# Data Sources for Hospital Financial Information

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### Data Sources for Hospital Financial Information

- Virginia Health Information (VHI)
- Centers for Medicare and Medicaid Services (CMS)
- Department of Medical Assistance Services (DMAS)
- Internal Revenue Service (IRS)

### Virginia Health Information Data

- VHI is an independent, nonprofit, 501(c)(3) health information organization established in 1993
- Formed to administer Virginia Health Care Data Reporting Initiatives to benefit Virginians
- Gathers and reports data on hospitals, long-term care, health insurance and physicians
- Hospital industry reports provide businesses, policymakers and others with information on hospital efficiency and productivity
- Other hospital reports provide information on quality, cost, patient satisfaction, cardiac care mortality and readmission information

### VHI Hospital Industry Report

- VHI issues an annual industry report on Virginia Hospitals which ranks health care providers on their efficiency, productivity and outcomes of care.
- The report contains information on:
  - Performance outcomes
  - Performance rankings
  - Efficiency indicators
- Expanded hospital data ranks and details the volume and performance outcomes of 40 service lines offered in Virginia hospitals
- Performance rankings include charges, costs, productivity, financial viability, and community support
- Audited financial statements are used to verify information on provider performance
- Current report is based on 2014 data
  - The 2015 report will be available the week of December 6, 2016
  - Will be provided to legislators among others

### VHI Hospital Report Data

- VHI has more detailed data on hospital financial information
- Detailed data include hospital name, type (acute, critical access hospital, etc.), location (urban, rural), regional planning area, hospital system, tax status, and fiscal year-end
- Financial data include:
  - Total operating revenue and expenses
  - Total interest, taxes, depreciation and amortization expenses
  - Earnings before interest, taxes, depreciation and amortization divided by revenue (EBITDA) and EBITDA margin
  - Operating income, non-operating gains or losses and revenue and gains in excess of expenses and losses
  - Operating margin and total margin for most recent two years (in this case 2014 & 2013) and variance

### VHI Hospital Report Data

- Additional financial data include:
  - Gross inpatient and outpatient income from Medicare, Medicaid, other government, commercial and other payors
  - Reductions from:
    - Contractual differences between hospital charges and rates paid by third party payers
    - Charity care
  - Balance sheet
  - Cash flow data
    - Operating, investing and financing
    - Prior and current year cash balance
    - Interest and principal paid on long-term debt
- Admissions
- Physician, physician assistant, nurse and aide full-time equivalent and contract positions and commensurate labor expenses

### VHI Hospital Data Enhancements

- VHI is working on on data enhancements for their reports to be implemented in 2017
- Convened a task force to review and assess hospital efficiency and financial data elements
- Task force is looking at expanding the collection of financial data from parent companies and subsidiaries
- Task force is also reviewing indicators for charity care, bad debt and taxes as well as cash debt coverage
- Task force will make recommendations as needed to the VHI Board

### CMS Medicare Cost Report Data

- Hospitals submit cost reports to Medicare for reimbursement purposes
- Medicare cost report data is maintained in the Healthcare Cost Reporting Information System (HCRIS)
- The data is publicly available
- The hospital cost report contains over 7,300 data fields resulting in large data files and the need for statistical software to analyze
- Data typically used to determine the adequacy of Medicare payments, profit margins, occupancy rates, length of stay, business share by payer, cost analysis, and uncompensated care

### Medicare Cost Report Worksheets

#### • Cost Report Worksheets:

- A series provides general ledger information
- B series allocates overhead costs
- C series shows revenue by patient treatment department to determine the cost/charge ratio
- D series determines the cost of treating the Medicare/Medicaid patients by reimbursement mechanism
- E series determines the due to/from Medicare program based on the reimbursement mechanism/cost/interim payments
- G series has the financial statements
- S series provides statistical information and wage index
- H series is home health services
- J, K, and M Series is clinics and freestanding components
- I series is End Stage Renal Dialysis

## Example: Worksheet D-1, Part II Computation of Inpatient Hospital

4090	O (Cont.)	FOR	M CMS-2552-10			0	9-15
COM	PUTATION OF INPATIENT		PROVIDER CCN:		PERIOD:	WORKSHEET D-1,	į
OPER	ATING COST		~		FROM	PART II	
			COMPONENT CCN:	0	то		
Check	[] Title	V - I/P	[] Hospital	[]Subprovider (oth	er)	[ ] PPS	
applic	able [] Title	XVIII, Part A	[] <b>I</b> PF			[ ] TEFRA	
boxes	[] Title	XIX - I/P	[] IRF			[ ] Other	
PART	II - HOSPITAL AND SUBPROVIDER	RS ONLY					
	PROGRAM	INPATIENT OPERATION	NG COST BEFORE				3
	PASS	-THROUGH COST ADJ	USTMENTS			1	
38	Adjusted general inpatient routine service	cost per diem (see instruct	ions)				38
39	Program general inpatient routine service	cost (line 9 x line 38)	100-1-1-1-0				39
40	Medically necessary private room cost ap	plicable to the Program (lin	ne 14 x line 35)				40
41	Total Program general inpatient routine se	ervice cost (line 39 + line 4	0)				41
				Average	28		
		Total	Total	Per Diem	Program	Program Cost	
		Inpatient Cost	Inpatient Days	$(col. 1 \div col. 2)$	Days	(col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient						
	Hospital Units						
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (	Worksheet D-3, column 3, 1	line 200)				48
49	Total Program inpatient costs (sum of line	es 41 through 48) (see instr	uctions)				49

## Example: Worksheet G-3 Statement of Revenues and Expenses

4090 (Cont.)		FORM CMS-2552-1	10-12	
	TEMENT OF REVENUES EXPENSES	PROVIDER CCN:	PROVIDER CUN: PERIOD: FROMTO	
	Description			
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line	28)		
2				2
3	Net patient revenues (line 1 minus line 2)			3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43	()		4
5		*		5
	OTHER INCOME			
6	Contributions, donations, bequests, etc			6
7	Income from investments			7
8	Revenues from telephone and other miscellaneous communication	services		8
9	Revenue from television and radio service	10.0000000000		9
10	Purchase discounts			10
11	Rebates and refunds of expenses			11
12				12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests			14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than p	atients		16
17	Revenue from sale of drugs to other than patients			17
18	Revenue from sale of medical records and abstracts			18
19	Tuition (fees, sale of textbooks, uniforms, etc.)			19
20	Revenue from gifts, flowers, coffee shops, and canteen			20
21	Rental of vending machines			21
22	Rental of hospital space			22
23	Governmental appropriations			23
24	Other (specify)			24
25	Total other income (sum of lines 6-24)			25
26	Total (line 5 plus line 25)	·		26
27	Other expenses (specify)			27
28	Total other expenses (sum of line 27 and subscripts)			28
29	Net income (or loss) for the period (line 26 minus line 28)			29

### Using Cost Report Data

- The Medicare cost report contains a significant amount of data, including financial data
- Due the volume of data, statistical software is required but analysis is available commercially
- The Department of Medical Assistance Services (DMAS) uses the Medicare cost report data and also requires submission of a Medicaid cost report to collect data necessary for Medicaid reimbursement purposes
- DMAS could assist in extracting and providing specific data from either Medicare or Medicaid cost reports that may be of use to the workgroup

### Internal Revenue Service (IRS) Data

- IRS data from hospital private foundations that are organized for charitable purposes are exempt from federal income taxes
  - Must apply to the IRS for tax exemption
  - Required to file an annual return on Form 990-PF with the IRS
- Statistics on private foundations are compiled from IRS Form 990-PF, an annual information return that includes data on excise tax liability, charitable distributions, administrative expenditures, as well as income statement and balance sheet information
- IRS makes available 990 forms through several mechanisms
  - Individual may request a copy of either the exemption application or the annual information or tax return
  - IRS website to view exempt organization forms free of charge
  - Amazon Web Services contains publicly available data on electronically filed Forms 990 in a machine-readable format through <u>Amazon Web</u> <u>Services (AWS)</u>. The publicly available data does not include donor information or other personally identifiable information.
    - Over 60 percent of all Form 990 returns are electronically filed with the IRS
  - Image files
  - DVD
- Other websites compile publicly available IRS Form 990-PF data
  - Example: http://foundationcenter.org/find-funding/990-finder

	0			
Form	3	J	U	1

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning			, 2016, and ending		, 20		
N	ame of foundation				A Employe	er identification numb	er
N	umber and street (or P.O. box number if mail is	not delivered to street address)	Room	n/suite	B Telephor	ne number (see instruc	tions)
С	ity or town, state or province, country, and ZIP	or foreign postal code	ļ		C If exemp	tion application is pend	ding, check here ▶
G	Check all that apply:  Initial ret Final ret Address			charity	2. Foreig	n organizations, check n organizations meetin here and attach comp	ng the 85% test, utation · · ▶
H	H Check type of organization: Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation			dation		foundation status was 607(b)(1)(A), check here	
I	Fair market value of all assets at end of year (from Part II, col. (c),	J Accounting method Other (specify)	F II the foundation is in a 60-month termination				
	line 16) ► \$	(Part I, column (d) must be	on cash basis.)				
F	Part I Analysis of Revenue and E amounts in columns (b), (c), and (d) the amounts in column (a) (see inst	may not necessarily equal	(a) Revenue and expenses per books		investment acome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	<ol> <li>Contributions, gifts, grants, etc.,</li> <li>Check ► ☐ if the foundation is r</li> </ol>						

Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
e l	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a				
Se l	7	Capital gain net income (from Part IV, line 2)				
œ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11				
S	13	Compensation of officers, directors, trustees, etc.				
Se	14	Other employee salaries and wages				
e	15	Pension plans, employee benefits				
Š.	16a	Legal fees (attach schedule)				
m I	b	Accounting fees (attach schedule)				
Ě	C	Other professional fees (attach schedule)				
ā	17	Interest				
s	18	Taxes (attach schedule) (see instructions)				
틀	19	Depreciation (attach schedule) and depletion				
Ę	20	Occupancy				
<b>V</b>	21	Travel, conferences, and meetings				
ŭ	22	Printing and publications				
6	23	Other expenses (attach schedule)				
Operating and Administrative Expenses	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23				
be	25	Contributions, gifts, grants paid				-
ō	26	Total expenses and disbursements. Add lines 24 and 25				

Form 990-PF (2016) Page 2

_		Attached schedules and amounts in the description of	column Beginning of year	Enc	of year
Par	t II	Balance Sheets should be for end-of-year amounts only. (See instruction	tions.) (a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash-non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
- 1	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and of	ther		
		disqualified persons (attach schedule) (see instructions) .			
	7	Other notes and loans receivable (attach schedule) ▶			
-		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
8	9	Prepaid expenses and deferred charges			
A .	10a	Investments-U.S. and state government obligations (attach sched	dule)		
	b	Investments-corporate stock (attach schedule)	(3.2 ° )		
	C	Investments-corporate bonds (attach schedule)			
- 1	11	Investments-land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans	3* 3		
3	13	Investments-other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ►	)	Ť	
	16	Total assets (to be completed by all filers-see	the		
		instructions. Also, see page 1, item I)			
1	17	Accounts payable and accrued expenses	s• s		
en i	18	Grants payable			
· =	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified pers	ions		
<u></u>	21	Mortgages and other notes payable (attach schedule)	2	Ĭ.	
-	22	Other liabilities (describe	)		
	23	Total liabilities (add lines 17 through 22)			
co l		Foundations that follow SFAS 117, check here >			
8		and complete lines 24 through 26 and lines 30 and 31.			
등	24	Unrestricted			
E :	25	Temporarily restricted			
핑	26	Permanently restricted	-		_
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.			
5 2	27	Capital stock, trust principal, or current funds			
\$ 3	28	Paid-in or capital surplus, or land, bldg., and equipment fun	nd		
SS :	29	Retained earnings, accumulated income, endowment, or other fu	nds		
A :	30	Total net assets or fund balances (see instructions)			
e :	31	Total liabilities and net assets/fund balances	(see		
_		instructions)			
Part		Analysis of Changes in Net Assets or Fund Balan		11.1	
		I net assets or fund balances at beginning of year-Part II,	column (a), line 30 (mu	st agree with	
	end-	of-year figure reported on prior year's return)		1	
2	Ente	r amount from Part I, line 27a		2	

Form 990-PF (2016) Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold P-Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D-Donation 1a b (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) F.M.V. as of 12/31/69 Losses (from cal. (h)) as of 12/31/69 over col. (i), if any b C d e f gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) f section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. Base period years Calendar year (or tax year beginning in) Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (ci) 2015 2014 2013 2012 2011

### Questions?