
**PANF ASSESSMENT AND
QUARTERLY RESIDENT DAY REPORTING FORM**



End User Manual

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Department of Human Services and Myers & Stauffer LC

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SECTION 1

BACKGROUND

INTRODUCTION

The Medicare Voluntary Contribution and Provider Specific Tax Amendments to Title XIX of the Social Security Act allow states to impose assessment fees on eighteen (18) categories of health care providers, including nursing facilities, and to use the dollars they collect to draw down Federal matching funds so long as the assessments meet the requirements of the Federal law. On September 30, 2003, the Pennsylvania General Assembly enacted amendments to the Human Services Code authorizing the Department of Human Services (the Department) to implement a Pennsylvania Nursing Facility (PA NF) Assessment Program consistent with the Federal law beginning July 1, 2003 and ending June 30, 2007. In June 2007, the state legislature, through the passage of the Act of June 30, 2007, P.L. 49, No. Act 16 (Act 16), directed the Department to continue the Assessment Program for Fiscal Years 2007-2008 through 2011-2012 and provided the Department with the authority to include the county nursing facilities in the Assessment Program. The General Assembly Enacted Act 80 of 2012 to reauthorize the Assessment Program beginning FY 2012-2013 through 2015-2016. Act 76 of 2016 reauthorized the Assessment Program for three additional years beginning FY 2016-2017 through 2018-2019.

Under the PA NF Assessment Program, the Department collects an assessment fee from nursing facilities (Assessed Nursing Facilities) and uses the revenues collected and the Federal match to maintain the per diem payment rates to Medical Assistance (MA) nursing facility providers. The Department also uses some of the assessment revenue to pay nonpublic MA nursing facility providers the MA portion of their allowable assessment cost and to make supplemental payments to qualified nursing facilities. The Department also uses some of the assessment revenue to pay MA Day One Incentive payments to county nursing facilities. Upon implementation of Community HealthChoices (CHC) in a geographic zone, the Department will use assessment revenues to fund payments made through managed care in compliance with the CMS Managed Care Final Rule.

To comply with the PA NF Assessment Program, assessed facilities must:

- Report their resident day data for each Resident Day Quarter using a web-based form located at www.PANFsubmit.com,
- Calculate their Quarterly Assessment Payment (QAP) from appropriate reported days, and
- Remit their QAP on or before the due date for each Assessment Quarter.

This end user manual provides important instructions and guidance for assessed facilities to follow to comply with the PA NF Assessment Program. This manual also contains instructions and guidance for qualified nursing facilities to follow to receive their quarterly allowable cost and supplemental payments.

An Assessed Nursing Facility may submit its Resident Day Reporting Form (RDR Form) for a Resident Day Quarter beginning on the first business day of the applicable Assessment Quarter, i.e., the calendar quarter immediately following that Resident Day Quarter. Each Assessed Nursing Facility must submit its RDR Form for a Resident Day Quarter and remit its QAP to the Department no later than the due date of the applicable Assessment Quarter. If the due date falls on a state holiday or weekend, the due date is the next business day.

For each year, including the start-up period, important submission and payment dates will be posted on the www.PANFSubmit.com website and the website at the following address: <http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/index.htm>.

ASSESSED AND EXEMPT NURSING FACILITIES

Under the PA NF Assessment Program, every nursing facility that is not an Exempt Nursing Facility (See Glossary for definitions) must make a QAP to the Department on or before the due date in each Assessment Quarter. A nursing facility that is not an Exempt Nursing Facility is considered an Assessed Nursing Facility.

IMPORTANT REMINDERS

- Assessed Nursing facilities are required to submit payments via ACH or Wire transfer;
- Penalties will be assessed for late RDR submissions;
- Interest will be assessed for late quarterly assessment payments (QAPs) unless the Assessed Nursing Facility has an approved payment plan;
- Assessed Nursing Facilities are permitted to request a payment plan if it provides documentation of financial hardship;
- Implementation of Community HealthChoices; and
- Modification of the RDR Form to capture the Community HealthChoices managed care plan days.

IMPORTANT CHANGES FOR 2018-2019

The primary change for this assessment year is:

- For 2018-2019 Assessment Quarters July 1 through June 30, the QAP for each Assessment Quarter is based on the sum of the assessed days that have already been submitted for Assessment Quarters April 1, 2016 through March 31, 2017 and paid equally in four payments, one for each Assessment Quarter.

QUARTERLY ASSESSMENT PAYMENT METHODOLOGY

Each fiscal year in which the PA NF Assessment Program is in effect, the Secretary of Human Services, in consultation with the Secretary of the Budget, determines the assessment rate used to calculate the QAPs owed by Assessed Nursing Facilities in that fiscal year. Each annual assessment rate must be approved by the Governor.

Before implementing an annual assessment, the Secretary publishes a notice in the *Pennsylvania Bulletin* that specifies the assessment rate that is being proposed for the fiscal year, explains how the rate was determined and identifies the aggregate impact on Assessed Nursing Facilities. Interested parties have thirty (30) days to submit comments to the Secretary. After considering the comments received during the 30-day period, the Secretary publishes a second notice announcing the annual assessment rate for the fiscal year. The annual assessment rate is also available to the public on the website at the following address:

<http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/index.htm>

Each Assessed Nursing Facility's QAP for an Assessment Quarter is calculated by applying the following formula to the data reported by the Assessed Nursing Facility on the RDR Form for the applicable Resident Day Quarter:

QAP = assessment rate x assessment days in the Resident Day Quarter. For example, assume the annual assessment rate is \$15.91. A nursing facility that has 10,000 assessment days for the quarter will be assessed \$159,100 ($\$15.91 \times 10,000 = \$159,100$).

For 2016-2017 and 2017-2018 Assessment Quarters July 1 through June 30, the QAP for each Assessment Quarter is based on the sum of the assessed days that have already been submitted for Assessment Quarters April 1, 2015 through March 31, 2016 and paid equally in four payments, one for each Assessment Quarter.

Therefore, the 2016-2017 and 2017-2018 Quarterly QAP equals the product of the assessment rate x sum of the assessment days for Resident Day Quarters January 1, 2015 through December 31, 2015 divided by four. For example, assume the annual assessment rate is \$32.10. A nursing facility that has 40,000 assessment days total for the four historical Resident Day Quarters will be assessed \$321,000 for each Assessment Quarter from July 1 through June 30 of each fiscal year ($\$32.10 \times 40,000 / 4 = \$321,000$).

For 2018-2019 Assessment Quarters July 1 through June 30, the QAP for each Assessment Quarter is based on the sum of the assessed days that have already been submitted for Assessment Quarters April 1, 2016 through March 31, 2017 and paid equally in four payments, one for each Assessment Quarter.

Therefore, the 2018-2019 Quarterly QAP equals the product of the assessment rate x sum of the assessment days for Resident Day Quarters January 1, 2016 through December 31, 2016 divided by four. For example, assume the annual assessment rate is \$31.49. A nursing facility that has 40,000 assessment days total for the four historical Resident Day Quarters will be assessed \$314,900 for each Assessment Quarter from July 1 through June 30 of each fiscal year ($\$31.49 \times 40,000 / 4 = \$314,900$).

The assessment fees are published in The *Pennsylvania Bulletin* for each year.

SUPPLEMENTAL PAYMENT METHODOLOGY

Each fiscal year in which the PA NF Assessment Program is in effect, the Department uses some of the state revenues collected under the Program and the associated Federal matching funds to reimburse nonpublic MA facilities for the MA portion of their QAP, to provide a quarterly Supplemental Payment to qualified nursing facilities and in some years to increase the MA Day One Incentive payment made to county nursing facilities. Upon full statewide implementation of CHC, all payments will be made through managed care in compliance with the CMS Managed Care Final Rule.

The MA portion of the QAP is reimbursed as an add-on to a nursing facilities per diem rate and will be paid in lump sum on a quarterly basis. A facility **will not receive** the MA portion of the QAP or supplemental payment through fee-for-service if located in a geographic zone where Community HealthChoices operates during the corresponding assessment quarter for which the reimbursement is being made. Supplemental Payments will be processed per the Important Date Chart (IDC) if the Resident Day Report (RDR) is submitted on time.

A qualified nursing facility's Supplemental Payment is equal to the supplemental per diem times the facility's MA days reported for the Resident Day Quarter immediately preceding the quarter in which the Supplemental Payment is being made.

For 2016-2017 and 2017-2018 Assessment Quarters July 1 through June 30, a qualified nursing facility's quarterly Supplemental Payment is equal to the product of the supplemental per diem times the sum of the MA days that have already been submitted for Assessment Quarters April 1, 2015 through March 31, 2016, divided by four.

For 2018-2019 Assessment Quarters July 1 through June 30, a qualified nursing facility's quarterly Supplemental Payment is equal to the product of the supplemental per diem times the sum of the MA days that have already been submitted for Assessment Quarters April 1, 2016 through March 31, 2017, divided by four.

The supplemental per diem in effect during a fiscal year is available in advance to the public on the website at the following address:

<http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/index.htm>.

Only qualified nursing facilities are eligible to receive a Supplemental Payment. For information concerning new nursing facilities, those that have closed and those undergoing a change of ownership, see page 19.

Important submission and payment dates for each year will be posted on the www.PANFSubmit.com website and the website at the following address:

<http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/panursingfacilityassessment/index.htm>

MANAGED CARE PAYMENTS

In FY2017-18, the Department began using some of the state revenues collected under the PA NF Assessment Program and associated Federal matching funds to fund a component of the capitation rates paid to CHC-MCOs. Appendix 4 of the CHC-MCO Agreements identifies a specific amount of Nursing Facility Access to Care Payments that CHC-MCO's must use for payments to the nursing facilities. The nursing facilities and CHC-MCOs negotiate how the Nursing Facility Access to Care Payments are distributed. The CHC-MCOs must demonstrate to the Department that all of the funds were used in accordance with this requirement.

SECTION 2

PA NF RESIDENT DAY

REPORTING

PA NF SUBMISSION SYSTEM WEBSITE

An Assessed Nursing Facility must submit resident day data for each Resident Day Quarter using the on-line RDR Form developed by the Department at <http://www.PANFsubmit.com>. The portal used for this submission is a website developed to electronically submit this data. This website and the features that it contains are called the PA NF Submission System. Users complete their on-line RDR Form using a web browser to access and to login to the Internet website.

User Account and Password

To complete and submit a RDR Form, a nursing facility must use the User Account and password issued to the nursing facility by the Department. These User Accounts and passwords are facility-specific and only allow the nursing facility to submit its own resident day data and access its own historical information and reports. They do not allow the nursing facility to submit resident day data or access information for any other nursing facility. A nursing facility that uses an accountant or other third-party service to complete and submit its RDR Forms must provide its User Account and password information to that third-party service.

Whenever a new nursing facility is licensed, a new User Account and password is generated for the facility by Myers and Stauffer (a contractor to the Department) after notification by the Department and sent by certified mail to the administrator of the facility.

Website Guests

The PA NF Submission System website is also accessible to the general public to download or view informational documents and access information on Supplemental Payments made to qualified nursing facilities. You do not need a User Account and password.

WEBSITE OPTIONS

Once you have connected to the system through the Internet, the PA NF Submission System Welcome Page will appear (Figure 1 below).

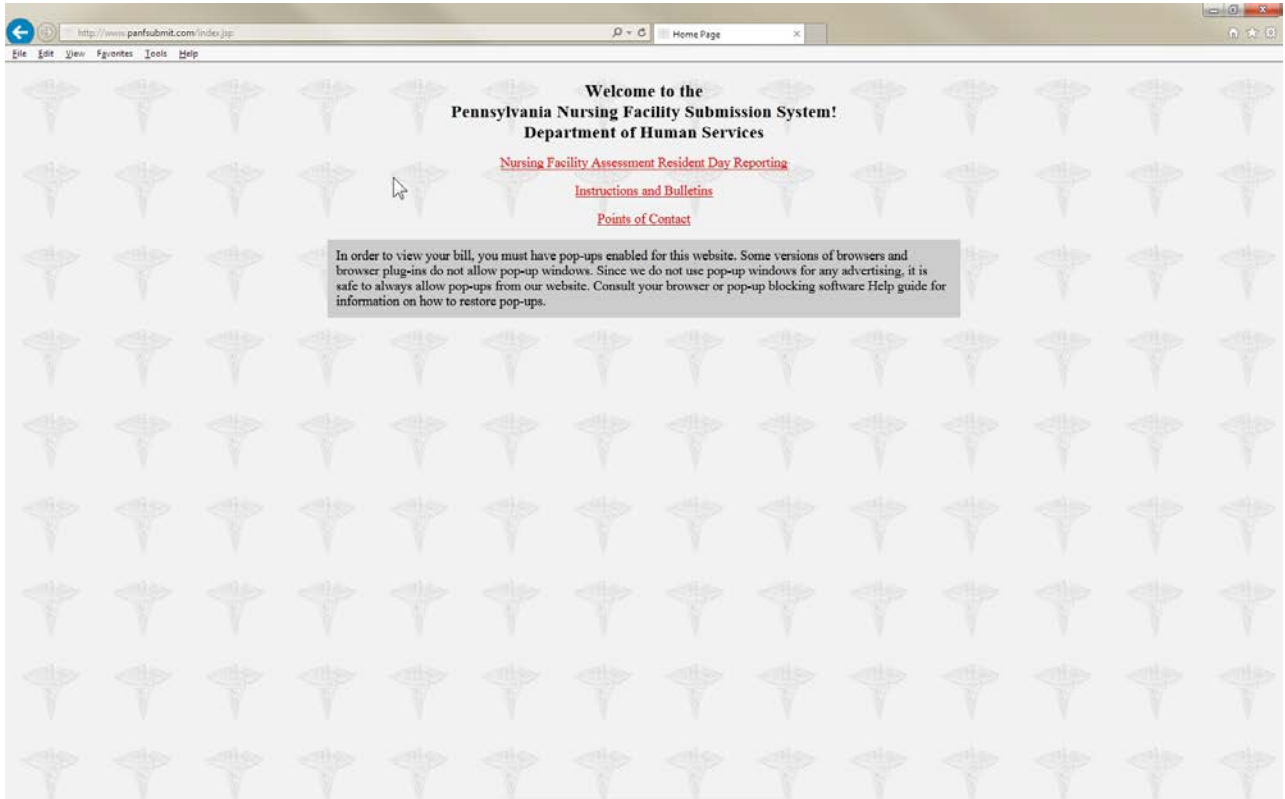


Figure 1 - Initial Website Welcome

There are three options available on this page. They include:

- Nursing Facility Assessment Resident Day Reporting – Contains the individual nursing facility assessment information and allows access to the on-line RDR Form. This is available only to nursing facilities with a User Account and password.
- Instructions and Bulletins – Contains files that may be downloaded and viewed or printed by the public.
- Points of Contact – Provides a list of contacts (names, addresses, phone numbers and E-mail addresses, as applicable). This option is available for public use.

Additional options may be added in the future. Point and click on the underlined text option to go to the desired window.

SUBMITTING RESIDENT DAY DATA

After selecting the Nursing Facility Assessment Resident Day Reporting option, users are directed to log in using their pre-assigned User Account and password (Figure 2 on page7).

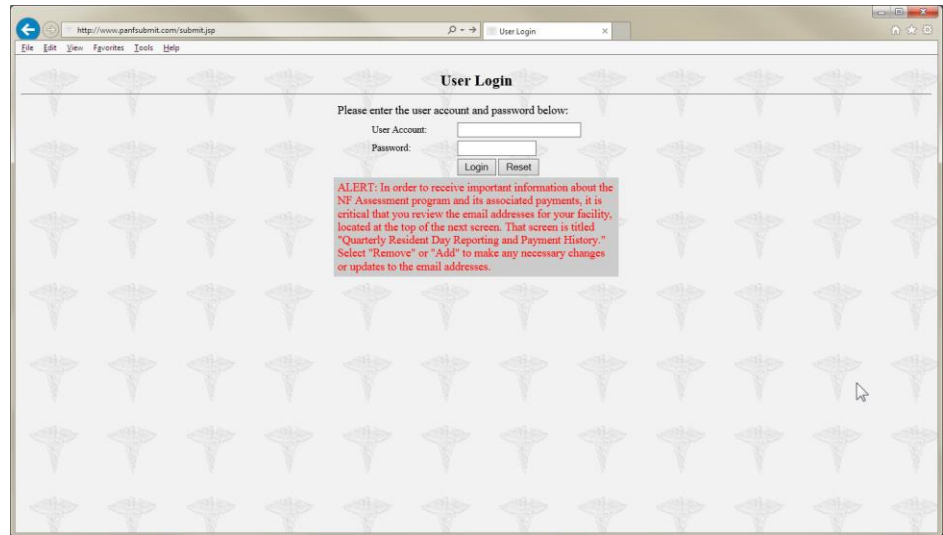


Figure 2 - User Login Window

You must point and click in the first field, User Account, to begin entering the required information provided to you on the Password and Connectivity Document.

You may use the Tab key or point and click in the second field, password, to type in the password provided to you by the Department.

Once you have entered both a valid User Account and password, press Enter or point and click on Login. You may select Reset if you wish to clear the User Account and Password fields. The User Login window will appear only when you initially access the NF Assessment Resident Day Reporting page.

Once you have entered a correct User Account and password and selected Login, the Quarterly Resident Day Reporting and Payment History page will appear (Figure 3 on page 7).

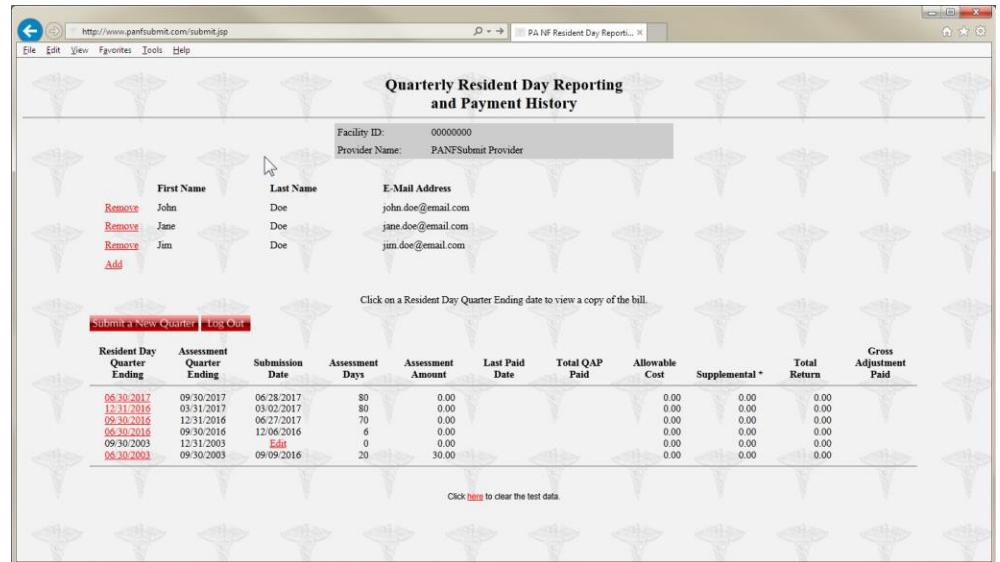


Figure 3 - Resident Day Reporting and Payment History

This page tracks, on a quarterly basis, the submission date, the assessment days, the QAP amount, the date the payment was received by the Department, the amount received, the allowable cost and supplemental payment and the total of these payments. An Assessed Nursing Facility may use this page to verify that its QAPs have been received in a timely manner or to print any of its quarterly bills. A bill may be viewed and printed by clicking on the appropriate Resident Day Quarter Ending date on the Resident Day Reporting and Payment History page.

For 2017-2018 Assessment Quarters July 1 through June 30, the Assessment Days will be for the resident days recorded for the individual Resident Day Quarters from 04/01/2017 through 03/31/2018. For 2018-2019 Assessment Quarters July 1 through June 30, the Assessment Days will be for the resident days recorded for the individual Resident Day Quarters from 04/01/2018 through 03/31/2019. The remaining columns starting with Assessment Amount will be the quarterly amounts calculated from the historical periods. The bill that may be viewed is a two-page document with the first page detailing the resident days submitted for that quarter and the second page identifying the four historical quarters and the calculation of the quarterly QAP, Allowable Cost and Supplemental payment.

The submission of resident day data is on a quarterly basis.

It is critical that the nursing facility provide the correct census days for the coordinating assessment period.

The table below defines the Resident Day Quarter (the period for which the census is derived) and the Assessment Quarter for which this data is reported.

| Resident Day Quarter | Assessment Quarter |
|----------------------|--------------------|
| 04/01 – 06/30 | 07/01 – 09/30 |
| 07/01 – 09/30 | 10/01 – 12/31 |
| 10/01 – 12/31 | 01/01 – 03/31 |
| 01/01 – 03/31 | 04/01 – 06/30 |

To submit new quarterly resident day data, select the **Submit a New Quarter** button. Select the correct Resident Day Quarter ending date by clicking on the correct date. The only dates available for selection are for dates in which a RDR Form has not been saved. A RDR Form cannot be submitted for a Resident Day Quarter before the end of the Quarter.

After selecting the Resident Day Quarter, the user is directed to the PA NF Resident Day Reporting Form (Figure 4 on page 9). Item 1, the Resident Day Quarter Ending, is pre-filled with the user’s selected date derived from the previous step. Item 2, “Based on Census Records as of,” should be completed with the reference date the nursing facility is using to base the responses to the payor source items. Since the believed payor source may change at later dates, it is important for the Department to be able to determine the point in time the nursing facility is using to complete the RDR Form.

It is not expected that the nursing facility will adjust the payor source items at a later date nor will they be allowed to adjust the payor source except in very limited circumstances and within a time period specified by the Department.

For example, if the “Based on Census Records as of” date is 04/01/2018 and the facility receives a PA FS 162 on 04/10/2018 which contains notification of a resident’s eligibility for PA MA nursing facility services, the facility should not edit the RDR Form to subtract the resident from the PA MA Pending item and add the resident to the PA MA Facility Days item. The facility should also not be altering payor source categories or number of resident days based on events that happen prior to the Resident Day Quarter. After completing the Item 2 date, the user then continues to complete the remaining entries in the order presented on the form.

PA NF Resident Day Reporting Form

For Assessment Quarter Ending 06/30/2018

| | |
|----------------|---------------------|
| Facility ID: | 00000000 |
| Provider Name: | PANFSubmit Facility |

| | | | |
|------|---|--|--|
| 1. | Resident Day Quarter Ending | <input type="text" value="03/31/2018"/> | |
| 2. | Based on Census Records As Of | <input type="text" value="04/01/2018"/> | (mm/dd/yyyy) |
| 3. | PA MA Facility & Therapeutic Leave Days | <input type="text" value="1"/> | |
| 4. | PA MA Hospital Reserve Days | <input type="text" value="2"/> | |
| 5. | LIFE (Formally LTCCAP Program) | <input type="text" value="3"/> | |
| 6. | PA MA Hospice Days | <input type="text" value="4"/> | |
| 7. | PA MA Pending | <input type="text" value="5"/> | |
| 8. | PA HealthChoices Days | <input type="text" value="23"/> | |
| 9a. | Community HealthChoices Days - Vista/Amerihealth/Keystone | <input type="text" value="10"/> | |
| 9b. | Community HealthChoices Days - Centene/Pa Health & Wellness | <input type="text" value="11"/> | |
| 9c. | Community HealthChoices Days - UPMC | <input type="text" value="12"/> | |
| 10. | TOTAL PA MA DAYS | <input type="text" value="71"/> | (Sum Items 3 - 9) |
| 11. | Other States' MA Days | <input type="text" value="13"/> | |
| 12. | Private Pay and Other Days | <input type="text" value="14"/> | |
| 13. | TOTAL OTHER DAYS | <input type="text" value="27"/> | (Sum Items 11 - 12) |
| 14. | TOTAL ASSESSMENT DAYS | <input type="text" value="98"/> | (Item 10 + Item 13) |
| 15a. | Medicare FFS Days | <input type="text" value="15"/> | |
| 15b. | Medicare HMO/PPO Days | <input type="text" value="16"/> | |
| 15c. | TOTAL MEDICARE DAYS | <input type="text" value="31"/> | (Item 15a + Item 15b) |
| 16. | TOTAL RESIDENT DAYS | <input type="text" value="129"/> | (Item 14 + Item 15c) |
| 17. | Ending Licensed Beds | <input type="text" value="115"/> | |
| 18a. | <input type="checkbox"/> CCRC | | |
| 18b. | <input type="checkbox"/> County Nursing Facility | | |
| 18c. | <input type="checkbox"/> Greater Than 94% MA Occupancy | | |
| 19. | Contact Name | <input type="text" value="SMITH JONES"/> | |
| 20. | Contact Telephone Number | <input type="text" value="717"/> | <input type="text" value="555"/> <input type="text" value="1234"/> |
| 21. | <input type="checkbox"/> I verify that a Signature On File exists for the Provider, attesting to the accuracy and completeness of the Resident Day Data as submitted. | | |

Figure 4 - On-Line RDR Form

FORM COMPLETION AND VALIDATIONS

All items must be completed on the on-line RDR Form. If a nursing facility does not have any days of service for a particular payor source, the item must be completed with a zero (0).

The on-line RDR Form displays types of payor sources for a nursing facility's days of service. As each cell is completed, select the **Tab** key, click on the next cell or select the **Enter** key to move down the list of items. The form should be completed in the order of the items listed on the screen. No item or cell should be left blank; rather the item must be completed with a zero if there are no days of service.

Calculations for Total PA MA Days, Total Other Days, Total Assessment Days, Total Medicare Days, Total Resident Days, Assessment Rate Per Diem, Quarterly Assessment Payment Due, Allowable Cost, Supplemental and Total Return are completed by the system as the user completes the form and generates the bill.

Item descriptions and validations are listed below in the order they appear on the form.

| Item # | Item Heading | Description | Validation |
|--------|---|---|--|
| 1 | Resident Day Quarter Ending | The last day of the calendar quarter that immediately precedes an Assessment Quarter and for which days of service for the quarter are reported on the on-line RDR Form. | Must be a valid date for a calendar quarter that has not already been submitted by the nursing facility and the date must be less than today's date. Must not be blank. Note: The nursing facility will NOT be allowed to submit if the quarter hasn't ended or they've already submitted for all quarters or they've skipped a prior quarter. |
| 2 | Based On Census Records As Of | The reference date used by the nursing facility to base the responses to the payor source items. | Must be a valid date for a day that is on or after the Resident Day Quarter Ending date in Item #1. |
| 3 | PA MA Facility & Therapeutic Leave Days | The total fee-for-service days for MA residents for which a continuous 24 hours of service has occurred. Resident's admission day is counted as a MA Facility Day. Resident's day of discharge is not counted as any type of resident day. Include Therapeutic Leave days. Do NOT include MA pending days; MA pending days should be reported in Item 7. | Must not be blank. If no PA MA Facility & Therapeutic Leave Days, complete the field with a "0." Must be a number from 0 to 85,000. If greater than zero, must be an MA nursing facility. |
| 4 | PA MA Hospital Reserve Days | The fee-for-service total days of hospital reserve bed days for PA MA residents (limited to 15 paid days per hospitalization). Hospital reserve bed days for which MA payment is not received or the nursing facility is not eligible for payment of the hospital reserved bed days because the facility does not meet the overall occupancy requirements should be recorded on line 12 as "Other Days". Resident's admission day back to the nursing facility is counted as a MA Facility Day. Resident's day of discharge to the hospital is counted as a PA MA Hospital Day. | Must not be blank. If no PA MA Hospital Days, complete the field with a "0." Must be a number from 0 to 30,000. If greater than zero, must be an MA nursing facility. |

| Item # | Item Heading | Description | Validation |
|--------|---|--|--|
| 5 | LIFE (Formally LTCCAP Program) | The total Long-Term Care Capitated Assistance Program (LTCCAP) days. LIFE (Formally LTCCAP Program) is the Department's community based managed care program for the frail elderly based on the federal Program of All-inclusive Care for the Elderly (PACE). Resident's admission day is counted as a LIFE (Formally LTCCAP Program) Day. Resident's day of discharge is not counted. | Must not be blank. If no LIFE (Formally LTCCAP Program) Days, complete the field with a "0." Must be a number from 0 to 50,000. If greater than zero, must be an MA nursing facility. |
| 6 | PA MA Hospice Days | The total days paid by the Department for residents receiving hospice services, whether through MA or Medicare. Resident's admission day is counted as a MA Hospice Day. Resident's day of discharge is not counted. | Must not be blank. If no PA MA Hospice Days, complete the field with a "0." Must be a number from 0 to 50,000. If greater than zero, must be an MA nursing facility. |
| 7 | PA MA Pending | The total days the nursing facility believes will be paid by the MA program upon receiving the resident's NF eligibility notification, but for which no active MA ID number for MA nursing facility services has been received. An application must have been submitted to the County Assistance Office. Resident's admission day is counted as a PA MA Pending Day. Resident's day of discharge is not counted. | Must not be blank. If no PA MA Pending Days, complete the field with a "0." Must be a number from 0 to 50,000. If greater than zero, must be an MA nursing facility. If greater than zero, a message will be displayed "ALERT: For each resident whose days are reported as PA MA Pending, an application for MA must have been submitted to the CAO AND the nursing facility must have a reasonable expectation that the application will be approved. Otherwise, the resident days should be reported as Private Pay and Other." |
| 8 | PA HealthChoices Days | The total days of PA HealthChoices days. Resident's admission day is counted as a PA HealthChoices Day. Resident's day of discharge is not counted. | Must not be blank. If no PA HealthChoices Days, complete the field with a "0." Must be a number from 0 to 85,000. If greater than zero, must be an MA nursing facility. |
| 9a | Community HealthChoices Days – Vista/Amerihealth/Keystone | The total days of Community HealthChoices for Amerihealth Caritas (aka Vista, Amerihealth, Keystone) days. Resident's admission day is counted as a Community HealthChoices day. Resident's day of discharge is not counted. | Must not be blank. If no Community HealthChoices Plan A Days, complete the field with a "0." Must be a number from 0 to 85,000. If greater than zero, must be an MA nursing facility and in a CHC zone. Defaults to 0 (zero) and is read only and not editable if this plan is not available for your facility's Community HealthChoices Zone. |
| 9b | Community HealthChoices Days – Centene / Pa Health & Wellness | The total days of Community HealthChoices for Pa Health & Wellness (aka as Centene) days. Resident's admission day is counted as a Community HealthChoices day. Resident's day of discharge is not counted. | Must not be blank. If no Community HealthChoices Plan B Days, complete the field with a "0." Must be a number from 0 to 85,000. If greater than zero, must be an MA nursing facility and in a CHC zone. Defaults to 0 (zero) and is read only and not editable if this plan is not available for your facility's Community HealthChoices Zone. |

| Item # | Item Heading | Description | Validation |
|--------|-------------------------------------|---|--|
| 9c | Community HealthChoices Days - UPMC | The total days of Community HealthChoices UPMC for You (aka UPMC) days. Resident's admission day is counted as a Community HealthChoices day. Resident's day of discharge is not counted. | Must not be blank. If no Community HealthChoices Plan C Days, complete the field with a "0." Must be a number from 0 to 85,000. If greater than zero, must be an MA nursing facility and in a CHC zone. Defaults to 0 (zero) and is read only and not editable if this plan is not available for your facility's Community HealthChoices Zone. |
| 10 | TOTAL MA DAYS | A calculated field containing the sum of Item 1 through Item 9. | Calculated. |
| 11 | Other States' MA Days | The total days for which another state's Medicaid program is invoiced for the resident's care. Resident's admission day is counted as an "Other States' MA Day. Resident's day of discharge is not counted. | Must not be blank. If no Other States' MA Days, complete the field with a "0." Must be a number from 0 to 30,000. |
| 12 | Private Pay and Other Days | The total days provided by the nursing facility for which the resident, private insurance (include Blue Cross, HMOs, etc.) or other insurance (include Workers' Compensation and non-health insurance) or other parties not specified in other payor source categories are invoiced for the resident's care. Include days of service for which the Veterans Administration is invoiced for the resident's care. Record bed hold days for private pay residents, if they are included on the facility's census. Resident's admission day is counted as a Private Pay and Other Day. Resident's day of discharge is not counted. Record MA hospital reserve bed days after day 15. Record MA hospital reserve bed days for which the nursing facility is not eligible for payment for the Resident Day Quarter because the facility failed to meet the occupancy requirements per §1187.104 or §1189.103 as an "Other Day". | Must not be blank. If no Private Pay and/or Other days, complete the field with a "0." Must be a number from 0 to 85,000. |
| 13 | TOTAL OTHER DAYS | A calculated field containing the sum of Item 11 and Item 12. | Calculated. |
| 14 | TOTAL ASSESSMENT DAYS | A calculated field containing the sum of Item 10 and Item 13. The total resident days for which the nursing facility is liable for the NF Assessment Payment. | Calculated. |
| 15a | Medicare FFS Days | The total days of service for which Medicare Part A is invoiced through a fee-for-service program. Resident's admission day is counted as a Medicare FFS Day. Resident's day of discharge is not counted. | Must not be blank. If no Medicare FFS Days, complete the field with a "0." Must be a number from 0 to 50,000. If greater than zero, must be a certified Medicare nursing facility. |

| Item # | Item Heading | Description | Validation |
|--------|-------------------------------|--|---|
| 15b | Medicare HMO/PPO Days | The total days of service for which a Medicare health maintenance plan such as Geisinger Gold or other Medicare Advantage programs are invoiced. Resident days covered by Medicare supplemental insurance should be recorded as Private Pay and Other Days and not Medicare days. Resident's admission day is counted as a Medicare HMO/PPO Day. Resident's day of discharge is not counted. | Must not be blank. If no Medicare HMO/PPO Days, complete the field with a "0." Must be a number from 0 to 50,000. If greater than zero, must be a certified Medicare nursing facility. |
| 15c | TOTAL MEDICARE DAYS | A calculated field containing the sum of Item 15a and Item 15b. Nursing Facilities are NOT liable for the NF Assessment payment on Total Medicare Days. | Calculated. |
| 16 | TOTAL RESIDENT DAYS | A calculated field containing the sum of Item 14 and Item 15c. | Calculated. |
| 17 | Ending Licensed Beds | The number of licensed beds at the end of the Resident Day Quarter. | Must be between 8 and 910. If different than the number of beds on record with the Department, a message will be display saying "WARNING: the number of beds reported is different than the number of beds on record with the Department. Please check for accuracy before continuing." |
| 18a | CCRC | An indicator that the nursing facility is a continuing care retirement community (CCRC) facility as determined by the Department. See CCRC Facility on page 15. | Must match the CCRC status on record with the Department. |
| 18b | County Nursing Facility | An indicator that the nursing facility is a long-term care nursing facility that is controlled by the county institution district or county government if no county institution district exists as determined by the Department. | Calculated. |
| 18c | Greater Than 94% MA Occupancy | An indicator that the nursing facility has greater than 94% MA Occupancy as determined by the Department for the Assessment year. | Calculated. |
| 19 | Contact Name | The name of the person to contact if submission problems occur or if there are questions about the submitted data. | Must not be blank. |
| 20 | Contact Phone # | The phone number of the person listed in Contact Name (Item #19). | Valid phone number. |
| 21 | Signature on File | Verification that a Signature on File form certifying that the information submitted on the Resident Day Reporting Form for each Resident Day Quarter is on file with the Department. | Must be checked. |

The user may select any one of the buttons at the bottom of the form.

Submit – Selection of the **Submit** button saves the data and activates the validation of the entered items using the data entry rules described in the Validation column in the previous table.

Save – Selection of the **Save** button allows the user the option to save any data that has been entered on the form and save the data prior to submitting. The user is automatically returned to the previous screen.

Clicking on the **Edit** item takes the user back to the RDR Form so that the form may be completed and submitted. Data is not deemed as being submitted until the **Submit** button is selected and a bill is generated. Selecting the **Save** button is optional since the data is also saved upon selection of the **Submit** button.

Print – Selection of the **Print** button allows the user to print the data items on the screen and a draft of the bill using historical days. This printed document is not a bill and is optional.

Reset – Selection of the Reset button clears the screen of any items entered by the user. Once the items are completed to the user's satisfaction, the user selects the **Submit** button and the items are validated. Descriptions of the items and validations are described in the previous table and may also be read on-line by selecting the question mark icon at the top of the RDR Form.

At the conclusion of the validation process, a message box appears on the screen which will contain one of three (3) types of messages:

- A message containing a description of errors on one or more data items (Figure 5 on page 15). Select the **Return to Form** button to correct the data items.
- A message containing a description of a warning error on one or more data items. Select the **Generate Bill** button only if you are certain that the response you provided was correct.
- A message stating that all validations have been met (Figure 6 on page 15). Select the **Return to Form** button only if you decide to make changes in the resident day data. Select the **Generate Bill** button to continue the submission process. After selection of the **Generate Bill** button, **no changes to the resident day data may be made except as noted in section Request for Corrections to Resident Day Data on page 16.**

If the user does not wish to submit the data at this time, they may select the **Return to Form** button or exit the program. To submit the saved data at a later time, select **Edit** for the appropriate Resident Day Quarter on the Quarterly Resident Day Reporting and Payment History screen (Figure 3 on page 6). **Data that is saved, but not submitted, does not fulfill the nursing facility's obligation to submit the completed RDR Form and generate a bill.**

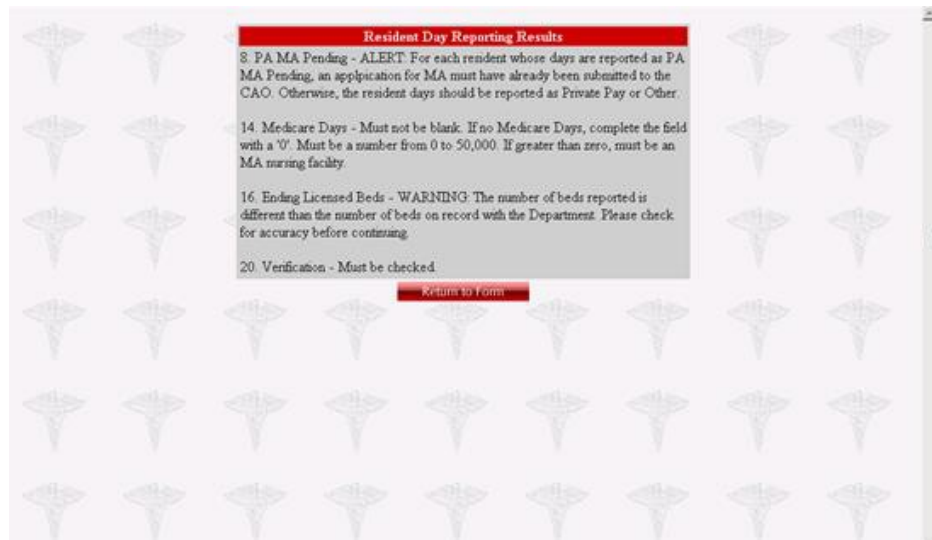


Figure 5 - Submission Results with Errors



Figure 6 - Submission Results if No Errors

After selecting the **Generate Bill** button, a bill is generated. For Assessment Quarters July 1, 2016 through June 30, 2017 and July 1, 2017 through June 30, 2018, page one of the bill contains all of the data that was submitted on the on-line form as well as the name of the person who signed the Signature on File form. Page two of the bill is the actual NF bill and contains the data submitted for the historical quarters and calculations of the QAP amount, Allowable Cost payment and Supplemental Payment. Select File, then Print and print a copy of the bill. See Appendix B for an example of a bill. Upon printing the bill, choosing the browser's back button or choosing ESC, the user is returned to the Resident Day Reporting and Payment History screen. Select the **Log Out** button to exit that provider's data.

REQUEST FOR CORRECTIONS TO RESIDENT DAY DATA

Nursing facilities may only make a change to resident days and/or payor source categories if an exception is granted by the NF Assessment unit. Under no circumstances will an

exception be granted if the request is more than one year from the remittance date for which the allowable cost and supplemental cost was originally paid. For nursing facilities that are not eligible to receive an allowable cost or supplemental payment the one-year date will be the same as if the facility would have received an RA and associated payments.

NF Assessments for 2018-2019 are based on the Assessment Quarters April 1, 2016 through March 31, 2017. Changes to the historical Assessment Quarters are no longer permitted as the time to request a change for the historical quarters has passed as shown in the following table.

Requests for changes that occurred after the submission of the RDR Form such as pavor source changes or for other changes that occurred outside of the Resident Day Quarter are not classified as a correction and will not be accepted.

| Correction Request Table for Historical Quarters | | | |
|--|-------------------------------------|------------------|---------------------------------|
| Assessment Quarter | Resident Day Quarter | RA Date | Last Date to Request Correction |
| April 1, 2016 – June 30, 2016 | January 1, 2016 – March 31, 2016 | May 16, 2016 | No Corrections Allowed |
| July 1, 2016 – September 30, 2016 | April 1, 2016 – June 30, 2016 | January 23, 2017 | No Corrections Allowed |
| October 1, 2016 – December 1, 2016 | July 1, 2016 – September 30, 2016 | January 23, 2017 | No Corrections Allowed |
| January 1, 2017 – March 31, 2017 | October 1, 2016 – December 31, 2016 | March 13, 2017 | No Corrections Allowed |

CCRC FACILITY

While completing the RDR Form, the nursing facility completes an indicator that the nursing facility is, or is not, a continuing care retirement community (CCRC) Facility as determined by the Department according to guidelines set forth in the *Pennsylvania Bulletin*. As of July 1, 2010, only grandfathered CCRC nursing facilities have CCRC status and no new requests for CCRC status will be considered. See 40 Pa. B. 7297 and 41 Pa.B. 6942 for further explanation of a grandfathered CCRC nursing facility. If a grandfathered CCRC nursing facility no longer meets the guidelines under which it was approved for the CCRC rate, notify the Department of Human Services at:

Department of Human Services Office of Long-Term Living
Bureau of Finance, Division of Rate Setting and Auditing
NH Assessment Unit
Forum Place, 8th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

A grandfathered facility obtaining status as a CCRC Facility could begin reporting this status beginning on the Assessment Quarter for which the CCRC status was effective for one full associated Resident Day Quarter. For example, a CCRC status effective May 30th would first be reported for the Assessment Quarter October 1 – December 31 (Resident Day Quarter July 1 – September 30).

QUARTERLY ASSESSMENT PAYMENT

You will be notified of the schedule used to submit RDR Forms and make QAPs.

Each Assessed Nursing Facility's QAP is calculated during the completion of the on-line RDR Form and is automatically noted on a bill generated for the Assessment Quarter.

An Assessed Nursing Facility's QAP must be received by the Commonwealth no later than 5:00 p.m. on the due date of the Assessment Quarter as specified by the Department of Human Services. Due dates are located on the Important Dates Chart located at <http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/>.

Addenda records that are blank or incorrectly formatted will prevent the correct matching of the payment and most likely will cause late payment interest and/or penalties.

Nursing facilities are required to remit their QAPs by direct payment through the Automated Clearing House (ACH) Credit system. Some Nursing Facilities have not followed this rule. As of January 1, 2018, submission of the Assessed Nursing Facility's QAP in any form except through a wire transfer or the ACH Credit system will be considered as unpaid and treated in accordance with the Penalties and Interest section on page 17 of this manual. The ACH Credit system allows for the transfer of funds by instructing your financial institution to debit your account and to credit the Commonwealth's bank account. Contact your financial institution regarding available ACH services. It is recommended that you obtain ACH Credit services at least four weeks prior to your first payment since financial institutions may have lengthy set up and qualifying requirements. Your financial institution may charge a fee for any setup costs and for each ACH Credit transaction initiated by your nursing facility. These fees are normally minimal and are the responsibility of the nursing facility.

The Department has designated two acceptable ACH Credit transaction formats. The Cash Concentration Disbursement (CCD+) format accommodates one addenda record. Optionally, the Corporate Trade Payment (CTX) format may be used for entities wishing to make payments for more than one nursing facility or for multiple QAPs for the same facility in the same transaction.

The Bill Number seen on the quarterly Bill that is generated after completing the RDR Form is placed in the addenda record(s) for each of these payment formats to match the payment amounts to the correct nursing facility and Assessment Quarter in an automated manner.

You may initiate a prenotification (prenote) test to validate the state's bank transit number, bank account number and payor information. This should be done at least 10 calendar days prior to the due date of the first QAP and is a one-time test (unless you change banks or accounts). A prenote test is a zero-dollar transaction and should include all fields in each record.

Providers should initiate the payment with enough lead time so that the QAP amount is received by the Commonwealth on or before the due date. The date received is based on the settlement date, which is the date the payment was credited to the Commonwealth's bank account. Each financial institution and the Federal Reserve has different processing deadlines. You must check with your financial institution to determine when you should originate your payment so that it will be deposited to the Commonwealth's account by the required due date to avoid the imposition of penalties and interest.

Receipt of QAPs by the Commonwealth may be verified by viewing the history page for your facility on the www.PANFSubmit.com website. Access the history screen using instructions beginning on page 6. The Payment Received column will identify the date the payment was received. The Amount Received column displays the amount of the payment. If a CTX type payment was made for more than one nursing facility, the amount displayed will only be the amount apportioned to the individual nursing facility by the Bill Number and payment amounts placed in the addenda record(s) and not the total transaction amount. Payments for interest and penalties do not appear on the history screen. If overpayments occur, refunds will not be issued electronically through the ACH network, but rather will be initiated outside of the ACH network.

Should an emergency arise which prevents a payment from being transmitted, contact the Department to make arrangements for an alternate payment format.

ACH CREDIT TRANSACTION RECORD DETAILS

The only acceptable record formats for payment of the QAPs are CCD+ or CTX. These file structures are designed according to the recommended industry standard format developed by NACHA, the Electronic Payments Association. Choose the appropriate type of payment for your situation based on the following information.

One Payment Per Transaction: CCD+ format accommodates one addenda record and may be used by facilities making only one QAP per transaction, i.e. one provider and one quarter’s payment in each transaction.

Multiple Payments Per Transaction: CTX format accommodates multiple addenda records and is required by entities making payments for more than one facility in one transaction or more than one QAP for the same facility or a combination of these. The CTX should be in the 820 Payment Order/Remittance Advice Transaction Set.

For both types of electronic payments, the following bank account information must be used.

Bank Account Information

| Data Element Name | Contents |
|---|------------------------------|
| Beneficiary | Commonwealth of Pennsylvania |
| Receiving Depository Financial Institution (RDFI) | Wells Fargo |
| RDFI Transit Routing Number | 121000248 |
| Receiver Account Number | 2000012644119 |
| Type of Receiver Account | Checking |

The Department receives electronic payment information from Wells Fargo for each electronic payment received (deposited). To allow the Department to process and properly apply payments to the appropriate provider, the nursing facility must use the addenda record format (type 7) to provide the Bill Number and payment amount. This information is placed in the Addenda Record Free Form portion of an electronic payment transmission using a separate EDI 820 Transaction Set.

Addenda Record Layout

The following is the layout of the Addenda Record used with the CCD+ or CTX payment transaction. When the CTX payment transaction is used for multiple payments, the set is placed, 80 characters at a time, into multiple CTX Addenda Record Free Form Fields.

These fields should be completed according to the instructions for the specific service or software you obtain to create ACH Credit Transactions.

| Data Element Name | Length | Contents |
|---------------------------------|--------|--|
| Record Type Code | 1 | ‘7’ |
| Addenda Type Code | 2 | ‘05’ |
| Free Form Field | 80 | RMT Segment (see below for layout detail) |
| Special Addenda Sequence Number | 4 | Numeric – Identifies the addendum sequence. Input is always ‘0001’ for the first addenda record or as specified in the instructions provided by the financial institution. |

| Data Element Name | Length | Contents |
|------------------------------|--------|--|
| Entry Detail Sequence Number | 7 | Numeric-Assigned by the financial institution sending the payment and matches the item number portion of the trace number. |

RMT Segment Layout

The RMT, Remittance Advice Segment, must be used. The following is the layout and specification of the Free Form field in the addenda record.

| Data Element Name | Length | Contents |
|----------------------------|--------|---|
| Segment Identifier | 3 | 'RMT' |
| Delimiter | 4 | '**' |
| Reference Number Qualifier | 2 | 'IV' |
| Delimiter | 4 | '**' |
| Reference Number | 1-30 | BILLNUMBER |
| Delimiter | 1 | '**' |
| Monetary Amount | 1-15 | QAP amount – Leading zeroes can be suppressed |
| Terminator | 1 | '\' |

The Bill Number is located on the quarterly Bill that is generated after completing the RDR Form and is located in the upper left-hand side in the header portion of the Bill.

Based on this sample information:

Bill Number 1035020008

QAP Amount \$1000.52

The sample RMT segment would look like this:

RMT*IV*1035020008*1000.52\

NOTE: Each RMT segment must begin on a new ACH addenda record. Please contact your Financial Institution to initiate ACH payments.

PENALTIES AND INTEREST

A Nursing Facility that fails to submit its quarterly RDR Form will be assessed \$1,000 for the first day that the Form is overdue and \$200 for each additional day the Form is overdue.

An Assessed Nursing Facility that fails to pay either a QAP or a penalty in the amount due or on the date required will be assessed interest on the unpaid amount at the rate provided in section 806 (relating to interest on taxes and bonus due the Commonwealth) of the act of April 9, 1929 (P.L. 343, No. 176) known as “The Fiscal Code” from the date prescribed for its payment until the date it is paid.

In addition to payment of penalties and interest, when a nursing facility that is a MA provider or that is related through common ownership or control as defined in 42 CFR 413.17(b) to a MA provider fails to pay all or part of a QAP or penalty within 60 days of the date that payment is due, the Department may deduct the unpaid assessment or penalty and any interest owed from any MA payments due to the nursing facility or to any related MA provider until the full amount is recovered. Any such deduction shall be made only after written notice to the MA provider has been given. It may be taken over a period of time and in amounts agreed upon in the written notice, taking into account the

financial condition of the MA provider.

The Department will notify the Pennsylvania Department of Health of any nursing facility that has assessment penalty or interest amounts that have remained unpaid for 90 days or more.

The Department of Health shall not renew the license of any such nursing facility until the Department notifies the Department of Health that the nursing facility has paid the outstanding amount in its entirety or that the Department has agreed to permit the nursing facility to repay the outstanding amount in installments and that, to date, the nursing facility has paid the installments in the amount and by the date required by the Department.

The Secretary may waive all or part of the interest or penalties assessed against a nursing facility for good cause as shown by the nursing facility.

The provisions set forth in this section also apply to payments owed to the Department as a result of a review of reported resident days as described on page 21.

PAYMENT PLANS

A payment plan to extend payment of a facility's QAPs may be requested (see an example of a payment request in APPENDIX E).

The Department has established payment plan request due dates by which facilities must submit requests for payment plans. These due dates are set in order to allow the Department to issue a decision on all timely requests at least 30 days prior to the QAP due date. The payment plan request due dates are published with the other important submission and payment dates and posted on the www.PANFSSubmit.com website at the following address: <http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/assessment/panursingfacilityassessment/index.htm>.

Initial materials that will need to accompany a nursing facility's request for a payment plan are:

- A Request Letter which includes specific financial hardship reasons for a payment plan and a reasonable payment plan,
- Certification that the submitted materials are current and accurate,
- Balance sheet, and
- Most recent Audited Financial Statements.

Nursing Facilities with an approved payment plan will not be assessed interest unless the payments approved are not paid on time.

NEW NURSING FACILITY, CLOSED NURSING FACILITY AND CHANGE OF OWNERSHIP

A RDR Form may only be submitted for an entire Resident Day Quarter. This section details situations in which full quarters of resident day information may not be available because of new enrollments and other changes in operation.

New Nursing Facilities

Based on the date the new nursing facility is licensed by the Department of Health, a new nursing facility is first required to submit a RDR Form for a Resident Day Quarter following the completion of its first full calendar quarter. For Assessment Quarters July 1, 2003 through June 30, 2016, until the nursing facility submits this first RDR Form for a Resident Day Quarter, the nursing facility is not required to make a QAP. Similarly, the nursing facility will not be qualified to receive a Supplemental Payment unless and

until it has been an MA nursing facility provider for a full Resident Day Quarter. For example, if a nursing facility is certified as new on January 15th, it would first report resident day data for the April 1 – June 30th Resident Day Quarter. Both the RDR Form and the QAP would be due on the last day of the Assessment Quarter, which would be September 30th. A Supplemental Payment could be received by the nursing facility for the July 1 – September 30th quarter.

For 2016-2017 and 2017-2018 Assessment Quarters July 1 through June 30, new nursing facilities are still required to submit a RDR Form for the associated Resident Day Quarter but may not owe a QAP unless they were also required to submit resident day data for Assessment Quarters April 1, 2015 through March 31, 2016 since the QAP is based on these historical quarters.

For 2018-2019 Assessment Quarters July 1 through June 30, new nursing facilities are still required to submit a RDR Form for the associated Resident Day Quarter but may not owe a QAP unless they were also required to submit resident day data for Assessment Quarters April 1, 2016 through March 31, 2017 since the QAP is based on these historical quarters.

Closed Nursing Facilities

A nursing facility that operates for any period of time during an Assessment Quarter is required to remit a QAP for that Assessment Quarter even though the facility closes during the Assessment Quarter. For the Assessment Quarters July 1, 2003 through June 30, 2016, the nursing facility's final QAP will be calculated using the data reported on the RDR Form for the Resident Day Quarter immediately preceding its final Assessment Quarter. For the Assessment Quarters July 1, 2016 through June 30, 2017 and July 1, 2017 through June 30, 2018, the data reported on the RDR Form for the Resident Day Quarters January 1, 2015 through December 31, 2015 will be used to calculate the nursing facility's final QAP. For the Assessment Quarters July 1, 2018 through June 30, 2019, the data reported on the RDR Form for the Resident Day Quarters January 1, 2016 through December 31, 2016 will be used to calculate the nursing facility's final QAP.

A nursing facility may receive an Allowable Cost and Supplemental Payment in a quarter in which it closes so long as the facility remains qualified for a Supplemental Payment. A nursing facility that is no longer participating in the MA Program on the day on which the supplemental payment is being made will still be eligible to receive a supplemental payment so long as it meets the definition of a general nursing facility, has participated continuously in the MA Program during the entire Resident Day Quarter, has reported the information requested by the Department in the manner and time period specified by the Department for the Resident Day Quarter and has paid the QAP for the corresponding assessment quarter. For example, if a nursing facility closes on March 15th, the last quarter in which it would report resident day data is for the October 1 – December 31st Resident Day Quarter. Both the RDR Form and the assessment payment would be due on the last day of the Assessment Quarter, which would be March 31st. A Supplemental Payment would be received by the nursing facility for the January 1 – March 31st quarter if the provider submitted its RDR Form.

Change of Ownership

An Assessed Nursing Facility that undergoes a change of ownership is required to submit a RDR Form for the Resident Day Quarter and remit a QAP in the Assessment Quarter in which the ownership change occurs. When an Assessed Nursing Facility undergoes a change in ownership, it is the obligation of the owner of the facility at the time the RDR Form and QAP are due to submit the Form and make the payment. If the prior owner has failed to submit the RDR Form or make a QAP, the obligation to do so becomes the responsibility of the new owner. When Myers and Stauffer receive notification of a change of ownership, it will inactivate the old owner's account information and only the new owner will be allowed to complete the RDR Form. The receipt of the Password and Connectivity Document is notification to the facility that the new owner information is

recorded in the PA MA Submission System.

An Assessed Nursing Facility located in a non-CHC transitioned region that undergoes a change of ownership is not disqualified from receiving a quarterly Allowable Cost and Supplemental Payment so long as the facility continuously participated in the MA Program from the first day of the calendar quarter prior to the calendar quarter for which the Supplemental Payment is made through and including the date on which the Allowable Cost and Supplemental Payment is made, and the facility submits its RDR Form in the manner and time specified by the Department. The Supplemental Payment will be made to the owner of the nursing facility (i.e., the current provider) on the date the Supplemental Payment is processed by the Department.

A public nursing facility, including those that are county nursing facilities, that becomes a nonpublic nursing facility whether as a result of a change in ownership or control will be assessed at the applicable assessment rate of a nonpublic nursing facility beginning on the Assessment Quarter for which the private nursing facility designation was effective for one full associated Resident Day Quarter.

CENSUS RECORD RETENTION

For each year, the Department or its contractor may perform a review of the resident days submitted on the RDR Form. In order to support the submitted days, the nursing facility must retain and, upon request, furnish to the Department or its contractor the source documents (census reports) from the nursing facility's census program that were used to determine the number of days for each Resident Day Quarter and the payor source. The date of these documents should coordinate with the Based-on Census Records As Of date entered in Line 2 of the RDR Form. Nursing facilities that fail to retain and furnish these historically accurate documents may be subject to sanctions and penalties.

The census reports that you should save or archive at the time the RDR Form is submitted in order to be prepared to furnish to the Department or its contractor are:

- Census summary for each of the three months in the Resident Day Quarter as it is reported from your facility's census program.
 - Summaries of this information prepared in a spreadsheet or other separate document from the original census summary are not an acceptable substitute for the actual census report.
 - Census summaries generated after the Based-on Census Records As Of date are not acceptable.
 - Census summaries that have been altered to account for changes that occurred in prior periods are not acceptable since the reported resident days should not include prior period adjustments.
- Detailed census report for each of the three months in the Resident Day Quarter identifying by day, each resident, their census status and their payor source.
 - Detailed census reports generated after the Based-on Census Records As Of date are not acceptable.
- Documentation of any manual adjustments made to identify a specific payor source necessary to complete categories on the RFR Form that aren't accounted for in the facility's billing system.
- In situations where the prior owner of the facility was responsible for reporting the resident days and the current owner owed the QAP and/or received the Allowable Cost and Supplemental payment calculated from those days, the new owner is expected to obtain the census documents from the prior owner and retain them in the event the facility is selected for review.

For resident days submitted on a RDR Form for Assessment Quarters beginning April 1,

2015 and ending March 31, 2016, unsupported days may result in adjustments to Assessment Quarters for those quarters as well as Assessment Quarters beginning July 1, 2016 and ending June 30, 2018 since the QAPs for these quarters are based on the resident days reported for that historical period.

NOTE: Requests for changes to Assessment Quarters beginning April 1, 2015 and ending March 31, 2016 are no longer permitted as the last date to make a request has passed.

For resident days submitted on a RDR Form for Assessment Quarters beginning April 1, 2016 and ending March 31, 2017, unsupported days may result in adjustments to Assessment Quarters for those quarters as well as Assessment Quarters beginning July 1, 2018 and ending June 30, 2019 since the QAPs for these quarters are based on the resident days reported for that historical period.

NOTE: Requests for changes to Assessment Quarters beginning April 1, 2016 and ending March 31, 2017 are no longer permitted as the last date to make a request has passed.

REVIEW OF REPORTED RESIDENT DAYS

If your nursing facility has been selected for a review of the resident days submitted on the RDR Form, you will be required, at a minimum, to provide the following items:

- The historical census documentation that was used to complete the RDR Form. See Census Record Retention on page 20 for documents and supporting detail that are required to be saved or archived to support the submitted resident day information.
- A detailed list of what insurances are reported on each line of the RDR Form i.e. Blue Cross, Tricare, Auto and self-pay residents are reported on Line 11.
- If your nursing facility has reported MA Pending days on Line 8, you may be required to provide the following documentation:
 - A roster of MA Pending residents which includes the beginning and end dates of the MA Pending period for each resident and the total MA Pending days for each resident.
 - A copy of the remittance advice form that shows the facility was paid for the reported MA Pending days.
 - A copy of the application that was sent to the County Assistance Office (CAO). A copy of all the PA-162's received from the CAO.
 - Facilities that do not report their MA Pending days on Line 8 may be requested to provide additional documentation.

If any of these items cannot be provided, the nursing facility will be subject to adjustments of the days submitted on the RDR Form.

If the nursing facility fails to provide the requested census documentation in the requested timeframe, adjustments will be made to reclassify all submitted days to Private Pay and Other days. The nursing facility will be provided with a copy of the adjustments and will have two weeks from the date of the report to provide census documentation. If the material is not received within that period, the adjustments will become final.

SECTION 3 RELATED WEBSITE INFORMATION

INSTRUCTIONS AND BULLETINS

The PA NF Submission System also contains additional information than that described elsewhere in this manual. From the main Welcome Page, select [Instructions and Bulletins](#). This option directs the user to a reporting manual for download and any bulletins applicable to the PA NF Assessment Program. See Appendix A for instructions on how to download information listed under this option.

POINTS OF CONTACT

From the main Welcome Page, select [Points of Contact](#) for information concerning phone numbers for various types of questions.

SUPPLEMENTAL PAYMENT DETAILS

Details regarding the calculation of the Allowable Cost and Supplemental payment are presented in two places on the website. As a nonpublic MA provider enters resident day information on the RDR Form, these two calculations are performed at the bottom of the form for Assessment Quarters beginning July 1, 2003 and ending June 30, 2016. Select the **Print** button once the form is completed, but prior to submitting, in order to have a record of this information. Once the form has been submitted, this information is no longer available. The Allowable Cost and Supplemental payment amounts, as well as the total amount, are also presented on the Resident Day Reporting and Payment History screen once the payment date has been established.

For Assessment Quarters beginning July 1, 2016 and ending June 30, 2019, the calculation of the Allowable Cost and Supplemental payment are presented after the RDR Form has been submitted and the Assessment Bill has been generated.

Quarterly payment letters will not be mailed to individual nursing facilities each quarter; facilities are directed to review the website to view details of the calculation.

SECTION 4 HELPDESK

MYERS AND STAUFFER HELPDESK

Myers and Stauffer is a Department consultant, contracted to administer the PA NF Submission System, the Nursing Assessment Systems (NAS), the Nursing (Facility) Information System (NIS), calculate MA Case-Mix Reimbursement rates and provide technical support for the submission of the Minimum Data Set (MDS) records. The Myers and Stauffer Helpdesk is available for questions from nursing facilities concerning the submission of its RDR Form, validations and printing of bills.

The phone number for the helpdesk is 717-541-5809. If the staff is unable to answer your call directly due to heavy call volume or during non-business hours, leave a voice mail message with your name, the nursing facility name or organization name and the phone number. There is also an email account at pahelpdesk@mslc.com which is monitored by our help desk. It is also important to indicate that the question concerns the PA NF Assessment Program since the helpdesk staff also support MA-11 Cost Report and MDS submissions.

The amount of space in the voice mail account is limited, so callers should leave only the minimum amount of information necessary to identify the caller, the nursing facility, the telephone number with area code and extension and "PA NF Assessment Program question." This will allow as many callers as possible to leave messages before the voice mail account is full and will not accept any more messages.

The voice mail account will be checked by the helpdesk frequently during business hours to avoid having the account become full. However, during non-business hours when the account is not being checked, it may become full and no longer accept any messages. If you are unable to leave a voice mail message because the account is full, you may choose to fax your question as described below. Messages that are left in the voice mail account will be answered in the order that they are received.

The FAX number for the helpdesk is 717-541-5802. Please be as descriptive as possible so that the helpdesk representative may research your question prior to calling you. When faxing a question, please include your name and the nursing facility name and MA number, if applicable. The help desk will contact you as soon as possible; please do not fax the same message multiple times.

The hours and days of operation for the helpdesk are Monday through Friday from 8:00 a.m. to 5:00 p.m. eastern time.

HELPDESK ASSISTANCE

The following types of problems will be supported by the Myers and Stauffer Helpdesk.

- Accessing the PA NF Submission System and navigating the site.
- Assistance in interpreting any error messages.
- Identifying steps to be taken to complete necessary corrections as a result of error messages.
- Assistance in accessing, saving or opening the files available using the Instructions and Bulletins and Supplemental Payments links.

Every effort will be made to answer the caller's question promptly. If the helpdesk representative is unable to answer the caller's question, the helpdesk representative will take the caller's name and phone number and research the question. The caller will be

contacted when a response is determined.

PROBLEMS NOT SUPPORTED

Some problem areas will not be supported by the Myers and Stauffer Helpdesk because they are the responsibility of other entities or are outside of the PA NF Submission System arena.

- Support for installation of hardware devices (printer, etc.).
- Support for browsers.

Questions regarding receipt of the QAPs or bills received other than those generated from the website should be directed to the Department at 717-787-1171.

SECTION 5 GLOSSARY

COMMON TERMS AND ABBREVIATIONS

This manual section provides definitions of terms and abbreviations used in this manual.

Access to Care Payment – A component of the capitation rates paid to CHC-MCOs. Appendix 4 of the CHC-MCO Agreements identifies a specific amount of Nursing Facility Access to Care Payments that CHC-MCO's must use for payments to the nursing facilities. The nursing facilities and CHC-MCOs negotiate how the Nursing Facility Access to Care Payments are distributed.

Assessment Day – An actual day of service including hospital reserve bed hold and therapeutic leave days provided to a resident by an Assessed Nursing Facility other than a day of service for which payment is made to the Assessed Nursing Facility under Medicare Part A. Days in an independent living portion of a facility are not subject to the assessment.

Assessed Nursing Facility – Any nursing facility that is not an exempt nursing facility.

Assessment Quarter – The calendar quarter in which a Quarterly Assessment Payment is due.

Assessment Rate – The rate determined on an annual basis by the Secretary of Human Services in consultation with the Secretary of the Budget which is used to calculate Quarterly Assessment Payments owed by Assessed Nursing Facilities.

Bill – A document showing detail of the Quarterly Assessment Payment owed to the state by an Assessed Nursing Facility which is generated by the PA NF Submission System after the facility submits a RDR Form and calculates its Quarterly Assessment Payment for an Assessment Quarter.

Bookmark – A feature of a web browser that allows the user to save the address (URL) of a web page so that the page can easily be revisited at a later date.

Browser – *see* web browser.

Community HealthChoices (CHC) – Pennsylvania's mandatory managed care program for physical health benefits and long-term services and supports for individuals who are 21 years of age or older with a physical disability, dually eligible for Medicare and Medicaid, or have the level of care provided by a nursing facility.

Continuing Care Retirement Community (CCRC) – A continuum of care offering independent living and access to a higher level of care such as personal care or a nursing facility which is licensed through a Certificate of Authority issued by the Pennsylvania Insurance Department

Continuing Care Retirement Community (CCRC) Facility – An assessed nursing facility that has been determined to be a part of a CCRC by the Department.

Contractor – An entity working under contractual agreement with the Department to provide requested services, e.g., Myers and Stauffer LC is the contractor that developed and manages the PA NF Submission System, the NIS and the MA case-mix reimbursement calculations.

CCRC – *see* Continuing Care Retirement Community.

County Nursing Facility – A nursing facility that is controlled by a county institution district or county government if no county institution district exists. The term does not include intermediate care facilities for the mentally retarded controlled by a county institution district or county government.

Department – The Pennsylvania Department of Human Services.

Download – To copy data (usually an entire file) from a main source to a peripheral device. The term is used in this manual to describe the process of copying a file from the

PA NF Submission System to one's own computer.

Due Date – The last day of an Assessment Quarter or the thirtieth day following the date on which the final notice announcing the Assessment Rate in effect for the fiscal year in the *Pennsylvania Bulletin* in which the Assessment Quarter occurs, whichever date is later.

Exempt Nursing Facility – A nursing facility that (i) is owned or operated by the state or federal government; or (ii) is a Veteran's Administration nursing facility; or (iii) was not licensed and in operation during the full calendar quarter prior to the Assessment Quarter; or (iv) provides services free of charge to all residents are also exempt or excused from making a QAP. An Exempt Nursing Facility is excused from making a QAP in an Assessment Quarter.

Guest – A term used in this manual to indicate a User Account that may be used by the general public to access certain areas or pages of the PA NF Submission System.

Internet – A global network connecting World Wide Websites. There are a variety of ways to access the Internet. Most online services, such as America Online, offer access to some Internet services. It is also possible to gain access through a commercial Internet service provider (ISP).

Internet Explorer – Microsoft's web browser that enables the user to view World Wide Websites.

Internet Service Provider – A company that provides access to the Internet. For a monthly fee, the service provider gives you a software package, User Account, password and access phone number.

MA – *see* Medical Assistance.

MA-11 Cost Report – The financial and statistical report form that is prepared and filed on an annual basis by nursing facility providers.

Medical Assistance (MA) – Payment for specific kinds of medical items and services, including nursing facility services, identified in an approved State Plan which is provided to individuals eligible under the joint Federal and state-funded Medicaid program established pursuant to Title XIX.

Medicare Part A Day – A day of care covered either through the fee-for-service Medicare program or a Medicare health maintenance organization

MA Program – The Commonwealth's Medicaid program through which the Department provides medical assistance on behalf of eligible individuals.

MA Nursing Facility Provider – A nursing facility that is enrolled by the Department as a provider of nursing facility services in the MA Program.

NAS – *see* Nursing Assessment System.

NF – *see* Nursing Facility.

NIS – *see* Nursing (Facility) Information System.

Nonpublic Nursing Facility – Any nursing facility that is not (i) owned or operated by the state or federal government; or (ii) a Veteran's Administration nursing facility; or (iii) a county nursing facility.

Nursing Assessment System - A computer system developed by Myers and Stauffer under contract with the Department that allows submission of Resident Day Reporting by nursing facility providers. It also allows the Department to track Quarterly Assessment Payments and reporting.

Nursing Facility Access to Care Payment – A component of the capitation rates paid to CHC-MCOs. Appendix 4 of the CHC-MCO Agreements identifies a specific amount of Nursing Facility Access to Care Payments that CHC-MCO's must use for payments to the nursing facilities. The nursing facilities and CHC-MCOs negotiate how the Nursing Facility Access to Care Payments are distributed.

Nursing Facility (NF) – A long-term care nursing facility licensed by the Department of Health pursuant to the Act of July 19, 1979 (P.L. 130, No. 48), known as the “Health Care Facilities Act.” The term does not include intermediate care facilities for the mentally retarded.

Nursing (Facility) Information System (NIS) – The comprehensive automated database of nursing facility, resident and fiscal information needed to operate the Pennsylvania Case-Mix Payment System.

Other States’ MA Day - A day of service provided by a nursing facility for which another state’s Medicaid program is invoiced for the resident’s care.

PA HealthChoices – Pennsylvania’s mandatory managed care program for Medical Assistance participants that are non-eligible for CHC.

PA MA Facility Day – An MA day of care as defined in 55 Pa. Code § 1187.2 (relating to Definitions).

PA MA Hospice Day – A hospice day paid by the Department.

PA MA Hospital Reserve Day – A day for which the nursing facility reserves a bed because of hospitalization as defined in 55 Pa. Code § 1187.104(1) (relating to Limitations on payment for reserved beds).

PA MA Managed Care Day – A day of care funded through an MA HMO (either voluntary or mandatory).

PA MA Pending Day – A day of care for which the nursing facility believes will be paid by the MA program upon receiving the resident’s NF eligibility notification, but no active MA ID number for MA nursing facility services has been received. An application must have been submitted to the County Assistance Office and the nursing facility must have a reasonable expectation that the application will be approved.

PA MA Therapeutic Leave Day – A day for which the nursing facility reserves a bed because of therapeutic leave as defined in 55 Pa. Code § 1187.104(2) (relating to Limitations on payment for reserved beds).

PA NF Assessment Program – The program established to implement and collect nursing facility assessments in accordance with Article VIII-A of the Human Services Code, the Act of June 13, 1967 (P.L. 31, No. 21), as amended by subsequent Acts.

PA NF Submission System – A website developed by Myers and Stauffer under contract with the Department that allows submission of the MA-11 Cost Report and resident day reporting by nursing facility providers.

Password and Connectivity Document – A document mailed to each new nursing facility containing information needed to submit data to the PA NF Submission System. The document is sent by certified mail to the nursing facility administrator and must be forwarded to the person or entity responsible for the submission of the nursing facility’s RDR Form and Quarterly Assessment Payment information.

PC – Personal computer.

PDA (Pennsylvania Department of Aging) Waiver Day – A day of care in which respite services are provided in an approved long-term care facility to relieve family members or primary caregivers who normally provide care.

Private Pay Day – A day of care for which a resident, private insurance (including Blue Cross, HMOs, etc.) or other insurance (including Workers’ Compensation and non-health insurance) are invoiced for the resident’s care.

Public Use Area – The pages of the PA NF Submission System that may be viewed by the general public without a facility-specific User Account and password.

Qualified Nursing Facility – A nonpublic nursing facility that is an MA nursing facility provider and meets all of the following requirements: (1) the provider continuously participates in the MA Program during the entire Resident Day Quarter; (2) the provider has reported information requested by the Department in the manner and time period specified by the Department for the Resident Day Quarter and; (3) the provider has paid

the QAP for the corresponding assessment quarter.

QAP – *see* Quarterly Assessment Payment.

Quarterly Assessment Payment (QAP) – A fee paid to the Department each Assessment Quarter by an Assessed Nursing Facility under the PA NF Assessment Program.

RA – Remittance Advice.

RDR Form – *see* Resident Day Reporting Form.

Resident Day Reporting Form (RDR Form) – An on-line form on the PA NF Submission System website used to: (1) collect resident day data by payor source (2) calculate Quarterly Assessment Payments owed by Assessed Nursing Facilities under the PA NF Assessment Program; and (3) calculate the Supplemental Payments payable to Qualified Nursing Facilities under the Commonwealth’s approved State Plan.

Resident Day Quarter – The calendar quarter that immediately precedes an Assessment Quarter and for which days of service are reported on the on-line RDR Form.

Signature on File Form – A form used to collect the provider’s signature certifying that the information submitted on the Resident Day Reporting Form for each Resident Day Quarter is accurate and complete as submitted. The file must be received by the Department prior to activation of the provider’s password.

Supplemental Payment – A lump-sum payment made in a calendar quarter to a Qualified Nursing Facility in addition to its case-mix per diem rate payments.

Title XIX – Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., entitled “Grants to States for Medical Assistance Programs.”

Uniform Resource Locator (URL) – The global address of documents and other resources on the World Wide Web. The first part of the address indicates what protocol to use, and the second part specifies the IP address or the domain name where the resource is located.

URL – *see* Uniform Resource Locator.

Validation – An analysis of the submitted resident day data and the assessment payment calculation. These validations are created by the Department in order to provide consistency, completeness and greater accuracy in reporting. All validations must be passed prior to saving the resident day data and generating a bill.

Web Browser (browser) – A software application used to locate and display websites.

Website – A site (location) on the World Wide Web. Each website contains a home page, which is the first document users see when they enter the site. The site may also contain additional documents and files. Each site is owned and managed by an individual, company or organization. The PA NF Submission System website was developed by Myers and Stauffer under contract with the Department.

World Wide Web – A vast series of documents called web pages or web documents that are linked together over the Internet. This means you can access another document by clicking on hot spots. Not all Internet servers are part of the World Wide Web. There are several applications called web browsers that make it easy to access the World Wide Web.

APPENDIX A INSTRUCTIONS AND BULLETINS

DOWNLOADING

In addition to this end user manual, there may be files available for download from the PA NF Submission System that will be useful in completing the RDR Form and interpreting error messages. To download these files, select the Nursing Facility Assessment Resident Day Reporting as described in this end user manual.

From the Welcome Page, select the Instructions and Bulletins link. After Instruction and Bulletins has been selected, the Documents from the Department of Human Services Page will appear.

To download a file, select an underlined option. After selecting an option, you may receive a warning message (Figure A-1) depending on how your system is configured.

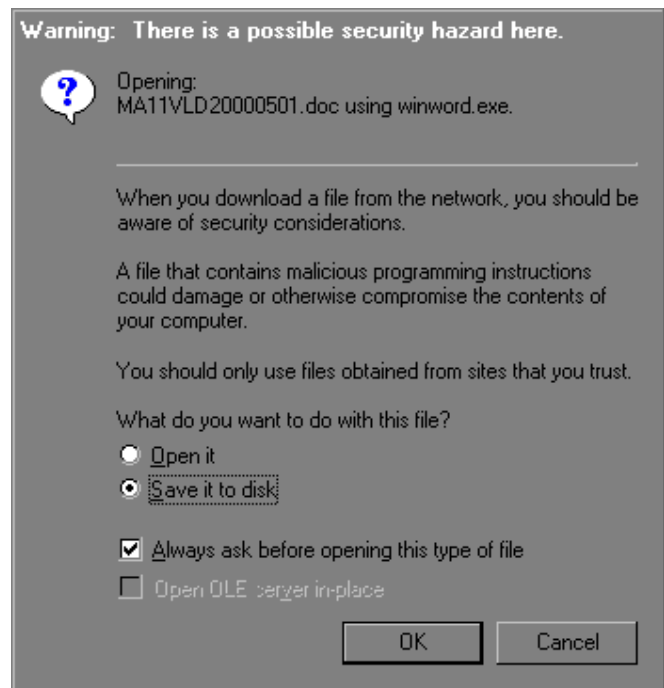


Figure A-1 Security Warning

If you receive this warning message, choose the Save to Disk option and select the OK button. After you have selected the OK button or if you did not receive the warning

message, the Save As window will appear (Figure A-2).

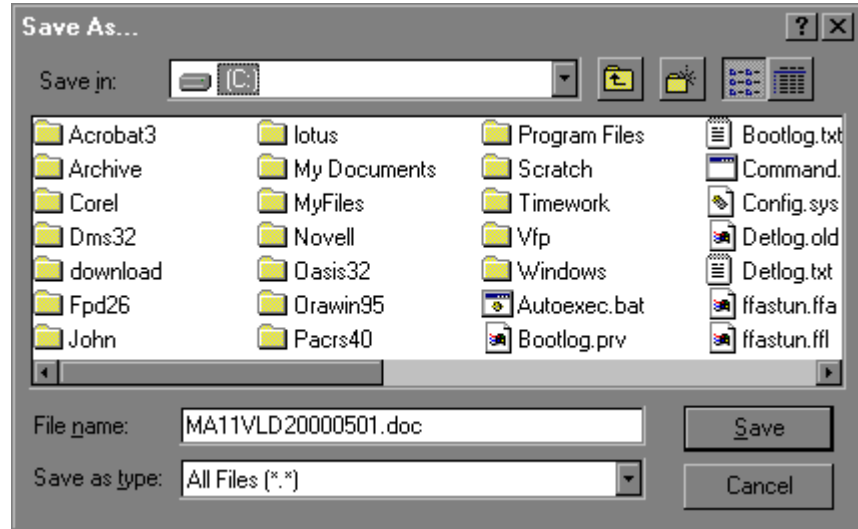


Figure A-2 Save As Window

When this window appears, the name of the file that you are downloading will appear in the File Name field. Choose the directory where you would like to save this file and select the Save button.

After the **Save** button has been selected, a status bar will appear tracking the progress of the download. When the file has been successfully downloaded, the status bar will disappear.

To view or use the downloaded file, use the appropriate program to open the file. It is very important that you remember where you saved the downloaded file so that you may find it later.

APPENDIX B

Community HealthChoices Participant

EXAMPLE BILL

Pennsylvania Nursing Facility Assessment - CHC
For the Assessment Quarter Ending 06/30/2018

Facility ID: 000000
Provider Name: CHC FACILITY

Contact Name: SMITH JONES
Contact Phone #: 717-555-1234

Reported Resident Days

| | | |
|------|--|------------|
| 1. | Resident Day Quarter Ending: | 03/31/2018 |
| 2. | Based on Census Records As Of: | 04/01/2018 |
| 3. | PA MA Facility & Therapeutic Leave Days: | 1 |
| 4. | PA MA Hospital Days: | 2 |
| 5. | LIFE (formerly LTCCAP Program): | 3 |
| 6. | PA MA Hospice Days: | 4 |
| 7. | PA MA Pending: | 5 |
| 8. | PA HealthChoices Days: | 23 |
| 9a. | Community HealthChoices Days - Vista/Amerihealth/Keystone: | 10 |
| 9b. | Community HealthChoices Days - Centene/Pa Health & Wellness: | 11 |
| 9c. | Community HealthChoices Days - UPMC: | 12 |
| 10. | TOTAL PA MA DAYS: | 71 |
| 11. | Other States' MA Days: | 13 |
| 12. | Private Pay Days: | 14 |
| 13. | TOTAL OTHER DAYS: | 27 |
| 14. | TOTAL ASSESSMENT DAYS: | 98 |
| 15a. | Medicare FFS Days: | 15 |
| 15b. | Medicare HMO/PPO Days: | 16 |
| 15c. | TOTAL MEDICARE DAYS: | 31 |
| 16. | TOTAL RESIDENT DAYS: | 129 |
| 17. | Ending Licensed Beds: | 115 |
| 18a. | CCRC: | No |
| 18b. | County Nursing Facility: | No |
| 18c. | Greater Than 94% MA Occupancy: | No |

Signature on File: JONES SMITH
Signed Date: 08/02/2017

Pennsylvania Nursing Facility Assessment - CHC
For the Assessment Quarter Ending 06/30/2018

Bill Number: 0000000060
Bill Date: 03/28/2018
Facility ID: 000000
Provider Name: CHC FACILITY

Contact Name: SMITH JONES
Contact Phone #: 717-555-1234

ASSESSMENT BASED ON HISTORICAL DAYS

| Resident Day Quarter Ending: | 03/31/2015 | 06/30/2015 | 09/30/2015 | 12/31/2015 | Total |
|--|------------|------------|------------|------------|--------|
| PA MA Facility & Therapeutic Leave Days: | 5,581 | 5,917 | 5,690 | 6,092 | 23,280 |
| PA MA Hospital Days: | 0 | 0 | 86 | 18 | 104 |
| PA MA Managed Care Days: | 13 | 20 | 42 | 101 | 176 |
| LIFE (formerly LTCCAP Program): | 0 | 0 | 0 | 0 | 0 |
| PA MA Hospice Days: | 191 | 222 | 458 | 484 | 1,355 |
| PA MA Pending: | | | | | |
| TOTAL PA MA DAYS: | 5,819 | 6,303 | 6,435 | 6,695 | 25,252 |
| Other States' MA Days: | 0 | 0 | 0 | 0 | 0 |
| Private Pay Days: | 1,226 | 748 | 853 | 790 | 3,617 |
| TOTAL OTHER DAYS: | 1,226 | 748 | 853 | 790 | 3,617 |
| TOTAL ASSESSMENT DAYS: | 7,045 | 7,051 | 7,288 | 7,485 | 28,869 |
| Medicare FFS Days: | 506 | 290 | 315 | 525 | 1,636 |
| Medicare HMO/PPO Days: | 859 | 846 | 712 | 550 | 2,967 |
| TOTAL MEDICARE DAYS: | 1,365 | 1,136 | 1,027 | 1,075 | 4,603 |
| TOTAL RESIDENT DAYS: | 8,410 | 8,187 | 8,315 | 8,560 | 33,472 |

Ending Licensed Beds: 115
CCRC: No
County Nursing Facility: No
Greater Than 94% MA Occupancy: No

Assessment Rate Per Diem: \$32.10
Annual Assessment Amount: \$926,694.90

QUARTERLY ASSESSMENT PAYMENT DUE: \$231,673.73

APPENDIX C

Community HealthChoices Non-Participant EXAMPLE BILL

Pennsylvania Nursing Facility Assessment
For the Assessment Quarter Ending 06/30/2018

Facility ID: 999999
Provider Name: Non CHC Facility

Contact Name: SMITH JONES
Contact Phone #: 717-555-1234

Reported Resident Days

1. Resident Day Quarter Ending: 03/31/2018
2. Based on Census Records As Of: 04/01/2018

3. PA MA Facility & Therapeutic Leave Days: 10
4. PA MA Hospital Days: 0
5. LIFE (formerly LTCCAP Program): 0
6. PA MA Hospice Days: 0
7. PA MA Pending: 0
8. PA HealthChoices Days: 0
9a. Community HealthChoices Days - Vista/Amerihealth/Keystone: 0
9b. Community HealthChoices Days - Centene/Pa Health & Wellness: 0
9c. Community HealthChoices Days - UPMC: 0
10. TOTAL PA MA DAYS: 10

11. Other States' MA Days: 0
12. Private Pay Days: 0
13. TOTAL OTHER DAYS: 0

14. TOTAL ASSESSMENT DAYS: 10

15a. Medicare FFS Days: 0
15b. Medicare HMO/PPO Days: 0
15c. TOTAL MEDICARE DAYS: 0

16. TOTAL RESIDENT DAYS: 10

17. Ending Licensed Beds: 59
18a. CCRC: Yes
18b. County Nursing Facility: No
18c. Greater Than 94% MA Occupancy: No

Signature on File: JONES SMITH
Signed Date: 11/19/2012

Pennsylvania Nursing Facility Assessment
For the Assessment Quarter Ending 06/30/2018

Bill Number: 9999990060
Bill Date: 03/28/2018
Facility ID: 999999
Provider Name: Non CHC Facility

Contact Name: SMITH JONES
Contact Phone #: 717-555-1234

ASSESSMENT BASED ON HISTORICAL DAYS

| Resident Day Quarter Ending: | 03/31/2015 | 06/30/2015 | 09/30/2015 | 12/31/2015 | Total |
|--|------------|------------|------------|------------|--------|
| PA MA Facility & Therapeutic Leave Days: | 1,837 | 1,857 | 2,243 | 2,243 | 8,180 |
| PA MA Hospital Days: | 9 | 0 | 13 | 13 | 35 |
| PA MA Managed Care Days: | 0 | 0 | 0 | 0 | 0 |
| LIFE (formerly LTCCAP Program): | 0 | 0 | 0 | 0 | 0 |
| PA MA Hospice Days: | 0 | 0 | 0 | 0 | 0 |
| PA MA Pending: | | | | | |
| TOTAL PA MA DAYS: | 1,882 | 2,067 | 2,348 | 2,348 | 8,645 |
| Other States' MA Days: | 0 | 0 | 0 | 0 | 0 |
| Private Pay Days: | 2,891 | 2,655 | 2,661 | 2,661 | 10,868 |
| TOTAL OTHER DAYS: | 2,891 | 2,655 | 2,661 | 2,661 | 10,868 |
| TOTAL ASSESSMENT DAYS: | 4,773 | 4,722 | 5,009 | 5,009 | 19,513 |
| Medicare FFS Days: | 412 | 537 | 345 | 345 | 1,639 |
| Medicare HMO/PPO Days: | 45 | 42 | 58 | 58 | 203 |
| TOTAL MEDICARE DAYS: | 457 | 579 | 403 | 403 | 1,842 |
| TOTAL RESIDENT DAYS: | 5,230 | 5,301 | 5,412 | 5,412 | 21,355 |

Ending Licensed Beds: 59
CCRC: Yes
County Nursing Facility: No
Greater Than 94% MA Occupancy: No

Assessment Rate Per Diem: \$8.01
Annual Assessment Amount: \$156,299.13

QUARTERLY ASSESSMENT PAYMENT DUE: \$39,074.78

RETURN

Allowable Cost

Quarterly Assessment Payment: \$39,074.78
Total Resident Days: 21,355
PA MA Days: 8,645
QUARTERLY ALLOWABLE COSTS : \$15,818.38

Supplemental Payment

Supplemental Per Diem: \$16.20
PA MA Days: 8,645
Annual Supplemental Payment: \$140,049.00

QUARTERLY SUPPLEMENTAL PAYMENT (ANNUAL AMOUNT ÷ 4): \$35,012.25

TOTAL QUARTERLY RETURN: \$50,830.63

APPENDIX D EXAMPLE PRINTED RDR FORM

Pennsylvania Nursing Facility Assessment
For the Assessment Quarter Ending 06/30/2018

Facility ID: 000000 Contact Name: SMITH JONES
Provider Name: PANFSubmit Facility Contact Phone #: 717-555-1234

Reported Resident Days

1. Resident Day Quarter Ending: 03/31/2018
2. Based on Census Records As Of: 04/01/2018

3. PA MA Facility & Therapeutic Leave Days: 1
4. PA MA Hospital Days: 2
5. LIFE (formerly LTCCAP Program) 3
6. PA MA Hospice Days: 4
7. PA MA Pending: 5
8. PA HealthChoices Days: 23
9a. Community HealthChoices Days - Vista/Amerihealth/Keystone: 10
9b. Community HealthChoices Days - Centene/Pa Health & Wellness: 11
9c. Community HealthChoices Days - UPMC: 12
10. TOTAL PA MA DAYS: 71

11. Other States' MA Days: 13
12. Private Pay & Other Days: 14
13. TOTAL OTHER DAYS: 27

14. TOTAL ASSESSMENT DAYS: 98

15a. Medicare FFS Days: 15
15b. Medicare HMO/PPO Days: 16
15c. TOTAL MEDICARE DAYS: 31

16. TOTAL RESIDENT DAYS: 129

17. Ending Licensed Beds: 115
18a. CCRC: No
18b. County Nursing Facility: No
18c. Greater than 94% MA Occupancy: No
Signature On File: JONES SMITH
Signed Date: 08/02/2017

This is the Resident Day Reporting Form and not a bill. To generate a bill, click on the Submit button at the bottom of the PANF Resident Day Reporting Form.

[Print](#) [Back](#)

APPENDIX E SIGNATURE ON FILE FORM



**PROVIDER ATTESTATION FOR SIGNATURE ON FILE
NURSING FACILITY ASSESSMENT RESIDENT DAY REPORTING FORM**

Provider Name: _____
Facility ID: _____

By signature and date below, I certify that I possess all necessary powers and authority to make the representations set forth on the quarterly Resident Day Reporting Form and to execute the same on behalf of the Provider and, in so doing, to bind the Provider, including the owner(s) of the Provider and any persons who derive any rights from the Provider and its enrollment in the Medical Assistance Program. I further certify that the information submitted on the Resident Data Reporting Form for each Resident Day Quarter is accurate and complete as submitted. I understand that this information is being relied upon to make payment of Federal and State funds and that if the information is false or if there has been any material concealment of material facts: (1) I may be subject to those penalties pertaining to unsworn falsifications to authorities, as set forth at 18 Pa. C.S. Section 4904; (2) the Provider's participation in the Medical Assistance Program may be terminated; and (3) criminal or civil penalties may be imposed against the Provider, its owner(s), and other responsible persons.

This representation is valid until Signature on File is replaced with a Signature on File with a later signature date.

Signature of Provider

Signature Date

Print Name

Email Address

If you would like to add or remove an employee from our contact list, please contact RA-NH_Assessments@pa.gov. (Note: There is an underscore between H and A.) Or you may return the signed and dated form to the below address.

FOR OFFICE USE ONLY:

RECEIVED: _____ ENTERED: _____ INITIAL: _____

APPENDIX F EXAMPLE PAYMENT PLAN REQUEST

[DATE]

Office of Long Term Living
Bureau of Finance
555 Walnut Street 8th Floor
PO Box 8025
Harrisburg PA 17105-8025

Dear Chief Financial Officer Daniel Sharar:

This letter is our request for a payment plan for the Quarterly Assessment Payments for Quarters [insert quarters] of State Fiscal Year 2018-2019 and contains the required documents reflecting the current financial position of the Nursing Facility as of December 31, 2017 and 2018 and the results of its operations and its cash flows for those years.

The specific financial reasons that are the basis for requesting this payment plan for the Quarterly Assessment Payment(s) identified above are:

- 1.
- 2.
- 3.
- 4.

For these financial hardship reasons, we are requesting a payment plan.

We acknowledge that it is our responsibility for the fair and accurate presentation of our financial hardship.

We confirm, to the best of our knowledge and belief, the following representations:

- We confirm the completeness of the information provided.
- The financial statements are free of material misstatements, including omissions and are the most current available.
- The Nursing Facility has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of noncompliance. There has been no noncompliance with requirements of regulatory authorities that could have a material effect on the financial statements in the event of noncompliance.
- We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- We have recorded or disclosed, as appropriate, all liabilities, both actual and contingent, and have disclosed in the financial statements all guarantees that we have given to third parties.

(Senior Executive Officer)

(Senior Financial Officer)

Attachments:

Balance Sheet
Financial Statements