

Audit Adjustment Report

Date Prepared: 3/9/2016

Data File: C:\MCRIF32\Training Files\A0_491305_12312013.mcax

Fiscal Year: 01/01/2013 To 12/31/2013

Provider Name:

Health Financial Systems

Provider No:

MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 1 Ref: 1

WPR:

Completed cost reporting forms and pages in accordance with current regulations.

42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

Adjustment No. 2 Ref: 3

WPR:

To determine whether total Program reimbursement costs exceed total Program charges, and if so, to restrict the reimbursement to the lower of cost or charges.

42 CFR section 412ff and 413ff

A, Line 2.01 NEW CAP REL COSTS-H.O. ALLOC MM

2.00 Other	0	50,000	50,000	Add
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A, Line 3.00 OTHER CAP REL COSTS

2.00 Other	0	50,000	50,000	Add
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Adjustment No. 3 Ref: 7

WPR:

S-2, I Example

S-2, Part I, Line 3.00 Hospital

2.00 CCN Number	491305		510030	Replace
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See Also Ref.# 12

Adjustment No. 4 Ref: 12

WPR:

S-2, I Example

S-2, Part I, Line 3.00 Hospital

2.00 CCN Number	510030		510030	Replace
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See Also Ref.# 7

Adjustment No. 5 Ref: 10

WPR:

S-3.

S-3, Part I, Line 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)

3.00 Bed Days Available	7,665	-7,565	100	Replace
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6.00 I/P Days / O/P Visits / Trips Title XVIII	2,987	-2,894	93	Replace
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Adjustment No. 6 Ref: 11

WPR: A-3
 test to show a man adj

S-4, Home Health Agency I, Line 2.00 Unduplicated Census Count (see instructions)				
2.00 Title XVIII	0.00	2.00	2.00	Add

Adjustment No. 7 Ref: 2

WPR:
 Corrected mathematical and flow through errors in cost reporting forms and pages as necessary.
 42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

A, Line 1.00 CAP REL COSTS-BLDG & FIXT				
2.00 Other	1,768,863	1,000	1,769,863	Add
See Also Ref.# 3 and 13				

A, Line 2.00 CAP REL COSTS-MVBLE EQUIP				
2.00 Other	1,201,290	-1,201,299	0	Replace

Adjustment No. 8 Ref: 3

WPR:
 To determine whether total Program reimbursement costs exceed total Program charges, and if so,
 to restrict the reimbursement to the lower of cost or charges.
 42 CFR section 412ff and 413ff

A, Line 1.00 CAP REL COSTS-BLDG & FIXT				
2.00 Other	1,769,863	2,000	1,771,863	Add
See Also Ref.# 2 and 13				

Adjustment No. 9 Ref: 4

WPR:
 Worksheet A Example

A, Line 1.01 VANDERBILT BLDG				
2.00 Other	0	2,500	2,500	Add
See Also Ref.# 8 and 9				

Adjustment No. 10 Ref: 8

WPR:
 Same cell adjustment example #1.

A, Line 1.01 VANDERBILT BLDG				
2.00 Other	2,500	898	3,398	Add
See Also Ref.# 4 and 9				

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Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
Adjustment No. 11 Ref: 9				
WPR:				
Same cell adjustment example #2.				
A, Line 1.01 VANDERBILT BLDG 2.00 Other See Also Ref.# 4 and 8	3,398	4,000	7,398	Add
Adjustment No. 12 Ref: 11				
WPR: A-3				
test to show a man adj				
A, Line 5.00 ADMINISTRATIVE & GENERAL 1.00 Salaries	1,170,041	1,251	1,171,292	Add
Adjustment No. 13 Ref: 13				
WPR:				
Settlement change				
A, Line 1.00 CAP REL COSTS-BLDG & FIXT 2.00 Other See Also Ref.# 2 and 3	1,771,863	-271,863	1,500,000	Replace
Adjustment No. 14 Ref: 5				
WPR:				
E Part A Example				
E, Part A, Title XVIII, Hospital, Line 1.00 DRG Amounts Other than Outlier Payments 1.00 See Also Ref.# 13	0	5,000,000	5,000,000	Add
Adjustment No. 15 Ref: 13				
WPR:				
Settlement change				
E, Part A, Title XVIII, Hospital, Line 1.00 DRG Amounts Other than Outlier Payments 1.00 See Also Ref.# 5	5,000,000	5,000,000	10,000,000	Replace
E, Part A, Title XVIII, Hospital, Line 33.00 Allowable disproportionate share percentage (see instructions) 1.00	0.00	8.00	8.00	Replace
1.00	8.00	0.00	8.00	Replace

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 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 16 Ref: 6

WPR:

E Part B Example

E, Part B, Title XVIII, Hospital, Line 3.00 PPS payments
 1.00

0

5,000,000

5,000,000 Replace

SORTED BY CMS WORKSHEET ORDER

Audit Adjustment Detail Report

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Provider Name:

Health Financial Systems

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	Previous Value	Difference	New Value	Action
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Adjustment No. 1 Ref: 1

WPR:

Completed cost reporting forms and pages in accordance with current regulations.

42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

Adjustment No. 2 Ref: 3

WPR:

To determine whether total Program reimbursement costs exceed total Program charges, and if so, to restrict the reimbursement to the lower of cost or charges.

42 CFR section 412ff and 413ff

A, Line 2.01 NEW CAP REL COSTS-H.O. ALLOC MM

-
- Tagged
-
-
- Reviewed

Created: 2/9/2016

Modified: 2/9/2016 11:20:37 AM

Date:

Identifier:

By:

Auditor:

2.00 Other

0

50,000

50,000

Add

A, Line 3.00 OTHER CAP REL COSTS

-
- Tagged
-
-
- Reviewed

Created: 2/9/2016

Modified: 2/9/2016 11:23:09 AM

Date:

Identifier:

By:

Auditor:

2.00 Other

0

50,000

50,000

Add

Adjustment No. 3 Ref: 7

WPR:

S-2, I Example

S-2, Part I, Line 3.00 Hospital

-
- Tagged
-
-
- Reviewed

Created: 10/9/2012

Modified: 7/11/2014 01:43:15 PM

Date:

Identifier:

By:

Auditor:

2.00 CCN Number

491305

510030

Replace

See Also Ref.# 12

Adjustment No. 4 Ref: 12

WPR:

S-2, I Example

S-2, Part I, Line 3.00 Hospital

-
- Tagged
-
-
- Reviewed

Created: 10/9/2012

Modified: 7/11/2014 01:43:15 PM

Date:

Identifier:

By:

Auditor:

2.00 CCN Number

510030

510030

Replace

See Also Ref.# 7

Audit Adjustment Detail Report
 Date Prepared: 3/9/2016
 Data File: C:\MCRIF32\Training Files\A0_491305_12312013.mcx
 Fiscal Year: 01/01/2013 To 12/31/2013
 Provider Name:
 Provider No:

 Health Financial Systems
 MCRIF32

	Previous Value	Difference	New Value	Action
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Adjustment No. 5 Ref: 10

 WPR:
 S-3.

S-3, Part I, Line 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)

<input checked="" type="checkbox"/> Tagged	Created: 7/15/2014	Modified: 7/15/2014 01:49:29 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
3.00 Bed Days Available		7,665	-7,565	100	Replace

<input checked="" type="checkbox"/> Tagged	Created: 7/11/2014	Modified: 7/11/2014 01:34:51 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
6.00 I/P Days / O/P Visits / Trips Title XVIII		2,987	-2,894	93	Replace

Adjustment No. 6 Ref: 11

 WPR: A-3
 test to show a man adj

S-4, Home Health Agency I, Line 2.00 Unduplicated Census Count (see instructions)

<input type="checkbox"/> Tagged	Created: 8/13/2014	Modified: 8/13/2014 11:17:31 AM	Identifier:	Auditor: Steve Booth	
<input type="checkbox"/> Reviewed		Date:	By:		
2.00 Title XVIII		2.00	2.00	2.00	Add

Adjustment No. 7 Ref: 2

 WPR:
 Corrected mathematical and flow through errors in cost reporting forms and pages as necessary.
 42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

A, Line 1.00 CAP REL COSTS-BLDG & FIXT

<input type="checkbox"/> Tagged	Created: 2/9/2016	Modified: 2/9/2016 10:18:25 AM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
2.00 Other		1,768,863	1,000	1,769,863	Add

See Also Ref.# 3 and 13

A, Line 2.00 CAP REL COSTS-MVBLE EQUIP

<input type="checkbox"/> Tagged	Created: 2/9/2016	Modified: 2/9/2016	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
2.00 Other		1,201,299	-1,201,299	0	Replace

Adjustment No. 8 Ref: 3

 WPR:
 To determine whether total Program reimbursement costs exceed total Program charges, and if so, to restrict the reimbursement to the lower of cost or charges.
 42 CFR section 412ff and 413ff

A, Line 1.00 CAP REL COSTS-BLDG & FIXT

<input type="checkbox"/> Tagged	Created: 2/9/2016	Modified: 2/9/2016 10:19:05 AM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
2.00 Other		1,769,863	2,000	1,771,863	Add

See Also Ref.# 2 and 13

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Adjustment No. 9 Ref: 4

WPR:

Worksheet A Example

A, Line 1.01 VANDERBILT BLDG

 Tagged

Created: 10/9/2012

Modified: 7/11/2014 01:40:14 PM

Identifier:

Auditor:

 Reviewed

Date:

By:

2.00 Other

0

2,500

2,500 Add

See Also Ref.# 8 and 9

Adjustment No. 10 Ref: 8

WPR:

Same cell adjustment example #1.

A, Line 1.01 VANDERBILT BLDG

 Tagged

Created: 7/11/2014

Modified: 7/11/2014 01:28:20 PM

Identifier:

Auditor:

 Reviewed

Date:

By:

2.00 Other

2,500

898

3,398 Add

See Also Ref.# 4 and 9

Adjustment No. 11 Ref: 9

WPR:

Same cell adjustment example #2.

A, Line 1.01 VANDERBILT BLDG

 Tagged

Created: 7/11/2014

Modified: 7/11/2014 01:30:27 PM

Identifier:

Auditor:

 Reviewed

Date:

By:

2.00 Other

3,398

4,000

7,398 Add

See Also Ref.# 4 and 8

Adjustment No. 12 Ref: 11

WPR: A-3

test to show a man adj

A, Line 5.00 ADMINISTRATIVE & GENERAL

 Tagged

Created: 8/13/2014

Modified: 8/13/2014 11:16:24 AM

Identifier:

Auditor: Steve Booth

 Reviewed

Date:

By:

1.00 Salaries

1,170,041

1,251

1,171,292 Add

Adjustment No. 13 Ref: 13

WPR:

Settlement change

A, Line 1.00 CAP REL COSTS-BLDG & FIXT

 Tagged

Created: 7/11/2014

Modified: 7/11/2014 01:33:21 PM

Identifier:

Auditor:

 Reviewed

Date:

By:

2.00 Other

1,771,863

-271,863

1,500,000 Replace

See Also Ref.# 2 and 3

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Adjustment No. 14 Ref: 5

WPR:

E Part A Example

E, Part A, Title XVIII, Hospital, Line 1.00 DRG Amounts Other than Outlier Payments

<input type="checkbox"/> Tagged	Created: 10/9/2012	Modified: 7/11/2014 01:40:52 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
1.00		0	5,000,000	5,000,000	Add

See Also Ref.# 13

Adjustment No. 15 Ref: 13

WPR:

Settlement change

E, Part A, Title XVIII, Hospital, Line 1.00 DRG Amounts Other than Outlier Payments

<input checked="" type="checkbox"/> Tagged	Created: 7/15/2014	Modified: 7/15/2014 01:50:22 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
1.00		5,000,000	5,000,000	10,000,000	Replace

See Also Ref.# 5

E, Part A, Title XVIII, Hospital, Line 33.00 Allowable disproportionate share percentage (see instructions)

<input checked="" type="checkbox"/> Tagged	Created: 7/15/2014	Modified: 7/15/2014 01:50:37 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
1.00		0.00	8.00	8.00	Replace

<input checked="" type="checkbox"/> Tagged	Created: 8/13/2014	Modified: 8/13/2014 11:39:07 AM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
1.00		8.00	0.00	8.00	Replace

Adjustment No. 16 Ref: 6

WPR:

E Part B Example

E, Part B, Title XVIII, Hospital, Line 3.00 PPS payments

<input type="checkbox"/> Tagged	Created: 10/9/2012	Modified: 7/11/2014 01:41:42 PM	Identifier:	Auditor:	
<input type="checkbox"/> Reviewed		Date:	By:		
1.00		0	5,000,000	5,000,000	Replace