

Expanded Primary Health Care Program

Contractor Billing Resource Guide

September 2015



Department of State Health Services
Division for Family and Community Health Services

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INTRODUCTION

The purpose of this resource guide is to provide Department of State Health Services (DSHS) Expanded Primary Health Care (EPHC) contractors with a comprehensive guide related to fee-for-service and categorical billing and reimbursement, budgeting and financial management, as well as reporting instructions. DSHS wants to ensure that EPHC contractors understand how to use and interface both fee-for-service and cost reimbursement funds to cover the maximum of costs associated with their EPHC program.

SECTION I- CONTRACTS, BUDGETING, AND FINANCIAL MANAGEMENT

Types of EPHC Contract Attachments

The EPHC Program uses two methods of reimbursement; **fee-for-service** and **categorical**. Each method requires a separate contract attachment.

Fee-For Service

Fee-for-service (FFS) EPHC contracts require contractors to use a payment mechanism for services that are reimbursed on a set rate per unit of service (also known as unit rate). Fee-for-service reimbursement rates for the EPHC Program are based on a prescribed set of Current Procedural Terminology (CPT) codes and Medicaid fee-for-service physician reimbursement rates. Federally Qualified Health Centers do not receive prospective payment system rates through the EPHC Program.

Categorical

Categorical cost reimbursement is a payment mechanism by which contractors are reimbursed for actual allowable costs incurred up to the total award amount specified in the categorical cost reimbursement contract. Costs must be incurred in carrying out approved activities, and must be based on an approved eight-category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions, must be billed on a monthly basis for reimbursement, unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant and sub-grants.

Categorical cost reimbursement funds may help reimburse contractors for costs not covered by FFS rates. **For FY2016, the total amount of categorical funds requested may not exceed 50% of the TOTAL AWARD AMOUNT.**

EPHC Cost Center

The requirement for and definition of a Cost Center can be found in Section 4.01 Accounting System and Basis of Accounting of the Contactor's Financial Procedure Manual (CFPM).

Separate Cost Center

Typically, a separate cost center must be maintained within the general ledger to capture costs incurred for carrying out the activities of each DSHS Program Attachment. This includes Program Attachments that are reimbursed on a unit-rate or fee-for-service basis. A cost center is defined as a unique series of general ledger accounts established for the purpose of accumulating and categorizing expenses related to a specific cost objective, e.g., DSHS Program Attachment. When a portion of the costs incurred for a DSHS Program Attachment is captured in the General Fund (or other similar fund), the costs must be recorded in unique general ledger accounts within the General Fund and be easily traceable to support documents. Multiple cost centers may be used, provided the total cost in each of the cost centers supports the reimbursement amount and the total allowable cost reported to DSHS.

One exception to this rule are the EPHC Program Attachments, where a "total budget" concept is used that includes the full cost incurred for providing EPHC services reimbursed through the DSHS contractor's Fee-For-Service Program Attachment and their Categorical Cost Reimbursement Program Attachment; in which case the allowable costs should be captured in one cost center.

Sample EPHC "Total Budget"

If a contractor opts to have a cost reimbursement contract in addition to their FFS contract, the contractor must develop a budget. For FY2016, EPHC contractors may have up to 50% of the EPHC total award amount in a cost reimbursement contract. Please refer to Appendix A for a sample EPHC "Total" Budget." In this example, the contractor has been awarded a total of \$349,000 and has opted to divide the award evenly between FFS and cost reimbursement contracts that each total \$174,500. Additionally, the contractor expects to collect \$4,935 in co-payments bringing their total budget to \$353,935.

Completing the Budget Forms

When developing the EPHC “total budget,” the first step is to complete all the category detail pages. The CFPM, includes detailed descriptions of what can go in each category, as well as examples of unallowable costs. The detail tabs will automatically fill in the amount in column 1 on the budget summary tab. The amount should add up to your total DSHS award (categorical and FFS awards), plus estimated client co-payments to be collected.

Personnel tab: This is where you list the employees that will serve the EPHC clients. You do not have to list out each employee by name; listing the positions is sufficient. Similar positions can all be listed on one line with the number of FTEs. This is also the place to detail the fringe benefits paid to these employees. The EPHC Program currently caps the fringe amount at 30% of personnel costs. DSHS does not pay for employee overtime unless prior approval is received from your Contract Manager.

Travel tab: This is where you detail your travel. Currently each contractor must budget 2 trips to Austin - one for the Director’s Conference (usually held in the spring), and one trip for eligibility training. You may also claim mileage on this tab for employees that travel between clinics. At the bottom, you must indicate if the rates are according to the state travel policy or if your agency uses a different travel policy. If your agency does not use the state travel rates, you must attach a copy of your agency’s travel policy. EPHC does not pay for out-of-state travel.

Equipment tab: All equipment must be approved by EPHC Program staff. In order for something to be considered equipment, the individual unit cost of an item must be \$5,000 or more and have a useful life of one year or greater. Descriptions of equipment have changed over the past several years, so please check the CFPM for specific details. If an equipment purchase is approved by EPHC, your agency must buy that equipment within 90 days of the start of the contract term.

Supply tab: Supplies are expendable items used for everyday operations. Examples are: exam supplies, office supplies, educational supplies, and pharmaceutical drugs. Other items that fit in this category are controlled assets – nonexpendable tangible property having a useful life of more than one year. Examples of controlled assets are computers, printers, audio/visual media equipment, emergency management equipment, communication devices and systems, and medical and lab equipment. These items must have a minimum cost of \$500, but not to exceed \$4,999. Although these items are listed on the supply tab, a GC-11 form, known as a Contractor’s Property Inventory Report, must be turned in each year. The form can be obtained from the DSHS website.

Contractual tab: This is where you list any subcontractors for EPHC medical services that are not performed by your agency. Subcontracts are intended for medical services only. Your agency's contracts with a cell phone provider, janitorial service, security service, or billing services are properly classified in the "Other" or "Indirect" category.

Other tab: This is where you put all other direct costs. See the CFPM for a detailed list.

Indirect Costs tab: Indirect costs are those costs incurred for a common or joint purpose benefiting more than one program. You must set up a cost allocation plan with the Contract Oversight and Support Section (COS) to add indirect costs to your agency's categorical contract. Currently the EPHC Program caps the indirect cost amount at 15% of personnel costs, not including fringe benefits.

After all the applicable tabs are completed, return to the Budget Summary tab. Column 1 should now equal your total DSHS award (categorical and FFS awards), plus estimated client co-payments to be collected. Next you will need to go row by row and note how much of each category will be covered by DSHS and how much will be covered by your co-payments collected. Column 2 plus column 3 will equal column 1.

Please enter all amounts in whole dollars only.

Allowable Allocation Methods

A client census is an example of a cost allocation methodology, in which the total costs by the contractor are distributed by the percentage of EPHC patients to total patients seen for clinical services. For example, personnel costs from a nurse or even a group of clinical staff could be allocated as follows:

If the patient census for a given pay period revealed that 10% of the patients seen were eligible to receive services under the EPHC DSHS Program Attachment, then 10% of the nurse's personnel costs for that specific pay period (spent on clinical services) could be distributed to the DSHS Program Attachment. This method would be acceptable provided that the time and effort required for the provision of services to patients under the DSHS Program Attachment is comparable to the time and effort required to provide services to the other patients.

If it is feasible for employees to record their actual time worked (e.g. timesheets) in EPHC and other direct service programs, then **actual time spent** as a basis for allocating personnel costs can be used. Allocation by actual time spent is basically using the percentage of time worked in EPHC to the total of direct time worked for the payroll period. The percentage of time may be used to allocate other costs as well, provided the specific costs cannot be readily identifiable as an EPHC program expense.

Another method of allocating non-personnel costs that can be used is based on the percentage of EPHC direct salaries to total clinical salaries. If EPHC direct salaries equal 10% of total direct clinical salaries, then 10% of supplies, rent, etc. of clinical costs can be charged to EPHC.

Examples of allowable allocation methods can be found in Appendix B.

What to Expect During a DSHS Financial Review

The focus of DSHS financial reviews is to monitor fiscal compliance. The CFPM lays out all the items that the fiscal monitors look for when they test for fiscal compliance. Generally speaking, contractors must maintain supporting documentation of all program expenditures charged to DSHS, as well as be able to track all revenues associated with the program. Specific chapters of the CFPM that may be helpful include:

- Chapter 4 - Financial Administrative Systems Requirements
- Chapter 6 - Cost Principles and Allowable Costs
- Chapter 7 - Cost Allocation (examples of allocation bases are included in 7.02)
- Chapter 8 - Program Income
- Chapter 10 – Reimbursement

Fiscal monitoring includes reviewing the costs recorded in the EPHC cost center to determine if the costs meet the criteria for allowable program costs. DSHS reimbursements should reflect the gross expenses incurred for the DSHS-funded activity as recorded in the general ledger less any applicable credits and adjustments. See Chapter 6 of the CFPM for details on Cost Principles and Allowable Costs. The contractor is required to report patient co-pays on a cash basis. The fiscal monitors should be able to follow a financial audit trail forwards and backwards. For patient co-pays, we usually select two entries from the general ledger revenue account for patient co-pay. The amount reported each month/quarter/contract year should equal the actual collections. The

collections should either equal or reconcile to the amount deposited in their bank account. If a contractor deposits more than one day's collections and/or includes multiple program collections, a record of the deposit should account for these types of details.

Contractors Financial Procedures Manual

All EPHC contractors should be familiar with the DSHS Contractors Financial Procedural Manual (CFPM), which is written and maintained by the Contract Oversight and Support (COS) Unit. The manual contains descriptions of the categories of expense, how to set up cost centers, required documentation, what's an allowable or unallowable cost, etc. The CFPM can be found online at: <http://www.dshs.state.tx.us/contracts/cfpm.shtm>.

SECTION II- BILLING AND REIMBURSEMENT

Fee-for-Service

Fee-for-service (FFS) claims are submitted to the Texas Medicaid and Healthcare Partnership (TMHP) for processing and payment through one of two ways: individually through TexMedConnect, or in batches via Electronic Data Interchange (EDI). The only Medicaid provider types that are compatible with the EPHC FFS system are the following: family planning (provider type 71) and Federally Qualified Health Center (FQHC) (provider type 46).

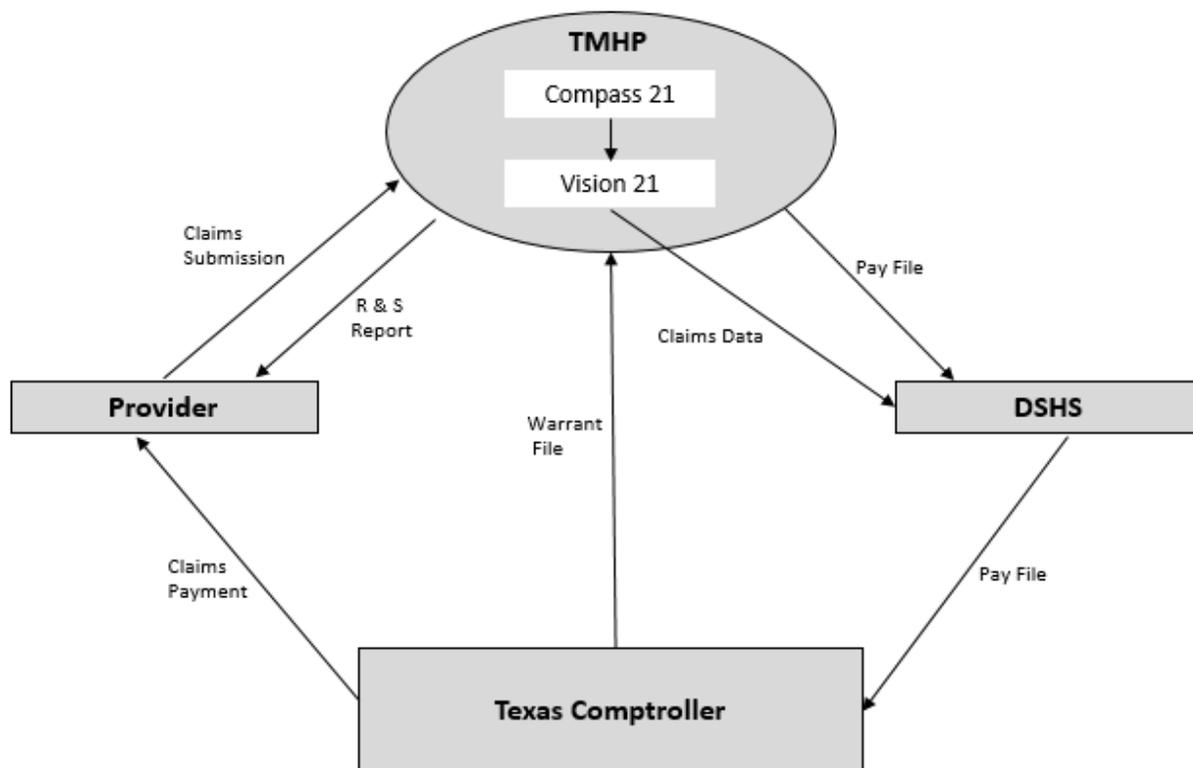
Fee-for-service claims may be filed at any time – i.e., hourly, daily, weekly. However, the sooner the claims are submitted the better, because it speeds up processing and reimbursement. Fee-for-service claims will batch weekly, which means that your agency will see a weekly check on the FFS contract if claims have been filed on a regular basis. In general, it takes 2 to 3 weeks for a payment to be received once a claim has been submitted. It is important that you have a trained/professional coder to help decide which CPT codes you will use in your clinics.

While FFS claims may be submitted to TMHP at any time, all FFS claims must be submitted to TMHP within 95 days of the date of service. Additionally, all FFS claims for services must be submitted to TMHP within 45 days after the end of the contract term.

There are no other forms needed for the FFS contracts, except for the end of the year Financial Reconciliation Report (FRR).

The diagram below depicts the process through which FFS claims are submitted to TMHP and processed for payment.

TMHP Claims Lifecycle



- This starts with the contractor/provider, or third party biller, entering claims information into the TMHP system.
- TMHP then performs audits on these claims to determine if they are for approved services for the program, that they meet other program criteria, and that the clients are not Medicaid/Medicare eligible.
- TMHP then sends claims data and the actual approved-to-pay claim amounts to DSHS.
- After program approval, DSHS sends the approved-to-pay claim amounts to the Comptroller.
- The Comptroller processes the approved to pay claim amounts for each contractor and sends the paper warrants to DSHS for mailing, or sends direct deposits to banks for each contractor.
- The Comptroller also sends the warrant numbers to TMHP.
- The contractor can then download the remittance and status (R&S) reports from the TMHP website, as these provide information for the claims for which they have been paid each week.

TEXMED vs Electronic Data Interchange (EDI)

Submitting Claims

If your agency is inexperienced with submitting claims to TMHP, please read [Getting Started with Electronic Billing](#). This document will provide an introduction to TexMedConnect, TMHP's web-based billing tool, and the EDI requirements for third-party billers.

EDI Overview

EDI is the submission of electronic claims over the Internet in batches. EDI, vendor software, specialized billing software, or third-party billing is the claims submission process commonly used when the number of claims submitted on a daily basis would make it cumbersome to submit claims individually using TexMedConnect. The EDI [Acute Care Companion Guide](#) is a resource developed by TMHP to assist contractors with the specific elements and data structure required for successful submission of electronic medical claims. The Companion Guide can be used by contractors or their vendors to ensure any application developed for the submission of EPHC claims meets TMHP standards.

More information regarding EDI, including access to the Acute Care Companion Guide, can be found on the [TMHP EDI home page](#). Contractors may also seek assistance from TMHP EDI Help Desk to help with the process of developing an EDI capability. The EDI Help Desk can be reached by phone at: (800) 925-9126.

TexMedConnect Overview

TexMedConnect is a browser-based application that enables providers that are logged into the secure portion of the TMHP website to file claims electronically, check claim status, confirm client eligibility and perform a variety of other tasks related to TexMedConnect account management and claim review. TMHP has developed the TexMedConnect acute care [Computer Based Training \(CBT\)](#) module to provide contractors with specific instructions for properly submitting claims through TexMedConnect.

Claim Forms and Requirements

At this time, EPHC contractors may only use the 2017 Claim Form to submit EPHC claims. The [2017 Claim Form](#) can be found on TMHP's website. If needed, providers may also submit claims using the paper 2017 Claim Form. However, since filing paper claims takes a longer amount of time to process, doing so is not recommended.

Client Number Field

The Client Number field (also known as the Medicaid number or Patient Control Number) is a required field when submitting claims through EDI. If the Client Number is unknown, the social security number should be entered. If the social security number is unknown, the following nine digits should be entered: 000000001. The claim will reject if the field is left blank. Below are instructions from the EDI Companion Guide:

2010BA	NM109		Populate with client's 9-digit Medicaid number, 9-digit CSHCN number or DSHS Client number. If claim is for DSHS DFPP, PHC, EPHC services, and DSHS client number is unknown, populate 2010BA-NM109 with client Social Security Number (SSN). If DSHS DFPP, PHC, EPHC client SSN is unknown, populate 2010BA-NM109 with 000000001.
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However, the Client Number is not a required field when submitting claims through TexMedConnect and can be left blank; however, the Patient Identification Numbers field is required. This field is alphanumeric in any order or any length; however, most providers enter the internal patient account number. Below is a screen shot from TexMedConnect:

Claim Submission - Step 2

Claim Type: 2017 Claim Form DSHS EPHC

PATIENT PROVIDER CLAIM DIAGNOSIS DETAILS OTHER-INSURANCE / SUBMIT CLAIM

Patient

Patient Identification Numbers

Account No. * SSN Client Number DSHS Client Number

Name and Address

Last Name * First Name * MI Suffix

Street * City * State * ZIP+4 * County Of Residence *

Patient General Information

Gender * Patient Date of Birth * Date of Eligibility * Status *

Family

Level Of Payment Family Size * Family Income *

Save Draft Save Template

1. Enter patient information into all required fields, which are indicated by a red dot.

If the client number is entered on the Claims Entry screen, many of these fields are populated by the system.

2. Ensure the data entered meet field edit requirements:

- Alphanumeric – Account No., DSHS Client Number, First, Last Names, MI, Suffix, Street, City
- Drop-down calendar – Patient Date of Birth (no future date allowed), Date of Eligibility (no future date allowed)

- Drop-down selection – Level of Payment, Gender, Patient Status, County of Residence, State.
- Numeric only- SSN (9 digits), Client Number (9 digits), ZIP+4 (5+4), Family Size, Family Income.

Birth Control and Reproductive History

The Birth Control and Reproductive History fields on the 2017 Claim Form are optional and not required fields.

If true data are available, please include that information on the claim. If the data are not available, then a claim may be submitted without the information. A TexMedConnect screen shot is included below for reference.

The screenshot shows the 'Claim Submission - Step 2' interface. At the top, there are tabs for 'PATIENT', 'PROVIDER', 'CLAIM', 'DIAGNOSIS', 'DETAILS', and 'OTHER-INSURANCE / SUBMIT CLAIM'. The 'CLAIM' tab is active. Below the tabs, there are sections for 'General Demographics' (Marital Status, Race, Ethnicity), 'General' (Date of Occurrence, Patient Co-Pay, Level of Practitioner, Authorization No.), 'Birth Controls' (Primary Before Visit, Primary After Visit), and 'Reproductive History' (No. Of Times Pregnant, No. Of Live Births, No. Of Living Children). The 'Birth Controls' and 'Reproductive History' sections are highlighted with a red box. At the bottom, there are buttons for 'Save Draft', 'Save Template', 'Previous', and 'Next'.

Allowable CPT Codes and Online Fee Look-up

In general, EPHC reimbursement will follow Medicaid physician rates. These rates are determined by rate analysis methodology established by the Health and Human Services Commission (HHSC). DSHS is not responsible for setting the reimbursement rate amounts. The only exception is reimbursement for female sterilizations. Female sterilizations will be reimbursed by submitting one of two global fee codes: 58600 or 58565. Due to the vast quantity of reimbursable CPT codes, contractors should utilize the [Online Fee Lookup \(OFL\)](#) to determine if the procedure code is reimbursable, and if so, what the reimbursable rate is. The steps to looking up CPT codes on the OFL are as follows:

Online Fee Lookup Search

* denotes required field

What type of search would you like to conduct ?

Single Procedure Code
 List of Procedure Codes
 Range of Procedure Codes
 All Applicable Procedure Codes

Step 1

Procedure Code :

Step 2

Provider Type : Select a Provider Type

Provider Specialty : Select a Provider Specialty

Step 3

Program : Select a program

Step 4

Date of Service : 11/19/2014

Step 5

Claim Type : Select a Claim Type

Step 6

(Select the appropriate claim type for your fee search. Results may vary based on the claim type selected.)

TMHP publications and medical/dental policy documentation are available for searches of up to 10 procedure codes, but not available for batch submissions.

Step 1: enter CPT code

Step 2: select provider type; EPHC providers must select either *Family Planning Clinic* or *Federally Qualified Health Centers (FQHCs)*

Step 3: select a provider specialty

- If *Family Planning Clinic* provider type has been selected, the only provider specialty to choose is *family planning agency (public health)*
- If *Federally Qualified Health Centers (FQHCs)* has been selected, the only provider specialty to choose from is multispecialty clinic

Step 4: select a program; EPHC providers must select DFPP, PHC, EPHC

Step 5: select date of service

Step 6: select claim type; EPHC providers must select *2017 Claim Form – DSHS Expanded Primary Health Care*

Texas Women's Health Program (TWHP) Wrap Services

EPHC providers contracted through DSHS may receive DSHS EPHC Program reimbursement for TWHP wrap-around services during a visit. To receive reimbursement, the primary purpose of the visit must not be related to contraception or be reimbursed by TWHP. Providers can bill for TWHP wrap services two ways:

1. Bill two separate claims, one to TWHP for TWHP covered services and one claim to EPHC for all non-TWHP services covered by EPHC.
2. Bill one claim to EPHC for all services. The TMHP system will sort out those services allowable under TWHP a pay through that program. All other allowable services will be processed as an EPHC claim.

Rate Reductions

All codes reimbursable to the EPHC Program, including laboratory rates, are subject to a 7% reduction. This reduction is legislatively mandated. The CPT code reimbursement rates are as listed on the OFL and the 7% rate reduction will be taken from the total amount to be reimbursed.

Categorical Cost Reimbursement (Overview of the Vouchering Process)

Categorical cost reimbursement vouchers must be submitted to DSHS in their original format and in a timely manner. The monthly voucher form is called the B-13, and the supporting documentation is called the B-13E. Both the B-13 and the B-13E are due to DSHS within 30 days after the end of the month of service. In order to be processed for payment, the B-13 and B-13E forms must be submitted - **in the same email** – with the EPHC-275 form, which is used to track client counts and service provision. The B-13, B-13E, and EPHC-275 reporting forms must be submitted to DSHS every month, even if zero reimbursement is requested. If your agency's categorical cost reimbursement contract limit has been reached, your agency will still be required to continue to report and submit your actual expenses. DSHS requires an email from your agency with all these forms attached every month.

Final monthly forms are due 45 days after the end of the contract term.

The Financial Status Reports (FSR) which are required for the categorical cost reimbursement contracts are due 30 days after the end of the quarter. Similar to the final vouchers and reporting forms, the final FSR is also due within 45 days of the end of the contract term. It is important to mark the final FSR as 'Final'.

How to Complete EPHC Voucher Forms

B- Supporting Schedule for Expanded Primary Health Care Reimbursement Vouchers Below, is a screen shot of the B-13E form, which is the accompanying document that must be submitted monthly along with the B-13 voucher form and EPHC-275 form. Most of the form is locked down with formulas. The only cells that need to be completed are the white cells. The yellow cells will automatically calculate totals. The important thing to remember about this form is that it is **cumulative**, which means that you will have to add to your figures each month. Below the form are instructions for how to complete it.

B-13E



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Form B-13E

Agency Name: **A**

Supporting Schedule for Expanded Primary Health Care Reimbursement Vouchers			
	Column A	Column B	Column C
1	Total Allowable EPHC Cumulative Expenses Incurred: *B*=Date-Month and year expenses incurred through *C*=Amount of cumulative EPHC eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	B	C
2	Program Income (Cumulative):		
3	EPHC Fee-For-Service Reimbursements from TMHP	D	
4	Program Income From Patient Co-Payments	E	
5*	Sub Total - Program Income =====		0.00
6*	Gross Cumulative EPHC Reimbursable Expenses		0.00
7	Total Award Amount of the EPHC Categorical Contract	G	
8*	Non DSHS Funding Expended – If Column C Line 6 is greater than Column B Line 7, then C6 - B7 = C8. Otherwise, Column C Line 8 will be zero.		0.00
9*	Net Cumulative EPHC Reimbursable Expenses	=====	0.00
10	Less: Gross Reimbursements Requests Previously Submitted to DSHS (Cumulative)		J
11*	Gross Reimbursement Requested this Voucher		0.00
12	Less: Refunds or Other Adjustments (if any)		L
13*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to DSHS)		\$0.00
14*	Total Cumulative Non DSHS Funding Expended (This amount must be the same as the Cumulative Non-DSHS Funding on the Quarterly FSR).		0.00
15	Total Cumulative Value of In-Kind Contributions		

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for EPHC program)	Date Submitted
Typed or Printed Name and Title of Certifying Official	Telephone ()

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

DSHS Form B-13E
Family & Community Health Services Division

Revised: 8/2014

- A. Enter your agency name at the top of the form.
- B. Line 1, column B - Enter the month and year of service. Make sure that this cell matches the month and year of service selected on the B-13 form.

- C. Line 1, column C - Enter the total actual allowable cumulative expenses incurred to provide services to all EPHC eligible clients. This is where all of the program's expenses are listed, whether they are to be reimbursed by fee-for-service claims or not.
- D. Line 3 - Enter the reimbursements that you received from TMHP FFS claims.
- E. Line 4 - Enter all the co-payments, if any, collected from EPHC clients.
- F. Line 6 - This cell will auto-populate using the following formula: line 1 (total expenses) minus line 5 (total program income) equals line 6 (gross cumulative EPHC reimbursable expenses).
- G. Line 7 - Enter the total 12 month extension award amount of your EPHC categorical cost reimbursement contract.
- H. Line 8 - This cell will auto-populate using the following formula: if line 6 (gross cumulative EPHC reimbursable expenses) is greater than line 7 (total EPHC categorical award amount), then line 8 equals line 6 minus line 7. If line 6 is not greater than line 7, then line 8 equals zero.
- I. Line 9 - This cell will auto-populate.
- J. Line 10 - Enter the total cumulative reimbursement amount requested in previous months and submitted to DSHS. It does not matter whether or not your agency has actually received this total amount. What matters is that it was requested on previous vouchers.
- K. Line 11 - This cell will auto-populate.
- L. Line 12 - Enter any refund amounts or other adjustments.
- M. Line 13 - This cell will auto-populate by automatically calculating the net reimbursement requested for that month's voucher. Any negative amount on Line 13 for the month of August indicates a refund to DSHS because your agency's reimbursements outweighed your program expenses. Line 13 is the amount that you put on your B-13 form for that month. If line 13 is a negative amount during the contract term, just put a zero on B-13 form. There cannot be any negative reimbursement amounts on the B-13 form.

It is important to note that because the B-13E is a **cumulative form**, if there is a mistake one month on the expenses or program income collected, your agency can add to or subtract the expenses or program income figures the next month. In most cases it is not necessary to submit a revised form for given months as any mistake can be corrected on the next month's voucher/documentation.

B-13 Purchase Voucher

Below is a screen shot of the B-13 purchase voucher. The majority of this form is locked down, and some fields are drop-downs. The highlighted fields in the screen shot are the only fields that need to be completed. Below the form are instructions for how to complete it.

B-13

Voucher Type: **Initial Submission**

DSHS Form B-13 A

STATE OF TEXAS
PURCHASE VOUCHER Page 1 of 1

1. Agency reference number		2. Agency No. 537	3. Agency Name TEXAS DEPARTMENT OF STATE HEALTH SERVICES			4. Current document number	
5. Effective date		6. Date of Submit Date	7. Due date	8. Use Agency 537		9. Disposal amount \$ 0.00	
9. Phone identification number 14 Digits C		10. PDT	11. PCC	12. Requisition number PO # 0000 D		13. Disposal amount \$ 0.00	
14. Physical address E		15. OSC order number		17. AGENCY USE FUND ___ BUDGET ___ CAT ___ SERV DATE General ___ or Program ___ Activity Code			
16. Lapse number							

18. SFY 001	Ref Doc	SFY	M	TC	Index	PCA	AY	COBJ	ACBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Service number			Description			AGENCY USE					
18. SFY 002	Ref Doc	SFY	M	TC	Index	PCA	AY	COBJ	ACBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Service number			Description			AGENCY USE					
18. SFY 003	Ref Doc	SFY	M	TC	Index	PCA	AY	COBJ	ACBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Service number			Description			AGENCY USE					

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
09/2014 F	Reimbursement for services as specified in the contract between the Texas Department of State Health Services and Agency Name Program: CHS/EPHC Contract Term: _____ thru _____ DSHS Doc # 2015-xxxxxx-001 Type of Entry: Non-Profit G		Total Reimbursement	\$ 0.00 H

24. Contact name I		Phone (Area code and number) I		25. Entered by	
--------------------	--	--------------------------------	--	----------------	--

26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.

Approved sign here <	Phone (Area code and number)	Date
----------------------	------------------------------	------

B-13 Instructions

- A. Select voucher type from the drop-down menu: “Initial Submission”, “Revision”, or “Supplemental”.
- B. Block 6 - Enter the submit date.
- C. Block 9 - Enter your agency’s payee identification number. This is also called the vendor ID number and it is 14 digits long. Ensure that all 14 digits are entered.
- D. Block 12 - Enter your agency’s requisition or PO number. The number starts with four zeros and then has 6 digits after that. This number can be found on your agency’s EPHC contract document and changes each time the contract is renewed. Since FY16 is an extension and not a renewal, this number will be the same as the last 12 months.
- E. Block 14 - Enter your agency’s name and complete address as established with the comptroller.
- F. Block 19 - Select the appropriate service date from the drop-down menu.
- G. Block 20 - Enter your agency’s name. Enter the beginning and end dates of the current contract term, which for FY16 will be start date of 9/1/14 or 3/1/15 or 4/1/15, and an end date of 8/31/16. Enter the DSHS document number (i.e., 2015-xxxxxx-001). This number can be found on your agency’s EPHC contract document and changes each time the contract is renewed. Since FY16 is an extension and not a renewal, this number will be the same as the last 12 months. Select the appropriate type of entity from the drop- down menu.
- H. Block 23 - Enter the total monthly reimbursement amount, as calculated from your B-13E form on line 13. There can never be a negative amount in this field. If line 13 of your B-13E is a negative, enter zero in this field.
- I. Block 24 - Enter the contact name and phone number (with extension, if applicable) for the person DSHS would need to contact if there are questions or problems regarding the voucher forms.

Financial Status Report (FSR) Form 269A

Below is a screen shot of the FSR Form 269A. Most of this form is locked down with formulas. Enter the information only in the cells that are white. The Form 269A is an Excel notebook with a tab for each quarter. Some of the information at the top, and some of the figures in the body of the form will carry forward from one tab to the next. Below the form are instructions for how to complete it.

FSR Form 269A

TEXAS DEPARTMENT OF STATE HEALTH SERVICES				
FINANCIAL STATUS REPORT				
FSR Form 269A				
P.O. Box 143347 Austin, Texas 78714-9347		This form can be downloaded at: http://www.dshs.state.tx.us/grants/forms.shtml		Fiscal Division/Accounts Payable Phone (512) 458-7435
Contractor Name:		DSHS Program ID:		A
Payee Name:		DSHS Contract #		A
Attachment #				
Address:		Contract Term (Month / Day / Year)		
Address:		Begin Date		End Date
City, ST, Zip:		B		
Payee Vendor ID No.:		Period Covered by this Report		
PO Number:		Begin Date		End Date
Check If Final Report: <input type="checkbox"/>		Basis: C <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
D				
1	2	3	4	5
BUDGET CATEGORIES	APPROVED BUDGET	CURRENT PERIOD PROJECT COSTS	CUMULATIVE PROJECT COSTS	REMAINING BUDGET BALANCE
a. Personnel			\$ -	\$ -
b. Fringe Benefits			0.00	-
c. Travel	E	F	G	H
d. Equipment			0.00	-
e. Supplies			0.00	-
f. Contractual			0.00	-
g. Other			0.00	-
h. Total Direct Charges	\$ -	\$ -	\$ -	\$ -
i. Indirect Charges			-	-
j. Total Charges	\$ -	\$ -	\$ 1	\$ -
Less:	k. Program Income Collected	-	2	-
	l. Non-DSHS Funding	-	3	-
	m. In-kind (See Instructions)	-	-	-
DSHS SHARE >>		\$ -	\$ 4	-
n. Advance:	ADVANCE RECEIVED	REPAID THIS PERIOD	CUMULATIVE REPAYMENTS	ADVANCE BALANCE
			\$ -	\$ -
o. Total Reimbursement Requested (net of advances)		\$ -	\$ -	
p. Total Reimbursement Requested and Received				
Prepared by:		Telephone #		Fax #
Title:				
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Signature of Authorized Certifying Official:		Telephone #		Fax #
Typed or Printed Name and Title of Certifying Official:		Date Submitted:		
DSHS USE ONLY				
		FSR Receipt Date:		

FSR Form 269A Instructions

The top part of this form is the same type of information on your B-13 forms.

- A. Your name, address, purchase order number, contract number.
- B. The term of the FY16 contract again is 9/1/14 or 3/1/15 or 4/1/15 to 8/31/16, and the period covered by this report is just the 3 month period. So for FY16, your 1st quarter would be September 1, 2015 thru November 30, 2015.
- C. You need to tell us whether your accounting method is cash or accrual. Check both if using a modified method.
- D. Check “final” if the FSR is for the final quarter of the contract term.
- E. Next, you will enter the approved budget amounts from forms sent with your fully executed extension contract.
- F. Each quarter you will fill in your current period costs in column 3.

G&H. Columns 4 and 5 will automatically calculate.

Please be aware that the equipment category may not be changed. If your agency does not have equipment in the budget, you cannot claim any equipment costs. If your agency draws down the entire contract amount and equipment is listed, then funds spent on the equipment must be refunded to DSHS if equipment is not in your approved budget. If you do not spend all the money in the equipment category, if applicable, then you cannot “use” that money in any other category without a formal contract budget amendment.

The indirect cost category is as restrictive as the equipment category. Please do not go over the indirect approved budget or you will have to refund that overage. If you do not have an indirect cost amount in your budget, you cannot claim indirect costs in that category.

Make sure to review your agency’s FSRs to see if there are any negatives in column 5 (“Remaining Budget Balance”). DSHS has what we call the 25% rule, which works in the following way: take 25% of the total direct charges of column 2 (“Approved Budget”) minus any equipment category amount, add to that any program income and non-DSHS funding from column 4 (“Cumulative Project Costs”). In this example, that will be figure “A”. Next, add up any negative amounts in column 5 (“Remaining Budget Balance”), lines A through G. That will be figure “B”. If figure “A” is larger than figure “B”, this is good. If figure “B”, the negative total, is larger than figure “A”, then your agency will owe a refund to DSHS. If that happens, there are several options. The best option is to revise your agency’s budget with a contract

amendment. DSHS is not supposed to request contract amendments within 90 days of the end of the contract term. If you wait to address this type of budget issue until the 3rd quarter, which ends in May, it may be too late to do a budget amendment. Please watch this closely throughout the year and contact your Contract Manager for guidance on budget revisions. The 25% rule does not apply to the equipment category or indirect charges category.

Co-payments

Co-payments collected from clients are referred to as program income. All program income must be spent on program services during the contract term.

Refunds

A refund would occur if there is a negative amount on Line 13 of the August B-13E form. This indicates that your agency's reimbursements are greater than program expenses. If for any reason your agency owes a refund to DSHS, those are collected only after the end of the contract term. Please let your agency's contract manager know that a refund will be due, along with the dollar amount and reason, and DSHS will send your agency a letter, a remittance notice to attach to your check, and instructions for where to send the check. Please do not send in a refund check by itself without first contacting your agency's contract manager and receiving the appropriate instructions and forms.

Submitting Vouchers and Reports

All forms must be submitted together in their original format in the same email to two email addresses (CDSB@dshs.state.tx.us and Invoices@dshs.state.tx.us). Do not send forms in separate emails as this will cause difficulty in matching vouchers to supporting documentation and will delay payment. Please refer to the EPHC billing schedule below:

EPHC Billing Matrix

Type of Contract	Voucher Name	Submission Frequency
EPHC FFS only	N/A	N/A
EPHC CAT	B-13E B-13 (EPHC)	monthly

Forms should be submitted in their original electronic format. The B-13 is in PDF format, and the B-13E is in Excel format. Do not scan and email the forms. If the forms are not in their original format, they will be returned and payment will be delayed.

The FSR Form 269A is the only form that requires a signature. It can be signed, scanned and then emailed to DSHS. Your agency may keep the original signed form and email the scanned copy to DSHS. There is no need to mail the original to DSHS.

The State Comptroller typically pays vouchers within 30 days. Often payments are processed within 10 to 15 days, but at times vouchers can take the full 30 days to process. Also, please note that if a voucher correction has been requested, the 30 days starts over when the correction is received.

Steps on Filling out Cost Reimbursement Forms

1. Fill out the B-13E if you have EPHC categorical contract, and save it as an Excel form
2. Fill out the B-13 and save as a PDF form.
3. Open up your EPHC-275 form and fill it out.
4. Double and triple check all the forms and the figures. Even a small mistake will delay payment.
5. There is a button on the EPHC-275 form that says “Submit Form”. If you click on that, it will open an email with the two email addresses that you need to send this to.
6. Then you just attach your saved B-13 and B-13E.

Not all email applications will work with the “Submit Form” button. If that is the case for your agency, just address an email to the two email addresses, attach your saved forms, and send.

How EPHC Fee-For-Service and Categorical Reimbursements Work Together to Cover Costs

Recoupment of all costs related to the provision of EPHC services begins with your FFS billing. Your agency must enter claims into the TMHP system for **all clinical services** provided to EPHC-eligible clients, with the exception of dental services and any medications that do not have CPT codes available in the TMHP system, if your agency provides those under the EPHC contract. These claims will also include services provided by any subcontractors, as well. If, for example, your agency sends a client to a subcontractor for a mammogram, your agency will submit the claims for the mammogram through TMHP and then your agency will reimburse your subcontractor according to time frame and amount agreed upon. The subcontractor will not be able to enter the claims for your agency. Subcontractors cannot ask clients for any type of payment or co-payment in order to receive services, as any such co-payment would have already been requested by your agency at the initial point of care.

Contractors must ensure that all contraceptive services are billed through the FFS system. Even if contraceptive pharmaceuticals or supplies are purchased up front using EPHC categorical funds, claims for these services must be billed on a FFS basis through TMHP in order for the clients who receive these services to be counted toward program performance measures.

All actual costs will not be covered by FFS claims payments. The actual costs, covered or not by FFS claims, must be included on your agency's monthly categorical cost reimbursement voucher (B-13E.). For example, if your agency performs a procedure that actually costs you \$75 and the rate of reimbursement from your agency's FFS contract is only \$50, then the categorical cost reimbursement contract will pay the other \$25. This happens when you submit the B-13E form.

Since both of your the EPHC program attachments are included in one cost center, all costs and reimbursements generated by both contracts are combined. When your monthly costs for the program as whole exceed all reimbursements received that month from either FFS claims payment or client co-payments, the remaining costs will be paid through your agency's monthly categorical cost reimbursement voucher (B-13E), up to your total categorical award amount.

SECTION III- CONTRACEPTIVE CLIENTS

As part of the negotiated performance measures for the EPHC Program, approximately 60 percent of the clients to whom your agency provides EPHC services are expected to receive contraceptive services. DSHS calls these clients 'contraceptive clients'. This section includes the definition of a contraceptive client, as well as the CPT and diagnoses codes that DSHS uses to calculate your agency's contraceptive client percentage. Please note that all contraceptive services MUST be billed on a FFS basis to TMHP in order to be calculated in your agency's contraceptive client percentage.

Definition

To be considered a contraceptive client, the following criteria must be met:

1. client receives an FDA-approved pregnancy prevention method [device, drug, chemical agent, or specific sterilization procedure (CPT codes 58600 and 58565)] during or as part of an office visit; and
2. the FDA-approved pregnancy prevention method [device, drug, chemical agent, or specific sterilization procedure (CPT codes 58600 and 58565)] itself is charged to the EPHC program or the associated office visit/insertion procedure is charged to the EPHC program;

*NOTE - clients who do not receive a device, drug, chemical agent, or specific sterilization procedure (CPT codes 58600 and 58565) and who receive only counseling are NOT considered contraceptive clients for the EPHC program.

CPT Codes

All FFS claims should include the most appropriate Current Procedural Terminology (CPT) codes for the procedures that were provided to the client by your agency's clinicians.

The following CPT codes, submitted for reimbursement through TMHP, are the codes that are used to determine your agency's EPHC contraceptive client rate.

Note: When you use the appropriate contraceptive CPT code to bill through TMHP, the CPT code, in and of itself, is sufficient to be counted as a contraceptive client.

Table 1: CPT Codes Used to Determine Contraceptive Clients

Contraceptive Method	
Contraceptive Implants	11981, J7307
Intrauterine Devices	58300, J7300, J7301, J7302
Oral Contraceptives	S4993
Injected Contraceptives	96372*, J1050
Vaginal Rings	J7303
Contraceptive Patch	J7304
Cervical Cap	57170, A4261
Sterilization	58600, 58565
Diaphragms	A4266
Condoms	A4267, A4268
Spermicide	A4269

*only if paired with J1050

In some instances, the contraceptive method cannot be billed through TMHP because the contractor received the method at no cost. In the unusual event that one of the CPT codes from Table 1 above cannot be used to bill, the following office visit and diagnosis code combinations from Tables 2 and 3 are the only other codes that DSHS will use to determine contraceptive clients.

Table 2: CPT Codes that must be billed with a Diagnosis Code

Office Visits*	
New patient	99201, 99202, 99203, 99204, 99205
Established patient	99211, 99212, 99213, 99214, 99215

*Must be billed with a diagnosis code for initiation of a contraceptive method listed in Table 3.

Table 3: Diagnosis Codes that must be billed with an Office Visit Code

Diagnosis Codes**	ICD-9	ICD-10
Initiation of a LARC method	V25.11, V25.13, V25.5	Z30.013, Z30.014
Initiation of a non-LARC method	V25.01, V25.02, V25.03, V25.2	Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.2

**Must be billed with an office visit code listed in Table 2.

SECTION IV- REPORTING

EPHC Reporting Form- EPHC-275

The reporting form that your agency will use to report EPHC clients depends entirely on the combination of contracts your agency has. EPHC contractors that have only a FFS contract do not have to complete any reporting forms, as the data that DSHS is required to report will be captured by TMHP through the FFS billing system. EPHC contractors that have both a FFS and categorical cost reimbursement contract will complete the EPHC-275, which can be found on the [DSHS Forms](#) webpage. Occasionally, DSHS updates the reporting forms, which is why it is imperative to check the webpage often to ensure that they reporting form your agency is submitting is the most current version.

The EPHC-275 reporting form will be submitted monthly to DSHS, in conjunction with the B-13 and B-13E, in one single email. The information that will need to be included each month will vary depending on whether the month falls on a quarter or not. However, the form is dynamically programmed to only display the required reporting fields once the reporting month is selected from the drop-down menu.

The table below provides a guide to help your agency determine which EPHC reporting form to use and the frequency of data submission for each section of the report.

EPHC Client Reporting Matrix

<i>If your agency has this contract combination...</i>	<i>then your agency will use this reporting form...</i>	<i>and will complete and submit SECTION A...</i>	<i>and complete and submit SECTION B...</i>
EPHC FFS only*	N/A	N/A	N/A
EPHC FFS and EPHC CAT	EPHC-275	monthly	quarterly

*all EPHC FFS data will come from TMHP

EPHC-275 Form Instructions

The EPHC-275 form and instructions are located in Appendix C.

SECTION V- RESOURCES

TMHP Reference Links & Phone Numbers

List of billable procedure codes can be found on TMHP Website / Static Fee Schedules. However; because of HIPPA requirements there are no code descriptions:

<http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

Texas Medicaid Provider Procedure Manual (TMPPM)

Providers can use the TMPPM to find codes by searching with procedure codes or key words:

http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx

Online Fee Lookup

Providers should utilize the Online Fee Lookup at to determine if the procedure code is reimbursable and if so, what the reimbursable rate is.

<http://public.tmhp.com/FeeSchedules/Default.aspx>

TMHP Support

For assistance with TMHP-related matters, providers may call the TMHP Helpdesk at: 1-800-925-9126. Use the following options as appropriate:

- option 1 for the Automated Inquiry System (AIS),
- option 2 for provider inquiries, and
- option 3 for matters related to the Electronic Data Interchange (EDI).

If further assistance is needed, providers may contact their respective regional representative.

TexMedConnect Computer Based Training

A computer based training for TexMedConnect is available at the following link:

http://learn.tmhp.com/rcitw6g/texmedconnect_for_acute_care_providers.aspx

Current Procedural Terminology (CPT)

Providers should utilize a current copy of the Current Procedural Terminology (CPT) book which can be purchased from many resources using an internet search engine.

Quick Reference Guide

The Texas Medicaid Program Quick Reference Guide is a useful publication with instructions and resources related to The Texas Medicaid Program. Refer to Appendix D for a copy of the guide.

The Texas Medicaid Provider Procedures Manual (TMPPM)

The [Texas Medicaid Provider Procedures Manual](#) (TMPPM) is the providers' principal source of information about Texas Medicaid. The manual is regularly updated to reflect the most recent policy and procedure changes. Updates are generally available the month following the effective date of the change.

http://www.tmhp.com/pages/medicaid/Medicaid_Publications_Provider_Manual.aspx

Remittance and Status (R&S) Reports Banner Messages

For advanced notification of upcoming changes, providers should monitor banner messages, which appear at the beginning of their Remittance and Status (R&S) Reports and the corresponding website articles published on the [TMHP website](#).

APPENDIX A- SAMPLE BUDGETS

General Instructions for Completing Budget Forms

Respondents with cost reimbursement contracts need to complete Forms F and F-1 through F-7.

- Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on the budget summary page. Doing so will populate the budget category detail templates with the organization's name.
- Complete each budget category detail template to be the total of the DSHS award for both categorical and fee-for-service awards plus estimated patient co-pays to be collected. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget templates at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template. The definition of each category can be found in the DSHS Contractor's Financial Procedures Manual located at the following web site: <http://www.dshs.state.tx.us/contracts>
- After you complete all applicable budget category detail templates, go to the Budget Summary.
- Distribute the total amount in column 1 in each budget category manually among columns 2 and 3.
- Refer to the table below the budget template table to verify that the amounts distributed (Distribution Total) in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions (Distribution Totals) equals the Budget Total.
- Fill all budget forms out in WHOLE DOLLARS.

FORM F: BUDGET SUMMARY (REQUIRED) Expanded Primary Health Care Program

Legal Name of Respondent: An EPHC Contractor Name

Budget Categories	Total EPHC Budget (1)	DSHS Share Categorical & FFS (2)	Patient Co-Pays To Be Collected (3)	N/A	N/A	N/A
A. Personnel	\$195,300	\$195,300				
B. Fringe Benefits	\$19,530	\$19,530				
C. Travel	\$1,255	\$1,255				
D. Equipment	\$0					
E. Supplies	\$101,500	\$96,565	\$4,935			
F. Contractual	\$14,500	\$14,500				
G. Other	\$2,850	\$2,850				
H. Total Direct Costs	\$334,935	\$330,000	\$4,935	\$0	\$0	\$0
I. Indirect Costs	\$19,000	\$19,000				
J. Total (Sum of H and I)	\$353,935	\$349,000	\$4,935	\$0	\$0	\$0

NOTE: The Total EPHC Budget (column 1) is the DSHS award (categorical and FFS combined awards) plus any patient co-payments you estimate will be collected. The amount for each Budget Category in column 1 will have to be entered manually among columns 2 and 3. Enter amounts in **whole dollars**. After amounts have been entered for each row in columns 2 and 3, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column 1.

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$195,300	\$195,300	Fringe Benefits	\$19,530	\$19,530
	Travel	\$1,255	\$1,255	Equipment	\$0	\$0
	Supplies	\$101,500	\$101,500	Contractual	\$14,500	\$14,500
	Other	\$2,850	\$2,850	Indirect Costs	\$19,000	\$19,000

TOTAL FOR:	Distribution Totals	\$353,935	Budget Total	\$353,935
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FORM F-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

An EPHC Contractor Name

PERSONNEL Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Physician OB/GYN	N	Provide medical services	0.5	MD	\$12,000.00	12	\$72,000
Mid-Level PA	N	Provide medical services	0.2	PA	\$5,000.00	12	\$12,000
Medical Assistant	N	Provide medical services	2	MA	\$1,500.00	12	\$36,000
Program Director	N	Supervise and direct program activities	1	N/A	\$3,500.00	12	\$42,000
CFO	N	Provide financial services-budget, billings	0.05	CPA	\$3,500.00	12	\$2,100
Eligibility Clerk	N	Determines client eligibility	0.05	N/A	\$2,000.00	12	\$1,200
Dentist	N	Provide dental services	0.5	DDS	\$5,000.00	12	\$30,000
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$195,300

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FICA - X%, Social Security - X%, Health Insurance - X%, Worker's Comp - X%, Unemployment - X%, Life Insurance - X%.
	Fringe Benefit Rate %
	10.00%
	Fringe Benefits Total
	\$19,530

FORM F-2: TRAVEL Budget Category Detail Form, **Page 1 of 2**

Legal Name of Respondent:

An EPHC Contractor Name

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs	
			Days	Employees		
EPHC Director's Conference	To support EPHC program. Required by DSHS	Austin	2	2	Mileage	\$50
					Airfare	
					Meals	\$140
					Lodging	\$300
					Other Costs	
					Total	\$490
EPHC Eligibility Training	To support EPHC program. Required by DSHS	Austin	2	2	Mileage	\$50
					Airfare	
					Meals	\$140
					Lodging	\$300
					Other Costs	
					Total	\$490
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

FORM F-2: TRAVEL Budget Category Detail Form, **Page 2 of 2**

Total for Conference / Workshop Travel

\$980

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
MD to travel between clinic locations	500	\$0.550	\$275		\$275
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$275

Other / Local Travel Costs: **\$275**

Conference / Workshop Travel Costs: **\$980**

Total Travel Costs: \$1,255

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM F-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

An EPHC Contractor Name

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) Check the Contractor's Financial Procedures Manual for definition of supplies.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Exam supplies - gowns, swabs, BP cuffs, etc.	To support the EPHC program.	\$500
Office supplies - pens, paper forms, printer toner	To support the EPHC program.	\$500
Educational supplies - pamphlets	To support the EPHC program.	\$500
Pharaceuticals - drug prescriptions	To support the EPHC program.	\$100,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$101,500

FORM F-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **An EPHC Contractor Name**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
Radiology Agency	Mammograms	Necessary for diagnosis	Unit	100	\$100.00	\$10,000
Lab Agency	Medical lab tests	Necessary for diagnosis	Unit	500	\$9.00	\$4,500
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: **\$14,500**

FORM F - 7 Indirect Costs, Page 1 of 2

Legal Name of Respondent:

An EPHC Contractor Name

Total amount of indirect costs allocable to the project:

Amount: \$19,000

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

FORM F - 7 Indirect Costs, **Page 2 of 2**

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

Supplemental Forms Instructions

The budget templates (two per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that have utilized all the lines on the primary budget template must use the supplemental templates to list detail information for the respective budget category. For example, after all the lines on the primary budget template for Personnel (tab labeled Form F - 1 Personnel) have been used, go to the supplemental template labeled Form F - 1a Personnel Supp and if all the lines are used on this template, go to the next template labeled Form F - 1b Personnel. The amounts on each supplemental template will automatically total and the total from both templates will automatically be inserted on the last line of the primary budget template.

The supplemental budget templates are:

- Form F-1 Personnel Supplemental
- Form F-2 Travel Supplemental
- Form F-3 Equipment Supplemental
- Form F-4 Supplies Supplemental
- Form F-5 Contractual Supplemental
- Form F-6 Other Supplemental

FORM F-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

An EPHC Contractor Name

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$0

FORM F-2: TRAVEL Budget Category Detail Form (Supplemental), **Page 1 of 2**

Legal Name of Respondent:

An EPHC Contractor Name

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

FORM F-2: TRAVEL Budget Category Detail Form (Supplemental), **Page 2 of 2**

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

FORM F-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: An EPHC Contractor Name

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

Appendix B- Allocation Methods

	Type	Date	Name	Memo	Class	Clr	Amount	Balance	
Ordinary Income/Expense									
Income									
5000 · INCOME									
5200 · Clinic Revenue									
5201 · Clinic Revenue									
5210 · Third Party Pmts Received									
5211 · Clinic Revenue-Medicaid									
	General Journal	12/31/2012	patient(s)	Record Clinic Medicaid Receipts December 2012	Clinic:		76,944.97	76,944.97	
	General Journal	01/31/2013	patient(s)	Record Clinic Medicaid Receipts January 2013	Clinic:		69,471.55	146,416.52	
	General Journal	02/28/2013	patient(s)	Record Clinic Medicaid Receipts February 2014	Clinic:		63,711.27	210,127.79	
	Total 5211 · Clinic Revenue-Medicaid							<u>210,127.79</u>	<u>210,127.79</u>
	Total 5210 · Third Party Pmts Received							<u>210,127.79</u>	<u>210,127.79</u>
5240 · Patient Pmts Received									
5241 · Clinic Revenue-Patients									
	General Journal	12/31/2012	patient(s)	Record Clinic patient copay December 2012	Clinic:		2,090.00	2,090.00	
	General Journal	01/31/2013	patient(s)	Record Clinic patient charges January 2013	Clinic:		1,755.00	3,845.00	
	General Journal	02/28/2013	patient(s)	Record Clinic patient charges February 2013	Clinic:		995.00	4,840.00	
	Total 5241 · Clinic Revenue-Patients							<u>4,840.00</u>	<u>4,840.00</u>
5242 · EPHC Revenue-Patients									
	General Journal	12/31/2012	patient(s)	Record EPHC patient copay December 2012	Clinic:EPHC		190.00	190.00	
	General Journal	01/31/2013	patient(s)	Record EPHC patient charges January 2013	Clinic:EPHC		230.00	420.00	
	General Journal	02/28/2013	patient(s)	Record EPHC patient charges February 2013	Clinic:EPHC		446.00	866.00	
	Total 5242 · EPHC Revenue-Patients							<u>866.00</u>	<u>866.00</u>
	Total 5240 · Patient Pmts Received							<u>5,706.00</u>	<u>5,706.00</u>
	Total 5201 · Clinic Revenue							<u>215,833.79</u>	<u>215,833.79</u>
	Total 5200 · Clinic Revenue							<u>215,833.79</u>	<u>215,833.79</u>
5300 · Grant Revenue									
5330 · EPHC Grant, Cost Reimb.									
	General Journal	12/31/2012	DSHS	Record December 2012 PHC Grant Revenue.	Clinic:EPHC CR		16,207.98	16,207.98	
	General Journal	01/31/2013	DSHS	Record January 2013 PHC Grant Revenue.	Clinic:EPHC CR		10,741.85	26,949.84	
	General Journal	02/28/2013	DSHS	Record February 2013 PHC Grant Revenue.	Clinic:EPHC CR		14,049.58	40,999.42	
	Total 5330 · EPHC Grant							<u>40,999.42</u>	<u>40,999.42</u>
5340 · EPHC Grant, FFS									
	General Journal	01/31/2013	DSHS	Record December 2012 EPHC FFS Revenue Received	Clinic:EPHC FFS		2,300.48	2,300.48	
	General Journal	02/28/2013	DSHS	Record January 2013 EPHC FFS Revenue Received	Clinic:EPHC FFS		1,894.32	4,194.80	
	Total 5340 · EPHC Grant, FFS							<u>4,194.80</u>	<u>4,194.80</u>
	Total 5300 · Grant Revenue							<u>45,194.22</u>	<u>45,194.22</u>
	Total 5000 · INCOME							<u>261,028.01</u>	<u>261,028.01</u>
	Total Income							<u>261,028.01</u>	<u>261,028.01</u>
Expense									
6000 · EXPENSES									
6010 · Wages									
6020 · Clinic Wages									
	General Journal	12/31/2012		To record Clinic wages for December 2012	Clinic		85,095.77	85,095.77	
	General Journal	01/31/2013		To record Clinic wages for January 2013	Clinic		86,997.21	172,092.98	
	General Journal	02/28/2013		To record Clinic wages for February 2013	Clinic		84,769.33	256,862.31	

	<u>Type</u>	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Class</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Total 6020 - Clinic Wages							256,862.31	256,862.31
Total 6010 - Wages							256,862.31	256,862.31
6040 - Employee Benefits								
6041 - Clinic Fringe Benefits								
	General Journal	12/31/2012		To record Clinic benefits for December 2012	Clinic		17,870.11	17,870.11
	General Journal	01/31/2013		To record Clinic benefits for January 2013	Clinic		18,269.41	36,139.53
	General Journal	02/28/2013		To record Clinic benefits for February 2013	Clinic		17,801.56	53,941.09
Total 6044 - PHC Fringe Benefits							53,941.09	53,941.09
Total 6040 - Employee Benefits							53,941.09	53,941.09
6200 - Purchased Medical Expenses								
6210 - Medical Services								
6214 - Medical Procedures								
	Bill	12/01/2012	Memorial Hospital		Clinic:non alloc		106.08	106.08
	Bill	12/01/2012	Memorial Hospital		Clinic:		96.98	203.06
	Bill	12/01/2012	Memorial Hospital		Clinic:		98.80	301.86
	Bill	12/01/2012	Memorial Hospital		Clinic:non alloc		98.80	400.66
	Bill	12/01/2012	Memorial Hospital		Clinic:		149.76	550.42
	Bill	12/16/2012	Memorial Hospital		Clinic:		2,353.00	2,903.42
	Bill	01/08/2013	Memorial Hospital		Clinic:		157.04	3,060.46
	Bill	01/09/2013	Memorial Hospital		Clinic:		266.24	3,326.70
	Bill	01/17/2013	Memorial Hospital		Clinic:		91.78	3,418.48
	Bill	01/18/2013	Memorial Hospital		Clinic:		104.52	3,523.00
	Bill	01/22/2013	Memorial Hospital		Clinic:		149.76	3,672.76
	Bill	02/01/2013	Memorial Hospital		Clinic:		4,596.80	8,269.56
	Bill	02/01/2013	Memorial Hospital		Clinic:		110.76	8,380.32
	Bill	02/01/2013	Memorial Hospital		Clinic:		91.78	8,472.10
	Bill	02/01/2013	Memorial Hospital		Clinic:		149.76	8,621.86
	Bill	02/01/2013	Memorial Hospital		Clinic:		218.40	8,840.26
	Bill	02/01/2013	Memorial Hospital		Clinic:non alloc		104.52	8,944.78
	Bill	02/01/2013	Memorial Hospital		Clinic:non alloc		296.02	9,240.80
	Bill	02/02/2013	Memorial Hospital		Clinic:		91.78	9,332.58
	Bill	02/07/2013	Memorial Hospital		Clinic:		255.84	9,588.42
	Bill	02/07/2013	Memorial Hospital		Clinic:		163.80	9,752.22
	Bill	02/09/2013	Memorial Hospital		Clinic:		157.04	9,909.26
	Bill	02/12/2013	Memorial Hospital		Clinic:		326.04	10,235.30
	Bill	02/14/2013	Memorial Hospital		Clinic:		98.80	10,334.10
	Bill	02/14/2013	Memorial Hospital		Clinic:		98.80	10,432.90
	Bill	02/16/2013	Memorial Hospital		Clinic:		326.04	10,758.94
Total 6214 - Medical Procedures							10,758.94	10,758.94
Total 6210 - Medical Services							10,758.94	10,758.94
6220 - Supplies - Medical								
6222 - Medical Supplies								
	Bill	12/11/2012	Cardinal Medical Supplies		Clinic:		297.97	297.97
	Bill	12/21/2012	Cardinal Medical Supplies		Clinic:		311.01	608.98
	Bill	01/19/2013	Cardinal Medical Supplies		Clinic:		799.95	1,408.93
	Bill	01/29/2013	Cardinal Medical Supplies		Clinic:		1,111.12	2,520.05
	Bill	02/07/2013	Cardinal Medical Supplies		Clinic:		477.05	2,997.10
	Bill	02/22/2013	Cardinal Medical Supplies		Clinic:		675.41	3,672.51

	Type	Date	Name	Memo	Class	Clr	Amount	Balance
Total 6222 · Medical Supplies							<u>3,672.51</u>	<u>3,672.51</u>
Total 6220 · Supplies - Medical							<u>3,672.51</u>	<u>3,672.51</u>
6230 · Out Patient Services								
6231 · X Ray								
	Bill	12/01/2012	Memorial Hospital		Clinic:non EPHC		39.37	39.37
	Bill	12/16/2012	Memorial Hospital		Clinic:		714.30	753.67
	Bill	12/16/2012	Memorial Hospital		Clinic:		213.42	967.09
	Bill	12/16/2012	Memorial Hospital		Clinic:		2,300.69	3,267.78
	Bill	01/31/2013	Memorial Hospital		Clinic:non EPHC		199.47	3,467.25
	Bill	01/31/2013	Memorial Hospital		Clinic:		1,919.19	5,386.44
	Bill	02/01/2013	Memorial Hospital		Clinic:non EPHC		39.37	5,425.81
	Bill	02/01/2013	Memorial Hospital		Clinic:non EPHC		325.42	5,751.23
	Bill	02/01/2013	Memorial Hospital		Clinic:		66.63	5,817.86
	Bill	02/01/2013	Memorial Hospital		Clinic:		1,363.58	7,181.44
Total 6231 · X Ray							<u>7,181.44</u>	<u>7,181.44</u>
6232 · Lab								
	Bill	12/31/2012	LabCorp (Clinic)42501178		Clinic:		957.42	957.42
	Bill	01/31/2013	LabCorp (Clinic)42501179		Clinic:		1,077.94	2,035.36
	Bill	02/28/2013	LabCorp (Clinic)42501180		Clinic:		1,995.55	4,030.91
Total 6232 · Lab							<u>4,030.91</u>	<u>4,030.91</u>
Total 6230 · Out Patient Services							<u>11,212.35</u>	<u>11,212.35</u>
Total 6200 · Purchased Medical Expenses							25,643.80	25,643.80
6400 · Expense - Rent								
6410 · Rent Expense								
	Bill	12/31/2012			Clinic:		5,000.00	5,000.00
	Bill	01/31/2013			Clinic:		5,000.00	10,000.00
	Bill	02/28/2013			Clinic:		5,000.00	15,000.00
Total 6410 · Rent Expense							<u>15,000.00</u>	<u>15,000.00</u>
Total 6400 · Expense - Rent							15,000.00	15,000.00
6500 · Continuing Education								
6520 · Meetings & Conferences								
	Bill	12/31/2012	Austin, 12/1-3/2012		Clinic:		230.00	230.00
	Bill	01/31/2013	Dallas, 1/5-9/2013		Clinic:		448.48	678.48
	Bill	02/28/2013	Houston, 2/24-26/2013		Clinic:		260.60	939.08
Total 6520 · Meetings & Conferences							<u>939.08</u>	<u>939.08</u>
Total 6500 · Continuing Education								
6600 · Auto Expense								
6620 · Mileage								
	General Journal	12/31/2012	Austin, 12/1-3/2012		Clinic:		166.10	166.10
	General Journal	01/31/2013	Dallas, 1/5-9/2013		Clinic:		277.39	443.49
	General Journal	02/28/2013	Houston, 2/24-26/2013		Clinic:		189.97	633.46
Total 6620 · Mileage							<u>633.46</u>	<u>633.46</u>
Total 6600 · Auto Expense							<u>633.46</u>	<u>633.46</u>
Total 6000 · EXPENSES							<u>352,080.66</u>	<u>352,080.66</u>
Total Expense							<u>352,080.66</u>	<u>352,080.66</u>
Net Ordinary Income							<u>-91,052.64</u>	<u>-91,052.64</u>
Net Income							<u>-91,052.64</u>	<u>-91,052.64</u>

	Type	Date	Name	Memo	Class	Clr	Amount	Balance
Ordinary Income/Expense								
Income								
5000 - INCOME								
5200 - Clinic Revenue								
5201 - Clinic Revenue								
5210 - Third Party Pmts Received								
5211 - Clinic Revenue-Medicaid								
	General Journal	12/31/2012	patient(s)	Record Clinic Medicaid Receipts December 2012	Clinic:		76,944.97	76,944.97
	General Journal	01/31/2013	patient(s)	Record Clinic Medicaid Receipts January 2013	Clinic:		69,471.55	146,416.52
	General Journal	02/28/2013	patient(s)	Record Clinic Medicaid Receipts February 2014	Clinic:		63,711.27	210,127.79
							<u>210,127.79</u>	<u>210,127.79</u>
							<u>210,127.79</u>	<u>210,127.79</u>
Total 5211 - Clinic Revenue-Medicaid								
Total 5210 - Third Party Pmts Received								
5240 - Patient Pmts Received								
5241 - Clinic Revenue-Patients								
	General Journal	12/31/2012	patient(s)	Record Clinic patient copay December 2012	Clinic:		2,090.00	2,090.00
	General Journal	01/31/2013	patient(s)	Record Clinic patient charges January 2013	Clinic:		1,755.00	3,845.00
	General Journal	02/28/2013	patient(s)	Record Clinic patient charges February 2013	Clinic:		995.00	4,840.00
							<u>4,840.00</u>	<u>4,840.00</u>
Total 5241 - Clinic Revenue-Patients								
5242 - EPHC Revenue-Patients								
	General Journal	12/31/2012	patient(s)	Record EPHC patient copay December 2012	Clinic:EPHC		190.00	190.00
	General Journal	01/31/2013	patient(s)	Record EPHC patient charges January 2013	Clinic:EPHC		230.00	420.00
	General Journal	02/28/2013	patient(s)	Record EPHC patient charges February 2013	Clinic:EPHC		446.00	866.00
							<u>866.00</u>	<u>866.00</u>
Total 5242 - EPHC Revenue-Patients								
Total 5240 - Patient Pmts Received								
Total 5201 - Clinic Revenue								
Total 5200 - Clinic Revenue								
5300 - Grant Revenue								
5330 - EPHC Grant, Cost Reimb.								
	General Journal	12/31/2012	DSHS	Record December 2012 PHC Grant Revenue.	Clinic:EPHC CR		16,207.98	16,207.98
	General Journal	01/31/2013	DSHS	Record January 2013 PHC Grant Revenue.	Clinic:EPHC CR		10,741.85	26,949.84
	General Journal	02/28/2013	DSHS	Record February 2013 PHC Grant Revenue.	Clinic:EPHC CR		14,049.58	40,999.42
							<u>40,999.42</u>	<u>40,999.42</u>
Total 5330 - EPHC Grant								
5340 - EPHC Grant, FFS								
	General Journal	01/31/2013	DSHS	Record December 2012 EPHC FFS Revenue Received	Clinic:EPHC FFS		2,300.48	2,300.48
	General Journal	02/28/2013	DSHS	Record January 2013 EPHC FFS Revenue Received	Clinic:EPHC FFS		1,894.32	4,194.80
							<u>4,194.80</u>	<u>4,194.80</u>
Total 5340 - EPHC Grant, FFS								
Total 5300 - Grant Revenue								
Total 5000 - INCOME								
Total Income								
Expense								
6000 - EXPENSES								
6010 - Wages								
6020 - Clinic Wages								
	General Journal	12/31/2012		To record Clinic wages for December 2012	Clinic		85,095.77	85,095.77
	General Journal	12/31/2012		To record EPHC wages for December 2012	Clinic:EPHC Allocation		-11,220.20	73,875.57
	General Journal	01/31/2013		To record Clinic wages for January 2013	Clinic		86,997.21	160,872.78
	General Journal	01/31/2013		To record EPHC wages for January 2013	Clinic:EPHC Allocation		-9,210.01	151,662.78
	General Journal	02/28/2013		To record Clinic wages for February 2013	Clinic		84,769.33	236,432.11
	General Journal	02/28/2013		To record EPHC wages for February 2012	Clinic:EPHC Allocation		-10,874.58	225,557.52
							<u>225,557.52</u>	<u>225,557.52</u>
Total 6020 - Clinic Wages								
Total 6010 - Wages								
6040 - Employee Benefits								
6041 - Clinic Fringe Benefits								
	General Journal	12/31/2012		To record Clinic benefits for December 2012	Clinic		17,870.11	17,870.11
	General Journal	12/31/2012		To record EPHC benefits for December 2012	Clinic:EPHC Allocation		-2,356.24	15,513.87
	General Journal	01/31/2013		To record Clinic benefits for January 2013	Clinic		18,269.41	33,783.28
	General Journal	01/31/2013		To record EPHC benefits for January 2013	Clinic:EPHC Allocation		-1,934.10	31,849.18
	General Journal	02/28/2013		To record Clinic benefits for February 2013	Clinic		17,801.56	49,650.74

	Type	Date	Name	Memo	Class	Clr	Amount	Balance
Total 6044 · PHC Fringe Benefits	General Journal	02/28/2013		To record EPHC benefits for February 2013	Clinic:EPHC Allocation		-2,283.66	47,367.08
							<u>47,367.08</u>	<u>47,367.08</u>
Total 6040 · Employee Benefits							47,367.08	47,367.08
6200 · Purchased Medical Expenses								
6210 · Medical Services								
6214 · Medical Procedures								
	Bill	12/01/2012	Memorial Hospital		Clinic:non alloc		106.08	106.08
	Bill	12/01/2012	Memorial Hospital		Clinic:		96.98	203.06
	Bill	12/01/2012	Memorial Hospital		Clinic:		98.80	301.86
	Bill	12/01/2012	Memorial Hospital		Clinic:non alloc		98.80	400.66
	Bill	12/01/2012	Memorial Hospital		Clinic:		149.76	550.42
	Bill	12/16/2012	Memorial Hospital		Clinic:		2,353.00	2,903.42
	General Journal	12/31/2012	Memorial Hospital	To record EPHC allocation for December 2012	Clinic:Allocation to EPHC		-355.81	2,547.61
	Bill	01/08/2013	Memorial Hospital		Clinic:		157.04	2,704.65
	Bill	01/09/2013	Memorial Hospital		Clinic:		266.24	2,970.89
	Bill	01/17/2013	Memorial Hospital		Clinic:		91.78	3,062.67
	Bill	01/18/2013	Memorial Hospital		Clinic:		104.52	3,167.19
	Bill	01/22/2013	Memorial Hospital		Clinic:		149.76	3,316.95
	General Journal	01/31/2013	Memorial Hospital	To record EPHC allocation for January 2013	Clinic:Allocation to EPHC		-81.45	3,235.50
	Bill	02/01/2013	Memorial Hospital		Clinic:		4,596.80	7,832.30
	Bill	02/01/2013	Memorial Hospital		Clinic:		110.76	7,943.06
	Bill	02/01/2013	Memorial Hospital		Clinic:		91.78	8,034.84
	Bill	02/01/2013	Memorial Hospital		Clinic:		149.76	8,184.60
	Bill	02/01/2013	Memorial Hospital		Clinic:		218.40	8,403.00
	Bill	02/01/2013	Memorial Hospital		Clinic:non alloc		104.52	8,507.52
	Bill	02/01/2013	Memorial Hospital		Clinic:non alloc		296.02	8,803.54
	Bill	02/02/2013	Memorial Hospital		Clinic:		91.78	8,895.32
	Bill	02/07/2013	Memorial Hospital		Clinic:		255.84	9,151.16
	Bill	02/07/2013	Memorial Hospital		Clinic:		163.80	9,314.96
	Bill	02/09/2013	Memorial Hospital		Clinic:		157.04	9,472.00
	Bill	02/12/2013	Memorial Hospital		Clinic:		326.04	9,798.04
	Bill	02/14/2013	Memorial Hospital		Clinic:		98.80	9,896.84
	Bill	02/14/2013	Memorial Hospital		Clinic:		98.80	9,995.64
	Bill	02/16/2013	Memorial Hospital		Clinic:		326.04	10,321.68
	General Journal	02/28/2013	Memorial Hospital	To record EPHC allocation for February 2013	Clinic:Allocation to EPHC		-857.66	9,464.02
Total 6214 · Medical Procedures							<u>9,464.02</u>	<u>9,464.02</u>
Total 6210 · Medical Services							9,464.02	9,464.02
6220 · Supplies - Medical								
6222 · Medical Supplies								
	Bill	12/11/2012	Cardinal Medical Supplies		Clinic:		297.97	297.97
	Bill	12/21/2012	Cardinal Medical Supplies		Clinic:		311.01	608.98
	General Journal	12/31/2012	Cardinal Medical Supp	To record EPHC allocation for December 2012	Clinic:Allocation to EPHC		-80.30	528.68
	Bill	01/19/2013	Cardinal Medical Supplies		Clinic:		799.95	1,328.63
	Bill	01/29/2013	Cardinal Medical Supplies		Clinic:		1,111.12	2,439.75
	General Journal	01/31/2013	Cardinal Medical Supp	To record EPHC allocation for January 2013	Clinic:Allocation to EPHC		-202.32	2,237.44
	Bill	02/07/2013	Cardinal Medical Supplies		Clinic:		477.05	2,714.49
	Bill	02/22/2013	Cardinal Medical Supplies		Clinic:		675.41	3,389.90
	General Journal	02/28/2013	Cardinal Medical Supp	To record EPHC allocation for February 2013	Clinic:Allocation to EPHC		-147.84	3,242.05
Total 6222 · Medical Supplies							<u>3,242.05</u>	<u>3,242.05</u>
Total 6220 · Supplies - Medical							3,242.05	3,242.05
6230 · Out Patient Services								
6231 · X Ray								
	Bill	12/01/2012	Memorial Hospital		Clinic:non EPHC		39.37	39.37
	Bill	12/16/2012	Memorial Hospital		Clinic:		714.30	753.67
	Bill	12/16/2012	Memorial Hospital		Clinic:		213.42	967.09
	Bill	12/16/2012	Memorial Hospital		Clinic:		2,300.69	3,267.78
	General Journal	12/31/2012	Memorial Hospital	To record EPHC allocation for December 2012	Clinic:EPHC Allocation		-425.68	2,842.10
	Bill	01/31/2013	Memorial Hospital		Clinic:non EPHC		199.47	3,041.57
	Bill	01/31/2013	Memorial Hospital		Clinic:		1,919.19	4,960.76
	General Journal	01/31/2013	Memorial Hospital	To record EPHC allocation for January 2013	Clinic:EPHC Allocation		-203.18	4,757.59
	Bill	02/01/2013	Memorial Hospital		Clinic:non EPHC		39.37	4,796.96
	Bill	02/01/2013	Memorial Hospital		Clinic:non EPHC		325.42	5,122.38
	Bill	02/01/2013	Memorial Hospital		Clinic:		66.63	5,189.01
	Bill	02/01/2013	Memorial Hospital		Clinic:		1,363.58	6,552.59
	General Journal	02/28/2013	Memorial Hospital	To record EPHC allocation for February 2013	Clinic:EPHC Allocation		-183.47	6,369.11
Total 6231 · X Ray							<u>6,369.11</u>	<u>6,369.11</u>

	Type	Date	Name	Memo	Class	Clr	Amount	Balance
6232 · Lab								
	Bill	12/31/2012	LabCorp (Clinic)42501178		Clinic:		957.42	957.42
	General Journal	12/31/2012	LabCorp	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		-126.24	831.18
	Bill	01/31/2013	LabCorp (Clinic)42501179		Clinic:		1,077.94	1,909.12
	General Journal	01/31/2013	LabCorp	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		-114.12	1,795.00
	Bill	02/28/2013	LabCorp (Clinic)42501180		Clinic:		1,995.55	3,790.55
	General Journal	02/28/2013	LabCorp	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		-256.00	3,534.56
Total 6232 · Lab							3,534.56	3,534.56
Total 6230 · Out Patient Services							9,903.67	9,903.67
Total 6200 · Purchased Medical Expenses							22,609.74	22,609.74
6400 · Expense - Rent								
6410 · Rent Expense								
	Bill	12/31/2012			Clinic:		5,000.00	5,000.00
	General Journal	12/31/2012		To record EPHC allocation for December 2012	Clinic:EPHC Alloction		-659.27	4,340.73
	Bill	01/31/2013			Clinic:		5,000.00	9,340.73
	General Journal	01/31/2013		To record EPHC allocation for January 2013	Clinic:EPHC Alloction		-529.33	8,811.40
	Bill	02/28/2013			Clinic:		5,000.00	13,811.40
	General Journal	02/28/2013		To record EPHC allocation for February 2013	Clinic:EPHC Alloction		-641.42	13,169.98
Total 6410 · Rent Expense							13,169.98	13,169.98
Total 6400 · Expense - Rent							13,169.98	13,169.98
6500 · Continuing Education								
6520 · Meetings & Conferences								
	Bill	12/31/2012	Austin, 12/1-3/2012		Clinic:		166.10	166.10
	General Journal	12/31/2012	Austin, 12/1-3/2012	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		-30.33	135.77
	Bill	01/31/2013	Dallas, 1/5-9/2013		Clinic:EPHC		277.39	413.16
	General Journal	01/31/2013	Dallas, 1/5-9/2013	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		-47.48	365.69
	Bill	02/28/2013	Houston, 2/24-26/2013		Clinic:EPHC		189.97	555.66
	General Journal	02/28/2013	Houston, 2/24-26/2013	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		-33.43	522.22
Total 6520 · Meetings & Conferences							522.22	522.22
Total 6500 · Continuing Education							522.22	522.22
6600 · Auto Expense								
6620 · Milieage								
	General Journal	12/31/2012	Austin, 12/1-3/2012		Clinic:		166.10	166.10
	General Journal	12/31/2012	Austin, 12/1-3/2012	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		-21.90	144.20
	General Journal	01/31/2013	Dallas, 1/5-9/2013		Clinic:EPHC		277.39	421.59
	General Journal	01/31/2013	Dallas, 1/5-9/2013	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		-29.37	392.22
	General Journal	02/28/2013	Houston, 2/24-26/2013		Clinic:EPHC		189.97	582.19
	General Journal	02/28/2013	Houston, 2/24-26/2013	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		-24.37	557.82
Total 6620 · Mileage							557.82	557.82
Total 6600 · Auto Expense							557.82	557.82
Total 6000 · EXPENSES							309,784.37	309,784.37
Total Expense							309,784.37	309,784.37
Net Ordinary Income							-48,756.36	-48,756.36
Net Income							-48,756.36	-48,756.36

	<u>Type</u>	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Class</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>	
Ordinary Income/Expense									
Income									
5000 - INCOME									
5200 - Clinic Revenue									
5201 - Clinic Revenue									
5210 - Third Party Pmts Received									
5242 - EPHC Revenue-Patients									
	General Journal	12/31/2012	patient(s)	Record EPHC patient copay December 2012	Clinic:EPHC		190.00	190.00	
	General Journal	01/31/2013	patient(s)	Record EPHC patient charges January 2013	Clinic:EPHC		230.00	420.00	
	General Journal	02/28/2013	patient(s)	Record EPHC patient charges February 2013	Clinic:EPHC		446.00	866.00	
	Total 5242 -EPHC Revenue-Patients							<u>866.00</u>	<u>866.00</u>
	Total 5201 - Clinic Revenue							<u>866.00</u>	<u>866.00</u>
	Total 5200 - Clinic Revenue							866.00	866.00
5300 - Grant Revenue									
5330 - EPHC Grant, Cost Reimb.									
	General Journal	12/31/2012	DSHS	Record December 2012 EPHC Grant Revenue.	Clinic:EPHC CR		16,207.98	16,207.98	
	General Journal	01/31/2013	DSHS	Record January 2013 EPHC Grant Revenue.	Clinic:EPHC CR		10,741.85	26,949.84	
	General Journal	02/28/2013	DSHS	Record February 2013 EPHC Grant Revenue.	Clinic:EPHC CR		14,049.58	40,999.42	
	Total 5330 - EPHC Grant							<u>40,999.42</u>	<u>40,999.42</u>
5340 - EPHC Grant, FFS									
	General Journal	01/31/2013	DSHS	Record December 2012 EPHC FFS Revenue Received	Clinic:EPHC FFS		2,300.48	2,300.48	
	General Journal	02/28/2013	DSHS	Record January 2013 EPHC FFS Revenue Received	Clinic:EPHC FFS		1,894.32	4,194.80	
	Total 5340 - EPHC Grant, FFS							<u>4,194.80</u>	<u>4,194.80</u>
	Total 5300 - Grant Revenue							<u>45,194.22</u>	<u>45,194.22</u>
	Total 5000 - INCOME							<u>46,060.22</u>	<u>46,060.22</u>
Total Income							46,060.22	46,060.22	
Expense									
6000 - EXPENSES									
6010 - Wages									
6025 - EPHC Wages									
	General Journal	12/31/2012		To record EPHC wages for December 2012	Clinic:EPHC Alloction		11,220.20	11,220.20	
	General Journal	01/31/2013		To record EPHC wages for January 2013	Clinic:EPHC Alloction		9,210.01	20,430.20	
	General Journal	02/28/2013		To record EPHC wages for February 2013	Clinic:EPHC Alloction		10,874.58	31,304.79	

	<u>Type</u>	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Class</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Total 6025 · PHC Wages							31,304.79	31,304.79
Total 6010 · Wages							31,304.79	31,304.79
6040 · Employee Benefits								
6044 · EPHC Fringe Benefits								
	General Journal	12/31/2012		To record PHC benefits for December 2012	Clinic:EPHC Alloction		2,356.24	2,356.24
	General Journal	01/31/2013		To record PHC benefits for January 2013	Clinic:EPHC Alloction		1,934.10	4,290.34
	General Journal	02/28/2013		To record PHC benefits for February 2013	Clinic:EPHC Alloction		2,283.66	6,574.01
Total 6044 · PHC Fringe Benefits							6,574.01	6,574.01
Total 6040 · Employee Benefits							6,574.01	6,574.01
6200 · Purchased Medical Expenses								
6210 · Medical Services								
6214 · Medical Services								
	General Journal	12/31/2012	Memorial Hospital	To record EPHC allocation for December 2012	Clinic:Allocation to EPHC		355.81	355.81
	General Journal	01/31/2013	Memorial Hospital	To record EPHC allocation for January 2013	Clinic:Allocation to EPHC		81.45	437.26
	General Journal	02/28/2013	Memorial Hospital	To record EPHC allocation for February 2013	Clinic:Allocation to EPHC		857.66	1,294.92
Total 6214 · Medical Services							1,294.92	1,294.92
Total 6210 · Medical Services							1,294.92	1,294.92
6220 · Supplies - Medical								
6222 · Medical Supplies								
	General Journal	12/31/2012	Cardinal Medical Supplies	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		80.30	80.30
	General Journal	01/31/2013	Cardinal Medical Supplies	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		202.32	282.61
	General Journal	02/28/2013	Cardinal Medical Supplies	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		147.84	430.46
Total 6222 · Medical Supplies							430.46	430.46
Total 6220 · Supplies - Medical							430.46	430.46
6230 · Out Patient Services								
6231 · X Ray								
	General Journal	12/31/2012	Memorial Hospital	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		425.68	425.68
	General Journal	01/31/2013	Memorial Hospital	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		203.18	628.85
	General Journal	02/28/2013	Memorial Hospital	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		183.47	812.33
Total 6231 · X Ray							812.33	812.33
6232 · Lab								
	General Journal	12/31/2012	LabCorp (Clinic)42501178	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		126.24	126.24
	General Journal	01/31/2013	LabCorp (Clinic)42501179	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		114.12	240.36
	General Journal	02/28/2013	LabCorp (Clinic)42501180	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		256.00	496.35

	<u>Type</u>	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Class</u>	<u>Clr</u>	<u>Amount</u>	<u>Balance</u>
Total 6232 · Lab							496.35	496.35
Total 6230 · Out Patient Services							1,308.68	1,308.68
Total 6200 · Purchased Medical Expenses							3,034.06	3,034.06
6400 · Expense - Rent								
6410 · Rent Expense								
	General Journal	12/31/2012		To record EPHC allocation for December 2012	Clinic:EPHC Alloction		659.27	659.27
	General Journal	01/31/2013		To record EPHC allocation for January 2013	Clinic:EPHC Alloction		529.33	1,188.60
	General Journal	02/28/2013		To record EPHC allocation for February 2013	Clinic:EPHC Alloction		641.42	1,830.02
Total 6410 · Rent Expense							1,830.02	1,830.02
Total 6400 · Expense - Rent							1,830.02	1,830.02
6500 · Continuing Education								
6520 · Meetings & Conferences								
	General Journal	12/31/2012	Austin, 12/1-3/2012	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		30.33	30.33
	General Journal	01/31/2013	Dallas, 1/5-9/2013	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		47.48	77.80
	General Journal	02/28/2013	Houston, 2/24-26/2013	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		33.43	111.24
Total 6520 · Meetings & Conferences							111.24	111.24
Total 6500 · Continuing Education							111.24	111.24
6600 · Auto Expense								
6620 · Milieage								
	General Journal	12/31/2012	Austin, 12/1-3/2012	To record EPHC allocation for December 2012	Clinic:EPHC Alloction		21.90	21.90
	General Journal	01/31/2013	Dallas, 1/5-9/2013	To record EPHC allocation for January 2013	Clinic:EPHC Alloction		29.37	51.27
	General Journal	02/28/2013	Houston, 2/24-26/2013	To record EPHC allocation for February 2013	Clinic:EPHC Alloction		24.37	75.64
Total 6620 · Mileage							75.64	75.64
Total 6600 · Auto Expense							75.64	75.64
6999 · Indirect Cost Expense								
	General Journal	12/31/2012		To record EPHC allocation for December 2012	Clinic:EPHC Alloction		1,122.02	1,122.02
	General Journal	01/31/2013		To record EPHC allocation for January 2013	Clinic:EPHC Alloction		921.00	2,043.02
	General Journal	02/28/2013		To record EPHC allocation for February 2013	Clinic:EPHC Alloction		1,087.46	3,130.48
Total 6600 · Auto Expense							3,130.48	3,130.48
Total 6000 · EXPENSES							46,060.22	46,060.22
Total Expense							46,060.22	46,060.22
Net Ordinary Income							0.00	0.00
Net Income							0.00	0.00

Example of Allocating Costs to EPHC

		Dec-12		Jan-13		Feb-13		2013	2013	
		Total Clinic Allocable Exps	EPHC	Total Clinic Allocable Exps	EPHC	Total Clinic Allocable Exps	EPHC	EPHC QRT 1	EPHC Total	
		Total Encounters	766	699	647	2,112	2,112			
		EPHC Encounters	101	74	83	258	258			
GL Acct #		Percentage of EPHC Encounters	13.1854%	10.5866%	12.8284%	12.2159%	12.2159%			
Alloc.	6020	Wages (Personnel)	85,095.77	11,220.20	86,997.21	9,210.01	84,769.33	10,874.58	31,304.79	31,304.79
Alloc.	6041	Fringe Benefits (Fringe Benefits)	17,870.11	2,356.24	18,269.41	1,934.10	17,801.56	2,283.66	6,574.01	6,574.01
Alloc.	6214	Medical Procedures (Contractual)	2,698.54	355.81	769.34	81.45	6,685.64	857.66	1,294.92	1,294.92
Alloc.	6222	Medical Supplies (Supplies)	608.98	80.30	1,911.07	202.32	1,152.46	147.84	430.46	430.46
Alloc.	6231	X Ray (Contractual)	3,228.41	425.68	1,919.19	203.18	1,430.21	183.47	812.33	812.33
Alloc.	6232	Lab (Contractual)	957.42	126.24	1,077.94	114.12	1,995.55	256.00	496.35	496.35
Alloc.	6410	Rent Expense (Other)	5,000.00	659.27	5,000.00	529.33	5,000.00	641.42	1,830.02	1,830.02
Alloc.	6520	Meetings & Conferences (Other)	230.00	30.33	448.48	47.48	260.60	33.43	111.24	111.24
Alloc.	6620	Mileage (Travel)	166.10	21.90	277.39	29.37	189.97	24.37	75.64	75.64
		Total Direct Cost	115,855.33	15,275.96	116,670.03	12,351.33	119,285.32	15,302.44	42,929.74	42,929.74
Alloc.	6999	Indirect Cost		1,122.02		921.00		1,087.46	3,130.48	3,130.48
		Total Cost		16,397.98		13,272.33		16,389.90	46,060.22	46,060.22
		Less: Program Income Collections		190.00		230.00		446.00	866.00	866.00
		Less: Collections, EPHC FFS		0.00		2,300.48		1,894.32	4,194.80	4,194.80
		EPHC Cost Reimbursement Request		16,207.98		10,741.85		14,049.58	40,999.42	51,121.02

* Indirect Cost Rate equals 10% of Wages 10.00%

Appendix C- Forms and Instructions

Instructions for the EPHC 275 Form

Reporting Instructions for Contractors with an Expanded Primary Health Care (EPHC) categorical

DSHS is required by legislative mandate to report on the performance of the Expanded Primary Health Program (EPHC). Tracking the number of clients receiving EPHC services allows us to better understand the scope of the medical needs of this population and helps to tailor future programs to their needs. Tracking the number of clients provided key services helps us to show the purpose and the value of the program to stakeholders and sustain funding. As a contractor, you are a vital part of this documentation process.

This document provides step-by-step instructions on how to fill out and submit the EPHC 275 form, which documents the number of clients receiving various services through EPHC. This form must be submitted monthly with your agency's B13 forms. Your agency cannot be reimbursed until this form has been filed with the Department of State Health Services (DSHS).

The EPHC 275 form will be submitted via email with your B13 form. The EPHC 275 and B13 forms are enterable PDFs. You can enter your information into the form directly into the appropriate fields. Data can be entered and saved using Adobe Acrobat Reader. Also, by clicking on "Submit Form," an automatic email will be generated and this form will be attached to that email. Scanned or photocopied versions of this form will not be accepted and will be returned to the agency.

Header Information:

The screenshot shows the header section of the EPHC 275 form. It includes the following fields and labels:

- Reporting Period:** A dropdown menu with "Aug-16" selected.
- Contract Number:** A text input field.
- Vendor ID:** A text input field.
- Purchase Order:** A text input field.
- Contractor Name:** A text input field.
- Name of Contact:** A text input field.
- EPHC Categorical:** A label above a text input field.
- EPHC FFS:** A label above a text input field.
- Quarter 4:** A label below the "Contract Number" and "Purchase Order" fields.
- City:** A text input field.
- Phone:** A text input field.

1. Click on the Voucher Type and select the type of voucher that is being submitted with the EPHC 275 form. The voucher type can be Initial Submission, Revised, or Supplemental. This designation should match the B13 forms.
2. The Reporting Period should cover the same period as indicated on the B13 Form that is submitted with it. Make sure to double check that you selected the correct month. Special information may need to be collected depending on the selected month.
3. Enter in your Contract Number [2016-(6-digit Contract ID)-(Attachment Number)] and Purchase Order for the EPHC categorical contract.

EPHC programs have unified data reporting. Therefore, if your agency has both Fee-For-Service and Categorical contracts, enter the contract number for each contract.

4. Enter your agency's 14-Digit DSHS Vendor ID and Contractor Name. Contractor Name is the official name used by your agency to contract with DSHS.

5. Enter in the Name of Contact. This contact should be the person submitting the forms or be the person that we can contact if there are questions. Enter the city where the agency is located and the phone number of the contact submitting the EPHC 275 and the B13 forms.

Section A Instructions:

PLEASE INCLUDE INFORMATION FOR ALL EPHC CONTRACTS	
EPHC Section A: CONTRACT YEAR TO DATE total client count	Female 18 and older
EPHC Clients Unduplicated Across ALL EPHC Contracts (YEAR TO DATE)	

1. Enter the year to date (YTD) total Unduplicated Client Count. The Unduplicated Client Count is the number of new clients seen under the EPHC program. **A new client is any client that has not been previously served in the contracting period (even if they are an established patient).** The unduplicated client count can be thought of as the total number of individuals that have been served through the EPHC program. This client count should be YTD total. That is, from the beginning of the contract period until the end of this reporting period, how many individuals were served in the EPHC program?

If your agency has both categorical and fee-for-service Expansion PHC contracts, the total clients served for Female 18 and Older (E) should reflect the unduplicated total served across EPHC contracts. In other words, if a woman receives services that are reported through the fee-for-service system and then receives dental care under a categorical contract, she should only be counted once in the EPHC total.

Section B Instructions: Contract YTD number of clients (individuals) seen for each service:

EPHC Section B: CONTRACT YEAR TO DATE number of clients (individuals) seen for each Service Category			
	Service Category	21 and Younger	22 and Older
Dental Services	Prenatal clients provided dental service		
	Prenatal clients provided therapeutic dental services		
	Service Category	Female 18 and older	
Prescriptions	All non-contraceptive prescriptions provided		

Overall Notes:

This section only needs to be completed for the following service periods: November 2015, February 2016, May 2016, and August 2016. These categories will appear in the reporting form after you have selected the correct reporting period.

If dental services were provided, enter the number of pregnant women who received any dental services. Then enter the number of women that also received therapeutic dental services. The list of

qualifying dental services and the codes defining these types of services are in the EPHC Policy Manual. Please divide women based on the age categories provided here. These age categories should be based on the age of the mother when she became pregnant.

It is important to understand that Section B is asking independent questions. We are not asking about all of the Service Categories together and expecting a patient to be classified into only one. It is also important to understand that we are **not asking** how many of the services were delivered (encounters). Rather, we are asking about each Service Category separately and asking how many patients (individuals) received this service. We really want to know: *of your EPHC clients, how many individuals received X service.*

We are also not asking you to track clients, but rather track services and how many individuals were provided each service. We are asking for the data in this way because knowing the number of individuals served gives us a better understanding of the scope of the needs in the EPHC population.

The client counts for each Service Category are independent. Within a Service Group they *do not* add together and across categories they *do not* add together to get the total client count. The only relation between the client counts reported in each Service Category and the total client count in Section A is that no single Service Category should exceed the total number of clients reported in Section A. It is also important to understand that the Service Categories are not related to each other. It is possible to have 100 total clients served and also report 100 prenatal clients provided dental service and 100 Prenatal clients provided therapeutic dental services. The Service Categories are independent and we are asking how many individuals were seen for that single service.

The client count should be Year to Date (YTD). The reporting should include the time period from the beginning of the contract to the last day of the current reporting period.

Submitting the Form

You should save a copy of the completed form for your records. If you are pulling numbers from your system monthly instead of YTD, keeping a copy of this form will help you with reporting in the next month; simply add your numbers of *new* clients for the current month to what you reported in the previous month. Also, if we have a question, you will be able to answer it quickly if you have a saved copy of the form.

Once the form is completed and saved, you can click on “Submit Form” button and an email will automatically be generated with the PHC 275 attached. In order for the automatic email to be generated, you must have a designated default email program identified on your computer*. You will also need to attach the B13 form to this email.

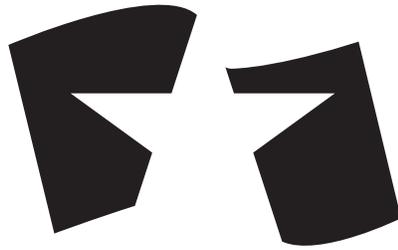
The automatic email will be sent to CDSB and DSHS Invoice (do not forget to attach the B13 form, as well). If you prefer to compose the email and attach the forms, the email should be sent to *both* CDSB Inbox (CDSB@dshs.state.tx.us) and DSHS Invoice (invoices@dshs.state.tx.us).

*Please contact your IT support for setting the default email program on your computer. The EPHC program cannot provide technical assistance in this regard. Not all email clients support this format. If you are unable to use the Submit Button feature, please attach the 275 and the B13 to the same message and mail to the inbox addresses above.

If you have any questions about the data that should be entered on the forms or general questions about reporting, please do not hesitate to contact your contract manager.

Appendix D- Quick Reference Guide

The following pages include the Texas Medicaid Program Quick Reference Guide, which is developed and published by TMHP. The three-digit codes on page 10 were modified for additional clarity. The original version of this guide does not have the codes.



TEXAS MEDICAID PROGRAM QUICK REFERENCE GUIDE

TEXAS MEDICAID REPRESENTATIVE:

CONTACT NUMBER:

Revised Date 03/28/2013

General Medicaid Contact Information

TMHP Contact Center

The TMHP Contact Center (**1-800-925-9126**) is the provider’s main resource for general Texas Medicaid policy information and claims filing procedures. The TMHP Contact Center is available from 7 a.m. to 7 p.m., Central Time, Monday through Friday and can assist both providers and clients. For questions or information about Medicaid eligibility, clients are referred to their caseworker or the local Health and Human Services Commission (HHSC) office.

Automated Inquiry System (AIS)

AIS (**1-800-925-9126**, Option 1) provides claim status, patient eligibility, benefit limitations, current weekly payment amount, and claim appeals through the use of a touch-tone telephone. Eligibility and claim status information is available on AIS 23 hours a day, 7 days a week, with scheduled down time between 3 a.m. and 4 a.m., Central Time. All other AIS information is available from 7 a.m. until 7 p.m., Central Time, Monday through Friday. AIS allows 15 transactions per call. For full instructions on the use and benefits of AIS, refer to the “Automated Inquiry System (AIS) User’s Guide,” which is available on www.tmhp.com, or call the TMHP Contact Center at **1-800-925-9126** for faxed instructions.

<p>TMHP Contact Center (7 a.m. to 7 p.m., Central Time)</p> <p>TMHP Contact Center Phone: 1-800-925-9126</p> <ul style="list-style-type: none"> ▪ Option 1 – Automated Inquiry System (AIS) ▪ Option 2 – Provider Inquiries ▪ Option 3 – Electronic Data Interchange (EDI) <p>Provider Enrollment</p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Provider Enrollment PO Box 200795 Austin, TX 78720-0795</p> <p style="text-align: center;">Provider Enrollment Fax: 1-512-514-4214</p> <p>Claims and Adjustments/Appeals (not including CSHCN Services Program claims)</p> <p><i>New day claims, zero-allowed and zero-paid claims, and claims originally denied as incomplete on a Remittance and Status (R&S) Report:</i></p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Claims PO Box 200555 Austin, TX 78720-0555</p> <p><i>Adjustments and appeals (not including zero allowed and zero paid claims), rejected electronic claims past 95-day filing deadline:</i></p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Adjustments/Appeals PO Box 200645 Austin, TX 78720-0645</p>	<p>Medicaid Audits Correspondence</p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Medicaid Audit PO Box 200345 Austin, TX 78720-0345</p> <p>Medically Needy Clearinghouse or Spend Down Unit</p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Medically Needy Clearinghouse PO Box 202947 Austin, TX 78720-2947</p> <p>Third Party Resources</p> <p style="text-align: center;">Texas Medicaid & Healthcare Partnership Third Party Resources/TORT PO Box 202948 Austin, TX 78720-2948</p> <p style="text-align: center;">Third Party Resources Phone: 1-800-846-7307</p> <p>Medicaid Fraud and Abuse</p> <p><i>Contact one of the HHSC hotlines below or visit the website to report potential Medicaid fraud:</i></p> <ul style="list-style-type: none"> ▪ Client Fraud Investigations: 1-800-252-8011 ▪ Provider Fraud/Abuse Investigations: 1-800-436-6184 <p>Website: https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx</p>
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Direct all other written communication to:

Texas Medicaid & Healthcare Partnership
Attn: [Individual or Department]
PO Box 204270
Austin, TX 78720-4270

Program-Specific Contact Information

For additional address information and telephone numbers not listed here, refer to the most current *Texas Medicaid Provider Procedures Manual* or visit www.tmhp.com.

A

Ambulance Prior Authorization and Appeals	
Texas Medicaid & Healthcare Partnership Comprehensive Care Program (CCP) PO Box 200735 Austin, TX 78720-0735	
Prior Authorizations Phone: 1-800-540-0694	Prior Authorizations Fax: 1-512-514-4205

C

Case Management for Children and Pregnant Women	
To refer a Medicaid client for Case Management for Children and Pregnant Women services: 1-877-847-8377	For information about becoming a Case Management for Children and Pregnant Women provider: 1-512-776-2168

Website: www.dshs.state.tx.us/caseman/

Children with Special Health Care Needs (CSHCN) Services Program

New Day Claims: Texas Medicaid & Healthcare Partnership CSHCN Services Program Claims PO Box 200855 Austin, TX 78720-0855	
CSHCN Contact Center: 1-800-568-2413	CSHCN Fax: 1-512-514-4222

Website: www.dshs.state.tx.us/cshcn

Comprehensive Care Program (CCP) Prior Authorization and Appeals

Texas Medicaid & Healthcare Partnership Comprehensive Care Program (CCP) PO Box 200735 Austin, TX 78720-0735	
Prior Authorizations Fax: 1-512-514-4212	

Comprehensive Care Inpatient Psychiatric (CCIP)

Prior Authorizations Phone: 1-800-213-8877	Prior Authorizations Fax: 1-512-514-4211
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E

Early Childhood Intervention	
<i>Texas Early Childhood Intervention (ECI) programs serve families that have children who are birth to 36 months of age and have developmental delays or disabilities. ECI provides family support and specialized services that strengthen the family's ability to access resources and improve their child's development through daily activities.</i>	
DARS Inquiries Line: 1-800-628-5115	TDD/TTY Line: 1-866-581-9328
DARS Website: www.dars.state.tx.us	

F

Family Planning	
<i>Sterilization Consent Forms must be faxed five business days before the associated claims are submitted to expedite processing.</i>	
Family Planning Fax: 1-512-514-4229	
Family Planning Website: www.dshs.state.tx.us/famplan	

H

Health Insurance Premium Payment (HIPP) Program	
Texas Medicaid & Healthcare Partnership Health Insurance Premium Program PO Box 201120 Austin, TX 78720-1120	
HIPP Program Phone: 1-800-440-0493	HIPP Program Website: www.gethipptexas.org

Home Health (including Durable Medical Equipment)

Texas Medicaid & Healthcare Partnership Home Health Services PO Box 202977 Austin, TX 78720-2977	
General Inquiries and Prior Authorizations Phone: 1-800-925-8957	Prior Authorizations Fax: 1-512-514-4209

M

Medical Transportation Program (MTP)

Contact MTP at the number below for authorized mileage, transportation, lodging, and meals:
1-877-633-8747

Enrollment, Claims, and Appeal Inquiries: 1-800-925-9126	TexMedConnect and EDI issues: 1-888-863-3638
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MTP Website:
www.tmhp.com/pages/mtp/mtp_home.aspx

P

Personal Care Services (PCS)

Provider Claims and General Inquiries Phone:
1-800-925-9126

Prior Authorization Phone: **1-888-648-1517**

S

Special Medical Prior Authorization

Behavioral health, transplants, surgical authorizations, total parenteral nutrition, and out-of-state (list not all-inclusive):

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization Unit
12357-B Riata Trace Parkway, Suite 150
Austin, TX 78727

Special Medical Prior Authorization Unit Fax:
1-512-514-4213

State of Texas Access Reform (STAR)

General information on Medicaid managed care initiatives, including news, service area maps, and training materials.

www.hhsc.state.tx.us/medicaid/MMC.shtml

TMHP Medicaid Managed Care Website (includes contact information for each Medicaid managed care organization):
www.tmhp.com/Pages/Medicaid/Medicaid_Managed_Care.aspx

Children’s Medicaid Dental Services Website:
www.hhsc.state.tx.us/medicaid/Children-Medicaid-Dental-Services.shtml

Texas Medicaid/CHIP Vendor Drug Program Website:
www.txvendordrug.com/claims/managed-care.shtml

T

Texas Health Steps (THSteps) Dental

Information about claims status, client eligibility, provider inquiries, EDI Help Desk, and National Provider Identifier (NPI).

THSteps Dental Phone: **1-800-568-2460**

Prior Authorization by mail:

Texas Medicaid & Healthcare Partnership
Dental Prior Authorization
PO Box 202917
Austin, TX 78720-2917

Children’s Medicaid Dental Services Website:
www.hhsc.state.tx.us/medicaid/Children-Medicaid-Dental-Services.shtml

First Dental Home Training:
www.dshs.state.tx.us/dental/FDH

Texas Health Steps (THSteps) Medical

General inquiries, policy interpretation, and telephone appeals

THSteps Medical Phone: **1-800-757-5691**

Website: **www.dshs.state.tx.us/thsteps**

Oral Evaluation and Fluoride Varnish in the Medical Home:
www.dshs.state.tx.us/dental/OEFV.shtml

Texas Medicaid/CHIP Vendor Drug Program Website:
www.txvendordrug.com/claims/managed-care.shtml

THSteps online provider education modules:
www.txhealthsteps.com

Texas Medicaid Wellness Program

Texas Medicaid Wellness Program for Fee-For-Service Medicaid clients.

Texas Medicaid Wellness Program Phone: **1-800-777-1178**

Texas Women’s Health Program

The Texas Women’s Health Program provides low-income women with family planning exams, related health screenings, and birth control. Clients can have an application mailed to them by calling the number below.

Texas Women’s Health Program Phone: **1-866-993-9972**

Website: **www.hhsc.state.tx.us/womenshealth.htm**

V

Vendor Drug Program

The Medicaid Vendor Drug Program makes payments to contracted pharmacies for prescriptions of covered outpatient drugs for Texas Medicaid fee-for-service, the CSHCN Services Program, the Kidney Health Care Program, and CHIP.

Some Medicaid-covered drugs may require prior authorization (PA) through PA Texas.

Texas Prior Authorization Call Center:

1-800-PA-Texas (1-800-728-3927)

Online: **<https://paxpress.txpa.hidinc.com>**

(prior authorization requests for non-preferred drugs only)

General information, covered drug list, online pharmacy and prescriber searches.

Website: **www.txvendordrug.com**

Program-Related Websites

The following websites contain helpful information on Texas Medicaid and other state and federal programs:

- Texas Medicaid & Healthcare Partnership: www.tmhp.com (*see below*)
- Department of Aging and Disability Services (DADS): www.dads.state.tx.us
- Department of State Health Services (DSHS): www.dshs.state.tx.us
- Foster Care Medical Services: www.dfps.state.tx.us/About/Renewal/CPS/medical.asp
- Health and Human Services Commission (HHSC): www.hhsc.state.tx.us
- HHSC Rate Analysis: www.hhsc.state.tx.us/Medicaid/programs/rad/index.html
- Texas Medicaid Wellness Program:
 - Provider Site: www.hhsc.state.tx.us/medicaid/Texas-Medicaid-Wellness-Program.html
 - Client Site: www.hhsc.state.tx.us/medicaid/index.html
- Medicare: www.cms.hhs.gov
- NDC HCPCS Crosswalk: www.dmepdac.com/crosswalk/index.html
- National Provider Identifier: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Medical Transportation Program: www.hhsc.state.tx.us/QuickAnswers/GetRide_FAQs.shtml
- STAR Health (Foster Care Managed Care Program): www.hhsc.state.tx.us/hcf/vdp/STARHealth.html
- Texas Medicaid/CHIP Vendor Drug Program: www.txvendordrug.com

TMHP Website Resources

The TMHP website at www.tmhp.com is designed to streamline provider participation and allows providers to submit and monitor claims and appeals, download provider manuals and bulletins, verify client eligibility, and view R&S Reports. Current news is available on the TMHP website and through periodic bulletins and weekly banner messages.

On the TMHP website at www.tmhp.com, providers can:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Enroll as a provider. ▪ Use TexMedConnect to submit claims (<i>see next page</i>). ▪ Verify client eligibility. ▪ Submit and monitor prior authorization requests. ▪ Register for training and development workshops. ▪ Access workshop training materials and online training modules, including: <ul style="list-style-type: none"> – How to enroll in the various Medicaid programs. – How to use the Online Fee Lookup feature. – How to use TexMedConnect. – How to better understand the Family Planning program. | <p>Providers can review and print the following publications from the TMHP website:</p> <ul style="list-style-type: none"> ▪ <i>The Texas Medicaid Provider Procedures Manual</i> ▪ <i>The CSHCN Services Program Provider Manual</i> ▪ <i>Long Term Care (LTC) User Manual for Paper Submitters</i> ▪ Provider and Client Forms ▪ Texas Medicaid, CSHCN, and LTC bulletins ▪ Banner messages ▪ Fee schedules |
|---|--|

TexMedConnect

Go to www.tmhp.com and click **Access TexMedConnect** in the right-hand column

TexMedConnect is TMHP's secure, web-based claims filing application, located on the TMHP website at www.tmhp.com. TexMedConnect uses up-to-date technology to expedite the submission of claims and other transactions for medical, vision, dental, family planning, and inpatient and outpatient services. Providers can monitor claims within 24 hours of submission and may receive reimbursement for approved claims within a week. TexMedConnect users can submit individual requests interactively and receive a response immediately.

Providers can also use TexMedConnect to:

- Retrieve and print Electronic Remittance and Status (ER&S) Reports.
- Perform claim status inquiries.
- Verify client eligibility.
- Appeal finalized claims.
- Generate reports on TexMedConnect activity.

The TexMedConnect guide for Acute Care and Long Term Care is available on the TMHP website at www.tmhp.com under Provider Manuals and Guides.

Advantages of using TMHP's Electronic Services

- *It's fast.* No more waiting by the mailbox or telephone inquiries; know what's happening to claims in less than 24 hours and receive reimbursement for approved claims within a week. TexMedConnect users can submit individual requests interactively and receive a response immediately.
- *It's free.* All electronic services offered by TMHP are free, including TexMedConnect and its technical support and training.
- *It's easy.* TMHP offers free computer-based training (CBTs) for TexMedConnect, Medicaid billing, and many other topics, as well as a large library of reference materials and manuals on www.tmhp.com.
- *It's safe.* TMHP EDI services use VPN and SSL connections, just like the United States government, banks, and other financial institutions, for maximum security.
- *It's accurate.* TexMedConnect and most vendor software programs have features that let providers know when they've made a mistake, which means fewer rejected and denied claims. Rejected claims are returned with messages that explain what's wrong, so the claim can be corrected and resubmitted right away.
- *It's there when it's needed.* Electronic services are available day and night; from home, the office, or anywhere in the world.
- *It makes record keeping and research easy.* Not only can TexMedConnect be used to send and receive claims, it can retrieve Electronic Remittance and Status (ER&S) Reports, perform claim status inquiries, and archive claims. TexMedConnect can generate and print reports on everything it sends, receives, and archives.

Note: TexMedConnect can also be used to file claims to managed care organizations (MCOs). TMHP forwards the claim data to the MCO.

TMHP Electronic Data Interchange (EDI)

1-888-863-3638

Providers must set up their software or billing agent services to access the TMHP EDI Gateway. Providers who use billing agents or software vendors should contact those organizations for information on installation, settings, maintenance, and processes and procedures for exchanging electronic data.

Provider Information Updates

It is the provider’s responsibility to notify TMHP within 10 days of occurrence of any changes or updates to the following:

- Clinical certification
- Address
- CLIA and certified mammography for each provider
- Name
- License renewals
- W-9 information
- Panel changes

Changes in address, office telephone or fax number, office hours, and e-mail addresses can be updated online using the Online Provider Lookup (*see below*). Certain information (NPI, TPI, clinical certification, taxonomy code, etc.) must be updated using the Provider Information Change Form located on the TMHP website at www.tmhp.com. To access the form, click www.tmhp.com/Pages/Medicaid/medicaid_forms.aspx and scroll down to the Provider Enrollment section. When completing the form, be sure to include the provider TPI. Providers may submit the form by fax to TMHP (Attention Provider Enrollment) at **1-512-514-4214** or by mail to:

Texas Medicaid & Healthcare Partnership
 Provider Enrollment
 PO Box 200795
 Austin, TX 78720-0795

Online Provider Lookup Tool

<http://opl.tmhp.com/ProviderManager/AdvSearch.aspx>

The Online Provider Lookup (OPL) allows providers and clients to search provider listings based on user-entered criteria. Search results will include the physical address and contact information for all providers that meet the search criteria.

Using the OPL, providers can also update provider profile information:

- Physical address
- Telephone/fax numbers
- E-mail address
- Office hours
- Languages spoken
- Accepting new clients
- Additional services offered
- Counties served
- Client gender and age limitations

Once updated by the provider, the new information will appear in the Online Provider Lookup immediately.

Note: *Vendor Drug Pharmacy providers must update their Vendor Drug Program information through the VDP Pharmacy resolution Helpdesk at 1-800-435-4165.*

The screenshot shows the 'TMHP - Advanced Provider Search' interface. It features a navigation bar with 'Home', 'Basic Search', 'Advanced Search', 'Support Links', 'Español', and 'Help'. The main content area is titled 'TMHP - Advanced Provider Search' and contains the following sections:

- Instructions:** A box explaining search methods and a note that asterisks indicate required fields.
- 1. Please select your search criteria below to find a provider who is accepting new patients:** Includes a 'Health Plan' dropdown menu.
- 2. Enter and/or select other information to narrow your search:** Includes text input for 'Last Name/Facility Name', dropdowns for 'HMO Plan Name' and 'Provider Type', and a 'ZIP Code' input field.
- 3. Please enter location information:** Includes a 'Distance from ZIP Code' dropdown and a 'Provider Located in County' dropdown menu with a list of Texas counties (Anderson, Andrews, Angelina, Aransas).
- 4. Select other information to narrow your search further:** A series of dropdown menus for 'Accepting New Patients', 'Provider Specialty', 'Provider Subspecialty', 'Extended Hours Available', 'Medicaid Waiver Program', 'Other Services Offered', 'Other Languages Spoken', 'Patient Age', 'Patient Gender Served', and 'County Served by Provider'.

At the bottom of the form are 'Search' and 'Clear Form' buttons.

TMHP Online Provider Lookup (OPL)

Educational Training Workshop Sessions

Staying informed is one of the most important aspects of participation in state healthcare programs. TMHP recognizes that your time is valuable and that it can be costly to attend a live workshop off-site. TMHP's new education initiatives include webinars, online training modules and Radio TMHP podcasts. These trainings can be completed at your own pace and at a time that is convenient for you. All TMHP training is *free*.

Free Provider Workshops can help you understand how to get paid for providing needed services to Medicaid and CSHCN Services Program clients. Attending one of these *free* workshops can help you stay up-to-date:

- **Medicaid Basics Workshop** provides essential Texas Medicaid training and is recommended for newly enrolled providers and billing staff with less than two years experience in Texas Medicaid billing.
- **Medicaid: Beyond the Basics Workshop** is targeted to experienced billing staff for Texas Medicaid providers. This workshop expands on the concepts that are covered in the Medicaid Basics Workshop. This training also examines the most common reasons for claim denials and provides information aimed at reducing billing errors.
- More specialized workshops are available throughout the year and provide detailed information for specific provider types such as Long-Term Care providers.

Online Provider Training 24 Hours a Day, 7 Days a Week

TMHP offers a variety of training for providers online using computer-based training (CBT) modules through the TMHP Learning Management System (LMS). Texas Medicaid providers can access this on-demand training from any location with Internet access, anytime, at their convenience. TMHP CBT modules offer a flexible training experience by allowing providers to play, pause, rewind, and even search for specific words or phrases within a CBT module.

Are you a new provider? Do you have new office staff? Do you need a refresher?

Begin training now. No lines. No waiting.

- Go to **learn.tmhp.com**.
- Enter your User Name and Password and click OK. (First-time users can follow the easy, on-screen instructions to create a user account.)
- Click the CBT link, and scroll down the list to the CBT you want to view.
- Click the title. The CBT starts automatically.

More Information

Providers can access the workshop descriptions, registration forms, and a list of current workshop offerings in the Workshop Registration Tab. Webinar information is also provided by clicking on the date links below the underlined workshop titles on the workshop description page.

Note: First-time users must set up their TMHP account by completing the online user information.

Claims Tracking Hints

Internal Control Number (ICN)

PPP | CCC | MMM | CCYY | JJJ | BBBB | SSS

PPP Program Type
 CCC Claim Type
 MMM Media Source (Region)
 CCYY Year
 JJJ Julian Date
 BBBB Batch Number
 SSS Sequence Number

Program Type (PPP)

001 Long-Term Care
 100 Medicaid
 200 Managed Care
 300 Family Planning
 400 Children with Special Health Care Needs
 999 Program type could not be determined based on information on the claim

Claim Type (CCC)

020 Physician/Supplier/Genetics
 021 Dental
 023 Outpatient Hospital/Home Health Agency (HHA)
 030 Physician Crossover
 031 Outpatient Crossover
 040 Inpatient Hospital
 050 Inpatient Crossover
 053 Expanded Primary Health Care (EPHC)
 056 DSHS Family Planning
 058 Family Planning Title XIX (filed on Form 2017)
 060 Medical Transportation Program (MTP)*

Media Source (MMM)

010 Paper
 011 Paper Adjustment
 030 Electronic
 031 Electronic Adjustment
 041 AIS Adjustment
 051 Mass Adjustment
 061 Crossover Adjustment
 071 Retroactive Eligibility Adjustment
 080 State Action Request (SAR)—New Day SAR
 081 SAR Adjustment
 120 Encounters
 121 Encounters Adjustments
 990 Default Media Type

* New claim type effective March 1, 2012. Existing media types processed with claim type 060: New day 010,030,080. Appeals: 011,031,081.

** Refer to “Modifier Requirements for TOS Assignment,” in the “Claims Filing” chapter of the *Texas Medicaid Provider Procedures Manual* for services that require a modifier.

Place of Service (POS)

Place of Service	2-Digit Code (Electronic)	1-Digit Code (Paper)
Office	11, 65, 71, 72	1
Home	12	2
Inpatient Hospital	21, 51, 52, 55, 56, 61	3
Outpatient Hospital	22, 23, 24, 62	5
Birthing Center	25	7
Other Location	26, 34, 53, 99	9
Skilled Nursing Facility	31, 32, 54	4
Extended Care Facility	33	8
Independent Lab	81	6
Destination of Ambulance	Use codes listed above to indicate destination	Use codes listed above to indicate destination

Type of Service (TOS)**

0 Blood
 1 Medical Services
 2 Surgery
 3 Consultation
 4 Radiology (Total Component)
 5 Laboratory (Total Component)
 6 Radiation Therapy
 7 Anesthesia
 8 Assistant Surgery
 9 Other/DME Purchase - Used
 A Hospital Accommodation
 B Hospital Ancillary
 C Home Health Procedure
 E Eyeglasses
 F Ambulatory Surgical Center
 G Genetics
 I Professional Component
 J DME Purchase - New
 K ICD-9-CM Surgery
 L DME Rental - Monthly
 P Birthing Center
 R Hearing Aid
 S THSteps Medical
 T Technical Component
 W THSteps Dental/Orthodontia
 X Medicare Crossovers

Type of Bill (TOB)

111 Inpatient Hospital
 131 Outpatient Hospital
 141 Nonpatient
 331 Home Health
 711 Rural Health Clinics (RHC)
 721 Renal Dialysis Facility
 731 Federally Qualified Health Centers (FQHC)

Claims Information

Filing Deadlines

95-Day Deadlines

All claims that do not involve other insurance (OI) must be received by TMHP within 95 days from:

- Date of service on claim.
- Date of discharge (inpatient hospital claims).
- Retroactive eligibility add date.
- Date provider enrolled.

Medicare

Effective for dates of service on or after August 1, 2004, Medicare crossovers must be received within 95 days of Medicare's payment or denial.

Other Insurance

- 95 days from OI disposition date.
- 110 days from date of submission to OI.
- 365 days from initial date of submission for all claims.

120-Day Appeal Deadline

Effective for dates of service on or after August 1, 2004, appeals must be received by TMHP within 120 days from the date of the R&S Report on which the denial appears.

Denied and \$0.00 Allowed/\$0.00 Paid Claims

120 days from the date on the R&S Report, unless still within the 95-day deadline. A paper appeal may also be submitted with a copy of the rejection report within 120 days of the rejection report to meet the filing deadline. A copy of the rejection report must accompany each corrected claim that is submitted on paper.

Rejected Electronic Claims

120 days from the date of the 27S rejection report.

Methods of Filing Claims with TMHP

The following are methods for filing claims with TMHP:

- Third Party software
- TexMedConnect
- Paper claims for paper submitters

Electronic claims processing is the most effective way to submit, process, and track claims.

Helpful Hints for Paper Submitters

- Enter data within the defined box on claim form.
- Use only approved standard forms.
- Use a 10" x 13" envelope.
- Use black ink only. Red ink will not be recognized.
- Place the claim on top when sending new claims, followed by any medical records or attachments.
- Submit the paper Medicare crossover claim on the new, TMHP Standardized Medicare Remittance Advice Notice (MRAN) Format forms in order to avoid claim denial.
- Circle the claim on the R&S Report page when appealing a claim. Place the R&S Report page on top of the appeal.
- Number pages appropriately when sending attachments (e.g., 1 of 2, 2 of 2).
- When submitting OI, make sure payment information and date are legible.
- Do not staple or paperclip pages.

Refer to the **Claims** section of the current *Texas Medicaid Provider Procedures Manual* for **Tips on Expediting Paper Claims**.

Fiscal Agent Payment Deadlines

Payment deadlines refer to the maximum amount of time afforded to TMHP to process and pay a claim. Payment deadlines ensure that state and federal financial requirements are met. Payment deadlines should not be confused with filing deadlines for claims and appeals.

All Medicaid and CSHCN Services Program Providers (excluding Long-Term Care providers)—24 months from the date of service or date of discharge on inpatient claims.

Refugee Claims—The payable period for all Refugee Medicaid payments is the federal fiscal year (October–September) in which each date of service or date of discharge for inpatient claims occurs, plus one additional federal fiscal year.

Medicare Electronic Crossover Claims—24 months from the create day (the day on which Medicaid receives file) to pay.

Medicare Remittance Advice Paper—24 months from advice date/attachment date.

Retroactive SSI Eligibility Client—24 months from the client's eligibility add date.

County Indigent SSI Eligibility Claims—24 months from the eligibility add date.

Medicare paper claims—60 days from the date of Medicare's disposition for a claim to be shown on the Medicaid R&S Report.

Limitations to Client Eligibility

Additional information about client eligibility is available in the current *Texas Medicaid Provider Procedures Manual*.

Emergency

Client is limited to coverage for an emergency medical condition. Emergency means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the client's health in jeopardy, serious impairment of bodily functions, or serious dysfunction of any body organ or part.

Limited

Client is limited to seeing a specific provider or pharmacy. Refer to the current *Texas Medicaid Provider Procedures Manual* for exceptions. In the event of emergency medical conditions, the Limited restriction does not apply.

Hospice

Client waives the right to Medicaid services related to the terminal condition but not to services for conditions unrelated to the terminal condition. The Department of Aging and Disability Services (DADS) Hospice reimburses the provider for all services related to the treatment of the terminal illnesses. When the services are unrelated to the terminal illness, Medicaid (TMHP) reimburses its providers directly.

Presumptive Eligibility (PE)

Client is eligible only for medically necessary outpatient services and family planning services. Labor, delivery, inpatient, and THSteps medical and dental services are not covered.

Children's Health Insurance Program (CHIP) Perinatal Program

The CHIP Perinatal Program, provides CHIP perinatal benefits for 12 months to the unborn children of non-Medicaid-eligible women. This program allows pregnant women who are ineligible for Medicaid because of income (186 to 200 percent of the Federal Poverty Level [FPL]) or immigration status (with an income at or below 200 percent of FPL) to receive prenatal care and provides CHIP benefits to the child upon delivery for the duration of the coverage period.

Medically Needy Program (MNP)

The MNP with spend down is limited to children who are 18 years of age or younger and pregnant women of any age. The MNP provides Texas Medicaid benefits to children (18 years of age or younger) and pregnant women whose income exceeds the eligibility limits under Temporary Assistance for Needy Families (TANF) or one of the Medical Assistance Only (MAO) programs for children but is not enough to meet their medical expenses. Coverage is available

for services within the amount, duration, and scope of Texas Medicaid. Individuals are considered adults beginning the month following their 19th birthday.

Texas Women's Health Program

WHP is available to women who are 18 through 44 years of age, have a net family income at or below 185 percent of the Federal Poverty Level (FPL), are United States citizens or qualified immigrants, are Texas residents, are not pregnant or sterile, do not have creditable health insurance, and do not currently receive Medicaid, Medicare (Part A or B), or CHIP Program benefits. WHP provides a continuous 12-month certification period with limited Medicaid benefits.

Medicaid for Breast and Cervical Cancer (MBCC)

MBCC provides Texas Medicaid benefits to eligible women who were screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and found to need treatment for breast or cervical cancer, including precancerous conditions.

Qualified Medicare Beneficiary (QMB)

Texas Medicaid provides coverage of Medicare deductible and coinsurance liabilities. This client is not eligible for regular Medicaid benefits.

Medicaid Qualified Medicare Beneficiary (MQMB)

Texas Medicaid provides regular Medicaid coverage as well as coverage of Medicare deductible and coinsurance liabilities within Medicaid reimbursement limitations.

Other Claims Filing Factors

Third Party Liability (TPL)

Before filing with Texas Medicaid, claims must be filed with a third party resource: either private insurance or Medicare. The TPR toll-free telephone number is **1-800-846-7307**.

Texas Medicaid Managed Care Programs

Client is enrolled in the Texas Medicaid Managed Care Program and has selected or has been assigned to one of several managed care programs. Providers should check with the client's managed care organization to verify eligibility by calling the plan's telephone number that is listed on the Medicaid ID. For more information, refer to the current *Texas Medicaid Provider Procedures Manual*.

Filing Deadline Calendar for 2012

Note: If the 95th or 120th day falls on a weekend or holiday, the filing deadline is extended to the next business day.

Date of Service or Disposition	95 Days	120 Days	Date of Service or Disposition	95 Days	120 Days	Date of Service or Disposition	95 Days	120 Days	Date of Service or Disposition	95 Days	120 Days	Date of Service or Disposition	95 Days	120 Days
01/01 (001)	04/05 (086)	04/30 (121)	03/15 (075)	06/18 (170)	07/13 (195)	05/28 (149)	08/01 (244)	09/05 (269)	08/10 (223)	11/13 (318)	12/10 (345)	10/23 (297)	01/28 (028)	02/00 (051)
01/02 (002)	04/06 (097)	05/01 (122)	03/16 (076)	06/19 (171)	07/16 (196)	05/29 (150)	09/04 (245)	09/06 (270)	08/11 (224)	11/14 (319)	12/10 (345)	10/24 (298)	01/28 (028)	02/01 (052)
01/03 (003)	04/09 (100)	05/03 (124)	03/17 (077)	06/20 (172)	07/16 (196)	05/30 (151)	09/04 (246)	09/07 (271)	08/12 (226)	11/15 (320)	12/10 (345)	10/25 (299)	01/28 (028)	02/02 (053)
01/04 (004)	04/09 (100)	05/03 (124)	03/18 (078)	06/21 (173)	07/17 (199)	05/31 (152)	09/04 (246)	09/08 (272)	08/13 (227)	11/16 (321)	12/11 (346)	10/26 (300)	01/29 (029)	02/03 (054)
01/05 (005)	04/09 (100)	05/04 (125)	03/19 (079)	06/22 (174)	07/18 (200)	06/01 (153)	09/05 (249)	09/09 (275)	08/14 (228)	11/19 (324)	12/12 (347)	10/27 (301)	01/30 (030)	02/03 (054)
01/06 (006)	04/10 (101)	05/04 (126)	03/20 (080)	06/23 (175)	07/18 (200)	06/02 (154)	09/05 (249)	09/10 (276)	08/15 (229)	11/19 (324)	12/13 (348)	10/28 (302)	01/31 (031)	02/03 (055)
01/07 (007)	04/11 (102)	05/07 (128)	03/21 (081)	06/25 (177)	07/20 (202)	06/03 (155)	09/06 (250)	09/10 (276)	08/16 (230)	11/20 (325)	12/14 (349)	10/29 (303)	02/01 (032)	02/03 (055)
01/08 (008)	04/12 (103)	05/07 (128)	03/22 (082)	06/25 (177)	07/20 (202)	06/04 (156)	09/06 (250)	09/11 (277)	08/17 (231)	11/21 (326)	12/14 (349)	10/30 (304)	02/01 (032)	02/04 (056)
01/09 (009)	04/13 (104)	05/08 (129)	03/23 (083)	06/26 (178)	07/23 (205)	06/05 (157)	09/10 (254)	09/11 (277)	08/18 (232)	11/21 (326)	12/17 (352)	10/31 (305)	02/02 (033)	02/04 (056)
01/10 (010)	04/16 (107)	05/09 (130)	03/24 (084)	06/27 (179)	07/23 (205)	06/06 (158)	09/10 (254)	09/12 (279)	08/19 (233)	11/22 (327)	12/17 (352)	11/01 (306)	02/04 (035)	03/01 (060)
01/11 (011)	04/16 (107)	05/10 (131)	03/25 (085)	06/28 (180)	07/23 (205)	06/07 (159)	09/10 (254)	09/13 (282)	08/20 (233)	11/26 (331)	12/18 (353)	11/02 (307)	02/05 (036)	03/04 (063)
01/12 (012)	04/17 (108)	05/11 (132)	03/26 (086)	06/29 (181)	07/24 (206)	06/08 (160)	09/11 (255)	09/13 (282)	08/21 (234)	11/26 (331)	12/19 (354)	11/03 (308)	02/06 (037)	03/04 (063)
01/13 (013)	04/18 (109)	05/14 (135)	03/27 (087)	07/02 (184)	07/25 (208)	06/09 (161)	09/12 (256)	09/14 (284)	08/22 (235)	11/26 (331)	12/20 (355)	11/04 (309)	02/07 (038)	03/05 (064)
01/14 (014)	04/18 (109)	05/14 (135)	03/28 (088)	07/02 (184)	07/26 (208)	06/10 (162)	09/12 (256)	09/15 (287)	08/23 (236)	11/27 (332)	12/21 (356)	11/05 (310)	02/08 (039)	03/05 (064)
01/15 (015)	04/19 (110)	05/14 (135)	03/29 (089)	07/02 (184)	07/27 (209)	06/11 (163)	09/14 (258)	09/15 (287)	08/24 (237)	11/27 (332)	12/26 (361)	11/06 (311)	02/11 (042)	03/06 (065)
01/16 (016)	04/20 (111)	05/15 (136)	03/30 (090)	07/03 (185)	07/30 (212)	06/12 (164)	09/14 (258)	09/16 (289)	08/25 (238)	11/28 (333)	12/26 (361)	11/07 (312)	02/11 (042)	03/07 (066)
01/17 (017)	04/23 (114)	05/16 (137)	03/31 (091)	07/05 (187)	07/30 (212)	06/14 (166)	09/17 (261)	09/16 (289)	08/26 (239)	11/29 (334)	12/26 (361)	11/08 (313)	02/11 (042)	03/08 (067)
01/18 (018)	04/23 (114)	05/16 (137)	04/01 (092)	07/05 (187)	07/30 (212)	06/14 (166)	09/17 (261)	09/17 (261)	08/27 (240)	11/30 (335)	12/26 (361)	11/09 (314)	02/12 (043)	03/11 (070)
01/19 (019)	04/23 (114)	05/18 (139)	04/02 (093)	07/06 (188)	07/31 (213)	06/15 (167)	09/18 (262)	09/18 (262)	08/28 (241)	12/03 (338)	12/27 (362)	11/10 (315)	02/13 (044)	03/11 (070)
01/20 (020)	04/23 (114)	05/21 (142)	04/03 (094)	07/06 (188)	07/31 (213)	06/16 (168)	09/18 (262)	09/15 (289)	08/29 (242)	12/03 (338)	12/27 (362)	11/11 (316)	02/14 (045)	03/11 (070)
01/21 (021)	04/25 (116)	05/21 (142)	04/04 (095)	07/09 (191)	08/02 (215)	06/17 (169)	09/20 (264)	09/15 (289)	08/29 (242)	12/03 (338)	12/27 (362)	11/12 (317)	02/15 (046)	03/12 (071)
01/22 (022)	04/25 (116)	05/21 (142)	04/04 (095)	07/09 (191)	08/02 (215)	06/18 (170)	09/20 (264)	09/16 (290)	08/30 (243)	12/04 (339)	12/28 (363)	11/13 (318)	02/16 (047)	03/13 (072)
01/23 (023)	04/27 (118)	05/22 (144)	04/06 (097)	07/10 (193)	08/06 (219)	06/19 (171)	09/24 (268)	09/16 (290)	08/31 (244)	12/04 (339)	12/28 (363)	11/14 (319)	02/19 (050)	03/14 (073)
01/24 (024)	04/30 (121)	05/24 (145)	04/08 (099)	07/11 (193)	08/06 (219)	06/20 (172)	09/24 (268)	09/17 (261)	09/01 (246)	12/05 (340)	12/31 (366)	11/15 (320)	02/19 (050)	03/15 (074)
01/25 (025)	04/30 (121)	05/24 (145)	04/08 (099)	07/11 (193)	08/06 (219)	06/21 (173)	09/24 (268)	09/17 (261)	09/02 (247)	12/05 (340)	12/31 (366)	11/16 (321)	02/19 (050)	03/15 (074)
01/26 (026)	04/30 (121)	05/24 (145)	04/09 (100)	07/12 (195)	08/08 (221)	06/22 (174)	09/25 (269)	09/18 (262)	09/03 (248)	12/06 (341)	12/31 (366)	11/15 (320)	02/19 (050)	03/15 (074)
01/27 (027)	05/01 (122)	05/29 (150)	04/10 (101)	07/16 (198)	08/08 (221)	06/23 (175)	09/25 (269)	09/18 (262)	09/04 (248)	12/06 (341)	12/31 (366)	11/16 (321)	02/19 (050)	03/15 (074)
01/28 (028)	05/02 (123)	05/29 (150)	04/11 (102)	07/16 (198)	08/08 (221)	06/24 (176)	09/26 (270)	09/19 (263)	09/05 (249)	12/07 (342)	12/31 (366)	11/17 (322)	02/20 (051)	03/16 (075)
01/29 (029)	05/03 (124)	05/29 (150)	04/12 (103)	07/16 (198)	08/10 (223)	06/24 (176)	09/26 (270)	09/19 (263)	09/06 (250)	12/07 (342)	12/31 (366)	11/18 (323)	02/20 (051)	03/16 (075)
01/30 (030)	05/04 (125)	05/29 (150)	04/13 (104)	07/17 (199)	08/10 (223)	06/25 (177)	09/27 (271)	09/20 (264)	09/07 (251)	12/07 (342)	12/31 (366)	11/19 (324)	02/21 (052)	03/17 (076)
01/31 (031)	05/07 (128)	05/30 (151)	04/14 (105)	07/19 (201)	08/13 (226)	06/26 (178)	09/27 (271)	09/20 (264)	09/08 (252)	12/08 (343)	12/31 (366)	11/20 (325)	02/25 (056)	03/20 (079)
02/01 (032)	05/07 (128)	05/31 (152)	04/15 (106)	07/19 (201)	08/13 (226)	06/27 (179)	10/01 (275)	10/25 (299)	09/09 (253)	12/08 (343)	12/31 (366)	11/22 (327)	02/25 (056)	03/20 (079)
02/02 (033)	05/07 (128)	06/01 (156)	04/16 (107)	07/20 (202)	08/14 (227)	06/28 (180)	10/01 (275)	10/26 (300)	09/10 (254)	12/09 (344)	12/31 (366)	11/23 (328)	02/26 (057)	03/22 (081)
02/03 (034)	05/08 (129)	06/01 (156)	04/17 (108)	07/20 (202)	08/14 (227)	06/29 (181)	10/02 (276)	10/29 (303)	09/11 (255)	12/09 (344)	12/31 (366)	11/24 (329)	02/27 (058)	03/25 (084)
02/04 (035)	05/09 (130)	06/04 (156)	04/18 (109)	07/23 (205)	08/16 (229)	06/30 (182)	10/03 (277)	10/29 (303)	09/12 (256)	12/10 (345)	12/31 (366)	11/25 (330)	02/28 (059)	03/25 (084)
02/05 (036)	05/10 (131)	06/04 (156)	04/19 (110)	07/23 (205)	08/16 (229)	07/01 (183)	10/04 (278)	10/29 (303)	09/13 (257)	12/10 (345)	12/31 (366)	11/26 (331)	03/01 (063)	03/26 (085)
02/06 (037)	05/11 (132)	06/05 (157)	04/20 (111)	07/24 (206)	08/20 (233)	07/02 (184)	10/05 (279)	10/30 (304)	09/14 (258)	12/11 (346)	12/31 (366)	11/27 (332)	03/04 (063)	03/27 (086)
02/07 (038)	05/11 (132)	06/05 (157)	04/20 (111)	07/24 (206)	08/20 (233)	07/03 (185)	10/09 (283)	10/31 (306)	09/15 (259)	12/11 (346)	12/31 (366)	11/28 (333)	03/04 (063)	03/28 (087)
02/08 (039)	05/14 (135)	06/07 (159)	04/22 (113)	07/26 (208)	08/20 (233)	07/04 (186)	10/09 (283)	11/01 (306)	09/16 (260)	12/12 (347)	12/31 (366)	11/29 (334)	03/06 (064)	03/29 (088)
02/09 (040)	05/14 (135)	06/08 (160)	04/23 (114)	07/27 (209)	08/21 (234)	07/05 (187)	10/09 (283)	11/02 (307)	09/17 (261)	12/12 (347)	12/31 (366)	11/30 (335)	03/06 (064)	04/01 (091)
02/10 (041)	05/15 (136)	06/11 (163)	04/24 (115)	07/30 (212)	08/22 (235)	07/06 (188)	10/09 (283)	11/05 (310)	09/18 (262)	12/12 (347)	12/31 (366)	12/01 (336)	03/06 (064)	04/01 (091)
02/11 (042)	05/16 (137)	06/11 (163)	04/25 (116)	07/30 (212)	08/22 (235)	07/07 (189)	10/10 (284)	11/05 (310)	09/19 (263)	12/13 (367)	12/31 (366)	12/02 (337)	03/07 (065)	04/01 (091)
02/12 (043)	05/17 (138)	06/12 (164)	04/26 (117)	07/31 (213)	08/24 (237)	07/08 (190)	10/12 (286)	11/06 (311)	09/20 (264)	12/13 (367)	12/31 (366)	12/03 (338)	03/08 (067)	04/02 (092)
02/13 (044)	05/18 (139)	06/12 (164)	04/27 (118)	07/31 (213)	08/24 (237)	07/09 (191)	10/12 (286)	11/07 (312)	09/21 (265)	12/13 (367)	12/31 (366)	12/04 (339)	03/11 (070)	04/03 (093)
02/14 (045)	05/21 (142)	06/14 (166)	04/28 (119)	08/02 (215)	08/27 (240)	07/10 (192)	10/15 (288)	11/08 (314)	09/22 (266)	12/13 (367)	12/31 (366)	12/05 (340)	03/11 (070)	04/03 (093)
02/15 (046)	05/21 (142)	06/14 (166)	04/29 (120)	08/02 (215)	08/27 (240)	07/11 (193)	10/15 (288)	11/09 (315)	09/23 (267)	12/14 (368)	12/31 (366)	12/06 (341)	03/12 (071)	04/04 (094)
02/16 (047)	05/21 (142)	06/15 (167)	05/01 (121)	08/03 (216)	08/29 (242)	07/12 (194)	10/16 (290)	11/13 (318)	09/24 (268)	12/14 (368)	12/31 (366)	12/07 (342)	03/13 (072)	04/08 (098)
02/17 (048)	05/23 (144)	06/18 (170)	05/02 (123)	08/06 (219)	08/30 (243)	07/13 (195)	10/16 (290)	11/13 (318)	09/25 (269)	12/15 (369)	12/31 (366)	12/08 (343)	03/14 (073)	04/08 (098)
02/18 (049)	05/23 (144)	06/18 (170)	05/03 (123)	08/06 (219)	08/30 (243)	07/14 (196)	10/17 (291)	11/13 (318)	09/26 (270)	12/15 (369)	12/31 (366)	12/09 (344)	03/15 (074)	04/09 (099)
02/19 (050)	05/23 (144)	06/18 (170)	05/03 (123)	08/06 (219)	08/30 (243)	07/15 (197)	10/18 (292)	11/13 (318)	09/27 (271)	12/16 (370)	12/31 (366)	12/10 (345)	03/15 (074)	04/09 (099)
02/20 (051)	05/23 (144)	06/19 (171)	05/04 (124)	08/06 (219)	08/30 (243)	07/16 (198)	10/18 (292)	11/14 (319)	09/28 (272)	12/16 (370)	12/31 (366)	12/11 (346)	03/18 (077)	04/10 (100)
02/21 (052)	05/23 (144)	06/19 (171)	05/04 (124)	08/06 (219)	08/30 (243)	07/17 (199)	10/19 (293)	11/14 (319)	09/29 (273)	12/16 (370)	12/31 (366)	12/12 (347)	03/18 (077)	04/11 (101)
02/22 (053)	05/29 (150)	06/21 (173)	05/06 (126)	08/08 (221)	09/04 (246)	07/18 (199)	10/22 (286)	11/14 (319)	09/29 (273)	12/16 (370)	12/31 (366)	12/12 (347)	03/18 (077)	04/11 (101)
02/23 (054)	05/29 (150)	06/22 (174)	05/06 (127)	08/09 (222)	09/04 (246)	07/19 (200)	10/22 (286)	11/15 (320)	10/01 (245)	12/16 (370)	12/31 (366)	12/13 (348)	03/19 (078)	04/12 (102)
02/24 (055)	05/29 (150)	06/22 (174)	05/07 (128)	08/10 (223)	09/05 (248)	07/20 (202)	10/23 (287)	11/19 (324)	10/02 (246)	12/16 (370)	12/31 (366)	12/14 (349)	03/19 (078)	04/12 (102)
02/25 (056)	05/30 (151)	06/25 (177)	05/08 (129)	08/13 (226)	09/05 (248)	07/21 (203)	10/24 (288)	11/19 (324)	10/03 (247)	12/17 (352)	12/31 (366)	12/15 (350)	03/20 (079)	0

Filing Deadline Calendar for 2013

Note: If the 95th or 120th day falls on a weekend or holiday, the filing deadline is extended to the next business day.

Date of Service or Disposition											
95 Days	120 Days										
01/01 (001)	04/08 (098)	03/16 (075)	07/15 (196)	05/29 (149)	09/26 (269)	08/11 (223)	11/14 (318)	10/24 (297)	01/27 (027)	10/24 (297)	02/21 (052)
01/02 (002)	05/02 (122)	03/17 (076)	07/15 (196)	05/30 (150)	09/27 (270)	08/12 (224)	11/14 (318)	10/25 (298)	01/28 (028)	10/25 (298)	02/24 (055)
01/03 (003)	05/03 (123)	03/18 (077)	07/16 (197)	05/31 (151)	09/30 (273)	08/13 (225)	11/18 (322)	10/26 (300)	01/29 (029)	10/26 (300)	02/24 (055)
01/04 (004)	05/06 (099)	06/24 (175)	07/17 (198)	06/01 (152)	09/30 (273)	08/14 (226)	11/18 (322)	10/27 (301)	01/30 (030)	10/27 (301)	02/25 (056)
01/05 (005)	05/06 (126)	03/20 (079)	07/18 (199)	06/02 (153)	09/30 (273)	08/15 (227)	11/19 (323)	10/28 (302)	01/31 (031)	10/28 (302)	02/25 (056)
01/06 (006)	04/11 (101)	03/21 (080)	07/19 (200)	06/03 (154)	10/01 (274)	08/16 (228)	11/19 (323)	10/29 (303)	02/03 (034)	10/29 (303)	02/26 (057)
01/07 (007)	04/12 (102)	03/22 (081)	07/20 (201)	06/04 (155)	10/02 (275)	08/17 (229)	11/20 (324)	10/30 (304)	02/03 (034)	10/30 (304)	02/27 (058)
01/08 (008)	05/07 (127)	03/23 (082)	07/22 (203)	06/05 (156)	10/03 (276)	08/18 (230)	11/21 (325)	10/31 (305)	02/04 (035)	10/31 (305)	02/28 (059)
01/09 (009)	05/08 (128)	03/24 (083)	07/23 (204)	06/06 (157)	10/04 (277)	08/19 (231)	11/22 (326)	11/01 (306)	02/05 (036)	11/01 (306)	03/03 (062)
01/10 (010)	05/09 (129)	03/25 (084)	07/23 (204)	06/07 (158)	10/04 (277)	08/20 (232)	11/22 (326)	11/02 (307)	02/06 (037)	11/02 (307)	03/04 (063)
01/11 (011)	04/16 (106)	03/26 (085)	07/24 (205)	06/08 (159)	10/07 (280)	08/21 (233)	11/25 (329)	11/03 (308)	02/07 (038)	11/03 (308)	03/06 (064)
01/12 (012)	04/17 (107)	03/27 (086)	07/25 (206)	06/09 (160)	10/07 (280)	08/22 (234)	11/25 (329)	11/04 (309)	02/08 (039)	11/04 (309)	03/07 (066)
01/13 (013)	04/18 (108)	03/28 (087)	07/26 (207)	06/10 (161)	10/08 (281)	08/23 (235)	11/26 (330)	11/05 (310)	02/10 (041)	11/05 (310)	03/06 (064)
01/14 (014)	04/19 (109)	03/29 (088)	07/26 (207)	06/11 (162)	10/09 (282)	08/24 (236)	11/27 (331)	11/06 (311)	02/11 (042)	11/06 (311)	03/07 (066)
01/15 (015)	05/15 (135)	03/30 (089)	07/29 (210)	06/12 (163)	10/10 (283)	08/25 (237)	12/02 (336)	11/07 (312)	02/11 (042)	11/07 (312)	03/10 (069)
01/16 (016)	05/16 (136)	03/31 (090)	07/29 (210)	06/13 (164)	10/11 (284)	08/26 (238)	12/02 (336)	11/08 (313)	02/12 (043)	11/08 (313)	03/10 (069)
01/17 (017)	04/22 (112)	04/01 (091)	07/30 (211)	06/14 (165)	10/11 (284)	08/27 (239)	12/02 (336)	11/09 (314)	02/12 (043)	11/09 (314)	03/11 (071)
01/18 (018)	04/23 (113)	04/02 (092)	07/31 (212)	06/15 (166)	10/15 (288)	08/28 (240)	12/03 (337)	11/11 (315)	02/14 (045)	11/11 (315)	03/10 (069)
01/19 (019)	04/25 (114)	04/03 (093)	08/01 (213)	06/16 (167)	10/15 (288)	08/29 (241)	12/03 (337)	11/12 (316)	02/14 (045)	11/12 (316)	03/12 (071)
01/20 (020)	05/20 (140)	04/04 (094)	08/02 (214)	06/17 (168)	10/15 (288)	08/30 (242)	12/03 (337)	11/13 (317)	02/18 (049)	11/13 (317)	03/12 (071)
01/21 (021)	05/21 (141)	04/05 (095)	08/03 (215)	06/18 (169)	10/16 (289)	08/31 (243)	12/04 (338)	11/14 (318)	02/18 (049)	11/14 (318)	03/14 (073)
01/22 (022)	04/29 (119)	04/06 (096)	08/05 (217)	06/19 (170)	10/16 (289)	09/01 (244)	12/06 (340)	11/15 (319)	02/19 (050)	11/15 (319)	03/17 (076)
01/23 (023)	04/29 (143)	04/07 (097)	08/05 (217)	06/20 (171)	10/17 (290)	09/02 (245)	12/09 (343)	11/16 (320)	02/19 (050)	11/16 (320)	03/17 (076)
01/24 (024)	04/29 (144)	04/08 (098)	08/06 (218)	06/21 (172)	10/17 (290)	09/03 (246)	12/09 (343)	11/17 (321)	02/20 (051)	11/17 (321)	03/18 (077)
01/25 (025)	04/30 (146)	04/09 (099)	08/06 (218)	06/22 (173)	10/18 (291)	09/04 (247)	12/09 (343)	11/18 (322)	02/21 (052)	11/18 (322)	03/18 (077)
01/26 (026)	05/01 (121)	04/10 (100)	08/07 (219)	06/23 (174)	10/18 (291)	09/05 (248)	12/10 (344)	11/19 (323)	02/21 (052)	11/19 (323)	03/19 (079)
01/27 (027)	05/02 (122)	04/11 (101)	08/08 (220)	06/24 (175)	10/18 (291)	09/06 (249)	12/10 (344)	11/20 (324)	02/22 (053)	11/20 (324)	03/20 (080)
01/28 (028)	05/03 (123)	04/12 (102)	08/09 (221)	06/25 (176)	10/19 (292)	09/07 (250)	12/11 (345)	11/21 (325)	02/22 (053)	11/21 (325)	03/20 (080)
01/29 (029)	05/06 (126)	04/13 (103)	08/10 (222)	06/26 (177)	10/19 (292)	09/08 (251)	12/12 (346)	11/22 (326)	02/24 (055)	11/22 (326)	03/21 (081)
01/30 (030)	05/06 (126)	04/14 (104)	08/11 (223)	06/27 (178)	10/20 (293)	09/09 (252)	12/13 (347)	11/23 (327)	02/24 (055)	11/23 (327)	03/24 (083)
01/31 (031)	05/06 (126)	04/15 (105)	08/12 (224)	06/28 (179)	10/20 (293)	09/10 (253)	12/13 (347)	11/24 (328)	02/25 (056)	11/24 (328)	03/24 (083)
02/01 (032)	05/07 (127)	04/16 (106)	08/13 (225)	06/29 (180)	10/21 (294)	09/11 (254)	12/16 (350)	11/25 (329)	02/25 (056)	11/25 (329)	03/25 (084)
02/02 (033)	05/08 (128)	04/17 (107)	08/14 (226)	06/30 (181)	10/22 (295)	09/12 (255)	12/16 (350)	11/26 (330)	02/28 (059)	11/26 (330)	03/26 (086)
02/03 (034)	05/09 (129)	04/18 (108)	08/15 (227)	07/01 (182)	10/23 (302)	09/13 (256)	12/17 (351)	11/27 (331)	03/03 (062)	11/27 (331)	03/28 (088)
02/04 (035)	05/10 (130)	04/19 (109)	08/16 (228)	07/02 (183)	10/23 (302)	09/14 (257)	12/18 (352)	11/28 (332)	03/03 (062)	11/28 (332)	03/28 (088)
02/05 (036)	05/13 (133)	04/20 (110)	08/17 (229)	07/03 (184)	10/24 (303)	09/15 (258)	12/19 (353)	11/29 (333)	03/04 (063)	11/29 (333)	03/31 (090)
02/06 (037)	05/13 (133)	04/21 (111)	08/18 (230)	07/04 (185)	10/24 (303)	09/16 (259)	12/19 (353)	11/30 (334)	03/04 (063)	11/30 (334)	03/31 (090)
02/07 (038)	05/13 (133)	04/22 (112)	08/19 (231)	07/05 (186)	10/25 (304)	09/17 (260)	12/23 (357)	12/01 (335)	03/06 (065)	12/01 (335)	03/31 (090)
02/08 (039)	05/14 (134)	04/23 (113)	08/20 (232)	07/06 (187)	10/26 (305)	09/18 (261)	12/23 (357)	12/02 (336)	03/07 (066)	12/02 (336)	04/01 (091)
02/09 (040)	05/15 (135)	04/24 (114)	08/21 (233)	07/07 (188)	10/26 (305)	09/19 (262)	12/23 (357)	12/03 (337)	03/10 (069)	12/03 (337)	04/02 (092)
02/10 (041)	05/16 (136)	04/25 (115)	08/22 (234)	07/08 (189)	10/27 (306)	09/20 (263)	12/23 (357)	12/04 (338)	03/10 (069)	12/04 (338)	04/03 (093)
02/11 (042)	05/17 (137)	04/26 (116)	08/23 (235)	07/09 (190)	10/28 (307)	09/21 (264)	12/27 (361)	12/05 (339)	03/10 (069)	12/05 (339)	04/03 (093)
02/12 (043)	05/20 (140)	04/27 (117)	08/24 (236)	07/10 (191)	10/28 (307)	09/22 (265)	12/27 (361)	12/06 (340)	03/11 (070)	12/06 (340)	04/04 (094)
02/13 (044)	05/20 (140)	04/28 (118)	08/25 (237)	07/11 (192)	10/29 (308)	09/23 (266)	12/27 (361)	12/07 (341)	03/11 (070)	12/07 (341)	04/07 (097)
02/14 (045)	05/20 (140)	04/29 (119)	08/26 (238)	07/12 (193)	10/29 (308)	09/24 (267)	12/27 (361)	12/08 (342)	03/12 (071)	12/08 (342)	04/07 (097)
02/15 (046)	05/21 (141)	04/30 (120)	08/27 (239)	07/13 (194)	10/30 (309)	09/25 (268)	12/30 (364)	12/09 (343)	03/13 (072)	12/09 (343)	04/08 (098)
02/16 (047)	05/22 (142)	05/01 (121)	08/28 (240)	07/14 (195)	10/30 (309)	09/26 (269)	12/30 (364)	12/10 (344)	03/14 (073)	12/10 (344)	04/09 (099)
02/17 (048)	05/23 (143)	05/02 (122)	08/29 (241)	07/15 (196)	10/31 (310)	09/27 (270)	12/31 (365)	12/11 (345)	03/17 (076)	12/11 (345)	04/10 (100)
02/18 (049)	05/24 (144)	05/03 (123)	08/30 (242)	07/16 (197)	10/31 (310)	09/28 (271)	12/31 (365)	12/12 (346)	03/17 (076)	12/12 (346)	04/11 (101)
02/19 (050)	05/28 (148)	05/04 (124)	08/31 (243)	07/17 (198)	10/31 (310)	09/29 (272)	12/31 (365)	12/13 (347)	03/17 (076)	12/13 (347)	04/11 (101)
02/20 (051)	05/28 (148)	05/05 (125)	09/03 (246)	07/18 (199)	10/31 (310)	09/30 (273)	12/31 (365)	12/14 (348)	03/20 (080)	12/14 (348)	04/14 (104)
02/21 (052)	05/28 (148)	05/06 (126)	09/03 (246)	07/19 (200)	10/31 (310)	09/31 (274)	12/31 (365)	12/15 (349)	03/20 (080)	12/15 (349)	04/14 (104)
02/22 (053)	05/28 (148)	05/07 (127)	09/04 (247)	07/20 (201)	10/31 (310)	09/31 (274)	12/31 (365)	12/16 (350)	03/21 (081)	12/16 (350)	04/15 (105)
02/23 (054)	05/28 (148)	05/08 (128)	09/04 (247)	07/21 (202)	10/31 (310)	09/31 (274)	12/31 (365)	12/17 (351)	03/21 (081)	12/17 (351)	04/15 (105)
02/24 (055)	05/30 (149)	05/09 (129)	09/05 (248)	07/22 (203)	10/31 (310)	09/31 (274)	12/31 (365)	12/18 (352)	03/22 (082)	12/18 (352)	04/16 (106)
02/25 (056)	05/30 (149)	05/10 (130)	09/06 (249)	07/23 (204)	10/31 (310)	09/31 (274)	12/31 (365)	12/19 (353)	03/24 (083)	12/19 (353)	04/17 (107)
02/26 (057)	06/03 (154)	05/11 (131)	09/09 (252)	07/24 (205)	10/31 (310)	09/31 (274)	12/31 (365)	12/20 (354)	03/24 (083)	12/20 (354)	04/18 (108)
02/27 (058)	06/03 (154)	05/12 (132)	09/10 (253)	07/25 (206)	10/31 (310)	09/31 (274)	12/31 (365)	12/21 (355)	03/25 (084)	12/21 (355)	04/21 (111)
02/28 (059)	06/04 (155)	05/13 (133)	09/11 (254)	07/26 (207)	10/31 (310)	09/31 (274)	12/31 (365)	12/22 (356)	03/26 (085)	12/22 (356)	04/21 (111)
03/01 (060)	06/05 (156)	05/14 (134)	09/12 (255)	07/27 (208)	10/31 (310)	09/31 (274)	12/31 (365)	12/23 (357)	03/27 (086)	12/23 (357)	04/22 (112)
03/02 (061)	06/05 (156)	05/15 (135)	09/13 (256)	07/28 (209)	10/31 (310)	09/31 (274)	12/31 (365)	12/24 (358)	03/28 (087)	12/24 (358)	04/23 (113)
03/03 (062)	06/06 (157)	05/16 (136)	09/14 (257)	07/29 (210)	10/31 (310)	09/31 (274)	12/31 (365)	12/25 (359)	03/31 (090)	12/25 (359)	04/24 (114)
03/04 (063)	06/07 (158)	05/17 (137)	09/15 (258)	07/30 (211)	10/31 (310)	09/31 (274)	12/31 (365)	12/26 (360)	03/31 (090)	12/26 (360)	04/25 (115)
03/05 (064)	06/10 (161)	05/18 (138)	09/16 (259)	07/31 (212)	10/31 (310)	09/31 (274)	12/31 (365)	12/27 (361)	03/31 (090)	12/27 (361)	04/28 (118)

Summary of Edits/Revisions

Date	Location	Edit/Revision
9/28/2015	Pg. 30	Added ICD-10 Codes to Table 3
9/28/2015	Pg. 63	Updated instructions for EPHC 275 Form
9/28/2015	N/A	Deleted instructions for PHC 225 Form