

Medicaid Audit Information Form

HOSPITALS, HOSPITAL-AFFILIATED AMBULATORY SURGICAL CENTERS, HOME HEALTH, FREESTANDING PSYCHIATRIC FACILITY, CHRONIC RENAL DISEASE, TEXAS DEPARTMENT OF STATE HEALTH SERVICES, FEDERALLY QUALIFIED HEALTH CENTER, AND COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY

Required Form

Audit Information Form is to be filled out by facilities such as hospitals, home health, rural health, FQHC, and renal dialysis.

Cost reports, for applicable providers, are to be filed according to Medicare regulations. Provide us with the following information:

Medicaid TPI: *(to be completed by TMHP)*

Facility provider name:

Current fiscal year end:

Medicare intermediary: *(name and address of where you send your Medicare cost report)*

Phone:

Contact for cost report information: *(at facility)*

Phone:



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