

Progressive Provider Services HHA Cost Report Preparation Checklist

To submit information, upload to secure Dropbox link.
To obtain link contact support@ppsassistant.com or call 1 (800) 447-2540.

HHA name: _____

Medicare provider number (6 digit -PTAN/CCN): _____

HHA address, city, state, zip*: _____

Date certified for Medicare*: _____ Type of organization (Corp etc.) * _____

Attach files for the following: (Whenever available, please send information in Excel format).

1. Financial Documents:

- Trial Balance – Excel format required (**Expenses must be shown on an accrual basis**).
- Profit and Loss
- Balance Sheet

CMS requirement – expenses must be shown on an accrual basis.

Trial balance must match the Profit & Loss and Balance Sheet

COVID-19 ERC, PRF & small business loan forgiveness revenues should be separately identified.

2. PS&R – this is a CMS generated form that is needed to prepare the cost report.

A security official on the IDM system is required to request this form.

Contact us if you'd like a Step by Step Guide for setting up a security official or placing the request for PS&R.

3. Prior Year Complete Medicare Cost Report and supporting documents*.

4. Visit and Patient Information - Visits and patients broken out by discipline and by Payor.

Submit a report from your EMR software or complete the chart below.

Axxess users: Report called "Medicare cost report" can be sent in lieu of the chart below.

Kinnsner/Wellsky users: Visits by Insurance report can be sent in lieu of the chart below.

Perfect Notify users: - Annual Utilization report for all Insurance by type of staff can be sent in lieu of the chart below.

Discipline	MEDICARE		MEDICAID		OTHER	
	Visits	Patients	Visits	Patients	Visits	Patients
Skilled Nurses – RN						
Skilled Nurses – LPN						
Physical Therapists						
PTA						
Occupational Therapists						
COTA						
Speech Therapists						
MSW						
HHA						
All Other Services						

Unduplicated Census: Please count each patient once even if they received multiple services.

Medicare: _____ Medicaid: _____ Other: _____

*If your prior year cost report was prepared by PPS, we have this information.

5. Account Breakdown:

Revenue Breakdown - Enter revenue amount by payor:

Medicare: \$ _____ Medicaid: \$ _____ Other: \$ _____

Department Payroll and Contract Labor Breakdown (Provide breakdown on chart below).

The sum of the breakdowns should equal the total amounts on the trial balance accounts.

Discipline	Salary Amount	Contract Amount	Mileage Amount
ADMIN			
DON			
ADON			
Skilled Nurses – RN			
Skilled Nurses – LPN			
Physical Therapists			
PTA			
Occupational Therapists			
COTA			
Speech Therapists			
MSW			
HHA			

6. Nursing Administration Percentages:

Please provide the percentage of time spent on administrative tasks and visits:

	% Admin	% Visits
DON		
ADON		

7. FTE Information:

Complete the chart below to indicate Full Time Equivalents:

	Staff FTE	Contract FTE
Administrator and Assistant Administrator(s)		
Director and Assistant Director(s)		
Other Administrative Personnel		
Nursing Supervisor		

8. Related Party Information:

If any owners or relatives of owners work for the HHA, please provide name, position, salary, and % of ownership: _____

If any owners or relatives of owners also own a company which provides services to the HHA, please provide name, position, salary, and % of ownership: _____

9. Financials Audited:

If the financials were audited, compiled, or reviewed by an outside accountant, please select: _____

Enter date (past or future): _____

10. Malpractice:

Is the malpractice insurance a claims-made or occurrence policy? _____

Malpractice Premiums: \$ _____

11. Chargeable Medical Supplies:

Medicare medical supplies charges: _____ Non-Medicare medical supplies charges: _____

For every dollar of medical supply cost, how much do you charge Medicare / insurance? _____

12. Square footage:

Total HHA Facility: _____ Administrative: _____ Maintenance: _____

Nursing Administration: _____ Medical Records: _____