

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Once the registration confirmation e-mail is received, Intermediate Care Facilities for the Developmentally Disabled shall submit **monthly**: net patient revenues and Medicaid patient days through the online data collection form found at: <http://nfqa.ahca.myflorida.com/>. **Login** using the user name and password you created during registration. Then, click <Login>.

The screenshot shows a web browser window titled "AHCA - Nursing Facility Quality Assessment - Windows Internet Explorer". The address bar shows "http://ahcaxnetstage/nfqa/". The page features the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". A navigation menu includes "About Us", "Site Menu", and "Contact Us". Below the logo, there are links for "Home", "Publications", "Find a Facility", and "Direct to Our Divisions", along with a search box. The main content area is titled "Nursing Facility Quality Assessment" and includes a link for "New Users Register Here!". A central login box is titled "Existing Users Login Here" and contains the following fields and buttons:

- Enter User Name: test012345
- Enter Password: [masked]
- Login button
- Cancel button
- Forgot Password button

Two callout boxes provide instructions:

- A callout pointing to the "Login" button says: "After entering user name and password click <Login>"
- A callout pointing to the "Forgot Password" button says: "If you forget your password and need to change it click here"

The footer of the page includes links for "Home", "Doing Business with AHCA", "Disclaimer", "Contact Webmaster", and "Individuals & Families Providers", along with the AHCA logo and a "Local intranet" indicator.

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Choose the reporting month/year from the drop down box. Your facility's information is already populated in the dark grey boxes. Please review this information for any discrepancies. Then click <Next>.

The screenshot shows a web browser window titled "AHCA - Nursing Facility Quality Assessment - Windows Internet Explorer". The address bar shows the URL: <http://ahca.netsstagenew.fdhc.state.fl.us/infqa/MonthlyAssessmentReport.aspx>. The page features the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". Navigation links include "Home", "Publications", "Find a Facility", and "Direct to Our Divisions". A search bar is also present.

The main content area is titled "Facility Quality Assessment" and includes a "Welcome, FACILITY!" message with a "Log Out" link. Below this, there are links for "Home", "Submission History", "Resubmission", and "My Account". The "Assessment Report" section contains a "Report Month:" dropdown menu currently set to "SEPTEMBER 2009". A callout bubble points to this dropdown with the text "Choose reporting month".

Below the dropdown is a progress indicator with four steps: "step 1", "step 2", "step 3", and "finished". "step 1" is the active step, indicated by a filled circle. Below the progress indicator is a warning: "Review provider information for accuracy. Any discrepancies must be reported to the AHCA [Long Term Care Unit](#)".

The form displays the following facility information in dark grey boxes:

- Facility Name: Second Street Group Home
- Address: 3841 S.E. 2ND STREET
- City, State, Zip: OCALA, FL 34471
- Provider Type: INTERMEDIATE CARE FACILITY
- Provider Number: 25930107
- Medicaid Number: 028545500

At the bottom of the form is a "Next" button. A callout bubble points to this button with the text "Click <Next> when complete".

The footer contains contact information for the Florida Agency for Health Care Administration, including the website "MyFlorida.com", and a "myAHCA" logo.

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Quality Assessment Worksheet: Enter the following information.

Monthly net patient revenue: Monthly net patient revenue includes the total of all payer types (see statute for further definition of Net Patient Revenue). Enter this amount in the Monthly Net Patient Revenue box (**NOTE:** This field is optional).

Data entry A: Total Medicaid Patient Days: Enter the total number of Medicaid days for the current month based on dates of service paid or payable by Medicaid.

The following fields are available for input but are set to “Zero” by default. Private and Medicare patient days on the norm are not applicable to ICF/DD facilities:

Data entry B: Total Private/Other Non-Medicare Days: Enter the total number of Total Private/Other Non-Medicare Days for the current month based on dates of service paid or payable by any other source that is neither Medicaid nor Medicare.

Data entry F: Total Medicare Patient Days: Enter the number of Medicare patient days for the current month based on dates of service paid or payable by Medicare. Medicare resident days mean those patient days funded by the Medicare program or by a Medicare Advantage or special needs plan.

The system automatically calculates Total Non-Medicare Days (C), Provider Assessment Daily Rate (D), Total Amount Due (E), and Total Patient Days (G). **When data entry is complete, click <Next>.**

See following page for Screenshot.

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

AHCA - Nursing Facility Quality Assessment - Windows Internet Explorer

http://ahcaxnetstagenew.fdhc.state.fl.us/nfqa/MonthlyAssessmentReport.aspx

File Edit View Favorites Tools Help

Home About Us Site Menu Contact Us

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

Home Publications Find a Facility Direct to Our Divisions

Welcome, FACILITY! [Log Out](#)

Facility Quality Assessment

[Home](#) [Submission History](#) [Resubmission](#) [My Account](#)

Assessment Report

Report Month:

step 1 step 2 step 3 finished

Assessment Worksheet	Monthly Total
Monthly Net Patient Revenue: \$	<input type="text" value="200,000"/>
A. Total Medicaid Patient Days	<input type="text" value="572"/>
B. Total Private/Other Non-Medicare Days	<input type="text" value="0"/>
C. Total Non-Medicare Days (A + B)	<input type="text" value="572"/>
D. Provider Assessment Daily Rate	<input type="text" value="\$10.62"/>
E. Total Amount Due (C x D)	<input type="text" value="\$6,074.64"/>
F. Total Medicare Patient Days	<input type="text" value="0"/>
G. Total Patient Days (C + F)	<input type="text" value="572"/>

Local intranet 100%

The system automatically inputs each facility's daily assessment rate.

Enter monthly net-patient revenue here

NOTE: This field is optional

Click <Next> once data entry is complete

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Verification Page:

Verify that the monthly data input for your facility is correct. If there is an error click <Previous> , which directs you back to the Assessment Worksheet. There you can correct any errors. Notice the Total Amount Due. This is the amount of your facility's monthly assessment. If all the information is correct click <Submit>.

The screenshot shows the AHCA website interface for a Facility Quality Assessment. The page title is "Facility Quality Assessment" and the sub-page is "Assessment Report". The report month is set to "SEPTEMBER 2009". A progress bar indicates the user is at "step 3" of a 4-step process. The facility information is as follows:

- Facility Name: Second Street Group Home
- Address: 3841 S.E. 2ND STREET OCALA, FL 34471
- Provider Type: INTERMEDIATE CARE FACILITY
- Provider Number: 25930107
- Medicaid Number: 028545500

The summary table shows the following data:

Monthly Revenue Total:	200,000
Total Non-Medicare Days:	572
Provider Assessment Rate:	\$10.62
Total Amount Due:	\$6,074.64

At the bottom of the page, there are "Previous" and "Submit" buttons. A callout box points to the "Submit" button with the text: "Click <submit> when verification is complete." Another callout box points to the "Total Amount Due" value with the text: "Total amount due to AHCA by the 15th of the following reporting".

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

The remittance document is to be printed and submitted with payment. To go to the Remittance page, either click <Print Invoice Image> for pdf. format or click <Print HTML Invoice> for HTML format.

The screenshot shows a web browser window titled "AHCA - Nursing Facility Quality Assessment - Windows Internet Explorer". The address bar shows the URL: <http://ahcaxnetsdagenew.fdhc.state.fl.us/infqa/MonthlyAssessmentReport.aspx>. The page header includes the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". Navigation links include "Home", "Publications", "Find a Facility", and "Direct to Our Divisions". A search bar is present with the text "Google Custom Search".

The main content area is titled "Facility Quality Assessment" and "Assessment Report". It shows a progress indicator with four steps: "step 1", "step 2", "step 3", and "finished". Below this, it states: "The submission has been completed. The reference number is 0909-0038". There are three links: [Print Invoice Image](#), [Print HTML Invoice](#), and [Report Detail](#). A callout box labeled "Invoice Number" points to the reference number "0909-0038".

Two callout boxes provide instructions: one pointing to the [Print Invoice Image](#) link with the text "Click here to view and print the Remittance Document in pdf. format", and another pointing to the [Print HTML Invoice](#) link with the text "Click here to view and print the Remittance Document in HTML. Format".

The footer contains copyright information for the Florida Agency for Health Care Administration (© 2009) and a "Privacy Policy" link. A "Local intranet" icon and "100%" zoom level are visible in the bottom right corner.

ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Remittance Document:

Print out and submit with payment to the address located on the document. Remember, payments are due by the 15th day of the following reporting month (e.g. October 2009 assessment shall be paid by November 15, 2009). Delinquent payments are subject to fines up to \$1,000 per day, liens against medical assistance payment, and/or licensure action. If you have any questions, please contact the QAF staff at [NFQA@ahca.myflorida.com](mailto:NFOA@ahca.myflorida.com).


The screenshot shows a web browser window displaying the AHCA Nursing Facility Quality Assessment portal. The page title is "Nursing Facility Quality Assessment" and the URL is "http://ahcainetstagenew.fidhc.state.fl.us/nfqa/MonthlyAssessmentReport.aspx". The page features a navigation menu with "Our Divisions", "Submission History", "Resubmission", and "My Account". A "Report Month" dropdown is set to "SEPTEMBER 2009". A progress indicator shows "step 1", "step 2", "step 3", and "finished". A message states "The submission has been completed. The reference number is 0909-0038". Below this are links for "Print Invoice Image", "Print HTML Invoice", and "Report Detail". At the bottom, there is a "Select a format" dropdown and an "Export" button. The main content area displays the AHCA logo and the title "Facility Quality Assessment Fee Invoice".

Callout 1 (top left): If you chose the <Print HTML Invoice> option you must click on <File> and then <Print> to print the invoice

Callout 2 (right side): Click the printer icon to print. If you are unable to print please download the Microsoft Active X control software that pops up on your screen.

Callout 3 (bottom left): You may also export the remittance form to a pdf. file and save it to your desktop. Then print it that way.

Facility Quality Assessment Fee Invoice



Charlie Crist GOVERNOR	 FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION Better Health Care for all Floridians	Holly Benson SECRETARY
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Please make checks payable to:

Agency for Health Care Administration 2727 Mahan Drive, NS # 14 Tallahassee, FL 32308 Finance and Accounting - ICFDD Memo: ICFDD Assessment Fee	Reference ID: 0909-0038 Creation Date: 10/21/2009 Report: SEPTEMBER 2009 Mon/Year: Facility Name: Second Street Group Home Facility Address: 3841 S.E. 2ND STREET OCALA, FL 34471
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ICF/DD HELP INSTRUCTIONS - MONTHLY REPORTING

Remittance Document Continued:

	Facility Quality Assessment Fee Invoice	
Charlie Crist GOVERNOR	Holly Benson SECRETARY	
Invoice #		
Reporting month		
Please make checks payable to:		
Agency for Health Care Administration 2727 Mahan Drive, MS # 14 Tallahassee, FL 32308 Finance and Accounting - ICFDD Memo: ICFDD Assessment Fee	Reference ID: 0909-0038 Creation Date: 10/21/2009 Report Mon/Year: SEPTEMBER 2009 Facility Name: Second Street Group Home Facility Address: 3841 S.E. 2ND STREET OCALA, FL 34471	
<hr/>		
Medicaid Number	028545500	
Provider Number	25930107	
Provider Type	INTERMEDIATE CARE FACILITY -25	
Please submit your remittance and monthly fee payment to the address above. Failure to submit full payment by the due date shall result in penalties and interest as stated in Section 409.9083 Florida Statutes. If you should have any questions regarding this form or reporting requirements, please contact Finance & Accounting at 850/488-5869.		
Total Non-Medicare Days	572	
Provider Assessment Rate (X)	\$10.02	
Current Amount	\$6,074.64	
Amount due to AHCA		
Payments are due by the 15th of the following reporting month.		
2727 Mahan Drive, MS# 14 Tallahassee, Florida 32308		Visit AHCA online at http://ahca.myflorida.com

COMPLETE!