

Program Memorandum Intermediaries

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-01-149

Date: DECEMBER 27, 2001

CHANGE REQUEST 2012

SUBJECT: Amended Production Dates for the Provider Statistical and Reimbursement (PS&R) Report and Extension of Due Date For Filing Provider Cost Reports

The purpose of this Program Memorandum (PM) is to replace Transmittal A-01-117, which advised all fiscal intermediaries (FIs) and providers of the release timelines for the PS&R report program, and the due dates for provider cost reports.

PS&R Program

On December 31, 2001, CMS will be forwarding to the FIs version 27.0 of the PS&R program. Version 27.0 will include changes to the PS&R program that were a result of the introduction of the Home Health Prospective Payment System (HHPPS) and the Outpatient Prospective Payment System (OPPS). The FIs that are using the Fiscal Intermediary Standard System (FISS) will install version 27.0 and are expected to begin processing claims data through the PS&R system no later than March 1, 2002. The installation process will include downloading, and testing the PS&R program as well as updating all JCL and peripheral programs.

FIs that are using the Arkansas Part A Standard System (APASS) will be allowed an additional 30-day grace period, because the APASS maintainer is in the process of updating the claims processing program. What this means is that the cost report due dates for APASS user FIs and providers will be 30 days later than those using the FISS maintainer system.

Provider Cost Reports

All hospitals (Form CMS-2552-96, except critical access hospitals), skilled nursing facilities (SNFs) (Form CMS-2540-96) with a provider based home health agency, home health agencies (Form CMS-1728-94), and community mental health centers (Form CMS 2088-92) are required to adhere to the cost report due dates recorded in the chart below. The chart also includes information pertaining to the FIs' responsibility to produce PS&R reports and the dates the reports are to be forwarded to the providers. The cost report due dates are based on allowing the providers 38 days to complete the cost report plus an allowance of seven days for the postal service to deliver the PS&R. Critical access hospitals, except for those with provider based HHA's, will continue to file cost reports in accordance with timelines defined in 42 CFR 413.24(f)(2) and CMS Pub.15-2, chapter 100, section 104.

| Cost Reporting Year Ending Dates | Claims Processed Through Dates | PS&R Mailed to Provider by Dates* | Cost Report Due Dates* |
|-------------------------------------|-----------------------------------|--------------------------------------|---------------------------|
| August-September 30, 2000 | December 31, 2000 | April 12, 2002 | May 27, 2002 |
| October-December 31, 2000 | March 31, 2001 | May 3, 2002 | June 17, 2002 |
| January-March 31, 2001 | June 30, 2001 | May 24, 2002 | July 8, 2002 |
| April-June 30, 2001 | September 30, 2001 | June 21, 2002 | August 5, 2002 |
| July-September 30, 2001 | December 31, 2001 | July 19, 2002 | September 2, 2002 |
| October-December 31, 2001 | March 31, 2002 | August 9, 2002 | September 23, 2002 |
| January -March 31, 2002 | June 30, 2002 | August 30, 2002 | October 14, 2002 |
| April-May 31, 2002 | August 30, 2002 | September 21, 2002 | November 5, 2002 |

* APASS user FIs and providers are allowed an additional 30 days from these dates to mail the PS&Rs and to submit cost reports.

CMS-Pub. 60A

FIs must make tentative settlements no later than 90 days after receipt of an acceptable cost report from the provider. The FIs must take into consideration the providers prior history in determining the percentage of the underpayment that will be reimbursed the provider as the tentative settlement amount. The 90-day period is a one-time exception to Section 42 CFR 413.64 and Transmittal A-01-82, which stipulates that the tentative settlement be made within 60 days of receipt of the cost report.

FIs that are also functioning as regional home health intermediaries (RHHI) will need to transmit electronically to the audit intermediaries (AI's) all PS&R related information at least five business days before the dates identified in the column labeled "PS&R Mailed to Provider by Dates".

This PM does not preclude a provider from filing cost reports timely, and basing the filing of the cost report on the provider's own records and claims data. Intermediaries should exercise caution when issuing tentative settlements in the absence of the PS&R.

SNF Cost Reports

Due to delays in the programming for the free software for SNF cost reports, an extension will be granted to providers with fiscal years ending February 2001 through July 2001, to submit the SNF cost report.

The *effective date* for this PM is December 31, 2001.

The *implementation date* for this PM is December 31, 2001.

The instructions contained in this PM should be implemented within your current operating budget.

This PM may be discarded after December 31, 2002.

If you have any administrative questions, contact David Goldberg (410-786-4512), Tom Talbott (410-786-4592) or Edward Tregoe (410-786-6827).

If you have any technical questions, contact Michael O'Leary (410-786-6432).