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2025 HAR Education and Information Session

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2026 Education and Information Topics

- Extension Requests

- Tips

- Updates

- Capital Expenditures

- Clinic Reporting

- Reminders and Resources

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Contacts Reminder

- At least 2 contacts are **required** for your HAR to be accepted

- You must have at least 2 **different** individuals for the Preparer and Courtesy Contact

Extension Requests

- For the 2025 HAR, MHA is able to grant an extension of 21 days. **Further extensions by MDH are not certain going forward.**

- If a hospital is 30 days late submitting their HAR, the hospital will be turned over to MDH

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Useful Tips

- **Contact MHA early with any questions**

- All values should be whole numbers
  - FTEs may be rounded to two decimal points

- Complete non-financial sections early, leave financial sections for after AFS is ready

- Use the notes section at the bottom of the HAR

- Review the Audit Checks tab

Updates for 2024 HAR Reporting

Cover Sheet

Hospital Annual Report (HAR) 2020
Financial, Utilization, and Services Data

Complete this page, print it, and have it signed.

Hospital Identification

HCCIS ID	**0**	
NPI	**1111111111**	Please provide the National Provider Identifier for the acute care facility of the hospital
Hospital Name	**Minnesota Hospital Association**	
Address	**2550 University Ave West**	Date Filed
P.O. Box		Date Revised
City	**ST. PAUL**	**Fiscal Year**
Zip Code	**55114-1052**	2020 Fiscal Year End Date
County	**RAMSEY**	Number of Months in
Facility Phone #	**(651) 659-1440**	**Critical Access Hospital (CAH) Status**
Facility Fax #	**(651) 659-1477**	**Yes** / **No**
Administrator's Name	**Joe Schindler**	No: **X**
Administrator's Title	**VP Finance**	Administrator's e-mail address: Jschindler@mnhospitals.org
CFO's Name	**Deb Kierstead**	Hospital's Website: www.mnhospitals.org
System Affiliation: Name of system(s), e.g., Allina,	**No Affiliation**	**Check Type of Affiliation(s):**
Hospital Ownership Type		**Own** / **Manage** / **Lease** / **N/A**
Emergency Department Physician Director (full	**N/A**	N/A: **X**

This item can not be left blank. Please review instructions.
This item can not be left blank. Please review instructions.

Please enter Hospital Ownership Type. This was previously reported as 'Nonprofit Corporation (nongovernmental, nonprofit)'.

This certification must be signed by an officer of the hospital, such as the Administrator, CEO, C

Certification Statement: I hereby certify that I have examined the accompanying Hospital Annual Report and to the best of my knowledge, the information herein is accurate.

Signed	
Printed Name	
Position	Date

HAR Audit Timeline Goals Q1 & Q2

- Standard Due Date: Feb 2nd, 2026

- Expected Audited Question Date: Feb 27th, 2026

- Target Completion Date: March 25th, 2026

- Standard Due Date: April 1st, 2026

- Expected Audited Question Date: May 1st, 2026

- Target Completion Date: May 22nd, 2026

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HAR Audit Timeline Goals Q4

- Standard Due Date: July 1st, 2026

- Expected Audited Question Date: Aug 8th, 2026

- Target Completion Date: Aug 27th, 2026

Conditional Formatting

- Interdependent cells will now highlight all 4 related cells until all data has been entered in each

- This applies to accounts in sections: 13, 14, 38, and 40.

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Example

7260	Total Medicare Adjustments			Medicare
0741	Medicare Adjustments (Non-Managed Care)			
7098	Medicare Adjustments (Non-Managed Care) Hospital Patient Care Services	$ -		
7099	Medicare Adjustments (Non-Managed Care) Other Patient Care Services	$ -		
0742	Medicare Managed Care Adjustments			
7100	Medicare Managed Care Adjustments Hospital Patient Care Services	$ -		
7101	Medicare Managed Care Adjustments Other Patient Care Services	$ -		

4370	Total Medicare Admissions			Medicare
4341	Medicare Admissions (Non-Managed Care)			
7184	Medicare Managed Care Admissions			

Offsite Locations Tab

- Please use only one row per entry

- Checking yes or no to being billed under the hospital's Medicare number is required

- Contact Mason to get the expanded form if entering more than 32

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Audit Checks Tab

- More relevant audit checks

- Can now respond directly to certain audit issues

- Make sure there are no fatal audit issues

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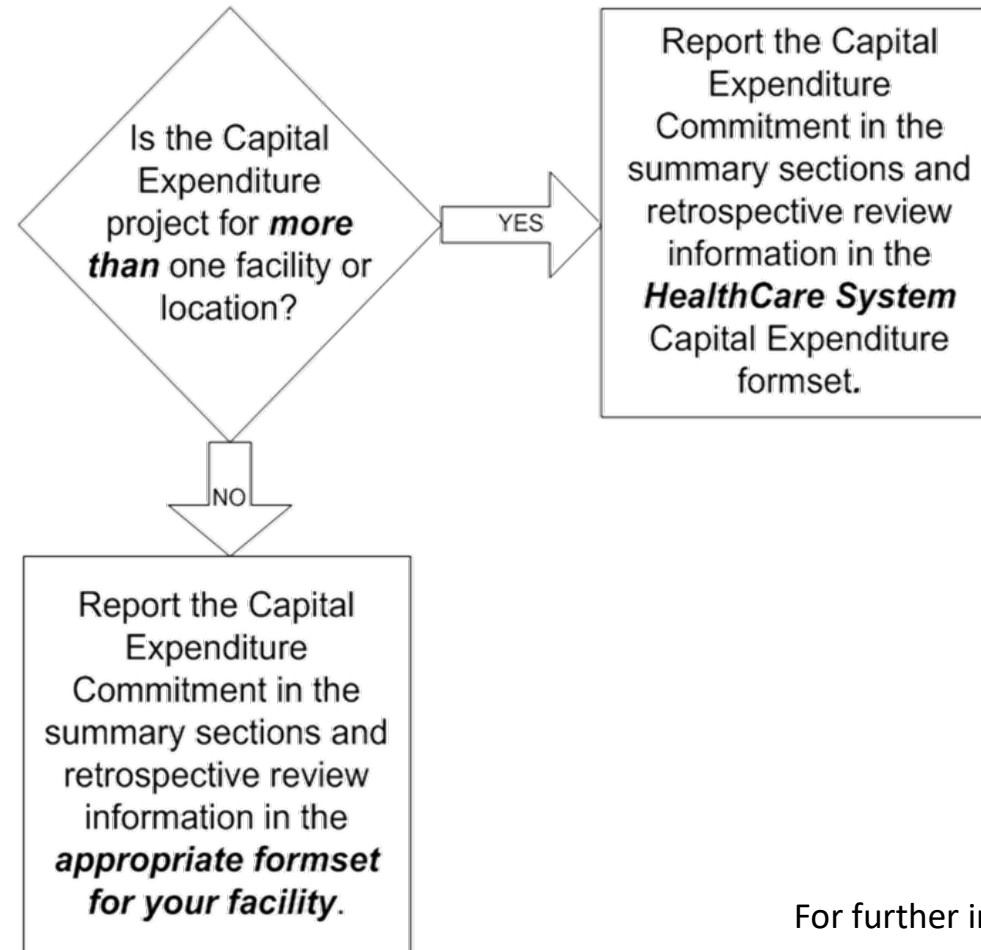# A Guide to Minnesota Capital Expenditure Reporting

Capital Expenditure Reporting: Requirements

- A capital expenditure contact is required by all hospitals. This person is responsible for any questions relating to capital expenditures

- Two separate reporting requirements:

  - Reporting of major capital expenditure commitments for each project greater than one million dollars (See HAR sections 56 and 57)

  - Provide sufficient project specific information about capital expenditure commitments for MDH to complete a retrospective review of each project

Capital Expenditure Reporting: Reporting Forms

- Providers submit capital expenditures on existing annual financial reports

  - Hospitals – Hospital Annual Report (HAR)

  - Surgical Centers – Freestanding Outpatient Surgical Center (FOSC) Report

  - Imaging Centers – Diagnostic Imaging Facility Report

  - Physician Clinics, Clinic Systems, or Health Care Systems – System Capital Expenditure Report

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Capital Expenditure Reporting: Decision Chart

Is the Capital Expenditure project for **more than** one facility or location?

YES → Report the Capital Expenditure Commitment in the summary sections and retrospective review information in the **HealthCare System** Capital Expenditure formset.

NO ↓ Report the Capital Expenditure Commitment in the summary sections and retrospective review information in the **appropriate formset for your facility**.

For further information click here

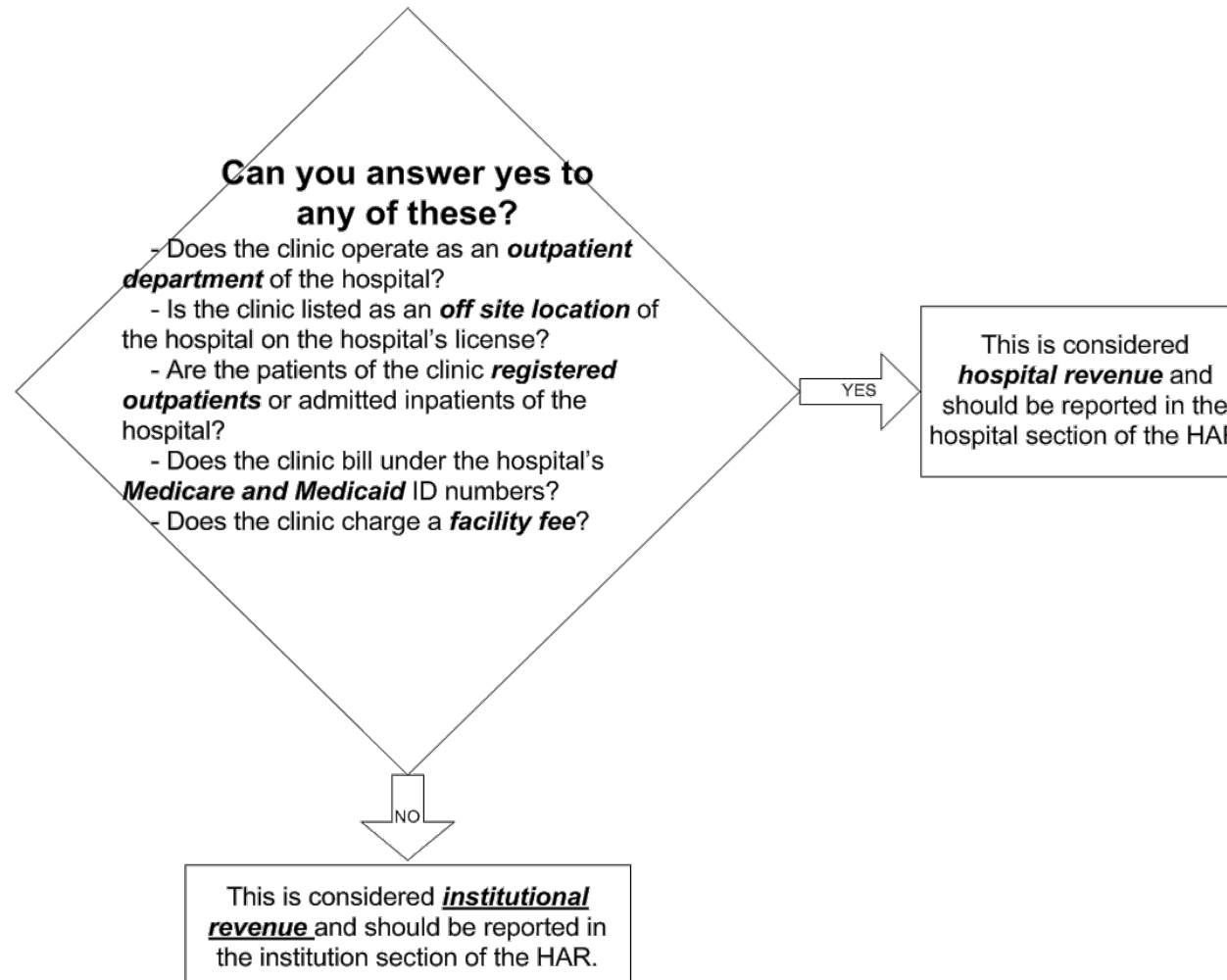# Capital Expenditure Reporting: Duplicate Reports

- Please check the "Prior Cap Exp Report" tab on the HAR to ensure projects have not been reported previously

  - This tab will show up to 21 prior reports from the previous three years

- If your project has been reported previously, it does NOT need to be updated or re-reported

  - UNLESS there has been a significant change in scope or budget

Capital Expenditure Reporting: Reporting Project Updates

- If reporting significant changes be sure to include:

    - Specific references to the original project

    - Explanations in the narrative portions of the respective review section that clearly describe the changes being made to the project

    - Only NEW commitment dollars

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Reporting Guidelines for Clinic Information on the HAR

Clinic Reporting: Flow Chart

Can you answer yes to any of these?
- Does the clinic operate as an *outpatient department* of the hospital?
- Is the clinic listed as an *off site location* of the hospital on the hospital's license?
- Are the patients of the clinic *registered outpatients* or admitted inpatients of the hospital?
- Does the clinic bill under the hospital's *Medicare and Medicaid* ID numbers?
- Does the clinic charge a *facility fee*?

YES → This is considered *hospital revenue* and should be reported in the hospital section of the HAR

NO → This is considered *institutional revenue* and should be reported in the institution section of the HAR.

Clinic Reporting: Rural Health Clinics (RHC)

- RHCs Should report their all-inclusive rates (AIR) as clinic revenue in account 0207 on the Institutional page in section 1

- The hospital billed lab and technical components should remain in the hospital sections

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Clinic Reporting: Offsite Locations Tab

- All outpatient departments, clinics and components not located on the hospital's premise

- Offsite locations where services provided are billed under the hospital's Medicare and Medicaid provider numbers

- Verified against hospital license application

Clinic Reporting: Additional Locations

- There is only space for 32 offsite locations. Please do not insert lines on the formset

- Please email Mason if you plan on reporting more than 32 locations

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General Guidelines and Places for Further Information

Reminders and Resources: Medical Care Surcharge Estimator

- DHS remains the **sole** determiner of your surcharge. This tool is to be used only to give guidance and help in the correct completion of the HAR

- A Medical Care Surcharge Estimation Tool has been included on a separate tab in the HAR

- After completing the HAR, please review this tab to verify that the information reported on the HAR for these key accounts is correct

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Reminders and Resources: MCR, AFS, and Charity Care

- ECR format is the preferred format for the MCR

- Please submit your hospital's AFS and MCR as soon as they become available

- You must submit a Charity Care policy, by hospital or system, every year going forward.

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Reminders and Resources: Data Transmission Method

- The HAR and supporting documentation may be submitted via [MHA's secure web portal (https://portal.mnhospitals.org/)](https://portal.mnhospitals.org/)

- This is the method recommended by MDH and MHA for data transmission

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Reminders and Resources: Preliminary Audit Checks File

- After the HAR is uploaded to the portal a preliminary audit checks file is generated

  - Secure Reports -> HAR Project -> My Downloads

  - A new file is generated after each HAR upload

- The preparer may make comments next to the audit checks and upload the file to the portal

- If you are unsure of what certain audit checks mean, please call or email Mason

Reminders and Resources: Further Information

- Both the MDH and MHA websites have additional information on HAR related issues

  - Deadlines and Events

  - Previous HAR Education and Information Sessions

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Thank you.

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Appendix

1. Slide 14, Capital Expenditure Reporting: Decision Chart (https://www.health.state.mn.us/data/economics/hccis/reporting/capexp/index.html)

2. Slide 25, Reminders and Resources: Data Transmission Method – MHA's Secure Web Portal (https://portal.mnhospitals.org/)

3. Slide 27, Reminders and Resources: Further Information – MDH HCCIS (http://www.health.state.mn.us/hccis/)

4. Slide 27, Reminders and Resources: Further Information – MHA HCCIS (https://www.mnhospitals.org/resources/mha-reports/health-care-cost-information-system-hccis/)

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