

4026. WORKSHEET D-2 - APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

4026.1 Part I - Not in Approved Teaching Program.--Use this part only if you have interns and residents who are not in an approved teaching program. (See CMS Pub. 15-1, chapter 4.) If you have more than one hospital-based outpatient rehabilitation provider, subscript line 17 to accommodate reporting data for each.

Column 1--Enter the percentage of time that interns and residents, not in an approved teaching program, are assigned to each of the indicated patient care areas on lines 1 through 19 and 21 through 26 (from your records).

Column 2--Enter on line 1 the total cost of residents' services rendered in all patient care areas from Worksheet B, Part I, column 26, line 100. Multiply the amount in column 1 by the total cost in column 2, line 1. Enter the resulting amounts on the appropriate lines in column 2.

Inpatient

Column 3--Enter the total inpatient days applicable to the various patient care areas of the complex.

<u>Description</u>	<u>Enter in Col. 3</u>	<u>Inpatient Days From Worksheet D-1</u>
Adults & Pediatrics	line 2	Part I, col. 1, line 1
Intensive Care Unit	line 3	Part II, col. 2, line 43
Coronary Care Unit	line 4	Part II, col. 2, line 44
Burn Intensive Care Unit	line 5	Part II, col. 2, line 45
Surgical Intensive Care Unit	line 6	Part II, col. 2, line 46
Other Intensive Care Type Unit	line 7	Part II, col. 2, line 47
Nursery	line 8	S-3, Part I, col. 8, line 13
IPF - Inpatient Routine	line 10	Part I, col. 1, line 1
IPF - Inpatient Routine	line 11	Part I, col. 1, line 1
Subprovider	line 12	Part I, col. 1, line 1
SNF	line 13	Part I, col. 1, line 1
NF	line 14	Part I, col. 1, line 1

Column 4--Divide the allocated expenses in column 2 by the inpatient days in column 3 to arrive at the average per diem cost for each cost center.

For swing-bed SNF or swing-bed NF facilities, transfer the per diem amount in column 4, line 2, to Worksheet E-2, column 1 (for titles V and XIX) or column 2 (for title XVIII), line 4.

Columns 5, 6, and 7--Enter in the appropriate column the health care program inpatient days for each patient care area.

Titles V and XIX

<u>Description</u>	<u>Enter in column 5 for title V or column 7 for title XIX</u>	<u>From Worksheet D-1</u>
Adults & Pediatrics	line 2	Part I, col. 1, line 9
Intensive Care Unit	line 3	Part II, col. 4, line 43
Coronary Care Unit	line 4	Part II, col. 4, line 44
Burn Intensive Care Unit	line 5	Part II, col. 4, line 45
Surgical Intensive Care Type Unit	line 6	Part II, col. 4, line 46
Other Intensive Care Type Unit	line 7	Part II, col. 4, line 47
Nursery	line 8	Part II, col. 4, line 42
IPF - Inpatient Routine	line 10	Part I, col. 1, line 1
IRF - Inpatient Routine	line 11	Part I, col. 1, line 1
Subprovider	line 12	Part I, col. 1, line 1
SNF	line 13	Part I, col. 1, line 1
NF	line 14	Part I, col. 1, line 1

Title XVIII--Enter in column 6, lines 2 through 13, as appropriate, the total number of days in which beneficiaries were inpatients of the provider and had Medicare Part B coverage. Such days are determined without regard to whether Part A benefits were available. Submit a reconciliation with the cost report demonstrating the computation of Medicare Part B inpatient days. The following reconciliation format is recommended:

Cost Center	Part A Inpatient Days	plus	Part B Only Days	minus	Part A Coverage But No Part B Days Coverage	=	Medicare Part B Days
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Part A Inpatient Days--Enter the Medicare Part A inpatient days from Worksheet D-1.

<u>Cost Center</u>	<u>From Worksheet D-1</u>
Adults & Pediatrics	Part I, column 1, line 9
Intensive Care Unit	Part II, column 4, line 43
Coronary Care Unit	Part II, column 4, line 44
Burn Intensive Care Type Unit	Part II, column 4, line 45
Surgical Intensive Care Type Unit	Part II, column 4, line 46
Other Intensive Care Type Unit	Part II, column 4, line 47
IPF - Inpatient Routine	Part I, column 1, line 9
IRF - Inpatient Routine	Part I, column 1, line 9
Subprovider	Part I, column 1, line 9
Skilled Nursing Facility	Part I, column 1, line 9

Part B Only Days--Enter the total number of days from your records in which inpatients were covered under Medicare Part B but did not have Part A benefits available.

No Part B Days--Enter the total number of days from your records in which inpatients were covered under Medicare Part A but did not have Part B benefits available.

Columns 8, 9, and 10--Multiply the average cost per day in column 4 by the health care program days in columns 5, 6, and 7, respectively. Enter the resulting amounts in columns 8, 9, and 10, as appropriate, for each cost center.

### Outpatient

Column 3--Enter the total charges applicable to each outpatient service area. Obtain the total charges from Worksheet C, column 8, lines 88 through 93.

Column 4--Compute the total outpatient cost-to-charge ratio by dividing costs in column 2 by charges in column 3, for each cost center.

Columns 5, 6, and 7--Enter in these columns program charges for outpatient services. Do not include in Medicare charges any charges identified as MSP/LCC.

### Titles V and XIX:

<u>Description</u>	Enter in col. 5 for title V or col. 7 for title XIX	Sum of	
		Worksheet D-3, col. 2	Worksheet D, Part V, sum of cols. 2 through 4 (and applicable subscripts)
RHC	line 21	line 88	line 88
FQHC	line 22	line 89	line 89
Clinic	line 23	line 90	line 90
Emergency	line 24	line 91	line 91
Observation Beds	line 25	line 92	line 92
Other Outpatient	line 26	line 93	line 93

### Title XVIII:

<u>Description</u>	Enter in. col. 6 for title XVIII	From				
		Worksheet D-3, col. 2	Worksheet D, Part V, cols. 2 through 4 (& applicable subscripts)			Less Part A Only Charges
RHC	line 21	line 88	plus	line 88	minus	From Provider Records
FQHC	line 22	line 89	plus	line 89	minus	
Clinic	line 23	line 90	plus	line 90	minus	
Emergency	line 24	line 91	plus	line 91	minus	
Observation Beds	line 25	line 92	plus	line 92	minus	
Other Outpatient	line 26	line 93	plus	line 93	minus	

**NOTE:** Submit a reconciliation worksheet with the cost report showing the computations used for the charges for column 6.

If you have subproviders, the amounts entered in these columns are the sum of the hospital and subprovider Worksheets D-3 and D, Part V.

Columns 8, 9, and 10, lines 21 through 26--Compute program outpatient costs for titles V; XIX; and XVIII, Part B; cost by multiplying the cost-to-charge ratio in column 4 by the program outpatient charges in columns 5, 6, and 7. Enter the resulting amounts in columns 8, 9, and 10, as appropriate, for each cost center.

Transfer program expenses.

From Title V (column 8)/Title XIX (column 10)

Hospital: Sum of lines 9 and 27	TO	Worksheet E-3, Part VII, line 19
Subprovider: lines 10-12, as applicable	TO	Worksheet E-3, Part VII, line 19
Other Nursing Facility: line 14	TO	Worksheet E-3, Part VII, line 19

From Title XVIII (column 9) (only if Part II is not utilized)

Hospital: Sum of lines 9 and 27	TO	Worksheet E, Part B, line 22
Subprovider: line 10-12, as applicable	TO	Worksheet E, Part B, line 22
Skilled Nursing Facility: line 13	TO	Worksheet E, Part B, line 22

**4026.2 Part II - In An Approved Teaching Program (Title XVIII, Part B Inpatient Routine Costs Only).**--This part provides for reimbursement for inpatient routine services rendered by interns and residents in approved teaching programs to Medicare beneficiaries who have Part B coverage and are not entitled to benefits under Part A. (See CMS Pub. 15-1, chapter 4; and chapter 21, §2120.) Do not complete this section unless you qualify for the new teaching hospital exception for GME payments in 42 CFR 413.77(e)(1). This exception regarding payment of direct GME on a reasonable cost basis at 42 CFR 413.77(e)(1) applies for cost reporting periods beginning prior to December 27, 2020; therefore, do not complete this worksheet part for cost reporting periods beginning on or after December 27, 2020.

**Column 1**--Enter the amounts allocated in the cost finding process to the indicated cost centers. Obtain these amounts from Worksheet B, Part I, sum of the amounts in columns 21 and 22, as adjusted for any post step-down adjustments applicable to interns and residents in approved teaching programs.

**Column 2**--Enter the adjustment for intern and resident costs applicable to swing-bed services but allocated to hospital routine cost. Compute these amounts as follows:

<u>Swing Inpatient Bed Amount</u>	=	<u>I&amp;R Costs Allocated to Adults &amp; Pediatrics</u>	times	<u>Total Swing-Bed Days</u>	divided by	<u>Total Days</u>
For line 30 (SNF)		Wkst. D-2, col. 1, line 29		Wkst. D-1, sum of lines 5 and 6		Wkst. D-1, line 1
For line 31 (NF)		Wkst. D-2, col. 1, line 29		Wkst. D-1, sum of lines 7 and 8		Wkst. D-1, line 1

The amount subtracted from line 29 must equal the sum of the amounts computed for lines 30 and 31.

If you have swing-beds in your IPF subprovider, complete line 38 to adjust for swing-bed costs. Compute the swing-bed amounts as explained above except that the interns and residents costs allocated to adults and pediatrics (line 38) comes from Worksheet D-2, column 1, line 38. The amount subtracted from line 38 must equal the sum of subscripts of line 38, as applicable. If you have swing-beds in your IRF subprovider, complete line 39 to adjust for swing-bed costs. Compute the swing-bed amounts as explained above except that the interns and residents costs allocated to adults and pediatrics (line 39) comes from Worksheet D-2, column 1, line 39. The amount subtracted from line 39 must equal the sum of subscripts of line 39, as applicable.

Column 3--Enter on lines 29, and 38 through 40, as applicable, the amounts in column 1 minus the amount in column 2. Enter on line 30 the amount from column 2. Enter on lines 32 through 36, and 41, the amounts from column 1.

Column 4--Enter the total inpatient days applicable to the various patient care areas of the complex. (See instructions for Part I, column 3. For line 30, this is from Worksheet D-1, sum of lines 5 and 6.)

Column 5--Divide the allocated expense in column 3 by the inpatient days in column 4 to arrive at the average per diem cost for each cost center.

Column 6--Enter on lines 29, 30, 32 through 36, and 38 through 41, as applicable, the total number of days in which inpatients were covered under Medicare Part B but did not have Part A benefits available.

Column 7--Multiply the average per diem cost in column 5 by the number of inpatient days in column 6 to arrive at the expense applicable to title XVIII for each cost center. Transfer the amount on line 30, or lines 38 through 40, if you are a subprovider with a swing-bed, to Worksheet E-2, column 2, line 6.

For columns 1, 3, and 7, enter on line 37, the sum of the amounts on line 29 plus the sum of the amounts on lines 32 through 36.

Transfer the expenses on lines 37 through 41, to the appropriate lines on Part III, column 4, whenever you complete both Parts I and II.

However, when only Part II is completed, transfer the amount entered in column 7, lines 37 through 41, to Worksheet E, Part B, line 22, as appropriate.

4026.3 Part III - Summary for Title XVIII (To be completed only if both Parts I and II are completed).--This part is completed only if both Parts I and II are completed; do not complete this section unless you qualify for the exception for GME payments in 42 CFR 413.77(e)(1). This exception regarding payment of direct GME on a reasonable cost basis at 42 CFR 413.77(e)(1) only applies for cost reporting periods beginning prior to December 27, 2020. This part is applicable to Medicare only and is provided to summarize the amounts apportioned to the program in Parts I and II.

Transfer title XVIII expenses.

<u>Description</u>	<u>From Column 6</u>		
Hospital	Line 45	TO	Worksheet E, Part B, line 22
Subprovider	Lines 46 through 48	TO	Worksheet E, Part B, line 22
SNF	Line 49	TO	Worksheet E, Part B, line 22