


# The Quality Award Portal: Submitting an Online Form – Bronze Applicants Only

This guide aims to help you submit a Bronze application form in the [Quality Award Portal](#). If you have any questions, please contact the Quality Award team at [qualityaward@ahca.org](mailto:qualityaward@ahca.org).

1. Log into the [Quality Award Portal](#).
2. If you are not on your center/corporation's portal, click on your center's name from the **Building** dropdown.



 Access to a Center/Corporation

## Welcome Jane Doe/Fake

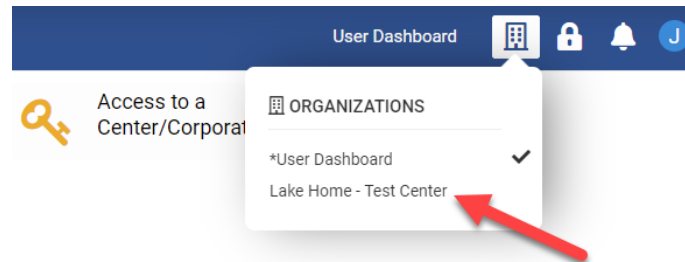
1. To get started, click **Access to a Center/Corporation** on the right.
2. Once your access to a center/corporation is approved, click on the building icon next to **User Dashboard** at the top of the page to go to your center/corporation's page.
3. If you are an Examiner, click on **Examiner** in the upper right hand corner. To access Examiner Documents, click on your first initial in the upper right hand corner and select Examiner Resources.

*For assistance, click on your first initial in the upper right hand corner and click **Help**.*

MY CENTER/CORPORATION    MY EXAMINER APPLICATIONS (0)

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Requestor	Organization	Date Request Submitted	Status	Role	Awaiting Approval From	
<a href="#">Open</a>	Jane Doe/Fake	Lake Home - Test Center	09/19/2019	Approved	Center Contact	Corporate Account Administrator, Primary Center Contact



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1. Once you are on your center/corporation's portal under the **Apply** tab you will see all the awards that your center is eligible to apply for each year. You can click **Apply Now** to submit an application.



The screenshot shows the Quality Award Portal interface. At the top, there is a navigation bar with several tabs: **APPLY (1)**, CURRENT APPLICATIONS, AWARD HISTORY, ACCESS REQUESTS FOR APPROVAL (0), CENTER/CORPORATION USERS (0), and REQUIRES ATTENTION (0). Below the navigation bar is a search bar with a magnifying glass icon and a search button. Below the search bar is a table with the following columns: Year, Type, Organization / Group, Level, ITA Deadline, and Deadline. The table contains one row with the following data: Year: 2023, Type: SNF, Organization / Group: [REDACTED], Level: Bronze, ITA Deadline: 11/15/2022, and Deadline: 01/26/2023. To the right of the table, there are two buttons: **Apply Now** and **Pay**.

Year	Type	Organization / Group	Level	ITA Deadline	Deadline	
2023	SNF	[REDACTED]	Bronze	11/15/2022	01/26/2023	<b>Apply Now</b> <b>Pay</b>

2. When you click **Apply Now** you will be brought to a welcome page (pictured below). Remember that you must read the application packet in full before beginning to write and apply.

Thank you for your interest in the [AHCA/NCAL National Quality Award Program](#).

Applicants must read the [Bronze Assisted Living Application Packet](#) in full before beginning to write and submit their application as it includes important information about the Bronze award, eligibility requirements, and deadlines. Applicants are highly encouraged to utilize the [Bronze Criteria Series](#) videos to help applicants work on their application. Questions should be directed to [qualityaward@ahca.org](mailto:qualityaward@ahca.org).

You will respond to the Bronze criteria questions and submit your application using an online form. To continue the online Bronze application process, please select the **Continue to Bronze Application** link below.

**Continue to Bronze Application**

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## 3. Read the instructions in the instruction box!



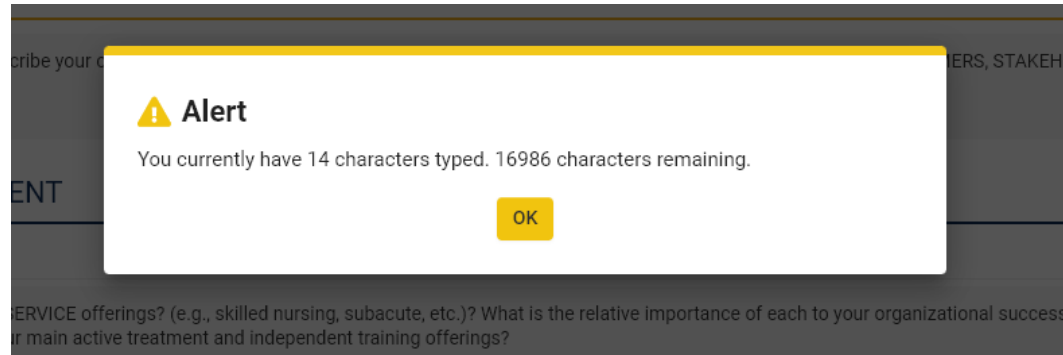
The online Bronze application has a character count limit of 17,000 characters.

- Click **Save Draft** frequently to save your working. Work will not be autosaved.
- Click **Validate Characters Typed** to see how many characters you have typed and how many you have remaining.
- Click **Submit Application** to submit your application. A successful submission will generate a confirmation page and an email. The confirmation email is your only proof of application submission. Your application status in the current application section of your Quality Award Portal will also change to **Submitted Pending Payment.** *You must complete the questions on the Authorizations tab before you submit the application.*
- All applications must be submitted using the online form. Click **Convert to PDF** at any time throughout the application process to access a PDF copy of your online application for your personal records.

4. Type your responses into the text boxes under the Organizational Profile Tab. You must click **Save Draft** (shown at 3) frequently to save your work; there is no autosave and unsaved work will be lost.
- a. A character count for each text box is shown at the bottom of the box (shown at 4).
  - b. You can also click on **Validate Characters Typed** (shown at 5) at any time to get a total character count of the application. There is no minimum character count, only a maximum of 17,000.
  - c. No attachments may be added to the Bronze application form.

The screenshot shows the 'ORGANIZATION PROFILE' tab with a progress indicator of 6%. The main section is 'P.1 Organizational Description'. Below this is a text box with the prompt: 'What are your KEY organizational characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS. Provide a response for each of the following questions:'. Below this is another section 'a. ORGANIZATIONAL ENVIRONMENT' with a sub-prompt: 'Service Offerings: What are your main HEALTH CARE SERVICE offerings? (e.g., skilled nursing, subacute, etc.)? What is the relative importance of each to your organizational success? ID/DD residential services providers only: What are your main active treatment and independent training offerings?'. A text box contains the text 'Test Test Test' and has a character count of '14 characters typed' at the bottom. At the bottom of the form are three buttons: 'Save Draft' (callout 3), 'Validate Characters Typed' (callout 5), and 'Submit Application'.

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5. After you have typed all the criteria responses, you must respond to the questions under **Authorizations**.

\* Application Due Date: 01/26/2023 Application Method: Online Application

[Convert to PDF](#)

Total Complete 3% ORGANIZATION PROFILE 6% **AUTHORIZATIONS 0%** GLOSSARY

\* Federal Provider Number  
Six-Digit Federal Medicare/Medicaid Provider Number (if none, write N/A).

\* Contact Phone Number  
Please provide a phone number at which program staff can contact you.

\* Application Scope  
Please specify the scope of your application. Please note that the scope must match the payment's scope being submitted.

- Skilled Nursing
- Skilled Nursing and Assisted Living
- Assisted Living
- ICFs/IIF
- HCB waiver group homes for individual with ID/DD

\* Ownership  
Is your organization independently owned or part of a regional or national company?

◀ BACK

[Save Draft](#) [Validate Characters Typed](#) [Submit Application](#)

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6. You are now ready to submit your application. Click **Submit Application**.
  - a. If you've missed a question, you will see this message the top of your screen. Click on the items missed to go directly to that field to complete.
  - b. A successful submission will generate a confirmation page AND a confirmation email, with a copy of the application you submitted. Save the email!

### Action Successful

Application (Bronze-23-35964) is now in Submitted Pending Payment status. To return to your application dashboard, click [Applications](#).

\*Note the application will be in *Submitted Pending Payment* status until an application payment is submitted. The confirmation email will also remind you to submit the payment before the deadline. If you have already submitted your payment, your application will be in *Submitted* status.

7. Under the **Current Applications** tab you can see a copy of this application. You can click **Open** to review your application.

APPLY (1) **CURRENT APPLICATIONS** AWARD HISTORY ACCESS REQUESTS FOR APPROVAL (0) CENTER/CORPORATION USERS (0) REQUIRES ATTENTION (0)

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#	Center	Application ID	Application Type	Application Deadline	Status
1		Bronze-23-35964	Bronze - SNF	01/26/2023	Submitted Pending Payment

- a. A PDF copy of your application is available for you to download.

File Name	Size	Date
Bronze-23-35964.pdf	59.9 KB	09/01/2022 11:44

Total Files: 1

Note: At any time before the application and payment deadline, you can click **Revise Application** to revise your application (shown below). If you do this, remember you **must** resubmit your application before the deadline for it to be reviewed.

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[AUTHORIZATIONS](#) [GLOSSARY](#)

## Description

characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS. Answer the following questions:

## 1. ENVIRONMENT

What are your main HEALTH CARE SERVICE offerings? (e.g., skilled nursing, subacute, etc.)? What is the relative importance of each to your organizational success?  
**For only:** What are your main active treatment and independent training offerings?

[Revise Application](#)