

NFQA HELP INSTRUCTIONS - MONTHLY REPORTING

Once the registration confirmation e-mail is received, Skilled Nursing Facilities shall submit **monthly**: net patient revenues, as well as, Medicaid, Private, and Medicare 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 the AHCA website's login page for the Nursing Facility Quality Assessment. The browser window title is "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". Navigation links include "About Us", "Site Menu", and "Contact Us". A search bar is located at the top right. The main heading is "Nursing Facility Quality Assessment", with a link for "New Users Register Here!". The login form is titled "Existing Users Login Here" and contains two input fields: "Enter User Name:" with the value "test012345" and "Enter Password:" with masked characters. Below the fields are three buttons: "Login", "Cancel", and "Forgot Password". Two callout boxes provide instructions: one points to the "Login" button with the text "After entering user name and password click <Login>", and another points to the "Forgot Password" button with the text "If you forget your password and need to change it click here". The footer contains links for "Home", "Doing Business with AHCA", "Disclaimer", "Contact Webmaster", and "Individuals & Families Providers". The status bar at the bottom indicates "Local intranet" and "100%".

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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 the AHCA Nursing Facility Quality Assessment website in a Windows Internet Explorer browser. The page title is "AHCA - Nursing Facility Quality Assessment". The URL is "http://ahca.net/stagenew.fidhc.state.fl.us/nfqa/MonthlyAssessmentReport.aspx". The page features the AHCA logo and the tagline "Better Health Care for All Floridians". The main content area is titled "Facility Quality Assessment" and includes a "Welcome, FACILITY!" message. Below this, there are links for "Home", "Submission History", "Resubmission", and "My Account". The "Assessment Report" section has a "Report Month" dropdown menu currently set to "SEPTEMBER 2009". A progress indicator shows four steps: "step 1" (selected), "step 2", "step 3", and "finished". Below the progress indicator, there is a warning: "Review provider information for accuracy. Any discrepancies must be reported to the AHCA Long Term Care Unit". The form fields are populated with the following information: 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: 25330107; Medicaid Number: 028545500. A "Next" button is located at the bottom of the form. Two callout boxes provide instructions: "Choose reporting month" points to the "Report Month" dropdown menu, and "Click <Next> when complete" points to the "Next" button.

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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.

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.

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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%

Enter monthly net-patient revenue here

NOTE: This field is optional

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

Click <Next> once data entry is complete

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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 the 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 shows four steps: "step 1", "step 2", "step 3", and "finished". Below the progress bar, it says "Please verify the data before submission". 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

A 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 two buttons: "Previous" and "Submit". 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 in the table with the text: "Total amount due to AHCA by the 15th of the following reporting".

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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 the AHCA website interface. At the top, there is a navigation bar with links for 'About Us', 'Site Menu', and 'Contact Us'. Below this is the AHCA logo and the tagline 'Better Health Care for All Floridians'. The main content area is titled 'Facility Quality Assessment' and includes a 'Report Month' dropdown menu set to 'SEPTEMBER 2009'. A progress indicator shows four steps: 'step 1', 'step 2', 'step 3', and 'finished', with 'finished' being the active step. Below the progress indicator, a message states: 'The submission has been completed. The reference number is 0909-0038'. Three links are provided: 'Print Invoice Image', 'Print HTML Invoice', and 'Report Detail'. A callout box points to the 'Print Invoice Image' link with the text: 'Click here to view and print the Remittance Document in pdf. format'. Another callout box points to the 'Print HTML Invoice' link with the text: 'Click here to view and print the Remittance Document in HTML. Format'. A third callout box points to the reference number '0909-0038' with the text: 'Invoice Number'. The footer contains copyright information and additional links like 'Home', 'MyFlorida.com', 'Doing Business', 'Disclaimer', and 'Contact Web'.

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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.

If you chose the <Print HTML Invoice> option you must click on <File> and then <Print> to print the invoice

You may also export the remittance form to a pdf. file and save it to your desktop. Then print it that way.

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.

Our Divisions
Better Health Care for All Floridians
Welcome, FACILITY! [Log Out](#)

Facility Quality Assessment

[Submission History](#) [Resubmission](#) [My Account](#)
Assessment Report

Report Month:

step 1 step 2 step 3 finished

The submission has been completed. The reference number is 0909-0038
[Print Invoice Image](#) [Print HTML Invoice](#) [Report Detail](#)

Select a format

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

Charlie Crist
GOVERNOR

Holly Benson
SECRETARY

Facility Quality Assessment Fee Invoice



Please make checks payable to:

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

Local intranet 100%

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Remittance Document Continued:

	Facility Quality Assessment Fee Invoice	
Charlie Crist GOVERNOR	Holly Benson SECRETARY	
Invoice #		
Reporting month		
<hr/>		
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	
<p>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.</p>		
Total Non-Medicare Days	572	
Provider Assessment Rate (X)	\$10.02	
Current Amount	\$6,074.64	
Amount due to AHCA		
<p>Payments are due by the 15th of the following reporting month.</p>		
<hr/> 2727 Mahan Drive, MS# 14 Tallahassee, Florida 32308		<hr/> Visit AHCA online at http://ahca.myflorida.com

COMPLETE!