

1700 Bent Creek Blvd.
Suite 200
Mechanicsburg, PA 17050

Nursing Facility Incentive Program Instructions

Monthly Census Reporting Instructions

- 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 cells D6, list the corresponding discharge location for those PHW participants listed in column A, if applicable.
- Starting in cell E6, list the corresponding discharge street address for those PHW participants listed in column A, if applicable.
- Starting in cell F6, list the corresponding discharge city for those PHW participants listed in column A, if applicable.
- Starting in cell G6, list the corresponding discharge state for those PHW participants listed in column A, if applicable.

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- Starting in cell H6, list the corresponding discharge zip code for those PHW participants listed in column A, if applicable.
- Starting in cell I6, list the corresponding discharge phone number for those PHW participants listed in column A. Format should be 10 digits excluding dashes, if applicable.
- Starting in cell J6, 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 K6, answer Yes, No, or NA if the facility has sent a MA103 to PHW for the participant in column A. Only Yes, No, or NA is acceptable for this.
- Starting in cell L6, list the submission date of MA103 to PHW for the participant in column A, if applicable. Format should be MM/DD/YYYY.
- Starting in cell M6, 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 N6, list the submission date of financial paperwork to the CAO office for this participant. Format should be MM/DD/YYYY.
- Starting in cell O6, list the corresponding SNF PCP assignment.
- Starting in cell P6, list the corresponding Participant Name.
- 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)

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NFI Admit Notification

- 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 PAI 62 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 NFI@pahealthwellness.com by the 7th calendar day after the NFI admission. This report could be submitted several times a month or not at all.