

Progressive Provider Services

SNF Full 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.

SNF name: _____

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

SNF 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.
- 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. Medicare Bad Debt Log

3. Interim Payments for Medicare Bad Debt

4. 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.

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

6. Admission and Discharges Summary – by Payor

7. Census Summary – Patient Days by Payor

8. Wage Related Hours

Summary by cost report department.

9. Contract Related Hours

Summary by cost report department – for hands on contract personnel. Therapists and Nurses.

10. Nursing Salary

Broken out by RN, LPN and C.N.A..

11. Nursing Hours

Broken out by RN, LPN and C.N.A..

12. Number of Beds

Did the number of beds change from prior year? If yes, provide details.

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

13. Related Party Information:

- a. If there is a management company, attach management company trial balance or Profit & Loss.
- b. If there is a home office, attach Home Office cost statement. (Unless being prepared by PPS.)
- c. If there is a related property company, attach the real estate trial balance or Profit & Loss.
- d. If any owners or relatives of owners work for the SNF, please provide name, position, salary, and % of ownership: _____
- e. If any owners or relatives of owners also own a company which provides services to the SNF, please provide name of company, type of service, compensation, name of related owner and % of ownership: _____

14. Financials Audited:

If the financials were audited, compiled, or reviewed by an outside accountant, please select: _____ Enter date (past or future): _____

15. Square footage:

This can be taken from the prior year cost report.
If not available, please provide square footage by cost centers.
If there were changes to square footage, please provide details.