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# PS&R Updates Provider Meeting

Nashville, TN  
August 20, 2015  
Luke DiSabato

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## PS&R New Fields - Assignments

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- There have been a number of new PS&R fields that we have incorporated thru the software. Below is a summary of these items and the handling of these on the cost report.
  - Low Volume – although not new, there have been many questions and improper assignments. The PS&R amount is an interim amount and is supposed to be re-computed on E Pt A Exhibit 4. We assign this LVP as line 999.00 - unassigned. You also MUST answer S-2 Pt I line 39.

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## PS&R New Fields - Assignments

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- Sequestration (SEQ) – also not new, this field is not assigned to the cost report with the exception for HHA providers. The amount is re-computed on the cost report. We assign this SEQ as line 999.00 - unassigned. We have seen SNF reports with an amount due to or due from with cost reporting periods beginning on or after 4-1-13 and no bad debts (or other cost based items), the sequestration is not 2% of gross. We recommend to get a detail PS&R run by the MAC to investigate the claims and determine what happened.

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## PS&R New Fields - Assignments

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- Hospital Readmission Reduction Amount (HRR) – PS&R report 110 – effective for discharges on or after 10-1-12 – assigned to E Pt A line 70.94.
- Value Based Purchasing Adjustment (VBP) – PS&R report 110 – effective for discharges on or after 10-1-12 – can be a positive or negative amount - assigned to E Pt A line 70.93.

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## PS&R New Fields - Assignments

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- DSH Uncomp. Care (DUC) – PS&R report 110 – this is an interim payment effective with discharges on or after 10-1-13, needs to be re-computed on E Pt A lines 35-36. We assign the DUC to line 999.00 – unassigned.
  - If you receive DUC reimb shown on PS&R, you MUST answer S-2 Pt I line 22.01 as Y. You are to leave E Pt A lines 35 and 35.01 as blank and the system will automatically input the proper amount on 35.02 from the CMS table. We are trying to automate this in D10716 scheduled for the September release.

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## PS&R New Fields - Assignments

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- Hospital Acquired Condition Reduction (HAC) – PS&R report 110 – this is an interim payment reduction effective with discharges on or after 10-1-14, needs to be re-computed on E Pt A Exhibit 5. We assign the HAC to line 999.00 – unassigned.
  - If you have HAC reduction shown on PS&R, you MUST answer S-2 Pt I line 40 as Y. Although the HAC did not go into effect until 10-1-14, if your cost reporting period overlaps 10-1-14, you must fill out E Pt A Exhibit 5 column 2. The PS&R reconciliation does do this.

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## PS&R New Reports - Assignments

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- CMS has come out with 2 new PS&R reports to summarize Model 4 Demo Bundled Payments (Report D01) and Model 1 : Bundled Payments for Acute Care Hospital Stays (Report D02). There have been issues with the accumulation of claims for these reports that caused the reports to be overstated. CMS is working with FISS to fix this and hope to have it in FISS October release. Then MACs will need to run utility to get things fixed in PS&R. There are a total of approx. 70 providers.

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## PS&R New Reports - Assignments

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- Model 1 Demo – Report D02 – the only data to be sent to the cost report is the Model I Discount Amount (DCT) and this flows to E Pt A line 70.92.
- Model 4 Demo – Report D01 – the following fields are assigned as follows:
  - Discharges (DISU) – S-3 Pt I line 1 col 13
  - Days – S-3 Pt I column 6
  - Charges are included on D-3 col 2
  - DRG (FSP) – E Pt A (and E Pt A Exhibits 4 & 5) lines 1.03 & 1.04.

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## PS&R New Reports - Assignments

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- Model 4 Demo – Report D01 (cont'd):
  - Outlier (OUT) – E Pt A (and E Pt A Exhibits 4 & 5) line 2.02. Also included on E-1 Pt I line 1 col 2 (Payments).
  - DSH – Included on E-1 Pt I line 1 col 2 (Payments).
  - DSH Uncomp. Care (DUC) - Included on E-1 Pt I line 1 col 2 (Payments).
  - IME - Included on E-1 Pt I line 1 col 2 (Payments).
  - Capital FSP (CFS) – W/S L Pt I line 1.01.
  - Capital Outlier (COT) – W/S L Pt I line 2.01.
  - Total Capital Payments (TCP) - Included on E-1 Pt I line 1 col 2 (Payments).
  - Actual Claim Payments for PIP (ACP) - Included on E-1 Pt I line 1 col 2 (Payments).

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## PS&R Service Date Splits

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- Below is a summary of PS&R splits that are needed based on the provider type and cost reporting periods.
  - IPPS Hospitals:
    - Hospitals paid Low Volume for I/P PPS services will need a PS&R split at 10-1 for reports overlapping 10-1 due to the Low Volume factor changes. Low Volume is effective FFY11 thru FFY15. The Low Volume payment is computed on W/S E Part A Exhibit 4.
    - SCH and MDH providers will always need a 10-1 split to calculate the HSP amount on E Pt A line 48 as rates change.

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## PS&R Service Date Splits

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– IPPS Hospitals (cont'd):

- Cost reporting periods overlapping 10-1-13 and subsequent years no longer use E Part A line 1 but rather you need to place the DRG payments on E Part A lines 1.01 and 1.02. The lines are before and after 10-1 so any cost reports overlapping 10-1-13 and subsequent years that overlap 10-1, will need a PS&R split at 10-1.
- Hospitals with Rehab subunits along with Free-standing Rehab Hospitals need a PS&R split at 10-1-13 (for reports overlapping 10-1-13) due to LIP factor changes.

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## PS&R Service Date Splits

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– IPPS Hospitals (cont'd):

- Hospitals with a Swing Bed SNF unit whose cost reporting periods overlap 1-1 need a split at 1-1.
- Hospitals with Rural Health Clinic or Federal Qualified Health Center units whose cost reporting periods overlap 1-1 need a split at 1-1.
- Hospitals that have their TOPS eligibility end midway thru the cost reporting period will need a split at that time. Large SCHs & EACHs (Urban or over 100 beds) providers eligibility ends 2-29-12. Rural hospitals with 100 or fewer beds end 12-31-12.

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## PS&R Service Date Splits

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- IPPS Hospitals (cont'd):
  - Hospitals with an ESRD unit whose cost reporting periods overlap 1-1 need a split at 1-1. For cost reporting periods beginning on or after 1-1-14, this split is no longer needed.
  - Hospitals with an HHA unit should never split their PS&R as this will change the per beneficial count.
- Free Standing ESRD providers
  - ESRD providers filing on 265-11 that are non-calendar year reports will need a split at 1-1 up until the cost reporting period beginning on or after 1-1-14, then this split is no longer needed.

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## PS&R Service Date Splits

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- Skilled Nursing Facilities (2540-10):
  - SNFs with Rural Health Clinic or Federal Qualified Health Center units whose cost reporting periods overlap 1-1 need a split at 1-1.
- RHCs and FQHCs:
  - Rural Health Clinics and Federal Qualified Health Centers whose cost reporting periods overlap 1-1 need a split at 1-1.

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## PS&R Detail Days

- We now import the days by revenue code and not in total (DCRU)

	Revenue Code	Date of Service	PS&R Amount	Adjustment Amount
1	110	08/31/2013	2,657,470.76	0.00
2	110U	08/31/2013	6,806.00	0.00
3	114	08/31/2013	148,056.30	0.00
4	114U	08/31/2013	142.00	0.00
5	117	08/31/2013	62,090.73	0.00
6	117U	08/31/2013	117.00	0.00
7	124	08/31/2013	2,588,899.95	0.00
8	124U	08/31/2013	2,483.00	0.00
9	134	08/31/2013	600,566.40	0.00
10	134U	08/31/2013	576.00	0.00
11	200	08/31/2013	3,412,866.46	0.00
12	200U	08/31/2013	2,379.00	0.00
13	210	08/31/2013	242,424.00	0.00
14	210U	08/31/2013	156.00	0.00
15	214	08/31/2013	5,646,588.09	0.00
16	214U	08/31/2013	9,711.00	0.00
17	250	08/31/2013	24,593,036.90	0.00
18	254	08/31/2013	2,290.92	0.00
19	255	08/31/2013	100,175.56	0.00
20	258	08/31/2013	3,135,849.61	0.00
21	260	08/31/2013	4,595.13	0.00
22	270	08/31/2013	550,009.27	0.00
23	271	08/31/2013	359.32	0.00
24	272	08/31/2013	1,657,312.69	0.00
25	275	08/31/2013	496,515.89	0.00
26	278	08/31/2013	22,228,077.89	0.00
27	300	08/31/2013	683,839.72	0.00
28	301	08/31/2013	8,606,414.70	0.00

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## PS&R Detail Days

By default the days are allocated by the As Submitted Days statistic.

	Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column	Allocation Basis
1	110	08/31/2013	2,657,470.76	0.00	D-3	Title XVIII	Hospital	30.00	2.00	
2	110U	08/31/2013	6,806.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
3	114	08/31/2013	148,056.30	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
4	114U	08/31/2013	142.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
5	117	08/31/2013	62,090.73	0.00	D-3	Title XVIII	Hospital	30.00	2.00	
6	117U	08/31/2013	117.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
7	124	08/31/2013	2,588,899.95	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
8	124U	08/31/2013	2,483.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
9	134	08/31/2013	600,566.40	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
10	134U	08/31/2013	576.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
11	200	08/31/2013	3,412,866.46	0.00	D-3	Title XVIII	Hospital	31.00	2.00	
12	200U	08/31/2013	2,379.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
13	210	08/31/2013	242,424.00	0.00	D-3	Title XVIII	Hospital	32.00	2.00	
14	210U	08/31/2013	156.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
15	214	08/31/2013	5,646,588.09	0.00	D-3	Title XVIII	Hospital	32.00	2.00	
16	214U	08/31/2013	9,711.00	0.00	S-3, Part I	Title XVIII	Hospital	0.00	6.00	DAYS
17	250	08/31/2013	24,593,036.90	0.00	D-3	Title XVIII	Hospital	73.00	2.00	

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## PS&R Detail Days

- This is the Difference Report if the default stat is used.....

PS&R Difference Report  
 Date Prepared: 10/8/2014 12:19:29 PM  
 Data File: C:\10-8-2014\Norden Training\PSR\_Hosp\_HHA\FY13.mrx  
 Fiscal Year: 09/01/2012 To 08/31/2013  
 Provider Name: PSR TEST HOSPITAL  
 Provider No: 490017  
 Health Financial Systems  
 MCRIF32

490017 - PSR TEST HOSPITAL  
 S-3, Part 1, Column 6.00

Wkst Line	Report Code	Rev Code	Description	PS&R + Adj Amount	MCR Amount	Difference
1.00			HOSPITAL ADULTS & PEDS. (COLUMNS 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTION)			
110			Inpatient Part A			
			= 110U ROOM-BOARD/PVT	3,080.19 DAYS		
			= 114U PSYCH/PVT	64.26 DAYS		
			= 117U ONCOLOGY/PVT	52.95 DAYS		
			= 124U PSYCH/2BED	1,123.73 DAYS		
			= 134U PSYCH/3&4 BED	260.68 DAYS		
			= 200U INTENSIVE CARE	1,076.66 DAYS		
			= 210U CORONARY CARE	70.60 DAYS		
			= 214U POST/CCU	4,394.91 DAYS		
Total			HOSPITAL ADULTS & PEDS. (COLUMNS 5, 6, 7 AND 8 EXCL	10,124.00	10,124.00	0.00
2.00			HMO AND OTHER (SEE INSTRUCTIONS)			
118			Inpatient Part A - Managed Care			
			DCRU Medicare Total Days	5,224.00		
Total			HMO AND OTHER (SEE INSTRUCTIONS)	5,224.00	5,224.00	0.00
8.00			INTENSIVE CARE UNIT			
110			Inpatient Part A			
			= 110U ROOM-BOARD/PVT	3,725.81 DAYS		
			= 114U PSYCH/PVT	77.74 DAYS		
			= 117U ONCOLOGY/PVT	64.05 DAYS		
			= 124U PSYCH/2BED	1,359.27 DAYS		
			= 134U PSYCH/3&4 BED	315.32 DAYS		
			= 200U INTENSIVE CARE	1,302.34 DAYS		
			= 210U CORONARY CARE	85.40 DAYS		
			= 214U POST/CCU	5,316.09 DAYS		
Total			INTENSIVE CARE UNIT	12,246.00	12,246.00	0.00
Grand Total			S-3, Part 1, Column 6.00	27,594.00	27,594.00	0.00

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## PS&R Detail Days

- Users can assign the days manually to lines on S-3, Part I.

#	Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column	Allocation Basis
1	110	08/31/2013	2,657,470.76	0.00	D-3	Title XVIII	Hospital	30.00	2.00	
2	110U	08/31/2013	6,806.00	0.00	S-3, Part I	Title XVIII	Hospital	1.00	6.00	
3	114	08/31/2013	148,056.30	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
4	114U	08/31/2013	142.00	0.00	S-3, Part I	Title XVIII	Hospital	1.00	6.00	
5	117	08/31/2013	62,090.73	0.00	D-3	Title XVIII	Hospital	30.00	2.00	
6	117U	08/31/2013	117.00	0.00	S-3, Part I	Title XVIII	Hospital	1.00	6.00	
7	124	08/31/2013	2,588,899.95	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
8	124U	08/31/2013	2,483.00	0.00	S-3, Part I	Title XVIII	Hospital	1.00	6.00	
9	134	08/31/2013	600,566.40	0.00	D-3	Title XVIII	Hospital	40.00	2.00	
10	134U	08/31/2013	576.00	0.00	S-3, Part I	Title XVIII	Hospital	1.00	6.00	
11	200	08/31/2013	3,412,866.46	0.00	D-3	Title XVIII	Hospital	31.00	2.00	
12	200U	08/31/2013	2,379.00	0.00	S-3, Part I	Title XVIII	Hospital	8.00	6.00	
13	210	08/31/2013	242,424.00	0.00	D-3	Title XVIII	Hospital	32.00	2.00	
14	210U	08/31/2013	156.00	0.00	S-3, Part I	Title XVIII	Hospital	8.00	6.00	
15	214	08/31/2013	5,646,588.09	0.00	D-3	Title XVIII	Hospital	32.00	2.00	
16	214U	08/31/2013	9,711.00	0.00	S-3, Part I	Title XVIII	Hospital	8.00	6.00	
17	250	08/31/2013	24,593,036.90	0.00	D-3	Title XVIII	Hospital	73.00	2.00	

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## PS&R Detail Days

The Difference Report after manually assigning looks like this...

PS&R Difference Report

CMS-2552-10

Date Prepared: 10/6/2014 12:16:31 PM

Page 1

Data File: C:\10-8-2014\Noridan Training\PSR\_Hosp\_HHA+FY13.mcrx

Fiscal Year: 09/01/2012 To 08/31/2013

Provider Name: PSR TEST HOSPITAL

Health Financial Systems

Provider No: 490017

MCRIF32

**490017 - PSR TEST HOSPITAL**

**S-3, Part 1, Column 6.00**

Wkst	Report	Rev	Description	PS&R + Adj Amount	MCR Amount	Difference
Line	Code	Code				
1.00	HOSPITAL ADULTS & Peds. (COLUMNS 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTION					
110	Inpatient Part A					
	110U		ROOM-BOARD/PVT	6,806.00		
	114U		PSYCH/PVT	142.00		
	117U		ONCOLOGY/PVT	117.00		
	124U		PSYCH/2BED	2,483.00		
	134U		PSYCH/384 BED	576.00		
Total	HOSPITAL ADULTS & Peds. (COLUMNS 5, 6, 7 AND 8 EXCL			10,124.00		0.00
2.00	HMO AND OTHER (SEE INSTRUCTIONS)					
118	Inpatient Part A - Managed Care					
	DCRU		Medicare Total Days	5,224.00		
Total	HMO AND OTHER (SEE INSTRUCTIONS)			5,224.00	5,224.00	0.00
8.00	INTENSIVE CARE UNIT					
110	Inpatient Part A					
	200U		INTENSIVE CARE	2,379.00		
	210U		CORONARY CARE	156.00		
	214U		POST/CCU	9,711.00		
Total	INTENSIVE CARE UNIT			12,246.00	12,246.00	0.00
Grand Total S-3, Part 1, Column 6.00				27,594.00	27,594.00	0.00

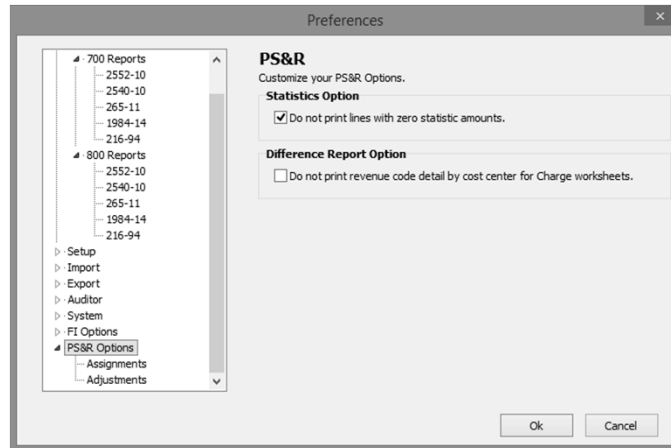
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## PS&R Basics

- The first thing is to set up Preferences relating to the PS&R. You want to do this when you do not have the PS&R Reconciliation open.
- Go to Options – Preferences then PS&R Options.
- The screen (shown on next slide) shows Statistics Option and Difference Report Option.
  - Stat Option – suggest checking this off – when printing out Stats (mainly hospitals), cost centers without stats will not be printed.
  - Diff Rpt Option – mainly a MAC option, most will not check off.

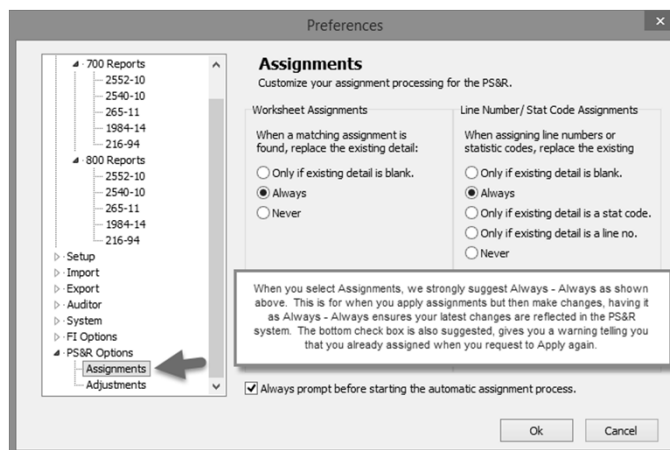
20

## PS&R Basics



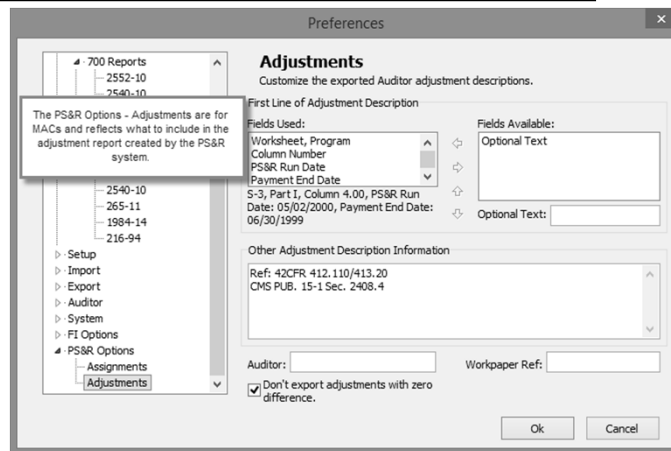
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## PS&R Basics



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## PS&R Basics



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## PS&R Basics

- Our PS&R Reconciliation tool brings in the CMS PS&R extract (csv) file that is retrieved from the CMS EIDM (previously IACS) website. The website below will send you to the website to retrieve the PS&R thru EIDM.
- To go to PS&R thru the CMS portal use <https://applications.cms.hhs.gov>.
- New registrants must go thru <https://portal.cms.gov>.

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## PS&R Basics

- In the PS&R website, ensure you request Summary report and both the PDF and CSV formats as shown below:

Summary Report Request

5. Select Report Format

☒ PDF

☐ CSV

☒ PDF & CSV

☐ Separate Files by Provider

Back Continue

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## PS&R Basics

- The csv file is created and saved in a zipped file, when you download this file from the CMS website, ensure you **EXTRACT** the csv file and do not open (it automatically opens in excel if you double click the file – if this occurs close it and **DO NOT SAVE**). The csv file will be imported into the HFS PS&R Reconciliation tool and the format cannot be changed or could cause errors.

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## PS&R Basics

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- In your cost report, you will need to enter the Main provider name, provider number along with any sub-providers. You also must enter the FYB and FYE of the cost reporting period.
- The only other thing that you will need to do prior to beginning the PS&R in HFS is if you are a Home Health Agency or have a provider-based HHA.
- If you are an HHA, then you will need to enter the # of CBSA codes and the actual codes prior to import.

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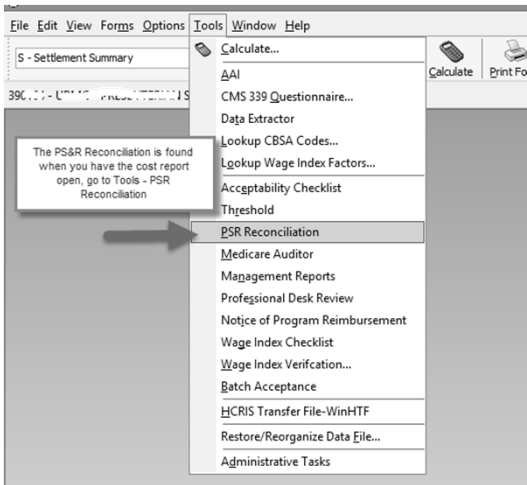
## PS&R Basics

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- A free standing HHA filing a 1728-94 report, go to W/S S-3 and enter # of CBSA codes on line 28 column 1.01 (you find the # of CBSA codes on the PS& pdf file). Then you enter the codes on lines 29 & subscripts col 1.01. If you need more subscripted lines, close the W/S and reopen it – the lines will be added based on line 28 col 1.01.
- For 2540-10, you enter the HHA data on S-4 lines 21 & 22.
- For 2552-10, you enter the HHA data on S-4 lines 19 & 20.

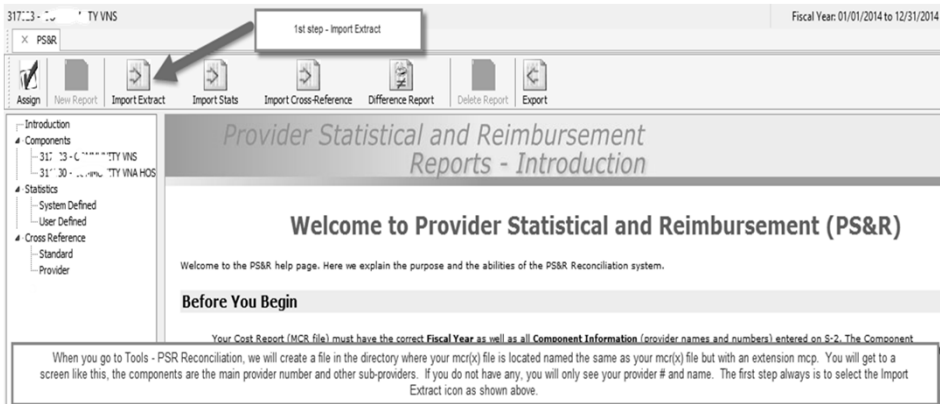
28

# PS&R Basics



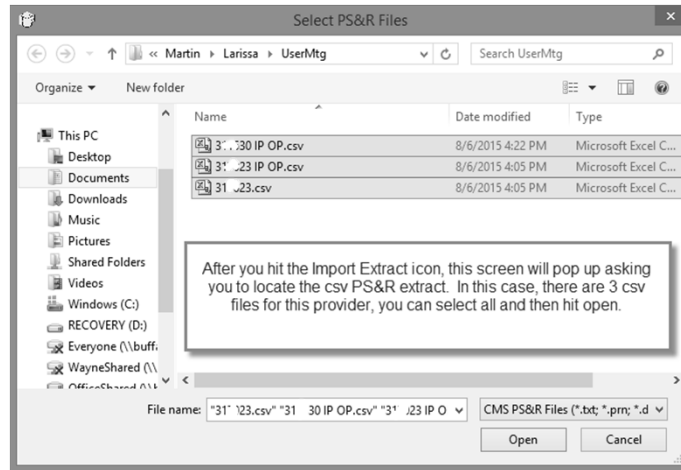
29

# PS&R Basics



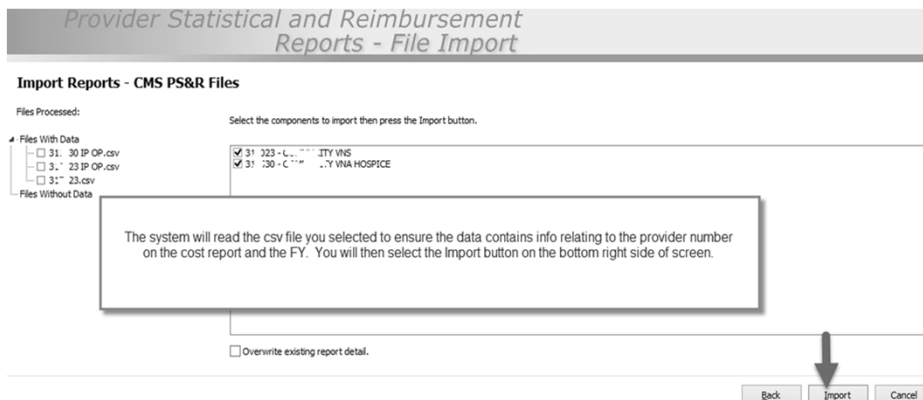
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## PS&R Basics



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## PS&R Basics



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# PS&R Basics

R Files

MCRIF32 - PSR Import

You are about to import data for HHA component, make sure CBSA codes are entered on S-3 prior to import of extract file. Do you want to continue?

Yes

No

If you have an HHA provider, this warning will pop up to ensure you filed the CBSA codes prior to import.

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# PS&R Basics

Assign

New Report

Import Extract

Import Stats

Import Cross-Reference

Difference Report

Delete Report

Export

Introduction

Components

31 23 TY VNS

31 330 TY VNA HOS

Statistics

System Defined

User Defined

Cross Reference

Standard

Provider

Report Code	Description	Imported	Date Created
329	Part B Visits	Yes	8/12/2015 3:33:41 PM
329 31	[20764] Part B Visits	Yes	8/12/2015 3:33:41 PM
329 32	[10900] Part B Visits	Yes	8/12/2015 3:33:41 PM
329 33	[50096] Part B Visits	Yes	8/12/2015 3:33:41 PM
329FEH		Yes	8/12/2015 3:33:41 PM

After import, if you select component, you will see the reports that are imported from the csv file.

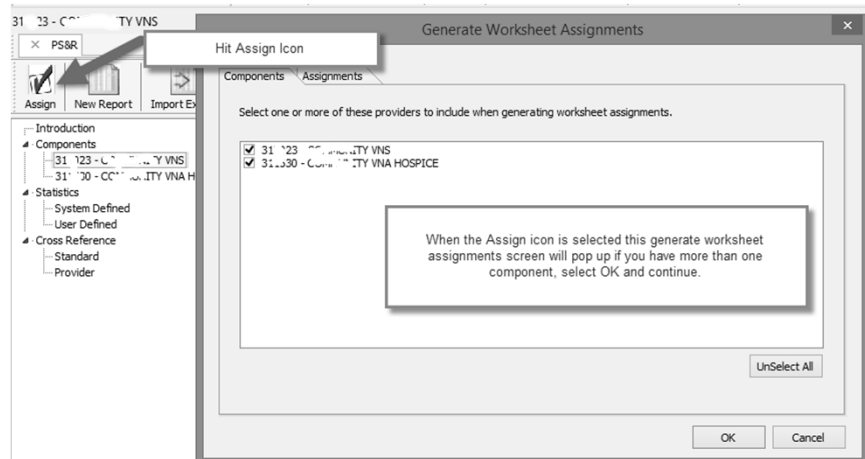
Report Code	Description	Imported	Date Created
329	Part B Visits	Yes	8/12/2015 4:14:16 PM
329 31	[20764] Part B Visits	Yes	8/12/2015 4:14:16 PM
329 32	[10900] Part B Visits	Yes	8/12/2015 4:14:16 PM
329 33	[50096] Part B Visits	Yes	8/12/2015 4:14:16 PM
329FEH		Yes	8/12/2015 4:14:16 PM

When you select a report, you see data that was imported, however, you see that the worksheet, line and column is not populated. MUST hit the Red Check - Assign icon.

Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column
NRE	12/31/2014	6,057,508.67	0.00				0.00	0.00

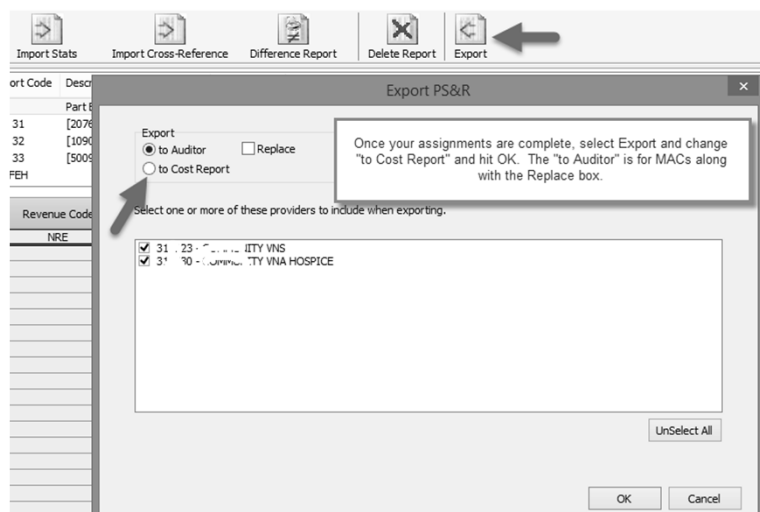
34

## PS&R Basics



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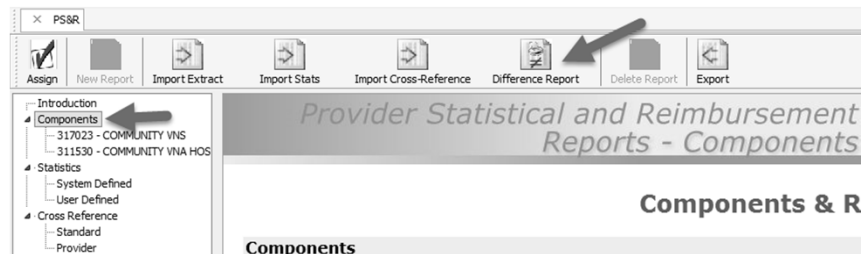
## PS&R Basics



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## PS&R Basics

- Once you have exported to the cost report, it is beneficial to run the Difference report – ensure you have the word Component selected:



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## PS&R Basics

- Running the difference report will confirm the data has been exported to the cost report. You may also want to calculate the report to see if any Level I edits are related to the PS&R settlement amounts.

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## ESRD PS&R and Level I edits

- CMS issued 265-11 T3 with some new level I edits.
- Level I edit 1010E is now being triggered on some PS&R reconciliations due to the PS&R avg payment rate is used rather than actual payments.
- We have asked CMS to change the input columns for D to alleviate this issue.

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## ESRD PS&R and Level I edits

- Below is an example of what is occurring:

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM											
Program ID: REDESIGN			PROVIDER SUMMARY REPORT						Page: 1		
Paid Dates: 06/01/07 THRU 07/02/14			HOSP. BASED OR INDEPEND. RENAL DIALYSIS CENTER (ESRD COMPOSITE RATE/PPS SERVICES)						Report #: 0044203		
Report Run Date: 07/02/14									Report Type: 720		
Provider P/E: 12/31											
Provider Number: 182529 DVA Renal Healthcare, Inc.											
SERVICES FOR PERIOD			SERVICES FOR PERIOD			SERVICES FOR PERIOD			SERVICES FOR PERIOD		
No Data Requested			01/01/12 - 12/31/12			No Data Requested			No Data Requested		
STATISTIC SECTION											
CLAIMS						567					
CHARGE SECTION											
RV CODE	ESRD COND CODE	DESCRIPTION	UNITS	COV	AVG PMT	UNITS	COV	AVG PMT	UNITS	COV	AVG PMT
				CHG/PPMTS	RATE		CHG/PPMTS	RATE		CHG/PPMTS	RATE
0821	71	MEMO/COMPOSITE			\$0.00	6,161		\$1,508,362.66			\$0.00
0881	71	DIALYULTRAFILT			\$0.00	5		\$1,327.66			\$0.00
TOTAL COVERED CHARGES					\$0.00	6,166		\$1,509,690.32			\$0.00
REIMBURSEMENT SECTION											
GROSS REIMBURSEMENT						\$1,509,690.32					

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## ESRD PS&R and Level I edits

- Below is the adjusted W/S D from PS&R:

COMPUTATION OF AVERAGE COST PER TREATMENT BASIC COMPOSITE COST											Provider CCN: 182529	Period From: 01/01/2012 To: 12/31/2012	Worksheet D
	Number of Treatments (see instructions)	Number of Treatments (see instructions)	Total Expenses (see instructions)	Average Payment Rate (see instructions)	Average Payment Rate (see instructions)	Average Payment Rate (see instructions)	Total Payment Due (col. 4 x col. 6)	Total Payment Due (col. 4.01 x col. 6.01)	Total Payment Due (col. 4.02 x col. 6.02)	Total Payment Due			
	4.01	4.02	5.00	6.00	6.01	6.02	7.00	7.01	7.02	8.00			
1.00 Maintenance-Hemodialysis	0	6,166	1,404,861	0.00	0.00	244.84	0	0	1,509,683	1,509,683			
2.00 Maintenance-IPD	0	0	0	0.00	0.00	0.00	0	0	0	0			
3.00 Training-Hemodialysis	0	0	0	0.00	0.00	0.00	0	0	0	0			
4.00 Training-IPD	0	0	0	0.00	0.00	0.00	0	0	0	0			
5.00 Training-IPD	0	0	0	0.00	0.00	0.00	0	0	0	0			

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## ESRD PS&R and Level I edits

- Below is the adjusted W/S E Pt I from PS&R:

ALLOCATION OF BAD DEBT REIMBURSEMENT				Provider CCN: 182529	Period From: 01/01/2012 To: 12/31/2012	Worksheet E, Part I
		Column 1.00	Column 2.00			
<b>Part I</b>						
<b>Calculation of Reimbursable Bad Debts Title XVIII-Part B</b>						
1.00	Total Expenses Related to Care of Medicare Beneficiaries (from Wkst. D, col. 5, line 11)	1,404,861				1.00
2.00	Total payment due net of Part B deductibles (from Wkst. D, col. 7, line 11) (see instructions)	0	0			2.00
2.01	Total payment due net of Part B deductibles (from Wkst. D, col. 7.01, line 11) (see instructions)	0	0			2.01
2.02	Total payment due net of Part B deductibles (from Wkst. D, col. 7.02, line 11) (see instructions)	1,509,690	1,295,319			2.02
2.03	Total payment due net of Part B deductibles (see instructions)	1,509,690	1,295,319			2.03

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## ESRD PS&R and Level I edits

- The edit kicks out because the treatments \* avg pymt rate is less than actual PS&R payments we send to E Pt I.

Edit Descriptions Date Prepared: 10/13/2014 4:38:42 PM Data File: C:\01_SanDiego\0_Baltimore\PSR_esrd\A0_182529_12312012.mcx Fiscal Year: 01/01/2012 To 12/31/2012 Provider Name: CRESTVIEW HILLS DIALYSIS #3276 Provider No: 182529	265-11 Page 3  Health Financial Systems MCRIF32
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Code	Description
1010E	CMS Edit: [1010E]

For Worksheet E, Part I, column 1, line 2.03 must be greater than zero and less than or equal to Worksheet D, column 8, line 11. [1/1/2011]

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## ESRD PS&R and Level I edits

- Until CMS makes a change to the W/S D, the auditor would need to manually change the W/S E Pt I line 2.02 (or applicable line if not 12/31 FYE provider) col 1 to equal what W/S D Pt I line 11 column 8 is computed on the mcax file.

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