

An Important Message from  
The Texas Health and Human Services Commission (HHSC)



## EVV Claims Submission- **UPDATED 9/9**

### EVV Claims Submission Vesta Biller Checklist: Submitter IDs

- Step 1: Do you currently use Vesta Biller to send electronic claims to TMHP?

YES – Great! Go to Step 2

NO – **Stop** - NEXT Step - Call TMHP at 1-888-863-3638, Option 4 to check if there is an EDI Agreement Form on file for your Agency. (TMHP requires an Electronic Data Interchange (EDI) Agreement Form.)

(If EDI Agreement Form is not on file, TMHP processing time may take 30 business days.)

- Step 2: Do you currently have a C21 Submitter ID setup in Vesta Biller?

To check, go to File Menu > Payers- Under TMHP/Acute Payer- 5010 Submitter ID field must display current Submitter ID and the Receiver ID field should display: 617591011**C21P**.

YES - Great! You have the required Submitter ID to submit claims for MCOs

\*Existing Vesta C21 Submitter ID may be used to submit electronic claims for MCOs to TMHP.

NO – Stop - NEXT Step is Contact TMHP EDI Help Desk at 1-888-863-3638, Option 4 to request a C21 Submitter ID (837 P - Professional) to use in Vesta Biller for MCOs.

*Note: The specific type of Submitter ID needed for MCO-only enrolled program providers to submit to C21 is called an LTSS Submitter ID.*

- STEP 3: Is your C21 Submitter ID setup for Professional Claims?**

- Contact TMHP EDI Help Desk at 1-888-863-3638, Option 4.
- Provide exiting Submitter ID; ask if it is setup for 837P (Professional) transactions?
- If the answer is YES - Great! You have the required Submitter ID to submit claims for MCOs.
- If NO – Request that the Submitter ID be setup for 837P (Professional) transactions.

# EVV Billing

## Follow Payer Guidelines

Program providers can submit EVV claims with a range of service dates (span dates), or by single date of service. **If span dates are allowed by the Payer, Providers must ensure that:**

- Each date has one or more matching EVV visit transactions;
- The total units on the EVV claim must match the combined total units of the matched EVV visit transactions;
- EVV claims with date spans that start prior to September 1, 2019 will be rejected by TMHP;
- If a Provider submits a span claim that includes Dates of Service before and after September 1, 2019, the claim will be rejected by TMHP (Example: DOS 8/26/2019 to 9/6/2019).

## Vesta Biller Options

- **Bill Daily Option:** When this option is selected in Vesta Biller, the Claim Statement will load each visit date separately. Example: DOS 8/1/2019 to 8/15/2019

Each visit date is loaded into the Claim Statement, day by day.

Member	From Date	To Date	Units	Rate	HCPCS	Mod 1	Mod 2	Bill Amount
Jane Doe	8/1/2019	8/1/2019	2	\$13.75	S5125	U7	U5	\$27.50
Jane Doe	8/3/2019	8/3/2019	2	\$13.75	S5125	U7	U5	\$27.50
Jane Doe	8/7/2019	8/7/2019	2	\$13.75	S5125	U7	U5	\$27.50
Jane Doe	8/8/2019	8/8/2019	1	\$13.75	S5125	U7	U5	\$13.75
Jane Doe	8/13/2019	8/13/2019	2	\$13.75	S5125	U7	U5	\$27.50
Jane Doe	8/15/2019	8/15/2019	2	\$13.75	S5125	U7	U5	\$27.50

- **Use multi-service claims Option:** When this option is selected in Vesta Biller, one Claim is created for each member with the date range selected, but the electronic file sends the claim itemized. Example: DOS 8/1/2019 to 8/15/2019

Claim Statements displays each member grouped by DOS

Member	From Date	To Date	Units	Rate	HCPCS	Mod 1	Mod 2	Bill Amount
Jane Doe	8/1/2019	8/15/2019	20	\$13.75	S5125	U7	U5	\$275.00
Joe Doe	8/1/2019	8/15/2019	25	\$13.75	S5125	U7	U5	\$343.75
Jim Doe	8/1/2019	8/15/2019	31	\$13.75	S5125	U7	U5	\$426.25
Fey Doe	8/1/2019	8/15/2019	11	\$13.75	S5125	U7	U5	\$151.25
Tim Doe	8/1/2019	8/15/2019	25	\$13.75	S5125	U7	U5	\$343.75
Tom Doe	8/1/2019	8/15/2019	30	\$13.75	S5125	U7	U5	\$412.50

Even though the Claim Statement displays one line with the combined units for the DOS and member, the electronic file submits the individual dates for each member as detailed below.

Example: Fey Doe DOS: 8/1/2019 to 8/15/2019 Total Units: 11 Total Billed: \$151.25

From Date	To Date	Units	Rate	HCPCS	Mod 1	Mod 2	Bill Amount
8/1/2019	8/1/2019	2	\$13.75	S5125	U7	U5	\$27.50
8/3/2019	8/3/2019	2	\$13.75	S5125	U7	U5	\$27.50
8/7/2019	8/7/2019	2	\$13.75	S5125	U7	U5	\$27.50
8/8/2019	8/8/2019	1	\$13.75	S5125	U7	U5	\$13.75
8/13/2019	8/13/2019	2	\$13.75	S5125	U7	U5	\$27.50
8/15/2019	8/15/2019	2	\$13.75	S5125	U7	U5	\$27.50

## **New Billing Matrix**

- New Billing Codes should be imported as usual in the Rates Screen.
- New Bill Code Rates are designated as quarter hours (15 min = 1 unit) in the Vesta Crosswalk.
  - Vesta Biller calculates billed units at 15 min increments in electronic file to Payers.
- Vesta "Rate" in Rates Screen must be entered as 1 hour.

For example:  $2.92 \times 4 = \$11.68$  – "Rate" would be entered as \$11.68.

## **Authorizations Tab**

- New Authorizations should be created with the indicated Authorization Start and End Date. (Remember to update the End Date of the previous Authorization.)
- Visit Plan Start Date on new Authorization should be set to 09/01/2019 in order to not duplicate visits.
- Visit Plan End Date on old Authorization should be set to 8/31/2019 in order to not duplicate visits.
- MCO Authorizations that specify quarterly units for Total Authorized, should be entered in the member's Authorization Tab as hours.

For example: Total Authorized Units = 3000 ( $3000 \div 4 = 750$ ) enter 750 in Total Auth. Units.

## **Vesta Biller Changes- Units Ready to Bill**

With the upcoming TMHP Claims Matching changes slated for September 1, 2019, Vesta Biller will be updated with the following changes;

- Logged Visits for dates of service of 9/1/2019 and beyond will ONLY display if the visits did not Fail Vendor Validation (FTE - Failed To Export) and the visits were not Rejected by Payer.
  - Vendor Validation occurs nightly (after midnight) to all newly verified visits and amended visits.
  - Visits that pass Vendor Validation are sent to TMHP for processing nightly.
  - TMHP sends Response files to Vesta the following day.
  - Response files are posted to Vesta and once a visit has been confirmed as valid by the Vendor and not Rejected by Payer. The visit will display in Units Ready To Bill and may be added to a Claim Statement for billing purposes.
- Logged Visits for dates of service before 9/1/2019 will display as usual.

## Billers Setup

To route MCO claims to TMHP, Payer settings will need to be changed in Vesta Biller as follows.

1) In Vesta Biller, go to the **Settings** tab.

2) Under the Payers section, use the arrows to select the desired Payer.



3) Ensure the following settings are updated:

Interchange ID Qualifier (ISA05): – clear field (blank)

Submitter ID (ISA06) & 5010 Submitter ID: Enter your C21 Submitter ID

Submitter ID (ISA06) & 5010 Submitter ID: MCO-Only enter LTSS Submitter ID

Submitter ID (ISA06) & 5010 Submitter Password: Enter your C21 password

Submitter ID (ISA06) & 5010 Submitter Password: MCO-Only enter LTSS Submitter ID

Interchange ID Qualifier (ISA07): ZZ

**Receiver ID (ISA08): Enter C21 Receiver ID – 617591011C21P**

**Receiver ID (ISA08) MCO-ONLY Provider: Enter Receiver ID- 617591011LTSSP**

Application Sender's Code (GS02): clear field (blank)

Application Receiver's Code (GS03): clear field (blank)

Comm. Qualifier (PER05): clear field (blank)

Comm # (PER06): clear field (blank)

Claim file indicator code: clear field (blank)

Payer Name:	Molina Health Care	Address:		Portal:	
Payer ID:	20554	City, State, Zip:	Harlingen TX 78521	Email:	
Contact:		Phone:			
Communications Settings					
Interchange ID Qualifier (ISA05):		Comm. Qualifier (PER05):			
Submitter ID (ISA06):	146999999	Comm # (PER06):			
Submitter Password:	mypassword	Claim file indicator code:			
5010 Submitter ID:	146999999	Use Bill Provider ID:	<input type="checkbox"/>		
5010 Submitter Password:	mypassword	Billing Provider ID:			
Interchange ID Qualifier (ISA07):	ZZ - Mutually Defined	Tax ID:	888888884		
Receiver ID (ISA08):	617591011C21P	ID Type (NPI/API):			
Use Auth./Referral No's:	<input type="checkbox"/>	Save files to:			
Auth/Ref. Qualifier:	Auth. No.	Download files to:			
Application Sender's Code (GS02):		Bill Daily:	<input type="checkbox"/>	Use multi-service claims:	<input checked="" type="checkbox"/>
Application Receiver's Code (GS03):		Save ANSI Locally:	<input type="checkbox"/>	Referring/Ordering Provider NPI	<input type="checkbox"/>

4) Select **Billing Options** from the tabs on the left.

Option	Yes/No
Search multiple branches when posting payments	<input type="checkbox"/>
Show Flag Alerts on Startup	<input checked="" type="checkbox"/>
Omit Leading zeros in units for TMHP.	<input checked="" type="checkbox"/>
Omit Leading zeros in units for AVAILITY.	<input checked="" type="checkbox"/>
Save date range filter option in Inbox	<input type="checkbox"/>
Save date range filter option in Claims Tree	<input type="checkbox"/>
Manually select which payment files to post	<input type="checkbox"/>
Inc. Dr. NPI for PCS Claims.	<input type="checkbox"/>
Use whole numbers for CMCHP claims.	<input checked="" type="checkbox"/>
Check for Member ID when posting payments.	<input type="checkbox"/>
Send MCO claims to TMHP	<input type="checkbox"/>

- 5) Check the box **Send MCO Claims to TMHP** and use the check mark to save.
- 6) Repeat all the above steps for each MCO.

# BILLING QUESTIONS

## FAQ

With the TMHP Claims Matching changes beginning September 1, 2019, Vesta Biller was updated to not allow visits that have Failed to Export or Rejected by the Aggregator to display under Units Ready to Bill Tab. Below is a list of Frequently Asked Questions.

**Q:** The Member's Authorization was not updated with the new Billing Codes and I have Failed to Export visits. How can I update the member's HCPCS Code and Modifiers to the new code combination needed?

**A:** *Use VisitSync to update the HCPCS Code and Modifiers for visits as needed. Any updated HCPCS Code and Modifiers will be re-exported to the Payer during the nightly process. Once the visit has been accepted by the Aggregator, these visits will display under Vesta Biller Units Ready to Bill Tab.*

**Q:** Do I change the Vesta Biller Settings now or do I wait until I have visits with dates of service 9/1 or greater?

**A:** *TMHP advised that for Providers visit dates prior to 9/1 can be sent to TMHP and the claims will be forwarded to the appropriate Payer. The settings may be update now or the Provider staff may choose to update the settings once ready to bill September dates of service.*

**NOTE:** *If your Agency is an MCO-Only LTSS Provider- Availability is not prepared to forward claims to TMHP.*

**Q:** If we find that a Member changed Payer and they did not advise us, how are we to update the visits in Vesta Biller if the visits were Rejected?

**A:** *Payer Changes require a Data Correction spreadsheet to be sent to Vesta for correction and re-export. The Data Correction Process has not changed.*

**Q:** How do I know if my Provider Agency is an MCO-Only LTSS Provider?

**A:** *Have you ever had or currently have an active contract with TMHP to provider LTC, and/or Acute services? If the answer is No, then you are most likely an MCO-Only LTSS Provider.*

*If you have never enrolled with TMHP, then you are most likely an MCO-Only LTSS Provider.*

*If you only contracted or enrolled with Managed Care Organizations (MCOs), then you are most likely an MCO-Only LTSS Provider.*