

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D PART I
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Check	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> PPS
Applicable	<input checked="" type="checkbox"/> Title XVIII	<input type="checkbox"/> PARHM Demonstration	<input type="checkbox"/> TEFRA
Boxes:	<input type="checkbox"/> Title XIX	<input type="checkbox"/> Chart Model	

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021		WORKSHEET D PART II		
Check	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> PPS				
Applicable	<input checked="" type="checkbox"/> Title XVIII	<input type="checkbox"/> PARHM Demonstration	<input type="checkbox"/> TEFRA				
Boxes:	<input type="checkbox"/> Title XIX	<input type="checkbox"/> Chart Model					
COST CENTER DESCRIPTIONS		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Pt I, col 8)	Ratio of Cost to Charges (col. 1 / col. 2)	Inpatient Program Charges	Capital Costs (col.3 x col. 4)	
		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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS-THROUGH COSTS						PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D PART III
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Check	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> PPS								
Applicable	<input checked="" type="checkbox"/> Title XVIII	<input type="checkbox"/> PARHM Demonstration	<input type="checkbox"/> TEFRA								
Boxes:	<input type="checkbox"/> Title XIX	<input type="checkbox"/> Chart Model									

	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Cost	Swing-Bed Adjustment (see instructions)	Total Costs (sum of cols. 1, 2, and 3, minus col. 4)	Total Patient Days	Per Diem (col. 3 / col. 4)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	1A	1	2A	2	3	4	5	6	7	8	9	
COST CENTER DESCRIPTIONS												
	INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults and Pediatrics (General Routine Care)											30
31	Intensive Care Unit											31
31.01	02080PEDIATRIC INTENSIVE CARE UNIT											31.01
32	Coronary Care Unit											32
34	Surgical Intensive Care Unit											34
34.01	02180TRAUMA INTENSIVE CARE UNIT											34.01
34.02	02060NEONATAL INTENSIVE CARE UNIT											34.02
200	Total											200

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS-THROUGH COSTS				PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D PART IV
Check Applicable Boxes:	<input type="checkbox"/> Title V <input checked="" type="checkbox"/> Title XVIII, PART A <input type="checkbox"/> Title XIX	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> Swing-Bed SNF	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model <input type="checkbox"/> Chart CAH Swing-Bed SNF	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other	

COST CENTER DESCRIPTIONS		1	2A	2	3A	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3 and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	
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									55
56	Radioisotope									56
57	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Patients									71
72	Implantable Devices Charged to Patients									72
73	Drugs Charged to Patients					445,415		445,415	445,415	73
74	Renal Dialysis									74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
91	Emergency									91
92	Observation Beds									92
93	Other Outpatient Service (specify)									93
200	Total (sum of lines 50 through 199)					445,415		445,415	445,415	200

APPORTIC		PROVIDER CCN:		PERIOD:		WORKSHEET D	
SERVICE OTHER PASS-THROUGH COSTS		11-0034		FROM: 07/01/2020		PART IV	
				TO: 06/30/2021			
Check	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> PPS		
Applicable	<input checked="" type="checkbox"/> Title XVIII, PART A	<input type="checkbox"/> IPF	<input type="checkbox"/> NF	<input type="checkbox"/> PARHM Demonstration	<input type="checkbox"/> TEFRA		
Boxes:	<input type="checkbox"/> Title XIX	<input type="checkbox"/> IRF	<input type="checkbox"/> ICF/IID	<input type="checkbox"/> Chart Model	<input type="checkbox"/> Other		
		<input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> Swing-Bed SNF	<input type="checkbox"/> Chart CAH Swing-Bed SNF			

		Total Charges (from Wkst. C, Pt I, col 8)	Ratio of Cost to Charges (col. 5 / col. 7) (see instructions)	Outpatient Ratio of Cost to Charges (col. 6 / col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
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
53	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									
88	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

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

PROVIDER CCN:
11-0034

PERIOD:
FROM: 07/01/2020
TO: 06/30/2021

WORKSHEET D
PART V

Check	<input type="checkbox"/> Title V - O/P	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> Swing-Bed SNF	<input type="checkbox"/> PARHM Demonstration
Applicable	<input checked="" type="checkbox"/> Title XVIII, PART B	<input type="checkbox"/> IPF	<input type="checkbox"/> SNF	<input type="checkbox"/> Swing-Bed NF	<input type="checkbox"/> PARHM CAH Swing-Bed SNF
Boxes:	<input type="checkbox"/> Title XIX - O/P	<input type="checkbox"/> IRF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF/IID	<input type="checkbox"/> Chart Model <input type="checkbox"/> Chart CAH Swing-Bed SNF

COST CENTER DESCRIPTIONS	Cost to Charge Ratio from Wkst. C, Pt. I, col. 9	Program Charges			Program Cost				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Services Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see inst.)		
	1	2	3	4	5	6	7		
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		53	
54	Radiology-Diagnostic	0.178132	12,523,241			2,230,790		54	
55	Radiology-Therapeutic	0.176408	15,535,191			2,740,532		55	
56	Radioisotope	0.133445	8,326,806			1,111,171		56	
57	Computed Tomography (CT) Scan	0.022186	14,035,824			311,399		57	
58	Magnetic Resonance Imaging (MRI)	0.073479	7,062,731			518,962		58	
59	Cardiac Catheterization	0.155458	7,241,758			1,125,789		59	
60	Laboratory	0.108424	23,656,751			2,564,960		60	
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		65	
66	Physical Therapy	0.327204	12,833			4,199		66	
67	Occupational Therapy	0.402278	6,413			2,580		67	
68	Speech Pathology	0.217025	15,933			3,458		68	
69	Electrocardiology	0.237588	12,325,551			2,928,403		69	
70	Electroencephalography	0.096479	1,633,969			157,644		70	
71	Medical Supplies Charged to Patients	0.180657	14,888,268			2,689,670		71	
72	Implantable Devices Charged to Patients	0.256232	21,068,116	190,107		5,398,325	48,711	72	
73	Drugs Charged to Patients	0.142835	181,160,913	3,502	340,626	25,876,119	500	48,653	73
74	Renal Dialysis	0.686358	152,649			104,772			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			2,336,593			91
92	Observation Beds	0.878902	715,021			628,433			92
200	Subtotal (see instructions)		386,120,809	193,609	345,845	72,300,850	49,211	50,763	200
201	Less PBP Clinic Lab. Services - Program Only Charges								201
202	Net Charges (line 200 - line 201)		386,120,809	193,609	345,845	72,300,850	49,211	50,763	202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

PROVIDER CCN:

11-0034

PERIOD:

FROM: 07/01/2020

TO: 06/30/2021

WORKSHEET D

PART V

Check	<input type="checkbox"/> Title V - O/P	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> Swing-Bed SNF	<input type="checkbox"/> PARHM Demonstration
Applicable	<input type="checkbox"/> Title XVIII, PART B	<input type="checkbox"/> IPF	<input type="checkbox"/> SNF	<input type="checkbox"/> Swing-Bed NF	<input type="checkbox"/> PARHM CAH Swing-Bed SNF
Boxes:	<input checked="" type="checkbox"/> Title XIX - O/P	<input type="checkbox"/> IRF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF/IID	<input type="checkbox"/> Chart Model
				<input type="checkbox"/> Chart CAH Swing-Bed SNF	

COST CENTER DESCRIPTIONS	Cost to Charge Ratio from Wkst. C, Pt. I, col. 9	Program Charges			Program Cost			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Services Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see inst.)	
	1	2	3	4	5	6	7	
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		55
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		71
72	Implantable Devices Charged to Patients	0.256232		3,654,192		936,321		72
73	Drugs Charged to Patients	0.142835		43,866,225		6,265,632		73
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.404345		6,318,835		2,554,989		90
91	Emergency	0.232855		6,559,671		1,527,452		91
92	Observation Beds	0.878902		1,069,238		939,755		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
202	Net Charges (line 200 - line 201)			106,407,175		21,425,474		202

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PART I
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input checked="" type="checkbox"/> Title XVIII, PART A <input type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART I - ALL PROVIDER COMPONENTS			1
INPATIENT DAYS			
1	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
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
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		
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)		
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		19,250
10	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 instructions).		
11	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 year, enter 0 on this line)		
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.		
13	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 year, enter 0 on this line)		
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		
15	Total nursery days (title V or XIX only)		
16	Nursery days (title V or XIX only)		
SWING BED ADJUSTMENT			
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		
21	Total general inpatient routine service cost (see instructions)		129,419,483
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	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	Total swing-bed cost (see instructions)		
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		129,419,483
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		
29	Private room charges (excluding swing-bed charges)		
30	Semi-private room charges (excluding swing-bed charges)		
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		
32	Average private room per diem charge (line 29 ÷ line 3)		
33	Average semi-private room per diem charge (line 30 ÷ line 4)		
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		
35	Average per diem private room cost differential (line 34 x line 31)		
36	Private room cost differential adjustment (line 3 x line 35)		
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		129,419,483

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PART II
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input checked="" type="checkbox"/> Title XVIII, PART A <input type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,266	38
39	Program general inpatient routine service cost (line 9 x line 38)					24,362,030	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					24,362,030	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 / col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	23,935,138	16,279	1,470	3,706	5,448,969	43
43.01	02080PEDIATRIC INTENSIVE CARE UNIT	7,084,782	2,829	2,504	41	102,678	43.01
44	Coronary Care Unit	4,714,968	3,996	1,180	260	306,779	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	7,417,725	3,198	2,319	558	1,294,275	46
46.01	02180TRAUMA INTENSIVE 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)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					48,441,067	48
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)					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)					1,146,184	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					1,952,786	51
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

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
55.01	Permanent adjustment amount per discharge						55.01
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
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
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)						60
61	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
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

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PARTS III & IV
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input checked="" type="checkbox"/> Title XVIII, PART A <input type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART III - SNF, NF, AND ICF/IID ONLY

70	SNF / NF / ICF/IID routine service cost (line 37)		70
71	Adjusted general inpatient routine service cost per diem (line 70 + line 2)		71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 + line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
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)	7,310	87
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)	1,266	88
89	Observation bed cost (line 87 x line 88) (see instructions)	9,251,244	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	Cost	Routine Cost (from line 21)	column 1 / column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
	1	2	3	4	5	
90					4,821,746	90
91	Capital-related cost					91
92	Nursing Program cost					92
93	Allied Health cost					92
	All other Medical Education					93

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PART I
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, PART A <input checked="" type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		1	
1	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
3	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed and observation bed days)		94,953
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
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)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
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)		9,599
10	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 instructions).		10
11	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 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
13	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 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	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)		128,974,785
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		128,974,785
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		128,974,785

COMPUTATION OF INPATIENT OPERATING COST			PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PART II
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, PART A <input checked="" type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other	

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,261	38
39	Program general inpatient routine service cost (line 9 x line 38)					12,106,355	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					12,106,355	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 / col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	23,935,138	16,279	1,470	2,705	3,977,189	43
43.01	02080PEDIATRIC INTENSIVE CARE UNIT	7,084,782	2,829	2,504	501	1,254,674	43.01
44	Coronary Care Unit	4,714,968	3,996	1,180	102	120,352	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit	7,417,725	3,198	2,319	28	64,946	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
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					21,219,980	48
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	Permanent adjustment amount per discharge						55.01
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
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
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)						60
61	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.						61
62	Relief payment (see instructions)						62
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

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-1, PARTS III & IV
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, PART A <input checked="" type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> NF <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> Chart Model	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART III - SNF, NF, AND ICF/IID ONLY

70	SNF / NF / ICF/IID routine service cost (line 37)		70
71	Adjusted general inpatient routine service cost per diem (line 70 + line 2)		71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 + line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
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)	7,310	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

	Cost	Routine Cost (from line 21)	column 1 / column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
	1	2	3	4	5	
90	Capital-related cost				4,821,746	90
91	Nursing Program cost					91
92	Allied Health cost					92
93	All other Medical Education					93

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-3	
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input checked="" type="checkbox"/> Title XVIII, PART A <input type="checkbox"/> Title XIX - IP	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> Swing-Bed SNF <input type="checkbox"/> Swing-Bed NF	<input type="checkbox"/> ICF/IID <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> PARHM CAH Swing-Bed SNF <input type="checkbox"/> Chart Model <input checked="" type="checkbox"/> Chart CAH Swing-Bed SNF	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

(A) COST CENTER DESCRIPTION		Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults and Pediatrics (General Routine Care)		27,303,516		30
31	Intensive Care Unit		11,971,963		31
31.01	02080PEDIATRIC INTENSIVE CARE UNIT		201,005		31.01
32	Coronary Care Unit		1,134,169		32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit		940,319		34
34.01	02180TRAUMA INTENSIVE CARE UNIT		3,143,961		34.01
34.02	02060NEONATAL INTENSIVE CARE UNIT				34.02
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider (specify)				42
43	Nursery				43
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.501028	17,904,780	8,970,796	50
51	Recovery Room				51
52	Labor Room and Delivery Room	1.082815	59,592	64,527	52
53	Anesthesiology	0.038113	7,408,309	282,353	53
54	Radiology-Diagnostic	0.178303	17,023,701	3,035,377	54
55	Radiology-Therapeutic	0.176452	300,311	52,990	55
56	Radioisotope	0.133445	750,751	100,184	56
57	Computed Tomography (CT) Scan	0.022186	13,298,761	295,046	57
58	Magnetic Resonance Imaging (MRI)	0.073479	2,525,901	185,601	58
59	Cardiac Catheterization	0.155458	5,104,356	793,513	59
60	Laboratory	0.108453	58,062,171	6,297,017	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.278335	3,175,529	883,861	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.134390	19,099,652	2,566,802	65
66	Physical Therapy	0.327204	1,351,126	442,094	66
67	Occupational Therapy	0.402278	881,266	354,514	67
68	Speech Pathology	0.217025	842,500	182,844	68
69	Electrocardiology	0.237588	5,526,384	1,313,003	69
70	Electroencephalography	0.096479	1,759,780	169,782	70
71	Medical Supplies Charged to Patients	0.180657	15,671,746	2,831,211	71
72	Implantable Devices Charged to Patients	0.256232	24,123,935	6,181,324	72
73	Drugs Charged to Patients	0.142835	65,540,117	9,361,423	73
74	Renal Dialysis	0.686358	1,569,562	1,077,281	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)				76
OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic	0.404451	173,813	70,299	90
91	Emergency	0.233647	12,042,008	2,813,579	91
92	Observation Beds	0.878902	131,580	115,646	92
93	Other Outpatient Service (specify)				93
OTHER REIMBURSABLE COST CENTERS					
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
99	Outpatient Rehabilitation Provider (specify)				99
100	Intern-Resident Service (not appvd. tchnlg. prgrm.)				100
101	Home Health Agency				101
101.01					101.01
101.02					101.02
200	Total (sum of lines 50 through 94 and 96 through 98)		274,327,631	48,441,067	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		274,327,631		202

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0034	PERIOD: FROM: 07/01/2020 TO: 06/30/2021	WORKSHEET D-3	
Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, PART A <input checked="" type="checkbox"/> Title XIX - I/P	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> Swing-Bed SNF <input type="checkbox"/> Swing-Bed NF	<input type="checkbox"/> ICF/IID <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> PARHM CAH Swing-Bed SNF <input type="checkbox"/> Chart Model <input checked="" type="checkbox"/> Chart CAH Swing-Bed SNF	<input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults and Pediatrics (General Routine Care)		13,112,377		30
31	Intensive Care Unit		7,983,311		31
31.01	02080PEDIATRIC INTENSIVE CARE UNIT		2,586,963		31.01
32	Coronary Care Unit		238,911		32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit		17,029		34
34.01	02180TRAUMA INTENSIVE CARE UNIT		1,072,300		34.01
34.02	02060NEONATAL INTENSIVE CARE UNIT		2,257,463		34.02
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider (specify)				42
43	Nursery				43
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.500660	10,745,109	5,379,646	50
51	Recovery Room				51
52	Labor Room and Delivery Room	1.078722	586,321	632,477	52
53	Anesthesiology	0.038005	2,997,796	113,931	53
54	Radiology-Diagnostic	0.178132	4,024,776	716,941	54
55	Radiology-Therapeutic	0.176408	257,130	45,360	55
56	Radioisotope	0.133445	93,548	12,484	56
57	Computed Tomography (CT) Scan	0.022186	4,301,294	95,429	57
58	Magnetic Resonance Imaging (MRI)	0.073479	1,160,810	85,295	58
59	Cardiac Catheterization	0.155458	1,701,925	264,578	59
60	Laboratory	0.108424	22,724,511	2,463,882	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.278335	2,620,433	729,358	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.134390	10,625,743	1,427,994	65
66	Physical Therapy	0.327204	688,933	225,422	66
67	Occupational Therapy	0.402278	515,263	207,279	67
68	Speech Pathology	0.217025	442,096	95,946	68
69	Electrocardiology	0.237588	3,462,209	822,579	69
70	Electroencephalography	0.096479	912,186	88,007	70
71	Medical Supplies Charged to Patients	0.180657	5,609,008	1,013,307	71
72	Implantable Devices Charged to Patients	0.256232	6,852,444	1,755,815	72
73	Drugs Charged to Patients	0.142835	27,861,361	3,979,577	73
74	Renal Dialysis	0.686358	355,996	244,341	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)				76
OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic	0.404345	28,861	11,670	90
91	Emergency	0.232855	3,432,728	799,328	91
92	Observation Beds	0.878902	10,620	9,334	92
93	Other Outpatient Service (specify)				93
OTHER REIMBURSABLE COST CENTERS					
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
99	Outpatient Rehabilitation Provider (specify)				99
100	Intern-Resident Service (not appvd. tchnlg. prgrm.)				100
101	Home Health Agency				101
101.01					101.01
101.02					101.02
200	Total (sum of lines 50 through 94 and 96 through 98)		112,011,101	21,219,980	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		112,011,101		202

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, PART I
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Check HEART LIVER PANCREAS ISLET
 Applicable Box: KIDNEY LUNG INTESTINE

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

Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
	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 Ancillary Service Costs Applicable to Organ Acquisition	C	Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		1		2	3	
8 Operating Room	50	0.50066		94,481	47,303	8
9 Recovery Room	51					9
10 Labor Room and Delivery Room	52	1.07872				10
11 Anesthesiology	53	0.03801		41,776	1,588	11
12 Radiology-Diagnostic	54	0.17813		1,232,755	219,593	12
13 Radiology-Therapeutic	55	0.17641				13
14 Radioisotope	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 Electrocardiology	69	0.23759		1,143,571	271,699	27
28 Electroencephalography	70	0.09648				28
29 Medical Supplies Charged to Patients	71	0.18066		104,352	18,852	29
30 Implantable Devices Charged to Patients	72	0.25623		21,304	5,459	30
31 Drugs Charged to Patients	73	0.14284		332,140	47,441	31
32 Renal Dialysis	74	0.68636		5,526	3,793	32
33 ASC (Non-Distinct Part)	75					33
34 Other Ancillary (specify)	76					34
35 Rural Health Clinic (RHC)	88					35
36 Federally Qualified Health Center (FQHC)	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

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, PART II
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Check HEART LIVER PANCREAS ISLET
 Applicable Box: 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			
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

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)	Ratio of Cost to Charges (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Costs (col. 1 x col. 2)	
			D	2		
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

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
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Check HEART LIVER PANCREAS ISLET
 Applicable Box: KIDNEY LUNG INTESTINE

PART III - SUM ANCILLARY SERVICE COSTS

	Cost		Charges		
	Part A 1	Part B 2	Part A 3	Part B 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	
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

	Cost		Charges		
	Part A 1	Part B 2	Part A 3	Part B 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
66.01 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	
70 Organs excised in provider	5	38		70
71 Organs purchased from other transplant hospitals				71
72 Organs purchased from non-transplant hospitals				72
73 Organs purchased from OPOs (see instructions)		73		73
74 Total (sum of lines 70 through 73)	5	111		74
75 Organs transplanted	5	73	1,148,549	75
75.01 Organs transplanted into Medicare beneficiaries				75.01
75.02 Kidneys transplanted into MA beneficiaries				75.02
75.03 Organs transplanted, Medicare secondary payer				75.03
75.04 Organs transplanted, Other (see instructions)				75.04
76 Organs sold to other hospitals				76
77 Organs sold to OPOs		32	171,359	77
78 Organs sold to transplant hospitals				78
79 Organs sold to MRTC without an agreement or VA hospitals				79
79.01 Kidneys sold to MRTC with an agreement				79.01
80 Organs sold outside the U.S.				80
81 Organs sent outside the U.S. (no revenue received)				81
82 Organs used for research				82
83 Unusable/Discarded organs (see instructions)		6		83
84 Total (see instructions)	5	111		84

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, PART I
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Check Applicable Box:	<input type="checkbox"/> HEART <input type="checkbox"/> KIDNEY	<input type="checkbox"/> LIVER <input type="checkbox"/> LUNG	<input checked="" type="checkbox"/> PANCREAS <input type="checkbox"/> INTESTINE	<input type="checkbox"/> ISLET
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PART I - COMPUTATION OF ORGAN ACQUISITION COST (INPATIENT ROUTINE AND ANCILLARY SERVICES)

Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		D	2			
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

Computation of Ancillary Service Costs Applicable to Organ Acquisition	C	Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		1	3			
8 Operating Room	50	0.50066				8
9 Recovery Room	51					9
10 Labor Room and Delivery Room	52	1.07872				10
11 Anesthesiology	53	0.03801				11
12 Radiology-Diagnostic	54	0.17813	1,782		317	12
13 Radiology-Therapeutic	55	0.17641				13
14 Radioisotope	56	0.13345	8,585		1,146	14
15 Computed Tomography (CT) Scan	57	0.02219				15
16 Magnetic Resonance Imaging (MRI)	58	0.07348				16
17 Cardiac Catheterization	59	0.15546				17
18 Laboratory	60	0.10842	9,824		1,065	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				23
24 Physical Therapy	66	0.32720				24
25 Occupational Therapy	67	0.40228				25
26 Speech Pathology	68	0.21703				26
27 Electrocardiology	69	0.23759	2,459		584	27
28 Electroencephalography	70	0.09648				28
29 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	0.14284	714		102	31
32 Renal Dialysis	74	0.68636				32
33 ASC (Non-Distinct Part)	75					33
34 Other Ancillary (specify)	76					34
35 Rural Health Clinic (RHC)	88					35
36 Federally Qualified Health Center (FQHC)	89					36
37 Clinic	90	0.40435	116		47	37
38 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

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, PART II
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Check HEART LIVER PANCREAS ISLET
 Applicable Box: 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			
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
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42 through 47)			1		48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)	Ratio of Cost to Charges (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Costs (col. 1 x col. 2)	
			D	2		
49	Rural Health Clinic (RHC)		2			49
50	Federally Qualified Health Center (FQHC)		3			50
51	Clinic	116	3			51
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

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
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Check HEART LIVER PANCREAS ISLET
 Applicable Box: KIDNEY LUNG INTESTINE

PART III - SUM ANCILLARY SERVICE COSTS

	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1	2	3	4	
56 Routine and ancillary from Part I	4,527		26,210		56
57 Interns and Residents (Inpatient)					57
58 Interns and Residents (Outpatient)					58
59 Direct organ acquisition (see instructions)	52,352		52,352		59
60 Cost of physicians' services in a teaching hospital (see instructions)					60
61 Total (sum of lines 56 through 60)	56,879		78,562		61

	Usable Organs		
	1	2	
62 Total usable organs (see instructions)		1	62
63 Medicare usable organs (see instructions)		1	63
64 Ratio of Medicare usable organs to total usable organs (see instructions)		1	64

	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1	2	3	4	
65 Medicare Costs and Charges (see instructions)	56,879		78,562		65
66 Revenue for organs sold (see instructions)	12,859		12,859		66
66.01 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)	44,020		65,703		67
68 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	
70 Organs excised in provider				70
71 Organs purchased from other transplant hospitals		3		71
72 Organs purchased from non-transplant hospitals				72
73 Organs purchased from OPOs (see instructions)				73
74 Total (sum of lines 70 through 73)		3		74
75 Organs transplanted		1		75
75.01 Organs transplanted into Medicare beneficiaries				75.01
75.02 Kidneys transplanted into MA beneficiaries				75.02
75.03 Organs transplanted, Medicare secondary payer				75.03
75.04 Organs transplanted, Other (see instructions)				75.04
76 Organs sold to other hospitals				76
77 Organs sold to OPOs				77
78 Organs sold to transplant hospitals				78
79 Organs sold to MRTC without an agreement or VA hospitals				79
79.01 Kidneys sold to MRTC with an agreement				79.01
80 Organs sold outside the U.S.				80
81 Organs sent outside the U.S. (no revenue received)				81
82 Organs used for research				82
83 Unusable/Discarded organs (see instructions)		2		83
84 Total (see instructions)		3		84