Healthcare Business Specialists
Electronic Request List
Items Needed for Cost Report Preparation

Thank you for engaging Healthcare Business Specialists to prepare your Medicare Cost Report. Mark R. Lynn, CPA (Inactive) CRHCP, CCRS, Dani Gilbert, CPA, CRHCP, Page Chambers, CIA, CRHCP, and Trent Jackson, CRHCP, CCRS, RH-CBS will be the primary contacts with Healthcare Business Specialists, so feel free to contact us at any time. Here is our Contact Information and if you need to fax us, that number is (800) 268-5055. You will be provided a client portal to securely upload computer files as well through a system called Canopy.

Contact	Telephone	Email
Healthcare Business Specialists	833.787.2542	ruralhealthclinic@outlook.com
Mark R. Lynn, CRHCP, CCRS	423.243.6185	marklynnrhc@gmail.com
Dani Gilbert, CPA, CRHCP	833.787.2542 E.1	dani.gilbert@outlook.com
Page Chambers, CIA, CRHCP	833.787.2542 E.3	page.chambers@outlook.com
Trent Jackson, CRHCP, CCRS, RH-CBS	833.787.2542 E.4	thomastrenton.jackson@outlook.com

Additionally, we have several resources that will be helpful as you learn more about the RHC program or have questions. We have included a table of those resources for your convenience.

Type	Purpose	Link
Facebook Group	This Group has 4,000 members where you can ask questions	RHC Information Group on Facebook
Website	Rural Health Clinic.com Website	http://www.ruralhealthclinic.com/
YouTube Channel	A place to find recordings of HBS webinars	http://www.youtube.com/@HBS.RHCConsultants
eIDM Website	Access to IDM systems such as PS&R and MCReF	https://portal.cms.gov/portal/

Healthcare Business Specialists

Specializing in RHC reimbursement

144 Hancock Oaks Trace NE Cleveland, Tennessee 37323
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The Below listing details all items we need to begin the cost report preparation process. The more complete the data that is submitted up front, the quicker and easier we will be able to process that data and produce a draft of the report.

1 We need at least one of the following items to determine total expenses paid by the clinic during the cost reporting period. These reports should be for the entire accounting period which matches the cost reporting period (typically 12 months)
- a Trial Balance
- b Financial Statement from Accountant or QuickBooks
- c Federal Tax Return for the Practice (only if the clinic's cost reporting period matches the calendar year)

2 Please provide a CPT report matching the cost reporting period broken down by provider so that we can accurately count all relevant encounters for the period.

3 We will need either a payroll summary for the appropriate period or a complete set of W-2s. In both cases, please indicate the job title for each employee as well as the hours each employee worked through the year. If the total of salaries and wages does not match the total shown on the provided expense listing, please provide a brief explanation of the variance.

4 Please provide us with a PS&R report for the period or the appropriate access to pull the report ourselves. If you are unsure whether we have that access, please check in with us to verify as this is also critical to ensuring we are able to file the report.

5 Please complete the clinic information tab.

6 Please complete the Provider FTE Tab

7 Please complete the Malpractice information tab

8 How many hours were worked by all nursing staff and Medical Assistants during the period?
Total Hours _____

9 Please provide any Medicare correspondence sent to the clinic. Please include cost report demand letters, Notices of Program Reimbursement, and any adjustment reports or other correspondence sent from your MAC.

10 Please provide a visit count sorted by payer or an estimated payer percentage by the following payer types:
- CHIP _____
- Medicare _____
- Medicaid _____
- Other _____

11 If you intend to claim reimbursement for flu, pneumococcal, or covid vaccines given to Medicare beneficiaries, please complete the vaccine information tab. We will need ***all*** of the following items:
- a Medicare Logs with Patient Names, MBI Numbers, and Dates of Service
- b A count, listing, or log of Non-Medicare shots given
- c Invoices supporting vaccine purchases through the year

12 If your expense listing includes an account for outside services or professional services, please complete the outside services information tab

13 If you intend to claim Medicare Bad Debt please provide an appropriately prepared Medicare Bad Debt Log in excel format. Please also indicate if you do not intend to claim Medicare Bad Debts.

14 If the clinic is involved in any Related Party Transactions (RPT), please provide details surrounding those transactions.
- a If the RPT involves rental payments paid by the clinic to the owner, please include support for any costs incurred by the owner of the property and not appearing on the expense listing previously submitted.

15 If there is depreciation included on the provided expense listing, please provide a depreciation schedule which matches the claimed amount.

16 If applicable, please complete the laboratory information tab.

17 If applicable, please complete owner entity tab.

18 Who will sign the cost report?
- Name _____
- Title _____
- Email _____

Note *CMS highly prefers that cost reports be submitted electronically and that PS&Rs be generated via the IDM system as opposed to requesting it from the MAC. If you are not set up in the IDM system, please get your clinic registered as soon as possible. In addition to complying with the current filing preferences, it is also beneficial to be enrolled in the IDM system as it speeds both the preparation and filing processes for cost reports. Feel free to let us know if you have questions about getting set up, and we will do our best to point you in the right direction.*

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Worksheet S RHC Identification Data

Please complete the following information and note any changes from the previous year. You are required to report any address change on the 855A form. If the Office Manager has changed during the year, please indicate

Name of Clinic per CMS	
CCN/PTAN Provider Number	
Fiscal Year End	
Address	
State	
Zip Code	
County	
Type of Ownership	
Office Manager	
Office Manager Email	

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Provider FTE Information

Please list all providers who saw patients during the cost reporting period. Enter in the blue shaded cells the name of the provider, the number of hours they worked with RHC patients during the week, the weeks during the cost reporting period that they worked, and any hours per week spent in admin or Non-RHC duties. If any Non-RHC time is indicated, please describe what sort of Non-RHC time the provider takes part in in the notes section below.

Provider Name	Weekly Hours in RHC Treating Patients	Weeks during the Fiscal Year Treating Patients	Total Hours Treating Patients during the Year	Standard Hours for a FTE	Worksheet B FTE	Hours per week performing Admin duties	Hours per week performing Non-RHC duties	Total Hours worked per week	Total Hours per Year
Physicians (CR 1)									
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
Physicians Total	-	-	-		-	-	-	-	-
Physician Assistants (CR 2)									
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
Physician Assistants Total	-	-	-		-	-		-	-
Nurse Practitioners (CR 3)									
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
			-	2,080	-			-	-
Nurse Practitioners Total	-	-	-		-	-		-	-
Provider Total	-	-	-		-	-		-	-

NOTES:

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Malpractice Information

Please enter the information below related to the clinic's malpractice policy.

Does this RHC carry commercial malpratice insurance?	
Claims-Made or Occurrence Policy?	
Malpractice Premiums:	$ -
Paid Losses:	$ -
Self-Insurance Costs:	$ -
Where is this expense included in the submitted expense listing?	

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Vaccine Information

If your clinic is seeking reimbursement for Medicare flu, pneumococcal, or covid shots given please complete the below table. You will also need to submit a log including patient name, Medicare identification number, and date of service for all Medicare shots given.

Description	PNU	Flu	Covid
Medicare Injections Provided			
Medicaid Injections Provided			
All Other Injections Provided			
Total Injections Provided	-	-	-
Minutes per Shot			

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Outside Services Information

1	Total Amount of Outside Services per Expenses	-
2	Amount related to Contract Nursing	-
3	Amount related Medical Directorship	-
4	Amount related to Repairs and Maintenance	-
5	Amount related to Legal	-
6	Amount related to Accounting	-
7	Amount related to any other Outside Professional Services (provide a detail)	-
	Please ensure the amounts in lines 2-7 sum to the amount in line 1	-

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Laboratory Information

Please complete the blue shaded cells of the table below. Please complete a column for each type of lab test completed during the year. This information will be used to reclassify costs that are related to the laboratory.

Description of Lab Test													
CPT Code													
Average Minutes per Test													
Number of Tests Performed													
Avg Hourly Wage of Nursing Staff Performing Tests													
Annual Test Hours	-	-	-	-	-	-	-	-	-	-	-	-	Total
Salary Cost for Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Total cost of Medical Supplies used by the Lab for all tests

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Owner Entity Information

Only complete the below table if the clinic is part of an entity that owns or leases multiple RHCs. Complete the following table with the information of the owner entity.

Name of Entity	
Street	
P.O. Box	
City	
State	
Zip Code	