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**NOTE:** The HCCRA Chart of Accounts is referenced in the instructions. The Chart of Accounts was originally written March 26, 1984. The Authority is in the process of revising the Chart of Accounts. One copy of the revised Chart will be sent to each hospital after the “draft” is circulated for comments.

## WORKSHEET 1

### UTILIZATION OF INPATIENT SERVICE CENTERS

#### INSTRUCTIONS:

Provide data concerning inpatient days, discharges, licensed and staffed beds for each of the inpatient service centers. Utilization data must be broken out by the five major payor groups (i.e. Medicare, Medicaid, PEIA, Other Governmental and Non-Governmental Payors). The number of beds reported should be the number licensed and the number actually staffed for each service listed on Line 25A thru the Total following line 36A. Bassinets in the Newborn Nursery should not be included in either the licensed or staffed bed totals. Neonatal Intensive Care Beds should be included in both the licensed and staffed bed totals.

Utilization data by payor must be provided for each category of services for which the hospital has licensed beds. If a number is not entered in a cell, that cell will be assumed to be zero.

#### Instructions for Specific Line Numbers:

- Line 25A – Adult & Pediatrics (General Routine Care). This line should only be used when patient days and discharges are not maintained for Line 25B thru 25F. **(See Instructions for Worksheet 5, Line 25A on page 20)**
- Line 25E – Psychiatric Acute (Non Distinct Part). This line should only be used if the hospital does not have a Distinct Part Psychiatric Unit, but occasionally has a psychiatric inpatient.
- Line 30 – Other Special Care. This line should only be used when the hospital has special care inpatients that do not fit in the categories from line 26A thru line 29. If this line is used, specify the type of special care that the patient is receiving, or received.

- Line 31A and 31B – Chemical Dependency Adult and Adolescent respectively. These lines must be used if the hospital received a certificate of need for either or both of the services, or if it is reported on the Medicare Cost Statement as an approved distinct part unit.
- Line 32B and 32C – Psychiatric, Adult and Adolescent respectively. These lines must be used if the hospital received a certificate of need from the Authority or it has been recognized as a distinct part unit for Medicare purposes.
- Line 34A – Skilled Nursing Facility (Unit) this line should only be used if the hospital has a distinct part unit that has received a certificate of need from the Authority or it has been recognized as a distinct part unit for Medicare purposes.
- Line 34B – Swing Bed – SNF This line should only be used if the hospital has a certificate of need for swing beds or the swing beds are reported on the Medicare Cost statement.
- Line 35 – Nursing Facility. This line was formerly titled Intermediate Care Facility (ICF). This line should be used if it has been certified for Title V or Title XIX but not certified as an SNF or Medicare Title XVIII.
- Line 36 and 36A – Other Long Term Care and Respite Care Unit respectively. These lines should be used if the hospital has a distinct part unit that is providing non-medical residential type services.
- Total line. This line should be the total days, discharges, licensed and staffed beds. It should be the total of Line 30B plus Lines 31A thru Line 36A.

## WORKSHEET 1A

### UTILIZATION OF INPATIENT SERVICE CENTERS OTHER GOVERNMENTAL PAYORS

#### INSTRUCTIONS

This new worksheet is effective for years ending on and after September 30, 1994. The purpose of this worksheet is to separate the various Other Governmental inpatient days and discharges from the Nongovernmental days and discharges. This will provide better information for determination of charges and costs per day, as well as, the amount of allowances attributable to each of the Other Governmental payors.

Worksheet 1A is in two parts. Part 1 is the report of days for each payor for each inpatient service. Part 2 is the report of discharges for each payor for each inpatient service.

#### Specific Instructions:

Column 1, WV Workers' Compensation – Include only the days or discharges Outpatient attributable to the WV Workers' Compensation beneficiaries.

Column 2, DOL Black Lung, Other Government – Include only the days or discharges attributable to Black Lung patients that are not covered by the Medicare program. Also see Column 10.

Column 4, Handicapped Children – Included Title V Handicapped Children usually billed under the Medicaid 99 Code.

Column 5, 1950 and 1974 UMWA – This includes only those UMW Beneficiaries specifically identified in the US District Court for the Western District of Virginia,

Abingdon Division (Civil Action No. 92-0022-A) dated April 2, 1992. The definition is as follows:

Beneficiaries of the UMW 1950 Benefit Trust and the UMW 1974 Benefit Trust as defined by Article 1 (4) of the 1950 Benefit Plan and Trust and Article I (4) of the 1974 Benefit Plan and Trust. The class includes, but is not limited to, retired miners, widows of retired miners, and their eligible dependents.

Column 6, Out of State Workers Compensation – Include the days or discharges, if any for all Workers' Compensation patients from states other than West Virginia. If the hospital has Workers' Compensation patients from more than one state, please name each state.

Column 7, Other – If the hospital has other governmental payors that are not listed on Worksheet 1A, Columns 1 through 6, please display and identify the first such payor in this column. In the event that there is more than one Other Governmental payor, the hospital must attach a new page with Columns 11 thru 20 for the accumulation of the data for each additional Other Governmental payor. Do not substitute Other Governmental payors in Columns 1 through 6.

Column 8, Total Other Governmental – This column is the total of the amounts in Columns 1 through 7 and if applicable, Columns 11 through 20. The amounts in this column must agree with the amounts on Worksheet 1, Column 4 Days and Column 10 Discharges.

Column 9, Out of State Medicaid – This column is a **MEMO ONLY** Column to help you and the Authority determine the amount of service the hospital is providing to other state Medicaid programs and the effect it has on your rates. The days and discharges recorded in this column should be included in Column 2, Medicaid days and Column 8, Medicaid discharges on Worksheet 1.

Column 10, DOL Black Lung Medicare – This column is a **MEMO ONLY** Column. The days and discharges are recorded in this column should be included in Column 1, Medicare days and Column 7, Medicare discharges on Worksheet 1.

Columns 11 through 20 – If needed attach a worksheet to accumulate Other Governmental payors not listed in Columns 1 through 6.

## WORKSHEET 2

### UTILIZATION OF AMBULATORY SERVICE CENTERS

#### INSTRUCTIONS:

Provide the Ambulatory Service Center's outpatient utilization data for each service center listed. The Outpatient "Unit of Measure" is the outpatient visit. The visit is a temporary measure and will be replaced as soon as the Authority is able to collect outpatient billing data that can be used, along with the statistics, to develop a better reimbursement methodology (i.e., ambulatory payment groups).

The visits should be accumulated for each of the five major payor groups, (Medicare, Medicaid, PEIA, Other Government and Non-Government). If the hospital is unable to accumulate visits by payor, it should allocate the statistic on the ratio of gross patient revenue for each third party payor to total gross patient revenue.

#### DEFINITION OF A VISIT

An outpatient admission (visit) is the formal acceptance by the hospital of a patient who is not to be lodged in the hospital while receiving medical, dental or other services. Each visit by a patient to the hospital for diagnosis or treatment should be accounted for as a visit. Two examples of an outpatient visit are: (1) an emergency room patient who receives multiple ancillary services would be counted as one outpatient visit; (2) a patient who comes to the hospital on a regularly scheduled bases (i.e., a series patient, or a recurring patient) should be recorded as a visit each day the treatment(s) is provided.

Line 1 – Outpatient Visit. The visits in this case could be Outpatient Clinic visits and/or physician referred visits. They are visits that do not fit in the categories on Lines 2 thru 11e.

Line 3(a) – Ambulatory Surgery – (Non Distinct Part). If the hospital performs ambulatory surgery, (e.g., minor surgery, same day surgery, etc.) and it is done in the

hospital's operating room, or a similar type of surgery area that has not received a certificate of need as an Ambulatory Surgery Center, or is not recognized as a distinct part Ambulatory Surgery Center by Medicare, the number of patients should be recorded here. (See the definition of Visit above)

Line 3(b) – Number of surgery minutes. If the hospital accumulates the time a patient is in the ambulatory surgery center, regardless of whether the billing unit of measure is an hour, half hour, quarter hour or minutes, the unit should be recorded here and it would be very helpful to identify the unit of measure. The ambulatory surgery minutes are **not** to be counted as patient visits, but are for HCCRA information only.

Line 4(a) – Renal Dialysis. The statistic should be visits which may approximate the number of treatments.

Line 5 – Observation Beds – The statistic should be the number of visits. The visit would be the time from admission to time of discharge. However, if the patient is formally admitted as an inpatient and all services are billed as inpatient services, the outpatient visit should not be included in the total Observation Bed total visits.

Line 5(b) – The time a patient is in the Observation Bed, regardless of whether the billing unit of measure is an hour, a half hour, or some other time measure, that unit should be recorded here and it would be helpful to identify the unit of measure. Observation Bed hours are **not** to be counted as patient visits, but are for HCA information purposes only.

Line 6 – Other Non Distinct Part Units. If the hospital has other outpatient services that are not distinct parts, but have not been included in Lines 1 through 5, the statistic should be identified and recorded here, and should be included in the total on Line 7.

Line 8 – Ambulatory Surgery – (Distinct Part). If the hospital performs ambulatory surgery, (e.g., minor surgery, same day surgery, etc.) in a surgical unit that **has received** a certificate of need from the Authority, or has been recognized as a distinct

part Ambulatory Surgery Center by the Medicare program, the number of patients treated should be recorded here (See the definition of Visit above).

Line 9 – Home Health – (Distinct Part) – If the hospital provides home health services of the kind displayed on Worksheet 5, Page 5.4, Line 71 through line 81 and it has received a certificate of need, or a certificate exempting it from review, or it has been approved by Medicare as a distinct part unit, the number of total visits should be reported here.

Line 10 – Hospice – (Distinct Part) – If the hospital provides hospice services and has received a certificate of need from the Authority, or has been recognized as a distinct part hospice unit by Medicare the number of patient visits should be recorded here.

Line 11(a) through 11(e) – Other Distinct Part Units. If the hospital provides any of the services described on these lines and it has received a certificate of need, or has been recognized as a distinct part hospice unit by Medicare the number of patients visits for each unit should be recorded here.

**WORKSHEET 2A**  
**UTILIZATION OF AMBULATORY SERVICE CENTERS**  
**FOR OTHER GOVERNMENTAL PAYORS**

**INSTRUCTIONS**

This new worksheet is effective for years ending on and after September 30, 1994. The purpose of this worksheet is to separate the various Other Governmental outpatient units of service from the Nongovernmental outpatient units of service. This will provide better information for determination of charges and costs per visit, as well as, the amount of allowances attributable to each of the outpatient Other Governmental payors.

**Specific Instructions:**

Column 1, WV Workers' Compensation – Include in this column the outpatient units of service attributable only to WV Workers' Compensation beneficiaries.

Column 2, DOL Black Lung, Other Government – Include only the outpatient units of service attributable to Black Lung patients that are not covered by the Medicare program. Also see Column 10.

Column 4, Handicapped Children – Includes Title V Handicapped Children usually billed under the Medicaid 99 Code.

Column 5, 1950 and 1974 UMWA – This includes only those UMW Beneficiaries specifically identified in the US District Court for the Western District of Virginia. Abingdon Division (Civil Action No. 92-0022-A) dated April 2, 1992. The definition is as follows:

Beneficiaries of the UMW 1950 Benefit Trust and the UMW 1974 Benefit Trust as defined by Article 1 (4) of the 1950 Benefit Plan and Trust and Article 1 (4) of the

1974 Benefit Plan and Trust. The class includes, but is not limited to, retired miners, widows of retired miners and their eligible dependents.

Column 6, Out of State Workers' Compensation – Include the outpatient visits, if any, for all Workers' Compensation patients from states other than West Virginia. If the hospital has Workers' Compensation patients from more than one state, please name each state.

Column 7, Other – If the hospital has other governmental payors that are not listed on Worksheet 1A, Columns 1 through 6, please display and identify the first such payors in this column. In the event that there is more than one Other Governmental payor, the hospital must attach a new page with Columns 11 thru 20 for the accumulation of the data for each additional Other Governmental payor. Do not substitute Other Governmental payors in Columns 1 through 6.

Column 8, Total Other Government – This column is the total of the amounts in Columns 1 through 7 and if applicable, Columns 11 through 20. The amount in this column must agree with the amounts on Worksheet 2 Column.

Column 9, Out of State Medicaid – This Column is a **MEMO ONLY** Column to help you and the Authority determine the amount of service the hospital is providing to other state Medicaid programs and the effect it has on your rates. The outpatient visits recorded in this column should be included in Worksheet 2 Column 2, Medicaid outpatient visits.

Column 10, DOL Black Lung Medicare – This Column is a **MEMO ONLY** Column. The outpatient visits recorded in this column should be included in Column 1, Medicare outpatient visits Column 1.

## Worksheet 3

### Employee Hours Paid

#### INSTRUCTIONS:

Provide data on employee hours paid by the corresponding cost center. The source of this data can be found in the Uniform Chart of Accounts, Section 200, page 89.

The location of expense elements within the operating expense matrix is determined by the assignment of the natural classification of expenses. For a review of these classifications, refer to the Chart of Accounts. The instructions have used the numbers of the natural expense classifications to determine the assignment of the expenses for the cost centers. The four digits to the left of the decimal identify the cost centers while the digits to the right of the decimal identify secondary account. Thus, salary expense will be found in all expense accounts with numbers between .00-.19. The salary expense numbers are then divided into the following groups:

#### Non-Physician:

Supervisory - .01 [Column 1]  
Non-supervisory - .02 through .05 and .08 through .19 [Column 3]

#### Physician Services

Administrative and Professional - .06 [Column 5 & Column 7]  
Interns, Residents, and Fellows - .07 [Column 5 & Column 7]

Report paid employee hours for each applicable cost centers.

Paid employee hours include both direct (hours worked in the facility including overtime) and indirect (vacations, holidays, and other similar hours) for which salaries and wages are paid.

**The number of FTEs on Worksheet 3, Column 2 plus, Column 4, plus, Column 6, Column 8, line 101 should agree with the Total Number of FTEs on Worksheet 11, Form 1, Column 5, Total Line.**

## Worksheet 4

### STANDARD UNITS OF MEASURE BY ANCILLARY SERVICE CENTER

#### INSTRUCTIONS:

Provide data for all patients for each ancillary service center by using the listed standard unit of measure on the reporting form. The source of this data can be found by referring to the corresponding Uniform Chart of Account Number.

- The Inpatient Day Equivalents are to be calculated in the following manner. [Outpatient Revenue divided by (Inpatient Revenue divided by Inpatient Days)] plus Inpatient Days. Inpatient Days Equivalents are to be calculated for each distinct part unit, in order to determine the total equivalent days for the facility. This methodology is to be used until some other nationally recognized methodology, or a new methodology is developed by the Authority.

Inpatient Day Equivalents Inpatient & Outpatient (A)	$\frac{\text{Outpatient Revenue}}{(\text{Inpatient Revenue} \div \text{Inpatient Days})} + \text{Inpatient Days} = \text{Equivalent Days (A)}$
Inpatient Day Equivalents Chemical Dep – Adult (B)	$\frac{\text{Chem Dep – Adult Revenue}}{(\text{Inpatient Revenue})} + \text{Equivalent Days (A)} = \text{Equivalent Days (B)}$
Inpatient Day Equivalents Chem Dep - Adoles	$\frac{\text{Chem Dep – Adoles Revenue}}{(\text{Inpatient Revenue})} + \text{Equivalent Days (B)} = \text{Equivalent Days (C)}$
Inpatient Day Equivalents Rehabilitation (D)	$\frac{\text{Rehabilitation Revenue}}{(\text{Inpatient Revenue})} + \text{Equivalent Days (C)} = \text{Equivalent Days (D)}$
Inpatient Day Equivalents Psychiatric – Adult (E)	$\frac{\text{Psychiatric Adult Revenue}}{(\text{Inpatient Revenue})} + \text{Equivalent Days (D)} = \text{Equivalent Days (E)}$

Inpatient Day Equivalents Psychiatric – Adoles (F)	$\frac{\text{Psychiatric – Adoles Revenue}}{(\text{Inpatient Revenue}) + \text{Equivalent Days (E)}} = \text{Equivalent Days (F)}$ Inpatient Days
Inpatient Day Equivalents Skilled Nursing Unit (G)	$\frac{\text{Skilled Nursing Revenue}}{(\text{Inpatient Revenue}) + \text{Equivalent Days (F)}} = \text{Equivalent Days (G)}$ Inpatient Days
Inpatient Day Equivalents Nursing Facility Unit (H)	$\frac{\text{Nursing Facility (ICF) Revenue}}{(\text{Inpatient Revenue}) + \text{Equivalent Days (G)}} = \text{Equivalent Days (H)}$ Inpatient Days
Inpatient Day Equivalents Respite Care Unit (I)	$\frac{\text{Respite Care Unit Revenue}}{(\text{Inpatient Revenue}) + \text{Equivalent Days (H)}} = \text{Equivalent Days (I)}$ Inpatient Days

Your hospital may not have all of the Distinct Part Units listed above. In that case compute the equivalent days only for the units that you have. For Example, all hospitals should have inpatient and outpatient services and therefore will have equivalent days at (A). If your hospital only has a Skilled Nursing Unit, it would only be necessary to compute the equivalent days at (G) and add those to the (A) calculation.

## WORKSHEET 4-A

### UTILIZATION OF SERVICES

#### INSTRUCTIONS:

Provide data for all services. The information reported on this Worksheet is used with the UB-92 information to confirm data reported in Certificate of Need proposals. This information is often used by third party payors as well as others and should be reported as accurately as possible.

The information reported on the following lines require an attachment describing the ICD-9-CM codes that are used for each line:

Diagnostic cardiac catheterization – Line 1.C(1);

Diagnostic radiological special – Line 1.C(2);

Therapeutic cardiac catheterization – Line 1.C(3) and

Number of open heart surgeries – Line 3.B(4)

Provide inpatient and outpatient data as required.

## **WORKSHEET 5**

### **OPERATING EXPENSES**

#### **INTRODUCTION:**

The form titled "Worksheet 5, Operating Expenses" is modeled after Worksheet A of the Medicare Cost Report (HCCFA-2552-92). All the cost centers on Medicare Worksheet A are included on the WV HCA Worksheet 5. Additional cost centers have been added to the WV HCA Worksheet to present a detailed analysis of operating expenses.

The expenses for each cost center are more detailed than the Medicare Cost Report. The data can be consolidated into the required format of the Medicare Cost Report after completion of the WV HCA reporting form.

The location of expense elements within the operating expense matrix is determined by the assignment of natural classifications of expenses. For a review of these classifications, refer to the Chart of Accounts supplied by the WV HCA which was included as part of the original Uniform Reporting System. The instructions have used the numbers of the natural expense classifications to determine the assignment of the expenses for cost centers.

## WORKSHEET 5

### OPERATING EXPENSES

#### INTRUCTIONS:

#### Column 1 Total:

For each line enter the total expenses associated with the cost center. The Chart of Accounts Expense Number for each line is given after the name of the cost center. Those lines which do not have a number are centers which are on the Medicare Cost Report (HCFA-2552-92) but not included in the WV HCA Chart of Accounts. If costs are accumulated for these centers, then the hospital must enter them on the line specified, rather than combine them with other cost centers.

#### Column 2 Reclassification:

This column allows the hospital to allocate expenses that have been accumulated in one cost center to another more appropriate cost center. On a separate worksheet show the details of the reclassification. This Worksheet (WV HCA Worksheet 5-A) is modeled after Worksheet A-6 of the Medicare Cost Report (HCFA-2552-92).

#### Column 3 Adjustments to Expenses-Professional Component:

Any cost center expense which includes expenses associated with professional services rendered by a provider-based physician should be shown in this column as a reduction of expenses. The detail of the adjustments should be provided on WV HCA Worksheet 5-B.

#### Column 4 Adjustments to Expenses – Other Operating and Non Operating Revenue:

The hospital has the option to use either Other Operating Revenue and Non Operating Revenue (for example, Interest income; rent from a medical office building, etc.) as a direct reduction of Operating Expenses, or to accumulate the direct and indirect cost for each center that has such revenue. Space has been provided on Line

96 though Line 100E for the accumulation of costs. **See addendum to be added later if necessary.** In future rate applications it is anticipated that the hospital will use this same format to determine its financial needs.

Column 5 Balance:

The accumulated cost in Column 5 will be allocated among the various components in the remaining columns. This figure should reflect all adjustments and reclassification from other cost centers. The amount in each line of Column 5 is the amount to place on each line of Worksheet 6 in the Column titled Net Expenses for Cost Allocation, which is just before Column 1 of Worksheet 6.

Column 6 Employee Wages – Supervisory:

For each applicable cost center, enter all expenses in natural expenses category .01, .06 and .07. These are wages and salaries payable to management and supervisory personnel, physician administrative, professional salaries and interns, residents and fellows. This Column and Column 7 should reflect only salaries and wages. The reclassifications made in Column 2 should be considered and accounted for if the reclassifications included salaries. Employee Benefits will be allocated to Supervisory personnel on Worksheet 6.

Column 7 Employee Wages – Non-Supervisory:

For each applicable cost center enter all expenses in natural expense category .02 through .05 and .08 through .19. These are salaries and wages payable to non-supervisory personnel. “Non-supervisory employee” means one who does not have the authority to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or the responsibility to direct them, or to adjust their grievance, or effectively to recommend such action, and who may exercise only authority of a routine or clerical nature, and does not require the use of independent judgment.

The reclassifications made in Column 2 should be considered and accounted for if the reclassifications included salaries. Employee Benefits will be allocated to nonsupervisory personnel on Worksheet 6.

Column 8 All Other:

This column represents the non salary expense remaining after the supervisory and nonsupervisory salaries have been allocated to Columns 6 and 7. The amount in Column 6 plus the amount in Column 7 plus the amount in Column 8 will equal the Amount in Column 5.

INSTRUCTIONS FOR CERTAIN SPECIFIC LINES:

The following instructions are for only a few specific lines and in general the instruction is for a new line or for a line whose description is not as clear as it should be.

Lines 1 and 2 -- Old capital costs are defined as allowable capital-related costs for land and depreciable assets that were put into use for patient care on or before December 31, 1990, with additional recognition of costs for capital-related items and services that are legally obligated by an enforceable contract entered into on or before December 31, 1990, and are put into use before October 1, 1994. Other capital-related costs that are to be allocated to these lines are explained at Line 90 below.

Lines 3 and 4 – New capital costs are defined as all allowable capital-related costs that do not meet the definition of old capital costs. Other capital-related costs that are to be allocated to these lines are explained at Line 90 below.

Line 6B – Licenses and taxes reported on this line are those taxes that are not directly related to real property. For example, it would include general licenses to operate as a business, gross receipt taxes, use taxes, sale taxes and the provider taxes. Also see Line 90 below.

Line 13 – Maintenance of personnel should include the costs associated with the rent or depreciation expense of living quarters for non intern and resident physicians, meals or allowances for food and travel expense. For example, the hospital may have living quarters for nuns, or for traveling nurses and other personnel who work for the hospital on a contract basis.

Line 14 – Nursing administration generally includes only the cost of nursing administration. Direct nursing service expenses including salaries and wages of head nurses, registered nurses, licensed practical nurses, aides, orderlies and ward clerks should not be charged to this cost center.

Line 21 and 24 – Nursing school and paramedical education program costs are defined as those costs associated with formal teaching instructions on a specific topic or subject in a classroom that meets at regular scheduled intervals over a specific period of time (e.g., semester or quarter) and for which a student receives a grade. These programs may also require some clinical training which involves the use of the skills of a nursing or allied health profession or trade in the actual environment in which these skills will be used by the student upon graduation.

Line 25A – Adult and Pediatrics (general routine care). The purpose of this cost center is to accumulate the incurred routine service cost applicable to adults and pediatrics (general routine care) in a hospital. However, if the hospital makes charges and records the services for Line 25B through 25F in its accounting records, those charges and costs should be shown on the appropriate lines. In fact line 25A should only be used when the hospital does not maintain records for Lines 25B through 25F. **(See instructions for Worksheet 1, Line 25A on Page 1)**

Lines 31A and 31B – The Chemical Dependency – Adult Unit and the Chemical Dependency – Adolescent Unit should be used to accumulate the inpatient

routine service costs for these units only if they have received a certificate of need from the Authority or have been recognized as distinct part units for Medicare purposes.

Lines 32A – The Rehabilitation Unit should be used to accumulate the inpatient routine service costs for this unit only if it has received a certificate of need from the Authority or has been recognized as a distinct part unit for Medicare purposes.

Lines 32B and 32C – The Psychiatric – Adult Unit and the Psychiatric – Adolescent Unit should be used to accumulate the inpatient routine service costs for the units only if they have received a certificate of need from the Authority, or have been recognized as a distinct part unit for Medicare purposes.

Line 34A – Skilled Nursing Facility (or Unit) should be used to accumulate the inpatient routine service costs for this unit only if it has received a certificate of need from the Authority, or if it has been recognized as a distinct part unit for Medicare purposes.

Line 34B – Swing Bed – SNF should be used to accumulate the inpatient routine service costs for this unit only if it has received a certificate of need from the Authority or it is has been recognized as a swing bed unit for Medicare purposes. Swing beds should be used for patients who need skilled nursing care for a **short duration** after discharge from the acute care unit.

Line 35 – Nursing Facility should only be used to record the inpatient routine service costs if it has been certified for title V or title XIX but not certified as a SNF for Medicare title XVIII.

Line 36 and 36A – Other Long – Term Care and Respite Care Units should be used to accumulate the inpatient routine service costs for these units. People in

these units generally do not receive anything more than the minimum of routine services and little, if any, ancillary services.

Line 37A through 59C – Use for ancillary service cost centers.

Line 58 – Ambulatory Surgical Center. Enter the cost of ASCs that are not separately certified as a distinct part but which has a separate surgical suite. Do not include the costs of the ancillary services provided to ASC patients. Include only the surgical suite costs (i.e., those used in lieu of operating or recovery rooms).

Line 62 – Observation Beds. It is possible for you to have both a distinct part observation area and one that uses general acute care beds. For example, your distinct part observation bed area is only staffed from 7:00 AM – 10:00 PM. Patients entering your hospital needing observation bed care after 10:00 pm and before 7:00 AM are placed in a general inpatient routine care bed. If patients entering the distinct part observation bed area are charged differently than that patients placed in a general inpatient routine care bed, separate the costs into distinct observation bed costs and non-distinct observation bed costs. However, if the charge is the same for both patients, report all costs and charges as distinct part observation beds.

Lines 71 through 81 – Use these lines to accumulate costs specific to Home Health Agency (HHA) services.

Line 71 – Administrative & General is for the accumulation of the direct costs attributable to HHA Administration and General costs.

Lines 73 through 75 – These cost centers are for therapy services when only HHA patients are serviced.

Line 77 – Home Health Aide. This center should include the direct patient costs incurred for services performed by specially trained personnel who assist individuals in carrying out physicians' instructions under an established plan of care.

Lines 80 and 81 – Home Delivered Meals and Other Home Health Services are HHA services not covered by Medicare, but may be reimbursable by a State program and/or other third party payors. Line 81 noncovered services include homemaker services, home dialysis aide services, private duty nursing, health promotion activities, day care program, etc.

Line 87 – Malpractice Premiums and Paid Losses should include the costs of malpractice insurance premiums and self-insurance fund contributions. Also enter the cost if you pay uninsured malpractice losses incurred either through deductible or coinsurance provisions as a result of an award in excess of reasonable coverage limits. After reclassifications in Column 2 and adjustments in Column 4, the balance in Column 5 must equal zero.

Line 88 – Interest Expense. Enter all interest paid by the facility. If capital-related and working capital interest are commingled on this line, reclassify working capital interest to A & G expense. Reclassify capital-related interest to line 1 through 4, as appropriate, in accordance with the instructions for those lines. The amount of capital-related interest recognized as old capital is limited to the amount the hospital was legally obligated to pay as of December 31, 1990. Any allowable interest expense in excess of this limitation is recognized as new capital. After reclassifications in Column 2 and adjustments in Column 4, the balance in Column 5 must equal zero.

Line 90 – Other Capital Related Costs. Enter all other capital-related costs, including, but not limited to, property taxes, fire and other property taxes, and licenses such as those for motor vehicles, and royalty fees on depreciable

assets. Also include any directly allocated home office other capital costs. After reclassifications in Column 2 and adjustments in Column 4, the balance in Column 5 must equal zero.

Line 92 – Ambulatory Surgical Center. Enter the direct costs of an ASC as defined. An ASC operated by a hospital must be a separately identifiable entity, physically, administratively, and financially independent and distinct from other operations of the hospital. In addition, the ASC must have an agreement with HCFA as required by 42 CFR 416.25. Under this restriction, hospital outpatient departments providing ambulatory surgery (among other services) are not eligible to be classified as ASCs.

Line 96 through 100E – These cost centers are to be used at the hospital's option to accumulate the direct and indirect costs associated with these centers. The hospital may use Other Operating and Nonoperating revenue to offset the costs that otherwise would have been accumulated on these lines. It is the Authority's intention to use this information in future rate applications (i.e., rate application requests that are received on and after August 15, 1995).

## **WORKSHEET 5-A**

### **RECLASSIFICATION OF EXPENSES**

#### **INSTRUCTIONS:**

The WV HCA Worksheet 5-A Reclassification of Expenses is modeled after the Medicare Report Worksheet A-6 (HCFA-2252-92). Any unusual reclassification must be explained on this worksheet.

## WORKSHEET 5-B

### ADJUSTMENT TO EXPENSES -PROFESSIONAL COMPONENT PROVIDER-BASED PHYSICIAN

#### INSTRUCTIONS:

The WV HCA Worksheet 5-B is designed to provide a detailed schedule of the provider-based physician adjustments shown in Column 3, Worksheet 5. The adjustment should be only for professional portion of amounts paid to the physician by the provider.

**WORKSHEET 5-C**  
**RECONCILIATION**  
**OTHER OPERATING AND NON-OPERATING REVENUE**  
**FOR OFFSET TO EXPENSES**

Worksheet 5-C is designed to match other operating and non-operating revenue with the cost center containing expenses associated with that revenue. If additional lines to list revenue are needed use line 100A, 100B, etc.; specify the source of revenue.

The total amount of revenue recorded on Line 101 must agree with the sum of the non-operating and other operating revenue found in the hospital's records and audited Statement of Revenue and Expenses.

## **WORKSHEET 6**

### **COST ALLOCATION – GENERAL SERVICE COST CENTERS**

#### **INSTRUCTIONS:**

WV HCA Worksheet 6, Cost Allocation, is modeled after Worksheet B of the Medicare Cost Report (HCFA 2252-92). The Cost Centers that appear on the Medicare Cost Report appear on the WV HCA Worksheet 6. However, HCA has maintained the cost centers that it had in previous editions. HCCA has also included additional lines which allow a detailed analysis of expenses. For example, Administrative Expenses are contained in one General Service Cost Center on the Medicare Cost Report, but the HCA Worksheet has two cost centers for administrative expenses. Lines 25A through 25G are the same as in prior years and again are more than shown on the Medicare Cost Report.

In completing Worksheet 6, bring forward total expenses for cost allocation from WV HCA Worksheet 5, Column 5 to the Column titled “Net Expenses for Cost Allocation”, which is the column before Column 1 on Worksheet 6. The general Service Cost Center expense (overhead expenses) on Lines 1 through 24 are then allocated to the inpatient routine service cost centers, the intensive care cost centers, ancillary, outpatient, other reimbursable cost centers and other cost centers, using WV HCA Worksheet 6-A as the statistical basis for the allocation. The statistical basis for allocation varies from the Medicare Cost Report in certain aspects (see instructions for WV HCA Worksheet 6-A).

## WORKSHEET 6-A

### COST ALLOCATION – STATISTICAL BASIS

#### INSTRUCTIONS:

The WV HCA Worksheet 6-A is a supplement to Worksheet 6 and provides the basis for the cost allocation of WV HCCRA Worksheet 6. The format for WV HCA Worksheet 6-A is similar to the Medicare Cost Report Worksheet B-1 (HCFA-2252-92). WV HCA Worksheet 6-A should be completed in the same manner as Worksheet B-1 of the Medicare Cost Report.

The following chart is a comparison of the WV HCA Worksheet 6-A and the Medicare Cost Report Worksheet B-1 in regard to the statistical basis for cost allocation.

<b>General Service Cost Centers</b>		<b>Statistical Basis</b>	
		<b>Medicare</b>	<b>WV HCCRA</b>
1.	Old Capital Related Costs - Building and Fixtures	Sq. Ft.	Sq. Ft.
2.	Old Capital Related Costs - Movable Equipment	St. Ft. or Dollar Value	St. Ft. or Dollar Value
3.	New Capital Related Costs - Building and Fixtures	Sq. Ft.	Sq. Ft.
4.	New Capital Related Costs- Movable Equipment	Sq. Ft. or Dollar Value	Sq. Ft. or Dollar Value
5.	Employee Benefits	Gross Salary	Actual Benefit (1) Gross Salary
6.	Administrative & General		
	(A) General	Accumulated Cost	Accumulated Cost
	(B) License & Taxes - Exclude Income Tax	---	Accumulated Cost
7.	Maintenance and Repair	Sq. Ft.	Sq. Ft.
8.	Plant Operation	Sq. Ft.	Sq. Ft.

General Service Cost Centers		Statistical Basis	
		Medicare	WV HCCRA
9.	Laundry	Lbs. of Laundry	Lbs. of Laundry
10.	Housekeeping	Hrs. of Better Service	Square Feet
11.	Dietary	Meals Served	Meals Served
12.	Cafeteria	Meals Served	FTE's
13.	Maintenance of Personnel	Personnel Housed	Personnel Housed
14.	Nursing Administration	Nursing Hours	FTE's Supervised
15.	Central Services	Costed Requisitions	Costed Requisitions <sup>(2)</sup>
16.	Pharmacy	Costed Requisitions	Costed Requisitions <sup>(3)</sup>
17A.	Medical Records	Time Spent	Time Spent
17B.	Medical Care Review (PRO)	---	Gross Patient Revenue
18.	Social Services	Time Spent	Time Spent
19.	Other General Services	Specify	Specify
20.	Non Physician Anesthetists	Assigned Time	Assigned Time
21.	Nursing School	Assigned Time	Assigned Time
22.	Intern & Resident Services Salaries & Fringes	Assigned Time	Assigned Time
23.	Intern & Resident & Other Program Costs	Assigned Time	Assigned Time
24.	Paramedical Education	Assigned Time	Assigned Time

(1) If employee benefits are charged direct to department, please note that employee benefits are charged direct and no further allocation is needed. If employee benefits are not charged direct to departments, they must be allocated on the basis of Gross Salaries.

- (2) If costed requisitions are not used to allocate Central Services expenses, please specify the cost allocation methodology.
- (3) If costed requisitions are not used to allocate Pharmacy expenses, please specify the cost allocation methodology used.

## WORKSHEET 6 – C RATIO OF COST TO REVENUE

### INSTRUCTIONS:

This new Worksheet is effective for all years ending on and after September 30, 1994. It is similar to the Medicare Cost Report Worksheet C (HCFA-2552-92). This Worksheet is designed to determine two different ratios, (1) the cost per patient day for routine inpatient services, intensive care services, inpatient distinct part services and nursery services and (2) the ratio of cost to charges for all other services.

Although the instructions in part are shown at the bottom of Worksheet 6-C, a somewhat expanded version is included here for further reference.

Column 1 – Costs from worksheet 6, Column 25. Enter the accumulated costs for each line on Worksheet 6-C. The line numbers on Worksheet 6-C are the same as the line numbers on Worksheet 6.

Column 2 – Patient Days. Enter the days from the corresponding line number (25A through 36A) on Worksheet 1. These days will be used on this worksheet and also on Worksheet 7-A.

Column 3 – Department Revenue. Enter the revenue for each department from Worksheet 8, Column 13, which is the grand total of inpatient and outpatient revenue for each department from Line 25A through Line 100E. The total on line 101 should agree with Worksheet 7, Column 16, Line 101; Worksheet 8, Column 13, Line 101 and Worksheet 9, Part 16, Column 1, Line 1.

Column 4 – Ratio to Cost Revenue. Calculate the cost per patient day for Lines 25A through 36A by dividing the cost in Column 1 by the patient days in Column 2. The cost per day will be transferred to Worksheet 7-A. Calculate the ratio of cost to revenue for lines 37A through 100E by dividing the cost in Column 1 by the revenue in Column 3. The ratio of cost to charges will be transferred to Worksheet 7A.

## WORKSHEET 7

### GROSS PATIENT REVENUE BY HOSPITAL AND DISTINCT PART UNIT

#### INSTRUCTIONS:

Worksheet 7 has been expanded to provide for additional distinct part units. Part I is for Columns 1 through 9 and Part II is for Columns 9 through 16. Column 16 is the grand total for each line. Enter the revenue for each line and each column as it is recorded in the hospital records.

Revenue account numbers have been assigned for each center as listed in the Chart of Accounts. For a detail of these centers and a description of the function and type of activities in the account refer to Section 200, page 75 of the 1984 Chart of Accounts. The Chart of Accounts will be revised in the very near future and one copy will be distributed to each hospital.

The location of gross patient revenue (GPR) within the revenue matrix is determined by the assignment of the natural classification of revenue by revenue type. For a review of these classification numbers, refer to the 1984 Chart of Accounts, Section 22, page 27. The assignment of GPR in the applicable revenue center is dependent upon the revenue account number and the two digits to the left of the decimal. These digits identify the revenue center while the two digits to the right of the decimal identify the secondary accounts. Thus, revenues associated with all Inpatient – Acute Care Services will be found in revenue accounts with numbers between .00 - .09. The natural classification numbers for revenue accounts correspond to those assigned for the distribution of GPR by Hospital, SNF, ICF and subproviders (i.e., distinct part units).

## WORKSHEET 7-A

### PATIENT COST BY HOSPITAL AND DISTINCT PART UNIT

#### INSTRUCTIONS:

This new worksheet is effective for hospitals with years ending on and after September 30, 1994. The purpose of this worksheet is to allocate the costs for all revenue producing centers to the appropriate hospital and distinct part unit. This worksheet consists of two parts. Part I is for Columns 1 through 8 and Part II is for Columns 9 through 17. Column 17 is the grand total revenue for each line. Instructions for specific columns are described below:

Column 1 – Ratio from Worksheet 6-C, Column 4. For Lines 25A through 36A the ratio is the cost per patient day. For Lines 37 through 100E the ratio is the ratio of costs to revenue for each revenue center.

Column 2 – Inpatient Cost. Line 25A through Line 36A multiply the cost per day in Column 1 by the appropriate patient days on Worksheet 6-C, Column 2 for each line and each column (i.e. Column 1 and Column 3 through 11 and Column 14) of Worksheet 7.

Column 2 – Ancillary Cost. Line 37A through 100E multiply the ratio in Column 1 Worksheet 7-A by the corresponding revenue on each line in each column of Worksheet 7.

## WORKSHEET 8

### GROSS PATIENT REVENUE BY PAYOR

#### INSTRUCTIONS:

Worksheet 8 is in two parts. **Part 1 is Inpatient and Part 2 is Outpatient.** The purpose of this worksheet is to separate gross patient revenues into the five major payor classifications, (i.e., Medicare, Medicaid, PEIA, Other Government and Non-Government) for each revenue center. Each payor classification is separated into inpatient and outpatient revenues.

Part 1, Column 6 is total inpatient revenue. Part 2, Column 12 is total outpatient revenue. Part 2, Column 13 is the grand total revenue (i.e., Part 1, Column 6 plus Part 2, Column 12).

Worksheet 8 revenue centers are the same as Worksheet 7. See the instructions for Worksheet 7 for the discussion of the corresponding account and natural classification numbers.

This form is similar to the Medicare Cost Report (HCFA-2552-92) Worksheet C.

**WORKSHEET 8 – A**  
**PATIENT REVENUE BY**  
**OTHER GOVERNMENT PAYORS**

**INSTRUCTIONS:**

This new Worksheet is effective for year ending on and after September 30, 1994. The purpose for this worksheet is to separate the various Other Government payors from the Non-Government payors in order to determine a more equitable patient revenue for Non-Government payors. Worksheet 8-A provides the detail to support the combined amount in Column 4, Worksheet 8. Worksheet 8-A is separated into two parts, **Part 1** is the inpatient revenue and **Part II** is the outpatient revenue. The grand total for Other Government patient revenue is in Column 8, Worksheet 8-A, Part II. The following information provides more guidance for specific columns.

Column – Ratio from Worksheet 6-C, Column 4. For Lines 25A through 36A the ratio is the cost per patient day. For Lines 37 through 100E the ratio is the ratio of costs to revenue for each revenue center.

Part 1 Column 1 – Enter the revenue for each Revenue Center in the appropriate columns.

Column 1, WV Workers' Compensation – Include only the days or discharges attributable to the WV Workers' Compensation beneficiaries.

Column 2, DOL Black Lung. Other Government – Include only the days or discharges attributable to Black Lung patients that are not covered by the Medicare program. Also see Column 10.

Column 4, Handicapped Children – Includes Title V Handicapped Children usually billed under the Medicaid 99 Code.

Column 5, 1950 and 1974 UMWA – This includes only those UMW Beneficiaries specifically identified in the US District Court for the Western District of Virginia. Abingdon Division (Civil Action No. 92-0022-A) dated April 2, 1992. The definition is as follows:

Beneficiaries of the UMW 1950 Benefit Trust and the UMW 1974 Benefit Trust as defined by Article 1 (4) of the 1950 Benefit Plan and Trust and Article I (4) of the 1974 Benefit Plan and Trust. The class includes, but is not limited to, retired miners, widows of retired miners, and their eligible dependents.

Column 6, Out of State Workers' Compensation – Include the days or discharges, if any, for all Workers' Compensation patients from states other than West Virginia. If the hospital has Workers' Compensation patients from more than one state, please name each state.

Part I Column 7 – Other – If the hospital has other governmental payors that are not listed on Worksheet 8-A, Part I, please display and identify the first such payor in this column. In the event that there is more than one Other Governmental payor, the hospital must attach a new page with columns 11 through 20 for the accumulation of the data for each additional Other Governmental payor. Do not substitute Other Governmental payors in Column 1 through 6.

Part I Column 8 – Total Other Government Inpatient Revenue. It should equal the amounts in Columns 1 through 7 and if applicable the amounts in Columns 11 through 20. The amounts in this column (8) must agree with the amounts on Worksheet 8, Part I, Column 4. The Total on Line 101 of this Worksheet must agree with the Total on Line 101, Column 5, Worksheet 8, Part I.

Part I Columns 9 and 10 – Out of State Medicaid and DOL Black Lung Medicare Inpatients. These two columns are **MEMO ONLY** columns. They are for the Authority's information at the present time. The amounts in these columns should be included in

the appropriate columns on Worksheet 8. The Out of State Medicaid should be in Column 2, Worksheet 8, Part I. The DOL Black Lung Medicare should be included in Column 1, Worksheet 8, Part I.

Part II Column 7 – If the hospital has other governmental payors that are not listed on Worksheet 8A, Part II, please display and identify the first such payor in this column. In the event that there is more than one Other Governmental payor, the hospital must attach a new page with columns 12 through 20 for the accumulation of the data for each additional Other Governmental payor. Do Not substitute Other Governmental payors in Columns 1 through 6.

Part II Column 8 – Total Other Government Outpatient Revenue. The amounts in this column (8) should equal the amounts in Column 1 through 7 and, if applicable, the amounts in Column 12 through 20. The amounts in this column (8) must agree with the amounts on Worksheet 8, Part 2, Column 10. The Total on Line 101 must agree with the Total on Line 101, Column 12, Worksheet 8, Part II.

Part II Column 9 – Grand Total Other Government Revenue. The amounts in this column (9) should equal the amount from Total Other Government Revenue, Inpatient in Column 7, Part I, plus the Total Other Government Revenue, Outpatient from Column 8, Part II. The total on Line 101 of this column (9) must agree with the amount on Worksheet 8, Part 2, Column 12, Line 101.

Part II Columns 10 and 11 – These two columns should be treated as **MEMO ONLY** columns the same as Columns 9 and 10, Part I.

## WORKSHEET 8 – B

### PATIENT COSTS BY THIRD PARTY PAYOR

#### INSTRUCTIONS:

This new Worksheet is effective for year ending on or after September 30, 1994. The purpose is to allocate the cost associated with each revenue producing department to each of the five major payor groups (i.e., Medicare, Medicaid, PEIA, Other Governmental and Non-Governmental). It should help develop more equitable costs, bad debts, charity and discount amounts for Non-Government payors. Worksheet 8-B is separated into two parts, **Part 1** is for the accumulation of inpatient costs and **Part 2** is for the accumulation of outpatient costs. Column 13, Part 2, is the Grand Total of Inpatient Costs from Column 6, Part 1, plus the Total Outpatient Costs from Column 12, Part 2. Instructions for specific columns are shown below:

Part I Column (Unnumbered) – Ratio from Worksheet 6-C, Column 4. For lines 25A through 36A the ratio is the cost per patient day. For Lines 37 through 100E the ratio is the ratio of costs to revenue for each revenue center.

Part I Columns 1 through 5 – Inpatient Routine Costs. For Lines 25A through 36A multiply the cost per day in the Ratio Column by the appropriate patient days from Columns 1 through 5, Worksheet 1.

Part I Columns 1 through 5 – Inpatient Ancillary Costs. For Lines 37 through 100E multiply the ratio in the Ratio Column by the appropriate revenue from Columns 1 through 5, Worksheet 8, Part 1.

Part I Column 6 – Total Inpatient Costs. Sum the amounts on each Revenue Centerline in Columns 1 through 5.

Part 2 Columns 7 through 11 – Outpatient Ancillary Costs. For Lines 37 through 100E multiply the ratio in the Ratio Column by the appropriate revenue from Columns 7 through 11, Worksheet 8, Part 2.

Part 2 Column 12 – Total Outpatient Costs. Sum the amount on each Revenue Center line in Columns 7 through 11.

Part 2 Column 13 – Grand Total. Sum the amount in each Revenue Center line in Column 6, Part 1, plus the amount in each Revenue Center line in Column 12.

## WORKSHEET 8 – C

### PATIENT COSTS BY OTHER GOVERNMENTAL PAYORS

#### INSTRUCTIONS:

This new Worksheet is effective for years ending on and after September 30, 1994. The purpose is to allocate the costs associated with each revenue producing department to each of the Other Governmental payors. This Worksheet is separated into two parts, **Part 1** is for the accumulation of inpatient costs and **Part 2** is for the accumulation of outpatient costs. Instructions for specific columns are below:

Part I Column (Unnumbered) – Ratio from Worksheet 6-C. For Revenue Centers 25A through 36A the ratio is the cost per inpatient day. For Revenue Centers 37 through 100E the ratio is the ratio of costs to revenue for each revenue center.

Part I Columns 1 through 7 – Inpatient Routine Costs. For lines 25A through 36A multiply the cost per day in the Ratio Column by the appropriate patient days from Worksheet 1-A, Part I, Columns 1 through 7.

Part I Columns 1 through 7 – Inpatient Ancillary Costs. For Lines 37 through 100E multiply the ratio in the Ratio Column by the appropriate revenue from Worksheet 8-A, Columns 1 through 7.

Part I Column 7 – Other Governmental Inpatient Costs. If the hospital has Other Governmental payors that are not listed on Worksheet 8-C, Part I, please display and identify the first such payor in this column. In the event that there is more than one Other Governmental payor, the hospital must attach a new page with Columns 11 through 20 for the accumulation of the data for each additional Other Governmental payor. Do Not substitute Other Governmental payors in Columns 1 through 6.

Part I Column 8 – Total Other Governmental Inpatient Cost. Sum the amount on each Revenue Center line in Columns 1 through 7. The Total on Line 101, Column 7 must agree with Line 101, Column 5, Worksheet 8-B, Part 1.

Part I Columns 9 and 10 – Out of State Medicaid and DOL Black Lung Medicare Inpatients. These two columns are **MEMO ONLY** columns. They are for the Authority's information at the present time. The amounts in these columns should be included in the appropriate columns on Worksheet 8-B. The Out of State Medicaid should be in Column 2, Worksheet 8-B, Part 1. The DOL Black Lung Medicare should be included in Column 1, Worksheet 8-B, Part 1.

Part 2 Columns 11 through 17 – For Lines 37 through 100E multiply the ratio in the Ratio Column by the appropriate revenue in Columns 1 through 6, Worksheet 8-A, Part 2.

Part 2 Column 18 – Total Other Governmental Outpatient Cost. Sum the amount on each Revenue Center line in Columns 11 through 17. The Total on Line 101, Column 18, of this Worksheet must agree with the Total on Line 101, Column 12, Worksheet 8-B, Part 2.

Part 2 Column 19 – Grand Total. Sum the amount on each Revenue Center line on Worksheet 8-C, Column 8, Part 1, plus the amount on each Revenue Center line on Worksheet 8-C, Column 18, Part 2. The Total on line 101, Column 19 of this worksheet must agree with the Total on Line 101, Column 13, Worksheet 8-B, Part 2.

## WORKSHEET 9

### STATEMENT OF REVENUE AND EXPENSES

#### INSTRUCTIONS:

Worksheet 9 should be completed using the hospital's records and the Audited Financial Statements for the latest completed fiscal year. This form summarizes Gross Patient Revenues (GPR), Contractual Allowances, Bad Debt, Charity, Net Patient Revenues (NPR), Operating Expenses and Income from Patient Services by the five major payor groups (i.e., Medicare, Medicaid, Other Governmental, PEIA and Nongovernmental payors). Because of the expansion of services that are being offered by hospitals, Worksheet 9 has been expanded to provide the Authority with the information it requires to establish rates for the distinct part units. The Statement of Revenue and Expenses, Worksheet 9, now has the following Parts:

Part 1 – Hospital Acute Care Revenues including inpatient and outpatient services

Part 2 – Chemical Dependency – Adults

Part 3 – Chemical Dependency – Adolescent

Part 4 – Rehabilitation

Part 5 – Psychiatric – Adult

Part 6 – Psychiatric – Adolescent

Part 7 – Skilled Nursing Unit

Part 8 – Swing Beds

Part 9 – Nursing Facility

Part 10 – Other Long Term (i.e., Respite, Residential, etc.)

Part 11 – Ambulatory Surgical Center

Part 12 – Home Health Agency

Part 13 – Hospice

Part 14 – Other – Please Specify

Part 15 – Total Distinct Part Unit. The amounts reported on this Worksheet are accumulated from Worksheet 9, Parts 2 through 14.

Part 16 – Grand Total. The amounts reported on this Worksheet are accumulated from Worksheet 9, Part 1, plus the amounts accumulated on Worksheet 9, Part 15. The amounts reported in Column 1, must agree with the hospitals audited financial statements.

**Part 16A – Summary to reconcile to Audited Financial Statements**

Worksheet 9, All Parts

Line 3 – Other Governmental Payors and PEIA patients may have bad debts and/or charity that result from deductibles, coinsurance and/or services that may only be partially covered. The bad debts and/or charity should be reported on the appropriate lines in Columns 6, 7 and 8. Nongovernmental Payors' patients may have bad debts and/or charity arising from the service provided to them. The bad debt and/or charity should be reported on the appropriate lines in Column 9.

Line 4 – Charity. Charity care services should be reported separately from bed debts. If charity is not reported separately, the Authority will assume there is no charity care.

Worksheet 9, Part 16A

This form has additional lines to help reconcile the total facility expenses to the audited financial statements. New lines are added to Line 6. These are:

- \* Line 6A Operating Expense which should be the total from Line 6 of All Parts of Worksheet 9.
- \* Line 6B is the amount of the Professional Component from Worksheet 5, Column 3, Line 101.
- \* Line 6C is the amount of Other Operating and/or Nonoperating Revenue from Worksheet 5, Column 4, Line 101.
- \* Line 6D is the amount of expense accumulated on Worksheet 6, Column 25, Lines 96 through 100E that was not allocated to Worksheet 9, Parts 1 through 15.

- \* Line 6E is the total of lines 6A through 6D and should equal the operating expenses minus the bad debts on the audited statement of revenue and expenses.

Line 13 of this Part 16A should also agree with the Excess Revenue Over (Under) Expenses on the audited statement of revenue and expenses.

## WORKSHEET 10 Balance Sheet

### INSTRUCTIONS:

The Balance Sheet is to be prepared in accordance with generally accepted accounting principles (GAAP). This form is a comparative Balance Sheet and it is effective for hospital fiscal years ended on and after September 30, 1994.

Line 8 – Assets – Limited Use. This line should be the total of the amounts on Lines 8A through 8C. Assets whose use is limited should be reported on lines 8A through 8C.

Line 9 – Other Assets. This line is for assets that do not fit into the other categories. It should include, but is not limited to items, such as the following: deferred charges, non current receivables, intangible assets, etc.

Line 10 – Other Liabilities. This line is for liabilities that do not fit into the other categories of liabilities. This line should include, but is not limited to items, such as the following, self insured malpractice insurance, self insured employee benefit programs (i.e., pension, health insurance, etc.) and/or intercompany payables, etc.

Line 11 – Commitments and Contingencies. This may include but is not limited to: (a) contingencies related to risk contracting; (b) third party payment and rate setting programs; (c) construction contract commitments; (d) commitments and guarantees that include contractual agreements with physicians specialists and others who perform services by arrangement with health care entities, etc.

## WORKSHEET 11

### ANNUAL WAGE AND SALARY SURVEY

#### INSTRUCTIONS:

The purpose of this worksheet is to accumulate salary and wages, employee benefits and Full Time Equivalents (FTEs) employees by the eleven major classification groups.

Form 1 is the Summary Total of Salaries and Wages, Employee Benefits and FTEs for all hospital employees and should be the last document completed. The total salaries and wages should agree with the sum of Line 101, Column 6 plus Column 7 of Worksheet 5. There are 11 employee classifications that correspond to the Job Classifications of the Uniform Reporting System. Form 2 through Form 12 is used to capture details about each job title included within the major classification. (See the form description below).

The list of Job Titles in Appendix A (Pages 52 through 61) is from Section 300 of the March 26, 1984, Uniform Reporting System. The list shows the Job Classification Number in which each Job Title belongs. For example: The first Job Title is an Accountant, with a corresponding Natural Account Number (Job Classification Number) of .02, which means that Accountants fall into the Job Classification of Technicians and Specialists. Therefore, any and all Job Titles with the .02 Job Classification would be shown on Form 3, Technicians and Specialists. Similarly, Job Classification Numbers for the other major classification groups should be accumulated and placed on the appropriate Form. After all Job Titles have been placed onto the appropriate Forms, according to the Job Classification Number, the individual forms should be totaled. The total for each column of each Form should be placed on the appropriate line and column of Form 1.

If your hospital has Job Titles that do not appear on the attached list, please place them into the classification which the hospital believes appropriate. Job Titles that do not fit into Expense Classification Numbers .01-.12 should be listed as "Other Employees" (Classification Number .19).

- Form 1 – Summary of All Classification Numbers
- Form 2 – Management and Supervisor Classification .01
- Form 3 – Technicians and Specialists Classification .02
- Form 4 – Registered Nurses Classification .03
- Form 5 – Licensed Vocational Practical Nurses Classification .04
- Form 6 – Aides, Orderlies and Attendants – Classification .05
- Form 7 – Physicians Classification .06
- Form 8 – Interns, Residents and Fellows Classification .07
- Form 9 – Non-Physician Medical Practitioners Classification .08
- Form 10 – Environmental, Hotel and Food Service Employees Classification .11
- Form 11 – Clerical and Other Administrative Employees Classification .12
- Form 12 – Other Employee Classification .19

## WORKSHEET 11A

### EMPLOYEE BENEFITS EXPENSE

#### INSTRUCTIONS:

This new form is effective for years ending on and after September 30, 1994. The purpose is to provide the Authority with more detail about employee benefits.

#### SPECIFIC INSTRUCTIONS:

General – The word “indemnity”, wherever used on Worksheet 11A means insurance coverage purchased from an unrelated insurance carrier. In the case of Workers’ Compensation this could be the State fund or an independent insurance carrier.

The word “domestic” whenever used on Worksheet 11A shall mean those services provided by the hospital to its own employees covered by the self insured plan.

The word “foreign Claims” whenever used on Worksheet 11A shall mean services provided to self insured plan employees by some other health care provider (i.e., a doctor, dentist, other hospital, etc.)

The Authority recognizes that each hospital may offer only a portion of the listed benefits. Please use only the lines that apply to your facility. In the event that your hospital offers benefits that are not listed on lines 1 through 20, use line 21 for the first such other benefit. If there is more than one other benefit, please attach another page and list each benefit separately. Do Not substitute other benefits on lines 1 through 20.

Line 6 – Group Health Insurance – “Stop Loss”. This is umbrella insurance purchased from a reinsurer that that will provide coverage above a specified limit set by the hospital. For example the hospital will provide coverage to each insured up to \$200,000.00 any amount above \$200,000.00 will be paid by the reinsurer.

Line 7 – Group Health Insurance – Managed Care. This line should be used if employees' health is covered by any type of managed care organization.

Lines 5a and 5b – The total of these two lines should equal the amount on line 5.

Lines 9a and 9b – The total of these two lines should equal the amount on line 9.

Lines 11a and 11b – The total of these two lines should equal the amount on line 11.

Line 22 – Total Employee Benefits – The amount on this line **should** agree with **the amount on Worksheet 5, Column 1, Line 5, and the amount on Worksheet 11, Form 1, Column 3 (Employee Benefits) “TOTAL LINE”**.

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Accountant	.02
Accounting Clerk	.12
Accounts Receivable Clerk	.12
Addressing Machine Operator	.12
Administrative Assistant	.01
Administrative Secretary	.12
Administrator	.01
Admitting Officer	.01
Ambulance Attendant	.19
Ambulance Driver	.19
Anesthesiologist	.06
Animal Caretaker	.19
Artist	.02
Assistant Director	.01
Associate Administrator	.01
Audiologist	.02
Audiometrist	.02
Baker	.02
Biochemist	.02
Biochemistry Technologist	.02
Biomedical Technician	.02
Blood Bank Technologist	.02
Boiler Repairman	.11
Bookkeeper	.12
Business Office Manager	.01

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Cardiopulmonary Technician	.02
Carpenter	.11
Cashier	.12
Catheterization Technician	.02
Chaplain	.19
Chef	.11
Clerk, General	.12
Clerk-Typist	.12
Clinical Instructor	.02
Clinical Coordinator	.01
Coding Clerk	.12
Collection Clerk	.12
Communications Coordinator	.01
Computer Operator	.02
Controller	.01
Cook	.11
Coordinator, Physical Medicine	.01
Corrective Therapist	.02
Correspondence Clerk	.12
Counselor, School of Nursing	.01
Cytotechnologist	.02
Dark Room Attendant	.12
Dental Assistant	.02

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Dental Hygienist	.02
Dental Lab Technician	.02
Dentist	.06
Dialysis Technician	.02
Dietetic Clerk	.12
Dietician	.02
Director	.01
Dispatcher	.12
Dispensary Clerk	.12
Duplicating Machine Operator	.12
Education Therapist	.02
EEG Technician	.02
EKG Technician	.02
Electrical Repairman	.11
Electron-Medical Repairman	.11
Elevator Operator	.11
Employment Manager	.01
Extern	.19
Extractor Man	.11
Fellows	.07
File Clerk	.12
Fireman, Boiler	.11
Flatwork Finisher	.11

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Foreman	.01
Grounds Keeper	.11
Guard	.11
Health Physicist	.02
Heart-Lung Machine Operator	.02
Hematologist	.02
Hematology Technologist	.02
Histologic Technician	.02
Histopathologist	.01
Hospital Admitting Clerk	.12
Hospital Guide	.19
Housekeeping Aide	.11
Housekeeping Attendant	.11
Housekeeping Crew Leader	.01
Illustrator	.02
Incinerator Man	.11
Industrial Engineer	.02
Inhalation Therapist	.02
Inhalation Therapy Technician	.02
Intern, Medical	.07
Instructor	.02
Insurance Clerk	.12
Interviewer	.12
Invoice Control Clerk	.12
Job Analyst	.02
Keypunch Operator	.12

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Laboratory Aide	.19
Library Assistant	.12
Licensed Practical Nurse	.04
Mail Clerk	.12
Maintenance Man Helper	.11
Maintenance Mechanic	.11
Manager	.01
Manual-Arts Therapist	.02
Medic	.08
Medical Illustrator	.02
Medical Laboratory Assistant	.12
Medical Librarian	.02
Medial Photographer	.02
Medical Record Clerk	.12
Medical Record Librarian	.01
Medical Record Technician	.02
Medical Secretary	.12
Medical Stenographer	.12
Medical Technologist	.02
Medical Transcriptionist	.02
Messenger	.12
Microbiologist	.02
Microbiology Technologist	.02
Morgue Attendant	.02
Music Therapist	.02
Nuclear Medicine Technologist	.02

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Nurse Anesthetist	.02
Nurse, Head	.01
Nurse, Practitioner	.08
Nurse, Staff (RN)	.03
Nursing Aide	.05
Occupational Therapist	.02
Occupational Therapy Aide	.05
Optometrist	.02
Orderly	.05
Orthopedic-Appliance and Limb Technician	.02
Orthopedic-Cast Specialist	.02
Painter, Maintenance	.11
Paramedic	.08
Parking Lot Attendant	.11
Patient Food Service Worker	.11
Patient Representative	.12
Payroll Clerk	.12
Personnel Assistant	.12
Pharmacist	.02
Pharmacy Helper	.12
Physical Therapist	.02
Physical Therapy Aide	.05
Physician	.06
Physician's Assistant	.08
Plasterer, Maintenance	.11
Plumber, Maintenance	.11

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Podiatrist	.19
Porter	.11
Presser, Hand	.11
Press Operator	.11
Printer	.02
Programmer	.02
Prosthetist-Orthotist	.02
Psychologist	.19
Public Information Specialist	.02
Purchasing Agency	.01
Radiation Monitor	.02
Radiologic Technician	.02
Receptionist	.12
Recreation Therapist	.02
Recreation Director	.02
Refrigeration Mechanic	.02
Residence Director	.19
Resident, Medical	.07
Salad and Dessert Preparer	.11
Seamstress	.11
Secretary	.12
Serologist	.02
Shaker	.11
Social Worker Assistant	.12
Social Worker	.02
Speech and Hearing Therapist	.02

<u>Appendix A</u>	
ANNUAL WAGE AND SALARY SURVEY EMPLOYEE JOB TITLES BY NATURAL CLASSIFICATION INDEX	
Job Title	Natural Account Number
Speech Clinician	.02
Speech Pathologist	.02
Stationary Engineer	.11
Statistical Clerk	.12
Stenographer	.12
Stock Clerk	.12
Supervisor	.01
Surgical Technician	.02
Systems Analyst, Data Processing	.02
Tab Operator	.02
Telephone Operator	.12
Therapy Technician	.02
Thermograph Technician	.02
Training Officer	.01
Transcribing Machine Operator	.12
Truck Driver	.11
Tumbler Operator	.11
Typist	.12
Veterinarian	.19
Wall Washer	.11
Ward Clerk	.12
Washman	.11
Window Washer	.11

## Instructions for Completion of the Revenue Summary Schedules:

### Overview

The revenue summary pages are broken into separate worksheets for inpatient acute, outpatient acute, various distinct part units, and total sheets. The sheets for each section have been set up with the following titles: Gross Revenue, Reclasses, Pro Fees, HCA Revenue, Cost. Each contain lines numbered to correspond with the UFR, as well as, a breakdown of amounts by payor class. Some of the sheets require manual input while others are self calculating.

#### Sheet 1 – Gross Revenue

The gross revenue should be entered from patient logs, hospital records etc. by line item, broken out across by payor class. The total of each gross revenue sheet (acute, dpu's) should tie to the hospital records including professional fee revenue.

#### Sheet 2 – Reclasses

This sheet should be used for reclassifications among departments, inpatient, outpatient, distinct part units, etc. Additions should be positive numbers, while reductions should be negative.

#### Sheet 3 – Pro Fees

The purpose of this sheet is to remove the professional fee revenue included in the gross patient revenue above.

#### Sheet 4 – HCA Revenue

This sheet is self-calculating. It starts with gross revenue, adds or subtracts reclasses, then subtracts professional fee revenue to arrive at an HCA revenue. These amounts should be entered into Worksheets 7 & 8 of the UFR at this time. This will provide a cost to charge ratio on Worksheet 6C used for Sheet 5 – Cost.

#### Sheet 5 – Cost

This sheet is also self-calculating. For all line items other than those with associated charges per day (Routine, ICU, SNF, etc) the HCA revenue calculated above is multiplied by the cost to charge ratio (described below) by line item. This gives the same cost as that calculated on Worksheet 7A of the UFR. For those line items with charge per day calculations, the cost to charge ratio is multiplied by the days by payor class.