

COMPUTATION OF INPATIENT OPERATING COST		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-1, PART I
		COMPONENT CCN: _____		
Check applicable boxes:	<input type="checkbox"/> Title V - I/P <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX - I/P	<input 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"/> PARHM Demonstration	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

PART I - ALL PROVIDER COMPONENTS		
INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	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)	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 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 calendar year, enter 0 on this line)	8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the 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 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 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 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)	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)	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)	37