

Quality Incentive Payment -Web Based Survey Tool

Section 5165.25(Renumbered from 5111.244) of the Ohio Revised Code requires that **quality incentive payments** be paid to nursing home providers for the fiscal year based on the number of points the provider's nursing facility is awarded. To facilitate the calculation of quality incentive payment, the Ohio Department of Medicaid has developed a web-based data collection tool each provider must use in order to achieve points. The survey must be submitted electronically no later than May 31, 2015, to be considered for the state fiscal year 2016 rate-setting.

This applies to all active NF providers in calendar year 2014. New providers after January 01, 2015 and for those providers that have changed ownership (exiting & entering providers) during calendar year 2014 need not register & submit the survey.

The process of accessing and submitting the survey instrument involves three steps:

1. Registration
2. Creating a password
3. Filling out the survey instrument

Step 1: Registration

Please go to the website: <http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/LongTermCareFacilities.aspx>
Scroll about half way down the page and click on "Survey Tool." Click on the "[Click here to register](#)" link.

On the register screen, provide the following information:

1. Valid 7-digit Medicaid provider number
2. E-mail address
3. Provider name
4. Name of the individual registering
5. Official title of the person registering
6. The provider's National Provider Identifier (NPI)

After entering the preceding information, click the "**Register**" button. Once the register button is clicked, an e-mail is sent to the e-mail address provided on the registration screen. The e-mail will contain a link for you to click to complete the registration and take you to the log-in screen.

Step 2: Creating a password and logging in to the web site

When you are in the log-in screen it will ask you to enter the Medicaid provider number and to create a password (The password must contain eight to 20 characters; it must contain at least one alpha and one numeric character).

Step 3: Complete the survey instrument

The survey instrument is a four-page document. The first page consists of seven questions, which require answers and each of the next three pages have one table for each page, which requires quantitative information. As you answer the questions, the system automatically saves the information you entered. The entered information can be changed any time before the **May 31** deadline.

You do **not** have to answer all the questions. After you complete the questionnaire, you must click on the "**Submit**" button. Once you click the submit button, the system will send an e-mail (with a copy of your responses) to the e-mail address you provided at the time of registration.

If you have questions, please contact the Long Term Care Rate Methodology Unit by email at: Quality_Incentive_Survey@medicaid.ohio.gov. Please include the provider name and number on your inquiry.