NYS DEPARTMENT OF HEALTH
DIVISION OF FINANCE AND RATE SETTING
BUREAU OF PRIMARY AND ACUTE CARE REIMBURSEMENT

LAST UPDATED: January 5, 2012

	QUESTION	ANSWER
1	In the software program - what is the footnote header for?	The footnotes are on the AHCF an asterisk is on the schedule and the provider will have to go into footnote to see what the asterik stands for. For example, Exhibit IC, the asterik next to FQHC Locator Code ** (CC 0068).
2	Why does the report have to be certified? Most states in the country do not certify the Medicaid cost reports.	The report has to certified to meet the requirements of Part 86-4.4.
3	Which NGA's need to be submitted - All programs? ie. 330, Ryan White etc.? or just one of them?	The NGA that pertains to the site specific FQHC.
4	What costs for 330 would be adjusted out? Can you give an example?	Due to conflicting research, the Department has decided that the Section 330, Ryan White and Homeless grants should not be adjusted. Unrestricted or deficit financing grants do not need to be adjusted. However, restricted grants should be adjusted.
5	Where would a program adjustment for WIC go? In the Miscellaneous column?	Adjust the costs under Miscellaneous.
6	What would you require for us to submit for EHB?	The EHB is for this office to see that the site is FQHC designated. I you do not have the EHB, the NGA will replace the EHB.
7	What does NGA mean vs. EHB regarding submitting requirements? What would you do for EHB?	The Notice of Grant Award (NGA) is provided by HRSA. EHB stands for Electronic Handbook. The requirements are the same. You can submit either or.
8	Are federal 330 grant covered salaries supposed to be adjusted out of MCD eligible costs?	Refer to question #4.
9	Are we still required to submit our Charity Care Policies along with the operator certification.	No, you are not still required to submit Charity Care Policies.
10	How do we get emedny paid claims	You can contact CSC at 1-800-343-9000.
11	Are you working on a system to be able to upload data into the software - instead of data entry?	No, not for 2010. Can possibly look into for future software releases.
12	Can you incorporate specific instructions to the report onto the software itself rather than separate?	No, the instructions cannot be incorporated into the software at this time.
13	County programs do not have an audited F/S requirement yet your screen 37 seems to say they are required.	County Health Departments can file the financial statement for the whole county.
14	Do you have to report Article 31 daytreatment on the AHCF if you already report it on the CFR? Does an Article 31 free standing clinic that reports on the CFR need to be reported on this cost report ?	If the facility is dually licensed as an Article 28 and Article 31, the facility must report the Article 31 data on the AHCF separately.
15	Do you want the NGA in effect at 12/31/10 submitted with the cost report?	Yes, you submit the NGA that is in effect for 12/31/10.
16	Line 77 UCP distribution.....what is this?	This line is for the Cerebral Palsy/Developmentally Disabled group only.

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17	Exhibit I D, Medicare pays more than 1 threshold visit, do we report both visits on line 006? In other words, when then primary is Medicaid only, 1 daily threshold visit is reported. What about Medicare and Commercial which we can bill 2 visits for the same day? Do we report both as threshold visits in column 0531?	No. Part86-4.9(b) defines a threshold visit as "a threshold visit, including all part-time clinic visits…..shall constitute and allowable threshold visit." Refer to this regulation for further information.
18	Are NYS Free standing Article-16 Clinics required to submit a Cost Report?	No, if they are licensed as an Article 16 only and NOT dually licensed as an Article 28they are not required to file the AHCF.
19	Do we need to report Family Planning Benefit Program (FPBP) in any particular way? It doesn't show up on the list of Medicaid products.	It can be reported in the Other column on Exhibit III. For further information as to what the FPBP is, please refer to http://www.health.ny.gov/community/pregnancy/family_planning/
20	I just want to be clear with regards to the salary to be reported instead of the October payroll which includes 10/01/11 pay period. We are now to include the entire year?	Yes, you must report the entire year.
21	If a provider did not get separate licenses for Article 16 and 28 they need to complete sections 4 and 19 correct? If a provider received separate licenses for Article 16 and 28 they complete the AHCF for Article 28 and CFR for Article 16, correct?	If they are licensed as an Article 16 only and NOT dually licensed as an Article 28 they are not required to file the AHCF. For dually licensed Article 16 and 28 facilities, on the Configuration Screen, the facility would select the proper services for the facility. We do not receive the CFR for Article 16 facilities as this Bureau only deals with Article 28 facilities.
22	If the adjustments to the individual expenses are all due to other program expense allocations, would that be entered in the Misc column?	Yes, report the adjustments in the "Miscellaneous" column and explain the adjustment in the notepad.
23	Past years we have submitted a summary report for each clinic type that shows the split between Clinical, Support, and Administrative expenses. Is this still required?	On Exhibit III, the facility would report the expenditures for clinical, support and administrative under the appropriate cost centers that pertain to the clinic type. For example, nurses, physicians assistants would be under the clinical on Exhibit III. This Bureau does not require a separate summary report be submitted. All data submitted should be reported on the AHCF.
24	If the clinic becomes FQHC during the year, do we need to separate the visits between the periods during which the clinic was non-FQHC and FQHC?	The visits need to be reported for the entire reporting period. For the visits section, the only difference in the visits reporting is for the PAC, PCAP and HIV visits. If the facility had any of these billings during the year while and FQHC, these visits should be separated. Otherwise, all visits for FQHC and non-FQHC will be reported under Regular Clinic visits.
25	If we have not yet installed the software, are we safe to use just the newest version that is out on the HCS? (Do we not need to have installed the earlier version first?)	Yes, you are safe to use the newest version of the software on the HCS. The software on the HCS will be the latest complete version with all updates. You do not need to have installed the earlier version first.
26	In regards to Exh IV - personal data, we file our report on a fiscal year not calendar. When I record the salaries for the year vs the two weeks, am I recording fiscal or calendar?	You must report the salary information for the same period that you are filing your AHCF.
27	In the past we sent data based on calender. Can we change to fiscal year?	No, cannot change to fiscal year. You must remain consistent as in prior years.
28	Is there any way to insert lines in "Other" sections? For example, Exh.I.C.4. Procedures - Other only allows for 6 lines but we would like to enter 8.	Since there are only 6 lines allowed, your will need to group the information on the 6 lines and report the details on the notepad. This Bureau will look at this for 2011.

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29	Last year the wrap rate income was put on Exhibit 1, D, line 65. Did that change for this year? If you find out differently, can you notify everyone?	No, the wrap income is reported as prior year reports on Exhibit I, Part D did not change.
30	Exhibit IV Parts b, c and d - Is the time period for a year, or the payroll period that includes October 1?	The time period is for a full year. It is no longer only for the 2 week period that included October 1st.
31	If Medicare is primary but Mediciad is secondary, do we need to report the Medicaid visits?	You must refer to Part 86-4.9(b). If Medicare is the primary, you will report the threshold visit as a Medicare visit.
32	On exhibit 3A, what shoud be put into Section 330 grant expenses?	Refer to question #4.
33	How can we get guidance on how to classify the patient revenue into the correct line?	Instructions for the visits on Exhibit I, Part D describes each of the patient visits. Also refer to the SPARCS crosswalk posted with the AHCF software.
34	Why can't we have the Medicaid visit count now?	Requests can be made to Computer Science Corp. (CSC) as in prior years.
35	Once the report is submitted, how long does it take to get a response?	Responses should be relatively quick but allow at least 24 hours.
36	SAS 119 says that auditors can't certify the cost report if it differs from our fiscal year. What do we do?	Research continuing.
37	Should an agency with a June 30 year end still be reporting June 30th year end information?	Yes, if you have reported on a 7/1-6/30 fiscal period in prior years you will continue to report for this fiscal period.
38	We have a lot of patients that self-infuse at home. This does not require staff involvement and they don't cross our threshhold as the patients are infusing themselves. This does generates revenue from the product used. How should these be recorded in statistics and revenue page? (visits, encounters, not reportable?) We end up with high revenue, but lower visits/encounters. How should it be counted?	Since there is not a threshold visit, the visit should not be counted, however, the revenue should be reported.
39	We have no staff in the categories listed in Schedule IV-B,C,D, being dental only. Do we still need to complete? And if so, what categories?	You must report the cost that are related to the columns that are listed on Schedule IV. If they do not pertain to the columns, you need not need to report. There is an "other" category line that can be used.
40	We have very few Medicaid primary insurance visits; most all of our Medicaid payments are from Medicaid as secondary insurance - previously we noted this in the notepad and include the visit type under the primary insurance carrier. Should we continue to just make a note?	You must report the visit under the primary payor. Making the notation in the notepad for the secondary payor is the acceptable method for reporting.
41	What are the ramifications for not filing a cost report?	In accordance with Part 86-4.3(h), the facility shall have their rate reduced by 2%.
42	Will the due date be extended if there are additional changes to the software?	No, we are not anticipating any extensions to file the AHCF.

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43	What if we billed different location codes during the year?	You must report the data of all locations under the same operating certificate.
44	Where on Exhibit 1, Part D should I report acute Dialysis Treatments performed under contracts with local hospitals. These Treatments are paid to us by the hospitals and are not billed to any insurance carrier.	If the clinic is providing the acute dialysis treatments, the patient costs and statistics should be reported.
45	Why are original signatures necessary for the certifications?	The Bureau must have original signatures on all cetifications for an official document.
46	Why is calender year reporting required for providers with fiscal year ends other than 12/31? The cost to get a second opinion on additional financials is substantial.	It is the policy of the Health Deparment at this time. Providers at one time had the option to switch from calendar year to fiscal year and it was a one-time option.
47	I am a section 330 grantee. What do you want in the 330 column?	Refer to question #4.
48	When we did employee salaries in previous years it was only a 2 week period and the adjusted time was for any vacation or sick time used. Now that we have to do the entire year not only do I have vacation, sick, and holiday time, I also have employee bonuses, 401K matches and profit sharing. Do I include bonuses, 401K match and profit sharing in employee salaries or do I just do base salary w/ vacation, sick and holiday time?	Report the vacation, sick and holiday time since the Exhibit is for salaries only. The other costs should be reported on Exhibit III under "Fringe Benefits".
49	Do the WEEKLY visits for the Methadone visits on Schedule Exhibit ID have to match the THRESHOLD visits on Schedule Exhibit IC (line 20) Methadone Dispensing? A patient can have from 1 to 7 visits in a week, therefore, how can these totals match?	Please refer to page 6 of the instructions. For Exhibit I, Part D, for MMTP providers, weekly visits should be reported under the visits column, not threshold visits.
50	Do we have to adjust out the cost for all the expenditures paid for by grants? What is a Section 330 grant? How would we know if one of our grants falls under this category?	330 grants are provided to Federally Qualified Health Centers (FQHC) from Health Resources and Services Administration (HRSA) for either restricted or unrestricted purposes. Refer to question #4 for how to handle.
51	Should the "HIV Grant" column include all HIV grants or one specific grant?	Yes, it should include all HIV grants.
52	School Based Health Centers - Where should the revenue associated with this be reported?	The facility would report the revenue for school-based health centers on Exhibit IIIF, lll. Non-Operating Revenue, Line 048.
53	Where should the 4012 Rate Code (FQHC Off-site) revenue be reported?	The facility would report the revenue for FQHC Off-site on Exhibit IIIF, II. Other Revenue, Lines 31-34 The facility should type in "FQHC Offsite" by double clicking the small rectangular box.
54	What costs are expected to be adjusted for the School Based Health Center column on Exhibit III, Expenditure Statement?	The costs that should be adjusted are the costs related to the off-site visits reported on Exhibit I, Part C, 2(b), line 006. They are for services provided at sites that are not licensed under the Article 28 facility.