Cost Report 2552-10 Exhibit 3A 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 “MedicaidEligDays”, 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 “Medicaid Eligible Days” 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 |
| FYB | A5 | B5 | Yes | Date |
| FYE | A6 | B6 | Yes | Date |
| Worksheet S-2, Part I Line (Enter 24 or 25 only) | A7 | B7 | Yes | Must equal number from 24-25 |
| Prepared By | A8 | B8 | Yes | Free text |
| Date Prepared | A9 | B9 | Yes | Date |
| Total Columns 10 and 12 | A10 | B10 | No | Dollar amount; warning if it doesn’t correspond with data below |
| Total Column 11 | A11 | B11 | No | Dollar amount; warning if it doesn’t correspond with data below |

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

| **Column Label** | **Label Location** | **Column Number** | **Number Location** | **Data Locations** | **Required?** | **Data Validation Rules** |
| --- | --- | --- | --- | --- | --- | --- |
| Patient Last Name | A13 | 1 | A14 | Column A, row 15 and onward | Yes | Free text |
| Patient First Name | 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 | Date |
| Date of Service – To | D13 | 4 | D14 | Column D, row 15 and onward | Yes | Date, must be on or after Date of Service - From |
| Patient Account Number | E13 | 5 | E14 | Column E, row 15 and onward | Yes | Free text |
| Medicaid Number | F13 | 6 | F14 | Column F, row 15 and onward | Yes | Free text |
| State Eligibility Code | G13 | 7 | G14 | Column G, row 15 and onward | Yes | Free text |
| Patient Population Code | H13 | 8 | H14 | Column H, row 15 and onward | Yes | Must be a code from R1-R9 or U1-U9 |
| Worksheet S-2, Part I Column Number | I13 | 9 | I14 | Column I, row 15 and onward | Yes | Number from 1-6; a value of 6 on a sheet for line 25 is invalid |
| Medicaid Days - Eligible Days | J13 | 10 | J14 | Column J, row 15 and onward | One of Eligible Days, Labor & Delivery Days, or Newborn Baby Days must be populated. | Number |
| Medicaid Days - Labor & Delivery Room Days | K13 | 11 | K14 | Column K, row 15 and onward | One of Eligible Days, Labor & Delivery Days, or Newborn Baby Days must be populated. | Number |
| Medicaid Days - Newborn Baby Days | L13 | 12 | L14 | Column L, row 15 and onward | One of Eligible Days, Labor & Delivery Days, or Newborn Baby Days must be populated. | Number |
| Insurance or Other Payer Name – Primary | M13 | 13 | M14 | Column M, row 15 and onward | No | Free text |
| Insurance or Other Payer Name – Secondary | N13 | 14 | N14 | Column N, row 15 and onward | No | Free text |
| Medicare Eligibility - A/B Indicator | O13 | 15 | O14 | Column O, row 15 and onward | No | Equal to “A” or “B” |
| Medicare Eligibility - Start Date | P13 | 16 | P14 | Column P, row 15 and onward | No | Date |
| Medicare Eligibility - End Date | Q13 | 17 | Q14 | Column Q, row 15 and onward | No | Date, must be on or after Medicare Eligibility - Start Date |
| Comments | R13 | 18 | R14 | Column R, row 15 and onward | No | Free text |