MaineCare Cost Report Checklist For Fee-For-Service Private Non-Medical Institutions (PNMI)

This checklist needs to be completed and filed with the cost report filing.

Facility Name:	Fiscal Year:	/ / to / /
Preparer's Name:	Phone/Email:	
The following supporting documentation must be significant supporting documentation must be significant supporting to support the requested information of suspension of payments and the application of a defined a check mark next to each individual item a completed copy of the checklist. Thank you for you Audit Division if you have any questions concerning	will deem the cost report unaccepticiency rate until the supporting number for which enclosures have a cooperation in this matter and part of the cooperation in th	otable and may result in the documentation is filed. Please e been provided and return a
A.) Financial statements - copy of fina MaineCare cost report. * Note: For Community Agencies, which with MAAP requirements, if you intend to MAAP filing requirements, please identitions.	h have an obligation to file Financion this financial statement to satis	cial Statements in accordance sfy both your MaineCare and
B.) Adjusted trial balance - a copy of o	detailed adjusted trial balance wit	h adjusting journal entries.
C.) Year-end adjusting entries - copy	of auditor's and client prepared y	ear-end adjusting entries.
MESC - Maine Employm		eturn (FUTA) rly Unemployment Tax Return
E.) Provider Tax - a copy of the monthly	y returns for all Service Provider	Tax payments.