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STATE OF WEST VIRGINIA
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES

Office of Shared Administration
Office of Accountability and Management Reporting

DATE: January 12, 2024

TO: Medicaid Certified Nursing Facilities
(Please give a copy of this memo to your cost report preparer)

FROM: Barbara I Skeen, Director, Div of Rate Setting and Provider Reimbursement, Office of Accountability & Management Reporting

RE: Financial and Statistical Reports ended December 31, 2023

The current nursing facility rates are in effect through 06/30/2024. A new nursing facility rate methodology is being developed, but the implementation date for the new methodology has not yet been finalized. Once the implementation date is finalized, additional information and training will be forthcoming.

The 12/31/23 cost report is DUE (postmarked) by Monday, April 1, 2024 (due to 3/31/24 falling on a Sunday).

AREAS HIGHLIGHTED or BOLDED ARE NEW REPORTING REQUIREMENTS OR REMINDERS

The DBF files may now be submitted on either a CD or USB.

On the 12/31/23 cost report you do not need to fill out the census table at the bottom of WV6.

The Department of Health and Human Resources Financial and Statistical Report for the six-month period ending December 31, 2023, must be submitted (postmarked) no later than Monday, April 1, 2024 (due to 3/31/24 falling on a Sunday). Recent desk reviews and rate setting cycles have identified a few recurring problems regarding cost report information submitted to the Department of Health and Human Resources (DHHR) for rate determination. As a result, the following are requirements that **MUST** be adhered to by each nursing facility seeking a rate for Medicaid participation:



- On **WV1, WV2, and WV3**, the following information **MUST** be correct: facility name, address, phone number, cost report preparer, and ownership information. **The facility address on the cost report will be used to mail the rate letter. If you do not include the correct mailing address on WV1, you may not receive your rate letter.**
- Due to scanning, the submitted paper copy of the Medicaid Cost Report, Medicaid Grouping Report, Facility Trial Balance, Trial Balance by Medicaid Chart of Accounts, Schedule of Adjusting Entries and attachments **MUST** be **one-sided** copies only. Please do not staple reports or other supporting schedules.
- The Medicaid Grouping Report, the Facility Trial Balance, the Trial Balance by Medicaid Chart of Accounts, the Schedule of Adjusting Entries and the 8 DBF files (all generated by the cost report software) **MUST be included with the facility cost report AT THE TIME OF SUBMISSION**. Also, please include the **e-mail address of the cost report preparer**. The 8 DBF files should be submitted on a CD or USB. **Do not put the DBF files inside a folder on the disk or usb. A paper copy is required for all documentation.**
- **Please make sure all insurance is properly categorized on WV22 (Line 21 - Property Insurance, Line 22 - Liability Insurance, Line 23 - Malpractice Insurance and Line 24 - Other Insurance). According to Chapter 514.13.32, effective January 1, 2013, Damage Awards and Negotiated Settlements:** Liability damages paid by the provider, either imposed by law or assumed by contract, which should reasonably have been covered by liability insurance, are not allowable. Any settlement negotiated by the provider or award resulting from a court or jury decision of damages paid by the provider in excess of the limits of the provider's policy, as well as the associated legal deductibles or legal costs is non-allowable.
- Total assets on WV10 **MUST** equal total equity/liabilities on WV12. The cost report will be deemed incomplete and returned if it is not in balance. A rounding difference of less than \$10.00 will be considered acceptable.
- **ALL "Other" accounts (including Central Office) MUST be described in detail on a separate accompanying schedule unless the account description on the Medicaid Grouping Report is sufficient to identify the contents of the account ("purchased services" IS NOT SUFFICIENT). ALL DOCUMENTATION MUST BE SUBMITTED AT THE TIME THE COST REPORT IS FILED IN ORDER TO BE "FILED TIMELY."**
- **ALL "Purchased Services AND "Consulting Services" accounts listed on the cost report and grouping report MUST be described in detail on a separate accompanying schedule. PLEASE INCLUDE VENDOR NAME, AMOUNT AND PURPOSE OF SERVICE. Credit card payments, petty cash reimbursements, etc. MUST be detailed for every purchase (no summaries). Just listing a person or business that was paid is not sufficient.**
- **ALL items posted to Medicaid account #8790 Public Relations MUST be described in detail on a separate accompanying schedule. Allowable are promotional expenses such as brochures, pens, mugs and resident funeral flowers but NOT TV, radio, newspaper advertising (#8632); family/resident activities (#7420), employee flowers (#9950). It must be documented that the nursing facility received some type of public recognition (ie. name in program, on signs, radio announcement) in order for payment to groups and charities to be allowable or it will be considered a donation and moved to non-allowable (#9950). Last period we found some public relations expense in Advertising and Other Advertising. Please put these costs in Public Relations and include a detailed schedule.**
- **Restating the description from the Grouping Report as detail on the supporting schedules is NOT acceptable. The total for the detail must also equal the total on the grouping report. Any cost reports that have schedules that do not have proper descriptions or traceable totals will be considered incomplete and will not be reviewed until the schedules are corrected.**
- **For hospitals, it is acceptable that your detail ties to the per books total. However, it is necessary that the allocation % used is documented. If items have been reclassified before the allocation, please label each reclassified item with the account it was moved to.**
- Bed holds are reported on the Census Report on WV6. Please submit a schedule with the following information (a blank schedule is attached for your use):
 1. Reported bed holds by payer type (Medicaid or Other)
 2. Midnight census and occupancy percentage for only Medicaid reported bed holds
 3. Indicate if the Medicaid bed hold was billed & payment received. Only paid bed holds should be included on WV6
 4. Resident last name and initial with discharge and re-admit dates for only Medicaid bed holds. Resident identifiers are no longer needed

When reconciling a Gainwell Technologies (formerly DXC/Molina) bed reservation report to the bed holds on the cost report, we noticed some problem areas. Please let your billing staff know that the same rules that apply to reporting bed hold days on the cost report also apply to billing bed hold days. It is **very** important to use the correct rev codes when billing bed holds. **Please use rev code 183 for therapeutic leave, 185 for medical leave or 189 for other/no payment.** Please **DO NOT** use 183 or 185 with a \$0.00 charge. **Only 189 should be used with a \$0.00 charge.** If that occurs, it requires more analysis and causes problems with the reconciliation.

- Nursing facility administrator salaries are reviewed for reasonableness. Please refer to Section 514.12.2 of the Medicaid Provider Manual for the calculation. For the cost report period July 1 – December 31, 2023, the administrator salary CAP is **\$99.57/hr** for the small bed group and **\$129.57/hr** for the large bed group. The facility is allowed the lesser of their actual expense (total compensation of the administrator) or the CAP.

For the cost report period July 1 – December 31, 2023, the standard mileage rate is **\$0.655/mile** (set by the U.S. General Services Administration). Please report **BOTH** facility vehicle mileage and employee reimbursed mileage on WV8. Logs must be kept for both types of mileage. Please use account #8750 for all vehicle expenses such as, but not limited to, employee mileage reimbursement, rental or lease payments, fuel, interest, repairs, routine maintenance, inspections, licenses, insurance and depreciation.

To ensure that all expenses are mapped properly, please put employee background checks on WV 21/16 (#9070), copier rental and maintenance on WV 20/24 (#8660), shredding service on WV 20/42 (#8820) and hazardous waste disposal on WV 22/6 (#9250).

A portion of AHCA and WVHCA dues for lobbying is non-allowable and should be mapped to WV 24/23. Medicaid account #9950 should be used with "Non-Allowable Dues" as the account description. The non-allowable portions for **2023 are 30% AHCA and 7.5% WVHCA.**

According to Medicaid Regulation 514.9 Ancillary Services, the nursing facility must have formal arrangements for the provision of ancillary services which are necessary to support the primary activities of the nursing facility; however, they are not included in the per-diem rate.

- Prescription Drugs
- Prosthetics and Orthotics
- Dental Services
- Vision Care Services
- Podiatry Services
- Laboratory, X-Ray, and Other Diagnostic Services
- Ambulance Services

Because these services are billed directly to the Bureau, they are **NOT** included in the per diem rate and, therefore, should **ONLY** appear on WV24 of the cost report. Any of the above expenses found on the cost report during desk review without written description and supporting documentation submitted to justify the departure from Medicaid Regulation 514.10 will be moved to non-allowable.

Please send all cost reports to:

Barbara Skeen
Office of Shared Administration
Office of Accountability & Management Reporting
One Davis Square, Suite 304
Charleston, WV 25301

Any cost report which does not comply with the DHHR regulations will be considered unacceptable and subject to the penalty for delinquent reporting of costs in accordance with the state plan.

As a result of the extended due date until April 1, 2024, extensions for the submission of the December 31, 2023 cost report will not be granted.

For any questions concerning the cost report, please contact Barbara Skeen, Director of Rate Setting and Provider Reimbursement, Office of Accountability and Management Reporting at Barbara.I.Skeen@wv.gov and also CC David.McCauley@wv.gov. **Barbara Skeen 304 352-6728 , David McCauley 304 352-6736**