



For submitting state required financial and utilization data

Nevada Health Care Quarterly (NHQR) Reporting Manual

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Overview

Every provider will be assigned at least one editor and one signer, and these may be the same person. An editor/signer can fill the same role for more than one provider.

Here is the basic workflow for submitting an NHQR report:

1. Login to the NHQR website (**page 4**).
2. In editor role, **Create** a report that is either now due or past due (**page 5**).
3. As the editor, fill out (edit) the report and **Send to Signer for Review and Signature (page 10)**. The report signer will be notified by email that the report is ready to be reviewed and signed.
4. Providers with signer or editor/signer roles, click **Review and Sign (page 5)** from your NHQR dashboard for the report. Review the report for accuracy.
5. If the report needs to be edited, do not sign but **Return for Edits (page 11)**. The editor will be notified (via email) that it has been sent back for edits.
6. If the report does not need to be edited, continue to **Sign and Submit to State (page 12)**. The submission is now complete.

Register and Login

1. Navigate to the Nevada Compare Care [Data Submission Portal](#) on [nevadacomparecare.net](#).



Nevada Compare Care

Nevada Health Care
Transparency Reports

Nevada Health Care
Quarterly Reports

Data Submissions

2. Click [Register](#) to create an account.



[REGISTER](#)

3. Provide your name, email, password, organization, job title, phone number (for 2-factor authentication), and type of data (select "NHQR").
 - a. Once registered, you'll receive an automated email requesting that you email nhdr@comagine.org with your name, facility name(s) and role requested (Editor/Signer/Both).

4. Once your account is activated, [log into the portal](#) using your email address and password.



[LOGIN](#)

5. If you have forgotten your password, click [Forgot your Password](#) and follow the onscreen instructions. You can also change your password within the portal.

*Required

Email*

Password*

☐ Remember me

LOGIN

[Forgot password?](#)

Dashboard

If you report for more than one provider, select from the drop-down list. Otherwise, your provider will already be listed.

PROVIDER DEFINITIONS

Facility Name 2

Facility Name 1

Facility Name 2

Facility Name 3

If you report for a hospital, select the type of report to access (Financial or Utilization). If you report for a hospice, intermediate care facility or skilled nursing facility, “Utilization” report will already be listed.

PROVIDER DEFINITIONS

Facility Name 2

Skilled Nursing Facility (SNF) Utilization

Hospital Care Financial

Hospital Care Utilization

Hospice Facility Utilization

Intermediate Care Facility (ICF) Utilization

Skilled Nursing Facility (SNF) Utilization

Only editors can create and edit reports. When a report comes due, it will appear at the top of the reports list. Click **Create** to get started.

PROVIDER DASHBOARD

Reporting Period	Status	Actions
2023 September	Due	Create
2023 August	Errors	Edit
2023 July	Sent to Signer	View

Only signers can review, return to an editor, and sign reports. Both editors and signers can view reports.

PROVIDER DASHBOARD

Reporting Period	Status	Actions
2023 September	Sent	Review and Sign
2023 August	Signed	View
2023 July	Signed	View

Report Example and Features

Any data entered in the fields will be automatically saved as you fill out the report.

Nevada Health Care Quarterly Report Submissions

Please fill your data into the monthly report fields below. Your data is auto-saved but you must continue at the end of your report for a summary review and validation notifications. The authorized signer must sign the report before your submission is considered complete.

Skilled Nursing Facility (SNF) Report- 2023 September

INPATIENT DAYS

Inpatient Days By Payer	2023 September	Validations
Medicaid-FFS		
Medicaid-MCO		
Medicare-FFS		
Medicare-MCO		

The X icon at the top of each report closes a report and takes you back to your last open dashboard.

The blue “down” arrow icon scrolls you to the bottom of the report.

Field Definitions appear when you hover over the field name.

Discharges By Discharge Status	2023 September	Validations
Group Care	300230	
Care given to a group of people with similar disabilities within a residence. Those in a group home receive both custodial care and care that is provided by skilled and medically trained professionals.		
Group Care		

Once an editor completes a report and clicks the **Continue** button, a validation message with the total amount of errors appears at the top of the report and error details are provided in the “Validations” column.

Skilled Nursing Facility (SNF) Report- 2023 September

Your report has 000 Validation Errors and 000 Warnings. Please make corrections before continuing with your report.

INPATIENT DAYS		
Inpatient Days By Payer	2023 September	Validations
Medicaid-FFS	999,999,999,999	
Medicaid-MCO	000 000 000 000	

Discharges By Discharge Status	2023 September	Validations
Acute Care Hospital	999,999,999,999	This is sample text to indicate validation errors/warnings on a report.
Other SNF or ICF	999,999,999,999	
Group Care	999	Validation Error

Depending on your role and the status of the report, the button at the bottom of the report will vary. Review the next sections to understand the functionality of each button type.

Editor – Validations

Fill in the line items that apply to your provider. When you are finished, use the **Continue** button at the bottom of the report to view the report with any validation errors and warning notifications.

CONTINUE

The two most common validation errors are a blank field that is required or a miscalculated total. This is an example of a blank fielderror:

OCCUPANCY REPORT

Bed Counts	2024 May	Validations
Total Number of Beds	48	
Total Number of Medicare/ Medicaid Beds	40	
Number of Vacancies	7	The beds offline field is required.
Off-Line Beds		Validation Error

Fill in the correct total for the section. Your correction will be auto-saved.

This is an example of a miscalculated total:

PATIENT DISCHARGES		
Discharges By Discharge Status	2024 May	Validations
Acute Care Hospital	2	
Other SNF or ICF	0	
Group Care	0	
Home Health Care	0	
Home (Self Care)	0	
Death	0	
Other/Unknown	0	
Total Discharges	4	The Total Discharges must be equal to the sum of Acute Care Hospital, Other SNF or ICF, Group Care, Home Health Care, Home (Self Care), Death, Other/Unknown. Validation Error

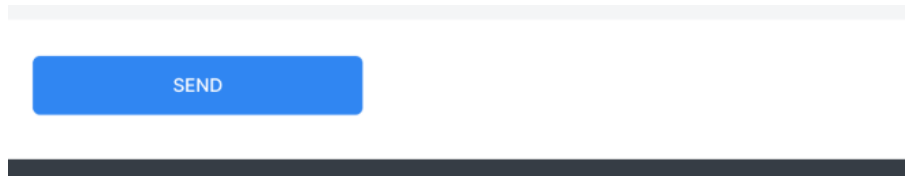
In this case, either enter the correct total or change the line items to reflect the entered total. Your correction will be auto-saved.

When you are finished with all corrections, click the **Continue** button at the bottom of the report again to view the report without any validation errors and warning notifications.



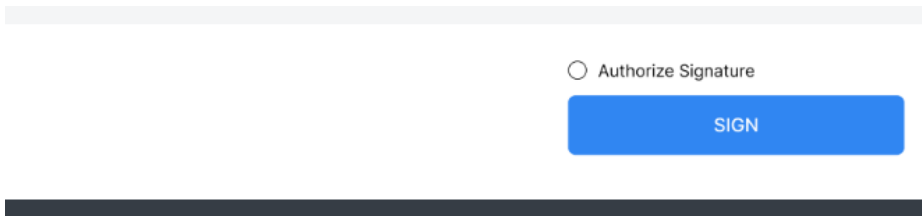
Editor – Send Report to the Signer

When the report is complete and there are no errors click the **Send** button at the bottom of the report.

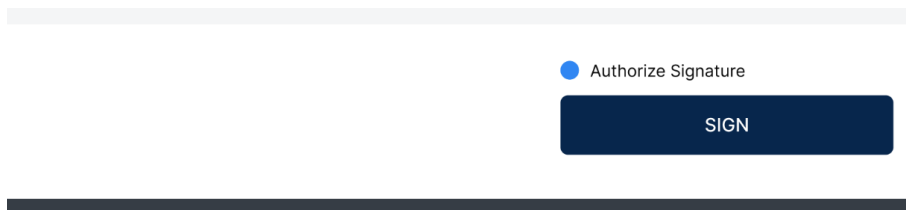


This will lock the report so that only a signer can either return the report to an editor or sign the report and submit it to the State. After sending to the signer you will be returned to the Landing Page. Notify a signer that the report is now ready for a signature. The signer will also receive an email notifying them they report is ready to be reviewed and signed.

If you are also a signer, when the report is complete and there are no errors, confirm that you are a responsible officer by checking the checkbox next to your name.



Once the checkbox is checked, you may click **Sign**.



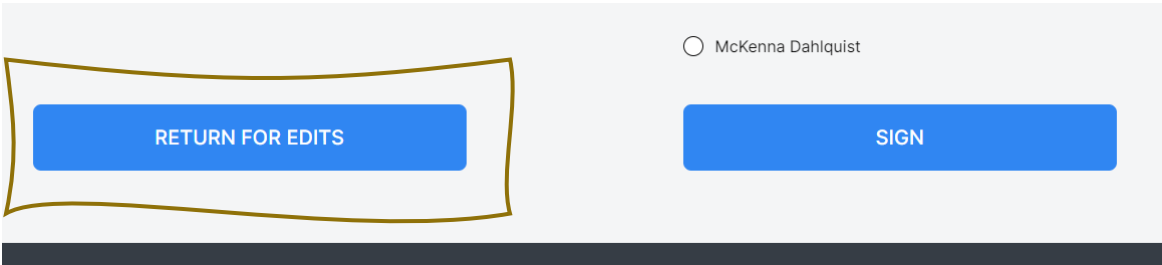
Signer – Return to Editor for Edit

On the Dashboard, open the report that is ready to be reviewed and signed. Click *Review and Sign*.

PROVIDER DASHBOARD

Reporting Period	Status	Actions
2023 September	Sent	Review and Sign

If the report is not complete or needs to be edited you can return it to the editor for changes. Click **Return for Edits**. The editor will be notified (via email) the report has been returned for edits.



On the Dashboard, the signer will see this:

PROVIDER DASHBOARD

Reporting Period	Status	Actions
2024 May	Returned for Edits ...	View

The editor will see this:

PROVIDER DASHBOARD

Reporting Period	Status	Actions
2024 May	Returned for Edits ...	Edit

Signer – Sign a Report

When the report has been reviewed by the signer, the signer can now sign the report. Confirm that you are a responsible officer by checking the checkbox next to your name.

☐ Authorize Signature

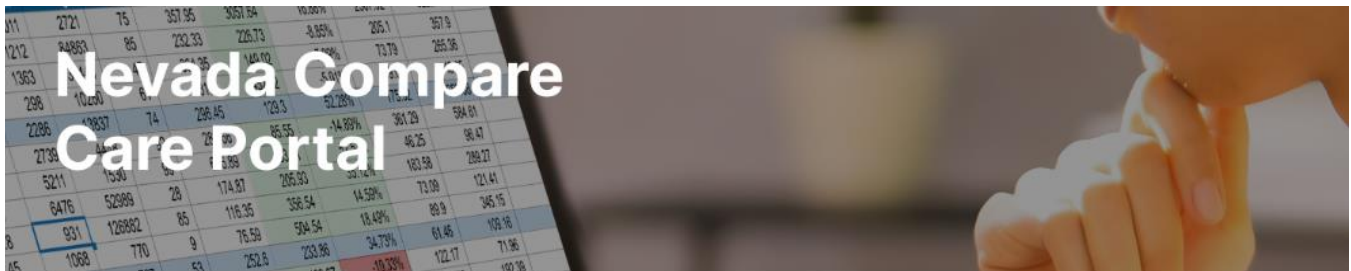
SIGN

Once the checkbox is checked, you may click **Sign**.

☒ Authorize Signature

SIGN

You will be directed to a confirmation page:



Thanks!

The report was signed and submitted successfully. Would you like to sign another [Nevada Health Care Quarterly Report \(NHQR\)?](#)

I want to **logout** of my account.