

COMPUTATION OF INPATIENT ROUTINE COSTS		PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET D-1
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SELECT PROGRAM	<input type="checkbox"/> TITLE V	<input type="checkbox"/> TITLE XVIII	<input type="checkbox"/> TITLE XIX
SELECT COMPONENT	<input type="checkbox"/> SNF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF / IID

		1	
INPATIENT DAYS			
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS		1
2	PRIVATE ROOM DAYS		2
3	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS, APPLICABLE TO THE PROGRAM		3
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM		4
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST		5
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES		6
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO		7
8	PRIVATE ROOM CHARGES		8
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE		9
10	SEMI-PRIVATE ROOM CHARGES		10
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		11
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL		12
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL		13
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT		14
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL		15
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM		16
17	PROGRAM ROUTINE SERVICE COST		17
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		18
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST		19
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		20
21	PER DIEM CAPITAL RELATED COSTS		21
22	PROGRAM CAPITAL RELATED COST		22
23	INPATIENT ROUTINE SERVICE COST		23
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		24
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		25
26	PER DIEM LIMITATION		26
27	INPATIENT ROUTINE SERVICE COST LIMITATION		27
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28