



Nursing Facility Ineligible (NFI) Admit Notification for Quality Incentive Program (QIP)

	A	B	C	D
1	Facility Name			
2	Facility Tax Id			
3	Facility NPI			
4				
5	Medicaid ID	Admit Date	PA 162 on File	Submission Date of Nursing Facility Eligibility Paperwork to CAO
6				
7				
8	10 Digit Medicaid ID	MM/DD/YYYY	Yes/No	MM/DD/YYYY
9				
10				
11				
12				
13				

- This report is due the 7th calendar day after a NFI admission. **No exceptions for weekends or holidays.**
- Fill out the “NFI Admit Notification” file in excel. Only excel files are accepted. PDFs and handwritten files will not be accepted and will be returned.
- List your facility name in cell B1
- List your facility tax ID in cell B2
- List your facility NPI in cell B3
- Starting in Cell A6, list the 10 digit Medicaid IDs for the new PHW NFI participant(s) in your facility
- Starting in cell B6, list the corresponding admit dates for those PHW NFI participant(s) listed in column A. Format should be MM/DD/YYYY
- Starting in cell C6, answer Yes or No if the facility has a PA162 for the participant in column A. Only Yes or No is acceptable for this.
- Starting in cell D6, list the submission date of financial paperwork to the CAO office for this participant. Format should be MM/DD/YYYY.
- Completed excel file must be sent to NF@pahealthwellness.com
- Only requires submission if there has been a new PHW NFI admission
- Full instructions can be found on the PHW website @ <https://www.pahealthwellness.com/providers/resources/forms-resources.html>
- Reach out to your Provider Network Specialist or to mailbox NF@pahealthwellness.com for blank excel templates.