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.

On the worksheet titled "QA Form", please enter the facility's name, nine digit provider number, contact information and the total number of licensed beds in the gray area provided at the top of the form.

Please 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.

If you need to report adjustments from previous fiscal years, please use the worksheet titled "DetailPriorFY". In the space corresponding to the quarter for which you are reporting, please enter the requested information in the grey shaded areas. The totals will be automatically calculated and migrated to the appropriate field on the "QA Form" worksheet.

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

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