



July 16, 2012

Dear Clients:

We recently posted a new update for the 32 bit systems, Interface, Hospital, SNF, HHA, CMHC, Hospice, RHC/FQHC, ESRD, and LTCIR (CA Report). The primary reason for this update is to incorporate recent changes from CMS, as well as other issues identified by users.

**Hospital 2552-10, version 2.31.131.0:**

D#3372- Management Reports - we added Report 63 that compares W/S A-8 from the 2552-96 to the 2552-10.

D#2948- Management Reports - we added Report #83 (B-1 Statistical Analysis).

D#4349- Management Reports - we added report #16 to compare S-3 part I, column 2 (Beds) of the 2552-10 to the 2552-96.

D#4524- Management Reports - we corrected the prior year cost centers listed on report #100. Prior year cost centers less than 38 and greater than 60 are not part of W/S C, part II, so they are not listed.

D#4526- Management Reports - we modified report #18, S-3 part I days, columns 5-7, as the current report is including HHA visits. Report #18 should exclude visits for HHA and RHC/FQHC/other outpatient if present.

D#4529- Management Reports - we modified report #21, S-3 part I, Total days, column 8, as the current report is including HHA visits. Report #21 should exclude visits for HHA and RHC/FQHC/other outpatient if present.

D#4530- Management Reports - we added Report #23 (S-3 part I, column 9, I&R FTEs).

D#4535- Management Reports - we consolidated reports 12, 13 and 14, into report #12 (S-3 part I columns 12-14, Discharges).

D#4536- Management Reports - we have added Report #15 (Comparing S-3, I, column 15).

D#4540- Management Reports - we added Report #84, B-1 Stat Code comparison.

D#4558- CMS Communication - CMS issued a communication to Vendors on 7/12/2012. This involves changes to calculations, Forms, ECR specifications, and Edit changes, which are incorporated in this update. It includes, but is not limited to, the exclusion of clinic salaries on W/S S-3 part II, lines 5 and 6 is removed, as these are eliminated on line 10, thus need to be INCLUDED on lines 5 and 6; added line 22.01 to S-3 part II, for Physicians - Part A Teaching, wage related cost.



D#4646- PS&R - we corrected original values reported on the PS&R Differences Report for lines that have sub-scripts to line x.99.

D#4889- PS&R - we modified the reverse adjustment for E-2 line 1, column 1 (Swing Bed) that was causing an issue with CAH Swing Bed SNF.

D#4896- PS&R - we added an assignment for PASS and TOPS which is used to account for payments outside of PS&R but need to be included with E-1 payments.

D#4916- PS&R - we included Worksheet S-3 lines 26 and 26.25, column 6 in the 71S and 77S assignments.

D#4813- Edits - we modified edit 10100D, as we were not correctly issuing Level I edit 10100D if line 65 on W/S C part I, column 6, was less than the sum of all Worksheets D-3, column 2, line 65.00.

D#4818-Special Reports - we modified SR #917, to correct label descriptions for lines 12, 21, 23 & 41 and revised the ancillary amount brought in to line 202 rather than line 200 based upon CMS directive. Also, removed line 22 based upon CMS directive.

D#4818- Special Reports - we modified SR #920, to correct label descriptions for lines 14 and 15.

D#4826-Special Reports - we modified SR #916, to correct label descriptions for lines 211 and 212.

D#4827- Special Reports - we modified SR #903, to remove "column 3, line 13 plus" from the footnote (1).

D#4868- Special Reports - Modified SR921 to not require a calculate in order to get the acceptance date from S, Part I.

D#4887- ECR Import - we corrected printing of the Import Summary Report during ECR Import. We were always printing this report even if the option to print it was not selected.

D#4831- ECR Export - we corrected a problem where E part A line 70 and subscripts, were not exporting the amount to the ECR file.

D#4817- Edits - we added a HFS edit #60065S, to issue if S-5 line 5 is greater than 370 days. Line 5 is days in the fiscal year dialysis is furnished. Can't exceed 370 days.

D#4828- Edits - we added HFS edit #8000, to issue if S-2 part I line 167 = Y and FY Begin is prior to 10/1/2010. No HIT "meaningful use" before 10/1/2010. Same for lines 168 and 169, both should be N/A prior to 10/1/2010, or edit 8000 issues.

D#4832- Edits - we modified the logic for Level I edit 10000L to issue if S-2 line 45 = Y, but the provider is NOT entitled to Capital DSH (not Urban and 100 or more beds).

D#4859- Edits - edit 10900 issued for a number greater than 11 digits (the max allowed by CMS), but was due to our storing the number as a huge decimal instead of rounding it to two places. The edit checked the stored value, instead of the rounded value. This is fixed.



D#4859- Edits - edit 10655 should issue for W/S A line 18 or subscripts, for a cost center code NOT in the range 01850 to 01899. We modified our logic accordingly, as codes 01840 and 01810 were allowed.

D#4860- Edits - we added logic to edit a "valid" zip code to prevent CMS rejections. HFS Level I edit 60063S will issue if the zip code on S-2 part I, line 2, column 3, is not 5 numeric digits, or 10 numeric digits.

D#4898- Edits - edit 20300 is now triggering for when Cost to Charge Ratio is less than 0.001, in column 11 and costs in column 5.

D#4906- Edits - HFS edit 60000D was downgraded from Level I to Serious, as there were situations that were legitimate, but were failing the edit.

## **Hospital 2552-96, version 25.25.131.0:**

D#3372- Management Reports - We have added Report 63 to the 2552-10, that compares W/S A-8 from the 2552-96 to the 2552-10, and required a modification to the 2552-96 system.

## **SNF 2540-10, version 3.13.131.0:**

D#4787- Data Entry - we modified worksheets E-1, H-5, I-5 and J-4, FI/MAC portion to be locked for providers. Providers should not enter data in lines 5 through 5.99.

D#4846- Calculate - we corrected an issue where E-1, Line 7.00, col. 4.00 was locking up in the Adjusted .MCAX file.

D#4900- Calculate - we modified calculate to automatically open W/S S-3 part IV, if S-3 part II, is open.

D#4876- PS&R - we corrected original values reported on the PS&R Differences Report for lines that have sub-scripts to line x.99.

D#4886- PS&R - we corrected printing of the Import Summary Report during ECR Import. We were always printing this report even if the option to print it was not selected.

## **CMHC 2088-92, version 7.36.131.0:**

D#4834- Calculate - worksheet C column 8 continues to calculate however it should not. This is fixed.

## **Hospice 1984-99, version 9.11.131.0:**

D#4806- Print - we corrected the printing of W/S B, as we were not printing it for all reports.



## **ESRD version 1.17.131.0:**

D#4807- Edits - we modified edit 1000A to issue if negative amounts on W/S A-1. All input is positive.

D#4833- Edits - we modified edit 1005B to issue if there is cost in column 13 of W/S B but no stats on W/S B-1 column 13.

D#4870- Calculate - we modified calculate to put the cost on the Adult line for W/S B column 3, if there are no stats on B-1 column 3.

D#4877- PS&R - we corrected original values reported on the PS&R Differences Report for lines that have sub-scripts to line x.99.

D#4888-ECR Import - we corrected printing of the Import Summary Report during ECR Import. We were always printing this report even if the option to print it was not selected.

## **LTCIR (CA report) version 35.5.131.0:**

D#4738- Printouts - we corrected the line reference on the Page 4.3 printout for line 60.00. It should reference line 70.00, not line 300.00.