2018 HAR Education and Information Session

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2018 Education and Information Topics

- Extension Requests
- Tips
- Update to Employee Classification Section
- Capital Expenditure Hospital and System Level Reporting
- Clinic Reporting on the HAR
- Billable professionals
- Reminders and Resources
  - Medical Care Surcharge Estimator
Extension Request Information

A reminder about requesting an extension.
Extension Policy

• For the 2018 HAR, MHA is able to grant an initial extension of 21 days

• If a hospital is 30 days late submitting their HAR, the hospital will be turned over to MDH
Extension Requests

- The legislature and the public are looking for more up-to-date information from government. MDH wants to work with MHA and hospitals on reducing the need for data filing extensions beyond the initial 21 days. We hope MDH will need to grant longer extension requests only in the most extreme cases, where sticking to the timeline would pose an undue hardship on hospitals or compromise the quality of the report.
Useful Tips

- Contact MHA early with any questions. All questions are welcomed!
- Enter only whole dollars, not dollars and cents
  - FTEs may be rounded to two decimal points
  - Percentages should be reported as whole percentages, i.e. 33%, not 33.2%
- Complete the non-financial sections of the HAR early and leave the financial sections for after the AFS is ready
- Feel free to make use of the notes section at the bottom of the HAR
Reminder: Update to Employee Classification Section

A new job type was added as of 2016 reporting.
All Other Patient Specialists

The employee classification sections (sections 27-29) include accounts for All Other Patient Specialists.
All Other Patient Specialists Definition

• All Other Patient Specialists: This classification includes all direct patient care related specialists. This includes technicians and technologists, care coordinators, specialists and patient care assistants that are not represented in other employee classification categories. Some examples of technicians in this classification include: Surgery Tech, Emergency Room/Department Tech, Pharmacy Tech, Cardio Tech, etc. This category should not include Lab Techs and Imaging Techs, which should be represented in specifically identified categories.
### Section 27: Hospital Employed Staffing by Employee Classification

<table>
<thead>
<tr>
<th>Account</th>
<th>Salaries and Wages</th>
<th>FTEs included in Salaries and Wages</th>
<th>FTE Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Patient Specialists</td>
<td>2104</td>
<td>2114</td>
<td>2194</td>
</tr>
</tbody>
</table>

### Section 28: Hospital Employed Staffing by Employee Classification

<table>
<thead>
<tr>
<th>Account</th>
<th>Full Time Employed Staff (≥32 hours/wk)</th>
<th>Part-Time Employed Staff (&lt;32 hours/wk)</th>
<th>FY 2016 Total Hospital Employed Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Patient Specialists</td>
<td>2158</td>
<td>2168</td>
<td>7148</td>
</tr>
</tbody>
</table>

### Section 29: Consultant/Contract Staffing by Employee Classification

<table>
<thead>
<tr>
<th>Account</th>
<th>Contract Amounts (report whole dollars)</th>
<th>FTEs included in Contracted Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Patient Specialists</td>
<td>7168</td>
<td>2148</td>
</tr>
</tbody>
</table>

*Note: HCCIS stands for Health Care Cost Information System.*
Capital Expenditures

A Guide to Minnesota Capital Expenditure Reporting
Reporting Requirements

There are two separate reporting requirements for Capital Expenditures:

- Reporting of major capital expenditure commitments for each project greater than one million dollars (see HAR sections 56 & 57)

- Providing sufficient project specific information about capital expenditure commitments for MDH to complete a retrospective review of each project
Reporting Forms

Providers submit capital expenditures on existing annual financial reports

- Hospitals - Hospital Annual Report (HAR)
- Surgical Centers – Freestanding Outpatient Surgical Center (FOSC) Report
- Imaging Centers - Diagnostic Imaging Facility Report
- Physician Clinics, Clinic Systems, or Health Care Systems – System Capital Expenditure Report
Health Care Systems
Decision Chart

Is the Capital Expenditure project for more than one facility or location?

YES

Report the Capital Expenditure Commitment in the summary sections and retrospective review information in the HealthCare System Capital Expenditure formset.

NO

Report the Capital Expenditure Commitment in the summary sections and retrospective review information in the appropriate formset for your facility.

http://www.health.state.mn.us/divs/hpsc/dap/cdireports/capexp/index.html
Do Not Duplicate Project Reports

If your project has been reported previously, it does NOT need to be updated or re-reported UNLESS there has been a significant change in scope and budget.
Check for Duplicate Reporting

• There is a tab in the 2018 HAR Formset titled “Prior Cap Exp Report.” Please be sure to check this tab to ensure any capital expenditure projects have not been reported in a previous year.
## Prior Commitment Reports

- The Prior Cap Exp Report tab has room for 21 previous projects

### Capital Expenditure Reports reported prior to Fiscal Year 2017

This information is provided for reference only. The following Capital Expenditure Commitments have been previously reported by your facility and do not need to be re-reported on the 2016 HAR unless there has been a significant change to the project in scope and/or budget. If you have questions about this information please contact health.hccis@state.mn.us.

If an update to the project listed below is being reported on the 2016 HAR please include the MDH Reference ID in the Title and General Description narrative portion of the 2016 HAR. Report only additional commitment dollars and the explanation for the change to the project.

<table>
<thead>
<tr>
<th>Project</th>
<th>1</th>
<th>Previous Project MDH Reference ID</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>Report Year</td>
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<td>Project Location</td>
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<tr>
<td>Commitment Date</td>
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<td>Commitment Dollars</td>
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</tr>
<tr>
<td>Brief Description</td>
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<td>#N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project</th>
<th>2</th>
<th>Previous Project MDH Reference ID</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Report Year</td>
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<td>Project Location</td>
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<tr>
<td>Commitment Date</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
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<td>#N/A</td>
<td>#N/A</td>
<td>#N/A</td>
<td>#N/A</td>
</tr>
</tbody>
</table>
Project Update Reporting

If reporting significant changes be sure to include:

- Specific references to the original project
- Explanations in the narrative portions of the Retrospective Review section that clearly describe the changes being made to the project
- Only NEW commitment dollars
A Capital Expenditure Contact is required by all hospitals. This should list the individual responsible for any questions relating to Capital Expenditures.

The Capital Expenditure Contact is required, and is not optional.
Clinic Reporting

Reporting Guidelines for Clinic Information on the Hospital Annual Report
Clinic Decision Flowchart

Can you answer yes to any of these?
- Does the clinic operate as an outpatient department of the hospital?
- Is the clinic listed as an off site location of the hospital on the hospital’s license?
- Are the patients of the clinic registered outpatients or admitted inpatients of the hospital?
- Does the clinic bill under the hospital’s Medicare and Medicaid ID numbers?
- Does the clinic charge a facility fee?

This is considered hospital revenue and should be reported in the hospital section of the HAR.

This is considered institutional revenue and should be reported in the institution section of the HAR.
Rural Health Clinics (RHC)

- Offsite RHCs should report their all-inclusive rates (AIR) as Clinic revenue in account 0207 on the Institutional page, Section 1
- The hospital-billed lab and technical components should remain in the hospital sections
Offsite Locations Tab

- All outpatient departments, clinics, and components not located on the hospital's premise
- Offsite locations where services provided are billed under the hospital's Medicare and Medicaid provider numbers
- Verified against hospital license application
Offsite Locations Tab

• Reminder:
  – This tab is matched against Gross Clinic Charges (account 0207) and Other Institution Charges (account 0208)
  – If there is an offsite entity being listed in account 0207 and/or 0208, please list these entities on the Offsite Locations Tab
  – For each entity that is listed on the Offsite Locations Tab, please fill out all data fields
Offsite Locations Tab: Additional Locations

- There is only space for 32 offsite locations. Please do not insert lines on the formset
- Please email Nick Johnston if you plan on reporting more than 32 locations
• Not limited to just examples in instructions
  – For example therapists can be included so long as they do their own billing (not through the hospital)
  – If they bill using UB forms it is considered being billed through the hospital
  – Intended to capture professional billing revenue for all non-physician care professionals
Reminders and Resources for Preparers

General Guidelines and Places for Further Information
A Medical Care Surcharge Estimation Tool has been included on a separate tab in the HAR 2018.

After completing the HAR, please review this tab to verify that the information reported on the HAR for these key accounts is accurate.

DHS remains the sole determiner of your surcharge, and this tool is to be used only to give guidance and help in the correct completion of the HAR.

### Medical Assistance Surcharge Calculation Estimate

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>7090</td>
<td>Hospital Patient Care Services Charges</td>
<td>$</td>
</tr>
<tr>
<td>7104</td>
<td>Medicare Patient Charges - Hospital Patient Care Services</td>
<td>$</td>
</tr>
<tr>
<td>7106</td>
<td>Medicare Managed Care Organizations Patient Charges - Hospital Patient Care Services</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td><strong>Hospital Patient Care Charges Excluding Medicare (Non-Managed and Managed)</strong></td>
<td>$</td>
</tr>
<tr>
<td>7125</td>
<td>Total Adjustments &amp; Uncollectibles - Hospital Patient Care Services</td>
<td>$</td>
</tr>
<tr>
<td>7058</td>
<td>Medicare Adjustments - Hospital Patient Care Services</td>
<td>$</td>
</tr>
<tr>
<td>7100</td>
<td>Medicare Managed Care Organizations Adjustments - Hospital Patient Care Services</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td><strong>Hospital Patient Care Adjustments Excluding Medicare (Non-Managed and Managed)</strong></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td><strong>Total Medical Assistance Surcharge Base</strong></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td><strong>Estimated Medical Assistance Surcharge Obligation</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
MCR, AFS and Charity Care Policy Submission

- MHA has the ability to receive the Medicare Cost Report in the ECR file format.
- ECR format is the preferred format for the MCR.
- Your hospital’s AFS and MCR should be submitted as soon as they become available.
- Charity Care Policy – If your hospital’s Charity Care Policy has changed, please submit a copy as soon as possible.
Data Transmission Method Available

• HTTPS data transmission available
  – Transmission encrypted and secure
  – As easy as web e-mail or online banking
  – Hospitals can download their prior year’s Commentary or Hospital Profile report from same site as well.
  – More safe and secure than postal mail or e-mail
  – No file size restrictions, unlike e-mail

• This method is highly recommended by MDH and MHA for data transmission

• Web address: https://portal.mnhospitals.org/
Places for Further Information

- Both MDH and MHA’s website have further information on HAR related issues.
  - MDH Website: [http://www.health.state.mn.us/hccis/](http://www.health.state.mn.us/hccis/)

- All Deadlines and Events are posted on websites.

- Power Point presentation of 2018, and 2017 HAR Education and Information Sessions available at sites above.

- Electronic Newsletters covering the following topics:
  - Getting Started
  - Microsoft Excel Tips and Useful Tools
  - Expense Allocation Methodology
  - Primary Payer Charges and Adjustments
  - Outpatient Charges

- If a question or problem arises while completing the Hospital Annual Report, please contact Nick Johnston at MHA or Tracy Johnson at MDH (see last slide for contact information).
Contact Information

• MHA staff at (800) 462-5393 or (651) 641-1121

• Nick Johnston, MHA (651) 603-3536, njohnston@mnhospitals.org

• Tracy Johnson, MDH (651) 201-3572, Tracy.L.Johnson@state.mn.us