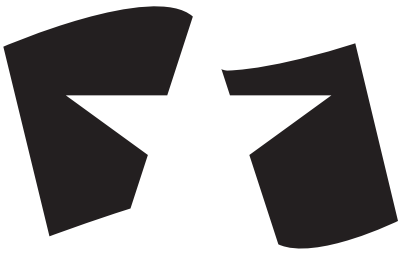


# Texas Medicaid

## Quick Reference Guide

**Texas Medicaid Representative:**

**Contact Number:**

TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Revised Date 8/20/2025

# General Medicaid Contact Information

## GENERAL CORRESPONDENCE

Unless otherwise indicated below, direct all written correspondence to:

Texas Medicaid & Healthcare Partnership
ATTN: [Individual or Department]
PO Box 204270
Austin, TX 78720-4270

## TMHP CONTACT CENTER

The TMHP Contact Center (**800-925-9126**) is available from 7 a.m. to 7 p.m., Central Time, Monday through Friday and helps providers and clients. TMHP refers clients to their caseworker or the local Health and Human Services Commission office for questions about their Medicaid eligibility. When calling the TMHP Contact Center, the following options are available:

- Option 1: Automatic Transactions
- Option 2: Provider Inquiries
- Option 3: Provider Enrollment
- Option 4: Electronic Data Interchange Help Desk
- Option 5: Healthy Texas Women
- Option 6: Electronic Health Records
- Option 7: Electronic Visit Verification
- Option 8: Third Party Resources
- Option 9: STAR Kids

## AUTOMATED INQUIRY SYSTEM

Call **800-925-9126**, Option 1 to check claim status, client eligibility, benefit limitations, current weekly payment amount, and claim appeals. Eligibility and claim status information is available 23 hours a day, 7 days a week, with scheduled down time between 3 a.m. and 4 a.m., Central Time. All other information is available from 7 a.m. to 7 p.m., Central Time, Monday through Friday. Fifteen transactions are allowed per call. Refer to the "*Automated Inquiry System (AIS) User's Guide*," available at **www.tmhp.com**, or call the TMHP Contact Center at **800-925-9126** for faxed instructions.

## HHSC MEDICAID FRAUD AND ABUSE

Contact the Inspector General at the telephone number below or visit the website to report potential Medicaid fraud:

Provider Integrity Line: **800-436-6184**

Website: **https://oig.hhsc.texas.gov/report-fraud**

## MEDICAID AUDITS

Texas Medicaid & Healthcare Partnership
ATTN: Medicaid Audit
PO Box 200345
Austin, TX 78720-0345

## MEDICAID CLAIMS

**Claim Submission**

Submit new day claims, zero-allowed and zero-paid claims, and claims originally denied as incomplete to:

Texas Medicaid & Healthcare Partnership
ATTN: Claims
PO Box 200555
Austin, TX 78720-0555

**First-Level Appeals**

Submit first-level appeals (not including zero allowed and zero paid claims), rejected electronic claims past 95-day filing deadline to:

Texas Medicaid & Healthcare Partnership
ATTN: Adjustments/Appeals
PO Box 200645
Austin, TX 78720-0645

**Second-Level Appeals**

Submit second-level or administrative appeals to HHSC:

Texas Health and Human Services Commission
HHSC Claims Administrator Operations Management
Mail Code 91X
PO BOX 204077
Austin, Texas 78720-4077

## MEDICAID MANAGED CARE ORGANIZATIONS / DENTAL PLANS

Contact the appropriate Medicaid Managed Care Organization or Dental Plan. Refer to the TMHP website at **www.tmhp.com/Pages/Medicaid/Medicaid_Managed_Care.aspx** for a list of Medical and Dental Plan contact information.

## MEDICALLY NEEDY CLEARINGHOUSE OR SPEND DOWN UNIT

Texas Medicaid & Healthcare Partnership
ATTN: Medically Needy Clearinghouse
PO Box 202947
Austin, TX 78720-2947

## PROVIDER ENROLLMENT

Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

Provider Enrollment Fax: **512-514-4214**

## THIRD PARTY RESOURCES

Texas Medicaid & Healthcare Partnership
ATTN: Third Party Resources/TORT
PO Box 202948
Austin, TX 78720-2948
Third Party Resources Phone: **800-846-7307**

# Program-Specific Contact Information

For additional address information and telephone numbers not listed here, refer to the most current *Texas Medicaid Provider Procedures Manual* or visit **www.tmhp.com**.

## A

### AMBULANCE PRIOR AUTHORIZATION AND APPEALS

Texas Medicaid & Healthcare Partnership
Comprehensive Care Program
PO Box 200735
Austin, TX 78720-0735

PA Phone: **800-540-0694**

PA Fax: **512-514-4205**

## C

### CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

To refer a Medicaid client for Case Management for Children and Pregnant Women services, call **877-847-8377.**

For information about becoming a Case Management for Children and Pregnant Women provider, call **512-776-2168**

Website: **www.dshs.texas.gov/caseman/**

### CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM

Submit new day claims to:

Texas Medicaid & Healthcare Partnership
ATTN: CSHCN Services Program Claims
PO Box 200855
Austin, TX 78720-0855

CSHCN Contact Center: **800-568-2413**

CSHCN Fax: **512-514-4222**

Website: **http://dshs.texas.gov/cshcn**

### COMPREHENSIVE CARE PROGRAM PRIOR AUTHORIZATION AND APPEALS

Texas Medicaid & Healthcare Partnership
Comprehensive Care Program
PO Box 200735
Austin, TX 78720-0735

PA Fax: **512-514-4212**

### COMPREHENSIVE CARE INPATIENT PSYCHIATRIC

PA Phone: **800-213-8877**

PA Fax: **512-514-4211**

## E

### EARLY CHILDHOOD INTERVENTION

Texas Early Childhood Intervention programs serve families that have children who are birth to 35 months of age and have developmental delays or disabilities. Early Childhood Intevention provides family support and specialized services that strengthen the family's ability to access resources and improve their child's development through daily activities.

For inquiries, call the HHS Office of the Ombudsman at **877-787-8999,** select a language, and then select Option 3.

Website: **https://hhs.texas.gov/services/disability/early-childhood-intervention-services**

## F

### FAMILY PLANNING PROGRAM

Fax Sterilization Consent Forms to the number below. Forms *must* be faxed five business days before the associated claims are submitted to expedite processing.

Fax: **512-514-4229**

TMHP Family Planning Web Page:
**www.tmhp.com/Pages/FamilyPlanning/FP_Home.aspx**

## H

### HEALTH INSURANCE PREMIUM PAYMENT PROGRAM

Texas Medicaid & Healthcare Partnership
Health Insurance Premium Program
PO Box 201120
Austin, TX 78720-1120

HIPP Program Phone: **800-440-0493**

HIPP Program Website: **www.gethipptexas.com**

### HEALTHY TEXAS WOMEN

The Healthy Texas Women program provides low-income women with family planning exams, related health screenings, and birth control. Clients can have an application mailed to them by calling the number below.

Phone: **866-993-9972**

Website: **www.healthytexaswomen.org/**

### HOME HEALTH (INCLUDING DURABLE MEDICAL EQUIPMENT)

Texas Medicaid & Healthcare Partnership
Home Health Services
PO Box 202977
Austin, TX 78720-2977

General Inquiries and PA Phone: **800-925-8957**

PA Fax: **512-514-4209**

## M

### MANAGED CARE MEDICAL AND DENTAL PLANS (INCLUDING STAR, STAR+PLUS, STAR HEALTH, AND CHIP)

General information on Medicaid managed care initiatives, including news, service area maps, and training materials.

Website: **https://hhs.texas.gov/services/health/medicaid-chip/programs/medical-dental-plans**

TMHP Medicaid Managed Care Website (includes contact information for each Medicaid managed care organization): **www.tmhp.com/Pages/Medicaid/Medicaid_Managed_Care.aspx**

Children's Medicaid Dental Services Website: **https://hhs.texas.gov/services/health/medicaid-chip/programs/medical-dental-plans**

### MEDICAL TRANSPORTATION PROGRAM

Contact the Medical Transportation Program at the number below for authorized mileage, transportation, lodging, and meals:

Phone: **877-633-8747**

Enrollment, Claims, and Appeal Inquiries: **800-925-9126**

TexMedConnect and EDI issues: **888-863-3638**

Website: **www.tmhp.com/pages/mtp/mtp_home.aspx**

## P

### PERSONAL CARE SERVICES

Provider Claims and General Inquiries
Phone: **800-925-9126**
PA Phone: **888-648-1517**

## S

### SPECIAL MEDICAL PRIOR AUTHORIZATION

Behavioral health, transplants, surgical authorizations, total parenteral nutrition, and out-of-state (list not all-inclusive):

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization Unit
12357-B Riata Trace Parkway, Suite 100
Austin, TX 78727

SMPA Unit Fax: **512-514-4213**

## T

### TEXAS HEALTH STEPS DENTAL

Information about claims status, client eligibility, provider inquiries, EDI Help Desk, and National Provider Identifier.

Texas Health Steps Dental Phone: **800-568-2460**

Prior Authorization by mail:

Texas Medicaid & Healthcare Partnership
Dental Prior Authorization
PO Box 204206
Austin, TX 78720-4206

Children's Medicaid Dental Services Website: **https://hhs.texas.gov/services/health/medicaid-chip/programs/medical-dental-plans**

First Dental Home Training: **www.dshs.texas.gov/thsteps/FDH.shtm**

### TEXAS HEALTH STEPS MEDICAL

General inquiries, policy interpretation, and telephone appeals.

Phone: **800-757-5691**

Website: **http://www.dshs.texas.gov/thsteps**

Oral Evaluation and Fluoride Varnish in the Medical Home: **www.dshs.texas.gov/thsteps/Oral-Evaluation-and-Fluoride-Varnish-in-the-Medical-Home-(OEFV)**

Texas Health Steps online provider education modules: **www.txhealthsteps.com**

# V

## VENDOR DRUG PROGRAM

The Vendor Drug Program makes payments to contracted pharmacies for prescriptions of covered outpatient drugs for Texas Medicaid fee-for-service, the CSHCN Services Program, the Kidney Health Care Program.

Some Medicaid-covered drugs may require prior authorization.

PA Call Center: **877-PA-Texas (877-728-3927)**

Online: **https://provider.txvdpportal.com/**

General information, covered drug list, online pharmacy and prescriber searches.

Website: **www.txvendordrug.com**

Drug, CAD, MCO Searches:
**https://www.txvendordrug.com/searches**

# Program-Related Websites

The following websites contain helpful information on Texas Medicaid and other state and federal programs:

- Texas Medicaid & Healthcare Partnership: **www.tmhp.com** (*see below*)
- Department of State Health Services: **www.dshs.texas.gov**
- Texas Health and Human Services: **https://hhs.texas.gov**
- HHSC Rate Analysis: **https://rad.hhs.texas.gov**
- Medicare: **www.cms.hhs.gov**
- NDC HCPCS Crosswalk: **www.dmepdac.com/crosswalk/index.html**
- National Provider Identifier: **https://nppes.cms.hhs.gov/NPPES/Welcome.do**
- STAR Health (Foster Care Managed Care Program): **www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp**
- STAR Kids: **www.hhs.texas.gov/services/health/medicaid-chip/programs/star-kids**
- Texas Vendor Drug Program: **www.txvendordrug.com**

# TMHP Website Resources

The TMHP website at **www.tmhp.com** is designed to streamline provider participation and allows providers to submit and monitor claims and appeals, download provider manuals and bulletins, verify client eligibility, and view Remittance and Status Reports. Current news is available on the TMHP website and through periodic bulletins and weekly banner messages.

On the TMHP website at **www.tmhp.com**, providers can:

- Enroll as a provider.
- Update provider information using TMHP's Provider Information Management System
- Submit prior authorization requests on TMHP's PA on the Portal.
- Use TexMedConnect to submit claims (*see next page*).
- Verify client eligibility.
- Register for training and development webinars.
- Access workshop training materials and online training modules, including:
  - How to enroll in the various Medicaid programs.
  - Medicaid Basics
  - How to use TMHP's PA on the Portal
  - How to use TexMedConnect.

Providers can review, download and print the following publications from the TMHP website:

- *The Texas Medicaid Provider Procedures Manual*
- *The CSHCN Services Program Provider Manual*
- Provider forms
- Texas Medicaid special bulletins
- Banner messages
- Provider notifications
- Fee schedules

## Prior Authorization (PA) on the Portal: Prior Authorization, Online

Visit **www.tmhp.com** to learn about some exciting new features that have been added to the portal. Providers are now able to submit prior authorization requests, including all necessary attachments, electronically through the TMHP PA on the Portal. Providers can access PA on the Portal from the TMHP Prior Authorization web page, which can be accessed from a button on the left navigation bar of TMHP Provider Home Page. Providers will click on PA on the Portal and log on to the TMHP secure portal using their UserID and password obtained when the provider's account was activated.

## Submit Administrative Appeals Electronically on the TMHP Portal

Providers can submit Medicaid fee-for service administrative appeals electronically through the TMHP Portal. Providers can submit and see the status of their administrative appeals through the "My Account" page after logging in to the Portal with their username and password. When submitting appeals, providers can upload up to ten files (not to exceed 50 megabytes for each file).

Once the appeal has been submitted, providers can view the status of administrative appeals that were submitted electronically and on paper. Providers can also view letters sent to them from Texas Health and Human Services regarding the appeals.

Questions about the status of submitted administrative appeals can be emailed to **MCD_Administrative_Appeals@hhsc.state.tx.us**.

## TexMedConnect

Go to **www.tmhp.com** and click **Access TexMedConnect** in the right-hand column. TexMedConnect is TMHP's secure, web-based claims filing application, located on the TMHP website at **www.tmhp.com**. TexMedConnect uses up-to-date technology to expedite the submission of claims and other transactions for medical, vision, dental, family planning, and inpatient and outpatient services. Providers can monitor claims within 24 hours of submission and may receive reimbursement for approved claims within a week. TexMedConnect users can submit individual requests interactively and receive a response immediately.

Providers can also use TexMedConnect to:

- Retrieve and print Electronic Remittance and Status Reports.
- Perform claim status inquiries.
- Verify client eligibility.
- Appeal finalized claims.
- Generate reports on TexMedConnect activity.

The TexMedConnect guide for Acute Care and Long Term Care is available on the TMHP website at **www.tmhp.com** under Provider Manuals and Guides.

## Advantages of using TMHP's Electronic Services

- *It's fast*. No more waiting by the mailbox or telephone inquiries; know what's happening to claims in less than 24 hours and receive reimbursement for approved claims within a week. TexMedConnect users can submit individual requests interactively and receive a response immediately.
- *It's free*. All electronic services offered by TMHP are free, including TexMedConnect and its technical support and training.
- *It's easy*. TMHP offers free computer-based training for TexMedConnect, Medicaid billing, and many other topics, as well as a large library of reference materials and manuals on **www.tmhp.com**.
- *It's safe*. TMHP EDI services use VPN and SSL connections, just like the United States government, banks, and other financial institutions, for maximum security.
- *It's accurate*. TexMedConnect and most vendor software programs have features that let providers know when they've made a mistake, which means fewer rejected and denied claims. Rejected claims are returned with messages that explain what's wrong, so the claim can be corrected and resubmitted right away.
- *It's there when it's needed*. Electronic services are available day and night; from home, the office, or anywhere in the world.
- *It makes record keeping and research easy*. Not only can TexMedConnect be used to send and receive claims, it can retrieve Electronic Remittance and Status Reports, perform claim status inquiries, and archive claims. TexMedConnect can generate and print reports on everything it sends, receives, and archives.

  **Note:** *TexMedConnect can also be used to file claims to managed care organizations. TMHP forwards the claim data to the Managed Care Organization*.

## TMHP Electronic Data Interchange

### 888-863-3638

Providers must set up their software or billing agent services to access the TMHP Electronic Data Interchange Gateway. Providers who use billing agents or software vendors should contact those organizations for information on installation, settings, maintenance, and processes and procedures for exchanging electronic data.

## Provider Information Updates

It is the provider's responsibility to notify TMHP within 10 days of occurance of any changes or updates to the following:

- Clinical certification
- Physical or Accounting Address
- CLIA and certified mammography for each provider
- Name
- License renewals
- W-9 information

The TMHP Provider Information Management System and Online Provider Lookup applications allow providers to:

- Electronically upload and transmit documents to maintain enrollment.
- Confirm up to two email addresses and set communication preferences for communications from TMHP.
- Submit real-time updates for the following scenarios:
  - Update alternate physical addresses for limited risk performing providers (individual users can select from addresses that are already established for the group).
  - Update phone and fax numbers for any address type.

Changes in address, office telephone or fax number, office hours, and email addresses can be updated online using the Provider Information Management System. This information can also be updated using the Provider Information Change Form (**www.tmhp.com/Provider_Forms/Provider Enrollment/F00114_Provider_Information_Change_Form.pdf**). When completing the form, be sure to include a Texas Provider Identifier. Providers may submit the form by fax to TMHP at **512-514-4214** or by mail to:

Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

## Online Provider Lookup Tool

**http://opl.tmhp.com/ProviderManager/AdvSearch.aspx**

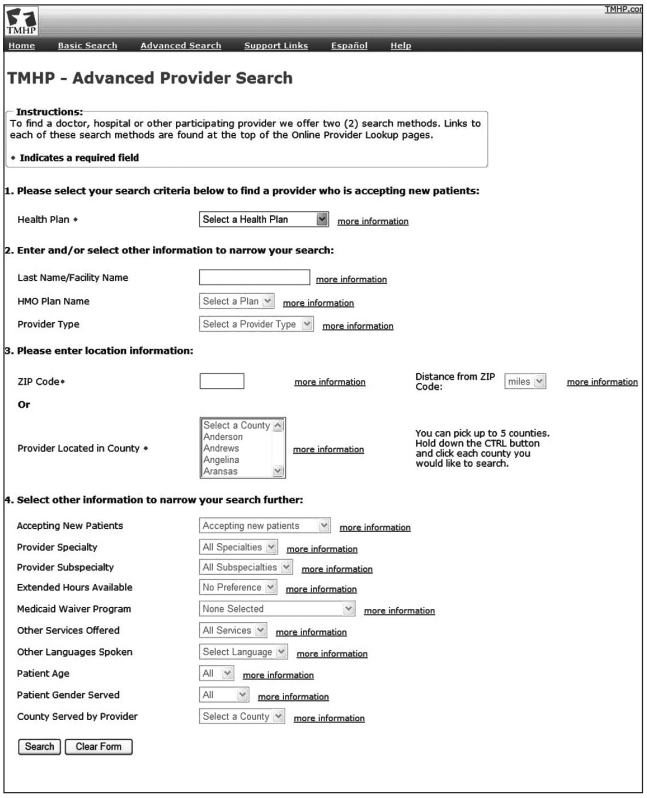
The Online Provider Lookup allows providers and clients to search provider listings based on user-entered criteria. Search results will include the physical address and contact information for all providers that meet the search criteria.

Using the Online Provider Lookup, providers can also update provider profile information:

- Physical address
- Telephone/fax numbers
- E-mail address
- Office hours
- Languages spoken
- Accepting new clients
- Additional services offered
- Counties served
- Client gender and age limitations

Once updated by the provider, the new information will appear in the Online Provider Lookup immediately.

**Note:** *Pharmacy providers must update their information through the Provider Enrollment and Management System (PEMS).*




TMHP Online Provider Lookup

# Educational Training: Online Provider Training 24 Hours a Day, 7 Days a Week

**Staying informed is one of the most important aspects of participation in state healthcare programs.** TMHP recognizes that your time is valuable and that it can be costly to attend a live workshop off-site. TMHP's new education initiatives include webinars, online training modules and Radio TMHP podcasts. These trainings can be completed at your own pace and at a time that is convenient for you. All TMHP training is *free*.

TMHP offers a variety of training for providers online using computer-based training modules through the TMHP Learning Management System. Texas Medicaid providers can access this on-demand training from any location with Internet access, anytime, at their convenience. TMHP computer-based training modules offer a flexible training experience by allowing providers to play, pause, rewind, and even search for specific words or phrases within a training module.

Are you a new provider? Do you have new office staff? Do you need a refresher?

*Begin training now. No lines. No waiting.*

- Go to **learn.tmhp.com**.
- Enter your User Name and Password and click OK. (First-time users can follow the easy, on-screen instructions to create a user account.)
- Click the Computer-Based Training link, and scroll down the list to the training you want to view.
- Click the title. The training starts automatically.

If you need technical assistance with the TMHP Learning Management System, please send an email to: **TMHPTrainingSupport@tmhp.com**. Please note that policy and/or terminology questions cannot be answered at this email address.

**Note:** *First-time users must set up their TMHP account by completing the online user information.*

# Claims Tracking Hints

## Internal Control Number

PPP | CCC | MMM | CCYY | JJJ | BBBBB | SSS

| | |
|---|---|
| PPP | Program Type |
| CCC | Claim Type |
| MMM | Media Source (Region) |
| CCYY | Year |
| JJJ | Julian Date |
| BBBBB | Batch Number |
| SSS | Sequence Number |

## Program Type (PPP)

| | |
|---|---|
| 001 | Long-Term Care |
| 100 | Medicaid |
| 200 | Managed Care |
| 300 | DSHS Family Planning Program |
| 400 | Children with Special Health Care Needs |
| 999 | Program type could not be determined based on information on the claim |

## Claim Type (CCC)

| | |
|---|---|
| 020 | Physician/Supplier/Genetics |
| 021 | Dental |
| 023 | Outpatient Hospital/Home Health Agency |
| 030 | Physician Crossover |
| 031 | Outpatient Crossover |
| 040 | Inpatient Hospital |
| 050 | Inpatient Crossover |
| 055 | DSHS Family Planning Program |
| 056 | DFPP |
| 057 | DFPP |
| 058 | Family Planning Title XIX (filed on Form 2017) |
| 060 | Medical Transportation Program |

## Media Source (MMM)

| | |
|---|---|
| 010 | Paper |
| 011 | Paper Adjustment |
| 030 | Electronic |
| 031 | Electronic Adjustment |
| 041 | AIS Adjustment |
| 051 | Mass Adjustment |
| 061 | Crossover Adjustment |
| 071 | Retroactive Eligibility Adjustment |
| 080 | State Action Request—New Day Request |
| 081 | SAR Adjustment |
| 120 | Encounters |
| 121 | Encounters Adjustments |
| 990 | Default Media Type |

* Refer to "Modifier Requirements for TOS Assignment," in the "Claims Filing" chapter of the *Texas Medicaid Provider Procedures Manual* for services that require a modifier.

## Place of Service (POS)

| Place of Service | 2-Digit Code (Electronic) | 1-Digit Code (Paper) |
|---|---|---|
| Office | 02, 11, 15, 17, 20, 49, 50, 60, 65, 71, 72 | 1 |
| Home | 12 | 2 |
| Inpatient Hospital | 21, 51, 52, 55, 56, 61 | 3 |
| Outpatient Hospital | 19, 22, 23, 24, 62 | 5 |
| Birthing Center | 25 | 7 |
| Other Location | 01, 03, 04, 05, 06, 07, 08, 16, 18, 26, 34, 41, 53, 57, 99 | 9 |
| Skilled Nursing Facility | 13, 31, 32, 54 | 4 |
| Extended Care Facility | 14, 33 | 8 |
| Independent Lab | 81 | 6 |
| Destination of Ambulance | Use codes listed above to indicate destination | Use codes listed above to indicate destination |

## Type of Service*

| | |
|---|---|
| 0 | Blood |
| 1 | Medical Services |
| 2 | Surgery |
| 3 | Consultations |
| 4 | Radiology (Total Component) |
| 5 | Laboratory (Total Component) |
| 6 | Radiation Therapy (Total Component) |
| 7 | Anesthesia |
| 8 | Assistant Surgery |
| 9 | Other Medical Items or Services |
| C | Home Health Services |
| D | TB Clinic |
| E | Eyeglasses |
| F | Ambulatory Surgical Center (ASC) / Hospital-Based Ambulatory Surgical Center (HASC) |
| G | Genetics |
| I | Professional Component for Radiology, Laboratory, or Radiation Therapy |
| J | DME Purchase - New |
| K | ICD Surgery (For Informational Purposes On Inpatient Hospital Claims) |
| L | DME Rental |
| P | Birthing Center |
| R | Hearing Aid |
| S | Texas Health Steps Medical |
| T | Technical Component for Radiology, Laboratory, or Radiation Therapy |
| W | Texas Health Steps Dental |
| X | Medicare Crossovers |

## Type of Bill

| | |
|---|---|
| 111 | Inpatient Hospital |
| 131 | Outpatient Hospital |
| 141 | Nonpatient |
| 331 | Home Health |
| 711 | Rural Health Clinics |
| 721 | Renal Dialysis Facility |
| 731 | Federally Qualified Health Centers |

# Claims Information

## Filing Deadlines

### 95-Day Deadlines

All claims that do not involve other insurance must be received by TMHP within 95 days from:

- Date of service on claim.
- Date of discharge (inpatient hospital claims).
- Retroactive eligibility add date.
- Date provider enrolled.

### Medicare

Effective for dates of service on or after Aug. 1, 2004, Medicare crossovers must be received within 95 days of Medicare's payment or denial.

### Other Insurance

- 95 days from other insurance disposition date.
- 110 days from date of submission to the other insurance.
- 365 days from initial date of submission for all claims.

### 120-Day Appeal Deadline

TMHP must receive all appeals within 120 days from the date of the Remittance and Status Report on which the denial appears.

### Denied and $0.00 Allowed/$0.00 Paid Claims

120 days from the date on the Remittance and Statis Report, unless still within the 95-day deadline. A paper appeal may also be submitted with a copy of the rejection report within 120 days of the rejection report to meet the filing deadline. A copy of the rejection report must accompany each corrected claim that is submitted on paper.

### Rejected Electronic Claims

All claims must be paid within 24 months from the date of service as outlined in 1 TAC §354.1003.

## Methods of Filing Claims with TMHP

The following are methods for filing claims with TMHP:

- Third Party software
- TexMedConnect
- Paper claims for paper submitters

Electronic claims submission is the most effective way to submit, process, and track claims.

### Helpful Hints for Paper Submitters

- Enter data within the defined box on claim form.
- Use only approved standard forms.
- Use a 10" x 13" envelope.
- Use black ink only. Red ink will not be recognized.
- Place the claim on top when sending new claims, followed by any medical records or attachments.
- Submit the paper Medicare Advantage Plan Eexplanation of Benefits with the TMHP Standardized Medicare Advantage Plan Remittance Advice Notice Template.
- Circle the claim on the Remittance and Status Report page when appealing a claim. Place the Remittance and Status Report page on top of the appeal.
- Number pages appropriately when sending attachments (e.g., 1 of 2, 2 of 2).
- When submitting other insurance, make sure payment information and date are legible.
- Do not staple or paperclip pages.

Refer to the **Claims** section of the current *Texas Medicaid Provider Procedures Manual* for Tips on Expediting Paper Claims.

# Limitations to Client Eligibility

Additional information about client eligibility is available in the current *Texas Medicaid Provider Procedures Manual*.

### EMERGENCY

Client is limited to coverage for an emergency medical condition. Emergency means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the client's health in jeopardy, serious impairment of bodily functions, or serious dysfunction of any body organ or part.

### LIMITED

Client is limited to seeing a specific provider or pharmacy. Refer to the current *Texas Medicaid Provider Procedures Manual* for exceptions. In the event of emergency medical conditions, the Limited restriction does not apply.

### HEALTHY TEXAS WOMEN

HTW is available to women who are 15 through 44 years of age, have a net family income at or below 200 percent of the Federal Poverty Level, are United States citizens or qualified immigrants, are Texas residents, are not pregnant, do not have creditable health insurance, and do not currently receive Medicaid, Medicare (Part A or B), or CHIP Program benefits. HTW provides a continuous 12-month certification period with limited family planning services.

### HOSPICE

Client waives the right to Medicaid services related to the terminal condition but not to services for conditions unrelated to the terminal condition. The Department of Aging and Disability Services Hospice reimburses the provider for all services related to the treatment of the terminal illnesses. When the services are unrelated to the terminal illness, Medicaid reimburses its providers directly.

### PRESUMPTIVE ELIGIBILITY

Client is eligible only for medically necessary outpatient services and family planning services. Labor, delivery, inpatient, and Texas Health Steps medical and dental services are not covered.

### CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PERINATAL PROGRAM

The CHIP Perinatal Program, provides CHIP perinatal benefits for 12 months to the unborn children of non-Medicaid-eligible women. This program allows pregnant women who are ineligible for Medicaid because of income (186 to 200 percent of the Federal Poverty Level) or immigration status (with an income at or below 200 percent of the Federal Poverty Level) to receive prenatal care and provides CHIP benefits to the child upon delivery for the duration of the coverage period.

### MEDICALLY NEEDY PROGRAM

The Medically Needy Program with spend down is limited to children who are 18 years of age or younger and pregnant women of any age. The Medically Needy Program provides Texas Medicaid benefits to children (18 years of age or younger) and pregnant women whose income exceeds the eligibility limits under Temporary Assistance for Needy Families (TANF) or one of the TANF cash assistance programs for children but is not enough to meet their medical expenses. Coverage is available for services within the amount, duration, and scope of Texas Medicaid. Individuals are considered adults beginning the month following their 19th birthday.

### MEDICAID FOR BREAST AND CERVICAL CANCER

MBCC provides Texas Medicaid benefits to eligible women who were screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and found to need treatment for breast or cervical cancer, including precancerous conditions.

### QUALIFIED MEDICARE BENEFICIARY

Texas Medicaid provides coverage of Medicare deductible and coinsurance liabilities. This client is not eligible for regular Medicaid benefits.

### MEDICAID QUALIFIED MEDICARE BENEFICIARY

Texas Medicaid provides regular Medicaid coverage as well as coverage of Medicare deductible and coinsurance liabilities within Medicaid reimbursement limitations.

# Other Claims Filing Factors

### THIRD PARTY LIABILITY

Before filing with Texas Medicaid, providers must file claims with a third party resource: either private insurance or Medicare. The Third Party Resources toll-free telephone number is **800-846-7307**.

### TEXAS MEDICAID MANAGED CARE PROGRAMS

Client is enrolled in the Texas Medicaid Managed Care Program and has selected or has been assigned to one of several managed care programs. Providers should check with the client's managed care organization to verify eligibility by calling the plan's telephone number that is listed on the Medicaid ID. For more information, refer to the current *Medicaid Managed Care Handbook* in the *Texas Medicaid Provider Procedures Manual* (www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx).