

Submitting Hospice Notice of Change of Ownership

TOB 8XE

The Notice of Change of Ownership (TOB 8XE) is submitted when the hospice has a change of ownership that results in a change in the Provider Transaction Access Number (PTAN).

Hospices can submit the Notice of Change of Ownership via the Direct Data Entry (DDE) system, Electronic Data Interchange (EDI) or hard copy (if applicable).

For EDI submissions, Medicare encourages hospices to submit batch transmissions with groups of Notices of Change of Ownership separate from batch transmissions with groups of claims. This practice may reduce the risk that translator-level rejections related to Notices of Change of Ownership, if they occur, that could impact payments to the hospice.

Hospices should note that Notices of Change of Ownership submitted via EDI are subject to all front-end edits and may be rejected if all required data elements are not submitted or do not meet the required elements as outlined in the companion guide provided with Change Request (CR) 10064. Electronically filed Notices of Change of Ownership will receive a 999 acknowledgment within minutes of submission if accepted. Thus, hospices should also ensure that they monitor their acceptance reports (277CA and 999) at regular intervals. In addition, hospices should be aware that the Notice of Change of Ownership is subject to the batching process, which means it may be one to two days before the hospice will see the Notice of Change of Ownership in DDE if it was accepted. Once the Notice of Change of Ownership is accepted into FISS, processing time may vary as it is subject to all FISS and CWF edits. Therefore, providers are encouraged to also monitor the status of the Notice of Change of Ownership in DDE to ensure they make any corrections that may be necessary should the Notice of Change of Ownership be Returned to the Provider (RTP) for correction.

To complete the 8XE in DDE, select menu option '49' from the claims entry menu. For submission of the Notice of Change of Ownership via EDI, follow your software instructions. The table below provides the fields that must be completed when submitting the Notice of Change of Ownership via DDE, EDI, or hard copy (if applicable). **Note:** There are additional fields that will be required when submitting the Notice of Change of Ownership via EDI.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Provider Name, Address and Telephone Number	X	X	X (FL 1)	The DDE system will auto-populate this information based on the NPI that is used for submission of the NOE. For electronic submission through EDI, check with your software vendor to determine where this information is stored or if you will need to manually enter the information on the claim.
Beneficiary/ Patient's Medicare Number	X (MID) Claim Page 01	X	X (FL 60)	Enter beneficiary's Medicare ID number. For claims submitted via EDI, this field may vary depending on your software. Check with your vendor if assistance is necessary.
Type of Bill	X (TOB) Claim Page 01	X	X (FL 4)	Enter the type of bill for the Notice of Change of Ownership. Valid values are: <ul style="list-style-type: none"> • 81E (Freestanding hospice: '81' is system generated) • 82E (Hospital-based hospice: provider keyed)
Statement Covers Period ('FROM' Date)	X (STMT DATES FROM) Claim Page 01	X	X (FL 6)	Enter the effective date of the change of ownership in MM/DD/YY format. This date must match the Admit Date
Statement Covers Period ('THROUGH' Date)		X		Enter the effective date of the change of ownership in MM/DD/YY format. The date entered should match the date in the 'FROM' date field.



FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Patient's Name	X (Last, First, MI) Claim Page 01	X	X (FL 8)	Enter the patient's name as shown on the eligibility file with the surname first, first name, and middle initial (optional), if any.
Patient's Birth Date	X (DOB) Claim Page 01	X	X (FL 10)	Enter the patient's date of birth in MMDDYYYY format.
Patient's Address	X (ADDR 1 – 6 & ZIP) Claim Page 01	X	X (FL 9)	Enter the patient's full mailing address including street name and number, post office box number or RFD, city, State, and ZIP code.
Patient's Sex	X (SEX) Claim Page 01	X	X (FL 11)	Enter the patient's sex. Valid Values are: <ul style="list-style-type: none"> • M (Male) • F (Female)
Admission Date	X (ADMIT DATE) Claim Page 01	X	X (FL 12)	Enter the hospice admission date to your agency MMDDYY format. This date should match the Statement "FROM" date.
Type of Admission		X		Enter a valid Type of Admission Code (1 – 9).
Admission Source Code		X		Enter the Source of Admission with the default value of '1.'
Patient Status Code		X		Enter the patient discharge status code with the default value of '30.'
Occurrence Codes and Dates				This field is not required on the 8XE.
N/A	X (FAC. ZIP) Claim Page 01			The entire nine-digit ZIP code must be entered and should match the facility's master address in the provider enrollment record (usually the facility's physical location).
Provider Number	X (NPI) Claim Page 01	X	X (FL 56)	Enter the National Provider Identifier (NPI) associated with the OSCAR (Online Survey, Certification and Reporting) number.
N/A	X (OSCAR) Claim Page 01			The system will automatically pre-fill the Medicare OSCAR number (the six-digit number assigned by Medicare) when logging on to the DDE system.
Revenue Code		X		Enter the default revenue code 0650.
HCPCS		X		Enter the default HCPCS code Q5009.
Service Date		X		Enter the service date that matches the 'FROM' date in the Statement Covers Period.
Total Units		X		Enter the default total units of '1.'
Total Charges		X		Enter zeros (0.00)
Payer ID Code	X (CD) Claim Page 03	X		Line A – 'Z' is system generated in DDE; Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter the 'Z' to reflect Medicare as the payer source
Payer	X (PAYER) Claim Page 03	X	X (FL 50)	Line A – 'Medicare' is system generated in DDE. Claims submitted via EDI will depend upon the software being used. If the software does not auto-populate this field, enter 'Medicare.'
Insured's Name	X Claim Page 03	X	X (FL 58)	Enter the beneficiary's name on line A as it appears on the beneficiary's Medicare card. Note: All NOEs are submitted with Medicare as the primary payer.
Release of Information	X (RI) Claim Page 03	X	X (FL 52)	The Release of Information Certification Indicator indicates whether the provider has on file, a signed statement permitting the provider to release data to other organizations in order to adjudicate the claim. Valid values are: <ul style="list-style-type: none"> • I - Informed consent to release medical information for condition or diagnoses regulated by Federal Statutes, • Y - Yes, provider has a signed statement permitting release of information.

FIELD DESCRIPTOR	DDE	EDI	UB-04 by Field Locator (FL)	DESCRIPTION/VALID VALUES
Principal Diagnosis Code	X (DIAGNOSIS CODE 01 – 09) Claim Page 03	X	X (FL 66)	Enter all diagnoses as appropriate.
Attending Physician I.D.	X Claim Page 03	X	X (FL 76)	Enter the NPI and name of the attending physician or NPP (non-physician practitioner) 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 Physician I.D.	X (REF PHYS) Claim Page 03	X (Referring)	X (FL 78)	Enter the NPI and name of the hospice physician responsible for certifying the patient's terminal illness. Note: When the hospice physician is the attending and certifying physician, only the attending physician NPI is required to be reported.
Remarks	X Claim Page 04	X	X (FL 80)	Enter any remarks that may be applicable.
Provider Representative Signature and Date			X (FL 80)	A hospice representative must make sure the required physician's certification and a signed hospice election statement are in the records before signing the Form CMS-1450. A stamped signature is acceptable.

Correcting an Erroneous CHOW Date

An erroneous CHOW date on the 8XE can only be corrected for an admission that occurred on or after January 1, 2018.

Below is an example of submitting a corrected 8XE:

The initial 8XE was submitted with a CHOW date of 01/08/XX. The actual CHOW date is 01/07/XX. The hospice reports the following:

Type of Bill (TOB)	8XE
Statement Covers Period	Enter 0107XX in the "FROM" date field
Statement Covers Period	Enter 0107XX in the "THROUGH" date field if the 8XE is being submitted through EDI. Leave this field blank if the 8XE is being submitted via DDE
Admission Date	Enter 0107XX
Condition Code	Enter "D0" (ensure that the number zero is entered)
Occurrence Code and Date	Enter Occurrence Code "27" and 0107XX (correct admit date)
Occurrence Code and Date	Enter Occurrence Code "56" and 0108XX (incorrect admit date)

Remember, hard copy UB-04 Claims may only be submitted by providers that are authorized to do so.

References:

- Medicare Learning Network (MLN®) Matters article, MM10967, Redesign of Hospice Period – Additional Requirements (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10967.pdf>)
- Change Request 10064 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3866CP.pdf>)
- CMS IOM, Publication 100-04, Chapter 11, Section 20.1.5 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf>)