






# OADS NF Transfers Portal – Update July 2010

<https://gateway.maine.gov/transfers>

Changes have been made to the NF Transfers Portal. The Transfer form and instructions have been updated and are available at the above website. The following instructions are specific to use of the portal. **CHANGES** are identified throughout this document.

The OES NF Transfers Portal is designed to facilitate the submission and tracking of Admissions, Transfers, Discharges, and Deceased clients. The “portal” is web based (accessible on the internet using your web browser – pointing to the address above). Each type of action has its own separate “page”, where you enter the information specific to the action. You access these pages using the menu selections on the left hand side of the main menu.

| NF Transfer Forms   |                   |
|---|-------------------|
|  | <b>Admissions</b> |
|  | <b>Transfers</b>  |
|  | <b>Discharges</b> |
|  | <b>Deceased</b>   |
|  | <b>Admin</b>      |

By selecting the option you want, a new page will open, allowing you to enter and submit the appropriate information.

**CHANGE:** The Hospice and NF Reassessment Extension Requests links have been removed. Please refer to the NF Transfer Form instructions found on the provider section of the OES website for additional information.


## MEMBER INFORMATION:

Each page has identical member information which you have to complete on each submission.

| Member Information |                      |
|--------------------|----------------------|
| First Name:        | <input type="text"/> |
| Middle Name:       | <input type="text"/> |
| Last Name:         | <input type="text"/> |
| MaineCare #:       | <input type="text"/> |

First name and last name and MaineCare# are required fields (not middle name) – you will not be able to successfully submit the page without completing required fields. Any required fields which are not filled in will display “Required” next to the field.

## FACILITY/AGENCY INFORMATION

| Facility/Agency Information |   |
|-----------------------------|---|
| Facility Name:              | <input type="text" value="CHARLES A. DEAN MEMORIAL HOSP/NF"/>  |
|                             | <input type="text"/>  |
|                             | <small>Type your facility name only if it is not in the drop-down list.</small>   |
| Phone:                      | <input type="text" value="(207)555-1212"/>  |
| Fax:                        | <input type="text" value="(207)555-1213"/>  |
| Contact Name:               | <input type="text" value="Suzie Creamcheese"/>  |
| E-Mail:                     | <input type="text" value=" screamcheese@maine.gov"/>  |

You must submit your Facility/Agency Information for each submission. Note that if you cannot locate your facility/agency name in the dropdown list, select “**Not in List**” from the menu, and then type in your facility/agency name in the box below the drop-down.

Remember me

## FACILITY/AGENCY INFORMATION (Continued)

**Note** – If you check off the “Remember me” box at the bottom of the page, the next time you open any of the pages, it should remember you from your last session, so you do not have to re-enter the Facility/Agency Information each time. The information is stored on the local computer in a “cookie”. (Note that this is computer specific – if you go to another computer in your office, it will not have your information unless you re-enter it on that computer and check the “Remember Me” box. Note also that it’s fine to have multiple users

in your office submitting forms with different e-mail and phone numbers.

While it is not required that you enter an e-mail address, if you do, a confirmation e-mail will be sent to the address you enter (see below) confirming that the data has been successfully submitted. There will be a link in the email, which if you follow, will allow you to track if, when and by whom your submission has been processed. You will also automatically get an email confirming when your submission has been processed at OES.

## ACTION SPECIFIC SECTIONS

| Transferred to:   |                      |
|---|----------------------|
| <input type="checkbox"/> <b>Hospital: Bedhold Request</b><br>(Required if hospital stay > 24 hours) |                      |
| Hospital Name: <input type="text"/>   |                      |
| Date: <input type="text"/> Time: <input type="text"/>   |                      |
| <input type="checkbox"/> <b>Your nursing facility from hospital</b>                                 |                      |
| <input type="checkbox"/> to SNF Medicare Date: <input type="text"/>                                 |                      |
| <input type="checkbox"/> to NF MaineCare Date: <input type="text"/>                                 |                      |
| <input type="checkbox"/> <b>from SNF Medicare back to NF MaineCare</b>                              |                      |
| First non-SNF Date: <input type="text"/>  |                      |
| <input type="checkbox"/> <b>from NF MaineCare to SNF Medicare within 30 days of admit Date:</b>     | <input type="text"/> |
| <input type="checkbox"/> <b>from NF MaineCare to Private pay Date:</b>                              | <input type="text"/> |

| Discharge Information                                  |  |
|--|--|
| <input type="checkbox"/> <b>Home</b>                   | Address: <input type="text"/> Date: <input type="text"/> |
| <input type="checkbox"/> <b>Residential Care</b>       | Name: <input type="text"/> Date: <input type="text"/>    |
| <input type="checkbox"/> <b>Other Nursing Facility</b> | Name: <input type="text"/> Date: <input type="text"/>    |
| <input type="checkbox"/> <b>Hospice House</b>          | Name: <input type="text"/> Date: <input type="text"/>    |
| <input type="checkbox"/> <b>Hospital</b>               | Name: <input type="text"/> Date: <input type="text"/>    |

Each page will have a section which is unique to the action (i.e. the Deceased page only has Date of Death and Location at time of death fields to complete – in this example, fields specific to Transfers are displayed)

Fill out the appropriate information for whatever action you are taking. Note that date fields will not allow you to enter a future date.

### CHANGES:

- Labels have been changed to correspond to the transfer form.
- Reinstatements are now requested only through the portal in the **from SNF Medicare back to NF MaineCare** box.
- Hospice House has been added as a Discharge choice.
- Please refer to the NF Transfer Form instructions found on the provider section of the OES website for additional information.

## SPECIAL NOTES

The Special Notes field can be used to enter information specific to your submission that you want to bring to the attention of OES that you could not otherwise send.

## ACCESS CODE

An Access Code must be entered into the system in order for you to successfully submit the form. The Access Code for all facilities is found on the instructions that were mailed to your facility. We are not requiring facilities to establish unique login id's and passwords.

## SECURITY

Note that the address of the portal starts with **https://** “The s in ‘https://’ indicates that this is on a secure web server – this means that any information which you submit is encrypted in transmission, so that it cannot be intercepted by hackers.”

## CONFIRMATION

If you have included your e-mail address in your submission, you should get an email confirmation from [Facility.Communication@maine.gov](mailto:Facility.Communication@maine.gov) when your submission has been received. You will also get one when your submission has been processed at OES. Note that you can click on the link at any time to get an update on whether your submission has been processed yet. Do not use [Facility.Communication@maine.gov](mailto:Facility.Communication@maine.gov) to contact OES.