Texas Department of Aging and Disability Services

Community Based Alternatives/1915(c) STAR+PLUS Waiver Program

Form 3672
December 2010-E

Medicare/Medicaid/Third-Party Resources Utilization Report

Applicant/Individual/Member Name	Medicaid No.
HCSS/MCO-Contracted Provider Name	Contract No.

1. Did provider try to contact **Medicare** benefits for medical supplies/adaptive aids/DME listed on the ISP? ..... ☐ **Yes** ☐ **No**
   - If no, Why?

     _____
   - If yes, list items Medicare will provide

     _____
   - List items **pending** Medicare approval or denial

     _____
   - Name of Medicare source that will be used

     _____
2. Is the provider a contracted Medicaid provider?..... ☐ **Yes** ☐ **No**
   - If yes,continue with questions 3, B-G.
   - If no, did agency refer applicant's/consumer's/member's needs to an agency that is a contracted Medicaid provider? ..... ☐ **Yes** ☐ **No**
   - If no, explain why?

     _____
3. Did the provider contact **TMHP** for approval to purchase medical supplies/adaptive aids/DME listed on the ISP? ..... ☐ **Yes** ☐ **No**
   - A. If no, why?

     _____
   - B. If yes, list items approved for purchase

     _____
   - C. List items **pending** Medicaid approval or denial

     _____
   - D. Name of Medicaid source that will be used

     _____
   - E. List items denied by TMHP

     _____
   - F. State reason for denial

     _____
   - G. Date of denial _____ TMHP nurse who denied _____
4. Did the provider attempt to contact other **third-party resources** (TRP) ..... ☐ **Yes** ☐ **No**
   - List items TPR will deliver

     _____
   - **THIS MUST ALWAYS BE COMPLETED**: If applicant/individual/member is not homebound, please explain

     _____

_____ Signature

_____ Date