

FMSA

CARE Billing for HCS and  
TxHmL

# Chapter 41: FMSEA Billing

## §41.337. Payment of Services.

- **An FMSEA must pay**

- (1) the actual hours and minutes of service in accordance with the individual's program;

- (2) the actual cost of the service or item, not to exceed the established budget unit rate or amount for the service;

- (3) the budgeted employee benefits accrued based on hours worked by employees; and

- (4) purchases of services and items if funds have been accrued based on units delivered.

# Billing Unit

For provider delivered services the billing unit is usually either an hour of service or 15 minutes increments. Bill units are associated with a specific rate.

## **DADS CDS programs bill differently.**

- For CDS, the billing unit is \$1. FMSA bill for CDS services in increments of dollars rather than units.
- For DADS programs, FMSAs must never bill for CDS services delivered to an individual in units .

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

Billing unit of \$1 allows FMSAs to bill the exact amount paid out.

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

# Chapter 41: Billing

## §41.337. Payment of Services

(e) A FMSA must bill accrued funds either at the time the funds are paid or deposited by the FMSA

# Billing in dollars rather than units for DADS programs

- When you are ready to deposit the employer portion of taxes for the CDS employer's employee, bill the actual amount you deposited with the IRS or TWC using the service code for the service that the provider/employee provided.
- For example, the service code for taxes for an employee providing CDS PHC services would be 1 7V (the same code that you used to bill for the wages for that employee.)

# Bill Codes to distinguish wages, taxes and employer support

Information Letter 13-53 explains the use of distinct bill codes for:

- Employer Supports/Benefits (ES/Benefits) - §41.507 (d) (1-9) examples include CPR, fax machine, criminal history checks, employer contribution to benefits and bonuses
- Employer Texas (TAXES) Employer portion of the payroll taxes

# Bill Codes to distinguish wages, taxes and employer support

- Medically Dependent Children Program
- Deaf Blind with Multiple Disabilities
- Community Living Assistance and Support Services
- Primary Home Care
- Community Attendant Services
- Family Care

## **CDS Support Services ARE billed in units:**

- FMS Monthly Fee
- Support Consultation (in the CARE system)

# Two Billing Systems for DADS CDS Option

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

# 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 service codes have a V at the end. Respite, in some programs, is the exception.
- The service code for FMS fee is 63V for all DADS programs

# How to Find the Service Codes

- Service Codes are listed on each plan of care or service plan
- MESAV also gives the service codes
- Service codes allow you to find the necessary information on the billcode crosswalk.
- Examples :
  - HCS CDS Supported Home Living (SHLV)
  - CLASS CDS Habilitation (10V)
  - CDS PHC (17V)



# Health Insurance Portability and Accountability Act (HIPAA) a

Bill code crosswalks
DADS contract employee and volunteer HIPAA and privacy information
DADS contract employee and volunteer HIPAA training
Forms
Glossary (PDF)
Long-term services and supports provider information
▶ DADS resources
▶ State Resources
HIPAA Home

## Bill code crosswalks

### Long-term care bill code crosswalk

The Bill code crosswalk is a cross-referenced code set used to match the Texas Local codes) to the National Standard Procedure Codes (e.g., procedure, item, revenue code code crosswalk (associated with the bill code which reflects the service billed) to cl PDF Format

### Texas Home and Community-based Services (HCS) and Tex code crosswalk (updated July 15, 2014)

## Using the Bill Code Crosswalk

- The left side of the LTC/Nursing Facilities Bill Code Crosswalk Table provides the Texas LTC/Nursing Facilities Local Codes for the service group, bill code, service code, and bill code description used to bill for services before HIPAA.
- The right side of the table identifies the National Standard Codes you will use on your claims effective October 16, 2003 .

Source: TMHP website

# Using the Billcode Crosswalk

- Find your service group, service code, and, if possible, the bill code and follow the row across to the National Codes section to find the new codes to use effective October 16, 2003 .
- If the bill code has been mapped to a national HCPCS code, you will find an entry of “HC” or “AD” in the procedure code qualifier field and information in either the HCPCS or CPT code fields (or, in some cases, in the HCPCS or CPT and the revenue code fields).
- If there are entries in the modifier fields, you will need to use those modifiers in the designated fields when completing the detail line for that service.

# Using the Billcode Crosswalk

- If there is an “ER” in the procedure code qualifier field, you will continue to use the existing bill code for claim reimbursement (ZZ has changed to ER).
- The table contains a field called “End Date.” If this field has an entry, it means that services provided after the stated end date will not be paid.

## Service Groups

- 2= CLASS
- 7- PHC, CAS, FC
- 16= DBMG
- 18= MDCP

# **Bill Code Crosswalk**

Providers

# Texas Medicaid



## Enroll Today!

Want to enroll as a Medicaid provider? Click here for more information and to enroll today.

[Log in to My Account](#)

[Go to TexMedConnect](#)

### I would like to...

Click here to access provider applications and services.

Texas Medicaid

PCCM

CSHCN



Long Term Care

EDI

Friday, March 4, 2011

Medicaid Home

Program Information

Reference Material

Forms

THSteps

Fee Schedules

Medicare Dual-Eligibility

Provider Support Services

Provider Education

Helpful Links

**Provider Lookup**

## Looking for a provider?

Click here to find a state health-care provider near you.

## ¿Está buscando un proveedor?

Haga clic aquí para encontrar

## Texas Medicaid Provider Homepage

This is the provider homepage for Texas Medicaid. The information on these pages help Medicaid providers succeed with their Medicaid practice. For information specific to a related program, click on the program's button above.

Below are links to the current news for Texas Medicaid providers. Click [here](#) to view past news articles.

## News for Medicaid Providers

### \*\*Top News\*\*

[End Date for RSV Prophylaxis Extended to March 31, 2011 - 2/24/2011](#)

### Benefits

[Implantable Infusion Pump Benefit Criteria to Change for Texas Medicaid - 2/25/2011](#)

[Additional Incontinence Supplies Procedure Codes to Be a Benefit for Texas Medicaid - 2/24/2011](#)

[Biofeedback Services Procedure Codes 90901 and 90911 to Be Benefits of Texas Medicaid - 2/24/2011](#)

[Group Clinical Visits to be Billed Using E/M Procedure Code 99078 with TH Modifier - 2/24/2011](#)

[Respiratory Services Procedure Code 99504 to Be a Benefit for CRCPs - 2/24/2011](#)

[Update to "DME Provider Taxonomy Code Changes" - 2/24/2011](#)

### Claims Reprocessing

[Rejected Claims for Psychiatric Services](#)

### NDC

[Updated List of Drugs Requiring NDC for Reimbursement Effective March 21, 2011 - 3/1/2011](#)

[Updated List of Drugs Requiring NDC for Reimbursement - 2/22/2011](#)

### New Publications

[Banner Messages for 02/28/11 and 03/04/11 - 2/25/2011](#)

### Reimbursement Rates

[Some 2011 HCPCS Procedure Codes Reimbursement Rates to Be Implemented on March 31, 2011 - 2/24/2011](#)

[Reimbursement Rates Applied to Immunization Administration Procedure Codes Effective April 1 2011 - 2/24/2011](#)

[Reimbursement Rates for Some Esophageal pH Probe Monitoring Procedure Codes to Change on April 1, 2011 - 2/24/2011](#)

[Reimbursement Rates to Change for Some Procedure Codes Effective April 1, 2011 - 2/24/2011](#)

## Code Updates

Recent changes to procedure and diagnosis codes, including HCPCS and ICD-9 codes.

## Topics

Information of interest to providers, including NDC, Alberto N., and past initiatives such as PACT transition and hurricanes.

## Health IT

How information technology enhances health care. Click to learn more.



Where Texas Medicaid providers can submit concerns and suggestions. Click here.

# TMHP TxMed Connect

- <http://www.tmhp.com/Pages/default.aspx>
- Long-term Care : Explains claims process for long-term services and support (DADS Programs –except HCS &TxHmL)

**\*\*\*Remember to Check MESAV each month for each individual!!**

Providers

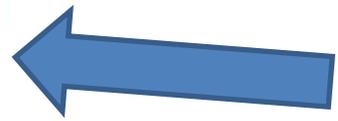
# Long Term Care

**I would like to...**

Click here to access provider applications and services.

- Long Term Care Home
- Program Information
- DADS Information Letters
- Reference Material
- Forms
- Provider Support Services
- Provider Education
- Helpful Links

- Long Term Care User Manual for Paper Submitters**
- Long Term Care Provider Bulletin**
- LTC Nursing Facility/Hospice User Guide**
- LTC Community Services Waiver Programs User Guide**
- Medical Necessity and Level of Care Assessment Instructions**
- Accessing R&S Reports From the Website**
- TexMedConnect Long Term Care Manual**
- TexMedConnect R&S Options**
- E-Mail Encryption Basics/Help Guide**



## **Long Term Care User Manual for Paper Submitters**

The *Long Term Care User Manual for Paper Submitters* is published at the beginning of each calendar year.

[2012 LTC User Manual for Paper Claim Submitters](#)

[2011 LTC User Manual for Paper Claim Submitters](#)

[2010 LTC User Manual for Paper Submitters](#)

[2009 LTC User Manual for Paper Submitters](#)

### **Need Help?**

The LTC Help Desk is here to help you. Call

# Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional			New	

Client   Provider   Claim   **Details**   Finish

Number of details to add:

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

Units = Dollars spent

\$1.00

← [Progress Bar]

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

# Care Access to bill for HCS and TxHmL

- DADS will only grant CARE access after an FMSA has received its first HCS or TxHmL individual.
- When an FMSA has received its first individual, the FMSA must call the PE/UR Message Line at 512-438-5055. Please leave a message stating they are a new FMSA and have their 1st individual and need access to care.
- PE/UR will verify the FMSA is receiving an individual by way of a new enrollment or a transfer, before notifying DADS Provider Contracts Unit by email.

# Care Access to bill for HCS and TxHmL

- The DADS Provider Contracts Unit will email the required CARE access forms to the FMSA. Once the FMSA completes the access forms and submits them back to the Provider Contract Unit, the forms will be submitted to the HHS Enterprise Security team.
- After the forms have been submitted to the HHSC Enterprise Security team, the FMSA may contact the HHS Enterprise help desk at 512-438-4720 to check on the status of their request for access.
- When the HHSC Enterprise Security team grants CARE access to the FMSA, the HHSC Enterprise Security team will contact the FMSA directly to notify them of their user name and password.
- It is very important the FMSA provides an accurate email address and phone number. This information will be entered in CARE and used by PE/UR, Provider Contracts, and HHS Enterprise Security to contact the FMSA.

# Overview of the CARE System

The Local Authority (LA) initially enrolls individuals into TxHmL or HCS via the CARE system.

- LA 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

# Important to Check CARE for Service Plan Updates

- CARE is a dynamic system-updated information is added frequently.
- **It is the primary means of communication for HCS and TxHmL and LAs (unlikely to receive a final hard copy of a service plan)**
- Many of the questions you would ask a case manager in other programs can be answered by looking in the CARE system.
- FMSAs are granted limited access to the CARE system.

# FMSAs have access (read only) 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  
C102-HCS/TXHML AUTHORIZATION: INQUIRY

**FMSAs can enter data into these CARE billing screens:**

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

01-07-08  
VC060485

C61:CONSUMER DEMOGRAPHICS

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: 1 6 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)

01-07-08  
VC060250

C63:DHS MEDICAID ELIGIBILITY SEARCH

FILL IN ONE OF THE FOLLOWING SECTIONS

ENTER CARE IDENTIFIER, AND THE PROGRAM WILL SCAN THE MEDICAID  
ELIGIBILITY

CARE 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  
VC100193

C63:MEDICAID RECIPIENT INFORMATION

INFORMATION ON THIS SCREEN IS FROM THE  
MEDICAID FILE

LINE	CARE ID	LASTNM	FIRSTNM/M	SEX	ETH
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

VC100194

MEDICAID ELIGIBILITY INFORMATION

----- 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  
VC100194

MEDICAID ELIGIBILITY INFORMATION

----- 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 IF DESIRED:

CONTRACT NUMBER: \_\_\_\_\_

Enter NPI number for  
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

VC060530

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

01-08-08

C66:CONSUMER DISCHARGES

VC060535

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

CONTRACT MEDICAID DISCHARGE

DISCHARGE CLIENT NAME DT	NUMBER	NUMBER	BEGIN DT	END
LOCAL CASE NO. DISCHARGE REASON				

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

000010001 DEATH/ PERM-AUTH

\*\* SERVICES RECEIVED ON DISCHARGE DATE \*\*

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

000040001 DEATH/ PERM-AUTH

\*\* SERVICES RECEIVED ON DISCHARGE DATE \*\*

01-08-08

C67:CONSUMER ROSTER: INQUIRY

VC060540

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

VC060545

COMPONENT: 123 WE BE THE BEST, INC  
CONTRACT NAME:

CONTRACT NUMBER:  
WAIVER TYPE:

CLIENT

CASE

MEDICAID

ENROLL

CLIENT NAME  
STATUS

ID

NUMBER

NUMBER

WAIVER TYPE/CONTRACT NO/CONTRACT NAME

TURTLE, NINJA  
ACTIVE

1234561

0000060000 123456789

HCS/001000000/WE BE THE BEST INC.

RANGER, POWER  
ACTIVE

1234568

0000070000 123456789

HCS/001000000/WE BE THE BEST, INC



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  
COMPONENT: 123 TEXAS RESIDENTIAL SERVICES, INC.  
COMPTROLLER VENDOR NUMBER: 12487512257

VC060575  
PROFIT: YES

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  
PHYSICAL ADDRESS: NO WHERE ROAD  
                         ANYWHERE TX 70001

PHONE: (123) 456-7891  
FAX: (123) 456-7892

MAILING ADDRESS : P.O. BOX 123456  
                         ANYWHERE TX 70001

BILLING CONTACT NAME: CASH JOHNNY  
BILLING ADDRESS : NO WHERE ROAD  
                         ANYWHERE TX 70001

PHONE: (123) 456-7891  
FAX: (123) 456-7892

01-08-08

C70:CONTRACT INFORMATION: INQUIRY

VC060580

PLEASE ENTER ONE OF THE FOLLOWING:

COMPROLLER 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

C78:HCS STAFF ID INQUIRY

VC060921

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	

01-08-08

C79:COUNTY/MRA INQUIRY  
PAGE 1 OF 26

VC060935

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

VC060950

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

C87:MRA CONTACTS: INQUIRY

VC061150

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: \_\_\_\_ (C60/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

01-08-08

C88:CONSUMER HOLD INQUIRY

VC061180

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 VC061185

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: LC060232  
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

## Supported Home Living

To enter billing information for Supported Home Living, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk at

<http://www.dads.state.tx.us/providers/hipaa/billcodes/index.html> for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmr.mhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

                CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____

PLEASE ENTER THE FOLLOWING:

        NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0158
        MODIFIER: _____        PLACE OF SERVICE: 49  REVENUE CODE: _____
SERVICE DATE: 04132009  (MMDDYYYY)
        STAFF ID: STF01_____
        ICN: _____          LINE NO: _____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
        BILLED AMOUNT: _____

        TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

                *** PRESS ENTER ***

ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

Connected to txmhmr.mhmr.state.tx.us port 23

23/12	CAPS	NUM	16:53:22	IBM-3278-2-E
-------	------	-----	----------	--------------

This screen displays the days of the month. If you requested a date in the current month, the days of the month are displayed with the cursor in the field for the date specified. You can enter data for days prior to and including the current date. You **cannot** enter data for future dates.

In this example, Mary received services 4 hours per day for six days in a two week period. She pays Suzy Support \$20.00 per hour which equals \$80.00 per day. You will enter \$80.00 for each day she received services. To submit the data, type **Y** in the Ready to Add? field and press Enter.

txmhmr.mhmr.state.tx.us

QWS3270 Edit View Options Tools Help

05-11-09 C22:SERVICE DELIVERY: ADD UC060389

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : ROSEMARY, MARY CASE NUMBER: 8PN456  
 STAFF ID : STF01 NPI : D001007504 HCS  
 SVC CATEGORY: SHLV SUPPORTED HOME LIVIN RA NUMBER :  
 HCPCS INFO : QUAL: Z2 CODE: M0158 MOD: POS: 49 REV:  
 IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010  
 UNITS REMAIN IN IPC: 16348.00 DOL BILL UNITS REMAIN IN IPC: 16348.00 DOL

SERVICE DATE FOR 04-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

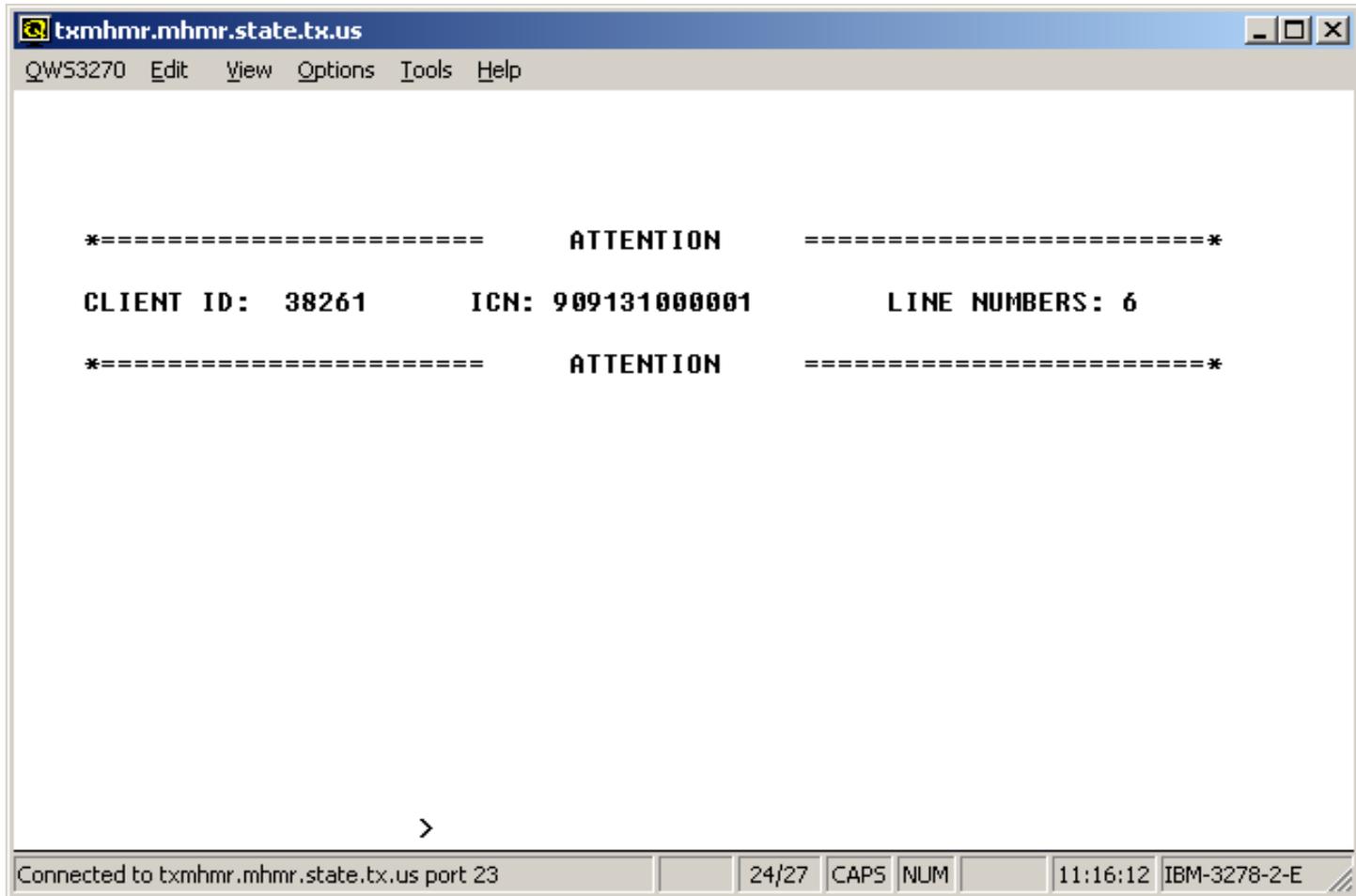
1	2	3	4	5
6	7	8	9	10
11	12	13 80.00	14	15 80.00
16	17 80.00	18	19	20 80.00
21	22 80.00	23	24 80.00	25
26	27	28	29	30

READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmr.mhmr.state.tx.us port 23 23/9 CAPS NUM 11:15:14 IBM-3278-2-E

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



On this screen you will enter the actual units of service provided and the employer cost allocation. Since 4 hours of service was provided for each day, 4 is entered in the Actual Units field for each day. The employer cost allocation is 3 (direct cost only). Type Y in the Ready to Add? field and press Enter.

txmhmrmhmr.state.tx.us

QWS3270 Edit View Options Tools Help

05-11-09 C28:ACTUAL UNITS OF SERVICE: ADD UC060383

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : MARY ROSEMARY CASE NUMBER: 00008PN456  
 SUC CATEGORY: SHLU HCS SUPPORTED HOME LIVING CONTRACT NO: 001007504  
 HCPCS INFO : QUAL: ZZ CODE: M0158 MOD: POS: 49 REV:  
 ICN: 909131000001 LINE NO: 6

SUC DATE	ACTUAL UNITS	EMP ALLOC	SUC DATE	ACTUAL UNITS	EMP ALLOC	SUC DATE	ACTUAL UNITS	EMP ALLOC
04-13-09	4	3	04-15-09	4	3	04-17-09	4	3
04-20-09	4	3	04-22-09	4	3	04-24-09	4	3

READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23

23/9 CAPS NUM 11:15:14 IBM-3278-2-E

The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

txmhmrmhmr.state.tx.us

QW53270 Edit View Options Tools Help

05-11-09 C22:SERVICE DELIVERY: ADD/CHANGE UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261\_\_\_\_\_

COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

NPI: D001007504 QUALIFIER: 22 SERVICE CODE: M0158

MODIFIER: \_\_\_\_\_ PLACE OF SERVICE: 49 REVENUE CODE: \_\_\_\_\_

SERVICE DATE: 04202009 (MMDDYYYY)

STAFF ID: STF01\_\_\_\_\_

ICN: \_\_\_\_\_ LINE NO: \_\_\_\_\_ (CHG)

AUTHORIZATION NUMBER: \_\_\_\_\_ (AA/MHM/DE)

BILLED AMOUNT: \_\_\_\_\_

TYPE OF ENTRY: A (A/ADD,C/CHANGE)

\*\*\* PRESS ENTER \*\*\*

\*\*MSG: 1939 PREVIOUS INFORMATION ADDED

ACT: \_\_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23

5/49 NUM 11:26:28 IBM-3278-2-E

## Fax Machine

Mary needs to buy a fax machine. This entry will be made using the Supported Home Living codes. Type the client ID and component code. Type the local case number, if necessary. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____

PLEASE ENTER THE FOLLOWING:

NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0158
MODIFIER: _____    PLACE OF SERVICE: 49  REVENUE CODE: _____
SERVICE DATE: 04102009 (MMDDYYYY)
STAFF ID: STF01_____
ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MMH/DE)
BILLED AMOUNT: _____

TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23
23/12 CAPS NUM 13:47:09 IBM-3278-2-E
```

This screen displays the days of the month. In this example, you used the same codes as in the previous entry, so the SHL amounts are displayed. Since it is a separate entry, you cannot make changes to the existing data.

The fax machine costs \$100.00 and was bought on the 10<sup>th</sup>, so you will type 100.00 in the field beside the 10<sup>th</sup>. Type **Y** in the Ready to Add? field and press Enter.

txmhmrmhmr.state.tx.us

QWS53270 Edit View Options Tools Help

05-11-09 C22:SERVICE DELIVERY: ADD UC060389

COMPONENT : 8PN I CARE CLIENT ID : 38261  
 NAME : ROSEMARY, MARY CASE NUMBER: 8PN456  
 STAFF ID : STF01 NPI : D001007504 HCS  
 SUC CATEGORY: SHLV SUPPORTED HOME LIVIN RA NUMBER :  
 HCPCS INFO : QUAL: Z2 CODE: M0158 MOD: POS: 49 REV:  
 IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010  
 UNITS REMAIN IN IPC: 15868.00 DOL BILL UNITS REMAIN IN IPC: 15868.00 DOL

SERVICE DATE FOR 04-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

1	_____	2	_____	3	_____	4	_____	5	_____
6	_____	7	_____	8	_____	9	_____	10	100.00
11	_____	12	_____	13	80.00	14	_____	15	80.00
16	_____	17	80.00	18	_____	19	_____	20	80.00
21	_____	22	80.00	23	_____	24	80.00	25	_____
26	_____	27	_____	28	_____	29	_____	30	_____

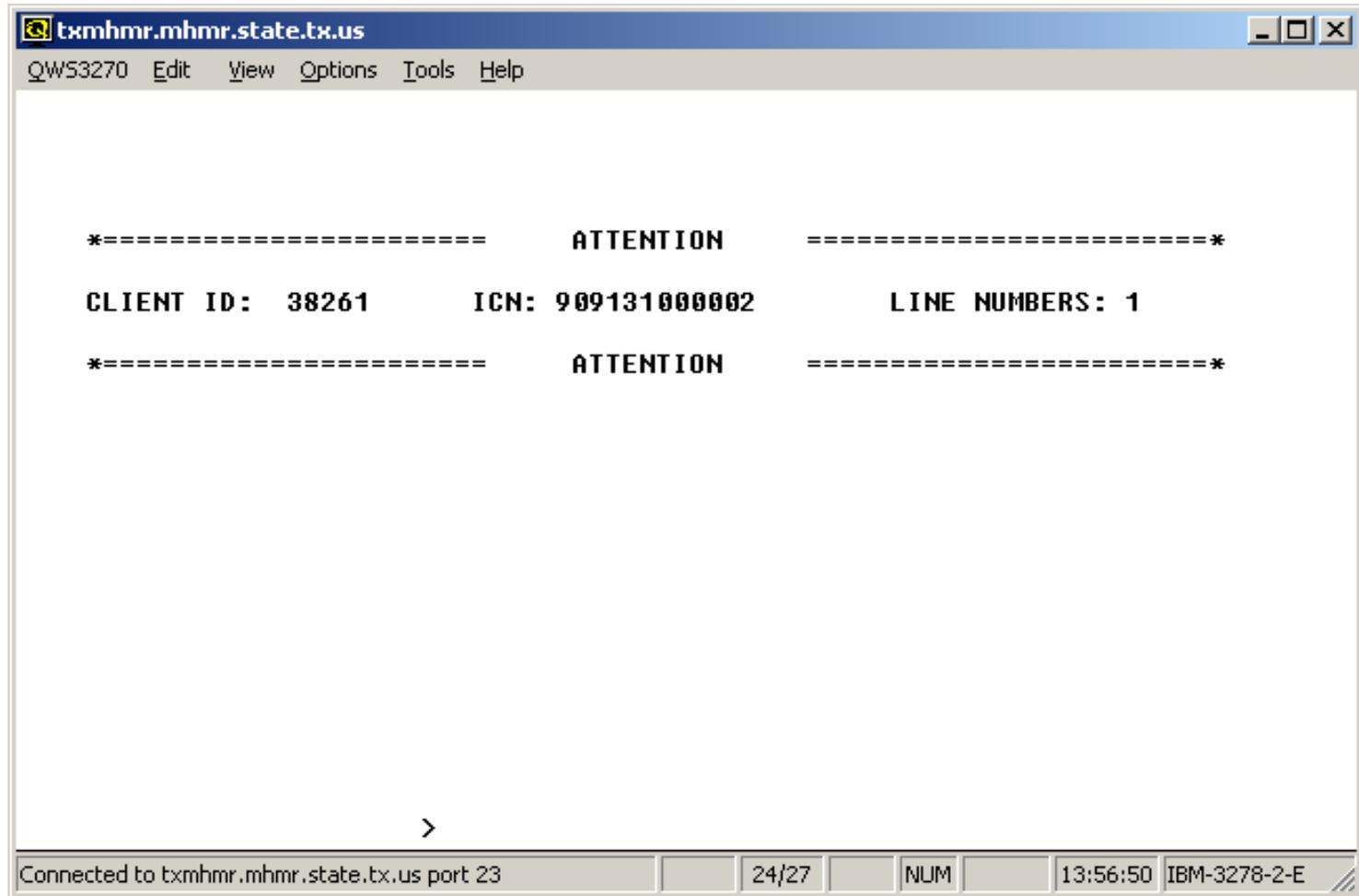
READY TO ADD? : Y (Y/N)

ACT: \_\_\_\_ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

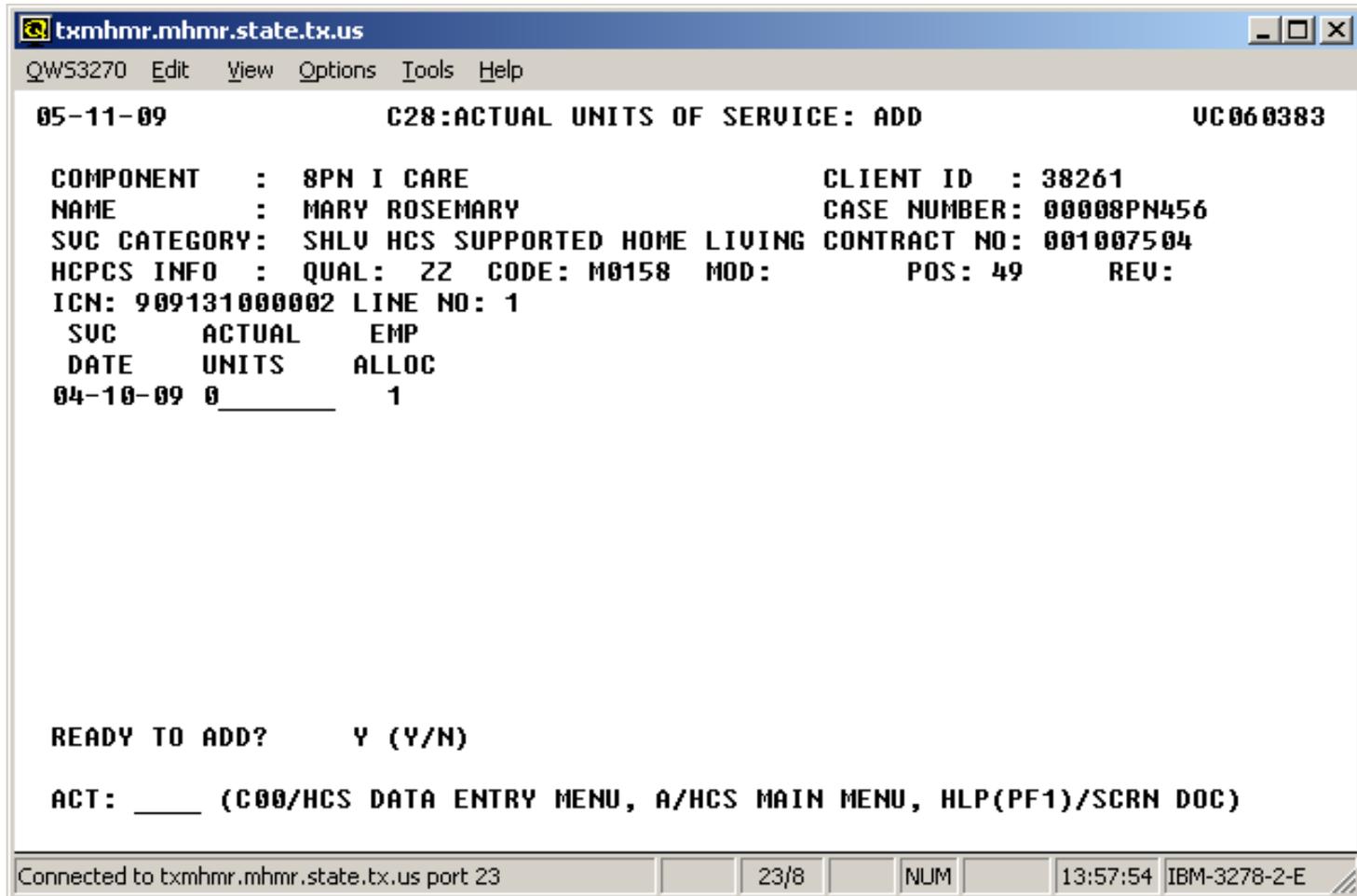
Connected to txmhmrmhmr.state.tx.us port 23

23/9 NUM 13:49:35 IBM-3278-2-E

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



On this screen you will enter the actual units of service provided and the employer cost allocation. Since there was no service provided, **0** is entered in the Actual Units field. The employer cost allocation is **1** (Indirect cost only). Type **Y** in the Ready to Add? field and press Enter.



The screenshot shows a terminal window with the following content:

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09 C28:ACTUAL UNITS OF SERVICE: ADD UC060383

COMPONENT : 8PN I CARE CLIENT ID : 38261
NAME : MARY ROSEMARY CASE NUMBER: 00008PN456
SUC CATEGORY: SHLU HCS SUPPORTED HOME LIVING CONTRACT NO: 001007504
HCPCS INFO : QUAL: ZZ CODE: M0158 MOD: POS: 49 REV:
ICN: 909131000002 LINE NO: 1
SUC ACTUAL EMP
DATE UNITS ALLOC
04-10-09 0 _____ 1

READY TO ADD? Y (Y/N)

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

At the bottom of the terminal window, there is a status bar with the following information:

```
Connected to txmhmrmhmr.state.tx.us port 23 23/8 NUM 13:57:54 IBM-3278-2-E
```

The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0158
MODIFIER:                PLACE OF SERVICE: 49  REVENUE CODE:
SERVICE DATE: 04102009  (MMDDYYYY)
STAFF ID: STF01
ICN:                      LINE NO:    (CHG)
AUTHORIZATION NUMBER:    (AA/MHM/DE)
BILLED AMOUNT:

TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

*** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
ACT:    (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

Connected to txmhmrmhmr.state.tx.us port 23      5/49      NUM      13:58:43 IBM-3278-2-E

## Support Consultation

Support Consultation is billed as a direct service by entering the actual units of service provided rather than dollars. To enter billing information for Support Consultation, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, and Place of Service fields. Type the Staff ID in the Staff ID field, type **A** (add) in the Type of Entry field, and press Enter.

The screenshot shows a terminal window titled 'txmhmrmhmr.state.tx.us'. The window contains the following text:

```
QWS3270 Edit View Options Tools Help
02-01-10          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388
                PLEASE ENTER ONE OF THE FOLLOWING:
                        CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____
                PLEASE ENTER THE FOLLOWING:
                        NPI: 1720149982          QUALIFIER: ZZ  SERVICE CODE: M0162
MODIFIER: _____          PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 01042010 (MMDDYYYY)
STAFF ID: STF01_____
ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
BILLED AMOUNT: _____
                TYPE OF ENTRY:  A (A/ADD,C/CHANGE)
                        *** PRESS ENTER ***
ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
```

At the bottom of the window, there is a status bar with the following information:

```
Connected to txmhmrmhmr.state.tx.us port 23 | 23/12 | CAPS | NUM | 10:21:53 | IBM-3278-2-E
```

This screen displays the days of the month. Support Consultation can be entered in whole or quarter units. In this example, Mary received 2 hours of Support Consultation. Type the amount of time that Support Consultation was provided for each day she received services. To submit the data, type Y in the Ready to Add? field and press Enter.

```

txmhmrmhmr.state.tx.us
QWS3270 Edit View Options Tools Help

02-01-10          C22:SERVICE DELIVERY: ADD          UC060389

COMPONENT   : 8PN I CARE          CLIENT ID   : 38261
NAME        : ROSEMARY, MARY     CASE NUMBER: 8PN456
STAFF ID    : STF01              NPI        : 1720149982 HCS
SUC CATEGORY: SCU SUPPORT CONSULTATION RA NUMBER  :
HCPCS INFO  : QUAL: ZZ CODE: M0162 MOD: POS: 99 REV:
IPC BEGIN DATE: 03-31-2009      IPC END DATE: 03-30-2010
UNITS REMAIN IN IPC: 10.00 HRS  BILL UNITS REMAIN IN IPC: 10.00 HRS

SERVICE DATE FOR 01-2010 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

 1 _____ 2 _____ 3 _____ 4 1.00_____ 5 _____
 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
11 _____ 12 1.00_____ 13 _____ 14 _____ 15 _____
16 _____ 17 _____ 18 _____ 19 _____ 20 _____
21 _____ 22 _____ 23 _____ 24 _____ 25 _____
26 _____ 27 _____ 28 _____ 29 _____ 30 _____
31 _____

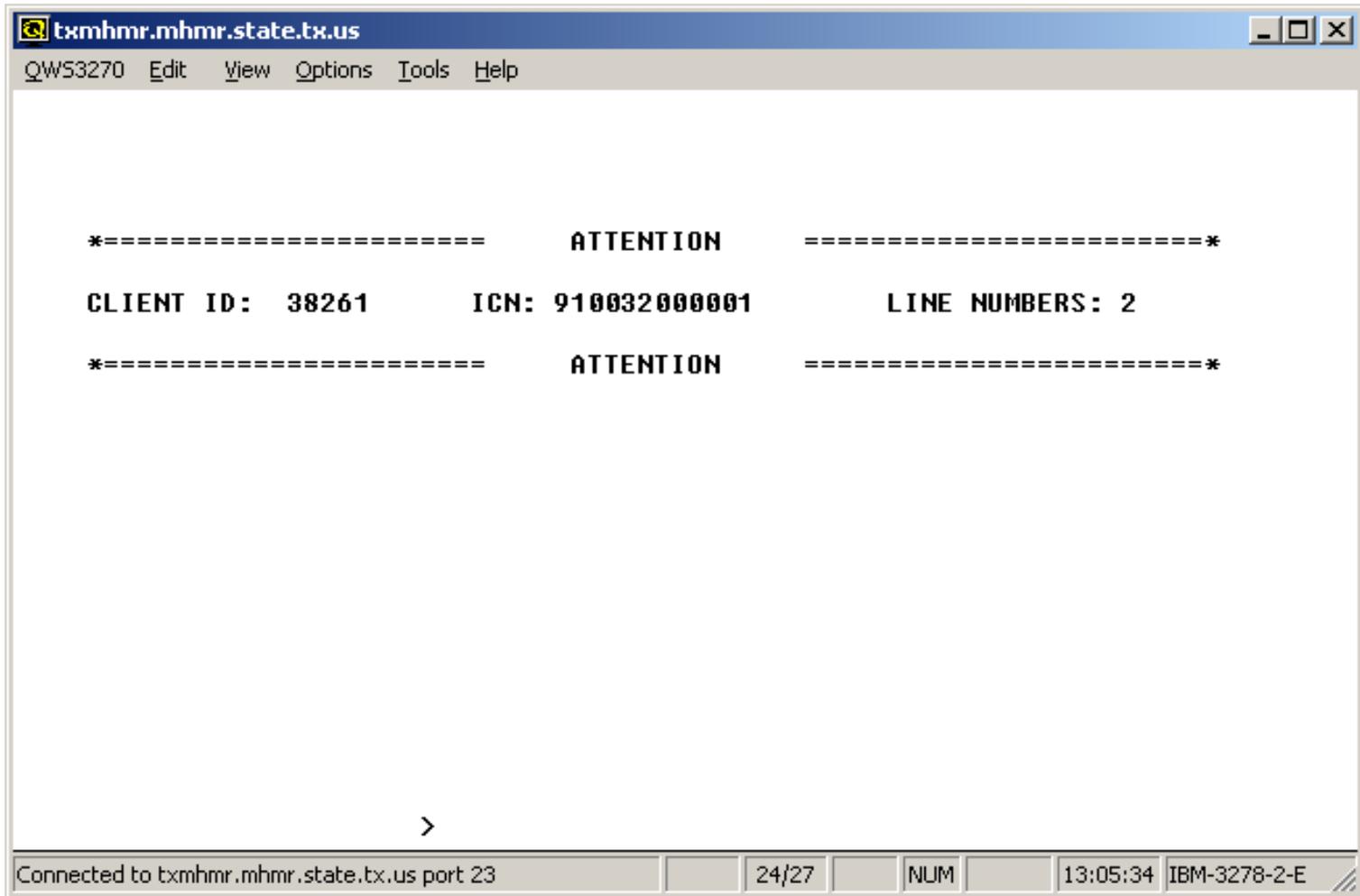
READY TO ADD?   : Y (Y/N)

ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23      23/9      NUM      13:05:05 IBM-3278-2-E

```

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
02-01-10          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

                CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

PLEASE ENTER THE FOLLOWING:

        NPI: 1720149982          QUALIFIER: 22  SERVICE CODE: M0162
    MODIFIER: _____        PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 01042010 (MMDDYYYY)
    STAFF ID: STF01_____
        ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MHM/DE)
    BILLED AMOUNT: _____

        TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

                *** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
    ACT: _____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhmrmhmr.state.tx.us port 23      5/49      NUM      13:06:07 IBM-3278-2-E
```

## Financial Management Services

To enter billing information for Financial Management Services, begin on the C22: Service Delivery header screen. Type the client ID and component code. You may also have to enter the local case number. Type in the NPI number and use the Bill Code Crosswalk for the list of codes to use in the Qualifier, Service Code, Modifier, Place of Service, and Revenue Code fields. Type the service date, type **A** (add) in the Type of Entry field, and press Enter.

```
txmhmr.mhmr.state.tx.us
QWS3270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

PLEASE ENTER ONE OF THE FOLLOWING:

                CLIENT ID: 38261_____
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / _____

PLEASE ENTER THE FOLLOWING:

        NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0111
MODIFIER: _____          PLACE OF SERVICE: 99  REVENUE CODE: _____
SERVICE DATE: 05012009 (MMDDYYYY)
STAFF ID: _____
        ICN: _____          LINE NO: ____ (CHG)
AUTHORIZATION NUMBER: _____ (AA/MMH/DE)
BILLED AMOUNT: _____

        TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

                *** PRESS ENTER ***

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

Connected to txmhmr.mhmr.state.tx.us port 23
23/12 CAPS NUM 15:07:09 IBM-3278-2-E
```

On this screen you will enter actual units of service *only*, rather than dollars. For example, you will enter one unit of service per month. Type 1.00 in the field of the day you specified on the header screen. Type Y in the Ready to Add? field and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-11-09 C22:SERVICE DELIVERY: ADD UC060389
COMPONENT : 8PN I CARE CLIENT ID : 38261
NAME : ROSEMARY, MARY CASE NUMBER: 8PN456
STAFF ID : NPI : D001007504 HCS
SUC CATEGORY: FMSU FMS MONTHLY FEE RA NUMBER :
HCPCS INFO : QUAL: Z2 CODE: M0111 MOD: POS: 99 REV:
IPC BEGIN DATE: 03-31-2009 IPC END DATE: 03-30-2010
UNITS REMAIN IN IPC: 11.00 MONS BILL UNITS REMAIN IN IPC: 11.00 MONS

SERVICE DATE FOR 05-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):

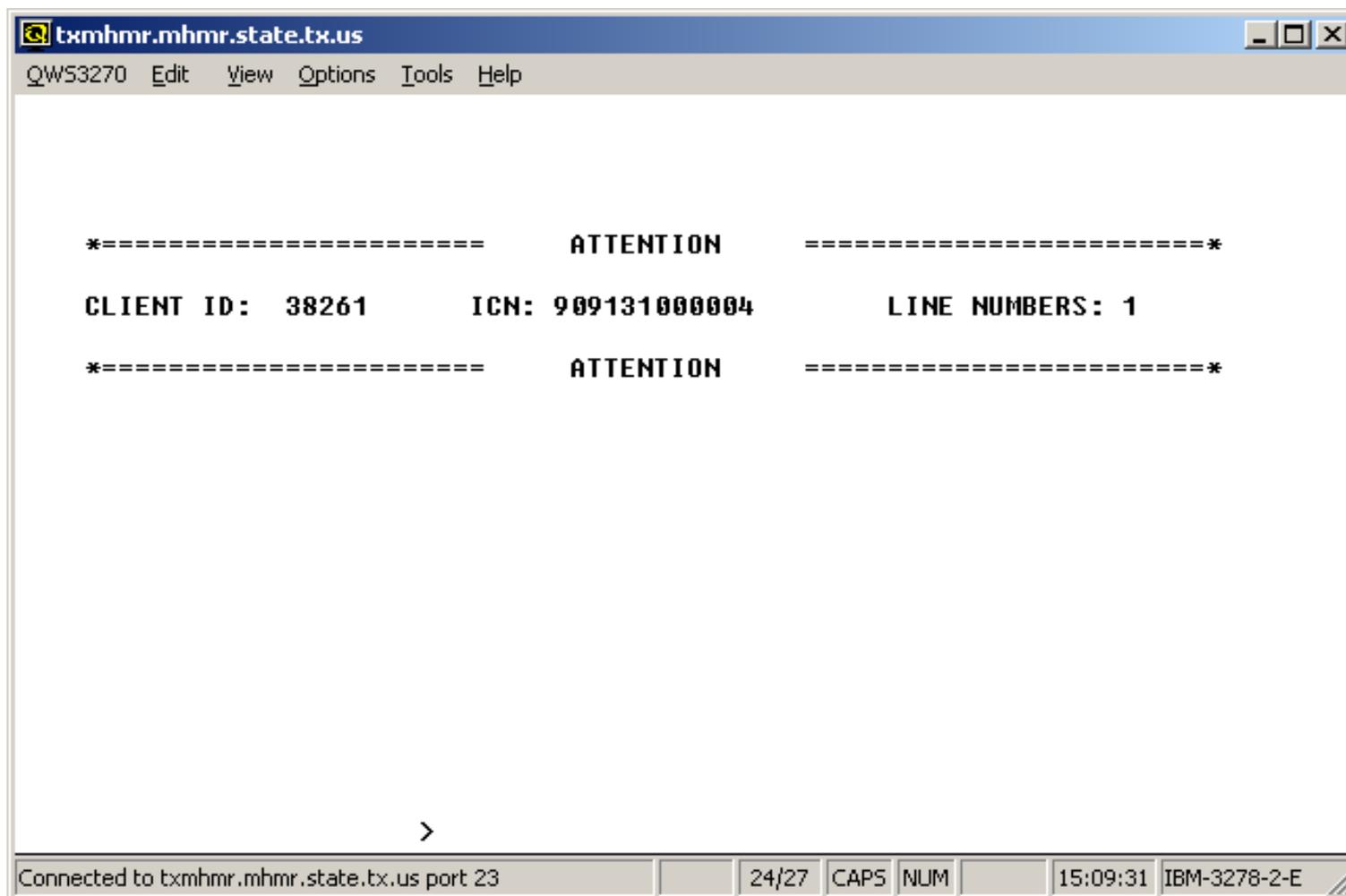
  1  1.00  2      3      4      5
  6      7      8      9     10
 11     12     13     14     15
 16     17     18     19     20
 21     22     23     24     25
 26     27     28     29     30
 31

READY TO ADD? : Y (Y/N)

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

Connected to txmhmrmhmr.state.tx.us port 23 13/12 CAPS NUM 15:08:52 IBM-3278-2-E
```

This screen displays the ICN and line numbers that you need if you want to make changes after the data is submitted. You can also obtain the ICN and line number by using the C89: Claims Inquiry screen. Press Enter to continue.



The system processes the information you just added and displays the header screen again, with the message, "Previous Information Added."

```
txmhm.mhmr.state.tx.us
QWS3270 Edit View Options Tools Help
05-11-09          C22:SERVICE DELIVERY: ADD/CHANGE          UC060388

          PLEASE ENTER ONE OF THE FOLLOWING:

                  CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN / 00008PN456

          PLEASE ENTER THE FOLLOWING:

          NPI: D001007504          QUALIFIER: 22  SERVICE CODE: M0111
MODIFIER:          PLACE OF SERVICE: 99  REVENUE CODE:
SERVICE DATE: 05012009  (MMDDYYYY)
STAFF ID:
          ICN:          LINE NO:  (CHG)
AUTHORIZATION NUMBER:  (AA/MHM/DE)
BILLED AMOUNT:

          TYPE OF ENTRY:  A (A/ADD,C/CHANGE)

          *** PRESS ENTER ***

**MSG: 1939 PREVIOUS INFORMATION ADDED
ACT:  (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)

Connected to txmhm.mhmr.state.tx.us port 23  5/49  CAPS NUM  15:09:51  IBM-3278-2-E
```

## C89: Claims Inquiry

The C89: Claims Inquiry screens are used to view service dates billed and to obtain the ICN and Line Number. You **must have the ICN and Line Number** before you can make any billing changes.

Type the client ID and component code. If you want to limit the results of your inquiry, type the requested information in the appropriate fields and press Enter.

```
txmhmrmhmr.state.tx.us
QW53270 Edit View Options Tools Help
05-13-09 C89:CLAIMS INQUIRY UC061360

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID: 38261
COMPONENT CODE/LOCAL CASE NUMBER: 8PN /
MEDICAID NUMBER:
ICN: LINE:
CONTRACT NUMBER:
NPI:
PLEASE ENTER THE FOLLOWING:

CLAIM STATUS: (U/PENDING,A-ATP,P-PAID,D-DENIED(BATCH),BLANK-ALL)
SERVICE CATEGORY: OR HCPCS: MOD:
SERVICE DATE RANGE: BEGIN: (MMDDYYYY) (OPTIONAL)
END: (MMDDYYYY)

PRINTER CODE: (ENTER FOR HARD COPY)

*** PRESS ENTER ***

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

Connected to txmhmrmhmr.state.tx.us port 23 6/47 CAPS NUM 14:20:58 IBM-3278-2-E
```

View the inquiry results.

Notice the ICN and line numbers. Possible Status values are U (Pending), P (Paid), A (Approved to Pay), or D (Denied - Batch). Press Enter to scroll through the screens.

The screenshot shows a terminal window titled 'txmhmrmhmr.state.tx.us'. The window contains the following text:

```
QWS3270 Edit View Options Tools Help
05-13-09          C89:CLAIM INQUIRY-ALL CLAIMS          UC061365

COMP: 8PN ID: 38261 LCN: 8PN456

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 1.00    AMT:          SUC DT: 05-01-09 SUC:FMSU/M0111//99/
ICN/LINE/STATUS: 909131000004/1/U CONTRACT NO: 001007504 HCS
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-24-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/6/U CONTRACT NO: 001007504 HCS STAFF: STF01
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-22-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/5/U CONTRACT NO: 001007504 HCS STAFF: STF01
NPI NUMBER: D001007504

NAME: ROSEMARY MARY          MEDICAID NO: 996655441    CLIENT ID: 38261
BILL: UNITS: 80.00    AMT:          SUC DT: 04-20-09 SUC:SHLU/M0158//49/
ICN/LINE/STATUS: 909131000001/4/U CONTRACT NO: 001007504 HCS STAFF: STF01
>
```

At the bottom of the window, there is a status bar with the following information:

```
Connected to txmhmrmhmr.state.tx.us port 23    24/27    CAPS    NUM    14:21:41    IBM-3278-2-E
```

# Rate Analysis

- Health and Human Services Commission sets rates.

## Website

- <https://www.hhsc.state.tx.us/Rad/index.shtml>

skip to content

[En Español](#)



- About HHSC
- How to Get Help
- Questions about Your Benefits
- Providers and Vendors
- Medicaid/CHIP
- Research and Statistics
- Business Opportunities
- Meetings and Events
- Office of Inspector General »  
Report Waste, Abuse and Fraud
- HHSC Projects
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- Transformation Waiver
- Contact Us
- Sunset Review
- Advisory Committees
- Job Opportunities

HHSC Programs >> Medicaid >> Rate Analysis

## Rate Analysis

- Acute Care Services
- Hospital and Clinic Services
- Long-Term Services and Supports**
- Managed Care Services
- Medicaid Administrative Claiming
- STAR+PLUS Cost Reporting
- Time Study

### Rate Packets

**Mailing address for HHSC Rate Analysis Department:**

Regular Mail:	Overnight and Courier Delivery:
HHSC Rate Analysis	HHSC Rate Analysis
Mail Code H-400	Mail Code H-400
P.O. Box 149030	4900 North Lamar
Austin, Texas 78714	Austin, Texas 78751

**Send email to Rate Analysis**



**COMMUNITY LIVING ASSISTANCE AND SUPPORT SERVICES (CLASS)  
PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2014**

**Consumer Directed Services**

<b>Service</b>	<b>Payment Rate</b>
Financial Management Services (FMS) Fee - per month	\$202.00
<b>Consumer Payment Rates for Determining the Consumer's Budget *</b>	
Habilitation Services - per hour	\$13.05
Employment Assistance - per hour	\$25.27
Supported Employment - per hour	\$25.27
In-Home Respite (IHR) - per day	\$214.60
Out-of-Home Respite (OHR) - per day	\$224.17
Physical Therapy Client Payment Rate – per hour	\$76.43
Occupational Therapy Client Payment Rate – per hour	\$71.95
Speech & Language Therapy Client Payment Rate – per hour	\$75.29
Cognitive Rehabilitation Therapy - per hour - <b>new rate effective September 1, 2014</b>	\$78.53
Registered Nurse (RN) Client Payment Rate - per hour	\$42.39
Specialized RN Client Payment Rate - per hour	\$48.90
Licensed Vocational Nurse (LVN) Client Payment Rate - per hour	\$28.69
Specialized LVN Client Payment Rate - per hour	\$33.14
Support Consultation - per hour	\$15.37

\* The consumer's budget and service plan are calculated using the Consumer Payment Rate times the number of

# 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/WAIVER.html>