Ohio Department of Medicaid

FACILITY COMMUNICATION

This form is to be used to report admissions to and discharges from nursing facilities (NF) for Medicaid Fee-For-Service (FFS) and Managed Care or MyCare residents, new Medicaid applicants requesting Medicaid payment for his or her facility stay, and the death of a Medicaid resident. This form is to be completed by the nursing facility within 10 days of the admission, discharge or death. Required fields are marked with an asterisk (*), but only the required fields within the section that is being completed by the facility must be answered.

I. RESIDENT INFORMATION			
First Name*	Last Name*		Middle Initial
Medicaid Number *(12 digits)*	Social Security Number*	Date of Birth *(mm/dd/yyyy)*	
If individual does not have a Medicaid Number, has a Medicaid application been submitted? ☐ Yes *(provide application date)* ☐ No ☐ Unknown		Application Date *(mm/dd/yyyy)*	
II. FACILITY INFORMATION – ADMISSION			
Admission Date *(mm/dd/yyyy)**	Type of Admission* ☐ Fee-For-Service ☐ Managed Care/MyCare ☐ New Medicaid Applicant Plan Name:		
Comments			
III. FACILITY INFORMATION – DISCHARGE OR DEATH			
Date of Discharge* *(mm/dd/yyyy)*			
Reason for Discharge* ☐ Waiver Enrollment ☐ NF to NF Transfer ☐ Death *(mm/dd/yyyy):* ☐ Assisted Living Waiver Enrollment ☐ Home/Community ☐ Other:			
Comments			
IV. SUBMITTER INFORMATION			
Submitter Name* *(First and Last)*	Facility Name*	Medicaid Provider Number* *(7-9 digits)*	
Email Address*	Telephone Number*	Date* *(mm/dd/yyyy)*	

Instructions for submitting the form

SECTION COMPLETED	CIRCUMSTANCE	WHERE TO SUBMIT
Section II	Fee-For-Service (FFS) or Managed Care/MyCare individual admitted to nursing facility or individual applying for Medicaid (new Medicaid applicant)	NF shall submit the form to ODM via secure portal: https://ltcmedicaid.providergateway.com within 10 business days of the resident's admission, discharge or death
Section III	FFS or Managed Care/MyCare discharge from a nursing facility	

Questions regarding 9401 process or inquiries related to admissions and discharges, contact: NFstay@medicaid.ohio.gov