Cost Report 2552-10 Exhibit 2A Specification

# General Specifications

## File Format

The file format for this supporting exhibit of the 2552-10 cost report is an Open XML Spreadsheet (.xlsx/.xlsm).

The exhibit’s file, if named with a string beginning with “MedicareBD”, will be automatically recognized when uploading into MCReF. The exhibit can have other names, but in that case, the uploader will have to manually select a documentation type for each uploaded file. (For MCReF bulk uploads, the naming convention *is* required for MCReF to recognize it as the corresponding exhibit.)

## File Structure

The exhibit may consist of multiple tabs/worksheets within a single file/workbook. Tabs containing exhibit data must have an exhibit identifier to indicate which exhibit the data is for, and the exhibit has a defined set of headers and fields specified. Within a file, all data tabs must have the same exhibit identifier.

The exhibit identifier consists of the label “Supporting Exhibit” in cell A1 and the identifier “Medicare Bad Debt Listing” in cell B1.

Tabs with a different identifier (including misplaced or absent identifiers) and any information entered outside of the prescribed headers and fields will be ignored by the automated processing of the file.

## File Validations

Blank tabs, defined as data tabs in a file with no information populated in the prescribed area, will not be validated. Blank records, defined as individual rows below the Data Fields labels with no information populated, will similarly not be validated. (See the Header Fields and Data Fields sections below for the prescribed areas, headers, and data validations for this exhibit or the other specifications documents for similar information about the other exhibits.)

If a tab does have data in its data entry area, then the header labels must each be populated in their specified location, the header values must be populated with valid values in the specified location, the data field column headers and numbers must each be populated in their specified locations, and each data record must pass all of its applicable data validation rules.

Common rules include:

* Dollar amount – A numeric value with up to 2 decimal places.
* Free text – Any alphanumeric text string
* Date – A .xlsx/.xlsm Date-formatted field or a text field with a value in MM/DD/YYYY format

### Header Fields (with labels and value locations)

| **Field Label** | **Label Location** | **Value Location** | **Required?** | **Valid Values** |
| --- | --- | --- | --- | --- |
| Provider Name | A3 | B3 | Yes | Free text |
| Provider Number (CCN) | A4 | B4 | Yes | 6 characters in length |
| Subprovider CCN | A5 | B5 | No | 6 characters in length |
| FYB | A6 | B6 | Yes | Date |
| FYE | A7 | B7 | Yes | Date |
| Inpatient / Outpatient | A8 | B8 | Yes | Must equal “IP” or “OP” |
| Prepared By | A9 | B9 | Yes | Free text |
| Date Prepared | A10 | B10 | Yes | Date |
| Total Column 23 | A11 | B11 | No | Dollar amount; warning if it doesn’t correspond with data below |
| Total Dual Eligible | A12 | B12 | No | Dollar amount; warning if it doesn’t correspond with data below  *Includes lines with Medicaid Numbers* |

### Data Fields (with labels, numbers and data locations)

| **Column Label** | **Label Location** | **Column Number** | **Number Location** | **Data Locations** | **Required?** | **Data Validation Rules** |
| --- | --- | --- | --- | --- | --- | --- |
| Patient Name - Last | A14 | 1 | A15 | Column A, row 16 and onward | Yes | Free text |
| Patient Name - First | B14 | 2 | B15 | Column B, row 16 and onward | Yes | Free text |
| Date of Service: From | C14 | 3 | C15 | Column C, row 16 and onward | Yes | Date |
| Date of Service: To | D14 | 4 | D15 | Column D, row 16 and onward | Yes | Date, must be on or after Date of Service: From |
| Patient Account Number | E14 | 5 | E15 | Column E, row 16 and onward | Yes | Free text |
| MBI or HICN | F14 | 6 | F15 | Column F, row 16 and onward | Yes | Free text |
| Medicaid Number | G14 | 7 | G15 | Column G, row 16 and onward | No | Free text |
| Deemed Indigent | H14 | 8 | H15 | Column H, row 16 and onward | No | Equal to “Y” or “N” |
| Medicare Remittance Advice Date | I14 | 9 | I15 | Column I, row 16 and onward | When Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Date |
| Medicaid Remittance Advice Date | J14 | 10 | J15 | Column J, row 16 and onward | No | Date or “AD” |
| Secondary Payer RA Received Date | K14 | 11 | K15 | Column K, row 16 and onward | No | Date |
| Beneficiary Responsibility Amount | L14 | 12 | L15 | Column L, row 16 and onward | No | Dollar amount or “QMB” |
| Date First Bill Sent to Bene | M14 | 13 | M15 | Column M, row 16 and onward | When Medicaid Remittance Advice Date is blank and Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Date or “QMB” |
| A/R Write Off Date | N14 | 14 | N15 | Column N, row 16 and onward | When Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Date |
| Sent to Collection Agency (Y/N) | O14 | 15a | O15 | Column O, row 16 and onward | When Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Equal to “Y” or “N” |
| Return from Collection Agency Date | P14 | 15 | P15 | Column P, row 16 and onward | If Sent to Collection Agency (Y/N) = “Y” | Date |
| Collection Effort Ceased Date | Q14 | 16 | Q15 | Column Q, row 16 and onward | When Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Date |
| Medicare Write Off Date | R14 | 17 | R15 | Column R, row 16 and onward | When Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Date, must be on or after the A/R Write Off Date, Collection Agency Information – Return Date, and Collect. Efft. Cease Date |
| Recoveries Only: Amount Received | S14 | 18 | S15 | Column S, row 16 and onward | No | Dollar amount |
| Recoveries Only: MCR FYE Date | T14 | 19 | T15 | Column T, row 16 and onward | If Recoveries Only: Amount Received is present | Date |
| Medicare Deductible Amount | U14 | 20 | U15 | Column U, row 16 and onward | One of Deductible or Coinsurance must be populated when Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Dollar amount |
| Medicare Coinsurance Amount | V14 | 21 | V15 | Column V, row 16 and onward | One of Deductible or Coinsurance must be populated when Recoveries Only: MCR FYE Date is blank or equals the FYE in the header | Dollar amount |
| Payments Received Prior to Write-Off | W14 | 22 | W15 | Column W, row 16 and onward | No | Dollar amount |
| Allowable Bad Debts Amount | X14 | 23 | X15 | Column X, row 16 and onward | Yes | Dollar amount |
| Comments | Y14 | 24 | Y15 | Column Y, row 16 and onward | No | Free text |