
Medicare

Department of Health and
Human Services (DHHS)

Provider Reimbursement Manual Part 2, Provider Cost Reporting Form and Instructions, Chapter 33, Form CMS-216-94

Centers for Medicare and
Medicaid Services (CMS)

Transmittal 5

Date: April 2013

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NEW/REVISED MATERIAL--*EFFECTIVE DATE*: Cost Reporting Periods Beginning or overlapping April 1, 2013.

This transmittal updates Chapter 33, Organ Procurement Organization and Tissue Typing Laboratory Cost Reports, Form CMS-216-94 to comply with an Executive order effective for cost reporting periods beginning or overlapping April 1, 2013.

- Worksheet D applies the 2 percent Medicare sequestration adjustment, as indicated in the Office of Management and Budget (OMB) Report to the Congress on the sequestration for fiscal year (FY) 2013 required by section 251A of the Balanced Budget and Emergency Deficit Control Act, as amended (the "Joint Committee sequestration"). The sequestration adjustment is effective for portions of cost reporting periods that overlap April 1, 2013 through September 30, 2013.

REVISED ELECTRONIC SPECIFICATIONS *EFFECTIVE DATE*: Changes to the electronic reporting specifications are effective for cost reporting periods beginning or overlapping April 1, 2013.

DISCLAIMER: The revision date and transmittal number apply to the red *italicized material* only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

NOTE: If the cost report is a partial year under the program (e.g., expenses are from July 1 - June 30, but cost reimbursement is effective April 1 or three of the twelve months), show only on line 2 the kidney related revenue since the effective date of cost reimbursement.

Line 3.--Divide the amount on line 2 by the amount on line 1 and enter the result.

Line 4.--Enter the amount from Worksheet B, column 11, line 4 or Worksheet A, column 7, line 14, as appropriate. (See instructions in §3304 for Worksheet A, column 7, and Worksheet A, line 26, item 3.)

Line 5.--Multiply the ratio of kidney transplant tests to total tests by the total tissue typing lab cost (the amount on line 4 times the ratio on line 3) and enter the result. Transfer the amount on line 5 to Worksheet D, column 2, line 1.

3313. WORKSHEET D - CALCULATION OF REIMBURSEMENT SETTLEMENT

Line 1, Column 1.--Enter the amount from Worksheet C, column 1, line 5.

Line 1, Column 2.--Enter the amount from Worksheet C, column 2, line 5.

Lines 2 through 8, Columns 1 and 2.--

Line 2.--Enter the amount received for lab services furnished to transplant centers in foreign countries, military hospitals, and DVA hospitals. Foreign transplant centers, military, and veterans hospitals are not in the Medicare program. Use the amount received from them as a reduction of cost.

Line 3.--Enter the amount of total cost reimbursable to OPO/Lab (the amount on line 1 minus the amount on line 2).

Line 4.--Enter the amount of payments received or receivable from transplant hospitals or other OPOs for furnishing organ procurement and tissue typing services for kidney transplant or tissue typing laboratory services. It includes all payments received for furnishing kidneys to transplant hospitals (non-military) and to other OPOs.

Line 5.--Enter the result of subtracting the amount on line 4 from the amount on line 3.

Line 6.-- *For cost reports that overlap or begin on April 1, 2013, enter the result of (2 percent times (total days in the cost reporting period that overlap April 1, 2013 through September 30, 2013, divided by total days in the entire cost reporting period, rounded to four decimal places)) times Medicare reimbursable costs, line 5.*

Line 7.--Enter all payments received from the intermediary for furnishing organ procurement and tissue typing services for kidney transplants (from intermediary records).

Line 8.--Enter the net amount due to the OPO/Lab or the net amount which must be repaid to the Medicare program. Enter the amount on line 5 minus the sum of the amounts on lines 6 and 7.

3314. WORKSHEET E - BALANCE SHEET

Complete the balance sheet in a manner consistent with the financial statements of the OPO/Lab. If fund type accounting records are maintained, combine and place all funds in the general fund columns. Certified accounting statements by an independent certified public accounting firm are acceptable if the detail is equal to that of Worksheet E.

3315. WORKSHEET E-1 - STATEMENT OF OPERATING EXPENSES AND REVENUES

This worksheet shows the revenues and expenses generated from the provision of services and does not include other revenue or nonoperating revenue and expenses. This worksheet must be completed by all OPOs/Labs.

3316. WORKSHEET E-2 - STATEMENT OF REVENUES AND EXPENSES

This worksheet provides for the recording of other income and nonoperating revenues and expense and all adjustments that are required to show the net income or loss for the period. The net income or loss shown on line 29 must agree with the financial statements prepared under the accrual basis of accounting.

3317. SUPPLEMENTAL WORKSHEET A-5-1 - STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS

In accordance with 42 CFR 413.17, costs applicable to services, facilities, and supplies furnished to an OPO or lab by organizations related by common ownership or control are includable in the allowable cost of the facility at the cost to the related organization except for the exceptions outlined in 42 CFR 413.17(d). This worksheet provides for the computation of any needed adjustments to costs applicable to services, facilities, and supplies furnished to the facility by related organizations. (See CMS Pub. 15-I, chapter 10.)

Part A.--This worksheet must be completed by all facilities. If the answer to Part A is "Yes", complete Parts B and C.

Part B.--Costs applicable to services, facilities, and supplies furnished to you by organizations related to you by common ownership or control, are includable in your allowable cost at the cost to the related organization. However, such costs must not exceed the amount a prudent and cost conscious buyer would pay for comparable services, facilities, and supplies that could be purchased elsewhere.

Part C.--Use this part to show your interrelationship to organizations furnishing services, facilities, and supplies to you. The requested data relative to all individuals, partnerships, corporations or other organizations having either a related interest to you, a common ownership of the facility, or control over you as defined in CMS Pub. 15-I, chapter 10, must be shown in columns 1 through 6 as appropriate.

Complete only those columns which are pertinent to the type of relationship which exists.

Column 1.--Enter the appropriate symbol which describes your interrelationship to the related organization.