

4103. WORKSHEET S - SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Check the appropriate box to indicate whether you are filing electronically or manually. For electronic filing, indicate on the appropriate line the date and time corresponding to the creation of the electronic file. This date and time remains as an identifier for the file by the contractor and is archived accordingly. For a manual filing, the provider must have contractor approval for submission of a low utilization cost report in accordance with CMS Pub. 15-2, chapter 1, §110 or the provider must have demonstrated financial hardship in accordance with 42 CFR 413.24(f)(4)(v).

4103.1 Part I - Cost Report Status--This section is to be completed by the provider and contractor as indicated on the worksheet.

Lines 1 through 3--The provider must check the appropriate box to indicate on line 1 or 2, column 1, whether this cost report is *prepared* electronically or manually. *Only providers submitting manually prepared cost reports, 1) reporting low Medicare utilization in accordance with CMS Pub. 15-2, chapter 1, §110, or 2) after demonstrating financial hardship in accordance with §133, may select line 2, manually prepared.* For electronic *prepared cost reports*, indicate on line 1, column 2 the date and on column 3 the time corresponding to the creation of the electronic file. The date and time remains as an identifier on your original submission to the contractor and is archived accordingly. If this is an amended cost report, enter on line 3, column 1 the number of times the cost report has been amended.

Line 3.01--If this is a no Medicare utilization cost report enter "Y" for yes. If this is a full or low Medicare utilization cost report "DO NOT COMPLETE" this line.

Lines 4 through 11--Completed by the contractor.

Line 4, column 1--Enter the Healthcare Cost Report Information System (HCRIS) cost report status code that corresponds to the filing status of the cost report: 1=As submitted; 2=Settled without audit; 3=Settled with audit; 4=Reopened; or 5=Amended.

Line 5, column 1--Enter the date (mm/dd/yyyy) an accepted cost report was received from the provider.

Line 6, column 1-- Enter the 5 position contractor number.

Lines 7 and 8, column 1--If this is an initial cost report, enter "Y" for yes in the box on line 7. If this is a final cost report, enter "Y" for yes in the box on line 8. If neither, leave both lines 7 and 8 blank. An initial report is the very first cost report for a particular provider CMS certification number (CCN). A final cost report is a terminating cost report for a particular provider CCN.

Line 9, column 1--Enter the Notice of Program Reimbursement (NPR) date (mm/dd/yyyy). The NPR date must be present if the cost report status code (line 4, column 1) is 2, 3 or 4.

Line 10, column 1--If this is a reopened cost report (response to line 4, column 1 is "4"), enter the number of times the cost report has been reopened.

Line 11, column 1--Enter the software vendor code for the software used by the contractor to process this HCRIS cost report file: use "4" for HFS *MCRIF32* or "3" for *HFS CompuMax*.

Line 12, column 1--Enter the provider's Medicare utilization. Enter an "F" for a full cost report, an "L" for a low Medicare utilization, or an "N" for a no Medicare utilization cost report.

4103.2 **Part II - Certification by Chief Financial Officer or Administrator.**--*After the cost report is completed, an administrator or the Chief Financial Officer completes this certification section to comply with the regulations set forth in 42 CFR 413.24(f)(4)(iv)(A) and (B).*

Line 1.--*The signatory (administrator or Chief Financial Officer) must:*

- *when signing electronically through the ECR software, sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(1); and in column 2, enter "Y" (for yes) to check the electronic signature checkbox to transmit the cost report electronically with an electronic signature; or*
- *when signing outside the ECR software, sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(1); and enter a check mark in column 2, to check the electronic signature checkbox to submit the cost report with an electronic signature; or*
- *sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(2); and make no entry in column 2 to submit the cost report with an original signature.*

Lines 2, 3, and 4.--*Enter the signatory name, the signatory title, and the date signed on lines 2, 3, and 4, respectively.*

4103.3 **Part III - Settlement Summary.**--Enter the balance due to or due from the applicable program for each applicable component of the program. Transfer settlement amounts as follows:

<u>Skilled Nursing Facility Component</u>	<u>Title V</u>	<u>From</u>		
		<u>Title XVIII Part A</u>	<u>Title XVIII Part B</u>	<u>Title XIX</u>
Skilled Nursing Facility Line 1	Wkst. E, Part II, Line 33	Wkst. E, Part I, Line 15	Wkst. E, Part I, Line 29	Wkst. E, Part II, Line 33
Nursing Facility Line 2	Wkst. E, Part II, Line 33	N/A	N/A	Wkst. E, Part II, Line 33
ICF/IID Line 3	N/A	N/A	N/A	Wkst. E, Part II, Line 33
SNF-Based Home Health Agency Line 4	Wkst. H-4, Part II, Sum of Cols. 1&2, Line 34	Wkst. H-4, Part II, Col. 1 Line 34	Wkst. H-4, Part II, Col. 2 Line 34	Wkst. H-4, Part II, Sum of Cols. 1&2, Line 34
SNF-Based RHC Line 5	Wkst. I-3, Line 28	N/A	Wkst. I-3, Line 28	Wkst. I-3, Line 28
SNF-Based* FQHC Line 6	Wkst. I-3, Line 28	N/A	Wkst. I-3, Line 28	Wkst. I-3, Line 28
SNF-Based CMHC Line 7	Wkst. J-3, Col. 1, Line 20	N/A	Wkst. J-3, Col. 1, Line 20	Wkst J-3, Col. 1, Line 20

*Wkst I -3 is to be used by SNF-Based FQHCs through cost reporting periods beginning prior to October 1, 2014.