Progressive Provider Services
HHA Low Utilization Cost Report Preparation Checklist

To submit information, upload to secure Dropbox link.
To obtain link contact blimi@ppsassistant.com or call (248)968-4100.

HHA name: _____

Medicare provider number (6 digit -PTAN/CCN): _____

HHA address, city, state, zip*: _____

Date certified for Medicare*: _____Type of organization (Corp etc.) * _____

Attach files for the following: (Whenever available, please send information in Excel format).
1. Financial Documents:
- Trial Balance – Excel format required.
- Profit and Loss
- Balance Sheet

CMS requirement – expenses must be shown on an accrual basis.
Trial balance must match the Profit & Loss and Balance Sheet
COVID-19 ERC, PRF & small business loan forgiveness revenues should be separately identified.

2. PS&R – this is a CMS generated form that shows Medicare reimbursement stats.
A security official on the IDM system is required to request this form.
Contact us if you'd like a Step by Step Guide for setting up a security official or placing the request for PS&R.
If your MAC is CGS, this form is required to complete the HHA LU cost report.
If your MAC is NGS or Palmetto this report is only needed to determine the Net Medicare Reimbursement. Only required if it is unclear if the Net Reimbursement is under or over $200,000.

3. Prior Year Complete Medicare Cost Report and supporting documents*.

4. Visit and Patient Information - Visits and patients broken out by discipline and by Payor.
Submit a report from your EMR software or complete the chart below.

Axxess users: Report called "Medicare cost report" can be sent in lieu of the chart below.
Kinnser/Wellsky users: Visits by Insurance report can be sent in lieu of the chart below.
Perfect Notify users: - Annual Utilization report for all Insurance by type of staff can be sent in lieu of the chart below.

Discipline	MEDICARE		MEDICAID		OTHER	
	Visits	Patients	Visits	Patients	Visits	Patients
Skilled Nurses – RN						
Skilled Nurses – LPN						
Physical Therapists						
PTA						
Occupational Therapists						
COTA						
Speech Therapists						
MSW						
HHA						
All Other Services						

Unduplicated Census: Please count each patient once even if they received multiple services.
Medicare: _____ Medicaid: _____Other: _____

*If your prior year cost report was prepared by PPS, we have this information.

5. FTE Information:
Complete the chart below to indicate Full Time Equivalents:

	Staff FTE	Contract FTE
Administrator and Assistant Administrator(s)		
Director and Assistant Director(s)		
Other Administrative Personnel		
Nursing Supervisor		

6. Malpractice:
Is the malpractice insurance a claims-made or occurrence policy? _____
Malpractice Premiums: $_____