

TX Acumen Enrollment Referral Worksheet



Thank you for partnering with Acumen! Please note, enrollment referrals are only valid when sent to Acumen by an authorized Case Manager (CM)/Service Coordinator (SC). Please complete the below information and return to Acumen via email at enrollment-tx@acumen2.net or fax at 855-264-3287. You may include proposed IPC/authorization, Form 2067, Form 1584, and any other pertinent documentation with this worksheet. Sending all requested documents together at the same time will result in the fastest enrollment turnaround. Once a referral is received, a local Texas-based Acumen Agent will contact the specified individual or prospective member to discuss enrollment needs and negotiated start dates within 2 business days. Once a date of service has been agreed upon, the CM/SC will have 2 business days to send Acumen the proposed authorization.

If you or the member have additional questions or would like to know more information about our organization, please contact our customer service department at 866-759-9524 or visit our website at www.acumenfiscalagent.com.

Individual Service Recipient Information	
Individual's Name:	Medicaid ID #:
Social Security Number:	Date of Birth:
Program: <input type="checkbox"/> CLASS <input type="checkbox"/> DBMD <input type="checkbox"/> PHC <input type="checkbox"/> HCS <input type="checkbox"/> TXHML <input type="checkbox"/> STAR KIDS <input type="checkbox"/> STAR PLUS <input type="checkbox"/> PCS	
Proposed Effective Date:	New to CDS: <input type="checkbox"/> Transfer: <input type="checkbox"/> Other: <input type="checkbox"/>
Home Address of Individual:	
Mailing Address (if different):	
Employer (if not the Individual)	Designated Representative (if applicable)
Employer's Name:	DR's Name:
Phone Number:	Phone Number:
Email Address:	Email Address:
Relationship to Individual:	Relationship to Individual:
Case Manager/Service Coordinator Information	
CM/SC Organization:	CM/SC Name:
CM/SC Phone Number:	CM/SC Email Address:
Follow-up Instructions	
NOTES:	
How would the Employer like to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Phone	