Texas Health and Human Services

Form 111

FOR HHSC USE ONLY	
Date Received	Date Returned to County

COUNTY INDIGENT HEALTH CARE PROGRAM
FACILITY PAYMENT RATE REQUEST

County	Submitted by	Fax Number	Telephone Number	Date Submitted to HHSC

Name of Facility:	**HHSC PAYABLE** **Please check ☐ for rate(s) requested**
Facility's 10-digit National Provider Identifier (NPI) #:	☐ Inpatient Rate:
Address of Facility:	☐ Outpatient Rate:
County of Facility	☐ Rate Per Visit:

Name of Facility:	**HHSC PAYABLE** **Please check ☐ for rate(s) requested**
Facility's 10-digit National Provider Identifier (NPI) #:	☐ Inpatient Rate:
Address of Facility:	☐ Outpatient Rate:
County of Facility	☐ Rate Per Visit:

Name of Facility:	**HHSC PAYABLE** **Please check ☐ for rate(s) requested**
Facility's 10-digit National Provider Identifier (NPI) #:	☐ Inpatient Rate:
Address of Facility:	☐ Outpatient Rate:
County of Facility	☐ Rate Per Visit:

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 HHSC Use Only*.

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

Fax the Form 111 to 512-776-7203.

File one copy of the HHSC-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 HHSC-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 HHSC.

Facility Rate Request. Enter the facility's name, address, and 10-digit Medicaid National Provider Identifier (NPI) number. If this information is not included on the claim, contact the provider for it.

HHSC Payable.

HHSC enters the payment rate, if available.

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

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

The listed *HHSC 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.