

Instructions for the Louisiana State Medicaid Agency to Verify Texas Medicaid Eligibility Using the TexMedConnect Tool

To enable the Louisiana State Medicaid Agency to verify Texas Medicaid client eligibility, Texas has created the following accounts. We ask that providers do not access or change the data in the Account Settings menu options. Any changes made to this data could result in users not being able to access the portal.

User ID	Password
Harvey1	ICQijt11
Harvey2	WKOtuy01
Harvey3	OPXiai10
Harvey4	YSUplj55
Harvey5	NIUepp64

Accessing TexMedConnect and Internet Requirements

TexMedConnect is a web-based application and requires Internet capabilities as follows:

- Internet service provider (ISP)
- Internet browser Microsoft® Internet Explorer®
- Google Chrome®

Verifying Client Eligibility

Step by step user instructions are as follows:

1. TexMedConnect is accessed through the TMHP website at www.tmhp.com. After accessing the website, click "Providers."



2. Click "Go to TexMedConnect" in the upper right hand corner of the page.



3. Login using one of the Provider IDs and passwords provided below.



User ID	Password
Harvey1	ICQijt11
Harvey2	WKOtuy01
Harvey3	OPXiai10
Harvey4	YSUplj55
Harvey5	NIUepp64

4. Select Eligibility from the left navigation panel.



5. Enter the following required fields:

- Provider NPI / API. Do not alter the number that appears in the "Provider NPI/API" field (see screenshot below). This API has been created specifically for out-of-state or other providers offering assistance to Texas Medicaid clients.
- Eligibility Dates (Max time period of 90 calendar days per request)

Enter additional information in any of the following combinations:

- Medicaid/CSHCN ID and DOB Medicaid/CSHCN ID and Last Name
- Medicaid/CSHCN ID and SSN
- SSN and Last Name
- SSN and DOB
- Last Name, First Name and DOB

Eligibility Verification

Please enter the required information and click "Submit" to view the eligibility of the client.

Provider NPI/API: Select a Provider NPI/API

Eligibility From Date: Format: mm/dd/yyyy

Eligibility Through Date: Format: mm/dd/yyyy

Please enter one of the following valid field combinations:

- Medicaid/CSHCN ID and Date of Birth
- or Medicaid/CSHCN ID and Last Name
- or Medicaid/CSHCN ID and Social Security Number
- or Social Security Number and Last Name
- or Social Security Number and Date of Birth
- or Date of Birth and Last Name and First Name

Medicaid/CSHCN ID: Format: 123456789

Social Security Number: Format: 123-45-6789 or 123456789

Date of Birth: Format: mm/dd/yyyy

Last Name:

First Name:

IMPORTANT: Do not alter the number that appears in the "Provider NPI/API" field (see screenshot at left). This API has been created specifically for out-of-state or other providers offering assistance to Texas Medicaid clients.

If the number is not already populated, please use A373256201 as the provider NPI / API.

NOTE: If you do not have a successful eligibility verification result, consider a different combination of elements from the list.

The following results screen appears.

Eligibility Verification Results

New Lookup Return with Search Criteria

1 Patient Information

Client No./Trainee SSN	
DOB	
Gender	F
SSN	
Name	
Address	
County	Hidalgo
Medicare No.	
Base Plan	INDIV OUTS

2 Inquiry Information

NPI/API	
Eligibility From	8/25/2017
Eligibility Through	9/1/2017
Medicaid /Client No.	
Social Security Number	
Date of Birth	
Last Name	
First Name	

3 Eligibility Segments

Segment Dates	Medical Coverage	Program Type	Program	Benefit Plan	Spend-down Indicator
EFF : 5/1/2014 TRM : 9/30/2017 ADD : 4/17/2014	R - REGULAR	13 - SSI, RECIPIENT	100 - MEDICAID	100 - TRADITIONAL MEDICAID	

4 Program Type

5 Medicare Segments

No Medicare Segments found

6 Lock-In Segments

No Lock-In Segments found

7 TPR Segments

No TPR Segments found

8 Managed Care Segments

Segment Dates	Organization	Plan Code	Line Of Business	Name	Phone
EFF : 11/1/2016 TRM : 9/30/2017 ADD : 10/17/2016	UNITED HEALTHCARE - TEXAS	KR	STAR Kids		
EFF : 5/1/2014 TRM : 9/30/2017 ADD : 4/17/2014	DENTAQUEST	1M	DENT		

9 Limits Segments

Dental	Hearing Aid	Eye Exam	Eye Glasses	Medical
8/23/2011	11/16/2012		8/2/2016	7/15/2016

TexMedConnect Ready

1. This is the demographic information returned from the Texas Medicaid system.
2. This is the information that was used for the search, and does not indicate client eligibility.
3. This is the client eligibility for the dates requested.
4. This is the program type that the client qualified under. Should you see Program Type 13-SSI RECIPIENT, verify Medicare eligibility.
5. Medicare eligibility as indicated in the Texas Medicaid program.

6. Client is limited to seeing a specific provider or pharmacy.
7. Before filing with Texas Medicaid, claims must be filed with a third party resource.
8. Client belongs to a managed care organization (MCO). Please contact MCO for additional information. For more information about MCOs, refer to the Medicaid Managed Care Handbook located at:
http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Medicare_Managed_Care.pdf
9. Should there be a limitation listed, call the TMHP Contact Center at 1-800-925-9126, Option 2, then Option 5 for additional information.

Note: If you perform more than one interactive eligibility check, the Provider NPI/API on the Eligibility Search page defaults to the most recently used Provider NPI/API.

The Eligibility Verification (EV) results screen allows you to access the EV results as a PDF. To perform this action, click on the PDF icon at the top of the EV results page.



Note: Printed EV results are considered valid proofs of eligibility.

Limitations to Client Eligibility

Some clients have limited eligibility. The following information provides information about these limitations.

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)

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 (FPL), 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 (DADS) 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 (TMHP) reimburses its providers directly.

PRESUMPTIVE ELIGIBILITY (PE)

Client is eligible only for medically necessary outpatient services and family planning services. Labor, delivery, inpatient, and THSteps 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 [FPL]) or immigration status (with an income at or below 200 percent of FPL) to receive prenatal care and provides CHIP benefits to the child upon delivery for the duration of the coverage period.

MEDICALLY NEEDY PROGRAM (MNP)

The MNP with spend down is limited to children who are 18 years of age or younger and pregnant women of any age. The MNP 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 Medical Assistance Only (MAO) 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)

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 (QMB)

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

MEDICAID QUALIFIED MEDICARE BENEFICIARY (MQMB) (SSI RECIPIENTS INCLUDED)

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 (TPL)

Before filing with Texas Medicaid, claims must be filed with a third party resource: either private insurance or Medicare. The TPR toll-free telephone number is 1-800-846-7307.

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).

Resources

This section provides additional information on how to get assistance from TMHP with technical issues, training, and claims or eligibility questions.

Getting Technical Assistance

For Medicaid, CSHCN Services Program, and Family Planning technical issues, call the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638. The TMHP EDI Help Desk provides technical assistance with troubleshooting TexMedConnect. Contact your system administrator for assistance with modem, hardware, Internet connectivity, or phone-line issues.

Training Resources

Additional information regarding navigation through the TexMedConnect tool is available in the [TexMedConnect User Manual](#).

Training is available on the Learning Management System (LMS) Instructions regarding LMS registration is available on the [Provider Education home page](#) on the TMHP website.

Contact Information

Main Provider Line: 1-800-925-9126

This provider line offers general information concerning Texas Medicaid. Responsibilities include policy education, claims filing assistance, financial inquiry, eligibility inquiry, and provider education. The following options are available:

Option 1: Automated transactions – Choose this option for automated transactions available through the Automated Inquiry System (AIS).

Option 2: Provider Inquiries – Choose one of the following options:

Option 1: Client Eligibility – This line assists providers with questions about current and past eligibility for Medicaid clients.

Option 2: Claims Status – This line assists providers with claim related inquiries, such as claim status, appeal process, and claim submission instruction.

Option 3: Authorizations – This line assists providers with prior authorization request concerns, including appropriate submission format, instruction clarification, and appeal process.

Option 4: Telephone Appeals – This line is available for providers to request a claim appeal. The provider must have the most recent 24-digit claim number, and the appeal process is limited to specific claim situations. Telephone appeals must follow the guidelines in the *Texas Medicaid Provider Procedures Manual*.

Option 5: Benefit Limitations and Dental History – This line assists providers with questions related to benefit limitations for Medicaid services. This line also assists with client dental history.

Option 6: Accounts Receivable and Financial Transactions – This line assists providers with questions regarding accounts receivable, payment status, and check history.

Option 3: Provider Enrollment – The Provider Enrollment line assists with applications to enroll, updates to new and existing provider accounts, and questions concerning enrollment policy. Some of the responsibilities include the following: maintenance of provider accounts, advising providers on how to complete a Texas Medicaid program application, and answering questions regarding policies which impact enrollment.

Option 4: Electronic Data Interchange (EDI) – The EDI Help Desk assists providers and vendors with TexMedConnect (TMC) access. The Help desk can reset TMC passwords and troubleshoot other TMC and EDI issues, such as Internet requirements, EDI enrollments, transmission verifications, TMC issues, file rejections, software requests, file resets, technical problems within the TMHP website, and electronic Remittance and Status (ER&S) Report download issues.