

PURPOSE

Use to request payment rates for Facilities whose rates are not listed in Section Four, Service Delivery, namely,

- Hospitals
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

PROCEDURE

Make no entry in the columns headed *For TDSHS Use Only*.

Complete only the sections that pertain to the county's request.

Fax the Form 111 to [512-776-7203](tel:512-776-7203).

File one copy of the TDSHS-completed Form 111 in each case record needing the information.

DETAILED INSTRUCTIONS

County. Enter the name of the county requesting the information.

Submitted by. Enter the name of the person qualified to provide information about entries on the Form 111 that is submitted.

Fax Number. Enter the fax number, including the area code, to which the TDSHS-completed form may be returned.

Telephone Number. Enter the county's telephone number, including the area code.

Date Submitted. Enter the date the form is submitted to TDSHS.

Facility Rate Request. Enter the facility's name, address, and 9-digit Medicaid Texas Provider Identifier (TPI) number. If this information is not included on the claim, contact the provider for it.

TDSHS Payable.

TDSHS enters the payment rate, if available.

If the payment rate is not available, TDSHS enters "0."

The listed *DSHS Payable* does not include the 2.5% deduction, if applicable.

The listed *TDSHS Payable* is not a guarantee that the service is a reimbursable expenditure.

To be reimbursable, the claim must comply with policies and procedures in the CIHCP Handbook.

FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.