

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA										PROVIDER CCN:		PERIOD FROM _____ TO _____		WORKSHEET S-3 PART I		
Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges				
					Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
					5	6	7	8	9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7, and 8, exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)															1
2	HMO and other (see instructions)															2
3	HMO IPF Subprovider															3
4	HMO IRF Subprovider															4
5	Hospital Adults & Peds. Swing Bed SNF															5
6	Hospital Adults & Peds. Swing Bed NF															6
7	Total Adults and Peds. (exclude observation beds) (see instructions)															7
8	Intensive Care Unit															8
9	Coronary Care Unit															9
10	Burn Intensive Care Unit															10
11	Surgical Intensive Care Unit															11
12	Other Special Care															12
13	Nursery															13
14	Total (see instructions)															14
15	CAH visits															15
16	Subprovider - IPF															16
17	Subprovider - IRF															17
18	Subprovider - Other															18
19	Skilled Nursing Facility															19
20	Nursing Facility															20
21	Other Long Term Care															21
22	Home Health Agency															22
23	ASC (Distinct Part)															23
24	Hospice (Distinct Part)															24
24.10	Hospice (non-distinct part)															24.10
25	CMHC															25
26	RHC/FQHC (specify)															26
27	Total (sum of lines 14-26)															27
28	Observation Bed Days															28
29	Ambulance Trips															29
30	Employee discount days (see instructions)															30
31	Employee discount days -IRF															31
32	Labor & delivery (see instructions)															32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)															32.01
33	LTCH non-covered days															33
33.01	LTCH site neutral days and discharges															33.01