

Expansion Exception Process: Accessing HCRIS Data and Sample Computations

In order to receive an exception to the prohibition on facility expansion, a hospital must satisfy eligibility criteria to qualify as an applicable hospital or high Medicaid facility.

For the eligibility criteria for which a hospital elects to use filed hospital cost report data (or “HCRIS data”), we address below the processes for accessing the data and provide sample computations for determining whether a hospital satisfies the respective criteria.

Accessing Data

Hospitals can access the cost report data that CMS is providing for the exception process at [Physician Self-Referral/Physician Owned Hospitals](#) under [Applicable Hospital Data](#) and [High Medicaid Facility Data](#).

The instructions below reference fields for Hospital Form 2552-10, Worksheet S-3 Part I (Form 2552-10).¹ Please note that if there are two line items for a hospital in HCRIS, use the line item that includes full-year data and/or is labeled as “amended” or “settled” in the status column (D), and disregard the line item that includes only partial-year data and/or is labeled “as submitted” in the status column (D).

Sample Computations - Applicable Hospital

Medicaid Inpatient Admissions

An applicable hospital must have an annual percentage of total inpatient admissions under Medicaid that is equal to or greater than the average percentage with respect to such admissions for all hospitals located in the county in which the hospital is located during the most recent 12-month period for which data are available as of the date that the hospital submits its request.

The following computation demonstrates how a hospital can estimate its annual percentage of total inpatient admissions under Medicaid using filed hospital cost report data:²

Divide number of discharges under Medicaid by the number of total discharges for all patients.

A hospital can use the above computation to estimate the average percentage with respect to such admissions for all hospitals located in the county in which the hospital is located. A hospital can find the data referenced in the above computation for the other hospitals in the county in which it is located by accessing the “IME/GME” charts through [High Medicaid Facility Data](#).

¹ In the footnotes for the sample computations, “C” stands for column and “L” stands for line.

² Medicaid discharges = C14 L2 + C14 L3 + C14 L4+ C14 L14 + C14 L16 + C14 L17.

Total discharges = C15 L14 + C15 L16 + C15 L17.

This computation can be used for FY 2011 and subsequent fiscal years. If any of the following fields have not been populated for the relevant fiscal year for which the calculation is performed (C 14 L2, C14 L3, C14 L4), then the missing field need not be included in the calculation for that fiscal year.

Bed Capacity

An applicable hospital must be located in a State in which the average bed capacity is less than the national average bed capacity during the most recent fiscal year for which HCRIS, as of the date that the hospital submits its request, contains data from a sufficient number of hospitals to determine a State's average bed capacity and the national average bed capacity.

CMS uses the following computation when determining each State's bed capacity and the national average bed capacity:³

Divide total bed days available by the hospital's number of days in the cost reporting period.

The State bed capacities and the national average bed capacity can be accessed through [Applicable Hospital Data](#).

Bed Occupancy

An applicable hospital must have an average bed occupancy rate that is greater than the average bed occupancy rate in the State in which the hospital is located during the most recent fiscal year for which HCRIS, as of the date that the hospital submits its request, contains data from a sufficient number of hospitals to determine the requesting hospital's average bed occupancy rate and the relevant State's average bed occupancy rate.

The following computation demonstrates how a hospital can determine its average bed occupancy rate using filed hospital cost report data:⁴

Divide relevant patient days by the hospital's number of total bed days available.

CMS uses the above computation when determining the average bed occupancy rates for each State. Average bed occupancy rates for each State can be accessed through [Applicable Hospital Data](#).

Sample Computations - High Medicaid Facility

Medicaid Inpatient Admissions

A high Medicaid facility must have an annual percentage of total inpatient admissions under Medicaid that is estimated to be greater than such percentage with respect to such admissions for any other hospital located in the county in which the hospital is located with respect to each of the 3 most recent 12-month periods for which data are available as of the date the hospital submits its request.

A hospital can use the computation under the above heading *Medicaid Inpatient Admissions* when estimating its own percentage and such percentage for each hospital located in its county. A hospital can find the necessary data for the other hospitals in the county in which it is located by

³ Total bed days available = C3 L14 + C3 L16 + C3 L17 – C8 L28.

⁴ Patient days = C8 L14 – C8 L13 + C8 L16 + C8 L17.

Total bed days available = C3 L14 + C3 L16 + C3 L17 – C8 L28.

accessing the “IME/GME” charts through [High Medicaid Facility Data](#).