

HOSPITAL COST REPORT ADDENDUM-INCENTIVE PAYMENT CALCULATION

Contact information for all inquiries and responses

First Name:	M.I.	Last Name	Suffix	Job Title
Phone number (include area code)		E-mail address		

Hospital Information

Name of Hospital:	NPI (National Provider Identifier) Number:	CCN Number	License Number:
Corporation Name (As registered at State Department):			

The Hospital Cost Report Addendum will be used only for the Puerto Rico Medicaid Health Information Technology Provider Incentive Program (HITPIP) which would require the following for validating the incentive payment eligibility verification:

1. If the Cost Report has not been audited by CMS, it must be certified by the Hospital's Authorized Official and or a Certified Public Accountant legally authorized to do business in Puerto Rico.
2. If the Cost Report does not segregate the data needed for Payment evaluation as detailed in Table below, a Hospital Cost Report Addendum providing such data must be presented by the Hospital applying for the Medicaid EHR Incentive, even if the Medicare Cost Report has been already audited by CMS. The Hospital Cost Report Addendum must be included as part of attestation process when the hospital is soliciting the Medicaid Incentives.
3. The Hospital Cost Report Addendum must be certified by the Hospital's Authorized Official and or a Certified Public Accountant legally authorized to do business in Puerto Rico.
4. Please consult with your Account/Financial advisor if unsure regarding the need to file a Hospital Cost Report Addendum.

Hospital Cost Report Addendum

Please complete the column indicating the year the fiscal year ends as well as the reported data column. Use this table to add the data for the new cost report addendum and please explain at the section subtitled "Explanation of Adjustment".

Data Element	Fiscal Year from which the data is pulled	If data is drawn from CMS 2552-96:	If data is drawn from CMS 2552-10:	Unreported Data Please complete
Medicaid Discharges*	Base fiscal year	Worksheet S-3, Part I, Column 14, Line 12	Worksheet S-3, Part I, Column 14, Line 14	
Total Medicaid Days	Base fiscal year	worksheet S-3, Part I, Column 5, Lines 1, 6-10	Worksheet S-3, Part I, Column 7, Lines 1, 8-12	
Medicaid HMO Days	Base fiscal year	worksheet S-3, Part I, Column 5, Line 2	Worksheet S-3, Part I, Column 7, Line 2	
Total Charity Charges	Base fiscal year	Worksheet S-10, Line 30	Worksheet S-10, Line 20	
Total Hospital Charges	Base fiscal year	Worksheet C, Part I, Column 8, Line 101	Worksheet C, Part I, Column 8, Line 200	
Nursery Discharges*	Base fiscal year	Worksheet S-3, Part I, Column 15, Line 11	Worksheet S-3, Part I, Column 15, Line 13	
Nursery Inpatient Bed Days*	Base fiscal year	Worksheet S-3, Part I, Column 5, Lines 11	Worksheet S-3, Part I, Column 7, Lines 13	
CHIP	Base fiscal year	Title XXI – Not part of the Cost Report	Title XXI - Not part of the Cost Report	
Other Data Element	Fiscal Year			

*The Nursery Discharges must not be included in the Total Discharges. The Nursery Inpatient Bed Days must not be included in the Total Medicaid inpatient bed days. **Are you providing the Medicaid Federal Encounters only?** Yes No, if no, please explain.

Explanation of Adjustment

After completing and signing this Addendum, please upload it at the SLR registration webpage using your account. In case you have any questions please contact the XEROX Helpdesk phone: (866)-879-0109. **Please be aware that all information submitted should be supported by auditable evidence preserved during the next six (6) years.**

By signing below, I am attesting that the information provided above is correct.

Name:	Job Title:
Signature	Date: