



February 2010

BILLING FOR CDS SERVICES



Two Billing Systems

- TMHP for most DADS program
 - CARE system for HCS and TxHmL
- 

Bill Unit is \$1 for DADS programs (both TMHP & CARE)

- Bill the dollar amount of the actual amount paid out . For example, you would bill for actual amount paid to the CDS employer's provider and/or the amount paid by the employer for employer services and supports (e.g., Fax machine, criminal history checks.)
- EXAMPLE: CBA PAS CDS employer pays attendant \$8.50 per hour for 10 hours per week. The total the CDSA would bill DADS for that week is \$85.00.

Billing in dollars for DADS programs

- When you are ready to deposit taxes for the CDS employer's provider, bill the actual amount you will be depositing with the IRS or TWC using the bill code for the service that the provider/employee provided.
- For example, the bill code for taxes for an employee providing CBA PAS services would be 7 7V (the same code that you used to bill for the wages for that employee.)

Key information needed to bill

- Bill code crosswalk found on the DADS website
<http://www.dads.state.tx.us/providers/hipaa/billcodes/index.html#ltc>
- The majority of CDS bills codes have a V at the end. Respite, in some programs, is the exception.
- The bill code for FMS fee is 63V for all DADS programs



Bill Code Crosswalk



TMHP

- <http://www.tmhp.com/File%20Library/File%20Library/Provider%20Manuals/TexMedConnect/TexMedConnect%20LTC%20Manual.pdf>
- Explains claims process for long-term services and support (DADS Programs –except HCS &TxHmL)



National Provider Number (NPI) (API)

- All electronic claims submission must be submitted with an NPI/API
 - NPI/API allows you to access TexMed Connect –the site for the electronic submission of your billing
- 



TexMed Connect

- Navigating
 - Checking Medicaid eligibility for each consumer
 - Claims Forms Submission
 - Claims status inquiry
- 



TMHP Home

Search: All sources

Topics

- [What is TMHP?](#)
- [PCCM Announcements](#)
- [News Archive](#)
- [Client Program Contact Information](#)
- [Alberto N. Related Information](#)
- [Links](#)

Thank you for visiting the Texas Medicaid & Healthcare Partnership's (TMHP) Internet website for the Texas Medicaid Program. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of Medicaid claims processing and the Medicaid primary care case management services program. ACS meets its new consolidated Medicaid responsibilities with a team of subcontractors under the name of TMHP.

To view the publications available on this site, you will need Adobe® Reader® installed on your computer. Adobe Reader is available as a free download from Adobe's website. Click the Adobe link to go to the download page...



[Legislative and Rate Changes Special Bulletin No. 209](#)

Click the title to view the September 2007 Special Bulletin.

TMHP News

I would like to...

[Attest an NPI](#)

[Activate my Account](#)

[Access TexMedConnect](#)

For NPI claims filing, status, and appeals; client eligibility; R&S reports

[Verify Client Eligibility with TPI](#)

All providers can currently verify eligibility using their TPI

[Access LTC Online Portal](#)

[Submit TPI Transactions](#)

For TPI claims filing, status, and appeals; client

IMPORTANT:
Attest Your NPI
[here.](#)

Getting an NPI is
free-not having

TexMedConnect Internet Requirements

TexMedConnect is a web-based application and requires Internet capabilities as follows:

- Internet service provider (ISP).
- One of the following Internet browser applications:
 - Microsoft® Internet Explorer®.
 - Netscape® Navigator®.
- Broadband connection is recommended but not required.



Navigation

- Home **TexMedConnect**
- Long Term Care
 - MESAV
 - MESAV
 - Group Template
 - Claims
 - Claims Entry
 - Individual Template
 - Group Template
 - Drafts
 - Claim Data Export
 - Data Export Request
 - Data Export Download
 - CSI
 - CSI
 - Group Template
 - Adjustments
 - Pending Batch
 - Batch History



Welcome to TexMedConnect



Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional		XXXXXXXXXXXXXXXXXXXX	New	

Client Provider Claim **Details** Finish

Number of details to add:

Line Item Control	Service Dates		POS	Procedure Code		Mods				Units	Unit Rate	Line Item Tot	Co-Pay	NPI/API
	Start	End		Qualifier	Code	1	2	3	4					
1														

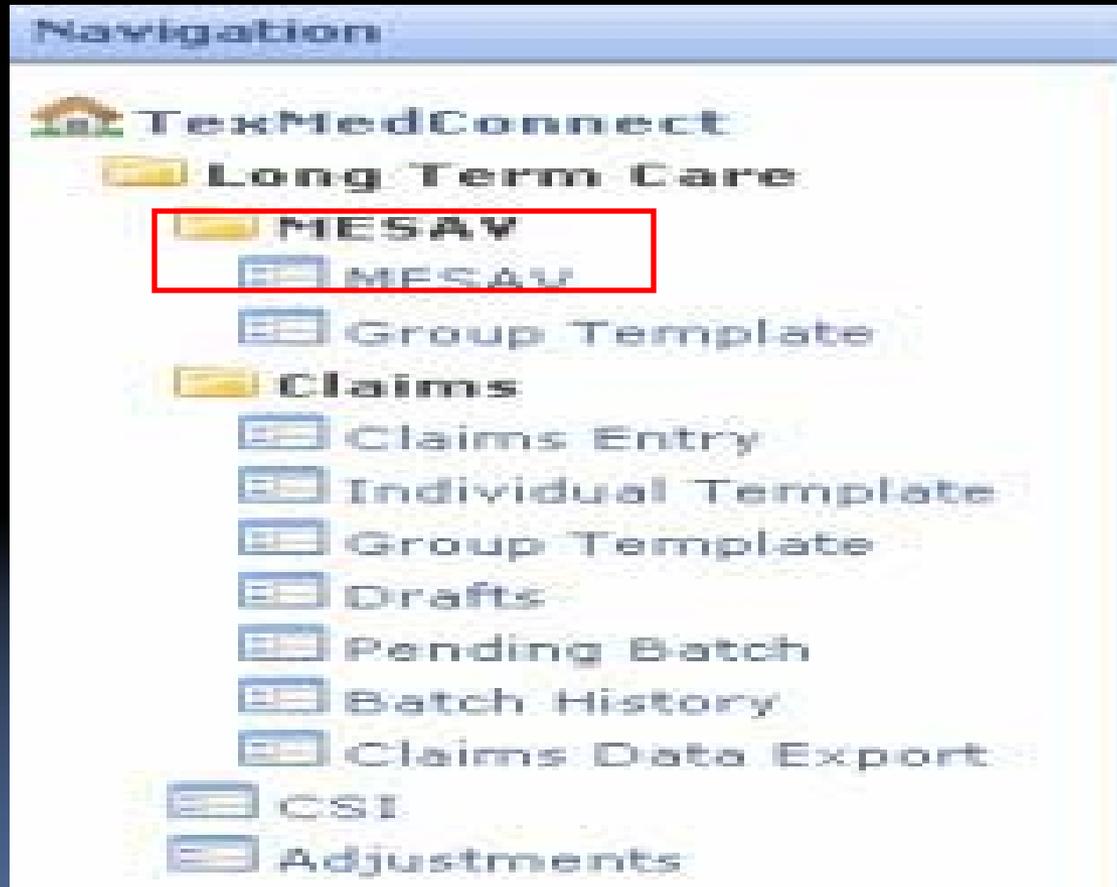
Dollars spent

\$1.00

Horizontal scrollbar

- Co-Pay
 - Applied Income
- Claim Total: \$0.00
Total Co-Pay: \$0.00

Verifying Medicaid Eligibility—ALWAYS CHECK before service delivery starts and often thereafter



◆ NPI/API & Contract No.:

[Add additional NPI/API.](#)

Eligibility Dates

◆ Start Date:

Format: mm/dd/ccyy



◆ End Date:

Format: mm/dd/ccyy



Client Information

Please enter one of the following valid field combinations:
Medicaid/Client# and Last Name
or Medicaid/Client# and DOB
or Medicaid/Client# and SSN
or SSN and Last Name
or SSN and DOB
or Last Name, First Name and DOB

Medicaid/Client No.

Format: 123456789

Social Security Number:

Format: 123-45-6789 or 123456789

Date of Birth:

Format: mm/dd/ccyy

Last Name:

First Name:

Submit



Claims Status Inquiry (CSI)

The Claim Status Inquiry function allows you to determine the status of processed claims. There are three years of claims history available. Claims meeting the search criteria are displayed on the CSI Results Screen.

You have two options for conducting a Claim Status Inquiry (CSI) search:

- By claim number.
 - By a valid NPI/API and contract number including Service Begin Date (SBD) and through Service End Date (SED).
- 

Long Term Care

MESAV

MESAV

Group Template

Claims

Claims Entry

Individual Template

Group Template

Drafts

Claim Data Export

Data Export Request

Data Export Download

CSI

CSI

Group Template

Adjustments

Pending Batch

Batch History

Acute Care

Claims

Claims Entry

Individual Template

Claim Request

Claim Number: 

Format: 15 digits with no spaces

Lookup

Client Claim Request

Provider NPI/API: 

Service Begin Date: 

Format: mm/dd/ccyy

Service End Date: 

Format: mm/dd/ccyy

Select the appropriate Request Type

Client Trainee

Client Information

Medicaid No. 

Last Name 

First Name 

M.I.

Suffix

Search

Enter Search Information

Claim Request

Claim Number: *

Format: 15 digits with no spaces

Lookup

Client Claim Request

Provider NPI/API: *

 /

Service Begin Date: *

Format: mm/dd/ccyy

Service End Date: *

Format: mm/dd/ccyy

October, 2007

October 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

Today: 10/17/2007

Appropriate Request Type

Trainee

M.I.

Suffix

Search

-  **TexMedConnect**
 -  **Long Term Care**
 -  **MESAV**
 -  MESAV
 -  Group Template
 -  **Claims**
 -  Claims Entry
 -  Individual Template
 -  Group Template
 -  Drafts
 -  Pending Batch
 -  Batch History
 -  Claims Data Export
 -  CSI
 -  Adjustments
 -  **Acute Care**
 -  **Claims**
 -  Claims Entry
 -  Individual Template
 -  Draft
 -  CSI
 -  **EV**
 -  EV
 -  Client Group List

Search Criteria	
NPI/Contract No.	XXXXXXXXXX-XXXXXX-XXXXXX-XXXXXX-XXXXXX
Dates of Service	8/27/2007 - 9/3/2007
Client No./Medicaid No./Trainee SSN	XXXXXXXXXX

Results

Search Results								
Service Dates		Patient Information		Claim Information				
From	To	Name	Client No./Medicaid No./Trainee SSN #	Claim Number	Status	Billed Amt	Paid Amt	Adj
8/25/2007	9/1/2007	XXXXXXXXXX	XXXXXXXXXX-XXXXXX-XXXXXX-XXXXXX-XXXXXX	XXXXXXXXXX	Pending	163		N
6/10/2007	6/11/2007	XXXXXXXXXX	XXXXXXXXXX-XXXXXX-XXXXXX-XXXXXX-XXXXXX	XXXXXXXXXX	Suspended	243		Y

Printing a CSI Response

To print a CSI Response, click on the *Printable View* link at the top of the page. Clicking this link will open up a new browser window with only the CSI Response information. All of the surrounding site navigation and context is removed from the Printable View. Once the window has opened, use the browser's Print functionality, such as File > Print, to print the CSI Response.

Note: The ability to print Claim Status or Eligibility Verification responses from the TMHP website is offered as a convenience for providers. These printouts cannot be used as documentation when submitting an appeal for a claim.



Getting Support

For Long Term Care technical issues

Call the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638. The TMHP EDI Help Desk provides technical assistance with troubleshooting TexMedConnect and TMHP EDI Gateway system problems. Contact your system administrator for assistance with modem, hardware, Internet connectivity, or phone-line issues.

For Claims questions

For answers to questions about Long Term Care Program electronic or paper claims providers can call the TMHP Contact Center at 1-800-626-4117 Option 1.

Care Access to bill for HCS and TxHmL

See Information Letter No. 09-08

- Process for CDSAs to Obtain Access to the Client Assignment and Registration System (CARE) and Notification of the New CDSA CARE User Guide
<http://www.dads.state.tx.us/providers/communications/2009/letters/IL2009-08.pdf>
- DADS will provide CARE access to a CDSA only after its first HCS or TxHmL individual selects it as his or her CDSA.

To obtain CARE access

- The CDSA must provide DADS verification that the individual selected the CDSA as follows:
 - For individuals enrolling in HCS or TxHmL program verification of a CDSA selection is made by submitting a completed copy of CDS Form 1584 (Consumer Participation Choice) to DADS.
 - For an individual in the HCS or TxHmL Program who transfers from one CDSA to another CDSA or chooses to move from provider-managed service delivery to the CDS option, verification of a CDSA selection is made by submitting a completed copy of CDS Form 1584 and a completed copy of HCS Form 0700 (Request for Transfer) or TxHmL Form 0701 (Request for Transfer) to DADS.
- The CDSA Faxes these forms to Stephen Kreger, Program Specialist for Program Enrollment in the MRA Section, Access and Intake at (512) 438-4249 using CDS Form 1587 (CDSA First Consumer Fax Cover Sheet).
- Following receipt of the forms, DADS will initiate the process to provide the CDSA access to the CARE system.

Questions about CARE Access

- Contact Stephen Kreger, Program Specialist for Program Enrollment of the MRA Section, Access and Intake, at (512) 438-5031 or by e-mail at stephen.kreger@dads.state.tx.us.

Overview of the CARE System

- The MRA initially enrolls individuals into TxHmL or HCS via the CARE system
- MRA) enters initial and service plan
- HCS or TxHmL providers enter annual service plans into the CARE system
- Plans are approved in the CARE system (based on utilization review)
- Service delivery is monitored
- Billing for HCS or TxHmL services



Check CARE for Updates

- CARE is a dynamic system-updated information is added frequently.
 - It is the primary means of communication for HCS and TxHmL and Mental Retardation Authorities (MRAs)
 - Many of the questions you would ask a case manager in other programs can be answered by looking in the CARE system.
 - CDSAs are granted limited access to the CARE system
- 



CDSAs can enter data into these CARE billing screens:

- **C22-SERVICE DELIVERY (BILLING)**
 - **C28-ACTUAL UNITS OF SERVICE**
- 

CDSAs have access to these CARE screens

C09/L09-REGISTER CLIENT UPDATE
C13-PROVIDER STAFF ENTRY
C61-CONSUMER DEMOGRAPHICS
C62-INDIVIDUAL PLAN OF CARE
C63-MEDICAID ELIGIBILITY SEARCH
C64-IPC EXPIRATION
C66-CONSUMER DISCHARGES
C67-CONSUMER ROSTER
C68-MR/RC ASSESSMENTS (SUMMARY)
C69-PROVIDER INFORMATION
C70-CONTRACT INFORMATION
C72-SERVICE DELIVERY BY IPC
C73-SERVICE DELIVERY BY PROVIDER
C75-PRIOR APPROVAL
C77-REIMBURSEMENT AUTHORIZATION
C78-HCS STAFF ID
C79-COUNTY/MRA
C80-PROVIDER/CONTRACT ROSTER
C81-PAYMENT ELIGIBILITY VERIFICATION
C87-MRA CONTRACTS
C88-CONSUMER HOLDS
C89-CLAIMS INQUIRY
C101-ELECTRONIC TRANSMITTER IDENTIFICATION NUMBER

01-08-08

Log/Cog:REGISTER CLIENT UPDATE

VCo60420

**HCS transfers-CDSA enters
Local Case Number!!!!!!**

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID: _____

COMPONENT CODE/LOCAL CASE NUMBER: 8EK / _____

NOTE: TO ASSIGN A PROVIDER'S LOCAL CASE NUMBER FOR NEW ENROLLMENTS
USE THE PROVIDERS COMPONENT CODE IN THE ABOVE FIELD.

*** PRESS ENTER ***

**MSG: 2031 PA1 INTERRUPT - NO ACTION TAKEN FROM PREVIOUS SCREEN
ACT: ____ (Coo/PROV DATA ENTRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C09:REGISTER CLIENT UPDATE

VCo60425

CLIENT LAST NAME/SUF: TURTLE CLIENT ID : 123456
CLIENT FIRST NAME : NINJA COMPONENT : 888
CLIENT MIDDLE NAME : J

LOCAL CASE NUMBER : _____

SEX : M

ETHNICITY : W

CLIENT BIRTHDATE (MMDDYYYY): 07101984

SOCIAL SECURITY NUMBER : 123456789 (N=NONE, U=UNKNOWN)

MEDICAID NUMBER : 999999999 MEDICARE NUMBER: _____

PRESENTING PROBLEM : 2 (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC)

REGISTRATION EFFECTIVE DATE: 022885 (MMDDYY) TIME (HHMM A/P): 0100A

LEGAL GUARDIANSHIP : 5

MARITAL STATUS: 5 ESTIMATED ANNUAL GROSS FAMILY INCOME: 6624_____

FAMILY SIZE : 1_

READY TO UPDATE? _ (Y/N)

ACT: ____ (C00/PROV DATA ENTRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)



Local Case Number

- A unique 3- digit identifier created by the CDSA for this particular consumer.
 - If you use an internal number system for your CDS consumers, you might use that number.
- 

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: _____

STAFF ID: _____

PLEASE ENTER THE FOLLOWING:

TYPE OF ENTRY: _ (A/ADD,C/CHANGE,D/DELETE,R/REACTIVATE)

*** PRESS ENTER ***

ACT: _____C00/HCS DATA ENTRY MENU,A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-07-08

C61:CONSUMER DEMOGRAPHICS: INQUIRY

VC060480

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: _____

COMPONENT CODE/LOCAL CASE NUMBER: ____ / _____

MEDICAID NUMBER: _____

*** PRESS ENTER ***

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-07-08

C61:CONSUMER DEMOGRAPHICS

VC060485

NAME : TURTLE, NINJA CLIENT ID : 313599
ADDRESS : 8222 SEWER WAY, UNDERGROUND, TX 77017

MEDICAID NO: 123456789 LOCAL CASE NO: 00000012354
CONTRACT NO: 001231456 H SVC CNTY: 000 SPLINTER COMP/MRA: AAA/BBB

PACKET STATUS : COMPLETE BIRTHDATE: 07-10-1984 SSN : 640-14-0687
CONSUMER STATUS: ACTIVE

ENROLLMENT DATE: 11-12-1990 SLOT: 1 COMMUNITY SLOT NO:
ENROLL REQUEST DATE : 08-21-1996 LOCATION: OHFH OWN HOME/FAMILY HOME

GUARDIAN: TURTLE, LEONARDO
ADDRESS: 8222 SEWER WAY, UNDERGROUND, TX 77017
PHONE : (123) 456-1234

CURRENT IPC BEGIN DATE: 06-22-2007 REVISED: 12-16-2007 END DATE: 06-20-2008
LEVEL OF CARE/NEED: 16 BEGIN DATE: 01-19-2007 END DATE: 01-18-2008
MEDICAID PROG: 13 BEGIN DATE: 02-01-2000 END DATE:

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

FILL IN ONE OF THE FOLLOWING SECTIONS

ENTER CARE IDENTIFIER, AND THE PROGRAM WILL SCAN THE MEDICAID ELIGIBILITY FILE FOR MATCHES TO THE DEMOGRAPHIC FIELDS ENTERED IN CARE

CLIENT ID: _____

COMP/LCL CASE NUMBER : ____ / _____

---- OR ----

ENTER MEDICAID NUMBER AND THE MEDICAID FILE WILL BE SEARCHED DIRECTLY

MEDICAID RECIP NO : _____

---- OR ----

ENTER AT LEAST TWO OF NAME, SSN, AND BIRTH DATE
MEDICAID ELIGIBLE CLIENTS THAT MATCH TO AT
LEAST TWO OF THOSE FIELDS WILL BE DISPLAYED

CLIENT NAME-LAST: _____ FIRST: _____ MIDDLE: _____

SSN : _____

BIRTH DATE(MMDDYYYY) : _____

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-07-08

C63:MEDICAID RECIPIENT INFORMATION

VC100193

INFORMATION ON THIS SCREEN IS FROM THE MEDICAID FILE

LINE CARE ID LASTNM FIRSTNM/M SEX ETH BIRTHDATE SSN

1 1234567 TURTLE NINJA J M W 07-10-1937 123 45 6789

MEDICAID: 123456748 MEDICARE:

CURRENT SCREEN 1 TOTAL SCREENS: 1 NAMES RETURNED: 1 FOR FURTHER INFORMATION,
ENTER A LINE NUMBER : __ (OR MOVE CURSOR TO LINE)

DECODE ELIGIBILITY FIELDS (Y/N) : N

***** MSG: PRESS <ENTER> TO RETURN TO REQUEST SCREEN*****

ACT: ____ (C63/REQUEST SCREEN,M/MENU)

01-08-08

MEDICAID ELIGIBILITY INFORMATION

VC100194

----- DHS DEMOGRAPHICS -----

LAST NAME,SUFFIX : TURTLE SSN : 123-45-6789

FIRST NAME, MIDDLE : NINJA J RECIP NO: 123456789

BIRTH DATE : 07-10-1984 ETHNIC : W

CARE CLIENT ID : 154788 SEX : M

MEDICAID BASE PLAN : 13 INDIVIDUAL OUTSIDE TITLE XIX FACILITY

MEDICAID CERTIFICATION DATE: 05-17-1999

01-08-08

MEDICAID ELIGIBILITY INFORMATION

VC100194

----- DHS DEMOGRAPHICS -----

LAST NAME,SUFFIX : TURTLE SSN : 123-45-6789

FIRST NAME, MIDDLE : NINJA J RECIP NO: 123456789

MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 510427571

CATEG CVG TYPE BEG END SPENDDOWN

CODE PROG DATE DATE CODE

03	R	13	02-01-2000		
04	R	14	09-01-1998	01-31-2000	
04	R	19	03-01-1991	08-31-1998	
04	R	13	10-01-1990	02-28-1991	
04	R	13	07-01-1990	09-30-1990	
04	R	13	06-01-1990	06-30-1990	
04	R	13	05-01-1990	05-31-1990	

01-08-08

C64:INDIVIDUAL PLAN OF CARE EXPIRATION: INQUIRY

VC060300

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: 123

END DATE: 03082008 (MMDDYYYY)

Enter NPI number for
contract number

ENTER IF DESIRED:

CONTRACT NUMBER: _____

ENTER IF DESIRED:

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ____ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C64:INDIVIDUAL PLAN OF CARE EXPIRATION
THROUGH 03-08-08

VC060305

COMPONENT: 123 OUR SERVICES ARE COOL, INC..

CLIENT NAME	CONTRACT NUMBER	MEDICAID NUMBER	LOCAL CASE NO.	IPC BEGIN DT	IPC END DT
PRIME, OPTIMUS	123456789	123456789	0000012354	03-02-07	02-29-08
BOURNE, JASON J	123456789	123456789	0000020000	02-17-07	02-16-08
DURITZ, ADAM	123456789	123456789	123456789	02-27-07	02-26-08
MELOY, COLIN	123456789	123456789	123456789	02-25-07	02-24-08

01-08-08

C66:CONSUMER DISCHARGES: INQUIRY

VCo60530

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: 123

DISCHARGE TYPE : P (P/PERM,T/TEMP,A/ALL)

ENTER DATE RANGE IF DESIRED:

BEGIN DATE: _____ (MMDDYYYY)

END DATE : _____ (MMDDYYYY)

ENTER IF DESIRED:

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ____ (C6o/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C66:CONSUMER DISCHARGES

VCo60535

COMPONENT: 123 COOL AS THE OTHER SIDE OF THE PILLOW, INC.

CONTRACT MEDICAID DISCHARGE DISCHARGE

CLIENT NAME	NUMBER	NUMBER	BEGIN DT	END DT
-------------	--------	--------	----------	--------

LOCAL CASE NO. DISCHARGE REASON

TURLTE, NINJA	123456789	123456789	09-29-2007	
---------------	-----------	-----------	------------	--

0000010001 DEATH/ PERM-AUTH

** SERVICES RECEIVED ON DISCHARGE DATE **

RANGERS, POWER	123456789	123456789	09-29-2007	
----------------	-----------	-----------	------------	--

0000040001 DEATH/ PERM-AUTH

** SERVICES RECEIVED ON DISCHARGE DATE **

01-08-08

C67:CONSUMER ROSTER: INQUIRY

VCo60540

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: **123**

ENTER IF DESIRED:

SERVICE COORDINATOR INFO? (Y/N): _ POSITION NUMBER: _____

CONTRACT NUMBER: _____

SERVICE COUNTY INFO? (Y/N): _

CONSUMER STATUS: _ **1/ACTIVE**

2/PRE-ENROLL

3/DENIED ENROLLMENT

4/TERMINATED

5/HOLD

6/TRANSFER

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: _____ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C67:ACTIVE CONSUMER ROSTER

VCo60545

COMPONENT: 123 WE BE THE BEST, INC

CONTRACT NUMBER:

CONTRACT NAME:

WAIVER TYPE:

CLIENT NAME	CLIENT ID	CASE NUMBER	MEDICAID NUMBER	ENROLL STATUS
WAIVER TYPE/CONTRACT NO/CONTRACT NAME				

TURTLE, NINJA	1234561	000060000	123456789	ACTIVE
HCS/001000000/WE BE THE BEST INC.				

RANGER, POWER	1234568	000070000	123456789	ACTIVE
HCS/001000000/WE BE THE BEST, INC				

01-08-08

C68:MR/RC ASSESSMENTS - SUMMARY

VCo60565

NAME : TURTLE, NINJA J

CLIENT ID : 123456

LOCAL CASE NUMBER: 0000012345

CONTRACT NUMBER : 123456789

COMPONENT: 123

MEDICAID LEVEL NUMBER	OF CARE	LEV CARE BEGIN DT	LEV CARE END DT	PREVIOUS END DT	PURPOSE CODE	LON	SOURCE
12345678	1	01-19-07	01-18-08		3 V3	6	TDMHMR
12345678	1	01-19-06	01-18-07		3 V3	6	TDMHMR
12345678	1	01-19-05	01-18-06		3 V3	6	TDMHMR
12345678	1	01-20-04	01-18-05		3 V3	6	TDMHMR
12345678	1	01-20-03	01-19-04		3 V3	6	TDMHMR
12345678	1	01-20-02	01-19-03		3 V3	6	TDMHMR
12345678	1	01-20-01	01-19-02		3 V3	6	TDMHMR

01-08-08

C69:PROVIDER INFORMATION: INQUIRY

VCo60570

PLEASE ENTER ONE OF THE FOLLOWING:

COMPTROLLER VENDOR NUMBER: _____

COMPONENT CODE: ____

ENTER IF DESIRED:

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C69:PROVIDER INFORMATION

VCo60575

COMPONENT: 123 TEXAS RESIDENTIAL SERVICES, INC.

PROFIT: YES

COMPROLLER VENDOR NUMBER: 12487512257

LEGAL NAME : TEXAS RESIDENTIAL, INC.

DBA NAME(S):

E-MAIL ADDR:TRESIDENTIAL@AOL.COM

CERTIFICATE OF ACCOUNT STATUS DATE:

STATUS: ACTIVE

CEO CONTACT NAME: ACTUAL PERSON

PHONE: (123) 456-7891

PHYSICAL ADDRESS: NO WHERE ROAD

FAX: (123) 456-7892

ANYWHERE TX 70001

MAILING ADDRESS : P.O. BOX 123456

ANYWHERE TX 70001

BILLING CONTACT NAME: CASH JOHNNY

PHONE: (123) 456-7891

BILLING ADDRESS : NO WHERE ROAD

FAX: (123) 456-7892

ANYWHERE TX 70001

PLEASE ENTER ONE OF THE FOLLOWING:

COMPTROLLER VENDOR NUMBER: _____

COMPONENT CODE: 123

ENTER IF DESIRED:

CONTRACT NUMBER: _____

APPLICANT CONTACT INFO : N (Y/N)

CURRENT CONTRACTS ONLY?: Y (Y/N)

SPECIFY WAIVER: _ (1-HCS,2-HCS-O,3-MRLA,4-TXHML,BLANK=ALL)

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08 C70:CONTRACT INFORMATION VCo60585
COMPONENT: 123 WE ARE SO COOL, L.C. VEND/CONTRCT NO: 001000001
CONTRACT NAME: WE ARE SO COOL, . HCS
NPI: 123456789 WAIVER CONTRACT AREA (WCA): 5

CONTRACT BEGIN: 08-01-2005 TERMINATION: END:
CAP: WRK MAX: NO CAP **STATUS: ACTIVE**
PROVISIONAL CERTIFICATION DATE: 03-12-2004
CURRENT CERTIFICATION DATES: FROM: 05-10-2007 TO: 05-08-2008
AUTHORIZED DESIGNEE: JERRY JONES

CONTRACT CONTACT: TONY ROMO PHONE: (123) 456-7891
PHYSICAL ADDRESS: 123 ANY ROAD FAX : (123) 456-7892
 ANYWHERE TX 70001

MAILING ADDRESS : 123 ANY ROAD
 ANYWHERE TX 70001

CONTRACT SERVICE AREA(S) WITH MENTAL RETARDATION AUTHORITY
AUSTIN-430 BRAZORIA-100 COLORADO-430 FORT BEND-430
GALVESTON-100 HARRIS-280 MATAGORDA-430 WALLER-430
WHARTON-430

01-08-08

C78:HCS STAFF ID INQUIRY

VCo60921

COMP: 123 AMERICAN GLADIATOR HAB.

STAFF PROVIDER	STAFF ID	BEGIN DATE	END DATE
SCHMOE, JOE	SE22	05-01-07	
BERRY, CHUCK	SH11	12-01-07	
BARBER, MARION	SH152	06-14-07	
CLAUSE, SANTA	NU9	06-01-07	
BURGER, HAM	SH162	08-01-07	

CNTY	COUNTY	SVC	MR	AUTHORITY
CODE	NAME	AREA	WCA	CODE NAME
001	ANDERSON	41	4	440 ANDERSON/CHEROKEE
002	ANDREWS	38	8	450 WEST TEXAS CENTERS FOR MHMR
003	ANGELINA	11	4	260 BURKE CENTER
004	ARANSAS	65	9	475 COASTAL PLAINS COMM MHMR CENTER
005	ARCHER	52	2	230 HELEN FARABEE REGIONAL MHMR CENT
006	ARMSTRONG	2	1	020 TEXAS PANHANDLE MHMR
007	ATASCOSA	47	7	490 CAMINO REAL MHMR CENTER
008	AUSTIN	33	5	430 TEXANA COMMUNITY MHMR CENTER
009	BAILEY	7	1	070 CENTRAL PLAINS CENTER
010	BANDERA	40	7	470 HILL COUNTRY COMMUNITY MHMR CENT

ACT: ____ (F/FORWD, B/BCKWD, C60/HCS INQUIRY MENU, A/HCS MAIN MENU)

01-08-08

C80:PROVIDER/CONTRACT ROSTER: INQUIRY

VC060730

PLEASE ENTER ONE OF THE FOLLOWING:

REPORT TYPE: _ (1-HCS,4-TXHML,BLANK=ALL)

CONTRACT TYPE: _ (1=PRGP,2=CDS,3=BOTH)

PROVIDER TYPE: _ (1=PUBLIC,2=PRIVATE,3=BOTH)

PRINT CEO ADDRESS? _ (Y/N)

PRINT BILLING ADDRESS? _ (Y/N)

PRINT CONTRACT ADDRESS? _ (Y/N)

PRINT APPLICANT CONTACT ADDRESS? _ (Y/N)

ENTER IF DESIRED:

MRA: ____

WAIVER CONTRACT AREA: _

COUNTY: ____

CONTRACT MAX/ENROLLMENT INFO/DDS: _ (Y/N)

ENROLLMENT BY SERVICE COUNTY: _ (Y/N)

CONTRACT CERTIFICATION DATES: _ (Y/N)

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

**MSG: 2031 PA1 INTERRUPT - NO ACTION TAKEN FROM PREVIOUS SCREEN

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C81:HCS PAYMENT ELIGIBILITY VERIFICATION

VCo60950

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: _____
COMPONENT CODE/LOCAL CASE NUMBER: ____ / _____
MEDICAID NUMBER: _____

PLEASE ENTER THE FOLLOWING:

BEGIN DATE OF PERIOD: 12162007 (MMDDYYYY)
END DATE OF PERIOD : 12182007 (MMDDYYYY)

ENTER IF DESIRED:
PRINTER CODE _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

**MSG: 3716 EFFECTIVE DATE CANNOT BE BLANK
ACT: ____ (C60/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08

C81:PAYMENT ELIGIBILITY VERIFICATION

VCo60955

12-16-2007 THRU 12-18-2007

NAME : TURTLE, NINJA

CLIENT ID: 123456

MEDICAID NUMBER: 123456789

LOCAL CASE NUMBER: 0000060001

CONTRACT NUMBER: 001000001

COMPONENT: 888

MEDICAID NUMBER	MEDICAID BEGIN DT	MEDICAID END DT	MEDICAID TYPE	PROG CODE	CAT
-----	-----	-----	----	----	---
123456789	20000201	99991231	13	R	03

 ** THIS INFORMATION MAY CHANGE BY THE DATE OF THE NEXT BILLING RUN **

01-08-08

C87:MRA CONTACTS: INQUIRY

VCo61150

PLEASE ENTER THE FOLLOWING:

**MRA: ___ (TYPE ALL FOR ALL)
OR COUNTY: ___**

TYPE OF REPORT: _ (N/NAME ONLY, A/ALL INFORMATION)

PLEASE ENTER A SEQUENCE NUMBER FOR
SPECIFIC CONTACT INFORMATION IF DESIRED:

SEQUENCE NUMBER: ___ (FOR SPECIFIC CONTACT INFORMATION)

ENTER IF DESIRED:

PRINTER CODE: _____ (ENTER FOR HARD-COPY)

**** PRESS ENTER ****

ACT: ___ (C6o/PROV INQUIRY MENU,A/MA MAIN MENU,HLP(PF₁)/SCRN DOC)

01-08-08

C87:MRA CONTACTS

VC061156

MRA: 460 BLUEBONNET TRAILS COMM. MHMR CENTER

DIRECTOR - MR ESSENTIAL SERVICES (5)

CONTACT: SCHLOTZHAUER JUDY PHONE: 512 244-8320
1009 N. GEORGETOWN ST FAX : 512 244-8404
ROUND ROCK TX 78664
E-MAIL: JUDY.SCHLOTZHAUER@BLUEBONNETMHMR.ORG

MEDICAID FAIR HEARING (10)

CONTACT: BETH MCCLARY PHONE: 512 244-8324
1009 N. GEORGETOWN ST. FAX : 512 244-8371
ROUND ROCK TX 78664
E-MAIL: BETH.MCCLARY@BLUEBONNETMHMR.ORG

DIRECTOR - SERVICE COORDINATION (15)

CONTACT: JANET BRUNETTE PHONE: 512 244-8296
1009 N. GEORGETOWN ST. FAX : 512 244-8404
ROUND ROCK TX 78664
E-MAIL: JANET.BRUNETTE@BLUEBONNETMHMR.ORG

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID: _____
COMPONENT CODE/LOCAL CASE NUMBER: ___ / _____
MEDICAID NUMBER: _____
CONTRACT NUMBER: _____

PLEASE ENTER THE FOLLOWING:

HOLD TYPE: _ (T=TEMP, P=PERM, A=ALL)
(TEMP ONLY) HOLD STATUS: _ (O=OPEN, C=CLOSED, A=ALL)
(PERM ONLY) OVERRIDES: _ (Y=YES, BLANK=ALL HOLDS)
(PERM ONLY) DATE RANGE: BEGIN: _____ (MMDDYYYY) (OPTIONAL)
END: _____ (MMDDYYYY)

PRINTER CODE: _____ (ENTER FOR HARD COPY)

*** PRESS ENTER ***

ACT: _____ (C88/HCS INQUIRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

01-08-08 C88: CONSUMER HOLD INQUIRY-BOTH TEMP AND PERM HOLDS VCo61185

COMP: 123 CLIENT ID: 123456 TEMP HOLD STATUS: ALL

CLIENT NAME : TURTLE, NINJA

CLIENT ID/CASE NO : 123456/000014215

TEMP HOLD BEGIN DATE: 05-22-07 AUTH ID: LCo60232 AUTH DT: 05-22-07

TEMP HOLD END DATE : 06-14-07 CONTRACT NO: 001000001 COMP: 123

REASON FOR HOLD : IPC EXCEEDS AUTHORIZED AMOUNT - 20070622

TOTAL CONSUMERS: 1

Where to Get Information

❖ HCS LINK

<http://www.dads.state.tx.us/providers/HCS/index.cfm>

❖ TXHML LINK

<http://www.dads.state.tx.us/providers/TxHmL/index.cfm>

❖ HCS/TxHmL User Guide link:

<http://www2.mhmr.state.tx.us/655/cis/training/WaiverGuide.html>

❖ HCS/TxHmL forms link:

http://www.dads.state.tx.us/business/mental_retardation/forms/