

471-000-40 Instructions for Completion of Form FA-20, "Cost Report of Psychiatric and Chemical Dependency Facilities for Medicaid Reimbursement"

Use: Form FA-20, "Cost Report of Psychiatric and Chemical Dependency Facilities for Medicaid Reimbursement," is used by psychiatric and chemical dependency providers to report their costs to the Nebraska Department of Health and Human Services System (HHSS). HHSS determines each facility's payment rates from the data reported.

Number Prepared: One original and one photocopy are submitted to NHHSS.

Completion: All psychiatric and chemical dependency providers participating in the Nebraska Medical Assistance Program shall complete Form FA-20, including Schedules A, B, C, D, E, F, and "Certification by Officer or Administrator" as follows:

I. SCHEDULE A - GENERAL AND STATISTICAL DATA:

Provider Number: Enter the provider number assigned to the particular facility for a specific level of care. If the facility has been issued two or more provider numbers, a separate report must be filed for each provider number (distinct part).

Period: Record the period for which this report is provided.

1. Licensed as: Check the appropriate box.

2. Estimated Total Services Available: Provide an estimation of the total services which could be provided based on the size of the facility, limitations set by other regulatory agencies (Health and Human Services Regulation and Licensure, Fire Marshal, etc.) and staff available.

3. Type Control: Check the category that describes the nature of the ownership or the auspices under which the facility operates. Each facility must be one of the following: governmental, non-proprietary, or proprietary.

4. Did your facility participate. etc.: Self-explanatory. Reimbursement limits on routine costs established under Title XVIII may not be exceeded by Title XIX.

5. Accounting records are maintained at: This is the location where HHS will find past accounting records for audit.

6. Statistical Data: Record the requested data in the applicable column.

Note: See 471 NAC 20-003.02B, item 1, and 471 NAC 32-004.02B, item 1, for definition of full-day (6 hrs.) and half-day (3 hrs.) computation.

II. SCHEDULE B - REVENUE/EXPENSE SUMMARY: This schedule identifies facility revenues, expenses, and income taxes. The information must correspond to information furnished to the Internal Revenue Service. Data required is that which is normally maintained by a health care facility.

Total professional fees (lines 1 through 5) include all receipts for routine services provided by the facility. All other revenues are reported on lines 6, 7 and 8 with additional schedules attached to define "Other" income on line 8.

Expenses are grouped into operational and fixed cost components to conform with the development of the facility's total per diem rate.

Lines 10 through 28 include the costs of providing all psychiatric and chemical dependency services required by NHHSS.

Lines 29 through 33 identify expenses which are specifically defined by NHHSS as fixed operating costs for psychiatric and chemical dependency facilities. These costs include and are limited to interest, depreciation, rent/lease payments, and real estate taxes.

III. SCHEDULE C - ADJUSTMENTS TO EXPENSES: This schedule, which consists of one page, provides for the adjustments to the expenses listed on Schedule B, Column 2. These adjustments, which are required under the Medicare Principles of Reimbursement, are made on the basis of "cost," or "amount received." Enter the total "amount received" (revenue) only if the cost (including direct cost and all applicable overhead) cannot be determined. If the total direct and indirect cost can be determined, enter the "cost." Once an adjustment to an expense is made on the basis of "cost," the provider may not, in future cost reporting periods, determine the required adjustment to the expense on the basis of "revenue." The following symbols are entered in column 1 to indicate the basis for adjustment: "A" for cost and "B" for amount received. Line descriptions indicate the more common activities which affect allowable costs, or result in costs incurred for reasons other than patient care and, thus, require adjustments.

Types of items to be entered on Schedule C are -

1. Those needed to adjust expenses to reflect actual expenses incurred;
2. Those items which constitute recovery of expenses through sales, charges, fees, grants, gifts, etc.;
3. Those items needed to adjust expenses in accordance with the Medicare Principles of Reimbursement; and
4. Those items which are provided for separately in the cost apportionment process.

When an adjustment to an expense affects more than one cost center, the provider must record the adjustment to each cost center on a separate line on Schedule C.

Line Descriptions

Line 1 - Investment Income on Co-mingled Restricted and Unrestricted Funds: Investment income on restricted and unrestricted funds which are commingled with other funds must be applied together against, but should not exceed, the total interest expense included in allowable costs (see Medicare's Provider Reimbursement Manual, HIM 15 (PRM), Part I, Chapter 2).

Line 5 - Adjustments Resulting from Transactions with Related Organizations: Enter on this line adjustments to claimed expenses which exceed the cost incurred by the providing organization (see 471 NAC 20-003.08).

Line 11 - Home Office Costs: Enter on this line allowable home office costs which have been allocated to the provider. Additional lines should be used to the extent that various provider cost centers are affected (see PRM, Part I, Chapter 21).

Line 14 - Non-reimbursable Education Costs: Costs of non-medically necessary educational program services (see 471 NAC 20-003.08B, item 11) must be eliminated to the extent of the cost of providing the service or the revenue received whichever is the lesser.

Lines 15 through 23: Enter on these lines any additional adjustments which are required under the Medicare Principles of Reimbursement. The lines should be appropriately labeled to indicate the nature of the required adjustments.

Note: All adjustments must be carried forward to Schedule B, column 2.

IV. SCHEDULE D - MEDICAID DEPRECIATION: Depreciation allowed for Medicaid purposes may differ from that allowed for IRS purposes. Limitations are imposed for depreciation, and only the straight-line method is used.

V. SCHEDULE E - TRANSACTIONS WITH RELATED ORGANIZATIONS: Schedule E is designed to identify those costs for which reimbursement is claimed that contain expenditures for services, facilities, and supplies furnished to the provider by organizations related to the provider by common ownership or control.

Part 1 of Schedule E must be completed by all providers.

Part 2 and 3 of Schedule E must be completed when the answer to Part 1 is "yes."

Costs applicable to services, facilities, and supplies furnished to the provider by organizations related to the provider by common ownership or control must not exceed the lower of the cost to the related organization or the price of comparable services, facilities, or supplies that could be purchased elsewhere.

An exception is allowed to the general rule limiting charges to the cost of the related organizations. The exception applies if the provider demonstrates by convincing evidence to the satisfaction of the NHHSS -

1. The supplying organization is a bona fide separate organization;
2. A substantial part of the supplying organization's business activity of the type carried on with the provider is transacted with others than the provider and organizations related to the supplier by common ownership or control and there is an open, competitive market for the type of services, facilities, or supplies furnished by the organization;
3. The services, facilities, or supplies are those which commonly are obtained by facilities such as the provider from other organizations and are not a basic element of patient care ordinarily furnished directly to patients by similar facilities; and
4. The charge to the provider is in line with the charge for those services, facilities, or supplies in the open market, and is no more than the charges made under comparable circumstances to others by the organization for those services, facilities, or supplies.

When all conditions of this exception are met, the charges by the supplier to the provider for those services, facilities, or supplies are allowable as costs.

VI. SCHEDULE F - STATEMENT OF OWNERS/DIRECTORS COMPENSATION: Schedule F is designed to show the compensation paid to sole proprietors, partners, corporation officers, and board of directors, and to disclose the amount included in total expenses.

Compensation is defined as the total benefit received, or receivable, by the owner and/or board for the services rendered the facility. It includes salary amounts paid for managerial, administrative, professional, and other services; amounts paid by the institution for the personal benefit, and the cost of the assets and services which are received from the institution.

VII. CERTIFICATION BY OFFICER OR ADMINISTRATOR: Each cost report submitted must contain a certification signed by an officer or the administrator of the facility. If an independent accounting agent is retained, the cost report must also contain that agency's signature.

Distribution: The facility submits original and one photocopy of the completed and signed FA-20 Forms to the NHHSS and retains one copy for the facility's files.

Retention: The facility shall retain the cost report, financial records, supporting documents, statistical records, and all other pertinent records until a field audit by the state or federal government is completed, and for a minimum of three years after submission to NHHSS. NHHSS shall retain all cost reports for a minimum of three years after receipt from the provider.

SCHEDULE B			
Revenue / Expense Summary			
REVENUES	TOTAL PER BOOKS	ADJUSTMENTS	NET
1. Title 18 (Medicare)			
2. Title 19 (Medicaid)			
3. Private			
4. Other (Attached schedule)			
5. TOTAL PROFESSIONAL FEES			
6. Interest (Attached schedule)			
7. Gifts and Endowments			
8. Other (Attached schedule)			
9. TOTAL REVENUES			
OPERATIONAL COSTS	TOTAL PER BOOKS	ADJUSTMENTS	NET
10. Director Salaries			
11. Professional/Non-Professional Salaries			
12. Clerical Staff Salaries			
13. Insurance			
14. Maintenance/Repairs			
15. Utilities			
16. Office Supplies			
17. Travel/Client Transportation			
18. Staff Training			
19. Dues/Subscriptions			
20. Education Cost			
21. Library Supplies			
22. Food (Client 2 meals a day)			
23. Dietary Counseling			
24. Consultation Fees			
25. Dispensing Medicines by R.N.			
26. Medical and Exam Room			
27. EEG and EKG			
28. Laboratory			
29. Recreational Therapy			
30. Occupational Therapy			
31. Physical Therapy			
32. Speech Therapy			
33. Pharmacy			
34. Psych. Group Therapy			
35. Psych. Individual Therapy			
36. Psych. Family Therapy			
27. Bio-Feed Back Therapy			
28. Other			
TOTAL OPERATIONAL COSTS			
FIXED COSTS	TOTAL PER BOOKS	ADJUSTMENTS	NET
29. Interest			
30. Depreciation			
31. Rent/Lease			
32. Real Estate Taxes			
33. TOTAL FIXED COSTS			
34. Income Taxes			
35. Net After Taxes			

SCHEDULE C					
Adjustments to Expenses					
Provider Number		Period:			
		From	To		
Description	Basis for Adjustment	Amount	Expense classification on Schedule B from which the amount is to be deducted or to which the amount is to be added.		Line No.
	(2)		Cost Center		
	1	2	3		4
1 Investment income on commingled restricted and unrestricted funds (chapter 2)					
2 Trade, quantity and time discounts on purchases (chapter 8)					
3 Rebates and refunds of expenses (chapter 8)					
4 Rental of provider space by suppliers (chapter 8)					
5 Adjustment resulting from transactions with related organizations (chapter 10)					
6 Sale of medical and surgical supplies to other than patients					
7 Cafeteria - employees, guests, etc.					
8 Sale of drugs to other than patients					
9 Sale of medical records and abstracts					
10 Vending machines					
11 Home office costs (chapter 21)					
12 Sale of scrap, waste, etc. (chapter 23)					
13 Nonallowable costs related to certain capital expenditures (chapter 24)					
14 Non-reimbursable education costs					
15					
16					
17					
18					
19					
22					
21					
22					
23					
Subtotal		\$			

(1) Description - all line references in this column pertain to the provider Reimbursement manual, Part 1.
 (2) Basis for adjustment: A. Costs - if cost, including applicable overhead, can be determined. -B. Amount Received - if cost cannot be determined.

SCHEDULE F
Statement of Owner/Directors Compensation

STATEMENT OF OWNER'S COMPENSATION

Name	Percent Claimed By Cost Center	Sec. B Line No.	Percent Work Week Devoted to Business	Title	Percent of Share in Profit or Stock	Amount of Compensation for the Period		
						Salary and Wages	Expense Allowances	Fair Value for "In Kind" Allowances (rent, food, etc.)

STATEMENT OF OWNER'S COMPENSATION

Name	Amount of Compensation for the Period		
	Salary and Wages	Expense Allowances	Fair Value for "In Kind" Allowances (rent, food, etc.,)

**MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT
 MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW
 CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER**

HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared by _____ (Provider name and number) or the cost report period beginning _____ and ending _____ and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

 Paid Preparer's Firm (Signature)

 Officer or Administrator

 Represented by (Signature)

 Title

 Date

 Date