




**Health
Financial
Systems**

The Leader in Medicare Cost Report Software

PS&R Reconciliation Update

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New Orleans, LA

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PS&R Reconciliation Update

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

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PS&R Reconciliation Update

- On September 24, 2016, 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.

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PS&R Reconciliation Update

- 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 made changes to E-3, Part IV for the new payment categories, however, we are still waiting on the cost report S-3 Part I changes for days and discharges – expected in T11. Site Neutral Days was added to PS&R in March 2017.

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PS&R Reconciliation Update

- In January 2017, CMS released an update to the PS&R system that added 2 new fields to the csv file – “PIP Payments Due to Add-Ons” and “PIP Impacts Due to RAC”.
 - These new fields do not flow to the cost report at all nor are they used in PIP Net Reimbursement calculation. Rather they are fields to fix issues with RAC PIP claims and furnish a clearer audit trail for PIP payments.

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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 FFY18. 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

- 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

- 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 RHC or FQHC units whose cost reporting periods overlap 1-1 need a split at 1-1. Provider-based FQHC's no longer need splits with CR beginning 10-1-14.
 - 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

- 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 beneficiary count.

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PS&R Service Date Splits

- ESRD 265-11:
 - Splits are no longer needed for reports beginning on or after 1-1-14, prior to this, if non – 12/31 FYE, then a split is needed at 1-1.
- FQHC 224-14:
 - FQHC PPS that are filing on 224-14 (cost reporting periods beginning on or after 10-1-14) do not need splits and highly recommended to not split especially when the report is consolidated.

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PS&R Service Date Splits

- RHC and FQHC on 222-92:
 - Splits are needed if non – 12/31 FYE, you need a split at 1-1.

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PS&R Reconciliation Update 265-11

- 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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PS&R Reconciliation Update 265-11

- Below is an example of what is occurring:

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM														
Program ID: REDESIGN Paid Dates: 08/01/07 THRU 07/02/14 Report Run Date: 07/02/14 Provider FYE: 12/31 Provider Number: 182529 DVA Renal Healthcare, Inc.				PROVIDER SUMMARY REPORT HOSP. BASED OR INDEPND. RENAL DIALYSIS CENTER (ESRD COMPOSITE RATE/PPS SERVICES)				Page: 1 Report #: OD44203 Report Type: 720						
SERVICES FOR PERIOD No Data Requested				SERVICES FOR PERIOD 01/01/12 - 12/31/12				SERVICES FOR PERIOD No Data Requested				SERVICES FOR PERIOD No Data Requested		
STATISTIC SECTION														
CLAIMS				567										
CHARGE SECTION														
REV CODE	ESRD COND CODE	DESCRIPTION	UNITS	COV CHG/PPMTS	AVG PPMT RATE	UNITS	COV CHG/PPMTS	AVG PPMT RATE	UNITS	COV CHG/PPMTS	AVG PPMT RATE	UNITS	COV CHG/PPMTS	AVG PPMT RATE
0821	71	HEMO/COMPOSITE			\$0.00	6,161	\$1,508,362.66	\$244.82			\$0.00			\$0.00
0881	71	DIALYULTRAFILT			\$0.00	5	\$1,327.66	\$265.53			\$0.00			\$0.00
TOTAL COVERED CHARGES					\$0.00	6,166	\$1,509,690.32	\$244.84			\$0.00			\$0.00
REIMBURSEMENT SECTION														
GROSS REIMBURSEMENT				\$1,509,690.32										

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PS&R Reconciliation Update 265-11

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

COMPUTATION OF AVERAGE COST PER TREATMENT BASIC COMPOSITE COST						Provider CON: 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-ADN	0	0	0	0.00	0.00	0.00	0	0	0	0

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PS&R Reconciliation Update 265-11

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

ALLOCATION OF BAD DEBT REIMBURSEMENT		Provider CON: 182529	Period From: 01/01/2012 To: 12/31/2012	Worksheet E, Part I	
				Column 1.00	Column 2.00
Part I					
Calculation of Reimbursable Bad Debts Title XVIII-Part 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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PS&R Reconciliation Update 265-11

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

Edit Descriptions		265-11
Date Prepared: 10/13/2014 4:38:42 PM		Page 3
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		Health Financial Systems
Provider No: 182529		MCRIF32
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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PS&R Reconciliation Update 265-11

- Until CMS makes a change to the W/S D, the auditor will need to manually change the adjustment in Auditor 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.
- CMS did finally make this change to bring in the actual reimbursement rather than avg payment rate on D for cost reports ending on or after 6-30-16.**

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PS&R Reconciliation Update 265-11

- Below is W/S D for CR periods ending on or after 6-30-16:

COMPUTATION OF AVERAGE COST PER TREATMENT BASIC COMPOSITE COST												Provider CEN:	682554	Period From:	10/01/2015	Worksheet D
	Total Number of Treatments	Costs (Transferred from Worksheet B, column 11A)	Average Cost of Treatments (column 2 divided by column 1)	Number of Treatments (col. 2 / col. 1)	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 x col. 6)				
	1.00	2.00	3.00	4.00	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	0	0.00	0			0	0.00			0			0	1.00	
2.00 Maintenance-PO	0	0	0.00	0			0	0.00			0			0	2.00	
3.00 Training-Hemodialysis	0	0	0.00	0			0	0.00			0			0	3.00	
4.00 Training-PO	0	0	0.00	0			0	0.00			0			0	4.00	
5.00 Training-CAPD	0	0	0.00	0			0	0.00			0			0	5.00	
6.00 Training-CPPD	0	0	0.00	0			0	0.00			0			0	6.00	
7.00 Home Program-Hemodialysis	0	0	0.00	0			0	0.00			0			0	7.00	
8.00 Home Program-PO	0	0	0.00	0			0	0.00			0			0	8.00	
	Patient Weeks	Costs (Transferred from Worksheet B, column 11A)	Average Cost of Treatments (column 2 divided by column 1)	Number of Treatments (col. 2 / col. 1)			Total Expenses (see instructions)	Average Payment Rate (see instructions)			Total Payment Due (col. 4 x col. 6)					
9.00 Home Program-CAPD	0	0	0.00	0			0	0.00			0			0	9.00	
10.00 Home Program-CPPD	0	0	0.00	0			0	0.00			0			0	10.00	
11.00 Total (see instructions)	0	0	0	0			0	0.00			0			0	11.00	

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New FQHC PS&R Report 778

- FQHC PPS went into effect with cost reporting periods beginning on or after 10-1-14. CMS now has a new PPS PS&R report 77P and they have released a new Cost Reporting Form 224-14.
- There is not a need for a PS&R split for reports overlapping 1-1 with FQHC PPS.
- We have made numerous changes to the PS&R to account for the 224-14.

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New FQHC PS&R Report 778

- Below is the crosswalk for the new 77P report:

8	77P	UNITS-Revenue Code 520	W/S S-3, Part I line 1 (and subscripts) column 2	reg
9	77P	UNITS-Revenue Code 521	W/S S-3, Part I line 1 (and subscripts) column 2	Thi
0	77P	UNITS-Revenue Code 522	W/S S-3, Part I line 1 (and subscripts) column 2	to i
1	77P	UNITS-Revenue Code 524	W/S S-3, Part I line 1 (and subscripts) column 2	Thi
2	77P	UNITS-Revenue Code 525	W/S S-3, Part I line 1 (and subscripts) column 2	to i
3	77P	UNITS-Revenue Code 527	W/S S-3, Part I line 1 (and subscripts) column 2	Thi
4	77P	UNITS-Revenue Code 528	W/S S-3, Part I line 1 (and subscripts) column 2	to i
5	77P	UNITS-Revenue Code 770	W/S S-3, Part I line 1 (and subscripts) column 2	Thi
6	77P	UNITS-Revenue Code 900	W/S S-3, Part I line 3 (and subscripts) column 2	to i
7	77P	UNITS-Revenue Code 910	W/S S-3, Part I line 3 (and subscripts) column 2	Thi
8	77P	UNITS-Revenue Code 949	W/S S-3, Part I line 3 (and subscripts) column 2	to i
9	77P	CHARGES	N/A	Thi
0	77P	REL CODE	N/A	es

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New FQHC PS&R Report 778

- At right is the rest of the crosswalk:

77P	GROSS APC PAYMENT	W/S E line 1 column 1
77P	OUTLIER	N/A
77P	GROSS REIMBURSEMENT	N/A
77P	CASH DEDUCTIBLE	N/A
77P	BLOOD DEDUCTIBLE	N/A
77P	COINSURANCE	W/S E line 8 column 1
77P	NET MSP PAYMENTS	W/S E line 6 column 1
77P	SEQUESTRATION	N/A
77P	MSP RECONCILIATION	N/A
77P	OTHER ADJUSTMENTS	N/A
77P	NET REIMBURSEMENT	W/S E-1 line 1 column 2
77P	CLAIM INTEREST PAYMENTS	N/A
77P	ELECTED COINSURANCE	N/A
778	NET REIMBURSEMENT	W/S E line 4 column 1

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New FQHC PS&R Report 778

- One major issue with the new 224-14 report is that CMS also has visits by practitioner on Worksheet B, Part I. There is a level I edit that requires the S-3, Part I visits must agree to B, Part I. S-3, Part I comes from PS&R but the PS&R does not split out visits by practitioner. This requires the providers to complete based on their records.

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New FQHC PS&R Report 778

FEDERALLY QUALIFIED HEALTH CENTER DATA				Provider CCN: 47-1833	Period From: 10/01/2014 To: 09/30/2015	Worksheet S-3, Part I	
	CENTER CCN	Title V	Title XVIII	Title XIX	Other	Total All Patients	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL							
1.00 Medical Visits (47-1833 - LUDLOW HEALTH CENTER)	47-1833	0	3,641	3,469	6,533	13,643	1.00
1.01 Medical Visits (30-1820 - CHARLESTOWN FAMILY MEDICINE)	30-1820	0	3,118	760	4,661	8,539	1.01
1.02 Medical Visits (47-1845 - WOMEN'S HEALTH CENTER - RIDGEWOOD)	47-1845	0	727	922	3,927	5,576	1.02
1.03 Medical Visits (47-1830 - CHESTER FAMILY MEDICINE)	47-1830	0	1,436	1,259	2,012	4,707	1.03
1.04 Medical Visits (47-1839 - SPRINGFIELD MEDICAL GROUP)	47-1839	0	8,155	8,215	13,019	29,389	1.04
1.05 Medical Visits (47-1828 - ROCKINGHAM MEDICAL GROUP)	47-1828	0	4,792	6,051	7,424	18,267	1.05
2.00 Total Medical Visits		0	21,869	20,676	37,576	80,121	2.00
3.00 Mental Health Visits (47-1833 - LUDLOW HEALTH CENTER)	47-1833	0	214	584	519	1,317	3.00
3.01 Mental Health Visits (30-1820 - CHARLESTOWN FAMILY MEDICINE)	30-1820	0	55	52	110	217	3.01
3.02 Mental Health Visits (47-1845 - WOMEN'S HEALTH CENTER - RIDGEWOOD)	47-1845	0	0	0	0	0	3.02
3.03 Mental Health Visits (47-1830 - CHESTER FAMILY MEDICINE)	47-1830	0	250	322	339	911	3.03
3.04 Mental Health Visits (47-1839 - SPRINGFIELD MEDICAL GROUP)	47-1839	0	940	2,162	2,305	5,407	3.04
3.05 Mental Health Visits (47-1828 - ROCKINGHAM MEDICAL GROUP)	47-1828	0	347	2,674	3,231	6,252	3.05
4.00 Total Mental Health Visits		0	1,806	5,794	6,504	14,104	4.00
5.00 Number of Visits Performed by Interns and Residents (47-1833 - LUDLOW HEALTH CENTER)	47-1833	0	0	0	0	0	5.00
5.01 Number of Visits Performed by Interns and Residents (30-1820 - CHARLESTOWN FAMILY MEDICINE)	30-1820	0	0	0	0	0	5.01
5.02 Number of Visits Performed by Interns and Residents (47-1845 - WOMEN'S HEALTH CENTER - RIDGEWOOD)	47-1845	0	0	0	0	0	5.02
5.03 Number of Visits Performed by Interns and Residents (47-1830 - CHESTER FAMILY MEDICINE)	47-1830	0	0	0	0	0	5.03
5.04 Number of Visits Performed by Interns and Residents (47-1839 - SPRINGFIELD MEDICAL GROUP)	47-1839	0	0	0	0	0	5.04
5.05 Number of Visits Performed by Interns and Residents (47-1828 - ROCKINGHAM MEDICAL GROUP)	47-1828	0	0	0	0	0	5.05
6.00 Total Number of Visits Performed by Interns and Residents		0	0	0	0	0	6.00

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New FQHC PS&R Report 778

CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COSTS				Provider CCN: 47-1833	Period From: 10/01/2014 To: 09/30/2015	Worksheet B, Parts I & II	
	Other Direct Care Costs (see instructions)	General Service Cost (see instructions)	Total Costs by Practitioner	Average Cost Per Visit by Practitioner	Total Visits	Title XVIII Visits	Title XVIII Costs
	3.00	4.00	5.00	6.00	Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Cost by Practitioner
					7.00	8.00	9.00
PART I - CALCULATION OF FEDERALLY							
1.00 PHYSICIAN	2,273,345	2,084,050	8,523,371	189.95	41,476	3,796	10,964
2.00 PHYSICIAN SERVICES UNDER AGREEMENT	121,684	143,079	582,368	243.67	2,183	207	603
3.00 PHYSICIAN ASSISTANT	99,018	647,883	2,836,302	124.77	19,361	0	6,286
4.00 NURSE PRACTITIONER	940,415	685,102	2,486,451	143.64	15,462	2,571	4,036
5.00 VISITING REGISTERED NURSE	0	0	0	0.00	0	0	0
6.00 VISITING LICENSED PRACTICAL NURSE	0	0	0	0.00	0	0	0
7.00 CERTIFIED NURSE MIDWIFE	0	0	0	0.00	0	0	0
8.00 CLINICAL PSYCHOLOGIST	69,357	74,493	303,209	221.48	0	1,369	424
9.00 CLINICAL SOCIAL WORKER	332,399	399,064	1,624,302	247.57	0	6,561	970
10.00 REG DIETITIAN/CERT DIET/INT EDUCATOR	46,053	43,109	175,467	193.03	909	0	0
11.00 TOTALS	4,773,709	4,036,391	16,511,469		80,121	14,104	21,889
12.00 NET COST MULTIPPLIER	95.682871	6.323703					1,806
13.00 TOTAL COST PER VISIT				175.23			2,633,745
PART II - CALCULATION OF ALLOWABLE							
	Title XVIII I & R Visits	Ratio of Title XVIII Visits to Total Visits	Allowable Title XVIII Direct GME Costs				
14.00 ALLOWABLE GME COSTS	0	0.000000	0				14.00

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New FQHC PS&R Report 778

- Another major change in the new 224-14 form from the 222-92 form is how visits are handled, they are now shown by facility rather than in total.
- Our PS&R reconciliation is used for MACs in Auditor along with providers posting to the cost report. CMS has a level I edit where Medicare and Total visits on S-3 and B agree.

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New FQHC PS&R Report 778

- S-3 Part I has the total visit column being the sum of columns 1 through 4 (Titles V, XVIII, XIX and Other), so when we adjust Medicare visits to the PS&R we need to reverse an adjustment to one of these columns so we will not have a Level I edit for changing total visits (that compare S-3 Pt I to B).
- We do this reverse adjustment to column 4 – Other.

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New FQHC PS&R Report 778

- Therefore, after exporting visits to S-3, you may see negative visits in column 4 if you never had amounts there. You will need to zero these out or change them to your actual numbers from your logs.

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New FQHC PS&R Report 778

- W/S B visits cannot be tracked by PS&R so we have come up with a Statistic 5XXU and 9XXU to allocate total visits for the entire report based upon the as filed W/S B visits by practitioner.
- This requires the auditor to import all csv files at the same time or the visits will not be included in the total and you will get a level I edit.

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New FQHC PS&R Report 778

PS&R			
Assign	New Report	Import Extract	Import Stats
Import Cross-Reference	Difference Report	Delete Report	Export
<div> <div> Introduction Components 471833 - LUDLOW HEALTH CENT 301820 - CHARLESTOWN FAMILY 471845 - WOMEN'S HEALTH CENT 471830 - CHESTER FAMILY MED 471839 - SPRINGFIELD MEDICAL 471828 - ROCKINGHAM MEDICAL Statistics System Defined User Defined Cross Reference Standard Provider </div> <div> Statistic Code Description 500U Medical Visit by Practitioner 900U Mental Health Visits by Practitioner </div> </div>			
Line	Description	Amount	
1	1.00 PHYSICIAN	10,964	
2	2.00 PHYSICIAN SERVICES UNDER AGREEMENT	603	
3	3.00 PHYSICIAN ASSISTANT	6,266	
4	4.00 NURSE PRACTITIONER	4,036	
5	5.00 VISITING REGISTERED NURSE	0	
6	6.00 VISITING LICENSED PRACTICAL NURSE	0	
7	7.00 CERTIFIED NURSE MIDWIFE	0	
8	8.00 CLINICAL PSYCHOLOGIST	0	
9	9.00 CLINICAL SOCIAL WORKER	0	
10	10.00 REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	
11	11.00 TOTALS	21,869	

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New FQHC PS&R Report 778

PS&R			
Assign	New Report	Import Extract	Import Stats
Import Cross-Reference	Difference Report	Delete Report	Export
<div> <div> Introduction Components 471833 - LUDLOW HEALTH CENT 301820 - CHARLESTOWN FAMILY 471845 - WOMEN'S HEALTH CENT 471830 - CHESTER FAMILY MED 471839 - SPRINGFIELD MEDICAL 471828 - ROCKINGHAM MEDICAL Statistics System Defined User Defined Cross Reference Standard Provider </div> <div> Statistic Code Description 500U Medical Visit by Practitioner 900U Mental Health Visits by Practitioner </div> </div>			
Line	Description	Amount	
1	1.00 PHYSICIAN	402	
2	2.00 PHYSICIAN SERVICES UNDER AGREEMENT	0	
3	3.00 PHYSICIAN ASSISTANT	0	
4	4.00 NURSE PRACTITIONER	0	
5	5.00 VISITING REGISTERED NURSE	0	
6	6.00 VISITING LICENSED PRACTICAL NURSE	0	
7	7.00 CERTIFIED NURSE MIDWIFE	0	
8	8.00 CLINICAL PSYCHOLOGIST	434	
9	9.00 CLINICAL SOCIAL WORKER	970	
10	10.00 REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	
11	11.00 TOTALS	1,806	

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New FQHC PS&R Report 778

PS&R

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

Introduction

Components

- 471833 - LUXLOW HEALTH CENT
- 301820 - CHARLESTOWN FAMIL
- 471845 - WOMEN'S HEALTH CENT
- 471830 - CHESTER FAMILY MED
- 471839 - SPRINGFIELD MEDICAL
- 471828 - ROCKINGHAM MEDICAL

Statistics

- System Defined
- User Defined
- Cross Reference
- Standard
- Provider

Report Code	Description	Imported	Date Created
778		Yes	2/22/2017 3:48:52 PM

Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column	Allocation Basis
52 SJ	12/31/2014	867.00	0.00	S-3, Part I			1.00	2.00	
52 SJ	09/30/2015	2,729.00	0.00	S-3, Part I			1.00	2.00	
52 SJ	12/31/2014	2.00	0.00	S-3, Part I			1.00	2.00	
52 SJ	09/30/2015	19.00	0.00	S-3, Part I			1.00	2.00	
52 SJ	12/31/2014	6.00	0.00	S-3, Part I			1.00	2.00	
52 SJ	09/30/2015	18.00	0.00	S-3, Part I			1.00	2.00	
900J	12/31/2014	21,866.00	0.00	B, Parts I & II			0.00	9.00	900J
900J	12/31/2014	46.00	0.00	S-3, Part I			3.00	2.00	
900J	09/30/2015	568.00	0.00	S-3, Part I			3.00	2.00	
900J	12/31/2014	1,804.00	0.00	B, Parts I & II			0.00	10.00	900J
ASR	12/31/2014	147,777.00	0.00	F			1.00	1.00	

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New FQHC PS&R Report 778

- If you have no data on B prior to the PS&R reconciliation, we will not export amounts to B so you will need to input this and the Medicare and total visits must agree to S-3 (PS&R amounts and your logs).



2552-10 Payment Recon

- The April 28, 2017 release included our new 2552-10 Payment Reconciliation table in the PS&R reconciliation to allow input dates and amounts for Lump Sum and Tentative Settlement determinations.
- When the PS&R reconciliation is opened an mcp file is created, we show the various components' settlement worksheets where the Lump Sum and Tentative amounts are. We have the mcx file column along with a per audit column that equals the mcx.

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2552-10 Payment Recon

	A	B	C	D	E	F	G	H	I	J	K
1			Inpatient Part A				Part B				
2		E-1, Part I, Title XVIII, Hospital	Cost Report Values		Per Audit		Cost Report Values		Per Audit		
3			Date	Amount	Date	Amount	Date	Amount	Date	Amount	
4			1.00	2.00	1.00	2.00	3.00	4.00	3.00	4.00	
5		Program to Provider									
6	3.01	ADJUSTMENTS TO PROVIDER		0		0		0		0	3.01
7	3.02			0		0		0		0	3.02
8	3.03			0		0		0		0	3.03
9	3.04			0		0		0		0	3.04
10	3.05			0		0		0		0	3.05
11		Provider to Program									
12	3.50	ADJUSTMENTS TO PROGRAM		0		0		0		0	3.50
13	3.51			0		0		0		0	3.51
14	3.52			0		0		0		0	3.52
15	3.53			0		0		0		0	3.53
16	3.54			0		0		0		0	3.54
17	3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		0		0	3.99
18		TO BE COMPLETED BY CONTRACTOR									
19		Program to Provider									
20	5.01	TENTATIVE TO PROVIDER		0		0		0		0	5.01
21	5.02			0		0		0		0	5.02

34



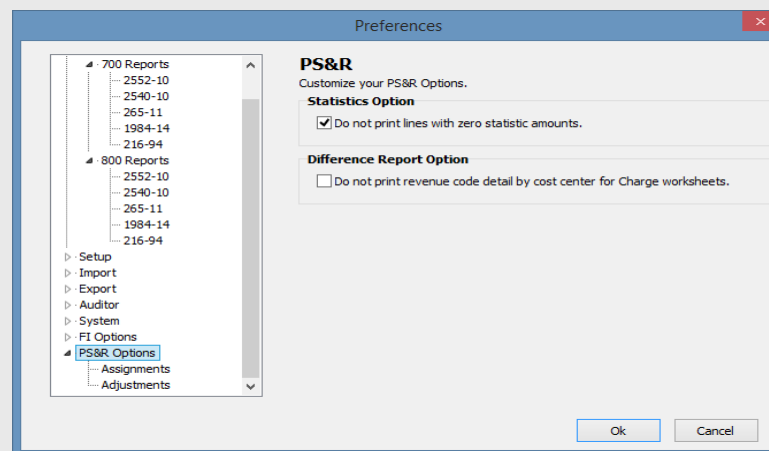
PS&R Basics

- 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.

35



PS&R Basics



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PS&R Basics

Preferences

Assignments
Customize your assignment processing for the PS&R.

Worksheet Assignments

When a matching assignment is found, replace the existing detail:

☐ Only if existing detail is blank.
☒ Always
☐ Never

Line Number / Stat Code Assignments

When assigning line numbers or statistic codes, replace the existing

☐ Only if existing detail is blank.
☒ Always
☐ Only if existing detail is a stat code.
☐ Only if existing detail is a line no.
☐ Never

When you select Assignments, we strongly suggest Always - Always as shown above. This is for when you apply assignments but then make changes, having it as Always - Always ensures your latest changes are reflected in the PS&R system. The bottom check box is also suggested, gives you a warning telling you that you already assigned when you request to Apply again.

☒ Always prompt before starting the automatic assignment process.

Ok Cancel

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PS&R Basics

Preferences

Adjustments
Customize the exported Auditor adjustment descriptions.

First Line of Adjustment Description

Fields Used:

Worksheet, Program
 Column Number
 PS&R Run Date
 Payment End Date
 S-3, Part I, Column 4.00, PS&R Run Date: 05/02/2000, Payment End Date: 06/30/1999

Fields Available:

Optional Text
 Optional Text:

Other Adjustment Description Information

Ref: 42CFR 412.110/413.20
 CMS PUB. 15-1 Sec. 2408.4

Auditor: Workpaper Ref:

☒ Don't export adjustments with zero difference.

Ok Cancel

The PS&R Options - Adjustments are for MACs and reflects what to include in the adjustment report created by the PS&R system.

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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://portal.cms.gov>.

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PS&R Basics

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

Summary Report Request

** Indicates Required Field

2. Select Report(s)

☒ By Service Type

All

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

☐ Include 1000 Report for Service Type

☐ By Report Group

Search:

Available Report Groups

11x

12x

Report Groups

Do NOT select the 110 DRG Section nor include 1000 Report

Select by service type and include All

4.1



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

4.2



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

- 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 an HHA or 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.

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PS&R Basics

- 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&R 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. For 2540-10, you enter HHA data on S-4 lines 21 and 22.
- Free-Standing HHA's will open S-3 and enter # of CBSA codes on line 28 column 1.01 and the codes on line 29 and subscripts.

45



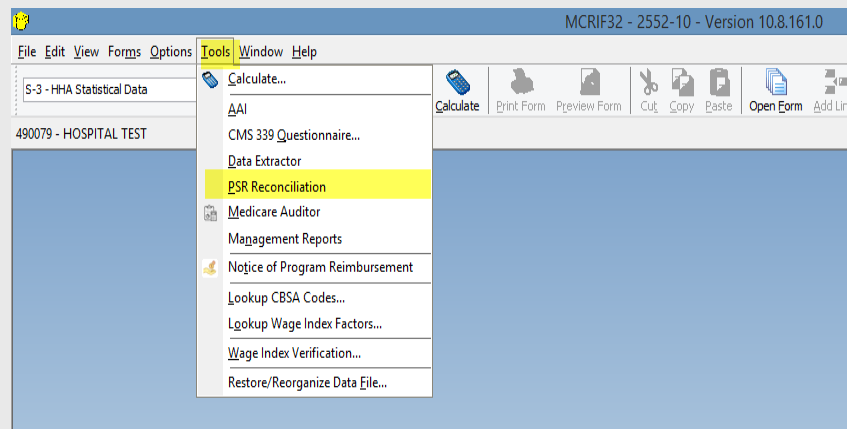
PS&R Basics

- The following slides are the steps used for non-hospital reports, hospital reports have a few other steps you may need to do.
- You must always have the provider number, the provider name and the FYB and FYE prior to opening up the PS&R Reconciliation which is located under Tools.
- When you open up the PS&R tool, this creates a .mcp file that is outside of the mcx file.

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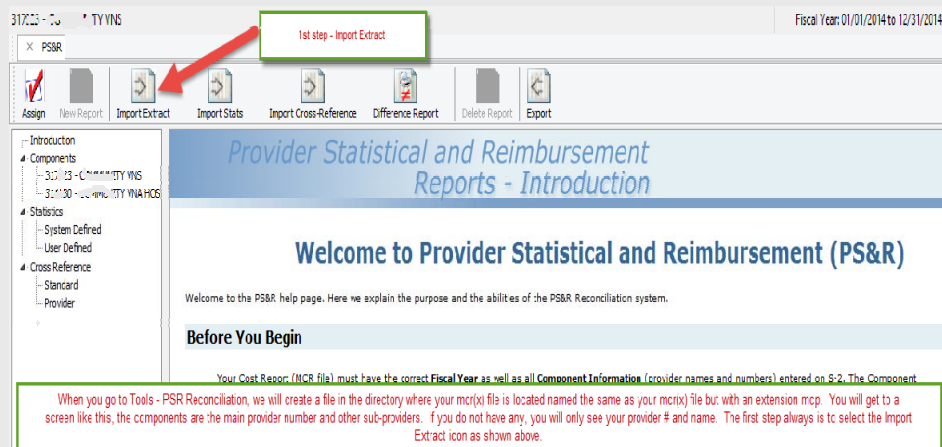
PS&R Basics



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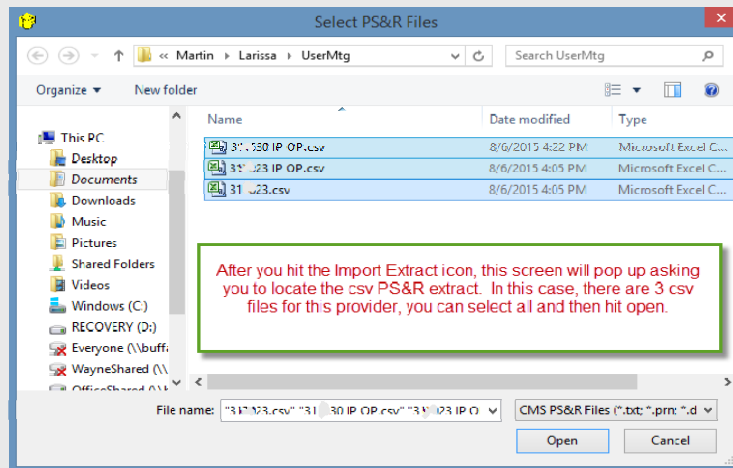
PS&R Basics



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PS&R Basics



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PS&R Basics

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

☐ 31-123 IP OP.csv☐ 31-123 IP OP.csv☐ 31-123.csv

Files Without Data

☒ 31-123 - COMMUNITY VNS☒ 31-123 - COMMUNITY 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.

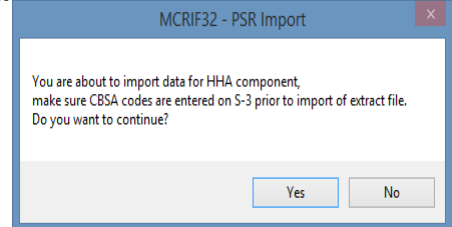
☐ Overwrite existing report detail.

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PS&R Basics

R Files

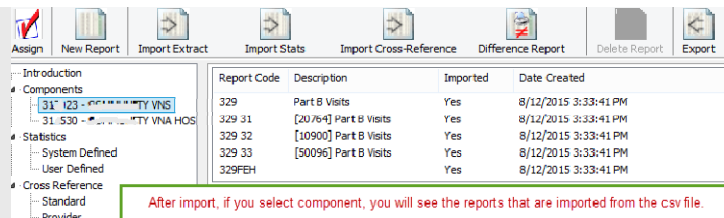


If you have an HHA provider, this warning will pop up to ensure you filed the CBSA codes prior to import.

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PS&R Basics



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

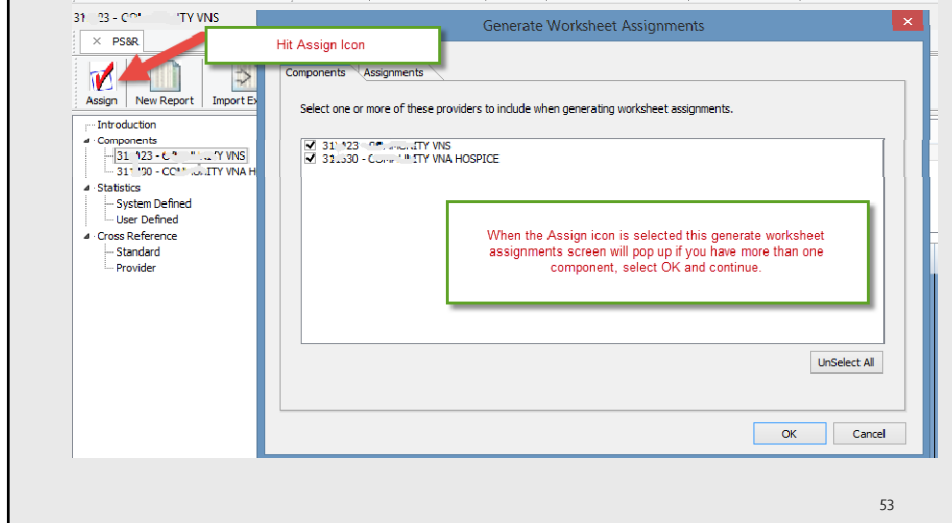
Revenue Code	Date of Service	PS&R Amount	Adjustment Amount	Worksheet	Program	Component	Line	Column
1 NRE	12/31/2014	6,057,508.67	0.00				0.00	0.00

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.

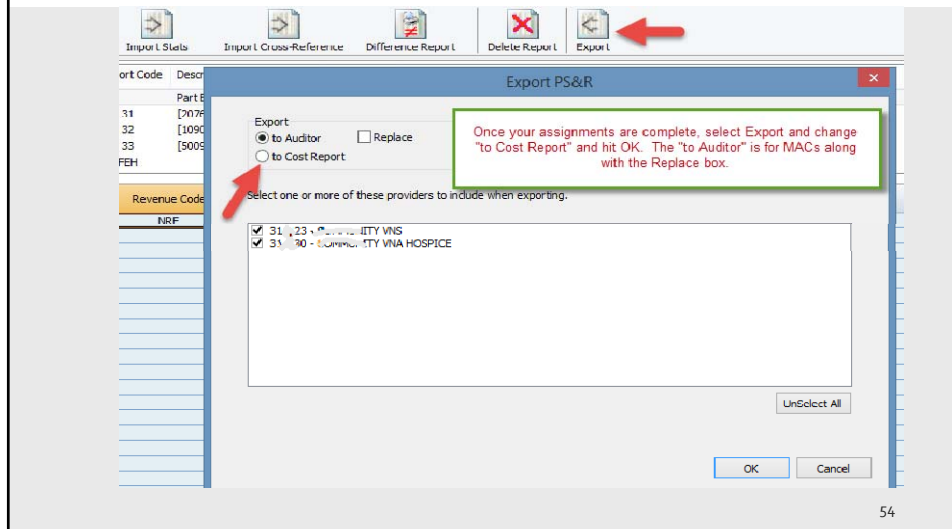
52



PS&R Basics



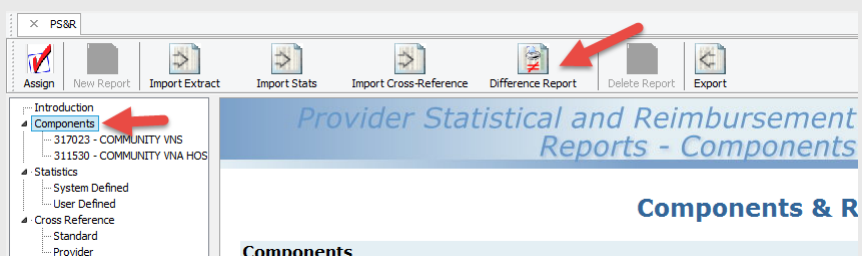
PS&R Basics





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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PS&R Basics - Hospitals

- The following slides summarize the basic steps for 2552-10 hospitals. You still always need to have the provider number, provider name (for all components) and FYB & FYE prior to opening the PS&R tool.
- You will then select the Import Extract icon and import the csv files.

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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
 - 490117 - PSR TEST GEN REHAB
 - 495206 - PSR TEST NURSING CA
 - 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 - OPSS	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	

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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
 - 490117 - PSR TEST GEN REHAB
 - 495206 - PSR TEST NURSING CA
 - 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	


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 #.

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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
 - 497017 - PSR TEST GEN REHAB
 - 495206 - PSR TEST NURSING CA
 - 497245 - PSR TEST HOME CARE
 - 491503 - PSR TEST HOSPICE
- Statistics
 - System Defined
 - User Defined
 - Cross Reference
 - Standard
 - Provider

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 PEP 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.

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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
 - 497017 - PSR TEST GEN REHAB
 - 495206 - PSR TEST NURSING CA
 - 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	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

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.

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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.

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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.

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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.

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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

Available Reports:

Report	Description	Type
<input type="checkbox"/> Difference Report		Difference
<input type="checkbox"/> I/P PPS Lead Schedule	Lead Schedule #1	Lead Schedule
<input type="checkbox"/> O/P Lead Schedule	Lead Schedule #2	Lead Schedule
<input type="checkbox"/> 110	Inpatient Part A	Detail

Select All DeSelect All

☐ Print to File: _____

Print Preview Printers... Close

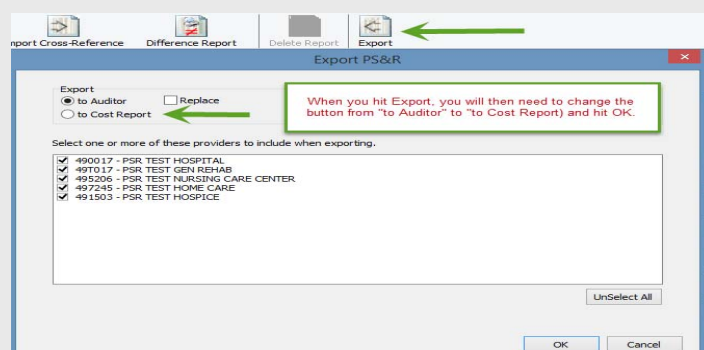
The User Defined Stats; the Cross - Reference then select Provider; the Difference Reports are the normal reports selected and can give the user info to review prior to export.

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PS&R Basics - Hospitals

- When you are comfortable with the assignments, you are ready to Export to the cost report:

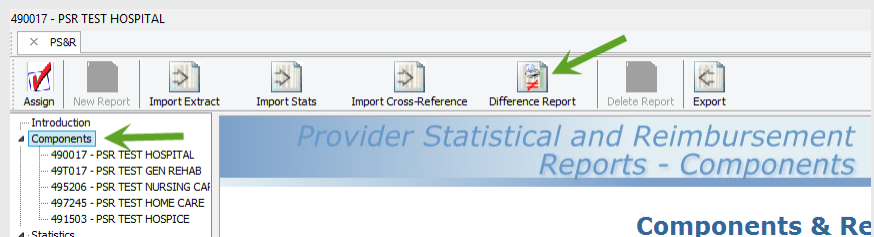


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PS&R Basics - Hospitals

- 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:



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PS&R Basics - Hospitals

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	8,616,414.70	0.00

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PS&R Basics - Hospitals

- 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, Part1	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, Part1	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, Part1	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, Part1	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, Part1	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, Part1	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, Part1	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, Part1	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 Basics - Hospitals

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

PS&R Difference Report
 Date Prepared: 10/6/2014 12:19:29 PM
 Data File: C:\10 & 2014 Nordson Training\PSR_Hosp_HHA\FY13.mcr
 Fiscal Year: 01/01/2013 To: 06/30/2013
 Provider Name: PSR TEST HOSPITAL
 Provider No: 490017
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**490017 - PSR TEST HOSPITAL
 S-3, Part I, 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 SAVING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTION)					
1.10	Inpatient Part A					
	* 110U ROOM-BOARD/PVT			3,080.19 DAYS		
	* 114U PSYCH/PVT			64.26 DAYS		
	* 117U ONCOLOGY/PVT			52.85 DAYS		
	* 124U PSYCH/2BED			1,123.73 DAYS		
	* 134U PSYCH/3A4 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					
	DCU Medicare Total Days			5,224.00		
Total	HMO AND OTHER (SEE INSTRUCTIONS)			5,224.00	5,224.00	0.00
6.00	INTENSIVE CARE UNIT					
1.10	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/3A4 BED			315.32 DAYS		
	* 200U INTENSIVE CARE			1,302.34 DAYS		
	* 210U CORONARY CARE			85.40 DAYS		
	* 214U POST/CCU			5,336.09 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

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PS&R Basics - Hospitals

- 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. If you do this, do this at the end because if you hit the Assign icon, the S-3 lines will be removed and DAYS stat will come back.

	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	578.00	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	75.00	2.00	

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PS&R Basics - Hospitals

- The Difference Report after manually assigning the S-3 lines is shown below.

PS&R Difference Report
 Date Prepared: 10/6/2014 12:16:31 PM
 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
 Provider No: 490017
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 Health Financial Systems 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 SIVING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTION					
110	Inpatient Part A					
110J	ROOM-BOARD/PVT			6,806.00		
114J	PSYCH/PVT			142.00		
117J	ONCOLOGY/PVT			117.00		
124J	PSYCH/2BED			2,483.00		
134J	PSYCH/2B4 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					
200J	INTENSIVE CARE			2,379.00		
210J	CORONARY CARE			156.00		
214J	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 - Hospitals

- We also have the capability for providers to import a csv file if they allocate all revenue codes to multiple cost centers. If you are interested in this, please contact support@hfssoft.com and we can forward the ppt presentation and assist you.
- The mcp file should be saved and can be forwarded to the MAC so they use your assignments when they final settle your cost report.

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PS&R Basics - Hospitals

- You can also utilize the mcp file when you file the next year cost report as you probably keep the stats and assignments the same year to year (the stat amounts may change).
- In this case you begin next year's report, ensure you have a blank mcp file. You then import extract, then select the Import Stats and select the PY mcp file and all stats as shown on next slide.

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PS&R Basics - Hospitals

The screenshot shows the 'Import Stats' window in the PS&R software. The window has a menu bar with options: Assign, New Report, Import Extract, Import Stats (highlighted), Import Cross-Reference, Difference Report, Delete Report, and Export. On the left is a tree view with categories: Introduction, Components (listing 490079 - HOSPITAL TEST, 495079 - PSYCH UNIT, 497497 - HHA TEST), Statistics (System Defined, User Defined), Cross Reference (Standard, Provider), and Lump Sum & Tentatives Reports (listing 490079 - HOSPITAL TEST, 495079 - PSYCH UNIT, 497497 - HHA TEST). The main area is titled 'Provider Statistical and Reimbursement Reports - New Statistic' and contains the 'New PS&R Statistic - Import Statistics' section. It instructs the user to specify the (.MCP) file that contains the statistics to import. A file path is entered: 'C:\Users\jdcabato\Documents\HFS Files\0_PSR_hosp'. Below this are three checkboxes: '260i - Rev Code 260 - I/P', '260o - Rev Code 260 - O/P', and '272a - Rev Code 272 - All'. A 'Select All' button is present. At the bottom, there is a checkbox for 'Zero data on import.'.

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PS&R Basics - Hospitals

- You then will select the Import Cross-Reference and select the PY mcp file.
- You then will update the stats to CY amounts and ensure the assignments are complete.
- Select Assign, review then export – to cost report.
- Run Difference Report.

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Questions

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