

Medicaid Occupancy Report Instructions

Online System Overview
Training and Continuing Education



Monthly Medicaid Occupancy Reporting

Instructions: <http://www.dads.state.tx.us/handbooks/instr/3000/F3645/>

Enter your Facility ID and Access Code to add your monthly Medicaid Occupancy Report for:

February 2014

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

*Access Code:

Submit

Cancel

For information or questions, contact the Nursing Facility and Adult Day Care Licensure and Certification Unit at 512-438-2630 or email MedOccupancy.

App Version: 0.0.7-Alpha 4, Last Updated: 01/29/2014 (Local / FOUND**)

Copyright© 2013-2014, Texas DADS; All rights reserved.

[Send comments and questions](#) | [DADS home](#) | [Site policies](#) | [Homeland security](#) | [File viewing information](#)

[Contact DADS](#) | [Statewide search](#) | [Other Texas health and human service agencies](#) | [Report site problems](#)

Log-in Screen

- Step 1** Type the six digit facility ID number (with leading zeros if applicable).
Example: 001234 or 100000
- Step 2** Type in the four digit numerical access code that corresponds to your facility.
Note: This code is generated by DADS and can be obtained by following the instructions.
- Step 3** Click the “Submit” icon on the screen.

Note: You must enter both of these fields correctly or you will not be able to complete the report. This report must be received by the fifth calendar day of the month, not fifth business day. You will receive notification when the report has not been received by DADS in a timely manner. Reports received late may be subject to vendor hold at the discretion of DADS. If you need to contact DADS staff regarding this report you may contact them via email or by telephone as detailed in the contact information.

Full instructions can be accessed here:
<http://www.dads.state.tx.us/forms/3645/>

Getting Started



TEXAS
Department of Aging and Disability Services

Monthly Medicaid Occupancy Reporting

Instructions: <http://www.dads.state.tx.us/handbooks/instr/3000/F3645/>

Current Reporting Month: **February 2014**

Facility ID:

123 Main Street
Everywhere, TX 12345
888-555-1212

IMPORTANT: DADS 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 Occupancy:

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

*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:

Entry Screen

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
17	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
TOTAL	368

How to Calculate Occupancy-Count By Days Example

Bed	Number Of Days This Month Bed Was Occupied
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
Total	368

How to Calculate Occupancy-Count By Beds Example

- Step 4** Confirm at the top of the screen that you have entered the correct facility ID and access code which confirms the facility name and address for which you are completing the report.
- Step 5** Enter the total number of days that Medicaid-certified beds (which includes 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 month.
- Step 8** Enter the name of the Administrator, first and last name.
- Step 9** Enter the business email address of the Administrator.
- Step 10** Check the box confirming that the information is true and correct.
- Step 11** Enter your name, first and last.
- Step 12** Enter your business email address.
- Step 13** Either submit data or cancel.

Entering the data



Department of Aging and Disability Services

Monthly Medicaid Occupancy Reporting

Instructions: <http://www.dads.state.tx.us/handbooks/instr/3000/F3645/>

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: **February 2014**

Facility ID: 000000

Sunny Acres
123 Main Street
Everywhere, TX 12345
888-555-1212

Note: In this example, the facility has 100 Medicaid certified beds and a total licensed capacity of 150. The total number of days in February 2014 is 28. Please refer to instructions for further detail on how to calculate these fields.

Medicaid Bed Occupancy:

2800

Medicaid Recipients:

80

Facility Census:

150

Administrator Name:

Jane Doe

Administrator Email:

JaneDoe@emailaddress.com

Preparer Name:

logan

Preparer Email:

logan@dads.state.tx.us.com

Submitted:

Fri, 03/14/2014 at 00:25:00 PM CDT

Edit

Finish

Review Screen

- Step 14** Ensure that the data entered into the report is correct.
- Step 15** Either edit to correct any errors or finish to complete the report.
- Step 16** This is your confirmation page.
- Step 17** You may either print this page for your records or select the print option and then save the document electronically.

Finalizing your report



TEXAS
Department of Aging and Disability Services

Monthly Medicaid Occupancy Reporting

Instructions: <http://www.dads.state.tx.us/handbooks/instr/3000/F3645/>

Thank you for your submission. [Please print this page for your records.](#)

Current Reporting Month: **February 2014**

Facility ID: 000000

Sunny Acres
123 Main Street
Everywhere, TX 12345
888-555-1212

Medicaid Bed Occupancy:

2800

Medicaid Recipients:

80

Facility Census:

150

Administrator Name::

Jane Doe

Administrator Email:

JaneDoe@emailaddress.com

Preparer Name:

logan

Preparer Email:

logan@dads.state.tx.us.com

Submitted:

Fri, 03/14/2014 at 00:25:00 PM CDT

[Return](#)

Confirmation Screen

- **How do I correct an error?**
 - Call (512) 438-2630 or email DADS at MedOccupancy@dads.state.tx.us to assist you with the correction.
- **Are only Medicaid recipients counted in Medicaid-beds?**
 - No, any resident regardless of payor source are counted if they occupied the Medicaid bed.
- **What if the data was already entered and I try to re-enter the information?**
 - The system will notify you that the data for this month has already been recorded and you will be able to print a copy for your records if you wish to.

Frequently Asked Questions