



Missouri Medicaid Nursing Facility Cost Report

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1 PM CST



INTRODUCTIONS



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MYERS AND STAUFFER BACKGROUND



40 YEARS

More than 40 years of governmental health care experience (Federal, State, Local).



RANGE OF PROJECTS

- DSH
- Managed Care
- Program Integrity
- Pharmacy
- Upper Payment Limit (UPL)
- Provider Taxes



COST REPORTS

- Process over 11,000 Medicaid cost reports annually
- Oversight of Medicare Administrative Contractors (MACs)

AGENDA



Cost Report Web Portal

Supporting Documentation

Submission Tips

Q & A

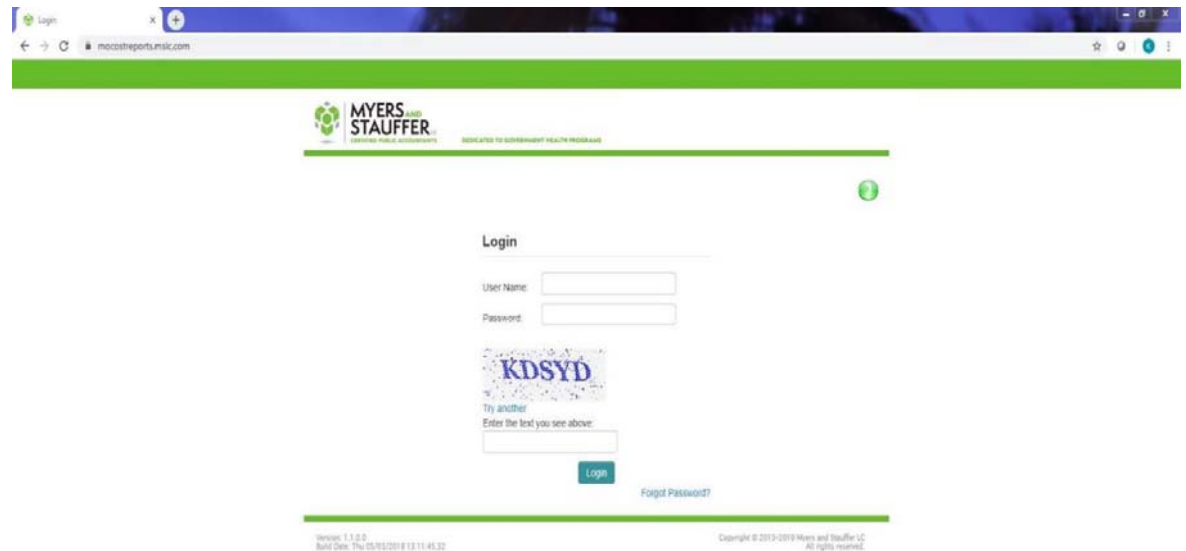


Cost Report Web Portal



COST REPORT WEB PORTAL

- Accessed online via <https://mcostreports.mslc.com>
- Registration form directions were sent with the initial cover letter.
- If you are accessing the site, you have already completed the web portal registration form.
- Utilized by Myers and Stauffer and the provider community as the primary mode of transferring data, including cost report submissions, PHI, draft reports, supporting documentation, and additional information requests.



The screenshot shows a web browser window with the URL mcostreports.mslc.com. The page features a green header with the Myers and Stauffer logo and the text "MYERS AND STAUFFER" and "DEDICATED TO SUPERIOR HEALTH PROGRAMS". Below the header is a green bar with a green question mark icon. The main content area is white and contains a "Login" section with the following elements:

- A "Login" heading.
- A "User Name:" label followed by a text input field.
- A "Password:" label followed by a text input field.
- A CAPTCHA image showing the word "KDSYD" in blue letters on a white background with a blue border.
- A "Try another" label followed by the text "Enter the text you see above:" and a text input field.
- A green "Login" button.
- A "Forgot Password?" link.

At the bottom of the page, there is a footer with the following text:

Version: 1.1.2.2
Build Date: Thu 05/05/2016 13:11:45:32
Copyright © 2013-2016 Myers and Stauffer LLC
All rights reserved.

COST REPORT WEB PORTAL



MO NF Cost Report Web Portal Access

- Registration form can be found at <https://myersandstauffer.com/client-portal/missouri/>.
- Identity is verified by IP address.
- Must submit new form for updated contact information.
- Complete third party section for outside consultants.

Facility Name:

Medicare Provider Number: Medical Provider Number(s):

Provider NPI:

List all facility contacts used for electronic correspondence. Complete web access, protected health information (PHI) access, and third party disclosure columns for each contact. Public IP addresses are only needed for contacts requiring access to the web portal.

First Name	Last Name	Job Title	Email Address (Must be unique for each contact)	Phone Number	Provide Web Access (Y/N)	Can Access PHI (Y/N)	Third Party (Y/N)	Public IP Address or Range [Range must be written as: xxx.xxx.xxx.xxx - xxx.xxx.xxx.xxx, ex: 203.0.113.1 - 203.0.113.198]

Web Portal Access Authorization

Nursing Facility Administrator Title Date

Complete the section below if any contacts above are defined as Third Party.

Third Party Disclosure Authorization

I hereby authorize Myers and Stauffer LC to disclose financial and other sensitive information, including protected health information, provided by me to Myers and Stauffer LC during the course of their work for the State of Missouri, to all persons indicated above as a Third Party with a "Y". In addition to identifying Third Party contacts, if granted PHI Access with a "Y", contact will have access to protected health information. Authorizations are for the following purpose:

Missouri NF Medicaid Cost Report Submissions

I understand that third parties include, but are not limited to accountants, attorneys, or consultants that provide services to assist in the preparation or review of the purpose listed above.

I understand that, at any time, this authorization may be revoked, when Myers and Stauffer LC receives written notice of revocation, although that revocation will not be effective as to the disclosure of information whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.

I understand that it is my responsibility to notify Myers and Stauffer LC immediately if the third party named above should no longer receive the information specified and that failure to do so could result in a breach, as defined within the Privacy Rule and 45 C.F.R. Parts 160 and 164, Subparts A and C, and that I will be responsible for any notifications associated with that breach.

I understand that I am responsible for ensuring my compliance with the provisions of the Privacy Rule and 45 C.F.R. Parts 160 and 164, Subparts A and C, including ensuring that appropriate business associate agreements are in place with the party to whom I am authorizing disclosure of protected health information (PHI).

I understand that information disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Nursing Facility Administrator Title Date

COST REPORT WEB PORTAL

Navigating the Web Portal













- **Provider** – select your provider from the provider drop down.
- **Fiscal Year End** – select the fiscal year end associated with the submission period.
- **Events** – a listing of events that could indicate documentation is needed, additional information requests, draft reports or supporting documentation created by Myers and Stauffer.
- **Expect Date** – date the response is due
- **Action** – indicates the type of response needed

Select Cost Report Period

Provider Fiscal Year Begin Date Fiscal Year End Date

Select...

History

Legend											
											
Refresh	Upload	Download	Download PHI	Can't Download PHI	Review is Ok	Review is Not Ok	Needs Reviewed	Comparison	Show File Information	Mark as Not Applicable	Not Applicable
Event Date	Event	Expect Date	Response Date	UserID	Action	No Data For the selected Provider/Cost Report					

COST REPORT WEB PORTAL

Documentation Accepted and Rejected

- Rejected documentation will be indicated with a red circle.
 - Providers will need to re-submit correct documentation based on the feedback notation.
- Accepted documentation will be indicated with a green check mark
 - Providers will no longer be able to upload to the event line once the support is accepted



Legend											
Refresh	Upload	Download	Download PHI	Can't Download PHI	Review is Ok	Review is Not Ok	Needs Reviewed	Comparison	Show File Information	Mark as Not Applicable	Not Applicable
Event Date	Event	Expect Date	Response Date	UserID	Action						
12/31/2019	Medicaid Excel Cost Report	6/1/2020		ALOWE							
12/31/2019	Signed Certification	6/1/2020		ALOWE							
12/31/2019	Working Trial Balance	6/1/2020		ALOWE							
10/10/2019	Upload - Working Trial Balance		10/10/2019	ALOWE							
10/10/2019	Upload - Working Trial Balance		10/10/2019	ALOWE							
12/31/2019	Grouped Working Trial Balance	6/1/2020		ALOWE							
10/10/2019	N/A - Grouped Working Trial Balance		10/10/2019	ALOWE							
12/31/2019	CPA Report & Management Letter	6/1/2020	6/1/2020	ALOWE							
10/10/2019	Upload - CPA Report & Management Letter		10/10/2019	ALOWE							
12/31/2019	Medicare Cost Report	6/1/2020		ALOWE							

COST REPORT WEB PORTAL

Note Boxes

- If a file was rejected:
 - Click on the red rejected circle icon
 - A dialogue box will appear showing Myers & Stauffer notes on why the file was rejected
- If an event line is marked as N/A:
 - Click on the gray flag to access the dialogue box. Indicate the reasoning the file is not applicable and click save.

Show Review Notes

Review User ID: Alowe
Review User Type: MSLC Review
Is Review OK: No
Review Date: 10/10/2019

Notes:

Incorrect data

Close

Not Applicable

Notes: N/A - included in file for the Working Trial Balance








948 characters left

Close

COST REPORT WEB PORTAL

Additional Event Line













- If an event line is closed, or the provider needs to upload other documentation not requested, they can utilize the “Add Event” function.
 - This will create a new event “Cost Report Request” where the provider will be able to upload a new file.










12/31/2019	Home Office Cost Report	6/1/2020		ALOWE	 
4/1/2020	Additional Info Request - No PHI	4/15/2020		ALOWE	   
10/23/2019	Upload - Additional Info Request - No PHI		10/23/2019	ALOWE	

--Select an event-- Add Event

Version: 1.1.0.0
Build Date: Thu 05/03/2018 13:11:45.32

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Legend											
											
Refresh	Upload	Download	Download PHI	Can't Download PHI	Review is Ok	Review is Not Ok	Needs Reviewed	Comparison	Show File Information	Mark as Not Applicable	Not Applicable

Event Date	Event	Expect Date	Response Date	UserID	Action
10/23/2019	Cost Report Request	11/22/2019		ALOWE	 
12/31/2019	Medicaid Excel Cost Report	6/1/2020		ALOWE	 
12/31/2019	Signed Certification	6/1/2020		ALOWE	 
12/31/2019	Working Trial Balance	6/1/2020		ALOWE	  

Supporting Documentation



SUPPORTING DOCUMENTATION

Original Copy of Page 1 of the Medicaid Cost Report

Must be signed by the authorized facility representative and notarized by a licensed notary public.

Working Trial Balance used to Prepare Cost Report

Include line number tracings or similar notations to easily identify where expenses are included in the cost report. Group the expenses by line if possible.

CPA Independent Audit Report and Management Report

Any time the cost of an independent audit is included in the cost report as a covered expense, a copy of the independent audit must be provided.

Medicare (Title XVIII) Cost Report

If the Medicare Cost Report is not complete at the time the Medicaid Cost Report is due, please indicate the estimated time of completion on the Supplemental Information tab on the cost report or on the event on the web portal.

Contracts and Agreements

Any and all contracts and agreements must be provided. **For the 2019 cost report submissions, all contracts must be submitted even if they have previously been submitted to MHD.**

Statement of Owners/Directors Compensation

Schedule H must be completed for all owners and/or directors which include persons with direct or indirect ownership, Board of Directors, officers, and other related parties serving in any position at the facility, etc. that receive compensation from the facility.

Related Party Lease

If the facility has a lease with the related party, Worksheet 2 must be completed and report all costs incurred by the related party.

Home Office Cost Report

If the facility reports expenses related to a home office or related party management company, the Home Office information must be provided.

SUPPORTING DOCUMENTATION - CONTINUED

Real Estate Tax Receipt(s)

A copy of the real estate tax receipt(s) or detailed documentation to support the expense reported on Schedule B, line 108, has been included with the cost report submission.

Personal Property Tax Receipt(s)

A copy of the personal property tax receipts(s) or documentation to support the expense reported on Schedule B, line 109, has been included with the cost report submission.

Payroll Taxes, Employee Benefits, Workers' Compensation

The amount of each of these should be included in the cost center in which the corresponding salaries and wages were paid. Indicate if the amounts reported are allocated, actual, or both.

Audit Adjustments made by MHD

The Division's audit adjustments from the most recently completed cost report audit must be incorporated into subsequent cost reports.

Grants & Gifts Breakdown

Complete table on the Supplemental Information tab for any grant or gift revenue your facility received during the fiscal year.

Insurance Breakdown

Complete table on the Supplemental Information tab of the insurance expense reported on Schedule B, lines 107 and 136.

Legal & Accounting Fees Breakdown

Complete table on the Supplemental Information tab of the legal and accounting fees reported on Schedule B, lines 124 and 125.

Inventory at FYE for Rate Setting Cost Reports

Complete table on the Supplemental Information tab for a breakdown, by item, of the amount of inventory at the end of the facility's fiscal year.

SUBMISSION TIPS

1

Reconcile Support

Ensure all supporting documentation submitted reconciles to the cost report.

2

Submit Quality Documentation

Review state statutes as well as eligibility and participation requirements to ensure documentation meets the stated requirements.

3

Submit Support in Excel

When possible, submit all supporting documentation in Excel.

4

Utilize Submission Checklist

Utilize the submission checklist to ensure all requested supporting documentation has been submitted.

<https://myersandstauffer.com/client-portal/missouri/>





CONTACT US



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