



TEXAS  
Health and Human  
Services

# Medicaid Administrative Claiming (MAC) here

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**How to Manage Contacts in State of  
Texas Automated Information  
Reporting System (STAIRS)**

# Managing Contacts in STAIRS

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- This document was created to help guide providers through the process of managing their contacts in the STAIRS system.
- Providers stated that updating and managing contacts could be confusing or difficult to navigate, so we are providing this document to help guide providers, new and current, through the process of updating and managing their contacts for MAC in STAIRS.



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# Manage Contacts

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Fort Bend Health & Human Services LHD

Dashboard Participant List Time Study Sample MAC Financial Submission **Manage**

Reference Materials

### Participant List

JS21 is not certified

Participants by Quarter

Quarter	Participants
JS20	0
OD20	68
JM21	67
AJ21	65
JS21	65

### Time Study Sample

AJ21 is open for TS

AJ21 TS Compliance - Quarter to Date

Compliance (%)
59%

### MAC Financial Submission

OD20 is not certified

Net Expenditures By Quarter

Quarter	Net Expenditures
OD19	\$0
JM20	\$0
AJ20	\$0
JS20	\$0
OD20	\$0

Hide Charts



# Add a New Contact



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Welcome, (Logout)

## Fort Bend Health & Human Services LHD

Dashboard Participant List Time Study Sample MAC Financial Submission **Manage**

[Manage Contacts](#) | [Manage Training Status](#)

[Add a new contact](#) Reference Materials

[Edit My Info](#) | [Add Role](#)  
Deputy Chief of Health and Human Services

test@test.com  
4520 Reading Road, Suite A100  
Rosenberg, TX 77471

Phone: 123-456-7890  
Fax: 123-456-7890

### Your Roles

- Fort Bend Health & Human Services LHD
  - RMTS Contact (Primary)
  - MAC Financial Contact (Primary)
  - Director (Primary)

Test Contact		
<a href="mailto:test@test.com">test@test.com</a> 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	<b>Roles</b> <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a></li></ul></li></ul>	<b>Actions</b> <ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>

Test Contact 2		
<a href="mailto:test@test.com">test@test.com</a> 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	<b>Roles</b> <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li><li>RMTS Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li></ul></li></ul>	<b>Actions</b> <ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>

Select Add a new contact

# Add a New Contact

Dashboard > Participant List > Time Study Sample > MAC Financial Submission

Manage Contacts | Manage Training Status

## Add Contact Profile

Prefix

First Name \*

Last Name \*

Job Title

Email \*

Street 1

Street 2

City

State \*

Postal Code

Phone

Fax

District Role \*

Primary Contact

- Enter contact data
- Fields with a red \* are required
- Primary Contact – only check if this contact is primary. You can only have one primary – making this new contact primary will replace the other primary contact.
- Click “Save” when finished



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# Add a New Contact

Dashboard > Participant List > Time Study Sample > MAC Financial Submission > Manage

Manage Contacts | Manage Training Status

## Add Contact Profile

**\*District Role\* must be specified.**

Prefix	<input type="text"/>
First Name *	<input type="text" value="test"/>
Last Name *	<input type="text" value="test"/>
Job Title	<input type="text"/>
Email *	<input type="text" value="email@email.com"/>
Street 1	<input type="text"/>
Street 2	<input type="text"/>
City	<input type="text"/>
State *	<input type="text" value="Texas"/>
Postal Code	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
District Role *	<input type="text" value="--"/>
Primary Contact	<input type="checkbox"/>

Fields with a red \* are required, if you do not enter data in a required field, you will receive a “hard edit”.

The edit must be resolved – data entered in order to “Save” the contact information.



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# Add a Contact



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Burke Center (ECI)

[Dashboard](#) > [Participant List](#) > [Time Study Sample](#) > [MAC Financial Submission](#) > [Manage](#)

[Manage Contacts](#) | [Manage Training Status](#)

Contact saved. An email containing the username and password was sent to email@email.com

[Return to Manage Contacts](#)

**New contact is added message.**

**RMTS Information**

[RMTS Information Website \(TX - HHSC\)](#)

**MAC Information**

[MAC Information Website \(TX - HHSC\)](#)

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For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or [info@fairbanksllc.com](mailto:info@fairbanksllc.com)

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# Add New Role for an Existing Contact



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## Fort Bend Health & Human Services LHD

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[Edit My Info](#) | [Add Role](#)  
Deputy Chief of Health and Human Services

test@test.com  
4520 Reading Road, Suite A100  
Rosenberg, TX 77471

Phone: 123-456-7890  
Fax: 123-456-7890

### Your Roles

- Fort Bend Health & Human Services LHD
  - RMTS Contact (Primary)
  - MAC Financial Contact (Primary)
  - Director (Primary)

Contact	Roles	Actions
<b>Test Contact</b> test@test.com 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	<ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a></li></ul></li></ul>	<ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>
<b>Test Contact 2</b> test@test.com 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	<ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li><li>RMTS Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li></ul></li></ul>	<ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>

Select Add New Role



# Add New Role for an Existing Contact



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Dashboard > Participant List > Time Study Sample > MAC Financial Submission > Manage

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## Add Contact Role

**Test Contact 3**

District: Fort Bend Health & Human Services LHD

District Role:

Primary Contact:

**WARNING:** By designating this individual as a "Primary Contact" in the system, you are asserting that this person is an employee of the provider entity that is contracted with the State of Texas to provide Medicaid Administrative Claiming (MAC), and/or School and Related Health Services (SHARS) services. An employee is a person who is employed by the Provider Entity who earns a salary or wages from the Provider Entity. Falsification of this information may impact the provider entity's federal funds and may be subject to prosecution under Federal or State civil or criminal law. Additionally, by designating this individual as a "Primary Contact" in the system, you are authorizing this person to act on behalf of the Provider Entity to discuss any and all matters regarding financial records related to Provider Entity's MAC Claim and/or SHARS cost report.

Choose District Role

- Primary Contact – only check if this contact is primary. You can only have one primary – making this new contact primary will replace the other primary contact.
- Click "Save" when finished

# Edit a Contact



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## Fort Bend Health & Human Services LHD

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[Edit My Info](#) | [Add Role](#)  
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Phone: 123-456-7890  
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### Your Roles

- Fort Bend Health & Human Services LHD
  - RMTS Contact (Primary)
  - MAC Financial Contact (Primary)
  - Director (Primary)

Test Contact		
<a href="#">test@test.com</a> 1711 East Beltline Road Coppell, TX 75019  Phone: 123-456-7890 Fax: 123-456-7890	<b>Roles</b> <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a></li></ul></li></ul>	<b>Actions</b> <ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>

Test Contact 2		
<a href="#">test@test.com</a> 1711 East Beltline Road Coppell, TX 75019  Phone: 123-456-7890 Fax: 123-456-7890	<b>Roles</b> <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li><li>RMTS Contact (Secondary) - <a href="#">edit</a> <a href="#">delete</a></li></ul></li></ul>	<b>Actions</b> <ul style="list-style-type: none"><li><a href="#">Add New Role</a></li><li><a href="#">Edit Contact Info</a></li><li><a href="#">Delete Contact</a></li></ul>

Select Edit Contact Info



# Edit a Contact



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Dashboard > Participant List > Time Study Sample > MAC Financial Submission

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## Edit Contact Profile

Prefix

First Name \*

Last Name \*

Job Title

Email \*

Street 1

Street 2

City

State \*

Postal Code

Phone

Fax

- Fields with a red \* are required, if you do not enter data in a required field, you will receive a "hard edit".
- The edit must be resolved – data entered in order to "Save" the contact information.

# Delete a Contact



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## Fort Bend Health & Human Services LHD

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Manage Contacts Manage Training Status

Add a new contact Reference Materials

Edit My Info | Add Role  
Deputy Chief of Health and Human Services

test@test.com  
4520 Reading Road, Suite A100  
Rosenberg, TX 77471  
Phone: 123-456-7890  
Fax: 123-456-7890

### Your Roles

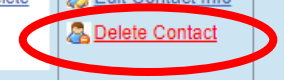
- Fort Bend Health & Human Services LHD
  - RMTS Contact (Primary)
  - MAC Financial Contact (Primary)
  - Director (Primary)

Test Contact		
test@test.com 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	Roles <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - edit</li></ul></li></ul>	Actions <ul style="list-style-type: none"><li>Add New Role</li><li>Edit Contact Info</li><li>Delete Contact</li></ul>

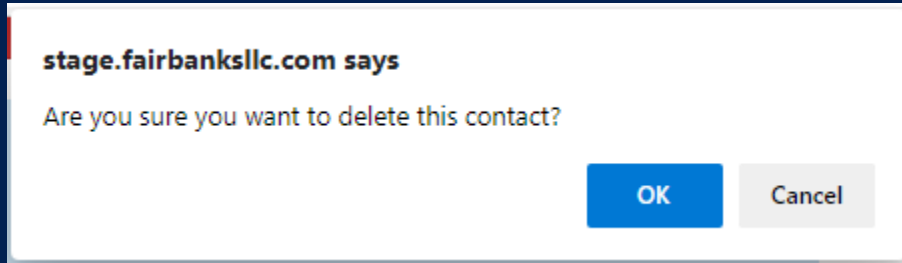
Test Contact 2		
test@test.com 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	Roles <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - edit delete</li><li>RMTS Contact (Secondary) - edit delete</li></ul></li></ul>	Actions <ul style="list-style-type: none"><li>Add New Role</li><li>Edit Contact Info</li><li>Delete Contact</li></ul>

This will delete the contact in its entirety – all data and all roles

Select Delete Contact



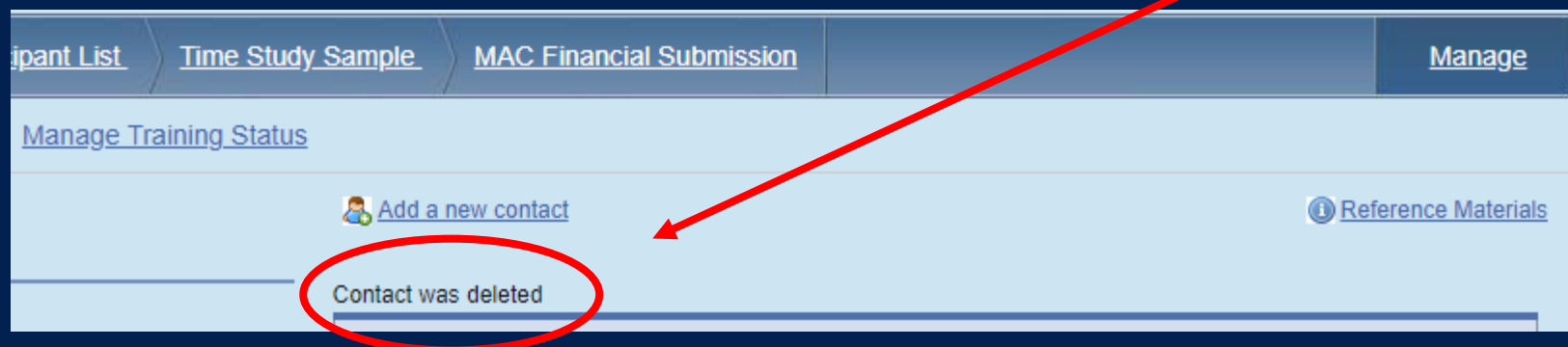
# Delete a Contact



When you delete, you will be asked to confirm that you do in fact wish to delete.

Select OK to confirm the deletion.

Once the contact is deleted you will see the deletion message.



# Delete a Contact



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test@test.com 1711 East Beltline Road Coppell, TX 75019 Phone: 123-456-7890 Fax: 123-456-7890	Roles <ul style="list-style-type: none"><li>Fort Bend Health &amp; Human Services LHD<ul style="list-style-type: none"><li>MAC Financial Contact (Secondary) - edit delete</li><li>RMTS Contact (Secondary) - edit delete</li></ul></li></ul>	Actions <ul style="list-style-type: none"><li>Add New Role</li><li>Edit Contact Info</li><li>Delete Contact</li></ul>

This will delete just the role for the contact – the contact and all other data/roles will not be deleted.

Select Delete next to the role to be deleted

# Contact Information

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- If you have any questions regarding this process please reach out to the MAC team or Fairbanks using the below contact information:
- MAC:
  - Phone: 512-462-6200
  - Email: [MedicaidAdministrativeClaiming@hhs.Texas.gov](mailto:MedicaidAdministrativeClaiming@hhs.Texas.gov)
- Fairbanks Client Information Center
  - Phone: 888-321-1225
  - Email: [info@fairbanksllc.com](mailto:info@fairbanksllc.com)



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