

**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=1 st , 002=2 nd , etc. or 101=1 st , 102=2 nd . 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 (06/30/2015) 2015181. Prior approvals 2014274, 2014181, 2013274, 2012275, 2012182, 2010121.

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

	<u>Size</u>	<u>Usage</u>	<u>Loc.</u>	<u>Remarks</u>
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

	<u>Size</u>	<u>Usage</u>	<u>Loc.</u>	<u>Remarks</u>
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.)

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

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

<u>Worksheet</u>	<u>Title V</u>	<u>Title XVIII</u>	<u>Title XIX</u>
<u>E-3, Part II:</u>			
Hospital	*	E30A182	*
IPF	*	E20B182	*
<u>E-3, Part III:</u>			
Hospital	*	E30A183	*
IRF	*	E30C183	*
<u>E-3, Part IV:</u>			
Hospital	*	E30A184	*
<u>E-3, Part V:</u>			
Hospital (cost reimbursed)	*	E30A185	*
<u>E-3, Part VI:</u>			
SNF	*	E30E186	*
NOTE: Refer to Table 3 for instructions on the reporting of data for a hospital-based SNF reimbursed prospectively under title XVIII.			
<u>E-3, Part VII:</u>			
Hospital	E30A057	*	E30A197
IPF	E30B057	*	E30B197
IRF	E30C057	*	E30C197
SNF	E30E057	*	E30E197
NF	E30G057	*	E30G197
ICF/ <i>IID</i>	E30J057	*	E30J197
<u>E-4:</u>			
Hospital	E40A050	E40A180	E40A190

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

<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
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
<u>Inpatient PPS Information</u>				
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 the 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, (Y/N) 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 <i>of the cost reporting period</i> 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 <i>at least 100, but not more than 499</i> beds (<i>as counted</i> in accordance with 42 CFR 412.105)? (Y/N) (see instructions)	22.03	3	1	X

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<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
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 <i>if</i> census days, or 3 <i>if</i> 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 <i>column</i> 1.	24	1	9	9
If line 22 is "Y" enter the in-state Medicaid eligible unpaid days in <i>column</i> 2.	24	2	9	9
If line 22 is "Y", enter out of state Medicaid paid days in <i>column</i> 3.	24	3	9	9
If line 22 is "Y", enter out of state Medicaid eligible unpaid days in <i>column</i> 4.	24	4	9	9
If line 22 is "Y", enter Medicaid HMO paid , and eligible but unpaid days in <i>column</i> 5	24	5	9	9
If line 22 is "Y", enter Other Medicaid days in <i>column</i> 6.	24	6	9	9
If line 22 is "Y" and this provider is an IRF, enter the in-state Medicaid paid days in <i>column</i> 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 <i>column</i> 2.	25	2	9	9
If line 22 is "Y" and this provider is an IRF, enter out-of-state Medicaid paid days in <i>column</i> 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 <i>column</i> 4.	25	4	9	9
If line 22 is "Y" and this provider is an IRF, enter Medicaid HMO days in <i>column</i> 5.	25	5	9	9
If line 22 is "Y" and this provider is an IRF, enter Other Medicaid days in <i>column</i> 6.	25	6	9	9
For standard Geographic classification (not wage), what is your status at the beginning of the cost reporting period? Enter <i>1</i> for urban or <i>2</i> 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 <i>1</i> for urban or <i>2</i> 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

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WORKSHEET S-2, Part I (Cont.)				
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings</u>				
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
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings</u>				
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
<u>Inpatient Psychiatric Facility PPS</u>				
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

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<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
WORKSHEET S-2, Part I (Cont.)				
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", <i>indicate which program year began during this cost reporting period.</i> (see instructions)	71	3	1	9
<u>Inpatient Rehabilitation Facility PPS</u>				
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", <i>indicate which program year began during this cost reporting period.</i> (see instructions)	76	3	1	9
<u>Long Term Care Hospital PPS</u>				
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

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WORKSHEET S-2, Part I (Cont.)				
<u>TEFRA Providers</u>				
Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? (Y/N)	85	1	1	X
<i>Is this hospital a “subclause (II)” LTCH classified under section 1886(d)(1)(B)(iv)(II)? (Y/N)</i>	<i>87</i>	<i>1</i>	<i>1</i>	<i>X</i>
<u>Title V and Title XIX Inpatient Services</u>				
Does this facility have title V and/or XIX inpatient hospital services?	90	1 & 2	1	X
Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part (Y/N)	91	1 & 2	1	X
Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (Y/N) (see instructions)	92	2	1	X
Does this facility operate an ICF/MR facility for purposes of title V and XIX (Y/N)	93	1 & 2	1	X
Does title V and/or title XIX reduce capital cost? (Y/N)	94	1 & 2	1	X
If line 94 is “Y”, by what percentage?	95	1 & 2	9	9.9(4)
Does title V and/or title XIX reduce operating cost? (Y/N)	96	1 & 2	1	X
If line 96 is “Y”, enter the reduction percentage?	97	1 & 2	9	9.9(4)
<u>Rural Providers</u>				
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

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<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
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 <i>column</i> 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, <i>chapter 22</i> , §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 ≤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

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WORKSHEET S-2, Part I (Continued)				
If this is a Medicare certified heart transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	127	1-2	10	X
If this is a Medicare certified liver transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	128	1-2	10	X
If this is a Medicare certified lung transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	129	1-2	10	X
If this is a Medicare certified pancreas transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	130	1-2	10	X
If this is a Medicare certified intestinal transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	131	1-2	10	X
If this is a Medicare certified islet transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	132	1-2	10	X
If this is a Medicare certified other transplant center, enter the certification date (mm/dd/yyyy) and the termination date, if applicable (mm/dd/yyyy).	133	1-2	10	X
If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2. (mm/dd/yyyy)	134 134	1 2	6 10	X X
Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10?	140	1	1	X
If yes, and home office costs are claimed, enter the home office chain number.	140	2	6	X
Name	141	1	36	X
Contractor's Name	141	2	36	X
Contractor's Number	141	3	5	X
Street	142	1	36	X
P.O. Box	142	2	9	X
City	143	1	36	X
State	143	2	2	X
Zip Code	143	3	10	X
Are provider based physicians' costs included in Worksheet A? (Y/N)	144	1	1	X

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WORKSHEET S-2, Part I (Continued)				
If you are claiming cost for renal services on Worksheet A, are <i>the costs for</i> inpatient services only? (Y/N)	145	1	1	X
<i>If column 1 is "N", are you a no Medicare utilization provider for ESRD services? (Y/N)</i>	<i>145</i>	<i>2</i>	<i>1</i>	<i>X</i>
Have you changed your cost allocation methodology from the previously filed <i>cost</i> report? See §4020. (Y/N)	146	1	1	X
If yes, enter the approval date (mm/dd/yyyy).	146	2	10	X
Was there a change in the statistical basis? (Y/N)	147	1	1	X
Was there a change in the order of allocation? (Y/N)	148	1	1	X
Was the change to the simplified cost finding method? (Y/N)	149	1	1	X
If LCC applies, enter "Y" for each component and type of service. Enter "N" if not exempt. (See 42 CFR §413.13)				
Hospital	155	1-4	1	X
Subprovider – IPF	156	<i>2-4</i>	1	X
Subprovider – IRF	157	<i>2-4</i>	1	X
SNF	159	<i>2-4</i>	1	X
HHA	160	1-4	1	X
Outpatient Rehab. Providers	161	2-4	1	X
Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? (Y/N)	165	1	1	X
If line 165 is "Y", enter the name in <i>column</i> 0.	166	0	36	X
If line 165 is "Y", enter county in <i>column</i> 1.	166	1	36	X
If line 165 is "Y", enter state in <i>column</i> 1	166	2	2	X
If line 165 is "Y", enter ZIP code in <i>column</i> 3.	166	3	10	X
If line 165 is "Y", enter CBSA in <i>column</i> 4.	166	4	5	X
If line 165 is "Y", enter FTE count/campus in <i>column</i> 5. (see instructions)	166	5	1	9(6).99
Is this provider a meaningful user under §1886 (n)? (Y/N)	167	1	1	X
If this provider is a CAH (line 105 is "Y"), and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the purchase of certified HIT technology.	168	1	11	9
<i>If this provider is a CAH (line 105 is "Y") and is not a meaningful user (line 167 is "N"), does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? (Y/N)</i>	<i>168.01</i>	<i>1</i>	<i>1</i>	<i>X</i>

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WORKSHEET S-2, Part II (Continued)

Home Office Costs

Are home office costs claimed on the cost report? (Y/N)	36	1	1	X
If line 36 is "Y", has a home office cost statement been prepared by the home office? (Y/N) If "Y", see instructions.	37	1	1	X
If line 36 is "Y", is the fiscal year end of the home office different from that of the provider? (Y/N)	38	1	1	X
If column 1 is "Y", enter in column 2 the fiscal year end of the home office (mm/dd/yyyy).	38	2	10	X
If line 36 is "Y", does the provider render services to other chain components? (Y/N) If "Y", see instructions.	39	1	1	X
If line 36 is "Y", does the provider render services to the home office? (Y/N) If "Y", see instructions.	40	1	1	X

Cost Report Preparer Contact Information

Enter the preparer's information:

Enter in column 1, first name.	41	1	36	X
Enter in column 2, last name.	41	2	36	X
Enter in column 3, title.	41	3	36	X
Enter in column 1, employer.	42	1	36	X
Enter in column 1, phone number.	43	1	36	X
Enter in column 2, e-mail address.	43	2	36	X

WORKSHEET S-3, PART I

For hospital adults and pediatrics (excluding swing beds, et al.), swing bed SNF, swing bed NF, adult and pediatrics in total, each special care unit, the nursery, in total for the hospital, each subprovider, the hospital-based SNF, and in total for the facility, enter:

Worksheet A line number	1, 8-13, 16-26	1	9	9
Number of beds	1, 7-12, 14, 16-21, 24, 27, 32	2	9	9

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WORKSHEET S-3, Part I (Continued)				
Bed days available	1, 7-12, 14, 16-21, 24, 32	3	9	9
Number of hours for CAH patients	1, 7-12, 14	4	11	9(8).99
Title V inpatient days/visits	1, 6-20, 22, 24.10, 25-26	5	9	9
Title XVIII inpatient days/visits/trips	1-5, 7-12, 14-19, 22, 24-26, 29, 32, 33	6	11	9
Title XIX inpatient days/visits/trips	1-20, 22, 24-26, 28, 32	7	11	9
Total inpatient days/visits	1, 5-22, 24-26, 28 & 30-32.01	8	11	9
Total Interns & Residents	14, 16-27	9	9	9(6).99
Employees on Payroll	14, 16-27	10	11	9(8).99
Nonpaid workers	14, 16-27	11	11	9(8).99
Title V discharges	1, 14, 16-18	12	11	9
Title XVIII discharges	1, 2, 14, 16-18	13	11	9
Title XIX discharges	1, 2-4, 14, 16-18	14	11	9
Total discharges	1, 14, 16-18, 21	15	11	9

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

<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
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 instructions)	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
<u>To be Completed by Contractor (lines 90 through 96):</u>				
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
<u>HSP Bonus Payment Amount</u>				
HSP bonus amount (see instructions)	100	1 & 2	11	-9
<u>HVBP Adjustment for HSP Bonus Payment</u>				
HVBP adjustment factor (see instructions)	101	1 & 2	12	9(1).9(10)
HVBP adjustment amount for HSP bonus payment (see instructions)	102	1 & 2	11	-9
<u>HRR Adjustment for HSP Bonus Payment</u>				
HRR adjustment factor (see instructions)	103	1 & 2	6	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.

<u>Description</u>	<u>Line(s)</u>	<u>Column(s)</u>	<u>Field Size</u>	<u>Usage</u>
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 <i>bad debts</i> (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

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

<u>Description</u>	<u>Line (s)</u>	<u>Column (s)</u>	<u>Field Size</u>	<u>Usage</u>
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

<u>Health Information Technology Data Collection and Calculation</u>				
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- The 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**

<u>Description</u>	<u>Line (s)</u>	<u>Column (s)</u>	<u>Field Size</u>	<u>Usage</u>
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
<u>Inpatient Hospital Services Under PPS & CAH</u>				
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 lines 30 and 31) (see instructions)	32	1	11	9
WORKSHEET E-2				
Inpatient routine services - swing bed SNF	1	<i>1</i>	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 (title V and title 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**

<u>Description</u>	<u>Line (s)</u>	<u>Column (s)</u>	<u>Field Size</u>	<u>Usage</u>
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WORKSHEET K-5, PARTS I & II

Part I

Post step-down adjustment	1-33	25	11	-9
Total cost after cost finding	2-33	28	11	9
Total cost		0-2, 4-23 & 28	11	9
	34			

Part II

Centers - Statistical Basis				
Reconciliation	1-33	5A-23A	11	-9
All cost allocation statistics	1-33	1-23*	11	9

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

WORKSHEET K-5, PART III

Total hospice charges (provider's records)	1-10	2	11	9
Hospice share of ancillary costs	1-11	3	11	9

WORKSHEET L

Part I - Fully Prospective Method

Capital DRG other than outlier	1	1 & 1.01	11	9
Model 4 BPCI Capital DRG other than outlier	1.01	1 & 1.01	11	9
Capital DRG outlier payments	2	1	11	9
Model 4 BPCI Capital DRG outlier payments	2.01	1	11	9
Total inpatient days available divided by number of days in cost reporting period	3	1	11	9(8).99
Indirect medical education percentage (see instructions)	5	1	6	9(3).99
Percentage of SSI recipient patient days to Medicare				
Part A patient days	7	1	6	9.9(4)
Percentage of Medicaid patients days to total days	8	1	6	9.9(4)
Allowable DSH percentage (see instructions)	10	1	6	9.9(4)

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

<u>Description</u>	<u>Line (s)</u>	<u>Column (s)</u>	<u>Field Size</u>	<u>Usage</u>
WORKSHEET L (Continued)				
<u>Part II Payment Under Reasonable Cost</u>				
Total inpatient program capital cost	5	1	11	9
<u>Part III – Computation of Exception Payments</u>				
Applicable exception percentage (see instructions)	4	1	4	9.99
Percentage adjustment for extraordinary circumstances (see instructions)	6	1	4	9.99
Carryover of accumulated capital minimum payment level over capital payment (prior year Worksheet L, Part II, line 14)	11	1	11	-9
WORKSHEET L-1, PART I				
Extraordinary capital related costs	1-23, 30-46, 50-60, 62-76, 88-91, 92.01- 101, 105- 117, 190-194	0	11	9
Total extraordinary capital related costs	202	0	11	9
Total adjustments after cost finding	202	25	11	9
Total extraordinary capital related costs after cost finding by department	30-46, 50-60, 62-76, 88-91, 92.01- 101, 105- 117, 190-194	26	11	9
Total extraordinary capital related costs after cost finding in total	202	26	11	9

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 4 - NUMBERING CONVENTION FOR MULTIPLE COMPONENTS**

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

<u>SUBJECT</u>	<u>WKST</u>	<u>PART</u>	<u>COLUMNS</u>	<u>LINES</u>	<u>SUB LINES</u>
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I. For use in facilities with more than one subprovider

This table is no longer applicable

II. For use in facilities with more than one HHA

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

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 2552-10
TABLE 4 - NUMBERING CONVENTION FOR MULTIPLE COMPONENTS**

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

<u>SUBJECT</u>	<u>WKST</u>	<u>PART</u>	<u>COLUMNS</u>	<u>LINES</u>	<u>SUB LINES</u>
O/P Rehab. Provider	S	<i>III</i>	1-3, 5	12	0-49
O/P Rehab. Provider	S-2	I	1-3 & 5-8	17	0-49
O/P Rehab. Provider	S-3	I	7-8 & 10-11	25	0-49
O/P Rehab. Provider	A		1-2 & 7	99	0-49
O/P Rehab. Provider	B	I	26	99	0-49
O/P Rehab. Provider	B	II	0, 26	99	0-49
O/P Rehab. Provider	B	III	0, 26	99	0-49
O/P Rehab. Provider	B-1		1-23	99	0-49
O/P Rehab. Provider	D-2		1	17	0-49
O/P Rehab. Provider	G-2	I	2	22	0-49
O/P Rehab. Provider	L-1	I	0, 27	98	0-49

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

**TABLE 5 - COST CENTER CODING
INSTRUCTIONS FOR PROGRAMMERS**

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

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

Additional guidelines are:

- o Any pre-existing codes for the line must not be allowed to carry over.
- o All "Other . . ." lines must not be precoded.
- o The order of choice is standard first, followed by specific nonstandard, and, lastly, the nonstandard "Other . . ." cost centers.
- o When the nonstandard "Other . . ." is chosen, the preparer must be prompted with "Is this the most appropriate choice?" and offered a chance to answer yes or to select another description.
- o The cost center coding process must be able to be invoked again for purposes of making corrections.
- o A separate list showing the preparer's added cost center names on the left with the chosen standard or nonstandard description and code on the right must be printed for review.

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 subscribed 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 *through* 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 *and HVBP adjustment factors*) cannot exceed 11 positions. Unit cost multipliers cannot exceed 13 positions. *HVBP adjustment factors cannot exceed 12 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 *through* 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 *through* 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 *through* 10, 12 *through* 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 title XVIII payment mechanism (Worksheet S-2, Part I, line 3, columns 1 *through* 5, and 7, respectively) must be present and valid. [05/01/2010b]

10300S If Worksheet S-2, Part I, line 3, *column 7*, is P, Worksheet S-3, Part II, column 2, sum of lines 2 *through* 43, must be greater than zero. This edit applies to *short term acute care hospitals* subject to PPS, but not an LTCH (CCN *XX-2000 - XX-2299*), an IRF (CCN *XX-3025 - XX-3099*), or a *psychiatric* (CCN *XX-4000 - XX-4499*). [05/01/2010b]

10350S For each provider name reported (Worksheet S-2, Part I, column 1, lines 3 *through 5, 7 through 10, or 12 through 19*), there must be corresponding entries made on Worksheet S-2, Part I, lines 3 *through 5, 7 through 10, or 12 through 19*, for the CCN (column 2), the CBSA (column 3), provider type (column 4), the certification date (column 5), and the payment system for titles V, XVIII, or XIX (columns 6, 7, or 8, respectively, except lines 14, 18, and 19) indicated with a valid code (P, T, O, or N). (See Table 3D.) If there is no component name entered in column 1, then columns 2 *through 8* for that line must also be blank. [05/01/2010b]

10400S If Worksheet S-2, Part I, *any of* lines 3 *through 5, 7 through 10, or 12 through 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 for*:
Column 1: lines 21, 22, 26-27, 56, 59, 60, 63, 70, 75, 80, 81, *85, 105*, 108, 110, 115, 116, 117, 121, 125, 140, 144 *through 149, 165, and 167.*
Columns 1 and 2: lines 20, 39, 40, 90, 93 *through 94, 96, 120.*
Columns 1 and 2: *lines 22.01 and 22.02 [10/01/2013]*
Column 2 only: lines 45 *through 47, 92.*
Columns 1, 2, and 3: *line 22.03. Do not apply this edit for cost reporting periods beginning on or after October 1, 2016. [10/01/2014]*

If lines 3 *through 5, 9, and/or 12* have a CCN in column 2, then the respective component, lines 155 *through 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.

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

Edit Condition

10450S (Cont.)	<p>If line 22, column 1="Y", then line 22, column 2 and line 23, columns 1 and 2, must be present.</p> <p>If line 26, column 1, does not equal line 27 column 1, then line 27, column 2, must have a date.</p> <p>If line 94, column x (where x = 1 or 2), is "Y", then line 95, column x, must be present.</p> <p>If line 96, column x (where x = 1 or 2), is "Y", then line 97, column x, must be present.</p> <p>If CAH (line 105="Y") AND line 56="Y", then line 107, columns 1 and 2, and line 58, column 1, must be present.</p> <p>If CAH (line 105="Y"), then line 106, column 1, must be present.</p> <p>If CAH (line 105="Y"), then line 109, columns 1 <i>through</i> 4, must be present.</p> <p>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.</p> <p>If line 47, column 2="Y", then line 48, column 2, must be present.</p> <p>If line 56, column 1="Y" AND not a CAH (line 105="N"), then lines 57 and 58, column 1, must be present.</p> <p>If line 56, column 1="Y", then line 61, column 1, must be present.</p> <p>If line 57, column 1="Y", then line 57, column 2, must be present.</p> <p>If line 61, column 1="Y", then columns 4 and/or 5, must be present</p> <p>If line 63, column 1="Y", then lines 66 and/or 67 must be present. [07/01/2010b]</p> <p>If line 70="Y", then line 71, column 1, must be present.</p> <p>If line 71, column 1="Y", then line 71, column 2, must be present.</p> <p>If line 75, column 1="Y", then line 76, column 1, must be present.</p> <p>If line 76, column 1="Y", then line 76, column 2, must be present.</p> <p>If line 90, (column x, where x=1 or 2) ="Y", then line 91, column x, must be present.</p> <p>If line 91, column 1 or 2="Y" (title V or XIX), then lines 45 and 46, same respective <i>column</i> 1 or 3 (title V or XIX), must be present.</p> <p>If line 115, column 1="Y", then line 115, column 2, must be present.</p> <p>If line 117="Y" then line 118, column 1, line 118.01, <i>column</i> 1 or 3, and line 118.02, column 1, must be present. [06/30/2012]</p> <p>If line 140, column 1="Y", and column 2 is not blank, then lines 141 <i>through</i> 143, all columns except <i>P.O.</i> Box, must be present (i.e. home office info).</p> <p>If line 165="Y", then line 166, columns 0 <i>through</i> 5, must be present.</p> <p>If line 167="Y", then line 171 must be "Y" or "N". [10/01/2014]</p> <p><i>NOTE: Except as otherwise noted, the effective date for this edit is 05/01/2010b. [05/01/2010b]</i></p>
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ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-2552-10
TABLE 6 – EDITS

Edit Condition

- 10500S If this is an IPF or IPF subprovider (*Worksheet S-2, Part I, line 3 or 4, column 2, is in the range of XX-4000 to XX-4499, or there is a “S” or “M” in the third position of the provider number), and line 71, column 1, is “N”, 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 (*Worksheet S-2, Part I, line 3 or 5, column 2, is in the range of XX-3025 to XX-3099, or there is a “T” or “R” in the third position of the provider number), and line 76, column 1, is “N”, 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”. [05/01/2010b]*
- 10600S For *a* CAH, if Worksheet S-2, Part I, column 1, line 56, equals “Y”, and column 1, line 105, is also “Y”, then questions 56 *through* 59 do not apply and are replaced with question 107. [05/01/2010b]
- 10650S If *this* is an LTCH (*Worksheet S-2, Part I, line 3, column 2, is in the range of XX-2000 to XX-2299), Worksheet S-2, Part I, line 80, column 1, must be “Y”. If this 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, line 3 *is* “P,” then *line* 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 *this provider* 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 *this provider* has a CCN of XX-0001 through XX-0879, and line 23, *is* “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]

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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 *zero*; and *if* Worksheet S-2, Part I, line 57, column 1, is “N”, or columns 1 and 2, are “Y”, then Worksheet E-4 for title XVIII must be completed. However, if Worksheet S-2, Part I, line 57, column 1, is “Y” and column 2, is “N”, do not complete Worksheet E-4 for title XVIII. [06/30/2012]

NOTE: Edit erroneously numbered as 12920S and added on this page in T-7 has been removed and renumbered as 14000S in T-8.

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

Edit Condition

- 13375S If Worksheet S-5, line 13, is greater than zero, line 15 must be greater than zero (and vice versa). If line 14 is greater than zero, line 16 must be greater than zero (and vice versa). If line 17 is greater than zero, line 19 must be greater than zero (and vice versa). If line 18 is greater than zero, line 20 must be greater than zero (and vice versa). Additionally, if Worksheet S-5, line 13 or 17, is greater than zero, Worksheet A, line 74, column 7, must be greater than zero and if Worksheet S-5, line 14 or 18, is greater than zero, then Worksheet A, line 94, column 7, must be greater than zero. [06/30/2012]
- 13376S If Worksheet S-5, line 22 (and subscripts), column 2, is greater than zero, then line 22 (and subscripts), column 4, must be greater than zero (and vice versa). If line 22 (and subscripts), column 3, is greater than zero, then line 22 (and subscripts), column 5, must be greater than zero (and vice versa). Additionally, if sum of Worksheet S-5, line 22 and subscripts, column 2, is greater than zero, then Worksheet A, line 74, column 7, must be greater than zero; and, if the sum of Worksheet S-5, line 22 and subscripts, column 3, is greater than zero, then Worksheet A, line 94, column 7, must be greater than zero. [01/01/2013]*
- 13377S Worksheet S-5, lines 10.01 and 10.02, must have a "Y" or "N" response. [10/01/2012b]*
- 13380S If Worksheet S-5, line 10.02, column 1, is "N", then line 10.03, column 2, must be 1, 2, 3, or 4; and if the cost reporting period is not the same as the calendar year, then line 10.03, column 1, must be 1, 2, 3, or 4. [10/01/2012b]
- 13400S The sum of Worksheet S-7, column 2, lines 3 through 199, must agree with Worksheet S-3, Part I, column 6, line 19. The sum of Worksheet S-7, column 3, lines 3 through 199, must agree with Worksheet S-3, Part I, column 6, line 5, excluding CAH. [05/01/2010b]
- 13450S If Worksheet S-8, line 13, column 1, is "N", then line 13, column 2, must be blank, and line 14 (and any subscripts), columns 1 and 2, must be blank. [05/01/2010b]
- 14000S If Worksheet S-10, line 3, is "Y" and line 4 is "N", then line 5 must not be zero. [10/01/2014b]*
- 10000A Worksheet A, columns 1 or 2, line 200, must be greater than zero. [05/01/2010b]
- 10050A If the hospital is not a rural hospital qualifying for an exception to the CRNA fee schedule (Worksheet S-2, Part I, line 108, column 1, is "N"), then nonphysician anesthetist costs after reclassification and adjustment (Worksheet A, column 7, line 19) must equal zero. [05/01/2010b]
- 10100A Other capital-related costs, interest expense, and utilization review-SNF, after reclassification and adjustment (Worksheet A, column 7, lines 3, 113, and 114), must equal zero. [05/01/2010b]
- 10150A Worksheet A, line 3, column 7, must be zero for the cost reporting period. [05/01/2010]
- 10200A For reclassifications reported on Worksheet A-6, the sum of all increases (columns 4 and 5) must equal the sum of all decreases (columns 8 and 9). [05/01/2010b]

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Edit Condition

- 10250A Worksheet A-6, column 1, must be present and in all uppercase alpha characters for each line with a column 3, 4, 5, 7, 8, 9, or 10 entry. There must be an entry on each line of column 4 or 5 for each entry in column 3, and vice versa, and an entry on each line of column 8 or 9 for each entry in column 7, and vice versa. All entries must be valid; for example, no salary adjustment on column 3 and/or 7, lines 1 *through* 3 for capital, 61, 92, and 113. [05/01/2010b]
- 10300A If Worksheet S-2, Part I, column 7, any of lines 3 *through* 6 equals P, and Worksheet S-2, Part I, line 21, equals 1, 2, 3, 4, 5, or 6, then Worksheet A-7, Part I, columns 1 *through* 3, line 10, minus column 5, line 10, must be greater than zero, and Worksheet A-7, Part III, sum of columns 9 *through* 14, lines 1 and 2 (and *subscripts for* each line), must be greater than zero. [05/01/2010b]
- 10325A An explanation must be on the first line for each reclassification code, or when there are multiple reclassifications of the same code, if data is present in any of columns 2 *through* 9 on Worksheet A-6, column zero. [10/01/2011b]
- 10350A Worksheet A-7, Part III, sum of columns 9 *through* 14, lines 1 and 2 (and *subscripts for* each line) must equal the corresponding line on Worksheet A, column 7, lines 1 and 2 (and *subscripts*). [05/01/2010b]
- 10351A If Worksheet A-7, Part III, line 3, sum of columns 5, 6, and 7, is greater than zero then the sum of Worksheet A-7, Part III, line 3, columns 1 and 2, must also be greater than zero. [05/01/2010b]
- 10400A For Worksheet A-8 adjustments on lines 3 *through* 9, 11, 13 *through* 22, 29, and 32, if columns 1, 2, or 4, has an entry, then all three columns for that line must have entries, and if any one of columns 0, 1, 2, or 4, for lines 33 *through* 49 (and *subscripts thereof*) has an entry, then all four columns for that line must have entries. [05/01/2010b]
- 10425A For Worksheet A-8 adjustments on lines 1, 2, 26, and 27, if column 1, 2, *or* 5, *has* an entry, then all three columns for *that line* must have entries. [05/01/2010b]
- 10450A If Worksheet A-8-1, Part A, either of columns 4 or 5, lines 1 *through* 4, does not equal zero, then column 1, the corresponding line must be present. [05/01/2010b]
- 10500A If there are any transactions with related organizations or home offices as defined in CMS Pub. 15-1, chapter 10 (Worksheet S-2, Part I, column 1, line 140, is "Y"), Worksheet A-8-1, Part A, columns 4 or 5 (amounts in columns 4 or 5 must have a parallel line number in column 1, and vice versa), sum of lines 1 *through* 4, must be greater than zero; and Part B, column 1, any one of lines 6 *through* 10, must contain any one of alpha characters A *through* G. Conversely, if Worksheet S-2, Part I, column 1, line 140, is "N", Worksheet A-8-1 *must* not be present. [05/01/2010b]

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TABLE 6 - EDITS

Edit Condition

- 10550A Worksheet A-8-2, column 3, must be equal to or greater than the sum of columns 4 and 5, and columns 6 and 7 must each be greater than zero if column 5 is greater than zero. *CAHs* are exempt from completing columns 6 *and* 7. [05/01/2010b]
- 10600A Worksheet A-6, column 10, must contain values of 9 *through* 14 (Worksheet A-7, Part III, column reference) for the corresponding line of column 3 or column 7 which contains a capital-related line number value of 1 *or* 2, and/or subscripts thereof. [05/01/2010b]
- 10650A Worksheet A-8, column 5, must contain a value of 9 *through* 14 (Worksheet A-7, Part III, column reference) for any line in column 4, including lines 1, 2, 26, *and* 27, which contain a capital-related line reference of 1 *or* 2 (and/or subscripts thereof) and has a basis code in column 1 and/or an amount in column 2. [05/01/2010b]
- 10700A Worksheet A-8-1, Part A, column 7, lines 1 *through* 4 (*and subscripts thereof*), must contain a value of 9 *through* 14 (Worksheet A-7, Part III, column 7 reference) if column 1, the corresponding line (*and/or subscripts thereof*), is 1 *or* 2. [05/01/2010b]
- 10750A If Worksheet A-8-3, sum of columns 1 *through* 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 *through* 4, line 47, is greater than zero, *then* column 5, line 51, must be greater than *the* sum of columns 1 *through* 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 *through* 23, line 202), the corresponding total cost allocation statistics (Worksheet B-1, column 1, line 1; column 2, line 2, etc.) must also be greater than zero. Exclude from this edit any column which uses accumulated cost as its basis for allocation and any reconciliation column. [05/01/2010b]

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- 10150B For any column which uses accumulated cost as its basis of allocation (*on* Worksheet B-1), if there is a “-1” in the accumulated cost column, then there may not be an amount in the reconciliation column for the same cost center line. [05/01/2010b]
- 10000C On Worksheet C, Part I, all amounts must be equal to or greater than zero. [05/01/2010b]
- 10050C Worksheet C, Part I, column 1, line 92, must equal the sum of all title XVIII, Worksheets D-1, column 1, line 89, for hospital and subprovider components. [05/01/2010b]
- 10100C If Worksheet S-3, Part I, column 8, lines 1, 8 *through* 12, are greater than zero, the corresponding line (lines 30 *through* 35) on Worksheet C, Part I, column 6, must also be greater than zero, and vice versa. [05/01/2010b]
- 10050D If Medicare hospital inpatient days (Worksheet S-3, Part I, column 6, line 14) and Medicare hospital inpatient ancillary pass-through costs (Worksheet D, Part IV, column 11, line 200) are greater than zero, and the hospital *is not an* all-inclusive rate *provider* (Worksheet S-2, Part I, column 1, line 115, is "N"), then Medicare hospital inpatient ancillary service costs (Worksheet D-3, column 3, line 200) must also be greater than zero. [05/01/2010b]
- 10100D The total inpatient charges on each line of Worksheet C, Part I, column 6, must be greater than or equal to the sum of all Worksheets D-3, column 2, lines as appropriate. [05/01/2010b]
- 10150D Worksheet D-1, Part IV, line 87, for title *XVIII* hospital, must equal Worksheet S-3, Part I, column 8, line 28. [05/01/2010b]
- 10200D Worksheet D-1, column 1, sum of lines 5 and 6, must equal Worksheet S-3, Part I, column 8, line 5, and Worksheet D-1, column 1, sum of lines 10 and 11, must be equal to or less than Worksheet D-1, column 1, sum of lines 5 and 6. [05/01/2010b]
- 10250D Worksheet D-1, title *XVIII*, 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 *through* 8, 10 *through* 19, and 21 *through* 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 *through* 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 *through* 20. Do not apply this edit to a CAH. [05/01/2010b]

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Edit	Condition
10450D	If Worksheet S-3, Part I, column 6, lines 1, 8 <i>through</i> 12 (or lines 16 <i>through</i> 17 for <i>psychiatric</i> or <i>rehabilitation</i> subproviders), are greater than zero, then the corresponding line on Worksheet D-3, column 2, lines 30 <i>through</i> 41, must also be greater than zero, and vice versa. [05/01/2010b]
10500D	If Worksheet D-4, lines 1 <i>through</i> 6, columns 1 and/or 3, or lines 8 <i>through</i> 40, column 2, have data, then Worksheet S-2, Part I, lines 126 <i>through</i> 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 <i>through</i> 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]
10000E	If Worksheet S-2, Part I, line 22, is "N", then Worksheet E, Part A, line 34, must be zero, and conversely, if line 22 is "Y", then each of the lines 32 <i>through</i> 34 must be greater than zero. [05/01/2010b]
10005E	If Worksheet S-2, Part I, line 22, column 1, is "N", then Worksheet E, Part A, line 35.02, columns 1 and 2, and line 36, must be zero. Conversely, if the cost reporting period overlaps <i>October 1</i> , 2013, and Worksheet S-2, Part I, line 22, column 1, is "Y", then Worksheet E, Part A, line 35.02, column 1, must be zero, and <i>line 35.02</i> , column 2, <i>and</i> line 36, must be greater than zero. If the cost reporting period begins on or after <i>October 1</i> , 2013, and Worksheet S-2, Part I, line 22, column 1, is "Y", then Worksheet E, Part A, line 35.02, columns 1 and 2, as applicable, and line 36, must be greater than zero. [10/01/2013b]
10010E	If the cost reporting period begins or overlaps <i>October 1</i> , 2013, and Worksheet S-2, Part I, line 22, is "Y", and Worksheet S-2, Part I, line 22.01, columns 1 and/or 2, is "N", then Worksheet E, Part A, lines 35 and 35.01, column 1, must be zero and column 2 must be greater than zero. If the cost reporting period begins after <i>October 1</i> , 2013, and Worksheet S-2, Part I, line 22, is "Y", and Worksheet S-2, Part I, line 22.01, columns 1 and/or 2, is "N", then Worksheet E, Part A, lines 35 and 35.01, columns 1 and 2, must be greater than zero, as applicable. [10/01/2013]
10060E	If the cost reporting period <i>ends on or after</i> October 1, 2013, then Worksheet E, Part A, line 1, must be zero, <i>and the sum of lines 1.01 and 1.02 must be greater than zero if Worksheet S-3, Part I, line 14, column 6, is also greater than zero.</i> [10/01/2013]
10070E	<i>This edit has been eliminated.</i>

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Edit Condition

- 10080E If *the* cost reporting *period overlaps* October 1, 2013, then Worksheet E, Part A, column 1, lines 35 *through* 35.03, must be left blank, and only column 2 is completed. [10/01/2013]
- 10100E Worksheet E, Part A, line 40, column 1, if applicable (for hospital, *title XVIII* only) must be equal to or less than Worksheet S-3, Part I, column 13, for the sum of lines 2 and 14. [05/01/2010b]
- 10150E Worksheet E, Part A, line 30, must equal Worksheet L, Part I, line 7, where both amounts are present. [05/01/2010b]
- 10170E If Worksheet E, Part A, line 48, is greater than zero, Worksheet S-2, Part I, lines 35 or 37, must be greater than zero, and conversely, if Worksheet S-2, Part I, lines 35 or 37, is greater than zero then Worksheet E, Part A, line 48, must be greater than zero. For *a title XVIII PPS hospital with a* certification date after *October 1, 1987*, do not apply this edit. [05/01/2010b]
- 10200E If Worksheet S-2, Part I, line 3 or 5, column 4, equals "5", *and* line 75, column 1, equals "Y", *and Worksheet S-3, Part I, line 1 or 17, column 6, is greater than zero*, then *Worksheet E-3, Part III*, line 1 must be greater than zero, and vice versa. [05/01/2010b]
- 10250E If Worksheet S-2, Part I, line 76, column 1, is "Y", and column 2, is "N", *and Worksheet S-3, Part I, line 1 or 17, column 6, is greater than zero*, then Worksheet E-3, Part III, line 5, must have an amount greater than zero, and vice versa. [05/01/2010b]
- 10300E If Worksheet S-2, Part I, line 76, column 1, is "N", and column 2, is "Y", and column 3, is 1, 2, 3, 4 or 5, *and Worksheet S-3, Part I, line 1 or 17, column 6, is greater than zero*, then Worksheet E-3, Part III, line 8, must be greater than zero, and vice versa. [05/01/2010b]
- 10350E If Worksheet S-2, Part I, line 76, column 1, is "Y", column 2, is "N", *and Worksheet S-3, Part I, line 1 or 17, column 6, is greater than zero*, then *Worksheet E-3, Part III, line 8, must be zero*. [05/01/2010b]

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Edit Condition

- 10400E If Worksheet S-2, Part I, line 76, column 1, is "N", column 2, is "N", Worksheet S-3, part I, line 1 or 17, column 6, is greater than zero *and Worksheet E-3, Part III, line 7 is greater than zero, then Worksheet E-3, Part III, lines 6 must be greater than zero.* [05/01/2010b]
- 10450E If Worksheet S-2, Part I, line 3, column 4, *is "2"*; line 80, column 1, is "Y"; *line 87, column 1, is "N", and Worksheet S-3, Part I, line 1, column 6, is greater than zero,* then Worksheet E-3, Part IV, line 1, for *the long term care facility,* must be greater than zero, and vice versa. [05/01/2010b]
- 10455E If Worksheet S-2, Part I, line 3, column 4, is "2"; line 80, column 1, is "Y"; line 87, column 1, is "Y", and Worksheet S-3, Part I, line 1, column 6, is greater than zero, then Worksheet E-3, Part I, line 1, for the "subclause (II)" LTCH, must be greater than zero, and vice versa. [10/01/2014b]*
- 10500E If Worksheet S-2, Part I, lines 3 or 4, column 4, equals "4", and line 70, column 1, is "Y", *and Worksheet S-3, Part I, line 1 or 16, column 6, is greater than zero,* then Worksheet E-3, Part II, line 1, for *the IPF* must be greater than zero, and vice versa. [05/01/2010b]
- 10600E If Worksheet S-2, Part I, line 71, column 1, is "Y", and column 2, is "N", *and Worksheet S-3, Part I, line 1 or 16, column 6, is greater than zero,* then Worksheet E-3, Part II, line 4, must have an amount greater than zero. [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, *3, 4 or 5, and Worksheet S-3, Part I, line 1 or 16, column 6, is greater than zero,* then Worksheet E-3, Part II, line 7, must be greater than zero. [05/01/2010b]
- 10700E If Worksheet S-2, Part I, line 71, column 1 is "Y", column 2, is "N", *and Worksheet S-3, Part I, line 1 or 16, column 6, is greater than zero,* then Worksheet E-3, Part II, line 7, must be zero. [5/01/2010b]

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Edit Condition

- 10750E If Worksheet S-2, Part I, line 71, column 1, is "N", column 2, is "N", and *Worksheet S-3, Part I, line 1 or 16, column 6, is greater than zero, and Worksheet E-3, Part II, line 6 is greater than zero*, then Worksheet E-3, Part II, line 7, must be greater than 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]
- 10900E If Worksheet E, Part A, line 24, is less than or equal to zero, then lines 25 *through* 28 should be zero. [05/01/2010b]
- 10000H Worksheet H-2, Part II, sum of lines 1 *through* 19, for each of columns 1 *through* 4, and 5 *through* 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 *through* 4, 5 *through* 23, and 25, lines 1 *through* 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 *through* 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 *through* 6, must be equal to or greater than the unduplicated census count, Worksheet S-4, sum of columns 1 *through* 4, line 2. Do not apply this edit if Worksheet S-4, sum of columns 1 *through* 3, line 2, equals 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]

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TABLE 6 – EDITS**

Edit Condition

- 10300H Worksheet H-3, Part I, columns 6 *and* 7, lines 1 *through* 6, must equal Worksheet S-4, columns 1 *through* 4, lines 21, 23, 25, 27, 29, and 31, respectively. Also, Worksheet H-3, Part I, lines 8 through 13, *sum of* columns 2 and 3, *for* all CBSAs, for each respective discipline, must equal *the 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 *through* 8 and 10 *through* 16, must equal Worksheet A, column 7, line 74. Worksheet I-1 (Home Program), column 1, sum of lines 1 *through* 8 and 10 *through* 16, must equal Worksheet A, column 7, line 94. If Worksheet S-2, Part I, line 145, *column 1, is "Y"*, do not apply this edit to *the* Renal Dialysis department *and do* not complete *the* Renal Dialysis department Worksheets I-1 through I-4 for this cost report. *If Worksheet S-2, Part I, line 145, column 2, is "N", do not apply this edit to the renal dialysis department. If the Home Program department Worksheet S-5, line 1, columns 1, 2, 3, 4, 5, and 6, are zero, do not apply this edit to the Home Program department.* [05/01/2010b]
- 10050I Worksheet I-1 (Renal Dialysis), column 1, sum of lines 1 *through* 8, 10 *through* 16, and 18 *through* 26, must equal the amount from Worksheet B, Part I, column 26, line 74. Worksheet I-1(Home Program), column 1, sum of lines 1 *through* 8, 10 *through* 16, and 18 *through* 26, must equal the amount from Worksheet B, Part I, column 26, line 94. If Worksheet S-2, Part I, line 145, *column 1, is "Y"*, do not apply this edit to *the* Renal Dialysis department *and do* not complete *the* Renal Dialysis department Worksheets I-1 through I-4 for this cost report. *If Worksheet S-2, Part I, line 145, column 2, is "N", do not apply this edit to the renal dialysis department. If the Home Program department Worksheet S-5, line 1, columns 1, 2, 3, 4, 5, and 6, are zero, do not apply this edit to the Home Program department.* [05/01/2010b]
- 10100I If Worksheet B, Part I, *line 74, column 26, is greater than zero and Worksheet S-2, Part I, line 145, column 1, is "N" and Worksheet S-2, Part I, line 145, column 2, is "Y"*, then Renal Dialysis Worksheets S-5, I-1, I-2, I-3, I-4, and I-5 should be present (containing any data) and Worksheet I-3, line 17, column 3, should be greater than zero and vice versa. Do not apply this edit if *Worksheet S-2, Part I, line 145, column 1, is "Y"*. [05/01/2010b]
- 10150I If Worksheet B, Part I, *line 94, column 26, is greater than zero, or if Worksheet I-4 (Home Program), line 11, column 4, is greater than zero, then Home Program Worksheets S-5, I-1, I-2, I-3, I-4 and I-5 must be present (containing any data), and vice versa; and Worksheet I-3, line 17, column 3, must be greater than zero.* [05/01/2010b]
- 10200I If Worksheet I-2, any of columns 1 *through* 8, line 1, are greater than zero, then Worksheet I-3, for related columns 1 *through* 8, sum of lines 2 *through* 16, must be greater than zero. [05/01/2010b]
- 10250I If Worksheet S-2, Part I, line 145, *column 1, is "N"* and Worksheet A, column 7, line 74, is greater than zero, then the *Worksheet I* series must be present for renal dialysis services. *Do not apply this edit if Worksheet S-2, Part I, line 145, column 1, is "Y", or if column 2, is "N"*. [05/01/2010b]
- 10300I If Worksheet I-1, column 1, line 31, is greater than zero, then Worksheet I-4, column 1, sum of lines 1 *through* 10, must also be greater than zero.[05/01/2010b]

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

Edit Condition

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

**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 *through* 5) should not equal zero. [05/01/2010b]
- 20100S The hospital certification date (Worksheet S-2, Part I, column 5, line 3 *through* 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 *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 *or beginning on or after October 1, 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 lines 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 *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, lines 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

Edit Condition

- 21150S The hospital and each component in a health care complex reporting interns and residents in full time equivalents (Worksheet S-3, Part I, column 9, lines 14, and 16 *through* 26) should have corresponding cost allocation statistics for interns and residents (Worksheet B-1, sum of columns 21 and 22, sum of lines 30 *through* 46, 88 *through* 89, 94, 99, 115, and 116, respectively) and, conversely, there should be FTEs on the aforementioned Worksheet S-3 if there are statistics on the aforementioned Worksheet B-1. [05/01/2010b]
- 21200S For prospective payment system hospital cost reports, where the ratio of Worksheet S-3, Part II, column 5, sum of lines 9 and 10, divided by the result of column 5, line 1, minus the sum of column 5, lines 3, 5, and 8, is equal to or greater than 5 percent, Worksheet S-3, Part III, columns 2 and 5, line 7, must be present. [05/01/2010b]
- 21250S For prospective payment system hospital cost reports, where the ratio of Worksheet S-3, Part II, column 5, sum of lines 9 and 10, divided by the result of column 5, line 1, minus the sum of column 5, lines 3, 5, and 8, is equal to or greater than 15 percent, Worksheet S-3, Part II, column 2, lines 26 *through* 43 must be present, if the corresponding line on Worksheet A, column 1, is greater than zero. [05/01/2010b]
- 21300S If Worksheet S-3, Part II, sum of columns 2 *and* 3, lines 9 and 10, are greater than zero, then the sum of columns 2 *and* 3, line 19, must also be greater than zero. *The* provider should submit supporting documentation when the sum of lines 9 and 10 is greater than zero and line 19 equals zero. [05/01/2010b]
- 21350S If Worksheet S-2, Part I, column 1, line 12, and subscripts, are present, then Worksheet S-4, column 1, line 19, must be greater than zero and the number of CBSA codes on line 20, and subscripts, must equal the number identified on line 19. [05/01/2010b]
- 20000A Worksheet A-6, column 1 (reclassification code), must be an alpha character. [05/01/2010b]
- 20050A Worksheet A-7, Part III, column 2, must be less than or equal to column 1 for lines 1 *and* 2, and subscripts thereof. [05/01/2010b]
- 20100A If there are provider-based physician adjustments on Worksheet A-8-2, then column 1 may only contain Worksheet A line numbers 4 *through* 99, 105 *through* 112, 115, and subscripts thereof. [05/01/2010b]
- 20150A If Worksheet A, column 7, either of lines 74 or 94, is greater than zero, then Worksheet S-5, columns 1 or 2, line 21, must contain an X. DO NOT APPLY IF WORKSHEET S-2, Part I, line 145, ="Y". [05/01/2010b]

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

Edit Condition

Column headings (Worksheets B-1, B, Parts I, and II, J-1, Part II, and L-1, Part I) are required as indicated for codes 20000B and 20050B:

- 20000B At least one cost center description (lines 1 *through* 3), at least one statistical basis label (lines 4 *through* 5), and one statistical basis code (line 6) (capital cost center lines only) must be present for each general service cost center with cost greater than zero (Worksheet B-1, columns 1 *through* 23, line 202). Exclude any reconciliation columns from this edit. [05/01/2010b]
- 20050B 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. [05/01/2010b]
- 20100B Worksheet B, Part II, column 26, sum of lines 30 *through* 117 and 190 *through* 194, and subscripts as allowed, must be equal to or greater than zero. Not applicable for *CAHs*. [05/01/2010b]
- 20000C If Worksheet C, Part I, column 3, has costs on any line, then column 8 must have charges on the corresponding cost center and vice versa. [10/01/2012b]
- 20000D The total outpatient charges on each line of Worksheet C, Part I, column 7, must be greater than or equal to the sum of all Worksheet D, Part V, columns 2 *through* 4. [05/01/2010b]
- 20050D If the provider has a charge structure (Worksheet S-2, Part I, line 115, column 2 is not A, B, or E) and total inpatient days (Worksheet D-1, column 1, line 1, for the hospital and all components and all *titles*) *are* greater than zero, then general inpatient routine service charges (Worksheet D-1, column 1, line 28, for the hospital and all components and all *titles*) must also be greater than zero. If there are no private room days, do not apply this edit. [05/01/2010b]
- 20100D If Worksheet D-4, Part III, column 1, line 66, is greater than zero or Part IV, sum of columns 1 and 2, lines 76 *through* 80, are greater than zero, then both must be greater than zero. [05/01/2010b]
- 20125D The number of total usable organs Worksheet D-4, Part III, line 62, must equal Worksheet D-4, Part IV, sum of columns 1 and 2, line 74, minus the sum of columns 1 and 2, line 83. [10/01/2014b]*
- 20150D If Worksheet B, Part I, column 26, lines 105 *through* 112, as appropriate, are greater than zero or Worksheet D-4, Part IV, sum of columns 1 and 2, lines 70 *through* 73, are greater than zero, then both should be greater than zero. [05/01/2010b]
- 20200D Worksheet D-4, Part IV, sum of columns 1 and 2, lines 70 *through* 73, should equal the sum of columns 1 and 2, lines 75 *through* 83. [05/01/2010b]

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

<u>Edit</u>	<u>Condition</u>
20250D	If Worksheet D-5, Part IV, line 20 or 21, is greater than zero, then Worksheet E-4, line 6, must be greater than zero. [06/30/2014]
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 <i>through</i> 4, lines 1 <i>through</i> 10, 12 <i>through</i> 29 (subscripts as indicated), and 31 through 34, must equal total liabilities and fund balance (sum of each of columns 1 <i>through</i> 4, lines 37 <i>through</i> 44, 46 <i>through</i> 49, and 52 <i>through</i> 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 <i>through</i> 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, column 1, line 31, is greater than zero, then Worksheet I-4, column 7, including subscripts, and the sum of lines 1 <i>through</i> 10, must be greater than zero, and vice versa. [05/01/2010b]
20100I	Worksheet I-2, column 11, sum of lines 2 <i>through</i> 16, and 18, must equal Worksheet I-1, column 1, sum of lines 1 <i>through</i> 8, 10 <i>through</i> 16, 18 <i>through</i> 26, and 28 <i>through</i> 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 <i>through</i> 10, should be equal to or less than the corresponding amounts in column 1 for each line. [05/01/2010b]

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TABLE 6 - EDITS

Edit Condition

20250I If Worksheet I-4, column 1, sum of lines 1 *through* 10, is greater than zero, then Worksheet I-2, column 11, sum of lines 2 *through* 11, must also be greater than zero. [05/01/2010b]

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

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

20000K Worksheet A, column 7, line 116, must be greater than zero. [05/01/2010b]

20050K Worksheet K, column 10, line 39, must be equal to Worksheet A, column 7, line 116. [05/01/2010b]

20000M Worksheet M-2, sum of column 2, lines 1 *through* 3, 5 *through* 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 *through* 3 and 5 *through* 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.