

**Form CMS-222-17 RURAL HEALTH CLINIC COST REPORT APPLICATION  
FORMS AND INSTRUCTIONS**

The Form CMS-222-17, Rural Health Clinic (RHC) cost report replaces the RHC existing cost reporting Form CMS-222-92. The new forms are effective for cost reporting periods beginning on or after October 1, 2017. There were only minor changes to the cost report including:

1. Added Worksheets S-1, Parts I & II; S-2; S-3; and C-1.

The overall burden to RHCs is estimated at 55 hours compared to the existing burden associated with the CMS-222-92 of 50 hours.

| <b>Issue #</b> | <b>Instructions Page #</b> | <b>Form Page #</b> | <b>Section</b> | <b>Old Package Form CMS-222-92</b> | <b>New Package Form CMS-222-17</b> | <b>Reason for the Change/ Application of the instructions and accompanying worksheets</b>   | <b>Burden Effect</b> |
|----------------|----------------------------|--------------------|----------------|------------------------------------|------------------------------------|---|----------------------|
| 1.             | 46-3 - 46-5                |                    | 4600 - 4602    |                                    |                                    | General Instructions  | N/A                  |
| 2.             | 46-6 - 46-7                | 46-303             | 4603 - 4603.3  | Worksheet S, Parts I and II        | Worksheet S, Parts I, II, and III  | Modified Worksheet S to conform to other cost reports and reference this page as the certification and settlement summary page.   | N/A                  |
| 3.             | 46-7 - 46-9                | 46-304             | 4604 - 4604.1  | Worksheet S, Part I                | Worksheet S-1, Part I              | This worksheet incorporates data previously included on the Worksheet S, Part I and added questions regarding malpractice insurance.                                      | Increase             |
| 4.             | 46-10 - 46-11              | 46-305             | 4604.2         | Worksheet S, Part III              | Worksheet S-1, Part II             | This worksheet incorporates some data previously included on the Worksheet S, Part III and added questions regarding malpractice insurance.                               | Increase             |
| 5.             | 46-12 - 46-17              | 46-306             | 4605           |                                    | Worksheet S-2                      | This worksheet incorporates the Form CMS-339, Provider Reimbursement Questionnaire into the official cost report and eliminates the requirement to file a separate form.  | Increase             |
| 6.             | 46-18 - 46-19              | 46-307             | 4606           | Worksheet S, Part I                | Worksheet S-3                      | This worksheet collects the number of medical and mental health visits by payer, and visits performed by interns and residents formerly collected on Worksheet S, Part I. | Increase             |
| 7.             | 46-20 - 46-24              | 46-308 & 46-309    | 4607           | Worksheet A                        | Worksheet A                        | Added additional cost centers.  | N/A                  |

|     |               |        |               |                            |                           |  |          |
|-----|---------------|--------|---------------|----------------------------|---------------------------|--|----------|
| 8.  | 46-25         | 46-310 | 4608          | Worksheet A-1,             | Worksheet A-6,            | Renamed worksheet to be consistent with other cost report packages.  | N/A      |
| 9.  | 46-25 - 46-26 | 46-311 | 4609          | Worksheet A-2              | Worksheet A-8             | Renamed worksheet to be consistent with other cost report packages and added additional line descriptions.   | N/A      |
| 10. | 46-27 - 46-28 | 46-312 | 4610 - 4610.2 | Worksheet A-2-1            | Worksheet A-8-1           | Renamed worksheet to be consistent with other cost report packages.  | N/A      |
| 11. | 46-28 - 46-30 | 46-313 | 4611 - 4611.2 | Worksheet B, Parts I & II  | Worksheet B, Parts I & II | Added a category for certified nurse midwife, subject to productivity standards.   | N/A      |
| 12. | 46-31 - 46-34 | 46-314 | 4612 - 4612.2 | Worksheet C, Parts I & II  | Worksheet C, Part I & II  | Minimal changes made to this worksheet, added a few new lines to reflect demonstration payment adjustment amounts before and after sequestration and a line for protested amounts. | N/A      |
| 13. | 46-35         | 46-315 | 4613          |                            | Worksheet C-1             | This is a new interim payment worksheet.   | Increase |
| 14. | 46-36         | 46-316 | 4614          | Supplemental Worksheet B-1 | Worksheet B-1             | No change to this worksheet.   | N/A      |