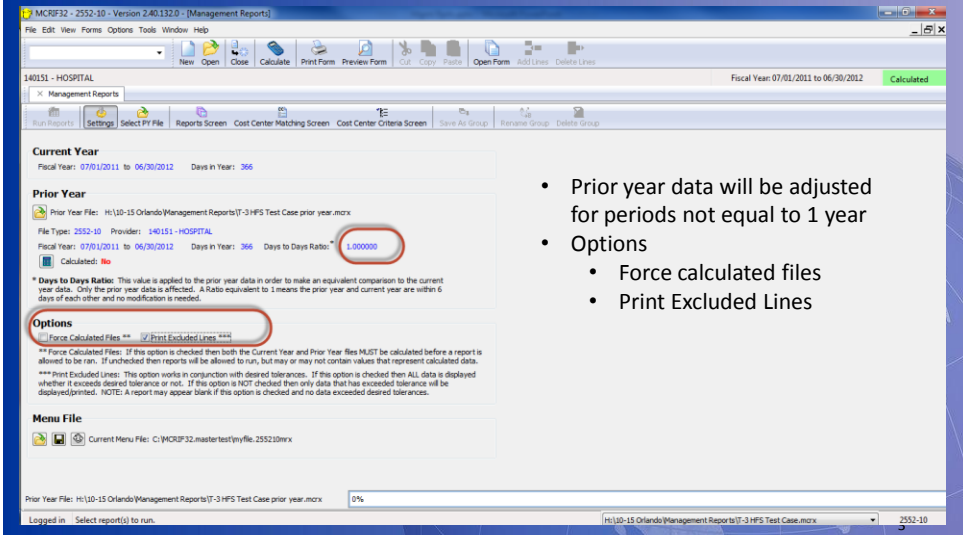
Health
Financial
Systems
Analyzing Data using Management Reports and Special Reports
Eric Swanson
The Leader in
Medicare Cost Report Software

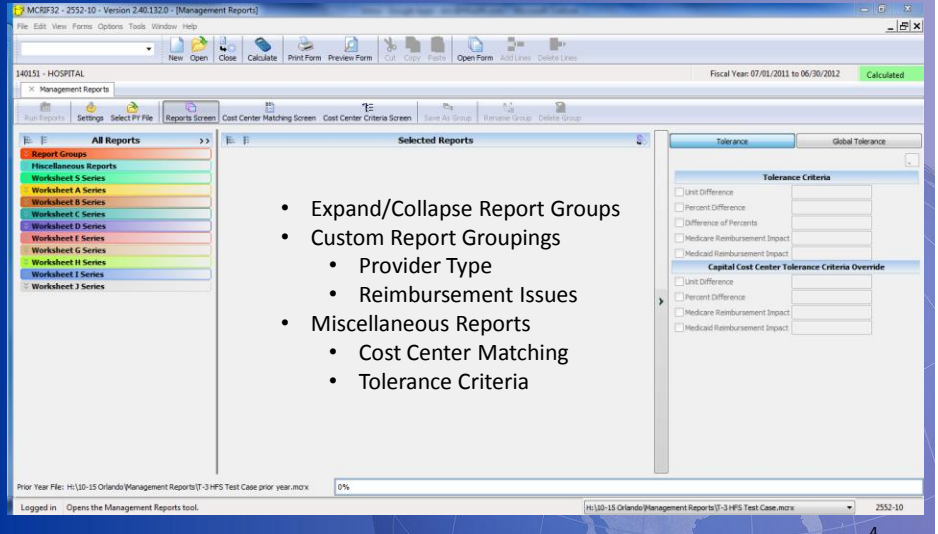
Health
Financial
Systems
New Management Reports
The Leader in
Medicare Cost Report Software

Settings…..



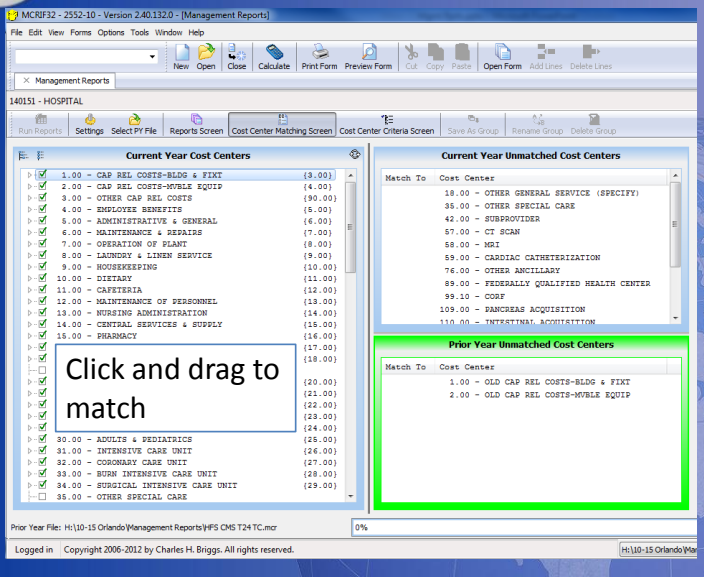
- Prior year data will be adjusted for periods not equal to 1 year
- Options
  - Force calculated files
  - Print Excluded Lines

Management Reports



- Expand/Collapse Report Groups
- Custom Report Groupings
  - Provider Type
  - Reimbursement Issues
- Miscellaneous Reports
  - Cost Center Matching
  - Tolerance Criteria

Cost Center Matching



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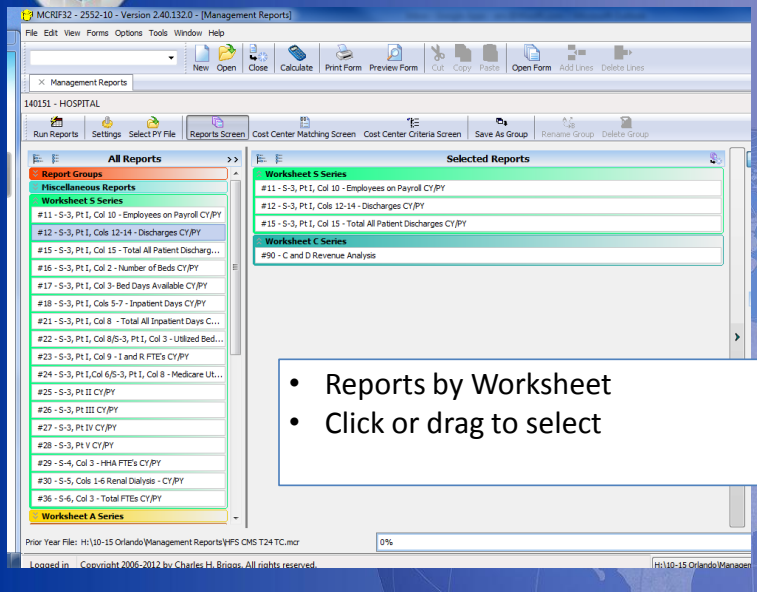
Selecting Reports



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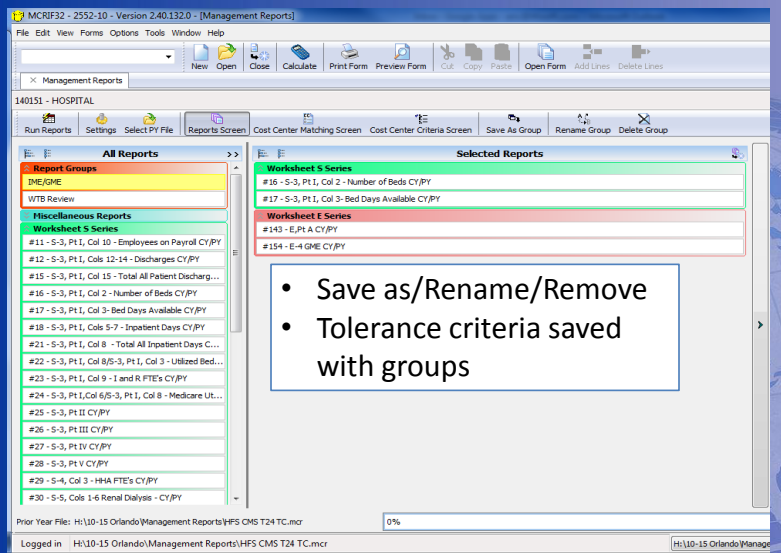
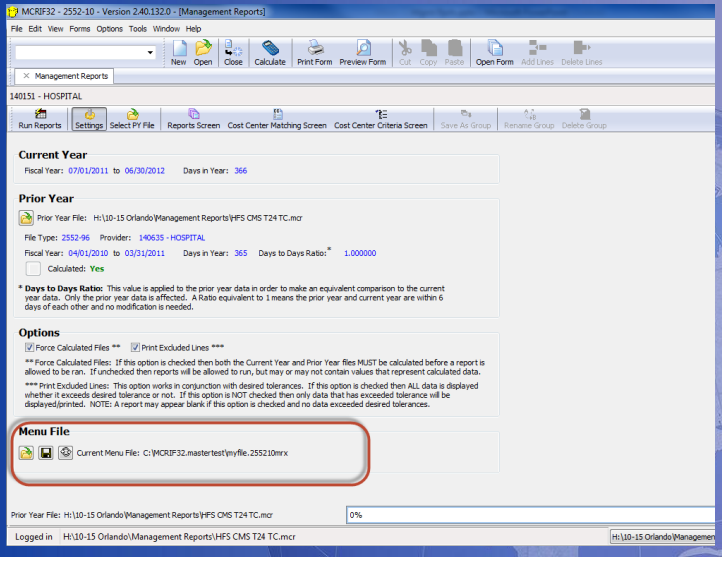
Report Groupings



- Save as/Rename/Remove
- Tolerance criteria saved with groups

7

Saving Settings/Groupings



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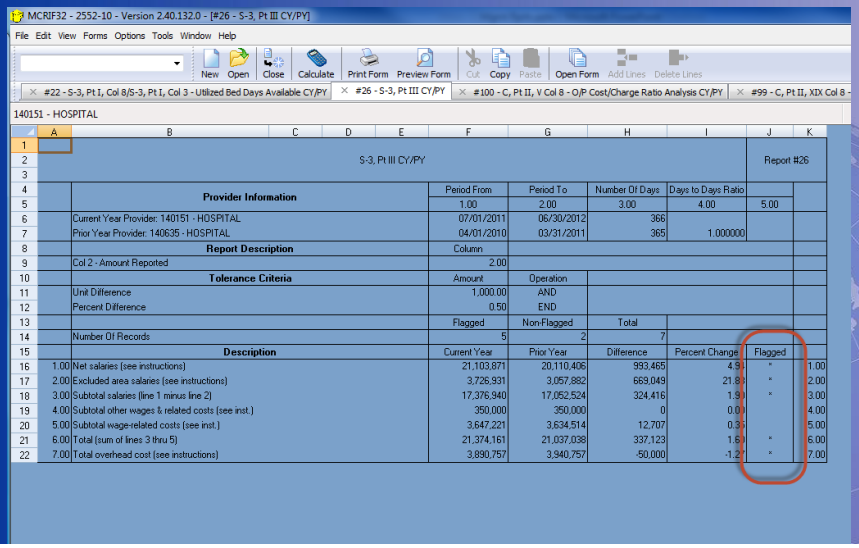
Reports are formatted just like Worksheets



S-3, Pt III CY/PY — Report #26

Provider Information	Period From	Period To	Number Of Days	Days to Days Ratio		
	1.00	2.00	3.00	4.00	5.00	
Current Year Provider: 140151 - HOSPITAL	07/01/2011	06/30/2012	366			
Prior Year Provider: 140635 - HOSPITAL	04/01/2010	03/31/2011	365	1.000000		
Report Description	Column					
Col 2 - Amount Reported	2.00					
Tolerance Criteria	Amount	Operation				
Unit Difference	1,000.00	AND				
Percent Difference	0.50	END				
	Flagged	Non-Flagged	Total			
Number Of Records	5	2	7			

	Description	Current Year	Prior Year	Difference	Percent Change	Flagged	
1.00	Net salaries (see instructions)	21,103,871	20,110,406	993,465	4.9	*	1.00
2.00	Excluded area salaries (see instructions)	3,726,931	3,057,882	669,049	21.8	*	2.00
3.00	Subtotal salaries (line 1 minus line 2)	17,376,940	17,052,524	324,416	1.9	*	3.00
4.00	Subtotal other wages & related costs (see inst.)	350,000	350,000	0	0.0		4.00
5.00	Subtotal wage-related costs (see inst.)	3,647,221	3,634,514	12,707	0.3		5.00
6.00	Total (sum of lines 3 thru 5)	21,374,161	21,037,038	337,123	1.6	*	6.00
7.00	Total overhead cost (see instructions)	3,890,757	3,940,757	-50,000	-1.2	*	7.00

New Level of Tolerance Criteria

- Cost Center Filtering based on Cost Center Based Worksheets
- Ad Hoc criteria allows the user to set criteria based on selected Worksheet and column.
- Most Common use is probably B, Part I, Column 26 % to Total
- Allows for custom selection of cost centers as well.

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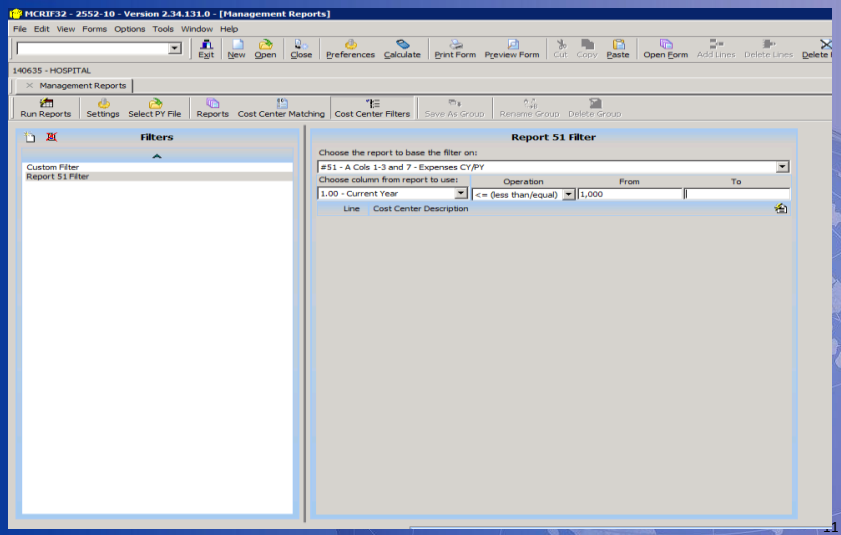
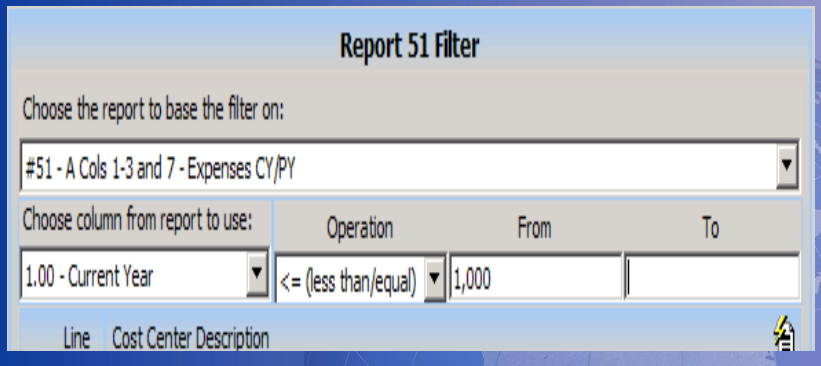
Select a Report and Column



11

Set up Tolerance ….



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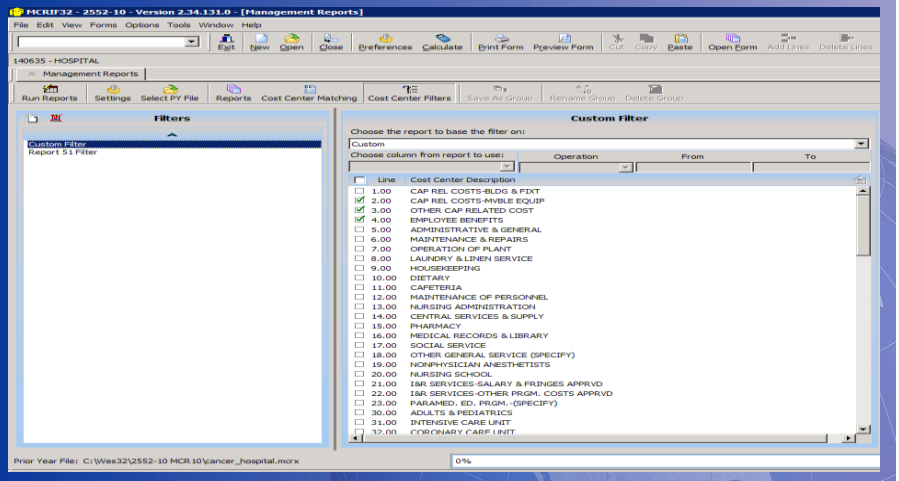
Or Custom Selection….



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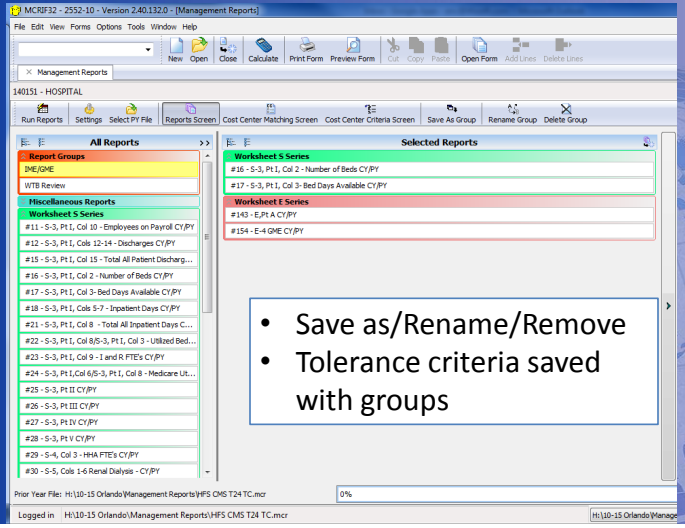
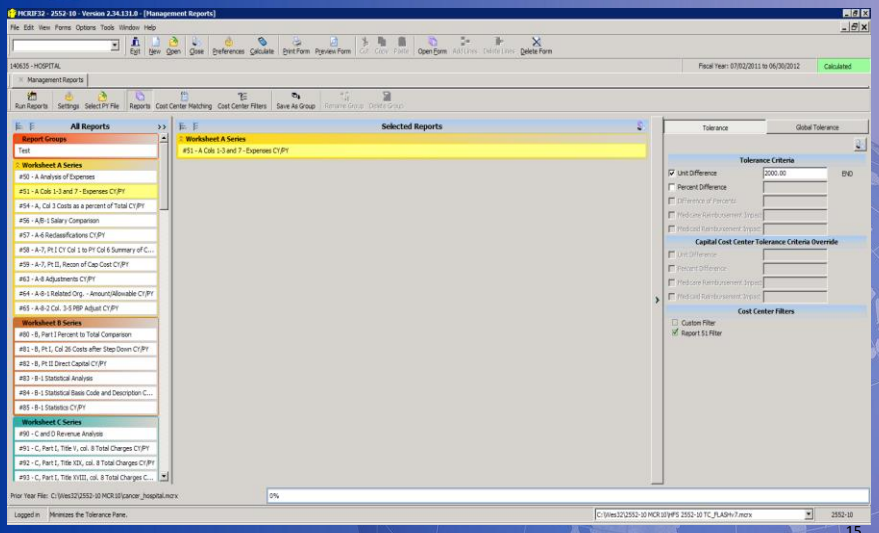
Report Groupings



- Save as/Rename/Remove
- Tolerance criteria saved with groups

14

Choose Which Reports to apply new tolerance to….



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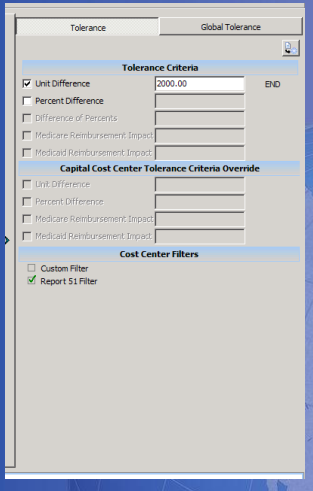
Individually -



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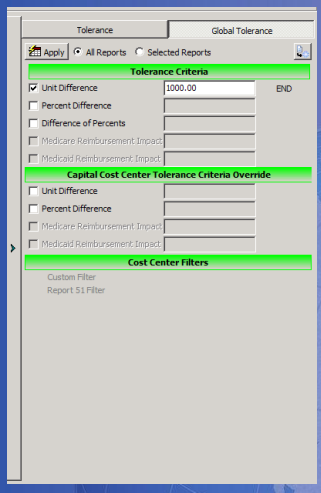
Or Globally



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Status of Reports -2552-10

Management Report	Done	Notes
Miscellaneous Reports		
#1 – Cost Center Matching	✓	
#2 – Comparative Analysis Tolerance Criteria	✓	
Management Report	**Done**	**Notes**
Worksheet S Series		
#11 – S-3, Pt I, Col 10 – Employees on Payroll CY/PY	✓	
#12 – S-3, Pt I, Col 12-14 – Discharges CY/PY	✓	12, 13 and 14 combined.
#15 – S-3, Pt I, Col 15 – Total All Patient Discharges CY/PY	✓	
#16 – S-3, Pt I, Col 2 – Number of Beds CY/PY	✓	
#17 – S-3, Pt I, Col 3 – Bed Days Available CY/PY	✓	
#18 – S-3, Pt I, Col 5-7 – Inpatient Days CY/PY	✓	18, 19 and 20 combined.
#21 – S-3, Pt I, Col 8 – Total All Inpatient Days CY/PY	✓	
#22 – S-3, Pt I, Col 8/S-3, Pt I, Col 3 – Utilized Bed Days Available CY/PY	✓	
#23 – S-3, Pt I, Col 9 – I and R FTE's CY/PY	✓	
#24 – S-3, Pt I, Col 6/S-3, Pt I, Col 8 – Medicare Utilization – IP Days CY/PY	✓	
#25 – S-3, Pt II CY/PY	✓	
#26 – S-3, Pt III CY/PY	✓	
#27 – S-3, Pt IV CY/PY	✓	
#28 – S-3, Pt V CY/PY	✓	
#29 – S-4, Col 3 – HHA FTE's CY/PY	✓	
#30 – S-5, Col 1 Renal Dialysis – O/P Regular CY/PY	✓	
#31 – S-5, Col 2 Renal Dialysis – O/P High Flux CY/PY		
#32 – S-5, Col 3 Renal Dialysis – Training Hemodialysis CY/PY		
#33 – S-5, Col 4 Renal Dialysis – Training CAPD/CCPD CY/PY		
#34 – S-5, Col 5 Renal Dialysis – Home Hemodialysis CY/PY		
#35 – S-5, Col 6 Renal Dialysis – Home CAPD/CCPD CY/PY		
#36 – S-6, Col 3 – Total FTEs CY/PY	✓	

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Status of Reports -
Available in all systems and working.
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Health
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Special Reports
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Special Reports

- Special Reports are computations used by contractors for rate settings.
- We have updated all of our Special Reports to the 2552-10 references.
- We have not seen any Manual changes (CRs) by CMS to the CCR rate computations.
- We did send all of our Special Reports to CMS to assist them and also confirm our assumptions. They did reply with a few changes which we incorporated and are included in the system.

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Special Reports

- You can select to print the Special Reports thru the normal print process – File – Print and then scroll to the bottom and they are listed with SR### for Special Report.
  - You also can print this in a batch mode by going to File – Batch – Print and select the SR worksheets.
  - The following are descriptions of the reports and also the FISS references for the contractors.

22

Special Reports for PPS Hospitals SR902 – Teaching Hospital Rates

SPECIAL REPORTS - Interns & Residents to Beds Ratio Report	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	Worksheet Interns & Residents to Beds Ratio Report

		1.00	
	Subject: Interns & Residents to Beds Ratio Update (Operating IME)		
	Interns & Residents to Average Daily Census Ratio Update (Capital IME)		
	Please make the following changes in order to update the Provider Specific file:		
	Ref: CMS PUB. 100-04, SEC 20.2.3		
	INTERNS & RESIDENTS /BEDS RATIO FOR OPERATING PPS		
1.00	Number of Beds (E Pt A Ln 4)	387.57	1.00
2.00	Number of FTE Interns & Residents (E Pt A Ln 15)	136.33	2.00
3.00	Current Yr resident to bed ratio (E Pt A Ln 19)	0.3595	3.00
4.00	Prior Yr resident to bed ratio (E Pt A Ln 20)	0.3820	4.00
5.00	Lesser of Ln 3 or Ln 4 (E Pt A Ln 21)	0.3595	5.00
6.00	Section 422 Add-on FTE (E Pt A Ln 25)	25.00	6.00
7.00	Total IME Payment (E Pt A Ln 29)	2,338,226	7.00
8.00	DRG + HMO DRG (E Pt A Lns 1 + 3)	11,946,488	8.00
9.00	FISS PSF Intern to bed ratio ((((Ln 7 / Ln 8) / 1.35) + 1) ^ (1/0.405)) - 1	0.3970	9.00
	INTERNS & RESIDENTS / Average Daily Census Ratio for Capital PPS		
20.00	Number of FTE Interns & Residents (L, Ln 4)	164.33	20.00
21.00	Average Daily Census for PPS Hospital (L, Ln 3)	333.03	21.00
22.00	Ratio of Interns & Residents / Average Daily Census - Ln 20 / Ln 21 (round to four decimal places)	0.4934	22.00

FISS 42 Screen Fields on the report are Intern/Bed Ratio and CAP/IME Ratio

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Special Reports for PPS Hospitals SR916 – OPPS RCC Report

SPECIAL REPORTS - OPPS RCC REPORT WITH PARAMED. ED & ALLIED HEALTH COSTS EXCLUDED	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	OPPS RCC Report

		Cost/Charge Ratio	PPS Services FYB to 12/31	PPS Services 1/1 to FYE	Total Charges (C)	Total Costs (C)	
		1.00	2.00	2.01	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS (B)						
50.00	OPERATING ROOM	0.710836	11,463	0	11,463	8,148	50.00
70.00	ELECTROENCEPHALOGRAPHY	0.841883	5,014	0	5,014	4,221	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.440230	16,121	0	16,121	7,097	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.618460	5,000	0	5,000	3,092	72.00
73.00	DRUGS CHARGED TO PATIENTS					149	73.00
74.00	RENAL DIALYSIS (C)					0	74.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
76.00	OTHER ANCILLARY					0	76.00
	OUTPATIENT SERVICE COST CENTE						
88.00	RURAL HEALTH CLINIC (C)					0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	CLINIC					095	90.00
91.00	EMERGENCY					916	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PA					208	92.00
93.00	OTHER OUTPATIENT					0	93.00
	OTHER REIMBURSABLE COST CENTE						
94.00	HOME PROGRAM DIALYSIS (C)					0	94.00
95.00	AMBULANCE SERVICES (C)	0.808759	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.637600	987	0	987	629	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.661333	1,362	0	1,362	901	97.00
202.00	Total		300,179	0	300,179	239,566	202.00
	RCC Calculation (B)						
211.00	Total Cost (Col 4, Line 202 which equals D Pt V col 5, Line 200)					239,566	211.00
212.00	Total Charges (Col 3, Line 202 which equals D Pt V col 2 and subscripts, Line 200)					300,179	212.00
213.00	OPPS / Charge Ratio (OPPS Cost/Charge Ratio Max is 1.400)					0.798	213.00
	Statewide Average Operating RCC						
214.00	Urban					0.263	214.00
215.00	Rural					0.318	215.00
	Section II - Bed Size						
221.00	Bed Size (E Pt A line 4 logic)					387.57	221.00
	Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3						
231.00	W/S E Part B, line 1, col 1					2,171	231.00
232.00	W/S E Part B line 12, col 1					4,500	232.00
233.00	Non OPPS RCC (line 231 / line 232)					0.482	233.00

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
(B) Worksheet A line numbers. If lines 96-97 present, review to ensure that 'Non Implantable DME' is Excluded
(C) Wks A lines 61, 66-68, 74, 88, 89, 94, 95 are not included in Totals

- FISS 4A Screen Field on the report is "Cost to Charge Ratio"
- We also include bed size along with computing non-OPPS cost to charge ratio that should be placed on FISS 41 screen page 3.

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Special Reports for PPS Hospitals SR917 – Cost to Charge Ratio

SPECIAL REPORTS - COST TO CHARGE RATIO REPORT	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	Cost to Charge Ratio Report	
			1.00	
1.00	Ref:		Change Req #8421	1.00
	I. COST TO CHARGE RATIO FOR PPS HOSPITALS			
11.00	Total program (Title XVIII) inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (Worksheet D-1, Part II, Line 53 minus Line 42 nursery costs)		5,863,934	11.00
12.00	Hospital Part A Title XVIII charges (Sum of routine charges (D-3 col 2 lines 30-35) plus ancillary charges (D-3 col 2 line 202) for hospital Title XVIII component)		13,127,284	12.00
13.00	Ratio of cost to charges (Line 1/Line 2) (Operating Max is 1.186)		0.447	13.00
	II. COST TO CHARGE RATIO FOR CAPITAL			
21.00	Total medicare inpatient PPS capital related costs (W/S D Part I, Lines 30-35, column 7; Plus D Part II, Line 200, column 5)		291,639	21.00
22.00	Hospital Part A Title XVIII charges (Sum of routine charges (D-3 col 2 lines 30-35) plus ancillary charges (D-3 col 2 line 202) for hospital Title XVIII component)		13,127,284	22.00
23.00	Ratio of cost to charges (Line 21/Line 22) (Capital Max is 0.173)		0.022	23.00
	III. MEDICAID PATIENT DAYS TO TOTAL DAYS			
31.00	Medicaid Patient Days (S-2, Part I Columns 1-6 Line 24)		14,511	31.00
32.00	Total Days (S-3, Part I Column 8 Line 14 + Column 8 Line 32 minus sum of Lines 5-6, plus employee discount days Column 8 Line 30)		124,691	32.00
33.00	Medicaid Ratio (Line 1 divided by Line 2)		0.1164	33.00
	IV. BED SIZE			
41.00	Bed Size (W/S E, Part A, Line 4 Logic)		387.57	41.00

This computes Operating Cost-Charge ratio; Capital Cost-Charge ratio; Medicaid Ratio and Bed Size.

- FISS 42 Screen Fields on the report are CTC RATIO (Operating CCR); CCC RATIO (Capital CCR); MEDICAID RATIO and BED SIZE.

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Pub 100-04 Medicare Claims Processing Transmittal 2111 -Change Request 7192

Subject to the approval of the CMS *C*entral *O*ffice, a hospital's outlier claims will be reconciled at the time of cost report final settlement if they meet the following criteria:

1. The actual operating CCR is found to be plus or minus 10 percentage points from the CCR used during that time period to make outlier payments, and

2. Total outlier payments in that cost reporting period exceed $500,000.

Special Reports for PPS Hospitals SR918 – Pass Thru Per Diem

SPECIAL REPORTS - PASS THRU PER DIEM REPORT	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	Pass Thru Per Diem

		1.00
	MEDICAL EDUCATION PASS-THRU PER DIEM (PTA EDU)	
1.00	Direct Medical Education (E Pt A lines 52 + 53)	3,500,316
2.00	Medicare Days (E-4 line 26 cols 1 + 2)	42,040
3.00	Direct Med Ed Pass-Thru Per Diem (line 1 / line 2)	83.26
4.00	Routine Service Pass-Thru (E Pt A line 57)	97,124
5.00	Ancillary Service Pass-Thru (E Pt A Line 58)	27,569
6.00	Total Allied Health Education Costs (line 4 + line 5)	124,693
7.00	Medicare Days (S-3 Pt I line 14 col 6)	36,248
8.00	Allied Health Ed Pass-Thru Per Diem (line 6 / line 7)	3.44
9.00	Total Medical Education Pass-Thru Per Diem (line 3 + line 8)	86.70
	ORGAN ACQUISITION PASS-THRU PER DIEM (PTA ORG)	
10.00	Net Organ Acquisition Cost (E Pt A line 55)	84,415
11.00	Medicare Days (S-3 Pt I line 14 col 6)	36,248
12.00	Organ Acquisition Pass-Thru Per Diem (line 10 / line 11)	2.33
13.00	Total Pass-Thru Per Diem (line 9 + line 12)	89.03

We compute the Med Ed Pass Thru along with Organ Acquisition Pass Thru. We also compute the total for the 42 screen.

- FISS 42 Screen Fields are PTA EDU, PTA ORG, and TOT PTA

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Special Reports for PPS Hospitals SR921 – HITECH FISS Data Report

SPECIAL REPORTS - HITECH FISS DATA REPORT	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	HITECH FISS Data Report

		1.00	
1.00	Acceptance Date		1.0
1.01	Is this a CAH?	NO	1.0
	CAH DATA FIELDS:		
2.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)		2.0
3.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)		3.0
4.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)		4.0
5.00	Total Charges (C Pt I col 8, line 200)		5.0
6.00	Charity Care (S-10 col 3, line 20)		6.0
7.00	Cost of EHR Equipment (obtained from provider)		7.0
	NON-CAH DATA FIELDS:		
8.00	Total Discharges (S-3 Pt I col 15, line 14)	5,820	8.0
9.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)	36,092	9.0
10.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)	1,000	10.0
11.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)	121,456	11.0
12.00	Total Charges (C Pt I col 8, line 200)	50,773,648	12.0
13.00	Charity Care (S-10 col 3, line 20)	3,750,000	13.0
14.00	Input into FISS:		14.0
15.00	Date input into FISS:		15.0

This accumulates information to be input into FISS for the HITECH Incentive Payments

- FISS Financial Screen (07 – A then enter Oscar & NPI # then PF8) - Fields on the report with the corresponding FISS Fields are Total Discharges (TOT DISCHRG), I/P Pt A Days (INP PART A), I/P Pt C Days (INP PART C), Total I/P Days (TOT INP), Total Charges (TOT CHRG), and Charity Care (CHAR CHRG).

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Special Reports for Long-Term Care PPS
SR903 – Long-Term Care Report

SPECIAL REPORTS - LONG-TERM CARE COST TO CHARGE RATIO REPORT	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	LONG-TERM CARE COST TO CHARGE RATIO REPORT	
		1.00	2.00	
	SECTION I: LTC COST TO CHARGE RATIO DETERMINATION			
1.00	Medicare inpatient cost (D-1, T.18, Line 49)	0		1.00
2.00	Routine Pass Through Cost (D, Part III, Col. 9, sum of Lines 30-35)	0		2.00
3.00	Ancillary Pass Through Cost (D Pt IV, Col. 11 Line 200)	0		3.00
4.00	Total inpatient cost (Line 1 minus sum of Lines 2 and 3)	0		4.00
5.00	Medicare inpatient charges (D-3 T.18 Col. 2 sum of Lines 30-35 + 202)	0		5.00
6.00	Long-term care cost to charge ratio (Line 4, divided by Line 5) (Max is 1.305 - CR8421)	0.000		6.00
	SECTION II: MEDICAID PATIENT DAYS TO TOTAL DAYS			
11.00	Medicaid Patients Days (S-3 Pt I col 7 line 14)	0		11.00
12.00	Total Days (S-3 Pt I Col. 8 Line 14 + Col. 8 Line 32 minus sum of Lines 5 and 6, plus emp discount days Col. 8 Line 30)	0		12.00
13.00	Medicaid Ratio (Line 11 divided by Line 12)	0.0000	%	13.00
	SECTION III: INTERNS & RESIDENTS / BED RATIO			
21.00	Number of FTE Interns & Residents (S-3 Pt I Line 14 Col. 9)	0.00		21.00
22.00	Number of Beds	0.0000	(1)	22.00
23.00	Ratio of Interns & Residents / Beds - Line 21 / Line 22 (Rounded to four decimal places)	0.0000		23.00
	Interns & Residents / Average Daily Census Ratio for Capital PPS			
24.00	Number of FTE Interns & Residents (S-3 Pt I Line 14 Col. 9)	0.00		24.00
25.00	Average Daily Census for PPS Hospital	0.0000	(2)	25.00
26.00	Ratio of Interns & Residents / Average Daily Census - Line 24 / Line 25 (Round to four decimal places)	0.0000		26.00
	SECTION IV: BED SIZE			
31.00	Bed Size (E Pt A Line 4 Logic)	0.00		31.00
	SECTION V: AVERAGE LENGTH OF STAY (ALOS)			
41.00	I/P Days (S-3 Pt I Lines 14 + 33, Col. 6)	0		41.00
42.00	I/P Discharges (S-3 Pt I Line 1, Col. 13)	0		42.00
43.00	Average Length of Stay (Line 41 / Line 42)	0.00		43.00

(1) CMS 2552-10: Worksheet S-3 Col 3 Line 14 minus Col 8 Lines 5 + 6, divided by the number of days in the cost reporting period.
(2) CMS 2552-10: Worksheet S-3 Col 8 Line 14 minus Col 8 Lines 5, 6, 13 divided by the number of days in the cost reporting period.

- FISS 42 Screen Fields on the report are CTC RATIO, MEDICAID RATIO, INTERN/BED RATIO, CAP/IME, and BED SIZE.
- Please note that Long Term Care Hospitals do not have Capital CCRs.

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Special Reports for IPF Hospitals
SR911 – Psych Rate Report

SPECIAL REPORTS - PSYCH RATE REPORT	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	PSYCH RATE REPORT	
		Hospital	PPS	
			1.00	
	PSYCH RATIO OF COST TO CHARGES (RCC) REPORT (PER CR7609)			
1.00	Total program cost (D-1 Pt II Line 49.00 minus E-3 Pt II line 28)		139,944	1.00
2.00	Total program charges (D-3 Col 2 sum of lines 30-35 if hospital or line 40 if sub-provider plus D-3 Col 2 Line 202; where possible, these charges should be confirmed with the PS&R data)		379,162	2.00
3.00	Psych unit Ratio of Cost to Charges (Line 1 divided by line 2)		0.369	3.00
	PSYCH RESIDENTS TO AVERAGE DAILY CENSUS REPORT			
11.00	W/S E-3, Pt II Line 8 I&R PPS Med Ed Adj		5.00	11.00
12.00	W/S E-3, Pt II Line 9 Ave Daily Census		32.158904	12.00
13.00	Psych Residents Average Daily Census		0.1555	13.00
	PSYCH NATIONAL URBAN & RURAL COST TO CHARGE RATIOS FOR THE IPF PPS FY 2013 (PER CR#8395)			
21.00	Urban Median		0.4770	21.00
22.00	Urban Ceiling		1.7066	22.00
23.00	Rural Median		0.6220	23.00
24.00	Rural Ceiling		1.8644	24.00
	BED SIZE			
31.00	Bed Size (W/S S-3, Pt I Line 1		50.00	31.00

- FISS 42 Screen Fields on the report are CTC RATIO, INTERN/BED RATIO and CAP/IME, and BED SIZE.
- Please note that Psych Hospitals do not have Capital CCRs..

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Special Reports for IRF Hospitals
SR920 – Special Rehab Hospital Report

SPECIAL REPORTS - SPECIAL REHAB HOSPITAL PPS REPORT		Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	Special Rehab Hospital PPS Report	
				1.00	
1.00	Type of Hosptial:			General Short Term	1.00
2.00	Status:			As Submitted	2.00
3.00	Change Request:			CR8326 + 8/6/2013	3.00
4.00	SubProvider:			IRF	4.00
5.00	SubProvider Number:			14T635	5.00
6.00	Type of SubProvider:			Rehabilitation	6.00
	EXTRACTED DATA FOR REHABILITATION PPS				
11.00	Total Medicare Cost D-1, Part II Line 49 minus (D, Part III column 9 Lines 30-35[Hospital] or Line 41[Subprovider] plus D, Part IV Column 11 Line 200)			312,773	11.00
12.00	Total Medicare Charges D-3 Column 2 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D-3 Column 2 Line 202 (where possible, these charges should be confirmed with the PS&R data)			419,186	12.00
13.00	Ratio of Cost to Charges (Line 11 divided by Line 12)			0.746	13.00
14.00	Inpatient Days (S-3, Column 6, Line 17 plus Line 4 [Subprovider] or Line 1.00 + 2.00 [Hospital])			3,136	14.00
15.00	Total Days (S-3, Column 8, line 17 [Subprovider] or Line 1.00 [Hospital])			10,103	15.00
16.00	Ratio of IRF Days to Total Days (Line 14 divided by Line 15)			0.310	16.00
17.00	RCC Max is:			1.570	17.00
18.00	National Cost to Charge Ratio: Urban			0.516	18.00
19.00	National Cost to Charge Ratio: Rural			0.643	19.00
	REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT				
21.00	W/S E-3, Part III, Line 9.00 I&R IRF PPS Med Ed Adj			0.00	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census			27.679452	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)			0.000	23.00
	BED SIZE				
31.00	Bed Size (S-3, Part I Line 17 Column 2)			45.00	31.00
	REHAB MEDICAID RATIO				
41.00	IRF Medicaid Days (S-2, Part I Columns 1-6 Line 25)			763	41.00
42.00	IRF Total Days (S-3, Part I Column 8 Line 1 or Line 17 plus Employee Discount Days Column 8 Line 30 (or Line 31 for Subproviders))			10,126	42.00
43.00	IRF Medicaid Ratio (Line 41/Line 42)			0.0754	43.00

- FISS 42 Screen Fields on the report are CTC RATIO, MEDICAID RATIO, INTERN/BED RATIO and CAP/IME, and BED SIZE.
- Please note that Rehab Hospitals do not have Capital

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Special Reports for CAHs
SR905 – Medicare Impact Report

SPECIAL REPORTS - CALCULATION OF MEDICARE UTILIZATION FOR CAH		Provider CCN: 140635			Period From: 10/01/2010 To: 09/30/2011		CAH Medicare Impact Report	
		Title XVIII Days (S-3, Pt I Col 6)	Total Days (S-3, Pt I Col 8)			Medicare Utilization	Medicare Impact	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Medicare Impact Threshold (Provider)						10,000	1.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	34,400	113,950			0.301886792	33,125	30.00
31.00	INTENSIVE CARE UNIT	812	3,144			0.258269720	38,719	31.00
32.00	CORONARY CARE UNIT	791	3,245			0.243759630	41,024	32.00
33.00	BURN INTENSIVE CARE UNIT	89	1,117			0.079677708	125,506	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0			0.000000000	0	34.00
35.00	OTHER SPECIAL CARE	0	0			0.000000000	0	35.00
40.00	SUBPROVIDER - IPF	1,630	11,738			0.138865224	72,012	40.00
41.00	SUBPROVIDER - IRF	2,939	10,103			0.290903692	34,376	41.00
42.00	SUBPROVIDER	0	0			0.000000000	0	42.00
43.00	NURSERY	0	3,000			0.000000000	0	43.00
44.00	SKILLED NURSING FACILITY	3,904	4,500			0.867555556	11,527	44.00
45.00	NURSING FACILITY	0	0			0.000000000	0	45.00
46.00	OTHER LONG TERM CARE	0	0			0.000000000	0	46.00
	ANCILLARY SERVICE COST CENTERS							
		O/P Charges (D Pt	I/P Charges (D-4	Total Charges Title	Total Charges (C		Medicare Impact	
50.00	OPERATING ROOM						46,263	50.00
51.00	RECOVERY ROOM						72,615	51.00
76.00	OTHER ANCILLARY						0	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC *	0	0	0	1,930,057	0.000000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	222,000	0.000000000	0	89.00
90.00	CLINIC	5,611	11,857	17,468	450,000	0.038817778	257,614	90.00
91.00	EMERGENCY	40,262	53,098	93,360	1,096,586	0.085136961	117,458	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	73,000	0	73,000	300,000	0.243333333	41,096	92.00
93.00	OTHER OUTPATIENT	0	0	0	0	0.000000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	64,505	0.000000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	987	0	987	75,000	0.013160000	759,878	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1,362	0	1,362	60,000	0.022700000	440,529	97.00
200.00	Total	349,244	5,018,263	5,172,145	25,352,054			200.00

(*) Calculation of Medicare utilization is based on visits for the lines indicated.

This is an analysis report only, not a rate setting report.

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Special Reports for CAHs
SR909 & SR910 – CAH RCC Reports

SPECIAL REPORTS - CAH RATE CALCULATIONS w/BAD DEBTS	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	CAH Rate Calculations w/Bad Debts

		1.00	
	PART I - CAH PER DIEM		
1.00	Total M/C Part A I/P Cost (E-3 Pt V lines 5 + 6)	0	1.00
2.00	Adjusted Reimbursable Bad Debts (E-3 Pt V line 26)	0	2.00
3.00	Subtotal (line 1 + line 2)	0	3.00
4.00	Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)	36,092	4.00
5.00	CAH Per Diem (line 3 / line 4)	0.00	5.00
	PART II - CAH PART B RATE		
6.00	Total M/C Pt B Cost (E Pt B line 21)	143,088	6.00
7.00	Adjusted Reimbursable Bad Debts (E Pt B line 35)	1,500	7.00
8.00	Subtotal (line 6 + line 7)	144,588	8.00
9.00	Total M/C Pt B Charges (D Pt V line 202 cols 3 + 4)	4,500	9.00
10.00	CAH Cost to Charge (line 8 / line 9)	32.13	10.00
	PART III - CAH SW/BED PART A RATE		
11.00	Total Medicare SW/Bed Part A Cost (E-2 line 8, col 1)	29,510	11.00
12.00	SW/Bed Part A Reimbursable Bad Debts (E-2 line 17, col 1)	0	12.00
13.00	SW Subtotal (line 11 + line 12)	29,510	13.00
14.00	Total Medicare SW/Bed Days (S-3 Pt I line 5, col 6)	156	14.00
15.00	SW/Bed I/P Rate (line 13 / line 14)	189.17	15.00
	PART IV - CAH SW/BED PART B RATE		
16.00	Total Medicare SW/Bed Part B Cost (D Pt V line 202, col 6)	0	16.00
17.00	SW/Bed Part B Reimbursable Bad Debts (E-2 line 17, col 2)	0	17.00
18.00	Subtotal (line 16 + line 17)	0	18.00
19.00	Total Medicare SW/Bed Part B Charges (D Pt V line 202, col 3)	0	19.00
20.00	Percent of SW/Bed Cost to Charges (line 18 / line 19) (Not to Exceed 100%)	0.00	20.00

- These 2 reports are computing the CAH Per Diem amount to be placed in FISS 41 screen page 2, the CAH Part B rate to be placed in FISS 41 screen page 3.
- We are also computing the CAH Swing Bed SNF rates if applicable.

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Special Reports for CAHs
SR909 & SR910 – CAH RCC Reports

SPECIAL REPORTS - CAH RCC CALCULATION	Provider CCN: 140635	Period From: 10/01/2010 To: 09/30/2011	CAH RCC Calculation

		1.00	
	PART I - CAH PART A PER DIEM		
1.00	Total Medicare Part A I/P Cost (E-3 Pt V lines 5 + 6)	0	1.00
2.00	Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)	36,092	2.00
3.00	CAH Per Diem (line 1 / line 2)	0.00	3.00
	PART II - CAH PART B RATE		
4.00	Total Medicare Part B Cost (E Pt B line 21)	143,088	4.00
5.00	Total Medicare Part B Charges (D Pt V line 202 cols 3 + 4)	4,500	5.00
6.00	CAH Cost To Charges (line 4 / line 5)	31.80	6.00
	PART III - CAH SW/BED PART A RATE		
7.00	Total Medicare SW/Bed Part A Cost (E-2 line 8 col 1)	29,510	7.00
8.00	Total Medicare SW/Bed Days (S-3 Pt I line 5 col 6)	156	8.00
9.00	SW/Bed I/P Rate (line 7 / line 8)	189.17	9.00
	PART IV - CAH SW/BED PART B RATE		
10.00	Total Medicare SW/Bed Part B Cost (D Pt V line 202 col 6)	0	10.00
11.00	Total Medicare SW/Bed Part B Charges (D Pt V line 202 col 3)	0	11.00
12.00	Percent of SW/Bed Cost to Charges (line 10 / line 11) (not to exceed 100%)	0.00	12.00

- These 2 reports are computing the CAH Per Diem amount to be placed in FISS 41 screen page 2, the CAH Part B rate to be placed in FISS 41 screen page 3.
- We are also computing the CAH Swing Bed SNF rates if applicable.

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