



Healthcare Business Specialists

# 2024 RHC Medicare Cost Report Workpaper Checklist

## Updated 2/2/2024

ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	√ IF INCLUDED
1	<p>We need <u>at least one of the following</u> items to determine the total expenses paid by clinic during the cost reporting period. The reports should be for the entire accounting period (which is typically 12 months).</p> <ul style="list-style-type: none"> <li>a. Trial Balance</li> <li>b. Financial Statement from Accountant or QuickBooks</li> <li>c. Federal Tax Return for the Practice</li> </ul>	
2	<p>We need <u>at least one of the following</u> to determine the total patient visits or encounters.</p> <ul style="list-style-type: none"> <li>a. CPT Frequency Report (by Provider)</li> <li>b. Written, Manual Visit Count <b>using the Updated Included Cheat Sheet</b></li> </ul>	
3	<ul style="list-style-type: none"> <li>• W-2's with the <b><u>employee's position listed</u></b> on the W-2 or what the employee did during their employment. <b><u>Please write the number of hours the employee worked during the year on the W-2, as well, and if the employee split time in laboratory or X-Ray.</u></b></li> <li>• If the cost report period is something other than 1/1/XX to 12/31/XX, please provide a payroll journal report with gross pay for the cost report period.</li> <li>• Please provide a description of what each employee does (i.e., MD, PA, NP, nursing staff, janitorial, administrative staff, etc).</li> <li>• Please provide the total number of hours work by each employee during the cost report period.</li> </ul>	
4	<p>We need <u>all of the following</u> information to claim Influenza and Pneumococcal reimbursement on the cost report.</p> <ul style="list-style-type: none"> <li>a. Medicare Logs with Patient Name, MBI Number, and Date of Service</li> <li>b. A Count, Listing, or Log for Non-Medicare Patients</li> <li>c. Invoices Supporting the Vaccine Purchases During the Year</li> </ul>	
5	<p><b>PS&amp;R Report.</b> RHCs are required to obtain their own PS&amp;R from the EIDM portal from the IACS system. Please start this process immediately if you do have a log-in as it may take six to eight weeks. We need the summary 710 and 71S reports for the period of the cost report. (We have included a seven-page PDF with instructions.) <b>Add Dani Gilbert as your Authorized Cost Report Preparer for EIDM if you want HBS to file the cost report electronically.</b></p>	

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*Specializing in RHC reimbursement*

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# HBS

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6	<p><b>Medicare Bad Debt Listing.</b> If you have any Medicare bad debts, please prepare a separate Bad Debt listing for Medicare bad debt and Medicare/Medicaid crossover bad debt, using the Excel template we provide. If you do not have a copy of the Excel template for this, please email us and request one. If you are not claiming bad debts, please indicate that as well. Medicare has an approved template which can be found here:  <a href="https://www.cms.gov/files/document/medicarebd-1728-20-hha-exhibit-1-template.xlsx">https://www.cms.gov/files/document/medicarebd-1728-20-hha-exhibit-1-template.xlsx</a></p>	
7	<p><b>Related Party Transactions.</b> List any related party transactions (RPT), including any rental payments by the clinic to the physician/owner or the owner's relatives. Please upload 1099s if you think you may have a RPT.</p>	
8	<p><b>S-3 Clinic Information</b> Please see the workpaper which includes identifying information about the clinic and includes the clinic's hours of operation. <b>Please also indicate any non-RHC hours that the clinic may have.</b></p>	
9	<p><b>Laboratory.</b> Please complete the Laboratory Time Log if you do not have dedicated employee to lab or expenses directly expensed to lab in the trial balance.</p>	
10	<p><b>FTE Calculation.</b> Please complete the Provider FTE Calculation Workpaper attached to this document.</p>	
11	<p><b>Depreciation.</b> Please include a depreciation schedule so we can convert depreciation to straight-line depreciation.</p>	
12	<p><b>Please enclose any Medicare correspondence including letters requesting a cost report, Notices of Program Reimbursement for prior years, or any adjustment reports from the Medicare Administrative Contractor (MAC). This will ensure your cost report is filed to the correct MAC.</b></p>	
13	<p>Please provide <b>visit counts</b> in the following formats:</p> <ol style="list-style-type: none"> <li>a. Total Medical visits, total mental health visits, and visits by interns and residents</li> <li>b. Visits by payor mix for inclusion on Worksheet S-3             <ol style="list-style-type: none"> <li>i. Title V- CHIP</li> <li>ii. Title XVIII – Medicare</li> <li>iii. Title XIX – Medicaid</li> <li>iv. Other – Commercial, self-pay, etc.</li> </ol> </li> </ol> <p>Please see the Workpaper S-3 Total Visits by Payor Mix and complete.</p>	

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14	Please complete Worksheet S-1 regarding your <b>Malpractice costs:</b> a. Malpractice premiums, _____ b. paid losses, and _____ c. self-insurance costs _____ <b>Is the malpractice insurance a claims-made or occurrence policy?</b>	
15.	To ensure accurate classification of expenses within the appropriate cost report cost center, we kindly request the preparation of a detailed schedule of outside services. This schedule should include information on the recipients of payments, the nature of the services provided, and the purpose of these expenditures. This documentation is crucial for the precise allocation of expenses in the cost report.	
16.	<b>IMPORTANT: Please send any letter from the MAC with any type of settlement from the MAC. If we do not report these settlements on the cost report the clinic may have to pay back funds to Medicare when the report is final settled.</b>	
17.	Please provide the information for the person who will sign the Cost Report  First Name _____ Last Name _____ Title _____ Email _____	
18.	Is the Clinic part of an entity that owns or leases multiple RHCs? If so, provide the following information:  Name of Entity _____ Street _____ P.O. Box _____ City _____ State _____ Zip Code _____	

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