

4901.40 WORKSHEET S-3 - STATISTICAL DATA

In accordance with 42 CFR 413.20(a) and 42 CFR 413.24(a), you are required to maintain statistical records for proper determination of costs payable under the Medicare program. The statistics reported on this worksheet pertain to the SNF, the NF, and the ICF/IID. The statistical data to be maintained, depending on the services provided by the component, include the number of beds, the number of bed days available, the number of inpatient days, the number of discharges, the average length of stay, and the number of admissions by payer source.

4901.41 Part I - Visits and Census Data.

This part provides for the reporting of the number of bed days available, inpatient days, discharges, average length of stay, and admissions by program, by level of care and payer source.

Column Descriptions

Column 1.--Enter on the appropriate line the beds available for use by patients at the end of the cost reporting period. For line 1, enter the number of beds available for use by patients reported for SNF - FFS and SNF HMO inpatient days reported on lines 1 and 2. For line 3, enter the number of beds available for use by patients reported for NF - FFS and NF HMO inpatient days reported on lines 3 and 4.

Column 2.--Enter the total bed days available. Bed days are computed by multiplying the number of beds permanently maintained for lodging inpatients throughout the cost reporting period by the number of days in the cost reporting period. If there is an increase or decrease in the number of beds permanently maintained for lodging inpatients during the cost reporting period, multiply the number of beds permanently maintained for lodging inpatients for each part of the cost reporting period by the number of days for which that number of beds was available.

NOTE: An institution or institutional complex can only change (increase or decrease) the bed size of its SNF (number of beds certified) and/or its NF no more than two times per cost reporting period in accordance with the requirements set forth in CMS Pub. 15-1, chapter 23, §2337.

Columns 3 through 7.--Enter the number of inpatient days for all classes of patients for each type of care by program and payer type, in columns 3 through 6. The total in column 7 must equal the sum of columns 3 through 6. Column 6 (Other) includes, but is not limited to, private pay, and commercial insurance.

Columns 8 through 12.--Enter the number of discharges, including deaths, for each type of care by program and payer type, in columns 8 through 11. A patient discharge, including death, is a formal release of a patient. The total in column 12 must equal the sum of columns 8 through 11. Column 11 (Other) includes, but is not limited to, private pay, and commercial insurance.

Columns 13 through 17.--The average length of stay is calculated for each line as follows:

- a. Column 13, lines 1 through 5 = Column 3 divided by column 8
- b. Column 14, lines 1 and 2 = Column 4 divided by column 9
- c. Column 15, lines 1 through 5 = Column 5 divided by column 10
- d. Column 16, lines 1 through 5 = Column 6 divided by column 11
- e. Column 17, lines 1 through 5 = Column 7 divided by column 12

Columns 18 through 22.--Enter the number of admissions (from your records) for each type of care by program and payer type. Column 21 (Other) includes, but is not limited to, private pay, and commercial insurance.

Columns 23 and 24.--The average number of employees (full-time equivalent) for the period may be determined either on a quarterly or semiannual basis. When quarterly data are used, add the total number of hours worked by all employees on the first week of a payroll for the beginning of each quarter and divide the sum by 160 (four times the number of hours in the standard work week). When semiannual data are used, add the total number of hours worked by all employees on the first week of a payroll period for the first and seventh months of the period, and divide the sum by 80 (two times the number of hours in the standard work week). Enter the average number of paid employees in column 23 and the average number of non-paid workers in column 24 for each component, as applicable.

Line 1.--Enter SNF FFS inpatient days where the patient received skilled nursing care as defined at 42 CFR Part 409, Subpart D.

Line 2.--Enter SNF HMO inpatient days where the patient received skilled nursing care as defined at 42 CFR Part 409, Subpart D.

Line 3.--Enter NF FFS inpatient days where the patient received nursing care as defined at 42 CFR 440.155.

Line 4.--Enter NF HMO inpatient days where the patient received nursing care as defined at 42 CFR 440.155.

Line 5.--Enter inpatient days associated with health or rehab services provided to individuals with intellectual disabilities and receiving active treatment as defined at 42 CFR 440.150.

Line 6.--Enter inpatient days associated with patients that occupied a hospice bed that is permanently maintained for lodging hospice inpatients.

Line 7 - Columns 1 through 12.--Enter the total for each column.