The Texas Medicaid & Healthcare Partnership presents:

2008
LTC RUG/MDS Nursing Facility/Hospice Provider Workshop

WORKBOOK

Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor
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THE TEXAS MEDICAID & HEALTHCARE PARTNERSHIP PRESENTS:

2008
LONG TERM CARE RUG/MDS WORKSHOP FOR
NURSING FACILITIES & HOSPICE

Agenda

- Medicaid Team Roles
- History
- What is TILEs to RUGs
- Reasons and Benefits of Change
- Texas Administrative Code Updates
- Transition Points
- MDS Assessment
- Medical Necessity
- Reporting Medicaid Waste, Abuse, Fraud

Medicaid Team Roles

- Texas Medicaid & Healthcare Partnership (TMHP)
- Health and Human Services Commission (HHSC)
- Department of Aging and Disability Services (DADS)
- Centers for Medicare and Medicaid Services (CMS)
New Term Definitions

- **MDS**: Minimum Data Set.
- **LTCMI**: Long Term Care Medicaid Information.
- **CMS**: Centers for Medicare & Medicaid Services.
- **RUG**: Resource Utilization Groups.
- **Purpose Code M**: Purpose code for missed retroactive Medicaid assessment. A client may become eligible for Medicaid prior to the provider knowledge. Once the provider is notified of the client's Medicaid eligibility status, they can submit the next scheduled assessment OR do a modification to a previous assessment adding the client's Medicaid number and completing a new LTCMI S1e with M as the purpose code.

New Term Definitions (cont.)

- **A48a**: Reason for Assessment.
- **R26**: Date RN Assessment Coordinator signed as complete.
- **AB1**: Date of Entry.
- **Late Assessment**: An assessment received on day 95 is considered late and the provider must submit the assessment as normal. The LTCMI S1e must indicate PC-E and the provider must add the dates to sections S1f and S1g (missed assessment start/end date).
- **Missed Assessment**: A missed assessment is an assessment not submitted within 92 days of the previous assessment.

New Form and Assessment Definitions

- **PASARR Screening**: Is based on a revised MDS quarterly with additional state specific information. Effective 09/01/08 the screening must be submitted to TMHP via the LTC Online portal for all residents with MI/MR/RC prior to admission.
- **LTCMI**: Is the replacement of Section S and contains items similar to the 3652 Care which are required for Medicaid state payment. Once your MDS Assessments have been transmitted to the State MDS Database, TMHP will extract all assessments and assign a DLN. The assessment will be placed in a Pending LTCMI status.
New Form and Assessment Definitions (cont.)

- **3618**: New data fields
  - 9. NPI number
  - 10. Discharge type A - Return not Anticipated, B – Return Anticipated and C – Prior to completing initial assessment

- **3619**: New data fields
  - 9. NPI number

History

- Since 1989 Texas has used TILE (Texas Index for Level of Effort) case-mix for:
  - Reimbursement for Medicaid services in:
    - Nursing Facilities
    - Hospice services in Nursing Facilities
    - Waiver Programs
- Since 1995 Federal CMS (Centers for Medicare and Medicaid Services) has used RUG (Resource Utilization Groups) for:
  - Medicare reimbursement in the Nursing Facilities
  - Quality Indicators Nationwide

What is TILEs to RUGs?

- Effective September 1, 2008 the Texas Index for Level of Effort (TILE) case-mix reimbursement for Medicaid services will transition to the Federal CMS Resource Utilization Group (RUG) which will:
  - Eliminate the TILE classification system.
  - Provide for thirty-four RUG groups.
  - Use information from the MDS Assessment to classify nursing facility residents into one of the 34 RUG groups which represents the residents’ relative direct care resource requirements.
Reasons for Change

- **Consistency:**
  - Allows the state to base the facility quality assessment, reporting and reimbursement on the same assessment instrument and data.
- **Comparisons:**
  - To allow for comparison and evaluation of LTC performance within Texas.
  - To allow for comparison of LTC Provider performance in Texas to that of other states.
- **Efficiencies:**
  - To provide for more streamlined and integrated business processes.
  - To provide automation efficiencies.

Benefits of Change

- Eliminates redundancy in the data collection process by utilizing a single method (MDS RAI).
  - Eliminates submission of form 3652-A.
  - Eliminates current MDS Texas Section S with Long Term Care Medicaid Information (LTCLI)
- Efficient MDS Assessment process.
  - A system based on a more current time data study.
  - A payment process consistent with federal guidelines and state mandate.
  - A better reflection of current costs associated with providing long term services through the use of additional service levels.

Rule Contacts

- **DADS Rules:**
  - Larry.North@dads.state.tx.us
    - 512-438-3922
- **OIG Rules:**
  - 512-491-2072
  - 512-491-4046
  - 512-491-2025
- **Rate Analysis Rules:**
  - Pam.McDonald@hhsc.state.tx.us
Texas Administrative Code (TAC) §19.101 Definitions

Changes have been made to substitute MDS assessment for CARE Forms and RUGs for TIEs plus any associated definitional changes necessary.

TAC §19.1210 Certification and Recertification Requirements in Medicaid-Certified Facilities

Clarifies certification and recertification process in Medicaid certified facilities.

TAC §19.1911 Contents of the Clinical Record

References the Texas Health and Human Services Commission rule related to RUG classification system.

Adds a new requirement for a Face Sheet in a clinical record with an attending physician’s current mailing address and phone numbers.

Additional changes were made to clarify this rule.
TAC §19.1926
Medicaid Hospice Services

Substitutes MDS assessment for TILE assessment (i.e. form 3652-A) and makes necessary clarifications.

TAC §19.2302
Requirements for a Contracted Medicaid Facility

Inserts Resource Utilization Classification System and removes references to TILE assessments. Other necessary clarifications were made.

TAC §19.2326
Medicaid Swing Bed Program for Rural Hospitals

For transition, Medicaid Swing Bed programs for rural hospitals will be required to use the quarterly MDS assessment. This is supported by the following provision in (a) which states, "When a participating rural hospital furnishes NF nursing care to Medicaid recipients, DADS makes payment to the hospital using the same procedures and the same Resource Utilization Group daily rates that the Texas Health and Human Services Commission authorizes for reimbursing NFs participating in the Texas Medicaid Nursing Home Program."
TAC §19.2401
General Qualifications for Medical Necessity Determinations

This rule had previously been §19.2409 General Qualifications for At Risk Assessments and Medical Necessity Determinations and §19.2410 Criteria Specific to a Medical Necessity Determination.

The new rule removes the criteria for nursing facility risk in the resident assessment instrument home care assessment.

The new rule also clarifies and simplifies the medical conditions necessary to meet medical necessity.

TAC §19.2403
Medical Necessity Determination

Subsection (a) requires the establishment of medical necessity for payment for nursing facility care, except as provided in TAC rules §19.2413 and §19.2611.

Subsections (b) and (c) describe the nursing facility requirements for submission of the admission MDS assessment and the review process for determinations of medical necessity for admission MDS assessments.

Subsection (d) describes the medical necessity effective period for MDS assessments based on the Federal MDS submission schedule.

TAC §19.2403
Medical Necessity Determination (cont.)

Subsection (e) A recipient's permanent medical necessity status is established on the completion date of any MDS assessment approved for medical necessity no less than 184 calendar days after the recipient's admission to the Texas Medicaid Nursing Facility Program.

Scenario:

- Recipient admits using MDS Admission Assessment (AA8a=01) and MN is approved.
- 92 days later MDS Quarterly is submitted (AA8a=05) and MN is approved.
- 92 days later MDS Quarterly is submitted (AA8a=05) and MN is approved.
TAC §19.2403 (cont.)

Scenario Clarification

<table>
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<tr>
<th>92 days</th>
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<tbody>
<tr>
<td>AA8-01</td>
<td>AA8-05</td>
<td>AA8-05</td>
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</table>

184 days

PMN

TAC §19.2403

Medical Necessity Determination (cont.)

If a resident is discharged from a nursing facility after meeting PMN, upon re-entry into the nursing facility, the resident will continue to have PMN as long as the resident was not discharged to home for more than 30 days.

TAC §19.2403 (cont.)

Subsection (f) describes how MDS assessments that have insufficient information for determinations of medical necessity will be put into pending denial to allow for additional information to be submitted before denial/approval of medical necessity.
TAC §19.2407
Denied Medical Necessity

Subsection (a) adds that the NF, in addition to the attending physician, will be notified that an applicant or recipient does not meet the criteria for medical necessity and provides an opportunity to present additional information about the applicant or recipient’s medical need for nursing facility care.

TAC §19.2407 (cont.)

Subsection (a) (2) adds that a nursing facility physician may contest the findings about an applicant or recipient not meeting medical necessity, if the attending physician is not available to do this.

Other parts of §19.2407 were written for clarification.

TAC §19.2413
Determination of Payment Rate Based on the MDS Assessment Submission

- Clarification for §19.2413(g)
TAC §19.2500  
Preadmission Screening and Resident Review

Changes have been made to clarify that DADS administers the PASARR program and other necessary clarification of terms and titles.

TAC §19.2609  
Payment of Claims

Continues to require nursing facilities to submit claims and adjustments, rejected or denied, within 12 months after the date of service. Date of service is defined as the last day of the month in which the service was provided. If a recipient’s Medicaid eligibility is established after services are provided, the nursing facility must submit claims for service within 12 months after the Medicaid eligibility date is established.

TAC §19.2611  
Retroactive Vendor Payments

This section allows a nursing facility to be eligible for up to 3 months retroactive vendor payment if all conditions of eligibility are met. If a recipient paid the nursing facility for services, for which the facility later receives retroactive vendor payment, the facility must reimburse the recipient the full amount the recipient paid minus the applied income for the period of retroactive vendor payment.
**TAC §19.2615**  
**Resident Transaction Notices**

All resident transaction notices (i.e. 3618 / 3619) must be submitted electronically.

Paper submission of 3618 / 3619 will not be accepted.

—August 1, 2008, paper forms are no longer accepted.

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**Nursing Facility Transition Points**

- TILE will not be allowed to extend past 11/30/2008.
  - The 11/30/2008 end date allows 90 days in which to establish a RUG.
- Transition from TILE to RUG will occur after the MDS Assessment is submitted successfully, including the LTCMI (Long-Term Care Medicaid Information).
- No RUG will be in effect prior to 9/1/2008.
- LTC Online Portal will be unavailable August 25 – 31, 2008.
  - Plan accordingly for the TILEs expiring during this downtime.
  - Providers can check status of submissions by contacting the TMHP LTC Helpdesk at 1-800-727-5436.

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**Nursing Facility Transition Points (cont.)**

- MESA (Medicaid Eligibility and Service Authorization Verification) should be used to track TILE expirations.
- TILEs will not be allowed to extend past 11/30/2008.
  - Including any 3652-A Forms “in process”.
- Providers needing to correct a 3652-A Form after 9/1/2008 require a handwritten 3652-A Purpose Code U to be received no later than 11/1/2008.

Purpose Code U  
HHSC / OIG  
Utilization Review Unit  
P.O. Box 85200 (MD-1324)  
Austin, TX 78708-5200
Nursing Facility Transition Points (cont.)

- If a TILE expires after the next required MDS Assessment due date, transition to RUG will occur at the end of the MDS Assessment completion date (R2).
  - TILE expires: 10/30/2008
  - R2B date: 09/30/2008

- The RUG will begin on 9/30/2008 and the TILE will expire on 9/29/2008.

Nursing Facility Transition Points (cont.)

- If a TILE is scheduled to expire after 8/24/08 but prior to the next Federal MDS Assessment due date, the provider can do one of the following:
  - Submit an early 3652-A Purpose Code 3 or 4. This change will be allowed beginning 7/1/2008 through 8/24/2008 giving the NF providers time to submit their assessment to extend the TILE.
    Example:
      - TILE expires: 10/05/2008
      - TILE cannot extend beyond: 11/30/2008
    - Submit an MDS Assessment and associated LTCMI, prior to the TILE expiration to establish a RUG.

Nursing Facility Transition Points (cont.)

- Form 3652-A Purpose Code E functionality will exist for one year post transition until 8/31/09 to allow providers to submit a PC E for gaps prior to 09/01/2008.
  - The PC E must be submitted within 365 days from the last uncovered day.
  - TILE certification required for a 3652-A PC E.
    - TILE training will continue for one year post implementation to support Purpose Code E submissions.
  - LTC Online Portal submission required.
Nursing Facility Transition Points (cont.)

- August 1, 2008 paper forms (e.g. 3618, 3619, 3652-A) are no longer accepted.
- 3618 admission submitted prior to 8/25/08 must have a corresponding 3652-A form submitted prior to 8/25/08 or there may be a delay in payment.
  - Purpose Code E will be required after 8/25/08.
- Beginning 9/1/2008 all Forms 3652-A awaiting a 3618 or 3619 Form, must have the 3618 or 3619 Form submitted in the new electronic format.

Nursing Facility Transition Points (cont.)

- Provider must submit two separate claim line items when requesting payment, if applicable.
  - TILE ends 10/15/08 and RUG begins 10/16/08.
    - One line for TILE 10/01 – 10/15.
    - One line for RUG 10/16 – 10/31.
- Texas State University RUG training is required effective 9/1/2008.

Updating the MDS Software

- Effective September 1, 2008, the Medicaid RUG Grouper should be added to your MDS Software.
  - Enables your software to calculate the RUG using the Texas Case Mix Index set.
  - The RUG calculated in your software is not the official RUG. It is compared to the RUG calculated in the State Database and reported on your validation.
- Remove MDS Section S
  - MDS Section S is being replaced with the LTCMI.
- Add Section T
  - Enables the RUG (T3b) for validation against the State MDS Database.
Change of Ownership (CHOW)

- The CHOW process remains the same with the implementation of TILEs to RUGs.
  - The new provider is not required to submit MDS Admission Assessments on existing recipients who already have an existing MDS on file for the previous owner.
  - Assessments for each recipient should continue to be submitted according to the Federal MDS schedule.

National Provider Identifier

- NPI is a required field for forms 3618, 3619, and section W for MDS submissions.
- To obtain an NPI:
  - https://nppes.cms.hhs.gov/NPPES
- Inform DADS of your NPI:
  - www.dads.state.tx.us/providers/hipaa/index.html
- Effects of NPI on Claims filing:
  - Electronic
    - TexMedConnect
    - Third-Party Software
  - Paper
    - 1290 Claim Form

Changes to Form 3619 and 3618

- Changes to Form 3619
  - Field 9: NPI number
- Changes to Form 3618
  - Field 9: NPI number
  - Field 10: Transaction
    2. Discharge To
    - Discharge Type
      A. Return Not Anticipated
      B. Return Anticipated
      C. Prior to Completing Admission Assessment
- MDS Discharge and Re-entry Forms will not be extracted to the LTC Online Portal.
Purpose of Form 3619

Medicare Coinsurance

- Provide information to Medicaid for the Elderly and People with Disabilities (MEPD) worker about the status of a Medicare Coinsurance applicant or individual.
  - Provide DADS with information to initiate, close, or adjust Medicare skilled coinsurance payments.
    - The dates of qualifying stay will now be tracked by DADS.

When and Where to Submit Form 3619

- Submit Form 3619
  - Medicare/Coinsurance
    - Admission
    - Discharge

- Method of submission
  - LTC Online Portal

Purpose of Form 3618

Full Medicaid Payment

- Inform MEPD worker about transactions and status changes.
- Provide DADS with information to initiate, close, or adjust provider payments.
When and Where to Submit Form 3618

- Submit Form 3618
  - Admission
  - Discharge
  - Death

- Method of submission
  - LTC Online Portal

Forms 3619 and 3618 Review

- Full Medicare
  - Day 1-20: Form 3619 Admission
  - Day 21-100: Form 3618 Discharge

- Full Medicaid
  - Day 1-3: Admission
  - Day 7-14: Submit Admission Comprehensive MDS per the CMS guidelines

- Private Pay
  - Day 1-3: Submit 3618

- Portal extracts MDS

Types of MDS Assessments

- Assessments submitted to the State MDS Database include:
  - Admission
  - Annual
  - Quarterly
  - Significant Change in Status
  - Significant Correction to Full Assessment
  - Significant Correction to Quarterly
  - Inactivation
  - Modification

- MDS Discharge and Re-Entry forms are used by MDS but are not extracted to the LTC Online Portal. The 3618 and 3619 are used by the State for Medicaid processing.
Long-Term Care Medicaid Information (LTCMI)

- S1. Claims Processing Information
  - S1a. DADS Vendor/Site ID Number.
  - S1b. Contract/Provider Number.
  - S1c. Service Group.

LTCMI (cont.)

- S1d. Hospice Contract Number is required if Hospice Care is indicated in Section P1.
- S1e. Purpose Code.
- S1f & S1g. Missed Assessment Start and End Date.

LTCMI (cont.)

- S2. PASARR Information
  - S2a – S2e. If any one is YES, PASARR required.
  - S2f & S2g. Assist with locating any previously submitted PASARR.

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LTC RUG/MDS Nursing Facility/Hospice Provider Workshop
LTCMI (cont.)

- S3. Physician’s Evaluation & Recommendation
  - S3a. Do you have plans for the eventual discharge of this client.
  - S3b. Rehabilitative Potential.
  - S3c. I certify that this individual requires nursing facility services or community based alternative services under supervision of MD/DO.

LTCMI (cont.)

- S3d. MD/DO Last Name is required.
- S3e. or S3f. Number is required in one of these fields.
  - S3d & S3e. are used in combination to determine mailing address as indicated on the BME (Board of Medical Examiners) for the purposes of mailing MN Determination Letters.

<table>
<thead>
<tr>
<th>S3d</th>
<th>MD/DO Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3e</td>
<td>MD/DO License#</td>
</tr>
<tr>
<td>S3f</td>
<td>MD/DO Specialty Code#</td>
</tr>
</tbody>
</table>

LTCMI (cont.)

- S4. Licenses
  - S4a – S4b. RN Coordinator Last Name/License are required.
  - Texas State University RUG training required.
    - www.txstate.edu/continuinged/programs/RUG-Training.html
  - S4b1. RN Coordinator License State.

S4. Licenses and Original Signatures

**Provider Certification**: On behalf of this facility, I certify that the individual's treatment plan as documented by the physician

<table>
<thead>
<tr>
<th>S4a</th>
<th>RN Coordinator Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4b</td>
<td>RN Coordinator License#</td>
</tr>
<tr>
<td>S4b1</td>
<td>RN Coordinator License State</td>
</tr>
</tbody>
</table>
LTCMI (cont.)

- S5. Primary Diagnosis & Associated Medications
  - S5a. Primary Diagnosis ICD-9.

LTCMI (cont.)

- S6. Therapeutic Interventions
  - S6a. Tracheostomy Care is required.
  - S6b. Ventilator/Respirator is dependent on P1al. Ventilator or Respirator.
    - If P1al. is indicated, then S6b. is required.
    - If P1al. is not indicated, then S6b. is optional.
    - BIPAP/CPAP "should be included in this field."

LTCMI (cont.)

- S8. Recipient Address
  - S8a – S8d. Required; used to send communication letters.

LTCMI (cont.)

- S9. Medications
  - S9(1.) Medication Name and Dose Ordered.
  - S9(2.) RA (Route of Administration).
  - S9(3.) Freq (Frequency).
  - S9(4.) PRN-n (as necessary).

LTCMI (cont.)

- S10. Comments
  - Communicate anything of significance that has not been captured on the assessment instrument.

Pre-admission Screening and Resident Review (PASARR)

- PASARR is:
  - a federal mandate that requires Texas to screen all persons suspected of having mental illness (MI), mental retardation (MR) or related condition (RC), before they are admitted into a certified nursing facility.
  - Used to determine if the recipient could benefit from specialized services.
- Per the PASARR regulations, if a recipient has only diagnoses of MI, MR, or RC and there are no medical conditions for which a nurse is required, the recipient does not meet the criteria of medical necessity for admission into facility.
PASARR Changes

- Form 3652-A is being replaced with new PASARR Screening.
- Effective 9/1/2008 nursing facilities are responsible for PASARR Screening submissions.
- PASARR Screenings must be submitted via the LTC Online Portal.
- TMHP will review the PASARR Screening and render a Medical Necessity Determination.
- PASARR Screenings will utilize historical information, if applicable.
- TMHP will generate PASARR approval and denial letters to the client and physician.

PASARR Screening

- The revised PASARR Screening is based on the Quarterly MDS with additional state specific information required in the LTCMI section.
- LTCMI field 54b RN License # will be validated to ensure RUG training requirements have been met.
- A PASARR Screening is required prior to submission of an initial admission if the admission indicates mental illness, mental retardation or a related condition.

Form 3071

- Used by hospice providers to notify DADS of a recipient’s voluntary election or cancellation/update of the Hospice Program.
- Used to update changes or provide status of the hospice recipient’s condition.
Form 3074
- Certifies that the recipient has a diagnosis of six months or less to live if the illness runs its normal course.
- Combined with Form 3071, establishes enrollment for the Medicaid Hospice Program.
- Also used for Medicare Hospice recipients.

Current Hospice Resident
- Nursing Facilities should continue to use the current MDS cycle for hospice recipients.
- If a significant change has occurred then a SCSA should be completed including the hospice indicator, provider number in LTCMI, and P1ao indicated.
- Section P Field 1ao “Hospice Care” should be indicated on the next MDS due and the Hospice contract number on the LTCMI should be completed.
- Hospice providers will now be able to view the MDS Assessment submitted on their behalf if the hospice contract is indicated in the LTCMI.
- Hospice nurses are no longer required to sign-off on the assessment for the hospice clients.

Definition of Medical Necessity
“Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician’s planned regimen for total care. A recipient’s need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health care professionals employed or contracted by the state Medicaid claims administrator contracted with HHSC makes individual determinations of medical necessity regarding nursing facility care. These health care professionals consists of physicians and registered nurses.”
- TAC 19.101 #72
Medical Necessity Determination Process

- Assessments are reviewed by TMHP nurses within 3 business days of a successfully submitted LTCMI or PASARR Screening.
- Assessments may remain in pending denial up to 21 calendar days. During this time additional pertinent medical information may be submitted for review.
- If an assessment is denied Medical Necessity (MN), additional information must be received within 14 calendar days of date on denial letter.

Medical Necessity Determination Process

- TMHP nurse reviews assessment to determine medical necessity
- Nursing Facility provides additional information
- Nursing Facility does not call TMHP physician
- TMHP nurse approves
- TMHP physician approves
- TMHP physician denies
- Resident’s physician provides additional information
- Assessment approved
- Assessment denied
- The Resident has the right to appeal
- TMHP physician approves
- TMHP approves

MDS NF Assessment Submission

- Provider submits assessment to the State MDS Database
- TMHP Extraction Process retrieves appropriate assessments and places them on the portal
- Assessment processed on the TMHP Portal
- Pending LTCMI
- Provider adds Texas Medicaid Information (LTCMI) on the Portal
- LTCMI Complete
- MDS MN Workflow Begins Here
Sequencing of Forms & Assessments

- New Resident:
  - Submit a 3618 Admit by day 3.
  - Submit an Admission MDS Assessment by day 14.
  - Complete a Quarterly Assessment within 92 days of the initial MDS unless an SCSA was completed prior to this.

- Current Resident admitted to Hospice:
  - Submit a 3618 Discharging the resident to Hospice Care.
  - If resident meets Federal criteria submit a Significant Change in Status Assessment MDS.
    - Complete the (LTCMI) Section S1d and Hospice contract number.
    - Hospice contract number must be listed on the LTCMI.
    - Hospice provider submits 3071 and 3074 form.

Sequencing of Forms & Assessments (cont.)

- Resident Returns (Prior discharge Return Not anticipated):
  - Follow new resident submission.

- Resident Returns (Prior discharge Return Anticipated):
  - Submit a 3618 by day 3.
  - If previous MDS Assessment has not expired and the resident has not had a change in condition no additional assessment is required.
  - If previous MDS Assessment has expired complete the next scheduled assessment OR if change in condition submit an SCSA.

Helpful Hints

- TMHP LTC Portal has 24/7 availability to submit and track forms and assessments.
- Ensure all MDS Assessment submissions include an accurate Medicaid ID to assist with eligibility validation.
- A current Admission 3618 or 3619 tracking form must be on file with TMHP to complete the MDS LTCMI assessment.
- Submit a 3618 Admission on the TMHP Online Portal prior to completing the LTCMI. The system validates an active admission tracking is in the system to allow the provider to complete the MDS LTCMI information on an assessment.
Helpful Hints (cont.)

- MDS submissions will be extracted and made available on the TMHP Online Portal.
- Providers should wait at least an hour prior to search FSI or Current Activity for newly submitted MDS Assessment as they are not real time extracts.
- All RN and MD/DO licenses will be validated against the Texas Board license files for successful submission.
- All RN licenses will be validated against the TSU RUG Certification database for successful submission.

Submission of MDS Assessments

- Submit to State MDS Database.
- Validate the acceptance of the MDS Assessment into the State MDS Database using report from CMS.
- Access LTC Online Portal to complete a Form Status Inquiry (FSI) to find the submitted MDS Assessment.
- Complete the Long Term Care Medicaid Information and submit.
  - The MDS assessment must include a completed LTCMI and be accepted by the LTC Online Portal.
  - Periodically review status of MDS Assessment for medical necessity determination and Medicaid processing using FSI.

Types of Portal Submissions

- LTC Online Portal Submission:
  - Long Term Care Medicaid Information (LTCMI).
  - PASARR Screening.
  - Correction Request only for LTCMI.
  - Forms 3618, 3619, 3071, and 3074.
  - 3652-A Purpose code E only.
  - Inactivations (3618, 3619, PASARR).
FSI

- Form Status Inquiry is a query tool that allows providers to access their forms and assessments to research, review, and complete their forms.
- Providers will logon to the LTC Online Portal to access the FSI.
- The FSI provides a status of submitted forms and assessments and allows providers to access their assessments to complete the LTCMI.

Portal: FSI

Current Activity

- Providers will log onto the LTC Online Portal to access current activity.
- Providers have the ability to view form submissions or status changes performed within the last 14 days.
Entering LTCMI

- Nursing Facilities will submit MDS Assessment through RAVEN or another third party software package, directly to the State MDS Database.
- TMHP will extract assessments which meet the extraction criteria.
- The assessment will be processed onto the portal and assigned a DLN and given a status of Pending LTCMI.
- Provider will log onto the LTC Online Portal and access their assessment through FSI or Current Activity.
- The LTCMI must be completed before submission with all required data.
- The assessment is available for Medical Necessity Determination.
Entering PASARR

- The PASARR Screenings will be submitted directly on the LTC Online Portal by the provider and assigned a DLN.
- The PASARR Screening is available for Medical Necessity Determination.
- Provider will log onto the LTC Online Portal and access their PASARR through FSI or Current Activity for status information.

Portal: Entering PASARR

MDS Corrections

- NF Providers submit all MDS Corrections to the State MDS Database.
- Corrections allowed by the Federal CMS will be extracted by TMHP for processing.
- TMHP will place the original assessment in a corrected status and give the new assessment a DLN creating a Parent/Child DLN relationship.
- The assessment will be placed in Pending LTCMI status.
- Provider must access the LTC Online Portal to retrieve the new assessment and complete the LTCMI.
- PASARR Screening corrections are not allowable. If a PASARR Screening is incorrect the provider must inactivate the PASARR and resubmit.
3618 and 3619 Corrections

- NF Providers must submit 3618 and 3619 Form corrections directly on the LTC Online Portal.
- 3618 and 3619 corrections are allowed for the following fields:
  - First Name.
  - Middle Initial.
  - Address.
  - Date of above Transaction.
  - Comments.
  - State Board License Number.
  - Signature Date.
- TMHP will place the original form in a corrected status and give the new form a DLN creating a Parent/Child DLN relationship.

Portal: Corrections

- NF Providers submit all MDS Modifications to the State MDS Database.
- Modifications will be extracted by TMHP for processing.
- The original status will change to corrected and given a relative DLN creating a Parent/Child DLN relationship.
- The assessment will be placed in Pending LTCMI status.
- Provider must access the LTC Online Portal to retrieve the new assessment and complete the LTCMI.
Inactivations

- NF Providers submit all MDS Inactivation Request to the State MDS Database.
- TMHP will extract the MDS Inactivation Request from the CMS database for processing.
- TMHP will automatically inactivate the LTCMI for any MDS successfully inactivated.
- PASARR Screening, 3618 and 3619 Inactivations must be submitted directly on the LTC Online Portal.
- Once the Inactivation is submitted and accepted the form or PASARR is set to inactive status and will be unavailable for any further action.

Portal: Inactivations

### Status and Messages

- Providers can retrieve the status of their MDS Assessment by accessing FSI or Current Activity on the LTC Online Portal.
  - Medical Necessity (MN) Approved - Assessment has been reviewed and approved by TMHP. No further action by provider is required.
  - Pending LTCMI - Awaiting LTCMI information. Provider must retrieve the assessment, enter required data on LTCMI tab, and submit information.
  - Pending Medicaid Eligibility - The system is verifying recipient’s Medicaid eligibility. No further action by provider is required.
Status and Messages (cont.)
- Medicaid Eligibility Confirmed - Recipient’s Medicaid eligibility has been confirmed for the dates of service submitted. Provider must submit/update all required assessments and forms.

Portal: Retrieving Assessments and Forms
- Providers can retrieve assessments and forms by performing an:
  - FSI- Retrieves specified form type for any period of time.
  - Current Activity- Retrieves any form type as long as it falls within the last 14 days.
- These options allow for viewing of forms and assessments previously submitted.
- The results displayed allows providers to determine appropriate actions based on the status.

Letters
- TMHP will generate letters to the Medicaid client and physician.
- Providers will be able to search and view the following letters on the LTC Online Portal:
  - Client Denial Letter
  - Doctor Denial Letter
  - Client Overturn Denial Letter
  - Doctor Overturn Denial Letter
  - Client Overturn Approval Letter
  - Doctor Overturn Approval Letter
  - PASARR MN Approval Letter
Major Points to Remember

- MDS cycle is based on the physical admission of the client regardless of the payor source.
- Assessments are due at a minimum of 92 days rather than every 180 day.
- Hospice clients no longer require separate assessments for payment. If a physical significant change has occurred then a SCSA would be appropriate.
- Permanent MN is being established based on the begin date (R2B) of the first assessment after the 184th day of assessments with Medicaid eligibility.
- Form 3619 will start tracking the Full coverage days also. Full Medicare will be service code 3A.

Resources

- Forms and Instructions: http://www.tmhp.com/LTC%20Programs
- Texas State University RUG Training: http://www.txstate.edu/continuinged/programs/RUG-Training.html
- Email TILE to RUG Questions to: RUGS@dads.state.tx.us

What is Medicaid Fraud?

1-800-436-6184

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


**Reminders**

- Access your Form Status Inquiry/Current Activity Report.
- Print forms and assessments prior to submission.
- Call TMHP when your assessment is pending denial or submit additional information via the LTC Online Portal.
- Refer to your Quick Reference Guide.
- Use the TMHP website at: http://www.tmhp.com/LTC%20Programs

---

**Questions and Answers**

Thank you for attending.
Updating the MDS Software

Effective September 1, 2008, the Medicaid RUG Grouper needs to be added to your MDS software. This will enable you to receive the correct RUG rate when assessments are transmitted.

The following instructions apply to the free Resident Assessment Validation and Entry (RAVEN) Software available through the Centers for Medicare & Medicaid Services (CMS).

If you need assistance with the RAVEN setup below, please contact the RAVEN Help Desk by phone at 1-800-339-9313 or email at RAVEN_help@ifmc.org. If you use another software, please contact your software vendor for assistance in setting up the Medicaid RUG Grouper.

1. Click on the Administration Menu on the main RAVEN screen, then click Grouper Configuration.

2. A screen will appear with the State RUG Options (bottom half of screen). If existing RUG options are in the shaded box at the top of the State RUG Options section, highlight each row and click delete (to remove all previous state calculations).

3. Select the following to create the Texas RUG configuration:
   - RUG Model – 34 Group
   - Calculation Method – Index Maximizing
   - Case Mix Index Set – D01 Research 34 group or Texas Case Mix Index Set (after July 1)
   - Begin Date – 01/01/1998 (this date is required)
   - End Date – 12/31/9999 (this date is required)

4. Click “Add” then click “Update State Rug Options.” Next click “Validate and Save.”
Remove Section S from your RAVEN:
Under Assessment Configuration, remove any check marks:

![Assessment Configuration](image)

Adding Section T to RAVEN:

Effective date, Section T will be activated for all Medicaid assessments. Items T1 and T2 will generally remain blank as they are Medicare PPS specific questions. Item T3 is for the Case Mix Group or RUG-III code calculated from the facility software. Ensure T3 is completed for all admission, significant change, quarterly, annual, and significant correction of a prior annual or quarterly assessment. A warning will occur on the final validation report if T3 is blank when the assessment is submitted. A warning message will also occur if the facility software assigns a RUG score that differs from the RUG score the state database assigns. Be sure to notify your software vendor when this happens so they can correct the software.

The following instructions apply to the free Resident Assessment Validation and Entry (RAVEN) Software available through the Centers for Medicare & Medicaid Services (CMS).

If you need assistance with the RAVEN setup below, please contact the RAVEN Help Desk by phone at 1-800-339-9313 or email at RAVEN_help@ifmc.org. If you use another software, please contact your software vendor for assistance in setting up the Assessment Configuration page for Section T.
1. Click on the Administration Menu on the main RAVEN screen, then click Assessment Configuration.

2. A screen will appear with the Assessment Configuration for Section S, Section T, Section U and others (see above).

3. Activate Section T by checking the box provided

4. Click “Save” at the bottom of the page.
Provider Inquiry System

1) Enter website address http://ausmis31.dhs.state.tx.us/cmsmail/PIHome.html to display the following:

2) Click Enter
2) The Provider Inquiry Screen displays.

*NOTE screen indicates the **Tile Value and Tile Purpose Code**.
These field “titles” will not be changing as a result of the TILE to RUG transition. Providers should enter the RUG value in the comments field.
1. Log onto the LTC Online Portal.
2. Select Submit Form.
3. Select Form Type 3619.
4. Enter client information using the client’s SSN, PCN, and/or First and Last Name.
5. Click Submit Form.
6. The template for the form you have selected will appear on the screen.
**Medicare/SNF Patient Transaction Notice**

<table>
<thead>
<tr>
<th>1. Medicaid Recipient No.</th>
<th>2. Social Security No.</th>
<th>3. Medicare or RR Retirement Claim No.</th>
</tr>
</thead>
</table>

4. Name of Recipient (Last, First, Middle) – Enter first two letters of last name in far left positions.

5. Address (if known), Preadmission or Post Discharge Only

6. DADS Vendor No.

7. Contract No.

8. Service Group

9. NPI Number

10. **Transaction**

   - [ ] 1 – Admission From
   - [ ] 2 – Discharge To

   **Location**

   - [ ] 1 – Hospital
   - [ ] 2 – Nursing Facility
   - [ ] 3 – Full Medical Coverage
   - [ ] 4 – Home
   - [ ] 5 – Institution
   - [ ] 6 – Other/ Unknown

11. **Date of Above Transaction**

12. **Dates of Qualifying Stay**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>b.</td>
<td></td>
</tr>
</tbody>
</table>

13. **Comments:**

15. I certify that, to the best of my knowledge, the date in Item 11 (Date of Above Transaction) is for services provided, and the date is not included in the 100% Medicare Part A reimbursement time frame.

14. **State Board License No.**

**Signature–Administrator**

**Date**
1. Log onto the LTC Online Portal.
2. Select Form.
3. Select Form Type 3618.
4. Enter client information using the client’s SSN, PCN, and/or First and Last Name.
5. Click Submit Form.
6. The template for the form you have selected will appear on the screen.
## Resident Transaction Notice

**1. Medicaid Recipient No.**

**2. Social Security No.**

**3. Medicare or RR Retirement Claim No.**

**4. Name of Recipient (Last, First, Middle) – Enter first two letters of last name in far left positions.**

**5. Address (if known), Preadmission or Post Discharge Only**

**6. DADS Vendor No.**

**7. Contract No.**

**8. Service Group**

**9. NPI Number**

### 10 – Transaction

- **1 – Admission From**
- **2 – Discharged To**
  - **Discharge Type**
    - A - Return Not Anticipated
    - B - Return Anticipated
    - C - Prior To Completing Initial Assessment
  - **Location**
    - 1 – Hospital
    - 2 – Nursing Facility
    - 3 – Community ICF-MR
    - 4 – Medicare/SNF
    - 5 – Home
    - 6 – State Institution
    - 7 – Hospice
    - 8 – Private Pay
    - 9 – Other/Unknown

- **If newly admitted from hospital, enter date:**

- **Date of Physical Admission to Private Pay:**

- **3 – Deceased**
- **4 – Correction**

**11. Date of Above Transaction**

**12. Comments:**

**13. State Board License No.**

---

14. I certify that, to the best of my knowledge, the date in Item 11 (Date of Above Transaction) is for services provided, and the date is not included in the 100% Medicare Part A reimbursement time frame.
MDS NF Provider Assessment Submission

MDS NF Provider Submission

Provider submits assessment to the State CMS Database

TMHP Extraction Process retrieves appropriate assessments and places them on the portal

Assessment processed on the TMHP Portal

Pending LTCMI

Provider adds LTCMI on the Portal

LTCMI Complete

MDS MN Workflow Begins Here
MDS Long Term Care Medicaid Information (LTCMI) Submission

1. Provider selects FSI search for recent activity.

```
Form Status Inquiry

4 record(s) returned.
```

<table>
<thead>
<tr>
<th>RIN</th>
<th>Received Date</th>
<th>MSN</th>
<th>Medicaid #</th>
<th>RN</th>
<th>First Name</th>
<th>Last Name</th>
<th>Status</th>
<th>RUG</th>
<th>RN Signature Date</th>
<th>Purpose Code</th>
<th>Contract Number</th>
<th>Vendor Number</th>
<th>Reason For Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V42</td>
<td>12/2/2012</td>
<td>13:00:00 AM</td>
<td></td>
<td>10/80/08</td>
<td>0</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
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</tr>
<tr>
<td>V42</td>
<td>12/2/2012</td>
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<td></td>
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<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
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<tr>
<td>V42</td>
<td>12/2/2012</td>
<td>13:00:00 AM</td>
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<td>0</td>
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<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
</tr>
<tr>
<td>V42</td>
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<td>13:00:00 AM</td>
<td></td>
<td>10/80/08</td>
<td>0</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
<td>10/80/08</td>
<td>12/2/2008</td>
<td>11:00:00 AM</td>
</tr>
</tbody>
</table>
2) After selecting “View Detail” navigate to LTCMI tab on the form.
3) Complete the LTCMI for all required data and select “Submit Form” button.

<table>
<thead>
<tr>
<th><strong>License and Original Signatures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Certification: On behalf of this facility, I certify that to the best of my knowledge this information is true and accurate. I also certify that this information represents those items of the individual’s treatment plan as documented by the physician in the medical record. I further certify that this facility can provide the prescribed physical and medical care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Diagnosis and Associated Medications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Diagnosis ICD-10</strong></td>
</tr>
<tr>
<td><strong>Tracheostomy Care</strong> (2 to 6 times a week)</td>
</tr>
<tr>
<td><strong>Ventilator/Respirator</strong> (2 to 6 times a week)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Client Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipient Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong> (Texas(TX))</td>
</tr>
<tr>
<td><strong>Zip Code</strong> (78177)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Medications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Add Meds</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Comments</strong></th>
</tr>
</thead>
</table>

**Pending**

**Changed by**
on 3/2/2018 3:32:28 PM

**Submit Form**
4) After all form errors are reviewed and addressed by provider for required fields, a successful form will display a DLN associated to the form.
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for MDS Assessment using the client’s SSN, CN, and/or First and Last Name.
4. Click View Detail.
5. Click on the LTCMI tab.
6. Provide all required data.
7. Click Submit Form.
8. Select the print option under Form Actions to print the LTCMI.
Pre-admission Screening and Resident Review (PASARR)

1. Log onto the LTC Online Portal.
2. Select Submit Form.
3. Select Form Type PASARR.
4. Provide all required data.
5. Click on all section tabs and enter the information requested. All tabs must be completed.
6. Click Submit Form.
7. Select the print option under Form Actions to print the PASARR Screening.
Corrections

Correction to LTCMI:
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for Assessment in any status using the client's SSN, PCN, and/or First and Last Name.
4. Click View Detail.
5. Click Correct This Form.
6. Click on the LTCMI tab and enter all required data.
7. Click Submit Form.
8. Select the print option under Form Actions to print the assessment.

Correction to 3618 or 3619:
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for 3618 or 3619 using the client's SSN, PCN, and/or First and Last Name or DLN.
4. Click View Detail.
5. Click Correct This Form.
6. Make the change, and submit. A child DLN to the original form is created.
7. Select the print option under Form Actions to print the form.
1. Log onto the LTC Online Portal.
2. Click on **FSI** or **Current Activity**.
3. Search for the PASARR Assessment, 3618, or 3619 using the client SSN/PCN or the form's DLN.
4. Click on **Inactivate Form**.
Form Status Inquiry

1. Log onto the LTC Online Portal.
2. Select Form Status Inquiry from the LTC Online Portal Navigation screen.
3. Select the Type of Form from the drop down options
4. Provide data for all required fields.
5. Narrow search results by providing specific criteria.
1. Log onto the LTC Online Portal.
2. Select Current Activity from the LTC Online Portal Navigation screen.
3. The screen will display a summary of all forms and assessments submitted within 14 days.
4. Select the link of the requested form or assessment for review.
### Form 3071

#### Actions
- Print
- Save as Draft

#### LTC Recipient Election/Cancellation/Discharge Notice

**Provider Information**

**TEST PROVIDER CM2**

**PO BOX 149039**

**AUSTIN, TX**

**787140000**

#### Recipient Information

- **Medicaid Number**
- **Last Name**
- **Address**
- **City**
- **State**
- **Zip**

#### Transaction Information

- **Form Type**
- **From**
- **To**
- **Setting**
- **Medicare Part A**

#### All Terminal Diagnoses - List All Terminal Illnesses

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Diagnosis Code</th>
<th>Description</th>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
</table>

#### Comments

#### Hospice Information

- **Hospice Name**
- **Contract Number**
- **Phone Number**

**Address**

- **City**
- **State**
- **Zip**

#### Physician Information

- **Physician First Name**
- **Physician Last Name**
- **State License No.**
- **Date of Orders**

#### Signatures

- **Hospice Rep First Name**
- **Hospice Rep Last Name**
- **Date Signed**
- **Client Signature on File?**
- **Client Date Signed**

**Submit Form**
Form 3071 - Paper

<table>
<thead>
<tr>
<th>1. Form Type</th>
<th>2. Cancel Code</th>
<th>3. From (MMDDYYYY)</th>
<th>4. To (MMDDYYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 = Election</td>
<td>☐ 2 = Update</td>
<td>☐ 3 = Correction</td>
<td>☐ 4 = Cancel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Setting</th>
<th>6. Medicare Part A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 = Home</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 2 = NF</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 3 = Hospital</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 4 = Hospice Inpatient Unit</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 5 = ICF/MR-RC</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 6 = SNF</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Name of Applicant/Recipient (Last, First, Middle)</th>
<th>8. Medicaid No.</th>
<th>9. Social Security No.</th>
<th>10. Date of Birth (MMDDYYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Name of Facility/Provider and Address of Applicant/Recipient (Street, City, State, ZIP)</th>
<th>12. County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>All Terminal Diagnoses — List all Terminal Illnesses</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
</tr>
</tbody>
</table>

**Provider Information**

<table>
<thead>
<tr>
<th>17. Comments</th>
</tr>
</thead>
</table>

|-----------------|-----------------|-------------------------------|

<table>
<thead>
<tr>
<th>21. Hospice Address (Street, City, State, ZIP)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>22. Attending Physician’s Name</th>
<th>23. State License No.</th>
<th>24. Date of Orders (MMDDYYYY)</th>
</tr>
</thead>
</table>

Attach copies of the attending physician’s signed certification that the recipient may have six months or less to live and, if appropriate, the proof of Medicare Part B coverage only. Submit the original of this form immediately, along with the aforementioned documents, to the Texas Medicaid and Healthcare Partnership (TMHP) in Austin. Send copies of this form to: (1) the local DADS Community Care for Aged and Disabled (CCAD) eligibility worker, (2) the local HHSC Medicaid eligibility worker, and (3) the nursing facility or intermediate care facility serving persons with mental retardation or a related conditions (ICF/MR-RC) (if appropriate). Keep a copy for your files.

<table>
<thead>
<tr>
<th>25. Name of Hospice Representative (please type or print)</th>
</tr>
</thead>
</table>

**Client’s Declaration**

I understand that I may receive Medicaid hospice services such as physician care services, nursing care services, medical social services, counseling services, home health aide services, therapy services, medical appliances and supplies, drugs and biologicals, volunteer services, inpatient services, respite services and other services related to the treatment of my terminal condition for which hospice care was elected.

I waive other Medicaid services related to the treatment of my terminal illness(es). I do not waive Medicaid services unrelated to the treatment of my terminal illness(es). I waive only those Medicaid services that are also provided by Medicare.

I understand that I must elect the Medicare and Medicaid hospice programs when I am dually eligible for both Medicare and Medicaid benefits.

I understand that I may cancel and re-elect the Medicaid Hospice Program at any time without any penalties.

I understand the difference between palliative and curative care.

**Declaración del cliente**

Entiendo que puedo recibir servicios de hospicio de Medicaid tales como atención de un médico, enfermería, servicios sociales médicos, orientación, servicios de salud en casa de un auxiliar, servicios de terapia, equipo y provisiones médicos, medicinas y productos biológicos, servicios de voluntarios, hospitalización, servicios de relevo y otros servicios relacionados con el tratamiento de la enfermedad mortal que padezco y para la cual escogí el programa de hospicio.

Renuncio a los otros servicios de Medicaid relacionados con el tratamiento de mi enfermedad mortal. No renuncio a los servicios de Medicaid no relacionados con el tratamiento de mi enfermedad mortal. Sólo renuncio a aquellos servicios de Medicaid prestados también por Medicare.

Entiendo que si lleno los requisitos para beneficios de Medicaid y de Medicare, debo escoger el programa de hospicio tanto en el uno como en el otro.

Entiendo que puedo cancelar mi decisión de escoger el Programa de Hospicio de Medicaid y que luego puedo volver a escogerlo en cualquier momento sin ninguna sanción.

Entiendo la diferencia entre la atención curativa y la atención paliativa.

<table>
<thead>
<tr>
<th>26. Signature — Hospice Representative</th>
<th>27. Date (MMDDYYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>28. Signature — Client/Firma—Client</th>
<th>29. Date (MMDDYYYY)/Fecha (mes/día/año)</th>
</tr>
</thead>
</table>
Form 3074

**LTC Online Portal Submission**

**Texas Medicaid & Healthcare Partnership**

**Long Term Care Forms**

**Actions**

- Print
- Save as Draft

---

**Form 3074—LTC Online Portal Screen**

**3074 Physician Certification of Terminal Illness**

**Provider Information**

**TEST PROVIDER CM2**

P.O. Box 149300

AUSTIN, TX 78714-0000

**Recipient Information**

- Medicaid Number
- Last Name:
- Address:
- City:
- SSN:
- State:
- Zip:
- Medicare Number:
- First Name:
- Month:
- City:
- State:
- Zip:

**Certification Information**

- Date:
- Recertification Date:

**Hospice Information**

- Hospice Provider Name:
- Address:
- City:
- Contract Number:
- State:
- Zip:

**Verbal Verification (within two days of election date)**

- Verbal Verification:
- Last Name:
- Date Signed:

**Certification/Recertification Physician Signatures**

- Attending Physician Last Name:
- Attending Physician Signature on File:
- License Type:
- State:
- State License No.:

- Hospice Physician Last Name:
- Hospice Physician Signature on File:
- License Type:
- State:
- State License No.:

**Exclusion Statement**

- Exclusion Statement Last Name:
- Date Signed:

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**Submit Form**
# Form 3074 - Paper

**Texas Medicaid Hospice Program**  
**Physician Certification of Terminal Illness**

<table>
<thead>
<tr>
<th>1. Hospice Provider Name</th>
<th>2. Contract No.</th>
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<thead>
<tr>
<th>3. Provider Address (Street or P.O. Box, City, State, ZIP)</th>
<th>4. Correction (check if applicable)</th>
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<tr>
<th>5. Recipient Name (Last, First, Middle)</th>
<th>6. DADS Medicaid No.</th>
<th>7. Medicare No.</th>
<th>8. Social Security No.</th>
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<tr>
<th>9. Election/Start Date</th>
<th>10. Check Appropriate Box and Enter Date (MMDDYYYY)</th>
<th>11. Recipient Address (Street or P.O. Box, City, State, ZIP)</th>
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In order to provide Medicaid/Medicare hospice coverage beginning on the recipient's election date, the recipient's terminal condition must be verified within two days of the Medicaid/Medicare Hospice Election Date as evidenced by either the physician(s) signature(s) and date(s) in the certification section or by a verbal verification by the hospice staff. When a verbal verification is obtained, a member of the hospice staff must sign and date the verbal verification statement within two days of election; the physician(s) then must sign and date the certification within the six-month terminal illness time frame that the physician is certifying. If these requirements are not met, no payment can be made prior to the certification date (date signed by physician).

Note: For recertifications, only one physician's signature and date is required.

## Verbal Verification (within two days of election date)

I certify that on the date signed a verbal verification was obtained from a physician licensed in the state of Texas or on duty with the U.S. military confirming that the recipient identified above is terminally ill with a medical prognosis of six months or less to live, if the illness runs its normal course.

13. Date Signed (MMDDYYYY)

12. Signature--Hospice Staff

## Certification/Recertification

I certify that I am a physician licensed in the state of Texas or a physician on duty with the U.S. military and that the recipient identified above is terminally ill with a medical prognosis of six months or less to live, if the illness runs its normal course.

16. Check Appropriate Box and Enter Number

- [ ] State of Texas License No.

17. Date Signed (MMDDYYYY)

14. Print Name of Attending Physician (Last, First)

15. Signature--Attending Physician

20. Check Appropriate Box and Enter Number

- [ ] State of Texas License No.

21. Date Signed (MMDDYYYY)

18. Print Name of Hospice Physician (Last, First)

19. Signature--Hospice Physician

The physician member of the hospice AND the recipient's attending physician must BOTH sign and date the certification statement, unless the recipient does not have an attending physician separate from the hospice physician. In that case, a member of the hospice staff must sign the exclusion statement below.

## Exclusion Statement

I certify that the recipient identified above DOES NOT have an attending physician separate from the hospice physician.

23. Date Signed (MMDDYYYY)

22. Signature--Hospice Staff
Letters and Reports

1. Log onto the LTC Online Portal.
3. Provide all requested information.
4. Select the requested search option.
Workshop Evaluation

Workshop City: ______________________________________________________________________
Workshop Date: ______________________________________________________________________
Presenter 1: __________________________________________________________________________
Presenter 2: __________________________________________________________________________

Please use the following scale to answer the following questions:

1  Strongly Disagree
2  Somewhat Disagree
3  Somewhat Agree
4  Strongly Agree

Please consider only your experience with the workshop attended:

1. The workshop enhanced my understanding of:
   a. Transition from TILEs to RUGs 1 2 3 4
   b. TAC Rule Updates 1 2 3 4
   c. Available resources for assistance 1 2 3 4

2. The information presented was clear and concise. 1 2 3 4

3. I feel confident in my ability to apply the information presented. 1 2 3 4

4. The printed materials provided are useful. 1 2 3 4

5. The presenters were effective and engaging. 1 2 3 4

6. The presenters answered questions clearly and completely. 1 2 3 4

7. Overall, I was satisfied with the workshop. 1 2 3 4

Please let us know what topics you would like more information on.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please provide any additional comments on your experience at this workshop.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If you would like to be contacted by a TMHP Provider Representative, please provide your contact information.

Name: _______________________________________________________________________________
Provider Name and Provider Identifier: ___________________________________________________
Address: _____________________________________________________________________________
Email: ______________________________________________________________________________
Telephone Number: ________________________________________________________________