TITLE XIX COST CALCULATIONS

ODHS 2930 (Rev. 12/99)
Schedule D, page 2

Name of Hospital	Provider Number	Reporting Period

		1 Ratio	2 XIX Inpatient Charges	3 XIX Inpatient Costs	4 XIX Outpatient Charges	5 XIX Outpatient Costs	6 O/P Lab Charges	7 O/P Lab Costs
50a.	Cardiac Rehabilitation							
51.	Occupational Therapy							
52.	Speech & Hearing Services							
52a.	Audiology							
53.	Electrocardiology							
53a.	Cardiac Catheterization							
54.	Electroencephalography							
55.	Medical Supplies							
56.	Pharmacy							
57.	Renal Dialysis							
58.	Organ Acquisition							
59.	Psychiatric/Psychological Services							
60.	Clinic							
61.	Emergency							
62.	Observation Beds							
69.	Gastrointestinal Services							
70.								
71.								
72.								
73.								
74.								
98.	Subtotal (lines 37-97)							
101.	Total							

APPROVAL DATE SEP 11 2000
TN No. 00-008
SUPERSEDES
TN No. 99-015
EFFECTIVE DATE 5-1-00

TITLE V COST CALCULATIONS

ODHS 2930 (Rev
Schedule D-1, pag

Name of Hospital	Provider Number	Reporting Period

		1 Total Costs	2 Prof. Component	3 Adjusted Costs	4 Total Charges	5 Prof. Component	6 Adjusted Charges	7 Ratio	8 TITLE V I/P Charges	9 TITLE V I/P Costs	10 TITLE V O/P Charges	11 TITLE V Cost
25.	Adult & Pediatric											
25a.	Distinct Part Psychiatric											
25b.	Distinct Part Rehabilitation											
26.	Intensive Care											
27.	Coronary Care											
28.	Burn Intensive Care Unit											
29.	Surgical Intensive Care											
30.	Other Special Care											
31.	Nursery Intensive Care											
33.	Nursery											
35.	Subtotal (lines 25-33)											
37.	Operating Room											
37a.	Ambulatory Surgery											
37b.	Cast Room											
37c.	Treatment or Observation Room											
38.	Recovery Room											
39.	Delivery & Labor Room											
40.	Anesthesiology											
41.	Radiology - Diagnostic											
41a.	CAT Scan											
41b.	Ultrasound											
41c.	PET Scan											
42.	Radiology - Therapeutic											
43.	Radioisotope / Nuclear Medicine											
44.	Laboratory											
45.	Oncology											
46.	Whole Blood & Blood Components											
47.	Blood Processing, Storing & Transfusion											
48.	Intravenous Therapy											
49.	Respiratory Therapy											
49a.	Pulmonary Function											
50.	Physical Therapy											

TITLE V COST CALCULATIONS

ODHS 2930 (Rev. -
Schedule D-1, page

Name of Hospital	Provider Number	Reporting Period

		1 Total Costs	2 Prof. Component	3 Adjusted Costs	4 Total Charges	5 Prof. Component	6 Adjusted Charges	7 Ratio	8 TITLE V I/P Charges	9 TITLE V I/P Costs	10 TITLE V O/P Charges	11 TITLE V Costs
50a.	Cardiac Rehabilitation											
51.	Occupational Therapy											
52.	Speech & Hearing Services											
52a.	Audiology											
53.	Electrocardiology											
53a.	Cardiac Catheterization											
54.	Electroencephalography											
55.	Medical Supplies											
56.	Pharmacy											
57.	Renal Dialysis											
58.	Organ Acquisition											
59.	Psychiatric/Psychological Services											
60.	Clinic											
61.	Emergency											
62.	Observation Beds											
69.	Gastrointestinal Services											
70.												
71.												
72.												
73.												
74.												
98.	Subtotal (lines 37-97)											
101.	Total											

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TN No. 99-015 EFFECTIVE 5-1-00

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TITLE XIX TRANSPLANT SERVICES COST CALCULATIONS

ODHS 2980 (Rev. 12/99)
Schedule D-2

Cost Reimbursed Services Only

Name of Hospital	Provider Number	Reporting Period

		1 Ratio	2 IP Transplant Charges	3 IP Transplant Costs	4 OP Transplant Charges	5 OP Transplant Costs
25.	Adult & Pediatric					
25a.	Distinct Part Psychiatric					
25b.	Distinct Part Rehabilitation					
26.	Intensive Care					
27.	Coronary Care					
28.	Burn Intensive Care Unit					
29.	Surgical Intensive Care					
30.	Other Special Care					
31.	Nursery Intensive Care					
33.	Nursery					
35	Subtotal (lines 25-33)					
37.	Operating Room					
37a.	Ambulatory Surgery					
37b.	Cast Room					
37c.	Treatment or Observation Room					
38.	Recovery Room					
39.	Delivery & Labor Room					
40.	Anesthesiology					
41.	Radiology - Diagnostic					
41a.	CAT Scan					
41b.	Ultrasound					
41c.	PET Scan					
42.	Radiology - Therapeutic					
43.	Radioisotope / Nuclear Medicine					
44.	Laboratory					
45.	Oncology					
46.	Whole Blood & Blood Components					
47.	Blood Processing, Storing & Transfusion					
48.	Intravenous Therapy					
49.	Respiratory Therapy					
49a.	Pulmonary Function					
50.	Physical Therapy					
50a.	Cardiac Rehabilitation					
51.	Occupational Therapy					
52.	Speech & Hearing Services					
52a.	Audiology					
53.	Electrocardiology					
53a.	Cardiac Catheterization					
54.	Electroencephalography					
55.	Medical Supplies					
56.	Pharmacy					
57.	Renal Dialysis					
58.	Organ Acquisition					
59.	Psychiatric/Psychological Services					
60.	Clinic					
61.	Emergency					
62.	Observation Beds					
69.	Gastrointestinal Services					
70.						
71.						
72.						
73.						
74.						
98.	Subtotal (lines 37-97)					
101.	Total					

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SUPERSEDES
TN No. 99-015

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MISCELLANEOUS COST & PAYMENT INFORMATION

ODHS 2930 (Rev. 12/99)
Schedule E

Name of Hospital	Provider Number	Reporting Period

Medical Education Costs

1.	Non-Physician Anesthetists	
2.	Nursing School Costs	
3.	Interns & Residents Costs	
4.	Paramedic Education Costs	
5.	Total Med Ed Costs	

Title XIX O/P Lab Payments

6.	Title XIX O/P Lab Payments	

Net Patient Revenues

7.	Net Patient Revenues	

ODHS 2930 (Rev. 12/99)
Schedule F

SECTION I — HOSPITAL CARE ASSURANCE

UNCOMPENSATED CARE

		1 Charges for Patients With Insurance	2 Charges for Patients With No Insurance	3 Medicaid I/P & O/P Cost/Charge Ratio	4 Costs for Patients With Insurance	5 Costs for Patients With No Insurance
INPATIENT CHARGES & COSTS						
8.	Disability Assistance					
9.	Uncompensated < 100%					
10.	Uncompensated > 100%					
11.	Total Inpatient					
OUTPATIENT CHARGES & COSTS						
12.	Disability Assistance					
13.	Uncompensated < 100%					
14.	Uncompensated > 100%					
15.	Total Outpatient					

INPATIENT DISCHARGES			
16.	Disability Assistance		
17.	Uncompensated < 100%		
18.	Uncompensated > 100%		
19.	Total Inpatient Discharges		
OUTPATIENT VISITS			
20.	Disability Assistance		
21.	Uncompensated < 100%		
22.	Uncompensated > 100%		
23.	Total Outpatient Visits		

SECTION II — FREE STANDING PSYCHIATRIC HOSPITAL INFORMATION

	1 Payments From Insurance	2 Payments From Self-Pay	3 Charges For Charity Care	4 Gov't Cash Subsidies Received	5 Uncomp. Costs Patients Without Ins.	6 Medicaid Days age 22 to 64
24.						

SECTION III — PAYMENT ALLOCATION

25.	Medicaid I/P Cost	
26.	Medicaid O/P Cost	
27.	Total Medicaid Cost	
28.	I/P Percentage	
29.	O/P Percentage	
30.	Total Facility Cost	
31.	Medicaid %	
32.	H.C.A.P. Assessment	
33.	Medicaid Portion of Assessment	
34.	H.C.A.P. Receipts	
35.	Net H.C.A.P. Receipts	
36.	I/P H.C.A.P. Receipts	
37.	O/P H.C.A.P. Receipts	
38.	O/P Lab Charges	
39.	O/P Lab Payments	
40	Charges over Payments	
41.	Revised O/P Receipts	

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TITLE XIX CAPITAL RELATED COST REIMBURSEMENT

ODHS 2930 (Rev. 12/99)
Schedule G, page 1

Name of Hospital	Provider Number	Reporting Period

		1 Total Charges All Patients	2 Old Capital Related Costs	3 New Capital Related Costs	4 Total Capital Costs	5 Ratio	6 Total XIX IP Charges	7 XIX Capital Costs
25.	Adult & Pediatric							
25a.	Distinct Part Psychiatric							
25b.	Distinct Part Rehabilitation							
26.	Intensive Care							
27.	Coronary Care							
28.	Burn Intensive Care Unit							
29.	Surgical Intensive Care							
30.	Other Special Care							
31.	Nursery Intensive Care							
33.	Nursery							
34.	SNF/ICF							
35.	Subtotal (lines 25-33)							
37.	Operating Room							
37a.	Ambulatory Surgery							
37b.	Cast Room							
37c.	Treatment or Observation Room							
38.	Recovery Room							
39.	Delivery & Labor Room							
40.	Anesthesiology							
41.	Radiology - Diagnostic							
41a.	CAT Scan							
41b.	Ultrasound							
41c.	PET Scan							
42.	Radiology - Therapeutic							
43.	Radioisotope/Nuclear Medicine							
44.	Laboratory							
45.	Oncology							
46.	Whole Blood & Blood Components							
47.	Blood Processing, Storing & Transfusion							
48.	Intravenous Therapy							
49.	Respiratory Therapy							
49a.	Pulmonary Function							
50.	Physical Therapy							

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TN No. 99-015

ODHS 2930 (Rev. 12/99)
Schedule G, page 2

TITLE XIX CAPITAL RELATED COST REIMBURSEMENT

Name of Hospital	Provider Number	Reporting Period

		1 Total Charges All Patients	2 Old Capital Related Costs	3 New Capital Related Costs	4 Total Capital Costs	5 Ratio	6 Total XIX IP Charges	7 XIX Capital Costs
50a.	Cardiac Rehabilitation							
51.	Occupational Therapy							
52.	Speech & Hearing Services							
52a.	Audiology							
53.	Electrocardiology							
53a.	Cardiac Catheterization							
54.	Electroencephalography							
55.	Medical Supplies							
56.	Pharmacy							
57.	Renal Dialysis							
58.	Organ Acquisition							
59.	Psychiatric/Psychological Services							
60.	Clinic							
61.	Emergency							
62.	Observation Beds							
69.	Gastrointestinal Services							
70.								
71.								
72.								
73.								
74.								
98.	Subtotal (lines 37-97)							
101.	Total							
102.	Capital Payments for Period							
103.	Amount Due Program/(Provider)							( )

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TN No. 99-015 EFFECTIVE [illegible] 5/1/98

ODHS 2930 (Rev. 12/99)
Schedule H

SETTLEMENT SUMMARY

Name of Hospital	Provider Number	Reporting Period

Section I Inpatient Services –		1 Title XIX	2 Title V	3 Title XIX Transplant
1.	Inpatient Program Costs			
2.	Amount Received from Program			
3.	Amount Receivable from Program			
4.	Amount Received/Receivable from Other Payors			
5.	Miscellaneous Adjustments			
6.	I/P H.C.A.P. Payment			
7.	Capital Payments from Schedule G			
8.	Total I/P Payments			
9.	Total Program Charges			
10.	Costs over Payments			
11.	Costs over Charges			
12.	Amount Due Program/(Provider)			

Section II Outpatient Services		1 Title XIX	2 Title V	3 Title XIX Transplant
13.	Outpatient Program Costs			
14.	Amount Received from Program			
15.	Amount Receivable from Program			
16.	Amt Rcvd/Rcvble from Other Payors			
17.	Miscellaneous Adjustments			
18.	O/P H.C.A.P. Payment			
19.	Total O/P Payments			
20.	Total Program Charges			
21.	Costs over Payments			
22.	Costs over Charges			
23.	Amount Due Program/(Provider)			

Section III - Program(s) Summary		1 Title XIX	2 Title V	3 Title XIX Transplant
24.	Inpatient Settlement (Section I, line 16)			
25.	Outpatient Settlement (Section III, line 23)			
26.	Capital Cost Due Program/(Provider)			
27.	Total Amount Due Program/(Provider)			

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TITLE XIX H.M.O. COST CALCULATIONS

ODHS 2930 (Rev. 12/99)
Schedule I

Name of Hospital	Provider Number	Reporting Period

		1 Ratio	2 Inpatient Charges	3 Inpatient Costs	4 Outpatient Charges	5 Outpatient Costs
25.	Adult & Pediatric					
25a.	Distinct Part Psychiatric					
25b.	Distinct Part Rehabilitation					
26.	Intensive Care					
27.	Coronary Care					
28.	Burn Intensive Care Unit					
29.	Surgical Intensive Care					
30.	Other Special Care					
31.	Nursery Intensive Care					
33.	Nursery					
35.	Subtotal (lines 25-33)					
37.	Operating Room					
37a.	Ambulatory Surgery					
37b.	Cast Room					
37c.	Treatment or Observation Room					
38.	Recovery Room					
39.	Delivery & Labor Room					
40.	Anesthesiology					
41.	Radiology - Diagnostic					
41a.	CAT Scan					
41b.	Ultrasound					
41c.	PET Scan					
42.	Radiology - Therapeutic					
43.	Radioisotope / Nuclear Medicine					
44.	Laboratory					
45.	Oncology					
46.	Whole Blood & Blood Components					
47.	Blood Process, Storing & Transfusion					
48.	Intravenous Therapy					
49.	Respiratory Therapy					
49a.	Pulmonary Function					
50.	Physical Therapy					
50a.	Cardiac Rehabilitation					
51.	Occupational Therapy					
52.	Speech & Hearing Services					
52a.	Audiology					
53.	Electrocardiology					
53a.	Cardiac Catheterization					
54.	Electroencephalography					
55.	Medical Supplies					
56.	Pharmacy					
57.	Renal Dialysis					
58.	Organ Acquisition					
59.	Psychiatric/Psychological Services					
60.	Clinic					
61.	Emergency					
62.	Observation Beds					
69.	Gastrointestinal Services					
70.						
71.						
72.						
73.						
74.						
98.	Subtotal (lines 37-97)					
101.	Total					

		I/P	O/P
103.	XIX HMO Days / Visits		

TN No. 00-008 APPROVAL DATE [illegible]

SUPERSEDES

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Certification: _____

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Date

Promulgated Under RC Chapter 119.

Statutory Authority RC Section 5111.02

Rule Amplifies RC Sections 5111.01 and 5111.02

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