

Progressive Provider Services

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MassHealth NSCR Cost Report Preparation Checklist and Questionnaire

This form is to assist the provider with compiling information in connection with the preparation of their year-end MassHealth cost report. The information obtained from this form will be used to complete the appropriate MassHealth cost report and supplemental information. This form may be submitted to the Contractor as additional supporting documentation and provider representation regarding certain information included within this form.

In addition, we will likely be contacting you during the preparation process to inquire about certain issues or request additional required information. If you have any questions regarding an individual items requested, please contact us.

Please note: Patient specific information is not requested here. If supplied, we will ask you to sign a Business Associate Agreement, as required by HIPAA.

PLEASE FILL OUT ALL 3 PAGES OF THIS FORM ENTIRELY.

Agency Name: _____

Agency Address: _____

Person Compiling this Form: _____

Position Title: _____

Telephone Numbers: _____

E-mail Address: _____ Facility Email: _____

Medicare Provider Number: _____

Medicaid (MassHealth) Number: _____

Type of Organization (Corp, Partnership, Non-Profit, Sole Proprietor etc.): _____

Is this cost report for multiple sites? _____ If so, please attach a list of DPH numbers, Medicaid numbers, and addresses for each site.

Name of Owner, Partner, or Officer who will be Listed on Report: _____

Email of Owner, Partner, or Officer who will be Listed on Report: _____

- 1. Complete Financial Statements. If these were not audited by a CPA, please also attach current year tax return.
- 2. Year End Working Trial Balance in **EXCEL FORMAT**
Expenses must be shown on an accrual basis
- 3. Copy of This Year's Complete Medicare Cost Report
If this year's cost report was prepared by Progressive Provider Services, we have your information on file.
- 4. Copy of Last Year's Complete NSCR Cost Report
If last year's cost report was prepared by Progressive Provider Services, we have your information on file.
- 5. Revenues broken out by Medicare, Medicaid, and Other (for each of HHA, TNS, and CSN, if applicable)
- 6. Departmental Payroll Breakdown (if the TB does not break down payroll by disciplines)
This must match the payroll expense amount on the Trial Balance ***See attached sample payroll file***
 - 1. HHAs
 - 2. RNs
 - 3. LPNs
 - 4. OTs
 - 5. PTs
 - 6. Speech Therapists
 - 7. MSWs
 - 8. Officers
 - 9. Administrators
 - 10. Finance/Billing/Payroll/MIS/Intake
 - 11. Care Coordination
 - 12. Quality Improvement/Medical Records
 - 13. Other Admin
- 7. Breakdown of Contract Labor Account (if not done on the TB), according to departments listed above (item 6)
This must match the contact labor expense amount on the Trial Balance ***See attached sample payroll file***
- 8. Total visits, patients, and hours of service broken out by discipline (numbers 1 – 8 of item 6 above), separated into MCR, MassHealth (MCD), and Other. See attached chart.
- 9. Were there any transactions with related parties? If yes, please provide detail.
- 10. Is this HHA part of a larger parent organization? If yes, please provide parent company info.

