DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-03-04
Baltimore, Maryland 21244-1850

August 20, 2013

Mr. Solomon J. Melamed
Progressive Provider Services, LLC
245 South Benton Street, Suite 300
Lakewood, CO 80226

Dear Mr. Melamed:

We have reviewed your Home Health Agency (HHA) cost report software program and submission of the electronic cost report (ECR) and print image files submitted in lieu of Center for Medicare and Medicaid Services (CMS) cost reporting forms (Form CMS-1728-94). Based on our review, your cost report software system accurately reflects and incorporates the most recent revisions to cost report instructions, forms and electronic reporting specifications. The trade name used on the computer prepared worksheets is known by this office as **Med-Calc Systems**. This approval is for submission of hard copy cost reports (core worksheets only which excludes any HHA based entities), ECR files, and print image files for transmittal 16 for the cost reporting periods beginning on or after **October 1, 2012.**

Your approved vendor code, which is to be placed in the first record of all transmitted electronic files (location 38-40), is **J31.** The ECR spec date of **2012275 (10/1/2012)** (location 52-58) is also required in the record. We also request that your providers have a working knowledge of Table 5 - Cost Center Coding, pages 32-533 - 32-536 in §3295 of CMS Pub. 15-2, chapter 32.

Notification will be sent to fiscal intermediaries (FIs) and or A/B Medicare Administrative Contractors (MAC) as necessary. State agencies may accept the computerized worksheets for titles V and XIX in those States that use the CMS cost reporting worksheets for Medicaid.

Our approval does not apply to any alternatives to the bases or sequence of allocation recommended for cost finding in the official CMS forms. Any variations in the bases or sequence of allocation for Medicare reimbursement purposes must be reviewed and approved by the affected provider's FI/ MAC at least ninety days prior to the end of the first cost reporting period to which such variation is to apply. The procedures that providers must follow to obtain FI/MAC approval are contained in the CMS Pub. 15-1, §2313.

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Our approval of these computer prepared cost reports is subject to all of the terms and conditions contained in CMS Pub. 15-2, chapter 1.

Sincerely,

Angela Havrilla
Division of Cost Reporting
Chronic Care Policy Group
Center for Medicare Management

cc: Melvin Bowen
Shelly Foxworthy