710 11125107									
APPORTIO	NMENT OF INPATIENT ROUTINE			PROVIDER CCN:		PERIOD:		WORKSHEET D	
SERVICE C	CAPITAL COSTS					FROM: 07/01/2020		PART I	
				11-0034		TO: 06/30/2021			
Check	[] Title V	[X] Hospital		[X]PPS					
Applicable	[X] Title XVIII	[] PARHM Demon	stration	[]TEFRA					
Boxes:	[] Title XIX	[] Chart Model							
				Reduced				Inpatient	
				Capital				Program	
		Capital		Related		Per		Capital	
		Related Cost	Swing	Cost	Total	Diem	Inpatient	Cost	
		(from Wkst. B,	Bed	(col. 1 minus	Patient	(col. 3 /	Program	(col. 5	
		Part II, col. 26)	Adjustment	col. 2)	Days	col. 4)	Days	x col. 6)	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults and Pediatrics (General Routine Care)	4,821,746		4,821,746	102,263	47	19,250	907,638	30
31	Intensive Care Unit	595,891		595,891	16,279	37	3,706	135,640	31
31.01	02080PEDIATRIC INTENSIVE CARE UNIT	332,749		332,749	2,829	118	41	4,822	31.01
32	Coronary Care Unit	155,916		155,916	3,996	39	260	10,145	32
34	Surgical Intensive Care Unit	266,131		266,131	3,198	83	558	46,437	34
34.01	02180TRAUMA INTENSIVE CARE UNIT	211,185		211,185	3,730	57	733	41,502	34.01
34.02	02060NEONATAL INTENSIVE CARE UNIT	561,742		561,742	7,341	77			34.02
200	Total	6,945,360		6,945,360	139,636		24,548	1,146,184	200

AU MEDIC	CAL CENTER INC						12-22
APPORTIC	ONMENT OF INPATIENT ANCILLARY	PROVIDER CCN:		PERIOD:		WORKSHEET D	
SERVICE	CAPITAL COSTS			FROM: 07/01/2020		PART II	
		11-0034		TO: 06/30/2021			
Check	[] Title V	[X] Hospital		[X]PPS			
Applicable	[X] Title XVIII	[] PARHM Demon	stration	[]TEFRA			
Boxes:	[] Title XIX	[] Chart Model					
		Capital					
		Related Cost	Total Charges	Ratio of Cost	Inpatient		
		(from Wkst. B,	(from Wkst. C,	to Charges	Program	Capital Costs	
		Part II, col. 26)	Pt I, col 8)	(col. 1 / col. 2)	Charges	(col.3 x col. 4)	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,606,878	223,988,118	0	17,904,780	448,192	50
52	Labor Room and Delivery Room	365,542	6,400,674	0	59,592	3,403	52
53	Anesthesiology	154,717	82,466,116	0	7,408,309	13,898	53
54	Radiology-Diagnostic	2,653,957	165,319,066	0	17,023,701	273,298	54
55	Radiology-Therapeutic	1,159,651	65,387,088	0	300,311	5,326	55
56	Radioisotope	403,169	35,511,737	0	750,751	8,523	56
57	Computed Tomography (CT) Scan	522,253	139,724,241	0	13,298,761	49,711	57
58	Magnetic Resonance Imaging (MRI)	151,809	54,774,391	0	2,525,901	7,002	58
59	Cardiac Catheterization	282,877	45,477,369	0	5,104,356	31,749	59
60	Laboratory	2,992,666	475,594,889	0	58,062,171	365,327	60
62	Whole Blood & Packed Red Blood Cells	172,761	20,479,653	0	3,175,529	26,789	62
65	Respiratory Therapy	525,153	114,312,113	0	19,099,652	87,744	65
66	Physical Therapy	283,646	19,739,989	0	1,351,126	19,414	66
67	Occupational Therapy	253,232	8,918,595	0	881,266	25,023	67
68	Speech Pathology	35,031	8,178,314	0	842,500	3,608	68
69	Electrocardiology	1,142,231	73,170,898	0	5,526,384	86,267	69
70	Electroencephalography	367,154	25,927,431	0	1,759,780	24,920	70
71	Medical Supplies Charged to Patients	573,877	137,585,299	0	15,671,746	65,367	71
72	Implantable Devices Charged to Patients	779,415	188,486,225	0	24,123,935	99,752	72
73	Drugs Charged to Patients	2,344,397	985,779,431	0	65,540,117	155,854	73
74	Renal Dialysis	92,342	4,388,234	0	1,569,562	33,028	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	4,665,942	141,419,279	0	173,813	5,735	90
91	Emergency	1,114,992	170,120,057	0	12,042,008	78,923	91
92	Observation Beds	344,674	10,525,916	0	131,580	4,309	92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
200	Total (sum of lines 50 through 199)	26,988,366	3,203,675,123		274,327,631	1,923,162	200

	WORKSHEET D PART III
	PART III
TO: 06/30/2021	
	Inpatient
Per	Program
Diem Inpatient	Pass-Through
(col. 3 / Program	Cost
col. 4) Days	(col. 7 x col. 8)
7 8	9
19,250	30
3,706	31
41	31.01
260	32
558	34
733	34.01
	34.02
24,548	200
	(col. 3 / Program col. 4) Days 7 8 19,250 3,706 41 260 558 733

	NMENT OF INPATIENT/OUTPATIENT ANCILLARY				PROVIDER CCN:		PERIOD:		WORKSHEET D	
SERVICE (OTHER PASS-THROUGH COSTS						FROM: 07/01/2020)	PART IV	
					11-0034		TO: 06/30/2021			
	[] Title V	[X] Hospital	[]SNF		[X] Hospital		[X]PPS			
	[X] Title XVIII, PART A	[] IPF	[]NF		[] PARHM Demon	stration	[]TEFRA			
Boxes:	[] Title XIX	[] IRF	[]ICF/IID		[] Chart Model		[] Other			
		[] Subprovider (Other)	[] Swing-Bed SNF		[] Chart CAH Swin	g-Bed SNF		1	ı	
			Nursing		Allied		All		Total	
		Non	Program		Health		Other		Outpatient	
		Physician	Post-		Post-		Medical	Total Cost	Cost	
		Anesthetist	Stepdown	Nursing	Stepdown	Allied	Education	(sum of cols. 1, 2	(sum of cols. 2,	
		Cost	Adjustments	Program	Adjustments	Health	Cost	3 and 4)	3, and 4)	
	COST CENTER DESCRIPTIONS	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
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									5
56	Radioisotope									50
57	Computed Tomography (CT) Scan									5
58	Magnetic Resonance Imaging (MRI)									5
59	Cardiac Catheterization									59
60	Laboratory									60
	PBP Clinical Laboratory Services-Program Only									6
	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									6:
64	Intravenous Therapy									64
65	Respiratory Therapy									6
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	"									72
	Implantable Devices Charged to Patients				1	AAE A4F	-	445 445	AAE AAE	73
	Drugs Charged to Patients					445,415		445,415	445,415	74
	Renal Dialysis							+		7:
75	ASC (Non-Distinct Part) Other Ancillary (specify)							+		7:
/6	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)							1		89
90	Clinic							+		90
90	Emergency						+	+		9.
92	Observation Beds									9:
93	Other Outpatient Service (specify)		 		+			+		9:
	Total (sum of lines 50 through 199)					445,415		445,415	445,415	200

	AL CENTER INC									12-22
APPORTIC					PROVIDER CCN:		PERIOD:		WORKSHEET D	
SERVICE (OTHER PASS-THROUGH COSTS				11-0034		FROM: 07/01/2020 TO: 06/30/2021		PART IV	
Check	[] Title V	[X] Hospital	[]SNF		[X] Hospital		[X]PPS			
Applicable	[X] Title XVIII, PART A	[] IPF	[]NF		[] PARHM Demon	stration	[]TEFRA			
Boxes:	[] Title XIX	[] IRF	[]ICF/IID		[] Chart Model		[] Other			
		[] Subprovider (Other)	[] Swing-Bed SNF		[] Chart CAH Swin	g-Bed SNF				
		1 , ,	T T				Inpatient		Outpatient	ſ
				Ratio	Outpatient		Program		Program	1
				of Cost	Ratio		Pass-		Pass-	1
			Total Charges	to Charges	of Cost	Inpatient	Through	Outpatient	Through	1
			(from Wkst. C,	(col. 5 / col. 7)	to Charges	Program	Costs	Program	Costs	1
			Pt I, col 8)	(see instructions		Charges	(col. 8 x col 10)	Charges	(col. 9 x col. 12)	1
			7	8	9	10	11	12	13	1
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room		223,988,118			17,904,780		20,678,801		50
51	Recovery Room									51
52	Labor Room and Delivery Room		6,400,674			59,592				52
	Anesthesiology		82,466,116			7,408,309		6,914,854		53
54	Radiology-Diagnostic		165,319,066			17,023,701		12,523,241		54
55	Radiology-Therapeutic		65,387,088			300,311		15,535,191		55
56	Radioisotope		35,511,737			750,751		8,326,806		56
57	Computed Tomography (CT) Scan		139,724,241			13,298,761		14,035,824		57
58	Magnetic Resonance Imaging (MRI)		54,774,391			2,525,901		7,062,731		58
59	Cardiac Catheterization		45,477,369			5,104,356		7,241,758		59
60	Laboratory		475,594,889			58,062,171		23,656,751		60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells		20,479,653			3,175,529		1,114,065		62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy		114,312,113			19,099,652		1,047,946		65
66	Physical Therapy		19,739,989			1,351,126		12,833		66
67	Occupational Therapy		8,918,595			881,266		6,413		67
68	Speech Pathology		8,178,314			842,500		15,933		68
69	Electrocardiology		73,170,898			5,526,384		12,325,551		69
70	Electroencephalography		25,927,431			1,759,780		1,633,969		70
71	Medical Supplies Charged to Patients		137,585,299			15,671,746		14,888,268		71
72	Implantable Devices Charged to Patients		188,486,225			24,123,935		21,068,116		72
73	Drugs Charged to Patients		985,779,431	0	0	65,540,117	29,624	181,160,913	81,885	73
74	Renal Dialysis		4,388,234			1,569,562		152,649		74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
	OUTPATIENT SERVICE COST CENTERS									
	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic		141,419,279			173,813		25,968,633		90
91	Emergency		170,120,057			12,042,008		10,034,542		91
92	Observation Beds		10,525,916			131,580		715,021		92
93	Other Outpatient Service (specify)									93
200	Total (sum of lines 50 through 199)		3,203,675,123			274,327,631	29,624	386,120,809	81,885	200

AU MEDIC	CAL CENTER INC								12-22
APPORTI	ONMENT OF MEDICAL AND OTHER			PROVIDER CCN:		PERIOD:		WORKSHEET D	
HEALTH S	SERVICES COSTS					FROM: 07/01/2020		PART V	
				11-0034		TO: 06/30/2021			
Check	[] Title V - O/P	[X] Hospital	[] Subprovider (Other)	[] Swing-Bed SNF	[] PARHM Demons	tration		!	
Applicable	[X] Title XVIII, PART B	[] IPF	[]SNF	[] Swing-Bed NF	[] PARHM CAH Sw				
Boxes:	[] Title XIX - O/P	[] IRF	[] NF	[]ICF/IID	[] Chart Model	Ü			
					[] Chart CAH Swing	ı-Bed SNF			
				Program Charges		1	Program Cost		
		Cost		Cost	Cost		Cost	Cost	1
		to		Reimbursed	Reimbursed		Reimbursed	Reimbursed	
		Charge	PPS	Services	Services Not	PPS	Services	Services Not	ĺ
		Ratio from	Reimbursed	Subject to	Subject to	Services	Subject to	Subject to	1
		Wkst. C,	Services	Ded. & Coins.	Ded. & Coins.	(see	Ded. & Coins.	Ded. & Coins.	ĺ
		Pt. I, col. 9	(see inst.)	(see inst.)	(see inst.)	inst)	(see inst.)	(see inst.)	1
	COST CENTER DESCRIPTIONS	1	2	3	4	5	6	7	1
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.500660	20,678,801			10,353,049			50
52	Labor Room and Delivery Room	1.078722							52
53	Anesthesiology	0.038005	6,914,854			262,799			5
54	Radiology-Diagnostic	0.178132	12,523,241			2,230,790			54
55	Radiology-Therapeutic	0.176408	15,535,191			2,740,532			5
56	Radioisotope	0.133445	8,326,806			1,111,171			50
57	Computed Tomography (CT) Scan	0.022186	14,035,824			311,399			5
58	Magnetic Resonance Imaging (MRI)	0.073479	7,062,731			518,962			5
59	Cardiac Catheterization	0.155458	7,241,758			1,125,789			5
60	Laboratory	0.108424	23,656,751			2,564,960			6
62	Whole Blood & Packed Red Blood Cells	0.278335	1,114,065			310,083			62
65	Respiratory Therapy	0.134390	1,047,946			140,833			6
66	Physical Therapy	0.327204	12,833			4,199			6
67	Occupational Therapy	0.402278	6,413			2,580			6
68	Speech Pathology	0.217025	15,933			3,458			6
69	Electrocardiology	0.237588	12,325,551			2,928,403			6
70	Electroencephalography	0.096479	1,633,969			157,644			7
71	Medical Supplies Charged to Patients	0.180657	14,888,268			2,689,670			7
72	Implantable Devices Charged to Patients	0.256232	21,068,116	190,107	1	5,398,325	48,711		7:
73	-	0.142835	181,160,913	3,502	340,626	25,876,119	500	48,653	7:
74	Renal Dialysis	0.686358	152,649	<u> </u>	<u> </u>	104,772		<u> </u>	74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.404345	25,968,633		5,219	10,500,287		2,110	90
91	Emergency	0.232855	10,034,542		1	2,336,593		<u> </u>	9
92	Observation Beds	0.878902	715,021		†	628,433			9:
200			386,120,809	193,609	345,845	72,300,850	49,211	50,763	200
201	Less PBP Clinic Lab. Services - Program Only Charges	+	122,123,300	122,300	1 12,310		12,211	1 22,1.00	201
	Net Charges (line 200 - line 201)		386,120,809	193,609	345,845	72,300,850	49,211	50,763	202
			1 333,.20,000		0.5,010	. 2,000,000	,	1 33,700	

AU MEDIC	CAL CENTER INC								12-22
APPORTI	DNMENT OF MEDICAL AND OTHER			PROVIDER CCN:		PERIOD:		WORKSHEET D	
HEALTH S	SERVICES COSTS					FROM: 07/01/2020		PART V	
				11-0034		TO: 06/30/2021			
Check	[] Title V - O/P	[X] Hospital	[] Subprovider (Other)	[] Swing-Bed SNF	[] PARHM Demons	stration			
Applicable	[] Title XVIII, PART B	[]IPF	[]SNF		[] PARHM CAH Sw				
Boxes:	[X] Title XIX - O/P	[] IRF	[] NF	[]ICF/IID	[] Chart Model	· ·			
				.,	[] Chart CAH Swin	a-Bed SNF			
				Program Charges		Ī	Program Cost		
		Cost		Cost	Cost		Cost	Cost	ı
		to		Reimbursed	Reimbursed		Reimbursed	Reimbursed	
		Charge	PPS	Services	Services Not	PPS	Services	Services Not	
		Ratio from	Reimbursed	Subject to	Subject to	Services	Subject to	Subject to	
		Wkst. C,	Services	Ded. & Coins.	Ded. & Coins.	(see	Ded. & Coins.	Ded. & Coins.	
		Pt. I, col. 9	(see inst.)	(see inst.)	(see inst.)	inst)	(see inst.)	(see inst.)	1
	COST CENTER DESCRIPTIONS	1	2	3	4	5	6	7	1
	ANCILLARY SERVICE COST CENTERS		_		·		,	·	
50	Operating Room	0.500660		8,887,643			4,449,687		50
52	Labor Room and Delivery Room	1.078722		3,406			3,674		52
53	Anesthesiology	0.038005		2,117,222			80,465		53
54	Radiology-Diagnostic	0.178132		3,520,558			627,124		54
55	Radiology-Therapeutic	0.176408		4,520,238		+	797,406		5
56	Radioisotope	0.133445		663,430			88,531		56
57	Computed Tomography (CT) Scan	0.022186		3,983,741			88,383		57
58	Magnetic Resonance Imaging (MRI)	0.073479		1,940,374			142,577		58
59	Cardiac Catheterization	0.155458		328,259		+	51,030		59
60	Laboratory	0.108424		10,674,195			1,157,339		60
62	Whole Blood & Packed Red Blood Cells	0.278335		994,245			276,733		62
65	Respiratory Therapy	0.134390		592,437			79,618		65
66	Physical Therapy	0.327204		337,882			110,556		66
67	Occupational Therapy	0.402278		136,307			54,833		67
68	Speech Pathology	0.217025		136,978			29,728		68
69	Electrocardiology	0.237588		2,660,003			631,985		69
70	Electroencephalography	0.096479		1,071,340			103,362		70
71	Medical Supplies Charged to Patients	0.180657		2,370,756			428,294		7
72	Implantable Devices Charged to Patients	0.256232		3,654,192			936,321		72
	Drugs Charged to Patients	0.142835		43,866,225		1	6,265,632		7:
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.404345		6,318,835			2,554,989		90
91	Emergency	0.232855		6,559,671		<u> </u>	1,527,452		9
92	Observation Beds	0.878902		1,069,238		1	939,755	<u> </u>	92
	OTHER REIMBURSABLE COST CENTERS			, , ,			,		
	SPECIAL PURPOSE COST CENTERS								
200	Subtotal (see instructions)			106,407,175			21,425,474		200
201	Less PBP Clinic Lab. Services - Program Only Charges			, , ,					201
	Net Charges (line 200 - line 201)			106,407,175			21,425,474		202

AU MEDICAL CENTER INC 12-22 COMPUTATION OF INPATIENT PROVIDER CCN: PERIOD: WORKSHEET D-1. FROM: 07/01/2020 PART I 11-0034 TO: 06/30/2021 Title V - O/P Check [X]PPS X] Hospital [] NF [X] Title XVIII, PART A []ICF/IID []TEFRA Applicable [] Title XIX - I/P []NF 1 IRF [] Other Boxes: [] PARHM Demonstration 1 Subprovider (Other) 1 SNF [] Chart Model PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS I Inpatient days (including private room days and swing-bed days, excluding newborn) 102.263 2 Inpatient days (including private room days, excluding swing-bed and newborn days) 102,263 2 3 Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line. 4 Semi-private room days (excluding swing-bed and observation bed days) 94,953 4 Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period 5 6 6 Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if 6 calendar year, enter 0 on this line) 7 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period 8 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if 8 calendar year, enter 0 on this line) 8 9 Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions) 19,250 9 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the 10 cost reporting period (see 10 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the 11 cost reporting period (if calendar 11 year, enter 0 on this line) 11 12 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of 12 the cost reporting period. 12 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the 13 cost reporting period (if calendar 13 year, enter 0 on this line) 13 14 Medically necessary private room days applicable to the Program (excluding swing-bed days) 14 15 Total nursery days (title V or XIX only) 15 16 Nursery days (title V or XIX only) 16 SWING BED ADJUSTMENT 17 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period 17 18 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period 18 19 Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period 19 20 20 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period 129,419,483 21 21 Total general inpatient routine service cost (see instructions) 22 22 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17) 23 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18) 24 25 24 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19) 25 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) 26 27 26 Total swing-bed cost (see instructions) 129,419,483 27 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 28 General inpatient routine service charges (excluding swing-bed and observation bed charges) 29 29 Private room charges (excluding swing-bed charges) 30 Semi-private room charges (excluding swing-bed charges) 30 31 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 31 32

33

34

35

36

37

129,419,483

32 Average private room per diem charge (line 29 ÷ line 3)

36 Private room cost differential adjustment (line 3 x line 35)

33 Average semi-private room per diem charge (line 30 ÷ line 4)

35 Average per diem private room cost differential (line 34 x line 31)

34 Average per diem private room charge differential (line 32 minus line 33) (see instructions)

37 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)

COMPUTATION OF INVATION PROVIDER COX	ALI MEDICA	I CENTER INC							12-22
Check Company Compan	COMPUTAT	TON OF INPATIENT				FROM: 07/01/2020			12-22
Application	Chook	It 1 Title V O/P	If V 1 Hospital						
[] Subprovider (Other) [] PARTM Demonstration [] Subprovider (Other) [] SWF [] Chart Model PARTII - HOSPITAL AND SUBPROVIDERS ONLY [] SWF [] Chart Model PARTII - HOSPITAL AND SUBPROVIDERS ONLY [] SWF [] Chart Model PARTII - HOSPITAL AND SUBPROVIDERS ONLY [] SWF [] Chart Model PARTII - HOSPITAL PARTITION [] SWF									
PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATENT O'ERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS 38 Agustod general inpatient routine service cost gene deen (see instructions) 39 Program general inpatient routine service cost gene deen (see instructions) 40 Medically incessary private from cost applicable to the Program fine 14 x line 35) 41 Total Program general inpatient routine service cost (fine 9 x line 35) 42 ASO.030 43 Total Program general inpatient routine service cost (fine 93 + line 40) 44 Nursery (fits V & XIX cmy) 45 Nursery (fits V & XIX cmy) 46 Nursery (fits V & XIX cmy) 47 Instruction of the Cost of the Cos	DOXES.	[] Tide XIX - I/F	1	• •		[] Other			
PROTEIN LAND SUBPROVIDERS ONLY PROGRAM INPATENT OPERATIVE COST BEFORE PASS-THROUGH COST ADJUSTMENTS 38 Adjusted general inpatient routine service cost (per dem (see instructions) 40 Medically necessary private room cost applicable to the Program (see instructions) 41 Total Program general inpatient routine service cost (see 3 + 1 in 49) 42 Agg. 20, 30 4 4 1 Total Program general inpatient routine service cost (see 3 + 1 in 49) 43 Medically necessary private room cost applicable to the Program (see 14 x lm e5). 44 Total Program general inpatient routine service cost (see 3 + 1 in 49) 45 Medically necessary private room cost applicable to the Program (see 1 x lm e5). 46 Necessary (sits v & XIX cost) 47 Total Total Program (see 1 in 4 in					on				
Adjusted general impatient routine service cost per diern (see instructions) 1,286 38 38 38 38 38 38 38	PART II - HO	SPITAL AND SUBPROVIDERS ON		[] Onart Woder					
38 Adjusted general inpatient routine service cost per diem (see instructions) 40 Medically necessary private room cost applicable to the Program (line 14 is no 35) 41 Total Program general inpatient routine service cost (line 39 * line 40) 41 Total Program general inpatient routine service cost (line 39 * line 40) 42 A32,030 41 43 Total Program general inpatient routine service cost (line 39 * line 40) 44 Total Program general inpatient routine service cost (line 39 * line 40) 45 Average Per Diem (col. 1 / col. 2) 46 Per Diem (col. 1 / col. 2) 47 Narsery (lile V & XIX only) 48 Total Inpatient Days 49 Total Inpatient Cost Inpatient				TUDOU 000T AD 1110	TATALTO				
39 Program general impatient routine service cost (line 9 x line 38) 24,382,393 39 39 41 Total Program general impatient routine service cost (line 39 + line 40) 24,382,393 34 35					IMENIS				
40 Medically necessary private room cost applicable to the Program (line 14 x line 35) 41 Total Program general inpatient routine service cost (line 39 + line 40) Total Inpatient Days (col. 1 / col. 2) Days (col. 3 x col. 4) 42 Nursary (lite V & XIX only) 1 2 3 4 5 4 42 Nursary (lite V & XIX only) Intensive Care Type Inpatient Hospital Units 43 Intensive Care Inpatient Hospital Units 43 Intensive Care Inpatient Hospital Units 43 Intensive Care Inpatient Hospital Units 44 Intensive Care Inpatient Hospital Units 45 Intensive Care Inpatient Hospital Units 46 Intensive Care Inpatient Hospital Units 47 Intensive Care Inpatient Hospital Units 48 Intensive Care Inpatient Hospital Units 48 Intensive Care Unit 49 Intensive Care Unit 40 Intensive Care Un				structions)					
41 Total Program general inpatient routine service cost (line 39 + line 40) Total Total Program P								24,362,030	
Total Total Total Per Dem Program									
Total Total Per Dem Program Program Cost Inpatient Cost Intensive Care Type Inpatient 2	41	Total Program general inpatient rou	itine service cost (line 39 + l	ine 40)				24,362,030	41
Inpatient Cost							_	l	
1 2 3 4 5				I I			-		
42 Nursery (title V & XIX only)									ļ
Intensive Care Type Inpatient Hospital Units 43 Intensive Care Unit 43 Intensive Care Unit 43 Intensive Care Unit 43 Coronary Care Unit 45 Surgical Intensive Care Unit 47 7,084,782 2,829 2,504 41 102,678 43 10 10 260 306,779 44 15 Surgical Intensive Care Unit 47,14,968 3,996 1,180 260 306,779 44 15 Surgical Intensive Care Unit 47,14,725 3,198 2,319 558 1,284,275 46 15 Surgical Intensive Care Unit 7,016,755 3,730 1,881 7,331 1,378,898 46,001 2000RNEONATAL INTENSIVE CARE UNIT 7,016,755 3,730 1,881 7,331 1,378,898 46,001 47 Other Special Care Unit (specify) 10 Type Special Care Unit (specify) 47 Other Special Care Unit (specify) 48 Intensive Care Unit (specify) 49 Total Program inpatient cellular therapy acquisition cost (Worksheet D-3, column 3, line 200) 48,411,067 48 10 Total Program inpatient costs (sum of lines 41 through 48,011) (see instructions) 49 PASS-THROUGH COST ADJUSTIMENTS 50 Pass through costs applicable to Program inpatient undiles services (from Worksheet D, sum of Parts I and III) 50 Pass through costs applicable to Program inpatient undiles services (from Worksheet D, sum of Parts I and III) 50 Pass through costs applicable to Program inpatient undiles services (from Worksheet D, sum of Parts I and IV) 1,146,184 50 Total Program excludable cost (sum of lines 50 and 51) 51 Total Program inpatient cellular therapy acquisition cost (worksheet D, sum of Parts I and III) 50 Pass through costs applicable to Program inpatient undiles services (from Worksheet D, sum of Parts I and IV) 1,146,184 50 Total Program excludable cost (sum of lines 50 and 51) 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting and 151 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting cost and 151 51 Total Program indicate or parting cost and 151 51		In		1	2	3	4	5	
Hospital Units 43 Intensive Care Unit 23,935,138 16,279 1,470 3,706 5,448,969 43 43,910	42								42
43 intensive Care Unit									
43.01									
44 (Coronary Care Unit 4,714,968 3,996 1,180 260 306,779 44 45 Burn Intensive Care Unit 7,417,26 3,198 2,319 558 1,294,275 44 6 Surgical Intensive Care Unit 7,417,26 3,198 2,319 558 1,294,275 44 6 145 (Distribution of the Coronal									
45 Burn Intensive Care Unit 7,417,725 3,198 2,319 558 1,294,275 48 46 BURDERI Intensive Care Unit 7,417,725 3,198 2,319 558 1,294,275 48 46 BURDERI Intensive Care Unit 7,417,725 3,198 2,319 558 1,294,275 48 46 BURDERI CARE UNIT 7,016,765 3,730 1,881 733 1,378,898 46,01 46.02 02060NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 46,02 47 Other Special Care Unit (specify) 17,327,824 7,341 2,360 1 46,02 47 Other Special Care Unit (specify) 17,327,824 7,341 2,360 1 1 48 Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200) 11 48 Program inpatient cellular therapy acquisition cost (Worksheet D-5, Part III, line 10, column 1) 48,441,067 48 48.01 Program inpatient costs (sum of lines 41 through 48,01) (see instructions) 81,334,696 49 49 PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts I and III) 1,461,484 50 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts I and III) 1,461,484 50 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts I and III) 1,461,484 50 51 Pars through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts I and III) 1,461,484 50 51 Pargam inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 7,623,5726 53 TARGET AMOUNT AND LIMIT COMPUTATION 54 Program industriang cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 7,623,5726 53 55.01 Permanent adjustment amount per discharge (contractor use only) 55 56 Target amount (line 54 x sum of lines 55,5.01, and 55,02) 55 57 Ofference between adjusted inpatient operating cost and 56,02 1 55 58 Borus payment (see instructions) 55 59 Tended costs (lesser of line 53 + line 54, or line 56 from the cost reporting period dending 1996, updated and compounded by the market basket) 60 C			RE UNII		·				
46, Surgical Intensive Care Unit 7,417,225 3,198 2,319 5,58 1,294,275 46 46 100 (2007RAMAM INTENSIVE CARE UNIT 7,016,765 3,3730 1,1881 733 1,378,898 46,01 46,02 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 1,381 733 1,378,898 46,01 46,02 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 1 46,02 47 (20080NEONATAL INTENSIVE CARE UNIT 18,02 47 (20080NEONATAL INTENSIVE CAR				4,714,968	3,996	1,180	260	306,779	
46.01 (02180TRAUMA INTENSIVE CARE UNIT 7.016,765 3,730 1,381 733 1,378,898 46.01 46.02 (02060NEONATA INTENSIVE CARE UNIT 17,327,824 7,341 2,360 46.02 47 Other Special Care Unit (specify) 46.02 48 Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200) 48.01 48 Program inpatient encillar therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 48,441,067 48 48.01 Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48,011 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48,011 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48,011 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48,011 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 1,146,184 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 1,146,184 51 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 1,146,184 52 Total Program excludable cost (sum of lines 50 and 51) 3,098,970 52 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 54 Program discharges 54 54 Program discharges 54 55 Target amount per discharge (contractor use only) 55 55 Target amount per discharge (contractor use only) 55 56 Target amount per discharge (contractor use only) 58 57 Total Program and pattern amount per discharge (contractor use only) 58 58 Total Program excludable inpatient operating cost and target amount (line 56 minus line 53) 58 59 Trended costs (lesser of line 53 + line 54 is less than the lowest of lines 55 plus 55 01, or line 59, or line 60, enter the lesser of 50% of th					- 100				
46.02 02060NEONATAL INTENSIVE CARE UNIT 17,327,824 7,341 2,360 46.02 47 Other Special Care Unit (specify) 47 48 Program inpatient anciliary service cost (Worksheet D-3, column 3, line 200) 1 48,441,067 48 48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 49, Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 81,334,696 49 704tal Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 81,334,696 49 74 74 74 74 74 74 74									
47 Other Special Care Unit (specify) 48 Program inpatient anciliary service cost (Worksheet D-3, column 3, line 200) 48 Other Special Care Unit (specify) 48 Program inpatient anciliary service cost (Worksheet D-6, Part III, line 10, column 1) 48 Other Special Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 48 Total Program inpatient const (sum of lines 50 and 51) 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient anciliary services (from Worksheet D, sum of Parts II and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 54 Program discharges 55 Target amount per discharge 55 Target amount (line 54 x sum of lines 55, 55 01, and 55 02) 56 Target amount (line 54 x sum of lines 55, 55 01, and 55 02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Tended coasts (lesser of line 53 * line 54, or line 55 from prior year cost report, updated and compounded by the market basket) Continuous improvement bonus payment (if line 53 * line 54 to line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 * line 54 to line 55 from prior year cost reporting period (see instructions) (title XVIII only) 61 Talle Vor XIX swing-bed NF inpatient routine costs							/33	1,378,898	
48 Program inpatient anciliary service cost (Worksheet D-3, column 3, line 200) 48.41,087 48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 49 Total Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 49 Total Program inpatient costs (aum of lines 41 through 48.01) (see instructions) PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient anciliary services (from Worksheet D, sum of Parts I and III) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program serviculable cost (sum of lines 50 and 51) 54 Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge (contractor use only) 55 Total Program and scharge (contractor use only) 55 Total Program and part in lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted impatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Tended costs (tesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 18 is amount by home payment (see instructions) 60 Repeted costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 + line 54 is less than expected costs (lines 59, or line 60, or line 60, otherwise enter zero. (see 61 Relief payment (see instructions) 61 All amount by which operating costs (line 63) are lines lines 63 lite sost reporting period (RE UNII	17,327,824	7,341	2,360			
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 81,334.696 49 PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and III) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge (contractor use only) 56 Target amount per discharge (contractor use only) 57 Toll fifterence between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 61 of amount by which operating costs (line 53 mine 54) es less than the lowest of lines 55 to, or line 59, or line 60, enter the lesser of 50% of the 61 of amount by which operating costs (line 53 mine 54) es less than the lowest of lines 55 to, or line 59, or line 60, enter the lesser of 50% of the 61 of amount by which operating costs (line 53 mine 54) from prior year cost reporting period (see instructions) (litle XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (litle XVIII only) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (see i	4/	Other Special Care Unit (specify)							47
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 81,334.696 49 PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and III) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge (contractor use only) 56 Target amount per discharge (contractor use only) 57 Toll fifterence between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 61 of amount by which operating costs (line 53 mine 54) es less than the lowest of lines 55 to, or line 59, or line 60, enter the lesser of 50% of the 61 of amount by which operating costs (line 53 mine 54) es less than the lowest of lines 55 to, or line 59, or line 60, enter the lesser of 50% of the 61 of amount by which operating costs (line 53 mine 54) from prior year cost reporting period (see instructions) (litle XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (litle XVIII only) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (see i		Dragger innetiant annillant continu	aget (Markahagt D. 2. aglum	n 2 line 200)				10 444 067	40
PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts I and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 Torget amount per discharge 54 55 Target amount per discharge 55 Target amount per discharge 55 Target amount per discharge 55 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 6					- 1\			48,441,067	
PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 Target amount per discharges 54 Program discharges 55 Target amount per discharge 55 Target amount per discharge 55 Stories of Target amount per discharge 55 Stories of Target amount per discharge 55 Stories of Target amount (line 54 x sum of lines 55, 56.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 56.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Tended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 61 Expected costs (lesser of line 53 + line 54 is line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 fall amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Allowable Inpatient cost plus incentive payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs after December 31 of t					11 1)			91 224 606	
50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient anciliary services (from Worksheet D, sum of Parts II and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 54 St Target amount per discharge 55 Target amount per discharge 55 Total Program discharges 55 Total Program discharges 55 Target amount per discharge (contractor use only) 55 Termanent adjustment amount per discharge (contractor use only) 56 Target amount (see instructions) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 54 is less than the lowest of lines 55 plus 55.01, or line 50, otherwise enter zero. (see 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Allowable Inpatient cost plus incentive payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 13 x line 20) 66 Total Medicare swing-bed SNF inpatient routine costs fline 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs fline December 31 of the cost repo	43	Total Frogram inpatient costs (sum	of lifes 41 tillough 48.01)	(see ilistructions)				01,004,090	49
50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 51 Pass through costs applicable to Program inpatient anciliary services (from Worksheet D, sum of Parts II and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) 78,235,726 53 TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 54 St Target amount per discharge 55 Target amount per discharge 55 Total Program discharges 55 Total Program discharges 55 Target amount per discharge (contractor use only) 55 Termanent adjustment amount per discharge (contractor use only) 56 Target amount (see instructions) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 54 is less than the lowest of lines 55 plus 55.01, or line 50, otherwise enter zero. (see 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Allowable Inpatient cost plus incentive payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 13 x line 20) 66 Total Medicare swing-bed SNF inpatient routine costs fline 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs fline December 31 of the cost repo		PASS-THROUGH COST ADJUST	MENTS						
51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) 52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge 55 Target amount per discharge 55 Jarget amount per discharge 55 Jarget amount per discharge 55 Journal program amount per discharge (contractor use only) 55 Journal Program amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 50 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 50 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 50 Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 50, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Allowable Inpatient cost plus incentive payment (see instructions) 63 Allowable Inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) 65 Total Medicare swing-bed SNF	50	-		vices (from Worksheet D. s	um of Parts Land III)			1 146 184	50
52 Total Program excludable cost (sum of lines 50 and 51) 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge 55 55 Target amount per discharge 55 55.01 Permanent adjustment amount per discharge 55 50.01 Permanent adjustment amount per discharge 55 50.01 Adjustment amount per discharge 55 50.01 Adjustment amount per discharge 56 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Trended costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 59 Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost report									51
TARGET AMOUNT AND LIMIT COMPUTATION TARGET AMOUNT AND LIMIT COMPUTATION TARGET amount per discharges Target amount per discharge Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55, 55.01, and 55.02) Target amount (line 54 x sum of lines 55 line 54, or line 55 line 54, or line 55, and target amount (line 56) Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost reporting period ending 1996, updated and compounded by the market basket) Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 + line 54 ine 54 ine 54 ine 54 ine 54 ine 54 ine 55 + line 54 ine 54 ine 54 ine 55 + line 55 + line 54 ine 55 + line 55				,	,				
TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 55 Target amount per discharge 55 Target amount per discharge 55 Target amount per discharge 55.01 Permanent adjustment amount per discharge 55.02 Adjustment amount per discharge 55.02 Adjustment amount per discharge (contractor use only) 55.02 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Continuous improvement bonus payment (i f line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 50, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 G2 Relief payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only) for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 20)				l, nonphysician anesthetist,	and medical education costs (I	ine 49 minus line 52)			53
54 Program discharges 55 Target amount per discharge 55.01 Permanent adjustment amount per discharge 55.02 Adjustment amount per discharge (contractor use only) 55.02 Adjustment amount per discharge (contractor use only) 55.02 For arget amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 at amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 62 Relief payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68			,		,	,			
55.01 Permanent adjustment amount per discharge 55.01 Permanent adjustment amount per discharge 55.02 Adjustment amount per discharge (contractor use only) 55.02 Adjustment amount per discharge (contractor use only) 55.02 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 (Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 (Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55,01, or line 59, or line 60, enter the lesser of 50% of the 61 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68		TARGET AMOUNT AND LIMIT CO	MPUTATION						
55.01 Permanent adjustment amount per discharge 55.02 Adjustment amount per discharge (contractor use only) 55.02 55.02 Adjustment amount per discharge (contractor use only) 55.02 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54 ine 54 ine 54 is less than the lowest of lines 55 plus 55.01, or line 50, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Relief payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 69 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19)	54	Program discharges							54
55.02 Adjustment amount per discharge (contractor use only) 55.02 Adjustment amount per discharge (contractor use only) 55.02 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 58 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Continuous improvement bonus payment (i f line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 Relief payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Total Medicare swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 69 Total Medicare swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 69 Total Medicare swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	55	Target amount per discharge							55
56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 58 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 58 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 59 Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 62 Relief payment (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 66 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)									
57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 58 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 degree for amount (see instructions) 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)									
58 Bonus payment (see instructions) 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) 60 Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 62 Relief payment (see instructions) 62 Allowable Inpatient cost plus incentive payment (see instructions) 63 Allowable Inpatient ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68									
Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) Expected costs (lesser of line 53 + line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 fla amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 flez Payment (see instructions) Relief payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68			ent operating cost and targe	t amount (line 56 minus line	e 53)				
60 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket) Continuous improvement bonus payment (i f line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 63 PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 64 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68									
Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the 61 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 61 62 Relief payment (see instructions) 62 63 Allowable Inpatient cost plus incentive payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 63 PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 64 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68						d by the market baske	:t)		
61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see 62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 63 PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68	60					00 1 11 1	5500/ 511		60
62 Relief payment (see instructions) 63 Allowable Inpatient cost plus incentive payment (see instructions) 63 PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68	61								61
PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68			s (line 55) are less than exp	ected costs (lines 54 x 60),	or 1 % or the target amount (iii)	le 56), otherwise ente	i zero. (see		
PROGRAM INPATIENT ROUTINE SWING BED COST 64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68			ive neumant (acc instruction	20)				-	
64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68	63	Iniowable iripatient cost plus incenti	ive payment (see instruction	10)					03
64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 67 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68		PROGRAM INPATIENT ROUTINE	SWING BED COST						
65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68	64			mber 31 of the cost reportin	ng period (see instructions) (title	XVIII only)			64
66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions) 66 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68									
67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 68						• • • • • • • • • • • • • • • • • • • •			66
68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)									67
69 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	68	Title V or XIX swing-bed NF inpatier	nt routine costs after Decem	ber 31 of the cost reporting					68
	69	Total title V or XIX swing-bed NF in	patient routine costs (line 67	' + line 68)					69

AU MEDICA	L CENTER INC							12-22
COMPUTAT	TON OF INPATIENT		PROVIDER CCN:		PERIOD:		WORKSHEET D-1,	
OPERATING	COST				FROM: 07/01/2020		PARTS III & IV	
			11-0034		TO: 06/30/2021			
Check	[] Title V - O/P	[X] Hospital	[] NF		[X]PPS		•	
Applicable	[X] Title XVIII, PART A	[] IPF	[]ICF/IID		[]TEFRA			
Boxes:	[] Title XIX - I/P	[] IRF	[]NF		[] Other			
		[] Subprovider (Other)	[] PARHM Demons	tration				
		[] SNF	[] Chart Model					
PART III - SI	NF, NF, AND ICF/IID ONLY							
	SNF / NF / ICF/IID routine service co							70
71	Adjusted general inpatient routine se	ervice cost per diem (line 70) ÷ line 2)					71
72	Program routine service cost (line 9	x line 71)						72
73	Medically necessary private room co	ost applicable to Program (li	ne 14 x line 35)					73
	Total Program general inpatient rout							74
75	Capital-related cost allocated to inpa	atient routine service costs (from Worksheet B, Pa	rt II, column 26, line 45)				75
	Per diem capital-related costs (line 7							76
77	Program capital-related costs (line 9	9 x line 76)						77
	Inpatient routine service cost (line 74							78
	Aggregate charges to beneficiaries							79
	Total Program routine service costs		imitation (line 78 minu	s line 79)				80
	Inpatient routine service cost per die							81
	Inpatient routine service cost limitati							82
	Reasonable inpatient routine service							83
	Program inpatient ancillary services							84
	Utilization review - physician compe							85
86	Total Program inpatient operating co	osts (sum of lines 83 through	h 85)					86
DADT N/ O	OMBUTATION OF ODOEDWATION	DED DAGO TUDOUGU GO	0.7					
	OMPUTATION OF OBSERVATION Total observation bed days (see ins		81				7,310	87
	Adjusted general inpatient routine co		N				1,266	88
	Observation bed cost (line 87 x line		.)				9.251.244	89
	Observation bed cost (line 67 x line	oo) (see instructions)					9,251,244	09
	COMPUTATION OF OBSERVATIO	N BED PASS THROUGH C	COST					
						Total	Observation Bed	l
				Routine		Observation	Pass-Through Cost	
				Cost	column 1 /	Bed Cost	(col. 3 x col. 4)	
			Cost	(from line 21)	column 2	(from line 89)	(see instructions)	
			1	2	3	4	5	l
90	Capital-related cost						4,821,746	90
91	Nursing Program cost							91
92	Allied Health cost							92
93	All other Medical Education							93
			-			•		

	AL CENTER INC TION OF INPATIENT		PROVIDER CCN:	PERIOD:	WORKSHEET D-1.	12-22
OPERATIN			THOUBER CON.	FROM: 07/01/2020	PART I	
OI LIVATIIV	0 0001		11-0034	TO: 06/30/2021	I AKIT	
Check	[] Title V - O/P	[X] Hospital	[]NF	[X]PPS		
Applicable	[] Title XVIII, PART A	[] IPF	[]ICF/IID	[]TEFRA		
Applicable Boxes:	[X] Title XIX - I/P	[] IRF	[] NF	[] Other		
DOXES.	[X] THE XIX - I/F	[] Subprovider (Other)	[] PARHM Demonstration	[] Other		
		[] Subprovider (Other)	[] Chart Model			
DADTI AI	L PROVIDER COMPONENTS	1.1	[] Chart Woder			
AITT-AL	INPATIENT DAYS				1	
1		ate room days and swing-bed da	ave excluding newborn)		102,263	1
		ate room days, excluding swing-			102,263	
			d days). If you have only private room day	vs. do not complete this line	102,203	
		uding swing-bed and observation		ya, do not complete this line.	94.953	
			om days) through December 31 of the co	set reporting period	34,333	
				reporting period (if 6 calendar year, enter 0 on this	1	- '
6	line)	audin aujo (indiaung privato io	on days, and December or or and coor.	reperang penea (ii e calendar year, enter e en ane		
7		tient days (including private roo	m days) through December 31 of the cos	t reporting period		
	Total onling bou it is spoure	aon aayo (melaang pirrate ree	aayo, anoag.: Bosonizor or or are soo	r reperting period		\vdash
p	Total swing-hed NE type inna	tient days (including private roo	m days) after December 31 of the cost re	porting period (if 8 calendar year, enter 0 on this line)		
- 0			the Program (excluding swing-bed and r		9,599	
				December 31 of the 10 cost reporting period (see	0,000	\vdash
10	instructions).	t days applicable to title Avill on	ily (ilicidding private room days) through	December 31 of the 10 cost reporting period (see		۱ ،
10		t days applicable to title XV/III on	ly (including private room days) after De	cember 31 of the 11 cost reporting period (if calendar		1
11	year, enter 0 on this line)	t days applicable to title Avill on	ily (including private room days) after Dec	cember 51 of the 11 cost reporting period (ii calendar		I ₁
		dava applicable to titles V or VIV	anly (including private room days) through	gh December 31 of 12 the cost reporting period.		1
12		<u> </u>				⊢-
10	calendar year, enter 0 on this		only (including private room days) after	December 31 of the 13 cost reporting period (if		1 4
			gram (excluding swing-bed days)			1:
	Total nursery days (title V or)		gram (excluding swing-bed days)			1
	Nursery days (title V or XIX or					1
10	SWING BED ADJUSTMENT	niy)				-
17		SNE convices applicable to conv	ces through December 31 of the cost rep	porting poriod		1
			ces after December 31 of the cost report			1
			es through December 31 of the cost report			1
			es after December 31 of the cost reporting			2
		e service cost (see instructions)	es alter December 31 of the cost reportin	g period	128,974,785	2
			ember 31 of the cost reporting period (lin	o 5 x lino 17)	120,914,103	2
			ber 31 of the cost reporting period (line 6			2
			mber 31 of the cost reporting period (line			2
			er 31 of the cost reporting period (line 8 x			2
	Total swing-bed cost (see ins		er 31 of the cost reporting period (line 6 x	A lilie 20)		2
		vice cost net of swing-bed cost (line 21 minus line 26)		128,974,785	2
21	PRIVATE ROOM DIFFEREN		ilile 21 Hillius lille 20)		120,914,103	
20			ed and observation bed charges)		_	2
	Private room charges (exclud		ed and observation bed charges)			2
	Semi-private room charges (exclud				 	3
		rice cost/charge ratio (line 27 ÷ l	ine 28)		 	3
	Average private room per die		110 20,		+	3
32		er diem charge (line 30 ÷ line 4)	1		+	3
22					+	3
34	Average per diem private roo				+	
34 35		m cost differential (line 34 x line				3

AU MEDICAL CENTER INC 12-22 WORKSHEET D-1, COMPUTATION OF INPATIENT PROVIDER CCN: DEBIUD. OPERATING COST FROM: 07/01/2020 PART II 11-0034 TO: 06/30/2021 Check Title V - O/P [X]PPS [X] Hospital [] NF [] Title XVIII, PART A Applicable [] ICF/IID []TEFRA [] IPF [X] Title XIX - I/P [] IRF [] NF [] Other [] Subprovider (Other) [] PARHM Demonstration []SNF [] Chart Model PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS 38 38 Adjusted general inpatient routine service cost per diem (see instructions) 1 261 39 Program general inpatient routine service cost (line 9 x line 38) 12.106.355 39 40 40 Medically necessary private room cost applicable to the Program (line 14 x line 35) 12,106,355 41 41 Total Program general inpatient routine service cost (line 39 + line 40) Average Total Total Per Diem Program Cost Program Inpatient Cost Inpatient Days (col. 1 / col. 2) Days (col. 3 x col. 4) 42 Nursery (title V & XIX only) 42 Intensive Care Type Inpatient Hospital Units 23,935,138 7,084,782 16,279 2,829 2,705 501 Intensive Care Unit 1.470 3,977,189 43 43.01 02080PEDIATRIC INTENSIVE CARE UNIT 1.254.674 43.01 2.504 3,996 44 44 Coronary Care Unit 4.714.968 1.180 102 120.352 45 45 Burn Intensive Care Unit 46 Surgical Intensive Care Unit 3,198 28 46 46.01 02180TRAUMA INTENSIVE CARE UNIT 7,016,765 3,730 1,881 215 404,452 46.01 46.02 02060NEONATAL INTENSIVE CARE UNIT 17,327,824 7.341 2.360 418 986,656 46.02 47 Other Special Care Unit (specify) 47 48 48 Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200) 21,219,980 48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1) 48.01 49 Total Program inpatient costs (sum of lines 41 through 48.01) (see instructions) 40.134.604 49 PASS-THROUGH COST ADJUSTMENTS 50 Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 50 51 Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) 51 52 Total Program excludable cost (sum of lines 50 and 51) 52 53 Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52 53 TARGET AMOUNT AND LIMIT COMPUTATION 54 Program discharges 54 55 Target amount per discharge 55 55.01 55.01 Permanent adjustment amount per discharge 55.02 Adjustment amount per discharge (contractor use only)
56 Target amount (line 54 x sum of lines 55, 55.01, and 55.02) 55.02 56 57 57 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 58 Bonus payment (see instructions) 58 59 Trended costs (lesser of line 53 + line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket) 59 60 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)

Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of 60

63 Allowable Inpatient cost plus incentive payment (see instructions)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)	64
65 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)	65
66 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only; for CAH, see instructions)	66
67 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	67
68 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	68
69 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	69

61

62

61 the 61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero.

62 Relief payment (see instructions)

AU MEDICAL CENTER INC 12-22 WORKSHEET D-1, PROVIDER CCN: COMPUTATION OF INPATIENT PERIOD: FROM: 07/01/2020 OPERATING COST PARTS III & IV 11-0034 TO: 06/30/2021 Check [] Title V - O/P [X] Hospital [X]PPS [] NF [] Title XVIII, PART A [] ICF/IID []TEFRA Applicable [] IPF []NF [X] Title XIX - I/P [] IRF [] Other [] PARHM Demonstration [] Subprovider (Other) []SNF [] Chart Model PART III - SNF, NF, AND ICF/IID ONLY 70 70 SNF / NF / ICF/IID routine service cost (line 37) 71 72 73 74 71 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2) 72 Program routine service cost (line 9 x line 71) 73 Medically necessary private room cost applicable to Program (line 14 x line 35) 74 Total Program general inpatient routine service costs (line 72 + line 73) 75 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 75 76 76 Per diem capital-related costs (line 75 ÷ line 2) 77 78 79 Program capital-related costs (line 9 x line 76) 78 Inpatient routine service cost (line 74 minus line 77) 79 Aggregate charges to beneficiaries for excess costs (from provider records) Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 80 80 81 81 Inpatient routine service cost per diem limitation 82 82 Inpatient routine service cost limitation (line 9 x line 81) Reasonable inpatient routine service costs (see instructions) 83 84 84 Program inpatient ancillary services (see instructions) 85 85 Utilization review - physician compensation (see instructions) 86 Total Program inpatient operating costs (sum of lines 83 through 85) 86 PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST 87 Total observation bed days (see instructions) 87 88 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 1.261 88 89 Observation bed cost (line 87 x line 88) (see instructions) 9,219,445 89 COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total Observation Bed Routine Observation Pass-Through Cost Cost column 1 / Bed Cost (col. 3 x col. 4) (from line 21) Cost column 2 (from line 89) (see instructions)

4,821,746

90

91 92

93

90 Capital-related cost

92 Allied Health cost 93 All other Medical Education

91 Nursing Program cost

	CENTER INC N OF INPATIENT			PROVIDER CCN:	PERIOD:		WORKSHEET D-3	12-22
OPERATING C				THOUBER GON.	FROM: 07/01/20	020	WORKONEET BO	
				11-0034	TO: 06/30/202			
Check	[] Title V - O/P		[]SNF	[] ICF/IID	[X]PPS			
Applicable	[X] Title XVIII, PART A		[] NF	[] PARHM Demonstration	[]TEFRA			
Boxes:	[] Title XIX - I/P		[] Swing-Bed SNF	[] PARHM CAH Swing-Bed SNF	[] Other			
		[] Subprovider (Other)	[] Swing-Bed NF	[] Chart Model				
	1			[] Chart CAH Swing-Bed SNF	Ratio of Cost	Inpatient	Inpatient Program Costs	т .
	COST CENTER DESCRIPTION	ON			to Charges	Program Charges	(col. 1 x col. 2)	
(A)					1	2	3	1
	INPATIENT ROUTINE SERVI							
30		al Routine Care)				27,303,516		3
31 31.01	Intensive Care Unit 02080PEDIATRIC INTENSIV	E CARE LINIT				11,971,963		31.0
31.01		E CARE UNIT				201,005 1,134,169		31.0
33						1,104,100		3
34						940,319		3-
34.01	02180TRAUMA INTENSIVE (CARE UNIT				3,143,961		34.0
34.02		E CARE UNIT						34.0
35								3
40								4
41	Subprovider - IRF Subprovider (specify)							42
43								43
	ANCILLARY SERVICE COS	ST CENTERS						
50					0.501028	17,904,780	8,970,796	
51		<u> </u>						51
52	Labor Room and Delivery Ro	oom			1.082815	59,592	64,527	52
53					0.038113	7,408,309	282,353	
54 55					0.178303 0.176452	17,023,701 300,311	3,035,377 52,990	
56					0.133445	750,751	100,184	
57	Computed Tomography (CT)	Scan			0.022186	13,298,761	295,046	
58					0.073479	2,525,901	185,601	58
59					0.155458	5,104,356	793,513	
60					0.108453	58,062,171	6,297,017	
61	PBP Clinical Laboratory Serv				0.070005	0.475.500	000.004	6′
62 63	Whole Blood & Packed Red Blood Storing, Processing, &				0.278335	3,175,529	883,861	62
64		Tians.						64
65					0.134390	19,099,652	2,566,802	65
66	 				0.327204	1,351,126	442,094	
67	Occupational Therapy				0.402278	881,266	354,514	
68					0.217025	842,500	182,844	
	Electrocardiology				0.237588	5,526,384	1,313,003	
70 71		Dationto			0.096479 0.180657	1,759,780 15,671,746	169,782 2,831,211	70
72					0.256232	24,123,935	6,181,324	
73		a to r dilonio			0.142835	65,540,117	9,361,423	
74					0.686358	1,569,562	1,077,281	74
75								75
76								76
	OUTPATIENT SERVICE CO	USI CENTERS						
88 89		enter (FOHC)						88
90		antol (FQHO)			0.404451	173,813	70,299	
91	Emergency				0.233647	12,042,008	2,813,579	
92	Observation Beds				0.878902	131,580	115,646	
93								93
	OTHER REIMBURSABLE (COST CENTERS						
94	, ,				-			94
95 96		Pented			-			99
96								9
98								98
99								99
100	Intern-Resident Service (not							10
101	Home Health Agency							10
101.01								10
101.02	Total (sum of lines 50 through	0.04 and 0.6 through 0.01				274,327,631	48,441,067	10 20
200			arges (line 61)		1	214,321,031	48,441,067	20
	Net charges (line 200 minus li		unges (mie 01)		 	274,327,631		20

	CENTER INC N OF INPATIENT			PROVIDER CCN:	PERIOD:		WORKSHEET D-3	12-22
OPERATING C				THOUBER CON.	FROM: 07/01/20	020	WORKONEET D-5	
0. 2				11-0034	TO: 06/30/2021			
Check	[] Title V - O/P	[X] Hospital	[]SNF	[] ICF/IID	[X]PPS			
Applicable	[] Title XVIII, PART A	[] IPF	[] NF	[] PARHM Demonstration	[] TEFRA			
Boxes:	[X] Title XIX - I/P		[] Swing-Bed SNF	[] PARHM CAH Swing-Bed SNF	[] Other			
		[] Subprovider (Other)	[] Swing-Bed NF	[] Chart Model				
	1			[] Chart CAH Swing-Bed SNF	1 = 0			
	COST CENTER DESCRIPTION	DNI .			Ratio of Cost	Inpatient	Inpatient Program Costs	1
(A)	COST CENTER DESCRIPTION	NIC			to Charges	Program Charges 2	(col. 1 x col. 2) 3	4
(A)	INPATIENT ROUTINE SERV	ICE COST CENTERS			1		<u> </u>	_
30						13.112.377		30
31	Intensive Care Unit	arriodanio Garoj				7,983,311		3
31.01		E CARE UNIT				2,586,963		31.0
32	Coronary Care Unit					238,911		3:
33	Burn Intensive Care Unit							33
34						17,029		34
34.01	02180TRAUMA INTENSIVE (1,072,300		34.0
34.02		E CARE UNIT				2,257,463		34.0
35								3
40								40
41	Subprovider - IRF							4
42	Subprovider (specify) Nursery							42
43	ANCILLARY SERVICE COS	ST CENTERS						43
50		JI OLIVILINO			0.500660	10,745,109	5,379,646	50
51					0.00000	10,140,108	3,373,040	5
52	Labor Room and Delivery Ro	oom			1.078722	586,321	632,477	52
53					0.038005	2,997,796	113,931	53
54					0.178132	4,024,776	716,941	54
55					0.176408	257,130	45,360	
56	Radioisotope				0.133445	93,548	12,484	56
57	Computed Tomography (CT)	Scan			0.022186	4,301,294	95,429	
58		g (MRI)			0.073479	1,160,810	85,295	
59					0.155458	1,701,925	264,578	
60					0.108424	22,724,511	2,463,882	
61	PBP Clinical Laboratory Serv							61
62	Whole Blood & Packed Red				0.278335	2,620,433	729,358	
63		Trans.						63
64 65					0.134390	10,625,743	1,427,994	64
66	 				0.327204	688,933	225,422	
67	Occupational Therapy				0.402278	515,263	207,279	
68					0.217025	442,096	95,946	
69					0.237588	3,462,209	822,579	
70					0.096479	912,186	88,007	
71		Patients			0.180657	5,609,008	1,013,307	7
72	Implantable Devices Charge				0.256232	6,852,444	1,755,815	72
73					0.142835	27,861,361	3,979,577	
74					0.686358	355,996	244,341	74
75								75
76								76
	OUTPATIENT SERVICE CO	UST CENTERS						_
88		enter (FOHC)						88
89 90		FILLER (FUNC)			0.404345	28,861	11,670	90
91					0.232855	3,432,728	799.328	
91	Emergency Observation Beds				0.232855	10,620	9,334	
93		ecify)			0.070302	10,020	3,334	93
- 50	OTHER REIMBURSABLE (
94								94
95								95
96		Rented						96
97								9
98								98
99								99
100		appvd. tchng. prgm.)						100
101	Home Health Agency							10
101.01								10
101.02	T 1 1 / C" :	04 10011 1 5 5				116 211 12	81.818.533	10
200 201	Total (sum of lines 50 through		(!: 04)			112,011,101	21,219,980	
	Less PBP Clinic Laboratory S	ervices - Program only ch	arges (line 61)		1	ı		20

		04-20
ROVIDER CCN:	PERIOD:	WORKSHEET D-4,
-0034	FROM: 07/01/2020	PART I
PO CCN:	TO: 06/30/2021	
 - (0034	0034 FROM: 07/01/2020

PART I - COMPUTATION OF ORGAN ACQUISITION COST (INPATIENT ROUTINE AND ANCILLARY SERVICES)

		Inpatient			Organ		
Computation (of Inpatient	Routine Organ		Per Diem Costs	Acquisition	Cost	
Routine Servi	ce Costs	Charges		(from Wkst. D-1, Part II)	Days	(col. 2 x col. 3)	
Applicable to	Organ Acquisition	1	D	2	3	4	
1	Adults and Pediatrics	236,850	38	1,266	102	129,087	1
2	Intensive Care	22,610	43	1,470	7	10,292	2
2.01	02080PEDIATRIC INTENSIVE CARE UNIT	9,720	43.01	2,504	2	5,009	2.01
3	Coronary Care		44	1,180			3
4	Burn Intensive Care		45				4
5	Surgical Intensive Care	5,436	46	2,319	2	4,639	5
5.01	02180TRAUMA INTENSIVE CARE UNIT	42,890	46.01	1,881	10	18,812	5.01
5.02	02060NEONATAL INTENSIVE CARE UNIT		46.02	2,360			5.02
6	Other Special Care (specify)		47				6
7	TOTAL (sum of line 1 through 6)	317,506			123	167,839	7

Computation of	•		Ratio of Cost to Charges (from	Organ Acquisition Ancillary	Organ Acquisition Ancillary	
Service Costs to Organ Acqu		С	Wkst. C)	Charges	Costs 3	
	Operating Room	50	0.50066	94,481	47,303	8
9		51	0.50000	34,401	47,500	9
10		52	1.07872			10
	Anesthesiology	53	0.03801	41,776	1.588	11
12	57	54	0.17813	1,232,755	219,593	12
13		55	0.17641	1,222,122	,	13
14		56	0.13345	392.341	52.356	14
15	Computed Tomography (CT) Scan	57	0.02219	1,038,007	23,029	15
16	Magnetic Resonance Imaging (MRI)	58	0.07348	176,652	12,980	16
17	Cardiac Catheterization	59	0.15546	101,480	15,776	17
18	Laboratory	60	0.10842	8,737,200	947,322	18
19	PBP Clinical Laboratory Services-Program Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.27834			20
21	Blood Storing, Processing, & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.13439	3,743	503	23
24	Physical Therapy	66	0.32720	1,467	480	24
25	Occupational Therapy	67	0.40228	275	111	25
26	Speech Pathology	68	0.21703			26
27		69	0.23759	1,143,571	271,699	27
28		70	0.09648			28
29		71	0.18066	104,352	18,852	29
30		72	0.25623	21,304	5,459	30
31		73	0.14284	332,140	47,441	3′
32		74	0.68636	5,526	3,793	32
33		75				33
34	Other Ancillary (specify)	76				34
35	Rural Health Clinic (RHC)	88				35
36	, ,	89				36
37	Clinic	90	0.40435	319,174	129,056	37
38	Emergency	91	0.23286	3,035	707	38
39	Observation Beds	92	0.87890	6,276	5,516	39
40	Other Outpatient Service (specify)	93				40
41	Total (sum of lines 8 through 40)			13,755,555	1,803,564	41

AO WEDIOAE GENTEN ING	AU MEDICAL CENTER INC	04-20
-----------------------	-----------------------	-------

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH MEDICARE-CERTIFIED TRANSPLANT PROGRAM	 PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-4, PART II
Check [] HEART [] LIVER [] PANCREAS [] ISLET Applicable Box: [X] KIDNEY [] LUNG [] INTESTINE		

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1	2	3	1
42	Adults and Pediatrics	2		102		42
43	Intensive Care	3		7		43
43.01	02080PEDIATRIC INTENSIVE CARE UNIT	3		2		43.01
44	Coronary Care	4				44
45	Burn Intensive Care	5				45
46	Surgical Intensive Care	6		2		46
46.01	02180TRAUMA INTENSIVE CARE UNIT	6		10		46.01
46.02	02060NEONATAL INTENSIVE CARE UNIT	6				46.02
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42 through 47)			123		48

				Ratio of Cost	Organ	
	Computation of the Cost of Outpatient	Organ		to Charges	Acquisition	
	Services of Interns and Residents Not	Charges		(from Wkst. D-2,	Costs	
	In Approved Teaching Program	(see instructions)		Part I, col. 4)	(col. 1 x col. 2)	
		1	D	2	3	1
49	Rural Health Clinic (RHC)		2			49
50	Federally Qualified Health Center (FQHC)		3			50
51	Clinic	319,174	3			51
52	Emergency	3,035	4			52
53	Observation Beds	6,276	5			53
54	Other Outpatient Service (specify)		6			54
55	TOTAL (sum of lines 49 through 54)					55

04-20

AU MEDICAL CENTER INC
COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH MEDICARE-CERTIFIED TRANSPLANT PROGRAM

PROVIDER CCN: 11-0034 OPO CCN:

PERIOD: FROM: 07/01/2020 TO: 06/30/2021 WORKSHEET D-4, PARTS III & IV

Check [] HEART [] LIVER
Applicable Box: [X] KIDNEY [] LUNG
PART III - SUM ANCILLARY SERVICE COSTS) []PANCREAS []ISLET []INTESTINE

		Cost	Cha	arges	
	Part A	Part B	Part A	Part B	
	1	2	3	4	
56 Routine and ancillary from Part I	1,971,403		14,073,061		56
57 Interns and Residents (Inpatient)					57
58 Interns and Residents (Outpatient)					58
59 Direct organ acquisition (see instructions)	7,248,953		7,248,953		59
60 Cost of physicians' services in a teaching hospital (see instructions)					60
61 Total (sum of lines 56 through 60)	9,220,356		21,322,014		61
		-			
		Usable Organs			
	1	2	3	4	
62 Total usable organs (see instructions)		110			62
63 Medicare usable organs (see instructions)		97			63
64 Ratio of Medicare usable organs to total usable organs (see instructions)		1			64
		Cont	CL	orgoo	

			Cost	Charges		\top
		Part A	Part B	Part A	Part B	
		1	2	3	4	
65	Medicare Costs and Charges (see instructions)	8,130,676		18,802,136		65
66	Revenue for organs sold (see instructions)	199,124		199,124		66
	Partial primary payor amounts applicable to organ acquisition					66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)					66.02
67	Subtotal (see instructions)	7,931,552		18,603,012		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	7,931,552		18,603,012	_	69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	1
70	Organs excised in provider	5	38		
71	Organs purchased from other transplant hospitals				Г
72	Organs purchased from non-transplant hospitals				Т
73	Organs purchased from OPOs (see instructions)		73		П
74	Total (sum of lines 70 through 73)	5	111		Г
75	Organs transplanted	5	73	1,148,549	Г
75.01	Organs transplanted into Medicare beneficiaries				7
75.02	Kidneys transplanted into MA beneficiaries				7
75.03	Organs transplanted, Medicare secondary payer				7
75.04	Organs transplanted, Other (see instructions)				7
76	Organs sold to other hospitals				Г
77	Organs sold to OPOs		32	171,359	Γ
78	Organs sold to transplant hospitals				Г
79	Organs sold to MRTC without an agreement or VA hospitals				
79.01	Kidneys sold to MRTC with an agreement				7
80	Organs sold outside the U.S.				
81	Organs sent outside the U.S. (no revenue received)				Г
82	Organs used for research				
83	Unusable/Discarded organs (see instructions)		6		Γ
84	Total (see instructions)	5	111		Т

		0.20
PROVIDER CCN:	PERIOD:	WORKSHEET D-4,
11-0034	FROM: 07/01/2020	PART I
OPO CCN:	TO: 06/30/2021	
•	•	
	11-0034	11-0034 FROM: 07/01/2020

PART I - COMPUTATION OF ORGAN ACQUISITION COST (INPATIENT ROUTINE AND ANCILLARY SERVICES)

		Inpatient			Organ		
Computation of	of Inpatient	Routine Organ		Per Diem Costs	Acquisition	Cost	
Routine Servi	ce Costs	Charges		(from Wkst. D-1, Part II)	Days	(col. 2 x col. 3)	
Applicable to	Organ Acquisition	1	D	2	3	4	
1	Adults and Pediatrics	2,730	38	1,266	1	1,266	1
2	Intensive Care		43	1,470			2
2.01	02080PEDIATRIC INTENSIVE CARE UNIT		43.01	2,504			2.01
3	Coronary Care		44	1,180			3
4	Burn Intensive Care		45				4
5	Surgical Intensive Care		46	2,319			5
5.01	02180TRAUMA INTENSIVE CARE UNIT		46.01	1,881			5.01
5.02	02060NEONATAL INTENSIVE CARE UNIT		46.02	2,360			5.02
6	Other Special Care (specify)		47				6
7	TOTAL (sum of line 1 through 6)	2,730			1	1,266	7

			Ratio of Cost to Charges	Organ Acquisition	Organ Acquisition	
Computation of	of Ancillary		(from	Ancillary	Ancillary	İ
Service Costs	Applicable		Wkst. C)	Charges	Costs	İ
to Organ Acqu	uisition	С	1	2	3	İ
	Operating Room	50	0.50066			8
9	Recovery Room	51				9
	Labor Room and Delivery Room	52	1.07872			10
11	Anesthesiology	53	0.03801			11
	Radiology-Diagnostic	54	0.17813	1,782	317	12
	Radiology-Therapeutic	55				13
	Radioisotope	56	0.13345	8,585	1,146	14
	1 3 1 7 (- 7	57	0.02219			15
16	Magnetic Resonance Imaging (MRI)	58				16
17	Cardiac Catheterization	59				17
	Laboratory	60	0.10842	9,824	1,065	18
	PBP Clinical Laboratory Services-Program Only	61				19
	Whole Blood & Packed Red Blood Cells	62	0.27834			20
21	Blood Storing, Processing, & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65				23
24	Physical Therapy	66	0.32720			24
25	Occupational Therapy	67	0.40228			25
26	Speech Pathology	68				26
	Electrocardiology	69		2,459	584	27
28	Electroencephalography	70	0.09648			28
	Medical Supplies Charged to Patients	71	0.18066			29
30	Implantable Devices Charged to Patients	72	0.25623			30
31	Drugs Charged to Patients	73		714	102	31
32	Renal Dialysis	74	0.68636			32
33		75				33 34
34	Other Ancillary (specify)	76				34
	Rural Health Clinic (RHC)	88				35
	Federally Qualified Health Center (FQHC)	89				36
37	Clinic	90		116	47	37
	Emergency	91	0.23286			38
39	Observation Beds	92	0.87890			39
40	Other Outpatient Service (specify)	93				40
41	Total (sum of lines 8 through 40)			23,480	3,261	41

AU MEDICAL CENTER INC	04-20
AU MEDICAL CENTER INC	04-20

COMPUTATION	N OF ORGAN A	CQUISITION C	OSTS AND CHARGES	PROVIDER CCN:	PERIOD:	WORKSHEET D-4,
FOR A TRANSI	PLANT HOSPITA	AL WITH MEDI	CARE-CERTIFIED	11-0034	FROM: 07/01/2020	PART II
TRANSPLANT	PROGRAM			OPO CCN:	TO: 06/30/2021	
Check	[] HEART	[] LIVER	[X]PANCREAS []ISLET	•	•	
Applicable Box:	[] KIDNEY	[]LUNG	[] INTESTINE			

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

			Average Cost		Organ	
	Computation of the Cost of Inpatient		Per Day	Organ	Acquisition	
	Services of Interns and Residents Not		(from Wkst. D-2,	Acquisition	Costs	
	In Approved Teaching Program		Part I, col. 4)	Days	(col. 1 x col. 2)	
		D	1	2	3	<u> </u>
42	Adults and Pediatrics	2		1		42
43	Intensive Care	3				43
43.01	02080PEDIATRIC INTENSIVE CARE UNIT	3				43.01
44	Coronary Care	4				44
45	Burn Intensive Care	5				45
46	Surgical Intensive Care	6				46
46.01	02180TRAUMA INTENSIVE CARE UNIT	6				46.01
46.02	02060NEONATAL INTENSIVE CARE UNIT	6				46.02
	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42 through 47)			1		48

				Ratio of Cost	Organ	
	Computation of the Cost of Outpatient	Organ		to Charges	Acquisition	
	Services of Interns and Residents Not	Charges		(from Wkst. D-2,	Costs	
	In Approved Teaching Program	(see instructions)		Part I, col. 4)	(col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic (RHC)		2			49
50	Federally Qualified Health Center (FQHC)		3			50
51	Clinic	116	3			5
52	Emergency		4			52
53	Observation Beds		5			53
54	Other Outpatient Service (specify)		6			54
55	TOTAL (sum of lines 49 through 54)					55

04-20

AU MEDICAL CENTER INC
COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH MEDICARE-CERTIFIED PROVIDER CCN: PERIOD: FROM: 07/01/2020 WORKSHEET D-4, 11-0034 PARTS III & IV TRANSPLANT PROGRAM OPO CCN: TO: 06/30/2021

Check [] HEART [] LIVER
Applicable Box: [X] KIDNEY [] LUNG
PART III - SUM ANCILLARY SERVICE COSTS []PANCREAS []ISLET

			Cost	Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
	Routine and ancillary from Part I	4,527		26,210		5
	Interns and Residents (Inpatient)					5
58	Interns and Residents (Outpatient)					5
	Direct organ acquisition (see instructions)	52,352		52,352		5
	Cost of physicians' services in a teaching hospital (see instructions)					6
61	Total (sum of lines 56 through 60)	56,879		78,562		6
			Usable Organs			
		1	2	3	4	
	Total usable organs (see instructions)		1			6
63	Medicare usable organs (see instructions)		1			6
	Ratio of Medicare usable organs to total usable organs (see instructions)		1			6

			Cost	Charges		
		Part A	Part B	Part A	Part B	7
		1	2	3	4	7
	Medicare Costs and Charges (see instructions)	56,879		78,562		65
	Revenue for organs sold (see instructions)	12,859		12,859		66
	Partial primary payor amounts applicable to organ acquisition					66.01
	Partial primary payor amounts applicable to transplants (informational only)					66.02
	Subtotal (see instructions)	44,020		65,703		67
	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	44,020		65,703		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	\neg
70	Organs excised in provider		3		\top
71	Organs purchased from other transplant hospitals				
72	Organs purchased from non-transplant hospitals				\top
	Organs purchased from OPOs (see instructions)				\top
74	Total (sum of lines 70 through 73)		3		\top
75	Organs transplanted		1		\top
75.01	Organs transplanted into Medicare beneficiaries				75
	Kidneys transplanted into MA beneficiaries				75
75.03	Organs transplanted, Medicare secondary payer				7
75.04	Organs transplanted, Other (see instructions)				7
76	Organs sold to other hospitals				\top
77	Organs sold to OPOs				\top
78	Organs sold to transplant hospitals				十
79	Organs sold to MRTC without an agreement or VA hospitals				\top
79.01	Kidneys sold to MRTC with an agreement				7
	Organs sold outside the U.S.				T
81	Organs sent outside the U.S. (no revenue received)				\top
	Organs used for research				\top
	Unusable/Discarded organs (see instructions)		2		\top
84	Total (see instructions)		3		\neg