



COMMISSIONER  
James R. Hine

August 29, 2003

To: CBA Home and Community Support Services (HCSS) Agencies  
CBA/CCAD Adult Foster Care (AFC) Providers  
CBA/CCAD Assisted Living Residential Care (AL/RC) Agencies  
CBA/CCAD Emergency Response Services (ERS) Agencies  
CBA/CCAD Home Delivered Meals (HDM) Agencies  
CBA/CCAD Respite Care Agencies  
Community Living Assistance and Support Services (CLASS) Agencies  
Consolidated Waiver Program (CWP)  
Consumer Directed Services (CDS) Agencies  
Consumer Managed Personal Assistant Services (CMPAS) Agencies  
Day Activity and Health Services (DAHS) Agencies  
Deaf-Blind with Multiple Disabilities (DB-MD) Agencies  
Hospice Provider Agencies  
Medically Dependent Children Program (MDCP) Providers  
Nursing Facilities  
Primary Home Care (PHC) Agencies  
Programs of All-Inclusive Care for the Elderly (PACE) Agencies  
Special Services to Persons with Disabilities (SSPD) Agencies  
Therapy Providers

Subject: Long Term Care (LTC)  
Information Letter No. 03-27  
Provider Letter No. 03-25  
**THIRD AND FINAL REMINDER:** Submittal of Claims within 12 Months

This information letter serves as a third and final reminder of the implementation of the 12-Month Rule. Previously sent information letters on the same subject provided notification to all providers that effective November 1, 2002, the Texas Department of Human Services (DHS) required providers to submit claims for services to DHS within 12 months. These letters further stated that although the rules were effective November 1, 2002, the rules would not be applied to claims until on or after November 1, 2003.

The delay in implementation of the rule provides agencies time to submit claims for unpaid services. Until the rule is implemented on November 1, 2003, provider agencies may bill for any unpaid services.

### Denial of Claims

Beginning November 1, 2003, any claim submitted more than 12 months from the last day of the month in which services were delivered will not be paid. This includes initial claims, resubmitted claims, and claims for unpaid units.

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In rare instances, claims may be paid if the reason the claim was not paid during the 12-month period was the fault of DHS. The process for obtaining payment on these claims will be provided to agencies in October 2003.

### **Resources Available**

Provider agencies should continue to work with DHS staff to submit unpaid claims. DHS has several resources available to help resolve outstanding billing issues prior to the billing deadline. Refer to previous information letters on the same subject for a list of available resources.

### **Availability of Previous Information Letters**

Previous information letters on the same subject, the Code of Federal Regulations (CFR), the list of Claims Management System (CMS) Regional Coordinators and Regional Directors for Long Term Care Services, and other available resources may be found at the following address:

- For Community Care Provider Agencies:  
<http://www.dhs.state.tx.us/programs/communitycare/infoletters/cbaccadletters.html> under Community Care Information Letters.
- For Nursing Facilities and Therapy Providers:  
<http://www.dhs.state.tx.us/providers/LTC-Policy/index.html> under Communications: Provider Letters.

### **Have questions about this information letters?**

- Community Care Provider Agencies – Contact your regional contract manager or CMS Coordinator
- Nursing Facility and Therapy Providers – Contact the Provider Claims Services Help Desk.

Sincerely,

*Signature on file*

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

BB:mgm