Ohio | Department of Medicaid

Nursing Facility Cost Center Reporting (NFCCR)

Version 1.3

Provider User Guide

8/10/2022

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1. Overview

The purpose of this system is to gather Nursing Facility Cost Center Reporting (NFCCR) data from providers and determine their preliminary compliance.

2. Definitions and acronyms

Term	Definition
NFCCR	Nursing Facility Cost Center Reporting.
Reporting Period	Period of time with a start date and end date.
Cost Center Reporting Data	Data submitted to the system by providers.
Provider	A Nursing Facility providing Medicaid services.

3.   Conventions

- Fields marked with a red asterisk (*) are required.
- The terms "page" and "screen" are used interchangeably in this document.
- When receiving emails from the system check your junk / spam folders.
- Hover your mouse on the ⓘ icon for helpful information about the field.

4.   Browser Recommendations

Chrome (latest stable version) is the preferred browser for the NFCCR system. For the best experience use a full desktop computer instead of a phone or tablet.

5. Submit an NFCCR

Follow the below steps to submit reporting information to the NFCCR system.

5.1 Steps to Submit an NFCCR

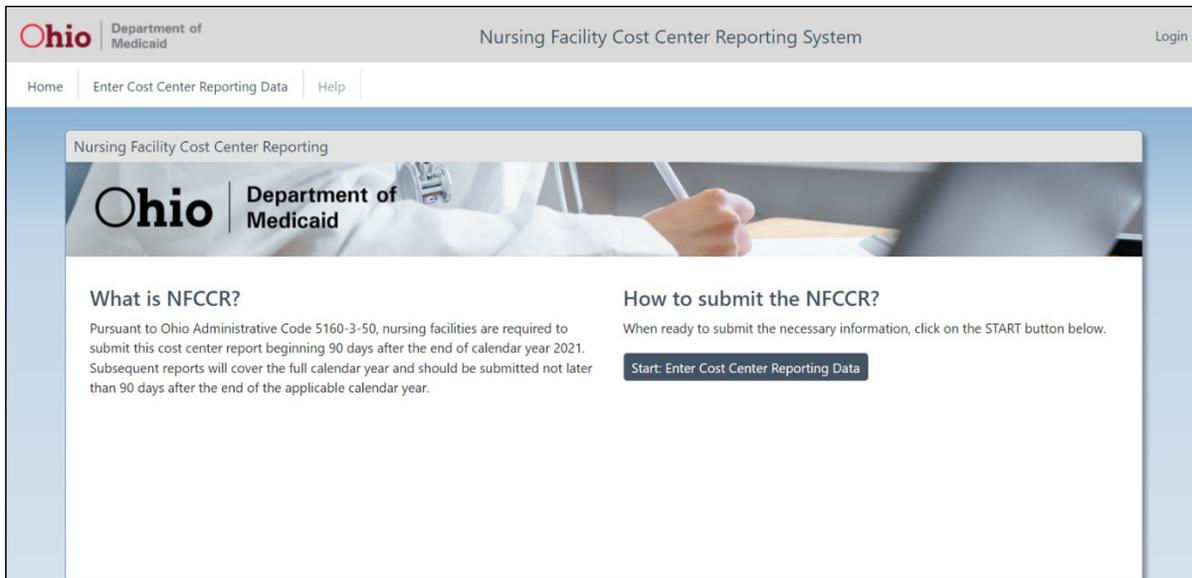1. Once you enter the NFCCR system, you will see the following **Home Page** screen:

Figure 1 – Home Page

2. Click the **Start: Enter Cost Center Reporting Data** button at the bottom right of the page or the corresponding menu at the top left to display the **Cost Center Reporting Form** as shown below:

Figure 2 – Cost Center Reporting Form

3. If an entry is not valid, the system alerts you with a red message under the field containing the issue. Correct any errors in order to continue.

4. Click the **Submit** button. A *"Thank You"* message is displayed, as shown on the right. You will also receive an email confirmation of the submitted NFCCR to the contact email(s) entered on the form.

Figure 3 – Thank You Message Screen

5.2   NFCCR Field Descriptions

Field	Description
Medicaid Provider Id	Medicaid Provider Id. A seven-digit Medicaid Provider number.
Provider Name / Business Name	Provider name as recorded on the Medicaid provider agreement.
Submitter Name	Name of the person completing the NFCCR.
Submitter Title	Title of the person completing the NFCCR.
Contact Email 1	Email address of the person completing the NFCCR.
Contact Email 2	Email address of a second person familiar with the NFCCR.
Reporting Periods	Reporting period for this submission. For 2021, the reporting period will be 7-1-2021 through 12-31-2021. For 2022, the reporting period will be 1-1-22 through 12-31-22. For 2023, the reporting period will be 1-1-23 through 6-30-22.
Direct Care	Report total direct care costs for the time period of this NFCCR submission for those cost centers included in Schedule B-2 of the annual cost report.
Ancillary Cost	Report total ancillary care costs for the time period of this NFCCR submission for those cost centers included in Schedule C of the annual cost report.
Inpatient Days	Report total inpatient days for the time period of this NFCCR submission.
Total Tax Cost	Report total Tax Cost days for time period of this NFCCR submission.
Comments	Provide any feedback on this form.
Confirm Checkbox	Use the checkbox to acknowledge that the information provided is accurate and true.
Full Name	Name of the person completing the NFCCR.