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

RECORD NAME: Type 1 Records - Record Number 1 (*Cont.*)

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 ending on or after *(10/01/2014) 2014274.* Prior approvals *2014181,* 2013274, 2012275, 2012182, 2010121.

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

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

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

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 step down entries; and (3) other text appearing in various places throughout the cost report. The standard cost center labels/descriptions are listed below.

Worksheet A cost center labels 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 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS

Description	**Line(s)**	**Column(s)**	**Field Size**	**Usage**
WORKSHEET S-2, Part I (*Cont.*)				
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 and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? (Y/N)	22	1	1	X
Inpatient PPS Information				
Is this facility subject to 42 CFR §412.106(c)(2) (Pickle amendment hospital)? Enter in column 2 (Y/N).	22	2	1	X
Did this hospital receive interim uncompensated care payments for *this cost reporting period? Enter in column 1 (Y/N) for th*e portion of the cost reporting period occurring prior to October 1. *Enter in column 2 (Y/N) for the portion of the cost reporting period occurring on or after October 1.*	22.01	1 & 2	1	X
Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? Enter in column 1, (Y/N) for the portion of the cost reporting period prior to October 1 Enter in column 2, for the portion of the cost reporting period on or after October 1.	*22.02*	*1 & 2*	*1*	*X*
Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY 2015? Enter in column 1, (Y/N) for the portion prior to October 1. Enter in column 2 (Y/N) for the portion of the cost reporting period occurring on or after October 1.	*22.03*	*1 & 2*	*1*	*X*
Does this hospital contain 100 or fewer beds in accordance with 42 CFR 412.105? (Y/N) (see instructions)	*22.03*	*3*	*1*	*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 S-2, Part I (*Cont.*)				
Which method is used to determine Medicaid days on lines 24 and/or 25 of this worksheet? 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 for 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/N).	23	2	1	X
If line 22 is "Y", enter the in-state Medicaid paid days in col. 1.	24	1	9	9
If line 22 is "Y" enter the in-state Medicaid eligible unpaid days in col. 2.	24	2	9	9
If line 22 is "Y", enter out of state Medicaid paid days in col. 3.	24	3	9	9
If line 22 is "Y", enter out of state Medicaid eligible unpaid days in col. 4.	24	4	9	9
If line 22 is "Y", enter Medicaid HMO paid , and eligible but unpaid days in col.5	24	5	9	9
If line 22 is "Y", enter Other Medicaid days in col. 6.	24	6	9	9
If line 22 is "Y" and this provider is an IRF, enter the in-state Medicaid paid days in col. 1	25	1	9	9
If line 22 is "Y" and this provider is an IRF, enter the in-state Medicaid eligible unpaid days in col. 2.	25	2	9	9
If line 22 is "Y" and this provider is an IRF, enter out-of-state Medicaid paid days in col. 3.	25	3	9	9
If line 22 is "Y" and this provider is an IRF, enter out-of-state Medicaid eligible unpaid days in col. 4.	25	4	9	9
If line 22 is "Y" and this provider is an IRF, enter Medicaid HMO days in col. 5.	25	5	9	9
If line 22 is "Y" 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 or (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 or (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

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS

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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 (*Cont.*)				
If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	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 the number of periods MDH status in effect in the cost reporting period.	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
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/N).	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/N).	39	2	1	X
Is this hospital subject to the HAC program reduction adjustment? Enter (Y/N) in column 1, for discharges prior to October 1. Enter (Y/N) in column 2, for discharges on or after October 1.	*40*	*1 & 2*	*1*	*X*
Prospective Payment System (PPS) - Capital				
Does your facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320? (Y/N)	45	1-3	1	X
Is this facility eligible for the additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? (Y/N)	46	1-3	1	X
Is this a new hospital under 42 CFR §412.300 PPS capital? (Y/N)	47	1-3	1	X
Is the facility electing full federal capital payment? (Y/N)	48	1-3	1	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 S-2, Part I (*Cont.*)				

Teaching Hospital

Description	Line(s)	Column(s)	Field Size	Usage
Is this hospital involved in training residents in an approved GME program(s)? (Y/N)	56	1	1	X
If line 56 is "Y", is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter (Y/N) 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/N) in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheets D, Part III & IV and D-2, Part II, if applicable.	57	2	1	X
If line 56 is "Y", did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, §2148? *(Y/N). If "Y" complete Worksheet D-5.*	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 42 CFR §413.85? (Y/N) (see instructions)	60	1	1	X
Did the hospital receive FTE slots under § 5503 of the ACA? Enter (Y/N) in column 1.	61	1	1	X
If yes, complete columns 4 and 5. Enter the number of IME § 5503 slots awarded in column 4.	61	4	9	9(6).99
Enter the number of GME § 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, general surgery and primary care FTEs added as a result of § 5503 of ACA). (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 are used for determining compliance with the 75% test. (see instructions)	61.03	2 & 3	9	9(6).99
Enter the number of unweighted primary care and/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)	61.04	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 (*Cont.*)				
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 under §5503 awards 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
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
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. (see instructions)	62	1	9	9(6).99
Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during this cost reporting period of HRSA THC program (see instructions)	62.01	1	9	9(6).99
Teaching Hospitals that Claim Residents in Nonprovider Settings				
Has your facility trained residents in nonprovider settings during this cost reporting period? (Y/N) If yes, complete lines 64-67 (see instructions)	63	1	1	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 S-2, Part I (*Cont.*)				

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings

Description	Line(s)	Column(s)	Field Size	Usage
If line 63 is "Y", or your facility trained residents in the base year period, enter the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings.	64	1	9	9(6).99
If line 63 is "Y", or your facility trained residents in the base year period, enter the number of unweighted non-primary care resident FTEs that trained in your 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 FTEs attributable to rotations occurring in all nonprovider settings in column 3. (see instructions)	65	3	9	9(6).99
Enter the unweighted primary care FTEs that trained in your hospital in column 4.	65	4	9	9(6).99

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings

Description	Line(s)	Column(s)	Field Size	Usage
If line 63 is "Y", enter the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings in the current year.	66	1	9	9(6).99
If line 63 is "Y", enter the number of unweighted non-primary care resident FTEs that trained in your hospital in the current year.	66	2	9	9(6).99
Enter Program name in column 1. (subscript line 67 as necessary) (see instructions)	67	1	36	X
Enter Program code in column 2.	67	2	10	X
Enter the unweighted primary care FTEs attributable to rotations occurring in all nonprovider settings in column 3.	67	3	9	9(6).99
Enter the unweighted primary care FTEs that trained in the hospital in column 4.	67	4	9	9(6).99

Inpatient Psychiatric Facility PPS

Description	Line(s)	Column(s)	Field Size	Usage
Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? (Y/N)	70	1	1	X
If line 70 column 1 is "Y", did 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

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 (*Cont.*)

Description	Line(s)	Column(s)	Field Size	Usage
Did the facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? (Y/N)	71	2	1	X
If column 2 is "Y", enter 1, 2, or 3 in column 3. If the current cost reporting period covers the beginning of the fourth year*,* enter 4 in column 3, or in the *fifth* or subsequent academic year of the new teaching program in existence, enter 5. *For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)*	71	3	1	9

Inpatient Rehabilitation Facility PPS

Description	Line(s)	Column(s)	Field Size	Usage
Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? (Y/N)	75	1	1	X
If line 75, column 1 is "Y", did the facility have a teaching program in the most recent cost report filed on or before November 14, 2004? (Y/N)	76	1	1	X
Did this facility train residents in a new teaching program in accordance with 42 CFR §412.242(d)(1)(iii)(D)? (Y/N)	76	2	1	X
If column 2 is "Y", enter 1, 2, or 3 in column 3. If the current cost reporting period covers the beginning of the fourth year*,* enter 4 in column 3, or if the *fifth* or subsequent academic year of the new teaching program in existence, enter 5. *For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)*	76	3	1	9

Long Term Care Hospital PPS

Description	Line(s)	Column(s)	Field Size	Usage
Is this a Long Term Care Hospital (LTCH)? (Y/N)	80	1	1	X
Is this a LTCH co-located within another hospital for part or all of the cost reporting period? (Y/N)	*81*	*1*	*1*	*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 S-2, Part I (*Cont.*)				
TEFRA Providers				
Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? (Y/N)	85	1	1	X
Title V and Title XIX Inpatient Services				
Does this facility have *t*itle V and*/or* XIX inpatient hospital services?	*90*	*1 & 2*	*1*	*X*
Is this hospital reimbursed for *t*itle V and*/or* XIX through the cost report either in full or in part (Y/N)	91	1 *&* 2	1	X
Are *t*itle XIX NF patients occupying *t*itle XVIII SNF beds (dual certification)? (Y/N) (see instructions)	92	2	1	X
Does this facility operate an ICF/MR facility for purposes of *t*itle V and XIX (Y/N)	93	1 *&* 2	1	X
Does *t*itle V and/or *t*itle 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 *t*itle V and/or *t*itle XIX reduce operating cost? (Y/N)	96	1 *&* 2	1	X
If line 96 is "Y", enter the reduction percentage?	97	1 *&* 2	9	9.9(4)
Rural Providers				
Does this facility qualify as a critical access hospital (CAH)? (Y/N)	105	1	1	X
If this facility qualifies as a 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
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 an 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
Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? (Y/N)	*110*	*1*	*1*	*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 S-2, Part I (*Cont.*)				
<u>Miscellaneous Cost Reporting Information</u>				
Is this an all-inclusive provider? (Y/N)	115	1	1	X
If col. 1 is "Y", 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 hospital providers) based on the definition in CMS *Pub.* 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 insurance 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: Question 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 provision found in §3121 of the ACA? (Y/N)	120	1	1	X
Is this a rural hospital with $\leq$ 100 beds which qualifies for the outpatient hold harmless provision in §3121 of the ACA? (Y/N)	120	2	1	X
Did this facility incur and report costs for high cost implantable devices charged to patients? (Y/N)	121	1	1	X
<u>Transplant Center Information</u>				
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

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 (*Cont.*)				
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)
*E*nter 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
Does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6. (Y/N) (see instructions)	*171*	*1*	*1*	*X*

WORKSHEET S-2, Part II

COMPLETED BY ALL HOSPITALS, PROVIDERS AND OPERATIONS

For all column 1 responses, enter in column 1 (Y/N).
For all date responses, the format is (mm/dd/yyyy)

Provider Organization and Operation

Description	Line(s)	Column(s)	Field Size	Usage
Has the provider changed ownership? (Y/N) (see instructions)	1	1	1	X
If column 1 is yes, enter in column 2, the date of the 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 company) 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

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 II (*Cont.*)				
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 data 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 instructions)	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 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 current cost reporting period (Y/N)	10	1	1	X
Are GME costs directly assigned to costs 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 a copy to your contractor.	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

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 (*Cont.*)				
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:				
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 to total SNF revenue for each of the following categories:				
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 reflected in each of the following 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
Total SNF revenue from inpatient care	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

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-8 (*Cont.*)				
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? (Y/N)	15	1	1	X
Number of program visits performed by Interns & Residents	15	2, 3, 4	11	9
Total number of visits performed by Interns & Residents (seeinstructions)	15	5	11	9

WORKSHEET S-9

Description	Line(s)	Column(s)	Field Size	Usage
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	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

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				
For the hospital and subprovider(s):				
DRG amounts – other than outlier payments	1	1 & 1.01	11	9
DRG amounts other than outlier payments for discharges *occurring prior to October 1 (see instructions)*	1.01	1 & 1.01	11	9
DRG amounts other than outlier payments for discharges occurring on or after *October 1 (see instructions)*	1.02	1 & 1.01	11	9
DRG for federal specific operating payment for Model 4 BPCI *for discharges occurring prior to October 1* (see instructions)	1.03	1 & 1.01	11	9
DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	*1.04*	*1 & 1.01*	*11*	*9*
Outlier payments for discharges	2	1 & 1.01	11	9
Outlier reconciliation amount	2.01	1	11	9
Outlier payment for discharges for Model 4 BPCI (see instructions)	2.02	1 & 1.01	11	9
Managed Care Simulated Payments	3	1 & 1.01	11	9
Bed days available divided by number of days in cost reporting period (see instructions)	4	1	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 E, PART A *(Cont.)*				
Indirect Medical Education Adjustment *Calculation for Hospitals*				
FTE count for allopathic and osteopathic programs 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 programs 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 from a closed teaching hospital under §5506 of the ACA. (see instructions)	8.02	1	9	9(6).99
FTE count for allopathic and osteopathic programs in the current year	10	1	9	9(6).99
FTE count for residents in dental and podiatric programs in the current year.	11	1	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 E, PART A (*Cont.*)				
Current year allowable FTEs (see instructions)	12	1	9	9(6).99
Total allowable FTE count for prior year	13	1	9	9(6).99
Total allowable FTE 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 the initial years of the program	16	1	9	9(6).99
Adjustment for residents displaced by program or hospital closure	17	1	9	9(6).99
Adjusted rolling average FTE count	18	1	9	9(6).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 payment adjustment amount (see instructions)	22	1 & 1.01	11	9
IME payment adjustment - Managed Care (see instructions)	*22.01*	*1 & 1.01*	*11*	*9*
Indirect Medical Education Adjustment for Add-on for Section 422 of the MMA				
Number of additional allopathic and osteopathic IME FTE resident cap slots	23	1	9	9(6).99
Indirect medical education adjustment:				
IME payments adjustment factor (see instructions)	27	1	8	9.9(6)
IME add-on adjustment amount (see instructions)	28	1 & 1.01	11	9
IME add-on adjustment amount - Managed Care (see instructions)	*28.01*	*1 & 1.01*	*11*	*9*
Total IME payment (sum of lines 22 and 28)	29	1 & 1.01	11	9
Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	*29.01*	*1 & 1.01*	*11*	*9*
DSH adjustment:				
Percentage of SSI recipient patient days to Medicare Part A patient days	30	1	6	9.9(4)
Percentage of Medicaid patient days to total days	31	1	6	9.9(4)
Enter the sum of lines 30 and 31	32	1	6	9.9(4)
Allowable DSH percentage (see instructions)	33	1 & 1.01	6	9.9(4)
DSH adjustment amount	34	1 & 1.01	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 (*Cont.*)				
Uncompensated Care Adjustment				
Total uncompensated care amount (see instructions)	35	1 & 2	11	9
Factor 3 (see instructions)	35.01	1 & 2	11	9.9(9)
Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	35.02	1 & 2	11	9
Pro rata share of the hospital uncompensated care payment amount (see instructions)	35.03	1 & 2	11	9
Additional *P*ayment for *H*igh *P*ercentage of ESRD *B*eneficiary *D*ischarges *(lines 40 through 46):*				
Total Medicare discharges excluding discharges for MS-DRGs 652, 682, 683, 684 and 685	40	1	11	9
Total Medicare ESRD discharges excluding MS-DRGs 652, 682, 683, 684 and 685	41	1 & 1.01	11	9
Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684, and 685 (see instructions)	41.01	1 & 1.01	11	9
ESRD Medicare discharges to total Medicare Discharges	42	1	9	9(6).99
Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685	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 physicians' services in a teaching hospital (see instructions)	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 (see instructions)	65	1	11	-9
Allowable bad debts for dual eligible beneficiaries (see instructions)	66	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 (*Cont.*)				
Credits received from manufacturers for replaced devices *for* applicable MS-DRGs (see instructions)	68	1	11	9
Outlier payments reconciliation	69	1	11	-9
Other adjustments (specify) (see instructions)	70	0	36	X
Other adjustments (specify) (see instructions)	70	1	11	-9
Pioneer ACO demonstration payment adjustment amount (see instructions)	*70.89*	*1*	*11*	*-9*
HSP bonus payment HVBP adjustment amount (see instructions)	*70.90*	*1*	*11*	*-9*
HSP bonus payment HRR adjustment amount (see instructions)	*70.91*	*1*	*11*	*-9*
Bundled Model 1 discount amount (see instructions)	70.92	1	11	-9
HVBP payment adjustment (see instructions)	70.93	1	11	-9
HRR adjustment *amount* (see *i*nstructions*)*	70.94	1	11	-9
Recovery of excess depreciation	70.95	1	11	9
Low volume adjustment for federal fiscal year (yyyy)	70.96	0	4	X
Low volume adjustment amount	70.96	1	11	9
Low volume adjustment for federal fiscal year (yyyy)	70.97	0	4	X
Low volume adjustment amount	70.97	1	11	9
HAC adjustment amount (see instructions)	*70.99*	*1*	*11*	*-9*
Sequestration adjustment amount (see instructions)	71.01	1	11	9
Protested amount	75	1	11	-9
To be Completed by *Contractor (lines 90 through 96)*:				
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
HSP Bonus Payment Amount				
HSP bonus amount (see instructions)	*100*	*1 & 2*	*11*	*-9*
HVBP Adjustment for HSP Bonus Payment				
HVBP adjustment factor (see instructions)	*101*	*1 & 2*	*11*	*9(1).9(10)*
HVBP adjustment amount for HSP bonus payment (see instructions)	*102*	*1 & 2*	*11*	*-9*
HRR Adjustment for HSP Bonus Payment				
HRR adjustment factor (see instructions)	*103*	*1 & 2*	*11*	*9(1).9(4)*
HRR adjustment amount for HSP bonus payment (see instructions)	*104*	*1 & 2*	*11*	*-9*

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

Column 1 can be subscripted for the following items: Transitional Corridor, Geographic Reclassification and SCH/MDH elections. See §4030 for the applicable lines.

Description	Line(s)	Column(s)	Field Size	Usage
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 (see instructions)	22	1	11	9
Cost of physicians' services in a teaching hospital (see instructions)	23	1	11	9
Deductibles and coinsurance (see instructions)	25	1	11	9
Deductible and coinsurance related to amount on line 24 (see instructions)	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 (specify) (see instructions)	39	0	36	X
Other adjustments (specify) (see instructions)	39	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*39.50*	*1*	*11*	*-9*
Partial or full credits received from manufacturers for replaced devices (see instructions)	39.98	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

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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 B (*Cont.*)

To be *C*ompleted by *C*ontractor

Description	Line(s)	Column(s)	Field Size	Usage
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, Part 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, §4030 for applicable lines*.*

WORKSHEET E-1, PART I

For each hospital, each subprovider, SNF and
   swing-bed SNF – Title XVIII only:

Description	Line(s)	Column(s)	Field Size	Usage
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

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 (*Cont.*)				
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 (mm/dd/yyyy)	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 (mm/dd/yyyy)	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 name of the Contractor	8	0	36	X
Enter Contractor's number	8	1	5	X
Enter the date of the NPR	8	2	10	X

WORKSHEET E-1, PART II

Description	Line (s)	Column (s)	Field Size	Usage
Health Information Technology Data Collection and Calculation				
Total hospital discharges as defined in *ARRA* §4102 (*Wkst.* S-3, Pt. I, col. 15, line 14)	1	1	11	9
Medicare days (*Wkst.* S-3, Pt. I, col. 6, sum of lines 1, 8-12)	2	1	11	9
Medicare HMO days (*Wkst.* S-3, *Pt.* I, *col.* 6, line 2)	3	1	11	9
Total inpatient days (*Wkst.* S-3, *Pt.* I, *col.* 8, sum of lines 1, 8-12)	4	1	11	9
Total hospital charges (*Wkst.* C, *Pt.* I, *col.* 8, line 200)	5	1	11	9
Total hospital charity care charges (*Wkst.* S-10, *col.* 3, line 20)	6	1	11	9
CAH only- *T*he reasonable cost incurred for the purchase of certified HIT technology, *Wkst.* S-2, *Pt.* I, line 168)	7	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-1, PART II (*Cont.*)				
Calculation of 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 instructions)	10	1	11	9
Inpatient Hospital Services Under PPS & CAH				
*Initial/*interim *HIT payment(s)*	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*s* 30 and 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 (specify) (see instructions)	16	0	36	X
Other adjustments (specify) (see instructions)	16	1 & 2	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*16.50*	*1 & 2*	*11*	*-9*
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 (see instructions)	18	1 & 2	11	9
Sequestration adjustment (see instructions)	19.01	1 & 2	11	9
Interim payments (*t*itle V and *t*itle XIX only)	20	1 & 2	11	9
Protested amounts	23	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-3, PART I				
Inpatient hospital services	1	1	11	9
Primary payer payment	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 (specify) (see instructions)	17	0	36	X
Other adjustment (specify) (see instructions)	17	1	11	*-9*
Pioneer ACO demonstration payment adjustment (see instructions)	*17.50*	*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 the most recent cost report filed on or before November 15, 2004	4	1	9	9(6).99
The temporary FTE cap adjustment for the IPF unweighted residents displaced by program or hospital closure under 42 CFR §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	9	9(6).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	9	9(6).99
Current years unweighted I&R FTE count for residents within the new program growth period of a "new teaching program."	7	1	9	9(6).99
Intern and resident count for IPF PPS medical education adjustment (see instructions)	8	1	9	9(6).99
Teaching adjustment (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 E-3, PART II				
Nursing and allied health managed care payments	13	1	11	9
Primary payer amounts	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	11	9
Other adjustment (specify) (see instructions)	30	0	36	X
Other adjustment (specify) (see instructions)	30	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*30.50*	*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
Protested amounts	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 adjustment 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 III

Description	Line (s)	Column (s)	Field Size	Usage
Net Federal PPS Payment	1	1 & 1.01	11	9
Medicare SSI ratio (IRF PPS only) (see instructions)	2	1	9	9.9(4)
IRF LIP Payments	3	1 & 1.01	11	9
IRF Outlier Payments	4	1	11	9
Unweighted I&R FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5	1	9	9(6).99
The temporary FTE cap adjustment for the IRF unweighted residents displaced by program or hospital closure under 42 CFR §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	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 E-3, PART III (Cont.)				
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	9	9(6).99
Current year unweighted I&R FTE count for residents within the new program growth period of a "new teaching program"	8	1	9	9(6).99
Intern and resident count for IRF PPS medical education adjustment (see instructions)	9	1	9	9(6).99
Teaching adjustment (see instructions)	12	1 & 1.01	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 the 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 (specify) (see instructions)	31	0	36	X
Other adjustments (specify) (see instructions)	31	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*31.50*	*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 *C*ompleted by *C*ontractor:				
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
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 (see instructions)	16	1	11	9
Outlier payments reconciliation	20	1	11	9
Other adjustment (specify) (see instructions)	21	0	36	X
Other adjustment (specify) (see instructions)	21	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*21.50*	*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
Routine service charges	7	1	11	9
Ancillary service charges	8	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 V (Cont.)				
Aggregate amount actually collected from patients liable for payment for services on a charge basis	11	1	11	9
Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	12	1	11	9
Deductibles, excluding any billed for the professional component of provider based physicians' services	20	1	11	9
Coinsurance, excluding any billed for the 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 (specify) (see instructions)	29	0	36	X
Other adjustments (specify) (see instructions)	29	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*29.50*	*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
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
Deductibles (exclude professional components)	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 payor amounts	13	1	11	9
Other adjustment (specify) (see instructions)	14	0	36	X
Other adjustment (specify) (see instructions)	14	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 (*Cont.*)				
Pioneer ACO demonstration payment adjustment (see instructions)	*14.50*	*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
Amount actually collected from patients liable for payment for services	13	1 & 2	11	9
Amount that would have ben realized from patient liable for payment for services	14	1 & 2	11	9
Interns and residents costs	19	1 & 2	11	9
Cost of physicians' services in a teaching hospital (see instructions)	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 components)	32	1 & 2	11	9
Coinsurance, excluding any billed for the 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) (see instructions)	37	0	36	X
Other adjustment (specify) (see instructions)	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 G-2 (*Cont.*)				
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				
Other (specify)	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
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 Worksheets H through H-1, Part II*,* and line 19.50 for Worksheet H-2 *are* to be used exclusively for telemedicine, if applicable.

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-1, PARTS I & II				
Part 1				
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

Description	Line (s)	Column (s)	Field Size	Usage
Part I				
Post step down 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	1-23	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 H-3, PART I

Description	Line (s)	Column (s)	Field Size	Usage
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 *medical supplies and drugs*	15-16	4	11	9
Program charges for medical supplies	*15*	*6-8*	*11*	*9*
Charges for *drugs*	16	7-8	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-3, PART II				
Part II				
Total HHA charges	1-5	2	11	9
Total HHA shared ancillary costs	1-5	3	11	9
WORKSHEET H-4, PART I & II				
Part I				
Total charges for *t*itle 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 amounts	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) (see instructions)	30	0	36	X
Other adjustments (specify) (see instructions)	30	1 & 2	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*30.50*	*1 & 2*	*11*	*-9*
Sequestration adjustments (see instructions)	31.01	1 & 2	11	9
Interim payments (*t*itles 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

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-5 (*Cont.*)				
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 the NPR	8	2	10	X
WORKSHEET I-1				
Total costs by department	1-8, 10-16, 18-26, 28-30	1	11	9
Total cost	31	1	11	9
Statistic	1-6	3	11	9(8).99
FTEs per 2080 hours	1-6	4	11	9(8).99
Charges	28-30	3	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

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-3				
To be completed separately for *t*itles V, XVIII, and XIX (data items apply to *t*itles 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
Allowable bad debts for dual eligible beneficiaries (see instructions)	23	1	11	-9
Other adjustments (specify) (see instructions)	25	0	36	X
Other adjustments (specify) (see instructions)	25	1	11	-9
Pioneer ACO demonstration payment adjustment (see instructions)	*25.50*	*1*	*11*	*-9*
Sequestration adjustment (see instructions)	26.01	1	11	9
Interim payments (*t*itle V and *t*itle XIX only)	27	1	11	9
Protested amounts	30	1	11	-9
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:				

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 (*Cont.*)				
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 the NPR (mm/dd/yyyy)	8	2	10	X
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				
Cost allocation	7-38	7	11	9
Total	39	1-6	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.

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-1, PART II				
Computation of program inpatient routine service capital cost for extraordinary circumstances Swing bed adjustment	30, 40-42	2	11	9
WORKSHEET M-1				
Hospital-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 instructions)	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.)

Description	Line (s)	Column (s)	Field Size	Usage
WORKSHEET M-3				
Adjusted cost per visit	7	1	6	9(3).99
Maximum rate per visit (from contractor records)	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 contractor records)	10	1 & 2	11	9
Program covered visits for mental health services (from contractor records)	12	1 & 2	11	9
Total Program cost (sum of lines 11, 14, and 15, columns 1, 2, and 3)	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 M-3 (Cont.)				
Total Program charges (from contractor records) (see instructions)	16.01	1 & 2	11	9
Total Program preventive charges (from provider's records) (see instructions)	16.02	1 & 2	11	9
Total Program cost (see instructions)	16.05	1 & 2	11	9
Primary payer payments	17	2	11	9
Beneficiary deductible for RHC only (from contractor records)	18	2	11	9
Beneficiary coinsurance for RHC/FQHC (from contractor records)	19	2	11	9
Allowable bad debts	23	2	11	-9
Adjusted reimbursable bad debts (see instructions)	23.01	2	11	-9
Reimbursable bad debt 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
Pioneer ACO demonstration payment adjustment (see instructions)	*25.50*	*2*	*11*	*-9*
Sequestration adjustment (see instructions)	26.01	2	11	9
Interim payments (*t*itle V and *t*itle XIX only)	27	2	11	9
Protested amounts	30	2	11	9
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

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
TABLE 3C - LINES WHICH CANNOT BE SUBSCRIPTED (BEYOND THOSE PREPRINTED)

Worksheet S, Part I: ALL
Worksheet S, Part III: lines 1-3, 5-8, 200
Worksheet S-2, Part I: lines 1-5, 7-10, 12, 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, Part II: ALL, except for line 43
Worksheet S-3, Part III - IV: ALL
Worksheet S-3, Part IV: ALL, except line 25
Worksheet S-3, Part 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: ALL, except line 206
Worksheet S-8: lines 1-8, 10, 12-13, 15
Worksheet S-9, Part I and II: ALL
Worksheet S-10: ALL
Worksheet A: lines 3, 30, 43-44, 46, 74, 94, 95-97, 100, 105-111, 113-115, 118, and 200
Worksheet A-6: ALL
Worksheet A-7, Part I: ALL
Worksheet A-7, Part 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
Worksheets A-8-2, A-8-3: ALL
Worksheet B, Part I and II: SAME AS WORKSHEET A
Worksheet B-1: SAME AS WORKSHEET A
Worksheet B-2: ALL
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: ALL
Worksheet D-1, Part II: ALL, except lines 43-47
Worksheet D-1, Part III & IV: ALL
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, Part III and IV: ALL
Worksheet D-5, Part I and II: ALL, except line 17

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
TABLE 3C - LINES WHICH CANNOT BE SUBSCRIPTED (BEYOND THOSE PREPRINTED)

Worksheet E, Part A*: ALL,* except lines 70
Worksheet E, Part B*: ALL, except line 39*
Worksheet E-1, Part I*:* lines 1, 2, 4, 6 and 8
Worksheet E-1, Part II*: ALL*
Worksheet E-2*: ALL,* except line 16
Worksheet E-3, Part I*: ALL,* except line 17
Worksheet E-3, Part II*: ALL, except line 30*
Worksheet E-3, Part III*: ALL, except line 31*
Worksheet E-3, Part IV*: ALL, except line 21*
Worksheet E-3, Part V: *ALL,* except line 29
Worksheet E-3, Part VI: *ALL,* except line 14
Worksheet E-3, Part VII: *ALL,* except line 30
Worksheet E-4*:* lines 1-2, 6, 8, 11-18, 20, 21, 23
Worksheet G*: ALL*
Worksheet G-1*:* line*s* 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*s* 27, 34, 40 and 41
Worksheet G-3*:* lines 1-5, 6-23, 25, 26, 28 and 29
Worksheet H (except line 23)*: ALL*
Worksheet H-1, Part I and II*: ALL,* except line 23
Worksheet H-2, Part I and II*: ALL,* except line 23
Worksheet H-3, Part I and II*: ALL,* except line*s* 8-13
Worksheet H-4, Part I*: ALL*
Worksheet H-4, Part II: *ALL,* except line 30
Worksheet H-5, Part I and II*: ALL*
Worksheet H-6*:* lines 4, 6 and 8
Worksheet I-1*: ALL,* except line 30
Worksheets I-2, I-3, I-4, I-5*: ALL*
Worksheet J-1, Part I and II*: ALL*
Worksheet J-2, Part I*: ALL*
Worksheet J-3*: ALL,* except line 25
Worksheet J-4*:* lines 1-2, 4*,* and 6-8
Worksheets K, K-1, K-2, K-3*: ALL*
Worksheet K-4, Part I*: ALL*
Worksheet K-4, Part II*: ALL*
Worksheet K-5, Part I*: ALL*
Worksheet K-5, Part II*: ALL*
Worksheet K-6*: ALL*
Worksheet L*: ALL*
Worksheet L-1, Part I: SAME AS WORKSHEETS A & B
Worksheet L-1, Part II: lines 30, 40, 41, 43, 200
Worksheets M-1, M-2*: ALL*
Worksheet M-3: *ALL,* except line 25
Worksheet M-4*: ALL*
Worksheet M-5*:* lines 1-2, 4 and 6-8

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

o   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.
o   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 40-807 and 40-810.   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.

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
associates 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 descriptions for general
service cost center lines, ancillary descriptions for ancillary cost center lines, etc.

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

Additional Hospital-Based Components

The Form CMS-2552-10 provides a preprinted label for one *outpatient rehabilitation provider on line 99; h*owever, this designation *must* be changed to coincide with the specific provider *type. Line 99 requires specific cost center code usage depending on the outpatient rehabilitation provider designation (see Table 5). When the hospital needs to report more than one outpatient rehabilitiation provider, line 99* must be subscripted *in accordance with Table 4*.

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 associates 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 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

GENERAL SERVICE COST CENTERS	CODE	USE	ANCILLARY SERVICE COST CENTERS	CODE	USE
Cap Rel Costs - Bldg & Fixt	00100	(50)	Operating Room	05000	(30)
Cap Rel Costs - Mvble Equip	00200	(50)	Recovery Room	05100	(30)
Other Cap Related Cost	00300	(01)	Delivery Room & Labor Room	05200	(30)
Employee Benefits Department	00400	(20)	Anesthesiology	05300	(30)
Administrative & General	00500	*(01)*	Radiology - Diagnostic	05400	(30)
Maintenance & Repairs	00600	(20)	Radiology - Therapeutic	05500	(30)
Operation of Plant	00700	(20)	Radioisotope	05600	(30)
Laundry & Linen Service	00800	(20)	CT Scan	05700	(30)
Housekeeping	00900	(20)	MRI	05800	(30)
Dietary	01000	(20)	Cardiac Catheterization	05900	(30)
Cafeteria	01100	(20)	Laboratory	06000	(30)
Maintenance of Personnel	01200	(20)	PBP Clinical Lab. Service - Prgrm. Only	06100	(01)
Nursing Administration	01300	(20)			
Central Services & Supply	01400	(20)	Whole Blood & Packed Red Blood Cells	06200	(30)
Pharmacy	01500	(20)			
Medical Records & Library	01600	(20)	Blood Storing, Processing & Trans.	06300	(30)
Social Services	01700	(20)			
Non-physician Anesthetists	01900	(20)	Intravenous Therapy	06400	(30)
Nursing School	02000	(20)	Respiratory Therapy	06500	(30)
I&R Services - Salary & Fringes Apprvd	02100	(20)	Physical Therapy	06600	(30)
			Occupational Therapy	06700	(30)
I&R Services-Other Prgm. Costs *Apprv*	02200	(20)	Speech Pathology	06800	(30)
			Electrocardiology	06900	(30)
			Electroencephalography	07000	(30)
INPATIENT ROUTINE SERVICE COST CENTERS			Medical Supplies Charged to Patients	07100	(30)
Adults & Pediatrics	03000	(01)	Imp. Dev. Charged to Patients	07200	(30)
Intensive Care	03100	(20)	Drugs Charged to Patients	07300	(30)
Coronary Care Unit	03200	(20)	Renal Dialysis	07400	(01)
Burn Intensive Care	03300	(20)	ASC (Non-Distinct Part)	07500	(30)
Surgical Intensive Care	03400	(20)	*Outpatient Rehabilitation Providers:*		
Subprovider - IPF	04000	*(01)*			
Subprovider - IRF	04100	*(01)*	*CMHC*	*09900*	*(10)*
Subprovider (specify)	04200	(01)	*CORF*	*09910*	*(10)*
Nursery	04300	(01)	*OPT*	*09920*	*(10)*
Skilled Nursing Facility	04400	(01)	*OOT*	*09930*	*(10)*
Nursing Facility	04500	(01)	*OSP*	*09940*	*(10)*
Other Long Term Care	04600	(01)			

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

	CODE	USE		CODE	USE
OUTPATIENT SERVICE COST CENTERS			**NONREIMBURSABLE COST CENTERS**		
Rural Health Clinic (RHC)	08800	(25)	Gift, Flower, Coffee Shop & Canteen	19000	(20)
Federally Qualified Health Center (FQHC)	08900	(25)	Research	19100	(20)
Clinic	09000	(99)	Physicians' Private Offices	19200	(20)
Emergency	09100	(20)	Nonpaid Workers	19300	(20)
Observation Beds (Non-Distinct Part)	09200	(01)			
OTHER REIMBURSABLE COST CENTERS					
Home Program Dialysis	09400	(01)			
Ambulance Services	09500	(01)			
Durable Medical Equipment – Rented	09600	(20)			
Durable Medical Equipment – 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 (Distinct Part)	11500	(20)			
Hospice	11600	(05)			

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

	CODE	USE		CODE	USE
GENERAL SERVICE COST CENTERS			**ANCILLARY SERVICE COST CENTERS (Cont.)**		
Nonpatient Telephones	00540	*(01)*	Chemistry	03180	*(01)*
Data Processing	00550	*(01)*	Chemotherapy	03190	*(01)*
Purchasing, Receiving and Stores	00560	*(01)*	Circumcision	03220	*(01)*
			Cytology	03240	*(01)*
Admitting	00570	*(01)*	Dental Services	03250	*(01)*
Cashiering/Accounts Receivable	00580	*(01)*	Echocardiography	03260	*(01)*
			EKG and EEG	03280	*(01)*
Other Administrative and General *(specify)*	00590	(10)	Electromyography	03290	*(01)*
			Electroshock Therapy	03320	*(01)*
Inservice Education	01080	*(01)*	Endoscopy	03330	*(01)*
Management Services	01140	*(01)*	Gastro Intestinal Services	03340	*(01)*
Communications	01160	*(01)*	Hematology	03350	*(01)*
Other General Service Cost Center *(specify)*	01850	(50)	Histology	03360	*(01)*
			Holter Monitor	03370	*(01)*
Paramedical Education Program (specify)	02300	*(50)*	Immunology	03380	*(01)*
			Laboratory – Clinical	03390	*(01)*
			Laboratory – Pathological	03420	*(01)*
INPATIENT ROUTINE SERVICE COST CENTERS			Mammography	03440	*(01)*
			Nuclear Medicine - Diagnostic	03450	*(01)*
Detoxification Intensive Care	02040	*(01)*	Nuclear Medicine – Therapeutic	03470	*(01)*
Neonatal Intensive Care Unit	02060	*(01)*			
Pediatric Intensive Care Unit	02080	*(01)*	Oncology	03480	*(01)*
Premature Intensive Care	02120	*(01)*	Ophthalmology	03520	*(01)*
Psychiatric Intensive Care	02140	*(01)*	Osteopathic Therapy	03530	*(01)*
Trauma Intensive Care Unit	02180	*(01)*	Prosthetic Devices	03540	*(01)*
ICF/MR	04510	(01)	Psychiatric/Psychological Services	03550	*(01)*
Other Special Care (specify)	02400	(50)			
			Pulmonary Function Testing	03560	*(01)*
ANCILLARY SERVICE COST CENTERS			Recreational Therapy	03580	*(01)*
			Sleep Lab	*03610*	*(01)*
			Stress Test	03620	*(01)*
Acupuncture	*03020*	*(01)*	Ultra Sound	03630	*(01)*
Angiocardiography	03030	*(01)*	Urology	03640	*(01)*
Audiology	03040	*(01)*	Vascular Lab	03650	*(01)*
Bacteriology & Microbiology	03050	*(01)*	Other Ancillary Service Cost Centers *(specify)*	03950	(*50*)
Biopsy	03060	*(01)*			
Birthing Center	03070	*(01)*	Blood Clotting Factors for Hemophilia	06250	*(01)*
Cardiology	03140	*(01)*			
Cardiopulmonary	03160	*(01)*	Cardiac Rehabilitation	07697	*(01)*

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

	CODE	USE		CODE	USE
ANCILLARY SERVICE COST CENTERS (Cont.)			**NONREIMBURSABLE COST CENTERS**		
Hyperbaric Oxygen Therapy	07698	*(01)*	Other Nonreimbursable Cost	07950	(50)
Lithotripsy	07699	*(01)*	Centers *(specify)*		
OUTPATIENT SERVICE COST CENTERS					
Family Practice	04040	*(01)*			
Telemedicine	04050	*(01)*			
Other Outpatient Service Cost Center *(specify)*	04950	(50)			
Observation Beds (Distinct Part)	09201	(10)			
OTHER REIMBURSABLE COST CENTERS					
Other Reimbursable Cost Centers *(specify)*	*09850*	(50)			
Support Surfaces – Rented	06630	(05)			
Support Surfaces – Sold	06730	(05)			
SPECIAL PURPOSE COST CENTERS					
Other Special Purpose Cost Centers *(specify)*	06950	(50)			
Other Organ Acquisition (specify)	08600	(20)			

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, Parts 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   Numeric fields (except unit cost multipliers) cannot exceed 11 positions. Unit cost multipliers
           cannot exceed 13 positions. [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 *street* address, city, state, and *ZIP* code (Worksheet S-2, Part I, line 1*, column 1,*
           and line 2, columns 1, 2, and 3) must be present and valid. [05/01/2010b]

10025S   The provider's CBSA (Worksheet S-2, Part I, column 3, lines 3-19) must be a 5 position
           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 *through* 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]

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

Edit   Condition

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]

10250S   The hospital name, CCN number, CBSA, provider type, certification date, and *t*itle 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 (CCN 2000-2299), an IRF (CCN 3025-3099),
          or a Psychiatric (CCN 4000-4499), or if the third digit of the CCN 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 CCN (column 2), the CBSA (column 3), provider type (column 4), the certification date
          (column 5), and the payment system for either *t*itles 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 2-8 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, *81*, 85-86, 105, 108, *110*, 115, 116,
          117, 121, 125, 140, 144-149, 165, and *1*67.
          Columns 1 and 2: *lines* 20, *39, 40,* 90, 93-94, 96, 120.
          Column 2 only: *lines* 45-47, 92.

          If lines 3-5, 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.

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

Edit   Condition

10450S   If CAH (line 105="Y") AND line 56="Y", then line 107, columns 1 and 2, and line 58,
(Cont)   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="N"), and the cost reporting period equals 365 or 366 days,* 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="N"*), 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 4 and/or 5, must be present
          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, *c*olumn x, must be present.
          If line 91, column 1 or 2="Y" (*t*itle V or XIX), then lines 45 and 46, same respective columns 1
          or 3 (*t*itle 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, *a*ll columns except
          PO Box, must be present (i.e. *h*ome *o*ffice info).
          If line 165="Y", then line 166, columns 0-5, must be present.
          If line 167="Y", then line 171 must be "Y" or "N". [10/01/2014]

          Note has been eliminated

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

Edit   **Condition**

10500S   If this is an IPF or IPF subprovider (S-2, Part I, line 3 or 4, 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) and line 71,
           column 1, is "Y", and column 2, is "Y", 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 this is an IRF or IRF subprovider (S-2, Part I, line 3 or 5, 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) and line 76,
           column 1, is "Y", and column 2, is "Y", 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 "Y", and column 1, line 105, is also
           "Y", 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, 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]

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 6, 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 13, and 32, column 7.
           [06/30/2012]

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

Edit   **Condition**

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

(**) EXCEPTION - Organ procurement organizations (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 a 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 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]

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 *t*itle XIX inpatient services (Worksheet S-2, Part I, line 90, column 2, is 'Y'), then *t*itle XIX hospital days (Worksheet S-3, Part I, column 7, line 2 plus line 14) and *t*itle XIX hospital discharges (Worksheet S-3, Part I, column 14, line 2 plus 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]

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

Edit   **Condition**

12450S   If the hospital is subject to IPPS and has a CCN of XX-0001 through XX-0879 and Worksheet S-2, Part I, line 3, column 7="P", then 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, for the hospital, or line 5, for the subprovider, must be "P". If column 1, line 75, is "N", then column 2, line 3, for the hospital, cannot be in the range of 3025-3099, and line 5 must be blank. [05/01/2010b]

12600S   If *this* is a LTCH (Worksheet S-2, Part I, line 3, column 2, is in the range of 2000-2299), 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 provider's 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 provider's 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]]

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

Edit   **Condition**

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 *t*itle 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 *t*itle XVIII. [06/30/2012]

12920S   If Worksheet S-10, line 3, is "Y" and line 4 is "N", then line 5 should not be zero. [10/01/2014]

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

Edit   **Condition**

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]

10755A   If Worksheet A-8-3, line 33, is greater than zero, then line 33 must equal line 28; if line 34 is greater than zero, then line 34 must equal the sum of lines 27 and 31; or, if line 35 is greater than zero, then line 35 must equal the sum of lines 31 and 32. [05/01/2010b]

10760A   If Worksheet A-8-3, line 44, is greater than zero, then line 44 must equal the sum of lines 38 and 39; if line 45 is greater than zero, then line 45 must equal the sum of lines 39 and 42; or, if line 46 is greater than zero, then line 46 must equal the sum of lines 42 and 43. [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 1-23, 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]

10150B   For any column which uses accumulated cost as its basis 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 *t*itle 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, 8-12, are greater than zero, the corresponding line (lines 30-35) 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]

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

Edit   Condition

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 Worksheet 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
         Worksheet D-1 with line 21 greater than zero for title V, title XVIII, and title XIX must have
         the same rates for lines 17-20. Do not apply this edit to a CAH. [05/01/2010b]

10450D   If Worksheet S-3, Part I, column 6, lines 1, 8-12 (or lines 16-17 for psych or rehab
         subproviders), 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, columns 1 and/or 3, or lines 8-40, column 2, have data, then
         Worksheet S-2, Part I, lines 126-132, column 1, must have a *corresponding* certification date.
         [06/30/2012]

10505D   If Worksheet D-4, line 62, column 2, is greater than zero, then Worksheet D-4, sum of
         lines 70-73, columns 1 and 2, must be greater than zero. [06/30/2014]

10550D   If Worksheet S-2, Part I, line 60, is "N", 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]

10560D   If Worksheet S-2, Part I, line 58, is "N", then Worksheet D-5, Parts I and II, or, for cost
         reporting periods ending on or after June 30, 2014,Worksheet D-5, Parts III and IV, must not be
         present. [05/01/2010b]

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

Edit   **Condition**

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 *p*sychiatric subprovider must have the letter "M" in the third position of the provider number. If there is no Medicare *u*tilization for the *i*npatient *p*sychiatric *f*acility (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 *u*tilization for the *i*npatient *p*sychiatric 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]

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 *u*tilization for the *i*npatient *p*sychiatric 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 *u*tilization for the *i*npatient *p*sychiatric 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 *u*tilization for the *i*npatient *p*sychiatric facility (Worksheet S-3, Part I, line 1 or 16, column 6), then the FTE count on Worksheet E-3, Part II, lines 5 and 6, must also be zero. [05/01/2010b]

10800E   *Edit has been changed to Level II edit 20900E. [05/01/2010b]*

10825E   If Worksheet E, Part A, line 8.01, or Worksheet 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 changed to Level II edit 20850E. *[05/01/2010b]*

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

Edit   **Condition**

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]

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 Worksheet 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 *CBSAs*, 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]

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]

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
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 contractor. Failure to clear these errors in a timely fashion, as determined by your contractor, 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 0.1%. [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 than 459 days. [05/01/2010b]

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

Edit   **Condition**

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]

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 3-5) 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, 20210S, 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). For cost reporting periods overlapping 10/01/2013, the DRG payments
          other than outlier payments (Worksheet E, Part A, column 1, sum of lines 1.01 and 1.02)
          should be greater than zero and greater than the outlier payments (Worksheet E, Part A,
          column 1, line 2.) [05/01/2010b]

20210S   The DRG payments for federal specific operating payment for Model 4 BPCI (Worksheet E,
          Part A, column 1, *sum of* line*s* 1.03 *and 1.04*) should be greater than the outlier payment for
          discharges for Model 4 BPCI (Worksheet E, Part A, column 1, line 2.02). *Do not apply this*
          edit if Worksheet E, Part A, column 1, lines 1.03, 1.04 and 2.02, all equal zero. [10/01/2014]

20250S   b)   The cost of Medicare Part A services under TEFRA (Worksheet E-3, Part I, column 1,
          line 1) should not be present. [05/01/2010b]

20300S   If Worksheet S-2, Part I, line*s* 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 on Worksheet S-2, Part I, column 4,
          line 3, as indicated in Table 3B. [05/01/2010b]

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

<u>Edit</u>   **<u>Condition</u>**

20850E   If Worksheet S-2, Part I, line 61, column 1, is "Y", then Worksheet E, Part A, line 8.01, or Worksheet E-4, line 4.01, must be greater than zero and vice versa. [05/01/2010b]

20900E   Worksheet E-3, Part VI, line 9, bad debt for dual eligible beneficiaries, 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]

20000G   Total assets on Worksheet G (sum of each of columns 1-4, lines 1-10, 12-29 (subscripts as indicated), and 31 *through 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, including subscripts, and the 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 1-10, 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 1-10, is greater than zero, then Worksheet I-2, column 11, sum of lines 2-11, must also be greater than zero. [05/01/2010b]

20100K   Worksheet K-5, Part I, line 34, the sum of columns 0-3, 4-22, and 24, plus subscripts, must equal Worksheet B, Part I, column 26, line 116. [05/01/2010b]

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

Edit   Condition

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]

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.