

Net Patient Revenue

General

Q: What revenues are included in net patient revenues?

A: Per ss. 409.9082 F.S., “Net patient service revenue” means gross revenues from services provided to nursing home facility patients, less reductions from gross revenue resulting from an inability to collect payment of charges. Such reductions include bad debts; contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions. The service must be patient related since the service must be provided to the nursing home facility patient.

Q: Does net patient revenue include all payer types (Medicaid, Medicare, private, and other)?

A: Yes.

Q: Should net patient revenues be reported by payer type?

A: No. Total net patient revenues are the total of all payer types.

Q: Is reporting net patient revenues required for the Florida Assessment?

A: No.

Monthly Net Patient Revenues

Q: If net patient revenues cannot be reported monthly by the 20th of the month due to financial processes, what should the nursing home do?

A: The monthly net patient revenue field is optional.

Registration

Q: May multi-facility corporations create one account and register all facilities at once?

A: No, a corporation with multiple facilities cannot create one account. A separate account must be created for each facility.

Q: May a multi-facility corporation use the same e-mail address when registering each facility?

A: Yes. The Corporation can use the same e-mail address for each separate account.

Monthly Reporting of Patient Day Data

Q: Who can report monthly patient day data?

A: Nursing Home Administrator, or designee.

Q: May the facility of a multi-owned facility corporation register its facility and designate the corporation to do monthly reporting?

A: Yes.

Q: Am I exempt from the Assessment?

A: Per ss. 409.9082(3)(a), F.S., The following nursing home facility providers are exempt from the quality assessment:

1. Nursing home facilities that are licensed under part II of chapter 400 and located on the campus of continuing care retirement communities operating pursuant to a certificate of authority under chapter 651;
2. Nursing home facilities that have 45 or fewer beds; and
3. The skilled nursing facility units of acute care hospitals licensed by the agency under chapter 395.
4. A qualified public, nonstate-owned or operated nursing home facility whose total annual indigent census days are

greater than 20 percent of the facility's total annual census days.

Q: We are a Skilled Nursing Facility WITHIN a hospital. Do we report data for the Skilled Nursing Facility or the hospital as a whole?

A: Only report the patient day data and net patient revenues for the skilled nursing facility, not for the hospital as a whole.

Q: What are Medicare days?

A: Medicare Part A resident days are those patient days funded by the Medicare program or by a Medicare Advantage or special needs plan.

Q: What are non-Medicare days?

A: A resident day not paid by the Medicare Program or by Medicare Advantage or special needs plan.

Q: Are Veterans (VA) patient days paid through the Federal government assessed?

A: Yes. Veteran patient days are assessed and should be reported as Private/Other/non-Medicare days.

Q: Are Medicaid Bed Holds considered part of the Medicaid days.

A: Yes, if they are paid for by Medicaid.

Remittance and Payment

Q: Who should sign the remittance document to submit with payment?

A: Nursing Home Administrator, or designee.

Q: May a Corporation submit one check for multiple facilities?

A: Yes.

Q: Does the signature on the Remittance Document need to be an original or will a copy (from the scanned document) be sufficient?

A: An original signature is not required. A scanned or copied signature is sufficient.

Q: Is the payment considered timely if it is postmarked by the 20th, or do the funds have to be received by your office by then?

A: Payment is to be received by the 20th for any payment due after July 1, 2015. Any payment due prior to July 1, 2015 was due on the 15th of the month.

Miscellaneous

Q: Where can a facility find their assessment rate?

A: An assessment rate spreadsheet is located at <http://ahca.myflorida.com/qaf/>.

Q: What is the formula for the Quality Assessment Medicaid Share?

A: $S = Z/T$, where $Z = V * (W - Y) * U$

V = Quality Assessment Rate
W = Total patient Days
Y = Medicare Days
U = Medicaid Utilization
T = Medicaid days
S = Quality Assessment Medicaid Share