



*Minnesota Hospital Association*

# 2019 HAR Education and Information Session

Nick Johnston, MHA

Joe Schindler, MHA

Tracy Johnson, MDH

Cara Bailey, MDH



# 2019 Education and Information Topics

- Extension Requests
- Tips
- Updates
- Capital Expenditures
- Clinic Reporting
- Reminders and Resources



# Extension Requests

- For the 2019 HAR, MHA is able to grant an extension of 21 days
- If a hospital is 30 days late submitting their HAR, the hospital will be turned over to MDH



# Useful Tips

- Contact MHA early with any questions
- All values should be whole numbers
  - FTEs may be rounded to two decimal points
- Complete non-financial sections early, leave financial sections for after AFS is ready
- Use the notes section at the bottom of the HAR
- Review the Audit Checks tab

# Updates for 2019 HAR Reporting

# Updates: Cover Sheet

Hospital Annual Report (HAR) 2019 Financial, Utilization, and Services Data				
<b>Complete this page, print it, and have it signed.</b>				
<b>Hospital Identification</b>				
HCCIS ID	0			
NEI	111111111	Please provide the National Provider Identifier for the acute care facility of the hospital		
Hospital Name	<b>Minnesota Hospital Association</b>			
Address	<b>2550 University Ave West</b>	Date Filed		
P.O. Box		Date Revised		
City	<b>ST. PAUL</b>	<b>Fiscal Year</b>		
Zip Code	<b>55114-1052</b>	2019 Fiscal Year End Date		
County	<b>RAMSEY</b>	Number of Months in		
Facility Phone #	<b>(651) 659-1440</b>	<b>Critical Access Hospital (CAH) Status</b>		
Facility Fax #	<b>(651) 659-1477</b>	<b>Yes</b>	<b>No</b>	
Administrator's Name	<b>Joe Schindler</b>		<b>X</b>	
Administrator's Title	<b>VP Finance</b>	Administrator's e-mail address	<a href="mailto:JSchindler@mnhospitals.org">JSchindler@mnhospitals.org</a>	
CFD's Name	<b>Deb Kierstead</b>	Hospital's Website	<a href="http://www.mnhospitals.org">www.mnhospitals.org</a>	
System Affiliation: Name of system(s), e.g., Allina,	<b>No Affiliation</b>	<b>Check Type of Affiliation(s):</b>		
Hospital Ownership Type		<b>Own</b>	<b>Manage</b>	<b>Lease</b>
Emergency Department Physician Director (full	<b>0</b>			<b>X</b>
<b>Please enter Hospital Ownership Type. This was previously reported as 'Nonprofit Corporation (nongovernmental, nonprofit)'. This certification must be signed by an officer of the hospital, such as the Administrator, CEO, C...</b>				
<b>Certification Statement:</b> I hereby certify that I have examined the accompanying Hospital Annual Report and to the best of my knowledge, the information herein is accurate.				
Signed				
Printed Name				
Position		Date		

**This item can not be left blank. Please review instructions.**  
**This item can not be left blank. Please review instructions.**

# Updates: Sections 43 and 53

Section 53: Available Beds in Dedicated Specialty Units				FY 2018			
Category	Total Available	Adult ICU	Adult Non-ICU	Pediatric			
Med/Surg Available Beds	7463	7476	7479	7490			
Cardiac Available Beds	7461	7475	7480	7488			
Chemical Dependency Available Beds	7462		7481	7489			
Mental Health (Psychiatric) Available Beds	7464		7482	7491			
Neurology Available Beds	7465		7483	7492			
Obstetrics Available Beds	7466						
Orthopedic Available Beds	7467		7484	7493			
Rehabilitation Available Beds	7468		7485	7494			
Other Specialty Available Beds	7469	7477	7486	7495			
<b>Total Acute Care Available Beds</b>	7470						
Swing Available Beds	7471						
Sub-Acute and Transitional Care Available Beds	7472						
Other Non-Acute Available Beds	7473						
<b>Total Non-Acute Care Available Beds</b>	7474						
<b>Total Available Beds</b>	7082	7478	7487	7496			

Accounts in red boxes were removed from the FY 2019 HAR

Section 43: Number of Swing Beds		FY 2018
4550	Number of Swing Beds	-
4520	Average Daily Number of Swing Beds. Calculation: (4034/365 days)	0.00

# Updates: Sections 43 and 53

Section 53: Available Beds in Dedicated Specialty Units				FY 2019			
Category	Total Available	Adult ICU		Adult Non-ICU		Pediatric	
Med/Surg Available Beds	7463	-	7476	7479		7490	
Cardiac Available Beds	7461	-	7475	7480		7488	
Chemical Dependency Available Beds	7462	-		7481		7489	
Mental Health (Psychiatric) Available Beds	7464	-		7482		7491	
Neurology Available Beds	7465	-		7483		7492	
Obstetrics Available Beds	7466	-					
Orthopedic Available Beds	7467	-		7484		7493	
Rehabilitation Available Beds	7468	-		7485		7494	
Other Specialty Available Beds	7469	-	7477	7486		7495	
<u>Total Available Beds</u>	7082	-	7478	7487	-	7496	-

A view of the updated sections

Section 43: Number of Swing Beds		FY 2019
4520	Average Daily Number of Swing Beds. Calculation: (4034/365 days)	0.00





# Updates: Offsite Locations Tab

- Please use only one row per entry
- New column to show how revenues are reported
- Checking yes or no to being billed under the hospital's Medicare number is required



# Updates: Audit Checks Tab

- More relevant audit checks
- Can now respond directly to certain audit issues
- Make sure there are no fatal audit issues

# A Guide to Minnesota Capital Expenditure Reporting

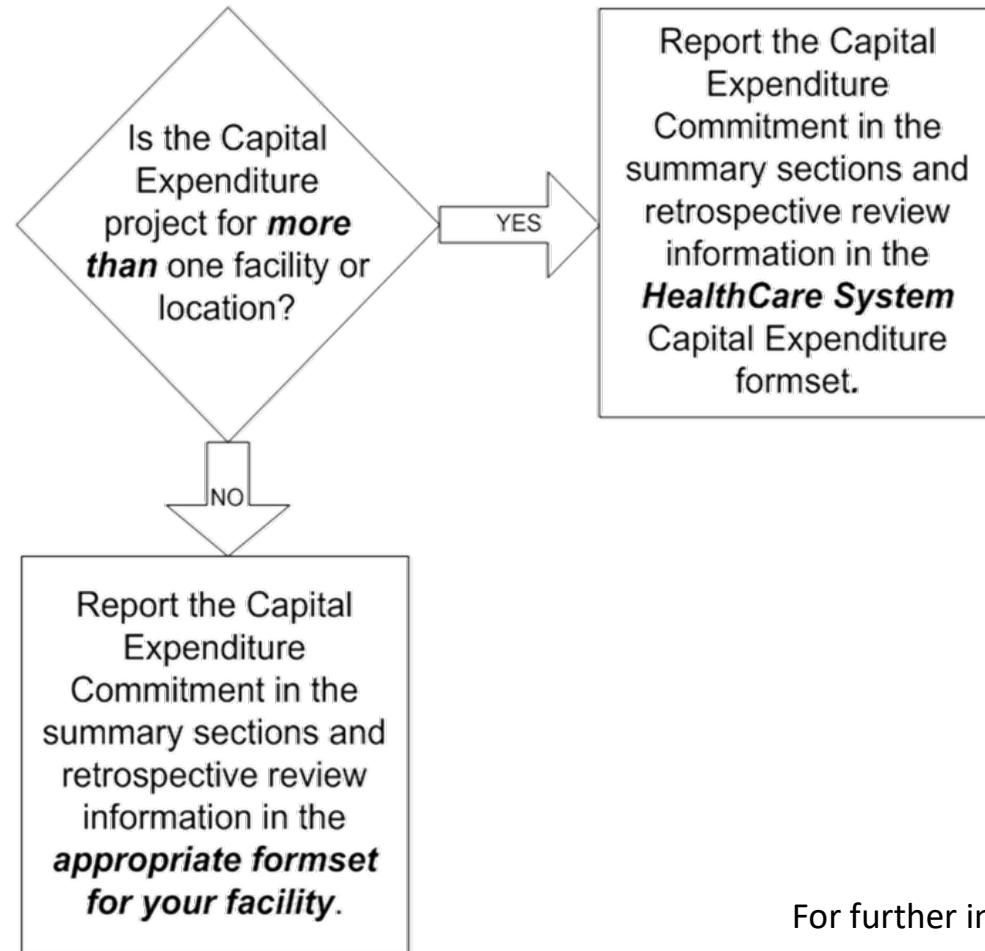
# Capital Expenditure Reporting: Requirements

- A capital expenditure contact is required by all hospitals. This person responsible for any questions relating to capital expenditures
- Two separate reporting requirements:
  - Reporting of major capital expenditure commitments for each project greater than one million dollars (See HAR sections 56 and 57)
  - Provide sufficient project specific information about capital expenditure commitments for MDH to complete a retrospective review of each project

# Capital Expenditure Reporting: 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

# Capital Expenditure Reporting: Decision Chart



For further information [click here](#)



# Capital Expenditure Reporting: Duplicate Reports

- Please check the “Prior Cap Exp Report” tab on the HAR to ensure projects have not been reported previously
  - This tab will show up to 21 prior reports from the previous three years
- 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 or budget



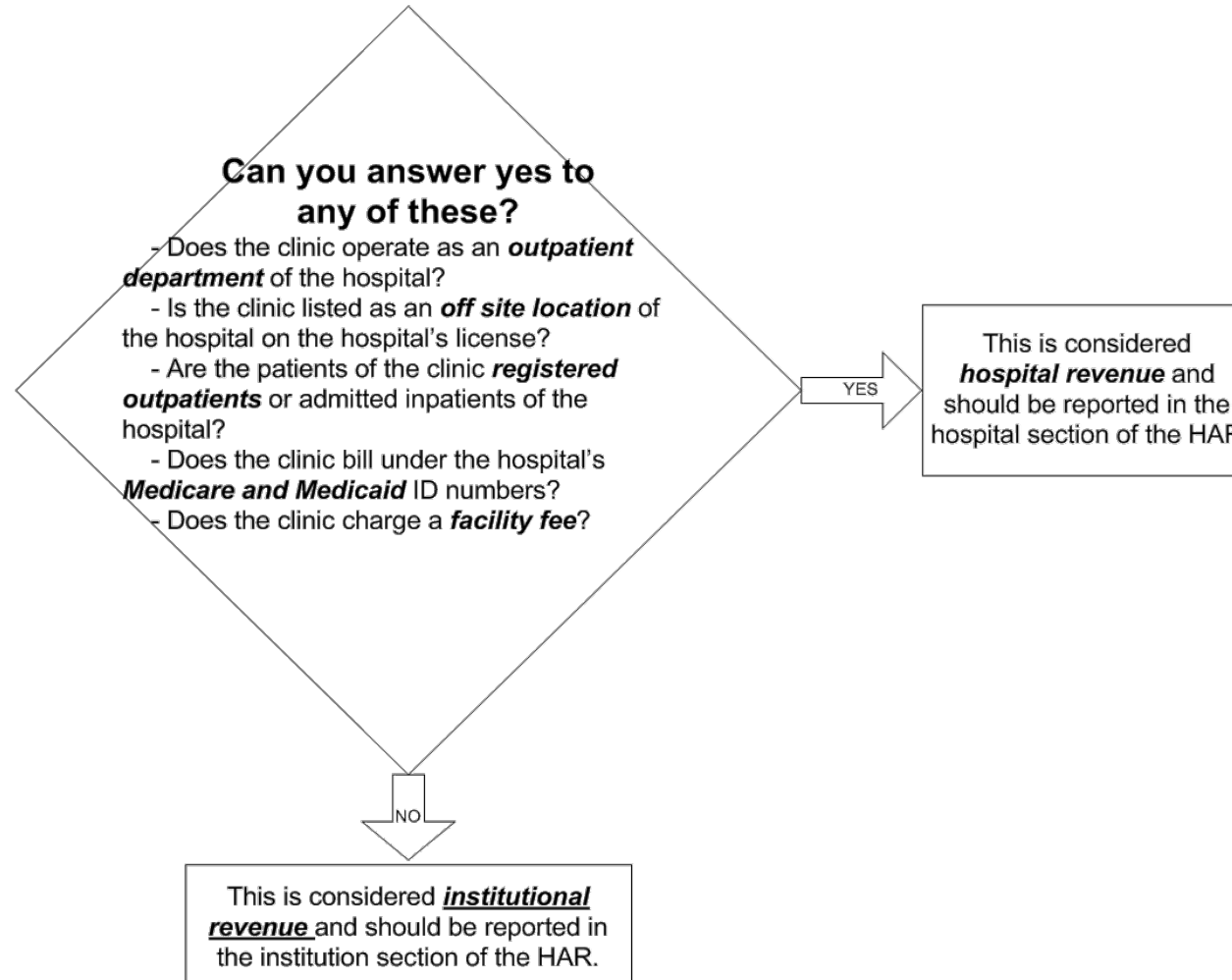
# Capital Expenditure Reporting: Reporting Project Updates

- If reporting significant changes be sure to include:
  - Specific references to the original project
  - Explanations in the narrative portions of the respective review section that clearly describe the changes being made to the project
  - Only NEW commitment dollars



# Reporting Guidelines for Clinic Information on the HAR

# Clinic Reporting: Flow Chart





# Clinic Reporting: Rural Health Clinics (RHC)

- RHCs Should report their all-inclusive rates (AIR) as clinic revenue in account 0207 on the Institutional page in section 1
- The hospital billed lab and technical components should remain in the hospital sections



# Clinic Reporting: 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



# Clinic Reporting: 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

# General Guidelines and Places for Further Information

# Reminders and Resources: Medical Care Surcharge Estimator

- A Medical Care Surcharge Estimation Tool has been included on a separate tab in the HAR
- After completing the HAR, please review this tab to verify that the information reported on the HAR for these key accounts is correct
- DHS remains the sole determiner of your surcharge. This tool is to be used only to give guidance and help in the correct completion of the HAR



# Reminders and Resources: MCR, AFS, and Charity Care

- ECR format is the preferred format for the MCR
- Please submit your hospital's AFS and MCR as soon as they become available
- If your hospital's Charity Care Policy has changed please submit a copy as soon as possible





# Reminders and Resources: Data Transmission Method

- The HAR and supporting documentation may be submitted via MHA's secure [web portal](#)
- This is the method recommended by MDH and MHA for data transmission

# Reminders and Resources: Preliminary Audit Checks File

- After the HAR is uploaded to the portal a preliminary audit checks file is generated
  - Secure Reports -> HAR Project -> My Downloads
  - A new file is generated after each HAR upload
- The preparer may make comments next to the audit checks and upload the file to the portal
- If you are unsure of what certain audit checks mean, please call or email Nick Johnston

# Reminders and Resources: Further Information

- Both the [MDH](#) and [MHA](#) websites have additional information on HAR related issues
  - Deadlines and Events
  - Previous HAR Education and Information Sessions

# Thank you.

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

Nick Johnston, MHA (651) 603-3536, [njohnston@mnhospitals.org](mailto:njohnston@mnhospitals.org)

Tracy Johnson, MDH (651) 201-3572, [Tracy.L.Johnson@state.mn.us](mailto:Tracy.L.Johnson@state.mn.us)

# Appendix

1. Slide 14, Capital Expenditure Reporting: Decision Chart – Further Information Link:  
<http://www.health.state.mn.us/divs/hpsc/dap/cdireports/capexp/index.html>
2. Slide 25, Reminders and Resources: Data Transmission Method – MHA's Secure Web Portal Link:  
<https://portal.mnhospitals.org/>
3. Slide 27, Reminders and Resources: Further Information – MDH HCCIS Link:  
<http://www.health.state.mn.us/hccis/>
4. Slide 27, Reminders and Resources: Further Information – MHA HCCIS Link:  
<http://www.mnhospitals.org/data-reporting/mandatory-reporting/health-care-costs-information-systems-hccis>