ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I	
	EXTRA- ORDINARY		ITAL D COSTS						
Cost Center Descriptions	CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	SUBTOTAL (sum of cols. 0-2) 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS	0	1	2	ZA	4	3	6	/	$\vdash$
1 Capital Related Costs-Buildings and Fixtures									
2 Capital Related Costs-Movable Equipment				1				ľ	
4 Employee Benefits Department						1			
5 Administrative and General							1		
6 Maintenance and Repairs									
7 Operation of Plant									
8 Laundry and Linen Service									
9 Housekeeping									
10 Dietary									
11 Cafeteria									
12 Maintenance of Personnel									
13 Nursing Administration									
14 Central Services and Supply									
15 Pharmacy									
16 Medical Records & Medical Records Library									
17 Social Service									
18 Other General Service (specify)									
19 Nonphysician Anesthetists									
20 Nursing Program									
21 Intern & Res. Service-Salary & Fringes (Approved)									
22 Intern & Res. Other Program Costs (Approved)									
23 Paramedical Ed. Program (specify)									
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)									
31 Intensive Care Unit									
32 Coronary Care Unit									
33 Burn Intensive Care Unit									
34 Surgical Intensive Care Unit									
35 Other Special Care Unit (specify)									
40 Subprovider IPF									
41 Subprovider IRF									
42 Subprovider									
43 Nursery									
44 Skilled Nursing Facility									
45 Nursing Facility									
46 Other Long Term Care									

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I	
		EXTRA- ORDINARY		TTAL D COSTS						
	Cost Center Descriptions	CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	SUBTOTAL (sum of cols. 0-2) 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS	U	1	2	ZA	4	3	6	7	_
	Operating Room									50
	Recovery Room									51
52	Labor Room and Delivery Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
	Computed Tomography (CT) Scan									57
	Magnetic Resonance Imaging (MRI)									58
	Cardiac Catheterization									59
	Laboratory									60
	PBP Clinical Laboratory Service-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
	Blood Storing, Processing, & Trans.									63
	Intravenous Therapy									64
	Respiratory Therapy									65
	Physical Therapy									66
	Occupational Therapy									67
	Speech Pathology									68
	Electrocardiology									69
	Electroencephalography									70
	Medical Supplies Charged to Patients									71
	Implantable Devices Charged to Patients Drugs Charged to Patients									72 73
	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
	Other Ancillary (specify)									76
	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy									78
	OUTPATIENT SERVICE COST CENTERS									70
	Rural Health Clinic (RHC)									88
	Federally Qualified Health Center (FQHC)									89
	Clinic									90
	Emergency									91
	Observation Beds									92
93	Other Outpatient (specify)									93
93.99	Partial Hospitalization Program									93.99

	N OF ALLOWABLE COSTS FOR NARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET L-1, PART I	
		EXTRA- ORDINARY		ITAL D COSTS	SUBTOTAL					
Cost C	Center Descriptions	CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	(sum of cols. 0-4)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	
	ER REIMBURSABLE COST CENTERS									
	e Program Dialysis									94
	ulance Services									95
	ble Medical Equipment-Rented									96
	ble Medical Equipment-Sold									97
	r Reimbursable (specify)									98
	atient Rehabilitation Provider (specify)									99
	n-Resident Service (not appvd. tchng. prgm.)									100
	e Health Agency									101
	id Treatment Program									102
	TIAL PURPOSE COST CENTERS									
	ey Acquisition									105
	t Acquisition									106
	Acquisition									107
	Acquisition									108
	reas Acquisition									109
	tinal Acquisition									110
111 Islet										111
	r Organ Acquisition (specify)									112
	ulatory Surgical Center (Distinct Part)									115
116 Hosp										116
	r Special Purpose (specify)									117
	TOTALS (sum of lines 1 through 117)									118
NON	REIMBURSABLE COST CENTERS									
190 Gift,	Flower, Coffee Shop, & Canteen									190
191 Resea	arch									191
192 Physi	icians' Private Offices									192
	paid Workers									193
194 Other	r Nonreimbursable (specify)									194
200 Cross	s Foot Adjustments									200
201 Nega	tive Cost Centers									201
202 Total	(sum of line 118 and lines 190 through 201)									202
203 Total	Statistical Basis									203
	Cost Multiplier									204

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET L-1, PART I (Cont.)	
Cost Center Descriptions	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS	8	,	10	11	12	13	17	13	10	17	-
Capital Related Costs-Buildings and Fixtures											1
Capital Related Costs-Movable Equipment											
4 Employee Benefits Department											4
5 Administrative and General											5
6 Maintenance and Repairs											6
7 Operation of Plant											
8 Laundry and Linen Service											8
9 Housekeeping											9
10 Dietary											10
11 Cafeteria											11
12 Maintenance of Personnel											12
13 Nursing Administration											13
14 Central Services and Supply								1			14
15 Pharmacy											15
16 Medical Records & Medical Records Library											16
17 Social Service											17
18 Other General Service (specify)											18
19 Nonphysician Anesthetists											19
20 Nursing Program											20
21 Intern & Res. Service-Salary & Fringes (Approved)											21
22 Intern & Res. Other Program Costs (Approved)											22
23 Paramedical Ed. Program (specify)											23
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Adults and Pediatrics (General Routine Care)											30
31 Intensive Care Unit											3
32 Coronary Care Unit											32
33 Burn Intensive Care Unit											3.
34 Surgical Intensive Care Unit											34
35 Other Special Care Unit (specify)											33
40 Subprovider IPF											40
41 Subprovider IRF											4
42 Subprovider											4:
43 Nursery											4.
44 Skilled Nursing Facility											4
45 Nursing Facility											4
46 Other Long Term Care											40

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES							1	PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I (Cont.)	
Cost Center Descriptions	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
ANCILLARY SERVICE COST CENTERS	8	9	10	11	12	13	14	13	16	17	+-
50 Operating Room											50
51 Recovery Room											51
52 Labor Room and Delivery Room											52
53 Anesthesiology											53
54 Radiology-Diagnostic											54
55 Radiology-Therapeutic											55
56 Radioisotope											56
57 Computed Tomography (CT) Scan											57
58 Magnetic Resonance Imaging (MRI)											58
59 Cardiac Catheterization											59
60 Laboratory											60
61 PBP Clinical Laboratory Service-Program Only											61
62 Whole Blood & Packed Red Blood Cells											62
63 Blood Storing, Processing, & Trans.											63
64 Intravenous Therapy											64
65 Respiratory Therapy											65
66 Physical Therapy											66
67 Occupational Therapy											67
68 Speech Pathology											68
69 Electrocardiology											69
70 Electroencephalography											70
71 Medical Supplies Charged to Patients											71
72 Implantable Devices Charged to Patients											72
73 Drugs Charged to Patients											73
74 Renal Dialysis											74
75 ASC (Non-Distinct Part)											75
76 Other Ancillary (specify)			ļ		ļ						76
77 Allogeneic HSCT Acquisition			ļ		ļ						77
78 CAR T-Cell Immunotherapy											78
OUTPATIENT SERVICE COST CENTERS											00
88 Rural Health Clinic (RHC)											88
89 Federally Qualified Health Center (FQHC)					-				1		89
90 Clinic	_		<b>-</b>		<b>-</b>		-	<del> </del>	+		90
91 Emergency 92 Observation Beds									_		91
92 Observation Beds 93 Other Outpatient (specify)											92 93
					-				1		93.99
93.99 Partial Hospitalization Program											93.99

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET L-1, PART I (Cont.)	
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	OTHER REIMBURSABLE COST CENTERS	·				-						
94	Home Program Dialysis											94
95	Ambulance Services											95
96	Durable Medical Equipment-Rented											96
97	Durable Medical Equipment-Sold											97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency											101
102	Opioid Treatment Program											102
	SPECIAL PURPOSE COST CENTERS											
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
	Hospice											116
117	Other Special Purpose (specify)											117
	SUBTOTALS (sum of lines 1 through 117)											118
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen											190
	Research											191
192	Physicians' Private Offices											192
	Nonpaid Workers											193
	Other Nonreimbursable (specify)											194
	Cross Foot Adjustments											200
201	Negative Cost Centers											201
	Total (sum of line 118 and lines 190 through 201)											202
	Total Statistical Basis											203
204	Unit Cost Multiplier											204

ALLOCATION OF ALLOWABLE COSTS FOR							PROVIDER CCN:	PERIOD:	WORKSHEET L-1,	
EXTRAORDINARY CIRCUMSTANCES								FROM	PART I (Cont.)	
						T		TO		
Cost Center Descriptions	OTHER GENERAL	NON- PHYSICIAN ANES-	NURSING	INTERNS & RESIDENTS SALARY &	INTERNS & RESIDENTS PROGRAM	PARA- MEDICAL EDUCATION		INTERN & RESIDENT COST & POST STEPDOWN		
	SERVICE	THETISTS	PROGRAM	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	ADJUSTMENTS	TOTAL	
-	18	19	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS										4
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4 Employee Benefits Department										4
5 Administrative and General										5
6 Maintenance and Repairs										6
7 Operation of Plant										7
8 Laundry and Linen Service										8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria										11
12 Maintenance of Personnel										12
13 Nursing Administration	7									13
14 Central Services and Supply										14
15 Pharmacy	7									15
16 Medical Records & Medical Records Library										16
17 Social Service										17
18 Other General Service (specify)										18
19 Nonphysician Anesthetists										19
20 Nursing Program										20
21 Intern & Res. Service-Salary & Fringes (Approved)	+				1					21
22 Intern & Res. Other Program Costs (Approved)	+					-				22
23 Paramedical Ed. Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										23
30 Adults and Pediatrics (General Routine Care)									+	30
31 Intensive Care Unit								+	<del> </del>	31
32 Coronary Care Unit								+	<del> </del>	32
33 Burn Intensive Care Unit	+							<del></del>	<del> </del>	33
34 Surgical Intensive Care Unit	+							+	<del> </del>	34
35 Other Special Care Unit (specify)								+	<del> </del>	35
								<del></del>	<del> </del>	40
40 Subprovider IPF								<del> </del>	<del></del>	40
41 Subprovider IRF								+	<del> </del>	
42 Subprovider								<del></del>	<b></b>	42
43 Nursery								<del> </del>	<b>↓</b>	43
44 Skilled Nursing Facility								<del> </del>	<b>↓</b>	44
45 Nursing Facility								<u> </u>		45
46 Other Long Term Care								1		46

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET L-1, PART I (Cont.)	
Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
ANCILLARY SERVICE COST CENTERS	18	19	20	21	22	23	24	23	20	_
50 Operating Room										50
51 Recovery Room										51
52 Labor Room and Delivery Room										52
53 Anesthesiology										53
54 Radiology-Diagnostic										54
55 Radiology-Therapeutic										55
56 Radioisotope										56
57 Computed Tomography (CT) Scan										57
58 Magnetic Resonance Imaging (MRI)										58
59 Cardiac Catheterization										59
60 Laboratory										60
61 PBP Clinical Laboratory Service-Program Only										61
62 Whole Blood & Packed Red Blood Cells										62
63 Blood Storing, Processing, & Trans.										63
64 Intravenous Therapy										64
65 Respiratory Therapy										65
66 Physical Therapy										66
67 Occupational Therapy										67
68 Speech Pathology										68
69 Electrocardiology										69
70 Electroencephalography										70
71 Medical Supplies Charged to Patients										71
72 Implantable Devices Charged to Patients										72
73 Drugs Charged to Patients										73
74 Renal Dialysis										74
75 ASC (Non-Distinct Part)										75
76 Other Ancillary (specify)										76
77 Allogeneic HSCT Acquisition										77
78 CAR T-Cell Immunotherapy										78
OUTPATIENT SERVICE COST CENTERS										0.0
88 Rural Health Clinic (RHC)										88
89 Federally Qualified Health Center (FQHC)										89
90 Clinic								-		90
91 Emergency 92 Observation Beds								_		91 92
										92
93 Other Outpatient (specify)										93.99
93.99 Partial Hospitalization Program									1	93.99

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES							PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET L-1, PART I (Cont.)	
	Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	
	OTHER REIMBURSABLE COST CENTERS										
	Home Program Dialysis										94
	Ambulance Services										95
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										97
	Other Reimbursable (specify)										98
	Outpatient Rehabilitation Provider (specify)										99
	Intern-Resident Service (not appvd. tchng. prgm.)										100
	Home Health Agency										101
	Opioid Treatment Program										102
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition										105
106	Heart Acquisition										106
107	Liver Acquisition										107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
	SUBTOTALS (sum of lines 1 through 117)										118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
	Research										191
192	Physicians' Private Offices										192
	Nonpaid Workers										193
	Other Nonreimbursable (specify)										194
	Cross Foot Adjustments										200
	Negative Cost Centers										201
	Total (sum of line 118 and lines 190 through 201)										202
	Total Statistical Basis										203
	Unit Cost Multiplier										204

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