



A CELERIAN GROUP COMPANY

John Menke
Supervisor, Provider Audit

August 17, 2016

RE: CHANGE IN MEDICARE INTERIM RATE FOR:
PROVIDER NAME:
PROVIDER NUMBER: XX-XXXX
FYE: 12/31/2016

Dear :

A review of you facility's interim reimbursement rate for services rendered to Medicare beneficiaries has been completed based on a current Provider Statistical and Reimbursement report (PS&R), previous audit history for your facility, and the December 31, 2015 as-filed cost report. The results of this review are as follows:

TYPE REVIEW	NEW RATE	BIWEEKLY RATE	EFFECTIVE DATE	12/31/2016 PAYMENT
Pass-through		\$0	8/23/2016	\$ -
Sequestration Reduction (annual)		\$0		
Revised Pass-through		\$0		
Part B	65%			\$ -
TOTAL:				\$ -

As a result of this review, no money is due your facility at this time. When the Medicare cost report for the fiscal year ending December 31, 2016 is completed, this lump-sum payment must be reflected on Worksheet E-1. Copies of our calculations, along with a schedule of the projected pass thru payments through the end of the cost reporting period, are enclosed for your review. Please retain this pass thru schedule for use in the preparing of the December 31, 2016 cost report.

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and DME Medicare Administrative Contractor for the Centers for Medicare & Medicaid Services.



Payment questions should be directed to our Provider Hotline at 1-866-590-6703. If you have any questions about your Rate Review calculations, please contact me at (217) 726-6240, extension 231, or by email at John.Menke@cgsadmin.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Menke".

John Menke
Supervisor, Provider Audit
J15 Part A Audit & Reimbursement

cc: STAR



A CELERIAN GROUP COMPANY

We IMPACT lives.

Rate Review
Provider Name:
Provider #: XX-XXXX
Reporting Period: 01/01/15 To 12/31/15

PURPOSE: To review the current year pass through payments based on the tentative settlement for the most recently filed cost report. To modify prospective pass through payments accordingly.

SOURCES: Tentative Settlement N/A
 Pass-through Payments (PTP) PTP
 PS&R Summary (PSR) PSR

PROCEDURES: 1. Using most recent cost report data, as well as year-in-progress PS&R report and Pass Thru payment records, calculate estimated year-end balance.
 2. As appropriate, propose change in pass-through payment rate in order to arrive at a zero balance due at the end of the year. If necessary, propose a lump-sum payment to bring provider's running total to zero.

Lump Sum Threshold: \$ 30,000

Pass Through Threshold: \$ 30,000

<u>PART A PER COST REPORT</u>	<u>Part A</u>	<u>Part B</u>
Bad Debts		
FYE 1215 As-Filed	26,494	-
Adjustment for prior year reduction:	100.00%	100.00%
Adjusted Total:	26,494	-
Adjusted for Regulatory step-down:	17,221	-
65% / 88% for FYB 10/01/2012 - 09/30/2013		
65% / 76% for FYB 10/01/2013 - 09/30/2014		
65% for FYB on or after 10/01/2014		
Utilization Review	\$ -	
Cost Reporting Period Length Adjustment	100.00%	100.00%
Total	17,221 A	- A
Days in current reporting period	366	366
Payments in current period	26.14 B	26.14 B
Revised Pass Thru payment	\$ 659 A / B	\$ - A / B
Full Year Sequestration Adjustment	(344) C	- C
2% reduction based on the number of days in cost reporting period which are on or after 4/1/2013		
Per-Payment Sequestration Adjustment	\$ (13)	\$ -
Final Pass Thru Payment	\$ 646	\$ -
Number of payt made to date	15.07 D	15.07 D
Recalculated payts to date	9,736 [(A+C)/B]*D	- [(A+C)/B]*D
Actual payments to date	- E	- E
Amount Due to / (from) Provider	<u>\$ 9,736 [(A+C)/B]*D)-E</u>	<u>\$ - [(A+C)/B]*D)-E</u>

RATE SUMMARY:

	<u>RATES/PASS THRU</u>	<u>LUMP SUM ADJUSTMENTS</u>
Part A	\$ -	\$ -
Part B	\$ -	\$ -
Total	<u>\$ -</u>	<u>\$ -</u>

Note: All data used in the calculation of this rate are based on the amounts accepted during the tentative review.

Conclusion: A review has been performed of the as filed cost report, supporting documentation submitted, the PS&R/reimb. file, and tentative settlement determination. As current year bad debts are below the tolerance level of \$30,000, the pass through payment amount will be set to zero and no Lump Sum adjustment will be required.

Preparer: _____ Date: _____
 Reviewer: _____ Date: _____

PROVIDER NUMBER:
PASS THROUGH PAYMENT SCHEDULE

XX-XXXX
12/31/2016

Effective Date	Part A Pass Thru Amount	Part B Pass Thru Amount	Part A lump sum adjustment	Part B lump sum adjustment
08/31/2015	-	-		
08/29/2016	-	-	-	-

FromDate	ToDate	PaidDate	PaymentFraction	PartA	PartB	AccumPmts	.	AccumNumber	..
12/19/2015	01/01/2016	01/19/2016	0.07	-	-	-		0.07	
01/02/2016	01/15/2016	02/01/2016	1.00	-	-	-		1.07	
01/16/2016	01/29/2016	02/15/2016	1.00	-	-	-		2.07	
01/30/2016	02/12/2016	02/29/2016	1.00	-	-	-		3.07	
02/13/2016	02/26/2016	03/14/2016	1.00	-	-	-		4.07	
02/27/2016	03/11/2016	03/28/2016	1.00	-	-	-		5.07	
03/12/2016	03/25/2016	04/11/2016	1.00	-	-	-		6.07	
03/26/2016	04/08/2016	04/25/2016	1.00	-	-	-		7.07	
04/09/2016	04/22/2016	05/09/2016	1.00	-	-	-		8.07	
04/23/2016	05/06/2016	05/23/2016	1.00	-	-	-		9.07	
05/07/2016	05/20/2016	06/06/2016	1.00	-	-	-		10.07	
05/21/2016	06/03/2016	06/20/2016	1.00	-	-	-		11.07	
06/04/2016	06/17/2016	07/05/2016	1.00	-	-	-		12.07	
06/18/2016	07/01/2016	07/18/2016	1.00	-	-	-		13.07	
07/02/2016	07/15/2016	08/01/2016	1.00	-	-	-		14.07	
07/16/2016	07/29/2016	08/15/2016	1.00	-	-	-	E	15.07	D
07/30/2016	08/12/2016	08/29/2016	1.00	-	-	-		16.07	
08/13/2016	08/26/2016	09/12/2016	1.00	-	-	-		17.07	
08/27/2016	09/09/2016	09/26/2016	1.00	-	-	-		18.07	
09/10/2016	09/23/2016	10/10/2016	1.00	-	-	-		19.07	
09/24/2016	10/07/2016	10/24/2016	1.00	-	-	-		20.07	
10/08/2016	10/21/2016	11/07/2016	1.00	-	-	-		21.07	
10/22/2016	11/04/2016	11/21/2016	1.00	-	-	-		22.07	
11/05/2016	11/18/2016	12/05/2016	1.00	-	-	-		23.07	
11/19/2016	12/02/2016	12/19/2016	1.00	-	-	-		24.07	
12/03/2016	12/16/2016	01/03/2017	1.00	-	-	-		25.07	
12/17/2016	12/30/2016	01/16/2017	1.00	-	-	-		26.07	
12/31/2016	01/13/2017	01/30/2017	0.07	-	-	-		26.14	
TOTAL			26.14	\$	-	\$	-		