

**MaineCare Cost Report Checklist  
Hospitals**

**Hospital Name:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_ **through** \_\_\_\_\_

**Preparer's Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

The following supporting documentation must be submitted with your cost report filing in accordance with Principle 45.02-5 of the MaineCare Benefits Manual Chapter III, Principles of Reimbursement. Failure to supply the requested information will deem the cost report unacceptable and is grounds for the Department to impose sanctions pursuant to the MaineCare Benefits Manual Chapter I, Section I. Please include a check mark next to each individual item number for which enclosures have been provided, and return a completed copy of the checklist. Thank you for your cooperation in this matter and please do not hesitate to contact the Division of Audit at (207) 287-2403 if you have any questions in regards to these items.

- \_\_\_ A.) **100% Settlement Check** – a check for 100% of any estimated amount due the Department must accompany the cost report.
- \_\_\_ B.) **As-Filed Medicare Cost Report** - all sections relevant to Title XVIII and Title XIX must be completed, certified by the administrator/preparer with original signatures.
- \_\_\_ C.) **MaineCare Supplemental Data Form (TEFRA)** - completed on the template provided by the Department and submitted electronically.
- \_\_\_ D.) **Audited Financial Statements** - copy of audited financial statements. Financial statements must include both consolidated and hospital specific information.
- \_\_\_ E.) **Revenue Reconciliation** - reconciling financial statement revenue to the Worksheet C charges on the As-Filed Medicare Cost Report.
- \_\_\_ F.) **UB Mapping** - mapping revenue codes to the appropriate cost center
- \_\_\_ G.) **1500 Mapping** - mapping of 1500 claims to clinic/cost centers by service area, specialty, or physician.

Per Principle 45.02 G., the Division of Audit will not grant automatic extensions. Requests for extension of time to file an As-Filed Medicare Cost Report and MaineCare Supplemental Data Form must be received by the Division of Audit in writing no less than fifteen (15) days prior to the due date. The hospital must clearly explain the reason for the request and specify the date by which the Division of Audit will receive the report. The Director of the Division of Audit has the sole discretion to determine whether the request is for good cause based on the merits of each request. Ignorance of the rule, inconvenience, or a Cost Report preparer engaged in other work will not be considered “good cause.”