

Web Enabled Cost Reports



NH - Department of Health & Human Services

Background

- The NH Medicaid cost report is comprised of financial & statistical information on the operation during a nursing home's fiscal year
- Currently 78 Medicaid nursing homes in New Hampshire are required to file a Medicaid Cost Report
- Cost reports must be filed within 3 months after the facility's fiscal year end



Why move to electronic cost reports?

- Reduce the need for paper mailings
- Allow providers a means of completing/filing electronically
- Reduce error in manual data entry when transferring data from paper to electronic format



Current Process

- State mails NH Medicaid cost report form to provider
- Cost reports on average are 45 pages.
- Providers mail 2 copies of completed cost report with additional information
- Auditors key information from cost report into Excel workbooks



Problems

- Subtotals & totals may be incorrect on providers report
- Auditor may miss key information
 - ◆ Trial balance information
 - ◆ Assets to calculate depreciation
- Unable to analyze information easily
- Not all information available electronically



Benefits for Providers

- Providers can save the document incrementally
- Assets can be updated during the year. Eliminating the need to complete it at one time
- Prior year ending balances are brought forward for current year beginning balance where applicable
- The system will bring forward information between the schedules
- System will check for errors prior to cost report submission



Navigation



- [Project Control](#)
- [Member](#)
- [Provider](#)
- [Ct Mgmt](#)
- [Claims](#)
- [EPSDT](#)
- [Rules Mgmt](#)
- [Benefits](#)
- [Info Analysis](#)
- [Financial](#)
- [My Account](#)
- [Manage Users](#)

Schedule G - Owner/Officers Compensation

[Print](#) | [Help](#) - □

* Required Field

[Continue](#) | [Save](#) | [Update Status](#) | [Notes](#) | [Reset](#) | [Cancel](#)

Cost Report Navigation

Provider Number: 123456789

Auditors: [Adj-Statistics](#) [Adj-Costs](#) [Summary](#) [Deprec-Summary](#)

Provider: Main Nursing Facility Report Period: 07/01/2005 - 06/30/2006

[General-Info](#) Schedules: [L](#) [B](#) [C](#) [Asset-Detail](#) [D](#) [E](#) [F](#) [G](#) [K](#) [H](#) [I](#) [J](#) [A](#) [A-1](#) [A-2](#) [Validate/Submit](#)

*Form Controls: Enter Schedule Information Schedule intentionally left blank

Please enter the following information for the owners/officers associated with this provider.

NOTE: If the owner(s) of this provider have received payments from other business entities which are related to the provider through common ownership and/or control, or transact any business with this provider attach a separate schedule identifying the business entity, the owner, his/her title, the type and amount of payment(s) received, and the hours per week devoted to the entity. Please send additional materials with the certification page.

[Add Owner / Officer](#)

Owners / Officers

Last Name, First Name, MI	Title	Function	Ownership Interest	Payments Received From Other Businesses	Avg Hrs per Work Week Devoted to this Business and % of Total Work Week		Compensation Included in Costs for this Reporting Period	
					Hours	Percent	Description	Amount
Mary B. Smith	President		51%	\$1,000.00	40	90%	comp	\$0.00
Total								\$0.00

n - n of n

[<<](#) [1](#) [2](#) [3](#) [>>](#)

Benefits for the State

- Auditors do not have to manually key in information
- System will do the logic testing of the information and create reports for the auditor that flag where there may be potential issues
- System will calculate asset depreciation
- Progress/status of cost reports will be tracked within the system



Cost Report Status



New Hampshire Health Enterprise Portal

[Home](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Logout](#)

[Project Control](#) | [Member](#) | [Provider](#) | [Ct Mgmt](#) | [Claims](#) | [EPSDT](#) | [Rules Mgmt](#) | [Benefits](#) | [Info Analysis](#) | [Financial](#) | [My Account](#) | [Manage Users](#)

Update Cost Report Status

[Print](#) | [Help](#) - □

* Required Field

[Save](#) | [Notes](#) | [Reset](#) | [Cancel](#)

Please update the status for the following cost report.

Provider Number	Report Date	Current Status	Review Type
1234567890	01/01/2005 - 12/31/2005	Under Review	Auditor Desk Review

*Status

*Review Type

Confidentiality notice this is ACS Property.
©2008 Affiliated Computer Services, Inc. All Rights Reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)



NH - Department of Health & Human Services

Benefits to the State Cont.

- The cost report can electronically move between the audit supervisor and auditor during review without having to reprint pages
- Send notice to provider through the system
- Any paper information from the provider can be imaged and stored in the system
- Will be able to analyze information across multiple years



Cost Report Summary

Auditor's Summary Print | Help - □

* Required Field Continue | Save | Update Status | Notes | Cancel

Cost Report Navigation

Provider Number: 123456789 Auditors: [Adj-Statistics](#) [Adj-Costs](#) **Summary** [Deprec-Summary](#)
 Provider: Main Nursing Facility Report Period: 07/01/2005 - 06/30/2006
[General-Info](#) Schedules: [L](#) [B](#) [C](#) [Asset-Detail](#) [D](#) [E](#) [F](#) [G](#) [K](#) [H](#) [I](#) [J](#) [A](#) [A-1](#) [A-2](#) [Validate/Submit](#)

Review Type: Desk Review Status: Pending Status Date: 12/32/2005

Medicaid Reimbursable Costs as Revised

Category ▾	Amount ⇅
Provider Submitted Costs	\$100
Provider Adjustments	\$0
Provider Net Cost	\$100
Medicaid Adjustments	-\$50
Total	\$50

Medicaid Reimbursable Costs as Allocated

Category ▾	Amount ⇅
ICF or ICF-MR	\$100
SNF	\$0
Hospital	\$0
Non-reimbursable	\$100
Total	\$200

Costs To Be Used for Calculating Medicaid Rates

Cost Center ▾	Amount ⇅
Capital	\$100
Plant Maintenance	\$0
Other Support	\$100
Direct Care	\$100
Therapy	\$0
Administration	\$0
Total	\$300

Beds & Patient Days

Category ▾	# ⇅
Total Long Term Care Beds	100
Total Long Term Care Patient Days	0
Total Medicaid Patient Days	0
Long Term Care Patient Days @ 85% Occupancy	85



Conclusion

- Cost reports can be converted to electronic submission
- It is time intensive up front, but time well spent
- Need to be open to new ideas

