



COMMISSIONER
Jon Weizenbaum

June 28, 2013

To: Adult Foster Care Providers
Assisted Living Facilities
Community Attendant Services Providers
Community Based Alternatives Providers
Community Living Assistance and Support Services Providers
Consumer Directed Services Providers
Consumer Managed Personal Attendant Services Providers
Day Activity Home Services Providers
Deaf Blind with Multiple Disabilities Providers
Emergency Response Services Providers
Family Care Providers
Home Delivered Meals Providers
Hospice Providers
Non-State (Service Group 6) Intermediate Care Facilities for Persons with Intellectual Disabilities
Local Authorities
Medically Dependent Children Program Providers
Nursing Facilities
Primary Home Care Providers
Programs of All-Inclusive Care for the Elderly Providers
Special Services to Persons with Disabilities Providers
Transition Assistance Services Providers

Subject: Information Letter No. 13-29
Preparing for the Upcoming Fiscal Year 2013 Claims Billing Closeout

It is important for providers to promptly submit claims for any unbilled services to prepare for the August 31, 2013, end of the State fiscal year. Additional details regarding cutoff dates for Fiscal Year 2013 will be published when they are available.

- **12-month filing rule** - Providers should ensure not only that billing is current for all services provided, but also that any problems associated with the claims are resolved within the 12-month filing limitation.
- **Remittance & Status (R&S) Reports** - Especially as the new State fiscal year approaches, providers should be particularly diligent in reviewing their R&S Reports to ensure recoupments on paid claims are valid. Any invalid recoupments for Fiscal Year 2011 services (services provided September 1, 2010, through August 31, 2011) should immediately be brought to the attention of state office staff listed at the end of this letter so providers can rebill for these services prior to this year's August cutoff date for submitting claims prior to the new State fiscal year. If rebilled after the August cutoff date, the claim

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becomes a “miscellaneous claim.”

- **Miscellaneous claims** - Miscellaneous claims occur when the service dates are earlier than two prior fiscal years plus the current fiscal year. Claims for services that are less than eight years old and/or claims that total less than \$50,000 owed to a single legal entity are paid on a first-come, first-served basis using funds appropriated during each legislative session. Miscellaneous claims over \$50,000 and/or for services more than eight years old cannot be paid except as a special line item in the state budget.

See the *In This Corner* feature of the August 2013 **LTC Provider Bulletin**, scheduled to be available online August 1, 2013, and includes information for avoiding miscellaneous claims.

Invalid or inappropriate recoupments should be immediately reported as follows:

- Nursing Facilities and Hospices—contact the Texas Department of Aging and Disability Services (DADS) Provider Claims Services (PCS) at 512-438-2200, Option 3
- Community Services—contact DADS PCS at 512-438-2200, Option 4
- Intermediate Care Facilities for Persons with Intellectual Disabilities —contact the Texas Health and Human Services Help Desk at 512-438-4720 or 1-888-952-4357.

For questions about the R&S Report, please contact the Texas Medicaid Healthcare Partnership at 1-800-626-4117, Option 1.

Sincerely,

[signature on file]

James Jenkins
Chief Financial Officer

GT: mgm