

QIP Reporting Instructions

Monthly Census Reporting Instructions

	A	B	C	D	E	F
1	Facility Name					
2	Facility Tax Id					
3	Facility NPI					
4						
5	Medicaid ID	Admit Date	Discharge Date (if applicable)	Date of Death (if applicable)	PA 162 on File	Submission Date of Nursing Facility Eligibility Paperwork to CAO
6						
7						
8	10 Digit Medicaid	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	Yes/No	MM/DD/YYYY
9						

- This report is due the 5th calendar day of the following month (i.e. August census is due September 5th)
- Fill out the “NF Monthly Census” file in excel. Only excel files are accepted. PDFs and handwritten files will not be accepted and will be returned.
- List your facility name in cell B1
- List your facility tax ID in cell B2
- List your facility NPI in cell B3
- Starting in Cell A6, list all the 10 digit Medicaid IDs for all PHW participants in your facility for the month of submission.
- Starting in cell B6, list the corresponding admit dates for those PHW participants listed in column A. Format should be MM/DD/YYYY
- Starting in cell C6, list the corresponding discharge date for those PHW participants listed in column A if applicable. Format should be MM/DD/YYYY. Some cells will be blank for those participants without a discharge date.
- Starting in cell D6, list the corresponding date of death for those PHW participants listed in column A if applicable. Format should be MM/DD/YYYY. Most cells will be blank as this is only applicable for participants that have expired.
- Starting in cell E6, answer Yes or No if the facility has a PA162 for the participant in column A. Only Yes or No is acceptable for this.
- Starting in cell F6, list the submission date of financial paperwork to the CAO office for this participant. Format should be MM/DD/YYYY.
- Completed excel file should be sent to NF@pahealthwellness.com by the 5th calendar day of the following month. (i.e. August census is due September 5th)

NFI Admit Notification

	A	B	C	D
1	Facility Name			
2	Facility Tax Id			
3	Facility NPI			
4				
5	Medicaid ID	Admit Date	PA 162 on File	Submission Date of Nursing Facility Eligibility Paperwork to CAO
6				
7				
8	10 Digit Medicaid ID	MM/DD/YYYY	Yes/No	MM/DD/YYYY

- This report is due the 7th calendar day after a NFI admission; this report is only due if you have a new NFI admission
- Fill out the “NFI Admit Notification” file in excel. Only excel files are accepted. PDFs and handwritten files will not be accepted and will be returned.
- List your facility name in cell B1
- List your facility tax ID in cell B2
- List your facility NPI in cell B3
- Starting in Cell A6, list the 10 digit Medicaid IDs for the new PHW NFI participant(s) in your facility
- Starting in cell B6, list the corresponding admit dates for those PHW NFI participant(s) listed in column A. Format should be MM/DD/YYYY
- Starting in cell C6, answer Yes or No if the facility has a PA162 for the participant in column A. Only Yes or No is acceptable for this.
- Starting in cell D6, list the submission date of financial paperwork to the CAO office for this participant. Format should be MM/DD/YYYY.
- Completed excel file should be sent to NF@pahealthwellness.com by the 7th calendar day after the NFI admission. This report could be submitted several times a month or not at all.