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Getting Started

Welcome

Welcome to the Louisiana Supplemental Cost Report Solution.

The Louisiana Supplemental Cost Report Solution is a software product written for the Louisiana Department of Health and Hospitals by MediMax Technologies.

Although Frequency Asked Questions have been included as a topic in these help files, a more current or updated listing may be found on the world wide web at www.medimax.com.

This software solution is a copyright product of MediMax Technologies.

General Instructions

Frequently Asked Questions

General Instructions

1. All required items detailed on the Cost Report Checklist must be submitted.

2. All enclosed forms must be completed and submitted. For any form not applicable to your facility, a notation should be made on the form stating the reason it does not apply.

3. Facilities are required to submit cost reports by the last day of the fourth month following the facility's fiscal year end. Effective for periods ending on or after June 30, 2002, the cost report document submitted by nursing facilities shall be the skilled nursing facility cost report adopted by the Medicare program. This cost report is frequently referred to as the Health Care Financing Administration (HCFA) 2540. The Medicare home office cost report must also be submitted when costs of the central/home office are reported on the facility's cost report. In addition to filing the Medicare cost report, nursing facility providers must

also file supplemental schedules designated by the Department of Health & Hospitals. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension request must be submitted in writing to the Department prior to the cost report due date. Facilities filing a reasonable extension request may be granted an additional 30 days to file their cost report.

4. All cost report information shall be submitted in accordance with generally accepted accounting principles (GAAP) as well as state and federal regulations. The accrual method of accounting is the only acceptable method for private providers. State institutions shall be allowed to submit data on the cash basis.

5. All providers who elect to participate in the Title XIX program shall maintain all financial information and statistical information necessary to substantiate cost data for three (3) years following submission of the cost report. All providers are required to make these records available upon demand to representatives of the State or Federal government and/or their contracted representatives.

Register at MediMax Website

To get email updates, please Sign Up or REGISTER at the MediMax website.

YOU are strongly encouraged to REGISTER.

By REGISTERING, you will get email alerts when software has been upgraded or fixed and OFFICIAL NOTICES from STATE AGENCIES.

To REGISTER, go to the MediMax website NOW: **www.medimax.com**

Reimbursement Questions

To get answers to REIMBURSEMENT QUESTIONS, please call the State of Louisiana – Department of Health and Hospitals – Rate and Audit Review Section.

The main telephone number is 225-342-6116.

For software support questions or assistance, click here ->   Support

Facility Information

Facility Information

Facility Data – Provide the provider identification number, the cost reporting period, the facility name and address, and contact information.

Control & Type – Provide the type of control, the type of services provided, and the type of facility.

Statistical & Other Data – Enter this facility's specific statistical and other data as requested.

Owner Information – Enter any related party transactions and relatives of owners.

Other Information – Enter any other information such as employees, benefits, vehicles, notes, charges, major expenditures, management company information, and location of records.

Facility Data

Facility data includes provider number, cost reporting period, facility address, and contact information.

The facility "From" date is the Medicaid certification date for initial cost reports and the beginning of the facility's fiscal year for subsequent years.

The facility "To" date is the end of the fiscal year unless the facility has been sold or closed.

Please complete each field on this input screen.

Be certain to include your email address.

Control and Type

Enter the type of control, the services provided, and the type of facility here in the blanks provided.

Under type of control, select only one. Under type of services provided, select as many services as apply.

Under type of facility, check either Nursing Facility – Medicaid Only or Skilled Nursing Facility/Nursing Facility – Medicare/Medicaid.

Statistical and Other Data

Enter here the licensed beds, the certified beds, and inpatient days.

Enter here also the residents in facility and names of other persons living in facility.

Enter here any changes in ownership, licensure, and certification.

Enter leased facility information and leased vehicle information as well.

Paid Bed Hold Days

Paid Bed Hold Days

Medicaid Paid bed hold days are entered in the Facility Information section on the Statistical & Other Data schedule, lines 4. (h) SNF and 4. (h) NF.

Note: It is not required that you break Medicaid paid bed hold days out between SNF and NF. Two lines are provided should you have done this, but it is not necessary to do so. Entering the total on either line is acceptable.

Medicaid does require that you include paid bed hold days in your calculation for state provider fees due each quarter.

Owner Information

If you checked "yes" in question one, please complete questions two and three.

Question 2. This question requires that you list expenses from the Medicare cost report as follows:

"Schedule" here would be normally "A" from the Medicare cost report.
"Item or Column" would be either Column 1 for salaries and Column 2 for other.
"Line Number" would be the line number from normally Schedule A.
"Amount" would be the general ledger amount or gross amount.

Question 3. Provide information here pertaining to related party transactions and list names and percent of ownership.

Other Information

Other information has to do with number of employees, cost of benefits provided, vehicles owned, number of vehicles, and mortgages.

List customary charges to private pay residents.

The software allows for 3 mortgages to be listed. In this listing, include the date the original mortgage was taken out, the amount of the original loan, the existing interest rate in effective, and the allowable current period interest expense.

The software allows for 2 administrators to be listed. If you have more, you might try to either abbreviate and double up on the 2 rows.

Depreciation Schedules

Depreciation Schedules

Equipment must be capitalized if cost is at least $500.00 and has a useful life of at least two years.

Press the F2 key to edit if necessary.

There are two modes of operation here. The "edit and update" mode allows for entering and updating information. The "sort and group" mode allows for sorting and grouping of entered assets.

List resident care related assets on the "Resident Care Related" page.

List non-resident care related assets on the "All Assets" page.

Resident Care Related

List the fixed assets and related depreciation information for related care residents on this screen.

Since you are attaching a detailed depreciation schedule, listing assets by groups would be acceptable here. For example, subtotals for buildings, major movable equipment, furniture and fixtures, building improvements, transportation equipment, etc. would be acceptable.

On the All Assets screen, list fixed assets and related depreciation for non-resident related care assets.

You can select the F2 to edit a field or click directly in the field.

All Assets

Asset totals from resident care related assets will come forward automatically to this schedule.

Please list non-resident or non-care related assets on this page.

Nursing Aide Training

Nurse Aide Training

Nursing aide training has four screens.

The revenue screen handles Medicaid revenues and Medicaid refunds.   Be certain and answer the questions on number of attendees and number of those passing.

The expense classification screen handles expenses and settlement data.

The Income Detail Schedule handles any income offset expenses shown on "Nurse Aide Training – Revenue" Screen.

The Expense Detail Schedule handles any miscellaneous expenses shown on "Nurse Aide Training – Expense Classification. Enter here the number of instructors and FTE. Also, list the benefits provided.

Revenue

The revenue screen handles Medicaid revenues and Medicaid refunds.

Be certain and answer the questions on number of attendees in the nurse aide training classes and the number of those attending that passed the nurse aide training.

Income Detail

The Income Detail Schedule handles any income offset expenses shown on "Nurse Aide Training – Revenue" Screen.

Expense Classification

The expense classification screen handles expenses and settlement data.

Expense Detail

The Expense Detail Schedule handles any miscellaneous expenses shown on "Nurse Aide Training – Expense Classification. Enter here the number of instructors and FTE. Also, list the benefits provided.

Supplemental Schedules

Supplemental Schedules

There are five supplemental schedules included in this cost report software.

Specific Cost Detail

Specific Cost Detail

Ancillary/Therapy – Charge Schedule
Ancillary/Therapy Charge Schedule

Ancillary/Therapy – Specialized Services

Ancillary/Therapy Specialized Services

Specialized Services – Cost and Statistics

Specialized Services - Cost and Statistics

Medicare/Medicaid Reconciliation   (1 for nursing facility & 1 for home office)

Medicare/Medicaid Reconciliation

Specific Cost Detail

Schedule Objectives: The Medicaid case mix reimbursement system groups certain facility expenses differently than you may report them on your Medicare cost reporting forms. As such, Medicaid providers need to submit this supplemental schedule to ensure these cost are properly treated. For example, property tax expense is in a separate pass-through cost center within the Medicaid reimbursement system, yet these cost are commingled with other expenses on the Medicare cost report. This supplemental form collects the information needed so that these cost can be easily located by Medicaid program rate setters and auditors.

Instructions:

Description – The description of each cost that must be reported on this schedule has been provided. There may be items that you should list as well as those listed.

(a) GL Account # – Record the general ledger account number(s)for each cost item requested (property insurance, property taxes, etc.) in this column.

(b) Amount – Record the amount of expense for each cost item in this column.

(c) Report Line & Column – Indicate where these cost have been recorded on Worksheet A of your Medicare cost report form. For example, if you included your property insurance on Worksheet A in the Administrative and General cost center of your Medicare form, you would need to indicate this as follows: "Line 6, Column 2"

If the expense has been reported in more than one cost center, please note each cost center and the corresponding amounts separately.

Ancillary/Therapy Specialized Services

Ancillary / Therapy Charge Schedule for Specialized Services (SN/ID and SN/TDC)

Record all Medicaid ancillary / therapy charges for all of the categories reported on Worksheet C of your Medicare cost report. The cost reported below reflects only the cost incurred by the facility and not any cost incurred and billed by an outside vendor.

Schedule Objectives:

This schedule collects needed ancillary / therapy charge data. This schedule requires cost report preparers to further separate the Medicaid ancillary / therapy charge information into the following Medicaid patient categories: Standard Medicaid Nursing Facility charges, Skilled Nursing / Infectious Disease charges, Skilled Nursing / Technology Dependent Care charges, NRTP (Neurological Rehabilitation Treatment Program). The detailed information provided by this report will allow the Medicaid program to properly assign Medicaid cost across each of these service areas.

Column 1 - Ancillary / Therapy Line Number Per Medicare Report – Record the line number of each ancillary / therapy cost center included in your Medicare cost report form. For example, if you have an ancillary cost center for physical therapy and it is entered on line 25 of the form, write "25" in this column.

Column 2 - Total Medicaid Charges – Total Medicaid ancillary / therapy charges are recorded in this column. This amount must agree with the amount reported as Medicaid charges on the Supplemental Schedule 3, Column 4.

Column 3 - Medicaid Charges SN/ID – Record the Medicaid charges associated with SN/ID (Skilled Nursing / Infectious Disease) residents.

Column 4 – Medicaid Charges SN/TDC – Record the Medicaid charges associated with SN/TDC (Skilled Nursing / Technology Dependent Care) residents.

Column 5 – Medicaid Charges NRTP – Record the Medicaid charges associated with NRTP (Neurological Rehabilitation Treatment Program) residents.

Column 6 – Other Medicaid Charges – Record the Medicaid charges associated with standard Medicaid clients.

Please note that the total of columns 3 through 6 must equal column 2.

Ancillary/Therapy Charge Schedule

Schedule Objective:

The ancillary / therapy charge schedule has been developed to collect charges for ancillary / therapy services provided to Medicaid and other non-Medicare residents. The Medicare cost report form collects ancillary / therapy charges in total and for the Medicare Part A and Part B benefits, but does not collect these charges for Medicaid and other non- Medicare payers. Since detailed charge information is needed by the Medicaid program, providers need to complete this supplemental schedule.

Instructions:

Column 1 – Record the line number for each ancillary / therapy cost center included in your Medicare cost report form. For example, if you have an ancillary cost center for physical therapy and its on line 25 of the form, write 25 in this column.

Column 2 – Record your total Medicare Part A charges for each ancillary / therapy cost center included in your Medicare cost report form. These charges are only for your nursing facility operation.

Column 3 – Record your total Medicare Part B charges for each ancillary / therapy cost center included in your Medicare cost report form. These charges are only for your nursing facility operation.

Column 4 – Record your total Medicaid charges for each ancillary / therapy cost center included in your Medicare cost report form. These charges are only for your nursing facility operation.

Column 5 – Record your total non-Medicare charges for each ancillary / therapy cost center included in your Medicare cost report form. These charges are only for your nursing facility operation.

Column 6 – If your facility has ancillary / therapy charges for a non-nursing facility operation (a hospital for example), record the hospital's ancillary charges in this column.

Column 7 – Total columns 2 though column 6. This amount must agree with total ancillary / therapy charges recorded for each line on Worksheet C of the Medicare cost report form.

Medicaid charges should include charges for specialized services.

Nursing facility charges for both the nursing facility and where applicable the skilled nursing facility unit.

Remember to answer the two questions regarding Medicare Part B coverage. These questions are located at the top of the page.

Specialized Services - Cost and Statistics

Schedule Objectives:

Supplemental Schedule5 has been designed to assist the state in separating your cost associated with Skilled Nursing/Infectious Disease, Skilled Nursing/Technology Dependent Care, and NTRP from your standard Medicaid costs. Facilities need to report their direct patient care cost associated with each of these specialty populations and to provide the appropriate allocation statistics so that facility cost for each of these specialty areas can be identified.

Instructions:

Section I. Direct Cost

(a) Direct Salaries – Record your direct salary cost for each provider type.

(b) Direct Other – Record your non-salary cost for each provider type.

(c) Line # reported on Worksheet A – Report the location on Worksheet A where these cost were reported on the Medicare cost report form. For example, if your direct salary cost for SN/ID resident care was reported in the SNF on line 16, you would fill in column C as follows: Line 16, Column 1.

Section II. Supplemental Schedule to Worksheet B-1: Statistical Basis

For <u>each</u> column (SN/ID, SN/TDC, & NRTP), provide the statistics attributable for each general cost center services on the left.

<u>For example</u>, if the total direct square footage for the skilled nursing facility (line 16) were 10,000 feet, you would need to record what portion of the 10,000 was related to SN/ID clients.

These statistics will be used to determine the allowable cost of providing SN/ID, SN/TDC, and NRTP services.

*NRTP includes both NRTP – Rehab and NRTP – Complex.

Medicare/Medicaid Reconciliation

<u>Schedule Objectives</u>:

These schedules must be prepared to determine if cost you may have otherwise claimed as allowable would be unallowable per Medicaid program reimbursement criteria.

Please note that there is a schedule for nursing facility reconciliation as well as a schedule for home office reconciliation.

<u>Instructions</u>:

(a) <u>Description</u> – The description of each cost must be reported here.

(b) <u>Amount Reported</u> – Record the total cost for this item reported on your Medicare cost report.

(c) <u>Medicare Line & Column</u> – Indicate where this cost is located on Worksheet A of the Medicare cost report form.

(d) <u>Adjustment</u> – If the cost reported on the Medicare form exceeds the allowable amount per Louisiana Medicaid nursing facility reimbursement criteria, indicate how much your cost exceeded the limitation.

(e) <u>Allowable Cost per Medicaid</u> – This amount is calculated by subtracting the "adjustment amount" from the "amount reported." The resultant is then placed into the "allowable cost per Medicaid" column.

Nurse aide training and testing cost are handled as a carve-out item.

All salaries, both nursing facility AND home office, are limited to the salary cost limits.

Wrap Up

Wrap Up

The Wrap Up section includes the CERTIFICATION section and the CHECKLIST section.

Complete both sections prior to submitted the cost report.

What to File

When to File

Where to File

Certification

Enter the PRINTED NAME and SIGNOR'S TITLE in the blanks provided.

Enter any NOTES and EXCEPTIONS in the blanks provided here.

Remember to sign, title and date the completed cost report.

Checklist

Answer each question with one of the following appropriate responses:

Yes

No

Not Applicable

Prior Submission

On each line, CLICK the dropdown box to make the selection.

Cost Limits

Cost Limits

Administrative Salary Maximums:

Administrator's Salary - $ 79,524

Asst. Administrator's Salary - $ 73,440

Provider Reimbursement Manual, Pub. 15, Parts 1 & 2 Info

Provider Reimbursement Manuals - Part 1 & 2

The Provider Reimbursement Manual known as Pub 15 is apparently available on the Internet free of charge at the following URL addresses:

Pub 15, Part 1   http://cms.hhs.gov/manuals/pub151/pub_15_1.asp

Pub 15, Part 2   http://cms.hhs.gov/manuals/pub152/pub_15_2.asp

I have downloaded individual chapters from both part 1 and part 2 with no problem. There was no fee. I don't know how often these manuals are updated, but I found a wealth of good reimbursement information here.

If you want the Provider Reimbursement Manual, Publication 15 mailed to you with updates, please see the frequently asked questions help topic for information and pricing.

Gary Carlisle, CPA, MBA

MediMax Technologies

Filing Requirements

When to File

Cost reports are due on the last day of the fourth month following the facility's fiscal year end.

Where to File   Where to File

Ext. of Time   Getting an Extension of Time to File

What to File   What to File

Where to File

Cost reports should be submitted as follows:

By mail: Louisiana Dept. of Health & Hospitals

Rate and Audit Review, 2nd Floor

Post Office Box 546

Baton Rouge, LA 70821-0546

By hand: Louisiana Dept. of Health & Hospitals

Rate and Audit Review

East Annex Building, 2nd Floor

1201 Capitol Access Road

Baton Rouge, LA 70802

Where to File   Where to File

Ext. of Time   Getting an Extension of Time to File

What to File   What to File

What to File

Submit two (2) printed copies of the cost report, two (2) copies of the required items detailed on the cost report checklist, and three (3) floppy diskette containing the "saved" cost report data files or electronic cost report (ECR).

To create the electronic cost report (ECR) or diskette containing the cost report data files, go to UTILITIES and select DOWNLOAD TO DISKETTE (SAVE). This process will create the backup directory and download the data files to the diskette. Please use one diskette for each provider. This is the process to save or backup your data as well.

When to File   When to File

Where to File   Where to File

Ext. of Time   Getting an Extension of Time to File

Getting an Extension of Time to File

A filing extension request must be submitted in writing to the Department of Health and Hospitals prior to the cost report due date. Facilities filing a reasonable extension request may be granted an additional 30 days to file their cost report.

Extensions should be first faxed to (225) 342-1834 and then mailed to:

Louisiana Department of Health & Hospitals

Rate and Audit Review, 2nd Floor

Post Office Box 546

Baton Rouge, LA 70821-0546

Where to File   Where to File

When to File   When to File

What to File   What to File

File

Create A New Provider Folder

Under FILE, the "Create A New Provider Folder" allows the preparer to CREATE a new cost report file.

Enter the provider name, the provider number, and the cost report ending period.

Once the information is entered, the software will create a directory and place empty data files in that a subdirectory.

The default directory is C:/Program Files/MediMax/SuplmtcrV1/data/datafiles.

Each cost report is saved as "provider identification number" underscore "cost report period ending date."

For example, 12345_09/30/2001 would be the default subdirectory holding the data files.

Delete An Existing Provider Folder

View or Select List of Provider Folders

Delete An Existing Provider Folder

Under FILE, the "Delete An Existing Provider Folder" allows the preparer to DELETE an existing provider.

Use this procedure to eliminate cost reports that are no longer needed or set up by mistake.

BE CERTAIN TO SAVE YOUR DATA FILES PRIOR TO DELETING THEM.

Create A New Provider Folder

View or Select List of Provider Folders

View or Select List of Provider Folders

The "View or Select List of Provider Folders" allows the preparer to LOCATE and SELECT cost reports that have been started.

Create A New Provider Folder

Delete An Existing Provider Folder

Exit

To EXIT the system, go to FILE and select EXIT or click the "X" in the upper right corner.

File

Under FILE are the following functions:

> View or Select from List of Provider Folders
>
> Create a New Provider Folder
>
> Delete an Existing Provider Folder
>
> Print
>
> Printer Setup
>
> Exit

Print

Printing

To print a form or forms, go to FILE and select PRINT. The print menu will then appear. (You can also select the "print icon" in the upper left corner of the screen to bring up the print menu too.)

To make the form selection easy, MediMax provides you with a "Select All" button and a "Select None" button.

Individual forms or a range of forms can be printed using the standard Windows control and shift keys.

By clicking the "Blank Forms" button, you can print a blank form or forms.

MediMax allows you to send a print image to the screen first and then on to the printer. You can change this default and send the print directly to the printer.

Should you send a print image to the screen, you can size that image by using the three buttons in the upper left hand corner of the screen. You can also manually size each screen page changing the size percentage in the upper left hand corner as well.

Printer Setup

To access the printer setup dialog box, click FILE and then CLICK Printer Setup.

OR, click the Printer Setup icon in the upper left hand corner of the screen.

Adobe Portable Document (PDF) File

You can now create a read-only Adobe Portable Document File (PDF) using MediMax Technologies' software.

To bring up the print menu, go to FILE and select PRINT. Select the form or forms that you wish to be contained in the PDF. Once this has been done, click on the Generate PDF File radio button and press PRINT.

At this point a Windows dialog box will appear. You can then select the directory to store this file in and the name that you to save this file as.

To read or view this file, you will need the Adobe Reader. Adobe Reader is available from the MediMax website or by going to www.Adobe.Com.

Utilities

Utilities

The UTILITIES menu contains the following items:

Bring Forward Prior Year's Data To Current Year

Download Data To Diskette (Save)

Upload Data From Diskette (Restore)

Bring Forward Prior Year's Data To Current Year

If you used the MediMax software in a prior year, this feature allows the preparer to bring last year's data forward to the current year.

Open the provider that you wish to work with.

Go to UTILITIES and select to BRING DATA FORWARD to CURRENT YEAR.

Download Data To Diskette (Save)

To save your data, place a blank diskette in your floppy disk drive.

Go to UTILITIES and select DOWNLOAD TO DISKETTE (SAVE).

MediMax recommends that you save each provider on a "separate" diskette.

Upload Data From Diskette (Restore)

To restore your data, you must have downloaded it or saved it using the program.

NOTE: You must be in a provider before you can restore the data files.

To RESTORE, place the diskette containing the saved data files in the floppy disk drive.

Download Data To Diskette (Save)

Help

F1 = Content Sensitive Help

To obtain Context-Sensitive Help, press the F1 key.

The help file is searchable by topics and by word.

F2 - Edit Key

If you have trouble entering data, you might need to press the F2 key to edit the field.

The F2 key is the Windows edit key.

Search for Help On

To search the help files, press F1 then select either contents, index, or search.

In the Contents tab, you can search by chapter and book.

In the Index tab, you can search by topic or keyword.

In the Search tab, you can search the entire help files by individual words.

How To Use Help

To use the software help, press F1.

Check the MediMax website for instructions and help in PDF format as well.

www.medimax.com

About

About provides the version number and other pertinent information.

This software runs on the Windows environment.

Support

Support

Support is available as follows:

    Email: gcarlisle@medimax.com

Email: danderson@medimax.com

Gary Carlisle	Beeper & Voice Mail	318-242-2028
	Office	318-263-9474
	Home	318-263-8080
Dean Anderson	Office	318-688-8681
	Home	318-688-1949

Reimbursement Questions

MediMax Technologies

MediMax Technologies is a software technology company that is owned by Gary Carlisle and Dean Anderson.

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Dean Anderson email address: Dean Anderson

MediMax Website

The MediMax website is www.medimax.com.

Please refer regularly to the MediMax website for software updates, PDFs, and messages.

You are strongly encouraged to become a registered user of MediMax products. To do so, please add your name to the MediMax List Builder or Mail List at the MediMax website.

By signing up or registering, MediMax will send to you valuable email newsletters with information pertaining to software updates, software fixes, and OFFICIAL reimbursement messages from STATE AGENCIES.

TIPS System

The TIPS System is a mini-help system that is available by clicking on the yellow light bulb in the upper left hand corner.

MediMax has entered a few TIPS here. The system is flexible in that a cost report preparer can also add personalized TIPS and enhance their cost report preparation process.

Look for more TIPS topics upon each software release.

F1 = Content Sensitive Help

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Gary Carlisle is the managing partner for MediMax Technologies.

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Gary Carlisle

Frequently Asked Questions

Frequently Asked Questions

1. **I'm a nursing home provider that is <u>not</u> certified for Medicare. Do I still have to file a Medicare cost report for Medicaid purposes?**

    Yes, you must file the Medicare cost reports for Medicaid purposes.

    Louisiana's Medicaid program has adopted the Medicare Skilled Nursing Cost Report (CMS Form 2540-96) and the Medicare Home Office Cost Report (CMS Form 287-92) for Medicaid cost reporting purposes. See **<u>LAC 50:VII.1303.</u>**

    Nursing facilities participating in the Louisiana Medicaid program must complete the skilled nursing facility cost report adopted by the Medicare program (CMS Form 2540-96) in order to satisfy cost reporting requirements.

    For nursing facilities under the ownership of a hospital, the cost reporting document is the Health Care Financing Administration (HCFA) 2552.

    In all cases, the Louisiana Supplemental Cost Report must be completed and filed.

2. **If I am a nursing home provider and have a home office, do I complete and file the Medicare Home Office Cost Report form for Medicaid purposes too?**

    Yes, you must file the Medicare cost reports for Medicaid purposes.

Louisiana's Medicaid program has adopted the Medicare skilled nursing cost report, CMS Form 2540-96 and the Medicare Home Office Cost Statement, CMS Form 287-92 for Medicaid cost reporting purposes. See **LAC 50:VII.1303.**

If a home office cost report is required, then the Medicare Home Office cost report (CMS 287-92) must be completed and filed.

For nursing facilities under the ownership of a hospital, the cost reporting document is the Health Care Financing Administration (HCFA) 2552.

In all cases, the Louisiana Supplemental Cost Report must be completed and filed.

3. **My year-end does not correspond with the state fiscal year. Do I have to file a cost report for the period ending June 30th or do I file a cost report that corresponds with my usual fiscal year-end?**

Facilities are required to file the Medicare cost report based on their fiscal year end. The cost reporting period begin date shall be the later of the first day of the facility's fiscal period or the facility's Medicaid certification date. The cost reporting end date shall be the last day of the facility's fiscal period.

4. **My home office cost report has a different year-end than the nursing facility. Do I have to complete a home office cost report that corresponds to the facility's year-end? If not, how do I allocate home office costs to the nursing facility?**

The home office is <u>not</u> required to have the same year-end as the facility. The home office should file its cost report based on the home office's year-end. When the home office accounting period differs from the cost reporting period of the related facilities, the allowable home office costs of the provider for the period covered by the home office cost statement should be included in the provider's cost report. An amount of allowable home office costs for the provider for the portion of its reporting year not covered by the home office statement will be tentatively projected at a rate not in excess of the previous year's home office costs as set forth in the applicable home office cost statement.

Example: The home office has an accounting year ending August 31, 2002. For that year, home office costs of $120,000 were allocated to Provider A and $84,000 to Provider B. Provider A's reporting year ends on December 31; Provider B's reporting year ends on March 31.

Of the $120,000 costs allocated to Provider A, $40,000 applies to its reporting year ended 12/31/01, covering the period from 9/1/01 to 12/31/01; and $80,000 applies to its reporting year ending 12/31/02, covering the period from 1/1/02 to 8/31/02. Therefore, in its cost report for the year ending 12/31/02, Provider A may include home office costs of $40,000 projected for the period 9/1/02 to 12/31/02, which is not covered by the home office cost statement ($10,000 per month x 4 months).

Of the $84,000 allocated to Provider B, $49,000 applies to its reporting year ending 3/31/02, covering the period from 9/1/01 to 3/31/02; and $35,000 applies to its reporting year ending 3/31/03, covering the period from 4/1/02 to 8/31/02. Therefore, in its cost report for the year ending 3/31/03, Provider B may include home office costs of $49,000 projected for the period 9/1/02 to 3/31/03, which is not covered by the home office cost statement ($7,000 per month x 7 months).

Then, the following year, when actual costs are determined, the projected amounts will be adjusted to agree with the actual amounts, and appropriate adjustments made.

Source: Provider Reimbursement Manual Part I, Section 2150.3

5. **The nursing facility was certified for Medicare during the middle of the nursing facility's fiscal year. Do I file the partial year Medicare cost report to DHH or do I have to complete the Medicare cost report for the entire Medicaid fiscal period?**

   The facility must file the Medicare cost report <u>for the entire year</u> to meet Louisiana's Medicaid cost reporting requirements. The cost reporting period begin date shall be the later of the first day of the facility's fiscal period or the facility's Medicaid certification date. The cost reporting end date shall be the last day of the facility's fiscal period.

6. **Can my fiscal year for Medicaid cost reporting purposes be different from my fiscal year for Medicare cost reporting purposes?**

   Yes, your fiscal year for Medicaid cost reporting purposes may be different from your fiscal year for Medicare cost reporting purposes. However, in doing this you will be completing two separate cost reports using the CMS Form 2540-96.

7. **When preparing the nursing facility or home office cost reports, do I make Medicaid required adjustments to the Medicare cost report?**

<u>No</u>, you should complete the Medicare cost report as required by the Medicare Provider Reimbursement Manual.

All Medicaid required adjustments should be made **only** on the Louisiana Supplemental Cost Report schedules. There is a separate schedule for nursing home adjustments and another schedule for home office adjustments.

8. **Why do we need to file the Louisiana Supplemental Cost Report in addition to the CMS 2540-96 and the CMS 287-92?**

The Louisiana Supplemental Cost Report allows you to list your Medicaid adjustments and other specific information that is required for rate setting purposes.

In addition, you will now use the Louisiana Supplemental Cost Report to file SN/Infectious Disease, SN/Technology Dependent Care, SN/Neurological Rehabilitation Treatment Program data, Nurse Aide Training & Testing Cost Report data, and other required statistical data.

9. **Are there Louisiana Supplemental Cost Report schedules required for home offices cost reports? If not, how do I make the adjustment for salary limitations and other Medicaid only adjustments?**

Yes, there are two schedules in the Louisiana Home Office Supplemental Cost Report for this purpose.

One schedule is used to report nursing facility adjustments and limits while the other schedule is used to report home office adjustments and limits.

The Louisiana Supplemental cost report is located on the web at www.medimax.com.

The home office cost report filed for Medicare purposes along with the Louisiana Supplemental cost report schedules are appropriate for meeting Louisiana's Medicaid cost reporting requirements.

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10. **When completing the "Supplemental Cost Report – Ancillary/Therapy Charge – Page 12" schedule, do I report only therapy ancillary charges or all ancillary charges?**

   Record all ancillary charges reported on Worksheet C of your Medicare cost report on page 12 of the Louisiana Supplemental Cost Report.

   Note: Each line item total and Column 7 total should agree with Worksheet C per line item and total of your Medicare cost report.

11. **When completing the "Supplemental Cost Report – Specialized Services Cost and Statistics – Page 14" schedule, do I report incremental costs or total costs in section 1? In section 2, are you requesting statistics or dollar amounts.**

   This supplemental schedule has been designed to assist the state in separating your cost associated with SN/ID, SN/TDC and NRTP from your standard Medicaid costs.

   Facilities should report their direct patient care cost associated with each of these specialty populations and provide the appropriate allocation statistics so that the total facility cost for each of these specialty areas can be identified.

   In section 1, total direct salaries and direct cost should be reported for each of the specialized services. In column C report the location on Worksheet A where these costs were reported on your Medicare cost report.

   In section 2, the data reported could either be statistics such as square feet or a dollar amount such as accumulated cost. The same allocation methodology for each general cost center service as reported on Worksheet B-1 should be used. An example follows:

   For example, if square feet were used to allocate plant operation/maintenance then you must use square feet to allocate plant operation/maintenance expense to the specialty services.

   The following methodology could be used to determine statistics if the facility does not have a separate wing or if a bed is used for only part of the year for an ID/TDC resident and a "regular" Medicaid resident during the rest of the year.

   Assumptions: Facility A has 10 beds or 3,650 bed days available. The facility had one ID/TDC resident for 50 days. The total square feet per the nursing facility is 3,500 square feet.

   Calculation of square feet statistics to use for ID/TDC: 50 ID/TDC days divided by 3,650 total days = 1.4% for a total of 49 square feet (3,500 sq ft * 1.4%) for ID/TDC.

12. **When completing the "Supplemental Cost Report –Specific Cost Detail – Page 11" schedule, can I include that portion of my property insurance expense that is identified as property liability insurance expense?**

    Yes, you may include property liability insurance expense on the Specific Cost Detail schedule. You can include specific boiler insurance as well.

13. **Can I include uniform expense as an employee benefit expense?**

    Yes, you may report uniform expense as an employee benefit expense.

14. **How do I obtain the Louisiana Supplemental Cost Report Software?**

    This free and easy to use software is available for downloading from the MediMax Technologies' web site located at www.medimax.com.

    It is very important that you register at the MediMax web site for official reimbursement updates. Only registered users will get email notifications of new software releases and official state reimbursement updates.

15. **Where do I get software support for the Louisiana Supplement Cost Report software and schedules?**

    Software support is available from MediMax Technologies by calling 318-263-9474 (voice) or 318-242-2028 (beeper/voice mail).

    You may also send emails to Gary Carlisle at gcarlisle@medimax.com or Dean Anderson at danderson@medimax.com with questions.

16. **On the www.medimax.com web site there is a place to sign up or register. What benefits do I get from this?**

    Only registered users receive official state reimbursement notifications. These notifications include official messages from state agencies regarding cost reporting issues as well as new

software releases, software upgrades, and training sessions. Registered users are <u>not</u> sent unnecessary emails. You are strongly encouraged to register.

17. **Since we are now required to file cost reports using Medicare software, where can I find a list of the CMS approved cost report software vendors?**

This listing with contacts and phone numbers is available on the Internet at www.veritusmedicare.com/provider/faq/approved_cost_report_vendors.html.

18. **Where can I find a copy of the Medicare Provider Reimbursement Manual?**

This subscription service manual is available for purchase on the Internet at http://www.gpo.gov/regulatory/health.html. You can also call the U.S. Government Online Bookstore toll free at 1-866-512-1800. The stock number is 917-007-00000-4. This comprehensive sourcebook can keep you informed of the latest changes in Medicare policies and procedures and help you determine the reimbursement for Medicare services you provide. This manual is formerly known as HCFA Publication 15-1. The current price is $327.00.

This is an excellent web site: http://cms.hhs.gov/manuals/SaleManuals.asp

* FREE Provider Reimbursement Manuals – Part 1

Excellent Reference Manuals - http://cms.hhs.gov/manuals/pub151/pub_15_1.asp

* FREE Provider Reimbursement Manuals – Part 2

Excellent Reference Manuals   - http://cms.hhs.gov/manuals/pub152/pub_15_2.asp

19. **Where can I find Medicare cost report training?**

The Healthcare Financial Management Association (www.hfma.org) offers cost report training seminars. The educational calendar for both "chapter" and "regional" courses is available at http://www.hfma.org/education/national_education_calendar.htm. HFMA members can attend "Understanding the Medicare Cost Report" and "Reimbursement Institute." Online study is available as well as on-site programs.

20. Is there a monthly CD service covering Medicare and Medicaid issues?

Yes, CCH (Commerce Clearing House) offers the Medicare and Medicaid Guide. The Guide, updated each month on CD, is very comprehensive containing manuals, court decisions, cost report forms, detailed instructions, Medicaid information, and latest developments. This Guide can be located on the web at http://onlinstore.cch.com. You can telephone 1-800-449-9525 for more information. It is expensive.

21. How can I get a copy of the current Standards for Payment for Nursing Facilities?

An order form for the Nursing Facility Standards for Payment can be obtained from the Medicaid Health Standards Section by calling (225) 342-0148. The cost of a copy of the standards is $75.00. In addition, a limited supply of the training manual for the Louisiana Medicaid's New RUG-III Case Mix Reimbursement System for Nursing Facilities is available at no cost. Please contact John Marchand at (225) 342-6116 to request a copy.

22. How many copies of the Medicare cost report and the Medicaid Supplemental Schedules do I need to file? How many electronic copies are needed? Do we have to send electronic copies of both the Medicare cost report(s) and the Medicaid Supplemental Cost Report?

The following should be submitted for each facility: Two (2) paper copies and three (3) electronic copies on diskette or CD are required in each case for of the Medicare cost report (CMS Form 2540-96) including the Compliance Questionnaire (CMS Form 339), the Louisiana Medicaid Supplemental Cost Report, and the Medicare home office cost report (CMS Form 287-92) if applicable.

Please use one diskette for each cost report. Do not place more than one cost report on a diskette.

23. **What is the Internal Control and Cost Reporting Questionnaire that is listed on the cost report checklist as a required item to submit with the Medicare cost report?**

The Internal Control and Cost Reporting Questionnaire refers to the Compliance Questionnaire (CMS Form 339) and is required to be completed and submitted for each facility.

24. **I am using the Medicare software to file my Louisiana Medicaid cost report and we are not Medicare certified. I am having trouble using this software. Can you offer any suggestions?**

Yes. When you do <u>not</u> have a Medicare skilled nursing facility, it is more difficult to eliminate all Level One errors.

You must remove all Level One errors in order to submit the cost report.

The provider number for the nursing facility normally is 5 digits. To enter this provider number, when no Medicare unit exists, enter this number in this format xx-xxxx. For example, 12345 would be entered 01-2345.

In some cases you may have to enter a number "1" in some fields to eliminate a Level One error.

In using the Medicare software remember to create the electronic cost report (ECR) before printing the final cost report for submission.

You will probably not be able to eliminate all of the errors in this cost report. Eliminating Level One errors will allow you to submit the required number of printed copies and electronic cost reports (ECR).

25. **When I submit the cost reports on diskette, how should I do it?**

You should submit 3 diskettes for each cost report prepared. That is, 3 separate diskettes for the CMS 2540-96, 3 separate diskettes for the Louisiana Supplemental Cost Report, and 3 separate diskettes for the home office cost report CMS 287-92, if applicable.

Do <u>not</u> place multiple copies of data on a single diskette. Use one diskette for each cost report's (ECR) data files.

26. Do the Medicaid cost limits for salaries apply to the home office cost report salaries as

well as the nursing facility cost report salaries?

Yes, they do. Make the required adjustments on the Supplemental Cost Report.

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