

Provider Audit and Reimbursement
P.O. Box 3385
Mechanicsburg, PA 17050-1840

Doreen Webb
New Jersey Eastern Star Home, Inc.
111 Finderne Avenue
Bridgewater, NJ 08807



INNOVATION IN ACTION

March 12, 2025

Doreen Webb
New Jersey Eastern Star Home, Inc.
111 Finderne Avenue
Bridgewater, NJ 08807

Regarding:	Medicare Cost Report Request
Provider Name:	New Jersey Eastern Star Home, Inc.
Provider Number:	315419
Subunit Numbers:	N/A
Consolidated Numbers	N/A
Fiscal Period:	01/01/2024 - 12/31/2024

Dear Doreen Webb:

*****Please return this letter and attached checklist with your cost report submission*****

We would like to inform you that your cost report for the period specified above is due no later than Jun 2, 2025.

Attention: When submitting your cost report, please ensure that all provider numbers listed above are included on Worksheet S-2 of your cost report. Failure to include all listed providers may result in rejection of the cost report.

To assist your cost report preparation, the Provider Statistical and Reimbursement (PS&R) summary report can be obtained from the CMS website: <https://psr-ui.cms.hhs.gov/psr-ui>. It is your responsibility to obtain the reports directly from the PS&R system. In an effort to ensure all providers have signed up for the PS&R system successfully, we are requiring an EIDM helpdesk ticket in order to process PS&R requests for FYEs 2009 and after. Please call 1-866-484-8049 or email EUSupport@cgi.com in order to log a helpdesk ticket with the EUS helpdesk if you are having issues with system access. After you have logged a helpdesk ticket, please forward the email from the helpdesk along with your request for PS&R to reimbursement@novitas-solutions.com so we can process your request while your

access issue is being resolved. If you have not signed up for an EIDM account, please visit the following link for information on obtaining access: <https://portal.cms.gov/wps/portal/unauthportal/home/>. You must complete the registration process in order to pull your own PS&R going forward. Also, please ensure you log into the PS&R system every 60 days so you can change your password and keep the account active.

For filing a low Medicare cost report, a provider must submit a request for approval to the Medicare contractor 30 days prior to the cost report due date for timely processing.

The penalty for not filing the cost report timely is that 100% of any payments will be withheld. In addition, you will be assessed interest at the prevailing rate at the time the cost report is due. Furthermore, if the cost report cannot be submitted by the due date, you may request a reduced payment suspension rate of 50% during a grace period of 60 days. This request should be submitted before the due date of the cost report. On the 61st day, if the cost report has not been filed, the rate of suspension should change to 100%. If a provider fails to request a reduction in the rate of suspension, or if the MAC does not concur with the request for a reduced suspension rate, then 100% of the provider's payments should be suspended if the cost report is not filed timely.

Terminated providers will immediately have 100% of their payments suspended for failure to file a cost report. According to Provider Reimbursement Manual 15-2 Section 104, "No extension will be granted except when provider's operations are significantly adversely affected due to extraordinary circumstances over which the provider has no control. An example would be a flood or fire that forces a provider to cease operations and to transfer its patients temporarily to other providers outside of the impacted area."

Per Change Request 3441, all submitted cost reports are subject to a desk review and/or an audit.

Over the years, providers have submitted voluminous documentation in support of the cost report filing. In an effort to alleviate the provider's filing burden, and to facilitate the submission, acceptance and review of your 12/31/2024 cost report, which is due Jun 2, 2025, we are sending this letter to clarify the extent of supporting documentation required and to solicit your assistance in submitting where possible all documents required by Form CMS-339 and those requested in an electronic format. **Please refer to the attached checklist which outlines the CMS Regulations for cost report acceptability for all providers filing electronic cost reports (ECRs).**

If the documents required by Form CMS-339 are available in an electronic format, we strongly encourage you submit them to us on a CD, diskette, or USB flash drive with your cost report (please do not email any of this information). Please ensure the electronic data containing sensitive information is adequately password protected before submission of the cost report. Please also ensure that all files were successfully loaded onto the CD, diskette, or USB flash drive before submission. Acceptable applications include Microsoft Word, Excel, Text File, Print image, or Adobe PDF.

Electronic cost report filing (MCR eF)

We encourage all providers to submit cost reports and supporting documentation electronically whenever possible. In addition to the environmental benefits of this approach, it is also more efficient from a time and cost perspective.

We now offer the choice of filing your cost report via the Medicare Cost Report e-Filing (MCR eF) portal. The new MCR eF portal is a streamlined feature that allows your facility to submit your cost report same day electronically without the cost of sending any hard copy documents! The MCR eF system is a secure site that allows for a safe and instant submission of protected health information (PHI).

Other benefits include an MCR submitted through MCR eF automatically routes to the correct MAC eliminating the risk of submitting the MCR to an incorrect MAC, providers get immediate feedback on whether the MAC received their MCR submission. MCR eF also notifies you instantly of any submission issues and also stores all your files, resulting in less rejection issues. Sign up today and save time and money!

Information on registering and filing can be found on the MCR eF homepage at: <https://mcref.cms.gov/>

Electronic cost report exhibit templates

In support of efforts to streamline the Medicare cost report (MCR) process for participating providers, CMS is supplying optional electronic versions for key MCR exhibits. Utilizing these optional electronic versions will aid MACs in reviewing supporting data from providers, and reduce the need for rejections, amendments, and follow-up communication about MCR submissions. When used in combination with the Medicare Cost Report e-Filing system (MCR eF) external link, providers will also receive additional pre-emptive feedback about potential issues with the information in their exhibits.

All electronic cost report exhibit templates can be found at:

<https://www.cms.gov/medicare/audits-compliance/part-a-cost-report/electronic-cost-report-exhibit-templates>

Here you can download the following exhibits with MCR specifications:

- Medicare Bad Debt Listings (MCR Versions Exhibit 1)
- Medicaid Eligible Days (Exhibit 3A)
- Charity Care Charges (Exhibit 3B)
- Total Bad Debt (Exhibit 3C)

All cost report submissions must be mailed to the following address:

Novitas Solutions
Attn: JL PARD
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

Please address checks to 'Novitas Solutions - Part A' and send to the addresses listed below. In order to ensure that your check is credited to this overpayment, please enclose a copy of this letter with your payment.:

Novitas Solutions - Part A
Attn: Cashier
PO Box 3385
Mechanicsburg, PA 17055-1840

Novitas Solutions - Part A
Attn: Cashier
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050
(via Priority mail or commercial carrier)

Please note that overpayment checks should not include the amount related to HITECH. No check is required for this settlement value.

If you have questions regarding the cost report submission, please contact Settlement@novitas-solutions.com.

Sincerely,

----- /s/ -----

Raymond Bossong
PARD Manager
Provider Audit & Reimbursement

Provider Cost Report Submission Checklist

Provider Number: 315419

Fiscal Period: 01/01/2024 - 12/31/2024

Please check all that apply and include this checklist with your facility's cost report submission

*Note: The "Worksheet S" signature page can be signed electronically with checkbox if submitted through MCR eF. Otherwise, it must be submitted in hardcopy format. **We strongly encourage that providers use MCR eF to file cost reports.** If you send to mailroom, we encourage that all information be submitted on a CD, diskette, or USB flash drive.*

Required

- ☒ 1. The Electronic Cost Report (ECR) utilizing a CMS approved vendor with current specification date via a CD, a flash drive, or MCR eF electronic submission transmission submitted.
- ☒ 2. An ECR that passes all Level 1 edits.
- ☒ 3. A submitted Print Image (PI) file of the cost report.
- ☒ 4. The Certification Page (Worksheet S) of the ECR file with a valid electronic/digital signature with the checkbox marked or an original signature signed in ink by the provider's administrator or chief financial officer.
- ☒ 5. The ECR encryption code printed on the signed certification page match exactly the encryption code in the ECR file Type 4.
- ☒ 6. Has the provider submitted the following required supporting documentation that must be submitted for applicable areas of the cost report for cost reporting periods beginning on or after October 1, 2018. (Note: All electronic cost report exhibit templates can be found at: <https://www.cms.gov/medicare/audits-compliance/part-a-cost-report/electronic-cost-report-exhibit-templates>) If applicable:
 - a. Bad Debt: Detailed bad debt listing that corresponds to the amount of bad debt claimed in the cost report.
 - b. Disproportionate Share Hospital (DSH): Detailed listing of the hospital's Medicaid eligible days claimed in the cost report. For an amended cost report that changes its Medicaid eligible days: an amended listing or an addendum to the original listing of the hospital's Medicaid eligible days that corresponds to the Medicaid eligible days claimed in the amended cost report.
 - c. Charity Care and Uninsured Discounts for DSH eligible hospitals: Detailed listing of charity care and/or uninsured discounts that corresponds to the amounts claimed in the DSH eligible cost report.

- d. Home Office Cost Allocations: For costs allocated from a home office or chain organization – a Home Office Cost Statement (HOCS) submitted to the chain provider's servicing contractor.

- NA ☐ 7. If this is a teaching hospital, (i.e., hospital engaged in approved GME program in medicine, osteopathy, dentistry, or podiatry – 42 CFR 415.152), submit an electronic file of the IRIS which will pass all IRIS data edits and contains all the interns and residents information for this cost reporting period. An electronic file of the IRIS must be submitted for all teaching hospitals including those providers that file a no-Medicare utilization or low-Medicare utilization cost report.
- ☒ 8. The settlement summary on the signed certification page agrees with the settlement summary on the Medicare Cost Report (MCR) produced from the ECR file.

If Novitas Solutions has any questions regarding this submission, who may we contact?

Name: Kevin Van Keuren

Phone: _____

Email: kvk@hubco.net

OMNI Payment Report

Provider No : 315419
Provider Name : New Jersey Eastern Star Home, Inc.
Period From : 01/01/2024
Period To : 12/31/2024

Biweekly Payments/Pass Through Payments

No biweeklys for this provider and FYE

TOPS Payments

No TOPS payments for this provider and FYE

REH Payments

No REH payments for this provider and FYE

Lump Sum Payments

No lumpsums for this provider and FYE

Subsequent Payments

No subsequents for this provider and FYE

Completed By : OMNI
Generated Date : 03/11/2025
Note : If you have any questions with the payment information please contact us at email address: Payinfo@Novitas-Solutions.com