Nursing Facilities: Ask Yourself the Following Questions for Efficient Nursing Facility/ Medicaid LOC Data Entry Processing Through the Division of Aging

1. **Is there a full/complete match between AssessmentPro and the MMIS system (IndianaAIM), including: Resident name; date of birth (DoB); Social Security Number (SSN}; Medicaid Number (RID); and Resident gender?**
   *If DFR (Division of Family Resources/ Medicaid office) has incorrect data, the resident/authorized rep. must contact DFR to correct the error.
   *The Division of Aging prioritizes those that are an exact match before those on the non-match hotlist for data entry into the MMIS system.

2. **Has the admission date (and discharge date, as applicable) been entered into PathTracker?**
   *Without the admit date listed in PathTracker, the Division of Aging will not be alerted to complete the data entry process into the MMIS system.
   *PathTracker must be completed accurately, including the resident's prior location and as applicable, his discharge location.
   *Note: the admission date is the original nursing facility admit date not the re-admission date from a hospital stay. If he was discharged to the community or to another nursing facility, then upon his return to your nursing facility, he would then have a new admission date.

3. **Has nursing facility level of care been established either through the previous PAS system or through AssessmentPro?**
   *The Division of Aging cannot complete the data entry process into the MMIS system without level of care having been authorized regardless of the length of time in the nursing facility (including short term respite stays).
   *It is very important to carefully read the PAS/4B for details regarding next steps.
   *Please refer to the procedural manual regarding waiver & PACE participants and level of care status.

4. **Does AssessmentPro have the correct LPI number (Medicaid provider number) for the nursing facility?**
   *Having an incorrect LPI number causes unnecessary delays with the data entry process into the MMIS system.

5. **Is the level of care assessment required? Did level of care stop due to Medicaid eligibility or a B98 or K98 issue?**
   *Inappropriate level of care assessment submissions causes unnecessary delays with the data entry process into the MMIS system.
   *If Medicaid eligibility has stopped or the resident is classified in an AID category that does not reimburse for nursing facility per diem, the resident/authorized representative must work with DFR regarding the Medicaid status.
   *If level of care has stopped due to a B98 or K98 billing code issue and the resident has not truly been discharged, the nursing facility must work with the HP (formerly EDS) for resolution, 1-317-488-5094.

6. **If it has been more than four (4) weeks and web interchange has not been updated, what should I do?**
   *First, the nursing facility must verify that all the required steps are in place and all data is accurate, ie - level of care has been established, Medicaid eligibility established, and PathTracker has been updated.
   *Then the nursing facility may submit an inquiry to PASRR@fssa.in.gov with the subject line titled: NF/Billing Issue. In the body of the email, provide the following information:

   ~resident name; SSN; RID; admit/discharge date as applicable; NF name & LPI #; description of the identified issue; and NF contact person/phone number