

Hospital Cost Report (ODM 02930) Submission Checklist

- Hard copies of the following should be sent to:
 - Ohio Department of Medicaid**
 - Rate Setting & Cost Reporting Unit**
 - P.O. Box 182709**
 - Columbus, OH 43218-2709**
- An original SIGNED Medicaid Certification Page
- One hard copy of the completed OBRA Survey
- One hard copy of the ODM 02930 schedules
- A copy of the SIGNED Medicare Certification Page
 - ◆ DO NOT send a copy of your entire Medicare Report.

- Electronic copies of the following should be uploaded to the MITS Portal see:
 - MITS Portal Upload Instructions.pdf**
- JFS 02930 saved as your provider number (nnnnnnn.xls)
- Medicare Electronic Cost Report (EC) file and
- Medicare Print Image (PI) file
 - ◆ The EC & PI files should be the same files sent to your fiscal intermediary.
 - ◆ Create a single zip file with all three files inside.

- Remittance for amounts due should be sent to:
 - Ohio Department of Medicaid**
 - P.O. Box 182367**
 - Columbus OH 43218-2367**
- Check made payable to; Treasurer of State, State of Ohio, (ODM)
- A copy of the Settlement Summary page.

**PLEASE BE SURE TO SEND THE COST REPORT AND ANY
PAYMENT DUE TO THE CORRECT P.O. BOXES.**