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. Nursing facilities in Iowa are required to use the PathTracker Plus system to enter all resident admissions, discharges, and transfers. Do NOT complete this form if you are a nursing facility in Iowa.

1. Member Data

Name		Date Entered Facility
Social Security Number	State ID	Medicaid Case Number

2. Facility Data

Provider Number/NPI Number	Facility Type: ☐ ICF/ID ☐ ICF/MC ☐ Out-of-state skilled facility ☐ CNRS ☐ Swingbed ☐ Hospice ☐ PACE ☐ PMIC ☐ MHI ☐ Out-of-state NF ☐ RCF
Facility Name	Medicaid Per Diem
Street Address City State Zip	
Contact Name	Date Completed
Contact Email	Contact Phone Number
Signature of Person Completing Form	

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 Medicare is marked in Section 3, you must complete this section.
If there is any change in this coverage, please notify the county DHS office.

Expected dates of Medicare coverage
_____ through _____

5. Discharge Data

Reason for Discharge	Date of Discharge	Per Diem at Discharge
☐ Died ☐ Hospital stay (less than 10 days, form is not required) ☐ Transferred to another facility ☐ Moved to new living arrangement ☐ Moved home	Address Discharged to:	
	Facility Name (if applicable)	
	Street	
	City State Zip Code	

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 Hospice, Community ICF/IDs, Out-of-State Skilled Facilities, 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 CNRCs, MHIs, PACE, RCFs, and State Resource Centers:

Email or fax a copy to the appropriate Imaging Center with an attention to your DHS IM. Keep a copy.

Western Service Area
Fax: 515-564-4014
Email: Imagingcenter1@dhs.state.ia.us

Northern Service Area
Fax: 515-564-4015
Email: Imagingcenter2@dhs.state.ia.us

Des Moines Service Area
Fax: 515-564-4018
Email: Imagingcenter5@dhs.state.ia.us

Cedar Rapids Service Area
Fax: 515-564-4017
Email: Imagingcenter4@dhs.state.ia.us