

User Story

As an employee, I would like to login, choose a desired hospital/facility (if needed) so I can view their patients and start my work which is completing the current tasks. My goal is to help a non-paying patient become a paying patient.

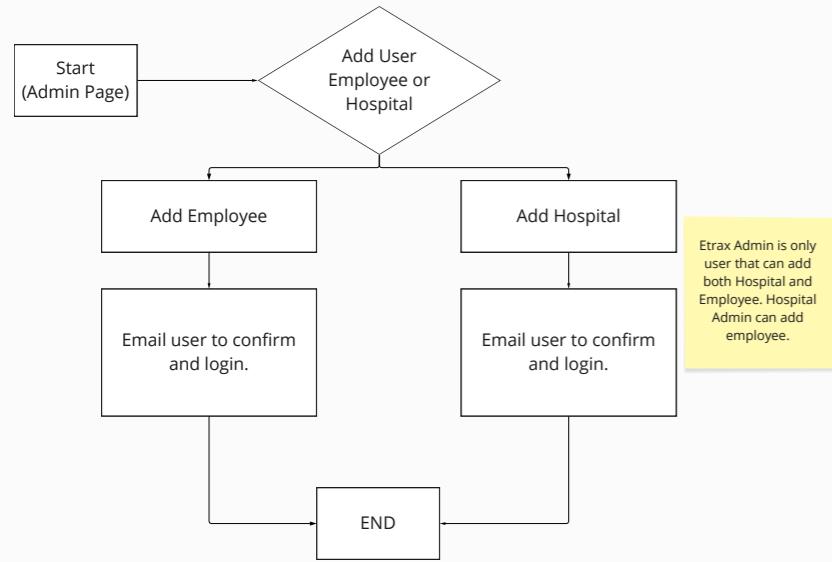
Job to Be Done

Complete the needed tasks for each patient and leave notes.

App Features

1. The app updates status accordingly. If all task for a status is complete, the app will make next status active for employee to complete.
2. Multiple people/employees can work on the same account
3. The app record history of what was done via time, date, and by who/employee per account.

Flow Chart



on admin screen I am thinking about adding another table/tab for coverages. Admin add /update coverages, thoughts?

User Story

As an admin, hospital or supervisor I would like to quickly add employees accordingly, so everyone can start their duties in Etrax. Only the Etrax Admin can all Hospitals and employees.

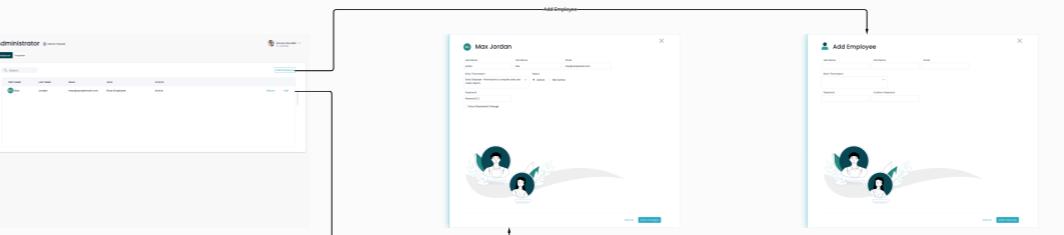
Job to Be Done

Add users. (Hospital or Employee)

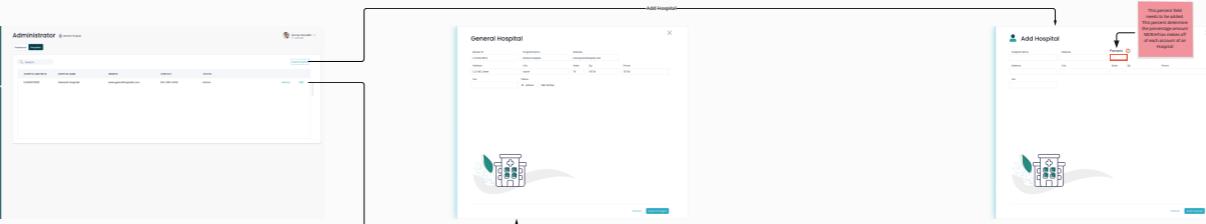
Feature 012 | Priority 1 | User management | As an ETRAX ADMINISTRATOR I want to be able to manage users for each hospital so that I can add, remove, reset passwords and generally unlock users

Feature 025 | Priority 1 | system management | As a SYSTEM I want to be able to use some sort of IaC system to set up new accounts on isolated storage so that we can onboard new hospitals without developer involvement

Add Employee, and view an employee

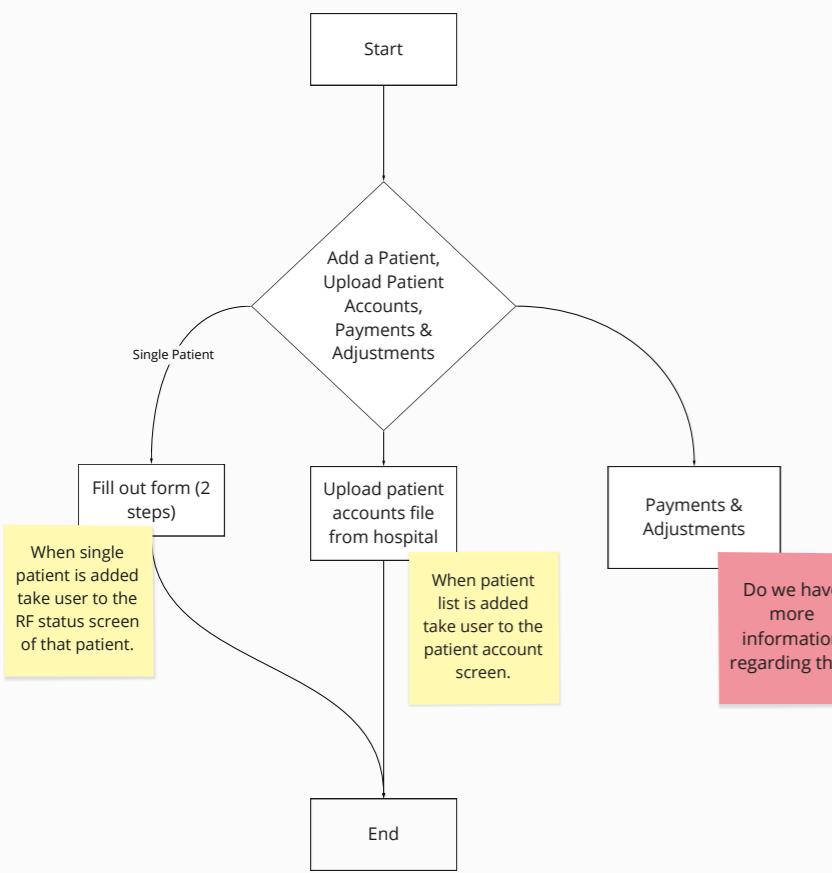


Add Hospital, and view an hospital



[PROTOTYPE LINK](#)

Flow Chart



Screens User Flow

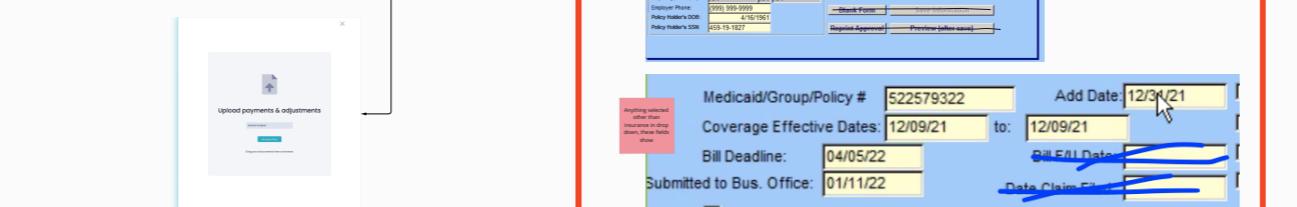
Add Patient



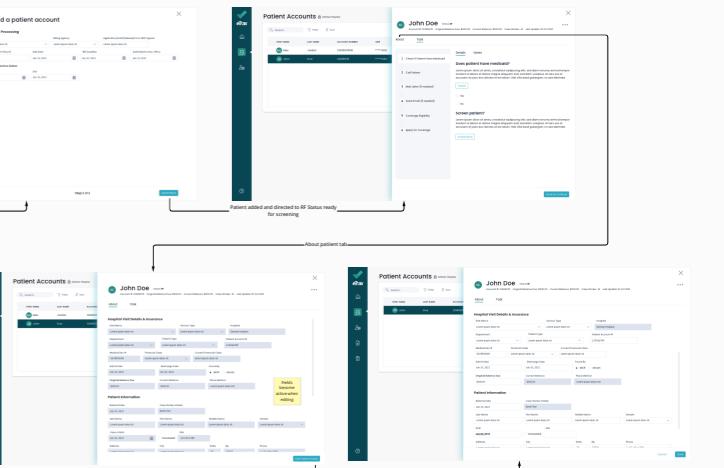
Upload Patient Accounts



Payments & Adjustments



Editing account



User Story

As an admin or employee (all levels), I would like to quickly add patients accordingly, so everyone can start their tasks.

Job to Be Done

Add patients

Feature 014 | Priority 1 | System management | As a SYSTEM I want to be able to provide for HIPAA compliance so that I can legally store patient data in encrypted storage

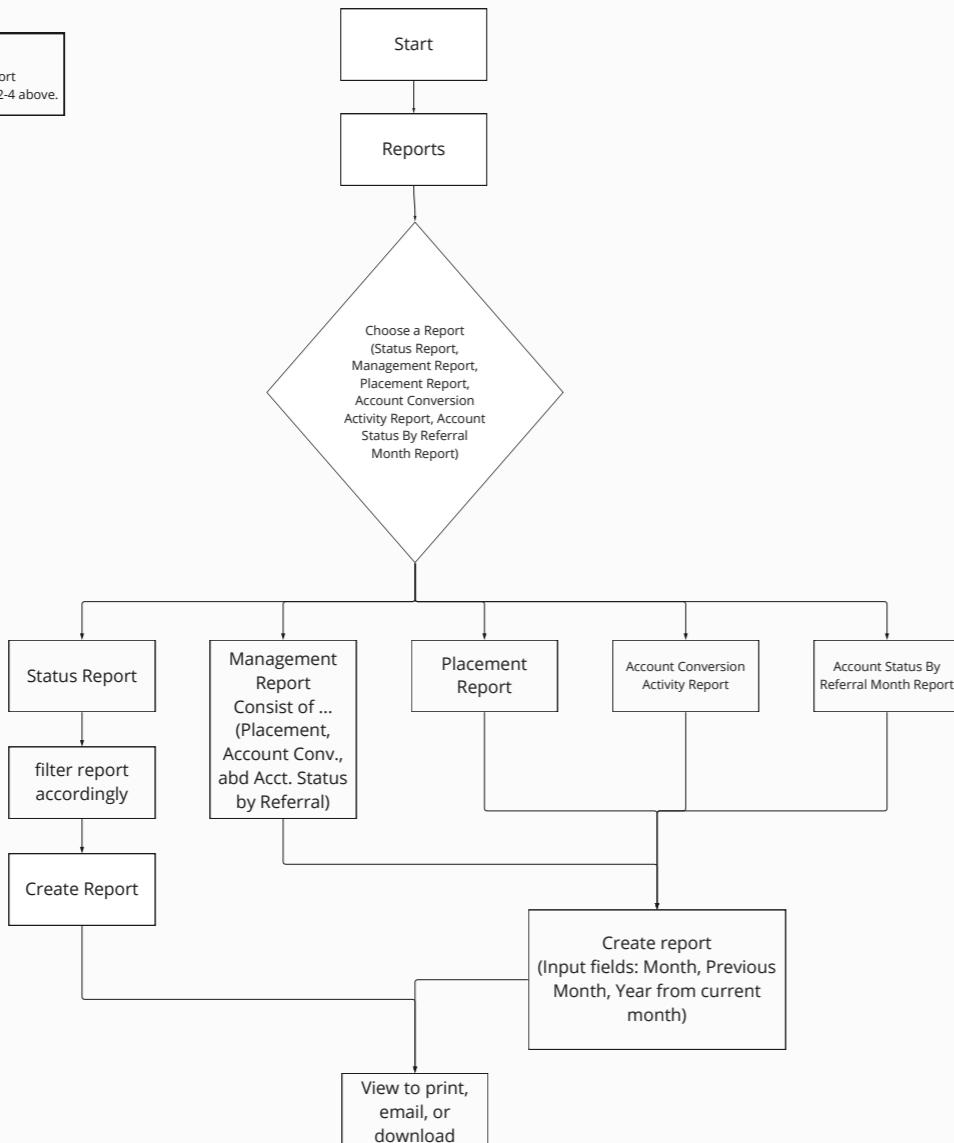
[PROTOTYPE LINK](#)

Notes

Report Types:
 1. Status Report
 2. Placement Report
 3. Account Conversion Activity Report
 4. Account Status by Referral Month Report
 5. Management Report which is reports 2-4 above.

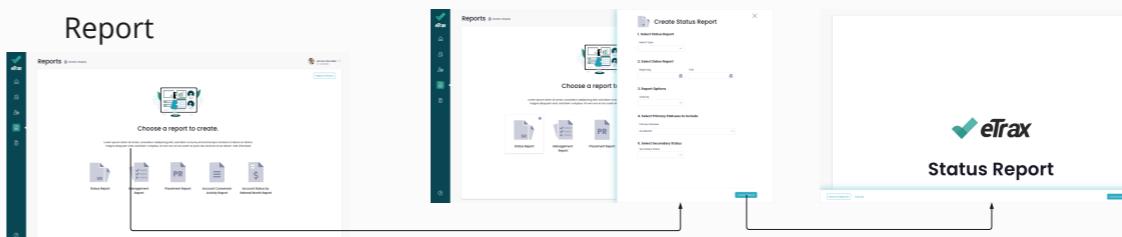
Medical Capital Recovery, Inc.
Management Reports

Flow Chart



Report Types:
 1. Status Report
 2. Placement Report
 3. Account Conversion Activity Report
 4. Account Status by Referral Month Report
 5. Management Report which is reports 2-4 above.

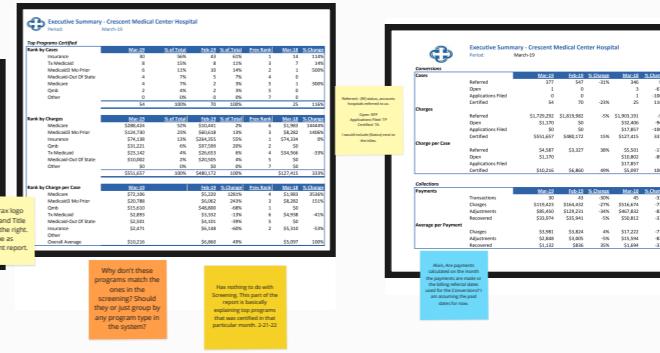
Create Status Report



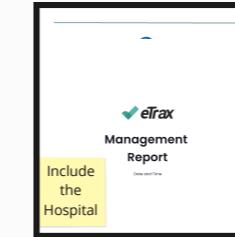
Report Types: All reports below.

1. Placement Report
2. Account Conversion Activity Report
3. Account Status by Referral Month Report
4. Management Report which is reports 1-3 above.
5. Status Report

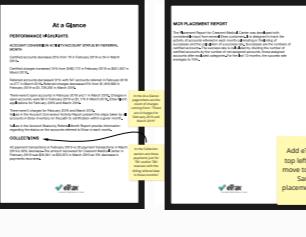
Executive Summary



Cover Page



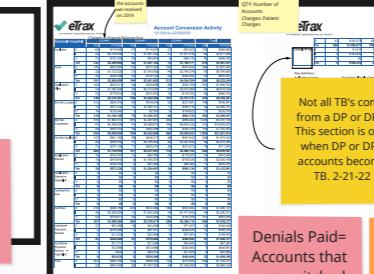
Summary Results



Placement Report



Account Conversion Activity



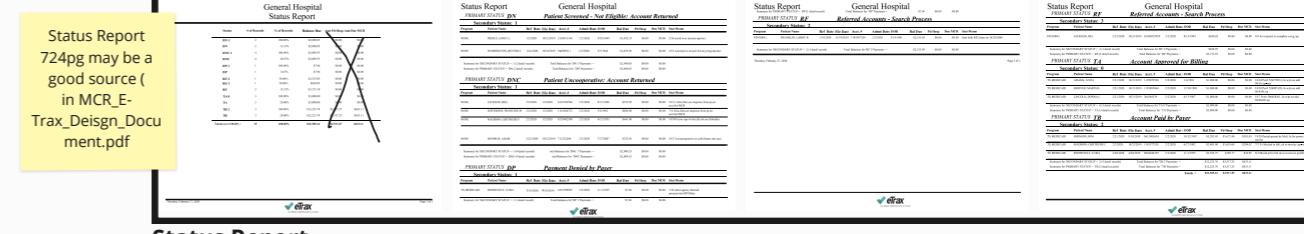
Account Status by Referral



User Story
 As an admin or employee (all levels), I would like to quickly create reports to share when needed.

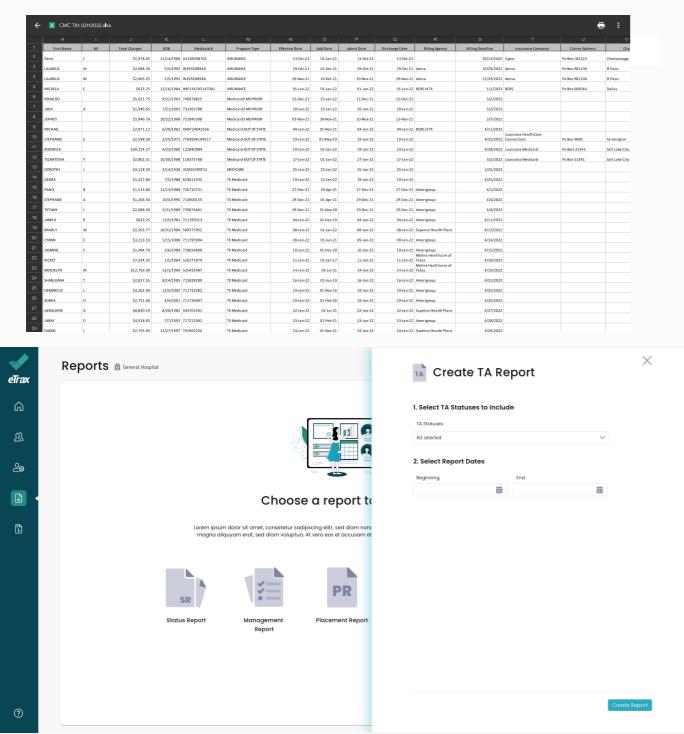
Job to Be Done
 Create Report

[PROTOTYPE LINK](#)



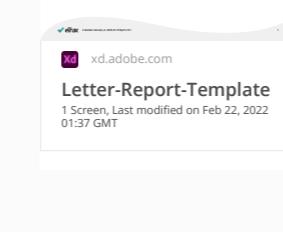
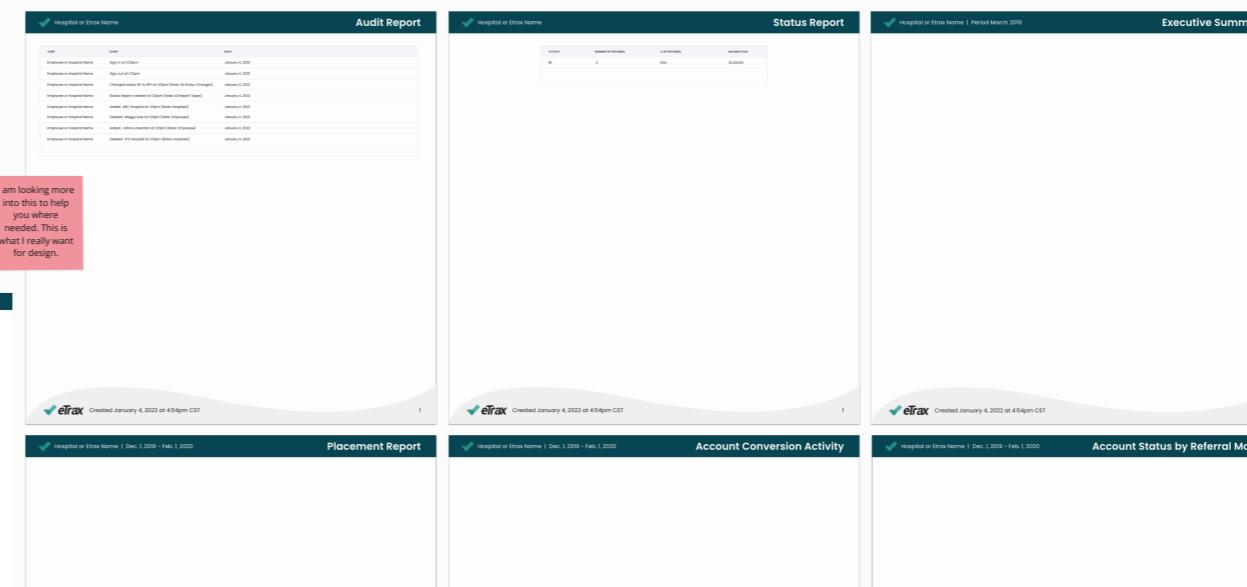
Status Report

TA Report



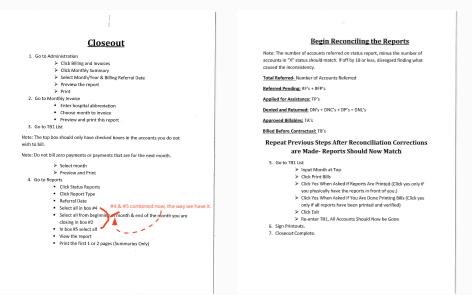
Header, Footer, Font, and Table Designs.

Just colors and outlines



Can we get the status codes for these?

Notes



Begin Reconciling the Reports

Note: The number of accounts reflected on status report, minus the number of accounts reflected on monthly inventories. If 100 is 10 less, disregard the last 10 accounts for reconciliation.

Total Refund: Number of Accounts Refund

Amount Due: 0.00

Applied to Accounts: 179

Denied and Refused: 104 (104 x 0% = 0.00)

Accepted Admit: 144

Other Admit: 17

Report Previous Step After Reconciliation Corrections are Made: Reports Should Now Match

5. Go to TB1 Report

Print & Print

6. Go to Reports

Print & Print

7. Reference

Select All Accounts

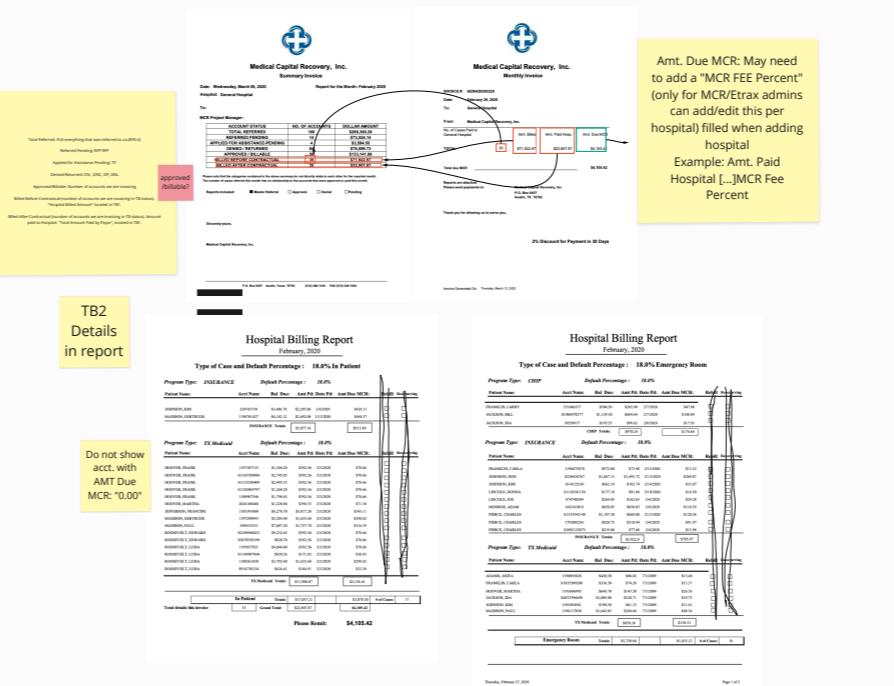
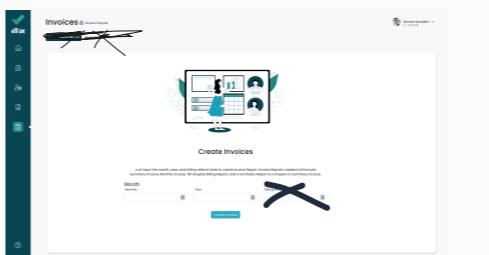
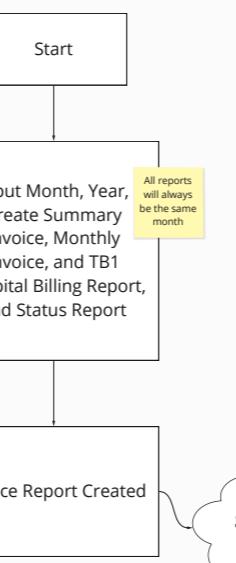
Print & Print

8. Select all three begin with 'MCR' & 'TB1' and the ones you are not billing.

In box select all, Print & Print, Print.

Print the first 2 of 2 pages (Comments Only).

Flow Chart



Amt. Due MCR: May need to add a "MCR FEE Percent" (only for MCR/Etrax admins can add/edit this per hospital) filled when adding hospital
Example: Amt. Paid Hospital [...] MCR Fee Percent

User Story

As a user, I would like to quickly create an invoice. Note: All invoiced accounts goes to TB2

Job to Be Done

Create Invoice reports

[PROTOTYPE LINK](#)

Notes

RF Status - Accounts referred to MCR Account is currently in the Patient search process-no Patient contact

Tasks:

1. Attempt contact with patient via call and or letters (3 calls and 2 letters) - 7 days apart
 Alvin Question: Mail letters or email letters or both? I say both. User can print letter out to mail or email letter. - due to HIPAA my recommendation is only via letter unless we can have patient state okay to email.

2. If attempt is successful screen patient and determine if potential for any programs - if potential inform patient and assist with program deemed potential and change status to RFP
 3. If screened and not potential and or patient refuses MCR services return account to hospital

Alvin Question: What programs are we screening for? What determines if the screening process is good or not for each program?

Texas Medicaid - determination is based off household comp., resources and income guidelines

SSDI - determination is based off duration of disability, medical evidence, work history

Crime Victims - patient must verify they did not contribute to the crime and must be fully cooperative with law enforcement and investigation of the reported crime.

County Indigent - determination is based under income and resource guidelines.

Veterans Affairs - determination is based if patient may have service connected disabilities, emergency services for VA patients may be covered under the Millennium Act

A&D (aged and disabled) - determination includes same as Tx Medicaid with a difference in criteria including confirmation of a disability condition and or patients citizenship/residency status

(Note: App will update status RF0-RF4 in every 30 days)

RF0 - RF accounts still in the month of service

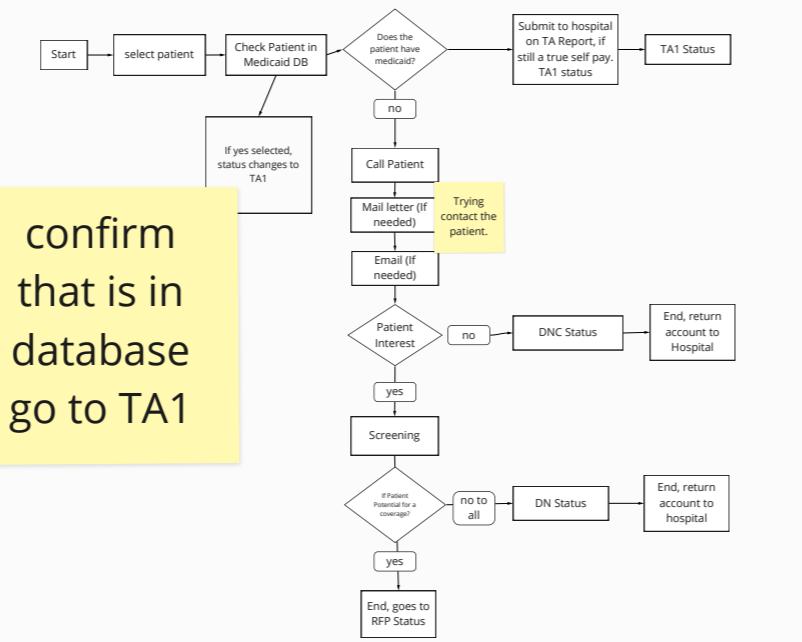
RF1 - RF accounts in the month after the month of service

RF2 - RF Accounts in the second month after the month of service

RF3 - RF Accounts in the third month after the month of service

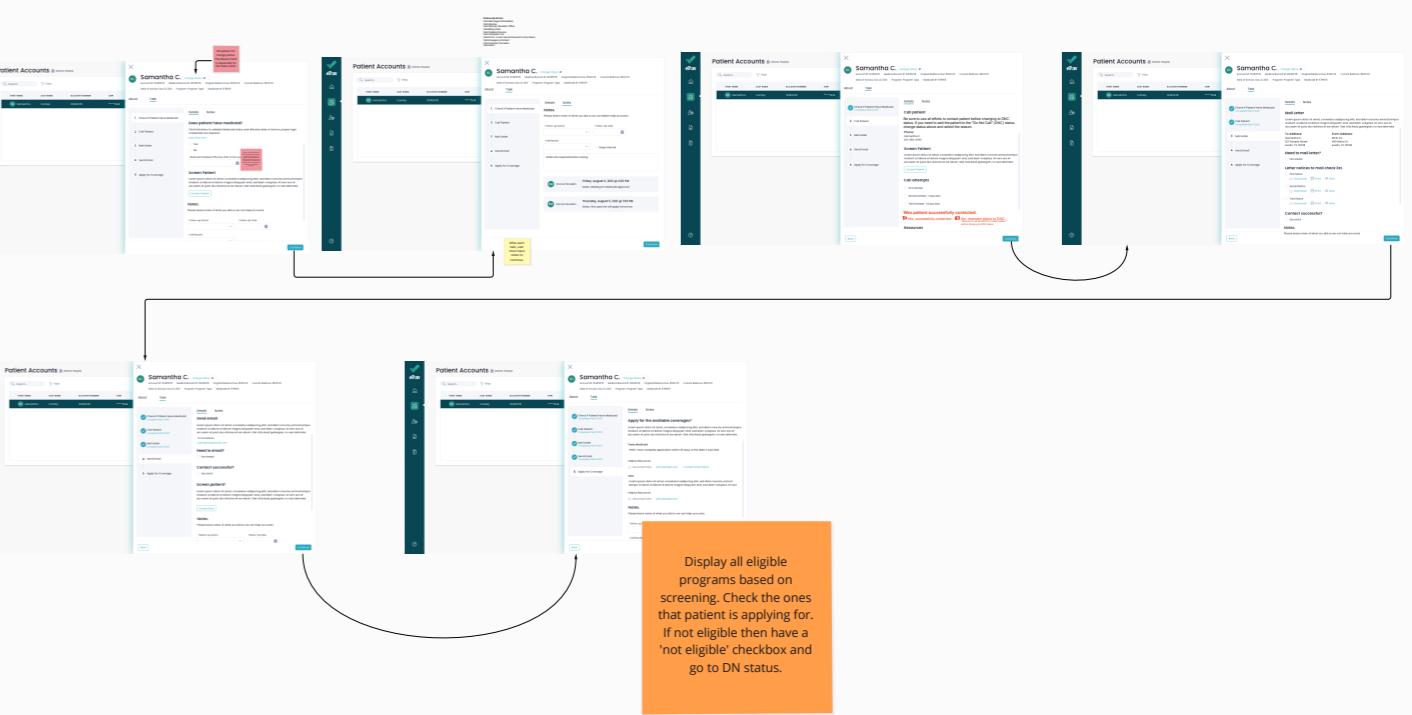
RF4 - RF Accounts in the fourth month or greater after the month of service- Beyond RF4 move to DNC2 status

Flow Chart



confirm
that is in
database
go to TA1

Screens User Flow



User Story

As an employee, I would like to easily start my RF status tasks, so I can easily accomplish the desired goal which is contacting the patient regarding required needed information.

Job to Be Done

Contact patient.

[VIEW PROTOTYPE](#)

Notes

RFP Status - Accounts where Patient has been contacted, screened and deemed potentially eligible for benefits, but application not filed

Tasks:
1. Call and/or send letters (3 calls 2 letters) asking patient to apply for deemed program and/or provide necessary documents to submit the application to agency

Alvin Question: Mail letters or email letters or both? I say both. User can print letter out to mail or email letter.

Due to HIPAA my recommendation is only via letter unless we can have patient state okay to email

(Note: App will update status RFPO-RFP4 in every 30 days)

RFPO - RFP accounts still in the month of service

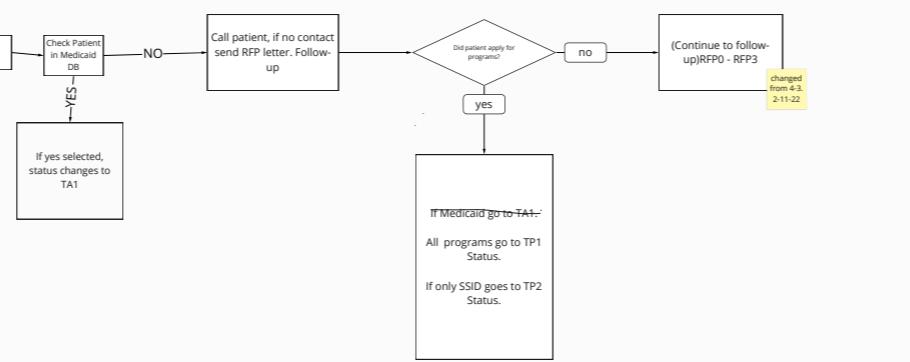
RFP1 - RFP accounts in the month after the month of service

RFP2 - RFP Accounts in the second month after the month of service

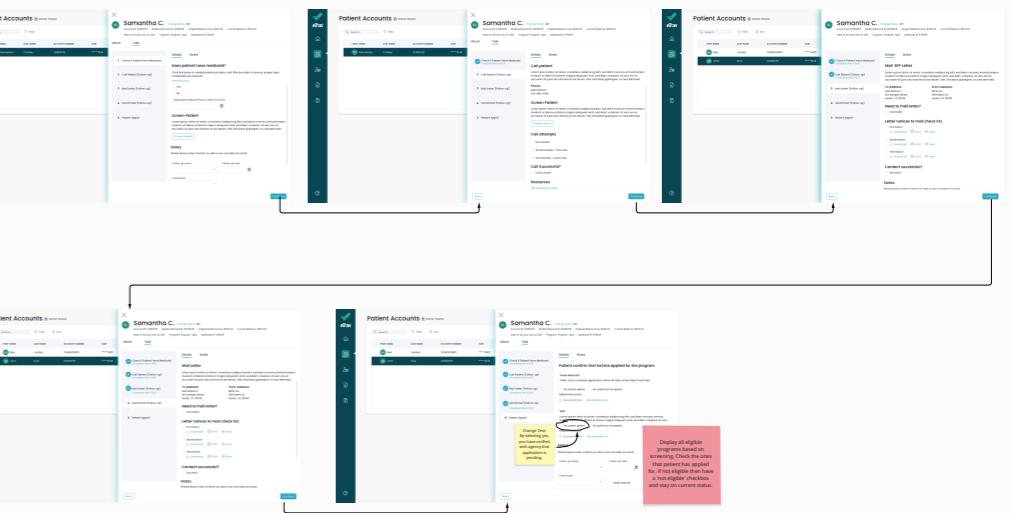
RFP3 - RFP Accounts in the third month after the month of service

RFP4 - RFP Accounts in the fourth month or greater after the month of service

Flow Chart



Screens User Flow



User Story

As an employee, I would like to easily start my RF status tasks, so I can easily accomplish the desired goal which is contacting the patient regarding required needed information.

[VIEW PROTOTYPE](#)

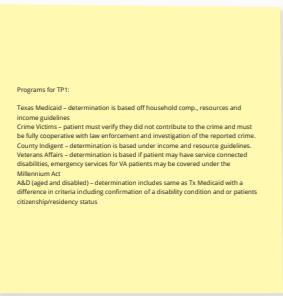
Job to Be Done

Contact patient.

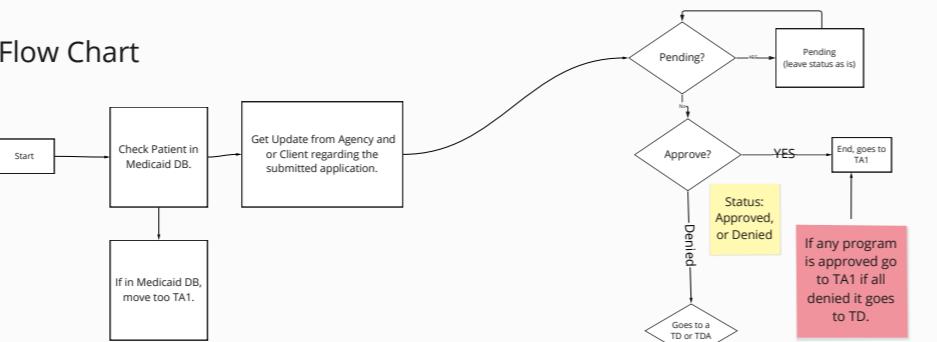
Notes

TP1 Status - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (normal)

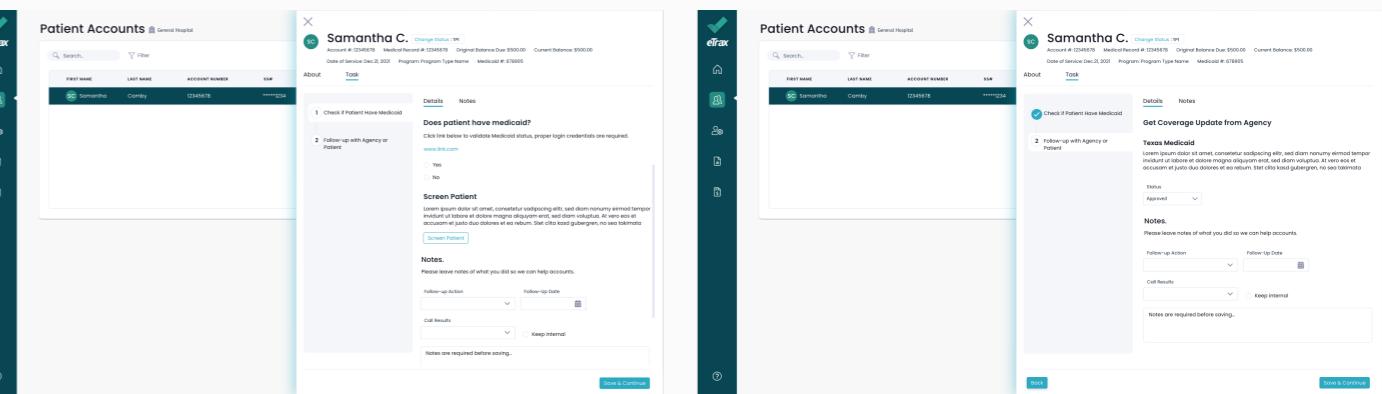
- Tasks:**
1. Contact agency to get update on status of application - verify via TMHP if Medicaid and or if CV call Texas Attorney General office.
 2. check with patient to see if they've received any notices asking for any additional documentation.



Flow Chart



Screens User Flow



User Story

As a user I would like to quickly contact the agent and or patient for updates of the applications, so I can know if patient is approved or not.

[VIEW PROTOTYPE](#)

Job to Be Done

Get status of application from agent and or patient. Update application status (approved, denied, pending).

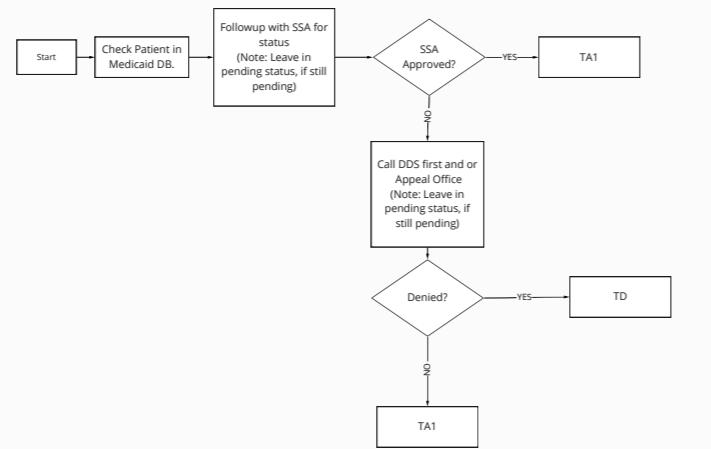
Notes

TP2 Status - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (SSI)

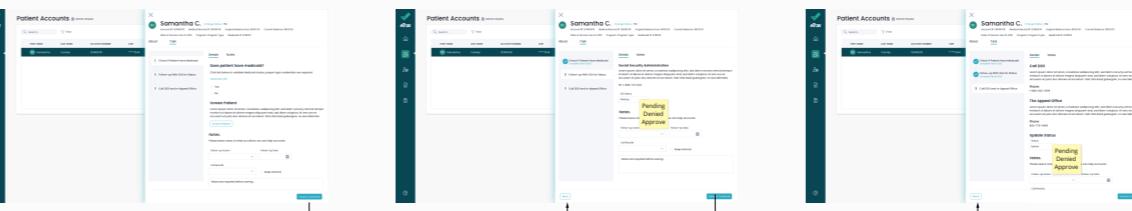
Tasks:

1. Follow up with SSA for status - call DDS and or Appeals office to check if any status, follow up every 30 days. This program could potentially take up to 2 years for a determination.

Flow Chart



Screens User Flow



User Story

As a user I would like to quickly contact SSA, DDS, and or Appeal Office for status of SSID.

[VIEW PROTOTYPE](#)

Job to Be Done

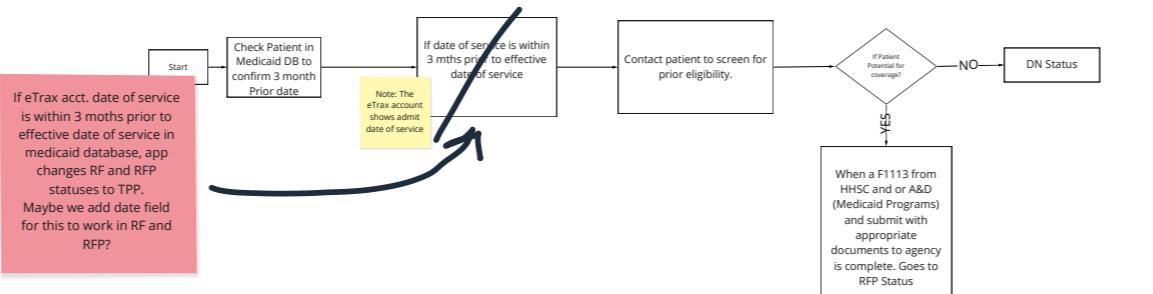
Get SSID status (approved, denied, pending).

Notes

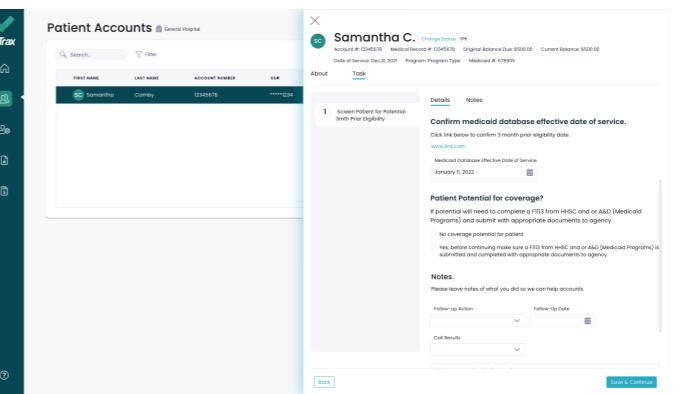
TPP Status - Potential Three Month Prior eligibility- Patient has a protected file date.
Seek/seeking three-month prior eligibility.

Tasks:
1. Contact patient to screen for 3 month prior, if potential will need to complete a F1113 from HHSC and or A&D (Medicaid Programs) and submit with appropriate documents to agency.

Flow Chart



Screens User Flow



User Story

???

Job to Be Done

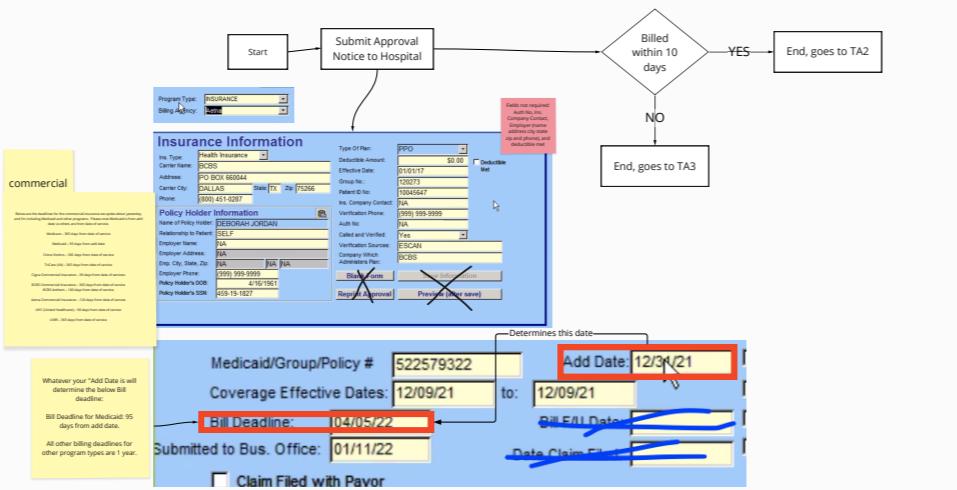
???

Notes

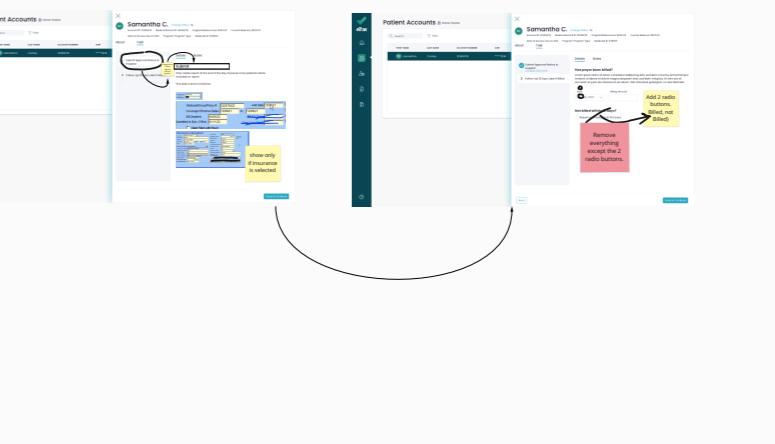
TA1 Status - Approval Notice sent to Hospital

Tasks:
 1. Submit to Business Office to have them bill payor
 Alvin Question: When submitting to business office, what are you submitting? How are you submitting this currently? example sent to you last week - via email on an excel sheet

Flow Chart



Screens User Flow



User Story

As a user, I would like to submit approval notice to the hospital and make sure payor been billed, so I can continue with my task regarding the patient.

[VIEW PROTOTYPE](#)

Job to Be Done

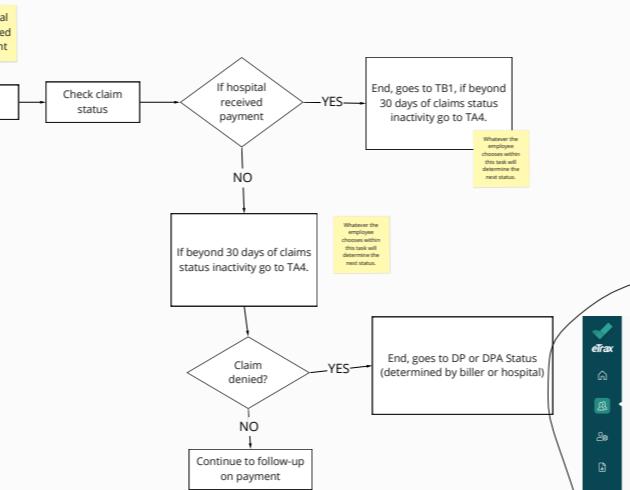
Submit approval notice and make sure payor been billed.

Notes

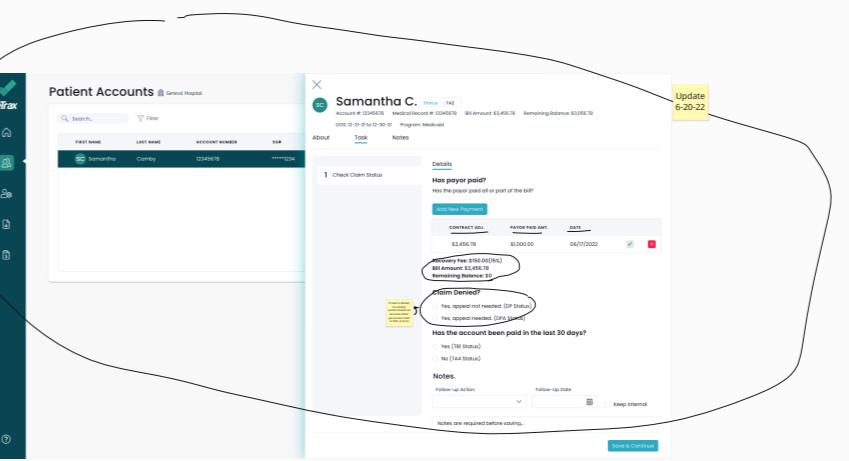
TA2 Status - Hospital has billed Payer

Tasks:
1. Check status of claim weekly until its paid or denied.

Flow Chart



Screens User Flow



User Story

As a user, I would like to check claim status, so I can continue with my task regarding the patient.

[VIEW PROTOTYPE](#)

Job to Be Done

Check claim status, claim denied, or no activity

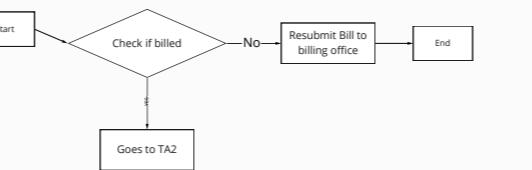
Notes

TA 3 Status - MCR requesting Hospital to re-bill the Account

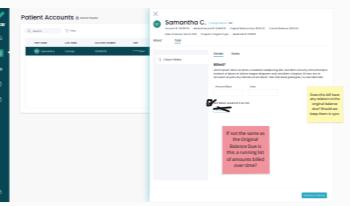
Tasks:

1. Re submit the billing info to billing office asking to bill payor

Flow Chart



Screens User Flow



User Story
???

[VIEW PROTOTYPE](#)

Job to Be Done
???

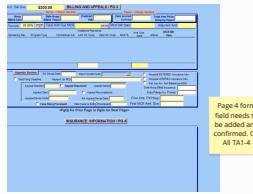
Notes

TA4 Status – Hospital has billed payer; No activity for 30 days or more

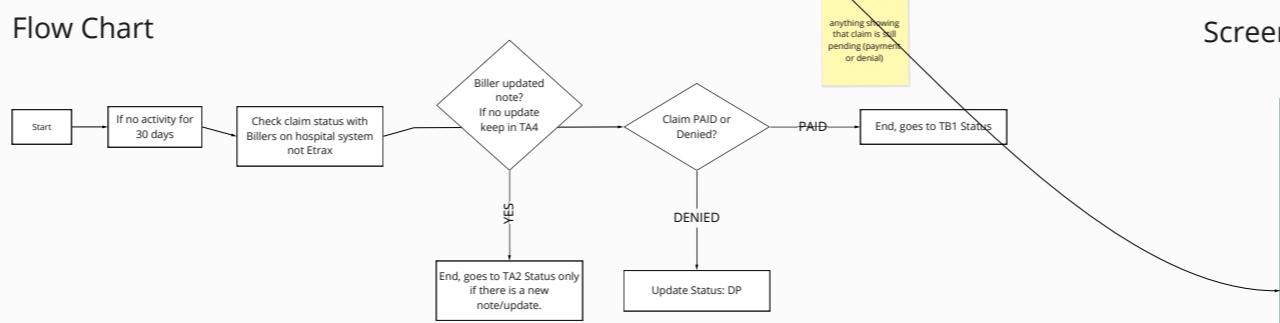
Tasks:

1. Ask billers to check on claim status, whenever there is an update on the claim, Etrax system update status TA2. If claim denied place in DP status.

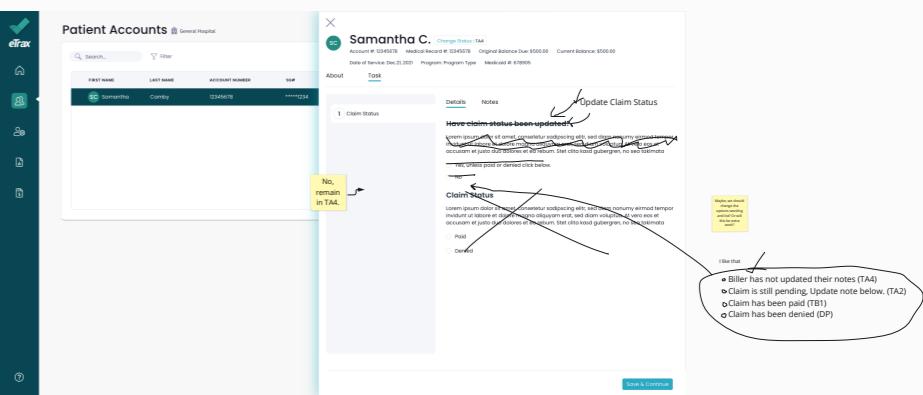
If claim paid, put in TB1 status.



Flow Chart



Screens User Flow



User Story

???

[VIEW PROTOTYPE](#)

Job to Be Done

???

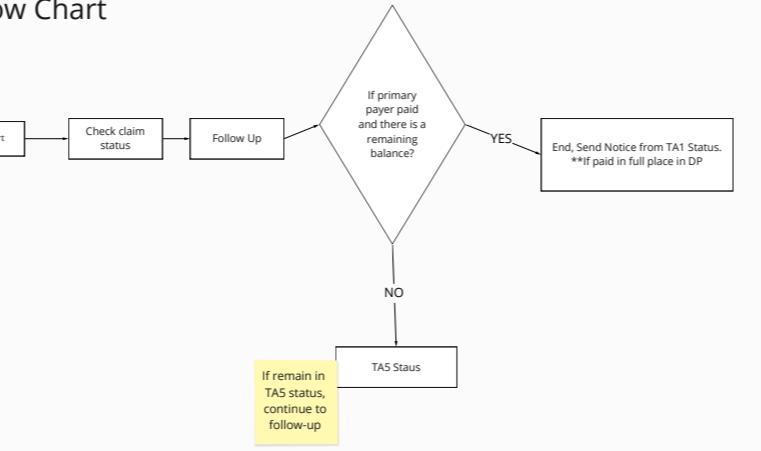
Notes

TA5 Status- Secondary eligibility approved, approval notice sent to Hospital

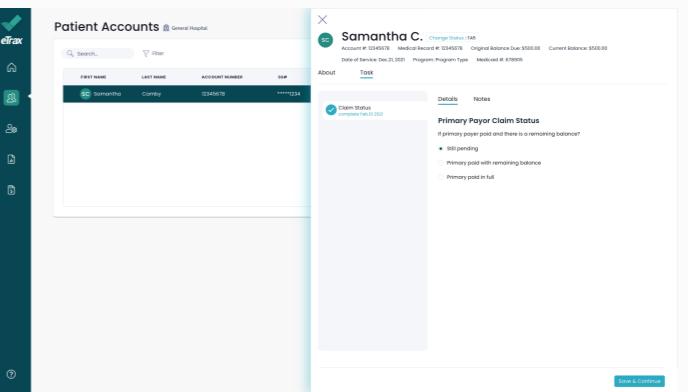
Tasks:

1. Check to see if primary has paid and if still pending leave in TA5, if paid and remaining balance place in TA1 and submit the information to billing office to bill secondary and or tertiary

Flow Chart



Screens User Flow



User Story

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[VIEW PROTOTYPE](#)

Job to Be Done

???

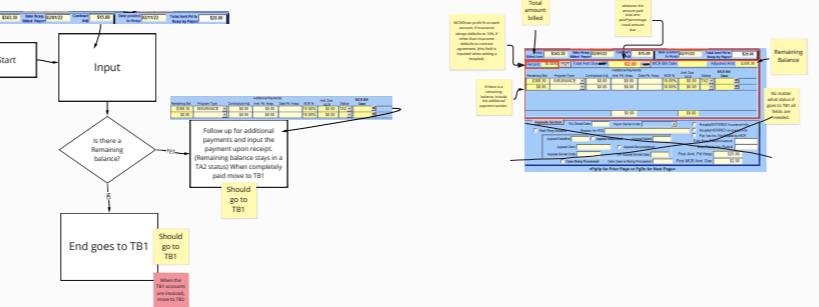
Notes

TB1 Status - Hospital has been paid by payer and posted the payment in the Hospital system

Tasks:

1. Enter.

Flow Chart



Screens User Flow

Patient Accounts: General Hospital

Samantha C. Change Status: FM

First Name	Last Name	Account Number
Samantha	Coley	12345678

Details Notes

Has patient paid hospital?

If there is a remaining balance please input additional payments below:

Add Remaining Balance

Do inline grid editing

Contract Adjustment

Date Posted to Hospital

Total Amount Paid by Payer

MCR #

Amount Due MCR

MCR Inflict Date

Note one required before saving.

Cancel Save & Continue

TB2 Status - MCR has invoiced the Hospital for the account. (All accounts are invoiced)

Tasks:

1. System put all accounts in TB2, after Rosa does invoicing

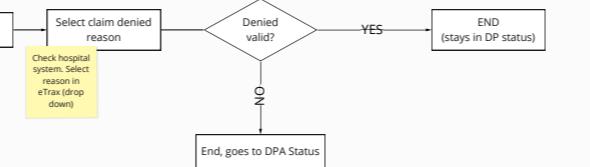
Notes

DP Status -Payer billed, payment denied.

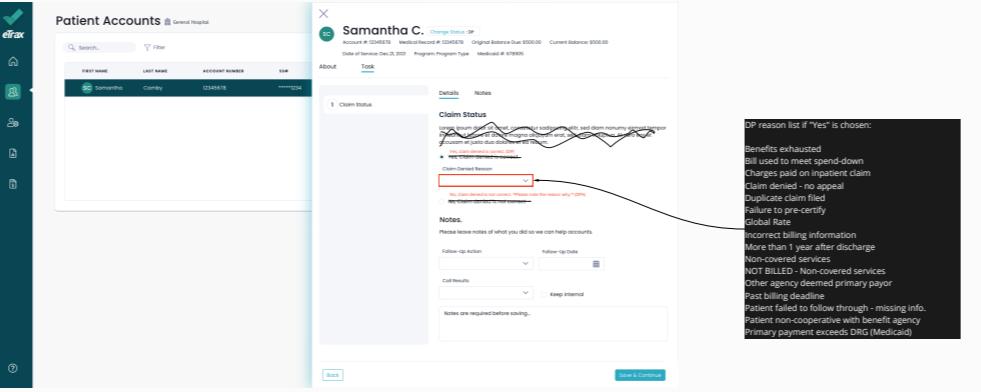
Tasks:

1. QA to ensure denial from payor was correct, if incorrect place in DPA and submit to Billing Office and have them appeal denial and or MCR can appeal if has patient approval to submit on their behalf via phone or email.

Flow Chart



Screens User Flow



User Story

???

Job to Be Done

???

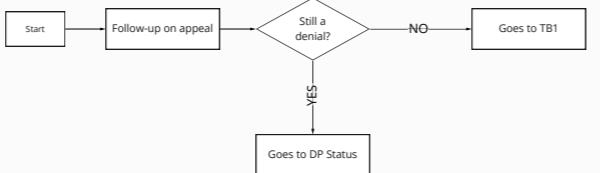
Notes

Flow Chart

DPA Status- Eligibility Certified but payment denied by payer- Denial is not correct and MCR is appealing the payment denial

Tasks:

1. Follow up on status of appeal.



Screens User Flow

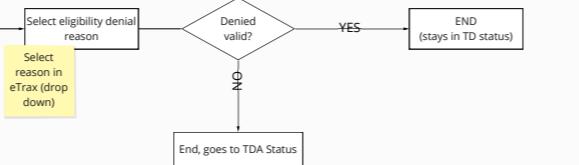
The screenshot shows the eRx software interface. On the left, there's a sidebar with icons for Home, Search, and other functions. The main area is titled "Patient Accounts" under "General Hospital". A sub-menu for "Samantha C." is open, showing account details: Account # 12345678, Orange State - DPA, Medical Record # 00000000, Original Balance Due \$500.00, Current Balance \$500.00, Date of Service Dec 23, 2023, Program/Program Type Medicaid, and Medicaid # 678900. Below this, there are tabs for "About", "Task", "Details", and "Notes". The "Follow Up" tab is currently selected. The form contains fields for "Follow Up" status (radio buttons for "Yes, still in denial" and "No, not in denial"), "Notes" (a text area with placeholder text), "Follow-up Action" (dropdown menu), "Follow-up Date" (calendar icon), "Call Results" (dropdown menu), and "Keep Interval" (checkbox). At the bottom right is a "Save & Continue" button.

Notes

TD Status - Third Party Payer Agency denied Patient application for eligibility

Tasks:
1. QA to ensure agency denial is correct,

TD



Screens User Flow

Patient Accounts General Hospital

Samantha C. Change Status: IP

Account # 12345678 Medical Record # 12345678 Original Balance Due \$500.00 Current Balance \$500.00 Date of Service Dec 23, 2023 Program/Program Type Medicaid & SSI

About Details Notes

Eligibility Denial

Reasons for denial of application for coverage due to the following criteria not being met:
• Account greater than 365 days - no resolution
• Claim Denied - No Appeal
• Doesn't meet spend-down (Medicaid TPSS)
• Failed to meet citizenship requirements
• Failed to meet income requirements
• Failed to meet residency requirements
• Failed to meet resource requirements
• Non-covered services
• Not disabled (SSI)
• Patient failed to follow through - missed appointment

Eligibility Denied Reason

Notes

Please leave notes of what you did so we can help accounts.

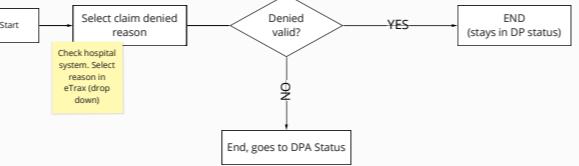
Follow-up Action Follow-up Date

Call Results Keep Internal

Notes are required before saving.

Save & Continue

DP



Patient Accounts General Hospital

Samantha C. Change Status: IP

Account # 12345678 Medical Record # 12345678 Original Balance Due \$500.00 Current Balance \$500.00 Date of Service Dec 23, 2023 Program/Program Type Medicaid & SSI

About Details Notes

Claim Status

Reasons for denial of claim due to the following criteria not being met:
• Benefits exhausted
• Bill used to meet spend-down
• Charges paid on inpatient claim
• Claim denied - no appeal
• Duplicate claim filed
• Failure to pre-certify
• Global Rate
• Incorrect billing information
• More than 1 year after discharge
• Non-covered services
• NOT BILLED - Non-covered services
• Other agency deemed primary payer
• Past billing deadline
• Patient failed to follow through - missing info
• Patient non-cooperative with benefit agency
• Primary payment exceeds DRG (Medicaid)

Claim Denied Reason

Notes

Please leave notes of what you did so we can help accounts.

Follow-up Action Follow-up Date

Call Results Keep Internal

Notes are required before saving.

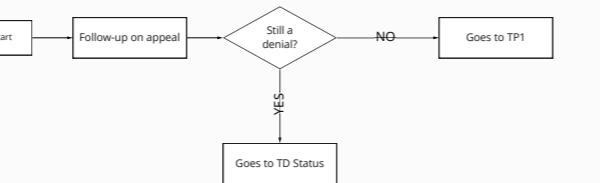
Save & Continue

Notes

Flow Chart

TDA Status- Third Party Agency denial of eligibility is being appealed

Tasks:
1. 1. Follow up with agency on appeal



Screens User Flow

Patient Accounts General Hospital

Samantha C. - Charge Status - RRA

Account # 123456789 Medicarnefund # 123456789 Original Balance Due \$500.00 Current Balance \$500.00 Date of Service Dec 31, 2022 Program/Program Type Modified # 456789

About Task

Follow up on appeal

Yes, still in denied
 No, not in denied

Notes.

Please leave notes of what you did so we can help accounts.

Follow-up Action:

Follow-up Date:

Call Results:

Keep Interval:

Notes are required before saving.

Back Save & Continue

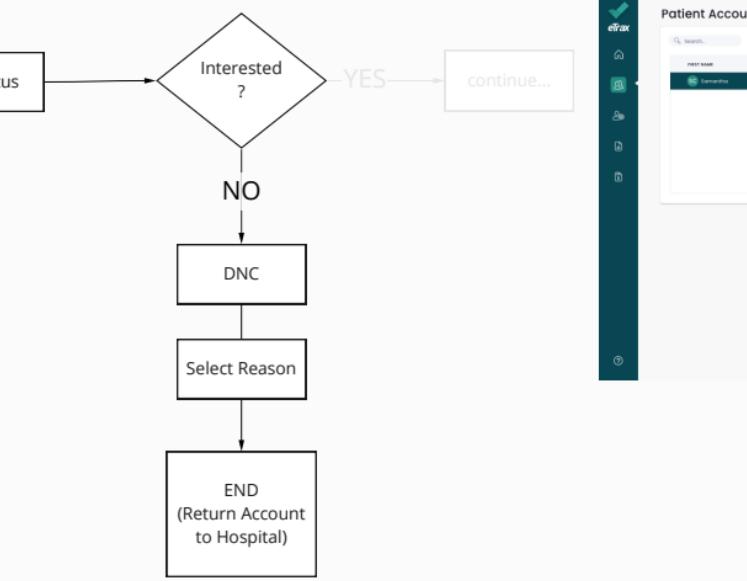
Notes

DNC Status - Patient was uncooperative Refused services or good phone number or good address but no response from Patient.

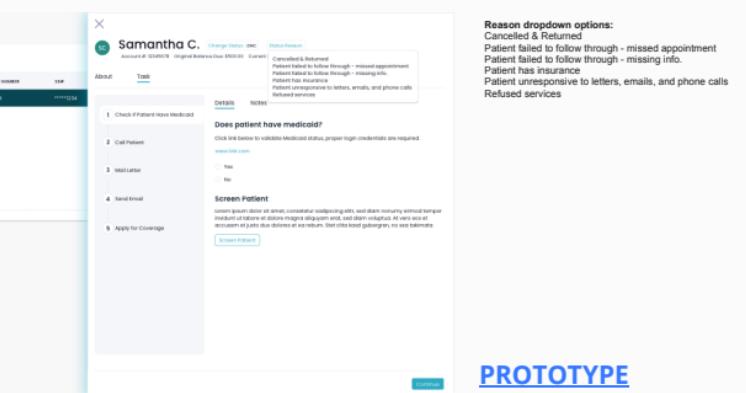
Tasks:

1. 1. Return account to hospital

Flow Chart



Screens User Flow



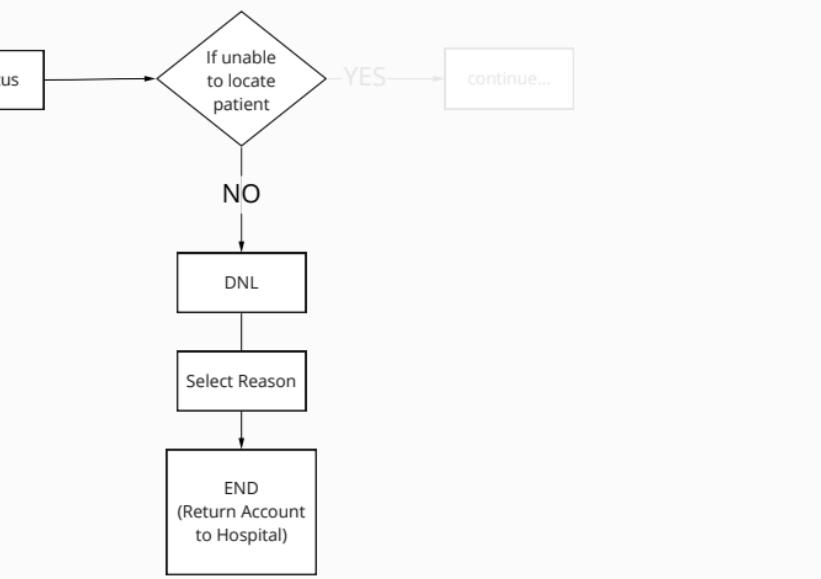
PROTOTYPE

Notes

DNL Status - MCR personnel have exhausted all efforts to locate the Patient, including home visit if the account balance meets home visit requirements. Bad address was given as home could not be located or received other verification that the Patient/guardian has moved and left no forwarding address.

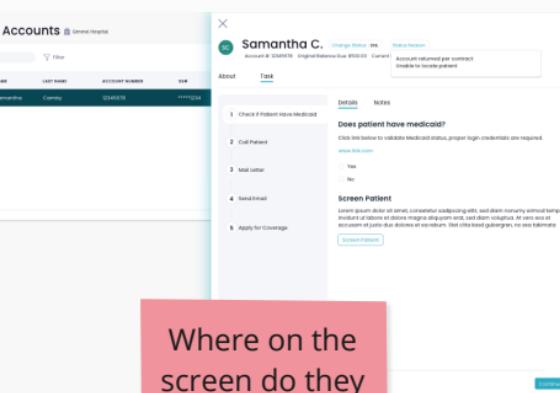
Tasks:

1. 1. Return account to hospital



Flow Chart

Screens User Flow



Where on the screen do they choose unable to locate patient?

OTOTYPE

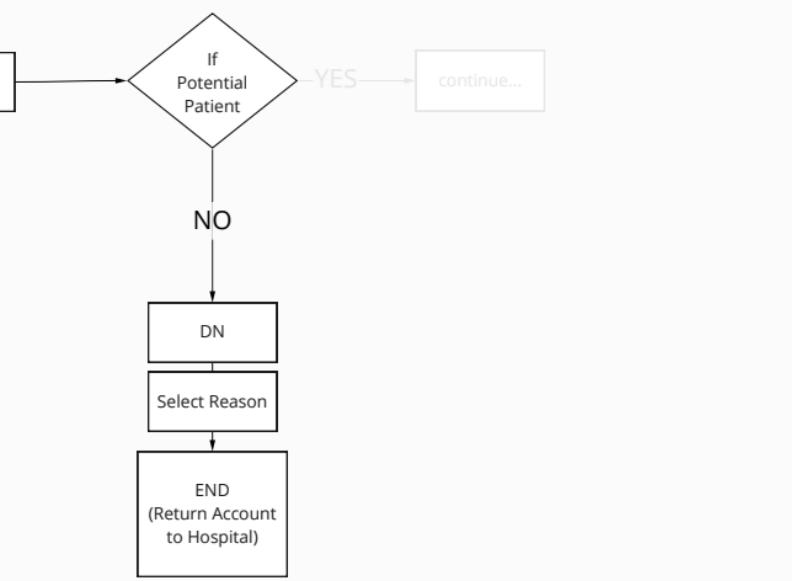
Notes

DN Status- Patient located and screened and MCR deemed Patient ineligible for any payer program

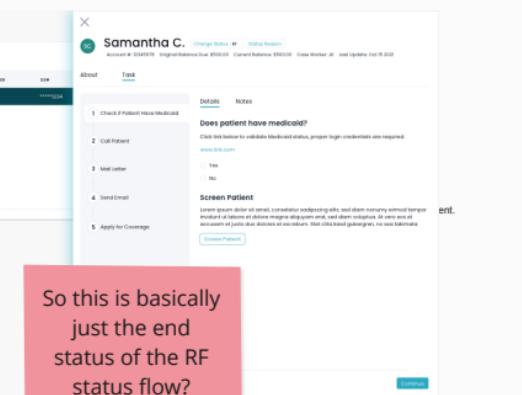
Tasks:

1. Return account to hospital **Alvin Question: Can you expand on this? What does the current Etrax system do when you return account to hospital? What do you do? It keeps the account in this status for life of account – if hospital request, we submit a list of accounts returned at beginning of each month for returns from previous month.**

Flow Chart



Screens User Flow



Notes

X Status- MCR personnel reviewed the Hospital notes on the account and determined that the Hospital already had the benefit information at the time of admit. Account was referred in error.

Tasks:

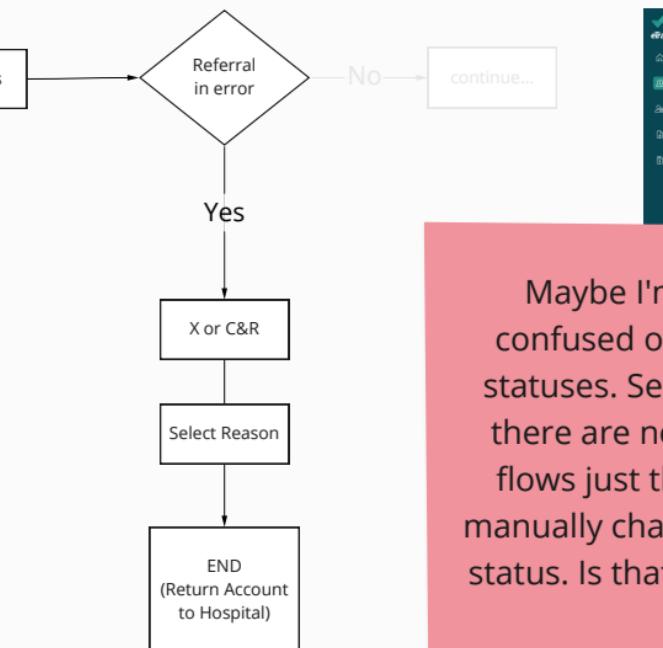
1. Return account to hospital

C&R Status- MCR personnel received an Inpatient referral as it was determined that the Patient did not have any benefits. MCR screened the Patient, found that the Patient had certified benefits, verified this information was correct and submitted the account back to the Hospital with the benefit information all before the Patient discharged from the Hospital.

Tasks:

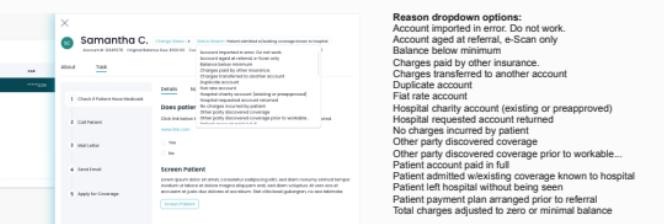
1. Return account to hospital.

Flow Chart



Screens User Flow

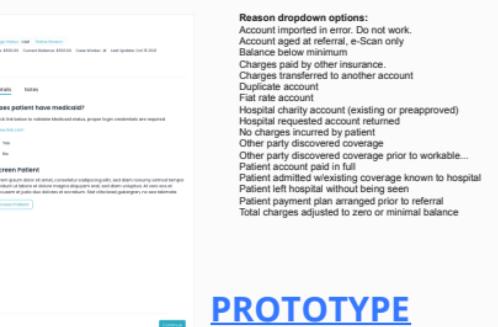
X



Reason dropdown options:
Account imported in error. Do not work.
Account aged at referral, e-Scan only
Balance below minimum
Charges paid by other insurance.
Charges transferred to another account
Duplicate account
Flat rate account
Hospital charity account (existing or preapproved)
Hospital requested account returned
No charges incurred by patient
Other party discovered coverage
Other party discovered coverage prior to workable...
Patient account paid in full
Patient admitted w/existing coverage known to hospital
Patient left hospital without being seen
Patient payment plan arranged prior to referral
Total charges adjusted to zero or minimal balance

PROTOTYPE

Maybe I'm just confused on these statuses. Seems like there are no status flows just the user manually changing the status. Is that correct?



Reason dropdown options:
Account imported in error. Do not work.
Account aged at referral, e-Scan only
Balance below minimum
Charges paid by other insurance.
Charges transferred to another account
Duplicate account
Flat rate account
Hospital charity account (existing or preapproved)
Hospital requested account returned
No charges incurred by patient
Other party discovered coverage
Other party discovered coverage prior to workable...
Patient account paid in full
Patient admitted w/existing coverage known to hospital
Patient left hospital without being seen
Patient payment plan arranged prior to referral
Total charges adjusted to zero or minimal balance

PROTOTYPE

CountrySide

Patient Accounts for CountrySide

Add Patient Account

Hospital Visit Details & Insurance

Patient Type: Doctor Nurse Admin

Patient Account Number: Medical Record Number:

Current Financial Class: Doctor Nurse Admin

Admit Date: Discharge Date: Original Balance Due:

Patient Information

Gender: Male Female Other

Date of Birth: SSN: Email (optional):

Last Name: First Name: Middle Name:

Address: City: State: Zip:

Step 1 of 2

CountrySide

Add Patient Account

Hospital Visit Details & Insurance

Patient Type: Doctor Nurse Admin

Patient Account Number: Medical Record Number:

Current Financial Class: Doctor Nurse Admin

Admit Date: Discharge Date: Original Balance Due:

Patient Information

Gender: Male Female Other

Date of Birth: SSN: Email (optional):

Last Name: First Name: Middle Name:

Address: City: State: Zip:

Step 1 of 2

CountrySide

Employee Detail

Admin

ID	FIRST NAME	LAST NAME	ROLE	ACTIVE
1	Brad	Park	Doctor	True
2	John	Smith	Nurse	True
3	David	Jordan	Doctor	True
4	Emily	White	Nurse	True
5	Mark	Allen	Doctor	True
6	Karen	Black	Nurse	True
7	Paul	Green	Doctor	True
8	Tom	Red	Nurse	True
9	Mike	Blue	Doctor	True
10	Sam	Yellow	Nurse	True
11	Tom	Green	Doctor	True
12	Mike	Blue	Nurse	True

Employee Detail

Admin

Employee ID: Name: Role: Doctor Nurse Admin

Address: City: State: Zip:

Hospital Detail

Admin

Hospital ID: Name: Address: City: State: Zip:

General Hospital

eTrax

Sign In

Forgot Password?

Contact Us

eTrax

Sign In

Forgot Password?

Contact Us

Patient Accounts for CountrySide

Filter need to be basic, this is complicated.

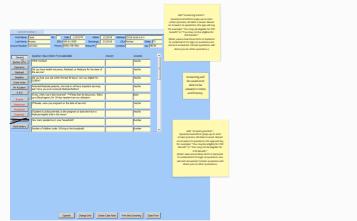
Search

Clear

Apply

Notes

Flow Chart



In Google Drive Pg
225-247 in doc: MCR_E-
Trax_Design_Document
.pdf

Great Information that
may help.

Screening

Family Size	TP 32 and TP 90			TP 86, TA 21 and TA 90		
		One Parent				
1	\$104	\$110				
2	\$176	\$198				
3	\$252	\$263				
4	\$356	\$377				
5	\$460	\$473				
6	\$564	\$586				
7	\$668	\$641				
8	\$772	\$743				
9	\$876	\$837				
10	\$980	\$931				
11	\$1084	\$1034				
12	\$1188	\$1135				
13	\$1292	\$1246				
14	\$1396	\$1347				
15	\$1500	\$1474				
Per each additional member	\$37	\$32				

User Story

As a user, I would like to quickly create an invoice.

Job to Be Done

Create Invoice reports

PROTOTYPE LINK

Tasks:

- Print and mail out letters to patients accordingly when needed via status.

Letter Types:

- Print and mail out letters to patients accordingly when needed via status.

Letter Design

<input checked="" type="checkbox"/> Hospital or MCR Name	Letter Type
--	--------------------

Date: Friday, March 18, 2022

To: Patient Name
Patient Address
City, State Zip

From: Hospital Name or MCR/eTrax
Account Number:
Account Balance:
Date of Service:
Date of Discharge:

Dear [Acct. First Name],

[REDACTED]

Reapply-Letter-RFP, TPP

RFP Letter

IMPORTANT NOTICE

Medical Capital Recovery, Inc.

Date: Friday, March 18, 2022

To: CESAR ACOSTA
30318 CIRCLE 6 STN
PENITAS, TX 78576

From: Medical Capital Recovery, Inc. - Financial Eligibility Worker

Account No: 1231231 Date of Service: 01/01/18

Account Balance: \$200.00 Date of Discharge: 02/01/18

Dear Cesar,

Your Medical application has been denied, MCR can assist you in filing an appeal; however, there is a limited time frame required to file an appeal and, in order for us to know if you are still within the time limit, please call our office at 866-686-3949 Monday – Friday, from 8:00 am – 5:00 pm (Central Standard Time). We must have the enclosed paperwork back as quickly as possible to help you with your eligibility.

Sincerely yours,

Medical Capital Recovery, Inc.

866-686-3949

RFP, RPP, TP-Letter

IMPORTANT NOTICE

Medical Capital Recovery, Inc.

Date: March 18, 2022

To: Cesar Acosta
30318 CIRCLE 6 STN
PENITAS, TX 78576

From: Medical Capital Recovery, Inc. - Patient Advocate

Account No: 1231231 Date of Service: 01/01/18

Account Balance: \$200.00 Date of Discharge: 02/01/18

Dear Cesar,

In reviewing your account, we have found Medicaid benefits; however, it does not cover the date of service of your visit to Chameleon. Enclosed are the needed forms that will allow us to help you apply for Medicaid benefits. Please fill out the attached forms and return them to our office as soon as possible. If you receive this paperwork back, we will fit it with the appropriate agency. We will work with you and the appropriate agency to ensure that you receive any benefits you are eligible for that will help with your medical bills.

If you have any questions at all, please call our offices at 866-686-3949 Monday - Friday, from 8:00 - 5:00 pm (Central Standard Time). We must have the enclosed paperwork back as quickly as possible to help you with these expenses.

Sincerely yours,

Medical Capital Recovery, Inc.

866-686-3949

RFO-3-First-Notice

RFO-3-Second-Notice

Medical Capital Recovery, Inc.

Date: Friday, March 18, 2022

To/Patient: CESAR ACOSTA
30318 CIRCLE 6 STN
PENITAS, TX 78576

From: MCR, Inc. - Patient Advocate

Account No: 1231231 Date of Service: 1/1/09

Account Balance: \$200.00 Date of Discharge: 2/1/09

Cesar Acosta,

We are pleased to inform you that Mission Regional Medical Center has referred your case to us at MCR, Inc. We are here to help you apply for Medicaid benefits to help pay your medical expenses. Our services are free of charge to you.

We have reviewed your case and find that we may be able to assist you in receiving medical assistance. A detailed application will be sent to you by mail. Please fill out the application and return it to us as soon as possible. If you find that you do not need any financial assistance in paying your medical expenses, please call us and let us know so that we may return your case to the Mission Regional Medical Center business office.

Sincerely yours,
[Hospital or MCR Name]

866-686-3949

RFPO-3, TP1-Letter

MCR-1826-Info-Release-Form-RFP, TP1, TP2, TPP

Medical Capital Recovery, Inc.

Date: March 18, 2022

To: Cesar Acosta
30318 CIRCLE 6 STN
PENITAS, TX 78576

From: Medical Capital Recovery, Inc. - Financial Eligibility Worker

Account No: 1231231 Date of Service: 01/01/12

Account Balance: \$0.00 Date of Discharge: 01/01/12

Dear Cesar,

We have received from you, we have received the requested information to certify your CRIME Victim case. As indicated when you were here at Chameleon there is a time limit of 30 days to complete the entire application.

If you will contact us at the Chameleon business office 866-686-3949 we can discuss the necessary documents needed for your application. We must hear from you no later than 30 days after the date we receive your signed application for your CRIME Victim application. Your company will receive your account in your name to the Chameleon business office for collections.

Needed:

- 1 Employment verification
- 2 Domicile verification
- 3 Last address verification
- 4 3 months prior Medicaid application
- 5 Copy of Medicaid card
- 6 Copy of medical records
- 7 Copy of identification documents
- 8 Proof of identification
- 9 Copy of most recent statements
- 10 Immunization of all children under 18
- 11 Absent parent profile (one for each absent parent)
- 12 Other _____

Sincerely yours,

Medical Capital Recovery, Inc.

866-686-3949

March 18, 2022

[REDACTED]

The screenshot illustrates the etrax Audit Report Prototype Link. On the left, a sidebar menu includes 'Administrator', 'Hospital', and 'etrap'. The main area features a search bar with the placeholder 'use this search bar feature' and a link to 'https://razor.zetzen.com/datagrid-single-filter'. Below the search bar is a table with columns 'item', 'owner', and 'date'. The table lists various audit events such as 'Employee or Hospital Name' being added or changed, and 'Imported Accounts'. On the right, a title 'Audit Report' is followed by a table with the same three columns. The table contains several rows of audit log entries, with the first row highlighted in yellow.

[Audit Report Prototype Link](https://razor.zetzen.com/datagrid-single-filter)