**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**
**HEALTHCARE INFORMATION DIVISION**
**ACCOUNTING AND REPORTING SYSTEMS SECTION**
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March 1997

To:  Hospital Chief Financial Officers
        and Other Interested Parties

**Re:  Hospital Technical Letter No. 2**

This is the second in a series of Technical Letters developed by the Office regarding our uniform accounting and reporting system requirements for California hospitals.  The purpose of these letters is to provide timely information to assist you in meeting these requirements.

## REVISED HOSPITAL QUARTERLY REPORTING SYSTEM SOFTWARE

As noted in our December 1996 Technical Letter, the Quarterly Financial and Utilization Report for 1997 will include the reporting of Capitation Premium Revenue.  To accommodate the new data item, the Office has revised the Hospital Quarterly Reporting System (HQRS) software which allows you to prepare and transmit your quarterly reports.  The revised software (Version 1.4) must be used for calendar quarters ending on and after March 31, 1997, and will be available for downloading from our BBS to your PC by March 21, 1997.  Instructions for downloading the revised HQRS software will be mailed to the individual who prepares your quarterly reports on March 14, 1997.

Since the first quarter 1997 report is due on or before May 15, 1997, we encourage you to download the revised HQRS software by April 15, 1997.  This will allow adequate time in case you encounter any download problems and need to consult with the Office's Technical Support Unit.  If you are still unable to download the software, we can provide a copy of the revised HQRS software on PC diskette.

## NEW PRODUCT - HOSPITAL ANNUAL FINANCIAL DATA DISKETTE

The Office is pleased to announce the development of a new PC diskette product which contains 210 selected data items from the Hospital Annual Disclosure Report.  The initial diskette product covers report periods which ended in calendar year 1995 and includes data from 575 reports.  Our plan is to distribute an updated diskette which contains more current report periods twice a year.  The standard product is available on a 3.5" 1.44 Mb diskette in a comma-separated value (CSV) format, which can be easily imported into most spreadsheet and database programs.  Examples of included data categories and related items are:

General Hospital Information - Includes hospital address, telephone number, chief executive officer, hospital owner, Medicare provider number, Medi-Cal provider numbers, and type of control.

Utilization Data - Includes licensed and available beds, patient (census) days and discharges by payor category and by type of care, outpatient visits by payor category, and number of surgeries.

Financial Data - Includes gross patient revenue by revenue center group, gross inpatient and outpatient revenue by payor, net patient revenue by payor, contractual adjustments, charity care, bad debts, expenses by natural classification and by cost center group, non-operating revenue and expenses, net income, and balance sheet data,

Labor Data - Includes number of hospital and nursing employees, productive hours by employee classification and by cost center group, paid hours by cost center group, and total non-productive hours.

Calculated Data - Includes average length of stay, occupancy rate, operating margin, and other financial ratios.

## NEW PRODUCT - HOSPITAL ANNUAL FINANCIAL DATA DISKETTE (con't)

The documentation which accompanies each diskette purchase contains a definition of each data item and the location of that data item on the Hospital Annual Disclosure Report. Also included are formulas for additional calculations using the provided data items, such as adjusted patient days, hospital and nursing FTEs, and FTEs per adjusted occupied bed. ***The Office is now offering the hospital annual financial data diskette at an introductory price of $50.00.*** If you would like to purchase this diskette product or have any questions, please contact the Office's Data Users Support Group at (916) 326-3802.

## OSHPD WEB SITE

Visit the Office's web site at **http://www.oshpd.cahwnet.gov/**. The site provides information regarding the Office's various programs, including objectives, goals, and organization. Also included are listings of hospitals, LTC facilities, clinics, and home health agencies with addresses and phone numbers, as well as links to other healthcare-related sites. The site is still under development and will eventually include financial and utilization data for each hospital. If you have suggestions regarding information you would like to see on the Office's web site, please call me at (916) 323-7676.

## REPORTING MEDICARE AND MEDI-CAL PROVIDER NUMBERS

On Report Page 0 of the Hospital Annual Disclosure Report, you are required to report the hospital's Medicare provider number, Medi-Cal contract provider number, and Medi-Cal non-contract provider number. It has come to our attention that these provider numbers are being reported in different formats, even though one standard format exists. When reporting hospital inpatient provider numbers, please note the following guidelines:

Medicare Provider Number - This is a six-digit number where the first two and last four digits are separated by a hyphen. A sample Medicare provider number is "05-1234". The most common mistakes are not including the hyphen and adding a three-digit extension.

Medi-Cal Contract Provider Number - This field should be completed only if your hospital has a contract with the California Medical Assistance Commission (CMAC) to provide care to Medi-Cal patients at a negotiated rate. The nine-digit contract provider number is formatted with a three-character alpha prefix, followed by five numbers, and ending with a one-character alpha suffix. The prefix should be either HSC or HSW; the five numbers are derived from the Medicare provider number; and the suffix is the letter "F" or later. A sample Medi-Cal contract provider number is "HSC01234F". The most common error is reporting your Medi-Cal non-contract provider number in this field.

Medi-Cal Non-Contract Provider Number - This field should be completed if the hospital does not have a contract with CMAC, or does have a contract with CMAC in which certain services are provided on a non-contract basis. The format is the same as the Medi-Cal contract provider number. The only difference is the prefix should be either HSM, HSP, ZZR, ZZT, or ZZZ. Report only the hospital's inpatient acute care provider number. Do not report provider numbers for outpatient services, long-term care, or a home health agency. A sample Medi-Cal non-contract provider number is "HSP01234F".

If you have any questions, please call Kenny Kwong at (916) 323-7681, or me at (916) 323-7676.

Sincerely,

Jay R. Benson
Manager