

Provider Update

Texas Provider Identifier Assignment: Claims Submission and Payment Process

Summary: Texas Provider Identifiers (TPIs) are required in order to be paid for any Medicaid service except as noted below and TPIs may be retro-enrolled. This alert outlines the process for retro-TPI assignments.

✦ **What this means to you:** Claims without a valid TPI may be denied or rejected. Retro-TPI assignments require special claim handling.

Amerigroup* appreciates your continued support as we strive to make it easier for you to work with us. We would like to remind you a Texas Provider Identifier (TPI) number is required for all Medicaid (STAR and STAR+PLUS) products and is provided by a Texas Medicaid & Healthcare Partnership (TMHP) claims administrator. A TPI number is not required for CHIP/CHIP Perinatal, Long-Term Services and Supports providers (excluding home health agencies), and Medicare claims.

We are aware there may be a lapse in the time between the submission of your application for a TPI to TMHP, the completion of your enrollment with TMHP and the TPI effective date. In some cases, your TPI may be retroactively effective. TMHP may assign a TPI retroactive for several months or a year or more. In order for Amerigroup to pay Medicaid claims, a provider must have a TPI.

The state TPI effective date is the date on which you can begin to be paid for Medicaid services. Your effective date with Amerigroup is based on the date on which you complete the full credentialing and contracting process or the date on which your delegated/facility-based group/IPA sends us the roster. Amerigroup does not back-date credentialing.

Amerigroup has established the following process for claims submissions relative to retroactive TPI numbers:

- To be reimbursed as a participating provider, you must first be fully credentialed and contracted with Amerigroup.
- A TPI is an effective date with Texas Medicaid. Having a TPI does not mean you are enrolled and participating with Amerigroup.
- If your TPI effective date is before your effective date with Amerigroup, you are a nonparticipating provider with Amerigroup. You are subject to nonparticipating authorization and reimbursement rules until you are fully contracted and credentialed and considered a participating provider with Amerigroup.

**Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*



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- Continue to submit your claims even though your TPI is pending. Do not hold your claims. You will receive rejections or denials for missing TPI or no authorization. Retain that remittance advice or explanation of payment in your records.
- Most services for a nonparticipating provider require an authorization. If you are an Amerigroup participating provider, some services still require an authorization. For information about services that require an authorization whether you are a participating or nonparticipating provider, please see the Amerigroup provider website at providers.amerigroup.com. Amerigroup cannot issue Medicaid authorizations for providers who do not have a Texas Medicaid TPI.
- For nonparticipating providers with a retro-effective TPI, Amerigroup will only be able to consider those claims that do not require an authorization such as emergency room visits, immunizations, Texas Health Steps checkups, family planning services, etc.
- When you receive the TPI notice, submit a copy to your local Provider Relations representative for guidance with reprocessing your claims.
- Amerigroup will review your TPI notice and review the State Master File received by HHSC weekly. Upon finding your TPI in the State Master File, we will load your record into our claims processing system and begin the claim reconciliation process. Amerigroup cannot pay Medicaid claims until your TPI is published on the State Master File.
- Amerigroup will reprocess claims that are submitted within 95 days of the date of the TPI assignment notice from TMHP. If a claim is not submitted within the 95-day timely filing of the TMHP notice date, it will be denied.
- If you experience a timely filing denial that was submitted within 95 days from the TPI assignment, contact your Provider Relations representative.
- Amerigroup will reprocess your claims subject to all Amerigroup requirements including benefits, authorizations, eligibility, and coordination of benefits.



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Frequently Asked Questions:

I enrolled with Amerigroup January 5, 2014, but my TPI was effective December 1, 2013. Why won't my Amerigroup effective date match my TPI effective date?

The TPI is your enrollment into Texas Medicaid and provided by TMHP. TPIs are not related to credentialing with Amerigroup. Your effective date with Amerigroup is based on the date on which you have completed both credentialing and contracting or the date on which Amerigroup receives the delegated roster/facility-based roster. If your TPI effective date is before your effective date with Amerigroup, you are a nonparticipating provider with Amerigroup and are subject to nonparticipating authorization and reimbursement rules until your Amerigroup effective date.

Do I need a TPI to enroll with Amerigroup?

No, you may still enroll with Amerigroup while you obtain your TPI. A TPI is not required for Medicare or CHIP. If you wish to enroll and serve Medicaid members, you will not be paid for those services until your TPI is effective and received by Amerigroup.

I have a TPI, but heard I am not on the State Master File. What do I do?

Contact your Provider Relations representative. Also contact TMHP regarding the TPI and request they update the State Master file. There may be a short lag period between the TMHP letter and the State Master File being updated. Normally this occurs in less than two weeks. The State Master File is the primary mechanism Amerigroup uses to validate that providers are enrolled in the state Medicaid plan and are able to be paid for applicable services. While it is rare that gaps occur, we will work with you and our state management team to ensure the file is updated.

Why can't I be paid even though my TPI is pending?

Unfortunately, as directed by the HHSC, providers cannot be reimbursed for Medicaid services without a TPI.

Does this apply even though I'm out of state and I don't participate in Amerigroup or Texas Medicaid?

Yes. In order to be reimbursed for a member in Texas Medicaid (STAR or STAR+PLUS) you must have a TPI. In the absence of a TPI, Amerigroup is unable to reimburse you.

Why should I submit claims instead of hold them?

It is easier and faster to reprocess claims that are already in our system and have been adjudicated. While you will experience a denial, we can more easily extract that information from our claim processing system.

If you have additional questions, please call your local Provider Relations representative or Provider Services at 1-800-454-3730.

Thank you for the quality care you provide to our members.

