

Format for CSV file in lieu of data entry

HomecareStandards.com provides an easy alternative to cumbersome data entry. You can upload a comma separated values (CSV) file generated from your software containing the data. We will populate your data for you. The format is explained below.

Each line should represent one record as shown in Key Data > New Data > Summary Mode. (However, in the CSV file “Year & Month” must be the first field instead of “Payer Type”). In other words, each line should contain the values for revenue metrics for a given “Year & Month” and for a given “Payer Type”.

Field	Order	Required?	Data Type	Format	Max Length	Possible Values	Example
Year & Month	1	Yes	Positive Integer	YYYYMM	6		201001 for Jan 2010
Payer Type	2	Yes	String/VarChar		4	MCR, MCD, MCRM, MCDM, COM, SPAY, OTH (See Note 1)	MCR for Medicare
Revenue	3	No	Positive Integer				1234568 for 1,234,567.89
Net A/R	4	No	Positive Integer				Same as above
A/R > 120 Days	5	No	Positive Integer				Same as above
Collection	6	No	Positive Integer				Same as above
Write Off	7	No	Positive Integer				Same as above
Rap Days	8	No	Positive Integer		3	1 to 360	45
Claim Days	9	No	Positive Integer		3	1 to 360	50

- Required fields can not be blank.
- Amounts and days should not have decimals and commas.
- Difference between blank and 0 should be understood. Blank means the data can be entered later using update mode and 0 means that particular field had a value of 0 for that month.
- “Rap Days” and “Claim Days” are relevant only to Medicare Certified agencies and only for those records where “Payer Type” is “MCR” (Medicare). For all others, Rap Days and Claim Days should be blank.

- Rap Days and Claim Days can not be more than 360.
- Blanks are identified by successive commas. Do not omit comma if the field is blank. In all, there should be **exactly 8 commas** in each line.
- If a payer type is not relevant to an agency, then it can be skipped.
- A CSV file can contain data for more than one month.
- Do not include duplicate records. “Year & Month” and “Payer Type” together should be unique in each line.

Example of a record:

201001,MCR,100000,,0,120000,200,30,31

You may observe that the Net A/R is blank and A/R > 120 days is 0 in the above record.

Example of a CSV file:

201001,COM,5235,95205,33699,27960,0,,
 201001,MCD,2029787,6917561,76975,7504955,0,,
 201001,MCDM,16467,489887,417923,33312,0,,
 201001,MCR,352549,429605,145804,328870,29082,48,309
 201001,MCRM,742,113486,74901,13359,0,,
 201001,SPAY,0,3548,2078,0,0,,
 201002,MCR,352549,429605,145804,328870,29082,48,309
 201002,MCRM,742,113486,74901,13359,0,,
 201002,SPAY,0,3548,2078,0,0,,

You may observe that the above file contains data for Jan 2010 and Feb 2010. Records for certain payer types are missing which means either they are not relevant for that agency or the agency may enter them later by using another CSV file or the data entry pages on HomecareStandards.com

Note 1

<u>Code</u>	<u>Description</u>
MCR	- Medicare
MCD	- Medicaid
MCRM	- Medicare Managed Care
MCDM	- Medicaid Managed Care
COM	- Commercial
SPAY	- Self Pay
OTH	- Others

*Please note that the **CSV file should contain the code** and not the description.*

Data Definitions

Revenue

- **Non-Medicare Revenue**: The total amount of monthly billing less any contractual allowances for the identified Payer category.
- **Medicare Revenue**: Certified Agencies billing Medicare should utilize the monthly amount billed to Medicare from their system and recorded as Accounts Receivable at the time it is billed. This could be 100% of the episode or 50/60% of the episode depending on your billing system. In most cases this figure will not equal what your Agency records on the Income Statement as Monthly Recognized Revenue according to Generally Accepted Accounting Principles (GAAP).

Net A/R

Gross Accounts Receivable minus contractual allowances (and any provision for bad debts, if applicable)

A/R over 120 days

The portion of Net Accounts Receivable still outstanding for a period of more than 120 days from the date of billing at the end of each month.

Collection

Amount of Accounts Receivable collected in the month from each payer category.

Write Off

Amount provided for or written off towards bad and doubtful accounts.

Days from Admission to RAP (Rap Days)

Number of days taken to submit RAP from the date of admission of patient or beginning of each subsequent episode.

Days from Episode End to Claim Submission (Claim Days)

Number of days taken to submit the final claim from date of end of Episode.