## Healthcare Concepts, Inc. Procedural Cost Analysis (PCA)

## **Data Requirement List**

**HCI** must have the following updated information in order to initiate the maintenance process for the procedural cost information developed during the **Procedure Cost Analysis**.

1. C urrent C harge D escription M aster (CDM) <u>downloaded</u> into an Excel file or Text file format with the following d ata fields through the most recently closed fiscal year, or a minimum of four (4) months of data from the current fiscal year.

Dept.	GL	Charge	Charge	CPT-4	Revenue	Current	Y-T-D	Y-T-D
Number	Number	Number	Description	Code	Code	Charge	Volume	Revenue

Please label the file with the inclusive dates for the time period provided (minimum 4 months required). This data may be contained in two or more files as long as the department #, charge # and description are included with each.

2. A file of the Trial Balance for the same time period as number (2).

Dept.	Account	Account	Y-T-D	
Number	Number	Description	Amount	

- 3. A file of the Labor Distribution Reports by department, summarized by job code category to include the following information for the *same time period as number* (2).
  - Job Code
  - Job Description
  - Hours and Dollars

Note: The file should include Productive and Non-Productive Hours and Dollars – Do Not include hours for call pay or shift differential that may impact the calculated Wage Rate.

4. Most recently filed Medicare Cost Report with GL Accounts Mapping to Schedule A support documentation.

If you have any questions regarding the submission of the above information and data, please contact Ms. Jamie Warndahl at 651-698-5642 work 651-303-7464 cell. **Please submit the data to HCI, 4300 Pond View Drive or e-mail to jwarndahl@comcast.net** 

Healthcare Concepts, Inc. http://www.hcicost.com