

Hurricane Rita Waiver and Claims Processing Information for Health Care Providers

On April 28, 2006, the Centers for Medicare and Medicaid Services (CMS) authorized Texas to cover health care services for Hurricane Rita evacuees. The amendment covers health care provided to Hurricane Rita evacuees who reside in one of the covered counties or parishes and did not have other health insurance coverage. The coverage period is from September 23, 2005, to January 31, 2006.

Texas Medicaid providers are eligible for reimbursement for services provided in accordance with Texas' Medicaid State plan in place on September 23, 2005, and will be reimbursed at the Texas Medicaid rates. All claims will be subject to retrospective review. Benefits include health care, long-term care, prescription medicines, and medical transportation.

Services for adults age 21 years and older that were not part of Texas' State plan on September 23, 2005, and are not eligible for reimbursement, include:

- Hearing aids.
- Eyeglasses and contact lenses.
- Services provided by podiatrists, chiropractors, licensed clinical social workers, licensed marriage and family therapists, licensed psychologists, and licensed professional counselors.

Texas Medicaid Healthcare Partnership (TMHP) Claims Submission Requirements¹

- Beginning September 2, 2006, providers may submit claims to Texas Medicaid & Healthcare Partnership (TMHP) using "000000002" as the nine-digit Texas Medicaid ID number.
- Services must have been provided from September 23, 2005 through January 31, 2006.
- Include the client's name, Social Security number (if available), date of birth, sex, age, and ZIP code on the claim. The client's ZIP code must be in a declared disaster area for the claim to be eligible for payment.
- Services rendered for these dates of service do not require prior authorization.
- Claims must be submitted following the current guidelines and policies as outlined in the *2005 Texas Medicaid Provider Procedures Manual*.
- TMHP encourages electronic claims submissions for prompt processing. Providers will have 365 days from the date of service to submit a claim for payment consideration to TMHP.

Please continue to review TMHP's Remittance and Status (R&S) reports, the TMHP website at www.tmhp.com, or call the TMHP Contact Center at 1-800-925-9126 for additional information.

¹ Excludes claims for long-term care services and supports and pharmacy. For long-term care claims please contact Provider Claims Services at 1-512-490-4666, Option 1. Pharmacy claim instructions will be provided on separate announcements.