

interns and residents when Worksheet S-2, Part I, line 57, column 1, is yes, and column 2, is no. Otherwise do not transfer the costs. For cost reporting periods beginning on or after December 27, 2020, do not transfer the costs.

**NOTE:** For cost reporting periods beginning prior to December 27, 2020, if you qualify for the exception in 42 CFR 413.77(e)(1), because this is the first cost reporting period in which you are training residents in approved programs and the residents were not on duty during the first month of this cost reporting period, then all direct GME costs are reimbursed as a pass-through based on reasonable cost. For cost reporting periods beginning on or after December 27, 2020, this exception for reasonable cost payment for direct GME no longer applies.

Column 4--Compute the amount of the swing-bed adjustment. If you have a swing-bed agreement, determine the amount for the cost center in which the swing-beds are located by multiplying the sum of the amounts in columns 1 through 3 by the ratio of the amount entered on Worksheet D-1, Part I, line 26, to the amount entered on Worksheet D-1, Part I, line 21.

Column 5--Enter the sum of columns 1, 2, and 3, minus column 4.

Column 6--Enter on each line the total patient days, excluding swing-bed days, for that cost center. Transfer these amounts from the appropriate Worksheet D, Part I, column 4. For SNFs enter total patient days from Worksheet S-3, Part I, column 8, line 19.

Column 7--Enter the per diem cost for each line by dividing the cost of each cost center in column 5 by the total patient days in column 6.

Column 8--Enter the program inpatient days for the applicable cost centers. Transfer these amounts from the appropriate Worksheet D, Part I, column 6. For SNF (line 44), enter the program days from Worksheet S-3, Part I, column 6, line 19.

For a provider that participated in the PARHM demonstration during this cost reporting period complete a separate Worksheet D, Part III, for the portion of the cost reporting period the provider participated in the PARHM demonstration. For the PARHM demonstration, transfer from the appropriate Worksheet D, Part I, column 6, lines 30 through 35, and line 43, respectively.

Column 9--Multiply the per diem cost in column 7 by the inpatient program days in column 8 to determine the program's share of pass-through costs applicable to inpatient routine services, as applicable. Transfer the sum of the amounts on lines 30 through 35 and 43 to Worksheet D-1, Part I, line 50, for the hospital or PARHM demonstration, as applicable. If you are a title XVIII hospital paid under the IPPS, also transfer this sum to Worksheet E, Part A, line 57, accordingly. Transfer the amounts on lines 40 through 42 to the appropriate Worksheet D-1, line 50, for the subprovider. Also transfer the amount on line 40 to Worksheet E-3, Part II, line 28, and the amount on line 41, to Worksheet E-3, Part III, line 29. For hospital-based SNF, NF or ICF/IID that follow Medicare principles, transfer the amount in column 9, line 44, to Worksheet E-3, Part VI, line 2, or for NF or ICF/IID to Worksheet E-3, Part VII, line 26, as applicable.

4024.4 Part IV - Apportionment of Inpatient/Outpatient Ancillary Service Other Pass-Through Costs--This part computes the amount of pass-through costs other than capital applicable to hospitals, SNFs, NFs, ICF/IIDs, and effective for cost reporting periods beginning on or after April 1, 2019, CRNA pass-through costs for swing-bed SNFs. Hospitals and subprovider components subject to the IPPS and/or the OPPS must exclude direct medical education costs as these costs are reimbursed separately. TEFRA hospitals are subject to the TEFRA rate of increase limitation for inpatient operating costs. In order to determine inpatient operating costs, it is necessary to exclude capital-related and medical education costs as these costs are reimbursed separately.

*This part also computes medical education costs for interns and residents for REHs effective for cost reporting periods beginning on or after October 1, 2023, when Worksheet S-2, Part I, line 107.01, is yes. (See 42 CFR 419.92(d).) Complete columns 4, 6, 7, 9, 12, and 13.*

Complete a separate copy of this Worksheet D, Part IV, for the hospital (\*), each subprovider, the SNF, NF and ICF/IID. For CRNA pass-through costs for IPPS hospital swing-bed SNFs complete columns 1, 7, 8, 10, and 11 only.

\* Hospitals that participated in the PARHM demonstration must complete Worksheet D, Part IV, for the portion of the cost reporting period not included in the PARHM demonstration and a separate Worksheet D, Part IV, for the portion of the cost reporting period included in the PARHM demonstration.

Make no entries on this worksheet for any cost centers with a negative balance on Worksheet B, Part I, column 26.

Column 1--Transfer from Worksheet B, Part I, column 19, for each applicable line (plus or minus any adjustments reported on Worksheet B-2, if applicable) the nonphysician anesthetist's costs which qualify for a reasonable cost payment in accordance with 42 CFR 412.113(c). (See also §4013, line 19, description for more information.)

Column 2A--For each cost center, enter the amount of the applicable nursing program post step-down adjustments from Worksheet B-2. Apportion the post step-down adjustment using the respective program allocation statistics and unit cost multiplier reported on Worksheet B-1, column 20, or its subscripts. Do not complete this column if the response on Worksheet S-2, Part I, line 60, is no.

Column 2--For each applicable line, transfer the nursing program cost from Worksheet B, Part I, the sum of column 20, and its subscripts, minus post step-down adjustments reported in column 2A, if applicable, when Worksheet S-2, Part I, line 60, is yes, except do not transfer subscripts of line 60 with a criterion code of "4" in column 3. Do not transfer the costs if the response on Worksheet S-2, Part I, line 60, is no. For the hospital only, enter on line 92, observation beds, the amount from Worksheet D-1, Part IV, column 5, line 91.

Column 3A--For each cost center, enter the amount of the applicable allied health/paramedical education program post step-down adjustments from Worksheet B-2. Apportion the post step-down adjustments using the respective program allocation statistics and unit cost multiplier reported on Worksheet B-1, column 23, or its subscripts. Do not complete this column if the response on Worksheet S-2, Part I, line 60, is no.

Column 3--For each applicable line, transfer the allied health/paramedical education program cost from Worksheet B, Part I, the sum of column 23, and its subscripts, minus post step-down adjustments reported in column 3A, if applicable, when Worksheet S-2, Part I, line 60, is yes, except do not transfer subscripts of line 60 with a criterion code of "4" in column 3. Do not transfer the costs if the response on Worksheet S-2, Part I, line 60, is no. For the hospital component only, enter on line 92, the observation bed amount from Worksheet D-1, Part IV, column 5, line 92.

Column 4--For cost reporting periods beginning prior to December 27, 2020, transfer from Worksheet B, Part I, the sum of columns 21 and 22, for each applicable line, (plus or minus post step-down adjustments made on Worksheet B-2, if applicable), the applicable medical education costs for interns and residents when Worksheet S-2, Part I, line 57, column 1, is yes and column 2, is no, otherwise do not transfer the costs. For the hospital only, enter on line 92, observation beds, the amount from Worksheet D-1, Part IV, column 5, line 93. For cost reporting periods beginning on or after December 27, 2020, do not transfer the costs.

**NOTE:** For cost reporting periods beginning prior to December 27, 2020, if you qualify for the exception in 42 CFR 413.77(e)(1) because this is the first cost reporting period in which you are training residents in approved programs and the residents were not on duty during the first month of this cost reporting period, then all direct GME costs for interns and residents in approved programs are reimbursed as a pass-through based on reasonable cost. For cost reporting periods beginning on or after December 27, 2020, this exception for reasonable cost payment for direct GME no longer applies.

*For REHs, effective for cost reporting periods beginning on or after October 1, 2023, transfer from Worksheet B, Part I, the sum of columns 21 and 22, for each applicable line, (plus or minus post step-down adjustments made on Worksheet B-2, if applicable), the applicable medical education costs for interns and residents when Worksheet S-2, Part I, line 107.01, is yes; otherwise, do not transfer the costs.*

Column 5--This column represents total inpatient other pass-through costs. Enter on each appropriate line the sum of the amounts entered on the corresponding lines in columns 1, 2, 3, and 4.

Column 6--This column represents outpatient other pass-through costs. Enter on each appropriate line the sum of the amounts entered on the corresponding lines in columns 2, 3, and 4.

Column 7--Enter on each line the charges applicable to each cost center as shown on Worksheet C, Part I, column 8.

Column 8--Divide the cost of each cost center in column 5 by the charges in column 7, to determine the cost/charge ratio for each cost center. For CRNA IPPS hospital swing-bed SNF pass through costs, divide the cost of each cost center in column 1 by the charges in column 7, to determine the cost/charge ratio for each cost center. Round the ratios to six decimal places, e.g., round 0321514 to .032151.

Column 9--This column computes the outpatient ratio of cost to charges. Divide the cost of each cost center in column 6 by the charges in column 7, for each line, to determine the cost/charge ratio. Round the ratios to six decimal places, e.g., round .0321514 to .032151. Enter the resultant departmental ratio in column 9.

Column 10--Enter on each line titles V; XVIII, Part A; or XIX; inpatient charges from Worksheet D-3. For a hospital that participated in the PARHM demonstration during this cost reporting period complete a separate Worksheet D, Part IV. For the portion of the cost reporting period the provider participated in the PARHM demonstration enter the inpatient charges applicable to the PARHM demonstration period from Worksheet D-3.

Do not include in Medicare charges any charges identified as MSP/LCC.

Column 11--Multiply the ratio in column 8 by the charges in column 10 to determine the program's share of pass-through costs applicable to titles V; XVIII, Part A; or XIX; inpatient ancillary services, as appropriate.

For hospitals and subproviders, transfer column 11, line 200, to Worksheet D-1, Part II, column 1, line 51. If you are an IPPS hospital, also transfer this amount to Worksheet E, Part A, line 58. If you are an IPF or IPF subprovider, also transfer this amount to Worksheet E-3, Part II, line 28. If you are an IRF or IRF subprovider, also transfer this amount to Worksheet E-3, Part III, line 29. For SNFs, for title XVIII transfer the amount on line 200 to Worksheet E-3, Part VI, line 3; for SNFs, NFs and ICF/IIDs for titles V and XIX, transfer the amount on line 200 to E-3, Part VII, line 26, as applicable. If you are an IPPS hospital swing-bed SNF, for title XVIII transfer the amount on line 200 to Worksheet E-2, line 3.

Column 12--Enter on each line titles XVIII, Part B; V; or XIX (if applicable); outpatient charges from Worksheet D, Part V, column 2, and applicable subscripts. For a hospital that participated in the PARHM demonstration during this cost reporting period complete a separate Worksheet D, Part IV. For the portion of the cost reporting period the hospital participated in the PARHM demonstration, enter the outpatient charges applicable to the PARHM demonstration period from Worksheet D, Part V, column 2.

Do not include in Medicare charges any charges identified as MSP/LCC.