

Submitting Hospice Notices of Election (NOEs)

Requirement: Effective **October 1, 2014**, hospices must submit a notice of election (NOE) within 5 calendar days **after** the hospice admission date. NOEs submitted after this are considered untimely, and any care provided, from the date of admission to the day before the NOE is received, are not payable by Medicare.

Timely NOE: To be considered timely, the NOE must be **submitted to and accepted by** CGS. To be “accepted,” the NOE must be free of billing and eligibility errors.

Important: NOEs which are returned to the provider (RTPd) do not constitute an “accepted” NOE.

Step 1: Verify the patient’s eligibility information, including first and last name, Medicare ID number and date of birth. Refer to the Checking Beneficiary Eligibility Web page, http://www.cgs-medicare.com/hhh/claims/checking_bene_eligibility.html

Step 2: Access FISS. Select the Claims/Attachments option (Option 02). Then select NOE/NOA entry option (Option 49).

Note: Effective 1/2/2017, NOEs can be submitted via Electronic Data Interchange (EDI). Refer to CMS 837I NOE Companion Guide at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Downloads/Companion-Guide-Electronic-Notices-Election.pdf> for the required elements.

Step 3: Enter the following information on FISS Page 01:

Key:

Blue =
Required field

Orange =
Required data

Refer to table below for required FISS fields and data.

MAP1711	PAGE 01	CGS J15 MAC - HHH REGION	ACPFA052	MM/DD/YY
XXXXXXX	SC	INST CLAIM INQUIRY	C201433P	HH:MM:SS
MID XXXXXXXXXX	TOB 81A	S/LOC OSCAR	SV:	UB-FORM
NPI XXXXXXXXXX		TRANS HOSP PROV	PROCESS	NEW MID
PAT.CNTL#:		TAX#/SUB:	TAXO.CD:	
STMT DATES FROM MMDDYY	TO	DAYS COV	N-C	CO LTR
LAST LASTNAME		FIRST FIRSTNAME	MI	DOB MMDDCCYY
ADDR 1 ### STREET NAME		2 CITY ST		
3		4		CARR:
5		6		LOC:
ZIP #####	SEX X MS	ADMIT DATE MMDDYY	HR	TYPE SRC D HM STAT
COND CODES	01 02 03 04 05 06	07 08 09 10		
OCC CDS/DATE 01 27 MMDDYY	02 03	04 05		
	06 07	08 09	10	
SPAN CODES/DATES	01 02 03 04 05 06 07 08 09 10			
DCN				FAC.ZIP #####-####
	VALUE CODES - AMOUNTS - ANSI	MSP APP IND		
01	02 03			
04	05 06			
07	08 09			

FISS Field	Data Required
MID	Patient's Medicare ID number – verified on patient's eligibility file
TOB	81A (independent hospice) or 82A (hospital-based hospice)
NPI	Your agency's National Provider Identifier (NPI) number (10-digits)

Submitting Hospice Notices of Election (NOEs)

FISS Field	Data Required
STMT DATES FROM	Effective date of hospice election (MMDDYY)
LAST	Patient's last name - verified on patient's eligibility file
FIRST	Patient's first name - verified on patient's eligibility file
DOB	Patient's date of birth (MMDDCCYY) - verified on patient's eligibility file
ADDR 1	Patient's address
(ADDR) 2	Patient's city, state abbreviation
ZIP	Patient's 5- or 9-digit zip code
SEX	Patient's gender (F= Female, M=Male)
ADMIT DATE	Effective date of hospice election (MMDDYY) Note: Date must match the FROM date.
OCC CDS/DATE	'27' and effective date of hospice election (MMDDYY) Note: Date must match the FROM and ADMIT date.
FAC.ZIP	Your agency's 5- or 9- digit zip code

Key:

Blue = Required field

Orange = Required data

Refer to table below for required FISS fields and data.

Step 4: Enter the following information on FISS
Page 03:

MAP1713	PAGE 03	CGS J15 MAC - HHH REGION	ACPF052 MM/DD/YY
XXXXXXX	SC	INST CLAIM ENTRY	C201443P HH:MM:SS
MID	TOB 81A	S/LOC	PROVIDER
NDC CODE			OFFSITE ZIPCD:
CD ID PAYER		OSCAR	RI AB EST AMT DUE
A Z			Y
B			
C			
DUE FROM PATIENT		SERV FAC NPI	
MEDICAL RECORD NBR		COST RPT DAYS	NON COST RPT DAYS
DIAG CODES 01 ###	02	03	04 05
06	07	08	09 END OF POA IND
ADMITTING DIAGNOSIS	E CODE	HOSPICE TERM ILL IND	
IDE	GAF		
PROCEDURE CODES AND DATES 01	02		
03	04	05	06
ESRD HOURS	ADJUSTMENT REASON CODE	REJECT CODE	NONPAY CODE
ATT PHYS	NPI #####	L LASTNAME	F FIRSTNAME M SC
OPR PHYS	NPI	L	F M SC
OTH OPR	NPI	L	F M SC
REN PHYS	NPI	L	F M SC
REF PHYS	NPI #####	L LASTNAME	F FIRSTNAME M SC

FISS Field	Data Required
CD (A)	"Z" (auto-filled by FISS when choosing NOE/NOA Entry Option 49)
PAYER	FISS will automatically enter 'MEDICARE' in this field
RI	Release of information (I=Informed consent or Y=Provider has signed statement permitting release)
DIAG CODES	ICD-10-CM (for services prior to 10/1/2015, use ICD-9-CM) diagnosis codes (primary reason for hospice and all coexisting/additional diagnoses related to terminal illness)
(ATT PHYS) NPI	Attending physician's National Provider Identifier (NPI) Note: If the patient does not have an attending physician, enter the NPI of the certifying physician.
(ATT PHYS) L	Attending physician's last name Note: If the patient does not have an attending physician, enter the last name of the certifying physician.

Submitting Hospice Notices of Election (NOEs)

FISS Field	Data Required
(ATT PHYS) F	Attending physician's first name Note: If the patient does not have an attending physician, enter the first name of the certifying physician.
(REF PHYS) NPI	Referring physician's National Provider Identifier (NPI), if different than the attending physician
(REF PHYS) L	Referring physician's last name, if different than the attending physician
(REF PHYS) F	Referring physician's first name, if different than the attending physician

Step 5: Review all information entered on Page 01 and Page 03 for accuracy and completeness. **Important Point:** It is imperative that the information in the following fields is accurate in order for the NOE to process.

- MID = Beneficiary's Medicare ID number
- NPI = Provider NPI
- ADMIT DATE = Admission date
- STMT DATES FROM = From date
- OCC CDS/DATE = Occurrence code 27 and date of admission

Step 6: If information is correct, press the 'F9' key to submit your NOE.

Note: If the NOE is accepted, the information entered will disappear and the message 'RECORD SUCCESSFULLY ADDED' will appear. This message only indicates that the NOE was received by FISS, and does not ensure that the NOE can be processed as submitted. Providers should use the steps below to monitor the processing of their NOEs, as frequently as daily.

To confirm the NOE was received by the FISS system and verify the status of your NOE:

Step 1: Choose FISS Main Menu Option 01 (Inquiries)

Step 2: Choose Inquiry Menu Option 12 (Claim Summary)

Step 3: Enter your hospice's NPI, the patient's Medicare ID number, and TOB (81A or 82A) and press ENTER. NOEs which are received will appear.

Step 4: **Monitor your NOEs daily in FISS.**

If the NOE appears in a status/location (S/LOC) beginning with an "S," it has been accepted.

If the NOE appears in a S/LOC beginning with a "T" (RTP), it requires correction before being considered "accepted."

MAP1741	CGS J15 MAC - HHH REGION	ACFPA052 MM/DD/YY
XXXXXX SC	CLAIM SUMMARY INQUIRY	C201443P HH:MM:SS
	NPI #####	
MID XXXXXXXXXX	PROVIDER	S/LOC
OPERATOR ID XXXXXXXX	FROM DATE	TO DATE
MEDICAL REVIEW SELECT		DDE SORT
MID	PROV/MRN	S/LOC
SEL LAST NAME	FIRST INIT	TOT CHG
XXXXXXXXXX	#####	S B0100
LASTNAME	F	

The REC DT reflects the date Medicare received your NOE.
Note: This date will update when you correct an NOE that was RTPd.