

Intermediate Care Utilization and Occupancy Report Definitions

Table of Contents

	Page
Inpatient Days by Payer	2
Discharges by Discharge Status	3
Occupancy Report	
Bed Counts	4

Intermediate Care Utilization and Occupancy Report Definitions

[Back to Table of Contents](#)

State Field ID	Field	Definition
Inpatient Days by Payer		
300110	Medicaid-FFS	<p>Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on:</p> <ul style="list-style-type: none"> (1) the costs of providing the service; (2) a review of what commercial payers pay in the private market; (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
300120	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
300130	Medicare-FFS	A system of health care payment in which a provider is paid separately for each particular service rendered.
300140	Medicare-MCO	A managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are MCOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
300150	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
300160	PPO's, Insurance and Non Medicaid/Medicare MCO	<p>Preferred Provider Organization(PPO)- A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee.</p> <p>Health insurance is a type of insurance coverage that pays for medical and surgical expenses incurred by the insured. Health insurance can reimburse the insured for expenses incurred from illness or injury, or pay the care provider directly.</p> <p>Health Maintenance Organization(HMO). A form of health insurance combining a range of coverage in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate with no deductibles. However, only visits to professionals within the HMO network are covered by the policy.</p>
300170	Private Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
300180	Charity Care	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
300100	Total Inpatient Days	Total Inpatient Days by Payer

Intermediate Care Utilization and Occupancy Report Definitions

[Back to Table of Contents](#)

State Field ID	Field	Definition
Discharges by Discharge Status		
300210	Acute Care Hospital	Discharged to an acute care hospital
300220	Other SNF or ICF	Discharged to another skilled nursing or intermediate care facility
300230	Group Care	Care given to a group of people with similar disabilities within a residence. Those in a group home receive both custodial care and care that is provided by skilled and medically trained professionals.
300240	Home Health Care	Supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical care needs or by professional caregivers who provide daily care to help to ensure the activities of daily living (ADL's) are met.
300250	Home (Self Care)	Discharged to home
300260	Death	Patients who while admitted
300270	Other/Unknown	Other of unknown discharge statuses
300200	Total Discharges	Total Discharges by Discharge Status

Intermediate Care Utilization and Occupancy Report Definitions

[Back to Table of Contents](#)

Occupancy (This section replaces your monthly occupancy report and is based off of the last day of the month as of 11:59 pm. You will no longer fax in your occupancy reports.)

State Field ID Field

Definition

Bed Counts

300310	Total Number of Beds	The maximum number of beds for which a hospital holds a license to operate.
300320	Total Number of Medicare/Medicaid Beds	The maximum number of beds for which a hospital has certified for Medicare/Medicaid(payers) patients.
300330	Number of Vacancies	Number of beds not occupied by patients
300340	Off Line Beds	Number of beds the facility used for other purposes other than long term care (ie offices, physical therapy)