



TEXAS  
Health and Human  
Services

# Medicaid Occupancy Application Instructions

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## Provider Data Entry

# Login Screen



## Monthly Medicaid Occupancy Reporting

[Click here for: Instructions for Medicaid Occupancy Reporting](#)

Enter your Facility ID and Access Code to add your monthly Medicaid Occupancy Report for  
**Current Reporting Month: January 2018**

\*Facility ID:  (6-digits, including leading zeros)

\*Access Code:

For information or questions, contact the Nursing Facility Licensure and Certification Unit at 512-438-2630 and select option #4, or email [MedOccupancy](#).

App Version: 1.1.13-0, Last Updated: 10/25/2017 (PROD)

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# Getting Started



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## Step 1

Type the six digit facility ID number (with leading zeros, if applicable).

## Step 2

Type the four digit numerical access code that corresponds to that facility.

This code is generated by HHSC and can be obtained or reset by contacting HHSC staff at (512) 438-2630 or sending an email request to [MedOccupancy@hhsc.state.tx.us](mailto:MedOccupancy@hhsc.state.tx.us).

## Step 3

Select the **Submit** button. Using the **Cancel** button will exit the application.

The report must be submitted by the **fifth calendar day of the month, not business day**. The facility will receive notification when the report has not been submitted in a timely manner. Late submittals may result in a vendor hold. To contact HHSC staff regarding a report, please use the contact information in Step 2.

# Entry Screen



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## Monthly Medicaid Occupancy Reporting

[Click here for: Instructions for Medicaid Occupancy Reporting](#)

**Current Reporting Month: January 2018**

Facility ID: 999999  
Beeson Test Facility  
701 East 51  
Austin, TX 78701  
(512) 943-2697

**IMPORTANT:** HHSC must receive your data by the 5th day of each month. Failure to submit this data in a timely manner may result in the withholding of Medicaid vendor payment, in accordance with 40 Texas Administrative Code 19.2322(m).

\*Medicaid Bed Days:  (Total number of bed days that Medicaid-certified beds were occupied (which includes dually certified beds) by ANY resident whether a Medicaid resident or not.)

\*Medicaid Recipients:  (Total number of persons receiving Medicaid in the facility on the last day of the reporting month.)

\*Facility Census:  (Total number of residents in the facility on the last day of the reporting month.)

\*Administrator Name:

\*Administrator Email:

\* I attest that the information provided is true and correct.

\*Preparer Name:

\*Preparer Email:

Submit Data

Cancel

# Calculate Occupancy – Count by Days Example

For a facility with 16 Medicaid certified beds:

Day of the Month	Beds Occupied on that Day
1	13
2	13
3	13
4	13
5	12
6	12
7	12
8	13
9	13
10	13
11	13
12	13
13	13
14	13
15	13
16	11

Day of the Month	Beds Occupied on that Day
1	11
18	11
19	11
20	11
21	11
22	11
23	11
24	11
25	11
26	11
27	11
28	11
29	11
30	11
31	11
<b>Total</b>	<b>368</b>



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# Calculate Occupancy – Count by Beds Example

For a facility with 16 Medicaid certified beds:

Bed	Number of Days Occupied in Month
101A	31
101B	31
102A	28
102B	31
103A	31
103B	15
104A	15
104B	31
105A	31
105B	31
106A	31
106B	0
107A	31
107B	31
108A	0
108B	0
<b>Total</b>	<b>368</b>



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# Entering Data



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## Step 4

Confirm the facility information at the top of the screen is correct. Contact HHSC staff for corrections.

## Step 5

Enter the total number of days that Medicaid-certified beds (including dually certified beds) were occupied by ANY resident, whether a Medicaid recipient or not, for the entire reporting month.

## Step 6

Enter the total number of persons receiving Medicaid in the facility on the last day of the reporting month.

## Step 7

Enter the total number of residents in the facility on the last day of the reporting month.



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# Entering Data, continued

## Step 8

The Administrator first name, last name and business email are automatically populated. Update these fields, as necessary.

## Step 9

Check the box attesting that the information is true and correct.

## Step 10

Enter your first and last name, as the preparer.

## Step 11

Enter your business email address.

## Step 12

Select the **Submit Data** button.



# Review Screen



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## Monthly Medicaid Occupancy Reporting

[Click here for: Instructions for Medicaid Occupancy Reporting](#)

Please review your data for accuracy. You will not be able to change it later. Click **Edit** to make any changes or **Finish** to send your data.

### Current Reporting Month: January 2018

Facility ID: 999999  
Beeson Test Facility  
701 East 51  
Austin, TX 78701  
(512) 943-2697

Medicaid Bed Days:	368
Medicaid Recipients:	11
Facility Census:	16
Administrator Name::	Brian Beeson
Administrator Email:	brian.beeson@hhsc.state.tx.us
Preparer Name:	Jane Smith
Preparer Email:	jane.smith@hhsc.state.tx.us
Submitted:	Thu, 02/01/2018 at 12:08:34 PM CST

Edit

Finish



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# Finalize the Report

## Step 13

Ensure that the data returned on the page is correct. Use the **Edit** button to make any corrections.

## Step 14

Select **Finish** to complete and transmit the report data to HHSC.

# Confirmation Screen



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## Monthly Medicaid Occupancy Reporting

[Click here for: Instructions for Medicaid Occupancy Reporting](#)

Thank you for your submission. [\\*\\*\\* Please click here to print this page for your records. \\*\\*\\*](#)

### Current Reporting Month: January 2018

Facility ID: 999999  
Beeson Test Facility  
701 East 51  
Austin, TX 78701  
(512) 943-2697

Medicaid Bed Days:	368
Medicaid Recipients:	11
Facility Census:	16
Administrator Name::	Brian Beeson
Administrator Email:	brian.beeson@hhsc.state.tx.us
Preparer Name:	Jane Smith
Preparer Email:	jane.smith@hhsc.state.tx.us
Submitted:	Thu, 02/01/2018 at 12:08:34 PM CST

[Return](#)



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# Print the Report

## Step 16

Use the **Please print this page for your records** link, or the browser's print function, to print the confirmation screen.

## Step 17

Retain the printed copy for your records.

## Step 18

**Return** will take you back to the start page to enter data for another facility. Close the browser window when finished.



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# Frequently Asked Questions

## **How do I correct an error?**

Call (512) 438-2630 to speak with an HHSC staff person or send an email to [MedOccupancy@hhsc.state.tx.us](mailto:MedOccupancy@hhsc.state.tx.us) to request assistance.

## **Are only Medicaid recipients counted in Medicaid beds?**

No, all residents, regardless of payer source, are counted if they occupied the Medicaid-certified bed.

## **What if the data was already entered and I try to reenter the information?**

The application will display a notice that the data for the month has already been submitted. You will be able to print a copy for your records. If the data is incorrect, contact HHSC staff.