LONG TERM CARE TRAINING

Oklahoma Health Care Authority
LTC Cost Report and QOC Training
March 2022

AGENDA

- Legislation
- Quality of Care (QOC) Report
  - Purpose of QOC Form
  - QOC Portal Access
  - User Profile
  - Facility Homepage
  - Instructions for Direct Care Staffing
  - Staffing Ratios
  - Facility Totals/QOC Submission
- Penalties
- Appeal Process
- Long Term Care Cost Reporting
  - Who What & Where
- Schedules
- Tips & FAQs
- Questions?

LEGISLATION

- Quality of Care Reporting
  - State Regulation Section 317:30-5-131.2.
  - Authorizes the Oklahoma Health Care Authority to assess a monthly service fee (Quality of Care Fee) to each licensed nursing facility in the state. The fee assessed on a per patient day basis. The amount of the fee is uniform for each facility type.
  - The Administrative Rules in detail- 317:30-5-131.2. Quality of care fund requirements and report (oklahoma.gov)

- Long Term Care Cost Reporting
  - State Regulation Section 317:30-5-132
  - Each Medicaid-participating long-term care facility is required to submit an annual uniform cost report, designed by the Oklahoma Health Care Authority (OHCA), for the state fiscal year just completed. The state fiscal year is July 1 through June 30. The reports must be submitted to the OHCA on or before October 31st following the end of the state fiscal year just completed.
  - The report must be prepared on the basis of generally accepted accounting principles and the accrual basis of accounting, except as otherwise specified in the cost report instructions.
  - The Administrative Rules in detail - 317:30-5-132. Cost reports (oklahoma.gov)

QUALITY OF CARE (QOC) REPORT

PURPOSE OF QOC FORM

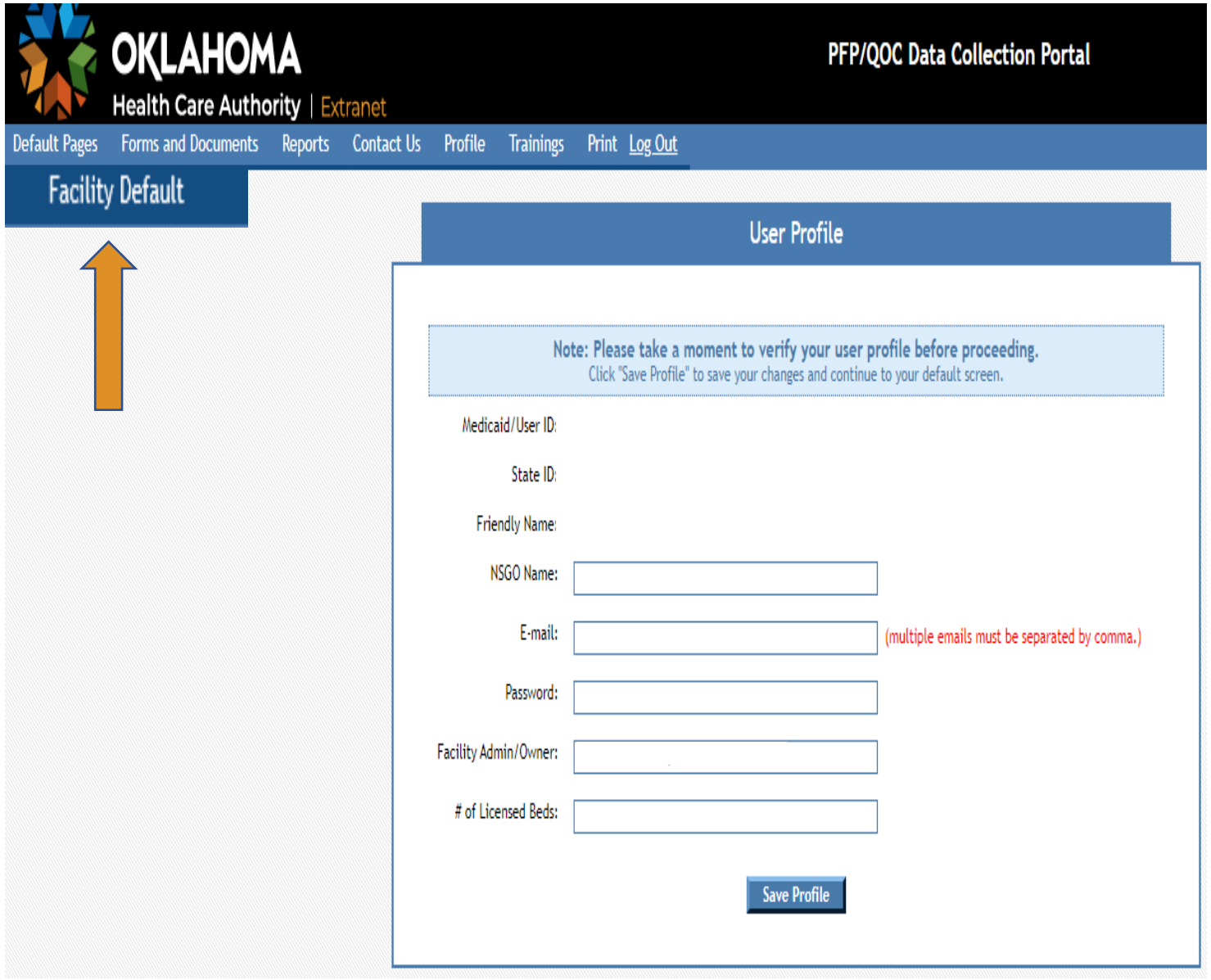
- The form is used to report monthly statistical information
  - Direct-care-staff to resident ratios
  - Total gross receipts
  - Total patient days
  - Total available bed days
  - Total Medicaid and Medicare days
  - Resident census
  - CNA & nurse tenure
- The form must be completed each month online by all nursing facilities.

QOC PORTAL ACCESS

- Log onto web address:
  - https://foe.okhca.org:456/foeqocextyernalportal/
- **User ID:** Always Medicaid ID # or private facility 9-digit #.
- **Password:** Only one password assigned to each facility.
- **Password Reset:** Password will expire every 90 days.

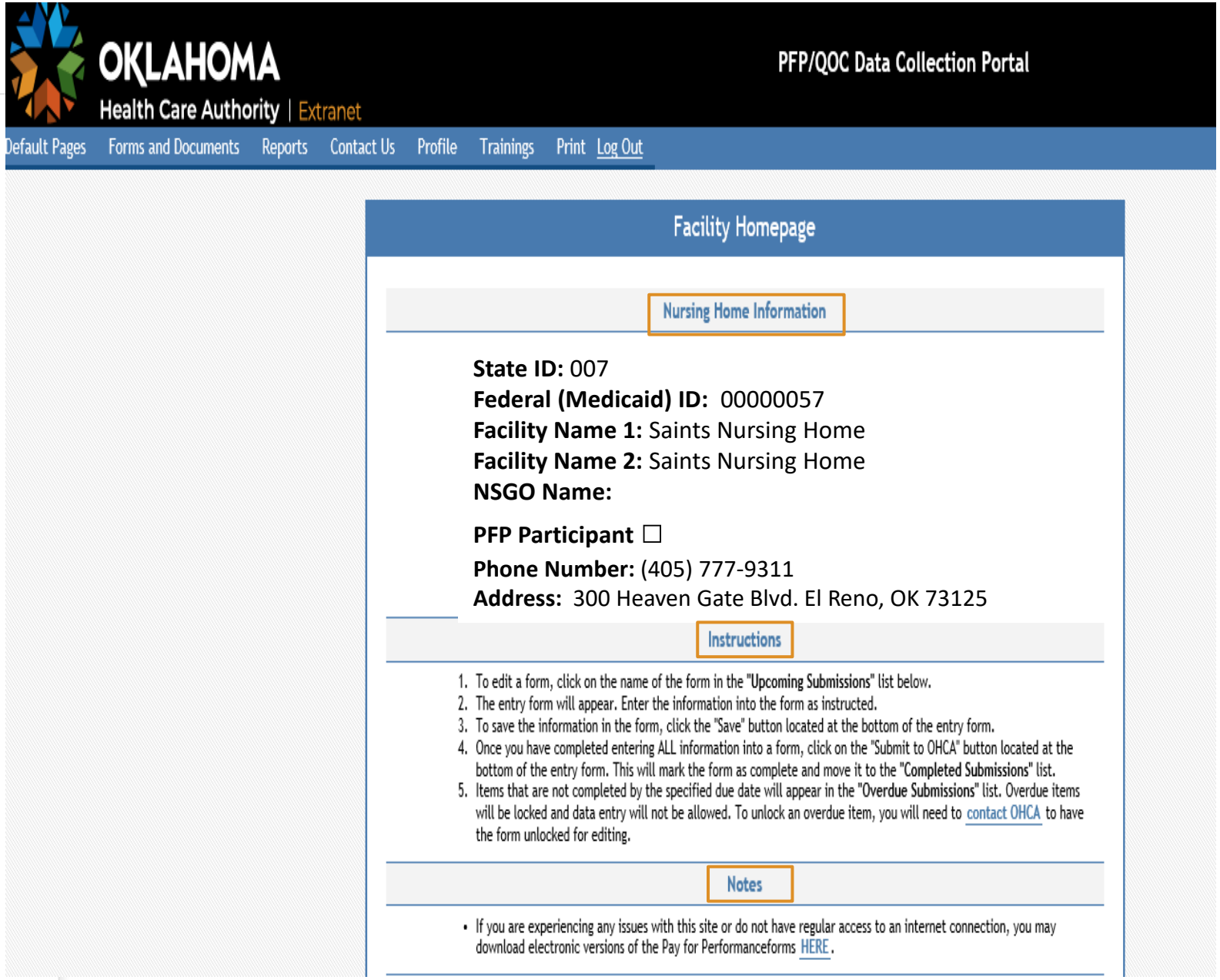
USER PROFILE

- Facility Information
  - Medicaid/User ID
  - State ID#
  - Facility Name
  - NSGO Name
  - E-mail
  - Password
  - Facility Admin/Owner
  - # of Licensed Beds
- Default Pages– Facility Default



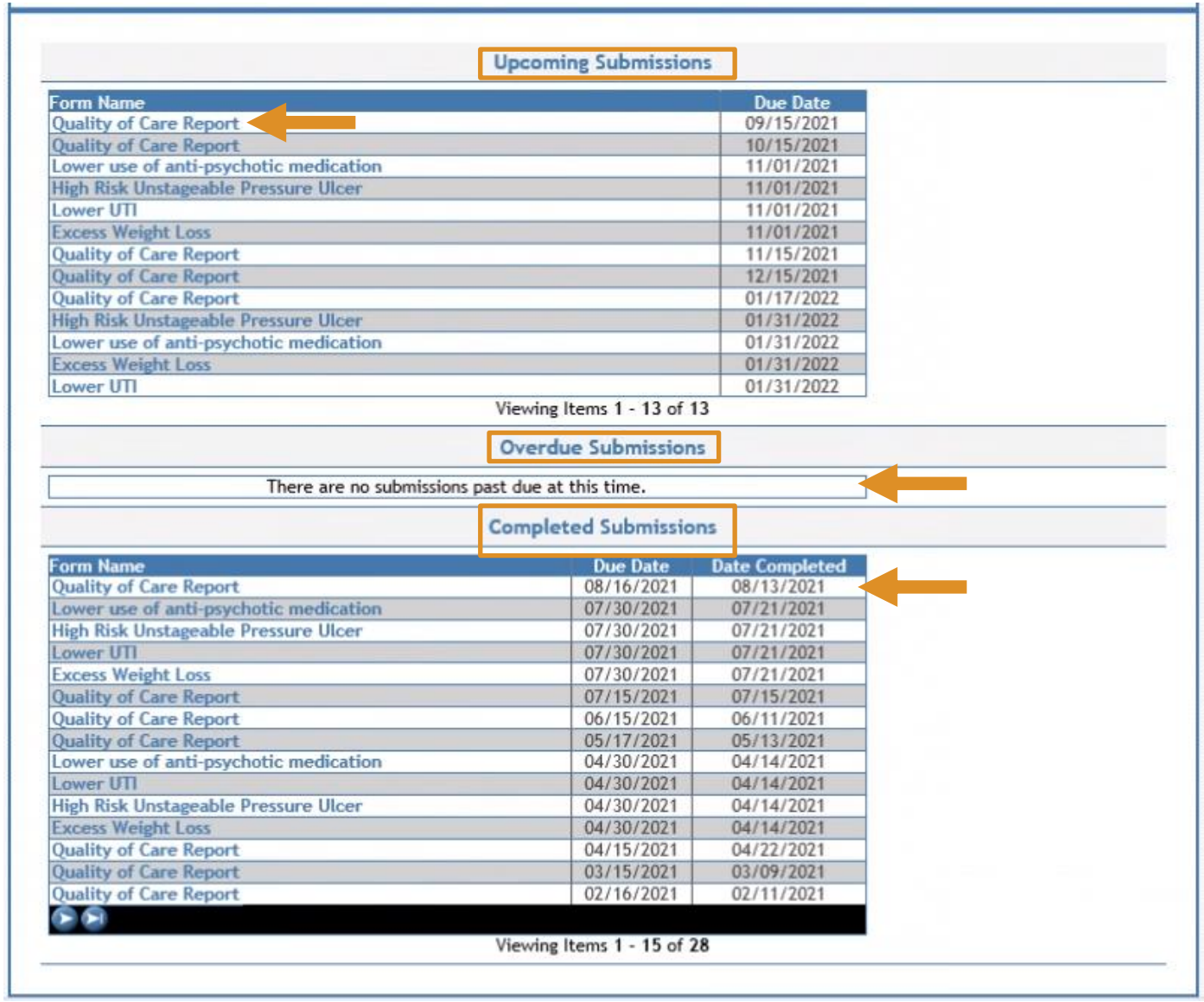
FACILITY HOMEPAGE

- Nursing Home Information
- Form instructions
- Notes - Issues with downloading form



INSTRUCTIONS

- To complete the form, click on “Quality of Care Report”, listed at the top of the page under Upcoming Submissions.
- Enter data in the form.
- Click on save
  - This will mark the form as complete and move it to **the “Completed Submissions”** list.
  - Items that are not completed by the specified due date will appear in the **“Overdue Submissions”** list.
  - Overdue items will be locked and data entry will not be allowed. You will need to contact OHCA to unlock an overdue item for editing.



Upcoming Submissions

Form Name	Due Date
Quality of Care Report	09/15/2021
Quality of Care Report	10/15/2021
Lower use of anti-psychotic medication	11/01/2021
High Risk Unstageable Pressure Ulcer	11/01/2021
Lower UTI	11/01/2021
Excess Weight Loss	11/01/2021
Quality of Care Report	11/15/2021
Quality of Care Report	12/15/2021
Quality of Care Report	01/17/2022
High Risk Unstageable Pressure Ulcer	01/31/2022
Lower use of anti-psychotic medication	01/31/2022
Excess Weight Loss	01/31/2022
Lower UTI	01/31/2022

Viewing Items 1 - 13 of 13

Overdue Submissions

There are no submissions past due at this time.

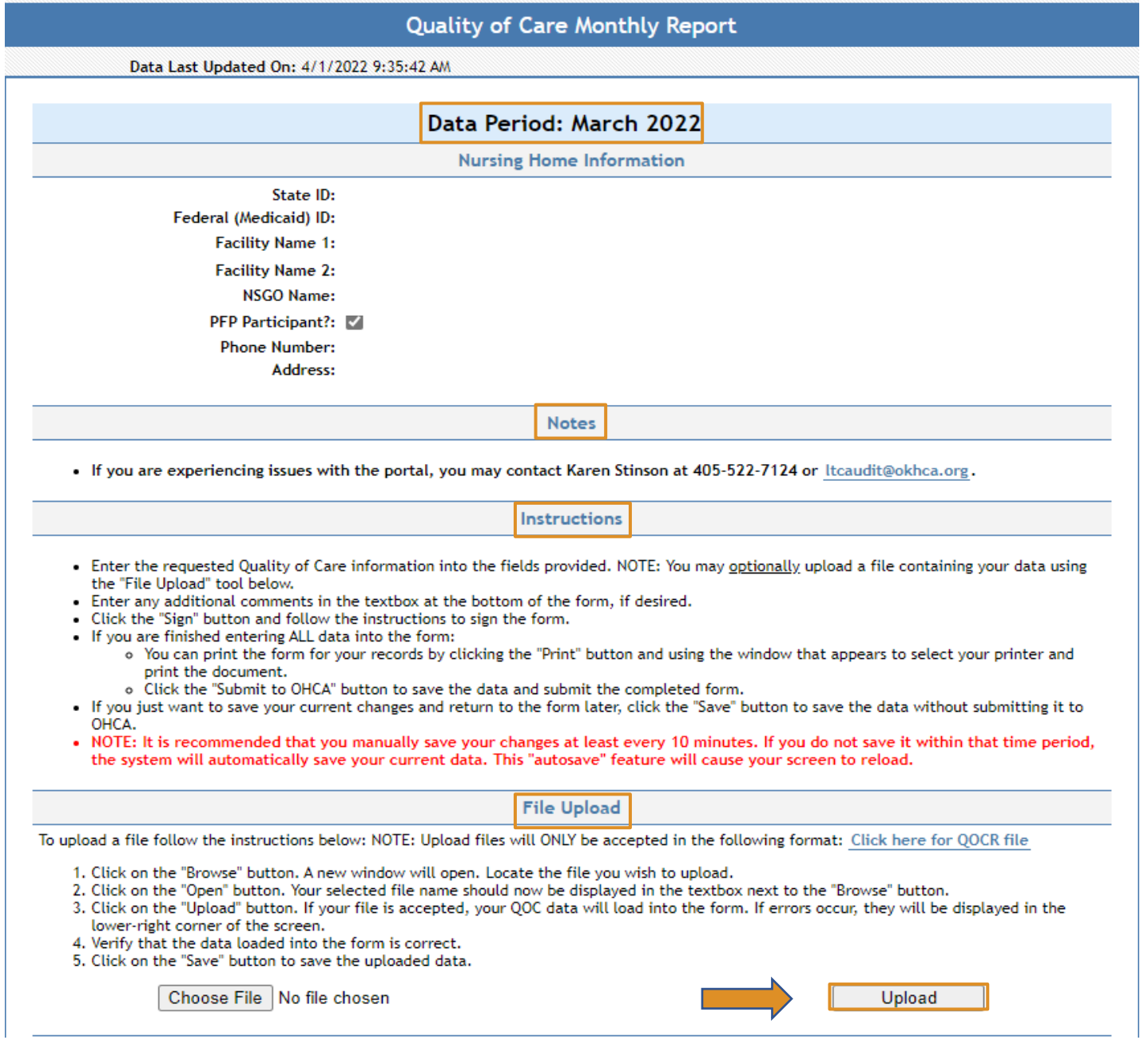
Completed Submissions

Form Name	Due Date	Date Completed
Quality of Care Report	08/16/2021	08/13/2021
Lower use of anti-psychotic medication	07/30/2021	07/21/2021
High Risk Unstageable Pressure Ulcer	07/30/2021	07/21/2021
Lower UTI	07/30/2021	07/21/2021
Excess Weight Loss	07/30/2021	07/21/2021
Quality of Care Report	07/15/2021	07/15/2021
Quality of Care Report	06/15/2021	06/11/2021
Quality of Care Report	05/17/2021	05/13/2021
Lower use of anti-psychotic medication	04/30/2021	04/14/2021
Lower UTI	04/30/2021	04/14/2021
High Risk Unstageable Pressure Ulcer	04/30/2021	04/14/2021
Excess Weight Loss	04/30/2021	04/14/2021
Quality of Care Report	04/15/2021	04/22/2021
Quality of Care Report	03/15/2021	03/09/2021
Quality of Care Report	02/16/2021	02/11/2021

Viewing Items 1 - 15 of 28

QUALITY OF CARE MONTHLY REPORT

- Date Period
- Notes– Contact person for portal issues
- Instructions
- File upload information



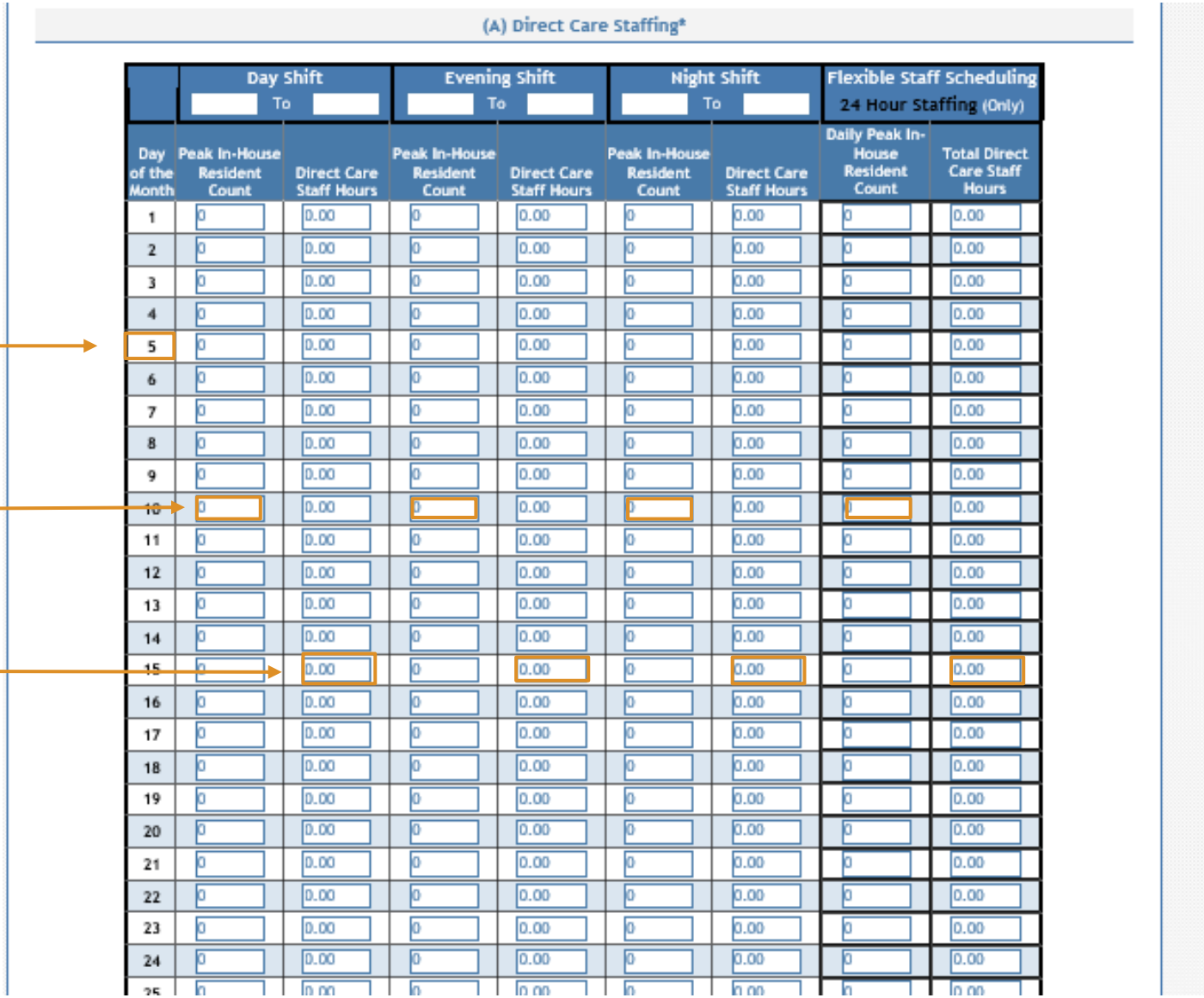
DIRECT CARE HOURS

- Direct care hours: (Only 2 Options)
  - Shifts (day, evening, and night) – Report all hours worked during day, evening, or night shifts.
  - 24 Hour Based Scheduling – Day, evening, and night shift hours totaled for the month.
    - Facilities must maintain a direct-care service rate of at least (2.9) hours of direct-care service per resident per day.

- Direct care staff is limited to:
  - Registered Nurses
  - Physical Therapists (Professional)
  - Licensed Practical Nurses
  - Occupational Therapist (Professional)
  - Nurse Aides
  - Respiratory Therapist (Professional)
  - Certified Medication Aides
  - Speech Therapist (Professional)
  - QIDP (ICFs/IID only)
  - Therapy Aide/Assistant

DIRECT CARE HOURS

- Day of the Month - These dates coincide with calendar days.
- Peak In-House Resident Count - Enter the maximum number of in-house residents at any point in time during the applicable shift for each day of the month and each shift.
- Direct Care Staff Hours – Enter the total number of hours worked during the applicable shift by direct care staff for each day of the month and each shift.
- Totals – Verify the automated number is correct.



(A) Direct Care Staffing*

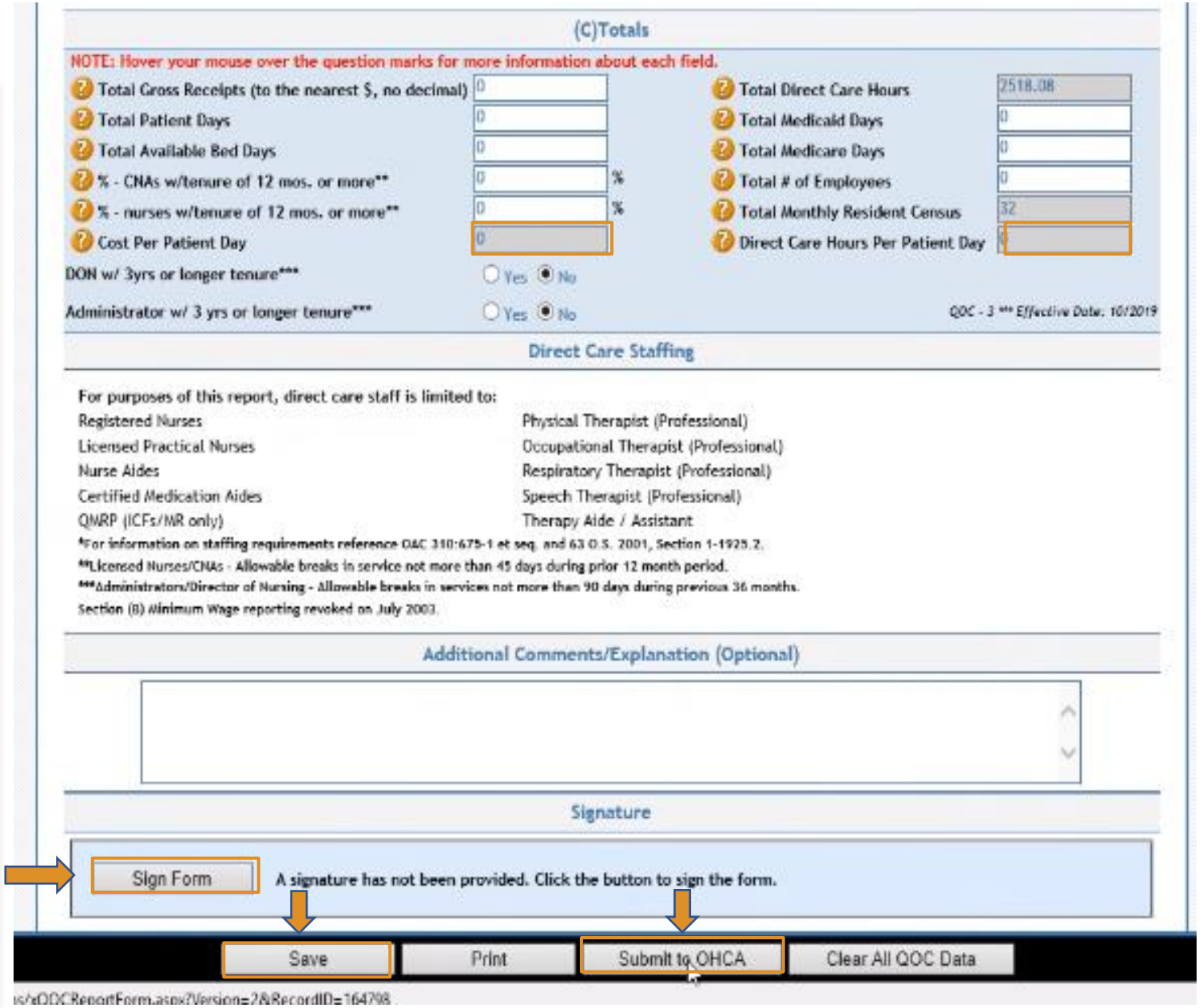
	Day Shift To		Evening Shift To		Night Shift To		Flexible Staff Scheduling 24 Hour Staffing (Only)	
Day of the Month	Peak In-House Resident Count	Direct Care Staff Hours	Peak In-House Resident Count	Direct Care Staff Hours	Peak In-House Resident Count	Direct Care Staff Hours	Daily Peak In-House Resident Count	Total Direct Care Staff Hours
1	0	0.00	0	0.00	0	0.00	0	0.00
2	0	0.00	0	0.00	0	0.00	0	0.00
3	0	0.00	0	0.00	0	0.00	0	0.00
4	0	0.00	0	0.00	0	0.00	0	0.00
5	0	0.00	0	0.00	0	0.00	0	0.00
6	0	0.00	0	0.00	0	0.00	0	0.00
7	0	0.00	0	0.00	0	0.00	0	0.00
8	0	0.00	0	0.00	0	0.00	0	0.00
9	0	0.00	0	0.00	0	0.00	0	0.00
10	0	0.00	0	0.00	0	0.00	0	0.00
11	0	0.00	0	0.00	0	0.00	0	0.00
12	0	0.00	0	0.00	0	0.00	0	0.00
13	0	0.00	0	0.00	0	0.00	0	0.00
14	0	0.00	0	0.00	0	0.00	0	0.00
15	0	0.00	0	0.00	0	0.00	0	0.00
16	0	0.00	0	0.00	0	0.00	0	0.00
17	0	0.00	0	0.00	0	0.00	0	0.00
18	0	0.00	0	0.00	0	0.00	0	0.00
19	0	0.00	0	0.00	0	0.00	0	0.00
20	0	0.00	0	0.00	0	0.00	0	0.00
21	0	0.00	0	0.00	0	0.00	0	0.00
22	0	0.00	0	0.00	0	0.00	0	0.00
23	0	0.00	0	0.00	0	0.00	0	0.00
24	0	0.00	0	0.00	0	0.00	0	0.00
25	0	0.00	0	0.00	0	0.00	0	0.00

STAFFING RATIOS

- Direct Care Staff to Resident Ratios:
  - From 7:00 am to 3:00 pm, one direct-care staff to every six residents, or *major fraction thereof*,
  - From 3:00 pm to 11:00 pm, one direct-care staff to every eight residents, or *major fraction thereof*, and
  - From 11:00 pm to 7:00 am, one direct-care staff to every fifteen residents, or *major fraction thereof*.
  - These same ratios apply to both regular Nursing Facilities and Regular ICF/IID Facilities. The Ratios for Acute Care (16 beds or less) ICF/IID Facilities are 1:4; 1:4 and 1:8, respectively for the three shifts

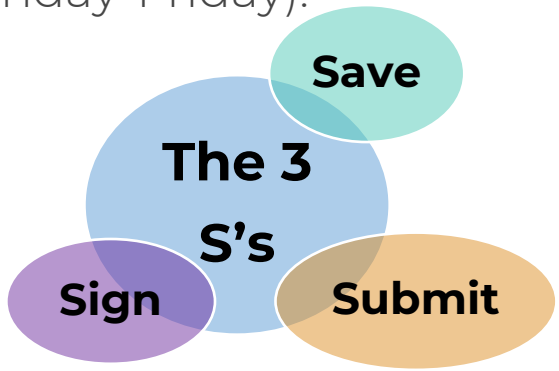
FACILITY TOTALS

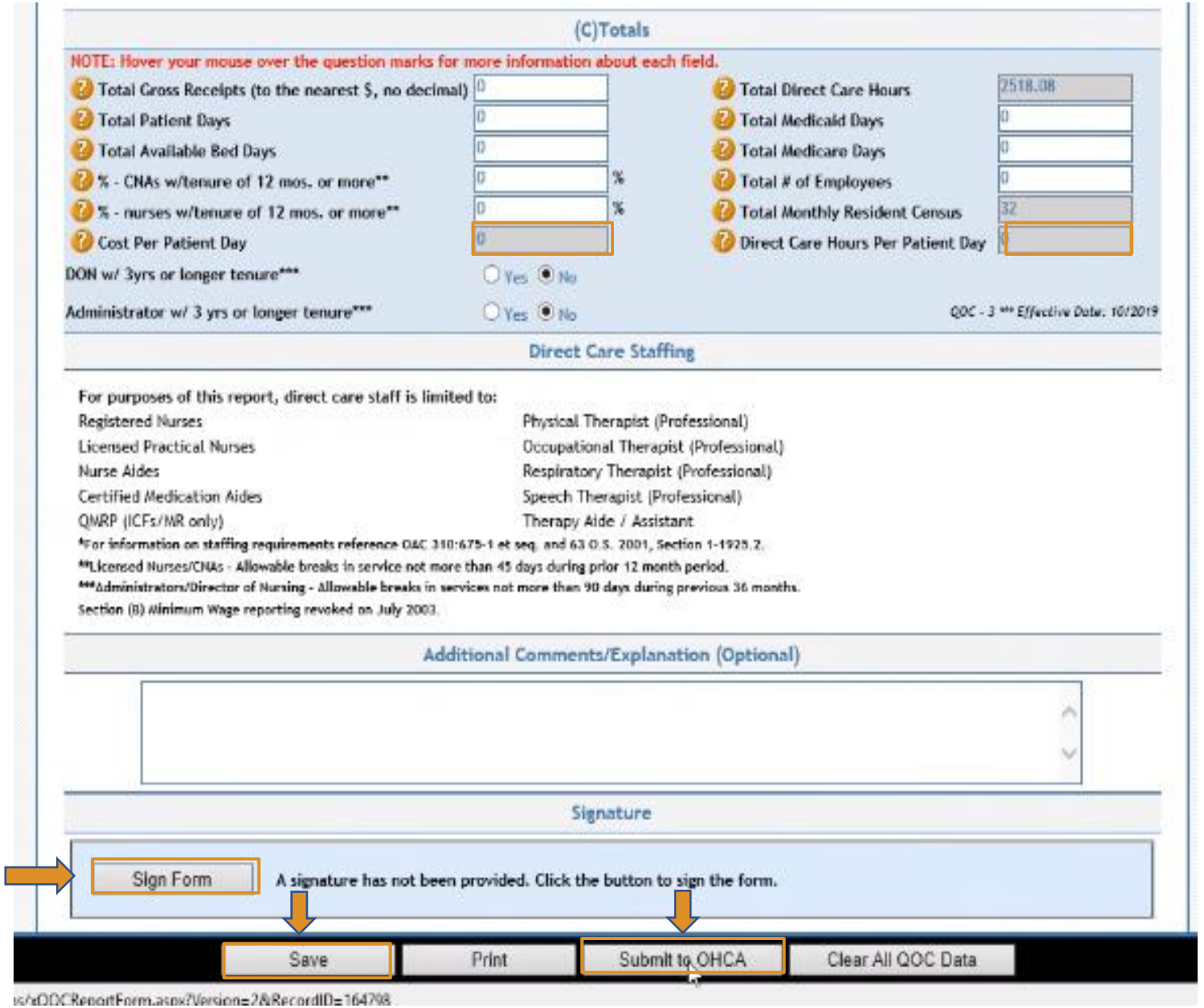
- Unshaded & Shaded fields
- Total Gross Receipts
- Total Patient Days
- Total Available Bed Days
- CNA w/tenure of 12 mos. or less
- Nurse w/tenure of 12 mos. or less
- Medicaid Days
- Medicare Days
- # of Employees



QOC SUBMISSION

The QOC report must be submitted by 5 p.m. (CST) on the 15th of the following month. If the 15th falls upon a holiday or a weekend (Saturday-Sunday), the report will be due by 5 p.m. (CST) the following business day (Monday-Friday).





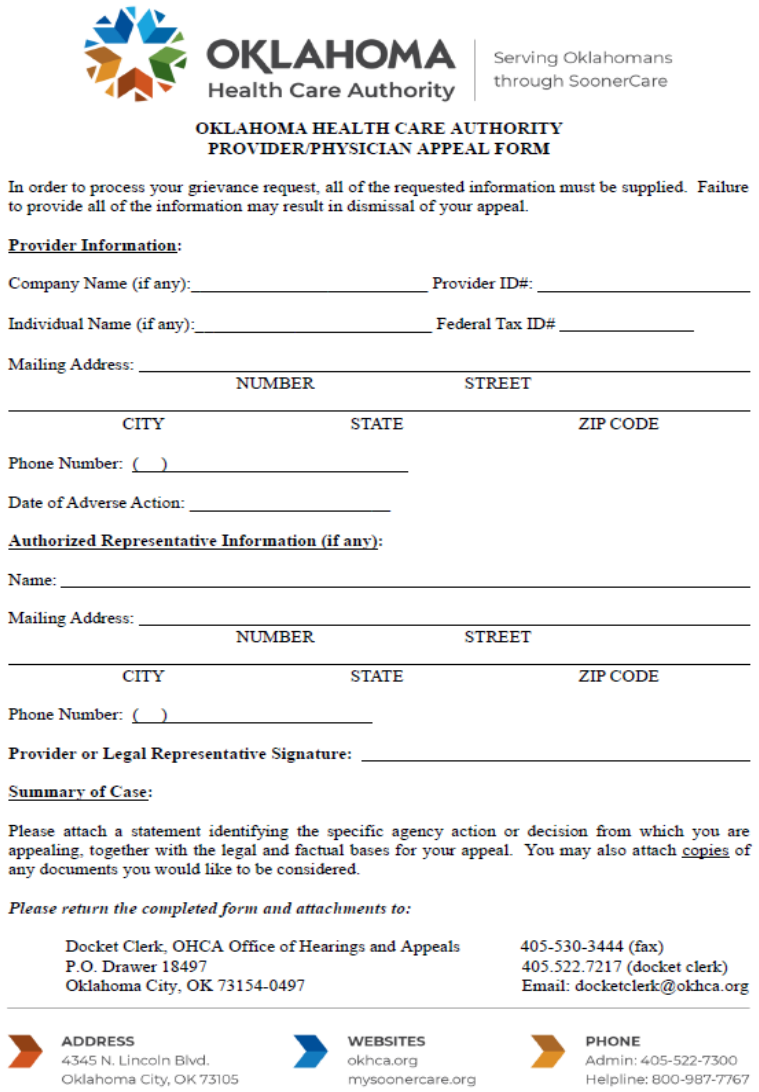
PENALTIES

- Reports not submitted by the monthly submission deadline are subject to the $150 initial administrative fee.
  - A notification letter will be submitted and if we have not received the QOC report after the certified mail receipt has been received a ***$150 daily*** administrative penalty will accrue for each calendar day after the date the notification was received.

- Reports that do not contain the *required* information in each section will be considered incomplete and subject to the $150 per calendar day penalty, until a completed report is formally submitted.

APPEAL PROCESS

- In order to initiate an appeal, a provider must file the appropriate LD-3 form, within thirty (30) calendar days.
- If the appropriate LD-3 form is not received timely, the ALJ (Administrative Law Judge) will cause a letter to be issued stating that the appeal will not be heard.
- A decision will be issued by the ALJ within forty-five (45) days. The facility has a right to file a CEO appeal, if they disagree with the judgment.



OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

OKLAHOMA HEALTH CARE AUTHORITY
PROVIDER/PHYSICIAN APPEAL FORM

In order to process your grievance request, all of the requested information must be supplied. Failure to provide all of the information may result in dismissal of your appeal.

Provider Information:

Company Name (if any):_____ Provider ID#: _____

Individual Name (if any):_____ Federal Tax ID# _____

Mailing Address: _____
NUMBER STREET

_____
CITY STATE ZIP CODE

Phone Number: ( ) _____

Date of Adverse Action: _____

Authorized Representative Information (if any):

Name: _____

Mailing Address: _____
NUMBER STREET

_____
CITY STATE ZIP CODE

Phone Number: ( ) _____

Provider or Legal Representative Signature: _____

Summary of Case:

Please attach a statement identifying the specific agency action or decision from which you are appealing, together with the legal and factual bases for your appeal. You may also attach copies of any documents you would like to be considered.

Please return the completed form and attachments to:

Docket Clerk, OHCA Office of Hearings and Appeals
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

405-530-3444 (fax)
405.522.7217 (docket clerk)
Email: docketclerk@okhca.org

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
okhca.org
mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767

LTC COST REPORTING

WHO WHAT & WHERE?

- Who is required to file a Medicaid LTC Cost Report?
  - AIDS Facilities
  - Reg Nursing Facilities
  - Reg ICF/IID Facilities
  - Acute ICF/IID Facilities
- What type of Medicaid LTC Cost Report do I need to file?
  - Full year submission
  - Partial year submission
  - Combined partial year submission
- Where do I file my LTC Cost Report?
  - Provider Portal
  - Data Entry File for Partial Year Reporting

FULL YEAR SUBMISSION

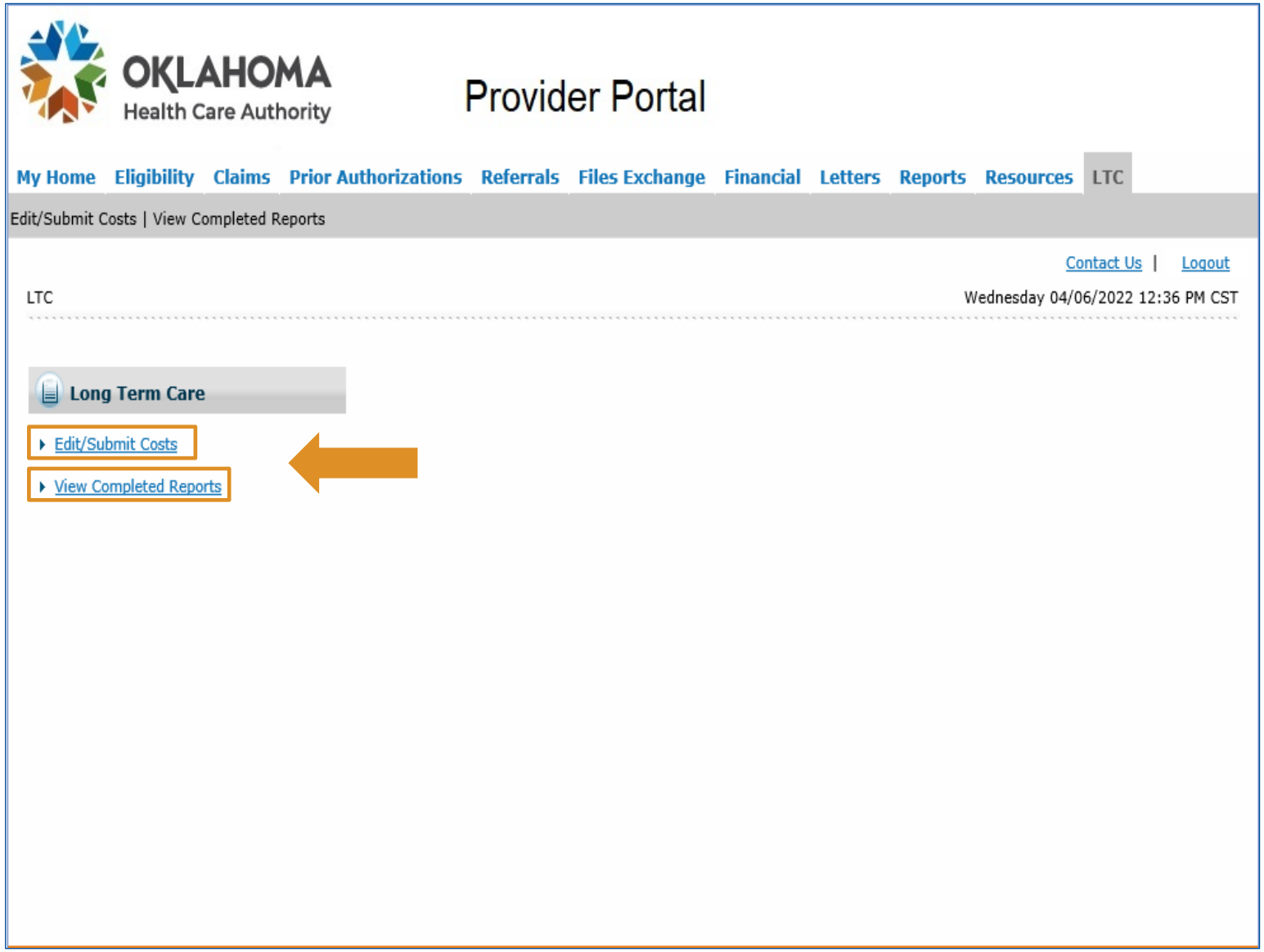
- Provider Portal Entry
  - All facilities that had an effective contract for the complete fiscal year (7-1 thru 6-30).
  - Must file in the Provider Portal www.ohcaprovider.com
- Registration
  - Welcome Letter
- For additional Assistance please contact the Internet Helpdesk at: (800) 522-0114, Option 2, then Option 1.

FULL YEAR SUBMISSION (LTC)

- Entry to the LTC Cost Report
  - ➢ Click on the blue LTC tab at the top right-hand corner of the page.
- No LTC Tab listed
  - ➢ Contact the Administrator of the facility to inquiry about permissions.

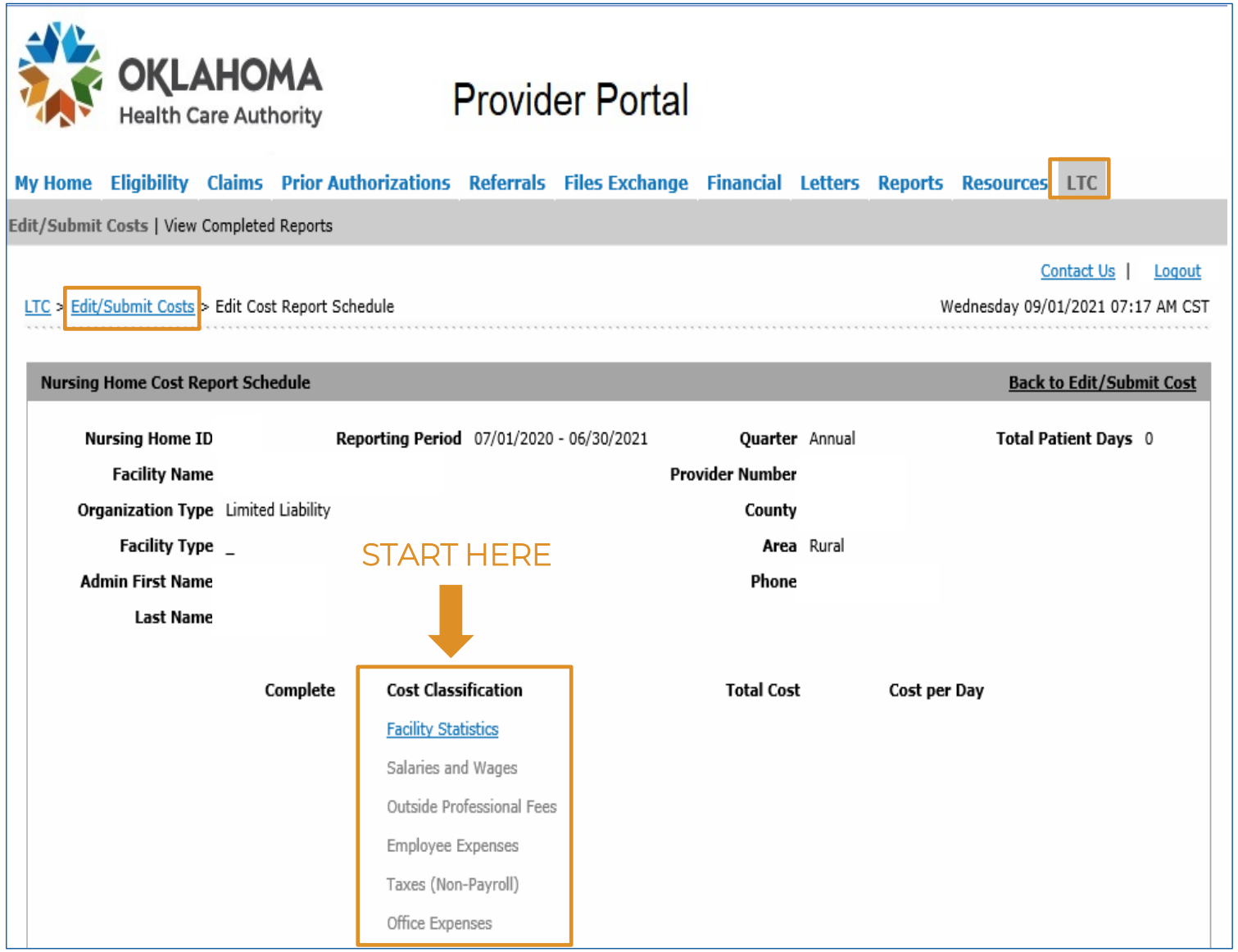
COST REPORT OPTIONS

- Edit/Submit Costs
  - New entries
  - Modification/Changes
- View Completed Reports
  - Print
  - View



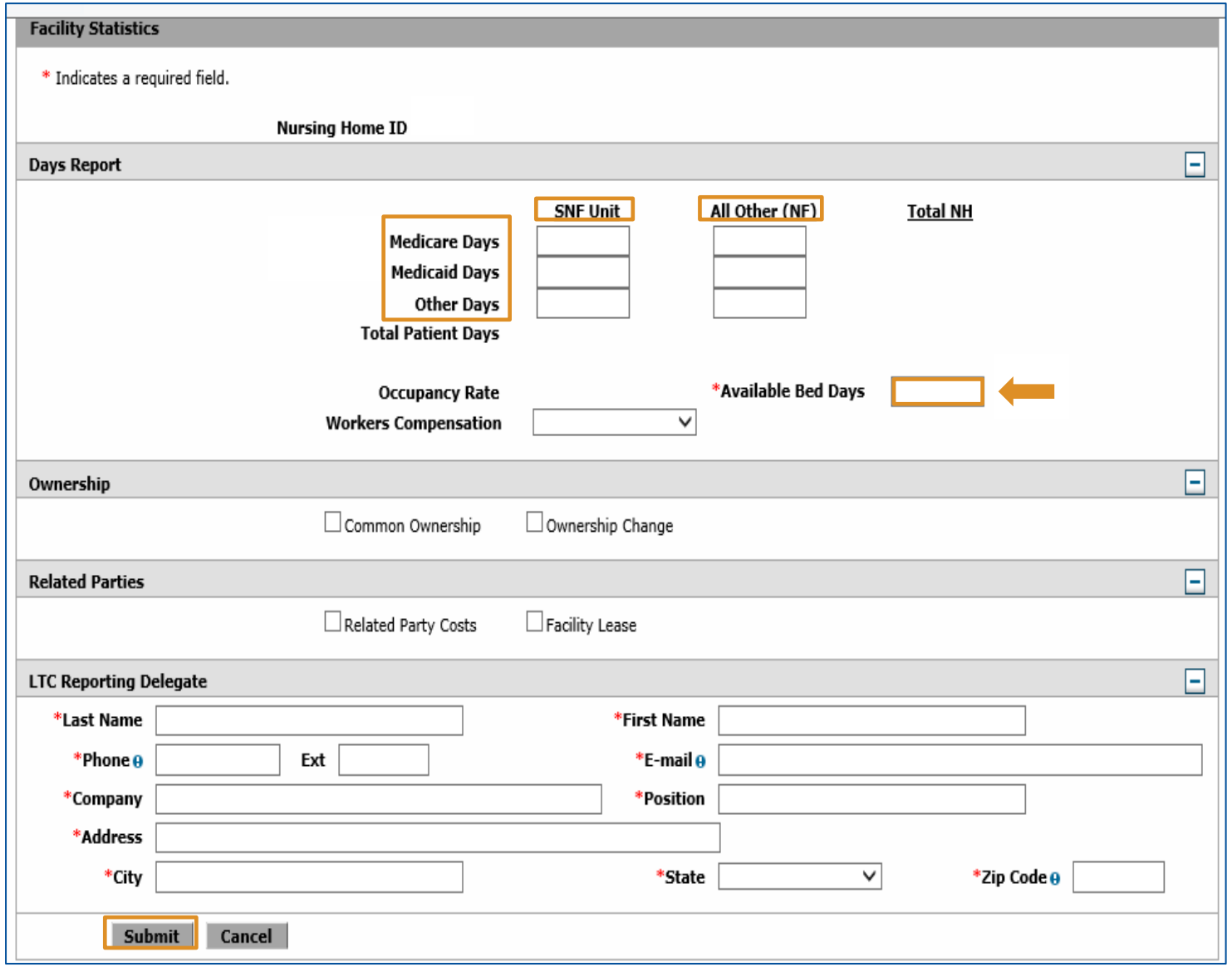
COST REPORT ENTRY

Under the “Cost Classification” column, click on Facility Statistics to begin the cost reporting process.



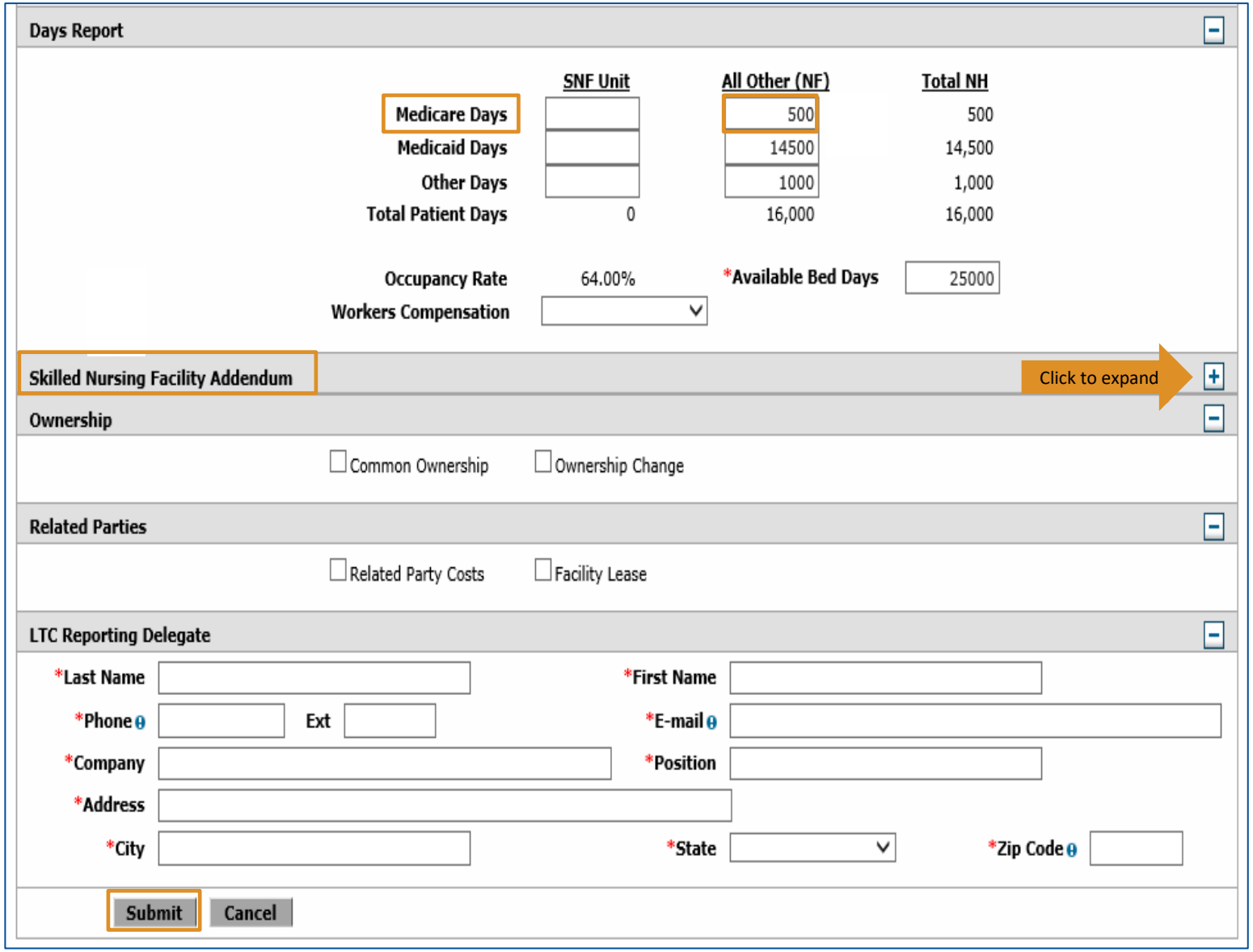
FACILITY STATISTICS

- Days
  - Medicare Days
  - Medicaid Days
  - Other Days
- Nursing Facilities
  - SNF Unit
  - All Other (NF)
- Available Bed Days
  - 365 Days x total # of licensed beds.



FACILITY STATISTICS CONT.

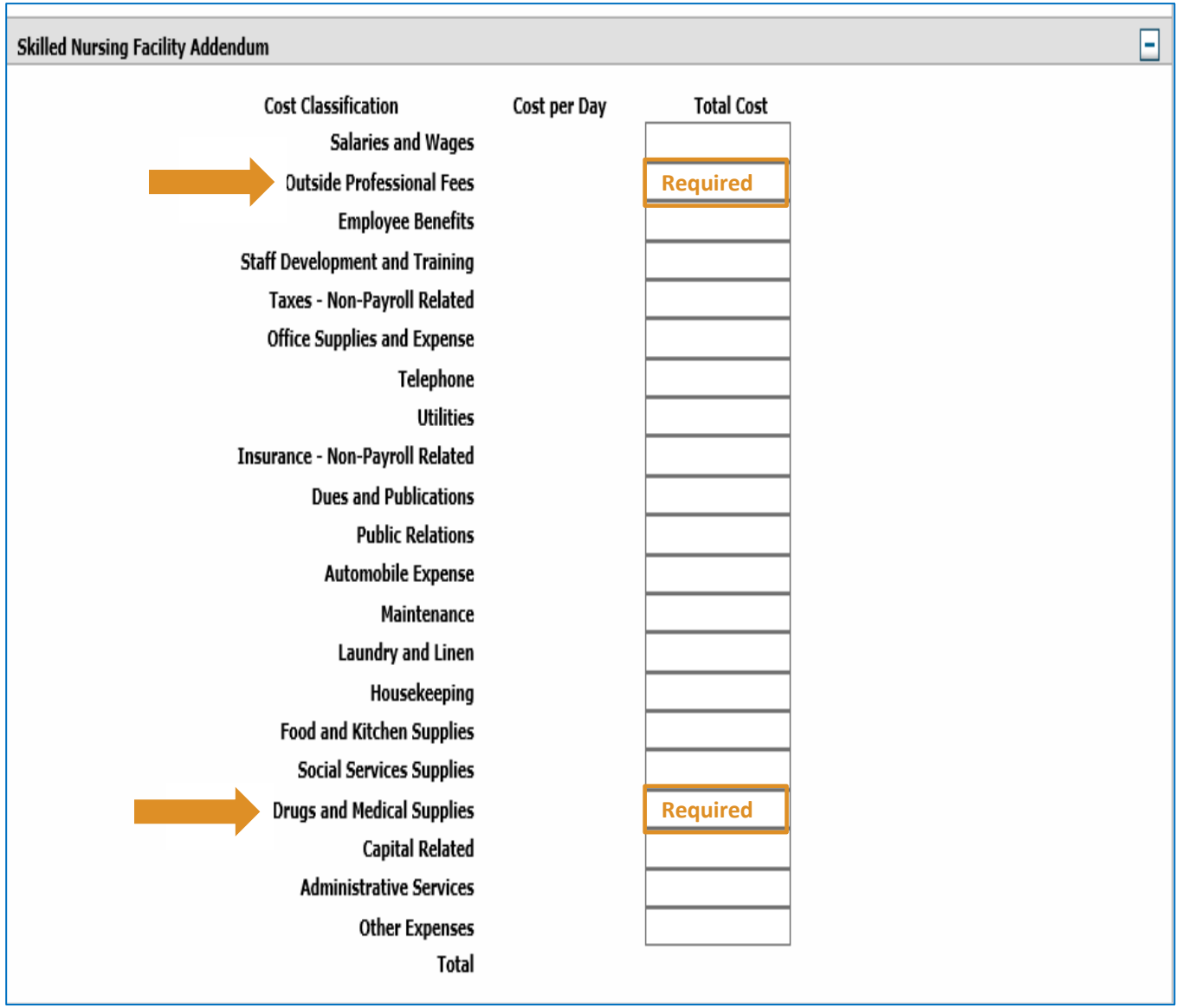
If you include Medicare Days, the “Skilled Nursing Facility Addendum” will automatically populate.



SKILLED NURSING FACILITY ADDENDUM

Medicare Days Reported:

- Report Outside Professional Fees.
- Report Drug and Medical Supplies.
- Report in Salaries and Wages, if your therapists are no longer contract labor.



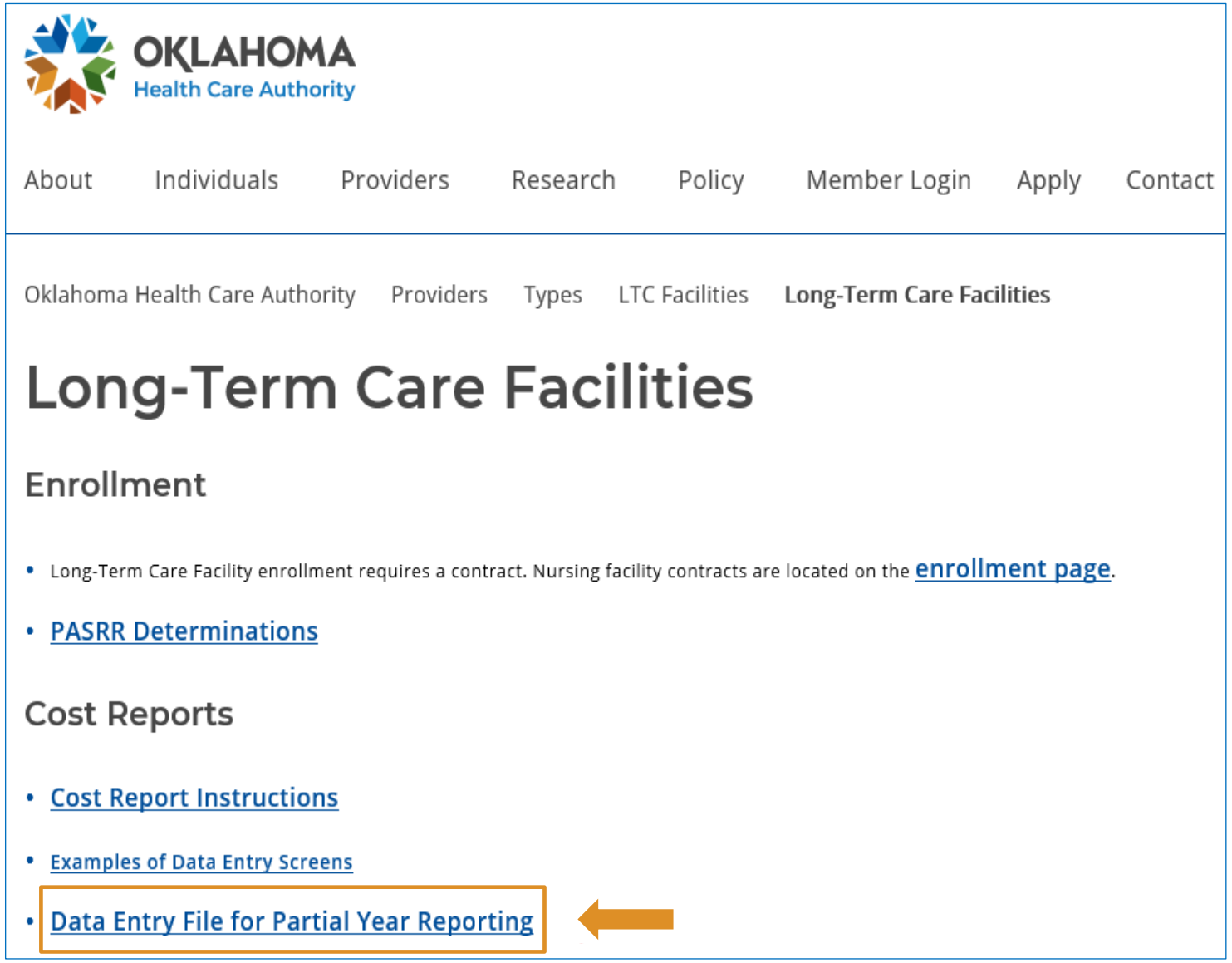
PARTIAL YEAR SUBMISSION

Data Entry File for Partial Year Reporting:

Facilities who newly contracted with Medicaid ***during*** the reporting fiscal year, or had a change of ownership during the reporting fiscal year, will be required to submit their cost report using the "Data Entry File for Partial Year Reporting"

To locate the partial year form, go to: www.Oklahoma.gov/ohca

- Click on providers/Long Term Care Services/ Long Term Care Facilities. You will find the form listed under the title named **Cost Reports.**
- Once complete you have the option to either email or mail the form to OHCA Attn: LTC Financial Management.



COMBINED PARTIAL YEAR

Combined Partial Year Submission:

- Two partial year cost reports (New Owners + Original Owners)
- Combine the two together as one.
- Enter in the Provider Portal/ Using New Owners login.

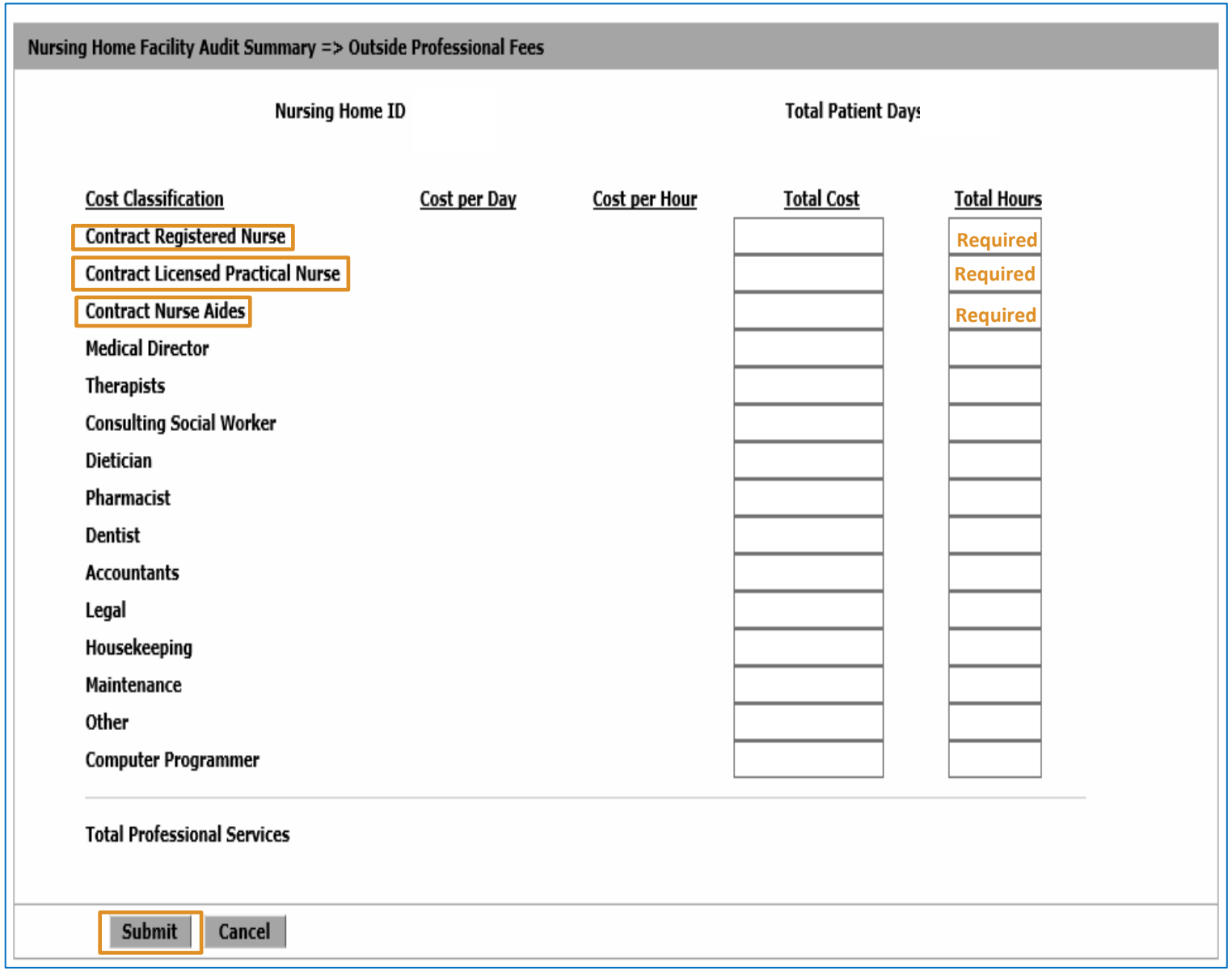
LTC COST REPORT SCHEDULES

OUTSIDE PROFESSIONAL FEES

Reporting Contract Labor

Classifications that require total hours:

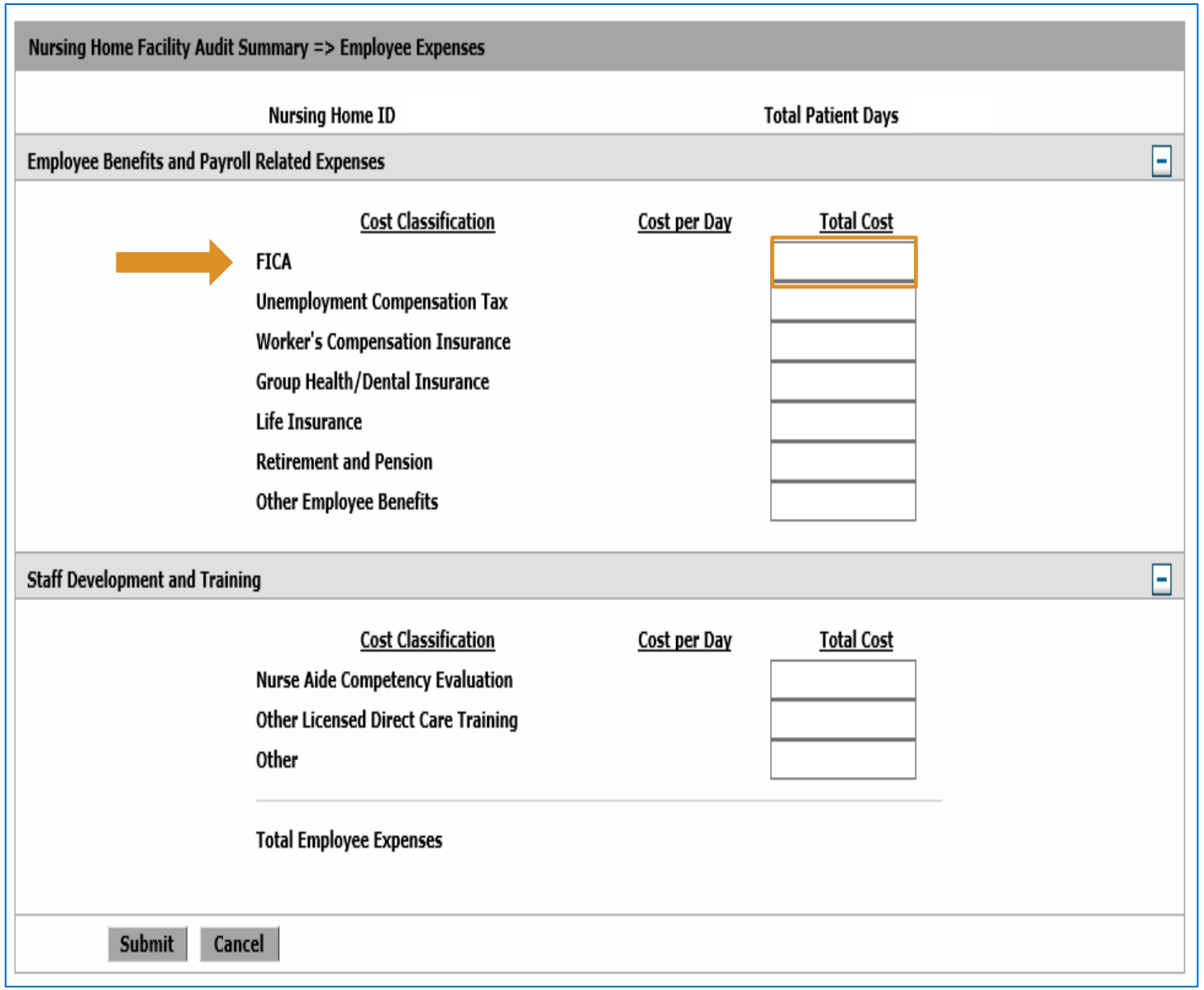
- Contract Registered Nurse
- Contract Licensed Practical Nurse
- Contract Nurse Aides



EMPLOYEE EXPENSES

Items to watch for:

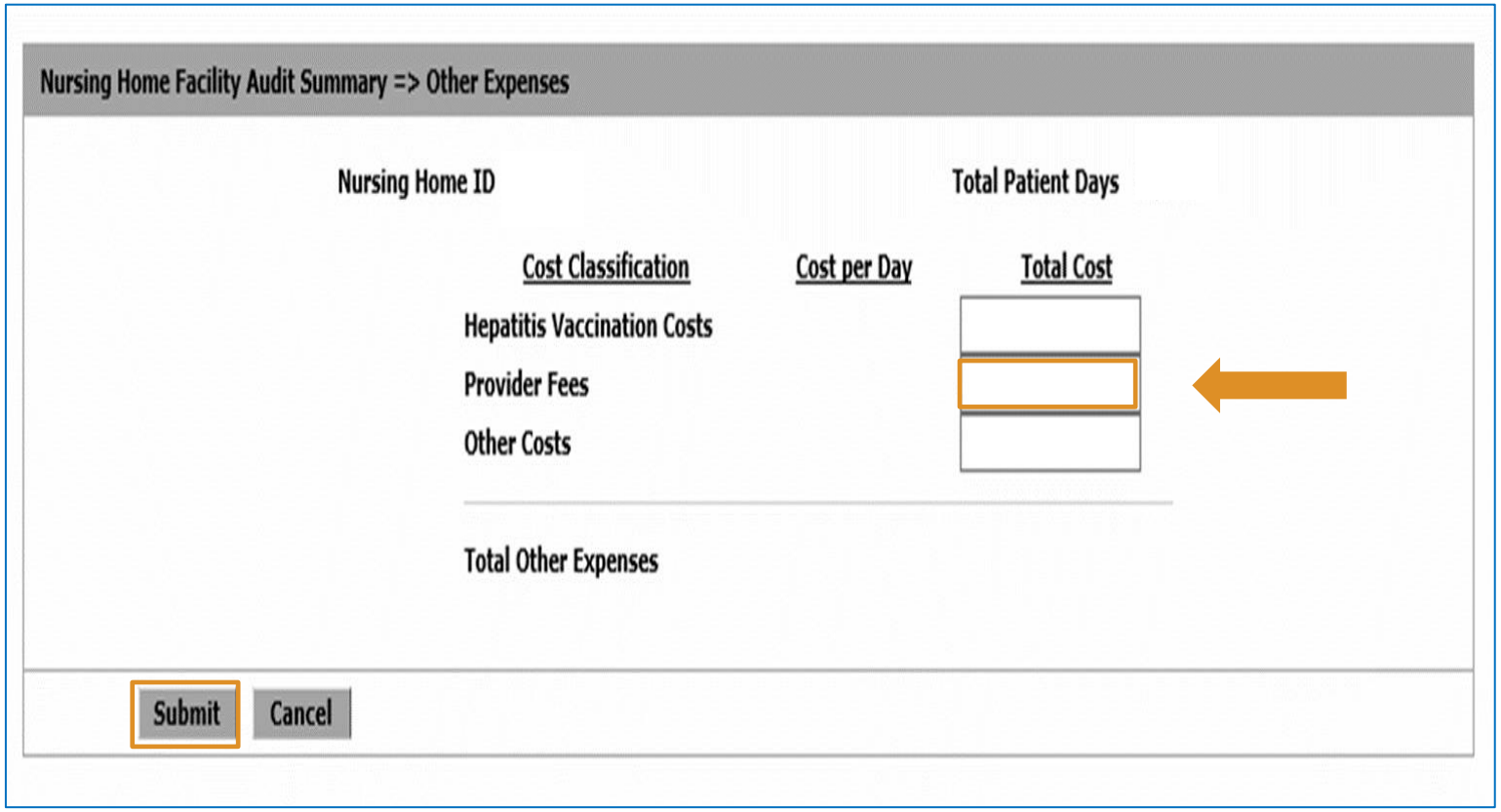
- FICA should be reported at 7.65%
- Increase or significant decrease in an expense category
- Should be 20% or less of salary and wages.



OTHER EXPENSES

Reporting Provider Fees:

- All nursing facilities must report provider fees.
- Provider fees are a set rate per facility type.



TIPS & FAQ

DON'T FORGET…

TIPS

- If a box or line does not pertain to you, please leave it blank, do not enter a zero.
- You must click on and open every schedule on the main page, even if you do not have expenses to report. (Submit button will be disabled until this step is completed).
- If you make an entry error and need to delete an amount:
  - Click inside the box or field you want to delete
  - In the upper right corner, click on the "x"
  - If the above steps do not work, check your web browser, the web page may not be compatible with the browser you are using. (Internet Explorer version 7.0 and later, Mozilla Firefox version 2.0 and later, Google Chrome 38 and later), these are all compatible.

FAQ

How do I know my QOC report has been received?

Answer: Once you press the submit to OHCA button, you will receive a pop up that verifies it has been accepted.

You may also go into the facility web portal and look at the completed submission section.

A confirmation will be sent to the email address listed in the portal. Please make sure a correct email is listed in the system.

FAQ

Am I required to submit a QOC report if my facility temporarily closes?

Answer: Notify Karen Stinson by email or phone for details.

My facility is closing, and I need to submit a QOC report for the first 15 days of the month and the form will not accept my report.

Answer: You will need to report the last day the facility had residents on the last day of the calendar month.

What is the difference between therapeutic leave and hospital leave?

Answer: Therapeutic leave is any planned leave other than hospitalization that is the benefit of the residents. Hospital leave is planned or unplanned leave when the residents are admitted to a licensed hospital. Therapeutic leave must be clearly documented in the resident's plan of care before payment for a reserved bed can be made.

QUESTIONS?

OKLAHOMA
Health Care Authority

GET IN TOUCH

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