ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-222-92 TABLE 1 - RECORD SPECIFICATIONS

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

The medium for transferring cost reports submitted electronically to fiscal intermediaries is 3½" diskette. These disks must be in IBM format. The character set must be ASCII. You must seek approval from your fiscal intermediary regarding alternate methods of submission to ensure that the method of transmission is acceptable.

The following are requirements for all records:

- 1. All alpha characters must be in upper case.
- 2. For micro systems, the end of record indicator must be a carriage return and line feed, in that sequence.
 - 3. No record may exceed 60 characters.

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

Record #1:

This is a cost report file submitted by Provider 213975 for the period from January 1, 2004 (2004001) through December 31, 2004 (2004366). It is filed on FORM CMS-222-92. It is prepared with vendor number A99's PC based system, version number 1. Position 38 changes with each new test case and/or approval and is alpha. Positions 39 and 40 remain constant for approvals issued after the first test case. This file is prepared by the independent rural health clinic facility on January 31, 2005 (2005031). The electronic cost report specification dated December 31, 2004 (2004366) is used to prepare this file.

FILE NAMING CONVENTION

Name each cost report file in the following manner:

RFNNNNNN.YYL, where

- 1. RF (Independent Rural Health Clinic or Federally Qualified Health Center Electronic Cost Report) is constant;
- 2. NNNNN is the 6 digit Medicare independent rural health clinic or federally qualified health center provider number;

3. YY is the year in which the provider's cost reporting period ends; and

4. L is a character variable (A-Z) to enable separate identification of files from independent RHC/FQHC facility with two or more cost reporting periods ending in the same calendar year.

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ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-222-92 TABLE 1 - RECORD SPECIFICATIONS

RECORD NAME: Type 1 Records - Record Number 1

		Size	<u>Usage</u>	Loc.	<u>Remarks</u>
1.	Record Type	1	X	1	Constant "1"
2.	NPI	10	9	2-11	Numeric only
3.	Spaces	1	X	12	
4.	Record Number	1	X	13	Constant "1"
5.	Spaces	3	X	14-16	
6.	RHC/FQHC Provider Number	6	9	17-22	Field must have 6 numeric characters.
7.	Fiscal Year Beginning Date	7	9	23-29	YYYYDDD - Julian date; first day covered by this cost report
8.	Fiscal Year Ending Date	7	9	30-36	YYYYDDD - Julian date; last day covered by this cost report
9.	MCR Version	1	9	37	Constant "4" (for FORM CMS-222-92)
10.	Vendor Code	3	X	38-40	To be supplied upon approval. Refer to page 32-503.
11.	Vendor Equipment	1	X	41	P = PC; $M = Main Frame$
12.	Version Number	3	X	42-44	Version of extract software, e.g., 001=1st, 002=2nd, etc. or 101=1st, 102=2nd. The version number must be incremented by 1 with each recompile and release to client(s).
13.	Creation Date	7	9	45-51	YYYYDDD – Julian date; date on which the file was created (extracted from the cost report)
14.	ECR Spec. Date	7	9	52-58	YYYYDDD – Julian date; date of electronic cost report specifications used in producing each file. Valid for cost reporting periods ending on or after 2009274 (10/1/2009). Prior approval(s) 2004366.

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ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 222-92 TABLE 1 - RECORD SPECIFICATIONS

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

		<u>Size</u>	<u>Usage</u>	Loc.	<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 - The time that the ECR file is created. This is represented in military time as alpha numeric. Use positions 21-25. Example 2:30 PM is expressed as 14:30. #3-99 - Reserved for future use.
4.	Spaces	7	X	14-20	Spaces (optional)
5.	ID Information	40	X	21-60	Left justified to position 21 except for records 5 & 6 (if applicable) which are right justified to position 36.

RECORD NAME: Type 2 Records for Labels

		<u>Size</u>	<u>Usage</u>	Loc.	<u>Remarks</u>
1.	Record Type	1	9	1	Constant "2"
2.	Wkst. Indicator	7	X	2-8	Alphanumeric. Refer to Table 2.
3.	Spaces	2	X	9-10	
4.	Line Number	3	9	11-13	Numeric
5.	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	4	9	21-24	Numeric. Refer to Table 5 for appropriate cost center codes.
9.	Labels/Headings				
	a. Line Labels	36	X	25-60	Alphanumeric, left justified
	b. Column Headings Statistical Basis & Code	10	X	21-30	Alphanumeric, left justified

The type 2 records contain both the text that appears on the pre-printed cost report and any labels added by the preparer. Of these, there are three groups: (1) Worksheet A cost center names (labels); and (2) other text appearing in various places throughout the cost report.

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

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ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS 222-92 TABLE 1 - RECORD SPECIFICATIONS

The following type 2 cost center descriptions are to be used for all Worksheet A standard cost center lines.

Line Description PHYSICIAN PHYSICIAN ASSISTANT 2 NURSE PRACTITIONER 4 **VISITNG NURSE** 5 OTHER NURSE 6 **CLINICAL PSYCHOLOGIST** 7 CLINICAL SOCIAL WORKER 8 LABORATORY TECHNICIAN PHYSICIAN SERVICES UNDER AGREEMENT 13 PHYSICIAN SUPERV UNDER AGREEMENT **MEDICAL SUPPLIES** 17 TRANSPORTATION (HEALTH CARE STAFF) 18 DEPRECIATION-MEDICAL EQUIPMENT 19 20 PROFESSIONAL LIABILITY INSURANCE 26 **RENT** 27 **INSURANCE** 28 INTEREST ON MORTAGE OR LOANS 29 UTILITIES 30 DEPRECIATION-BUILDING AND FIXTURES 31 **DEPRECIATION-EQUIPMENT** 32 HOUSEKEEPING AND MAINTENANCE 33 PROPERTY TAX 38 **OFFICE SALARIES** 39 DEPRECIATION-OFFICE EQUIPMENT 40 **OFFICE SUPPLIES** 41 **LEGAL** 42 **ACCOUNTING** 43 **INSURANCE TELEPHONE** 44

FRINGE BENEFITS AND PAYROLL TAXES

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PHARMACY

OPTOMETRY

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