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>.

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>.

AHCA Form 5000-3549, October 2013   Rule Number 59G-6.010, FAC

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.

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

AHCA Form 5000-3549, October 2013   Rule Number 59G-6.010, FAC

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>.

AHCA Form 5000-3549, October 2013   Rule Number 59G-6.010, FAC

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.

AHCA Form 5000-3549, October 2013   Rule Number 59G-6.010, FAC
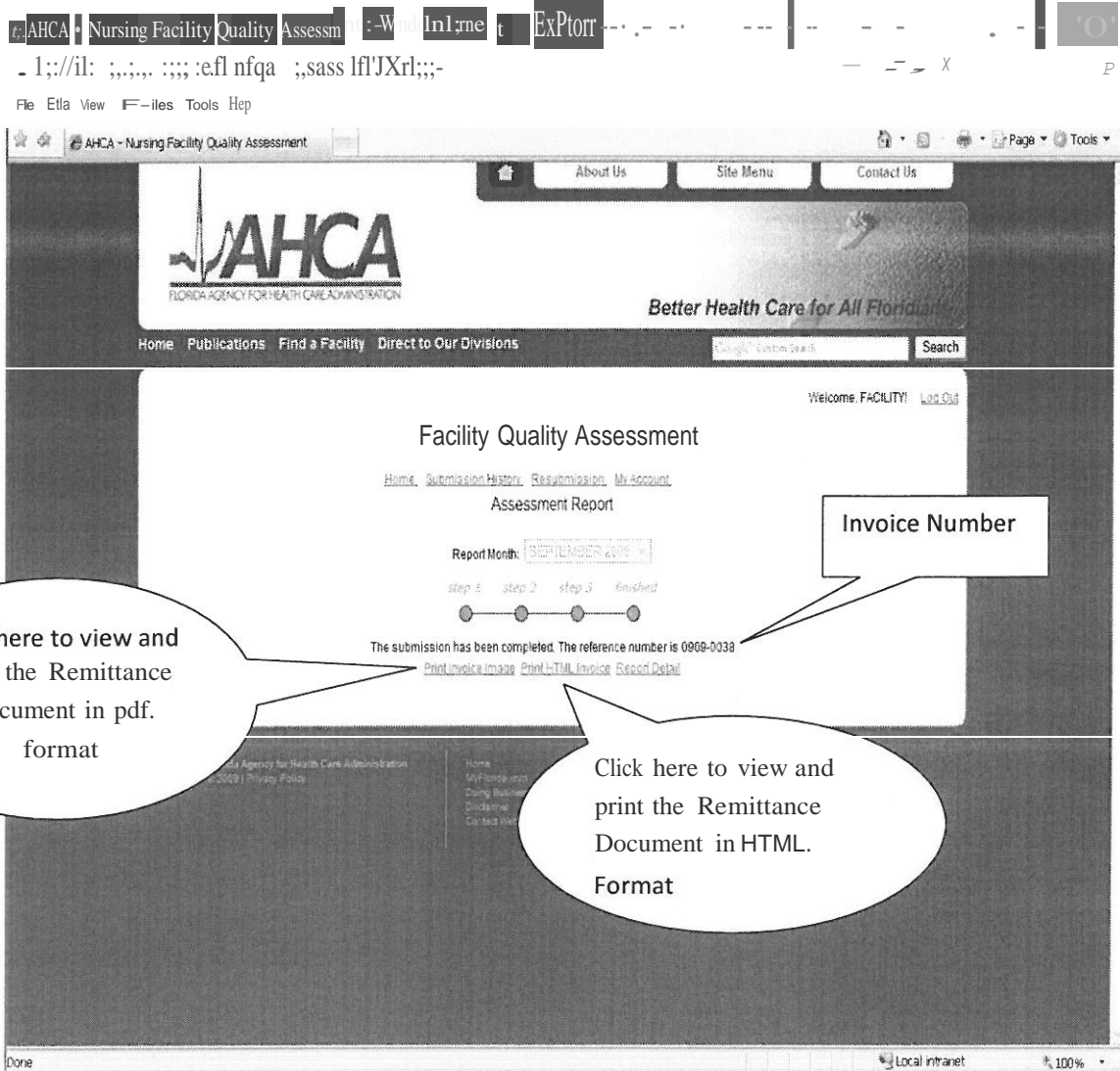
NFQA HELP INSTRUCTIONS-MONTHLY REPORTING

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.

Remittance Document Continued:

Challle C1i.:s1
GOVI"FNOR

'1C\0"'C-L'":;'-o. 1(' ' '-.) (= - ..*----

sen.. HN<IIJI CirF•W. ji/1 iJ.,iiJUms

Holly Benson
SECRETARY

Invoice #

Facility Quality Assessment Fee 1nvoice

Please make checks payable to:

Agenr!! or Healt-1 Care AdminiMr3tion
2727 Mchan D1i<e.MS"14
n tanassee.FL nJo
Fironc• aM Accounor.-ICFDO
r! mo: ICFDD,\ssGS:;mont =ae

RcferenceiD: otOO QJG

creaGn Da: :   1CI2112009

Repoo   ER 2009
l|40i|fY'l:'cH:

Fac:llit)' hJarril;r   **secomrstreet** Group Home

Fadlt}Addrooo: JS41S.E.2ND STF.EET
OCALA, ft 34-471

Reporting month

Me-dicaidNUmblH   023 455CO

Pro-tid-Y Number   259)0107

Protider T la:;e   :HTERMEDIATE CARE FACIU1Y   -25

Ploas.;:utmlt you;- renttctnca and. -ronth)' fsG paynwm lo :hE address abo¥i Fal1urn to submit fuH

paym•ol by *tho* due date sh ll resut in pena>l!es and mtorest as statod ;,., Se t1on 4-')9 9083

F landa Statutei: *n*)i-OL ;::hould havE any questiOn> rP.-g;trding thi.; **form** *of* r'-'p-crling rilqulr£oM.9-nts

ploa;e cont act F'1ance & Ac o,mting •85iM88-5869

ro al Non-M di:are Oays   *sn*

Provider A 5e53nle:l-1 Rate 0Q   S10.62

Current Amo nt   SS,\174.5   ≡≡≡—   Amount due to AHCA

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

1727 Mahan Drive, MS# 14
Tallahassee, Florida 32308

y .. lHCA 0 lllAe Hl
ht:p: 1'\h::'fl <1y,ror1ris c..m

COMPLETE!