FMSA
CARE Billing for HCS and TxHmL
Chapter 41: FMSA Billing

§41.337. Payment of Services.

• An FMSA 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 17V (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)
Bill code crosswalks

Long-term care bill code crosswalk

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

PDF Format

Texas Home and Community-based Services (HCS) and Texas Long-term care 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
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

<table>
<thead>
<tr>
<th><strong>Top News</strong></th>
<th><strong>NDC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td><strong>Updated List of Drugs Requiring NDC for Reimbursement Effective March 21, 2011 - 3/1/2011</strong></td>
</tr>
<tr>
<td><em>Additional Incontinence Supplies Procedure Codes to Be a Benefit for Texas Medicaid</em> - 2/24/2011</td>
<td><strong>New Publications</strong></td>
</tr>
<tr>
<td><em>Banner Messages for 02/28/11 and 03/04/11</em> - 2/25/2011</td>
<td><strong>Reimbursement Rates</strong></td>
</tr>
<tr>
<td><em>Biofeedback Services Procedure Codes 99090 and 99091 to Be Benefits of Texas Medicaid</em> - 2/24/2011</td>
<td><strong>Some 2011 HCPCS Procedure Codes Reimbursement Rates To Be Implemented on March 31, 2011 - 2/22/2011</strong></td>
</tr>
</tbody>
</table>

### Claims Reprocessing

- Rejected Claims for Psychiatric Services
• 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!!
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
### Claim Submission - Step 2

#### Details

Number of details to add: 1

<table>
<thead>
<tr>
<th>Line Item Control</th>
<th>Service Dates</th>
<th>Procedure Code</th>
<th>Nods</th>
<th>Units</th>
<th>Unit Rate</th>
<th>Line Item Tot</th>
<th>Co-Pay</th>
<th>NPI/API</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Units = Dollars spent**: $1.00

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**
NAME: TURTLE, NINJA
ADDRESS: 8222 SEWER WAY, UNDERGROUND, TX 77017

MEDICAID NO: 123456789
CONTRACT NO: 001231456 H
COMP/MRA: AAA/BBB

PACKET STATUS: COMPLETE
SSN: 640-14-0687

CONSUMER STATUS: ACTIVE
ENROLLMENT DATE: 11-12-1990
ENROLL REQUEST DATE: 08-21-1996
LOCATION: OHFH OWN

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

ACT: ____ (C60/PROV INQUIRY MENU, A/MA MAIN MENU, HLP(PF1)/SCRN)
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)
vc100193

01-07-08 C63: MEDICAID RECIPIENT INFORMATION

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 :

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
: 123-45-6789
FIRST NAME, MIDDLE : NINJA J
123456789

BIRTH DATE : 07-10-1984
: W
CARE CLIENT ID : 154788

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
: 123-45-6789

FIRST NAME, MIDDLE : NINJA J

RECP NO: 123456789

MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER:
510427571

<table>
<thead>
<tr>
<th>CATEG</th>
<th>CVG</th>
<th>TYPE</th>
<th>BEG</th>
<th>END</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPENDDOWN CODE</td>
<td>PROG</td>
<td>DATE</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>CODE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>R</td>
<td>13</td>
<td>02-01-2000</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>14</td>
<td>09-01-1998</td>
<td>01-31-2000</td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>19</td>
<td>03-01-1991</td>
<td>08-31-1998</td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>13</td>
<td>10-01-1990</td>
<td>02-28-1991</td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>13</td>
<td>07-01-1990</td>
<td>09-30-1990</td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>13</td>
<td>06-01-1990</td>
<td>06-30-1990</td>
</tr>
<tr>
<td>04</td>
<td>R</td>
<td>13</td>
<td>05-01-1990</td>
<td>05-31-1990</td>
</tr>
</tbody>
</table>
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..

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>CONTRACT NUMBER</th>
<th>MEDICAID NUMBER</th>
<th>LOCAL NUMBER</th>
<th>CASE NO.</th>
<th>BEGIN DT</th>
<th>END DT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME, OPTIMUS</td>
<td>123456789</td>
<td>123456789</td>
<td>0000012354</td>
<td>03-02-07</td>
<td>02-29-08</td>
<td></td>
</tr>
<tr>
<td>BOURNE, JASON J</td>
<td>123456789</td>
<td>123456789</td>
<td>0000020000</td>
<td>02-17-07</td>
<td>02-16-08</td>
<td></td>
</tr>
<tr>
<td>DURITZ, ADAM</td>
<td>123456789</td>
<td>123456789</td>
<td>123456789</td>
<td>02-27-07</td>
<td>02-26-08</td>
<td></td>
</tr>
<tr>
<td>MELOY, COLIN</td>
<td>123456789</td>
<td>123456789</td>
<td>123456789</td>
<td>02-25-07</td>
<td>02-24-08</td>
<td></td>
</tr>
</tbody>
</table>
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)
<table>
<thead>
<tr>
<th>LOCAL CASE NO.</th>
<th>DISCHARGE</th>
<th>CONTRACT MEDICAID</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TURLTE, NINJA</td>
<td>123456789</td>
<td>123456789</td>
<td>09-29-2007</td>
</tr>
<tr>
<td>0000010001</td>
<td>DEATH/ PERM-AUTH</td>
<td>** SERVICES RECEIVED ON DISCHARGE DATE **</td>
<td></td>
</tr>
<tr>
<td>RANGERS, POWER</td>
<td>123456789</td>
<td>123456789</td>
<td>09-29-2007</td>
</tr>
<tr>
<td>0000040001</td>
<td>DEATH/ PERM-AUTH</td>
<td>** SERVICES RECEIVED ON DISCHARGE DATE **</td>
<td></td>
</tr>
</tbody>
</table>
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)
<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>ID</th>
<th>NUMBER</th>
<th>MEDICAID NUMBER</th>
<th>WAIVER TYPE/CONTRACT NO/CONTRACT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TURTLE, NINJA</td>
<td>1234561</td>
<td>0000060000</td>
<td>123456789</td>
<td>HCS/001000000/WE BE THE BEST INC.</td>
</tr>
<tr>
<td>ACTIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGER, POWER</td>
<td>1234568</td>
<td>0000070000</td>
<td>123456789</td>
<td>HCS/001000000/WE BE THE BEST, INC</td>
</tr>
<tr>
<td>ACTIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TURTLE, NINJA J

<table>
<thead>
<tr>
<th>MEDICAID LEVEL NUMBER</th>
<th>LEV CARE</th>
<th>BEGIN DT</th>
<th>END DT</th>
<th>PREVIOUS END DT</th>
<th>PURPOSE</th>
<th>LON SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-19-07</td>
<td>01-18-08</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-19-06</td>
<td>01-18-07</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-19-05</td>
<td>01-18-06</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-20-04</td>
<td>01-18-05</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-20-03</td>
<td>01-19-04</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-20-02</td>
<td>01-19-03</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
<tr>
<td>12345678 TDMHMR</td>
<td>1</td>
<td>01-20-01</td>
<td>01-19-02</td>
<td></td>
<td>3 V3</td>
<td>6</td>
</tr>
</tbody>
</table>
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)
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
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-TXHRM,BLANK=ALL)
PRINTER CODE: ________ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

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

<table>
<thead>
<tr>
<th>Staff Provider</th>
<th>Staff ID</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHMOE, JOE</td>
<td>SE22</td>
<td>05-01-07</td>
<td></td>
</tr>
<tr>
<td>BERRY, CHUCK</td>
<td>SH11</td>
<td>12-01-07</td>
<td></td>
</tr>
<tr>
<td>BARBER, MARION</td>
<td>SH152</td>
<td>06-14-07</td>
<td></td>
</tr>
<tr>
<td>CLAUSE, SANTA</td>
<td>NU9</td>
<td>06-01-07</td>
<td></td>
</tr>
<tr>
<td>BURGER, HAM</td>
<td>SH162</td>
<td>08-01-07</td>
<td></td>
</tr>
<tr>
<td>CNTY</td>
<td>COUNTY</td>
<td>SVC</td>
<td>MR</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>001</td>
<td>ANDERSON</td>
<td>41</td>
<td>4</td>
</tr>
<tr>
<td>002</td>
<td>ANDREWS</td>
<td>38</td>
<td>8</td>
</tr>
<tr>
<td>003</td>
<td>ANGELINA</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>004</td>
<td>ARANSAS</td>
<td>65</td>
<td>9</td>
</tr>
<tr>
<td>005</td>
<td>ARCHER</td>
<td>52</td>
<td>2</td>
</tr>
<tr>
<td>006</td>
<td>ARMSTRONG</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>007</td>
<td>ATASCOSA</td>
<td>47</td>
<td>7</td>
</tr>
<tr>
<td>008</td>
<td>AUSTIN</td>
<td>33</td>
<td>5</td>
</tr>
<tr>
<td>009</td>
<td>BAILEY</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>010</td>
<td>BANDERA</td>
<td>40</td>
<td>7</td>
</tr>
</tbody>
</table>

ACT: ____ (F/FORWD, B/BCKWD, C60/HCS INQUIRY MENU, A/HCS MAIN MENU)
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)
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
CLIENT ID: 123456
MEDICAID NUMBER: 123456789
LOCAL CASE NUMBER: 0000060001
CONTRACT NUMBER: 001000001
COMPONENT: 888

MEDICAID MEDICAID MEDICAID MEDICAID MEDICAID MEDICAID MEDICAID MEDICAID MEDICAID
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
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](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.
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.
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.

*---------------------------- ATTENTION -------------------------------*

CLIENT ID: 38261    ICN: 909131000001    LINE NUMBERS: 6

*---------------------------- ATTENTION -------------------------------*
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.
The system processes the information you just added and displays the header screen again, with the message, “Previous Information Added.”
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.
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\textsuperscript{th}, so you will type 100.00 in the field beside the 10\textsuperscript{th}. Type Y in the Ready to Add? field and press Enter.

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>8PN I CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>ROSEMARY, MARY</td>
</tr>
<tr>
<td>STAFF ID</td>
<td>STF01</td>
</tr>
<tr>
<td>SVC CATEGORY</td>
<td>SHLV SUPPORTED HOME LIVING</td>
</tr>
<tr>
<td>HCP CS INFO</td>
<td>Qual: 22 Code: M0158 Mod:</td>
</tr>
<tr>
<td>IPC BEGIN DATE</td>
<td>03-31-2009</td>
</tr>
<tr>
<td>IPC END DATE</td>
<td>03-30-2010</td>
</tr>
<tr>
<td>UNITS REMAIN IN IPC</td>
<td>15868.00 DOL</td>
</tr>
<tr>
<td>SERVICE DATE FOR 04-2009 (ENTER BILL UNITS 'NN.NN' IF SERVICE PROVIDED):</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>26</td>
<td>27</td>
</tr>
</tbody>
</table>

READY TO ADD? : Y (Y/N)

ACT: ____ (C00/HCS DATA ENTRY MENU, A/HCS MAIN MENU, HLP(PF1)/SCRN DOC)
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 system processes the information you just added and displays the header screen again, with the message, “Previous Information Added.”
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.
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.
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.”
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.
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.
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.”
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.
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.
Rate Analysis

• Health and Human Services Commission sets rates.

Website
• https://www.hhsc.state.tx.us/Rad/index.shtml
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:

<table>
<thead>
<tr>
<th>Regular Mail:</th>
<th>Overnight and Courier Delivery:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSC Rate Analysis</td>
<td>HHSC Rate Analysis</td>
</tr>
<tr>
<td>Mail Code H-400</td>
<td>Mail Code H-400</td>
</tr>
<tr>
<td>P.O. Box 149030</td>
<td>4900 North Lamar</td>
</tr>
<tr>
<td>Austin, Texas 78714</td>
<td>Austin, Texas 78751</td>
</tr>
</tbody>
</table>

Send email to Rate Analysis
COMMUNITY LIVING ASSISTANCE AND SUPPORT SERVICES (CLASS)  
PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2014  

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

* 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