

**Home and Community Based Waiver and Personnel Care Attendant
Payment Rate and Cost Survey Information
UPDATED 9/13/12**

Question 14: How do I report my units on the cost survey?

Answer: In the column for Medicaid units of service, a provider should include all Medicaid units of service that were covered/paid. In the column "Total" units of service, a provider should include all unduplicated units of service provided. This includes:

- Paid Medicaid units of service
- Denied Medicaid units of service because of ineligibility
- Self Pay units of service
- Units of service paid/denied by any other insurance

Remember not to count units twice. For example, when Medicaid denies a claim due to ineligibility and it also is recorded as a Self Pay unit of service, the unit of service should only be reported once. Units of service denied because of because of incorrect data, but resubmitted and paid, should not be included in total units.

Example:

XYZ Inc. is a 5 bed Assisted Living Facility. During calendar year 2011 XYZ Inc. bills to Medicaid 1000 units of service. Of these 1000 units, 950 are paid by Medicaid and 50 units are denied due to ineligibility. In addition, XYZ Inc. provided 150 units of service to recipients that were self pay. The units of service portion of the cost survey of XYZ Inc. would look like the following:

PART I	REVENUE		UNITS OF SERVICE	
	Medicaid	Total	Medicaid	Total
Assisted Living:				
Adult Residential 5 beds or less (T2031 UR)	125,181.50	151,535.50	950.00	1,150.00
Adult Residential 6 to 16 beds (T2031 US)	-	-	-	-
Adult Residential 17 or more beds (T2031)	-	-	-	-
Adult Residential Acuity Add-on (T2031 TG)	-	-	-	-

Special Notes

1. Services and revenues that are the same services as those provided to waiver clients should be reported on the appropriate billing code line, not under "Other Revenue". Other Revenue, as per the Cost Survey 2011 Instructions, is only for revenue that is not related to services that qualify as Home & Community Based Waiver or PCA services.
2. All areas with Medicaid revenues and statistics need to have corresponding expenses listed on the Expense & Adjustment portion of the cost survey. For example, if a provider has units of

service/revenue for Respite and Day Habilitation, there should be costs listed under both Respite and Day Habilitation on the Expense & Adjustment portion of the cost survey.