**Section 140.513 Notification of Admissions and Changes in Resident Status**

a) Long term care providers shall submit all changes in resident status, including, but not limited to, death, discharge, bed reserve/temporary absence, changes in patient credit, third party liability (TPL) and Medicare coverage, to the Department through the Medical Electronic Data Interchange (MEDI) system, the Recipient Eligibility Verification (REV) System or Electronic Data Interchange (EDI) System (see Section 140.55) within five business days after the change occurs.

b) Admissions shall be submitted as follow:

1) For submission of admission data prior to September 1, 2014, admission data shall be submitted within 15 business days after the receipt by the facility of the information contained in the HFS 2536 Interagency Certification of Screening Results. Admission data shall be submitted through MEDI, REV or EDI, or the admission documents may be submitted directly to the Department of Human Services using required admission forms.

2) For submission of admission data on or after September 1, 2014, admission data, including all screening information, must be submitted through MEDI, REV or EDI within the same time frame as in subsection (b)(1). Admission documents submitted directly to the Department of Human Services shall not be accepted. Facilities shall not be required to submit admission documents directly to the Department of Human Services as a condition of compliance with this Section.

3) Any data or hard copy document provided to a long term care provider by an external entity or created by a long term care provider, for purposes of documenting a resident's long term care admission, shall be maintained, electronically or in hard copy, in the resident's file. This information will be used to verify receipt by the facility of information contained in the Interagency Certification of Screening Results.

c) Reported admissions and changes in resident status shall be used for the purposes of determining Medicaid reimbursement. Income verification for any patient credit change shall continue to be submitted to the Department of Human Services local office caseworker. All admissions and changes in resident status are subject to Department review.

d) Failure to comply with the requirements outlined in this Section may result in denial or delay of payment or termination or suspension of the facility's participation in the Medical Assistance Program.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)