Addendum
Provider Workflow Rejection Messages

Beginning May 27, 2011, new messages will be available for providers when managing forms and assessments using the Long Term Care (LTC) Online Portal. The messages and detailed instructions in this document are intended to assist the provider with a better understanding of how to handle forms or assessments in the Provider Action Required Workflow. This addendum will replace the Provider Workflow Rejection Messages section of your Long Term Care Nursing Facility/Hospice Workshop User Guide.

General Instructions

1. Review the effective date on the form or assessment to ensure it is correct. For Forms 3618 and 3619, the effective date is the Date of Above Transaction. For Minimum Data Set (MDS) Admission assessments, the effective date is the MDS Entry Date (AB1 or A1600 Date). For all other MDS assessments, the effective date is the MDS assessment Completion Date (R2b or Z0500B Date).
   - If the effective date is incorrect, take the appropriate action to correct the form or assessment.
     › Form 3618 or 3619: Correct the form on the LTC Online Portal and submit.
     › MDS: Correct the assessment by following the guidelines in the Resident Assessment Instrument (RAI) User’s Manual and submit the modified MDS to the federal Centers for Medicare & Medicaid Services (CMS) database, then complete the Long Term Care Medicaid Information (LTCMI) section on the LTC Online Portal.
   - If the effective date is correct, continue to step 2.

2. If a Form 3619 (admission or discharge) is rejected, and the Date of Above Transaction is prior to the most recent Service Authorization begin date on the recipient’s Medicaid Eligibility Service Authorization Verification (MESAV), contact the Texas Department of Aging and Disability Services (DADS) Provider Claims Services to request manual processing.

3. If a Form 3618 or 3619 needs to be resubmitted and is set to status “Submitted to manual workflow,” click the “Correct this form” button, add a comment (example: Resubmit), then click the “Submit Form” button.

4. If the steps above do not resolve the error message, continue on to the Specific Instructions section for the specific Provider Message displayed in the History trail of the form or assessment and its Suggested Action to correct the message.
## Specific Instructions

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| GN-9101 – GN-9105: This form cannot be processed because the client’s Applied Income is not available to DADS. Contact the HHSC Eligibility Worker to update the client’s Applied Income. Once the Applied Income has been updated, this form can be resubmitted. | 3618, 3619, MDS | The recipient’s applied income is not available to DADS.  
- Pull a MESAV for the recipient covering the date requested on the form or assessment.  
  Note: If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.  
- If the MESAV does not show an Applied Income for the dates of the form or assessment, contact the Texas Health and Human Services Commission (HHSC) Eligibility Worker to update the Applied Income records.  
  - Once the Applied Income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, you may monitor the MESAV for updated Applied Income.  
- If the MESAV does show an Applied Income for the dates of the form or assessment, resubmit the rejected form or assessment. |
| GN-9106: This form cannot be processed because DADS does not have Long Term Care Financial Eligibility for this client and timeframe. Contact the HHSC Eligibility Worker or SSI office. | 3618, 3619, MDS | The recipient’s Medicaid eligibility is not available to DADS.  
- Pull a MESAV for the recipient covering the date requested on the form or assessment.  
  Note: If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.  
- If the MESAV does not show Long Term Care Financial Eligibility for the dates of the form or assessment, 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 or assessment. If the recipient is already established in your facility, you may monitor the MESAV for updated Financial Eligibility.  
- If the MESAV does show Financial Eligibility for the dates of the form or assessment, resubmit the rejected form or assessment. |
| GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit. | MDS | The submitted Primary Diagnosis International Classification of Diseases (ICD) Code is not valid.  
- Modify the Primary Diagnosis Code on the LTCMI section as needed and resubmit the rejected assessment.  
- If the Primary Diagnosis Code on the LTCMI section is valid, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
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| GN-9254: This form cannot be processed because the provider is not authorized to provide services on the effective date of the form. Correct the effective date as needed. For 3619 admissions, resubmit once the Medicare contract is effective in the system. | All             | The provider's contract is either not in effect as of the effective date of the form or assessment, or the provider is not authorized to bill for the type of services covered by the form or assessment.  
- Review the facility contract to determine if the contract is in effect and authorizes the type of services covered by the form or assessment.  
- If the effective date of the form or assessment is wrong, modify the form or assessment and resubmit the rejected form or assessment.  
- If the contract is not yet in effect, resubmit the rejected form or assessment once the service code is effective in the system. For 3619 admissions, resubmit the rejected form once the Medicare contract is effective in the system. |
| NF-0001: This form cannot be processed because the client's Applied Income is not available to DADS. Contact the HHSC Eligibility Worker to update the client's Applied Income. Once the Applied Income has been updated, this form can be resubmitted. | MDS, 3619 (Admit) | The recipient's Applied Income is not available to DADS.  
- Pull a MESAV for the recipient covering the date requested on the form or assessment.  
Note: If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.  
- If the MESAV does not show an Applied Income for the dates of the form or assessment, contact the HHSC Eligibility Worker to update the Applied Income records.  
  - Once the Applied Income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, you may monitor the MESAV for updated Applied Income.  
- If the MESAV does show an Applied Income for the dates of the form or assessment, resubmit the rejected form or assessment. |
| NF-0002: This assessment cannot be processed because there is no gap in the Level records for this client, for the Purpose Code timeframe on the assessment. | MDS (Admit, Annual, Quarterly) | There is no gap in Level records for the resident during the Purpose Code timeframe.  
- Pull a MESAV for the Purpose Code timeframe requested on this assessment, and determine if the dates are reflected in the Level section of the resident's MESAV. Validate whether a gap in coverage exists.  
- If there is a Level record with valid continuous coverage on file, a Purpose Code is not needed. Inactivate the assessment on the federal CMS database.  
- If the expected gap is not reflected on the Level record, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.  
- If the Purpose Code dates are wrong, modify the Purpose Code dates on the LTCMI and resubmit the rejected assessment. |
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| **NF-0003:** This assessment cannot be processed because the client does not have 3 month prior Medicaid or SSI eligibility. Contact the HHSC Eligibility Worker or SSI office. | MDS (Admit, Annual, Quarterly) | There is no “3 month prior Nursing Facility” or “prior month SSI” eligibility for the resident during the Purpose Code timeframe. One of these two specific “flavors” of eligibility is required to process an assessment with Purpose Code M.  
- Pull a MESAV for the Purpose Code timeframe requested on this assessment, and determine if a Level record is needed for the dates requested on the LTCMI. If a Level record is needed, continue with the steps below. If not, inactivate the MDS.  
- Determine if the MESAV reflects either Prior Coverage (P) or Type Program 11 in the Medicaid section of the MESAV for the dates requested on the LTCMI.  
- If the Prior Coverage (P) or Type Program 11 verified through the resident’s MESAV matches the dates requested on the LTCMI, resubmit the rejected assessment.  
- If the Prior Coverage (P) or Type Program 11 dates on the recipient’s MESAV differ from the dates requested on the LTCMI, modify the dates on the LTCMI and resubmit the rejected assessment.  
- If the resident’s MESAV does not reflect Prior Coverage (P) or Type Program 11 eligibility for the period requested, contact the HHSC Eligibility Worker or SSI office. If the resident is ineligible, change the purpose code to “E,” if a Level record is needed. |
| **NF-0004:** This assessment cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3618/3619). Verify that the admission 3618/3619 has been processed. | MDS | There is no 3618/3619 admission for the resident that covers one or more days of the assessment period (If the resident is a Hospice resident, a Hospice provider number should be entered on the LTCMI).  
- Review the facility’s records to determine whether the resident is considered Medicare or Medicaid and what is the admission date to your facility.  
- Review the LTC Online Portal to determine the status of the admission (3618/3619).  
- If the 3618/3619 is not processed, determine why the form rejected. Correct the current 3618/3619 admission, or inactivate the rejected form and submit a new 3618/3619 admission.  
- If the 3618/3619 is processed, compare the processed date to the rejection date of the MDS. If the admission was processed after the MDS rejected, resubmit the rejected MDS.  
- If a 3618/3619 admission has not been submitted because the resident is Hospice, review the LTCMI to verify that a Hospice contract number has been entered. If not, modify the LTCMI on the LTC Online Portal to include the Hospice contract number.  
- If the processed date on the admission is prior to the MDS rejection, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
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<td>NF-0008: This assessment cannot be processed because an assessment with the same effective date but different Reason for Assessment has already been processed. Continue to submit assessments based on the client’s MDS assessment schedule.</td>
<td>MDS (Quarterly)</td>
<td>An assessment with the same effective date and a different Assessment Reason is already on file. A Quarterly assessment cannot replace it. • Verify if the MDS Assessment Complete Date on the rejected assessment is correct. If not, submit a modification to the federal CMS database to correct it. • If the MDS Assessment Completion Date is correct, determine which Reason for Assessment is appropriate and inactivate the other MDS. • If the processed assessment is inactivated, the rejected assessment can be resubmitted once the inactivation is processed. If the rejected assessment is inactivated, no further actions are needed.</td>
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<td>NF-0010: This assessment cannot be processed because an assessment with the same effective date has already been processed and is not a Quarterly Review Assessment. Continue to submit assessments based on the client’s MDS assessment schedule.</td>
<td>MDS (Significant Correction to a Prior Quarterly)</td>
<td>An assessment other than a Quarterly with the same effective date is already on file. A Significant Correction to a Prior Quarterly cannot replace it. • Verify if the MDS Assessment Completion Date on the rejected assessment is correct. If not, submit a modification to the federal CMS database to correct it. • If the MDS Assessment Complete Date is correct, determine which Reason for Assessment is appropriate and inactivate the other MDS. If the processed assessment is inactivated, the rejected assessment can be resubmitted once the inactivation is processed. If the rejected assessment is inactivated, no further actions are needed.</td>
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<td>NF-0011: This admission cannot be processed because you have reached the limit of Swing Bed days for this client for a 12-month period. Submit an admission if the client becomes eligible to receive additional Swing Bed services.</td>
<td>3618 (Admit)</td>
<td>The provider has reached the limit of Swing Bed days allowed for the recipient during a 12-month period. • Medicaid Swing Bed services are limited to 30 days per stay. Verify dates and, if the submitted date is wrong, correct the rejected admission and resubmit.</td>
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<td>NF-0012: This form cannot be processed because the client is currently in Hospice. If the client is no longer enrolled in the Hospice program, contact the Hospice provider and request that they discharge the client from the program. Once the Hospice discharge is processed, resubmit your form. If the client is a Hospice recipient, inactivate your form.</td>
<td>3618, 3619</td>
<td>The recipient has a Service Authorization for Hospice as of the effective date of the submitted form. • Review the facility’s records to determine if the recipient is Hospice. • If the recipient is Hospice, inactivate the Nursing Facility form. Note: 3618/3619s should not be submitted on Hospice recipients. • If the recipient has requested to terminate the Hospice program, contact the Hospice provider and request that the provider submit a discharge Form 3071. – If the Form 3071 has already been submitted, allow 10 days for processing before resubmitting the rejected admission. Note: If the form rejects again, the Hospice provider needs to follow up with DADS Provider Claims Services. – If the Form 3071 has not yet been submitted, allow the time requested by the Hospice provider for processing of the Hospice discharge before resubmitting the rejected admission.</td>
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| **NF-0013:** This admission cannot be processed because it is effective during a Service Authorization for a different provider. Correct the admission date or contact the other provider to determine proper dates. | 3618 (Admit) | The recipient has a Service Authorization for a different facility (processed admission and discharge for a different provider cover the submitted admission date).  
- Contact the prior facility to request that a correcting discharge be submitted for their discharge. If the other facility’s discharge is incorrect, allow seven days for processing time and resubmit the rejected admission.  
- If the recipient was in the other provider’s facility before and after being in your facility, the other facility must submit a retroactive discharge and admission creating a gap during which the recipient was in your facility. An admission and discharge pair will also need to process for your facility to fill the gap. Two pairs will need to be processed. Coordinate with the other facility. |
| **NF-0014:** This admission cannot be processed because an earlier admission into your facility has already been processed. Verify the discharges and admissions for this client and submit the missing discharge. Resubmit this admission once the previous discharge is submitted. | 3618 (Admit) | The recipient has a Service Authorization for the same facility (processed admission for the same provider covers the submitted admission date).  
- Review the recipient’s records to find the discharge date between the begin date of the current Service Authorization and this admission form.  
- Pull a MESAV to verify the begin date of the most recent Service Authorization.  
- Determine through the LTC Online Portal whether that discharge form has been submitted or not. Correct the discharge if it was rejected, or submit a discharge, if it was missing.  
- Resubmit the rejected admission. |
| **NF-0017:** This admission cannot be processed because a later admission has already been processed. This admission occurs in the past and must be one of a pair, which will create a separate Service Authorization. If the discharge following this admission is missing or rejected, both forms must be submitted on the same day. | 3618/3619 (Admit) | A later admission is already in the recipient’s file. This admission will have to be submitted with a matching discharge to process as a retroactive pair.  
- Review the facility’s records to determine which discharge follows this admission.  
- Pull a MESAV and review the Service Authorizations to see if a gap exists for the period that will be created by the admission and discharge pair.  
- If a gap exists, resubmit the rejected admission, then submit the following discharge. Both forms must be submitted on the same day. The system will process both forms as a pair.  
- If a gap does not exist, review the facility’s records to determine if a discharge prior to the rejected admission is reflected on the recipient’s MESAV.  
  - If the discharge is not reflected on the recipient’s MESAV, submit the missing or rejected discharge, followed by the admission and discharge pair.  
  - If the discharge is reflected on the recipient’s MESAV, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
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| **NF-0018:** This discharge cannot be processed because the client is currently admitted to Medicare Part A Coinsurance and does not have a corresponding Nursing Facility admission (missing 3618). Verify that the admission 3618 has been processed. | 3618 (Discharge) | The recipient has a Service Authorization for Medicare Part A Coinsurance as of the submitted discharge date.  
- Review the facility’s records to determine which admission is prior to this discharge.  
- Pull a MESAV and review the Service Authorizations to determine if Coinsurance is authorized for your facility. If so, submit a 3619 discharge to close the Coinsurance.  
- Review the LTC Online Portal to determine the status of the prior 3618 admission. If it is rejected, verify if the issue still exists and take the necessary actions to process the admission.  
- Once the admission has been processed, resubmit the rejected discharge.  
- If the rejected discharge is reflected on the recipient’s MESAV, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
| **NF-0019:** This discharge cannot be processed because the client is not admitted into your facility. If an admission prior to this discharge is rejected, the rejected admission must be processed first. This discharge can then be resubmitted. | 3618 (Discharge) | This admission and discharge pair is either retroactive to the current authorizations or the recipient is currently authorized at a prior facility.  
- Review the facility records to identify the admission prior to this discharge.  
- If the pair is retroactive, the admission and discharge must be submitted at the same time. A gap in the Service Authorizations must exist for this time period to fill. If the recipient has been in your facility previously, you may be able confirm this gap by pulling a MESAV and verifying dates.  
- If the prior admission form was rejected, correct that form and resubmit. The admission must be processed before the discharge can process.  
- If the prior admission form is missing, submit that missing form, then resubmit the rejected discharge. |
| **NF-0020:** This discharge cannot be processed because a later discharge has already been processed. This discharge appears to be one of a retroactive pair. If an admission after this discharge is missing or rejected, resubmit the admission and this discharge on the same day. | 3618 (Discharge) | This discharge is part of a retroactive pair.  
- Review the facility records to identify the admission prior to this discharge.  
- Pull a MESAV and review the Service Authorizations. The discharge and admission should split one of the authorizations when these forms process.  
- The discharge and admission pair must be submitted at the same time.  
- If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate the rejected discharge and correct the transaction date of the later discharge. |
| **NF-0021:** This discharge cannot be processed because a later admission to another provider has already been processed. This discharge appears to be one of a retroactive pair. If an admission prior to this discharge is missing or rejected, resubmit the admission and this discharge on the same day. | 3618 (Discharge) | This discharge is part of a retroactive pair.  
- Review the facility records to identify the admission prior to this discharge.  
- Pull a MESAV and review the Service Authorizations. There should be no other authorization during the admission and discharge timeframe when these forms process.  
- The admission and discharge pair must be submitted at the same time.  
- If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate the rejected discharge and correct the transaction date of the earlier discharge. |
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| NF-0022: This discharge cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3618). Verify that the admission 3618 has been processed. | 3618 (Discharge) | The corresponding Nursing Facility admission is not in the recipient’s file.  
• Review the facility’s records to determine the admission prior to this discharge.  
• Pull a MESAV and review the Service Authorizations to determine if the prior admission has processed and authorized services. If the MDS for the admission has not processed, you will not have services authorized.  
• If the MESAV reflects that the recipient is currently in the facility per an admission prior to the admission that corresponds with this discharge, research the recipient’s records to identify the discharge between those two admissions.  
  – Submit that missing or rejected discharge, followed by the admission that corresponds with this rejected discharge.  
  – Resubmit this rejected discharge.  
• If this rejected discharge is reflected on the recipient’s MESAV, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
| NF-0023: This admission cannot be processed because it is effective during a Service Authorization for a different provider. Correct the admission date or contact the other provider to determine proper dates. | 3619 (Admit) | The recipient has a Service Authorization for a different facility (processed admission and discharge for a different provider cover the submitted admission date).  
• Contact the prior facility to request that a correcting discharge be submitted for their discharge. If the other facility’s discharge is incorrect, allow seven days for processing time and resubmit the rejected admission.  
• If the recipient was in the other provider’s facility before and after being in your facility, the other facility must submit a retroactive discharge and admission creating a gap during which the recipient was in your facility. An admission and discharge pair will also need to process for your facility to fill the gap. Two pairs will need to be processed. Coordinate with the other facility. |
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| **NF-0024**: This admission cannot be processed alone because a later admission has already been processed. This admission is part of a retroactive pair. Identify the discharge following this admission and submit as a pair. | **3619 (Admit)** | The recipient has an existing Service Authorization for your facility (processed admission and discharge for your facility cover the submitted admission date). This admission is missing one of a pair.  
- Review the facility’s records to determine which discharge is prior to this admission.  
- Pull a MESAV and review the Service Authorizations to determine the authorized services.  
- If the recipient has a closed Service Authorization for Code 3 with an end date after the rejected 3619 admission, the rejected 3619 is part of a retroactive pair. Determine the discharge prior to this admission and submit that discharge and the rejected admission as a pair to create a gap in the Service Authorization on file.  
- If the recipient has a closed Service Authorization for Code 1 with an end date after the rejected 3619 admission, determine if the end date is correct.  
  - If the end date is wrong, submit a correcting 3618 discharge to change the end date to be prior to the rejected 3619 admission. Once the Service Authorization ends prior to the 3619 Admission, resubmit the rejected 3619 admission.  
  - If the end date is correct, there is a 3618 retroactive pair that needs to be processed to create a gap for the rejected 3619 admission and corresponding discharge.  
  - Identify the 3618 discharge prior to the rejected 3619 admission and the 3618 admission prior to the current end date and submit as a retroactive pair.  
  - Once the gap has been created within the Code 1, resubmit the rejected 3619 admission with the corresponding 3619 discharge. |
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| **NF-0026:** This admission cannot be processed because the client is admitted to Full Medicaid as of the submitted admission date. Verify the Medicaid dates and submit the needed 3618s. Resubmit the rejected Medicare Coinsurance admission once the client is discharged from Medicaid. | 3619 (Admit) | The recipient has an existing Service Authorization for Full Medicaid.  
- Review the facility’s records to determine which discharge is prior to this admission.  
- Pull a MESAV and review the Service Authorizations to determine the authorized services. If the MDS for the recipient has not processed you will not have services authorized.  
- If the recipient has an ongoing Service Authorization with a begin date prior to the rejected admission and the current Service Authorization is for Full Medicaid (Code 1), a 3618 discharge must be processed prior to resubmitting the rejected 3619 admission.  
- If the recipient has a closed Service Authorization for Code 1 with an end date after the rejected 3619 admission.  
  - Verify that the 3618 discharge was submitted for the correct date. If not, correct the discharge. If the discharge is now prior to the rejected 3619 admission, it can be resubmitted.  
  - If the 3618 discharge is correct, there are quite a few 3618/3619s that need to process between the begin and end dates of the Service Authorization. Verify all dates and submit the needed forms.  
- If the recipient does not have Service Authorizations on the MESAV, use the statuses on the LTC Online Portal to determine the forms that have processed. Remember, authorizations will only display if the MDS has also processed.  
  - If the most recent processed form is a 3618 admission prior to the rejected 3619 admission, a 3618 discharge must be processed prior to resubmitting the rejected 3619 admission.  
  - If the most recent processed form is a 3618 discharge after the rejected 3619 admission, verify that the 3618 discharge was submitted for the correct date. If the date is wrong, correct the 3618 discharge and resubmit. If the 3618 discharge is now prior to the rejected 3619 admission, resubmit the rejected 3619 admission. |
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| **NF-0028:** This admission cannot be processed because the Qualifying Stay days, plus any Full Medicare days already documented, add up to more than the 20 days allowed for this Spell of Illness. | 3619 (Admit, Admit Mod) | For each Medicare Spell of Illness, only 20 days of Full Medicare coverage are allowed between one or more providers. The recipient will exceed the 20-day limit if the form is processed as submitted.  
- Review the recipient’s Medicare remittance to determine the Full Medicare Qualifying Stay dates for this Spell of Illness.  
- Check the Dates of Qualifying Stay on the form. The number of days on the form, plus any Full Medicare days already documented for that Spell of Illness, cannot exceed 20 days.  
- If the Dates of Qualifying Stay on the form are wrong, correct the admission and resubmit.  
- To determine if the Qualifying Stay dates from the Medicare remittance advice are on file, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.  
- If a different 3619 admission was submitted with incorrect Dates of Qualifying Stay, submit a correction for that form prior to resubmitting this rejected admission.  
- If this form cannot be corrected, inactivate the form.  

**Note:** If this is not traditional Medicare, document this in the comment section and call 512-438-2200, Option 3, or fax the Medicare Replacement’s explanation of benefits (EOB) with a copy of the 3619 to 512-438-3400, attention: Medicare Advantage Plan. |

| NF-0029: The days of Qualifying Stay have been recorded. However, the admission for Medicare Part A Coinsurance cannot be processed because the Qualifying Stay days, plus any Full Medicare days already documented, are less than the 20 days required for this Spell of Illness. | 3619 (Admit, Admit Mod) | For each Medicare Spell of Illness, 20 days of Full Medicare coverage are required, between one or more providers. The recipient has not yet met the 20-day requirement, so a Medicare Part A Coinsurance Service Authorization was not created.  
- Review the recipient’s Medicare remittance to determine the Full Medicare Qualifying Stay dates for this Spell of Illness.  
- Check the Dates of Qualifying Stay on the form. The dates entered must add up to the 20-day requirement, or an additional form must document the remainder of the 20 days of Qualifying Stay (Some Full Medicare dates may have already been recorded from previous 3619 admissions).  
- If the Dates of Qualifying Stay on the form are wrong, correct the admission and resubmit.  
- If the Dates of Qualifying Stay on the form are correct, submit another form to document the remaining days of Qualifying Stay once that information becomes available.  
- To determine if the Qualifying Stay dates from the Medicare remittance advice are on file, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.  
- If a different 3619 admission was submitted with incorrect Dates of Qualifying Stay, submit a correction for that form prior to resubmitting this rejected admission.  
- If this form cannot be corrected, inactivate the form.  

**Note:** If this is not traditional Medicare, document this in the comment section and call 512-438-2200, Option 3 or fax the Medicare Replacement’s EOB with a copy of the 3619 to 512-438-3400, attention: Medicare Advantage Plan. |
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<td>NF-0030: This admission cannot be pro-</td>
<td>3619 (Admit)</td>
<td>For each Medicare Spell of Illness, the state will pay a maximum of 80 days of Medicare Part A Coinsurance to one or more providers. The recipient will exceed the 80-day limit if the admission is processed as submitted.</td>
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<td>cessed because it has not been more than</td>
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<td>• Review the recipient’s Medicare remittance to determine when Medicare Part A Coinsurance is due. Submit a new 3619 based the client’s Medicare remittance.</td>
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<td>60 consecutive days since the client was discharged from Medicare (cannot begin a new Spell of Illness). Review Medicare remittance to determine when Medicare Part A Coinsurance is due. Submit a new 3619 based the client’s Medicare remittance.</td>
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<td>• Pull a MESAV and review the Service Authorizations to determine which authorizations are covered by the Spell of Illness for this admission.</td>
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<td>• Validate the dates of the Spell of Illness to see if this admission is part of the prior stay, or if it begins a new Spell of Illness (more than 60 days between Code 3 Service Authorizations). Submit corrections of any earlier 3619s, as needed, and resubmit this rejected admission accordingly.</td>
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<td>• If the prior Spell of Illness was not ended properly, submit a 3619 discharge or 3619 correction to adjust the Code 3 to reflect the proper end date of that Spell of Illness.</td>
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<td>• Now that the 60 days between Spells of Illness has been resolved, resubmit the rejected admission.</td>
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<tr>
<td>NF-0032: This discharge cannot be pro-</td>
<td>3619 (Discharge)</td>
<td>The corresponding Medicare Part A Coinsurance admission has not processed on the recipient’s file.</td>
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<td>cessed because the client does not have</td>
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<td>• Review the facility records to identify the Coinsurance admission date prior to this discharge and the Spell of Illness for this discharge.</td>
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<td>a Service Authorization for Medicare Part A Coinsurance for your facility. Either the 3619 admission for your facility has not processed, or the discharge date exceeds the client’s maximum of 80 days of traditional Coinsurance (for all providers) for this Spell of Illness.</td>
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<td>• Pull a MESAV and review the Service Authorizations to determine if the 3619 admission has processed and if the Spell of Illness has been authorized.</td>
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<td>• If Coinsurance is not authorized, use the LTC Online Portal to determine the status of the 3619 admission.</td>
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<td>– If the 3619 admission was rejected, correct the 3619 admission and resubmit.</td>
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<td>– If the 3619 admission was never entered, submit the missing 3619 admission.</td>
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<td>• If Coinsurance is authorized, compare the end date of the Service Authorization to the transaction date of the rejected discharge.</td>
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<td>– If the transaction date of the rejected discharge is later than the Service Authorization end date by more than one day, the discharge exceeds the 80-day limit of Coinsurance. An earlier discharge and readmission may be needed prior to the rejected discharge, to allow for additional days before reaching 80 day limit. If so, submit the missing or rejected forms.</td>
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<td>– If the transaction date of the rejected discharge is earlier than the Service Authorization end date, the forms may have attempted to process out of order. If the admission was processed after the 3619 rejected, resubmit the rejected discharge.</td>
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<td>• Once the missing or rejected forms are processed, resubmit the rejected discharge.</td>
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<tr>
<td>Provider Message</td>
<td>Form/ Assessment</td>
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| **NF-0033:** This discharge cannot be processed because a later discharge has already been processed. If an admission after this discharge is missing, resubmit with the submission of the matching admission. | 3619 (Discharge) | This discharge is part of a retroactive pair.  
- Review the facility's records to determine which admission is after this discharge.  
- Pull a MESAV and review the Service Authorizations. The discharge and admission should split one of the authorizations when these forms process.  
- Once identified, the discharge and admission must be submitted on the same day as a pair.  
- If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate this form and correct the transaction date of the later discharge. |
| **NF-0044:** This form cannot be processed because the other half of the pair of forms failed to process. Validate and submit both forms. | 3618/3619 (Pair) | This form is part of a retroactive pair. The other half of the pair failed to process, so this form could not be processed alone. Determine how to resolve the problem that caused the other half of this pair to be rejected.  
- Review the facility's records to determine which transaction is the other half of the pair.  
- If the discharge date is before the admission date, the pair is creating a gap in a Service Authorization. Pull a MESAV and review the Service Authorizations. The discharge and admission should split one of the authorizations when these forms process.  
- If the admission date is before the discharge date, the pair is filling a gap between, or prior to, Service Authorizations. Pull a MESAV and review the Service Authorizations to see if a gap exists for the period that will be created by the admission and discharge pair.  
- Once resolved, resubmit the pair together on the same date. |
| **NF-0046:** This admission modification cannot be processed because the new admission date of this modification is later than the existing enrollment end date. Modify the admission date and resubmit this form, or inactivate this form and modify the corresponding discharge form to make it a counteracting form, cancelling the admission timeframe. | 3618 (Admit Mod) | This admission modification is later than the end date of the Service Authorization it is trying to change.  
- Review the facility’s records to determine the recipient’s admission and discharge dates.  
- Pull a MESAV and review the Service Authorizations on file.  
- If the correction was not done on the right admission, adjust the admission date on this correction back to the original admission date and resubmit. Then correct the admission date on the appropriate admission form and submit.  
- If the end date of the Service Authorization being modified is not correct, submit a discharge correction to adjust the end date and resubmit the rejected admission correction the next day.  
- If the Service Authorization being changed should be cancelled, inactivate this correction and submit a correction to the corresponding discharge, making it a counteracting form to the admission form. |
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| NF-0047: This assessment modification cannot be processed because it is an invalid change to an existing Purpose Code. | MDS Mod (Admit, Annual, Quarterly) | This is a modification of a processed MDS assessment that had a Purpose Code on the LTCMI. Once an MDS has been processed as either a PC E or M, the form must continue to have a Purpose Code on the LTCMI. A modification can change a PC M to a PC E, but a PC E cannot be changed to a PC M, and a PC E or M cannot be changed to no Purpose Code.  
- Review the LTCMI on the prior submission (parent form), noting the Purpose Code and the dates requested.  
- Modify the rejected assessment, entering the appropriate Purpose Code and proper dates, then resubmit the rejected admission. |
| NF-0048: This assessment cannot be processed because more than one assessment was submitted on the same day with the same assessment effective date. | MDS | Two assessments attempted to process on the same day using the same assessment effective date.  
- Validate the effective dates on the MDSs submitted.  
- If the assessment effective date is incorrect on one MDS, submit a modification to the federal CMS database for that assessment and resubmit the other rejected assessment.  
- If one of the assessments was submitted in error, inactivate the assessment that is not needed and resubmit the other rejected assessment. |
| NF-0049: This assessment cannot be processed because an admission assessment is not appropriate, or the Date of Entry does not correspond with the correct admission. If an admission assessment is not appropriate, inactivate this assessment and submit the appropriate MDS assessment type. If the admission assessment is appropriate, modify the Date of Entry. | MDS (Admit) | An assessment that covers the Date of Entry is already on file for this resident and provider.  
- If the prior 3618 discharge was Return Not Anticipated, validate that Return Not Anticipated was correctly marked on the discharge form. If it was not, correct the discharge and submit. Once the correction to Return Not Anticipated is processed ending the Levels per that discharge, the rejected MDS can be resubmitted. If the discharge was Return Not Anticipated and the form was marked correctly, verify that the MDS Entry Date corresponds to the admission following that discharge. If the MDS Entry Date corresponds to an earlier admission, submit a modification to the federal CMS database to correct the Entry Date.  
- If this MDS was only submitted because a current resident admitted from the hospital as Medicare and a dually-coded MDS was being submitted, there are three options.  
  - Inactivate the MDS at the federal CMS database and resubmit it as a dually-coded form using an appropriate Medicaid Reason for Assessment (typically a Quarterly, Annual or SCSA). This will allow Medicaid to use the MDS for payment.  
  - Inactivate the MDS at the federal CMS database and resubmit it as Medicare only (no Medicaid Reason for Assessment). The resubmitted form will not appear on the LTC Online Portal.  
  - Contact DADS Provider Claims Services at 512-438-2200, Option 1, and request that the MDS be moved to invalid/complete status because an admission assessment was not appropriate.  
- If neither situation above applies, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
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| NF-0050: This form cannot be processed as a retroactive pair because the effective date on the discharge of pair is later than the Qualifying Stay begin date on the admission of pair. The discharge prior to the Qualifying Stay begin date and a subsequent admission are needed along with this pair to process automatically. | 3619 (Pair) | This 3619 has been identified as part of a retroactive pair attempting to process together. The Qualifying Stay dates fall between the admission and discharge dates submitted, which is not allowed. Full Medicare (Qualifying Stay) days cannot split a single admission and discharge pair. Two pairs of retroactive 3619s must be submitted instead.  
- Verify the Medicare Part A Coinsurance dates through the Medicare Remittance advice.  
- Resubmit the rejected 3619 admission for the first day of Coinsurance, paired with a discharge matching the first day of Full Medicare, which will end the Coinsurance Service Authorization the day before the Qualifying Stay (included on the admission of the pair).  
- Then resubmit the rejected 3619 discharge from Coinsurance, paired with an admission beginning after the Full Medicare (Qualifying Stay) ends. |
| NF-0051: This form cannot be processed as a retroactive pair because the discharge of pair is marked as a death and a subsequent admission has already been processed. Verify that the client was discharged and correct the form as needed. If the client is deceased, contact Provider Claims Services for assistance. | 3618/3619 (Pair) | This form has been identified as part of a retroactive pair attempting to process together. However, a discharge marked Deceased cannot be processed as part of a retroactive pair, since there is a subsequent admission on file.  
- Review the facility’s records to determine the recipient’s admission and discharge dates.  
- Pull a MESAV and review the Service Authorizations for this recipient. Compare those dates to the dates that the recipient was in your facility.  
- If the discharge of the pair was submitted as a Death in error, inactivate the form then resubmit it as a Discharge.  
- If the form was correctly used to report the recipient’s death, validate the transaction date and correct the form as needed.  
- If the transaction type (Death) and transaction date are correct, identify the admission form that was submitted with an effective date after the death and correct the transaction date on that admission. It may be necessary to contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance. |
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| NF-0052: This admission modification cannot be processed because the new admission date would create an overlap with an existing Service Authorization. Verify the Service Authorizations already established and submit any additional modifications. | 3618/3619 (Admit Mod) | The earlier admission date on this correction will create an overlap with an existing Service Authorization if this correction is processed.  
- Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
- Pull a MESAV and compare the Service Authorizations to the earlier admission date that would be created by the rejected admission. Consider the Qualifying Stays reported on any processed 3619s. These dates create Full Medicare periods, which do not appear on the MESAV.  
- If the end date of an existing Service Authorization needs to be changed, submit a correction to that discharge.  
- If the submitted admission date would overlap with a reported Qualifying Stay period, submit a correction to adjust the Qualifying Stay dates.  
  - To determine if the Qualifying Stay dates from the Medicare remittance advice correspond with those on file, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.  
- If the recipient was previously receiving Hospice services, verify the dates of service with the Hospice Provider and make corrections as needed.  
- This rejected admission should be resubmitted once the file has been adjusted. |
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| NF-0055: This admission modification cannot be processed because the new admission date would result in more than 80 days of Medicare Part A Coinsurance for this Spell of Illness. Confirm the 80 days of Coinsurance and submit any additional modifications. | 3619 (Admit Mod) | For each Medicare Spell of Illness, the state will pay a maximum of 80 days of Medicare Part A Coinsurance to one or more providers. The recipient will exceed the 80-day limit if this correction is processed as submitted.  
- Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
- Pull a MESAV and review the Service Authorizations to determine the number of Coinsurance days on file, plus the number of new days that would be added by the rejected earlier admission date. Verify the begin and end dates of the Service Authorizations on file based on the actual admissions and discharges that have occurred. Remember that the discharge date results in a Service Authorization end date one day earlier than the transaction date.  
- Submit any corrections needed because of incorrect begin or end dates. If these corrections will reduce the total number of Coinsurance days to 80 days or less, the rejected admission should be resubmitted once the new correction forms have processed.  
- If the begin and end dates on file are correct and the recipient has a Medicare Replacement policy that allows more than 80 days of Coinsurance, state this in the comment section of the 3619 and call 512-438-2200, Option 3, or fax the Medicare Replacement EOBs with a copy for the 3619 to 512-438-3400, attention: Medicare Advantage Plan.  
- If the Spell of Illness involved another facility and your facility’s begin and end dates are right except for the correction, review your Medicare Remittance. If the Medicare Remittance advice validates that Coinsurance is due for the time period that your 3619s indicate, fax them with a copy of the 3619s to 512-438-3400, attention: ECF Form Processing, or call 512-438-2200, Option 3.  
- If all the begin and end dates on the MESAV are correct (except for the admission the rejected form is attempting to correct), the last discharge date will need to be adjusted so the total of the new days added plus the adjusted existing dates equal 80 or less days. The rejected admission should then be resubmitted. |
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| NF-0056: This modification cannot be processed because the corresponding adjustment based on the 80-day limit would cancel a later admission that has already been processed. Verify the Service Authorizations already established and submit any additional modifications. | 3619 (Mod) | For each Medicare Spell of Illness, the state will pay a maximum of 80 days of Medicare Part A Coinsurance to one or more providers. The recipient will exceed the 80-day limit if this correction is processed as submitted. In order to reduce the total to 80 days, the system would have to cancel a processed admission.  
- Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
- Pull a MESAV and review the Service Authorizations to determine the number of Coinsurance days on file, plus the number of new days that would be added by the rejected form. Verify the begin and end dates of the Service Authorizations on file based on the actual admissions and discharges that have occurred. Remember that the discharge date results in a Service Authorization end date one day earlier than the transaction date.  
- Submit any corrections needed because of incorrect begin or end dates. If these corrections will reduce the total number of Coinsurance days to 80 days or less, the rejected form should be resubmitted once the new correction forms have processed.  
- If the begin and end dates on file are correct and the recipient has a Medicare Replacement policy that allows more than 80 days, state this in the comment section of the 3619 and call 512-438-2200, Option 3, or fax the Medicare Replacement EOBs with a copy for the 3619 to 512-438-3400, attention: Medicare Advantage Plan.  
- If the Spell of Illness involved another facility and your facility’s begin and end dates are right except for the correction, review your Medicare Remittance. If the Medicare Remittance advice validates that Coinsurance is due for the time period that your 3619s indicate, fax them with a copy of the 3619s to 512-438-3400, attention: ECF Form Processing, or call 512-438-3400, Option 3.  
- If all the begin and end dates on the MESAV are correct, the rejected form will need to be corrected so the total of the new days added plus the existing dates equal 80 or less days. |
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| **NF-0057**: This discharge modification cannot be processed because the new discharge date would cancel the Medicare Part A Coinsurance record being modified. If the new discharge date is incorrect, modify and resubmit. | 3619 (Discharge Mod) | The effective date of the discharge correction is prior to the Service Authorization it is attempting to close.  
• Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
• Pull a MESAV and review the Service Authorizations to determine which Service Authorization ended based on the original discharge date. The system has determined that the new discharge date is prior to that begin date.  
• Verify the begin and end dates of the Service Authorizations on file based on the actual admissions and discharges that have occurred. Also, compare the time periods for Medicare Part A Coinsurance to your Medicare remittance indicating what days should be Coinsurance. Remember that the discharge date results in a Service Authorization end date one day earlier than the transaction date.  
• Verify if the new discharge date is actually part of a retroactive pair rather than a correction. If so:  
  – Correct the discharge date back to the original date.  
  – Identify the admission that would complete the retroactive pair.  
  – Submit the rejected discharge and new admission on the same day. |
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<td>NF-0058: This discharge modification cannot be processed because the new discharge date would result in more than 80 days of Medicare Part A Coinsurance for this Spell of Illness. Confirm the 80 days of Coinsurance and submit any additional modifications.</td>
<td>3619 (Discharge Mod)</td>
<td>For each Medicare Spell of Illness, the state will pay a maximum of 80 days of Medicare Part A Coinsurance to one or more providers. The recipient will exceed the 80-day limit if this correction is processed as submitted.</td>
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<td>• Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.</td>
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<td>• Pull a MESAV and review the Service Authorizations to determine the number of Coinsurance days on file plus the number of new days that would be added by the rejected later discharge date. Verify the begin and end dates of the Service Authorizations on file based on the actual admissions and discharges that have occurred. Remember that the discharge date results in a Service Authorization end date one day earlier than the transaction date.</td>
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<td>• Submit any corrections needed because of incorrect begin or end dates. If these corrections will reduce the total number of Coinsurance days to 80 days or less, the rejected discharge should be resubmitted once the new correction forms have processed.</td>
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<td>• If the begin and ends on file are correct and the recipient has a Medicare Replacement policy that allows more than 80 days, state this in the comment section of the 3619 and call 512-438-2200, Option 3, or fax the Medicare Replacement EOBs with a copy for the 3619 to 512-438-3400, attention: Medicare Advantage Plan.</td>
</tr>
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<td>• If the Spell of Illness involved another facility and your facility’s begin and end dates are correct except for the correction, review your Medicare Remittance. If the Medicare Remittance advice validates that Coinsurance is due for the time period that your 3619s indicate, fax them with a copy of the 3619s to 512-438-3400, attention: ECF Form Processing, or call 512-438-3400, Option 3.</td>
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<td>• If all the begin and end dates on the MESAV are correct (except for the discharge the rejected form is attempting to correct), the last discharge date will need to be adjusted so the total of the new days added plus the adjusted existing dates equal 80 or less days. The rejected discharge should then be resubmitted.</td>
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| NF-0059: This discharge modification cannot be processed because the new discharge would create an overlap with an existing Service Authorization. Verify the Service Authorizations already established and submit any additional modifications. | 3618/3619 (Discharge Mod) | The later discharge date on this correction will create an overlap with existing Service Authorizations if this correction is processed as submitted.  
- Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
- Pull a MESAV and compare the Service Authorizations to the later discharge date that would be created by the rejected discharge. Consider the Qualifying Stays reported on the processed 3619s. These dates create Full Medicare periods, which do not appear on the MESAV.  
- If the begin date of an existing Service Authorization needs to be changed, submit a correction to that admission.  
- If the submitted discharge date would overlap with a reported Qualifying Stay period, submit a correction to adjust the Qualifying Stay dates.  
  - To determine if the Qualifying Stay dates from the Medicare remittance advice correspond with those on file, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.  
- If the recipient is currently receiving Hospice services, verify the dates of service with the Hospice Provider and make corrections as needed.  
- This rejected discharge should be resubmitted once the file has been adjusted. |
| NF-0061: This admission cannot be processed because a Nursing Facility admission is not appropriate for a PACE client. Contact the client’s PACE organization. | 3618/3619 (Admit) | The recipient has a Service Authorization for PACE (the Program for All Inclusive Care for the Elderly) as of the admission date.  
- Review the facility’s records to verify that the transaction date on the rejected admission is correct.  
- If the submitted admission date is wrong, correct the rejected admission and resubmit.  
- If the admission date is correct, contact the recipient’s PACE organization. |
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| NF-0062: This discharge cannot be processed because the client is currently authorized for Full Medicaid. A prior 3618 discharge and a 3619 admission need to be processed prior to this discharge. If the Full Medicaid authorization is for this provider, submit the 3618 discharge prior to the Medicare stay. A 3619 admission must be processed prior to this discharge. | 3619 (Discharge) | The recipient has a Service Authorization for Full Medicaid (Code 1) as of the Medicare Part A Coinsurance discharge date.  
- Review the facility’s records to determine the recipient’s admission and discharge dates.  
- If the recipient is Full Medicaid in your facility, pull a MESAV and compare the Service Authorizations to the facility’s records.  
- If the recipient should be classified as Medicare on this discharge date:  
  - Determine if the 3618 discharge to the hospital prior to the Medicare Stay has been submitted. If not, submit that 3618 discharge. If it was rejected, resolve the issue and resubmit the 3618 discharge.  
  - Determine if the 3619 admission to begin Medicare Part A Coinsurance has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
  - Once the 3618 discharge and 3619 admission are processed and reflected on the MESAV, resubmit the rejected discharge.  
- If the recipient should not be classified as Medicare on this discharge date:  
  - Determine if the discharge should be a 3618 discharge instead. If so, inactivate the rejected form and submit a 3618 discharge to close the recipient’s file.  
- If the recipient is Full Medicaid in a different facility, determine if the 3619 admission to begin Coinsurance has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission. Then resubmit the rejected 3619 discharge. |
| NF-0063: This discharge cannot be processed because the client is admitted to Medicare Part A Coinsurance for a different provider. If an admission prior to this discharge is missing or rejected, that admission must be processed prior to this discharge. | 3619 (Discharge) | The recipient has a Service Authorization for Medicare Part A Coinsurance with a different provider as of the submitted discharge date.  
- Review the facility’s records to identify the Medicare Part A Coinsurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
- Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
| NF-0064: This discharge cannot be processed because an admission to Medicare Part A Coinsurance for a different provider has already been processed for the same day. This discharge appears to be one of a retroactive pair. If an admission prior to this discharge is missing or rejected, resubmit the admission and this discharge on the same day. | 3619 (Discharge) | The recipient has a Service Authorization with a different provider that begins after the submitted discharge date. The rejected discharge and matching admission must be submitted as a retroactive pair.  
- Review the facility records to identify the Medicare Part A Coinsurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
- Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
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| **NF-0065:** This discharge cannot be processed because the client is currently authorized for Full Medicaid for this provider. If a 3618 discharge prior to the Medicare stay and a 3619 admission are missing or rejected, resubmit those forms and this discharge on the same day. | 3619 (Discharge) | The recipient has a Service Authorization for Full Medicaid (Code 1) with the same provider as of the submitted discharge date.  
- Review the facility records to determine the recipient’s admission and discharge dates.  
- Pull a MESA V and verify the begin date and type of service currently authorized for the recipient.  
- If the recipient should be classified as Medicare on this discharge date:  
  - Determine if the 3618 discharge to the hospital prior to the Medicare stay has been submitted. If not, submit that 3618 discharge. If it was rejected, resolve the issue and resubmit that 3618 discharge.  
  - Determine if the 3619 admission to begin Medicare Part A Coinsurance has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
  - Resubmit the rejected 3619 discharge after the missing or corrected forms have been processed.  
- If the recipient should not be classified as Medicare on this discharge date:  
  - Determine if the discharge should be a 3618 discharge instead. If so, inactivate the rejected form and submit a 3618 discharge to close the recipient’s file. |
| **NF-0066:** This discharge cannot be processed because the client is admitted by a different provider. If an admission prior to this discharge is missing or rejected, the admission must be processed prior to this discharge. | 3619 (Discharge) | The recipient has a Service Authorization with a different provider as of the submitted discharge date.  
- Review the facility’s records to identify the Medicare Part A Coinsurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
- Resubmit the rejected 3619 discharge after the missing or corrected admission has been processed. |
| **NF-0067:** This discharge cannot be processed because an admission for a different provider has already been processed for the same day. This discharge appears to be one of a retroactive pair. If an admission prior to this discharge is missing or rejected, resubmit the admission and this discharge on the same day. | 3619 (Discharge) | The recipient has a Service Authorization that begins after the submitted discharge date. The rejected discharge and matching admission must be submitted as a retroactive pair.  
- Review the facility records to identify the Medicare Part A Coinsurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
- Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
| **NF-0068:** This discharge cannot be processed because the client already has a subsequent authorization. This discharge appears to be one of a retroactive pair. If an admission prior to this discharge is missing or rejected, resubmit the admission and this discharge on the same day. | 3619 (Discharge) | The recipient has a Service Authorization that begins after the submitted discharge date. The rejected discharge and matching admission must be submitted as a retroactive pair.  
- Review the facility records to identify the Medicare Part A Coinsurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit that 3619 admission. If it was rejected, resolve the issue and resubmit that 3619 admission.  
- Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
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| NF-0069: This discharge cannot be processed because the client is admitted by a different provider. If an admission prior to this discharge is missing or rejected, the admission must be processed prior to this discharge. | 3618 (Discharge) | The recipient has a Service Authorization with a different provider as of the submitted discharge date.  
- Review the facility’s records to verify that the transaction date on the rejected discharge is correct.  
- Determine if the 3618 admission prior to this discharge has been submitted. If not, submit that 3618 admission. If it was rejected, resolve the issue and resubmit that 3618 admission.  
- Resubmit the rejected 3618 discharge after the missing or corrected admission has been processed. |
| NF-0070: This admission cannot be processed because it would cancel the client’s Enrollment with a different provider. Verify the effective date as well as the Qualifying Stay date ranges and correct them as needed. | 3619 (Admit) | The Qualifying Stay dates or transaction date on this admission would cancel the previous provider’s Service Authorization rather than “auto discharge” the recipient from the previous provider.  
- Review the facility’s records to determine the recipient’s admission and discharge dates and identify the Spell of Illness.  
- Verify the begin and end dates of Qualifying Stay and submit corrections as needed.  
- Verify the begin date of Medicare Part A Coinsurance and submit a correction as needed.  
- If the dates are correct and the Medicare remittance advice validates that Coinsurance is due for the time period that your 3619s indicate, fax the remittance advice with a copy of the 3619s to 512-438-3400, attention: ECF Form Processing or call 512-438-3400, Option 3. If the Medicare remittance Advice does not correspond to the 3619s submitted, the forms will not be processed. |
| NF-0073: This discharge modification cannot be processed because the new discharge would create an overlap with an existing Full Medicare period. Verify the Full Medicare periods and Service Authorizations already established and submit any additional modifications. | 3619 (Discharge Mod) | The additional days of Medicare Part A Coinsurance on this correction would create an overlap with Full Medicare dates already on the recipient’s file if this correction is processed as submitted.  
- Review the Medicare Remittances for this Spell of Illness to determine the Full Medicare and Coinsurance dates.  
- Pull a MESAV and compare the Service Authorizations on file and the additional Coinsurance to the remittance dates. The system has determined that the additional Coinsurance dates would create an overlap with existing Service Authorizations. Also, consider the Qualifying Stays reported on the processed 3619s. These dates create Full Medicare periods, which do not appear on the MESAV.  
- Submit any additional 3619 corrections to adjust begin or end dates to allow this discharge correction to process. |
| NF-0074: This form cannot be processed because the submitted Contract Number is not valid as of the form effective date. Adjust the effective date or resubmit with the correct Contract Number. | 3618, 3619 | The effective date of this form is outside the provider’s contract dates.  
Note: The effective date of a discharge is the Date of Above Transaction minus one day. Exception: For a 3618 discharge marked Deceased, use Date of Above Transaction instead, because DADS pays for the date of death).  
- Confirm the transaction date for the rejected form and submit a correction of the date as needed.  
- If the date is correct, but the form is under the incorrect contract, inactivate the form and resubmit with the proper contract.  
- If there is not an active contract for the transaction date, the submission will have to be held until the contract has been approved. |
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<td>NF-0075: This discharge cannot be processed because a different Contract Number for the same Vendor Number is valid as of the form effective date. Adjust the effective date or inactivate this discharge and submit for the correct Contract Number.</td>
<td>3618 (Discharge)</td>
<td>This discharge has been submitted using the incorrect Contract Number. The facility has had a Change of Ownership and the discharge needs to be submitted using the Contract Number that was active on the effective date of the discharge. Note: The effective date of a discharge is the Date of Above Transaction minus one day. Exception: For a 3618 discharge marked Deceased, use Date of Above Transaction instead, because DADS pays for the date of death). - Confirm the transaction date for the rejected form and submit a correction of the date as needed. - If the date is correct, but the form is under the incorrect contract, inactivate the form and resubmit with the proper contract. - If there is not an active contract for the transaction date, the submission will have to be held until the contract has been approved.</td>
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<td>NF-0076: This admission assessment cannot be processed because the Entry Date is earlier than the Service Authorization begin date. Verify the Entry Date and correct it as needed, or submit an earlier 3618/3619 admission. If the 3618/3619 admission and MDS Entry Date are correct, contact Provider Claims Services for assistance.</td>
<td>MDS (Admit)</td>
<td>The submitted MDS admission Entry Date is earlier than the Service Authorization begin date on the recipient’s file. - Verify the Entry Date and submit a modification to the federal CMS database as needed. - If an earlier 3618 or 3619 admission is needed, submit a matching admission and discharge pair, then resubmit the rejected MDS admission. - If the 3618 or 3619 admission date and the MDS Entry Date are correct, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.</td>
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<td>NF-0077: This admission modification cannot be processed because the new Full Medicare period would create an overlap with an existing Service Authorization. Verify the Full Medicare periods and Service Authorizations already established and submit any additional modifications.</td>
<td>3619 (Admit Mod)</td>
<td>The adjusted days of Full Medicare on this correction would create an overlap with Service Authorizations already in the recipient’s file if this correction is processed as submitted. - Review the Medicare Remittances for this Spell of Illness to determine the Full Medicare and Medicare Part A Coinsurance dates. - Pull a MESAV and compare the Service Authorizations on file and the Full Medicare Qualifying Stay dates to the remittance dates. The system has determined that the additional Qualifying Stay dates would create an overlap with existing Service Authorizations. Also, consider the Qualifying Stays reported on the processed 3619s. These dates create Full Medicare periods, which do not appear on the MESAV. - Submit any additional 3619 corrections to adjust begin or end dates to allow this admission correction to process.</td>
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<td>NF-0078: This admission cannot be processed because the earliest Qualifying Stay date is too old, compared to the transaction date. Verify the Qualifying Stay dates and correct them as needed. If the Qualifying Stay dates are correct, contact Provider Claims Services for assistance.</td>
<td>3619 (Admit)</td>
<td>The difference between the earliest Qualifying Stay date and the transaction date is too great for this admission to be processed automatically. - Review the Medicare Remittances for this Spell of Illness to determine the Full Medicare and Medicare Part A Coinsurance dates. - If the dates on the form are correct, contact Provider Claims Services and request that the form be processed manually. Confirmation will be made that the Spell of Illness does not exceed 80 days.</td>
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| NF-0080: This admission cannot be processed because it would cancel the client’s Enrollment with a different provider. Verify the effective date and correct it as needed. If the date is correct, contact Provider Claims Services for assistance. | 3618 (Admit) | This 3618 admission would cancel the previous provider’s Service Authorization rather than “auto discharge” the recipient from the previous provider.  
• Review the facility’s records to determine the recipient’s admission and discharge dates.  
• If the 3618 admission’s transaction date is correct, contact the prior facility and request that they review their admissions and discharges.  
  – If the prior facility agrees to make adjustments, allow processing time and resubmit your rejected admission. |
| NF-0081: This admission cannot be processed because the client is already admitted into your facility as of the submitted admission date. Verify current Service Authorizations on file and submit the needed 3618/3619 discharge prior to the submitted admission date, to allow this 3619 admission to process. | 3619 (Admit) | The recipient has an ongoing Service Authorization for your facility (processed 3618 or 3619 admission).  
• Review the facility’s records to determine which discharge is prior to this admission.  
• Pull a MESAV and review the Service Authorizations to determine the authorized services. If the MDS for the recipient has not processed you will not have services authorized.  
• If the recipient has an ongoing Service Authorization with a begin date prior to the rejected admission;  
  – If the current Service Authorization is for Full Medicaid (Code 1), a 3618 discharge must be processed prior to resubmitting the rejected 3619 admission.  
  – If the current Service Authorization is for Medicare Part A Coinsurance (Code 3), a 3619 discharge must be processed prior to resubmitting the rejected 3619 admission.  
• If the recipient does not have Service Authorizations on the MESAV, use the statuses on the LTC Online Portal to determine the forms that have processed. Remember, authorizations will only display if the MDS has also processed.  
  – If the most recent processed form is a 3618 admission prior to the rejected 3619 admission, a 3618 discharge must be processed prior to resubmitting the rejected 3619 admission. |