

2023 Institutional Cost Report (ICR)

NYS Department of Health Division of Finance and Rate Setting Bureau of Hospital and Clinic Rate Setting

ICR Road Shows: April 15, 2024 – April 18, 2024

Agenda

- Software to Use
- > Software, Support & Electronic Filing Procedures
- > 2023 ICR Audit Fees
- Health Commerce System (HCS)
- > Department of Health (DOH) Public Website
- > 2023 ICR Updates & Reminders
- > Questions?



Software to Use

> HFS MCRIF32 Software (NEW for 2023)

- 2023 Institutional Cost Report (ICR) and Medicare Cost Report (MCR) Submissions
- Has backwards compatibility
- Final version pending release from Health Financial Systems (HFS)

Legacy Compu-Max Software

- 2021 ICR Audit Resubmissions (audit is currently ongoing)
- 2022 ICR Resubmissions (until DOH directs otherwise)
- May use to start 2023 ICR & MCR do not submit
 - HFS Report Wizard may be used to convert files for new HFS Software



Software, Support & Filing Procedures

Obtaining Software and Support

- HFS MCRIF32 Software will be available for download from the HFS website
 - Hospitals were notified on 1/23/2024 and 2/26/2024 to register through HFS
 Registration is ongoing
 - MCR software is available for download now, ICR portion is pending release
- ICR support, problem resolution and questions:
 - Send email to: <u>Hospital.ICR@health.ny.gov</u>
 - Include in subject line: "2023 ICR hospital name"
 - For problem resolution, send your ".mcrx" file to this email address. The file will then be forwarded to HFS, if necessary.

Note: Please do not send files via secure e-mail (only necessary when PHI data is present)

Office of

Health Insurance Programs

Software, Support & Filing Procedures

> Electronic Filing Procedures

- DH file: Electronic submission through Health Commerce System (HCS) – Hosp Institutional Cost Rpt application)
 - Due date: Friday, June 14, 2024 (ICR ONLY)
- Supporting documents due within 5 business days of ICR submission to be considered a valid cost report submission
 - Signed CFO/CEO certification (Verify Document Control Number (DCN) matches ICR)
 - Audited Financial Statements (Final)
 - "Draft" statements <u>are not acceptable</u> for audit purposes
 - Audit Fee Form (Proof of Payment)



Software, Support & Filing Procedures

Electronic Filing Procedures - continued

- Email supporting document files to: <u>AFS@health.ny.gov</u>
 - Signed CFO/CEO Certification:
 - File named with 7-digit operating certificate number and "_CFO" Example: 1234567_CFO
 - Audited Financial Statements:
 - File named with 7-digit operating certificate number and "_AFS" Example: 1234567_AFS
 - Audit Fee Form:
 - File named with 7-digit operating certificate number and "_AFF" Example: 1234567_AFF

Note: Please do not send files via secure e-mail (only necessary when PHI data is present)



2023 ICR Audit Fees

> Audit Fee Payment/Form

- Due within 5 business days of filing ICR
- Same banking information as previous years
- Same fee schedule as previous years available on DOH website
 - Fee schedule: <u>http://www.health.ny.gov/facilities/hospital/audit_fee/</u>
- Email notification to be released for facility-specific audit fees
- Additional fees may be assessed when # of submissions exceeds 2
- Email completed Audit Fee Form to: <u>AFS@health.ny.gov</u>
 - One form may be used to report fees paid for multiple hospitals in a system



Health Commerce System (HCS)

Website: <u>https://commerce.health.state.ny.us/public/hcs_login.html</u>

Communication Tool

- Secure network for posting provider information
- Important to keep email address current to receive notifications
 - User's responsibility
 - Email list is separate from the DOH public website electronic mailing lists

HCS Help Contact

- Commerce Accounts Management Unit: 1-866-529-1890 or <u>camu@health.ny.gov</u>
 - HCS accounts
 - Password resets
 - Removal of employees

> HCS Access Contact

- Hospital Fee-for-Service Rate Unit: <u>HospFFSunit@health.ny.gov</u>
 - Receiving access to the ICR (or other hospital applications)
 - Rate-related questions



Department of Health (DOH) Public Website

Institutional Cost Report (ICR) web page:

https://health.ny.gov/facilities/hospital/rate_setting/centers/index.htm

Information posted for Inpatient Rates and APR-DRG Weights: <u>https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/</u>

Information posted for Outpatient Rates and APGs: https://www.health.ny.gov/health_care/medicaid/rates/apg/

> Electronic Mailing List Subscriptions (DOH web pages):

Inpatient Rates: <u>https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/listserv/</u>
 Outpatient Rates/APGs: <u>https://www.health.ny.gov/health_care/medicaid/rates/listserv/</u>



Exhibits (changes, additions & clarifications)

- Exhibit 1 (Hospital Identification Data)
 - Report inpatient service closures
 - Only when entire service closes for an exempt unit area (i.e., All Psychiatric Units)
 - Indicate if permanent or temporary and date

• Exhibit 33 (Outpatient Statistical Data, Visits by Source)

- "Other" service area added
 - To be used for non-standard Outpatient services
 - Must add header label (avoids fatal edit)
 - Ensure proper Medicaid Service Code assignment



Exhibits (changes, additions & clarifications) - continued

- Exhibit 41 (Medicaid Funded Depreciation Schedule)
 - Negative depreciation values may not be reported for:
 - Depreciation Expense
 - Capital Asset Purchases
 - Capital Debt Payments



- Edits
 - New edits
 - Highlight inconsistencies between reported utilization, costs and/or charges
 - All new edits/changes to edits will be highlighted in the edit listing
 - Importance of Edits
 - Improve data integrity
 - Budgetary Analysis, DSH Model, Directed Payments, etc
 - Highlight data anomalies
 - Low utilization, positive values entered as negatives & vice versa, etc
 - Help reduce ICR audit findings and/or questions
 - May prevent reporting errors and avoid audit findings
 - Edit explanations reviewed by DOH and provided to auditors



Edits - continued

• Types of Edits

Fatal (3xxxx)

Identify the cause and make appropriate correction(s)

Notify ICR mailbox when edit is believed non-applicable and cannot be cleared

Non-Fatal (4xxxx)

Intent is to identify unexpected data or combinations

Only change data if an entry is incorrect or omitted

Do not make changes to unsupported values just to clear edit(s)

✓ Edits comparing Exhibit 3 (S-3, Part I) versus Exhibits 32, 33, & 34 (Utilization)

✓ PS&R versus Patient Financial System

✤ All non-fatal edits require a valid explanation



Edits - continued

• Edit Responses

- Explanations should provide insight
 - Cannot be left blank (Fatal Edit)
 - Should not state "Confirmed", except for edits requesting confirmation (ex edit 41806)
 - ✓ Stating "Correct", "Affirmed" or similar is insufficient
 - Should not state "Will review during audit"
 - Adequate explanations will help avoid inquiries from DOH/auditors

Note: Any edits that require reporting corrections should be done BEFORE filing <u>either</u> the Medicare or Medicaid cost report



> Primary Payor Reporting

- After posting the Explanation of Benefit (EOB), self-responsible amounts are still the primary payor
 - Not the secondary payor, if different from primary
 - Not self-pay or uninsured

• Charity Care Primary Payor

- Only if entire account does not have third-party coverage and was or is to be written off
- Hospital Financial Aid Law (HFAL)

♦ Use lines 382, 383, 386 and 391 on Exhibit 46 to report Charity Care reductions

• Payor changes for later eligibility determination



Primary Payor Reporting – continued

- Centers for Medicare and Medicaid Services
 - Issued Final Rule on February 23, 2024
 - The DSH Third-Party Payer Rule (89 FR 37, pp. 13916–13948)
 - Ensure that Primary payor is being reported appropriately
 - ICR Instructions and/or FAQs to updated based on ongoing discussions with DSH Team



> Offsets

- Typically, would reduce revenue or expense to zero
 - Unless limited, such as interest restricted in use by donor of principal

Should not result in negative expense

Offset shouldn't exceed expense amount

• Reminders

- When including ending accrual, consider beginning accrual
- Use hard-coded lines on Exhibit 18, when available
 - Parking, lines 068 and 069, Malpractice line 025
- Expenses reported on exhibit 18 are <u>after</u> reclasses and adjustments



Reminders

• 2023 ICR Submissions

- Please review past audit findings and/or adjustments to avoid similar reporting errors
- Backup documentation for various exhibits should be kept on-hand for audit purposes
- DCN's should match ICR submission and CFO certification
- Recommendation submit audited financial statements and CFO certifications same day as ICR submission
- Initial ICR submission should always include the most accurate data
 - Unaudited data may be used by the Department at any time
 - Ready to be audited (do not plan to fix exhibits during audit)





Questions?

ICR Questions: <u>Hospital.ICR@health.ny.gov</u>

