07-09		M CMS-2552-9	3690 (Cont.)				
COMPUTATION OF RATIO OF COSTS TO CHARGES		PROVIDER NO	PERIOD: FROM TO		WORKSHEET C, PART I		
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 27)	Therapy Limit Adj. 2	Total Costs 3	RCE Dis- allowance 4	Total Costs 5	
	INPATIENT ROUTINE SERVICE COST CENTERS	1	2	5	1	5	
25	Adults and Pediatrics (General Routine Care)						25
26	Intensive Care Unit						26
-	Coronary Care Unit			_			27
	Burn Intensive Care Unit				-	-	28
-	Surgical Intensive Care Unit			-			29
	Other Special Care (specify)			_			30
	Subprovider Nursery						33
	Skilled Nursing Facility					-	33
	Other Nursing Facility						35
	Other Long Term Care					1	36
	ANCILLARY SERVICE COST CENTERS						
37	Operating Room						37
38	Recovery Room						38
	Delivery Room and Labor Room						39
	Anesthesiology			_			40
	Radiology-Diagnostic						41
	Radiology-Therapeutic			-			42
	Radioisotope Laboratory				-	-	43
	PBP Clinical Laboratory Services-Prgm. Only						44
	Whole Blood & Packed Red Blood Cells						46
	Blood Storing, Processing, & Trans.						47
	Intravenous Therapy						48
49	Respiratory Therapy						49
50	Physical Therapy						50
	Occupational Therapy						51
-	Speech Pathology						52
	Electrocardiology			_			53
	Electroencephalography						54
	Medical Supplies Charged to Patients						55 55.30
55.30	Implantable Devices Charged to Patients Drugs Charged to Patients					1	55.50
	Renal Dialysis					+	57
-	ASC (Non-Distinct Part)					1	58
	Other Ancillary (specify)				1	1	59
	OUTPATIENT SERVICE COST CENTERS						
60	Clinic						60
61	Emergency						61
-	Observation Beds (see instructions)						62
63	Other Outpatient Service (specify)						63
	OTHER REIMBURSABLE COST CENTERS			_			
	Home Program Dialysis						64
	Ambulance Services						65
	Durable Medical Equipment-Rented			-		+	66 67
	Durable Medical Equipment-Sold Other Reimbursable (specify)			-		+	67
	Subtotal (sum of lines 25 thru 68)						101
	Less Observation Beds						101
-	Total (line 101 minus line 102)						102
	· · · · · · · · · · · · · · · · · · ·						

 103
 Total (line 101 minus line 102)
 103

 FORM CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620 & 3620.1)
 103

COMPUTATION OF RATIO OF COSTS TO CHARGES			PROVIDER NO	D.:	PERIOD: FROM TO		WORKSHEET C, PART I (CONT.)		
			Charges				1		
	COST CENTER DESCRIPTIONS		Outpatient 7	Total (col. 6 + col. 7) 8	Cost or Other Ratio 9	TEFRA Inpatient Ratio 10	PPS Inpatient Ratio 11		
	INPATIENT ROUTINE SERVICE COST CENT	6 ERS	,	0		10	11		
25	Adults and Pediatrics (General Routine Care)							25	
	Intensive Care Unit							26	
27	Coronary Care Unit							27	
	Burn Intensive Care Unit							28	
	Surgical Intensive Care Unit							29	
-	Other Special Care (specify)							30	
	Subprovider							31	
33	Nursery							33	
34	Skilled Nursing Facility							34	
35	Other Nursing Facility							35	
36	Other Long Term Care							36	
	ANCILLARY SERVICE COST CENTERS								
37	Operating Room							37	
38	Recovery Room							38	
39	Delivery Room and Labor Room							39	
40	Anesthesiology							40	
41	Radiology-Diagnostic							41	
42	Radiology-Therapeutic							42	
43	Radioisotope							43	
44	Laboratory							44	
45	PBP Clinical Laboratory Services-Prgm. Only							45	
46	Whole Blood & Packed Red Blood Cells							46	
47	Blood Storing, Processing, & Trans.							47	
	Intravenous Therapy							48	
	Respiratory Therapy							49	
	Physical Therapy							50	
	Occupational Therapy							51	
	Speech Pathology							52	
	Electrocardiology							53	
	Electroencephalography							54	
	Medical Supplies Charged to Patients	+					+	55	
55.30	Implantable Devices Charged to Patients		├────┤		+ +			55.30	
	Drugs Charged to Patients	+			+ +		+	56	
	Renal Dialysis				+ +		-	57	
	ASC (Non-Distinct Part) Other Ancillary (specify)		╂────┤		+ +		1	58	
59	OUTPATIENT SERVICE COST CENTERS							59	
60	Clinic							60	
	Emergency				+			61	
	Observation Beds (see instructions)				1 1		1	62	
63	Other Outpatient Service (specify)				1 1		1	63	
05	OTHER REIMBURSABLE COST CENTERS							05	
64	Home Program Dialysis							64	
	Ambulance Services	1			1 1		1	65	
-	Durable Medical Equipment-Rented	1						66	
	Durable Medical Equipment-Sold							67	
	Other Reimbursable (specify)							68	
101	Subtotal (sum of lines 25 thru 68)		1					101	
102	Less Observation Beds			_				102	
103	Total (line 101 minus line 102)							103	

FORM CMS-2552-96 (07/2009) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620 & 3620.1)

09-01 FORM CMS-255					2552-96						ont.)
	CULATION OF OUTPATIENT SERVICE COST TO RGE RATIOS NET OF REDUCTIONS					PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27) 2	Operating Cost Net of Capital Cost (col. 1 - col. 2) 3	Capital Reduction 4	Operating Cost Reduction Amount 5	Cost Net of Capital and Operating Cost Reduction 6	Total Charges (Wkst. C, Part I, col. 8) 7	1	I/P Part B Cost to Charge Ratio (see instruc.) 9	
	ANCILLARY SERVICE COST CENTERS			-		-					
37	Operating Room										37
	Recovery Room										38
	Delivery Room and Labor Room										39
40	Anesthesiology										40
41	Radiology-Diagnostic										41
42	Radiology-Therapeutic										42
	Radioisotope										43
44	Laboratory										44
45	PBP Clinical Laboratory Services-Prgm. Only										45
46	Whole Blood & Packed Red Blood Cells										46
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49	Respiratory Therapy										49
50	Physical Therapy										50
	Occupational Therapy										51
52	Speech Pathology										52
53	Electrocardiology										53
	Electroencephalography										54
	Medical Supplies Charged to Patients										55
	Drugs Charged to Patients										56
	Renal Dialysis										57
	ASC (Non-Distinct Part)										58
59	Other Ancillary (specify)										59

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620 & 3620.2)

09-01 FORM CMS-2552-96										3690 (Co	ont.)
	ULATION OF OUTPATIENT SERVICE COST TO RGE RATIOS NET OF REDUCTIONS					PROVIDER NO	.:	PERIOD FROM:		WORKSHEET C PART II (CONT.	,
		1	Capital Cost	Operating Cost			Cost Net of	TO: Total			<u> </u>
		Total Cost	(Wkst. B, sum	Net of		Operating Cost		Charges	Outpatient Cost	I/P Part B Cost	
	Cost Center Descriptions	(Wkst. B,	of Parts II &	Capital Cost	Capital	Reduction	Operating Cost		-	to Charge Ratio	
		Part I, col. 27)	III, col. 27)	(col. 1 - col. 2)	Reduction	Amount	Reduction	Part I, col. 8)	$(col. 6 \div col. 7)$	(see instruc.)	
		1	2	3	4	5	6	7	8	9	
	OUTPATIENT SERVICE COST CENTERS										
60	Clinic										60
61	Emergency										61
62	Observation Beds (see instructions)										62
63	Other Outpatient Service (specify)										63
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66	Durable Medical Equipment - Rented										66
67	Durable Medical Equipment - Sold										67
68	Other Reimbursable (specify)										68
101	Subtotal (sum of lines 37-68)										101
102	Less Observation Beds										102
103	Total (sum of line 101 minus line 102)										103

FORM CMS-2552-96 (9/2000) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620 & 3620.2)

08-97	FORM CM	S-2552-96			3690 (Cont.)				
COMPUTATION OF TOTAL RPCH INPATIENT	PROVIDER NO.	:	PERIOD:		WORKSHEET C,				
ANCILLARY COST AND INPATIENT RPCH OPERATING COST			FROM TO		PARTS III & IV	,			
PART III - COMPUTATION OF TOTAL RPCH INPA	FIENT ANCILLARY	COSTS	10						
		00010			Total				
	Total Cost		Total	Charge to	Inpatient				
	(from Wkst.	Total	Inpatient	Charge Ratio	Cost				
	B, Part I,	Ancillary	Ancillary	(col. 3 ÷	(col. 1 x				
COST CENTER DESCRIPTIONS	col. 27)	Charges	Charges	col. 2)	col. 4)				
ANCILLARY SERVICE COST CENTERS	1	2	3	4	5				
37 Operating Room	_					37			
38 Recovery Room						38			
39 Delivery Room and Labor Room						39			
40 Anesthesiology						40			
41 Radiology-Diagnostic						41			
42 Radiology-Therapeutic						42			
43 Radioisotope						43			
44 Laboratory						44			
45 PBP Clinical Laboratory Services-Prgm. Only						45			
46 Whole Blood & Packed Red Blood Cells			+	ł		46			
47 Blood Storing, Processing, & Transfusion						47			
48 Intravenous Therapy 49 Respiratory Therapy			+	ł	1	48 49			
50 Physical Therapy						50			
51 Occupational Therapy						51			
52 Speech Pathology						52			
53 Electrocardiology						53			
54 Electroencephalography						54			
55 Medical Supplies Charged to Patients						55			
56 Drugs Charged to Patients						56			
57 Renal Dialysis						57			
58 ASC (Non-Distinct Part)						58			
59 Other Ancillary (specify)						59			
OUTPATIENT SERVICE COST CENTERS									
60 Clinic						60			
61 Emergency						61			
62 Observation Beds (see instructions)						62			
63 Other Outpatient Services (specify) OTHER REIMBURSABLE COST CENTERS						63			
64 Home Program Dialysis	_					64			
65 Ambulance Services						65			
66 Durable Medical Equipment-Rented						66			
67 Durable Medical Equipment-Sold						67			
68 Other Reimbursable (specify)						68			
101 Subtotal (sum of lines 37-68)						101			
PART IV - COMPUTATION OF INPATIENT RPCH O									
General inpatient routine services cost (see instructi Total impatient appillant services cost (Workshort C		101)				1			
2 Total inpatient ancillary service cost (Worksheet C,	rart III, column 5, line	: 101)				2			
 3 Total inpatient service cost (sum of lines 1 and 2) 4 Total inpatient days (Worksheet S-3, Part I, column 	6 line 1)					3 4			
5 Inpatient service cost per diem (see instructions)	0, mile 1)					5			
- inputent service cost per tient (see instructions)			Title V	Title XVIII	Title XIX	5			
			1	2	3	1			
6 Program inpatient service cost (line 5 times Wkst. I	D-1, line 9)					6			
	PROGRAM INPATIENT ROUTINE SWING BED COST								
7 Program swing-bed (SNF/NF) inpatient routine cos	-	of				7			
the cost reporting period (Wkst. D-1, Part I, line 10									
XVIII and line 12 times line 19 for titles V and XIX						L			
8 Program swing-bed (SNF/NF) inpatient routine cos		Ĩ				8			
the cost reporting period (Wkst. D-1, Part I, line 11									
XVIII and line 13 times line 20 for titles V and XIX			+	<u> </u>		0			
9 Total program swing-bed inpatient routine costs (lir FROM CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS			1	I	I	9			

FROM CMS-2552-96 (9/97) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3620.3-3620.4)

08-97	7		3690 (Cont.)						
COMP	UTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY CARE	E HOSPITAL				PERIOD: FROM TO		WORKSHEET C, PART V	
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 27) 1	Provider-based Physician Adjustment (see instructions) 2	Total Costs (col. $1 + col. 2$) 3	Total Ancillary Charges (from Wkst. C, Part III, col. 2) 4	Total Outpatient Charges (see instructions) 5	Ratio of Out- patient Charges to Total Charges (col. $5 \div$ col. 4) 6	Total Outpatient Costs (col. 3 x col. 6) 7	
	ANCILLARY SERVICE COST CENTERS								
37	Operating Room								37
	Recovery Room								38
39	Delivery Room and Labor Room								39
40	Anesthesiology								40
41	Radiology-Diagnostic								41
42	Radiology-Therapeutic								42
43	Radioisotope								43
44	Laboratory								44
45	PBP Clinical Laboratory Services-Prgm. Only								45
46	Whole Blood & Packed Red Blood Cells								46
47	Blood Storing, Processing, & Transfusion								47
48	Intravenous Therapy								48
49	Respiratory Therapy								49
50	Physical Therapy								50
	Occupational Therapy								51
52	Speech Pathology								52
53	Electrocardiology								53
54	Electroencephalography								54
55	Medical Supplies Charged to Patients								55
56	Drugs Charged to Patients								56
57	Renal Dialysis								57
	ASC (Non-Distinct Part)								58
59	Other Ancillary (specify)								59

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3620.5)

08-97	7		3690 (Cont.)						
COMPU	JTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY	Y CARE HOSPITAL				PERIOD: FROM TO		WORKSHEET C, PART V (CONT.)	
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 27) 1	Provider-based Physician Adjustment (see instructions) 2	Total Costs (col. $1 + col. 2$) 3	Total Ancillary Charges (from Wkst. C, Part III, col. 2) 4	Total Outpatient Charges (see instructions) 5	Ratio of Out- patient Charges to Total Charges (col. $5 \div$ col. 4) 6	Total Outpatient Costs (col. 3 x col. 6) 7	
	OUTPATIENT SERVICE COST CENTERS								
	Clinic Emergency								60 61
	Observation Beds (see instructions)								62
	Other Outpatient Services (specify)								63
	OTHER REIMBURSABLE COST CENTERS								05
64	Home Program Dialysis								64
65	Ambulance Services					1			65
66	Durable Medical Equipment-Rented								66
67	Durable Medical Equipment-Sold								67
68	Other Reimbursable (specify)								68
	Total (sum of lines 37-68)								101
	Total outpatient visits								102
	Aggregate cost per visit (line 101 ´line 102)								103
	Title V outpatient visits								104
	Title XVIII outpatient visits								105
	Title XIX outpatient visits								106
	Title V outpatient costs (line 103 x line 104)								107
	Title XVIII outpatient costs (line 103 x line 105)								108
109	Title XIX outpatient costs (line 103 x line 106)								109

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3620.5)