

# 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/foe\\_qocextyernalportal/](https://foe.okhca.org:456/foe_qocextyernalportal/)
- 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.

**Login**

Enter your assigned user ID and password, then click "Login".

User ID:

Password:

**Login**

[Reset Password](#)

Contact us:	
<b><u>PFP contact information:</u></b>	<b><u>QOC Reports:</u></b>
Jennifer Wynn Program Manager 405-522-7306 <a href="mailto:Jennifer.Wynn@okhca.org">Jennifer.Wynn@okhca.org</a>	Karen Stinson Financial Analyst 405-522-7124 <a href="mailto:Karen.Stinson@okhca.org">Karen.Stinson@okhca.org</a>
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# 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

OKLAHOMA Health Care Authority | Extranet

PFP/QOC Data Collection Portal

Default Pages Forms and Documents Reports Contact Us Profile Trainings Print Log Out

Facility Default

User Profile

Note: Please take a moment to verify your user profile before proceeding.  
Click "Save Profile" to save your changes and continue to your default screen.

Medicaid/User ID:

State ID:

Friendly Name:

NSGO Name:

E-mail:  (multiple emails must be separated by comma.)

Password:

Facility Admin/Owner:

# of Licensed Beds:

Save Profile

# FACILITY HOMEPAGE

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

## Facility Homepage

### Nursing Home Information

**State ID:** 007

**Federal (Medicaid) ID:** 00000057

**Facility Name 1:** Saints Nursing Home

**Facility Name 2:** Saints Nursing Home

**NSGO Name:**

**PFPP Participant**

**Phone Number:** (405) 777-9311

**Address:** 300 Heaven Gate Blvd. El Reno, OK 73125

### Instructions

1. To edit a form, click on the name of the form in the "Upcoming Submissions" list below.
2. The entry form will appear. Enter the information into the form as instructed.
3. To save the information in the form, click the "Save" button located at the bottom of the entry form.
4. Once you have completed entering ALL information into a form, click on the "Submit to OHCA" button located at the bottom of the entry form. This will mark the form as complete and move it to the "Completed Submissions" list.
5. 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. To unlock an overdue item, you will need to [contact OHCA](#) to have the form unlocked for editing.

### Notes

- If you are experiencing any issues with this site or do not have regular access to an internet connection, you may download electronic versions of the Pay for Performance forms [HERE](#).



# 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

## Quality of Care Monthly Report

Data Last Updated On: 4/1/2022 9:35:42 AM

### Data Period: March 2022

#### Nursing Home Information

State ID:  
Federal (Medicaid) ID:  
Facility Name 1:  
Facility Name 2:  
NSGO Name:  
PFP Participant?:   
Phone Number:  
Address:

#### Notes

- If you are experiencing issues with the portal, you may contact Karen Stinson at 405-522-7124 or [ltcaudit@okhca.org](mailto:ltcaudit@okhca.org).


#### Instructions

- Enter the requested Quality of Care information into the fields provided. NOTE: You may optionally upload a file containing your data using the "File Upload" tool below.
- Enter any additional comments in the textbox at the bottom of the form, if desired.
- Click the "Sign" button and follow the instructions to sign the form.
- If you are finished entering ALL data into the form:
  - You can print the form for your records by clicking the "Print" button and using the window that appears to select your printer and print the document.
  - Click the "Submit to OHCA" button to save the data and submit the completed form.
- If you just want to save your current changes and return to the form later, click the "Save" button to save the data without submitting it to OHCA.
- **NOTE: It is recommended that you manually save your changes at least every 10 minutes. If you do not save it within that time period, the system will automatically save your current data. This "autosave" feature will cause your screen to reload.**

#### File Upload

To upload a file follow the instructions below: NOTE: Upload files will ONLY be accepted in the following format: [Click here for QOCR file](#)

1. Click on the "Browse" button. A new window will open. Locate the file you wish to upload.
2. Click on the "Open" button. Your selected file name should now be displayed in the textbox next to the "Browse" button.
3. Click on the "Upload" button. If your file is accepted, your QOC data will load into the form. If errors occur, they will be displayed in the lower-right corner of the screen.
4. Verify that the data loaded into the form is correct.
5. Click on the "Save" button to save the uploaded data.

No file chosen 

# 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 of the Month	Day Shift		Evening Shift		Night Shift		Flexible Staff Scheduling 24 Hour Staffing (Only)	
	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

(C)Totals

NOTE: Hover your mouse over the question marks for more information about each field.

? Total Gross Receipts (to the nearest \$, no decimal)	<input type="text" value="0"/>	? Total Direct Care Hours	<input type="text" value="2518.08"/>
? Total Patient Days	<input type="text" value="0"/>	? Total Medicaid Days	<input type="text" value="0"/>
? Total Available Bed Days	<input type="text" value="0"/>	? Total Medicare Days	<input type="text" value="0"/>
? % - CNAs w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total # of Employees	<input type="text" value="0"/>
? % - nurses w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total Monthly Resident Census	<input type="text" value="32"/>
? Cost Per Patient Day	<input type="text" value="0"/>	? Direct Care Hours Per Patient Day	<input type="text" value=""/>

DON w/ 3yrs or longer tenure\*\*\*  Yes  No

Administrator w/ 3 yrs or longer tenure\*\*\*  Yes  No

QOC - 3 \*\*\* Effective Date: 10/2019

### Direct Care Staffing

For purposes of this report, direct care staff is limited to:

Registered Nurses	Physical Therapist (Professional)
Licensed Practical Nurses	Occupational Therapist (Professional)
Nurse Aides	Respiratory Therapist (Professional)
Certified Medication Aides	Speech Therapist (Professional)
QMRP (ICFs/MR only)	Therapy Aide / Assistant

\*For information on staffing requirements reference OAC 310-675-1 et seq. and 63 O.S. 2001, Section 1-1925.2.  
\*\*Licensed Nurses/CNAs - Allowable breaks in service not more than 45 days during prior 12 month period.  
\*\*\*Administrators/Director of Nursing - Allowable breaks in services not more than 90 days during previous 36 months.  
Section (B) Minimum Wage reporting revoked on July 2003.

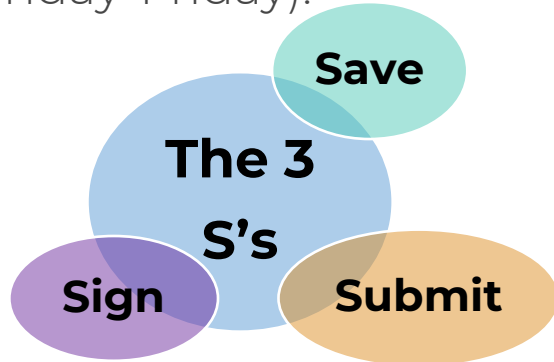
### Additional Comments/Explanation (Optional)

### Signature

A signature has not been provided. Click the button to sign the form.

# QOC SUBMISSION

The QOC report must be submitted by 5 p.m. (CST) on the 15<sup>th</sup> of the following month. If the 15<sup>th</sup> 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).



(C)Totals

NOTE: Hover your mouse over the question marks for more information about each field.

? Total Gross Receipts (to the nearest \$, no decimal)	<input type="text" value="0"/>	? Total Direct Care Hours	<input type="text" value="2518.08"/>
? Total Patient Days	<input type="text" value="0"/>	? Total Medicaid Days	<input type="text" value="0"/>
? Total Available Bed Days	<input type="text" value="0"/>	? Total Medicare Days	<input type="text" value="0"/>
? % - CNAs w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total # of Employees	<input type="text" value="0"/>
? % - nurses w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total Monthly Resident Census	<input type="text" value="32"/>
? Cost Per Patient Day	<input type="text" value="0"/>	? Direct Care Hours Per Patient Day	<input type="text" value=""/>

DON w/ 3yrs or longer tenure\*\*\*  Yes  No

Administrator w/ 3 yrs or longer tenure\*\*\*  Yes  No

QOC - 3 \*\*\* Effective Date: 10/2019

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\*\*\*Administrators/Director of Nursing - Allowable breaks in services not more than 90 days during previous 36 months.  
Section (B) Minimum Wage reporting revoked on July 2003.

### Additional Comments/Explanation (Optional)

### Signature

A signature has not been provided. Click the button to sign the form.

ic/ODCReportForm.aspx?Version=2&RecordID=164708

# 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](mailto:docketclerk@okhca.org)



#### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



#### WEBSITES

[okhca.org](http://okhca.org)  
[mysoonercare.org](http://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](http://www.ohcaprovider.com)
- Registration
  - Welcome Letter
- For additional Assistance please contact the Internet Helpdesk at: (800) 522-0114, Option 2, then Option 1.



**OKLAHOMA**  
Health Care Authority

Provider Portal

Home

Home [Contact Us](#) | [Login](#)

Home Friday 07/23/2021 09:11 AM CST

**Login** ?

\*User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Broadcast Messages**

OHCA has added more dates in July for provider training webinars titled "SoonerCare Expansion: Healthy Adult Program."

These webinars will address the adult expansion population enrolled in the Healthy Adult Program, eligibility requirements, benefits and cost-sharing.

**Recommended Audience:** Contracted SoonerCare providers

Register to attend the "SoonerCare Expansion: Healthy Adult Program" webinar on Wednesday, July 21, 2021 from 2 p.m. to 3:30 p.m.:  
[https://okhca.zoom.us/webinar/register/WN\\_ppERJTRPQquSftQ4unDs5q](https://okhca.zoom.us/webinar/register/WN_ppERJTRPQquSftQ4unDs5q)

Register to attend the "SoonerCare Expansion: Healthy Adult Program" webinar on Thursday, July 22, 2021 from 2 p.m. to 3:30 p.m.:  
[https://okhca.zoom.us/webinar/register/WN\\_S98hWfGHSQmRCVMFM-Ekyw](https://okhca.zoom.us/webinar/register/WN_S98hWfGHSQmRCVMFM-Ekyw)

Register to attend the "SoonerCare Expansion: Healthy Adult Program" webinar on Tuesday, July 27, 2021 from 10:00 am to 11:30 a.m.:

**Protect Your Privacy!**  
Always log off and close all of your browser windows

**Helpful Links**

- ▶ [EVS Guide](#)
- ▶ [Insure Oklahoma](#)
- ▶ [Child Health \(EPSDT\)](#)
- ▶ [Provider Enrollment](#)

**What can you do in the SoonerCare Provider Portal**  
The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.

# 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.

**OKLAHOMA**  
Health Care Authority

## Provider Portal

My Home [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#) **LTC**

[Contact Us](#) | [Logout](#)

My Home Wednesday 04/06/2022 12:45 PM CST

### Broadcast Messages

**User Details**

Welcome nursing home

[My Profile](#)

[Manage Accounts](#)

**Provider**

Name

Provider ID

Taxonomy

SC Provider Number

**Provider Services**

### Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.

- [Contact Us](#)
- [Soonercare Education](#)
- [Referrals](#)
- [PA Notice](#)
- [Update Provider Files](#)
- [Upload Service Quality Review Records](#)

# COST REPORT OPTIONS

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



**OKLAHOMA**  
Health Care Authority

## Provider Portal

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#) **LTC**

Edit/Submit Costs | View Completed Reports

[Contact Us](#) | [Logout](#)

LTC

Wednesday 04/06/2022 12:36 PM CST



**Long Term Care**

▶ [Edit/Submit Costs](#)

▶ [View Completed Reports](#)



# COST REPORT ENTRY

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



## Provider Portal

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#) [LTC](#)

[Edit/Submit Costs](#) | [View Completed Reports](#)

[Contact Us](#) | [Logout](#)

[LTC](#) > [Edit/Submit Costs](#) > Edit Cost Report Schedule

Wednesday 09/01/2021 07:17 AM CST

### Nursing Home Cost Report Schedule

[Back to Edit/Submit Cost](#)

<b>Nursing Home ID</b>	<b>Reporting Period</b> 07/01/2020 - 06/30/2021	<b>Quarter</b> Annual	<b>Total Patient Days</b> 0
<b>Facility Name</b>		<b>Provider Number</b>	
<b>Organization Type</b> Limited Liability		<b>County</b>	
<b>Facility Type</b> _		<b>Area</b> Rural	
<b>Admin First Name</b>		<b>Phone</b>	
<b>Last Name</b>			

START HERE



Complete	Cost Classification	Total Cost	Cost per Day
	<a href="#">Facility Statistics</a>		
	Salaries and Wages		
	Outside Professional Fees		
	Employee Expenses		
	Taxes (Non-Payroll)		
	Office Expenses		

# 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

\* Indicates a required field.

Nursing Home ID

---

#### Days Report

	SNF Unit	All Other (NF)	Total NH
Medicare Days	<input type="text"/>	<input type="text"/>	
Medicaid Days	<input type="text"/>	<input type="text"/>	
Other Days	<input type="text"/>	<input type="text"/>	
<b>Total Patient Days</b>			

Occupancy Rate  \*Available Bed Days  ←

Workers Compensation

---

#### Ownership

Common Ownership  Ownership Change

---

#### Related Parties

Related Party Costs  Facility Lease

---

#### LTC Reporting Delegate

\*Last Name  \*First Name   
\*Phone  Ext  \*E-mail   
\*Company  \*Position   
\*Address   
\*City  \*State  \*Zip Code



# FACILITY STATISTICS CONT.

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

Days Report			
	SNF Unit	All Other (NF)	Total NH
Medicare Days		500	500
Medicaid Days		14500	14,500
Other Days		1000	1,000
Total Patient Days	0	16,000	16,000
Occupancy Rate	64.00%	*Available Bed Days	25000
Workers Compensation			

**Skilled Nursing Facility Addendum** Click to expand

**Ownership**

Common Ownership  Ownership Change

**Related Parties**

Related Party Costs  Facility Lease

**LTC Reporting Delegate**

\*Last Name  \*First Name

\*Phone  Ext  \*E-mail

\*Company  \*Position

\*Address

\*City  \*State  \*Zip Code

**Submit** **Cancel**

# 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.

Cost Classification	Cost per Day	Total Cost
Salaries and Wages		
➔ Outside Professional Fees		Required
Employee Benefits		
Staff Development and Training		
Taxes - Non-Payroll Related		
Office Supplies and Expense		
Telephone		
Utilities		
Insurance - Non-Payroll Related		
Dues and Publications		
Public Relations		
Automobile Expense		
Maintenance		
Laundry and Linen		
Housekeeping		
Food and Kitchen Supplies		
Social Services Supplies		
➔ Drugs and Medical Supplies		Required
Capital Related		
Administrative Services		
Other Expenses		
Total		

# 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](http://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.



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[Oklahoma Health Care Authority](#) [Providers](#) [Types](#) [LTC Facilities](#) **[Long-Term Care Facilities](#)**

## Long-Term Care Facilities

### Enrollment

- Long-Term Care Facility enrollment requires a contract. Nursing facility contracts are located on the [enrollment page](#).
- [PASRR Determinations](#)

### Cost Reports

- [Cost Report Instructions](#)
- [Examples of Data Entry Screens](#)
- [Data Entry File for Partial Year Reporting](#)



# 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

Nursing Home Facility Audit Summary => Outside Professional Fees

Nursing Home ID: \_\_\_\_\_ Total Patient Day: \_\_\_\_\_

<u>Cost Classification</u>	<u>Cost per Day</u>	<u>Cost per Hour</u>	<u>Total Cost</u>	<u>Total Hours</u>
Contract Registered Nurse				Required
Contract Licensed Practical Nurse				Required
Contract Nurse Aides				Required
Medical Director				
Therapists				
Consulting Social Worker				
Dietician				
Pharmacist				
Dentist				
Accountants				
Legal				
Housekeeping				
Maintenance				
Other				
Computer Programmer				
<hr/>				
Total Professional Services				


Submit Cancel

# 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.

Nursing Home Facility Audit Summary => Employee Expenses

Nursing Home ID	Total Patient Days	
<b>Employee Benefits and Payroll Related Expenses</b>		
		
<u>Cost Classification</u>	<u>Cost per Day</u>	<u>Total Cost</u>
FICA		
Unemployment Compensation Tax		
Worker's Compensation Insurance		
Group Health/Dental Insurance		
Life Insurance		
Retirement and Pension		
Other Employee Benefits		
<b>Staff Development and Training</b>		
<u>Cost Classification</u>	<u>Cost per Day</u>	<u>Total Cost</u>
Nurse Aide Competency Evaluation		
Other Licensed Direct Care Training		
Other		
Total Employee Expenses		

Submit Cancel

# OTHER EXPENSES


## Reporting Provider Fees:

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

Nursing Home Facility Audit Summary => Other Expenses

<u>Nursing Home ID</u>	<u>Cost Classification</u>	<u>Cost per Day</u>	<u>Total Patient Days</u>	<u>Total Cost</u>
	Hepatitis Vaccination Costs			
	Provider Fees			
	Other Costs			
<hr/>				
	Total Other Expenses			

Submit Cancel





# 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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