



COMMISSIONER  
Jon Weizenbaum

July 19, 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 Individuals with an Intellectual Disability or Related Conditions  
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 13-42  
**Fiscal Year 2013 Cutoff Notice for Miscellaneous Claims**

The new state Fiscal Year 2014 begins on September 1, 2013. This is a reminder that any claims for services performed during Fiscal Year 2011 (September 1, 2010 – August 31, 2011) that are received by the Texas Medicaid & Healthcare Partnership (TMHP) after **noon, August 13, 2013**, will be processed as Miscellaneous, and cannot be paid through the standard payment process.

**Important Note:** Claims can take up to 24 hours to process following submission to TMHP.

Miscellaneous claims occur when the service dates on a claim are earlier than the current fiscal year plus the two prior fiscal years. Miscellaneous claims for services that are less than eight years old or 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 that total over \$50,000 or that are for services more than eight years old cannot be paid except as a special line item in the State budget.

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Providers can use the Remittance and Status Report to reconcile billing. Any invalid recoupments for Fiscal Year 2011 services should immediately be brought to the attention of the appropriate contact, listed below, so services can be successfully rebilled prior to this year's August 13, 2013, cutoff date for TMHP to receive claims prior to the new state fiscal year.

Invalid or inappropriate recoupments should be reported to:

- Community Services Providers – Texas Department of Aging and Disability Services Third Party Recovery (TPR) at 1-512-438-2200, Option 4
- Nursing Facilities – TPR at 1-512-438-2200, Option 3
- Hospices – TPR at 1-512-438-2200, Option 3
- Non-State (Service Group 6) Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions - Health and Human Services Commission Help Desk at 1-512-438-4720 or 1-888-952-4357.

For further information on avoiding miscellaneous claims, please also refer to the August issue of the *Long Term Care Provider Bulletin*, scheduled to be available August 1, 2013, online at [www.tmhp.com](http://www.tmhp.com), and the June 28, 2013, Information Letter No. 13-29, *Preparing for the Upcoming Fiscal Year 2013 Claims Billing Closeout*, available online at <http://www.dads.state.tx.us/providers/communications/letters.cfm>.

Sincerely,

[signature on file]

James Jenkins  
Chief Financial Officer

JJ:mgm