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?
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.
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

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.
FACILITY HOMEPAGE

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

State ID: 007
Federal (Medicaid) ID: 00000057
Facility Name 1: Saints Nursing Home
Facility Name 2: Saints Nursing Home
NSGO Name: PFP 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 OKCA' 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 OKCA 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.
Quality of Care Monthly Report

Date Period

Notes – Contact person for portal issues

Instructions

File upload information

If you are experiencing issues with the portal, you may contact Karen Stinson at 405-522-7124 or itcauditt@okhca.org.

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 QOCR’ 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 QOCR.

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.

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 QOCR 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.

Choose File | 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
<table>
<thead>
<tr>
<th>Day of the Month</th>
<th>Peak In-House Resident Count</th>
<th>Direct Care Staff Hours</th>
<th>Peak In-House Resident Count</th>
<th>Direct Care Staff Hours</th>
<th>Peak In-House Resident Count</th>
<th>Direct Care Staff Hours</th>
<th>Daily Peak In-House Resident Count</th>
<th>Total Direct Care Staff Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>14</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>15</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>16</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>19</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>20</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>21</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>22</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>23</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>24</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**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.
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.
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**

- *Indicates a required field.

**Days Report**

- Medicare Days
- Medicaid Days
- Other Days

**Total Patient Days**

- Occupancy Rate
- 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

**Submit** **Cancel**
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.

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

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

### Outside Professional Fees Table

<table>
<thead>
<tr>
<th>Cost Classification</th>
<th>Cost per Day</th>
<th>Cost per Hour</th>
<th>Total Cost</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Registered Nurse</td>
<td></td>
<td></td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>Contract Licensed Practical Nurse</td>
<td></td>
<td></td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>Contract Nurse Aides</td>
<td></td>
<td></td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Programmer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Professional Services**

<table>
<thead>
<tr>
<th>Nursing Home ID</th>
<th>Total Patient Day:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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?
GET IN TOUCH

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

Fred Mensah
Kim Potter
Karen Stinson
Lionel Haumpo

Fred.Mensah@okhca.org
Kim.Potter@okhca.org
Karen.Stinson@okhca.org
Lionel.Haumpo@okhca.org

Office: 405-522-7294
Office: 405-522-7637
Office: 405-522-7124
Office: 405-522-7098