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|---|--|---|---|--|
| COMPUTATION OF INPATIENT OPERATING COST | | PROVIDER CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET D-1, PARTS III & IV |
| | | 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"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other |

| PART III - SNF, NF, AND ICF/IID ONLY | | | |
|--------------------------------------|---|--|----|
| 70 | SNF / NF / ICF/IID routine service cost (line 37) | | 70 |
| 71 | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2) | | 71 |
| 72 | Program routine service cost (line 9 x line 71) | | 72 |
| 73 | Medically necessary private room cost applicable to Program (line 14 x line 35) | | 73 |
| 74 | Total Program general inpatient routine service costs (line 72 + line 73) | | 74 |
| 75 | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) | | 75 |
| 76 | Per diem capital-related costs (line 75 ÷ line 2) | | 76 |
| 77 | Program capital-related costs (line 9 x line 76) | | 77 |
| 78 | Inpatient routine service cost (line 74 minus line 77) | | 78 |
| 79 | Aggregate charges to beneficiaries for excess costs (from provider records) | | 79 |
| 80 | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) | | 80 |
| 81 | Inpatient routine service cost per diem limitation | | 81 |
| 82 | Inpatient routine service cost limitation (line 9 x line 81) | | 82 |
| 83 | Reasonable inpatient routine service costs (see instructions) | | 83 |
| 84 | Program inpatient ancillary services (see instructions) | | 84 |
| 85 | Utilization review - physician compensation (see instructions) | | 85 |
| 86 | Total Program inpatient operating costs (sum of lines 83 through 85) | | 86 |

| PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | | | |
|--|---|--|----|
| 87 | Total observation bed days (see instructions) | | 87 |
| 88 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | 88 |
| 89 | Observation bed cost (line 87 x line 88) (see instructions) | | 89 |

| COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | | | | | |
|--|-----------------------------|--------------------------------|------------------------|--|--|----|
| | | Routine Cost (from line 21) | column 1 ÷ column 2 | Total Observation Bed Cost (from line 89) | Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions) | |
| | Cost | | | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| 90 | Capital-related cost | | | | | 90 |
| 91 | Nursing Program cost | | | | | 91 |
| 92 | Allied Health cost | | | | | 92 |
| 93 | All other Medical Education | | | | | 93 |