



## 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](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 e-mailed the information)

**Attachment for PIP providers**

1. Provider number

2. FYE:  From:  To:

**Statistical data**

**Medicare discharges**

	<b>Month</b>	<b>Prior year* Actual</b>	<b>Current year* Projected</b>	<b>Current year* Actual</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Report discharges net of transfers.