
Oklahoma **Health Care** Authority

LONG TERM CARE
Quality of Care Reports
Instruction Guide



April 24, 2014
www.okhca.org

Table of Contents

Purpose of Guide.....	3
Quality of Care Form Instructions.....	4-6
Frequently Asked Questions/Emailing QOCRs.....	7-8
Quality of Care Report Form.....	9-10
Quality of Care Medicaid Policy.....	11-14
Important Telephone Numbers/Web Addresses.....	15

PURPOSE OF GUIDE

This guide is intended as a reference document for Licensed Nursing Facility Providers. The primary purpose of this guide is to assist providers in completing the Quality of Care Report which documents the extent to which such facilities are compliant with the minimum direct-care-staff-to-resident ratios. It contains instructions for completion of the Quality of Care Form, definitions, requirements and report submission to the Provider Rates & Analysis Unit in the Finance Division. This guide also includes a resource listing and other reference information.

A copy of the applicable administrative rules can be obtained from the OHCA website at <http://www.okhca.org/providers/policies-and-rules>. Providers are responsible for ensuring compliance with current state/federal Medicaid policies pertaining to the services rendered. **This guide does not supersede state/federal Medicaid rules and is not to be used in lieu of them.**

Please send any comments, suggestions or questions you have regarding this guide to the attention of:

Oklahoma Health Care Authority
Finance/Provider Rates & Analysis
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
LTCAUDIT@okhca.org
405-522-7313

Your questions, comments and suggestions will help us to increase the usefulness of this guide.

OKLAHOMA HEALTH CARE AUTHORITY QUALITY OF CARE FORM INSTRUCTIONS

Overview and Purpose of Form

This form is used to report monthly statistical information for direct-care-staff-to-resident ratios, total gross receipts, total patient days, total available bed days, total direct care staff hours, total Medicaid and Medicare days to the Oklahoma Health Care Authority. *(Additional elements added in 2012: %-CNAs & Nurses w/tenure of 12 mos+, DONs & Administrators w/tenure of 3 yrs+, total employees and total monthly resident census).*

Instructions for Preparation of Form (***Please make sure all areas of the form are complete, otherwise the report will not be accepted.*)

General

- **Facility Name.** Enter the name of the facility as stated in the facility's Medicaid contract (page one and two).
- **Facility Medicaid Number.** Enter the facility's Medicaid provider number (i.e., 100555555A). Non-Medicaid facilities should provide their FEI number.
- **Reporting Month.** Enter the report month (page one and two).
- **Reporting Year.** Enter the report year (page one and two).
- **Facility Address.** Enter the physical address of the facility as stated in the facility's Medicaid contract. Non-Medicaid facilities should provide their physical address as stated on their license.

A) DIRECT CARE STAFFING

The purpose of this section is to determine the direct-care-staff-to-resident ratio levels for the reporting month. For purposes of this report, direct care staff is limited to:

Registered Nurses	Physical Therapist (Professional)
Licensed Practical Nurses	Occupational Therapist (Professional)
Nurse Aides	Respiratory Therapist (Professional)
Certified Medication Aides	Speech Therapist (Professional)
QMRP (ICFs/MR only)	Therapy Aide / Assistant

- **Shift Times.** State the shift beginning and ending times for each of the three (3) shifts (day, evening and night)
- **Day of the Month.** These dates coincide with calendar days.
- **Peak In-House Resident Count.** Enter the maximum number of in-house residents at any point in time during the applicable shift for each day of the month and each shift.
- **Direct Care Staff Hours.** Enter the total number of hours worked during the applicable shift by direct care staff for each day of the month and each shift. *Note: The hours of direct care rendered by persons filling non-direct care positions (an example would be an Administrator working as a Registered Nurse) may be used when those persons are certified and rendering direct care in the above positions when documented in the records and times sheets of the facility.*
- **Totals.** Enter the total number of Direct Care Staff Hours per shift.

This area is used only by facilities previously approved by the Health Department.

Flexible Staff Scheduling 24 Hour Staffing (Only). Daily Peak In-House Resident Count. Enter the maximum number of in-house residents for each day of the month.

Total Direct Care Staff Hours. Enter the total number of hours worked by direct care staff for each day of the month.

Totals. Enter the total number of Direct Care Staff Hours for the month.

OKLAHOMA HEALTH CARE AUTHORITY QUALITY OF CARE FORM INSTRUCTIONS

C) TOTALS

The purpose of this section is to determine the totals of gross receipts, patient days, available bed days, direct care hours, Medicaid & Medicare days, employees, the monthly resident census as well as the tenure of CNAs, Nurses, DONs, & Administrators for the reporting month.

- **Total Gross Receipts.** Enter the cash received in the current reporting month for services rendered to all residents in the facility. Receipts should include all Medicaid, Medicare, Private Pay and Insurance including receipts for items not in the normal per diem rate. Charitable contributions received by the nursing facility shall not be included. (Pending monies should only be counted when received.)
- **Total Patient Days.** Enter the total days of service (patient census days) for the month. Be sure to include all paid leave days (even if paid at less than the full rate.)
- **Total Available Bed Days.*** Enter the number of beds available for occupancy multiplied by the number of days available in the month. *(For example, a sixty (60) bed home (with all beds available or being used) and a month with 30 days would have total available days of 1,800 (60 beds x 30 days). If one of those beds were not in use for all or a part of the month then do not count those days as available and do not report them in the total. Another example would be a facility licensed for 60 beds but only have 50 available for use would report this total as 1,500 (50 beds x 30 days).*
- **Total Direct Care Hours.** Enter the total from the day shift, evening shift and night shift added together. **For Flexible Staff Scheduling 24 Hour Staffing** enter the total number of Direct Care Staff Hours for the month.
- **Total Medicaid Days.** Enter the monthly census days for patients that qualify for Medicaid and are billed as such. This should include paid leave days and days billed as Medicaid prior to final approval of eligibility status.
- **Total Medicare Days.** Enter all census days where the primary payor is Medicare; this should include all paid leave days (at any amount) billed as Medicare.
- **% of Nurses with tenure of 12 months or more.** Enter percentage of nurses employed with the facility for 12 months or more with no more than 45 day break in service during prior 12 month period. Example: if you have 60 nurses with tenure of 12 months or more out of 75 total nurses, divide 60 by 75 which comes to 0.8 then multiply by 100 which is 80% $(60/75) \times 100 = 80\%$. **(Does not include temporary contract nurses.)**
- **% of CNAs with tenure of 12 months or more.** Enter percentage of CNAs employed with the facility for 12 months or more with no more than 45 day break in service during prior 12 month period. (Use same calculation as above for nurses.) **(Does not include temporary contracted CNAs.)**
- **DON with tenure of 3 years or more.** Check Y or N to answer whether current DON has been employed with facility for 3 years or more with no more than 90 day break in service during previous 36 months.
- **Administrator with tenure of 3 years or more.** Check Y or N to answer whether current Administrator has been employed with facility for 3 years or more with no more than 90 day break in service during previous 36 months.
- **Total # of Employees.** Total number of employees in the entire facility.
- **Total Monthly Resident Census.** Enter the total number of residents on the last day of month.

Certification Block (Page 2 of QOCR form)

This report must be signed and dated by the preparer **and** by the Owner, Authorized Corporate Officer or Administrator of the facility for verification and attestation that this report was compiled in accordance with OAC 317:30-5-131.2.

Report Submission**

Send the completed form by **certified** mail to: [Oklahoma Health Care Authority
Finance/Provider Rates & Analysis
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105](#)

OR

by electronic mail to: LTCAUDIT@okhca.org

It is imperative that the above address be used to insure proper routing of the submitted forms.

(To ensure proper processing of your report, the facility's name should always be listed in the subject line of all emails.)

- ***FOE participants must submit their Quality of Care Reports through the FOE/QOC Data Collection system on the web portal. After the deadline the portal is automatically locked and "late" submissions must be made by email to LTCAUDIT@okhca.org using the QOC-3 form. For a copy of the QOC-3 form reference the QOC website under "Providers", "Forms" or request one at LTCAUDIT@okhca.org. For information on the FOE/QOC system and further instruction, contact Jennifer Wynn (405)522-7306 or Dena Marchbanks (405)522-7343.***

For more information on penalties, see Rules; OAC 317:30-5-131.2 which can be accessed at <http://www.okhca.org/xPolicy.aspx?id=734>.

****Note: The Oklahoma State Department of Health does not use this method for the purposes of 63 O.S. § 1-851.2© and § 1-852©(1)(b): calculation of occupancy rates for certificate of need. Certificate of Need relies on licensed beds only and makes no adjustment for available beds.***

****FAXED REPORTS WILL NOT BE ACCEPTED AND SUBJECT TO PENALTIES UNLESS A MAILED OR ELECTRONIC REPORT IS SUBMITTED BY THE MONTHLY DEADLINE.**

OKLAHOMA HEALTH CARE AUTHORITY QUALITY OF CARE FORM INSTRUCTIONS

Frequently asked questions regarding the monthly Quality of Care reports:

1. Should lunch breaks be included the shift reporting hours?

Part A) Direct Care Staffing

Shifts. As a general rule, facilities are allowed to include the thirty-minute lunch break in the shift reporting hours if the staff remain on site at the facility during the lunch break. This is allowable whether the facility chooses to pay or not pay the employee for the lunch break. Under either scenario, shifts should be reported in eight (8) hour increments not 8.5 hour increments. For example, if a facility pays for the thirty-minute lunch break within its eight (8) hour shift, the facility **should not** report an 8.5 hour shift. As a customary business practice, facilities should ensure compliance according to applicable federal and state laws that fall under the jurisdiction of the Department of Labor or the federal Fair Labor Standards Act.

2. Do I include SNF and Hospice patients in the peak-in-house resident count?

The Peak-in-House Resident Count. Yes, include SNF and Hospice patients residing in the facility.

3. Can contracted staff be counted in a facility's direct care hours and what about hospice?

Direct Care Hours. Contracted staff can be counted in direct care hours. Hospice is not considered contracted staff and cannot be counted as such because it is not a nursing home service.

4. What are the current Direct Care Staff to Resident Ratios?

◆ **Direct Care Staff to Resident Ratios.***

- a) From 7:00 am to 3:00 pm, one direct-care staff to every seven residents, or major fraction thereof.
- b) From 3:00 pm to 11:00 pm, one direct-care staff to every ten residents, or major fraction thereof. and
- c) From 11:00 pm to 7:00 am, one direct-care staff to every seventeen residents, or major fraction thereof.

**If this changes or is updated you will be notified. These same ratios apply to both regular Nursing Facilities and Regular ICF/MR Facilities. The Ratios for Acute Care (16 bed or less) ICF/MR facilities are 1:4; 1:4 and 1:8, respectively for the three shifts(a,b,c above).*

5. My facility wants to implement flexible staff scheduling. How do I go about it?

Flexible Staff Scheduling. Each facility seeking to implement flexible staff-scheduling shall request in writing a determination from the Health Department that the facility is in compliance with the staffing requirements. The facility will have to submit 90 days of staffing reports to meet requirements to be considered for approval. Contact Dorya Huser at DoryaH@health.ok.gov or 405-271-6868 for further questions.

6. Can I fax my Quality of Care Report?

Electronic reporting submission. Reports must be submitted via email, to the FOE/QOC web portal or certified mail. Monthly reports **should not** be sent by fax. Faxed reports will not be accepted and subject to penalties unless a mailed report or electronic report (e-mail) is submitted by the monthly deadline.

7. When is the Quality of Care Report due and what happens if we're late?

Report submission and completion. Facilities are encouraged to double-check their monthly reports prior to the reporting person's signature and its subsequent submission. Reports not submitted by the monthly submission deadline are subject to the \$150 per calendar day penalty until the completed report is formally submitted. Reports that do not contain the required information in each section of the report will be considered incomplete and subject to the \$150 per calendar day penalty until a completed report is formally submitted. This is applicable even if an incomplete report is submitted timely.

Oklahoma Health Care Authority

Quality of Care Report

Facility Name: _____ Reporting Month: _____ Reporting Year: _____

Medicaid Number: _____ Facility Address: _____

(A) Direct Care Staffing*

Day of the Month	Day Shift		Evening Shift		Night Shift		Flexible Staff Scheduling 24 Hour Staffing (Only)	
	Peak In-House Resident Count	to Direct Care Staff Hours	Peak In-House Resident Count	to Direct Care Staff Hours	Peak In-House Resident Count	to Direct Care Staff Hours	Daily Peak In-House Resident Count	Total Daily Direct Care Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals	<u>0</u>		<u>0</u>		<u>0</u>		<u>0</u>	

(C) Totals

Total Gross Receipts _____	Total Direct Care Hours _____ <u>0</u>
Total Patient Days _____	Total Medicaid Days _____
Total Available Bed Days _____	Total Medicare Days _____
% - CNAs w/tenure of 12 mos. or more** _____	Total # of employees _____
% - nurses w/tenure of 12 mos. or more** _____	Total Monthly Resident Census _____
DON w/ 3 yrs or longer tenure*** <input type="checkbox"/> Y / <input type="checkbox"/> N	
Administrator w/3 yrs or longer tenure*** <input type="checkbox"/> Y / <input type="checkbox"/> N	

Facility Name: _____ Reporting Month: _____ Reporting Year: _____

This report must be signed by the preparer and by the Owner, Authorized Corporate Officer or Administrator of the facility for verification and attestation that this report was compiled in accordance with OAC 317:30-5-131.2 and 310:675-1 et seq.

I hereby certify that I have examined the Quality of Care Report, and to the best of my knowledge, is a true, correct and complete statement prepared from the books and records of the facility in accordance with applicable instructions, state and federal rules and regulations.

1) _____ () _____
Preparer's Name and Title Phone Number Date

Signature

2) _____ () _____
Owner, Authorized Corporate Officer or Administrator's Name & Title Phone Number Date

Signature

This signature box shall be completed for flexible staff reporting (24 hour staffing) by authorized facilities.

I hereby attest that the Oklahoma State Department of Health has authorized this facility to utilize the flexible staff schedule (24 hour staffing) option for the reporting month in accordance with OAC 310:675-1 et seq.

3) _____ () _____
Owner, Authorized Corporate Officer or Administrator's Name & Title Phone Number Date

Signature

DIRECT CARE STAFFING

For purposes of this report, direct care staff is limited to:

Registered Nurses	Physical Therapist (Professional)
Licensed Practical Nurses	Occupational Therapist (Professional)
Nurse Aides	Respiratory Therapist (Professional)
Certified Medication Aides	Speech Therapist (Professional)
QMRP (ICFs/MR only)	Therapy Aide / Assistant

*For information on staffing requirements reference OAC 310:675-1 et seq. and 63 O.S. 2001, Section 1-1925.2.

Send the completed form by **certified mail** to: **OR** **by electronic mail** to:

Oklahoma Health Care Authority
Finance Division/Program Rates Analysis
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

LTCAUDIT@okhca.org

(B) Minimum Wage reporting revoked on July 2003.

QOC - 3 (page 2 of 2)
Effective Date: 4/2014

Quality of care definitions

Definitions. The following words and terms, when used in this guide, have the following meaning, unless the context clearly indicates otherwise:

- **"Nursing Facility and Intermediate Care Facility for the mentally retarded"** means any home, establishment, or institution or any portion thereof, licensed by the State Department of Health as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes.
- **"Quality of Care Fee"** means the fee assessment created for the purpose of quality care enhancements pursuant to Section 2002 of Title 56 of the Oklahoma Statutes upon each nursing facility and intermediate care facility for the mentally retarded licensed in this State.
- **"Quality of Care Fund"** means a revolving fund established in the State Treasury pursuant to Section 2002 of Title 56 of the Oklahoma Statutes.
- **"Quality of Care Report"** means the monthly report developed by the Oklahoma Health Care Authority to document the staffing ratios, total patient gross receipts, total patient days, and minimum wage compliance for specified staff for each nursing facility and intermediate care facility for the mentally retarded licensed in the State.
- **"Staffing ratios"** means the minimum direct-care-staff-to-resident ratios pursuant to Section 1-1925.2 of Title 63 of the Oklahoma Statutes.
- **"Peak In-House Resident Count"** means the maximum number of in-house residents at any point in time during the applicable shift.
- **"Staff Hours worked by Shift"** means the number of hours worked during the applicable shift by direct-care staff.
- **"Direct-Care Staff"** means any nursing or therapy staff who provides direct, hands-on care to residents in a nursing facility and intermediate care facility for the mentally retarded pursuant to Section 1-1925.2 of Title 63 of the Oklahoma Statutes.
- **"Major Fraction Thereof"** is defined as an additional threshold for direct-care-staff-to-resident ratios at which another direct-care staff person(s) is required due to the peak in-house resident count exceeding one-half of the minimum direct-care-staff-to-resident ratio pursuant to Section 1-1925.2 of Title 63 of the Oklahoma Statutes.
- **"Minimum wage"** means the amount paid per hour to specified staff pursuant to Section 5022.1 of Title 63 of the Oklahoma Statutes.
- **"Specified staff"** means the employee positions listed in the Oklahoma Statutes under Section 5022.1 of Title 63.
- **"Total Patient Days"** means the monthly patient days that are compensable for the current monthly Quality of Care Report.
- **"Total Gross Receipts"** means all cash received in the current Quality of Care Report month for services rendered to all residents in the facility. Receipts should include all Medicaid, Medicare, Private Pay and Insurance including receipts for items not in the normal per diem rate. Charitable contributions received by the nursing facility are not included.
- **"Service rate"** means the minimum direct-care-staff-to-resident rate pursuant to Section 1-1925.2 of Title 63 of Oklahoma Statutes.

Quality of care fund assessments.

- The Oklahoma Health Care Authority (OHCA) was mandated by the Oklahoma Legislature to assess a monthly service fee to each Licensed Nursing Facility in the State. The fee is assessed on a per patient day basis. The amount of the fee is uniform for each facility type. The fee is determined as six percent (6%) of the average total gross receipts divided by the total days for each facility type.
- In determination of the fee for the time period beginning October 1, 2000, a survey was mailed to each licensed nursing facility requesting calendar year 1999 Total Patient Days, Gross Revenues and Contractual Allowances and Discounts. This data is used to determine the amount of the fee to be assessed for the period of 10-01-00 through 06-30-01. The fee is determined by totaling the "annualized" gross revenue and dividing by the "annualized" total days of service. "Annualized" means that the surveys received that do not cover the whole year of 1999 are divided by the total number of days that are covered and multiplied by 365.
- The fee for subsequent State Fiscal Years is determined by using the monthly gross receipts and census reports for the six month period October 1 through March 31 of the prior fiscal year, annualizing those figures, and then determining the fee as defined above. As per 56 O.S. Section 202, as amended, the fees are frozen at the amount in effect at July 1, 2004. Also, the fee will be monitored to never surpass the federal maximum of 5.5%.
- Monthly reports of Gross Receipts and Census are included in the monthly Quality of Care Report. The data required includes, but is not limited to, the Total Gross Receipts and Total Patient Days for the current monthly report.
- The method of collection is as follows:
 - The Oklahoma Health Care Authority assesses each facility monthly based on the reported patient days from the Quality of Care Report filed two months prior to the month of the fee assessment billing. As defined in this subsection, the total assessment is the fee times the total days of service. The Oklahoma Health Care Authority notifies the facility of its assessment by the end of the month of the Quality of Care Report submission date.
 - Payment is due to the Oklahoma Health Care Authority by the 15th of the following month. Failure to pay the amount by the 15th or failure to have the payment mailing postmarked by the 13th will result in a debt to the State of Oklahoma and is subject to penalties of 10% of the amount and interest of 1.25% per month. The Quality of Care Fee must be submitted no later than the 15th of the month. If the 15th falls upon a holiday or weekend (Saturday-Sunday), the fee is due by 5 p.m. (Central Standard Time) of the following business day (Monday-Friday).
 - The monthly assessment including applicable penalties and interest must be paid regardless of any appeals action requested by the facility. If a provider fails to pay the Authority the assessment within the time frames noted on the second invoice to the provider, the assessment, applicable penalty, and interest will be deducted from the facility's payment. Any change in payment amount resulting from an appeals decision will be adjusted in future payments. Adjustments to prior months' reported amounts for gross receipts or patient days may be made by filing an amended part C of the Quality of Care Report.
 - The Quality of Care fee assessments excluding penalties and interest are an allowable cost for Oklahoma Health Care Authority Cost Reporting purposes.
 - The Quality of Care fund which contains assessments collected excluding penalties and interest as described in this subsection and any interest attributable to investment of any money in the fund must be deposited in a revolving fund established in the State Treasury. The funds will be used pursuant to Section 2002 of Title 56 of the Oklahoma Statutes.

Quality of care direct-care-staff-to resident-ratios.

- All nursing facilities and intermediate care facilities for the mentally retarded (ICFs/MR) subject to the Nursing Home Care Act, in addition to other state and federal staffing requirements, must maintain the minimum direct-care-staff-to-resident ratios or direct-care service rates as cited in Section 1-1925.2 of Title 63 of the Oklahoma Statutes.
- For purposes of staff-to-resident ratios, direct-care staff are limited to the following employee positions:
 - Registered Nurse
 - Licensed Practical Nurse
 - Nurse Aide
 - Certified Medication Aide
 - Qualified Mental Retardation Professional (ICFs/MR only)
 - Physical Therapist
 - Occupational Therapist
 - Respiratory Therapist
 - Speech Therapist
 - Therapy Aide/Assistant
 - Social Services Director/Social Worker
 - Other Social Services Staff
 - Activities Director
 - Other Activities Staff*
 - Combined Social Services/Activities*
- Prior to September 1, 2003, activity and social services staff who did not provide direct, hands-on care may be included in the direct-care-staff-to-resident ratio in any shift or direct-care service rates. ***On and after September 1, 2003, such persons are not included in the direct-care-staff-to-resident ratio or direct-care service rates.**
- In any shift when the direct-care-staff-to-resident ratio computation results in a major fraction thereof, direct-care staff is rounded to the next higher whole number.
- To document and report compliance with the provisions of this section, nursing facilities and intermediate care facilities for the mentally retarded must submit the monthly Quality of Care Report.

Quality of care reports. Effective September 1, 2000, all nursing facilities and intermediate care facilities for the mentally retarded must submit a monthly report developed by the Oklahoma Health Care Authority, the Quality of Care Report, for the purposes of documenting the extent to which such facilities are compliant with the minimum direct-care-staff-to-resident ratios or direct-care service rates.

- The monthly report must be signed by the preparer and by the Owner, authorized Corporate Officer or Administrator of the facility for verification and attestation that the reports were compiled in accordance with this section.
- The Owner or authorized Corporate Officer of the facility must retain full accountability for the report's accuracy and completeness regardless of report submission method.
- Penalties for false statements or misrepresentation made by or on behalf of the provider are provided at 42 U.S.C. Section 1320a-7b which states, in part, "*Whoever... (2) at any time knowingly and willfully makes or causes to be made any false statement of a material fact for use in determining rights to such benefit or payment... shall (I) in the case of such statement, representation, concealment, failure, or conversion by any person in connection with furnishing (by that person) of items or services for which payment is or may be made under this title (42 U.S.C. §1320 et seq.), be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five years or both, or (ii) in the case of such a statement, representation, concealment, failure or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one year, or both.*"
- The Quality of Care Report must be submitted by 5 p.m. (CST) on the 15th of the following month. If the 15th falls upon a holiday or a weekend (Saturday-Sunday), the report is due by 5 p.m. (CST) of the following business day (Monday - Friday).
- The Quality of Care Report will be made available in an electronic version for uniform submission of the required data elements.
- Facilities must submit the monthly report either through electronic mail to the Finance Division, Provider Rates & Analysis Unit or send the monthly report in paper format by certified mail. The submission date is determined by the date and time recorded through electronic mail or the postmark date and the date recorded on the certified mail receipt.
- Should a facility discover an error in its submitted report for the previous month only, the facility must provide to the Finance Division, Provider Rates & Analysis Unit written notification with adequate, objective and substantive documentation within five business days following the submission deadline. Any documentation received after the five business day period will not be considered in determining compliance and for reporting purposes by the Oklahoma Health Care Authority.

An initial administrative penalty of \$150.00 is imposed upon the facility for incomplete, unauthorized, or non-timely filing of the Quality of Care Report. Additionally, a daily administrative penalty will begin upon the Authority notifying the facility in writing that the report was not complete or not timely submitted as required. The \$150.00 daily administrative penalty accrues for each calendar day after the date the notification is received. The penalties are deducted from the Medicaid facility's payment. For 100% private pay facilities, the penalty amount(s) is included and collected in the fee assessment billings process. Imposed penalties for incomplete reports or non-timely filing are not considered for Oklahoma Health Care Authority Cost Reporting purposes.

The Quality of Care Report includes, but is not limited to: staffing ratios; peak in-house resident count; staff hours worked by shift; total patient days; available bed days; Medicare bed days; Medicaid bed days and total gross receipts.

Important Telephone Numbers/Website Info

OHCA Main Number (405) 522-7300

Quality of Care Report Coordinator
Brenda Smith (405) 522-7313
www.LTCAUDIT@okhca.org or visit:
<http://www.okhca.org/provider/forms/pdflib/qocr.xls>

FOE Program
Jennifer Wynn (405) 522-7306
Dena Marchbanks (405) 522-7343

Payments and/or Penalties (Finance)
Ernest Chiang (405) 522-7089
www.Ernest.Chiang@okhca.org

Questions on Compensable Days (Finance) (405) 522-7455
www.Lisa.Moses@okhca.org

Requests for copies of QOC Reports
Carolyn Berry-Greer
Legal Services (405) 522-7183
Fax your request to:
(405) 530-3499

Flexible Staffing Questions/Staffing Requirements
Dorya Huser (Health Department) (405) 271-6868
DoryaH@health.ok.gov

For more information concerning SB803 and HB 1523 visit:
<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=4393>

For information on requirements of Title 63 Section 1925.2 of the Oklahoma Statutes visit:
www.lsb.state.ok/OKStatutes/CompleteTitles/os63.rtf