Request for Information
Cost Reporting Services

This Request for Information (RFI) for the Department of Health and Hospitals, Office of Aging and Adult Services (DHH OAAS) is for planning purposes only and should not be construed as a Request for Proposal (RFP).

Purpose of the RFI

The purpose of this RFI is to gather information from qualified organizations that can provide consultation and the compilation of cost and related reports for Villa Feliciana Medical Complex as required by CMS Timely Filing Guidelines. Reports must be submitted to OAAS in both hard copy and electronic format. Services to be provided may include any or all of those listed below.

Background

Villa Feliciana Medical Complex (VFMC) is the only state-run long term care hospital/skilled nursing facility in Louisiana. The facility is Medicaid and Medicare certified. Reimbursement rates are based on a Prospective Reimbursement System based on Prior Year Actual Costs, not on the case mix system used by private nursing homes in the state. The facility in licensed as a hospital that includes a 10 bed acute care hospital unit. It also includes approximately 150 skilled nursing facility (SNF) beds, and a 25 bed tuberculosis unit operated in cooperation with the Office of Public Health. The annual budget is approximately $20 million, all of which is generated through billing to Medicaid, Medicare or other payers. The facility employs approximately 220 staff. It is located in Jackson, LA on 120 acres that house 3 patient buildings, an administrative building, a recreation building and a number of other miscellaneous buildings and homes.

Cost Reporting Services

- The following reports would be required by November 30th each year for the prior fiscal year ending June 30th:
    - CMS 2552 Cost Report for Electronic Filing of Hospitals
    - CMS 339 Medicare Provider Cost Reimbursement Questionnaire
    - Medicaid Uncompensated Care Cost Report
- Additional reports and information that may be needed or required as it relates to maximization of Medicare/Medicaid revenue, reimbursements or cost reporting such as:
    - Hospital Information and Statistics
    - Physician Time Studies
    - FTE Calculations
    - Square footage calculations
    - Pass Through Reports
    - Medicare/Medicaid PS&R reports
    - Bad Debt Reports

    - Specialized Care Supplemental Schedules for State Facilities
    - Wage Index Reports
    - American Appraisal Reports
    - Requested reports from Medicare/Medicaid Audits
    - Fiscal Intermediary requests
    - Written interpretation of Medicare, Medicaid and UCC Rules and Regulations
    - Reopening and Amending Prior Year Cost Reports
    - Certification/compliance of cost
- Preparation of schedules showing the crosswalk from the State Government Accounting System (ISIS) cost centers to the cost report and allocation schedules supporting the separation of cost between the hospital and the SNF unit; to be included with the Cost Report.

Consultation Services

- Review and assist with reimbursement procedures to ensure the full maximization of revenue from all financial classes (Medicare, Medicaid, Private Pay, and Insurance) in accordance with Federal and State regulations such as:
    - Medicaid Disproportionate Share Program
    - Assisting with resolving billing and claim issues
    - New regulations that impact reimbursements
    - Ensuring that Hospital and SNF costs are segregated appropriately
    - Evaluate Part B ancillary services schedules to ensure services are properly billed for and claimed on the cost report
    - Assist VFMC with developing a bad debt schedule that is in compliance with the Medicare Provider Reimbursement Manual
- Provide consultation throughout the Cost Reporting process to aide VFMC with submitting the appropriate information to be used to prepare a comprehensive cost report.
- Prepare and submit a written report providing findings and recommendations developed during the cost report preparation process to aide in maximizing future revenue collections.
- Provide training and technical assistance to VFMC staff as needed or requested to ensure proper audit trails are established and documentation necessary to support advantageous rate setting and settlements for all services is obtained.

Audit/Appeals

- Assist with Medicare and Medicaid appeals on adjustments proposed which cannot be administratively resolved.
- Assist with the development of audit and compliance procedures relative to Medicare and Medicaid reimbursement.

- Attend audit exit conference to assist OAAS with their response to audit adjustments and findings and to propose administrative resolutions to audit adjustments.

Responding to the RFI

If you are interested in providing information in response to this RFI, please submit responses; including resumes and fee schedules for cost reports and consultation via mail or e-mail by 4:00pm August 15, 2014:

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Questions may also be directed in writing to the above address or e-mail. A copy of the most recently audited cost report will be provided upon request.