

**HEALTH CARE PROVIDER COST REPORT INFORMATION SYSTEM
(HCRIS)
SPECIFICATIONS FOR THE FORM CMS 1728-94
Transmittal #13
July 18, 2007**

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HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 1 - Record Specifications

Table 1 - Specifications for Type '1' Record, Records 1 through 98

Record Name: Type '1' Records - Record Number 1

	Field	Size	Usage	Location	Remarks
1	Data Type	1	9	1	Constant '1'
1A	NPI Number	10	x	2-11	(National Provider Identifier).
2	Space	1	x	12	
3	ID Number	1	9	13	Constant '1'
4	CMS Transmittal #	2	9	14-15	Hard Code '13' for this transmittal
5	Vendor Version Number	3	9	16-18	001= 1st Version of HHA Extract Software, 002=2nd, etc. (or 101,102)
6	Spaces	2	9	19-20	
7	Provider Number	6	9	21-26	Numeric only.
8	Intermediary Number	5	9	27-31	Numeric only.
9	MCR Type	1	9	32	1 = As Submitted 2 = Settled W/O Audit 3 = Settled with Audit 4 = Reopened 5 = Amended
10	Special Data Collection Indicators	1	x	33	Blank = Regular, else A-Z as assigned by CMS
11	Fiscal Year Begin Date	5	9	34-38	YYDDD - Julian Date (1st day covered by this report)
12	Fiscal Year Ending Date	5	9	39-43	YYDDD - Julian Date (Last day covered by this report)
13	MCR Version	1	9	44	Constant '8' (CMS 1728-94)
14	Vendor Code	1	9	45	3 = KPMG Peat Marwick 4 = Health Financial Systems
15	Creation Date	5	9	46-50	YYDDD - Julian Date, Date HCRIS file created (extracted)
16	NPR Date	5	9	51-55	YYDDD Date MCR Settled or Reopened
17	Provider Software Version	3	9	56-58	Vendor Software Version #
18	Vendor ID	2	9	59-60	Vendor ID Code

Table 1 - Record Specifications

Record Name: Type '1' Records - Record Numbers 2 - 98

Field	Size	Usage	Location	Remarks
1 Data Type	1	9	1	Constant '1'
2 Spaces	10	x	2-11	
3 ID Number	2	9	12-13	

#2 - Type of cost report:
 L = Low Medicare Utilization*
 N = No Medicare Utilization*
 F = Full Cost Report*

#3 - Initial Report - Is this your first report for this provider number? Y or N

#4 - Terminating Report - Is this a terminating report for this provider number? Y or N (Last report ever for this provider)

#5 thru #97 - Reserved for future use.

#98 - Record Count (Right justify in positions 21-26)

4 Spaces	7	x	14-20	
5 ID Information	40	x	21-60	Left Justified (except for the record count)

*See Table 1A

Record Name: Type '2' Records for Label Data

Field	Size	Usage	Location	Remarks
1 Data Type	1	9	1	Constant '2'
2 Worksheet	7	x	2-8	Alphanumeric
3 Line Number	5	9	9-13	Numeric Only
4 Subline Number	2	9	14-15	Numeric Only
5 Column Number	3	x	16-18	Alphanumeric
6 Subcolumn Number	2	9	19-20	Numeric Only
7 4 Digit Cost Center	4	9	21-24	Refer to Table 4 for Codes
8 Labels/Headings	36	x	25-60	Left Justified

Record Name: Type '3' Records for Nonlabel Data

Field	Size	Usage	Location	Remarks
1 Data Type	1	9	1	Constant '3'
2 Worksheet	7	x	2-8	Alphanumeric
3 Line Number	5	9	9-13	Numeric Only
4 Subline Number	2	9	14-15	Numeric Only
5 Column Number	5	x	16-18	Alphanumeric
6 Subcolumn Number	2	9	19-20	Numeric Only
7 Field Data				
a. Alpha Data	40	x	21-60	Left Justified. (Y or N for yes/no answers; dates must use CCYYMMDD format with no hyphens or zeros)
b. Numeric Data	16	x	21-36	Right Justified. (May contain leading minus signs and have imbedded decimal point; leading zeros may be suppressed)
c.	24	x	37-60	Spaces.

Table 1A - No and Low Medicare Utilization Data Elements

Mandatory data is as follows:

<u>Data</u>	<u>Source</u>
Type 1 Records #2 - 4 & 98	Identification Data
Type 3 Records	
Date of Receipt	Worksheet S, Line 1, Col 2
Provider Name & Address	Worksheet S-2, Line 2, Col 1 Worksheet S-2, Line 1, Cols 1 & 2 Worksheet S-2, Line 1.01, Col 1 - 3
Certification Date	Worksheet S-2, Line 2, Col 3
Type of Control	Worksheet S-2, Line 8, Col 1

Note: Table 5, All Consistency checks and only Relational Edit #9 will be applied

Only one HCRIS is required for "No and Low Medicare Utilization" reports. The MCR Should be either a 2 (settled without audit) or 3 (settled with audit).

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 2 - Worksheet Indicators

This table contains the Worksheet Indicators that are to be used with HHA data submissions extracted from the CMS 1728-94. A Worksheet Indicator is provided only for those worksheets from which data are to be extracted.

The Worksheet Indicator consists of seven digits and begins in position two of the record after the record type indicator. With the exception of A-8-3, where three digits are necessary, the first two digits, (positions 2 & 3) indicate the Worksheet or Supplemental Worksheet. The third through sixth digits (positions 4 - 7) are used differently depending on the particular worksheet. See the footnotes. The seventh digit (position 8) represents the worksheet or supplemental worksheet part.

Worksheet	Part	Worksheet Indicator	Footnote Reference
S	Part 0	S000000	
S	Part II	S000002	
S-2		S200000	
S-3		S300000	(a)
S-4		S410000	(b,d)
S-5		S510000	(f)
S-6		S610000	(b)
A		A000000	
A-1		A100000	
A-2		A200000	
A-3		A300000	
A-5		A500000	
A-6		A60000A A60000B A60000C	
A-7		A700000	
A-8-3		A830000	(a,e)
B		B000000	
B-1		B100000	

Transmittal 10 Addition:

Worksheet S-3, Part IV, new worksheet

Worksheet S-5 is a new worksheet for Hospice

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 2 - Worksheet Indicators

Worksheet	Part	Worksheet Indicator	Footnote Reference
C,	Part I	C000001	
	Part II	C000xx2	(c)
	Part III	C000003	
	Part IV	C000004	
	Part V	C000005	
D		D000000	
D-1		D100000	
F		F000000	
F-1		F100000	
J-1	Part I	J110001	(b)
	Part II	J110002	(b)
J-2		J210000	(a,b)
J-3		J310000	(a,b)
J-4		J410000	(b)
K		K010000	(f)
K-1		K110000	(f)
K-2		K210000	(f)
K-3		K310000	(f)
K-4	Part I	K410001	(f)
	Part II	K410002	(f)
K-5	Part I	K510001	(f)
	Part II	K510002	(f)
	Part III	K510003	(f)
K-6		K610000	(f)
CM-1	Part I	M110001	(b)
	Part II	M110002	(b)
	Part III	M110003	(b)
CM-2		M210000	(a,b)
CM-3		M310000	(a,b)
CM-4		M410000	(b)

Transmittal 10 Additions:
 Worksheet K Series are new worksheet for Hospice

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 2 - Worksheet Indicators

Worksheet	Part	Worksheet Indicator	Footnote Reference
RH-1	Part I	R110001	(b)
	Part II	R110002	(b)
	Part III	R110003	(b)
RH-2		R210000	(a,b)
FQ-1	Part I	Q110001	(b)
	Part II	Q110002	(b)
	Part III	Q110003	(b)
FQ-2		Q210000	(a,b)
RF-1		H110000	(b,d)
RF-2		H210000	(b,d)
RF-3		H310000	(b,d)
RF-4		H410000	(b,d)
RF-5		H510000	(b,d)

FOOTNOTES:

- (a) Worksheets with Multiple Parts using Identical Worksheet Indicator:

Although some worksheets have multiple parts, the lines are numbered sequentially. In these instances the same worksheet indicator is used with all lines regardless of the worksheet part. This affects Worksheets S-3, D, A-8-3, C, J-2, J-3, CM-2, CM-3, FQ-2 and RH-2.

- (b) Multiple special purpose cost centers (CORFs, CMHCs, RHCs and FQHCs):

The third digit of the worksheet indicator (position 4 of the record) is numeric from 1 to 9 to accommodate multiple sub-providers. If there is only one sub-provider of that type, the default is 1. This affects Supplemental Worksheets S-4; S-6; J-1, Pts I - III; J-2 to J-4; CM-1 to CM-4; RH-1, Pts I - III; RH-2; FQ-1, Pts I - III; FQ-2; and RF-1 to RF-5.

- (c) Multiple Worksheet C, Part II must be prepared for each MSA code. To provide for a unique worksheet identifier, Position 5 & 6 (positions 6 - 7 of the record) can be incremented from 00 to 29 to accommodate multiple Part II preparation. This indicator must correspond to the two digit subscript of line 29, Col 1, Worksheet S-3, where the MSA codes are listed. If services are provided in only one MSA, the default is 00.

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 2 - Worksheet Indicators

Multiple Worksheet C, Part II must be prepared for each CBSA code. To provide for a unique worksheet identifier, Position 5 & 6 (positions 6 - 7 of the record) can be incremented from 30 to 59 to accommodate multiple Part II preparation. This indicator must correspond to the two digit subscript of line 29, Col 1.01, Worksheet S-3, where the CBSA codes are listed. If services are provided in only one CBSA, the default is 30.

- (d) Multiple Health Clinic Providers, (RHCs, FQHCs) shall be differentiated in the following manner:

The third digit of the worksheet indicator, (position four of the record) is numeric from 1 to 9 to accommodate multiple sub-providers. If there is only one health clinic provider of that type, the default is 1. This affects Worksheets S-4 and RF-1 to RF-5. The fourth character of the worksheet indicator, (position 5 of the record) must be either an "F" or an "R" to indicate whether the unit is a Federally Qualified Health Center or a Rural Health Clinic.

- (e) Worksheet A-8-3 can have four possible iterations: One for Physical Therapy (PT) before April 10, 1998, again for PT on or after April 10, 1998, Occupational Therapy (OT) and Speech Pathology (SP). To Facilitate this, the fourth digit (position five of the record) will show alpha characters P for PT, O for OT, and S for SP to designate the above usage. The fifth digit (position six of the record) shall be set at zero (0) for those worksheets completed for services furnished before April 10, 1998 and at one (1) for services rendered on or before April 10, 1998.

- (f) For multiple HHA-based Hospices, the third digit of the Worksheet Indicator (position four of the record) is numeric from 1 to 9 to accommodate up to 9 HHA-based providers. If there is only 1 Hospice, the default is 1. This affects Worksheet S-5 and the K series worksheets.

Transmittal 10:

Additional footnote for Hospice worksheets

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Worksheet S				
Description	Lines	Columns	Field Size	Usage
<u>Part O</u>				
Date Cost Report Received from the Provider (CCYYMMDD)	1	2	8	x
<u>Part II</u>				
Balance Due Provider or (Program) - Total:				
Title XVIII Part A	1	1	9	-9
Title XVIII Part B	1	2	9	-9
Title XVIII Part B CORF	2	2	9	-9
Title XVIII Part B CMHC	3	2	9	-9
Title XVIII Part B RHC/FQHC (1 or 2)	3.5	0	1	9
Title XVIII Part B RHC/FQHC	3.5	2	9	-9
Total Title XVIII Part A	4	1	9	-9
Total Title XVIII Part B	4	2	9	-9

Worksheet S-2				
Description	Lines	Columns	Field Size	Usage
Home Health Agency (HHA)				
Street	1	1	36	x
P O Box	1	2	9	x
City	1.01	1	36	x
State	1.01	2	2	x
Zip Code	1.01	3	10	x
Component Provider Name	2,3,3.5,4-6	1	36	x
Component Provider Number	2,3,3.5,4-6	2	6	x
Component National Provider Number	2,3,3.5,4-6	2a*	10	x
Component Date Certified (CCYYMMDD)	2,3,3.5,4-6	3	8	x
Fiscal Year Begin and End (CCYYMMDD)	7	1-2	8	x
Type of Control (See Table 3A for types)	8	1	2	9
*(possible future use)				

See footnotes on Page 26 re. Low/no util. S-2, Line 9

Depreciation Reported in this Cost Report:	10-12	1	9	9
Total	13	1	9	9
Questions re Assets & Accelerated Depreciation	14-16	1	1	x
If Depreciation is Funded, Year-End Balance	17	1	9	9
Did you cease to participate in the Medicare Program at the end of this period? Y/N	18	1	1	x
Was there substantial decrease in health insurance proportion of allowable costs from prior periods? Y/N	19	1	1	x
Does the provider qualify as a small HHA?	20			
Does the HHA qualify as a nominal charge provider?	21	1	1	x
Does the HHA contract with outside suppliers for physical therapy services?	22	1	1	x
Does the HHA contract with outside suppliers for occupational therapy services?	22.01	1	1	x
Does the HHA contract with outside suppliers for speech therapy services?	22.02	1	1	x

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Table 3 - Cost Report Data Specifications

Questions re. Non-public prov. That qualifies for exception of the lower of cost or charges:

HHA Part A	23	1	1	x
Part B HHA, HHA-based CORF & CMHC	23-25	2	1	x
Fragmented A&G Costs: 1 = Option 1, 2 = Option 2	26	1	1	9
Amount of Malpractice: Premiums	27.01	1	9	9
Paid Losses	27.02	1	9	9
Self Insurance	27.03	1	9	9
Malpractice in other than A&G cost center? Y/N	28	1	1	x
Chain Organization?	29	1	1	x
Home Office Name	29.01	1	36	x
Home Office Number	29.01	2	6	x
FI Number	29.01	3	5	x
Street	29.02	1	36	x
PO Box	29.02	2	9	x
City	29.03	1	36	x
State	29.03	2	2	x
Zip Code	29.03	3	10	x

Transmittal 10 Additions:

Worksheet S-2, Line 3.5 for Hospice ID Data

Transmittal 13 Additions:

Worksheet S-2, Lines 29.00 - 29.03 for Chain Organization Data

Worksheet S-3				
Description	Lines	Columns	Field Size	Usage
<u>Part 1 - Statistical Data</u>				
County	1	0	36	x
Number of Visits by discipline and totals:				
Title XVIII	1-6,8	1	9	9
Other & Totals	1-8	3,5	9	9
Patient Count by discipline and totals:				
Title XVIII	1-6	2	9	9
Other & Totals	1-7	4,6	9	9
Home Health Aide Hours:				
Title XVIII, Other & Totals	9	1,3,5	9	9
Unduplicated Census Count	10	2,4,6	9	9.99
Unduplicated Census Count Pre 10/1/2000	10.01	2,4,6	9	9.99
Unduplicated Census Count Post 9/30/2000	10.02	2,4,6	9	9.99
<u>Part II - Employment Data, F.T. Equivalent:</u>				
Normal hours in work week	11	0	6	9(3).99
Number of hours by staff and contracted:				
Text as needed for blank lines	26,27	0	36	x
Staff	11-27	1	6	9(3).99
Contracted	11-27	2	6	9(3).99
<u>Part III Metropolitan Statistical Area (MSA) or Core Based Statistical Area (CBSA) Code Data:</u>				
Number of MSA's and CBSAs where Medicare services were provided	28	1-1.01	2	9
List MSA codes - subscript line 29 fpr 2nd code, etc.	29	1	4	x
List CBSA codes - subscript line 29 fpr 2nd code, etc.	29	1.01	5	x

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Table 3 - Cost Report Data Specifications

Part IV - PPS Activity Data (for services rendered on or after 10/1/2000):

Full Episodes without Outliers	30-45,47	1	9	9
Full Episodes with Outliers	30-44,46,47	2	9	9
LUPA Edpisode	30-45,47	3	9	9
PEP Only Episodes	30-47	4	9	9
SCIC within a PEP	30-47	5	9	9
SCIC Only Episodes	30-47	6	9	9

Transmittal 10 Additions:

- Worksheet S-3, Pt I, Line 10.01 & 10.02
- Worksheet S-3, Pt IV is a new worksheet

Transmittal 13 Additions:

- Worksheet S-3, Part III, Line 28, Col 1.01 for Number of CBSAs
- Worksheet S-3, Part III, Line 29, Col 1.01 for CBSAs Codes

Worksheet S-4				
Description	Lines	Columns	Field Size	Usage
<u>Rural Health Clinics/Federally Qualified Health Center:</u>				
RHC Provider Component #	1	0	10	x
Applicable designation: 1 = RHC, 2 = FQHC	2	0	1	9
Address	1	1	38	x
City	1.01	1	38	x
State	1.01	2	2	x
Zip	1.01	3	10	x
County	1.01	4	38	x
Designation for FQHC - R = Rural, U = Urban	2	1	1	x
 Source of Funds:				
Grant Award	3-8	1	9	9
Award Date (CCYYMMDD)	3-8	2	8	x
Specify line 8 title	8	0	38	x
Note: Lines 9 & 10, Cols. 1 & 2 intentionally skipped.				
Other than RHC, FQHC operations? Y/N	11	1	1	x
Number of other operations	11	2	2	9
 Clinic hours of operation by day of week 7 days Sunday to Saturday in from-to format, Sunday - from = col 1, to = col 2, Monday from = col 3, to = col 4, etc. if line 11 = Y.				
Other types of activity - subscript line 12 - begin with 12.01, etc.	12	1-14	4	9
Specify activity (Label)	12.01-12.03	0	38	x
Hrs. of operation as in line 12, above	12.01-12.03	1-14	4	9
Productivity Standard Exception? (Y/N)	13	1	1	x
Consolidated cost report question:				
Y/N	14	1	1	x
Number of providers	14	2	2	9
Detail for line 14 above:				
Provider Name	15	1	38	x
Provider Number	15	2	10	x

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Note: Subscript line 15 as needed to report additional provider name/numbers. Begin subscript with 15.01.

Question regarding allowable/non-allowable GME costs:

Is Provider claiming? (Y/N)	16	1	1	x
Number of Medicare Visits	16	2	4	9

Worksheet S-5				
Description	Lines	Columns	Field Size	Usage

For HHA-Based Hospice: Hospice Identification Data: <u>Part I - Enrollment Days</u>				
Continuous Home Care, Routine Home Care, Inpatient Respite Care, General I/P Care and Total Hospice Days <u>Part II - Census Data</u>	1-5	1-4	9	9
Number of Patients receiving Hospice Care and Unduplicated Census Count	6,9	1-4	9	9
Total Number of Unduplicated Continuous Care Hours Billable to Medicare	7	1,2	9	9
Average Length of Stay	8	1-4	6	9(3).99
Transmittal 10 Additions: Worksheet S-5 is a new worksheet for Hospice ID Data				

Worksheet S-6				
Description	Lines	Columns	Field Size	Usage

CORF - Treatments: Number of treatments by discipline and totals:				
Title XVIII	1-7,9	1	9	9
Total	1-9	3,5	9	9
Patient count by discipline and totals:				
Title XVIII	1-7	2	9	9
Total	1-8	4,6	9	9
Normal Hours in Work Week	10	0	6	9(3).99
Number of hours by staff and contracted:				
Text as needed for blank lines	27,28	0	36	x
Staff	10-28	1	6	9(3).99
Contracted	10-28	2	6	9(3).99

Worksheet A				
Description	Lines	Columns	Field Size	Usage

Labels for used/added/changed lines (type 2 record) including Cost Center Codes in first four spaces.	1-28	0	40	x
Salaries by cost center and total line	3-29	1	9	-9
Empoloyee benefits, cost center, total line	3-29	2	9	-9
Transporation costs by cost center and total line	1-29	3	9	-9
Contracted/purchased services by cost center, total line	3-29	4	9	-9
Other costs by cost center and total line	1-29	5	9	-9
Adjustments by cost center and total line	1-29	9	9	-9

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 3 - Cost Report Data Specifications

Worksheet A-1				
Description	Lines	Columns	Field Size	Usage
Compensation Analysis - Salaries and Wages by cost center and total line				
Administrators	3-12,15-29	1	9	-9
Directors	3-12,15-29	2	9	-9
Supervisors	3-12,15-29	4	9	-9
Nurses	3-12,15-29	5	9	-9
Therapists	3-12,15-29	6	9	-9
Aides	3-12,15-29	7	9	-9
All Other	3-29	8	9	-9
(Note! Line 29 Usage is 9)				

Worksheet A-2				
Description	Lines	Columns	Field Size	Usage
Compensation Analysis - Employee Benefits (Payroll Related) by cost center and total line				
Administrators	3-11,15-29	1	9	-9
Directors	3-11,15-29	2	9	-9
Supervisors	3-11,15-29	4	9	-9
Nurses	3-11,15-29	5	9	-9
Therapists	3-11,15-29	6	9	-9
Aides	3-11,15-29	7	9	-9
All Other	3-29	8	9	-9

Worksheet A-3				
Description	Lines	Columns	Field Size	Usage
Compensation Analysis - Contracted/Purchased Services by cost center and total line				
Administrators	3-11,15-29	1	9	-9
Directors	3-11,15-29	2	9	-9
Consultants	3-11,15-29	3	9	-9
Supervisors	3-11,15-29	4	9	-9
Nurses	3-11,15-29	5	9	-9
Therapists	3-11,15-29	6	9	-9
Aides	3-11,15-29	7	9	-9
All Other	3-29	8	9	-9

Worksheet A-5				
Description	Lines	Columns	Field Size	Usage
Adjustments to Expenses (Include new lines 10.1 & 10.2)	1-12,21	2	9	-9

Worksheet A-6				
Description	Lines	Columns	Field Size	Usage
Part A Related Organization Transactions Y/N	1	1	1	x
Part B For cost incurred and adjustments required as a result of transactions with related organization:				
Worksheet A Line Number	1-3	1	5	x
Expense Item(s)	1-3	3	36	x

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Amount included in Worksheet A	1-3	4	9	-9
Amount allowable in reimbursement cost	1-3	5	9	-9
Part C For each related organization:				
Type of interrelationship (A through G)	1-5	1	1	x
If Type (above) is G, description of relationship must be included	1-5	0	36	x
Name of related individual/organization	1-5	2	15	x
Address of related individual/organization	1-5	3	15	x
Percent owned by provider	1-5	4	6	9(3).99
Percent ownership of provider	1-5	5	6	9(3).99
Type of Business	1-5	6	15	x

Worksheet A-7				
Description	Lines	Columns	Field Size	Usage
For Land, Land Improvements, Buildings and Fixtures, Building Improvements, Fixed Equipment, Moveable Equipment and in Total:				
Beginning Balances	1-7	1	9	9
Purchases	1-7	2	9	9
Donations	1-7	3	9	9
Disposals and Retirements	1-7	5	9	9

Worksheet A-8-3				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Check Box: 0 = PT before 4/10/98, 1 = PT on or after 4/10/98, O = OT, S = ST				
General Information	1,3,4	1	9	9
	5	1	5	99.99
	6	1	3	.99
Total hours worked by supervisors, therapists, assistants and aides	7	1-4	10	9(7).99*
*(Date sensitive -Before 4/10/98=99.9(3))				
AHSEA	8	1-4	5	99.99
Number of travel hours & miles driven	10-11	1-3	9	9
Transmittal 11 Change:				
Worksheet A-5 Lines 10.01 & 10.02 changed to 10.1 & 10.2				
<u>Part III</u>				
Standard/Optional Travel	29-31	1	9	9
<u>Part IV</u>				
Overtime Hours	32	1-3	10	9(7).99
<u>Part V</u>				
Physical Therapy Limitation	42-49	1	9	9

Worksheet B				
Description	Lines	Columns	Field Size	Usage
Allocation of General Service Costs, Cost Finding by Department	All	0-6 (No A Cols.)	9	-9

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Worksheet B-1				
Description	Lines	Columns	Field Size	Usage
Unit Cost Multiplier	31	1-5	13	9(6).9(6)
Allocation Basis - Type 2 Record	0	1-5	40	x
See Table 4 "Column Codes for Worksheet B-1"				

Worksheet C				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Cost per Visit Computation by Discipline	1-6	4	9	9(3).99
<u>Part II</u>				
Aggregate Cost & Aggregate Limit Computation - Repeat for each MSA/CBSA Code - See Worksheet ID Item "C" for Sequence # Information.				
MSA/CBSA Code for current worksheet	0	0	5	x
Cost Computation pre 10/01/00 & Total Line	1-7	5-6,8-9,11	9	9
		5-6,8-		
Cost Computation post 9/30/00 & Total Line	1.01-6.01,7	9,11.01	9	9
Cost Limit by Discipline	8-13	8,9,11	9	9
	8-13	4	9	9(3).99
Total Line	14	8,9,11	9	9
<u>Part III</u>				
Supplies and Drug Cost Computations:				
Cost of Medical Supplies pre 10/01/00	15	3,5-10	9	9
	15	4	9	9(6).99
Cost of Medical Supplies post 9/30/00	15.01	3,5-10	9	9
	15.01	4	9	9(6).99
Cost of Drugs pre 10/01/00	16	3,6-7,9-10	9	9
	16	4	9	9(6).99
Cost of Drugs post 9/30/00	16.01	3,6-7,9-10	9	9
	16.01	4	9	9(6).99
Cost of Drugs	16.20	6,6.01,7	9	9
Transmittal 10 Additions:				
Worksheet C, Part III, Lines 15 & 16 are subscripted				
Transmittal 13 Additions:				
Worksheet C, Part III, Line 16.20 is added				
<u>Part IV</u>				
Comparison of Aggregated Medicare Cost, Medicare Cost per Visit Limitation and the per Beneficiary Cost Limitation:				
Cost of Medicare Services	17	3,4&6	9	9
Cost of Medicare Supplies	18	3,4&6	9	9
Total	19	3,4&6	9	9
Total per Visit Limit	20	3,4&6	9	9
Cost of Medical Supplies	21	3,4&6	9	9
Total	22	3,4&6	9	9
MSA Code	23	0	4	x
Per Beneficiary Cost Limit for MSA - Census	23	1	9	9(6).99
Per Bene Limit	23	2	9	9(6).99
Total	23	6	9	9
Aggregate - Sum Line 23 and Subs	24	3&4	9	9
	24	1&6	9	9(6).99

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Note: Subscript of line 23 for above columns to accommodate subsequent MSA codes after the first. Begin with 23.01. Effective for cost reporting periods beginning on or after 10/01/2000, do not complete lines 20-24.

Part V

Outpatient Therapy Reduction Computation:

Three disciplines & Total Line-Dollar Amts.	25-28	4,6,8 3,5,5.01,5.0	9	9
Three disciplines & Total Line-Visits	25-28	2	9	9

Transmittal 9 Additions:

Worksheet C, Part V, Column 5.01 is added

Worksheet D				
Description	Lines	Columns	Field Size	Usage

Part I

Lesser of Reasonable Cost or Cust. Charges

Reasonable Cost of Title XVIII Part A & B Services:

Part A	1,3,5-6,8-11	1	9	9
	7	1	9	9(6).99
Part B not subject to deductible/coinsurance	1,3,5-6,8-11	2	9	9
	7	2	9	9(6).99
Part B subject to deductible/coinsurance	1,3,5-6,8-11	3	9	9
	7	3	9	9(6).99
Total Charges for Title XVIII Part A & B Services pre 10/01/2000	4	1-3	9	9
Total Charges for Title XVIII Part A & B Services post 9/30/2000	4.01	3	9	9

Transmittal 10 Additions:

Worksheet D, Part I, Line 4 is subscripted

Part II

Computation of Reimbursement Settlement:

	12,14- 16,18,19,21,23-			
Part A Services	28,29,30	1	9	9
	22,29	1	9	-9
Total Reimbursement for Services after 9/30/2000	12.01-12.14	1	9	9
	12-21,23-			
Part B Services	28,29,30	2	9	9
	22,29	2	9	-9
Tentative Settlement	28.5	1,2	9	-9

Note: Line 25.5 added - "Other Adjustments"

Transmittal 10 Additions:

Worksheet D, Part II, Lines 12.01-12.14 are added

Transmittal 11 Change:

Worksheet D, Part II, Line 31 is deleted

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Worksheet D-1				
Description	Lines	Columns	Field Size	Usage
Payments to HHAs for Services to Beneficiaries				
Part A Dates	6.01-6.02	1	8	x
Part A Amounts	1-2,3.99,5.99-7	2	9	9
Part B Dates	6.01-6.02	3	8	x
Part B Amounts	1-2,3.99,5.99-7	4	9	9

Worksheet F				
Description	Lines	Columns	Field Size	Usage
Current Assets	1-5,7-10	1-4	9	-9
Allowance for Uncollectibles and Receivables	6	1-4	9	-9
Total Current Assets	11	1-4	9	-9
	12-			
	13,15,17,19,21,			
Fixed Assets	23,25-26	1-4	9	-9
Total Fixed Assets	27	1-4	9	-9
	14,16,18,20,22,			
Accumulated Depreciation	24	1-4	9	-9
Other Assets	28-31	1-4	9	-9
Label for Line 31	31	0	36	
Total Other Assets	32	1-4	9	-9
Total Assets	33	1-4	9	-9
Current Liabilities	34-41	1-4	9	-9
Label for Line 41	41	0	36	x
Total Current Liabilities	42	1-4	9	-9
Long Term Liabilities	43-48	1-4	9	-9
Label for Line 48	48	0	36	x
Total Long Term Liabilities	49	1-4	9	-9
Total Liabilities	50	1-4	9	-9
Capital Accounts	51	1	9	-9
General Fund Balance	52	2	9	-9
Specific Purpose Fund Balance	53-55	3	9	-9
Donor and Governing Body Fund Balance	56-57	4	9	-9
Plant Fund Balance	58-59	1-4	9	-9
Totals				

Worksheet F-1				
Description	Lines	Columns	Field Size	Usage
Total Patient Revenues, Allow. and Discnts	1-2	1	9	9
Net Patient Revenues	3	2	9	9
Operating Expenses, Net Income	17	2	9	9
Net Income	18	2	9	-9
Other Income	19-26	1	9	9
Total Other Income	32	2	9	9
Net Income or Loss	33	2	9	-9

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Worksheet J-1				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Allocation of General Service Costs to CORF	1	1-4,5	9	9
	2-14	1-4,5,7-8	9	9
	15	5,7 & 8	9	9
<u>Part II</u>				
Unit Cost Multiplier	4	1	13	9(6).9(6)

Worksheet J-2				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Apportionment of CORF Cost Centers:				
By Discipline, Other Costs	2-8,10-11,14	2,4-9	9	9
Totals	15	2,4-9	9	9
Ratio of cost to charges	2-8,10-11,14	3	9	99.9(6)
<u>Part II</u>				
Apportionment of CORF Services Furn. by Depts.	16-21	2-9	9	9
Total	23	2,4-9	9	9
<u>Part III</u>				
Total CORF Costs	24	4-9	9	9

Worksheet J-3				
Description	Lines	Columns	Field Size	Usage
<u>Part I & II</u>				
CORF Settlement Data	1-6,8-26*	1	9	-9
	7	1	9	99.9(6)
Tentative Settlement (T-7)	23.5	1	9	9

Note: * Includes new lines 1.1-1.2, 8.1-8.4 & 11.1-11.2

Worksheet J-4				
Description	Lines	Columns	Field Size	Usage
<u>Analysis of Payments to Provider-Based CORF</u>				
Total Interim Payments to Provider	1	2	9	9
Interim Payments Payable on Bills	2	2	9	9
Net Retroactive Lump Sum Adjustments	3.99	2	9	-9
Net Tentative Settlement Payments	5.99	2	9	-9
Net Settlement Amount to Provider	6.01	2	9	9
Net Settlement Amount to Program	6.02	2	9	9
Total Medicare Liability	7	2	9	-9

Worksheet K				
Description	Lines	Columns	Field Size	Usage

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 3 - Cost Report Data Specifications

Reclassification and Adjustment of Trial Balance

Expenses:

Salaries, Employee Benefits, Contracted Services	3-34	1,2,4	11	9
Transportation, Other, Reclassification and Adjustments	1-34	3,5-9	11	9
	34	9	11	-9

Worksheet K-1

Description	Lines	Columns	Field Size	Usage
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Compensation Analysis Salaries & Wages:

Administrator, Director, Social Services, Supervisors, Nurses, Total Therapists, Aides and All Other	3-34	1-8	11	9
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Worksheet K-2

Description	Lines	Columns	Field Size	Usage
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Compensation Analysis Employee Benefits:

Administrator, Director, Social Services, Supervisors, Nurses, Total Therapists, Aides and All Other	3-34	1-8	11	9
---	------	-----	----	---

Worksheet K-3

Description	Lines	Columns	Field Size	Usage
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Compensation Analysis - Contracted:

Administrator, Director, Social Services, Supervisors, Nurses, Total Therapists, Aides and All Other	3-34	1-8	11	9
---	------	-----	----	---

Transmittal 10 Additions:

Worksheets K, K-1, K-2 and K-3 are new worksheets for Hospice

Worksheet K-4

Description	Lines	Columns	Field Size	Usage
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Part I

Cost Allocation – Hospice General

Service Cost:

Net Expenses for Cost Allocation and Capital Related				
Bldg Cost Bldg and Fixtures	1-34	0,1	11	9
Capital Related Cost-Movable Equipment	2-34	2	11	9
Plant Operation & Maintenance	3-34	3	11	9
Transportation	4-34	4	11	9
Volunteer Service Coordinator	5-34	5	11	9
Subtotal, Administrative & General	6-34	5A,6	11	9
Total	7-34	7	11	-9

Part II

Cost Allocation – Hospice Statistical Basis:

Cost to be Allocated	34	1-6	11	9
Unit Cost Multiplier	35	1-6	9	9(2).9(6)

Worksheet K-5

Description	Lines	Columns	Field Size	Usage
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HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 3 - Cost Report Data Specifications

Part I

Allocation of General Service Costs to Hospice Cost

Centers:

Cost Finding by Department	2-29	0,8	11	9
	1-29	1-4,5,6	11	9

Part II

Allocation of General Service Costs to Hospice Cost

Centers Statistical Basis:

Total Cost to be Allocated	30	1-5	11	9
Unit Cost Multiplier	31	1-5	9	9(2).9(6)

Part III

Computation of Total Hospice Shared Costs:

Total HHA Costs	1-6	2	9	-9
Total HHA Charges	1-6	3	11	9
Cost to Charge Ratio	1-6	4	8	9.9(6)
Total Hospice Charges	1-6	5	11	9
Hospice Shared Ancillary Costs	1-7	6	11	9

Worksheet K-6

Description	Lines	Columns	Field Size	Usage
<u>Calculation of Per Diem Cost:</u>				
Title XVIII - Days	4,8	1	9	9
Title XVIII – Aggregate Cost	5,9	1	11	9
Other – Days	12	3	9	9
Other – Average Cost	13	3	11	9
Total Unduplicated Days	2	4	9	9
Average cost per diem	3	4	9	9(6).9(2)

Transmittal 10 Additions:

Worksheets K-4, Parts I & II, K-5, Parts I-III and K-6 are new worksheets for Hospice

Worksheet CM-1

Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Allocation of General Service Costs to CMHC Cost				
Centers	1-11	1-4,5,7-8*	9	9
Total Costs	12	7-8	9	-9
*(except where col 4,7 & 8 are shaded)				
<u>Part II</u>				
Unit Cost Multiplier	4	1	13	9(6).9(6)
<u>Part III</u>				
Unit Cost Multiplier	14	1-4,5	13	9(6).9(6)

Worksheet CM-2

Description	Lines	Columns	Field Size	Usage
<u>Part I & Part II</u>				
Apportionment of CMHC Costs:				

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Total CMHC Charges	2-16	2	9	9
Ratio of Costs to Charges	2-11,13-15	3	9	99.9(6)
Total Title XVIII CMHC Charges	2-16	3.01	9	9
Total Title XVIII CMHC Costs	2-16	3.02	9	9
Title XVIII CMHC Charges post *	2-16	4	9	9
Title XVIII CMHC Costs post *	2-16	5	9	9
Title XVIII CMHC Costs pre *	2-16	6	9	9
*8/1/00, 1/1/02, 1/1/03, or 1/1/04				
<u>Part III</u>				
Total CMHC Costs	17	3.01,3.02,4-6	9	9

Worksheet CM-3

Description	Lines	Columns	Field Size	Usage
<u>CMHC Settlement Data</u>				
<u>Parts I & II –</u>				
Computation of Cost or Cust. Charges and Reimbursement Settlement CMHC Svs	1.01,1.03,1.05-4,6-28*	1	9	9
	1.02	1	6	9.9(3)
	1.04	1	7	99.9(3)
	5	1	8	9.9(6)
CMHC Svs	1.01,1.03,1.05,9-11,13,15-18	1.01	9	9
	1.02	1.01	6	9.9(3)
	1.04	1.01	7	99.9(3)
Tentative Settlement (T-7)	25.5	1	9	9

Note: *1.01-1.05 are new lines.

Transmittal 10 Additions:

Worksheet CM-2, Parts I & II, Columns 3.01, 3.02 and 6 are added for all lines including lines 16 and 17.

Worksheet CM-3, Parts I & II, Column 1 has been subscribed

Worksheet CM-4

Description	Lines	Columns	Field Size	Usage
<u>Analysis of Payments to Provider-Based CMHC:</u>				
Total Interim Payments to Provider	1	2	9	9
Interim Payments Payable on Bills	2	2	9	9
Net Retroactive Lump Sum Adjustments	3.99	2	9	-9
Net Tentative Settlement Payments	5.99	2	9	-9
Net Settlement Amount to Provider	6.01	2	9	9
Net Settlement Amount to Program	6.02	2	9	9
Total Medicare Liability	7	2	9	-9

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

Worksheet RH-1				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Allocation of General Service Costs to RHC Cost Centers	1-8	1-4,5,7-8*	9	-9
Drugs Charged to Patients	10	1-3, 5, 7-8	9	-9
Total Costs	11	7-8	9	-9
* (except line 1 where cols 7 & 8 are shaded)				
<u>Part II</u>				
Unit Cost Multiplier	4	1	13	9(6).9(6)
<u>Part III</u>				
Unit Cost Multiplier	13	1-4,5	13	9(6).9(6)

Worksheet RH-2				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Apportionment of RHC Cost Centers:				
By Discipline, Other Costs	2-8	2,4,5	9	9
	2-8	3	9	99.9(6)
Sub Total	9	5	9	9
Drugs Charged to Patients	10	2,4,5	9	9
	10	3	9	99.9(6)
Total	11	5	9	9
<u>Part II</u>				
Apportionment of RHC Services Furn. by Depts.				
	12-15	2,4,5	9	9
	12-15	3	9	99.9(6)
Total	17	5	9	9
<u>Part III</u>				
Total RHC Costs	18	1	9	9

Worksheet FQ-1				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Allocation of General Service Costs to FQHC Cost Centers	1-9	1-4,5,7-8*	9	-9
Drugs Charged to Patients	11	1-3,5,7-8*	9	-9
Total Costs	12	7-8	9	-9
* (except line 1 where cols 7 & 8 are shaded)				
<u>Part II</u>				
Unit Cost Multiplier	4	1	13	9(6).9(6)
<u>Part III</u>				
Unit cost Multiplier	14	1-4,5	13	9(6).9(6)

Worksheet FQ-2				
Description	Lines	Columns	Field Size	Usage
<u>Part I</u>				
Apportionment of RHC Cost Centers:				
By Discipline, Other Costs	2-9	2,4-5	9	9

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

	2-9	3	9	99.9(6)
Sub Total	10	5	9	9
Drugs Charged to Patients	11	2,4-5	9	9
	11	3	9	99.9(6)
Total	12	5	9	9
<u>Part II</u>				
Apportionment of RHC Services Furn. by Depts.	13-16	2,4-5	9	9
	13-16	3	9	99.9(6)
Total	18	5	9	9
<u>Part III</u>				
Total FQHC Costs	19	1	9	9

Worksheet RF-1				
Description	Lines	Columns	Field Size	Usage
Component No.	1	0	10	X
Check Box - 1 = RHC, 2 = FQHC	2	0	1	9
All Lines. Cols. 1 - 6, 9 & 10	1-32	1-6,9,10	9	-9

Worksheet RF-2				
Description	Lines	Columns	Field Size	Usage
Component No.	1	0	10	X
Check Box - 1 = RHC, 2 = FQHC	2	0	1	9
<u>Visits and Productivity:</u>				
Number of FTE personnel	1-8	1	6	9(3).99
Total visits	1-9	2	9	9
Productivity Standard	1-3	3	9	9
Minimum visits	1-4	4	9	9
Greater of col. 2 or 4	4-9	5	9	9
Allowable cost determination	1-12,14-20	1	9	9
	13	1	8	9.9(6)

Worksheet RF-3				
Description	Lines	Columns	Field Size	Usage
Component No.	1	0	10	x
Check Box 1 = RHC, 2 = FQHC	2	0	1	9
<u>Rate Determination:</u>				
Total Allowable Cost	3	1	9	9
Total Adjusted Visits	6	1	9	9
Adjusted Cost Per Visit	7*	1	6	9(3).99
<u>Limit and Settlement Calculation:</u>				
Rate Period 1	8,9	1	6	9(3).99
	10-14	1	9	9
Rate Period 2	8,9	2	6	9(3).99
	10-14	2	9	9
Rate Period 3	8,9	3	6	9(3).99

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

	10-14	3	9	9
Balance of Settlement Lines	15,15.5,16- 22,24-25,27	1	9	9
	23,26	1	9	-9

Transmittal 9 Additions:

Worksheet RF-3, Line 15.5 is added

Worksheet RF-4				
Description	Lines	Columns	Field Size	Usage
Component No.	1	0	10	x
Check Box 1 = RHC, 2 = FQHC	2	0	1	9
<u>Pneumococcal:</u>				
Ratio	2	1	8	9.9(6)
Other	3-5, 8-14	1	9	9
Ratio	8	1	8	9.9(6)
Cost per Unit	12	1	9	9(6).99
<u>Influenza:</u>				
Ratio	2	2	8	9.9(6)
Other	3-5, 8-16	2	9	9
Ratio	8	2	8	9.9(6)
Cost per Unit	12	2	9	9(6).99

NOTE: Effective for reporting periods ending on and after April 30, 2000, do NOT complete Worksheet RF-4 for HHA based RHC's and FQHC's. The costs of pneumococcal and influenza vaccines and the cost of administering these vaccines are now reported on Worksheet A, line 13 (drugs).

Worksheet RF-5				
Description	Lines	Columns	Field Size	Usage
Component No.	1	0	10	x
Check Box – 1 = RHC, 2 = FQHC	2	0	1	9
Analysis of Payments to Provider Based RFC/FQHC				
Total Interim Payments to Provider	1	2	9	9
Interim Payments Payable on Bills	2	2	9	9
Net Retroactive Lump Sum Adjustments	3.99	2	9	-9
Net Tentative Settlement Payments	5.99	2	9	-9
Net Settlement Amount to Provider	6.01	2	9	9
Net Settlement Amount to Program	6.02	2	9	9
Total Medicare Liability	7	2	9	-9

FOOTNOTES:

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3 - Cost Report Data Specifications

If the response to the Low or No Utilizations question (Wksht S-2, Line 9) is "L" or "N", only the data items set forth in Table 1A are required for submission. A "No" answer requires a regular data extraction. This line is not included in the HCRIS extract but is covered by Type 1 record #2.

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 3A - Type of Control Codes

TABLE 3A - TABLES TO WORKSHEET S-2

Type of Control (Line 8, Column 1):

- 01 = Voluntary Non-profit, Church
- 02 = Voluntary Non-profit, Other
- 03 = Proprietary, Sole Proprietor
- 04 = Proprietary, Partnership
- 05 = Proprietary, Corporation
- 06 = Private, Non-profit
- 07 = Governmental & Private Combination
- 08 = Governmental, Federal
- 09 = Governmental, State
- 10 = Governmental, City
- 11 = Governmental, City-County
- 12 = Governmental, County
- 13 = Governmental, Health District

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 4 - Label Coding

The 4-digit coding scheme used with the Form CMS 1728-94 extracts is based on the methodology previously established for hospital and skilled nursing cost report systems.

Vendor programmers should be aware that where precoding of additional lines is done as a convenience for the FI operator, only valid codes or their increments can be used.

Experience with the hospital and skilled nursing systems has shown that where the user is presented with only the allowable choices (by category) for their added or changed labels, more accurate coding will result. They should only be required to match their added or changed label to the standard/non-standard descriptions that are applicable for the category and not be required to input codes. The inputting or incrementing of cost center codes should be handled by software.

COST CENTER CODING RULES

1. Every four-digit code in a file must be unique. If there are two or more cost centers with the same meaning, the code for the additional cost center(s) must be incremented by one.
2. Only those codes included in the Standard and Non-Standard lists (with increments referred to above) are to be used. These lists (Pages 37-40) include the range of codes permissible for each cost center.
3. A cost center code from one category (General Service, e.g.) cannot be used to identify a cost center in another category (HHA Reimbursable Services, e.g.).
4. Cost center codes will not be used for balance sheet items on Worksheet F. The lines are fixed and no sublining is allowed. Multiple "Other" items should be aggregated within each category.
5. Beginning with Transmittal 2, the Administrative and General (A&G) cost center can be shown as one cost center with a code of 0500 (still expandable from 0501 to 0519) or fragmented as three cost centers with the NON-STANDARD codes and Labels as follows:

0521 Administrative and General 100% Reimbursable
0522 Administrative and General 100% Non-Reimbursable
0523 Administrative and General - Shared

SPECIAL NOTE: The Center for Medicare & Medicaid Services (CMS) (formerly known as Health Care Financing Administration) had first specified that the fragmenting of Administrative and General (A&G) would be done in the order shown above. For this reason the cost center codes were assigned in a similar order. However, it has now been determined that the order shall be A&G Shared first followed by 100% Reimbursable and 100% Non Reimbursable last. To avoid assigning a new sequence of codes it was decided to keep the existing set though they may give the appearance of being out of sequence with the order of usage now mandated by CMS. If the coding is done by vendor software, this issue should be transparent to the user.

STANDARD COST CENTER CODES

GENERAL SERVICE COST CENTERS

<u>CODE</u>	<u>USE</u>	
0100	(20)	Capital Related Costs Buildings & Fixtures
0200	(20)	Capital Related Costs Movable Equipment
0300	(20)	Plant Operation & Maintenance
0400	(10)	Transportation
0500	(20)	Administration and General

HHA Reimbursable Services

0600	(01)	Skilled Nursing Care
0700	(01)	Physical Therapy
0800	(01)	Occupational Therapy
0900	(01)	Speech Pathology
1000	(01)	Medical Social Services
1100	(01)	Home Health Aide
1200	(10)	Supplies
1300	(10)	Drugs
1400	(10)	DME

HHA Non-Reimbursable Services

1500	(10)	Home Dialysis Aide Services
1600	(10)	Respiratory Therapy
1700	(10)	Private Duty Nursing
1800	(10)	Clinic
1900	(10)	Health Promotion Activities
2000	(10)	Day Care Program
2100	(10)	Home Delivered Meals Program
2200	(10)	Home Maker Service

Special Purpose Cost Centers

2400	(09)	CORF
2500	(09)	Hospice
2600	(09)	CHMC
2700	(09)	RHC
2800	(09)	FQHC

NON-STANDARD COST CENTER CODES

General Service Cost Centers

<u>CODE</u>	<u>USE</u>	
0521	(01)	Administrative and General 100% Reimbursable
0522	(01)	Administrative and General 100% Non-Reimbursable
0523	(01)	Administrative and General - Shared

HHA Reimbursable Services

<u>CODE</u>	<u>USE</u>	
1320	(01)	Cost of Administering Vaccines

Transmittal 13 Additions:
CCC 1320 added

HHA Non-Reimbursable Services

2300	(20)	Other Non-Reimbursable
2320	(01)	Other Nonreimbursable - Tele-Medicine

Column Codes for Worksheet B-1

0100	(20)	Capital Related-Buildings and Fixtures-Sq. Ft.
0150	(20)	Capital Related-Buildings and Fixtures-Other
0200	(20)	Capital Related-Movable Equipment-Dollar Val./Sq. Ft.
0250	(20)	Capital Related-Movable Equipment-Other
0300	(20)	Plant Operation, Maintenance and Repair-Sq. Ft.
0350	(20)	Plant Operation, Maintenance and Repair-Other
0400	(10)	Transportation-Mileage
0450	(10)	Transportation-Other
0500	(20)	Administrative and General-Accumulated Cost
0521	(01)	Administrative and General 100% Reimbursable
0522	(01)	Administrative and General 100% Non-Reimbursable
0523	(01)	Administrative and General - Shared

1 HHA Reject Edits

1.1 General Information

Whenever an edit is applied to ensure a date field is "valid", the following checks apply in addition to any specific check in an edit:

- the format must equal the format defined for the field,
- the year must not be a future date (later than the system date) **except for the NPR (Record 1 Position 51-55) which can be no later than system date plus 30 days.**

- For julian dates, the day must be in the range of 01-365 for non-leap years and 01-366 for leap years,
- For calendar dates,
 - the month must be in the range of 01-12,
 - the day must be allowable for the month

1.2 Cost Center Code Information

HHA cost center code labels for lines are reported Worksheet A000000 and for columns on Worksheet B-1. The cost center code is included in the data line as a 4 digit number immediately preceding the cost center description. For example, the cost center description for CAPITAL RELATED--BLDG & FIXT is reported using cost center codes 0100-0119. Therefore, the label should be reported as follows: 0100CAPITAL RELATED--BLDG & FIXT. For standard cost center codes, the code should match the line/column number. Non-standard cost center codes are reported on lines that **DO NOT** match the cost center code. For example, A&G REMIBURSABLE COSTS is reported on line 0500-0519, but the cost center code used is 0521 and the label is as follows: 0521A&G REMIBURSABLE COSTS. When cost center labels are reported and the line number **does not** match the cost center code, the uploader program must switch the line number and the cost center code. For example, the following record is received on a cost report:

```
T
y
p
eWksht   Line   Col Data
2A000000  5 2       0521A&G REIMBURSABLE COSTS
```

The uploader program must switch the line and cost center code and it should appear in the database as follows:

```
Wksht_Line_Clm_Label = A000000_00521_0000
Alphnmrc_Itm_Txt = 0502REIMBURSABLE ADMIN & GEN.
```

1.3 General Edits

<p><i>Edit Code</i> : 2000</p> <p>Data Type (Position 1) must = '1', '2', '3', 'T', or 'Z' (T and Z records should be ignored.)</p>

Reject Type : RR
Edit Text : First digit of every record must be 1, 2, or 3

1.4 Type 1 Record Edits

When Positions 1-3 = '1 1' (Data Type '1', Record Number '1') the following edits shall be performed:

Edit Code : 2010
All fields defined as numeric (Usage = '9') in the record format specifications must contain numeric data (Note: this is checking the 1 records.)
Reject Type : RR
Edit Text : A185

Edit Code : 2020
If the provider number (Positions 23-26), FYB (positions 34-38), FYE (positions 39-43), and MCR (Position 32) already exists in the db with a more recent creation date (positions 46-50) then reject the cost report.
Reject Type : RR
Edit Text : HCRIS database contains a cost report with a more recent FI Create Date

Edit Code : 2040
ADR Vendor Code (position 45) must be = 2,3 or 4.
Reject Type : RR
Edit Text : Valid ADR Vendor Code required

Edit Code : 2045
Transmittal Number (position 14-15) must be valid for the ADR Vendor Code (position 45):

ADR Vendor Code	Transmittal Number
2	< or = 12
3	< or = 13
4	< or = 13

Note: the check must be made on both fields, since not all vendors will be approved for the same transmittal at the same time.
Reject Type : RR
Edit Text : Invalid Transmittal Number

Edit Code : 2050
Provider Number (Positions 23-26) must be in the range of: 3100-3199, 7000-8499, 9000-9799, and must also equal the item data value for 3S200000, Line 00200, Col 0200.
Reject Type : RR
Edit Text : Provider Number required and must be valid

Edit Code : 2051

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 5 - HHA Reject Edits

Type 1 record, record number 1, positions 2-11 (NPI), if present must contain 10 numeric characters with no leading zeros. It must also match the data reported on Worksheet S-2, Line 2, Col 2.01.

Reject Type : RR

Edit Text : NPI number reported in Record 1, Positions 2 through 11 and/or Worksheet S-2 must be valid

Edit Code : 2060

FI Number (positions 27-31) must be valid - See FI Table

Reject Type : RR

Edit Text : FI Number required and must be valid

Edit Code : 2070

MCR Type (Position 32) must contain a "1", "2", "3", "4", or "5".

Reject Type : RR

Edit Text : MCR type required and must be valid

Edit Code : 2090

FYB (positions 34-38) must be > or = '1994001'

Reject Type : RR

Edit Text : FYB must be > = 1994001

Edit Code : 2110

FYB (positions 34-38) must be < the FYE (position 39-43)

Reject Type : RR

Edit Text : FYB must be < FYE

Edit Code : 2120

Creation Date (positions 46-50) must be a valid Julian Date

Reject Type : RR

Edit Text : Creation Date required and must be a valid date (yyddd)

Edit Code : 2130

FYE (positions 39-43) must be < Creation Date (positions 46-50)

Reject Type : RR

Edit Text : FYE must be < Creation Date

Edit Code : 2160

If MCR Type (position 32) = "2", "3", or "4", NPR Date (position 51-55) must be valid Julian Date

Reject Type : RR

Edit Text : NPR Date must be a valid date for Settled & Reopened

Edit Code : 2170

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 5 - HHA Reject Edits

If MCR Type (position 32) = "1" or "5", NPR Date (positions 51-55) must be empty

Reject Type : RR

Edit Text : NPR Date must not be present for As Submitted or Amended cost reports

Edit Code : 2180

FYE (positions 39-43) must be < NPR Date (positions 51-55)

Reject Type : RR

Edit Text : FYE must be < NPR Date

Edit Code : 2190

The length of the fiscal period must be > or = 28 days and < or = 457 days. Use the following calculation to determine length of the fiscal period:

- If the year portion (Positions 34-35) of FYB = the year portion (Positions 39-40) FYE, subtract FYB (Positions 34-35) from the FYE (Positions 39-40);
- If (the year portion of FYB < the year portion FYE) and (the year portion FYE minus the year portion of FYB = 1), subtract 635 from the difference between FYE and FYB;
- If (the year portion of FYB < the year portion FYE) and (the year portion FYE minus the year portion of FYB = 2), subtract 1270 from the difference between FYE and FYB

Reject Type : RR

Edit Text : Fiscal period must be > = 28 days and < = 457 days

Edit Code : 2195

Between the Data Type/Record Number = '1 1' and the Data Type /Record Number = '198' of a particular cost report, the following records must occur once and only once: Data Type/Record Number = '1 2', Data Type/Record Number = '1 3', Data Type/Record Number = '1 4'

Reject Type : RR

Edit Text : Duplicate 1-2, 1-3, or 1-4 record

Edit Code : 2200

Type 1 record, record number 2 (Type of Cost Report) must be present and contain a "L", "N" or "F" in position 21; type 1 record, record number 3 (Initial Report) must be present and contain a "Y" or "N" in position 21; and type 1 record, record number 4 (Terminating Report) must be present and contain a "Y" or "N" in position 21.

Reject Type : RR

Edit Text : Cost Report Type, Initial Report and Terminating Report Indicators required and must be valid

Edit Code : 2290

The data for type 1 record, record number 98 (Record Count), must be right justified in positions 21-26, must be present, must be numeric and must equal the number of records in the cost report file not counting the 98 record.

NOTE: Please suppress reject 2290, if any other reject is generated.

Reject Type : RR

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 5 - HHA Reject Edits

Edit Text : Record Count required and must be valid

Edit Code : 2400

FYB (positions 34-38) must be a valid julian date

Reject Type : RR

Edit Text : FYB required and must be a valid date (yyddd)

Edit Code : 2410

FYE (positions 39-43) must be a valid julian date

Reject Type : RR

Edit Text : FYE required and must be a valid date (yyddd)

1.5 Type 2 Record Edits

Edit Code : 2300

Positions 21-24 must be a valid code according to the HHA HCRIS Specifications Table 4 (Cost Center Code Table) for Worksheet A000000.

Reject Type : RR

Edit Text : Invalid Cost Center Code

Edit Code : 2305

Type 2 records (positions 1-20) and type 3 records (positions 1-20) must be unique.

Reject Type : RR

Edit Text : Duplicate type 2 or 3 data record

Edit Code : 2310

If Worksheet ID (Positions 2-8) = 'A000000', then Cost Center Code (Positions 21-24) must be valid (see HHA Cost Center Codes: Worksheet A HHA Cost Center Codes)

Reject Type : RR

Edit Text : Invalid Cost Center Code for Line Number

Edit Code : 2320

If Worksheet ID (Positions 2-8) = 'B100000', then Cost Center Code (Positions 21-24) must be valid (see HHA Cost Center Codes: Worksheet B1 HHA Column Codes)

Reject Type : RR

Edit Text : Invalid Cost Center Code

Edit Code : 2330

If Worksheet ID (Positions 2-8) = 'B100000', then numeric value of the left 2 digits of the cost center code (positions 21-22) must equal the numeric value of the column number.

Reject Type : RR

Edit Text : Invalid Cost Center Code for Column Number

Edit Code : 2340

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 5 - HHA Reject Edits

Type 3, Worksheet A000000 Lines /Sublines 00100-02899 must have corresponding Type 2 Worksheet A000000 Lines/Sublines
Reject Type : RR
Edit Text : Missing Worksheet A label

Edit Code : 2345
Type 3, Worksheet B000000 Lines/Sublines 00100-02899 must have corresponding Type 2 Worksheet A000000 Lines/Sublines
Reject Type : RR
Edit Text : Missing Worksheet B label

Edit Code : 2350
Type 3, Worksheet B100000 Col/subcol 0100-0523 must have corresponding Type 2 Wkst B1 col/subcol.
Reject Type : RR
Edit Text : Missing Worksheet B-1 Column Label

Edit Code : 2490
Type 1 record, record number 3 (Initial Report) and record number 4 (Terminating Report) must **not both** contain a "Y" in position 21;
Reject Type : RR
Edit Text : Report Value cannot = Y for both Initial Report and Terminating Report

1.6 Type 3 Record Edits

Edit Code : 2005
Type 3 record, Worksheet S200000, Line 8, Column 1 (Type of Control) must be present and must be a valid code contained in the Type of Control Table (valid codes are 1-13).
Reject Type : RR
Edit Text : Type of Control must be present & contain a valid code

Edit Code : 2010
Type 3 record data in positions 21-36 must be right justified and numeric for all worksheet/line/column combinations except those contained on the HHA A-Code Table.
Reject Type : RR
Edit Text : Data must be numeric, correct format/size, and collected by HCRIS

Edit Code : 2210
Type 3 record data in positions 21-60 must be left justified and alphanumeric for all worksheet/line/column combinations contained on the HHA A-Code Table.
Reject Type : RR
Edit Text : Data must be numeric, correct format/size, and collected by HCRIS

Edit Code : 2212

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 5 - HHA Reject Edits

Type 3 record data in positions 21 must be a valid date (CCYYMMDD) for all worksheet/line/column combinations contained on the HHA A Code Table with an Acode of D.

Reject Type : RR

Edit Text : Type 3 record calendar dates must be valid dates in correct format (CCYYMMDD)

Edit Code : 2240

Type 3 record, Worksheet S200000, Line 1.01, Column 1 (Provider City) in positions 21-60 must be present.

Reject Type : RR

Edit Text : Provider City required

Edit Code : 2250

Type 3 record, Worksheet S200000, Line 1.01, Column 2 (State Name) positions 21-22 must be present and must be a valid code from the HHA_State_Cd Table.

Reject Type : RR

Edit Text : Provider State abbreviation required

Edit Code : 2260

Type 3 record, Worksheet S200000, Line 1.01, Column 3 (Provider Zip Code) positions 21-60 must be present.

Reject Type : RR

Edit Text : Provider Zip Code required

Edit Code : 2370

Type 3 record, Worksheet S000000, Line 1, Column 2 (FI Receipt Date), positions 21-28 must be present and must be a valid date (CCYYMMDD) greater than type 1 record, record number 1, positions 39-43 (FYE).

Reject Type : RR

Edit Text : FI Receipt Date required and must be valid date

Edit Code : 2380

Type 3 record, Worksheet S200000, Line 4, Column 1 (Provider Name) must be present.

Reject Type : RR

Edit Text : Provider name required

Edit Code : 2390

Certification Date (Positions 21-28) in Worksheet S2 (Positions 1-8 = '3S200000', Lines 2, Column 3) must be present and contain a valid date, e.g. months 1-12, valid number of days per month, leap year, etc., respectively (CCYYMMDD).

Reject Type : RR

Edit Text : Certification Date required & must be valid (YYYYMMDD)

Edit Code : 8020

If Wkst S300000, Lines 00100-00700, Columns 0200, 0400, or 0600 is present, then Wkst S300000, Line 01000, Column 0600 must be >0.

Reject Type : RR

Edit Text : Wkst S3, Line 10, Column 6 has incorrect or missing value, ECR-1081S

1.7 Oracle Edits

Edit Code : 9990

Oracle error inserting report record

Reject Type : RR

Edit Text : Contact HCRIS Staff

Edit Code : 9991

Oracle error inserting cost center record

Reject Type : RR

Edit Text : Invalid type 2 label record

Edit Code : 9992

Oracle error inserting numeric record

Reject Type : RR

Edit Text : Invalid W/L/C Combination or Missing Data

Edit Code : 9993

Oracle error inserting alphanumeric record

Reject Type : RR

Edit Text : Invalid W/L/C Combination or Missing Data

Edit Code : 9997

Conversion of Cost Center Code to Line number or Column number cannot create a duplicate or invalid Worksheet/Line/Column combination for numeric data.

Reject Type : RR

Edit Text : Unable to determine appropriate line for cost center

Edit Code : 9998

Conversion of Cost Center Code to Line number or Column number cannot create a duplicate or invalid Worksheet/Line/Column combination for alpha data.

Reject Type : RR

Edit Text : Unable to determine appropriate line for cost center

Edit Code : 9999

Oracle generic error

Reject Type : RR

Edit Text : Contract HCRIS Staff

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
 Table 6 - Numbering Convention for Multiple Components

This table provides line and column numbering conventions for HHA complexes with more than one provider-based component. This is necessary to ensure that data associated with each component is consistently identified throughout the cost report. This table provides for additional Comprehensive Outpatient Rehab Facilities (CORF), Community Mental Health Centers (CMHC), Also, Rural Health Clinics (RHC), and Federally Qualified Health Centers (FQHC) are added for cost reporting periods beginning on or after January 1, 1998.

	Worksheet, Part	Column	Line	Subline
I. For use in facilities with more than one CORF				
CORF I	S, II	2	2	
CORF II-IX	S, II	2	2	1-8
CORF I	S-2	1,2,3	3	
CORF II-IX	S-2	1,2,3	3	1-8
CORF I	S-2	2	24	
CORF II-IX	S-2	2	24	1-8
CORF I	A	1-5,9	24	
CORF II-IX	A	1-5,9	24	1-8
CORF I	A-1	1,2,4-8	24	
CORF II-IX	A-1	1,2,4-8	24	1-8
CORF I	A-2	1,2,4-8	24	
CORF II-IX	A-2	1,2,4-8	24	1-8
CORF I	A-3	1-8	24	
CORF II-IX	A-3	1-8	24	1-8
CORF I	B	0-6,4a	24	
CORF II-IX	B	0-6,4a	24	1-8
II. For use in facilities with more than one CMHC				
CMHC I	S, II	2	3	
CMHC II-IX	S, II	2	3	1-8
CMHC I	S-2	1-3	4	
CMHC II-IX	S-2	1-3	4	1-8
CMHC I	S-2	2	25	
CMHC II-IX	S-2	2	25	1-8
CMHC I	A	1-5,9	26	
CMHC II-IX	A	1-5,9	26	1-8
CMHC I	A-1	1,2,4-8	26	
CMHC II-IX	A-1	1,2,4-8	26	1-8
CMHC I	A-2	1,2,4-8	26	
CMHC II-IX	A-2	1,2,4-8	26	1-8
CMHC I	A-3	1-8	26	
CMHC II-IX	A-3	1-8	26	1-8
CMHC I	B	0-6,4a	26	
CMHC II-IX	B	0-6,4a	26	1-8

HCRIS Specifications for the CMS 1728-94 - Transmittal 13
Table 6 - Numbering Convention for Multiple Components

Worksheet,
Part Column Line Subline

III. For use in facilities with more than one RHC

RHC I	S, II	2	3.5	
RHC II-IX	S, II	2	3.51-3.58	1-8
RHC I	S-2	1-3	5	
RHC II-IX	S-2	1-3	5	1-8
RHC I	A	1-5,9	27	
RHC II-IX	A	1-5,9	27	1-8
RHC I	A-1	1,2,4-8	27	
RHC II-IX	A-1	1,2,4-8	27	1-8
RHC I	A-2	1,2,4-8	27	
RHC II-IX	A-2	1,2,4-8	27	1-8
RHC I	A-3	1-8	27	
RHC II-IX	A-3	1-8	27	1-8
RHC I	B	0-6,4a	27	
RHC II-IX	B	0-6,4a	27	1-8

IV. For use in facilities with more than one FQHC

FQHC I	S, II	2	3.6	
FQHC II-IX	S, II	2	3.6.1-3.68	1-8
FQHC I	S-2	1-3	6	
FQHC II-IX	S-2	1-3	6	1-8
FQHC I	A	1-5,9	28	
FQHC II-IX	A	1-5,9	28	1-8
FQHC I	A-1	1,2,4-8	28	
FQHC II-IX	A-1	1,2,4-8	28	1-8
FQHC I	A-2	1,2,4-8	28	
FQHC II-IX	A-2	1,2,4-8	28	1-8
FQHC I	A-3	1-8	28	
FQHC II-IX	A-3	1-8	28	1-8
FQHC I	B	0-6,4a	28	
FQHC II-IX	B	0-6,4a	28	1-8

V. For use in facilities with more than one Hospice

Hospice I	S-2	1-3	3.5	
Hospice II-IX	S-2	1-3	3.51-3.58	1-8
Hospice I	A	1-5,9	25	
Hospice II-IX	A	1-5,9	25	1-8
Hospice I	A-1	1,2,4-8	25	
Hospice II-IX	A-1	1,2,4-8	25	1-8
Hospice I	A-2	1,2,4-8	25	
Hospice II-IX	A-2	1,2,4-8	25	1-8
Hospice I	A-3	1-8	25	
Hospice II-IX	A-3	1-8	25	1-8
Hospice I	B	0-6,4a	25	
Hospice II-IX	B	0-6,4a	25	1-8

Revisions made to HHA specifications.

March 12, 2008: Cost Center Code 2300s usage was changed from 10 to 20.