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

- [Link](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
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.

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 eligibility; R&S reports

TMHP News
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.
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</table>

Dollars spent: $1.00
Verifying Medicaid Eligibility—ALWAYS CHECK before service delivery starts and often thereafter
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).
Claim Request

Claim Number: 

Format: 15 digits with no spaces

Lookup

Client Claim Request

Provider NPI/API: 

Service Begin Date: 

Format: mm/dd/yyyy

Service End Date: 

Format: mm/dd/yyyy

Select the appropriate Request Type

Client □ Trainee □

Client Information

Medicaid No.:

Last Name:

First Name:

M.I.:

Suffix:

Search
Enter Search Information
Results

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
  

- 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
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: ____ (C00/PROV DATA ENTRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)
01-08-08  C09:REGISTER CLIENT UPDATE  VC060425

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)
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

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

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PLEASE ENTER THE FOLLOWING:

COMPONENT CODE: 123
    END DATE: 03082008 (MMDDYYYY)

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  VC060305
THROUGH 03-08-08

COMPONENT: 123 OUR SERVICES ARE COOL, INC..

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

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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:  WE BE THE BEST, INC.

WAIVER TYPE:

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HCS/001000000/WE BE THE BEST, INC.
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<td>01-19-02</td>
<td>3 V3</td>
<td>6 TDMHMR</td>
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PLEASE ENTER ONE OF THE FOLLOWING:

COMPTROLLER VENDOR NUMBER: ____________
COMPONENT CODE: ___

ENTER IF DESIRED:

PRINTER CODE: ________ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ____ (C6o/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN DOC)
COMPONENT: 123 TEXAS RESIDENTIAL SERVICES, INC.  PROFIT: YES
COMPTROLLER 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
C70: CONTRACT INFORMATION: INQUIRY

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)
C70: CONTRACT INFORMATION

COMPONENT: 123 WE ARE SO COOL, L.C.

VEND/CONTRACT 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

CONTACT CONTACT: TONY ROMO

PHONE: (123) 456-7891

PHYSICAL ADDRESS: 123 ANY ROAD

ANYWHERE TX 70001

FAX: (123) 456-7892

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.

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<th>BEGIN DATE</th>
<th>END DATE</th>
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<td>SCHMOE, JOE</td>
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<td>SH11</td>
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ACT: _____ (F/FORWD, B/BCKWD, C60/HCS INQUIRY MENU, A/HCS MAIN MENU)
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  C81: PAYMENT ELIGIBILITY VERIFICATION  VC060955

NAME : TURTLE, NINJA
MEDICAID NUMBER: 123456789
CONTRACT NUMBER: 001000001

CLIENT ID: 123456
LOCAL CASE NUMBER: 0000060001
COMPONENT: 888

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*********************************************************************
** THIS INFORMATION MAY CHANGE BY THE DATE OF THE NEXT BILLING RUN **
*********************************************************************
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)
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)
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 - 0000000001
TOTAL CONSUMERS: 1
Where to Get Information

- HCS LINK
  [http://www.dads.state.tx.us/providers/HCS/index.cfm](http://www.dads.state.tx.us/providers/HCS/index.cfm)

- TXHML LINK
  [http://www.dads.state.tx.us/providers/TxHmL/index.cfm](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](http://www2.mhmr.state.tx.us/655/cis/training/WaiverGuide.html)

- HCS/TxHmL forms link: