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**PA NF ASSESSMENT AND  
QUARTERLY RESIDENT DAY REPORTING FORM**



# End User Manual

Revised 1-12-2024

Department of Human Services and Myers & Stauffer LC

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# SECTION 1

# BACKGROUND

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## 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 Department continued the Assessment Program for FYs 2012-2013 through 2015-2016 as directed by Act 80 of 2012 and for FYs 2016-2017 through 2018-2019 as directed by Act 76 of 2016. Act 19 of 2019 reauthorized the Assessment Program for three additional years beginning FY 2019-2020 through 2021-2022. Act 54 of 2022 reauthorized the Assessment Program for three additional years beginning FY 2022-2023 through 2025-2026.

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. With the full implementation of Community HealthChoices (CHC), 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 <https://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 <https://www.panfsubmit.com> website and the website at the following address: <https://www.dhs.pa.gov/providers/Providers/Pages/Nursing-Facility-Assessment.aspx>.

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## 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.

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## IMPORTANT REMINDERS

- Assessed Nursing facilities are required to submit payments via ACH or Wire transfer;
- Penalties may be assessed for late RDR submissions;
- Interest may 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;
- Community HealthChoices (CHC) has been fully implemented in all geographic regions.
- The RDR Form has been modified to capture the CHC managed care plan days. **Please review the RDR Form completion instructions carefully as descriptions have been updated to ensure all Medicaid days are reported in the correct categories.**
- Item 18c on the RDR Form has been changed to read **Greater Than 94% MA Occupancy Or Greater Than 80,000 MA Days.**

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## IMPORTANT CHANGES FOR 2023-2024

The primary changes for this assessment year are: For 2023-2024 Beginning January 1, 2023, the Department intends to calculate each non-exempt facility's quarterly assessment amount by multiplying its assessment rate by the facility's non-Medicare resident days during the calendar quarter that immediately preceded the assessment quarter. From this point forward, the Department intends to continue this policy of using the quarter immediately preceding the assessment quarter as the basis of the assessment.

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## 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:

<https://www.dhs.pa.gov/providers/Providers/Pages/Nursing-Facility-Assessment.aspx>

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:

$QAP = \text{assessment rate} \times \text{assessment days in the Resident Day Quarter}$ . For example, assume the annual assessment rate is \$32.10. A nursing facility that has 10,000 assessment days for the quarter will be assessed \$321,100 ( $\$32.10 \times 10,000 = \$321,100$ ).

For 2023-2024 For the period July 1, 2023, to June 30, 2024, the QAP for each Assessment Quarter is based on the calendar quarter assessed days that immediately preceded the assessment quarter.

Therefore, the 2023-2024 Quarterly QAP for the period July 1, 2023 to June 30, 2024 equals the product of the assessment rate x rate sum of the assessment days for the Resident Day Quarter immediately preceding the assessment quarter. A nursing home that has 20,000 assessment days total for the preceding Resident Day Quarter will be assessed \$668,200 ( $\$33.31 \times 20,000$ ) for that Assessment Quarter.

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

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## 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. With full statewide implementation of CHC, all payments will be made through managed care in compliance with the CMS Managed Care Final Rule.

Prior to CHC implementation, the MA portion of the QAP was reimbursed as an add-on to a nursing facilities per diem rate and was paid in lump sum on a quarterly basis. Supplemental Payments were processed per the Important Date Chart (IDC) if the Resident Day Report (RDR) was submitted on time.

CMS Medicaid Managed Care regulations prohibit states from making supplemental payments directly to providers for services provided under managed care contracts. As a result, supplemental payments were phased out as the Department implemented CHC in phases across the commonwealth between January 1, 2018 and January 1, 2020. For information about Access to Care Payments in CHC, refer to the section of this manual titled "Managed Care Payments."

Important submission and payment dates for each year will be posted on the <https://www.panfsubmit.com> website and the website at the following address.

<https://www.dhs.pa.gov/providers/Providers/Pages/Nursing-Facility-Assessment.aspx>

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## MANAGED CARE PAYMENTS

In FY 2017-18, 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.

Effective January 1, 2023, the Department changed the methodology for distributing Nursing Facility Access to Care Payments from the “Appendix 4” method to a CMS-approved state-directed payment method. The approved state-directed minimum payment rate includes two access to care components: a uniform per diem component by provider class and a variable per diem component based on the MA cost of a provider’s assessment.

# SECTION 2

# PA NF RESIDENT DAY

# REPORTING

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## 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 <https://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 an 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

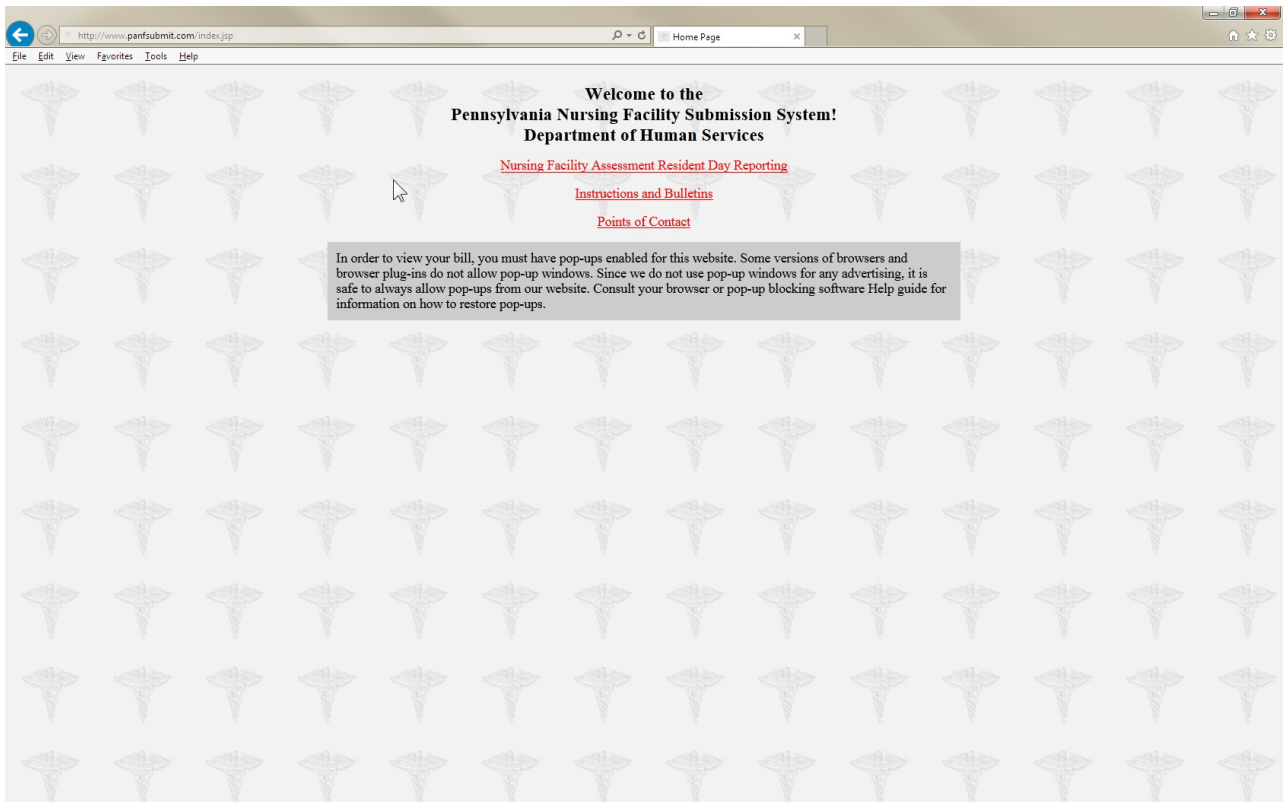
The PA NF Submission System website is also accessible to the general public to download or view informational documents and access information on Supplemental Payments made to qualified nursing facilities. You do not need a User Account and password.



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# 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:

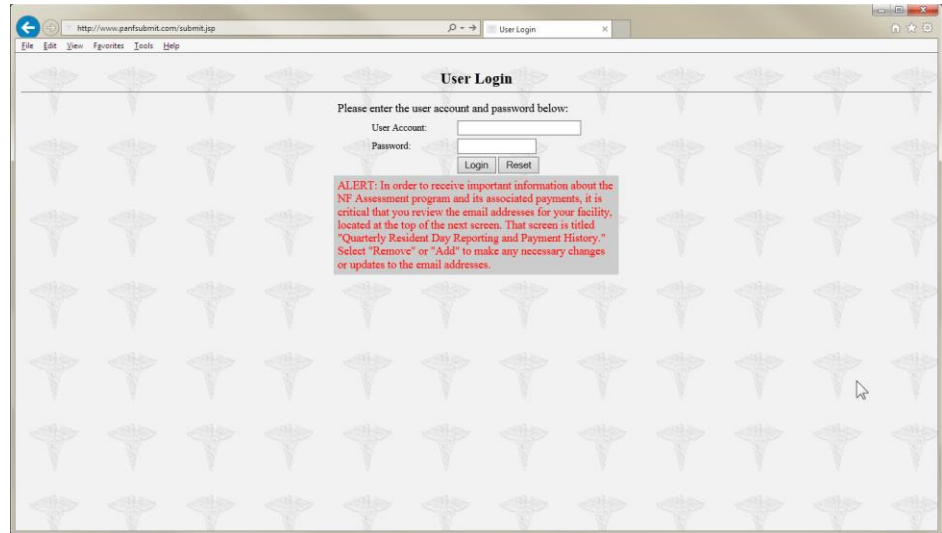
- Nursing Facility Assessment Resident Day Reporting – Contains the individual nursing facility assessment information and allows access to the on-line RDR Form. This is available only to nursing facilities with a User Account and password.
- Instructions and Bulletins – Contains files that may be downloaded 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.

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# 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 page 7).



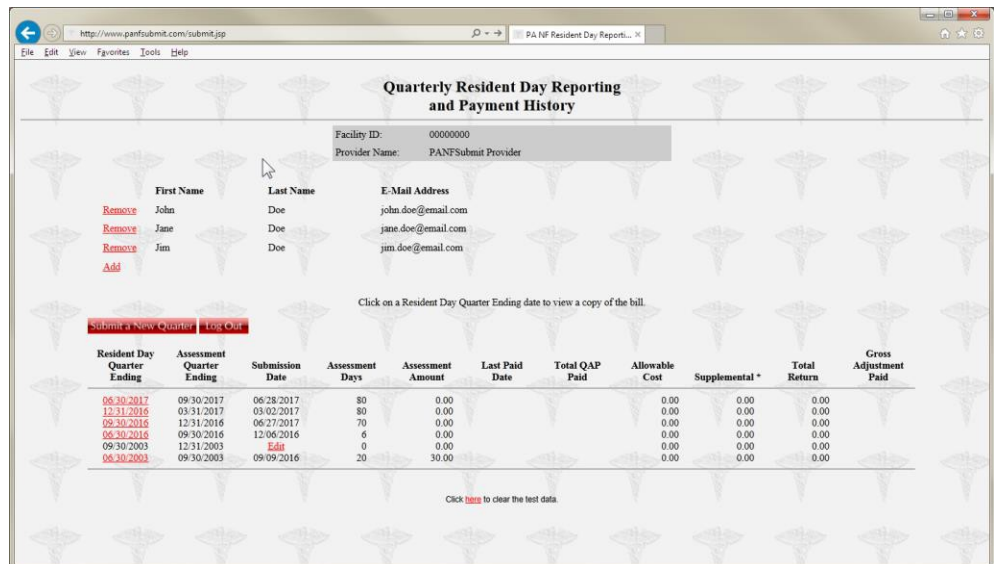
**Figure 2 - User Login Window**

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 8).



**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 the period July 1, 2023 to June 30, 2024 the bill that may be viewed is a one-page document.

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	AssessmentQuarter
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 an RDR Form has not been saved. An 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 10). 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 07/01/2022 and the facility receives a PA FS 162 on 07/10/2022 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 09/30/2023

Facility ID: 00000000  
 Provider Name: PANFSubmit Provider

1.	Resident Day Quarter Ending	<input type="text" value="06/30/2023"/>	
2.	Based on Census Records As Of	<input type="text"/>	(mm/dd/yyyy)
3.	PAMA Facility & Therapeutic Leave Days	<input type="text" value="10"/>	
4.	PAMA Hospital Reserve Days	<input type="text" value="10"/>	
5.	LIFE (Formerly LTCCAP Program)	<input type="text" value="10"/>	
6.	PA MA Hospice Days	<input type="text" value="10"/>	
7.	PA MA Pending	<input type="text" value="10"/>	
8.	PA HealthChoices Days	<input type="text" value="10"/>	
9a.	Community HealthChoices Days - Vista/Amerihealth Keystone	<input type="text" value="0"/>	
9b.	Community HealthChoices Days - Centene/Pa Health & Wellness	<input type="text" value="0"/>	
9c.	Community HealthChoices Days - UPMC	<input type="text" value="0"/>	
10.	<b>TOTAL PA MA DAYS</b>	<input type="text" value="60"/>	(Sum Items 3 - 9c)
11.	Other States' MA Days	<input type="text" value="10"/>	
12.	Private Pay and Other Days	<input type="text" value="10"/>	
13.	<b>TOTAL OTHER DAYS</b>	<input type="text" value="20"/>	(Sum Items 11 - 12)
14.	<b>TOTAL ASSESSMENT DAYS</b>	<input type="text" value="80"/>	(Item 10 + Item 13)
15a.	Medicare FFS Days	<input type="text" value="10"/>	
15b.	Medicare HMO/PPO Days	<input type="text" value="10"/>	
15c.	<b>TOTAL MEDICARE DAYS</b>	<input type="text" value="20"/>	(Item 15a + Item 15b)
16.	<b>TOTAL RESIDENT DAYS</b>	<input type="text" value="100"/>	(Item 14 + Item 15c)
17.	Ending Licensed Beds	<input type="text" value="100"/>	
18a.	<input type="checkbox"/> CCRC		
18b.	<input type="checkbox"/> County Nursing Facility		
18c.	<input type="checkbox"/> Greater Than 94% MA Occupancy Or Greater Than 80000+ MA Days		
19.	Contact Name	<input type="text"/>	
20.	Contact Telephone Number	<input type="text"/>	
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.		
	Assessment Rate Per Diem	<input type="text" value="33.41"/>	
	<b>QUARTERLY ASSESSMENT PAYMENT DUE</b>	<input type="text" value="2672.8"/>	(Item 14 x Assessment Rate Per Diem)

Submit
Save
Print
Reset
Cancel

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	<p>The total fee-for-service days for MA residents for which a continuous 24 hours of service has occurred. The date the resident was found eligible for Medicaid Long Term Care (LTC) 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.</p> <p>Do NOT include CHC Days. CHC days should be reported with the appropriate plan covering the days in Item 9a through 9c beginning with the CHC Plan start date. Item 3 should only include from the date the resident was found eligible until the day before the CHC plan start date. Please reference the following link for additional information on verification of eligibility.</p> <p>Note: Days related to Penalty Period and spend down should be reported with Private Pay and Other Days.</p>	<p>Must not be blank. If no PA MA Facility &amp; 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.</p> <p>If the total reported in PA MA Facility &amp; Therapeutic Leave Days, Item 3, is greater than the total of CHC Days reported in Items 9a through 9c, the following warning error will appear after the user submits:</p> <p>"It is unusual that the PA MA Facility &amp; Therapeutic Leave Days reported in Item 3 are greater than the total CHC days reported in Items 9a through 9c. Please review the definition of Facility and Therapeutic Leave Days to ensure it accurately describes the days reported in Item 3. Please make any necessary changes."</p>
4	PA MA Hospital Reserve Days	<p>The fee-for-service total days of hospital reserve bed days for PA MA residents (limited to 15 <b>paid</b> days per hospitalization). <b>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 item 12 as "Other Days".</b></p> <p>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.</p> <p>Do NOT include CHC Days. CHC days should be reported with the appropriate plan covering the days in Item 9a through 9c.</p>	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	<p>The total LIFE (Living Independence for the Elderly) days. LIFE 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 Day. Resident’s day of discharge is not counted.</p> <p>Please note: Medicaid stays paid by the LIFE Program are the only days that should be reported here. Any privately paid LIFE days should be reported in Items 12.</p>	<p>Must not be blank. If no LIFE (Formally LTCCAP Program) Days, complete the field with a “0.” Must be a number from 0 to 7,500. If greater than zero, must be an MA nursing facility.</p> <p>If the total days reported in Item 5, LIFE Days, are greater than 5% of the total PA MA Days reported in Item 10, the following warning error will appear after the user submits:                      “It is unusual that the total LIFE days reported in Item 5 are greater than 5% of the total PA MA Days reported in Item 10. Please review the definition of LIFE Days to ensure it accurately describes the days reported in Item 5. Please make any necessary changes.”</p>
6	PA MA Hospice Days	<p>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.</p>	<p>Must not be blank. If no PA MA Hospice Days, complete the field with a “0.” Must be a number from 0 to 5,000. If greater than zero, must be an MA nursing facility.</p> <p>If the total days reported in Item 6, PA MA Hospice Days, are greater than 5% of the total PA MA Days reported in Item 10, the following warning error will appear after the user submits:                      “It is unusual that the total PA MA Hospice days reported in Item 6 are greater than 5% of the total PA MA Days reported in Item 10. Please review the definition of PA MA Hospice Days to ensure it accurately describes the days reported in Item 6. Please make any necessary changes.”</p>
7	PA MA Pending	<p>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. The Requested Effective Date (based on the submitted PA-600L form) is counted as a PA MA Pending Day. Resident’s day of discharge is not counted.</p>	<p>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 in Item 12 as Private Pay and Other Days.”</p>

Item #	Item Heading	Description	Validation
8	PA HealthChoices Days	<p>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.</p> <p>Please note: The days should be counted as PA HealthChoices days through the date the resident is eligible to receive PA MA LTC services. PA HealthChoices days end the day the resident is determined to be eligible for coverage by Community Health Choices.</p>	<p>Must not be blank. If no PA HealthChoices Days, complete the field with a “0.” Must be a number from 0 to 7,500. If greater than zero, must be an MA nursing facility.</p> <p>If the total days reported in Item 8, PA HealthChoices Days, are greater than 5% of the total PA MA Days reported in Item 10, the following warning error will appear after the user submits:                      “It is unusual that the total PA HealthChoices Days reported in Item 8 are greater than 5% of the total PA MA Days reported in Item 10. Please review the definition of PA HealthChoices Days to ensure it accurately describes the days reported in Item 8. Please make any necessary changes.”</p>
9a	Community HealthChoices Days – Vista/Amerihealth/Keystone	<p>The total days of Community HealthChoices for Amerihealth Caritas (aka Vista, Amerihealth, Keystone) days. Resident’s CHC plan start date day is counted as a Community HealthChoices day. Resident’s CHC plan end date is not counted.</p>	<p>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.</p> <p>If the total days reported in CHC-Vista/Amerihealth/Keystone, Item 9a, is “0”, the following warning error will appear after the user submits:                      “It is unusual for there to be a total of “0” days reported for CHC-Vista/Amerihealth/Keystone in Item 9a. Please review the definition of CHC-Vista/Amerihealth/Keystone Days to ensure it describes the days reported in Item 9a. Please make any necessary changes.”</p>
9b	Community HealthChoices Days – Centene / Pa Health & Wellness	<p>The total days of Community HealthChoices for Pa Health &amp; Wellness (aka as Centene) days. Resident’s CHC plan start date is counted as a Community HealthChoices day. Resident’s CHC plan end date is not counted.</p>	<p>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.</p> <p>If the total days reported in CHC-PA Health and Wellness, Item 9b, is “0”, the following warning error will appear after the user submits:                      “It is unusual for there to be a total of “0” days reported for CHC-PA Health and Wellness in Item 9b. Please review the definition of CHC-PA Health and Wellness Days to ensure it describes the days reported in Item 9b. Please make any necessary changes.”</p>

Item #	Item Heading	Description	Validation
9c	Community HealthChoices Days - UPMC	The total days of Community HealthChoices UPMC for You (aka UPMC) days. Resident's CHC plan start date is counted as a Community HealthChoices day. Resident's CHC plan end date is not counted.	<p>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.</p> <p>If the total days reported in CHC-UPMC, Item 9c, is "0", the following warning error will appear after the user submits:            "It is unusual for there to be a total of "0" days reported for CHC-UPMC in Item 9c. Please review the definition of CHC-UPMC Days to ensure it describes the days reported in Item 9c. Please make any necessary changes."</p>
10	TOTAL PAMA DAYS	A calculated field containing the sum of Items 1 through 9c.	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	<p>The total days provided by the nursing facility for which the resident, private non-Medicare 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"</p> <p>Include all privately paid LIFE days and cays related to Penalty Period and spend down in Item 12.</p>	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 Items 11 and 12.	Calculated.



Item #	Item Heading	Description	Validation
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.
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 including PPO (such as Highmark Community Blue Medicare PPO), HMO-POS (such as Keystone 65 Focus 65 RX, and Fee For Service (such as Humana Gold Choice) 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.  Note: If a resident is enrolled in an I-SNP (Institutional Special Needs Program) or D-SNP (Dual-eligible Special Needs Plan), days that are reimbursed by the I-SNP carrier (for example, United Healthcare) or D-SNP (for example Geisinger Gold Secure RX) should be reported in this category until the resident no longer meets the clinical criteria for coverage at which point the days would be reported at the appropriate CHC plan	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."

Item #	Item Heading	Description	Validation
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 16.	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 Or Greater Than 80,000 MA Days based on CY 2021 data	An indicator that the nursing facility has greater than 94% MA Occupancy OR has greater than 80,000 MA Days based on CY 2021 data 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 Telephone Number	The phone number of the person listed in Contact Name (Item #19).	xxx-xxx-xxxx.
21	Signature on File Checkbox	Verification that a Signature on File form exists 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 Forms 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 the current resident day's quarter. 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 18. 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 18). 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 18.**

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 8). **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

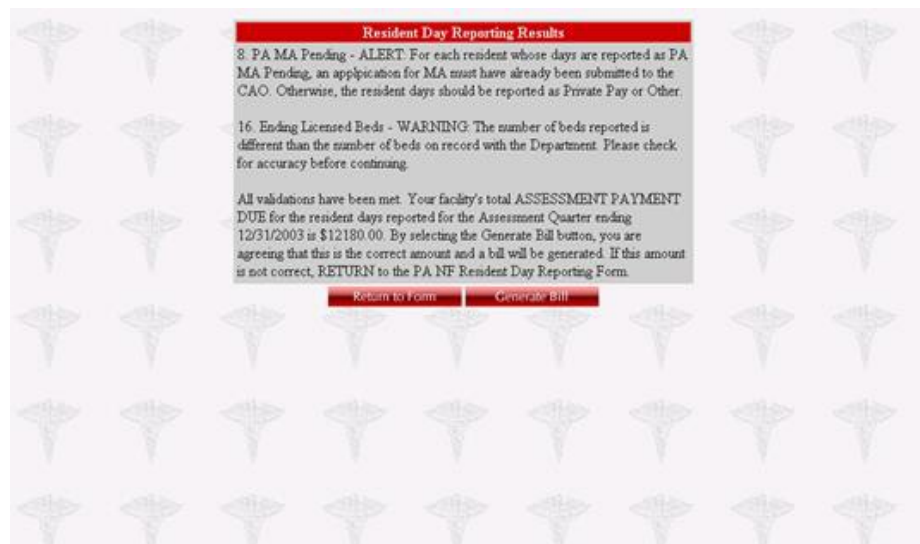


Figure 6 - Submission Results if No Errors

After selecting the **Generate Bill** button, a bill is generated. 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.

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## 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 OLTL, Bureau of Finance, Division of Budget and Operations.

NF Assessments for the Assessment Quarters of state fiscal year 2023-24 are based on the resident days from the quarter immediately preceding the Assessment Quarter.

Corrections of resident days need to be made within one year of the submission date. Requests for the correction and how it will be applied will be handled on a case by case basis.

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## 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, 6<sup>th</sup>  
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 30<sup>th</sup> would first be reported for the Assessment Quarter October 1 – December 31 (Resident Day Quarter July 1 – September 30).

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## QUARTERLY ASSESSMENT PAYMENT

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

<https://www.dhs.pa.gov/providers/Providers/Pages/Nursing-Facility-Assessment.aspx/>.

Nursing facilities are required to remit their QAPs by direct payment through the Automated Clearing House (ACH) Credit system or wire transfer. Some Nursing Facilities have not followed this rule. As of January 1, 2018, submission of the Assessed Nursing Facility's QAP in any form other than a wire transfer or an ACH Credit system will be considered as unpaid and treated in accordance with the Penalties and Interest section on page 20 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 setup 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 have 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 <https://www.panfsubmit.com> website. Access the history screen using instructions beginning on page 6. The Payment Received column will identify

*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.*

*Should an emergency arise which prevents a payment from being transmitted, contact the Department to obtain permission to use an alternate payment method.*

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 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 obtain permission to use an alternate payment method.

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## 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 addendum 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)

Data Element Name	Length	Contents
SpecialAddenda SequenceNumber	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.
Entry Detail SequenceNumber	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	BILL NUMBER
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                    1035020065

QAP Amount                    \$1000.52

The sample RMT segment would look like this:

RMT\*IV\*1035020065\*1000.52\

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

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## 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, considering 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 23.

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## **NEW NURSING FACILITY, CLOSED NURSING FACILITY AND CHANGE OF OWNERSHIP**

An 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 an RDR Form for a Resident Day Quarter following the completion of its first full calendar quarter.

For 2022-2023 and 2023-2024, Assessment Quarters July 1 through June 30, new nursing facilities are required to submit an RDR Form for each associated Resident Day Quarter following the completion of its first full calendar quarter.

### **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 January 1, 2023 and thereafter 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.

### **Change of Ownership**

An Assessed Nursing Facility that undergoes a change of ownership is required to submit an 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.

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.

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## 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 RDR 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.

Corrections of resident days need to be made within one year of the submission date. Requests for the correction and how it will be applied will be handled on a case by case basis.

## 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 25 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 12.
- If your nursing facility has reported MA Pending days on Line 7, 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 7 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

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## 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.

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.

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## POINTS OF CONTACT

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

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# SECTION 4 HELPDESK

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## 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 Programs 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, 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.

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## 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.

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## **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 PANF 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

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## COMMON TERMS AND ABBREVIATIONS

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

**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 or Personal Care/Assisted 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 are 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.

**CHC** – *see* Community HealthChoices.

**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 Individuals with Intellectual Disabilities 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 state-owned or operated; or (ii) is a state-owned veteran’s nursing facility; or (iii) Charity care facilities with no revenue; or (iv) Facilities not licensed or operated by the current or previous owner for the full calendar quarter prior to the calendar quarter for which an assessment is collected. An Exempt Nursing Facility is excused from making a QAP in an Assessment Quarter.

**Fee for Service 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.

**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 PANF Submission System.

**Internet** – A global network connecting Worldwide 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 Worldwide 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 payment by a CHC-MCOs to a nursing facility to support quality of and access to nursing facility services. For state fiscal year 2022-23, “access to care payment” may refer to payments under the Appendix 4 provisions of the 2022 CHC agreements or payments under the CMS-approved state directed payment methodology effective January 1, 2023. Under Appendix 4 of the 2022 CHC-MCO Agreements, CHC-MCO’s must use a portion of capitation revenue for payments to nursing facilities. The nursing facilities and CHC-MCOs negotiate how the

Access to Care Payments are distributed under Appendix 4. Effective January 1, 2023, CHC-MCOs must contract with nursing facilities at no less than the state-directed minimum payment rate – a portion of which includes components for access to care payments.

**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 Individuals with Intellectual Disabilities.

**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.

**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

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## DOWNLOADING

In addition to this end user manual, there are 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 link](#) as described in this end user manual.

# APPENDIX B EXAMPLE

## Community HealthChoices Participant RDR FORM and BILL

Pennsylvania Nursing Facility Assessment - CHC  
For the Assessment Quarter Ending 03/31/2023

Facility ID: 00000000  
Provider Name: PANFSubmit Provider

Contact Name: JANE DOE  
Contact Phone #: 717-555-1234

Reported Resident Days

1.	Resident Day Quarter Ending:	12/31/2022
2.	Based on Census Records As Of:	01/01/2023
3.	PA MA Facility & Therapeutic Leave Days:	100
4.	PA MA Hospital Days:	0
5.	LIFE (formerly LITCCAP Program):	0
6.	PA MA Hospice Days:	0
7.	PA MA Pending:	10
8.	PA HealthChoices Days:	10
9a.	Community HealthChoices Days - Vista/Amerihealth/Keystone:	10
9b.	Community HealthChoices Days - Centene/Pa Health & Wellness:	10
9c.	Community HealthChoices Days - UPMC:	10
10.	TOTAL PA MA DAYS:	150
11.	Other States' MA Days:	0
12.	Private Pay Days:	0
13.	TOTAL OTHER DAYS:	0
14.	TOTAL ASSESSMENT DAYS:	150
15a.	Medicare FFS Days:	0
15b.	Medicare HMO/PPO Days:	0
15c.	TOTAL MEDICARE DAYS:	0
16.	TOTAL RESIDENT DAYS:	150
17.	Ending Licensed Beds:	129
18a.	CCRC:	No
18b.	County Nursing Facility:	No
18c.	Greater Than 94% MA Occupancy Or Greater Than 77% Occupancy And 90000+ MA Days:	No

Signature on File: JOHN DOE  
Signed Date: 05/03/2023  
Assessment Rate Per Diem: \$33.41  
Quarterly Assessment Amount: \$5,011.50

Pennsylvania Nursing Facility Assessment - CHC

The quarterly assessment payment indicated above is an estimated amount. The assessment amount may change upon publication of final assessment rates. IF the facility pays the estimated assessment amount, and IF the final rates are different than the rates shown on this bill, then the facility must resubmit its data to determine what payment is necessary. OLTTL will be publishing an important dates chart as soon as possible that will specify date(s) that the assessment payment is due.

# **APPENDIX C EXAMPLE SIGNATURE ON FILE FORM**



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

Provider Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

By signature and date below, I/we certify that I/we 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/we 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/we 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 or RDR Contact is replaced. At that time, an updated form would need to be sent via email or facsimile.

\_\_\_\_\_  
Signature of File Date

\_\_\_\_\_  
Print Name (Signature on File) Email Address

\_\_\_\_\_  
Print Name (RDR Contact) Email Address

**If you would like to add or remove an employee from the NAS contact list, please contact [RA-NH\\_Assessments@pa.gov](mailto:RA-NH_Assessments@pa.gov) (Note there is an underscore between the H and A.)**

FOR OFFICE USE ONLY:

RECEIVED: \_\_\_\_\_ ENTERED: \_\_\_\_\_ INITIAL: \_\_\_\_\_

Bureau of Finance  
Office of Long-Term Living  
555 Walnut Street| 6<sup>th</sup> Floor, Forum Place, Harrisburg, PA 17101-8025 | 717.787.1171 | Fax 717.787.2145  
[www.dhs.pa.gov](http://www.dhs.pa.gov)