

Georgia Department of Community Health

Instructions for Provider Fee, Patient Days and Net Revenue Report, Version 1

WHAT'S NEW IN VERSION 1

a) In accordance with O.C.G.A Rule 350-7-.01 Definitions, "Nursing home" means a freestanding facility or distinct part or unit of a hospital required to be licensed or permitted as a nursing home under the provisions of O.C.G.A. Title 31, Chapter 8, Article 5, which is not owned or operated by the state or federal government.

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.

On the form, on-site patient days must be identified by payer source - Medicare and other.

Note: This is a fillable PDF document. Data can only be entered in the designated areas. In this document, total amounts will automatically be calculated as you enter data.

INSTRUCTIONS FOR COMPLETING THE "REPORT" WORKSHEET

FORM OVERVIEW

1) After the report is saved, attach the saved report and send it by email to nhstaffreport@dch.state.ga.us.

IDENTIFYING INFORMATION AT THE TOP OF THE PAGE

This portion of the REPORT worksheet identifies your facility, your Medicaid ID, who prepared the report and other identifying information. It also lists the beginning and end dates for the quarterly period and the date the report was electronically submitted.

Provider Name: Enter the nursing home name

City: Enter the Georgia location

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

Submit Date: This date will be automatically entered upon submission of the report.

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

For Qtrly Period From: This date is pre-entered, unless you are using the "Partial Period" report. In that case, 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. (When entering dates, type them as follows: MM/DD/YY. "MM" stands for month, "DD" stands for day, "YY" stands for year. You can type the date using numbers and the "/" character, where appropriate.)

Through: This date is pre-entered, unless you are using the "Partial Period" report. In that case, 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.

Line Item Definitions/Instructions:

1 PATIENT DAY SUMMARY

The section of the REPORT worksheet 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.

Line Item Definitions/Instructions:

The following line items appear under the "Month Within Quarter" column in the PATIENT DAY SUMMARY section:

a) 1st Mo: - This reflects the first month of the quarterly reporting period. The month and the year are automatically entered on this line from the dates entered for the from and through dates at the top of the report.

b) 2nd Mo: - This reflects the second month of the quarterly reporting period. The month and the year are automatically entered on this line from the dates entered for the from and through dates at the top of the report.

c) 3rd Mo: - This reflects the third month of the quarterly reporting period. The month and the year are automatically entered on this line from the dates entered for the from and through dates at the top of the report.

d) Total Days: - The sum of the days listed in the cells under the columns "Medicare Patients", "All Other Patients" and "Leave or Hospital Days Billed" on lines a through c, are automatically calculated under the "Total Patient Days Onsite " and "Total Patient Days Billed" column. These cells are protected.

Column Heading Definitions/Instructions:

The following additional column headings appear in the PATIENT DAY SUMMARY section:

Medicare - Report the number of days for which patients resided in the facility for each month listed on lines a, b and c for which a payment is expected from the Medicare program. Please enter the appropriate data for each month. The total on line :d" will be calculated automatically as the amounts for lines a,b and c 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 a, b and c. Please enter the appropriate data for each month. The total on line d will be calculated automatically as the amounts for lines a, b and c 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 a, b and c 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 d is automatically calculated by summing the days for each of the three lines listed above.

All Other Leave or Hospital Days Billed - Report the number of days for which all patients who did not reside in the facility but for which billing was submitted for each month as listed on lines a, b and c. 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 d will be calculated automatically as the amounts for lines a, b and c 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 a, b and c 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 d is automatically calculated by summing the days for each of the three lines listed above.

2 Provider Fee Per Patient Day

This reflects the daily provider fee rate. The amount is automatically entered on this line.

3 Provider Fee for Quarter

This reflects the total provider fee payment due to the Department of Community Health. This amount multiplies the daily provider fee rate by total number of "All Other Patients". The amount is automatically entered on this line.

4 Provider Fee Monthly Payments

This section shows three (3) equal installment payments due to the Department of Community Health by the last day of each month. The amounts listed are automatically entered on each line.

Note: providers may submit a one time payment for the full amount each quarter.

5 Total Net Revenue for Patient Services

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, Other Insurance or private payor sources.

Definitions/Instructions:

Net Revenue- Total Routine and Ancillary Services revenues less Allowances and Adjustments. See below for a description of each item.

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

Ancillary Services Revenue- 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-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.

Form Certification

The preparer of the form is required to certify the form and it's contents by adding their name, title, signature and date.