

Questions and Responses

ECI Cost Reporting Requirement

Question: What is the purpose of an ECI provider submitting a cost report?

Response: The purpose of ECI providers submitting annual cost reports is to assist HHSC in capturing cost data related to ECI activities. This data is used to effectively establish statewide prospective payment rates for Targeted Case Management (TCM) and Specialized Skills Training (SST) as required by the federal and state regulations.

Questions: What information is required to be collected on the cost report?

Response: The ECI provider is required to report allowable cost in accordance with HHSC Cost Determination Process Rules (Texas Administrative Code, Part 15, Chapter 355, SubChapter A, Rules 101-111) as it relates to delivering services for Targeted Case Management (TCM) and Specialized Skills Training (SST).

Questions: What if I do not want to submit a cost report, how does this impact me?

Response: Failure to submit a cost report by the cost report due date may result in DARS withholding payments from the provider until an acceptable cost report is submitted (i.e., “vendor hold”)

Questions: What if I do not want to submit all potential allowable cost as it relates to delivering services for TCM and SST, how does this impact me?

Response: Rates established for TCM and SST are based on a statewide prospective rate. The information collected for FFY2013 ECI cost report will be utilized to establish future rates for TCM and SST. Additionally, future reimbursement rates could be adversely impacted for all ECI providers delivering TCM and SST. Failure to submit a cost report by the cost report due date may result in sanctions imposed by HHSC or DARS such as withholding payments from the provider until an acceptable cost report is submitted (i.e., “vendor hold”)

Question: If I have a provider delivering only Physical Therapy (PT), Speech Therapy (ST), or Occupational Therapy (OT) services am I required to collect data for cost reporting purposes?

Response: No, HHSC Cost report is requesting data only for services delivered to TCM and SST. If you have a provider that is delivering PT/OT/ST and delivering TCM or SST, then you will be required to monitor the time spent between the services delivered. The intent is to allocate the provider’s cost to the appropriate service line items provided on the cost report.

Question: I have a provider delivering Service Coordination (SC), Case Management (CM), and Targeted Case Management (TCM). Will the provider be required to track the time spent between CM and TCM?

Response: Yes, The cost report will request Total Cost for TCM Medicaid and Non-Medicaid services delivered. In addition the provider will be required to distinguish the amount of units of service they provided during the cost reporting period between Medicaid and Non-Medicaid. The intent is to allocate the provider’s cost to the appropriate line items provided on the cost report.

Question: Will the provider be required to distinguish the units for SST?

Response: Yes, the cost report will request Total Cost for both Medicaid and Non-Medicaid services delivered for Specialized Skills Training. In addition the provider will be required to distinguish the amount of units of service they provided during the cost reporting period between Medicaid and Non-Medicaid. The intent is to allocate the provider's cost to the appropriate line items provided on the cost report.

Question: During the May 2012 Training regarding Cost Reporting Documentation, a "Time Sheet" was presented regarding tracking 100 percent of the provider's time. Is the provider required to use the "Time Sheet" excel spreadsheet format?

Response: No, the "Time Sheet" excel spreadsheet presented, is an example of a log on tracking employees time. Provider may have the system capability for tracking a provider's time by alternate means. If the provider has the system capability to track and report a employees time and can distinguish the amount of time spent between TCM and SST, then the provider is free to utilize their report as an acceptable format for reporting purposes. A copy of the generated report, allocating the employees time between TMC and SST will serve as appropriate documentation. The next step the provider will have to take is being able to generate a report for the purpose of documenting the allocation between TCM and SST.

Question: Our organization has the capability to track direct service cost between TCM and SST, but we are not able to track or pull a report for CM and SST time associated with travel time on the road, or other non-billable activities such as collateral contacts and service preparation time.

Response: A provider must have supporting documentation that justifies all costs submitted on the cost report. If the provider is able to track direct service time, but does not have the supporting documentation to confirm the amount of time associated with the activities that are directly related to the provision of the billable service the costs may be considered un-allowed costs and adversely impact rates to all providers.

Question: Will the provider be required to generate a report on the time allocation between TCM and SST?

Response: Yes, the provider is responsible for maintaining the supporting documentation that reflects the appropriate allocation of cost reported.

Question: Will the provider be required to enter the time allocation into the cost report system?

Response: No. However, a provider is responsible for tracking employees time and activities. For employees whose time is shared between TCM and SST a provider will need to perform the allocation outside of the cost report system and report the allocated cost for TCM /SST service accordingly.

Question: Is there any other cost besides the providers salary cost that we should consider?

Response: Yes, the provider should consider any cost associated with delivering the direct service to the client. The cost must be an allowable cost as referenced in the HHSC Cost Determination Process Rules (Texas Administrative Code, Part 15, Chapter 355, Subchapter A, Rules 101-111). Some direct cost associated with delivering the service includes: employee medical/health/dental insurance premiums, life insurance premiums, other employee benefits

(such as employer-paid disability premiums, employer-paid retirement/pension plan contributions, employer-paid deferred compensation contributions, employer-paid child day care, and accrued leave).

Question: My organization has a central office that provides some administrative support to the ECI program, am I allowed to report any cost associated with the central office?

Response: Yes, if there is more than one business component, service delivery program, or Medicaid program within the entire related organization, the provider is considered to have central office functions, meaning that administration functions are more than likely shared across various business components, service delivery programs, or Medicaid contracts. Shared administration costs require allocation prior to being reported as central office costs on the cost report. The allocation method(s) must be an approved method listed in the HHSC Cost Determination Process Rules and must be disclosed as the allocated costs are entered into the cost report system and an allocation summary must be prepared and uploaded to support each allocation calculation.

Question: Is there any other data that I should be considering in reporting cost?

Response: HHSC has updated the website to include information regarding the cost report instructions and a sample of the data components that will be requested on the cost report. The website link is <http://www.hhsc.state.tx.us/rad/acute-care/index.shtml>

Question: What is the reporting period for the 2013 ECI cost report?

Response: The reporting period is the period of time during the contracted provider's 2013 fiscal year during which its effective date of the contract with the Texas Department of Assistive and Rehabilitative Services (DARS), Texas Department of Aging and Disability Services (DADS), and Texas Department of State Health Services (DSHS). The reporting period must not exceed twelve months. If the reporting period is less than twelve months, the cost report preparer must provide an explanation within the cost report system. Refer to the cost report guide located at <http://www.hhsc.state.tx.us/rad/acute-care/index.shtml>

Question: When is the due date of the cost report?

Response: The 2013 ECI Cost report is due on March 31, 2014. The training will take place in January, February and March 2014.

Question: If we already have a trained administrative staff that prepares and enters other program cost reports (HCS, ICF-MR, TxHmL), will they have to attend the classroom based training for ECI's cost report?

Response: Yes, the provider will have to attend the training. The cost report preparer is required to attend a training course every other year for the odd-year cost report in order to receive access to both the odd-year and even-year cost reports. Any cost report preparer that has not met the training requirement will have "view-only" access. Full access to the online cost report will be granted after the cost report training requirement has been met. A notice will be sent once the system has been officially opened in January.

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