

4901 S SERIES

On the S series of worksheets, the SNF reports identifying information and data about the SNF and if applicable, its SNF-based HHA and/or hospice. The S series consists of the following worksheets:

- Worksheet S - Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Cost Report Status, Certification, and Settlement Summary
- Worksheet S-2 - Identification Data
- Worksheet S-3 - Statistical Data
- Worksheet S-4 - SNF-Based Home Health Agency Statistical Data
- Worksheet S-5 - SNF-Based Hospice Statistical Data

4901.10 WORKSHEET S - SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY

Worksheet S collects the cost report status, the provider certification of the cost report, and the summary of the cost report settlement.

4901.11 Part I - Cost Report Status.

This section is to be completed by the provider and contractor as indicated on the worksheet.

Line 1.--If the provider prepared the cost report electronically, enter Y in column 1 and, in columns 2 and 3, enter the date and time, respectively, the provider created the electronic cost report (ECR).

Line 2.--If the provider prepared the cost report manually, enter Y in column 1. 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 enter Y, and the provider must obtain contractor approval to submit a low utilization cost report in accordance with CMS Pub. 15-2, chapter 1, §110, or demonstrate financial hardship in accordance with 42 CFR 413.24(f)(4)(v).

Line 3.--If this is an amended cost report, enter the number of times the provider amended the cost report.

Line 4.--Enter the Medicare utilization level for the cost reporting period in column 1 by selecting one of the following options:

- Enter F for a full cost report.
- Enter L for a low Medicare utilization cost report (requires prior contractor approval; see CMS Pub. 15-2, chapter 1, §110).
- Enter N for no Medicare utilization cost report.

If column 1 is L, enter the date the contractor approved the written request in column 2.

NOTE FOR LINES 5 THROUGH 12: Contractor use only.

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

Line 6.--Enter the date an accepted cost report was received from the provider.

Line 7.--Enter the 5-position contractor number.

Line 8.--Is this the initial cost report, i.e., the very first cost report for the CMS certification number (CCN) reported on Worksheet S-2, line 3, column 3, enter Y. Otherwise, enter N.

Line 9.--Is this the final cost report, i.e., terminating cost report for the CCN reported on Worksheet S-2, line 3, column 3, enter Y. Otherwise, enter N.

Line 10.--Enter the Notice of Program Reimbursement (NPR) date. The NPR date must be present if the contractor enters a cost report status code of 2, 3 or 4, on line 5.

Line 11.--Enter the ADR vendor code for the software used by the contractor to process this HCRIS cost report file. Use "4" for HFS MCRIF32.

Line 12.--For a reopened cost report (response to line 5 is 4), enter the number of times the cost report has been reopened.

4901.12 Part II - Certification.

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) after the cost report is completed.

LINE DESCRIPTIONS

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 enter Y in column 2 to check the electronic signature checkbox to transmit the SNF 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 Y in column 2 to check the electronic signature checkbox to submit the SNF 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 SNF cost report with an original signature.

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

4901.13 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>Line - Component</u>	<u>From</u>			
	<u>Title V</u>	<u>Title XVIII Part A</u>	<u>Title XVIII Part B</u>	<u>Title XIX</u>
Line 1 - SNF	Wkst. E-2, Line 26	Wkst. E, Part A, Line 16	Wkst. E, Part B, Line 19	Wkst. E-2, Line 26
Line 2 - NF	Wkst. E-2, Line 26	N/A	N/A	Wkst. E-2, Line 26
Line 3 - ICF/IID	N/A	N/A	N/A	Wkst. E-2, Line 26
Line 4 - SNF-Based HHA	Wkst. H-4, Part II, Line 29	N/A	Wkst. H-4, Part II, Line 29	Wkst. H-4, Part II, Line 29