

FAX

Date:	02/11/2026
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Pages including cover sheet:	2
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NOTE:	
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Packet Routing Fax from PG : To: 19725329272, referenced id: 705155

Ohio Department of Medicaid
FACILITY COMMUNICATION

The purpose of the form is to report admissions and discharges of nursing facility residents. Required fields are marked with an asterisk (*), but only the required fields within the section that is being completed by the submitter must be answered.

I. RESIDENT INFORMATION		
First Name* test	Last Name* Fname	Middle Initial
Medicaid Number (12 digits) 001234	Social Security Number* 000-11-3245	Date of Birth (mm/dd/yyyy) 01/10/1985
If individual does not have a Medicaid Number, has a Medicaid application been submitted? ☐ Yes (provide application date) ☐ No ☐ Unknown		Application Date (mm/dd/yyyy)
II. FACILITY INFORMATION – ADMISSION OR NF TRANSFER		
Admission Date (mm/dd/yyyy)* 12/01/2025	Type of Admission* ☐ Fee-For-Service (submit to PAA) ☒ Managed Care (submit to ODM) ☐ New Medicaid Applicant (submit to PAA) Plan Name: test	
Comments: test admission		
III. FACILITY INFORMATION – DISCHARGE, DEATH OR NF TRANSFER		
Date of Discharge* (mm/dd/yyyy)		
Reason for Discharge* ☐ Waiver Enrollment ☐ NF to NF Transfer ☐ Death (mm/dd/yyyy): ☐ Assisted Living Waiver Enrollment ☐ Home/Community ☐ Other:		
Comments:		
IV. SUBMITTER INFORMATION		
Submitter Name* (First and Last) account Verification	Facility Name* accountVerification	Medicaid Provider Number* (7-9 digits) 4344455
Email Address* accountVerification@yopmail.com	Telephone Number*	Date* (mm/dd/yyyy) 02/10/2026

Instructions for submitting the form:

SECTION COMPLETED	CIRCUMSTANCE	WHERE TO SUBMIT
Section II	Fee-For-Service (FFS) individual admitted to nursing facility or individual applying for Medicaid (new Medicaid applicant)	NF shall submit the form to the PAA within their region within 10 business days
Section II	Managed Care individual admitted to nursing facility	NF shall submit the form to ODM via secure email (NFStay@medicaid.ohio.gov) or FAX to 614-466-6945 or 614-387-7661 within 10 business days
Section III	FFS or Managed Care discharge from a nursing facility	NF shall submit the form to ODM via secure email (NFStay@medicaid.ohio.gov) or FAX to 614-466-6945 or 614-387-7661 within 10 business days