

Release Notes (8.2) -11.13.2020

Texas Health and Human Service Commission (HHSC) Clinical Management for Behavioral Health Services (CMBHS) Release Information Date November 13, 2020		
Page or Function	Description of Change and/or User Instructions	Business Entity/User Type Impacted
HCBS-AMH Critical Incident Report (CIR)	<p>Critical Incidence Report (CIR)</p> <p>HHSC has added a new function to CMBHS to facilitate the documentation and submission of 'Critical Incident Report' to HHSC staff by Recovery Management and Provider Agency staff.</p> <p>Critical Incident Report (CIR) feature would be available on 'Recovery Management Entity' and Provider Agency' staff.</p> <p>Critical Incident Report needs an authorization from HHSC staff.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The user must be assigned a CMBHS role that allows you to utilize "Critical Incidence report (CIR) functionality in the CMBHS application. <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p> <p>Updates can be provided on the closed complete 'Critical Incident Report' form.</p> <p>If HHSC staff needs an edit on the created 'Critical Incident Report', then HHSC staff can save the document in 'Draft' status and can inform the provider about the edits.</p> <p>If HHSC staff do not need edits on the created 'Critical Incident Report, then HHSC staff can save the document in 'Closed Complete' status.</p>	<p>Read Write: Recovery Manager, RM Supervisor, RME Leadership, PA supervisor, PA leadership, PA Service Provider, HCBS-AMH system support, HCBS-AMH Oversight</p> <p>Read Only: Billing Specialist, Data Administrator- RME, Data Administrator -PA, HCBS-AMH System Support, HCBS-AMH Referral Specialist</p>

Batch Processing of HCBS-AMH Claims	<p>Batch Processing of HCBS-AMH Claims</p> <p>HHSC has added a new function to CMBHS to facilitate the processing and submission of HCBS-AMH batch claims.</p> <p>HCBS-AMH Providers (Recovery Management Entity staff and Provider Agency staff) batch HCBS-AMH Claims through Claim_MD into Biztalk servers of the CMBHS application after the provision of services to the client. On receiving the batch EDI 837, the CMBHS application autorun validation requirements.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The Client must be enrolled in the HCBS-AMH Program with the enrollment status as 'Enrolled' or Suspension (just for RME) staff. • The Client must have a valid HCBS-AMH Individual Recovery Plan in CMBHS application <p>After the EDI 837 file is received by Biztalk servers, following response would occur:</p> <ol style="list-style-type: none"> a. EDI 837 transactions approved or denied by Biztalk server and send EDI 278 transactions in response to EDI 837 file. b. CMBHS application auto-create Progress Note for the services with billing units other than "Per Day". <p>CMBHS application auto-submits 'Day Rate Attendance' records and auto-created 'Progress Note' through 'Pending Claims' screen without manual interaction to TMHP or to BMSHS system depending on the 'Medicaid Eligibility' status of the client.</p>	Recovery Management Entity staff and Provider Agency staff
Email Notifications for HCBS-AMH	<p>Email Notifications</p> <p>HHSC has added a functionality in the CMBHS for HCBS-AMH program, where the users will have the ability to print, view and download the letters. This feature is available only for HHSC HCBS-AMH users to notify the individuals or providers about the enrollment status.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The Email Notification screen can be accessed only from HHSC HCBS-AMH (UM-MH) location 	HHSC staff

	<p>Different letters available on the 'Email Notifications' will be</p> <ul style="list-style-type: none"> • HCBS-AMH Eligibility Determination Letter • HCBS-AMH Ineligibility Determination Letter • HCBS-AMH Pending Decision Letter • HCBS-AMH Disenrollment Letter • HCBS-AMH Suspension Letter • HCBS-AMH Provider Transfer Letter <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	
Claim Detail	<p>The Voucher Status for Cancelled and Replaced vouchers is visible on the Claims Detail screen. A cancellation or replacement occurs when a voucher is cancelled or replaced in the HHSC accounting system and re-processed. The original voucher will display along with the new voucher number and a comment explaining the additional voucher line entry on the screen.</p>	LMHAs/LBHAs and SUD
Reimbursement Invoice Screen	<p>The Reimbursement Invoice Screen (Invoice) is updated to include calculations to liquidate the advance received based on a Contract Management determined Liquidation %. The percentage will come from the contract manager and is used to calculate the advance liquidation amounts. The Advance must be liquidated within a single contract budget year. If no advance is processed for the contract, the invoice calculation essentially remains unchanged, but the advance related fields will still be visible to the contractor.</p> <p>The Voucher Status for Cancelled and Replaced vouchers is visible on the Invoice screen.</p>	LMHAs/LBHAs and SUD
Advance Screen	<p>The Advance Screen is available, and a provider can request a one-time advance at the beginning of the budget period. Only contracts that are cost reimbursement and have had authorization to receive an advance from Contract Management will be able to access the Advance Screen and submit the request.</p> <p>The Voucher Status for Cancelled and Replaced vouchers is visible on the Advance screen.</p> <p>HHSC will employ advance funding requests at HHSC's sole discretion and reserves advance funding requests for contracts using a cost-reimbursement payment type. All advances require prior approval by HHSC Behavioral Health Services Contract Management, are made at the beginning of a fiscal year/budget period and must precede any reimbursement for the fiscal year/budget period. HHSC will not approve fiscal year 2021 advances for</p>	LMHAs/LBHAs and SUD

	contracts starting and receiving reimbursement before this change. Please contact your contract manager with any questions regarding the new advance functionality.	
Contract Activity	<p>The allocated, available, and paid amounts on the Contract Activity screen are now populated and will display as read only for each Billing Group Service, as defined in the contract. Also displayed are the list of services provided by the contract in a billing group and the available clinics for each service. This will provide additional visibility to the provider on the funding status of the contract, by service.</p> <p>Modifications to the activity screen:</p> <ol style="list-style-type: none"> 1. Expended Amount field name is now called Paid Amount 2. Allocated, Available, and Paid Amount are populated with the correct values for each billing service group. They are currently zero. 3. New fields: <ol style="list-style-type: none"> a. Clinic b. Billing Service Group c. Activity field is renamed to Service Activity Name and includes the Service description, HCPCS Code and Modifiers 	LMHAs/LBHAs and SUD
<p>If you have problems using CMBHS please contact the CMBHS Help Line at 1 866 806-7806 Monday - Friday 8:00 am to 4:30 pm</p>		