



**TMHHP**

TEXAS MEDICAID  
&  
HEALTHCARE PARTNERSHIP

**A STATE MEDICAID CONTRACTOR**

**Electronic Data  
Interchange  
Agreement**



**◆◆ DO NOT FAX ◆◆**

**ALL ATTACHED FORMS MUST BE SENT BY MAIL TO TMHP  
AT THE FOLLOWING ADDRESS:**

Texas Medicaid & Healthcare Partnership  
Attention: EDI Help Desk, MC-B14  
PO Box 204270  
Austin, TX 78720-4270

**Your request for access to Electronic Data Interchange cannot be approved until all forms have complete, accurate information with an original signature. Under no circumstances will TMHP accept faxed agreements, emailed agreements, or agreements with photocopied signatures.**

**◆◆ DO NOT FAX ◆◆**



Dear Provider:

The Texas Medicaid & Healthcare Partnership (TMHP) welcomes your interest in its electronic services for Long Term Care (LTC) providers. The use of TMHP electronic services helps providers get claims paid faster, more accurately, and with less effort from their office staff. TMHP electronic services include eligibility verification, claims submission, claim status inquiry, Electronic Remittance and Status Reports (ER&S), and adjustments. Providers can connect to TMHP through direct dial-up, high-speed Internet connections (i.e., DSL, cable modem, T1), dial-up internet connections, and even direct high speed connections for large organizations.

TMHP requires that all LTC providers complete the Electronic Data Interchange (EDI) Agreement before they can begin to submit or retrieve electronic files. This agreement includes all new providers, changes of ownership, name changes, and Intermediate Care Facilities for the Mentally Retarded (ICF-MR). The EDI Agreement must be complete, accurate, and contain original signatures. All EDI Agreements must be *mailed* to TMHP. Providers may use U.S. Mail, UPS, or any other package service to send the agreement to TMHP. *Under no circumstances will TMHP accept faxed agreements, emailed agreements, or agreements with photocopied signatures.*

For any questions about the EDI Agreement, please contact the EDI Helpdesk at 1-800-727-5436, Option 3. For questions about the information on file with the State of Texas used to verify the agreement, please contact the contract manager.

**Mailing Address—U.S. Mail**

Texas Medicaid & Healthcare Partnership  
Attention: EDI Helpdesk, MC-B14  
PO Box 204270  
Austin, TX 78720-4270

**Mailing Address—Package Services**

Texas Medicaid & Healthcare Partnership  
Attention: EDI Helpdesk  
12357-B Riata Trace Parkway  
Austin, TX 78727

**Telephone**

1-800-727-5436, Option 3

**Website**

[www.tmhp.com](http://www.tmhp.com)

## Getting Started With Electronic Services

### EDI Agreement

All LTC providers must submit a complete and accurate copy of the agreement with original signatures before TMHP can grant access to any electronic services. A separate agreement must be completed for each provider number. The EDI Agreement consists of three parts—two copies of the Electronic Data Interchange Agreement and one copy of the Request for Electronic Services.

The EDI Agreement authorizes providers to submit claims electronically to TMHP. The agreement serves as a legal certification that all claims submitted electronically are accurate and that the provider assumes responsibility for maintaining the necessary records.

The Request for Electronic Services gathers the information necessary to validate the provider's identity, authorize electronic services, and allow access to the system. Once the agreement has been validated and processed, one copy of the EDI Agreement is returned to the provider with the signature of the provider and a TMHP representative. TMHP keeps the second signed copy of the agreement and the Request for Electronic Services form for its records. The provider may begin to submit and retrieve electronic files once they receive the TMHP signed copy of the agreement.

### Software

Providers that intend to use TMHP electronic services will need software to create, submit, and retrieve data files. The software can be from any vendor listed on the EDI Submitter List or TDHconnect, TMHP free software. Providers who plan to use a billing agent (i.e., billing companies, vendors, or clearinghouses) to submit EDI transactions to TMHP, should contact that organization for details on software requirements.

#### ***TDHconnect***

TDHconnect is versatile, reliable, and free Windows based claims submission software provided by TMHP. Technical support, upgrades, and training for TDHconnect are also available free from TMHP. TDHconnect has a wide variety of features, some of which are not available in most vendor software. Providers can use the software to submit claims, eligibility requests, claim status inquiries, adjustments, and retrieve ER&S reports. The program includes a reference database of current billing codes, procedure codes, Explanation Of Benefit (EOB) codes, and much more. Providers can even use TDHconnect to interactively submit individual claims that are processed in seconds. To order TDHconnect or to learn more about the program, visit [www.tmhp.com](http://www.tmhp.com) or call the EDI Helpdesk at 1-800-727-5436, Option 3.

#### ***Vendor Software***

Providers may also use vendor software to access TMHP electronic services. There are hundreds of vendors with a wide assortment of services that have been approved to submit electronic files to TMHP. A complete list of vendors who have completed the testing process and been certified by TMHP can be found at [www.tmhp.com/EDI](http://www.tmhp.com/EDI). TMHP does not make vendor recommendations or provide any assistance for vendor software. Not all vendor software offers the same features or levels of support. Providers are encouraged to research their software thoroughly to make certain it will meet their needs and that it has completed testing with TMHP.

## Billing Agents

Billing agents are companies or individuals who submit electronic files to TMHP on behalf of the provider. Using a billing agent means that the provider uses a product that sends billing or other information to the billing agent who processes it and then transmits it to TMHP and other institutions.

TMHP has no information on the software or other requirements of billing agents. Providers should contact the billing agent to obtain information about their products and processes and to obtain their submitter ID to complete the Request for Electronic Services. TMHP will never give out a billing agent's submitter ID.

A complete list of billing agents who have completed the testing process and been certified by TMHP can be found at [www.tmhp.com/EDI](http://www.tmhp.com/EDI). TMHP does not make billing agent recommendations or provide any assistance for billing agents' software or services.

## Electronic Remittance and Status Reports (ER&S)

The Remittance and Status report (R&S) is sent to billing providers itemizing claims submissions, pending claims, claims dispositions, and warrant information. Providers who use electronic services can download the electronic version of the R&S called the ER&S. The EDI Agreement will automatically set up the provider to receive the ER&S with the submitter ID indicated in the Request for Electronic Services. Only one submitter ID can download the ER&S. Providers may use the *View R&S Reports* link on [www.tmhp.com](http://www.tmhp.com) if they would like to allow multiple users to access an Adobe PDF version of the paper R&S.

If providers wish to change the ER&S setup, they may complete the Submitter ID Linking Form that designates the submitter ID they would like to use. The form can be found under Provider Forms at [www.tmhp.com/Providers](http://www.tmhp.com/Providers) or by contacting the EDI Helpdesk at 1-800-727-5436, Option 3.

TMHP will provide paper copies of the R&S for the first four financial cycles after the EDI Agreement is processed to ensure that R&S information is available while transitioning to electronic services. Providers who are unable to download the ER&S because they are experiencing problems with their software or billing agent can request a temporary paper R&S for four financial cycles.



## Electronic Data Interchange Agreement

On this \_\_\_\_\_ Texas Medicaid & Healthcare Partnership, hereinafter called "Contractor,"  
*Date*

and \_\_\_\_\_ , \_\_\_\_\_  
*Legal Name of Provider including DBA* *Provider Number*

hereinafter called "Provider," enter into the following agreement. WHEREAS, Contractor processes claims for Long Term Care programs, hereinafter called "LTC" in the State of Texas; WHEREAS, Provider desires to submit claims for reimbursement under one or more of the LTC programs in a machine readable form via electronic media; NOW THEREFORE, Contractor and Provider agree between and among each of them as follows:

- I. Contractor agrees to accept from Provider (or from any billing agent Provider employs) electronic claims for reimbursement under the Texas Department of Aging and Disability Services LTC programs and process such claims in the same manner as it would process claims submitted by Provider on the appropriate paper claim form, but only upon and subject to the terms and conditions of this Agreement.
- II. Provider agrees:
  - A. That all electronic claims submitted by Provider or Provider's billing agent will:
    1. be in a format acceptable to Contractor for the program(s) involved.
    2. be submitted in accordance with Contractor's electronic claims billing procedures.
    3. contain all information required by Contractor.
  - B. That no claims that require individual consideration will be submitted through the electronic claims process, including but not limited to claims requiring supporting documentation.
  - C. That Provider has complied with the contractual and licensure requirements, laws and regulations of the various state and federal agencies, and conditions that would allow Provider to participate in and receive reimbursement under the LTC program(s) for which claim is made.
  - D. That electronic claims submitted to Contractor by Provider or by any billing agent Provider might choose to employ shall contain true, accurate, and complete information.
  - E. Provider will review for accuracy claims payment information from claims processed by Contractor. Provider may request an adjustment of a payment decision from the Contractor within the requisite number of days for the appropriate program under which the claim was filed.
  - F. The cashing of each warrant or receipt of direct deposit for claims paid to Provider will be a representation and certification that Provider presented the bill for the services shown on the accompanying explanation of payment forms and that the services were personally rendered by Provider or under Provider's personal supervision.
  - G. That every electronic claim entry submitted by Provider or Provider's billing agent is capable of being associated and identified with corresponding source documents. The source documents shall contain the same client authorizations and signatures as required for claims submitted on appropriate paper form.
  - H. That all source documents pertaining to each electronic claim submitted by Provider will be retained by Provider or Provider's agent for the records retention period specified in Provider's contract(s) to provide services for the Texas Department of Aging and Disability Services.
  - I. That Provider is solely responsible for the accuracy of all electronic claims submitted to Contractor by Provider or Provider's billing agent.
  - J. Provider will research and correct all billing discrepancies, and any incorrect payments discovered will be adjusted according to the applicable provisions then in effect for such claims.



- K. Provider will unconditionally, upon request, provide free copies of and access to records pertaining to the services for which claims are submitted to LTC programs to representatives designated by the Texas Department of Aging and Disability Services, the United States Department of Health and Human Services (HHS), the Texas Attorney General's Medicaid Fraud Control Unit and/or the health insuring contract for Medicaid, with respect to the operation of the Texas Medical Assistance Program.
  - L. Except as provided in K above, that confidentiality of recourse and other information be maintained relating to clients in accordance with State and Federal laws, rules, and regulations.
  - M. Provider shall assume all necessary personal responsibility and review of the internal procedures used to develop, transcribe, data enter, and transmit all required claim information for payment. Provider shall also assume personal responsibility for verification of charges submitted for payment. This administrative control and review shall consist of the following minimum participation requirements:
    - 1. The individual Provider's signature or an authorized provider representative's signature (as appropriate for the type of service) on the source document verifies that services were performed as billed.
    - 2. Each source document must reflect the information specified in the provider manual or regulation or instructions applicable to the service for which a bill is submitted.
  - N. This Agreement shall become effective as of the date first herein above written, when executed by all parties and shall remain in effect until terminated by Provider or Contractor. Provider or Contractor may terminate this Agreement by giving thirty (30) days prior written notice of their intent to terminate. IN WITNESS WHEREOF, Contractor and Provider have caused this Agreement to be executed by their duly authorized representatives.
- III. Provider acknowledges that the claims will be paid from federal and/or state funds, and that anyone who submits falsified claims, or who misrepresents or falsifies, or causes to be misrepresented or falsified any record or other information relating to that claim or information that is required pursuant to this Agreement may, upon conviction, be subject to fine and/or imprisonment under applicable federal state law.
- IV. The Provider agrees to submit a "Request for Services" form and understands that only through this form or the "Request for Services Change" form will electronic submission privileges be assigned to a provider number (vendor/contract).
- V. By signing this Agreement, the State, Contractor, and Provider accept all of the stipulations in this Agreement and agree to each and every provision therein.

**Provider**

\_\_\_\_\_

Legal Name of Provider including DBA

\_\_\_\_\_

Signature of Provider Representative

\_\_\_\_\_

Name of Person Signing (please type or print)

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP

<p><b>Texas Medicaid &amp; Healthcare Partnership</b>          For TMHP Use Only          (Please Do Not Write In This Area)</p>
Signature
Date
<p><i>TMHP EDI Department</i></p>







- K. Provider will unconditionally, upon request, provide free copies of and access to records pertaining to the services for which claims are submitted to LTC programs to representatives designated by the Texas Department of Aging and Disability Services, the United States Department of Health and Human Services (HHS), the Texas Attorney General's Medicaid Fraud Control Unit and/or the health insuring contract for Medicaid, with respect to the operation of the Texas Medical Assistance Program.
  - L. Except as provided in K above, that confidentiality of recourse and other information be maintained relating to clients in accordance with State and Federal laws, rules, and regulations.
  - M. Provider shall assume all necessary personal responsibility and review of the internal procedures used to develop, transcribe, data enter, and transmit all required claim information for payment. Provider shall also assume personal responsibility for verification of charges submitted for payment. This administrative control and review shall consist of the following minimum participation requirements:
    - 1. The individual Provider's signature or an authorized provider representative's signature (as appropriate for the type of service) on the source document verifies that services were performed as billed.
    - 2. Each source document must reflect the information specified in the provider manual or regulation or instructions applicable to the service for which a bill is submitted.
  - N. This Agreement shall become effective as of the date first herein above written, when executed by all parties and shall remain in effect until terminated by Provider or Contractor. Provider or Contractor may terminate this Agreement by giving thirty (30) days prior written notice of their intent to terminate. IN WITNESS WHEREOF, Contractor and Provider have caused this Agreement to be executed by their duly authorized representatives.
- III. Provider acknowledges that the claims will be paid from federal and/or state funds, and that anyone who submits falsified claims, or who misrepresents or falsifies, or causes to be misrepresented or falsified any record or other information relating to that claim or information that is required pursuant to this Agreement may, upon conviction, be subject to fine and/or imprisonment under applicable federal state law.
- IV. The Provider agrees to submit a "Request for Services" form and understands that only through this form or the "Request for Services Change" form will electronic submission privileges be assigned to a provider number (vendor/contract).
- V. By signing this Agreement, the State, Contractor, and Provider accept all of the stipulations in this Agreement and agree to each and every provision therein.

**Provider**

\_\_\_\_\_

Legal Name of Provider including DBA

\_\_\_\_\_

Signature of Provider Representative

\_\_\_\_\_

Name of Person Signing (please type or print)

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP

<p><b>Texas Medicaid &amp; Healthcare Partnership</b>          For TMHP Use Only          (Please Do Not Write In This Area)</p>
Signature
Date
<p><i>TMHP EDI Department</i></p>



## Request for Electronic Services

All sections of the Request for Electronic Services must be complete and accurate before the request can be processed. All of the information provided must match the provider’s contract with the State of Texas with the exception of Section IV: Mailing Address. Only one provider number per agreement is allowed. Incomplete or inaccurate forms will be mailed back to the provider with a list of the necessary corrections.

### Section I: Provider Address Information

Please setup the following provider for electronic services:

<b>Legal name of provider including DBA</b>		<b>Provider Number</b>
<b>Street Address</b>		<b>Telephone</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

### Section II: Submitter ID for EDI Transactions

A submitter ID is necessary for all TMHP electronic services. The submitter ID serves as an electronic mailbox for the provider and for TMHP to exchange data files. All providers will be set up to receive ER&S as part of this agreement. *The ER&S can only be sent to one submitter ID.* The ER&S will be set up on the same submitter ID used to process the agreement, unless the provider selects Option 4. All providers will receive paper remittance and status reports for the first four financial cycles after the EDI Agreement is processed. Please read the instructions carefully before completing this section. For any questions, please contact the EDI Helpdesk at 1-800-727-5436, Option 3.

- Providers who use TDHconnect to submit and retrieve electronic files from TMHP can provide an existing submitter ID or have a new submitter ID generated by checking the box marked “Generate a new TDHconnect submitter ID.”
- Providers who use any other software to submit and retrieve electronic files directly from TMHP can provide a submitter ID or may order one by checking the box marked “Generate a new ANSI Submitter ID.” TMHP will not issue a submitter ID for software that has not completed the EDI testing process. To check if the software has passed testing, visit [www.tmhp.com/EDI](http://www.tmhp.com/EDI) and select EDI Submitter List. Or call the EDI Helpdesk at 1-800-727-5436, Option 3, before completing the form.
- Providers who submit and retrieve electronic files indirectly through a billing agent (i.e., clearinghouses, third party billing, or any other indirect method) must provide a submitter ID. If providers do not know the billing agent’s submitter ID, they must contact that billing agent to obtain it. The EDI Helpdesk will never give out a billing agent’s submitter ID.
- Providers who would like to retrieve their ER&S with a different submitter ID than the one used to process the agreement should select “Alternate ER&S receiver” and provide a submitter ID.



- I will use the TDHconnect software.**
  - Generate a New TDHconnect Submitter ID**
  - OR**
  - The existing Submitter ID is:** \_\_\_\_\_
- I will use some other software.**
  - Generate a New ANSI Submitter ID for Software (Name)**\_\_\_\_\_
  - OR**
  - The existing Submitter ID is:** \_\_\_\_\_
- I will use a billing agent (i.e., clearing houses, third party billing, or any other indirect method).**
  - The existing Submitter ID is:** \_\_\_\_\_
- I want the ER&S to go to a different submitter ID than the one listed above.**
  - The existing Submitter ID is:** \_\_\_\_\_

### Section III: Provider Attestation

I (we) attest to the accuracy of the information provided on this request. I (we) authorize the exchange of data as defined in this request.

\_\_\_\_\_  
**Signature of Provider Representative**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

### Section IV: Mailing Address

The address given here will be used to mail one copy of the signed agreement back to the provider. This information does not have to match the address given elsewhere on the agreement.

\_\_\_\_\_  
**Provider Number**

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Attention**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Date**