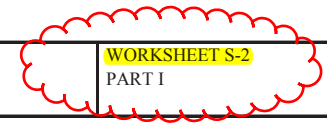


HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER CCN: _____
PERIOD FROM _____
TO _____



Hospital and Hospital Health Care Complex Address:

1	Street:	P.O. Box:								1
2	City:	State:	Zip Code:	County:						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital									3
4	Subprovider- IPF									4
5	Subprovider- IRF									5
6	Subprovider- (Other)									6
7	Swing Beds-SNF									7
8	Swing Beds-NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic-RHC									15
16	Hospital-Based Health Clinic-FQHC									16
17	Hospital-Based (CMHC, <i>CORF and OPT</i>)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From:								20
21	Type of control (see instructions)									21

This is used for initial parent entity eligibility, and shows the type of control of the hospital. See instructions for types of entities: https://www.costreportdata.com/worksheet_formats.html

Inpatient PPS Information

22	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR §412.06 (c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	1	2	22
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.			23

		In-State Medicaid paid days	In-State Medicaid eligible <i>unpaid</i> days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible <i>unpaid</i> days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible <i>unpaid</i> days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible <i>unpaid</i> days in col. 4, Medicaid HMO <i>paid and eligible but unpaid</i> days in col. 5, and other Medicaid days in col. 6.							24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible <i>unpaid</i> days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible <i>unpaid</i> days in col. 4 Medicaid HMO <i>paid and eligible but unpaid</i> days in col. 5 and other Medicaid days in col. 6.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable enter the effective date of the geographic reclassification in column 2.							27