**State of Maine**

**Department of Health and Human Services**

**Instructions for Completing the Cost Report**

**For NSGO Acute Care Hospitals**

**For FYE Ending On or After June 30, 2017**

All Maine hospitals are required to submit an As-Filed Medicare Cost Report, MaineCare Supplemental Data Form and additional documents within five months of the end of the provider’s fiscal year to the State of Maine Department of Health and Human Services, Division of Audit, 11 State House Station, Augusta, ME, 04333. These instructions are intended to offer guidance in completing the cost report. These instructions are not intended to offer interpretation or clarification of the Principles of Reimbursement for Hospital Services (10-144 Chapter 101, MaineCare Benefits Manual (MBM), Chapter III, Section 45). **If any conflict should arise from the interpretation of these instructions versus the interpretation of the Principles of Reimbursement, the Principles of Reimbursement will take precedence.**

The MaineCare Supplemental Data Form must be completed and filed on a template provided by the Department. These forms will not be acceptable if they are changed in any way without prior approval by the Department or if they are not completed in accordance with these instructions. The Principles of Reimbursement in effect during the fiscal year of the cost report will determine allowable cost. All schedules must be filled out completely and legibly in accordance with these instructions. Make sure all schedules include the facility’s name and the cost reporting period. Failure to complete all forms could result in an unacceptable cost report.

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**Specific Instructions**

The following includes specific instruction for each cost report exhibit in the order that it appears in the cost report. It is important to note that this is not necessarily the order in which the forms should be completed. In general, cells highlighted in blue contain formulas. The formulas in these cells should not be altered. A cell that is highlighted in yellow indicates that the cost report preparer must enter that information manually into that particular cell.

**Cover – Preparer and Administrator Signature Page**

Use this page to provide the signatures of the Preparer and the Administrator of the as- filed cost report.

**Data Entry – Cost Report Information**

This section of the cost report provides general information about the provider and the operating period. Enter the provider name, provider NPI, the first date of the reporting period, the last date of the reporting period, the address where the audit report should be mailed to, the cost report status – either ‘As-Filed’ or ‘Revised’ from the dropdown list, a contact name, phone number, and email address.

**Exhibit A – Summary of Reimbursement Settlement**

Exhibit A is used to calculate the interim settlement amount due the Provider or State. This exhibit incorporates information from Exhibits C, D, E, F, K, L, M, and N.

Enter the following on:

Line 9: Third Party Liability associated with inpatient 1500 charges

Line 10: Medicaid payments associated with inpatient 1500 charges

Line 15: Third Party Liability associated with outpatient 1500 charges

Line 16: Medicaid payments associated with outpatient 1500 charges

**Exhibit B – Computation of Ratio of Costs to Charges**

Exhibit B is used to reconcile revenue in the reporting period. This exhibit also calculates a ratio of costs to charges for each cost center line. The source for this exhibit is the Medicare Worksheet C, Part I.

Enter the following:

Line # The cost center line number

Cost Center Description The description associated with the cost center line number

Column 1 Total hospital costs for each cost center line

Column 2 Total hospital inpatient charges for each cost center line

Column 3 Total hospital outpatient charges for each cost center line

**Exhibit C – Medicaid Inpatient Routine Service Capital Costs**

Exhibit C is used to calculate the capital costs associated with Medicaid utilization of routine services. The source for this exhibit is Medicare Worksheet D, Part I.

Enter the following:

Column 1 Capital related cost for each cost center line

Column 2 Swing-bed adjustment for each cost center line

Column 4 Total patient days for each cost center line

Column 5 MaineCare patient days for each cost center line

**Exhibit D – Medicaid Inpatient Ancillary Service Capital Costs**

Exhibit D is used to calculate the capital costs associated with Medicaid utilization of ancillary services. The source for this exhibit is Medicare Worksheet D, Part II.

Enter the following:

Column 1 Capital related cost

Column 3 MaineCare inpatient charges

**Exhibit E – Medicaid Inpatient Routine Service Other Pass Through Costs**

Exhibit E is used to calculate the pass through costs associated with Medicaid utilization of routine services. The source for this exhibit is Medicare Worksheet D, Part III.

Enter the following:

Columns 1 – 4 Pass through costs from nursing school, allied health, medical education, other

Column 5 Swing-bed adjustment

**Exhibit F – Medicaid Inpatient Ancillary Service Other Pass Through Costs**

Exhibit F is used to calculate the pass through costs associated with Medicaid utilization of ancillary services. The source for this exhibit is Medicare Worksheet D, Part IV.

Enter the following:

Columns 1 – 3 Pass through costs from CRNA, nursing school, and allied health

**Exhibit G – Medicaid Ancillary Service Costs**

Exhibit G is used to calculate the costs associated with ancillary services. The source for this exhibit is Medicaid Exhibit B.

Enter the following:

Column 2 Outpatient charges for each cost center line

**Exhibit K – Medicaid Direct Graduate Medical Education (GME) Costs**

Exhibit K is used to calculate MaineCare’s responsibility for Direct Graduate Medical Education costs. The source for this exhibit is Medicare Worksheet E-4.

Enter the following:

Line 1 Number of FTE residents for primary care and other

Line 2 Updated per resident amount for primary care and other

Line 4 Additional direct GME FTE residents

Line 5 Updated per resident amount

Line 8 Title XIX inpatient days, net of nursery days and DWP

Line 9 Total hospital inpatient days, net of nursery days and DWP

**Exhibit L – Hospital Based Physician Settlement**

Exhibit L is used to calculate the hospital based physician settlement. The source for this exhibit is Medicare Worksheet A-8 and Worksheet A-8-2.

Enter the following:

Line # The cost center line number

Cost Center Description The description associated with the cost center line number

Column 4 MaineCare Inpatient HBP charges

Column 5 MaineCare Outpatient HBP charges

Column 8 Remuneration applicable to professional (from A-8-2)

Column 9 CRNA costs (from A-8)

Column 10 Remuneration applicable to professional (from A-8)

**Exhibit M – Medicaid Indirect Medical Education Settlement**

Exhibit M is used to calculate MaineCare’s responsibility for Indirect Medical Education. The source for the exhibit is Medicare Worksheet E Part A.

Enter the following:

Medicare Wkst E Part A line 21 Lesser of c/y or p/y resident to bed ratio IME Adjustment Factor If applicable, from Wkst. E Part A

MaineCare DRG Payments Total payments on claims

MaineCare Outlier Payments Total outlier payments on claims

**Exhibit N – Interim Payments**

Exhibit N is used to total the match payments received during the reporting period and the capital and medical education portions of total DRG payments received during the period. The source for this exhibit is Department records, including letters sent to providers regarding the tax and match.

**Exhibit O – Revenue Reconciliation**

Exhibit O is used to calculate hospital based physician revenue. The sources for this exhibit are the provider’s financial statements and the provider’s revenue detail.

Enter the following:

Total Revenue From the financial statements

Cost Center Revenue From revenue detail, for each cost center line

Adjustments/Reclasses From revenue detail, for each cost center line

**Utilization – Medicaid Utilization and Revenue Mapping**

The Utilization sheet is used to summarize Medicaid utilization and provide a mapping of UB codes and 1500 charges to cost center lines. This sheet is optional. The cost report preparer may enter utilization amounts directly on the exhibits where applicable. Please note a revenue mapping is required regardless of whether or not the utilization sheet is completed. This mapping may be provided in a separate file.