



PROGRESSIVE PROVIDER SERVICES

Providing Medicare & Medicaid Cost Reporting Solutions

Cost Report Preparation Contract Form and Terms

Contact Name: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: (optional) _____ E-mail: _____

Provider Name	Provider Number	Begin Date	End Date	Medicare /Medicaid (circle)	Type of Provider? (circle)	Price
				Medicare /Medicaid	SNF/ HHA / RHC Hospice/ FQHC/ Low Util / No Util	
				Medicare /Medicaid	SNF/ HHA / RHC Hospice/ FQHC/ Low Util / No Util	
				Medicare /Medicaid	SNF/ HHA / RHC Hospice/ FQHC/ Low Util / No Util	
Total Number of Cost Reports: _____					Total Price:	

****Payment is due prior to receiving the final cost report files.**

Please charge my credit card Name on Card: _____

Credit Card Number: _____ Exp Date: _____ cvv: _____

Authorized Signature: _____

Please process ACH / Bank Transfer

Bank routing number: _____ Account number: _____

Please have PPS submit the cost report via MCR eF. (Additional \$15 processing fee per cost report.)
See further instructions on page 3 below. Be sure that the correct company legal name is listed above.

Submit contract:

Email to blimi@ppsassistant.com

Fax to (888) 405-4162

Mail together with a check payable to:

Progressive Provider Services LLC ~ 245 S. Benton Street, Suite 300 ~Lakewood, CO 80226

OBJECTIVES AND NATURE OF CONSULTING SERVICES

We will compile and prepare, from the information provided to us, the Medicare and/or Medicaid cost report pertaining to the reporting period indicated above. Included with the cost report we prepare, we will provide you with a package that includes all supplementary cost report worksheets and electronic files as applicable.

We will not, however, audit the cost report or its supplementary information, and accordingly, will not express an opinion or any other form of assurance on them. In addition, our engagement cannot be relied upon to discover errors and irregularities, including fraud or defalcations that may exist. However, we will inform you of irregularities that come to our attention, unless they are inconsequential.

CONFIDENTIALITY

We will maintain as confidential all data, inclusive of, but not limited to, resident records which your facility provides to us in connection with our work on this engagement and will not disclose any such information to others, except as is required by law, without your approval. If sending patient specific information, a separate signed Business Associate Agreement will be required.

FEES

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Medicare Cost Report for:

Skilled Nursing Facility	\$2,600
Home Health Agency	\$1,800
Hospice	\$2,100
FQHC	\$1,800 (includes up to 2 consolidated facilities)
FQHC Additional consolidated facilities	\$200 each
RHC	\$1,500
Low Utilization	\$500
Low Utilization FQHC	\$750
No Utilization	\$250

Discounts are available for preparation of multiple cost reports. Please contact our office for details.

These fees include direct out-of-pocket expenses. The preparation fees do not include additional time we may incur in connection with the audit or desk review of the cost report. Additionally, preparation fees assume compliance with all checklist requests. If there are files which require extensive time to render them usable including, but not limited to, creating Excel spreadsheets out of pdf or scanned files or otherwise converting files from unusable formats to usable formats, there will be an hourly charge of \$125 per hour to perform this service.

Cancellation fee will be charged at hourly rate of \$150 per hour that was spent on the cost report prior to your written cancellation notice.

PLEASE NOTE: In order to guarantee on-time preparation, please submit all information three weeks in advance of your due date.

We would be pleased to further discuss or clarify any of the information contained within this agreement. We can be reached at 248 968-4100 or (800) 447-2540.

ACKNOWLEDGEMENT:

This letter correctly sets forth my understanding of this engagement.

SIGNATURE _____ TITLE _____ DATE _____

MCREf Information - FAQ

Q: What is MCREf? This is the CMS online portal for submitting cost reports.

A: Acronym : Medicare Cost Report e-Filing System.

Q: Can I continue to use my MAC portal to submit online?

A: NO. Beginning January 2nd, 2019 MCREf will be the only valid portal system for online cost report submission.

Q: Can I still file via mail?

A: Yes. Mail and hand delivery are still valid forms of cost report submissions.

Q: Can I file my cost report via MCREf on my own?

A: Yes. If you have access on the EIDM system to access your facility PS&R, you automatically have access to file your facility cost report. Visit: <https://mcref.cms.gov>

If PPS is preparing your cost report, we will send you the ECR and PI files along with signature page and supplementary documentation and you can upload to the MCREf system.

Q: Can PPS file my cost report?

A: Yes. The following is the procedure:

Upon facility request, PPS will place a request on MCREf to file a third party cost report.

The facility / third party will have to do the following to approve the PPS request:

1. Log into the EIDM system using the user id and password used to access PSR (<https://portal.cms.gov>).
2. Go to "PS&R STAR" -> "Other Options" -> "Requests" -> "My Pending Approvals".
3. Click the link/ button that needs to be clicked to approve PPS's request to file your cost report. You should be able to see it.
4. Please notify PPS when you have completed these steps.