

NFQA HELP INSTRUCTIONS - REGISTRATION

In order to comply with s. 409.9082, F.S., all Skilled Nursing Facilities licensed under part II of chapter 400, F.S. shall report resident day data. Facilities must register prior to reporting. Registration is a two-part process initiated by the Nursing Facility and finalized by the Agency. To register, the facility must first complete the registration form online at: http://ahca.myflorida.com/Medicaid/Finance/finance/nh_rates/qaf/qaf.shtml/ . The link, <Please click here for the NFQA Assessment>, takes you to the registration home page.

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AGENCY FOR HEALTH CARE ADMINISTRATION

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QAF – Quality Assessment Fee

Please remember to remit your Quality Assessment Fees to:

Agency for Health Care Administration
Mail Stop #14
2727 Mahan Drive
Tallahassee, Florida 32308

When submitting NHQAF and ICFFD payments, in order to speed up the process of crediting your account, please remember to include a copy of the invoice and facility to which the payment applies. Additionally, AHCA has implemented electronic deposits of payments, which involves scanning the check or money order. Please do not staple the check to any documentation, this will ensure that the payment can be processed as quickly as possible.

[Please click here for the Nursing Facility Quality Assessment \(NFQA\)](#)

More Information

During a Special Session of the Florida Legislature in January 2009, Senate Bill 8-A passed as Chapter 2009-4, Laws of Florida, creating the Quality Assessment on Nursing Home Facility Providers in section 409.9082, Florida Statutes, and is effective April 1, 2009. The Agency for Health Care Administration is responsible for implementing this assessment which is calculated monthly on a per-resident-day basis excluding Medicare resident days.

The Agency has developed an online reporting form for nursing homes to submit required information each month. In order to comply with this new statute, it is imperative that each licensed nursing home report their data online and remit their monthly assessment payment no later than the 20th of the following reporting month.

Click here to go to the registration/login page

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Click on <New Users Register Here>.

The screenshot displays the Florida Agency for Health Care Administration website. At the top right, there are links for Public Meetings, Public Records, Contact Us, and Site Map, along with social media icons for Facebook, Twitter, YouTube, and a wheelchair accessibility icon. The main header features the agency's logo and the text "AGENCY FOR HEALTH CARE ADMINISTRATION". Below this is a navigation menu with links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The central content area is titled "Facility Quality Assessment" and contains a registration form. A callout box points to the "New Users Register Here!" link, stating "Click here to initiate the registration process." The form includes a section for "Existing Users Login Here" with input fields for "Enter User ID:" and "Enter Password:", and buttons for "Login", "Cancel", and "Forgot Password". At the bottom of the form, it says "For more information please visit the website <http://nfqa.ahca.myflorida.com/>". The footer contains links for Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, and Download Adobe Reader, along with the copyright notice "© 2017 Florida Agency for Health Care Administration" and a logo.

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Create a User ID and password that meets criteria and complete the registration form data. If you are reporting for more than one facility, you must create a separate User ID for each facility. Your password must have 6-10 characters. Please do not include special characters (!@#\$\$%^ etc.) when creating your User ID and password. Once the form is complete click <SUBMIT>. All data must be complete and meet criteria. If not, the website will inform you of any errors before acceptance.



Better Health Care for All Floridians

User ID and Password must have 6-10 characters.

Facility Quality Assessment User Registration Form

User ID: *

Provider Type: *

Facility Name: *

First Name: *

Last Name: *

Phone: *

Email: *

Password Recovery Question 1: *

Security Answer 1: *

Password Recovery Question 2: *

Security Answer 2: *

Password: *

Verify Password: *

Note: After clicking the Submit button, if you registered successfully, you will be directed to the registration ready to print out the user agreement form, fill it out, sign it and mail it or fax it in to the address given.

Click here once all data is entered.

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Upon completion of the registration form, a User Agreement Form must be printed out for signature. You are able to view and print in either pdf. or HTML format.



Better Health Care for All Floridians

Your account has been created but it is not yet activated. In order to activate your account you must follow these steps.

1. Click the button below to print the user agreement.
2. Fill out the required parts and sign it.
3. Mail it or fax it in to the address given in the top.

Click here to open
pdf. format.

Click here to print the user agreement using Adobe

Click here to print the user agreement in HTML format

Click here to
open in HTML.

NOTE: You will need to have Adobe Reader installed in order to print the agreement in Adobe. If you don't have Adobe Reader please click the Adobe link to download it.



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The User Agreement Form should automatically open. If the form does not open, save the file to your desktop and then open. This form includes all the data you just submitted on the registration form. Print and return the signed User Agreement Form by fax to (850) 413-0264 or e-mail to Katrina.Derico-Harris@ahca.myflorida.com. The form must be signed and dated by the user and Administrator. The User and Administrator may be the same person. If that is the case, please sign both signature lines. Upon receipt of the nursing home facility's User Agreement Form, the Agency will approve the nursing home facility's registration. An automatic e-mail is sent confirming registration approval. The nursing home facility will then have the ability to log in and report net patient revenue and patient day data to the Agency.



**Facility Quality Assessment System
Provider User Account Agreement
Print Date: 10/7/2019**

Mail To:
Agency for Health Care Administration
2727 Mahan Dr, MS #14
Tallahassee, FL 32308
Finance & Accounting - NFQAF/ICFDD
Memo: NFQA/ICFDD Facility User Agreement
Phone: (850) 412-3858 Fax: (850) 413-0264

Provider Name: Abbey Delray
User Type: Health Care Provider

User Name

User ID

User Name: Street Second
Phone#: (888)888-8888
Email Address: MPFStree@ahca.myflorida.com
Address: 2105 SW 11TH COURT DELRAY BEACH, FL 33445

User ID: MPFSTREET
License#: 1201096

As an NFQA/ICFDD Facility Quality Assessment System user I agree to abide by the following:

- I will not disclose or lend my USER CODE AND/OR PASSWORD to anyone. These are for my use only and will serve as my "electronic signature". This means that I may be held responsible for the consequences of unauthorized or illegal transactions.
- I will not browse or use this information for unauthorized or illegal purposes.
- I will not make any disclosure of this data that is not specifically authorized.
- I will not intentionally cause corruption or disruption of data.
- If I become aware of any violation of these security requirements or suspect that someone may have used my user code or password, I will immediately contact Agency for Health Care Administration Security Officer at (850) 412-4849.
- I understand that Florida has a very broad public records law. Most information entered into this Application or otherwise in the possession of the Agency for Health Care Administration is available to the public upon request.

I understand that as a User, I can submit information electronically on behalf of this Provider. By accessing this system, I am agreeing to follow the Agency for Health Care Administration policies regarding acceptable use and protection of confidential information. By submitting electronic information, I affirm that the information submitted is true. By agreeing I acknowledge that I have read and understand the terms of this User Account Agreement.

The user of this account sign here

Failure to submit this signed agreement to the Agency shall result in termination of my user account.

User Name: Street Second

User Signature

Date

Administrator Signature

Date

AHCA USE ONLY

DATE AUTHENTICATED: _____

DATE ACTIVATED: _____

STAFF SIGNATURE: _____

STAFF SIGNATURE: _____

Facility Administrator sign here

THE REGISTRATION PROCESS IS COMPLETE!