

HOSPITAL: _____

PROV. # _____

CITY: _____

FYE: _____

CRITICAL ACCESS HOSPITAL SUPPLEMENTAL COST REPORT

Routine Service Centers		Routine Per Diem	Medicaid Days	Medicaid Inpatient Cost
1	Adults & Pediatrics			
2	ICU			
3	Coronary Care			
4	Nursery			
5	Skilled Care-12/31 & Prior			
6	Skilled Care-01/01 & After			
7	Intermediate-12/31 & Prior			
8	Intermediate-01/01 & After			
Ancillary Service Centers		Ratio of Cost to Charges	Inpatient Charges	Medicaid Inpatient Cost
9	Pharmacy			
10	Medical Supplies			
11	Laboratory			
12	Diagnostic Radiology			
13	Therapeutic Radiology			
14	Nuclear Medicine			
15	CT Scan			
16	Ultrasound			
17	MRI			
18	Operating Room			
19	Non-CRNA Anesthesia			
20	Blood Storage & Process.			
21	Respiratory Therapy			
22	Physical Therapy			
23	Occupational Therapy			
24	Speech Therapy			
25	Emergency Room			
26	Pulmonary Function			
27	Audiology			
28	Cardiology			
29	Cardiac Rehab			
30	Ambulatory Surgical Care			
31	Clinic			
32	Recovery Room			
33	Labor & Delivery			
34	EKG			
35	EEG			
36	Observation Room			
37	IV Therapy			
38	Oncology			
39	Gastro Intestinal			
40	Lithotripsy			
41	Renal Dialysis			
42	Psychiatric Services			
43	Ambulance Services			
44	Professional Services			
45	Telemetry			
46	Total Ancillary			
47	Total Routine			
48	Subtotal			
49	Less: Third Party Reimbursement			
50	Total Reimbursable Cost			
50	Less: Interim Payments From Fiscal Agent			
51	Swing Bed Settlement (TS-SB)			
52	Balance Due Hospital or (Program)			

HOSPITAL: _____

Wkst. SB

PROV. #: _____

CRITICAL ACCESS HOSPITAL SWING BED COST REPORT

Routine Cost Centers	# Swing Bed Medicaid Days	Routine Per Diem	Medicaid Inpatient Cost
Skilled Care-12/31 & Prior			
Skilled Care-01/01 & After			
Intermediate-12/31 & Prior			
Intermediate-01/01 & After			
Total Routine Charges			
Ancillary Cost Centers	# Swing Bed Charges	Ratio of Cost to Charges	Medicaid Inpatient Cost
Pharmacy			
Medical Supplies			
Laboratory			
Diagnostic Radiology			
Therapeutic Radiology			
Nuclear Medicine			
CT Scan			
Ultrasound			
MRI			
Operating Room			
Non-CRNA Anesthesia			
Blood Storage & Process.			
Respiratory Therapy			
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Emergency Room			
Pulmonary Function			
Audiology			
Cardiology			
Cardiac Rehab			
Ambulatory Surgical Care			
Clinic			
Recovery Room			
Labor & Delivery			
EKG			
EEG			
Observation Room			
IV Therapy			
Oncology			
Gastro Intestinal			
Lithotripsy			
Renal Dialysis			
Psychiatric Services			
Ambulance Services			
Professional Services			
Telemetry			
Total Ancillary			
Total Routine			
Subtotal			
Less: Third Party Reimbursement			
Total Reimbursable Cost			
Less: Interim Payments From Fiscal Agent			
Balance Due Hospital or (Program)			

HOSPITAL: _____

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CRITICAL ACCESS HOSPITAL OUTPATIENT COST REPORT

Ancillary Service Centers		Ratio of Cost to Charges	Medicaid Charges	Medicaid Cost
1	Pharmacy			
2	Medical Supplies			
3	Laboratory			
4	Diagnostic Radiology			
5	Therapeutic Radiology			
6	Nuclear Medicine			
7	CT Scan			
8	Ultrasound			
9	MRI			
10	Operating Room			
11	Non-CRNA Anesthesia			
12	Blood Storage & Process.			
13	Respiratory Therapy			
14	Physical Therapy			
15	Occupational Therapy			
16	Speech Therapy			
17	Emergency Room			
18	Pulmonary Function			
19	Audiology			
20	Cardiology			
21	Cardiac Rehab			
22	Ambulatory Surgical Care			
23	Clinic			
24	Recovery Room			
25	Labor & Delivery			
26	EKG			
27	EEG			
28	Observation Room			
29	IV Therapy			
30	Oncology			
31	Gastro Intestinal			
32	Lithotripsy			
33	Renal Dialysis			
34	Psychiatric Services			
35	Ambulance Services			
36	Professional Services			
37	Telemetry			
38	Subtotal			
39	Less: Third Party Reimbursement			
40	Total Reimbursable Cost			
41	Less: APG Payments From Fiscal Agent			
42	Less: Fee Schedule Payments From Fiscal Agent			
43	Balance Due Hospital or (Program)			