Hospital Cost Reporting Tool Methodology

Definitions and Medicare Cost Report Methodology

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COLORADO
Department of Health Care Policy & Financing

Introduction

The Department of Health Care Policy & Financing (the Department) has developed the Colorado Hospital Cost Reporting Tool to display hospital metrics and how they change over time. The charts, maps and metrics in the tool breakdown cost, price, margin and utilization by Colorado hospital, hospital system and region.

Uses for the tool

Stakeholders and policymakers can use the tool to identify opportunities to maximize efficiencies within the hospital health care delivery system. Legislators stand to gain a wealth of knowledge to inform health care related discussions, provide foundational knowledge for hearings and allow for a common language to speak with constituents. Hospitals will have a tool for finding areas for cost improvement. Small business owners negotiating a contract with a rural hospital can refer to this tool for hospital cost comparisons. Reporters at our local newspapers can use this tool to aid in reporting health care cost information in Colorado. Additionally, academic and research institutions will be able to deliver health care financial analyses more quickly for Colorado at a time when we need it most. With more transparency and research, we can achieve sustainable health care costs for Colorado.

Purpose of this aid

This document is meant to provide definitions, additional information and the Medicare Cost Report source for fields used in the Hospital Cost Reporting tool. Terms used in the on-screen Glossary that use cost report line items are listed in this document with the worksheet, column and line location in addition to any calculations performed on those line items. This format aids in the translation of the Hospital Cost Reporting Tool terms from the Medicare Cost Report Public Use Files.

Definitions are presented in the on-screen Glossary linked in the Table of Contents in the Hospital Cost Reporting tool. You can also click on the book icon on any tab in the Hospital Cost Reporting Tool to be taken to the on-screen Glossary.

Methodology

Data Source

Data presented in the tool and described in this methodology document are sourced from the Medicare Cost Reports. [1] Hospitals submit self-reported Medicare Cost Report data annually to the Centers for Medicare & Medicaid Services (CMS). Data is extracted consistently from the reports and reflects exactly what was reported by the hospitals. After 2011, form 2552-10 is used, but prior to 2010, and for some hospitals in 2011, form 2552-96 is used. These forms are similar, but there may be some places that the fields extracted come from different places in the Medicare Cost Report. The data extracted for this analysis is as reported to the Healthcare Cost Report Information System (HCRIS). The public use files[2] for this information are managed by CMS.

Development and Stakeholder Feedback

Due to the limited nature of hospital cost data, the Medicare Cost Reports were determined to be the most consistent source for information on hospital costs. The Department and contracted consultants determined much of the information included in the Medicare Cost Reports is reliable for analysis and reporting. As CMS finds this information to be reasonable to distribute to the broader public, and some sections of the reports are reviewed and sometimes audited for national discussions and cost calculations, the Department believes the data source to be adequate for informed discussion in Colorado. Many Colorado hospitals and hospital systems have reviewed this work with the Department and our consultants. As more detailed information is received from hospitals related to the intricacies of Medicare Cost Report submissions, the Department will seek to incorporate feedback. The Department believes a continuous conversation around hospital costs cannot be productive without the input of all stakeholders, including the hospitals who submit their cost information to CMS. This continuous conversation around the data reported has surfaced limitations with the data and is detailed where applicable in further sections.

Limitations of the Data Source

CMS maintains authenticated information is only accurate as of the point in time of validation and verification. Any limitations of the Medicare Cost Reports are implicit in the data used for this analysis.

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[1] Centers for Medicare & Medicaid Services. Cost Reports. (2019). Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/index.html.

[2] CMS makes a reasonable effort to provide up-to-date, accurate, complete and comprehensive data files of the HCRIS data for the public and are described as the public use files. Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/Cost-Reports-by-Fiscal-Year.html.

Additionally, the more recent a Medicare Cost Report has been submitted, the more likely that report will be amended. The process of settling payments from Medicare to providers takes several years to reconcile. Any over or under payment to a provider cannot be determined without the iterative process of Medicare Cost Report submission and assessment.

Definitions and Medicare Cost Report Line Items

General Information

The calculations detailed in this document were made for every hospital in the HCRIS database and then summarized as desired: by hospital, nationally, by state (Colorado), by hospital system, by region.

The dataset is for acute care hospitals. Acute care is for medical services that are brief and for serious conditions, like trauma, disease or surgery. Specialty hospitals, which include psychiatric, rehabilitation and long-term care services, are excluded from the dataset.

Categorical

Hospital Type

1) Services provided by hospitals differ by facility. When you think of a hospital, you typically think of an acute care hospital, one that treats patients for a brief time and for serious conditions like trauma, disease or surgery. There are also specialty hospitals for psychiatric treatment and longer-term recovery or treatment.

2) The dataset filters out these specialty hospitals and only includes data for acute care hospitals. Only hospitals where the last four digits of their provider identification numbers are included:

    a) 0001 – 0899 Short-term Hospitals

    b) 1300 – 1399 Critical Access Hospitals

    c) 3300 – 3399 Children’s Hospitals

Year

1) The annual period the data represents.

2) Source from the Medicare Cost Report

    a) The four-digit year date part of the FY_END_DT field in the report’s identification information table (hosp**_20**_Rpt file) is used to designate the period of the Medicare Cost Report information.

3) Additional information

a) Only hospitals with cost reports covering complete years are included.

b) Generally, a hospital is considered to have a complete year if the cost report covers a period of 364 to 368 days. Hospitals with multiple cost reports that represent a one-year period are included.

System

1) Hospital systems are a group of hospitals who are managed or owned by another organization. A hospital provides the name of the home office in the Medicare Cost Report. To ensure that the system data is not skewed by hospitals entering affiliation with a system, hospitals most recent system affiliation is assumed for all years of the data within the tool.

2) Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet S-2 Part 1, Line 141, Column 1

County

1) The county in which a hospital resides.

2) Source from the Medicare Cost Report

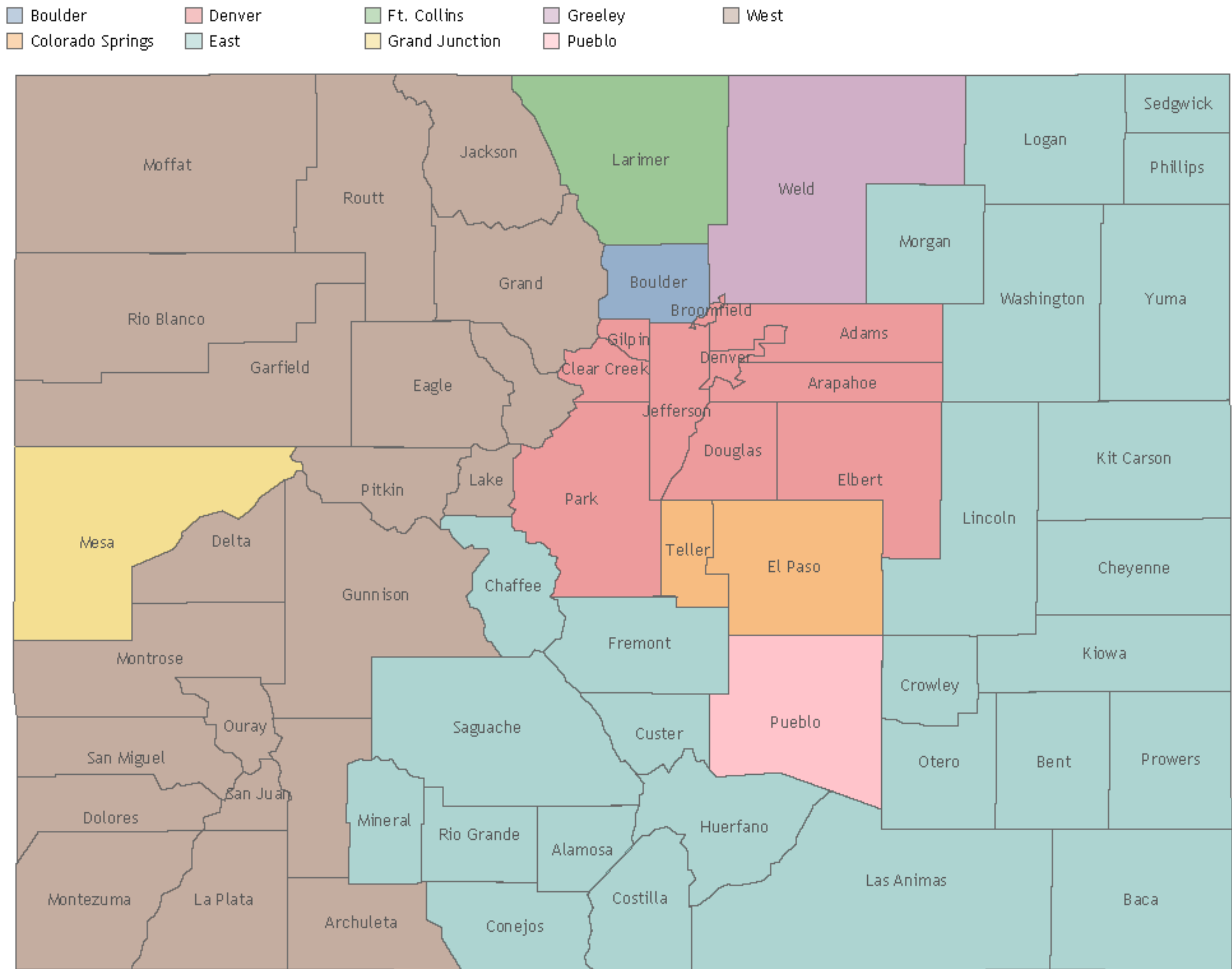
    a) From Hospital Form 2552-10: Worksheet S-2, Part I, Column 4, line 2

    b) From Hospital Form 2552-96: Worksheet S-2, Part I, Column 4, Line 1.01

Division of Insurance (DOI) Region

1) The Colorado Division of Insurance (DOI) regulates the health insurance industry in Colorado and developed these regions to analyze and compare premiums and costs throughout the state (see **Figure 1**). A hospital's DOI region is attributed to the based on the county designation provided from the county definition reported on the hospital's cost report.

Figure 1. Division of Insurance Regions



Latitude/ Longitude coordinates

1) These are the geospatial coordinates used to point to a hospital location on a map.

Utilization

Discharges

1. When you leave a hospital after treatment, you go through a process called hospital discharge. A hospital will discharge you when you no longer need to receive inpatient care and can go home or to another type of facility.

2. Source from the Medicare Cost Report

   a) From Hospital Form 2552-10: Worksheet S-3, Part I, Column 15, Line 14, and 16 through 18

   b) From Hospital Form 2552-96: Worksheet S-3 Part I, Column 15, Lines 12 and 14

Adjusted Discharges

1. Adjusted discharges measure the overall volume of services provided by a hospital whether in the inpatient (overnight stays) or outpatient (hospital clinic or emergency department visit).

2. This is an estimate of the number of patients served.

Table 1. Adjusted Discharges Medicare Cost Report Sources and Calculations

Row	Value	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Total Revenue (Charges)	Worksheet G-2, Column 3, Line 28	Worksheet G-2, Column 3, Line 25	÷
B	Total Inpatient Revenue (Charges)	Worksheet G-2, Column 1, Line 28	Worksheet G-2, Column 1, Line 25	
C	Adjustment Factor			Row A / Row B
D	Inpatient Discharges	Worksheet S-3 Part I, Column 15, Lines 14 and 16 through 18	Worksheet S-3 Part I, Column 15, Lines 12 and 14	
E	**Adjusted Discharges**			Row C * Row D

3. Additional Information

   a) Adjusted discharges are generally calculated at the summary level (state, system, etc.) rather than being calculated at the hospital level and summed.

   b) To facilitate cross-hospital comparisons, costs were divided by adjusted discharges within this analysis.

   c) Low volume hospitals, defined as less than 1,000 discharges in this analysis, may show artificially high adjusted discharge metrics due to the calculation required for cross-hospital comparison.

Available Beds

1) Beds licensed, physically set up and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available.[3] **Figure 2** is a depiction of the relationship between the hospital bed fields.

Figure 2. Bed Fields

2) Source from the Medicare Cost Report

   a) From Hospital Form 2552-10: Worksheet S-3, Part I, Column 3, Lines 14 and 16 thru 18;

[3] AHRQ. AHRQ Releases Standardized Hospital Bed Definitions. (Sep 2005). Available at: https://archive.ahrq.gov/research/havbed/definitions.htm.

   b) From Hospital Form 2552-96: Worksheet S-3, Part I, Column 2, Lines 12 and 14.

Inpatient Days

1) The number of days patients spent in the hospital which includes overnight and observation days.

2) Source from the Medicare Cost Report

   a) From Hospital Form 2552-10: Worksheet S-3 Part I, Column 8, Lines 14, 16 through 18 and 28

   b) From Hospital Form 2552-96: Worksheet S-3 Part I, Column 6, Lines 12 and 14 and 26

Bed Days Available

1) The number of hospital beds ready to use multiplied by the number of a days in a year.

2) Source from the Medicare Cost Report

   a) From Hospital Form 2552-10: Worksheet S-3 Part I, Column 3, Lines 14, and 16 through 18

   b) From Hospital Form 2552-96: Worksheet S-3 Part I, Column 2, Lines 12 and 14

Occupancy Rate

1) Occupancy rate is the percentage of beds used out of the total beds a hospital has available for patients.

Table 2. Occupancy Rate Medicare Cost Report Sources and Calculation

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Inpatient Days	Worksheet S-3 Part I, Column 8, Lines 14, 16 through 18 and 28	Worksheet S-3 Part I, Column 6, Lines 12 and 14 and 26	÷
B	Bed Days Available	Worksheet S-3 Part I, Column 3, Lines 14, and 16 through 18	Worksheet S-3 Part I, Column 2, Lines 12 and 14	
C	**Occupancy Percentage**			Row A / Row B

Medicare Weighted Case Mix Index

1) The case mix index is a relative measure of severity of illness for the patients a hospital provides services for.

2) When billing to Medicare, patients are assigned to standardized diagnoses called Medicare Severity-Diagnosis Related Group (MS-DRG). When billing, an indication of severity can be assigned to the MS-DRG called comorbidities and complications. Each MS-DRG results in a numeric relative weight indicative of resource consumption based on the MS-DRG and the severity. Case mix index is the sum of these numeric weights assigned to the MS-DRGs divided by the number of patients. Hospitals with higher case mix indices have treated patients who have more complex medical needs. For example, a case mix index of 2.0 would indicate that patients consume twice as many resources as the average patient.

3) Source from CMS

    a) Each year CMS publishes a table with case mix indices by provider number in their Inpatient Prospective Payment System (IPPS) annual final rule notices. The file attachment is titled Case Mix Index File.

4) Additional Information

    a) Medicare reports case mix as part of each Federal Fiscal Year (FFY) IPPS final rule.

    b) Case mix is calculated for a given FFY using claims from a prior FFY (e.g. the case mix reported for the FFY 2018 final rule was based on FFY 2016 Medicare claims).

c) Only case-mix for short stay IPPS hospitals are reported. This excludes critical access, psychiatric, rehabilitation and long-term care hospitals.

d) In Colorado, Medicare discharges comprise approximately 39% of total discharges. It is not known how well the case mix for Medicare patients correlates with the case mix for other payers.

e) Medicare uses MS-DRGs to calculate case mix. APR-DRGs are often used by others. Directionally, these should be close.

f) Medicare CMI used in this analysis is on a FFY basis while hospital cost and revenue amounts are on the hospital's fiscal year.

g) It is not meaningful to add the CMI values together.

Financial

All cost report line and column references used throughout this report include subscripts[4] if present.

Hospital-Only Operating Cost

1) The total cost associated with providing services related to the hospital itself and patient care.

[4] For some standard lines and columns in the cost report, the hospital may add sub-lines and/or sub-columns if it enhances the information presented. These sub-lines and sub-columns are referred to by CMS as subscripts.

Table 3. Hospital-Only Operating Cost Medicare Cost Report Sources and Calculation

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Operating Expenses for Reimbursable Departments[5]	Worksheet B Part I, Column 26, Line 118	Worksheet B Part I, Column 27, Line 95	+
B	Reasonable Compensation Equivalent (RCE) Disallowance	Worksheet C Part I, Column 4, Line 200[6]	Worksheet C Part I, Column 4, Line 101[7]	
C	**Hospital-Only Operating Cost**			Row A + Row B

2) Additional Information

a) The objective of this cost measurement is to derive amounts that facilitate cross-hospital comparisons. For this purpose, operating expenses include adjusted amounts per Worksheet A, Column 7 but exclude costs associated with Medicare non-reimbursable departments and costs associated with interns and residents. Also, any RCE disallowance is added back.

Provider Fee Cost

1) The Colorado Health Care Affordability Act was signed into law on April 21, 2009. The Act authorized the Department to collect a hospital provider fee to increase Medicaid and Colorado Indigent Care Program (CICP) payments to hospitals. A fee is assessed on hospital providers, this fee is then matched by federal dollars.[8]

2) Source

[5] Excludes costs associated with interns and residents.
[6] If Worksheet C Part I is missing from HCRIS then Worksheet A-8-2, Column 17 for lines where the value in Column 1 is => 24 and < 100
[7] Worksheet A-8-2 details are not available for 2552-96 cost reports. Accordingly, Worksheet C Pt. 1, Line 101, Col. 4 is used. This method will exclude hospitals for which Worksheet C Pt. 1 is not in the HCRIS database (such as Children's Hospital Colorado) but there is no other data source available
[8] For more information please visit the Department's website: https://www.colorado.gov/pacific/hcpf/healthcare-affordability-and-sustainability-fee.

a) The provider fee data for this tool was surveyed from hospitals by Myers and Stauffer, a firm who assists the Department in administering the CHASE Hospital Provider Fee.

Administrative Cost without Provider Fee

1. Administrative costs include a wide variety of costs including, but not limited to, the cost of executive management, legal services, accounting services and facility administrative services.

Table 4. Administrative Costs without Provider Fee Medicare Cost Report Sources and Calculation[9]

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Administrative Costs Before Allocations	Worksheet B Part I, Column 0, Line 5	Worksheet B Part I, Column 0, Line 6	+
B	Human Resources Department Allocation	Worksheet B Part I, Column 4, Line 5	Worksheet B Part I, Column 5, Line 6	-
C	Directly Allocated Capital	Worksheet B Part II, Column 0, Line 5	Worksheet B Part III, Column 0, Line 6	
D	Subtotal			Row A + Row B – Row C
E	Percent Allocated to Interns and Residents	Row D x (Worksheet B Pt. I, Column 5, Line 21 and 22 divided by Worksheet B Pt. I Column 5, Line 202)	Row D x (Worksheet B Pt. I, Column 6, Lines 22 and 23 divided by Worksheet B Pt. I Column 6, Line 103)	
F	Subtotal			Row D – Row E

[9] Includes subscripted cost centers. Calculations in rows E and G are performed at the subscripted level.

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
G	Percent Allocated to Reimbursable Departments	Row D x (Worksheet B Pt. I, Column 5, Line 118 divided by Worksheet B Pt. I, Column 5, Line 202)	Row D x (Worksheet B Pt. I, Col. 6, Line 95 divided by Worksheet B Pt. I, Column 6, Line 103)	
H	**Administrative Cost**			Row F x Row G
I	Provider Fee Cost (If Applicable) [10]	See page 12		
J	**Administrative Cost Without Provider Fee**			Row H – Row I

2. Additional Information

   a) Administrative costs include allocations from the human resources department but exclude capital allocations.

   b) Administrative costs exclude estimates of the amounts of administrative costs that are associated with non-reimbursable departments, interns and residents.

   c) It is recognized that by including the Human Resources department allocation in administrative costs, a small amount of capital costs may also be included. However, this amount is not material and does not impact the analysis in a significant manner.

Capital Cost

1. Capital costs are associated with land, buildings and equipment (X-ray machines, the beds, sterilizing equipment, etc.) that aid the hospital in providing services.

[10] When national data is presented, the provider fee cost is not removed.

Table 5. Capital Cost Medicare Cost Report Sources and Calculation

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Capital Costs for Reimbursable Departments	Worksheet B Part I, Columns 1 and 2, Line 118	Worksheet B Part I, Columns 1 thru 4, Line 95	+
B	Capital Costs Allocated Directly to Non-Capital Departments	Worksheet B Part II, Column 0, Line 118	Worksheet B Part III, Column 0, Line 95	-
C	Capital Costs Allocated to Interns and Residents	Worksheet B Part I, Columns 1 and 2, Lines 21 and 22 Plus Worksheet B Part II, Column 0, Lines 21 and 22	Worksheet B Part I, Columns 1 thru 4, Lines 22 and 23 Plus Worksheet B Part III, Column 0, Lines 22 and 23	
D	**Capital Cost**			Row A + Row B – Row C

2. Additional Information

    a) Hospital-only capital costs include costs in the capital cost centers as well as all capital costs allocated directly to other departments per Worksheet B Pt. II, but removes capital costs that are allocated to non-reimbursable departments, interns and residents.

Medical Cost

1. Medical costs are the cost of providing medical care to patients for hospital services.

Table 6. Medical Cost Calculation

Row	Field	Reference Page in this Document	Calculation
A	Hospital-Only Operating Cost	11	-
B	Administrative Cost without Provider Fee	13	-
C	Capital Cost	14	
D	Provider Fee Cost (If Applicable) [11]	12	
E	**Medical Costs**		Row A - Row B - Row C - Row D

Total Operating Expense

1. All costs except for non-operating expenses.
    a) From Hospital Form 2552-10 and 2552-96: Worksheet G-3, Column 1, Line 4

Non-Hospital Expense

1. Expenses not related to hospital services.
2. The difference between total operating expense and hospital-only operating expense.

Net Patient Revenue

1. Net patient revenue is the amount of money made from providing patient services.
2. Source from the Medicare Cost Report

[11] When national data is presented, the provider fee cost is not removed.

a) From Hospital Form 2552-10 and 2552-96: Worksheet G-3, Column 1, Line 3

Patient Services Margin

1. The patient services margin (also referred to as net income) is the income after expenses a hospital received from providing services.

2. Source from the Medicare Cost Report

   a) From Hospital Form 2552-10 and 2552-96: Worksheet G-3, Column 1, Line 5

Patient Services Margin Percent

1. Patient services margin percent is the income a hospital received for providing patient services as a percentage of revenue from providing patient services.

Table 7. Patient Service Margin Medicare Cost Report Sources and Calculation

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Net Income from Service to Patients	Worksheet G-3, Column 1, Line 5	Worksheet G-3, Column 1, Line 5	
B	Net Patient Revenue	Worksheet G-3, Column 1, Line 3	Worksheet G-3, Column 1, Line 3	
C	**Patient Service Margin Percentage**			Row A / Row B

Patient Service Payment to Cost Ratio

1. A ratio measurement that compares the amount of patient service payment to the amount of patient service cost by dividing payment by cost. A 1.05 payment to cost ratio can be understood as for every dollar in cost, the hospital receives $1.05 in payment.

Table 8. Patient Service Payment to Cost Ratio Medicare Cost Report Sources and Calculations

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Net Patient Revenue	Worksheet G-3, Column 1, Line 3	Worksheet G-3, Column 1, Line 3	
B	Total Operating Expense	Worksheet G-3, Column 1, Line 4	Worksheet G-3, Column 1, Line 4	
C	**Patient Service Payment to Cost Ratio**			Row A / Row B

Total Margin

1. Total margin (net income) is the excess or net patient revenue and other income over total operating and other expenses.
2. Source from the Medicare Cost Report
   a) From Hospital Form 2552-10: Worksheet G-3, Column 1, Line 29
   b) From Hospital Form 2552-96: Worksheet G-3, Column 1, Line 31

Total Margin Percentage

1. Total margin percentage is the income a hospital received for providing all services (including services like parking) as a percentage of all revenue from those same services.

Table 9. Total Margin Medicare Cost Report Sources and Calculations

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Net Income (Loss)	Worksheet G-3, Column 1, Line 29	Worksheet G-3, Column 1, Line 31	
B	Net Patient Revenue	Worksheet G-3, Column 1, Line 3	Worksheet G-3, Column 1, Line 3	
C	Other Income	Worksheet G-3, Column 1, Line 25	Worksheet G-3, Column 1, Line 25	
D	Net Patient Revenue Plus Other Income			Row B + Row C
E	**Total Margin**			Row A / Row D

Total Payment to Cost Ratio

1. A ratio measurement that compares the amount of total payment (including other income) to the amount of total cost by dividing payment by cost. A 1.05 payment to cost ratio can be understood as for every dollar in cost, the hospital receives $1.05 in payment.

Table 10. Total Payment to Cost Ratio Medicare Cost Report Sources and Calculations

Row	Field	Cost Report 2552-10	Cost Report 2552-96	Calculation
A	Net Patient Revenue	Worksheet G-3, Column 1, Line 3	Worksheet G-3, Column 1, Line 3	
B	Other Income	Worksheet G-3, Column 1, Line 25	Worksheet G-3, Column 1, Line 25	
C	Net Patient Revenue Plus Other Income			Row B + Row C
D	Total Operating Expense	Worksheet G-3, Column 1, Line 4	Worksheet G-3, Column 1, Line 4	
E	Other Expense	Worksheet G-3, Column 1, Line 28	Worksheet G-3, Column 1, Line 30	
F	Total Operating Expense Plus Other Expense			Row D + Row E
G	**Total Payment to Cost Ratio**			Row C / Row F

Total Assets

1. Assets are economic resources expected to provide future benefit to the organization. Examples of assets include cash, investments and long-lived assets such as buildings and equipment.

2. Source from the Medicare Cost Report

   a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 36

   b) From Hospital Form 2552-96: Worksheet G, Columns 1 thru 4, Line 27

Total Current Assets

1. Current assets are assets expected to provide economic benefit to the organization within the next year at any point in time. Examples of current assets include cash, short-term investments, accounts receivable and prepaid expenses.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 11

    b) From Hospital Form 2552-96: Worksheet G, Columns 1 thru 4, Line 11

Total Fixed Assets

1. Fixed assets are long-lived, tangible assets comprised primarily of land, buildings and equipment.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 33

    b) From Hospital Form 2552-96: Worksheet G, Columns 1 thru 4, Line 21

Total Other Assets

1. Other assets are long-lived assets other than fixed assets expected to provide economic benefit to the organization in periods exceeding one year. The tool displays the difference between total other assets and investments as other assets.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 35

    b) From Hospital Form 2552-96: Worksheet G, Columns 1 thru 4, Line 26

Investments

1. Investments are positions the organization has in assets with the potential of generating gains such as stock, bonds and mutual funds. These assets do not provide short-term liquidity and therefore are considered long-lived assets.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 31

    b) From Hospital Form 2552-96: Worksheet G, Columns 1 thru 4, Line 22

Total Liabilities

1. Total liabilities represent amounts owed by the organization. These amounts are usually settled over time thru the transfer of assets or the provision of goods and services. Examples of total liabilities include debt and amounts payable for goods and services already received.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 51

    b) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 43

Total Fund Balance

1. Total fund balance represents the excess of total assets over total liabilities. The amount is also referred to total net assets, total equity or net position.

2. Source from the Medicare Cost Report

    a) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 59

    b) From Hospital Form 2552-10: Worksheet G, Columns 1 thru 4, Line 51