

## Breakdown of APG Ancillary Charges and Payment

PROVIDER: \_\_\_\_\_

PROVIDER NO.: \_\_\_\_\_

CITY: \_\_\_\_\_

FYE: \_\_\_\_\_

Ancillary Service Centers		Charges
1	Pharmacy	
2	Medical Supplies	
3	Laboratory	
4	Diagnostic Radiology	
5	Therapeutic Radiology	
6	Ultrasound	
7	Nuclear Medicine	
8	CT Scan	
9	Operating Room	
10	Anesthesiology	
11	Blood	
12	IV Therapy	
13	Respiratory Therapy	
14	Physical Therapy	
15	Occupational Therapy	
16	Speech Therapy	
17	Emergency Room	
18	Pulmonary Function	
19	Audiology	
20	Cardiology	
21	Ambulatory Surgical Care	
22	Cardiac Rehabilitation	
23	Clinic	
24	MRI	
25	Cardiac Cath Lab	
26	Recovery Room	
27	Labor & Delivery	
28	EKG/ECG	
29	EEG	
30	Gastro Intestinal	
31	Observation Room	
32		
33		
34		
35	<b>Total Title XIX Outpatient Charges</b>	<b>\$</b>
36	Graduate Medical Education (From Workseet GME)	
37	Third Party Payments	
38	Interim Payments	

**DIRECT GRADUATE MEDICAL EDUCATION (GME)  
FOR HOSPITAL WITH INTERNS & RESIDENTS**

GME

**PROVIDER:** \_\_\_\_\_

**PROVIDER NO.:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**FYE:** \_\_\_\_\_

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT:</b>	
Number of FTE Interns / Residents	_____
Updated Per Resident Amount	\$ _____
Aggregate Approved Amount	\$ _____

<b>COMPUTATION OF PROGRAM PATIENT UTILIZATION:</b>	
Title XIX Inpatient Days	_____
Total Inpatient Days (W/S S-3)	_____
Ratio of Title XIX Days To Total Days	_____

<b>APPORTIONMENT BASED ON TITLE XIX NET CHARGE BETWEEN INPATIENT AND OUTPATIENT:</b>	
Title XIX Inpatient Covered Charges	\$ _____
Less: Inpatient 3rd Party Payments	(\$ _____ )
Title XIX Net Inpatient Charges	\$ _____
Title XIX Outpatient Covered Charges	\$ _____
Less: Outpatient 3rd Party Payments	(\$ _____ )
Title XIX Net Outpatient Charges	\$ _____
Total Title XIX Net Covered Charges	\$ _____
Ratio of Inpatient Charges To Total	_____
Ratio of Outpatient Charges To Total	_____

<b>ALLOCATION OF TITLE XIX DIRECT GME COSTS BETWEEN INPATIENT AND OUTPATIENT:</b>	
Total Title XIX GME Reimbursement	\$ _____
Portion Allocated To Inpatient	\$ _____
Portion Allocated To Outpatient	\$ _____

**TITLE XIX INPATIENT DRG PAYMENT DATA**

**PROVIDER:** \_\_\_\_\_

**PROVIDER NO.:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**FYE:** \_\_\_\_\_

1. Title XIX Discharges (Includes All Discharges)

\_\_\_\_\_

2. Title XIX Discharges (Short Stay Outliers Only)

\_\_\_\_\_

**TITLE XIX DAYS:**

3. Routine

\_\_\_\_\_

4. ICU

\_\_\_\_\_

5. CCU

\_\_\_\_\_

6. Nursery

\_\_\_\_\_

7. Other Special Care (specify) \_\_\_\_\_

\_\_\_\_\_

Other Special Care (specify) \_\_\_\_\_

\_\_\_\_\_

Other Special Care (specify) \_\_\_\_\_

\_\_\_\_\_

8. Total Title XIX Routine Charges

\$ \_\_\_\_\_

9. Title XIX Nursery Charges

\$ \_\_\_\_\_

10. Third Party Insurance Payments

\$ \_\_\_\_\_

11. Interim Payments Received

\$ \_\_\_\_\_

The inpatient data related to the DRG payment system and the outpatient data related to the APG payment system are no longer subject to cost settlement. This DRG and APG payment data will be subject to review for base rate recalculation purposes.

**TITLE XIX INPATIENT DRG PAYMENT DATA**  
**Breakdown of DRG Payment Ancillary Charges**

**PROVIDER:** \_\_\_\_\_

**PROVIDER NO.:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**FYE:** \_\_\_\_\_

<b>Ancillary Service Centers</b>		<b>Charges</b>
1	Operating Room	
2	Ambulatory Surgical Care	
3	Recovery Room	
4	Labor & Delivery	
5	Anesthesiology	
6	Radiology	
7	CT Scan	
8	Ultrasound	
9	Laboratory	
10	Blood	
11	IV Therapy	
12	Respiratory Therapy	
13	Physical Therapy	
14	Speech Therapy	
15	EKG	
16	EEG	
17	Medical Supplies	
18	Pharmacy	
19	Renal Dialysis	
20	Clinic	
21	Ambulance	
22	Emergency	
23		
24		
25	<b>TOTAL ANCILLARY CHARGES</b>	\$