

A CMS Contracted Agent

## **Hospice Notice of Change of Ownership**

# **Background**

When a hospice agency changes ownership and a new Medicare provider number (also known as a PTAN or OSCAR number) is issued, the Medicare Contractor must be notified to update the provider number in the hospice benefit period. This notification is completed by submitting a notice of change of ownership to the Medicare Contractor, which transmits the information to the Common Working File (CWF). This will avoid mistaking the change as a beneficiary-elected transfer.

The notice of change of ownership should be filed as soon as possible after a provider number change has occurred. By submitting the notice timely, you avoid rejections due to inaccuracies in the provider number on the claim.

The notice of change of ownership must be submitted and processed prior to submitting the first hospice claim to Medicare under the new provider. The notice of change of ownership is an abbreviated claim; therefore, only a few of the many form locators (FL) on the UB-04 are required. Also, payment is not applied to this notice.

## **Submitting Last Claim Under Old Provider Number**

When a change of ownership occurs, the last claim under the old provider number has to be submitted prior to submitting a notice of change of ownership.

In addition to the basic claim information that is required on all claims, the last claim under the old provider number must include the following:

Claim Page One	
Field	Description/Valid Values
TOB	Valid Values:
	■ 813 - Freestanding hospice: continuing interim claim
	<ul> <li>823 - Hospital-based hospice: continuing interim claim</li> </ul>
STAT	Valid Value:
	■ 30 - Still patient
Do NOT include an occurrence code 42 as this would discharge the patient from the hospice benefit.	



# Submitting Notice of Change of Ownership via Fiscal Intermediary Standard System (FISS)/Direct Data Entry (DDE)

Steps	1	From the <b>FISS Main Menu</b> , Key <b>02</b> in the <i>ENTER MENU SELECTION</i> field
	2	< Enter > The Claims and Attachments Entry Menu will be displayed

## Screen

MAP1703	NATIONAL GOVERNMENT SE	RVICES, INC.
	CLAIM AND ATTACHMENTS I	ENTRY MENU
	CLAIMS ENTRY	
	INPATIENT	20
	OUTPATIENT	22
	SNF	24
	HOME HEALTH	26
	HOSPICE	28
	NOE/NOA	49
	ROSTER BILL ENTRY	87
	ATTACHMENT EN	TRY
	HOME HEALTH	41
	DME HISTORY	54
	ESRD CMS-382 FORM	57
ENTER MENU	J SELECTION: 49	
PLEASE EN	NTER DATA - OR PRESS PF3 TO	EXIT

Steps

1	Key <b>49</b> in the ENTER MENU SELECTION field
2	< Enter > The INST Claim Entry Menu will be displayed

# Claim Page One

MAP1711 PAGE 01 NAT	CIONAL GOVERNM	MENT SERVICES,	INC.	
XXX1111 SC	INST CLAI	IM ENTRY		
HIC 123456789A TOB 8	SXE S/LOC S E	30100 <i>OSCAR</i>	XX15XX	UB-FORM
NPI XXXXXXXX	TRANS HOSP P	PROV	PROCES	S NEW HIC
PAT. CNTL#:				
STMT DATES FROM 070511	TO 0000000 I	DAYS COV	N-C	O LTR
LAST PATIENT	FIRS	ST IMA	MI	DOB 011632
ADDR 1 1234 ANYSTREET I				
3		4		
5		6		
ZIP XXXXXXXXX SEX M MS	ADMIT DATE	060811 HR TY	PE SRC	D HM STAT
COND CODES 01 02	03 04	05 06	07 08	09 10
OCC CDS/DATE 01	02	03	04	05
06	07	08	09	10
SPAN CODES/DATES 01		02	0	13
04 05		06	0	7
08 09		10	FAC.	ZIP XXXXXXXXX
DCN				
V A L U E C O D	ES - AMO	OUNTS -	ANSI M	ISP APP IND
01	02		03	
04	05		06	
07	08		09	
			<=	= REASON CODES
PRESS PF3-EXIT PE	5-SCROLL BKWI	PF6-SCROLL	FWD PF8-NE	XT

Claim Page One		
Field	Description/Valid Values	
HIC (Required)	Enter the beneficiary's Health Insurance Claim Number (HICN)	
TOB	Valid Values:	
(Required)	81E (Freestanding hospice)	
_	82E (Hospital-based hospice)	
OSCAR (System)	The Medicare provider number (OSCAR number) is system generated.	
NPI (Required)	Enter the National Provider Identifier (NPI) associated with the OSCAR number.	
STMT DATES FROM	Enter the date of the ownership change in the MMDDYY format.	
(Required)		
PATIENT DATA	Enter the beneficiary's last name, first name, date of birth (MMDDCCYY), full mailing	
(Required)	address, zip code, and gender.	
ADMIT DATE	Enter the date of the hospice election in the MMDDYY format.	
(Required)		
FAC. ZIP (Required)	Enter the facility zip code of the provider (five- or nine-digit).	

# Claim Page Three

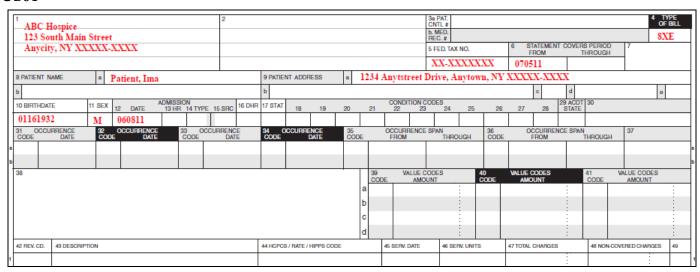
MAP1713 PAGE 03 NATIONAL GOVERN	NMENT SERVICES, INC.
XXX1111 SC INST CLAIM	ENTRY
HIC XXXXXXXXXA TOB 8XE S/LOC S B(	0100 OSCAR XX15XX
	OFFSITE ZIPCD:
CD ID PAYER OSC	CAR <b>RI</b> AB PRIOR PAY EST AMT DUE
A Z Medicare	Y 0.00 0.00
В	0.00 0.00
С	0.00 0.00
DUE FROM PATIENT 0.00 (	0.00
MEDICAL RECORD NBR	COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 XXXXX 2	3 4 5
6 7	8 9
ADMITTING DIAGNOSIS E CODE	HOSPICE TERM ILL IND
IDE	
PROCEDURE CODES AND DATES 1	2
3 4	5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE	E REJECT CODE NONPAY CODE
ATTENDING PHYS NPI XXXXXXXXX LI	N DOCTOR FN IMA MI
OPERATING PHYS NPI L1	N FN MI
OTHER PHYS NPI XXXXXXXXX LI	N PHYSICIAN FN ISA MI
	<== REASON CODES
PRESS PF3-EXIT PF7-PREV PA	AGE PF8-NEXT PAGE

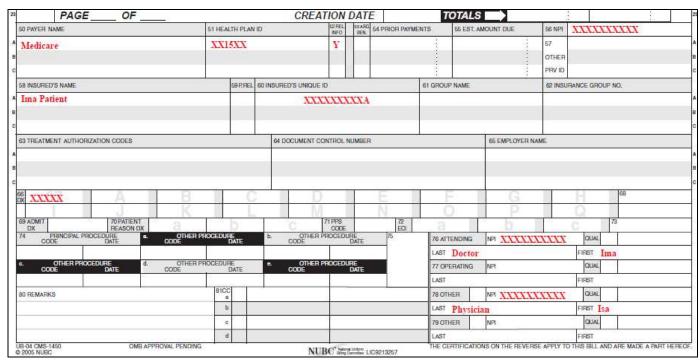
Claim Page Three	
Field	Description/Valid Values
CD (System)	"Z" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
PAYER (System)	"Medicare" is system generated. Do not change. Notices of change of ownership should be submitted with Medicare as the primary payer.
RI (Required)	<ul> <li>Enter the release of information indicator. Valid values are:</li> <li>"Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims.</li> <li>"R" to indicate the release is limited or restricted.</li> <li>"N" to indicate there is no release is on file.</li> </ul>
DIAGNOSIS CODES (Required)	Enter the hospice diagnosis code, including all five digits where applicable.
ATTENDING PHYS NPI/LN/FN (Required)	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.
OTHER PHYS NPI/LN/FN (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician. NOTE: For electronic claims using version 5010 or later, this information is reported in Loop ID 2310F – Referring Provider Name.

# **Submitting Notice of Change of Ownership Hardcopy**

The following data elements must be completed by the hospice on the Form CMS-1450 for the notice of change of ownership when submitted via hardcopy claim submission.

### **UB04**





UB04 (CMS-1450)		
Form Locator (FL)	Locator (FL) Description/Valid Values	
FL 01	Enter the provider's name, city, state, and ZIP code	
FL 04	Valid values:	
TYPE OF BILL	<ul> <li>81E (Freestanding hospice)</li> </ul>	
	<ul> <li>82E (Hospital-based hospice)</li> </ul>	

UB04 (CMS-1450)		
Form Locator (FL)	Description/Valid Values	
FL 06 STATEMENT COVERS PERIOD- FROM	Enter the date of the ownership change in the MMDDYY format.	
FL 08 PATIENT NAME	Enter the beneficiary's last name and first name in Line A.	
FL 09 PATIENT ADDRESS	Enter the beneficiary's full mailing address, including street number and name, city, State, and ZIP Code.	
FL 10 PATIENT BIRTHDATE	Enter the beneficiary's date of birth in the MMDDYY format.	
FL 11 PATIENT SEX	Enter the beneficiary's gender. Valid values are:  "M" (male)  "F" (female)	
FL 12 ADMISSION DATE	Enter the date of the hospice election in the MMDDYY format.	
FL 50 PAYER IDENTIFICATION	Enter "Medicare". Notices of change of ownership should be submitted with Medicare as the primary payer.	
FL 51 HEALTH PLAN ID	Enter the Medicare provider number (OSCAR number)	
FL 52 RELEASE OF INFORMATION CERTIFICATION	<ul> <li>Enter the release of information indicator. Valid values are:</li> <li>"Y" to indicate you have a signed statement on file permitting you to release data to other organizations to adjudicate claims.</li> <li>"R" to indicate the release is limited or restricted.</li> </ul>	
INDICATOR FL 56 NPI	<ul> <li>"N" to indicate there is no release is on file.</li> <li>Enter the National Provider Identifier (NPI)</li> </ul>	
FL 58 INSURED'S NAME FL 60	Enter the beneficiary's name as shown on the Health Insurance card or other Medicare notice.  Enter the beneficiary's Health Insurance Claim Number (HICN).	
INSURED'S UNIQUE ID  FL 67  PRINCIPAL DIAGNOSIS  CODE	Enter the hospice diagnosis code, including all five digits where applicable.	
FL 76 ATTENDING- NPI/LAST/FIRST	Enter the National Provider Identifier (NPI) and the name of the attending physician designated by the patient at the time of election as having the most significant role in the determination and delivery of the patient's medical care.	
FL 78 OTHER: NPI/LAST/FIRST (Situational)	Enter the NPI and name of the hospice physician responsible for certifying/recertifying that the patient is terminally ill if the certifying physician differs from the attending physician.	

## Resources

Information on billing as it specifically relates to hospice claims and notices can be found in the <u>CMS</u> <u>Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, Chapter 11</u>.

Information on general UB-04 billing instructions can be found in the <u>CMS IOM Publication 100-04</u>, <u>Medicare Claims Processing Manual</u>, <u>Chapter 25</u>.

Information on the Medicare Hospice benefit can be found in the <u>42 Code of Federal Regulation (CFR)</u>, <u>Chapter IV</u>, <u>Part 418--Hospice Care</u>.

#### Disclaimer

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