



**Health
Financial
Systems**

The Leader in Medicare Cost Report Software

Analyzing Data Using Management Reports & Special Reports

Eric Swanson
Provider User Meeting, 2017
New Orleans, LA



OVERVIEW

- Getting Started with Management Reports
 - Cost Center Comparisons
 - Select Reports
 - Set Tolerance Criteria
- Advanced Features
 - Save Custom Groups
 - Setting and distributing Groups
 - Cost Center Filtering
 - Cost Center Analysis Report
- Special Reports
- Questions



MANAGEMENT REPORTS

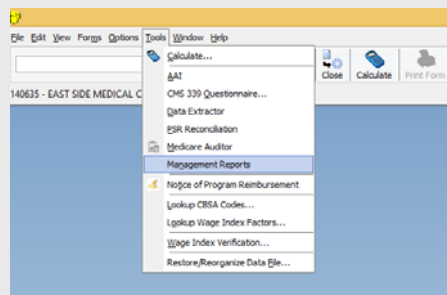
- Systems
 - 2552-10
 - 2540-10
 - 265-11
 - 216-94
- Why
 - Identify aberrant data prior to filing
 - MAC for Audit/Desk Review
 - Can review .mcrx file to .mcax

3



MANAGEMENT REPORTS GETTING STARTED

Current year file open “Tools|Management Report”



Next – select prior year file

4



SETTINGS.....

File Edit View Forms Options Tools Window Help

140635 - EAST SIDE MEDICAL CENTER

Management Reports

Run Reports Settings Select PT File Reports Cost Center Matching Cost Center Filters Save As Group Rename Group Delete Group

Standard Settings Administrative Settings

Current Year

Fiscal Year: 01/01/2014 to 12/31/2014 Days in Year: 365 **1**

Prior Year

Prior Year File: C:\Users\evanston\Documents\Training\2017\11-8 Management Reports\Sample Management Report prior Year.MCRX

File Type: 2552-10 Provider: 140635 - EAST SIDE MEDICAL CENTER

Fiscal Year: 01/01/2013 to 12/31/2013 Days in Year: 365 Days to Days Ratio: 1.000000

Calculated: Yes **3** Calculated on: 7/26/2017 10:23 am **4**

*** Days to Days Ratio:** This ratio is applied to the prior year data in order to make an equivalent comparison to the current year data. Only the prior year data is affected. A Ratio equivalent to 1 means the prior year and current year are within 8 days of each other and no modification is needed. You may use the option below to disregard this ratio and use the data as is.

Options

☒ Force Calculated Files ****** ☒ Print Excluded Lines ******* ☒ Print Tolerance Criteria ☒ Use Days to Days Ratio **5**

**** Force Calculated Files:** If this option is checked then both the Current Year and Prior Year files MUST be calculated before it is allowed to be run. If unchecked then reports will be allowed to run, but may or may not contain values that represent calculated data.

***** Print Excluded Lines:** This option works in conjunction with desired tolerances. If this option is checked then ALL data is displayed whether it exceeds desired tolerance or not. If this option is NOT checked then only data that has exceeded tolerance will be displayed/printed. NOTE: A report may appear blank if this option is checked and no data exceeded desired tolerances.

Menu File **6**

Current Menu File: C:\Users\evanston\Documents\Training\2017\11-8 Management Reports\Sample 255210nrx

1. CR Period & # Days
2. Prior Year File Details
3. Is it Calculated?
4. Days to Days Ratio
5. Options
 - Force Calculated Files
 - Print Excluded Lines
 - *Print Tol. Criteria*
 - *Use Days/Days Ratio*
6. Menu File
 - Open Existing
 - Save Current
 - Reset to Default



COST CENTER MATCHING

MCRF32 - 2552-10 - Version 2.40.132.0 - [Management Reports]

File Edit View Forms Options Tools Window Help

140151 - HOSPITAL

Run Reports Settings Select PT File Reports Screen Cost Center Matching Screen Cost Center Criteria Screen Save As Group Rename Group Delete Group

Current Year Cost Centers

Cost Center	Amount
1.00 - CAP REL COSTS-BLDG & FIXT	(3.00)
2.00 - CAP REL COSTS-MVBLE EQUIP	(4.00)
3.00 - OTHER CAP REL COSTS	(90.00)
4.00 - EMPLOYEE BENEFITS	(5.00)
5.00 - ADMINISTRATIVE & GENERAL	(4.00)
6.00 - MAINTENANCE & REPAIRS	(7.00)
7.00 - OPERATION OF PLANT	(8.00)
8.00 - LAUNDRY & LINEN SERVICE	(9.00)
9.00 - HOUSEKEEPING	(10.00)
10.00 - DIETARY	(11.00)
11.00 - CAFETERIA	(12.00)
12.00 - MAINTENANCE OF PERSONNEL	(13.00)
13.00 - NURSING ADMINISTRATION	(14.00)
14.00 - CENTRAL SERVICES & SUPPLY	(15.00)
15.00 - PHARMACY	(16.00)
16.00 - MEDICAL	(17.00)
17.00 - SOCIAL	(18.00)
18.00 - OTHER	(19.00)
19.00 - HONSHI	(20.00)
20.00 - HONSHI	(21.00)
21.00 - I&S SR	(22.00)
22.00 - I&S SR	(23.00)
23.00 - PARAMED ED PRGM- (SPECIFY)	(24.00)
30.00 - ADULTS & PEDIATRICS	(25.00)
31.00 - INTENSIVE CARE UNIT	(26.00)
32.00 - CORONARY CARE UNIT	(27.00)
33.00 - BURN INTENSIVE CARE UNIT	(28.00)
34.00 - SURGICAL INTENSIVE CARE UNIT	(29.00)
35.00 - OTHER SPECIAL CARE	

Current Year Unmatched Cost Centers

Match To	Cost Center
10.00 - OTHER GENERAL SERVICE (SPECIFY)	
35.00 - OTHER SPECIAL CARE	
42.00 - SUBPROVIDER	
57.00 - CT SCAN	
58.00 - MRI	
59.00 - CARDIAC CATHETERIZATION	
74.00 - OTHER AUXILIARY	
89.00 - FEDERALLY QUALIFIED HEALTH CENTER	
99.10 - CORF	
109.00 - PANCREAS ACQUISITION	
110.00 - INTESTINAL ACQUISITION	

Prior Year Unmatched Cost Centers


Match To	Cost Center
1.00 - OLD CAP REL COSTS-BLDG & FIXT	
2.00 - OLD CAP REL COSTS-MVBLE EQUIP	

Click and drag to match

Prior Year File: H:\10-15 Orlando\Management Reports\HPS CMS T24 TC.mc

0%

Logged in Copyright 2006-2012 by Charles H. Briggs. All rights reserved. H:\10-15 Orlando\Man



COST CENTER MATCHING

MCRIF32 - 2552-10 - Version 9.4

File Edit View Forms Options Tools Window Help

150000 - ST. CATHERINE HOSPITAL

Management Reports


Run Reports Settings Select PY File Reports Cost Center Matching Cost Center Filters Save As Group Rename Group Delete Group

Current Year Cost Centers		
<input checked="" type="checkbox"/>	1.00 - CAP REL COSTS-BLDG & FINT	(1.00)
<input checked="" type="checkbox"/>	2.00 - CAP REL COSTS-MOBILE EQUIP	(2.00)
<input checked="" type="checkbox"/>	3.00 - OTHER CAPITAL RELATED COSTS	(3.00)
<input checked="" type="checkbox"/>	4.00 - EMPLOYEE BENEFITS DEPARTMENT	(4.00)
<input checked="" type="checkbox"/>	4.01 - MAINTENANCE OF PERSONNEL	(4.01)
<input checked="" type="checkbox"/>	5.01 - NONPATIENT TELEPHONES	(5.01)
<input checked="" type="checkbox"/>	5.02 - PURCHASING RECEIVING & STORES	(5.02)
<input checked="" type="checkbox"/>	5.03 - ADMITTING	(5.03)
<input checked="" type="checkbox"/>	5.04 - CASHIERING ACCOUNTS RECEIVABLE	(5.04)
<input checked="" type="checkbox"/>	5.05 - OTHER ADMIN & GENERAL	(5.05)
<input checked="" type="checkbox"/>	6.00	
<input checked="" type="checkbox"/>	7.00	
<input checked="" type="checkbox"/>	7.01	
<input checked="" type="checkbox"/>	8.00	
<input checked="" type="checkbox"/>	9.00	
<input checked="" type="checkbox"/>	10.00	
<input checked="" type="checkbox"/>	11.00	
<input checked="" type="checkbox"/>	12.00	
<input checked="" type="checkbox"/>	13.00	
<input checked="" type="checkbox"/>	14.00 - CENTRAL SERVICES & SUPPLY	(14.00)
<input checked="" type="checkbox"/>	15.00 - PHARMACY	(15.00)
<input checked="" type="checkbox"/>	16.00 - MEDICAL RECORDS & LIBRARY	(16.00)
<input checked="" type="checkbox"/>	17.00 - SOCIAL SERVICE	(17.00)
<input checked="" type="checkbox"/>	19.00 - NONPHYSICIAN ANESTHETISTS	(19.00)
<input checked="" type="checkbox"/>	20.00 - NURSING SCHOOL	(20.00)
<input checked="" type="checkbox"/>	30.00 - ADULTS & PEDIATRICS	(30.00)
<input checked="" type="checkbox"/>	31.00 - INTENSIVE CARE UNIT	(31.00)

Click "Match to" to combine a current year cost center to a prior year (if applicable)

Current Year Unmatched Cost Centers	
Match To	Cost Center
	7.01 - OPERATION OF PLANT BLDG TWO

Prior Year Unmatched Cost Centers	
Match To	Cost Center



MANAGEMENT REPORTS

MCRIF32 - 2552-10 - Version 2.40.1120 - (Management Reports)

File Edit View Forms Options Tools Window Help

140351 - HOSPITAL

Fiscal Year: 07/01/2011 to 06/30/2012 Calculated

Management Reports

Run Reports Settings Select PY File Reports Screen Cost Center Matching Screen Cost Center Criteria Screen Save As Group Rename Group Delete Group

All Reports

- Report Groups
- Financial Reports
- Worksheet A Series
- Worksheet B Series
- Worksheet C Series
- Worksheet D Series
- Worksheet E Series
- Worksheet F Series
- Worksheet G Series
- Worksheet H Series
- Worksheet I Series
- Worksheet J Series

Selected Reports

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

Tolerance Criteria

Global Tolerance

Unit Difference

Percent Difference

Difference of Percent

Medicare Reimbursement Impact

Medicaid Reimbursement Impact

Capital Cost Center Tolerance Criteria Override

Unit Difference

Percent Difference

Medicare Reimbursement Impact

Medicaid Reimbursement Impact

Prior Year File: H:\10-15 Orlando\Management Reports\T-3 HFS Test Case prior year.mcr 0%

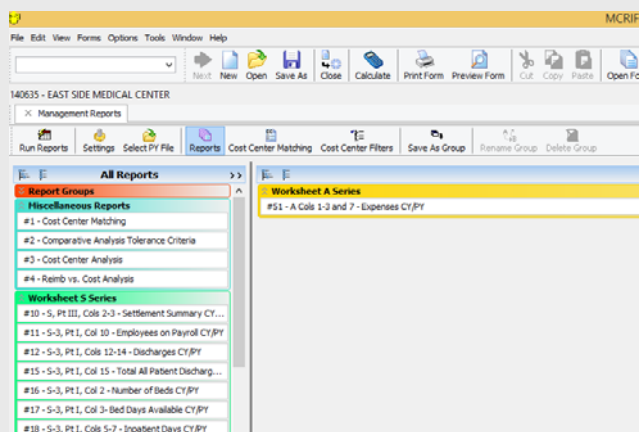
Logged in Opens the Management Reports tool.

H:\10-15 Orlando\Management Reports\T-3 HFS Test Case.mcr 2552-10



MANAGEMENT REPORTS

Select then “Run Reports”

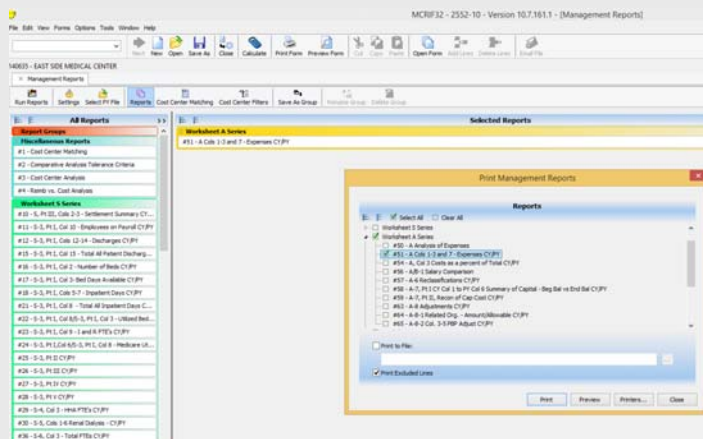


9



MANAGEMENT REPORTS

Or “File|Print” reports




10



SETTING TOLERANCE CRITERIA

[illegible]



INDIVIDUALLY -

Tolerance

Global Tolerance

Unit Difference

Percent Difference

Difference of Percents

Medicare Reimbursement Impact

Medicaid Reimbursement Impact

2000.00

END

Capital Cost Center Tolerance Criteria Override

Unit Difference

Percent Difference

Medicare Reimbursement Impact


Medicaid Reimbursement Impact

Cost Center Filters

Custom Filter

Report S1 Filter

13



OR GLOBALLY

Tolerance

Global Tolerance

Apply

All Reports

Selected Reports

Unit Difference

Percent Difference

Difference of Percents

Medicare Reimbursement Impact

Medicaid Reimbursement Impact

1000.00

END

Capital Cost Center Tolerance Criteria Override

Unit Difference

Percent Difference

Medicare Reimbursement Impact

Medicaid Reimbursement Impact

Cost Center Filters

Custom Filter

Report S1 Filter

14

REPORT GROUPINGS

MCRF32 - 2552-10 - Version 2.40.132.0 - [Management Reports]

File Edit View Forms Options Tools Window Help

Management Reports

140151 - HOSPITAL

Run Reports Settings Select PY File Reports Screen Cost Center Matching Screen Cost Center Criteria Screen Save As Group Rename Group Delete Group

All Reports

Report Groups

IME/GME

WTB Review

Miscellaneous Reports

Worksheet S Series

#11 - S-3, PT I, Col 10 - Employees on Payroll CY/PY

#12 - S-3, PT I, Cols 12-14 - Discharges CY/PY

#15 - S-3, PT I, Col 15 - Total All Patient Discharg...

#16 - S-3, PT I, Col 2 - Number of Beds CY/PY

#17 - S-3, PT I, Col 3 - Bed Days Available CY/PY

#18 - S-3, PT I, Cols 5-7 - Inpatient Days CY/PY

#21 - S-3, PT I, Col 8 - Total All Inpatient Days C...

#22 - S-3, PT I, Col 8/5-3, PT I, Col 3 - Utilized Bed...

#23 - S-3, PT I, Col 9 - I and R FTE's CY/PY

#24 - S-3, PT I, Col 6/5-3, PT I, Col 8 - Medicare Ut...

#25 - S-3, PT II CY/PY

#26 - S-3, PT III CY/PY

#27 - S-3, PT IV CY/PY

#28 - S-3, PT V CY/PY

#29 - S-4, Col 3 - HHA FTE's CY/PY

#30 - S-5, Cols 1-6 Renal Dialysis - CY/PY

Selected Reports

Worksheet S Series

#16 - S-3, PT I, Col 2 - Number of Beds CY/PY

#17 - S-3, PT I, Col 3 - Bed Days Available CY/PY

Worksheet E Series

#143 - E, PT A CY/PY

#154 - E-4 GME CY/PY

• Save as/Rename/Remove

• Tolerance criteria saved with groups

Prior Year File: H:\10-15 Orlando\Management Reports\HFS CMS T24 TC.mcr 0%

Logged in H:\10-15 Orlando\Management Reports\HFS CMS T24 TC.mcr H:\10-15 Orlando\Manage

SAVING SETTINGS/GROUPINGS

MCRF32 - 2552-10 - Version 2.40.132.0 - [Management Reports]

File Edit View Forms Options Tools Window Help

Management Reports

140151 - HOSPITAL

Run Reports Settings Select PY File Reports Screen Cost Center Matching Screen Cost Center Criteria Screen Save As Group Rename Group Delete Group

Current Year

Fiscal Year: 07/01/2011 to 06/30/2012 Days in Year: 366

Prior Year

Prior Year File: H:\10-15 Orlando\Management Reports\HFS CMS T24 TC.mcr

File Type: 2552-96 Provider: 140635 - HOSPITAL

Fiscal Year: 04/01/2010 to 03/31/2011 Days in Year: 365 Days to Days Ratio: 1.000000

Calculated: Yes

Options

☒ Force Calculated Files ** ☒ Print Excluded Lines ***

***Force Calculated Files: If this option is checked then both the Current Year and Prior Year files MUST be calculated before a report is allowed to be run. If unchecked then reports will be allowed to run, but may or may not contain values that represent calculated data.

***Print Excluded Lines: This option works in conjunction with desired tolerances. If this option is checked then ALL data is displayed whether it exceeds desired tolerance or not. If this option is NOT checked then only data that has exceeded tolerance will be displayed/printed. NOTE: A report may appear blank if this option is checked and no data exceeded desired tolerances.

Menu File

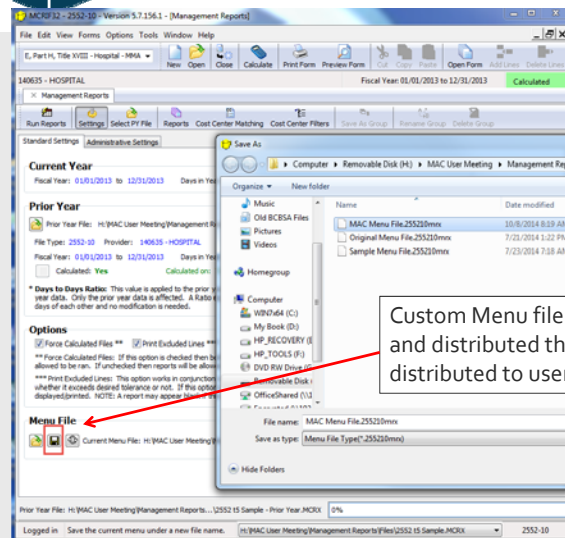
Current Menu File: C:\MCRF32-master\test\myfile-255210mrx

Prior Year File: H:\10-15 Orlando\Management Reports\HFS CMS T24 TC.mcr 0%

Logged in H:\10-15 Orlando\Management Reports\HFS CMS T24 TC.mcr H:\10-15 Orlando\Manage



MANAGEMENT REPORTS SAVING MENU FILE

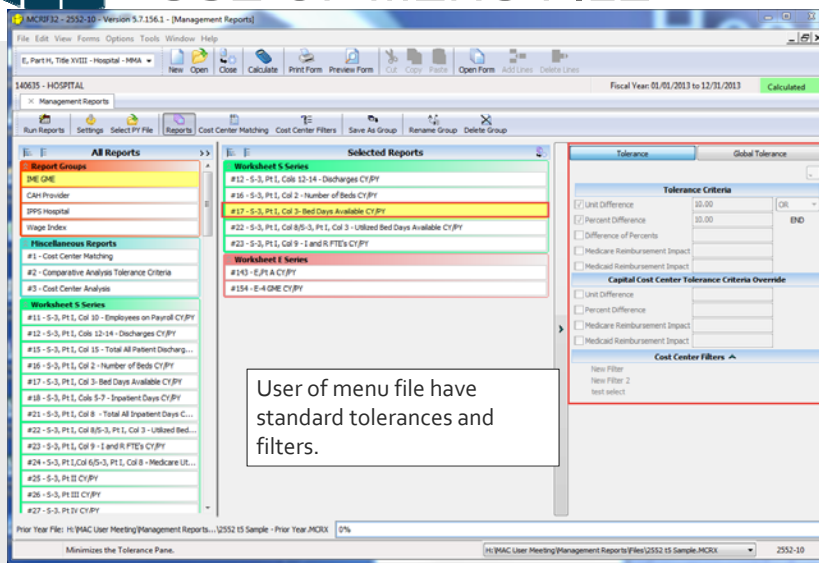


Custom Menu file can then be saved and distributed through net sync or distributed to users.

17



MANAGEMENT REPORTS USE OF MENU FILE



User of menu file have standard tolerances and filters.

18



MANAGEMENT REPORTS

• Menu File Name Prints on Footer

31.00	Employee discount days - IMF	0.00	0.00	0.00	0.00	31.00
32.00	Labor & delivery days (see instructions)	0.00	0.00	0.00	0.00	32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)	0.00	0.00	0.00	0.00	32.01
33.00	LTC non-covered days	0.00	0.00	0.00	0.00	33.00

Current Year: C:\Users\Eric\Documents\Training\2014\12-10 Management Reports\2552 to Sample.MCRX
 Prior Year: C:\Users\Eric\Documents\Training\2014\12-10 Management Reports\2552 to Sample - Prior Year.MCRX
 Menu File: C:\Users\Eric\Documents\Training\2014\12-10 Management Reports\Sample Menu File.255210mrx

MCRX32 - 6.1.156.4

* = Tolerances Exceeded

1 | Page

19



COST CENTER FILTERING

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

20

SELECT A REPORT AND COLUMN

The screenshot shows the HF Management Reports software interface. The title bar indicates 'MCRIF32 - 2552-10 - Version 5.7.156.1 - [Management Reports]'. The menu bar includes File, Edit, View, Forms, Options, Tools, Window, and Help. The toolbar contains icons for New, Open, Close, Calculate, Print Form, Preview Form, Cut, Copy, Paste, Open Form, Add Lines, and Delete Lines. The main window displays '140635 - HOSPITAL' and 'Management Reports'. The 'Cost Center Filters' tab is active, showing a 'Demo Filter' dialog box. The dialog box has a 'Filters' pane on the left and a 'Demo Filter' pane on the right. The 'Demo Filter' pane contains the following settings:

- Choose the report to base the filter on: #80 - B, Part I Percent to Total Comparison
- Select page from report: (dropdown)
- Choose column from report: 2.00 - Percent to Total
- Operation: > (greater than)
- From: 1.000
- To: (empty)

The 'Demo Filter' pane also displays a list of cost center descriptions with checkboxes:

Line	Cost Center Description
<input type="checkbox"/> 20.00	NURSING SCHOOL
<input type="checkbox"/> 21.00	I&R SERVICES-SALARY & FRINGES APPRV
<input type="checkbox"/> 22.00	I&R SERVICES-OTHER PRGM COSTS APPRV
<input type="checkbox"/> 23.00	PARAMED ED PRGM-(SPECIFY)
<input checked="" type="checkbox"/> 30.00	ADULTS & PEDIATRICS
<input checked="" type="checkbox"/> 31.00	INTENSIVE CARE UNIT
<input checked="" type="checkbox"/> 32.00	CORONARY CARE UNIT
<input checked="" type="checkbox"/> 33.00	BURN INTENSIVE CARE UNIT
<input type="checkbox"/> 34.00	SURGICAL INTENSIVE CARE UNIT
<input type="checkbox"/> 35.00	OTHER SPECIAL CARE (SPECIFY)
<input checked="" type="checkbox"/> 40.00	SUBPROVIDER - IPF
<input checked="" type="checkbox"/> 41.00	SUBPROVIDER - IRF
<input type="checkbox"/> 42.00	SUBPROVIDER
<input type="checkbox"/> 43.00	NURSERY
<input type="checkbox"/> 44.00	SKILLED NURSING FACILITY
<input type="checkbox"/> 45.00	NURSING FACILITY

SET UP TOLERANCE

The screenshot shows the HF Management Reports software interface. The title bar indicates 'MCRIF32 - 2552-10 - Version 5.7.156.1 - [Management Reports]'. The menu bar includes File, Edit, View, Forms, Options, Tools, Window, and Help. The toolbar contains icons for New, Open, Close, Calculate, Print Form, Preview Form, Cut, Copy, Paste, Open Form, Add Lines, and Delete Lines. The main window displays '140635 - HOSPITAL' and 'Management Reports'. The 'Cost Center Filters' tab is active, showing a 'Demo Filter' dialog box. The dialog box has a 'Filters' pane on the left and a 'Demo Filter' pane on the right. The 'Demo Filter' pane contains the following settings:

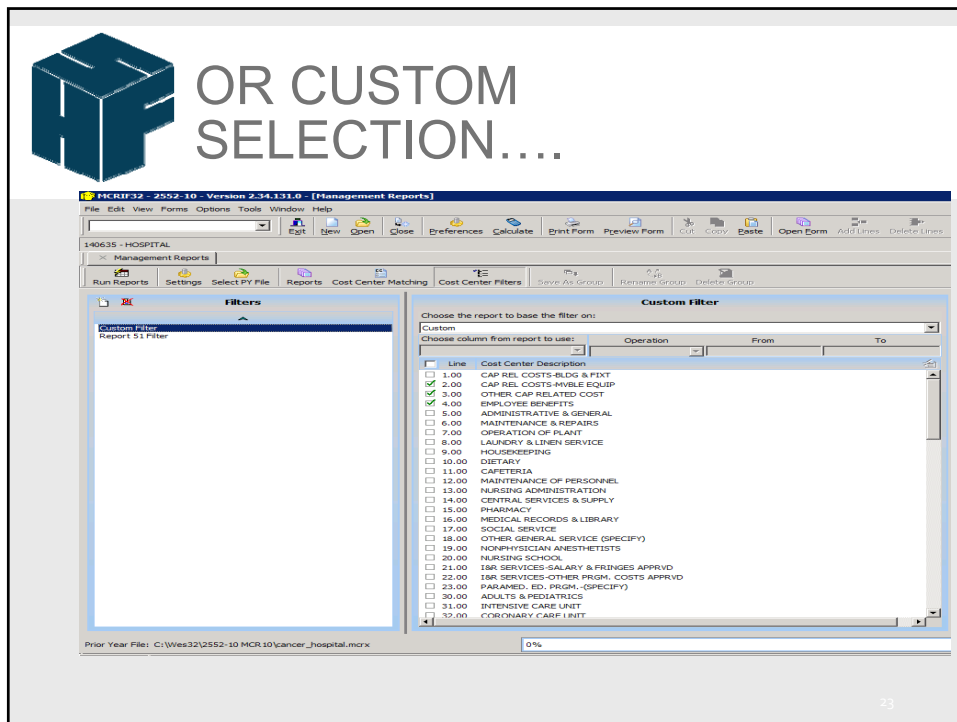
- Choose the report to base the filter on: #80 - B, Part I Percent to Total Comparison
- Select page from report: (dropdown)
- Choose column from report: 2.00 - Percent to Total
- Operation: > (greater than)
- From: 1.000
- To: (empty)

The 'Demo Filter' pane also displays a list of cost center descriptions with checkboxes:

Line	Cost Center Description
<input type="checkbox"/> 20.00	NURSING SCHOOL
<input type="checkbox"/> 21.00	I&R SERVICES-SALARY & FRINGES APPRV
<input type="checkbox"/> 22.00	I&R SERVICES-OTHER PRGM COSTS APPRV
<input type="checkbox"/> 23.00	PARAMED ED PRGM-(SPECIFY)
<input checked="" type="checkbox"/> 30.00	ADULTS & PEDIATRICS
<input checked="" type="checkbox"/> 31.00	INTENSIVE CARE UNIT
<input checked="" type="checkbox"/> 32.00	CORONARY CARE UNIT
<input checked="" type="checkbox"/> 33.00	BURN INTENSIVE CARE UNIT



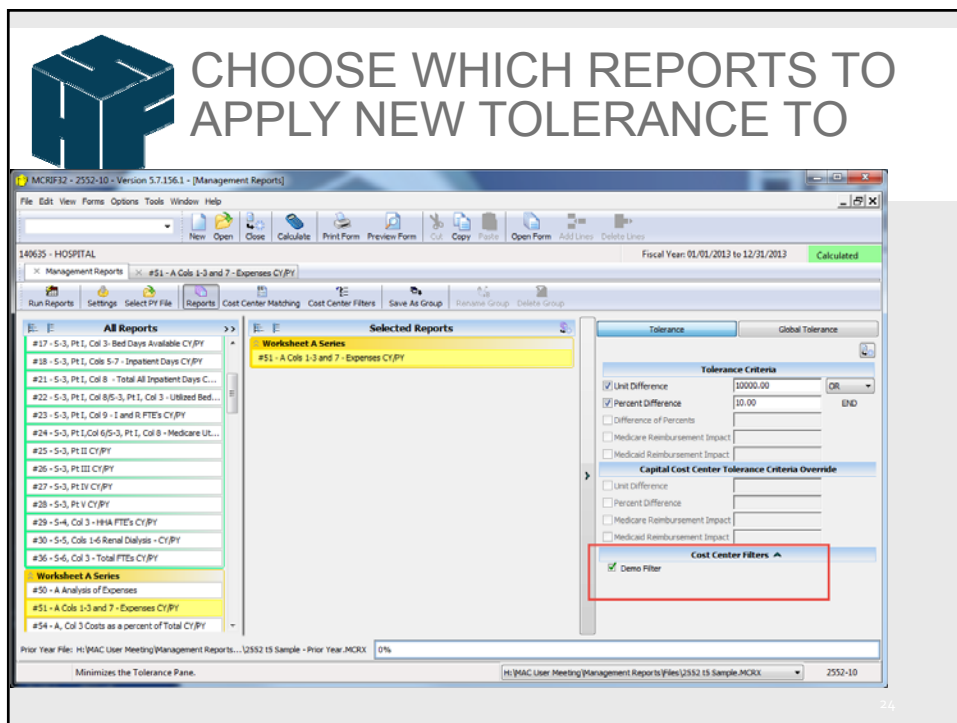
OR CUSTOM SELECTION....



23



CHOOSE WHICH REPORTS TO APPLY NEW TOLERANCE TO



24



MANAGEMENT REPORT GROUPS MISCELLANEOUS REPORTS

Miscellaneous Reports

#1 - Cost Center Matching

#2 - Comparative Analysis Tolerance Criteria

#3 - Cost Center Analysis

#4 - Reimb vs. Cost Analysis

25



COST CENTER MATCHING

Cost Center Matching					Report #1
Provider Information		Period From	Period To	Number Of Days	Days to Days Ratio
Current Year Provider: 140635 - EAST SIDE MEDICAL CENTER		1.00	2.00	3.00	4.00
Prior Year Provider: 140635 - EAST SIDE MEDICAL CENTER		01/01/2014	12/31/2014	365	
		01/01/2013	12/31/2013	365	1.00
Current Year Cost Center Description		Line	Prior Year Cost Center Description		
1.00 CAP REL COSTS-BLDG & FIXT		1.00	CAP REL COSTS-BLDG & FIXT		
2.00 CAP REL COSTS-MVBLE EQUIP		2.00	CAP REL COSTS-MVBLE EQUIP		
3.00 OTHER CAP REL COSTS		3.00	OTHER CAP REL COSTS		
4.00 EMPLOYEE BENEFITS DEPARTMENT		4.00	EMPLOYEE BENEFITS DEPARTMENT		
5.00 ADMINISTRATIVE & GENERAL		5.00	ADMINISTRATIVE & GENERAL		
6.00 MAINTENANCE & REPAIRS		6.00	MAINTENANCE & REPAIRS		
7.00 OPERATION OF PLANT		7.00	OPERATION OF PLANT		
8.00 LAUNDRY & LINEN SERVICE		8.00	LAUNDRY & LINEN SERVICE		
9.00 HOUSEKEEPING		9.00	HOUSEKEEPING		
10.00 DIETARY		10.00	DIETARY		
11.00 CAFETERIA		11.00	CAFETERIA		
12.00 MAINTENANCE OF PERSONNEL		11.01	CAFETERIA/AVENDING MACHINES		
13.00 NURSING ADMINISTRATION		12.00	MAINTENANCE OF PERSONNEL		
14.00 CENTRAL SERVICES & SUPPLY		13.00	NURSING ADMINISTRATION		
15.00 PHARMACY		14.00	CENTRAL SERVICES & SUPPLY		
16.00 MEDICAL RECORDS & LIBRARY		15.00	PHARMACY		
17.00 SOCIAL SERVICE		16.00	MEDICAL RECORDS & LIBRARY		
18.00 OTHER GENERAL SERVICE (SPECIFY)		17.00	SOCIAL SERVICE		
19.00 NONPHYSICIAN ANESTHETISTS		18.00	OTHER GENERAL SERVICE (SPECIFY)		
20.00 NURSING SCHOOL		19.00	NONPHYSICIAN ANESTHETISTS		
21.00 NRS SERVICES-SALARY & FRINGES APPRV		20.00	NURSING SCHOOL		
22.00 NRS SERVICES-SALARY & FRINGES APPRV		21.00	NRS SERVICES-SALARY & FRINGES APPRV		
23.00 NRS SERVICES-SALARY & FRINGES APPRV		22.00	NRS SERVICES-SALARY & FRINGES APPRV		

26



TOLERANCE CRITERIA

Comparative Analysis Tolerance Criteria			Report #2
Provider Information		Period From	Period To
Current Year Provider: 140635 - EAST SIDE MEDICAL CENTER		1.00	2.00
		01/01/2014	12/31/2014
Report Name		Amount	Operation
#10 - S-3, Pt III, Cols 2-3 - Settlement Summary CY/PY			
None Specified			
#11 - S-3, Pt I, Col 10 - Employees on Payroll CY/PY			
None Specified			
#12 - S-3, Pt I, Cols 12-14 - Discharges CY/PY			
None Specified			
#15 - S-3, Pt I, Col 15 - Total All Patient Discharges CY/PY			
None Specified			
#16 - S-3, Pt I, Col 2 - Number of Beds CY/PY			
Unit Difference		10.00	OR
Percent Difference		10.00	END
#17 - S-3, Pt I, Col 3 - Bed Days Available CY/PY			
Unit Difference		500.00	OR
Percent Difference		10.00	END
#18 - S-3, Pt I, Cols 5-7 - Inpatient Days CY/PY			
Unit Difference		500.00	OR
Percent Difference		10.00	END

27



COST CENTER ANALYSIS

MCR32 - 2552-10 - Version 5.7.156.1 (Adjusted Report) - [Management Reports]

File Edit View Forms Options Tools Window Help

A-5 - Adjustments to Expenses

390027 - TEMPLE UNIVERSITY HOSPITAL

Fiscal Year: 07/01/2011 to 06/30/2012

Calculated

Management Reports #51 - A Cols 1-3 and 7 - Expenses CY/PY #3 - Cost Center Analysis

Run Reports Settings Select PY File Reports Cost Center Matching Cost Center Filters Save As Group Rename Group Delete Group

All Reports

Report Groups

Miscellaneous Reports

#1 - Cost Center Matching

#2 - Comparative Analysis Tolerance Criteria

#3 - Cost Center Analysis

Worksheet 5-Series

#11 - S-3, Pt I, Col 10 - Employees on Payroll CY/PY

#12 - S-3, Pt I, Cols 12-14 - Discharges CY/PY

#15 - S-3, Pt I, Col 15 - Total All Patient Discharge...

#16 - S-3, Pt I, Col 2 - Number of Beds CY/PY

#17 - S-3, Pt I, Col 3 - Bed Days Available CY/PY

#18 - S-3, Pt I, Cols 5-7 - Inpatient Days CY/PY

#21 - S-3, Pt I, Col 8 - Total All Inpatient Days C...

#22 - S-3, Pt I, Col 8/5-3, Pt I, Col 3 - Utilized Bed...

Selected Reports

Miscellaneous Reports

#3 - Cost Center Analysis

Tolerance Global Tolerance

Tolerance Criteria

☐ Unit Difference

☐ Percent Difference

☐ Difference of Percents

☐ Medicare Reimbursement Impact

☐ Medicaid Reimbursement Impact

Capital Cost Center Tolerance Criteria Override

☐ Unit Difference

☐ Percent Difference

☐ Medicare Reimbursement Impact

☐ Medicaid Reimbursement Impact

Cost Center Filters

☐ Demo Filter

Prior Year File: H:\MAC User Meeting\Management Reports... \2552 15 Sample - Prior Year-MCRX 0%

Minimizes the Tolerance Pane.

C:\Users\Enc\Documents\Temp\view folder (243) new level one\A0_390027_06 2552-10

28

Cost Center Analysis

Report #3

Provider Information	Period From	Period To	Number Of Days	Days to Days Ratio	5.00	6.00	7.00
A-9-2 PBP Adjustments	0	0	0	0			
A-9-3							
B. Cost to be Allocated (Column 6)	2,031,895	1,926,262	105,593	5			
B. Allocated Cost by Cost Center							
Description	Current Year	Percent of Total	Prior Year	Percent of Total	Difference	Percent Change	Flagged
1.00 CAP REL COSTS-BLDG & FCT	35,911	8.54	32,836	8.32	7,275	22.28	
2.00 CAP REL COSTS-MVBLE EQUIP	34,206	7.34	33,795	9.59	563	1.67	
4.00 EMPLOYEE BENEFITS DEPARTMENT	41,177	8.02	39,101	9.37	2,076	5.31	
5.00 ADMINISTRATIVE & GENERAL	37,450	8.02	36,168	9.22	1,282	3.54	
7.00 OPERATION OF PLANT	77,236	16.53	66,181	16.87	11,055	16.70	
8.00 LAUNDRY & LINEN SERVICE	33,431	7.17	31,607	8.08	1,804	5.69	
9.00 HOUSEKEEPING	25,113	5.38	23,833	6.08	1,280	5.37	
11.00 CAFETERIA	30,783	6.59	25,503	6.61	4,880	18.75	
12.00 MAINTENANCE OF PERSONNEL	6,546	1.47	0	0.00	6,546	100.00	
13.00 NURSING ADMINISTRATION	13,179	2.82	12,281	3.13	898	7.32	
14.00 CENTRAL SERVICES & SUPPLY	20,588	4.39	0	0.00	20,588	100.00	
15.00 PHARMACY	2,059	0.44	0	0.00	2,059	100.00	
20.00 NURSING SCHOOL	43,269	9.25	32,344	8.25	10,925	33.78	
21.00 IIR SERVICES-SALARY & FRINGES APPRV	45,625	9.77	43,008	10.96	2,617	6.08	
22.00 IIR SERVICES-OTHER PRGM COSTS APPRV	16,206	3.47	15,371	3.92	835	5.43	
Total Cost Allocated	467,121		392,250		74,871	19.09	
B-1. Statistic							
Description	Current Year	Prior Year	Difference	Percent Change	Flagged		
1.00 CAP REL COSTS-BLDG & FCT	20,575	20,575	0	0			
2.00 CAP REL COSTS-MVBLE EQUIP	34,725	34,725	0	0			
4.00 EMPLOYEE BENEFITS DEPARTMENT	1,207,591	1,207,591	0	0			
5.00 ADMINISTRATIVE & GENERAL	2,147,211	2,031,704	115,505	6			
7.00 OPERATION OF PLANT	20,575	20,575	0	0			
8.00 LAUNDRY & LINEN SERVICE	35,391	35,391	0	0			
9.00 HOUSEKEEPING	3,558	3,558	0	0			
11.00 CAFETERIA	31,853	31,853	0	0			
12.00 MAINTENANCE OF PERSONNEL	32	0	32	100			
13.00 NURSING ADMINISTRATION	15	15	0	0			
14.00 CENTRAL SERVICES & SUPPLY	9,317	0	9,317	100			
15.00 PHARMACY	1,488	0	1,488	100			
20.00 NURSING SCHOOL	80	80	0	0			
21.00 IIR SERVICES-SALARY & FRINGES APPRV	11,009	11,009	0	0			
22.00 IIR SERVICES-OTHER PRGM COSTS APPRV	11,009	11,009	0	0			
C							
C. Charges (Column 6)	3,367,683	3,745,933	-378,250	-10			
C. Cost to Charge Ratio (Column 11)	0.72888	0.60356	0.12033	19.94360			

Cost Centers
presented as tabs

1.00. CAP REL COSTS-BLDG & FCT ; 11.00. CAFETERIA ; 30.00. ADULTS & PEDIATRICS ; 50.00. OPERATING ROOM

29

Cost Centers
presented as tabs

Comparative Analysis Tolerance Criteria				Report #2
Provider Information		Period From	Period To	Number Of Days
Current Year Provider: 140635 - EAST SIDE MEDICAL CENTER		1.00	2.00	3.00
Report Name		01/01/2014	12/31/2014	365.00
		Amount	Operation	
#10 - S, Pt III, Cols 2-3 - Settlement Summary CY/PY				
None Specified				
#11 - S-3, Pt I, Col 10 - Employees on Payroll CY/PY				
None Specified				
#12 - S-3, Pt I, Cols 12-14 - Discharges CY/PY				
None Specified				
#15 - S-3, Pt I, Col 15 - Total All Patient Discharges CY/PY				
None Specified				
#16 - S-3, Pt I, Col 2 - Number of Beds CY/PY				
Unit Difference		10.00	OR	
Percent Difference		10.00	END	
#17 - S-3, Pt I, Col 3- Bed Days Available CY/PY				
Unit Difference		500.00	OR	
Percent Difference		10.00	END	
#18 - S-3, Pt I, Cols 5-7 - Inpatient Days CY/PY				
Unit Difference		500.00	OR	
Percent Difference		10.00	END	



MANAGEMENT REPORT GROUPS WORKSHEET S REPORTS

Worksheet S Series

#11 - S-3, Pt I, Col 10 - Employees on Payroll CY/PY
#12 - S-3, Pt I, Cols 12-14 - Discharges CY/PY
#15 - S-3, Pt I, Col 15 - Total All Patient Discharges CY/PY
#16 - S-3, Pt I, Col 2 - Number of Beds CY/PY
#17 - S-3, Pt I, Col 3 - Bed Days Available CY/PY
#18 - S-3, Pt I, Cols 5-7 - Inpatient Days CY/PY
#21 - S-3, Pt I, Col 8 - Total All Inpatient Days CY/PY
#22 - S-3, Pt I, Col 8/S-3, Pt I, Col 3 - Utilized Bed Days Available CY/PY
#23 - S-3, Pt I, Col 9 - I and R FTE's CY/PY
#24 - S-3, Pt I, Col 6/S-3, Pt I, Col 8 - Medicare Utilization - IP Days CY/PY
#25 - S-3, Pt II CY/PY
#26 - S-3, Pt III CY/PY
#27 - S-3, Pt IV CY/PY
#28 - S-3, Pt V CY/PY
#29 - S-4, Col 3 - HHA FTE's CY/PY
#30 - S-5, Cols 1-6 Renal Dialysis - CY/PY
#36 - S-6, Col 3 - Total FTEs CY/PY

**All Prior year to
Current Year**

31



MANAGEMENT REPORT GROUPS WORKSHEET A REPORTS

Worksheet A Series

#50 - A Analysis of Expenses
#51 - A Cols 1-3 and 7 - Expenses CY/PY
#54 - A, Col 3 Costs as a percent of Total CY
#56 - A/B-1 Salary Comparison
#57 - A-6 Reclassifications CY/PY
#58 - A-7, Pt I CY Col 1 to PY Col 6 Summary
#59 - A-7, Pt II, Recon of Cap Cost CY/PY
#63 - A-8 Adjustments CY/PY
#64 - A-8-1 Related Org. - Amount/Allowable CY/PY
#65 - A-8-2 Col. 3-5 PBP Adjust CY/PY

Most PY/CY

Report #50 analysis of each line of WS A

**Report #56 compares WS A Salaries to
B-1 Statistic**

32



MANAGEMENT REPORT GROUPS WORKSHEET B REPORTS

Worksheet B Series

#80 - B, Part I Percent to Total Comparison

#81 - B, Pt I, Col 26 Costs after Step Down CY/PY

#82 - B, Pt II Direct Capital CY/PY

#83 - B-1 Statistical Analysis

#84 - B-1 Statistical Basis Code and Description CY

#85 - B-1 Statistics CY/PY

#86 - B-1 Line 203 - UCM CY/PY

Most PY/CY

Report #60 reports % to total of each cost center after step down.

33



MANAGEMENT REPORT GROUPS WORKSHEET C REPORTS

Worksheet C Series

#90 - C and D Revenue Analysis

#91 - C, Part I, Title V, col. 8 Total Charges CY/PY

#92 - C, Part I, Title XIX, col. 8 Total Charges CY

#93 - C, Part I, Title XVIII, col. 8 Total Charges C

#94 - C, Part I/D, Part V OP Medicare Utilization C

#95 - C, Part I/D-3 IP Medicare Utilization CY/PY

#96 - C, Pt I, Col 10 - INP Cost to Charge Ratio - TEFRA CY/PY

#97 - C, Pt I, Col 11 - Inp Cost to Charge Ratio - PPS CY/PY

#98 - C, Pt I, Col 9 - INP Cost to Charge Ratio - Other CY/PY

#99 - C, Pt II, XIX Col 8 - O/P Cost/Charge Ratio Analysis CY/PY

#100 - C, Pt II, V Col 8 - O/P Cost/Charge Ratio Analysis CY/PY

#101 - C, Part I/D Part V - CAH O/P Medicare Utilization CY/PY

Most PY/CY

Report #90 a Medicare Revenue utilization report.

34



MANAGEMENT REPORT GROUPS WORKSHEET D REPORTS

Worksheet D Series

#110 - D, Pt V, Col 2+3+4 Total Outpatient Charges CY/PY
#111 - D, Part V O/P Charges - CY/PY
#112 - D-3 Inpatient Charges CY/PY
#114 - D-1 Per Diems CY/PY
#115 - D-2, Pt I, Col 3 -I and R Svcs Program Acquisition Days CY/PY
#116 - D-3, Col 2 % to Total Inp Charges CY/PY
#117 - D-3, D-1, S-3 Rate Analysis
#118 - D-4, Pt I, Col 1 I/P Routine Organ Charges CY/PY
#119 - D-4, Pt I, Col 2 I/P Routine Organ Acq Ancillary Charges CY/PY
#120 - D-4, Pt I, Col 3 I/P Organ Acquisition Days CY/PY
#121 - D-4, Pt I, Col 3 I/P Routine Organ Acq Ancillary Costs CY/PY
#122 - D-4, Pt I, Col 4 I/P Organ Acquisition Costs CY/PY
#123 - D-4, Pt III, Line 69, Cols 1 and 3 Net Organ Acq Costs and Chrgs CY/PY
#124 - D-4, Pt IV, Col 1 Organ Acq Stats - Living Related CY/PY
#125 - D-4, Pt IV, Col 2 Organ Acq Stats - Cadaveric CY/PY
#126 - D-4, Pt IV, Col 3 Organ Acq Stats - Revenue CY/PY

All PY/CY

35



MANAGEMENT REPORT GROUPS ADDITIONAL WORKSHEET REPORTS

Worksheet G Series

#170 - G Balance Sheet Cols 1-4 CY/PY

Worksheet H Series

#180 - H-2, Pt I, Col 27 - Allocation of HHA A and G Costs CY/PY
#181 - H-3, Pt I Medicare Utilization CY/PY
#182 - H-3, Pt I XVIII Drug Charges % to Total C
#183 - H-3, Pt I, Col 4 Med Sup and Drugs TTL C
#184 - H-3, Pt I, Col 4, lines 1-7 - HHA Total Visits CY/PY
#185 - H-3, Pt I, Col 5 - Average Cost Per Visit HHA CY/PY
#186 - H-3, Pt I, Cols (6+7)/4, Lines 1-6 - HHA Title XVIII Visits CY/PY

Limited reports for additional
Worksheets PY/CY

Worksheet I Series

#200 - I-1, Col 1 Dialysis Department Costs CY/PY
#201 - I-3, Cols 1-8 - Statistics CY/PY
#209 - I-4, Col 1, 3, 4, 7 Dialysis Avg Cost/Treatment CY/PY

Worksheet J Series

#230 - J-1, Pt I Costs % to Total CY/PY
#231 - J-1, Pt II Alloc Statistics % to Total CY/PY
#232 - J-2, Pt 1, Col 2 Charges % To Total - CY/PY
#233 - J-2, Pt II, Col 3 CCR - CY/PY

36



SPECIAL REPORTS

37



SPECIAL REPORTS

- Located at the bottom of the forms list

Open Forms

Form	Description
<input type="checkbox"/> O-6, Part I	Cost Allocation - Hospital-Based Hospice General Serv...
<input type="checkbox"/> O-6, Part II	Cost Allocation - Hospital-Based Hospice General Serv...
<input type="checkbox"/> O-7	Apportionment Of Hospital-Based Hospice Shared Ser...
<input type="checkbox"/> O-8	Calculation Of Hospital-Based Hospice Per Diem Cost
<input checked="" type="checkbox"/> HCRIS	Summary Report
<input type="checkbox"/> IER	Import Error Report
<input type="checkbox"/> 700 Report	ECR Comparison Report
<input type="checkbox"/> 800 Report	MCRX Comparison Report
<input checked="" type="checkbox"/> SR 902	Intermittent and Residents to Beds Ratio Report
<input type="checkbox"/> SR 903	Long-Term Care Report
<input type="checkbox"/> SR 905	CAH Medicare Impact Report
<input type="checkbox"/> SR 909	CAH RCC Calculation with Bad Debits Report
<input type="checkbox"/> SR 910	CAH RCC Calculation Report
<input checked="" type="checkbox"/> SR 911	Psych Rate Report
<input type="checkbox"/> SR 913	CAH 96 Hr Verification Report
<input type="checkbox"/> SR 916	OPIIS RCC Report
<input checked="" type="checkbox"/> SR 917	Cost to Charge Ratio Report
<input checked="" type="checkbox"/> SR 918	Pass Thru Per Diem Report
<input type="checkbox"/> SR 920	Special Rehab Hospital PPS Report
<input type="checkbox"/> SR 921	HITTECH FISS Data Report
<input type="checkbox"/> SR 922	HITTECH FISS Data Report - Finalized Report
<input type="checkbox"/> SR 923	BRS to Cost Report Validations

Components

No components for the selected form.

38



SPECIAL REPORTS

- The main change in Special Reports was the addition of the SR923 for the comparison between the cost report FTEs and IRIS.
- We do issue level II edits on 2552-10 reports identifying that the SR923 FTEs are not in agreement to the IRIS amounts which are to be input or imported from HFS IRIS csv file.

39



SPECIAL REPORTS

SR 923 - IRIS to Cost Report Validation

	A	B	C	D	E	F	G	H	I	J	K
1	SPECIAL REPORTS - IRIS to Cost Report Validation					Provider CCN: 330181	Period From: 01/01/2014 To: 12/31/2014	IRIS to Cost Report Validation			
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											

40



SPECIAL REPORTS

- The edits can be ignored as this requirement is not in affect at this time from CMS, however, you may want to ensure your reviews do agree to your audit adjustments.

4.1



SPECIAL REPORTS

- We will program updates to the Special Reports to incorporate the 10-1-17 statewide averages, ceilings, etc. When Change requests available.

4.2



SPECIAL REPORTS

- Below are the Special Reports for PPS Hospitals along with the FISS references for each report:
 - SR902 – Teaching Hospital Rates
 - FISS 42 Screen Fields on the report are Intern/Bed Ratio and CAP/IME Ratio
 - SR916 – OPPS RCC Report
 - FISS 4A Screen Field on the report is “Cost to Charge Ratio”
 - We also include bed size along with computing non-OPPS cost to charge ratio that should be placed on FISS 41 screen page 3.
 - D15300 - Special Reports - Corrected an issue with SR916 - OPPS CCR report, we were not picking up the Device Credit Cost in Section IV, for Cancer and Children's hospitals.
 - D15000 - Special Reports - Corrected an issue with SR916 - OPPS RCC Report when the RCC is over the threshold (line 213), we were showing the threshold amount rather than the computed RCC and not flagging this to be over and that the statewide average is also now flagged to be used.
 - D14587 - Special Reports - Added the Implantable Device Cost - Charge Ratio to SR916 per CR9675.

43



SPECIAL REPORTS

• SR902 – Teaching Hospital Rates

SPECIAL REPORTS - Interns & Residents to Beds Ratio Report		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	Worksheet Interns & Residents to Beds Ratio Report
				1.00
Subject: Interns & Residents to Beds Ratio Update (Operating IME)				
Interns & Residents to Average Daily Census Ratio Update (Capital IME)				
Please make the following changes in order to update the Provider Specific file:				
Ref: CMS PUB. 100-04, SEC 20.2.3				
INTERNS & RESIDENTS / BEDS RATIO FOR OPERATING PPS				
1.00	Number of Beds (E Pt A Ln 4)		396.28	1.00
2.00	Number of FTE Interns & Residents (E Pt A Ln 15)		136.33	2.00
3.00	Current Yr resident to bed ratio (E Pt A Ln 19)		0.3516	3.00
4.00	Prior Yr resident to bed ratio (E Pt A Ln 20)		0.3820	4.00
5.00	Lesser of Ln 3 or Ln 4 (E Pt A Ln 21)		0.3516	5.00
6.00	Section 422 Add-on FTE (E Pt A Ln 25)		25.00	6.00
7.00	Total IME Payment (E Pt A Ln 29)		1,854,566	7.00
8.00	DRG + HMO DRG (E Pt A Lns 1 + 3)		2,703,696	8.00
9.00	FISS PSF Intern to bed ratio $((Ln 7 / Ln 8) / 1.35) + 1)^{(1/0.405)} - 1$		1.7578	9.00
INTERNS & RESIDENTS / Average Daily Census Ratio for Capital PPS				
20.00	Number of FTE Interns & Residents (L, Ln 4)		164.33	20.00
21.00	Average Daily Census for PPS Hospital (L, Ln 3)		333.40	21.00
22.00	Ratio of Interns & Residents / Average Daily Census - Ln 20 / Ln 21 (round to four decimal places)		0.4929	22.00



SPECIAL REPORTS

SPECIAL REPORTS - OPSS RCC REPORT WITH PARAMED, ED & ALLIED HEALTH COSTS EXCLUDED						OPSS RCC Report	
		Provider CEN: 14-0635	Period From: 01/01/2014 To: 12/31/2014				
	Cost/Charge Ratio	PPS Services PPS to 12/31	PPS Services 1/1 To PPS	Total Charges (C)	Total Costs (C)		
66.00 PHYSICAL THERAPY (C)	0.643354	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY (C)	1.773865	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY (C)	0.846390	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.930613	6,176	0	6,176	5,744	89.00	
70.00 ELECTROENCEPHALOGRAPHY	0.852172	5,014	0	5,014	4,277	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0.470210	36,123	0	36,123	7,386	71.00	
72.00 INVL. DEV. CHARGED TO PATIENTS	0.660582	5,000	0	5,000	3,303	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0.943309	11,907	0	11,907	6,448	73.00	
74.00 DIALY. (DIALYSIS) (C)	1.131820	0	0	0	0	0	74.00
75.00 ASC (NON-DISTRICT PART)	0.642061	0	0	0	0	0	75.00
76.00 OTHER ALLIARY	0.000000	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC (C)	0.347735	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER (C)	0.702991	0	0	0	0	0	89.00
90.00 CLINIC	0.628724	5,611	0	5,611	3,211	90.00	
91.00 EMERGENCY	1.176681	40,262	0	40,262	47,134	91.00	
92.00 OBSERVATION WEDS (NON-DISTRICT PART)	0.718790	73,000	0	73,000	52,469	92.00	
93.00 OTHER OUTPATIENT	0.000000	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS (C)	0.000000	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES (C)	0.811296	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.638227	987	0	987	630	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0.661963	1,362	0	1,362	902	97.00	
202.00 Total		295,188	0	295,188	235,903	202.00	
RCC Calculation (B)							
211.00 Total Cost (Col A, Line 202 which equals D-PY of 5, Line 200)					235,903	211.00	
212.00 Total Charges (Col 3, Line 202 which equals D-PY of 2 and subscripts, Line 200)					295,188	212.00	
213.00 OPSS / Charge Ratio (OPSS Cost/Charge Ratio New is 1.50)					Flagged	Total Costs (C)	
214.00 OPSS / Charge Ratio (OPSS Cost/Charge Ratio New is 1.50)					0.793	213.00	
Statwide Average Operating NCC							
215.00 Urban					0.209	214.00	
216.00 Rural					0.242	215.00	
Section III - Bed Size							
221.00 Bed Size (E-PY A line 4100)					396.38	221.00	
Section III - Non-OPSS RCC for FISS-Gene, 43 Screen, Page 3							
231.00 (S-E Part 8, line 1, col 1)					2,293	231.00	
232.00 (S-E Part 8 line 12, col 1)					4,500	232.00	
233.00 Non-OPSS RCC line 231 / line 232					0.510	233.00	
Section IV - Implantable Device Cost to Charge (CIR9675)							
241.00 Implantable Device CCR - OPSS Pass DCCR (S-E C, Part 1, Line 75, Column 9)	Cost/Charge Ratio	FISS DCCR		Total Charges	Total Costs		
	0.660582	0.661		899,962	567,812	241.00	

- SR916 – OPSS RCC Report

45



SPECIAL REPORTS

- Special Reports for PPS Hospitals continued:
 - SR917 – Cost to Charge Ratio Report – this computes Operating Cost-Charge ratio; Capital Cost-Charge ratio; Medicaid Ratio and Bed Size.
 - FISS 42 Screen Fields on the report are CTC RATIO (Operating CCR); CCC RATIO (Capital CCR); MEDICAID RATIO and BED SIZE.
 - SR918 – Pass Thru Per Diem Report – we compute the Med Ed Pass Thru along with Organ Acquisition Pass Thru. We also compute the total for the 42 screen.
 - FISS 42 Screen Fields are PTA EDU, PTA ORG, and TOT PTA.

46



SPECIAL REPORTS

• SR917 – Cost to Charge Ratio Report – this computes

SPECIAL REPORTS - COST TO CHARGE RATIO REPORT		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	Cost to Charge Ratio Report
				1.00
1.00	Ref:			Change Req #9723 1.0
I. COST TO CHARGE RATIO FOR PPS HOSPITALS				
11.00	Total program (Title XVIII) inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (Worksheet D-1, Part II, Line 53 minus Line 42 nursery costs)			6,355,260 11.0
12.00	Hospital Part A Title XVIII charges (Sum of routine charges (D-3 col 2 lines 30-35) plus ancillary charges (D-3 col 2 line 202) for hospital Title XVIII component)			12,466,507 12.0
13.00	Ratio of cost to charges (Line 1/Line 2) (Operating Max is 1.183)			0.510 13.0
II. COST TO CHARGE RATIO FOR CAPITAL				
21.00	Total medicare inpatient PPS capital related costs (W/S D Part I, Lines 30-35, column 7; Plus D Part II, Line 200, column 5)			336,328 21.0
22.00	Hospital Part A Title XVIII charges (Sum of routine charges (D-3 col 2 lines 30-35) plus ancillary charges (D-3 col 2 line 202) for hospital Title XVIII component)			12,466,507 22.0
23.00	Ratio of cost to charges (Line 21/Line 22) (Capital Max is 0.170)			0.027 23.0
III. MEDICAID PATIENT DAYS TO TOTAL DAYS				
31.00	Medicaid Patient Days (S-2, Part I Columns 1-6 Line 24)			16,319 31.0
32.00	Total Days (S-3, Part I Column 8 Line 14 + Column 8 Line 32 minus sum of Lines 5-6, plus employee discount days Column 8 Line 30)			124,691 32.0
33.00	Medicaid Ratio (Line 1 divided by Line 2)			0.1309 33.0
IV. BED SIZE				
41.00	Bed Size (W/S E, Part A, Line 4 Logic)			396.28 41.0

47



SPECIAL REPORTS

• SR918 – Pass Thru Per Diem Report – we compute the Med

SPECIAL REPORTS - PASS THRU PER DIEM REPORT		Provider CCN:	14-0635	Period From:	01/01/2014	Pass Thru Per Diem Report
				To:	12/31/2014	
						1.00
	MEDICAL EDUCATION PASS-THRU PER DIEM (PTA EDU)					
1.00	Direct Medical Education (E Pt A lines 52 + 53)					4,549,743 1.00
2.00	Medicare Days (E-4 line 26 cols 1 + 2)					52,078 2.00
3.00	Direct Med Ed Pass-Thru Per Diem (line 1 / line 2)					87.36 3.00
4.00	Routine Service Pass-Thru (E Pt A line 57)					138,368 4.00
5.00	Ancillary Service Pass-Thru (E Pt A line 58)					29,082 5.00
6.00	Total Allied Health Education Costs (line 4 + line 5)					167,450 6.00
7.00	Medicare Days (S-3 Pt I line 14 col 6)					46,286 7.00
8.00	Allied Health Ed Pass-Thru Per Diem (line 6 / line 7)					3.62 8.00
9.00	Total Medical Education Pass-Thru Per Diem (line 3 + line 8)					90.98 9.00
	ORGAN ACQUISITION PASS-THRU PER DIEM (PTA ORG)					
10.00	Net Organ Acquisition Cost (E Pt A line 55)					408,660 10.00
11.00	Medicare Days (S-3 Pt I line 14 col 6)					46,286 11.00
12.00	Organ Acquisition Pass-Thru Per Diem (line 10 / line 11)					8.83 12.00
13.00	Total Pass-Thru Per Diem (line 9 + line 12)					99.81 13.00

48



SPECIAL REPORTS

- Special Reports for PPS Hospitals continued:
 - SR921 – HITECH FISS Data Report – this accumulates information to be input into FISS for the HITECH Incentive Payments
 - FISS Financial Screen (07 – A then enter Oscar & NPI # then PF8) - Fields on the report with the corresponding FISS Fields are Total Discharges (TOT DISCHRG), I/P Pt A Days (INP PART A), I/P Pt C Days (INP PART C), Total I/P Days (TOT INP), Total Charges (TOT CHRG), and Charity Care (CHAR CHRG).
- The New SR922 HITECH for Final Reports

49



SPECIAL REPORTS

• SR921 – HITECH FISS Data Report

SPECIAL REPORTS - HITECH FISS DATA REPORT		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	HITECH FISS Data Report	
				1.00	
1.00	Acceptance Date				1.00
1.01	Is this a CAH?			NO	1.00
CAH DATA FIELDS:					
2.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)				2.00
3.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)				3.00
4.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)				4.00
5.00	Total Charges (C Pt I col 8, line 200)				5.00
6.00	Charity Care (S-10 col 3, line 20)				6.00
7.00	Cost of EHR Equipment (obtained from provider)				7.00
NON-CAH DATA FIELDS:					
8.00	Total Discharges (S-3 Pt I col 15, line 14)			5,820	8.00
9.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)			46,130	9.00
10.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)			1,000	10.00
11.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)			121,456	11.00
12.00	Total Charges (C Pt I col 8, line 200)			48,158,275	12.00
13.00	Charity Care (S-10 col 3, line 20)			3,750,000	13.00
14.00	Input into FISS:				14.00
15.00	Date input into FISS:				15.00

50



SPECIAL REPORTS

SR922 HITECH for Final Reports

SPECIAL REPORTS - HITECH FISS DATA REPORT - FINALIZED REPORT		Provider CCH: 14-0633	Period From: 01/01/2014 To: 12/31/2014	HITECH FISS Data Report - Finalized Report	
1.00	Acceptance Date			1.00	1.00
1.01	Is this a CAH?			N/A	1.01
CAH DATA FIELDS:					
2.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)				2.00
3.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)				3.00
4.00	Total IP Days (S-3 Pt I col 8, lines 1 + 8-12)				4.00
5.00	Total Charges (C Pt I col 8, line 200)				5.00
6.00	Charity Care (S-10 col 3, line 20)				6.00
7.00	Cost of BMR Equipment (E-1 Pt II, line 7)				7.00
NON-CAH DATA FIELDS:					
8.00	Total Discharges (S-3 Pt I col 15, line 1-4)			5,820	8.00
9.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)			46,130	9.00
10.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)			1,000	10.00
11.00	Total IP Days (S-3 Pt I col 8, lines 1 + 8-12)			121,456	11.00
12.00	Total Charges (C Pt I col 8, line 200)			48,158,275	12.00
13.00	Charity Care (S-10 col 3, line 20)			3,790,000	13.00
14.00	Input into FISS:				14.00
15.00	Date input into FISS:				15.00
16.00	Pyrate Fee				16.00
17.00	NPt No.:				17.00
18.00	Base Amt:			2,000,000	18.00
19.00	Pyrate Cat:				19.00
20.00	Prepared by:				20.00
21.00	Audit Case Number:				21.00

Additional fields from SR921

51



SPECIAL REPORTS

- Below is the Special Report for Long-Term Care PPS Hospitals along with the FISS references:
 - SR903 – Long-Term Care Report
 - FISS 42 Screen Fields on the report are CTC RATIO, MEDICAID RATIO, INTERN/BED RATIO, CAP/IME, and BED SIZE.
 - Please note that Long Term Care Hospitals do not have Capital CCRs.
 - D14867 - Special Reports - Added fields to the SR903 - Long Term Care Report to allow for the Average Length of Stay to account for Site Neutral days and discharges and also created a new calculation for the Discharge Payment Percentage (DPP) identified in CR9253.

52



SPECIAL REPORTS

SPECIAL REPORTS - LONG-TERM CARE COST TO CHARGE RATIO REPORT		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	LONG-TERM CARE COST TO CHARGE RATIO REPORT	
				1.00	2.00
SECTION I: LTC COST TO CHARGE RATIO DETERMINATION					
1.00	Medicare inpatient cost (D-1, T-18, Line 40)		0		1.00
2.00	Routine Pass Through Cost (D, Part III, Col. 9, sum of Lines 30-35)		0		2.00
3.00	Andillary Pass Through Cost (D P1 IV, Col. 11 Line 200)		0		3.00
4.00	Total inpatient cost (Line 1 minus sum of Lines 2 and 3)		0		4.00
5.00	Medicare inpatient charges (D-3 T, 18 Col. 2 sum of Lines 30-35 + 202)		0		5.00
6.00	Long-term care cost to charge ratio (Line 4, divided by Line 5) (Max is 1.297 - Fed Reg 8-22-86 page 57302)		0.000		6.00
SECTION II: MEDICAID PATIENT DAYS TO TOTAL DAYS					
11.00	Medicaid Patients Days (S-3 P1 I col 7 line 34)		0		11.00
12.00	Total Days (S-3 P1 I Col. 8 Line 14 + Col. 8 Line 32 minus sum of Lines 5 and 6, plus emp discount days Col. 8 Line 30)		0		12.00
13.00	Medicaid Ratio (Line 11 divided by Line 12)		0.0000	%	13.00
SECTION III: INTERNS & RESIDENTS / BED RATIO					
21.00	Number of FTE Interns & Residents (S-3 P1 I Line 14 Col. 9)		0.00		21.00
22.00	Number of beds		0.0000	(1)	22.00
23.00	Ratio of Interns & Residents / Beds - Line 21 / Line 22 (Rounded to four decimal places)		0.0000		23.00
Interns & Residents / Average Daily Census Ratio for Capital PPS					
24.00	Number of FTE Interns & Residents (S-3 P1 I Line 14 Col. 9)		0.00		24.00
25.00	Average Daily Census for PPS hospital		0.0000	(2)	25.00
26.00	Ratio of Interns & Residents / Average Daily Census - Line 24 / Line 25 (Round to four decimal places)		0.0000		26.00
SECTION IV: BED SIZE					
31.00	Bed Size (S P1 A Line 4 Log ₁₀)		0.00		31.00
SECTION V: AVERAGE LENGTH OF STAY (ALOS)					
41.00	JP Days (S-3 P1 I Lines 14 + 23, Col. 6)		0		41.00
42.01	JP Site Neutral Days (From PSAR)		0		42.01
42.00	JP Discharges (S-3 P1 I Line 1, Col. 13)		0		42.00
42.01	JP Site Neutral Discharges (From PSAR)		0		42.01
43.00	Average Length of Stay ((Line 41 - Line 41.01) / (Line 42 - Line 42.01))		0.00		43.00
SECTION VI: DISCHARGE PAYMENT PERCENTAGE (DPP) - CR9253					
50.00	Total JP Discharges (S-3 P1 I Line 1, Col. 13)		0		50.00
51.00	Site Neutral Discharges (From PSAR)		0		51.00
52.00	Discharge Payment Percentage (DPP) ((Line 50 - Line 51) / Line 50)		0		52.00

SR903 – Long-Term Care Report

53



SPECIAL REPORTS

Below is the Special Report for Free-Standing and Hospital Based Psych Hospitals along with the FISS references:

- SR911 – Psych Rate Report
 - FISS 42 Screen Fields on the report are CTC RATIO, and INTERN/BED RATIO, and BED SIZE.
 - Please note that Psych Hospitals do not have Capital CCRs.

54



SPECIAL REPORTS

• SR911 – Psych Rate Report

SPECIAL REPORTS - PSYCH RATE REPORT		Provider CCN:	14-0635	Period From: 01/01/2014 To: 12/31/2014	PSYCH RATE REPORT	
		Hospital			PPS	
					1.00	
PSYCH RATIO OF COST TO CHARGES (RCC) REPORT (PER CR7609)						
1.00	Total program cost (D-1 Pt II Line 49.00 minus E-3 Pt II line 28)				139,983	1.00
2.00	Total program charges (D-3 Col 2 sum of lines 30-35 if hospital or line 40 if sub-provider plus D-3 Col 2 Line 202; where possible, these charges should be confirmed with the PS&R data)				379,162	2.00
3.00	Psych unit Ratio of Cost to Charges (Line 1 divided by line 2)				0.369	3.00
PSYCH RESIDENTS TO AVERAGE DAILY CENSUS REPORT						
11.00	W/S E-3, Pt II Line 8 I&R PPS Med Ed Adj				5.00	11.00
12.00	W/S E-3, Pt II Line 9 Ave Daily Census				32.158904	12.00
13.00	Psych Residents Average Daily Census				0.1555	13.00
PSYCH NATIONAL URBAN & RURAL COST TO CHARGE RATIOS FOR THE IPF PPS FY 2017 (PER CR#9732)						
21.00	Urban Median				0.4455	21.00
22.00	Urban Ceiling				1.6374	22.00
23.00	Rural Median				0.5960	23.00
24.00	Rural Ceiling				1.9315	24.00
BED SIZE						
31.00	Bed Size (W/S S-3, Pt I Col 2 Line 1 (Hospital) or Line 16 (Subprovider))				50.00	31.00

55



SPECIAL REPORTS

• Below is the Special Report for Free-Standing and Hospital Based Rehab Hospitals along with the FISS references:

- SR920 – Special Rehab Hospital PPS Report
 - FISS 42 Screen Fields on the report are CTC RATIO, MEDICAID RATIO, and CAP/IME, and BED SIZE.
 - Please note that Rehab Hospitals do not have Capital CCRs.

56



SPECIAL REPORTS

SPECIAL REPORTS - SPECIAL REHAB HOSPITAL PPS REPORT

Provider
CCN: 14-0635Period
From: 01/01/2014
To: 12/31/2014Special Rehab Hospital PPS
Report

1.00	Type of Hospital:	General Short Term	1.00
2.00	Status:	As Submitted	2.00
3.00	Change Request:	CR9669 + 8/5/2014	3.00
4.00	SubProvider:	IRF	4.00
5.00	SubProvider Number:	147635	5.00
6.00	Type of SubProvider:	Rehabilitation	6.00
EXTRACTED DATA FOR REHABILITATION PPS			
11.00	Total Medicare Cost D-1, Part II Line 49 minus (D, Part III column 9 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D, Part IV Column 11 Line 200)	292,816	11.00
12.00	Total Medicare Charges D-3 Column 2 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D-3 Column 2 Line 202 (where possible, these charges should be confirmed with the PS&R data)	396,028	12.00
13.00	Ratio of Cost to Charges (Line 11 divided by Line 12)	0.739	13.00
14.00	Inpatient Days (S-3, Column 6, Line 17 plus Line 4 [Subprovider] or Line 1.00 + 2.00 [Hospital])	3,136	14.00
15.00	Total Days (S-3, Column 8, line 17 [Subprovider] or Line 1.00 [Hospital])	10,103	15.00
16.00	Ratio of IRF Days to Total Days (Line 14 divided by Line 15)	0.310	16.00
17.00	RCC Max is:	1.290	17.00
18.00	National Cost to Charge Ratio: Urban	0.421	18.00
19.00	National Cost to Charge Ratio: Rural	0.522	19.00
REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT			
21.00	W/S E-3, Part III, Line 9.00 18R IRF PPS Med Ed Adj	7.00	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census	27.679452	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)	0.253	23.00
BED SIZE			
31.00	Bed Size (S-3, Part I Line 17 Column 2)	45.00	31.00
REHAB MEDICAID RATIO			
41.00	IRF Medicaid Days (S-2, Part I Columns 1-5 Line 25)	844	41.00
42.00	IRF Total Days (S-3, Part I Column 8 Line 1 or Line 17 plus Employee Discount Days Column 8 Line 30 (or Line 31 for Subproviders))	10,126	42.00
43.00	IRF Medicaid Ratio (Line 41/Line 42)	0.0833	43.00

SR920 –
Special
Rehab
Hospital
PPS
Report

57



SPECIAL REPORTS

- Below are the Special Reports for Critical Access Hospitals along with the FISS references for each report:
 - SR905 – Medicare Impact Report
 - This is an analysis report only, not a rate setting report.
 - SR909 & SR910 – CAH RCC Reports
 - These 2 reports are computing the CAH Per Diem amount to be placed in FISS 41 screen page 2, the CAH Part B rate to be placed in FISS 41 screen page 3.
 - We are also computing the CAH Swing Bed SNF rates if applicable.

58



SPECIAL REPORTS

• SR905 – Medicare Impact Report

SPECIAL REPORTS - CALCULATION OF MEDICARE UTILIZATION FOR CAH				Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	CAH Medicare Impact Report	
	Title XVIII Days (S-3, Pt 1 Col 6)	Total Days (S-3, Pt 1 Col 8)			Medicare Utilization	Medicare Impact	
1.00 Medicare Impact Threshold (Provider)	1.00	2.00	3.00		4.00	5.00	10,000 1.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	44,000	113,950			0.386134269	25,890	30.00
31.00 INTENSIVE CARE UNIT	1,250	3,144			0.397582697	25,152	31.00
32.00 CORONARY CARE UNIT	791	3,245			0.243759630	41,024	32.00
33.00 BURN INTENSIVE CARE UNIT	89	1,117			0.079677708	123,508	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0			0.000000000	0	34.00
35.00 OTHER SPECIAL CARE (SPECIFY)	0	0			0.000000000	0	35.00
40.00 SUBPROVIDER - SPP	1,630	11,738			0.138863224	72,012	40.00
41.00 SUBPROVIDER - SIF	2,939	10,103			0.290903692	34,376	41.00
42.00 SUBPROVIDER	0	0			0.000000000	0	42.00
43.00 NURSERY	0	3,000			0.000000000	0	43.00
44.00 SKILLED NURSING FACILITY	3,904	4,500			0.867555556	11,527	44.00
45.00 NURSING FACILITY	0	0			0.000000000	0	45.00
46.00 OTHER LOCAL TERM CARE	0	0			0.000000000	0	46.00
ANCILLARY SERVICE COST CENTERS							
	O/P Charges (D Pt V Col 2-4)	I/P Charges (D-4 Col 2)	Total Charges Title XVIII	Total Charges (C, Pt 1 Col 8)	Medicare Utilization	Medicare Impact	
50.00 OPERATING ROOM	11,463	716,479	727,942	3,367,663	0.216153143	46,263	50.00
51.00 RECOVERY ROOM	0	77,565	77,565	570,420	0.135979752	73,541	51.00
52.00 DELIVERY ROOM & LABOR ROOM	989	0	989	523,827	0.001888028	5,296,532	52.00
53.00 ANESTHESIOLOGY	46,401	157,599	204,000	1,009,548	0.202070630	49,488	53.00
54.00 RADIOLOGY-DIAGNOSTIC	36,208	332,735	370,943	2,042,649	0.181599992	55,066	54.00
55.00 RADIOLOGY-THERAPEUTIC	13,277	190,143	203,420	975,190	0.208595248	47,940	55.00
56.00 RADIOISOTOPE	1,540	125,610	127,150	399,317	0.318438724	31,403	56.00
57.00 CT SCAN	1,254	25,125	26,379	427,500	0.061705262	162,061	57.00
58.00 MRI	1,254	30,145	31,399	201,299	0.155981898	64,110	58.00
59.00 CARDIAC CATHETERIZATION	12,103	25,478	36,581	396,200	0.097377587	102,693	59.00
60.00 LABORATORY	0	12,847	12,847	80,000	0.139411111	21,720	60.00



SPECIAL REPORTS

• SR909– CAH RCC Reports

SPECIAL REPORTS - CAH RATE CALCULATIONS w/BAD DEBTS				Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	CAH Rate Calculations w/Bad Debts	
						1.00	
PART I - CAH PER DIEM							
1.00 Total M/C Part A I/P Cost (E-3 Pt V lines 5 + 6)						0	1.00
2.00 Adjusted Reimbursable Bad Debts (E-3 Pt V line 26)						0	2.00
3.00 Subtotal (line 1 + line 2)						0	3.00
4.00 Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)						0	4.00
5.00 CAH Per Diem (line 3 / line 4)						0.00	5.00
PART II - CAH PART B RATE							
6.00 Total M/C Pt B Cost (E Pt B line 21)						0	6.00
7.00 Adjusted Reimbursable Bad Debts (E Pt B line 35)						0	7.00
8.00 Subtotal (line 6 + line 7)						0	8.00
9.00 Total M/C Pt B Charges (D Pt V line 202 cols 3 + 4)						0	9.00
10.00 CAH Cost to Charge (line 8 / line 9)						0.00	10.00
PART III - CAH SW/BED PART A RATE							
11.00 Total Medicare SW/Bed Part A Cost (E-2 line 8, col 1)						0	11.00
12.00 SW/Bed Part A Reimbursable Bad Debts (E-2 line 17, col 1)						0	12.00
13.00 SW Subtotal (line 11 + line 12)						0	13.00
14.00 Total Medicare SW/Bed Days (S-3 Pt I line 5, col 6)						0	14.00
15.00 SW/Bed I/P Rate (line 13 / line 14)						0.00	15.00
PART IV - CAH SW/BED PART B RATE							
16.00 Total Medicare SW/Bed Part B Cost (D Pt V line 202, col 6)						0	16.00
17.00 SW/Bed Part B Reimbursable Bad Debts (E-2 line 17, col 2)						0	17.00
18.00 Subtotal (line 16 + line 17)						0	18.00
19.00 Total Medicare SW/Bed Part B Charges (D Pt V line 202, col 3)						0	19.00
20.00 Percent of SW/Bed Cost to Charges (line 18 / line 19) (Not to Exceed 100%)						0.00	20.00



SPECIAL REPORTS

• SR910 – CAH RCC Reports

SPECIAL REPORTS - CAH RCC CALCULATION		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	CAH RCC Calculation	
				1.00	
PART I - CAH PART A PER DIEM					
1.00	Total Medicare Part A I/P Cost (E-3 Pt V lines 5 + 6)			0	1.00
2.00	Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)			0	2.00
3.00	CAH Per Diem (line 1 / line 2)			0.00	3.00
PART II - CAH PART B RATE					
4.00	Total Medicare Part B Cost (E Pt B line 21)			0	4.00
5.00	Total Medicare Part B Charges (D Pt V line 202 cols 3 + 4)			0	5.00
6.00	CAH Cost To Charges (line 4 / line 5)			0.00	6.00
PART III - CAH SW/BED PART A RATE					
7.00	Total Medicare SW/Bed Part A Cost (E-2 line 8 col 1)			0	7.00
8.00	Total Medicare SW/Bed Days (S-3 Pt I line 5 col 6)			0	8.00
9.00	SW/Bed I/P Rate (line 7 / line 8)			0.00	9.00
PART IV - CAH SW/BED PART B RATE					
10.00	Total Medicare SW/Bed Part B Cost (D Pt V line 202 col 6)			0	10.00
11.00	Total Medicare SW/Bed Part B Charges (D Pt V line 202 col 3)			0	11.00
12.00	Percent of SW/Bed Cost to Charges (line 10 / line 11) (not to exceed 100%)			0.00	12.00

61



SPECIAL REPORTS

- Special Reports for Critical Care Hospitals continued:
 - SR913 – CAH 96 Hr Verification Report
 - This is an analysis report only, not a rate setting report.

SPECIAL REPORTS - CAH 96 HR VERIFICATION REPORT		Provider CCN: 14-0635	Period From: 01/01/2014 To: 12/31/2014	CAH 96 Hr Verification Report	
			S-3 Pt I Col 4	S-3 Pt I Col 8	
			1.00	2.00	
Verification of Annual Average of 96 Hrs of Patient Care Per Patient for CAH					
1.00	Hospital Adults & Peds (S-3 Pt I, line 1)		0.00	0.00	1.00
2.00	Intensive Care Unit (S-3 Pt I, line 8)		0.00	0.00	2.00
3.00	Coronary Care Unit (S-3 Pt I, line 9)		0.00	0.00	3.00
4.00	Burn ICU (S-3 Pt I, line 10)		0.00	0.00	4.00
5.00	Surgical ICU (S-3 Pt I, line 11)		0.00	0.00	5.00
6.00	Detoxification ICU (S-3 Pt I, line 12)		0.00	0.00	6.00
7.00	Total Acute Days (lines 1 through 6)		0.00	0.00	7.00
8.00	Hosp Adults & Peds Discharges (S-3 Pt I, line 14 col 15)		0.00	0.00	8.00
9.00	Computed Ave Length of Stay (line 7 / line 8)		0.00	0.00	9.00
10.00	Calculation of Average Hours per Stay (line 9 x 24 hours)		0.00	0.00	10.00
11.00	Did the CAH Meet the 96 Hour Requirement				11.00

62



QUESTIONS

63

