



**HealthFinancial  
Systems**

## **CMS issues Transmittal 10 to the Provider Cost Reporting Forms and Instructions, Chapter 40 Form CMS-2552-10**

Visit our website

---

The Hospital, 2552-10 was updated to Transmittal 10 by CMS, on November 17, 2016. Transmittal 10 is effective for cost reporting periods beginning on or after October 1, 2015. HFS was approved for the Transmittal 10 changes on January 30, 2017 and the software will be distributed February 3, 2017 to hospital software clients ([approval letter](#)). HFS will be hosting a WebEx on the 2552-10 Changes, System release and other updates on February 9, 2017 at 12:30pm Pacific Time.

[Click here to register for the HFS 2552-10 T10 Webinar](#)

Transmittal 10 changes include:

Worksheet S-2, Part I

Added line 171, column 2, to capture section 1876 Medicare days.

Worksheet S-3, Part II

Added lines 14.01, 14.02, 25.50, 25.52 and 25.53, to enhance the wage index data collection effective for cost reporting periods beginning on or after October 1, 2015.

Worksheet S-3, Part IV

Eliminated the Wage Index Pension Cost Schedule (Exhibit 3) and the corresponding instructions and directed providers to use the latest published Wage Index Pension cost Schedule on the CMS website.

Added lines 8.01, 8.02, and 8.03, to accommodate various categories of health insurance effective for cost reporting periods beginning on or after October 1, 2015.

Worksheet S-5

Added line 23 to capture low volume treatments by CNN.

Worksheet S-9, Parts I-IV

Effective for cost reporting periods beginning on or after October 1, 2015 AND ENDING on or after September 30, 2016, hospital-based hospices will no longer complete Parts I and II, but will complete the new Parts III and IV.

#### Worksheet S-10

Clarified instructions for line 20 for the total initial payment obligation of patients approved for charity care.

Changed the references to State Children's Health Insurance Program (SCHIP) to Children's Health Insurance Program (CHIP) in the instructions and on the worksheet.

#### Worksheet S-11

This new worksheet captures statistics related to hospital-based FQHCs paid under the FQHC prospective payment system (PPS) that meet the requirements set forth in 42 CFR 413.65(n). These worksheets supersede Worksheet S-8 for FQHCs only and are effective for cost reporting periods beginning on or after October 1, 2014.

#### Worksheet E, Part A

Clarified and expanded instructions for partial year MDH.

Modified instructions for line 54 to include in the add-on payment for new technologies payments associated with Model 4 Bundled Payments for Care Improvement initiative.

Added line 54.01 to accommodate the islet isolation transplantation add-on payment effective for services rendered on or after October 1, 2016, in accordance with CR 9570.

#### Worksheet E-3, Part IV

Added lines 1.01 through 1.04 to accommodate new payment categories for Long-Term Care Hospitals in accordance with the 2016 Inpatient Prospective Payment System final rule effective for discharges in cost reporting periods beginning on or after October 1, 2015.

#### Worksheet E-4

Added lines 10.01, 15.01, and 16.01, to accommodate unweighted resident FTE counts. These amounts are used to reconcile with amounts in the Intern and Resident Information system (IRIS) and do not impact the settlement summary.

Revised instructions for lines 42 and 43 to reflect Part B reasonable costs and the primary payer amounts, for provider-based FQHCs completing the Worksheet N series.

#### Worksheet I-1

Modified instructions for line 10 through 16, revising the effective date for line 15 (Drugs) to cost reporting periods beginning on or after October 1, 2015, to capture Erythropoiesis stimulating agents (ESA).

Modified instructions for line 27 (Subtotal) to reflect the applicable reconciliation to Worksheet B, Part I, for cost reporting periods beginning prior to October 1, 2015 and on or after October 1, 2015.

#### Worksheets I-2 and I-3

Clarified instructions for lines 14 and 15 to include all ESA costs on line 14 for cost reporting periods beginning on or after October 1, 2015.

#### Worksheet M series

Modified instructions to convey that the Worksheet M series no longer applies to hospital-based FQHCs, effective for cost reporting periods beginning on or after October 1, 2014. However, hospital-based rural health clinics still complete the "M" worksheet series.

Worksheet M-1: Added new cost centers for telehealth and chronic care management.

Revised forms and instructions to comply with the regulations at 42 CFR 413.78(a), to ensure that no separate graduate medical education (GME) payment is calculated for the hospital-based RHC or FQHC.

#### Worksheet N series

Effective for cost reporting periods beginning on or after October 1, 2014, hospital-based FQHCs complete the new Worksheet N series and are reimbursed under the FQHC prospective payment system.

#### Worksheet K series

Modified instructions to reflect that the Worksheet K series no longer applies to hospital-based hospices effective for cost reporting periods beginning on or after October 1, 2015 AND ENDING on or after September 30, 2016.

#### Worksheet O series

Effective for cost reporting periods beginning on or after October 1, 2015 AND ENDING on or after September 30, 2016, hospital-based hospices complete the new Worksheet O series.

This information can be found on our Transmittal page [here](#).

The full Transmittal is available at the CMS website [here](#).

---

If you have any questions, please contact Eric Swanson at [eric@hfssoft.com](mailto:eric@hfssoft.com).

---

Health Financial Systems | 888-216-6041 | [Support@hfssoft.com](mailto:Support@hfssoft.com) | [www.hfssoft.com](http://www.hfssoft.com)

STAY CONNECTED:

