

**HEALTH FACILITY CASH ASSESSMENT PROGRAM
REPORT INSTRUCTIONS FOR HOSPITALS,
PERSONAL CARE SERVICE PROVIDERS (PCPs),
CERTIFIED HOME HEALTH AGENCIES (CHHAs)
AND LONG TERM HOME HEALTH CARE PROVIDERS (LTHHCPS)**

GENERAL INSTRUCTIONS:

This form is to be used on a monthly basis to calculate the assessment liability. A separate report should be submitted even if there were no assessable cash receipts for the reporting month. The report and payment must be submitted on a timely basis to avoid incurring penalty and interest. Timely payments shall be defined as: (1) payments received (not postmarked) on or before the 15th of the month (adjusted for weekends and holidays), or (2) payments received after the 15th of the month (adjusted for weekends and holidays) that are postmarked by the 13th of the month.

When reporting, use whole dollars only.

COLUMN DESCRIPTIONS:

Column A – Description: Itemize total cash receipts and list additional assessable cash receipts as detailed in the instructions.

Column B – Current Month: Report the current month's cash receipts.

Column C – Adjustments: Report adjustments due to errors or omissions in prior months. Adjustments may be either a positive or negative. Denote negative amounts with parenthesis (). Detailed records should be maintained as all data is subject to audit.

Column D – Adjusted Total: Sum of Columns B and C. If Column C does not apply; copy the amounts from Column B to Column D. The completion of Column D, from lines 1 through 10, calculates the current month's assessment liability.

LINEAR DESCRIPTIONS:

Line 1 – Cash from Patient Care Services (Hospitals, CHHAs, LTHHCPS)/Cash from Personal Care Services (PCPs only): Enter **ALL CASH RECEIPTS** (and/or checks) received during the month. Cash receipts include but are not limited to payments received from Medicaid, Medicare, Blue Cross and Blue Shield, other insurance payors, Worker's Compensation, and self-payors. Receipts are assessable in the month they are received irrespective of the service date or billing period (cash basis).

Line 2 – Other Cash Receipts: List all other cash receipts. Refer to the instructions and identify each receipt.

Line 3 – Total Other Cash Receipts: Sum of Other Cash Receipts listed under Line 2, a through j, etc.

Line 4 – Total Cash Receipts from All Sources: Line 1 plus Line 3.

Line 5 – Total Non-Assessable Cash Receipts: Enter the total of non-assessable items from the applicable schedule, (schedule H-Hospitals, schedule L- LTHHCPS, schedule C-CHHAs and schedule P-PCPs)

Line 6 – Assessable Cash Receipts: Line 4 less Line 5.

Line 7 – Assessment Rate: The applicable assessment rate for a given report period

Line 8 – Current Month Assessment: Multiply Line 6 by Line 7

Line 9 – Other Adjustments: Reserved for use when a credit for a prior month is reported. Specify the month for which the credit is being taken, the applicable assessment rate, and the reason(s) for the adjustment. If the adjustment is for multiple months, attach a detailed schedule. If the adjustment results in a credit, refer to Line 11 instructions below.

Line 10 – Amount Due: Line 8 plus Line 9 If the amount is negative (a credit amount), report on Line 11. Otherwise, remit this amount to the Assessment Fund Administrator.

Line 11 – Excess Credit for Future Remittance: Enter credit amounts from Line 10 and carry forward to Line 9 of next month's report.

HEALTH FACILITIES CASH ASSESSMENT PROGRAM ARTICLE 36 LONG TERM HOME HEALTH CARE PROVIDER REPORTING INSTRUCTIONS

All Long Term Home Health Care Providers certified under Article 36 of the Public Health Law are assessed a percentage on monthly cash receipts from patient services and general operations.

TYPE OF PROVIDER	ASSESSMENT RATE
LTHHCP	.35%

Assessable Long Term Home Health Care Program Income

- All cash receipts from patient care services (excluding the waived services listed in the “Non-Assessable Income” section below) less amounts applicable to patient or third-party refunds, irrespective of payment source or service date, received during the assessment period.
- Investment Income, except as otherwise referenced in this attachment.
- Cash receipts for other operating income for the time period noted above which will be assessed include:

- Social Work Services Revenue
- Patient Assessment and Cash Management Revenue
- Parking Revenue
- Housing Revenue
- Housekeeping Service Revenue
- Gift Shop Revenue
- Revenues from Rental of Premises or Equipment
- Sale of Medical Records and Abstracts
- Sale of Scrap and Waste
- Cash Receipts from Externally Granted Rebates and Expenses
- Vending Machine Commissions
- Other Commissions
- Other Operating Income Unless Specifically Referenced Below as Being Not Eligible for the Assessment
- Transfers from Restricted Funds for Other Operating Expenses
- Income from Interest, Penalty and Finance Charges
- Sale of Medical and Surgical Supplies to Other than Patients
- Sale of Drugs to Other than Patients

Non-Assessable Income – Schedule L

- Income from the following waived services:
 - Social Day Care
 - Social Transportation
 - Congregate Meals
 - Home Maintenance Tasks
 - Housing Improvement
 - Moving Assistance
 - Respite Care
 - Personal Emergency Response System
- Investment Income from Externally Restricted Plant Funds (e.g. sinking funds, funded depreciation).
- Income received from grants, charitable contributions, donations, bequests, and government deficit financing.
- Grants provided to Public Health Nursing Services as part of Local Public Health Aid financing.
- Worker Recruitment and Retention Grants
- Worker Recruitment, Training and Retention Grants
- Accessibility, Quality and Efficiency Grants
- Sales and Excise Taxes.
- Services defined as personal care services

For those agencies that provide personal care services through contracts with a local Department of Social Services, please also refer to the Personal Care Services Provider attachment.