# Medicare

**Department of Health and Human Services (DHHS)**

# Provider Reimbursement Manual

**Part 2, Provider Cost Reporting Forms and Instructions, Chapter 41, Form CMS-2540-10**

**Centers for Medicare and Medicaid Services (CMS)**

**Transmittal 3** **Date: December 2011**

| HEADER SECTION NUMBERS | PAGES TO INSERT | PAGES TO DELETE |
|---|---|---|
| 4105.4 - 4105.4 (Cont.) | 41-29 - 41-30 (2 pp.) | 41-29 - 41-30 (2 pp.) |
| 4130.1 (Cont.) - 4130.1 (Cont.) | 41-67 - 41-68 (2 pp.) | 41-67 - 41-68 (2 pp.) |
| 4131 - 4131 (Cont.) | 41-73 - 41-74 (2pp.) | 41-73 - 41-74 (2pp.) |
| 4145.1 - 4145.1 (Cont.) | 41-97 - 41-98 (2pp.) | 41-97 - 41-98 (2pp.) |
| 4150.2 (Cont.) - 4150.2 (Cont.) | 41-107 - 41-108 (2 pp.) | 41-107 - 41-108 (2 pp.) |
| 4155 (Cont.) - 4156 | 41-115 - 41-116 (2 pp.) | 41-115 - 41-116 (2 pp.) |
| 4190 (Cont.) - 4190 (Cont.) | 41-303 - 41-304 (2 pp.) | 41-303 - 41-304 (2 pp.) |
| | 41-309.1 (1 pp.) | - |
| | 41-343 - 41-344 (2 pp.) | 41-343 - 41-344 (2 pp.) |
| | 41-367 - 41-368 (2 pp.) | 41-367 - 41-368 (2 pp.) |
| | 41-387 - 41-390 (4 pp.) | 41-387 - 41-390 (4 pp.) |
| 4195 (Cont.) – 4195 (Cont.) | 41-509 - 41-512 (4pp.) | 41-509 - 41-512 (4pp.) |
| | 41-515 - 41-516 (2 pp.) | 41-515 - 41-516 (2 pp.) |
| | 41-527 - 41-530 (4 pp.) | 41-527 - 41-530 (4 pp.) |
| | 41-545 - 41-546 (2 pp.) | 41-545 - 41-546 (2 pp.) |
| | 41-549 - 41-550 (2 pp.) | 41-549 - 41-550 (2 pp.) |
| | 41-561 - 41-568 (8 pp.) | 41-561 - 41-568 (8 pp.) |

**NEW/REVISED MATERIAL--*EFFECTIVE DATE:* Cost Reporting Periods Beginning on or After January 1, 2012.**

This transmittal incorporates a revision required by "The Patient Protection and Affordable Care Act (ACA), § 6104 ("Reporting of Direct Care Expenditures"), for Skilled Nursing Facility and Skilled Nursing Facility Complex Cost Reports, Form CMS-2540-10.

Significant Revisions:

- Worksheet S-3, Part V, added for the data collection of ACA § 6104.
- Worksheet E, Part I, clarified instructions for completing lines 17 and 20.
- Worksheet E-1, clarified instructions for completing lines 5 through 8
- Worksheet H-4, Part I, clarified instructions for completing line 1, columns 2 and 3.
- Worksheet I-3, clarified instructions for completing lines 15.01 through 15.05.
- Worksheet J-3, clarified instructions for completing line 6.
- Specifications:
  - Update specs for Worksheet A-6.
  - Added specs for Worksheets S-3, Part V and S-8.
  - Modified specs for Worksheets S-5 and I-3.
- Edits:
  - Modified edits 1025S, 1060S, 1110S and 1010H
  - Added edits 1145S, 1150S, 1205S, 2115S and 2120S
  - Deleted edits 1115S

**REVISED ELECTRONIC SPECIFICATIONS EFFECTIVE DATE:** Changes to the electronic reporting specifications are effective for cost reporting periods beginning on or after January 1, 2012.

**DISCLAIMER: The revision date and transmittal number apply to the red *italicized material* only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.**

*4105.4 Part V - Direct Care Expenditures-- Section 6104(1) of Public Law 111-148 amended section 1888(f) of the Social Security Act ("Reporting of Direct Care Expenditures"), to require Skilled Nursing Facilities (SNF) to separately report expenditures for wages and benefits for direct care staff (breaking out (at a minimum) registered nurses, licensed professional nurses, certified nurse assistants, and other medical and therapy staff).*

*This part provides for the collection of SNF and/or Nursing Facilities (NF) direct care expenditures. Complete this form for employees who are full-time and part-time, directly hired, and acquired under contract. Do not include employees in areas excluded from SNF PPS via Worksheet S-3, Part II, Lines 8 through 14. This exclusion applies to directly-hired and contract employees who provide either direct or indirect patient care services in SNF PPS excluded areas. Also, do not include employees whose services are excluded from the SNF PPS, such as physician Part B, and interns and residents. This form is completed by all SNFs and/or NFs.*

*Column 1--Enter the total of paid wages and salaries for the specified category of SNF/NF employees including overtime, vacation, holiday, sick, lunch, and other paid-time-off, severance, and bonuses on lines 1 through 3 and 5 through 13. Do not include fringe benefits or wage-related costs as defined in Provider Reimbursement Manual, Part II, Section 4105.1.*

*Enter the amount paid (include only those costs attributable to services rendered in the SNF/NF), rounded to the nearest dollar, for contracted direct patient care services on lines 14 through 16 and 18 through 26.*

*Column 2--Enter the appropriate portion of fringe benefits corresponding to paid wages and salaries reported in column 1, lines 1 through 3and 5 through 13.*

*Column 3--Enter the result of column 1 plus column 2.*

*Column 4--Enter on each line the number of paid hours corresponding to the amount reported in column 3.*

*Column 5--Enter on each line the average hourly wage resulting from dividing column 3 by column 4.*

*Line 4--Enter the sum of the amounts of lines 1 through 3.*

*Line 17--Enter the sum of the amounts of lines 14 through 16.*

*Nursing personnel working in the following cost centers as used for Medicare cost reporting purposes must be included in the appropriate nursing subcategory. These cost centers reflect where the majority of nursing employees are assigned in SNFs and are selected to ensure consistent reporting among SNFs. The wages and hours for nursing personnel working in other areas of the SNF or nurses who are performing solely administrative functions, should not be included.*

***COST CENTER DESCRIPTIONS***

| ***Lines for 2540-10*** | ***Cost Centers*** |
|---|---|
| *09* | *Nursing Administration* |
| *30* | *Skilled Nursing Facility* |
| *31* | *Nursing Facility* |
| *47* | *Electrocardiology* |

***NOTE**: Subscripted cost centers that would normally fall into one of these cost centers should be included.*

***Definitions***

***Paid Salaries, Paid Hours and Wage Related Costs:***

***Paid Salaries*** *– Include the total of paid wages and salaries for the specified category of SNF employees including overtime, vacation, holiday, sick, lunch, and other paid-time-off, severance, and bonuses.*

***Paid Hours*** *– Include the total paid hours for the specified category of SNF employees. Paid hours include regular hours, overtime hours, paid holiday, vacation, sick, and other paid-time-off hours, and hours associated with severance pay. Do not include non-paid lunch periods and on-call hours in the total paid hours. Overtime hours must be calculated as one hour when an employee is paid time and a half. No hours are required for bonus pay. The hours reported for salaried employees who are paid a fixed rate must be recorded based on 40 hours per week or the number of hours in the hospital's standard workweek.*

***Wage Related Costs*** *–Include wage related costs applicable to the specific category of SNF employees as reported in Part II, (section 4105.1), lines 18 and 20 through 22.*

***Nursing Occupations***

***Registered Nurses (RNs) -*** *Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required.*

***Licensed Practical Nurses (LPNs) -*** *Care for ill, injured, convalescent, or disabled persons in SNF. Most LPNs provide basic bedside care, such as vital signs including temperature, blood pressure, pulse, and respiration. LPNs may work under the supervision of a registered nurse. Some more experienced LPNs supervise nursing assistants and aides. Licensing is required after the completion of a State-approved practical nursing program.*

***Nursing Assistants/Aides -*** *Provide basic patient care under direction of nursing staff. Perform duties, such as feed, bathe, dress, groom, move patients, or change linens.*
***Examples: Certified Nursing Assistant; Hospital Aide; Infirmary Attendant.***

***Other Medical Staff***

*Non-nursing employees (directly hired and under contract) that provide direct patient care. Do not include employees in excluded areas or that function solely in administrative or leadership roles that do not provide any direct patient care themselves. This category must not include occupations such as physician Part B services and the services of Advance Practice Nurses (APNs) such as nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists that are billable under a Part B fee schedule.*

Line 13.--Your contractor will enter the Part A tentative adjustments from Worksheet E-1, column 2.

Line 14.--Enter OTHER adjustments. For example, enter an adjustment resulting from changing the recording of vacation pay from cash basis to accrual basis. (See CMS Pub. 15-1, §2146.4.) Specify the adjustment in the space provided.

Line 15.--Enter the amount on line 11 minus the sum of lines 12 and 13, plus or minus line 14. Enter a negative amount in parentheses ( ). Transfer this amount to Worksheet S, Part III, column 2, line 1.

Line 16.--Enter the program reimbursement effect of protested items. Estimate the reimbursement effect of the nonallowable items by applying reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See §115.2.) Attach a worksheet showing the details and computations for this line.

Part B Line Descriptions.-

Use this part to calculate reimbursement settlement for Part B services for SNFs under title XVIII.

Line Descriptions

Line 17.--Enter the amount of Part B ancillary services furnished to Medicare patients. Obtain this amount from Worksheet D, Part I column 5, *line 100*.

Line 18.-- Enter the vaccine cost from Worksheet D, Part II, line 3.

Line 19.-- Enter the sum of the amounts on lines 17 and 18.

Line 20.--Report the charges applicable to the ancillary services from Worksheet D, Part I, column 3, *line 100*, plus Worksheet D, Part II, Line 2.

Line 21.-- Enter the lesser of line 19 or 20.

Line 22.--Enter the amounts paid or payable by workmen's compensation and other primary payers when program liability is secondary to that of the primary payer. There are six situations under which Medicare payment is secondary to a primary payer:

1. Workmen's compensation,
2. No fault coverage,
3. General liability coverage,
4. Working aged provisions,
5. Disability provisions, and
6. Working ESRD beneficiary provisions.

Generally, when payment by the primary payer satisfies the liability of the program beneficiary, for cost reporting purposes, the services are considered non-program services. (The primary payment satisfies the beneficiary's liability when you accept that payment as payment in full. Note this on no-pay bills submitted in these situations.) The patient days and charges are included in total patient days and charges but are not included in program patient days and charges. In this situation, no primary payer payment is entered on line 22.

However, if the payment by the primary payer does not satisfy the beneficiary's obligation, the program pays (in situations 1, 2, and 3) the amount it otherwise pays (absent primary payer payment) less the primary payer payment and any applicable deductible and coinsurance. In situations 1, 2, and 3, primary payer payment is not credited toward the beneficiary's deductibles and coinsurance. In situations 4 and 5, the program pays the lesser of (a) the amount it otherwise pays (without regard to the primary payer payment or deductibles and coinsurance) less the primary payer payment; or (b) the amount it otherwise pays (without regard to primary payer payment or deductibles and coinsurance) less applicable deductible and coinsurance. In situations 4 and 5, primary payer payment is credited toward the beneficiary's deductible and coinsurance obligation.

If the primary payment does not satisfy the beneficiary's liability, include the covered days and charges in program days and charges and include the total days and charges in total days and charges for cost apportionment purposes. Enter the primary payer payment on line 22 to the extent that primary payer payment is not credited toward the beneficiary's deductible and coinsurance. Primary payer payments that are credited toward the beneficiary's deductible and coinsurance are not entered on line 22.

Line 23.--Enter the Part B deductible and coinsurance billed to Medicare beneficiaries. Include any primary payer payments applied to Medicare beneficiaries' coinsurance in situations where the primary payer payments do not fully satisfy the obligation of the beneficiary to you. Do not include any primary payer payments applied to Medicare beneficiaries' coinsurance in situations where the primary payer payment fully satisfies the obligation of the beneficiary to you. DO NOT INCLUDE coinsurance billed to program patients for physicians' professional services.

Line 24.--Enter program reimbursable bad debts for deductibles and coinsurance (from your records), excluding deductibles and coinsurance for physicians' professional services and net of bad debt recoveries.

Line 25-- Enter the sum of the amounts on lines 21, and 24, minus the amounts on lines 22, and 23.

Line 26.--Enter interim payment from Worksheet E-1, column 4, line 4.

Line 27.--Your contractor will enter the Part B tentative adjustments from Worksheet E-1, column 4.

Line 28.--Enter OTHER adjustments

Line 29.--Enter the amount on line 25 minus the sums of lines 26 and 27, and plus or minus line 28. Enter a negative amount in parentheses ( ). Transfer this amount to Worksheet S, Part III, column 3, line 1.

Line 30.--Enter the program reimbursement effect of protested items. Estimate the reimbursement effect of the nonallowable items by applying reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See §115.2.) Attach a worksheet showing the details and computations for this line.

## 4131. WORKSHEET E-1 - ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Complete an analysis of payments to providers for services furnished for each component of the health care complex which has a separate provider number. Worksheet E-1 is used by the SNF when the provider has received Medicare interim payments made by the contractor. It must not be completed for purposes of reporting interim payments for titles V or XIX.

The following components use one of the indicated worksheets instead of Worksheet E-1:

- SNF-based HHAs use Worksheet H-5;
- SNF-based RHC/FQHCs use Worksheet I-5; and
- SNF-based CMHC's use Worksheet J-4.

The column headings designate two categories of payments:

Columns l and 2 - Inpatient Part A
Columns 3 and 4 - Part B

You should complete lines 1 through 4. Your contractor will complete lines 5 through 9. All amounts reported on this worksheet must be for services, the cost of which is included in this cost report.

**NOTE:** DO NOT reduce any interim payments by recoveries as result of medical review adjustments where recoveries were based on a sample percentage applied to the universe of claims reviewed and the PS&R was not also adjusted.

Line Descriptions

Line 1.--Enter the total Medicare interim payments paid to you. The amount entered must reflect the sum of all interim payments paid on individual bills (net of adjustment bills) for services rendered in this cost reporting period. The amount entered must include amounts withheld from your interim payments due to an offset against overpayments to you, applicable to the prior cost reporting periods. Do not include (1) any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate, (2) tentative or net settlement amounts, or (3) interim payments payable. If you are reimbursed under the periodic interim payment method of reimbursement, enter the periodic interim payments received for this cost reporting period.

Line 2.--Enter the total Medicare interim payments payable on individual bills. Since the cost in the cost report is on an accrual basis, this line represents the amount of services rendered in the cost reporting period but not paid as of the end of the cost reporting period.

Line 3.--Enter the amount of each retroactive lump sum adjustment and the applicable date.

Line 4.--Enter the total amount of the interim payments (sum of lines l, 2, and 3.99). Transfer the total amount from column 2 Worksheet E, Part I, line 12 for inpatient Part A, and from column 4 to Worksheet E, Part I, Line 27 for Part B.

DO NOT COMPLETE THE REMAINDER OF WORKSHEET E-1. LINES 5 THROUGH *8* ARE FOR CONTRACTOR USE ONLY.

Line 5.--List separately each tentative settlement payment after desk review together with the date of payment. If the cost report is reopened after the Notice of Program Reimbursement (NPR) has been issued, report all settlement payments prior to the current reopening settlement on line 5.

Line 6.--Enter the net settlement amount (balance due to the provider or balance due to the program) for the NPR or, if this settlement is after a reopening of the NPR, for this reopening.

**NOTE:** On lines 3, 5, and 6, when an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Line 7.--The sum of lines 4, 5.99, and 6, column 2, for inpatient Part A must equal Worksheet E, Part I, line 11. For Part B, the amount in column 4 must equal Worksheet E, Part I, line 26.

Line 8.--Enter the contractor name and the contractor number in columns 1 and 2, respectively.

## 4145. WORKSHEET H-4 - CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

This worksheet provides for the reimbursement calculation of titles V, XVIII Parts A and B, and XIX. This computation is required by 42 CFR 413.9, 42 CFR 413.13, and 42 CFR 413.30.

Worksheet H-4 consists of the following two parts:

Part I - Computation of the Lesser of Reasonable Cost or Customary Charges
Part II - Computation of HHA Reimbursement Settlement

4145.1 Part I - Computation of Lesser of Reasonable Cost or Customary Charges.--Services not paid based on a fee schedule or OPPS are paid the lesser of the reasonable cost of services furnished to beneficiaries or the customary charges made by the providers for the same services. This part provides for the computation of the lesser of reasonable cost as defined in 42 CFR 413.13(b) or customary charges as defined in the 42 CFR 413.13(e).

**NOTE: Nominal charge providers are not subject to the lesser of cost or charges (LCC). Therefore, a nominal charge provider only completes lines 1, 2, and 9 of Part I. Transfer the resulting cost to line 10 of Part II.**

Line Descriptions

Line 1--This line provides for the computation of reasonable cost reimbursed program services. Enter the cost of services from Worksheet H-3, Part I as follows:

| To Worksheet H-4, Line 1 | From Worksheet H-3, |
|---|---|
| Col. 2, Part B - Not subject to deductibles and coinsurance | Part I, col. 10, line *16* |
| Col. 3, Part B - Subject to deductibles and coinsurance | Part I, col. 11, line *16* |

The above table reflects the transfer of the cost of pneumococcal and influenza vaccines from Worksheet H-3, Part I, column 10, line 9, to column 2 of this worksheet, and the cost of hepatitis B vaccines and injectable osteoporosis drugs from worksheet H-3, Part I, column 11, line 9 to column 3 of this worksheet.

Lines 2 through 6--These lines provide for the accumulation of charges which relate to the reasonable cost on line 1. Do not include on these lines (1) the portion of charges applicable to the excess costs of luxury items or services (see CMS Pub. 15-1, Chapter 21) and (2) provider charges to beneficiaries for excess costs as described in CMS Pub. 15-1, §2570. When provider operating costs include amounts that flow from the provision of luxury items or services, such amounts are not allowable in computing reimbursable costs.

Enter only the charges for applicable Medicare covered pneumococcal, influenza and hepatitis B vaccines and injectable osteoporosis drugs which are all cost reimbursed.

Line 2--Enter from your records in the applicable column the program charges for Part B not subject to deductibles and coinsurance, and Part B subject to deductibles and coinsurance.

Enter in column 2 the charges for Medicare covered pneumococcal and influenza vaccines (from worksheet H-3, line 9, column 7). In column 3, enter the charges for Medicare covered hepatitis B vaccines and osteoporosis drugs (from worksheet H-3, line 9, column 8).

Lines 3 through 6--These lines provide for the reduction of program charges when the provider does not actually impose such charges (in the case of most patients liable for payment for services on a charge basis) or fails to make reasonable efforts to collect such charges from those patients. If line 5 is greater than zero, multiply line 2 by line 5, and enter the result on line 6. Providers which do impose these charges and make reasonable efforts to collect the charges from patients liable for payment for services on a charge basis are not required to complete lines 3, 4, and 5, but enter on line 6 the amount from line 2. (See 42 CFR 413.13(b).) In no instance may the customary charges on line 6 exceed the actual charges on line 2.

Line 7--Enter in each column the excess of total customary charges (line 6) over the total reasonable cost (line 1). In situations when, in any column, the total charges on line 6 are less than the total cost on line 1 of the applicable column, enter zero on line 7.

Line 8--Enter in each column the excess of total reasonable cost (line 1) over total customary charges (line 6). In situations when, in any column, the total cost on line 1 is less than the customary charges on line 6 of the applicable column, enter zero on line 8.

Line 9--Enter the amounts paid or payable by workmen's' compensation and other primary payers where program liability is secondary to that of the primary payer. There are several situations under which program payment is secondary to a primary payer. Some of the most frequent situations in which the Medicare program is a secondary payer include:

- Workmen's' compensation,
- No fault coverage,
- General liability coverage,
- Working aged provisions,
- Disability provisions, and
- Working ESRD beneficiary provisions.

Generally, when payment by the primary payer satisfies the total liability of the program beneficiary, for cost reporting purposes only, the services are considered to be nonprogram services. (The primary payment satisfies the beneficiary's liability when the provider accepts that payment as payment in full. The provider notes this on no-pay bills submitted in these situations.) The patient visits and charges are included in total patient visits and charges, but are not included in program patient visits and charges. In this situation, no primary payer payment is entered on line 9.

However, when the payment by the primary payer does not satisfy the beneficiary's obligation, the program pays the lesser of (a) the amount it otherwise pays (without regard to the primary payer payment or deductible and coinsurance) less the primary payer payment, or (b) the amount it otherwise pays (without regard to primary payer payment or deductibles and coinsurance) less applicable deductible and coinsurance. Primary payer payment is credited toward the beneficiary's deductible and coinsurance obligation.

Line Descriptions

Line 10.--Enter the number of program covered visits, excluding visits subject to the outpatient mental health services limitation from your contractor records.

Line 11.--Enter the subtotal of program cost. This cost is determined by multiplying the rate per visit on line 9 by the number of visits on line 10 (the total number of covered Medicare beneficiary visits for RHC/FQHC services during the reporting period).

Line 12.--Enter the number of program covered visits subject to the outpatient mental health services limitation from your contractor records.

Line 13.--Enter the program covered cost for outpatient mental health services by multiplying the rate per visit on line 9 by the number of visits on line 12.

Line 14.--Enter the limit adjustment. This limit applies only to therapeutic services, not initial diagnostic services. In accordance with MIPPA 2008, section 102, the outpatient mental health treatment service limitation applies as follows: for services rendered through December 31, 2009, the limitation is 62.50 percent; for services from January 1, 2010, through December 31, 2011, the limitation is 68.75 percent; for services from January 1 2012, through December 31, 2012, the limitation is 75 percent; for services from January 1, 2013, through December 31, 2013, the limitation is 81.25 percent; and for services on and after January 1, 2014, the limitation is 100 percent. This is computed by multiplying the amount on line 13 by the corresponding outpatient mental health service limit percentage. This limit applies only to therapeutic services, not initial diagnostic services.

Line 15.--Enter the total program cost. Enter the sum of the amounts on lines 11 and 14, in columns 1 and 2 respectively.

**NOTE**: Section 4104 of the Affordable Care Act (ACA) eliminates coinsurance and deductible for preventive services, effective for dates of service on or after January 1, 2011. RHCs and FQHCs must provide detailed HCPCS coding for preventive services to ensure coinsurance and deductible are not applied. Providers will need to maintain this documentation in order to apply the appropriate reductions on lines 15.03 and 15.04.

Line 15.01.--Enter the total program charges from the contractor's records *(PS&R)*. For cost reporting periods that overlap January 1, 2011, do not complete column 1; enter total program charges for services rendered on or after January 1, 2011 in column 2. For cost reporting periods beginning on or after January 1, 2011, enter total program charges in *column 2*.

Line 15.02.--Enter the total program preventive charges from the provider's records. For cost reporting periods that overlap January 1, 2011, do not complete column 1; enter total program preventive charges for services rendered on or after January 1, 2011 in column 2. For cost reporting periods beginning on or after January 1, 2011, enter total program preventive charges in *column 2*.

Line 15.03.--Enter the total program preventive costs. For cost reporting periods that overlap January 1, 2011, do not complete column 1; enter the total program preventive costs ((line 15.02 divided by line 15.01) times line 15)) for services rendered on or after January 1, 2011, in column 2. For cost reporting periods beginning on or after January 1, 2011, enter the total program preventive costs ((line 15.02 divided by line 15.01) times line 15, *columns 1 and 2*)) in *column 2*.

Line 15.04.--Enter the total program non-preventive costs. For cost reporting periods that overlap January 1, 2011, do not complete column 1; enter the total program non- preventive costs ((line 15 minus lines 15.03 *and 17*) times .80)) for services rendered on or after January 1, 2011, in column 2. For cost reporting periods beginning on or after January 1, 2011, enter the total program non-preventive costs ((line 15*, columns 1 and 2* minus lines 15.03 *and 17*) times .80)) in *column 2*.

Line 15.05.--Enter the total program costs. For cost reporting periods that overlap January 1, 2011, enter *the* total program costs (line 15 times .80) *for services rendered prior to January 1, 2011,* in column 1, and enter *total program costs (line 15.03 plus line15.04) for services rendered on or after January 1, 2011, in column 2*. For cost reporting periods beginning on or after January 1, 2011, enter *total program costs (line 15.03 plus line15.04)*, in *column 2*.

Line 16.--Enter the amounts paid or payable by workmen's compensation and other primary payers when program liability is secondary to that of the primary payer. There are six situations under which Medicare payment is secondary to a primary payer:

1. Workmen's compensation,
2. No fault coverage,
3. General liability coverage,
4. Working aged provisions,
5. Disability provisions, and
6. Working ESRD beneficiary provisions.

Generally, when payment by the primary payer satisfies the liability of the program beneficiary, for cost reporting purposes, the services are considered non-program services. (The primary payment satisfies the beneficiary's liability when you accept that payment as payment in full. Note this on no-pay bills submitted in these situations.) The patient days and charges are included in total patient days and charges but are not included in program patient days and charges. In this situation, no primary payer payment is entered on line 16.

Line 17.--Enter the amount credited to the RHC program patients to satisfy their deductible liabilities on the visits on lines 10 and 12 as recorded by the contactor from clinic bills processed during the reporting period. RHCs determine this amount from the interim payment lists provided by the contractor. FQHCs enter zero on this line as deductibles do not apply.

Line 18.--Enter the coinsurance amount applicable to the RHC or FQHC for program patients for visits on lines 10 and 12 as recorded by the contactor from clinic bills processed during the reporting period. Informational only.

Line 19.-- Enter the net program cost, excluding vaccines. This is equal to the result of subtracting the amounts on lines 16 and 17, from the amounts on line 15.05, columns 1 and 2.

Line 20.--Enter the total reimbursable program cost of vaccines and their administration from Worksheet I-4, line 16.

Line 21.--Enter the total reimbursable program cost (line 19 plus line 20).

Line 22.--Enter the total reimbursable bad debts, net of recoveries, from your records.

Line 23.--Enter the gross reimbursable bad debts for full-benefit dual eligible individuals. This amount must also be included in the amount on line 22.

Line 24.--Enter any other adjustment. Specify the adjustment in the space provided.

Line 25.--This is the sum of lines 21 plus line 22, plus or minus line 24.

Line 4--Enter the amounts paid and payable by workmens' compensation and other primary payers where program liability is secondary to that of the primary payer (from your records).

Line 5--Title XVIII CMHCs enter the result obtained by subtracting line 4 from the sum of lines 2 and 3. Titles V and XIX providers not reimbursed under PPS enter the total reasonable costs by subtracting line 4 from line 1.

Line 6--Enter the charges for the applicable program services from Worksheet J-2, sum of Parts I and II, Columns 4, and 8 as appropriate, lines 22 and *30*.

**NOTE**: Title XVIII CMHCs and providers not subject to reasonable cost reimbursement do not complete lines 7 and 8.

Lines 7 and 8--Lines 7 and 8 provide for the computation of the lesser of reasonable cost as defined in 42 CFR 413.13(b) or customary charges as defined in 42 CFR 413.13(e). DO NOT complete for Title XVIII.

Enter on line 7 the excess of total customary charges (line 6) over the total reasonable cost (line 5). In situations when in any column the total charges on line 6 are less than the total cost on line 5, enter zero (0) on line 7.

Enter on line 8 the excess of total reasonable cost (line 5) over total customary charges (line 6). In situations when in any column the total cost on line 5 is less than the customary charges on line 6, enter zero (0) on line 8.

Line 9--Title XVIII providers enter the total reasonable costs from line 5. Titles V and XIX providers not reimbursed under PPS enter the lesser of line 5 or line 6.

Line 10--Enter the Part B deductibles billed to program patients (from your records).

Line 11--Enter the Part B coinsurance billed to program patients (from your records).

Line 12--Enter the sum of line 9 minus lines 10 and 11.

Line 13--Enter reimbursable bad debts, net of recoveries, applicable to any deductibles and coinsurance (from your records).

Line 14 -- Enter the gross reimbursable bad debts for full-benefit dual eligible individuals. This amount must also be included in the amount on line 9.

Line 15-- Enter the sum of lines12 and 13.

Line 16--Enter the amount of other adjustments from your records.

Line 17--Enter the amount on line 15 plus or minus line 16.

Line 18--Enter the total interim payments applicable to this cost reporting period. For title XVIII, transfer this amount from Worksheet J-4, column 2, line 4.

Line 19--Your contractor will enter the tentative adjustment from Worksheet J-4, line 5.99.

Line 20--Enter the balance due component/program and transfer this amount to Worksheet S, Part III, columns as appropriate, line 7.

Line 21--Enter the program reimbursement effect of protested items. Estimate the reimbursement effect of the nonallowable items by applying reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See §115.2.) Attach a worksheet showing the details and computations for this line.

4156. WORKSHEET J-4 - ANALYSIS OF PAYMENTS TO PROVIDER-BASED CMHC FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Complete this worksheet for Medicare interim payments only. Complete a separate worksheet for each community mental health center.

Complete the identifying information on lines 1 through 4. The remainder of the worksheet is completed by your contractor.

**NOTE:** DO NOT reduce any interim payments by recoveries as result of medical review adjustments where the recoveries were based on a sample percentage applied to the universe of claims reviewed and the PS&R was not also adjusted

Line Descriptions

Line 1.--Enter the total program interim payments paid to the component. The amount entered reflects the sum of all interim payments paid on individual bills (net of adjustment bills) for services rendered in this cost reporting period. The amount entered includes amounts withheld from the component's interim payments due to an offset against overpayments to the component applicable to prior cost reporting periods. It does not include any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate or tentative or net settlement amounts. Nor does it include interim payments payable.

Line 2.--Enter the total program interim payments payable on individual bills. Since the cost in the cost report is on an accrual basis, this line represents the amount of services rendered in the cost reporting period, but not paid as of the end of the cost reporting period, and does not include payments reported on line 1.

Line 3.--Enter the amount of each retroactive lump sum adjustment and the applicable date.

Line 4.--Transfer the total interim payments to the title XVIII Worksheet J-3, line 18.

**DO NOT COMPLETE THE REMAINDER OF WORKSHEET J-4. LINES 5 THROUGH 9 ARE FOR CONTRACTOR USE ONLY.**

Line 5.--List separately each tentative settlement payment after desk review together with the date of payment. If the cost report is reopened after the Notice of Program Reimbursement (NPR) has been issued, report all settlement payments prior to the current reopening settlement.

Line 6.--Enter the net settlement amount (balance due to the provider or balance due to the program) for the NPR, or, if this settlement is after a reopening of the NPR, for this reopening.

**NOTE:** On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment, even though total repayment is not accomplished until a later date.

Line 7.-- The sum of lines 4, 5.99, and 6, column 2, must equal the amount on Worksheet J-3, line 17.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 1 - RECORD SPECIFICATIONS**

**RECORD NAME: Type 3 Records for Non-label Data**

| | | Size | Usage | Loc. | Remarks |
|---|---|---|---|---|---|
| 1. | Record Type | 1 | 9 | 1 | Constant "3" |
| 2. | Wkst. 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. | Sub line Number | 2 | 9 | 14-15 | Numeric |
| 6. | Column Number | 3 | X | 16-18 | Alphanumeric |
| 7. | Sub column Number | 2 | 9 | 19-20 | Numeric |
| 8. | Field Data | | | | |
| | a. Alpha Data | 36 | X | 21-56 | Left justified. (Y or N for yes/no answers; dates must use MM/DD/YYYY format - slashes, no hyphens.) Refer to Table 6 for additional requirements for alpha data. |
| | | 4 | X | 57-60 | Spaces (optional). |
| | b. Numeric Data | 16 | 9 | 21-36 | Right justified. May contain embedded decimal point. Leading zeros are suppressed; trailing zeros to the right of the decimal point are not. (See example below.) Positive values are presumed; no "+" signs are allowed. Use leading minus to specify negative values. Express percentages as decimal equivalents, i.e., 6.2244% is expressed as .0622. All records with zero values are dropped. Refer to Table 6 for additional requirements regarding numeric data. |

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

```
          1         2         3
12345678901234567890123456789012345678901234

3A000000    4     1          32101
3A000000   13     1        1336393
3A000000   13 1   1         185599
3A000000    1     2       10147750
3A000000    2     2          14510
```

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 1 - RECORD SPECIFICATIONS**

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

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

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

```
                  1         2         3
1234567890123456789012345678901234567890123456789012345678901234
   3A6000G0  13    0  TO SPREAD INTEREST EXPENSE
   3A6000G0  13    1  G
*  3A6000G0  13    3                    1
   3A6000G0  13    5               221409
*  3A6000G0  13    7                   74
   3A6000G0  13    9               225321
   3A6000G0  14    0  BETWEEN CAPITAL-RELATED COST
   3A6000G0  14    1  G
*  3A6000G0  14    3                    4
   3A6000G0  14    5                 3912
   3A6000G0  15    0  BUILDING & FIXTURES AND
   3A6000G0  16    0  ADMINISTRATIVE AND GENERAL
   3A800000  24    0  RENUM APPLIC TO PHYS
   3A800000  24    1  A
   3A800000  24    2               -250941
*  3A800000  24    4                   15
   3A800000  24 1  0  STAND BY COST
   3A800000  24 1  1  A
   3A800000  24 1  2               -114525
   3A800000  24 1  4                   16
*  3A820010   3    1                 2101
*  3A820010   4    1                 2101
   3A820010   4    2  DR. B
   3A820010   4    3               126292
   3A820010   4    4                94719
   3A820010   4    5                31573
   3A820010   4    6               124900
   3A820010   4    7                  741
   3A820010   4 1  2                 6860
   3A820010   4 1  4                12000
```

**RECORD NAME: Type 4 Records - File Encryption**

This type 4 record consists of 3 records: 1, 1.01, and 1.02. These records are created at the point in which the ECR file has been completed and saved to disk and insures the integrity of the file.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 2 - WORKSHEET INDICATORS**

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

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

Provider Type - Fourth Digit of the Worksheet Identifier

| | | Worksheets |
|---|---|---|
| Universal | 0 (Zero) | |
| SNF | A | |
| NF | B | |
| CMHC | C | J-1-I, J-1-II, J-2, J-3, J-4 |
| CORF | D | |
| OPT | E | |
| OOT | F | |
| OSP | G | |
| ICF/MR | I | |
| FQHC | Q | I-1, I-2, I-3, I-4, I-5, S-5 |
| RHC | R | I-1, I-2, I-3, I-4, I-5, S-5 |

Worksheets That Apply to the SNF Cost Report

| Worksheet | Worksheet Indicator - | |
|---|---|---|
| S, Part I | S000001 | |
| S, Part III | S000003 | |
| S-2- Part I | S200001 | |
| S-2, Part II | S200002 | |
| S-3, Part I | S300001 | |
| S-3, Part II | S300002 | |
| S-3, Part III | S300003 | |
| S-3, Part IV | S300004 | |
| *S-3, Part V* | *S300005* | |
| S-4 | S410000 | (a) |
| S-5 | S51?000 | (g) |
| S-6 | S61?000 | (b) |
| S-7 | S700000 | |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 2 - WORKSHEET INDICATORS**

Worksheets That Apply to the SNF Cost Report

| Worksheet | Worksheet Indicator | |
|---|---|---|
| *S-8* | *S810000* | *(h), (d)* |
| A | A000000 | |
| A-6 | A600*??*0 | *(i)* |
| A-7 | A700000 | |
| A-8 | A800000 | |
| A-8-1, Part I | A810001 | |
| A-8-1, Part II | A810002 | |
| A-8-2 | A820010 | (c) |
| B-1 (For use in column headings) | B10000* | |
| B, Part I | B000001 | |
| B, Part II | B000002 | |
| B-1 | B100000 | |
| B-2 | B200010 | (c) |
| C | C000000 | |

Worksheets That Vary by Component and/or Program –

| Worksheet | Title V | Title XVIII | Title XIX |
|---|---|---|---|
| D, Part I (SNF) | D00A051 (f) | D00A181 | D00A191 |
| D, Part I (NF) | D00B051 | | D00B191 |
| D, Part I (ICF/MR) | D00I051 | | D00I191 |
| D, Part II (SNF) | D00A052 (e), (f) | D00A182 | D00A192 (e), (f) |
| D, Part II (NF) | D00B052 (e) | | D00B192 (e) |
| D-1, Part I (SNF) | D10A051 (f) | D10A181 | D10A191 (f) |
| D-1, Part I (NF) | D10B051 | | D10B191 |
| D-1, Part I (ICF/MR) | D10I051 | | D10I191 |
| D-1, Part II (SNF) | D10A052 (f) | D10A180 | D10A192 (f) |
| D-1, Part II (NF) | D10B052 | | D10B192 |
| D-1, Part II (ICF/MR) | D10I052 | | D10I192 |
| E, Part I (SNF) | | E00A181 (d) | |
| E, Part II (SNF) | E00A052 | | E00A192 |
| E, Part II (NF) | E00B052 | | E00B192 |
| E, Part II (ICF/MR) | E00I052 | | E00I192 |
| E-1 | | E10A180 | |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 2 - WORKSHEET INDICATORS**

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

(d) Worksheet with Multiple Parts using Identical Worksheet Indicator
Although this worksheet has several parts, the lines are numbered sequentially. This worksheet identifier is used with all lines from this worksheet regardless of the worksheet part. This differs from the Table 3 presentation which identifies each worksheet and part as they appear on the cost report. This affects Worksheet S-8, E Part I, H-4, I-2, I-3, J-2.

(e) States Apportioning Vaccine Costs Per Medicare Methodology
If, for titles V and/or XIX, your State directs providers to apportion vaccine costs using Medicare's methodology, show these costs on a separate Worksheet D, Part II for each title.

(f) States Licensing the Provider as an SNF Regardless of the Level of Care
These worksheet identifiers are for providers licensed as an SNF for Titles V and XIX.

(g) Multiple Health Clinic Programs
The third digit of the worksheet indicator (position 4 of the record) is numeric from 1 to 0 to accommodate multiple providers. If there is only one health clinic provider type, the default is 1. The fourth character of the worksheet indicator (position 5 of the record) indicates the health clinic provider. Q-indicates federally qualified health center, and R-indicates rural health clinic.

(h) Multiple SNF-Based Hospices (HSPSs)
The 3rd digit of the worksheet indicator (position 4 of the record) is numeric to identify the SNF-based hospice. If there is only one hospice, the default is 1. This affects all K series worksheets, and Worksheet S-8

*(i) Worksheet A-6*
*For worksheet A-6, include the worksheet identifier reclassification code as the 5th and 6th digits (positions 6 and 7 in the ECR file). For example, 3A600??0 or 3A6000A0.*

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

This table identifies those data elements necessary to calculate a skilled nursing facility cost report. It also identifies some figures from a completed cost report. These calculated fields (e.g., Worksheet B, column 18) are needed to verify the mathematical accuracy of the raw data elements and to isolate differences between the file submitted by the skilled nursing facility complex and the report produced by the contractor. When an adjustment is made, that record must be present in the electronic data file. For explanations of the adjustments required, refer to the cost report instructions.

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

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

Consistency in line numbering (and column numbering for general service cost centers) for each cost center is essential. The sequence of some cost centers does change among worksheets. Refer to Table 4 for line and column numbering conventions for use with complexes that have more components than appear on the preprinted Form CMS-2540-10.

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

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

All numeric values are presumed positive. Leading minus signs may only appear in data with values less than zero that are specified in Table 3 with a usage of "-9". Amounts that are within preprinted parentheses on the worksheets, indicating the reduction of another number, are to be reported as positive values.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

*WORKSHEET S-3, PART V*

| | *LINE(S)* | *COLUMN(S)* | *FIELD SIZE* | *USAGE* |
|---|---|---|---|---|
| *Direct Salaries* | *1-13* | *1* | *9* | *9* |
| *Contract Labor* | *14-26* | *1* | *9* | *9* |
| *Fringe Benefits* | *1-13* | *2* | *9* | *9* |
| *Paid Hours* | *1-13, 14-26* | *4* | *10* | *9(7).99* |
| *Average Hourly Wage* | *1-13, 14-26* | *5* | *10* | *9(7).99* |

WORKSHEET S-4

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| County | 1 | 1 | 36 | X |
| Home health aide hours: | 2 | 1-5 | 11 | 9 |
| Unduplicated census count: | 3 | 1-5 | 11 | 9(8).99 |
| Enter the number of hours in your normal work week | 4 | 1 | 6 | 9(3).99 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

WORKSHEET S-4 (Cont.)

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Other (specify) | 20 | 0 | 36 | X |
| Number of full time equivalent employees: | | | | |
| Staff | 5-20 | 1 | 6 | 9(3).99 |
| Contract | 5-20 | 2 | 6 | 9(3).99 |
| HOME HEALTH AGENCY CBSA CODES | | | | |
| How many CBSAs in column 1 did you provide services to during this cost reporting period? | 21 | 1 | 2 | 9 |
| List those CBSA code(s) in column 1 serviced during this cost reporting period (line 22 contains the first code) | 22 | 1 | 5 | 9 |
| PPS ACTIVITY DATA - Applicable for Medicare Services Rendered on or after October 1, 2000 | | | | |
| PPS Activity Data | 23-34, 36 38-40 | 1-4 | 11 | 9 |

WORKSHEET S-5

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| RHC/FQHC Identification: | | | | |
| Street | 1 | 1 | 36 | X |
| County | 1 | 2 | 36 | X |
| City | 2 | 1 | 36 | X |
| State | 2 | 2 | 2 | X |
| Zip Code | 2 | 3 | 10 | X |
| Designation for FQHC's only "R" for rural or "U" for urban | 3 | 1 | 1 | X |
| Source of Federal funds: | | | | |
| Other (specify) | 9 | 0 | 36 | X |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

WORKSHEET S-5 (Cont.)

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Amount of Federal Funds: | 4-9 | 1 | 11 | 9 |
| Award Date (MM/DD/YYYY) | 4-9 | 2 | 10 | X |
| Does this facility operate as other than an RHC or FQHC? | 10 | 1 | 1 | X |
| Indicate number of operation(s) | 10 | 2 | 2 | 9 |
| *Type of operation* | *11* | *0* | *36* | *X* |
| Facility hours of operations * | | | | |
| Clinic - Hours: from/to | 11 | 1-14 | 4 | 9 |
| Have you received an approval for an exception to the productivity standard? | 12 | 1 | 1 | X |
| Is this a consolidated cost report in accordance with IOM 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 |
| Provider Number (CCN) | 14 | 2 | 6 | X |

* List hours of operations based on a 24 hour clock. For example 8:00 AM is 0800, 6:30 PM is 1830, and midnight is 2400.

WORKSHEET S-6

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Number of hours in a normal work week | 0 | 1 | 6 | 9(3).99 |
| Other (specify) | 18-19 | 0 | 36 | X |
| Number of full time equivalent employees on staff | 1-19 | 1 | 6 | 9(3).99 |
| Number of full time equivalent contract personnel | 1-19 | 2 | 6 | 9(3).99 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

WORKSHEET S-7

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Days (see instructions) | 1-99 | 2 | 6 | 9 |

Enter in column 1 the expense for each category. Enter in column 2 the percentage of total expense for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category.

| | | | | |
|---|---|---|---|---|
| Enter in column 1 the direct patient care expenses and related expenses for each category. | | | | |
| Staffing | 101 | 1 | 9 | 9 |
| Recruitment | 102 | 1 | 9 | 9 |
| Retention of employees | 103 | 1 | 9 | 9 |
| Training | 104 | 1 | 9 | 9 |
| Other (Specify) | 105 | 0 | 36 | X |
| Other (Specify) | 105 | 1 | 9 | 9 |
| Enter in column 2 the ratio, expressed as a percentage, of total expenses for each category to total SNF revenue. | | | | |
| Staffing | 101 | 2 | 6 | 9(3).99 |
| Recruitment | 102 | 2 | 6 | 9(3).99 |
| Retention of employees | 103 | 2 | 6 | 9(3).99 |
| Training | 104 | 2 | 6 | 9(3).99 |
| Other (Specify) | 105 | 2 | 6 | 9(3).99 |
| Does the increased RUG payments received reflect increases associated with direct patient care and related expenses (Y/N) | | | | |
| Staffing | 101 | 3 | 3 | X |
| Recruitment | 102 | 3 | 3 | X |
| Retention of employees | 103 | 3 | 3 | X |
| Training | 104 | 3 | 3 | X |
| Other (Specify | 105 | 3 | 3 | X |
| Enter total SNF revenue from Worksheet G-2, Part I, line 1, column 3. | 106 | 2 | 9 | 9 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

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

WORKSHEET I-3

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Adjusted cost per visit | 7 | 1 | 6 | 9(3).99 |
| Maximum rate per visit (from your contractor) | 8 | 1 & 2 | 6 | 9(3).99 |
| Rate for program covered visits | 9 | 1 & 2 | 6 | 9(3).99 |
| Program covered visits excluding mental health services (from your contractor) | 10 | 1 & 2 | 11 | 9 |
| Program covered visits for mental health services (from your contractor) | 12 | 1 & 2 | 11 | 9 |
| *Total Program Charges* | 15.01 | *1 & 2* | 11 | 9 |
| *Total Program Preventive Charges* | 15.02 | *1 & 2* | 11 | 9 |
| Primary payer amounts | 16 | 1 | 11 | 9 |
| Beneficiary deductible (from your contractor) | 17 | 1 | 11 | 9 |
| Beneficiary coinsurance (from your contractor) | 18 | 1 | 11 | 9 |
| Reimbursable bad debt | 22 | 1 | 11 | 9 |
| Reimbursable bad debt dual eligible beneficiaries | 23 | 1 | 11 | 9 |
| Other Adjustment (specify) | 24 | 0 | 36 | X |
| Other Adjustments | 24 | 1 | 11 | 9 |
| Interim payments (Title V & XIX only) | 26 | 1 | 11 | 9 |
| Protested amounts | 29 | 1 | 11 | -9 |

WORKSHEET I-4

| | | | | |
|---|---|---|---|---|
| Ratio of pneumococcal and influenza 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 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

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

WORKSHEET I-5

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| 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 |
| Adjustment of each retroactive lump sum adjustment: | | | | |
| Program to provider | 3.01-3.49 | 2 | 11 | 9 |
| Provider to program | 3.50-3.98 | 2 | 11 | 9 |
| Date of each tentative settlement adjustment (MM/DD/YYYY) | 5.01-5.98 | 1 | 10 | X |
| Tentative settlement payment | | | | |
| Program to provider | 5.01-5.49 | 2 | 11 | 9 |
| Provider to program | 5.50-5.98 | 2 | 11 | 9 |
| FI/Contractor Name | 8 | 1 | 36 | X |
| FI Contractor Number | 8 | 2 | 5 | 9 |
| WORKSHEET J-1, PARTS I & II | | | | |
| Part I | | | | |
| Net expenses for cost allocation | 1-21 | 0 | 9 | 9 |
| Post step down adjustments (including total) | 1-22 | 17 | 9 | -9 |
| Totals (sum of lines 1-21) | 22 | 0-3 & 4-15 | 9 | 9 |
| Part II | | | | |
| Reconciliation | 1-21 | 4A-15A | 9 | -9 |
| Cost allocation statistics | 1-21 | 1-15 * | 9 | 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.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS**

WORKSHEET K-4, PARTS I & II

| DESCRIPTION | LINE(S) | COLUMN(S) | FIELD SIZE | USAGE |
|---|---|---|---|---|
| Part I | | | | |
| Total | 39 | 1-5 | 11 | 9 |
| Cost allocation | 7 - 38 | 7 | 11 | 9 |
| Part II | | | | |
| Reconciliation | 6-38 | 6A | 11 | -9 |
| All cost allocation statistics | 1-38 | 1-5* | 11 | 9 |

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

WORKSHEET K-5, PARTS I & II

| | | | | |
|---|---|---|---|---|
| Part I | | | | |
| Total Hospice Cost after cost finding | 2-33 | 18 | 11 | 9 |
| Total cost | 34 | 0-3 & 4-16 | 11 | 9 |
| Part II | | | | |
| Reconciliation | 1-33 | 4A-15A | 11 | -9 |
| All Cost Allocation Statistics | 1-33 | 1-15* | 11 | 9 |

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

WORKSHEET K-5, PART III

| | | | | |
|---|---|---|---|---|
| Total Hospice Charges | 1-8 | 2 | 11 | 9 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

## TABLE 3A - WORKSHEETS REQUIRING NO INPUT

Worksheet D-1, Part II
Worksheet H-1, Part I
Worksheet K-5, Part I
Worksheet K-6

## TABLE 3B - TABLES TO WORKSHEET S-2

**Table I: Type of Control**

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

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

| Worksheet | Lines |
|---|---|
| S, Part I | 1-3 |
| S, Part III | 1-3,100 |
| S-2, Part I | 1-6, 11, 14-31, 36-47 |
| S-2, Part II | All |
| S-3, Part I | 1-3, 5, 8 |
| S-3, Parts II | All |
| S-3, Part III | 1-12 |
| S-3, Part IV | 1-24 |
| *S-3, Part V* | *All* |
| S-4 | 1-19, 21, 23-40 |
| S-5 | 1-8, 10, 12, 13 |
| S-6 | 1-17 |
| S-7 | All except line 105 |
| S-8 | All |
| A | 30-33, 71, 80-82, 89, 100 |
| A-6 | All |
| A-7 | All |
| A-8 | 1-23, 100 |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 6 – EDITS**

| Reject Code | Condition |
|---|---|
| 1080 | In all cases where the file includes both a total and the parts that comprise that total, each total must equal the sum of its parts. [12/01/2010b] |
| 1085 | All standard cost center codes must be entered on the designated standard cost center line and subscripts thereof as indicated in Table 5. [12/01/2010b] |
| 1000S | The SNF address, city, State, zip code, and county (Worksheet S-2, Part I, lines 1, 2, and 3, columns 1, 2, and 3 respectively) must be present and valid. [12/01/2010b] |
| 1005S | The cost report ending date (Worksheet S-2, Part I, column 2, line 14) must be on or after 01/01/2011. [12/01/2010b] |
| 1010S | All provider CCN and component numbers displayed on Worksheet S-2, Part I, column 2, lines 4, through 10, 12 and 13, must contain six (6) alphanumeric characters. [12/01/2010b] |
| 1015S | The cost report period beginning date (Worksheet S-2, Part I, column 1, line 14) must precede the cost report ending date (Worksheet S-2, Part I, column 2, line 14). [12/01/2010b] |
| 1020S | The skilled nursing facility name, provider CCN, certification date, and Title XVIII payment mechanism (Worksheet S-2, Part I, line 4, columns 1, 2, 3, and 5, respectively) must be present and valid. [12/01/2010b] |
| 1025S | For each provider/component name reported (Worksheet S-2, Part I, column 1, lines *5* through 13), there must be corresponding entries made on Worksheet S-2, Part I, lines *5* through 10, 12 and 13 for the provider CCN (column 2), the certification date (column 3), and the payment system for either Titles V, XVIII, or XIX (columns 4, 5, or 6, respectively) indicated with a valid code (P, O, or N). (See Table 3D.) *If there is no component name entered in column 1, then columns 2 through 6 for that line must be blank.*[12/01/2010b] |
| 1030S | For Worksheet S-2, Part I, there must be a response in every file in column 1, lines 15-18, 25-28, 37-38, and 42-43. If line 15, column 1 equals "13" other, specify in column 2. [12/01/2010b] |
| 1035S | For Worksheet S-2, Part I, if the response on line 38 = "Y", then there must be a response on line 39. [12/01/2010b] |
| 1040S | For each provider/component listed on Worksheet S-2, Part I, lines 7 through 10 and their subscripts, there must be corresponding entries made on Worksheet S-2, Part I, lines 32 through 35 and their subscripts, accordingly. For line 32 and its subscripts, columns 1 and 2 must be completed. For lines 33 through 35 and their subscripts, column 2 must be completed. [12/01/2010b] |
| 1045S | For Worksheet S-2, Part I, if the response on line 43 = "Y", there must be a response on line 44, column 1; line 45, columns 1, 2 and 3, line 46 column 1 or column 2; line 47 columns 1, 2 and 3. If the response on line 43 column 1 = "N", then lines 44 through 47 must be blank. [12/01/2010b] |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 6 - EDITS**

| Reject Code | Condition |
|---|---|
| 1050S | For Worksheet S-2, Part II, there must be a "Y" or "N" response on lines 1, through 11, column 1 and lines 13 through 18, columns 1 and 3. [12/01/2010b] |
| 1055S | For Worksheet S-2, Part II, if the response on lines 1, 13 or 14, column 1 = "Y", a date must be entered in column 2. If the response on line 2, column 1 = "Y", a date must be entered in column 2 and a "V" or "I" must be entered in column 3. If the response on lines 13 or 14, column 3 = "Y", a date must be entered in column 4. [12/01/2010b] |
| 1060S | Worksheet S-2, Part I, column 2, lines as indicated below may only contain those provider numbers as indicated for that line. The type of provider is also indicated. |

| Line # | Provider # *(1)* | Provider Type |
|---|---|---|
| 4 | 5000-6499 | SNF |
| 7 | 3100-3199 | Home Health Agencies |
| | 7000-8499 | " " |
| | 9000-9*7*99 | " " |
| 8 | 3400-3499 | SNF-Based RHC |
| | 3975-3999 | " " |
| | 8500-8999 | " " |
| 9 | 1000-1199 | SNF-Based FQHC |
| | 1800-1989 | " " |
| 10 | 1400-1499 | CMHC |
| | 4600-4799 | " |
| | 4900-4999 | " |
| 12 | 1500-1799 | SNF-Based Hospice |
| *13 – 13.09* | *3200-3299* | *SNF-Based CORF* |
| | *4500-4599* | |
| | *4800-4899* | |
| *13.10 – 13.39* | *6500-6599* | *SNF-Based OPT, OOT, OSP* |

*(1) The first two characters of the provider number (not listed here) identify the State. The last 4 characters (listed above) identify the type of provider. [12/01/2010b]*

| | |
|---|---|
| 1090S | All amounts reported on Worksheet S-3, Part I must not be less than zero. |
| 1095S | For Worksheet S-3, Part I, the sum of the inpatient days in columns 3-6 for each of lines 1, 2, 3, and 5 must be equal to or less than the total inpatient days in column 7 for each line. [12/01/2010b] |
| 1100S | For Worksheet S-3, Part I, the sum of the discharges in columns 8-11 for each of lines 1, 2, 3, and 5 must be equal to or less than the total discharges in column 12 for each line indicated. [12/01/2010b] |
| 1105S | The amount of total salaries reported in column 1, line 1 (Worksheet S-3, Part II) must equal Worksheet A, Column 1, line 100. [12/01/2010b] |
| 1110S | Worksheet S-3, Part II, column 4, sum of lines 1-*4, 7*-11, 14-*16* must be greater than zero. [12/01/2010b] |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 6 – EDITS**

| Reject Code | Condition |
|---|---|
| 1120S | For Worksheet S-3, Part II, all values for column 5, lines 1-16, must equal or exceed $5.15. When there are no salaries reported in column three, then it is okay to have zero amounts in columns 3 and 5. [12/01/2010b] |
| 1125S | For Worksheet S-3, Part II, sum of columns 1 and 2 each of lines 2-4, 7-11, 14-21, as applicable must be equal to or greater than zero. [12/01/2010b] |
| 1130S | Worksheet S-3, Part II, sum of columns 1 & 2, line 13 must be greater than zero. [12/01/2010b] |
| 1135S | The amount of hours reported on Worksheet S-3, Part III, column 4, lines 1-13 must be greater than or equal to zero. [12/01/2010b] |
| 1140S | The amount reported on Worksheet S-3, Part IV, line 24 must be greater than zero. [12/01/2010b] |
| *1145S* | *Worksheet S-3, Part V, columns 1 & 2, as applicable must be equal to or greater than zero. [01/01/2012b]* |
| *1150S* | *Worksheet S-3, Part V, if there is an amount in column 1 there must be an amount in column 4 for each respective line. [01/01/2012b]* |
| 1160S | If Worksheet S-4 column 1, line *22* has data, then it must be a *five character numeric*. [12/01/2010b] |
| 1200S | Worksheet S-5, Line 13: If the response in column 1 = "Y", then column 2 must be greater than zero. If the response in column 1 = "N", then column 2 must = zero. [12/01/2010b] |
| *1205S* | *If Worksheet S-5, line 10, column 1 is "Y", then column 2 must be greater than or equal to 1. There must be a subscript on line 11 equal to the number entered on line 10, column 2. If line 10, column 1 is "N", there cannot be any subscripts on line 11. [12/01/2010b]* |
| 1210S | Worksheet S-7: Column 2, sum of lines 1 through 99 must agree with Worksheet S-3, Part I, column 4, line 1. [12/01/2010b] |
| 1000A | Worksheet A, columns 1 and 2, line 100 must be greater than zero. [12/01/2010b] |
| 1015A | On Worksheet A, line 81 column 2 and the corresponding reclassifications and adjustments must equal zero. On lines 80 and 82, respectively, the sum of columns 1 and 2 and the corresponding reclassifications and adjustments must equal zero. [12/01/2010b] |
| 1020A | For reclassifications reported on Worksheet A-6, the sum of all increases (columns 4 and 5) must equal the sum of all decreases (columns 8 and 9). [12/01/2010b] |
| 1025A | For each line on Worksheet A-6, if there is an entry in column 3, 4, 5, 7, 8, or 9, there must be an entry in column 1 and it must be an UPPER CASE Alpha Character. There must be an entry on each line of columns 4 and/or 5 for each entry in column 3 (and vice versa), and there must be an entry on each line of |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 6 – EDITS**

| Reject Code | Condition |
|---|---|
| 1025A (cont.) | columns 8 and/or 9 for each entry in column 7 (and vice versa). All entries must be valid, for example, no salary adjustments in columns 3 and/or 7, for capital lines 1 & 2 of Worksheet A. [12/01/2010b] |
| 1040A | For Worksheet A-8 adjustments on lines 1-7, 9-11, and 13-24, if column 2 has an entry, then columns 1, 2 and 4 must have entries and if any one of columns 0, 1, 2, or 4 for lines 25-99 and subscripts thereof has an entry, then all four columns for that line must have entries. [12/01/2010b] |
| 1041A | The total Utilization Review amount shown on Worksheet E, Part I, Line 10, may not be greater than the amount on Worksheet A-8, line 22.(Absolute value of line 22) [12/01/2010b] |
| 1045A | If Worksheet A-8-1, Part I, either of columns 4 or 5, lines 1 through 9 does not equal zero, then column 1 of the corresponding line must be present and vice versa. [12/01/2010b] |
| 1050A | On Worksheet A-8-2, column 3 must be equal to or greater than the sum of columns 4 and 5. If column 5 is greater than zero, column 6, and column 7 must be greater than zero. Transfer only the total on line 100, column 18 to Worksheet A-8, column 2 [12/01/10b] |
| 1000B | On Worksheet B-1, all statistical amounts must be greater than or equal to zero, except for reconciliation columns. [12/01/2010b] |
| 1005B | Worksheet B, Part I, column 18, line 100 must be greater than zero. [12/01/2010b] |
| 1010B | For each general service cost center with a net expense for cost allocation greater than zero (Worksheet B-1, columns 1 through 15, line 100), 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, including any reconciliation column that uses accumulated cost as its basis for allocation. [12/01/2010b] |
| 1015B | For any column which uses accumulated cost as its basis of allocation (Worksheet B-1), there may not simultaneously exist on any line an amount both in the reconciliation column and the accumulated cost column, including a negative one. [12/01/2010b] |
| 1010C | On Worksheet C, all amounts in columns 1 and 2, respectively, line 100 must be greater than or equal to zero. [12/01/2010b] |
| 1000D | On Worksheet D, all amounts must be greater than or equal to zero. [12/01/2010b] |
| 1005D | The total inpatient charges on Worksheet C, column 2, line 49 must be greater than, or equal to the sum of all Worksheets D, Part I, line 49, plus Worksheet D, Part II, line 2. [12/01/2010b] |
| 1000H | Worksheet H-2 Part I: Column 0 line 21 must equal Worksheet A column 7 line 70. [12/01/2010b] |
| 1005H | Worksheet H-2 Part I: sum of columns 0-3, 4-15, line 21 must equal the corresponding columns on Worksheet B Part I, line 70 and its subscripted lines, respectively. [12/01/2010b] |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**TABLE 6 – EDITS**

| | |
|---|---|
| 1010H | Worksheet H-2, Part II: sum of lines 1-*20* for each of columns 1-3, and 4-15, must equal the corresponding columns on Worksheet B-1, line 70 and its subscripted lines, respectively. Include reconciliation and accumulated cost columns with negative one entries only. [12/01/2010b] |
| 1015H | Worksheet H-3, Part I, column 4, sum of lines 1 through 6, must equal total visits reported on Worksheet S-3, Part I, column 7, line 4. [12/01/2010b] |
| 1020H | The sum of title XVIII visits, columns 6 and 7 on Worksheet H-3, Part I, must equal, the corresponding amounts on Worksheet S-4, lines 24, 26, 28, 30, 32 and 34, respectively. [12/01/2010b] |
| 1000I | If Worksheet I-1 is present, then Worksheet S-5 must be present and vice versa. [12/01/2010b] |
| 1010I | If Worksheet S-5, line 12 equals "Y", Worksheet I-2, column 3, lines 1, 2, and 3 must each be greater than zero and at least one line must contain a value other than the standard amount. Conversely if Worksheet S-5, line 13 equals "N", Worksheet I-2, column 3, lines 1, 2, and 3 must contain the values 4200, 2100, and 2100. Apply this edit to both the RHC and FQHC components. [12/01/2010b] |
| 1020I | The sum of Worksheet I-1, column 7, lines 1-9, 11-13, 15-19, 23-26, and 29-30 must equal the amount on Worksheet A, column 7, RHC/FQHC as appropriate. [12/01/2010b] |
| 1025I | The sum of Worksheet I-3, line 15.02, columns 1 and 2, must be less than or equal to line 15.01. [12/01/2010b] |
| 1000J | Worksheet J-1 Part I: sum of columns 0-3, and 4-15, line 22 must equal the corresponding columns on Worksheet B Part I, line 73 and its subscripted lines, respectively. [12/01/2010b] |
| 1010J | Worksheet J-1 Part II: sum of lines 1-21 for each of columns 1-3, and 4-15, must equal the corresponding columns on Worksheet B-I, line 73 and its subscripted lines, respectively. Include reconciliation and accumulated cost columns with negative one entries only. [12/01/2010b] |
| 1000K | Worksheet K, column 10, line 39, must equal Worksheet A column 7 line 83. |
| 1010K | Worksheet K-5 Part II: sum of lines 1-33 for each of columns 1-3, and 4-15, must equal the corresponding columns on Worksheet B-I, line 83 and its subscripted lines, respectively. Include reconciliation and accumulated cost columns with negative one entries only. [12/01/2010b] |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10
**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 payments.

| Edit | Condition |
|---|---|
| 2000 | 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). [12/01/2010b] |
| 2005 | Only elements set forth in Table 3, with subscripts as appropriate, are required in the file. [12/01/2010b] |
| 2010 | The cost center code (positions 21-24) (type 2 records) must be a code from Table 5, and each cost center code must be unique. [12/01/2010b] |
| 2015 | Standard cost center lines, descriptions, and codes should not be changed. (See Table 5.) This edit applies to the standard line only and not subscripts of that code. [12/01/2010b] |
| 2025 | All nonstandard cost center codes may be used on any standard subscripted 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 subscripted cost center lines of general service cost center. [12/01/2010b] |
| 2030 | The following standard cost centers listed below must be reported on the lines indicated and the corresponding cost center codes may appear only on the lines indicated. No other cost center codes may be placed on these lines or subscripts of these lines, unless indicated herein. [12/01/2010b] |

| Cost Center | Line | Code |
|---|---|---|
| CAP REL COSTS - BLDGS & FIXTURES | 1 | 0100-0199 |
| CAP REL COSTS - MOVEABLE EQUIPMENT | 2 | 0200-0299 |
| EMPLOYEE BENEFITS | 3 | 0300-0399 |
| SKILLED NURSING FACILITY | 30 | 3000 |
| NURSING FACILITY | 31 | 3100 |
| INTERMEDIATE CARE FACILITY/MENTALLY RETARDED | 32 | 3200 |
| OTHER LONG TERM CARE | 33 | 3300 |
| AMBULANCE | 71 | 7100 |
| MALPRACTICE PREMIUMS & PAID LOSSES | 80 | 8000 |
| INTEREST EXPENSE | 81 | 8100 |
| UTILIZATION REVIEW - SNF | 82 | 8200 |
| HOSPICE | 83 | 8300-8304 |
| GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 90 | 9000-9099 |
| BARBER & BEAUTY SHOP | 91 | 9100-9199 |
| PHYSICIANS-PRIVATE OFFICES | 92 | 9200-9299 |
| NONPAID WORKERS | 93 | 9300-9349 |
| PATIENTS-LAUNDRY | 94 | 9400-9499 |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 6 – EDITS**

| Edit | Condition |
|---|---|
| 2040 | All calendar format dates must be edited for 10 character format, e.g., 06/22/2011 (MM/DD/YYYY).] [12/01/2010b] |
| 2045 | Administrative and general cost center code 0400-0499 may appear only on line 4 and subscripts of line 4. [12/01/2010b] |
| 2050 | All dates must be possible, e.g., no "00", no "30" or "31" of February. [12/01/2010b] |
| 2000S | The SNF certification date (Worksheet S-2, Part I, column 3, line 4) should be on or before the cost report beginning date (Worksheet S-2, Part I, column 1, line 14). [12/01/2010b] |
| 2005S | The length of the cost reporting period should be greater than 27 days and less than 459 days. [12/01/2010b] |
| 2010S | Worksheet S-2, Part I, line 15 (type of control) must have a value of 1 through 13. [12/01/2010b] |
| 2015S | The sum of column 1, lines 1-4, 7-11, 14-16, and 17-21 (Worksheet S-3, Part II) must be greater than zero. [12/01/2010b] |
| 2025S | The sum of column 4, lines 1-4, 7-11, and 14-16 (Worksheet S-3, Part II) must be greater than zero. [12/01/2010b] |
| *2115S* | *The amount on Worksheet S-3, Part II, column 3, line 17 (total wage related costs), must be greater than 7.65 percent and less than 50.0 percent of the amount in column 3, sum of lines 1-4, 7-11 (total salaries). [12/01/2010b]* |
| *2120S* | *If Worksheet S-2, part I, line 19 is Y for yes, then line 19.01 must be Y for yes. [12/01/2010b]* |
| 2150S | If Worksheet S-3, Part II (column 4, sum of lines 7 through 11 divided by the sum of line 1 minus the sum of lines 3 and 4) is greater than 5 percent, then Worksheet S-3, Part III, column 1, line 14 must equal the sum of the amounts on Worksheet A, column 1, lines 3 through 15. [12/01/2010b] |
| 2155S | If Worksheet S-3, Part II (column 4, sum of lines 7 through 11 divided by the sum of line 1 minus the sum of lines 3 and 4) is equal to or greater than 15 percent, then Worksheet S-3, Part III, columns 1 and 4 for line 14 should be greater than zero. [12/01/2010b] |
| 2160S | If Worksheet S-3, Part III, column 4, line 14 is greater than zero, then those hours should be at least 20 percent but not more than 60 percent of Worksheet S-3, Part II, column 4, line 1. [12/01/2010b] |

ELECTRONIC COST REPORTING SPECIFICATIONS FOR FORM CMS-2540-10

**TABLE 6 – EDITS**

2000A Worksheet A-6, column 1 (reclassification code) must be alpha characters. [12/01/2010b]

2041A For Worksheet A-7, line 7, the sum of columns 1 through 3, minus column 5 must be greater than zero. [12/01/2010b]

2000B At least one cost center description (lines 1-3), at least one statistical basis label (lines 4-5), and one statistical basis code (line 6) must be present for each general service cost center with costs to allocate. This edit applies to all general service cost centers required and/or listed. [12/01/2010b]

2005B The column numbering among these worksheets must be consistent. For example, data in capital related costs - buildings and fixtures is identified as coming from column 1 on all applicable worksheets. [12/01/2010b]

2000G Total assets on Worksheet G (line 34, sum of columns 1-4) must equal total liabilities and fund balances (line 60, sum of columns 1-4). [12/01/2010b]

2010G Net income or loss (Worksheet G-3, column 1, line 31) should not equal zero. [12/01/2010b]

**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.