



August 13, 2013

Refer To: FCHBB

Ms. Becky Dolin
Health Financial Systems
8109 Laguna Boulevard
Elk Grove, CA 95758

Dear Ms. Dolin:

We have reviewed your outpatient rehabilitation provider community mental health center (CMHC) cost report software program and submission of the electronic cost report (ECR) and print image files submitted in lieu of Center for Medicare and Medicaid Services (CMS) cost reporting forms (Form CMS-2088-92). Based on our review, your cost report software system accurately reflects and incorporates the most recent revisions to cost report instructions, forms and electronic reporting specifications. The tradename used on the computer prepared worksheets is known by this office as **MCRS/PC-MICRO**. This approval is for submission of hard copy cost reports, ECR files and print image files for the cost reporting periods beginning on or after **October 1, 2012**.

Your approved vendor code, which is to be placed in the first record of all transmitted electronic files (location 38-40), is **B05**. The ECR Spec date of **2012275 (10/1/2012)** (location 52-58) is also required in the aforementioned record. We also request that your providers have a working knowledge of Table 5 - Cost Center Coding, pages 18-522 - 18-525 in section 1895 of CMS Pub. 15-2, chapter 18.

Notification will be sent to all contractors on or about the 1st or 15th of each month (which ever date is applicable) following your approval. Attached is the one (1) associate which is authorized to market your system. It will no longer be necessary for the provider to attach a copy of this approval letter with their cost report submission.

Our approval does not apply to any alternatives to the bases or sequence of allocation recommended for cost finding in the official CMS forms. Any variations in the bases or sequence of allocation for Medicare reimbursement purposes must be reviewed and approved by the affected provider's Medicare contractor at least ninety days prior to the end of the first cost reporting period to which such variation is to apply. The procedures that providers must follow to obtain contractor approval are contained in the Provider Reimbursement Manual, Part 1 (CMS Pub. 15-1), section 2313.

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Our approval of these computer prepared cost reports is subject to all of the terms and conditions contained in the Provider Reimbursement Manual, Part 2 (CMS Pub. 15-2), section 108.

Sincerely,

Darryl E. Simms
Technical Advisor
Division of Cost Reporting
Chronic Care Policy Group
Center for Medicare Management

Enclosure

cc:
Mel Bowen
Shelly Foxworthy

Approved Associates of Health Financial Systems

Baird, Kurtz and Dobson