

**Instructions for completing the
Nursing Facility Quality Assessment
Payment Reporting Form**

Nursing facilities that are subject to Nursing Facility Quality Assessment (QA) payments shall use the attached spreadsheets to submit the data for the QA payment. There are two different spreadsheets which correlate with the two per diem rates established for this fiscal year. Please be sure to use the spreadsheet corresponding to the amount payable from your facility. If you are unsure whether you are using the correct form, please check for your facility name in the worksheet titled "Facilities."

When you open the spreadsheet, you will see the "Facility Name" field. Please select your facility name from the drop down box. If the facility name does not appear in the drop down box, it may be that you are not using the correct form. Please contact the Program for additional instructions.

Please enter the facility's nine digit provider number, contact information and the total number of licensed beds.

This form allows you to enter data in the grey shaded areas only. This form will automatically calculate the totals for you. Be sure to enter the data in the appropriate section for the quarter that you are reporting.

All forms must be submitted electronically to dhmh.qualityassessments@maryland.gov. The message heading should read: (Facility Name) – FY 2016 – Quarter (#).

If there are any questions completing this form, please contact Marquis Finch at 410-767-3533 or email to Marquis.Finch@maryland.gov