Iowa Department of Human Services

Case Activity Report

Complete this form when a Medicaid applicant or member enters or leaves your facility, and when a resident of your facility applies for Medicaid. See the back of this form for instructions.

1. Member Data

Name		Date Entered Facility
Social Security Number	State ID	Case Number

2. Facility Data

Provider Number/NPI Number	Facility Type: ☐ Nursing facility ☐ Skilled nursing facility ☐ Swingbed ☐ ICF/ID ☐ PMIC ☐ Hospice ☐ PACE ☐ RCF ☐ MHI
Name	DHS Per Diem
Street Address City	State Zip
Signature of Person Completing Form	Date Completed
Contact Name	Contact Phone Number

3. Level of Care

This information is determined by IME Medical Services Unit, Medicare or by a managed care contractor. For clarification, PMIC must indicate if this is PMIC mental health or PMIC substance abuse. Do not complete this section for hospice.

Level of Care	Level of Care Process: ☐ IME Medical Services ☐ Medicare ☐ Managed care ☐ Utilization Board ☐ Out-of-state skilled preapproval	Effective Date

4. Medicare Information for either Skilled Patients or Hospice Patients in Facilities

If there is any change in this coverage, please notify the county DHS office.

Do you expect this stay to be covered by Medicare? ☐ No ☐ Yes, see dates:	Expected dates of Medicare coverage ____________ through ____________

5. Discharge Data

Date of Discharge ____________________ Last Month in Facility (for residents who transfer to another facility or level of care): ________ Days in facility ________ Reserve bed days ________ Non-covered days ________ Total billing days on claim to fiscal agent	Reason for Discharge ☐ Died ☐ Hospital stay (less than 10 days, form is not required) ☐ Transferred to another facility Name ____________________ Level of care, if known ____________________ ☐ Moved to new living arrangement Address, if available ____________________

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-256-4609, or by email at imeproviderservices@dhs.state.ia.us.

Instructions for Preparing the Case Activity Report:

- When a current resident applies for Medicaid, complete sections 1, 2, and 3. Enter the resident's first name, middle initial, and last name as they appear on the *Medical Assistance Eligibility Card*. The state ID number is assigned by the Iowa Department of Human Services and consists of seven digits plus one letter, e.g. 1100234G.
- When a Medicaid applicant or member enters the facility or changes level of care, complete sections 1, 2, and 3 and, if applicable, section 4.
- When there is Medicare coverage and the Medicaid rate is higher than the Medicare rate, complete sections 1, 2, and 4.
- When a Medicaid applicant or member dies or is discharged, complete sections 1, 2, and 5.
- This form must be completed within two business days of the action.
- The administrator or designee responsible for the accuracy of this information should sign in section 2.

Distribution Instructions for NFs, Hospice, Community ICF/IDs, SNFs, and Swingbed:

Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit. Keep a copy.

Centralized Facility Eligibility Unit
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4040 email: facilities@dhs.state.ia.us

Note: Form 470-2618, *Election of Medicaid Hospice Benefit*, must accompany this *Case Activity Report* for hospice patients.

Distribution Instructions for PMICs:

Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit. Keep a copy.

Centralized Facility Eligibility Unit – PMIC
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4040 email: CSAPMIC@dhs.state.ia.us

Distribution Instructions for PACE:

Mail, email or fax a copy to the Woodbury Adult Intake Team. Keep a copy.

Woodbury Adult Intake Team
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4014 email: 97cmz2@dhs.state.ia.us

Distribution Instructions for RCFs, MHIs, and State Resource Centers:

Mail or fax a copy to your county DHS income maintenance worker. Keep a copy.