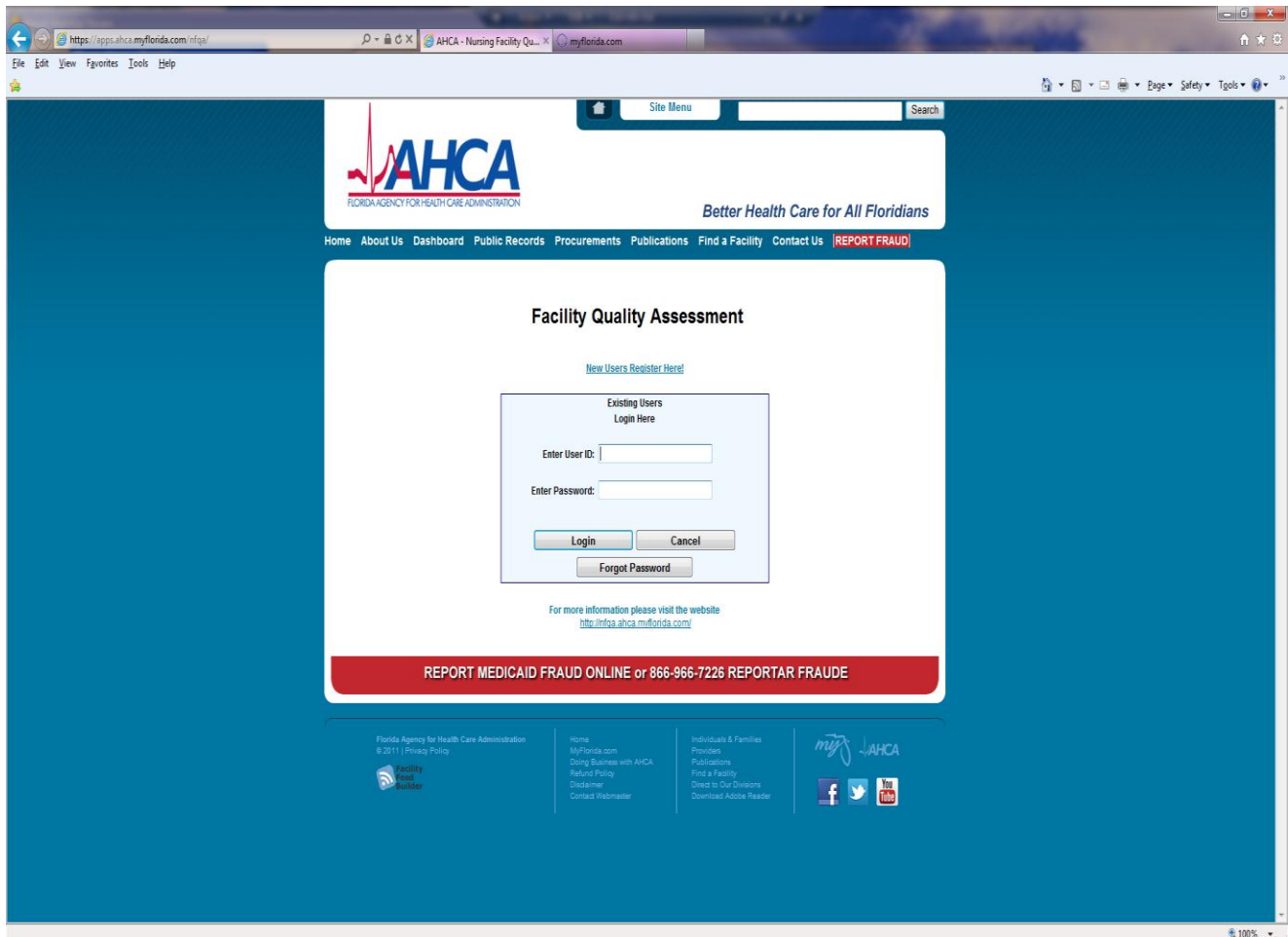


ICF/DD HELP INSTRUCTIONS-MONTHLY REPORTING

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>.



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>.

Windows Internet Explorer

Home Publications Find a Facility Direct to Our Divisions

Home About Us Site Menu Contact Us

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

Welcome, FACILITY! [Log Out](#)

Facility Quality Assessment

[Home](#) [Submit a New History](#) [Renew Submission](#) [My Account](#)

Assessment Report

Report Month: **SEPTEMBER 2009**

step 1 step 2 **step 3** finished

Review provider information for accuracy. Any discrepancies must be reported to the AHCA. [Log Out](#)

faci IIOII 9 Second Gloqlliom9

!MISIREET

Ct. Sn. I

P"IT,IE&:il<IE CAAE FACUTY

PrillllYmk-crj"lIJIJCI

Ued: id/U mter,"s: o e"

Next

Florida Agency for Health Care Administration
9-23-09 Privacy Policy

Home
My Profile
Using Accounts with AHCA
Sign Out
Contact Us

Individuals & Facilities
Providers
Facilities
Find a Facility
Direct to Our Divisions
Contact Us

AHCA

Local intranet

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

The screenshot shows the AHCA website interface for the 'Facility Quality Assessment' report. The page title is 'Facility Quality Assessment' and the sub-header is 'Assessment Report'. The form includes several data entry fields and a progress indicator.

Callout 1: A speech bubble points to the 'Monthly Net Patient Revenue' field, which contains the value '200,000'. The text reads: "Enter monthly net-patient revenue here" and "NOTE: This field is optional".

Callout 2: A speech bubble points to the 'Total Medicaid Patient Days' field, which contains the value '572'. The text reads: "The system automatically inputs each facility's daily assessment rate." (Note: This callout text is slightly misaligned with the field it points to in the image).

Callout 3: A speech bubble points to the 'Next' button at the bottom of the form. The text reads: "Click <Next> once data entry is complete".

The form fields visible are:

- Report Uofll: (Progress indicator)
- Assessment Workload (Monthly Total)
- Monthly Net Patient Revenue: 200,000
- Total Medicaid Patient Days: 572
- Total Private/Other Non-Medicaid Cases
- Historical Care Days (Last 30 Days)
- Provider Assessment Daily Rate: \$10.62
- Total Amount Collected: \$64
- Total Medicare Patient Days
- Total Private Patient Days: 572

Navigation buttons: Previous, Next

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 a web browser window displaying the AHCA Nursing Facility Quality Assessment website. The page title is "Facility Quality Assessment" and the URL is "http://ahcaxinetstagenew.fhca.state.fl.us/nfq/MonthlyAssessmentReport.aspx". The page features the AHCA logo and the tagline "Better Health Care for All Floridians". The main content area displays the following information:

- Home | [Supervisor History](#) | [Resubmission](#) | [Assessment](#) | [Assessment Report](#)
- Report Month: [dropdown menu]
- Progress indicator: step 1 (filled), step 2 (filled), step 3 (filled), finished (empty)
- Please verify the data before submitting it.
- Facility Name: Second Street Group Home
- Address: 3541 S E 2ND STREET OCW., FL 34<71
- Provider ID: INTERMEDIATE CARE FWUTY
- Provider ID: 25930107
- Medicaid ID: 0284500
- Estimated Revenue Total: \$10,662
- Total In-Care Days: \$10,662
- Provider Assessment Rate: \$10,662
- Total Amount Due: \$10,662

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 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://ahca.net/stagenew.fchc.state.fl.us/nfqa/MonthlyAssessmentReport.aspx>. The page header includes the AHCA logo and the tagline "Better Health Care for All Florida". 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! Log Out" message. Below this, there are links for "Home", "Submission History", "Resubmission", and "My Account". The "Assessment Report" section shows "RePortMontr" and a progress indicator. A message states: "The submission has been completed. The reference number is 0908-0033". Below this message are two links: "Print Invoice Image" and "Print HTML Invoice".

Callouts on the page include:

- A speech bubble pointing to the "Print Invoice Image" link: "Click here to view and print the Remittance Document in pdf. format".
- A speech bubble pointing to the "Print HTML Invoice" link: "Click here to view and print the Remittance Document in HTML. Format".
- A text box pointing to the reference number: "Invoice Number".

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.

The screenshot shows a web browser window displaying the AHCA (Agency for Health Care Administration) website. The page title is "Facility Quality Assessment" and it shows a progress bar with three steps: "step 1", "step 2", and "step 3". Below the progress bar, there is a "Select a format" dropdown menu and an "Export" button. A callout box points to the "Print" button, 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 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." A third callout box points to the printer icon, 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." Below the progress bar, there is a "Facility Quality Assessment Fee Invoice" section with the AHCA logo and the text "Better Health Care for all Floridians". The invoice includes the following information: "Please email: dledspay@ahca.com", "Report Date: SEPTU 21", "Report User: S et:Om.JHBIS", "Facility: SEaLOSTFEH", and "OC: FL 34471".

ICF/DD HELP INSTRUCTIONS-MONTHLY REPORTING

Remittance Document Continued:



Charlie Crist
GOVERNOR

Holly Berson
SECRETARY

Facility Quality Assessment Fee Invoice

Please make checks payable to:
 Agency for Health Care Administration
 2727 North Dade Avenue, MS 4-14
 Tallahassee, FL 32308
 Reporting Agency Account # 1600
 Member: ICFDD, Crossmont ---

Reference ID: OS004CJO
 Creation Date: 10/21/2009
 Report Month: SEPTEMBER 2009
 Facility Name: Second Street Group Home
 Facility Address: 1841 S.E. 2ND STREET
 Ocala, FL 34471


Medical Number	18545500
Provider Number	25930107
Provider Type	INTERMEDIATE CARE FACILITY -25

Please submit your report and monthly fee payment to the address above. **Failure to submit full payment by the due date shall result in penalties and sanctions as set forth in Section 409.9083 Florida Statutes.** If you should have any questions regarding this form or reporting requirements please contact Finance & Accounting at: 850-487-5881

Total Non-Medicaid Only	672
Provider Assessment Rate (X)	\$10.62
Current Amount	\$6,074.54 =====

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

For Information Only
 Florida Agency for Health Care Administration



YMC of the
 Hillsborough County

Invoice #

Reporting month

Amount due to AHCA

COMPLETE!