

Texas Medicaid

Bimonthly update to the *Texas Medicaid Provider Procedures Manual*



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BULLETIN
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Looking for more information about:

- Allergy Testing?
- Eyewear Pricing Updates?
- HIPAA Awareness?

Look no further than this bulletin.

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www.eds-nhic.com

National Heritage Insurance Company (NHIC) is the insurer and contract administrator for the Texas Medicaid Program under contract with the Texas Health and Human Services Commission (HHSC)



Indicates updated information

HIPAA Awareness



Congress enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to reform the health care insurance market and simplify the health care administrative processes. As a Medicaid provider, you will be required to comply with HIPAA Electronic Data Interchange (EDI) and Privacy Regulations. Entities covered by HIPAA (called “covered entities”) must comply with the HIPAA EDI and Privacy Regulations. Covered entities include the following:

- **Health plans, which include health insurers and health maintenance organizations (HMOs)**
- **Blue Cross Blue Shield**
- **Medicare**
- **Medicaid**
- **Employee Retirement Income Security Act of 1974 (ERISA)**
- **Health care providers, who transmit any health information in electronic form in connection with transactions referred to in section 1173(a)(i) of the act**
- **Health care clearinghouses**

The Texas Medicaid Program filed an extension with the Centers for Medicare and Medicaid Services (CMS) and will implement HIPAA EDI requirements by October 16, 2003. HIPAA requires covered entities that exchange covered transactions to comply with national EDI standards. You can find extensive information about “covered entities” and “covered transactions” on the Centers for Medicare and Medicaid Services (CMS) Web site at www.cms.gov/hipaa.

Providers who use vendor software or *TDHconnect 2.0* will be impacted by this mandate. HIPAA also requires the use of national standard codes. Medicaid local procedure codes and modifiers currently in use also will be impacted. Look for more information in upcoming bulletins and workshops about Texas Medicaid’s implementation of these national standard codes.

<i>Important dates to remember</i>	Privacy Implementation Date: April 14, 2003 EDI Implementation Date: October 16, 2003
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Privacy provisions must be implemented by April 14, 2003. Enhancements will be made to *TDHconnect 2.0* to ensure that providers submit HIPAA-compliant transactions after October 16, 2003. These enhancements will require changes to the information providers input. Watch for important information on HIPAA in future bulletins, banner messages, and provider workshops. Visit the following Web sites for information and other helpful links:

Resource	Web Site Address
Centers for Medicare and Medicaid Services (CMS)	www.cms.gov/hipaa/
Provider workshops	www.eds-nhic.com/provenrl/mcwork.htm
NHIC Provider Relations Training Specialists	www.eds-nhic.com/provenrl/imagemap.html
HIPAA Frequently Asked Questions (FAQs)	www.eds-nhic.com/HIPAA.htm
Approved HIPAA Implementation Guides and current listing of the Reason and Remark codes	www.wpc-edi.com/hipaa/HIPAA_40.asp
Health and Human Services Commission	www.hhsc.state.tx.us/NDIS/NDISTaskForce.html
Privacy	www.hhs.gov/ocr/hipaa or www.aspe.hhs.gov/admsimp/
Other helpful links	www.hipaadvisory.com or www.hipaacomply.com



All Providers

Allergy Testing

Effective for dates of service on or after June 1, 2003, allergy testing will no longer require prior authorization for children younger than age 3 years. This requirement applies to the procedure codes listed in the following table:

Procedure Code	Description
1-95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
1-95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
1-95015	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
1-95024	Intracutaneous (intradermal) tests, with allergenic extracts, immediate type reaction, specify number of tests
1-95028	Intracutaneous (intradermal) tests, with allergenic extracts, delayed type reaction, including reading, specify number of tests
1-95044	Patch or application test(s) (Specify number of tests)
1-95052	Photo patch test(s) (Specify number of tests)
1-95056	Photo test(s)
1-95060	Ophthalmic mucous membrane test
1-95065	Direct nasal mucous membrane test
1-95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds, per test
1-95071	Inhalation bronchial challenge testing (not including necessary pulmonary function test); with antigens or gases, specify per test
5-86003	Allergen specific IgE; quantitative, each allergen
5-86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk) ■

CLIA Waived Tests Update and Modifier QW

The following table lists waived procedure codes under the Clinical Laboratory Improvement Amendment (CLIA). The tests listed with modifier QW is a CLIA requirement for these codes. Modifier QW must be submitted or claims will be denied.

Refer to: The procedure code descriptions in the *2003 Texas Medicaid Provider Procedures Manual*, pages 25-3 and 25-4.

Providers holding CLIA waiver certificates are authorized to perform only the following tests:

Tests Granted Waived Status Under CLIA – This list includes updates through September 27, 2002:		
G0107	82273QW	83986QW
81002	82274QW	84460QW
81025	82465QW	84478QW
82270	82523QW	84703QW
82962	82570QW	85014QW
83026	82679QW	85018QW
84830	82947QW	85610QW
85013	82950QW	86294QW
85651	82951QW	86308QW
80061QW	82952QW	86318QW
80101QW	82985QW	86618QW
81003QW	83001QW	87077QW
81007QW	83002QW	87210QW
82010QW	83036QW	87449QW
82044QW	83518QW	87804QW
82055QW	83605QW	87880QW
82120QW	83718QW	89300QW

Holders of Physician Performed Microscopy Procedure (PPMP) Certificates are authorized to perform the procedures listed above for waiver certificates in addition to the following tests:

Tests Granted Waived Status Under CLIA – This list includes updates through September 27, 2002:	
G0026	Q0115
G0027	81000
Q0111	81001
Q0112	81015
Q0113	81020
Q0114	89190 ■

Correction to the Client Eligibility section of the 2003 Texas Medicaid Provider Procedures Manual

The list of Third Party Resources (TPR) and non-TPR were inadvertently combined in section 1.5.3 of the 2003 Texas Medicaid Provider Procedures Manual. The corrected section is as follows:

1.5.4 Third Party Resources

Federal and state laws require the use of Medicaid funds for the payment of most medical services only after all reasonable measures have been made to use a client's third party resources or other insurance.

A third party resource (TPR) is a source of payment for medical services other than Medicaid or Medicaid managed care organization (MCO), the client, and non-TPR sources. TPR includes payments from any of the following sources:

- Private health insurance including assignable indemnity contracts
- Health maintenance organization (HMO)
- Public health programs available to clients with Medicaid such as Medicare and Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
- Profit and nonprofit health plans
- Self-insured plans
- No-fault automobile insurance such as personal injury protection (PIP) and automobile medical insurance
- Liability insurance
- Workers' Compensation
- Other liable third parties

Reminder: Adoption agencies/parents are no longer considered a third party resource. Medicaid is primary in these circumstances.

Non-TPR sources are secondary to Texas Medicaid and may only pay benefits after the Texas Medicaid Program. The following are the most common non-TPR sources. If you have questions about others not listed, contact a Provider Training Specialist:

- Texas Rehabilitation Commission
- Texas Commission for the Blind
- Texas Kidney Health Care Program
- Crime Victims' Compensation Program
- Muscular Dystrophy Association
- Children with Special Health Care Needs (CSHCN)
- Texas Band of Kickapoo Equity Health Program
- Maternal and Child Health (Title V)
- State Legalization Impact Assistance Grant (SLIAG)
- Adoption Agencies
- CBA–Community Based Alternatives
- CLASS–Community Living Assistance and Support Services

Denied claims or services that are not a benefit of Medicaid may be submitted to non-TPR sources.

If a claim is submitted inadvertently to a non-TPR source listed above before submission to NHIC, the claim may be submitted to NHIC using the filing deadlines identified in under Filing Deadlines

If a non-TPR source erroneously makes a payment for a dual-eligible for services also covered by Medicaid, the payment should be refunded to the non-TPR source.

Any indemnity insurance policy that pays cash to the insured for wages lost or for days of hospitalization rather than for specific medical services is considered a third party resource **if the policy is assignable to someone else**. HHSC has assignment to any Medicaid applicant's or client's right of recovery from third party resources, to the extent of the cost of medical care services paid by Medicaid. The Texas Medicaid Program requires a provider take all reasonable measures to use a client's third party resources before billing Medicaid.

A provider who furnishes services and participates in the Texas Medicaid Program may not refuse to furnish services to an eligible client because of a third party's potential liability for payment of the services.

Eligible clients may not be held responsible for billed charges that are in excess of the TPR payment for services covered under the Texas Medicaid Program. If the third party resource pays less than the Medicaid-allowable amount for covered services, the provider should submit a claim to NHIC for any additional allowable amount. Additionally, eligible clients enrolled in private HMOs must not be charged the copayment amount because the provider has accepted Medicaid assignment. ■

↳ Correction to the Emergency Diagnosis Codes

The list of additional emergency diagnosis codes that were included on page 3 of the *March/April 2003 Medicaid Bulletin, No. 169* is effective for **dates of service on or after January 1, 2003 and after**. Information published in Bulletin #169 incorrectly stated that these additional diagnoses were considered emergencies for claims in process. ■

↳ Correction to the STAR+PLUS Medicaid Identification Form 3087

The STAR+PLUS Medicaid Identification Form 3087 printed in the *2003 Texas Medicaid Provider Procedures Manual* is incorrect. A corrected version of this form is on page 17 of this bulletin. ■

Eyewear Pricing Updates

Effective for dates of service on or after March 1, 2003, the following eyewear procedure codes will decrease reimbursement:

Procedure Code	Description	New Allowable
Y2010	Zylonite single vision	\$33.15
Y2020	Zylonite bifocal	\$39.95
Y2030	Zylonite trifocal	\$48.45
Y2040	Zylonite/metal single vision	\$33.15
Y2050	Zylonite/metal bifocal	\$39.95
Y2060	Zylonite/metal trifocal	\$48.45
Y2607	Zylonite frame	\$14.45
Y2608	Zylonite/metal frame	\$14.45
Y2609	Single vision/single lens	\$10.35
Y2610	Single vision pair	\$18.70
Y2611	Bifocal single	\$13.50
Y2612	Bifocal pair	\$25.50
Y2613	Trifocal single lens	\$18.00
Y2614	Trifocal pair of lenses	\$34.00
Y9607	Replacement zylonite frames	\$14.45
Y9608	Zylonite and metal frames	\$14.45
Y9609	Single vision - one lens	\$10.35
Y9610	Single vision - pair of lenses	\$18.70
Y9611	Bifocal - one lens	\$13.50
Y9612	Bifocal - pair of lenses	\$25.50
Y9613	Trifocal - one lens	\$18.00
Y9614	Trifocal - pair of lenses	\$34.00 ■

Medical Policy Claims

Effective for dates of service on or after April 1, 2003, procedure codes 2/F-64573, 2/F-64585, and 2/F-61885, Vagal nerve stimulators, will no longer require prior authorization or managed care precertification and will no longer have age restrictions applied to claims processing and programming, of the vagal nerve stimulators, procedure codes 5-95970 through 5-95975 will no longer be age-restricted. ■

Prior Authorization Process Change for Texas Health Network Members

Effective August 6, 2001, the Texas Health Network assumed responsibility for all surgical procedures previously prior authorized by NHIC, including transplants and oral and maxillofacial surgeries. You no longer need to obtain a prior authorization from NHIC. Only the Texas Health Network precertification is required. The conditions and requirements for these authorizations remain unchanged. Authorization must be obtained before the delivery of services.

Transplants will only be authorized if performed in a transplant facility approved by the Texas Medicaid Program. The transplant authorization will be valid for one year. If the transplant is not completed within this time period, an extension must be requested.

Surgical procedures that have a valid prior authorization number already issued by NHIC will require precertification by the Texas Health Network to ensure proper claims processing. Should your facility have valid prior authorization for a pending transplant or other surgical services, you must forward a copy of the prior authorization letter to the Texas Health Network. The Texas Health Network will coordinate with NHIC to certify all services in an effort to avoid any duplication of work on the part of the provider. Once completed, a letter documenting the new precertification number and effective dates of services will be returned to the provider.

For initial precertification requests, complete the precertification request form. Include the following with your request:

- A summary of current status
- The expected prognosis
- The patient management plan/protocol

You can fax all the required information to the Texas Health Network Precertification Department at 512-302-5039.

If you have any questions or need a copy of the precertification request form, call the Texas Health Network Precertification Department at 888-302-6167. ■

Provider Assistance with the Medically Needy with Spend Down Process

Providers can assist patients who must meet a spend down to obtain Medicaid eligibility. Medically Needy applicants receive new Form 3087S, Medicaid Identification, once they have a case set up on the Department of Human Services automation system. This form does not authorize Medicaid coverage, but does provide an ID number assigned to the potentially eligible household member, and the amount of the spend down for each month covered by their application. To obtain actual

Medicaid eligibility, medical bills must be submitted to the Medically Needy Clearinghouse at NHIC proving that the family's medical expense exceeds the spend down amount. Eligibility begins the earliest day of the month that the spend down is met.

Providers can assist in this process by submitting itemized bills or claims using the ID number on the Form 3087S. Submit claims manually using HCFA Form 1500 or 1450 (UB-92).

Mail the itemized bills or claim to:

NHIC
Spend Down Unit
PO Box 202947
Austin, TX 78720-9984

This must be done no later than a date listed on the Form 3087S. Once the spend down is met, providers who submit claim forms will have that claim forwarded to claims processing at NHIC for possible payment, no additional claim filing is needed. Information about this process is also found on the Form 3087S. ■

Respiratory Syncytial Virus Prophylaxis – Palivizumab (Synagis)

Effective for dates of service on or after January 30, 2003, procedure code 1-90378, Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg each, is covered for the following congenital heart disease (CHD) diagnoses. Providers **must** maintain adequate documentation in the client's record that the client's CHD is hemodynamically significant.

Reminder: Procedure code 1-90378 must be billed in increments of 1 mg for correct reimbursement.

Diagnosis Code	Description
3960	Mitral valve stenosis and aortic valve stenosis
3961	Mitral valve stenosis and aortic valve insufficiency
3962	Mitral valve insufficiency and aortic valve stenosis
3963	Mitral valve insufficiency and aortic valve insufficiency
3968	Multiple involvement of mitral and aortic valves
3969	Mitral and aortic valve diseases, unspecified
4170	Arteriovenous fistula of pulmonary vessels
4171	Aneurysm of pulmonary artery
4178	Other specified diseases of pulmonary circulation
4179	Unspecified disease of pulmonary circulation
4240	Mitral valve disorders
4241	Aortic valve disorders

Diagnosis Code	Description
4242	Tricuspid valve disorders, specified as nonrheumatic
4243	Pulmonary valve disorders
4250	Endomyocardial fibrosis
4251	Hypertrophic obstructive cardiomyopathy
4253	Endocardial fibroelastosis
4254	Other primary cardiomyopathies
4257	Nutritional and metabolic cardiomyopathy
4259	Secondary cardiomyopathy, unspecified
4280	Congestive heart failure, unspecified
4281	Left heart failure
4289	Heart failure, unspecified
4599	Unspecified circulatory system disorder
7450	Common truncus
74510	Complete transposition of great vessel
74511	Double outlet right ventricle
74512	Corrected transposition of great vessels
74519	Other transposition of great vessels
7452	Tetralogy of Fallot
7453	Common ventricle
7454	Ventricular septal defect
7455	Ostium secundum type atrial septal defect
74560	Endocardial cushion defect, unspecified type
74561	Ostium primum defect
74569	Other endocardial cushion defect
7457	Cor biloculare
7458	Other anomaly of cardiac septal closure
7459	Unspecified defect of septal closure
74600	Pulmonary valve anomaly, unspecified
74601	Atresia, congenital
74602	Stenosis, congenital
74609	Other pulmonary valve anomaly
7461	Tricuspid atresia and stenosis, congenital
7462	Ebstein's anomaly
7463	Congenital stenosis of aortic valve
7464	Congenital insufficiency of aortic valve
7465	Congenital mitral stenosis
7466	Congenital mitral insufficiency
7467	Hypoplastic left heart syndrome
74681	Subaortic stenosis
74682	Cor triatriatum
74683	Infundibular pulmonic stenosis
74684	Obstructive anomalies of heart, not elsewhere classified
74685	Coronary artery anomaly

Diagnosis Code	Description
74687	Malposition of heart and cardiac apex
74689	Other specified anomaly of heart
7469	Unspecified anomaly of heart
7470	Patent ductus arteriosus
74710	Coarctation of aorta
74711	Interruption of aortic arch
74720	Anomaly of aorta, unspecified
74721	Anomalies of aortic arch
74722	Atresia and stenosis of aorta
74729	Other congenital anomaly of aorta
7473	Anomalies of pulmonary artery
74740	Anomaly of great veins, unspecified
74741	Total anomalous pulmonary venous connection
74742	Partial anomalous pulmonary venous connection
74749	Other anomalies of great veins ■



Home Health Providers

Homebound Qualifications

Effective for dates of service on or after November 14, 2002, home health recipients no longer need to meet the homebound criteria to qualify for services. Providers that have received previous claim or prior authorization request denials based on homebound criteria need to resubmit their claims or prior authorization requests to NHIC with appropriate documentation to include a copy of the claim, R&S statements, authorization request, and other pertinent documentation, such as denial letter or date and time of verbal telephone denial. ■



THSteps Providers

Correction to THSteps Periodicity Schedule

There is an error in the THSteps periodicity schedule on page 40-13 of the 2003 *Texas Provider Procedures Manual* and page 2-11 of the 2003 *Texas Medicaid Provider Procedures Manual - Texas Health Steps* (formerly the *Texas Medicaid Service Delivery Guide*) on Children/Birth to Age 10 Years. Immunizations are required at the age 4 years. Follow the Recommended



THSteps Medical Providers

THSteps Periodicity Birth through Age 2 Years

Effective on or after May 1, 2003, and to provide greater claim processing flexibility when billing for medical checkups for clients birth through age 2 years, providers may bill up to nine medical checkups regardless of the previous medical checkup date.

Medical checkups for clients age 0-6 days should be billed as an exception to periodicity as directed in the 2003 Texas Medicaid Provider Procedures Manual page 40-15. These checkups are not included in the nine medical checkup count. ■

Excluded Providers

In compliance with the Medicare and Medicaid Patient Protection Act of 1987, HHSC identifies providers or employees of providers who have been excluded from state and federal health care programs.

Providers excluded from the Medicaid and Title XX programs must not order or prescribe services to clients after the exclusion date. Services rendered under the medical direction or under the prescribing orders of an excluded provider also will be denied. Providers who submit cost reports cannot include the salaries/wages/benefits of employees who have been excluded from Medicaid. Also, excluded employees are not permitted to provide Medicaid services to any patient/client.

Review the entire Exclusion List for Texas Medicaid at www.hhsc.state.tx.us/OIE/exclusionlist/exclusion.asp. Report Medicaid providers who engage in fraud/abuse by calling 512-424-6519 or 888-752-4888, or by writing to the following address:

Sharon E. Thompson, Director
HHSC Office of Program Integrity
PO Box 13247
Austin TX 78711-324

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Adkins Stephanie Ann	605921	25-Oct-02	Paris	TX	RN	27-Mar-03
Ailles Alan Dale	550302	20-Dec-02	Baytown	TX	RN	14-Mar-03
Alle David	634783	25-Jul-02	Sherman	TX	RN	27-Mar-03
Baber Karly Robyn	167157	20-May-02	Abilene	TX	LVN	6-Feb-03
Bailey Cynthia Eileen	240924	12-Feb-02	Duncanville	TX	RN	6-Feb-03
Baker Cathy Jo	144828	03-Dec-02	Millsap	TX	LVN	12-Mar-03
Ball Rachel Lynn Wallace	134352	20-Oct-02	Uvalde	TX	LVN	18-Feb-03
Barrett Bryan	657504	01-Oct-02	Houston	TX	RN	27-Mar-03
Batiste Twayna Lynn	151279	10-Jun-02	Houston	TX	LVN	14-Mar-03
Beebe Linda Kay	146323	10-Sep-02	Mesquite	TX	LVN	5-Mar-03
Bell Diane Sherry	443107	10-Dec-02	Houston	TX	RN	25-Mar-03
Berkowitz Evelyn Phyllis	13490	06-Sep-02	Houston	TX	PH	27-Jan-03
Bible Shelia Jackson	112869	03-Dec-02	Clarksville	TX	LVN	17-Mar-03
Biggs Jana Lee	117219	10-Jun-02	Gilbert	AZ	LVN	6-Feb-03
Billman Heather Renee	170251	03-Dec-02	Clifton	TX	LVN	18-Mar-03
Bilski Christopher Lee	623445	25-Jul-02	Nashua	NH	RN	25-Mar-03
Blaine Dorothy Mae	143276	10-Sep-02	Napoleonville	LA	LVN	18-Feb-03
Blakeney Lisa Dawn Houston	166490	10-Jun-02	Alvarado	TX	LVN	29-Jan-03
Boyd Jonathan	6639	19-Dec-02	Houston	TX		25-Mar-03
Braggs Katherine Frances	125130	03-Dec-02	Midland	TX	LVN	25-Mar-03

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Brandt Rebecca Anne	581600	25-Jul-02	Olmito	TX	RN	7-Mar-03
Briggs Cheryl Jane	150632	03-Dec-02	Conroe	TX	LVN	12-Mar-03
Brooks William Edward		20-Oct-02	El Reno	OK	Own	26-Feb-03
Broussard Shannon L.	615256	20-Nov-02	Fort Worth	TX	RN	28-Feb-03
Brown Jesse Ellison Jr.	600544	10-Sep-02	San Antonio	TX	RN	27-Mar-03
Brown Kent Berkeley		20-Oct-02	Fort Smith	AR	Own	28-Feb-03
Bukowsky Kelly Suzanne	577130	20-Nov-02	Lockhart	TX	RN	3-Mar-03
Burns Charles Michael	250941	10-Sep-02	Stephenville	TX	RN	24-Feb-03
Burrows Williams Bradley	J9637	05-Apr-02	Tyler	TX	DO	11-Feb-03
Campa John A. III		20-Oct-02	San Antonio	TX		24-Feb-03
Cantu Ernesto Alfonso	F-7416	07-Dec-01	San Antonio	TX	MD	21-Mar-03
Carrillo Sergio Antonio	567415	25-Jun-02	El Paso	TX	RN	12-Feb-03
Chickering-Moore Doris Marie	460175	10-Sep-02	San Antonio	TX	RN	28-Feb-03
Coffman Leslie Kay	581899	12-Nov-02	Amarillo	TX	RN	6-Mar-03
Collenburg Susan Catherine	588334	12-Oct-01	Longview	TX	RN	4-Feb-03
Cook Linda	061482	10-Sep-02	Irving	TX	LVN	27-Mar-03
Cooper Charmaine	59772	12-Jun-01	Ft. Worth	TX	LVN	11-Feb-03
Corum BH		20-Oct-02	San Antonio	TX	Adm	21-Feb-03
Crabb Carolyn C.	097190	03-Dec-02	Huntsville	TX	LVN	25-Mar-03
Cranfill General Lee III	H5229	04-Oct-02	Jonesboro	AR	MD	12-Mar-03
Cross Sally Ann	558840	03-Dec-02	Fort Worth	TX	LVN	10-Mar-03
Daily Judy Beth	111481	10-Sep-02	Victoria	TX	LVN	21-Feb-03
Daniels Samuel Ray		20-Oct-02	Missouri City	TX	Own	28-Feb-03
Davis Sharon Lynn	122945	10-Sep-02	San Augustine	TX	LVN	14-Mar-03
Dean Barbara Farley	451021	20-Nov-02	Houston	TX	RN	24-Feb-03
Descant Steven	6853	19-Dec-02	San Antonio	TX		3-Mar-03
Doherty Erin Marie	561304	10-Sep-02	Charlotte	NC	RN	18-Mar-03
Dreier Debra Diane	100008	03-Dec-02	Denton	TX	LVN	19-Mar-03
Duffey William Floyd	154348	10-Jun-02	Orange	TX	LVN	11-Feb-03
Eads Joe Danny	664757	10-Sep-02	Naples	FL	RN	28-Feb-03
Ekpo Genevieve		20-Oct-02	Houston	TX		10-Mar-03
Ellis Marilyn Sue	103301	20-Mar-02	Lubbock	TX	LVN	14-Feb-03
Falbey Robert Joseph	F4817	04-Oct-02	Arlington	TX	DO	19-Feb-03
Feltman Hillary Ann	548731	10-Sep-02	Houston	TX	RN	27-Mar-03
Fleming Tami S.	534092	14-Nov-02	Houston	TX	RN	11-Mar-03
Flores Rosa Nora	036888	12-Jun-02	Corpus Christi	TX	LVN	24-Mar-03
Forest Annie Margaret	26925	10-Sep-02	Dallas	TX	LVN	13-Feb-03
Garcia Victor M.	547397	20-Aug-02	Eagle Pass	TX	RN	10-Mar-03
Gardner Janet Lynne	628563	25-Jul-02	Vacaville	CA	RN	12-Feb-03
Gates John	533327	24-Sep-02	Coldspring	TX	RN	4-Mar-03
Gladney Samuel Langhorne	D7830	16-Aug-02	Fort Worth	TX	MD	27-Jan-03
Gould Gary Alan	141128	03-Dec-02	Lubbock	TX	LVN	18-Mar-03
Gray Kristen Dee	568294	11-Jul-02	Ropesville	TX	RN	24-Feb-03
Gribble Kathy Ann	558755	12-Nov-02	Troy	TX	RN	7-Mar-03
Groce Charles Howell	551348	12-Nov-02	Lake Charles	LA	RN	11-Mar-03
Guillory Penny Lorraine	161209	12-Jun-01	Colmesneil	TX	LVN	11-Feb-03
Hacker Deborah Jean	139413	10-Sep-02	Austin	TX	LVN	3-Feb-03

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Hackett Milisa	641855	10-Jul-02	Arlington	TX	RN	18-Mar-03
Hahn Madelyn Jane	177614	03-Dec-02	San Marcos	TX	LVN	24-Mar-03
Hamilton Carrie Miles	225743	10-Aug-02	Houston	TX	RN	18-Feb-03
Hamm Robert M.	D7072	17-May-02	Olmito	TX	MD	28-Feb-03
Hammett Kathleen Ann	649967	21-Nov-02	Center	TX	RN	25-Mar-03
Harmon John Bertrand Jr.	G3432	16-Aug-02	Austin	TX	MD	26-Mar-03
Harrison Tamara Dawn	132170	03-Dec-02	New Braunfels	TX	LVN	07-Mar-03
Harwell Cheryl		20-Nov-02	Port Neches	TX	LVN	05-Mar-03
Hawkins Kimberly	630699	10-Sep-02	Austin	TX	RN	24-Feb-03
Haynes Patrick Lewis	607564	14-May-02	Waco	TX	RN	06-Feb-03
Haynie Craig A	659995	20-Aug-02	Houston	TX	RN	27-Jan-03
Henkle James Edward III	589085	07-Oct-02	Chillicothe	MO	RN	24-Mar-03
Hernandez Bedelia L.	172459	03-Dec-02	Weslaco	TX	LVN	25-Mar-03
Hernandez Josephine J.	049399	03-Dec-02	San Antonio	TX	LVN	17-Mar-03
Hess John H.	422034	01-Jul-02	Albuquerque	NM	RN	14-Mar-03
Hibler Slade Everett	169615	10-Sep-02	San Antonio	TX	LVN	17-Mar-03
Hickford Kimberly Dawn	582834	17-Sep-02	San Antonio	TX	RN	07-Mar-03
Hitchcock Kathleen S.	559352	15-Oct-02	Spring	TX	RN	24-Feb-03
Holbird Marion Bartow	641563	10-Sep-02	Taylor	MI	RN	19-Feb-03
Holden Alfred Clayton Jr.	560890	10-Sep-02	Little Rock	AR	RN	24-Mar-03
Holmes Daniel P.	525665	15-Oct-02	Lubbock	TX	RN	28-Feb-03
Hunsicker Marilyn	560472	10-Sep-02	Eagle Pass	TX	RN	20-Feb-03
Izbicki Lori Jean	546574	10-Sep-02	Irving	TX	RN	27-Mar-03
Jackson Cleve		20-Feb-03	Shreveport	LA		25-Mar-03
Johnson Gaye Preston	601282	18-Jul-02	Ballinger	TX	RN	24-Mar-03
Jones James Elliot	17152	14-Dec-01	Pearland	TX	PH	04-Mar-03
Justice Crystal	170620	20-Oct-03	Longview	TX	LVN	26-Mar-03
Kendall Shannon W.	625615	12-Nov-02	Houston	TX	RN	11-Mar-03
Kennedy Dana	530299	10-Sep-02	Mesquite	TX	RN	24-Mar-03
Kidder Marilyn M.	429104	08-Aug-02	Streamwood	IL	RN	18-Feb-03
Kimble Lloyd	656585	12-Mar-02	San Antonio	TX	RN	10-Mar-03
Kimmel Robert Butler	E-6457	16-Aug-02	Austin	TX	MD	10-Feb-03
Kinser Jimmy Noel	234539	25-Jul-02	Coeur D'Alene	ID	RN	27-Jan-03
Kittrell Jerry	649899	18-Apr-02	Cardiff	CA	RN	10-Feb-03
Kretz Constance J.C.	426675	10-Sep-02	Venice	CA	RN	21-Feb-03
Kunkel Patricia Elois	518950	10-Sep-02	Amarillo	TX	RN	30-Jan-03
Lair Matthew Byron	589306	15-Jul-02	Whitney	TX	RN	31-Jan-03
Lang Mary Ann	122840	10-Sep-03	Kerrville	TX	LVN	17-Mar-03
Lanier Judy Ann	547816	18-Jul-02	Gladewater	TX	RN	28-Jan-03
Latham Brian	643227	14-Oct-02	Texarkana	TX	RN	27-Mar-03
Lawrence Cathy Jo	126780	03-Dec-02	Tyler	TX	LVN	12-Mar-03
Layne Hermetta Paul	36641	10-Sep-02	Killeen	TX	LVN	13-Mar-03
Leath Robert Michael	H4480	13-Dec-02	Houston	TX	MD	25-Mar-03
Lefevre Betty Sue	557509	10-Sep-02	Coushatta	LA	RN	17-Mar-03
Lefler Barry Arthur	633393	12-Nov-02	Hurst	TX	RN	07-Mar-03
Leone Marian Ross	508628	24-Oct-02	Nederland	TX	RN	26-Feb-03
Loving Charles Dennis	615549	10-Sep-02	Tooele	UT	RN	03-Mar-03

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Ludiker Kimberly Kay	116420	10-Sep-02	Fort Worth	TX	LVN	21-Feb-03
Macquarrie Kim Darlene	515093	10-Sep-02	San Angelo	TX	RN	20-Feb-03
Maglio Glynis Brown		19-Dec-02	Pottsboro	TX	OWN	21-Mar-03
Marbach James C.	H2561	04-Oct-02	Houston	TX	MD	12-Feb-03
Martin Brenda Carol	155291	10-Sep-02	Uvalde	TX	RN	18-Feb-03
Martin Jeffrey R.	640561	29-Sep-02	Beaumont	TX	RN	03-Mar-03
Mathis Shirley Dyer	1764	10-Apr-00	Richardson	TX	DH	14-Feb-03
Matter Scarlet Lenare	583500	19-Sep-02	San Antonio	TX	RN	07-Mar-03
Maynard Royce	112979	20-Aug-02	Abilene	TX	LVN	05-Mar-03
Mayo Marie Elaine	539220	10-Sep-02	Bossier City	LA	RN	21-Feb-03
McAfee Shirley Ann	531567	10-Sep-02	Sikeston	MO	RN	14-Mar-03
McAnnally Royce	H3215	16-Aug-02	Hunt	TX	DO	07-Mar-03
McBride Darla Gay	595854	20-Aug-02	Kilgore	TX	RN	20-Feb-03
McCarley Douglas Scott	624439	10-Sep-02	Grand Prairie	TX	RN	03-Feb-03
McClure Mike Wayne	161888	03-Dec-02	Clarksville	TX	LVN	24-Mar-03
McCollum Pamela Diane	513842	25-Jul-02	Fort Worth	TX	RN	21-Mar-03
McConnell Michael Shaun	572808	10-Dec-02	Adkins	TX	RN	17-Mar-03
McIntosh Joe Garnes	575114	10-Sep-02	Hattiesburg	MS	RN	18-Feb-03
McMurray Gwendolyn Gay	444055	09-Aug-02	Marshfield	MO	RN	24-Feb-03
Mejia Gloria		24-Oct-00	San Antonio	TX	Own	20-Feb-03
Mejia Tanya G.	526169	10-Dec-02	Waco	TX	RN	19-Mar-03
Miles Alice J Burns	224361	10-Sep-02	Houston	TX	RN	20-Feb-03
Mileski Mark Kevin	30509	06-Sep-02	Carrollton	TX	R.P	28-Feb-03
Miner Leslie Faye	538575	07-Oct-02	Arlington	TX	RN	26-Feb-03
Mirabent Donna Louise	123543	10-Sep-02	Linden	TX	LVN	26-Feb-03
Mixon Kathy Rudd	592753	18-Apr-02	Shreveport	LA	RN	06-Mar-03
Moore Gary C.	500517	25-Jul-02	Austin	TX	RN	06-Mar-03
Moore Rebecca Jay		20-Aug-02	Lockhart	TX	LVN	26-Mar-03
Moreau Blake Allen	660470	10-Sep-02	Nederland	TX	RN	28-Feb-03
Nauls Kitty Elizabeth	674320	09-Oct-01	Austin	TX	RN	25-Mar-03
Nedwich Patricia L.	249220	25-Jul-02	Yuma	AZ	RN	17-Mar-03
Nehls Donovan Eugene Sr.	157152	19-Dec-02	Calico Rock	AR	LVN	24-Mar-03
Neubauer Anne Morris	234957	18-Apr-02	Vicksburg	MS	RN	12-Mar-03
Northrop Donna M.	646678	10-Sep-02	Spring	TX	RN	21-Mar-03
O'Brien Daniel Patrick	667948	10-Sep-02	Lexington	KY	RN	04-Mar-03
Parker Julia Pearl	126864	03-Dec-02	Texarkana	TX	LVN	19-Mar-03
Patterson Lisa Elaine	589244	10-Dec-02	Hereford	TX	RN	24-Mar-03
Patterson Lyndi Melinda	156769	03-Dec-02	Gonzales	TX	LVN	24-Mar-03
Pennington Becky A.	616388	10-Sep-02	Terrell	TX	RN	17-Mar-03
Perales Jose Fernando	97336	10-Sep-02	Laredo	TX	LVN	13-Feb-03
Perez Deborah J.	8170	06-Jun-01	Fort Worth	TX		06-Mar-03
Perez Jesse Leos	94095	03-Dec-02	Lubbock	TX	LVN	11-Mar-03
Perkins Margarete R.		19-Sep-02	Bastrop	TX		07-Mar-03
Poarch Grover Franklin		20-Oct-02	Dallas	TX		25-Mar-03
Priestley Alison Marie	646028	10-Sep-02	Orono	Ontario, Canada	RN	6-Mar-03
Ragan Penney Lee	566547	10-Sep-02	Pine Bluff	AR	RN	17-Mar-03

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Rasco Linda M C.	424564	25-Jul-02	Cheyenne	WY	RN	24-Mar-03
Ratcliff Karen Ann	229504	10-Sep-02	Lubbock	TX	RN	18-Mar-03
Ratcliff Michelle Lee	171231	20-May-02	Henderson	TX	LVN	20-Feb-03
Rau Dawn Marie	645133	10-Sep-02	Perrysburg	TX	RN	24-Mar-03
Reyes Patricia Yvonne		20-Aug-02	El Paso	TX		27-Jan-03
Rhame Shawna Dorsey	679568	10-Dec-02	Houston	TX	RN	24-Mar-03
Richards Jennifer	502139	20-Oct-02	Balch Springs	TX	RN	27-Feb-03
Riis Mark L.	6906	20-Nov-02	Grand Prairie	TX	DC	26-Feb-03
Ringstmeyer Susan Elizabeth	602812	12-Jun-01	Austin	TX	RN	06-Mar-03
Ripple Sandra Kay	134185	03-Dec-02	Spring	TX	LVN	14-Mar-03
Robinson-Derrick Catherine	141147	20-Mar-02	Memphis	TN	LVN	10-Feb-03
Rose Brenda Kay	594431	25-Jul-02	Harker Heights	TX	RN	07-Mar-03
Ross Debra Lynn	555576	27-Aug-02	Austin	TX	RN	11-Mar-03
Ross Lisa Ann	146494	10-Sep-02	Houston	TX	LVN	12-Mar-03
Russell Ricky Butler	229631	10-Sep-02	Granbury	TX	RN	17-Mar-03
Sandridge Mark Edward	233285	16-Aug-02	Friendswood	TX	RN	11-Mar-03
Sartor Charles Don	G2473	16-Aug-02	Austin	TX	MD	10-Mar-03
Sazima Rita Eileen	546389	29-Aug-02	North Royalton	OH	RN	17-Mar-03
Scallan Gerald David	589905	12-Jun-02	Pearland	TX	RN	21-Feb-03
Sharp Christopher Blair		20-Aug-01	Amarillo	TX	LPC	12-Feb-03
Shipp Lara	643788	12-Jun-01	San Angelo	TX	RN	03-Mar-03
Simmons Regina Gail	110810	10-Sep-02	Fort Worth	TX	LVN	06-Feb-03
Sins Eric Glynn	639689	25-Jul-02	Covington	LA	RN	14-Feb-03
Small Dulcie Clifford	579627	10-Sep-02	Missouri City	TX	RN	27-Mar-03
Smith Brenda Gail	40107	10-Sep-02	Odessa	TX	LVN	12-Mar-03
Smith Harlan Eugene	632764	15-Oct-02	Edge Cliff	TX	RN	24-Feb-03
Smith Jimmy D.	21079	07-Jun-02	Amarillo	TX	PH	27-Jan-03
Smith Ponita N.	83717	10-Jun-02	New Braunfels	TX	LVN	10-Feb-03
Smith Robyn Greer	120931	18-Jul-02	Austin	TX	LVN	06-Mar-03
Spangher Guido G.	J1046	04-Oct-02	Sturgis	SD	MD	18-Feb-03
Spencer Mary Virginia	502319	25-Jul-02	Longview	TX	RN	07-Mar-03
Stanley Patricia Ann	528386	10-Sep-02	Mansfield	TX	RN	06-Mar-03
Steeves Thomas Henry	528187	25-Jul-02	Apple Valley	MN	RN	21-Feb-03
Stoltzfus Warren L.		20-Aug-02	Carrollton	TX		04-Mar-03
Sucarichi Brenda	645258	22-Jan-02	Pasadena	TX	RN	24-Mar-03
Tanis Raymond Paul	218258	10-Sep-02	Odessa	TX	RN	20-Feb-03
Tavers Rebecca Ann	124361	11-Mar-02	Mesquite	TX	LVN	12-Mar-03
Taylor Roseanna Arletha	132875	10-Jun-02	Dallas	TX	LVN	21-Feb-03
Taylor Sharalynn D.	573857	25-Jul-02	Amarillo	TX	RN	04-Mar-03
Thomas Jennifer Mary	568652	10-Sep-02	Shallowater	TX	RN	10-Mar-03
Thomason Patsy Jane		20-Oct-02	Beaumont	TX	Dir	24-Feb-03
Thomson Margaret Faith	456401	18-Apr-02	San Antonio	TX	RN	18-Mar-03
Torres Linda Marie	253361	10-Sep-02	Lubbock	TX	RN	21-Feb-03
Utley John Rowland	565324	10-Sep-02	Corpus Christi	TX	RN	18-Mar-03
Vance Marjorie Lou	117414	12-Jun-01	Houston	TX	LVN	10-Feb-03
Vandall Tammy Marie	156240	10-Sep-02	Belton	TX	LVN	07-Mar-03
Vangraefschepe Laurie June	153121	20-May-02	Billings	MT	LVN	06-Feb-03

Provider	License No.	Exclusion Date	City	State	Provider Type	Add Date
Vinson Michele R. Rico	631047	20-Mar-02	Crowley	TX	RN	10-Mar-03
Walker Debra Lynn	78967	10-Sep-02	Rusk	TX	LVN	06-Feb-03
Walker James Robert	623799	10-Sep-02	Carthage	MS	RN	12-Feb-03
Wall Garetta Mae	531478	10-Sep-02	Asheboro	NC	RN	27-Jan-03
Warden Deborah Sue	4015	01-Nov-02	Amarillo	TX		21-Mar-03
Warren Thomas Melburn	109022	03-Dec-02	Jacksonville	TX	LVN	10-Mar-03
Watson Nancy Kathryn	117735	03-Dec-02	Gainesville	TX	LVN	11-Mar-03
Weeks Brenda J.	126755	03-Dec-02	Border	TX	LVN	11-Mar-03
Weigelt Gay Lyn	501324	07-Nov-02	El Lago	TX	RN	14-Mar-03
Weiser Robert Gerald	585016	25-Jul-02	San Antonio	TX	RN	30-Jan-03
Wickware Monica Charlotte	178170	10-Sep-02	Plainview	TX	LVN	13-Feb-03
Williams John Douglas	646079	10-Sep-02	Long Grove	IA	RN	24-Mar-03
Wilson Imogene Clyde	8966	10-Sep-02	Fort Worth	TX	LVN	12-Feb-03
Wilson Marc D.	677003	19-Dec-02	El Paso	TX	RN	25-Mar-03
Wilson-Zupa Karen		20-Aug-02	Houston	TX		13-Feb-03
Windsor Michael Shawn	654893	10-Sep-02	Rowlett	TX	RN	03-Feb-03
Woodruff Mark Taylor	152110	03-Dec-02	Sawyer	OK	LVN	17-Mar-03
Wyatt Charles Cevin	13967	11-Nov-02	Colleyville	TX	DDS	26-Feb-03
Yates Andrea P.	533778	25-Jul-02	Houston	TX	RN	19-Mar-03 ■

Forms

Enrolling in the Electronic Funds Transfer Program

NHIC
ATTN: Provider Enrollment
PO Box 200795
Austin TX 78720-0795
FAX: 512-514-4214

Electronic Funds Transfer (EFT) is a payment method that deposits funds for claims approved for payment directly into a provider's bank account. These funds can be credited to either checking or savings accounts, provided the bank selected accepts Automated Clearinghouse (ACH) transactions. EFT also avoids the risks associated with mailing and handling paper checks, **ensuring funds are directly deposited into a specified account.**

The following items are specific to EFT:

- EFT funds are available to providers when banks open on Wednesday mornings and Thursday (if a bank holiday occurs).
- Applications will be processed within five working days of receipt.
- Prenotification to the bank takes place on the cycle following the application processing.
- Ten days after prenotification, future deposits are received electronically.
- The *Remittance and Status (R&S)* report furnishes the details of individual credits made to the provider's account during the weekly cycle.
- Specific deposits and associated R&S reports are cross-referenced by both provider number and R&S number.
- The availability of R&S reports is unaffected by EFT, and they continue to arrive in the same manner and time frame as currently received.

NHIC provides the following notification according to ACH guidelines:

Most receiving depository financial institutions receive credit entries on the day before the effective date, and these funds are routinely made available to their depositors as of the opening of business on the effective date. The effective date for EFT under the Texas Medicaid Program is Wednesday (or Thursday) of each week.

However, because of geographic factors, some receiving depository financial institutions do not receive their credit entries until the morning of the effective day, and the internal records of these financial institutions will not be updated. As a result, tellers, bookkeepers, or automated teller machines (ATMs) may not be aware of the deposit, and the customers' withdrawal request may be refused. When this occurs, customers or companies should discuss the situation with the ACH coordinator of their institution who, in turn, should work out the best way to serve their customers' needs.

In all cases, credits received should be posted to the customers' account on the effective date and thus be made available to cover checks or debits that are presented for payment on the effective date.

To enroll in the EFT program, the provider should complete the Electronic Funds Transfer Authorization Agreement. **A voided check or deposit slip must be returned with the agreement to the NHIC address indicated on the form.**

NHIC Electronic Funds Transfer Authorization Agreement

NOTE: Complete all sections below. **ATTACH A VOIDED CHECK OR A PHOTOCOPY OF YOUR DEPOSIT SLIP.**
 Enter one Provider Number per form.

Type of Authorization _____ **NEW** _____ **CHANGE**

Provider Name	Medicaid Nine-Character Texas Provider Identifier (TPI)
Provider Accounting Address	Provider Telephone No.

Bank Name	ABA/Transit No.
Bank Telephone No.	Account No.
Bank Address	Type Account (check one)
	Checking _____ Savings _____

I (we) hereby authorize National Heritage Insurance Company (NHIC) to present credit entries into the bank account referenced above and the depository named above to credit the same to such account. I (we) understand that I (we) am (are) responsible for the validity of the information on this form. If the company erroneously deposits funds into my (our) account, I (we) authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

I (we) agree to comply with all certification requirements of the applicable program regulations, rules, handbooks, bulletins, standards, and guidelines published by the Texas Health and Human Services Commission (HHSC) or its health insuring contractor. I (we) understand that payment of claims will be from federal and state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

I (we) will continue to maintain the confidentiality of records and other information relating to clients in accordance with applicable state and federal laws, rules, and regulations.

Provider Signature _____ Date _____
 Title _____ Internet ID (if applicable) _____

 Contact Name _____ Contact Telephone No. _____
 Print Provider Name _____

Return this form to:

NHIC
 ATTN: Provider Enrollment
 PO Box 200795
 Austin TX 78720-0795
 FAX: 512-514-4214

Input By _____	Date _____
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Provider Information Change Form

To update your provider files, complete this form and mail or fax it to the appropriate entity.

PRINT OR TYPE THE INFORMATION SUBMITTED ON THIS FORM.

Date: _____ **Nine-Character** Texas Provider Identifier (TPI): _____

If you have more than one TPI that will also use this same information, list the other TPIs: _____

Physical Address
(Cannot be a PO Box)

Accounting/Mailing Address
(W-9 Form Required)

Secondary Address
(Plan Use Only)

Telephone

Telephone

Telephone

Fax

Fax

Fax

Type of Change: (check the appropriate box below)

- Change of Physical Address, telephone and/or fax number
- Change of Billing/Mailing Address, telephone and/or fax number
- Change/Add Secondary Address, telephone and/or fax number
- Change of Provider Status (i.e., termination from plan, moved out of area, specialist, etc.), Explain Below:
- Other (i.e., panel closing, capacity changes, age acceptance, etc.)

Explanation Required: _____

Tax Information: IRS ID Number (attach W-9) _____ Effective Date _____

List the exact name reported to the IRS for the above Tax ID number: _____

Must be signed and dated or changes cannot be completed:

Provider Signature: _____ Date: _____

E-mail Address: _____

Send your completed change form to:

NHIC
ATTN: Provider Enrollment
PO Box 200795
Austin TX 78720-0795
FAX: 512-514-4214

If Managed Care, send this form via mail or fax to NHIC c/o your respective plan.

Name _____

TPI _____

STAR+PLUS Medicaid Identification Form 3087

P.O. BOX 149030 952-X
AUSTIN, TEXAS 78714-9030



1 ASDF 01-00001
TEXAS DEPARTMENT OF HUMAN SERVICES
MEDICAID IDENTIFICATION
IDENTIFICACIÓN PARA MEDICAID

**RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE
ADDRESS**

Date Run 07/19/2000	BIN 610098	BP 13	TP 13	Cat. 01	Case No. 123456789	GOOD THROUGH: VÁLIDA HASTA:	JULY 31, 2002
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952-X 123456789 30 09 02 000731
JANE DOE
743 GOLF IRONS
HOUSTON TX 06458



NOTE: Prescription benefits for Medicare clients age 21 and over may be limited to three (3) per month.

NOTA: Puede que los beneficios de recetas para los clientes de Medicare mayores de 21 años se limiten a tres (3) por mes.

**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

You are enrolled in STAR+PLUS Program, the state's plan for Medicaid in Harris County. Your health plan's name and telephone number are listed under your name. Call your health plan for your Primary Care Provider (PCP) name or refer to your health plan identification card. If you have Medicare, you will not have a STAR+PLUS PCP.

If you have any concerns or questions about STAR+PLUS, call 800-964-2777 for help.

READ THE BACK OF THIS FORM!

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

Usted está inscrito en STAR+PLUS, el plan del estado para Medicaid en el condado de Harris. Bajo su nombre aparecen el nombre y el teléfono de su plan de salud. Llame al plan de salud para saber el nombre de su Proveedor de Cuidado Primario (PCP) o vea la tarjeta de identificación del plan. Si usted recibe Medicare, no tendrá un PCP de STAR+PLUS.

Si tiene alguna inquietud o pregunta con respecto a **STAR+PLUS**, llame al **800-964-2777** para conseguir ayuda.

¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.
765432198	JANE DOE	07-10-1932	F	11-01-1999		123465789HIC
BEST HEALTH PLAN / 1-800-123-4 5 6 7 / CALL HEALTH PLAN FOR PCP NAME OR OTHER INFORMATION						

Form 3087SP/8-2002

FOR THE CLIENT: About Your Medicaid ID Form

This is your **MEDICAID IDENTIFICATION** form. When you get any health care services, you must have this form with you as your **ID**.

WHEN IS THE FORM GOOD? It is good through the date in the box marked "GOOD THROUGH." This box is on the other side of this page, in the top right corner. The other side of this page also tells some of the services you can get. If you are under age 21, it will also tell you if it is time for your medical and dental check-ups.

WHEN DO I GET A NEW FORM? You will get this form in the mail each month when you have Medicaid. When you get the form, you can be sure you are covered by Medicaid.

WILL I HAVE TO PAY FOR SERVICES? Medicaid clients do not have to pay bills that Medicaid should pay. It is very important that you tell your doctor, hospital, drug store, and other health care providers right away that you have Medicaid. If you do not tell them you have Medicaid, you may have to pay these bills.

NOTE: Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization), and contraceptive counseling.

WHAT IF I GET A BILL? If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call the Medicaid hotline at 1-800-252-8263 for help. If Medicaid will not pay the bill, you have the right to ask for a fair hearing. You may ask for a fair hearing in writing or by calling 1-800-252-8263.

WHAT IF THE SERVICES REQUESTED FOR ME ARE DENIED? You have the right to ask for a fair hearing. You may ask in writing or by calling. The address and telephone number will be listed on the letter that you get.

WHAT IF I NEED MEDICINE? Medicaid will pay for no more than three prescription drugs for you each month. You must pay for any prescriptions beyond three. **IMPORTANT:** Family planning drugs and supplies do NOT count as one of the three allowed prescriptions. Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR Program, or gets services through CLASS, CBA, HCS, HCS-O, DBMD, MRLA, and other non-SSI community-based waiver programs. STAR+PLUS clients age 21 and over who do not join the same HMO for Medicare and Medicaid are limited to three (3) prescriptions per month.

CAUTION: If you accept Medicaid benefits (services or supplies), you give and assign to the state of Texas your right, as well as the right of anyone for whom you have the right to accept benefits, to receive payments for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.

QUESTIONS? Call 1-800-252-8263.

PARA EL CLIENTE: Información Sobre la Forma de Identificación para Medicaid. Esta es su IDENTIFICACIÓN DE MEDICAID. Cuando vaya a pedir cualquier servicio médico, tiene que tener esta forma o mano, porque sirve como su identificación.

¿CUÁNDO ES VÁLIDA LA FORMA? Es válida hasta la fecha que aparece en la caja que dice "VALIDA HASTA." La caja aparece al otro lado de esta hoja, arriba, en la esquina de la derecha. Al otro lado de esta hoja también hay información sobre otros servicios que puede obtener. También le dice cuando le toca ir a sus chequeos médicos y dentales, si tiene menos de 21 años.

¿CUÁNDO ME DAN UNA FORMA NUEVA? Usted recibirá esta forma por correo cada mes que tenga Medicaid. Cuando reciba la forma, puede estar seguro que tiene cobertura de Medicaid.

¿TENGO QUE PAGAR LOS SERVICIOS? El cliente de Medicaid no tiene que pagar las cuentas que Medicaid debe pagar. Es muy importante que usted diga inmediatamente a su médico, hospital, farmacia y otro proveedor de servicios médicos que usted recibe Medicaid. Si no les avisa, puede que usted tenga que pagar estas cuentas. **NOTA:** Las clínicas de planificación familiar y otros proveedores dan gratis exámenes médicos, análisis, anticonceptivos (incluso la esterilización) y consejería sobre los métodos anticonceptivos.

¿QUÉ HAGO SI RECIBO UNA CUENTA? Si usted recibe una cuenta de un doctor, un hospital u otro proveedor de servicios médicos, pregúntele al proveedor por qué le mandó la cuenta. Si todavía le manda una cuenta, llame a la línea directa de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar, usted tiene derecho a pedir una audiencia imparcial. Puede pedir una audiencia imparcial por escrito o por teléfono, llamando 1-800-252-8263.

¿QUÉ PASA SI ME NIEGAN LOS SERVICIOS PEDIDOS EN MI NOMBRE? Tiene derecho a pedir una audiencia imparcial por escrito o por teléfono. La dirección y el número de teléfono se darán en la carta que recibe.

¿QUÉ HAGO SI NECESITO MEDICINAS? Medicaid pagará un máximo de tres medicinas de receta al mes. Usted tiene que pagar las medicinas de receta adicionales si necesita más de tres. **IMPORTANTE:** Si necesita medicinas y artículos para la planificación familiar, estos NO cuentan como una de las tres medicinas de receta permitidas. Medicaid pagará más de tres recetas al mes por el cliente de Medicaid que tiene menos de 21 años, o vive en una casa para convalecientes, o tiene el Programa STAR, o recibe servicios por medio de CLASS, CBA, HCS, HCS-O, DBMD, MRLA y otros programas opcionales en la comunidad no relacionados con SSI. Los clientes de STAR+PLUS de 21 años o mayores que no se inscriben en el mismo HMO para Medicare y Medicaid tienen un límite de tres (3) recetas por mes.

ADVERTENCIA: Si usted acepta beneficios de Medicaid (servicios o artículos), da y otorga al Estado de Texas el derecho de cualquiera por quien usted pueda aceptar beneficios y su derecho de recibir pagos por aquellos servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta cobrar la cantidad que se necesite para cubrir lo que Medicaid haya gastado.

¿TIENE PREGUNTAS? Llame al 1-800-252-8263.

FOR THE PROVIDER/PARA EL PROVEEDOR

PLEASE NOTE: Payment for Family Planning Services is available without the consent of the client's parent or spouse. Confidentiality is required. Family Planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.

KEY TO TERMS THAT MAY APPEAR ON THIS FORM:

TPR—Before filing with Medicaid, claims must be filed with a Third Party Resource; either **P** (Private Insurance) or **M** (Medicare). When **P** is indicated, dental, pharmacy, and nursing home providers should bill Medicaid first.

LIMITED—Except for family planning services and for Texas Health Steps (EPSDT) medical screening, dental, and hearing aid services, this form indicates whether the client is limited to seeing a specific doctor. This form also indicates whether the client is limited to using a specific pharmacy for drugs obtained through the Vendor Drug Program. The doctor and/or pharmacy are named on the form. **EXCEPTION:** In the event of an emergency medical condition as defined below, appropriate medical attention should be provided.

EMERGENCY—The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (who possesses an average knowledge of health and medicine) would think that the absence of immediate medical attention could reasonably be expected to

result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

HOSPICE—The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call local hospice agency or DHS to verify.

QMB—The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.

MQMB—The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductible, and coinsurance liabilities.

PE—Medicaid covers only family planning and medically necessary outpatient services.

STAR Program and STAR+PLUS Program—The client is enrolled in the Medicaid Managed Care Program and is assigned to the provider, FQHC, or HMO named on the form.

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Click the following link titles at www.eds-nhic.com for important information:

- Medicaid Workshop Schedules and FAQs
- TDH-NHIC 2003 Publications—includes the *Texas Medicaid Provider Procedures Manual*, *Texas Medicaid Provider Procedures Manual - Texas Health Steps*, and *Texas Medicaid Bulletins*
- TDH-NHIC 2002 Publications—includes previous manuals and bulletins
- Regional Support—lists NHIC Training Specialists

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