### COMPUTATION OF INPATIENT OPERATING COST

#### PART II - HOSPITAL AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

- **Line 38**: Adjusted general inpatient routine service cost per diem (see instructions) 38
- **Line 39**: Program general inpatient routine service cost (line 9 x line 38) 39
- **Line 40**: Medically necessary private room cost applicable to the Program (line 14 x line 35) 40
- **Line 41**: Total Program general inpatient routine service cost (line 39 + line 40) 41

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Cost</th>
<th>Days</th>
<th>Program</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PASS-THROUGH COST ADJUSTMENTS

- **Line 50**: Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III) 50
- **Line 51**: Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV) 51
- **Line 52**: Total Program excludable cost (sum of lines 50 and 51) 52
- **Line 53**: Total Program inpatient costs (sum of lines 41 through 48) (see instructions) 53

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td></td>
</tr>
</tbody>
</table>

#### TARGET AMOUNT AND LIMIT COMPUTATION

- **Line 54**: Program discharges 54
- **Line 55**: Target amount per discharge 55
- **Line 56**: Target amount (line 54 x line 55) 56
- **Line 57**: Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 57
- **Line 58**: Bonus payment (see instructions) 58
- **Line 59**: Lesser of line 53 = line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket 59
- **Line 60**: Lesser of line 53 = line 54 or line 55 from prior year cost report, updated by the market basket 60
- **Line 61**: If line 53 = line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the 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 instructions) 61
- **Line 62**: Relief payment (see instructions) 62
- **Line 63**: Allowable Inpatient cost plus incentive payment (see instructions) 63

#### PROGRAM INPATIENT ROUTINE SWING BED COST

- **Line 64**: Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only) 64
- **Line 65**: Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only) 65
- **Line 66**: Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.) 66
- **Line 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
- **Line 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
- **Line 69**: Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69