



Minnesota Hospital Association

2024 HAR Education and Information Session

Mason Todd, MHA

David Haverberg, MHA

Tracy Johnson, MDH

Cara Bailey, MDH



2024 Education and Information Topics

- Extension Requests
- Tips
- Updates
- Capital Expenditures
- Clinic Reporting
- Reminders and Resources



Extension Requests

- For the 2023 HAR, MHA is able to grant an extension of 21 days
- If a hospital is 30 days late submitting their HAR, the hospital will be turned over to MDH



Useful Tips

- Contact MHA early with any questions
- All values should be whole numbers
 - FTEs may be rounded to two decimal points
- Complete non-financial sections early, leave financial sections for after AFS is ready
- Use the notes section at the bottom of the HAR
- Review the Audit Checks tab

Updates for 2024 HAR Reporting

Cover Sheet

Hospital Annual Report (HAR) 2020 Financial, Utilization, and Services Data

Complete this page, print it, and have it signed.

Hospital Identification			
HCCIS ID	0		
NPI	111111111	Please provide the National Provider Identifier for the acute care facility of the hospital	
Hospital Name	Minnesota Hospital Association		
Address	2550 University Ave West	Date Filed	
P.O. Box		Date Revised	
City	ST. PAUL	Fiscal Year	
Zip Code	55114-1052	2020 Fiscal Year End Date	
County	RAMSEY	Number of Months in	
Facility Phone #	(651) 659-1440	Critical Access Hospital (CAH) Status	
Facility Fax #	(651) 659-1477	Yes	No
Administrator's Name	Joe Schindler		X
Administrator's Title	VP Finance	Administrator's e-mail address	jschindler@mnhospitals.org
CFO's Name	Deb Kierstead	Hospital's Website	www.mnhospitals.org
System Affiliation: Name of system(s), e.g., Allina,	No Affiliation	Check Type of Affiliation(s):	
Hospital Ownership Type		Own	Manage
Emergency Department Physician Director (full	N/A	Lease	N/A
			X

This item can not be left blank. Please review instructions.
This item can not be left blank. Please review instructions.

Please enter Hospital Ownership Type. This was previously reported as 'Nonprofit Corporation (nongovernmental, nonprofit)'.
This certification must be signed by an officer of the hospital, such as the Administrator, CEO, C

Certification Statement: I hereby certify that I have examined the accompanying Hospital Annual Report and to the best of my knowledge, the information herein is accurate.

Signed			
Printed Name			
Position		Date	

HAR Audit Timeline Goals Q1 & Q2

- Standard Due Date: Feb 1st, 2024
- MHA Extended Due Date: Feb 22nd, 2024
- Expected Audited Question Date: March 8th, 2024
- Target Completion Date: March 25th, 2024

HAR Audit Timeline Goals Q3

- Standard Due Date: April 1st, 2024
- MHA Extended Due Date: April 22nd, 2024
- Expected Audited Question Date: May 8th, 2024
- Target Completion Date: May 24th, 2024

HAR Audit Timeline Goals Q4

- Standard Due Date: July 1st, 2024
- MHA Extended Due Date: July 22nd, 2024
- Expected Audited Question Date: Aug 8th, 2024
- Target Completion Date: Aug 26th, 2024

New Conditional Formatting

- Interdependent cells will now highlight all 4 related cells until all data has been entered in each
- This applies to accounts in sections: 13, 14, 38, and 40.

Example

7260	Total Medicare Adjustments		
0741	Medicare Adjustments (Non-Managed Care)		
7098	Medicare Adjustments (Non-Managed Care) Hospital Patient Care Services	\$ -	
7099	Medicare Adjustments (Non-Managed Care) Other Patient Care Services	\$ -	
0742	Medicare Managed Care Adjustments		
7100	Medicare Managed Care Adjustments Hospital Patient Care Services	\$ -	
7101	Medicare Managed Care Adjustments Other Patient Care Services	\$ -	

Medicare

4370	Total Medicare Admissions		
4341	Medicare Admissions (Non-Managed Care)		
7184	Medicare Managed Care Admissions		

Medicare

Services Tab

- Services show their historical offerings allowing newer preparers to see how services were previously offered
- Answers to changed services can go in the orange cells

Section 55: Facilities and Services Within the Hospital									
GENERAL SERVICES									
		2023	2022	2021	2020	2019	2018	Answers	
Abortion Services (Inpatient)	6010	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Abortion Services (Outpatient)	6020	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Cardiac Catheterization Services	6030	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Chemical Dependency Treatment (Outpatient)	6040	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Detoxification Services	6070	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Electroencephalography	6080	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Extracorporeal Shock Wave Lithotripter (ESWL)	6090	0	3=On site - contracted	3=On site - contracted	3=On site - contracted	3=On site - contracted	1=On site by hospital staff		
Geriatric Day Care Services	6100	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Home Health Care Services	6101	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Laboratory Services	6360	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Outpatient Psychiatric Services	6130	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Outpatient Hospice Services	6131	0	2=Not available	2=Not available	2=Not available	2=Not available	2=Not available		
Social Services	6210	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Urgent Care/Fast Track Services	7205	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		
Volunteer Services Dept.	6330	0	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff	1=On site by hospital staff		



Contacts Changes for 2023

- At least 2 contacts are required for your HAR to be accepted
- You must have at least 2 different individuals for the Preparer and Courtesy Contact



Offsite Locations Tab

- Please use only one row per entry
- Checking yes or no to being billed under the hospital's Medicare number is required
- Contact Mason to get the expanded form if entering more than 32



Audit Checks Tab

- More relevant audit checks
- Can now respond directly to certain audit issues
- Make sure there are no fatal audit issues

A Guide to Minnesota Capital Expenditure Reporting

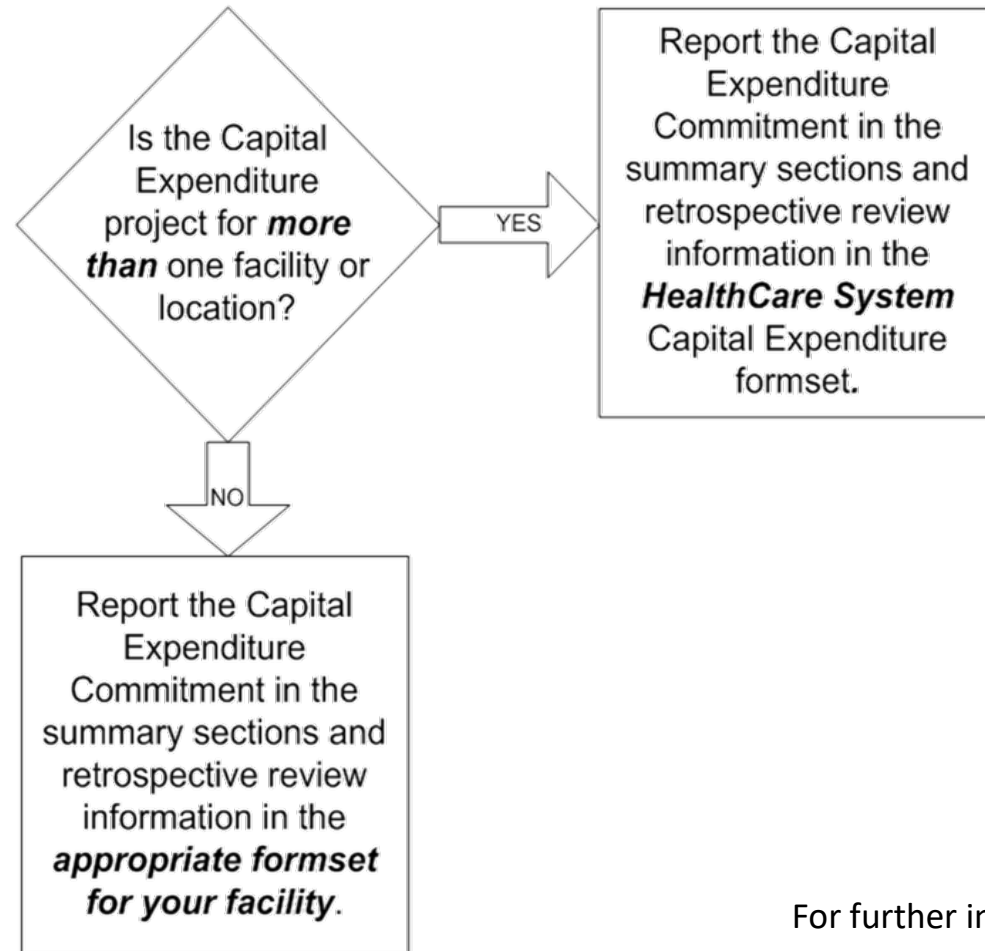
Capital Expenditure Reporting: Requirements

- A capital expenditure contact is required by all hospitals. This person is responsible for any questions relating to capital expenditures
- Two separate reporting requirements:
 - Reporting of major capital expenditure commitments for each project greater than one million dollars (See HAR sections 56 and 57)
 - Provide sufficient project specific information about capital expenditure commitments for MDH to complete a retrospective review of each project

Capital Expenditure Reporting: Reporting Forms

- Providers submit capital expenditures on existing annual financial reports
 - Hospitals – Hospital Annual Report (HAR)
 - Surgical Centers – Freestanding Outpatient Surgical Center (FOSC) Report
 - Imaging Centers – Diagnostic Imaging Facility Report
 - Physician Clinics, Clinic Systems, or Health Care Systems – System Capital Expenditure Report

Capital Expenditure Reporting: Decision Chart



For further information [click here](#)

Capital Expenditure Reporting: Duplicate Reports

- Please check the “Prior Cap Exp Report” tab on the HAR to ensure projects have not been reported previously
 - This tab will show up to 21 prior reports from the previous three years
- If your project has been reported previously, it does NOT need to be updated or re-reported
 - UNLESS there has been a significant change in scope or budget

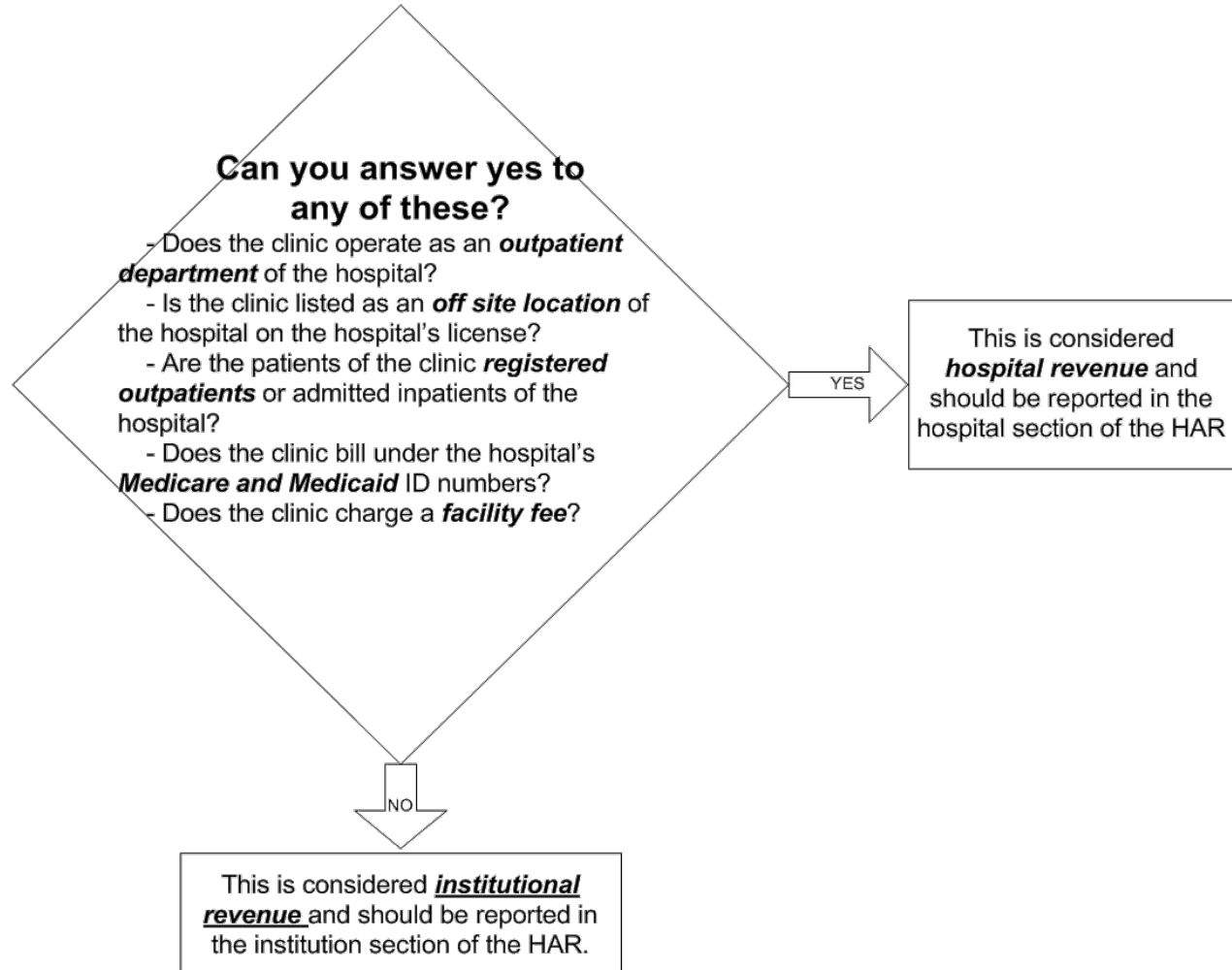


Capital Expenditure Reporting: Reporting Project Updates

- If reporting significant changes be sure to include:
 - Specific references to the original project
 - Explanations in the narrative portions of the respective review section that clearly describe the changes being made to the project
 - Only NEW commitment dollars

Reporting Guidelines for Clinic Information on the HAR

Clinic Reporting: Flow Chart





Clinic Reporting: Rural Health Clinics (RHC)

- RHCs Should report their all-inclusive rates (AIR) as clinic revenue in account 0207 on the Institutional page in section 1
- The hospital billed lab and technical components should remain in the hospital sections

Clinic Reporting: Offsite Locations Tab

- All outpatient departments, clinics and components not located on the hospital's premise
- Offsite locations where services provided are billed under the hospital's Medicare and Medicaid provider numbers
- Verified against hospital license application



Clinic Reporting: Additional Locations

- There is only space for 32 offsite locations.
Please do not insert lines on the formset
- Please email Mason if you plan on reporting more than 32 locations

General Guidelines and Places for Further Information

Reminders and Resources: Medical Care Surcharge Estimator

- DHS remains the **sole** determiner of your surcharge. This tool is to be used only to give guidance and help in the correct completion of the HAR
- A Medical Care Surcharge Estimation Tool has been included on a separate tab in the HAR
- After completing the HAR, please review this tab to verify that the information reported on the HAR for these key accounts is correct



Reminders and Resources: MCR, AFS, and Charity Care

- ECR format is the preferred format for the MCR
- Please submit your hospital's AFS and MCR as soon as they become available
- If your hospital's Charity Care Policy has changed please submit a copy as soon as possible

Reminders and Resources: Data Transmission Method

- The HAR and supporting documentation may be submitted via MHA's secure [web portal](#)
- This is the method recommended by MDH and MHA for data transmission

Reminders and Resources: Preliminary Audit Checks File

- After the HAR is uploaded to the portal a preliminary audit checks file is generated
 - Secure Reports -> HAR Project -> My Downloads
 - A new file is generated after each HAR upload
- The preparer may make comments next to the audit checks and upload the file to the portal
- If you are unsure of what certain audit checks mean, please call or email Mason

Reminders and Resources: Further Information

- Both the [MDH](#) and [MHA](#) websites have additional information on HAR related issues
 - Deadlines and Events
 - Previous HAR Education and Information Sessions

Thank you.

MHA staff at (800) 462-5393 or (651) 641-1121

Mason Todd Cell: (763) 301-4923, mtodd@mnhospitals.org

Tracy Johnson Cell: (651) 201-3572 Tracy.L.Johnson@state.mn.us

Appendix

1. Slide 14, Capital Expenditure Reporting: Decision Chart – Further Information Link:
<https://www.health.state.mn.us/data/economics/hccis/reporting/capexp/index.html>
2. Slide 25, Reminders and Resources: Data Transmission Method – MHA's Secure Web Portal Link:
<https://portal.mnhospitals.org/>
3. Slide 27, Reminders and Resources: Further Information – MDH HCCIS Link:
<http://www.health.state.mn.us/hccis/>
4. Slide 27, Reminders and Resources: Further Information – MHA HCCIS Link:
<http://www.mnhospitals.org/data-reporting/mandatory-reporting/health-care-costs-information-systems-hccis>