**Request for Exemption:**

**FY2019 NURSING SERVICES COST REPORT (NSR) FOR**

**CONTINUOUS SKILLED NURSING AGENCIES (CSN) AND**

**HOME HEALTH AGENCIES (HHA)**

To request an exemption from filing the FY2019 NSR, please complete this form and email it as an attachment to [chia.data@state.ma.us](mailto:chia.data@state.ma.us).

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| **1. Agency Name:** | Click here to enter text. |
| **2. MassHealth ID:** | Click here to enter text. *If provider is a CSN or HHA agency: nine-digit number plus one letter suffix* |
| **3. Agency’s FY2019**  **Reporting Fiscal Year:** | 7/1/2018 – 6/30/2019  10/1/2018 – 9/30/2019  1/1/2019 – 12/31/2019  Other: Click here to enter text. |
| **4. Reason for exemption request (choose one):**  **The following exemption criteria apply to CSN and HHA agencies:**  Your agency was in business for less than 6 months during FY2019.  **Please elaborate:** Click here to enter text.  You owned the agency for less than 6 months during FY2019.  **Please elaborate:** Click here to enter text.  The agency did not have any MassHealth participation in its FY2019.  The agency received less than $50,000 in MassHealth revenue in its FY2019.  **Amount of MassHealth revenue received in FY2019:** $Click here to enter text. | |
| **5. Contact Person:** | Click here to enter text. |
| **6. Contact Email:** | Click here to enter text. |
| **7. Contact Phone Number:** | Click here to enter text. |

For more information, please consult the NSR Cost Report Instructions, available at <http://www.chiamass.gov/nsr>

Still have questions? Feel free to email us at [chia.data@state.ma.us](mailto:chia.data@state.ma.us).