

Mike Escaname

From: Eddie Olivarez [eddie.olivarez@hchd.org]
Sent: Tuesday, August 09, 2011 8:30 PM
To: Mike Escaname
Subject: Fwd: Title V Prenatal Contractor: Hidalgo Co Health Department



FY12 Prenatal
Reimbursement Ra..

----- Original Message -----

Subject: Title V Prenatal Contractor: Hidalgo Co Health Department
From: "Gutierrez, Lucille (DSHS)" <Lucille.Gutierrez@dshs.state.tx.us>
To: eddie.olivarez@hchd.org, <lydia.serna@hchd.org>, <mike.escaname@hchd.org>
CC:

Attached is the FY12 Prenatal Reimbursement Rate Worksheet.

Thank you, Lucille T. Gutierrez, Contract Development & Support Branch -
Tele: 512/776-3051 Fax: 512/776-7521

-----Original Message-----

From: Gutierrez, Lucille (DSHS)
Sent: Tuesday, August 09, 2011 9:16 AM
Subject: Title V Prenatal Contractor: Hidalgo Co Health Department

Dear FY 2012 Title V Prenatal Contractor: Hidalgo Co Health Department

The Department of State Health Services (DSHS) desires to renew our contract with your agency for FY12 to provide Title V Prenatal Services. This funding award is based upon your agency's Title V prenatal expenditures and DSHS available funding.

The contract award amount your organization will receive for the contract period, September 1, 2011 through August 31, 2012 is listed below:

FY12 Prenatal Contract Amount = \$165,909
Activity Code 185 Amount = \$51,860
Activity Code 186 Amount = \$114,049

Attached, please find the FY12 Title V Fee-for-Service Prenatal Contract Renewal Application. Influenza CPT Codes 90656 and 90658 codes have been added for FY12. The Title V Prenatal billing support worksheets, utilizing FY11 reimbursement rates, are also attached for informational purposes only. Please note that the Renewal Application is broken into two separate attachments—one is an Adobe document, which contains general contractor info (such as the Face Page), and the other is a Word document. The Word document can be found as an attachment to the Adobe document—in other words, this e-mail only has one attachment, but the other attachment(s) can be accessed by opening the Adobe document.

After completely filling out the Adobe document, you will submit by clicking the submit button directly on the form. This information will be sent to a central database containing contractor contact information. The following forms must be submitted as an Adobe document:

- * FORM A: Face Page - completed, with proper signatures and date included
- * FORM B: Texas Counties and Regions List in Alphabetical Order -

Check Counties to be Served

- * FORM C: Contact Person Information - completed and included
- * FORM D: Prenatal Clinic Sites - completed and included
- * FORM G: Title V Subcontractor Information - completed and included if applicable

After completing all information in the Word document, please make sure that your organization's name is on the top of every page. The following forms must be submitted as a Word document attachment via email to cdsb@dshs.state.tx.us:

- * FORM E: Title V Prenatal Services Ceiling Request and Performance Measures - completed and included
- * FORM F: Service Delivery Plan (including Updated organizational chart, which is not included in the 3 page-limit) - completed and included
- * FORM H: Title V Fee for Service Project Assurances - completed and included
- * FORM I: Child Support Certification - completed and included if applicable

To renew your organization's contract for FY12, please complete and submit the renewal application by COB, DST, August 12, 2011. If your organization chooses not to renew your current contract, please notify your assigned contract manager by the same date. Failure to submit a renewal application will result in termination of the contract at conclusion of this current fiscal year (August 31, 2011).

The official award document is a contract that contains terms and conditions including program and financial requirements, and a budget. The contractual agreement is not legally binding until signed by authorized representatives of both parties (fully executed). This notification letter does not authorize your agency to expend funds that will be awarded under the contract. Only allowable expenditures incurred during the term specified in the contract are reimbursable. Expenditures incurred beginning September 1, 2011 will be honored and reimbursed once the contract is fully executed.

If you have questions about the contract renewal application, please contact Jana Richardson at jana.richardson@dshs.state.tx.us or 512-776-3049 or Vickie Estrada at vickie.estrada@dshs.state.tx.us or 512-776-2614.

If you have any questions about the Adobe format or need additional clinic site and/or subcontractor forms, please contact Lucille Gutierrez at lucille.gutierrez@dshs.state.tx.us or 512-776-3051.

We appreciate your participation in the provision of prenatal services in your community.

Click the attachment to open the form in Acrobat or Adobe Reader. When you are finished, click Submit to return your data to the form author.

Get the free latest version of Adobe Reader from: <http://www.adobe.com/go/reader>