

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE CAPITAL COSTS

PROVIDER CCN:

PERIOD:

WORKSHEET D

11-0177

FROM: 04/01/2021

PART I

TO: 03/31/2022

Check		<input checked="" type="checkbox"/> Hospital	<input checked="" type="checkbox"/> PPS						
Applicable		<input type="checkbox"/> PARHM Demonstration	<input type="checkbox"/> TEFRA						
Boxes:		<input type="checkbox"/> Title V							
		<input checked="" type="checkbox"/> Title XVIII							
		<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)	6,858,738		6,858,738	59,446	115	10,878	1,255,104	30
31	Intensive Care Unit	1,445,788		1,445,788	6,523	222	1,470	325,811	31
33	Burn Intensive Care Unit	5,320,436		5,320,436	24,534	217	5,104	1,106,853	33
35	02040NEONATAL INTENSIVE CARE UNIT	148,035		148,035	1,827	81			35
41	Subprovider - IRF	1,099,305		1,099,305	7,456	147	2,916	429,935	41
43	Nursery	35,445		35,445	3,726	10			43
200	Total	14,907,747		14,907,747	103,512		20,368	3,117,703	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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		

	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)	
COST CENTER DESCRIPTIONS	1	2	3	4	5	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,350,752	331,252,301	0	30,785,870	404,342 50
51	Recovery Room	278,205	39,590,146	0	3,606,146	25,340 51
52	Labor Room and Delivery Room	564,457	47,090,364	0	89,006	1,067 52
54	Radiology-Diagnostic	656,564	96,452,398	0	14,955,428	101,802 54
55	Radiology-Therapeutic	707,250	93,787,404	0	144,686	1,091 55
56	Radioisotope	116,504	34,236,259	0	2,904,270	9,883 56
57	Computed Tomography (CT) Scan	205,287	196,741,958	0	18,227,322	19,011 57
58	Magnetic Resonance Imaging (MRI)	69,555	30,206,719	0	3,276,042	7,545 58
59	Cardiac Catheterization	427,816	29,274,491	0	3,594,506	52,530 59
60	Laboratory	831,343	458,796,507	0	63,766,357	115,545 60
62	Whole Blood & Packed Red Blood Cells	111,941	46,701,478	0	7,838,419	18,789 62
65	Respiratory Therapy	235,248	142,532,047	0	25,820,210	42,603 65
66	Physical Therapy	996,475	76,848,907	0	6,907,696	89,572 66
67	Occupational Therapy	37,483	19,050,514	0	2,717,054	5,347 67
68	Speech Pathology	10,250	8,147,986	0	831,594	1,046 68
69	Electrocardiology	195,015	59,796,719	0	7,663,940	24,992 69
70	Electroencephalography	32,875	1,776,851	0	383,559	7,097 70
71	Medical Supplies Charged to Patients	1,392,867	366,349,267	0	40,093,721	152,436 71
72	Implantable Devices Charged to Patients	351,291	46,486,926	0	6,107,484	46,154 72
73	Drugs Charged to Patients	1,037,819	721,021,533	0	93,254,222	134,193 73
74	Renal Dialysis	141,327	12,340,770	0	3,066,950	35,123 74
76	Other Ancillary (specify)	253,026	32,255,931	0	912,051	7,154 76
76.01	03952HYPERBARIC	75,205	6,243,695	0	726,087	8,746 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	697,481	29,173,616	0	137,962	3,298 90
90.01	09001MFM CLINIC	18,697	11,596,846	0		90.01
91	Emergency	1,648,093	130,531,242	0	7,757,251	97,943 91
92	Observation Beds	494,395	11,272,855	0	1,076,599	47,216 92
200	Total (sum of lines 50 through 199)	15,937,221	3,079,555,730		346,644,432	1,459,865 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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		

	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)	
COST CENTER DESCRIPTIONS	1	2	3	4	5	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,350,752	331,252,301	0	162,317	2,132 50
51	Recovery Room	278,205	39,590,146	0	22,070	155 51
52	Labor Room and Delivery Room	564,457	47,090,364	0		52
54	Radiology-Diagnostic	656,564	96,452,398	0	235,202	1,601 54
55	Radiology-Therapeutic	707,250	93,787,404	0		55
56	Radioisotope	116,504	34,236,259	0	20,642	70 56
57	Computed Tomography (CT) Scan	205,287	196,741,958	0	536,924	560 57
58	Magnetic Resonance Imaging (MRI)	69,555	30,206,719	0	101,377	233 58
59	Cardiac Catheterization	427,816	29,274,491	0		59
60	Laboratory	831,343	458,796,507	0	2,001,205	3,626 60
62	Whole Blood & Packed Red Blood Cells	111,941	46,701,478	0	91,200	219 62
65	Respiratory Therapy	235,248	142,532,047	0	826,538	1,364 65
66	Physical Therapy	996,475	76,848,907	0	9,413,466	122,064 66
67	Occupational Therapy	37,483	19,050,514	0	103,034	203 67
68	Speech Pathology	10,250	8,147,986	0	462,190	581 68
69	Electrocardiology	195,015	59,796,719	0	236,346	771 69
70	Electroencephalography	32,875	1,776,851	0	23,102	427 70
71	Medical Supplies Charged to Patients	1,392,867	366,349,267	0	699,096	2,658 71
72	Implantable Devices Charged to Patients	351,291	46,486,926	0	8,307	63 72
73	Drugs Charged to Patients	1,037,819	721,021,533	0	3,191,571	4,593 73
74	Renal Dialysis	141,327	12,340,770	0	261,616	2,996 74
76	Other Ancillary (specify)	253,026	32,255,931	0	30,933	243 76
76.01	03952HYPERBARIC	75,205	6,243,695	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	697,481	29,173,616	0		90
90.01	09001MFM CLINIC	18,697	11,596,846	0		90.01
91	Emergency	1,648,093	130,531,242	0		91
92	Observation Beds		11,272,855			92
200	Total (sum of lines 50 through 199)	15,442,826	3,079,555,730		18,427,136	144,559 200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS-THROUGH COSTS

PROVIDER CCN:  
11-0177

PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET D  
PART III

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 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)								59,446		10,878		30
31	Intensive Care Unit								6,523		1,470		31
33	Burn Intensive Care Unit								24,534		5,104		33
35	02040NEONATAL INTENSIVE CARE UNIT								1,827				35
41	Subprovider - IRF								7,456		2,916		41
43	Nursery								3,726				43
200	Total								103,512		20,368		200



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS-THROUGH COSTS				PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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	

		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	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	331,252,301			30,785,870		56,684,710		50
51	Recovery Room	39,590,146			3,606,146		4,526,350		51
52	Labor Room and Delivery Room	47,090,364			89,006		30,894		52
53	Anesthesiology								53
54	Radiology-Diagnostic	96,452,398			14,955,428		5,864,123		54
55	Radiology-Therapeutic	93,787,404			144,686		29,494,102		55
56	Radioisotope	34,236,259			2,904,270		6,116,133		56
57	Computed Tomography (CT) Scan	196,741,958			18,227,322		19,097,513		57
58	Magnetic Resonance Imaging (MRI)	30,206,719			3,276,042		3,498,840		58
59	Cardiac Catheterization	29,274,491			3,594,506		1,765,595		59
60	Laboratory	458,796,507			63,766,357		7,594,839		60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells	46,701,478			7,838,419		526,623		62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy	142,532,047			25,820,210		189,922		65
66	Physical Therapy	76,848,907			6,907,696		485,847		66
67	Occupational Therapy	19,050,514			2,717,054		56,799		67
68	Speech Pathology	8,147,986			831,594		14,203		68
69	Electrocardiology	59,796,719			7,663,940		4,427,137		69
70	Electroencephalography	1,776,851			383,559		40,365		70
71	Medical Supplies Charged to Patients	366,349,267			40,093,721		20,147,236		71
72	Implantable Devices Charged to Patients	46,486,926			6,107,484		7,468,094		72
73	Drugs Charged to Patients	721,021,533			93,254,222		13,548,301		73
74	Renal Dialysis	12,340,770			3,066,950		128,837		74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)	32,255,931			912,051		1,770,850		76
76.01	03952HYPERBARIC	6,243,695			726,087		660,079		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic	29,173,616			137,962		3,386,200		90
90.01	09001MFM CLINIC	11,596,846					9,042		90.01
91	Emergency	130,531,242			7,757,251		8,708,550		91
92	Observation Beds	11,272,855			1,076,599		1,082,734		92
93	Other Outpatient Service (specify)								93
200	Total (sum of lines 50 through 199)	3,079,555,730			346,644,432		197,323,918		200



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS-THROUGH COSTS				PROVIDER CCN: 11-0177		PERIOD: FROM: 04/01/2021 TO: 03/31/2022		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			

		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	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	331,252,301			162,317		4,275		50
51	Recovery Room	39,590,146			22,070				51
52	Labor Room and Delivery Room	47,090,364							52
53	Anesthesiology								53
54	Radiology-Diagnostic	96,452,398			235,202		594		54
55	Radiology-Therapeutic	93,787,404							55
56	Radioisotope	34,236,259			20,642				56
57	Computed Tomography (CT) Scan	196,741,958			536,924		4,887		57
58	Magnetic Resonance Imaging (MRI)	30,206,719			101,377				58
59	Cardiac Catheterization	29,274,491							59
60	Laboratory	458,796,507			2,001,205				60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells	46,701,478			91,200				62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy	142,532,047			826,538				65
66	Physical Therapy	76,848,907			9,413,466				66
67	Occupational Therapy	19,050,514			103,034				67
68	Speech Pathology	8,147,986			462,190				68
69	Electrocardiology	59,796,719			236,346		2,309		69
70	Electroencephalography	1,776,851			23,102				70
71	Medical Supplies Charged to Patients	366,349,267			699,096				71
72	Implantable Devices Charged to Patients	46,486,926			8,307				72
73	Drugs Charged to Patients	721,021,533			3,191,571		201		73
74	Renal Dialysis	12,340,770			261,616				74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)	32,255,931			30,933				76
76.01	03952HYPERBARIC	6,243,695							76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic	29,173,616							90
90.01	09001MFM CLINIC	11,596,846							90.01
91	Emergency	130,531,242							91
92	Observation Beds	11,272,855							92
93	Other Outpatient Service (specify)								93
200	Total (sum of lines 50 through 199)	3,079,555,730			18,427,136		12,266		200



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

PROVIDER CCN:

11-0177

PERIOD:

FROM: 04/01/2021

TO: 03/31/2022

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	0.079176	56,684,710			4,488,069			50
51	Recovery Room	0.061678	4,526,350			279,176			51
52	Labor Room and Delivery Room	0.153173	30,894			4,732			52
54	Radiology-Diagnostic	0.057977	5,864,123			339,984			54
55	Radiology-Therapeutic	0.065275	29,494,102			1,925,228			55
56	Radioisotope	0.042585	6,116,133			260,456			56
57	Computed Tomography (CT) Scan	0.009255	19,097,513			176,747			57
58	Magnetic Resonance Imaging (MRI)	0.024585	3,498,840			86,019			58
59	Cardiac Catheterization	0.094633	1,765,595			167,084			59
60	Laboratory	0.023781	7,594,839			180,613			60
62	Whole Blood & Packed Red Blood Cells	0.091157	526,623			48,005			62
65	Respiratory Therapy	0.034463	189,922			6,545			65
66	Physical Therapy	0.133873	485,847			65,042			66
67	Occupational Therapy	0.081454	56,799			4,627			67
68	Speech Pathology	0.051468	14,203			731			68
69	Electrocardiology	0.032379	4,427,137			143,346			69
70	Electroencephalography	0.130189	40,365			5,255			70
71	Medical Supplies Charged to Patients	0.145433	20,147,236			2,930,073			71
72	Implantable Devices Charged to Patients	0.358424	7,468,094			2,676,744			72
73	Drugs Charged to Patients	0.041285	13,548,301		97,775	559,342		4,037	73
74	Renal Dialysis	0.202427	128,837			26,080			74
76	Other Ancillary (specify)	0.078297	1,770,850			138,652			76
76.01	03952HYPERBARIC	0.092083	660,079			60,782			76.01
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.187936	3,386,200			636,389			90
90.01	09001MFM CLINIC	0.064830	9,042			586			90.01
91	Emergency	0.125675	8,708,550			1,094,447			91
92	Observation Beds	0.289413	1,082,734			313,357			92
	OTHER REIMBURSABLE COST CENTERS								
	SPECIAL PURPOSE COST CENTERS								
200	Subtotal (see instructions)		197,323,918		97,775	16,618,111		4,037	200
201	Less PBP Clinic Lab. Services - Program Only Charges								201
202	Net Charges (line 200 - line 201)		197,323,918		97,775	16,618,111		4,037	202

APPORIONMENT OF MEDICAL AND OTHER  
HEALTH SERVICES COSTS

PROVIDER CCN:  
11-0177

PERIOD:  
FROM: 04/01/2021  
TO: 03/31/2022

WORKSHEET D  
PART V

Check	<input type="checkbox"/> Title V - O/P	<input 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 checked="" 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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.079176	4,275		338			50
52	Labor Room and Delivery Room	0.153173						52
54	Radiology-Diagnostic	0.057977	594		34			54
57	Computed Tomography (CT) Scan	0.009255	4,887		45			57
69	Electrocardiology	0.032379	2,309		75			69
73	Drugs Charged to Patients	0.041285	201	385	8		16	73
<b>OUTPATIENT SERVICE COST CENTERS</b>								
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
200	Subtotal (see instructions)		12,266	385	500		16	200
201	Less PBP Clinic Lab. Services - Program Only Charges							201
202	Net Charges (line 200 - line 201)		12,266	385	500		16	202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

PROVIDER CCN:

11-0177

PERIOD:

FROM: 04/01/2021

TO: 03/31/2022

WORKSHEET D

PART V

Check Applicable Boxes:	<input type="checkbox"/> Title V - O/P <input type="checkbox"/> Title XVIII, PART B <input checked="" type="checkbox"/> Title XIX - O/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 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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50 Operating Room	0.079176		7,063,727			559,278		50
51 Recovery Room	0.061678		1,275,666			78,681		51
52 Labor Room and Delivery Room	0.153173		237,583			36,391		52
54 Radiology-Diagnostic	0.057977		747,617			43,345		54
55 Radiology-Therapeutic	0.065275		746,543			48,731		55
56 Radioisotope	0.042585		162,833			6,934		56
57 Computed Tomography (CT) Scan	0.009255		3,123,990			28,913		57
58 Magnetic Resonance Imaging (MRI)	0.024585		250,656			6,162		58
59 Cardiac Catheterization	0.094633		48,384			4,579		59
60 Laboratory	0.023781		98,495			2,342		60
62 Whole Blood & Packed Red Blood Cells	0.091157		15,407			1,404		62
65 Respiratory Therapy	0.034463		134,273			4,627		65
66 Physical Therapy	0.133873		212,594			28,461		66
67 Occupational Therapy	0.081454		41,752			3,401		67
68 Speech Pathology	0.051468		2,601			134		68
69 Electrocardiology	0.032379		490,645			15,887		69
70 Electroencephalography	0.130189		3,028			394		70
71 Medical Supplies Charged to Patients	0.145433		2,139,611			311,170		71
72 Implantable Devices Charged to Patients	0.358424		117,409			42,082		72
73 Drugs Charged to Patients	0.041285		981,928			40,539		73
76 Other Ancillary (specify)	0.078297		497,728			38,971		76
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90 Clinic	0.187936		366,104			68,804		90
90.01 09001MFM CLINIC	0.064830		919			60		90.01
91 Emergency	0.125675		2,682,061			337,068		91
92 Observation Beds	0.289413		648,546			187,698		92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
200 Subtotal (see instructions)			22,090,100			1,896,056		200
201 Less PBP Clinic Lab. Services - Program Only Charges								201
202 Net Charges (line 200 - line 201)			22,090,100			1,896,056		202

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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

INPATIENT DAYS		1
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	59,446
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,446
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)	55,161
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)	10,878
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)	45,260,850
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)	45,260,850
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)	45,260,850

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)					761	38
39	Program general inpatient routine service cost (line 9 x line 38)					8,282,292	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)					8,282,292	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	11,478,383	6,523	1,760	1,470	2,586,730	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit	44,105,821	24,534	1,798	5,104	9,175,665	45
46	Surgical Intensive Care Unit						46
47	02040NEONATAL INTENSIVE CARE UNIT	2,840,569	1,827	1,555			47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					22,813,345	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)					42,858,032	49

## PASS-THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					2,687,768	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					1,459,865	51
52	Total Program excludable cost (sum of lines 50 and 51)					4,147,633	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					38,710,399	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
	Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the						
61	61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

## 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: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)	4,285 87
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)	761 88
89	Observation bed cost (line 87 x line 88) (see instructions)	3,262,513 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					6,858,738	90
91	Capital-related cost					91
92	Nursing Program cost					92
93	Allied Health cost					93
	All other Medical Education					

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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 type="checkbox"/> Hospital <input type="checkbox"/> IPF <input checked="" 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)	7,456
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,456
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)	7,456
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)	2,916
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 the 12 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)	6,255,196
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)	6,255,196
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)	6,255,196

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)		839	38
39	Program general inpatient routine service cost (line 9 x line 38)		2,446,378	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)		2,446,378	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)				1,715,427	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)				4,161,805	49

PASS-THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)		429,935	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)		144,559	51
52	Total Program excludable cost (sum of lines 50 and 51)		574,494	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		3,587,311	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
	Continuous improvement bonus payment (if line 53 + line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the			
61	61 amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see			61
62	Relief payment (see instructions)			62
63	Allowable Inpatient cost plus incentive payment (see instructions)			63

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: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)		87
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)		88
89	Observation bed cost (line 87 x line 88) (see instructions)		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					1,099,305
91	Nursing Program cost					91
92	Allied Health cost					92
93	All other Medical Education					93

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)	59,446	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,446	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)	55,161	4
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)	3,416	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)	3,726	15
16	Nursery days (title V or XIX only)	150	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)	45,260,850	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)		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)	45,260,850	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)	45,260,850	37

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)				761	38
39	Program general inpatient routine service cost (line 9 x line 38)				2,600,874	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)				2,600,874	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)	585,260				42
	Intensive Care Type Inpatient Hospital Units					
43	Intensive Care Unit	11,478,383	6,523	1,760	1,356	2,386,126
44	Coronary Care Unit					
45	Burn Intensive Care Unit	44,035,244	24,534	1,795	391	701,794
46	Surgical Intensive Care Unit					
47	02040NEONATAL INTENSIVE CARE UNIT	2,840,569	1,827	1,555		
					1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)				6,060,183	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)				11,772,538	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: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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)	4,285	87
88	Adjusted general inpatient routine cost per diem (line 27 + line 2)	761	88
89	Observation bed cost (line 87 x line 88) (see instructions)	3,262,513	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				6,858,738	90
91	Nursing Program cost					91
92	Allied Health cost					92
93	All other Medical Education					93

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults and Pediatrics (General Routine Care)		22,479,583		30
31	Intensive Care Unit		7,455,392		31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit		71,079,564		33
34	Surgical Intensive Care Unit				34
35	02040NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider (specify)				42
43	Nursery				43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.079206	30,785,870	2,438,426	50
51	Recovery Room	0.061678	3,606,146	222,420	51
52	Labor Room and Delivery Room	0.153173	89,006	13,633	52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.057977	14,955,428	867,071	54
55	Radiology-Therapeutic	0.065275	144,686	9,444	55
56	Radioisotope	0.042585	2,904,270	123,678	56
57	Computed Tomography (CT) Scan	0.009255	18,227,322	168,694	57
58	Magnetic Resonance Imaging (MRI)	0.024585	3,276,042	80,541	58
59	Cardiac Catheterization	0.094633	3,594,506	340,159	59
60	Laboratory	0.023781	63,766,357	1,516,428	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.091157	7,838,419	714,527	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.034463	25,820,210	889,842	65
66	Physical Therapy	0.133873	6,907,696	924,754	66
67	Occupational Therapy	0.081454	2,717,054	221,315	67
68	Speech Pathology	0.051468	831,594	42,800	68
69	Electrocardiology	0.032379	7,663,940	248,151	69
70	Electroencephalography	0.130189	383,559	49,935	70
71	Medical Supplies Charged to Patients	0.145433	40,093,721	5,830,950	71
72	Implantable Devices Charged to Patients	0.358424	6,107,484	2,189,069	72
73	Drugs Charged to Patients	0.041285	93,254,222	3,850,001	73
74	Renal Dialysis	0.202427	3,066,950	620,833	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)	0.078297	912,051	71,411	76
76.01	03952HYPERBARIC	0.092083	726,087	66,860	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic	0.187936	137,962	25,928	90
90.01	09001MFM CLINIC	0.064830			90.01
91	Emergency	0.125675	7,757,251	974,893	91
92	Observation Beds	0.289413	1,076,599	311,582	92
93	Other Outpatient Service (specify)				93
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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. tchnng. prgm.)				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)		346,644,432	22,813,345	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		346,644,432		202

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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 type="checkbox"/> Hospital <input type="checkbox"/> IPF <input checked="" 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 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults and Pediatrics (General Routine Care)				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	02040NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
41	Subprovider - IRF		6,609,992		41
42	Subprovider (specify)				42
43	Nursery				43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.079206	162,317	12,856	50
51	Recovery Room	0.061678	22,070	1,361	51
52	Labor Room and Delivery Room	0.153173			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.057977	235,202	13,636	54
55	Radiology-Therapeutic	0.065275			55
56	Radioisotope	0.042585	20,642	879	56
57	Computed Tomography (CT) Scan	0.009255	536,924	4,969	57
58	Magnetic Resonance Imaging (MRI)	0.024585	101,377	2,492	58
59	Cardiac Catheterization	0.094633			59
60	Laboratory	0.023781	2,001,205	47,591	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.091157	91,200	8,314	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.034463	826,538	28,485	65
66	Physical Therapy	0.133873	9,413,466	1,260,209	66
67	Occupational Therapy	0.081454	103,034	8,393	67
68	Speech Pathology	0.051468	462,190	23,788	68
69	Electrocardiology	0.032379	236,346	7,653	69
70	Electroencephalography	0.130189	23,102	3,008	70
71	Medical Supplies Charged to Patients	0.145433	699,096	101,672	71
72	Implantable Devices Charged to Patients	0.358424	8,307	2,977	72
73	Drugs Charged to Patients	0.041285	3,191,571	131,764	73
74	Renal Dialysis	0.202427	261,616	52,958	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)	0.078297	30,933	2,422	76
76.01	03952HYPERBARIC	0.092083			76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic	0.187936			90
90.01	09001MFM CLINIC	0.064830			90.01
91	Emergency	0.125675			91
92	Observation Beds	0.289413			92
93	Other Outpatient Service (specify)				93
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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. tchnng. prgm.)				100
101	Home Health Agency				101
101.01					101
101.02					101
200	Total (sum of lines 50 through 94 and 96 through 98)		18,427,136	1,715,427	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		18,427,136		202

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: 11-0177	PERIOD: FROM: 04/01/2021 TO: 03/31/2022	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 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults and Pediatrics (General Routine Care)		4,871,147		30
31	Intensive Care Unit		1,623,606		31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit		16,633,449		33
34	Surgical Intensive Care Unit				34
35	02040NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider (specify)				42
43	Nursery		652,003		43
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.079176	19,286,860	1,527,056	50
51	Recovery Room	0.061678	322,686	19,903	51
52	Labor Room and Delivery Room	0.153173	315,183	48,278	52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.057977	1,787,836	103,653	54
55	Radiology-Therapeutic	0.065275			55
56	Radioisotope	0.042585	292,123	12,440	56
57	Computed Tomography (CT) Scan	0.009255	2,782,591	25,753	57
58	Magnetic Resonance Imaging (MRI)	0.024585	443,454	10,902	58
59	Cardiac Catheterization	0.094633	345,991	32,742	59
60	Laboratory	0.023781	14,276,157	339,501	60
61	PBP Clinical Laboratory Services-Program Only				61
62	Whole Blood & Packed Red Blood Cells	0.091157	2,072,249	188,900	62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy	0.034463	7,329,202	252,586	65
66	Physical Therapy	0.133873	1,897,340	254,003	66
67	Occupational Therapy	0.081454	523,152	42,613	67
68	Speech Pathology	0.051468	231,748	11,928	68
69	Electrocardiology	0.032379	1,220,632	39,523	69
70	Electroencephalography	0.130189	63,977	8,329	70
71	Medical Supplies Charged to Patients	0.145433	9,696,115	1,410,135	71
72	Implantable Devices Charged to Patients	0.358424	331,305	118,748	72
73	Drugs Charged to Patients	0.041285	30,683,737	1,266,778	73
74	Renal Dialysis	0.202427	484,803	98,137	74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)	0.078297	212,710	16,655	76
76.01	03952HYPERBARIC	0.092083	180,769	16,646	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic	0.187936	43,745	8,221	90
90.01	09001MFM CLINIC	0.064830	6,019	390	90.01
91	Emergency	0.125675	1,212,811	152,420	91
92	Observation Beds	0.289413	186,387	53,943	92
93	Other Outpatient Service (specify)				93
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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. tchnng. prgm.)				100
101	Home Health Agency				101
101.01					101
101.02					101
200	Total (sum of lines 50 through 94 and 96 through 98)		96,229,582	6,060,183	200
201	Less PBP Clinic Laboratory Services - Program only charges (line 61)				201
202	Net charges (line 200 minus line 201)		96,229,582		202