Nursing Facility Addendum

LTC Online Portal Enhancements
Nursing Facility/Hospice Providers
Effective February 26, 2010

- A link to the LTC Online Portal User Manual has been added to the Help link at the far right of the blue navigational bar. The LTC Online Portal User Manual provides step-by-step instructions for using the various features of the LTC Online Portal. To access the LTC Online Portal User Manual, click the Help link located in the blue navigational bar, and then click the Long Term Care Online Portal User Manual for Nursing Facility and Hospice Providers link.

- Forms 3618, 3619 or the Long Term Care Medicaid Information (LTCMI) section of a Minimum Data Set (MDS) assessment that have been set to a status “Form Inactivated” at any time in the history will not allow corrections to the form or assessment. The “Correct this form” button will not be displayed in the yellow Form Actions bar on any form that cannot be corrected. This includes submission of these forms or assessments by a third-party software vendor for your facility.

- Providers are unable to inactivate successfully processed Forms 3618 and 3619. These are forms that are set to a status of “Processed/Complete” or that contain the message code GN-9004 anywhere in the history of the form. To cancel a successfully processed form that should not have been submitted, providers must submit the appropriate counteracting form. If an attempt is made to inactivate a successfully processed form, the following message will be displayed to the provider:

  “This form has been successfully processed at DADS and cannot be inactivated. If this form is invalid (should not have been submitted), submit the appropriate form to counteract this form. Otherwise, correct this form and resubmit.”

A counteracting form is defined as a form submitted with the opposite transaction for the same date of above transaction.

Examples:
- A discharge to the hospital submitted in error because the admission to the hospital was for observation only and no form should have been submitted. If the discharge processes before the mistake is corrected, submit an admission from the hospital for the same date.
- A Form 3618 admission is submitted, but the client is classified as Medicare. If the admission processes before the mistake is corrected, submit a discharge to NF for the same date of above transaction.
MDS assessments that have been successfully processed (were set to a status of “Processed/Complete” or contained the message code GN-9004 anywhere in its history) and then are inactivated by the Provider at the Federal CMS database will be processed by the DADS system instead of being moved to the PCS Workflow for manual review and processing.

The following three new Provider Message Codes were added to indicate the results of this processing:

- GN-9013: Inactivated at DADS.
- GN-9014: The request is being processed manually by DADS. Please allow an additional 10 business days for processing.
- GN-9015: The request cannot be processed because an OIG Utilization Review has been conducted on this assessment and modification or inactivation by the provider is not allowed. For questions, please contact OIG Utilization Review.
LTC Online Portal Enhancements
Nursing Facility/Hospice Providers
Provider Action Required
Messages and Detailed Instructions

The Portal form messages and detailed instructions in this document are intended to assist the provider in better understanding how to handle forms in the Provider Action Required Workflow.

This replaces the General Instructions found on page 76 of the Participant Guide.

General Instructions

• Review the effective date on the form to ensure it is correct. For 3618s and 3619s, the effective date is the Date of Above Transaction. For admission MDS assessments, the effective date is the AB1 Date. For all other MDS assessments, the effective date is the R2b Date.
  o If the effective date is incorrect, take the appropriate action to correct the form.
    ▪ 3618/3619: Correct the form on the Portal and submit.
    ▪ MDS: Correct the assessment following the guidelines in the RAI Manual and submit the modified MDS to the State MDS database, then complete the LTCMI on the Portal.
  o If the effective date is correct, continue on to the next General Instruction.

• If the rejected form is a 3619 (admission or discharge) and the Date of Above Transaction is prior to the most recent Service Authorization begin date on the client’s MESAV, contact Provider Claims Services to request manual processing.

• If a 3618/3619 form that needs to be resubmitted is in Submitted to Manual Workflow status, click on the ‘Correct This Form’ button, add a comment (example: resubmit), then click on the ‘Submit Form’ button.

• If the steps above do not resolve the problem, continue on to the Suggested Actions below for the specific Provider Message displayed in the form’s history.
This amended table replaces the table found on pages 77 through 84 of the Participant Guide. Provider Messages NF-0052 through NF-0069 are new.

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<tr>
<th>Provider Message (Displayed in History)</th>
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<tr>
<td>GN-9101: The request cannot be processed because of the client's Financial Eligibility or Income. Please contact the local Eligibility Worker.</td>
<td>3618, 3619, MDS</td>
<td>• Click the “Resubmit form” button after MESAV reflects the appropriate coverage by the eligibility worker.</td>
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<td>GN-9102: The request cannot be processed because of the client's Financial Eligibility or Income. Please contact the local Eligibility Worker.</td>
<td>3618, 3619, MDS</td>
<td>• Click the “Resubmit form” button after MESAV reflects the appropriate coverage by the eligibility worker.</td>
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| GN-9103: The request cannot be processed because the client's Applied Income is not available to SAS. Contact the client's Eligibility Worker to update the client's Applied Income. Once the Applied Income has been updated, this request can be resubmitted to SAS. | 3618, 3619, MDS | • Pull a MESAV for the client covering the date requested on the form or assessment. *Note: If the client 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 client’s HHSC Eligibility Worker to update the Applied Income records.  
  o Once the Applied Income has been updated, resubmit the rejected form or assessment. If the client 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 sitting in the Provider Action Required workflow. |
<p>| GN-9104: The request cannot be processed because of the client's Financial Eligibility or Income. Please contact the local Eligibility Worker. | 3618, 3619, MDS | • Click the “Resubmit form” button after MESAV reflects the appropriate coverage by the eligibility worker. |
| GN-9105: The request cannot be processed because of the client's Financial Eligibility or Income. Please contact the local Eligibility Worker. | 3618, 3619, MDS | • Click the “Resubmit form” button after MESAV reflects the appropriate coverage by the eligibility worker. |</p>
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<td>GN-9106: The request cannot be processed because of the client's Financial Eligibility or Income. Please contact the local Eligibility Worker.</td>
<td>3618, 3619, MDS</td>
<td>• Click the “Resubmit form” button after MESAV reflects the appropriate coverage by the eligibility worker.</td>
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<td>NF-0001: The request cannot be processed because the client's Applied Income is not available to SAS. Contact the client's Eligibility Worker to update the client's Applied Income. Once the Applied Income has been updated, this request can be resubmitted to SAS.</td>
<td>MDS</td>
<td>• Pull a MESAV for the client covering the date requested on the assessment. Note: If the client 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 assessment, contact the client's HHSC Eligibility Worker to update the Applied Income records.  o Once the Applied Income has been updated, resubmit the rejected assessment. If the client 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 assessment, resubmit the rejected assessment.</td>
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<td>NF-0002: The request cannot be processed because there is no gap in the Level records for this client, for the requested PC E timeframe.</td>
<td>MDS (Admission, Annual, Quarterly)</td>
<td>• Pull a MESAV for the PC E dates requested on this assessment and verify the dates shown in the Level section of the client’s MESAV. • If the Level coverage dates on file are valid, a PC E is not needed. Inactivate the assessment on the Federal CMS database. • If the expected gap is not reflected on the Level record, contact Provider Claims Services (512-438-2200 option 1) for assistance. • If the PC E dates are wrong, correct the PC E dates on the LTCMI and submit.</td>
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<td>NF-0003: The request cannot be processed because the client does not have retroactive Medicaid eligibility. Please contact the local Eligibility Worker.</td>
<td>MDS (Admission, Annual, Quarterly)</td>
<td>• Once Prior eligibility is available, resubmit assessment. If Prior Eligibility does not apply to the period requested, change the Purpose Code to PC E if needed.</td>
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| NF-0004: The request cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3618/3619). Please verify that the admission 3618/3619 has been processed. | MDS (ALL) | • Review the facility’s records to determine whether the client is considered Medicare or Medicaid and what the admission date is for your facility.  
• Review the LTC Online Portal to determine the status of the admission (3618/3619). Locate the associated admission.  
  o If the 3618/3619 is not in a completed status, determine why the form rejected.  
    ▪ Correct the current 3618/3619 admission, or Inactivate and resubmit a new 3618/3619 admission.  
  o If the 3618/3619 is in a completed status, compare the processed/complete date to the rejection date of the MDS. If the admission was processed after the MDS rejected, use “submit to SAS” to resubmit the MDS to the system.  
  o If the processed/complete date on the admission is prior to the MDS rejection, contact Provider Claims Services (512-438-2200 option 1) for assistance. |
| NF-0008: The request cannot be processed because an assessment with the same effective date has already been processed. Please continue to submit assessments based on the client’s MDS assessment schedule. | MDS (Quarterly) | • Verify if the Assessment date on the rejected assessment is correct. If not, submit a modification to the State database to correct.  
• If Assessment date is correct, determine which assessment is appropriate for the assessment date and inactivate the other MDS.  
• If the processed assessment is inactivated, the new assessment can be resubmitted once the inactivation is processed. If the rejected assessment is inactivated, no further actions are needed. |
| NF-0010: The request cannot be processed because an assessment with the same effective date has already been processed and is not a Quarterly. Please continue to submit assessments based on the client's MDS assessment schedule. | MDS (Significant Correction to a Prior Quarterly) | • Verify if the Assessment date on the rejected assessment is correct. If not, submit a modification to the State database to correct.  
• If Assessment date is correct, determine which assessment is appropriate for the assessment date and inactivate the other MDS. If the processed assessment is inactivated, the new assessment can be resubmitted once the inactivation is processed. If the rejected assessment is inactivated, no further actions are needed. |
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<td>NF-0011: The request cannot be processed because you have reached the limit of Swing Bed days for this client for a 12 month period. Please submit an admission if the client becomes eligible to receive additional Swing Bed services.</td>
<td>3618</td>
<td>• Medicaid Swing Bed services are limited to 30 days per stay. Verify dates, if incorrect submit correction.</td>
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| NF-0012: The request cannot be processed because SAS records indicate the client is currently in Hospice. If the client is no longer enrolled in the Hospice program, please contact the Hospice provider and request that they discharge the client from the program. Once the Hospice discharge is processed, resubmit your request. If the client is a Hospice recipient, inactivate your request. | | • Review the facility's records to determine if the client is Hospice.  
• If the client is Hospice, Inactivate the Nursing Facility form. *Note: Form 3618/3619s should not be submitted on Hospice clients.*  
• If the client has requested to terminate the Hospice program, contact the Hospice provider and request that the provider submit a discharge Form 3071.  
  o If the Form 3071 has already been submitted, allow 10 days for processing before resubmitting the admission to SAS.  
  *Note: If the form rejects again, the Hospice provider needs to follow up with Provider Claims Services.*  
  o 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 to SAS. |
| NF-0013: The admission cannot be processed because the client is already admitted into a facility. If a discharge prior to this admission is rejected, the rejected discharge must be processed first. This admission can then be resubmitted to SAS. If this is the initial admission into your facility, please contact the prior provider and request that they submit the missing discharge. | 3618 | • If this is the initial admission into your facility, please contact the previous provider and request that they submit a discharge on the client.  
• If not, pull a MESAV for the client to determine the begin date of the current Service Authorization.  
  • Based on the Service Authorization begin date and the effective date of the rejected admission, submit the discharge that falls between these dates.  
• Once the previous discharge has a status of SAS Request Pending, resubmit the rejected admission. |
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<td>NF-0014: The request cannot be processed because an earlier admission has already been processed. If a discharge prior to this admission is missing, please resubmit once the matching discharge is submitted.</td>
<td>3618</td>
<td>• Click the “Resubmit Form” button once the prior discharge has been processed.</td>
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<td>NF-0015: The request cannot be processed because an earlier admission from another provider has already been processed. Please contact the prior provider to have a discharge submitted. Please resubmit once the missing discharge is submitted.</td>
<td>3618</td>
<td>• Click the “Resubmit Form” button once the prior facility’s discharge has been submitted processed.</td>
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<td>NF-0016: The request cannot be processed because an earlier admission has already been processed. If a discharge prior to this admission is missing, please resubmit once the missing discharge is submitted. If this is the initial admission to your facility, please contact the prior provider to have a discharge submitted.</td>
<td>3618</td>
<td>• Click the “Resubmit Form” button once the prior discharge has been processed.</td>
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| NF-0017: This admission cannot be processed because a later admission is already on file. 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 to SAS on the same day. | 3618, 3619 | • 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 admission to SAS, then submit or resubmit 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 client’s MESAV.  
    • If the discharge is not reflected on the client’s MESAV, submit the missing or rejected discharge, followed by the admission and discharge pair.  
    • If the discharge is reflected on the client’s MESAV, contact Provider Claims Services for assistance. |
| NF-0018: The request cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3618). Please verify that the admission 3618 has been processed. | 3618 | • Review the facility’s records to determine which admission is prior to this discharge.  
• Pull a Medicaid Eligibility Service Authorization Verification (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.  
• Review the LTC Online Portal to see the status of the prior Form 3618 admission. If it is rejected, take the necessary actions to process the admission. If the client admitted from another provider and the client has been admitted into your facility over 14 days, please contact the prior facility. If resolution cannot be reached, please call PCS.  
• Once the admission has been processed, click the “Submit to SAS” button on the discharge with the NF-0018 error.  
• If the discharge with the NF-0018 is reflected on the client’s MESAV, contact PCS for assistance. |
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| NF-0019: This discharge cannot be processed because the client is not admitted into this facility. If an admission prior to this discharge is rejected, the rejected admission must be processed first. This discharge can then be resubmitted to SAS. | 3618 | • Review the facility records to identify the admission prior to this discharge.  
• If the prior admission form was rejected, correct the form and submit. The admission must be processed before the discharge can process.  
• If the prior admission form is missing, submit the missing form on the Portal. |
| NF-0020: The request cannot be processed because a later discharge has already been processed. If an admission after this discharge is missing, please resubmit with the submission of the matching admission. | 3618 | • This discharge is part of a retroactive pair. It must be submitted the same day as the admission following it. If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate this form and correct transaction date of the later discharge. |
| NF-0021: The request cannot be processed because a later admission to another provider has already been processed. If an admission prior to this discharge is missing, please resubmit with the submission of the matching admission. | 3618, 3619 | • This discharge is part of a retroactive pair. It must be submitted the same day as the admission before it. If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate this form and correct transaction date of the earlier discharge. |
Long Term Care Provider Workshop: Nursing Facility/Hospice

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| NF-0022: The request cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3618). Please verify that the admission 3618 has been processed. | 3618            | • 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 the prior admission has processed and authorized services. If the MDS for the admission has not processed you will not have services authorized. A review of the LTC Online Portal can also determine the status of the admission.  
• Review the Service Authorizations to see if a gap exists for the period that will be created by the admission and discharge pair. This could be a time frame between existing authorizations or following the last discharge on file.  
• If the transaction dates are after the last end date authorized, submit the admission followed by the discharge.  
• If transactions dates are prior to the most recent begin date, the admission and discharge must be submitted as a retroactive pair.  
  o If a gap exists between authorizations, submit or resubmit the prior admission to SAS, then resubmit the rejected discharge. Both forms must be submitted on the same day. The system will process both forms as a pair.  
  o If a gap does not exist, review the facility’s records to determine if a discharge prior to the rejected admission is needed on the client’s MESAV. Also determine if an admission is needed between the rejected discharge and the end date already on file.  
  o If the discharge is needed on the client’s MESAV, submit the missing or rejected discharge, followed by the admission. You must also submit both the discharge and the later admission as a pair on the same day.  
• If the discharge with the NF-0022 is reflected on the client’s MESAV, contact PCS for assistance. |
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| NF-0023: The admission cannot be processed because the client is already admitted into a facility. If a discharge prior to this admission is rejected, the rejected discharge must be processed first. This admission can then be resubmitted to SAS. If this is the initial admission into your facility, please contact the prior provider and request that they submit the missing discharge. | 3619 | • If this is the initial admission into your facility, please contact the previous provider and request that they submit a discharge on the client.  
• If this is not the initial admission into your facility, pull a MESAV for the client to determine the begin date of the current Service Authorization.  
• Based on the Service Authorization begin date and the effective date of the rejected admission, submit the discharge that falls between these dates.  
• Once the previous discharge has a status of SAS Request Pending, resubmit the rejected admission. |
<p>| NF-0024: The request cannot be processed because an earlier admission has already been processed. If a discharge prior to this admission is missing, please resubmit once the matching discharge is submitted. | 3619 | • Click the “Resubmit Form” button once the prior discharge has been processed. |
| NF-0025: The request cannot be processed because an earlier admission from another provider has already been processed. Please contact the prior provider to have a discharge submitted. Please resubmit once the missing discharge is submitted. | 3619 | • Click the “Resubmit Form” button once the prior facility’s discharge has been processed. |
| NF-0026: The request cannot be processed because an earlier admission has already been processed. If a discharge prior to this admission is missing, please resubmit once the missing discharge is submitted. If this is the initial admission into your facility, please contact the prior provider about submitting a discharge. | 3619 | • Click the “Resubmit Form” button and submit the earlier admission - retroactive forms must be submitted in pairs. |</p>
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| NF-0028: The request 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 | For each Medicare Spell of Illness, 20 days of Full Medicare coverage is required, between one or more providers.  
- Check the Dates of Qualifying Stay From and To Dates 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 form and submit.  
- If the Dates of Qualifying Stay on the form are correct, contact Provider Claims Services to request manual processing.  

Note: If this is not traditional Medicare, please 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. |
| NF-0029: The days of Qualifying Stay have been recorded. However, the request for Medicare Part A Co-Insurance 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 | For each Medicare Spell of Illness, 20 days of Full Medicare coverage is required, between one or more providers.  
- Check the Dates of Qualifying Stay From and To Dates 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.  
- If the Dates of Qualifying Stay on the form are wrong, correct the form and submit.  
- 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.  

Note: If this is not traditional Medicare, please 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. |
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<td>NF-0030: The request cannot be processed because it has not been more than 60 consecutive days since the client was discharged from Medicare (cannot begin a new spell of illness). Please review Medicare remittance to determine when Medicare Co-Insurance is due. Submit a new Form 3619 based on the client’s Medicare remittance.</td>
<td>3619</td>
<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 stay of illness. Submit corrections needed of any earlier 3619s and resubmit this admission accordingly.</td>
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| NF-0032: The request cannot be processed because the client does not have a corresponding Nursing Facility admission (missing 3619). Please verify that the admission 3619 has been processed. | 3619 | - Review the facility records to identify the Medicare Co-insurance admission date prior to this discharge.  
- Pull a MESAV and review the Service Authorizations to determine if the Form 3619 admission has processed and authorized services.  
- If Medicare Co-insurance is authorized, compare the end date of the service authorization to the rejected discharge date. If the rejected discharge date is later than the service authorization end date by more than one day, the discharge is exceeding the 80-day limit of Medicare Co-insurance. An earlier discharge and readmission may be needed prior to the rejected discharge to allow for additional days before reaching 80-day limit.  
- If Medicare Co-insurance is not authorized, use the LTC Online Portal to determine the status of the Form 3619 admission.  
  o If the 3619 is not in a completed status, determine why the form rejected.  
  o Correct the 3619 admission, or Inactivate and resubmit a new 3619 admission.  
  o If the 3619 is in a completed status, compare the processed/complete date to the rejection date of the Form 3619 discharge. If the admission was processed after the Form 3619 rejected, use “Submit to SAS” to resubmit the Form 3619 to the system.  
  o If the processed/complete date on the admission is prior to the Form 3619 rejection, see bullet 3.  
- If the Admission and Discharge transaction dates |
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<td>are prior to the most current Service Authorization begin date, the admission and discharge are a retroactive Pair</td>
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<td>o Review the Service Authorizations to see if a gap exists for the period that will be created by the admission and discharge pair. Submit or resubmit the prior admission to SAS, then resubmit the rejected discharge. Both forms must be submitted on the same day. The system will process both forms as a pair.</td>
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<td>o If a gap does not exist, review the facility’s records to determine if a discharge prior to the rejected admission is needed on the client’s MESA. Also determine if an admission is needed between the rejected discharge and the end date already on file.</td>
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<td>o If the discharge is needed on the client’s MESA, submit the missing or rejected discharge, followed by the admission. You must also submit the discharge and later admission as a pair and on the same day.</td>
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<td>• If the discharge with the NF-0032 is reflected on the client’s MESA, contact PCS for assistance.</td>
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<td>• This discharge is part of a retroactive pair. It must be submitted the same day as the admission before it. If the form is not part of a pair, it should be a correcting discharge, not a new discharge. Inactivate this form and correct transaction date of the earlier discharge.</td>
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<td>NF-0048: The request is being processed manually by DADS. Please allow an additional 10 business days for processing.</td>
<td>MDS</td>
<td>• Validate the R2b Dates on the MDSs submitted. If an entry error for the assessment date has occurred on one MDS, submit a modification to the Federal CMS database for that assessment.</td>
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<td>• If the MDS with the correct date rejected, use “Submit to SAS” to reprocess the form after the modification of the incorrect date has processed.</td>
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<td>• If one of the assessments was submitted in error, inactivate the mistaken assessment.</td>
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<td>• If the correct form rejected, use “Submit to SAS” to reprocess the form after the inactivation has processed.</td>
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| NF-0052: The request cannot be processed because the new admission date would create an overlap with an existing service authorization. Please verify the service authorizations already established and submit any additional modifications. | 3619 | • Pull a MESAV and compare the Service Authorizations to the earlier admission date that would be created by the rejected admission. The system has determined that it would create an overlap with existing Service Authorizations. Also consider the Qualifying Stays reported on the processed 3619’s. These dates create Full Medicare periods, which do not appear on the MESAV.  
  o If the submitted admission date is not right, correct and resubmit.  
  o If an existing Service Authorization needs to be changed, submit a correction to the form that created the admission.  
  o If the submitted admission date would overlap with a reported Qualifying Stay period, submit a correction to adjust the Qualifying Stay dates. If unsure of the Qualifying Stay dates, contact Provider Claims Third Party Recovery department (512-438-2200 option 4) for assistance.  
• If either of the last two bullets above applies to your situation, this rejected admission should be resubmitted once the file has been adjusted. |
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| NF-0055: The request cannot be processed because the new admission date would result in more than 80 days of co-insurance for this spell of illness. Please confirm the 80 days of co-insurance and submit any additional modifications. | 3619 | - Pull a MESAV and review the Service Authorizations to determine the number of Co-insurance days on the file plus the number of new days that would be added by the rejected earlier admission date. The system has determined that the total is greater than the 80 day limit.  
- 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 Co-insurance to your Medicare remittance indicating what days should be Medicare Co-insurance. Remember that the discharge date results in a Service Authorization end date one day earlier than the transaction date.  
- If the client spent part of the Co-insurance days for this Spell of Illness in another facility, contact Provider Claims Third Party Recovery department (512-438-2200 option 4) to determine the exact dates.  
- Submit any corrections needed because of incorrect begin or end dates. If these corrections will reduce the total number of Co-insurance days to 80 days or less, the rejected admission should be resubmitted once the new correction forms have processed.  
- 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: The request cannot be processed because the corresponding adjustment based on the 80 day limit would cancel a later admission already on file. Please verify the service authorizations already established and submit any additional modifications. | 3619 | Based on the new Co-insurance days that would be added by the rejected form, the total would exceed 80 days. In order to reduce the total to 80 days, the system would have to cancel a submitted admission.  
- Pull a MESAV and review the Service Authorizations to determine the number of Co-insurance days on the file plus the number of new days that would be added by the rejected form. The system has determined that the total is greater than the 80 day limit.  
- If the client spent part of the Co-insurance days for this Spell of Illness in another facility, contact Provider Claims Third Party Recovery department (512-438-2200 option 4) to determine the exact dates.  
- 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 Co-insurance to your Medicare remittance indicating what days should be Medicare Co-insurance. 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 Co-insurance days to 80 days or less, the rejected form should be resubmitted once the new correction forms have processed.  
- 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: The request cannot be processed because the new discharge date would cancel the co-insurance record being modified. If the new discharge date is incorrect, please modify and resubmit. | 3619 | • Pull a MESAV and review the Service Authorizations to determine the number of Co-insurance days on the file plus the number of new days that would be added by the rejected later discharge date. The system has determined that the total is greater than the 80 day limit.  
• 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 Co-insurance to your Medicare remittance indicating what days should be Medicare Co-insurance. 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 Co-insurance days to 80 days or less, the rejected discharge should be resubmitted once the new correction forms have processed.  
• If all the begin and end dates on the MESAV are correct (except for the discharge the rejected form is attempting to correct), there are Service Authorizations on the file for a different provider. Contact Provider Claims Services (512-438-2200 option 1) for assistance. |
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| NF-0058: The request cannot be processed because the new discharge date would result in more than 80 days of co-insurance for this spell of illness. Please confirm the 80 days of co-insurance and submit any additional modifications. | 3619 | • Pull a MESAV and review the Service Authorizations to determine the number of Co-insurance days on the file plus the number of new days that would be added by the rejected later discharge date. The system has determined that the total is greater than the 80 day limit.  
• If the client spent part of the Co-insurance days for this Spell of Illness in another facility, contact Provider Claims Third Party Recovery department (512-438-2200 option 4) to determine the exact dates.  
• 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 Co-insurance to your Medicare remittance indicating what days should be Medicare Co-insurance. 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 Co-insurance days to 80 days or less, the rejected discharge should be resubmitted once the new correction forms have processed.  
• 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. |
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| NF-0059: The request cannot be processed because the new discharge would create an overlap with an existing service authorization. Please verify the service authorizations already established and submit any additional modifications. | 3619 | • Pull a MESAV and compare the Service Authorizations to the later discharge date that would be created by the rejected discharge. The system has determined that it would create an overlap with existing Service Authorizations. Also consider the Qualifying Stays reported on the processed 3619’s. These dates create Full Medicare periods, which do not appear on the MESAV.  
  o If the submitted discharge date is not right, correct and resubmit.  
  o If an existing Service Authorization needs to be changed, submit a correction to the form that created the admission.  
  o If the submitted discharge date would overlap with a reported Qualifying Stay period, submit a correction to adjust the Qualifying Stay dates.  
• If either of the last two bullets above applies to your situation, this rejected discharge should be resubmitted once the file has been adjusted. |
| NF-0061: The request cannot be processed because a Nursing Facility admission is not appropriate for a PACE client. Contact the client’s PACE organization. | 3618, 3619 | • Review the facility’s records to verify that the transaction date on the rejected admission is correct.  
  o If the admission date is incorrect, submit a correction.  
  o If the admission date is correct, contact the client’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, please submit the 3618 discharge prior to the Medicare stay. A 3619 admission and this discharge need to be resubmitted on the same day. | 3619 | The system has determined that the current Service Authorization is for Full Medicaid (code 1).  
• If the client is Full Medicaid in your facility, pull a MESAV and compare the Service Authorizations to the facility’s records.  
  o If the client 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 the 3618 discharge. If it was rejected, resolve the issue and resubmit the 3618 discharge.  
    ▪ Determine if the 3619 admission to begin Medicare Co-insurance has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission.  
    ▪ Once the 3618 discharge and 3619 admission are processed and reflected on the MESAV, resubmit the rejected discharge.  
  o If the client 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 client’s file.  
• If the client is Full Medicaid in a different facility, determine if the 3619 admission to begin Medicare Co-insurance has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission. |
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| NF-0063: This discharge cannot be processed because the client is currently admitted to Medicare Part A Co-Insurance for a different provider. If an admission prior to this discharge is missing or rejected, please resubmit the admission and this discharge on the same day. | 3619 | - Review the facility’s records to verify that the transaction date on the rejected discharge is correct.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 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 Co-Insurance 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, please resubmit the admission and this discharge on the same day. | 3619 | - There is a later Service Authorization on the client’s file so the rejected discharge and matching admission and must be submitted as a retro pair.  
- Review the facility records to identify the Medicare Co-insurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 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, please resubmit those forms and this discharge on the same day. | 3619 | • The system has determined that the current Service Authorization is for Full Medicaid (code 1). Pull a MESAV and compare the Service Authorizations to the facility’s records.  
  o If the client 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 the 3618 discharge. If it was rejected, resolve the issue and resubmit the 3618 discharge.  
    ▪ Determine if the 3619 admission to begin Medicare Co-insurance has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission.  
    ▪ Resubmit the rejected 3619 discharge on the same day as the missing or corrected forms.  
  o If the client 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 client’s file. |
| NF-0066: This discharge cannot be processed because the client is currently admitted by a different provider. If an admission prior to this discharge is missing or rejected, please resubmit the admission and this discharge on the same day. | 3619 | • Review the facility’s records to verify that the transaction date on the rejected discharge is correct.  
  • Determine if the 3619 admission prior to this discharge has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission.  
  • Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
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| NF-0067: The 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, please resubmit the admission and this discharge on the same day. | 3619 | There is a later Service Authorization on the client’s file so the rejected discharge and matching admission and must be submitted as a retro pair.  
- Review the facility records to identify the Medicare Co-insurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 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, please resubmit the admission and this discharge on the same day. | 3619 | There is a later Service Authorization on the client’s file so the rejected discharge and matching admission and must be submitted as a retro pair.  
- Review the facility records to identify the Medicare Co-insurance admission date prior to this discharge.  
- Determine if the 3619 admission prior to this discharge has been submitted. If not, submit the 3619 admission. If it was rejected, resolve the issue and resubmit the 3619 admission.  
- Resubmit the rejected 3619 discharge on the same day as the missing or corrected admission. |
| NF-0069: This discharge cannot be processed because the client is currently admitted by a different provider. If an admission prior to this discharge is missing or rejected, please resubmit the admission and this discharge on the same day. | 3618 | • 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 the 3618 admission. If it was rejected, resolve the issue and resubmit the 3618 admission.  
• Resubmit the rejected 3618 discharge on the same day as the missing or corrected admission. |
Department of Aging and Disability Services (DADS) Service Authorization System Enhancement for Nursing Facility/Hospice Providers
Upcoming Implementation: April 2010

The implementation of this enhancement is being rescheduled. Providers should monitor the LTC News section of tmhp.com for the implementation announcement. When implemented, this change to the DADS Service Authorization System will allow more timely authorization for a nursing facility resident who transfers to a new facility.

Currently, if the discharge for the prior facility has not processed, closing the authorizations, the receiving facility cannot be authorized for services and therefore they will be unable to receive payment until the prior facility’s discharge has been processed.

This enhancement allows timely authorization to the nursing facility that is providing services to the resident even when the prior facility has not yet submitted a discharge form.

Reminder: There is still a contractual obligation to submit the appropriate discharge forms. This enhancement does not relieve the prior facility’s responsibility to submit the appropriate discharge within 72 hours. Any conflict between the admission and discharge dates on the forms will be addressed through DADS Provider Claims Services at 512-438-2200, Option 1.

Note: Providers may access DADS Information Letter No. 2010-33, Payment on Nursing Facility Resident Transfers, at the following link:

March 11, 2010

To: Nursing Facility Providers

Subject: Texas Department of Aging and Disability Services
        Information Letter No. 2010-33
        Payment on Nursing Facility Resident Transfers

This letter is to inform providers that effective April 3, 2010, an enhancement to the Department of Aging and Disability Services (DADS) Service Authorization System to allow payment for a nursing facility resident who transfers to a new facility will be implemented. Specifically, this enhancement will authorize payment to the nursing facility that is providing services to the resident.

Beginning on April 3, 2010, when a Form 3618/3619 admission is processed from a new nursing facility, the prior nursing facility’s records will be closed the day before the transaction date on the new nursing facility’s admission form. This will allow the new nursing facility to be authorized for services.

Additionally, this enhancement will allow the prior nursing facility’s discharge form to process although authorizations are already closed. Nursing facilities are reminded of their contract obligation to submit appropriate resident discharge forms; this system-generated closure does not release the obligation to do this. Any conflict in dates between the admission and discharge dates will be addressed through DADS Provider Claims Services at 1/512-438-2200, Option 1.

Facilities are reminded of the importance of monitoring the Long Term Care (LTC) homepage at http://www.tmhp.com/LTCPackages/ to keep abreast of LTC News notices regarding system changes and other updates.

Sincerely,

[signature on file]

Gordon Taylor
DADS Chief Financial Officer

GT:mgm