



LONG-TERM CARE (LTC)

USER GUIDE FOR HOSPICE PROVIDERS



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Addendum: Changes to Section RUG of the Minimum Data Set (MDS) 3.0 Assessment

TMHP will update 55 fields in the Resource Utilization Group (RUG) section of the MDS 3.0 assessment to allow LTC Online Portal users to manually enter and validate data (Field D0300 will remain disabled and autofilled based on information previously entered in RUG-related fields on the portal).

The screenshot shows the 'MINIMUM DATA SET (MDS) – Version 3.0' interface. At the top, it says 'RESIDENT ASSESSMENT AND CARE SCREENING' and 'Nursing Home Comprehensive (NC) Item Set'. Below this, there are fields for 'Current Status:', 'Name:', 'DLN:', and 'RUG:SE2'. A yellow bar contains 'Form Actions:' with 'Print' and 'Add Note' buttons. Below the bar is a grid of section tabs from Section A to Section L, with Section RUG highlighted in blue.

Effective October 1, LTCOP users will be required to submit data for those 55 RUG fields under ‘Section RUG’. All other fields under the RUG section will continue to remain read-only and autofilled from CMS.

Note: All 55 Section RUG fields must be submitted on the LTCOP along with Section LTCMI.

- If the LTCMI is submitted as a PC-E (Gap in the assessment) for effective dates prior to October 1, 2023, and the Assessment Reference Date is on or after October 1, 2023, the RUG section will still be required to be submitted. PC-E will be the RUG value sent to SAS.
- If the LTCMI is submitted as a PC-M (Missed assessment) for effective dates prior to October 1, 2023, and the Assessment Reference Date is on or after October 1, 2023, the RUG section will still be required to be submitted and sent to SAS.

The new required fields are in the following subsections:

- **D0200 – Resident Mood Interview (PHQ-9®)**

D0200.	Resident Mood Interview (PHQ-9®)	<p>Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the resident: "About how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <table border="1"> <thead> <tr> <th></th> <th>1. Symptom Presence</th> <th>2. Symptom Frequency</th> </tr> </thead> <tbody> <tr> <td>• A. Little interest or pleasure in doing things</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• B. Feeling down, depressed, or hopeless</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• C. Trouble falling or staying asleep, or sleeping too much</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• D. Feeling tired or having little energy</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• E. Poor appetite or overeating</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• G. Trouble concentrating on things, such as reading the newspaper or watching television</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>• I. Thoughts that you would be better off dead, or of hurting yourself in some way</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		1. Symptom Presence	2. Symptom Frequency	• A. Little interest or pleasure in doing things	<input type="text"/>	<input type="text"/>	• B. Feeling down, depressed, or hopeless	<input type="text"/>	<input type="text"/>	• C. Trouble falling or staying asleep, or sleeping too much	<input type="text"/>	<input type="text"/>	• D. Feeling tired or having little energy	<input type="text"/>	<input type="text"/>	• E. Poor appetite or overeating	<input type="text"/>	<input type="text"/>	• F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="text"/>	<input type="text"/>	• G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="text"/>	<input type="text"/>	• H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="text"/>	<input type="text"/>	• I. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="text"/>	<input type="text"/>
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The user is directed to ask the resident if they have been bothered by any of the following problems:

- A. Little interest or pleasure in doing things

- B. Feeling down, depressed, or hopeless
- C. Trouble falling or staying asleep, or sleeping too much
- D. Feeling tired or having little energy
- E. Poor appetite or overeating
- F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
- G. Trouble concentrating on things, such as reading the newspaper or watching television
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- I. Thoughts that you would be better off dead, or of hurting yourself in some way
- **G0110 – Activities of Daily Living (ADL) Assistance**

G0110	<p>Activities of Daily Living (ADL) Assistance</p>	<p>Refer to the ADL flow chart in the RAI manual to facilitate accurate coding</p> <p>Instructions for Rule of 3</p> <ul style="list-style-type: none"> * When an activity occurs three times at any one given level, code that level. * When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). * When an activity occurs at various levels, but not three times at any given level, apply the following: <ul style="list-style-type: none"> - When there is a combination of full caregiver performance, and extensive assistance, code extensive assistance. - When there is a combination of full caregiver performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). <p>If none of the above are met, code supervision.</p> <p>1. ADL Self-Performance 2. ADL Support Provided</p> <p>Code for resident's performance over all shifts - not including setup. If Code for most support provided over all shifts; code regardless of the ADL activity occurred 3 or more times at various levels of assistance, resident's self performance classification code the most dependent - except for total dependence, which requires full staff performance every time</p> <p>A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture</p> <p>1. Self-Performance <input type="text"/></p> <p>2. Support <input type="text"/></p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)</p> <p>1. Self-Performance <input type="text"/></p> <p>2. Support <input type="text"/></p> <p>H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).</p> <p>1. Self-Performance <input type="text"/></p> <p>2. Support <input type="text"/></p> <p>I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal or bedside commode, catheter bag or ostomy bag</p> <p>1. Self-Performance <input type="text"/></p> <p>2. Support <input type="text"/></p>
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Check all of the following treatments, procedures, and programs that were performed during the last 14 days by completing the following fields:

- A. Bed Mobility
- B. Transfer
- H. Eating
- I. Toilet use

• **K0510 – Nutritional Approaches**

K0510.	<p>• Nutritional Approaches</p>	<p>Check all of the following nutritional approaches that were performed during the last 7 days</p> <p>1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.</p> <p>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">1. While NOT a Resident</th> <th style="width: 20%;">2. While a Resident</th> </tr> </thead> <tbody> <tr> <td>A. Parenteral/IV feeding</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Feeding-tube – nasogastric or abdominal (PEG)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Z. None of the above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		1. While NOT a Resident	2. While a Resident	A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	B. Feeding-tube – nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>	Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
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K0710.	<p>Percent Intake by Artificial Route</p>	<p>Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B.</p> <p>3. During Entire 7 Days. Performed during the entire <i>last 7 days</i>.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 40%;">3. During Entire 7 Days</th> </tr> </thead> <tbody> <tr> <td>A. Proportion of total calories the resident received through parenteral or tube feeding</td> <td style="text-align: center;">▼</td> </tr> <tr> <td>B. Average fluid intake per day by IV or tube feeding</td> <td style="text-align: center;">▼</td> </tr> </tbody> </table>		3. During Entire 7 Days	A. Proportion of total calories the resident received through parenteral or tube feeding	▼	B. Average fluid intake per day by IV or tube feeding	▼						
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Check all of the following nutritional approaches that were performed during the last seven days, both while a resident and while not a resident. The fields that must be completed are:

- A. Parenteral/IV feeding
- B. Feeding-tube
- Z. None of the above

• **00100 – Special Treatments, Procedures, and Programs**

00100.	<p>• Special Treatments, Procedures, and Programs</p>	<p>Check all of the following treatments, procedures, and programs that were performed during the last 14 days</p> <p>1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank.</p> <p>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">1. While NOT a Resident</th> <th style="width: 15%;">2. While a Resident</th> </tr> </thead> <tbody> <tr> <td colspan="3">Cancer Treatments</td> </tr> <tr> <td>A. Chemotherapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Radiation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Respiratory Treatments</td> </tr> <tr> <td>C. Oxygen therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. Suctioning</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>E. Tracheostomy care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F. Invasive Mechanical Ventilator (ventilator or respirator)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other</td> </tr> <tr> <td>H. IV medications</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I. Transfusions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>J. Dialysis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>None of the Above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Z. None of the above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		1. While NOT a Resident	2. While a Resident	Cancer Treatments			A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Treatments			C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	Other			H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>	I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
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Indicate which treatments, procedures, and programs that were performed during the last 14 days, both while a resident and while not a resident:

- Cancer Treatments
 - A. Chemotherapy
 - B. Radiation
- Radiation Treatments
 - C. Oxygen therapy
 - D. Suctioning

- E. Tracheostomy care
- F. Invasive Mechanical Ventilator (ventilator or respirator)
- **Other**
 - H. IV medications
 - I. Transfusions
 - J. Dialysis
- **O0600 – Physician Examinations**

O0600.	• Physician Examinations	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?	<input type="text"/>
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- Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?

- **O0700 – Physician Orders**

O0700.	• Physician Orders	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's order?	<input type="text"/>
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- Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's order?

Once these and all other required fields in Section RUG have been completed, click the **Submit Button**.

<input type="button" value="Submit Form"/>
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For more information, contact the LTC Help Desk at **800-626-4117**.

Addendum added October 01, 2023.

Learning Objectives

After working through this Long-Term Care (LTC) User Guide for Hospice Providers, you will be able to:

- Complete and submit Hospice Form 3071 – Election/Cancellation/Discharge Notice.
- Complete and submit Hospice Form 3074 – Physician Certification of Terminal Illness.
- Understand the provider workflow process.
- Recognize how to prevent Medicaid waste, abuse, and fraud.
- Understand that complying with the Health Insurance Portability and Accountability Act (HIPAA) is *your* responsibility as a provider. You should seek legal representation when needed and consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) provider representative when you have questions.
- Identify additional resources to assist you.

Forms to be Submitted

Hospice Form 3071 – Election/Cancellation/Discharge Notice

Form 3071 is used to notify the Texas Health and Human Services Commission (HHSC) of the voluntary election, transfer, or cancellation of a client’s membership in the Texas Medicaid Hospice program, or to update changes in the client’s location, condition, or status. Form 3071 must be completed by the hospice staff as an election, update, correction, or cancellation. If a client is discharged from hospice for any reason and they reelect Hospice, regardless of the amount of time that has passed, the hospice staff must complete a new Election and Physician Certification form.

If the form is intended to elect a client into hospice care, check the **Elect** box and include only the From date. The signature of the client or the responsible party is required on all Elect form types.

If the form will update information that is already provided on an existing Election document, check the **Update** box, include only the From date, and complete the appropriate fields. Forms indicating that an update is needed do not require a client or responsible party signature.

Complete an update to a document if:

- The provider numbers change because of a change in ownership (CHOW).
- The client changes location from/to a community or nursing facility (NF).
- There is a change to the principal diagnosis.

Updates should be submitted when a provider must change the information for future services. To correct previously submitted information for previous service dates, submit a correction. More information about making corrections to Form 3071 can be found in the “Corrections” section of this user guide.

If the form is intended to cancel/terminate a client from hospice, check the **Cancel** box and include only the To date. The client or responsible party signature is required if the cancellation code is “14 - Recipient transferred to service other than hospice” or “77 - Recipient withdrew, was dissatisfied, or refused service.”

When a client transfers from one hospice provider to another, the losing hospice provider must enter cancel code “77” on Form 3071 and include only the To date.

The receiving hospice provider must complete Form 3071, elect Hospice, and include only the From date. In addition, they must also complete a new Form 3074 Certification to pair with the new 3071 Election.

On Line 13, enter the principal hospice diagnosis as reported by the certifying physician. Additional pertinent, coexisting diagnoses are entered on Lines 14 through 16. If there are additional diagnoses to be documented, enter them in the Comments (17) box. Document the International Classification of Diseases (ICD-10) code for each diagnosis that is recorded. Non-specific diagnoses, such as Adult Failure to Thrive or Debility, will not be accepted as the principal hospice diagnosis.

The Setting field indicates where the client is receiving hospice services. The setting determines which hospice services are authorized. Community type settings are not authorized for Room and Board services. A client who resides in an assisted living facility is considered to be in the Community and the setting should be Home. Verify

the classification of the facility before indicating that the client is in an NF or an Intermediate Care facility for Individuals with Intellectual Disabilities (ICF/IID). NF and ICF/IID facilities must have an associated Level of Service record per facility type.

The provider must maintain an original Form 3071 on file for reproduction. Submission of the form is outlined in the “How to Submit Form 3071” section of this user guide. An original [Form 3071](#) is available on the [HHSC website](#) or on the [TMHP website](#) under the [LTC-Term Care Forms](#) page.

Note: The effective date of Form 3071 is whichever is the later of Field 3. From and Field 29. Client Date Signed. See the “Helpful Telephone Numbers” section of this user guide for contact information on Hospice claims, policy, and contracting.

For Hospice forms, all policy questions should be directed to HospicePolicy@hhsc.state.tx.us. TMHP will only support technical questions related to using the LTC Online Portal to submit Hospice forms.

Note: If the client enters the NF under hospice care, then there is no need to submit Form 3618 or 3619 admission. If the client has already been admitted to the NF on a Form 3618 or 3619 and then enters hospice care (while remaining in the facility), the NF is responsible for discharging them to hospice care on a 3618/19. After they have discharged the client, they are no longer required to submit Forms 3618 and 3619 to track the client’s entry and reentry to the Hospice program. This will be tracked on Form 3071.

How to Submit Form 3071

Paper copies of Forms 3071 and 3074 with dates and signatures must be completed before they are electronically submitted in the LTC Online Portal. The signed and dated originals must be retained in the Hospice client’s medical/hospice record.

To complete and submit Form 3071, follow these steps:

- 1) Log in to the LTC Online Portal.
- 2) Click **Submit Form** located in the blue navigational bar.
- 3) From the Type of Form drop-down box, choose **3071: Recipient Election/Cancellation/Discharge Notice**.
- 4) Click **Enter Form**.
- 5) Enter all required information as indicated by the red dots.
 - Enter at least one of the following: the client’s **Medicaid number** or **Social Security Number (SSN)**.
 - If it is an election, choose **Election** and enter a From date only. Elections must include the client or responsible party signature. Examples of when to choose **Election** include:
 - A client is electing hospice care for the first time.
 - A client is reelecting hospice care after an interruption in hospice services.
 - A client is transferring from one hospice provider to another. The election date will then be the date of transfer. The gaining provider must also submit Form 3074 to begin a new service authorization period.

- If it is an update, choose **Update** and enter a From date only. Use the Comment box (17) to enter an explanation of the update. Examples of when to choose Update include:
 - A Hospice client has an additional terminal diagnosis.
 - A change in payment.
 - CHOW that results in a new provider number. (This update is required to transfer the person's information to the new provider.)
 - A change in the Hospice client's location or setting.
 - A Hospice client is admitted to a skilled nursing facility (SNF) bed.
 - A Hospice client's admission to an NF Medicaid bed.
- If terminating the Hospice program, choose **Cancel** and enter a To date only. If the Cancel Code is 14 or 77, the client or responsible party signature is required. Examples of when to choose Cancel include:
 - A client voluntarily revokes hospice service.
 - A person dies.
 - A person no longer meets hospice eligibility requirements.
 - A person transfers to another service (other than hospice).
 - A person transfers to another hospice provider, the losing provider chooses **Cancel** and enters a Cancel Code "77" in Box 2.
- The setting indicates where the person is receiving the hospice services.
- If the person is in an assisted living facility, the setting should indicate Home.
- A SNF setting indicates that the person is classified as a Medicare client for a non-related condition.
- Enter the principal terminal ICD-10 code, as stated by the certifying physician, in the first box marked by the red dot. All other terminal diagnoses may be entered in the remaining boxes. Additional pertinent diagnoses may be entered in the Comments (17) box with the ICD-10 Code included.
Note: Diagnoses of Debility and Failure to Thrive are no longer accepted as principal terminal diagnoses.

6) From here, you have two options:

- a) Click **Submit Form** to submit the form.
- b) Click **Save as Draft** to store the form for future use, but do not submit it. The form does not have to be complete to save the draft.

Note: If the form is successfully submitted, a document locator number (DLN) will be assigned and the LTC Online Portal will show that the form has been successfully submitted. If there are errors, they will be displayed in a box at the top of the screen. These errors must be resolved before the form will be successfully submitted. After you have resolved all the errors, click **Submit Form** again to submit the form.

Note: Forms 3071 and 3074 must both be submitted and processed before you can receive payment for your services.

3071 Recipient Election/Cancellation/Discharge Notice

Current Status: Unsubmitted

Form Actions:

Provider Information

CARE HOSPICE
2020 S.W. GRAPEVINE HWY
 GRAPEVINE, TX 75848

Recipient Information

Medicaid Number (8) <input type="text"/>	Name	Address
SSN (9) <input type="text"/>	• Last (7) <input type="text"/>	• Street (11) <input type="text"/>
• DOB (10) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>	• First <input type="text"/>	• City <input type="text"/>
	MI <input type="text"/>	• State <input type="text"/>
		• Zip <input type="text"/>
	• Name of Facility/Provider (if applicable) <input type="text"/>	• County Code (12) <input type="text"/>

Transaction Information

• Form Type (1)

From (3) To (4)

• Setting (5) • Medicare Part A (6)

All Terminal Diagnosis - List All Terminal Illnesses

Diagnosis Code	Description
• 13. Principal Hospice Diagnosis Code <input type="text"/> <input type="button" value="Q"/>	13. <input type="text"/>
14. <input type="text"/> <input type="button" value="Q"/>	14. <input type="text"/>
15. <input type="text"/> <input type="button" value="Q"/>	15. <input type="text"/>
16. <input type="text"/> <input type="button" value="Q"/>	16. <input type="text"/>

Comments (17)

Hospice Information

• Hospice Provider Name (18) Provider Number (19) **001003108** Hospice Phone Number (20)

• Address (21) • State • Zip

• City

Physician Information

• Physician First Name • Physician Last Name (22)

• State License No. (23) • Date of Orders (24)

Signatures

Hospice Representative	Client
• Last Name (25) <input type="text"/>	Is Signature on Form? (28) <input type="checkbox"/> Yes
• First Name <input type="text"/>	Date Signed (29) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>
• Is Signature on Form? (26) <input type="checkbox"/> Yes	
• Date Signed (27) <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>	

Hospice Form 3074 – Medicaid/Medicare Physician Certification of Terminal Illness

Form 3074 fulfills several purposes: It is used to capture the Medicaid physician's certification that, based upon the principal hospice diagnosis, the client has a prognosis of six months or less to live if the terminal illness runs its normal course. In addition, Medicare physician certification and completion of enrollment in the Medicaid Hospice program are also done on Form 3074.

The provider must maintain a blank Form 3074 on file for reproduction.

[Form 3074](#) is available on the [HHSC website](#) or on the [TMHP website](#) under the [LTC-Term Care Forms](#) page.

The physician completes Form 3074 when a person elects hospice care and every six months thereafter, which is called recertification. Physician certification statements are valid for six months and must be renewed each subsequent six-month certification period. A hospice person's principal hospice diagnosis must be verified within two days of the hospice election date as evidenced by verbal verification by the hospice staff or receipt of physician(s) signature on Form 3074. The physician is allowed to sign and date the initial certification within the six-month terminal illness timeframe if a verbal verification is obtained. If no verbal verification is obtained, the physician's signature must be obtained within two days of the initial election for the certification to be valid on the election date.

Note: Recertification forms must be signed no earlier than 15 calendar days before the recertification date or anytime during the six-month recertification period.

If a person is discharged from hospice services for any reason and they reelect Hospice, regardless of the amount of time that has passed, a new Election (3071) and new Physician Certification (3074) form must be completed.

Note: Forms 3071 and 3074 must both be successfully submitted and processed before you can receive payment for services provided to the client.

If the initial certification statement is signed by the physician after the six-month timeframe, the effective date will be the date that the document was signed by the physician. Medicaid payment will not be made prior to that date.

The two-day verbal verification period does not apply to recertification. The recertification statements must be signed and dated by the physician prior to the expiration date of the recertification period.

Medicaid payment will not be made for any period during which there was an interruption in the certification periods. This form must be completed for the person to receive Texas Medicaid Hospice services and for the provider to be paid for those services.

For policy questions about Hospice forms, email HospicePolicy@hhs.texas.gov. TMHP only supports technical questions related to using the LTC Online Portal to submit Hospice forms.

How to Submit Form 3074

Paper copies of Forms 3071 and 3074, with dates and signatures, must be completed before submitting them electronically on the LTC Online Portal. The signed and dated originals must be retained in the hospice person's medical/hospice record.

To complete Form 3074, follow these steps:

- 1) Log in to the LTC Online Portal.
- 2) Click **Submit Form** located in the blue navigational bar.
- 3) From the Type of Form drop-down box, Choose **3074: Physician Certification of Terminal Illness**.
- 4) Click **Enter Form**.
- 5) Enter all the required information as indicated by the red dots.
- 6) Verify that the following are complete before submitting the form:
 - Enter at least one of the following: the client's **Medicaid number** or the **SSN**.
 - The Election/Start Date is the election date from the Form 3071 Elect.
 - Recertification? If this form is a recertification, check this box.
 - The Cert/Recert Date – Indicate what the effective date is for this certification.
 - Verbal Verification – If completed within two days of election, the physician has six months to sign the certification (submission cannot occur until signatures are obtained).
 - If the form is being completed as an initial certification, two physician signatures are required unless the Exclusion Statement is signed.
 - If no verbal verification is given, the physicians' signatures must be within two days of the election on an initial certification. If no verbal verification is obtained and Form 3074 is not signed within two days of the election, the effective date is the later of the two physicians' signatures.
 - A recertification only requires one physician signature.
 - A recertification can be signed up to 15 calendar days prior to the recertification date or within the six-month recertification period.
 - The Exclusion Statement is only completed if the person does not have an attending physician for the initial certification.
 - An error will occur if the license number does not pass validation. The form cannot be submitted until all errors are resolved.

7) From here, you have two options:

- a) Click **Submit Form** to submit the form.
- b) Click **Save as Draft** to store the form for future use, but do not submit it. The form does not have to be complete to save the draft.

Note: If the form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show “Form has been successfully submitted.” If there are errors, they will be displayed in a box at the top of the screen. These errors must be resolved before the form can be successfully submitted. After you have resolved all the errors, click **Submit Form** again to submit the form.

3074 Physician Certification of Terminal Illness

Current Status: Unsubmitted

Form Actions:

[Print](#) [Save as Draft](#)


Provider Information

HOSPICE
2025 U.S. GOVERNMENT PRINTING OFFICE: 2015-01-28

Recipient Information

		Name	Address
Medical Number (6)	<input type="text"/>	• Last (5)	• Street (11)
SSN (8)	<input type="text"/>	• First	• City
Medicare Number (7)	<input type="text"/>	MI <input type="text"/>	• State <input type="text"/>
			• Zip <input type="text"/>

Certification Information

• Election/Start Date (9) 
 Recertification? (10) Yes
 • Cert/Recert Date (10) 

Hospice Information

• Hospice Provider Name (1)
 Provider Number (2)
 • Address (3)



• City
 • State
 • Zip

Verbal Verification (within two days of election date)

Last Name First Name

Is Signature on Form? (12) Yes
 Date Signed (13) 

Certification/Recertification Physician Signatures

Attending Physician	Hospice Physician
Last Name (14) <input type="text"/>	• Last Name (18) <input type="text"/>
First Name <input type="text"/>	• First Name <input type="text"/>
Is Signature on Form? (15) <input type="checkbox"/> Yes	• Is Signature on Form? (19) <input type="checkbox"/> Yes
Date Signed (17) <input type="text" value="MM/DD/YYYY"/> 	• Date Signed (21) <input type="text" value="MM/DD/YYYY"/> 
License Type (16) <input type="text" value="State of TX Lic Num"/>	• License Type (20) <input type="text" value="State of TX Lic Num"/>
State License No. <input type="text"/>	• State License No. <input type="text"/>

Exclusion Statement

Last Name First Name

Is Signature on Form? (22) Yes
 Date Signed (23) 

[Submit Form](#)

Hospice Form Pairing Process

Each Form 3071 Election must be paired with a matching Form 3074 Certification. When attempting to match with forms that were in the system before the implementation date of August 23, 2019, the LTC Online Portal looks at all forms in Received status. If a match is found, the existing form restarts. After restarting, the form goes through the Medicaid ID Validation/ Medicaid Eligibility Verification/Applied Income Verification (MI/ME/AI) workflow before moving (along with the matching form) to a status of Pair Found and into the Service Authorization System (SAS) workflow. Here, the status will then be set to SAS Request Pending.

The process is different when both forms are submitted after the implementation date. A newly submitted Form 3071 Election or 3074 Certification will appear in Pending Pair status after passing through the MI/ME/AI workflow and no existing matching form is found. After going through the MI/ME/AI workflow, the second (matching) form will find the existing form already in a status of Pending Pair, and both forms will move into Pair Found status and the SAS workflow. Here, the status will be set to SAS Request Pending.

With either process, the system will match forms with the same provider number. The date on Field 3 From (Form 3071) must match Field 9 Election/Start date (Form 3074), and the Medicaid numbers on both forms must match. The SSN will be used if the Medicaid Number is not present.

The LTC Online Portal will always use the form with the most recent TMHP Received Date for pairing.

Form 3071 and 3074 Corrections

Hospice providers must submit Forms 3071 and 3074 corrections directly on the LTC Online Portal. Different fields can be corrected depending on the form status. Examples of form statuses include:

- Rejected by SAS
- Processed/Complete
- PCS Processed/Complete

To make corrections to Forms 3071 or 3074:

- 1) Log in to the LTC Online Portal.
- 2) Click **Search** in the blue navigational bar.
- 3) Choose **Form Status Inquiry** from the drop-down menu.
- 4) Search for Form 3071 or Form 3074 using the person's SSN, Medicaid number, first and last Name, or DLN.
- 5) Click **Search**.
- 6) Click the **View Detail** link.
- 7) Click **Correct this form**.
- 8) Complete only the fields that require correction.

9) Click **Submit Form**.

Note: If the form is successfully submitted, a DLN will be assigned, and the LTC Online Portal will show that the form has been successfully submitted. If there are errors, they will be displayed in a box at the top of the screen. These errors must be resolved before the form will be successfully submitted. After you have resolved all the errors, click **Submit Form** again to submit the form.

10) Click the **DLN** link displayed in the “Your form was submitted successfully” message to return to the form.

11) Click **Print** in the yellow Form Actions bar to print the completed form.

Provider Workflow Process for Forms 3071 and 3074

Documents are sent to the provider workflow if they are set to Provider Action Required status. Documents reach this status if:

- The form or assessment has not been successfully processed.
- An error occurred during the nightly batch processing.

Note: Rejection error messages can be found in the form and assessment History trail. It is the provider's responsibility to resolve these error messages.

The provider workflow process allows providers to track the progress of Forms 3071 and 3074 through the workflow on the LTC Online Portal and independently manage their documents when errors occur during form processing. The functionality of the provider workflow allows providers to directly manage rejections that occurred during nightly processing. The main advantage of this process is shorter resolution times.

The provider is responsible for monitoring and managing the provider workflow. The processes through which these forms go are:

- Medicaid ID (MI) validation process
- Medicaid Eligibility (ME) verification process
- Applied Income (AI) verification process (Only Form 3071 for setting NF or ICF will enter the AI verification process.)
- Hospice form pairing process (3071 Election and 3074 Certification only)
- SAS process

Form Status

Below are the various statuses in which a form may be placed:

Status	Description
AI Check Inactive	AI validation attempted nightly for up to 90 days and failed or the request was canceled. The provider may restart the assessment after the Medicaid eligibility worker has resolved the reason for the failed validation by clicking the Reactivate Form button.
Coach Pending More Info	HHSC Provider Claims Services (PCS) is awaiting additional information from the NF. See the History trail for notes.
Coach Review	HHSC PCS is reviewing.
Corrected	A form is moved into Corrected status when it is corrected by another form. View the History trail to find the child DLN. No further actions are allowed on a form or assessment with status Corrected.
Form Inactivated	An assessment/form has been inactivated. No further actions are allowed on the form or assessment.
ID Invalid	Medicaid ID validation failed. Cannot be processed until Medicaid ID is corrected. Contact Medicaid Eligibility worker to verify the person's name, SSN, and Medicaid ID. A new form or assessment must be submitted with correct information. The name entered must match the name shown on the client's Medicaid ID card.
Invalid/Complete	HHSC deemed this form or assessment invalid. See the History trail for details.
ME Check Inactive	Medicaid eligibility validation attempted nightly for 90 days and failed or the request was canceled. The provider may restart the assessment after the Medicaid eligibility worker has resolved the reason for the failed validation by clicking the Reactivate Form button.
Med ID Check Inactive	Medicaid ID validation attempted nightly for 90 days and failed or the request was canceled. The provider may restart the assessment once the reason for the failed validation has been resolved by the Medicaid Eligibility Work by clicking the Reactivate Form button.
Medicaid ID Pending	Medicaid ID validation is pending. Validation attempts occur nightly until deemed invalid or until 90 days have expired, whichever comes first. Contact the Medicaid eligibility worker to verify the person's name, SSN, and Medicaid ID. This status will also apply to private-pay residents whose assessments are successfully but unnecessarily submitted in the LTC Online Portal. The form will suspend for 90 days, and if the client never applies for Medicaid, the status will be set to Med ID Check Inactive.

Status	Description
Pending Applied Income	AI validation is pending. Validation attempts occur nightly until applied income is found, the request is canceled, or until 90 days have expired, whichever comes first. Only Form 3071 for setting NF or ICF will enter the AI Verification process.
Pending Medicaid Eligibility	Medicaid Eligibility is pending. Validation attempts occur nightly until eligibility is found, the request is canceled, or until 90 days have expired, whichever comes first.
Pending More Info	HHSC PCS needs more information before further processing can occur. See the History trail for further details on information.
Pending Pair (Forms 3071/3074)	Form 3071 Election requires a matching 3074 Certification form to continue processing. Form 3074 Certification also requires a matching 3071 Election form. If these forms do not match, processing will not be completed.
Pending Pair Inactive	Form 3071 or 3074 is placed in this status if it has been waiting for a matching form for more than 90 days.
Processed/Complete	Form or assessment has been processed and complete. Check the MESAV.
Provider Action Required	Form or assessment must be reviewed by the provider because it was rejected by HHSC SAS Processing. Refer to the form or assessment History trail for the specific error message.
Received	Form or assessment has been received by HHSC SAS Processing. This status applies only to legacy forms.
SAS Request Pending	Form or assessment has passed all validation (Medicaid ID, Medicaid eligibility, AI, etc.) and will be sent from TMHP to HHSC for processing.
Submitted to manual workflow	Form or assessment must be reviewed by HHSC PCS staff because it was rejected by SAS. Refer to the History trail for additional information.

Finding Documents Set to Provider Action Required Status

Using Form Status Inquiry (FSI)

To find forms or assessments that are set to Provider Action Required status, follow these steps:

- 1) Click **Search** on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down box.

- From the Type of Form drop-down box, choose (for example) **3071: Recipient Election/Cancellation/Discharge Note**.

The screenshot shows the 'Form Status Inquiry' page with the 'Form Select' section. The 'Type of Form' dropdown menu is open, showing a list of form types. The option '3071: Recipient Election/Cancellation/Discharge Notice' is highlighted in blue. Other options include '3074: Physician Certification of Terminal Illness', '8578 ID/RC Assessment', 'Individual Movement Form', 'MDS 2.0: Minimum Data Set (Comprehensive)', 'MDS 3.0: Minimum Data Set (Comprehensive)', 'MDSQTR 2.0: Minimum Data Set (Quarterly)', and 'MDSQTR 3.0: Minimum Data Set (Quarterly)'.

- Enter the From date and To date range in the fields allocated.
- From the Form Status drop-down menu, choose **Provider Action Required**.

The screenshot shows the 'Form Status Inquiry' page with the 'Form Status Inquiry' section. The 'Form Status' dropdown menu is open, showing a list of form statuses. The option 'Provider Action Required' is highlighted in grey. Other options include 'AI Check Inactive', 'Coach Pending More Info', 'Coach Review', 'Corrected', 'Entry', 'Form Inactivated', 'ID Invalid', 'Invalid/Complete', 'ME Check Inactive', 'Med ID Check Inactive', 'Medicaid ID Pending', 'Pending Applied Income', 'Pending Medicaid Eligibility', 'Pending More Info', 'Pending Pair', 'Pending Pair Inactive', 'Processed/Complete', 'Received', 'SAS Request Pending', and 'Submitted to manual workflow'. The 'To Date' field is set to 07/01/2019.

- Click **Search** at the bottom right corner of the screen to submit the inquiry.

7) The 3071 forms in Provider Action Required status will display.

13 record(s) returned.
[Export Data to Excel](#)

	DLN	TMHP Received Date	SSN	Medicaid	First Name	Last Name	ISP From Date	ISP To Date	Status	Provider Number	County
View Detail		3/2/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/3/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		3/4/2019							Provider Action Required		
View Detail		5/13/2019							Provider Action Required		
View Detail		5/15/2019							Provider Action Required		
View Detail		5/16/2019							Provider Action Required		
View Detail		5/16/2019							Provider Action Required		
View Detail		5/17/2019							Provider Action Required		
View Detail		6/3/2019							Provider Action Required		

8) Click the **View Detail** link to open the form.

9) Scroll to the bottom of the page to view the History trail.

History

Form Submitted	3/2/2019 9:13:41 PM
3/2/2019 9:13:41 PM	cfhospice_ext : Form entered workflow.
Medicaid ID Pending	3/2/2019 9:13:42 PM
3/2/2019 9:13:42 PM	TMHP : Medicaid ID request submitted
ID Confirmed	3/2/2019 9:14:18 PM
3/2/2019 9:14:18 PM	TMHP : Medicaid ID [redacted] confirmed for this client
Pending Medicaid Eligibility	3/2/2019 9:14:18 PM
3/2/2019 9:14:18 PM	TMHP : Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	3/2/2019 9:14:29 PM
3/2/2019 9:14:29 PM	TMHP : Medicaid eligibility confirmed for this client
Pending Applied Income	3/2/2019 9:14:29 PM
3/2/2019 9:14:29 PM	TMHP : Applied Income requested
Applied Income Confirmed	3/2/2019 9:14:39 PM
3/2/2019 9:14:39 PM	TMHP : Applied Income confirmed
Pending Pair	3/2/2019 9:14:40 PM
3/2/2019 9:14:40 PM	TMHP : This form requires a matching 3074 Certification form.
Pair Found	3/2/2019 9:15:38 PM
3/2/2019 9:15:38 PM	TMHP : This form found a matching 3074 Certification form, DLN [redacted].
SAS Request Pending	3/2/2019 9:15:38 PM
3/2/2019 9:15:38 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Provider Action Required	3/2/2019 9:15:57 PM
3/2/2019 9:15:57 PM	TMHP : HS-0001: This Election or Certification cannot be processed because two or more 3071 Election - 3074 Certification pairs for the same 3071 From Date - 3074 Election/Start Date were submitted for processing at HHSC on the same day. Submit one pair to HHSC and inactivate any other Election and/or Certification forms (pairs or one of a pair) with the same 3071 From Date - 3074 Election/Start Date, if they are not needed.

10) Find Provider Action Required status on the left. It should be the last line in the History trail.

11) Find the rejection message in the white line just below the Provider Action Required.

12) Do the necessary research to resolve the error. For more information, see the provider workflow rejection messages in the “Provider Workflow Rejection Messages” section of this user guide.

13) Depending on the provider research, providers have one of three options to move the form or assessment out of the provider workflow.

Note: Based on the reason for rejection, there are situations where the appropriate provider action is to contact HHSC PCS.

The three options are:

- a) **Correct this form:** It allows providers to submit a correction. The original form or assessment with status Provider Action Required will be set to status Corrected and will have a parent DLN to the new/child form. The new form or assessment replaces the original form or assessment. Review the correctable fields that are covered in the “Forms 3071 and 3074 Corrections” section of this user guide to know when to choose correct or inactivate.
- b) **Inactivate Form:** This will inactivate the form. Forms will be set to Form Inactivated status and cannot be corrected or resubmitted. For example, the Inactivate Form button would be used when the provider research indicates that the form that is being submitted is a duplicate.
- c) **Resubmit Form:** It will set the form or assessment status to SAS Request Pending. The form or assessment will process during the nightly batch processing. Check the status of the form or assessment within two to four days to determine whether it has processed successfully. The form’s status will be set to Processed/Complete if the process is complete.

14) If the provider clicks the **Correct this form** button, a parent/child DLN relationship will be created.

15) If the provider clicks the **Inactivate Form** button, they will receive the following warning window:

Click **OK** to inactivate, and the form or assessment will be set to Form Inactivated status.

Note: When inactivating and resubmitting forms, both forms in the pair must be inactivated and then resubmitted. Failure to do so may prevent newly submitted forms from properly pairing.

16) If the provider clicks **Resubmit Form**, the following screen will display, and the provider can add comments:

There is an option to select 2-System or 1-Provider Facing. When choosing 2-System, comments that were entered by the provider will only be seen by internal State staff and not by the provider. When choosing 1-Provider Facing, the comments that were entered will be seen by the State staff as well as the provider. In either case, the comments will be seen in the History trail of the form or assessment and are for informational purposes only. These comments will *not* be used in the system processing of the forms. Entering comments is optional.

- a) Click **Cancel** to cancel the request. This will keep the form or assessment set to Provider Action Required status.
 - b) Click **Change Status**. The form or assessment is then set to SAS Request Pending status.
- 17) After one of the actions—Correct this form, Inactivate Form, or Resubmit Form—has been completed, the status of the form or assessment will no longer be set to Provider Action Required. Processing will continue based upon the action chosen.
- 18) The provider should repeat all steps for each particular type of form until there are no more results found. (This example used Form 3071.)

Using Current Activity

An alternate method for working with documents that were recently set to Provider Action Required status is to use Current Activity.

Current Activity will show all documents that have changed status in the last 14 calendar days. If the form or assessment has been in Provider Action Required status for over 14 calendar days, it must be located using Form Status Inquiry.

3074	Received	Medicaid	SSN	Medicare	Name	Status
	11/20/2018 9:56:54 AM					Pending Pair Inactive
	3/4/2019 10:38:25 PM					Med ID Check Inactive
	3/26/2019 6:41:34 AM					Med ID Check Inactive
	11/19/2018 3:27:51 PM					Pending Pair Inactive
	1/29/2019 4:33:43 PM					Med ID Check Inactive
	3/26/2019 6:46:54 AM					Med ID Check Inactive
	11/21/2018 3:06:34 PM					Pending Pair Inactive

If a form or assessment is being considered for Provider Action Required status, you can perform a resident search to see if the resident has any other forms or assessments set to the status Provider Action Required.

Note: Current Activity is in the blue navigational bar next to Form Status Inquiry.

Provider Workflow Rejection Messages

The messages and detailed instructions that are discussed below are intended to assist the provider will explain to providers how to handle Hospice forms in the Provider Action Required Workflow on the LTC Online Portal.

General Instructions

Review the date or dates on the form that are used to determine the effective date. This will ensure that the effective date on the form is correct (see below). If applicable, review the current Service Authorizations on the person's MESA. If the effective date is incorrect, correct the form on the LTC Online Portal and submit the changes. If the effective date is correct, use the following suggested actions in the Specific Instructions table to identify and resolve the situation that resulted in the specific Provider Message in the History trail:

3071 Effective Date

Election Effective Date – Use 3. From Date or 29. Date Signed (Client), whichever is later.

Update Effective Date – Use 3. From Date.

Cancel Effective Date:

- Use 4. To Date, if 2. Cancel Code = 75 (Recipient died).
- Use 4. To Date minus 1 day, if 2. Cancel Code is less than or greater than 75.

3074 Effective Date

Certification Effective Date:

- Use 10. Certification Date if 13. (Verbal Verification) Date Signed is within two days of 9. Election/Start Date. If not,
- 10. Certification Date if 23. (Exclusion Statement) was not signed and 17. (Attending Physician) Date Signed and 21. (Hospice Physician) Date Signed are both within two days of 9. Election/Start Date. If not,
- 10. Certification Date if 23. (Exclusion Statement) was signed and 21. (Hospice Physician) Date Signed is within two days of 9. Election/Start Date. If not,
- 10. Certification Date, 17. (Attending Physician) Date Signed, or 21. (Hospice Physician) Date Signed, whichever is latest, if 23. (Exclusion Statement) was not signed. Otherwise,
- 10. Certification Date or 21. (Hospice Physician) Date Signed, whichever is later, if 23. (Exclusion Statement) was signed.
- Recertification Effective Date. Use 10. Recertification Date.

Specific Instructions

Provider Message (Displayed in History)	Form	Suggested Action
<p>GN-9101 – GN-9105: This form cannot be processed because the individual’s Applied Income is not available to the authorization system. Contact the HHSC Eligibility worker to update the individual’s Applied Income. Once the Applied Income has been updated, this form can be resubmitted.</p>	<p>3071, 3074 (Elect/Cert, Update, Recert)</p>	<p>The person’s applied income is not available to the authorization system.</p> <ul style="list-style-type: none"> • Consult the client’s MESAV for the period covering the effective date of the form. <p>Note: If the person does not already have Service Authorizations for your Provider Number, this information will not be available to you on the MESAV.</p> <ul style="list-style-type: none"> • If the MESAV does not show an AI for the effective date of the form, contact the Texas Health and Human Services Commission (HHSC) eligibility worker to update the AI records. • Once the AI has been updated, resubmit the rejected form(s). If the client already has service authorizations for your Provider Number, you may monitor the MESAV for updated AI. • If the MESAV does show an AI for the effective date of the form, resubmit the rejected form(s).
<p>GN-9106: This form cannot be processed because HHSC does not have Long-Term Care Financial Eligibility for this individual and timeframe. Contact the HHSC Eligibility worker or SSI office.</p>	<p>3071, 3074 (Elect/Cert, Update, Recert)</p>	<p>The person’s Medicaid eligibility is not available to the authorization system.</p> <ul style="list-style-type: none"> • Consult the client’s MESAV for the period covering the effective date of the form. <p>Note: If the client does not already have service authorizations for your Provider Number, this information will not be available to you on the MESAV.</p> <ul style="list-style-type: none"> • If the MESAV does not show Long-Term Care Financial Eligibility for the effective date of the form, contact the HHSC eligibility worker or Supplemental Security Income (SSI) office to update the financial eligibility records. • Once the financial eligibility has been updated, resubmit the rejected form. If the client already has service authorizations for your Provider Number, you may monitor the MESAV for updated financial eligibility. • If the MESAV does show financial eligibility for the effective date of the form, resubmit the rejected form(s).

Provider Message (Displayed in History)	Form	Suggested Action
<p>GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted Primary ICD Code on the 3071 Election form of the pair is not valid.</p> <ul style="list-style-type: none"> • Correct the diagnosis codes on the rejected 3071 Election form as needed and submit it. Next, resubmit the rejected 3074 Certification form of the pair. • If the diagnosis codes on the 3071 Election form of the pair are valid, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0001: This Election or Certification cannot be processed because two or more 3071 Election - 3074 Certification pairs for the same 3071 From Date - 3074 Election/Start Date were submitted for processing at HHSC on the same day. Submit one pair to HHSC and inactivate any other Election and/or Certification forms (pairs or one of a pair) with the same 3071 From Date - 3074 Election/Start Date, if they are not needed.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>Two or more 3071 Election - 3074 Certification pairs of forms (and possibly single forms) for the same 3071 From Date - 3074 Election/Start Date attempted to process at HHSC on the same day.</p> <ul style="list-style-type: none"> • Determine which 3071 Election - 3074 Certification pair of forms should be used and resubmit that pair of forms. • Inactivate any other rejected pairs of forms (or single forms) with the same 3071 From Date - 3074 Election/Start Date if they are not needed.
<p>HS-0002: This Election or Certification (one of a pair) cannot be processed because an Election/Certification pair for this 3071 From Date - 3074 Election/Start Date was submitted (and has been processed) at HHSC on the same day. Inactivate this form if it is not needed.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>In addition to a 3071 Election - 3074 Certification pair of forms, one or more 3071 Election or 3074 Certification forms (one of a pair) for the same 3071 From Date - 3074 Election/Start Date attempted to process at HHSC on the same day. Inactivate any rejected one-of-a-pair forms with the same 3071 From Date or 3074 Election/Start Date as the processed pair of forms, if they are not needed.</p>

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0003: This Election or Certification cannot be processed because the other form of the Election/Certification pair for this 3071 From Date - 3074 Election/Start Date was not submitted for processing at HHSC on the same day. Submit both forms of the pair.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>A 3071 Election or 3074 Certification form (one of a pair) attempted to process at HHSC. Election into hospice requires the submission of a 3071 Election - 3074 Certification pair of forms to HHSC at the same time for the same 3071 From Date or 3074 Election/Start Date.</p> <ul style="list-style-type: none"> • Resubmit the rejected form, along with the other form of the pair (form pairs are documented in in the History trail in the LTC Online Portal) if the pair of forms is needed. • Inactivate any rejected 3071 Election or 3074 Certification forms (one of a pair) that are not needed.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0007: This Election/ Certification pair cannot be processed because the submitted Provider No. is not valid as of the later of the 3071 Election and 3074 Certification effective dates for one or more of the requested services.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The Provider Number is not valid because it was not in effect by the Election or Certification Effective Date (whichever occurs later), or one or more of the requested services (based on the person’s Setting and Medicare eligibility) are missing from the Provider’s contract.</p> <ul style="list-style-type: none"> • Verify that the forms were submitted using the right Provider Number and review the contract to determine if it is in effect for the later of the Election or Certification Effective Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Election - 3074 Certification pair of forms and submit a new pair of forms using the right Provider Number. • If the right Provider Number was used but the 3071 From date - 3074 Election/Start date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From date - 3074 Election/Start date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> • If the right Provider Number was used but the submitted Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it. Next, resubmit the other form of the pair. • If the right Provider Number was used, but the contract is not yet in effect or is missing a requested service, resubmit the rejected pair of forms after the contract (or missing service code) is effective in the system.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0008: This 3071 Update cannot be processed because the submitted Provider No. is not valid as of the 3071 From Date for one or more of the requested services.</p>	<p>3071 (Update)</p>	<p>The Provider Number is not valid because it was not in effect by the 3071 From Date, or one or more of the requested services (based on the person’s Setting and Medicare eligibility) are missing from the Provider’s contract.</p> <ul style="list-style-type: none"> • Verify that the 3071 Update Form was submitted using the right Provider Number and review the contract to determine if it is in effect for the 3071 From Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Update Form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3071 From Date is wrong, correct the rejected 3071 Update Form and submit it. • If the right Provider Number was used but the contract is missing a requested service, resubmit the rejected 3071 Update Form after the service code is effective in the system.
<p>HS-0009: This 3074 Recertification cannot be processed because the submitted Provider No. is not valid as of the 3074 Recertification Date for one or more of the requested services.</p>	<p>3074 (Recert)</p>	<p>The Provider Number is not valid because it was not in effect by the 3074 Recertification Date, or one or more of the requested services (based on the person’s Setting and Medicare eligibility) are missing from the Provider’s contract.</p> <ul style="list-style-type: none"> • Verify that the 3074 Recertification form was submitted using the right Provider Number and review the contract to determine if it is in effect for the 3074 Recertification Date. • If the wrong Provider Number was used, inactivate the rejected 3074 Recertification form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the right Provider Number was used but the contract is missing a requested service, resubmit the rejected 3074 Recertification form after the service code is effective in the system.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0010: This 3071 Update cannot be processed because a 3071 Update (or 3071 Update Modification) has already been submitted for the same 3071 From Date. If changes for that 3071 From Date are needed, a 3071 Update Modification is required.</p>	<p>3071 Update</p>	<p>A 3071 Update (or 3071 Update Modification) of a different form (different DLN chain) has already been submitted for the same 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the rejected 3071 Update Form represents a different Update event. • If the rejected 3071 Update Form represents a different Update event, correct the rejected 3071 Update Form and submit it. • If the rejected 3071 Update Form represents the same Update event, inactivate the rejected form. If changes are needed for that Update event, correct the form in the other DLN chain and submit it.
<p>HS-0015: This Election/ Certification pair cannot be processed because the same individual signed the 3074 Certification as the Attending Physician and Hospice Physician (same License No.).</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The 3074 Exclusion Statement was not signed, and the same person signed the 3074 Certification form as both the Attending Physician and Hospice Physician.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Attending Physician information on the rejected 3074 Certification form is correct. • If there is no Attending Physician, correct the rejected 3074 Certification form after the Exclusion Statement has been signed and submit it. Next, resubmit the 3071 Election form of the pair. • If there is an Attending Physician, correct the Attending Physician and/or Hospice Physician information on the rejected 3074 Certification form (they cannot be the same person) and submit it. Next, resubmit the 3071 Election form of the pair.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0016: This Election/Certification pair cannot be processed because the Attending and/or Hospice Physician Signature Date on the 3074 Certification is earlier than 15 calendar days before the 3074 Election/Start Date.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The Attending and/or Hospice Physician Signature Date on the 3074 Certification form is earlier than 15 calendar days before the 3074 Election/Start Date.</p> <ul style="list-style-type: none"> Review the person's records to verify that the Attending and/or Hospice Physician Signature Dates on the rejected 3074 Certification form are correct. If either or both Physician Signature Dates are wrong, correct the rejected 3074 Certification form and submit it. Next, resubmit the 3071 Election form of the pair. If the 3074 Election/Start Date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same for the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p>

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0017: This Election/ Certification pair cannot be processed because there are one or more Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. during the hospice timeframe.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The person has a service authorization or enrollment for the submitted Provider Number that overlaps with the six-month hospice timeframe that would be created by the 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the pair of forms was submitted using the right Provider Number. • If so, determine whether: <ul style="list-style-type: none"> • There is a 3071 Cancel Form with an effective date prior to the earlier of the Election Effective Date or the Certification Effective Date of the rejected pair of forms. • There is a subsequent 3071 Election - 3074 Certification pair of forms that has already processed within the six-month hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms. • If the wrong Provider Number was used, inactivate the rejected 3071 Election - 3074 Certification pair of forms and submit a new pair of forms using the right Provider Number. • If a 3071 Cancel Form with an effective date prior to the earlier of the Election Effective Date or the Certification Effective Date of the rejected pair of forms is missing or did not process successfully, submit or resubmit the 3071 Cancel Form. Next, resubmit the rejected 3071 Election - 3074 Certification pair of forms. • If the rejected 3071 Election - 3074 Certification pair of forms is for an earlier Hospice timeframe than the timeframe on file, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0018: This 3074 Recertification cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. as of the 3074 Recertification Date.</p>	<p>3074 (Recert)</p>	<p>There are no Hospice service authorizations (or an Enrollment) for the submitted Provider Number as of the 3074 Recertification Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the form was submitted using the right Provider Number. If so, verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. Also, identify the 3071 Election - 3074 Certification pair of forms and determine whether there is a 3071 Cancel Form with an effective date prior to the submitted 3074 Recertification Date. • If the wrong Provider Number was used, inactivate the rejected 3074 Recertification form and submit a new form using the right Provider Number. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3071 Election - 3074 Certification pair of forms was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms. Next, resubmit the rejected 3074 Recertification form. • If a 3071 Cancel Form with an effective date prior to the submitted 3074 Recertification Date is on file (ending the hospice enrollment), inactivate the rejected 3074 Recertification form and submit a new 3071 Election - 3074 Certification pair of forms to establish a new hospice timeframe.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0019: This 3071 Update cannot be processed systematically because there are Hospice Service Authorizations (or an Enrollment) for a different Provider No. as of the 3071 From Date. If this is due to a change of ownership, contact LTC Provider Claims Services for assistance. Otherwise, submit a new 3071 Election and 3074 Certification pair.</p>	<p>3071 (Update)</p>	<p>There are Hospice service authorizations (or an Enrollment) for a different Provider Number as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update Form is correct and verify that the form was submitted using the right Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. • If the wrong Provider Number was used, inactivate the rejected 3071 Update Form and submit a new form using the right Provider Number. • If the right Provider Number was used but the 3071 From Date is wrong, correct the rejected 3071 Update Form and submit it. • If the 3071 Election - 3074 Certification pair of forms that established the hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms. Next, resubmit the rejected 3071 Update Form. • If there has been a CHOW, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0020: This 3071 Update cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for the submitted Provider No. as of the 3071 From Date.</p>	<p>3071 (Update)</p>	<p>There are no Hospice service authorizations (or an Enrollment) for the submitted Provider Number as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update Form is correct and verify that the form was submitted using the right Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and determine whether there is a 3071 Cancel Form with an effective date prior to the submitted 3071 From Date. • If the wrong Provider Number was used, inactivate the rejected 3071 Update Form and submit a new form using the right Provider Number. • If the 3071 From Date is wrong, correct the rejected 3071 Update Form and submit it. • If the 3071 Election - 3074 Certification pair of forms was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms. Next, resubmit the rejected 3071 Update Form. • If a 3071 Cancel Form with an effective date prior to the submitted 3071 Update Form is on file (ending the Hospice enrollment), inactivate the rejected 3071 Update Form and submit a new 3071 Election - 3074 Certification pair of forms to establish a new Hospice timeframe.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0021: This Election/Certification pair cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The person has a service authorization for the Program for All-Inclusive Care for the Elderly (PACE) that overlaps with the Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. • If the 3071 From Date - 3074 Election/Start Date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> • If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it. Next, resubmit the other form of the pair. • If the Election and Certification Effective Dates are correct, contact the person’s PACE organization.
<p>HS-0022: This 3071 Update cannot be processed because there are one or more PACE Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The person has a Service Authorization for PACE that overlaps with the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update Form is correct. • If the 3071 From Date is wrong, correct the rejected 3071 Update Form and submit it. • If the 3071 From Date is correct, contact the person’s PACE organization.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0023: This 3074 Recertification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Recert)</p>	<p>The person has a Service Authorization for PACE that overlaps with the Hospice timeframe that would be created by the rejected 3074 Recertification form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. If the 3074 Recertification Date is correct, contact the person’s PACE organization.
<p>HS-0024: This 3074 Recertification cannot be processed because the 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p>	<p>3074 (Recert)</p>	<p>The 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. Also, determine the end of the previous Hospice timeframe (established by the initial 3071 Election - 3074 Certification pair of forms, or the most recent previous 3074 Recertification form). If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. If the 3074 Recertification Date is correct, resubmit the rejected 3074 Recertification form at a later date (within 30 calendar days before the end of the previous certification period).
<p>HS-0025: This 3074 Recertification cannot be processed because the 3074 Hospice Physician Signature Date on the 3074 Recertification is earlier than 30 calendar days before the 3074 Recertification Date.</p>	<p>3074 (Recert)</p>	<p>The 3074 Hospice Physician Signature Date is earlier than 30 calendar days before the 3074 Recertification Date.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3074 Hospice Physician Signature Date and the 3074 Recertification Date on the rejected 3074 Recertification form are correct. If the 3074 Hospice Physician Signature Date and/or the 3074 Recertification Date are wrong, correct the rejected 3074 Recertification form and submit it. If the 3074 Hospice Physician Signature Date and the 3074 Recertification Date are correct, the form is invalid and cannot be used. Inactivate the rejected 3074 Recertification form and submit a new 3074 Recertification form using new dates.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0027: This 3074 Recertification cannot be processed because there are future Hospice records on file for the submitted Provider No. as of the 3074 Recertification Date. Contact LTC Provider Claims Services for assistance.</p>	<p>3074 (Recert)</p>	<p>The person has a future Service Authorization or Enrollment for the submitted Provider Number as of the 3074 Recertification Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification form is correct. • If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification form and submit it. • If the 3074 Recertification Date is correct, it must be processed manually. Contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0028: This Election/Certification pair cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted 3071 Setting is NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the Hospice timeframe that would be created by the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. If the 3071 Setting is wrong, correct the rejected 3071 Election form and submit it. Next, resubmit the other form of the pair. If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it. Next, resubmit the other form of the pair. If the 3071 Setting and the Election and Certification Effective Dates are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.
<p>HS-0029: This 3071 Update cannot be processed because there are one or more ICF Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting is NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the remainder of the Hospice timeframe.</p> <p>Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update Form are correct.</p> <p>If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update Form and submit it.</p> <p>If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</p>

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0030: This 3071 Update cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update Form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update Form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0031: This Election/Certification pair cannot be processed because the individual is not in an ICF facility as of the later of the 3071 Election and 3074 Certification effective dates.</p>	<p>3071, 3074 (Elect/Cert)</p>	<p>The submitted 3071 Setting is ICF, and the person has no Service Authorizations for an ICF as of the later of the Election or Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the Election and Certification Effective Dates on the rejected 3071 Election - 3074 Certification pair of forms are correct. If the 3071 Setting is wrong, correct the rejected 3071 Election form and submit it. Next, resubmit the other form of the pair. If the 3071 From Date - 3074 Election/Start Date is wrong, inactive the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> If the Election and Certification Effective Dates are wrong (other than the 3071 From Date - 3074 Election/Start Date), correct the rejected 3071 Election or 3074 Certification form and submit it. Next, resubmit the other form of the pair. If the 3071 Setting and the Election and Certification Effective Dates are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.
<p>HS-0032: This 3071 Update cannot be processed because the individual is not in an ICF facility as of the 3071 From Date.</p>	<p>3071 (Update)</p>	<p>The submitted 3071 Setting is ICF, and the person has no Service Authorizations for an ICF as of the 3071 From Date on the rejected 3071 Update Form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update Form are correct. If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update Form and submit it. If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0033: This 3071 Cancel must be processed manually because the 3071 To Date matches the Hospice election Begin date. Processing this 3071 Cancel would inactivate the entire Hospice election. Contact LTC Provider Claims Services for assistance.</p>	<p>3071 (Cancel)</p>	<p>The 3071 To Date is the same as the Hospice election Begin date, and the 3071 Cancel Code does not indicate that the person is deceased. Processing the rejected 3071 Cancel Form would inactivate the entire Hospice election.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel Form are correct. • If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel Form and submit it. • If the intent was to inactivate the entire Hospice election, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>HS-0034: This 3071 Cancel cannot be processed because the Hospice Enrollment has already been ended. If changes for that Cancel Effective Date are needed, a 3071 Cancel Modification is required.</p>	<p>3071 (Cancel)</p>	<p>The Hospice election has already been ended by a 3071 Cancel Form (there is a Termination Code on file).</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel Form are correct. • If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel Form and submit it. • If the 3071 To Date and the 3071 Cancel Code are correct, inactivate the rejected 3071 Cancel Form, correct the existing 3071 Cancel Form that ended the hospice timeframe, and submit it.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0035: This 3071 Cancel cannot be processed because there are Hospice Service Authorizations (or an Enrollment) for a different Provider No. as of the Cancel Effective Date.</p>	<p>3071 (Cancel)</p>	<p>There are Hospice Service Authorizations (or an Enrollment) for a different Provider Number as of the Cancel Effective Date.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel Form are correct and verify that the form was submitted using the correct Provider Number. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. If the wrong Provider Number was used, inactivate the rejected 3071 Cancel Form and submit a new form using the right Provider Number. If the correct Provider Number was used but the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel Form and submit it. If the 3071 Election - 3074 Certification pair of forms that established the Hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms. Next, resubmit the rejected 3071 Cancel Form.
<p>HS-0036: This 3071 Cancel cannot be processed because there are no Hospice Service Authorizations (or an Enrollment) for any Provider No. as of the Cancel Effective Date.</p>	<p>(3071 Cancel)</p>	<p>There are no Hospice Service Authorizations (or an Enrollment) for any Provider Number as of the Cancel Effective Date.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel Form are correct. Also, identify the 3071 Election - 3074 Certification pair of forms and verify that they were successfully processed. If the 3071 To Date and/or 3071 Cancel Code are wrong, correct the rejected 3071 Cancel Form and submit it. If the 3071 Election - 3074 Certification pair of forms that established the Hospice timeframe was not submitted or failed to process successfully, submit or resubmit the 3071 Election - 3074 Certification pair of forms. Next, resubmit the rejected 3071 Cancel Form.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0708: This 3071 Update modification cannot be processed because a 3071 Update (or 3071 Update Modification) has already been submitted for the same 3071 From Date. If changes for that 3071 From Date are needed, a 3071 Update Modification is required.</p>	<p>3071 (Update Mod)</p>	<p>A 3071 Update (or 3071 Update Modification) of a different form (different DLN chain) has already been submitted for the same 3071 From Date.</p> <ul style="list-style-type: none"> Review the person's records to verify that the rejected 3071 Update modification form represents a different Update event. If the rejected 3071 Update modification form represents a different Update event, correct the rejected 3071 Update modification form and submit it. If the rejected 3071 Update modification form represents the same Update event, inactivate the rejected form. If changes are needed for that Update event, correct the form in the other DLN chain and submit it.
<p>HS-0714: This 3074 Certification modification cannot be processed because the same individual signed as the Attending Physician and Hospice Physician (same License No.).</p>	<p>3074 (Cert Mod)</p>	<p>The 3074 Exclusion Statement was not signed and the same person signed the 3074 Certification modification form as the Attending Physician and Hospice Physician.</p> <ul style="list-style-type: none"> Review the person's records to verify that the Attending Physician information on the rejected 3074 Certification modification form is correct. If there is no Attending Physician, correct the rejected 3074 Certification modification form after the Exclusion Statement has been signed and submit it. If there is an Attending Physician, correct the Attending Physician and/or Hospice Physician information on the rejected 3074 Certification modification form (they cannot be the same person) and submit it.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0715: This 3074 Certification modification cannot be processed because the Attending and/or Hospice Physician Signature Date is earlier than 15 calendar days before the 3074 Election/Start Date.</p>	<p>3074 (Cert Mod)</p>	<p>The Attending and/or Hospice Physician Signature Date on the 3074 Certification modification form is earlier than 15 calendar days before the 3074 Election/Start Date.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the Attending and/or Hospice Physician Signature Dates on the rejected 3074 Certification modification form are correct. If either or both Physician Signature Dates are wrong, correct the rejected 3074 Certification modification form and submit it. If the 3074 Election/Start Date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p>
<p>HS-0716: This 3071 Update modification cannot be processed because the 3071 From Date is earlier than the Hospice certification/recertification Begin date. Submit a 3071 Update if changes to the prior period are needed.</p>	<p>3074 (Cert Mod) 3071 (Update Mod)</p>	<p>The 3071 From Date is earlier than the Hospice certification/recertification Begin date associated with the parent 3071 Update Form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct and determine whether it is for the same Update event as the parent 3071 Update Form. If the 3071 From Date is wrong, and it is for the same Update event, correct the rejected 3071 Update modification form and submit it. If the 3071 From Date is correct, and it is for a different Update event, inactivate the rejected 3071 Update modification form, then correct the existing 3071 Update Form associated with the earlier Hospice timeframe, and submit it. Alternatively, submit a new 3071 Update Form for the earlier Hospice timeframe if one does not exist for that Update event.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0718: This 3071 Update modification cannot be processed because the 3071 From Date is later than the Hospice certification/recertification end date. Submit a 3071 Update if changes to the subsequent period are needed.</p>	<p>3071 (Update Mod)</p>	<p>The 3071 From Date is later than the Hospice certification/recertification end date associated with the parent 3071 Update Form.</p> <ul style="list-style-type: none"> Review the person's records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct and determine whether it is for the same Update event as the parent 3071 Update Form. If the 3071 From Date is wrong and it is for the same Update event, correct the rejected 3071 Update modification form and submit it. If the 3071 From Date is correct and it is for a different Update event, inactivate the rejected 3071 Update modification form, then correct the existing 3071 Update Form associated with the later Hospice timeframe and submit it. Alternatively, submit a new 3071 Update Form for the later Hospice timeframe if one does not exist for that Update event.
<p>HS-0719: This 3071 Election modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The person has a Service Authorization for PACE that overlaps with the Hospice timeframe that would be created by the rejected 3071 Election modification form.</p> <ul style="list-style-type: none"> Review the person's records to verify that the Election Effective Date on the rejected form is correct. If the 3071 From Date is wrong, inactivate the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> If the Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. If the Election Effective Date is correct, contact the client's PACE organization.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0720: This 3071 Update modification cannot be processed because there are one or more PACE Service Authorizations during the remainder of the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The person has a service authorization for PACE that overlaps with the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 From Date on the rejected 3071 Update modification form is correct. If the 3071 From Date is wrong, correct the rejected 3071 Update modification form and submit it. If the 3071 From Date is correct, contact the client’s PACE organization.
<p>HS-0721: This 3074 Certification modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Cert Mod)</p>	<p>The person has a service authorization for PACE that overlaps with the Hospice timeframe that would be created by the rejected 3074 Certification Modification Form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the Certification Effective Date on the rejected form is correct. If the 3074 Election/Start Date is wrong, inactivate the 3071 Election - 3074 Certification pair of forms and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. <p>Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form.</p> <ul style="list-style-type: none"> If the Certification Effective Date is wrong (other than the 3074 Election/Start Date), correct the rejected 3074 Certification form and submit it. If the Certification Effective Date is correct, contact the client’s PACE organization.
<p>HS-0722: This 3074 Recertification modification cannot be processed because there are one or more PACE Service Authorizations during the Hospice timeframe.</p>	<p>3074 (Recert Mod)</p>	<p>The person has a service authorization for PACE that overlaps with the Hospice timeframe that would be created by the rejected 3074 Recertification Modification Form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification Modification Form is correct. If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification Modification Form and submit it. If the 3074 Recertification Date is correct, contact the client’s PACE organization.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0723: This 3074 Recertification modification cannot be processed because the 3074 Recertification Date is earlier than 30 calendar days before the end of the certification period it is seeking to modify.</p>	<p>3074 (Recert Mod)</p>	<p>The 3074 Recertification Date is earlier than 30 calendar days before the end of the previous certification period.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3074 Recertification Date on the rejected 3074 Recertification Modification Form is correct. Also, determine the end of the previous Hospice timeframe (established by the initial 3071 Election - 3074 Certification pair of forms, or the most recent previous 3074 Recertification form). If the 3074 Recertification Date is wrong, correct the rejected 3074 Recertification Modification Form and submit it. If the 3074 Recertification Date is correct, resubmit the rejected 3074 Recertification Modification Form at a later date (within 30 calendar days of the end of the previous certification period).
<p>HS-0725: This 3071 Election modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting is NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the Hospice timeframe that would be created by the rejected 3071 Election Modification form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election Modification form are correct. If the 3071 Setting is wrong, correct the rejected 3071 Election Modification form and submit it. If the 3071 From Date is wrong, inactivate the rejected 3071 Election Modification and the 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form. If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election Modification form and submit it. If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0726: This 3071 Update modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting is NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.
<p>HS-0727: This 3071 Election modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the Hospice timeframe that would be created by the rejected 3071 Election modification form.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election modification form are correct. If the 3071 Setting is wrong, correct the rejected 3071 Election modification form and submit it. If the 3071 From Date is wrong, inactivate the rejected 3071 Election modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form. If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election modification form and submit it. If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0728: This 3071 Update modification cannot be processed because the individual is in an ICF facility during the Hospice timeframe.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting changed from ICF to NF or SNF, and the person has a Service Authorization for an ICF that overlaps with the remainder of the Hospice timeframe.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.
<p>HS-0729: This 3071 Election modification cannot be processed because the individual is not in an ICF facility as of the later of the submitted 3071 Election modification effective date and the related 3074 Certification effective date.</p>	<p>3071 (Elect Mod)</p>	<p>The submitted 3071 Setting is ICF, and the person has no Service Authorization for an ICF as of the later of the rejected 3071 Election Modification Effective Date and the 3074 Certification Effective Date of the pair.</p> <ul style="list-style-type: none"> Review the person’s records to verify that the 3071 Setting and the Election Effective Date on the rejected 3071 Election Modification form are correct. If the 3071 Setting is wrong, correct the rejected 3071 Election Modification form and submit it. If the 3071 From Date is wrong, inactivate the rejected 3071 Election Modification and 3074 Certification form of the pair and submit a new pair of forms with the correct 3071 From Date - 3074 Election/Start Date. Note: The 3071 From Date and 3074 Election/Start Date must be the same in the LTC Online Portal to establish the 3071 Election and 3074 Certification as a pair of forms. Once the pair has been established, that date cannot be changed on either form. If the 3071 Client Signed Date is wrong, correct the rejected 3071 Election Modification form and submit it. If the 3071 Setting and the Election Effective Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0730: This 3071 Update modification cannot be processed because the individual is not in an ICF facility as of the 3071 From Date.</p>	<p>3071 (Update Mod)</p>	<p>The submitted 3071 Setting is ICF, and the person has no Service Authorizations for an ICF as of the 3071 From Date.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 Setting and the 3071 From Date on the rejected 3071 Update modification form are correct. • If the 3071 Setting and/or 3071 From Date are wrong, correct the rejected 3071 Update modification form and submit it. • If the 3071 Setting and the 3071 From Date are correct, contact HHSC LTC Provider Claims Services at 512-438-2200 for assistance.
<p>HS-0731: This 3071 Cancel modification cannot be processed because the Cancel Effective Date is earlier than the Hospice certification/recertification Begin date. Submit a 3071 Cancel if changes to the prior period are needed.</p>	<p>3071 (Cancel Mod)</p>	<p>The Cancel Effective Date is earlier than the Hospice certification/recertification Begin date associated with the parent 3071 Cancel Form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel modification form are correct and determine if they are for the same Cancel event as the parent 3071 Cancel Form. • If the 3071 To Date and/or 3071 Cancel Code are wrong and are for the same Cancel event, correct the rejected 3071 Cancel modification form and submit it. • If the 3071 Cancel Effective Date is correct and is for a different Cancel event, inactivate the rejected 3071 Cancel modification form, then correct the existing 3071 Cancel Form associated with the earlier hospice timeframe and submit it, or submit a new 3071 Cancel Form for the earlier hospice timeframe, if one does not exist for that Cancel event.

Provider Message (Displayed in History)	Form	Suggested Action
<p>HS-0733: This 3071 Cancel modification cannot be processed because the Cancel Effective Date is later than the Hospice certification/recertification End Date.</p>	<p>3071 (Cancel Mod)</p>	<p>The Cancel Effective Date is later than the Hospice certification/recertification End Date associated with the parent 3071 Cancel Form.</p> <ul style="list-style-type: none"> • Review the person’s records to verify that the 3071 To Date and the 3071 Cancel Code on the rejected 3071 Cancel modification form are correct and determine if they are for the same Cancel event as the parent 3071 Cancel Form. • If the 3071 To Date and/or 3071 Cancel Code are wrong and are for the same Cancel event, correct the rejected 3071 Cancel modification form and submit it. • If the 3071 Cancel Effective Date is correct and is for a different Cancel event, inactivate the rejected 3071 Cancel modification form, then correct the existing 3071 Cancel Form associated with the later Hospice timeframe and submit it. Alternatively, submit a new 3071 Cancel Form for the later Hospice timeframe if one does not exist for that Cancel event.

MDS/LTCMI for Hospice Services

The LTC Minimum Data Set (MDS) is a standardized, primary screening and assessment tool for the health status of a client that forms the foundation of the comprehensive assessment for all recipients in a Medicare- or Medicaid-certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning. The items in the MDS give a multidimensional view of the person's functional capacities and help staff to identify health problems.

The MDS, as well as the processes described earlier in this user guide, is completed and submitted only by NF providers so that hospice providers can use the FSI function. Hospice providers are *not* required to complete these processes.

NF providers may submit the following assessments to the Centers for Medicare & Medicaid Services (CMS) and Medicaid:

- Admission assessment (required by day 14)
- Quarterly review assessment
- Annual assessment
- Significant Change in Status Assessment (SCSA)
- Significant correction to prior comprehensive assessment
- Significant correction to prior quarterly assessment
- Inactivation
- Modification

MDS 3.0 assessments that are accepted by CMS are retrieved by TMHP nightly, loaded onto the LTC Online Portal, and set to Awaiting LTC Medicaid Information status. After the LTCMI has been successfully completed and submitted on the LTC Online Portal, the MN determination process will begin.

MDS 3.0 Admission assessments are effective and based on the Entry Date entered in field A1600. System processing will start the Level Record based on either the Entry Date or the completion date (Z0500B) minus 30 days, whichever is later.

Note: If the Begin Date of the Level Record needs to be adjusted because the timeframe between Entry Date and the Completion Date is over 30 days, call HHSC LTC PCS at 512-438-2200 to request additional days.

All other assessment types will be effective based on the completion date (Z0500B).

All assessments without a Purpose Code (PC) are valid for 92 days from the completion date. Expiration dates on the MESAV also include a 31-day grace period for the next submission.

An MDS 3.0 Admission assessment is valid in three situations:

- 1) For a first physical admission into an NF, an Admission assessment is valid. Regardless of whether the client is enrolled in private pay, Medicare, or Medicaid, the provider should complete an Admission assessment for

a first physical Omnibus Budget Reconciliation Act (OBRA) admission within 14 calendar days of admission to the NF. For Texas Medicaid enrollment: If a client is active in an NF and discharges to another NF (even for one day) before returning to the original NF, the readmission to the original NF is considered a first physical admission.

As soon as another provider is introduced, the prior NF's MDS cycle for the person has ended, and it must be restarted if the person returns to the original NF. If the client is discharged to their home, to hospice, to another Medicaid service (community services), or to the hospital, it is not regarded as discharging to another NF.

- 2) If the client discharges from an NF and the Form 3618 discharge type indicates Return Not Anticipated, a new Admission assessment is required if the client readmits to the NF.

Note: Form 3618 is expected to match the MDS discharge tracking form that was also submitted for this client. The MDS discharge tracking form would indicate Discharge – Return Not Anticipated.

Although CMS rules allow the use of the Reason for Assessment on the discharge tracking form for any client whose first physical admission to the NF is less than 14 days, a provider should *not* use it if the client's stay is being paid for by Medicaid.

Note: This should not be used because if the provider does not complete an OBRA Admission assessment in full, even if the client is in the provider's building for only one day, the provider will not have an MDS assessment for billing purposes. If the Form 3618 or MDS tracking form discharge type is marked incorrectly, the discharge type can be corrected.

- 3) If the client is physically discharged from the facility for over 30 days, regardless of the reason or location, CMS requires an Admission assessment. For example, if the discharge to the hospital was marked Return Anticipated, and the client is in the hospital over 30 days, a new MDS 3.0 Admission assessment is due. The Entry Date should be the date of the new admission to the facility after the discharge of over 30 days. If the Entry Date is submitted with a date prior to the discharge, a modification will be required to adjust the date so that the assessment is valid for the dates after readmission.

Validating the Appropriateness of an Admission Assessment

If the Entry Date of an MDS assessment overlaps with an established MDS for the same NF, the coding of the Admission assessment is most likely in error.

One of the considerations in validating an Admission assessment is the relationship between the Entry Date and the completion dates. An Admission assessment should be completed within 14 days of the Entry Date. CMS and HHSC will accept the assessment if the timeframe is longer, but the provider must validate whether an Admission assessment is the appropriate reason for assessment. If the Entry Date is two years prior to the completion date, this assessment probably should not be an Admission assessment.

If the Admission assessment is required because the resident had a Form 3618 discharge indicating Return Not Anticipated, the Entry Date should be the new readmission date and not an admission date prior to the discharge. If the provider already submitted the assessment with the Entry Date prior to the discharge date, a modification must be transmitted to the state MDS database to adjust the Entry Date to the readmission date following the discharge.

Swing bed providers are required to submit MDS 3.0 assessments A0200 Type of Provider coded as 2. Swing Bed. MDS 3.0 assessments for swing bed providers include assessments listed in items A0310B, A0310C, A0310D, and A0310F. These assessments are submitted to CMS; however, they are not retrieved by TMHP. Swing bed providers must complete the appropriate MDS 3.0 OBRA-required Comprehensive or Quarterly Assessments that are listed in item A0310A in accordance with the MDS 3.0 [Resident Assessment Instrument \(RAI\) User's Manual](#) if services provided are eligible for Medicaid reimbursement. OBRA-required assessments that are listed in A0310A that meet TMHP guidelines are retrieved by TMHP, and the associated LTCMI will have field S1c (Service Group) autofilled to equal ten (10) based on the vendor/provider number provided upon login.

MDS Discharge Tracking and Re-Entry Tracking forms (3.0: A0310F) are used by CMS, but they are not retrieved and loaded into the LTC Online Portal. Forms 3618 and 3619 are used by the State for Medicaid to process the entry and reentry of recipients in Medicaid.

If the person dies on the day that the MDS Quarterly is due and there is no level of service for the date of death, the MDS Quarterly must be submitted to receive payment for the date of death.

To receive a Resource Utilization Group (RUG) payment when a resident dies before completing an Admission assessment, the Admission assessment must be completed and submitted to CMS with the information that is available. If CMS cannot calculate a RUG because the Admission assessment is incomplete or has errors, CMS will still assign a RUG value of BC1, which is the default rate. If the Admission assessment meets medical necessity and the resident has Medicaid eligibility for the days of services, payment can be made for the RUG value calculated by CMS.

For submission and retrieval of the MDS assessment, providers should use their current method for submission to CMS, either through the Resident Assessment Validation and Entry System (jRAVEN) or another third-party software package. Validate the acceptance of the MDS 3.0 assessment using the validation report process from CMS.

TMHP receives assessments nightly. Only assessments that meet the following criteria will be loaded onto the LTC Online Portal:

- Reason for assessment:
 - Admission assessment: A0310A=01
 - Quarterly review assessment: A0310A=02
 - Annual assessment: A0310A=03
 - SCSA: A0310A=04
 - Significant correction to prior comprehensive assessment: A0310A=05
 - Significant correction to prior quarterly assessment: A0310A=06
- The National Provider Identifier (NPI) (MDS 3.0: field A0100A) should be entered to locate assessments set to Awaiting LTC Medicaid Information status.
- Medicaid Number (MDS 3.0: A0700) contains “+” or a nine-digit numeric value.

Note: After CMS has accepted the MDS 3.0 Assessment, it may be up to 48 business hours before it is accessible in the LTC Online Portal for data entry in Awaiting LTC Medicaid Information status.

Note: The effective date of quarterly review assessments with a date after the 30-day submission period can be adjusted by contacting HHSC PCS directly to make the adjustment.

Assessments loaded onto the LTC Online Portal are assigned a DLN and set to Awaiting LTC Medicaid Information status.

Providers must log in to the LTC Online Portal and use FSI or Current Activity to find the submitted MDS assessment that is set to Awaiting LTC Medicaid Information status. Complete the LTCMI and submit it.

The MDS assessment must be accepted by the LTC Online Portal and have an LTCMI completed to begin the MN determination process. Periodically review the status of the MDS assessment for MN and Medicaid processing using FSI or Current Activity.

When an MDS assessment is set to PE MN Denied status but the MN determination on the PE has been overturned, the NF can change the status of the MDS assessment. For more information, see the “MDS Set to Status PE MN Denied” section of this user guide.

Note: Providers should follow the federal MDS 3.0 [RAI User's Manual](#) for the submission of an assessment. If the provider follows the federal guidelines for submission and completes the LTCMI on the LTC Online Portal, there will not be a lapse in Texas Medicaid coverage.

MDS Dually Coded Assessments

Dually coded assessments will be retrieved and loaded onto the LTC Online Portal nightly if the retrieval criteria above are met. If the assessment fails due to the Medicaid ID/Recipient name, the provider should refer to Chapter 5 of the MDS 3.0 [RAI User's Manual](#) for further instructions and guidelines for submitting modifications to key resident identifying information fields.

Dually coded assessments can be submitted as multiple combinations. If the person has been established with MDS RUGs for the facility, then discharges to the hospital and returns to Medicare, the assessment can be dually coded for the appropriate Medicaid assessment and the proper Medicare assessment due. An assessment for an established person admitted to Medicare can be coded as a Medicaid Quarterly and a Medicare 5-Day assessment. If an assessment is coded for a Medicaid Admission assessment and a Medicare 5-Day assessment and the resident has a current RUG already established, the Medicaid admission RUG will not be used unless the person was out over 30 days or discharged as Return Not Anticipated. If the RUG is required for Medicaid, it will entail inactivating the assessment at CMS and resubmitting it with a different Medicaid reason for the assessment.

Long-Term Care Medicaid Information (LTCMI)

LTCMI is the replacement for the federal MDS Section S and contains state-specific items for Medicaid payment. Providers must access the LTC Online Portal and retrieve their MDS assessments to successfully complete the LTCMI. Providers should complete the LTCMI section as soon as possible to submit the MDS assessment into TMHP's workflow for review within the anticipated quarter timeframe. The anticipated quarter is within 92 days of the date that the RN assessment coordinator signed the MDS assessment as complete (Z0500B). This is known as the 92-day timeliness rule.

Submission of LTCMI

To enter the LTCMI, the provider must log in to the LTC Online Portal and access their assessments set to Awaiting LTC Medicaid Information status by using FSI or Current Activity. The LTCMI must be completed with all the required data and successfully submitted on the LTC Online Portal.

Note: The LTC Online Portal allows a 60-day grace period for submission of the LTCMI for CHOW and new owners. Facilities have 60 days from the day that the first MDS LTCMI is submitted in the LTC Online Portal with the new provider number to submit any additional MDS assessments in Awaiting LTC Medicaid Information status, without requiring a recovery of lost payment (PC E), regardless of whether the assessment occurred within the 92-day submission window.

LTCMI Rejections

If an LTCMI has been rejected, it may be due to various issues, including one of the following:

- *PASRR Level 1 (PL1) Screening form:* If a PL1 has not been submitted for the client on the LTC Online Portal prior to the submission of the LTCMI, the LTCMI will not be accepted on the portal. Attempting to submit the LTCMI without a PL1 Screening form will result in an error message stating “PASRR Screening (PL1) not found.” A PL1 is required before an MDS LTCMI can be submitted. You may save the LTCMI and submit it after the PL1 is submitted. .
- *Vendor/Provider numbers required to match:* If a PL1 has been submitted with an assessment date prior to the assessment date of the LTCMI that is being submitted and the Vendor/Provider numbers in Section D of the PL1 do not match the MDS LTCMI Vendor/Provider numbers of the NF, the LTCMI will not be accepted in the LTC Online Portal. Attempting to submit the LTCMI without a matching PL1 will result in an error message stating “PASRR Screening (PL1) not found for this Nursing Facility.” A PL1 is required before MDS LTCMI can be submitted. You may save the LTCMI and submit it after the PL1 is submitted.
- *Missing PASRR Evaluation (PE):* For pre-admission of PASRR positive clients with an active PL1, the LTC Online Portal will not accept the LTCMI without an associated PASRR Evaluation (PE). Attempting to submit the LTCMI without a PE will result in an error message stating “PASRR Evaluation (PE) not found.” A PE is required before MDS LTCMI can be submitted. Contact your local authority to perform the PE. You may save the LTCMI and submit it after the PE is submitted.

When a PE is required for the admission process, an MDS LTCMI cannot be submitted prior to MN determination on the PE. The initial MDS assessment will inherit the MN determination from the PE if the MDS assessment effective date is within 30 days (plus or minus) of the assessment date of the PE. Attempting to submit the LTCMI prior to MN determination will result in an error message stating “MDS LTCMI cannot be submitted prior to Medical Necessity (MN) Determination on the PASRR Evaluation”. You may save the LTCMI and submit it after the MN on PE is complete.

If the LTCMI is rejected because the latest Interdisciplinary Team (IDT) meeting on the most recent PL1 that was submitted for the client who is associated with the NF was not submitted on the LTC Online Portal within the last year, the NF will be able to save the LTCMI and resubmit it after successful submission of IDT meeting. The error message will read “An Interdisciplinary Team (IDT) meeting submission is not found on the LTC Online Portal, or it was found but the IDT meeting date is more than one year ago.” An IDT meeting submission is required before the MDS LTCMI can be submitted. You may save the LTCMI and submit it after the IDT is submitted.

The LTC Online Portal will not reject the MDS LTCMI for missing an IDT meeting submission under the following circumstances:

- The PL1 is inactive (the resident has been transferred, is deceased, or has been discharged).
- A positive PE for this person at this NF was not found on the LTC Online Portal.
- The resident is in the Hospice program (Service Group 8) as of the current date or the MDS assessment Effective Date. Indication of hospice will be checked in both the MDS (Section O *and* LTCMI) and the Claims Management System.
- The NF has undergone a CHOW, and the system finds that the IDT (with the IDT meeting date within the past year) was submitted on the Pre-CHOW PASRR Comprehensive Service Plan (PCSP) Form.

Providers can save the LTCMI and attempt to resubmit it after the PL1 Screening Form, PE, or IDT meeting have been submitted on the LTC Online Portal.

Finding Assessments Using FSI

- 1) Click **Submit Form** located in the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down menu.
- 3) From the Type of Form drop-down box, choose one of the following options:
 - a) **MDS 3.0: Minimum Data Set (Comprehensive)**
 - b) **MDSQTR 3.0: Minimum Data Set (Quarterly)**

Note: The following image is an example of an MDS 3.0 Comprehensive assessment:

Form Select

Type of Form MDS 3.0: Minimum Data Set (Comprehensive) ▼

Vendor Number for Provider Number ▼

Form Status Inquiry

DLN	<input type="text"/>	Medicaid Number	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
Form Status	▼	To Date	5/20/2013 ▼
SSN	<input type="text"/>		
From Date	<input type="text"/>		
Purpose Code	<input type="text"/>		
Reason for Assessment	▼		

AI Check Inactive

Appealed

Approved

Awaiting LTC Medicaid Information

Coach Pending More Info

Coach Review

Corrected

Denied

Form Inactivated

ID Invalid

Invalid/Complete

ME Check Inactive

Med ID Check Inactive

Medicaid ID Pending

Out of State RN License Invalid

Overtured Doctor Review

PASARR not found invalid form

Pending Applied Income

Pending Denial (need more information)

Pending Medicaid Eligibility

Pending More Info

Pending Review

Pending RN License Verification

Processed/Complete

Provider Action Required

SAS Request Pending

Submitted to manual workflow

Waiting for PASARR verification

Search

- 4) Form Status: Choose Awaiting LTC Medicaid Information from the drop-down box.
- 5) Enter a date range for your search period. The system default for the search is within the past month; however, the date range must include the period during which the assessment was submitted.
Note: It may take up to 48 business hours after the MDS 3.0 assessment was submitted to CMS before it is accessible in the LTC Online Portal for data entry in Awaiting LTC Medicaid Information status.
- 6) Click **Search** and the search results will display.
- 7) Click the **View Detail** link to display the details of the assessment.

Resource Utilization Group (RUG) Value

The RUG is used for MDS 3.0 to classify relative direct care resource requirements for NF residents and to determine the rate of payment for Nursing Facility Daily Care and hospice Room and Boarding fees. After an individual assessment is open, the RUG value can be found next to the DLN.

Failure to Locate Your MDS Using FSI or Current Activity

After confirming the requested date range, be sure to verify all the following:

- CMS accepted the MDS in your validation report.
- A valid Medicaid number or “+” was entered in field A0700.
- A0700 does not contain an N.
- A0310A has a response of 01, 02, 03, 04, 05, or 06.
- A0310A does not contain a 99.
- The name on the MDS is exactly the same as on the person’s Medicaid ID card.
- The NPI entered in field A0100A matches the Vendor/Provider information on the MESAV for that client.

Using FSI to Identify Residents with Specific PASRR-Related Conditions

NFs can use FSI to identify residents with specific PASRR-related conditions. This can assist NFs to identify the number of residents in the facility who are IDD only, MI only, IDD and MI, or PASRR negative.

The LTC Online Portal will:

- Derive and store the PASRR-related condition of NF residents as indicated by the latest active PE* for the resident at the time of the most recent MDS LTCMI submission.
Note: An active PE is not set to Pending Form Completion or Form Inactivated status.
- Provide the capability to export the resident-based search results to Microsoft Excel.
- Provide the capability to search for residents in the facility based on their PASRR-related condition by selecting an option from the drop-down box in the FSI.

- Display a list of residents when searching by a PASRR condition listed in the PASRR Eligibility Type drop-down box of the FSI.

To use FSI this way, you must select **MDS 3.0: Minimum Data Set (Comprehensive)** or **MDSQTR 3.0: Minimum Data Set (Quarterly)** from the FSI Type of Form drop-down box.

- 1) Click **Search** on the blue navigational bar.
- 2) Choose **Form Status Inquiry** from the drop-down box.
- 3) From the Type of Form drop-down box, choose one of the following options:
 - a) **MDS 3.0: Minimum Data Set (Comprehensive)**
 - b) **MDSQTR 3.0: Minimum Data Set (Quarterly)**
- 4) Vendor Number: Choose the appropriate submitter Vendor Number/Provider Number from the drop-down box.
- 5) Choose one of the following from the PASRR Eligibility Type drop-down box:
 - a) IDD Only
 - b) MI Only
 - c) IDD and MI
 - d) Negative

- 6) Click **Search**. The search will return a list of all the current residents who meet the search criteria. Current residents are determined by the following fields:
 - a) B0650. Individual is deceased or has been discharged

b) B0655. Deceased/Discharged Date of the PL1.

Form Select

Type of Form

Vendor Number

Form Status Inquiry

DLN

Last Name

Form Status

SSN

From Date

Purpose Code

Reason for Assessment

PASRR Eligibility Type

Medicaid Number

First Name

To Date

6 record(s) returned.

[Export Data to Excel](#)

Last Name	First Name	PASRR Eligibility Type	Medicaid #	SSN	Medicare #	Vendor Number	Provider Number	Admission Date
BARBER	ROBERT	2. MI Only	014270902	488624201	488624202A	5087	000017872	4/14/2014
BATTLE	JOHN	2. MI Only	012862788	488743028	488743028A	5087	000017872	5/31/2014
BROWN	LINDA	2. MI Only	257787981	457237980		5087	000017872	12/11/2011
COOPER	RAULPH	2. MI Only	020893228	488882088	488882088A	5087	000017872	5/2/2013
FRANK	EDGAR	2. MI Only	017877628	432828378	432828378A	5087	000017872	7/17/2013
FRANK	ROBERTA	2. MI Only	008899881	488323878		5087	000017872	4/23/2014

Note: The PASRR Eligibility Type field will display on the FSI page for local authorities (LAs) that have authority to select an MDS 3.0 or MDSQTR 3.0 assessment. However, LAs cannot obtain FSI search results using the PASRR Eligibility Type field.

When to Submit LTCMI

NFs are directed to complete the LTCMI when seeking full Medicaid reimbursement, i.e., when a person is moving to full Medicaid or continuation of Medicaid payment. The LTCMI is not required for Medicare recipients or coinsurance.

Note: HHSC recommends completing the LTCMI if the person could become a full Medicaid participant during the period covered by the assessment.

LTCMI Fields

Information fields on the LTCMI page are divided by section as follows:

MINIMUM DATA SET (MDS) – Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Current Status: Pending LTCMI Name: _____ DLN: _____ RUG: PA1

Form Actions:

Section A.	Section B.	Section C.	Section D.	Section E.	Section F.	Section G.	Section H.	Section I.
Section J.	Section K.	Section L.	Section M.	Section N.	Section O.	Section P.	Section Q.	Section V.
		Section X.	Section Z.	Section LTCMI.	Section RUG.			

Section LTC Medicaid Information

S1. Claims Processing Information

S1a. DADS Vendor/Site ID Number

S1b. Provider Number

S1c. Service Group

S1d. Hospice Provider Number

S1e. Purpose Code

S1f. Missed Assessment or Prior Start Date

S1g. Missed Assessment or Prior End Date

S2. PASARR Information

S2a. To your knowledge, does the resident have an intellectual disability?

S2b. To your knowledge, does the resident have a developmental disability?

S2c. To your knowledge, does the resident have a condition of mental illness according to the PASARR guidelines?

S2d. Is the resident a danger to himself/herself?

S2e. Is the resident a danger to others?

S2f. Are specialized services indicated?

S3. Physician's Evaluation & Recommendation

S3a. Does the MD/DO have plans for the eventual discharge of this resident?

S3b. Rehabilitative Potential

S3c. Did an MD/DO certify that this resident requires/continues to require nursing facility care?

S3d. MD/DO Last Name

S3e. MD/DO License #

S3f. MD/DO License State

S3g. MD/DO Military Spec Code #

The following MD/DO information is required if MD/DO is **not** licensed in Texas.

S3h. MD/DO First Name

S3i. MD/DO Address

S3j. MD/DO City

S3k. MD/DO State

S3l. MD/DO ZIP Code

S3m. MD/DO Phone

S4. Licenses

Provider Certification: On behalf of this facility, I certify to the completeness of the MDS Assessment.

S4a. RN Coordinator Last Name

S4b. RN Coordinator License #

S4c. RN Coordinator License State

S5. Primary Diagnosis

S5a. Primary Diagnosis ICD Code **S5b.** Primary Diagnosis ICD Description

S6. Additional MN Information

S6a. Tracheostomy Care

S6b. Ventilator/Respirator

S6c. Number of hospitalizations in the last 90 days

S6d. Number of emergency room visits in the last 90 days

S6e. Oxygen Therapy

S6f. Special Ports/Central Lines/PICC

S6g. At what developmental level is the resident functioning?

S6h. Enter the number of times this resident has fallen in the last 90 days.

S6i. In how many of the falls listed above was the person physically restrained prior to the fall?

S6j. In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)

S6j1. Environmental (debris, slick or wet floors, lighting, etc.)

S6j2. Medication(s)

S6j3. Major Change in Medical Condition (Myocardial Infarction (MI/Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope (Fainting), etc.)

S6j4. Poor Balance/Weakness

S6j5. Confusion/Disorientation

S6j6. Assault by Resident or Staff

S8. Resident's Current Address

S8a. Resident's Address

S8b. City

S8c. State

S8d. ZIP Code

S8e. Phone

S9. Medications

S8. Resident's Current Address	
S8a. Resident's Address	<input type="text"/>
S8b. City	<input type="text"/>
S8c. State	<input type="text"/>
S8d. ZIP Code	<input type="text"/>
S8e. Phone	<input type="text"/>
S9. Medications	
<ul style="list-style-type: none"> List all medications that the resident received during the last 30 days. Include scheduled medications that are used regularly, but less than weekly. <input type="checkbox"/> Medication Certification: I certify this resident is taking no medications OR the medications listed below are correct	
Add Meds	
S10. Comments	
<div style="border: 1px solid gray; height: 50px;"></div>	
S11. Advance Care Planning	
S11a. Does the resident report having a legally authorized representative?	<input type="text"/> 1. Yes
S11b. Does the resident report having a Directive to Physicians and Family or Surrogates?	<input type="text"/>
S11c. Does the resident report having a Medical Power of Attorney?	<input type="text"/>
S11d. Does the resident report having an Out-of-Hospital Do Not Resuscitate Order?	<input type="text"/>
S12. LAR Address	
Required if resident has reported having a legally authorized representative.	
S12a. LAR First Name	<input type="text"/>
S12b. LAR Last Name	<input type="text"/>
S12c. Address	<input type="text"/>
S12d. City	<input type="text"/>
S12e. State	<input type="text"/>
S12f. ZIP Code	<input type="text"/>
S12g. Phone	<input type="text"/>
History	
Awaiting LTC Medicaid Information	1/3/2009 3:00:21 PM
<input type="button" value="Submit Form"/>	

The following sections are found on the LTCMI page:

S1. Claims Processing Information

S1a. HHSVendor/Site ID Number

- This field is autofilled based on the NPI number in field A0100A.
- This field is not correctable.
- If the A0100A NPI is not correct, the NPI must be corrected at the CMS level.

S1b. Provider Number

- This field is autofilled based on the NPI number in field A0100A.
- This field is not correctable.
- If an NPI has more than one provider number associated with it, ensure that the correct provider number is selected from the drop-down box.

S1c. Service Group

- This field is autofilled based on the user's login credentials.
- This field is not correctable on the TMHP LTC Online Portal.

S1d. Hospice Provider Number

- This field is conditional.
- This field is required if field O0100K. Hospice care column 2 While a Resident is checked.
- Enter the Medicaid Hospice provider number that was assigned by HHSC. Entering the number in this field will allow the provider to view the assessment that the NF has submitted on their behalf. This number will be validated and must contain a valid hospice provider number to be accepted in the LTC Online Portal. If the number is not valid, the provider will receive an error message stating “Hospice Provider Number is invalid.”

S1e. Purpose Code

- This field is optional.
- E. Missed Assessment.
- M. Coverage Code must be P.
- Providers should verify that the MESAV Coverage Code is P prior to submitting a PC M.
- This field is not removable after a PC has been selected and the assessment has been successfully submitted on the TMHP LTC Online Portal.

S1f. Missed Assessment or Prior Start Date (the first date that the facility was not paid)

- This field is conditional.
- This field is required if S1e. Purpose Code = E or M.
- This would be the first missed assessment date (check MESAV for interruptions).
- Enter the date of the missed assessment start date in mm/dd/yyyy format.
- The Start date cannot be prior to September 1, 2008.
- This field is correctable.

S1g. Missed Assessment or Prior End Date (the last date that the facility was not paid)

- This field is conditional.
- This field is required if S1e. Purpose Code = E or M.
- Enter the date of the missed assessment in mm/dd/yyyy format or 3-month prior retro eligibility (Coverage Code must be P) End Date in mm/dd/yyyy format.
- The date cannot be greater than the submission date (i.e., today’s date).
- The End Date cannot be prior to the Start Date.
- This field is correctable.

- These dates are used to locate a gap of time. If a gap is not found within the range provided, the assessment will not be processed. Providers can submit a MDS PC E with a missed assessment date range greater than 92 days. This allows providers to submit one MDS PC E to cover large gaps in dates.

S2. PASRR Information

S2a. To your knowledge, does the resident have an intellectual disability?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

S2b. To your knowledge, does the resident have a developmental disability?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

S2c. To your knowledge, does the resident have a condition of mental illness according to the PASRR guidelines?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

S2d. Is the resident a danger to himself/herself?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

If unknown, select **0. No**.

S2e. Is the resident a danger to others?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

If unknown, select **0. No**.

S2f. Are specialized services indicated?

- This field is disabled. Click **Determine Specialized Services** to calculate and populate a value in S2f.

S3. Physician's Evaluation & Recommendation

S3a. Does the MD/DO have plans for the eventual discharge of this resident?

- This field is conditional.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes
- This field is required for an Admission assessment, a SCSA, or PC E.

S3b. Rehabilitative Potential

- This field is conditional.
- Choose from the drop-down box:
 - 1. good
 - 2. fair
 - 3. minimal
- This field is required for an Admission assessment, SCSA, or PC E.

S3c. Did an MD/DO certify that this resident requires/continues to require nursing facility care?

- This field is conditional.
- Choose from the drop-down box:
 - 0. No

- 1. Yes
- This field is required for an Admission assessment, SCSA, or PC E.

S3d. MD/DO Last Name

- This field is required.
- Enter the last name of the MD/DO.

S3e. MD/DO License #

- This field is conditional. It is required if S3g. MD/DO Military Spec Code # is not filled in.
- Enter the license number of the MD/DO.
- This number is validated against the Texas Medical Board file.
Note: An error will occur if the license number does not pass validation. The assessment will not be considered successfully submitted until all errors are resolved.
- Physicians are *not* required to complete the RUG training.

S3f. MD/DO License State

- This field is required.
- Choose the state in which the MD/DO is licensed from the drop-down box.

S3g. MD/DO Military Spec Code #

- This field is required if S3e. MD/DO License # is not filled in.
- Enter the Military Spec Code number of the MD/DO.

Fields S3h through S3l

Fields S3h through S3l (MD/DO information) are required if MD/DO is not licensed in Texas.

S3h. MD/DO First Name

- This field is conditional. It is required if S3f License State is *not* Texas.
- Enter the first name of the resident's MD/DO.
- This information is used to mail MN determination letters.

S3i. MD/DO Address

- This field is conditional. It is required if S3f License State is *not* Texas.

- Enter the street address of the resident's MD/DO.
- This information is used to mail MN determination letters.

S3j. MD/DO City

- This field is conditional. It is required if S3f License State is *not* Texas.
- Enter the city of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

S3k. MD/DO State

- This field is conditional. It is required if S3f License State is *not* Texas.
- Enter the state of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

S3l. MD/DO ZIP Code

- This field is conditional. It is required if S3f License State is *not* Texas.
- Enter the ZIP code of the resident's MD/DO mailing address.
- This information is used to mail MN determination letters.

S3m. MD/DO Phone

- This field is optional if S3f License State is *not* Texas.
- Enter the telephone number of the resident's MD/DO.
- This information is used to contact MD/DO if necessary.

S4. Licenses

Provider Certification: On behalf of this facility, I certify to the completeness of the MDS Assessment.

S4a. RN Coordinator Last Name

- This field is required.
- Enter the last name of the RN Assessment Coordinator. Providers must enter the same RN Coordinator name that they entered in field Z0500a of the MDS Assessment.

S4b. RN Coordinator License #

- This field is required.
- Enter the license number of the RN Coordinator.
- Licenses issued in Texas will be validated against the Texas BON (Board of Nursing), while compact licenses will be validated with the issuing state's nursing board. This number is validated to ensure that RUG training requirements have been met. The RN Coordinators that have provided their license numbers in S4b must have completed the RUG training offered by Texas State University. The assessment will not be accepted in the LTC Online Portal if the license number does not indicate that the RUG training has been completed. The RUG training is web-based (online) and is valid for two years. The name entered in S4a should match the name in field Z0500A.

Note: An error will occur if the license number does not pass validation. The assessment cannot be successfully submitted until all the errors are resolved.

S4c. RN Coordinator License State

- This field is required.
- Choose the state in which the RN Coordinator is licensed from the drop-down box.

S5. Primary Diagnosis

S5a. Primary Diagnosis ICD Code

- This field is required.
- Enter a valid ICD-10 code for the person's primary diagnosis. Use your best clinical judgment.

S5b. Primary Diagnosis ICD Description

- This field is optional.
- Click the magnifying glass, and the description will be autofilled based on the primary diagnosis ICD code.

S6. Additional MN Information

S6a. Tracheostomy Care

- This field is conditional.
- Choose from the drop-down box:
 - 1. Less than once a week.
 - 2. 1 to 6 times a week.
 - 3. Once a day.

- 4. Twice a day.
- 5. 3–11 times a day.
- 6. Every 2 hours.
- 7. 24 hour continuous.
- This field is only required and available for data entry if O0100E. Tracheostomy care column 2 “While a Resident” is checked *and* the resident is 21 years of age or younger.

Entry Tip: This field will be disabled if field O0100E2. Tracheostomy Care is not checked on the MDS. The provider must submit an MDS Modification if field O0100E2 is not checked and S6a is to be claimed for the add-on rate.

S6b. Ventilator/Respirator

- This field is conditional.
- Choose from the drop-down box:
 - 1. Less than once a week
 - 2. 1 to 6 times a week
 - 3. Once a day
 - 4. Twice a day
 - 5. 3–11 times a day
 - 6. 6–23 hours
 - 7. 24 hour continuous
- This field is required and available for data entry only if O0100F Ventilator or Respirator column 2 While a Resident is checked. Do not include Bilevel positive airway pressure (BiPAP)/Continuous positive airway pressure (CPAP).

S6c. Number of hospitalizations in the last 90 days

- This field is required.
- Record the number of times that the resident visited the ER without an overnight stay in the last 90 days. If the last assessment was performed less than 90 days ago, record the number of ER visits since the assessment. Enter 0 (zero) if there are no hospital admissions.
- Valid range includes 0–90.

S6d. Number of emergency room (ER) visits in the last 90 days

- Record the number of times that the resident visited the ER without an overnight stay in the last 90 days (or since the last assessment if it has been less than 90 days). Enter 0 (zero) if there were no ER visits.

- Valid ranges includes 0–90.

S6e. Oxygen Therapy

- This field is conditional.
- Choose from the drop-down box:
 - 1. Less than once a week
 - 2. 1 to 6 times a week
 - 3. Once a day
 - 4. Twice a day
 - 5. 3–11 times a day
 - 6. 6–23 hours
 - 7. 24 hour continuous
 - This field is required and available for data entry only if O0100C Oxygen Therapy column 2 While a Resident is checked.

S6f. Special Ports/Central Lines/PICC

- This field is optional.
- Choose from the drop-down box:
 - N = none present
 - Y = 1 or more implantable access system or CVC
 - U = unknown

Note: Use this field to indicate whether the resident has any type of implantable access system or central venous catheter (CVC). This includes epidural, intrathecal, or venous access or peripherally inserted central catheter (PICC) devices. This does *not* include hemodialysis or peritoneal dialysis access devices.

S6g. At what development level is the resident functioning?

- This field is conditional.
- Choose from the drop-down box:
 - ‘ ’ Unknown or unable to assess
 - 1. < 1 Infant
 - 2. 1–2 Toddler
 - 3. 3–5 Pre-School

- 4. 6–10 School age
- 5. 11–15 Young Adolescence
- 6. 16–20 Older Adolescence
- This is a required field on all assessments for residents who are 20 years of age or younger (based on birth date minus date of submission [TMHP received date]).
- This field is not available for data entry if the resident is 21 years of age or older.

S6h. Enter the number of times this resident has fallen in the last 90 days

- This field is required.
- Record the number of times that the resident has fallen in the last 90 days. Enter 0 (zero) if no falls have occurred.
- Each fall should be counted separately. If the resident has fallen multiple times in one day, count each fall individually.
- Valid range includes 0 (zero)–999. Leading zeroes may be included or omitted from the submitted value. A decimal point and decimal values may not be included on the LTC Online Portal.

S6i. In how many of the falls listed above was the person physically restrained prior to the fall?

- This field is conditional. It is required if field S6h indicates that the resident has fallen.
- Valid range includes 0 (zero) with a maximum being the number that was entered in S6h.

S6j. In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)

- This field is conditional.
- S6j1 through S6j6 are required only if S6h indicates that the resident has fallen.
- Valid range includes 1 (one) with a maximum being the number that was entered in S6h.
 - S6j1. Environmental (debris, slick or wet floors, lighting, etc.)
 - S6j2. Medication(s)
 - S6j3. Major Change in Medical Condition (Myocardial Infarction [MI/Heart Attack], Cerebrovascular Accident [CVA/Stroke], Syncope [Fainting], etc.)
 - S6j4. Poor Balance/Weakness
 - S6j5. Confusion/Disorientation
 - S6j6. Assault by Resident or Staff

S7. For HHS Only — RUG

S7b. For HHS Only — RUG

- When the LTCMI is printed, S7b will show the calculated RUG value.

S8. Resident's Current Address

S8a. Resident's Address

- This field is required.
- Enter the resident's current street address.
- This information is used to mail MN determination letters.

S8b. City

- This field is required.
- Enter the resident's current city.
- This information is used to mail MN determination letters.

S8c. State

- This field is required.
- Enter the state where the resident currently lives.
- This information is used to mail MN determination letters.

S8d. ZIP Code

- This field is required.
- Enter the resident's current ZIP code.
- This information is used to mail MN determination letters.

S8e. Phone

- This field is optional.
- Enter the contact telephone number for the resident if that is available. If the resident is residing in an NF and no other direct contact telephone number is available, enter the telephone number of the NF.

S9. Medications

Medication Certification Checkbox

- This field is required.
- Providers are required to check the Medication Certification checkbox to certify that the resident is taking no medication or that the medication(s) listed are correct.

S9. Medications

- S9 (Column 1) Medication Name and Dose Ordered. Free-form text.
- Identify and record all medications that the resident has received in the last 30 days. Also identify and record any medications that may not have been given in the last 30 days but that are part of the resident's regular medication regimen (e.g., monthly B-12 injections). Do not record *pro re nata* (PRN) medications that were not administered in the last 30 days.
- S9 (Column 2) RA (Route of Administration). Select from the list of options.
- Determine the RA that is used to administer each medication. The Medication Administration Record (MAR) and the physician's orders should identify the RA for each medication. Record the RA in column 2.
- S9 (Column 3) Freq (Frequency). Select from the list of options.
- Determine the number of times per day, week, or month that each medication is given. Record the frequency in column 3.
- S9 (Column 4) PRN-n (number of doses) as necessary – the number of times in last 30 days
- PRN means "as needed" in Latin. The PRN-n column is only completed for medications that have a frequency as per rectum (PR). Record the number of times in the past 30 days that each medication that is coded as PR was given. Stat medications are recorded as a PRN medication. Remember, if a PRN medication was not given in the past 30 days, it should not be listed here.
- Section N on MDS 3.0 assessments reflects the number of medications, while section S9 allows for more detailed information to be submitted (i.e., the names of medications).

S10. Comments

The Comments field is optional. You may enter up to 500 characters if needed. It is essential that you include signs and symptoms that present an accurate picture of the resident's condition. This section can be used for additional qualifying data that indicates the need for skilled nursing care, such as:

- Pertinent medical history.
- The ability to understand how medication is administered and the effects thereof.
- The ability to understand changes in a client's condition.
- Abnormal vital signs.
- Previous attempts at outpatient management of the medical condition.

- Results of abnormal lab work.

S11. Advance Care Planning

Advance care planning means planning ahead for someone's future health care. In the event of an accident or a life-threatening illness, the resident might not be able to communicate their wishes for treatment and care. Through advance care planning the resident can indicate what their wishes are for their health care when such a time should come.

S11a. Does the resident report having a legally authorized representative?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes
- A legally authorized representative (LAR) is a person who is authorized by law to act on behalf of a person with regard to a matter and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

S11b. Does the resident report having a Directive to Physicians and Family or Surrogates?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes
- In states other than Texas, this document may be referred to as a living will.
- A Directive to Physician/Living Will is a document that formally communicates a resident's wishes about medical treatment at some time in the future when they are unable to make their wishes known because of illness or injury.

S11c. Does the resident report having a Medical Power of Attorney?

- This field is required.
- Choose from the drop-down box:
 - 0. No
 - 1. Yes

S11d. Does the resident report having an Out-of-Hospital Do Not Resuscitate Order?

- This field is required.

- Choose from the drop-down box:
 - 0. No
 - 1. Yes
- This form is for use when a resident is not in the hospital. It lets the resident tell health care workers, including emergency medical services (EMS) workers, *not* to do certain things if they stop breathing or their heart stops. If a resident does not have one of these forms filled out, EMS workers will *always* give the person cardiopulmonary resuscitation (CPR) or advanced life support even if the advance care planning forms indicate not to do that. The resident should complete this form as well as the Directive to Physicians and Family or Surrogates and the Medical Power of Attorney form if they do *not* want CPR.

S12. LAR Address

The address of the LAR is required if field S11a. Does the resident report having a legally authorized representative? is indicated as 1. Yes.

S12a. LAR First Name

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the first name of the LAR.

S12b. LAR Last Name

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the last name of the LAR.

S12c. Address

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the street address of the LAR.

S12d. City

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the city in which the LAR is located.

S12e. State

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the state in which the LAR is located.

S12f. ZIP Code

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the ZIP code of the LAR.

S12g. Phone

- This field is conditional. It is required if field S11a = 1. Yes.
- Enter the contact telephone number for the LAR if it is known.

Preventing Medicaid Waste, Abuse, and Fraud

CMS defines Medicaid fraud as: “An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.”

How to Report Waste, Abuse, and Fraud

Reports may be made through <https://oig.hhsc.texas.gov/report-fraud>. This website gives instructions on how to submit a report and how to submit additional documentation that cannot be transmitted over the internet. It also provides information on the types of waste, abuse, and fraud to report to the Office of Inspector General (OIG).

If you are not sure whether an action is waste, abuse, or fraud of Texas Medicaid, report it to the OIG and let the investigators decide. If you prefer not to submit a report online, call the fraud hotline at 800-436-6184.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). It is *your* responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the appropriate manuals or speak to your TMHP provider representative when you have questions. For the name of your provider representative, go to www.tmhp.com, click **Resources** in the gray bar at the top of the page, and then click **Provider Relations**.

Resource Information

Types of Calls to Refer to TMHP

Call TMHP at 800-626-4117 about the following:

- Rejection codes on the forms and PTIDs
- A form that is in ID Invalid status even though the Medicaid, Social Security, or Medicare number and name match the client's Medicaid ID card. In this case, TMHP will restart the form through the system.
- MN Determination on MDS
- MN Determination on PE
- TMHP LTC Online Portal and TexMedConnect account setup

Types of Calls to Refer to HHSC PCS

Call HHSC PCS at 512-438-2200 about the following:

- Denials or pending denials of clients who have established prior permanent medical necessity after verifying that MDS 3.0: A0700, Medicaid Number contains a nine-digit number rather than + or N.
- A 3618/3619 Admission that was submitted under the wrong contract. This process must have a counteracting discharge submitted, and the provider must call to request that HHSC LTC PCS set the incorrect form to Invalid/Complete status. A third form for the same Date of Above Transaction cannot be submitted until the forms with the incorrect contract have been set to Invalid/Complete status.
- Resolution of forms in Manual Workflow status.
- Assistance with Processed/Complete forms that do not appear on MESAV.

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service	800-925-9126
Long-Term Care (LTC) Department	800-727-5436 / 800-626-4117
General Inquiries, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms, Claim Submission, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE)	Option 1
Medical Necessity	Option 2
Technical Support.....	Option 3
Fair Hearing.....	Option 5
LTC Other Insurance Information and Updates.....	Option 6
LTC Department (Fax)	512-514-4223
Medicaid Hotline	800-252-8263
Health and Human Services Commission (HHSC)	512-438-3011
Consumer Rights & Services Hotline.....	800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility.....	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/HHSC literature	Option 6
Community Services Contracts Unit Support	512-438-3550
Community Services Contracts Voice Mail (Contract Applications, Re-enrollments and Reporting Changes, such as address and telephone number).....	512-438-3550
Criminal History Checks	512-438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director)	512-438-2630
Home and Community Support Services Unit (Hospice Regulatory Requirements).....	512-438-3161
Hospice Policy (Medicaid, Program Support)	HospicePolicy@hhs.texas.gov
Institutional Services Contracting.....	512-438-2546
Medication Aide Program	512-231-5800

Nurse Aide Registry	800-452-3934
Nurse Aide Training.....	512-231-5800
NF Administrator Program	512-231-5800
NF Policy	512-438-3161
Regulatory Services	512-438-2625
PASRR Unit Policy Questions	855-435-7180
Provider Claims Services Hotline	512-438-2200
NF and Hospice (Service authorizations, MESAV updates, and unable to determine Rate Key issues).....	Option 1
Personal Needs Allowance Payments (PNA)	Option 2
Deductions and Holds	Option 3
Provider Recoupment and Holds, including torts and trusts and/or annuities	Option 4
Home Community Services.....	Option 5
TX Home Living	Option 5
Rehabilitation Therapy and Specialized Services	Option 6
HHSC Ombudsman Office Medicaid Benefits	877-787-8999
Medicaid Fraud.....	800-436-6184
Rate Analysis Help Line.....	512-730-7404
Resource Utilization Groups (RUGs) Information	
Nurse Specialist (Reconsideration & RUGs)	512-491-2074
Texas State University RUG Training Information	512-245-7118
Texas State University Training Online Course Questions.....	512-245-7118

Informational Websites

Texas Medicaid & Healthcare Partnership (TMHP): www.tmhp.com

- HIPAA information: www.tmhp.com/hipaa-privacy-statement
- Long-Term Care Division: www.tmhp.com/programs/ltc
- NF LTCMI and PASRR information is also available at www.tmhp.com/programs/ltc
- Long-Term Care Provider News Archives: www.tmhp.com/news?program_id=56

Health and Human Services Commission (HHSC): <https://hhs.texas.gov/>

All HHSC provider information can be found at <https://www.hhs.texas.gov/providers/long-term-care-providers>. Choose your particular provider type for available online resources:

- Consumer Rights and Services (includes information about how to make a complaint): <https://www.hhs.texas.gov/services/your-rights/complaint-incident-intake>
- Hospice: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/hospice>
- Local Mental Health Authority Search: <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>
- Nursing Facilities (NF): <https://www.hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf>
- Nursing Facility MDS Coordinator Support Site: <https://www.hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf/texas-minimum-data-set>
- Office of Inspector General (OIG): <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- PASRR for Nursing Facilities: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/preadmission-screening-resident-review-pasrr/pasrr-nursing-facilities>
- Provider Letters: <https://www.hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf#comms>
- Resources for HHSC Service Providers: <https://www.hhs.texas.gov/providers/long-term-care-providers>
- HHSC Regions: <https://www.hhs.texas.gov/about/contact-us/community-services-regional-contacts>
- Vendor Drug Program: <https://www.txvendordrug.com/providers>

Other

- Centers for Medicare & Medicaid Services: www.cms.gov
- Department of State Health Services: www.dshs.state.tx.us
- Obtaining a National Provider Identifier (NPI): <https://nppes.cms.hhs.gov/NPPES>
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas Medicaid Provider Procedures Manual: <https://www.tmhp.com/resources/provider-manuals/tmppm>
- Texas State RUG Training: www.distancelearning.txst.edu/continuing-education/rugs-training.html
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

