

Ohio Department of Job and Family Services

Hospital Cost Report (JFS 02930)

Data Map and Cost Report Software

User's Manual

For STATE FISCAL YEAR 2013

Table of Contents

Table of Contents.....	2
INTRODUCTION:	3
To Download & Install:.....	3
What's New?	3
OPERATION & NAVIGATION:	3
With this software:	3
To Operate:	3
Navigation Buttons:	4
Printing:.....	4
Additional Information:.....	4
Provider Work Papers Tab:	4
Review Tab:.....	4
Paper Reduction:.....	4
Email Submission:	4
Zipping and Unzipping Files:.....	4
Review Summary Error Definitions.....	5
Medicare / Revenue Code Data Map (Mapping.xls) Instructions.....	6
GENERAL GUIDELINES.....	6
STEP ONE – Entry of Medicare Cost Report Data	6
STEP TWO – Assignment of Medicaid Cost Centers	6
STEP THREE – Entry of Provider Program Charges.....	6
STEP FOUR – Assignment of Medicaid Cost Centers.....	6
STEP FIVE – Entry of Total Facility Days	6
STEP SIX – Assignment of Total Facility Days.....	6
STEP SEVEN – Copy Data to Blank Cost Report	6
STEP EIGHT – Completion of Cost Report	6
ADDITIONAL INFORMATION	6
Revenue Code Allocation.....	6
Manual Copying of Data	6

INTRODUCTION:

The SFY2008 cost report and instructions can now be downloaded from <http://jfs.ohio.gov/ohp/bhpp/costrpt.stm>. The cost report is in Microsoft Excel. **Software from any previous year cannot be used.**

To Download & Install:

Navigate to the address above and click on the link "Ohio Medicaid Cost Report Software." Please take note of the folder where the file has been saved.

Open the file (JFS0293008.zip) using WinZip (available from www.winzip.com) or PKZip. Extract the files to your C:\drive. The files will be placed in a folder called Hospital Cost Report.

If you are preparing cost reports for multiple providers you may save the cost report as the seven digit MEDICAID provider number for each provider. This way you may have more than one cost report in the same folder.

What's New?

In an effort to maintain accurate contact information, we have added a section directly below the Provider Certification. It is accessed by clicking on one of the buttons labeled "Update Contact Info." Please complete all fields in this section.

NOTE: MAPPING.XLS MUST BE COMPLETED PRIOR TO STARTING THE COST REPORT. The use of Mapping.xls is strongly suggested, although not required. Please review these instructions completely prior to beginning work on the cost report. Instructions specific to Mapping.xls begin on page 6.

OPERATION & NAVIGATION:

With this software:

- Macros are used for printing and navigation. Macro Security must be set to Medium. To change Macro Security click on TOOLS | OPTIONS, go to the SECURITY tab and click on the MACRO SECURITY button.
- The file is best viewed at a resolution of 1024 X 768 or higher.
- All necessary data, except for the Provider Certification, Schedule A and the OBRA Survey, should be entered on the Data Entry page.
- **DO NOT CUT & PASTE** any information, as this could result in formula errors. It should be safe to do a COPY & PASTE.
- During data entry, pressing TAB will move RIGHT to the next available cell. Pressing ENTER will move DOWN to the next available cell.
- Each input section is divided by an orange line. Pressing CTRL+HOME will move the cursor back to the top of the section.
- On the Data Entry Page, Column K is the last column of input cells. Please be sure to enter data in all necessary cells.
- Line numbers and cost centers on the Data Entry page match those of the Medicaid Cost Report. Use these references as a guide to the cost report instructions.
- Rows labeled "Medicare Source" refer to the Worksheet of the Medicare Cost Report where the required data can be found
- Rows labeled "Medicaid Destination" refer to the Schedule destination in the Medicaid Cost Report. Use these references as a guide to the cost report instructions.
- When saving the cost report, please use your seven digit Medicaid Provider Number as the file name, i.e., 1234567.xls.
- Text for Open Cost Centers – If using Mapping.xls, enter the desired text in Column P, Row 2. If not using Mapping.xls, enter the desired text in Column H, Row 11 on the Data Entry tab.

To Operate:

- Open Microsoft Excel, then open the cost report file (JFS 02930.xls).
- You should get a message regarding the use of macros. Click on ENABLE MACROS. If macros are disabled, then printing and navigation buttons will not function.
- Along the left side of the Cover Page, there are eight navigation buttons. These will move the cursor to each input section and set row and column headers so that you will know what information is to be entered.
- As you complete each section, click on the **DONE** button located in Column H. This will release the row and column headers and return you to the Cover Page.

Navigation Buttons:

- Provider Information: Click this button, and then enter all information for the Provider Certification.
- Days & Discharges: For all information that appears on the Medicaid Cost Report, Schedule C.
- Total Facility Costs / Charges: For all cost / charge data that appears on Medicaid Cost Report, Schedule B and Capital Cost on Schedule G.
- Program Charges: For program data that appears on Schedules D, D1, & I.
- Med Ed & Uncompensated Care: For all data that appears on Medicaid Cost Report, Schedule E/F.
- Program Payments: For all data that appears on Schedule H.
- OBRA Survey: For completion of the required OBRA Survey
- Schedule A: For entry of any information which should appear on Schedule A.

Printing:

- To print the cost report, use the "PRINT COST REPORT" button located on the Cover, Data Entry, or Schedule A pages.
- To print individual schedules, click on the "PRINT INDIVIDUAL SCHEDULES" button, then select the desired schedule.
- To print the Provider Certification, click on "VIEW / PRINT PROVIDER CERTIFICATION" then scroll down the ProvCert page. Click on the "PRINT PROVIDER CERTIFICATION" button.

Additional Information:

Provider Work Papers Tab:

This page may be used to create work papers to support or clarify your cost report. You may create formulas on the Data Entry page to transfer amounts. However, please do not create any formulas which link to external files. All links to external files will be broken when the cost report is received by the department.

Review Tab:

This was created for in-house use as a method of verifying that common mistakes are corrected prior to sending an interim or final settlement to providers. Providers may find this page useful to verify the correctness of the cost report. This page would be similar to the error report generated by the Medicare Cost Report software. **For error definitions please see the Review Summary Error Definitions on page 5.**

Paper Reduction:

In order to reduce the amount of paper we receive, we request that you send the Medicare Cost Report electronically. Please send us the Electronic Cost Report (EC or ECR), Print Image (PI) files and a hard copy of the signed Medicare certification page. The ECR and PI files should be the same files sent to your fiscal intermediary and can be emailed, please see instructions below.

Email Submission:

You should email your cost report files to: hospital_cost_reports@jfs.ohio.gov, please use the hospital name for the Subject of the email. **Please note that the department has a 1MB limit on incoming emails.** It may be necessary to zip your files with WinZip or PKZip. Please see the **REQUIRED FILINGS** section of the Cost Report Instructions for more information regarding cost report submission.

Zipping and Unzipping Files:

If you need assistance with WinZip or PKZip, please contact your internal Information Technology department. They should have someone who can assist you.

Review Summary Error Definitions

The Review Summary (Review Tab) was created for in-house use as a method of verifying that common mistakes are corrected prior to sending an interim or final settlement to providers. Providers may find this summary useful to verify the correctness of the cost report prior to submission. The Review Summary would be similar to the error report generated by the Medicare Cost Report software.

The Review Summary is divided into several sections. Each section will test for a different type of error. This document will cover the sections in order, going down the left side of the Review Summary and then the right side. Throughout this document, results indicating correctness will be in green, results that indicate there is an error will be red and italics.

Charges & Costs Balance – Purpose: to verify that I/P, O/P & Non-Reimbursable Charges & Costs equal Total Facility Charges & Costs

Schedule B: Charges Balance – **Yes** / *Dollar amount of error will be shown.*

Schedule B: Costs Balance – Dollar amount of variance will be shown. It is expected that there is some variance due to rounding. Generally, the variance is expected to be +/- \$25. Larger variances should be analyzed.

Cost for Every Charge, Charge for Every Cost – Purpose: to verify that every cost center that has a charge has a corresponding cost.

Schedule D: I/P & O/P – **No Errors** / *Review Cost Centers for Missing Amounts.*

Schedule D1: I/P & O/P – **No Errors** / *Review Cost Centers for Missing Amounts.*

Schedule D1: Prof. Comp. – **No Errors** / *Review Cost Centers for Missing Amounts.*

Schedule G: Capital Costs – **No Errors** / *Review for mismatched Charges / Costs.*

Schedule I: I/P & O/P – **No Errors** / *Review Cost Centers for Missing Amounts.*

O/P Routine Charges – Purpose: to verify that if there are cost centers with O/P Routine program charges that O/P Routine Total Facility Charges have also been entered. Ohio requires that if a facility has O/P Routine program, then there needs to be O/P Routine total facility charges.

Schedule D: **No Errors** / *Review Schedules B & D for O/P Routine Charges.*

Schedule D1: **No Errors** / *Review Schedules B & D1 for O/P Routine Charges.*

Schedule I: **No Errors** / *Review Schedules B & I for O/P Routine Charges.*

Program Charges Greater Than Total Facility – Purpose: to verify that charges for all program areas are not greater than charges for the total facility.

Inpatient: **No Errors** / *Review Cost Centers for Program > Total Facility.*

Outpatient: **No Errors** / *Review Cost Centers for Program > Total Facility.*

Title XIX I/P or O/P Ratio Greater Than .75 – Purpose: to flag potential situations where program charges maybe exceeding total charges. This test was started before it was possible to perform the Program Charges Greater than Total Facility test. It is possible that the ratio could be greater than .75 and that there is not actually an error.

Inpatient Ratio: **Ratio Within Limits** / *Review Cost Centers For Costs Greater Than Charges.*

Outpatient Ratio: **Ratio Within Limits** / *Review Cost Centers For Costs Greater Than Charges.*

All Medicare Charges & Costs Included on Cost Report – Purpose: to verify that all charges and cost that appear above Medicare line 95 are included on the cost report. If all charges/costs are included than variances should be zero. To use enter into the outlined cells the amounts from the locations shown. Known amounts from the cost report (Organ, Home Health, Hospice, etc) will be entered automatically, provided they have been entered on the appropriate line.

Schedule B: Non-Reimbursable Items in Reimbursable Columns – Purpose: to verify that non-reimbursable items are properly entered.

Skilled Nursing Facility: **Charges Properly Entered** / *All SNF Charges s/b In Column 10.*

Home Program Dialysis: **Charges Properly Entered** / *I/P Home Program s/b In Column 10.*

Ambulance: **Charges Properly Entered** / *All Ambulance Charges s/b In Column 10.*

Home Health Agency: **Charges Properly Entered** / *All HHA Charges s/b In Column 10.*

Hospice: **Charges Properly Entered** / *All Hospice Charges s/b In Column 10.*

DME: Rented or Sold: **Charges Properly Entered** / *Charges for DME s/b In Column 10.*

