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ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

Table 1 specifies the standard record format to be used for electronic reporting. Each electronic cost report submission (file) has four types of records. The first group (type 1 records) contains information for identifying, processing, and resolving problems. The text used throughout the cost report for variable line labels (e.g., Worksheet A) and variable column headers (Worksheet B-1) are included in the type 2 records. Refer to Table 5 for cost center coding. The data, detailed in Table 3, is identified as type 3 records. The encryption coding at the end of the file, records 1, 1.01, and 1.02 are type 4 records.

The medium for transferring cost reports submitted electronically to *contractors* is 3½" diskettes, Compact Diskettes *(CD)*, or Flash Drive. The file must be in IBM format *and the* character set must be ASCII. Providers should seek approval from their *contractor* regarding the method of submission to *ensure* that the method of transmission is acceptable.

The following are requirements for all records:

1. All alpha characters must be in upper case.

2. For micro systems, the end of record indicator must be a carriage return and line feed, in that sequence.

3. No record may exceed 60 characters.

Below is an example of a set of type 1 records with a narrative description of their meaning.

```
          1         2         3         4         5         6
123456789012345678901234567890123456789012345678901234567890
1             1   01012320101212011120 1A09P005201125820100121
1             4                    .0 14:30
```

Record #1: This is a cost report file submitted by CCN 010123 for the period from May 1, 2010 (2010121) through April 30, 2011 (2011120). It is filed on the Form CMS-2552-10. It is prepared with vendor number A09's PC based system, version number 5. Position 38 changes with each new test case and/or re-approval and is *an* alpha *character*. Positions 39 and 40 will remain constant for approvals issued after the first test case. This file is prepared by the hospital on September 15, 2011 (2011258). The electronic cost report specification, dated May 1, 2010 (2010121), is used to prepare this file.

Records #4-6: The hospital was subject to an inpatient capital reduction of 0.0%.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

FILE NAMING

CONVENTION Name each cost report ECR file in the following manner:
ECNNNNNN.YYLC, where
1. EC (Electronic Cost Report) is constant;
2. NNNNNN is the 6 digit CMS Certification Number;
3. YY is the year in which the provider's cost reporting period ends; and
4. L is a character variable (A-Z) to enable separate identification of files from hospitals with two or more cost reporting periods ending in the same calendar year.
5. C is the number of times this original cost report is being filed.

Name each cost report PI file in the following manner:
PINNNNNN.YYLC, where
1. PI (Print Image) is constant;
2. NNNNNN is the 6 digit CMS Certification Number;
3. YY is the year in which the provider's cost reporting period ends; and
4. L is a character variable (A-Z) to enable separate identification of files from hospitals with two or more cost reporting periods ending in the same calendar year.
5. C is the number of times this original cost report is being filed.

RECORD NAME: Type 1 Records - Record Number 1

	Size	Usage	Loc.	Remarks
1. Record Type	1	X	1	Constant "1"
2. For Future use	10	9	2-11	Alpha numeric
3. Space	1	X	12	
4. Record Number	1	X	13	Constant "1"
5. Spaces	3	X	14-16	
6. Hospital CCN Number	6	9	17-22	Field must have 6 numeric characters
7. Fiscal Year Beginning Date	7	9	23-29	YYYYDDD - Julian date; first day covered by this cost report
8. Fiscal Year Endning Date	7	9	30-36	YYYYDDD - Julian date; first day covered by this cost report
9. MCR Version	1	9	37	Constant "1" (for Form CMS 2552-10)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

RECORD NAME: Type 1 Records - Record Number 1 (Continued)

	Size	Usage	Loc.	Remarks
10. Vendor Code	3	X	38-40	To be supplied upon approval. Refer to page 40-703.
11. Vendor Equipment	1	X	41	P = PC; M = Main Frame
12. Version Number	3	X	42-44	Version of extract software, e.g., 001=1st , 002=2nd, etc. or 101=1st, 102=2nd. The version number must be incremented by 1 with each recompile and release to client(s).
13. Creation Date	7	9	45-51	YYYYDDD - Julian date; date on which the file was created (extracted from the cost report)
14. ECR Spec. Date	7	9	52-58	YYYYDDD - Julian date; date of electronic cost report specifications used in producing each file. Valid for cost reporting periods *beginning on or after (10/01/2012) 2012275,* Prior approval(s) 2012182, 2010121,for cost reporting periods beginning on or after (05/01/2010),

RECORD NAME: Type 1 Records - Record Numbers 2 - 99

	Size	Usage	Loc.	Remarks
1. Record Type	1	9	1	Constant "1"
2. Spaces	10	X	2-11	
3. Record Number	*2*	*9*	*12-13*	#2 - Reserved for future use. #3 - Vendor information; optional record for use by vendors. Left justified in positions 21-60. #4 - The time that the cost report is created. This is represented in military time as alpha numeric. Use position 21-25. Example 2:30PM is expressed as 14:30. #5 to #99 - Reserved for future use.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

RECORD NAME: Type 1 Records - Record Numbers 2 - 99 (Continued)

	Size	Usage	Loc.	Remarks
4. Spaces	7	X	14-20	Spaces (Optional)
5. ID Information	40	X	21-60	Left justified to position 21.

RECORD NAME: Type 2 Records for Labels

	Size	Usage	Loc.	Remarks
1. Record Type	1	9	1	Constant "2"
2. Worksheet Indicator	7	X	2-8	Alphanumeric. Refer to Table 2.
3. Spaces	2	X	9-10	
4. Line Number	3	9	11-13	Numeric
5. Subline Number	2	9	14-15	Numeric
6. Column Number	3	X	16-18	Alphanumeric
7. Subcolumn Number	2	9	19-20	Numeric
8. Cost Center Code	5	9	21-25	Numeric. Refer to Table 5 for appropriate cost center code.
9. Labels/Headings				
a. Line Labels	36	X	26 -60	
b. Column Headings Statistical Basis & Code	10	X	21-30	Alphanumeric, left justified
c. Line Statistics	36	X	21-57	Worksheet I-1 basis

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

RECORD NAME: Type 2 Records for Labels (Continued)

The type 2 records contain text which appears on the printed cost report. Of these, there are three groups: (1) Worksheet A cost center names (labels); (2) column headings for stepdown entries; and (3) other text appearing in various places throughout the cost report. The standard cost center labels are listed below.

A Worksheet A cost center label must be furnished for every cost center with cost or charge data anywhere in the cost report. The line and subline numbers for each label must be the same as the line and subline numbers of the corresponding cost center on Worksheet A. The columns and subcolumn numbers are always set to zero.

Column headings for the General Service cost centers on Worksheets B-1, B, Parts I, and II, and Worksheet J-1, Part II (lines 1-3) are supplied once, consisting of one to three records. The statistical basis shown on Worksheet B-1 is also reported. The statistical basis consists of one or two records (lines 4 and 5). Statistical basis code is supplied only to Worksheet B-1 columns and is recorded as line 5 and only for capital cost centers, columns 1-2 and subscripts as applicable. The statistical code must agree with the statistical basis indicated on lines 4 and 5, i.e., code 1 = square footage, code 2 = dollar value, and code 3 = all others. Refer to Table 2 for the special worksheet identifier to be used with column headings and statistical basis and to Table 3 for line and column references. See below for statistical basis line labels for Worksheet I-1. These line labels are required records in the file. (See 9c above for record placement.)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

Use the following type 2 cost center descriptions for all Worksheet A standard cost center lines.

Line	Description
1	CAP REL COSTS-BLDG & FIXT
2	CAP REL COSTS-MVBLE EQUIP
3	OTHER CAP REL COSTS
4	EMPLOYEE BENEFITS *DEPARTMENT*
5	ADMINISTRATIVE & GENERAL
6	MAINTENANCE & REPAIRS
7	OPERATION OF PLANT
8	LAUNDRY & LINEN SERVICE
9	HOUSEKEEPING
10	DIETARY
11	CAFETERIA
12	MAINTENANCE OF PERSONNEL
13	NURSING ADMINISTRATION
14	CENTRAL SERVICES & SUPPLY
15	PHARMACY
16	MEDICAL RECORDS & LIBRARY
17	SOCIAL SERVICE
19	NONPHYSICIAN ANESTHETISTS
20	NURSING SCHOOL
21	I&R SERVICES-SALARY & FRINGES APPRVD
22	I&R SERVICES-OTHER PRGM COSTS APPRVD
23	PARAMED ED PRGM-(SPECIFY)
30	ADULTS & PEDIATRICS
31	INTENSIVE CARE UNIT
32	CORONARY CARE UNIT
33	BURN INTENSIVE CARE UNIT
34	SURGICAL INTENSIVE CARE UNIT
40	SUBPROVIDER - IPF
41	SUBPROVIDER - IRF
42	SUBPROVIDER
43	NURSERY
44	SKILLED NURSING FACILITY
45	NURSING FACILITY
46	OTHER LONG TERM CARE
50	OPERATING ROOM
51	RECOVERY ROOM
52	DELIVERY ROOM & LABOR ROOM
53	ANESTHESIOLOGY
54	RADIOLOGY-DIAGNOSTIC
55	RADIOLOGY-THERAPEUTIC
56	RADIOISOTOPE
57	CT SCAN
58	MRI
59	CARDIAC CATHETERIZATION
60	LABORATORY
61	PBP CLINICAL LAB SERVICES-PRGM ONLY
62	WHOLE BLOOD & PACKED RED BLOOD CELLS
63	BLOOD STORING, PROCESSING & TRANS.
64	INTRAVENOUS THERAPY
65	RESPIRATORY THERAPY
66	PHYSICAL THERAPY
67	OCCUPATIONAL THERAPY
68	SPEECH PATHOLOGY
69	ELECTROCARDIOLOGY
70	ELECTROENCEPHALOGRAPHY
71	MEDICAL SUPPLIES CHARGED TO PATIENTS
72	IMPL. DEV. CHARGED TO PATIENTS
73	DRUGS CHARGED TO PATIENTS
74	RENAL DIALYSIS
75	ASC (NON-DISTINCT PART)
88	RURAL HEALTH CLINIC
89	FEDERALLY QUALIFIED HEALTH CENTER
90	CLINIC
91	EMERGENCY
92	OBSERVATION BEDS (NON-DISTINCT PART)
94	HOME PROGRAM DIALYSIS
95	AMBULANCE SERVICES
96	DURABLE MEDICAL EQUIP-RENTED
97	DURABLE MEDICAL EQUIP-SOLD
100	I&R SERVICES-NOT APPRVD PRGM
101	HOME HEALTH AGENCY
105	KIDNEY ACQUISITION
106	HEART ACQUISITION
107	LIVER ACQUISITION
108	LUNG ACQUISITION
109	PANCREAS ACQUISITION
110	INTESTINAL ACQUISITION
111	ISLET ACQUISITION
113	INTEREST EXPENSE
114	UTILIZATION REVIEW-SNF
115	AMBULATORY SURGICAL CENTER (D.P.)
116	HOSPICE
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN
191	RESEARCH
192	PHYSICIANS' PRIVATE OFFICES
193	NONPAID WORKERS

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

Type 2 records for Worksheet B-1, columns 1-23, lines 1-5 and line 6 (for columns 1-2 only (capital cost center columns)) are listed below. The numbers running vertical to line 1 descriptions are the general service cost center line designations.

LINE	1	2	3	4	5	6
1	CAP	BLDGS &	FIXTURES	SQUARE	FEET	1
2	CAP	MOVABLE	EQUIPMENT	DOLLAR	VALUE	2
4	EMPLOYEE	BENEFITS	*DEPARTMENT*	GROSS	SALARIES	
5	ADMINIS-	TRATIVE &	GENERAL	ACCUM.	COST	
6	MAIN-	TENANCE &	REPAIRS	SQUARE	FEET	
7	OPERATION	OF PLANT		SQUARE	FEET	
8	LAUNDRY	& LINEN	SERVICE	POUNDS OF	LAUNDRY	
9	HOUSE-	KEEPING		HOURS OF	SERVICE	
10	DIETARY			MEALS	SERVED	
11	CAFETERIA			MEALS	SERVED	
12	MAIN-	TENANCE &	PERSONNEL	NUMBER	HOUSED	
13	NURSING	ADMINIS-	TRATION	DIRECT	NRSING HRS	
14	CENTRAL	SERVICES &	SUPPLY	COSTED	REQUIS.	
15	PHARMACY			COSTED	REQUIS.	
16	MEDICAL	RECORDS &	LIBRARY	TIME	SPENT	
17	SOCIAL	SERVICE		TIME	SPENT	
19	NONPHYSIC.	ANESTHET.		ASSIGNED	TIME	
20	NURSING	SCHOOL		ASSIGNED	TIME	
21	I&R	SALARY &	FRINGES	ASSIGNED	TIME	
22	I&R	PROGRAM	COSTS	ASSIGNED	TIME	
23	PARAMED	EDUCATION		ASSIGNED	TIME	

Type 2 records for Worksheet H-1, Part II, columns 1-5, lines 1-5 are listed below. The numbers running vertical to line 1 descriptions are the general service cost center line designations.

LINE	1	2	3	4	5
1	CAPITAL	BLDGS &	FIXTURES	SQUARE	FEET
2	CAPITAL	MOVABLE	EQUIPMENT	DOLLAR	VALUE
3	PLANT	OPER. &	MAINT.	SQUARE	FEET
4	TRANS-	PORTAT-	ION	MILEAGE	
5	ADMINIS-	TRATIVE &	GENERAL	ACCUM.	COST

Type 2 records for Worksheet I-1, column 2 statistical basis labels for lines 1-8, 10-16, 18-22, 24-26, and 28-30 with subscripts as appropriate for line 30 are listed below.

Line	Description	Line	Description
1	HOURS OF SERVICE	16	ACCUMULATED COST
2	HOURS OF SERVICE	18	SQUARE FEET

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

3 HOURS OF SERVICE
4 HOURS OF SERVICE
5 HOURS OF SERVICE
6 HOURS OF SERVICE
7 ACCUMULATED COST
8 ACCUMULATED COST
10 SALARY
11 SQUARE FEET
12 PERCENTAGE OF TIME
13 PERCENTAGE OF TIME
14 REQUISITIONS
15 REQUISITIONS
19 PERCENTAGE OF TIME
20 SALARY
21 ACCUMULATED COST
22 SQUARE FEET
24 REQUISITIONS
25 REQUISITIONS
26 ACCUMULATED COST
28 CHARGES
29 CHARGES
30 CHARGES

Type 2 records for Worksheet K-4, columns 1-6, lines 1-5 are listed below. The numbers running vertical to line 1 descriptions are the general service cost center line designations.

	LINE				
	1	2	3	4	5
1	CAPITAL	BLDGS &	FIXTURES	SQUARE	FEET
2	CAPITAL	MOVABLE	EQUIPMENT	DOLLAR	VALUE
3	PLANT	OPER. &	MAINT.	SQUARE	FEET
4	TRANS-	PORTAT-	ION	MILEAGE	
5	VOLUNT.	SERVICES	COORDI.	HOURS OF	SERVICE
6	ADMINIS-	TRATIVE &	GENERAL	ACCUM.	COST

Examples of type 2 records are below. Either zeros or spaces may be used in the line, subline, column, and subcolumn number fields (positions 11-20). Spaces are preferred. (See first two lines of the example.)* Refer to Table 6 for additional cost center code requirements. Examples: Worksheet A line labels with embedded cost center codes:

```
*  2A000000      1       0100CAP REL COSTS-BLDS & FIXT
*  2A00000000000101000000101CAP REL COSTS-WEST WING
   2A000000      2       0200CAP REL COSTS-MVBLE EQUIP
   2A000000      5       0500ADMINISTRATIVE AND GENERAL
   2A000000     21       2100I&R SERVICES-SALARY & FRINGES APPRVD
   2A000000     21 1     2101I&R SALARY-SURGERY
```

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

(line 6) are displayed below. Also below are examples of Worksheets H-1, Part II (4th character indicates the 1st HHA) and Worksheet I-1 for both renal and home program.

2B10000*	1	1	CAP	2B10000*	1	1	CAP
2B10000*	2	1	BLDGS &	2H11002*	1	1	CAPITAL
2B10000*	3	1	FIXTURES	2H11002*	1	1	BLDG &
2B10000*	4	1	SQUARE	2I1D000*	1	2	HRS OF SERVICE
2B10000*	5	1	FEET	2I1D000*	12	2	PERCENTAGE OF TIME
2B10000*	6	1	1	2I1H000*	7	2	ACCUMULATED COST

Worksheet H-1, Part II records share the same size constraints as the Worksheet B-1 records. Worksheet I-1 may not exceed 36 characters.

RECORD NAME: Type 3 Records for Nonlabel Data

	Size	Usage	Loc.	Remarks
1. Record Type	1	9	1	Constant "3"
2. Worksheet Indicator	7	X	2-8	Numeric. Refer to Table 2.
3. Spaces	2	X	9-10	
4. Line Number	3	9	11-13	Numeric
5. Subline Number	2	9	14-15	Numeric
6. Column Number	3	X	16-18	Alphanumeric
7. Subcolumn Number	2	9	19-20	Numeric
8. Field Data				
a. Alpha Data	36	X	21-56	Left justified. (Y or N for yes/no answers; dates must use mm/dd/yyyy format - slashes, no hyphens). Refer to Table 6 for additional requirements for alpha data.
	4	X	57-60	Spaces (optional).

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS
RECORD NAME: Type 3 Records for Nonlabel Data
(Continued)

	Size	Usage	Loc.	Remarks
b. Numeric Data	16	9	21-36	Right justified. May contain embedded decimal point. Leading zeros are suppressed; trailing zeros to the right of the decimal point are not. (See example below.) Positive values are presumed; no "+" signs are allowed. Use leading minus to specify negative values. Express percentages as decimal equivalents, i.e., 8.75% is expressed as .087500. All records with zero values are dropped. Refer to Table 6 for additional requirements regarding numeric data.

A sample of type 3 records and a number line for reference are below.

```
                                3
123456789          5  8         6

3A000000           4     1     32961
3A000000          21     1   1336393
3A000000          21  1  1    185599
3A000000          62  1  1     17750
3A000000           1     2   1014775
3A000000           1  1  2   1767922
3A000000           2     2     14596
3A000000          21     2    768441
3A000000          21  1  2   2746235
3A000000          62  1  2      4982
3C000001          62     1     22476
3C000001          62     1     18021
```

The line numbers are numeric. In several places throughout the cost report (see list below), the line numbers themselves are data. The placement of the line and subline numbers as data must be uniform

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

Worksheet A-6, columns 3, 7, and 10
Worksheet A-8, columns 4 and 5
Worksheet A-8-1, Part A, column 1
Worksheet A-8-2, column 1
Worksheet B-2, column 3

Examples of records (*) with a Worksheet A line number as data and a number line for reference are below.

```
                    1     1     2
 123456789          3     8     1

  3A6000G 0        13     0     TO SPREAD INTEREST EXPENSE
  3A6000G 0        13     1     G
 *3A6000G 0        13     3       1
  3A6000G 0        13     4                    221409
 *3A6000G 0        13     6      87
  3A6000G 0        13     7                    225321
  3A6000G 0        14     0     BETWEEN CAPITAL-RELATED COST
  3A6000G 0        14     1     G
 *3A6000G 0        14     3      401   4
  3A6000G 0        14     4                      3912
  3A6000G 0        15     0     BUILDING & FIXTURES AND
  3A6000G 0        16     0     ADMINISTRATIVE AND GENERAL
```

RECORD NAME: TYPE "3" RECORDS

```
                1     1     2
 123456789      3     8     1

 3A800000      37     0     PBP ADJUSTMENT - EMERGENCY ROOM
 3A800000      37     1     A
 3A800000      37     2                -250935
*3A800000      37     4      61

 3A800000      37     0     PBP ADJUSTMENT - HEART ACQUISITION
 3A800000      37     2                -114525
 3A800000      37     4      85
*3A800000       1     1      41
```

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 1 - RECORD SPECIFICATIONS

RECORD NAME: TYPE 3 RECORDS (Continued)

	3A810000	3	3	1	CAT SCANS	
	3A810000	4	4	1		13352
	3A810000	5	5	1		11122
*	3A820010	3	3	1	4101	
*	3A820010	4	4	1	4101	
	3A820010	4	4	2	DR. B	
	3A820010	4	4	3		126292
	3A820010	4	4	4		94719
	3A820010	4	4	5		31573
	3A820010	4	4	6		124900
	3A820010	4	4	7		741
	3A820010	4	4	12		6860
	3A820010	4	4	14		12000
*	3A820010	5		1	4101	
	3A820010	5		2	DR. C	
	3A820010	5		3		189439
	3A820010	5		4		142079
	3A820010	5		5		47360
	3A820010	5		6		124900
	3A820010	5		7		333
	3A820010	5		12		5750
	3A820010	5		14		18900

RECORD NAME: TYPE 4 RECORDS
File Encryption and Date and Time Stamp

These type 4 records consist of 4 records: 1, 1.01, and 1.02 These records are created at the point in which the ECR file has been completed and saved to disk or compact disk to ensure the integrity of the file.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

This table contains the worksheet indicators that are used for electronic cost reporting. A worksheet indicator is provided only for those worksheets from which data are to be provided.

The worksheet indicator consists of seven characters in positions 2-8 of the record identifier. The first two characters of the worksheet indicator (positions 2 and 3 of the record identifier) always show the worksheet. The third character of the worksheet indicator (position 4 of the record identifier) is used in several ways. First, it may be used to identify worksheets for multiple hospital-based components, such as subprovider, or to identify various types of hospital services such as kidney, heart, lung, or liver acquisitions. Alternatively, it may be used as part of the worksheet, e.g., A81. The fourth character of the worksheet indicator (position 5 of the record identifier) represents the type of provider, by using the keys below. Except for Worksheet A-6 (to handle multiple worksheets) and Worksheet I-4 (to handle multiple payment rates), the fifth and sixth characters of the worksheet indicator (positions 6 and 7 of the record identifier) identify worksheets required by a Federal program (18 = Title XVIII, 05 = Title V, or 19 = Title XIX) or worksheet required for the facility (00 = Universal). The seventh character of the worksheet indicator (position 8 of the record identifier) represents the worksheet part.

Provider Type - Fourth Digit of the Worksheet Identifier

Universal..... 0 (Zero)
Hospital..... A
IPF…….…… B
IRF…….…… C
Subprovider (Other)..... D
SNF..... E
Swing Bed SNF..... F
NF..... G
Swing Bed NF..... H
CMHC..... I
ICF/MR..... J
CORF……..…....… K
OPT……..……. L
OSP……..……..... M
OOT……..……..... N
FQHC..... Q
RHC..... R

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheets Which Apply to the Hospital Complex

Worksheet	Worksheet Indicator
S, Part I	S000001
S, Part III	S000003
S-2, Part I	S200001
S-2, Part II	S200002
S-3, Part I	S300001
S-3, Part II	S300002
S-3, Part III	S300003
S-3, Part IV	S300004
S-3, Part V	S300005
S-4	S400000 (a)
S-5	S500000
S-6	S61?000 (a) (b)
S-7	S700000
S-8	S81?000 (m)
S-9	S900000 (a)
S-10	S100000
A	A000000
A-6	A600?A0 (f)
A-7, Part I	A700001
A-7, Part II	A700002
A-7, Part III	A700003
A-8	A800000
A-8-1	A810000
A-8-2	A820010 (c)
A-8-3	A83P000 (d) (l)
	A83R000 (d) (l)
	A83O000 (d) (l)
	A83S000 (d) (l)
B-1 (For use in column headings)	B10000*
B, Part I	B000001
B, Part II	B000002
B-1	B100000
B-2	B200010 (c)
C, Part I	C000001

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheets Which Vary by Program (Continued)

Worksheet	Title V	Title XVIII	Title XIX
C, Part II			
Hospital	C000052	*	C000192
D, Part III:			
Hospital	D00A053	D00A183	D00A193
D, Part IV:			
Hospital	D00A054	D00A184	D00A194
IPF	D00B054	D00B184	D00B194
IRF	D00C054	D00C184	D00C194
Subprovider (Other)	D01D054 (e)	*	D01D194 (e)
SNF	D00E054	D00E184	D00E194
NF	D00G054	*	D00G194
ICF/MR	D00J054	*	D00J194
D, Part V:			
Hospital	D00A055	D00A185	D00A195
IPF	D00B055	D00B185	D00B195
IRF	D00C055	D00C185	D00C195
Subprovider (Other)	D01D055 (e)	*	D01D195 (e)
SNF	D00E055	D00E185	D00E195
Swing Bed SNF	D00F055	D00F185	D00F195
NF	D00G055	*	D00G195
Swing Bed NF	D00H055	*	D00H195
ICF/MR	D00J055	*	D00J195
D-1, Parts I through IV: (d)			
Hospital	D10A051	D10A181	D10A191
IPF	D10B051	D10B181	D10B191
IRF	D10C051	D10C181	D10C191
Subprovider (Other)	D11D051 (e)	*	D11D191 (e)
SNF	D10E051	D10E181	D10E191
NF	D10G051	*	D10G191
ICF/MR	D10J051	*	D10J191

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheets Which Apply to the Hospital Complex

Worksheet	Worksheet Indicator
D-2, Parts I & II (d)	D200000

Worksheet Which Varies by Program

Worksheet	Title V	Title XVIII	Title XIX
D-3:			
Hospital	D30A050	D30A180	D30A190
IPF	D30B050	D30B180	D30B190
IRF	D30C050	D30C180	D30C190
Subprovider (Other)	D31D050 (e)	*	D31D190 (e) SNF
	D30E050	D30E180	D30E190
Swing Bed SNF	D30F050	D30F180	D30F190
NF	D30G050	*	D30G190
Swing Bed NF	D30H050	*	D30H190
ICF/MR	D30J050	*	D30J190

Worksheets Which Apply to the Hospital Complex

Worksheet	Worksheet Indicator
D-4, Part I, II and IV: (d)	D4K0000 (h)
	D4H0000 (h)
	D4L0000 (h)
	D4P0000 (h)
	D4N0000 (h)
	D4I0000 (h)
	D4S0000 (h)
	D4O0000 (h)
D-5, Part I:	D5H0001 (i)
	D5M0001 (i)

Worksheet Which Varies by Component

D-5, Part II:	
Hospital	D50A002
IPF	D50B002
IRF	D50C002
Subprovider (Other)	D51D002 (e)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheets Which Vary by Component and/or Program

Worksheet	Title V	Title XVIII	Title XIX
E, Part A:			
Hospital	*	E00A18A	*
Subprovider	*	E01D18A (e)	*
E, Part B:			
Hospital	*	E00A18B	*
IPF	*	E00B18B	*
IRF	*	E00C18B	*
Subprovider	*	E01D18B (e)	*
SNF	*	E00E18B	*
E-1, Part I:			
Hospital	*	E10A181	*
IPF	*	E10B181	*
IRF	*	E10C181	*
Subprovider	*	E11D181 (e)	*
SNF	*	E10E181	*
Swing Bed SNF	*	E10F181	*
E-1, Part II:			
Hospital	*	E10A182	*
E-2:			
Swing Bed SNF	E20F050	E20F180	E20F190
Swing Bed NF	E20H050	*	E20H190
E-3, Part I:			
Hospital	*	E30A181	*
E-3, Part II:			
Hospital	*	E30A182	*
IPF	*	E30B182	*
E-3, Part III:			
Hospital	*	E30A183	*
IRF	*	E30C183	*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheets Which Vary by Component and/or Program (Continued)

Worksheet	Title V	Title XVIII	Title XIX
E-3, Part IV:			
Hospital	*	E30A184	*
Subprovider (Other)	*	*	*
E-3, Part V:			
Hospital (CAH)	*	E30A185	*
E-3, Part VI:			
SNF	*	E30E186	*

NOTE: Refer to Table 3 for instructions on the reporting of data for hospital-based SNF reimbursed prospectively under title XVIII.

E-3, Part VII			
Hospital	E30A057	*	E30A197
SNF	*E30E057*	*	*E30E197*
NF	E30G057	*	E30G197
ICF/MR	E30J057	*	E30J197
E-4:			
Hospital	E40A050	E40A180	E40A190

Worksheets Which Apply to the Hospital Complex

Worksheet	Worksheet Indicator
G	G000000
G-1	G100000
G-2, Parts I & II (d)	G200000
G-3	G300000
H	H010000 (a)
H-1, Part I	H110001 (a)
H-1, Part II	H110002 (a)
H-2, Part I	H210001 (a)
H-2, Part II	H210002 (a)

Worksheet Which Varies by Program

Worksheet	Title V	Title XVIII	Title XIX
H-3, Part I	H310051 (a)	H310181 (a)	H310191 (a)
H-3, Part II	H310052 (a)	H310182 (a)	H310192 (a)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheet Which Varies by Program

Worksheet	Title V	Title XVIII	Title XIX
H-4, Part I	H410051 (a)	H410181 (a)	H410191 (a)
H-4, Part II	H410052 (a)	H410182 (a)	H410192 (a)

Worksheets Which Apply to the Hospital Complex (Continued)

Worksheet	Worksheet Indicator
H-5	H510000 (a)
I-1	I1D0000 (j)
	I1H0000 (j)
I-2	I2D0000 (j)
	I2H0000 (j)
I-3	I3D0000 (j)
	I3H0000 (j)
I-4	I4D0010 (j, k)
	I4H0010 (j, k)
I-5	I500000
J-1, Part I	J11I001 (a)
J-1, Part II	J11I002 (a)
J-2	J21I000 (a)
J-4	J41I 000 (a)
K	K010000 (a)
K-1	K110000 (a)
K-2	K210000 (a)
K-3	K310000 (a)
K-4, Part I	K410000 (a)
K-4, Part II	K410002 (a)
K-5, Part I	K510001 (a)
K-5, Part II	K510002 (a)
K-5, Part III	K510003 (a)
L-1, Part I	L100001
M-1	M11?000 (m)
M-2	M21?000 (m)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

Worksheet Which Varies by Component and/or Program

Worksheet	Title V	Title XVIII	Title XIX
J-3	J31I050 (b)	J31I180 (b)	J31I190 (b)
L, Part I:			
Hospital	L00A051	L00A181	L00A191
Subprovider	L01D051 (e)	L01D181 (e)	L01D191 (e)
L, Part II:			
Hospital	L00A052	L00A182	L00A192
Subprovider	L01D052 (e)	L01D182 (e)	L01D192 (e)
L-1, Part II:			
Universal (0)	L100052	L100182	L100192
M-3	M31?050 (m)	M31?180 (m)	M31?190 (m)
M-4	M41?050 (m)	M41?180 (m)	M41?190 (m)
M-5	*	M51?180 (m)	*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

FOOTNOTES:

(a) Multiple Hospital-Based HHAs, CMHCs, and Hospices
The third digit of the worksheet indicator (position 4 of the record) is numeric from 1 to 0 to accommodate multiple hospital-based HHAs *and CMHCs*, and 1 through 5 for hospital-based hospices. If there is only one of the components, the default is 1. This affects the H, J, and K series worksheets including Worksheets S-4, S-6, and S-9. For CMHCs the fourth character of the worksheet indicator (position 5 of the record) is I.

(b) Multiple Outpatient Rehabilitation Providers
The third digit of the worksheet indicator (position 4 of the record) is numeric from 1 to 0 to accommodate multiple providers. If there is only one outpatient provider type, the default is 1. The fourth character of the worksheet indicator (position 5 of the record) indicates the outpatient rehabilitation provider as listed below. These affects Worksheet S-6.

I = CMHC K = CORF L = OPT M = OOT N = OSP

(c) Multiple Worksheets for Reclassification and Adjustments Before and After Stepdown The fifth and sixth digits of the worksheet indicator (positions 6 and 7 of the record) are numeric from 01-99 to accommodate reports with more lines on Worksheets A-8-2, and/or B-2. For reports which do not need additional worksheets, the default is 01. For reports which do need additional worksheets, the first page of each worksheet is numbered 01. The number for each additional page of each worksheet is incremented by 1.

(d) Worksheets With Multiple Parts Using Identical Worksheet Indicator
Although this worksheet has several parts, the lines are numbered sequentially. This worksheet identifier is used with all lines from this worksheet regardless of the worksheet part. This differs from the Table 3 presentation which still identifies each worksheet and part as they appear on the printed cost report. This affects Worksheets A-8-3, D-1, D-2, D-4, G-2, H-5, and J-2.

(e) Multiple Subproviders
The third digit of the worksheet indicator (position 4 of the record) is a numeric from 1 to 0 to accommodate facilities with two or more subproviders. If there is only one subprovider, the default is 1. This affects Worksheets D, Parts III-V; D-1; D-3; D-5, Part II; E, Parts A and B; E-1; E-3, Parts I-V; and L, Parts I and II.

(f) Worksheet A-6
For Worksheet A-6, include in the worksheet identifier the reclassification code as the 5th and 6th digits (6th and 7th in the ECR file). For example, 3A600**0A**0 or 3A6000B0, 3A600**0C**0, 3A600**AA**0, 3A600**AB**0, 3A600**AC**0, 3A600**ZZ**0

(g) To be used at a later date.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 2 – WORKSHEET INDICATORS

FOOTNOTES (Continued):

(h) Worksheet D-4
The third digit of the worksheet indicator (position 4 of the record) must be K for kidney acquisitions, an H for heart acquisitions, an L for liver acquisitions, an N for pancreas acquisitions, a P for lung acquisitions, I for intestine, S for islet, or O for other.

(i) Worksheet D-5, Part I
The third digit of the worksheet indicator (position 4 of the record) must be either an H for hospital staff data or an M for medical staff data.

(j) Renal Dialysis
The third digit of the worksheet indicator (position 4 of the record) must contain either a D for renal dialysis department or an H for home program dialysis. This applies to Worksheets I-1, I-2, I-3, and I-4.

(k) Multiple ESRD Payment Rates
The sixth digit of the worksheet indicator (position 7 of the record) is a numeric from 1 to 9 to accommodate two or more payment rates in effect during one cost reporting period. If there is only a single payment rate, the default is 1. This applies only to Worksheet I-4.

(l) Multiple Worksheet A-8-3
This worksheet is used for either physical or respiratory therapy services furnished by outsider suppliers. The fourth digit of the worksheet indicator (position 5 of the record) is an alpha character of either P for physical therapy, R for respiratory therapy services, O for occupational therapy or S for speech pathology.

(m) Multiple Health Clinic Providers
The third digit of the worksheet indicator (position 4 of the record) is numeric from 1 to 0 to accommodate multiple providers. To accommodate providers 11 - 25, use alpha characters A through O. If there is only one health clinic provider type, the default is 1. The fourth character of the worksheet indicator (position 5 of the record) indicates the health clinic provider. Q indicates Federally Qualified Health Center, and R indicates Rural Health Clinic.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

INTRODUCTION

This table identifies those data elements necessary to calculate a hospital cost report. It also identifies some figures from a completed cost report. These calculated fields (e.g., Worksheet B, column 26) are needed to verify the mathematical accuracy of the raw data elements and to isolate differences between the file submitted by the hospital complex and the report produced by the fiscal intermediary. Where an adjustment is made, that record must be present in the electronic data file. For explanations of the adjustment required, refer to the cost report instructions.

Table 3 "Usage" column is used to specify the format of each data item as follows:

9	Numeric, greater than or equal to zero.
-9	Numeric, may be either greater than or less than zero.
9(x).9(y)	Numeric, greater than zero, with x or fewer significant digits to the left of the decimal point, a decimal point, and exactly y digits to the right of the decimal point.
X	Character.

Consistency in line numbering (and column numbering for general service cost centers) for each cost center is essential. The sequence of some cost centers does change among worksheets. The special care units are the most likely to cause errors. Table 3E provides an example with a chart of special care unit line numbers for reference. Refer to Table 4 for line and column numbering conventions for use with complexes which have more components than appear on the preprinted FORM CMS 2552-10.

Table 3 refers to the data elements needed from a standard cost report. When a standard line is subscripted, the subscripted lines must be numbered sequentially with the first subline number displayed as "01" or "1" in field locations 14-15. It is unacceptable to format in series of 10, 20, or skip subline numbers (i.e., 01, 03, except for skipping subline numbers for prior year cost center(s) deleted in the current period or initially created cost center(s) no longer in existence after cost finding). Exceptions are specified in this manual. For "Other (specify)" lines, i.e. Worksheets S-4, S-6, S-8, settlement series and any other non cost center lines, all subscripted lines should be in sequence and consecutively numbered beginning with subscripted subline "01". Automated systems should reorder these numbers where the provider skips or deletes a line number in the series.

Drop all records with zero values from the file. Any record absent from a file is treated as if it were zero.

All numeric values are presumed positive. Leading minus signs may only appear in data with values less than zero which are specified in Table 3 with a usage of "-9".

Italic script within this table denotes adjustments which are not displayed in the print image or hard copy of the cost report, but are contained in the ECR file. Examples of these type entries are Worksheets D-2, Part I; D, Part III; and D, Part IV.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S				
Part I: Cost Report Status				
Provider Use Only				
Electronically filed cost report	1	1	1	X
Manually submitted cost report	2	1	1	X
If this is an amended report enter the number of times the provider resubmitted this cost report	3	1	1	9
Medicare Utilization: enter "F" for full, or "L" for low,	4	1	1	X
Contractor Use Only				
Cost Report Status				
Enter the cost report status code:1 for as submitted, 2 for settled without audit, 3 settled with audit, 4 reopened, or 5 amended	5	1	1	X
Date received (mm/dd/yyyy)	6	2	10	X
Contractor Number:	7	2	5	X
Initial report for this Provider CCN	8	2	1	X
Final report for this Provider CCN	9	2	1	X
Notice of Program Reimbursement (NPR) date(mm/dd/yyyy)	10	3	10	X
Enter Contractor's vendor code (ADR)	11	3	1	X
If line 4, column 1 is 4: Enter the number of times the cost report was reopened = 0-9	12	3	1	9
Part III:				
Balances due provider or program:				
Title V	1-12	1	11	-9
Title XVIII, Part A	1-3, 5, 7, 9	2	11	-9
Title XVIII, Part B	1-3, 5, 7, 9-12	3	11	-9
HIT	1	4	11	-9
Title XIX	1-12	5	11	-9
Providers as assigned	13-199	1-3, 5	11	-9
In total	200	1-5	11	-9
WORKSHEET S-2, Part I				
Hospital and Hospital Health Care Complex Address: For the hospital only:				
Street	1	1	36	X
P.O. Box	1	2	9	X
City	2	1	36	X
State	2	2	2	X
ZIP Code	2	3	10	X
County	2	4	36	X
Hospital and Hospital-Based Component Identification:				
Component name	3-19	1	36	X
CMS Certification number (xxxxxx)	3-10, 12-19	2	6	X
CBSA number (xxxxx)	3-10, 12-19	3	5	X
Type of hospital/subprovider (See Table 3B.)	3-6	4	1	9
Certification date (mm/dd/yyyy)	3-10, 12-19	5	10	X
Title V payment system (See Table 3D.)	3-10, 12-13, 15-17	6	1	X
Title XVIII payment system (See Table 3D.)	3-7, 9, 12-13, 15-17	7	1	X
Title XIX payment system (See Table 3D.)	3-10, 12-13, 15-17	8	1	X

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

	LINE(S)	COLUMN(S)	FIELD DESCRIPTION SIZE	FIELD DESCRIPTION USAGE
WORKSHEET S-2 Part I (Continued)				
Cost reporting period beginning date (mm/dd/yyyy)	20	1	10	X
Cost reporting period ending date (mm/dd/yyyy)	20	2	10	X
Type of control (See Table 3B.)	21	1	2	9
Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR §412.106, or low income payment in accordance with 42 CFR §412.624 (e)(2)? Enter "Y" for yes, "N" for no.	22	1	1	X
Is this facility subject to 42 CFR §412.06 (c)(2) (Pickle amendment hospital)? Enter in column 2 "Y" for yes or "N" for no.	22	2	1	X
Which method is used to determine labor and delivery Medicaid days on lines 24 and/or 25 of this wkst? In column 1, enter 1 if date of admission, 2 if it is based on census days, or 3 if it is based on date of discharge.	23	1	1	9
Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	23	2	1	X
If line 22 is "yes" enter the in state Medicaid paid days in col. 1	24	1	9	9
If line 22 is "yes" enter the in state Medicaid eligible days in col. 2.	24	2	9	9
If line 22 is "yes" enter out of state Medicaid paid days in col. 3.	24	3	9	9
If line 22 is "yes" enter out of state Medicaid eligible days in col. 4.	24	4	9	9
If line 22 is "yes" enter Medicaid HMO days in col. 5	24	5	9	9
If line 22 is "yes" enter Other Medicaid days in col. 6	24	6	9	9
If line 22 is "yes" and this provider is an IRF enter the in state Medicaid paid days in col. 1	25	1	9	9
If line 22 is "yes" and this provider is an IRF enter the in-state Medicaid eligible days in col. 2.	25	2	9	9
If line 22 is "yes" and this provider is an IRF enter out of state Medicaid paid days in col. 3.	25	3	9	9
If line 22 is "yes" and this provider is an IRF enter out of state Medicaid eligible days in col. 4.	25	4	9	9
If line 22 is "yes" and this provider is an IRF enter Medicaid HMO days in col. 5.	25	5	9	9
If line 22 is "yes" and this provider is an IRF enter Other Medicaid days in col. 6.	25	6	9	9
For standard Geographic classification (not wage), what is your status at the beginning of the cost reporting period. Enter (1) for urban and (2) for rural.	26	1	1	9
For standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban and (2) for rural.	27	1	1	9
If applicable enter the effective date of geographic reclassification in column 2 (mm/dd/yyyy).	*27*	*2*	*10*	*X*
If this is a sole community hospital (SCH), enter number of periods.	35	1	1	9
Beginning date SCH status applies in this period (mm/dd/yyyy)	36	1	10	X
Ending date SCH status applies in this period (mm/dd/yyyy)	36	2	10	X
If this is a Medicare dependent hospital (MDH), enter number of periods.	37	1	1	9
Beginning date MDH status applies in this period (mm/dd/yyyy)	38	1	10	X
Ending date MDH status applies in this period (mm/dd/yyyy)	38	2	10	X

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

	LINE(S)	COLUMN(S)	FIELD SIZE	DESCRIPTION USAGE
WORKSHEET S-2, Part I (Continued)				
Does this facility qualify for the inpatient hospital adjustment for low volume hospitals in accordance with 42 CFR§412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no.	*39*	*1*	*1*	*X*
Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2, "Y" for yes or "N" for no.	*39*	*2*	*1*	*X*
Prospective Payment System (PPS)-Capital				
Does your facility qualify and receive Capital payment for disproportionate share in accordance with 42CFR412.320? Enter "Y" for yes and "N" for no.	45	1-3	1	X
Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348*(f)*? Enter "Y" for yes and "N" for no.	46	1-3	1	X
Is this a new hospital under 42 CFR §413.300 PPS capital? Enter "Y" for yes or "N" for no.	47	1-3	1	X
Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	48	1-3	1	X
Teaching hospital				
Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	56	1	1	X
If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1.	57	1	1	X
If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	57	2	1	X
If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148?	58	1	1	X
Are you claiming costs on line 100 of Worksheet A? If "Y", complete Worksheet D-2, Part I.	59	1	1	X
Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no (see instructions)	60	1	1	X
Did your hospital receive FTE slots under section 5503 of the ACA? Enter "Y" for yes or "N" for no in column 1.	61	1	1	X
If yes, complete columns *4* and *5*. Enter the *number of IME section 5503 slots awarded* in column *4*.	61	*4*	9	9(6).99
Enter the *number of GME section 5503 slots awarded* in column *5*.	61	*5*	9	9(6).99
Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)	*61.01*	*2&3*	*9*	*9(6).99*
Enter the current year's total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)	*61.02*	*2&3*	*9*	*9(6).99*
Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with 75% test (see instructions)	*61.03*	*2&3*	*9*	*9(6).99*
Enter the number of primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).	*61.04*	*2&3*	*9*	*9(6).99*
Enter the difference between the baseline primary and/or general surgery FTE count and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	*61.05*	*2&3*	*9*	*9(6).99*
Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are non-primary care or general surgery. (see instructions)	*61.06*	*2&3*	*9*	*9(6).99*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2, Part I (Continued				
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions).				
Enter Program name in column 1.(Subscript line 61.10 as necessary)	*61.10*	*1*	*36*	*X*
Enter Program code in column 2.(Subscript line 61.10 as necessary)	*61.10*	*2*	*10*	*X*
Enter the unweighted IME FTE count in column 3.	*61.10*	*3*	*9*	*9(6).99*
Enter the unweighted GME FTE count in column 4	*61.10*	*4*	*9*	*9(6).99*
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each new program (see instructions).				
Enter Program name in column 1.(Subscript line 61.20 as necessary)	*61.20*	*1*	*36*	*X*
Enter Program code in column 2.	*61.20*	*2*	*10*	*X*
Enter the unweighted IME FTE count in column 3.	*61.20*	*3*	*9*	*9(6).99*
Enter the unweighted GME FTE count in column 4.	*61.20*	*4*	*9*	*9(6).99*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2, Part I (Continued)				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding.	62	1	9	9(6).99
Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	62.01	1	9	9(6).99
Teaching Hospitals that Claim Residents in Non-Provider Settings				
Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67). (see instructions)	63	1	1	X
If line 63 is yes, or your facility trained residents in the base year period, enter the number of *unweighted* non-primary care resident FTEs in all non-provider settings	64	1	9	9(6).99
If line 63 is yes, or your facility trained residents in the base year period, enter the number of *unweighted* non-primary care residents FTEs for the hospital.	64	2	9	9(6).99
Enter Program name in column 1.(Subscript line 65 as necessary) *(see instructions)*	65	1	36	X
Enter Program code in column 2.	65	2	10	X
Enter the unweighted primary care FTE for nonprovider sites in column 3.	65	3	9	9(6).99
Enter the unweighted primary care FTE for the hospital in column 4.	65	4	9	9(6).99

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2 Part I (Continued)				
If line 63 is yes, enter the number of unweighted non-primary care resident FTEs for the current year. Enter "Y" for yes or "N" for no.	66	1	9	9(6).99
If line 63 is yes, enter the number of unweighted non-primary care resident FTEs by specialty for the current year.	66	2	9	9(6).99
Enter Program name in column 1.(Subscript line 65 as necessary) *(see instructions)*	67	1	36	X
Enter Program code in column 2.	67	2	10	X
Enter the unweighted primary care FTE for nonprovider sites in column 3.	67	3	9	9(6).99
Enter the unweighted primary care FTE for the hospital in column 4.	67	4	9	9(6).99
Inpatient Psychiatric Facility PPS				
Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider? (Y/N)	70	1	1	X I
If line 70 column 1 is Y, does the facility have a teaching program in the most recent cost report filed on or before November 14,2004?(Y/N)	71	1	1	X
Is the facility training residents in a new teaching program in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? (Y/N)	71	2	1	X
If column 2 is Y, enter 1, 2 or 3 respectively in column 3. If the current cost reporting period covers the beginning of the fourth year enter 4 in column 3, or in the *5th or* subsequent academic year	71	3	1	9
Inpatient Rehabilitation Facility PPS				
Are you an Inpatient Rehabilitation Facility (IRF), or do you contain an IRF subprovider? (Y/N)	75	1	1	X
If line 75 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? (Y/N)	76	1	1	X
Is the facility training residents in a new teaching program in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? (Y/N)	76	2	1	X
If column 2 is Y, enter 1, 2 or 3 respectively in column 3. If the current cost reporting period covers the beginning of the fourth year enter 4 in column 3, or in the *5th or* subsequent academic year of the new teaching program in existence, enter 5.	76	3	1	9
Long Term Care Hospital PPS				
Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	80	1	1	X
TEFRA Providers				
Title V and XIX Inpatient Services				
Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter "Y" or "N" for no.	85	1	1	X
Do you have title V and XIX inpatient hospital services?	90	1-2	1	X
Is this hospital reimbursed for title V and XIX through the cost report either in full or in part? (Y/N)	91	1-2	1	X
Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes, and "N" for no in the applicable column.	92	2	1	X
Do you operate an ICF\MR facility for purposes of title V and XIX? (Y/N)	93	1-2	1	X
Does Title V and/or Title XIX reduce Capital Cost? (Y/N)	94	1-2	1	X
If line 94 is "Y", by what percentage?	95	1-2	9	9.9(4)
Does Title V and/or Title XIX reduce Operating Cost? (Y/N)	96	1-2	1	X
If line 96 is "Y", by what percentage?	97	1-2	9	9.9(4)
Does this hospital qualify as a Critical Access Hospital (CAH)? (Y/N)	105	1	1	X

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

	LINE(S)	COLUMN(S)	FIELD SIZE	DESCRIPTION USAGE
WORKSHEET S-2, Part I (Continued)				
Rural Providers				
If this facility qualifies as an CAH, has it elected the all-inclusive method of payment for outpatient services? (Y/N)	106	1	1	X
If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? (Y/N)	107	1	1	X
If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? (Y/N)	107	2	1	X
Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR 412.113(c). (Y/N)	108	1	1	X
If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes, or "N" for no, for the type of therapy as follows: physical therapy in column 1, occupational therapy in column 2, speech therapy in column 3 and respiratory therapy in column 4.	109	1-4	1	X
Miscellaneous Cost Reporting Information				
Is this an all-inclusive provider?	115	1	1	X
If yes, enter the method used (A, B, or E only)	115	2	1	X
If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS 15-1 §2208.1.	115	3	9	9.9(2)
Are you classified as a referral center? (Y/N)	116	1	1	X
Are you legally-required to carry malpractice insurance? (Y/N)	117	1	1	X
Is the malpractice a claims-made or occurrence policy? If the policy is claims made enter 1. If the policy is occurrence, enter 2.	118	1	1	9
List malpractice premiums in column 1, paid losses in column 2, and self-insurance in column 3.	118.01	1-3	11	9
Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? (Y/N) If yes, submit supporting schedule listing cost centers and amounts.	118.02	1	1	X
What is the liability limit for the malpractice insurance policy?				
Enter in column 1 the monetary limit per lawsuit.	119	1	11	9
Enter in column 2 the monetary limit per policy year.	119	2	11	9
NOTE: Questions 119, columns 1 and 2 are eliminated and replaced with questions 118.01 and 118.02.				
Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless ACA Section 3121?(Y/N)	120	1	1	X
Is this a rural hospital with ≤100 beds which qualifies for the Outpatient Hold Harmless provision in PPACA §3221?. (Y/N)	120	2	1	X
Did this facility incur and report costs for implantable devices charged to patients. Enter "Y" for yes or "N" for no.	121	1	1	X
Transplant Center Information				
Does this facility operate a transplant center? (Y/N)	125	1	1	X
If this is a Medicare certified kidney transplant center, enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	126	1-2	10	X
If this is a Medicare certified heart transplant center, enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	127	1-2	10	X
If this is a Medicare certified liver transplant center, enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	128	1-2	10	X
If this is a Medicare certified lung transplant center, enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	129	1-2	10	X
If this is a Medicare certified pancreas transplant enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	130	1-2	10	X
If this is a Medicare certified intestinal transplant enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	131	1-2	10	X

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

	LINE(S)	COLUMN(S)	FIELD SIZE	DESCRIPTION USAGE
WORKSHEET S-2 Part I (Continued)				
If this is a Medicare certified islet transplant enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	132	1-2	10	X
If this is a Medicare certified other transplant enter the certification date (mm/dd/yyyy) and the termination date if applicable (mm/dd/yyyy).	133	1-2	10	X
If this is an organ procurement organization (OPO), enter the OPO number and	134	1	6	X
the termination date if applicable (mm/dd/yyyy).	134	2	10	X
Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10?	140	1	1	X
If yes, enter home office chain number, if applicable.	140	2	6	X
Name	141	1	36	X
Contractor's Name	141	2	36	X
Contractor's Number	141	3	5	X
Street	142	1	36	X
P.O. Box	142	2	9	X
City	143	1	36	X
State	143	2	2	X
Zip Code	143	3	10	X
Are provider based physicians' costs included in Worksheet A? (Y/N)	144	1	1	X
If you are claiming cost for renal services on Worksheet A, are they inpatient services only? (Y/N)	145	1	1	X
Have you changed your cost allocation methodology from the previously filed cost report? See CMS Pub. 15-2, section *4017*. (Y/N)	146	1	1	X
If yes, enter the approval date (mm/dd/yyyy).	146	2	10	X
Was there a change in the statistical basis? (Y/N)	147	1	1	X
Was there a change in the order of allocation? (Y/N)	148	1	1	X
Was the change to the simplified cost finding method? (Y/N)	149	1	1	X
If LCC applies, enter "Y" for each component and type of service. Enter "N" if not exempt. (See 42 CFR 413.13.)				
Hospital	155	1-4	1	X
Subprovider - IPF	156	3 & 4	1	X
Subprovider - IRF	157	3 & 4	1	X
SNF	159	3 & 4	1	X
HHA	160	1-4	1	X
Outpatient Rehab. Providers	161	2-4	1	X
Is this facility part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes and "N" for no.	165	1	1	X
If line 165 is yes, enter the name in col. 0.	166	0	36	X
If line 165 is yes, enter County in column 1.	166	1	36	X
If line 165 is yes, enter State in col. 2.	166	2	2	X
If line 165 is yes, enter Zip code in col. 3.	166	3	10	X
If line 165 is yes, enter CBSA in col. 4.	166	4	5	X
If line 165 is yes, enter FTE count /campus in col. 5. (see inst.)	166	5	1	9(6).99
Is this provider a meaningful user under §1886 (n)? (Y/N).	167	1	1	X
If this provider is a CAH, line 105 is "Y" and is a meaningful user, line 167 is "Y" enter the reasonable cost incurred for the purchase of certified HIT Technology	168	1	11	9
If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	169	1	9	9.9(2)
If line 167 is "Y", enter the EHR reporting period beginning date (mm/dd/yyyy) in column 1 and the ending date in column 2 (mm/dd/yyyy). (see instructions)	*170*	*1-2*	*10*	*X*

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2, Part II				
COMPLETED BY ALL HOSPITALS, PROVIDERS AND OPERATIONS				
For all column 1 responses enter in column 1 "Y" for Yes and "N" for No. For all the dates responses the format will be (mm/dd/yyyy)				
Provider Organization and Operation				
Has the Provider changed ownership? (Y/N) (see instructions)	1	1	1	X
If column 1 is yes, enter the date of change in column 2 (mm/dd/yyyy)	1	2	10	X
Has the provider terminated participation in the Medicare Program? (Y/N)	2	1	1	X
If column 1 is yes, enter in column 2 the date of termination.(mm/dd/yyyy)	2	2	10	X
If column 1 is yes, enter in column 3 "V" for voluntary and "I" for involuntary.	2	3	1	X
Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g. chain home office, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (Y/N) (see instructions)	3	1	1	X
Financial Data Report				
Were the financial statements prepared by a Certified Public Accountant? (Y/N)	4	1	1	X
If col. 1 is "Y", enter in col. 2 A, C, or R (see instructions)	4	2	1	X
Submit complete copies or enter date available (mm/dd/yyyy) (see instructions)	4	3	10	X
Are the cost report total expenses and total revenues different from those on the filed financial statements? (Y/N) (see inst.)	5	1	1	X
Approved Educational Activities				
Are costs claimed for Nursing School? (Y/N)	6	1	1	X
If column 1 is "Y", is the provider is the legal operator of the program? (Y/N)	6	2	1	X
Are costs claimed for Allied Health Programs? (Y/N)	7	1	1	X
Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? (Y/N)	8	1	1	X
Are costs claimed for Intern-Resident programs claimed on the current cost report? (Y/N)	9	1	1	X
Was an Intern-Resident program initiated or renewed in the the current cost reporting period?(Y/N)	10	1	1	X
Are GME costs directly assigned to cost centers other than I/R in an Approved Teaching Program on Worksheet A? (Y/N)	11	1	1	X
Bad debt				
Is the provider seeking reimbursement for bad debts? (Y/N) If "Y", see instructions.	12	1	1	X
If line 12 is "Y", did the provider's bad debt collection policy change during this cost reporting period? (Y/N) If "Y", submit copy.	13	1	1	X
If line 12 is "Y", are patient deductibles and/or co-payments waived? (Y/N) If "Y", see instructions.	14	1	1	X
Bed Compliment				
Did total beds available change from the prior cost reporting period? (Y/N) If "Y", see instructions.	15	1	1	X

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2, Part II (Continued)				
PS&R data				
Was the cost report prepared using the PS&R only? (Y/N)	16	1&3	1	X
If line 16, either col. 1 or 3 is "Y" enter the paid through date for the PS&R in cols. 2 & 4 (mm/dd/yyyy).(see instructions.)	16	2&4	10	X
Was the cost report prepared using the PS&R for totals and the provider's record for allocations? (Y/N)	17	1&3	1	X
If line 17 , either cols. 1 or 3 is "Y" enter the paid through date in cols. 2 & 4. (see instructions)	17	2&4	10	X
If line 16 or 17 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R to file this cost report? (Y/N) If "Y" (see instructions)	18	1&3	1	X
If line 16 or 17 is "Y", were adjustments made to PS&R Report data for other PS&R information?(Y/N) (Y/N) If "Y" (see instructions)	19	1&3	1	X
If line 16 or 17 is "Y", were adjustments made to PS&R data for other? Describe	20	0	36	X
If line 16 or 17 is "Y", were adjustments made to PS&R data for other? (Y/N)	20	1&3	1	X
Was the cost report prepared only using the provider's records?(Y/N) If "Y" (see instructions)	21	1&3	1	X
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY				
Capital Related Cost				
Have assets been relifed for Medicare purposes? (Y/N) If "Y", see instructions.	22	1	1	X
Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? (Y/N) If "Y", see instructions.	23	1	1	X
Were new leases and/or amendments to existing leases entered into during this cost reporting period? (Y/N) If "Y", see instructions	24	1	1	X
Have there been new capitalized leases entered into during the cost reporting period? If "Y" see instructions.	25	1	1	X
Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? (Y/N) If "Y", see instructions.	26	1	1	X
Has the provider's capitalization policy changed during the cost reporting period? (Y/N) If "Y", see instructions.	27	1	1	X

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-2, Part II (Continued)				
Interest Expense				
Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If "Y", see instructions.	28	1	1	X
Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as funded depreciation account? (Y/N) If "Y" see instructions	29	1	1	X
Has existing debt been replaced prior to its scheduled maturity with new debt? (Y/N) If "Y" see instructions.	30	1	1	X
Has debt been recalled before scheduled maturity without issuance of new debt? Y/N) If "Y" see instructions.	31	1	1	X
Purchased Services				
Have changes or new agreements occurred in patient care services furnished through contractual arrangements with supplier of services? (Y/N) If "Y" see instructions.	32	1	1	X
If line 32 is "Y", then were requirements of §2135.2 applied pertaining to competitive bidding? (Y/N) If "N" see instructions.	33	1	1	X
Provider-Based Physicians				
Are services furnished at the provider facility under an arrangement with provider-based physicians? (Y/N) If "Y" see instructions.	34	1	1	X
If line 34 is "Y", are there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? (Y/N) If "Y" (see instructions)	35	1	1	X
Home Office Costs				
Are Home Office Costs claimed on the cost report? (Y/N)	36	1	1	X
If line 36 is "Y", has a home office cost statement been prepared by the home office? (Y/N) If "Y" see instructions.	37	1	1	X
If line 36 "Y", is the fiscal year end of the home office different from that of the provider? (Y/N)	38	1	1	X
If column 1 is yes, enter in column 2 the fiscal year end of the home office(mm/dd/yyyy)	38	2	10	X
If line 36 is "Y", does the provider render services to other chain components? (Y/N) If "Y" see instructions.	39	1	1	X
If line 36 is "Y", does the provider render services to the home office? (Y/N) If "Y" see instructions.	40	1	1	X
Cost Report Preparer Contact Information				
Enter the preparer's information:				
Enter in column 1, first name	41	1	36	X
Enter in column 2, last name	41	2	36	X
Enter in column 3, title	41	3	36	X
Enter in column 1, employer	42	1	36	X
Enter in column 1, phone number	43	1	36	X
Enter in column 2, e-mail address	43	2	36	X

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DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEETS S-3, PART I				
For hospital adults and pediatrics (excluding swing beds, et al), swing bed SNF, swing bed NF, adult and pediatrics in total, each special care unit, the nursery, in total for the hospital, each subprovider, the hospital-based SNF, and in total for the facility, enter:				
Worksheet A Line number	1, 8-13, 16-26	1	9	9
Number of beds	1, 7-12, 14 16-21, 24, 27	2	9	9
Bed days available	1, 7-12, 14 16-21, 24	3	9	9
Numbers of hours for CAH patients	1, 7-12, 14	4	11	9(8).99
Title V inpatient days/visits	1, 6-20, 22, *24.10*, 25-26	5	9	9
Title XVIII inpatient days/visits/trips	1-5, 7-12, 14-19, 22, 24-26, 29, 33	6	11	9
Title XIX inpatient days/visits/trips	1-20, 22 24-26, 28, 32	7	11	9
Total inpatient days/visits	1, 5-22, 24-26 28 & 30-32.*01*	8	11	9
Total Interns & Residents	14, 16-27	9	11	9(8).99
Employees on Payroll	14, 16-27	10	11	9(8).99
Nonpaid workers	14, 16-27	11	11	9(8).99
Title V discharges	1, 14, 16-18	12	11	9
Title XVIII discharges	1, 2, 14, 16-18	13	11	9
Title XIX discharges	1, 14, 16-18	14	11	9
Total discharges	1, 14, 16-18 , 21	15	11	9

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DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-3, PART II				
Worksheet A line reference	1, 7, 9	1	11	9
Reported salaries	1-43	2	11	9
Reclassification of salaries from Wkst. A-6	1-43	3	11	-9
Paid hours related to salary in column 4	1-16, 26-43	5	11	9(8).99
WORKSHEET S-3, PART III				
Wage Index Summary				
Cost	6	2	11	9
Reclassification	6	3	11	-9
Paid hours	6	5	11	9(8).99
Total overhead:				
Cost	7	2	11	9
Reclassification	7	3	11	-9
Paid hours	7	5	11	9(8).99
Worksheet S-3, PART IV				
Wage Related Costs				
Core list	1-23	1	11	-9
Total	24	1	11	-9
Other than core related cost	25	0	36	X
Other than core related cost	25	1	11	-9
Worksheet S-3, Part V				
Contract Labor Cost				
Total facility's contract labor cost	1	1	11	-9
Total facility's benefit cost	1	2	11	-9
Component specific contract labor cost	2-9, 11-18	1	11	-9
Component specific benefit cost	2-9, 11-18	2	11	-9

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TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-4				
County	0	1	36	X
Home health aide hours				
Titles as appropriate	1	1-4	11	9
Totals	1	5	11	9
Titles as appropriate	2	1-4	11	9(8).99
Totals	2	5	11	9(8).99
Number of hours in a normal work week	3	0	6	9(3).99
Other (specify)	18	0	36	X
Number of full-time equivalent employees:				
Staff	3-18	1	6	9(3).99
Contract staff and consultants	3-18	2	6	9(3).99
Total	3-18	3	6	9(3).99
How many CBSAs did you provide services to during this cost reporting period?	19	1	2	9
List those CBSA code(s) serviced this period.	20	1	5	X
PPS Activity Data	21-38	1-4	11	9
Total	21-38	5	11	9
WORKSHEET S-5				
Renal Dialysis Statistics				
Number of patients in program at end of cost reporting period	1	1	6	9
Number of times per week patient receives dialysis	2	1	5	9(2)
Average patient dialysis time including setup	3	1	5	9(2)
CAPD/CCPD exchanges per day	4	4 & 6	5	9(2)
Number of days in year dialysis furnished	5	1	3	9
Number of stations	6	1	3	9
Treatment capacity per day per station	7	1	1	9
Utilization (see instructions)	8	1	6	9(3)
Average times dialyzers reused	9	1	6	9(3)
Percentage of patients reusing dialyzers	10	1	6	9(3)
Is the dialysis facility approved as low-volume facility for this cost reporting period? (Y/N)	*10.01*	*1*	*1*	*9*
Did your facility elect 100% PPS effective January 1, 2011? (Y/N)	*10.02*	*1*	*1*	*9*
If you responded "N" to line 10.02, enter in column 1 the year of transition for the period prior to January 1.	*10.03*	*1*	*1*	*9*
If you responded "N" to line 10.02, enter in column 2 the year of transition for the period after to December 31.(see instructions)	*10.03*	*2*	*1*	*9*
Transplant Information				
Number of patients on transplant list	11	1	1	9
Number of patients transplanted during fiscal year	12	1	1	9
			1	

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DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
EPOETIN (EPO)				
Net costs of Epoetin furnished to all maintenance dialysis patients by the provider	13	1	11	9
Epoetin amount from Wkst. A for Home Dialysis (see instructions)	14	1	11	9
Number of EPO units furnished relating to the renal dialysis Department	15	1	11	9
Number of EPO units furnished relating to the home dialysis department	16	1	11	9
ARANESP				
Net costs of Epoetin furnished to all maintenance dialysis patients by the provider	17	1	11	9
ARANESP amount from Wkst. A for Home Dialysis (see instr.)	18	1	11	9
Number of ARANESP units furnished relating to the renal dialysis department	19	1	11	9
Number of ARANESP units furnished relating to the home dialysis department	20	1	11	9
Physician Payment Method (enter "X" if applicable)				
MCP	21	1	1	X
Initial method	21	2	1	X
Erythropoiesis-Stimulating Agents (ESA) Statistics				
Enter in column 1 the ESA description.	*22*	*1*	*36*	*X*
Enter in column 2, the net cost of. ESAs furnished to all renal dialysis patients.	*22*	*2*	*11*	*9*
Enter in column 3, the net cost of ESAsfurnished to all home dialysis program patients.	*22*	*3*	*11*	*9*
Enter in column 4, the number of ESA units furnished to renal dialysis department patients	*22*	*4*	*11*	*9*
Enter in column 5, the number of ESA units furnished to home dialysis program patients	*22*	*5*	*11*	*9*
WORKSHEET S-6				
Number of hours in a normal week	0	1	6	9(3).99
Other (specify)	18	0	36	X
Number of full-time equivalent employees on the payroll	1-18	1	6	9(3).99
Number of full-time equivalent contract personnel	1-18	2	6	9(3).99
Total	1-18	3	6	9(3).99
WORKSHEET S-7				
If this facility contains a hospital-based SNF, are all patients under managed care or there was no Medicare utilization, enter "Y" and do not complete the rest of this worksheet.	1	1	1	X
Does this hospital have an agreement under either of sections 1883 or 1913 of the Act for swing beds?	2	1	1	X
If yes, enter the agreement date (mm/dd/yyyy).	2	2	10	X
Prospective Payment for SNF Statistical Data				
Days (see instructions)	3-199	2 & 3	9	9
Total	3-199	4	9	9
Total	200	2-4	9	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-7 (Continued)				
Enter in column 1 the SNF CBSA code or 5 character code if rural based facility, in effect at the beginning of the cost reporting period.	201	1	5	X
Enter in column 2, the code in effect on or after October 1, of the cost reporting period (if applicable).	201	2	5	X
Enter the amount of the expense for each of the following categories to total SNF revenue from inpatient care service				
Staffing	202	1	11	9
Recruitment	203	1	11	9
Retention of employees	204	1	11	9
Training	205	1	11	9
Other	206	1	11	9
Enter the percentage of total expenses for each of the following categories to total SNF revenue from inpatient care service				
Staffing	202	2	6	9(3).99
Recruitment	203	2	6	9(3).99
Retention of employees	204	2	6	9(3).99
Training	205	2	6	9(3).99
Other	206	2	6	9(3).99
Is the increased spending associated with direct patient care and related spending reflects each of the categories? (Y/N)				
Staffing	202	3	1	X
Recruitment	203	3	1	X
Retention of employees	204	3	1	X
Training	205	3	1	X
Other	206	3	1	X
Other (Specify)	206	0	36	X
Enter SNF revenue from inpatient care service	207	1	11	9
WORKSHEET S-8				
RHC/FQHC identification:				
Street	1	1	36	X
City	2	1	36	X
State	2	2	2	X
Zip code	2	3	10	X
County	2	4	36	X
Designation (for FQHCs only) - "R" for rural or "U" for urban	3	1	1	X
Source of Federal Funds:				
Amount of Federal Funds	4-9	1	11	9
Award Date (mm/dd/yyyy)	4-9	2	10	X
Other (specify)	9	0	36	X
Does this facility operate as other than an RHC or FQHC?	10	1	1	X
Indicate number of other operations.	10	2	2	9
Type of Operation	11	0	36	X
Facility hours of operations: from/to*	11	1-14	4	9
Have you received an approval for an exception to the productivity standards?	12	1	1	X
Is this a consolidated cost report as defined in CMS Pub. *100-04, chapter 9, §30.8*?	13	1	1	X
Enter the number of providers included in this report.	13	2	2	9
Provider name	14	1	36	X
CCN number	14	2	6	X
Have you provided all or substantially all GME costs? Enter "Y" for yes and "N" for no.	15	1	1	X
Number of program visits performed by Intern & Residents.	15	2, 3, 4	11	9
Total number of visits performed by Intern & Residents.*(see instructions)*	15	5	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET S-9				
Part I - Enrollment Days				
Continuous Home Care	1	1-5	11	9
Routine Home Care	2	1-5	11	9
Inpatient Respite Care	3	1-5	11	9
General Inpatient Care	4	1-5	11	9
Total Hospice Days	5	1-5	11	9
Part II - Census Data				
Number of Patients Receiving Hospice Care	6	1-5	11	9
Unduplicated Continuous Medicare Hours	7	1 & 3	11	9(8).99
Average Length of Stay (line 5/line 6)	8	1-5	11	9(8).99
Unduplicated Census Count	9	1-5	11	9
Total	1-9	6	11	9
WORKSHEET S-10				
Uncompensated and indigent care cost computation				
Cost to charge ratio	1	1	6	9.9(6)
Net revenue from Medicaid	2	1	11	9
Did you receive DSH or supplemental payments from Medicaid?(Y/N)	3	1	1	X
If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?(Y/N)	4	1	1	X
If line 4 is "no", then enter DSH or supplemental payments from Medicaid	5	1	11	9
Medicaid charges	6	1	11	9
Net revenue from stand-alone SCHIP	9	1	11	9
Stand-alone SCHIP charges	10	1	11	9
Net revenue from state or local indigent care program (see inst.)	13	1	11	9
Charges for patients covered under state or local indigent care program (see instructions)	14	1	11	9
Private grants, donations, or endowment income restricted to funding charity care (see instructions)	17	1	11	9
Government grants, appropriations or transfers for support of hospital operations (see instructions)	18	1	11	9
Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	19	1	11	-9
Total initial obligation of patients approved for charity care (at full charges) for the entire facility	20	1 & 2	11	9
Initial obligation of patients for charity care (at full charges) for §1886(d) hospitals or CAHs	21	1 & 2	11	9
Partial payment by patients approved for charity care	22	1 & 2	11	9
Does the amount in line 19 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	24	1	1	X
If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	25	1	11	9
Total bad debt expense for the entire hospital complex (see instructions)	26	1	11	9
Medicare bad debts for the entire hospital complex (see instructions)	27	1	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET A				
Direct salaries by department	4-23, 30-46, 50-60, 62-76, 88-91, *92.01* -101, 105-112, 114-117. 190-194	1	11	-9
Total direct salaries	200	1	11	9
Other direct costs by department	1-23, 30-46, 50-76, 88-91,*92.01*, 93-101, 105-117, 190-194	2	11	-9
Total other direct costs	200	2	11	9
Net expenses for allocation by department	1, 2, 4-23, 30-46, 50-76, 88-91,*92.01*, 93-101, 105-112, 115-117, 190-194	7	11	-9
Total expenses for allocation	200	7	11	9
WORKSHEET A-6				
For each expense reclassification:				
Explanation	1-499	0	36	X
Increases:				
Adjustment letter(s)	1-499	1	2	X
Worksheet A line number	1-499	3	6	9(3).99
Reclassification salary amount	1-499	4	11	9
Reclassification other amount	1-499	5	11	9
Worksheet A line number	1-499	7	6	9(3).99
Reclassification salary amount	1-499	8	11	9
Reclassification other amount	1-499	9	11	9
Worksheet A-7 column reference	1-499	10	2	9
Total	500	4-5, 8-9	11	9
WORKSHEET A-7				
For land, land improvements, buildings and fixtures, building improvements, fixed and movable equipment, and in total:				
Parts I - Analysis of changes in capital asset balances				
Beginning balance	1-10	1	11	9
Purchases	1-10	2	11	9
Donations	1-10	3	11	9
Disposals and retirements	1-10	5	11	9
Fully depreciated assets	1-10	7	11	9
Part II - Reconciliation of capital cost centers from Worksheet A				
Summary of capital depreciation, lease, interest, insurance, taxes, and other capital-related costs	1-2	9-14	11	-9
Part III - Reconciliation of capital cost centers				
Gross assets and capitalized leases	1-2	1 & 2	11	9
Ratio	1-2	4	8	9.9(6)
Insurance, taxes, and other capital-related costs	1-3	5, 6 & 7	11	9
Summary of capital Depreciation, lease, interest, insurance, taxes, and other capital-related costs	1-2	9-14	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET A-8				
Description of adjustment	32-49	0	36	X
Basis (A or B) *	1-9, 11, 13-22, 25-29, *30.99*, 32 -49	1	1	X
Amount *	1-50	2	11	-9
Worksheet A line number +	3-9, 11, 13-22, 29, 32-49	4	6	9(3).99
Worksheet A-7 column reference	1-22, 26-27, 29, 32-49	5	2	9

* These include subscripts of lines 1-2 and 26-27 requiring records for columns 1 and 2. These subscripts should occur based on Worksheet A layout.

\+ Do not include preprinted lines, i.e. lines 1-2, 23-28 and 30-32 . Include only subscripts of those lines, if activated by an entry in either of columns 1 or 2.

WORKSHEET A-8-1				
Part A - For costs incurred and adjustments required as a result of transactions with related organization(s):				
Worksheet A line number	1-4	1	6	9(3).99
Expense item(s)	1-4	3	36	X
Amount allowable in reimbursable cost	1-4	4	11	9
Amount included in Worksheet A	1-4	5	11	9
Net Adjustment	1-4	6	11	9
Worksheet A-7, Part II, column reference (9-14 only)	1-4	7	2	9
Total	5	4-6	11	9
Part B - For each related organization:				
Type of interrelationship (A through G)	6-10	1	1	X
If type is G, description of relationship must be included.	6-10	0	36	X
Name of individual or partnership with interest in provider and related organization	6-10	2	15	X
Percent of ownership of provider	6-10	3	6	9(3).99
Name of related organization	6-10	4	15	X
Percent of ownership of related organization	6-10	5	6	9(3).99
Type of business	6-10	6	15	X

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET A-8-2				
By each cost center or physician:				
Worksheet A line number	1-199	1	6	9(3).99
Physician identifier and aggregate only	1-199	2	36	X
Total physicians' remuneration	1-199	3	11	9
Physicians' remuneration - professional component	1-199	4	11	9
Physicians' remuneration - provider component	1-199	5	11	9
RCE amount	1-199	6	11	9
Number of physicians' hours - provider component	1-199	7	11	9
Cost of memberships and continuing education	1-199	12	11	9
Physician cost of malpractice insurance	1-199	14	11	9
In total for the facility (sum of lines 1-200):				
Total physicians' remuneration	200	3	11	9
Physicians' remuneration - professional component	200	4	11	9
Physicians' remuneration - provider component	200	5	11	9
Number of physicians' hours - provider component	200	7	11	9
Cost of memberships and continuing education	200	12	11	9
Physician cost of malpractice insurance	200	14	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET A-8-3				
Total number of weeks worked during which outside supplies worked	1	1	11	9
Number of unduplicated days on which supervisor or therapist was on provider site (see instructions)	3	1	11	9
Number of unduplicated days on which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)	4	1	11	9
Number of unduplicated offsite visits - supervisors or therapist	5	1	11	9
Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)	6	1	11	9
Standard travel expense rate	7	1	5	99.99
Optional travel expense rate per mile	8	1	3	.99
Total hours worked by discipline	9	1-5	11	9(8).99
AHSEA by discipline	10	1-5	5	99.99
Number of travel hours by discipline	12	1-3	11	9
Number of miles driven by discipline	13	1-3	11	9
Travel allowance and expense - include only one	33, 34, 35	1	11	9
Travel allowance and expense - include only one	44, 45, 46	1	11	9
Overtime hours worked during period by discipline (see instructions)	47	1-4	11	9(8).99
Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	51	5	7	9(4).99
Equipment cost (see instructions)	61	1	11	9
Supplies (see instructions)	62	1	11	9
Total cost of outside supplier services (from your records)	64	1	11	9
Excess over limitation (line 64 minus line 63; if negative, enter zero)	65	1	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEETS B-1; B, PARTS I-II; H-5, PART I; J-1, PART II; and L-1, PART I HEADINGS*				
Column heading (cost center name)	1-2*	1-4, 5-23	10	X
Statistical basis	4, 5*	1-4, 5-23	10	X
WORKSHEET B, PART I				
Total adjustments after cost finding	202	25	11	-9
Costs after cost finding and post step-down adjustments by department	30-46, 50-60, 62-76 88-91, 92.01 -101, 105-117 190-194 & 201	26	11	-9
Total costs after cost finding and post step-down adjustments	202	26	11	9

* Refer to Table 1 for specifications and Table 2 for the worksheet identifier for column headings. There may be up to five type 2 records (3 for cost center name and 2 for the statistical basis) for each column. However, for any column which has less than five type 2 record entries, blank records or the word "blank" is not required to maximize each column record count.

WORKSHEET B, PART II				
Directly assigned capital related costs by department	4-23, 30-46, 50-60 62-76, 88-91, 92.01 -101 105-117, 190-194	0	11	9
Total directly assigned capital related costs	202	0	11	9
Total adjustments after cost finding	202	25	11	-9
Total capital related costs after cost finding by department	30-46, 50-60, 62-76 88-91, 93-101 105-117, 190-194	26	11	-9
Total capital related costs after cost finding in total	202	26	11	9
WORKSHEET B-1				
For each cost allocation using accumulated costs as the statistic, include a record containing an X.	0	5-23	1	X
All cost allocation statistics	1-23, 30-46 50-60, 62-76, 88-91, 92.01 -101,105-117 190-194	1-23*	11	9
Reconciliation	4-23, 30-46 50-76, 88-91, 93-101, 105-117 190-194	5A-23A	11	-9
Cost to be allocated	202	1-23+	11	9

* In each column using accumulated costs as the statistical basis for allocating costs, identify each cost center which is to receive no allocation with a negative 1 (-1) placed in the accumulated cost column. Providers may elect to indicate total accumulated cost as a negative amount in the reconciliation column. However, there should never be entries in both the reconciliation column and accumulated column simultaneously on the same line. For those cost centers which are to receive partial allocation of costs, provide only the cost to be excluded from the statistic as a negative amount on the appropriate line in the reconciliation column.
If line 5 is fragmented, line 5 must be deleted and subscripts of line 5 must be used.

\+ Include any column which uses accumulated cost as it basis for allocation.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET B-2				
For post stepdown adjustment:				
Adjustment for EPO costs in Renal Dialysis	1	1	36	X
Worksheets B, Part indicator	1	2	1	9
Worksheet A line number	1	3	6	9(3).99
Amount of adjustment	1	4	11	-9
Adjustment for EPO costs for in Home Program	2	1	36	X
Worksheets B, Part indicator	2	2	1	9
Worksheet A line number	2	3	6	9(3).99
Amount of adjustment	2	4	11	-9
Adjustment for ARANESP costs in Renal Dialysis	3	1	36	X
Worksheets B, Part indicator	3	2	1	9
Worksheet A line number	3	3	6	9(3).99
Amount of adjustment	3	4	11	-9
Adjustment for ARANESP costs for in Home Program	4	1	36	X
Worksheets B, Part indicator	4	2	1	9
Worksheet A line number	4	3	6	9(3).99
Amount of adjustment	4	4	11	-9
Adjustment for ESA costs in Renal Dialysis	*5*	*1*	*36*	*X*
Worksheets B, Part indicator	*5*	*2*	*1*	*9*
Worksheet A line number	*5*	*3*	*6*	*9(3).99*
Amount of adjustment	*5*	*4*	*11*	*-9*
Adjustment for ESA costs for in Home Program	*6*	*1*	*36*	*X*
Worksheets B, Part indicator	*6*	*2*	*1*	*9*
Worksheet A line number	*6*	*3*	*6*	*9(3).99*
Amount of adjustment	*6*	*4*	*11*	*-9*
Explanation	*7-59*	1	36	X
Worksheets B and L-1, Part numbers (1=B, Part I; 2=B, Part II; and 3=L-1)	*7-59*	2	1	9
Worksheet A line number	*7-59*	3	6	9(3).99
Amount of adjustment	*7-59*	4	11	-9

NOTE: On Worksheet B-2, if there are more than 59 lines needed, use multiple worksheets. (Refer to the footnote to this worksheet in Table 2.)

WORKSHEET C, PART I				
Observation bed cost (see instructions)	92	1	11	9
Total cost (line 200 minus line 201)	202	1	11	9
Total charges by department (inpatient)	30-46	6	11	9
Total charges by department (inpatient/outpatient)	50-101, 105-117	6-7	11	9
Total charges (inpatient/outpatient)	200	6-7	11	9
WORKSHEET C, PART II				
Total capital and outpatient reductions	202	4-5	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D, PART III				
Apportionment of inpatient routine service other pass through costs				
Where post step-down adjustments affecting either nonphysician anesthetists or direct medical education costs are made, furnish only the net change for each cost center.				
Nursing Services	30-35, 40-45	1	11	-9
Nursing Services change in total	200	1	11	-9
Allied Health (Paramedical) Cost	30-35, 40-45	2	11	-9
Allied Health (Paramedical) change in total	200	2	11	-9
Other Medical Educational Costs	30-35, 40-45	3	11	-9
Other Medical Educational change in total	200	3	11	-9
Tootal inpatient program pass through cost	200	9	11	-9
WORKSHEET D, PART IV				
Apportionment of inpatient ancillary service other pass through costs				
Where post step-down adjustments affecting either nonphysician anesthetists or direct medical education costs are made, furnish only the net change for each cost center.				
Nonphysician anesthetist change by department	50-60 62-76, 88-93 94-98	1	11	-9
Nursing Services	50-60 62-76, 88-93 94-98	2	11	-9
Allied Health (Paramedical) Cost	50-60 62-76, 88-93 94-98	3	11	-9
Other Medical Education Cost	50-60 62-76, 88-93 94-98	4	11	-9
Total program pass through costs and charges	200	1-4, 11&13	11	-9
WORKSHEET D, PART V				
Apportionment of medical and other health services costs				
PPS Reimbursed Services (see instructions)	50-98	2	11	9
Cost reimbursed services subject to ded. and coins.(see inst.)	50-98	3	11	9
Cost reimbursed services not subject to ded. and coins.(see inst.)	50-98	4	11	9
Ambulance	95	6	11	9
Subtotal program charges	200	2-4 & 7	11	9
CRNA charges	201	3-4 & 7	11	-9
Net program costs	202	5-7	11	9

NOTE: If Worksheet A, line 19 is subscripted and the provider qualifies for the exception as described in CMS Pub. 15-2, section 4010 for nonphysician anesthetist services, include the combined charges of those lines on Worksheet D, Part V, line 202, column 2.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D-1				
Part I - All Provider Components				
Inpatient days (including private room days and swing-bed days, excluding newborn)	1	1	11	9
Inpatient days (including private room days, excluding swing-bed and newborn days)	2	1	11	9
Total private room days	3	1	11	9
Total semi-private room days	4	1	11	9
Swing-bed SNF type inpatient days through 12/31 *	5	1	11	9
Swing-bed SNF type inpatient days after 12/31 *	6	1	11	9
Swing-bed NF type inpatient days through 12/31 *	7	1	11	9
Swing-bed NF type inpatient days after 12/31 *	8	1	11	9
Inpatient days including private room days applicable to the program (excluding swing-bed and newborn days)	9	1	11	9
Swing-bed SNF days through 12/31 (title XVIII) *	10	1	11	9
Swing-bed SNF days after 12/31 (title XVIII) *	11	1	11	9
Swing-bed NF days through 12/31 (titles V and XIX) *	12	1	11	9
Swing-bed NF days after 12/31 (titles V and XIX) *	13	1	11	9
Medically necessary private room program days	14	1	11	9
Medicare rate for:				
Swing-bed SNF services through 12/31				
Swing-bed SNF services through 12/31	17	1	6	9(4).99
Swing-bed SNF services after 12/31	18	1	6	9(4).99
Non-Medicare rate for:				
Swing-bed NF services through 12/31	19	1	6	9(4).99
Swing-bed NF services after 12/31	20	1	6	9(4).99
General inpatient routine service charges	28	1	11	9
Private room charges	29	1	11	9
Semi-private room charges	30	1	11	9
* Hospital or subprovider only				
Part II - Hospital and Subproviders Only				
Program overflow days by each special care unit for hospital and subproviders only (This data is added to program routine days from Worksheet S-3, Part I, line 1, columns 5-7, as appropriate.) See CMS Pub. 15-2, section 4022	43-47	4	11	9
Total program inpatient costs	49	1	11	9
TEFRA target amount per discharge	55	1	9	9(6).99
Bonus payment (see instructions)	58	1	11	9
Lesser of lines 53/54 or 55 of 1996 cost report ending period updated and compounded by the market basket.	59	1	11	9(8).99
Lesser of lines 53/54 or 55 of prior year cost report updated by the market basket (see instructions)	60	1	11	9(8).99
If line 53/54 is less than the lower of lines 55, 58.01, or 58.02 (see instructions).	61	1	11	9
Relief Payment (see instructions)	62	1	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D-1 (Continued)				
Part III - Skilled Nursing Facility, Nursing Facility and ICF/MR only				
Aggregate charges to beneficiaries for excess costs	79	1	11	9
Inpatient routine service cost per diem limitation	81	1	6	9(3).99
Utilization review - physicians' compensation	85	1	11	9
Total program inpatient operating costs	86	1	11	9
Part IV - Computation of Observation Bed Cost Hospital only				
Total observation bed days (see instructions)	87	1	11	9
Observation bed cost (title XVIII only)	89	1	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D-2				
Part I:				
Percent of assigned time of interns and residents (not in approved programs)	2-8, 10-19, 21-26	1	6	9(3).99
Title XVIII, Part B inpatient days (Part A adjustment only) (1)	2-7, 10-13	6	11	-9
Title XVIII, Part A only charges (see note below)	21-26	6	11	-9
Subtotal (sum of lines 2 through 8)	9	8-10	11	-9
Subtotal (sum of lines 21 through 26)	27	8-10	11	-9
Part II:				
Title XVIII, Part B inpatient days	29-30 32-36, 38-41	6	11	9

(1) Display only the Part A coverage days adjustment, negative amount, in the ECR record(s). See section 4026.1 for proper submission of reconciliation of these days.

Note: For Part A only charges, the amount reported is only the title XVIII Part B ancillary charges. This will be used to reduce ancillary charges from Worksheet D-3, column 2 and Worksheet D, Part III, sum of columns 1-4 in order to properly calculate the Part B ancillary charges.

WORKSHEET D-3				
For each component under titles V, XVIII, and XIX, except for SNFs under title XVIII:				
Inpatient Part A ancillary charges by department	30-43, 50-76, 88-94, 96-98	2	11	9
Total program charges (sum of lines 50-94 and 90-98)	200	2	11	9
Total program costs (sum of lines 50-76 and 90-98)	200	3	11	9
WORKSHEET D-4				
Part I:				
Inpatient routine service charges for organ acquisition	1-6	1	11	9
Medicare organ acquisition days	1-6	3	11	9
Part A inpatient ancillary organ acquisition charges	8-40	2	11	9
Part III:				
Provider charges for interns and residents services only where the provider charges separately	57 & 58	3	11	9
Total charges applicable to costs in column 1 only where the provider has a schedule of charges for the various direct organ acquisition costs	59	3	11	9
Total usable organs	62	2	11	9
Medicare usable organs	63	2	11	9
Revenue for organs sold	66	1 & 3	11	9
Organ acquisition charges billed to Medicare under Part B	68	1	11	9
Net organ acquisition cost and charges	69	1-4	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D-4 (Continued)				
Part IV:				
Statistics for living related kidney acquisitions, partial liver & partial lung;				
Organs excised at provider	70	1	11	9
Organs purchased from other transplant hospitals	71	1	11	9
Organs purchased from non-transplant hospitals	72	1	11	9
Organs purchased from OPOs	73	1	11	9
Organs transplanted	75	1	11	9
Organs sold to other hospitals	76	1	11	9
Organs sold to OPOs	77	1	11	9
Organs sold to transplant hospitals	78	1	11	9
Organs sold to military or VA hospitals	79	1	11	9
Organs sold outside the U.S.	80	1	11	9
Organs sent outside the U.S. (no revenue)	81	1	11	9
Organs used for research	82	1	11	9
Unusable or discarded organs	83	1	11	9
Statistics for cadaveric heart, liver, lung, kidney, pancreas or intestine acquisition;				
Organs excised at provider	70	2	11	9
Organs purchased from other transplant hospitals	71	2	11	9
Organs purchased from non-transplant hospitals	72	2	11	9
Organs purchased from OPOs	73	2	11	9
Organs transplanted	75	2	11	9
Organs sold to other hospitals	76	2	11	9
Organs sold to OPOs	77	2	11	9
Organs sold to transplant hospitals	78	2	11	9
Organs sold to military or VA hospitals	79	2	11	9
Organs sold outside the U.S.	80	2	11	9
Organs sent outside the U.S. (no revenue)	81	2	11	9
Organs used for research	82	2	11	9
Unusable or discarded organs	83	2	11	9
Revenue for hearts, livers, lungs, pancreas, intestine and kidneys transplanted into non-Medicare patients;				
Organs sold to other hospitals	76	3	11	9
Organs sold to OPOs	77	3	11	9
Organs sold to transplant hospitals	78	3	11	9
Organs sold to military or VA hospitals	79	3	11	9
Organs sold outside the U.S.	80	3	11	9
WORKSHEET D-5				
Part I:				
Physicians' remuneration - in total	1-11	3	11	9
Physicians' remuneration - professional component	1-11	4	11	9
RCE amount	1-11	5	11	9
Number of physicians' hours - professional component	1-11	6	11	9
Cost of memberships and continuing education	1-11	11	11	9
Cost of physician malpractice insurance	1-11	13	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET D-5 (Continued)				
Part II: - For the hospital and each subprovider:				
Total inpatient days and outpatient visit days	2	1	11	9
Patient days (The same days and visit days are used for both the hospital staff and medical staff costs.)				
Title V inpatient days	4	1	11	9
Title V outpatient visit days	5	1	11	9
Title XVIII inpatient days (Part A)	6	1	11	9
Title XVIII outpatient visit days (Part B)	7	1	11	9
Title XIX inpatient days	8	1	11	9
Title XIX outpatient visit days	9	1	11	9
Total kidney acquisition days and outpatient visit days	10	1	11	9
Total liver acquisition days and outpatient visit days	11	1	11	9
Total heart acquisition days and outpatient visit days	12	1	11	9
Total lung acquisition days and outpatient visit days	13	1	11	9
Total pancreas acquisition days and outpatient visit days	14	1	11	9
Total intestinal acquisition days and outpatient visit days	15	1	11	9
Total islet acquisition days and outpatient visit days	16	1	11	9
Other Organ Acquisition	17	0	36	X
Other Organ Acquisition	17	1	11	9
WORKSHEET E, PART A				
For the hospital and subprovider(s)				
DRG amounts - other than outlier payments	1	1 & 1.01	11	9
Outlier payments for discharges	2	1 & 1.01	11	9
Outlier reconciliation amount	2.01	1	11	9
Managed Care Simulated Payments	3	1 & 1.01	11	9
Bed days available divided by number of days in cost reporting period	4	1	9	9(6).99
Indirect Medical Education Adjustment				
FTE count for allopathic and osteopathic before December 31, 1996	5	1	9	9(6).99
FTE count for allopathic and osteopathic add-on to cap for new programs	6	1	9	9(6).99
MMA §422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	7	1	9	9(6).99
ACA §5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)	7.01	1	9	9(6).99
Adjustment to FTE count for allopathic and osteopathic program for affiliated programs (see instructions)	8	1	9	-9(6).99
The amount of increase if the hospital was awarded FTE cap slots under §5503 of the ACA. (see instructions)	8.01	1	9	-9(6).99
The amount of increase if the hospital was awarded FTE cap slots under §5503 of ACA (see instructions)	8.02	1	9	-9(6).99
FTE count for allopathic and osteopathic in the current year	10	1	9	9(6).99
FTE count for residents in dental and podiatric programs.	11	1	9	9(6).99
Current year allowable FTE (see instructions)	12	1	9	9(6).99
Total allowable FTE for the prior year	13	1	4	9.99
Total allowable count for the penultimate year if that year ended on or after 9/30/1997, otherwise enter zero	14	1	9	9(6).99
Sum of lines 12 through 14 divided by 3.	15	1	9	9(6).99
Adjustment for residents in initial years of the program	16	1	4	9.99
Adjustment for residents displaced by program or hospital closure	17	1	4	9.99
Adjusted rolling average FTE count	18	1	4	9.99
Current year resident to bed ratio (see instructions)	19	1	8	9.9(6)
Prior year resident to bed ratio	20	1	8	9.9(6)
IME Discharges occurring prior to 10/1 (see instructions)	22	1 & 1.01	11	9
Number of additional allopathic and osteopathic IME FTE resident cap slots	23	1	11	9(6).99

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E, PART A (Continued)				
Indirect medical education adjustment				
IME payments adjustment. (see instructions)	27	1	11	9
IME Adjustment (see instructions)	28	1 & 1.01	11	9
Total IME payment (sum of lines 22 and 28)	29	1 & 1.01	11	9
Disproportionate share adjustment				
SSI recipient patient days to Medicare Part A patient days	30		11	9.9(4)
Percentage of Medicaid patient days to total days	31	1	9	9.9(4)
Enter the sum of lines 30 and 31	32	1	9	9.9(4)
Allowable disproportionate share percentage (see instructions)	33	1 & 1.01	9	9.9(4)
Disproportionate share adjustment amount	34	1 & 1.01	11	9
Additional payment for high percentage of ESRD beneficiary discharges				
Total Medicare discharges excluding discharges for DRGs 302,	40		11	9
Total ESRD Medicare discharges excluding DRGs 302, 316, and 317	41	1 & 1.01	11	9
ESRD Medicare discharges to total Medicare discharges	42	1	9	9(6).99
Total Medicare ESRD inpatient days excluding DRGs 302, 316, and 317	43	1	11	9
Average weekly cost for dialysis treatments (see instructions)	45	1 & 1.01	9	9(6).99
Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only)	48	1 & 1.01	11	9
Nursing and Allied Health Managed Care	53	1	11	9
Special Add-on payment for new technologies	54	1	11	9
Net organ acquisition cost	55	1	11	9
Cost of teaching physicians	56	1	11	9
Routine service other pass through costs	57	1	11	9
Ancillary service other pass through costs	58	1	11	9
Primary payer payments (see instructions)	60	1	11	9
Deductibles billed to program beneficiaries	62	1	11	9
Coinsurance billed to program beneficiaries	63	1	11	9
Allowable bad debts (see instructions)	64	1	11	-9
Adjusted reimbursable bad debts adjustment (see instructions)	65	1	11	9
Allowable bad debts for dual eligible beneficiaries (see	66	1	11	9
Credits received from manufacturers for replaced devices applicable to	68	1	11	9
Outlier payments reconciliation	69	1	11	9
Other adjustments (see instructions) (specify)	70	0	36	X
Other adjustments (see instructions) (specify)	70	1	11	-9
Bundled Model 1 discount amount	*70.92*	*1*	*11*	*9*
HVBP payment adjustment (see instructions)	*70.93*	*1*	*11*	*-9*
Hospital readmissions reduction adjustment (see instructions)	*70.94*	*1*	*11*	*-9*
Recovery of excess depreciation	70.95	1	11	9
Low volume adjustment for fiscal year (yyyy)	*70.96*	*0*	*4*	*X*
Low volume adjustment amount	*70.96*	*1*	*11*	*9*
Low volume adjustment for fiscal year (yyyy)	*70.97*	*0*	*4*	*X*
Low volume adjustment amount	*70.97*	*1*	*11*	*9*
Sequestration adjustment amount(see instructions)	*71.01*	*1*	*11*	*9*
Protested amount	75	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E, PART A (Continued)				
To be completed by contractor				
Operating outlier amount	90	1	11	-9
Capital outlier amount	91	1	11	-9
Operating outlier reconciliation amount	92	1	11	-9
Capital outlier reconciliation amount	93	1	11	-9
The rate used to calculate the Time Value of Money	94	1	11	9(8).9(2)
Operating Time Value of Money	95	1	11	-9
Capital Time Value of Money	96	1	11	-9

Column 1 can be subscripted for the following items: Transitional Corridor, Geographic Reclassification and SCH/MDH elections. See CMS Pub. 15-2, chapter 40, section 4030 for the applicable lines.

WORKSHEET E, PART B				
For the hospital, each subprovider, and SNF (title XVIII only)				
PPS payments	3	1 & 1.01	11	9
Outlier payment	4	1 & 1.01	11	9
Hospital specific payment to cost ratio	5	1 & 1.01	5	9.9(3)
Transitional corridor payment (see instructions)	8	1 & 1.01	11	9
Ancillary service charges for physicians' professional services (see note below)	12	1	11	-9
Aggregate amount collected from beneficiaries	15	1	11	9
Amounts collectible	16	1	11	9
Interns and residents service charges	22	1	11	9
Teaching physicians charges	23	1	11	9
Deductibles and coinsurance (for nominal charge providers, report deductibles only)	25	1	11	9
Coinsurance related to amount on line 25	26	1	11	9
Primary payer payments	31	1	11	9
Allowable Bad Debt (see instructions)	34	1	11	-9
Reimbursable bad debts for dual eligible beneficiaries (see instructions)	36	1	11	9
MSP-LCC reconciliation amount from PS&R	38	1	11	9
Other adjustments (see instructions) (specify)	39	0	36	X
Other adjustments (see instructions) (specify)	39	1	11	-9
Recovery of Accelerated depreciation	39.99	1	11	-9
Sequestration adjustment (see instructions)	*40.01*	*1*	*11*	*9*
Protested amounts	44	1	11	-9
To be completed by contractor				
Original outlier amount (see instructions)	90	1	11	-9
Outlier reconciliation amount (see instructions)	91	1	11	-9
The rate used to calculate the Time Value of Money	92	1	11	9(8).9(2)
Time Value of Money (see instructions)	93	1	11	-9
Total (sum of lines 91 and 93)	94	1	11	-9

For ancillary service charges, the amount reported is the sum of (1) the program ancillary service charges attributable to physicians' professional services included in total charges on Worksheet C, Part I, (2) program charges applicable to excess cost of luxury items, and (3) your charges to beneficiaries for excess costs. This sum is used to reduce ancillary service charges from Worksheet D-3 or Worksheet D, Part V in order to properly calculate the lower of cost or charges on Worksheet E, Parts B, and Worksheet E-3, Parts V and VI.

Column 1 can be subscripted for the following items: Transitional Corridor, Geographic Reclassification and SCH/MDH elections. See CMS Pub. 15-2, chapter 40, section 4030 for the applicable lines.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-1, Part I				
For the hospital, each subprovider, SNF, and swing-bed SNF - title XVIII only:				
Total interim payments paid to provider	1	2 & 4	11	9
Interim payments payable	2	2 & 4	11	9
Date of each retroactive lump sum adjustment (mm/dd/yyyy)	3.01-3.98	1 & 3	10	X
Amount of each retroactive lump sum adjustment: Program to provider	3.01-3.49	2 & 4	11	9
Provider to program	3.50-3.98	2 & 4	11	9
Enter the date of the tentative payment From Program to Provider	5.01-5.03	1 & 3	10	X
Enter the amount of the tentative payment From Program to Provider	5.01-5.03	2 & 4	11	-9
Enter the date of the tentative payment From Provider to Program	5.50-5.52	1 & 3	10	X
Enter the amount of the tentative payment From Provider to Program	5.50-5.52	2 & 4	11	-9
Enter name of the Contractor	8	0	36	X
Enter Contractor's number	8	1	5	X
Enter the date of Notice of Program Reimbursement	8	2	10	X
WORKSHEET E-1, Part II				
Total hospital discharges as defined in AARA §4102 from Worksheet S-3, Part I column 15, line 14	1	1	11	9
Medicare days from Wkst S-3, Part I, col.6 sum of lines 1, 8-12	2	1	11	9
Medicare HMO days from Wkst S-3, Part I, col. 6 of line 2	3	1	11	9
Total inpatient bed days from S-3, Part I col. 8 sum of lines 1, 8-12	4	1	11	9
Total hospital charges from Wkst C, Part I, col. 8 line 200	5	1	11	9
Total hospital charity care charges from Wkst S-10, col. 3 line 20	6	1	11	9
CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	7	1	11	9
Calculation of the HIT incentive payment (see instructions)	8	1	11	-9
Sequestration adjustment (see instructions)	*9*	*1*	*11*	*9*
Calculation of the HIT incentive payment after sequestration (see iInstructions)	*10*	*1*	*11*	*9*
Interim payments	30	1	11	9
Initial/interim HIT payment adjustment (see instructions)	31	1	11	-9
Balance due provider (line 8 *(or line 10)* minus line 30 and line 31) *(see instructions)*	32	1	11	9
WORKSHEET E-2				
Inpatient routine services - swing bed-SNF	1	1 & 2	11	9
Title XVIII, Part B swing-bed days	5	2	11	9
Utilization review - physician compensation for SNF optional method only	7	1	11	9
Amounts paid/payable under workmen's compensation or other primary payers	9	1 & 2	11	9
Deductibles, excluding any billed for the professional component of provider based physicians services	11	1 & 2	11	9
Coinsurance, excluding any billed for the professional component of provider based physicians services	13	1 & 2	11	9
Other adjustments (see instruction) (specify)	16	0	36	X
Other adjustments (see instruction) (specify)	16	1 & 2	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-2 (Continued)				
Allowable bad debts	17	1 & 2	11	-9
Adjusted reimbursable bad debt(see instructions)	*17.01*	*1 & 2*	*11*	*9*
Allowable bad debts for dual eligible beneficiaries	18	1 & 2	11	9
Sequestration adjustment (see instructions)	*19.01*	*1 & 2*	*11*	*9*
Interim payments (titles V and XIX only)	20	1 & 2	11	9
Protested amounts	23	1 & 2	11	-9
WORKSHEET E-3, PART I				
Inpatient hospital services	1	1	11	9
Primary payer payments	5	1	11	9
Deductibles - Part A	7	1	11	9
Coinsurance (see instructions)	9	1	11	9
Allowable bad debts (see instructions)	11	1	11	-9
Allowable bad debts for dual eligible beneficiaries (see instructions)	13	1	11	9
Other adjustment (see instructions) (specify)	17	0	36	X
Other adjustment (see instructions) (specify)	17	1	11	9
Recovery of Accelerated Depreciation	17.99	1	11	-9
Sequestration adjustment (see instructions)	*18.01*	*1*	*11*	*9*
Interim payments	19	1	11	-9
Protested amounts	22	1	11	-9
WORKSHEET E-3, PART II				
Net Federal IPF PPS Payments (excluding outlier, ECT, stop-loss, and medical education payments)	1	1	11	9
Net IPF PPS Outlier Payments	2	1	11	9
Net IPF PPS ECT Payments	3	1	11	9
Unweighted intern and resident FTE count for latest cost report filed on or before November 15, 2004	4	1	11	9(3).99
The amount of temporary increase if the IPF was awarded FTE cap under §412.424(d)(1)(iii)(F)(1) or (2). (see instructions)	4.01	1	9	-9(6).99
New Teaching program adjustment (see instructions)	5	1	11	9(3).99
Current year's unweighted FTE count of I&R *excluding* FTE's in the *new program growth period* of a "new teaching program".	6	1	11	9(3).99
Current year's unweighted I&R FTE count for residents within the *new program growth period* of a "new teaching program".	7	1	11	9(3).99
Intern and resident count for IPF PPS medical education adjustment (see instructions)	8	1	11	9(3).99
Nursing and Allied Health Managed Care payments	13	1	11	9
Primary payer payments	17	1	11	9
Deductible – Part A	19	1	11	9
Coinsurance (see instructions)	21	1	11	9
Allowable bad debts (see instructions)	23	1	11	-9
Allowable bad debts for dual eligible beneficiaries (see instructions)	25	1	11	9
Outlier payments reconciliation	29	1	36	9
Other adjustment (see instructions) (specify)	30	0	11	X
Other adjustment (see instructions) (specify)	30	1	11	9
Recovery of Accelerated Depreciation	30.99	1	11	-9
Sequestration adjustment (see instructions)	*31.01*	*1*	*11*	*9*
Interim payments	32	1	11	-9
Protest amount	35	1	11	-9
To be completed by contractor				
Original outlier amount from Worksheet E-3, Part II line 2	50	1	11	-9
Outlier reconciliation amount (see instructions)	51	1	11	-9
The rate used to calculate the Time Value of Money	52	1	11	-9
Time Value of Money (see instructions)	53	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-3, PART III				
Net Federal PPS Payment	1	1	11	9
Medicare SSI ratio (IRF PPS only)(see instructions)	2	1	7	9.9(4)
IRF LIP Payments	3	4	11	9
IRF Outlier Payments	4	1	11	9
Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see inst.)	5	1	11	9(3).99
The amount of temporary increase if the IPF was awarded FTE cap slots under §412.424(d)(1)(iii)(F)(1) or (2). (see instructions)	*5.01*	*1*	*9*	*-9(6).99*
New Teaching program adjustment (see instructions)	6	1	11	9(3).99
Current year's unweighted FTE count of I&R *excluding* FTE's in the *new program growth period* of a "new teaching program".	7	1	11	9(3).99
Current year's unweighted I&R FTE count for residents within the *new program growth period* of a "new teaching program".	8	1	11	9(3).99
Intern and resident count for IRF PPS medical education adjustment (see instructions)	9	1	11	9(3).99
Medical Education Adjustment.	12	1	11	9
Nursing and Allied Health Managed Care payments	14	1	11	9
Primary payer payments	18	1	11	9
Deductibles	20	1	11	9
Coinsurance excluding any billed for professional professional component of provider based physicians services	22	1	11	9
Allowable bad debts (see instructions)	24	1	11	-9
Allowable bad debts for dual eligible beneficiaries (see instructions)	26	1	11	9
Outlier payments reconciliation	30	1	11	9
Other adjustments (see instructions) (specify)	31	0	36	X Other
adjustments (see instructions) (specify)	31	1	11	9
Recovery of Accelerated Depreciation	31.99	1	11	-9
Sequestration adjustment (see instructions)	*32.01*	*1*	*11*	*9*
Interim payments	33	1	11	-9
Protested amounts	36	1	11	-9
To be completed by contractor				
Original outlier amount from Worksheet E-3, Part III line 4	50	1	11	-9
Outlier reconciliation amount (see instructions)	51	1	11	-9
The rate used to calculate the Time Value of Money	52	1	11	-9
Time Value of Money (see instructions)	53	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-3, PART IV				
Net Federal PPS Payment	1	1	11	9
Outlier Payments	2	1	11	9
Nursing and Allied Health Managed Care payments	4	1	11	9
Teaching physicians	6	1	11	9
Primary payer payments	8	1	11	9
Deductibles	10	1	11	9
Coinsurance excluding any billed for professional component of provider based physicians services	12	1	11	9
Allowable bad debts (see instructions)	14	1	11	-9
Allowable bad debts for dual eligible beneficiaries	16	1	11	9
Outlier payments reconciliation	20	1	11	9
Other adjustment (specify)	21	0	36	X
Other adjustment	21	1	11	-9
Recovery of Accelerated Depreciation	21.99	1	11	-9
Sequestration adjustment (see instructions)	*22.01*	*1*	*11*	*9*
Interim payments	23	1	11	9
Protested amounts	26	1	11	-9
To be completed by contractor				
Original outlier amount from Worksheet E-3, Part IV line 2	50	1	11	-9
Outlier reconciliation amount (see instructions)	51	1	11	-9
The rate used to calculate the Time Value of Money	52	1	11	-9
Time Value of Money (see instructions)	53	1	11	-9
WORKSHEET E-3, PART V				
Inpatient services	1	1	11	9
Nursing and Allied Health Managed Care payments	2	1	11	9
Organ acquisition (certified transplant centers only)	3	1	11	9
Primary payer payments	5	1	11	9
Deductibles, excluding any billed for the professional component of PBP services	20	1	11	9
Coinsurance excluding any billed for professional component of provider based physicians services	23	1	11	9
Allowable bad debts (see instructions)	25	1	11	-9
Allowable bad debts for dual eligible beneficiaries (see instructions)	27	1	11	9
Other adjustments (see instructions) (specify)	29	0	36	X
Other adjustments (see instructions) (specify)	29	1	11	9
Recovery of Accelerated Depreciation	29.99	1	11	-9
Sequestration adjustment (see instructions)	30.01	1	11	-9
Protested amounts	34	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-3, PART VI				
Resource Utilization Group Payment (RUGS)	1	1	11	9
Routine service other pass through costs	2	1	11	9
Ancillary service other pass through costs	3	1	11	-9
Medical and other services	5	1	11	-9
Deductibles (exclude professional component)	6	1	11	9
Coinsurance excluding any billed for professional component of provider based physicians services	7	1	11	9
Allowable bad debts *(see instructions)*	8	1	11	-9
Reimbursable bad debts for dual eligible beneficiaries (see instructions)	9	1	11	-9
Adjusted reimbursable bad debts (see instructions)	*10*	*1*	*11*	*9*
Utilization review	11	1	11	9
Inpatient primary payments	13	1	11	-9
Other adjustment (specify)	14	0	36	X
Other adjustment	14	1	11	-9
Recovery of Accelerated Depreciation	14.99	1	11	-9
Sequestration adjustment (see instructions)	*15.01*	*1*	*11*	*9*
Interim payments	16	1	11	9
Protested amounts	19	1	11	-9
WORKSHEET E-3, PART VII				
Inpatient hospital/SNF/NF services	1	1	11	9
Medical and other services	2	2	11	9
Organ acquisition (certified transplant centers only)	3	1	11	9
Inpatient primary payer payments	5	1	11	9
Outpatient primary payer payments	6	2	11	9
Routine service charges	8	1	11	9
Ancillary service charges for physicians' professional services (see note to Worksheet E, Part B)	9	1 & 2	11	-9
Aggregate amount collected	13	1 & 2	11	9
Amount collectible	14	1 & 2	11	9
Interns and residents service charges	19	1 & 2	11	9
Teaching physicians	20	1 & 2	11	9
Other than outlier payments	22	1 & 2	11	9
Outlier payments	23	1 & 2	11	9
Customary charges (title XIX PPS covered services only)	28	1 & 2	11	9
Deductibles (exclude professional component)	32	1 & 2	11	9
Coinsurance excluding any billed for professional component of provider based physicians services	33	1 & 2	11	9
Allowable bad debts (see instructions)	34	1 & 2	11	-9
Utilization review	35	1	11	9
Other adjustment (specify)	37	0	36	X
Other adjustment	37	1 & 2	11	-9
Interim payments	41	1 & 2	11	9
Protested amounts	43	1 & 2	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET E-4				
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
Unweighted resident FTE count for allopathic and osteopathic programs for periods ending on or before	1	1	6	9(3).99
Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)	2	1	6	9(3).99
Amount of Reduction to Direct GME Cap Under Section 422 of MMA	3	1	6	9(3).99
Direct GME cap reduction amount Under ACA §5503 in accordance With *42* CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)	3.01	1	6	9(3).99
Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	4	1	6	-9(3).99
ACA §5503 increase to Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)	4.01	1	6	9(3).99
ACA §5506 number of additional direct GME FTEs (see instructions for cost reporting periods straddling 7/1/2011)	4.02	1	6	9(3).99
Unweighted resident FTE count for allopathic and osteopathic programs for current year from your records	6	1	6	9(3).99
Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year	8	1	6	9(3).99
Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year	8	2	6	9(3).99
Weighted dental and podiatric resident FTE count, current yr.	10	2	6	9(3).99
Total weighted FTE count	11	1-2	6	9(3).99
Total weighted resident FTE count for prior cost reporting year If none, enter 1 here.	12	1-2	6	9(3).99
Total weighted resident FTE count for the penultimate cost reporting year	13	1-2	6	9(3).99
Rolling average FTE count.	14	1-2	6	9(3).99
Adjustment for residents in initial years of new programs	15	1-2	11	9(3).99
Adjustment for residents displaced by program or hospital closure	16	1-2	11	9(3).99
Adjusted rolling average FTE count	17	1-2	11	9*(3).99*
Per resident amount	18	1-2	11	9(8).99
Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)	20	1	11	9(*3*).99
Direct GME FTE *unweighted* Resident count over cap (see	21	1	11	9(*3*).99
Adjustment for locality national average per resident amount (see instructions)	23	1	11	9(8).99
Medicare outpatient ESRD charges (see instructions)	35	1	11	*9*
Part A reasonable cost (see instructions)	41	1	11	9
Part B reasonable cost (see instructions)	44	1	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET G				
For all hospitals or hospital complexes: Balance sheet accounts	1-10, 12-29, 31-34, 37-44, 46-49, 52	1	11	-9
For hospitals or hospital complexes using fund accounting:				
Specific purpose fund account balances	1-10, 12-29, 31-34, 37-41, 43-44, 46-49 53	2	11	-9
Endowment fund account balances	1-10, 12-29, 31-34, 37-41, 43-44, 46-49 54-56	3	11	-9
Plan fund account balances	1-10, 12-29, 31-34, 37-41, 43-44, 46-49 57-58	4	11	-9

NOTE: All columns for line 6, 14, 16, 18, 20, 22, 24, 26 and 28 should contain negative amounts.

WORKSHEET G-1				
For hospitals using fund accounting:				
Text as needed for blank lines	4-9, 12-17	0	36	X
Beginning fund balances	1	2, 4, 6, 8	11	-9
Additions and reductions to beginning fund balances	4-9, 12-17	1, 3, 5, 7	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET G-2				
Part I:				
Other patient revenue (specify)	27	0	36	X
Inpatient revenues for routine care by component	1-9	1	11	9
Inpatient revenues for intensive care by special care unit	11-15	1	11	9
Total revenues for routine and special care	17	1	11	9
Inpatient ancillary services revenue	18	1	11	9
Outpatient services revenue (associated with admissions)	19	1	11	9
Rural Health Clinic (RHC)	20	1	11	9
Federally Qualified Health Center (FQHC)	21	1	11	9
Ambulance revenue (associated with admissions)	23	1	11	9
ASC revenue	25	1	11	9
Hospice revenue	26	1	11	9
Other patient revenue (specify)	27	1	11	9
Inpatient ancillary services revenue (rendered in outpatient)	18	2	11	9
Outpatient services revenue	19	2	11	9
Rural Health Clinic (RHC)	20	2	11	9
Federally Qualified Health Center (FQHC)	21	2	11	9
Home health agency revenue	22	2	11	9
Ambulance revenue	23	2	11	9
Outpatient rehabilitation providers	24	2	11	9
ASC revenue	25	2	11	9
Hospice revenue	26	2	11	9
Other outpatient revenue	27	1-3	11	9
Total inpatient and outpatient revenue	28	1-3	11	9
Part II:				
Text as needed for blank lines	30-35, 37-41	0	36	X
Increases to operating expenses reported on Worksheet A	30-35	1	11	9
Decreases to operating expenses reported on Worksheet A	37-41	1	11	9
Total operating expenses	43	2	11	9
WORKSHEET G-3				
Text as needed for blank lines	24, 27	0	36	X
Contractual allowances and discounts on patients' accounts	2	1	11	9
Total operating expenses	4	1	11	9
Other revenues	6-24	1	11	9
Other expenses	27	1	11	9
Total other expenses	28	1	11	-9
Net income	29	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET H				
Salaries	3-23	1	11	9
Employee Benefits	3-23	2	11	9
Transportation	1-23	3	11	9
Contracted/Purchased Services	1-23	4	11	9
Other costs	1-23	5	11	9
Reclassifications	1-23	7	11	-9
Adjustments	1-23	9	11	-9
Net expense for allocation	1-23	10	11	9
Total	24	1-5, 7, 9, 10	11	9

Note: Line 23.50 for Wksts. H through H-1,Part II and line 19.50 for Wkst. H-2 is to be used exclusively for telemedicine, if applicable

WORKSHEET H-1, PARTS I & II				
Part I				
Total	24	1-5	11	9
Cost allocation	6-23	6	11	9
Part II				
Reconciliation	5-23	5A	11	-9
All cost allocation statistics	1-23	1-4*	11	9
Total	24	1-5	11	9

* See note to Worksheet B-1 for treatment of administrative and general accumulated cost column.

WORKSHEET H-2, PARTS I & II				
Part I				
Post stepdown adjustment (including total)	1-20	25	11	-9
Total cost after cost finding	2-19	28	11	9
Total cost	20	0-4 & 5-23	11	9
Part II				
Centers - Statistical Basis				
Reconciliation	5-19	4A-23A	11	-9
All cost allocation statistics	1-19	1-23*	11	9
Total	20	1-28	11	9

* See note to Worksheet B-1 for treatment of administrative and general accumulated cost column. Do not include X on line 0 of accumulated cost column since this is a replica of Worksheet B-1.

WORKSHEET H-3, PART I & II				
Part I				
Total visits	1-6	4	11	9
Program visits	1-6	6-7	11	9
Total	7	4, 6,7	11	9
CBSA numbers	8-13	1	5	X
Program visits by discipline and CBSA	8-13	2 & 3	11	9
Total	14	2 & 3	11	9
Total charges for DME rented and sold and medical supplies	15-16	4	11	9
Charges for medical supplies - Medicare Parts B	16	7-8	11	9
Part II				
Total HHA charges	1-5	2	11	9
Total HHA shared ancillary costs	1-5	3	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET H-4, PART I & II				
Part I				
Total charges for title XVIII - Parts A and B services	2	1-3	11	9
Amount collected from patients	3	1-3	11	9
Amounts collectible from patients	4	1-3	11	9
Primary payer payments	9	1-3	11	9
Part II				
PPS Payments	11-20	1-2	11	9
Part B deductibles billed to Medicare patients	21	2	11	9
Coinsurance billed to Medicare patients	25	2	11	9
Reimbursable bad debts	27	1 & 2	11	-9
Reimbursable bad debts for dual eligible beneficiaries (see instructions)	28	1 & 2	11	9
Other adjustments (specify)	30	0	36	X
Other adjustments (specify)	30	1 & 2	11	-9
Sequestration adjustments (see adjustment)	*31.01*	*1 & 2*	*11*	*9*
Interim payments (titles V and XIX only)	32	1 & 2	11	9
Protested amounts	35	1 & 2	11	-9
WORKSHEET H-5				
Total interim payments paid to provider	1	2 & 4	11	9
Interim payments payable	2	2 & 4	11	9
Date of each retroactive lump sum adjustment (mm/dd/yyyy)	3.01-3.98	1 & 3	10	X
Amount of each lump sum adjustment:				
Program to provider	3.01-3.49	2 & 4	11	9
Provider to program	3.50-3.98	2 & 4	11	9
Enter the date of the tentative payment From Program to Provider	5.01-5.49	1 & 3	10	X
Enter the amount of the tentative payment From Program to Provider	5.01-5.49	2 & 4	11	-9
Enter the date of the tentative payment From Provider to Program	5.50-5.98	1 & 3	10	X
Enter the amount of the tentative payment From Provider to Program	5.50-5.98	2 & 4	11	-9
Enter the name of the Contractor	8	0	36	X
Enter the Contractor's number	8	1	*5*	*X*
Enter the date of Notice of Program Reimbursement	8	2	10	X

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET I-1				
Total costs by department	1-8, 10-16, 18-26 28-30	1	11	9
Total cost	31	1	11	9(8).99
Statistic	1-6	3	11	9(8).99
FTEs per 2080 hours	1-6	4	11	9
Charges	28-30	5	11	9
WORKSHEET I-2				
EPO costs	14	6	11	9
ARANESP cost	15	6	11	9
Totals	1-13, 16 & 17	11	11	9
Columnar totals	17	1-8, 10	11	9
WORKSHEET I-3				
All cost allocation statistics	2-16	1, 5-8	11	9
Percentage of time statistics	2-16	2	6	9(3).99
Hourly statistics	2-16	3 & 4	11	9(8).99
Total all cost allocation statistics	17	1, 5-10	11	9
Total percentage of time statistics	17	2	6	9(3).99
Total hourly statistics	17	3 & 4	11	9(8).99
Inpatient dialysis treatments	12	0	11	9
WORKSHEET I-4				
Total number of outpatient treatments	1-8, 11	1	11	9
Total CAPD patient weeks	9	1	11	9
Total CCPD patient weeks	10	1	11	9
Number of outpatient treatments - Medicare	1-8, 11	4	11	9
CAPD patient weeks - Medicare	9	4	11	9
CCPD patient weeks - Medicare	10	4	11	9
Total program payment	1-11	6	11	9
Average Payment rates	1-10	7	6	9(3).99
WORKSHEET I-5				
Outlier payments	*2.04*	*1*	*11*	*-9*
Part B deductibles billed	*3-3.02*	1	11	-9
Part B coinsurance billed	*4-4.02*	1	11	9
Reimbursable bad debts	*5-5.04*	1	11	-9
Allowable bad debts deductions (see Instructions)	*6*	*1*	*11*	*9*
Reimbursable bad debts for dual eligible Beneficiaries (see instructions)	7	1	11	9
Reimbursable bad debts (see instructions)	*11*	*1*	*11*	*9*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET J-1, PART I				
General Service Cost Allocation				
Net expenses for cost allocation	1-21	0	11	9
Post stepdown adjustments (including total)	1-22	25	11	-9
Total (sum of lines 1-21)	22	0-4, 5-23	11	9
WORKSHEET J-1, PART II				
General Service Cost Statistics				
Reconciliation	1-21	4A-23A	11	-9
Cost allocation statistics	1-21	1-23*	11	9
Total	22	1-23	11	9

* See note to Worksheet B-1 for treatment of administrative and general accumulated cost column. Do not include X on line 0 of accumulated cost column.

WORKSHEET J-2, PARTS I & II				
Part I				
Apportioned Outpatient Rehabilitation Costs				
Total component charges	2-19	2	11	9
Title V charges	2-19	4	11	9
Title XVIII charges	2-19	6	11	9
Title XIX charges	2-19	8	11	9
Title XIX costs	2-19	9	11	9
Total	20	2, 4-9	11	9
Part II				
Charges for Allocation of A&G Costs				
Title V charges	21-27	4	11	9
Title XVIII charges	21-27	6	11	9
Title XIX charges	21-27	8	11	9
Total	28	4-8	11	9
Title XIX costs	21-29	9	11	9
WORKSHEET J-3				
To be completed separately for titles V, XVIII, and XIX (data items apply to titles V, XVIII, and XIX, except as indicated):				
Cost of component services	1	1	11	9
PPS payments received including outliers	2	1	11	9
Outlier Payments	3	1	11	9
Primary payer payments	4	1	11	9
Total reasonable cost (see instructions)	5	1	11	9
Total charges for program services	6	1	11	9
Aggregated amount collected	7	1	11	9
Amount collectible	8	1	11	9
Part B deductibles billed	14	1	11	9
Actual coinsurance billed to program patients (from provider records)	19	1	11	9
Allowable bad debts	21	1	11	-9
Adjusted reimbursable bad debts (see instructions)	*22*	*1*	*11*	*9*
beneficiaries (see instructions)	23	1	11	9
Other adjustments (see instructions) (specify)	25	0	36	X
Other adjustments (see instructions) (specify)	25	1	11	-9
Sequestration adjustment (see instructions)	*26.01*	*1*	*11*	*9*
Interim payments (titles V and XIX only)	27	1	11	9
Protested amounts	30	1	11	-9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET J-4				
Total interim payments paid to provider	1	2	11	9
Interim payments payable	2	2	11	9
Date of each retroactive lump sum adjustment (mm/dd/yyyy)	3.01-3.98	1	10	X
Amount of each retroactive lump sum adjustment:				
Program to provider	3.01-3.49	2	11	9
Provider to program	3.50-3.98	2	11	9
Enter the date of the tentative payment From Program to Provider	5.01-5.*49*	1	10	X
Enter the amount of the tentative payment From Program to Provider	5.01-5.*49*	2	11	-9
Enter the date of the tentative payment From Provider to Program	5.50-5.*98*	1	10	X
Enter the amount of the tentative payment From Provider to Program	5.50-5.*98*	2	11	-9
Enter the name of the Contractor	8	0	36	X
Enter the Contractor's number	8	1	*5*	*X*
Enter the date of Notice of Program Reimbursement (mm/dd/yyyy)	*8*	*2*	*10*	*X*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET K				
Transportation	1-38	3	11	9
Other costs	1-38	5	11	9
Reclassifications	1-38	7	11	-9
Adjustments	1-38	9	11	-9
Net expense for allocation	39	10	11	9
WORKSHEETS K-1, K-2, & K-3				
Salaries, benefits & Contract Services	3-21, 27-38	1-9	11	9
Total	39	1-9	11	9
WORKSHEET K-4, PARTS I & II				
Part I				
Total				
Cost allocation	39	1-*6*	11	9
	7-38	7	11	9
Part II				
Reconciliation	7-38	6A	11	-9
All cost allocation statistics	7-38	1-5*	11	9

* See note to Worksheet B-1 for treatment of administrative and general accumulated cost column

WORKSHEET K-5, PARTS I & II				
Part I				
Post stepdown adjustment (including total)	1-33	*25*	11	-9
Total cost after cost finding	2-33	*28*	11	9
Total cost	34	0-2, 4-23 & 28	11	9
Part II				
Centers - Statistical Basis				
Reconciliation	1-33	5A -23A	11	-9
All cost allocation statistics	1-33	1-23*	11	9

* See note to Worksheet B-1 for treatment of administrative and general accumulated cost column. Do not include X on line 0 of accumulated cost column since this is a replica of Worksheet B-1.

WORKSHEET K-5, PART III				
Total Hospice Charges (Provider records)	1-10	2	11	9
Hospice Share of ancillary costs	1-11	3	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET L				
Part I - Fully Prospective Method:				
Capital DRG other than outlier	1	1	11	9
Capital DRG outlier payments	2	1	11	9
Total inpatient days available divided by number of days in the cost reporting period.	3	1	11	9(8).99
Indirect medical education percentage (see instructions)	5	1	6	9(3).99
Percentage of SSI recipient patient days to Medicare Part A patient days.	7	1	6	9.9(4) (*)
Percentage of Medicaid patient days to total days	8	1	6	9.9(4) (*)
Allowable disproportionate share percentage (see instructions)	10	1	6	9.9(4) (*)
PART II - Payment Under Reasonable Cost:				
Total inpatient program capital cost	5	1	11	9
Part III - Computation of Exception Payments:				
Applicable exception percentage (see instructions)	4	1	4	9.99
Percentage adjustment for extraordinary circumstances (see instructions)	6	1	4	9.99
Carryover of accumulated capital minimum payment level over capital payment (prior year Worksheet L, Part II, line 14)	11	1	11	-9
WORKSHEET L-1, PART I				
Extraordinary capital related costs	1-23, 30-46, 50-60, 62-76, 88-91, 93-101, 105-117, 190-194	0	11	9
Total extraordinary capital related costs	202	0	11	9
Total adjustments after cost finding	202	25	11	9
Total extraordinary capital related costs after cost finding by department	30-46, 50-60, 62-76, 88-91, 92.01- 101, 105-117, 190-194	26	11	9
Total extraordinary capital related costs after cost finding in total	202	26	11	9
WORKSHEET L-1, PART II				
Computation of program inpatient routine service capital costs for extraordinary circumstances				
Swing-bed adjustment	30, 40-42	2	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET M-1				
Provider based cost	1-9, 11-13, 15-20, 23-27, & 29-30	1, 2, 4, 6-7	11	-9
WORKSHEET M-2				
Number of FTE personnel	1-3, & 5-7.02	1	6	9(3).99
Total visits	1-3, 5-7.02, & 9	2	11	9
Productivity standard *	1-3	3	11	9
Greater of columns 2 or 4	4	5	11	9
Parent provider overhead allocated to facility (see instruct.)	15	1	11	9

* Use the standard visits per the instructions as the default. Those standards may change if an approved exception is granted. (See Worksheet S-8 for response to approved exception to the standard productivity visits.)

WORKSHEET M-3				
Adjusted cost per visit	7	1	6	9(3).99
Maximum rate per visit (from contractor)	8	1 & 2	6	9(3).99
Rate for program covered visits	9	1 & 2	6	9(3).99
Program covered visits excluding mental health services (from your contractor)	10	1 & 2	11	9
Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3)	16	1 & 2	11	9
Total Program Charges (see instructions)(from contractor's records)	16.01	1 & 2	11	9
Total Program Preventive Charges (see inst.)(from provider's recds)	16.02	1 & 2	11	9
Total Program Cost (see instructions)	16.05	1 & 2	11	9
Program covered visits for mental health services (from your contractor)	12	*1 & 2*	11	9
Primary payer payments	17	*2*	11	9
Beneficiary deductible for RHC only (from your contactor)	18	*2*	11	9
Beneficiary coinsurance for RHC/FQHC (from your contractor)	19	*2*	11	9
Reimbursable bad debts	23	*2*	11	-9
Adjusted reimbursable bad debts(see instructions)	*23.01*	*2*	*11*	*9*
Reimbursable bad debts for dual eligible beneficiaries (see instructions)	24	*2*	11	9
Other adjustments (specify) (see instructions)	25	*0*	36	X
Other adjustments (specify) (see instructions)	25	*2*	11	9
Sequestration adjustment (see instructions)	*26.01*	*2*	*11*	*9*
Interim payments (titles V and XIX only)	27	*2*	11	9
Protested amounts	30	*2*	11	9

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

DESCRIPTION	LINE(S)	COLUMN(S)	FIELD SIZE	USAGE
WORKSHEET M-4				
Ratio of pneumococcal and vaccine staff time to total health care staff time	2	1 & 2	8	9.9(6)
Medical supplies cost - pneumococcal and influenza vaccine	4	1 & 2	11	9
Total number of pneumococcal and influenza vaccine injections	11	1 & 2	11	9
Number of pneumococcal and influenza vaccine injections administered to Medicare beneficiaries	13	1 & 2	11	9
WORKSHEET M-5				
Total interim payments paid to provider	1	2	11	9
Interim payments payable	2	2	11	9
Date of each retroactive lump sum adjustment (mm/dd/yyyy)	3.01-3.98	1	10	X
Amount of each retroactive lump sum adjustment:				
Program to provider	3.01-3.49	2	11	9
Provider to program	3.50-3.98	2	11	9
Enter the date of the tentative payment From Program to Provider	5.01-5.*49*	1	10	X
Enter the amount of the tentative payment From Program to Provider	5.01-5.*49*	2	11	-9
Enter the date of the tentative payment From Provider to Program	5.50-5.*98*	1	10	X
Enter the amount of the tentative payment From Provider to Program	5.50-5.*98*	2	11	-9
Enter the name of the Contractor	8	0	36	X
Enter the Contractor's number	8	1	*5*	*X*
Enter the date of Notice of Program Reimbursement	8	2	10	X

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3A - WORKSHEETS REQUIRING NO INPUT

WORKSHEET A-8-3, PARTS II & III
WORKSHEET D, PARTS I & II
WORKSHEET D-1, PART IV
WORKSHEET D-2, PART III
WORKSHEET D-4, PART II
WORKSHEET H-4, PART I
WORKSHEET K-6
WORKSHEET L-1, PART II

TABLE 3B - TABLES TO WORKSHEET S-2

TABLE I: Type of Control

1 = Voluntary Nonprofit, Church
2 = Voluntary Nonprofit, Other
3 = Proprietary, Individual
4 = Proprietary, Corporation
5 = Proprietary, Partnership
6 = Proprietary, Other
7 = Governmental, Federal
8 = Governmental, City-County
9 = Governmental, County
10 = Governmental, State
11 = Governmental, Hospital District
12 = Governmental, City
13 = Governmental, Other

TABLE II: Type of Hospital

1 = General Short Term
2 = General Long Term
3 = Cancer
4 = Psychiatric
5 = Rehabilitation
6 = Religious Nonmedical Health Care Institutions
7 = Children
8 = Alcohol & Drug
9 = Other

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3C - LINES WHICH CANNOT BE SUBSCRIPTED

(BEYOND THOSE PREPRINTED)

Worksheet S, Part I
Worksheet S, Part III; lines 1-3, 5-8, 200
Worksheet S-2, Part I: lines 1-4, 7-9, 11, 20-35, 37, 45-60, 61-64, 66-85, 90-157, 159, 165, 167-169
Worksheet S-2, Part II: ALL
Worksheet S-3, Part I: lines 1-7, 13-17, 18, 21, 27-33
Worksheet S-3, Parts II : ALL, except for line 43
Worksheet S-3, Parts III - IV: ALL
Worksheet S-3, Parts IV: except line 25
Worksheet S-3, Parts V: lines 1-4, and 6-8 *and 18*
Worksheet S-4: lines 1-17, 19, 21-38
Worksheet S-5, *lines 1-21*
Worksheet S-6, lines 1-17
Worksheet S-7: except line 206
Worksheet S-8: lines 1-8, 10, 12-13, 15
Worksheet S-9, Parts I and II
Worksheet S-10
Worksheet A: lines 3, 30, 43-44, 46, 74, 94, 95-97, 100, 105-111, 113-115, 118, and 200
Worksheet A-6
Worksheet A-7, Parts I
Worksheet A-7, Parts II & III: line 3
Worksheet A-8: lines 1-32, and 50
Worksheet A-8-1, Part A:, lines 1-*2*
Worksheet A-8-1, Part B: lines 6-*8*
Worksheet A-8-2
Worksheet A-8-3
Worksheet B: Parts I-II SAME AS WORKSHEET A
Worksheet B-1: SAME AS WORKSHEET A
Worksheet B-2
Worksheet C, Part I: lines 30, 40, 41, 43- 46, 61, 74, 94, 95, 100,105-111, and 200-202.
Worksheet C, Part II: lines 61, 74, and 95.
Worksheet D, Part I:lines 30, 40, 41, 43, and 200.
Worksheet D, Part II:lines 61, 74, 95, and 200. Worksheet
D, Part III: lines 30, 40, 41, 43, 44, and 200. Worksheet D,
Part IV: lines 61, 74, 94 and 200. Worksheet D, Part V:
lines 61, 74, *94* , 95, and 200-202. Worksheet D-1, Part I
Worksheet D-1, Part II, (except lines 43-47)
Worksheet D-1, Part III & IV
Worksheet D-2, Part I: lines 1-2, 8, 9, 10, 11, 13, 15, 20, 27-31, 37-39, 41-42, 43-47 and 49.
Worksheet D-2, Part II: lines 26-28.
Worksheet D-3: lines 30, 40-41, 43, 61, 74, *94* , 95, and 200-202.
Worksheet D-4, Part I, lines 1, 7, 19, 32, and 41.
Worksheet D-4, Part II, lines 42, 48, and 55.
Worksheet D-4, Parts III and IV
Worksheet D-5, Parts I and II: except for line 17.
Worksheet E, Part A (except lines 70)
Worksheet E, Part B (except line 39, 90-91).
Worksheet E-1, Part I, lines 1, 2, 3.01-3.04, 3.50-3.53, 4, 6 and 8.
Worksheet E-1, Part II
Worksheet E-2 (except line 16)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3C - LINES WHICH CANNOT BE SUBSCRIPTED
(BEYOND THOSE PREPRINTED)

Worksheet E-3, Part I (except line 17)
Worksheet E-3, Part II (except lines 30, 52-53).
Worksheet E-3, Part III (except lines 31, 52-53).
Worksheet E-3, Part IV:(except lines 21, 52-53).
Worksheet E-3, Part V (except line 29)
Worksheet E-3, Part VI:(except line 14)
Worksheet E-3, Part VII:((except line 30)
Worksheet E-4, *lines 1-2, 6, 8, 11-18, 20, 21, 23*
Worksheet G
Worksheet G-1, line 1, 3, 10-11, 18-19.
Worksheet G-2, Part I, lines 1-3, 4-7, 9, 10, 16-19, 23, and 25-26.
Worksheet G-2, Part II, line 27, 34, 40 and 41
Worksheet G-3, lines 1-5, 6-23, 25, 26, 28 and 29.
Worksheet H (except line 23)
Worksheet H-1, Parts I and II (except line 23)
Worksheet H-2, Parts I and II (except line 23)
Worksheet H-3, Parts I and II *(except line 8-13)*
Worksheet H-4, Part I
Worksheet H-4, Parts II:(except line 30).
Worksheet H-5, Parts I and II
Worksheet H-6, lines 4, 6 and 8.
Worksheet I-1 (except line 30)
Worksheet I-2
Worksheet I-3
Worksheet I-4
Worksheet I-5
Worksheet J-1, Parts I and II
Worksheet J-2, Part I
Worksheet J-3 (except line 25)
Worksheet J-4, lines 1-2, 4 and 6-8.
Worksheet K
Worksheet K-1
Worksheet K-2
Worksheet K-3
Worksheet K-4, Part I
Worksheet K-4, Part II
Worksheet K-5, Part I
Worksheet K-5, Part II
Worksheet K-6
Worksheet L
Worksheet L-1, Part I: SAME AS WORKSHEETS A & B
Worksheet L-1, Part II: lines 30, 40, 41, 43, 200.
Worksheet M-1
Worksheet M-2
Worksheet M-3: (except line 25).
Worksheet M-4
Worksheet M-5, lines 1-2, 4 and 6-8.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 3D - PERMISSIBLE PAYMENT MECHANISMS

P = Prospective Payment T = TEFRA O = Other N = Not applicable

Component	Title V	Title XVIII		Title XIX
Hospital	P, T, or O	P, T, or O	(a)	P, T, or O
IPF	P, T, or O	P		P, T, or O
IRF	P, T, or O	P		P, T, or O
Subprovider	P, T, or O	P, T, or O		P, T, or O
Swing-Bed SNF	P or O	P or O		P or O
Swing-Bed NF	O	*		O
SNF	P or O	P		P or O
NF	P or O	*		P or O
ICF/MR	O	*		O
HHA	P or O	P		P or O
ASC (Distinct Part)	O	O		O
RHC	O	O		O
FQHC	O	O		O
CMHC	O	O		O

(a) For CAH the payment method should be "O" since they are paid under cost.

TABLE 3E - LINE NUMBERING FOR SPECIAL CARE UNITS

Cost center integrity for variable worksheets (listed below) must be maintained throughout the cost report. If you use a line designated as "(specify)" or subscript a line, the relative position must flow throughout the cost report.

EXAMPLE: If you add a special care unit after the surgical intensive care unit on line 11 of Worksheet S-3, Part I, it must also be on the first additional special care unit line of Worksheet A (line 35), Worksheet D-1, Part II (line 47), Worksheet D-2, Part I (line 7), etc.

	Burn	Surgical	Lines for Additional Special Care Units		
Worksheet	Care	Care	#1	#2	#3
S-3, Part I	10	11	12	12.01	12.02
A	33	34	35	35.01	35.02
B, Parts I-III	"	"	"	"	"
B-1	"	"	"	"	"
L-1, Part I	"	"	"	"	"
C, Part I	"	"	"	"	"
D, Part I	"	"	"	"	"
D-1, Part II	45	46	47	47.01	47.02
D-2, Part I	5	6	7	7.01	7.02
D-2, Part II	34	35	36	36.01	36.02
D-4, Part I	4	5	6	6.01	6.02
D-4, Part II	45	46	47	47.01	47.02
G-2, Part I	13	14	15	15.01	15.02

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10

TABLE 4 - NUMBERING CONVENTION FOR MULTIPLE COMPONENTS

This table provides line and column numbering conventions for health care complexes with more than one hospital-based component of the same kind. Table 4 is necessary to insure that data associated with each component is consistently identified throughout the cost report. This table provides for four additional components. Component II is subline .01, component III is .02, component IV is .03, and component V is .04. The only deviation from this subline numbering is to CMHC component on Worksheets S-2 and S-3 as listed below. Providers should continue this numbering convention for multiple components in excess of five (5) components.

I. For use in facilities with more than one subprovider

This table is no longer applicable

II. For use in facilities with more than one HHA

	WKST	PART	COLUMNS	LINES	SUB LINES
HHA II-X	S	II	1-3, 5	10	1-9
HHA II-X	S-2	I	1-3 & 5-8	12	1-9
HHA II-X	S-3	I	1 & 5-11	22	1-9
HHA II-X	A		1-2 & 7	101	1-9
HHA II-X	A-8-3	I	1	8-9	1-9
HHA II-X	A-8-3	I	4, 8, & 9	15-16	1-9
HHA II-X	A-8-3	IV	1	41-51	1-9
HHA II-X	A-8-3	VI-VII	1	64, 72, 75, & 77	1-9
HHA II-X	B	I	26	101	1-9
HHA II-X	B	II	0, 26	101	1-9
HHA II-X	B	III	0, 26	101	1-9
HHA II-X	B-1		1-23	101	1-9
HHA II-X	G-2	I	2	20	1-9
HHA II-X	L-1	I	0, 26	101	1-9

III. For use in facilities with multiple outpatient rehabilitation facilities *

O/P Rehab. Provider	S	II	1-3, 5	12	0-49
O/P Rehab. Provider	S-2	I	1-3 & 5-8	17	0-49
O/P Rehab. Provider	S-3	I	7-8 & 10-11	25	0-49
O/P Rehab. Provider	A		1-2 & 7	99	0-49
O/P Rehab. Provider	B	I	26	99	0-49
O/P Rehab. Provider	B	II	0, 26	99	0-49
O/P Rehab. Provider	B	III	0, 26	99	0-49
O/P Rehab. Provider	B-1		1-23	99	0-49
O/P Rehab. Provider	D-2		1	17	0-49
O/P Rehab. Provider	G-2	I	2	22	0-49
O/P Rehab. Provider	L-1	I	0, 27	98	0-49

* Subscripts for this line are CMHC 00-09, CORF 10-19, OPT 20-29, OOT 30-39, and OSP 40-49

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 5 - COST CENTER CODING

INSTRUCTIONS FOR PROGRAMMERS

Cost center coding is required because there are thousands of unique cost center names in use by providers. Many of these names are peculiar to the reporting provider and give no hint as to the actual function being reported. By using codes to standardize meanings, practical data analysis becomes possible. The methodology to accomplish this must be rigidly controlled to enhance accuracy.

For any added cost center names (the preprinted cost center labels must be precoded), the preparer must be presented with the allowable choices for that line or range of lines from the lists of standard and nonstandard descriptions. They will then select a description that best matches their added label. The code associated with the matching description, including increments due to choosing the same description more than once, will then be appended to the user's label by the software.

Additional guidelines are:

- Any pre-existing codes for the line must not be allowed to carry over. o

  All "Other . . ." lines must not be precoded.

- The order of choice is standard first, followed by specific nonstandard, and, lastly, the nonstandard "Other . . ." cost centers.

- When the nonstandard "Other . . ." is chosen, the preparer must be prompted with "Is this the most appropriate choice?" and offered a chance to answer yes or to select another description.

- The cost center coding process must be able to be invoked again for purposes of making corrections. o

  A separate list showing the preparer's added cost center names on the left with the chosen standard or nonstandard description and code on the right must be printed for review.

- The number of times a description can be selected on a given report must be displayed on the screen next to the description and this number must decrease with each usage to show the remaining numbers available. The numbers are shown on the standard and nonstandard cost center tables.

- Standard cost center lines, descriptions, and codes are not to be changed. The acceptable format for these are displayed in the STANDARD COST CENTER DESCRIPTIONS AND CODES listed on pages 40-780 and 40-781. The proper line number is the first two digits of the cost center code. The only exceptions to the descriptions are: "Paramedical Education Program-(specify)" for which the parenthesis and specify are to be replaced by the program name, i.e., Radiology, Cytotechnology; and "Other Organ Acquisition (specify)" should be changed to specify the acquisition as listed on lines105-111. All "Other" nonstandard lines should be changed to the appropriate cost center name and "Subprovider (specify)" type should be indicated.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 5 - COST CENTER CODING

INSTRUCTIONS FOR PREPARERS

Coding of Cost Center Labels

Cost center coding is a methodology for standardizing the meaning of cost center labels as used by hospitals on the Medicare cost report. The use of this coding methodology allows providers to continue to use their labels for cost centers that have meaning within the individual institution.

The five digit codes that are required to be associated with each label provide standardized meaning for data analysis. Normally, it is only necessary to code any added labels because the preprinted STANDARD labels are automatically coded by CMS approved cost report software.

Additional cost center descriptions have been identified through analysis of provider labels. The meanings of these additional descriptions were sufficiently different when compared to the Standard labels to warrant their use. These additional descriptions are hereafter referred to as the NONSTANDARD labels. Included with the nonstandard descriptions are "Other . . ." designations to provide for situations where no match in meaning can be found. Refer to Worksheet A, lines 18, 35, 76, 93, 98, 117, and 194. Both the standard and nonstandard cost center descriptions along with their cost center codes are shown on Table 5. The "USE" column on that table indicates the number of times that a given code can be used on one cost report. You are required to compare your added label to the descriptions shown on the standard and nonstandard table for purposes of selecting a code. CMS approved software provides an automated process to present you with the allowable choices for the line/column being coded and automatically associate the code for the selected matching description with your label.

Additional Guidelines

Categories

You must make your selection from the proper category such as general service description for general service lines, ancillary descriptions for ancillary cost center lines, etc.

Additional Hospital-Based Components

The Form CMS 2552-10 provides a preprinted label for one subprovider on line 42. However, this designation should be changed to coincide with the specific provider name. Where the preparer has the need to report more subproviders, line 42 must be subscripted as needed. After the provider's label for the first subprovider is entered, the standard description for subprovider (code 04200) is selected. The preparer then enters the provider's label for the second subprovider on subscripted line 42.01. The appropriate description "subprovider" is again selected as the correct match. The standard code 04200, incremented by one (04201), is applied to the second subprovider. Additional subproviders are handled in the same manner. This same procedures applies to all multiple components. (See Table 4.) Lines 99 and 112 require specific designations from the nonstandard cost center listing.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 5 - COST CENTER CODING

Intensive Care Cost Centers

When an intensive care type of cost center label is added and it does not closely match the standard or nonstandard cost center descriptions, then a subscript of the intensive care description (code 03100) should be used or a nonstandard code, i.e., 03101-03119 and/or one of the nonstandard inpatient routine service cost center codes. There is no "Other Intensive Care" description available.

Use of Cost Center Coding Description More Than Once

Often a description from the standard or nonstandard tables applies to more than one of the labels being added by the preparer. In the past, it was necessary to determine which code was to be used and then increment the code number upwards by one for each subsequent use. This was done to provide a unique code for each cost center label. Now, most approved software associate the proper code, including increments as required, once a matching description is selected. Remember to use your label. You are matching to CMS's description only for coding purposes.

Cost Center Coding and Line Restrictions

Cost center codes may only be used in designated lines in accordance with the classification of the cost center(s), i.e., lines 1 through 23 may only contain cost center codes within the general service cost center category of both standard and nonstandard coding. For example, in the general service cost center category for Operation of Plant cost, line 7 and subscripts thereof should only contain cost center codes of 00700-00719 and nonstandard cost center codes. This logic must hold true for all other cost center categories, i.e., ancillary, inpatient routine, outpatient, other reimbursable, special purpose, and non-reimbursable cost centers. There are exceptions, which are contained in Table 6 edits. An example of an exception is A&G cost. Line 5 and subscripts thereof may only contain cost center codes of 00500, 00510-00569, 01080-01099, and 01140-01179 (standard and nonstandard cost center codes). Other cost center lines contain exceptions that only the standard cost center codes and subscripts (usage) of that code may be used on that line and subscripts of that line. These exceptions are also contained in Table 6.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 5 - STANDARD COST CENTER DESCRIPTIONS AND CODES

	CODE	USE
GENERAL SERVICE COST CENTERS		
Cap Rel Costs-Bldg & Fixt	00100	(50)
Cap Rel Costs-Mvble Equip	00200	(50)
Other Cap Related Cost	00300	(01)
Employee Benefits *Department*	00400	(20)
Administrative & General	00500	(*1*)
Maintenance & Repairs	00600	(20)
Operation of Plant	00700	(20)
Laundry & Linen Service	00800	(20)
Housekeeping	00900	(20)
Dietary	01000	(20)
Cafeteria	01100	(20)
Maintenance of Personnel	01200	(20)
Nursing Administration	01300	(20)
Central Services & Supply	01400	(20)
Pharmacy	01500	(20)
Medical Records & Library	01600	(20)
Social Service	01700	(20)
Nonphysician Anesthetists	01900	(20)
Nursing School	02000	(20)
I&R Services-Salary & Fringes Apprvd	02100	(20)
I&R Services-Other Prgm. Costs Apprvd	02200	(20)
INPATIENT ROUTINE SERVICE COST CENTERS		
Adults & Pediatrics	03000	(01)
Intensive Care Unit	03100	(20)
Coronary Care Unit	03200	(20)
Burn Intensive Care Unit	03300	(20)
Surgical Intensive Care Unit	03400	(20)
Subprovider - IPF	04000	(1)
Subprovider - IRF	04100	(1)
Subprovider (specify)	04200	*(01)*
Nursery	04300	(01)
Skilled Nursing Facility	04400	(01)
Nursing Facility	04500	(01)
Other Long Term Care	04600	(01)
ANCILLARY SERVICE COST CENTERS		
Operating Room	05000	(30)
Recovery Room	05100	(30)
Delivery Room & Labor Room	05200	(30)
Anesthesiology	05300	(30)
Radiology - Diagnostic	05400	(30)
Radiology - Therapeutic	05500	(30)
Radioisotope	05600	(30)
CT Scan	05700	(30)
Magnetic Resonance Imaging (MRI)	05800	(30)
Cardiac Catheterization	05900	(30)
Laboratory	06000	(30)
PBP Clinical Lab. Service - Prgm. Only	06100	(01)

	CODE	USE
ANCILLARY SERVICE COST CENTERS (Continued)		
Whole Blood & Packed Red Blood Cells	06200	(30)
Blood Storing, Processing, & Trans.	06300	(30)
Intravenous Therapy	06400	(30)
Respiratory Therapy	06500	(30)
Physical Therapy	06600	(30)
Occupational Therapy	06700	(30)
Speech Pathology	06800	(30)
Electrocardiology	06900	(30)
Electroencephalography	07000	(30)
Medical Supplies Charged to Patients	07100	(30)
Impl. Dev. Charged to Patients	07200	(30)
Drugs Charged to Patients	07300	(30)
Renal Dialysis	07400	(01)
ASC (Non-Distinct Part)	07500	(30)
OUTPATIENT SERVICE COST CENTERS		
Rural Health Clinic (RHC)	08800	(25)
Federally Qualified Health Center (FQHC)	08900	(25)
Clinic	09000	(99)
Emergency	09100	(20)
Observation Beds (Non-Distinct Part)	09200	(01)
OTHER REIMBURSABLE COST CENTERS		
Home Program Dialysis	09400	(01)
Ambulance Services	09500	(01)
Durable Medical Equip. - Rented	09600	(20)
Durable Medical Equip. - Sold	09700	(20)
I&R Services - Not Apprvd. Prgm	10000	(01)
Home Health Agency	10100	(10)
SPECIAL PURPOSE COST CENTERS		
Kidney Acquisition	10500	(01)
Heart Acquisition	10600	(01)
Liver Acquisition	10700	(01)
Lung Acquisition	10800	(01)
Pancreas Acquisition	10900	(01)
Intestinal Acquisition	11000	(01)
Islet Acquisition	11100	(01)
Interest Expense	11300	(01)
Utilization Review-SNF	11400	(01)
Ambulatory Surgical Center (D.P.)	11500	(20)
Hospice	11600	(05)
NONREIMBURSABLE COST CENTERS		
Gift, Flower, Coffee Shop, & Canteen	19000	(20)
Research	19100	(20)
Physicians' Private Offices	19200	(20)
Nonpaid Workers	19300	(20)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 5 - STANDARD COST CENTER DESCRIPTIONS AND CODES

	CODE	USE
GENERAL SERVICE COST CENTERS		
Nonpatient Telephones	00540	(10)
Data Processing	00550	(10)
Purchasing Receiving and Stores	00560	(10)
Admitting	00570	(10)
Cashiering/Accounts Receivable	00580	(10)
Other Administrative and General	00590	(10)
Inservice Education	01080	(20)
Management Services	01140	(20)
Communications	01160	(20)
Other General Service Cost Center	01850	(50)
Paramed. Ed. Prgm.-(specify)	*02300*	*(100)*
INPATIENT ROUTINE SERVICE COST CENTERS		
Detoxification Intensive Care Unit	02040	(20)
Neonatal Intensive Care Unit	02060	(20)
Pediatric Intensive Care Unit	02080	(20)
Premature Intensive Care Unit	02120	(20)
Psychiatric Intensive Care Unit	02140	(20)
Trauma Intensive Care Unit	02180	(20)
ICF/MR	04510	(01)
Other Special Care-(specify)	*02400*	*(50)*
ANCILLARY SERVICE COST CENTERS		
Acupuncture	03020	(10)
Angiocardiography	03030	(10)
Audiology	03040	(10)
Bacteriology & Microbiology	03050	(10)
Biopsy	03060	(10)
Birthing Center	03070	(10)
Cardiology	03140	(20)
Cardiopulmonary	03160	(20)
Chemistry	03180	(10)
Chemotherapy	03190	(10)
Circumcision	03220	(10)
Cytology	03240	(10)
Dental Services	03250	(10)
Echocardiography	03260	(10)
EKG and EEG	03280	(10)
Electromyography	03290	(10)
Electroshock Therapy	03320	(10)
Endoscopy	03330	(10)
Gastro Intestinal Services	03340	(10)
Hematology	03350	(10)
Histology	03360	(10)
Holter Monitor	03370	(10)
Immunology	03380	(10)
Laboratory – Clinical	03390	(10)
Laboratory - Pathological	03420	(10)

	CODE	USE
ANCILLARY SERVICE COST CENTERS (Continued)		
Mammography		(10)
Nuclear Medicine - Diagnostic		(10)
Nuclear Medicine - Therapeutic		(10)
Oncology		(10)
Ophthalmology		(10)
Osteopathic Therapy		(10)
Prosthetic Devices		(10)
Psychiatric/Psychological Services		(10)
Pulmonary Function Testing		(10)
Recreational Therapy		(10)
Stress Test		(10)
Ultra Sound		(10)
Urology		(10)
Vascular Lab		(10)
Other Ancillary Service Cost Centers	03950	(47)
Blood Clotting Factors for Hemoph.	06250	(10)
Cardiac Rehabilitation	07697	(1)
Hyperbaric Oxygen Therapy	07698	(1)
Lithotripsy	07699	(1)
OUTPATIENT SERVICE COST CENTERS		
Family Practice	04040	(10)
Telemedicine	04050	(10)
Other Outpatient Service Cost Center	04950	(50)
Observation Beds (Distinct Part)	09201	(10)
OTHER REIMBURSABLE COST CENTERS		
Other Reimbursable Cost Centers	05950	(50)
Support Surfaces - Rented	06630	(05)
Support Surfaces - Sold	06730	(05)
Outpatient Rehabilitation Providers:		
CMHC	09900	(10)
CORF	09910	(10)
OPT	09920	(10)
OOT	09930	(10)
OSP	09940	(10)
SPECIAL PURPOSE COST CENTERS		
Other Special Purpose Cost Centers	06950	(50)
Other Organ Acquisition (specify)	08600	(20)
NONREIMBURSABLE COST CENTERS		
Other Nonreimbursable Cost Centers	07950	(50)

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Medicare cost reports submitted electronically must meet a variety of edits. These include mathematical accuracy edits, certain minimum file requirements, and other data edits. Any vendor software which produces an electronic cost report file for Medicare hospitals must automate all of these edits. Failure to properly implement these edits may result in the suspension of a vendor's system certification until corrective action is taken. The vendor's software should provide meaningful error messages to notify the hospital of the cause of every exception. The edit message generated by the vendor systems must contain the related 5 digit and 1 alpha character, where indicated, reject/edit code specified below. Any file submitted by a provider containing a level I edit will be rejected by the fiscal intermediary. Notification must be made to CMS for any exceptions.

The edits are applied at two levels. Level I edits (10000 series reject codes) are those which test the format of the data to identify for correction of those error conditions which will result in a cost report rejection. These edits also test for the presence of some critical data elements specified in Table 3. Level II edits (20000 series edit codes) identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).

The vendor requirements (above) and the edits (below) reduce both contractors (MAC) processing time and unnecessary rejections. Vendors should develop their programs to prevent their client hospitals from generating an electronic cost report file where Level I edits conditions exist. Ample warnings should be given the provider where Level II edit conditions are violated.

The Level I edit conditions are to be applied against title XVIII services only. However, any inconsistencies and/or omission which would cause a Level I condition for non title XVIII services should be resolved prior to acceptance of the cost report. [05/01/2010b]

Note: Dates in brackets [ ] at end of edit indicate effective date of that edit for cost reporting periods ending on or after that date. Dates followed by a "b" are for cost reporting periods beginning on or after and the date followed by an "s" are for services rendered on or after the specified date. [05/01/2010b]

I. Level I Edits (Minimum File Requirements)

Edit	Condition
10000	The first digit of every record must be either 1, 2, 3, or 4 (encryption code only). [05/01/2010b]
10050	No record may exceed 60 characters. [05/01/2010b]
10100	All alpha characters must be in upper case. This is exclusive of the vendor information, type 1 record, record number 3 and the encryption code, type 4 record, record numbers 1, 1.01, and 1.02. [05/01/2010b]
10150	For micro systems, the end of record indicator must be a carriage return and line feed, in that sequence. [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit	Condition
10200	The hospital provider number (record #1, positions 17-22) must be valid and numeric. [05/01/2010b]
10250	All calendar format dates must be edited for 10 character format, e.g., 01/01/2010 (MM/DD/YYYY). [05/01/2010b].
10300	All dates (record #1, positions 23-29, 30-36, 45-51, and 52-58) must be in Julian format and a possible date. [05/01/2010b]
10350	The fiscal year beginning date (record #1, positions 23-29) must be less than the fiscal year ending date (record #1, positions 30-36). [05/01/2010b]
10400	The vendor code (record #1, positions 38-40) must be a valid code. [05/01/2010b]
10450	The type 1 record #1 must be correct and the first record in the file. [05/01/2010b]
10500	All record identifiers (positions 1-20) must be unique. [05/01/2010b] NOTE: Contractor's attempt to correct if all record identifiers are not unique in their working copy and continue processing the cost report. If the condition is correctable, they notify the provider's vendor and send a copy of the ECR and PI files to the vendor and CMS Central Office. CMS Central Office requires a vendor software update to resolve condition. [05/01/2010b]
10550	Only a Y or N are valid for fields which require a yes/no response. [05/01/2010b]
10600	Variable columns (Worksheet B, Parts I, II, and Worksheet B-1) must have a corresponding type 2 record (Worksheet A label) with a matching line number. [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
10650	All line, subline, column, and subcolumn numbers (positions 11-13, 14-15, 16-18, and 19-20, respectively) must be numeric, except as noted below for reconciliation columns. [05/01/2010b]

NOTE: If the administrative and general (A&G) cost center (Worksheet A, line 5) is fragmented into two or more cost centers, then line 5 must be deleted. Fragmented A&G lines must be in sequential order. Any cost center with accumulated costs as its statistic must have its Worksheet B-1 reconciliation column numbered the same as its Worksheet A line number followed by an "A" as part of the line number followed by the subline number. For example, the following cost centers appear on Worksheet A, lines 5.01 to 5.06.

5.01 Nonpatient telephones	*0054 0*
5.02 Data processing	*0055 0*
5.03 Purchasing, receiving, and stores	*0056 0*
5.04 Admitting	*0057 0*
5.05 Cashiering/accounts receivable	*0058 0*
5.06 Other administrative and general	*0059 0*

If line 5.06, other administrative and general, is allocated based on accumulated cost, then the reconciliation column must be numbered 5A.06. This edit does not require consecutive numbering, only sequential. Line numbers may be skipped but must be in sequential order, e.g., 5.01, 5.02, 5.04, 5A.06. [05/01/2010b]

10655	*The cost center code (positions 21-25) (type 2 records) must be a code from Table 5, Cost Center Coding, and each cost center code must be unique. [05/01/2010b]*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit	Condition
10700	The following standard cost centers listed below must be reported on the lines as indicated and the corresponding cost center codes may only appear on the lines as indicated. No other cost center codes may be placed on these lines or subscripts of these lines, unless indicated herein. [05/01/2010b]

Cost Center	Line	Code
Cap Rel Costs- Bldg & Fixt	1	00100-00149
Cap Rel Costs- Moveable Equip	2	00200-00249
Other Cap Rel Costs	3	00300
Employee Benefits *Department*	4	00400-00419
Adults & Pediatrics	30	03000
Subprovider - IRF	40	04000
Subprovider - IPF	41	04100
Subprovider	42	04200
Nursery	43	04300
Skilled Nursing Facility	44	04400
Nursing Facility	45	04500
ICF/MR	45.01	04510
Other Long Term Care	46	04600
PBP Clinical Lab Services-Prgm Only	61	06100
Whole Blood & Packed Red Blood Cells	62	06200-06229
Blood Clotting for Hemophiliacs	62.30	06250-06259
Renal Dialysis	74	07400
Observation Beds (Non-Distinct Part)	92	09200
Observation Beds (Distinct Part)	92.01	09201-09210
Home Program Dialysis	94	09400
Ambulance Services	95	09500
I&R Services-Not Apprv Prgm	100	10000
Home Health Agency	101	10100-10109
Kidney Acquisition	105	10500
Heart Acquisition	106	10600
Liver Acquisition	107	10700
Lung Acquisition	108	10800
Pancreas Acquisition	109	10900
Intestinal Acquisition	110	11000
Islet Acquisition	111	11100
Organ Acquisition	112	08600-08619
Interest Expense	113	11300
Utilization Review- SNF	114	11400
Ambulatory Surgical Center (D.P.)	115	11500-11519
Hospice	116	11600-11604
Gifts, Flower, Coffee Shop & Canteen	190	19000-19019
Research	191	19100-19119
Physicians' Private Offices	192	19200-19219
Nonpaid Workers	193	19300-19319

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
10750	Cost center integrity for variable worksheets must be maintained throughout the cost report. For subscripted lines, the relative position must be consistent throughout the cost report. (See Table 3E). [05/01/2010b] EXAMPLE: If you add a neonatal intensive care unit on line 12 of Worksheet S-3, Part I, it must also be on the first other special care unit line of Worksheet A (line 35), Worksheet D-1, Part II (line 47), Worksheet D-2, Part I (line 7), etc.
10800	For every line used on Worksheets A; B, Part I; C, Part I; D, Part I-V; and D-2, D-3, D-4 and G-2 there must be a corresponding type 2 record. [05/01/2010b]
10850	Fields requiring numeric data (days, charges, discharges, costs, FTEs, etc.) may not contain any alpha character. [05/01/2010b]
10900	A numeric field cannot exceed more than 11 positions. Apply to all cost reports. [05/01/2010b]
10950	In all cases where the file includes both a total and the parts which comprise that total, each total must equal the sum of its parts. [05/01/2010b] EXAMPLE: The inpatient departmental charges on Worksheet C, Part I, column 6, sum of lines 30-117 must equal total departmental charges as reported on Worksheet C, Part I, column 6, line 200.
11000	All dates must be possible, e.g., no "00", no "30" or "31" of February, and the date cannot be greater than the current date. [05/01/2010b]
10000S	The hospital address, city, state, *and* zip code (Worksheet S-2, Part I, lines 1 and 2, columns 1, 2, *and 3* respectively) must be present and valid. [05/01/2010b]
10025S	*The provider's CBSA (Worksheet S-2, Part I, column 3, lines 3 through 19) must be a 5 positions Alphanumeric field. [10-01-2012b]*
10050S	The cost report beginning date (Worksheet S-2, Part I, column *1* , line 20) must be on or after 05/01/2010.[05/01/2010b]
10100S	The type of control (Worksheet S-2, Part I, column 1, line 21) must be present and a valid code of 1 thru 13. [05/01/2010b]
10150S	All provider and component numbers displayed on Worksheet S-2, Part I, column 2, lines 3-10, 12-19 and line 140, column 2 must contain six (6) alphanumeric characters. [05/01/2010b]
10200S	The cost report period beginning date (Worksheet S-2, Part I, column 1, line 20) must precede the cost report ending date (Worksheet S-2, column 2, line 20). [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit	Condition
10250S	The hospital name, CCN number, CBSA, Provider type, certification date, and title XVIII payment mechanism (Worksheet S-2, Part I, line 3, columns 1 - 5, and 7, respectively) must be present and valid [05/01/2010b]
10300S	If Worksheet S-2, Part I, either of lines 3, 4, 5 or 6, column 7 is P, Worksheet S-3, Part II, column 2, sum of lines 2-43 must be greater than zero. This edit applies to Short Term Acute Care Hospitals subject to PPS but not an LTCH (Provider number 2000-2299), an IRF (Provider number 3025-3099), or a Psychiatric (Provider number 4000-4499), or if the third digit of the provider number is an "S" or a "T". [05/01/2010b]
10350S	For each provider name reported (Worksheet S-2, Part I, column 1, lines 3-10 and 12-19), there must be corresponding entries made on Worksheet S-2, Part I, lines 3-10 and 12-19 for the provider number (column 2), the CBSA (column 3), provider type (column 4), the certification date (column 5), and the payment system for either titles V, XVIII, or XIX (columns 6, 7, or 8, respectively except lines 14, 18 and 19) indicated with a valid code(P, T, O, or N). (See Table 3D) If there is no component name entered in column 1, then columns 2 through 8 for that line must also be blank. [05/01/2010b]
10400S	If Worksheet S-2, Part I, lines 3-10 and 12-19 column 2 has a response then column 3 must have a response. [05/01/2010b]
10450S	On worksheet S-2 part I, there must be a response in every ECR file for: **Column 1**: lines 21, 22 , 26-27, 56, 59, 60, 63, 70, 75, 80, 85-86, 105, 108, 115, 116, 117, 121, 125, 140, 144-149, 165 and 167. **Columns 1 and 2**: 20, 90, 93-94, 96, 120. **Column 2 only**: 45-47, 92. If lines 3-6, 9 and/or 12 have a CCN in column 2, then the respective component, lines 155-160 columns 1 and 2, must be present. If line 17 has a CCN in column 2, then line 161, column 2 must be present. If line 22 column 1="Y", then line 22, column 2 and line 23, columns 1 and 2 must be present. If line 26 column 1 does not equal line 27 column 1, then line 27, column 2 must have a date. If line 94 (column x, where x = 1 or 2) is "Y", then line 95 (column x) must be present. If line 96 (column x, where x = 1 or 2) is "Y", then line 97 (column x) must be present. If CAH (line 105="Y") AND line 56="Y", then line 107, columns 1 and 2, and line 58, column 1 must be present. If CAH (line 105="Y"), then line 106, column 1 must be present. If CAH (line 105="Y"), then line 109 (columns 1-4) must be present. If NOT CAH (line 105 not="Y") and line 167="Y", then line 169 column 1 must be present. If line 47, column 2="Y", then line 48, column 2 must be present. If line 56, column 1="Y" AND not a CAH (line 105 not="Y"), then lines 57 and 58 column 1 must be present. If line 56, column 1="Y", then line 61, column 1 must be present. If line 57, column 1="Y", then line 57, column 2 must be present. If line 61, column 1="Y", then columns 2 and/or 3, must be present

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
10450S (cont.)	If line 63, column 1="Y", then lines 66 and/or 67 must be present.*[07/01/2010b]* If line 70="Y", then line 71, column 1 must be present. If line 71, column 1="Y", then line 71, column 2 must be present. If line 75, column 1="Y", then line 76, column 1 must be present. If line 76, column 1="Y", then line 76, column 2 must be present. If line 90, (column x, where x=1 or 2)="Y", then line 91 (column x) must be present. If line 91, column 1 or 2="Y" (Title V or XIX), then lines 45 and 46, same respective columns 1 or 3 (Title V or XIX), must be present. If line 115, column 1="Y", then line 115, column 2 must be present. If line 117="Y" then line 118, column 1; line 118.01, columns 1 or 3, and line 118.02, column 1 must be present. [06/30/2012] If line 140, column 1="Y", and column 2 is not blank, then lines 141-143 (all columns except PO Box) must be present (i.e. Home Office info). If line 165="Y", then line 166, columns 0-5, must be present. *Note has been eliminated*
10500S	If there is an IPF (S-2, Part I, line 3 or 4 and subscript, column 2 is in the range of 4000 to 4499, or there is a “S” or "M" in the third position of the provider number). If line 71 column 1, is "Y" for yes, and column 2 is "Y" for yes, then column 3 must be 1, 2, 3, 4 or 5. If there is not an IPF as the provider or subprovider, then Worksheet S-2, Part I, line 70, column 1 must be "N". [05/01/2010b]
10550S	If there is an IRF (S-2, Part I, line 3 or 5 and subscript, column 2 is in the range of 3025 to 3099, or there is a “T” or "R" in the third position of the provider number). If line 76 column 1, is "Y" for yes, and column 2 is "Y" for yes, then column 3 must be 1, 2, 3, 4 or 5. If there is not an IRF as the provider or subprovider, then Worksheet S-2, Part I, line 75, column 1 must be "N". [05/01/2010]
10600S	For CAH, if Worksheet S-2, Part I, column 1, line 56 equal "Yes" , and column 1, line 105 is also "Yes", then questions 56-59 do not apply and are replaced with question 107. [05/01/2010b]
10650S	If there is an LTCH (S-2, Part I, line 3, column 2 is in the range of 2000 to 2299), Worksheet S-2, Part I, line 80, column 1 must be "Y". If there is not a LTCH, as a provider, then Worksheet S-2, Part I, line 80 must be "N". [05/01/2010b]
10700S	If Worksheet S-2, Part I, column 7, either of lines 3 or 6 contain a "P," then lines 45, column 2 must contain either a "Y", "N" or "P" response. [05/01/2010b]
11750S	If Worksheet S-2, Part I, line 56 response is "Y", then line 57 must contain a response "Y" or "N". This edit does not apply if Worksheet S-2, Part I, line 107 is "Y". [05/01/2010b]
12000S	If Worksheet S-2, Part I, line 22, column 2 is “Y”, then Worksheet E, Part A, line 33 must be 35 percent. [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit	Condition
12005S	If Worksheet S-2, Part I, line 22, column 1 is "Y", and has a CCN of XX-0001 through XX-0879 and Worksheet S-3, Part I, line 1, column 7 is greater than zero, then Worksheet S-2, Part I, line 24, the sum of columns 1 through 4 and 6, must be greater than zero. In addition, if Worksheet S-3, Part I, line 2, column 7 is greater than zero, then Worksheet S-2, Part I, line 24, column 5 must be greater than zero. If Worksheet S-2, Part I, line 22, column 1 is "N", do not apply this edit.[06/30/2012]
12008S	*If Worksheet S-2, Part I, line 22, column 1 is "Y", and has a CCN of XX-0001 through XX-0879 and line 23 = "3", then Worksheet S-2, Part I, line 24, the sum of columns 1 through 6, must equal the sum of Worksheet S-3, Part I, lines 1, 2, 8 through 12 and 32, column 7. If Worksheet S-2, Part I, line 22 is "N", and line 23 = "1" or "2", and Worksheet S-2, Part I, line 24 sum of columns 1 through 6 are greater than zero, the sum of these columns must be equal to the sum of Worksheet S-3, Part I, lines 1, 2 , 8 through 12 and 32, column 7. [06/30/2012]*
12010S	If Worksheet S-2, Part I, line 3, column 2 has a CCN of XX-3025 through XX-3099, and Worksheet S-3, Part I, line 1, column 7 is greater than zero, then Worksheet S-2, Part I, line 25, the sum of columns 1 through 4 and 6, must be greater than zero. In addition, if Worksheet S-3, Part I, line 2, column 7 is greater than zero, then Worksheet S-2, Part I, line 25, column 5 must be greater than zero.[06/30/2012]
12015S	If Worksheet S-3, Part I, line 17, column 7 is greater than zero, then Worksheet S-2, Part I, line 25, the sum of columns 1 through 4 and 6 must be greater than zero, and if Worksheet S-3, Part I, line 4, column 7 is greater than zero, then Worksheet S-2, Part I, line 25, column 5 must be greater than zero. [06/30/2012]
12030S	Worksheet S-2, Part I, column 2, lines as indicated below may only contain those provider numbers as indicated for that line. The type of provider is also indicated. [05/01/2010b] This was a Level 2 Edit # 20550S but now changed to Level 1 as a rejectable edit to be consistent with HCRIS edits.

Line	Provider # (1)	Type Provider
3	0001-0899	Short Term Hospitals
	1225-1299	Medical Assistance Facility
	1300-1399	RPCH/CAH
	1990-1999	Christian Science Hospitals
	2000-2299	Long Term Hospitals
	3025-3099	Rehabilitation Hospitals
	3300-3399	Children's Hospitals
	4000-4499	Psychiatric Hospitals

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition		
	Line	Provider # (1)	Type Provider
	4-6	3rd digit of provider number is M (Psychiatric unit in Critical Access Hospital)*	
		3rd digit of provider number is R (Rehabilitation unit in Critical Access Hospital)*	
		3rd digit of provider number is S (Psychiatric unit)*	
		3rd digit of provider number is T (Rehabilitation unit)*	
		3rd digit of provider number is U (Swing bed designation for Short Term Hospital)*	
		3rd digit of provider number is V (Swing bed designation for Long Term Care Hospital)*	
		3rd digit of provider number is Y (Swing bed designation for Rehabilitation Hospital)*	
		3rd digit of provider number is Z (Swing bed designation for Critical Access Hospital)*	
		0001-0899	Short Term Unit of Non-PPS Hospital
		3025-3099	Rehabilitation Hospital as Subprovider
		4000-4499	Psychiatric Hospital as Subprovider
	9	5000-6499	Hospital-Based SNF
		6990-6999	Skilled Nursing Facilities
	10.01	G000-G999	ICF/MR
		H000-H999	"
	12	3100-3199	Home Health Agencies
		7000-8499	" "
		9000-9999	" "
	13	C000-C999	Ambulatory Surgical Center
	14	1500-1799	Hospital-Based Hospice
	15	3400-3499	Hospital-Based RHC
		3975-3999	" "
		8500-88 99	" "
	16	1000-1199	Hospital-Based FQHC
		1800-1989	" "

* These are hospital components (excluded unit) whose last three (3) numbers match those last three (3) numbers of the hospital.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit **Condition**

Line	Provider # (1)	Type Provider
17	1400-1499	CMHC
	4600-4799	"
	4900-4999	"
	3200-3299	CORF
	4500-4599	"
	4800-4899	"
	6500-6989	O/P Rehab. Providers (OPT, OOT, OSP)
18	2300-2499	Renal - Hospital Satellites
	3500-3799	"
134	3rd digit of provider number is P (Organ Procurement Organization)*	
134	9800-9899	Transplant Centers

(1) The first two characters of the provider number (not listed here) identify the state. The last 4 characters (listed above) identify the type of provider.

(*) EXCEPTION - Organ procurement organization (OPOs) are assigned a 6-digit CCN. The first 2 digits identify the State code. The third digit is the alpha character "P". The remaining 3 digits are unique facility identifier.

12050S If this hospital qualifies for sole community hospital (SCH) status (see 42 CFR 412.92) and Worksheet S-2, Part I, line 35 is greater than zero, then the beginning and ending dates on line 36 must be present. The number entered on line 35 should agree with the number of times line 36 is being subscripted and vice versa. The beginning and ending dates, line 36 and any continuation of the subscripts, columns 1 and 2 must be within the parameters of the cost reporting period's beginning and ending dates, and the ending date may not be earlier than the beginning date. Conversely, if there is a date on line 36, then line 35 must be greater than zero. Line 35, column 1, can only have a response of -0-, 1, or 2. [05/01/2010b]

12100S If this hospital qualifies for medical dependent hospital (MDH) status (see 42 CFR 412.108) and Worksheet S-2, Part I, line 37 is greater than zero, then the beginning and ending dates on line 38 must be present. The beginning and ending dates, line 38 and any continuation of of the subscripts, columns 1 and 2 must be within the parameters of the cost reporting period's beginning and ending dates, and the ending date may not be earlier than the beginning date. Conversely, if there is a date on line 38 then line 37 must be greater than zero. [05/01/2010b]

12150S If Worksheet S-2, Part I, column 1, line 115 equals "Yes", column 2, line 115 must have a designation of A, B, or E. [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
12200S	If Worksheet S-2, Part I, line 47, *column 2 equals "Y", then line 48, column* 2 must have a response for all cost reports.[05/01/2010b]
12300S	If the hospital has rendered title XIX inpatient services (Worksheet S-2, Part I, line 90 column 2 is 'Y'), then title XIX hospital days (Worksheet S-3, Part I, column 7*, line 2 plus line 14*) and title XIX hospital discharges (Worksheet S-3, Part I, column 14, line 14) must both be greater than zero. [05/01/2010b]
12350S	All amounts reported on Worksheet S-3, Part I must not be less than zero. [05/01/2010b]
12400S	For Worksheet S-3, Part I, the sum of the inpatient days/outpatient visits in columns 5, 6, and 7 for each of lines 1, 5-20, 22, 24-26, 28 and 30-32 must be equal to or less than the total inpatient days/outpatient visits in column 8 for each line. [05/01/2010b]
12450S	If the hospital and/or subprovider is subject to PPS but not an LTCH (Provider number 2000-2299), an IRF (Provider number 3025-3099), or a Psychiatric (Provider number 4000-4499), or if the third digit in the provider number is an "S' or a "T". For a CAH a "M" or "R". (Worksheet S-2, Part I, line 3 and/or 6, column 7="P"). Worksheet S-3, Part II, column 5 lines 1-43 must be equal to or greater than zero. [05/01/2010b]
12500S	For Worksheet S-3, Part I, the sum of the discharges in columns 12, 13, and 14 for each of lines 1, 14, 16-18 must be equal to or less than the total discharges in column 15 for each line indicated. [05/01/2010b]
12550S	If Worksheet S-2, Part I, column 1, line 75 equals "Y", then column 7, line 3 if it is the hospital or line 5 if it is the subprovider has to be "P". If column 1, line 75, is "N", then column 2 line 3, if it is the hospital, cannot be in the range 3025-3099, and line 5 must be blank. [05/01/2010b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
12600S	If there is a LTCH (Worksheet S-2, Part I, line 3, column 2 is in the range of 2000 to 2299), then Worksheet S-2, Part I, line 80, column 1 must be "Y" [05/01/2010b]
12650S	If Worksheet S-2, Part I, line 71, column 1 is "Y", then Worksheet S-2, Part I, line 70, column 1 must be "Y". [05/01/2010b]
12660S	If Worksheet S-2, Part I, line 120, column 1 , is "Y" and the providers beds on Worksheet E, Part A, line 4 are greater than 100, and the provider's cost report period overlaps March 1, 2012, then Worksheet D, Part V, sum of the charges on lines 50-98, column 2.01, must be greater than zero, If Worksheet S-2, Part I, line 120, column 1, is "Y" and the providers beds on Worksheet E Part A, line 4 are less than or equal to 100, do not apply this edit. [05/01/2010b]
12800S	If Worksheet S-2, Part I, line 121 is answered "Y" then there must be an amount greater than 0 on line 72, column 26 on worksheet B, Part I and vice versa.[05/01/2010b]
12850S	If Worksheet S-2, Part I, line 167, column 1 is "Y", then Worksheet S-2, Part I, line 20, column 1 (cost report beginning date) must be on or after 10/01/2010. [05/01/2010b]
12900S	*If Worksheet S-7, column 1, line 1 equals "Y", then Worksheet S-3, Part I, column 6, line 19 must equal zero and vice versa. If Worksheet S-7, column 1, line 2 equals "N", then Worksheet S-3, Part I, column 6, line 5 must equal zero. [05/01/2010b]]*
12905S	*For Non CAHs (Worksheet S-2 Part I, line 105, column 1 is "N"),* if Worksheet S-2, Part II, column 1, line 9 is "Y", then Worksheet S-2, Part I, column 1, line 56 must also be "Y" and Worksheet A, column 7, sum of lines 21 and 22 must be greater than 0, and *Worksheet S-2, Part I, line 57, column 1 is "N", or columns 1 and 2 are "Y", then* Worksheet E-4 for title XVIII must be completed. *However, if Worksheet S-2, Part I, line 57, column 1 is "Y" and column 2 is "N". Do not complete Worksheet E-4 for title XVIII. [06/30/2012]*
12906S	*For CAHs (Worksheet S-2, Part I, line 105, column 1 is "Y"), if Worksheet S-2, Part II, column 1, line 9 is "Y", then Worksheet S-2, Part I, column 1, line 56 must also be "Y" and Worksheet A, column 7, sum of lines 21 and 22 must be greater than 0. CAHs do not complete Worksheet E-4.[06/30/2012]*

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TABLE 6 – EDITS

Edit	Condition
12910S	Worksheet S-2, Part II must have a response in every ECR file for: **Column 1** : lines 1-12, and 15. If line 1, column 1 = "Y", then line 1, column 2 must be present. If line 2, column 1 = "Y", then line 2, columns 2 and 3 must be present. If line 4, column 1 = "Y", then line 4, columns 2 must be present. If line 6, column 1 = "Y", then line 6, column 2 must be present If line 12, column 1 = "Y", then lines 13 and 14, column 1 must be present. If line 16, column 1 = "Y", then line 16, column 2 must be present. If line 16, column 3 = "Y", then line 16, column 4 must be present. If line 17, column 1 = "Y", then line 17, column 2 must be present. If line 17, column 3 = "Y", then line 17, column 4 must be present. If lines 16 or 17, (column x, where x = 1 or 3) is "Y", then line 18, column x must be present. If lines 16 or 17, (column x, where x = 1 or 3) is "Y", then line 19, column x must be present. If lines 16 or 17, (column x, where x = 1 or 3) is "Y", then line 20, column x must be present. If line 20, columns 1 or 3 are “Y”, then line 20, column 0 must be present **Columns 1 and 3: lines 16, 17, and 21.[06/30/2012]**
12920S	If Worksheet S-2, Part I, line 3, column 7 is "T" or "O" (except for children's hospitals (CCN XX-3300 thru XX-3399)), then Worksheet S-2, Part II must have a response in every ECR file for: **Column 1**: lines 22-32, 34 and 36. If line 32, column 1 = "Y", then line 33, column 1 must be present. If line 34, column 1 = "Y", then line 35, column 1 must be present. If line 36, column 1 = "Y", then line x (where x = 37, 38, 39, or 40), column 1; must be present. If line 38, column 1 = "Y", then line 38, column 2 must be present.[06/30/2012]
12930S	The cost report preparer information (Worksheet S-2, Part II, lines 41-43, all columns) must be valid and present. [06/30/2012]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 - EDITS

Edit	Condition
	The following Wage Index edits are to be applied against PPS Short Term Acute Care Hospital Providers only, edit numbers 13000S, 13050S, 13100S, 13150S, 13200S and 13250S. These edits do apply if the hospital is subject to PPS but not an LTCH (Provider number 2000-2299), an IRF (Provider number 3025-3099), a Psychiatric (Provider number 4000-4499) or if the third digit of the provider number is an "S" or a "T". If the third digit of provider number is M (Psychiatric unit in Critical Access Hospital) or the third digit of provider number is R (Rehabilitation unit in Critical Access Hospital).
13000S	For Worksheet S-3, Part II, sum of columns 2 and 3, each of lines 1-43 and subscripts as applicable must be equal to or greater than zero. [05/01/2010b]
13050S	The amount of salaries reported for Interns & Residents in approved programs, Worksheet S-3, Part II, column 1, line 7 must be equal to the amount on Worksheet A, column 1, line 21 (including subscripts). [05/01/2010b]
13100S	The amount on Worksheet S-3, Part II, sum of columns 2 & 3, line 9 must equal the corresponding amount on Worksheet A, column 1, line 44 plus or minus any related amounts reported on Worksheet A-6, columns 4 and/or 8 for line 44 designation indicated in columns 3 and/or 7. [05/01/2010b]
13150S	The amount on Worksheet S-3, Part II, sum of columns 2 & 3, line 10 must equal the corresponding amount on Worksheet A, column 1, lines 20, 23, 40-42, 45-46, 94-95, 98-101, 105-112, 113, 115-117 and 190-194, and subscripts thereof, plus or minus any related amounts reported on Worksheet A-6, columns 4 and/or 8 for lines 20, 23, 40-42, 45-46, 94-95, 98-101, 105-112, 114, 115-117 and 190-194 and subscripts thereof, indicated in columns 3 and/or 7. [05/01/2010b]
13200S	Worksheet S-3, Part II, sum of columns 2 & 3, line 17 must be greater than zero. Apply this edit to PPS providers only. [05/01/2010b]
13250S	If Worksheet S-3, Part II, sum of columns 2 and 3, lines 1-16 and 26-43 is greater than zero, then the corresponding line for column 5 must be greater than zero. If the sum of column 5, lines 9 and 10 divided by the sum of column 5, line 1 minus lines 2, 3, 5, 6, 7 and 8 is less than 15%, then lines 26-43 are not required to be completed. [05/01/2010b]
13275S	For IPPS (Worksheet S-2, Part I, line 3, column 7 is "P") and the CCN is XX-0001 through XX-0899, then the amount on Worksheet S-3, Part IV, line 24 must be greater than zero.[05/01/2010b]
13300S	Eliminated as of 05/01/2010b
13375S	If Worksheet S-5, line 13 is greater than zero, line 15 must be greater than zero (and vice versa). If line 14 is greater than zero, line 16 must be greater than zero (and vice versa). If line 17 is greater than zero, line 19 must be greater than zero (and vice versa). If line 18 is greater than zero, line 20 must be greater than zero (and vice versa). Additionally, if Worksheet S-5, lines 13 or 17 are greater than zero, Worksheet A, line 74, column 7 must be greater than zero and if Worksheet S-5, line 14 or 18 are greater than zero, Worksheet A, line 94, column 7 must be greater than zero.[06/30/2012]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 6 – EDITS

Edit	Condition
13400S	The sum of Worksheet S-7, column 2 , lines 3 thru 199 must agree with Worksheet S-3, Part I, column 6, line 19. The sum of Worksheet S-7, column 3, lines 3 through 199 must agree with Worksheet S-3, Part I, column 6, line 5,excluding CAH. [05/01/2010b]
10000A	Worksheet A, columns 1 or 2, line 200 must be greater than zero. [05/01/2010b]
10050A	If the hospital is not a rural hospital qualifying for an exception to the CRNA fee schedule (Worksheet S-2, Part I, line 108, column 1 = "N"), then nonphysician anesthetist costs after reclassification and adjustment (Worksheet A, column 7, line 19) must equal zero. [05/01/2010b]
10100A	Interest expense, utilization review-SNF, and other capital-related costs after reclassification and adjustment (Worksheet A, column 7, lines 3 and 113-114) must equal zero. [05/01/2010b]
10150A	Worksheet A, line 3, column 7 should be zero for the cost reporting period.[05/01/2010]
10200A	For reclassifications reported on Worksheet A-6, the sum of all increases (columns 4 and 5) must equal the sum of all decreases (columns 8 and 9). [05/01/2010b]
10250A	Worksheet A-6, column 1 must be present and in all uppercase alpha characters for each line with a column 3, 4, 5, 7, 8, 9, or 10 entry. There must be an entry on each line of columns 4 or 5 for each entry in column 3 and vice versa and an entry on each line of columns 8 or 9 for each entry in column 7 and vice versa. All entries must be valid; for example, no salary adjustment on column 3 and/or 7, lines 1-3 for capital, 61, 92, and 113. [05/01/2010b]
10300A	If Worksheet S-2, Part I, column 7, if any of lines 3 - 6 equals P and Worksheet S-2, Part I, line 21 equals 1, 2, 3, 4, 5, or 6, then Worksheet A-7, Part I, columns 1-3, line 10 minus column 5, line 10 must be greater than zero and Worksheet A-7, Part III, sum of columns 9-14, lines 1-2 must be greater than zero. [05/01/2010b].
10325A	*Worksheet A-6, column zero, an explanation must be on the first line for each reclassification code, or when there are multiple reclassifications of the same code, if data is present in any of columns 2-9. [10/01/2012b]*
10350A	Worksheet A-7, Part III sum of column 9-14, lines 1-2 and subscripts (for each line, respectively) Must equal the corresponding line on Worksheet A, column 7, lines 1 and 2 and subscripts. [05/01/2010b]
10351A	If Worksheet A-7, Part III, line 3, sum of columns 5, 6 and 7 is greater than zero, then the sum of A-7 Part III, line 3, columns 1 and 2 must also be greater than zero. [05/01/2010b]
10400A	For Worksheet A-8 adjustments on lines 3-9, 11, 13-22, 29 and 32, if either columns 1, 2, or 4 has an entry, then all three columns for that line must have entries and if any one of columns 0, 1, 2, or 4 for lines 33-49 and subscripts thereof has an entry, then all four columns for that line must have entries. [05/01/2010b]
10425A	For Worksheet A-8 adjustments on lines 1-2, 26 and 27, if any column 1, 2 and 5 have an entry, then all three columns for those lines must have entries.[05/01/2010b]

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Edit	Condition
10450A	If Worksheet A-8-1, Part A, either of columns 4 or 5, lines 1 through 4 does not equal zero, then column 1, the corresponding line must be present. [05/01/2010b]
10500A	If there are any transactions with related organizations or home offices as defined in CMS Pub. 15-1, chapter 10 (Worksheet S-2, Part I, column 1, line 140 is "Y"), Worksheet A-8-1, Part A, columns 4 or 5 (amounts in columns 4 or 5 must have a parallel line number in column 1 and vice versa), sum of lines 1-4 must be greater than zero; and Part B, column 1, any one of lines 6-10 must contain any one of alpha characters A thru G. Conversely, if Worksheet S-2, Part I, column 1, line 140 is "N", Worksheet A-8-1 should not be present. [05/01/2010b]
10550A	Worksheet A-8-2, column 3 must be equal to or greater than the sum of columns 4 and 5 and columns 6 and 7 must each be greater than zero if column 5 is greater than zero. Critical Access Hospitals (CAH) are exempt from completing columns 6 & 7. [05/01/2010b]
10600A	Worksheet A-6, column 10 must contain values of 9-14 (Worksheet A-7, Part III, column reference) for the corresponding line of column 3 or column 7 which contains a capital related line number value of 1-2 and/or subscripts thereof. [05/01/2010b].
10650A	Worksheet A-8, column 5 must contain a value of 9-14 (Worksheet A-7, Part III, column reference) for any line in column 4, including lines 1-2 and 26-27 which contain a capital related line reference of 1-2 and/or subscripts thereof and has a basis code in column 1 and/or an amount in column 2. [05/01/2010b]
10700A	Worksheet A-8-1, Part A, column 7, lines 1-4 and subscripts thereof must contain a value of 9-14 (Worksheet A-7, Part III, column 7 reference) if column 1, the corresponding line is 1-2 and/or subscripts thereof. [05/01/2010b].
10750A	If Worksheet A-8-3, sum of columns 1-4, line 47 is equal to zero, column 5, line 51 must also be equal to zero. Conversely, if Worksheet A-8-3, sum of columns 1-4, line 47 is greater than zero, column 5, line 51 must be greater than sum of columns 1-4, line 47 and equal to or less than 2080 hours. [05/01/2010b]
10800A	If Worksheet S-2, Part I, line 144 equals "Y", then Worksheet A-8-2 column 3 must be greater than zero and vice versa. [05/01/2010b]
10000B	On Worksheet B-1, all statistical amounts must be greater than zero, except for reconciliation columns. [05/01/2010b]
10050B	Worksheet B, Part I, column 26, line 202 must be greater than zero. [05/01/2010b]
10100B	For each general service cost center with a net expense for cost allocation greater than zero (Worksheet B-1, columns 1 through 23, line 202), the corresponding total cost allocation statistics (Worksheet B-1; column 1, line 1; column 2, line 2, etc.) must also be greater than zero. Exclude from this edit any column which uses accumulated cost as its basis for allocation and any reconciliation column. [05/01/2010b]

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TABLE 6 – EDITS

Edit	Condition
10150B	For any column which uses accumulated cost as its bases of allocation (Worksheet B-1), if there is a -1 in the accumulated cost column, then there may not be an amount in the reconciliation column for the same cost center line. [05/01/2010b]
10000C	On Worksheet C, Part I, all amounts must be equal to or greater than zero. [05/01/2010b]
10050C	Worksheet C, Part I, column 1, line 92 must equal the sum of all title XVIII, Worksheets D-1, column 1, line 89 for hospital and subprovider components. [05/01/2010b]
10100C	If Worksheet S-3, Part I, column 8, lines 1, 8 through 12 are greater than zero, the corresponding line (lines 30 through 35) on Worksheet C, Part I, column 6 must also be greater than zero and vice versa . [05/01/2010b]
10050D	If Medicare hospital inpatient days (Worksheet S-3, Part I, column 6, line 14) and Medicare hospital inpatient ancillary pass through costs (Worksheet D, Part IV, column 11, line 200) are greater than zero and the hospital does not have an all-inclusive rate (Worksheet S-2, Part I column 1, line 115 is "N"), then Medicare hospital inpatient ancillary service costs (Worksheet D-3, column 3, line 200) must also be greater than zero. [05/01/2010b]
10100D	The total inpatient charges on each line of Worksheet C, Part I, column 6 must be greater than or equal to the sum of all Worksheets D-3, column 2, lines as appropriate. [05/01/2010b]
10150D	Worksheet D-1, Part IV, line 87 for title XVIII hospital must equal Worksheet S-3, Part I, column 8, line 28. [05/01/2010b]
10200D	Worksheet D-1, column 1, sum of lines 5 and 6 must equal Worksheet S-3, Part I, column 8, line 5 and Worksheet D-1, column 1, sum of lines 10 and 11 must be equal to or less than Worksheet D-1, column 1, sum of lines 5 and 6. [05/01/2010b]
10250D	Worksheet D-1, Title 18, sum of lines 10 and 11, must equal Worksheet S-3 Part I, line 5, column 6. [05/01/2010b]
10300D	If the sum of Worksheet D-2, Part I, column 1, lines 2-8, 10-19, and 21-26 is greater than zero, then line 28, column 1 must equal 100 percent. [05/01/2010b]
10350D	The sum of all Worksheets D-1, column 1, line 85 for all titles for both SNF and/or NF components must be equal to or less than the absolute value of Worksheet A-8, line 25. If Worksheet S-7, line 2, column 1, equals "Y", add Worksheet(s) E-2, column 1, line 7 to Worksheet D-1 for the comparison of the absolute value of Worksheet A-8, line 25. [05/01/2010b]
10400D	If any of the hospital's Worksheet D-1, lines 17-20 are greater than zero, then each D-1 with line 21 greater than zero for Title V, Title XVIII and Title XIX must have the same rates for line 17-20. Do not apply this edit to CAH. [05/01/2010b]

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TABLE 6 - EDITS

Edit	Condition
10450D	If Worksheet S-3, Part I, column 6, lines 1, 8-12 (or lines 16-17 for psych or rehab subprovider) are greater than zero, then the corresponding line on Worksheet D-3, column 2, lines 30-41 must also be greater than zero and vice versa. [05/01/2010b]
10500D	If Worksheet D-4, lines 1-6, column 1 or lines 8-40 columns 2 or 3 have data, then Worksheet S-2, Part I, lines 126 through lines 133 and subscripts of column 1 must have a a certification date. [06/30/2012]
10550D	If Worksheet S-2, Part I, line 60 is “N” for no, then Worksheet D, Part III, columns 1 and 2 and Worksheet D, Part IV, columns 2 and 3 must also be zero and vice versa.[06/30/2012]
10000E	If Worksheet S-2, Part I, line 22, is "N", then Worksheet E, Part A *line 34 must be zero and conversely if line 22 is "Y" then each of the lines 32 through 34 must be greater than zero.* [05/01/2010b]
10100E	*Worksheet E, Part A, line 40, column 1, if applicable (for hospital, title XVIII only) must be equal to or less than Worksheet S-3, Part I, column 13, for the sum of lines 2 and 14. [05/01/2010b]*
10150E	Worksheet E, Part A, line 30 must equal Worksheet L, Part I, line 7 where both amounts are present. [05/01/2010b]
10170E	If Worksheet E, Part A, line *48* is greater than zero, Worksheet S-2, Part I, lines 35 or 37 must be greater than zero and conversely, if Worksheet S-2, Part I, lines 35 or 37 is greater than zero then Worksheet E, Part A, line *48* must be greater than zero. For title XVIII PPS providers whose certification date is after 10/01/1987, do not apply this edit. [05/01/2010b]
10200E	If Worksheet S-2, Part I, line 3 or 5 column 4, equals "5", line 75, column 1, equals "Y", then line 1 on worksheet E-3, Part III, for the rehabilitation facility must be greater than zero and "vice versa". If there is no Medicare Utilization for the Rehab component (Worksheet S-3, Part I, line 1 or 17, column 6), then the payment on Worksheet E-3, Part III line 1 must be zero, and the vice versa does not apply. The provider number on Worksheet S-2, Part I, line 3, column 2 must be in the range of 3025-3099 or line 5, column 2 must be in the range of 3025-3099 or have in the third position the letter code "T". A CAH with a IRF subprovider must have in the third position letter “R” in the provider number. [05/01/2010b]
10250E	If Worksheet S-2, Part I, line 76, column 1 is "Y", and column 2 is "N", then Worksheet E-3, Part III, line 5 must have an amount greater than zero and vice versa. If there is no Medicare Utilization for the Rehab component (Worksheet S-3, Part I, line 1 or 17, column 6 is zero), then the payment on Worksheet E-3, Part III line 1 must be zero, and the vice versa does not apply.[05/01/2010b]

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Edit	Condition
10300E	If Worksheet S-2, Part I, line 76, column 1 is "N" and column 2 is "Y", and column 3 is 1, 2, or 3, then Worksheet E-3, Part III, line 8 must be greater than zero. If there is no Medicare Utilization for the Rehab component (Worksheet S-3, Part I line 1 or 17, column 6 is zero), then the payment on Worksheet E-3, Part III, line 1 must also be zero. [05/01/2010b]
10350E	If Worksheet S-2, Part I, line 76, column 1 is "N", column 2 is "Y", column 3 is "4", then Worksheet E-3, Part III lines 6, 7 and 8 must be greater than zero. If there is no Medicare Utilization for the Rehab component (Worksheet S-3, Part I, line 1 or 17, column 6 is zero), then the payment on worksheet E-3, Part III line 1 must also be zero. [05/01/2010b]
10400E	If Worksheet S-2, Part I, line 76, column 1 is "N", column 2 is "Y", column 3 is "5", then Worksheet E-3, Part III, lines 6 and 7 must be greater than zero. If there is no Medicare Utilization for the Rehab component (Worksheet S-3, Part I, line 1 or 17, column 6 is zero), then the payment on worksheet E-3, Part III line 1 must also be zero. [05/01/2010b]
10450E	If Worksheet S-2, Part I, line 3 column 4 equal "2", and line 80, column 1 is "Y", then Worksheet E-3, Part IV, line 1, for Long Term Care Facility must be greater than zero and vice versa. The provider number on Worksheet S-2, Part I, line 3, column 2 must be in the range of 2000-2299. If there is no Medicare Utilization for the Long Term Care facility (Worksheet S-3, Part I, line 1, column 6 is zero), then the payment on Worksheet E-3, Part IV, line 1 must be zero and vice versa does not apply. [05/01/2010b]
10500E	If Worksheet S-2, Part I, lines 3 or 4, column 4, equals "4", and line 70, column 1 is "Y", then Worksheet E-3, Part II, line 1 for Inpatient Psychiatric Facility must be greater than zero and vice versa. The provider number on Worksheet S-2, Part I, line 3, column 2 must be in the range of 4000-4499 or line 4, column 2, must be in the range of 4000-4499 or have in the third position letter "S". A CAH with a Psychiatric subprovider must have the third position the letter "M" in the provider number. If there is no Medicare Utilization for the Inpatient Psychiatric Facility (Worksheet S-3, Part I, line 1 or 16, column 6 is zero), then the payment on worksheet E-3, Part II line 1 must be zero and vice versa does not apply. [05/01/2010b]
10600E	If Worksheet S-2, Part I, line 71, column 1 is "Y", and column 2 is "N", then Worksheet E-3, Part II, line 4 must have an amount greater than zero and vice versa. If there is no Medicare Utilization for the Inpatient Psychiatric facility (Worksheet S-3, Part I, line 1, or 16 column 6 is zero), then the payment on Worksheet E-3, Part II, line 4 must be zero and vice versa does not apply. [05/01/2010b]

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Edit	Condition
10650E	If Worksheet S-2, Part I, line 71, column 1 is "N" and column 2 is "Y", and column 3 is 1, 2, or 3, then Worksheet E-3, Part II line 7 must be greater than zero. If there is no Medicare Utilization for the Inpatient Psychiatric facility (Worksheet S-3, Part I, line 1 or 3 column 6 is zero), then the *FTE count* on Worksheet E-3, Part II, line 7 must also be zero. [05/01/2010b]
10700E	If Worksheet S-2, Part I, line 71, column 1 is "N", column 2 is "Y", and column 3 is "4", then Worksheet E-3, Part II lines 5, 6 and 7 must be greater than zero. If there is no Medicare Utilization for the Inpatient Psychiatric facility (Worksheet S-3, Part I, line 1 or 16, column 6 is zero), then the *FTE count* on Worksheet E-3, Part II, lines 5, *6*, and 7 must also be zero. [5/01/2010b]
10750E	If Worksheet S-2, Part I, line 71, column 1 is "N", column 2 is "Y", and column 3 is *"5",* then Worksheet E-3, Part II, lines 5 and 6 must be greater than zero. If there is no Medicare Utilization for the Inpatient Psychiatric facility (Worksheet S-3, Part I, line 1 or 16 column 6), then the *FTE count* Worksheet E-3, Part II, line 5 and 6 must also be zero. [05/01/2010b]
10800E	Worksheet E-3, Part VI, Line 9 Bad Debt for dual eligible beneficiaries new amounts, cannot exceed the total bad debt line 8 (e.g. Worksheet E-3, Part I, line 13 cannot exceed line 11, E-3, Part II, line 25 cannot exceed line 23, E-3, Part III, line 26 cannot exceed line 24, E-3, Part IV, line 16 cannot exceed line 14, E-3, Part V, Line 27 cannot exceed line 25). Do not apply this edit if total bad debt is negative. [05/01/2010b]
10825E	*If Worksheet E, Part A, line 8.01 or E-4, line 4.01 is greater than zero then Worksheet S-2, Part I, line 61, column 1 must be "Y". [05/01/2010b]*
10850E	*Edit has been moved to Level II 20850E.*
10900E	If Worksheet E, Part A, line 24 is less than or equal to zero, then lines 25-28 should be zero. [05/01/2010b]

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Edit	Condition
10000H	Worksheet H-2, Part II, sum of lines 1-19 for each of columns 1-4, *and* 5-23 (including the reconciliation column and accumulated cost column with negative one entries only) must equal the corresponding column of Worksheet B-1, line 101 and subscripts as appropriate. [05/01/2010b]
10050H	Worksheet H-2, Part I, columns *0* -4, 5-23, and 25, lines 1-19 must agree with the corresponding columns on Wkst B, Part I, line 101 and subscripts as applicable. [05/01/2010b]
10100H	If Worksheet H-1, Part I, any of columns 1-4, line 24 is greater than zero, then Worksheet H-1, Part II, sum of the corresponding columns must be greater than zero. [05/01/2010b]
10150H	Total visits on Worksheet H-3, Part I, sum of column 4, lines 1-6 must be equal to or greater than the unduplicated census count, Worksheet S-4, sum of columns 1-4, line 2. Do not apply this edit if Worksheet S-4, sum of columns 1-3, line 2 equal zero. [05/01/2010b]
10175H	If Worksheet H-3, line 7 (sum of columns 6 and 7) is greater than zero, then Worksheet H-4, line 22 (sum of columns 1 and 2) and Worksheet H-5, line 4 (sum of columns 2 and 4) must be greater than zero and vice versa. [06/30/2012]
10200H	Worksheet H, column 10, line 24 must equal Worksheet A, column 7, line 101 and/or subscripts as applicable.[05/01/2010b]
10250H	Worksheet H-3, Part I, sum of lines 1 through 6, column 4, must equal Worksheet S-3, Part I, column 8, line 22 and subscripts as applicable. [05/01/2010b]
10300H	Worksheet H-3, Part I, the Medicare visits, columns 6-7, lines 1-6 respectively, must be equal to Worksheet S-4, columns 1-4, lines 21, 23, 25, 27, 29, and 31 respectively. Also, Worksheet H-3, Part I, lines 8 through 13, columns 2 and 3, sum of all CBSA's, for each respective discipline, must equal the total visits for the same respective discipline, on lines 1 through 6, columns 6 and 7. [05/01/2010b]

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Edit	Condition
10000I	Worksheet I-1(Renal Dialysis), column 1, sum of lines 1-8 and 10-16 must equal Worksheet A, column 7, line 74. Worksheet I-1 (Home Program), column 1, sum of lines 1-8 and 10-16 must equal Worksheet A, column 7, line 94. If worksheet S-2, part I, line 145 equals "Y", do not apply this edit to Renal Dialysis department. (Do not complete Renal Dialysis department Worksheets I-1 through I-4 for this cost report). [05/01/2010b]
10050I	Worksheet I-1 (Renal Dialysis), column 1, sum of lines 1-8, 10-16, and 18-26 must equal the amount from Worksheet B, Part I, column 26, line 74. Worksheet I-1(Home Program), column 1, sum of lines 1-8, 10-16, and 18-26 must equal the amount from Worksheet B, Part I, column 26, line 94. If Worksheet S-2, Part I, line 145 equals "Y", do not apply this edit to Renal Dialysis departments. Do not complete Renal Dialysis department Worksheets I-1 through I-4 for this cost report.[05/01/2010b]
10100I	If Worksheet B, Part I, Line 74, column 26 is greater than zero, or if Worksheet I-4 (Renal), line 11, column 4 is greater than zero, then Renal Dialysis Worksheets S-5, I-1, I-2, I-3, and I-4, and I-5 should be present (containing any data) and Worksheet I-3 line 17, column 3 should be greater than zero and vice versa. Do not apply this edit if S-2, Part I, line 145, column 1 is "Y". [05/01/2010b]
10150I	If Worksheet B, Part I, Line 94, column 26 is greater than zero, or if I-4 (Home Program), line 11, column 4 is greater than zero, then Home Program Worksheets S-5, I-1, I-2, I-3, I-4 and I-5 should be present (containing any data) and vice versa and Worksheet I-3, line 17, column 3 should be greater than zero. [05/01/2010b]
10200I	If Worksheet I-2, any of columns 1-8, line 1 is greater than zero, then Worksheet I-3 for related columns 1-8, sum of lines 2-16 must be greater than zero. [05/01/2010b]
10250I	If Worksheet S-2, Part I, line 145 equals "N" and Worksheet A, column 7, line 74 is greater than zero, then the I series worksheets must be present for renal dialysis services. [05/01/2010b]
10300I	If Worksheet I-1, column 1, line 31 is greater than zero, then Worksheet I-4, column 1, sum of lines 1-10 must also be greater than zero. [05/01/2010b]

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Edit	Condition
10000J	Worksheet J-1, Part I, sum of columns 0-4, 5-23, and 25, line 22 must equal Worksheet B, Part I, column 26, line 99 or applicable subscript and vice versa. [05/01/2010b]
10050J	Worksheet J-1, Part II, sum of lines 1-21 for each of columns 1-4 and 5-23 must equal the corresponding columns of Worksheet B-1, line 99 and/or subscripts as appropriate. Include reconciliation and accumulated cost columns with negative one entries only. [05/01/2010b]
10000L	Worksheet L, Part I, line 11 must be zero and Worksheet S-2, Part I, line 45, column 2 must contain a response of "N" if: Worksheet S-2, Part I, line 3, column 3 is Urban (not 999xx CBSA code), and Worksheet E, Part A, line 4 is less than 100; or Worksheet S-2, Part I, line 3, column 3 is 999xx (CBSA is Rural). [05/01/2010b]
10050L	If Worksheet S-2, Part I, line 46 is "N", then Worksheet L-1, should not be completed. [05/01/2010b]
10000M	If Worksheet S-8 is present, then worksheet M-1 must be present. Conversely, if Worksheet M-1 is present, then Worksheet S-8 must be present. [05/01/2010b]
10050M	If Worksheet S-8, line 12 equals "Y", Worksheet M-2, column 3, lines 1, 2, and 3 must each be greater than zero and at least one line must contain a value other than the standard amount. Conversely if Worksheet S-8, line 12 equals "N", Worksheet M-2, column 3, lines 1, 2, and 3 must contain the values 4200, 2100, and 2100. Apply this edit to both the RHC and FQHC components. [05/01/2010b]
10100M	If Worksheet S-8, line 15 equals "Y", Worksheet M-1, column 7, line 20 *must be less than or equal to* Worksheet B, Part I, sum of columns 21 and 22 for line 88 or 89 as applicable. [05/01/2010b]
10150M	The sum of Worksheet M-1, column 7, lines 1-9, 11-13, 15-19, 23-27, and 29-30 must equal the amount on Worksheet A, column 7, RHC/FQHC line as appropriate. [05/01/2010b]
10250M	The sum of Worksheet M-3, line 16.02, columns 1 and 2, must be less than or equal to the sum of line 16.01, columns 1 and 2. [05/01/2010b]

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TABLE 6 - EDITS

II. Level II Edits (Potential Rejection Errors)

These conditions are usually, but not always, incorrect. These edit errors should be cleared when possible through the cost report. When corrections on the cost report are not feasible, provide additional information in schedules, note form, or any other manner as may be required by your fiscal intermediary. Failure to clear these errors in a timely fashion, as determined by your FI, may be grounds for withholding of payments.

Edit	Condition
20000	All type 3 records with numeric fields and a positive usage must have values equal to or greater than zero (supporting documentation may be required for negative amounts). [05/01/2010b]
20050	Only elements set forth in Table 3, with subscripts as appropriate, are required in the file. [05/01/2010b]
20100	Moved to Level 1 edit 10655
20150	Standard cost center lines, descriptions, and codes should not be changed. (See Table 5 for standard descriptions and codes.) This edit applies to the standard line only and not subscripts of that code. [05/01/2010b]
20200	All standard cost center codes must be entered on the designated standard cost center line and subscripts thereof as indicated in Table 5. [05/01/2010b]
20250	All nonstandard cost center codes may be placed on any standard subscripted cost center line and or generic cost center line within the cost center category, i.e. only nonstandard cost center codes of the general service cost center may be placed on standard cost center lines of general service cost centers. Exceptions are listed in edit 10700. [05/01/2010b]
20300	The cost to charge ratio on Worksheet C, Part I column 11 should not be more than 100%, or less than .1%. [05/01/2010b]
20350	Administrative and general cost center codes 00500 and 00510-00569 (standard and nonstandard) may only appear on line 5 and subscripts of line 5. Other nonstandard descriptions and codes may also appear on subscripts of line 5, but must be within the general services cost center category. [05/01/2010b]
20450	The cost reporting period must be greater than 27 days and less that 459 days. [05/01/2010b]
20500	Bad debt for dual eligible beneficiaries new amounts cannot exceed total bad debts (e.g. for Worksheet E part A, line 66, must be less than or equal to line 64). Do not apply this edit if the total bad debt line is negative. This edit applies to the following worksheets: E part A, line 66; E Part B, line 36; E-2, line 18; E-3 Part I, line 13; E-3 Part II, line 25 ; E-3 Part III, line 26; E-3 Part IV, line 16; E-3 Part V, line 27; E-3 Part VI, line *9* ; H-4 Part II, line 28; I-5, line 7; J-3, line 23; and M-3, line 24. [05/01/2010b].

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TABLE 6 – EDITS

Edit	Condition
20000S	Worksheet S, Part III, sum of columns 2 and 3 for line 200 (title XVIII) should not equal zero. [05/01/2010b]
20050S	The combined amount due the provider or program (Worksheet S, Part III, line 200, sum of columns 1-5) should not equal zero. [05/01/2010b]
20100S	The hospital certification date (Worksheet S-2, Part I, column 5, line 3-6) should be on or before the cost report beginning date (Worksheet S-2, Part I, column 1, line 20). [05/01/2010b]
	If the Medicare hospital payment mechanism (Worksheet S-2, Part I, column 7, line 3) is equal to P, then apply the following edits for codes 20200S and 20250S for acute care hospitals:
20200S	a. The DRG payments other than outlier payments (Worksheet E, Part A, column 1, line 1) should be both greater than zero and greater than the outlier payments (Worksheet E, Part A, column 1, line 2). [05/01/2010b]
20300S	If Worksheet S-2, Part I, line 26 and 27 differ, for Standard Geographic Reclassification (not Wage), then lines 26 and 27 must have a response in the ECR File. [05/01/2010b]
20350S	A valid code for the type of hospital must be present in Worksheet S-2, Part I, column 4, line 3, as indicated in Table 3B. [05/01/2010b]
20400S	For every valid subprovider on Worksheet S-2, Part I, line 4-6 and subscripts thereof, a corresponding line 4-6 and subscripts, column 4, as appropriate, must be present with a valid type of hospital code from Table 3B. [05/01/2010b]
20460S	If Worksheet S-2, Part I, line 63 is "Y", then the FTE count should be completed on lines 64, 65, 66 or 67 as applicable. If any of lines 64 through 67, column 1 are completed, all columns for that line must be completed. [05/01/2010b]
20465S	If Worksheet S-2, Part I, line 63 is "Y", then the sum of Worksheet S-2, Part I, line 66, columns 1 and 2 and line 67, columns 3 and 4, must be greater than or equal to the sum of Worksheet E-4, line 6, column 1 and line 10, column 2. [06/30/2012]
20500S	If the provider has a charge structure (Worksheet S-2, Part I, column 1, line 115 is No), for each cost center on lines 30-40, 43-91, 92.01-92.10, 99.xx, 101 and 105-117 if either total charges Worksheet C, Part I, sum of column 6 and 7), or total costs after stepdown (Worksheet B, Part I , column 26) equal zero, then both should equal zero. [05/01/2010b]
20525S	If Worksheet S-2, Part I, CAH (line 105="Y") and line 167="Y", then line 168, must be present.[06/30/2012]

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TABLE 6 - EDITS

Edit	Condition
20550S	This edit is no longer applicable Level 2 edit. It was changed to a Level 1 Edit 12030S in order to be consistent with the rejectable edits in HCRIS rather than just a warning. [05/01/2010b] Worksheet S-2, Part I, lines as indicated below may only contain those provider numbers as indicated for that line. The type of provider is also indicated.

Line	Provider # (1)	Type Provider
3	0001-0899	Short Term Hospitals
	1225-1299	Medical Assistance Facility
	1300-1399	RPCH/CAH
	1990-1999	Christian Science Hospitals
	2000-2299	Long Term Hospitals
	3025-3099	Rehabilitation Hospitals
	3300-3399	Children's Hospitals
	4000-4499	Psychiatric Hospitals
4-6	3rd digit of provider number is M (Psychiatric unit in Critical Access Hospital)*	
	3rd digit of provider number is R (Rehabilitation unit in Critical Access Hospital)*	
	3rd digit of provider number is S (Psychiatric unit)*	
	3rd digit of provider number is T (Rehabilitation unit)*	
	3rd digit of provider number is U (Swing bed designation for Short Term Hospital)*	
	3rd digit of provider number is V (Swing bed designation for Long Term Care Hospital)*	
	3rd digit of provider number is Y (Swing bed designation for Rehabilitation Hospital)*	
	3rd digit of provider number is Z (Swing bed designation for Critical Access Hospital)*	
	0001-0899	Short Term Unit of Non-PPS Hospital
	3025-3099	Rehabilitation Hospital as Subprovider
	4000-4499	Psychiatric Hospital as Subprovider
9	5000-6499	Hospital-Based SNF
	6990-6999	Skilled Nursing Facilities
10.01	G000-G999	ICF/MR
	H000-H999	"
12	3100-3199	Home Health Agencies
	7000-8499	" "
	9000-9999	" "
13	C000-C999	Ambulatory Surgical Center
14	1500-1799	Hospital-Based Hospice

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Edit **Condition**

Line	Provider # (1)	Type Provider
15	3400-3499	Hospital-Based RHC
	3975-3999	" "
	8500-8999	" "
16	1000-1199	Hospital-Based FQHC
	1800-1989	" "

* These are hospital components (excluded unit) whose last three (3) numbers match those last three (3) numbers of the hospital.

17	1400-1499	CMHC
	4600-4799	"
	4900-4999	"
18	2300-2499	Renal - Hospital Satellites
	3500-3799	"
19	6500-6989	O/P Rehab. Providers (OPT, OOT, OSP)
134	3rd digit of provider number is P (Organ Procurement Organization)*	
134	9800-9899	Transplant Centers

(1) The first two characters of the provider number (not listed here) identify the state. The last 4 characters (listed above) identify the type of provider.

(*) EXCEPTION - Organ procurement organization (OPOs) are assigned a 6-digit CCN. The first 2 digits identify the State code. The third digit is the alpha character "P". The remaining 3 digits are unique facility identifier.

20600S If Worksheet S-2, Part I, column 1, line 146 response is "Y", providers should insure that proper documentation has been submitted to their Medicare Contractor in accordance with CMS Pub. 15-2, §4020. [05/01/2010b]

20650S If Worksheet S-2, Part I, column 1, line 105 response is "Y", then Worksheet S-3, Part I, column 4 the sum of lines 1, and 7 through 12 should be greater than zero. [05/01/2010b]

20700S If Worksheet S-2 part II, columns 1 or 3, line 16 equals “Y”, then line 16 the corresponding column 2 or 4 must have a paid through date of the PS&R, after the cost report fiscal year end date. [05/01/2010b].

20750S *Eliminated as of 05/01/2010b - The edit was incorporated into 20700S.*

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TABLE 6 - EDITS

Edit	Condition
21000S	The following statistics from Worksheet S-3, Part I should be greater than zero: a. Number of beds for the hospital (column 2, line 14) [05/01/2010b]; b. Number of beds for the facility (column 2, sum of lines 14-24) [05/01/2010b]; d. Total inpatient days for all patients in the hospital (column 8, line 14) [05/01/2010b]; and e. Total inpatient days for all patients in the facility (column 8, sum of lines 1-13 and 15-26). [05/01/2010b]
21050S	If Medicare hospital inpatient days (Worksheet S-3, Part I, column 6, line 14) is greater than zero, then the following fields on Worksheet S-3, Part I should also be greater than zero. a. Total hospital discharges (column 15, line 14) [05/01/2010b]; b. Medicare hospital discharges (column 13, line 14) [05/01/2010b]; and c. Hospital full time equivalent employees (column 10, line 14). [05/01/2010b]
21100S	Total hospital inpatient days (Worksheet S-3, Part I, column 8, lines 1, 8-12, 16-21, & 24) should be less than or equal to hospital bed days available (Worksheet S-3, Part I, column 3, lines 1, 8-12, 16-21, & 24). [05/01/2010b]
21150S	The hospital and each component in a health care complex reporting interns and residents in full time equivalents (Worksheet S-3, Part I, column 9, lines 14 and 16-26) should have corresponding cost allocation statistics for interns and residents (Worksheet B-1, sum of columns 21 and 22, sum of lines 30-46, 88-89, 94, 99, 115, and 116, respectively) and conversely there should be FTEs on the aforementioned Worksheet S-3 if there are statistics on the aforementioned Worksheet B-1. [05/01/2010b]
21200S	For prospective payment system hospital cost reports, where the ratio of Worksheet S-3, Part II, column 5, sum of lines 9 and 10 divided by the result of column 5, line 1 minus the sum of column 5, lines 3, 5, and 8 is equal to or greater than 5 percent, Worksheet S-3, Part III, columns 2 and 5, line 7 must be present. [05/01/2010b]
21250S	For prospective payment system hospital cost reports, where the ratio of Worksheet S-3, Part II, column 5, sum of lines 9 and 10 divided by the result of column 5, line 1 minus the sum of column 5, lines 3, 5, and 8 is equal to or greater than 15 percent, Worksheet S-3, Part II, column 2, lines 26 through 43 must be present, if the corresponding line on Worksheet A, column 1 is greater than zero. [05/01/2010b]

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TABLE 6 – EDITS

Edit	**Condition**
21300S	If Worksheet S-3, Part II, sum of columns 2 & 3, lines 9 and 10 are greater than zero, then the sum of columns 2 & 3, line 19 must also be greater than zero. Provider should submit supporting documentation when the sum of lines 9 and 10 is greater than zero and line 19 equals zero. [05/01/2010b]
21350S	If Worksheet S-2, Part I, column 1, line 12 and subscripts are present, then Worksheet S-4, column 1, line 19 must be greater than zero and the number of CBSA codes on line 20 and subscripts must equal the number identified on line 19. [05/01/2010b]
20000A	Worksheet A-6, column 1 (reclassification code) must be an alpha character. [05/01/2010b]
20050A	Worksheet A-7, Part III, column 2 must be less than or equal to column 1 for lines 1-2 and subscripts thereof. [05/01/2010b]
20100A	If there are provider-based physician adjustments on Worksheet A-8-2, then column 1 may only contain Worksheet A, line numbers 4-99, 105-112, 115, and subscripts thereof. [05/01/2010b]
20150A	If Worksheet A, column 7, either of lines 74 or 94 is greater than zero, then Worksheet S-5, columns 1 or 2, line 21 must contain an X. *DO NOT APPLY IF WORKSHEET S-2, Part I, line 145 ="Y".[05/01/2010b]*
	Column headings (Worksheets B-1, B, Parts I, and II, J-1, Part II, and L-1, Part I) are required as indicated for codes 20000B and 20050B:
20000B	a. At least one cost center description (lines 1-3), at least one statistical bases label (lines 4-5), and one statistical bases code (line 6) (capital cost center lines only) must be present for each general service cost center with cost greater than zero (Worksheet B-1, columns 1 through 23, line 202). Exclude any reconciliation columns from this edit. [05/01/2010b]
20050B	b. The column numbering among these worksheets must be consistent. For example, data in old capital related costs - buildings and fixtures is identified as coming from column 1 on all applicable worksheets. [05/01/2010b]

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TABLE 6 - EDITS

Edit	Condition
20100B	Worksheet B, Part II, column 26, sum of lines 30-117 and 190-194 and subscripts as allowed must be equal to or greater than zero. Not applicable for critical access hospitals (CAH). [05/01/2010b]
20000C	*If Worksheet C, Part I, column 3 has costs on any line, then column 8 must have charges on the corresponding cost center and vice versa.[10-01-2012b]*
20000D	The total outpatient charges on each line of Worksheet C, Part I, column 7 must be greater than or equal to the sum of all Worksheets D, Part V, columns 2-4. [05/01/2010b]
20050D	If the provider has a charge structure (Worksheet S-2, Part I, line 115, column 2 is not A, B, or E) and total inpatient days (Worksheet D-1, column 1, line 1 for the hospital and all components and all titles) is greater than zero, then general inpatient routine service charges (Worksheet D-1, column 1, line 28, for the hospital and all components and all titles) must also be greater than zero. *If there are no private room days, do not apply this edit.* [05/01/2010b]
20100D	If Worksheet D-4, Part III, column 1, line 66 is greater than zero or Part IV, sum of columns 1 and 2, lines 76-80 are greater than zero, then both must be greater than zero. [05/01/2010b]
20150D	If Worksheet B, Part I, column 26, lines 105-112, as appropriate, is greater than zero or Worksheet D-4, Part IV, sum of columns 1 and 2, lines 70-73 are greater than zero, then both should be greater than zero. [05/01/2010b]
20200D	Worksheet D-4, Part IV, sum of columns 1 and 2, lines 70-73 should equal the sum of columns 1 and 2, lines 75-83. [05/01/2010b].
20500E	If Worksheet S-2, Part I, line 120, column 2 is "Y", then Worksheet E, Part A line 4 must be less than or equal to 100. [05/01/2010b]
20850E	*If Worksheet S-2, Part I, line 61 , column 1 is "Y", then Worksheet E, Part A line 8.01 or E-4, line 4.01 should be greater than zero. [05/01/2010b]*

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TABLE 6 – EDITS

Edit	**Condition**
20000G	Total assets on Worksheet G (sum of each of columns 1-4, lines 1-10, 12-29 (subscripts as indicated), and 31-34) must equal total liabilities and fund balance (sum of each of columns 1-4, lines 37-44, 46-49, and 52-58). [05/01/2010b]
20050G	Total patient revenue (Worksheet G-2, Part I, column 3, line *28*) should equal the sum of inpatient and outpatient revenue (Worksheet G-2, Part I, sum of columns 1 and 2, line *28*). [05/01/2010b]
20150G	*Contractual allowances (Worksheet G-3, column 1, line 2) should not be negative. [10-01-2012b]*
20100G	Net income or loss (Worksheet G-3, column 1, line 29) should not equal zero. [05/01/2010b]
20000I	If Worksheet I-1, column 1, lines 1-6 have amounts greater than zero, then the corresponding line for columns 3 and 4 must contain amounts which do not equal zero. [05/01/2010b]
20050I	If Worksheet I-1, column1, line 31 is greater than zero, then worksheet I-4, column 7, sum of lines 1-10 must be greater than zero and vice versa. [05/01/2010b]
20100I	Worksheet I-2, column 11, sum of lines 2-16 and 18 must equal Worksheet I-1, column 1, sum of lines 1-8, 10-16, 18-26, and 28-30. [05/01/2010b]
20150I	If Worksheet I-2, column 11, line 12 is greater than zero, then the treatments reported on Worksheet I-3, column 0, line 12 should also be greater than zero. [05/01/2010b]
20200I	Worksheet I-4, column 4, lines 1 through 10 should be equal to or less than the corresponding amounts in column 1 for each line. [05/01/2010b]
20250I	If Worksheet I-4, column 1, sum of lines 1 through 10 is greater than zero, then Worksheet I-2, column 11, sum of lines 2 through 11 must also be greater than zero. [05/01/2010b]

Apply the following K series edits if Worksheet S-2, columns 2 and 5, line 14 are present.

20000K	Worksheet A, column 7, line 116 must be greater than zero.[05/01/2010b]
20050K	Worksheet K, column 10 line 39 must be equal to Worksheet A, column 7, line 116. [05/01/2010b]
20100K	Worksheet K-5, Part I, sum of columns 0-3, 4-22, and 24, plus subscripts, line 34 must equal Worksheet B, Part I, column 26, line 116.[05/01/2010b]

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TABLE 6 - EDITS

Edit	Condition
20000M	Worksheet M-2, sum of column 2, lines 1-3, 5-7, and 9 should agree with Worksheet S-3, Part I, column 8, line 26, and subscripts as applicable. [05/01/2010b]
20050M	Total FTEs on Worksheet M-2, column 1, sum of lines 1-3 and 5-7 should be equal to or less than the FTEs on Worksheet S-3, Part I, column 10, line 26, and subscripts as applicable [05/01/2010b]

NOTE: CMS reserves the right to require additional edits to correct deficiencies that become evident after processing the data commences and, as needed, to meet user requirements.