

## Medicare interim reimbursement rate review for IRF PPS

Provider name:

Provider number:

FYE from: to:

Rate review period if different from FYE:

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.**

**Medicare bad debts** (Report total write-off amount, not reduced for BBA)

For the period to

1. Medicare Part A allowable bad debts
2. Medicare Part B allowable bad debts

### Medicare low income payment

1. Medicaid days - rehab
2. Medicaid HMO days - rehab
3. Total Medicaid days - rehab (line 1 + line 2)
4. Total rehab days
5. Medicaid utilization (line 3/ line 4)

**Medicare medical education adjustment**

1. Intern & resident count for IRF medical education
2. Total I/P days - rehab
3. Average daily census - rehab (line 1 + line 2)
4. Intern & resident ratio - rehab (line 1 / line 3)

Contact person for interim rate:

Telephone number:

Fax number:

Email address:

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

**Send this information:**

By email to [InterimReimbReviews@fcso.com](mailto: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 emailed the information)