Cost Report 2552-10 Exhibit 3B 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 “Charity”, 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 “Charity Care Charges” 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

Each exhibit has its own set of data validations to apply, with a prescribed data type and other rules for each field present on that exhibit. 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 |
| Component CCN | A5 | B5 | No | 6 characters in length |
| FYB | A6 | B6 | Yes | Date |
| FYE | A7 | B7 | Yes | Date |
| Prepared By | A8 | B8 | Yes | Free text |
| Date Prepared | A9 | B9 | Yes | Date |
| Uninsured Column 20 | A10 | B10 | No | Dollar amount; warning if it doesn’t correspond to the data below*Includes Uninsured (status 1) and Insured, not covered (status 2)* |
| Insured Column 20 | A11 | B11 | No | Dollar amount; warning if it doesn’t correspond to the data below*Includes Insured (status 3)* |

### 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 | A13 | 1 | A14 | Column A, row 15 and onward | Yes | Free text |
| Patient Name - First | B13 | 2 | B14 | Column B, row 15 and onward | Yes | Free text |
| Date of Service - From | C13 | 3 | C14 | Column C, row 15 and onward | Yes | MM/DD/YYYY format |
| Date of Service - To | D13 | 4 | D14 | Column D, row 15 and onward | Yes | MM/DD/YYYY format, must be >= Adm. Date |
| Patient Account Number | E13 | 5 | E14 | Column E, row 15 and onward | Yes | Free text |
| Insurance Status | F13 | 6 | F14 | Column F, row 15 and onward | Yes | Number from 1-3*1: Uninsured**2: Insured, not covered**3: Insured* |
| Primary Payor | G13 | 7 | G14 | Column G, row 15 and onward | If Insurance Status = 2 or 3 | Free text |
| Secondary Payor | H13 | 8 | H14 | Column H, row 15 and onward | No | Free text |
| Total Charges for Claim | I13 | 9 | I14 | Column I, row 15 and onward | Yes (unless there are payments received (third party or patient)) | Dollar amount |
| Physician / Professional Charges | J13 | 10 | J14 | Column J, row 15 and onward | No | Dollar amount |
| Deductible / Coinsurance / Copay Amounts | K13 | 11 | K14 | Column K, row 15 and onward | If Insurance Status = 3 | Dollar amount |
| Total Third Party Payments | L13 | 12 | L14 | Column L, row 15 and onward | No | Dollar amount |
| Insured Contractual Allowance Amount | M13 | 13 | M14 | Column M, row 15 and onward | No | Dollar amount; must be blank or zero if Insurance Status is 1 |
| Other Non-Allowable Amounts | N13 | 14 | N14 | Column N, row 15 and onward | No | Dollar amount |
| Total Patient Payments | O13 | 15 | O14 | Column O, row 15 and onward | No | Dollar amount |
| Amounts Written Off as Bad Debt | P13 | 16 | P14 | Column P, row 15 and onward | No | Dollar amount |
| Uninsured Discount Amounts | Q13 | 17 | Q14 | Column Q, row 15 and onward | No  | Dollar amount; must be blank or zero if Insurance Status is 3 |
| Charity Care Non-Covered Charges | R13 | 18 | R14 | Column R, row 15 and onward | No | Dollar amount |
| Other Charity Care Charges | S13 | 19 | S14 | Column S, row 15 and onward | No | Dollar amount |
| Amounts Written Off to Charity Care and Uninsured Discounts | T13 | 20 | T14 | Column T, row 15 and onward | Yes (Unless there are payments received (third party or patient)) | Dollar amount; sum of Uninsured Discount Amounts, Charity Care Non-covered Charges, and Other Charity Care Charges |
| Write Off Date | U13 | 21 | U14 | Column U, row 15 and onward | Yes (Unless there are payments received (third party or patient)) | Date |