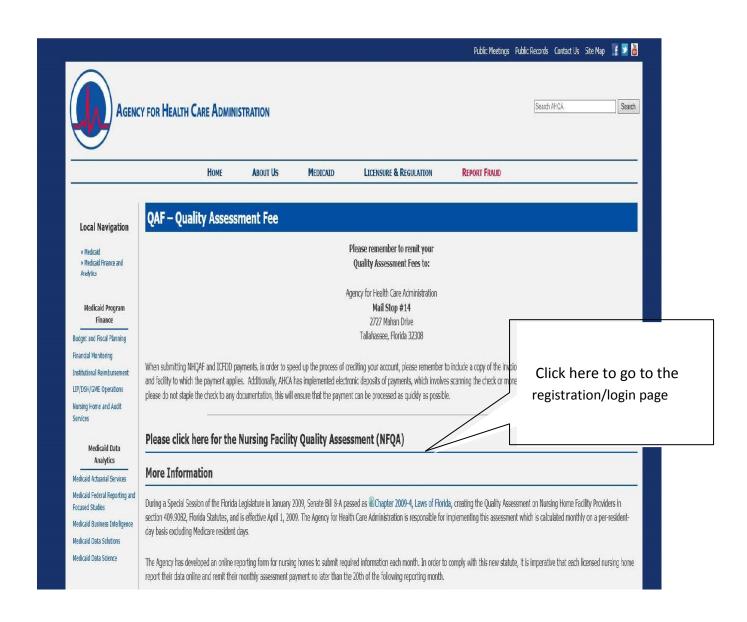
In order to comply with s. 409.9082, F.S., all Skilled Nursing Facilities licensed under part II of chapter 400, F.S. shall report resident day data. Facilities must register prior to reporting. Registration is a two-part process initiated by the Nursing Facility and finalized by the Agency. To register, 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.



Click on <New Users Register Here>.

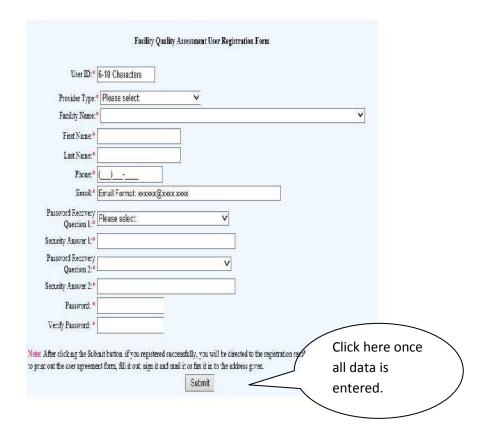


Create a User ID and password that meets criteria and complete the registration form data. If you are reporting for more than one facility, you must create a separate User ID for each facility. Your password must have 6-10 characters. Please do not include special characters (!@#\$%^ etc.) when creating 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.



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User ID and Password must have 6-10 characters.



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.



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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.

3. Mail it or fax it in to the address given in the top.

Click here to open in the top. 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.



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.



NFQA HELP INSTRUCTIONS - REGISTRATION
THE REGISTRATION PROCESS IS COMPLETE!