Updated ODM 9401 Webinar
Frequently Asked Questions (FAQ)

This document was developed in response to the questions raised during the webinars that the Ohio Department of Medicaid held to train nursing facilities on the updated ODM 9401 process. The questions below were raised by the individuals who participated in those series of webinars. Some of the questions have been combined in order to provide a more accurate answer. For more information related to this new form and process, please refer to the following resources:

- ODM Long-Term Care Facility webpage
- Most Common Scenarios for Level of Care
- OAC 5160-3-14 LOC Process and Timeframes

Q: Where do we get the new 9401, and when do we start using it?
A: The updated ODM 9401 will be posted to the ODM Forms webpage as a fillable PDF here: http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx. The form is effective April 10, 2017.

Q: Will Provider Gateway will be updated to account for these changes?
A: Yes, Provider Gateway is being updated in lock-step with the changes made to the ODM 9401. Nursing facilities who utilize that service will still be able to enter all the information as necessary into Provider Gateway, and the system will route the form to the appropriate entity based on logic.

Q: Do you have a list of PAA addresses (email or fax number) to which the 9401's are sent?
A: Information about the PASSPORT Administrative Agencies can be found on the Ohio Department of Aging website here: https://aging.ohio.gov/services/passport/passportadministrativeagencies.aspx

Q: Is the PAA or ODM going to send the 9401 back to the facility when it is completed?
A: No, the PAA and ODM will not be sending the form back to the facility after it has been processed. Nursing facilities have been instructed since August 1, 2016 to check MITS for Medicaid eligibility and nursing facility span information.

Q: When a ODM 9401 is submitted, how are we going to know when it is completed?
A: Nursing facilities should check the facility span information in MITS to see if a 9401 has been completed.

Q: Will CDJFS be sending us 9401's at all?
A: No. The sections of the ODM 9401 that used to be utilized by the CDJFS have been removed from the form.

Q: Can you describe the difference between Fee for Service and Managed Care? Do we have to send the 9401 to ODM for both?
A: Fee-For-Service is the traditional Medicaid service plan where providers are paid for each service that is provided to an individual. In Ohio, most individuals who have Medicaid must join a managed care plan to receive their health care. Managed care plans (MCPs) are health insurance companies that provide coordinated health care to Medicaid beneficiaries. MCPs, unlike traditional fee-for-service providers, are paid on a per member/per month (PM/PM) basis. The ODM 9401 should be sent for both fee-for-service and managed care individuals in the instance of admission, discharge or death.

Q: Do we need to complete a 9401 and send it in for every managed care individual currently residing in our facility at this time?
A: Yes. Nursing facilities should send an ODM 9401 for every managed care individual currently residing in their facility to the Ohio Department of Medicaid via the NFStay@medicaid.ohio.gov mailbox.

Q: Should the email sent to ODM be sent as secure email?
A: Yes, any ODM 9401 sent to the Department of Medicaid via the NFStay@medicaid.ohio.gov mailbox should be sent secure due to sending HIPAA information.

Q: Should we send one fax to PAA for level of care (LOC) request and 9401?
A: Nursing facilities should work with the PAA in their region to develop a process for submitting LOC requests and ODM 9401s.

Q: Do Assisted Living (AL) facilities follow the same criteria as skilled nursing facilities in regards to the ODM 9401?
A: No. Assisted Living facilities are not required to submit this form.

Q: What date do you put in the "Admission Date" field on the ODM 9401?
A: The actual date that the individual was admitted to your facility should be entered in the "Admission Date" field on the ODM 9401.

Q: Will we need an approved 9401 to start billing?
A: No. Nursing facilities should check MITS for confirmation of Medicaid eligibility and ensure that other billing requirements are met. The requirements for submitting claims (billing) for services include: the individual is Medicaid eligible, the individual must have no restricted Medicaid coverage period (RMCP), the Preadmission Screening and Resident Review (PASRR) requirements have been met in accordance with rule 5160-3-15, 5160-3-15.1 and 5160-3-15.2, and level of care (LOC) requirements have been met in accordance with rule 5160-3-14.

Q: Do we still submit the ODM 9401 for situations in which a level of care is not required prior to admission (e.g. Medicare Part A Stay or Hospice enrollment) even though the field ("LOC Exemption") was removed from the form?
A: Nursing facilities are now instructed to submit the ODM 9401 for *any admission* of an individual to their nursing facility. ODM and PAAs will process the form using already defined practices for a more efficient completion process.

Q: Is a 9401 required for a non-Medicaid admission or discharge (ex. Medicare or private pay)?
A: No, an ODM 9401 is not required for any non-Medicaid admission or discharge. The purpose of the form is to gather information that needs to be entered into Ohio Benefits (OB), the Medicaid eligibility system, therefore individuals on Medicare only or private pay will not have any record in OB that need to be updated.

Q: If someone is coming from the community LTC Medicaid (non-Managed Care) we have the PASRR and are submitting for the LOC what should be put on the 9401 since the person is not in the facility yet. We cannot give admission date until we have the LOC.
A: The ODM 9401 should not be submitted until the individual has been admitted to your facility. PASRR and LOC requirements can be completed prior to admission, but the ODM 9401 is a form to be submitted post-admission to the facility.

Q: Do we need to wait until we have the LOC determination before we send the 9401 to AAA?
A: No. Nursing facilities should submit the ODM 9401 within 10 business days for any admission of an individual to their facility regardless of the need for a LOC request. There are several scenarios in which a LOC will not be needed, but the ODM 9401 is always required for any admission of an individual to your facility.

Q: Do we still need to do a LOC for waiver patient or can we do a revalidation on the 9401 to get the LOC?
A: The ODM 9401 should not be used to request a LOC validation. Nursing facilities should follow the process outlined in OAC 5160-3-14 for submitting a level of care request to the PAA.

Q: How do we report a discharge to the hospital?
A: With the updated ODM 9401 process, nursing facilities should not report a discharge to the hospital, unless the individual is discharged from their facility and will not be returning. Nursing facilities

Q: Previously a 9401 was done only when a person was expected to be in the NF greater than 90 days. With this new process, do we send in a 9401 if they are short term?
A: The ODM 9401 should now be sent for all admissions now (regardless of expected length of stay) within 10 business days. The 90 day delay has been removed.

Q: Are we sending the 9401 on day 1 now instead of day 90 for someone who is already Medicaid coming in our building?
A: Yes. Nursing facilities should submit the ODM 9401 within 10 business days for any admission of an individual to their facility. The 90 day delay has been removed.

Q: How is patient liability information going to be communicated to the facility with the new 9401?
A: Individuals on Medicaid receive a notice of action (NOA) from the county department of job and family services when there is a patient liability or when there are changes to patient liability. When the nursing facility is the individual's authorized representative, the nursing facility will receive a copy of NOAs regarding patient liability. When the nursing facility is not the individual's authorized representative, the nursing facility may ask the individual to share NOAs. Nursing facilities may also check MITS for patient liability information.

Q: If a Medicaid recipient converts to a Medicare Part A stay, does the NF need to submit another a 9401?
A: No, the ODM 9401 should have previously been submitted for this individual so that the information was entered into Ohio Benefits. If during the individual's stay at the NF they switch to Medicare primary payer, another ODM 9401 does not need to be submitted as the individual is still residing in the same NF.

Q: How and to whom do we report hospice enrollment?
A: If an individual has been residing in your nursing facility and then elects to receive hospice services, you do not need to report anything via the ODM 9401. The ODM 9401 only needs to be submitted when an individual is being *admitted* to your facility for the purposes of receiving hospice services or when they are discharged or pass away.

Q: Can we submit a LOC Request (ODM 3697) without an ODM 9401?
A: Yes. The LOC determination process is completely separate from the ODM 9401 process. Both forms can be submitted at different times to the proper entity.

Q: If an individual is initially admitted to a nursing facility under fee-for-service Medicaid and then switches to managed care, when and to whom is the ODM 9401 submitted?
A: The ODM 9401 should be submitted for this individual within 10 days of admission. The form should not be resubmitted when the individual switches to Medicaid managed care.

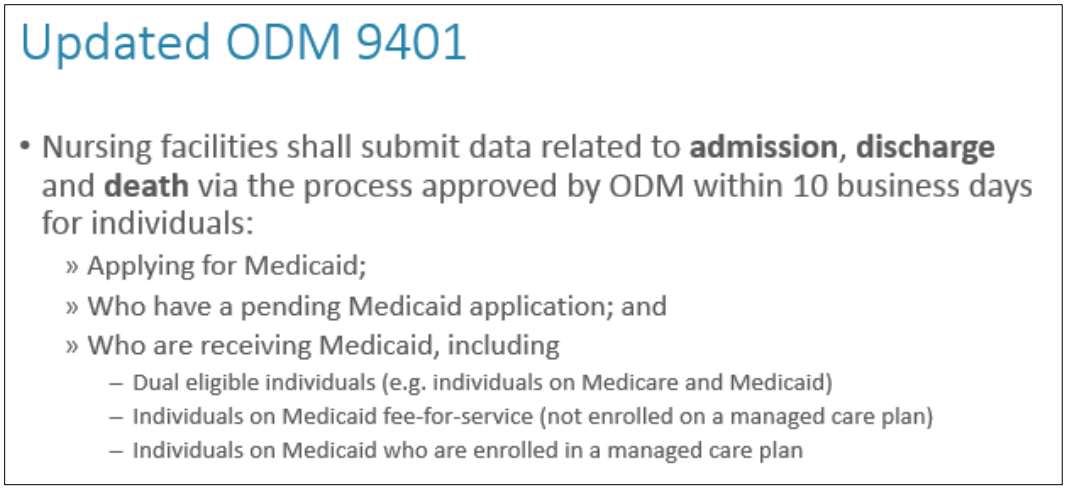
Q: Where is the 9401 submitted for a Medicare Part A stay for someone who is not currently Medicaid eligible (not FFS or MCO)?
A: An ODM 9401 is not required for any non-Medicaid admission or discharge. The purpose of the form is to gather information that needs to be entered into Ohio Benefits (OB), the Medicaid eligibility system, therefore individuals on Medicare only or private pay will not have any record in OB that need to be updated.

Q: What is the process for a resident that goes to the hospital, returns under a Medicare Part A stay, and then switches back to Medicaid?
A: The ODM 9401 should be submitted for this individual within 10 business days of the original admission to the nursing facility. The form does not need to be submitted again until the individual is permanently discharged from the facility and does not intend on returning.

Q: Is a "discharge" ODM 9401 submitted when an individual enrolls in hospice while still residing in our facility?
A: No. If the individual has not been discharged from your facility then you should not submit an ODM 9401. If the individual is still residing in your NF, but getting services through a hospice provider, then they have not been discharged. The ODM 9401 should not be submitted until the individual leaves your facility permanently (is discharged) or passes away.

Q: Do we submit 9401 when a resident admits under Medicare/MCR even when we are not billing Medicaid?
A: Yes, the ODM 9401 should be submitted immediately upon admission for any individual open on Medicaid, regardless of primary payer source.

The following scenarios can all be answered per the PowerPoint that was provided and reviewed regarding the updated ODM 9401 process: As stated in the training PowerPoint, the ODM 9401 should be submitted within 10 days for individuals who are currently receiving Medicaid, which includes dual eligible individuals (e.g. individuals on Medicaid and Medicare), individuals on fee-for-service Medicaid, and individuals enrolled in a Medicaid managed care plan.



Slide 4: Updated ODM 9401 Training

Q: We are supposed to submit the 9401 for all dual eligible recipients, including the QMB and SLMB?
See answer above.

Q: If person admits under Medicare and they are on a Medicare Premium Assistance Program (MPAP) do we submit 9401?
See answer above.

Q: If a resident comes in Medicare covered (primary payer) but has Medicaid (for co-pay) are we to send a 9401 in upon that admission?
See answer above.

Q: Should a 9401 be submitted for a waiver client?
See answer above.

Q: If dual, do we have to do 9401 if the resident doesn't plan on staying here past there skilled time?
See answer above.

Q: So if someone is admitted under Medicare Part A for a short-term stay and they are a Medicaid recipient, does a 9401 need completed?
See answer above.