



COMMISSIONER
James R. Hine

September 17, 2004

To: Hospice Providers

Subject: Texas Department of Aging and Disability Services (DADS)
Hospice Provider Letter No. 04-07
Medicaid Hospice Web Sites; Texas Medicaid Hospice
Election/Cancellation/Discharge Notice (Form 3071); and Texas
Medicaid/Medicare Hospice Physician Certification of Terminal Illness (Form
3074)

The Texas Department for Aging and Disability Services (DADS) would like to remind providers that as of January 1, 2004, paper copies of letters, policy clarifications, and rules were no longer being issued to providers. Providers must access the following web site for this information:
<http://www.dads.state.tx.us/business/communitycare/index.cfm>

For a copy of the Nursing Facility Provider Letters and Rates see:
<http://www.dads.state.tx.us/business/lfc-policy/index.cfm>

Providers must ensure that they are utilizing current Medicaid hospice eligibility forms. The Texas Medicaid Hospice Election/Cancellation/Discharge Notice (Form 3071) is dated September 2002 and the Texas Medicaid/Medicare Hospice Physician Certification of Terminal Illness (Form 3074) is dated May 2002. The web site address to access current Medicaid hospice eligibility forms and instructions is:
<http://www.dads.state.tx.us/business/communitycare/index.cfm>

If form(s) are returned from Provider Claims Payment due to the use of an outdated form, please follow the procedures outlined below. This will ensure payment for Medicaid hospice services.

1. If the client has died, complete a **current** Texas Medicaid Hospice Election/Cancellation/Discharge Notice Form 3071 as a cancellation (cancel code 75 – recipient died) and attach it to the returned form(s). NOTE: Providers do not need to re-do the Form 3074 in the cases where the client has died.
2. If the client is living, complete in their entirety, **current** form(s) Texas Medicaid Hospice Election/Cancellation/Discharge Notice Form 3071 and the Texas Medicaid/Medicare Hospice Physician Certification of Terminal Illness Form 3074 to include signatures and current dates. Attach the new forms to the outdated form(s) returned to you by Provider Claims Services.

3. Return the forms for processing to:

(Mailing Address)
Provider Claims Services
Texas Department of Aging and Disability Services
P.O. Box 149030
Mail Code Y-948
Austin, Texas 78714-9030.

(Physical Address)
Provider Claims Services
Texas Department of Aging and Disability Services
8317 Cross Park, Suite 450
Austin, Texas 78754

If you have Medicaid hospice policy questions, please contact Maxcine Tomlinson, Medicaid Hospice Program Specialist at (512) 438-3169. If you have Medicaid hospice billing questions, please contact Provider Claims Payment at (512) 490-4666.

Sincerely,

Signature on file

Barry C. Waller
Assistant Commissioner
Provider Services

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