

INSTRUCTIONS FOR HSN DATA SUBMISSION REQUEST

FY2017 MEDICARE OUTPATIENT PAYMENT ON ACCOUNT FACTOR

The Health Safety Net (HSN) Office will establish updated hospital payment rates for Fiscal Year 2017. Outpatient services are paid at a per-visit rate based on hospital charges and a Medicare Payment on Account Factor (PAF). The HSN Office is requiring hospitals to provide data on their Medicare charges and payments so that the HSN Office may calculate the proposed rates for FY17.

To complete this data request, hospitals should refer to information on the following reports:

- Medicare Provider Statistical and Reimbursement (PS&R) report
- CMS-2552-10 cost report

HSN rates for FY17 are based on data derived from FY15 claims. Therefore, please refer to the versions of these reports that cover Medicare Fiscal Year 2015. If a hospital does not have a full fiscal year of data available, **please contact the Health Safety Net for further instructions.**

Steps to complete the Data Submission Request:

1. Download the PAF Data Submission Form

- a. Hospitals may download the PAF Data Submission Form (in Microsoft Excel format) from the website listed below:

<http://www.mass.gov/eohhs/consumer/insurance/more-programs/health-safety-net/providers/hospitals/medicare-outpatient.html>

- b. Please save the file with the name YourHospital_PAF15.xlsx

2. Enter Requested Data

- a. Header
 - i. Please select the name of your hospital from the drop down menu provided. The Medicare Provider Number and HSN Payment Org ID fields will automatically populate. If you have concerns about the data provided, please contact the HSN Office at HSN.Data@state.ma.us.
- b. Category 1 – Outpatient PPS data from the PS&R
 - i. Please generate a **summary** Provider Statistical and Reimbursement report for Fiscal Year 2015. If your hospital's fiscal year is not 10/1/14 – 9/30/15, please inform the Health Safety Net via email when you submit your materials and indicate the fiscal year on the PAF Data Submission Form. Additionally, if your fiscal year differs from the fiscal year used by your facility in last year's submission, please include an explanation for the change. The source report should be report number OD44203 and report type 1000. Please save a copy to send as supporting documentation as well.
 - ii. Complete the form for each line item TYP requested. Please include cents.

- iii. If there are additional lines to report, you may use the “other” line items and indicate the report TYP in the description field. Please include information related to *outpatient* services only. In the past, we have received questions about certain line items. To clarify:
 - 1. Lines 120, 122, 125 appear on the outpatient report yet represent exclusively inpatient services. Please do not include data from these lines in this form.
 - 2. Line 13Z captures ambulance services, which are not a covered HSN service. Please do not include this in this form.
 - iv. The form will automatically sum total charges (a) and total gross reimbursements (b) and calculate an initial PAF.
- c. Category 2 – Graduate Medical Education Payments
- i. Please refer to the CMS-2552-10 report for Fiscal Year 2015. Please save a copy to send as supporting documentation as well.
 - ii. Please enter information regarding direct graduate medical education as reported on Worksheet E, Part B, Line 28.
 - iii. The form will automatically calculate a revised PAF that includes GME (c) in the numerator.
- d. Category 3 – Other Pass-Through Charges and Payments
- i. To report any Part B Pass-Through amounts, please refer to the CMS-2552-10 report: Worksheet E, Part B, Lines 9, 10, 22, and 23.
- e. Category 4 – Other
- i. Report any additional charges and payments the hospital received from Medicare Part B for outpatient hospital services. An explanation for any amount reported here should be provided in the comments field.
 - 1. Any amounts claimed as “other” should have supporting documentation from the intermediary, Part B carrier, or CMS. The Health Safety Net will review these expenses and determine the appropriateness of the inclusion of these expenses.
 - 2. In the past, we have received questions about what may be included here. For example, please do not include line 35, Adjusted Reimbursable Bad Debts. That refers to payments for Medicare only patients, and the HSN pays for ER bad debt separately on a claim level.
 - ii. The form will automatically sum charges (d) and payments (e) and calculate a Total PAF. This will be the PAF that the Health Safety Net uses to calculate our rates.

f. Contact Information

- i. Please provide the name of and contact information for a hospital representative who would be available to answer questions from Health Safety Net staff regarding this report.

3. Submit materials to the Health Safety Net Office

- a. Data submissions are due by **NOON (12:00 pm) on Wednesday, May 18, 2016.**
- b. Please email all materials to the Health Safety Net at HSN.Data@state.ma.us with the subject line "YourHospital Medicare PAF Request FY17".
- c. Materials to submit include:
 - i. A completed PAF Data Submission Form
 - ii. Please scan and attach legible supporting documentation for the PS&R
 1. Please **include only the appropriate pages from the summary report** from which the data is extracted. Do not provide the entire PS&R.
 - iii. Please scan and attach a copy of the CMS-2552 report, Worksheet E, Part B.
 - iv. Any additional supporting documentation related to amounts reported under "other" on Line 4 or to document text provided in the "comments" section.

Thank you for your cooperation.