

RHC Cost Report Planning (Year-End)

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12/31 Cost Reports are Due 5/31

Step	Description
1	If you would like us to prepare your cost report, please let us know.
2	RHC Cost Report and HIPAA Agreements are currently being sent out. (If you don't receive one by 11/20, please reach out to me.)
3	Return signed RHC Cost Report and HIPAA Agreements, along with retainer to HBS.

RHC Cost Report and HIPAA Agreements

HBS

Healthcare Business Specialists

RHC Cost Report Preparation Agreement

Healthcare Business Specialists

and

Name of Clinic
Street Address
City, State Zip Code

Healthcare Business Specialists (HBS) agrees to provide RHC cost reporting services to Name of Clinic in City, State for the fiscal year end December 31, 2022. The cost report will be due May 31, 2023.

The services will include preparation of the Medicare Cost Report, Medicare Workpapers, Electronic Submission File and Print Image, and a USB Drive with a PDF of the submission. The services also include the preparation of the special cost report submission to Medicaid, if the State requires a separate reporting form.

The clinic will receive a copy of the cost report submission for your files and a notebook to maintain the cost report submission. HBS will provide support for any Desk Review that is performed by the Medicare Administrative Contractors (MAC) as a part of this service. If the clinic is selected for a Compensation Audit or a higher-level audit than a Desk Review, there may be additional fees incurred and those will be billed at our standard hourly billing rate.

HBS will not audit or confirm the accuracy of your accounting records or the information that is submitted to us. We will recount visits, flu shots, bad debts, and other information to ensure mathematical accuracy; however, we will not conduct procedures to determine that numbers provided are accurate. It is the responsibility of the clinic to provide HBS with the proper information to accurately prepare a cost report and the clinic will attest to the accuracy and compliance with Medicare reporting requirements by signing the cost report. The clinic should provide auditable, original source documents from their records.

HBS will take the information, compile it, and enter it into the RHC Cost Reporting software in the manner prescribed by Medicare. We cannot guarantee that Medicare will accept all costs claimed. Owner Physician Compensation, Transportation, Bad Debts, Advertising and Promotion, and Related Party Costs may be excluded from reimbursement by the MAC. These

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www.ruralhealthclinic.com

HIPAA BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (hereinafter "Agreement") is between Name of Clinic (hereinafter "Covered Entity") and Healthcare Business Specialists (hereinafter "Business Associate"). Covered Entity and Business Associate may be referred to herein individually as "Party" or collectively as "Parties."

Covered Entity acknowledges that it is subject to the Privacy Rule (45 CFR Parts 160 and 164) promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Business Associate provides services or goods to Covered Entity pursuant to one or more contractual relationships detailed below and hereinafter referred to as "Service Contracts". Please check all that apply to your RHC:

- RHC Cost Report Preparation
- Annual Evaluation Preparation
- RHC Startup Services
- Mock Inspection - Walkthrough

In the course of executing Service Contracts, Business Associate may come into contact with, use, or disclose Protected Health Information (defined in Section 1.7 below). Said Service Contracts are hereby incorporated by reference and shall be taken and considered as a part of this document the same as if fully set out herein.

In accordance with the federal privacy regulations set forth at 45 C.F.R. Part 160 and Part 164, Subparts A and E, which require Covered Entity to have a written contract with each of its Business Associates, the Parties wish to establish satisfactory assurances that Business Associate will appropriately safeguard "Protected Health Information" and, therefore, make this Agreement.

1. DEFINITIONS

- Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR §§ 160.103 and 164.501.
- "Designated Record Set" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- "Health Care Operations" shall have the meaning set out in its definition at 45 C.F.R. § 164.501.
- "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- "Privacy Officer" shall have the meaning as set out in its definition at 45 C.F.R. § 164.530(a)(1).
- "Privacy Rule" shall mean the Standards for Privacy for Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A and E.
- "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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4	Work on setting up access to the IDM System (instructions to follow).

Identity Management (IDM) System

CMS created the IDM System to provide providers with a means to request and obtain a single User ID, which they can use to access one or more CMS applications.

The IDM System provides the means for users to be approved to access many other CMS systems and applications. IDM governs access to CMS systems by managing the creation of user IDs and passwords, setting up multi-factor authentication (MFA), and the assignment of roles within CMS applications.

Identity Management (IDM) System

Learning Objectives

- ▶ How to Create a New User Account
- ▶ IDM Self Service Dashboard (Overview)
- ▶ How to Request a Role for a New Application
- ▶ How to Add Attributes to an Existing Role
- ▶ How to View and Cancel Role Requests

Identity Management (IDM) System

How to Create a New User Account

1. Navigate to <https://home.idm.cms.gov/>.
2. Click the *New User Registration* button.

CMS.gov | IDM

Sign In

User ID

Password

Agree to our [Terms & Conditions](#)

Sign In

OR

CMS PIV Card Only

Attention CMS PIV card users: If this is your first time signing in you must first sign in using your EUA ID and password before having the option to log in with your PIV card.

OR

New User Registration

[Forgot your Password, User ID or Unlock your account?](#)

[Need Help?](#)

Identity Management (IDM) System

How to Create a New User Account

3. Enter the requested information (i.e., **Name, Date of Birth, E-mail Address,** etc.)
 - ▶ Make sure the you enter an exact match in the 'E-mail Address' and 'Confirm E-mail Address' fields.
4. Click the ***Terms & Conditions*** button. Read the IDM terms and conditions then click the ***Close Terms & Conditions*** button.
5. Click the checkbox to acknowledge agreement with the terms and conditions, then click the ***Next*** button.

The screenshot shows a three-step process for creating a new user account. Step 1, 'Personal', is currently active. The form includes the following fields: First Name, Middle Name (Optional), Last Name, Suffix (Optional) (a dropdown menu), Date of Birth (MM/DD/YYYY), E-mail Address, and Confirm E-mail Address. A 'View Terms & Conditions' button is located below the email fields. At the bottom of the form, there is a checkbox for 'I agree to the terms and conditions', a red 'Cancel' button, and a green 'Next' button. A note at the top of the form states: '* Optional fields are labeled as (Optional)'.

Identity Management (IDM) System

How to Create a New User Account

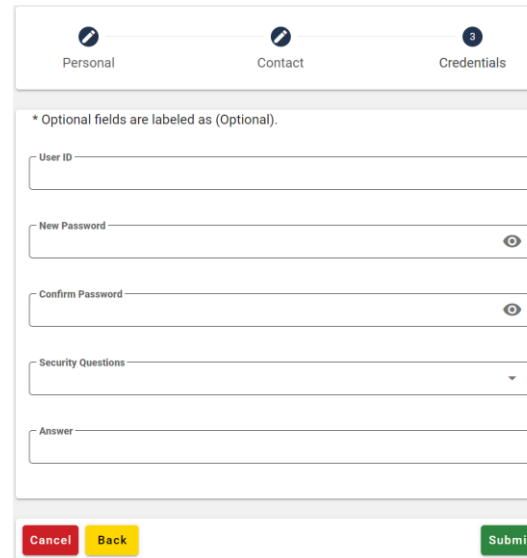
6. Enter the Home Address, City, State, Zip Code and Phone Number.
7. Click the *Next* button.

The screenshot shows a three-step progress bar at the top: 1. Personal, 2. Contact (active), and 3. Credentials. Below the progress bar, a note states: '* Optional fields are labeled as (Optional)'. The main question is 'Is your Address a US or Foreign Address?' with two radio button options: 'US Address' (selected) and 'Foreign Address'. Below this are several input fields: 'Home Address Line 1', 'Home Address Line 2 (Optional)', 'City', 'State' (a dropdown menu), 'Zip Code', 'Zip Code Extension (Optional)', and 'Phone Number'. At the bottom, there are three buttons: 'Cancel' (red), 'Back' (yellow), and 'Next' (green).

Identity Management (IDM) System

How to Create a New User Account

8. Enter the desired **User ID**, **Password** and **Confirm Password**.
 - ▶ The Password and Confirm Password must match.
9. Select a **Security Question** from the list.
 - ▶ Type the security question answer into the Answer dialog box.
10. Click the **Submit** button to submit the account registration request. The system will display a message that indicates the account was successfully created.
11. Click the **Return** button.



The screenshot shows a registration form with three tabs: Personal, Contact, and Credentials. The Credentials tab is active. The form includes a note: "* Optional fields are labeled as (Optional)". The fields are: User ID (text input), New Password (password input with a toggle icon), Confirm Password (password input with a toggle icon), Security Questions (dropdown menu), and Answer (text input). At the bottom, there are three buttons: Cancel (red), Back (yellow), and Submit (green).

Identity Management (IDM) System

IDM Self Service Dashboard (Overview)

The IDM Self Service Dashboard provides access to functions that allow users to manage their user profile, request new applications, and manage roles for applications to which they have been granted access.

The screenshot shows the top navigation bar with 'CMS.gov | IDM Self Service' on the left, a user icon with a '2' notification badge, 'Need Help?', and the user name 'Sylvia Gilbert' with a dropdown arrow. Below the navigation bar are four white cards with rounded corners, each containing an icon, a title, and a description:

- My Profile**: To access your Profile please click here. You can View or Edit your Profile or MFA on this page.
- Role Request**: To request access to a new Application please click here. You can Add a Role in a new Application on this page.
- Manage My Roles**: To access your existing Roles please click here. You can View, Add, Edit or Remove Roles on this page.
- My Requests**: To access your own Pending requests please click here. You can View or Cancel your requests on this page.

Identity Management (IDM) System

How to Request a Role for a New Application

1. Click the *Role Request* button.
2. Select an application (PS&R/STAR).
The Select a Role menu appears after an application is selected.
 - ▶ You will want to select either ‘PS&R Security Official’ or ‘PS&R User’, depending on if someone from your clinic is already set up with access.
3. Select a role. The Remote Identity Proofing (RIDP) terms and conditions appear after role is selected.

The screenshot shows the 'Add Role' form in the IDM system. At the top, there is a progress indicator with three steps: 'Group', 'Role', and 'Review'. The 'Group' step is currently active. Below the progress indicator, the form displays the following information:

- Selected Application:** PS&R/STAR
Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement.
- View Helpdesk Details** (button)
- Selected Group:** Medicare Provider
I work for a Medicare Provider and I want to register for PS&R
- Select a Role** (dropdown menu, highlighted with a red border)
- End User**
 - PS&R Admin
 - PS&R User
 - MCREf Approved Cost Report Filer
- Approver**
 - PS&R Security Official
 - PS&R Backup Security Official

* Optional fields are labeled as (Optional).

Identity Management (IDM) System

How to Request a Role for a New Application

4. Review the RIDP terms and conditions, check the “I agree to the terms and conditions” selection box, then click the **Next** button.
5. Complete the Identity Verification form and click the **Next** button.
6. Answer the proofing questions and click the **Verify** button.
7. Select the required attributes from the Attribute menu.
8. Review the role request information and click the **Review Request** button. The Reason for Request dialog box appears.
9. Enter a justification and click the **Submit Role Request** button. The Role Request window displays a Request ID and a message which states that the request was successfully submitted to an approver for action.

Identity Management (IDM) System

How to Add Attributes to an Existing Role

1. Click the *Manage My Roles* button.
2. Click the *View Details* button.

Manage My Roles		
Application Name	Role Name	Actions
PS&R/STAR	PS&R User	   
PS&R/STAR	MCREf Approved Cost Report Filer	   

Application Roles	
PS&R/STAR	
PS&R User	Role: PS&R User
PS&R User	Assigned Date: 08/09/2021
PS&R User	Organization: PS&R User
PS&R User	TIN / SSN: PS&R User
MCREf Approved Cost Report Filer	Legal Business Name: PS&R User
PS&R User	CMS Certification Number CCN: PS&R User
MCREf Approved Cost Report Filer	Company Telephone: PS&R User
PS&R User	Extension: PS&R User
PS&R User	Company Fax: PS&R User
PS&R User	Fax Number Extension: PS&R User
MCREf Approved Cost Report Filer	Address 1: PS&R User
PS&R User	Address 2: PS&R User
PS&R User	City: PS&R User
PS&R User	State/Territory: PS&R User
PS&R User	Zip Code: PS&R User

Identity Management (IDM) System

How to Add Attributes to an Existing Role

3. Click the ***Modify Role*** button. The Edit Role Details window appears. This window contains fields that are similar to those used during the initial role request, but it only permits the user to modify role attributes.
4. Add one or more role attributes.
5. Enter a justification statement and click the ***Submit Changes*** button.

Identity Management (IDM) System

How to View and Cancel Role Requests

1. Click the *My Requests* button.
2. Click the *View Details* button.
3. Click the *Cancel Request* button for the role request that will be cancelled.
4. Click the *Cancel Role Request* button.

Request ID	Application	Group Name	Role	Organization	Additional Details	Submit Date	Expiration Date	Actions
1308396	PS&R/STAR	Medicare Provider	MCRf Approved Cost Report Filer	[REDACTED]	View Organization Details ↓	10/18/2021 11:03 AM	12/17/2021 10:03 AM	[Cancel Request]
1400458	PS&R/STAR	Medicare Provider	MCRf Approved Cost Report Filer	[REDACTED]	View Organization Details ↓	10/26/2021 02:48 PM	12/25/2021 01:48 PM	[Cancel Request]

Request Details

Application: PS&R/STAR

Group Name: Medicare Provider

Role: MCRf Approved Cost Report Filer

Request ID: 1308396

Submit Date: 10/18/2021

Expiration Date: 12/17/2021

Reason for Request: Cost Report Preparer

TIN / SSN: [REDACTED]

Legal Business Name: [REDACTED]

CMS Certification Number CCN: [REDACTED]

Company Telephone: [REDACTED]

Company Fax: [REDACTED]

Address 1: [REDACTED]

City: [REDACTED]

State/Territory: [REDACTED]

Zip Code: [REDACTED]

Organization: [REDACTED]

Back to My Requests Cancel Request

Provider Statistical & Reimbursement (PS&R) System

Providers that file cost reports are required to register for the PS&R system through Individuals Authorized Access to the Centers for Medicare & Medicaid Services (CMS) Computer Services (IDM) to obtain the PS&R reports. The PS&R Redesign will be utilized for all cost reports with fiscal years ending January 31, 2009 and later. These cost reports will be both filed and settled using PS&R Redesign.

An approved PS&R User can order reports.

NOTE: For those clinics who plan on pulling their own PS&R reports, you will want to make sure that the Service Period is broken down into the following:

- ▶ Period 1: 1/1/2021 - 3/31/2021 (RHC Capped Rate: \$87.52)
- ▶ Period 2: 4/1/2021 - 12/31/2021 (RHC Capped Rate: \$100.00)

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5	Receive RHC Cost Report checklist from HBS.

RHC Cost Report Checklist



2022 RHC Medicare Cost Report Workpaper Checklist

ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	✓ IF INCLUDED
1	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). <ol style="list-style-type: none"> Trial Balance Financial Statement from Accountant or QuickBooks Federal Tax Return for the Practice 	
2	We need <u>at least one of the following</u> to determine the total patient visits or encounters. <ol style="list-style-type: none"> CPT Frequency Report (by Provider) Written, Manual Visit Count using the Updated Included Cheat Sheet 	
3	W-2's with the <u>employee's position listed</u> on the W-2 or what the employee did during their employment. 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.	
4	We need <u>all of the following</u> information to claim Influenza and Pneumococcal reimbursement on the cost report. <ol style="list-style-type: none"> Medicare Logs with Patient Name, HIC Number, and Date of Service A Count, Listing, or Log for Non-Medicare Patients Invoices Supporting the Vaccine Purchases During the Year 	
5	PS&R Report. RHCs are required to obtain their own PS&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.) Add Dani Gilbert as your Authorized Cost Report Preparer for EIDM if you want HBS to file the cost report electronically.	
6	Medicare Bad Debt Listing. 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.	



ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	✓ IF INCLUDED
7	Related Party Transactions. List any related party transactions (RPT), including any rental payments by the clinic to the physician/owner or the owner's relatives. Please copy 1099s for our file if you think you may have a RPT.	
8	S-3 Clinic Information Please see the workpaper which includes identifying information about the clinic and includes the clinic's hours of operation. Please also indicate any non-RHC hours that the clinic may have.	
9	Laboratory. 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.	
10	FTE Calculation. Please complete the Provider FTE Calculation Workpaper attached to this document.	
11	Depreciation. Please include a depreciation schedule so we can convert depreciation to straight-line depreciation.	
12	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.	
13	Please provide visit counts in the following formats: <ol style="list-style-type: none"> Total Medical visits, total mental health visits, and visits by interns and residents Visits by payor mix for inclusion on Worksheet S-3 <ol style="list-style-type: none"> Title V- CHIP Title XVIII – Medicare Title XIX – Medicaid Other – Commercial, self-pay, etc. Please see the Workpaper S-3 Total Visits by Payor Mix and complete.	

RHC Cost Report Checklist

HBS
Healthcare Business Specialists

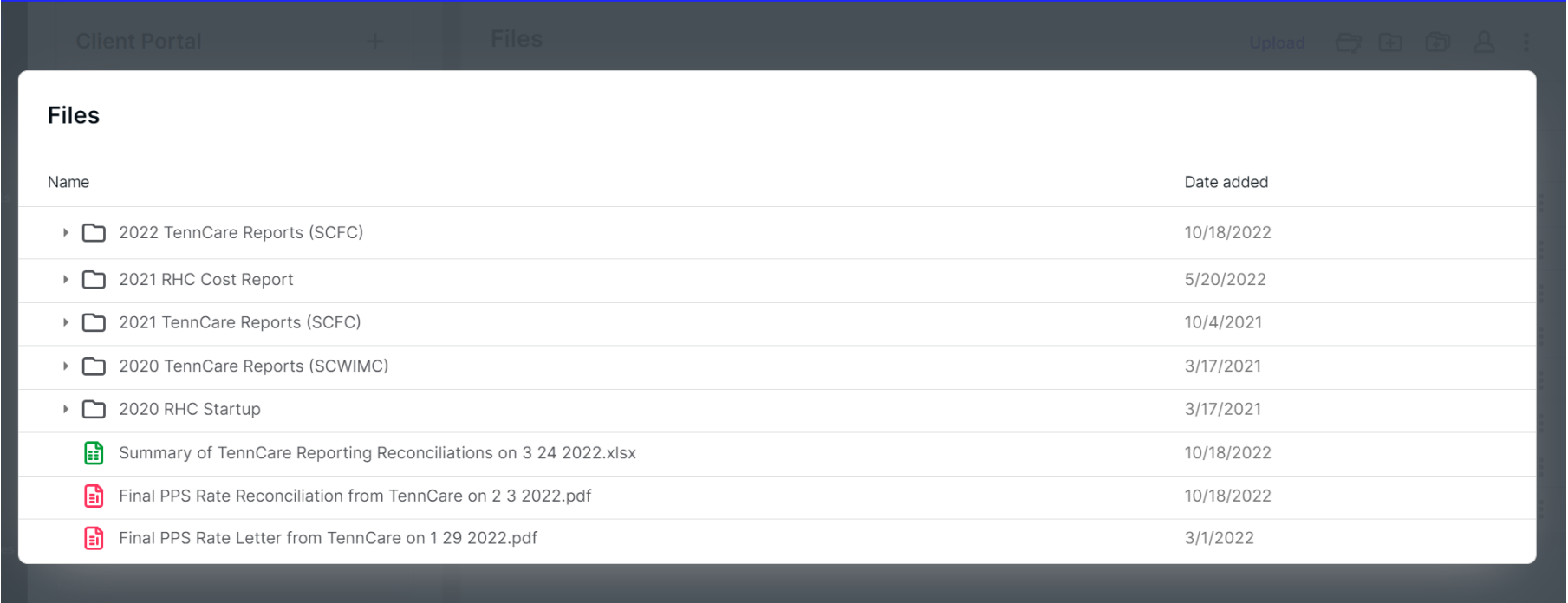
ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	✓ IF INCLUDED
14	Please complete Worksheet S-1 regarding your Malpractice costs: a. Malpractice premiums, _____ b. paid losses, and _____ c. self-insurance costs _____ Is the malpractice insurance a claims-made or occurrence policy? _____	
15.	IMPORTANT: Please send any letter from the MAC with any type of settlement to for 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.	
16	Please provide the information for the person who will sign the Cost Report First Name _____ Last Name _____ Title _____ Email _____	
17	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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6	Obtain & upload information to Client Portal as early as possible. (Let me know if you do not currently have access to your portal.)

Client Portal (Canopy)



The screenshot shows a web interface for a Client Portal. At the top, there is a dark header with the text "Client Portal" on the left, a "+" icon in the center, and "Files" on the right. Further right in the header are icons for "Upload", a folder, a document, a camera, a person, and a menu. Below the header is a white box titled "Files" containing a table with two columns: "Name" and "Date added". The table lists several folders and files, including reports and reconciliations from 2020 and 2021.

Name	Date added
▶ 📁 2022 TennCare Reports (SCFC)	10/18/2022
▶ 📁 2021 RHC Cost Report	5/20/2022
▶ 📁 2021 TennCare Reports (SCFC)	10/4/2021
▶ 📁 2020 TennCare Reports (SCWIMC)	3/17/2021
▶ 📁 2020 RHC Startup	3/17/2021
📄 Summary of TennCare Reporting Reconciliations on 3 24 2022.xlsx	10/18/2022
📄 Final PPS Rate Reconciliation from TennCare on 2 3 2022.pdf	10/18/2022
📄 Final PPS Rate Letter from TennCare on 1 29 2022.pdf	3/1/2022

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7	HBS will prepare the RHC Cost Report and submit electronically, upon client approval.

Questions?



Contact Information



Dani Gilbert, CPA, CRHCP
RHC Consultant
Healthcare Business Specialists
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Cleveland, Tennessee 37323
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