APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER CCN: 11-0113

PERIOD: FROM: 06/01/2020 TO: 05/31/2021

WORKSHEET D PART I

Check Applicable Boxes: [ ] Title V [X] Title XVIII [ ] Title XIX

[X] Hospital [ ] PARHM Demonstration [ ] Chart Model

[X] PPS [ ] TEFRA

	COST CENTER DESCRIPTIONS	Capital Related Cost (from Wkst. B, Part II, col. 26) 1	Swing Bed Adjustment 2	Reduced Capital Related Cost (col. 1 minus col. 2) 3	Total Patient Days 4	Per Diem (col. 3 / col. 4) 5	Inpatient Program Days 6	Inpatient Program Capital Cost (col. 5 x col. 6) 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults and Pediatrics (General Routine Care)	318,634	842	317,792	1,229	259	225	58,181	30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider (specify)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
200	Total	318,634		317,792	1,229		225	58,181	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D PART II
Check Applicable Boxes: [ ] Title V [X] Title XVIII [ ] Title XIX	[X] Hospital [ ] PARHM Demonstration [ ] Chart Model	[X] PPS [ ] TEFRA	

	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	65,318	565,508	0	6,235	720	50
53	Anesthesiology	1,230	75,661	0	409	7	53
54	Radiology-Diagnostic	38,644	2,738,521	0	31,797	449	54
57	Computed Tomography (CT) Scan	27,088	2,913,276	0	48,802	454	57
58	Magnetic Resonance Imaging (MRI)	7,622	557,557	0	4,019	55	58
60	Laboratory	53,703	3,063,302	0	135,770	2,380	60
62	Whole Blood & Packed Red Blood Cells	7,025	268,387	0	38,440	1,006	62
65	Respiratory Therapy	20,722	2,872,042	0	318,724	2,300	65
66	Physical Therapy	40,518	3,801,966	0	12,481	133	66
68	Speech Pathology	3,913	117,645	0	738	25	68
71	Medical Supplies Charged to Patients	8,579	426,182	0	90,339	1,819	71
73	Drugs Charged to Patients	21,571	3,613,829	0	257,937	1,540	73
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	148,461	7,756,491	0	73,107	1,399	91
92	Observation Beds	121,014	478,210	0	18,447	4,668	92
200	Total (sum of lines 50 through 199)	565,408	29,248,577		1,037,245	16,955	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS-THROUGH COSTS

PROVIDER CCN: 11-0113

PERIOD: FROM: 06/01/2020 TO: 05/31/2021

WORKSHEET D PART III

Check Applicable Boxes: [ ] Title V [X] Title XVIII [ ] Title XIX

[X] Hospital [ ] PARHM Demonstration [ ] Chart Model

[X] PPS [ ] TEFRA

		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (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)	
	COST CENTER DESCRIPTIONS	1A	1	2A	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS												
30	Adults and Pediatrics (General Routine Care)								1,229		225		30
31	Intensive Care Unit												31
33	Burn Intensive Care Unit												33
35	Other Special Care (specify)												35
41	Subprovider - IRF												41
43	Nursery												43
200	Total								1,229		225		200

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS-THROUGH COSTS

PROVIDER CCN: 11-0113

PERIOD: FROM: 06/01/2020 TO: 05/31/2021

WORKSHEET D PART IV

Check Applicable Boxes:					
[ ] Title V	[X] Hospital	[ ] SNF	[ ] PARHM Demonstration	[X] PPS	
[X] Title XVIII, PART A	[ ] IPF	[ ] NF	[ ] PARHM CAH Swing-Bed SNF	[ ] TEFRA	
[ ] Title XIX	[ ] IRF	[ ] ICF/IID	[ ] Chart Model	[ ] Other	
	[ ] Subprovider (Other)	[ ] Swing-Bed SNF	[ ] Chart CAH Swing-Bed SNF		

	COST CENTER DESCRIPTIONS	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)	
		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									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									73
74	Renal Dialysis									74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
76.01										76.01
	OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
90.01										90.01
91	Emergency									91
92	Observation Beds									92
93	Other Outpatient Service (specify)									93
200	Total (sum of lines 50 through 199)									200

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS-THROUGH COSTS

PROVIDER CCN: 11-0113

PERIOD: FROM: 06/01/2020 TO: 05/31/2021

WORKSHEET D PART IV

Check Applicable Boxes:					
[ ] Title V	[X] Hospital	[ ] SNF	[X] Hospital	[X] PPS	
[X] Title XVIII, PART A	[ ] IPF	[ ] NF	[ ] PARHM Demonstration	[ ] TEFRA	
[ ] Title XIX	[ ] IRF	[ ] ICF/IID	[ ] Chart Model	[ ] Other	
	[ ] Subprovider (Other)	[ ] Swing-Bed SNF	[ ] 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	565,508			6,235		71,519		50
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology	75,661			409		10,053		53
54	Radiology-Diagnostic	2,738,521			31,797		232,809		54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan	2,913,276			48,802		423,720		57
58	Magnetic Resonance Imaging (MRI)	557,557			4,019		79,126		58
59	Cardiac Catheterization								59
60	Laboratory	3,063,302			135,770		250,654		60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells	268,387			38,440		48,017		62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy	2,872,042			318,724		299,256		65
66	Physical Therapy	3,801,966			12,481		3,242		66
67	Occupational Therapy								67
68	Speech Pathology	117,645			738				68
69	Electrocardiology								69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients	426,182			90,339		19,441		71
72	Implantable Devices Charged to Patients								72
73	Drugs Charged to Patients	3,613,829			257,937		371,786		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	7,756,491			73,107		719,019		91
92	Observation Beds	478,210			18,447		104,886		92
93	Other Outpatient Service (specify)								93
200	Total (sum of lines 50 through 199)	29,248,577			1,037,245		2,633,528		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D PART V

Check Applicable Boxes:					
[ ] Title V - O/P	[X] Hospital	[ ] Subprovider (Other)	[ ] Swing-Bed SNF	[ ] PARHM Demonstration	
[X] Title XVIII, PART B	[ ] IPF	[ ] SNF	[ ] Swing-Bed NF	[ ] PARHM CAH Swing-Bed SNF	
[ ] Title XIX - O/P	[ ] IRF	[ ] NF	[ ] ICF/IID	[ ] Chart Model	
				[ ] Chart CAH Swing-Bed SNF	

			Program Charges			Program Cost			
		Cost to Charge Ratio from Wkst. C, Pt. I, col. 9	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.)	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.584464	71,519			41,800			50
52	Labor Room and Delivery Room								52
53	Anesthesiology	0.063771	10,053			641			53
54	Radiology-Diagnostic	0.276041	232,809			64,265			54
57	Computed Tomography (CT) Scan	0.237073	423,720			100,453			57
58	Magnetic Resonance Imaging (MRI)	0.237142	79,126			18,764			58
60	Laboratory	0.475361	250,654			119,151			60
62	Whole Blood & Packed Red Blood Cells	0.402203	48,017			19,313			62
65	Respiratory Therapy	0.195961	299,256			58,643			65
66	Physical Therapy	0.344278	3,242			1,116			66
71	Medical Supplies Charged to Patients	0.435572	19,441			8,468			71
73	Drugs Charged to Patients	0.161883	371,786			60,186			73
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.316658	719,019			227,683			91
92	Observation Beds	2.251383	104,886			236,139			92
200	Subtotal (see instructions)		2,633,528			956,622			200
201	Less PBP Clinic Lab. Services - Program Only Charges								201
202	Net Charges (line 200 - line 201)		2,633,528			956,622			202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D PART V

Check Applicable Boxes:					
[ ] Title V - O/P	[X] Hospital	[ ] Subprovider (Other)	[ ] Swing-Bed SNF	[ ] PARHM Demonstration	
[ ] Title XVIII, PART B	[ ] IPF	[ ] SNF	[ ] Swing-Bed NF	[ ] PARHM CAH Swing-Bed SNF	
[X] Title XIX - O/P	[ ] IRF	[ ] NF	[ ] ICF/IID	[ ] Chart Model	
				[ ] Chart CAH Swing-Bed SNF	

			Program Charges			Program Cost			
		Cost to Charge Ratio from Wkst. C, Pt. I, col. 9	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.)	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.584464		6,259			3,658		50
53	Anesthesiology	0.063771		2,381			152		53
54	Radiology-Diagnostic	0.276041		81,633			22,534		54
57	Computed Tomography (CT) Scan	0.237073		101,269			24,008		57
58	Magnetic Resonance Imaging (MRI)	0.237142		12,910			3,062		58
60	Laboratory	0.475361		5,738			2,728		60
62	Whole Blood & Packed Red Blood Cells	0.402203		6,650			2,675		62
65	Respiratory Therapy	0.195961		39,478			7,736		65
66	Physical Therapy	0.344278		442			152		66
71	Medical Supplies Charged to Patients	0.435572		2,972			1,295		71
73	Drugs Charged to Patients	0.161883		93,947			15,208		73
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.316658		373,042			118,127		91
92	Observation Beds	2.251383		8,402			18,916		92
200	Subtotal (see instructions)			735,123			220,251		200
201	Less PBP Clinic Lab. Services - Program Only Charges								201
202	Net Charges (line 200 - line 201)			735,123			220,251		202

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PART I

Check Applicable Boxes:				
	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[X] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[ ] Title XIX - I/P	[ ] IRF	[ ] NF	[ ] Other
		[ ] Subprovider (Other)	[ ] PARHM Demonstration	
		[ ] SNF	[ ] Chart Model	

PART I - ALL PROVIDER COMPONENTS

		1	
	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,560	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,229	2
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)	761	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	263	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)	29	6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	27	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)	12	8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	225	9
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).	109	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	191	19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	195	20
21	Total general inpatient routine service cost (see instructions)	2,834,811	21
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)	5,156	24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	2,340	25
26	Total swing-bed cost (see instructions)	7,496	26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,827,315	27
	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)	2,827,315	37

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PART II

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[X] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[ ] 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	Adjusted general inpatient routine service cost per diem (see instructions)	2,301	38
39	Program general inpatient routine service cost (line 9 x line 38)	517,613	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)	517,613	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						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					323,028	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)					840,641	49

PASS-THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)	58,181	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)	16,955	51
52	Total Program excludable cost (sum of lines 50 and 51)	75,136	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)	765,505	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 (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)		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: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PARTS III & IV

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[X] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[ ] Title XIX - I/P	[ ] IRF	[ ] NF	[ ] Other
		[ ] Subprovider (Other)	[ ] PARHM Demonstration	
		[ ] SNF	[ ] Chart Model	

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)	468	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,301	88
89	Observation bed cost (line 87 x line 88) (see instructions)	1,076,634	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					318,634	90
91	Nursing Program cost						91
92	Allied Health cost						92
93	All other Medical Education						93

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PART I

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[ ] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[X] Title XIX - I/P	[ ] IRF	[ ] NF	[ ] Other
		[ ] Subprovider (Other)	[ ] PARHM Demonstration	
		[ ] SNF	[ ] Chart Model	

PART I - ALL PROVIDER COMPONENTS

		1	
	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,560	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,229	2
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)	761	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	263	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)	29	6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	27	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)	12	8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	48	9
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	191	19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	195	20
21	Total general inpatient routine service cost (see instructions)	2,834,811	21
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)	5,156	24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	2,340	25
26	Total swing-bed cost (see instructions)	7,496	26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,827,315	27
	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)	2,827,315	37

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PART II

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[ ] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[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	Adjusted general inpatient routine service cost per diem (see instructions)					2,301	38
39	Program general inpatient routine service cost (line 9 x line 38)					110,424	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)					110,424	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						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					65,999	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)					176,423	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 (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.		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: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET D-1, PARTS III & IV

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] NF	[X] PPS
	[ ] Title XVIII, PART A	[ ] IPF	[ ] ICF/IID	[ ] TEFRA
	[X] Title XIX - I/P	[ ] IRF	[ ] NF	[ ] Other
		[ ] Subprovider (Other)	[ ] PARHM Demonstration	
		[ ] SNF	[ ] Chart Model	

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)	468	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,301	88
89	Observation bed cost (line 87 x line 88) (see instructions)	1,076,634	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					318,634	90
91	Nursing Program cost						91
92	Allied Health cost						92
93	All other Medical Education						93

COMPUTATION OF INPATIENT OPERATING COST | PROVIDER CCN: 11-0113 | PERIOD: FROM: 06/01/2020 TO: 05/31/2021 | WORKSHEET D-3

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] SNF	[ ] ICF/IID	[X] PPS
	[X] Title XVIII, PART A	[ ] IPF	[ ] NF	[ ] PARHM Demonstration	[ ] TEFRA
	[ ] Title XIX - I/P	[ ] IRF	[ ] Swing-Bed SNF	[ ] PARHM CAH Swing-Bed SNF	[ ] Other
		[ ] Subprovider (Other)	[ ] Swing-Bed NF	[ ] Chart Model	
				[ ] Chart CAH Swing-Bed SNF	

(A)	COST CENTER DESCRIPTION	Ratio of Cost to Charges 1	Inpatient Program Charges 2	Inpatient Program Costs (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		135,000		30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
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	0.584464	6,235	3,644	50
51	Recovery Room				51
52	Labor Room and Delivery Room				52
53	Anesthesiology	0.063771	409	26	53
54	Radiology-Diagnostic	0.276041	31,797	8,777	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan	0.237073	48,802	11,570	57
58	Magnetic Resonance Imaging (MRI)	0.237142	4,019	953	58
59	Cardiac Catheterization				59
60	Laboratory	0.475361	135,770	64,540	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.402203	38,440	15,461	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.195961	318,724	62,457	65
66	Physical Therapy	0.344278	12,481	4,297	66
67	Occupational Therapy				67
68	Speech Pathology	0.809920	738	598	68
69	Electrocardiology				69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients	0.435572	90,339	39,349	71
72	Implantable Devices Charged to Patients				72
73	Drugs Charged to Patients	0.161883	257,937	41,756	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	0.383949	73,107	28,069	91
92	Observation Beds	2.251383	18,447	41,531	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. tchng. prgm.)				100
101	Home Health Agency				101
200	Total (sum of lines 50 through 94 and 96 through 98)		1,037,245	323,028	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		1,037,245		202

COMPUTATION OF INPATIENT OPERATING COST | PROVIDER CCN: 11-0113 | PERIOD: FROM: 06/01/2020 TO: 05/31/2021 | WORKSHEET D-3

Check Applicable Boxes:	[ ] Title V - O/P	[X] Hospital	[ ] SNF	[ ] ICF/IID	[X] PPS
	[ ] Title XVIII, PART A	[ ] IPF	[ ] NF	[ ] PARHM Demonstration	[ ] TEFRA
	[X] Title XIX - I/P	[ ] IRF	[ ] Swing-Bed SNF	[ ] PARHM CAH Swing-Bed SNF	[ ] Other
		[ ] Subprovider (Other)	[ ] Swing-Bed NF	[ ] Chart Model	
				[ ] Chart CAH Swing-Bed SNF	

(A)	COST CENTER DESCRIPTION	Ratio of Cost to Charges 1	Inpatient Program Charges 2	Inpatient Program Costs (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		28,800		30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
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	0.584464			50
51	Recovery Room				51
52	Labor Room and Delivery Room				52
53	Anesthesiology	0.063771			53
54	Radiology-Diagnostic	0.276041	5,999	1,656	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan	0.237073	14,716	3,489	57
58	Magnetic Resonance Imaging (MRI)	0.237142			58
59	Cardiac Catheterization				59
60	Laboratory	0.475361	26,834	12,756	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.402203			62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.195961	94,927	18,602	65
66	Physical Therapy	0.344278	482	166	66
67	Occupational Therapy				67
68	Speech Pathology	0.809920			68
69	Electrocardiology				69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients	0.435572	19,685	8,574	71
72	Implantable Devices Charged to Patients				72
73	Drugs Charged to Patients	0.161883	66,464	10,759	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	0.316658	23,395	7,408	91
92	Observation Beds	2.251383	1,150	2,589	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. tchng. prgm.)				100
101	Home Health Agency				101
200	Total (sum of lines 50 through 94 and 96 through 98)		253,652	65,999	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		253,652		202