Cost Report 2552-10 Exhibit 3C 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 “TotalBD”, 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 “Total Bad Debt” 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 lines of a tab 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 | MM/DD/YYYY format |
| Total Column 17 | A10 | B10 | No | Dollar amount; warning if it doesn’t correspond to the 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 | A12 | 1 | A13 | Column A, row 14 and onward | Yes | Free text |
| Patient First Name | B12 | 2 | B13 | Column C, row 14 and onward | Yes | Free text |
| Date of Service - From | C12 | 3 | C13 | Column E, row 14 and onward | Yes | Date |
| Date of Service - To | D12 | 4 | D13 | Column F, row 14 and onward | Yes | Date, must be on or after Date of Service - From |
| Patient Account Number | E12 | 5 | E13 | Column D, row 14 and onward | Yes | Free text |
| Insurance Status | F12 | 6 | F13 | Column A, row 14 and onward | Yes | Number from 1-3*1: Uninsured**2: Insured, not covered**3: Insured* |
| Primary Payor | G12 | 7 | G13 | Column G, row 14 and onward | If Insurance Status = 2 or 3 | Free text |
| Secondary Payor | H12 | 8 | H13 | Column H, row 14 and onward | No | Free text, must be blank if Primary Payor is blank |
| Service Indicator | I12 | 9 | I13 | Column I, row 14 and onward | Yes | Must equal “IP” or “OP” |
| Total Charges | J12 | 10 | J13 | Column J, row 14 and onward | Yes | Dollar amount |
| Total Physician / Professional Charges | K12 | 11 | K13 | Column K, row 14 and onward | Yes | Dollar amount |
| Total Patient Payments | L12 | 12 | L13 | Column L, row 14 and onward | Yes | Dollar amount |
| Total Third Party Payments | M12 | 13 | M13 | Column M, row 14 and onward | Yes | Dollar amount |
| Patient Charity Care Amount | N12 | 14 | N13 | Column N, row 14 and onward | Yes | Dollar amount |
| Contractual Allowance / Other Amount | O12 | 15 | O13 | Column O, row 14 and onward | Yes | Dollar amount |
| A/R Write Off Date | P12 | 16 | P13 | Column P, row 14 and onward | Yes | Date |
| Patient Bad Debt Write Off Amount | Q12 | 17 | Q13 | Column Q, row 14 and onward | Yes | Dollar amount, must be less than or equal to (Total Hospital Charges – ((Total Hospital Charges / Total Hospital Charges + Total Physician/Professional Charges) times (Total Patient Payments + Total Third Party Payments + Patient Charity Care Amount + Contractual Allowance)) |