

# Nursing Facility Cost Center Reporting (NFCCR)

Version 1.3

Provider User Guide

8/10/2022



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#### 1. Overview

The purpose of this system is to gather Nursing Facility Cost Center Reporting (NFCCR) data from providers and determine their preliminary compliance.

## 2. Definitions and acronyms

Term	Definition
NFCCR	Nursing Facility Cost Center Reporting.
Reporting Period	Period of time with a start date and end date.
Cost Center Reporting Data	Data submitted to the system by providers.
Provider	A Nursing Facility providing Medicaid services.



### 3. Conventions

- Fields marked with a red asterisk (\*) are required.
- The terms "page" and "screen" are used interchangeably in this document.
- When receiving emails from the system check your junk / spam folders.
- Hover your mouse on the <sup>1</sup> icon for helpful information about the field.

#### 4. Browser Recommendations

Chrome (latest stable version) is the preferred browser for the NFCCR system. For the best experience use a full desktop computer instead of a phone or tablet.



#### 5. Submit an NFCCR

Follow the below steps to submit reporting information to the NFCCR system.

#### 5.1 Steps to Submit an NFCCR

1. Once you enter the NFCCR system, you will see the following Home Page screen:



Figure 1 – Home Page



2. Click the Start: Enter Cost Center Reporting Data button at the bottom right of the page or the corresponding menu at the top left to display the Cost Center Reporting Form as shown below:

ort Captar Paparting Form					
Jost Center Reporting Form					
Instructions:					
All required fields are indicated by "*". Please provide two different email addresses to facilitate any follow-up that may be needed. When you have completed all required fields, select "Submit".					
Denvider Information					
* Medicaid Provider ID 🕕	* Provider Name / Business Name 🕖				
* Submitter Name 🛈	* Submitter Title 0				
* Contact Email (Primary) 0	* Contact Email (Secondary) 0				
Paparting Information					
*Reporting Information					
Select Reporting Period					
anime reporting recom					
* Direct Care Total Cost for Report Period Remote total first one costs for time mained of this NECCE submission for these cost centers included in Schedule 9.2 of the second cost remot	* Ancillary Total Cost for Report Period Senset total welling one costs for time period of this MSY2P schedules for these and costser inducted in Schedule C of the appendix out report				
report total unless sale sous not simply prime or this report advantagent for shore suits simulated in accessing or an annual sous report.	report to an anismer sense to a sine period of this report addresses in the topic to a sense in the anisotropy of the anismer cost report.				
*Total Inpatient Days for Report Period Report total inpatient days for time period of this NFCCR submission	*Total Tax Cost for Report Period Report total tax cost for time period of this NFCCR submission				
Comments 😈					
4000 characters remaining					
Confirm and Submit					
* I here by declare that the details furnished above are true and correct for the best of my knowledge.					
" Full Name of Applicant					
Submit Cancel					

Figure 2 – Cost Center Reporting Form

- **3.** If an entry is not valid, the system alerts you with a red message under the field containing the issue. Correct any errors in order to continue.
- Click the Submit button. A *"Thank You"* message is displayed, as shown on the right. You will also receive an email confirmation of the submitted NFCCR to the contact email(s) entered on the form.

hio Department of Medicaid	Nursing Facility Cost Center Reporting System	Lo
Enter Cost Center Reporting Data	elp	
Cost Center Reporting Data Submitted		
Thank you!		Print
Thank you for submitting your Cost Center addresses provided so that you can verify t above to keep this information in your reco	Reporting Information. A confirmation will be sent to the email he information provided. You may also click the Print button rds.	
Medicaid Provider ID	1000001	
Provider Name / Business Name	Test Provider	
Submitter Name	Test Submitter	
Submitter Title	Accountant	
Contact Email (Primary)		
Contact Email (Secondary)		
Reporting Period	7.1.21 - 12.31.21 (From 07/01/2021 To 12/31/2021)	
Direct Care Total Cost for Report Period	\$10.000.00	
Ancillary Total Cost for Report Period	\$5.000.00	
Total Inpatient Days for Report Period	75	
Total Tax Cost for Report Period	\$50.00	

Figure 3 – Thank You Message Screen



#### 5.2 NFCCR Field Descriptions

Field	Description
Medicaid Provider Id	Medicaid Provider Id. A seven-digit Medicaid Provider number.
Provider Name / Business Name	Provider name as recorded on the Medicaid provider agreement.
Submitter Name	Name of the person completing the NFCCR.
Submitter Title	Title of the person completing the NFCCR.
Contact Email 1	Email address of the person completing the NFCCR.
Contact Email 2	Email address of a second person familiar with the NFCCR.
Reporting Periods	Reporting period for this submission. For 2021, the reporting period will be 7-1-2021 through 12-31-2021. For 2022, the reporting period will be 1-1-22 through 12-31-22. For 2023, the reporting period will be 1-1-23 through 6-30-22.
Direct Care	Report total direct care costs for the time period of this NFCCR submission for those cost centers included in Schedule B-2 of the annual cost report.
Ancillary Cost	Report total ancillary care costs for the time period of this NFCCR submission for those cost centers included in Schedule C of the annual cost report.
Inpatient Days	Report total inpatient days for the time period of this NFCCR submission.
Total Tax Cost	Report total Tax Cost days for time period of this NFCCR submission.
Comments	Provide any feedback on this form.
Confirm Checkbox	Use the checkbox to acknowledge that the information provided is accurate and true.
Full Name	Name of the person completing the NFCCR.