



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Revised: 9/14/2020

Medicare interim reimbursement rate review for TEFRA providers

Provider name:

Provider number:

Period: start of fiscal year: through:

(Data reported below will represent this period)

The purpose of reviewing your interim rate is to ensure that the rate you are paid reflects, as closely as possible, the expected cost report reimbursement. We appreciate your efforts in providing this required data as accurately and timely as possible.

The following information should be obtained from your current accounting records. This data should not be obtained from a prior year cost report.

1. Direct DPU/LTC Expense (relates to W/S A, col. 3)
2. Estimated overhead allocation (please attach calculation)
3. Total DPU/LTC expense (line 1+2)
4. Total days
5. Medicare days
6. Total discharges
7. Medicare discharges
8. Projections: Do you expect the cost per visit to change during the next six months? Yes No
9. We will use historical cost report data in our analysis of the current data. During the current period, were there **significant events or costs incurred which may affect the Medicare reimbursement?** (Examples are changes in capital expenditures, changes in overhead allocations, changing Medicare utilization, changing charges, etc.) Indicate the date of the involvement and the anticipated effect.
10. Ancillary cost per day (see worksheet on next page)

| Cost center | Est. cost to charge ratio | Current period Medicare charges | Est. current Medicare cost |
|---------------------------|---------------------------|---------------------------------|----------------------------|
| Radiology | | | |
| Laboratory | | | |
| Intravenous therapy | | | |
| Oxygen therapy (Inhal.) | | | |
| Physical therapy | | | |
| Occupational therapy | | | |
| Speech pathology | | | |
| Electrocardiology | | | |
| Medical supplies charged | | | |
| Drugs charged to patients | | | |

Person certifying that the information provided is accurate to the best of your knowledge:

Send this information:

By e-mail to InterimReimbReviews@fcso.com - please include the provider number in the subject line

By fax: (904) 791-8441

By mail:

JN PARD Reimbursement
First Coast Service Options Inc.
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050-9419

(Do not mail a copy if you have faxed or e-mailed the information)