## Revisions to Form CMS-2552-10 HOSPITAL COST REPORT APPLICATION/UPDATE FORM

The last major revision to the hospital cost report was 1996. This major revision of the Hospital Cost Report is undertaken to eliminate any and all worksheets that are no longer needed for rate setting or refinement purposes which impact the accuracy of Medicare payments. This revision will also be incorporating worksheet and instructions to capture information currently reported manually on Provider Cost Report Reimbursement Questionnaire FORM CMS-339 (OMB NO. 0938-0301). The overall burden to providers will be decreased due the provider just completing and submitting one composite electronic file for the new 2552-10 will not be required to submit the FORM CMS-339.

Chang	Changes									
Issue #	Instructions Page #	Form Page #	Section	Old Package Form CMS - 2552-96	New Package Form CMS – 2552-10	Reason for the Change Application of the instructions and accompanying worksheets	Burden Effect			
1	40-26-40-28	40-503	4003	S	S, Parts I, II & III	Added Part I for cost report status, Part II now certification and Part III is now the certification summary. Added a HIT Settlement column to track the HIT payments made by the MACs	N/A			
2	40-29-40-36	40-504-40-507	4004.1	S-2	S-2, Part I	<ul> <li>Expanded the questions that will generate other worksheets on the cost report generate other worksheets on the cost Added lines 15 and 16 for RHC/FQHC. report.</li> <li>Added line 19 "Other" to be reserved for future use.</li> <li>Clarified line 22, added a "P" response for "Pickle Amendment".</li> <li>Added line 23 to account for the method used to account for Medicaid days.</li> <li>Added line 24 for labor and delivery for Title 19 and DSH calculation.</li> <li>Added lines 95 – 98 to accommodate Title XIX reduction for capital and operating cost to activate Worksheet C, Part II.</li> <li>Modified line 140 dealing with chain home office numbers.</li> </ul>	N/A			
3	40-37-40-54	40-508-40-509	4004.2		S-2, Part II	Included the Hospital Cost Report Questionnaire FORM CMS-339 (OMB NO. 0938-0301) into CMS-2552-10.	Increase			

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4	40-55- 40-58	40-510-40-511	4005.1	S-3, Part I	S-3, Part I	Re-designatedthesubscriptedlinesandcolumns into whole number lines and columns.Eliminatedcolumns9–12dealingwithobservationbeds for TitlesXVIII and XIX.Addedcolumn1forcrossreferencetoworksheetA.Openedlines14and15forcolumn2 (numbersofbeds).Addedline30laboranddeliverydays forTitleXIX, column7and forthetotalfacilitycolumn8total. </td <td>N/A</td>	N/A
5	40-59- 40-64	40-512-40-513	4005.2- 4005.3	S-3, Parts II & III	S-3, Parts II & III	Re-designated the subscripted lines and columns into whole number lines and columns. Modified column 1 (cross references to Worksheet A)	N/A
6	40-65	40-514	4005.4		S-3, Part IV	New worksheet to capture wage related that was formerly on the hospital cost report questionnaire FORM CMS-339.	Increase
7	40-65	40-515	4005.5		S-3, Part V	New worksheet to capture Contract labor and Benefit Cost.	Increase
8	40-66- 40-68	40-516	4006	S-4	S-4	Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
9	40-69- 40-70	40-517	4007	S-5	S-5	Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
10	40-71	40-518	4008	S-6	S-6	Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
11	40-72	40-519-40-520	4009	S-7	S-7	This new redesigned worksheet provides all of the statistics for hospital based skilled nursing facility (SNFs).	Decrease
12	40-73	40-521	4010	S-8	S-8	Minor changes Eliminated lines 10 & 11 for Physicians identification	N/A
13	40-74 - 40-76		4011	S-9	S-9	No Change	N/A
14	40-77 - 40-80		4012	S-10	S-10	Redesigned the whole worksheet	
15	40-81 - 40-96	40-524-40-526	4013	A	A	Eliminated "Old Capital" "New Capital"	Decrease

						designation. Re-designated the subscripted lines and columns into whole number lines and columns.		
Issue #	Instructions Page #	Form Page #	Section	Old Package Form CMS - 2552-96	New Package Form CMS – 2552-10	Reason for the Change Application of the instructions and accompanying worksheets	Burden Effect	
16	40-97 - 40-98	40-527	4014	A-6	A-6	Eliminated column 10, for cross reference to Worksheet A-7	Decrease	
17	40-99 – 40-101	40-528	4015	A-7, Part I - III	A-7, Part I - III	Minor changes to conform to Worksheet A. Added line 7 to track HIT assets	N/A	
18	40-102 – 40-104	40-529	4016	A-8	A-8	Minor changes to conform to Worksheet A.	N/A	
19	40-105	40-530	4017	A-8-1	A-8-1	Minor changes to conform to Worksheet A.	N/A	
20	40-106 – 40-108	40-531	4018	A-8-2	A-8-2	No change	N/A	
21	40-109 – 40-113	40-532 – 40534	4019	A-8-3, Parts I- VII	A-8-3, Parts I- VII	Designated the worksheet for cost reimbursed providers.		
22				A-8-4		Eliminated	Decrease	
23	40-114- 40-118	40-535 – 40-543	4020	B, Part I	B, Part I	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	Decrease	
24	40-119 – 40-120	40-553 – 40-561	4020	B-1	B-1	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	Decrease	
25	40-121 – 40-123	40-544 - 40-552	4021	B, Part III	B, Part II	Allocation of Capital Related Cost. Re- designated the subscripted lines and columns into whole number lines and columns.	Decrease	
26	40-124	40-562	4022	B-2	B-2	Minor changes to conform to Worksheet A.	N/A	
27	40-125 – 40-131	40-563 – 40-566	4023	C, Part I- II	C, Part I - II	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.		
28				C, Parts III - IV	C, Parts III – IV	Eliminated	Decrease	

40-132 -	40-567 –	4024	D, Parts	D, Parts I - V	Minor changes.	N/A
40-138	40-572		I - V			
			Old	New		
			Package	Package		
			Form	Form	Reason for the Change Application of the	
Instructions	Form		CMS -		instructions and accompanying worksheets	Burden
Page #						Effect
		4025	D-1	D-1	Minor changes	N/A
		4026	D-2	D-2	Minor changes	N/A
	40-578	4027	D-4	D-3	Renamed D-4 to D-3 and made minor changes.	N/A
40-158						
40-159 –	40-579 –	4028	D-6	D-4	Renamed D-6 to D-4 and made minor changes	N/A
40-164 -	40-582 -	4029	D-9	D-5	Renamed D-9 to D-5 and made minor changes	N/A
	40-583					
	40-584 -	4030.1	E, Part A	E, Part A	Re-designated the worksheet to eliminate	N/A
40-174	40-585				into whole number lines.	
40-175 -	40-586 -	4030.2	E. Part B	E. Part B		N/A
40-180	40-587				obsolete lines and convert subscripted lines	
						Deserves
						Decrease
						Decrease
40.101	40.500	4021				Decrease
	40-588	4031	E-1	E-1, Part I	Eliminated the signature line	N/A
40-183	40.500	4021.1			_	т
	40-589	4031.1		E-1, Part II		Increase
					acquisitions	
40-184 -	40-590	4032	E-2	E-2	Minor changes	N/A
40-186						
40-187 –	40-591	4033.1	E-3,	E-3,	Major changes. The worksheet is now to be	Increase
40-189			Part I	Part I		
40-190 -	40-592	4033.2		E-3.	New worksheet to be used exclusively	N/A
		1000.2		-	by Inpatient Psychiatric Providers.	
	40-593	4033.3			New worksheet to be used exclusively	N/A
				· · ·	by Inpatient Rehabilitation Providers.	11/11
	40-138 Instructions Page # 40-139 – 40-150 40-151 – 40-155 40-156 – 40-158 40-159 – 40-163 40-164 – 40-166 40-167 – 40-166 40-174 40-175 – 40-180 - 40-181 – 40-183 - 40-183 –	40-138       40-572         Instructions       Form         Page #       Page #         40-139 –       40-573 –         40-150       40-575         40-151 –       40-576 –         40-155       40-577         40-156 –       40-578         40-158       -         40-164 –       40-581         40-164 –       40-582 –         40-166       40-583         40-167 –       40-584 –         40-174       40-585         40-175 –       40-586 –         40-180       -         40-181 –       40-587         40-183       -         40-184 –       40-588         40-184 –       40-589         40-186       -         40-187 –       40-590         40-189       -         40-189       -	40-138 $40-572$ Instructions Page #Form Page #Section $40-139 -$ $40-139 -$ $40-575  4025$ $40-139 -$ $40-150 -$ $40-576 -$ $40-155  4026$ $40-151 -$ $40-576 -$ $40-155  40-577  40-156 -$ $40-158  40-578 -$ $40-163 -$ $40-581  4028$ $40-164 -$ $40-582 -$ $40-166  40-582 -$ $4029  40-164 -$ $40-582 -$ $40-166  4030.1$ $40-167 -$ $40-584 -$ $40-180  4030.2$ $40-175 -$ $40-587  4030.2$ $40-180 -$ $40-587  4031.1$ $40-181 -$ $40-589  4031.1$ $40-184 -$ $40-589  4033.1$ $40-184 -$ $40-189  40-591 -$ $4033.1$ $40-187 -$ $40-189  40-33.2$ $40-190 -$ $40-193  40-593 -$ $4033.3$	40-138 $40-572$ IIInstructions Page #Form Page #Old Package Form CMS - 2552-96 $40-139 -$ $40-139 -$ $40-150$ $40-573 -$ $40-575  4025$ $40-139 -$ $40-150$ $40-576 -$ $40-575  4025$ $40-150$ $40-575  4026$ D-2 $40-155$ $40-577  4026$ D-2 $40-155$ $40-577  4026$ D-2 $40-156 -$ $40-578  4027$ D-4 $40-158 -$ $40-581  4028$ D-6 $40-164 -$ $40-581  4029$ D-9 $40-164 -$ $40-583  4030.1$ E, Part A $40-166 -$ $40-584 -$ $40-174  40-584 -$ $40-180  4030.2$ E, Part B $40-174$ $40-587  4030.2$ E, Part D $40-181 -$ $40-589  4031.1$ E-1 $40-181 -$ $40-589  4033.1$ E-2 $40-184 -$ $40-590  4033.1$ E-3, Part I $40-187 -$ $40-189  40-592$ $4033.2$ E-2 $40-187 -$ $40-190 -$ $40-593  4033.3$ $4033.3$ $4033.3$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $

46	40-198 -	40-594	4033.4		E-3,	New worksheet to be used exclusively by Long Term Care Providers.	N/A
	40-200				Part IV	by Long Term Care Floviders.	
				Old	New		
				Package	Package		
				Form	Form	Reason for the Change Application of the	
Issue	Instructions	Form		CMS -	CMS –	instructions and accompanying	Burden
#	Page #	Page #	Section	2552-96	2552-10	worksheets	Effect
47	40-201 -	40-595	4033.5	E-3,	E-3,	Major changes. The worksheet is now to be	N/A
	40-203			Part II	Part V	used by cost reimbursed providers only.	
48	40-204 -	40-596	4033.6	E-3,	E-3,	Major changes. The worksheet now applies to	N/A
	40-205			Part III	Part VI	Title XVIII SNF reimbursement.	
49	40-206 -	40-597	4033.7		E-3,	New worksheet for Title V & XIX SNF	N/A
	40-208				Part VII	Reimbursement.	,
50	40-209 -	40-598 -	4034	E-3,	E-4	New worksheet to calculate Direct Graduate	N/A
50	40-214	40-599		Part IV		Medical Education and ESRD Direct Graduate	
		10 000		i uit i v		Medical. Education	
<b>F</b> 1		40-600 -	4040			Minor changes. Re-designated the subscripted	N/A
51	40-215		4040	G, G-1,	G, G-1, G-2,	lines and into whole number lines.	
		40-604		G-2, and	and G-3	Added lines 27 and 28 to track HIT assets as	
				G-3		well as the related accumulated depreciations	
52	40-216 – 40-219	40-605	4041	H	Н	No Change	N/A
53	40-215			H-1		Eliminated worksheet. Data is now included on	N/A
55				11-1		Worksheet H.	11/11
54				H-2		Eliminated worksheet. Data is now included on Worksheet H.	N/A
55				H-3		Eliminated worksheet. Data is now included on	N/A
						Worksheet H.	
56		40-220 – 40-606-		H-4,	H-1,	Renamed the worksheet and Eliminated "Old Capital" "New Capital" designation. Re-	N/A
	40-223	40-607		Parts I	Parts I	designated the subscripted lines and columns	
				& II	& II	into whole number lines and columns.	
57	40-224 -	40-608 -	4043	H-5,	H-2,	Renamed the worksheet and Eliminated "Old	N/A
	40-225	40-613		Parts I	Parts I	Capital" "New Capital" designation. Re-	
				& II	& II	designated the subscripted lines and columns into whole number lines and columns.	
58	40-226 -	40-614	4044	H-6	Н-3	Redesigned and renamed the worksheet to	N/A
50	40-228	-+0-014		11-0	11-5	eliminate obsolete data requirements.	11/11
						-	
59	40-229 -	40-615	4045	H-7	H-4	Re-designated the worksheet to eliminate obsolete lines and convert subscripted lines	N/A
	40-232					into whole number lines.	
				1	1	into ,, note number inteo,	1

						changes Eliminated the signature line	
Issue #	Instructions Page #	Form Page #	Section	Old Package Form CMS - 2552-96	New Package Form CMS – 2552-10	Reason for the Change Application of the instructions and accompanying worksheets	Burden Effect
61	40-234 – 40-242	40-617 – 40-621	4047	I-1, I-2, I-3, I-4, & I-5	I-1, I-2, I-3, I- 4, & I-5	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
62	40-243 – 40-248	40-622 – 40-631	4053	J-1, J-2, J-3, & J- 4	J-1, J-2, J-3, & J-4	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns. These worksheets are now only applicable to CMHC. Eliminated the signature line	N/A
63	40-249 – 40-262	40-632 – 40-645	4063	K, K-1, K-2, K-3, K-4, Parts I&II K-5, Parts I- III, & K-6	K, K-1, K-2, K-3, K-4, Parts I&II K-5, Parts I- III, & K-6	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
64	40-263 – 40-266	40-646	4064	L	L	Updated the worksheet re-designated the subscripted lines into whole lines and eliminated the whole harmless section.	N/A
65	40-267 – 40-269	40-647 – 40-658	4065	L-1, Parts I – II	L-1, Parts I – III	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	N/A
66	40-270 – 40-276	40-659- 40-663	4066	M-1, M-2, M-3, M-4, & M-5	M-1, M-2, M-3, M-4, & M-5	Eliminated "Old Capital" "New Capital" designation. Re-designated the subscripted lines and columns into whole number lines and columns.	N/A