



COMMISSIONER
Jon Weizenbaum

December 12, 2014

To: Assisted Living Facilities
Community Attendant Services Providers
Non-State (Service Group 6) Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions
State Supported Living Centers
Consumer Managed Personal Attendant Services Providers
Family Care Providers
Primary Home Care Providers
Special Services to Persons with Disabilities Providers
Medically Dependent Children Program Providers
Hospice Providers
Community/State (Service Group 5) Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions
Deaf Blind with Multiple Disabilities Providers

Subject: Information Letter No. 14-82
Upcoming Updates to Institutional Claim Submission for TexMedConnect and Electronic Data Interchange Transactions

This letter is to provide notification to all entities submitting claims to Texas Medicaid & Healthcare Partnership (TMHP) via TexMedConnect or Electronic Data Interchange (EDI). All updates discussed in this information letter are effective February 1, 2015.

Several fields are being added to accommodate administrative consolidation, ensure effective sharing of data among the Health and Human Services Commission, the Department of Aging and Disability Services, and their respective contractors, and maintain compliance with federal regulations. Enhancements are being made to TexMedConnect to capture and validate required data.

All institutional claim templates and/or batches will be required to accommodate these updates. Additionally, providers using the services of a third-party claims submitter must inform the third-party submitter of these updates in order for claims to be successfully transmitted.

As of the date of this letter, providers must include the following claim information for successful claim submission to TMHP via TexMedConnect:

- Attending Provider – National Provider Identifier or Atypical Provider Identifier of entity providing care/service (existing field will now be edited)
- Patient Discharge Status – Identifies location of individual at the end of the billing cycle (new field)

- Place of Service – Facility type (new facility type codes being added to current drop-down box)
- Claim Frequency – Code indicating billing sequence (new field)
- Admit Date – Date individual admitted to facility (new field)
- Admitting Diagnosis Code – Individual's diagnosis upon admission (new field)

Claim transactions submitted to TMHP via TexMedConnect on or after February 1, 2015, will reject until all required information has been provided.

Providers submitting claim transactions to TMHP on or after February 1, 2015, via EDI will receive a warning message if these required fields are not provided at the time the claim transaction is submitted. Providers are responsible for ensuring EDI transactions adhere to 5010 standards. Additional EDI guidance can be found at: www.tmhp.com/Pages/EDI/EDI_Home.aspx.

Providers are encouraged to monitor the following website for additional details on the upcoming enhancements, including required information and updated EDI Companion Guide at: www.tmhp.com/Pages/LTC/ltc_home.aspx.

Additionally, TMHP will provide updates to current training materials once these enhancements are available. For information on training, visit the TMHP Provider Education page on TMHP.com at: www.tmhp.com/Pages/Education/Ed_Home.aspx.

For questions about how to submit claims using TexMedConnect or EDI, contact TMHP at 1-800-626-4117, Option 1.

Sincerely,

[signature on file]

Jon Weizenbaum

JW:sjw