

INSTRUCTIONS: HEALTH DEPARTMENT HOME HEALTH COST REPORT

INTRODUCTION

These instructions are intended to guide public health departments in preparing the annual cost report. The entire cost report shall be submitted to the Department prepared in accordance with the instructions by December 1 following the end of their fiscal year. Providers shall submit a cost report prepared on the accrual basis of accounting and in accordance with generally accepted government accounting standards (GAGAS).

In completing the schedules, negative amounts shall always be shown in brackets.

The Agency shall submit with the Health Department Home Health Cost Report a copy of their Medicare Cost report, a copy of their financial statements to support the entries made on the submitted report and a copy of the source documents used to compute the statistical data for Units/Visits, Charges, Square Footage, Mileage or other statistical calculations. Documents to support the Adjustment to Expenses for Schedule B-1 and any Reclassifications to Expenses for Schedule B-2 shall also be submitted. Failure to file the report timely, completely and accurately, and also provide the required supporting documentation may cause the Department to escrow payments till the provider meets the requirements sent to them in writing. An extension of 60 days may be granted for just cause, if the provider requests that extension prior to the due date in writing to the Director of the Division of Long Term Care and Community Alternatives.

COVER PAGE and other SCHEDULE PAGE HEADINGS.

Enter the requested information in the space provided on the cover page and each schedule page heading.

Enter the beginning and ending dates of the fiscal period covered by this cost report.

Enter the name of the provider as enrolled with the Department.

Enter the Home Health Provider Number issued by the Department.

Enter the HCB Provider Number issued by the Department.

Enter the mailing address of the Home Health Provider.

SCHEDULE A

Column 1, Lines 1 through 10: Enter the total number of agency Unit/Visits provided for all payers for each discipline

Column 1, Lines 11 and 12: Enter the total charges of the agency for Respite Care and Home Adaptation.

Column 2, Lines 1 through 10: Enter the number of Medicaid paid Unit/Visits as reported on the MMIS/Cost Settlement Analysis reports.

Column 2, Lines 11 and 12: Enter the paid Medicaid charges as reflected on the MMIS/Cost Settlement Analysis reports.

Column 3, Lines 11 and 12: Calculate the percentage of Medicaid Charges to Total Charges for Respite Care and Home Adaptation.

SCHEDULE B

This Schedule provides for the recording of direct costs such as salaries, fringe benefits, transportation and other costs directly recorded by the agency on their financial records. It provides for the reclassification and adjustments to certain costs that flow from other supporting schedules.

The costs to be entered in Columns 1 and 2 are only those actual costs incurred directly by the Home Health Agency and as reflected in their accounting records. If the reporting entity is a certified "sub unit" of a State Health Department, the amounts to be entered are only those amounts that are directly applicable to the "sub unit".

Column 1: Only Salary expense of employees shall be reported in this column.

Column 2: All other costs, including contract labor, purchased services and supplies shall be reported in this column. Bad Debt expense shall not be included in either column.

Column 3: Enter the sum of Columns 1 and 2.

Column 4: This column is for adjustments to allowable costs as may be necessary in accordance with general cost reimbursement policies prescribed by federal and state regulation, or by GAGAS. Enter on appropriate lines as indicated on Schedule B-1.

Column 5: This column is utilized to reclassify expenses in accordance with generally accepted cost finding principles. Reclassification shall be detailed on Schedule B-2

Column 6: Enter the sum of Columns 3, 4, and 5.

SCHEDULE B-1

This schedule provides for the adjustments to the expenses listed on Schedule B, Column 3. These adjustments are to be made on the basis of "cost" or "amount received" as

indicated by the letters entered in Column 2: "A" for cost or "B" for revenue. Line descriptions indicate the more common activities which effect allowable cost.

If an adjustment to an expense effects more than one a single cost center, the adjustment shall be reported on separate lines on Schedule B-1.

Column 1: Enter the description of the cause of the revenue or expense effecting the cost center.

Column 2: Enter the increase amount of allowable expense as a positive. Enter the decrease amount of the allowable expense as a negative (in brackets).

Column 3: Enter the line number of the cost center effected on Schedule B.

Schedule B-2

This schedule provides for the reclassification of expense accounts to effect the proper cost allocation under cost finding prior to the general allocation of costs.

Column 1: Enter the description of the cost allocated. Enter also the cost centers being effected.

Column 2: Enter the line number on Schedule B where the reclassification is entered.

Column 3 and 4: Enter the amounts of the increase or decrease.

Schedule C and C-1

Schedules C and C-1 together provide for simplified cost finding of indirect expenses for which the provider has not reclassified on Schedule B-2.

Schedule C

This schedule is used to provide the statistics necessary for the allocation of general service (overhead) costs among the service areas on Schedule C-1.

Column 1: Enter the total square feet of the building applicable to the cost center to which depreciation shall be allocated on lines 17 through 39.

Line 40 is the total of lines 17 through 39.

Line 41 is the total of lines 1, 3, 4, 10, 11, and 14 of Column 6, Schedule B.

Line 42 is entered as the quotient of line 41 divided by line 40 in four decimal places.

Column 2: Enter the total mileage for each service area on lines 17 through 39.

Line 40 is the total of lines 17 through 39.

Line 41 is the total of lines 2, 5, and 13 of Column 6, Schedule B.

Line 42 is entered as the quotient of line 41 divided by line 40 in four decimal places.

Column 3: Enter the gross salaries paid to employees as in each service area on lines 17 through 39.

Line 40 is the total of lines 17 through 39.

Line 41 is the total of line 7 Column 6, Schedule B.

Line 42 is entered as the quotient of line 41 divided by line 40 in four decimal places.

Column 4: Enter in Column 4, the accumulated costs on the corresponding lines 17 through 39 as calculated on Schedule C-1, Column 5, lines 17 through 39.

Line 40 is the total of lines 17 through 39.

Line 41 is the total of lines 6, 8, 9, 12, 15 and 16 Column 6, Schedule B.

Line 42 is entered as the quotient of line 41 divided by line 40 in four decimal places.

Schedule C-1:

Column 1: Enter the direct costs associated with the services listed on lines 17 through 39, Column 6, Schedule B.

Column 2, 3, and 4: Multiply the unit cost multiplier on Schedule C by the corresponding detail on Schedule on Schedule C. The products shall be entered on the corresponding lines on C-1.

Column 5: Enter the Sums of Columns 1, 2, 3, and 4 (Lines 17 through 39),

Column 6: Enter the product of the unit cost multiplier on Schedule C, Column 4, by the detail on Schedule C, Column 4, lines 17 through 39.

Column 7: Enter the sum of Columns 5 and 6, Lines 17 through 39.

Schedule D

This schedule provides for the apportionment of home health patient services costs to Title XIX only.

Part I:

Column 2: Enter the amount for each discipline from Schedule C-1, Column 7, Lines 18-22 through 23 as described in Column 1 of this schedule.

Column 3: Enter the total Units/Visits from the statistical data on Schedule A, Column 1, Lines 1 through 6 for each discipline as indicated in Column 1.

Column 4: This is the average cost per unit/visit for each discipline. Divide each line (1-6) the cost in Column 2 by the number of total visits in Column 3. Round that number to two decimal points.

Column 5: Enter the Title XIX visits from Schedule A, Column 2, Lines 1 through 6 for each discipline as indicated in Column 1.

Column 6: Multiply for each line (1-6) Column 4 by Column 5. Enter the product rounded to the whole dollar amount. Total the Lines 1 through 6 and enter on Line 7.

Part II:

Column 1: Enter cost from line 17, column 7.

Column 2: Enter Total Charges for Billable Medical Supplies from Providers records.

Column 3: Divide amount in column1 by amount in column 2 and round to 4 decimal places.

Column 4: Enter Title XIX charges from as reported on the MMIS/Cost Settlement Analysis reports.

Column 5: Multiply ratio in Column 3 by amount in Column 4 and round to whole dollar amount.

Part III

Line 1: Add Part I, Line 7, Column 6 and Part II, Line 1, Column 5. Report the sum as whole dollar amount.

SCHEDULE D-1

Line 1: Enter the Total Cost of Title XIX Services from Schedule D, Part III, Line 1.

Line 2: Enter the amounts received from Third Party Liability (TPL) and other sources as reported on the MMIS/Cost Settlement Analysis reports.

Line 3: Enter the amounts received from the Medicaid Program as reported on the MMIS/Cost Settlement Analysis reports.

Line 4: Add Line 2 and 3, and round to a whole dollar amount.

Line 5: Subtract Line 4 from Line 1 and round to a whole dollar amount. Indicate negative amounts (overpayments) in parentheses.

SCHEDULE E

PART I:

Column 2: Enter amounts from corresponding disciplines from Schedule C-1, Column 7, Lines 24 through 27.

Column 3: Enter Total Units/Visits from Schedule A, Column 1, Lines 7 through 10.

Column 4: Compute the average cost per visit for each type of discipline. Divide the number of visits (Column 3) into the cost (Column 2) and enter the amount rounded to two decimal places.

Column 5: Enter the Title XIX Units/Visits as reported on the MMIS/Cost Settlement Analysis reports for each discipline of service on Lines 1 through 4.

Column 6, Lines 1 through 4: Enter the product of Column 4 times Column 5 and round to a whole dollar amount.

Column 6, Line 5: Total Column 6, Lines 1 through 4 and enter as a whole dollar figure.

Part II

Column 2: Enter the Cost of Respite Care and Minor Home Adaptation from Schedule C-1 Column 7, Lines 28 and 29.

Column 3: Enter the Title XIX percentage of charges as reported on Schedule A, Lines 11 and 12.

Column 4: Multiply Column 2 by Column 3 and report as a whole dollar amount.

Part III

Column 6, Line 1: Add Part I, Column 6, Line 5 and Part II, Column 4, Lines 1 and 2. Enter as a whole dollar amount.

Column 5, Line 2: Enter the amounts received from Medicaid as reported on the MMIS/Cost Settlement Analysis reports. Enter as a whole dollar amount.

Column 5, Line 3: Enter the amounts received from by the Continuing Income or Third Party Liability amount as reported on the MMIS/Cost Settlement Analysis reports. Enter as a whole dollar amount.

Column 6, Line 4: Subtract Lines 2 and 3 from Line 1. Enter as a whole dollar amount. Show negative amounts in parentheses

SCHEDULE F

A.1: Provider is to indicate Yes or No by checking the blocks, if it has included costs which are a result of transactions with any related organizations.

A, 2: If YES, the Provider is to indicate the Schedule, Line Number, Item and Amount.

B. Certification by Officer or Director of the Agency.

The provider shall have an Officer or Director of the Home Health Agency certify the submitted Home Health Agency Cost Report by completing, original handwritten signature, and date.