

Waiver Cost Limit Protocol & Uncompensated Care Cost and Charge Report (UCCR)

Frequently Asked Questions (FAQs)

1. Which hospitals must file the UCCR?

- Hospitals that are eligible to receive payments from the Safety Net Care Pool must file the UCCR. This includes the following payments:
 - Public Service Hospital Supplemental Payment
 - Health Safety Net payments
 - Institutions for Mental Disease (IMD) payments
 - Special Population payments to non-acute hospitals operated by the Department of Public Health
 - Special Population payments to non-acute hospitals operated by the Department of Mental Health

2. If a hospital received no HSN payments, does it still need to file the UCCR?

- A hospital must file the UCCR if it has submitted claims to the HSN for the filing year or received other payments from the Safety Net Care Pool. If the hospital has submitted claims to the HSN but did not receive a payment because the shortfall allocation exceeded its payment amount, it must still file the UCCR.

3. How will hospitals submit the UCCRs? Will the UCCRs be submitted through I-NET?

- Hospitals should email the completed interim and final UCCR to: costlimitprotocol@state.ma.us. Hospitals should not submit the UCCR via INET.

4. How frequently does the UCCR need to be filed?

- Hospitals must file two UCCRs per fiscal year: an interim and a final. Hospitals must file the interim UCCR using data from the as-filed CMS-2552 cost report. A final UCCR report must be submitted using the final audited CMS-2552 for the reporting year, due to EOHHS five months after receipt of the final audited CMS-2552. For the fiscal year 2015 and 2016 filing periods, hospitals should file the interim UCCR according to the following schedule:

Fiscal Year End	FY14 Due Date	FY15 Due Date	FY16 Due Date
12/31*	4/30/2016	8/31/2016	8/31/2016
1/31*	**	4/30/2016	9/30/2016
6/30*	**	4/30/2016	2/28/2017
8/31	**	4/30/2016	4/30/2017
9/30	**	5/31/2016	5/31/2017

* Extension from standard filing due date.

** FY14 UCCRs for hospitals with these fiscal year ends are not required for the purposes of the Cost Limit Protocol calculation. Only hospitals that receive supplemental payments and have previously been required to file UCCRs prior to 2015 must file UCCRs for this period.

5. If the fiscal intermediary provides several interim CMS-2552s, does the hospital need to resubmit the UCCR?

- No. Hospitals are required to file only two versions of the UCCR for each fiscal year—an interim UCCR based on as-filed data and a final UCCR based on final audited data.

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6. If the hospital appeals the final audited CMS-2552, or the final audited CMS-2552 is amended after the final audited CMS-2552 is received, must the hospital refile the UCCR?

- No. Upon receipt of the first final audited CMS-2552, hospitals should prepare and submit the final UCCR within five months. A hospital may elect to resubmit the UCCR based on subsequent revisions, but it is not required to do so.

7. If a hospital has subscribed lines, can it insert a line into the UCCR?

- Yes. The UCCR version 2016.03 enables hospitals to add lines. Hospitals must report the appropriate subscript number in the “Ln. No.” column of the spreadsheet. For example, if adding a subscript to line 30, the hospital should add 30.01 to the “Ln. No.” column. Hospitals should also be sure to adjust formulae as needed in the spreadsheet to ensure accurate calculations. Hospitals should not add columns to the UCCR.

8. How should hospitals determine the amount of the Health Safety Net (HSN) payment to report on the UCCR?

- Hospitals should report the annual gross amount received from the HSN less any shortfall. This amount is indicated on the monthly HSN invoice as “monthly gross liability from HSN.” If a hospital did not receive an HSN payment because their shortfall allocation exceeded its gross claims, the hospital should report \$0 for HSN payments.

9. Which HSN eligibility categories should be reported on the UCCR?

- Hospitals should include charges and payments as follows:

HSN Category	Instructions for reporting charges and payments on UCCR
HSN Primary	Include
HSN Secondary – MassHealth primary	Include
HSN Secondary – Private or Medicare	Do not include if the amount paid by the HSN is a deductible or co-insurance amount. Include only if the amount paid by the HSN is for a service that was not covered by the primary insurer.

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HSN Category	Instructions for reporting charges and payments on UCCR
HSN Partial	Do not include if the amount paid by the HSN is a deductible or co-insurance amount.
	Include only if the amount paid by the HSN is for a service that was not covered by the primary insurer.
	The amount of the HSN deductible paid by the patient should be reported as revenue on schedule D.
Medical Hardship	Include only if the patient has no health insurance coverage for the service provided.
	Do not include if the HSN payment for Medical Hardship is for a deductible or co-insurance amount.
Emergency Bad Debt	Include

10. Can hospitals report bad debt on the UCCR?

- Hospitals may report charges for patients who were uninsured for the service. Hospitals may not report unpaid deductibles or coinsurances on the UCCR.

11. How is “dual-eligible” defined?

- Dual-Eligible patients are patients who are eligible for Medicaid and another health insurance program, such as Medicare, private insurance, or other public coverage. Dual-eligible patients may have Medicaid as primary coverage, or another insurer as primary coverage.

12. How should a hospital report data for dual-eligible patients if it does not have the cost center specific charge data for these patients?

- EOHHS will accept an alternate calculation for dual-eligible expenses. For example, the hospital may use an overall cost-to-charge ratio multiplied against the total dual-eligible charges, less any payments received for those patients. Hospitals may report this amount on Schedule E, with a narrative explanation of the hospital’s alternative calculation. EOHHS may request more detailed calculations from the hospital if needed.

13. Should hospitals report out-of-state Medicaid charges and payments on the UCCR?

- Yes.

14. Should hospitals report partial or full payment if the patient’s primary coverage is exhausted?

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- Hospitals should report the full amount of charges and the full amount of payments for patients who have exhausted coverage.

15. For Schedule B, should the days reported include only days covered by Medicaid or other insurance, or total patient days?"r?

- Hospitals should report total patient days. Do not report portions of patients stays.

16. If a hospital's physician charges are completely separate from the hospital, should it report physician charges and payments on Schedule D?

- No. Hospitals should report physician charges and payments only for the professional services provided by hospital-based physicians.

17. If Schedule E eligible costs are already reported through the CMS-2552 allocation process, but the hospital wishes to restate the allocation to attribute a different percentage to the Medicaid and uninsured populations, can the hospital make an adjustment?

- The hospital may report the additional amount not attributed through the cost allocation process on schedule E. The additional amount should be calculated as follows:

		Amount	Source
1	Total System Expense for Schedule E Cost Item	\$1,000,000	Hospital records
2	Safety Net Payer Cost Ratio	25%	Schedule E
3	Sch E cost item amt included in prior schedules	\$250,000	Line 1 * Line 2
4	Adjusted Allocation Percent	75%	Hospital - must be justified in narrative section
5	Revised Schedule E amount	\$750,000	Line 1 * Line 4
6	Additional Amount to Report on Sch E	\$500,000	Line 5 - Line 3

18. How will the UCCRs be validated?

- UCCRs will be screened upon receipt. EOHHS will compare reported data to data from the CMS 2552 and the Center for Health Information and Analysis (CHIA) 403 report. EOHHS will contact hospitals if it identifies any discrepancies and will provide the hospital with an opportunity to correct their reports. EOHHS reserves the right to audit the reports.

19. Will hospitals receive a calculation of their Cost Limit and will they have an opportunity to validate the calculation?

- Yes. EOHHS will provide copies of the calculations to each hospital and will provide a period to allow hospitals to validate the data used in the calculation.