Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

Date: June 26, 2017

To: Adult Foster Care (AFC) Providers
Assisted Living Facilities (ALFs)
Community Attendant Services (CAS) Providers
Community Living Assistance and Support Services (CLASS) Providers
Consumer Managed Personal Attendant Services (CMPAS) Providers
Day Activity Home Services (DAHS) Providers
Deaf Blind with Multiple Disabilities (DBMD) Providers
Emergency Response Services (ERS) Providers
Family Care (FC) Providers
Financial Management Services Agencies (FMSAs)
Home Delivered Meals (HDM) Providers
Hospice Providers
Non-State (Service Group 6) Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/IID)
Local Intellectual and Developmental Disability Authorities (LIDDAs)
Medically Dependent Children Program (MDCP) Providers
Nursing Facilities (NFs)
Primary Home Care (PHC) Providers
Programs of All-Inclusive Care for the Elderly (PACE) Providers
Special Services to Persons with Disabilities (SSPD) Providers
Transition Assistance Services (TAS) Providers

Subject: Information Letter No. 17-13 — Preparing for the Upcoming Fiscal Year 2017 Fee-for-Service Claims Billing Closeout

To prepare for the August 31, 2017, end of fiscal year closeout, it is important for providers to promptly submit claims to be paid by the Texas Health and Human Services Commission (HHSC) for any unbilled services. HHS will publish additional details regarding cutoff dates for fiscal year 2017 in an upcoming HHS 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.

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- **Remittance & Status (R&S) reports** - 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 HHSC are valid. Invalid recoupments for fiscal year 2015 services (provided September 1, 2014, through August 31, 2015) should immediately be brought to the attention of state office staff. Contact information for appropriate state staff is listed at the end of this letter. Providers should then rebill for these services prior to this year's August cutoff date for submitting claims. Claims rebilled after the August cutoff date become a "miscellaneous claim."
- **Miscellaneous Fee-for-Service 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.

Invalid or inappropriate recoupments should be immediately reported to HHSC Provider Claims Services at (512) 438-2200, Option 3.

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]

Katherine Scheib
Deputy Associate Commissioner

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