REMITTANCE AND STATUS (R&S) REPORTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

NOVEMBER 2026

TEXAS
Health and Human
Services

REMITTANCE AND STATUS (R&S) REPORTS

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6.1 R&S Report Information

The R&S Report provides information on pending, paid, denied, adjusted, and incomplete claims. TMHP provides R&S Reports to give providers detailed information about the status of claims submitted to TMHP. The R&S Report also identifies receivables resulting from inappropriate payments. These receivables are recouped from payments of subsequent claim submissions.

Providers receive an R&S Report for each National Provider Identifier (NPI) with claim activity.

Providers can determine the program associated with the R&S Report by looking at the top center of the R&S Report. The line below Texas Medicaid & Healthcare Partnership identifies the program associated with the R&S Report.

Online R&S Reports are available as a PDF every Monday morning at 6 a.m., Central Time, following the claims processing cycle. Providers must have a provider administrator account on the TMHP website at www.tmhp.com to receive online R&S Reports.

Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)" for information about electronic billing.

Providers must retain copies of all R&S Reports for a minimum of 5 years. Do not send original R&S Reports back to TMHP; instead, submit copies of the R&S Reports when submitting a corrected claim or when resubmitting a previously incomplete claim.

Samples of the R&S Report are provided at the end of this chapter. The R&S Report provides information using the following general formatting guidelines:

- Information is displayed in rows rather than columns
- Incomplete claims appear in the "Claims — Paid or Denied" section
- Explanation of benefits (EOB) and explanation of pending status (EOPS) codes are five characters in length (up to four messages can be displayed at the claim level and up to five at the detail level)
- Descriptions of EOBs and EOPS are in an appendix at the end of the R&S Report
- Financial transactions appear in one of the following categories: accounts receivable, Internal Revenue Service (IRS) levies, claim refunds, payouts (system and manual), claim reissues, and claim voids
- The internal control number (ICN) is 24 digits
- The primary diagnosis submitted on the claim appears with the claim header information

6.1.1 Electronic Remittance and Status (ER&S) Reports

Using *Health Information Portability and Accountability Act* (HIPAA)-compliant Electronic Data Interchange (EDI) standards, the ER&S Report can be downloaded through the TMHP-EDI Gateway using TexMedConnect or third-party software. ER&S Reports contain the same information as a paper R&S Report and can be downloaded in any format.

ER&S Reports are available on the Monday following the weekly claims processing cycle. To obtain an ER&S Report, providers must complete and submit an ER&S Agreement. The ER&S Agreement is located in the Forms section of the EDI page on the TMHP Provider home page at www.tmhp.com and can be submitted to the TMHP-EDI help desk by mail or by fax to 1-512-514-4228.

Additional information about ER&S Reports can be accessed via the EDI companion guide ANSI ASC X12N 835. Companion guides are available in the Technical Information section of the EDI Provider home page on the TMHP website.

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6.1.2 Banner Pages

Banner pages are used to inform providers of changes in policies, claims, and procedures. The title pages include the following information:

- TMHP address for submitting paper copies of corrected and resubmitted claims
- Provider's name, address, and telephone number
- Unique R&S Report number specific to each report
- NPIs
- Report sequence number (a cumulative number of R&S Reports the provider has received for the calendar year)
- Date of the week reported on the R&S Report
- Federal tax identification number
- Page number (the R&S Report begins with page 1)
- Automated Inquiry System (AIS) telephone number for AIS inquiry calls
- Taxonomy code
- Benefit code

6.1.3 Explanation of R&S Report Row Headings

Row Heading/Section	Explanation
Patient name	Lists the client's last name and first name as indicated on the provider's claim. This field is truncated to display 13 characters.

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Row Heading/Section	Explanation
Claim number	The 24-digit ICN assigned by TMHP for a specific claim. The format for the TMHP claim number is **PPPCCCMMMYYYYJJJBBBBBSSS.** **PPP**: COMPASS21 Program 400: CSHCN Services Program Code **CCC**: Claim Type 020: Physician supplier/Genetics 021: Dental 023: Outpatient hospital/Home Health Agency (HHA) 040: Inpatient hospital 060: Medical Transportation Program **MMM**: Media Source (Region) 010: Paper 011: Paper adjustment 020: TDHconnect 021: TDHconnect adjustment 030: Electronic (including TexMedConnect) 031: Electronic adjustment (including TexMedConnect) 041: AIS adjustment 051: Mass adjustment 071: Retroactive eligibility adjustment 080: State action request 081: State action request adjustment 110: Postal mail 990: Default media type 991: Default/summary for all adjustments 999: Default/summary for all media regions **YYYY**: Year in which the claim was received **JJJ**: Julian date on which the claim was received **BBBBB**: TMHP internal batch number **SSS:** TMHP internal claim sequence within the batch
Benefit code	These codes are submitted by the provider to identify state programs.
CSHCN number	The client's CSHCN Services Program number.
Medical record number	If a medical record number is used on the provider's claim, that number appears here.
EOB	Any EOB code that applies to the entire claim (header level) prints here. Up to four EOB codes display at the header level.
Diagnosis	The primary diagnosis listed on the provider's claim.
Patient account number	If a client's account number is used on the provider's claim, that number appears here.
Service dates	Format MMDDYYYY (month, day, year) in *From* and *To* dates of service.
Type of Service (TOS)/ Procedure/Accommo-dation Code	Indicates by code the specific service provided to the client. The two-digit TOS appears first, followed by a Healthcare Common Procedure Coding System (HCPCS) procedure code. A three-digit code represents a hospital accommodation or ancillary revenue code.

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Row Heading/Section	Explanation
Billed quantity	Indicates the quantity billed per claim detail.
Billed charge	Indicates the charge billed per claim detail.
Allowed quantity	Indicates the quantity allowed per claim detail.
Allowed charge	Indicates the charges allowed per claim detail.
Place of service (POS) column	Includes the POS to the left of the Paid Amount. A two-digit numeric code identifying the POS is indicated in this field.
Paid amount	The final amount allowed for payment per claim detail. Also appearing in this field is the amount paid by another insurance resource. The other insurance (OI) amount is preceded by a minus (-) symbol, and this amount is subtracted from the total of the paid amounts appearing in this field. The total paid amount for the claim appears on the claim total line.
EOB codes	These codes explain the payment or denial of the provider's claim. EOB codes are printed next to and directly below the claim. An explanation of all EOBs appearing on the R&S Report are printed in the appendix at the end of the R&S Report.
EOPS code	The EOPS codes appear only in the "Claims In Process" section of the R&S Report. The codes explain the status of pending claims and are not an actual denial or final disposition.
MOD	Modifiers describe and qualify the services that were provided. For dental services, two modifiers are printed. The first is the tooth identification (TID) and the second is the surface identification (SID).

6.1.4 Explanation of R&S Report Section Headings

6.1.4.1 Claims—Paid or Denied

The title, "Claims — Paid or Denied," is centered on the top of each page in this section. Claims in this section are finalized the week before preparation of the R&S Report. The claims are listed by claim status, claim type, and in client name order. The reported status of each claim does not change unless the provider, CSHCN Services Program, or TMHP initiates further action. TMHP *cannot* process incomplete claims.

Only paper claims are denied as incomplete. Incomplete claims may be submitted as original claims only if the resubmission is received by TMHP within the original filing deadline. Otherwise, the claim must be received within 120 days of the date on the R&S Report.

If a provider determines that a claim cannot be appealed electronically or through the Automated Inquiry System (AIS), the claim may be appealed on paper by completing the following steps:

- Submit a copy of the R&S Report page on which the claim is paid or denied. A copy of any other official notification from TMHP may also be submitted.
- Submit one copy of the R&S Report for each claim appealed.
- Circle only one claim per R&S Report page.
- Identify the reason for the appeal.
- If applicable, indicate the incorrect information and provide the correct information that should be used to appeal the claim.
- Attach a copy of any supporting medical documentation that is required or has been requested by TMHP. Supporting documentation must be on a separate page and not copied on the opposite side of the R&S Report.

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Refer to: Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement."

Chapter 7, "Appeals and Administrative Review."

Claims filed electronically without required information are *rejected*. Users are required to retrieve the response file to determine the reason for rejections. Providers receiving TMHP EDI rejections may resubmit an electronic claim within 95 days from the date of service.

A paper appeal may also be submitted with a copy of the rejection report. Appeals must be received by TMHP within 120 days of the rejection report date to be considered. A copy of the rejection report must accompany each corrected claim submitted on paper.

6.1.4.2 Adjustments to Claims

The title, "Adjustments to Claims," is centered at the top of each page in this section. Adjustments are listed by claim type, client name, and CSHCN Services Program client number. Media types 011, 021, 031, 041, 051, 071, and 081 appear in this section. An adjustment is printed in the same format as a paid or denied claim.

The adjusted claim is listed first on the R&S Report. EOB 00123, "This is an adjustment to previous claim XXXXXXXXXXXXXXXXXXXXXXXX which appears on R&S Report dated XX/XX/XX" follows this claim. The dollar amounts on the original claim are followed by a minus (-) symbol indicating the original payment is voided.

The net adjustment amount is the difference between the claim total for the original claim and the claim total for the adjusted claim. If the total amount of money to be recouped is not available on the current R&S Report, it is taken from future payments.

EOB 00601 prints the following message below the claim indicating the amount is to be recouped later: "A receivable has been established in the amount of the original payment: $_____. Future payments will be withheld or reduced until such amount is paid in full."

When an adjustment is set up (EOB 00601) and enough money is available on the next R&S Report, EOB 00097 prints, "Payment adjusted on following client." The original ICN and R&S Report date appears. The dollar amount to be recouped is listed in the Original Amount column. The amount changes until all money is recouped.

In the "Adjustments to Claims" section, the amount identifying the net difference (difference between the original claim payment and the adjusted claim payment) appears below the prior claim payment. If the net difference is a positive amount, the amount is added to the amount of the current check. If the net difference is a negative amount, a minus sign appears before the dollar amount, and that amount is deducted from the amount of the current check.

6.1.4.3 Financial Transactions

All accounts receivables, IRS levies, payouts, refunds, reissues, and voids appear in this section of the R&S Report. The financial transactions section does not use the R&S Report form column headings. Additional subheadings are printed to identify the financial transactions. References to fiscal year end (FYE) represent the provider's FYE based on cost report information and does not apply to all providers. The following are descriptions of the six types of financial transactions.

6.1.4.3.1 Accounts Receivable

Accounts receivable identifies money that was subtracted from the provider's current payment because it is owed to the CSHCN Services Program. Specific claim data is not given on the R&S Report unless the accounts receivable setup is claim-specific. An accounts receivable control number is provided that should be referenced when corresponding with TMHP. If the withholding amount is related to a specific

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claim and not an EOB 00601 (as described in Section 6.1.4.2, "Adjustments to Claims" in this chapter), a separate letter with this information is sent to the provider. Accounts receivable appears on the R&S Report in the following format:

Row Heading/Section	Explanation
Control number	A control number that should be referenced when corresponding with TMHP.
Recoupment rate	The percentage of the provider's payment withheld each week unless the provider elects to have a specific amount withheld each week.
Maximum periodic recoupment amount	The amount to be withheld each week or month. This field is blank if the provider elects to have a percentage withheld each week or month.
Original date	The date the financial transaction was originally processed.
Original amount	The total amount owed to the CSHCN Services Program.
Prior date	The date the last transaction on the accounts receivable occurred.
Prior balance	The amount owed from a previous R&S Report.
Applied amount	The amount subtracted from the current R&S Report.
FYE	The fiscal year end for cost reports.
EOB	The EOB code that corresponds to the reason code for the accounts receivable.
Patient name	If the accounts receivable is claim specific, the name of the client listed on the claim.
Claim number	If the accounts receivable is claim specific, the ICN of the original claim.
Balance	Indicates the total outstanding accounts receivable (AR) balance that remains due.

6.1.4.3.2 IRS Levies

If TMHP receives a notice from the IRS of a levy against a provider, payments will be withheld from the provider's payment. These are displayed in the IRS Levies section of the R&S Report. Payments are withheld until the levy is satisfied or released. Although the current payment amount is lowered by the amount of the levy payment, the provider's 1099 earnings are not lowered. IRS levies are reported in the following format:

Row Heading/Section	Explanation
Control number	Control number to reference when corresponding with TMHP.
Maximum recoupment rate	The percentage of the provider's payment withheld each week unless the provider elects to have a specific amount withheld each week.
Maximum recoupment amount	The amount to be withheld on a periodic basis. This field is blank if the provider elects to have a percentage withheld each week.
Original date	The date the levy was originally set up.
Original amount	The total amount owed to the CSHCN Services Program.
Prior balance	The amount owed from a previous R&S Report.
Prior update	The date the last transaction on the levy occurred.
Current amount	The amount subtracted from the current R&S Report.
Remaining balance	The amount still owed on the levy (this amount becomes the previous balance on the next R&S Report).

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6.1.4.3.3 Payouts

Payouts are dollar amounts owed to the provider. TMHP processes two types of payouts: system payouts that increase the weekly payment amount and manual payouts or refunds that result in a separate payment issued to the provider. Specific claim data is not given on the R&S Report for payouts. If the payout is claim-related, a separate letter with this information is sent to the provider. A control number is given that should be referenced when corresponding with TMHP.

Payouts appear on the R&S Report in the following format:

Row Heading/Section	Explanation
Payout control number	Control number to reference when corresponding with TMHP.
Payout amount	Amount of the payout.
FYE	The fiscal year for which this refund is applicable.
EOB	The EOB code that corresponds to the reason code assigned.
Refund check number	The number of the refund check issued by TMHP.
Refund check amount	The amount of the refund check mailed to the provider.
Patient name	The name of the client (if available).
PCN	The CSHCN Services Program number of the client (if available).
DOS	The date of service (if available).

6.1.4.3.4 Claim Reissues

Claim reissues are identified by EOB 00122, "This claim is a reissue of a previous claim." For example, EOB 00122 is used if a check is lost in the mail and must be reissued to the provider. The message follows each claim that was reissued. Every claim paid on the original check is reprinted in the financial section. The claims appear on the R&S Report in the following format:

Row Heading/Section	Explanation
Check number	The number of the original check.
Check amount	The amount of the original check.
R&S number	The number of the original R&S Report.
R&S date	The date of the original R&S Report.

6.1.4.3.5 Claim Voids

Claim voids are identified by EOB 00134, "Voided claims – this amount has been credited to your net IRS liability." This occurs when the TMHP check has been returned and voided. Claims originally paid on the check are listed and the amounts credited to the provider's 1099. Claim voids are printed in the same format as claim reissues.

6.1.4.3.6 Claim Refunds

Claim refunds are identified by EOB 00124, "Thank you for your refund; your 1099 liability has been credited." This message verifies that money refunded to the CSHCN Services Program for incorrect payments was received and posted. The provider's check number and the date of the check are printed on the R&S Report. Claim refunds appear on the R&S Report in the following format:

Row Heading/Section	Explanation
ICN	The claim number of the claim to which the refund was applied this cycle.
Patient name	The client's first name, middle initial, and last name on the applicable claim.

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Row Heading/Section	Explanation
CSHCN number	The client's CSHCN Services Program number.
Date of service	The format MMDDYYYY (month, day, year) in *From* date of service.
Total billed	The total billed amount of the refunded claim.
Amount applied this cycle	The refund amount applied to the claim.
EOB	The EOB code that corresponds to the reason code assigned.

6.1.4.4 Financial Transactions/Void and Stop—"Stale-Dated Checks"

Stale-dated checks (i.e., checks older than 180 days) that have not been cashed are voided and applied to either IRS levies or outstanding accounts receivable. Once a check has been voided, the associated claims may not be payable, and the transaction will be finalized after 24 months. Providers may submit a voided check appeal to TMHP Cash Financial at the following address:

Texas Medicaid & Healthcare Partnership
Attn: Cash Financial
12365-A Riata Trace Parkway
Austin, TX 78727

The CSHCN Services Program encourages providers to receive payment via electronic funds transfer (EFT) to eliminate stale-dating issues. EFT ensures that providers receive payments via direct deposit in a bank account of their designation. To enroll in EFT, use the Electronic Funds Transfer (EFT) Notification or call the TMHP Contact Center at 1-800-568-2413, Monday through Friday from 7 a.m. to 7 p.m., Central Time, and select Option 2.

Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)."

6.1.5 Claims Payment Summary

This section summarizes payments, adjustments, and financial transactions listed on the R&S Report. The section has two categories: one for the current weeks totals and one for the year-to-date totals.

Example: *If the provider is receiving a payment on this particular R&S Report, the following information is given: "Payment summary for check number (check #) or (directly deposited by EFT) in the amount of ($amount). Note that items marked with an asterisk (*) do not affect your 1099 earnings." The check number is also printed on the check that accompanies the R&S Report.*

The Claims Payment Summary appears on the R&S Report in the following format:

Heading	Explanation
Claims paid	The number of claims processed for the week, as well as the year-to-date total.
System payouts	The total amount of system payouts issued to the provider by TMHP.
Manual payouts	The total amount of manual payouts issued to the provider by TMHP (remitted by a separate check or EFT).
Amount paid to IRS for levies	The amount remitted to the IRS and withheld from the provider's payment due to an IRS levy.
Amounts paid to IRS for backup withholding	The amount paid to the IRS for backup withholding.
Accounts receivable recoupment	The total amount withheld from the provider's payment for accounts receivable.

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Heading	Explanation
Amounts stopped or voided	The total amount of the payment that was voided or stopped with no reissuance of payment.
System reissues	The amount of the reissued payment.
Claims related refunds	The net amount allowed for the week's payment. If there are no adjustments recouping money showing negative paid amounts, the claim's amount is the total of all paid amounts on the individual claims. If there are adjustments showing negative paid amounts, the claim's amount is the total paid amount minus the total amount of claim-related refunds applied during the weekly cycle.
Nonclaim-related refunds	The total amount of nonclaim-related refunds applied during the weekly cycle.
Amount affecting 1099 earnings	The amount added for this week to the provider's earnings. This figure is the claim's amount minus any withheld or credit amounts. This column also shows weekly and year-to-date totals. The year-to-date IRS amount is the net total of reportable payments for tax purposes.
Held amount	The total amount withheld from the provider's payment.
Payment amount	Amount of the payout
Pending claims	The total amount billed for claims in process beginning with the cutoff date for the report.

6.1.5.1 Claims In Process

Claims that are in process appear in the section titled "The Following Claims are Being Processed." The R&S Report may list up to five EOPS messages per claim. The claims listed in this section are in process and *cannot* be resubmitted for any reason until they appear in either the "Claims - Paid or Denied," or "Adjustments - Paid or Denied" sections of the R&S Report. TMHP lists the pending status of these claims only for informational purposes. The pending messages should not be interpreted as a final claim disposition.

All claims and claims resubmitted for reconsideration that TMHP has in process are listed on the R&S report weekly. TMHP provides the following information on the R&S Report:

- Client name
- Claim number
- EOPS
- *International Classification of Diseases,* Tenth Revision, Clinical Modification (ICD-10-CM) number
- Initial date of service
- Billed charge (total billed)

6.1.5.2 EOB and EOPS Codes Section

The "Explanation of Benefits Codes Messages" section lists the descriptions of all EOBs and EOPS that appeared on the R&S Report. EOBs and EOPS appear in numerical order.

Electronic Data Interchange ANSI X12 5010 835 files will display the appropriate Claims Adjustment Reason Code (CARC), Claims Adjustment Group Code (CAGC), and Remittance Advice Remarks Code (RARC) explanation codes that are associated with EOB denials.

The 835 file will include the CARC, CAGC, and RARC explanation codes that are associated with the highest priority detail EOB to provide a clearer explanation for the denial.

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6.1.6 R&S Report Examples

The following pages provide examples of R&S Reports.

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6.1.6.1 Physician R&S Report Example: Banner Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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BANNER PAGE

39 (03/25/11 THROUGH 04/15/11) *****ATTENTION ALL CSHCN SERVICES PROGRAM PROVIDERS*****

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2011, NONSURGICAL VISION SERVICES PROCEDURES BENEFIT CRITERIA WILL CHANGE FOR THE CHILDREN WITH
SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM. DETAILS OF THESE CHANGES ARE AVAILABLE ON THE TMHP WEBSITE AT WWW.TMHP.COM.

FOR MORE INFORMATION, CALL THE TMHP-CSHCN SERVICES PROGRAM CONTACT CENTER AT 1-800-568-2413.

40 (03/25/11 THROUGH 04/15/11) *****ATTENTION ALL CSHCN SERVICES PROGRAM PROVIDERS*****

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2011, THE REIMBURSEMENT RATES FOR SOME PHYSICIAN-ADMINISTERED DRUG PROCEDURE CODES WILL CHANGE FOR THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM. DETAILS ARE AVAILABLE ON THE TMHP WEBSITE.

FOR MORE INFORMATION, CALL THE TMHP-CSHCN SERVICES PROGRAM CONTACT CENTER AT 1-800-568-2413.

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

YOUR AIS NUMBER IS 0000000-01
FOR AIS INQUIRY CALL TOLL FREE 1-(800) 568-2413
THE PROVIDER MANUAL PROVIDES DETAILS.
PHYSICAL ADDRESS ON RECORD:
TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234

(214) 555-4141

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6.1.6.2 Physician R&S Report Example: Blank Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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6.1.6.3 Physician R&S Report Example: Claims – Paid or Denied

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS
---SERVICE DATES---		-----BILLED-----		-----ALLOWED-----						

FROM	TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD
********** CLAIMS - PAID OR DENIED **********																
DOE, JANE 400020010200704400000000			CSN	999999900					01147							E119
000123456789																
03/22/2011	03/22/2011	1	92004	1.0	225.00	1.0	105.11	1	103.01	00475	01196					
03/22/2011	03/22/2011	1	92015	1.0	35.00	1.0	22.91	1	22.45	00475	01196					
					$260.00		$128.02		$125.46	CLAIM TOTAL						
PAID CLAIM TOTALS					$260.00		$128.02		$125.46							

****

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.

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6.1.6.4 Physician R&S Report Example: Blank Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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**********THIS PAGE INTENTIONALLY LEFT BLANK**********

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6.1.6.5 Physician R&S Report Example: Payment Summary Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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PAYMENT SUMMARY FOR CSHCN FOR TAX ID 987654321

	*** AFFECTING PAYMENT THIS CYCLE *** AMOUNT	COUNT	*** AMOUNT AFFECTING 1099 EARNINGS *** THIS CYCLE	YEAR TO DATE
CLAIMS PAID	125.46	1	125.46	333.49
SYSTEM PAYOUTS				
MANUAL PAYOUTS (REMITTED BY SEPARATE CHECK OR EFT)				
AMOUNT PAID TO IRS FOR LEVIES				
AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING				
ACCOUNTS RECEIVABLE RECOUPMENTS				
AMOUNTS STOPPED/VOIDED				
SYSTEM REISSUES				
CLAIM RELATED REFUNDS				
NON-CLAIM RELATED REFUNDS				
HELD AMOUNT				
PAYMENT AMOUNT	125.46		125.46	333.49

PENDING CLAIMS

**********PAYMENT TOTAL FOR CHECK 000000012345678 IN THE AMOUNT OF 125.46**********

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6.1.6.6 Physician R&S Report Example: Explanation of Benefits (EOB) Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code: CSN
Report Seq. Number: 35
R&S Number: 2460000

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EXPLANATION OF BENEFITS CODES MESSAGES

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00475	PAID ACCORDING TO THE TEXAS MEDICAID REIMBURSEMENT METHODOLOGY-TMRM (RELATIVE VALUE UNIT TIMES STATEWIDE CONVERSION FACTOR)
01147	PLEASE REFER TO OTHER EOB MESSAGES ASSIGNED TO THIS CLAIM FOR PAYMENT/DENIAL INFORMATION.
01196	THIS PAYMENT WAS REDUCED BY 2% IN ACCORDANCE WITH THE STATE'S SPENDING REDUCTION PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER FEBRUARY 1, 2011. PCS SERVICES ARE REDUCED BY 1%.

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOP CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

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6.1.6.7 Ambulatory Surgical Center (ASC) R&S Report Example: Banner Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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BANNER PAGE

39 (03/25/11 THROUGH 04/15/11) *****ATTENTION ALL CSHCN SERVICES PROGRAM PROVIDERS*****

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2011, NONSURGICAL VISION SERVICES PROCEDURES BENEFIT CRITERIA WILL CHANGE FOR THE CHILDREN WITH
SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM. DETAILS OF THESE CHANGES ARE AVAILABLE ON THE TMHP WEBSITE AT WWW.TMHP.COM.

FOR MORE INFORMATION, CALL THE TMHP-CSHCN SERVICES PROGRAM CONTACT CENTER AT 1-800-568-2413.

40 (03/25/11 THROUGH 04/15/11) *****ATTENTION ALL CSHCN SERVICES PROGRAM PROVIDERS*****

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 1, 2011, THE REIMBURSEMENT RATES FOR SOME PHYSICIAN-ADMINISTERED DRUG PROCEDURE CODES WILL CHANGE FOR THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM. DETAILS ARE AVAILABLE ON THE TMHP WEBSITE.

FOR MORE INFORMATION, CALL THE TMHP-CSHCN SERVICES PROGRAM CONTACT CENTER AT 1-800-568-2413.

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

YOUR AIS NUMBER IS 0000000-01
FOR AIS INQUIRY CALL TOLL FREE 1-(800) 568-2413
THE PROVIDER MANUAL PROVIDES DETAILS.
PHYSICAL ADDRESS ON RECORD:
TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234

(214) 555-5555

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6.1.6.8 ASC R&S Report Example: Adjustments R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS
---SERVICE DATES--- FROM / TO	TOS	PROC	-----BILLED----- QTY / CHARGE	-----ALLOWED----- QTY / CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD

********** ADJUSTMENTS - PAID OR DENIED **********

DOE, JANE 0000000000	40002303020110600000000			111111111	2222222				01147							M00071
02/18/2011	02/18/2011	F	28755	1.0	10,192.39	1.0	444.95	5	436.05	00325	00058	01196	TA			
					$10,192.39		$444.95		$436.05	CLAIM TOTAL						
SMITH, JOHN 0000000000	40002303020110620000000			111111111	2222222				01147							Q825
02/24/2011	02/24/2011	F	17108	1.0	6,334.31	1.0	235.23	5	230.53	00325	00058	01196				
					$6,334.31		$235.23		$230.53	CLAIM TOTAL						
PAID CLAIM TOTALS					$16,526.70		$680.18		$666.56							

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.

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6.1.6.9 ASC R&S Report Example: Blank Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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**********THIS PAGE INTENTIONALLY LEFT BLANK**********

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6.1.6.10 ASC R&S Report Example: Adjustments R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS
---SERVICE DATES--- FROM / TO	TOS	PROC	-----BILLED----- QTY / CHARGE	-----ALLOWED----- QTY / CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD
********** CLAIMS - PAID OR DENIED **********													
ADJUSTMENT CLAIM:													
DOE, JANE	40002303120110770000000	CSN	111111111	2222222		01147							N310
0000000000													
12/22/2010	12/22/2010	F	51798	1.0	1,430.00	.0	.00	5	.00	00572	00129	00954	
					$1,430.00		$.00		$.00	ADJUSTMENT CLAIM TOTAL			
00123	THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 40002303020110061231234 5												
ORIGINAL CLAIM:													
DOE, JOHN	40002301020110690000000	CSN	111111111	2222222		01147							N310
0000000000													
12/22/2010	12/22/2010	F	51798	1.0	1,430.00	.0	.00	5	.00	00572			
					$1,430.00		$.00		$.00	ORIGINAL CLAIM TOTAL			
ADJUSTMENT CLAIM:													
DOE, JAMES	40002303120110740000000	CSN	111111111	2222222		01147							K029
0000000000													
01/14/2011	01/14/2011	F	41899	1.0	6,211.15	1.0	504.00	5	498.96	00325	00149	01170	U3
					$6,211.15		$504.00		$498.96	ADJUSTMENT CLAIM TOTAL			

****

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.

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6.1.6.11 ASC R&S Report Example: Adjustments R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS
---SERVICE DATES---		-----BILLED-----		-----ALLOWED-----						
FROM / TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD

********** ADJUSTMENTS - PAID OR DENIED **********

00123 THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 400023030201100612312345

ORIGINAL CLAIM:

DOE, JANNET 0000000000	40002303120110460000000	0	CSN	111111111	2222222					01147					K029
01/14/2011	01/14/2011	F	41899	1.0	6,211.15	.0	.00	5	.00	0164	00R01			SG	
					$6,211.15		$.00		$.00	ORIGINAL CLAIM TOTAL					

00123 THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 400023030201100612312345

ADJUSTMENT CLAIM:

DOE, JOHNNY 0000000000	40002301020110760000000	0	CSN	111111111	2222222					01147					K029
02/18/2011	02/18/2011	F	41899	1.0	6,156.53	1.0	504.00	5	493.92	00325	00149		01196	U3	
					$6,156.53		$504.00		$493.92	ADJUSTMENT CLAIM TOTAL					

00123 THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 400023030201100612312345

ORIGINAL CLAIM:

DOE, JAMMIE 0000000000	40002303120110550000000	0	CSN	111111111	2222222					01147					K029
02/18/2011	02/18/2011	F	41899	1.0	6,156.53	.0	.00	5	.00	00958	00572		01170	EP	

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.

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6.1.6.12 ASC R&S Report Example: Adjustments R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOB	EOB	EOB	EOB	DIAGNOSIS
---SERVICE DATES--- FROM	TO	TOS	PROC	-----BILLED----- QTY	CHARGE	-----ALLOWED----- QTY	CHARGE	POS	PAID AMT	EOB	EOB	EOB	EOB	EOB	MOD	MOD

********** ADJUSTMENTS - PAID OR DENIED **********

CONTINUED FROM PREVIOUS PAGE

DOE, JAMMIE 40002303120110550000000 0000000000 CSN 111111111

	$6,156.53	$.00	$.00 ORIGINAL CLAIM TOTAL
PAID CLAIM TOTALS	$13,797.68	$1,008.00	$992.88

****

IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.

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6.1.6.13 ASC R&S Report Example: Blank Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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**********THIS PAGE INTENTIONALLY LEFT BLANK**********

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6.1.6.14 ASC R&S Report Example: Claims in Process R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOPS	EOPS	EOPS	EOPS	DIAGNOSIS
---SERVICE DATES---		-----BILLED-----		-----ALLOWED-----						
FROM / TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOPS	EOPS	EOPS	EOPS	EOPS	MOD	MOD
DOE, JAKE	40002303020110730000000		111111111	2222222											J353
0000000000															
03/07/2011	03/07/2011	F	42820	1.0	6,878.36			00I03							
					$6,878.36										
DOE, JOE	40002303020110730000000		111111111	2222222											M899
0000000000															
02/11/2011	02/11/2011	F	29891	1.0	10,421.30			00I03					RT		
					$10,421.30										
DOE, DAVE	40002303020110760000000		111111111	2222222											R51
0000000000															
03/11/2011	03/11/2011	F	62270	1.0	7,690.00			00I03							
					$7,690.00										

********** THE FOLLOWING CLAIMS ARE BEING PROCESSED **********

THE EXPLANATION OF PENDING STATUS (EOPS) CODES LISTED ARE NOT FINAL CLAIM DENIALS OR PAYMENT DISPOSITIONS. THE EOPS CODES IDENTIFY THE REASONS WHY A CLAIM IS IN PROCESS. BECAUSE THESE CLAIMS ARE CURRENTLY IN PROCESS, NEW INFORMATION CANNOT BE ACCEPTED TO MODIFY THE CLAIM UNTIL THE CLAIM FINALIZES AND APPEARS AS FINALIZED ON YOUR R&S REPORT. PLEASE REFER TO THE LAST SECTION OF THIS REPORT FOR THE MESSAGES THAT CORRESPOND TO THE EOPS CODES USED ON THIS REPORT.

****

IF YOUR CLAIM HAS NOT APPEARED ON ANY R&S REPORT AS PAID, DENIED OR PENDING WITHIN 30 DAYS OF SUBMISSION TO TMHP, PLEASE CONTACT TELEPHONE INQUIRY AT 1-800-925-9126 AND/OR SEE CLAIMS FILING INSTRUCTIONS IN YOUR PROVIDER MANUAL.

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6.1.6.15 ASC R&S Report Example: Claims in Process R&S Report

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PATIENT NAME / PATIENT ACCT #	CLAIM NUMBER	BENEFIT	CSHCN #	MEDICAL RECORD #	MEDICARE #	EOPS	EOPS	EOPS	EOPS	DIAGNOSIS
---SERVICE DATES---		-----BILLED-----		-----ALLOWED-----						

FROM	TO	TOS	PROC	QTY	CHARGE	QTY	CHARGE	POS	PAID AMT	EOPS	EOPS	EOPS	EOPS	EOPS	MOD	MOD

********** THE FOLLOWING CLAIMS ARE BEING PROCESSED **********

THE EXPLANATION OF PENDING STATUS (EOPS) CODES LISTED ARE NOT FINAL CLAIM DENIALS OR PAYMENT DISPOSITIONS. THE EOPS CODES IDENTIFY THE REASONS WHY A CLAIM IS IN PROCESS. BECAUSE THESE CLAIMS ARE CURRENTLY IN PROCESS, NEW INFORMATION CANNOT BE ACCEPTED TO MODIFY THE CLAIM UNTIL THE CLAIM FINALIZES AND APPEARS AS FINALIZED ON YOUR R&S REPORT. PLEASE REFER TO THE LAST SECTION OF THIS REPORT FOR THE MESSAGES THAT CORRESPOND TO THE EOPS CODES USED ON THIS REPORT.

PENDING CLAIM TOTALS $24,989.66

****

IF YOUR CLAIM HAS NOT APPEARED ON ANY R&S REPORT AS PAID, DENIED OR PENDING WITHIN 30 DAYS OF SUBMISSION TO TMHP, PLEASE CONTACT TELEPHONE INQUIRY AT 1-800-925-9126 AND/OR SEE CLAIMS FILING INSTRUCTIONS IN YOUR PROVIDER MANUAL.

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6.1.6.16 ASC R&S Report Example: Payment Summary Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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PAYMENT SUMMARY FOR CSHCN FOR TAX ID 987654321

	*** AFFECTING PAYMENT THIS CYCLE *** AMOUNT	COUNT	*** AMOUNT AFFECTING 1099 EARNINGS *** THIS CYCLE	YEAR TO DATE
CLAIMS PAID	1,659.46	5	1,659.46	10,718.85
SYSTEM PAYOUTS				
MANUAL PAYOUTS (REMITTED BY SEPARATE CHECK OR EFT)				
AMOUNT PAID TO IRS FOR LEVIES				
AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING				
ACCOUNTS RECEIVABLE RECOUPMENTS				
AMOUNTS STOPPED/VOIDED				
SYSTEM REISSUES				
CLAIM RELATED REFUNDS				
NON-CLAIM RELATED REFUNDS				
HELD AMOUNT				
PAYMENT AMOUNT	1,659.46		1,659.46	10,718.85

PENDING CLAIMS 24,989.66

**********PAYMENT TOTAL FOR CHECK 000000012345678 IN THE AMOUNT OF 1,659.46**********

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6.1.6.17 ASC R&S Report Example: Explanation of Benefits (EOB) Page

Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 04/08/2011

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

TEXAS ASC PROVIDER
PO BOX 959595
HOUSTON, TX 75999-1234
(214) 555-5555

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

TPI: 7654321-02
NPI/API: 0987654321
Taxonomy: 111100000X
Benefit Code: CSN
Report Seq. Number: 13
R&S Number: 1230000

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EXPLANATION OF BENEFITS CODES MESSAGES

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00058	PROCEDURE PAYMENT DETERMINED BY PROGRAM/BENEFIT PLAN, LOCALITY/SPECIALTY, DATE OF SERVICE AND BILLED AMOUNT.
00129	PAYMENT REDUCED BY MEDICAL REVIEWER.
00149	PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE, AND A MAXIMUM PAYMENT AMOUNT SET BY HCFA OR TDH.
00164	THESE SERVICES ARE NOT IN ACCORDANCE WITH MEDICAL POLICY.
00325	FOR INPATIENT SERVICES, PAID AMOUNT REDUCED BY 20% EFF 9/1/94. FOR OUT PATIENT SVCS, PAID AMOUNT REDUCED BY 17.3% EFF 9/1/99 OR 20% EFF 9/1/94-8/31/99.
00572	IT IS MANDATORY THAT AUTHORIZATION BE OBTAINED. DUE TO LACK OF APPROVAL, THE SERVICE IS NON-PAYABLE.
00954	THE AUTHORIZATION NUMBER USED ON THIS CLAIM IS NOT VALID FOR THE DATE OF SERVICE.
00958	THIS IS NOT A VALID PROCEDURE CODE AND OR MODIFIER FOR THIS DATE OF SERVICE. RESUBMIT WITH A VALID PROCEDURE CODE AND OR MODIFIER.
01147	PLEASE REFER TO OTHER EOB MESSAGES ASSIGNED TO THIS CLAIM FOR PAYMENT/DENIAL INFORMATION.
01170	THIS PAYMENT WAS REDUCED BY 1% IN ACCORDANCE WITH THE STATE'S SPENDING REDUCTION PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER SEPTEMBER 1, 2010.
01196	THIS PAYMENT WAS REDUCED BY 2% IN ACCORDANCE WITH THE STATE'S SPENDING REDUCTION PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER FEBRUARY 1, 2011. PCS SERVICES ARE REDUCED BY 1%.

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOP CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00I03	OUR FILES INDICATE AN AUTHORIZATION INFORMATION MISMATCH.
00R01	THIS CLAIM IS SUSPENDED FOR POSSIBLE CUTBACK OR MANUAL PRICING REVIEW.

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6.2 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

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