Department of Health and Hospitals
FACILITY NOTIFICATION SYSTEM

Notification of Admission, Status Change or
Discharge for Facility Care and Waiver Services
(Forms 148 and 148W)
User Manual

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DHH Facility Notification System

The Department of Health and Hospitals has developed an electronic form to enable facilities to submit the Form 148 and 148W, Notification of Admission, Status Change, Discharge for Facility Care or Waiver Services, and a request for 148-PLI. This process allows the Medicaid Office, Office of Aging and Adult Services (OAAS) and Office of Citizens with Developmental Disabilities (OCDD) to receive requests at the point of submission.

Getting Access to the System

DHH Provider Facilities and Support Coordination Agencies can request access to the system by clicking the link in the left menu. You will be prompted to complete a user id request form and sign a confidentiality agreement. The original signed copies will need to be submitted to the address on the form. The forms must be mailed so an original signature is on file. Each user within the facility will need to complete a separate access form, and provide a separate email address. User names and passwords are not to be shared.

Login Process

The login process is very simple. Enter a valid ID and password to gain access to the Facility Notification System Form Submission Service. The Login ID is entered into the Login ID field provided, and then the password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both Login ID and password are entered, either click the login button or press the Enter key on your keyboard. If any information is incorrect or invalid, you will be returned to the login screen and prompted to correct it before you may continue.

Note: In the left menu of the login screen there are links for blank forms. If the system is unavailable or you are unable to log in, you may still submit information to DHH by selecting a form to download, print, and mail.
After completing the login process the user is presented with the “Start New Form” screen shown below. The user must select a form type from the Form Type dropdown. From there, click New Applicant to the right to start a blank form for a new applicant.

Otherwise they can enter search information in the 2nd group box below titled “Applicant Search”. After entering search criteria and clicking Search, search results will be displayed below with a Select link next to that individual’s name. Note: Regardless of the decision to submit for a new applicant, or conduct an applicant search, a Form Type must be selected. Pressing Select will bring up the selected form type with that applicant’s information pre-populated. Note: Search results will not be found until after Medicaid has entered the case into their electronic system.
In the following example, a search for “dummy-record” 111-11-1111 returned applicant UNO Development. Since this applicant is known to the Medicaid system, all you have to do is click Select in the Search Results box.

All information about you (the provider) and the applicant that is known by Medicaid will be pre-populated on the next screen.

Note:
- When information is pre-populated, you may still change/correct it. The revised information will be sent to DHH.
- Applicant information - You will have to provide responses to “Marital Status” until the Medicaid system can populate those questions. Insurance questions should be filled out if known.
- The Contact Person Section appears on all forms.
- The last section of the form varies depending on the form type selected. In the example below, the Admission form was selected.
Admission Form

Type the date of admission using MM/DD/YYYY format.
Select Yes or No to question regarding first time admission.
Use drop-down selection boxes to report Source of Admission and Intended Payment Source.

Click Submit to send the form to DHH or Save Draft to save the information entered and return later.

Admission 148W Form

Section A
For the Program Linkage date, type the date field in MM/DD/YYYY format, choose a residence prior to admission, additional fields may populate to complete an address. Report the intended Source of Payment.

Section B
Select this section when reporting a transfer. Use the drop-down selection boxes to choose the Region transferred to and from. A date is required in the box provided.

Section C
This section is selected when a transition is required. Use the drop-down selection box to report a change in Waiver.

Section D
Select this section if the resident was approved for transitioning. A date is required in the box provided.

Click Submit to send the form to DHH or Save Draft to save the information entered and return later.
**Discharge Form**

Type the date of discharge using MM/DD/YYYY format.
Use drop-down selection box to report where the patient was discharged to.
You will be prompted to provide additional information based on your selection.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.

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**Discharge Information**

*Note: If this Section is used when the person leaves the facility, use Admission section when they return. They return.*

- **Discharge Date**
- **Discharge To**

Do you anticipate that he/she will return to your facility?  

[ ] Yes

[ ] No

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[Save Draft]  [Submit]
**Discharge 148 W Form**

The date of discharge field is the date that it was authorized by either OAAS or OCDD. Enter the date using the MM/DD/YYYY format. Select the reason and discharge to fields using the drop-down selection boxes.

**Notice of Death 148/148W Form**

Type the date of death using MM/DD/YYYY format.

Click **Submit** to send the form to DHH or “Save Draft” to save the information entered and return later.

**Transfer Form**

Click the **Facility Search** link to search our database of providers to indicate where the patient was transferred.

A pop-up box will appear. Type at least the first initial of the facility or the entire name and press **Search**. Depending on your search criteria, you will be returned with one or more pages of facilities. If more than one page, use the page scroll option in the bottom right corner to see more facilities.

Press **Select** by the appropriate facility and the identifying information will be pre-populated in the 148 Form.

Select **Yes** or **No** for question regarding their return to your facility.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.
**Status Change Form**

Section A

If notifying the agency of Hospital or Home leave, select the type. A date is required in the “Billing stopped on”.

If this section is selected in error, simply select “None” to remove the selection.

Section B

If notifying the agency of a return from Home or Hospital leave, select the type. A date is required in the box provided.

If this section is selected in error, simply select “None” to remove the selection.

Section C

Use the drop-down selection box to report a billing change. You must report effective date of change.

Section D

Use drop-down selection box to report payment source change. You must report the effective date.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.

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**Status Change 148 W Form**
**PLI Form**

**Applicant/Recipient Information**
Select the **Level of Care** from the drop down box, and assure the remaining information is correct.

**Form Details**
The **Form Details** section will remain blank until you enter information in the section labeled, “Add Detail”.

**Add Detail**

**From Date**
Enter date of the beginning day of service for the month an adjustment is being requested because of an error in patient liability amount.

**To Date**
Enter month, day and year of the ending day of service for the month an adjustment is being requested because of an error in patient liability amount.

**Total Days**
Total Days on the 148-PLI must match exactly with From/To dates of service or payment of the 148-PLI will reject. However, some situations require counting the day of discharge, death, or hospital leave and in other situations you wouldn’t. Use caution when entering Total Days.
**Internal Claims Number (ICN)**
Enter the control number assigned to the most recent adjudicated claim when it was line processed and paid with an incorrect patient liability amount. This number is found in the last column of the R.A. This is a 13 digit number and you will receive an error if the number entered is not 13 digits in length.

**Status**
Select the patient status code of the recipient when the original claim was filed.

Click the **Add Detail** button when complete.

The “**Form Details**” section will now show a summary of the information entered.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Total Days</th>
<th>Internal Claim Number (ICN)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Delete</td>
<td>03/15/10</td>
<td>03/21/10</td>
<td>Discharged to home or self care (routine discharge)</td>
</tr>
</tbody>
</table>

Click the **Submit** button when complete. This information will be transferred to the Medicaid office where the analyst will complete the form and send a copy to Molina. When viewing the form history on the History page, you will notice the following fields are blank: **Initiated by**, **Status**, **Name of BHSF Representative**, **Contact Phone Number**, and **Date**. After the form has been processed by Medicaid, these fields will reflect the data entered. The presence of a date in the **Date** field represents a form that has been completed by Medicaid.
Enter dates here

Enter total days here

01 - Discharged to home or self care (routine discharge)
02 - Discharged/transferred to another short-term general hospital for inpatient care
03 - Discharged/transferred to a skilled nursing facility (SNF) or an intermediate care facility (ICF)
04 - Discharged/transferred to another type of institution for inpatient care
06 - Discharged/transferred to home under care of home health services organization
07 - Left against medical advice or discontinued care
09 - Admitted as inpatient to a hospital
20 - Expired/discharged due to death
30 - Still a patient
61 - Discharged/transferred within this institution to hospital-based Medicare approved swing-bed
62 - Discharged/transferred to a rehabilitation facility including rehabilitation distinct part unit of hospital
63 - Discharged/transferred to a long term care hospital
**Resume form**

Any of the forms that can be created and submitted through the system have the option of saving as a draft by clicking the **Save Draft** button at the bottom of the form. This will store the form in the database to be resumed later. To resume a form, click on the **Resume Form** link on the top left, you will be shown a list of forms that have been created by your user account, per location, that have not been submitted. Click the **Resume** link next to the form you wish to resume. If your account is associated with multiple locations, use the drop-down box to select the appropriate location first, and then resume the form.
**View History**

To view the history of the forms you’ve previously submitted, click the **History** link in the left menu. You’ll be presented with a grid view of all of the forms you’ve submitted. Use the paging arrows and links in the bottom right to flip through the data if you have more than one page of data. When you find the form you’d like to see, click the view link to the left of that item to view the printable report of that form.

![History Grid View](image)

**Corrected Copy**

If a form needs to be resubmitted to correct information that was previously submitted, click the **Edit** link beside the form you wish to resubmit. The **Edit** link is available while viewing the **History**. Make any necessary changes and click **Submit**. Once submitted, the form will be resent to DHH and the history will reflect a new date created and date submitted. When you **View** this form, “Corrected Copy” will be identified on the top of the form.
**Cancel Form**

If a form submission needs to be cancelled, first navigate to the History page. Click the Cancel link beside the form you wish to cancel. Enter any necessary notes in the Comments box, and then click the Cancel Form link. When viewing the history of prior submissions, this form will now show “Cancelled” in the Cancel column.

![Cancel Form](image)

**Blank Forms**

Blank forms are available from anywhere in the system by clicking the desired form type under “Blank Forms” on the left menu bar. After clicking the desired form type, a blank printable form will be presented to the user in a new window.