

FLORIDA HOSPITAL UNIFORM REPORTING SYSTEM (FHURS)

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AUTHORITY

- Section 408.061, F.S. gives the Agency the authority to collect financial data.
- Rule 59E-5.102, F.A.C. authorizes the FHURS as the standard for reporting financial data.



WHAT IS REQUIRED?

- Within 120 days of a Hospital's fiscal year end the hospital must file:
 - FHURS Schedules (filed electronically using an excel based program called COMPASS)
 - Data submitted is detail balance sheet and income statement data along with demographic data like occupancy, bed-size, payer types and patient days.
 - Audited Financial Statements of the Hospital
 - Certification Form Signed by CEO and CFO



AGENCY'S RESPONSIBILITIES

- Must Complete a Review within 90 days and determine if:
 - The filing is complete
 - The filing conforms with all Rules and FHURS instructions
 - The data is mathematically accurate, reasonable, and supported by the audit.
- If the above are not met, a notice of violation will be sent to the hospital.



WHAT IS THE FHURS DATA USED FOR?

- Public Medical Assistance Trust Fund (PMATF)
 - 1.5% of Inpatient revenues and 1.0% of Outpatient revenues
- Hospital Assessment
 - 0.4% of Operating Expenses
- Certificate of Need Reviews
- Condition Compliance
- Health Care Responsibility Act (HCRA)
- Hospital Financial Data Book
- Low Income Pool calculations
- Media and Legislative Requests
- Research



PROS and CONS of FHURS DATA

- **PROS**

- Based on Audited Financial Data
- Highly Detailed
- Data available within a year of fiscal year end

- **CONS**

- Different Fiscal Year Ends
- Consolidated Campus Filings



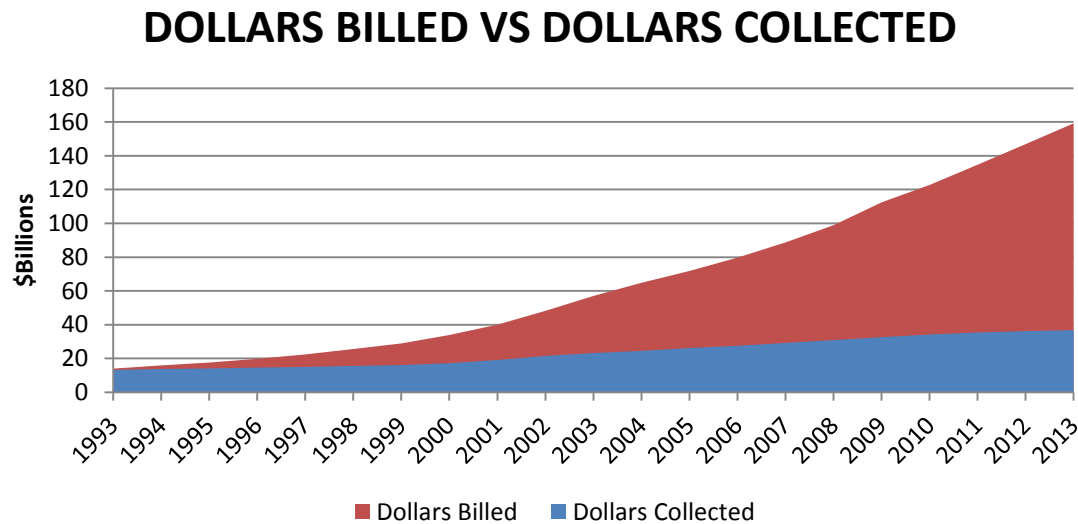
Unique Aspects of the Hospital Financial Data to Consider

- Gross Revenue vs. Net Revenue
- Charity Care vs. Bad Debt
- Operating Margin vs. Total Margin
- Dollars vs. Percentages



Gross Revenue vs. Net Revenue

- Gross Revenues are the Hospital's Charges.
- Net Revenue is what the Hospital actually collects from those Charges.
- Gross Revenue bears no relation to the actual cost of service provided.



Charity vs. Bad Debt

CHARITY

- Applies to Individuals Only
- Income Requirements
- No Money Received (exception local governments)
- No Intent to Collect

BAD DEBT

- Applies to Individuals and Third Party Payers
- No Income Requirements
- May Receive Money from Individual and Third Parties
- Collection Efforts Fail



Operating Margin vs. Total Margin

- Operating Margin is the profitability from core operations.
- Total Margin is the overall profitability of the Hospital considering all sources.
- Government Funding – Unrestricted Revenue from local and state governments is included in the Total Margin in the FHURS data. Government funding sources that follow the patient like Medicaid and Medicare or other local government funded insurance programs are included in operating margin.



Dollars vs. Percentages and Case Mix Adjustments

- The data collected in the FHURS reports are dollar figures.
- Because Hospitals vary in size percentage or percent of dollars is generally more useful.
 - For Example \$1 million profit is bigger than a \$250K profit but the level of profitability is relative to the total expenses. The \$1 million profit might only be a 0.2% profit where the \$250K profit might be 10%. It is a relative to operations.
- As discussed previously, charges are not reflective of operations but percentage of charges (payer type for example) are useful.
- When possible, data should be Case Mix adjusted to account for the relative resources needed by the hospital per patient (this is how Medicare pays for inpatient stays and Medicaid recently adopted a similar model)



Questions??

