

General and Professional Liability Insurance Expense Questionnaire

Instructions for Freestanding Nursing Centers

Complete information on Tab labeled "Freestanding Nursing Center".

Section A – General Facility Information

- A1 Enter the facility Medicaid Provider Number (Can be found on the R-32 or the Medicaid Cost Report)
- A2 Enter the facility Provider Name (Can be found on the R-32 or the Medicaid Cost Report)
- A3 Enter name of contact person
- A4 Enter email of contact person
- A5 Enter phone number of contact person

Section B – Base Year Cost Report Data

- B1 Enter an "X" if the base period cost report was a CHOW Report and the R-32 Medicaid rate sheet is a percentage of the A&G ceiling.
- B2 Enter an "X" if you are a CHOW Center and the A&G Ceiling in the R-32 Medicaid rate sheet is based upon another operator's cost report which you do not have access to.
- * If your Base Period is other than 7/1/11 to 6/30/12, list the date range of the Base Period.
- B3 Enter the amount of general and professional liability insurance reported on the base year Medicaid cost report. For most facilities, the base year will be 2012. For CHOW facilities, it could be a later period. Please refer to your Medicaid rate sheet (R-32) for the base year. The amount of general and liability insurance expense should have been reported on the cost reported on Schedule B-2 (page 10), line 138.
- B4 Enter the amount of general and professional liability insurance reported on base year Medicaid cost report that was reported on any other line other than on Schedule B-2 (page 10), line 138.
- B5 Enter the Medicaid cost report schedule and line that B4 was reported on from the base year cost report.
- B6 Enter the Total Days reported on the Medicaid Cost Report sch. A, pg. 2, Line 13, Col. 9

Section C – Current Spending Expense

- * List the Date Range if the Current Spending dates are **other than** 7/1/17 to 6/30/18
- C1 Enter the amount of general and professional liability insurance to be reported on the 6/30/18 Medicaid cost report. This amount is reported on the cost reported on Schedule B-2 (page 10), line 138.
- C2 Enter the amount of general and professional liability insurance to be reported on the 6/30/18 Medicaid cost report that would be reported on any line other than on Schedule B-2 (page 10), line 138.
- C3 Reference Cost Report Schedule, Page and Line to be used

C4 Total NH GL-PL Insurance Expense

C5 Enter the Total Patient Days to be reported on Medicaid Cost Report sch. A, page 2, line 13, col. 9

C6 Check Box if the Liability Insurance cost includes a Self-Insurance Trust

C7 Check Box if the Liability Insurance expense includes a Captive Insurance

C8 Check Box if the Liability Insurance expense includes Commercial Insurance

C9 Check box if the Liability Insurance expense includes another type of arrangement

Describe "Other" type of insurance arrangement

*** When complete, review and sign and date the attestation portion at the bottom of the Supplemental Report. Please enter same passcode used to submit Medicaid Nursing Home Cost Report.**