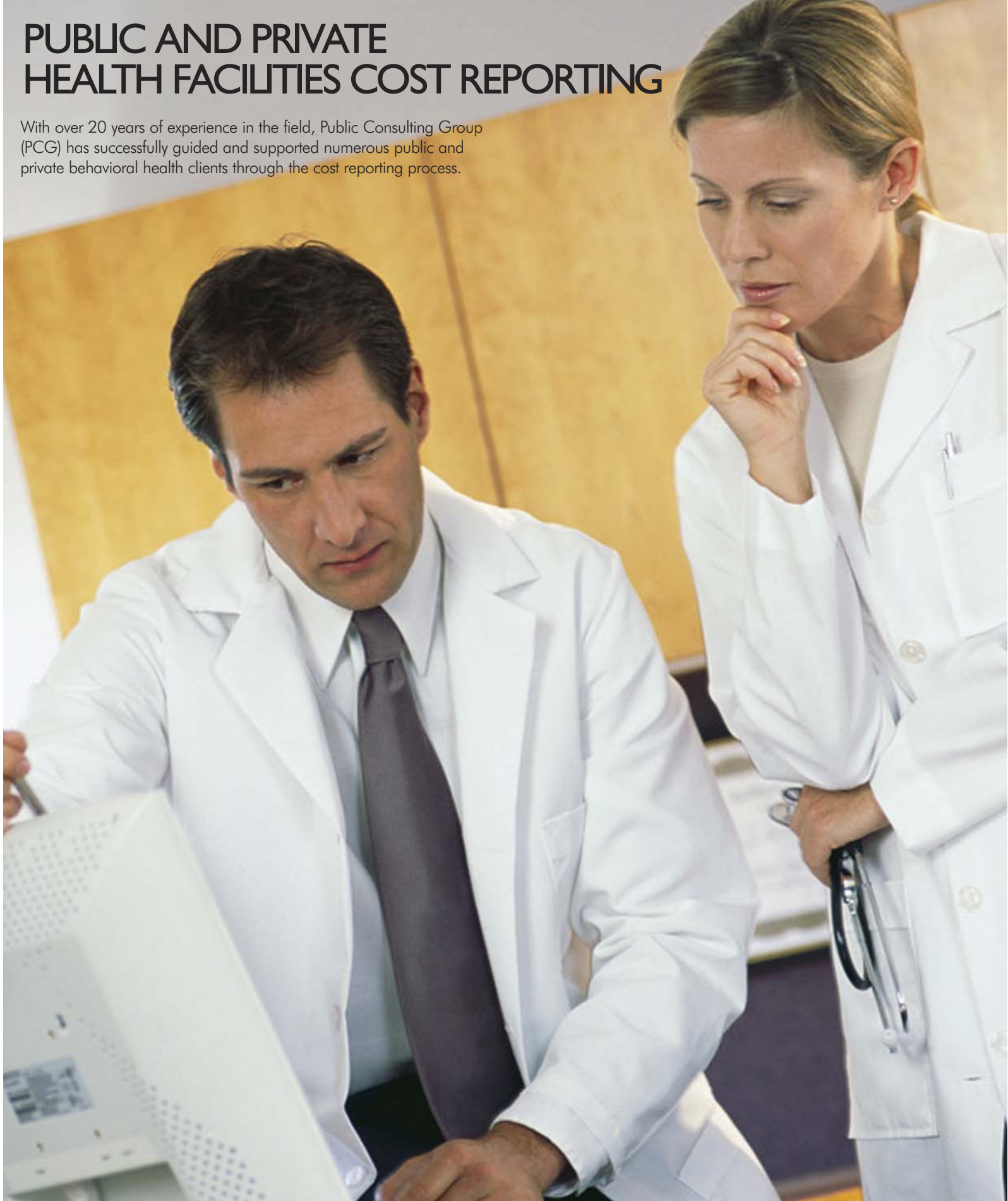


PUBLIC AND PRIVATE HEALTH FACILITIES COST REPORTING

With over 20 years of experience in the field, Public Consulting Group (PCG) has successfully guided and supported numerous public and private behavioral health clients through the cost reporting process.



PUBLIC AND PRIVATE HEALTH FACILITIES COST REPORTING

CMS REQUIREMENTS

Inpatient acute care hospitals and long term care hospitals are required to file annual Medicare and Medicaid cost reports to ensure accurate payment rates and, in some instances, to verify that reimbursement from the Medicare and Medicaid programs do not exceed the cost of providing services. Inpatient acute care hospitals and long term care hospitals are required to file the Centers for Medicare and Medicaid Services (CMS) 2552-96 Cost Reporting form and various Medicaid cost reporting forms.

These reports are complex and cumbersome and require:

- A comprehensive understanding of the CMS Provider Reimbursement Manual (PRM);
- Knowledge of Medicare and Medicaid reimbursement methodologies, including the Acute Care Prospective Payment System (PPS) and the long term care Prospective Payment System (LTC PPS).

PCG EXPERTISE:

PCG consultants have extensive experience with CMS cost reporting requirements and provide clients with unmatched cost reporting services, including:

- Collection of data in a consistent and efficient fashion to minimize clients' administrative burden;
- Completion of all pertinent worksheets within the Medicare and Medicaid cost reports;
- Preparation and submittal of a cost reporting binder that is properly organized and contains the necessary supporting documentation on cost finding methodologies;
- Completion of appeals or reopening of requests to capture additional costs to increase Medicare and/or Medicaid reimbursement;
- Complete support when reports are audited by CMS or Medicaid agencies;
- Rate setting reviews to ensure payment rates accurately reflect costs so that revenues are optimized;
- Assistance with preparation of highly compliant Medicare bad debt logs to minimize disallowances;
- Submission of an annual management letter to our clients that outlines findings for process improvements and highlights pertinent changes to federal and state regulations that could potentially impact reimbursement to clients.

Additional cost reporting services include completing charge master reviews to ensure charges properly reflect the current market prices and identifying and implementing alternative reimbursement methodologies to increase revenues for our clients.



Ask us about PCG's Medicare and Medicaid cost reporting projects in:

- Alaska
- Arizona
- Florida
- Illinois
- Louisiana
- Massachusetts
- Texas

By choosing PCG as your cost reporting vendor, you can be assured your cost reports will adhere to Medicare and Medicaid cost reporting regulations and that revenues will be optimized. Contact us to learn more about PCG cost reporting services for public and private health facility clients.