



# **Texas Hospital UC Tool**

## **DSH Section**

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**DSH Program Lead**



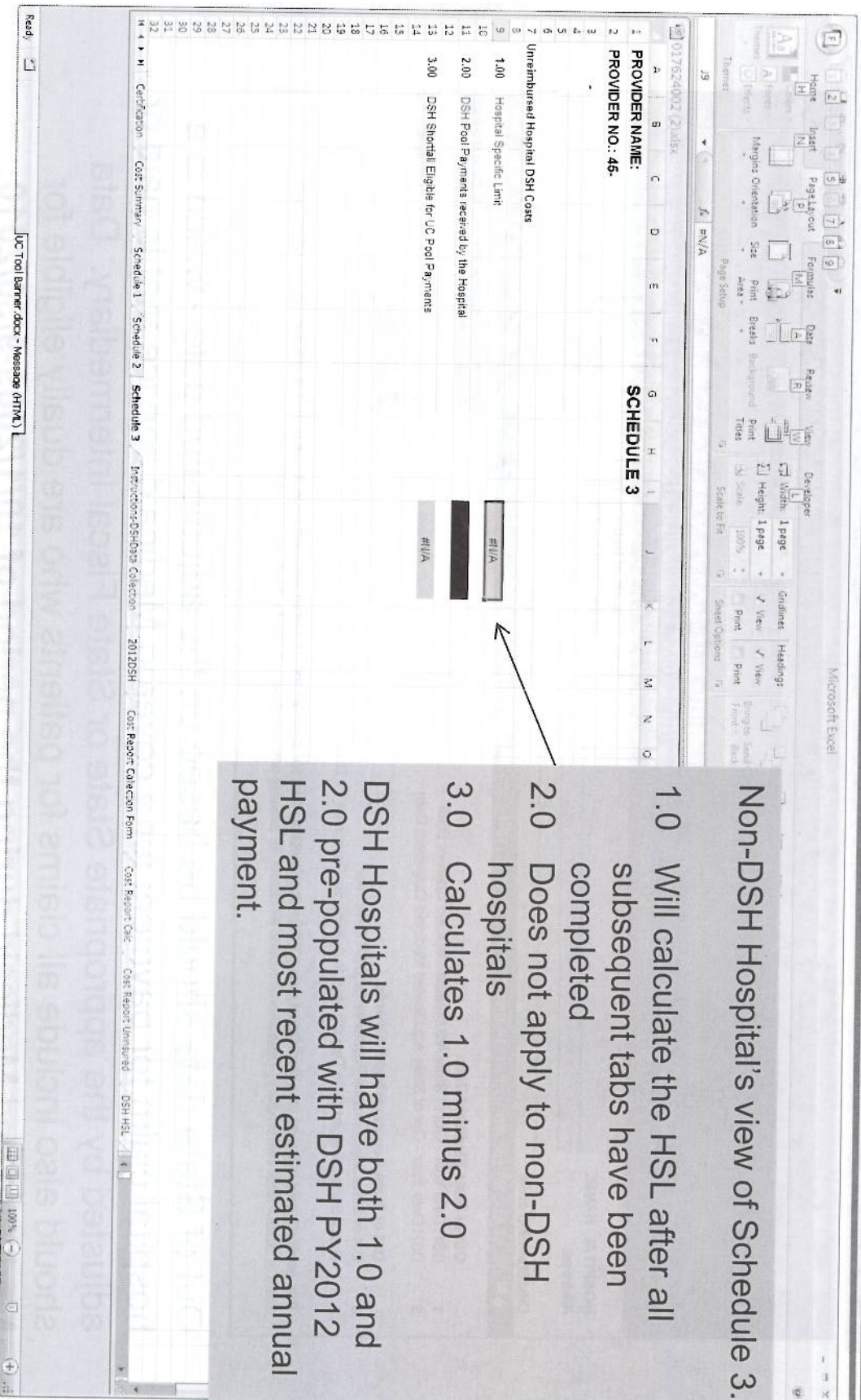
# Texas Hospital UC Tool DSH Section

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- DSH data is being used to reduce the burden on hospitals in the completion of the TXHUC tool; the schedules from the hospital's DSH application have been included. This will allow hospitals that did not apply for DSH to have their hospital specific limits (HSL) computed. The HSL will be used as the basis to calculate the shortfall eligible for 1115 Waiver payments to hospitals.
- All Hospital providers must access their provider specific tool which will be identified by TPI.
- Non-DSH hospitals will complete the DSH application and Cost Report collection tabs. The tool will be pre-populated with provider specific information. Once all data is completed a hospital will have visibility to their estimated HSL on Schedule 3.
- DSH Program Year 2012 hospitals will not have visibility to these tabs, their Schedule 3 will be pre-populated with their HSL and estimated DSH payments. Cost report worksheets will not need to be submitted by DSH hospitals.

# Texas Hospital UC Tool DSH Section – Schedule 3



The screenshot shows an Excel spreadsheet with the following data in the first column (A):

| Row | Column A   |
|-----|--|
| 1   | PROVIDER NAME:                                   |
| 2   | PROVIDER NO.: 45-                                |
| 3   |  |
| 4   |  |
| 5   |  |
| 6   |  |
| 7   | Unreimbursed Hospital DSH Costs                  |
| 8   |  |
| 9   | 1.00 Hospital Specific Limit                     |
| 10  |  |
| 11  | 2.00 DSH Pool Payments received by the hospital  |
| 12  |  |
| 13  | 3.00 DSH Shortfall Eligible for UC Pool Payments |
| 14  |  |
| 15  |  |
| 16  |  |
| 17  |  |
| 18  |  |
| 19  |  |
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| 29  |  |
| 30  |  |
| 31  |  |
| 32  |  |

The callout box contains the following text:

Non-DSH Hospital's view of Schedule 3.

- 1.0 Will calculate the HSL after all subsequent tabs have been completed
- 2.0 Does not apply to non-DSH hospitals
- 3.0 Calculates 1.0 minus 2.0

DSH Hospitals will have both 1.0 and 2.0 pre-populated with DSH PY2012 HSL and most recent estimated annual payment.



# Texas Hospital UC Tool

## DSH Application Out of State Data

### DISPROPORTIONATE SHARE HOSPITAL (DSH) APPLICATION FOR 2012 PROGRAM YEAR

UC Pool Program Year (10-1-2011 through 9-30-2012)

DSH Data Year (10-1-2009 through 9-30-2010)

All information provided on this form is subject to audit in accordance with 1 TAC 355.8065

**THIS SCHEDULE MUST BE COMPLETED BY ALL HOSPITALS WHO DID NOT SUBMIT A DSH APPLICATION AND WANT TO INCLUDE THEIR MEDICAID SHORTFALL AND UNCOMPENSATED CARE COSTS IN THEIR UC POOL APPLICATION**

\*Use TPI# off of HHSC's DSH Application Letter

HOSPITAL NAME:  
Address:

TPI#  
NPI#

City/State/Zip code

County Name:

#### OF STATE MEDICAID DATA FOR DSH DATA YEAR 2010 (10-1-2009 THROUGH 9-30-2010)

##### Out of State Medicaid Data

- 1 DSH Data Year - Out of State Adjudicated Medicaid Inpatient Data
- 2 DSH Data Year - Out of State Adjudicated Medicaid Outpatient Data

| CHARGES \$ | PAYMENTS \$ | DAYS |
|------------|-------------|------|
|            |             |      |

##### Out of State Supplemental Payments

- 3 Out of State Supplemental Payments for DSH Data Year
- 4 Out of State Managed Care Organization Supplemental Payments for DSH

| PAYMENTS \$ |
|-------------|
|             |

This section's data is based on **adjudicated date** - Which is a hospital claim for payment for a covered Medicaid service that is paid or adjusted by the appropriate State or State Fiscal Intermediary. Data should include all claims for patients who are dually eligible for Medicare and Medicaid.

Out of State data should be based on the adjudicated date - which is a hospital claim for payment for a covered Medicaid service that is paid or adjusted by the appropriate State or State Fiscal Intermediary. Data should also include all claims for patients who are dually eligible for Medicare and Medicaid during the period of **10/1/2009-9/30/2010**.



TEXAS  
Health and Human  
Services Commission

# Texas Hospital UC Tool

## DSH Application Uninsured Data

UNINSURED CHARGES & PAYMENTS FOR DSH DATA YEAR 2010 (10-1-2009 THROUGH 9-30-2010)

The following material is meant to help a hospital determine its uninsured charges and payments for the DSH program. This is not an exhaustive list and HHSC recommends hospitals review the final DSH Audit Rule, published December 19, 2008, Federal Register pages 77903 to 77952.

**UNINSURED DEFINITION:** The uninsured section of the DSH program refers to the charges associated with providing inpatient and outpatient hospital services to uninsured patients minus the payments (revenues) actually received from or made on behalf of the patient. **Uninsured patients do not have a third party payer source**, where a third party payer refers to creditable coverage consistent with the definitions under 45 CFR Parts 144 and 146 as well as coverage from a legally liable third party payer. Hospitals should make every effort to ensure that a patient does not have a valid form of insurance before including the patient in the DSH uninsured program.

**CHARGES:** Report inpatient and outpatient hospital charges incurred for services to uninsured patients with dates of service during the DSH Data year. HHSC will convert uninsured charges to uninsured costs using a ratio(s) of cost-to-charges (inpatient and outpatient hospital services). HHSC will reduce uninsured costs by the amount of uninsured payments from or made on behalf of an uninsured patient received by the hospital during the DSH Data year to derive the net uninsured costs. Services provided to the uninsured should be consistent with the definitions of eligible inpatient and outpatient services stated in Texas' Medicaid State Plan.

### UNINSURED DATA

**Uninsured Charges:** HHSC asks hospitals to report their charges for inpatient and outpatient services delivered to persons without health insurance or other source of third party payment with dates of service during the DSH data year. It is important to report the charges for which no payment has been made to the hospital by another third party.

Charges for services delivered to patients eligible for Medicaid or Medicare must be excluded from the report. Services provided to the uninsured should be consistent with the definitions of eligible inpatient and outpatient services stated in Texas' Medicaid State Plan.

**Uninsured Payments:** Report all payments received for patients with dates of service during the DSH Data year as well as payments received for prior year(s) uninsured patients. Payments will not include insurance payments for covered patients as they are not considered uninsured. A payment received is any payment from an uninsured patient or from a third party on the patient's behalf.

# Texas Hospital UC Tool

## DSH Application - Uninsured Data Cont'd

**New for 2012 - note that uninsured charges and payments are now defined during the DSH data year instead of admitted in the DSH data year.**

Hospitals must exclude the following charges:

- Services for inmates or other incarcerated individuals;
- Outpatient pharmacy services;
- Physician and professional services not bill under the hospital's TPI;
- Services paid for with public employees worker's compensation programs;
- Duplicated uninsured charges;
- Services that are not medically necessary;
- Services paid in total or in part by a third party payer, including amounts associated with unpaid co-pays, deductibles for individuals with third party coverage, other bad debt or payer discounts related to services furnished to individuals who have health insurance or other third party payer;
- Any patient who has any third party payer under the 45 CFR Parts 144 and 146, no matter how insignificant the payment is;
- Medicaid or CHIP eligible individuals; and
- Services that would not be covered under Medicaid had the individual been

Hospitals should include the following charges:

- Provider discounts for uninsured charges (these discounts are not revenues, but are part of costs);
- Services provided to undocumented residents;
- All other inpatient services provided to uninsured patients; and
- All other outpatient services provided to uninsured patients.

**New in 2012 - an IMD may report charges for services that would be covered by Medicaid that were provided during the DSH data year to Medicaid eligible patients between the ages of 21 and 64.**

|   | Description                      | CHARGES \$ | Days |
|---|----------------------------------|------------|------|
| 5 | Uninsured Inpatient Charge Data  |            |      |
| 6 | Uninsured Outpatient Charge Data |            |      |

**PAYMENTS:** Report all payments received for patients with dates of service during the DSH Data year, including payments that may have been from prior year(s) uninsured claims. Payments will not include insurance payments for covered patients as they are not considered uninsured. A payment received is any payment from an uninsured patient or from a third party on the patient's behalf (see Uninsured Definition at the top of the page).

Hospitals should exclude the following payments:

- Payments made by state-only or local-only government programs for indigent patients.

Hospitals must include the following payments:

- Emergency health services furnished to undocumented aliens under Section 1011 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pub. L. No. 108-173;
- Other allowable State and Federal Payment such as Tobacco Funds;
- All other inpatient payments provided for uninsured patients; and
- All other outpatient payments provided for uninsured patients.

|    | Description                                | PAYMENTS \$ |
|----|--|-------------|
| 7  | Section 1011 Payments                      |             |
| 8  | Other allowable State and Federal Payments |             |
| 9  | Uninsured Inpatient Payments               |             |
| 10 | Uninsured Outpatient Payments              |             |

# Texas Hospital UC Tool

## DSH Cost Report Collection

Hospital Name: 
 Hospital Year Ending: 
 Hospital State: 
 Hospital Type: 
 Hospital Size: 
 Hospital Bed Count:

Part Cost Report Period 1: 
 Part Cost Report Period 2:

Routine Services: 
 Routine Services:

Hospital Activity Services: 
 Hospital Activity Services:

| DSH Line | Code Center | Part Cost Report 1<br># of Days | Part Cost Report 2<br># of Days | Part Cost Report 1<br>GME Credits | Part Cost Report 2<br>GME Credits |
|----------|-------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| 1        | 1           |                                 |                                 |                                   |                                   |
| 2        | 2           |                                 |                                 |                                   |                                   |
| 3        | 3           |                                 |                                 |                                   |                                   |
| 4        | 4           |                                 |                                 |                                   |                                   |
| 5        | 5           |                                 |                                 |                                   |                                   |
| 6        | 6           |                                 |                                 |                                   |                                   |
| 7        | 7           |                                 |                                 |                                   |                                   |
| 8        | 8           |                                 |                                 |                                   |                                   |
| 9        | 9           |                                 |                                 |                                   |                                   |
| 10       | 10          |                                 |                                 |                                   |                                   |
| 11       | 11          |                                 |                                 |                                   |                                   |
| 12       | 12          |                                 |                                 |                                   |                                   |
| 13       | 13          |                                 |                                 |                                   |                                   |
| 14       | 14          |                                 |                                 |                                   |                                   |
| 15       | 15          |                                 |                                 |                                   |                                   |
| 16       | 16          |                                 |                                 |                                   |                                   |
| 17       | 17          |                                 |                                 |                                   |                                   |
| 18       | 18          |                                 |                                 |                                   |                                   |
| 19       | 19          |                                 |                                 |                                   |                                   |
| 20       | 20          |                                 |                                 |                                   |                                   |
| 21       | 21          |                                 |                                 |                                   |                                   |
| 22       | 22          |                                 |                                 |                                   |                                   |
| 23       | 23          |                                 |                                 |                                   |                                   |
| 24       | 24          |                                 |                                 |                                   |                                   |
| 25       | 25          |                                 |                                 |                                   |                                   |
| 26       | 26          |                                 |                                 |                                   |                                   |
| 27       | 27          |                                 |                                 |                                   |                                   |
| 28       | 28          |                                 |                                 |                                   |                                   |
| 29       | 29          |                                 |                                 |                                   |                                   |
| 30       | 30          |                                 |                                 |                                   |                                   |
| 31       | 31          |                                 |                                 |                                   |                                   |
| 32       | 32          |                                 |                                 |                                   |                                   |
| 33       | 33          |                                 |                                 |                                   |                                   |
| 34       | 34          |                                 |                                 |                                   |                                   |
| 35       | 35          |                                 |                                 |                                   |                                   |
| 36       | 36          |                                 |                                 |                                   |                                   |
| 37       | 37          |                                 |                                 |                                   |                                   |
| 38       | 38          |                                 |                                 |                                   |                                   |
| 39       | 39          |                                 |                                 |                                   |                                   |
| 40       | 40          |                                 |                                 |                                   |                                   |
| 41       | 41          |                                 |                                 |                                   |                                   |
| 42       | 42          |                                 |                                 |                                   |                                   |
| 43       | 43          |                                 |                                 |                                   |                                   |
| 44       | 44          |                                 |                                 |                                   |                                   |
| 45       | 45          |                                 |                                 |                                   |                                   |
| 46       | 46          |                                 |                                 |                                   |                                   |
| 47       | 47          |                                 |                                 |                                   |                                   |
| 48       | 48          |                                 |                                 |                                   |                                   |
| 49       | 49          |                                 |                                 |                                   |                                   |
| 50       | 50          |                                 |                                 |                                   |                                   |
| 51       | 51          |                                 |                                 |                                   |                                   |
| 52       | 52          |                                 |                                 |                                   |                                   |
| 53       | 53          |                                 |                                 |                                   |                                   |
| 54       | 54          |                                 |                                 |                                   |                                   |
| 55       | 55          |                                 |                                 |                                   |                                   |
| 56       | 56          |                                 |                                 |                                   |                                   |
| 57       | 57          |                                 |                                 |                                   |                                   |
| 58       | 58          |                                 |                                 |                                   |                                   |
| 59       | 59          |                                 |                                 |                                   |                                   |
| 60       | 60          |                                 |                                 |                                   |                                   |
| 61       | 61          |                                 |                                 |                                   |                                   |
| 62       | 62          |                                 |                                 |                                   |                                   |
| 63       | 63          |                                 |                                 |                                   |                                   |
| 64       | 64          |                                 |                                 |                                   |                                   |
| 65       | 65          |                                 |                                 |                                   |                                   |
| 66       | 66          |                                 |                                 |                                   |                                   |
| 67       | 67          |                                 |                                 |                                   |                                   |
| 68       | 68          |                                 |                                 |                                   |                                   |
| 69       | 69          |                                 |                                 |                                   |                                   |
| 70       | 70          |                                 |                                 |                                   |                                   |
| 71       | 71          |                                 |                                 |                                   |                                   |
| 72       | 72          |                                 |                                 |                                   |                                   |
| 73       | 73          |                                 |                                 |                                   |                                   |
| 74       | 74          |                                 |                                 |                                   |                                   |
| 75       | 75          |                                 |                                 |                                   |                                   |
| 76       | 76          |                                 |                                 |                                   |                                   |
| 77       | 77          |                                 |                                 |                                   |                                   |
| 78       | 78          |                                 |                                 |                                   |                                   |
| 79       | 79          |                                 |                                 |                                   |                                   |
| 80       | 80          |                                 |                                 |                                   |                                   |
| 81       | 81          |                                 |                                 |                                   |                                   |
| 82       | 82          |                                 |                                 |                                   |                                   |
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| 85       | 85          |                                 |                                 |                                   |                                   |
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| 91       | 91          |                                 |                                 |                                   |                                   |
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| 93       | 93          |                                 |                                 |                                   |                                   |
| 94       | 94          |                                 |                                 |                                   |                                   |
| 95       | 95          |                                 |                                 |                                   |                                   |
| 96       | 96          |                                 |                                 |                                   |                                   |
| 97       | 97          |                                 |                                 |                                   |                                   |
| 98       | 98          |                                 |                                 |                                   |                                   |
| 99       | 99          |                                 |                                 |                                   |                                   |
| 100      | 100         |                                 |                                 |                                   |                                   |

TOTAL GME: 
 TOTAL CHARGES: 
 TOTAL UNINSURED CHARGES:

**COST REPORT COLLECTION TAB**  
**(Feeds the Cost Report Calc & the Cost Report Uninsured tab).**

Complete the Cost Report Collection form using the worksheets identified in the instructions tab from your hospital's fiscal year 2010 cost report.

If the period covered by the cost report is for less than the 12-month DSH data year, complete the form using the most recent reporting periods that in the aggregate will be for the requested 12 months.

- If the cost report is for more than 12 months, please report the full period.
- Please follow the guidelines below when completing the Cost Center Collection Form:
- Hospital Total Days and Charges are used to determine the Medicaid and uninsured allocation of reported charges and applicable costs.
  - Non-Medicaid hospital allowable cost centers (i.e. below rows 62) should not be included;
  - All Cost reported charges for Routine Cost Center Per Diems should have corresponding allocations of Medicaid and Uninsured reported charges;
  - The cost center ratios as determined within the cost report (worksheet C) will be used as the basis for cost determination. PCCM claims should be combined with Fee for Service Claims and entered under the Medicaid column. Hospitals may use Col 25 that includes GME credits instead of Col 27, but will have to calculate a RCC.



# Texas Hospital UC Tool DSH Cost Report Collection Cont'd

## COST REPORT COLLECTION TAB - Continued (Feeds the Cost Report Calc. & the Cost Report Uninsured tab).

Hospital staff should use the following cost report worksheets to report costs to charge ratios, days, per diems, charges and RCCs.

| Worksheet        | Worksheet Name  | Column                                 |
|------------------|---|--|
| S-3, Part I      | Hospital and Hospital Health Care Complex Statistical Data  | 6 Total All Patients                   |
| D-1, Part II     | Computation of Inpatient Operating Cost Title XIX -I/P  | 3 and Average Per Diem Line 38         |
| C Part I         | Computation of Ratio of Costs to Charges Special Title XIX Worksheet  | 6 Inpatient Charges                    |
| C Part I         | Computation of Ratio of Costs to Charges Special Title XIX Worksheet  | 7 Outpatient Charges                   |
| C Part I ratios  | Computation of Ratio of Costs to Charges Use this if your hospital does <u>not</u> have GME   | 9 Cost to charge                       |
| B Part I for GME | Use this worksheet if your hospital does have GME<br>A Hospital with GME will have to compute the RCC by taking Column 25 costs divided by Total charges found in Column 8 of Worksheet C Part I. | This uses Col 27 in Worksheet B Part I |

Hospital Name: [REDACTED] Provider ID: [REDACTED]  
 Hospital Year Ending (MM/DD/YYYY): [REDACTED] Modified Base Price Year 2008: [REDACTED]  
 Medicare N: [REDACTED] Medicaid Base Price Year 2008: [REDACTED]

Part I Cost Report Part 1

| Line | Description                        | From S.A. Part, Col 4 | To S.A. Part, Col 5 |
|------|------------------------------------|-----------------------|---------------------|
| 1    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 2    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 3    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
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| 98   | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 99   | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 100  | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |

Hospital Ancillary Services

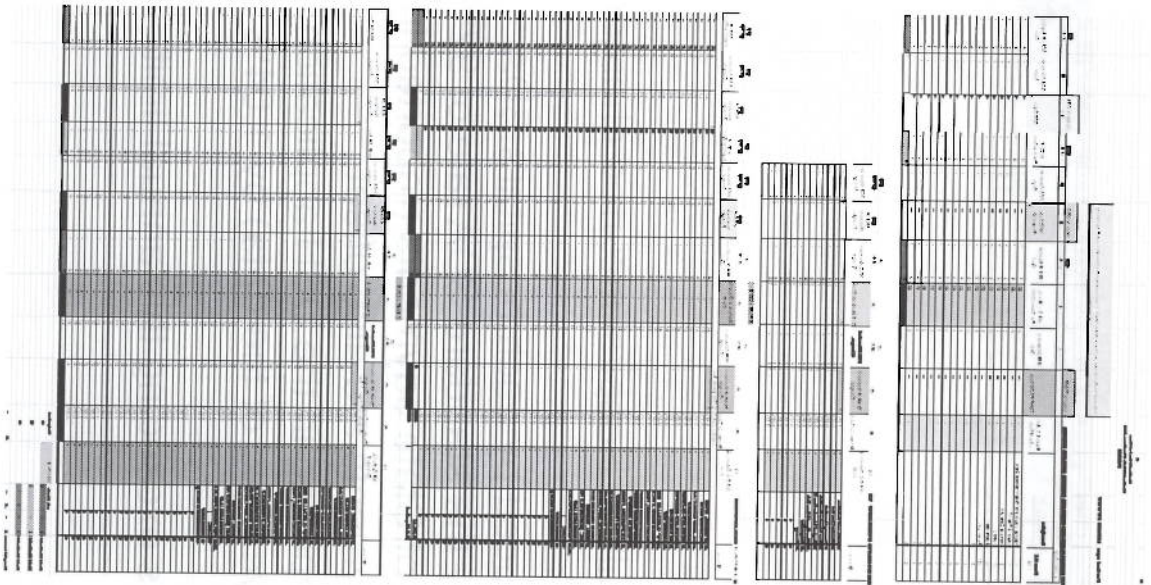
| Code | Description                        | From S.A. Part, Col 4 | To S.A. Part, Col 5 |
|------|------------------------------------|-----------------------|---------------------|
| 1    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 2    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 3    | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
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| 99   | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |
| 100  | INPATIENT ADULT AND PEDIATRIC DAYS |                       |                     |

TOTAL CHARGES: [REDACTED]  
 Please provide the cost report data by the date specified on the cover sheet for this report for the 12 months ending on the date specified on the cover sheet for this report. Cost Report for 2008 through 2009.



# Texas Hospital UC Tool

## DSH Cost Report Calc & Uninsured tabs



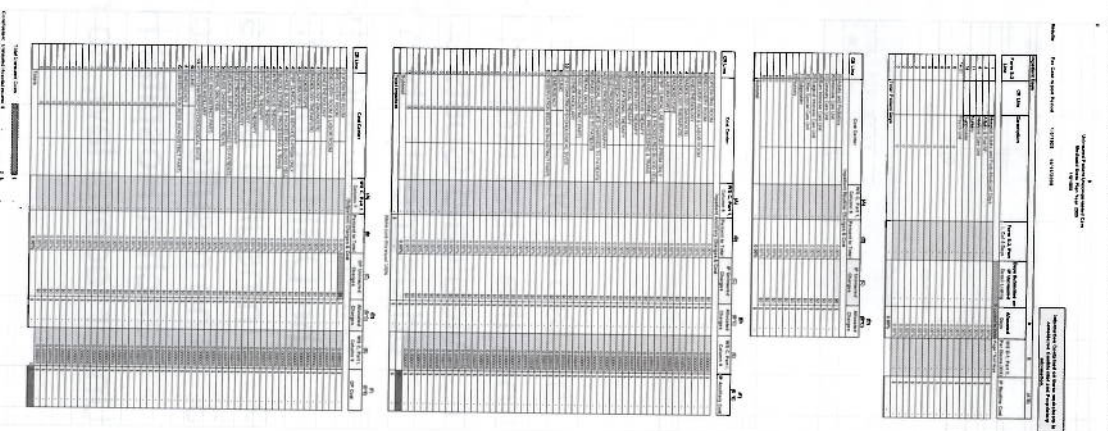
This screenshot shows the main interface of the Texas Hospital UC Tool. It features a top navigation bar with tabs for 'Home', 'Data', 'Reports', and 'Tools'. Below the navigation bar, there are several data tables displayed in a grid format. The tables contain various columns of data, including patient identifiers, dates, and financial information. The interface is designed for data entry and reporting.

The following two tabs in the UC tool are populated using data from the following sources:

- DSH Application
- Cost Report Collection
- TMHP and MCO claims charges and days

The claims data is for allowable Medicaid eligible services during the DSH data year 10/1/2009-9/30/2010.

Note: Hospitals can not input in these tabs, but should use them to perform quality checks on the data reported.



This screenshot shows a detailed view of the data tables within the Texas Hospital UC Tool. It displays multiple columns of data, including patient information, dates, and financial details. The tables are organized into sections, with some columns highlighted in grey. The interface includes a search bar and various filters to help users navigate through the data.



# Texas Hospital UC Tool

## DSH Hospital Specific Limit (HSL) Tab

| TPI | MEDICAID COSTS  | IP PAYMENTS                            | SDA ADJUSTMENT                         | IP TOTAL | OP PAYMENTS | OP ADJUSTMENT | OP Total | OTHER INSURANCE PAYMENTS | MEDICARE PAYMENTS | OOS PAYMENTS (DSH Applic Q1-4) | COST REPORT SETTLEMENTS | MEDICAID SHORTFALL (COSTS - PAYMENTS) |
|-----|-----------------|--|--|----------|-------------|---------------|----------|--------------------------|-------------------|--------------------------------|-------------------------|---------------------------------------|
| 0   | 0               | 0                                      | 100%                                   | \$       | \$          | 92%           | \$       | \$                       | \$                | \$                             | \$                      | \$                                    |
|     | UNINSURED COSTS | UNINSURED PAYMENTS (DSH APPLIC Q23-26) | UNINSURED SHORTFALL (COSTS - PAYMENTS) |          |             |               |          |                          |                   |                                |                         |                                       |
|     | 0               | 0                                      | \$                                     |          |             |               |          |                          |                   |                                |                         |                                       |
|     | DSH INFLATOR    | 1.04                                   |  |          |             |               |          |                          |                   |                                |                         |                                       |
|     | DSH HSL         | \$                                     |  |          |             |               |          |                          |                   |                                |                         |                                       |

This tab is populated by the DSH Application and the resulting Hospital incurred charges from the Cost Report Calc tab and the Uninsured tab.

1. Medicaid Costs are offset by inpatient payments (reduced by each hospital's SDA adjustment), then by Outpatient payments reduced by the standard SDA rate of 92%. Other Insurance payments, Medicare payments, Out of State payments (reported in the DSH application), and Cost Report settlement payments are also offset.
2. Uninsured costs are offset by Uninsured payments reported in the DSH application.
3. The results are combined and trended (due to the 2 year lag of the data) by 1.04% to reach a Hospital HSL.

Under federal law, no hospital can receive DSH payments exceeding this annual limit.

## Texas Hospital UC Tool DSH Hospital Section

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- Find general waiver information:
  - <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Find final UC tools and instructions:
  - <http://www.hhsc.state.tx.us/rad/hospital-svcs/index.shtml> and click on “1115 Waiver”
- Submit all DSH Application and Tool questions to:
  - [UCTool@hhsc.state.tx.us](mailto:UCTool@hhsc.state.tx.us)



# **Tex Net Enrollment Entering an IGT**

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**Jill Seime**

**HHSC Rate Analysis**

**1115 Waiver Payment Team Lead**

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## TexNet Example – Entering an IGT

### Instructions:

- Go to State Comptroller Website:  
<http://www.window.state.tx.us/>
- Under Section titled ‘Most Popular’ on left, click on ‘TEXNET – Electronic Payment Network’



# TexNet Example – Entering an IGT

Susan Combs - Texas Comptroller of Public Accounts - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address <http://www.window.state.tx.us/>

Site Search

Páginas en español | Contact Us

Quick Start for: Citizens Business Government

STATE PURCHASING FORMS e-SERVICES

FINANCES & ECONOMY EDUCATION TEXAS TAXES ABOUT US

Web Site Survey

## Window on State Government

Susan Combs Texas Comptroller of Public Accounts

*Making it fast and easy to do business with Texas*

**Most Popular**

- Sales & Use Tax
- Franchise Tax
- Local Property Tax
- Local Sales & Use Tax
- Property Tax Forms
- Vendor Payment Search

**TEXNET – Electronic Payment Network**

- Unclaimed Property Auctions

**Texas Stimulus** → Impact

**Texas Unclaimed Property**

**web file** Online Tax Filing

**Electronic Reporting and Paying**

**I Want To...**

- File/pay sales and other taxes with WebFile
- Search for unclaimed property
- Find a tax form
- Get information about a Texas tax
- Obtain a Certificate of Account Status
- Apply for a sales tax permit

**Highlights**

**FISCAL NOTES** AUG. 2010

**Fiscal Notes: The New Space Race**

The latest Fiscal Notes gives you an exclusive interview with private space explorer and astronaut Richard Garriott, a look ahead at the Texas housing market and some encouraging news for seafood lovers.

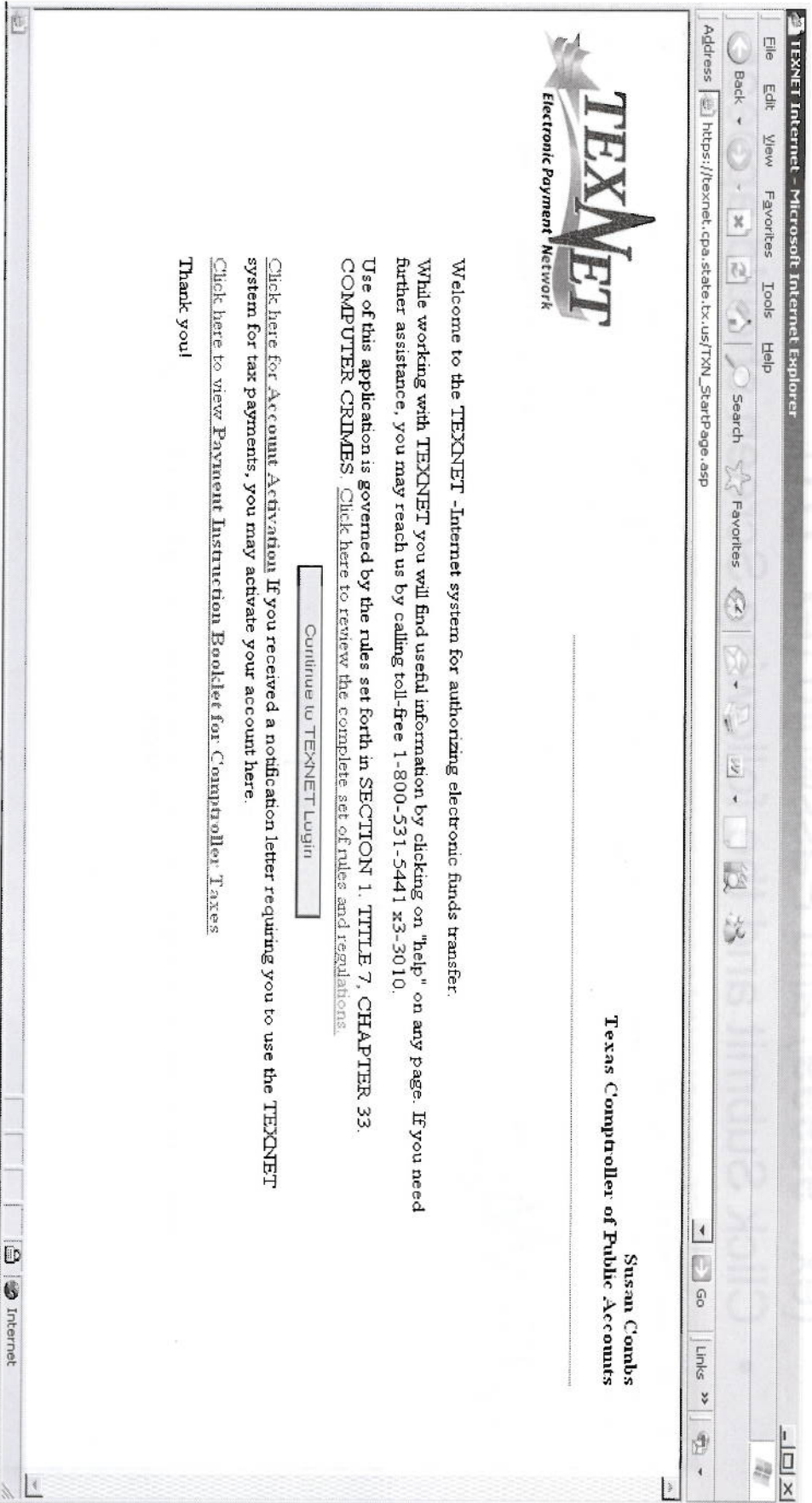
TXN

Internet

[https://texnet.cpa.state.tx.us/TXN\\_StartPage.asp](https://texnet.cpa.state.tx.us/TXN_StartPage.asp)

# TexNet Example – Entering an IGT

If you already have your user id and password, Click on  
'Continue to TEXNET Login'




TEXNET Internet - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address [https://texnet.cpa.state.tx.us/TXN\\_StartPage.asp](https://texnet.cpa.state.tx.us/TXN_StartPage.asp) Go Links



Susan Combs  
Texas Comptroller of Public Accounts

Welcome to the TEXNET -Internet system for authorizing electronic funds transfer.

While working with TEXNET you will find useful information by clicking on "help" on any page. If you need further assistance, you may reach us by calling toll-free 1-800-531-5441 x3-3010.

Use of this application is governed by the rules set forth in SECTION 1, TITLE 7, CHAPTER 33, COMPUTER CRIMES. [Click here to review the complete set of rules and regulations.](#)

[Click here for Account Activation](#) If you received a notification letter requiring you to use the TEXNET system for tax payments, you may activate your account here.

[Click here to view Payment Instruction Booklet for Comptroller Taxes](#)

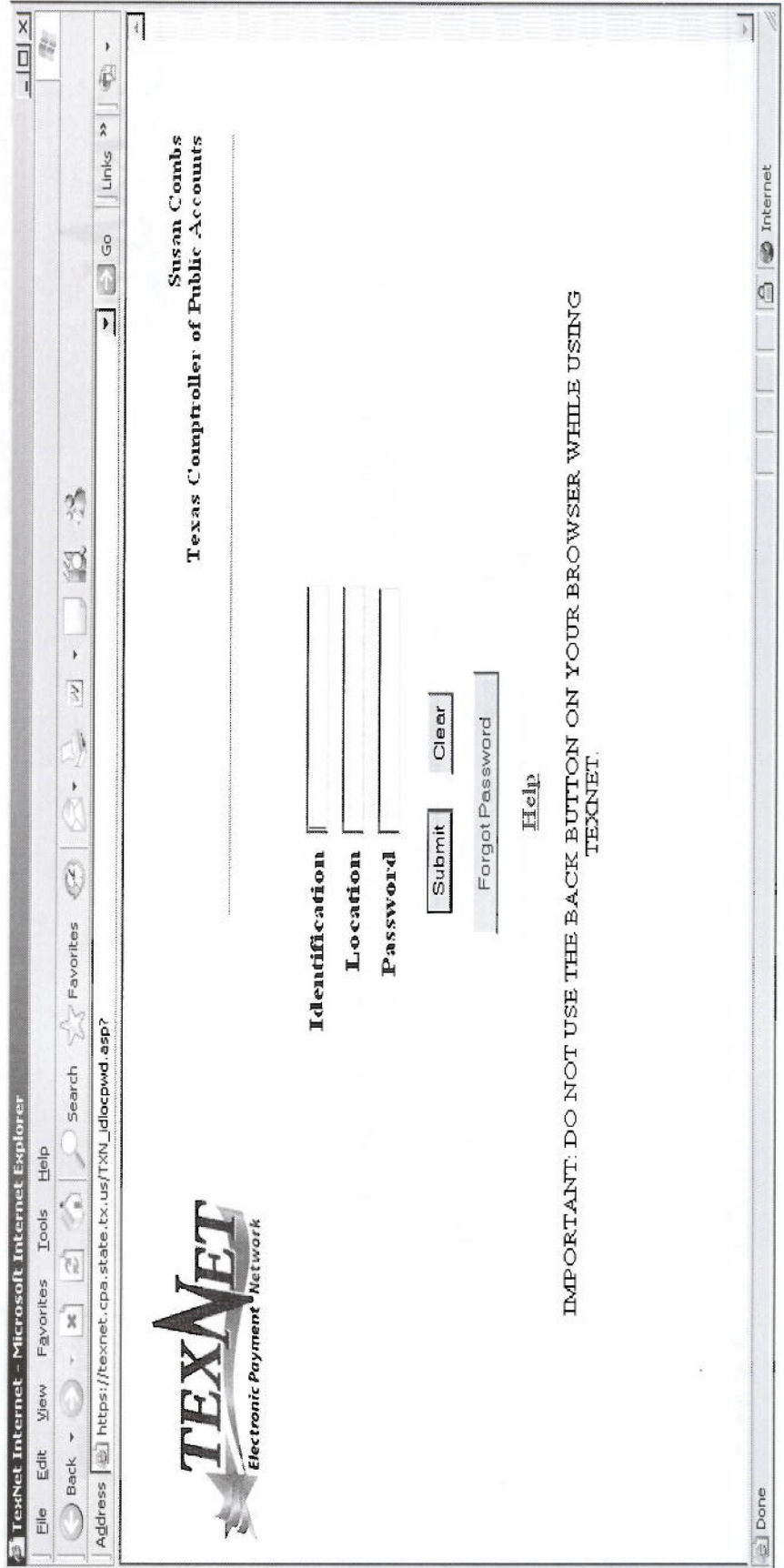
Thank you!

Internet



# TexNet Example – Entering an IGT

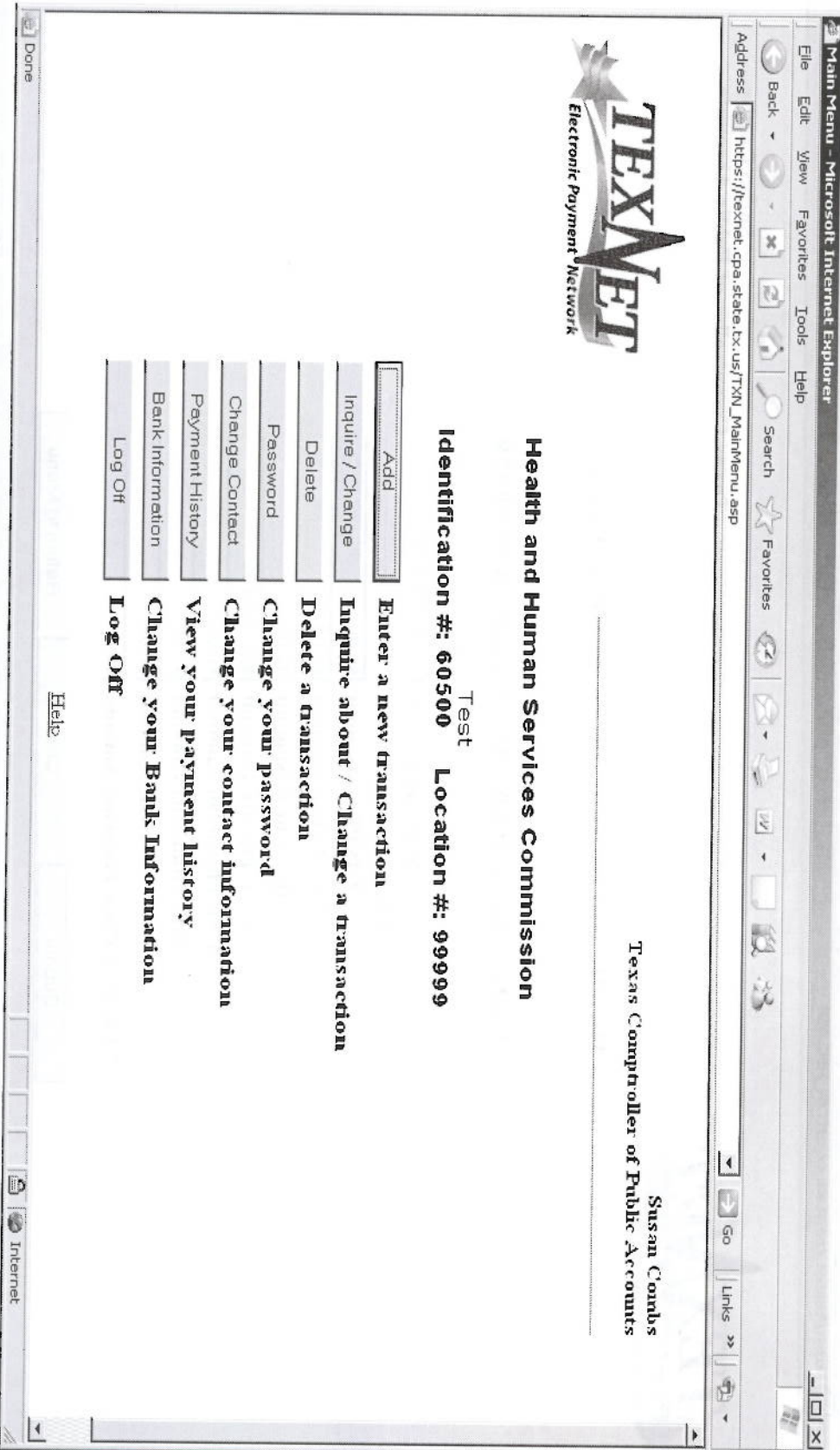
- Enter your Identification Number (ex., 60500), Location (ex. 99999) and Password (ex. 111)
- Click Submit and the following Screen should appear.





# TexNet Example – Entering an IGT

- Click “ADD” Button to ‘Enter a New Transaction’.



Main Menu - Microsoft Internet Explorer

Address: https://texnet.cpa.state.tx.us/TXN\_MainMenu.asp

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Go Links

**TEXNET**  
Electronic Payment Network

Health and Human Services Commission

Susan Combs  
Texas Comptroller of Public Accounts

Test  
Identification #: 60500 Location #: 99999

**Add** Enter a new transaction

Inquire / Change Inquire about / Change a transaction

Delete Delete a transaction

Password Change your password

Change Contact Change your contact information

Payment History View your payment history

Bank Information Change your Bank Information

Log Off

Help

Internet



# TexNet Example – Entering an IGT

https://texnet.cpa.state.tx.us/TXN\_HSC.ASP - Microsoft Internet Explorer

File Edit View Favorites Tools Help  
Address https://texnet.cpa.state.tx.us/TXN\_HSC.ASP

Susan Combs  
Texas Comptroller of Public Accounts

**Health and Human Services Commission**

Test  
**Identification #: 60500 Location #: 99999**

|                             |              |
|-----------------------------|--------------|
| Payment Total               | \$187,654.32 |
| Settlement Date             | 11/24/2010   |
| PAYMENT DETAIL              |              |
| DISPRO Amount               | \$0.00       |
| UPL Urban Amount            | \$0.00       |
| UPL Rural Amount            | \$0.00       |
| UPL Private Amount          | \$187,654.32 |
| UPL Physician Amount        | \$0.00       |
| Miscellaneous Amount        | \$0.00       |
| GME Amount                  | \$0.00       |
| Managed Care Program Amount | \$0.00       |

Submit Clear Return to Menu

Internet

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## **TexNet Example – Entering an IGT**

**The Payment Window should pop-up, allowing you to enter a TexNet Transaction:**

- Enter you Payment Total
- Enter Settlement Date (i.e., the date funds will transfer)
- Enter your IGT for your UC Payment in one of the UPL Buckets:
  - There are several UPL programs – large urban, private, rural, and physician UPL.
  - Enter funds next to the UPL program that best represents your hospital.
    - HHSC plans to add a program for UC and DSRIP payments soon.
- Click the “SUBMIT” button.



## **TexNet Example – Entering an IGT**

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**You should receive a “Transaction Complete”**

**Verification message that includes:**

- **Identification Number**
- **Location Number**
- **Trace #**
- **Payment Total**
- **Settlement Date**
- **UC Payment Amount**



**TEXAS**  
Health and Human  
Services Commission


# TexNet Example – Entering an IGT

https://texnet.cpa.state.tx.us/TXN\_DisplayInfo.asp - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://texnet.cpa.state.tx.us/TXN\_DisplayInfo.asp

Susan Combs  
Texas Comptroller of Public Accounts



**Health and Human Services Commission**

Test

Identification #: 60500 Location #: 99999  
Transaction Complete

Trace #: 13996145

Payment Total \$107,028.57  
Settlement Date 11/22/2010

UPL Rural Amount \$107,028.57

Edit Return to Menu Log off

[Help](#)

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Done Internet



## TexNet Example – Entering an IGT

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If you encounter any problems, you may:

- Call the Comptroller's *TexNet Hotline* toll free at **(800) 531-5441 ext 3-3010**
- OR
- Refer to the Comptroller's *TexNet Guide*.
  - Be sure to select select "Logoff" when you are finished.

**Please note corrections must be made by 5:00 p.m. on the business day before your settlement date.**

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## TexNet Example – Entering an IGT

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- Find general waiver information:
  - <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Find final UC & IGT tools and instructions:
  - <http://www.hhsc.state.tx.us/rad/hospital-svcs/index.shtml> and click on “1115 Waiver”
- Submit all IGT questions to:
  - [UCTool@hhsc.state.tx.us](mailto:UCTool@hhsc.state.tx.us)

