

**Georgia Department of Community Health**  
**Detailed Instructions for Multi-Site Completion of the**  
**Nursing Hours and Patient Days Report, Version 4**

- **TO PRINT THESE INSTRUCTIONS, CLICK ON THE PRINTER ICON AT THE TOP OF THIS PAGE.**
- **TO BEGIN TO ENTER DATA FOR THE QUARTERLY REPORT, CLICK ON THE TAB LABELED "DATA ENTRY".**
- **A COMPLETED COPY OF A FACILITY SPECIFIC REPORT IN A ONE PAGE SUMMARY FORMAT IS OBTAINABLE, AS IS A ONE PAGE ANALYSIS REPORT. SEE THE INSTRUCTIONS ON THE "DATA ENTRY" WORKSHEET FOR FURTHER DETAILS. TO PRINT A COPY OF THE FACILITY REPORT, CLICK ON THE "FACILITY REPORT" TAB AT THE BOTTOM OF THE SCREEN, THEN CLICK ON THE PRINTER ICON ON THE TOP OF THAT WORKSHEET PAGE. TO PRINT A COPY OF AN ANALYSIS OF THE REPORT DATA, CLICK ON THE "ANALYSIS REPORT" TAB, THEN CLICK ON THE PRINTER ICON ON THE TOP OF THAT WORKSHEET PAGE.**
- **FOR FURTHER INFORMATION REGARDING SUCH ISSUES AS WHOM TO CONTACT FOR ANSWERS TO QUESTIONS AND WHEN AND HOW TO SUBMIT REPORTS, PLEASE REFER TO THE DEPARTMENT'S WEB PAGE.**

#### **WHAT'S NEW IN VERSION 4**

a) Effective June 1, 2006, Georgia Healthy Families, a partnership between the Department of Community Health and private health plans (also called "care management organizations (CMO's) to provide health care services to Medicaid and PeachCare members. To account for patient days and revenue from possible transfers from CMO's to a nursing facility, the report has been revised. Under the Patient Day Summary Section, Medicaid patient days is split between Medicaid (Fee for Service Patients) and Medicaid (CMO Patients). The Revenues Section has also been revised. The Medicaid column has been split between Medicaid (Fee for Service Revenue) and Medicaid (CMO Revenue).

b) Effective July 1, 2003, Georgia's Nursing Home Provider Fee Act requires that all Georgia nursing homes pay a fee based on the number of patient days of service provided. The "Nursing Hours and Patient Days Report" has been modified for facilities enrolled in the Medicaid program to collect required patient day information and to calculate the amount of provider fees payable by a facility. . In accordance with O.C.G.A. § 31-8-164 and O.C.G.A. § 31-8-165 each nursing home is assessed a provider fee with respect to each patient day for the preceding quarter, excluding Medicare program patient days. The amount of the assessment is based upon information provided by the nursing home on the "Provider Fee, Nursing Hours, and Patient Days Report" as submitted to the Department of Community Health.

In the "report" worksheet, on-site patient days must now be identified by payer source - Medicare, Medicaid and other. An additional worksheet, "Provider Fee Report", has also been added. Dependent on patient day data entered in the "report" worksheet, the new worksheet presents the calculation of a quarterly provider fee and a schedule of any monthly payments due.

c) This report has been enhanced to make it more user-friendly. Please review the "FORM OVERVIEW" section below for an overview of how the form should be completed.

#### **FORM OVERVIEW**

**\*To start, save the report on your harddrive or on a computer disk. Select cell C3 marked "Select ID". Then, left-click the arrow to select your Medicaid ID.**

- 1) Enter data on "DATA ENTRY" worksheet.
- 2) Review results on "Analysis Report" and "Provider Fee Report" worksheets.
- 3) Enter corrections, if needed, on "DATA ENTRY" worksheet.
- 4) Click on SAVE REPORT box on "DATA ENTRY" worksheet.
- 5) Enter date, home office ID, passcode, and file location (make a note of the file location).
- 6) After the report is saved, attach the saved report and sent it by email to [nhstaffreport@dch.state.ga.us](mailto:nhstaffreport@dch.state.ga.us).

#### **DATA ENTRY OVERVIEW**

a) The purpose of this template is to allow those organizations that own and/or operate multiple facilities within Georgia, to prepare and submit data elements as relates to the Nursing Hours and Patient Days Report for all of their facilities in a single spreadsheet file.

b) Data for each nursing facility are entered on the DATA ENTRY worksheet across a line from column "A" through column "AL", a total of 38 cells per facility. Each line of data is considered a record. Each completed facility record is used in the determination of potential add-on amounts for Georgia Medicaid's case mix based "Staffing Adjustment".

c) The data entered for each facility are broken-out into four sections: IDENTIFYING INFORMATION, TIME PERIOD SOURCES AND ADJUSTMENTS, PATIENT DAY SUMMARY and PAYROLL SUMMARY. Each section, and the accompanying data fields, is discussed separately below.

d) Enter data for each facility in every cell across each line. Be sure to enter "identifying information" on each line as each facility record will be treated separately once submitted. If the column heading is not applicable to a particular facility, enter a zero in the cell and move on to the next column.

e) When entering dates, type them as follows: MM/DD/YY. "MM" stands for month, "DD" stands for day, "YY" stands for year. Type the date using numbers and the "/" character, where appropriate. When typing a date, leading zeros aren't really necessary and all you have to type for the year is a "2" or "3" to reflect 2002 or 2003. So for example: 03/28/03 can be typed 3/28/3, but will appear as 03/28/03 on the report. Note: If you enter only a "0" in a date field, it will appear in the cell as "01/00/00". This is because the cell is formatted to appear as a date. If this happens, just ignore it or delete the entry.

### **IDENTIFYING INFORMATION**

On the DATA ENTRY worksheet, enter complete information for each facility on each of the "Identifying Information" cells listed below.

**Provider Name:** Enter the name of your facility as it would appear on your Medicaid cost report.

**Medicaid ID:** Enter the Medicaid ID you use when you submit your Medicaid cost report. Please enter all leading zeros and do not include dashes. (i.e.00000000A)

**Phone:** Enter the phone number of the person responsible for preparing the "Nursing Hours and Patient Days Report".

**Prepared by:** Enter the name of the person responsible for preparing the "Nursing Hours and Patient Days Report".

**Title of Preparer:** Enter the Title of the person responsible for preparing the report.

**Submit Date:** Enter the date in which you forwarded this report to the Department for each facility listed.

**e-mail:** Enter the e-mail address for the person who prepared the report as listed under "Prepared by:", above.

### **TIME PERIOD SOURCES AND ADJUSTMENTS**

In this report, there are three separate time periods from which data are extracted. These are the "Quarterly Reporting Period" (reported in the PATIENT DAY SUMMARY section), the "Nursing Home Payroll Period", and the "Contract Staff Invoice Period" (both reported in the PAYROLL SUMMARY section). Since the days listed for each of these periods can differ, (as specified below), the Department will separately adjust the reported data in order to have comparable periods of total days from which to calculate nursing hours per patient day. This Departmental activity will occur outside of what is reported on this template.

NOTE: The amounts reported in the PATIENT DAY SUMMARY and PAYROLL SUMMARY sections, which follow, should match the source data recorded for the payroll and invoice periods that occurred within the beginning and end dates listed in this section. You do not have to make adjustments to the source data utilized when completing the PAYROLL SUMMARY section.

**1) Quarterly Reporting Period** - These reflect the actual beginning and end dates for the reporting quarter.

**Beginning Date:** Enter the start date for the quarterly reporting period. This should either be 01/01/XX, 04/01/XX, 07/01/XX or 10/01/XX. The "XX" refers to the reporting year.

**Ending Date:** Enter the ending date for the quarterly reporting period. This should either be 03/31/XX, 06/30/XX, 09/30/XX or 12/31/XX. The "XX" refers to the reporting year.

**2) Nursing Home Payroll Period** - The beginning and end dates listed here are associated with those payroll periods ending during the reporting quarter. The dates listed in this section encompass the time periods from which hours, wages and salary payments, and benefits and payroll taxes are reported in the PAYROLL SUMMARY section.

**Beginning Date** - Enter the beginning date for the first payroll period that ended with a date within the quarterly reporting period. This beginning date can either be equal to, or precede, the actual start date for the quarterly reporting period. This means that some of the data reported in the PAYROLL SUMMARY section could be from a beginning payroll period which includes hours and payments applicable to dates prior to the actual start of the quarterly reporting period.

**Ending Date** - Enter the last date for the final payroll period that ended with a date within the quarterly reporting period. This ending date can either be equal to, or precede, the actual end date for the quarterly reporting period. This means that the data reported in the PAYROLL SUMMARY section may not include hours and dollars that occurred during the reporting quarter if the beginning date for a payroll period is before the end of the reporting quarter, but the end date for the payroll period is after the last day in the quarter.

**3) Contracted Staff Invoice Period** - The choice for what beginning and end dates to use for contract staff is dependent on the way in which such individuals are utilized. If contract staff are scheduled and utilized on a routine basis, follow the instructions listed in paragraph a), below. If contracted staff are used infrequently to fill-in when regular payroll staff are unavailable or when special situations warrant their use, follow the instructions in paragraph b), below. If no contract staff are utilized, leave these cells blank.

- a) If a facility uses contract staff on an infrequent or irregular basis, enter the beginning date for the quarterly report period as the beginning date on Line 3. List the ending date for the quarterly reporting period as the ending date on Line 3. Then, when the Contracted Staff hours and payments are entered in the PAYROLL SUMMARY section, enter the full amounts applicable to the quarterly report period, regardless of when they were paid. Since the Contracted Staff days will match the report period days, no Adjustment Factor will be applied. The effect of this is that all hours and payments reported in the PAYROLL SUMMARY will be utilized as reported.
- b) If a facility uses contract staff on a routine basis, utilize the beginning date for the first contract staff invoice period that ended with a date within the quarterly reporting period as the beginning date for the quarterly period. Since data reported in the PAYROLL SUMMARY will reflect all data from the invoice period dates spanning those reported in this section, it is possible that some of the data included in the beginning invoice period may include hours and payments applicable to dates prior to the actual start of the quarter. This is okay. The ending date for the period is the ending date for the last contract staff invoice period that ended during the quarterly reporting period. This means that some of the hours and dollars that might actually occur during the reporting quarter may not be counted as they could fall within an invoicing period ending after the quarterly reporting period. This also is okay. These discrepancies are addressed in the ANALYSIS REPORT which reflects the Nursing Hours and Expenses after application of the Adjustment Factors.

**\*\*Attention Preparers:**

**Pay Period dates should be used when entering the Beginning and Ending Dates.**

**Pay Period vs. Pay Date** - A **Pay Period** represents the period where an employee actually earns wages and typically ends a few days before the pay date, whereas a **Pay Date** is when paycheck are distributed or earnings are deposited into employee bank accounts.

**PATIENT DAY SUMMARY**

This section presents patient day information for the calendar quarter. The total patient days for each month should be taken from the facility's census records and the amounts listed should correspond to what would be reported on a facility's annual cost report. The days reported include the days for all residents in the facility, not just Medicaid.

- 1.) **1st Mo:** - This reflects the first month of the quarterly reporting period.
- 2.) **2nd Mo:** - This reflects the second month of the quarterly reporting period.
- 3.) **3rd Mo:** - This reflects the third month of the quarterly reporting period.

**Medicare** - Report the number of days for which patients resided in the facility for each month listed on lines 1, 2 and 3 for which a payment is expected from the Medicare program. Include patient days for which a partial payment is expected from the Medicaid program. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**Medicaid (Fee for Service Patients)** - Report the number of days for which patients resided in the facility for each month listed on lines 1, 2 and 3 for which a payment is expected from the Medicaid program. Do not include patient days for which a partial payment is expected from the Medicare program. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**Medicaid (CMO Patients)** - Report the number of days for which patients resided in the facility for each month listed on lines 1, 2 and 3 for which a payment is expected from care management organization (CMO). Do not include patient days for which a partial payment is expected from the Medicare program. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**All Other Patients** - Excluding patient days reported in the preceding columns, report the number of days for which patients resided in the facility for each month listed on lines 1, 2 and 3. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**Total Patient Days on Site** - This is the sum of the preceding columns that identify patient days by payer source. The amounts listed on lines 1, 2 and 3 below this heading are calculated automatically. These figures represent the total number of days applicable to each of the three monthly periods within the quarterly reporting period. The "Total Days" listed on line 4 is automatically calculated by summing the days for each of the three lines listed above.

**Medicaid Leave or Hospital Days Billed** - Report the number of days for which Medicaid patients did not reside in the facility but for which billing was submitted for each month as listed on lines 1, 2 and 3. This can include days for which a patient is on temporary leave or admitted to a hospital. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**All Other Leave or Hospital Days Billed** - Report the number of days for which all patients besides those who are Medicaid did not reside in the facility but for which billing was submitted for each month as listed on lines 1, 2 and 3. This can include days for which a patient is on temporary leave or admitted to a hospital. Please enter the appropriate data for each month. The total on line 4 will be calculated automatically as the amounts for lines 1, 2 and 3 are entered.

**Total Patient Days Billed** - This is the sum of the "Patient Days on Site" and the "Leave or Hospital Days Billed". The amounts listed on lines 1, 2 and 3 below this heading are calculated automatically. These figures represent the total number of days applicable to each of the three monthly periods within the quarterly reporting period. The "Total Days" listed on line 4 is automatically calculated by summing the days for each of the three lines listed above.

### **PAYROLL SUMMARY**

This section summarizes the hours worked and amounts paid for staffing services that are classified as Routine Services for cost reporting purposes. The data should be reported for all payroll or invoice periods ending during the reporting quarter. See the discussion of the "Nursing Home Payroll Period" and "Contract Staff Invoice Period" under the reporting instructions for the TIME PERIOD SOURCES AND ADJUSTMENTS section, above. The definitions for the reporting periods and the beginning and end dates for each of these areas apply to the data to be reported in this section.

**Nursing Home Employees** - These are regularly employed staff who provide Routine services and whose hours and time are included in the employee payroll records of the facility.

**Contracted Staff** - These are contracted staff who provide Routine services and typically work for the facility under contract services arrangements. They are usually paid based on submitted invoices.

**Registered Nurse** - These include registered nurses who provide Routine skilled and/or intermediate care to nursing home residents as defined by the "Nursing Facility Services Uniform Chart of Accounts for Routine Services".

**Licensed Practical Nurse** - These include licensed practical nurses who provide Routine skilled and/or intermediate care to nursing home residents as defined by the "Nursing Facility Services Uniform Chart of Accounts for Routine Services".

**Nurse Aide/Assistant** - These include nurse aides and nurse assistants who provide Routine skilled and/or intermediate care to nursing home residents as defined by the "Nursing Facility Services Uniform Chart of Accounts for Routine Services".

**Hours Worked** - This includes hours worked while delivering Routine Services care directly to residents in the facility, plus hours worked for other related activities such as nursing administration, MDS preparation, and care plan coordination.

**Other Hours Paid** - This includes the number of hours paid to those staff included in the "Hours Worked" column for which work was not required, such as vacation, sick leave or holidays, as applicable.

**Salaries & Wages Paid and Contract Services Paid** - This is the amount paid to nursing home employees and/or contracted staff related to those hours reported in the preceding "Hours Worked" and "Other Hours Paid" columns.

**Benefits and Payroll Taxes** - These are the amounts for employee benefits and/or taxes attributable to those employee salaries and wages, and contract staff services, listed for Routine services in the preceding columns of the report. Amounts include, but are not limited to, FICA taxes, unemployment taxes and employee insurance. The types of benefit and payroll taxes included are the same as those reported on the cost report and are restricted to those amounts paid within the beginning and end dates specified for the respective TIME PERIOD SOURCES AND ADJUSTMENTS listed earlier.

## **REVENUES**

This section of the Report contains quarterly revenue amounts from the provider's Routine and Ancillary Services less any Allowances and Adjustments. Revenues include payments from Medicare, Medicaid (Fee for Service), Medicaid (CMO), and Other Insurance payor sources.

**Routine Services Revenue-** Enter gross revenues earned from daily services (room, board, and routine nursing care) rendered to patients.

**Ancillary Services Revenue-** Enter gross revenues, measured in terms of the full established rates, earned from all special services (i.e. physical therapy, speech therapy, etc.) rendered to patients.

**Allowances and Adjustments-** Enter offsets to revenues which are recorded at scheduled charges of the facility. These allowances and adjustments may arise from charity services, contractual allowances, policy discounts, administrative adjustments, and bad debts.

**Net Revenue-** Total Routine and Ancillary Services revenues less Allowances and Adjustments.