

Hospital Cost Report (JFS 02930) Submission Checklist

- Hard copies of the following should be sent to:
 - Ohio Health Plans**
 - Cost Reporting Unit**
 - P.O. Box 182709**
 - Columbus, OH 43218-2709**
- An original SIGNED Medicaid Certification Page
- One hard copy of the completed OBRA Survey
- One hard copy of the JFS 02930 schedules
- A copy of the SIGNED Medicare Certification Page
 - ◆ DO NOT send a copy of your entire Medicare Report.

- Electronic copies of the following should be emailed to:
 - hospital_cost_reports@jfs.ohio.gov**
- JFS 02930 saved as your provider number (nnnnnnn.xls)
- Medicare Electronic Cost Report (EC) file and
- Medicare Print Image (PI) file
 - ◆ The EC & PI files should be the same files sent to your fiscal intermediary.

- Your required submission does not contain protected health information; please DO NOT send "secure" email messages.**

- Remittance for amounts due should be sent to:
 - Ohio Department of Job and Family Services**
 - P.O. Box 182367**
 - Columbus OH 43218-2367**
- Check made payable to; Treasurer of State, State of Ohio, (ODJFS)
- A copy of the Settlement Summary page.

**PLEASE BE SURE TO SEND THE COST REPORT AND ANY
PAYMENT DUE TO THE CORRECT P.O. BOXES.**