

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 a web browser window displaying the AHCA (Florida Agency for Health Care Administration) website. The page title is "Nursing Facility Quality Assessment". At the top, there is a navigation menu with "About Us", "Site Menu", and "Contact Us". Below the AHCA logo, the tagline "Better Health Care for All Floridians" is visible. The main content area features a login form titled "Existing Users Login Here". The form includes fields for "Enter User Name:" (containing "test012345") and "Enter Password:" (masked with dots). Below the fields are three buttons: "Login", "Cancel", and "Forgot Password". A callout box on the left points to the "Login" button with the text: "After entering user name and password click <Login>". A callout box on the right points to the "Forgot Password" button with the text: "If you forget your password and need to change it click here". The browser's address bar shows "http://ahcaxnetstage/nfqa/".

NFQA 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>.

CAHCA - Nursing Facility Quality Assessment - Windows Internet Explorer

FE Edi VeFroles Tllll flip

AHCA - Nursing Facility Quality Assessment

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: **SEPTEMBER 2013**

step 1 step 2 step 3 Refresh

Review provider information for accuracy. Any discrepancies must be reported to the AHCA Long Term Care Unit

frli)H''''''F.,;gGlooglllme
iam)ll.HE JJ STREET
Ce,Sll:e,l(Oci)A (1)1411
P..00T<:jjEmfrA,TECA'RE_Ff;_M
Pr.a,ldortldorj2o'101G7
Ueo->Jmb-c''''''L.,'(11-----555-----

[Next](#)

Florida Agency for Health Care Administration
9519 Privacy Policy

Home
Help with us
Doing Business with AHCA
Customer Support
Contact Us

Individuals & Families
Partners
File a Complaint
Send a Request
Request a License
Request a License Renewal

Local Intranet 100%

NFQA 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.

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.

NFQA HELP INSTRUCTIONS-MONTHLY REPORTING

Facility Quality Assessment
 Report Month: **SEPTEMBER 2008**
 Step 1 Step 2 Step 3 Finished
 Patient Revenue: 100,000.00
 Next

Enter monthly net-patient revenue here
NOTE: This field is optional

Click <Next> once data entry is complete

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

NFQA 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>.

Facility Quality Assessment

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

Assessment Report

Report Month:

step 1 step 2 step 3 finished

Please visit the website for submission

Facility Name: Second Street Gr-Jup Home
Address: 381 S.E. 2-10 STREET OCILLA, FL 32171
Provider: ELHER EDITE CIREL, CITY
Provider License: 25930101
Mileage Number: 028545.00

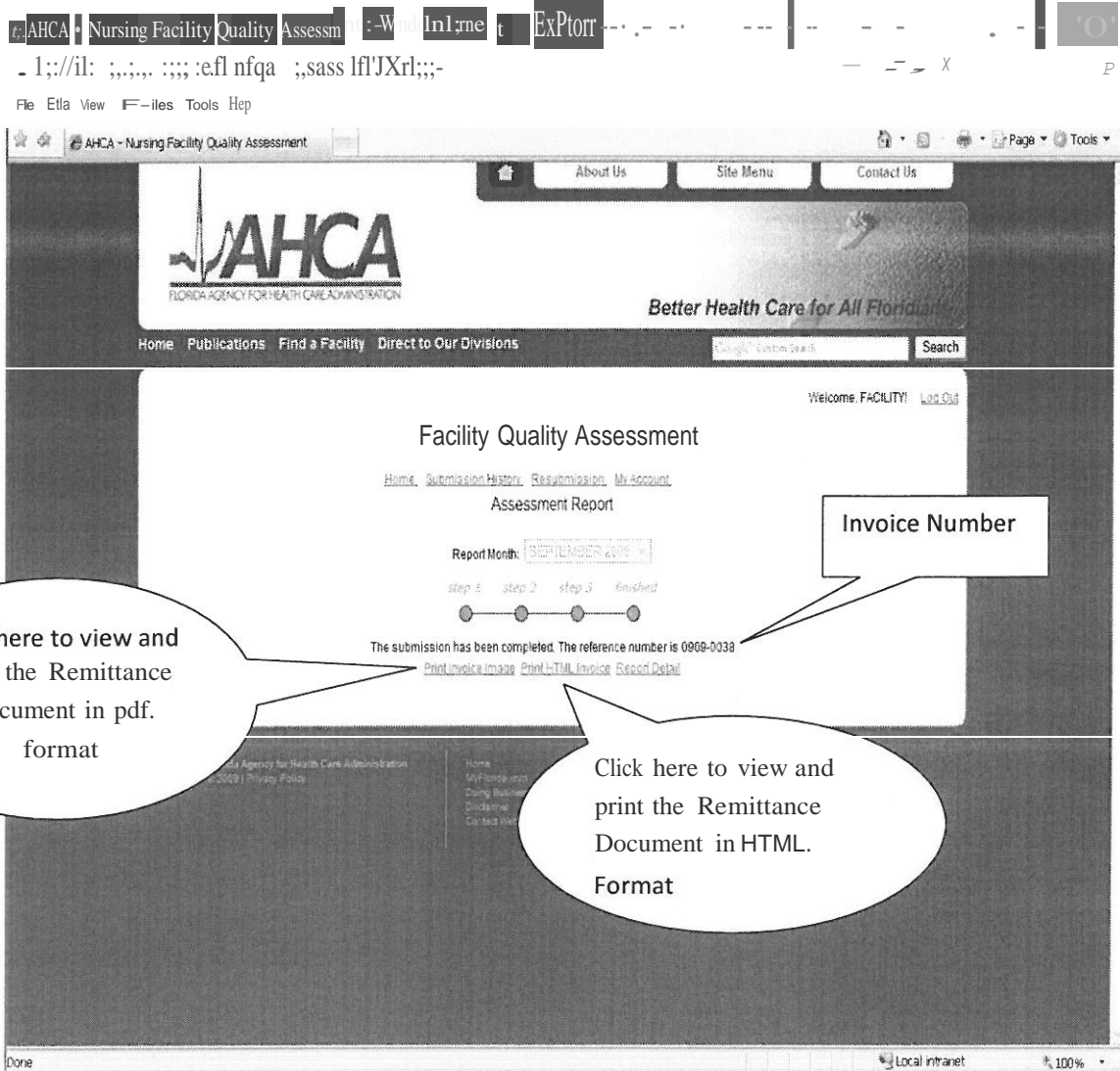
Mn#12- Revenue To 13t	200,000
Total NYHA Medicaid & Dais:	572
NYHA Assessment Rate:	1102.2
Total Payment Due:	\$9,074.64

Total amount due to AHCA by the 15th of the following reporting

Click <submit> when verification is complete.

NFQA 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.



NFQA 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.

The screenshot shows a web browser window displaying the 'Facility Quality Assessment' report page. The page includes a navigation menu, a search bar, and a progress indicator for the report. A callout box points to the 'Print' button in the browser's menu bar, stating: 'If you chose the <Print HTML Invoice> option you must click on <File> and then <Print> to print the invoice'. Another callout box points to a printer icon at the bottom of the page, stating: '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.' A third callout box points to the 'Export' button, stating: 'You may also export the remittance form to a pdf. file and save it to your desktop . Then print it that way.' The main content of the page shows the 'Facility Quality Assessment Fee Invoice' with various fields and a progress indicator.

NFQA HELP INSTRUCTIONS-MONTHLY REPORTING

Remittance Document Continued:

<p>Challe Clisf GOV\FNOR</p>	<p>sen.. HN<llJl Cirf•W. flJ iJ., iJUm</p>	<p>Holly Benson SECRETARY</p>
-----------------------------------------	-----------------------------------------------	-----------------------------------

Invoice #

Facility Quality Assessment Fee Invoice

Please make checks payable to:

<p>Agency or Health Care Administration 2727 Mahan Drive, MS# 14 Tallahassee, FL 32308 Financial Account - ICFDO Form: ICFDD, ssGS;mont=ae</p>	<p>ReferenceID: otOO QJG creation Date: 1C12112009 Report: BR 2009 Facility Name: secormstreet Group Home Facility Address: JS41S.E. 2ND ST. EET OCALA, ft 34-471</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Medicaid Number 023 455CO Provider Number 259)0107 Provider Type :INTERMEDIATE CARE FACIUY -25</p>	<p>Reporting month</p>
------------------------------------------------------------------------------------------------------------------------------------	-------------------------------


Plas.::utmit you- rentctnca and. -ronth)' fsG paynwm lo :hE address aboWl Fallurn to submit fuH
 payment by the due date shall result in penalties and interest as stated in Section 4-99083

Florida Statute: It is the policy of the state to encourage the development of a system of long-term care facilities that are safe, sound, and efficient.
 please contact Finance & Accounting at 850-888-5869

<p>Provider A 5e3nle:1 Rate 00 Current Amount</p>	<p>STZ \$10.62 SS,174.5</p>	<p>Amount due to AHCA</p>
--------------------------------------------------------------	--------------------------------------------	----------------------------------

Payments are due by the 15th of the following reporting month:

2727 Mahan Drive, MS# 14
Tallahassee, Florida 32308



Florida Health Care Authority
http://www.flhca.gov

NFQA HELP INSTRUCTIONS-MONTHLY REPORTING

COMPLETE!