

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10316	Date: August 21, 2020
	Change Request 11644

SUBJECT: Revision to the Cost Report Acceptability Checklists - This CR Rescinds and Fully Replaces CR 10920.

I. SUMMARY OF CHANGES: The purpose of this CR is to revise the Acceptability Checklist to: remove the post-acceptability instructions, include new documentation submission requirements, and to include steps relating to the Medicare Cost Report Electronic Filing system.

EFFECTIVE DATE: Cost Reports Received on or After 12/31/2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: Cost Reports Received on or After 12/31/2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 10316	Date: August 21, 2020	Change Request: 11644
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SUBJECT: Revision to the Cost Report Acceptability Checklists - This CR Rescinds and Fully Replaces CR 10920.

EFFECTIVE DATE: Cost Reports Received on or After 12/31/2020

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IMPLEMENTATION DATE: Cost Reports Received on or After 12/31/2020

I. GENERAL INFORMATION

A. Background: The Medicare Administrative Contractors (MACs) use the cost report acceptability checklist to determine if a provider’s cost report is acceptable. The current Acceptability Checklist was previously issued by CMS through CRs.

The removal of the post-acceptability instructions from the Acceptability Checklist allows the Acceptability Checklist to be a public document, since it no longer includes confidential information. The previous post-acceptability instructions will now be an independent set of instructions titled “Modified Desk Review.”

CMS is in the process of revising the Internet Only Manual (IOM) 100-06, Chapter 8. The revised acceptability checklist will be included as an exhibit in the revised IOM 100-06, Chapter 8 which will be released at a later date.

B. Policy: A provider’s cost report is due on or before the last day of the fifth month following the close of the period covered by the report (See 42 CFR 413.24(f)(2)(i)). The MAC has 30 days from the date of receipt of a provider’s cost report to make a determination of acceptability (See 42 CFR 413.24(f)(5)(iii)). For a cost report to be acceptable, a provider must complete and submit the required cost reporting forms and supporting documentation, including all required signatures to the MAC. The cost report acceptability checklist is used to make that determination. Any revisions to the acceptability checklists must be approved by the MAC's Audit & Reimbursement Business Function Lead.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	M I C S	V M S	C W F		
11644.1	Contractors shall utilize the attached cost report acceptability checklists in making a determination of an acceptable cost report submission for cost reports received on or after December 31, 2020.	X		X							

Number	Requirement	Responsibility									
		A/B MAC		H H H M A C	D M E	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
11644.1.1	When ensuring that the Provider's documentation required for acceptance corresponds to the reported amounts on the cost report, the MAC shall allow a variance of +/-3 percent.	X		X							
11644.2	MACs shall use the Modified Desk Review for all applicable cost reports to complete all post-acceptability steps.	X		X							
11644.2.1	MACs shall have 90 days from acceptance to either complete the Modified Desk Review or issue a tentative settlement.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C E D I	M A C	
		A	B	H H H				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Barbara Shadle, 410-786-6475 or barbara.shadle@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

HOSPITAL ACCEPTABILITY CHECKLIST

Cost Report Form CMS-2552-10

Page 1

Provider Name: _____ CCN: _____
 Subunits: _____ CCN: _____

Period Covered: From: _____ To: _____

Postmark Date: _____ Receipt Date: _____

Review to ensure the following is correctly completed and/or submitted with the cost report.

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 8 and, if applicable, Questions 6 & 7 must have a "YES" response:	YES	NO	N/A	COMMENTS
1. <i>Has the provider submitted the Electronic Cost Report (ECR) utilizing a CMS approved vendor with current specification date via a CD, a flash drive, or MCR eF electronic submission transmission?</i>				
2. Does the ECR pass ALL Level 1 edits?				
3. Has the provider submitted a Print Image (PI) file of the cost report?				
4. Does the Certification Page (Worksheet S) of the ECR file include <i>a valid electronic/digital signature with the checkbox marked or</i> an original signature signed in ink by the provider's administrator or chief financial officer?				
5. Does the ECR encryption code printed on the signed certification page match exactly the encryption code in the ECR file Type 4?				

Hospital Acceptability Checklist Cost Report Form CMS-2552-10

Page 2

<p><i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 8 and, if applicable, Questions 6 & 7 must have a "YES" response:</p>	YES	NO	N/A	COMMENTS
<p><i>6. Has the provider submitted the following required supporting documentation that must be submitted for applicable areas of the cost report for cost reporting periods beginning on or after October 1, 2018?</i></p> <ul style="list-style-type: none"> <i>a. Bad Debt: Detailed bad debt listing that corresponds to the amount of bad debt claimed in the provider's cost report.</i> <i>b. Disproportionate Share Hospital (DSH): Detailed listing of the hospital's Medicaid eligible days claimed in the provider's cost report. For an amended cost report that changes its Medicaid eligible days: an amended listing or an addendum to the original listing of the hospital's Medicaid eligible days that corresponds to the Medicaid eligible days claimed in the provider's amended cost report.</i> <i>c. Charity Care and Uninsured Discounts for DSH eligible hospitals: Detailed listing of charity care and/or uninsured discounts that corresponds to the amounts claimed in the DSH eligible provider's cost report.</i> <i>d. Home Office Cost Allocations: For costs allocated from a home office or chain organization– a Home Office Cost Statement (HOCS) submitted to the chain provider's servicing contractor.</i> 				

**Hospital Acceptability
Checklist Cost Report
Form CMS-2552-10 Page**

3

<p><i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 8 and, if applicable, Questions 6 & 7 must have a "YES" response:</p>	YES	NO	N/A	COMMENTS
<p>7. If this is a teaching hospital, (i.e., hospital engaged in approved GME program in medicine, osteopathy, dentistry, or podiatry – 42 CFR 415.152), did the hospital submit an electronic file of the IRIS which passes all IRIS data edits and contains all the interns and residents information for this cost reporting period? An electronic file of the IRIS must be submitted for all teaching hospitals including those providers that file a no-Medicare utilization or low-Medicare utilization cost report.</p>				
<p>8. Does the settlement summary on the signed certification page agree with the settlement summary on the Medicare Cost Report (MCR) produced from the ECR file by the contractor? (NOTE: If the settlement summary on the signed certification page does not agree with the settlement summary on the MCR produced from the ECR file by the contractor, ascertain the nature of the error prior to rejection to ensure that the error was not caused by the contractor’s vendor software. If the MCR is rejected, include an explanation to the provider of the reason for the rejection.)</p>				
<p><i>9. If the cost report is deemed unacceptable, contact the provider within 24 hours of cost report rejection to notify of rejection and payment suspension, if applicable.</i></p>				

Problem Areas Noted During Acceptance Process:

Provider Contact: _____ Telephone Number: _____

_____ Date of Contact: _____

Deadline for Resolution: _____ Mail: _____

Prepared by: _____ Date: _____ Accepted Rejected
(check one)

Reviewed by: _____ Date: _____ Accepted Rejected
(check one)

SKILLED NURSING FACILITY ACCEPTABILITY CHECKLIST

Cost Report Form CMS-2540-10

Page 1

Provider Name: _____ CCN: _____ Period _____

Covered: From: _____ To: _____

Postmark Date: _____ Receipt Date: _____

Review to ensure the following is correctly completed and/or submitted with the cost report.

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 7 and if applicable, Question 6 must have a "YES" response:	YES	NO	N/A	COMMENTS
1. <i>Has the provider submitted the Electronic Cost Report (ECR) utilizing a CMS approved vendor with current specification date via a CD, a flash drive, or MCR eF electronic submission transmission?</i>				
2. Does the ECR pass ALL Level 1 edits?				
3. Has the provider submitted a Print Image (PI) file of the cost report?				
4. Does the Certification Page (Worksheet S) of the ECR file include <i>a valid electronic/digital signature with the checkbox marked</i> or an original signature signed in ink by the provider's administrator or chief financial officer?				

**Skilled Nursing Facility Acceptability Checklist
Cost Report Form CMS-2540-10**

Page 2

<p><i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 7 and if applicable, Question 6 must have a "YES" response:</p>	YES	NO	N/A	COMMENTS
<p>5 Does the ECR encryption code printed on the signed certification page match exactly the encryption code in the ECR file Type 4?</p>				
<p><i>6. Has the provider submitted the following required supporting documentation that must be submitted for applicable areas of the cost report for cost reporting periods beginning on or after October 1, 2018?</i></p> <p><i>a. Bad Debt: Detailed bad debt listing that corresponds to the amount of bad debt claimed in the provider's cost report</i></p> <p><i>b. Home Office Cost Allocations: For costs allocated from a home office or chain organization – a Home Office Cost Statement (HOCS) submitted to the chain provider's servicing contractor.</i></p>				

**Skilled Nursing Facility Acceptability Checklist
Cost Report Form CMS-2540-10**

Page 3

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 5, 7 and if applicable, Question 6 must have a "YES" response:	YES	NO	N/A	COMMENTS
7. Does the settlement summary on the signed certification page agree with the settlement summary on the Medicare Cost Report (MCR) produced from the ECR file by the contractor?				
(NOTE: If the settlement summary on the signed certification page does not agree with the settlement summary on the MCR produced from the ECR file by the contractor, ascertain the nature of the error prior to rejection to ensure that the error was not caused by the contractor's vendor software. If the MCR is rejected, include an explanation to the provider of the reason for the rejection.)				
8. <i>If the cost report is deemed unacceptable, contact the provider within 24 hours of cost report rejection to notify of rejection and payment suspension, if applicable.</i>				

Problem Areas Noted During Acceptance Process:

Provider Contact: _____

Telephone Number: _____

Date of Contact: _____

Deadline for Resolution: _____ Mail: _____

Prepared by: _____

Date: _____

Accepted Rejected
(check one)

Reviewed by: _____

Date: _____

Accepted Rejected
(check one)

HOME HEALTH AGENCY/HOSPICE ACCEPTABILITY CHECKLIST

AGENCY/HOSPICE

Cost Report Forms CMS-1728-94 (HHA)/CMS-1984-14 (Hospice)

Page 1

Provider Name: _____
 Period Covered: From: _____
 Postmark Date: _____

CCN: _____
 To: _____
 Receipt Date: _____

Review to ensure the following is correctly completed and/or submitted with the cost report.

<i>Part I</i> – In order to ACCEPT the cost report, Questions 1 through 6, and if applicable, Question 7 must have a "YES" response:	YES	NO	N/A	COMMENTS
1. <i>Has the provider submitted the Electronic Cost Report (ECR) utilizing a CMS approved vendor with current specification date via a CD, a flash drive, or MCR eF electronic submission transmission?</i>				
2. Does the ECR pass ALL Level I edits?				
3. Has the provider submitted a Print Image (PI) file of the cost report?				
4. Does the Certification Page (Worksheet S) of the ECR file include <i>a valid electronic/digital signature with the checkbox marked</i> or an original signature signed in ink by the provider's administrator or chief financial officer?				
5. Does the ECR encryption code printed on the signed certification page match exactly the encryption code in the ECR file and Type 4?				

Home Health Agency/Hospice Acceptability Checklist
Cost Report Forms CMS-1728-94 /CMS-1984-14
Page 2

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 6, and if applicable, Question 7 must have a "YES" response::	YES	NO	N/A	COMMENTS
6. Does the settlement summary on the signed certification page agree with the settlement summary on the Medicare Cost Report (MCR) produced from the ECR file by the contractor?				
(NOTE: If the settlement summary on the signed certification page does not agree with the settlement summary on the MCR produced from the ECR file by the contractor, ascertain the nature of the error prior to rejection to ensure that the error was not caused by the contractor's vendor software. If the MCR is rejected, include an explanation to the provider of the reason for the rejection.)				
<p>7. <i>Has the provider submitted the following required supporting documentation that must be submitted for applicable areas of the cost report for cost reporting periods beginning on or after October 1, 2018?</i></p> <p><i>a. Bad Debt: Detailed bad debt listing that corresponds to the amount of bad debt claimed in the provider's cost report.</i></p>				

<p>8. <i>If the cost report is deemed unacceptable, contact the provider within 24 hours of cost report rejection to notify of rejection and payment suspension, if applicable.</i></p>				
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Problem Areas Noted During Acceptance Process:

Provider Contact: _____ Telephone Number: _____

Date of Contact: _____

Deadline for Resolution: _____ Mail: _____

Prepared by: _____ Date: _____

Accepted Rejected
(check one)

Reviewed by: _____ Date: _____

Accepted Rejected
(check one)

OUTPATIENT FACILITIES ACCEPTABILITY CHECKLIST

Cost Report Forms CMS 2088-92 (CMHC); CMS 216-94 (OPO and Histo Lab); CMS 222- 92 (RHC/FQHC); CMS 265-11 (ESRD); CMS 224-14 (FQHC PPS)

Page 1

Provider Name: _____ CCN: _____
 Period Covered: From: _____ To: _____
 Postmark Date: _____ Receipt Date: _____

Review to ensure the following is correctly completed and/or submitted with the cost report.

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 6, and if applicable, Question 7 must have a "YES" response:	YES	NO	N/A	COMMENTS
1. <i>Has the provider submitted the Electronic Cost Report (ECR) utilizing a CMS approved vendor with current specification date via a CD, a flash drive, or MCR eF electronic submission transmission?</i>				
2. Does the ECR pass ALL Level I edits?				
3. Has the provider submitted a Print Image (PI) file of the cost report?				
4. Does the Certification Page (Worksheet S) of the ECR file include <i>a valid electronic/digital signature with the checkbox marked or</i> an original signature signed in ink by the provider's administrator or chief financial officer?				

Outpatient Facilities Acceptability Checklist

Cost Report Forms CMS-2088-17/CMS 216-94/CMS 222-17/CMS 265-11/CMS 224-14

Page 2

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 6, and if applicable, Question 7 must have a "YES" response:	YES	NO	N/A	COMMENTS
5. Does the ECR encryption code printed on the signed certification page match exactly the encryption code in the ECR file Type 4?				
6. Does the settlement summary on the signed certification page agree with the settlement summary on the Medicare Cost Report (MCR) produced from the ECR file by the contractor? (NOTE: If the settlement summary on the signed certification page does not agree with the settlement summary on the MCR produced from the ECR file by the contractor, ascertain the nature of the error prior to rejection to assure that the error was not caused by the contractor's vendor software. If the MCR is rejected, include an explanation to the provider of the reason for the rejection.				
7. <i>Has the provider submitted the following required supporting documentation that must be submitted for applicable areas of the cost report for cost reporting periods beginning on or after October 1, 2018?</i> <i>a. Bad Debt: Detailed bad debt listing that corresponds to the amount of bad debt claimed in the provider's cost report.</i> <i>b. Home Office Cost Allocations: For costs allocated from a home office or chain organization – a Home Office Cost Statement (HOCS) submitted to the chain provider's servicing contractor.</i>				

Outpatient Facilities Acceptability Checklist

Cost Report Forms CMS-2088-92/CMS 216-94/CMS 222-92/CMS 265-11/CMS 224-14

Page 3

<i>Part I</i> - In order to ACCEPT the cost report, Questions 1 through 6, and if applicable, Question 7 must have a "YES" response:	YES	NO	N/A	COMMENTS
8. <i>If the cost report is deemed unacceptable, contact the provider within 24 hours of cost report rejection to notify of rejection and payment suspension, if applicable.</i>				

Problem Areas Noted During Acceptance Process:

Provider Contact: _____

Telephone Number: _____

Date of Contact: _____

Deadline for Resolution: _____ Mail: _____ Prepared by: _____
 Date: _____ Accepted Rejected

(check one)

Reviewed by: _____ Date: _____ Accepted Rejected

(check one)

HOME OFFICE ACCEPTABILITY CHECKLIST

Cost Statement Form CMS-287-05

Page 1

Home Office Name: _____ Home Office No.: _____
 Period Covered: From: _____ To: _____
 Postmark Date: _____ Receipt Date: _____

Review to ensure the following is correctly completed and submitted with the cost statement.

<i>Part I</i> – In order to ACCEPT the cost statement, Questions 1 through 3 must have a "YES" response:	YES	NO	N/A	COMMENTS
1. Is the filed cost statement completed on Form CMS-287-05 or an appropriate substitute form that has been approved by CMS?				
2. Are the cost statements legible enough to be reproduced?				
3. Does the certification page of the ECR file include <i>a valid electronic/digital signature with the checkbox marked or an</i> original signature signed in ink by an officer of the home office?				

Problem Areas Noted During Acceptance Process:

Home Office Contact: _____
 Telephone Number: _____
 Date of Contact: _____
 Deadline for Resolution: _____ Mail: _____

Prepared by: _____ Date: _____ Accepted Rejected
 (check one)

Reviewed by: _____ Date: _____ Accepted Rejected
 (check one)