

**ADDENDUM III**  
**OFFICE OF BEHAVIORAL HEALTH**  
**DEPARTMENT OF HEALTH AND HOSPITALS**  
**Changes to RFP**  
**RFP # # 305PUR-DHHRFP-COSTRPT-2014-OBH**

**III. SCOPE OF WORK. Page 7:**

**A. Project Overview**

The result of this contract will be the compilation of approximately ~~11~~ **5** Medicare cost and related reports for submission to the designated Office of Behavioral Health contract manager as required by CMS Medicare Timely Filing Guidelines.

**B. Deliverables, Page 9:**

QTY	REPORT #	REPORT TITLE	FACILITY	DUE DATE
2	CMS-2552	Cost Report For Electronic Filing Of Hospitals	1. Central Louisiana State Hospital 2. Eastern Louisiana Mental Health System	NOVEMBER 30 <sup>TH</sup>
1	CMS-287	Home Office Cost Statement DHH's Home Office (Administrative/Indirect)	DHH's Home Office (Administrative/Indirect)	NOVEMBER 30 <sup>TH</sup>
<del>2</del>	<del>CMS-339</del>	<del>Medicare Provider Cost Reimbursement Questionnaire</del>	<del>1. Central Louisiana State Hospital 2. Eastern Louisiana Mental Health System</del>	<del>NOVEMBER 30<sup>TH</sup></del>
2		Medicaid Uncompensated Care Cost Report	1. Central Louisiana State Hospital 2. Eastern Louisiana Mental Health System	NOVEMBER 30 <sup>TH</sup>

**3. The services provided under the contract shall be to:**

- a. Prepare and submit two (2) CMS-2552 cost reports and ~~two(2) CMS-339 questionnaires~~ and all supporting documentation and worksheets.

## **B. Deliverables, Page 10:**

### **4. Reports and studies shall include but shall not be limited to the following:**

In addition to preparation for filing forms CMS 2552, and CMS 287 ~~and CMS 339~~, (which shall be filed as two (2) paper copies and one (1) electronic copy to OBH), contractor will prepare for filing any additional reports and information requested as it relates to the maximization of Medicare/Medicaid revenue, reimbursements or cost reporting.

- a. Home Office Cost Report
- b. Hospital Information and Statistics
- c. Working Trial Balance
- d. Physician Time Study
- e. ~~CMS Forms 339 (3)~~
- f. Malpractice Report
- g. Sanctions
- h. Bond Interest Expense
- i. FTE Calculations
- j. Pass Through Reports
- k. Medicare/Medicaid Logs( uses PS&R or MRO-14).
- l. Uncompensated Care Cost Reports (3)
- m. Cost Report
- n. American Appraisal Reports
- o. Attending Audit Entrance and Exit Conference (Internal, Legislative, TriSpan, HHS, Office of Inspector General.)
- p. Requested reports from Medicare/Medicaid Audits
- q. Fiscal Intermediary Contracts
- r. Written interpretation of Medicare, Medicaid and UCC Rules and Regulations.
- s. Reopening and Amendments of Prior Year Cost Reports
- t. Certification/Compliance of Cost

Attachment V  
**Revised** Cost Template Reporting

**Instructions:**

**Replace with** this template to provide unit prices for each report for each year of the contract

QTY	Report NO.	Report Title	DHH Facilities	Proposer's Cost	Proposer's Cost	Proposer's Cost
				(Per Report)	(Per Report)	(Per Report)
				Year One	Year Two	Year Three
2	CMS-2552	Cost Report for Electronic Filing of Hospitals	*Central Louisiana State Hospital *Eastern Louisiana Mental Health System			
1	CMS-287	Home Office Cost Statement	DHH'S HOME Office (administrative/indirect)			
2		Medicaid Uncompensated Care Cost Report	*Central Louisiana State Hospital *Eastern Louisiana Mental Health System			
<b>TOTAL</b>						