

PLEASE NOTE THE CHANGE TO THE E-MAIL ADDRESS.

PLEASE E-MAIL YOUR RATE REVIEW TO:
InterimReimbReviews@fcso.com

**(Please put your Provider Number and FYE
on the Subject Line)**

Or

FAX YOUR REVIEW TO WANDA PEREZ:
Fax Number: 904-791-8441

**MEDICARE INTERIM REIMBURSEMENT RATE REVIEW
For Distinct Partial Unit (DPU) or Long Term Care Hospital**

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 below) _____

Cost Center	Est. Cost to Charge Ratio	Current Period Medicare Chgs	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			
Totals			

Prepared By _____

Title _____

Phone () _____

Date Prepared _____

E-Mail Address: _____

