PS&R Reconciliation Update

October 14, 2016

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Overview

- PS&R Reconciliation – Recent CMS Changes and Issues
- New fields affecting Hospital Cost Reports
- PS&R Splits needed for filing the report
- Questions

Recent CMS Changes to PS&R

- On Saturday September 24th, CMS released an update to the PS&R system that added 6 new fields to the csv file.
    - The new fields were Islet Isolation Cell Transplant Services along with 5 fields for LTCH PPS Site Neutral Payment which went into effect with cost reporting periods beginning on or after 10-1-15.
        - CR9570 explained the Islet Isolation, this was previously included as a New Tech payment but now is separated since not a New Tech.

Recent CMS Changes to PS&R

- CR9015 and CR9253 introduced the LTCH Site Neutral Payment Rate system. The new fields are Full Standard Payment, SSO (short-stay outlier) Standard Payment, Site Neutral Payment – Cost, Site Neutral Payment – IPPS, Site Neutral Discharges.

- CMS issued CR9662 on September 23rd to correct issues relating to RAC adjs on PIP providers. The effective date is January 1, 2017.

PS&R New Fields - Assignments

- The Islet Cell Transplant (ICT) is to flow to E Part A line 54.01 (this is a T10 change to the cost report).

- LTCH Site Neutral payment fields flow to E-3 Part IV lines 1.01 thru 1.04 (this is a T10 change to the cost report). The discharges are not assigned at this time.

PS&R New Fields - Assignments

- There have been a number of reasonably 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.

PS&R New Fields - Assignments

- 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.

- 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.

PS&R New Fields - Assignments

- 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.

PS&R New Fields - Assignments

– 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.

PS&R New Reports - Assignments

- 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 are approx. 70 providers.
  - Model 1 Demo – Report D02 – the data on this report is combined with the PS&R 110 report.
  - The only new data field on the D02 report to be sent to the cost report is the Model I Discount Amount (DCT) and this flows to E Pt A line 70.92.

PS&R New Reports - Assignments

- 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.

PS&R New Reports - Assignments

– 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).

PS&R Service Date Splits

- 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.

PS&R Service Date Splits

– 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.

PS&R Service Date Splits

– 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.

PS&R Service Date Splits

– 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.

PS&R Basics - Hospitals

- The first thing is to set up Preferences relating to the PS&R. <u>You want to do this when you do not have the PS&R Reconciliation open</u>.

- 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.

PS&R Basics - Hospitals

PS&R Basics - Hospitals

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PS&R Basics - Hospitals

- 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.

PS&R Basics - Hospitals

- In the PS&R website, with the Select Reports, ensure you request <u>Service Type – All</u> as shown below:

Summary Report Request

Indicates Required Field

2. Select Report(s)

By Service Type

All

Select by service type and include All

☐ Exclude 329 and 339 Patient CBSA Visit Section   ☐ Include 110 DRG Section   ☐ Include 1000 Report

By Report Group

Include 1000 Report for Service Type

Search:

Do NOT select the 110 DRG Section nor include 1000 Report

Available Report Groups   Report Groups

11x
12x

PS&R Basics - Hospitals

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

PS&R Basics - Hospitals

- 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.

PS&R Basics - Hospitals

- 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 have a provider-based HHA.

- If you have an HHA, then you will need to enter the # of CBSA codes and the actual codes prior to import.

PS&R Basics - Hospitals

- For the 2552-10 report, go to W/S S-4 and enter # of CBSA codes on line 19 (you find the # of CBSA codes on the PS& pdf file). Then you enter the codes on lines 20 & subscripts. If you need more subscripted lines, close the W/S and reopen it – the lines will be added based on line 20.

PS&R Basics - Hospitals

File Edit View Forms Options Tools Window Help

S - Settlement Summary

390__ - UPMC PRESBYTERIAN S

The PS&R Reconciliation is found when you have the cost report open, go to Tools - PSR Reconciliation

Tools menu:
- Calculate...
- AAI
- CMS 339 Questionnaire...
- Data Extractor
- Lookup CBSA Codes...
- Lookup Wage Index Factors...
- Acceptability Checklist
- Threshold
- PSR Reconciliation
- Medicare Auditor
- Management Reports
- Professional Desk Review
- Notice of Program Reimbursement
- Wage Index Checklist
- Wage Index Verifcation...
- Batch Acceptance
- HCRIS Transfer File-WinHTF
- Restore/Reorganize Data File...
- Administrative Tasks

Calculate   Print Fo

PS&R Basics - Hospitals

PS&R Basics - Hospitals

Select PS&R Files

<< Martin ▸ Larissa ▸ UserMtg

Search UserMtg

Organize ▾   New folder

This PC
- Desktop
- Documents
- Downloads
- Music
- Pictures
- Shared Folders
- Videos
- Windows (C:)
- RECOVERY (D:)
- Everyone (\\buff:
- WayneShared (\\

Name	Date modified	Type
3●●30 IP OP.csv	8/6/2015 4:22 PM	Microsoft Excel C...
31●●23 IP OP.csv	8/6/2015 4:05 PM	Microsoft Excel C...
31●23.csv	8/6/2015 4:05 PM	Microsoft Excel C...

After you hit the Import Extract icon, this screen will pop up asking you to locate the csv PS&R extract. In this case, there are 3 csv files for this provider, you can select all and then hit open.

File name: "31●23.csv" "31●30 IP OP.csv" "31●23 IP O ∨   CMS PS&R Files (*.txt; *.prn; *.d ∨

Open   Cancel

30
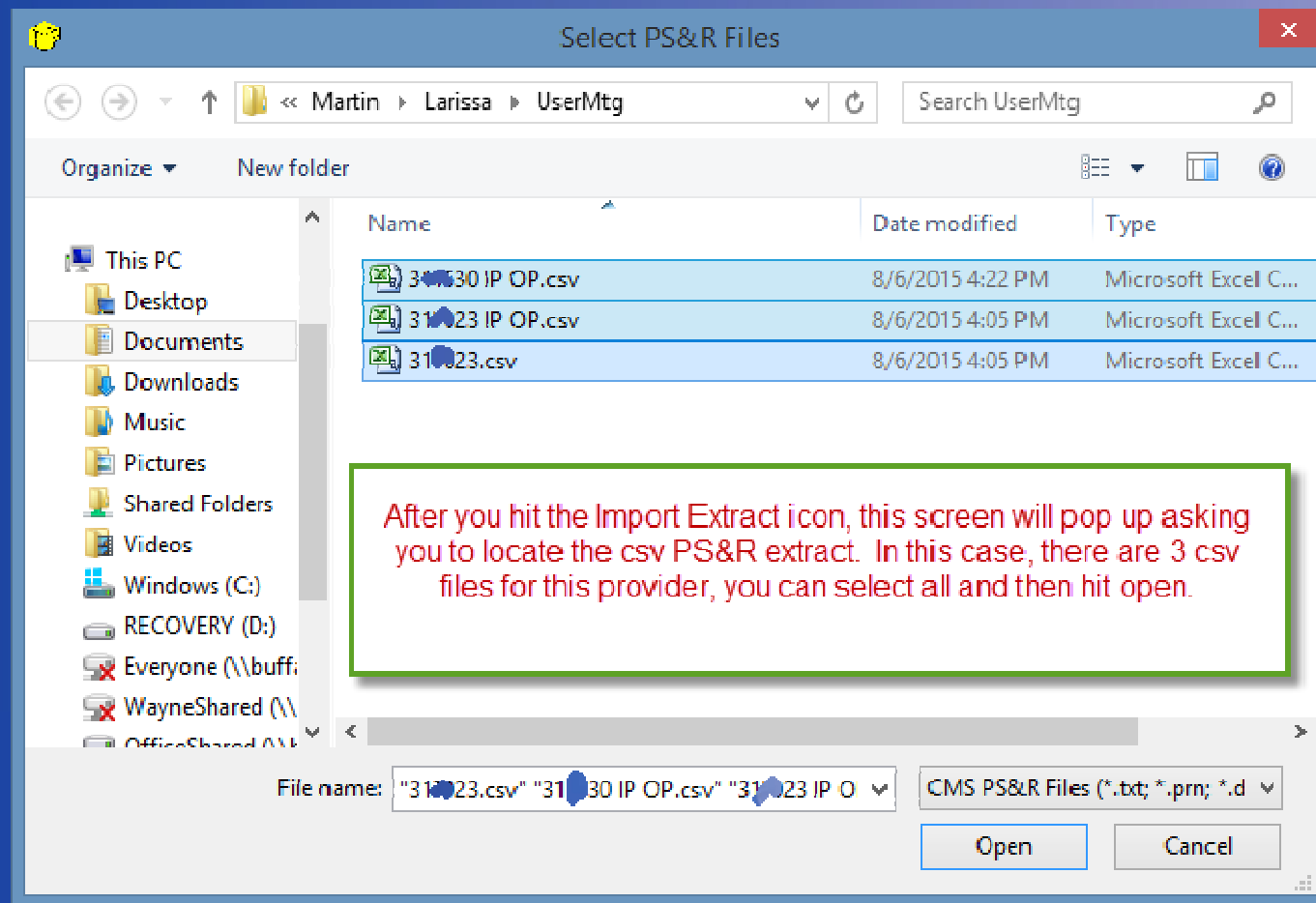
PS&R Basics - Hospitals

Provider Statistical and Reimbursement Reports - File Import

Import Reports - CMS PS&R Files

Files Processed:

Select the components to import then press the Import button.

- Files With Data
  - ☐ 31▮▮30 IP OP.csv
  - ☐ 31▮▮23 IP OP.csv
  - ☐ 31▮▮23.csv
- Files Without Data

☑ 31▮023 - C▮▮▮▮NITY VNS
☑ 31▮▮30 - ▮▮▮▮▮▮Y VNA HOSPICE

The system will read the csv file you selected to ensure the data contains info relating to the provider number on the cost report and the FY. You will then select the Import button on the bottom right side of screen.

☐ Overwrite existing report detail.

[Back] [Import] [Cancel]

PS&R Basics - Hospitals

MCRIF32 - PSR Import

You are about to import data for HHA component,
make sure CBSA codes are entered on S-4 prior to import of extract file.
Do you want to continue?

Yes   No

If you have an HHA subunit, this warning will pop up to ensure you filed the CBSA codes prior to import.
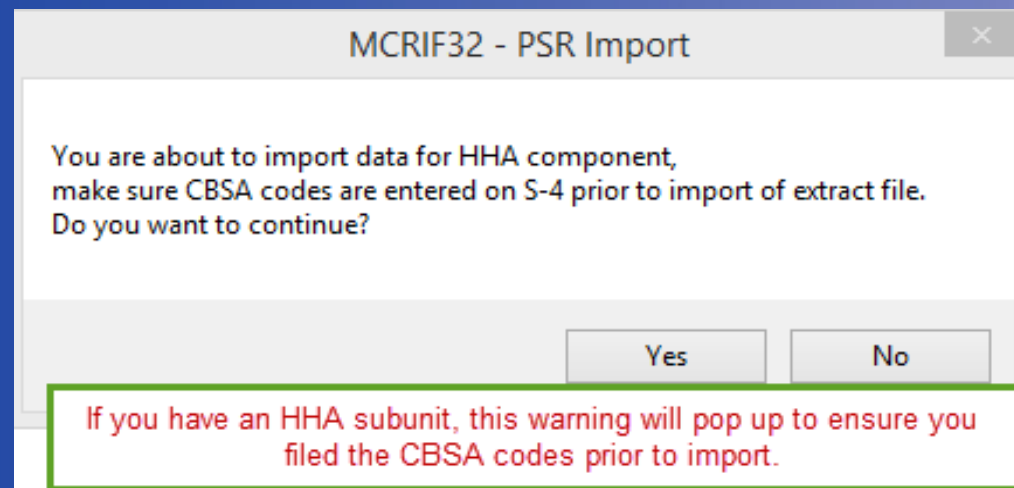
PS&R Basics - Hospitals

490017 - PSR TEST HOSPITAL   Fiscal Year: 09/01/2013 to 08/31/2014

✕ PS&R

| Assign | New Report | Import Extract | Import Stats | Import Cross-Reference | Difference Report | Delete Report | Export |

- Introduction
- Components
  - **490017 - PSR TEST HOSPITAL**
  - 49T017 - PSR TEST GEN REHAB
  - 495206 - PSR TEST NURSING CAR
  - 497245 - PSR TEST HOME CARE
  - 491503 - PSR TEST HOSPICE
- Statistics
  - System Defined
  - User Defined
- Cross Reference
  - Standard
  - Provider

Report Code	Description	Imported	Date Created
110	Inpatient Part A	Yes	8/28/2015 11:11:15 AM
118	Inpatient Part A - Manag…	Yes	8/28/2015 11:11:15 AM
122	Inpatient Part B - Vaccine	Yes	8/28/2015 11:11:15 AM
12P	Inpatient Part B - OPPS	Yes	8/28/2015 11:11:15 AM
130	Outpatient - All Other	Yes	8/28/2015 11:11:15 AM

After import, if you select the component, you will see the reports imported and when you select the report, you see data that was imported. However, the worksheet, line and column are not populated. For Hospitals, you will need to review the Provider Cross Reference that is identified on the left side of the screen.

	Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column	Allocation
1	110	08/31/2014	479,094.42	0.00				0.00	0.00	
2	110	08/31/2014	479,094.42	0.00				0.00	0.00	
3	110U	08/31/2014	1,227.00	0.00				0.00	0.00	
4	110U	08/31/2014	1,227.00	0.00				0.00	0.00	
5	114	08/31/2014	49,004.55	0.00				0.00	0.00	
6	114	08/31/2014	49,004.55	0.00				0.00	0.00	

PS&R Basics - Hospitals

490017 - PSR TEST HOSPITAL

× PS&R

Assign | New Report | Import Extract | Import Stats | Import Cross-Reference | Difference Report | Delete Report | Export

The provider cross reference is HFS' default cost centers for rev codes based on CMS suggestions. These need to be reviewed and possibly changed. The stat code col is used when you split rev codes to more than 1 c/c. If Pt B goes to diff line, you enter that in Override for Pt B Line #.

- Introduction
- Components
  - 490017 - PSR TEST HOSPITAL
  - 49T017 - PSR TEST GEN REHAB
  - 495206 - PSR TEST NURSING CAF
  - 497245 - PSR TEST HOME CARE
  - 491503 - PSR TEST HOSPICE
- Statistics
  - System Defined
  - User Defined
- Cross Reference
  - Standard
  - Provider

	Revenue Code	Revenue Code Description	Worksheet A Line Number	Statistic Code	Override for Part B Line Number	Part B Statistic Code
1	110	ROOM-BOARD/PVT	30.00		0.00	
2	114	PSYCH/PVT	40.00		0.00	
3	117	ONCOLOGY/PVT	30.00		0.00	
4	118	REHAB/PVT	41.00		0.00	
5	120	ROOM-BOARD/SEMI	30.00		0.00	
6	124	PSYCH/2BED	40.00		0.00	
7	134	PSYCH/3&4 BED	40.00		0.00	
8	200	INTENSIVE CARE	31.00		0.00	
9	210	CORONARY CARE	31.00		0.00	
10	214	POST/CCU	31.00		0.00	

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PS&R Basics - Hospitals

- If you have a rev code that is split to more than 1 cost center, you want to establish a stat code in the User Define Statistics at left side (see next slide).

- In the Provider Cross Reference, you zero out the W/S A line # and enter the stat code. If Pt B % split is different than Pt A, you will set up a 2nd stat code and enter the Pt B in the Override for Pt B Stat Code column.

PS&R Basics - Hospitals

490017 - PSR TEST HOSPITAL

× PS&R

Assign | New Report | Import Extract | Import Stats | Import Cross-Reference | Difference Report | Delete Report | Export

- Introduction
- Components
  - 490017 - PSR TEST HOSPITAL
  - 49T017 - PSR TEST GEN REHAB
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Statistic Code	Description
272i	Rev Code 272 I/P
272o	Rev Code 272 O/P

	Line	Description	Amount
13	50.00	OPERATING ROOM	4,255
14	51.00	RECOVERY ROOM	0
15	52.00	DELIVERY ROOM & LABOR ROOM	0
16	53.00	ANESTHESIOLOGY	0
17	54.00	RADIOLOGY-DIAGNOSTIC	0
18	55.00	RADIOLOGY-THERAPEUTIC	0
19	56.00	RADIOISOTOPE	0
20	57.00	CT SCAN	0
21	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0
22	59.00	CARDIAC CATHETERIZATION	0
23	60.00	LABORATORY	0
24	60.01	BLOOD LABORATORY	0
25	61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0
26	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0
27	63.00	BLOOD STORING, PROCESSING & TRANS.	0
28	64.00	INTRAVENOUS THERAPY	0
29	65.00	RESPIRATORY THERAPY	0
30	66.00	PHYSICAL THERAPY	0
31	67.00	OCCUPATIONAL THERAPY	0
32	68.00	SPEECH PATHOLOGY	0
33	69.00	ELECTROCARDIOLOGY	0
34	70.00	ELECTROENCEPHALOGRAPHY	0
35	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,745
36	72.00	IMPL. DEV. CHARGED TO PATIENTS	0

In this example, the provider splits rev code 272 I/P and O/P based on different %'s so they create 2 stat codes (the stat codes can be up to 4 digits and are case sensitive), the I/P is 272i and O/P is 272o. The 272i is shown at left and the stats cannot have decimals, so in this case they allocate 42.55% to OR and 57.45% to Med Supp. We enter 4255 and 5745 (removing the decimals) and this will then allocate the I/P charges for rev code 272 on a 42.55% and 57.45% split. You can enter $ amounts and not %'s, but again ignore decimal places.

PS&R Basics - Hospitals

490017 - PSR TEST HOSPITAL

× PS&R

Assign | New Report | Import Extract | Import Stats | Import Cross-Reference | Difference Report | Delete Report | Export
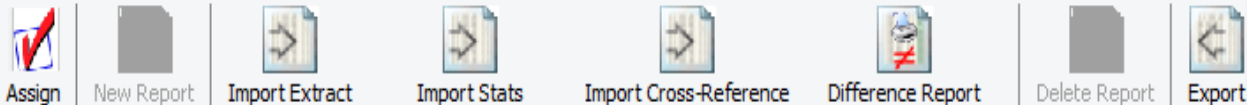
The stat codes used 272i and 272o must be identical to what you enter as User Defined stat, if you use 272I or 272O, it will not assign.

- Introduction
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  - 490017 - PSR TEST HOSPITAL
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- Statistics
  - System Defined
  - User Defined
- Cross Reference
  - Standard
  - Provider

	Revenue Code	Revenue Code Description	Worksheet A Line Number	Statistic Code	Override for Part B Line Number	Override for Part B Statistic Code
17	270	MED-SURG SUPPLIES	71.00		0.00	
18	271	NONSTER SUPPLY	71.00		0.00	
19	272	STERILE SUPPLY	0.00	272i	0.00	272o
20	275	PACE MAKER	72.00		0.00	
21	278	SUPPLY/IMPLANTS	72.00		0.00	
22	27X	MED-SURG SUPPLIES-Summary	71.00		0.00	
23	300	LABORATORY	60.00		0.00	
24	301	LAB/CHEMISTRY	60.00		0.00	
25	302	LAB/IMMUNOLOGY	60.00		0.00	
26	305	LAB/HEMATOLOGY	60.00		0.00	

zero out c/c as stat being used

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PS&R Basics - Hospitals

- If you have a different assignment for a sub-provider (Psych or Rehab unit), you will need to either set up separate stat for these or make changes to individual reports.

- Once you complete the Provider Cross Reference, you are now ready to hit the Red Check – Assign icon. This will now post the worksheet, line and columns to the various PS&R reports.

PS&R Basics - Hospitals

- During the import of the csv extract, we create a PASS field for PS&R reports 110, 11R (I/P Rehab report), 11S (LTCH PPS report), 11U (I/P Psych report), 210 (SNF report), 13P and 850. This allows the user to input the Bi-weekly Pass Thru reimbursement manually to be included with Net Reimb on E-1.

- If you are a PIP provider, we will not import Net Reimb but rather include PIP field for entry.

PS&R Basics - Hospitals

- When you hit the Assign icon, it will place the worksheets, lines and columns in the PS&R recon only, it is not in the mcrx file until you export to the cost report.

- Prior to export, you may want to review the assignments, you can do this by going to File – Print and you will see the screen on the next slide.

PS&R Basics - Hospitals

Available PS&R Reports for printing...

Select a Category to view its available reports:

- [ ] 490017 - PSR TEST HOSPITAL
- [ ] 49T017 - PSR TEST GEN REHAB
- [ ] 495206 - PSR TEST NURSING CARE CENTER
- [ ] 497245 - PSR TEST HOME CARE
- [ ] 491503 - PSR TEST HOSPICE
- [ ] System Defined Statistics
- [ ] User Defined Statistics
- [ ] Cross-Reference

The User Defined Stats; the Cross - Reference then select Provider; the Difference Reports are the normal reports selected and can give the user info to review prior to export.

Available Reports:

Report	Description	Type
[ ] Difference Report		Difference
[ ] I/P PPS Lead Schedule	Lead Schedule #1	Lead Schedule
[ ] O/P Lead Schedule	Lead Schedule #2	Lead Schedule
[ ] 110	Inpatient Part A	Detail

Select All   DeSelect All

[ ] Print to File: [   ] ...

Print   Preview   Printers...   Close

PS&R Basics - Hospitals

- When you are comfortable with the assignments, you are ready to Export to the cost report:
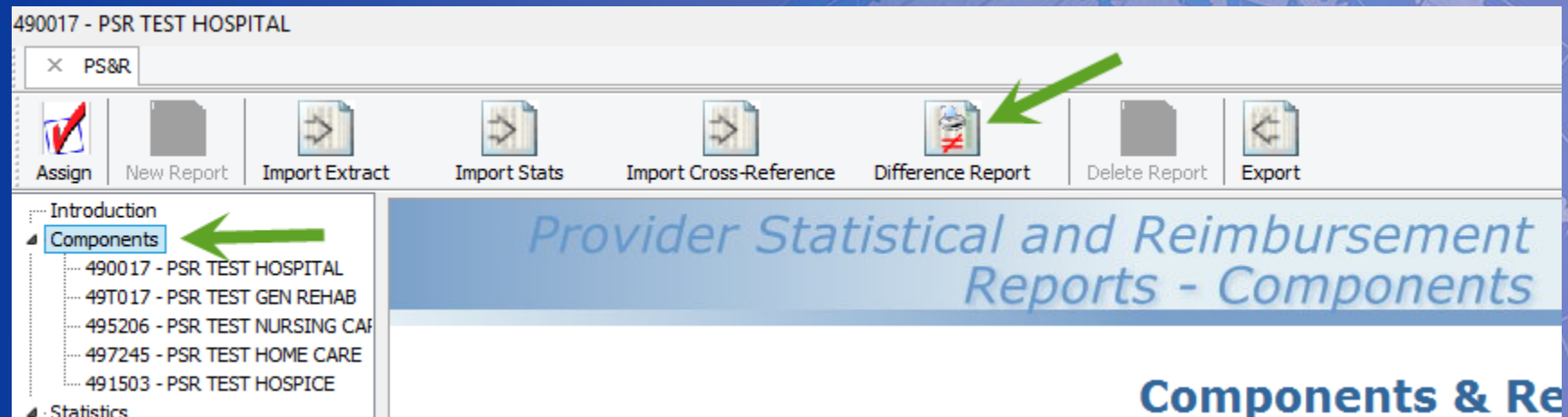
PS&R Basics - Hospitals

- After exporting to the cost report, you will want to select the word Component and hit Difference Report icon to compare PS&R to the mcrx values:

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.

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	8,606,414.20	0.00	

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			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			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			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			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			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			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			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			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	

PS&R Detail Days

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

PS&R Difference Report   CMS-2552-10
Date Prepared: 10/6/2014 12:19:29 PM   Page 1
Data File: C:\10-8-2014 Noridian 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 I, 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 I, Column 6.00	27,594.00	27,594.00	0.00

PS&R Detail Days

- Users can assign the days manually to lines on S-3, Part I. Remove the DAYS stat code and key in the S-3 Part I lines.

	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			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			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			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			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			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			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			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			8.00	6.00	
17	250	08/31/2013	24,593,036.90	0.00	D-3	Title XVIII	Hospital	73.00	2.00	

PS&R Detail Days

The Difference Report after manually assigning looks like this…

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PS&R Difference Report                                                          CMS-2552-10
Date Prepared: 10/6/2014 12:16:31 PM                                                Page 1
Data File:     C:\10-8-2014 Noridian 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
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490017 - PSR TEST HOSPITAL
S-3, Part I, 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	6,806.00		
		114U	PSYCH/PVT	142.00		
		117U	ONCOLOGY/PVT	117.00		
		124U	PSYCH/2BED	2,483.00		
		134U	PSYCH/3&4 BED	576.00		
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			
		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 I, Column 6.00	27,594.00	27,594.00	0.00

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Questions