Explanatory Notes

Provider Number: The nursing facility's Medicaid provider identification number issued to the provider by the Department of Social Services upon the provider's enrollment in the New York State Medicaid Program. Completion mandatory.

Provider Name: The name that the nursing facility admitting the Medicaid recipient uses to identify itself to the New York State Medicaid Program. Completion mandatory.

Medical Record Number: The medical record number the nursing facility has assigned to the patient.

Location Code: Location where the nursing facility wishes to receive any correspondence related to this determination.

Client Medicaid Number: The recipient's New York State Medicaid identification number. Completion mandatory.

Client’s Name: The last name, first name and middle initial of the New York State Medicaid recipient being admitted to the nursing facility.

Nursing Facility Admission Date: If the Medicaid recipient is already in the nursing facility, the date of admission or the date of transfer to the current level of care.

Period Requested: The start and end dates of the approval period requested for the Medicaid recipient. Completion mandatory.