



ILLINOIS DEPARTMENT OF LABOR
FAIR LABOR STANDARDS
NURSE AGENCY LICENSING ACT



QUARTERLY REPORTING INFORMATIONAL WEBINAR

Topics

- ❖ Quarterly Report Dates
- ❖ NALA Portal
- ❖ Quarterly Report
- ❖ Self-check/Troubleshooting
- ❖ Statement of Exemption





QUARTERLY REPORTING SCHEDULE 2024-2025

Quarters	Reporting from	Reporting to	Due Date
Quarter 4	December 1, 2023	February 29, 2024	March 15, 2024
2024			
Quarter 1	March 1, 2024	May 31, 2024	June 17, 2024
Quarter 2	June 1, 2024	August 31, 2024	September 16, 2024
Quarter 3	September 1, 2024	November 30, 2024	December 16, 2024
Quarter 4	December 1, 2024	February 28, 2025	March 17, 2025



NALA Portal - Registration

ILLINOIS.gov
Authentication Portal

Sign in with one of these accounts

- Public Account**
- Partner Account
- Employee Account

1

ILLINOIS.gov

Accounts > Create a new Account

Create a new Account

Registration

Your Username can include letters, numbers, and periods (may not start or end with a period)
Examples: John.Smith JSm1th

First Name:

Last Name:

Email Address:

Confirm Email Address:

Cell Phone: (Optional)

Cell Carrier:

Choose your Username:

Password:

[Password Rules](#)

Confirm Password:

2



NALA Portal - Facility



Nurse Agency Licensing Act

Buchanan, Rosanna

Facility

- Home
- Facilities
- Contracts
- Invoices
- Quarterly Reports
- Nurse Agency Information
- Profile Information

Add Facility

Import Process →

Nurse Agency*

Test Set Up

Facility Name*

EIN*

Provider Type*

Primary Contact Name*

Primary Contact Email*

Primary Contact Phone*

Address Line 1*

Address Line 2

City*

State*

Zip*

Save

Clear Form





NALA Portal - Home

1. Register

2. Add Facilities

3. Contracts

4. Invoices

5. Quarterly reports



Nurse Agency Licensing Act

- Home
- Facilities
- Contracts
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- Profile Information

Welcome to the Nurse Agency Licensing Act Portal.

Please review all new requirements as part of [new amendments](#) to the Nurse Agency Licensing Act and the [guidance](#) that was issued by the Department, effective July 1, 2022. Any nurse agency who employs, assigns or refers nurses or certified nurse aides to a healthcare facility for a fee will be required to submit their information through this portal. Currently, the portal is available for nurse agencies to do the following:

- Upload contracts with facilities
- Upload invoice data

The Department hosted a webinar in July that provided guidance and technical instruction on how to upload these requirements. To view the presentation, please click [here](#). The Department will inform all licensed nurse agencies of future webinars as information becomes available. Please continue to utilize the most recent application form made available on the Department's [website](#) to apply or renew license. **Please review the new requirements as provided in the Department's [guidance](#) before uploading any documents into the portal.**

Thank you for your attention to these important requirements.
If you need assistance, please e-mail DoL.NurseAgency@Illinois.gov.

Upload Invoices

Step 1

Begin by adding each facility to which you submit invoices. You will only have to do this once for each facility.

To speed the process along, you can import all current facilities in a single .csv file. Click below for access to the template.

[Add Facilities](#) [Template](#)

Step 2

After uploading all the facilities, use the button below to upload the details of your invoice. The information for several invoices may be uploaded at once. Click below for access to the template.

[Add Invoices](#) [Template](#)

Upload Contracts

When uploading contracts, please ensure they are uploaded in PDF format and named by facility name and time frame covered by the contract. Master agreements and material amendments must also be provided and labeled with the healthcare facility's name. If uploading an amended contract, please ensure that the new contract is labeled and dated correctly.

Please refer to step 1 on the left when uploading contracts if adding contracts for numerous facilities and would like to import details all at once.

Click below to add contracts in .pdf format.

[Add Contract](#)

Upload Quarterly Report

Step 1

Begin by adding each facility for which you will report the data by facility. If you have previously added a facility to upload a contract or invoice, you do not need to do so again.

To speed the process along, you can import all new facilities in a single .csv file. Click below for access to the template.

If a Managed Service Provider or intermediary already submitted a partial report on behalf of your nurse agency, do not add the facilities they reported.

[Add Facilities](#) [Template](#)

Step 2

After uploading all the facilities, use the button below to upload the report itself.





NALA Portal - Invoices



Nurse Agency Licensing Act

Buchanan, Rosanna

Invoices

- Home
- Facilities
- Contracts
- Invoices
- Quarterly Reports
- Nurse Agency Information
- Profile Information

Add Invoice

Import Process →

Nurse Agency*

Test Set Up

Facility*

Invoice Number*

Amount*

Ex: 1234.00

Date Issued*

Work Start Date*

Work End Date*

Services Rendered*

Save Clear Form





NALA Portal – Quarterly Reports

Illinois Department of **LABOR**

Nurse Agency Licensing Act

Home
Facilities
Contracts
Invoices
Quarterly Reports
Nurse Agency Information
Profile Information

Quarter End Date	Status	Action
5/31/2023	Not Started	File Now
8/31/2023	Not Started	File Now
11/30/2023	Not Started	File Now
2/29/2024	Not Started	File Now

Quarterly Reports



QUARTERLY REPORTING



(225 ILCS 510/14) (from Ch. 111, par. 964) Sec. 14. Minimum Standards.

(h) A nurse agency shall submit a report quarterly to the Department for each health care entity with whom the agency contracts that includes all of the following by provider type and county in which the work was performed: (1) A list of the average amount charged to the health care facility for each individual employee category. (2) A list of the average amount paid by the agency to employees in each individual employee category. (3) A list of the average amount of labor-related costs paid by the agency for each employee category, including payroll taxes, workers' compensation insurance, professional liability coverage, credentialing and testing, and other employee related costs.

The Department shall publish by county in which the work was performed the average amount charged to the health care facilities by nurse agencies for each individual worker category and the average amount paid by the agency to each individual worker category. (i) The Department shall publish on its website the reports yearly by county. (j) The Department of Labor shall compel production of the maintained records, as required under this Section, by the nurse agencies. (Source: PA102-946, eff. 7-1-22; 02-1124, eff. 2-3-23.)



IMPORTANT DATES

March 1, 2024



First day to submit

March 15, 2024



Last day to submit

*MSP/VMS/intermediaries will have to submit their reports prior to nurse agencies submitting their reports.

- Cannot be emailed
- Due by 6:00 pm CST on the 15th
- No extensions!**
- May be subject to a violation or fine
- Risk revocation, suspension, or denial

* Please note that Invoices are still required to be submitted every 15th of the month



DESCRIPTION OF DATA – Column A - H

225 ILCS 510 An Agency must submit labor cost data for each health care facility in which the nurse agency has a current contract where employees have been assigned or referred to that health care facility by employee category (i.e., advanced practice registered nurse, registered nurse, licensed practical nurse, and certified nurse aide) during the specified time frame

Amounts charged to facility

- ❖ **Wages**
- ❖ **Administrative charges**
- ❖ **Fees the nurse agency bills to the facility**
- ❖ **The zip code of each the facility must be included.**

Wages paid to employees

- ❖ **Average base hourly rate paid by the Agency to employees.**
- ❖ **Total number of hours worked in each category**

Other Payments to employees (Column H)

- ❖ **Exclusive of the base hourly rate.**
 - **Per diems**
 - **Overtime**
 - **Expense reimbursements**
 - **Bonuses**
 - **Wage differentials**



DESCRIPTION OF DATA Continued – Column I

225 Section 510 An Agency must submit labor cost data for each health care facility in which the nurse agency has a current contract where employees have been assigned or referred to that health care facility by employee category (i.e., advanced practice registered nurse, registered nurse, licensed practical nurse, and certified nurse aide) during the specified time frame

Labor Related Cost

The average amount of labor-related costs paid by the nurse agency for each employee category on a quarterly basis



Examples:

- Administrative charges
- Taxes/Insurance/liability
- Fringe Benefits
- Education and Training



TEMPLATE INSTRUCTIONS

	A	B	C	D	E	F	G	H	I
1	NurseAgency EIN	Managed Service Provider EIN	FacilityId	Employee Category	Total Hours Worked	Average Charged	Average Wages Paid	Average Other Amounts Paid	Average Monthly Costs
2	XXXXXXXXXX	(Only if submitting on behalf of nurse agency)		(APRN, RN, CNA, LPN, or Other)	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
3									
4									

- ❖ Column A – Additional rows required if multiple agencies
- ❖ Column B- Only if submitting on behalf of nurse agency
- ❖ Column C- Same Facility ID assigned in NALA Portal
- ❖ Column D – Employee Category
- ❖ Column E – Total hours worked by that employee category

- ❖ Column F- Averaged Charged
- ❖ Column G – Average wages of category of nurse
- ❖ Column H– Average other Payments
- ❖ Column I – Average other cost

SELF-CHECK & TROUBLESHOOTING





TROUBLESHOOTING AN ERROR MESSAGE SCREEN:



Nurse Agency Licensing Act

- Home
- Facilities
- Contracts
- Invoices
- Quarterly Reports
- Nurse Agency Information
- Profile Information

Please fix the following issues before trying to import again.

Header: >@?ZO\pBuchanan is not recognized.
Header: Rosanna Ba==Z 18X@1Calibri1Calibri1Calibri1Calibri1Calibri1Calibri14Calibri1Calibri1Calibri1 is not recognized.
Header: 6Calibri16Calibri16Calibri1>Calibri14Calibri1<Calibri1?Calibri1*h6 is not recognized.
Required Header: NurseAgencyEIN was not found.
Required Header: FacilityId was not found.
Required Header: EmployeeCategory was not found.
Required Header: TotalHoursWorked was not found.
Required Header: AverageCharged was not found.
Required Header: AverageWagesPaid was not found.
Required Header: AverageOtherAmountsPaid was not found.
Required Header: AverageMonthlyCosts was not found.

In order to properly import all of the quarterly report data, you need to follow a very specific format. The file must be a .CSV file. To ensure you are using the proper format, please download the template.

[Download](#)

To ensure data integrity, please make sure all required columns are present. When you use the Excel template, provided in the download, save it as a CSV before attempting an upload.

Import File

Choose File

No file chosen

[Upload](#)





Things To Go Over Before Submission:

- Legal Name and dba names
- Facility ID & EIN numbers match
- Spelling errors
- Email Screenshot of Error and copy of .CSV

STATEMENT OF EXEMPTION



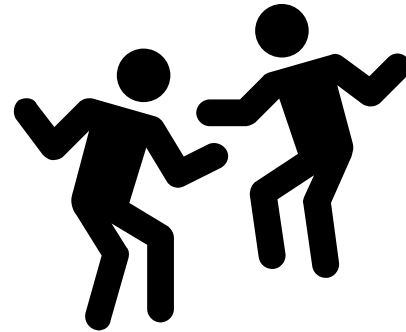


THE NURSE AGENCY IS REQUIRED TO SUBMIT A **STATEMENT OF EXEMPTION** ATTESTING THAT THE AGENCY DID NOT STAFF NURSE EMPLOYEES FOR THE QUARTER

- ❑ Done in writing on company letter head
- ❑ Include correct dates of the quarter
- ❑ Appropriate party's signature
- ❑ **Will Not** be accepted prior to quarter ending
- ❑ Submitted in .pdf format to: **Rosanna.Buchanan@illinois.gov** or **[DOL.Nurse Agency@illinois.gov](mailto:DOL.NurseAgency@illinois.gov)**
- ❑ If your agency submits a Statement of Exemption, there should not be any invoices in our database.



QUESTIONS & ANSWER



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Fair Labor Standards
Nurse Agency Licensing
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www.Labor.Illinois.gov

THANK YOU FOR ATTENDING THIS WEBINAR!