### COMPUTATION OF NET COST OF COVERED SERVICES

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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</tbody>
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1. Inpatient routine services - swing bed-SNF (see instructions)
2. Inpatient routine services - swing bed-NF (see instructions)
3. Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A; and sum of Wkst. D, Pt. V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)

#### 4. Training and related health payment-PARHM (see instructions)

#### 5. Program days

#### 6. Interns and residents not in approved teaching program (see instructions)

#### 7. Utilization review - physician compensation - SNF optional method only

#### 8. Subtotal from lines 1 through 3 plus lines 6 and 7

#### 9. Primary payer payments (see instructions)

#### 10. Subtotal (line 8 minus line 9)

#### 11. Deductibles billed to program patients (exclude amounts applicable to physician professional services)

#### 12. Subtotal (line 10 minus line 11)

#### 13. Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)

#### 14. 80% of Part B costs (line 12 x 80%)

#### 15. Subtotal (see instructions)

#### 16. Other adjustments (specify) (see instructions)

#### 16.50 Pioneer ACO demonstration payment adjustment (see instructions)

#### 16.55 Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)

#### 16.99 Demonstration payment adjustment amount before sequestration

#### 17. Allowable bad debts (see instructions)

#### 17.01 Adjusted reimbursable bad debts (see instructions)

#### 18. Allowable bad debts for dual eligible beneficiaries (see instructions)

#### 19. Total (see instructions)

#### 19.01 Sequestration adjustment (see instructions)

#### 19.02 Demonstration payment adjustment amount after sequestration

#### 19.03 Sequestration adjustment-PARHM pass-throughs

#### 20. Interim payments

#### 20.01 Interim payments-PARHM

#### 21. Tentative settlement (for contractor use only)

#### 21.02 Tentative settlement-PARHM (for contractor use only)

#### 22. Balance due provider program (line 19 minus lines 19.01, 19.02, 20, and 21)

#### 22.01 Balance due provider program-PARHM (see instructions)

#### 23. Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2

### Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment

#### 200 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.

#### 201 Cost Reimbursement

#### 202 Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. B, line 66 (title XVIII hospital))

#### 203 Total (sum of lines 201 and 202)

#### 204 Medicare swing-bed SNF discharges (see instructions)

#### 205 Medicare swing-bed SNF target amount

#### 206 Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)

#### 207 Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement

#### 208 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)

#### 209 Adjustment to Medicare swing-bed SNF PPS payments (see instructions)

#### 210 Reserved for future use

#### 215 Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)