


Enhancements to the LTC Cost Reporting Process

AGENDA

- Nursing Home Facility Audit Summary Page Additions
 - Printing the Reports
 - Adding a Delegate
 - Skilled Nursing Facility Addendum
 - Post-Submission Emails
 - Report Unlock Email
 - Contact Information
 - Questions
- 

NURSING HOME FACILITY AUDIT SUMMARY

PAGE



NURSING HOME FACILITY AUDIT SUMMARY PAGE

- The “Facility Statistics” schedule and “Related Organizations” schedule can now be viewed on the Nursing Home Facility Audit Summary main page

NURSING HOME FACILITY AUDIT SUMMARY PAGE

Nursing Home Cost Report Schedule

[Back to Edit/Submit Cost](#)

Nursing Home ID 369 **Reporting Period** 07/01/2013 - 06/30/2014 **Quarter** Annual **Total Patient Days** 1
Facility Name **Provider Number**
Organization Type **County**
Facility Type **Area**
Admin First Name **Phone**
Last Name

Select/Deselect All for Print

Select for Print	Complete	Cost Classification	Total Cost	Cost per Day
<input type="checkbox"/>	✓	Facility Statistics		
<input type="checkbox"/>	✓	Salaries and Wages		
<input type="checkbox"/>	✓	Outside Professional Fees		
<input type="checkbox"/>	✓	Employee Expenses		
<input type="checkbox"/>	✓	Taxes (Non-Payroll)		
<input type="checkbox"/>	✓	Office Expenses		
<input type="checkbox"/>	✓	Insurance (Non-Payroll)		
<input type="checkbox"/>	✓	General Expenses		
<input type="checkbox"/>	✓	Drugs and Medical Supplies		
<input type="checkbox"/>	✓	Capital Related Expenses		
<input type="checkbox"/>	✓	Administrative Expenses		
<input type="checkbox"/>	✓	Other Expenses		
<input type="checkbox"/>	✓	Related Organizations		
Totals				\$0.00

These reports will now show on the summary page


[Print Preview](#)

[Submit](#) [Cancel](#)

ENHANCED PRINTING FUNCTION



ENHANCED PRINTING FUNCTION

- The reports can now be printed all together or selected for individual category/report printing
 - To print all reports at one time, check “select/deselect all for print”
 - Reports/categories will print separately on each page
- 

PRINTING

Nursing Home ID 369	Reporting Period 07/01/2013 - 06/30/2014	Quarter Annual	Total Patient Days 1
Facility Name		Provider Number	
Organization Type		County	
Facility Type		Area	
Admin First Name		Phone	
Last Name			

Select/Deselect All for Print

Select for Print	Complete	Cost Classification	Total Cost	Cost per Day
<input type="checkbox"/>	✓	Facility Statistics		
<input type="checkbox"/>	✓	Salaries and Wages		
<input type="checkbox"/>	✓	Outside Professional Fees		
<input type="checkbox"/>	✓	Employee Expenses		
<input type="checkbox"/>	✓	Taxes (Non-Payroll)		
<input type="checkbox"/>	✓	Office Expenses		
<input type="checkbox"/>	✓	Insurance (Non-Payroll)		
<input type="checkbox"/>	✓	General Expenses		
<input type="checkbox"/>	✓	Drugs and Medical Supplies		
<input type="checkbox"/>	✓	Capital Related Expenses		
<input type="checkbox"/>	✓	Administrative Expenses		
<input type="checkbox"/>	✓	Other Expenses		
<input type="checkbox"/>	✓	Related Organizations		
Totals				\$0.00

Print Preview

Submit Cancel

PRINT PREVIEW- ALL CATEGORIES

Nursing Home Cost Report Schedule

[Back to Edit/Submit Cost](#)

Nursing Home ID 369	Reporting Period 07/01/2013 - 06/30/2014	Quarter Annual	Total Patient Days 1
Facility Name		Provider Number	
Organization Type		County	
Facility Type		Area	
Admin First Name		Phone	
Last Name			

Select/Deselect All for Print

Select for Print	Complete	Cost Classification	Total Cost	Cost per Day
<input checked="" type="checkbox"/>	✓	Facility Statistics		
<input checked="" type="checkbox"/>	✓	Salaries and Wages		
<input checked="" type="checkbox"/>	✓	Outside Professional Fees		
<input checked="" type="checkbox"/>	✓	Employee Expenses		
<input checked="" type="checkbox"/>	✓	Taxes (Non-Payroll)		
<input checked="" type="checkbox"/>	✓	Office Expenses		
<input checked="" type="checkbox"/>	✓	Insurance (Non-Payroll)		
<input checked="" type="checkbox"/>	✓	General Expenses		
<input checked="" type="checkbox"/>	✓	Drugs and Medical Supplies		
<input checked="" type="checkbox"/>	✓	Capital Related Expenses		
<input checked="" type="checkbox"/>	✓	Administrative Expenses		
<input checked="" type="checkbox"/>	✓	Other Expenses		
<input checked="" type="checkbox"/>	✓	Related Organizations		
Print Preview			Totals	\$0.00

Submit

Cancel

PRINTING – SELECTED CATEGORIES

Print

Nursing Home Cost Report Schedule

Nursing Home ID	369	Summary for Year Ending	06/30/2014
Facility Name		Actual Patient Days	1
		Provider Number	
Available Bed Days		Medicaid Days	1
		% Occupancy	
Organization Type		Medicare Days	0
		County	
Facility Type		Other Days	0
		Area	

Select/Deselect All for Print

Select for Print	Complete	Cost Classification	Total Cost	Cost per Day
<input checked="" type="checkbox"/>	✓	Facility Statistics		
<input type="checkbox"/>	✓	Salaries and Wages		
<input type="checkbox"/>	✓	Outside Professional Fees		
<input type="checkbox"/>	✓	Employee Expenses		
<input type="checkbox"/>	✓	Taxes (Non-Payroll)		
<input type="checkbox"/>	✓	Office Expenses		
<input type="checkbox"/>	✓	Insurance (Non-Payroll)		
<input type="checkbox"/>	✓	General Expenses		
<input checked="" type="checkbox"/>	✓	Drugs and Medical Supplies		
<input type="checkbox"/>	✓	Capital Related Expenses		
<input type="checkbox"/>	✓	Administrative Expenses		
<input type="checkbox"/>	✓	Other Expenses		
<input type="checkbox"/>	✓	Related Organizations		
Totals				\$0.00

PRINTING – PRINT PREVIEW

Ownership -

Common Ownership Ownership Change

Related Parties -

Related Party Costs Facility Lease
 * If Facility Lease is checked, Lessor information is required.

Lessor
 Second Lessor
 Address
 City State Oklahoma Zip Code 73112

LTC Reporting Delegate -

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

Print

EXAMPLE OF PRINTOUT

Nursing Home Facility Audit Summary

Nursing Home ID	383	Summary for Year Ending	06/30/2014		
Facility Name		Actual Patient Days	2,881	Provider Number	
Available Bed Days	2,928	Medicaid Days	2,881	% Occupancy	98.39
Organization Type	Corporation	Medicare Days	0	County	Oklahoma
Facility Type	Adult NF	Other Days	0	Area	Urban

Select/Deselect All for Print

Select for Print	Cost Classification	Total Cost	Cost per Day
<input checked="" type="checkbox"/>	Facility Statistics		
<input type="checkbox"/>	Salaries and Wages	\$180,438.00	\$62.63
<input checked="" type="checkbox"/>	Outside Professional Fees	\$3,684.00	\$1.28
<input checked="" type="checkbox"/>	Employee Expenses	\$34,830.00	\$12.09
<input type="checkbox"/>	Taxes (Non-Payroll)	\$2,085.00	\$0.72
<input type="checkbox"/>	Office Expenses	\$18,258.00	\$6.34
<input type="checkbox"/>	Insurance (Non-Payroll)	\$9,216.00	\$3.20
<input type="checkbox"/>	General Expenses	\$37,354.00	\$12.97
<input type="checkbox"/>	Drugs and Medical Supplies	\$2,223.00	\$0.77
<input type="checkbox"/>	Capital Related Expenses	\$65,391.00	\$22.70
<input type="checkbox"/>	Administrative Expenses	\$18,188.00	\$6.31
<input type="checkbox"/>	Other Expenses	\$41,541.00	\$14.42
<input type="checkbox"/>	Related Organizations		
	Totals	\$413,208.00	\$143.43

ADDING DELEGATE



ADDING DELEGATE

- A delegate MUST be added to the cost report in order to submit
- The delegate listed should be the person fiscally responsible for filling out the cost report
- This can be added under the “Facility Statistics” schedule and will be available for viewing
- All contact information is required, including name, phone number, email address, company, position, and address

ADDING DELEGATE

Nursing Home Cost Report Schedule

[Back to Edit/Submit Cost](#)

Nursing Home ID 369 **Reporting Period** 07/01/2013 - 06/30/2014 **Quarter** Annual **Total Patient Days** 1

Facility Name **Provider Number**

Organization Type **County**

Facility Type **Area**

Admin First Name **Phone**

Last Name

Select/Deselect All for Print

Select for Print	Complete	Cost Classification	Total Cost	Cost per Day
<input type="checkbox"/>	✓	Facility Statistics		
<input type="checkbox"/>	✓	Salaries and Wages		
<input type="checkbox"/>	✓	Outside Professional Fees		
<input type="checkbox"/>	✓	Employee Expenses		
<input type="checkbox"/>	✓	Taxes (Non-Payroll)		
<input type="checkbox"/>	✓	Office Expenses		
<input type="checkbox"/>	✓	Insurance (Non-Payroll)		
<input type="checkbox"/>	✓	General Expenses		
<input type="checkbox"/>	✓	Drugs and Medical Supplies		
<input type="checkbox"/>	✓	Capital Related Expenses		
<input type="checkbox"/>	✓	Administrative Expenses		
<input type="checkbox"/>	✓	Other Expenses		
<input type="checkbox"/>	✓	Related Organizations		
Totals				\$0.00



Add a delegate here

[Print Preview](#)

[Submit](#)

[Cancel](#)

ADDING DELEGATE

Ownership -

Common Ownership Ownership Change

Related Parties -

Related Party Costs Facility Lease
* If Facility Lease is checked, Lessor information is required.

*Lessor

Second Lessor

*Address

*City

*State

*Zip Code

LTC Reporting Delegate -

*Last Name

*First Name

*Phone Ext

*E-mail

*Company

*Position

*Address

*City

*State


*Zip Code



SKILLED NURSING FACILITY (SNF) ADDENDUM WITH MEDICARE DAYS



SKILLED NURSING FACILITY (SNF) ADDENDUM WITH MEDICARE DAYS

- If Medicare days are reported, an addendum is required to be completed
 - Medicare days should be reported in the “SNF” column
 - Medicare days reported incorrectly in “All Other NF” column will now require a SNF addendum
- 

FACILITY ADDENDUM

Facility Statistics

* Indicates a required field.

Nursing Home ID 383

Days Report

	SNF Unit	All Other (NF)	Total NH
Medicare Days	<input type="text"/>	52180	52,180
Medicaid Days	<input type="text"/>		
Other Days	<input type="text"/>		
Total Patient Days	0	52,180	52,180
Occupancy Rate		*Available Bed Days	<input type="text"/>
Workers Compensation	<input type="text"/>		



Skilled Nursing Facility Addendum prompted by entering Medicare Days

Skilled Nursing Facility Addendum

Cost Classification	Cost per Day	Total Cost
Salaries and Wages		
Outside Professional Fees		
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		

SUBMISSION CONFIRMATION EMAIL

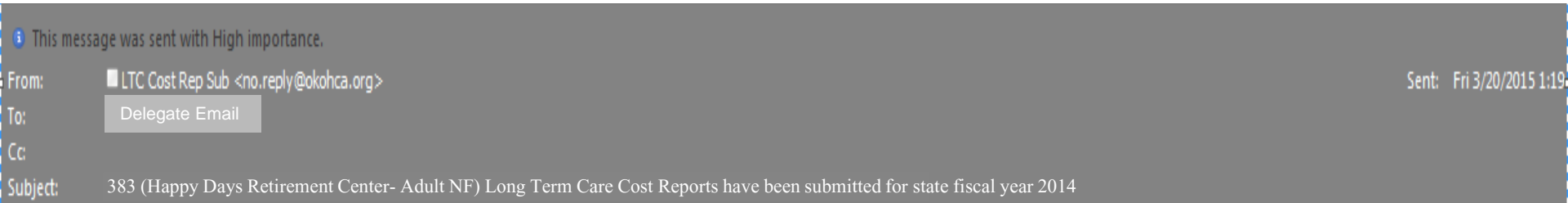


SUBMISSION CONFIRMATION EMAIL

- Two emails will be automatically sent out once the provider's delegate submits the Nursing Home Cost Report
- First: An email will be sent to the delegate email address furnished in the LTC Reporting Delegate Email segment. It will give the Facility ID and name of the Nursing Home, and state the Long Term Cost Reports have been submitted for state fiscal year 20##

SUBMISSION CONFIRMATION EMAIL

The body of the email will contain the date and time the Cost Report was submitted to the Oklahoma Health Care Authority




Long Term Care Facility 383 (Happy Days Retirement Center- Adult NF) has submitted their Long Term Care Cost Reports for state fiscal year 2014 to Oklahoma Health Care Authority on 3/20/2015 at 1:18 PM. Do not attempt to reply to this automated e-mail.



SUBMISSION CONFIRMATION EMAIL

Second: an email will be sent to LTC OHCA Finance Unit with the Facility ID and name of the Nursing Home notifying them that the Long Term Cost Reports have been submitted for state fiscal year 20##

 This message was sent with High importance.

From:  LTC Cost Rep Sub <no.reply@okohca.org>

Sent: Fri 3/20/2015 1:19

To:  LTCFinanceITF

Cc:

Subject: 383 (Happy Days Retirement Center- Adult NF) Long Term Care Cost Reports have been submitted for state fiscal year 2014


Long Term Care Facility 383 (Happy Days Retirement Center- Adult NF) has submitted their Long Term Care Cost Reports for state fiscal year 2014 to Oklahoma Health Care Authority on 3/20/2015 at 1:18 PM. Do not attempt to reply to this automated e-mail.



REPORT UNLOCK



REPORT UNLOCK

- A lock will occur after the Cost Report has been submitted
 - If an error has occurred and the facility needs to make a correction on the Cost Report during a current report period, they must contact the Long Term Care Financial Management Unit to have the report unlocked
 - After OHCA has released the lock on the account, an email will be sent to the listed delegate's email address
- 

REPORT LOCKED

Nursing Home Cost Report Profile

* Indicates a required field.

Facility Profile

Nursing Home ID 383

Provider Number

Organization Type

Facility Type

Admin First Name

Phone

Area Urban

Facility Name

Address 1

Address 2

City

Last Name

Previous Facility _

County Oklahoma

State OK

ZIP Code 73132

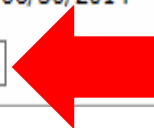
Submit Cost Report

The Current Report Period 07/01/2013

Through 06/30/2014

Select Report Period

** All Reporting periods have been completed ** ▾



UNLOCK EMAIL- DELEGATE EMAIL

From: LTC Cost Rep Sub no.reply@okohca.org

To: Email address that was entered in the “Email” textbox within the Facility Statistics Schedule

Subject: 009 UNLOCKED -- (HAPPY DAYS RETIREMENT CENTER - Adult NF)
Long Term Care Cost Reports have been unlocked for state fiscal year 2014

Body of email: Long Term Care Facility 009 (HAPPY DAYS RETIREMENT CENTER - Adult NF) has their Long Term Care Cost Reports unlocked for state fiscal year 2014 on 04/21/2015 at 10:15 AM. Do not attempt to reply to this automated email

CONTACT INFORMATION

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Long Term Care Financial Management, OHCA

Phone: 405-522-7455

Email: lisa.moses@okhca.org



QUESTIONS?

