

Expansion Exception Process: Accessing HCRIS Data and Sample Computations

In order for CMS to consider a request for an exception to the prohibition on facility expansion, a hospital must satisfy eligibility criteria for an applicable hospital or high Medicaid facility.

Below, we explain the process for accessing data from the Healthcare Cost Report Information System (“HCRIS”) and provide sample computations for determining whether a hospital satisfies the respective criteria.

Accessing Data

Hospitals can access the cost report data that CMS is providing for the exception process on our website under [Applicable Hospital Data](#) and [HCRIS data](#).

CMS routinely updates applicable hospital data on its website. The most recently updated applicable hospital data can be accessed on our website under the Downloads section. Applicable hospital data includes the average state bed occupancy and average state and national bed capacity.

The relevant HCRIS data to calculate a hospital’s Medicaid inpatient admissions percentage (required for both applicable hospitals and high Medicaid facilities) is drawn from Hospital Form 2552-10, Worksheet S-3 Part I (Form 2552-10).¹ A hospital can find the data to calculate its Medicaid inpatient admissions and Medicaid inpatient admissions for the other hospitals in the county in which it is located by accessing the “IME_GME[YEAR]” files in the [HCRIS data](#).²

Sample Computations

Medicaid Inpatient Admissions

An applicable hospital must have an annual percentage of total inpatient admissions under Medicaid that is equal to or greater than the average percent with respect to such admissions for all hospitals (including the hospital requesting the expansion exception) that have Medicare participation agreements with CMS and are located in the county in which the hospital is located during the most recent 12-month period for which data are available as of the date that the hospital submits its request.

A high Medicaid facility must have an annual percent of total inpatient admissions under Medicaid that is estimated to be greater than such percentage with respect to such admissions for each other hospital that has a Medicare participation agreement with CMS and is located in the county in which the hospital is located with respect to each of the 3 most recent 12-month periods for which data are available as of the date the hospital submits its request.

¹ In the footnotes for the sample computations, “C” stands for column and “L” stands for line.

² The IME_GME reports are located in the “supplemental reports and counts” file on the linked website.

The following computation demonstrates how a hospital can estimate its annual percentage of total inpatient admissions under Medicaid using filed hospital cost report data³:

$$\frac{\text{Number of discharges under Medicaid}}{\text{Total number of discharges for all patients}}$$

A hospital can use the above computation to estimate the average percentage with respect to such admissions for itself and other hospitals located in the county in which the hospital is located.

When accessing the “IME/GME” charts, use the table below as a guide to calculate Medicaid inpatient admissions. Please note that, if there are two line items for a hospital in HCRIS, use the line item that includes full-year data and/or is labeled as “amended” or “settled” in the status column (D) and disregard the line item that includes only partial-year data and/or is labeled “as submitted” in the status column (D).

Worksheet S-3 Column/Line	Data Point Descriptor	Column in IME/GME Tables (2023)
<i>Medicaid Discharges</i>		
C14 L2	Title XIX; HMO and other (see instructions)	AM
C14 L3	Title XIX; HMO IPF Subprovider	AN
C14 L4	Title XIX; HMO IRF Subprovider	AO
C14 L14	Title XIX; Total (see instructions)	AK
C14 L16	Title XIX; Subprovider – IPF	AP
C14 L17	Title XIX; Subprovider – IRF	AQ
<i>Total Discharges</i>		
C15 L14	Total All Patients; Total (see instructions)	AL
C15 L16	Total All Patients; Subprovider – IPF	AR
C15 L17	Total All Patients; Subprovider – IRF	AS

Bed Capacity

An applicable hospital must be located in a state in which the average bed capacity is less than the national average bed capacity during the most recent fiscal year for which HCRIS, as of the date that the hospital submits its request, contains data from a sufficient number of hospitals to determine a state’s average bed capacity and the national average bed capacity.

The state bed capacities and the national average bed capacity can be accessed through [Applicable Hospital Data](#).

³ Medicaid discharges = C14 L2 + C14 L3 + C14 L4+ C14 L14 + C14 L16 + C14 L17. Total discharges = C15 L14 + C15 L16 + C15 L17. If any of the fields have not been populated for the relevant fiscal year for which the calculation is performed, enter zero for that field in the calculation for that fiscal year.

Bed Occupancy

An applicable hospital must have an average bed occupancy rate that is greater than the average bed occupancy rate in the state in which the hospital is located during the most recent fiscal year for which HCRIS, as of the date that the hospital submits its request, contains data from a sufficient number of hospitals to determine the requesting hospital's average bed occupancy rate and the relevant state's average bed occupancy rate.

The following computation demonstrates how a hospital can determine its average bed occupancy rate using filed hospital cost report data⁴:

$$\frac{\text{Relevant patient days}}{\text{Number of total bed days available}}$$

CMS uses the above computation when determining the average bed occupancy rates for each state. Average bed occupancy rates for each state can be accessed through [Applicable Hospital Data](#).

⁴ Relevant patient days = C8 L14 – C8 L13 + C8 L16 + C8 L17. Total bed days available = C3 L14 + C3 L16 + C3 L17 – C8 L28