TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Adelaide Horn

July 16, 2007

To: Nursing Facilities

Subject: Texas Department of Aging and Disability Services (DADS)
Chief Financial Office
Information Letter No. 07-62
Procedural Changes – Provider Claims Services (PCS) Unit

The purpose of this information letter is to notify providers of procedural changes implemented in the PCS Unit. Additionally, this information letter includes similar information published in the May 2007 *Long Term Care (LTC) Provider Bulletin*, No. 30. The bulletin may be found at the Texas Medicaid HealthCare Partnership (TMHP) website: www.tmhp.com.

Change in Timeframes for Updating Forms

The turnaround time for processing requests regarding forms has been revised to 7-10 business days, whether the request is submitted to PCS by phone or e-mail. This change was necessary to allow sufficient turnaround time for staff to make the requested system changes and confirm their accuracy in the system.

Request for Document Locator Number (DLN)

While PCS staff can view the Service Authorization System, providers may be asked for the document locator number (DLN), along with other necessary identifying client information, to make accurate corrections to the forms. In some case, if the provider does not have a Medicaid number for a client or if more than one client has the same name, the DLN is useful in the location of a particular form.

Forms Process Time – LTC Online Portal

Forms processed through the LTC Online Portal normally take up to 10 days to show up on a Medicaid Eligibility Service Authorization Verification (MESAV).

Contacting PCS

While the TMHP Call Center is the LTC provider's resource for general inquiries regarding claims rejections and denials, PCS is the main resource for calls concerning:

- Service authorizations for Nursing Facilities and Hospice providers
- Missing or incorrect information on CARE Form 3652A; Form 3618 Resident Transaction Notice; Form 3619 Medicare SNF Transaction Notice; Form 3071 Hospice Election/Cancellation/Discharge; and Form 3074 Physician Certification/Recertification of Terminal Illness.

Researching/Accessing Reports Prior to Contacting PCS

Before calling PCS, providers should access a MESAV and/or Remittance and Status (R&S) report. Calls received by PCS may be resolved when accessing either a MESAV or R&S report. Even if this step does not resolve the issue, accessing a MESAV or R&S report will help expedite

the call. Reviewing the MESAV and/or R&S will clarify whether any records are missing, there are any gaps in services, etc., and confirm that providers have specifically identified the issue that needs to be resolved.

When to Contact PCS

Providers should contact PCS if:

- There is a gap in the client's service authorization
- The service authorization is pending and the MESAV indicates there is a TILE value
- The TILE value is missing and the eligibility segment is on the MESAV
- The service authorization is in pending status
- Form 3618 was submitted more than 10 days in the past and the form information is not on the MESAV
- Forms 3071and 3074 were submitted more than 10 days in the past and the forms information is not on the MESAV
- The hospice provider has verified with the nursing facility that the appropriate forms have been submitted and it has been more than 10 days from the date the form was submitted
- The service authorization begin date does not match the date payment should begin
- Medical necessity shows as approved on the LTC Online Portal but does not show on the MESAV

In situations where providers call PCS, to expedite resolution of provider's issues, agencies should have the following ready prior to calling PCS:

- Provider/contract/vendor number(s)
- Client name/number
- DLN (if necessary)
- A copy of the MESAV and/or R&S. Reviewing the MESAV and/or R&S will clarify whether any records are missing and confirm that you have specifically identified what needs to be resolved,
- If the issue has to do with an ownership change, the old and new provider/contract/vendor number and effective dates of the change.

Often, providers may also have questions about forms submitted through the LTC Online Portal that may be solved by accessing the portal, for example:

- To find the status of a form submitted to TMHP. If a form cannot be located and a Document Locator Number (DLN) exists, the form could still be in process and not available for you or PCS to view. Try the portal again the next day.
- To provide additional medical information when the CARE FORM 3652 is in Pending Status. Providers submitting paper CARE Forms 3652 may call TMHP at 1/800-626-4116 (option 2) to provide additional medical information.

Sincerely,

[signature on file]

Gordon Taylor
Chief Financial Officer

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