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**MA-11 COST REPORT SUBMISSION SYSTEM**



# **End User Manual V4.0**

**Revised 08/26/2005**

Department of Public Welfare and Myers and Stauffer LC

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# SECTION 1 INTRODUCTION

Glossary Terms Used In This Section: Certification Report, Cost Report Standard File, Department, Department of Public Welfare, Download, Excel Spreadsheet Template, MA, MA-11 Cost Report Submission System, Netscape Navigator, NF, Sequence Number, Standard File Validations, Validation, Web Site. Definitions for these terms are found in Section 9.

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## ABOUT THIS MANUAL

This manual provides information and instructions pertaining to the MA-11 Cost Report Submission System for the electronic filing of cost reports by nursing facilities (NFs). This system enables you to connect electronically to the submission web site, transmit cost report standard files and receive feedback via the system. The manual is intended for use as a reference and learning tool for the MA-11 Cost Report Submission System.

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## HOW THIS MANUAL IS ORGANIZED

This user's manual is organized into nine sections and four appendices:

- Section 1, Introduction, provides general information about this manual, its organization and document conventions.
- Section 2, Quick Guide, lists the steps that must be completed for a cost report to be accepted by the Department of Public Welfare (the Department).
- Section 3, Overview, introduces the MA-11 Cost Report Submission System.
- Section 4, Excel Spreadsheet Template Data Entry, describes how to data enter cost report information into the Excel spreadsheet template.
- Section 5, Submission and Acceptability Process, describes the three basic system functions, which include establishing the web site connection, submitting cost report standard files and retrieving and interpreting the validation and Certification reports. This section also provides procedures for completing the acceptability process.
- Section 6, MA-11 Acceptability Validations, describes the validations for the cost report fields, the supporting documents and the manual review process.

- Section 7, Alternative Standard File Methods, describes how to create a cost report standard file for users that choose not to use the Excel spreadsheet template.
- Section 8, Helpdesk, describes how to contact the Myers and Stauffer helpdesk for support.
- Section 9, Glossary, defines some common terms that are used in this manual.
- Appendix A, Netscape Installation, provides some general Netscape installation and configuration instructions to assist you in establishing access to the system.
- Appendix B, Downloads, contains instructions for downloading cost report update files.
- Appendix C, Accepted MA-11 Cost Report Data, describes how to download cost report data that has been accepted by the Department for any provider.
- Appendix D, Numbered Cost Report Form, contains a cost report that ties each data entry field to a sequence number in the cost report Standard File validations.

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## CONVENTIONS USED IN THIS MANUAL

This manual uses the following conventions:

**Bold** – Identifies words, characters or commands that a user types in a window or key strokes.

Underlined – Identifies the "title" of a link to another window.

*Italics* – Identifies directory, path, file or field names or book titles.

Point – Move the mouse until the tip of the mouse pointer rests on what you want to choose on the window (such as in a field or on specified text).

Click – Press and release the left mouse button without moving the mouse to select an item or execute a desired activity (such as going to another window).

Double Click – Click the left mouse button twice in rapid succession to select a file or execute an activity.

Right Click – Click the right mouse button once and select the option referred to in this manual.

Icons – Icons for specific software functions are used where applicable and available (e.g., the Netscape Navigator icon).

# SECTION 2 QUICK GUIDE

Glossary Terms Used In This Section: Certification Report, Cost Report Standard File, Department, Download, Excel Spreadsheet Template, Final Validation Report, Initial Feedback Report, MA-11 Cost Report Submission System, Validation, Web Site. Definitions for these terms are found in Section 9.

The following Quick Guide lists all of the steps necessary for a MA-11 cost report to be accepted. **You must complete all of the steps listed below for your facility's cost report to be accepted by the Department.** Refer to the section of this end user manual that is listed in each step for further instructions.

- Step 1: Complete the MA-11 Cost Report using the correct forms for the filing period.
- Step 2: Create a cost report standard file in one of two ways. If using an MA-11 software program that creates the standard file for you, follow the software instructions to create the standard file. Otherwise, download the standard Excel spreadsheet template following instructions starting in Section 4, "EXCEL SPREADSHEET TEMPLATE DATA ENTRY" on page 7.
- Step 3: Submit the cost report standard file to the MA-11 Cost Report Submission System using the instructions starting in Section 5, "ESTABLISHING THE WEB SITE CONNECTION" on page 11 and wait to receive the Initial Feedback Report.
- Step 4: Re-connect to the MA-11 Cost Report Submission System using the instructions starting in Section 5, "Final Validation Report" on page 19 and view your Final Validation Report. If the report indicates any errors, repeat steps 2 and 3. If the report indicates that your cost report standard file was valid, go to Step 5.
- Step 5: View and print your Certification Report using the instructions starting in Section 5, "Certification Report" on page 23.
- Step 6: Gather all supporting documents indicated on the Certification Report and label them using the document title on the Certification Report. Put the documents in the order in which they appear on the Certification Report.
- Step 7: Make one copy of the Certification Report. Sign the original and the copy in all applicable areas on the Certification Report, for a total of two documents with original signatures.
- Step 8: Mail both copies of the signed Certification Report and one copy of all supporting documents to the address located in Section 5, Page 26. The package must be received by the Department on or before the cost reporting deadline.

# SECTION 3 OVERVIEW

Glossary Terms Used In This Section: Additional Supporting Documents, Browser, Certification Report, Cost Report Standard File, Department, Dial Up Connection, Dialer, Download, Excel Spreadsheet Template, Guest, Internet, Internet Explorer, Internet Service Provider, Login ID, MA, MA-11 Cost Report Submission System, Manual Review Validations, Medical Assistance, Nursing Facility, Spreadsheet File, Standard File Validations, Text File, Validation, Web Browser, Web Site. Definitions for these terms are found in Section 9.

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## REPORTING REQUIREMENTS

The MA-11 is the Financial and Statistical Report for Nursing Facilities and Services under the Medical Assistance (MA) Program (referred to in this end user manual as the cost report). Each MA provider reports on either a January 1 through December 31 or July 1 through June 30 period, as designated by the nursing facility. The reporting period may only be changed in the event of the sale of the nursing facility to a new owner. The annual reporting process requires the filing of the cost report within 120 days following the June 30 or December 31 period. No extensions are granted except upon evidence of fraud or a breakdown in the Department's administrative process.

If the cost report is timely filed but is unacceptable, the provider is notified of the corrections needed. Corrections must be made and all supporting documents must be received by the Department by the correction deadline as described in Section 5, "Filing Deadlines" on page 26.

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## MA-11 COST REPORT SUBMISSION SYSTEM WEB SITE

The process of submitting and validating cost report data has been automated by the development of a web site, the MA-11 Cost Report Submission System. This web site performs edits on the submitted data, provides feedback on the results of the validations process and acts as a repository for facility cost report data submitted by the facility or their cost report preparer.

*Internet Explorer can be used in place of Netscape as a browser when submitting cost report standard files. However, instructions for Internet Explorer are not provided with this manual.*

The MA-11 Cost Report Submission System may be accessed using one of two methods. For users that have access to the Internet, the facility may transmit a cost report standard file using a web browser to access and to login to the Internet web site. If a user does not have an Internet service provider, the web site may be accessed directly using a dial-up connection and web browser. Either method of access to the MA-11 Cost Report Submission System is acceptable.

To submit a cost report standard file, the user is issued a Login ID and password by the Department. These Login IDs and passwords are facility-specific and allow a provider to submit cost report standard files and access validation reports only for that facility. They do not allow the facility to submit cost report standard files or access validation reports for any other facility. For facilities using an accountant's or other third party services for the submission process, the facility must provide their Login ID and password information to that party.

In addition to providing the ability to electronically submit the cost report standard file, the MA-11 Cost Report Submission System web site is also accessible to the general public in order to download or view informational documents and accepted cost report data. To access and use the area of the MA-11 Cost Report Submission System web site that is accessible to the general public, a Login ID and a password is requested by the system if using the dial up connection method of access. Follow the instructions beginning in Section 5, "ESTABLISHING THE WEB SITE CONNECTION" on page 11 to initially access the web site. The Login ID for the dialer window is Guest; leave the password field blank. When accessing the system through the Internet, you do not need a Login ID and password to access the public area of the MA-11 Cost Report Submission System.

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## COST REPORT STANDARD FILE

The Department has specified a standard file format to be used when submitting cost report data to the MA-11 Cost Report Submission System. Data submitted in any other format will be rejected by the system. The cost report standard file format is best described as a column of data with each row or record containing the response to each question or data item on the MA-11 cost report schedules.

*If you are using the Excel spreadsheet template option, see Appendix B for instructions on obtaining the spreadsheet template and Section 4 for data entry instructions.*

The facility may submit either of two types of cost report standard files; a spreadsheet file or a text file. For the spreadsheet option, an Excel spreadsheet template is available for download into either Excel or Lotus and is set up in the standard format. The facility data enters the cost report information directly into this template and submits the file. Many cost report preparers have incorporated this template into their existing programs, negating the need to re-data enter information into the template. Alternatively, cost report preparers may incorporate a standard text file format into their existing programs. Instructions for creating a text file are included in "TEXT FILE" on page 46.

The Excel spreadsheet template is not a program or tool to be used by a provider in completing the cost report and does not contain any formulas to aid in calculating totals or any edits to ascertain accuracy or completeness of the cost report. The template also does not contain worksheets that resemble the paper cost report schedules. It is assumed that facilities already have a program or procedures in place for completing the cost report. The Excel spreadsheet template does not interfere with, or replace, these existing programs or procedures, but simply allows the results of a completed cost report to be submitted in a manner that is common for all providers.

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## MA-11 ACCEPTABILITY PROCESS

*Do not mail a paper copy of the MA-11 cost report schedules to the Department.*

Acceptability of the MA-11 is judged at three levels. The first level is the validation of the data submitted in the standard file format to the MA-11 Cost Report Submission System. Once received at the web site, the cost report standard file is analyzed for inconsistencies and a report is generated for the provider. The analysis is based on the Standard File validations beginning on page 28. Once all the

Standard File validations are met, the file is “valid” and the system produces a Certification Report for download by the provider, which delineates additional supporting documents required to be mailed with two copies of the signed Certification Report to the Department. These documents are then reviewed by the Department and must pass the Supporting Document and Manual Review validations, which are the second and third levels of acceptability. The Supporting Document and Manual Review validations begin on page 29. In order for the MA-11 to be accepted, all three validation types must be met. The submission of the supporting documents and the signature process is described in Section 6, ACCEPTABILITY VALIDATIONS on page 28.

# SECTION 4 EXCEL SPREADSHEET TEMPLATE DATA ENTRY

Glossary Terms Used In This Section: Cost Report Standard File, Download, Excel Spreadsheet Template, MA, MA-11 Cost Report Submission System, Numbered Cost Report, Sequence Number, Standard File Validations, Text File, Validation. Definitions for these terms are found in Section 9.

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## INTRODUCTION

Cost report data submitted to the MA-11 Cost Report Submission System must be in the standard file format. Some cost report preparers and/or accounting firms that have MA-11 preparation software or spreadsheets have incorporated the standard file format into their existing program. In these cases, follow the instructions provided with the MA-11 program to create the cost report standard file and skip to the next section of this manual. If programs of this type are not used to create the cost report schedules, complete the cost report schedules manually, and then data enter the results into the Excel spreadsheet template in order to create the cost report standard file. This template may be downloaded by following the instructions in Appendix B. Direct data entry into the Excel spreadsheet template is estimated to take less than two hours.

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## EXCEL SPREADSHEET TEMPLATE DATA ENTRY

To use the Excel spreadsheet template to create a cost report standard file, you must first download the template from the Cost Report Update Page found by clicking on the Downloads option on the MA-11 Cost Report Welcome Page. After you have downloaded the template, open it in either Lotus 1-2-3 or Microsoft Excel. After the file has been opened, the template will appear on the screen (Figure 4-1 on page 8).

A	B	C	D	E	F
DATA V4.0	SEQ	SCH+LINE+COLUMN	DESCRIPTION	VALIDATION	MAX LENGTH
	1	CERT1a	Login ID	Must be valid login ID as listed on the Password and Connectivity document.	10
	2	CERT1b	Test (T or F)	Must be T or F. "T" denotes test data, "F" denotes live data.	1
	3	CERT1c	Facility name	Must be name as listed on the Password and Connectivity document.	70
	4	CERT1d	MA number	Must be the provider number as listed on the Password and Connectivity document.	8
	5	CERT1e	Report begin date	Must be valid date < CERT1enddate (CERT1f).	10
	6	CERT1f	Report end date	Must be valid date > CERT1begdate (CERT1e) and less than today's date.	10
	7	CERT2a	Cost report prepared by (if other than facility)	May be blank.	70
	8	CERT2b	Preparer's firm name (if applicable)	May be blank.	70
	9	CERT2c	Firm telephone number	May be blank. If firm name not blank, must be a 10 digit number.	10
	10	CERT4a	Name of Medicare intermediary	May be blank. If HMBE2a (Medicare rate) not blank or 0, must not be blank.	70
	11	Apprptdas	Approved as	Must be 1 - 4. If SchApprptdas = 2, must be Hospital-based for case mix rates. If SchApprptdas = 4, must be provider type 35.	1
	12	Atyptorg	Type of organization	Must be 1 - 6. If SchApprptdas = 4, must = 6. If SchApprptdas = 1, 2, or 3, must not = 6.	1
	13	At1aA	Beds available at beginning of period (Nursing Facility)	Must be < 1900	6
	14	At1baA	Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.	6
	15	At1bbA	Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.	6
	16	At1bcA	Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.	6
	17	At1bdA	Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.	6

Figure 4-1 MA-11 Spreadsheet Template

The following table describes the columns that make up the template.

COLUMN NAME	DESCRIPTION
DATA V4.0	Enter data that you wish to transmit into this column.
SEQ	The sequence number that is assigned to each field on the sequentially numbered cost report schedules in Appendix D of this manual.
SCH+LINE+COLUMN	The schedule, line and column location of the field on the cost report schedule.
DESCRIPTION	The full name of the field on the cost report schedule.
VALIDATION	The computer validation that is used to determine if the value submitted for a field is valid. These are taken from the MA-11 Standard File Validations.
MAX LENGTH	The maximum number of characters that will be stored by the MA-11 Cost Report Submission System when the cost report standard file is transmitted. Although an unlimited number of characters may be entered into the template field, only the number of characters specified will be saved. The remaining characters will be ignored.

COLUMN NAME	DESCRIPTION
FIELD TYPE	<p>The type of field which the data submitted within the text file will be converted to by the submission system prior to validating the data. Options are Character, Date and Numeric. Specific rules that apply to the text file for each field type are as follows:</p> <p><u>Character:</u> Do not use hyphens or parentheses for phone numbers, social security numbers or tax ID numbers. When an MA-11 cost report date item field type is "Character," the item will be validated in the format in which it is submitted, such as MM/DD/YYYY, M-DD-YY or MM/YY.</p> <p><u>Date:</u> In the text file, all fields with field type "Date" must be in the format MM/DD/YYYY.</p> <p><u>Numeric:</u> In the text file, do not use hyphens, dollar signs or percent signs.</p>

To start data entry into the template, move the cursor to Column A, Line 2. Leave row 1 as "DATA V4.0." Enter the desired information into the field using the sequentially numbered cost report schedules in Appendix D as a guide. In general, the data is sequentially entered from the cost report forms starting at the top of the first column to the bottom of the first column, then moving to the next column of the cost report schedules. Use the Enter key or down arrow key to move the cursor from field to field. Be very careful to enter information into the correct field.

The numbers contained in the SEQ column do not match the row numbers on the spreadsheet. To make data entry less confusing, you may remove the row and column headers on an Excel spreadsheet by:

1. Select the TOOLS main menu option.
2. Select the OPTIONS option from the TOOLS sub-menu.
3. Select the View tab.
4. In the Windows Options section, remove the checkmark from the Row & Column Headers selection.
5. Select the OK button.

You may remove the row and column headers on a Lotus spreadsheet by:

1. Select the SHEET main menu option.
2. Select the SHEET PROPERTIES option from the SHEET sub-menu.
3. Select the View tab.
4. Remove the checkmark from the Sheet Frame selection.
5. Close the Sheet Properties window.

All fields, except for those that are to be left blank, have to be data entered into the template, including total fields. No fields are calculated. If you use formulas to calculate totals during data entry, you must convert the formulas to values prior to submitting the template. If the template is submitted with formulas in Column A DATA V4.0, the file may not be valid.

Any special data entry instructions for a field are contained in the MA-11 Instructions and Schedules that was published in the MA Bulletin. Refer to these instructions for guidance when data entering the cost report information into the template.

Be sure to save each template created for a cost report period with a different name. If using Lotus, the file must be saved as version .WK4 or lower. Lotus files with a

.123 extension can not be validated. Data entry will be easier if the original template is left blank.

# SECTION 5 SUBMISSION AND ACCEPTABILITY PROCESS

Glossary Terms Used In This Section: 1187 Regulation, Additional Supporting Documents, Assigned File Name, Bookmark, Browser, Certification Report, Certification Report Package, Cost Report Standard File, Department, Department of Public Welfare, Dialer, Direct Dial-Up, Download, Final Validation Report, Guest, Initial Feedback Report, Internet, Internet Explorer, Internet Service Provider, Intranet, Invalid Cost Report Standard File, Login ID, MA-11 Cost Report Submission System, Manual Review Validations, Medical Assistance, Modem, Netscape Navigator, PC, Public Use Area, Rejected Cost Report Standard File, Required Supporting Document, Sequence Number, Standard File Validations, Submission ID, Test Cost Report Standard File, Text File, Uniform Resource Locator, URL, , Valid Cost Report Standard File, Validation, Web Browser, Web Site. Definitions for these terms are found in Section 9.

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## ESTABLISHING THE WEB SITE CONNECTION

*Internet Explorer can be used in place of Netscape as a browser when submitting cost report standard files. However, instructions for Internet Explorer are not provided with this manual.*

In order to connect to the MA-11 Cost Report Submission System, you must first ensure that a web browser has been correctly installed. Installation instructions should have been provided by the respective vendors; however, some coordination with your system or network administrator may be required. All of the PC equipment, including the modem, should be turned on before you access Netscape.

There are two methods of establishing a connection with the MA-11 Cost Report Submission System: an Internet connection or an Intranet dial-up connection.

### Internet Instructions

If you are able to connect to the Internet, you may connect to the system using the address:

<http://www.pama11.com>

Once you have connected to the system, continue to follow the instructions under "WEB SITE OPTIONS" on page 13. You can configure Netscape so that you do not have to type in the address each time you wish to connect to the system by creating a bookmark. Appendix A contains instructions on creating a Netscape bookmark.

If you do not have Internet access, you must follow the instructions for the Intranet dial-up connection below.

## Intranet Dial-up Instructions

If you have an Internet service provider and have already completed "Internet Instructions" on page 11, skip this section of the manual and go directly to "WEB SITE OPTIONS" on page 13. If you do not have Internet access, you must access the system using a direct dial-up method.

Correct installation and setup of all the hardware and software is essential to direct dial-up access. Appendix A includes instructions, in addition to those found in your Netscape manual, for setting up the Dialer icon. Refer to both if you do not have a dialer icon visible when bringing up Windows.

When you double click on the dialer icon, the Dialer Window will appear (Figure 5-1 on page 12). Point and click on the User Name field and enter the Login ID provided to you by the Department. You can tab to, or point and click on, the Password field to enter the password provided to you by the Department. For guest users, the Login ID is Guest and the Password field should be left blank. However, guest users can only access the public use area of the MA-11 Cost Report Submission System.

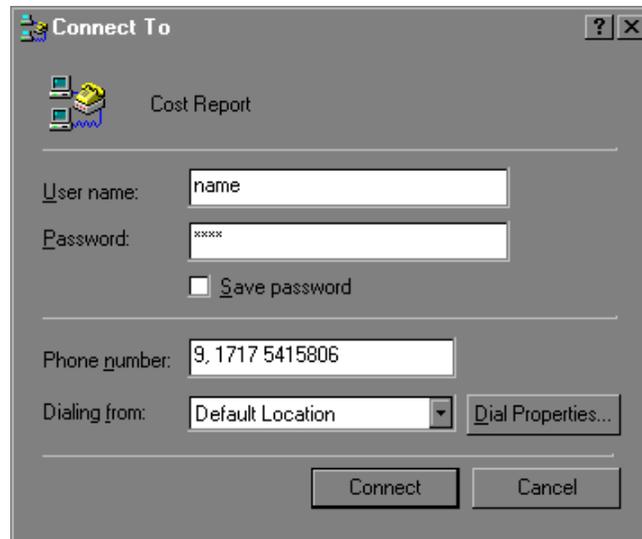


Figure 5-1. Dialer Window

Both Phone Number and Dialing From should default to the correct entries. The phone number should be 717-541-5806 (which should appear after successful completion of the setup in Netscape Internet Access Edit ion or Windows 95 dialer setup). This window has three buttons: **Connect**, **Dial Properties** and **Cancel**. Select **Cancel** if you wish to terminate the dial-in process. **Dial Properties** allows you to correct information that may not be correct on this window. **Connect** establishes the Intranet dial-up communication connection to the MA-11 Cost Report Submission System.



Minimized Dialer

Once the Intranet dial-up connection is established, a small window will appear in the upper right hand corner of your screen or the dialer will minimize itself to the lower right corner of the screen. If the dialer minimizes, you may view it by double clicking on the icon of two linked computers in the lower right. The only button you need to note is the **Disconnect** button. When you log off of Netscape you will need to point and click on Disconnect to discontinue or exit the communication link to the MA-11 Cost Report Submission System.



Netscape Navigator.lnk

Depending on your system configuration, you will automatically access Netscape or return to the Windows screen. If you return to Windows, double click on the Netscape Navigator icon. The Netscape window will appear (Figure 5-2 on page 13).

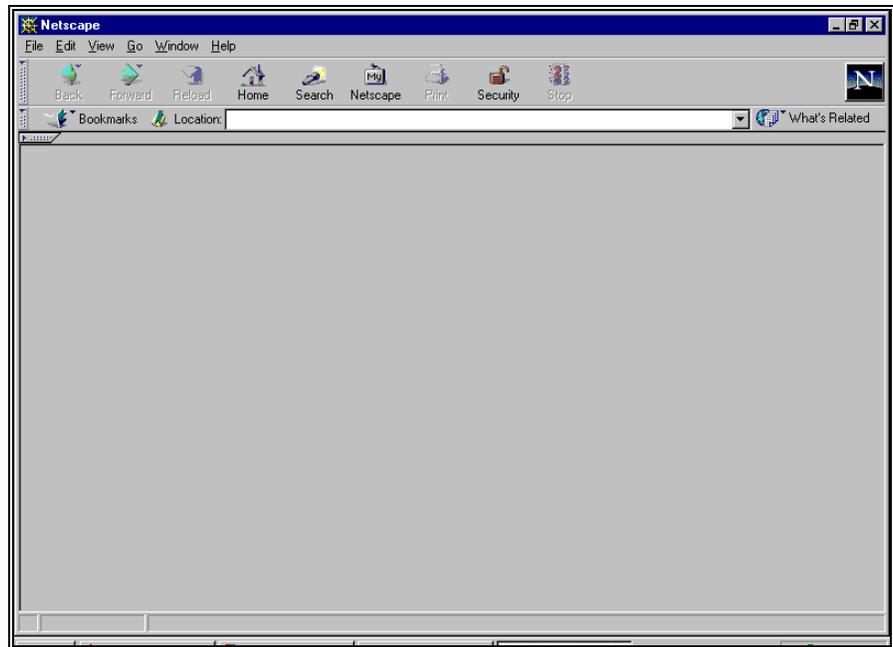


Figure 5-2. Netscape Window

There are a variety of configuration options you have when installing the requisite software on your system. The Netscape window has a single data entry field: Location or Go To. You must point and click on the field in order to type in the Uniform Resource Locator (URL). The URL for the MA-11 Cost Report Submission System is the following:

<http://111.111.111.111>

Once you press **Enter**, Netscape will look for the specified URL. There are configuration options within Netscape that can make accessing the MA-11 Cost Report Submission System easier; in other words, you can configure it so you do not have to type in the URL each time you access Netscape. Appendix A contains instructions on setting the location to default to the MA-11 Cost Report Welcome Page or creating a Netscape bookmark.

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## WEB SITE OPTIONS

*The Department retains the right to limit the amount of time that you are connected to the MA-11 Cost Report Submission System during a single session. If necessary, time limits will be imposed at a later date.*

Once you have connected to the system through the Internet or when Netscape finds the specified URL through the Intranet dial-up connection, the MA-11 Cost Report Welcome Page will appear (Figure 5-3 on page 14).

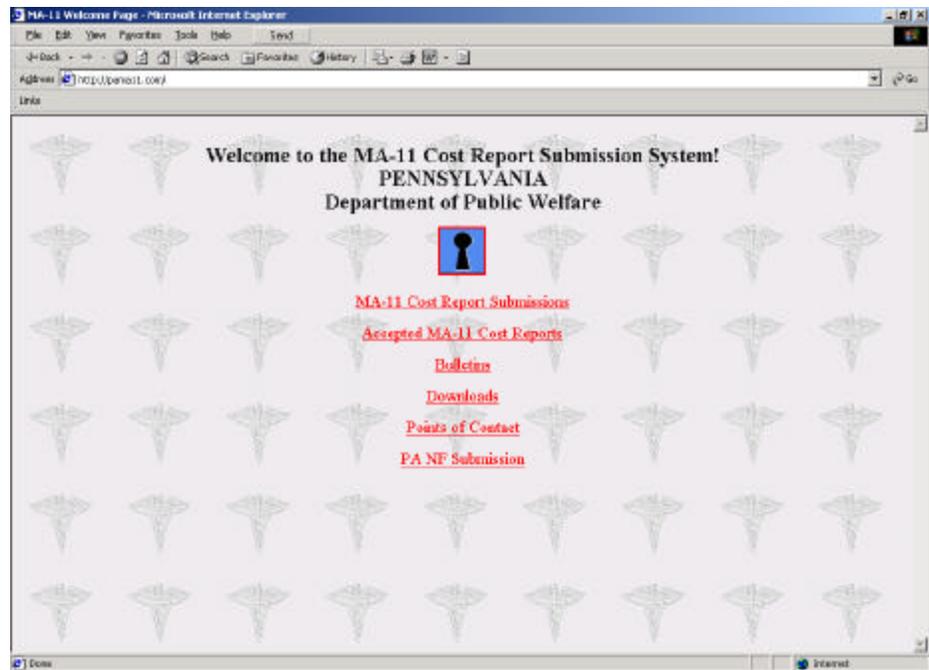


Figure 5-3. MA-11 Cost Report Welcome Page

There are six options available to you from this page. They include:

- [MA-11 Cost Report Submissions](#) – accesses the MA-11 Cost Report Main Menu. This option is only available to facilities with a non-guest Login ID and password.
- [Accepted MA-11 Cost Reports](#) – contains the individual cost report data that have been accepted for each facility. Refer to Appendix C for instructions on how to download this data. This option is for public use.
- [Bulletins](#) – contains news from the Department and the Myers and Stauffer helpdesk. This option is for public use.
- [Downloads](#) – contains files that may be downloaded and viewed or printed. These files contain information on the MA-11 end user manual, the standard spreadsheet template and multiple accepted cost report data. Refer to Appendix B for instructions on how to download these files. This option is for public use.
- [Points of Contact](#) – provides a list of contacts (names, addresses, phone numbers and E-mail addresses, as applicable). This option is for public use.
- [PA NF Submissions](#) – directs the user to the [www.PANFsubmit.com](http://www.PANFsubmit.com) website in order to complete the Resident Day Reporting Form for the NF Assessment Program.

Additional options may become available in the future. You may point and click on the underlined text option to go to the desired window.

## Terminating the Communication Connection

When you wish to exit the communication link to the MA-11 Cost Report Submission System and you are using an Internet connection, simply exit Netscape

(select **Exit** from the **File** menu or double click on the small box at the top left corner of the window) or select another address to view. If you are using an Intranet dial-up connection, exit Netscape (select **Exit** from the **File** menu or double click on the small box at the top left corner of the window) and point and click on the Disconnect button on the dialer window.

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## SUBMITTING COST REPORT STANDARD FILES

Selecting the MA-11 Cost Report Submissions option from the MA-11 Cost Report Welcome Page allows you access to the primary MA-11 Cost Report Submission System functions. When you select MA-11 Cost Report Submissions, a User Name and Password Required window will appear (Figure 5-4 on page 15).

Figure 5-4. Login ID and Password Required Window

You must point and click in the first field, User Name, to begin entering the Login ID and password provided to you by the Department. The Guest Login ID may not be used to submit cost report standard files.

You may use the **Tab** key or point and click in the second field, password, to type in the password provided to you by the Department.

Once you have entered both a valid Login ID and password, press **Enter** or point and click on **OK**. You may select **Cancel** if you do not wish to proceed. The Login ID and Password Required window will appear only when you initially access the cost report standard file submission process.

Once you have entered a correct Login ID and password and selected **OK**, the MA-11 Cost Report Main Menu will appear (Figure 5-5 on page 16). This window includes:

- Submit MA-11 Cost Report Data – accesses the window for cost report standard file data submissions.
- Receive Validation Reports – allows you to view and print Initial Feedback Reports, Final Validation Reports and Certification Reports.

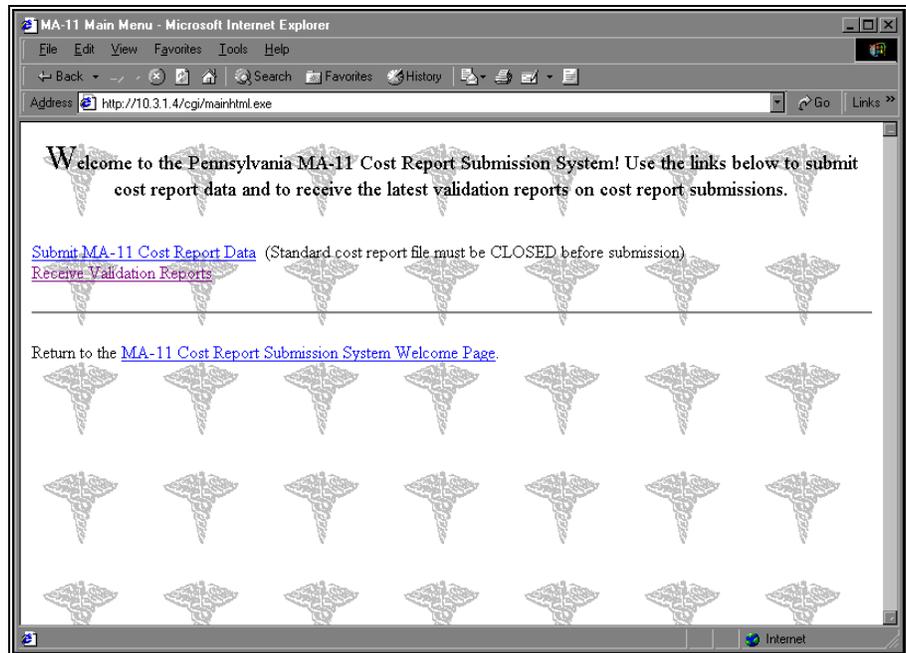


Figure 5-5. MA-11 Cost Report Main Menu

To submit your cost report standard file, point and click on [Submit MA-11 Cost Report Data](#) on the MA-11 Cost Report Main Menu. The MA-11 File Submission window includes instructions and information about submitting cost report standard files and a data entry field for the name of the cost report standard file (Figure 5-6 on page 16).

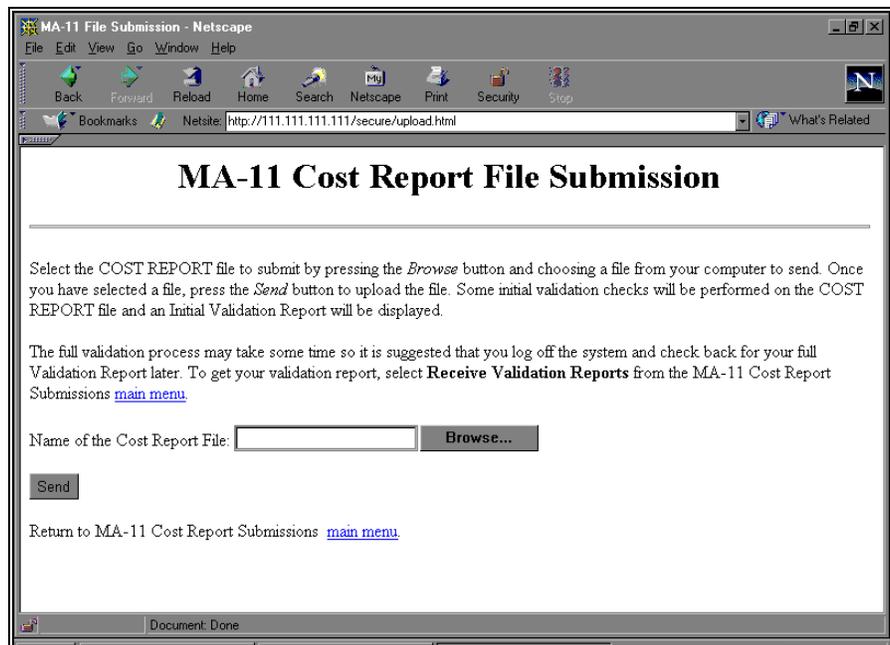


Figure 5-6. MA-11 File Submission Window

*Be sure and save your file prior to selecting it for submission.*

You have two options for entering a cost report standard file name. If you know the cost report standard file name, you may point and click on the Name of the Cost Report File field and simply type in the cost report standard file name including the complete path to the file (e.g., *C:\Cost Report\myfile.xxx*). The recommended method is to browse or review lists of files by pointing and clicking on the **Browse** button. A File Upload window will appear to enable you to select from a list of files on the computer hard drive or from a floppy disk inserted into a different drive (Figure 5-7 on page 17).

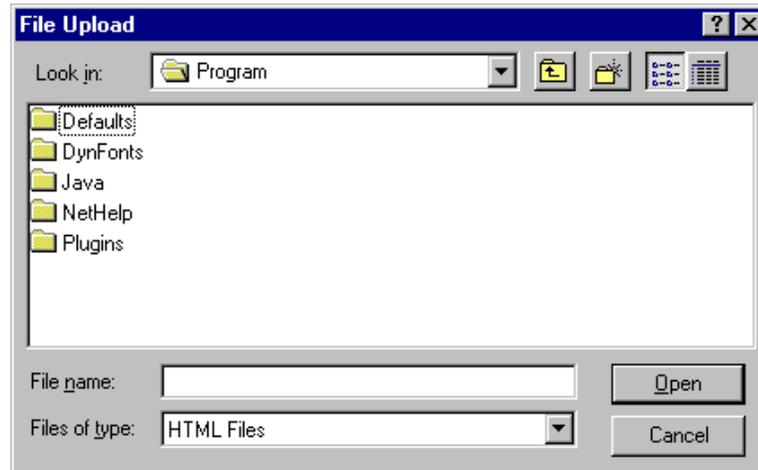


Figure 5-7. File Upload Window

Select **All Files** from the dropdown list in the Files of Type field so that you do not limit the types of files shown in the list. Ensure that the correct drive is selected in the Look In: field (c: for the computer hard drive and a: or b: for a floppy disk drive). The list of file names will appear in the area above the File Name field. To select a cost report standard file for submission, you may point and click on a file name and then on **Open** or point and double click on the name of the cost report standard file you wish to submit.

The cost report standard file name will appear in the Name of the Cost Report File field on the MA-11 File Submission window. Once you have selected a cost report standard file, point and click on the **Send** button to submit the file. If you decide not to submit a cost report standard file, you may point and click on the words main menu at the bottom of the MA-11 Cost Report File Submission screen to return to the MA-11 Cost Report Main Menu. Once you select **Send**, a Send Confirmation window will appear (Figure 5-8 on page 17).

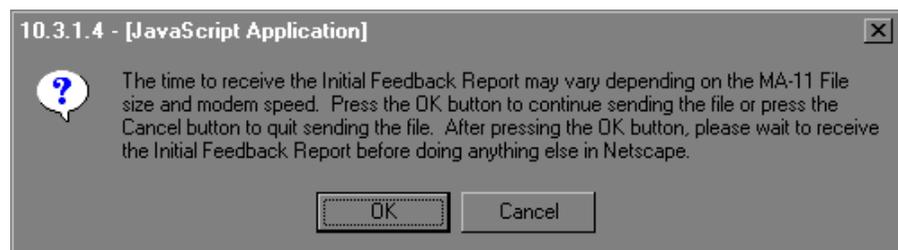


Figure 5-8. Send Confirmation Window

The Send Confirmation window serves as a reminder that the time required to generate the Initial Feedback Report will vary and that you should wait for the Initial Feedback Report (which will indicate whether the submission was received) prior to continuing with any other cost report or Netscape functions. If, for some reason, you

do not wish to wait for the Initial Feedback Report, you may choose **Cancel** to discontinue the submission process. However, selecting Cancel will disrupt the submission of your file. To confirm that you want to continue the process, select **OK**.

Once you have confirmed the send command, you should remain at the MA-11 File Submission window and not execute any additional cost report or Netscape functions until you receive an Initial Feedback Report. The Initial Feedback Report indicates that the MA-11 Cost Report Submission System has received the cost report standard file.

The next section provides more detailed information about the validation process and reports.

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## INITIAL FEEDBACK REPORT, FINAL VALIDATION REPORT AND CERTIFICATION REPORT

*The validations are itemized in Section 6 of this manual.*

Once the cost report standard file is received, the MA-11 Cost Report Submission System will validate the file structure and data content. These validations are based on the MA-11 Acceptability Validations. The system generates two reports; an Initial Feedback Report, which indicates that the cost report standard file has been submitted and the Final Validation Report, which provides a detailed account of any errors found during the validation of the submitted cost report standard file or provides information concerning the rejection of the cost report standard file. After a cost report standard file has been successfully submitted and all data has passed the validations, a Certification Report is generated. All reports are formatted as text files with column specifications so that they may be easily read, printed or downloaded.

### Initial Feedback Report

The Initial Feedback Report should be received shortly after submitting the cost report standard file while you remain on-line (Figure 5-9 on page 18).

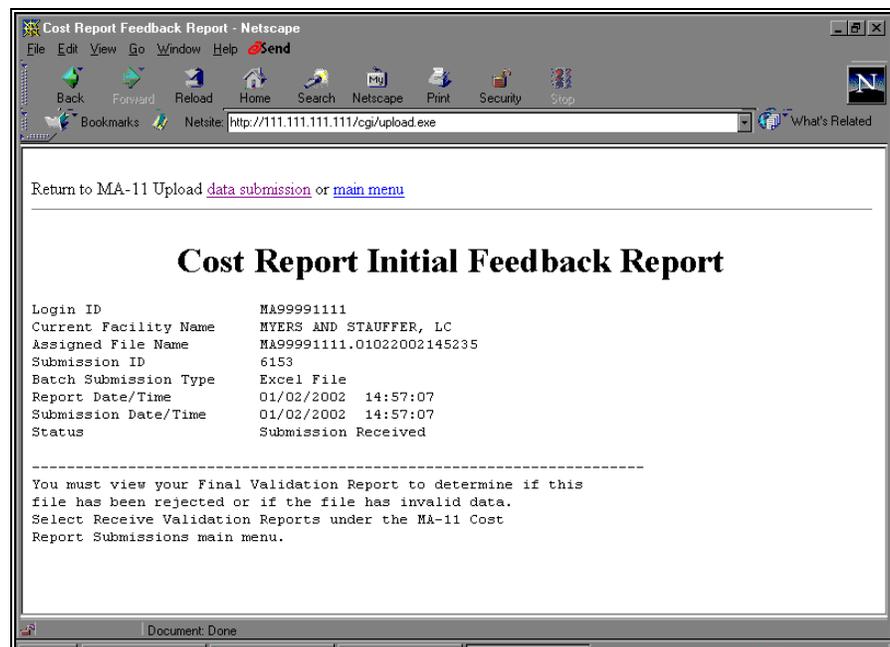


Figure 5-9 Initial Feedback Report

The time it takes to generate and return the Initial Feedback Report may depend on the modem speed and system activity; however, you should remain on the MA-11 File Submission window until you receive the report. The Initial Feedback Report will indicate that your submission was received.

Once you have received and reviewed the Initial Feedback Report, you may choose to return to the cost report standard file submission process (i.e., the MA-11 Cost Report File Submission screen) or the MA-11 Cost Report Main Menu by pointing and clicking on either of the underlined options.

## Final Validation Report

The Final Validation Report will be generated after the submission of a cost report standard file (Figure 5-10 on page 19). The report is created after the MA-11 Cost Report Submission System performs the MA-11 Acceptability Standard File Validations.

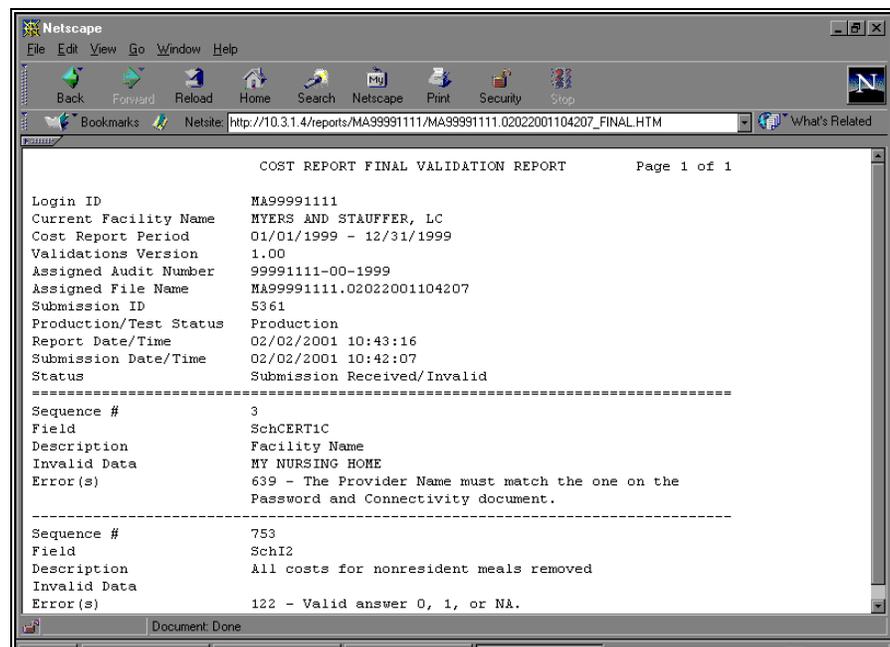


Figure 5-10 Final Validation Report

The actual time it takes to generate the Final Validation Report may depend on system activity; therefore, it is not necessary for you to remain on-line to wait for this report. You may terminate the communication connection following the instructions presented earlier in this manual.

If the cost report standard file was rejected, this will be clearly indicated in the detail section. You will need to make corrections to the cost report standard file, save the corrected file and resubmit it. Examples of rejection criteria include corrupted file structure, invalid facility identification or incorrect cost report begin and end periods. In these cases, no data will be extracted. Your Final Validation Report will indicate the rejection error(s) and no further validation will take place.

If the cost report standard file is not rejected, the detail section of the Final Validation Report indicates the type and number of errors encountered in the cost report standard file that was sent. **You may choose to exit the MA-11 Cost Report Submission System after receiving the Initial Feedback Report verifying acceptance of the cost report standard file and come back at a later time to access the Final Validation Report.**

Final Validation Reports are accessed from the MA-11 Cost Report Main Menu. Simply point and click on Receive Validation Reports. If you have initiated a new session, you will access the MA-11 Cost Report Welcome Page and select MA-11 Cost Report Submissions. The Login ID and Password Required window will appear for you to complete. If you are continuing an ongoing session and have already completed a user log in, the Validation Report Listing window will appear after you select Receive Validation Reports (Figure 5-11 on page 20).

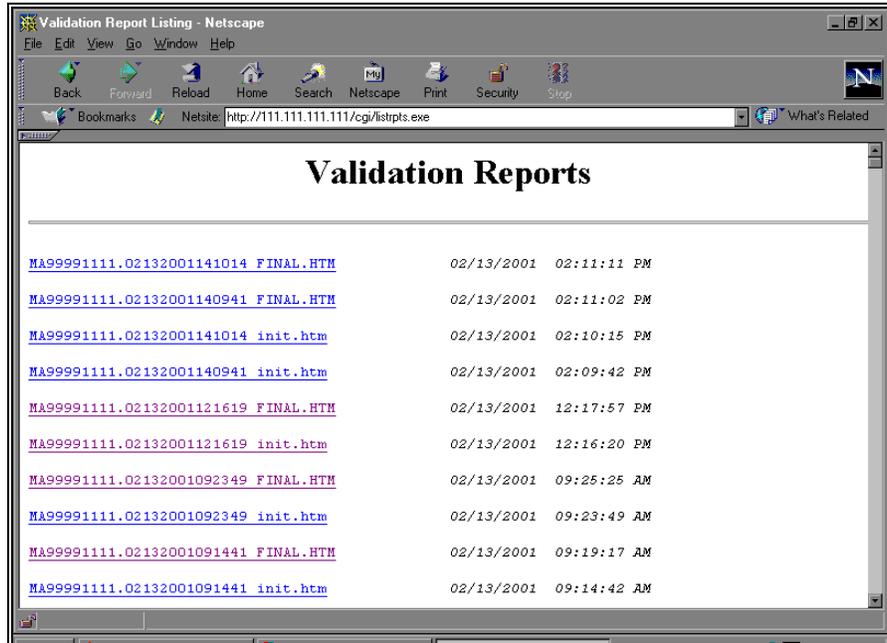


Figure 5-11 Validation Report Listing Window

This window lists all reports beginning with the most recently generated report. The reports are identified by the Assigned File Name followed by "FINAL" for Final Validation Reports, "init" for Initial Feedback Reports and "CERT" for Certification Reports. In order to access a report, simply point and click on the underlined file name. When you are done, point and click on main menu at the bottom of the window to return to the MA-11 Cost Report Main Menu.

If you would like to save a report from this screen, point and **click your right mouse button** on a specific underlined report title and then select **Save Link As** from the pop-up menu.

If your computer or the computer designated for cost report submissions is connected to a printer, you can select **Print** from the Netscape File menu to print a copy of the Final Validation Report. You may also select **Save As** from the Netscape File menu and save the report to a floppy disk or your hard drive. It is recommended that a copy of all Final Validation Reports be printed for reference in troubleshooting errors.

## Interpreting Initial Feedback Report and Final Validation Report

The Initial Feedback Report and the Final Validation Report follow the same format. Each report begins with a header that displays general information. The Final Validation Report header is followed by a report detail section that describes each error encountered in the cost report standard file. The items on each line are tab delimited. The format of the validation reports are as follows:

COST REPORT INITIAL FEEDBACK REPORT

Login ID MAXXXXXXXXXX  
 Current Facility Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Assigned File Name MAXXXXXXXXXX-yyymmdd-hhmmss  
 Submission ID XXXX  
 Batch Submission Type Excel File, Lotus File or Text File  
 Report Date/Time mm/dd/yyyy hh:mm:ss  
 Submission Date/Time mm/dd/yyyy hh:mm:ss  
 Status Submission Received

COST REPORT FINAL VALIDATION REPORT

Login ID MAXXXXXXXXXX  
 Current Facility Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Cost Report Period mm/dd/yyyy – mm/dd/yyyy  
 Validations Version 4.0  
 Assigned Audit Number XXXXXXXXX-XX-yyyy  
 Assigned File Name MAXXXXXXXXXX-yyymmdd-hhmmss  
 Submission ID XXXX  
 Production/Test Status Production or Test  
 Report Date/Time mm/dd/yyyy hh:mm:ss  
 Submission Date/Time mm/dd/yyyy hh:mm:ss  
 Status Submission Received/Invalid or Submission Received/Valid

Sequence # XXX  
 Field xxxxxx  
 Description xxxxxxxxxxxxxxxx  
 Invalid Data xxxxxxxxxxxxxxxx  
 Error(s) xx

REPORT FIELD	DESCRIPTION	VALUES
Login ID	A unique identifier for the facility submitting the cost report standard file. This identifier is assigned by the Department.	Alphanumeric
Current Facility Name	The name of the facility for which the cost report standard file is being submitted.	Text
Cost Report Period	The period of time covered by the cost report standard file.	Date
Validations Version	The data specifications version that the MA-11 Cost Report Submission System is using for the Cost Report Period.	Current Version Number

REPORT FIELD	DESCRIPTION	VALUES
Assigned Audit Number	The identifier that will be used to track an accepted cost report in the audit process. This is assigned by the MA-11 Cost Report Submission System. This field only appears on Final Validation Reports and Certification Reports.	Numeric
Assigned File Name	The file name assigned to the cost report standard file by the MA-11 Cost Report Submission System. Each cost report standard file submitted will be assigned a unique file name. This is the Facility ID followed by the Date and the Time to the nearest second.	Alphanumeric
Submission ID	A unique identification number for this submission assigned by the MA-11 Cost Report Submission System. This is a statewide sequential number tracking the number and order of cost report standard files that are submitted to the MA-11 Cost Report Submission System.	Integer
Batch Submission Type	The type of cost report standard file submitted.	Excel File, Lotus File or Text File
Production/Test Status	Indication of whether the cost report standard file was submitted as a test or if it is a production file in which the data is stored by the system.	Production or Test
Report Date/Time	The date and time the report was generated by the MA-11 Cost Report Submission System.	Date and Time to the nearest second
Submission Date/Time	The date and time the cost report standard file was uploaded to the MA-11 Cost Report Submission System by the facility.	Date and Time to the nearest second
Status	Indication of whether the submitted cost report standard file was received successfully and, if received successfully, if the cost report standard file was invalid or valid.	Initial: Submission Received Final: Submission Received/Invalid or Submission Received/Valid
Sequence #	The cost report sequence number of each error found in the cost report standard file. These correlate with the numbered Cost Report beginning on page 71.	Numeric
Field	The code for the field in error.	Form Location Code
Description	A text description of the field in error.	Text
Invalid Data	The actual data value submitted.	Varies

REPORT FIELD	DESCRIPTION	VALUES
Error(s)	Text information about the error(s) that were encountered for the corresponding field. If the cost report standard file was rejected, the report will clearly state FILE REJECTED and provide the reasons for the rejection.	Text

The error messages that can appear in the detail section of the Final Validation Report are contained in Section 6 of this manual. Any errors that appear on the validation reports must be corrected for the cost report standard file to be valid.

### Certification Report

If no errors are found in a submitted cost report standard file, the Final Validation Report will state this finding and prompt the facility to print the Certification Report (see Figure 5-12 on page 23).

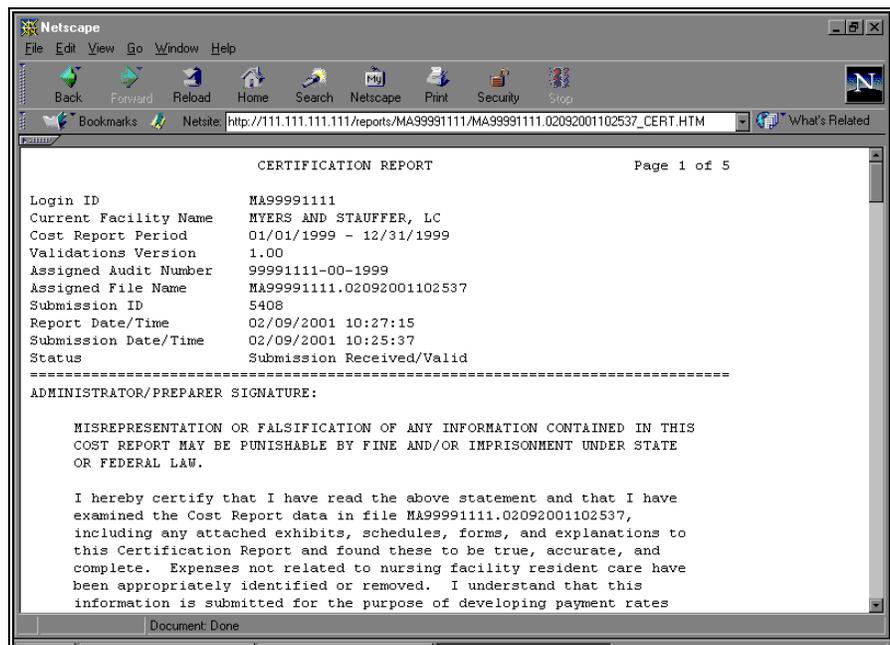


Figure 5-12 Certification Report

The Certification Report will be produced only for cost report standard files that have a status of Received/Valid on the Final Validation Report or that the Department has deemed to be valid. The report will provide the necessary signature areas for the administrator and list all supporting documents that are required, according to the responses in the cost report standard file, for the cost report to be acceptable. For instance, all Certification Reports will have a Trial Balance as a Required Supporting Document. However, only Certification Reports for cost report standard files that indicate a Medicare rate on Schedule MA-58 will require a supporting document that ties to this rate.

Certification Reports are accessed from the MA-11 Cost Report Main Menu. Simply point and click on Receive Validation Reports. If you have initiated a new session, you will access the MA-11 Cost Report Welcome Page and select MA-11 Cost

Report Submissions. The Login ID and Password Required window will appear for you to complete. If you are continuing an ongoing session and have already completed a user log in, move to the MA-11 Cost Report Main Menu and select the option. The Validation Report Listing window will appear after you select Receive Validation Reports (Figure 5-11 on page 20).

This window lists all reports beginning with the most recently generated report. The reports are identified by the Assigned File Name followed by "FINAL" for Final Validation Reports, "init" for Initial Feedback Reports and "CERT" for Certification Reports. In order to access a report, simply point and click on the underlined file name. When you are done, you can point and click on main menu at the bottom of the window to return to the MA-11 Cost Report Main Menu.

The Certification Report must be printed since it must be completed and mailed to the Department.

## Amending Submitted Data

**Immediately following the submission of a valid cost report standard file, no more cost report standard files for that cost report period will be validated.** Cost report standard files submitted after a valid status has been obtained will be rejected. If the facility discovers an error in a valid cost report standard file, the correction may be forwarded by mail to the Department along with the Certification Report and the supporting documents. The corrected information will be incorporated into the audit process. If the provider discovers an error on the Certification Report or supporting documents after they are mailed to the Department, an "amended" Certification Report or supporting documents will only be accepted by the Department if the supporting document and manual review process has not begun. If this process has begun, the "amended" Certification Report and supporting documents will be returned to the provider. The "amended" Certification Report and supporting documents may be maintained at the facility and should be given to the auditor for consideration at the time of audit.

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## ACCEPTABILITY PROCESS

*The signed Certification Report and all supporting documents are required to be received by the Department and must pass all Supporting Document and Manual Review validations for a cost report to be acceptable.*

Submitting a valid cost report standard file is only part of the filing process. To complete the process, the facility administrator and the person who prepared the cost report, if applicable, must sign all areas of the Certification Report and mail the Certification Report and all the indicated supporting documents to the Department. The Department must receive this package by the due date. Two copies of the signed Certification Report and one copy of the supporting documents is required. The Department will verify the supporting documents' authenticity by comparison with the accompanying Certification Report. The Department will also verify original signatures. If the Certification Report and supporting documents pass all Supporting Document and Manual Review validations, the cost report is accepted. If the appropriate supporting documents have not been submitted or fully completed, if the signatures are not complete or are not original or if only one Certification Report is received, the Department will return the Certification Report Package and the cost report will be unacceptable.

The Certification Report consists of five areas plus the report header information. While all sections will appear on every Certification Report, not all sections will require action by the facility. The sections that require action are based on the data submitted in the cost report standard file. These items are described in the following table.

SECTION	DESCRIPTION	FACILITY ACTION
Header	This is general information for the cost report standard file that was submitted. This header will match the header of the Final Validation Report generated for the cost report standard file.	No action is required.
Administrator/Preparer Signature	This is the Part III Certification Statement area of the Certification Schedule of the cost report concerning the accuracy of the data. This will appear on all Certification Reports.	The facility officer or administrator must complete this section. The preparer must sign, when applicable. Signatures must be originals on both copies.
Private Pay Rate Signature	In cost report standard files that indicate that the answer to Schedule MA-58, Line 1a is No, this section will be active. If the cost report standard file indicates that the answer to Schedule MA-58, Line 1a is Yes, this section will indicate NO SIGNATURE REQUIRED.	If an active signature block appears in this section, the facility officer or administrator must complete this section. If this section is marked NO SIGNATURE REQUIRED, no action is required.
Medicare Rate Signature	In cost report standard files where the answer to Schedule MA-58, Line 2a is not blank or zero, this section will be active. If the cost report standard file indicates that the answer to Schedule MA-58, Line 2a is blank or zero, this section will indicate NO SIGNATURE REQUIRED.	If an active signature block appears in this section, the facility officer or administrator must complete this section. If this section is marked NO SIGNATURE REQUIRED, no action is required.
Required Supporting Documents	This section lists all supporting documents necessary to support the cost report standard file that was submitted to the MA-11 Cost Report Submission System. The provider is reminded to label all supporting documents.	All of the supporting documents listed in this section must be submitted with the Certification Report. Only one copy of these supporting documents should be mailed. Label all supporting documents that are sent with the Certification Report.
Additional Supporting Documents	This section lists other supporting documents that may be submitted by the provider, but the data within the cost report standard file cannot be used to indicate if the provider should be submitting the document.	The provider should use a check mark to indicate those items that are submitted with the Certification Report and complete the blank lines with a description of any other documents that the provider might wish to mail to support the cost report standard file. Only one copy of these supporting documents should be mailed.

*Do not mark NA for any supporting document in the Required Supporting Documents area. This will result in rejection of your cost report. If you are unsure why a document was required, contact the Myers and Stauffer helpdesk.*

The MA-11 Cost Report Submission System does not require that a hard copy of the MA-11 cost report be submitted with the Certification Report. Any hardcopy MA-11 cost reports that are submitted will be discarded. Only the cost report standard file will be used for audit and rate calculations.

The Certification Report and all supporting documents should be mailed to:  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Long Term Care Programs  
Division of Nursing Home Rates  
P.O. Box 2675  
Harrisburg, PA 17105-2675

**OR**

The Certification Report and all supporting documents should be delivered to:  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Long Term Care Programs  
Division of Nursing Home Rates  
Bertolino Building, 6<sup>th</sup> Floor  
1401 North 7<sup>th</sup> Street  
Harrisburg, PA 17102

## **Filing Deadlines**

The MA-11 Cost Report Submission System does not alter Chapter 1187.80 regulations concerning failure to file a cost report. The following situations are defined to illustrate this.

1. If a facility has submitted a valid cost report standard file to the MA-11 Cost Report Submission System and the Certification Report and all supporting documents have been received by the Department on or before the 120<sup>th</sup> day and deemed acceptable by the Department, the cost report is timely filed and acceptable. The receipt date recognized by the Department is the date the Certification Report and supporting documents are received at P.O. Box 2675 or are received and stamped in by the Division of Nursing Home Rates, as of the close of business at 5 P.M.
2. If a facility has submitted a valid cost report standard file to the MA-11 Cost Report Submission System and the Certification Report and supporting documents have been received by the Department on or before the 120<sup>th</sup> day, but the signatures and/or some supporting documents are incorrect or missing, the cost report is timely filed but not acceptable. The facility has the latter of 30 days from the date of the "not acceptable" letter or 30 days following the due date of the cost report to correct and return the Certification Report and all supporting documents. If these items are not received by the end of that time period and deemed acceptable by the Department, the facility's rate will be adjusted downward according to Chapter 1187.80. The receipt date recognized by the Department is the date the Certification Report and supporting documents are received at P.O. Box 2675 or are received and stamped in by the Division of Nursing Home Rates, as of the close of business at 5 P.M.

3. When a provider fails to submit any cost report standard file, only a rejected cost report standard file(s) or only a test cost report standard file(s) to the MA-11 Cost Report Submission System within the first 120 days, the rate will be adjusted downward according to Chapter 1187.80. The reduced rate period stops on the date the Certification Report and supporting documents are received by the Department, but only after verifying that an acceptable Certification Report and supporting documents were received and deemed acceptable by the Department. If the Certification Report is incomplete or all supporting documents weren't submitted or acceptable, the reduced rate is not lifted until all steps are completed (valid cost report standard file, complete Certification Report and all supporting documents are received and acceptable). The receipt date recognized by the Department is the date the Certification Report and supporting documents are received at P.O. Box 2675 or are received and stamped in by the Division of Nursing Home Rates, as of the close of business at 5 P.M.

# SECTION 6 MA-11

## ACCEPTABILITY VALIDATIONS

Glossary Terms Used In This Section: 1187 Regulation, Additional Supporting Documents, Certification Report, Certification Report Package, Cost Report Standard File, Department, Internet, Intranet, MA, MA-11 Cost Report Submission System, Manual Review Validations, Numbered Cost Report, Nursing Facility, Password and Connectivity Document, Provider Number, Required Supporting Document, Sequence Number, Standard File Validations, Supporting Document Validations, Validation, Web Site. Definitions for these terms are found in Section 9.

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### INTRODUCTION

Subchapter F., Cost Reporting and Audit Requirements of Chapter 1187, requires nursing facilities to report costs to the MA Program by filing an acceptable MA-11 with the Department. For MA-11 cost reports with years ending 12/31/2001 and after, the Department obtains cost report data electronically via submission to an Internet/Intranet web site.

As cost report standard files are submitted to the MA-11 Cost Report Submission System, the fields included in the file are validated as a first step in determining acceptability. Instructions for submitting the cost report standard file are found in Section 5 of this manual. The validations for the cost report fields are included in this section of the manual. The validations for the manual review of the Certification Report and the list of supporting documents are also included in this section of the manual beginning on page 28.

In order for a cost report to be determined acceptable, **all validations must be met and two copies of the Certification Report and one copy of all required supporting documents** (makes up the Certification Report Package) must be received by the Department by the filing date referenced at §1187.73 for annual cost reports and §1187.75 for final cost reports. These validations and processes will be required for all full year and partial year cost reports with years ending 12/31/2001 and after.

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### INSTRUCTIONS FOR USE OF STANDARD FILE VALIDATIONS

The Standard File Validations provide details for each element used in the acceptability processing of the MA-11 cost report standard file. A description of each element is contained in the following table.

Column Name	Description
SEQUENCE #	Each data element is identified with a sequence number. This determines the order that the data must be placed within the standard file and is displayed in the numbered cost report form in Appendix D. The Sequence # for each version of the cost report may be different.
SCHEDULE	The cost report schedule on which the data element is found.
LINE	The line number on which the data element is found on each cost report schedule. The line # for each version of the cost report may be different.
COLUMN	The column name on which the data element is found on each cost report schedule. Fields are also identified with a combination of schedule, line and column. For example, sequence number 365 (Version 4.0) is identified as <b>SchC40E</b> (Schedule C, line 40, column E).
FIELDNAME	An abbreviated description of areas of the cost report schedules that cannot be identified solely by schedule, line and column. For example, sequence number 1238 (Version 4.0) is identified as <b>SchL2identify</b> (Identify allowance for accounts and notes receivable listed on line 2 of Schedule L).
DESCRIPTION OF COST REPORT ELEMENT	Description of the validation or the label for columns and lines as noted on the cost report schedules.
VALIDATION	Description of the acceptable response(s) to individual items.

If the validation is exactly the same for concurrent *sequence numbers*, the range of *sequence numbers* are listed for that validation in one row in order to consolidate this document.

*Sequence numbers* 19, 30 and 38 refer to the "available bed calculation." An example of this calculation is as follows:

SCHEDULE	LINE	CHANGE	DATE	# DAYS
A	1a	150	1/1/2001	
A	1ba	15	3/15/2001	73
A	1bb	-3	7/16/2001	123
A	1c	162	12/31/2001	169
A	2	58,623	$=(73 * 150) + (123 * 165) + (169 * 162)$	365

## INSTRUCTIONS FOR USE OF SUPPORTING DOCUMENT VALIDATIONS

The Supporting Document Validations are a list of supporting documents, schedules and worksheets that support the data submitted in the cost report standard file. Some of the items are required depending on the data submitted in the standard file and others must be submitted when applicable. All possible supporting documents are included in the list. However, only the required documents and the "when applicable" documents are listed on the Certification Report in order to help the provider determine what must be mailed with the Certification Report Package.

Each column in the Supporting Document Validations is described in the following table.

<b>COLUMN NAME</b>	<b>DESCRIPTION</b>
ORDER	Each validation is identified by an Order number. This is the order that the documents must be arranged in the Certification Report Package.
LABEL	The abbreviation of the cost report schedule, column and line number to which the document applies or an abbreviation of the document itself. The Label must also be clearly used to mark your supporting document prior to placing it in the Certification Report Package.
DESCRIPTION OF DOCUMENT	The written description of the document and any qualifiers as to when it is a required document.
TYPE	An indicator if the document is required or only must be mailed in the Certification Report Package when applicable.

## **INSTRUCTIONS FOR USE OF MANUAL REVIEW VALIDATIONS**

The Manual Review Validations are a list of requirements, signatures, dates and telephone numbers that are reviewed by the Department concerning the Certification Report Package. In addition to passing the Standard File Validations and the Supporting Document Validations, the Manual Review Validations must be met in order for the cost report to be acceptable.

Each column in the Manual Review Validations is described in the following table.

<b>COLUMN NAME</b>	<b>DESCRIPTION</b>
REVIEW #	A numeric identifier of each of the manual review processes.
CERTIFICATION REPORT AREA	A description of which of the five areas of the Certification Report to which the validation refers.
DESCRIPTION OF THE CERTIFICATION REPORT ELEMENT	The question to which the reviewer is responding.
VALIDATION	This indicates the response required by the manual reviewer to pass the validation.

## STANDARD FILE VALIDATION

Revised 08-26-2005

(1 = YES, 0 = NO)

SEQUENCE#	SCHEDULE	LINE	COLUMN	FIELDNAME	DESCRIPTION OF COST REPORT ELEMENT	VALIDATION
1	CERT	1a			Login ID	Must be valid Login ID as listed on the Password and Connectivity document.
2	CERT	1b			Test (T or F)	Must = T or F
3	CERT	1c		provname	Facility name	Must be name as listed on the Password and Connectivity document.
4	CERT	1d		pnum	MA number	Must be the provider number as listed on the Password and Connectivity document.
5	CERT	1e		begdate	Report begin date	Must be valid date < <b>CERTenddate</b> .
6	CERT	1f		enddate	Report end date	Must be valid date > <b>CERTbegdate</b> and less than today's date.
7	CERT	2a		prepsign	Cost report prepared by	May be blank.
8	CERT	2b		firmname	Preparer's firm name	May be blank.
9	CERT	2c		firmtele	Firm telephone number	May be blank. If <b>CERTfirmname</b> not blank, must be a 10-digit number.
10	CERT	4a		intermname	Name of Medicare intermediary	May be blank. If <b>MA58,2a</b> not blank or 0, must not be blank.
11	SchA			approvedas	Approved as	Must be 1 - 4. If <b>SchAapprovedas</b> = 2, must be Hospital-based for case mix rates. If <b>SchAapprovedas</b> = 4, must be provider specialty type 31
12	SchA			typeorg	Type of organization	Must be 1 - 6. If <b>SchAapprovedas</b> = 4, must = 6. If <b>SchAapprovedas</b> = 1,2 or 3, must not = 6.
13	SchA	1a	A		Beds available at beginning of period (Nursing Facility)	Must be < 1500.
14	SchA	1ba	A		Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.
15	SchA	1bb	A		Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.
16	SchA	1bc	A		Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.
17	SchA	1bd	A		Changes in total beds during period (Nursing Facility)	Must be > -500 and < 500.
18	SchA	1c	A		Beds available at end of period (Nursing Facility)	Must = <b>SchA1aA</b> + <b>SchA1baA</b> + <b>SchA1bbA</b> + <b>SchA1bcA</b> + <b>SchA1bdA</b> .
19	SchA	2	A		Bed days available for period (Nursing Facility)	Must be +/- 10% of [available bed calculation]. See example.
20	SchA	3	A		Actual resident days for period (Nursing Facility)	Must be <= <b>SchA2A</b> .
21	SchA	4	A		Percent occupancy	Must = <b>SchA3A/SchA2A</b> rounded to 4 decimals (ex., .9545)
22	SchA	5	A		Resident days at 90% occupancy	May be blank or whole number. If not blank, must = <b>SchA2A X .90</b> .
23	SchA	6	A		Total MA resident days of care	Must be <= <b>SchA3A</b> .
24	SchA	1a	B		Beds available at beginning of period (Residential and Other)	Must be < 1500.
25	SchA	1ba	B		Changes in total beds during period (Residential & Other)	Must be > -500 and < 500.
26	SchA	1bb	B		Changes in total beds during period (Residential & Other)	Must be > -500 and < 500.
27	SchA	1bc	B		Changes in total beds during period (Residential & Other)	Must be > -500 and < 500.
28	SchA	1bd	B		Changes in total beds during period (Residential & Other)	Must be > -500 and < 500.
29	SchA	1c	B		Beds available at end of period (Residential & Other)	Must = <b>SchA1aB</b> + <b>SchA1baB</b> + <b>SchA1bbB</b> + <b>SchA1bcB</b> + <b>SchA1bdB</b> .
30	SchA	2	B		Bed days available for period (Residential & Other)	Must be +/- 10% of [available bed calculation]. See example.
31	SchA	3	B		Actual resident days for period (Residential & Other)	Must be <= <b>SchA2B</b> .
32	SchA	1a	C		Beds available at beginning of period (Total)	Must = <b>SchA1aA</b> + <b>SchA1aB</b> .
33	SchA	1ba	C		Changes in total beds during period (Total)	Must = <b>SchA1baA</b> + <b>SchA1baB</b> .
34	SchA	1bb	C		Changes in total beds during period (Total)	Must = <b>SchA1bbA</b> + <b>SchA1bbB</b> .
35	SchA	1bc	C		Changes in total beds during period (Total)	Must = <b>SchA1bcA</b> + <b>SchA1bcB</b> .
36	SchA	1bd	C		Changes in total beds during period (Total)	Must = <b>SchA1bdA</b> + <b>SchA1bdB</b> .
37	SchA	1c	C		Beds available at end of period (Total)	Must = <b>SchA1aC</b> + <b>SchA1baC</b> + <b>SchA1bbC</b> + <b>SchA1bcC</b> + <b>SchA1bdC</b> . Must be = <b>SchA1cA</b> + <b>SchA1cB</b> .
38	SchA	2	C		Bed days available for period (Total)	Must be +/- 10% of [available bed calculation]. See example.
39	SchA	3	C		Actual resident days for period (Total)	Must = <b>SchA3A</b> + <b>SchA3B</b> .
40	SchA	1ba	D		Date of Change for Total Beds during period	If <b>SchA1baA</b> or <b>SchA1baB</b> not blank or 0, must be valid date >= <b>CERTbegdate</b> and <= <b>CERTenddate</b> .
41	SchA	1bb	D		Date of Change for Total Beds during period	If <b>SchA1bbA</b> or <b>SchA1bbB</b> not blank or 0, must be valid date >= <b>SchA1baD</b> and <= <b>CERTenddate</b> .
42	SchA	1bc	D		Date of Change for Total Beds during period	If <b>SchA1bcA</b> or <b>SchA1bcB</b> not blank or 0, must be valid date >= <b>SchA1bbD</b> and <= <b>CERTenddate</b> .

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SEQUENCE#	SCHEDULE	LINE	COLUMN	FIELDNAME	DESCRIPTION OF COST REPORT ELEMENT	VALIDATION
43	SchA	1bd	D		Date of Change for Total Beds during period	If <b>SchA1bdA</b> or <b>SchA1bdB</b> not blank or 0, must be valid date >= <b>SchA1bcd</b> and <= <b>CERTenddate</b> .
44 – 55	SchB	1–12	A		Resident days of care month	Must be month within <b>CERTbegdate</b> and <b>CERTenddate</b> . All months within <b>CERTbegdate</b> and <b>CERTenddate</b> must be entered. Must not be duplicate months. Months must be coded in numeric format.
56 – 67	SchB	1–12	B		Resident days of care NF MA	Must be blank if column A is blank.
68	SchB	13	B		Resident days of care NF MA	Line 13 must = lines 1 – 12. Column B + C + D + E must = <b>SchA6A</b> . Column B + C + D + E + F + G must = <b>SchA3A</b> .
69 – 80	SchB	1–12	C		Resident days of care NF MA MCO	Must be blank if column A is blank.
81	SchB	13	C		Resident days of care NF MA MCO	Line 13 must = lines 1 – 12. Column B + C + D + E must = <b>SchA6A</b> . Column B + C + D + E + F + G must = <b>SchA3A</b> .
82 – 93	SchB	1–12	D		Resident days of care NF MA LTCCAP	Must be blank if column A is blank.
94	SchB	13	D		Resident days of care NF MA LTCCAP	Line 13 must = lines 1 – 12. Column B + C + D + E must = <b>SchA6A</b> . Column B + C + D + E + F + G must = <b>SchA3A</b> .
95 – 106	SchB	1–12	E		Resident days of care NF MA Hospice	Line 13 must = lines 1 – 12.
107	SchB	13	E		Resident days of care NF MA Hospice	Line 13 must = lines 1 – 12. Column B + C + D + E must = <b>SchA6A</b> . Column B + C + D + E + F + G must = <b>SchA3A</b> .
108 – 119	SchB	1–12	F		Resident days of care NF Medicare	Must be blank if column A is blank.
120	SchB	13	F		Resident days of care NF Medicare	Line 13 must = lines 1 – 12. Column B + C + D + E + F + G must = <b>SchA3A</b> .
121 – 132	SchB	1–12	G		Resident days of care NF All Other	Must be blank if column A is blank.
133	SchB	13	G		Resident days of care NF All Other	Line 13 must = lines 1 – 12. Column B + C + D + E + F + G must = <b>SchA3A</b> .
134 – 145	SchB	1–12	H		Resident days of care Residential and Other	Must be blank if column A is blank.
146	SchB	13	H		Resident days of care Residential and Other	Line 13 must = lines 1 – 12. Line 13 must = <b>SchA3B</b> .
147 – 158	SchB	1–12	I		Resident days of care total	Must = column B + C + D + E + F + G + H.
159	SchB	13	I		Resident days of care total	Must = column B + C + D + E + F + G + H. Line 13 must = lines 1 – 12. Line 13 must = <b>SchA3C</b> .
160 – 171	SchB	1–12	J		MA hospital leave days	Must be blank if column A is blank.
172	SchB	13	J		MA hospital leave days	Line 13 must = lines 1 – 12.
173 – 184	SchB	1–12	K		Other hospital leave days	Must be blank if column A is blank.
185	SchB	13	K		Other hospital leave days	Line 13 must = lines 1 – 12.
186	SchC	18		costctr	Cost centers	If <b>SchC18D</b> or <b>SchC18E</b> not blank, must not be blank.
187	SchC	19		costctr	Cost centers	If <b>SchC19D</b> or <b>SchC19E</b> not blank, must not be blank.
188	SchC	26		costctr	Cost centers	If <b>SchC26D</b> or <b>SchC26E</b> not blank, must not be blank.
189	SchC	27		costctr	Cost centers	If <b>SchC27D</b> or <b>SchC27E</b> not blank, must not be blank.
190	SchC	38		costctr	Cost centers	If <b>SchC38D</b> not blank, must not be blank.
191 – 209	SchC	1–19	A		Salary cost	Must be whole number, blank or 0.
210	SchC	20	A		Salary cost	Lines 1 – 19 must = line 20.
211 – 217	SchC	21–27	A		Salary cost	Must be whole number, blank or 0.
218	SchC	28	A		Salary cost	Lines 21 – 27 must = line 28.
219	SchC	29	A		Salary cost	Must be whole number, blank or 0.
220	SchC	30	A		Salary cost	Lines 20, 28 and 29 must = line 30.
221	SchC	40	A		Salary cost	Line 30 must = line 40.
222 – 240	SchC	1–19	B		Fringe benefits	Must be whole number, blank or 0.
241	SchC	20	B		Fringe benefits	Lines 1 – 19 must = line 20.
242 – 248	SchC	21–27	B		Fringe benefits	Must be whole number, blank or 0.
249	SchC	28	B		Fringe benefits	Lines 21 – 27 must = line 28.
250	SchC	29	B		Fringe benefits	Must be whole number, blank or 0.
251	SchC	30	B		Fringe benefits	Lines 20, 28 and 29 must = line 30.
252	SchC	40	B		Fringe benefits	Line 30 must = line 40.
253 – 271	SchC	1–19	C		Other expenses	Must be whole number, blank or 0.

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SEQUENCE#	SCHEDULE	LINE	COLUMN	FIELDNAME	DESCRIPTION OF COST REPORT ELEMENT	VALIDATION
272	SchC	20	C		Other expenses	Lines 1 – 19 must = line 20.
273 – 279	SchC	21–27	C		Other expenses	Must be whole number, blank or 0.
280	SchC	28	C		Other expenses	Lines 21 – 27 must = line 28.
281	SchC	29	C		Other expenses	Must be whole number, blank or 0.
282	SchC	30	C		Other expenses	Lines 20, 28 and 29 must = line 30.
283 – 290	SchC	31–38	C		Other expenses	Must be whole number, blank or 0.
291	SchC	39	C		Other expenses	Lines 31 – 38 must = line 39.
292	SchC	40	C		Other expenses	Lines 30 + 39 must = line 40.
293 – 311	SchC	1–19	D		Total expenses	Column A + B + C must = column D.
312	SchC	20	D		Total expenses	Column A + B + C must = column D. Lines 1 – 19 must = line 20.
313 – 319	SchC	21–27	D		Total expenses	Column A + B + C must = column D.
320	SchC	28	D		Total expenses	Column A + B + C must = column D. Lines 21 – 27 must = line 28.
321	SchC	29	D		Total expenses	Column A + B + C must = column D.
322	SchC	30	D		Total expenses	Column A + B + C must = column D. Lines 20, 28 and 29 must = line 30.
323 – 330	SchC	31–38	D		Total expenses	Column C must = column D.
331	SchC	39	D		Total expenses	Column C must = column D. Lines 31 – 38 must = line 39.
332	SchC	40	D		Total expenses	Column A + B + C = column D. Line 30 + 39 must = line 40.
333 – 351	SchC	1–19	E		Adjustments	Must be whole number, blank or 0.
352	SchC	20	E		Adjustments	Lines 1 – 19 must = line 20.
353 - 359	SchC	21–27	E		Adjustments	Must be whole number, blank or 0.
360	SchC	28	E		Adjustments	Lines 21 – 27 must = line 28.
361	SchC	29	E		Adjustments	Must be whole number, blank or 0.
362	SchC	30	E		Adjustments	Lines 20, 28 and 29 must = line 30.
363 - 364	SchC	31–32	E		Adjustments	Must be whole number, blank or 0.
365	SchC	40	E		Adjustments	Lines 30 – 32 must = line 40.
366 - 373	SchC	1–8	F		Allowable cost	Column D + E must = column F.
374	SchC	9	F		Allowable cost	Line 9 must = 0. Column D + E must = column F.
375 - 376	SchC	10–11	F		Allowable cost	Column D + E must = column F.
377	SchC	12	F		Allowable cost	Line 12 must = 0. Column D + E must = column F.
378 - 397	SchC	13–32	F		Allowable cost	Column D + E must = column F.
398 - 405	SchC	1–8	G		Nursing facility allocation dollars	Column F less column H must = column G.
406 - 407	SchC	10–11	G		Nursing facility allocation dollars	Column F less column H must = column G.
408 - 414	SchC	13–19	G		Nursing facility allocation dollars	Column F less column H must = column G.
415	SchC	20	G		Nursing facility allocation dollars	Lines 1 – 19 must = line 20.
416 - 422	SchC	21–27	G		Nursing facility allocation dollars	Column F less column H must = column G.
423	SchC	28	G		Nursing facility allocation dollars	Lines 21 – 27 must = line 28.
424	SchC	29	G		Nursing facility allocation dollars	Column F less column H must = column G.
425	SchC	30	G		Nursing facility allocation dollars	Line 20 + 28 + 29 must = line 30. Must be > 0.
426 - 427	SchC	31–32	G		Nursing facility allocation dollars	Column F less column H must = column G.
428 - 435	SchC	1–8	H		Residential and other allocation dollars	Must be whole number, blank or 0.
436 - 437	SchC	10–11	H		Residential and other allocation dollars	Must be whole number, blank or 0.
438 - 444	SchC	13–19	H		Residential and other allocation dollars	Must be whole number, blank or 0.
445	SchC	20	H		Residential and other allocation dollars	Lines 1 – 19 must = line 20.
446 - 452	SchC	21–27	H		Residential and other allocation dollars	Must be whole number, blank or 0.
453	SchC	28	H		Residential and other allocation dollars	Lines 21 – 27 must = line 28.
454	SchC	29	H		Residential and other allocation dollars	Must be whole number, blank or 0.
455	SchC	30	H		Residential and other allocation dollars	Line 20 + 28 + 29 must = line 30.
456 - 457	SchC	31–32	H		Residential and other allocation dollars	Must be whole number, blank or 0.
458 - 465	SchC	1–8	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.
466 - 467	SchC	10–11	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.

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468 - 474	SchC	13-19	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.
475 - 481	SchC	21-27	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.
482	SchC	29	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.
483 - 484	SchC	31-32	I		Nursing facility allocation percent	Must = 1.0000 less column J. If not blank or 0, must be rounded to 4 decimals.
485 - 492	SchC	1-8	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
493 - 494	SchC	10-11	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
495 - 501	SchC	13-19	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
502 - 508	SchC	21-27	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
509	SchC	29	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
510 - 511	SchC	31-32	J		Residential and other allocation percent	If Column H not blank or zero, must be Column H divided by Column F rounded to 4 decimals. Must be blank or 0 if Column H blank or zero.
512 - 518	SchC	1-7	K		Allocation basis	Must not be blank.
519	SchC	8	K		Allocation basis	If column F > 0 and column I or column J is not 1.0000, must not be blank.
520 - 526	SchC	9-15	K		Allocation basis	Must not be blank.
527	SchC	16	K		Allocation basis	Must be either SQ FT or ACTUAL.
528	SchC	17	K		Allocation basis	Must not be blank.
529 - 530	SchC	18-19	K		Allocation basis	If column F > 0 and column I or column J is not 1.0000, must not be blank.
531 - 532	SchC	21-22	K		Allocation basis	Must not be blank.
533	SchC	23	K		Allocation basis	If column F > 0 and column I or column J is not 1.0000, must not be blank.
534 - 535	SchC	24-25	K		Allocation basis	Must be either SQ FT or ACTUAL.
536 - 537	SchC	26-27	K		Allocation basis	If column F > 0 and column I or column J is not 1.0000, must not be blank.
538	SchC	29	K		Allocation basis	Must be TOTAL NO COST.
539 - 540	SchC	31-32	K		Allocation basis	Must be either SQ FT or ACTUAL.
541-542	SchD	11-12			Revenue cost center	If column A or column B not blank or 0, must not be blank.
543 - 547	SchD	21-25			Revenue cost center	If column A or column B not blank or 0, must not be blank.
548	SchD	30			Revenue cost center	If column A or column B not blank or 0, must not be blank.
549 - 560	SchD	1-12	A		General ledger	Must be whole number, blank or 0.
561	SchD	13	A		General ledger	Lines 1 - 12 must = line 13.
562 - 573	SchD	14-25	A		General ledger	Must be whole number, blank or 0.
574	SchD	26	A		General ledger	Lines 14 - 25 must = line 26.
575	SchD	27	A		General ledger	Lines 13 + 26 must = line 27. Must not be blank or 0.
576 - 578	SchD	28-30	A		General ledger	Must be whole number, blank or 0.
579	SchD	31	A		General ledger	Lines 28 - 30 must = line 31.
580	SchD	32	A		General ledger	Line 27 less line 31 must = line 32. Must not be blank or 0.
581	SchD	33	A		General ledger	Line 33 must = <b>SchC40D</b> .
582	SchD	34	A		General ledger	Line 32 less line 33 must = line 34.
583 - 591	SchD	1-9	B		Revenues adjustments to Schedule C	Must be whole number, blank or 0.
592	SchD	10	B		Revenues adjustments to Schedule C	If column A not blank or 0, must not be blank or 0.
593 - 594	SchD	11-12	B		Revenues adjustments to Schedule C	Must be whole number, blank or 0.
595 - 609	SchD	14-30	B		Revenues adjustments to Schedule C	Must be whole number, blank or 0.
610	SchD	35a	B		Revenues adjustments to Schedule C	[Line 1 - 30] must = [line 35a].
611	SchD	35b	B		Revenues adjustments to Schedule C	Must be whole number, blank or 0.
612	SchD	36	B		Revenues adjustments to Schedule C	Line 35a + 35b and [ <b>SchC40E</b> ] must = [line 36].
613 - 621	SchD	1-9	C		Schedule C line number	If column B not blank or 0, must not be blank.
622 - 623	SchD	11-12	C		Schedule C line number	If column B not blank or 0, must not be blank.

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624 - 635	SchD	14-25	C		Schedule C line number	If column B not blank or 0, must not be blank.
636 - 638	SchD	28-30	C		Schedule C line number	If column B not blank or 0, must not be blank.
639	SchE	8			Expenses	If <b>SchE8A</b> not blank or 0, must not be blank.
640	SchE	12			Expenses	If <b>SchE12A</b> not blank or 0, must not be blank.
641	SchE	21			Expenses	If <b>SchE21A</b> not blank or 0, must not be blank.
642	SchE	26			Expenses	If <b>SchE26A</b> not blank or 0, must not be blank.
643 - 668	SchE	1-26	A		Expense adjustments to Schedule C	Must be whole number, blank or 0.
669	SchE	27	A		Expense adjustments to Schedule C	Lines 1 - 26 must = line 27 and must = <b>SchD35bB</b> .
670 - 680	SchE	2 - 12	B		Schedule C line number	If column A not blank or 0, must not be blank.
681 - 693	SchE	14 - 26	B		Schedule C line number	If column A not blank or 0, must not be blank.
694	SchF	4		description	Property, plant & equipment	If column F not blank or 0, must not be blank.
695 - 696	SchF	9-10		description	Property, plant & equipment	If column F not blank or 0, must not be blank.
697 - 700	SchF	1-4	A		Date acquired	If column B > 0, must not be blank.
701 - 703	SchF	6-8	A		Date acquired	If column B > 0, must not be blank.
704 - 705	SchF	9-10	A		Date acquired	May be blank.
706 - 709	SchF	1-4	B		Cost or other basis	Must be whole number, blank or 0.
710	SchF	5	B		Cost or other basis	Line 1 - 4 must = line 5.
711 - 715	SchF	6-10	B		Cost or other basis	Must be whole number, blank or 0.
716	SchF	11	B		Cost or other basis	Lines 5 and 6 - 10 must = line 11.
717 - 719	SchF	2-4	C		Accumulated depreciation to date	Must be <= column B. If not blank, must be whole number.
720	SchF	5	C		Accumulated depreciation to date	Lines 2 - 4 must = line 5.
721 - 723	SchF	6-8	C		Accumulated depreciation to date	Must be <= column B. If not blank, must be whole number.
724 - 725	SchF	9-10	C		Accumulated depreciation to date	Must be whole number, blank or 0.
726	SchF	11	C		Accumulated depreciation to date	Line 5 and 6 - 10 must = line 11.
727 - 729	SchF	2-4	D		Method of computing depreciation	If column B > 0, must not be blank.
730 - 732	SchF	6-8	D		Method of computing depreciation	If column B > 0, must not be blank.
733 - 734	SchF	9-10	D		Method of computing depreciation	If column B > 0, must not be blank.
735 - 737	SchF	2-4	E		Life or rate	If column B > 0, must not be blank.
738 - 740	SchF	6-8	E		Life or rate	If column B > 0, must not be blank.
741 - 742	SchF	9-10	E		Life or rate	If column B > 0, must not be blank.
743 - 745	SchF	2-4	F		Depreciation expense for period	If column B > 0, must not be blank. If not blank, must be whole number.
746	SchF	5	F		Depreciation expense for period	Line 2 - 4 must = line 5.
747 - 749	SchF	6-8	F		Depreciation expense for period	If column B > 0, must not be blank. If not blank, must be whole number.
750 - 751	SchF	9-10	F		Depreciation expense for period	May be blank. If not blank, must be whole number.
752	SchF	11	F		Depreciation expense for period	Line 11 must = line 5 and 6 - 10. Line 11 must be <= column B. Line 11 must = <b>SchC34D</b> .
753 - 759	SchG	1-7	A		Salary cost	Must be whole number, blank or 0.
760	SchG	20	A		Salary cost	<b>SchC29A</b> must = line 20. If <b>SchAapprovedas</b> <> 2, lines 1 - 7 must = line 20.
761	SchG	21	A		Total net operating cost	<b>SchC30F</b> + [ <b>SchE19A</b> ] must = line 21.
762	SchG	22	A		Administrative costs	<b>SchC29F</b> + [ <b>SchE19A</b> ] must = line 22.
763	SchG	23	A		Net operating cost less administrative costs	Line 21 less line 22 must = line 23.
764	SchG	24	A		Limit on administrative costs	Line 23 / .88, rounded to 0 places, must = line 24.
765	SchG	25	A		Excess administrative costs	If line 21 less line 24 < 0, then must be 0, else must = line 21 less line 24. [ <b>SchE19A</b> ] must = [line 25].
766 - 772	SchG	1-7	B		Fringe benefits	Must be whole number, blank or 0.
773	SchG	20	B		Fringe benefits	<b>SchC29B</b> must = line 20. If <b>SchAapprovedas</b> <> 2, lines 1 - 7 must = line 20.
774 - 792	SchG	1-19	C		Other expenses	Must be whole number, blank or 0.
793	SchG	20	C		Other expenses	<b>SchC29C</b> must = line 20. If <b>SchAapprovedas</b> <> 2, lines 1 - 19 must = line 20.
794 - 800	SchG	1-7	D		Total expenses	Column A + B + C must = column D.
801 - 812	SchG	8-19	D		Total expenses	Column C must = column D.

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SEQUENCE#	SCHEDULE	LINE	COLUMN	FIELDNAME	DESCRIPTION OF COST REPORT ELEMENT	VALIDATION
813	SchG	20	D		Total expenses	Column A + B + C and <b>SchC29D</b> must = column D.
814	SchH	5			Position	If <b>SchH5A</b> > 0, must not be blank.
815	SchH	11			Position	If <b>SchH11A</b> > 0, must not be blank.
816 - 820	SchH	1-5	A		Salary cost/fees	Must be whole number, blank or 0.
821	SchH	6	A		Salary cost/fees	Lines 1 - 5 and <b>SchC1A</b> must = line 6.
822 - 826	SchH	7-11	A		Salary cost/fees	Must be whole number, blank or 0.
827	SchH	12	A		Salary cost/fees	Lines 7-11 must = line 12. If line 12 not blank, must be <= <b>SchC1C</b> .
828	SchH	13	A		Salary cost/fees	Line 6 + 12 + <b>SchH6B</b> must = line 13.
829 - 833	SchH	1-5	B		Fringe benefits	Must be whole number, blank or 0.
834	SchH	6	B		Fringe benefits	Lines 1 - 5 and <b>SchC1B</b> must = line 6.
835 - 839	SchH	1-5	C		Hours paid	If column A not blank, must not be blank.
840	SchH	6	C		Hours paid	Lines 1 - 5 must = line 6.
841 - 845	SchH	7-11	C		Hours paid	If column A not blank, must not be blank.
846	SchH	12	C		Hours paid	Lines 7 - 11 must = line 12.
847	SchH	13	C		Hours paid	Lines 6 + 12 must = line 13.
848 - 852	SchH	1-5	D		Hours worked	Must be <= to column C.
853	SchH	6	D		Hours worked	Lines 1 - 5 must = line 6.
854 - 858	SchH	7-11	D		Hours worked	Must be <= to column C.
859	SchH	12	D		Hours worked	Lines 7 - 11 must = line 12.
860	SchH	13	D		Hours worked	Lines 6 + 12 must = line 13.
861 - 865	SchH	1-5	E		Number of FTEs or equivalents at year end	May be blank. If not blank, must be whole number.
866	SchH	6	E		Number of FTEs or equivalents at year end	Lines 1 - 5 must = line 6.
867 - 871	SchH	7-11	E		Number of FTEs or equivalents at year end	May be blank. If not blank, must be whole number.
872	SchH	12	E		Number of FTEs or equivalents at year end	Lines 7 - 11 must = line 12.
873	SchH	13	E		Number of FTEs or equivalents at year end	Lines 6 + 12 must = line 13.
874	SchI	1			Interest/investment income offset	Valid answers 0, 1 or NA.
875	SchI	1a			If Line 1 = "NO"	If <b>SchI1</b> = 0, must not be blank. If not blank, must be whole number.
876	SchI	2			All costs for nonresident meals removed	Valid answers 0, 1 or NA.
877 - 881	SchI	2a-2e			Resident meals	May be blank.
882	SchI	2e		identify	Other (identify)	If <b>SchI2e</b> > 0, must not be blank.
883	SchI	2f			Total meals	Lines 2a - 2e must = 2f. Must be > 0.
884	SchI	3			Personal laundry expense removed	Valid answers 0, 1 or NA.
885	SchI	3a			If Line 3 = "NO"	If <b>SchI3</b> = 1 or NA, must be blank or 0. If <b>SchI3</b> = 0, must be >= 0. If not blank, must be whole number.
886	SchI	4			Capital assets greater than \$500 expensed	Valid answers 0, 1 or NA.
887	SchI	5			Administrative expenses in other cost centers	Valid answers 0, 1 or NA.
888	SchI	6			Facility maintains residential and other areas not reported on cost report	Valid answer 0 or 1. If <b>SchI6identify</b> not blank, must be 1.
889	SchI	6		identify	Identify residential and other areas	If <b>SchI6</b> = 1, must not be blank.
890	SchI	7			Total square footage of facility	Must not be blank.
891	SchI	8			Nonallowable cost centers	Valid answer 0 or 1.
892	SchI	8		identify	Identify nonallowable cost centers	If <b>SchI8</b> = 1, must not be blank.
893	SchI	8a			Square footage of nonallowable cost centers	If <b>SchI8</b> = 1, must not be blank.
894	SchI	9			Indirect costs for nonallowable cost centers eliminated on Schedule E	Valid answers 0, 1 or NA.
895 - 902	SchI	10a-10h	A		Administrator salary	Must be whole number, blank or 0.
903 - 910	SchI	10a-10h	B		Administrator fringe benefit	Must be whole number, blank or 0.
911 - 918	SchI	10a-10h	C		Administrator contracted	Must be whole number, blank or 0.
919	SchI	11			Facility employ related parties	Valid answer 0 or 1.
920	SchI	12			Personal expenses excluded	Valid answers 0, 1 or NA.

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921	SchI	13			Loans, notes or advances to officers, employees, BODs or owners	Valid answers 0, 1 or NA.
922	SchI	14			Loans, notes or advances from officers, employees, BODs or owners	Valid answers 0, 1 or NA.
923	SchI	15			Adjustment made for expenses disallowed in prior audits?	Valid answers 0, 1 or NA.
924	SchI	16			Facility a Continuing Care retirement Community	Valid answer 0 or 1.
925	SchI	17			Facility has admission fee	Valid answer 0 or 1.
926	SchI	18			Facility part of a chaain	Valid answer 0 or 1.
927	SchI	18		Identify	Identify chain	If <b>SchI19</b> = 1, must not be blank.
928 - 937	MGT	19a-19j	A		Management company name	If column B not blank or column C not blank or 0, must not be blank.
938 - 947	MGT	19a-19j	B		Type of service (one type of service per line)	If column A not blank, must not be blank.
948 - 957	MGT	19a-19j	C		Total Amount	If column A not blank, must be whole number or 0.
958	SchJ			SchJcompleted	Is Schedule J completed?	Valid answer 0 or 1. If 0, <b>SchE15A</b> must = 0 or blank.
959 - 973	SchJ	1-15	A		Name of owner or director	May be blank. If <b>SchJcompleted</b> = 0, must be blank.
974 - 988	SchJ	1-15	B		Social security number	If column A not blank, must not be blank. If <b>SchJcompleted</b> = 0, must be blank.
989 - 1003	SchJ	1-15	C		Title/function	If column A not blank, must not be blank. If <b>SchJcompleted</b> = 0, must be blank.
1004 - 1018	SchJ	1-15	D		Proprietorship, partnership, S corporation or C corporation	If column A not blank, must not be blank. If not blank, must be PR, PA, S or C. If <b>SchJcompleted</b> = 0, must be blank.
1019 - 1033	SchJ	1-15	E		% owned	If column D = PR, must be 1.0000. If column A = blank, must be blank. Must be >= 0 <= 1.0000. If not blank or 0, must be rounded to 4 decimals. If <b>SchJcompleted</b> = 0, must be blank.
1034 - 1048	SchJ	1-15	F		% profit and loss participation	May be blank or >= 0 <= 1.0000. If not blank or 0, must be rounded to 4 decimals. If <b>SchJcompleted</b> = 0, must be blank.
1049 - 1063	SchJ	1-15	G		Number of nursing facility hours worked per week	If column A not blank, must <= 168. If <b>SchJcompleted</b> = 0, must be blank.
1064 - 1078	SchJ	1-15	H		% nursing facility time worked per week	If column A not blank, must be >= 0 <= 1.0000. If not blank or 0, must be rounded to 4 decimals. If <b>SchJcompleted</b> = 0, must be blank.
1079 - 1093	SchJ	1-15	I		Compensation included in allowable cost	If column A not blank, must be >= 0. If not blank, must be whole number. If <b>SchJcompleted</b> = 0, must be blank.
1094 - 1108	SchJ	1-15	J		Schedule C line number	If column A not blank and column I not = 0, must not be blank. If <b>SchJcompleted</b> = 0, must be blank.
1109	SchK			SchKcompleted	Is Schedule K completed?	Valid answer 0 or 1.
1110	SchK	1	A		Schedule C line # 29	Must = 29 or LINE 29 or blank. If <b>SchKcompleted</b> = 0, must be blank
1111 - 1123	SchK	2-14	A		Schedule C line number	Must be valid Schedule C line number or blank. If <b>SchKcompleted</b> = 0, must be blank.
1124 - 1137	SchK	1-14	B		Schedule C amount	If column A not blank, must be >= 0. If not blank, must be whole number. If <b>SchKcompleted</b> = 0, must be blank.
1138 - 1150	SchK	2-14	C		Amount of profit	If column A not blank, must be >= 0. If not blank, must be whole number. If <b>SchKcompleted</b> = 0, must be blank.
1151	SchK	15	C		Additional Schedule K amount profit	May be blank. If not blank, must be whole number. If <b>SchKcompleted</b> = 0, must be blank.
1152	SchK	16	C		Total profit for all Schedule K	Must = line 2 - 15. Must = [ <b>SchE20A</b> ].
1153	SchK	1	D		Home Office Position, service or supply	If column A not blank, must = HOME OFFICE. If <b>SchKcompleted</b> = 0, must be blank.
1154 - 1166	SchK	2-14	D		Position, service or supply	May be blank. If <b>SchKcompleted</b> = 0, must be blank.
1167 - 1180	SchK	1-14	E		Name of related business	May be blank. If <b>SchKcompleted</b> = 0, must be blank.
1181 - 1194	SchK	1-14	F		EIN or SSN	May be blank. If <b>SchKcompleted</b> = 0, must be blank.
1195 - 1208	SchK	1-14	G		Owner of related business	May be blank. If <b>SchKcompleted</b> = 0, must be blank.
1209 - 1222	SchK	1-14	H		% ownership in nursing facility	Valid answer blank or >= 0 <= 1.0000. If not blank or 0, must be rounded to 4 decimals. If <b>SchKcompleted</b> = 0, must be blank.

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1223 - 1236	SchK	1-14	I		% ownership in related business	Valid answer blank or >= 0 <= 1.0000. If not blank or 0, must be rounded to 4 decimals. If <b>SchKcompleted</b> = 0, must be blank.
1237	SchL			schLcompleted	Is Schedule L completed?	Valid answer 0 or 1.
1238	SchL	2		identify	Identify allowance for accounts and notes receivable	May be blank. If <b>SchLcompleted</b> = 0, must be blank.
1239	SchL	3		identify	Identify inventories priced at	If <b>SchL3A</b> not blank, must not be blank. If <b>SchLcompleted</b> = 0, must be blank.
1240 - 1244	SchL	1-5	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1245	SchL	6	A		End of current period	Lines 1 - 5 must = line 6. If <b>SchLcompleted</b> = 0, must be blank.
1246 - 1249	SchL	7-10	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1250	SchL	11	A		End of current period	Lines 7 - 10 must = line 11. If <b>SchLcompleted</b> = 0, must be blank.
1251	SchL	12	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1252	SchL	13	A		End of current period	Line 11 less line 12 must = line 13. If <b>SchLcompleted</b> = 0, must be blank.
1253 - 1254	SchL	14-15	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1255	SchL	16	A		End of current period	Line 6 + 13 + 14 + 15 must = line 16. If <b>SchLcompleted</b> = 0, must be blank.
1256 - 1259	SchL	17-20	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1260	SchL	21	A		End of current period	Lines 17 - 20 must = line 21. If <b>SchLcompleted</b> = 0, must be blank.
1261 - 1263	SchL	22-24	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1264	SchL	25	A		End of current period	Lines 21 - 24 must = line 25. If <b>SchLcompleted</b> = 0, must be blank.
1265 - 1270	SchL	26-31	A		End of current period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1271	SchL	32	A		End of current period	Lines 26 - 30 must = line 32. If <b>SchLcompleted</b> = 0, must be blank.
1272	SchL	33	A		End of current period	If <b>SchLcompleted</b> = 1, line 33 must not be blank. Lines 25 + 32 must = line 33. Line 33 must = line 16. If <b>SchLcompleted</b> = 0, must be blank.
1273 - 1277	SchL	1-5	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1278	SchL	6	B		End of prior period	Lines 1 - 5 must = line 6. If <b>SchLcompleted</b> = 0, must be blank.
1279 - 1282	SchL	7-10	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1283	SchL	11	B		End of prior period	Lines 7 - 10 must = line 11. If <b>SchLcompleted</b> = 0, must be blank.
1284	SchL	12	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1285	SchL	13	B		End of prior period	Line 11 less line 12 must = line 13. If <b>SchLcompleted</b> = 0, must be blank.
1286 - 1287	SchL	14-15	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1288	SchL	16	B		End of prior period	Line 6 + 13 + 14 + 15 must = line 16. If <b>SchLcompleted</b> = 0, must be blank.
1289 - 1292	SchL	17-20	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1293	SchL	21	B		End of prior period	Lines 17 - 20 must = line 21. If <b>SchLcompleted</b> = 0, must be blank.
1294 - 1296	SchL	22-24	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1297	SchL	25	B		End of prior period	Lines 21 - 24 must = line 25. If <b>SchLcompleted</b> = 0, must be blank.
1298 - 1303	SchL	26-31	B		End of prior period	May be blank. If not blank, must be whole number. If <b>SchLcompleted</b> = 0, must be blank.
1304	SchL	32	B		End of prior period	Lines 26 - 30 must = line 32. If <b>SchLcompleted</b> = 0, must be blank.
1305	SchL	33	B		End of prior period	Line 32 + 25 must = line 33. Line 33 must = line 16. If <b>SchLcompleted</b> = 0,

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1306 - 1310	SchM	5a-5e		identify	(Other) Identify	must be blank.
1311 - 1315	SchM	9a-9e		identify	(Other) Identify	If column A not blank, must not be blank.
1316 - 1320	SchM	5a-5e	A		Date	May be blank. If Other (Identify) not blank, must not be blank.
1321 - 1325	SchM	9a-9e	A		Date	May be blank. If Other (Identify) not blank, must not be blank.
1326	SchM	1	B		Amount	May be blank. If not blank, must be whole number.
1327 - 1329	SchM	2-4	B		Amount	May be blank. If not blank, must be whole number.
1330 - 1334	SchM	5a-5e	B		Amount	May be blank. If Other (Identify) not blank, must not be blank. If not blank, must be whole number.
1335 - 1337	SchM	6-8	B		Amount	May be blank. If not blank, must be whole number.
1338 - 1342	SchM	9a-9e	B		Amount	May be blank. If Other (Identify) not blank, must not be blank. If not blank, must be whole number.
1343	SchM	10	B		Amount	Line 10 must = lines 1 - 5e, less lines 6 - 9e.
1344	SchMA4			SchMA4completed	Schedule MA-4 completed?	Valid answers NA, 1 (MA-4 completed) or 0 (separate reports).
1345 - 1346	SchMA4	1-2	I		Description, statement of revenues, expenditures & changes in fund balance	May be blank. If not blank, must be whole number. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1347	SchMA4	3	I		Description, statement of revenues, expenditures & changes in fund balance	Line 1 + 2 must = line 3. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1348 - 1350	SchMA4	4-6	I		Description, statement of revenues, expenditures & changes in fund balance	May be blank. If not blank, must be whole number. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1351	SchMA4	7	I		Description, statement of revenues, expenditures & changes in fund balance	Lines 4 - 6 must = line 7. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1352	SchMA4	8	I		Description, statement of revenues, expenditures & changes in fund balance	Line 3 less line 7 must = line 8. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1353 - 1354	SchMA4	9-10	I		Description, statement of revenues, expenditures & changes in fund balance	If <b>SchMa4completed</b> = 1, must not be blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1355 - 1356	SchMA4	19-20	II	desript	Description, balance sheet at end of period	If Part II. > 0, must not be blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1357 - 1358	SchMA4	27-28	II	desript	Description, balance sheet at end of period	If Part II. > 0, must not be blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1359 - 1368	SchMA4	11-20	II		Resident personal funds, balance sheet at end of period	May be blank. If not blank, must be whole number. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1369	SchMA4	21	II		Resident personal funds, balance sheet at end of period	Lines 11 - 20 must = line 21. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1370 - 1376	SchMA4	22-28	II		Resident personal funds, balance sheet at end of period	May be blank. If not blank, must be whole number. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1377	SchMA4	29	II		Resident personal funds, balance sheet at end of period	Lines 22 - 28 must = line 29. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1378	SchMA4	30	II		Resident personal funds, balance sheet at end of period	Must = <b>SchMa410I</b> . If <b>SchMA4completed</b> = 0 or NA, must be blank.
1379	SchMA4	31	II		Resident personal funds, balance sheet at end of period	Line 29 + 30 must = line 31. Line 21 must = line 31. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1380	SchMA4	32	III		Resident personal funds, compliance questions	If <b>SchMa4completed</b> = 1, must not be blank. Valid answer 0, 1 or blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1381	SchMA4	33	III		Resident personal funds, compliance questions	If <b>SchMa4completed</b> = 1, must not be blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1382 - 1385	SchMA4	34-37	III		Resident personal funds, compliance questions	If <b>SchMA4completed</b> = 1, must not be blank. Valid answers 0, 1 or blank. If <b>SchMA4completed</b> = 0 or NA, must be blank.
1386	SchMA58	1a			MA rate exceed private pay rate	Valid answer 0 or 1.
1387	SchMA58	1b			Private pay rate	If <b>SchMA58,1a</b> = 1, must be rounded to 2 decimals. If <b>SchMA58,1a</b> = 0, must be blank.
1388	SchMA58	2a			Medicare rate	May be blank. If not blank, must be rounded to 2 decimals.
1389	SchMA58	2b			Medicare rate effective date	May be blank. If <b>MA58,2a</b> > 0, must be a valid date within 5 years of the cost report end date.

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SEQUENCE#	SCHEDULE	LINE	COLUMN	FIELDNAME	DESCRIPTION OF COST REPORT ELEMENT	VALIDATION
1390	SchMA58	2c			Audited Medicare rate	Valid answers 0, 1 or blank. If <b>MA58,2a</b> > 0, must not be blank.
1391	SchMA58	3a			Administrator's Name	Must not be blank.
1392	SchMA58	3b			Administrator's Telephone Number	Must be a 10-digit number.
1393	SchMA58	3c			Administrator's Fax Number	May be blank. If not blank, must be a 10-digit number.

# SUPPORTING DOCUMENT VALIDATIONS

(1 = YES, 0 = NO)

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ORDER	LABEL	DESCRIPTION OF DOCUMENT	TYPE
1	Trial Balance	Combining detail trial balance showing all general ledger account ending balances. It must indicate the groupings of accounts to agree to the line item totals reported on Schedules C and D.	Required
2	Organization Chart	Organization chart of supervisory personnel with names of personnel included.	Required
3	Loan Schedule	Classified loan schedule to support costs submitted on either/or Schedule C, line 35 or Schedule G, line 12. It should include the name of the lender, purpose of the loan, period of the loan, interest rate, interest expense and balance of the loan at the end of the report period.	Required if <b>SchC35C</b> <> 0 or blank or if <b>SchG12C</b> <> 0 or blank
4	Sch. C, line 31	Documentation to support an entry of other than blank or zero on Schedule C, line 31, column G. <ol style="list-style-type: none"> <li>1. Include copies of the tax notices, which identify the type of tax and taxing authority, the location and description of the property, the tax period and the tax amount.</li> <li>2. Submit proof of any and all payments (even if partial payments) to the taxing authority in the form of copies of receipted bills or cancelled checks (front and back).</li> <li>3. Reasonable payment made in lieu of real estate taxes must be supported by proof of payment. A copy of the agreement with the taxing authority must also be provided.</li> <li>4. Submit a schedule reconciling the tax notices to the amount reported on Schedule C, line 31 to include rebates and refunds of real estate taxes and amounts paid and/or unpaid to date.</li> </ol>	Required if <b>SchC31G</b> <> 0 or blank.
5	Sch. C, line 32	Schedule to support an entry of other than blank or zero on Schedule C, Line 32. Include major movable property purchased item additions including date of acquisition, description of property, number of units, description of property, unit acquisition cost and total acquisition cost. Include major movable property purchased item deletions including date of deletion, number of units, description of property, original acquisition cost, date of acquisition, American Hospital Association (AHA) Life, proceeds from sale or disposal, remaining book value, and total offset.  Include major movable property rented and leased items including term of rental or lease (to and from dates), description of property, imputed purchase price, AHA Life, annual straight-line (SL) depreciation, annual lease or rental payments and reported amount. Suggested format for supporting documentation of major movable property is located on Pennsylvania's MA-11 Cost Report Submission System website: <a href="http://pama11.com/downloads/SchCline32.xls">http://pama11.com/downloads/SchCline32.xls</a> .	Required if <b>SchC32G</b> <> 0 or blank.
6	Sch. D, line 10	Schedule to support an entry of other than blank or zero on Schedule D, Line 10, Column A or B. Indicate the source, the amount and where the related Schedule C expenses appear. Attach copies of invoices paid with the Exceptional DME Grant.	Required if <b>SchD10A</b> or <b>SchD10B</b> <> 0 or blank.
7	Sch. D, line 20	Schedule to support income greater than \$500 reported on Schedule D, line 20. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD20A</b> > 500.00.
8	Sch. D, line 21	Schedule to support income greater than \$500 reported on Schedule D, line 21. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD21A</b> > 500.00.
9	Sch. D, line 22	Schedule to support income greater than \$500 reported on Schedule D, line 22. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD22A</b> > 500.00.
10	Sch. D, line 23	Schedule to support income greater than \$500 reported on Schedule D, line 23. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD23A</b> > 500.00.
11	Sch. D, line 24	Schedule to support income greater than \$500 reported on Schedule D, line 24. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD24A</b> > 500.00.
12	Sch. D, line 25	Schedule to support income greater than \$500 reported on Schedule D, line 25. Indicate the source, the amount and where the related Schedule C expenses appear.	Required if <b>SchD25A</b> > 500.00.
13	Sch. E, line 1	Schedule to support costs reported on Schedule E, column A, line 1.	Required if <b>SchE1A</b> <> 0 or blank.
14	Sch. E, line 13	Schedule to support costs reported on Schedule E, column A, line 13.	Required if <b>SchE13A</b> <> 0 or blank.
15	Sch. E, line 14	Schedule to support costs reported on Schedule E, column A, line 14.	Required if <b>SchE14A</b> <> 0 or blank.
16	Sch E, line 16	Schedule to support expenditures in excess of Exceptional DME Grant.	If applicable.
17	PPE	Schedule of additions and deletions to property, plant and equipment to support the difference in costs submitted on Schedule L, column A, line 11 and Schedule L, column B, line 11. For additions, include item description, date acquired, cost or other depreciable basis, current annual depreciation and life and method of computing depreciation.	Required if <b>Schedule L completed?</b> = 1 and <b>SchL11A</b> not equal to <b>SchL11B</b> .
18	Sch. G, line 19	Schedule to support costs greater than \$1,000 reported on Schedule G, line 19.	Required if <b>SchG19C</b> > 1000.00.
19	Sch. I, line 4	Schedule to support response of "YES" to capital assets with an acquisition cost of \$500 or more that have been expensed in net operating costs on Schedule I, line 4.	Required if <b>SchI4</b> = 1.
20	Sch. I, line 5	Schedule to support response of "YES" to administrative cost allocated to other cost center on Schedule I, line 5. Show cost category, basis of	Required if <b>SchI5</b> = 1.

# SUPPORTING DOCUMENT VALIDATIONS

Revised 08-26-2005

(1 = YES, 0 = NO)

ORDER	LABEL	DESCRIPTION OF DOCUMENT	TYPE
		allocation and amount allocated for each line item.	
21	Sch. I, line 6	Schedule to support response of "YES" on Schedule I, line 6 when Schedule C, column H, line 30 = 0 or blank. Identify the cost category, basis of allocation and amount allocated for each line item if the allocations are not shown on Net Operating under the Residential & Other column (Columns H and J) on Schedule C.	Required if <b>SchC30H</b> = 0 or blank.
22	Sch. I, line 11	Schedule of related parties to support response of "YES" on Schedule I, line 11. Identify the name, title, function and SSN of related employe as well as number of hours worked per week, salaries/wages, fringe benefits and line of Schedule C on which this is recorded.	Required if <b>SchI11</b> = 1.
23	Sch. I, line 12	Schedule of specific details of personal expenses to support response of "NO" on Schedule I, line 12. Include amounts and the Schedule and line on which this is recorded.	Required if <b>SchI12</b> = 0.
24	Sch. I, line 13	Schedule of details of advances to officers attached to support response of "YES" on Schedule I, line 13. Identify to whom, amount and interest during the report period.	Required if <b>SchI13</b> = 1.
25	Sch. I, line 14	Schedule of details of advances from officers to support response of "YES" on Schedule I, line 14. If these details have been included on the Classified Loan Schedule, the supporting document for Schedule I, line 14 should state the location of these details.	Required if <b>SchI14</b> = 1.
26	Sch I, line 18	Listing of components of the entire entity to support response of "YES" on Schedule I, line 18. If the entity files a Medicare Home Office cost report, this report and the intermediary audit report with adjustments must be submitted with the MA-11, at audit, or when available.	Required if SchI18 = 1.
27	Sch. K, line 15, column C	Schedule of related party profit(s) reported on any additional lines greater than 14 to support an entry of other than blank or zero on Schedule K, line 15, Column C.	Required if SchK15C <> 0 or blank.
28	Sch K, line 16, column C	Schedule of related party profit(s) to support an entry of other than blank on Schedule K, line 16, Column C. See Instructions for Schedule K for an example.	Required if SchK16C <> blank.
29	Financial Statements	Facility-specific financial statements to support a response of "NO" to Schedule L Completed? Schedule F, line 11, column B less column C must equal net book value on the financial statements. If the net book value does not agree, an explanation of the discrepancy must be submitted with the financial statements.	Required if <b>Schedule L Completed?</b> = 0 and <b>SchAapprovedas</b> <> 2 or 4..
30	Sch. L, line 30	Schedule to support other R/E account transactions on Schedule L, line 30.	Required if <b>SchL30A</b> <> 0 or blank and <b>Schedule L Completed?</b> = 1 and <b>SchAapprovedas</b> <> 2 or 4.
31	Sch. M, line 6	Schedule of detailed list of assets purchased to support amount reported on Sch. M, line 6, Col. B.	Required if <b>SchM6B</b> <> 0 or blank.
32	Sch. M, line 8	Schedule of specific details of loans receivable to support amount reported on Sch. M, line 8, Col. B.	Required if <b>SchM8B</b> <> 0 or blank.
33	Sch. MA-4, Resident Personal Funds	Schedule to support a response of "NO" to Schedule MA-4 Completed? The facility must attach separate and routine resident personal funds reports completed under generally accepted accounting principles and financial statement reporting requirements.	Required if <b>Schedule MA-4 Completed?</b> = 0.
34	Sch. MA-4, line 6	Schedule to support expenditures in excess of \$500 submitted on Schedule MA-4, line 6.	Required if <b>SchMA4,6</b> > 500.00.
35	Sch. MA-4, line 18	Schedule to support assets in excess of \$1000 submitted on Schedule MA-4, line 18. If assets have been described elsewhere, the supporting document for Schedule MA-4, line 18 must state the location of this description.	Required if <b>SchMA4,18</b> > 1000.00.
36	Sch. MA-4, line 19	Schedule to support assets in excess of \$1000 submitted on Schedule MA-4, line 19. If assets have been described elsewhere, the supporting document for Schedule MA-4, line 19 must state the location of this description.	Required if <b>SchMA4,19</b> > 1000.00.
37	Sch. MA-4, line 20	Schedule to support assets in excess of \$1000 submitted on Schedule MA-4, line 20. If assets have been described elsewhere, the supporting document for Schedule MA-4, line 20 must state the location of this description.	Required if <b>SchMA4,20</b> > 1000.00.
38	Sch. MA-4, line 26	Schedule to support liabilities in excess of \$1000 submitted on Schedule MA-4, line 26. If liabilities have been described elsewhere, the supporting document for Schedule MA-4, line 26 must state the location of this description.	Required if <b>SchMA4,26</b> > 1000.00.
39	Sch. MA-4, line 27	Schedule to support liabilities in excess of \$1000 submitted on Schedule MA-4, line 27. If liabilities have been described elsewhere, the supporting document for Schedule MA-4, line 27 must state the location of this description.	Required if <b>SchMA4,27</b> > 1000.00.
40	Sch. MA-4, line 28	Schedule to support liabilities in excess of \$1000 submitted on Schedule MA-4, line 28. If liabilities have been described elsewhere, the supporting document for Schedule MA-4, line 28 must state the location of this description.	Required if <b>SchMA4,28</b> > 1000.00.
41	Sch. MA-4, line 32	Schedule to support response of "NO" submitted for Schedule MA-4, line 32.	Required if <b>Schedule MA-4 Completed?</b> = 1 and <b>SchMA4,32</b> = 0
42	Sch. MA-4, line 34	Schedule to support response of "NO" submitted for Schedule MA-4, line 34.	Required if <b>Schedule MA-4 Completed?</b> = 1 and <b>SchMA4,34</b> = 0
43	Sch. MA-4, line 35	Schedule to support response of "NO" submitted for Schedule MA-4, line 35.	Required if <b>Schedule MA-4 Completed?</b> = 1 and <b>SchMA4,35</b> = 0
44	Sch. MA-4, line 36	Schedule to support response of "NO" submitted for Schedule MA-4, line 36.	Required if <b>Schedule MA-4</b>

## SUPPORTING DOCUMENT VALIDATIONS

(1 = YES, 0 = NO)

Revised 08-26-2005

ORDER	LABEL	DESCRIPTION OF DOCUMENT	TYPE
			<b>Completed?</b> = 1 and <b>SchMA4,36</b> = 0
45	Sch. MA-4, line 37	Schedule to support response of "NO" submitted for Schedule MA-4, line 37.	Required if <b>Schedule MA-4 Completed?</b> = 1 and <b>SchMA4,37</b> = 0
46	Sch. MA-58, line 2a	Schedule to support Medicare rate submitted for Schedule MA-58, Part II, line 2a. See instructions to Schedule MA-58 for the correct format.	Required if <b>SchMA58,2a</b> <> blank or 0.
47	Independent Accountant Report	Submit an Independent Accountant Report, if applicable.	If applicable.
48	Medicare Intermediary Audit Report	Submit a Medicare Intermediary Audit Report, if applicable.	If applicable.
49	Medicare Report	Submit a Medicare Report, if applicable. If not completed at time of filing, the Medicare report must be mailed when completed.	If applicable.
50	Financial Statements	Facility-specific financial statements, if available. Schedule F, line 11, Column B less Column C must equal the net book value on the financial statements. If the net book value does not agree, an explanation of the discrepancy must be submitted with the financial statements.	Required if <b>Schedule L Completed?</b> = 0 and <b>SchAapprovedas</b> <> 2 or 4 (See Order# 27). Otherwise submit if applicable.
51	Participation Review Exception Request	Submit a copy of any approvals received under 55 Pa. Code §1187.21a (relating to nursing facility exception requests-statement of policy).	If applicable.
52	Replacement Beds	Submit a copy of any approvals received under 55 Pa. Code 1187.113a (relating to nursing facility replacement beds-statement of policy), if not previously submitted with a prior cost report.	If applicable.
53	Terminated Beds	Submit a copy of any termination notices received under 55 Pa. Code §1101.77a (relating to termination for convenience and best interest of the Department – statement of policy), if not previously submitted with a prior cost report.	If applicable.
54	Allocation Letter	Letter from the Department signifying that an allocation basis other than "actual" or preprint allocation is acceptable for Schedule C, column K.	If applicable.
55	Sch. E, Col B	Schedule to support more than one Schedule C Line Number for any Schedule E lines other than 1, 13 or 14.	If applicable.
56	Sch E, Line 16	Schedule to support expenditures in excess of the DME Grant.	If applicable.
57	Sch. J	Schedule to support any additional lines greater than 15 needed to complete the information for the facility.	If applicable.

# MANUAL REVIEW VALIDATIONS

Revised 01-27-2003

(1 = YES, 0 = NO)

REVIEW#	CERTIFICATION REPORT AREA	DESCRIPTION OF CERTIFICATION REPORT ELEMENT	VALIDATION
1	Required Supporting Documents and Additional Supporting Documents	Is the supplemental information labeled as indicated on the Certification Report?	Must = 1.
2	Administrator Signature	Are there 2 copies with original signatures of the Certification Report?	Must = 1.
3	Administrator Signature	Is the administrator's signature date present?	Must = 1.
4	Administrator Signature	Is the administrator's telephone number present?	Must = 1.
5	Preparer Signature	Is the preparer's signature present?	If <b>CERTprepsign</b> not blank, must = 1.
6	Preparer Signature	Is the preparer's signature date present?	If <b>CERTprepsign</b> not blank, must = 1.
7	Private Pay Rate Signature	Is the administrator's signature present?	If <b>MA58,1a</b> = 0, must = 1.
8	Private Pay Rate Signature	Is the administrator's signature date present?	If <b>MA58,1a</b> = 0, must = 1.
9	Medicare Rate Signature	Is the administrator's signature present?	If <b>MA58,2a</b> > 0, must = 1.
10	Medicare Rate Signature	Is the administrator's signature date present?	If <b>MA58,2a</b> > 0, must = 1.

# SECTION 7 ALTERNATIVE STANDARD FILE METHODS

Glossary Terms Used In This Section: Cost Report Standard File, Department, Download, Excel Spreadsheet Template, MA-11 Cost Report Submission System, Numbered Cost Report, Rejected File, Sequence Number, Spreadsheet File, Text File, Validation. Definitions for these terms are found in Section 9.

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## INTRODUCTION

*Alternate standard file methods are only recommended for cost report preparers who complete numerous cost reports for each cost reporting period.*

The cost report standard file may be incorporated into a provider's, accountant's or software vendor's existing MA-11 software or spreadsheet program in order to avoid duplicate data entry into the Excel spreadsheet template. This section provides suggestions on how this may be accomplished. However, since the process of incorporating the standard file into existing programs could conceivably take many hours, it would only be cost effective to attempt this task if the cost report preparer completes numerous cost reports for each reporting period. Otherwise, the process of data entering completed cost report information directly into the Excel spreadsheet template is recommended, rather than this alternative method. Direct data entry into the Excel spreadsheet template should take less than two hours. The process of incorporating the standard file into existing programs could take 20 or more hours, in addition to the time spent to test for accuracy.

The alternate data file may be created in one of two standardized file types: a spreadsheet format or a text format. This section describes both types of files for those who wish to incorporate the creation of the standard file within their existing MA-11 software, along with suggestions on how to proceed with this endeavor. These are only suggestions: Myers and Stauffer or the Department does not guarantee the results since the MA-11 programs used by providers and their cost report preparers are outside of their areas of responsibility.

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## SPREADSHEET FILE

For the spreadsheet format option, an Excel spreadsheet template is provided by the Department and may be used as a pattern. Refer to Appendix B for instructions on how to download this template. The template may be linked to an existing MA-11 workbook, whether as a separate file or as a separate worksheet within the existing MA-11 workbook. The links would most likely be developed by beginning in Column A, Row 2 of the spreadsheet template (sequence number 1), Login ID. Create a formula in this cell that "points" to the correct cell of the existing MA-11

workbook. Create a formula for each of the remaining rows of the spreadsheet template. Leave row 1 as "DATA V4.0."

After the links for each row are completed, the formulas must be converted to values prior to saving the template and submitting the file to the MA-11 Cost Report Submission System. This could be accomplished manually or through the use of a macro or program. Extra care must be taken to maintain the correct required format for each cell in the submission file. The correct format requirements may be found in the Excel spreadsheet template or in the Standard File Validation descriptions. The standard file may be saved as either an Excel or Lotus file. If Lotus is used, save as a .wk4 or lower version (.123 cannot be used at this time).

Only Row A of the standard file must be submitted to the MA-11 Cost Report Submission System. However, the submission of additional columns, rows or worksheets will not lead to a rejected file, but the additional information will be ignored by the system. If a provider is submitting a workbook to the MA-11 Cost Report Submission System, the standard file described above must be placed as the first worksheet in the workbook. Submitting the entire workbook, rather than just the standard file, results in a longer wait for the user while submitting due to the size of the workbook compared to the size of the standard file worksheet, only.

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## TEXT FILE

The text file option was created for use by software vendors whose MA-11 program can be modified to create a text file from the tables used by the MA-11 program to store cost report data. For the text file option, create a table with one field. The size for the field should be 100 characters (the greatest maximum field size in the standard spreadsheet template). Record 1 should contain "DATA V4.0." Following the sequence of data in the Excel spreadsheet template or the numbered cost report file in Appendix D, append each data item as a subsequent record in text format. For example, record 2 would be sequence number 1, Facility ID. Record 3 would be sequence number 2, Test (T or F), and so forth. If a data item is blank, append a blank record as a placeholder. When completed, the table should contain only 1,393 records, the number of records to create a text file for one provider's cost report. Copy the table to an ASCII text file with the extension as .txt. Each record should be terminated with a carriage return and line feed characters. Blank records should contain only the carriage return and line feed.

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## FILE NAMING CONVENTION

Once the alternative standard cost report file has been created for a certain reporting year, the file may be named in any convention created by the user or the software creating the file. The file will be renamed by the submission system.

# SECTION 8 HELPDESK

Glossary Terms Used In This Section: Certification Report, Cost Report Standard File, Department, Download, Excel Spreadsheet Template, Internet, Internet Explorer, MA, MA-11 Cost Report Submission System, Modem, NIS, Numbered Cost Report, Validation. Definitions for these terms are found in Section 9.

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## MYERS AND STAUFFER HELPDESK

Myers and Stauffer is a Department consultant, contracted to administer the MA-11 Cost Report Submission System, the NIS, calculate MA Case-Mix Reimbursement rates and provide technical support for the submission of records to the CMS MDS 2.0 Data Collection System. The Myers and Stauffer Helpdesk is available for questions from providers and cost report preparers concerning the submission of the cost report standard file and interpretation of the validation reports.

*When contacting the helpdesk, please indicate that you have a question concerning the MA-11 cost report.*

- The phone number for the helpdesk is 717-541-5809. If the staff is unable to answer your call directly due to heavy call volume or during non-business hours, leave a voice mail message with your name, the facility name or organization name and the phone number. It is also important to indicate that the question concerns the MA-11 cost report since the helpdesk staff also support MDS submissions.
- The amount of space in the voice mail account is limited, so we ask that callers only leave the minimum amount of information necessary to identify the caller, the facility, the telephone number with area code and extension and "MA-11 question." This will allow as many callers as possible to leave messages before the voice mail account is full and will not accept any more messages.
- The voice mail account will be checked by the helpdesk frequently during business hours to avoid having the account become full. However, during non-business hours when the account is not being checked, it may become full and no longer accept any messages. If you are unable to leave a voice mail message because the account is full, you may choose to fax your question as described below. Messages that are left in the voice mail account will be answered in the order that they are received.
- The FAX number for the helpdesk is 717-541-5802. Please be as descriptive as possible so that the helpdesk representative may research your question prior to calling you. When faxing a question, please include your name and the provider name and MA number, if applicable. The help desk will contact you as soon as possible; please do not fax the same message multiple times.

- The hours and days of operation for the helpdesk are Monday through Friday from 8:30 a.m. to 4:30 p.m.
- Periodically, the helpdesk posts bulletins on the MA-11 Cost Report Submission System. These bulletins may be accessed by selecting the Bulletins link on the Welcome page.

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## HELPDESK ASSISTANCE

The following types of problems will be supported by the Myers and Stauffer Helpdesk.

- Accessing the MA-11 Cost Report Submission System and navigating the site.
- Assistance in completing the Excel spreadsheet template using the numbered cost report.
- Assistance in interpreting validation reports and Certification Reports.
- Identifying steps to be taken to complete necessary corrections in the cost report standard file.
- Assistance in accessing, saving or opening the files available using the Downloads and Accepted Cost Report links.

Every effort will be made to answer the caller's question promptly. If the helpdesk representative is unable to answer the caller's question, the helpdesk representative will take the caller's name and phone number and research the question. The caller will be contacted when a response is determined.

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## PROBLEMS NOT SUPPORTED

Some problem areas will not be supported by the Myers and Stauffer Helpdesk because they are the responsibility of other entities or are outside of the cost report standard file submission arena.

- Questions regarding programs that have been developed internally by the provider or purchased for use to complete the MA-11. This includes running the program, creating the cost report standard file, transmitting the files and any errors within the program. Technical support must be provided to the facility by the vendor.
- Support for installation of hardware devices (modems, printer, etc.).
- Support for Netscape or Internet Explorer, other than what has been detailed in this manual.
- Questions regarding interpretation of the MA-11 instructions or reporting requirements. These questions should be directed to the Department at 717-787-1171.

# SECTION 9 GLOSSARY

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## COMMON TERMS AND ABBREVIATIONS

This manual section provides definitions of terms and abbreviations used in this manual.

**1187 Regulation** – Medical Assistance Regulation, Chapter 1187 – Nursing Facility Services; Case-Mix Reimbursement System. A specific provider regulation for nursing facility reimbursement. This regulation may be found in the Nursing Facility Services Handbook. Also referred to as 55 Pa.Code §1187.

**Additional Supporting Documents** – Exhibits, schedules, forms and explanations that are required to be mailed to the Department, if applicable to the cost report, in order for the cost report to be accepted. Some of these documents are listed on the Certification Report; others may be listed on the blank lines of the Certification Report and mailed to the Department.

**Assigned File Name** – The file name assigned to the cost report standard file by the MA-11 Cost Report Submission System. Each cost report standard file submitted is assigned a unique file name which is the Facility ID followed by the Date and the Time to the nearest second.

**Bookmark** – A feature of a web browser that allows the user to save the address (URL) of a web page so that the page can easily be revisited at a later date.

**Browser** – *see* web browser

**Certification Report** – A report that is placed in the provider's directory on the MA-11 Cost Report Submission System after the status of Submission Received/Valid has been achieved. This report must be printed, completed and mailed to the Department.

**Certification Report Package** – A bundle of documents mailed to the Department that contains two copies of the Certification Report with original signatures and one copy of supporting documents. The documents in this package support the data submitted in the cost report standard file.

**Contractor** – An entity working under contractual agreement with the Department to provide requested services, e.g., Myers and Stauffer LC is the contractor that developed and manages the MA-11 Cost Report Submission System, the NIS and the MA case-mix reimbursement calculations.

**Cost Report Standard File** – A standard file format to be used when submitting cost report data to the MA-11 Cost Report Submission System. The cost report standard file format is best described as a column of data with each row or record

containing the response to each question or data item on the MA-11 cost report schedules.

**Department** – *see* Department of Public Welfare

**Department of Public Welfare (Department)** – The Department of Public Welfare is the Commonwealth agency designated as the single state agency responsible for the administration of the Commonwealth's Medical Assistance Program (§1187.2).

**Dial Up Connection** – The ability to connect directly to the MA-11 Cost Report Submission System via a modem and phone line without having an Internet Service Provider.

**Dialer** – A component in Windows that allows you to connect your computer to the MA-11 Cost Report Submission System via a modem.

**Direct Dial-Up** – *see* Dial Up Connection

**Download** – To copy data (usually an entire file) from a main source to a peripheral device. The term is used in this manual to describe the process of copying a file from the MA-11 Cost Report Submission System to one's own computer.

**Excel Spreadsheet Template** – An Excel file that has been set up in the standard file format and is available for download into either Excel or Lotus. The facility enters the cost report information directly into this template and submits the file. Many cost report preparers have incorporated this template into their existing programs, negating the need to re-data enter information into the template.

**Excel Template** – *see* Excel Spreadsheet Template

**Final Validation Report** – A report generated by the MA-11 Cost Report Submission System to display the results of the validations of the file structure and data content of the cost report standard file. These validations are based on the Standard File Validations.

**Guest** – A term used in this manual to indicate a Login ID that may be used by the general public to access certain areas or pages of the MA-11 Cost Report Submission System.

**Initial Feedback Report** – A report indicating that the MA-11 Cost Report Submission System has received the cost report standard file.

**Internet** – A global network connecting World Wide Web sites. There are a variety of ways to access the Internet. Most online services, such as America Online, offer access to some Internet services. It is also possible to gain access through a commercial Internet Service Provider (ISP).

**Internet Explorer** – Microsoft's web browser that enables the user to view World Wide Web sites.

**Internet Service Provider** – A company that provides access to the Internet. For a monthly fee, the service provider gives you a software package, Login ID, password and access phone number. Equipped with a modem, you can then log on to the Internet and browse the World Wide Web.

**Intranet** – A network based on an Internet belonging to an organization, usually a corporation, accessible only by the others with authorization. An Intranet's web sites look and act just like any other web sites, but the firewall surrounding an Intranet fends off unauthorized access.

**Invalid File** – *see* Invalid Cost Report Standard File

**Invalid Cost Report Standard File** – A cost report standard file submitted to the MA-11 Cost Report Submission System that has not passed one or more Standard

File Validations set forth in the MA-11 Acceptability Validations document. The status on the Final Validation Report is Submission Received/Invalid.

**ISP** – *see* Internet Service Provider

**Login ID** – A number assigned by the Department and provided to each facility on the Password and Connectivity document mailed to the NF administrator. This number is necessary to gain entry into the MA-11 Cost Report Submission System in order to submit the cost report standard file. The same number is also the Login ID.

**MA** – *see* Medical Assistance

**MA-11 Cost Report Submission System** – A web site developed by Myers and Stauffer under contract with the Department. This web site performs edits on the submitted data, provides feedback on the results of the validations process and acts as a repository for facility cost report data submitted by the facility or their cost report preparer.

**Manual Review Validations** – A set of edits that have been designated by the Department to aid in obtaining completeness and accuracy of the Certification Report and its signature areas prior to acceptance of the cost report.

**Medical Assistance (MA)** – Medical Assistance is a Federal and State program that pays for specific kinds of medical care and treatment for low income families. Any payment made to a provider for services rendered is subject to the provisions of Title XIX of the Social Security Act and the Pennsylvania Public Welfare Code, 55 PA Code. ([Nursing Facility Services Handbook](#) p. I-1)

**Modem** – An acronym for modulator-demodulator. A modem is a device or program that enables a computer to transmit data over telephone lines. Computer information is stored digitally, whereas information transmitted over telephone lines is transmitted in the form of analog waves. A modem converts between these two forms.

**Netscape Navigator** – Netscape communication's web browser that enables the user to view World Wide Web sites.

**NF** – *see* Nursing Facility

**NIS** – *see* Nursing (Facility) Information System.

**Numbered Cost Report** – A paper MA-11 cost report that has been overlaid with sequential numbers used to guide the placement of data in the cost report standard file.

**Nursing Facility (NF)** – A general nursing facility, hospital-based or county nursing facility, which is licensed by the Department of Health and enrolled in the MA Program (§1187.2).

**Nursing (Facility) Information System (NIS)** – The comprehensive automated database of nursing facility, resident and fiscal information needed to operate the Pennsylvania Case-Mix Payment System (§1187.2). The NIS stores accepted cost report data.

**Nursing Facility Services Handbook** – A handbook issued by the Department's Medical Assistance Program for providers of NF Services containing all information necessary to participate in the Pennsylvania MA Program.

**Password and Connectivity Document** – A document mailed to each new facility containing information needed to submit data to the MA-11 Cost Report Submission System. The document is sent by certified mail to the NF administrator and must be forwarded to the cost report preparer if the preparer is responsible for the submission of the cost report standard file.

**PC** – Personal Computer

**Provider Number** – The eight-digit number assigned to the nursing facility by the Department. It can be found in the Provider Notice received shortly after enrolling in the Medical Assistance Program.

**Public Use Area** – In this manual, the public use area refers to the pages of the MA-11 Cost Report Submission System that may be viewed by the general public without a facility-specific Login ID and password.

**Rejected Cost Report Standard File** – A cost report standard file that is identified as REJECTED on the Final Validation Report. The status on the Final Validation Report is Submission Received/Invalid and the Error(s) listed will clearly state REJECTED. In general, a cost report standard file is rejected if the MA-11 Cost Report Submission System determines that the cost report standard file is not recognizable as a spreadsheet or text file, if it cannot be determined for whom the cost report standard file is being submitted, if the Test field is not completed with “T” or “F”, if the Facility ID in the cost report standard file does not match the log in ID, if the cost reporting periods are not correct or a valid cost report standard file has already been received for the cost reporting period.

**Rejected File** – *see* Rejected Cost Report Standard File

**Required Supporting Document** – Exhibits, schedules, forms and explanations that are required to be mailed to the Department in order for the cost report to be accepted. These documents are listed on the Certification Report and are based on the data within the cost report standard file.

**Sequence Number** – A number used to identify each area of the paper MA-11 cost report that is to be submitted in the cost report standard file. The sequence number also identifies the order in which the data appears in the standard file.

**Spreadsheet File** – In this manual, a term used to designate the format of the cost report standard file. The file may be created in either Excel or Lotus.

**Standard File Validations** – A set of edits that have been designated by the Department to aid in obtaining completeness and accuracy of the data within the cost report standard file prior to generating a Certification Report.

**Submission ID** – A unique identification number for a submission assigned by the MA-11 Cost Report Submission System. This is a statewide sequential number tracking the number and order of cost report standard files that are submitted to the system.

**Supporting Document Validations** – A set of edits that have been designated by the Department to aid in obtaining all the Required and Additional Supporting Documents listed on the Certification Report prior to acceptance of the cost report.

**Test Cost Report Standard File** – A cost report standard file that does not contain 'F' in sequence number 2, Certification Schedule row 1b. Data submitted in this manner does not result in a filed cost report and is not stored in any database.

**Text File** – In this manual, a term used to designate an alternative format for the cost report standard file. The file is created using each sequentially-numbered cost report item as a separate record within the file.

**Title XIX** – Designation for the federal Medicaid regulations.

**Uniform Resource Locator (URL)** – The global address of documents and other resources on the World Wide Web. The first part of the address indicates what protocol to use, and the second part specifies the IP address or the domain name where the resource is located.

**URL** – *see* Uniform Resource Locator

**User Name** – *see* login ID

**Valid File** – *see* Valid Cost Report Standard File

**Valid Cost Report Standard File** – A cost report standard file submitted to the MA-11 Cost Report Submission System that has passed all Standard File Validations set forth in the MA-11 Acceptability Validations document. The status on the Final Validation Report is Submission Received/Valid. The system then produces a Certification Report for download by the provider, which delineates additional supporting documents required to be mailed with two copies of the signed Certification Report to the Department.

**Validation** – An analysis of the MA-11 performed at three levels; the Standard File, Supporting Documents and Manual Review. These validations are created by the Department in order to provide consistency, completeness and greater accuracy in reporting. All validations must be passed prior to acceptance of the cost report.

**Web Browser (browser)**– A software application used to locate and display web sites. The two most popular browsers are Netscape Navigator and Microsoft Internet Explorer.

**Web Page** – A World Wide Web document.

**Web Site** – A site (location) on the World Wide Web. Each web site contains a home page, which is the first document users see when they enter the site. The site might also contain additional documents and files. Each site is owned and managed by an individual, company or organization. The MA-11 Cost Report Submission System web site was developed by Myers and Stauffer under contract with the Department.

**World Wide Web** – A vast series of documents called web pages or web documents that are linked together over the Internet. This means you can jump from one document to another simply by clicking on hot spots. Not all Internet servers are part of the World Wide Web. There are several applications called web browsers that make it easy to access the World Wide Web. Two of the most popular being Netscape Navigator and Microsoft's Internet Explorer.

# APPENDIX A NETSCAPE INSTALLATION

Glossary Terms Used In This Section: Bookmark, Browser, Cost Report Standard File, Department, Dialer, Download, Internet, Internet Explorer, Internet Service Provider, Intranet, Login ID, MA-11 Cost Report Submission System, Modem, Nursing Facility, PC, URL, , Web Site. Definitions for these terms are found in Section 9.

*Internet Explorer can be used in place of Netscape when submitting cost report standard files. However, instructions for Internet Explorer are not provided with this manual.*

Given the number of nursing facility users and potential variations of systems (e.g., stand-alone, networked, those with Internet connections, those with Netscape, those with Internet Explorer), this version of the end user's manual will include only very basic instructions for setting up Netscape. For further instructions, please refer to the Installation and Setup Guide for Netscape.

We encourage you to work with your software vendors (for Netscape, Windows and the MA-11 software) and any system or network administrators who support your facility to achieve the required configuration for the MA-11 Cost Report Submission System.

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## WINDOWS 3.X SET UP INSTRUCTIONS FOR NETSCAPE

Note: These instructions should be used if you do not have Netscape already installed on your PC, you do not have Internet access and you plan to use the Intranet dial-up method to connect. These instructions are based on having your modem physically installed.

1. Logon to your PC and access Windows.
2. Insert the CD for Netscape Communicator Internet Access Edition.
3. Within Windows, select File-Run.
4. Enter D:\setup.exe and select **OK**. If D:\ is not the correct letter identifying your CD-ROM drive, please substitute the correct letter.
5. When the Netscape Communicator opening window appears, click on the icon next to the **Netscape Communicator**.
6. When the Netscape Communicator Internet Access Edition Setup window appears, select the **Next** button.
7. After reviewing the software license agreement, select **Yes**.
8. The Setup Type window will display the default setting for a **TYPICAL** setup and the default destination directory of C:\Netscape\comm. You may leave those default settings and select the

**Next** button. It is not necessary to install the bonus plug-ins for MA-11 Cost Report Submission System purposes.

9. If the C:\Netscape\comm directory does not exist, you will be prompted to see if you want it to be created. Select the **Yes** button.
  10. An information window is displayed regarding Video for Windows. That is not required for MA-11 Cost Report Submission System purposes. Select the **OK** button.
  11. A window will display asking you to identify a name for the program group. Netscape Communicator is the default name. Select the **Next** button to accept the default name for the folder.
  12. A Start Copying Files window will appear showing the settings you have chosen. Select the **Install** button.
  13. A setup window will appear showing the progress of the installation. Then it will flash the Netscape Communicator folder on the screen and go directly to the setup window showing the progress of the ShivaRemote setup. These may take several minutes depending on the size of your PC and the speed of your CD-ROM drive. When this is complete a message box will appear asking if you want to set up the modem(s) now. Select the **Yes** button.
  14. A question box will appear asking "Do you want to set up the modem(s) now?" Select **Yes**.
  15. The modem setup window will appear. There is a check box next to an option that states, **Don't detect my modem, let me specify it**. If you leave that check box blank, the system can look for your modem and specify it for you. Select the **Next** button.
  16. The next modem setup window will display the name of the modem detected. The name will be as uniquely identified as possible. If more than one name is provided, select the name which most accurately identifies your modem. If necessary, you may select the **Change** button and choose from the list provided to more accurately identify your modem.
  17. Select the **Next** button.
  18. The final window for modem setup will appear. You may select the **Back** button to go back and change any previous settings. Select the **Finish** button if you are satisfied with the settings you selected.
  19. A message box will appear asking if you want to view the readme.txt. You may select **No** to bypass this.
  20. An information message box appears stating setup is complete. Select the **OK** button.
  21. A message box appears asking if you want to restart Windows. You must restart Windows before you can use the Netscape Communicator. The option, **Yes, I want to restart my computer now**, is the default. Select the **OK** button.
- Note: The Netscape installation has now been completed. The remaining instructions will set up an account for Intranet dial-up access to the MA-11 Cost Report Submission System.
22. After logging back into your computer and accessing Windows, double click on the **Netscape Communicator** program group.

23. Double click on the **Netscape Communicator** icon.
24. The Netscape Account Setup window will open. Select the icon next to **Start Account Setup**. It takes a few minutes for the entire window to be displayed.
25. A series of six information windows will appear in succession. Select the **Next** arrow at the bottom of the window after reading the information.
26. After the information windows, an Account Setup window will be displayed. Select the icon next to the option, **I already have an Internet account. I want to set up communicator to access my account**.
27. An Internet Service Provider window will appear. Use the scroll bar on the right side of the list to scroll to the bottom. Select **None of the above**.
28. Select the **Next** arrow at the bottom of the window.
29. An information window will appear telling you what you will need to know to fill in the options on the following window. Select the **Next** arrow at the bottom of the window.
30. A window will appear asking for information about you. **Enter your first and last name**. Organization is optional.
31. Select the **Next** arrow at the bottom of the window.
32. A window will appear asking for the account access phone number. Enter the phone number provided by the Department (717-541-5806).
33. Select the **Next** arrow at the bottom of the window.
34. A window will appear asking for your account login and password. This information has been provided to you by the Department. **Enter your login name and password**. You must enter the password in both password locations.
35. Select the **Next** arrow at the bottom of the window.
36. A window will appear asking for your E-mail login and password. This is not needed for MA-11 Cost Report Submission System purposes.
37. Select the **Next** arrow at the bottom of the window.
38. A window will appear asking for your provider's mail and news servers. This is not needed for MA-11 Cost Report Submission System purposes. You may leave this information blank. The information entered on the previous window will be displayed. You may leave that information or delete it and leave those entries blank.
39. Select the **Next** arrow at the bottom of the window.
40. A window will appear asking for your provider's domain and DNS servers. This is not needed for MA-11 Cost Report Submission System purposes. You may leave this information blank.
41. Select the **Next** arrow at the bottom of the window.
42. A window will appear showing the current modem selected. This should be the modem you selected earlier in these instructions.
43. Select the **Next** arrow at the bottom of the window.

44. A window will appear asking for dialing settings for call waiting and access to an outside line. The default for call waiting is the line doesn't have call waiting. If a number(s) must be dialed to access an outside line, enter that number(s). Select the appropriate radio button next to tone or pulse (the default is tone).
45. Select the **Next** arrow at the bottom of the window.
46. A window will appear asking for your phone number. You must enter your correct area code so the system will know if you are dialing long distance.
47. Select the **Next** arrow at the bottom of the window.
48. A window will appear stating you are done with the setup. You may select the **Connect Now** icon at the bottom of the window to see if you can connect to the MA-11 Cost Report Submission System now or select the **Done** icon in the lower right corner of the window to try connecting later. An icon is created in the Netscape Communicator folder with the login ID used. You may double click that icon, then select the **Connect** button whenever you want to connect to the MA-11 Cost Report Submission System.
49. Refer to Section 5 for information on submitting cost report standard files.

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## WINDOWS 95 SET UP INSTRUCTIONS FOR NETSCAPE

Note: These instructions should be used if you do not have Netscape already installed on your PC, you do not have Internet access and you plan to use the Intranet dial-up method to connect. These instructions are based on having your modem physically installed and the modem driver installed.

1. Logon to your PC and access Windows.
2. Insert the CD for Netscape Communicator Internet Access Edition.
3. Within Windows, select Start-Run.
4. Enter D:\setup.exe and select **OK**. If D:\ is not the correct letter identifying your CD-ROM drive, please substitute the correct letter.
5. When the Netscape Communicator opening window appears, click on the icon next to the **Netscape Communicator**. It is not necessary to install the bonus plug-ins for MA-11 Cost Report Submission System purposes.
6. When the Netscape Communicator Internet Access Edition Setup window appears, select the **Next** button.
7. After reviewing the software license agreement, select **Yes**.
8. The Setup Type window will display the default setting for a **TYPICAL** setup and the default destination directory of C:\Program Files\Netscape\Communicator. You may leave those default settings and select the **Next** button.
9. If the C:\Program Files\Netscape\Communicator directory does not exist, you will be prompted to see if you want it to be created. Select the **Yes** button.

10. A window will display asking you to identify a name for the program group. Netscape Communicator is the default name. Select the **Next** button to accept the default name for the folder.
11. A Start Copying Files window will appear showing the settings you have chosen. Select the **Install** button.
12. A setup window will appear showing the progress of the installation. This may take several minutes depending on the size of your PC and the speed of your CD-ROM drive. You may need your Windows 95 CD for this step.
13. A message box will appear asking if you want to view the readme.txt. You may select **No** to bypass this.
14. An information message box appears stating setup is complete. Select the **OK** button.
15. A message box appears asking if you want to restart Windows. You must restart Windows before you can use the Netscape Communicator. The option, **Yes, I want to restart my computer now**, is the default. Select the **OK** button.

Note: The Netscape installation has now been completed. The remaining instructions will set up an account for Intranet dial-up access to the MA-11 Cost Report Submission System.

16. After logging back into your computer and accessing Windows, select Start-Programs -Netscape Communicator-Netscape Account Setup.
17. You may receive a window indicating Netscape can no longer be launched from a shortcut and asks if you want to use Netscape as your default browser. You may select **Yes** or **No**.
18. The Netscape Account Setup window will appear. Select the icon next to **Start Account Setup**. It takes a few minutes for the entire window to be displayed.
19. A series of six information windows will appear in succession. Select the single **Next** arrow at the bottom of each window after reading the information.
20. After the information windows, an Account Setup window will be displayed. Select the icon next to the option, **I already have an Internet account. I want to set up communicator to access my account**.
21. An Internet Service Provider window will appear. Use the scroll bar on the right side of the list to scroll to the bottom. Select **None of the above**.
22. Select the **Next** arrow at the bottom of the window.
23. An information window will appear telling you what you will need to know to fill in the options on the following window. Select the **Next** arrow at the bottom of the window.
24. A window will appear asking for information about you. Enter your first and last name. Organization is optional.
25. Select the **Next** arrow at the bottom of the window.
26. A window will appear asking for the account access phone number. Enter the phone number provided by the Department (717-541-5806).

27. Select the **Next** arrow at the bottom of the window.
28. A window will appear asking for your account login and password. This information has been provided to you by the Department. You must enter the password in both password locations.
29. Select the **Next** arrow at the bottom of the window.
30. A window will appear asking for your e-mail login and password. This is not needed for MA-11 Cost Report Submission System purposes.
31. Select the **Next** arrow at the bottom of the window.
32. A window will appear asking for your provider's mail and news servers. This is not needed for MA-11 Cost Report Submission System purposes. You may leave this information blank. The information entered on the previous window will be displayed. You may leave that information or delete it and leave those entries blank.
33. Select the **Next** arrow at the bottom of the window.
34. A window will appear asking for your provider's domain and DNS servers. This is not needed for MA-11 Cost Report Submission System purposes. You may leave this information blank.
35. Select the **Next** arrow at the bottom of the window.
36. A window will appear showing the current modem selected. If your modem was set up properly, it should show up in the list box.
37. When you have selected your modem from the list, select the **Next** arrow at the bottom of the window.
38. A window will appear asking for dialing settings for call waiting and access to an outside line. The default for call waiting is the line doesn't have call waiting. If a number(s) must be dialed to access an outside line, enter that number(s). Select the appropriate radio button next to tone or pulse (the default is tone).
39. Select the **Next** arrow at the bottom of the window.
40. A window will appear asking for your phone number. You must enter your correct area code so the system will know if you are dialing long distance.
41. Select the **Next** arrow at the bottom of the window.
42. A window will appear stating you are done with the setup. You may select the **Connect Now** icon at the bottom of the window to see if you can connect to the MA-11 Cost Report Submission System now or select the **Done** icon in the lower right corner of the window to try connecting later. A shortcut is created on your desktop with the login ID used. You may double click that shortcut, then select the **Connect** button whenever you want to connect to the MA-11 Cost Report Submission System.
43. Refer to Section 5 for information on submitting cost report standard files.

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# INSTRUCTIONS FOR FREE VERSION SET UP

## PART I – Dial Up Networking

Note: These instructions should be used if you do not have Netscape already installed on your PC, you do not have Internet access and you plan to use the Intranet dial-up method to connect. These instructions are based on having your modem physically installed and the modem driver installed.

1. Select Start -Programs -Accessories and look for Dial Up Networking in your Accessories list. If you downloaded Netscape from the Internet to this workstation, Dial Up Networking should appear in this list. If it does appear, you can proceed to the Part II of these instructions.
2. Select Start-Settings-Control Panel.
3. Double click on the **Add/Remove Programs** icon.
4. Select the **Windows Setup** tab or button.
5. Select **Communications** from the Components list. (A check will appear in the box next to Communications.)
6. Select **OK**.
7. You may get a box stating you will need computer and workgroup names. Select **OK**. Then enter any name you desire for the workgroup name (i.e., Cost Report) and select **Close**. You may need your Windows 95 Setup CD.
8. A copying files message box will appear showing the progress of this setup. When you see the message box that Dial Up Networking Setup is complete and your system settings are reconfigured, select **OK**. You must restart Windows for Dial Up Networking settings to take effect.

## PART II – TCP/IP

If TCP/IP appears in the list of network components installed you may proceed to Part III of these instructions.

1. Select Start -Settings-Control Panel.
2. Double click on the **Network** icon.
3. Under the Configuration tab, select the **Add** button.
4. Highlight **Protocol** from the display list and select the **Add** button.
5. Select **Microsoft** from the list of manufacturers and then select **TCP/IP** from the list of network protocols. You may need your Windows 95 Setup CD.
6. Select the **OK** button on the Select Network Protocol window and again on the Network window. You will need to restart windows for the TCP/IP settings to take effect.

## PART III – Netscape Setup

Install from a CD or download from the Internet and take all defaults. See the web site [www.netscape.com/download](http://www.netscape.com/download) for instructions on how to obtain the free program.

## PART IV – Account Setup

1. Select Start -Programs -Accessories -Dial Up Networking. If you do not have Internet access, you will get a window called Make New Connection. If you do have Internet access, double click on the **Make New Connection** icon.
2. Select the **Next** button.
3. You may enter a name for the computer you are dialing (i.e., Cost Report).
4. Select your modem from the drop down list.
5. Select the **Next** button.
6. Enter the area code and telephone number provided to you by the Department (717-541-5806).
7. Select the **Next** button.
8. A message box will appear stating the connection has been successfully created.
9. Select **Finish**. You may double click on the new icon you created to connect to the MA-11 Cost Report Submission System at this time or you may close the Dial Up Networking windows and connect at another time.
10. Right mouse click on the new dialer you created and select **Properties**.
11. Select the **Server Types** tab or button.
12. For MA-11 Cost Report Submission System purposes, only the Logon to network and TCP/IP options should be checked. If any other options are checked, click on the box next to the option to remove the checkmark.
13. Select **OK**.

#### **PART V – Connecting to the MA-11 Cost Report Submission System**

Note: The first time into Netscape, you should select the **Dial Properties** button and enter the area code you are dialing from and any number or code required to access an outside line. Then select the **OK** button.

1. Select Start -Programs -Accessories -Dial Up Networking.
2. Double click on the **Dialer** icon you created (i.e., Cost Report).
3. Enter the Login ID and password.
4. Select the **Connect** button. On newer versions of Windows 95, the Dialup icon will display in the lower right corner of the screen while you are connected. Refer to Section 5 for information on submitting cost report standard files.

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## **INSTRUCTIONS FOR ACCOUNT SETUP ONLY**

#### **PART I – Account Setup**

Note: These instructions should be used if you already have Netscape installed on your PC. It does not matter whether or not you have Internet access. Follow these instructions if you plan to use the Intranet dial-up method to connect. These instructions are based on having your modem physically installed and the modem driver installed.

1. Select Start -Programs -Accessories -Dial Up Networking. If you do not have Internet access, you will get a window called Make New Connection. If you do have Internet access, double click on the **Make New Connection** icon.
2. Select the **Next** button.
3. You may enter a name for the computer you are dialing (i.e., Cost Report).
4. Select your modem from the drop down list.
5. Select the **Next** button.
6. Enter the area code and telephone number provided to you by the Department (717-541-5806).
7. Select the **Next** button.
8. A message box will appear stating the connection has been successfully created.
9. Select **Finish**. You may double click on the new icon you created to connect to the MA-11 Cost Report Submission System at this time or you may close the Dial Up Networking windows and connect at another time.
10. Right mouse click on the new dialer you created and select **Properties**.
11. Select the **Server Types** tab or button.
12. For MA-11 Cost Report Submission System purposes, only the Logon to network and TCP/IP options should be checked. If any other options are checked, click on the box next to the option to remove the checkmark.
13. Select **OK**.

#### **PART II – Connecting to the MA-11 Cost Report Submission System**

Note: The first time into the dialer, you should select the **Dial Properties** button and enter the area code you are dialing from and any number or code required to access an outside line. Then select the **OK** button.

1. Select Start -Programs -Accessories -Dial Up Networking.
2. Double click on the **Dialer** icon you created (i.e., Cost Report).
3. Enter the Login ID and password.
4. Select the **Connect** button. On newer versions of Windows 95, the Dialup icon will display in the lower right corner of the screen while you are connected. Refer to Section 5 for information on submitting cost report standard files.

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## **NETSCAPE PERSONAL EDITION OPTIONAL SETUP**

You may set Netscape Personal Edition to automatically display the Cost Report Welcome Page as the first screen to appear when you access Netscape and eliminate the need to enter the URL each time you access Netscape. To do so:

1. Access Netscape.
2. Move the cursor to the Options pull down menu.

3. Select General Preferences.
4. Click on the file tab for Appearance, if necessary.
5. In the area labeled Startup, ensure the Netscape Browser has an "x" in the box beside it.
6. In the field next to Browser Start With, click the **Home Page Location** button and enter the URL specified in Section 5 of this manual. This will be http://111.111.111.111.

Another option for easier access to the MA-11 Cost Report Submission System is to use the Netscape function of establishing a "bookmark." A Netscape bookmark is a placeholder or tag that allows you, as with a book, to go directly to a specific page where you have been before.

1. Access Netscape.
2. Enter the correct URL in the Location or Go To field.
3. Move the cursor to the Bookmarks pull down menu.
4. Select Add a Bookmark. If you have not previously added a bookmark this will be the first one on the list that will appear whenever you view the Bookmarks pull down menu.
5. Type a name for the bookmark. Once you have established this bookmark, you can select this item by choosing this name from the Bookmark menu.

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## NETSCAPE COMMUNICATOR OPTIONAL SETUP

You may set Netscape Communicator to automatically display the Cost Report Welcome Page as the first screen to appear when you access Netscape and eliminate the need to enter the URL each time you access Netscape. To do so:

1. Access Netscape.
2. Move the cursor to the Edit pull down menu and select Preferences...
3. Click on the **Home Page** radio button and enter the URL specified in Section 5 of this manual in the Location box. This will be http://111.111.111.111.
4. Click the **OK** button to save changes.

Another option for easier access to the MA-11 Cost Report Submission System is to use the Netscape function of establishing a "bookmark." A Netscape bookmark is a placeholder or tag that allows you, as with a book, to go directly to a specific page where you have been before.

1. Access Netscape.
2. Enter the correct URL in the Location or Go To field.
3. Click the **Bookmarks** button on the toolbar, select File Bookmark... and then select the folder where the bookmark should be added.
4. Once you have established this bookmark, you can select this item by clicking the **Bookmark** button on the toolbar and selecting the item named "Cost Report Welcome Page" under the folder where you added it.

# APPENDIX B DOWNLOADS

Glossary Terms Used In This Section: Cost Report Standard File, Download, MA-11 Cost Report Submission System, Validation. Definitions for these terms are found in Section 9.

## DOWNLOADING COST REPORT UPDATE FILES

In addition to this end user manual, there are files available for download from the MA-11 Cost Report Submission System that will be useful in creating cost report standard files and interpreting validation reports. To download these files, connect to the MA-11 Cost Report Welcome Page as described in this end user manual.

From the MA-11 Cost Report Welcome Page, select the [Downloads](#) link. After [Downloads](#) has been selected, the Cost Report Update Page will appear (Figure B-1 on page 64).

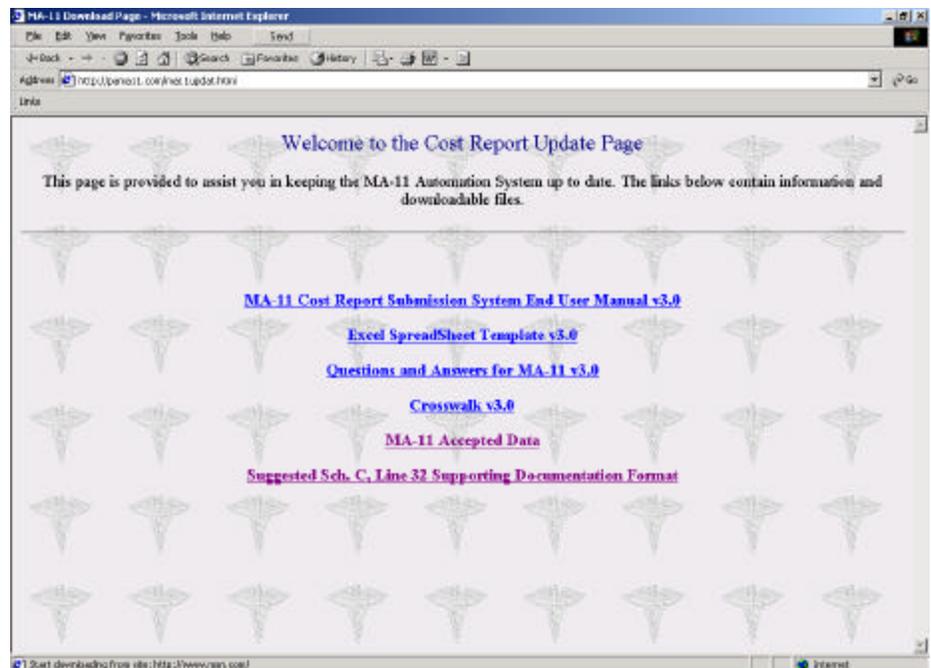


Figure B-1 Cost Report Update Page

There are six options available on this page. Other downloadable items may be available in the future.

- MA-11 Cost Report Submission System End User Manual – includes instructions for electronically submitting the cost report standard file, MA-11 acceptability validations and completing the spreadsheet template method of creating a cost report standard file. This document is saved in a .pdf format and must be viewed and printed using Adobe Acrobat Reader.
- Excel Spreadsheet Template – includes a standard spreadsheet template that may be opened in Lotus or Excel. This template is only used by those facilities choosing to submit using the spreadsheet standard file method rather than the text standard file method or facilities whose MA-11 program does not include the creation of the cost report standard file. Instructions for entering data into the template are included in Section 4 of this manual.
- Questions and Answers for MA-11 v3.0 – includes answers to questions submitted during development and implementation of Version 3.0 of the MA-11, effective for cost reporting periods beginning January 1, 2001.
- Crosswalk V3.0 – includes a crosswalk of the common MA-11 data elements between the MA-11 Version 3.0 and Version 2.0.
- MA-11 Accepted Data – includes an all-inclusive text file (comma delimited) of each accepted cost report. See page 70 for further instructions.
- Suggested Schedule C, Line 32, Supporting Document Format – includes an Excel file template that is suggested for use to support a response of other than blank or zero on Schedule C, line 31, column G (Major Movable Property).
- Other update files may be available from time to time that will be useful in creating cost report standard files and interpreting validation reports.

To download one of these files, select one of the underlined options. After selecting an option, you may receive a warning message (Figure B-2 on page 66) depending on how your system is configured.

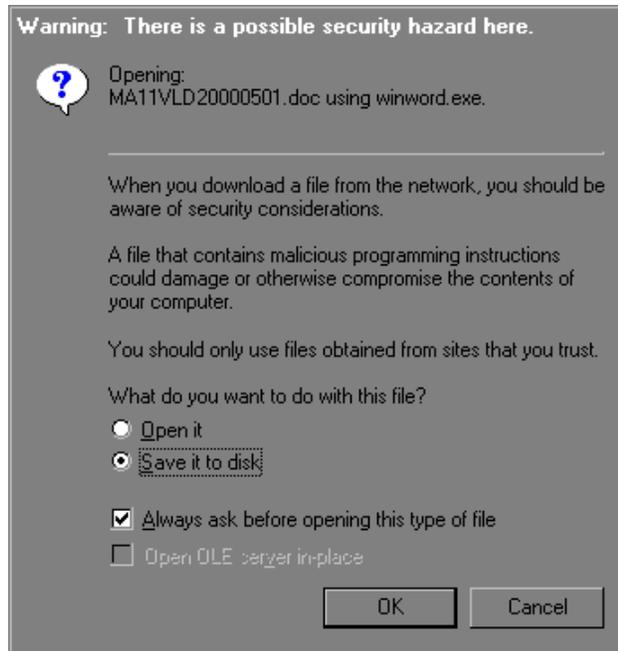


Figure B-2 Security Hazard Warning

If you receive this warning message, choose the Save to Disk option and select the OK button. After you have selected the OK button or if you did not receive the warning message, the Save As window will appear (Figure B-3 on page 66).

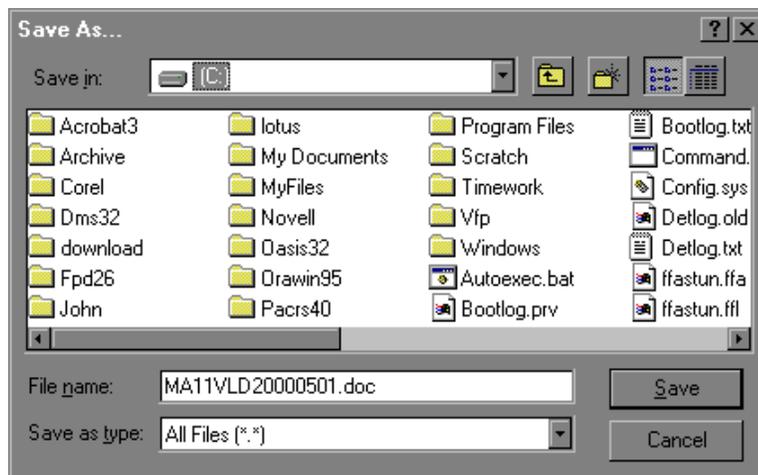


Figure B-3 Save As Window

When this window appears, the name of the file that you are downloading will appear in the File Name field. Choose the directory where you would like to save this file and select the Save button.

After the Save button has been selected, a status bar will appear tracking the progress of the download. When the file has been successfully downloaded, the status bar will disappear.

To view or use the downloaded file, use the appropriate program to open the file. It is very important that you remember where you saved the downloaded file so that you may find it later.

# APPENDIX C ACCEPTED MA-11 COST REPORT DATA

Glossary Terms Used In This Section: Certification Report, Cost Report Standard File, Department, Download, MA, MA-11 Cost Report Submission System, Manual Review Validations, Validation. Definitions for these terms are found in Section 9.

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## INDIVIDUAL COST REPORT FILES

Once a cost report standard file has been successfully submitted to the MA-11 Cost Report Submission System and the Certification Report and all Supporting Document and Manual Review validations have been met, the cost report will be deemed accepted. Once a cost report has been accepted, it will be made available for viewing and data analysis by the general public. The accepted cost report data files may be downloaded from the MA-11 Cost Report Submission System. To view a listing of these accepted cost reports, download the first file listed, 00000000-AcceptedMA-11s.xls. To download these files, connect to the MA-11 Cost Report Welcome Page as described in this end user manual.

From the MA-11 Cost Report Welcome Page, select the Accepted MA-11 Cost Reports link. After Accepted MA-11 Cost Reports has been selected, the Accepted MA-11 Cost Report Page will appear (Figure C-1 on page 68).

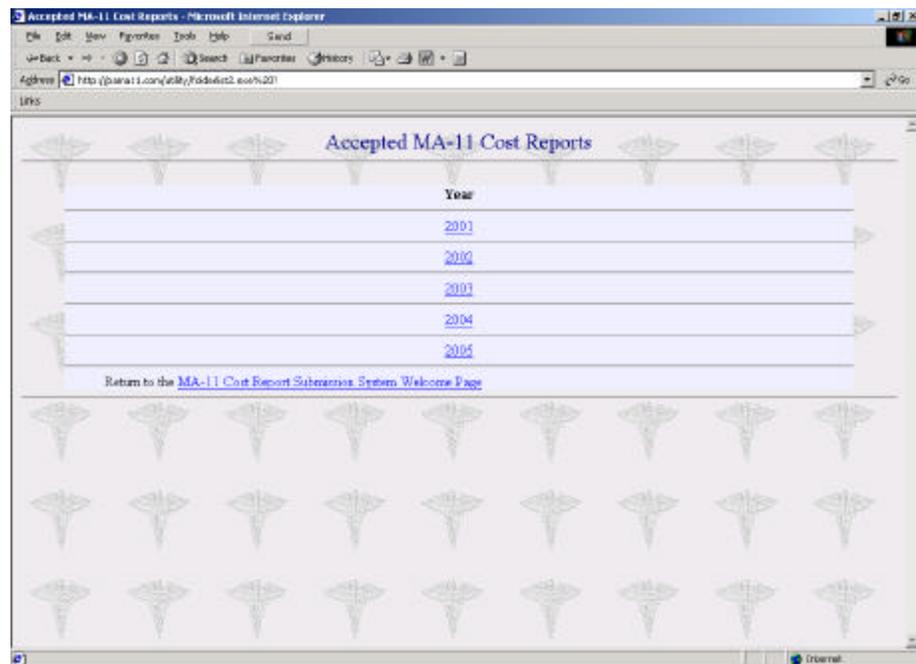


Figure C-1 Accepted MA-11 Cost Report Page

Each accepted cost report file is stored by year. Select the cost reporting year and the subsequent MA-11 Accepted Cost Report Screen will appear as shown below.

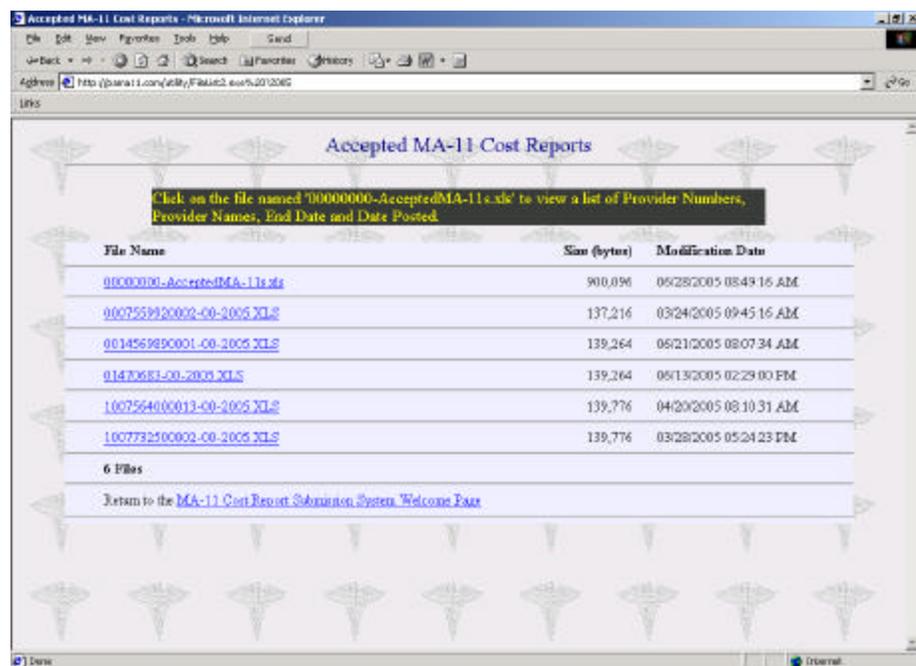


Figure C-2 Accepted MA-11 Cost Reports

Each cost report standard file that has been accepted by the Department will appear as a separate file on this screen. The files are named beginning with the provider's MA number followed by two digits and ending with the four-digit cost reporting year. Each file must be downloaded separately. There is not a function in place to download multiple accepted cost report standard files at one time.

To download one of these files, select the underlined file in the File Name column. After selecting a file, you may receive a warning message (Figure C-3 on page 69) depending on how your system is configured.

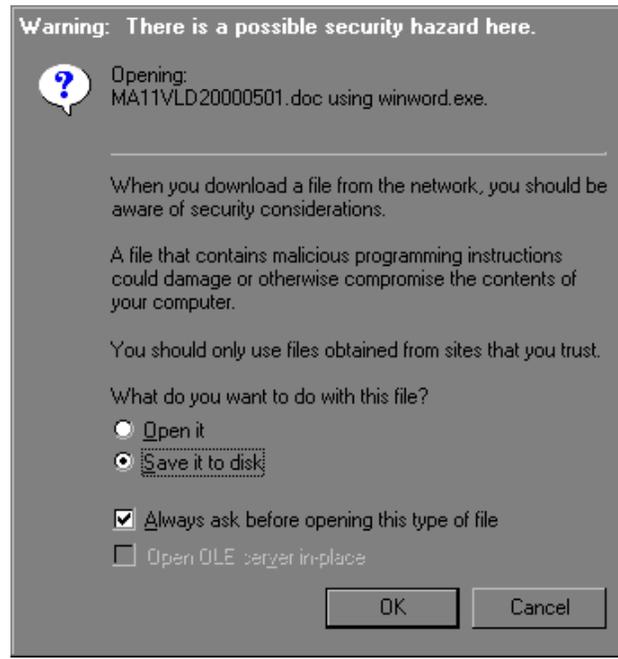


Figure C-3 Security Hazard Warning

If you receive this warning message, choose the Save to Disk option and select the OK button. After you have selected the OK button or if you did not receive the warning message, the Save As window will appear (Figure C-4 on page 69).

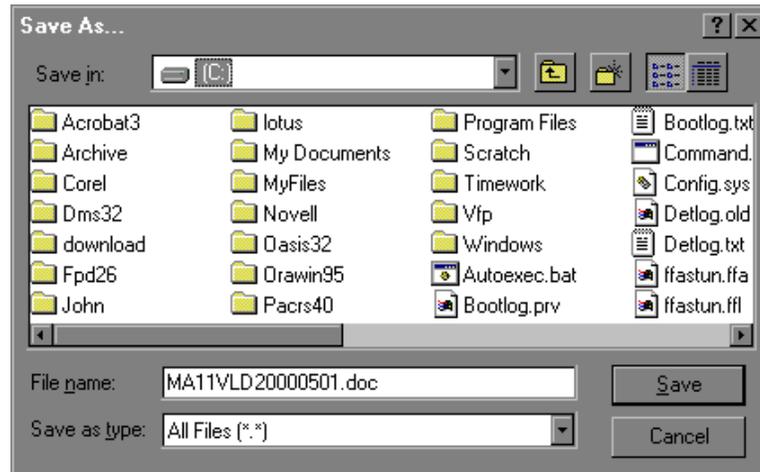


Figure C-4 Save As Window

When this window appears, the name of the file that you are downloading will appear in the File Name field. Choose the directory where you would like to save this file and select the Save button.

After the Save button has been selected, a status bar will appear tracking the progress of the download. When the file has been successfully downloaded, the status bar will disappear.

To view or use the downloaded file, use the appropriate program to open the file. It is very important that you remember where you saved the downloaded file so that you may find it later.

## MULTIPLE COST REPORT FILES

In order to view data from multiple cost report standard files that have been accepted by the Department, from the Downloads option on the MA-11 Welcome Screen, **click your right mouse button** on the MA-11 Accepted Data link and then select **Save Link As** from the pop-up menu. Depending on the Internet connection, this file may take a significant amount of time to generate.

The format of the comma -delimited file is one row for each data element within each accepted cost report standard file. An example of the first three rows for a complete cost report set is shown below.

```
"00000000003241", "MA99994444", 1, "CERT1a", "Facility ID"
"00000000003241", "F", 2, "CERT1b", "Test (T or F)"
"00000000003241", "SAMPLE FACILITY", 3, "CERT1c", "Facility name"
```

Each row is formatted as follows.

ELEMENT	DESCRIPTION
ASSIGNED AUDIT NUMBER	The unique audit number assigned for each submitted cost report.
DATA	The data submitted by the provider except for Social Security Numbers that may have been submitted for Schedule K. If no data was required, the item will appear as blank or .NULL.
SEQUENCE NUMBER	The sequence number that is assigned to each field on the sequentially numbered cost report schedules that corresponds to the cost reporting period.
SCH+LINE+COLUMN	The schedule, line and column location of the field on the cost report schedule.
DESCRIPTION	The full name of the field on the cost report schedule.

# APPENDIX D NUMBERED COST REPORT FORM

Glossary Terms Used In This Section: Certification Report, Department, Excel Spreadsheet Template, Numbered Cost Report, Nursing Facility, Sequence Number, Standard File Validations, Validation. Definitions for these terms are found in Section 9.

This appendix displays the sequence number for the cost report forms (MA-11). The sequence number ties with the Standard File Validations in Section 6 and may also be used as a data entry tool when using the Excel spreadsheet template.

**FINANCIAL AND STATISTICAL REPORT FOR  
NURSING FACILITIES AND SERVICES  
UNDER THE MEDICAL ASSISTANCE PROGRAM OF THE  
DEPARTMENT OF PUBLIC WELFARE  
COMMONWEALTH OF PENNSYLVANIA**

<b>Certification Schedule</b>
-------------------------------

<b>PART I. COST REPORT AND FACILITY INFORMATION</b>
---

LINE NO.	DESCRIPTION	RESPONSE
(1a)	LOGIN ID	[1]
(1b)	TEST (T or F)	[2]
(1c)	FACILITY NAME	[3]
(1d)	MA NO.	[4]
(1e)	REPORT BEGIN DATE	[5]
(1f)	REPORT END DATE	[6]

<b>PART II. PREPARER INFORMATION</b>
--------------------------------------

LINE NO.	QUESTION
(2a)	COST REPORT PREPARED BY (If Other than Facility): [7]
(2b)	PREPARER'S FIRM NAME (If Applicable): [8]
(2c)	FIRM TELEPHONE NUMBER: [9]

<b>PART III. CERTIFICATION STATEMENT (Facility Officer or Administrator and Preparer (if applicable) must sign this statement on the Certification Report.)</b>
---

**MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION  
CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY  
FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.**

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S):**

I hereby certify that I have read the above statement and that I have examined the accompanying Cost Report data in file (file name), including any attached exhibits, schedules, forms, and explanations and found these to be true, accurate, and complete. Expenses not related to nursing facility resident care have been appropriately identified or removed. I understand that this information is submitted for the purpose of developing payment rates under the Pennsylvania Medical Assistance Program, and that ultimate payment and satisfaction of claims will be based upon the information contained herein. I understand that any false claims, statements, or documents, or concealment of material fact may be prosecuted under applicable federal or state law. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>PART IV. MEDICARE INTERMEDIARY</b>
---------------------------------------

LINE NO.	QUESTION
(4a)	NAME OF MEDICARE INTERMEDIARY: [10]

## SUMMARY

PART I. TYPE OF FACILITY		PART II. TYPE OF ORGANIZATION			
Approved as: <span style="border: 1px solid black; padding: 2px;">11</span> (1) General (2) Hospital-Based (3) Special Rehabilitation (4) County		Type of Organization: <span style="border: 1px solid black; padding: 2px;">12</span> (1) Voluntary, Non-Profit (2) Proprietary, Individual (3) Proprietary, Partnership (4) Proprietary, Corporation (5) Proprietary, Other (6) Governmental			
PART III. STATISTICAL DATA	LINE NO.	NURSING FACILITY (A)	RESIDENTIAL & OTHER (B)	TOTAL (C)	DATE OF CHANGE (D)
Beds available at beginning of period	(1a)	[13]	[24]	[32]	
Changes in total beds during period	(1ba)	[14]	[25]	[33]	[40]
	(1bb)	[15]	[26]	[34]	[41]
	(1bc)	[16]	[27]	[35]	[42]
	(1bd)	[17]	[28]	[36]	[43]
Beds available at end of period	(1c)	[18]	[29]	[37]	
Bed days available for period	(2)	[19]	[30]	[38]	
Actual resident days for period <i>(SEE INSTRUCTIONS)</i>	(3)	[20]	[31]	[39]	
Percent occupancy <i>(Line (3)/Line (2))</i> <i>(Round to 4 decimals)</i>	(4)	[21]			
Resident days at 90% occupancy <i>(Line (2) X .90)</i>	(5)	[22]			
Total MA resident days of care	(6)	[23]			

# SUMMARY OF RESIDENT CENSUS RECORDS

Schedule B

DAYS OF CARE												
LINE NO.	MONTH (A)	Nursing Facility MA (B)	Nursing Facility MA MCO (C)	Nursing Facility MA LTCCAP (D)	Nursing Facility MA Hospice (E)	Nursing Facility Medicare (F)	Nursing Facility All Other (G)	Residential And Other (H)	TOTAL (I)	Nursing Facility Hospital Leave Days		LINE NO.
										MA (J)	Other (K)	
(1)	[44]	[56]	[69]	[82]	[95]	[108]	[121]	[134]	[147]	[160]	[173]	(1)
(2)	[45]	[57]	[70]	[83]	[96]	[109]	[122]	[135]	[148]	[161]	[174]	(2)
(3)	[46]	[58]	[71]	[84]	[97]	[110]	[123]	[136]	[149]	[162]	[175]	(3)
(4)	[47]	[59]	[72]	[85]	[98]	[111]	[124]	[137]	[150]	[163]	[176]	(4)
(5)	[48]	[60]	[73]	[86]	[99]	[112]	[125]	[138]	[151]	[164]	[177]	(5)
(6)	[49]	[61]	[74]	[87]	[100]	[113]	[126]	[139]	[152]	[165]	[178]	(6)
(7)	[50]	[62]	[75]	[88]	[101]	[114]	[127]	[140]	[153]	[166]	[179]	(7)
(8)	[51]	[63]	[76]	[89]	[102]	[115]	[128]	[141]	[154]	[167]	[180]	(8)
(9)	[52]	[64]	[77]	[90]	[103]	[116]	[129]	[142]	[155]	[168]	[181]	(9)
(10)	[53]	[65]	[78]	[91]	[104]	[117]	[130]	[143]	[156]	[169]	[182]	(10)
(11)	[54]	[66]	[79]	[92]	[105]	[118]	[131]	[144]	[157]	[170]	[183]	(11)
(12)	[55]	[67]	[80]	[93]	[106]	[119]	[132]	[145]	[158]	[171]	[184]	(12)
(13)	<b>TOTAL</b>	[1] [68] [4]	[1] [81] [4]	[1] [94] [4]	[1] [107] [4]	[1] [120]	[1] [133]	[2] [146]	[3] [159]	[172]	[185]	(13)

[1] For line 13: Column B plus Column C plus Column D plus Column E plus Column F plus Column G must agree to Schedule A, Line 3, Column A.  
 [2] Line 13, Column H must agree to Schedule A, Line 3, Column B.  
 [3] Line 13, Column I must agree to Schedule A, Line 3, Column C.  
 [4] For Line 13: Column B plus Column C plus Column D plus Column E must agree to Schedule A, Line 6, Column A.

**COMPUTATION AND ALLOCATION OF ALLOWABLE COST  
(Rounded to Nearest Dollar)**

**Schedule C**

COST CENTERS	LINE NO.	Salary Costs (A)	Fringe Benefits (B)	Other Expenses (C)	Total Expenses (D)	Adjustments (E)	Allowable Costs (F)	ALLOCATION \$		ALLOCATION %		Allocation Basis (K)	LINE NO.
								Nursing Facility (G)	Residential & Other (H)	Nursing Facility (I)	Residential & Other (J)		
<b>I. RESIDENT CARE COSTS</b>													
Nursing	(1)	[191]	[222]	[253]	[293]	[333]	[366]	[398]	[428]	[458]	[485]	Direct Salary	(1)
Director of Nursing	(2)	[192]	[223]	[254]	[294]	[334]	[367]	[399]	[429]	[459]	[486]	Direct Salary	(2)
Related Clerical Staff	(3)	[193]	[224]	[255]	[295]	[335]	[368]	[400]	[430]	[460]	[487]	% Resident Days	(3)
Practitioners	(4)	[194]	[225]	[256]	[296]	[336]	[369]	[401]	[431]	[461]	[488]	Direct Salary	(4)
Medical Director	(5)	[195]	[226]	[257]	[297]	[337]	[370]	[402]	[432]	[462]	[489]	Direct Salary	(5)
Social Services	(6)	[196]	[227]	[258]	[298]	[338]	[371]	[403]	[433]	[463]	[490]	% Resident Days	(6)
Resident Activities	(7)	[197]	[228]	[259]	[299]	[339]	[372]	[404]	[434]	[464]	[491]	% Resident Days	(7)
Volunteer Services	(8)	[198]	[229]	[260]	[300]	[340]	[373]	[405]	[435]	[465]	[492]		(8)
Pharmacy- Prescription Drugs	(9)	[199]	[230]	[261]	[301]	[341]	[374]					Actual Costs	(9)
Over-the-Counter Drugs	(10)	[200]	[231]	[262]	[302]	[342]	[375]	[406]	[436]	[466]	[493]	Actual Costs	(10)
Medical Supplies	(11)	[201]	[232]	[263]	[303]	[343]	[376]	[407]	[437]	[467]	[494]	Actual Costs	(11)
Laboratory and X-rays	(12)	[202]	[233]	[264]	[304]	[344]	[377]					Actual Costs	(12)
Physical, Occupational & Speech Therapy	(13)	[203]	[234]	[265]	[305]	[345]	[378]	[408]	[438]	[468]	[495]	Actual Costs	(13)
Oxygen	(14)	[204]	[235]	[266]	[306]	[346]	[379]	[409]	[439]	[469]	[496]	Actual Costs	(14)
Beauty and Barber Services	(15)	[205]	[236]	[267]	[307]	[347]	[380]	[410]	[440]	[470]	[497]	Actual Costs	(15)
RC Minor Movable Property	(16)	[206]	[237]	[268]	[308]	[348]	[381]	[411]	[441]	[471]	[498]	Sq. Ft. or Actual	(16)
Nurse Aid Training	(17)	[207]	[238]	[269]	[309]	[349]	[382]	[412]	[442]	[472]	[499]	Actual Costs	(17)
	(18)	[186]	[208]	[239]	[310]	[350]	[383]	[413]	[443]	[473]	[500]		(18)
	(19)	[187]	[209]	[240]	[311]	[351]	[384]	[414]	[444]	[474]	[501]		(19)
Total Resident Care Costs	(20)	[210]	[241]	[272]	[312]	[352]	[385]	[415]	[445]				(20)
<b>II. OTHER RESIDENT RELATED COSTS</b>													
Dietary and Food	(21)	[211]	[242]	[273]	[313]	[353]	[386]	[416]	[446]	[475]	[502]	# Meals Served	(21)
Laundry and Linens	(22)	[212]	[243]	[274]	[314]	[354]	[387]	[417]	[447]	[476]	[503]	Pounds of Laundry	(22)
Housekeeping	(23)	[213]	[244]	[275]	[315]	[355]	[388]	[418]	[448]	[477]	[504]	Sq. Ft. or Actual	(23)
Plant Operation & Maintenance	(24)	[214]	[245]	[276]	[316]	[356]	[389]	[419]	[449]	[478]	[505]	Sq. Ft. or Actual	(24)
ORR Minor Movable Property	(25)	[215]	[246]	[277]	[317]	[357]	[390]	[420]	[450]	[479]	[506]	Sq. Ft. or Actual	(25)
	(26)	[188]	[216]	[247]	[318]	[358]	[391]	[421]	[451]	[480]	[507]		(26)
	(27)	[189]	[217]	[248]	[319]	[359]	[392]	[422]	[452]	[481]	[508]		(27)
Total Other Resident Related Costs	(28)	[218]	[249]	[280]	[320]	[360]	[393]	[423]	[453]				(28)
<b>III. ADMINISTRATIVE COSTS</b>													
Administrative (Schedule G)	(29)		[250]									Total NO Cost	(29)
Total Net Operation (NO) Costs	(30)	[219]	[251]	[282]	[322]	[362]	[395]	[425]	[455]	[482]	[509]		(30)
<b>IV. CAPITAL COSTS</b>													
Real Estate Taxes	(31)			[283]	[323]	[363]	[396]	[426]	[456]	[483]	[510]	Sq. Ft. or Actual	(31)
Major Movable Property	(32)			[284]	[324]	[364]	[397]	[427]	[457]	[484]	[511]	Sq. Ft. or Actual	(32)
Nursing Facility Assessment	(33)			[285]	[325]								(33)
Depreciation	(34)			[286]	[326]								(34)
Interest on Capital Indebtedness	(35)			[287]	[327]								(35)
Rent of Facility	(36)			[288]	[328]								(36)
Amortization-Capital Costs	(37)			[289]	[329]								(37)
	(38)			[290]	[330]								(38)
Total Capital Costs	(39)			[291]	[331]								(39)
Total All Costs	(40)	[221]	[252]	[292]	[332]	[365]							(40)

## REVENUES AND ADJUSTMENTS TO REVENUES

REVENUES	LINE NO.	GENERAL LEDGER (A)	REVENUE ADJUSTMENTS TO SCHEDULE C (B)	SCHEDULE C LINE NUMBER (C)
<b>I. RESIDENT CARE</b>				
Nursing Care	(1)	[549]	[583]	Line [613]
Practitioners	(2)	[550]	[584]	Line [614]
Pharmacy-Prescription Drugs	(3)	[551]	[585]	Line [615]
Over-the-Counter Drugs	(4)	[552]	[586]	Line [616]
Medical Supplies	(5)	[553]	[587]	Line [617]
Laboratory and X-rays	(6)	[554]	[588]	Line [618]
Physical, Occupational & Speech Therapy	(7)	[555]	[589]	Line [619]
Oxygen	(8)	[556]	[590]	Line [620]
Beauty and Barber Services	(9)	[557]	[591]	Line [621]
Exceptional DME Grant Payments	(10)	[558]	[592]	Attach Schedule
[541]	(11)	[559]	[593]	[622]
[542]	(12)	[560]	[594]	[623]
Subtotal: Resident Care	(13)	[561]		
<b>II. OTHER INCOME</b>				
Guest and Employee Meals	(14)	[562]	[595]	Line [624]
Discounts	(15)	[563]	[596]	[625]
Vending Machines	(16)	[564]	[597]	[626]
Television	(17)	[565]	[598]	Line [627]
Telephone	(18)	[566]	[599]	Line [628]
Unrestricted Interest/Investment Income	(19)	[567]	[600]	Line [629]
Miscellaneous: If any line 20 - 25 greater than \$500, provide separate detail with source & amounts)	(20)	[568]	[601]	[630]
[543]	(21)	[569]	[602]	[631]
[544]	(22)	[570]	[603]	[632]
[545]	(23)	[571]	[604]	[633]
[546]	(24)	[572]	[605]	[634]
[547]	(25)	[573]	[606]	[635]
Subtotal: Other Income	(26)	[574]		
TOTAL: GROSS REVENUES (Add Lines 13 & 26)	(27)	[575]		
<b>III. DEDUCTIONS FROM REVENUES</b>				
Uncollectible Accounts	(28)	[576]	[607]	[636]
Contractual Adjustments	(29)	[577]	[608]	[637]
[548]	(30)	[578]	[609]	[638]
Subtotal: Deductions	(31)	[579]		
NET REVENUE (Line 27 minus Line 31)	(32)	[580]		
LESS: EXPENSES ( Sch. C, Line 40, Column D)	(33)	[581]		
NET INCOME (LOSS)	(34)	[582]		
TOTAL SCHEDULE D ADJUSTMENTS	(35a)		[610]	
TOTAL SCHEDULE E ADJUSTMENTS	(35b)		[611]	
TOTAL ADJUSTMENTS	(36)		[612]	

## ADJUSTMENTS TO EXPENSES

EXPENSES	LINE NO.	EXPENSE ADJUSTMENTS TO SCHEDULE C (A)	SCHEDULE C LINE NUMBER (B)
<b>I. NONALLOWABLE COSTS</b>			
Direct Facility Payments	(1)	[643]	Attach Schedule
Nonstandard or Nonuniform Fringe Benefits	(2)	[644]	[670]
Employe and Guest Meals	(3)	[645]	Line [671]
Taxes	(4)	[646]	Line [672]
Free Care or Discounted Services	(5)	[647]	[673]
Other Interest	(6)	[648]	Line [674]
Personal TV	(7)	[649]	Line [675]
[639]	(8)	[650]	[676]
<b>II. EXPENSES NOT NECESSARY TO RESIDENT CARE</b>			
Travel/Entertainment	(9)	[651]	Line [677]
Dues and Subscriptions	(10)	[652]	Line [678]
Promotional Advertising	(11)	[653]	Line [679]
[640]	(12)	[654]	[680]
<b>III. EXPENSE ADJUSTMENTS</b>			
Part B Services	(13)	[655]	Attach Schedule
Home Office – Adjustment to Cost -	(14)	[656]	Line [681]
Compensation for Services of Sole Proprietors and Partners	(15)	[657]	Line [682]
Cost of Major Movable Property	(16)	[658]	Line [683]
Real Estate Taxes	(17)	[659]	Line [684]
Legal Fees	(18)	[660]	Line [685]
Excess Administrative Cost (Schedule G)	(19)	[661]	Line [686]
Related Party Profit (Schedule K, Line 16)	(20)	[662]	[687]
[641]	(21)	[663]	[688]
<b>IV. NONALLOWABLE COST CENTERS</b>			
Identify:			
Housekeeping	(22)	[664]	Line [689]
Plant Operation & Maintenance	(23)	[665]	Line [690]
Administrative Costs	(24)	[666]	Line [691]
Real Estate Taxes	(25)	[667]	Line [692]
[642]	(26)	[668]	[693]
<b>TOTAL SCHEDULE E ADJUSTMENTS</b>	(27)	[669]	

## DEPRECIATION

PROPERTY, PLANT & EQUIPMENT (1)	LINE NO.	Date Acquired (A)	Cost or Other Basis (B)	Accumulated Depreciation To Date (C)	Method of Computing Depreciation (D)	Life or Rate (E)	Depreciation Expense For Period (F)
Land	(1)	[697]	\$ [706]				
Buildings	(2)	[698]	[707]	\$ [717]	[727]	[735]	\$ [743]
Fixed Equipment	(3)	[699]	[708]	[718]	[728]	[736]	[744]
Other: [694]	(4)	[700]	[709]	[719]	[729]	[737]	[745]
Subtotal	(5)		[710]	[720]			[746]
Movable Property	(6)	[701]	[711]	[721]	[730]	[738]	[747]
Other Movable (specify)	(7)	[702]	[712]	[722]	[731]	[739]	[748]
Transportation Equipment	(8)	[703]	[713]	[723]	[732]	[740]	[749]
[695]	(9)	[704]	[714]	[724]	[733]	[741]	[750]
[696]	(10)	[705]	[715]	[725]	[734]	[742]	[751]
<b>TOTAL</b>	(11)		\$ [716]	\$ [726] (2)			\$ [752] (3)

- (1) Note that Schedule I requires submission of a schedule of additions and deletions since the last report period.
- (2) Difference between Column B and Column C must equal amount shown on Schedule L, Line 13.
- (3) Line 11, Column F must agree with amount shown on Schedule C, Line 34, Column D.

## ADMINISTRATIVE COSTS

	LINE NO.	SALARY COST (A)	FRINGE BENEFITS (B)	OTHER EXPENSES (C)	TOTAL EXPENSES (D)
Administrator	(1)	[753]	[766]	[774]	[794]
Office Personnel	(2)	[754]	[767]	[775]	[795]
Management Fees	(3)	[755]	[768]	[776]	[796]
Home Office Costs	(4)	[756]	[769]	[777]	[797]
Professional Services	(5)	[757]	[770]	[778]	[798]
Determination of	(6)	[758]	[771]	[779]	[799]
Gift Shop	(7)	[759]	[772]	[780]	[800]
Advertising	(8)			[781]	[801]
Travel/Entertainment	(9)			[782]	[802]
Telephone	(10)			[783]	[803]
Insurance	(11)			[784]	[804]
Other Interest	(12)			[785]	[805]
Legal Fees	(13)			[786]	[806]
Federal/State Corporate/Capital Stock	(14)			[787]	[807]
Office Supplies	(15)			[788]	[808]
Amortization-Administrative Costs	(16)			[789]	[809]
Officers Life	(17)			[790]	[810]
Admin Minor Movable Property	(18)			[791]	[811]
Other: (If greater than \$1,000, provide separate listing)	(19)			[792]	[812]
<b>Total Administrative Costs (Schedule C, Line 29)</b>	<b>(20)</b>	<b>[760]</b>	<b>[773]</b>	<b>[793]</b>	<b>[813]</b>

**ADMINISTRATIVE ALLOWANCE COMPUTATION**  
**This computation should be made only after all other Schedule D and Schedule E adjustments.**

Total Net Operating (Schedule C, Column F, Line 30)	(21)	\$ [761]	
Administrative Costs (Schedule C, Column F, Line 29)	(22)	[762]	
Subtract Line 22 from Line 21	(23)	[763]	
Limit on Administrative (Line 23 divided by .88)	(24)	[764]	
Excess Administrative (Subtract Line 24 from Line 21. Enter zero if answer is negative. Enter on Schedule E, Line 19.)	(25)	\$ [765]	

## NURSING CARE STAFFING

<b>EMPLOYEES</b>						
POSITION	LINE NO.	Salary Cost/Fees (A)	Fringe Benefits (B)	Hours Paid (C)	Hours Worked (D)	Number of Full Time Employees or Equivalents at Year End (E)
Registered Nurses	(1)	[816]	[829]	[835]	[848]	[861]
Licensed Practical Nurses	(2)	[817]	[830]	[836]	[849]	[862]
Nurse Aides	(3)	[818]	[831]	[837]	[850]	[863]
Orderlies/Attendants	(4)	[819]	[832]	[838]	[851]	[864]
Other (specify) <b>[814]</b>	(5)	[820]	[833]	[839]	[852]	[865]
Subtotal	(6)	[821] [2]	[834] [3]	[840]	[853]	[866]
<b>REGISTRY/POOLED/CONTRACT STAFF</b>						
Registered Nurses	(7)	[822]		[841]	[854]	[867]
Licensed Practical Nurses	(8)	[823]		[842]	[855]	[868]
Nurse Aides	(9)	[824]		[843]	[856]	[869]
Orderlies/Attendants	(10)	[825]		[844]	[857]	[870]
Other (specify) <b>[815]</b>	(11)	[826]		[845]	[858]	[871]
Subtotal	(12)	[827] [4]		[846]	[859]	[872]
<b>Total Nursing Care</b>	(13)	[828] [5]		[847]	[860]	[873]

[1]

- [1] FTE equals forty (40) hours per week (Round to the nearest whole number)
- [2] Must agree to Schedule C, Line 1, Column A
- [3] Must agree to Schedule C, Line 1, Column B
- [4] Must agree to fees in general ledger included on Schedule C, Line 1, Column C
- [5] Add Line 6, Column A; Line 6, Column B; and Line 12, Column A

## SUPPLEMENTAL INFORMATION AND QUESTIONNAIRE

### PART I. SUPPLEMENTAL INFORMATION

Certain documents and supporting schedules are required to be mailed with the Certification Report in order to complete the acceptance of your cost report. The list of required supporting schedules is itemized on the Certification Report.

- (1) Submit copies of independent accountant financial statements, Medicare cost reports and Medicare intermediary audit reports with adjustments for the report period with the MA-11, or as soon as each is available.
- (2) Submit a copy of the combining detail trial balance and any other appropriate supporting documentation used to prepare the MA-11. This trial balance must show **all** general ledger account ending balances. It must indicate the groupings of accounts to agree to the line item totals reported on Schedules C and D.
- (3) Submit a schedule of plant, property, and equipment additions for the report period. This schedule should account for property, plant, and equipment reported on the Comparative Balance Sheet (Schedule L) and Depreciation (Schedule F). Include the following information for each asset acquired during the reporting period:

Item description  
Date acquired  
Cost or other depreciable basis  
Current annual depreciation  
Life and method of computing depreciation

Provide a separate detailed schedule of deletions for the report period providing date of disposal and sales or disposal price.

- (4) Provide a separate detailed schedule to support major movable property reported on Schedule C.
 

Major movable property purchased item additions including acquisition date, number of units, property description, unit acquisition cost, and total acquisition cost.

Major movable property purchased item deletions including deletion date, number of units, property description, original acquisition cost, acquisition date, AHA Life, proceeds from sale or disposal, remaining book value, and total offset.

Major movable property rented and leased items including term of rental or lease (to and from dates), property description, imputed purchase price, AHA Life, annual straight-line (SL) depreciation, annual lease or rental payments, and reported amount.

Submit copies of invoices for property acquired under the Exceptional DME Grant.
- (5) Submit a classified loan schedule to support the other interest and interest on capital indebtedness expense reported on Schedules G and C. This schedule should include the following information: name of lender, purpose of loan, period of loan, interest rate, interest expense and balance of loan at end of report period.
- (6) Submit an organization chart for the facility of supervisory personnel with names inserted.
- (7) Submit a copy of any approvals received under 55 Pa. Code §1187.21a (relating to nursing facility exception requests-statement of policy), §1187.113a (relating to nursing facility replacement beds-statement of policy) and/or 55 Pa. Code §1101.77a (relating to termination for convenience and best interest of the Department-statement of policy), if not previously submitted with a prior cost report.
- (8) Submit copies of paid real estate tax bills. NOTE: refer to page 3 of the instructions for details.

**Schedule I**

**SUPPLEMENTAL  
INFORMATION AND  
QUESTIONNAIRE**

Code YES as "1"; NO as "0"

LINE NO.	PART II. QUESTIONNAIRE	YES	NO	LINE NO.
(1)	Has interest/investment income from sources other than donor restricted or specifically excluded by Medical Assistance Regulations been offset on Schedule D, Line 19?	[874]		(1)
(1a)	If "NO", please state amount of income not offset	\$ [875]		(1a)
(2)	Have all costs for nonresident meals been deducted from dietary and food expense?	[876]		(2)
(2a)	State number of meals: Resident meals	[877]		(2a)
(2b)	Employe meals	[878]		(2b)
(2c)	Volunteer meals	[879]		(2c)
(2d)	Visitor meals	[880]		(2d)
(2e)	Other (identify) [882]	[881]		(2e)
(2f)	Total, all meals	[883]		(2f)
(3)	Has personal laundry expense for dry cleaning, mending, or other specialty laundry services been deducted from reported laundry expense?	[884]		(3)
(3a)	If "NO", state total specialty laundry expense.	\$ [885]		(3a)
(4)	Have any capital assets with an acquisition cost of \$500 or more been expensed in net operating costs?  If "YES", attach detail and identify Schedule C line item.	[886]		(4)
(5)	Have any administrative expenses been allocated to other allowable cost centers (e.g., telephone expense to any other category such as Nursing)?  If "YES", attach a schedule showing cost category, basis of allocation, and amount allocated for each line item.	[887]		(5)
(6)	Does the facility maintain any residential and other areas that have not been reported on this Cost Report? Identify: [889]  If "YES", attach a schedule showing cost category, basis of allocation, and amount allocated for each line item if the allocations are not shown under Residential & Other columns on Schedule C.	[888]		(6)
(7)	What is the total square footage of the facility used for nursing facility services?	[890]		(7)
(8)	Do you have any nonallowable cost centers in the nursing facility (such as a gift shop, snack shop, administrator's or other employe's living quarters, and/or other areas not related to resident care)? Identify: [892]	[891]		(8)
(8a)	What is the total square footage of the non-allowable cost centers?	[893]		(8a)
(9)	Have indirect costs applicable to nonallowable cost centers been eliminated on Schedule E?	[894]		(9)

Encode all Schedule I, Part II data in the standard file, including the "Identify" designation for lines 2, 6 and 8. Responses of "YES" must be encoded as "1" in the standard file; "NO" must be encoded as "0" (zero).

## SUPPLEMENTAL INFORMATION AND QUESTIONNAIRE

Code YES as "1"; NO as "0"

LINE NO.	PART II. QUESTIONNAIRE - (Continued)	YES	NO	LINE NO.	
	List the annual gross salaries/wages and fringe benefits and/or contracted amounts for the report period for the following personnel:				
		Salary	Fringe Benefits	Contracted	
(10a)	Administrator	[895]	[903]	[911]	(10a)
(10b)	Assistant/Associate Administrator	[896]	[904]	[912]	(10b)
(10c)	Chief Dietitian	[897]	[905]	[913]	(10c)
(10d)	Chief of Fiscal Services	[898]	[906]	[914]	(10d)
(10e)	Director of Housekeeping	[899]	[907]	[915]	(10e)
(10f)	Director of Nursing	[900]	[908]	[916]	(10f)
(10g)	Facility Engineer	[901]	[909]	[917]	(10g)
(10h)	All Approved Feeding Assistants while providing specific duties	[902]	[910]	[918]	(10h)
(11)	Does the facility employ any individuals who are related to the owner(s) or officers/directors?  If "YES", attach a separate schedule identifying Name, Title, Function, and SSN of related employe as well as number of hours worked per week, salaries/wages, fringe benefits, and line of Schedule C on which this is recorded.	[919]			(11)
(12)	Have all personal expenses been excluded from the cost report? (Examples: direct or indirect payment for administrator's or owners/employee's living quarters or expenses, personal portion of company car, trips, conventions, meals and lodging, phone, entertainment, etc.)  If "NO", please provide specific details including amounts, Schedule, and line on which this is recorded	[920]			(12)
(13)	Were there any loans, notes or advances <u>to</u> officers, employes, members of the Board of Directors, or owners due to the facility during the report period?  If "YES", attach a separate schedule identifying to whom, amount, and interest during report period.	[921]			(13)
(14)	Were there any loans, notes, or advances <u>from</u> officers, employes, members of the Board of Directors, or owners due from the facility during the report period?  If "YES", identify on the schedule submitted under Schedule I, Part I, item 4.	[922]			(14)
(15)	Has an adjustment been made for those types of expenses that were disallowed in prior audits or are otherwise nonallowable?	[923]			(15)
(16)	Is the facility a Continuing Care Retirement Community (CCRC)?	[924]			(16)
(17)	Is it the formal or informal policy of the facility to require and admission fee on or before the date of admission?	[925]			(17)
(18)	Is your facility owned, managed, contracted or affiliated with a single entity that manages or controls two or more nursing facilities located in one or more states? Identify Entity: <b>[927]</b>  If "YES", attach a listing of the components of the entire entity. If the entity files a Medicare Home Office cost report, this report and the intermediary audit report with adjustments must be submitted with the MA-11, or as soon as each is available.	[926]			(18)

## SUPPLEMENTAL INFORMATION AND QUESTIONNAIRE

LINE NO.	PART II. QUESTIONNAIRE - (Continued)	LINE NO.								
(19)	<p>List all management companies utilized by the facility during the report period and the services provided.</p> <p style="text-align: center;"><b>TYPE OF SERVICE PROVIDED: (code number)</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>(1) Housekeeping</td> <td>(5) Therapy</td> </tr> <tr> <td>(2) Laundry</td> <td>(6) Administrative</td> </tr> <tr> <td>(3) Food Service</td> <td>(7) Fiscal</td> </tr> <tr> <td>(4) Grounds</td> <td>(8) Other (<b>IDENTIFY</b>)</td> </tr> </table>	(1) Housekeeping	(5) Therapy	(2) Laundry	(6) Administrative	(3) Food Service	(7) Fiscal	(4) Grounds	(8) Other ( <b>IDENTIFY</b> )	(19)
(1) Housekeeping	(5) Therapy									
(2) Laundry	(6) Administrative									
(3) Food Service	(7) Fiscal									
(4) Grounds	(8) Other ( <b>IDENTIFY</b> )									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Management Company Name</th> <th style="width: 15%;">Type of Service (code number)</th> <th style="width: 20%;">Total Amount</th> </tr> </thead> </table>	Management Company Name	Type of Service (code number)	Total Amount						
Management Company Name	Type of Service (code number)	Total Amount								
(19a)	<b>[928]</b>	<b>[938]</b>	<b>[948]</b>	(19a)						
(19b)	<b>[929]</b>	<b>[939]</b>	<b>[949]</b>	(19b)						
(19c)	<b>[930]</b>	<b>[940]</b>	<b>[950]</b>	(19c)						
(19d)	<b>[931]</b>	<b>[941]</b>	<b>[951]</b>	(19d)						
(19e)	<b>[932]</b>	<b>[942]</b>	<b>[952]</b>	(19e)						
(19f)	<b>[933]</b>	<b>[943]</b>	<b>[953]</b>	(19f)						
(19g)	<b>[934]</b>	<b>[944]</b>	<b>[954]</b>	(19g)						
(19h)	<b>[935]</b>	<b>[945]</b>	<b>[955]</b>	(19h)						
(19i)	<b>[936]</b>	<b>[946]</b>	<b>[956]</b>	(19i)						
(19j)	<b>[937]</b>	<b>[947]</b>	<b>[957]</b>	(19j)						

Encode all Schedule I data, Part II data, in the standard file. If any row of Line 19 is a type 8 service, do not enter an 8 in Type of Service. Instead, **specifically identify** the type of service in this column.

Respond to all questions concerning your facility and cost report information.

**STATEMENT OF COMPENSATION**

**Schedule J**

**OF OWNERS, DIRECTORS, AND RELATED INDIVIDUALS**

Code YES as "1"; NO as "0"

Yes No

SCHEDULE J COMPLETED?

[958]

LINE NO.	NAME (A)	Social Security Number (B)	Title/Function (C)	Business Organization			Time Devoted to Nursing Facility Work		Compensation Included in Allowable Cost		LINE NO.
				Type (D)	% Owned (E)	% P & L (F)	# Hours/Week (G)	% Time/Week (H)	\$ (I)	Schedule C Line # (J)	
(1)	[959]	[974]	[989]	[1004]	[1019]	[1034]	[1049]	[1064]	[1079]	[1094]	(1)
(2)	[960]	[975]	[990]	[1005]	[1020]	[1035]	[1050]	[1065]	[1080]	[1095]	(2)
(3)	[961]	[976]	[991]	[1006]	[1021]	[1036]	[1051]	[1066]	[1081]	[1096]	(3)
(4)	[962]	[977]	[992]	[1007]	[1022]	[1037]	[1052]	[1067]	[1082]	[1097]	(4)
(5)	[963]	[978]	[993]	[1008]	[1023]	[1038]	[1053]	[1068]	[1083]	[1098]	(5)
(6)	[964]	[979]	[994]	[1009]	[1024]	[1039]	[1054]	[1069]	[1084]	[1099]	(6)
(7)	[965]	[980]	[995]	[1010]	[1025]	[1040]	[1055]	[1070]	[1085]	[1100]	(7)
(8)	[966]	[981]	[996]	[1011]	[1026]	[1041]	[1056]	[1071]	[1086]	[1101]	(8)
(9)	[967]	[982]	[997]	[1012]	[1027]	[1042]	[1057]	[1072]	[1087]	[1102]	(9)
(10)	[968]	[983]	[998]	[1013]	[1028]	[1043]	[1058]	[1073]	[1088]	[1103]	(10)
(11)	[969]	[984]	[999]	[1014]	[1029]	[1044]	[1059]	[1074]	[1089]	[1104]	(11)
(12)	[970]	[985]	[1000]	[1015]	[1030]	[1045]	[1060]	[1075]	[1090]	[1105]	(12)
(13)	[971]	[986]	[1001]	[1016]	[1031]	[1046]	[1061]	[1076]	[1091]	[1106]	(13)
(14)	[972]	[987]	[1002]	[1017]	[1032]	[1047]	[1062]	[1077]	[1092]	[1107]	(14)
(15)	[973]	[988]	[1003]	[1018]	[1033]	[1048]	[1063]	[1078]	[1093]	[1108]	(15)

**Schedule K**

**FACILITY TRANSACTIONS  
WITH RELATED PARTIES**

Code YES as "1"; NO as "0"	Yes	No
SCHEDULE K COMPLETED?	[1]	[09]

TRANSACTIONS WITH RELATED PARTIES ARE INCLUDED IN:										
LINE NO.	Schedule C Line # (A)	Schedule C Amount (B)	Amount of Profit (C)	Position, Service or Supply (D)	Name of Related Business (E)	EIN or SSN (F)	Owner(s) of Related Business (G)	% Ownership in Nursing Facility (H)	% Ownership in Related Business (I)	LINE NO.
(1)	[210]	[1124]		[195] Home Office	[1167]	[1181]	[1195]	[1209]	[1223]	(1)
(2)	[1111]	[1125]	[1138]	[1154]	[1168]	[1182]	[1196]	[1210]	[1224]	(2)
(3)	[1112]	[1126]	[1139]	[1155]	[1169]	[1183]	[1197]	[1211]	[1225]	(3)
(4)	[1113]	[1127]	[1140]	[1156]	[1170]	[1184]	[1198]	[1212]	[1226]	(4)
(5)	[1114]	[1128]	[1141]	[1157]	[1171]	[1185]	[1199]	[1213]	[1227]	(5)
(6)	[1115]	[1129]	[1142]	[1158]	[1172]	[1186]	[1200]	[1214]	[1228]	(6)
(7)	[1116]	[1130]	[1143]	[1159]	[1173]	[1187]	[1201]	[1215]	[1229]	(7)
(8)	[1117]	[1131]	[1144]	[1160]	[1174]	[1188]	[1202]	[1216]	[1230]	(8)
(9)	[1118]	[1132]	[1145]	[1161]	[1175]	[1189]	[1203]	[1217]	[1231]	(9)
(10)	[1119]	[1133]	[1146]	[1162]	[1176]	[1190]	[1204]	[1218]	[1232]	(10)
(11)	[1120]	[1134]	[1147]	[1163]	[1177]	[1191]	[1205]	[1219]	[1233]	(11)
(12)	[1121]	[1135]	[1148]	[1164]	[1178]	[1192]	[1206]	[1220]	[1234]	(12)
(13)	[1122]	[1136]	[1149]	[1165]	[1179]	[1193]	[1207]	[1221]	[1235]	(13)
(14)	[1123]	[1137]	[1150]	[1166]	[1180]	[1194]	[1208]	[1222]	[1236]	(14)
(15)			[1151]							(15)
(16)			[1152]							(16)

Line 15 = Total Column C Profits from any additional Schedule K. Leave blank if no additional lines greater than 14 are needed.

Line 16 = Total Profit for Schedule K in Column C. Must agree with Schedule E, Line 20, Column A.

## COMPARATIVE BALANCE SHEET

Code YES as "1"; NO as "0"

Yes	No
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SCHEDULE L COMPLETED?	[1237]
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	LINE NO.	END OF CURRENT PERIOD (A)	END OF PRIOR PERIOD (B)
<b>CURRENT ASSETS</b>			
Cash on hand and in banks	(1)	[1240]	[1273]
Accounts and notes receivable (Less allowance \$ [1238])	(2)	[1241]	[1274]
Inventories (priced at [1239])	(3)	[1242]	[1275]
Investments	(4)	[1243]	[1276]
Prepaid expenses	(5)	[1244]	[1277]
Total Current Assets	(6)	[1245]	[1278]
<b>PROPERTY, PLANT AND EQUIPMENT</b>			
Land	(7)	[1246]	[1279]
Buildings	(8)	[1247]	[1280]
Leasehold improvements	(9)	[1248]	[1281]
Equipment	(10)	[1249]	[1282]
Total property, plant and equipment	(11)	[1250]	[1283]
Less accumulated depreciation	(12)	[1251]	[1284]
Net Property, Plant and Equipment	(13)	[1252]	[1285]
<b>OTHER ASSETS</b>			
Notes receivable	(14)	[1253]	[1286]
Other assets	(15)	[1254]	[1287]
TOTAL ASSETS	(16)	[1255]	[1288]
<b>CURRENT LIABILITIES</b>			
Accounts payable	(17)	[1256]	[1289]
Notes payable	(18)	[1257]	[1290]
Accrued salaries, wages, fees payable	(19)	[1258]	[1291]
Deferred income	(20)	[1259]	[1292]
Total Current Liabilities	(21)	[1260]	[1293]
<b>LONG-TERM LIABILITIES</b>			
Mortgage payable	(22)	[1261]	[1294]
Notes payable	(23)	[1262]	[1295]
Other	(24)	[1263]	[1296]
TOTAL LIABILITIES	(25)	[1264]	[1297]
<b>CAPITAL</b>			
Owner's equity (proprietary or partnership)	(26)	[1265]	[1298]
Capital stock outstanding (corporation)	(27)	[1266]	[1299]
Retained earnings (R/E) - beginning of year	(28)	[1267]	[1300]
Current year's operating profit (loss)	(29)	[1268]	[1301]
Other R/E account transactions (net)	(30)	[1269]	[1302]
Balance, end of year	(31)	[1270]	[1303]
Total Capital	(32)	[1271]	[1304]
TOTAL LIABILITIES AND CAPITAL	(33)	[1272]	[1305]

**STATEMENT OF  
CHANGES  
IN FUNDED  
DEPRECIATION**

**Schedule M**

LINE NO.		DATE (A)	AMOUNT (B)	LINE NO.
(1)	<b>BEGINNING BALANCE</b>		<b>[1326]</b>	(1)
	INCREASE:			
(2)	Investment Income		<b>[1327]</b>	(2)
(3)	Investment Income from interfund loans		<b>[1328]</b>	(3)
(4)	Monthly Deposits		<b>[1329]</b>	(4)
(5a)	Other (identify) <b>[1306]</b>	<b>[1316]</b>	<b>[1330]</b>	(5a)
(5b)	Other (identify) <b>[1307]</b>	<b>[1317]</b>	<b>[1331]</b>	(5b)
(5c)	Other (identify) <b>[1308]</b>	<b>[1318]</b>	<b>[1332]</b>	(5c)
(5d)	Other (identify) <b>[1309]</b>	<b>[1319]</b>	<b>[1333]</b>	(5d)
(5e)	Other (identify) <b>[1310]</b>	<b>[1320]</b>	<b>[1334]</b>	(5e)
	DECREASE:			
(6)	Asset Purchases (attach detailed schedule)		<b>[1335]</b>	(6)
(7)	Mortgage or Bond Principal Payments		<b>[1336]</b>	(7)
(8)	Loans Receivable (attach detailed schedule)		<b>[1337]</b>	(8)
(9a)	Other (identify) <b>[1311]</b>	<b>[1321]</b>	<b>[1338]</b>	(9a)
(9b)	Other (identify) <b>[1312]</b>	<b>[1322]</b>	<b>[1339]</b>	(9b)
(9c)	Other (identify) <b>[1313]</b>	<b>[1323]</b>	<b>[1340]</b>	(9c)
(9d)	Other (identify) <b>[1314]</b>	<b>[1324]</b>	<b>[1341]</b>	(9d)
(9e)	Other (identify) <b>[1315]</b>	<b>[1325]</b>	<b>[1342]</b>	(9e)
(10)	<b>ENDING BALANCE</b>		<b>[1343]</b>	(10)

**ANNUAL FINANCIAL REPORT OF  
RESIDENT PERSONAL  
FUND MANAGEMENT**

Code NA as "NA"; YES as "1"; NO as "0"    NA    Yes    No

SCHEDULE MA-4 COMPLETED? (see instructions)    **[1344]**   

PART I. STATEMENT OF REVENUES, EXPENDITURES & CHANGES IN FUND BALANCE		
LINE NO.	DESCRIPTION	RESIDENT PERSONAL FUNDS
(1)	Resident Receipts	<b>[1345]</b>
(2)	Interest Earned	<b>[1346]</b>
(3)	<b>TOTAL REVENUES</b>	<b>[1347]</b>
(4)	Payments to Facility	<b>[1348]</b>
(5)	Resident Expenditures	<b>[1349]</b>
(6)	Other Expenditures	<b>[1350]</b>
(7)	<b>TOTAL EXPENDITURES</b>	<b>[1351]</b>
(8)	<b>REVENUES OVER (UNDER) EXPENDITURES</b>	<b>[1352]</b>
(9)	Beginning Fund Balance	<b>[1353]</b>
(10)	Ending Fund Balance	<b>[1354]</b>

PART II. BALANCE SHEET AT END OF PERIOD		
LINE NO.	DESCRIPTION	RESIDENT PERSONAL FUNDS
<i>ASSETS:</i>		
(11)	Petty Cash	<b>[1359]</b>
(12)	Noninterest-Bearing Accounts	<b>[1360]</b>
(13)	Interest-Bearing Checking	<b>[1361]</b>
(14)	Savings Accounts	<b>[1362]</b>
(15)	Certificates of Deposit	<b>[1363]</b>
(16)	Other Cash Accounts	<b>[1364]</b>
(17)	Accounts Receivable	<b>[1365]</b>
(18)	Other Assets	<b>[1366]</b>
(19)	<b>[1355]</b>	<b>[1367]</b>
(20)	<b>[1356]</b>	<b>[1368]</b>
(21)	<b>TOTAL ASSETS</b>	<b>[1369]</b>
<i>LIABILITIES:</i>		
(22)	Accounts Payable - General	<b>[1370]</b>
(23)	Accounts Payable - Estates	<b>[1371]</b>
(24)	Accounts Payable - Facility	<b>[1372]</b>
(25)	Due to Commonwealth - Escheats	<b>[1373]</b>
(26)	Other Liabilities	<b>[1374]</b>
(27)	<b>[1357]</b>	<b>[1375]</b>
(28)	<b>[1358]</b>	<b>[1376]</b>
(29)	<b>TOTAL LIABILITIES</b>	<b>[1377]</b>
(30)	<b>FUND BALANCE AT END OF PERIOD</b>	<b>[1378]</b>
(31)	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>[1379]</b>

PART III. COMPLIANCE QUESTIONS FOR FEDERAL REQUIREMENTS		Code YES as "1"; NO as "0"	
LINE NO.	QUESTIONS	YES	NO
(32)	Are individual resident personal funds in excess of \$50.00 maintained in interest-bearing accounts?	<b>[1380]</b>	<input type="checkbox"/>
(33)	On what basis is interest allocated?	<b>[1381]</b>	<input type="checkbox"/>
(34)	Are accounting procedures established to assure that resident personal funds are not co-mingled with facility funds?	<b>[1382]</b>	<input type="checkbox"/>
(35)	Are detailed resident personal fund ledgers available upon request?	<b>[1383]</b>	<input type="checkbox"/>
(36)	Are all personal funds of facility residents insured or covered by a surety bond?	<b>[1384]</b>	<input type="checkbox"/>
(37)	Are residents and the County Assistance Offices notified when the amount in an individual resident's personal account meets or exceeds MA-specified levels?	<b>[1385]</b>	<input type="checkbox"/>

**PRIVATE PAY AND  
MEDICARE RATE  
CERTIFICATION  
STATEMENTS**

**Schedule MA-58**

<b>PART I. PRIVATE PAY RATE</b>			
<b>LINE NO.</b>	<b>QUESTION</b>	<b>Code YES as "1"; NO as "0"</b>	
(1a)	During the report period, did the Medical Assistance rate charged to the Department exceed the usual and customary charges made to the general public for a room?	YES	NO
		<b>[1386]</b>	
(1b)	If YES, give all-inclusive or room and board plus ancillary private pay rate.	\$	<b>[1387]</b>
	<p>If NO, sign and date the following certification statement that will appear on the Certification Report.</p> <p>I hereby certify that the facility's usual and customary charges to the general public for a room during this reporting period exceeded the facility's Medical Assistance rate to the Department. I understand that any false claims, statements, or concealment of material fact may be prosecuted under applicable federal or state law. I understand that if I do not sign this statement, the Department will make any necessary gross adjustments to the facility's reimbursement in accordance with 62 P.S. § 1406(b).</p>		
<b>PART II. MEDICARE RATE</b>			
<b>LINE NO.</b>	<b>QUESTION</b>	<b>Code YES as "1"; NO as "0"</b>	
(2a)	Indicate the Medicare rate that was in effect during the MA-11 report period (attach schedule).	\$	<b>[1388]</b>
(2b)	Indicate the effective date of the Medicare rate.		<b>[1389]</b>
(2c)	Indicate whether the Medicare rate is an audited rate.	YES	NO
		<b>[1390]</b>	
	<p>If Medicare Rate (2a) is completed, sign and date the following certification statement that will appear on the Certification Report.</p> <p>I hereby certify that the above Medicare per diem rate was/would have been the average Medicare rate as determined by the instructions to Schedule MA-58 for any Medicare resident had that Medicare resident been provided services during the MA-11 report period. I understand that any false claims, statements, or concealment of material fact may be prosecuted under applicable federal or state law.</p>		
<b>PART III. ADMINISTRATOR INFORMATION</b>			
<b>LINE NO.</b>	<b>QUESTION</b>		
(3a)	Administrator's Name:	<b>[1391]</b>	
(3b)	Administrator's Telephone Number:	<b>[1392]</b>	
(3c)	Administrator's Fax Number:	<b>[1393]</b>	