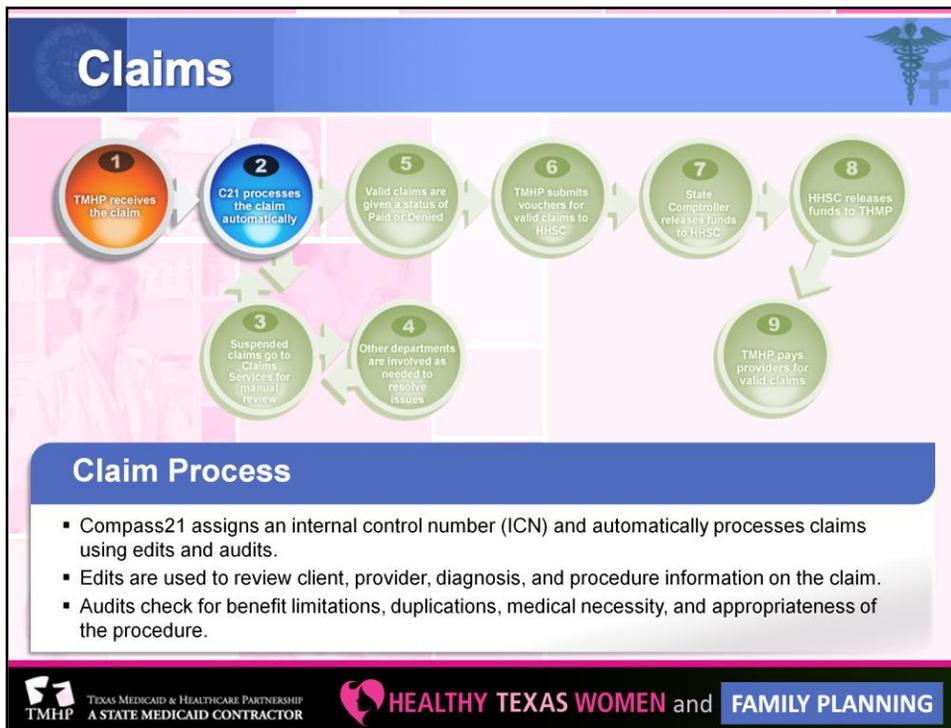
Out-of-state providers have 365 days from the DOS to submit claims.



Here is a quick timeline of a claim being submitted from the provider. TMHP reviews the claim, and either pays or denies the claim. If the claim is denied, the decision can be appealed. Based on the outcome of the appeal, the claim will either be paid or sent to HHSC for further appeal. If HHSC chooses to deny the claim, the decision is final.



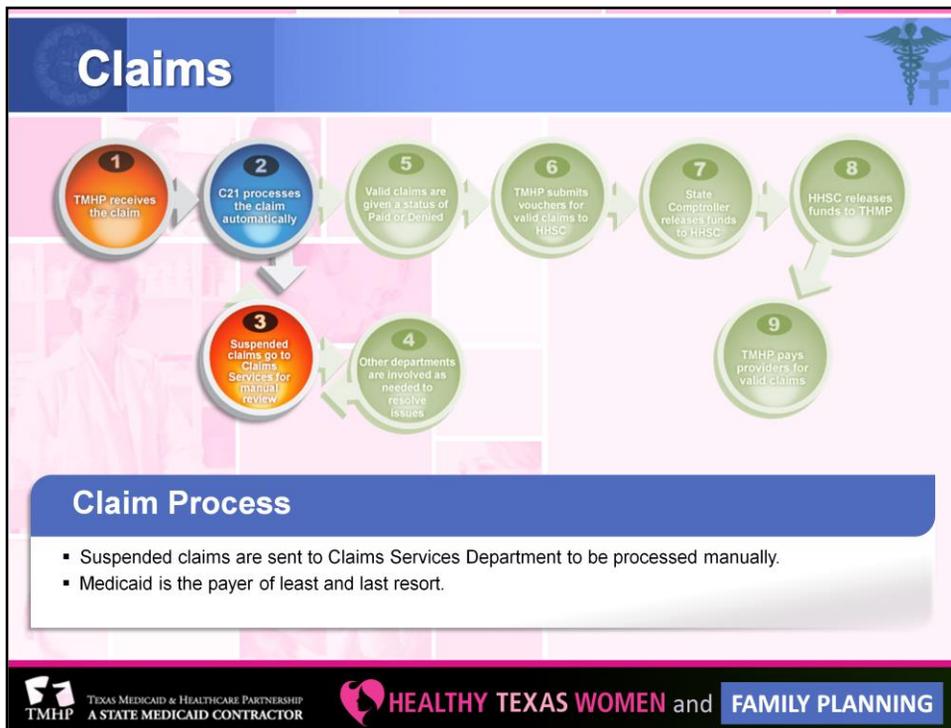
To receive reimbursement, a provider must submit a claim to TMHP, who receives 1.5 million claims every week. New day claims are received electronically or by mail.



Compass21, which is the TMHP claims processing engine, assigns an Internal Control Number (ICN) and automatically processes claims using edits and audits.

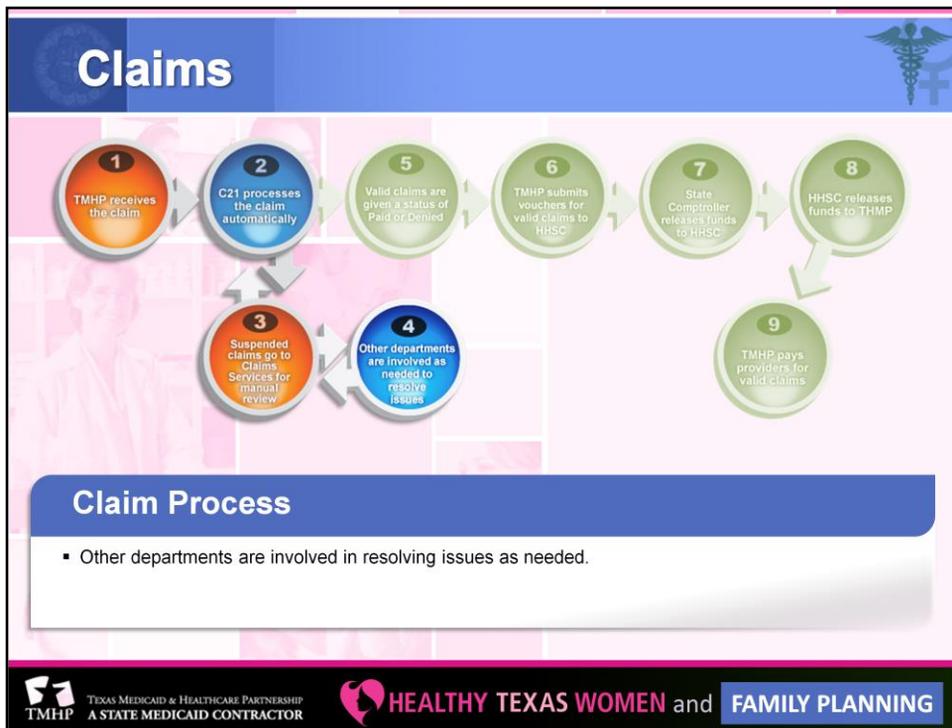
Edits are used to review client, provider, diagnosis, and procedure information on the claim.

Audits check for benefit limitations, duplications, medical necessity, and appropriateness of the procedure.

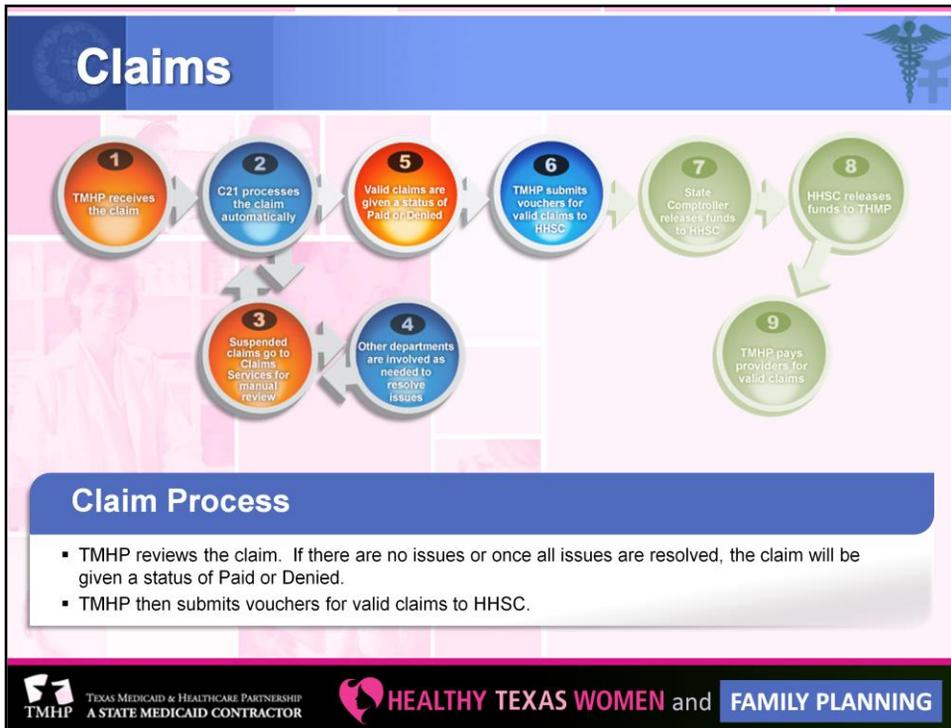


Suspended claims are sent to the Claims Services Department to be processed manually.

Remember, Medicaid is the payer of last resort.

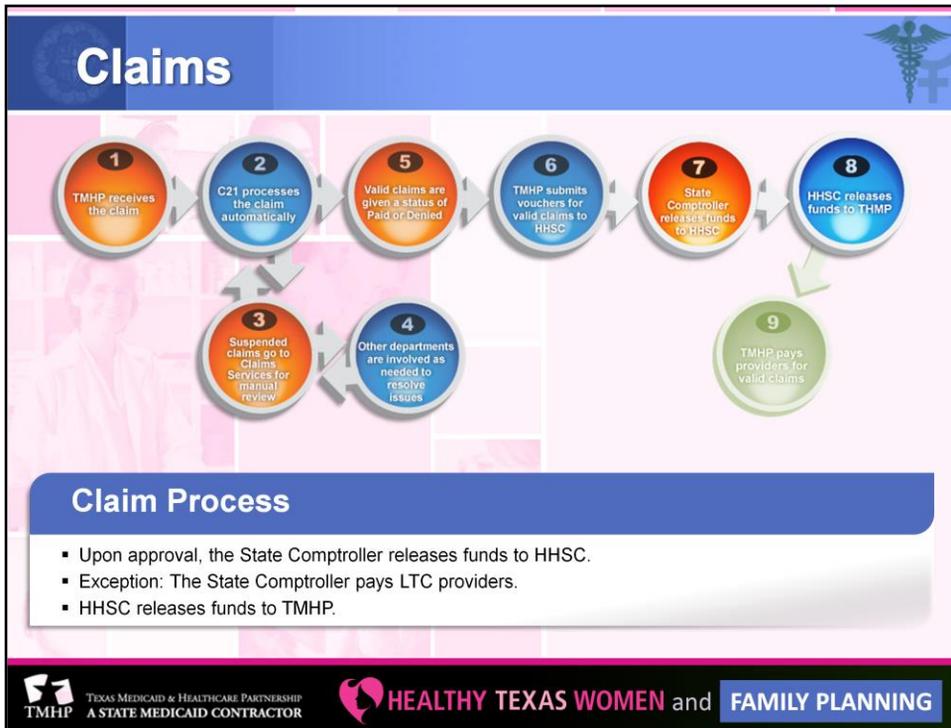


If needed, other departments will assist in resolving any issues.



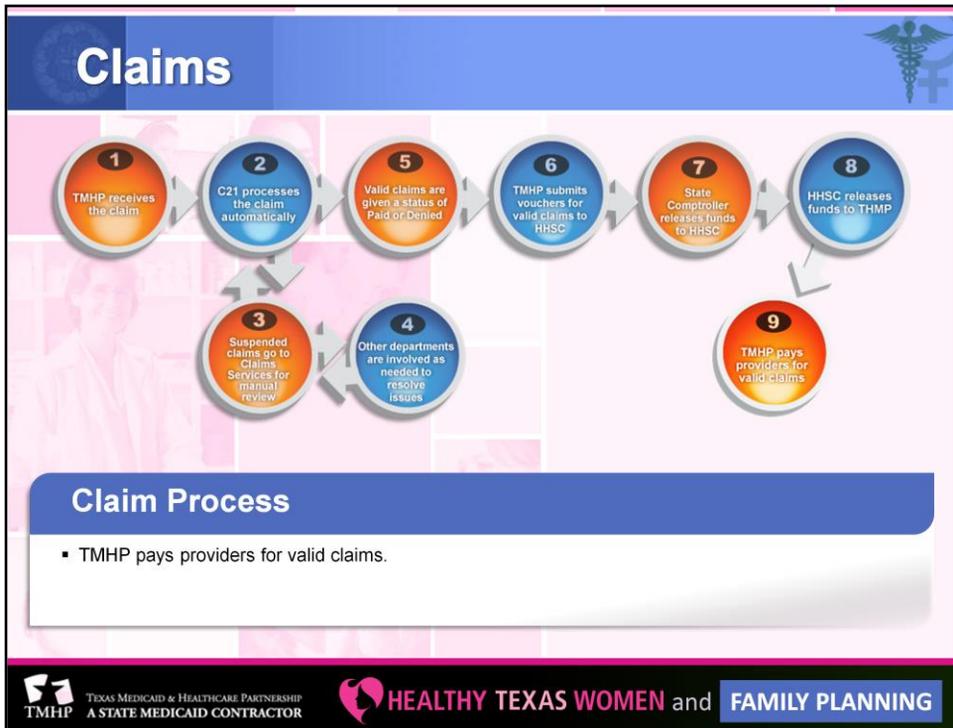
TMHP will review the claim. If there are no issues, or any existing issues have been resolved, the claim will be given a status of Paid or Denied.

TMHP will then submit vouchers for valid claims to HHSC.



Upon approval, the State Comptroller releases funds to HHSC.

For HTW, HHSC will then release funds to TMHP. For Family Planning providers, HHSC will release the funds directly to the provider.



TMHP will then pay providers for valid HTW claims.

Again, for Family Planning Claims, providers are paid directly by HHSC.

Family Planning 2017

2017 Claim Form		1. Choose one: <input type="checkbox"/> Family Planning Program: XIX <input type="checkbox"/> DSHS Family Planning Program (DFPP)		1a. DFPP only: <input type="checkbox"/> PHC <input type="checkbox"/> EPHC <input type="checkbox"/> Partial Pay <input type="checkbox"/> No Pay		2a. Billing Provider TPI 2b. Billing provider NPI		
3. Provider Name			4. Eligibility Date (MM/DD/YYYY)			5. DSHS Client No. (Medicaid PCN if XIX)		
6. Patient's Name (Last Name, First Name, Middle Initial)			7. Address (Street, City, State)			7a. ZIP Code		
8. County of Residence	9. Date of Birth (MM/DD/YYYY)	10. Sex <input type="checkbox"/> F <input type="checkbox"/> M	11. Patient Status <input type="checkbox"/> New Patient <input type="checkbox"/> Established Patient		12. Patient's Social Security Number			
13. Race (Code #): White (1) Asian (5) Black (2) Unk/Not Rep (6)	13a. Ethnicity: Am/Indian/Alask/Nat (4) Nat/Island/Pac/Island (7) More than one race (8)		14. Marital Status: Hispanic (5) Non-Hispanic (0) <input type="checkbox"/> (1) Married <input type="checkbox"/> (2) Never Married <input type="checkbox"/> (3) Formerly Married					
15. Family Income (All): \$			15a. Family Size					
16. Number Times Pregnant		17. Number Live Births		18. Number Living Children				



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

Family Planning program providers will need to submit claims using the Family Planning 2017 claim form. Let's discuss the fields on this form.

We'll begin with Blocks 1 through 18.

In Block 1, check the box for the appropriate entitlement program to which these family planning services are billed.

Block 1a is labeled "DFPP only:". Check the appropriate box.

In Block 2a, enter the billing provider's 9-digit Texas Provider Identifier (TPI).

In Block 2b, enter the billing provider's National Provider Identifier (NPI).

In Block 3, enter the provider's name as it is listed in the provider's information with Texas Medicaid & Healthcare Partnership (TMHP).

Block 4, enter the date the client was originally designated eligible for DFPP, PHC, or EPHC services. If client has DFPP, PHC, or EPHC eligibility from a previous visit, enter that eligibility date.

Block 5 is for the DSHS client number or Medicaid Patient Control Number (PCN) if Title XIX. If previous DFPP, PHC, and EPHC claims have been submitted to TMHP, enter the client's nine-digit DSHS client number, which begins with an "F." If this is a new client, without Medicaid benefits, leave this block blank and TMHP will assign a DSHS client number to the client. If the client has Title XIX Medicaid, enter the client's nine-digit client number from the Medicaid Identification form.

In Blocks 6 through 15, enter the appropriate client information including the client's name, address, date of birth, patient status, etc.

Blocks 16-21 are optional for the Family Planning Program but if the client is also eligible for Medicaid, complete these blocks.

In Block 16, you may enter the number of times this client has been pregnant. If the client is male, you may enter zero.

In Block 17, you may enter the number of live births for this client.

In Block 18, you may enter the number of living children the client has. This may also be completed for male clients.

Family Planning 2017


TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR


HEALTHY TEXAS WOMEN and

FAMILY PLANNING

19. Primary Birth Control Method Before Initial Visit		a=Oral Contraceptive	f= Hormonal Implant	k=Intrauterine device (IUD)	g=Other method
20. Primary Birth Control Method at End of this Visit		b=1-Month hormonal injection	g=Male condom	l=Vaginal ring	/Withdrawal
		c=3-Month hormonal injection	h=Female condom	m=Fertility awareness method (FAM)	q=Method unknown
		d=Cervical cap/diaphragm	i=Hormonal/ Contraceptive patch	n=No method (if used for #20, must complete #21)	r=No method (if used for #20, must complete #21)
			j=Spermicide (used alone)	o=Contraceptive sponge	
21. If No Method Used at End of This Visit, Give Reason (Required only if #20 = r)					
a=Refused; b=Pregnant; c=Inconclusive Preg Test; d=Seeking Preg; e=Infertile; f=Rely on Partner; g=Medical					
22. Is There Other Insurance Available?			23. Other Insurance Name and Address		
<input type="checkbox"/> Y (If Y, Complete Items 23-25a)			<input type="checkbox"/> N		
24a. Insured's Policy Group No.	24b. Benefit Code	24c. Other Insurance P#-Last 4	24d. Date of Notification		
26. Name of Referring Provider	27a. Referral or Other ID	28. Level of Practitioner			
	27b. Referring NPI	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Mid Level <input type="checkbox"/> Other			

Next let's go over Blocks 19 through 28.

Blocks 19 and 20 records the primary birth control method used before the initial visit and the primary birth control method used at end of the visit. You may enter the appropriate code letter (a through r) in the box. If the primary birth control method at the end of the visit was "no method" (r), you may complete Block 21 by entering an appropriate code letter (a through g).

Block 22 indicates the availability of other insurance. If other insurance is available, check Y and complete Blocks 23 through 25a. If no other insurance is available, check N and skip to Block 26.

In Block 23, enter the name and address of the other health insurance carrier if applicable.

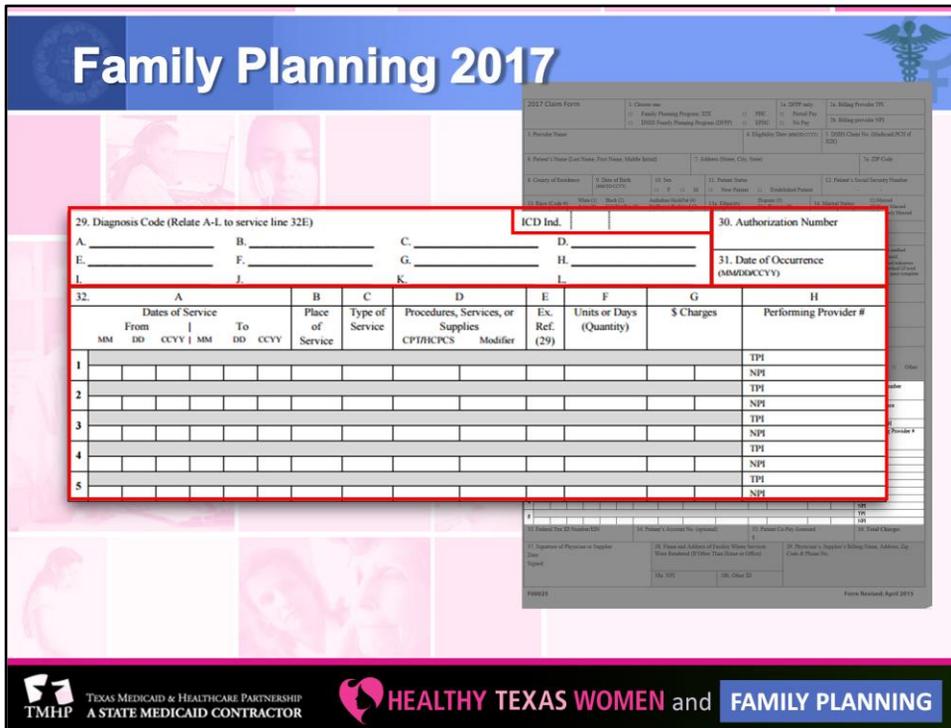
In Block 24a, enter the insurance policy number or group number.

In Block 24b, enter the benefit code, if applicable, for the billing or performing provider.

In Block 25, enter any amount paid by the other insurance carrier, if applicable. If payment was denied, enter "Denied" in this block.

In Block 25a, enter the date of the other insurance payment or denial.

Block 26 and 27b are for Title XIX only but if the client is also eligible for Medicaid, complete these blocks. If a non-family planning service is being billed, and the service requires a referring provider name and NPI, enter the referring provider's name in block 26 and NPI in block 27b.



Let's continue with Block 29.

In Block 29, enter the diagnosis code to the highest level of specificity available; and the applicable International Classification of Diseases (ICD) indicator to identify which version of ICD codes is being reported.

9 = ICD-9-CM

0 = ICD-10-CM

List no more than 12 diagnosis codes. Do not provide narrative description in this field.

In Block 30, enter the authorization number for the client, if appropriate.

In Block 31, enter the date of occurrence.

To avoid unnecessary claim or encounter denial, complete Block 32 A through H for all claims:

A, date of service. In the shaded area, enter the National Drug Code (NDC) qualifier of N4 (e.g., N4) and the 11-digit NDC number on the package or vial from which the medication was administered. Do not enter hyphens or spaces within this number (e.g., 00409231231).

B, place of service

D, appropriate CPT or HCPCS procedure codes for all procedures/services billed. In the shaded area, enter the NDC quantity of units administered, up to 12 digits including the decimal point.

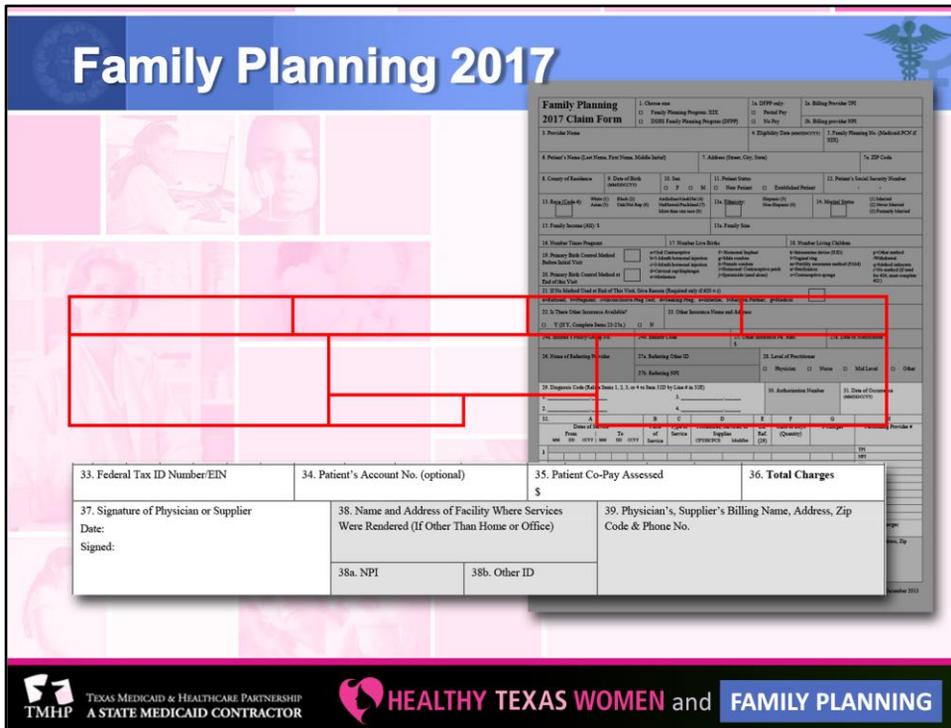
E, Enter the diagnosis line item reference (A-L) for each service or procedure as it relates to each ICD diagnosis code identified in Block 29.

F, units or days (quantity). In the shaded area, enter the NDC unit of measurement code. There are 5 allowed values: F2, GR, ML, UN, or ME.

G, indicate the charges for each service listed.

H(a), Performing provider number (XIX only)-TPI. This does not apply to individual providers.

H(b), Optional- Performing provider number (XIX only)-NPI. *To avoid unnecessary denials, DFPP, PHC, and EPHC providers should include the performing provider's TPI and NPI on the claim.*



The final Blocks we will describe are Blocks 33 through 39.

In Block 33, enter the Federal Tax ID Number (TIN) or Employer Identification Number (EIN) associated with the provider identifier on file with TMHP. This field is optional.

In Block 34, you may enter the patient's internal client ID or Account # that is assigned by you. This is an **optional** field used by providers to identify a client's account number.

If the client was assessed a copayment, enter the dollar amount in Block 35.

In Block 36, enter the total of the line item charges for each page of the claim. For multi-page claim forms, enter "continue" on each claim form page, except the last page.

Indicate the total amount for the claim on the last page. List the page number of the attachment in the top right-hand corner of the form. For example, page 2 of 3.

In Block 37, you must provide the handwritten signature (or signature stamp) of the physician, supplier, or authorized representative.

In Block 38, If the services were provided in a place other than the client's home or the provider's office, enter the name, address, and ZIP Code of the facility where services were rendered.

When entering Block 38, you must also enter the NPI of the service facility location in Block 38a.

Enter the billing provider's name, address, city, state, ZIP Code, and telephone number in Block 39. This field is optional.

Abortion and Emergency Contraceptives

HTW and Family Planning Claims:

**Abortion
Emergency Contraceptives
are restricted**

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

Claims for HTW and Family Planning providers process the same as all other claims, with a few differences.

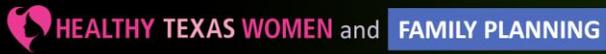
Claims submitted with diagnosis codes for Abortion and Emergency Contraceptives are restricted with these programs, and will be denied.

Sterilizations



A Sterilization Consent form will need to be submitted at least thirty days prior to the procedure.

Sterilization Consent Form		*Indicates a field required under certain conditions. See instructions for details.	
1. Patient Information		2. Date of Signature	
3. Physician Information		4. Facility Information	
5. Consent		6. Signature	
7. Signature		8. Signature	
9. Signature		10. Signature	
11. Signature		12. Signature	
13. Signature		14. Signature	
15. Signature		16. Signature	
17. Signature		18. Signature	
19. Signature		20. Signature	
21. Signature		22. Signature	
23. Signature		24. Signature	
25. Signature		26. Signature	
27. Signature		28. Signature	
29. Signature		30. Signature	
31. Signature		32. Signature	
33. Signature		34. Signature	
35. Signature		36. Signature	
37. Signature		38. Signature	
39. Signature		40. Signature	
41. Signature		42. Signature	
43. Signature		44. Signature	
45. Signature		46. Signature	
47. Signature		48. Signature	
49. Signature		50. Signature	
51. Signature		52. Signature	
53. Signature		54. Signature	
55. Signature		56. Signature	
57. Signature		58. Signature	
59. Signature		60. Signature	
61. Signature		62. Signature	
63. Signature		64. Signature	
65. Signature		66. Signature	
67. Signature		68. Signature	
69. Signature		70. Signature	
71. Signature		72. Signature	
73. Signature		74. Signature	
75. Signature		76. Signature	
77. Signature		78. Signature	
79. Signature		80. Signature	
81. Signature		82. Signature	
83. Signature		84. Signature	
85. Signature		86. Signature	
87. Signature		88. Signature	
89. Signature		90. Signature	
91. Signature		92. Signature	
93. Signature		94. Signature	
95. Signature		96. Signature	
97. Signature		98. Signature	
99. Signature		100. Signature	



Sterilization procedures require a sterilization consent form, which will need to be submitted at least thirty days prior to the procedure.

Remittance and Status Reports

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

Now let's discuss Remittance and Status (R&S) Reports.

What is an R&S Report?



The R&S Report:

- A computer-generated document showing the status of all claims submitted to TMHP
- Weekly record of financial transactions (paid, pending, denied, and adjusted claims)
- Includes banner messages
 - Banner messages keep providers up-to-date on changes to claims processing or medical policy



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



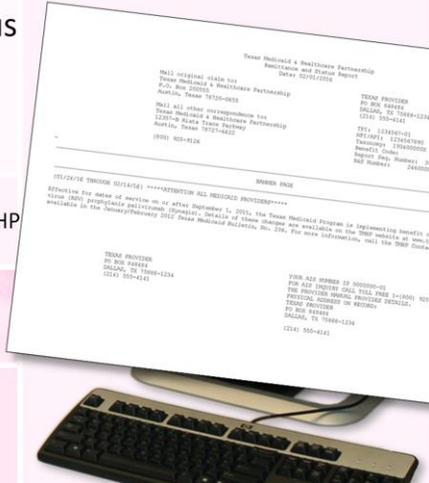
HEALTHY TEXAS WOMEN and FAMILY PLANNING

The R&S Report is a computer-generated document showing the status of all claims submitted to TMHP along with a detailed breakdown of the weekly reimbursement. It is a weekly record of financial transactions, which includes paid, pending, denied, and adjusted claims.

Banner messages are also included in the R&S Report. Banner messages keep providers up-to-date on changes to claim processing and medical procedures and policies.

Delivery Options for R&S Reports

- **Electronic Remittance & Status (ER&S) 835 file**
 - Allows you to download raw data into your own billing software system
- **Paper Available on Thursday the week the provider payments are released.**
 - Digital copy of the R&S Report
- **Newly Enrolled Providers:**
 - Accessible and downloadable on the TMHP website
 - 90 days of R&S Reports are maintained online
 - Receive PDF version
 - To change your settings:
 - Retain records as required
 - EDI Helpdesk at **1-888-863-3638**
 - Use TextMedConnect to access





TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

There are three delivery options for R&S Reports.

The Electronic Remittance & Status (ER&S) 835 file is a HIPAA-compliant data file that allows you to download raw data into your own billing software system. The ER&S 835 file is available each Thursday the week the provider payments are released. Providers who use a third party software to download the ER&S 835 file should contact their third party software vendor for more information.

The PDF version is a digital copy of the paper R&S Report. You may access and download PDF versions of the R&S Report using TextMedConnect on the TMHP website. These reports are available each Monday morning after the weekly claim processing cycle. TMHP maintains 90 days of your most current R&S Reports online. After the 90-day limitation has been reached, TMHP will begin archiving reports as new reports are posted each week. Providers are encouraged to save R&S Reports and retain these records for 5 years as required by Texas Medicaid. Freestanding Rural Health Clinics (RHCs) must retain records for 6 years, and hospital-based RHCs must retain records for 10 years.

To access and download the PDF version, you must have and log in to your

TexMedConnect account

Copies of the paper R&S Report can be requested by calling the TMHP Contact Center at **1-800-925-9126**.

Newly enrolled providers are initially set up to receive the PDF version of the R&S Report. Providers who do not have electronic contact the EDI help desk at **1-888-863-3638**.

Accessing R&S Reports Online

Use TexMedConnect to access R&S Reports

[TexMedConnect Account Activation](#)

[TMHP Website Security Provider Training Manual](#)

- Questions about activation:
 - EDI Helpdesk at **1-888-863-3638**
 - 7 a.m. to 7 p.m., CST, Mon.-Fri.



 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

 **HEALTHY TEXAS WOMEN** and **FAMILY PLANNING**

To access your R&S Reports, you must have a TexMedConnect user account.

If you do not have an account, click the link provided to open the 'Account Activation' section of the TMHP website. Follow the instructions provided on the website to create and activate your TexMedConnect account.

If you have questions or need assistance with Account Activation, you can contact the EDI Helpdesk at **1-888-863-3638**. The helpdesk is available from 7 a.m. to 7 p.m., Central Standard Time, Monday through Friday.

Log In To TexMedConnect

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

clients
 English - Español

providers

Thursday, September 20, 2012

Welcome to Texas Medicaid & Healthcare Partnership

TMHP
 TEXAS MEDICAID
 HEALTHCARE PARTNERSHIP
 A STATE MEDICAID CONTRACTOR

Thank you for visiting the Texas Medicaid & Healthcare Partnership's (TMHP) internet website for Texas Medicaid and other state health-care programs. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of claims processing for Texas Medicaid and other state health-care programs. ACS, a XEROX company, meets its new consolidated health-care responsibilities with a team of subcontractors under the name of TMHP.

Not yet a provider?
 Click here to find out how you can become a provider for Texas Medicaid and related programs.

Provider Education
 Register for a workshop or webinar or take advantage of other educational offerings.

Non-Emergency Transportation Providers
 Click here for more

Provider Lookup
Looking for a provider?
 Click here to find a state health-care provider near you.

¿Está buscando un proveedor?
 Haga clic aquí para encontrar un proveedor

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and **FAMILY PLANNING**

To log in to TexMedConnect, go to the TMHP website and click **providers** in the top menu bar.

Log In To TexMedConnect

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

All Sites Advanced Search [Log In](#)

Providers **Enroll Today!** Want to enroll as a Medicaid provider? Click here for more information and to enroll today.

Log in to My Account
Go to **TexMedConnect**

I would like to...
Click here to access provider applications and services.

Thursday, September 20, 2012

Texas Medicaid Provider Home Page
This is the provider home page for Texas Medicaid. The information on these pages help Medicaid providers succeed with their Medicaid practice. For information specific to a related program, click on the program's button above.

Below are links to the current news for Texas Medicaid providers. Click [here](#) to view past news articles.

News for Medicaid Providers

****Top News****

[Delta Dental to Discontinue Providing CHIP and Medicaid Dental Services in Texas - 9/13/2012](#)

Benefits

[Benefit Criteria to Change for Cardiac Rehabilitation Effective November 1, 2012 - 9/14/2012](#)

[Benefit Criteria to Change for Hyperbaric Oxygen Therapy Effective November 1, 2012 - 9/14/2012](#)

[PDCI Testing, Prescription Authorization Guidelines](#)

Medicare Dual Eligibility

[Novitas to Replace Trailblazer as the Medicare Administrative Contractor for the State of Texas - 9/14/2012](#)

[Claims Filing Changes for Medicare Crossover Claims for Some Emergency Services Ambulance Procedure Codes - 9/12/2012](#)

New Publications

[Banner messages for 9/17/12 and 9/21/12 - 9/14/2012](#)

Great News!
The Texas Medicaid Provider Procedures Manual is now updated monthly! Click here for more information.

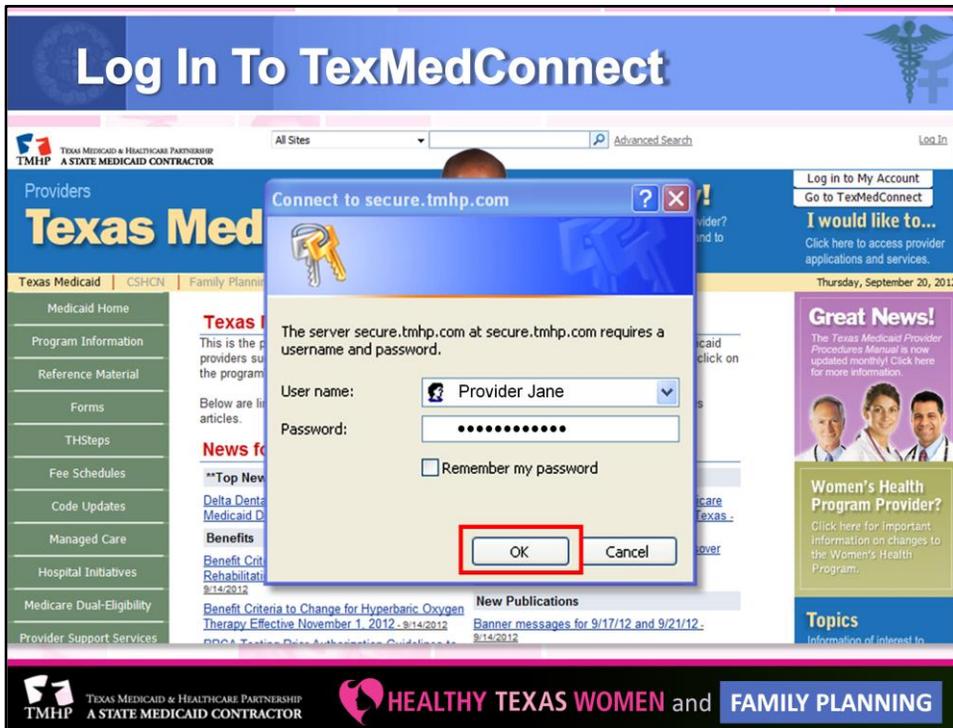
Women's Health Program Provider?
Click here for important information on changes to the Women's Health Program.

Topics
Information of interest to

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and **FAMILY PLANNING**

Next, click **Log in to My Account** in the top menu bar.



The log in screen will appear. Enter your User name and Password and click **OK**.

Finding your R&S Report

Home :: TMHP.com :: My Account

Logged in as: portaluser | Log Off

Navigation

- TMHP.com
- My Account

Welcome to My Account. This section allows a user to perform various maintenance activities for their TMHP account. Click the appropriate link for access to the maintenance options.

Acute Care Online Portal

- View R&S/COF Reports**
- TextMedConnect
- My Panel Reports
- View Paid Claims Detail Reports
- Prior Authorization
- View Payment Amounts
- View MET Provider Reports
- Fee Schedule

LTC Online Portal

- View R&S/COF Reports
- Submit Form
- TextMedConnect
- Inquire about a form status

Manage Provider Accounts

- Change your Remittance and Status Reports (R&S)/COF delivery method
- Modify your method of delivery of R&S reports.
- Administer a Provider Identifier
- Become a Provider Administrator for a Provider Identifier (authorization required).
- Administer a Provider Enrollment Transaction
- Open the provider enrollment application
- Modify Permissions
- Add remove permissions and/or unlink users for a Provider Identifier that you administer.
- Create a new user

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

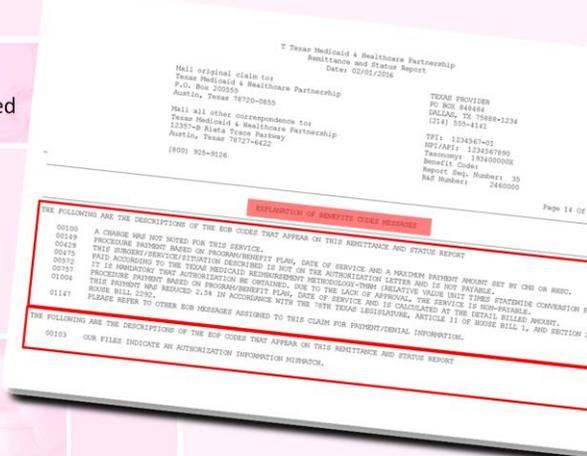
After your successful log in, the 'My Account' screen will display by default. This screen gives you access to all the secure functions of the TMHP website.

To access your R&S Reports, click **View R&S/COF Reports** in the Acute Care Online Portal listing.

What is in Your R&S Report?

R&S Report sections:

- Banner Messages
- Claims - Paid or Denied
- Adjustments - Paid or Denied
- Financial Transactions
- Claims That Are Being Processed
- Payment Summary
- Explanations of Benefits Codes Messages
- Explanations of Pending Status Codes



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

Now that we've discussed how to locate and open your R&S Reports, let's look at the information contained in your R&S Reports.

Your R&S Report contains several different sections. These sections include:

- Banner Messages;
- Claims - Paid or Denied;
- Adjustments - Paid or Denied;
- Financial Transactions;
- Claims That Are Being Processed;
- Payment Summary;
- Explanations of Benefits Codes Messages; and
- Explanations of Pending Status Codes.

We will discuss these sections in more detail, starting with the Banner Page.

Banner Messages

Texas Medicaid & Healthcare Partnership
Remittance and Claims Report
Date: 02/01/2016

Mail original claim to:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas 78720-0855

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership
12337-B Riata Trace Parkway
Austin, Texas 78727-6422
(800) 925-9126

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

TPI: 1234567-01
NPI: 1234567890
Taxonomy: 9900000000
Specialty: 01
Report Seq. Number: 26
R&S NUMBER: 2600000

Page 1 Of

BANNER PAGE

{01/24/16 THROUGH 02/14/16} *****ATTENTION ALL MEDICAID PROVIDERS*****

Effective for dates of service on or after September 1, 2011, the Texas Medicaid Program is implementing benefit changes for respiratory syncytial virus (RSV) prophylaxis palivizumab (Synagis). Details of these changes are available on the TMHP website at www.tmhp.com and will also be available in the January/February 2012 Texas Medicaid Bulletin, No. 236. For more information, call the TMHP Contact Center at 1-800-925-9126

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

YOUR AIS NUMBER IS 0000000-01
FOR AIS INQUIRY CALL TOLL FREE 1-(800) 925-9126
THE PROVIDER MANUAL PROVIDES DETAILS.

PHYSICAL ADDRESS ON RECORD:
TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

Banner messages are used to inform providers of new and revised policies and procedures. Banner messages are also posted on the TMHP website.

The Banner Page is the first page of the R&S Report and includes the:

- Date of the week being reported on the R&S Report;
- TMHP address for submitting original claims;
- TMHP address for submitting other correspondence;
- Provider's name, address, and telephone number;
- Provider identifier (TPI, NPI, and API);
- Taxonomy code;
- Report sequence number (indicates the week number of the year);
- Unique R&S Report number specific to each report;
- Page number (R&S Report begins with page 1);
- Name of the R&S Report section; and
- Automated Inquiry System (AIS) telephone number.

Claims – Paid or Denied



Texas Medicaid & Healthcare Partnership
Remittance and Status Report
Date: 02/01/2016

Paper Appeals:

Information is provided for all
inpatient hospital claims
processed by TMHP as of the new day
incentive of the provider
processed by TMHP as of the new day
incentive of the provider
processed by TMHP as of the new day
incentive of the provider

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141
TPI: 1234567-01
NFI/API: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Seq. Number: 35
R&S Number: 2460000

Page 3 Of

PATIENT #	PATIENT ACT #	MEDICAL RECORD #	MEDICARE #	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	DIAGNOSIS	
-----ALLOWED-----																
FROM	CHARGE	QTY	CHARGE	POS	PAID AMT	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	BOB	MOD MOD	
..... CLAIMS - PAID OR DENIED																
DOR, JAN 00	01/03/2015	026.00	1.0	56.46	3	55.05	00000	00475	01004						53081	
					\$226.00	\$56.46	\$55.05	CLAIM TOTAL								
PAT. TOTAL					\$226.00	\$56.46	\$55.05									

FOR EACH CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE
YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

Next is the Claims – Paid or Denied section.

Claims in this section processed and were finalized the week before the preparation of the R&S Report. Claims are sorted by claim status, claim type, and alphabetically by order of client name. The reported status of each claim will not change unless further action is initiated by the provider, the Health and Human Services Commission (HHSC), or TMHP.

Information is provided on a separate line for all inpatient hospital claims and processed according to prospective payment methodology. Listed information includes the client's:

- Age according to TMHP records;
- Sex according to TMHP records (for example, M for Male, F for Female, and U for Unknown);
- Patient Status. This indicates the client's status at the time of discharge or the last date of service (DOS) on the claim (refer to instructions for UB-04 CMS-1450 claim form, Block 17); and
- Procedure code. The procedure code indicates the primary surgical procedure used in determining the Diagnosis-Related Group (DRG).

It is important to remember that only processed claims appear in this section of the R&S Report. Claims submitted without complete information are rejected and not processed by TMHP. Incomplete paper claims are returned to the provider for correction and resubmission. For rejected claims that are

submitted electronically, providers must retrieve the response file to determine reasons for rejections.

TMHP cannot process incomplete claims. Incomplete claims may be submitted as original claims only if the resubmission is received by TMHP within the original filing deadline. **If a claim does not appear as paid, denied, or incomplete on an R&S Report or on a TMHP electronic media rejection report within 30 days of submission, the claim should be resubmitted to TMHP to ensure timely filing.**

Claims listed on the R&S Report with \$0 allowed and \$0 paid are also known as Zero-Paid Claims and may be resubmitted as electronic and paper appeals.

Appeals may be submitted through a third party resource or using TexMedConnect.

Zero-paid claims that are still within the 95-day filing deadline should be submitted as new day claims, which are processed faster than appeals. Since the claim reimbursement system automatically searches for and matches previously submitted claims, electronic claims can be resubmitted past the 95-day deadline as new day claims if none of the following fields have changed:

- Provider identifiers;
- Client Medicaid number;
- Dates of service; and
- Total billed amount.

Claims that are past the 95-day filing deadline and require changes to the fields just listed must be appealed on paper with a copy of the R&S Report. All other appeal guidelines remain unchanged.

Another important thing to remember is that initial zero-paid claims and appeal submissions must meet the 95-day deadline and 120-day appeal deadline outlined in the TMPPM.

Claims – Paid or Denied (Interpretation)



Texas Medicaid & Healthcare Partnership
Remittance and Status Report
Date: 02/01/2016

Mail original claim to:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership
12307-B Rista Trace Parkway
Austin, Texas 78727-6422

(800) 925-9126

TPI: 1234567-01
NFI/API: 1234567890
Taxonomy: 193400000x
Benefit Code:
Report Seq. Number: 35
R&S Number: 2460000

Page 3 Of

PATIENT NAME	PATIENT ACCT #	CLAIM NUMBER	MEDICAID #	PATIENT ACCT #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS				
NE, JANE	100030011	8070	400000000	123	86789	134					3081				
FROM	TO	TOS	PROC	QTY	CHARGE	QT	CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	MOD	MOD
01/04/2012	01/04/2015	8	99252	1.0	226.00	1.0	56.46	3	55.05	00000	00475	01004			
					\$226.00		\$56.46		\$55.05						
PAID CLAIM TOTALS					\$226.00		\$56.46		\$55.05						

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and FAMILY PLANNING

Now let's look at the information contained in the Claims – Paid or Denied section.

1. Patient's name
2. Dates of Service
3. Claim number –
4. Type of Service –
5. Procedure Code –
6. Quantity Billed –
7. Medicaid number –
8. Billed Charge –
9. Patient Account Number –
10. Allowed Quantity –
11. Allowed Charge
12. Medical Record Number
13. Place of Service Code
14. Paid Amount
15. Medicare number

16. EOB & EOPS Codes

17. Modifiers

18. Diagnosis Code

Sometimes the R&S Report date is not listed. When this happens, this is a duplicate adjustment on the same R&S Report.

Immediately below the adjusted claim is the original claim as it was initially processed. An accounts receivable is created for the original claim total as noted by EOB 00601, "A RECEIVABLE HAS BEEN ESTABLISHED IN THE AMOUNT OF THE ORIGINAL PAYMENT: (*the original payment amount is listed*). FUTURE PAYMENTS WILL BE REDUCED OR WITHHELD UNTIL SUCH AMOUNT IS PAID IN FULL." This is printed below the claim indicating the amount to be recouped.

This amount also appears under the heading, "Financial Transactions Accounts Receivable." With EOB 06065, "ACCOUNT RECEIVABLE IS DUE TO THE ADJUSTED CLAIM LISTED. FOR DETAILS, REFER TO YOUR R&S REPORT FOR THE DATE LISTED WITHIN THE ORIGINAL DATE FIELD."

When reviewing claims in this section, look at the media source located in the Internal Control Number (ICN).

You will see three types of adjustments in this section:

- True recoupment adjustments;
- Zero balance adjustments; and
- Additional payment adjustments.

True recoupment adjustments occur when either the provider or TMHP has adjusted a claim (or claims) and money is being recouped (This may occur as a result of a mass adjustment).

Zero balance adjustments occur when a claim is reprocessed and reimburses at the same amount on the adjustment that it reimbursed on the original claim.

Additional payment adjustments happen when the adjusted claim reimburses more than the original claim.

Financial Transactions (Accounts Receivable)

P.O. Box 200555
Austin, Texas 78720-0555

Dallas, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
Healthcare Partnership
12345 Medical Parkway
Austin, Texas 78721-6422

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Req. Number: 33
R&S Number: 99999999

Describes any amounts that are added or taken out of the weekly reimbursement.

Page 27 of

CONTROL NUMBER	RECOUPMENT RATE	ORIGINAL DATE	PRIOR DATE	ORIGINAL AMOUNT	PRIOR BALANCE	APPLIED AMOUNT	PROGRAM	FYE	OR	PATIENT NAME	CLAIM NUMBER
***** FINANCIAL TRANSACTIONS ****											
THE PAYMENT WAS REDUCED BY THE APPLIED AMOUNTS SHOWN BELOW FOR THE REASONS INDICATED.											
200829999999	50%	08/07/2015	08/02/2015	81.00	65,417.95	926.34	MSD CARE			DOE, JANE	0022
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	25%	08/07/2015	08/02/2015	64,491.56	550.29	MEDICAID				DOE, JANE	0022
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	25%	08/15/2011	00/00/0000	2,700.00		137.57	MEDICAID			DOE, JANE	0022
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	25%	08/15/2011	00/00/0000	2,700.00	2,562.43	231.58	MSD CARE			DOE, JANE	0022
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	100%	08/15/2015	08/02/2015	96.98	96.98	96.98	MEDICAID	2008	0065	DOE, JANE	100003103020089999999999
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	100%	08/15/2015	08/02/2015	1,080.44	1,080.44	1,080.44	MSD CARE	2008	0065	DOE, JANE	200003103020089999999999
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
200829999999	100%	08/15/2015	08/04/2015	126.68		126.68	MSD CARE	2007	0065	DOE, JANE	200003103020079999999999
THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.											
TOTAL RECOUPED:						\$ 3,149.88					



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

Now let's look at the Financial Transactions section of the R&S Report.

The financial transaction section of the R&S Report describes any amounts that are added to or taken out of the weekly reimbursement. All accounts receivables, IRS levies, payouts, refunds, reissues, voids and stops, backup withholding penalty information, and sub-owner recoupments appear in the Financial Transactions section. The recoupment rate is the percentage of the provider's reimbursement that is withheld each week unless the provider elects to have a specific amount withheld each week. Typically, transactions will have additional information about the reason for the transaction.

An accounts receivable is used to subtract money from a provider's current reimbursement amount. An accounts receivable is most commonly established as the result of an adjusted or appealed claim. If the accounts receivable is not satisfied in this reimbursement, it will be applied to the next reimbursement and R&S Report until it is satisfied.

Payment Summary

Mail all other correspondence to:
 Texas Medicaid & Healthcare Partnership
 12357-B Riata Trace Parkway
 Austin, Texas 78727-6422
 (800) 925-9126

TPI: 1234567-01
 NPI/API: 1234567890
 Taxonomy: 193400000X
 Benefit Code:
 Report Req. Number: 33
 R&D Number: 99999999

Page 39 of

PAYMENT SUMMARY FOR TAX ID 123456789

	*** AFFECTING PAYMENT THIS CYCLE ***		*** AMOUNT AFFECTING 1099 EARNINGS ***	
	AMOUNT	COUNT	THIS CYCLE	YEAR TO DATE
CLAIMS PAID	3,738.10	9	3,738.10	35,676.72
SYSTEM PAYOUTS	2,437.19		2,437.19	2,437.19
MANUAL PAYOUTS (REMITTED BY SEPARATE CHECK OR EFT)			9,242.00	9,242.00
AMOUNT PAID TO IRS FOR LEVIES	-554.00			
AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING	-1,363.93			
ACCOUNTS RECEIVABLE RECOUPMENTS	-3,149.88		-3,149.88	-9,314.02
AMOUNTS STOPPED/VOIDED			-310.99	-310.99
SYSTEM REISSUES	20,350.91			
CLAIM RELATED REFUNDS			-57.81	-57.81
NON-CLAIM RELATED REFUNDS			-6.19	-6.19
HELD AMOUNT	-4,291.67			
PAYMENT AMOUNT	17,166.72		11,892.42	37,666.90
PENDING CLAIMS		54,913.83		

THE AMOUNT OF \$4,291.67 WAS HELD AT THE DIRECTION OF THE STATE MEDICAID AGENCY.

*****PAYMENT TOTAL FOR DIRECT DEPOSIT BY EFT 00000009999999 IN THE AMOUNT OF 17,166.72.*****

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN

and FAMILY PLANNING

Now let's look at the Claims Payment Summary section of the R&S Report. This section summarizes all reimbursements, adjustments, and financial transactions listed on the R&S Report.

The claims payment summary has two categories: AFFECTING PAYMENT THIS CYCLE and AMOUNT AFFECTING 1099 EARNINGS.

If you receive a check in association with a particular R&S Report, the information will be listed as: "PAYMENT TOTAL FOR CHECK (*the check number is listed*) IN THE AMOUNT OF (*the amount of the check is listed*)."

If the reimbursement is by EFT, the information will be listed as: "PAYMENT TOTAL FOR DIRECT DEPOSIT BY EFT (*the EFT number is listed*) IN THE AMOUNT OF (*the amount of the EFT is listed*)."

The check number also is printed on the check that accompanies the R&S Report.

Explanation of Benefits Codes Messages



T Texas Medicaid & Healthcare Partnership
Remittance and Status Report
Date: 02/01/2016

Mail original claim to:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 955-4141

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422
(800) 925-9126

TPI: 1234567-01
NPI/ABI: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Seq. Number: 35
R&S Number: 2460000

Page 14 Of

EXPLANATION OF BENEFITS CODES MESSAGES

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00100 A CHARGE WAS NOT NOTED FOR THIS SERVICE.
00149 PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND A MAXIMUM PAYMENT AMOUNT SET BY CMS OR HHSC.
00429 THIS SURGERY/SERVICE/EXAMINATION DESCRIBED IS NOT ON THE AUTHORIZATION LETTER AND IS NOT PAYABLE.
00475 PAID ACCORDING TO THE TEXAS MEDICAID REIMBURSEMENT METHODOLOGY-THRM (RELATIVE VALUE UNIT TIMES STATEWIDE CONVERSION FACTOR)
00572 IT IS MANDATORY THAT AUTHORIZATION BE OBTAINED. DUE TO THE LACK OF APPROVAL, THE SERVICE IS NON-PAYABLE.
00787 PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND IS CALCULATED AT THE DETAIL BILLED AMOUNT.
01004 THIS PAYMENT WAS REDUCED 2.5% IN ACCORDANCE WITH THE 78TH TEXAS LEGISLATURE, ARTICLE II OF HOUSE BILL 1, AND SECTION 2.03 OF HOUSE BILL 2292.
01147 PLEASE REFER TO OTHER EOB MESSAGES ASSIGNED TO THIS CLAIM FOR PAYMENT/DENIAL INFORMATION.

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOP CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00103 OUR FILES INDICATE AN AUTHORIZATION INFORMATION MISMATCH.



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

Now let's look at the Explanation of Benefits Codes Messages section of the R&S Report. This section lists the descriptions of all EOBs that appear on the R&S Report. EOBs appear in numerical order.

The Explanation of Pending Status Codes Appendix section lists the description of all EOPS codes that appeared on the R&S Report. EOPS codes also appear in numerical order. EOB and EOPS codes may appear on the same pending claim because some details may have already finalized while others may have questions and are pending.

Balancing Your R&S Report



R&S Reports

- Provided weekly
- Include detailed information:
 - Status of claims
 - Appeals
 - Adjustments
 - Utilization reviews
 - Mass adjustments

④ Add these four amounts together. The total will equal the number in the "AMOUNT" column on the "CLAIMS PAID" line at the top of the "FINANCIAL SUMMARY PAGE".

*** AFFECTING PAYMENT THIS CYCLE ***		
	AMOUNT	COUNT
CLAIMS PAID	539,878.57	19

Handwritten on a yellow sticky note:

$$\begin{array}{r} 8590.39 \\ 82,222.00 \\ 826,124.02 \\ + 4,222.10 \\ \hline \end{array}$$


TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR



HEALTHY TEXAS WOMEN and

FAMILY PLANNING

As discussed earlier, the R&S Report is provided by TMHP weekly. It provides detailed information on pending, paid, denied, and adjusted claims filed with TMHP.

The R&S Report also identifies accounts receivables resulting from appeals, adjustments from Medicare, utilization reviews and mass adjustments. These receivables are recouped from the claim reimbursements.

Claims Denials

The main reason HTW and Family Planning program claims are denied are:

- The Procedure Code, or the combination of Procedure and Type of Service is invalid.
- The claim was received past the 95 day filing deadline.
- Provider is not certified for dates of service requested.
- Procedure is not covered by this provider type.
- Procedure Code does not match Place of Service.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

HEALTHY TEXAS WOMEN and FAMILY PLANNING

The main reason HTW and Family Planning program claims are denied are:

The Procedure Code is invalid, or the combination of Procedure and Type of Service is invalid.

This is by far the most common denial reason. You don't want to enter a procedure code for a broken leg, but have the type of service be Dental. They need to match, or at least make sense. To avoid the claim being denied, make sure the procedure code and type of service is the right combination.

The claim was received past the 95 day filing deadline.

Another very common reason claims are denied, and one that can be avoided by following timely filing procedures. Remember, all new day claims need to be filed within 95 days, and any claim adjustments need to be filed within 120 days.

Provider is not certified to provide HTW or Family Planning services for dates of service requested.

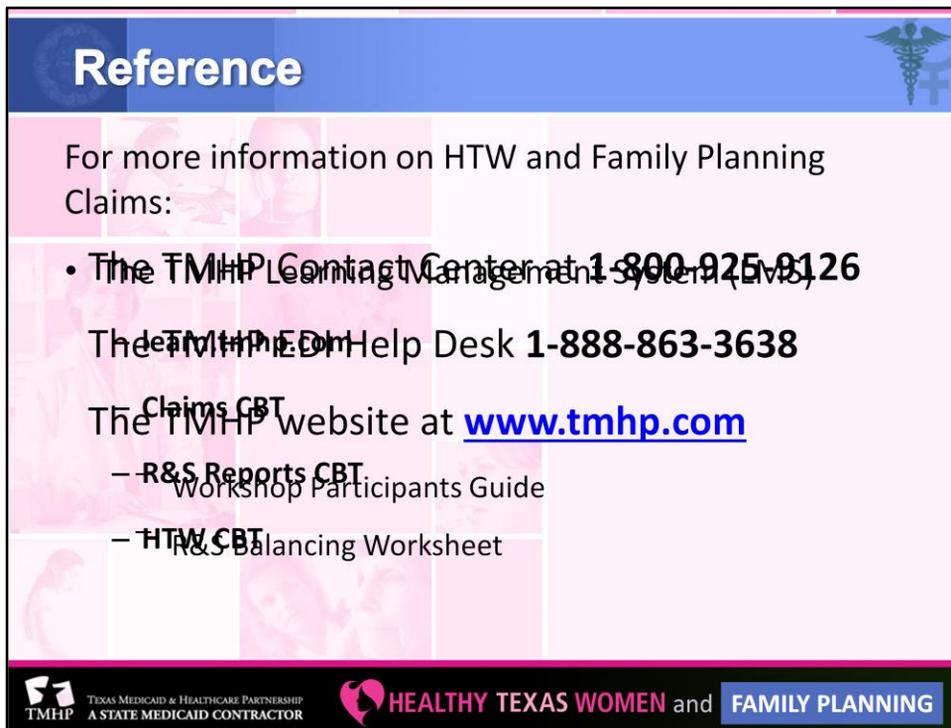
Make sure you are HTW certified, and ensure that it is up to date.

This procedure is not covered by this provider type.

This means that the type of provider shouldn't be the one performing this procedure. For example, if you are having knee surgery, you wouldn't want the Anesthesiologist putting screws in your leg. Always make sure the provider type matches the procedure.

Procedure Code does not match Place of Service.

Similar to the procedure code not matching the type of service, these will be denied if they just don't make a valid combination. The place needs to make sense for the service being performed. You wouldn't want to have a root canal in the back of an ambulance.



Reference

For more information on HTW and Family Planning Claims:

- The TMHP Contact Center at **1-800-925-9126**
- The TMHP EDI Help Desk **1-888-863-3638**
- The TMHP website at www.tmhp.com
 - **R&S Reports CBT**
Workshop Participants Guide
 - **HTW CBT**
R&S Balancing Worksheet


 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
 A STATE MEDICAID CONTRACTOR
 
HEALTHY TEXAS WOMEN and **FAMILY PLANNING**

For more information on HTW and Family Planning Claims:

- Visit the TMHP Learning Management System (LMS) at learn.tmhp.com. Here you will find computer based trainings such as the Claims CBT, the R&S Report CBT, and the HTW CBT
- The TMHP Contact Center at 1-800-925-9126
- The TMHP Electronic Data Interchange (EDI) helpdesk at 1-888-863-3638
- The TMHP Website at www.tmhp.com, where you will find links to Workshop Participants Guides and an R&S Balancing Sheet.

Reference



Stacey Braden
TMHP Provider Relations Representative
Stacey.braden@tmhp.com

 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR  **HEALTHY TEXAS WOMEN** and **FAMILY PLANNING**

If you have any additional questions, you can contact me stacey.braden@tmhp.com
Green