

Texas Medicaid & Healthcare Partnership (TMHP) Electronic Visit Verification (EVV) FAQ

This FAQ is specific to managed care organization (MCO)-only enrolled program providers that must establish claims submission to TMHP. It includes billing and claims forwarding information.

Q) Are the MCO-only enrolled program providers required to begin billing for dates of service on or after September 1, 2019, to TMHP and not to the MCO?

A) Yes, MCO-only enrolled program providers currently required to use EVV must submit all claims for EVV-relevant services with a date of service on or after September 1, 2019, to TMHP for EVV claims matching.

Program providers that submit EVV claims with a date of service on or after September 1, 2019, to their MCO will have those claims denied or rejected for resubmission to TMHP.

Q) How do I get set up to bill my managed care claims to TMHP?

A) If the program provider is an MCO-only Long-Term Services and Supports (LTSS) program provider enrolled through HHSC, the program provider must submit claims via EDI to the TMHP Compass 21 (C21) claims management system. To submit through EDI, the MCO-only enrolled program provider must either 1) use an established third-party claims submitter or clearinghouse or 2) submit claims to TMHP directly using EDI.

If the program provider utilizes a clearinghouse or a third-party billing services vendor to submit claims to their MCO, the third party claims submitter, if TMHP-approved, can submit claims to TMHP on behalf of the program provider. Contact your third-party vendor to find out if you need to obtain an LTSS Submitter ID or if the vendor already has the appropriate credentials.

If the program provider does not use a third-party billing service, the program provider may choose to retain the services of a third-party billing agent or clearinghouse to submit claims to TMHP. A complete list of TMHP-approved third-party claim submitters authorized to submit EDI transactions can be found on [TMHP's website](#).

If the program provider intends to submit EDI claims without using a third-party biller, the program provider must establish and test the EDI process with TMHP prior to submitting claims for production. Program providers submitting claims directly to TMHP through EDI must have the capability to submit the X12 837P or 837I Acute Care standard Medicaid claims file format.

Each program provider or third-party claims biller must use an LTSS Submitter ID and LTSS Receiver ID for EVV claims.

Refer to the [EDI Companion Guides](#) webpage of the TMHP website or contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4, for assistance.

Q) How will my claim get to my MCO if I submit the claim to TMHP?

A) Once the MCO-only enrolled program provider sends a claim to the TMHP C21 claims management system, the claim will be sent to the EVV Aggregator to perform the new EVV claims matching process. The EVV Aggregator will send the EVV claims matching results back to C21, and the claim will be forwarded (along with the EVV match results) to the appropriate MCO for further adjudication and processing.

TMHP will route the claim to the appropriate MCO based on the member's Medicaid eligibility for the date of service.

Q) If we are currently using an EDI system, do we still have to submit MCO claims through TMHP?

A) Yes, MCO-only enrolled program providers already using EDI when submitting claims to their MCO must still make the switch to submit EVV claims to TMHP for dates of service on or after September 1, 2019.

Q) Can we use the same Submitter ID currently used for primary home care (PHC), Community Attendant Services (CAS), and Family Care (FC).

A) The Submitter ID for the PHC, CAS, and FC Long-Term Care (LTC) programs is a CMS Submitter ID used to submit claims to the TMHP Claims Management System (CMS). To submit EVV claims for managed care services (or Acute Care services) through TMHP, MCO-only enrolled program providers will need a separate LTSS Submitter ID. Contact the TMHP EDI Helpdesk at 1-888-863-3638, Option 4, to obtain an LTSS Submitter ID.

Q) How do we know if we have an LTSS Submitter ID? I currently log into TMHP with a username and password. Is this the same?

A) The TMHP EDI Help Desk can help you determine if you have an LTSS Submitter ID. Contact the EDI Help Desk at 1-888-863-3638, Option 4.

Q) Is it true that instead of entering EVV claims through the Molina website, we now need to enter them through TMHP?

A) Yes, MCO-only enrolled program providers that currently enter their claims for EVV services into their MCO's Provider Portal must submit claims for EVV-relevant services with dates of service on or after September 1, 2019, to TMHP through Electronic Data Interchange (EDI).

Q) Will I be able to submit EVV claims to MCOs through TMHP?

A) Yes. Once a managed care EVV claim is submitted to TMHP, the claim will be sent to the EVV Aggregator for EVV claims matching. TMHP will then forward the claim and the EVV match results to the MCO based on the client's current Medicaid eligibility.

Q) Will claim denial/rejection information be provided back to us by both TMHP and the MCO/HMO (based on the type of denial/rejection)?

A) In the event of an EDI transaction rejection at TMHP or by the MCO (once forwarded by TMHP) for a managed care claim, it will be communicated back to the claim submitter by TMHP. Once the EDI claim is accepted at TMHP and the forwarded claim is accepted by the MCO, all other final claim adjudication results for managed care claims will be communicated back to the claim submitter by the MCO.

Q) Do MCO-only enrolled program providers contracted with MCOs, which do not have an HHSC Provider Number (previously DADS contract number), need an HHSC Provider Number to obtain an LTSS Submitter ID?

A) MCO-only enrolled program providers contracted with MCOs, which do not have an HHSC Provider Number (previously DADS contract number), do not need an HHSC Provider Number to obtain an LTSS Submitter ID. Call the EDI Help Desk at 1-888-863-3638, Option 4, from 7 a.m. to 7 p.m., Central Time, Monday through Friday, and request an LTSS Submitter ID.

Q) I am currently able to bill for DADS clients in TMHP without a Submitter ID, but through TexMedConnect. Do I still need a Submitter ID for MCO billing?

A) If you submit LTC claims through TexMedConnect for LTC (DADS) clients, you have a CMS Submitter ID and may continue to use TexMedConnect to bill for LTC FFS clients. However, you will need a separate LTSS Submitter ID to send managed care claims to TMHP. Contact the TMHP EDI Help Desk at 1-888-863-3638, Option 4, or contact your third-party billing service for assistance.

Q) If we are already billing through Vesta, do we need an LTSS Submitter ID?

A) Yes, MCO-only enrolled program providers will need an LTSS Submitter ID. Once you obtain your LTSS Submitter ID, contact Vesta to provide them with the LTSS Submitter ID.

Q) Do we still need to get an LTSS Submitter ID if we submit EVV claims through third parties, such as Availity?

A) If a program provider submits claims through a third-party billing service, and the payer is an MCO, the program provider should contact the third-party billing service to review the EVV services billing changes that take effect September 1, 2019, and determine if an LTSS Submitter ID is needed.

Q) The TMHP Companion Guide indicates the payer name is TDHS/TDMHMR. Is this correct?

A) The payer's name does not change from what is in the applicable Companion Guide.

Q) How long does it take to get an LTSS Submitter ID from TMHP?

A) The process for obtaining a an LTSS Submitter ID begins by calling the TMHP EDI Help Desk at 1-888-863-3638 Option 4 from 7 a.m. to 7 p.m., Central Time, Monday through Friday. The process can take up to four business days to complete.

Q) Do we need to provide the MCO information on the claim?

A) There is no need to add the MCO payer information on the claim. TMHP will automatically forward the claim to the MCO based on the client's eligibility.