

SUPPLEMENTAL MEDICAID SCHEDULE KMAP-6

PROFESSIONAL COMPONENT/LABOR-DELIVERY ROOM DAYS/NURSERY INFORMATION

HOSPITAL _____
VENDOR NUMBER _____
PERIOD FROM _____
PERIOD TO _____

A. HOSPITAL-BASED PROFESSIONAL COMPONENT SERVICES

	Col. 1 TOTAL PROFESSIONAL COMPONENT CHG. INPATIENT	Col. 2 TOTAL TITLE XIX PROFESSIONAL COMPONENT CHG. INPATIENT	Col. 3 TOTAL PROFESSIONAL COMPONENT CHG. OUTPATIENT	COL. 4 TOTAL TITLE XIX PROFESSIONAL COMPONENT CHG OUTPATIENT
COST CENTERS				
ANESTHESIOLOGY				
RADIOLOGY-DIAGNOSTIC				
RADIOLOGY-THERAPEUTIC				
RADIOISOTOPE				
LABORATORY				
EKG				
EEG				
PSYCH. SERVICES				
BLANK				
EMERGENCY ROOM				

WHEN PROFESSIONAL COMPONENT SERVICES ARE INCLUDED IN THE COST REPORT, A SUPPLEMENTAL WORKSHEET D-3 SHOULD BE COMPLETED. ALSO, THIS OFFICE MUST RECEIVE THIS SUPPLEMENTAL SCHEDULE IDENTIFYING, BY COST CENTERS, THE TOTAL PROFESSIONAL COMPONENT CHARGES AND THE TITLE XIX PROFESSIONAL COMPONENT CHARGES.

B. LABOR/DELIVERY ROOM DAYS

DOES TOTAL HOSPITAL ADULT AND PEDIATRIC DAYS (EXCLUDING SWING BEDS) ON WORKSHEET S-3 (HOSPITAL STATISTICAL DATA) LINE 1.01, COLUMN 6 INCLUDE LABOR/DELIVERY ROOM days.

YES NO
 IF NO, PLEASE INDICATE TOTAL LABOR/DELIVERY ROOM DAYS.

C. NURSERY DAYS

PLEASE INDICATE THE FOLLOWING:

1. THE NUMBER OF MEDICAID NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE PAID AT AN AMOUNT GREATER THAN ZERO.
2. THE NUMBER OF MEDICAID NURSERY DAYS ON WORKSHEET S-3, COLUMN 5 THAT ARE ZERO PAID.
3. THE NUMBER OF MEDICAID NEONATAL NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE PAID AT AN AMOUNT GREATER THAN ZERO.
4. THE NUMBER OF MEDICAID NEONATAL NURSERY DAYS FROM WORKSHEET S-3, COLUMN 5 THAT ARE ZERO PAID.