



COMMISSIONER  
Jon Weizenbaum

June 24, 2015

To: Adult Foster Care Providers  
Assisted Living Facilities  
Community Attendant Services 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. 15-37  
**Preparing for the Upcoming Fiscal Year 2015 Fee-for-Service Claims Billing Closeout**

It is important for providers to promptly submit claims to be paid by the Department of Aging and Disability Services (DADS) for any unbilled services to prepare for the August 31, 2015, end of the state fiscal year. DADS will publish additional details regarding cutoff dates for fiscal year 2015 in an upcoming DADS information letter 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 claims paid by DADS are valid. Any invalid recoupments for fiscal year 2013 services (services provided September 1, 2012, through August 31, 2013) should immediately be brought to the attention of state office staff listed at the end of this letter so providers can rebill

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for these services prior to this year's August cutoff date for submitting claims. If rebilled after the August cutoff date, the claim becomes a "miscellaneous claim."

- **Miscellaneous Fee-for- Service (FFS) 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 **May 2015 LTC Provider Bulletin**, which includes information for avoiding miscellaneous claims.

The Health and Human Services Commission will be implementing a hardware upgrade to the Health and Human Services Administrative System (HHSAS) in early September which will affect DADS providers for 4-5 days. Details regarding the HHSAS hardware upgrade, including specific implementation dates, will be published in an upcoming DADS information letter.

Invalid or inappropriate recoupments should be immediately reported to DADS Provider Claims Services at (512) 438-2200, Option 4.

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]*

David Cook  
Chief Financial Officer

DC: sjw