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|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| COMPUTATION OF INPATIENT OPERATING COST | | PROVIDER CCN: _____ COMPONENT CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET D-1, PART I |
| 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 |