MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

HOSPITAL COST REPORT - SUBMISSION CHECKLIST

Hospital Name:	______________________	**Contact Name:**	______________________
Medicare Provider Number:	______________	**Phone Number:**	______________________
Medicaid Provider Number:	______________	**E-mail Address:**	______________________
Cost Report Period:	**From:** ________ **To:** ________		

Hospital Cost Report Submission Checklist

Please indicate with an "X" each item included or a "N/A" if not included. All items should be uploaded to the web portal, MOcostreports.mslc.com, or emailed to MOcostreports@mslc.com.

	Item Description
☐	1. Electronic copy of Medicaid cost report (ECR)
☐	2. Print Image (PI) file of cost report
☐	3. Signed Certification Page (W/S S)
☐	4. Working Trial Balance (WTB) used to complete cost report
☐	5. Grouping Schedule for W/S A and W/S C
☐	6. Revenue code crosswalk
☐	7. Audited financial statements (AFS). If not audited, a copy of the reviewed or compiled financial statements
	8. Supporting documentation for (if applicable):
☐	a. W/S A-6 Reclassifications
☐	b. W/S A-8 Adjustments
☐	c. W/S A-8-1 Related Party Allowable Cost (including the Home Office Cost Statement, if applicable)
☐	d. W/S A-8-2 Provider Based Physicians
☐	e. Interns and Residents Information System (IRIS) file for Interns and Residents data
☐	9. Excel version of the Medicaid Supplemental Packet (https://myersandstauffer.com/missouri)
☐	a. Supporting documentation for amounts reported in Medicaid Supplemental Packet
☐	b. Provider-based Rural Health Clinic Managed Care logs
☐	10. Private room differential supporting documentation
	11. Internal Medicaid Log(s)
☐	a. Hospital
☐	b. Psych Subprovider
☐	c. Rehab Subprovider
☐	d. Skilled Nursing Facility
☐	e. Other
☐	12. FRA Listing Support