
DY4 Advance UC Payment IGT Notification

From : HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>

Wed, Sep 23, 2015 04:28 PM

Subject : DY4 Advance UC Payment IGT Notification 4 attachments

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Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY4 Advance UC Payment.

Dates pertinent to this payment:

10/6/15	Last day to submit your IGT into TexNet
10/7/15	IGT Settlement date
10/16/15	Pay Transferring Hospitals, i.e. Large public hospitals, as defined in 1 Tex. Admin. Code §355.8201(b)(14)
10/30/15	Pay all other UC Providers- Public entities will be paid as soon as possible after October 16 th , with the private entities also being paid as soon as possible but no later than October 30 th .

Attached to this email are the following documents:

- DY4 Advance UC Payment spreadsheet
- Master Affiliation as of 09_23_15 for Distribution spreadsheet;
- DY4 UC Allocation Form

The amount that needs to be submitted into TexNet is in Column AK. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number and IGT amount if the TexNet is submitted over the phone, to RAD_UC_Payments@hhsc.state.tx.us. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities that are IGT'ing for multiple providers may submit one lump sum IGT for their affiliates. All IGTs, even for entities submitting IGT for themselves, must complete the attached allocation form. If a Trace Sheet is received without an IGT allocation form HHSC will allocate the IGT received in accordance with 1 Tex. Admin. Code §355.8201(h)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8201(h)(i), each hospital owned by or affiliated with the

governmental entity will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all hospitals owned by or affiliated with that governmental entity.

In accordance with 1 Tex. Admin. Code §355.8201(h)(ii)(C), if a government entity transfers more than the maximum IGT amount that can be provided for that hospital, and that hospital is affiliated with multiple governmental entities, then HHSC will calculate the amount of IGT funds necessary to fund the hospital's payment and HHSC will issue a pro-rata refund to the governmental entity/entities identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

If you have questions regarding the UC payment process, please send an email to RAD_UC_Payments@hhsc.state.tx.us.

HHSC Hospital Rate Analysis

Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030



Texas Medicaid must comply with federal regulations, which now requires all providers to revalidate their enrollment information every three to five years. In accordance with this federal mandate, Texas Medicaid requires all providers that enrolled before January 1, 2013 to re-enroll by March 24, 2016. Providers can begin this process immediately. Providers can find more information about the federal mandate [here](#). TMHP will hold workshops in various locations around the state, so that providers will have the opportunity to receive personalized help with the re-enrollment process. Providers will be informed of the locations of the workshops, along with specific dates and times, in upcoming articles at TMHP.com. Providers are also encouraged to contact a TMHP provider enrollment representative for guidance on the re-enrollment process. To do this, call the TMHP Contact Center at 1-800-925-9126, Option 2.



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Master Affiliation as of 9_22_15 for Distribution.xlsx
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DY4 UC Allocation Form.xlsx
16 KB



Advance-2015 DY 4 UC Payment Calculation -9-23-15.xlsx
430 KB

