HOSPICE ENROLLMENT – STEP BY STEP GUIDE

Ohio Department of Medicaid
May 2018

Table of Contents

When do I need an Enrollment? 2

Completing a New Enrollment 3

TRANSFERS 11

Transferring TO Another Hospice 12

Transferring From Another Hospice 13

REVOCATION 15

Individual is Revoking Hospice Services 16

Individual is Revoking Hospice Services - Update Option 16

DEATH or DISCHARGE 18

Individual Passes Away BEFORE Entering an Enrollment 19

Individual Passes Away DURING an Active Benefit Period 21

Individual is Discharged from Services 22

Individual is Discharged from Hospice – Update Option 23

SCENARIOS 25

Aligning Medicare and Medicaid Spans 26

ICD-9 and ICD-10 Diagnosis Code Sets during the Same Benefit Period 28

Individual Becomes a Resident of a LTCF After a Benefit Period has been Processed 29

Hospice Enrollment is Denied 30

Hospice Denial Error Codes 32

Editing an Enrollment 33

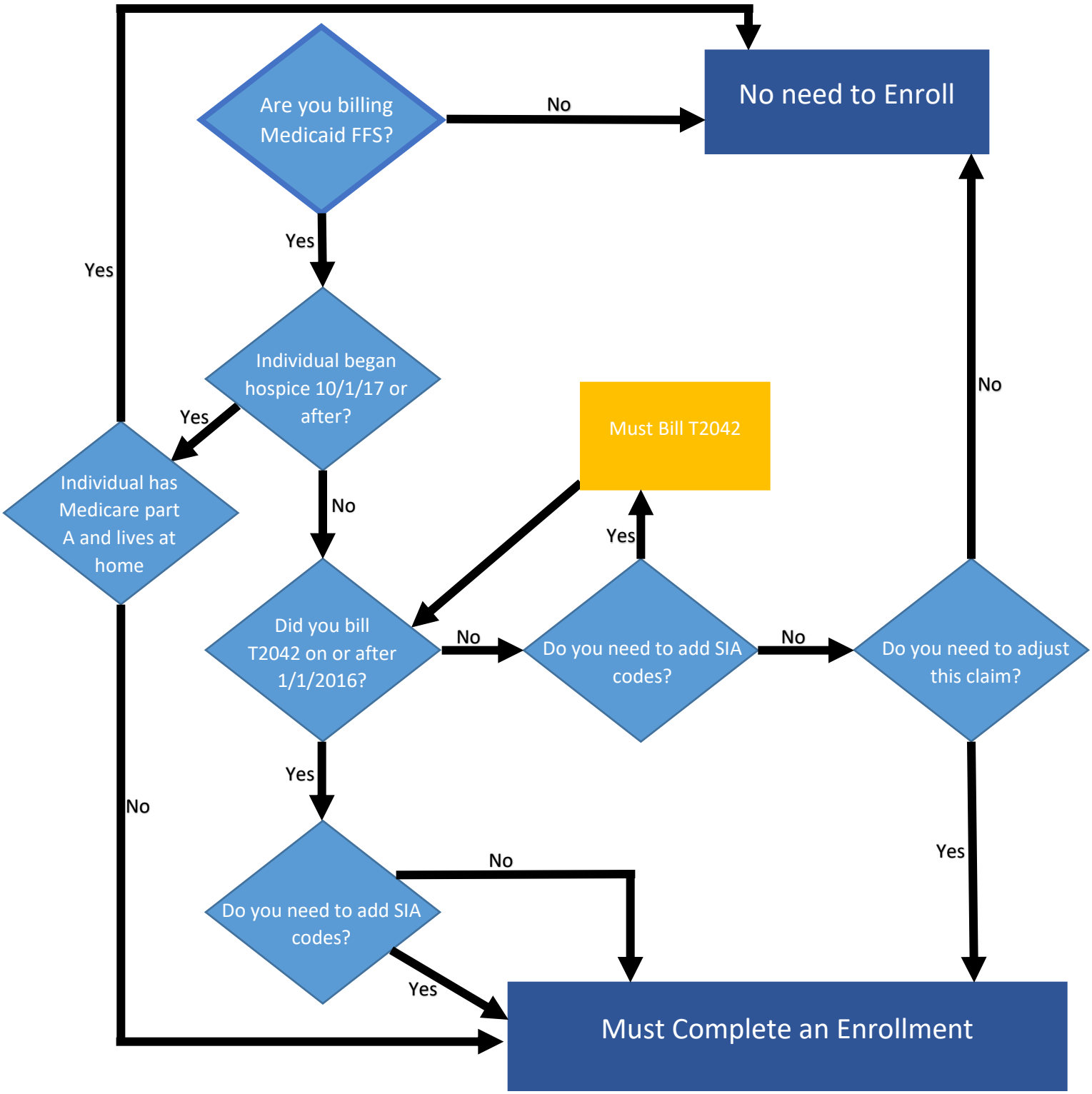
County of Service 34

Hospice Long Term Care Facility 35

Date of Disenrollment 36

FAQs 39

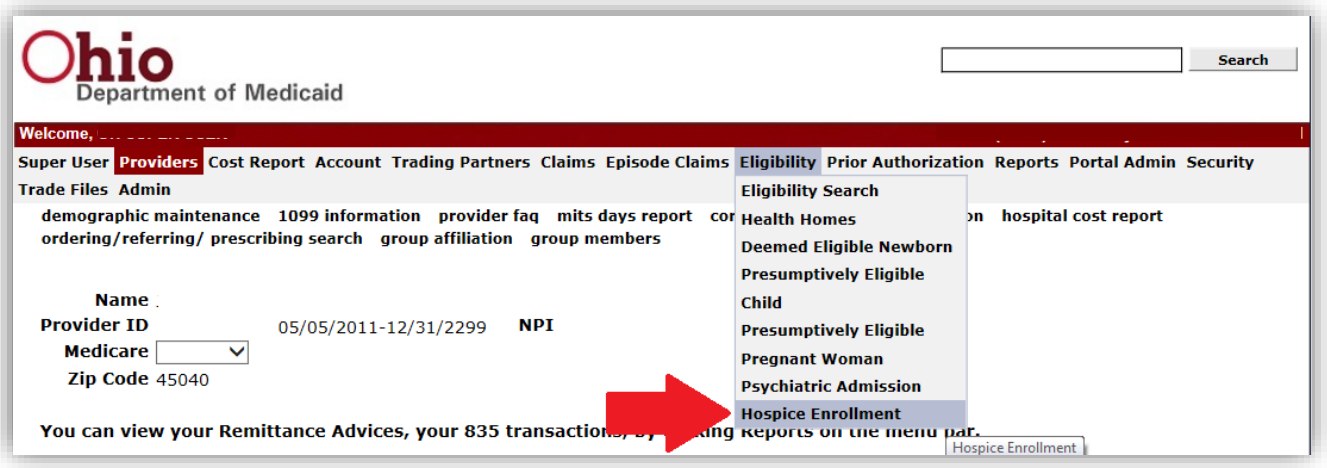
When do I need an Enrollment?



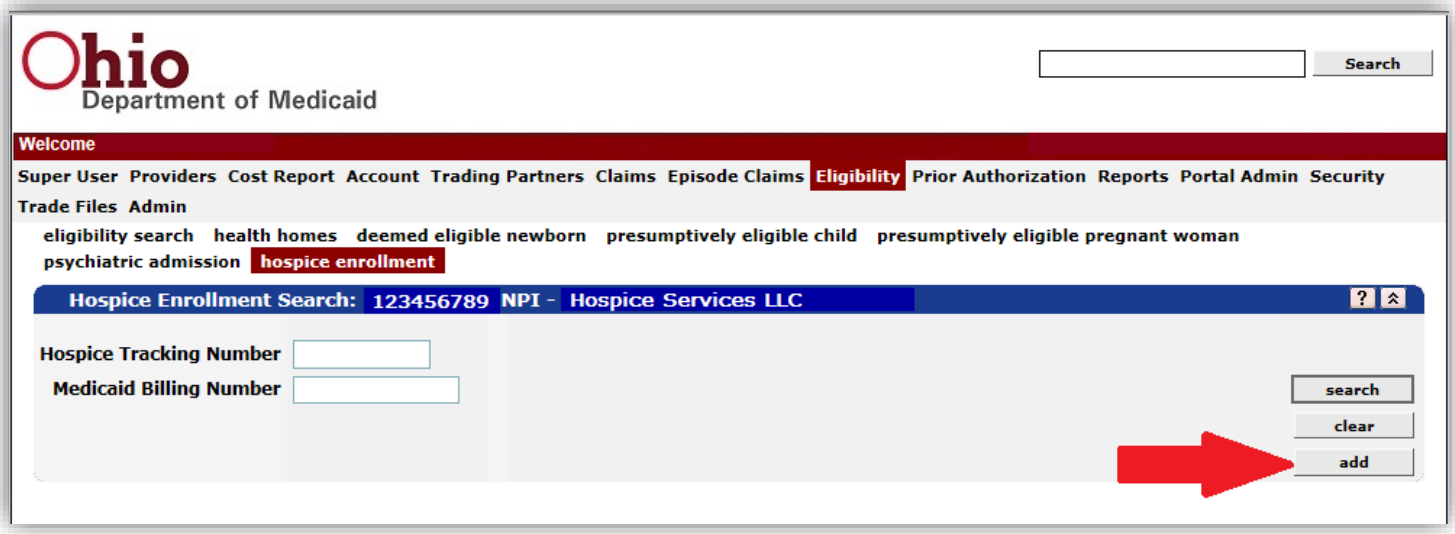
Completing a New Enrollment

1. Log into the MITS Secure Provider Portal. Complete an eligibility search for the individual you would like to enroll. After you have confirmed the patient's Medicaid Hospice eligibility, follow the steps below to complete an enrollment.

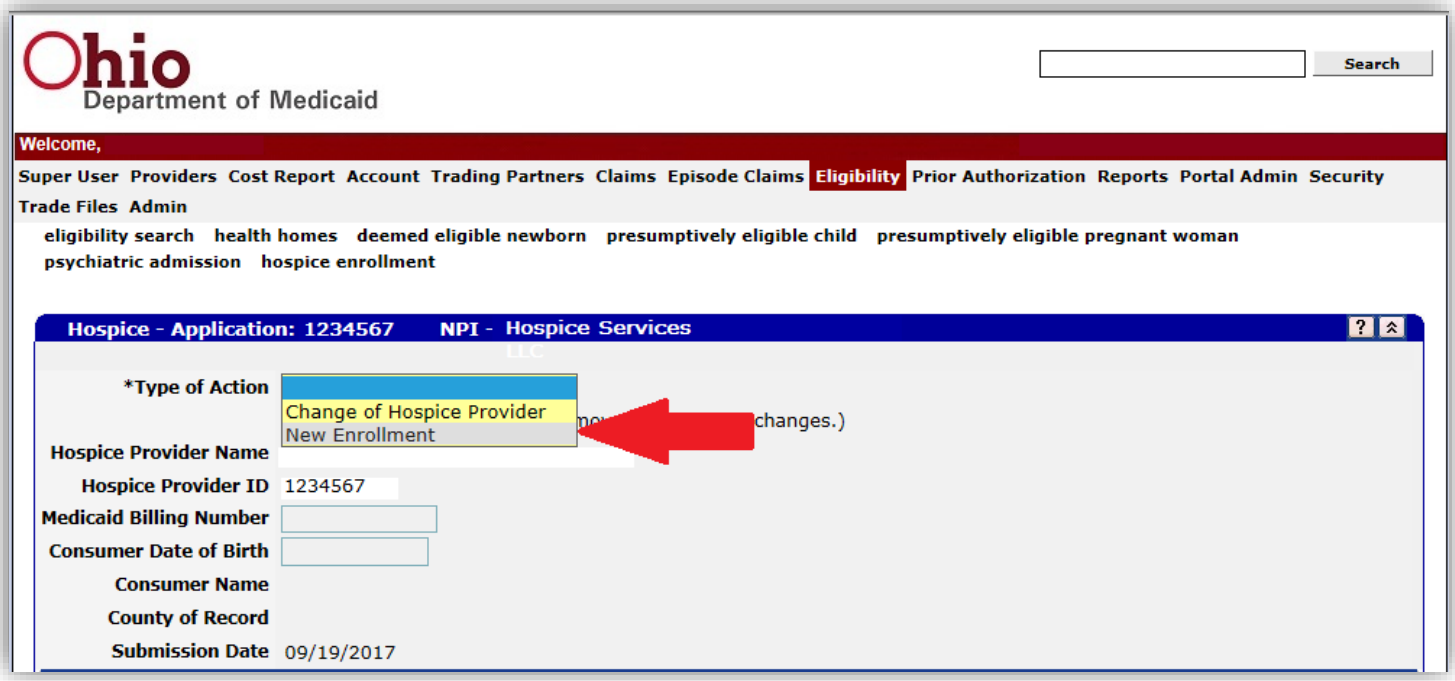
2. Hover over 'Eligibility', then click on 'Hospice Enrollment'.



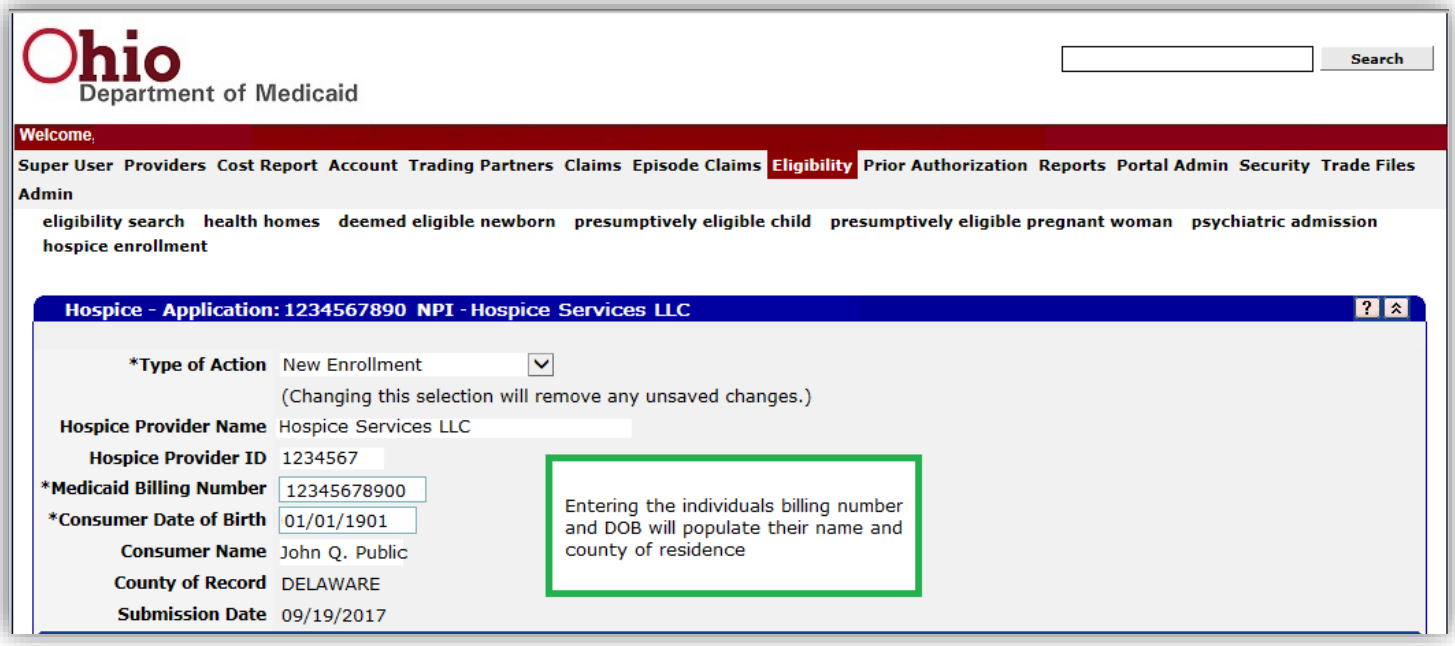
3. To create a new enrollment, leave the fields blank and click 'add'.



4. Click the drop down for ‘Type of Action’. Choose ‘New Enrollment’.

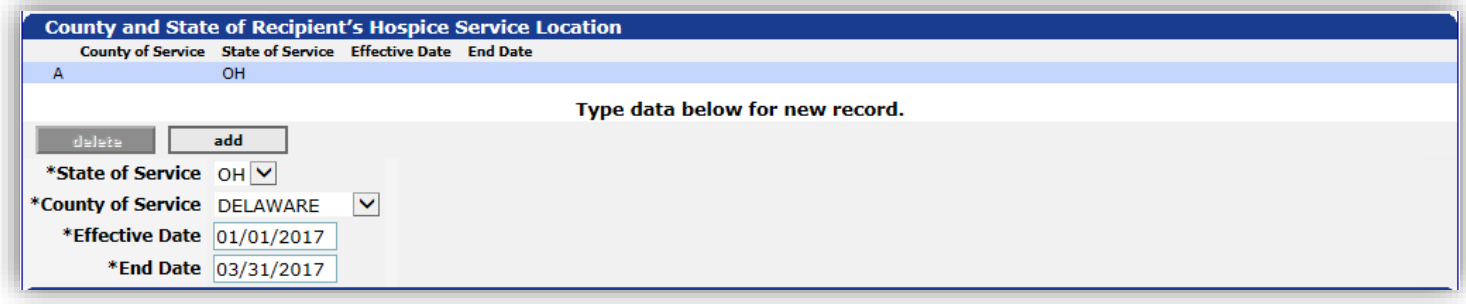


5. Your Hospice Provider Name and ID will appear at the top of the form. Fill in the Individual’s Medicaid Billing Number and Date of Birth. The submission date will remain the date this enrollment is completed.

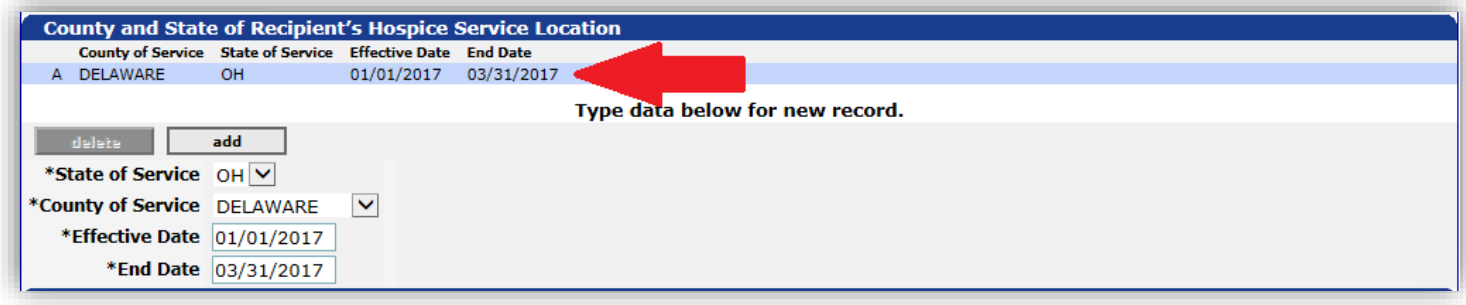


******The following panels can be completed in any order******

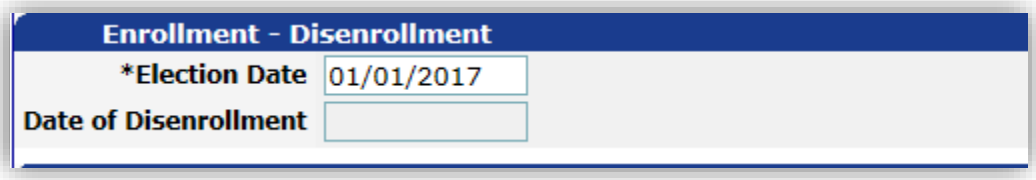
6. The State of Service will auto-populate to Ohio. Fill in the County of Service and the Effective and End Dates. (It is required that you use dates within the benefit period you are entering. This section can be edited at a later time if the individuals location changes.)*A county must be assigned for every day within the benefit period. Multiple counties can be added.



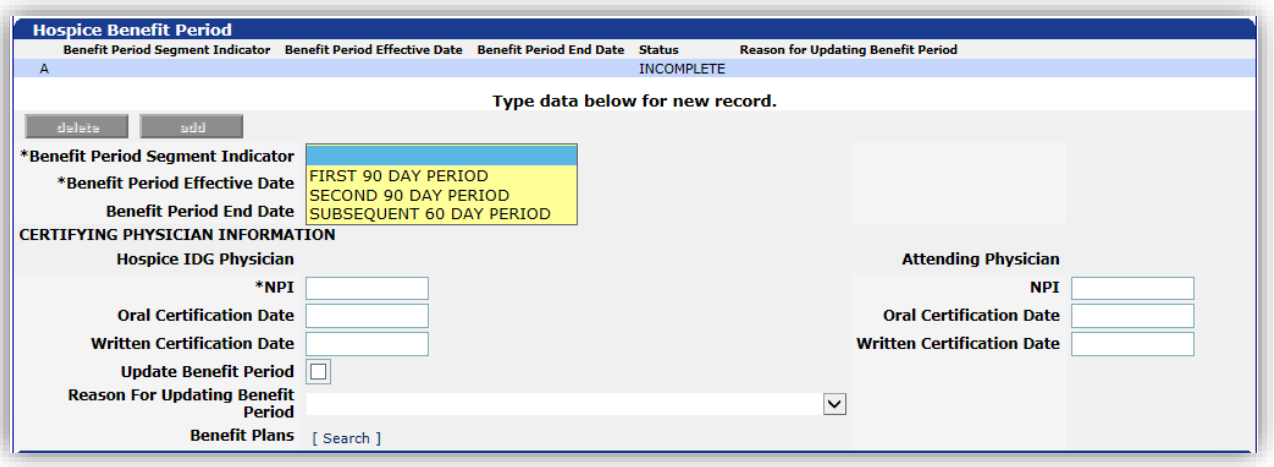
7. After filling in the information in this panel, be sure to click the blue line to save the completed fields.



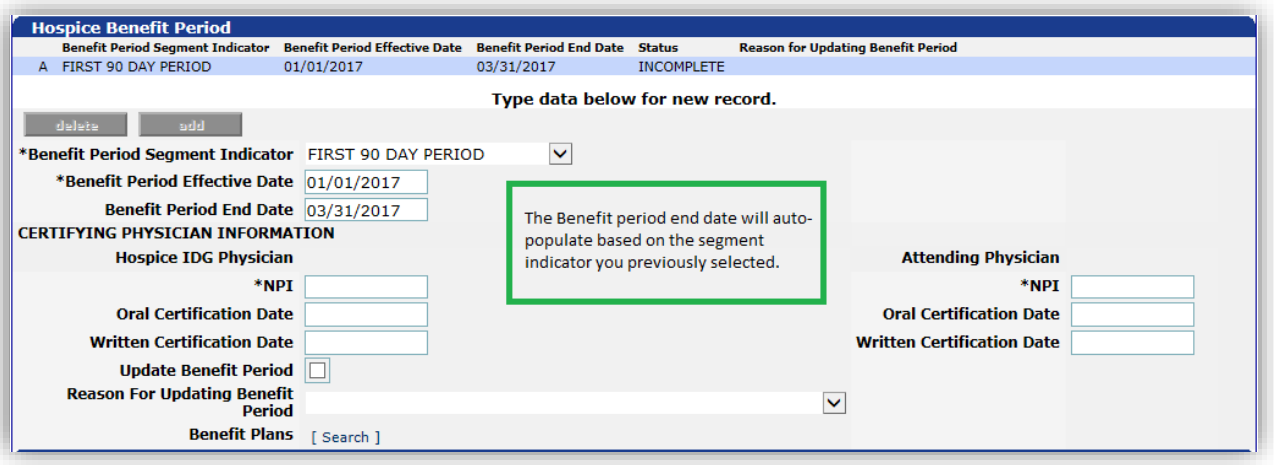
8. The next panel designates the individual's enrollment and disenrollment dates. The 'Election Date' must be filled in when entering a new enrollment. This should match the individuals Notice of Election. (The disenrollment date will be completed at a later time when the individual is no longer receiving hospice services due to death, discharge, or revocation.)



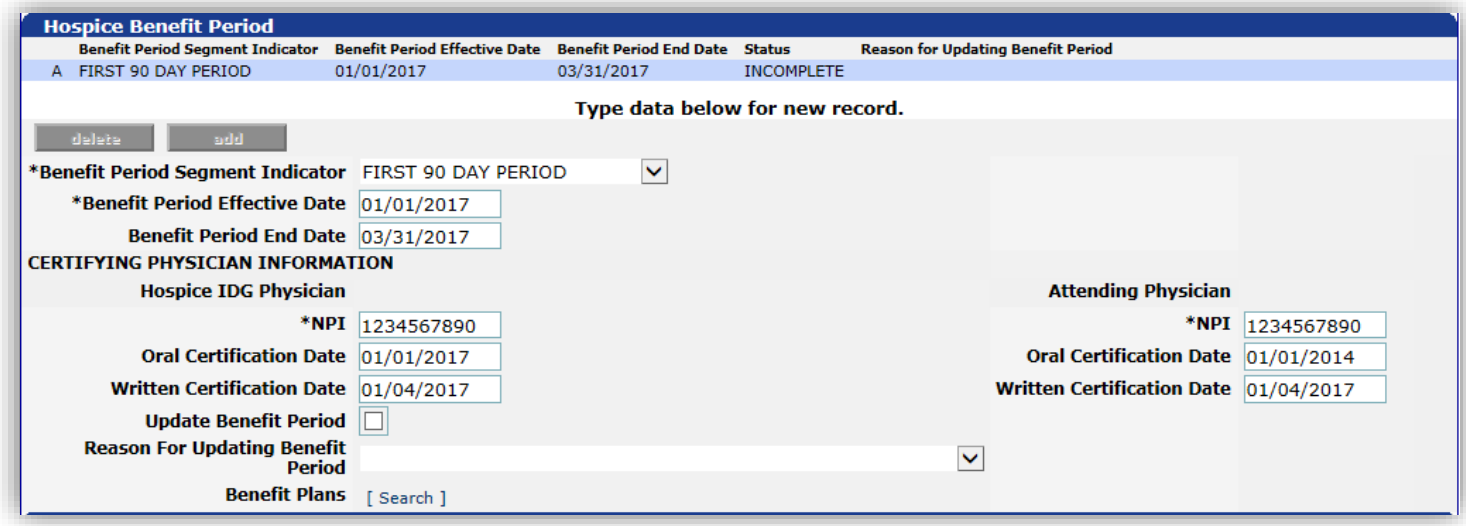
9. The Hospice Benefit Period panel is next. First select a Benefit Period Segment Indicator. (All Medicaid Hospice Enrollments must start with a first 90 day period. This should be followed by a second 90 day period then subsequent 60 days periods. *These may not initially align with any concurrent Medicare spans.)



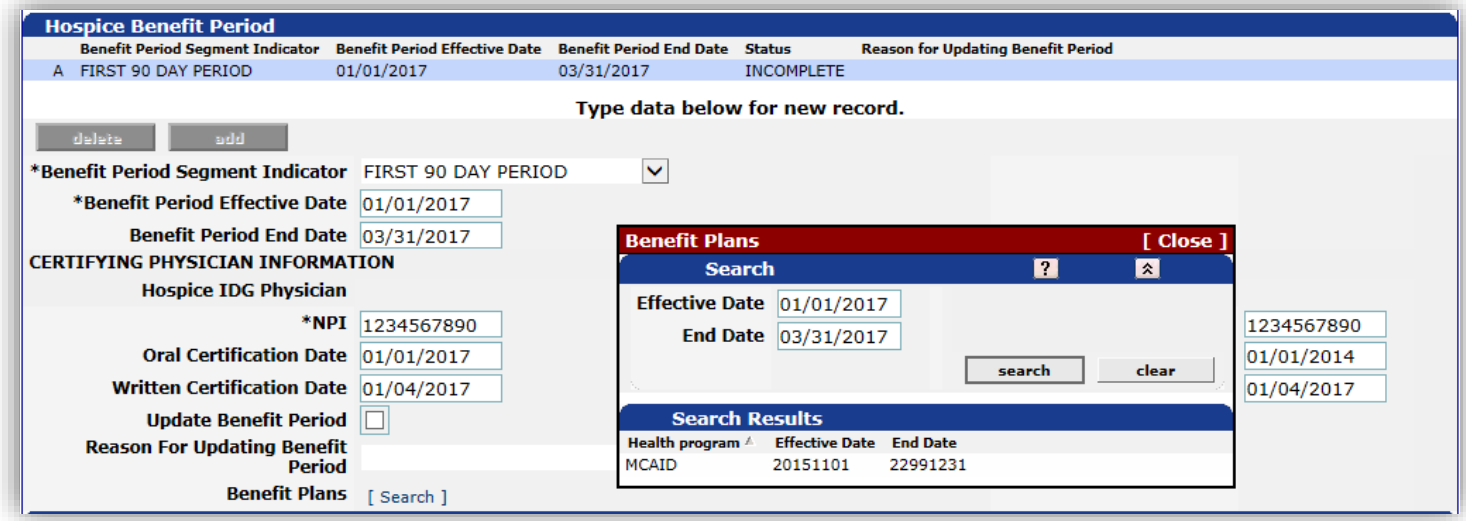
10. Enter the Benefit Period Effective Date. Clicking outside of the text box or hitting the 'Tab' key on your keyboard will cause MITS to auto-calculate the Benefit Period End Date based on the segment indicator you previously selected.



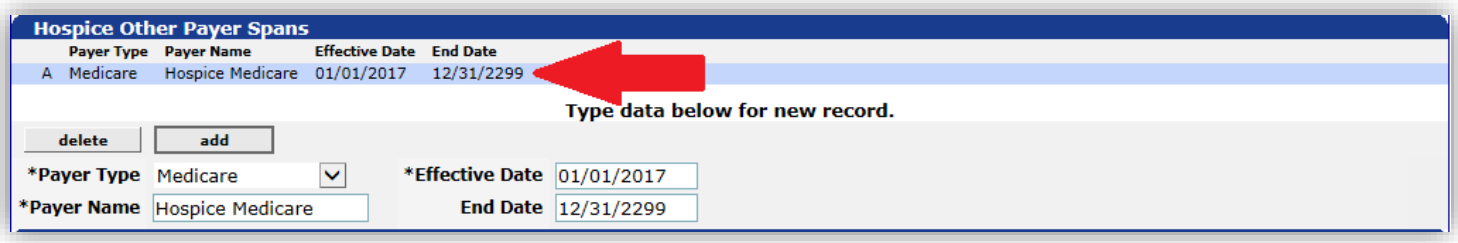
11. Fill in the Hospice IDG Physician's (Medical Director) NPI and the Attending Physician's NPI. Use the same NPI if the Medical Director is also the Attending Physician. You must also indicate the oral and/or written certification dates for both physicians. (A separate Medicaid Certificate of Terminal Illness (CTI) is required if you are billing Medicaid FFS. Dual eligible individuals only require one CTI for Medicaid and Medicare if their benefit period spans have been synced.)



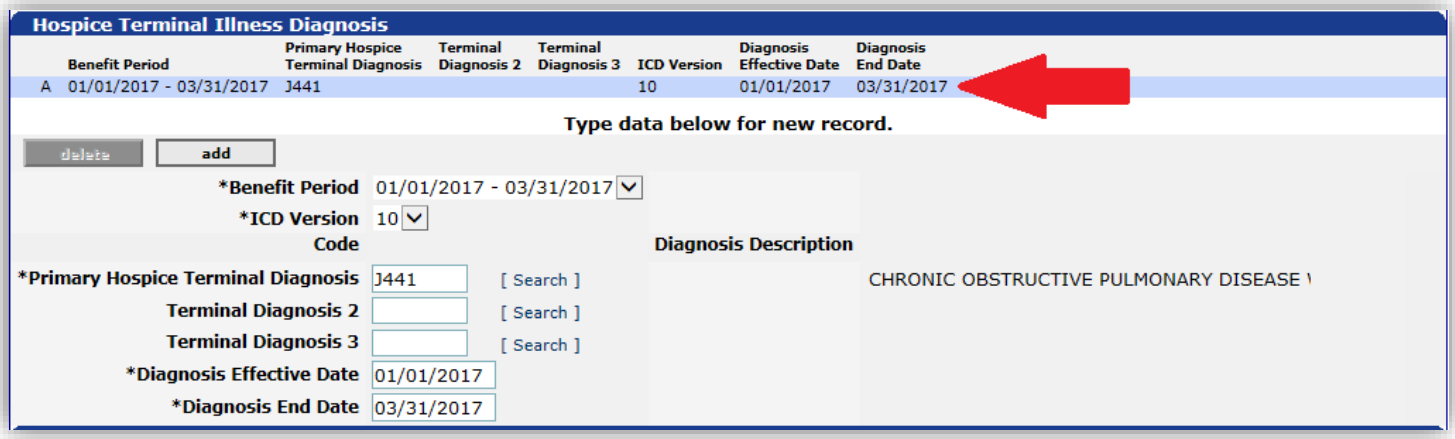
12. An Individual's eligibility can be verified through this panel. Clicking the 'Search' hyperlink in the Benefit Plans section will open a small pop-up. This will allow you to enter the benefit period parameters and verify that this individual is eligible for Medicaid during this span. *Remember to click the light blue line to save.



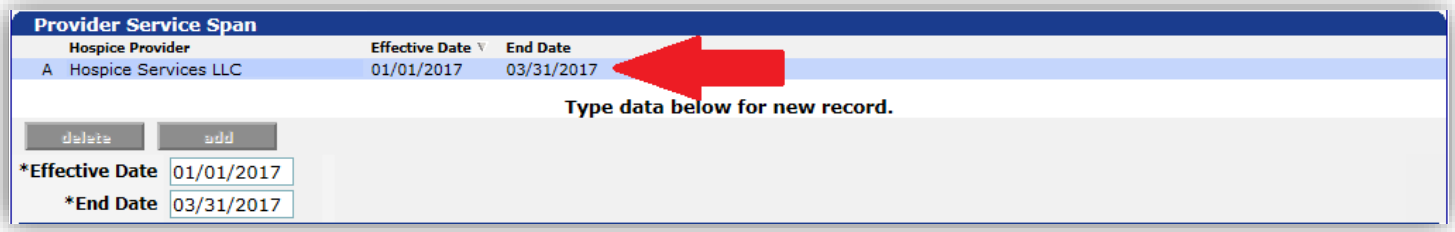
13. The Hospice Other Payer Span panel is used to indicate other insurance such as Medicare or TPL. If there is no other insurer, this panel should be left blank. Click 'add' to open the required fields. Enter the other payer information. The End Date field will default to a future date but can be edited to end at an earlier date. Click the light blue line to save this information.



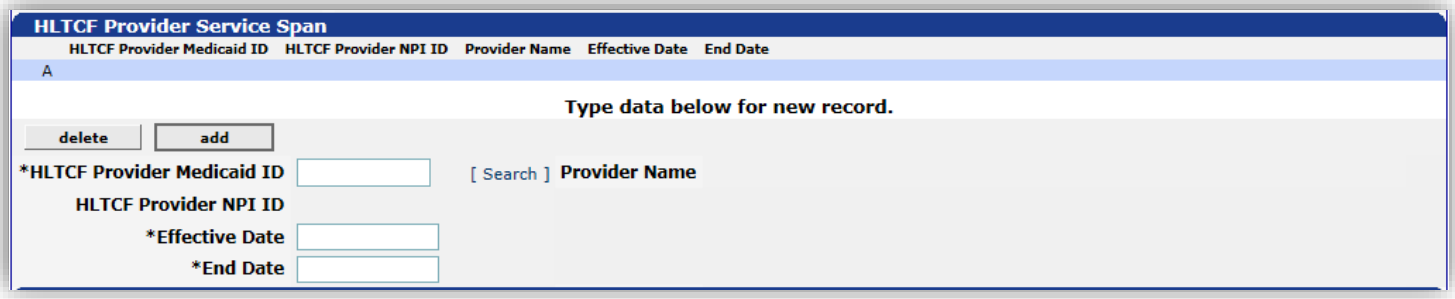
14. The Hospice Terminal Illness Diagnosis panel will require a valid terminal illness diagnosis code for every date within benefit period. Select the valid benefit period from the drop-down and select which code version you will be using. Enter the Primary Hospice Terminal Diagnosis code without using any decimals. Add the Effective and End Dates for this diagnosis. (A search tool is available if the code is not readily available.) *Remember to click the light blue line to save your information.



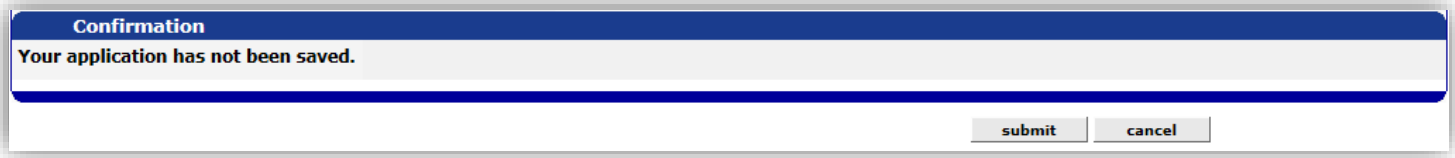
15. The Provider Service Span panel indicates the dates that your agency provided this individual with hospice services. You must complete the Effective and End Dates for which the agency provided services, within the benefit period. Then click the light blue line to save this information.



16. The HLTCF (Hospice Long Term Care Facility) Provider Service Span should only be completed if the individual is receiving hospice services as a resident of an HLTCF. The Effective and End Dates should reflect the time the patient was receiving hospice services in a HLTCF. All fields are required. *Click the light blue line to save.

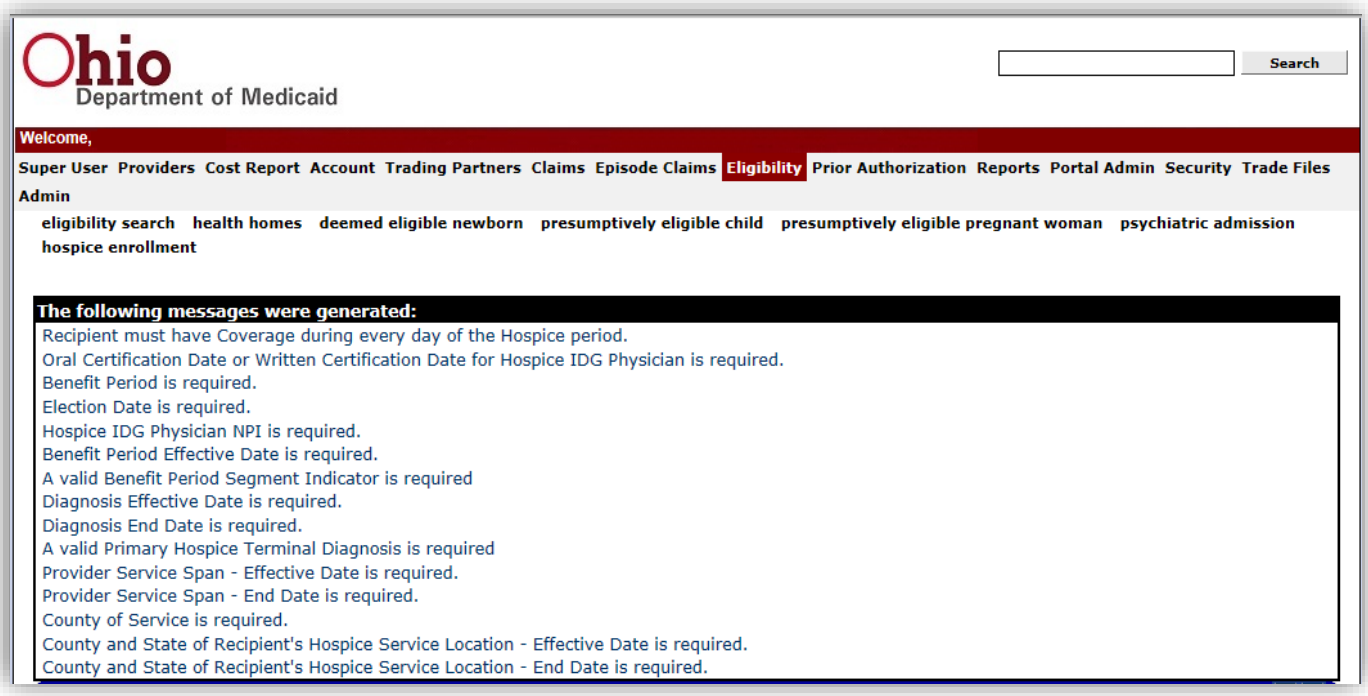


17. Once the enrollment is completed, it can be submitted or canceled. Cancelling the enrollment will delete any information that has been completed. Submitting the enrollment will place it in a "processing" status.



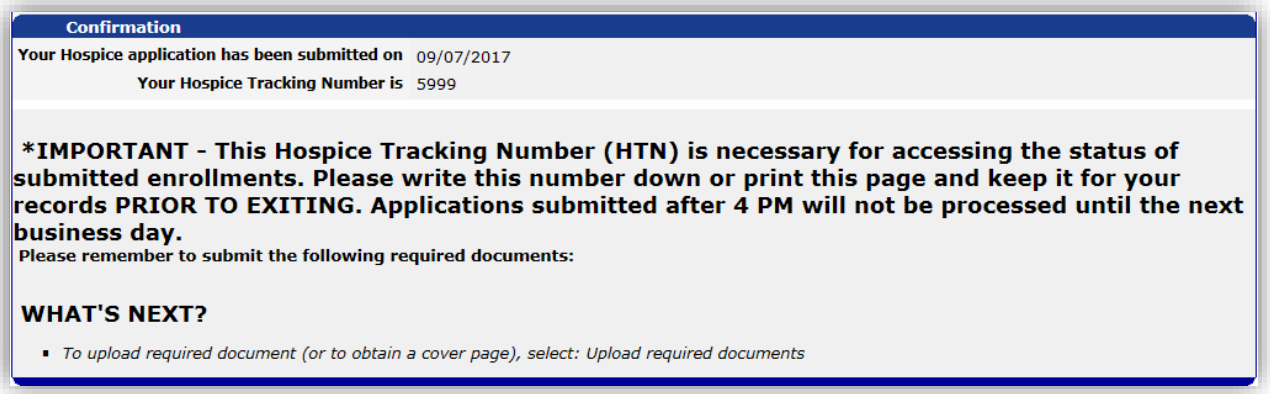
18. After clicking submit you will need to return to the top of the page. If there are errors in the enrollment they will need to be corrected before you can proceed.

    If there are errors in the enrollment, you will see this:

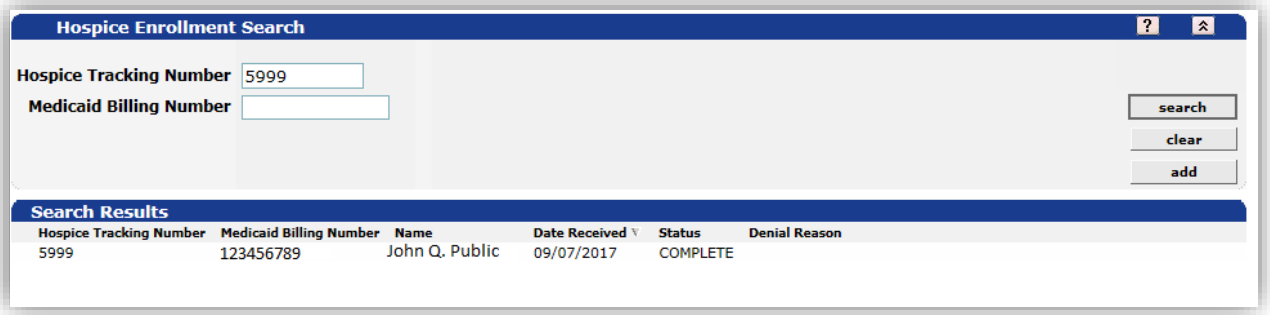


If there are no errors in the enrollment, you will see the following: (Processing may take up to 1 hour)

19. A successful submission will result in a Hospice Tracking Number (HTN). It is recommended that you save this number for your records as this will expedite the process of updating enrollments going forward.



20. To check if the HTN has finished processing, return to the Hospice Enrollment Search screen (as seen in step 3). Enter the HTN in the appropriate field and click 'search'. The status of the HTN will be displayed.

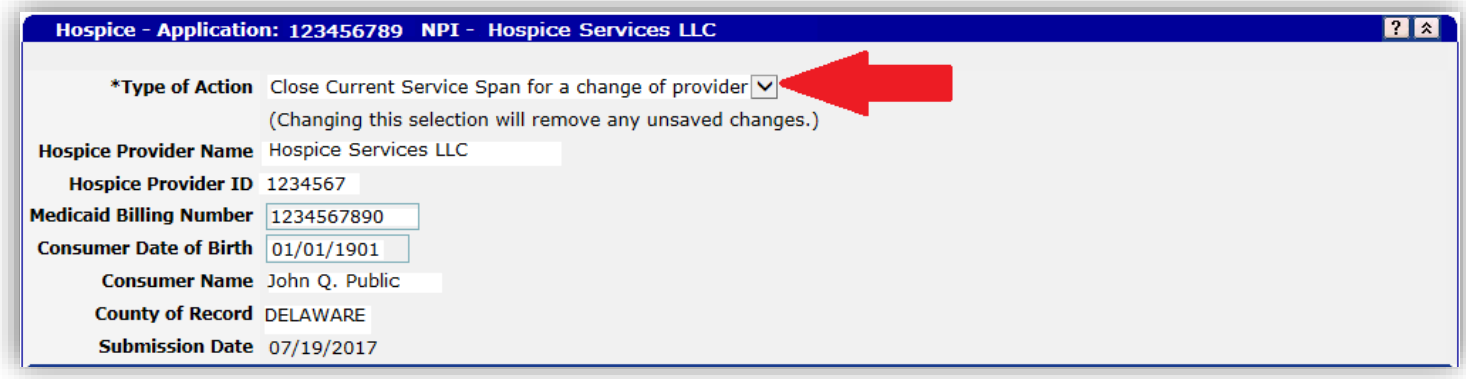


TRANSFERS

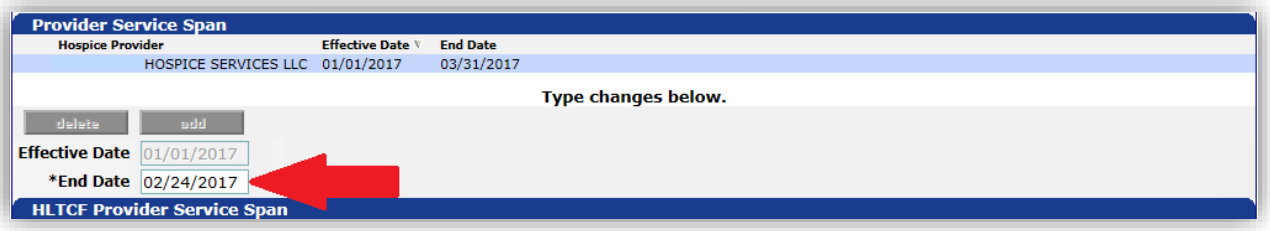
Transferring TO Another Hospice

1. Open the HTN that requires a transfer.

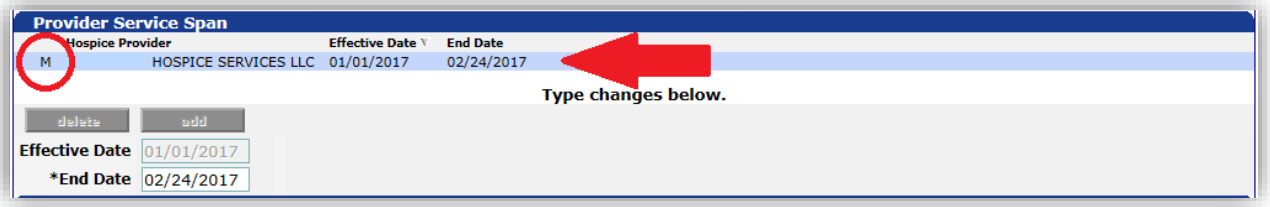
2. In the 'Type of Action' drop-down menu, select 'Close Current Service Span for a Change of Provider'.



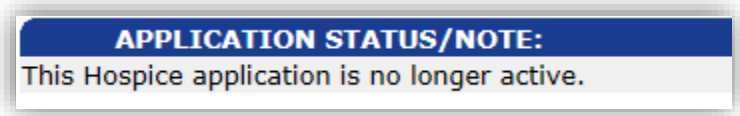
3. Scroll down to the Provider Service Span Panel. Click on the light blue line that was previously entered for your provider. Edit the End Date if necessary to designate the last date that the agency provided services.



4. Be sure to click the light blue line again to save the new provider service End Date. After doing so, the letter 'M' appears at the beginning of the line. This indicates that the line has been 'Modified' but not yet submitted.

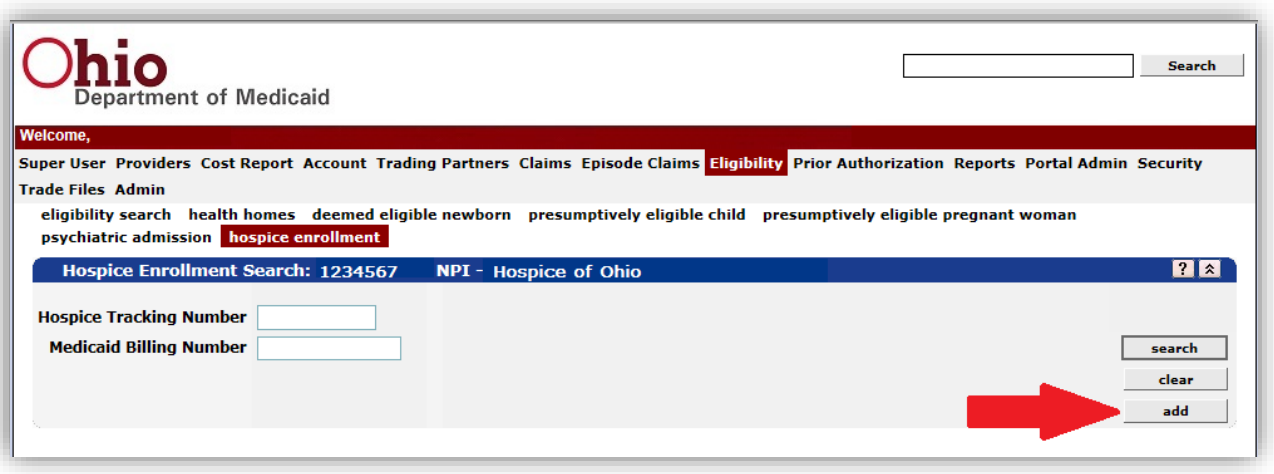


5. Scroll to the bottom of the page and click submit. Upon returning to the top of the page you should receive the following note.

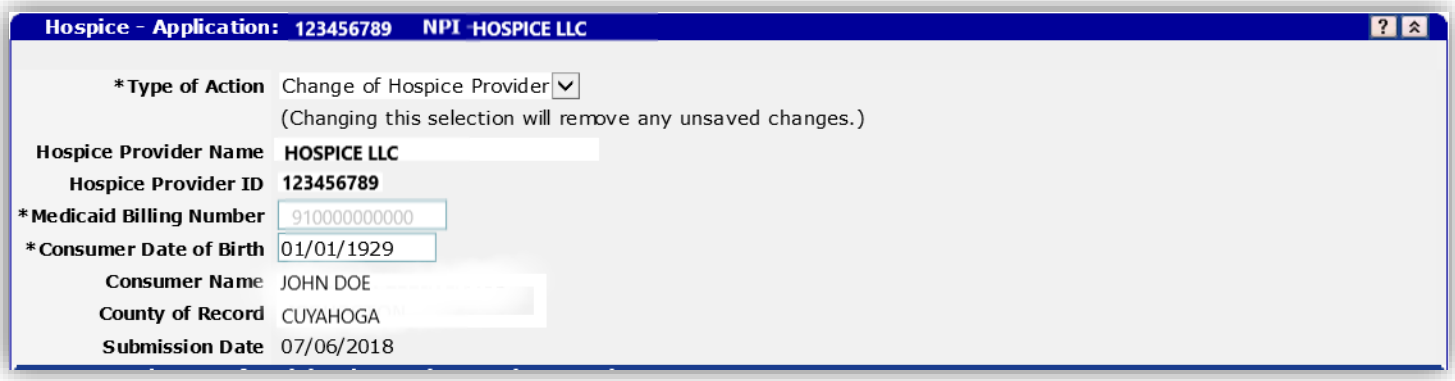


Transferring FROM Another Hospice

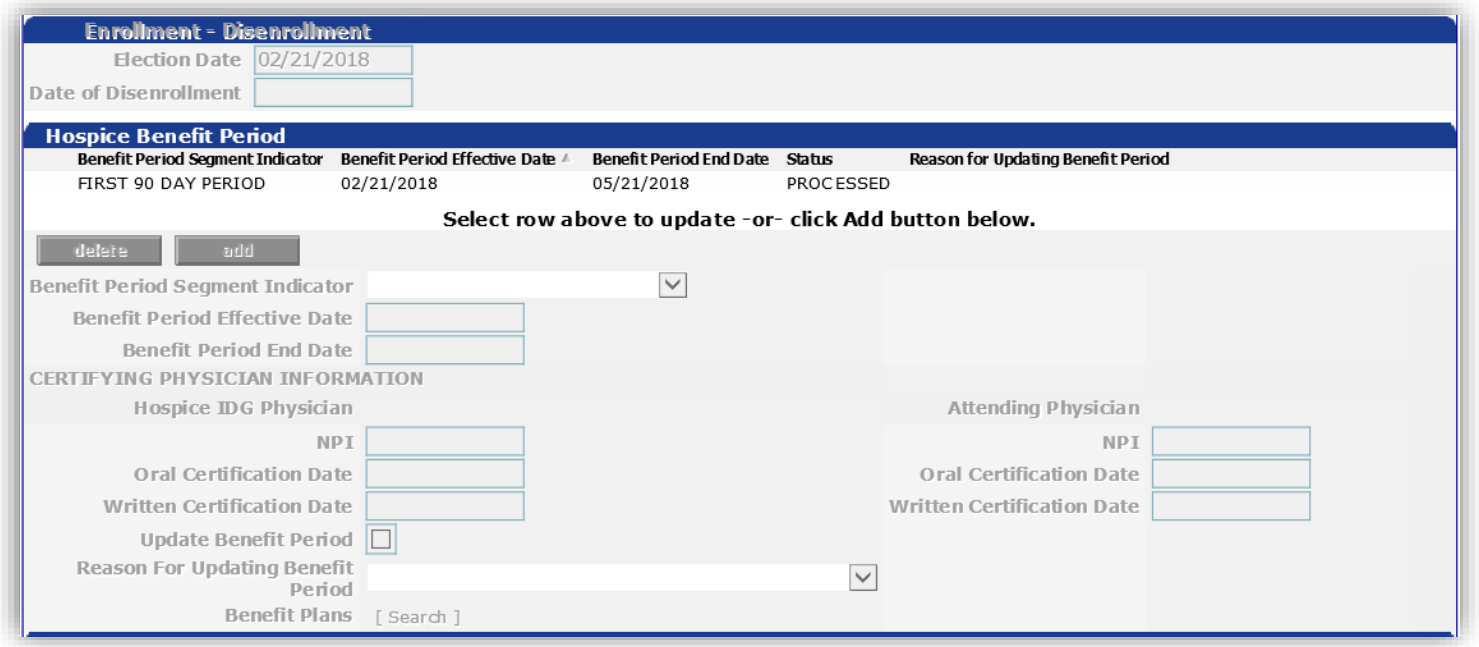
1. Login to MITS. Go to the 'Hospice Enrollment' screen. Click the 'add' button to add an enrollment for this individual.



2. In the "Type of Action" drop down, choose 'Change of Hospice Provider'. Enter the individual's Medicaid Billing Number and date of birth.



3. The previous provider's entry will be available in the Hospice Benefit Period panel. The Election date will also be prepopulated. You will need to complete all the additional panels using the effective date of your transfer through the end of the current benefit period. (Note: Both provider cannot be paid for the same day.)



4. If you are accepting a transfer beginning on the first day of a new benefit period, then complete a new enrollment beginning with the appropriate benefit span (1st 90 day, 2nd 90 days, or subsequent 60 days).

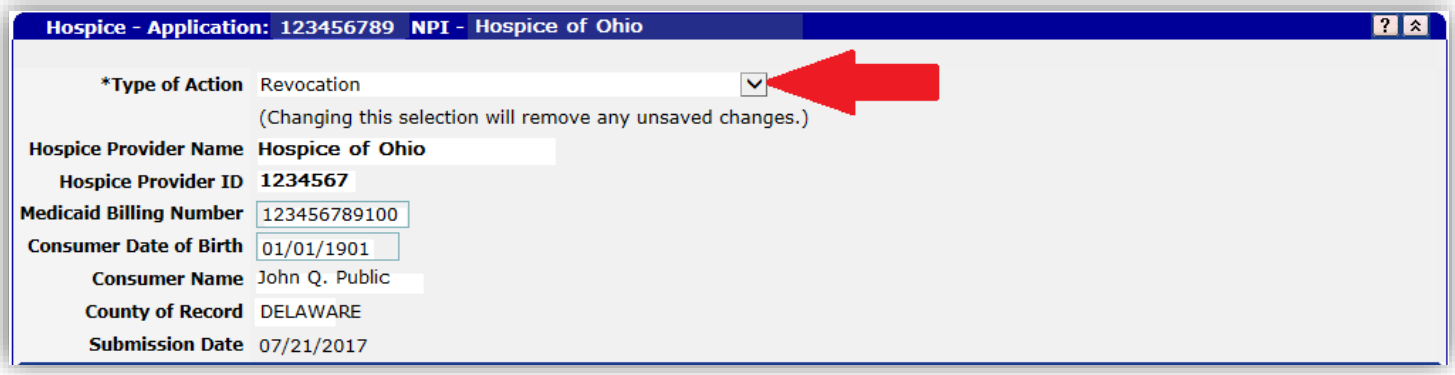
5. Once you have completed all required information, submit your application. Processing will take at least one hour.

REVOCATION

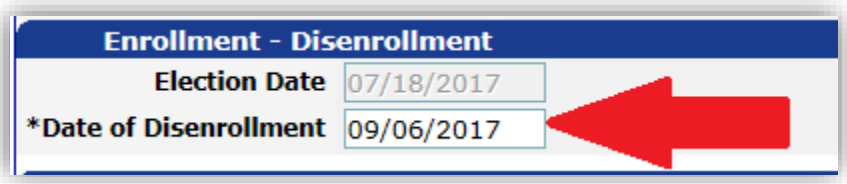
Individual is Revoking Hospice Services

1. Enter in the previously processed HTN or the Individual's Medicaid Billing Number and click 'Search'. Click on the appropriate enrollment in the search results to open the enrollment file.

2. In the top panel, open the drop-down menu under 'Type of Action' and choose 'Revocation'. Hit the tab key or click in the grey area to continue.



3. Scroll down to the 'Enrollment – Disenrollment' panel. Enter the Individual's date of revocation in the '*Date of Disenrollment' field.

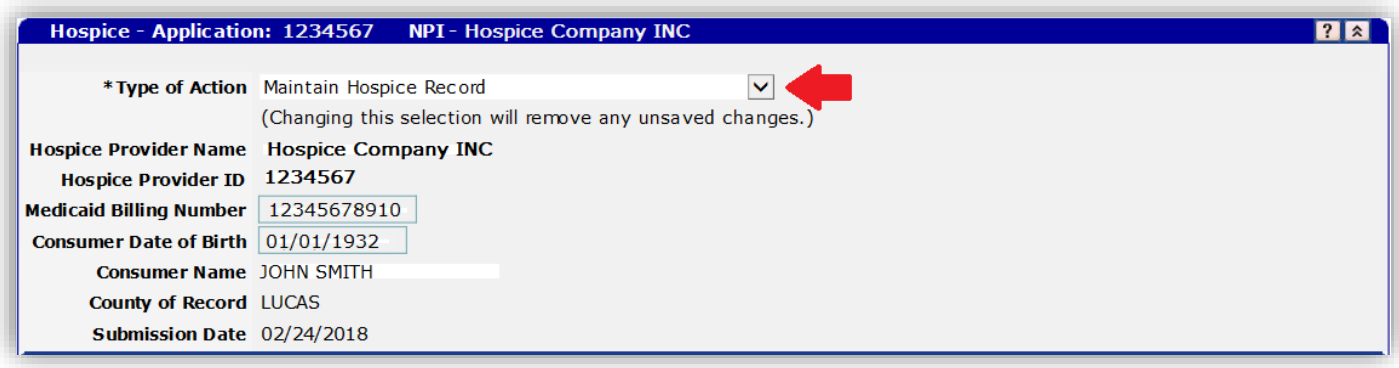


4. After allowing time for processing, it is recommended that you return to the HTN to verify that the appropriate date of disenrollment has been added to the application. Once the individual has been disenrolled, additional benefit spans cannot be added to this HTN. However, previously entered benefit periods can be edited. A New Enrollment should be created should the patient continue hospice services.

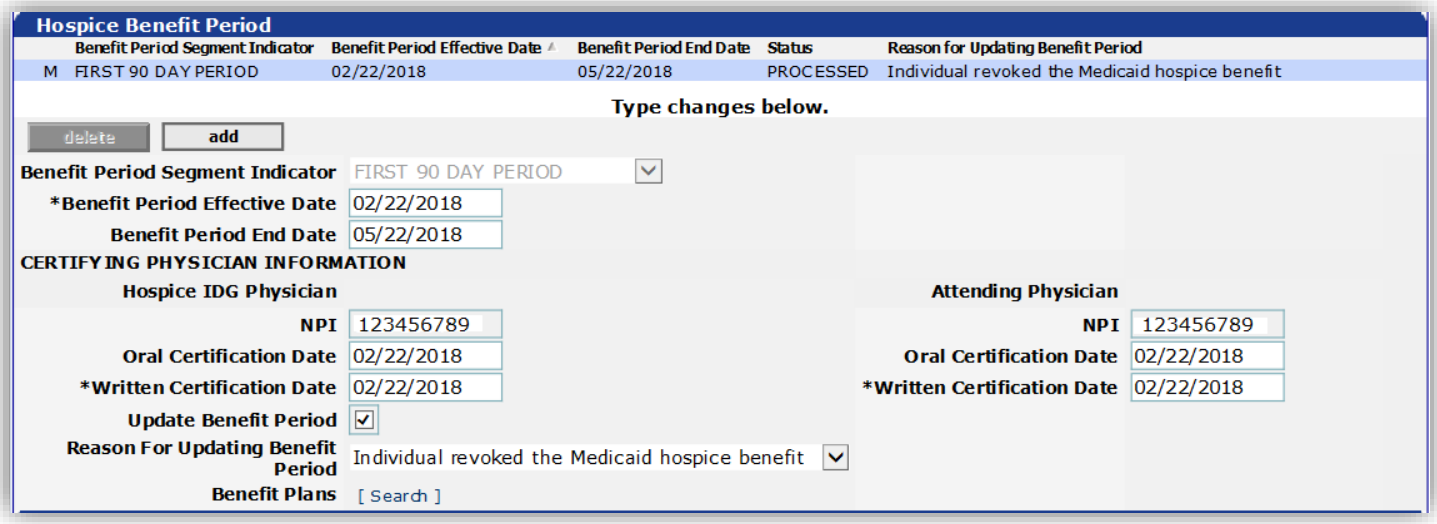
Individual is Revoking Hospice Services - Update Option

1. Enter in the previously processed HTN or the Individual's Medicaid Billing Number and click 'Search'. Click on the appropriate enrollment in the search results to open the enrollment file.

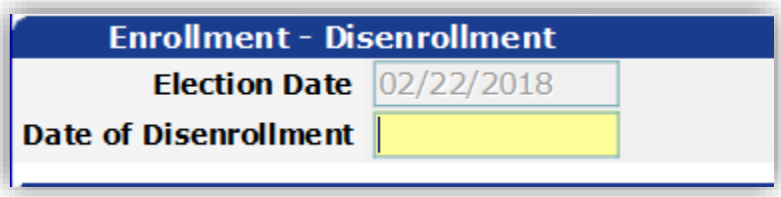
2. In the top panel, open the drop-down menu under '*Type of Action' and chose 'Maintain Hospice Record'. Hit the tab key or click in the grey area to continue.



3. Scroll down to the Benefit Period Panel. Click to highlight the appropriate benefit period from which the individual revoked hospice. Click to check the 'Update Benefit Period' box. Click the 'Reason for Updating Benefit Period' drop down menu. Choose 'Individual Revoked the Medicaid Hospice Benefit'. Scroll to the bottom of the application and click 'Submit'. **DO NOT EDIT THE BENEFIT PERIOD END DATE. **



4. Scroll up to the Enrollment – Disenrollment panel. The 'Date of Disenrollment' field is now editable. Enter the date the individual revoked their Medicaid hospice benefit. Scroll to the bottom of the application and click 'Submit'.



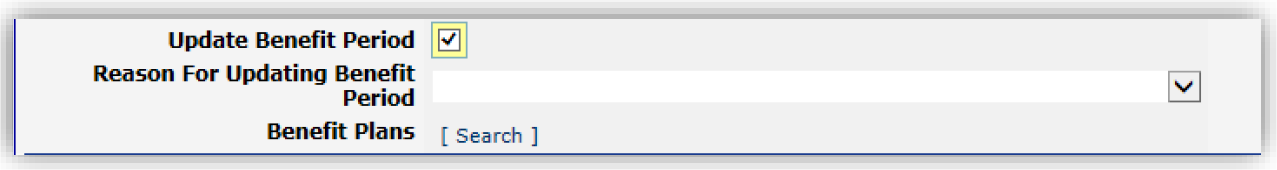
5. After allowing time for processing, it is recommended that you return to the HTN to verify that the appropriate date of disenrollment has been added to the application. Once the individual has been disenrolled, additional benefit spans cannot be added to this HTN. However, previously entered benefit periods can be edited. A New Enrollment should be created should the patient continue hospice services.

DEATH or DISCHARGE

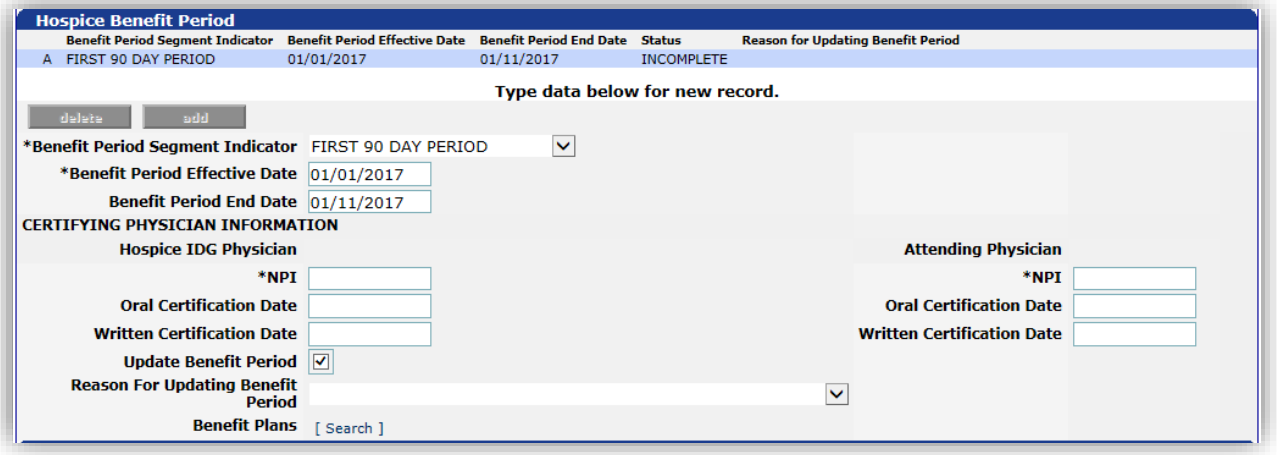
Individual Passes Away BEFORE Entering an Enrollment

1. Enter a new enrollment using steps 1-9 in the 'New Enrollment' section of this guide.

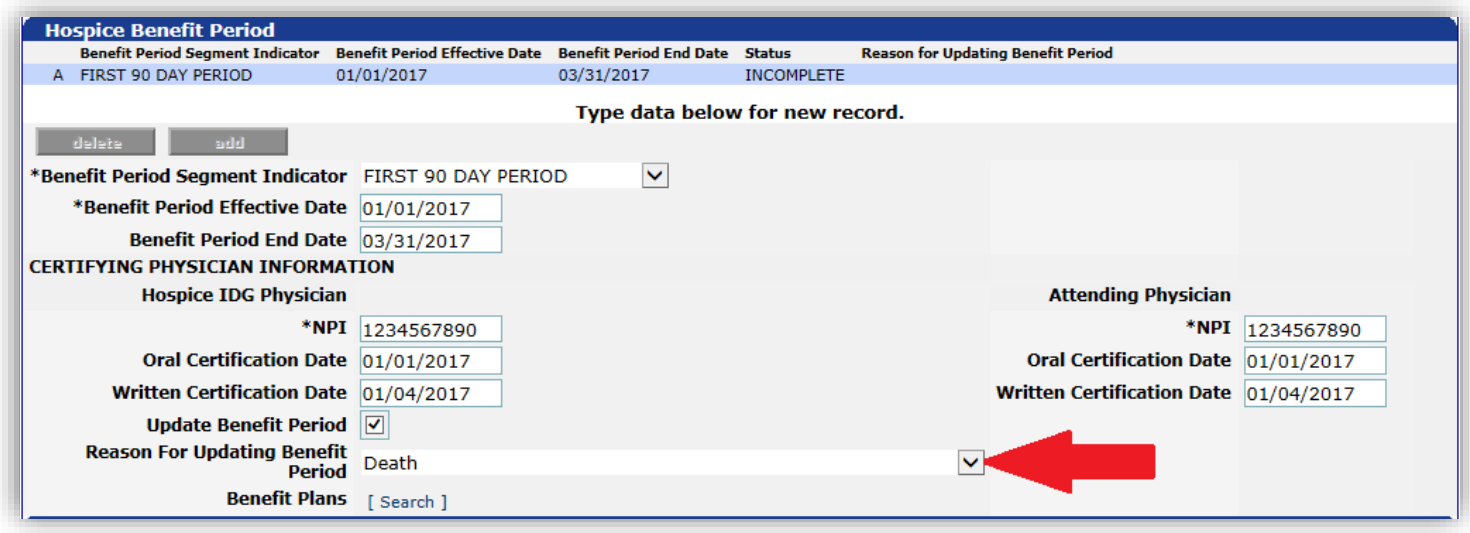
2. In the Hospice Benefit Period panel, choose the appropriate segment indicator and enter the Effective Date. *** The end date will calculate based on the segment indicator unless the individual's file is already updated with a date of death.*** In order to manually correct the Benefit Period End Date you must check the box to 'Update the Benefit Period'.



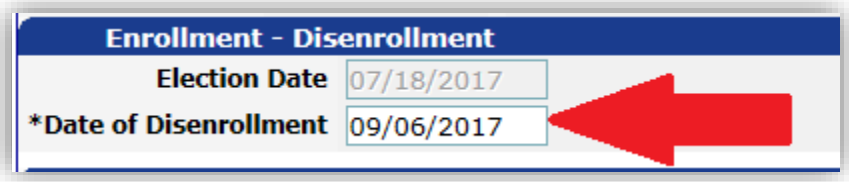
3. Checking this box will open the date fields for editing. Enter the individual's date of death into the 'Benefit Period End Date' box.



4. Complete the Hospice IDG Physician (Medical Director) and Attending Physician fields. (You must complete the NPI and written and oral certification date fields for both.) In the 'Reason for Updating Benefit Period' section, click the drop-down. Choose 'Death' as the reason for updating the benefit period. Remember to click the blue line to save.



5. You will need to complete the 'Enrollment – Disenrollment' panel. Enter the individual's date of death in the '*Date of Disenrollment' field.



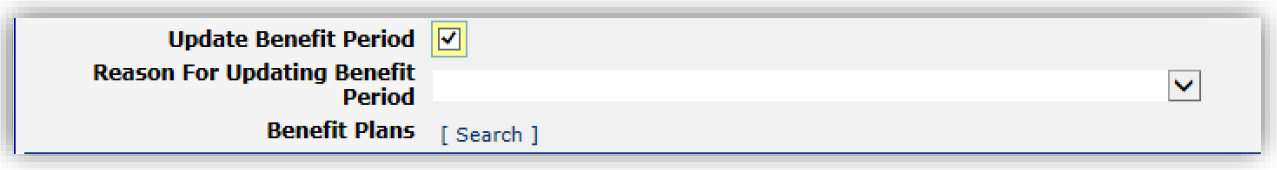
6. Click 'Submit'. After this change has been processed the enrollment will be closed. Additional benefit periods cannot be added after an individual has been disenrolled, however, previously entered benefit spans can be edited. (If a date of disenrollment was added in error, see page 35 of this guide.)

Individual Passes Away <u>DURING</u> an Active Benefit Period

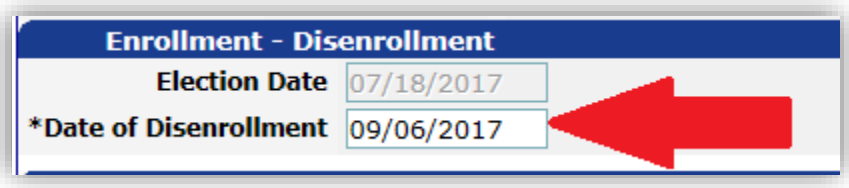
1. Open the Individual's HTN.

2. In the 'Type of Action' drop-down menu, select 'Maintain Hospice Record'.

3. Scroll down to the Benefit Period Panel. Select the appropriate benefit span. In order to manually correct the Benefit Period End Date you must check the box to 'Update the Benefit Period'.



4. Open the drop-down menu for 'Reason for Updating the Benefit Period'. Select 'Death'. The 'Date of Disenrollment' field is now open. Enter the correct date of death.

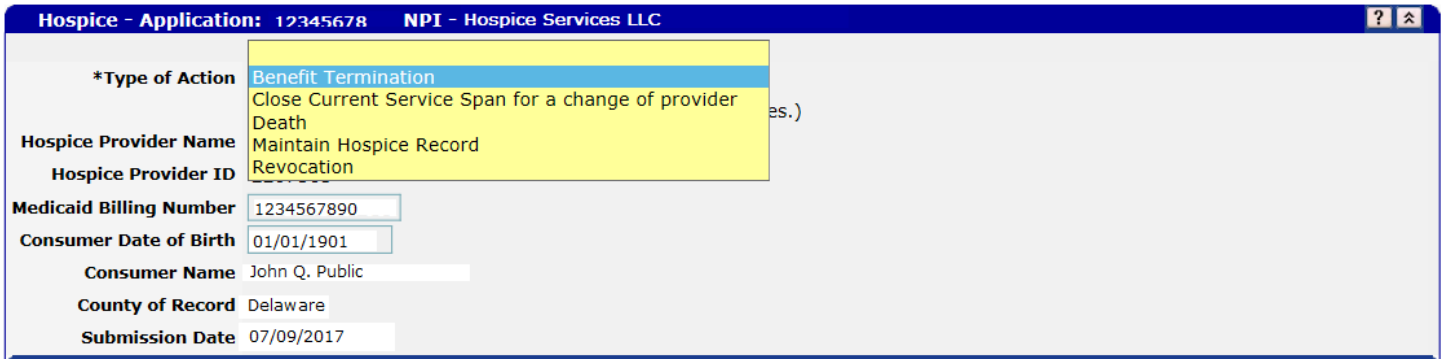


5. Click 'Submit'. After this change has been processed the enrollment will be closed. Additional benefit periods cannot be added after an individual has been disenrolled, however, previously entered benefit spans can be edited.

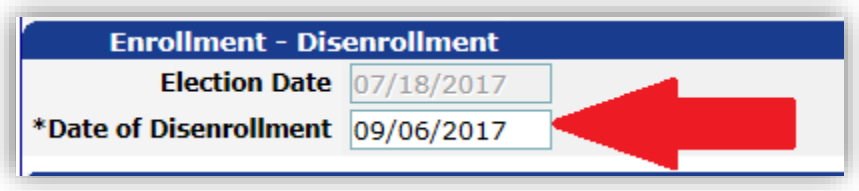
Individual is Discharged from Services

1. Open the individual's HTN.

2. In the 'Type of Action' drop-down menu, select 'Benefit Termination'.



3. Scroll down to the Enrollment – Disenrollment panel. Enter the individual's date of discharge in the '*Date of Disenrollment' field.



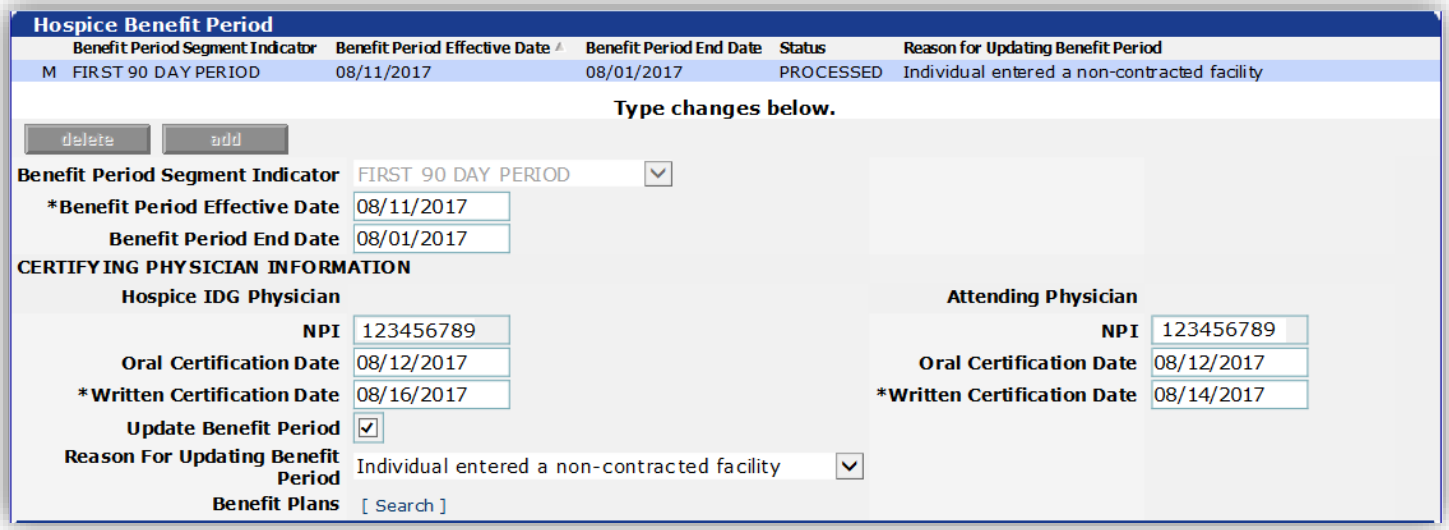
4. Click 'Submit'. After this change has been processed the enrollment will be closed. Additional benefit periods cannot be added to this HTN after an individual has been disenrolled. However, previously entered benefit spans can be edited. A New Enrollment should be completed should the individual elect to resume hospice services.

Individual is Discharged from Hospice – Update Option

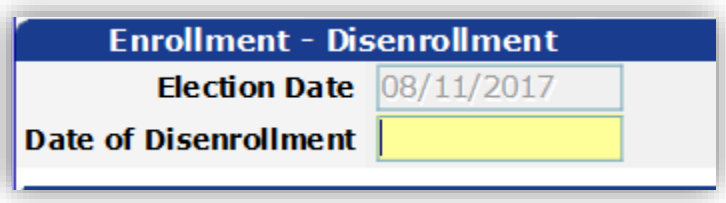
1. Open the individual's HTN.

2. In the top panel, open the drop-down menu under '*Type of Action' and chose 'Maintain Hospice Record'. Hit the tab key or click in the grey area to continue.

3. Scroll down to the Benefit Period Panel. Click to highlight the appropriate benefit period from which the individual was discharged from hospice. Click to check the 'Update Benefit Period' box. Click the 'Reason for Updating Benefit Period' drop down menu. Choose the appropriate discharge reason. Scroll to the bottom of the application and click 'Submit'. **DO NOT EDIT THE BENEFIT PERIOD END DATE. **



4. Scroll up to the Enrollment – Disenrollment panel. The 'Date of Disenrollment' field is now editable. Enter the date the individual revoked their Medicaid hospice benefit. Scroll to the bottom of the application and click 'Submit'.



5. After allowing time for processing, it is recommended that you return to the HTN to verify that the appropriate date of disenrollment has been added to the application. Once the individual has been disenrolled, additional benefit spans cannot be added to this HTN. However, previously entered benefit periods can be edited. A New Enrollment should be created should the patient continue hospice services.

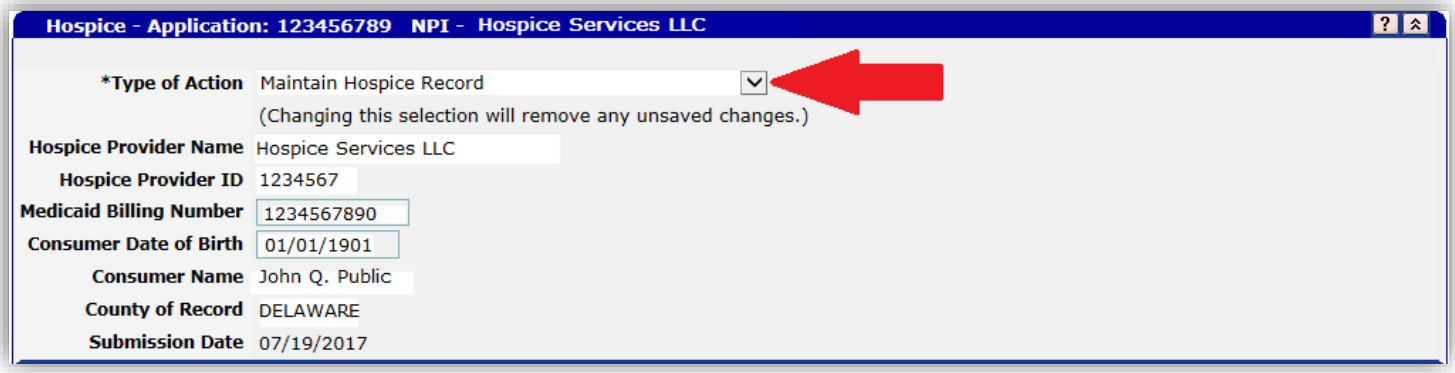
SCENARIOS

Aligning Medicare and Medicaid Spans

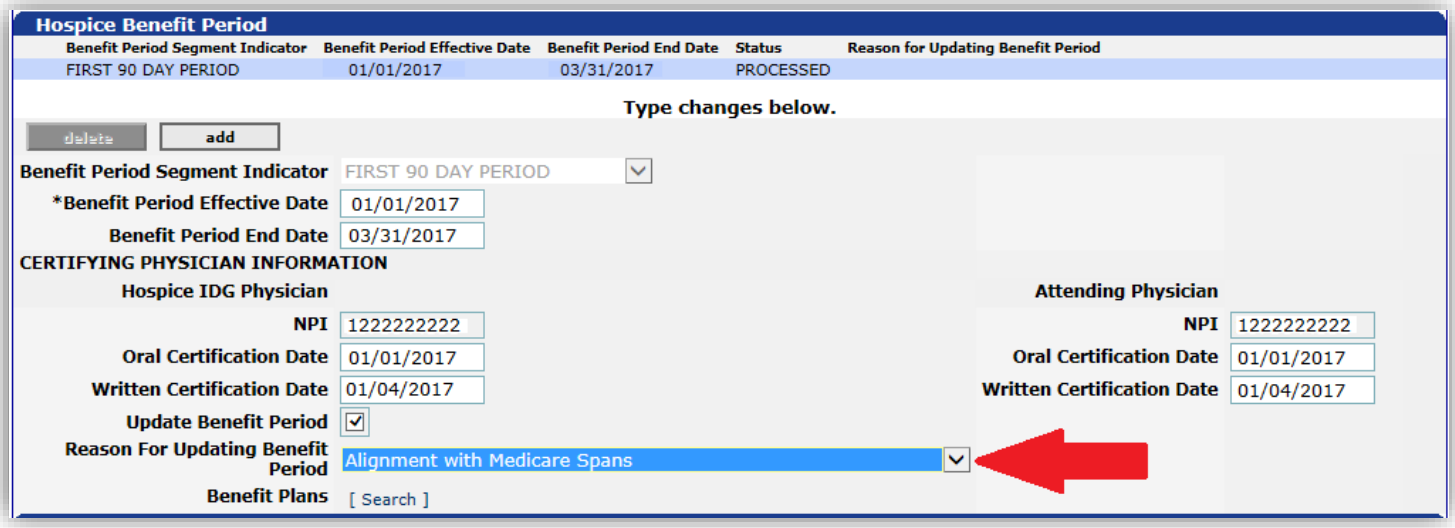
Mr. Public has been receiving hospice services through his Medicare Benefit. Three months ago he began receiving Medicaid hospice services as well for room and board in a HLTCF. His most recent 60 day Medicare span will end on 3/25/17. His current Medicaid span will end on 3/31/17. In order to align the spans and create one CTI for both Medicare and Medicaid, your agency would like to shorten the Medicaid span. (Individual must currently be within 60 day spans for both Medicare and Medicaid.)

1. Open the HTN you wish to align.

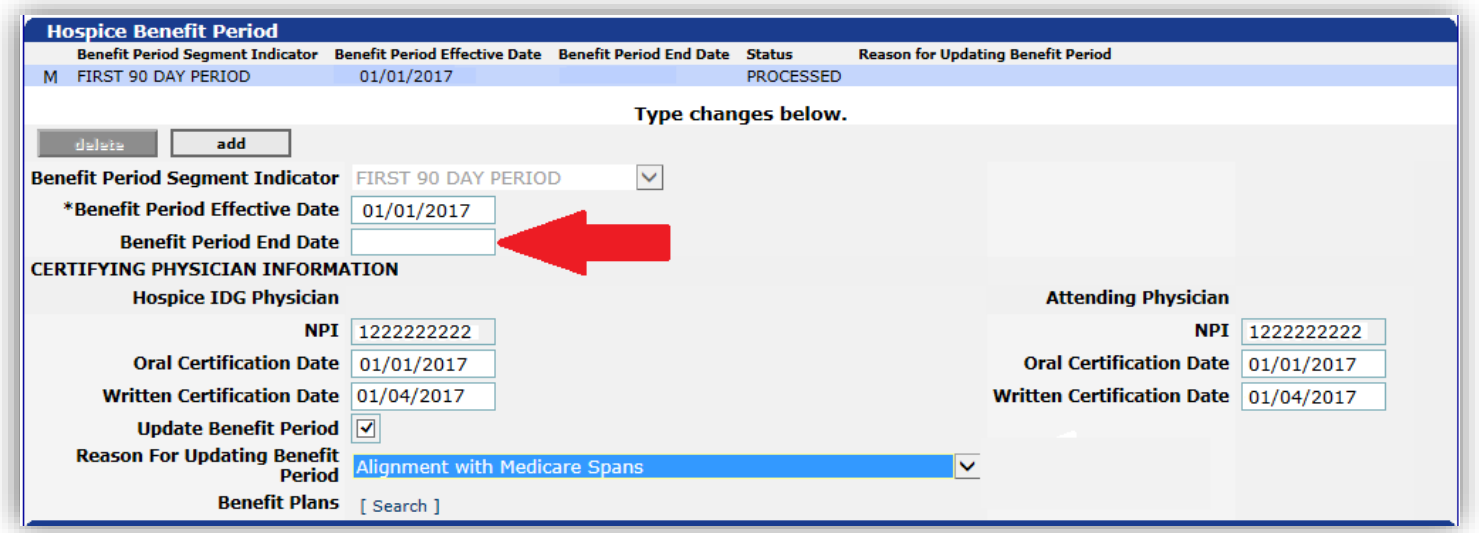
2. In the first panel, click the drop-down for '*Type of Action'. Select 'Maintain Hospice Record'. The individual's information should be present. Verify this is the individual's record you would like to edit.



3. Scroll down to the Hospice Benefit Period panel. Select the Medicaid span you would like to shorten. Check the box to 'Update Benefit Period'. Click the 'Reason for Updating Benefit Period' drop-down. Choose 'Align Medicare Spans'. This will open the Benefit Period End Date for editing.



4. Edit the Benefit Period End Date to match the end date of a concurrent Medicare Span. (This function is only available to shorten a Medicaid benefit period.) Click the light blue line to save the new end date to the panel.



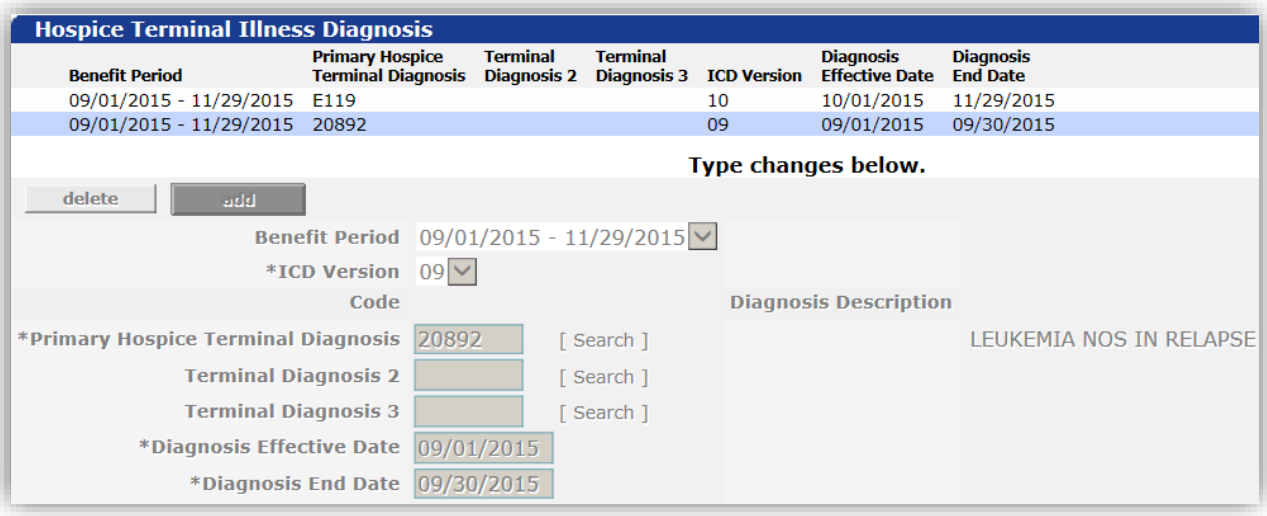
5. Click 'Submit' at the bottom of the page. This will update the enrollment for this individual.

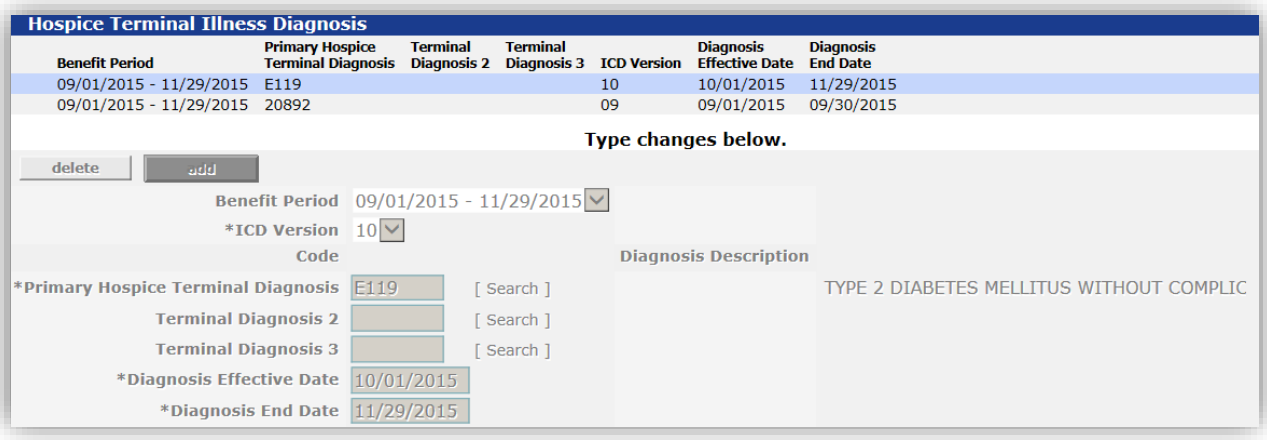
ICD-9 and ICD-10 Diagnosis Code Sets during the Same Benefit Period

Mrs. Smith has been on Medicaid hospice since 9/1/2015. While entering her retro-enrollment you receive an error message that an ICD-9 code is required. (ICD-9 codes are required for any DOS through 9/30/15. ICD-10 codes are required for any DOS from 10/1/15 and forward.) You will need to edit the Hospice Terminal Illness Diagnosis panel.

1. Scroll down to the Hospice Terminal Illness Diagnosis panel.

2. Edit the ICD-10 code to have an effective date of 10/01/2015. Click the light blue line to save. Click the 'add' button and add the individuals ICD-9 diagnosis. The effective date should be her start of care date which was 9/01/2015. The end date should be the last DOS that ICD-9 is accepted, 09/30/2015. See the example below:

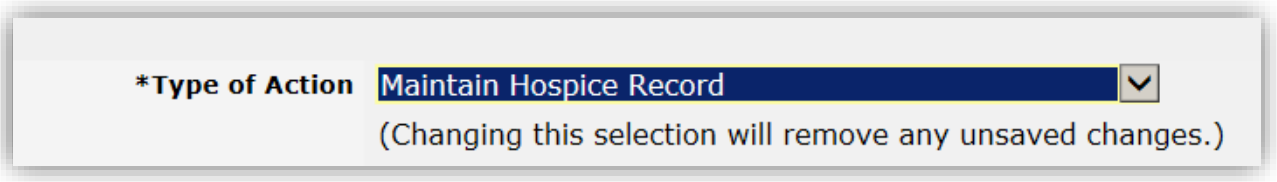




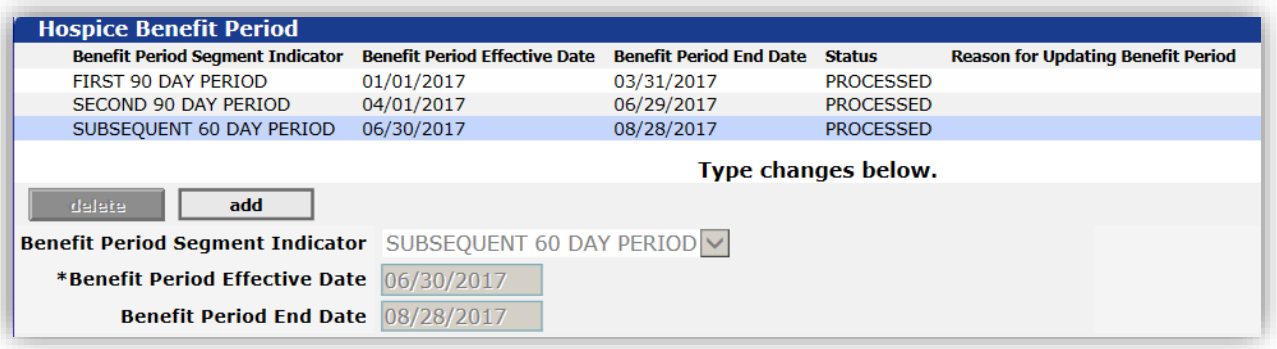
Individual Becomes a Resident of a LTCF After a Benefit Period has been Processed

1. Open the HTN for the individual who is now residing in a LTCF, for a long term stay.

2. In the 'Type of Action' drop-down menu, select 'Maintain Hospice Record'.

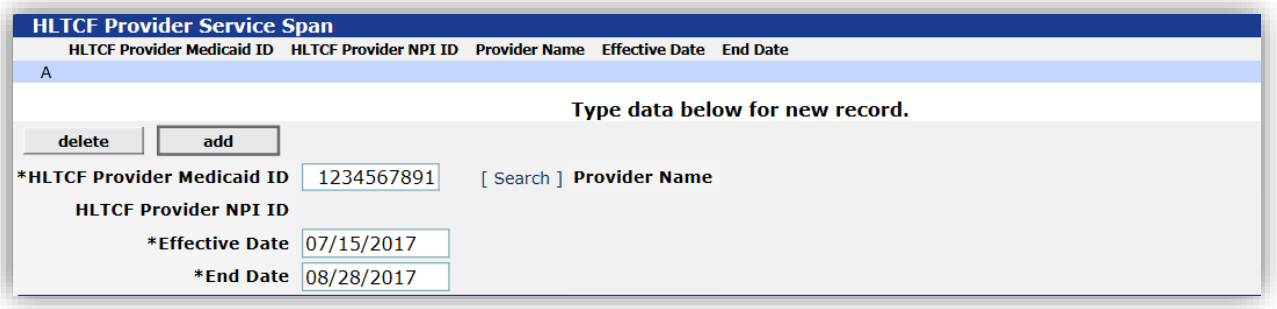


3. Open the previously processed Hospice Benefit Plan span that you will be adding the LTCF information to.



4. Scroll down to the HLTCF Provider Service Span panel. Click 'add'. This will allow you to enter in the LTCF information.

5. Complete the HLTCF provider ID and enter the date the individual became a resident of the facility. An End Date is required and it must fall within the parameters of the benefit period entered, so the end date may be the last day of that hospice benefit period.



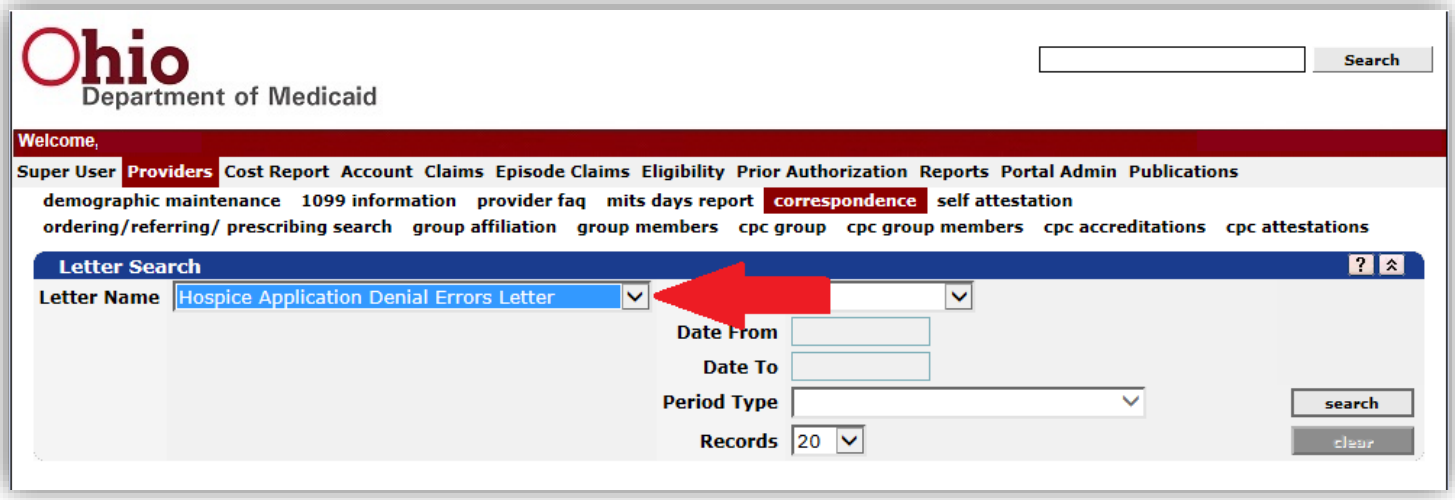
6. Once that information is completed, click on the light blue line to save the new information, scroll to the bottom of the page and click 'submit'.

Note: If the individual leaves the facility prior to that hospice benefit period end date, this panel can always be updated once that occurs. If the individual stays a resident during future hospice benefit periods, another span can be added to reflect their HLTCF stay for that benefit period.

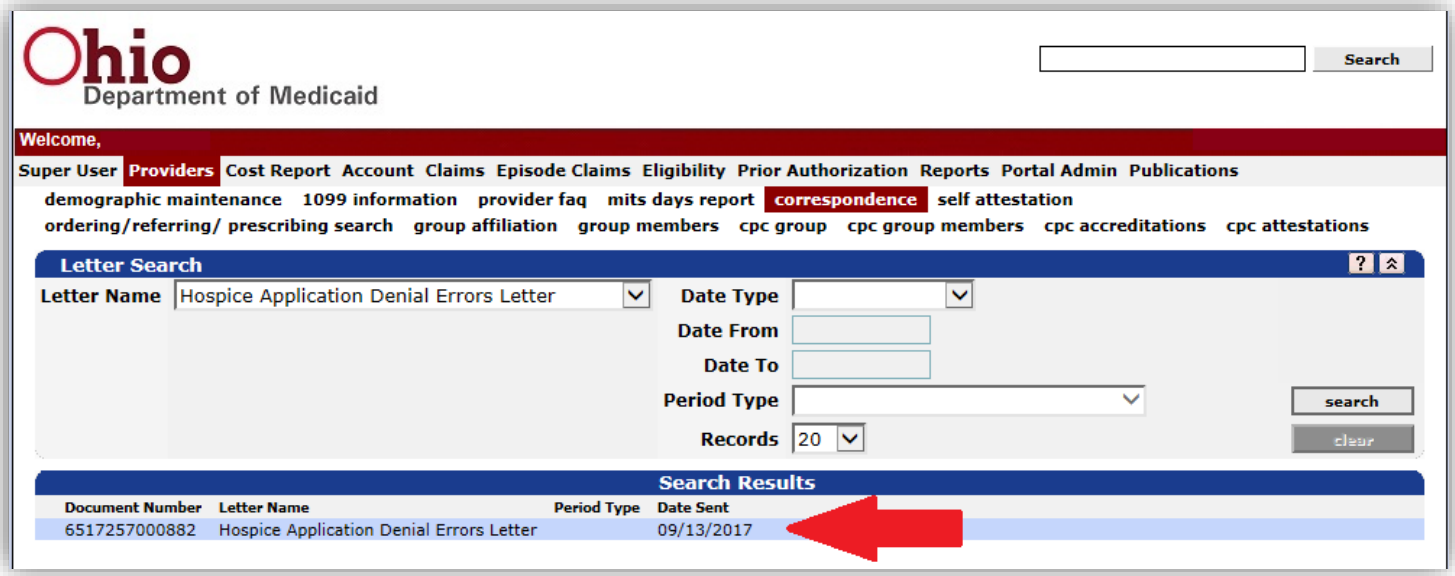
Hospice Enrollment is Denied

You have entered an individual's hospice enrollment. After clicking submit, you scroll up and see that the enrollment has been denied. To find out why, follow the instructions below:

1. From the MITS Portal Home Page, click on 'Correspondence'. Click the 'Letter Name' drop-down menu. Select 'Hospice Enrollment Denial Errors Letter'. (Leave the other fields blank as the date search functionality is not yet available.)



2. Click to open the appropriate letter.



3. Review the letter. A new HTN will need to be completed with the correct information.

Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

September 14, 2017

Hospice of Ohio LLC
123 Ohio Avenue
Columbus, OH 43228

Subject: Notification of the Medicaid Hospice benefit enrollment errors

The following lists the application processing errors.

Recipient ID	Hospice Tracking Number	Submission Date	Recipient Name	Error Code	Error Description
1234567891	1234	09/13/2017	JOHN Q. PUBLIC	2069	Invalid Lockin end date

Please make the corrections needed to correct the application.

Hospice Denial Error Codes

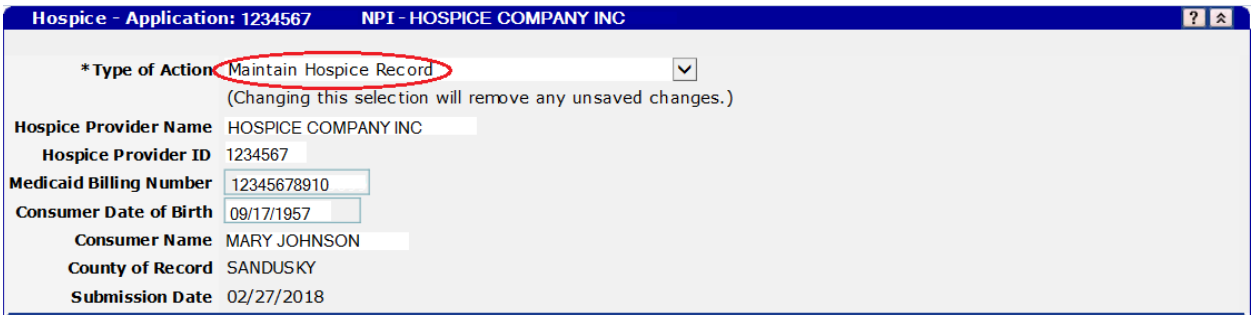
Error Code	Description
2049	GeoStan Validate Address Error-Contact SysArchitect
2069	Invalid Lockin End Date
2121	Source Code is Not on File
2167	Invalid Other Recipient ID
2453	Recipient Not a Part of Valid Case/Cat/Seq
2999	System Error Encountered During PS/2 Process, Contact EDS
4068	Effective Date Received Begins Before the Plan is Active
4901	Hospice Not Allowed with PACE
4902	Hospice Coverage Already Exists
4903	Hospice Not Allowed with RSS AID Category
5015	Invalid HOSPC EligCase data
5016	Invalid HOSPC Lockin Data

Editing an Enrollment

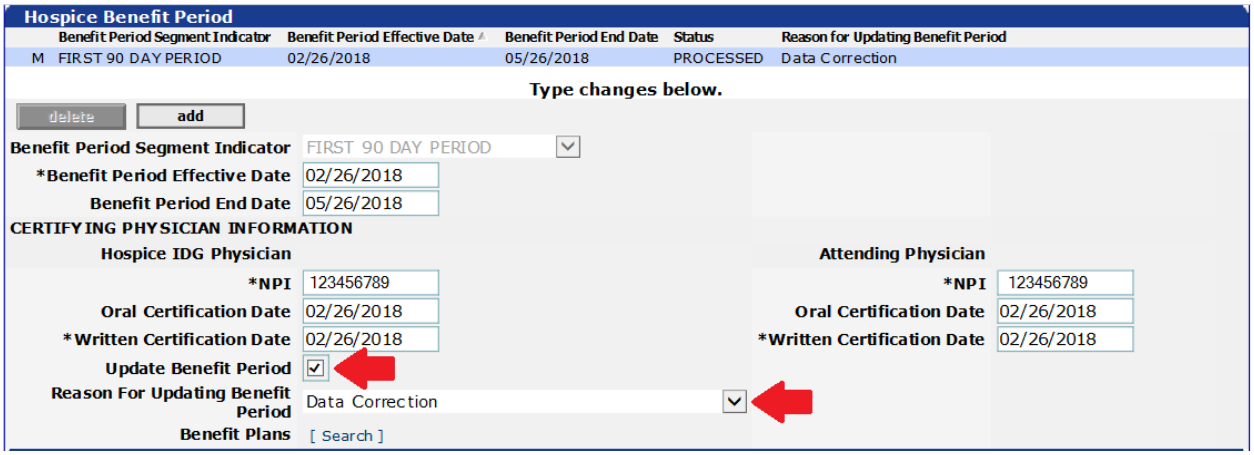
County of Service

1. Open the HTN.

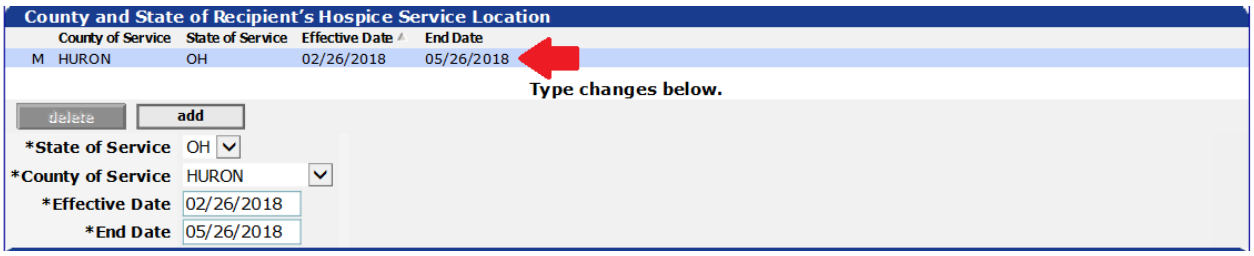
2. Click the “Type of Action” drop down menu and select ‘Maintain Hospice Record’. Then click outside of the box to open the enrollment application.



3. Scroll down to the Hospice Benefit Period Panel. Click to highlight the appropriate benefit period span that needs editing. Click the “Update Benefit Period” check box. In the “Reason for Updating the Benefit Period” drop down menu, choose ‘Data correction’. Be sure to click in the gray area outside of the menu to open the appropriate fields.



4. Scroll up to the County and State of Recipient’s Hospice Service Location Panel. Click to highlight the appropriate county for the correct benefit period. The boxes below should turn from gray to white and now be editable. Make the necessary changes. Be sure to click on the highlighted line again to save the new information.

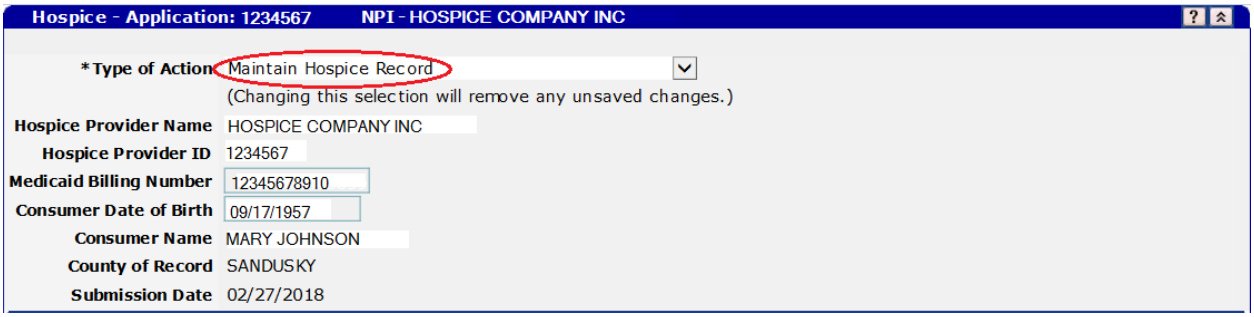


5. Scroll to the bottom of the enrollment application and click submit. Please allow at least one hour for processing.

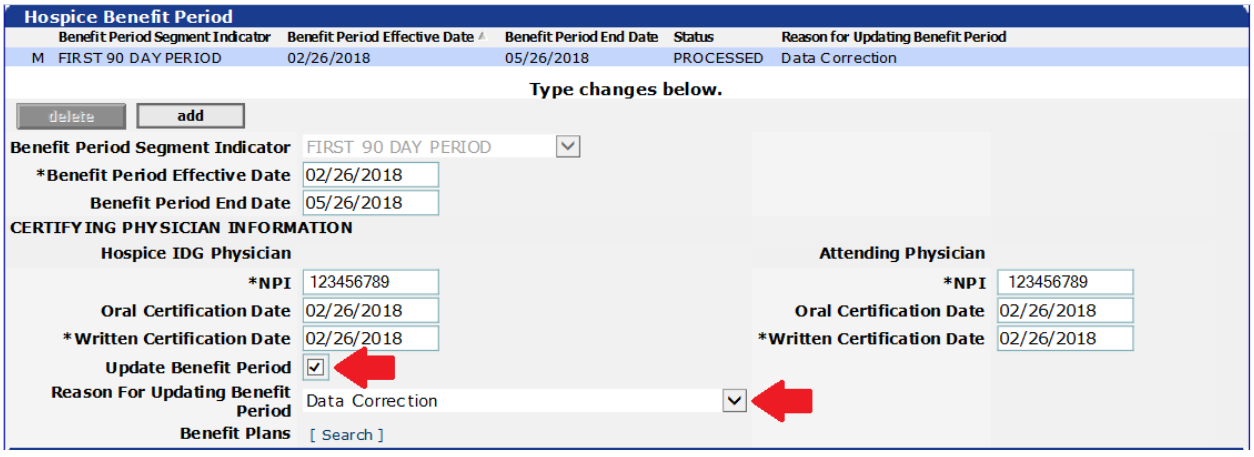
Hospice Long Term Care Facility

1. Open the HTN.

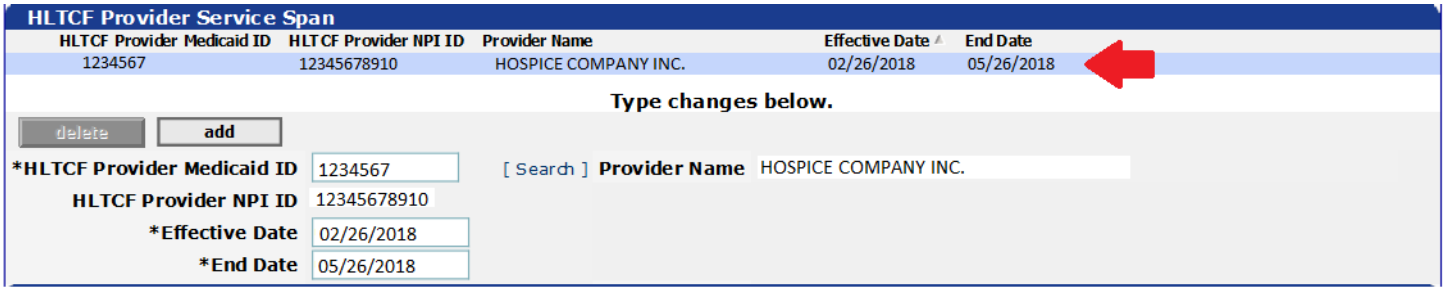
2. Click the “Type of Action” drop down menu and select ‘Maintain Hospice Record’. Then click outside of the box to open the enrollment application.



3. Scroll down to the Hospice Benefit Period Panel. Click to highlight the appropriate benefit period span that needs editing. Click the “Update Benefit Period” check box. In the “Reason for Updating the Benefit Period” drop down menu, choose ‘Data correction’. Be sure to click in the gray area outside of the menu to open the appropriate fields.



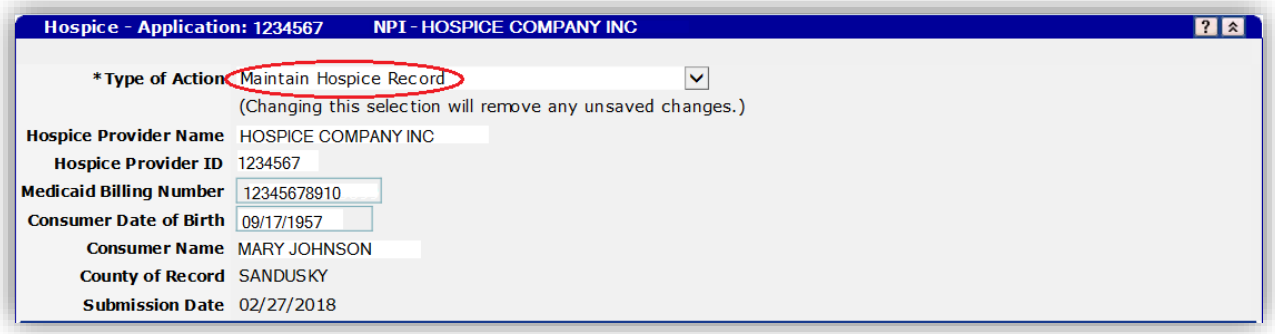
4. Scroll down to the HLTCF Provider Service Span Panel. Click on the appropriate HLTCF span that needs editing. The fields should populate with the old information. Edit each field as necessary. Click the line again to save the new information.



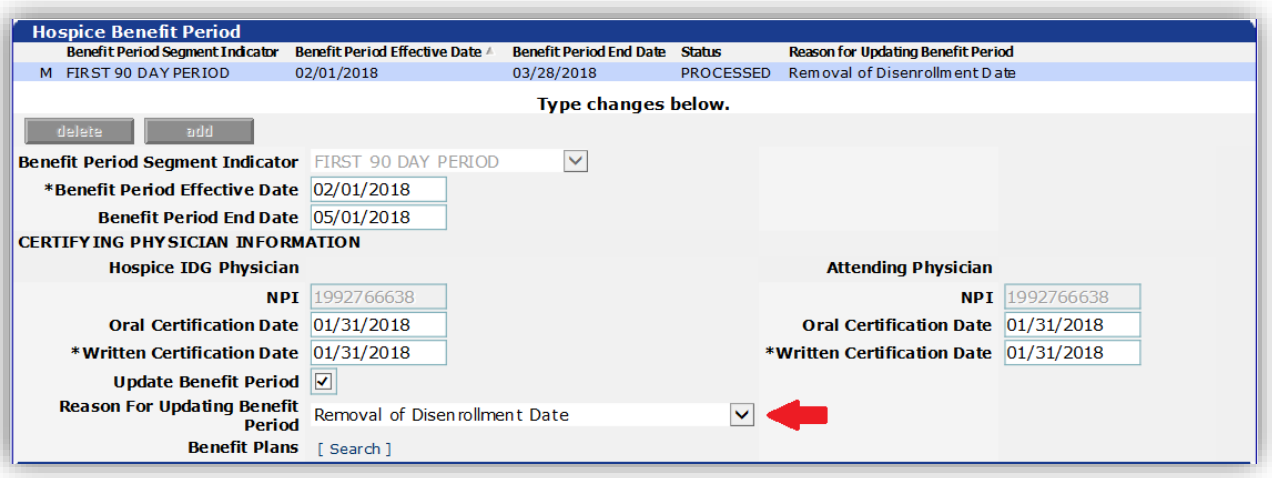
Date of Disenrollment

1. Open the HTN that needs corrected.

2. Click the “Type of Action” drop down menu and select ‘Maintain Hospice Record’. Then click outside of the box to open the enrollment application.



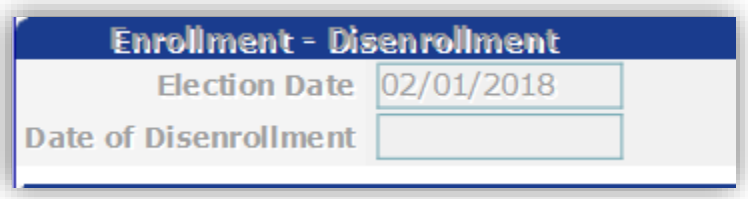
3. Scroll down to the Hospice Benefit Period panel. Click to highlight the benefit period in which the individual was disenrolled. Click the 'Update Benefit Period' check box. In the 'Reason for Updating Benefit Period' drop down menu, select "Removal of Disenrollment Date". Click in the gray area outside of the menu to open the required fields.



4. You will need to edit the end date on all panels. It is recommended that this be restored to the original episode end date. ***DO NOT REMOVE THE DATE OF DISENROLLMENT***

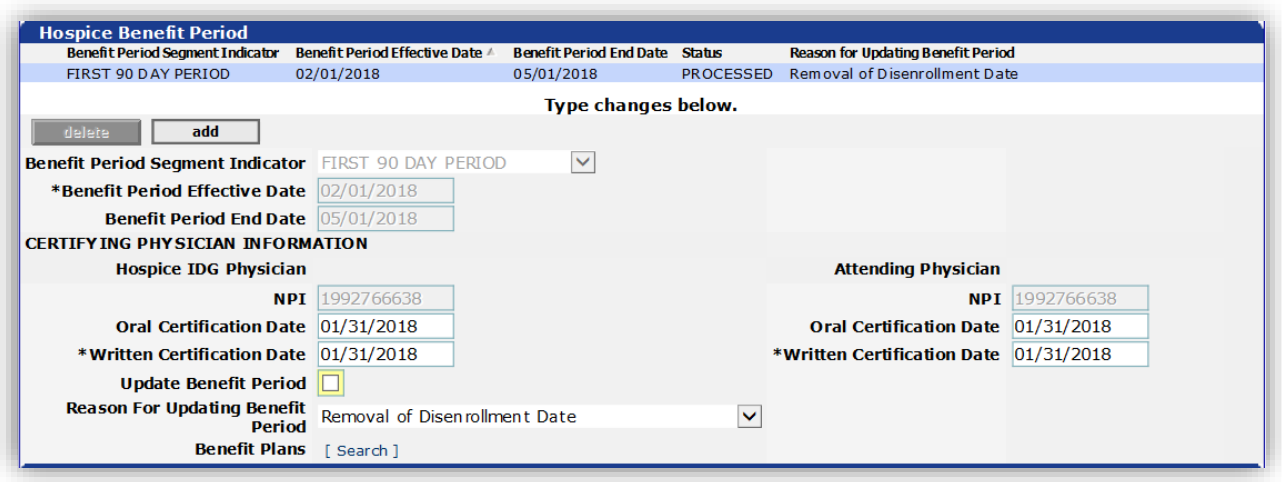
5. Submit and allow one hour for the enrollment to process. After the status changes to 'processed', re-open the HTN.

6. The Enrollment-Disenrollment panel should now be blank.



7. If no closing action was intended for this individual, then no further steps are required. To re-enter a closing action, the benefit period will need an additional update. Scroll down to the Hospice Benefit Period panel. Click to highlight the appropriate benefit period.

8. Click the ‘Update Benefit Period’ check box. In the ‘Reason for Updating Benefit Period’ drop down menu, choose the appropriate action.



9. You will need to submit the application once again and wait for processing to reflect the current action.

FAQs

1. **Q. Which individuals need to be enrolled in hospice on the MITS portal?**
   A. An Enrollment needs to be completed for any individual you are billing to FFS Medicaid. Individuals admitted to Medicaid hospice on or after 10/1/17, for any hospice services will require an enrollment. Individuals enrolled in Medicaid hospice prior to 10/1/17 that will need claims adjustments or that are still actively enrolled in Medicaid hospice will also require an enrollment.

2. **Q. When do I need to have my retro enrollments completed?**
   A. All retro enrollments will need to be completed prior to the end of the grace period. No date has been set but communication will be sent to providers with information on when this will take place.

3. **Q. Is there a time restriction for completing enrollments, similar to Notice of Elections?**
   A. No, at this time there is no time restriction for completing enrollments. However, these must be completed before billing any hospice claims.

4. **Q. Do I need a separate CTI (Certificate of Terminal Illness) for Medicare and Medicaid?**
   A. Yes, when an individual was previously on Medicare and is eligible to be enrolled in hospice with Medicaid, a separate CTI is required. Once the Medicare and Medicaid episodes can be synced then only one CTI is required.

5. **Q. Do I need a CTI if I am just billing Room and Board?**
   A. Yes

6. **Q. How can I begin providing/billing services if the previous hospice provider has not ended their active span?**
   A. ODM asks that you reach out to the previous provider and coordinate the enrollment entry. In the event the other provider is not cooperative you may contact Provider Assistance and a representative from ODM will contact the provider on your behalf.

7. **Q. Do I need to attach or submit any documentation certifying the individual is hospice appropriate?**
   A. All CMS required forms are necessary for Hospice Enrollment. At this time it is not required to submit these documents during the Medicaid enrollment process. You may want to keep these for your records.

8. **Q. If I am transferring an individual to another hospice, do I need to provide them with the Hospice Tracking Number (HTN)?**
   A. No, you do not need to provide the new hospice with your HTN. The new provider will receive their own HTN when they enter the individual into the MITS secure portal.

9. **Q. My enrollment has not processed yet, how long does this usually take?**
   A. A "batch" or "cycle" to process enrollments runs approximately every hour. You must wait until the previous period shows "processed" before you can add another.

10. **Q. If I am not billing Medicaid but the individual is eligible, can I still complete an enrollment?**
    A. Yes, if you would like to complete an enrollment so that it is in MITS in the event that you need to bill Medicaid in the future.

11. **Q. If an individual who was previously on a Managed Care plan changes to Medicaid FFS, what dates do I need to use for my enrollment?**
    A. The election date is the original date the individual enrolled into Medicaid hospice. The benefit period effective dates would begin with the first day of the 1st 90-day Medicaid hospice benefit period. Whether an individual is on traditional Medicaid or Medicaid Managed Care does not change the benefit period effective and end dates.

12. **Q. If an individual has exhausted their Medicare benefit, do I have to enter an enrollment for the whole time they have been on hospice?**
    A. You must complete a hospice enrollment back to the date that the individual became fully eligible for Medicaid Hospice.

13. **Q. My HTN was denied, how do I find out why?**
    A. When an HTN is denied an administrator must go into the MITS portal. Once there the administrator will click Providers, then correspondence. After clicking correspondence next to "Letter Name" select the drop down for "Hospice Enrollment Denial Errors Letter". If the date of the letter is unknown, click the search button and it will pull all denial letters under this provider id. An administrator must open the denial letter to see the reason and know which individual it is referring to.

14. **Q. Will I get a warning before my claims deny for no enrollment?**
    A. The rules/rates/enrollment are ***all*** effective October 2017. All the required enrollment actions must be completed. A mass adjustment will take place in 2018 to correct previous payments. Claims with no enrollment will deny and retract any previous payments.

15. **Q. If my retro enrollment crosses the ICD-9 to ICD-10 change, which code set should I use?**
    A. For Benefit periods that span the 10/1/2015 ICD-10 begin date, you should create one line with the appropriate dates to cover ICD-9. Then add a second line for the dates using the appropriate ICD-10 code.
    (See the "ICD-9 and ICD-10 Diagnosis Code Sets during the Same Benefit Period" scenario on page 19.)
    If you entered an old enrollment using the incorrect code set, contact Provider Assistance at 1-800-686-1516. Your request will be directed to someone at ODM who can manually correct this panel.

16. **Q. How do I know if someone is currently or has ever received hospice services?**
    A. When completing an eligibility search for an individual in MITS you will now be able to see if the individual has hospice coverage. The Hospice Assignment Plan will now be visible if the individual is eligible for hospice services.

17. **Q. Why did my claim go into suspense and what do I do?**
    A. A claim will go into suspense if a county rate or a LTCF rate is missing from the system. You will need to contact the IVR to report the county and state that the individual is receiving hospice services in, or the LTCF the individual is a resident of. The rate will then be added to the system and the claim will be removed from suspense for adjudication.

18. **Q. How do I know when additional enhancements happen to the system and what policy is expecting of me?**
    A. Please keep an eye out for additional communications from ODM. Also look for updates from your association.

19. **Q. What do I do if someone didn't have Medicaid at the time hospice services started but now the person has been approved for retro Medicaid?**
    A. Provider will need to refund money to the individual, complete the hospice enrollment, and bill Medicaid for
    services. (If the proper documents were obtained in alignment with ODM policy.)

20. **Q. I accidentally entered an individual's date of death on the wrong HTN. How do I fix it?**
    A. See instructions for Editing a Date of Disenrollment on page 35 of this document.

21. **Q. An individual has discharged from our care and returned a few months later, do we just pick up where we left off?**
    A. No, any return to care after a discharge, revocation, or transfer should be continued using a new HTN. A new election notice is required for the new start of care date.

22. Q. A benefit span in my HTN was denied and I must open a new HTN, which election date should I use?

A. The current election date can still be used to complete the new HTN. A new NOE is only required if an individual has been discharged or has revoked.