

# RHC Cost Report Checklist Summer 2022



### **Electronic Filing of Cost Report**

- Please keep your IDM (Identity Management) credentials current by changing the password within the prescribed time frames. You will also need to assign the roles of PS&R User and Authorized Cost report Preparer to Dani Gilbert from HBS. This will allow us to pull the PS&R report and electronically file the cost report.
- NOTE: These roles will need to be re-certify annually. Dani will send notifications for recertification for those who have already assigned her to those roles in the past.

#### **Expense Information**

- Please provide an Income Statement (Profit & Loss) and Balance Sheet or trial balance for the cost report period.
- If the clinic has completed the Federal Tax Return for the cost report period, you may provide a copy of the tax return (in lieu of the trial balance).

### **Payroll Information**

- If the cost report is 1/1/20XX to 12/31/20XX, please provide the W-2s and W-3.
- If the cost report period is something other than 1/1/20XX to 12/31/20XX, please provide a Payroll Summary report with gross pay for the cost report period.
- Please provide a description of what each employee does (i.e., MD, PA, NP, nursing staff, janitorial, administrative staff, etc).
- Please provide the total number of hours work by each employee during the cost report period.



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#### Visits

- Please provide a CPT Frequency report broken down by provider for the cost report period this report should **not** be broken down by payor. This report will be used to determine visits on Worksheet B.
- Please provide a payer mix breakdown by percentage in the following categories, which in total should agree with the CPT Frequency report above:
  - CHIP
  - o Medicare
  - o Medicaid
  - All Other (i.e., commercial, self-pay, no-pay, etc)

### Vaccines

- Please maintain a log throughout the year of flu/pnu/covid vaccines given to traditional Medicare patients that includes the following information:
  - o Patient Name
  - Date of Service
  - HIC #
- Please provide a copy of an invoice where the vaccines were purchased for the year OR an estimate of the cost per dose that you paid?

## Malpractice

- Does the clinic carry commercial malpractice insurance?
  - If so, is it a claims-made or occurrence policy?
  - Please provide the total amount of malpractice premiums paid during the cost report period.

### Miscellaneous

- Please confirm whether there are any related party transactions that need to be disclosed on the cost report?
- Please confirm whether there are any Medicare bad debts that need to be claimed on the cost report? If so, please provide us with a listing in the prescribed format to include on the cost report.
- Please provide the name, email address, and title of the individual who will be signing the cost report.



# **RHC Cost Report Checklist (Page 3)**

#### **Cost Report Portal**

• HBS provides a secure client portal for you to submit you cost report information. Please use this portal to submit the files necessary to prepare the Medicare cost report. If you do not have access to this portal or have lost your log-in information, please let us know and we can send the required information to all you to use the portal.