

# Medicare

## Provider Reimbursement Manual

### Part 2, Provider Cost Reporting Forms and Instructions, Chapter 45, Form CMS-2088-17

Department of Health and Human Services (DHHS)  
Centers for Medicare and Medicaid Services (CMS)

Transmittal 3

Date: August 28, 2022

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#### **NEW COST REPORTING FORMS AND INSTRUCTIONS—EFFECTIVE DATE: Cost Reporting Periods Ending on or After August 31, 2022.**

This transmittal updates Chapter 45, Community Mental Health Center Cost Report, Form CMS-2088-17, by clarifying, and correcting the existing instructions, forms, and electronic cost report (ECR) specifications.

#### **Revisions include:**

- Section 4501.1, revised rounding standards for ratios to include days-to-days.
- Worksheet S:  
Updated expiration date to March 31, 2023, on both for forms and instructions.
- Worksheet D:  
Updated line 16 instructions in accordance with §2 of the Protecting Medicare and American Farmers from Sequester Cuts Act of 2021 (PAMFA), applying a sequestration adjustment of 1 percent from April 1, 2022, through June 30, 2022, and 2 percent on or after July 1, 2022.
- Worksheet D-1 and Electronic Cost Report Specifications:  
Revised Worksheet D-1, line 8, column references to 0, 1, and 2, respectively.

**REVISED ELECTRONIC SPECIFICATIONS—EFFECTIVE DATE:** Changes to the electronic reporting specifications are effective for cost reporting periods that end on or after August 31, 2022.

**DISCLAIMER:** The revision date and transmittal number apply to the red highlighted material only. Any other material was previously published and remains unchanged.

# Medicare Provider Reimbursement Manual

**Tao Wei**



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**Medicare Provider Reimbursement Manual** ,1980      *Medicare Provider Reimbursement Manual* Government Printing Office Staff,1986-09-01      Medicare, Provider Reimbursement Manual United States. Health Care Financing Administration,1990      Medicare Provider Reimbursement Manual ,1980      Medicare Provider Reimbursement Manual ,1980      *Provider Reimbursement Manual* ,2005      **Medicare** United States. Health Care Financing Administration,1968

**Understanding the History of Provider Reimbursement Manual Policy** Geri Szuberla,2003-01-01      **Provider Reimbursement Manual** United States. Social Security Administration,1974      Monthly Catalog of United States Government Publications ,2002-07      **JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANIES V BLUE CROSS & BLUE SHIELD OF MICHIGAN; EMPLOYERS MUTUAL INSURANCE COMPANIES V AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY, 437 MICH 368 (1991)** ,1991 87342      Monthly Catalogue, United States Public Documents ,1985-05      Federal Register ,2000-05-30      Government Reports Annual Index ,1993      **A review of hospital billing and collections practices** United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Oversight and Investigations,2004      **U.S. Government Subscriptions** ,1994      Valuation of Physician Practices and Clinics Bruce G. Krider,1997 One of the major trends in health care is the consolidation of physician practices To compete effectively for patients and control costs physicians are either combining into larger groups or deciding to sell their practices to hospitals The Valuation of Physician Practices and Clinics provides buyers with a basic how to approach to the valuation of physician practices and outlines how sellers can get the most for their money      **Cases Decided in the United States Court of Claims ... with Report of Decisions of the Supreme Court in Court of Claims Cases** United States. Court of Claims,Audrey Bernhardt,1979      **NTIS Alert** ,2003      **System of Hospital Uniform Reporting (SHUR)** United States. Congress. House. Committee on Ways and Means. Subcommittee on Health,1979

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