

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E, PART A
Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG Amount		
1	Other Than Outlier Payments occurring prior to October 1	1
1.01	Other than Outlier Payments occurring on or after October 1 and before January 1.	1.01
1.02	Other than Outlier Payments occurring on or after January 1	1.02
Managed Care Patients		
1.03	Payments prior to March 1st or October 1st.	1.03
1.04	Payments on or after October 1 and prior to January 1.	1.04
1.05	Payments on or after January 1st but before April 1st/October 1st.	1.05
1.06	Additional amount received or to be received (see instructions)	1.06
1.07	Payments for discharges on or after April 1, 2001 through September 30, 2001.	1.07
1.08	Simulated payments from the PS&R on or after April 1, 2001 through September 30, 2001.	1.08
2	Outlier payments for discharges occurring prior to October 1, 1997 (see instructions)	2
2.01	Outlier payments for discharges occurring on or after October 1, 1997 (see instructions)	2.01
3	Bed days available divided by number of days in the cost reporting period (see instructions)	3
Indirect Medical Education Adjustment		
3.01	Number of Interns & Residents from Worksheet S-3, Part I	3.01
3.02	Indirect medical education percentage (see instructions)	3.02
3.03	Indirect medical education adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 3.02)	3.03
3.04	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	3.04
3.05	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with section 1886(d)(5)(B)(viii)	3.05
3.06	Adjusted FTE count for allopathic and osteopathic programs for affiliated programs in accordance with section 1886(d)(5)(B)(viii)	3.06
3.07	Sum of lines 3.04 through 3.06 (see instructions).	3.07
3.08	FTE count for allopathic and osteopathic programs in the current year from your records	3.08
3.09	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring prior to October 1.	3.09
3.10	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring on or after October 1	3.10
3.11	FTE count for the period identified in line 3.09	3.11
3.12	FTE count for the period identified in line 3.10	3.12
3.13	FTE count for residents in dental and podiatric programs.	3.13
3.14	Current year allowable FTE (see instructions)	3.14
3.15	Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here.....	3.15
3.16	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero. If there was no FTE count in this period but prior year teaching was in effect enter 1 here.....	3.16
3.17	Sum of lines 3.14 through 3.16 divided by the number of those lines in excess of zero (see instructions).	3.17
3.18	Current year resident to bed ratio (line 3.17 divided by line 3).	3.18
3.19	Prior year resident to bed ratio (see instructions)	3.19
3.20	For cost reporting periods beginning on or after October 1, 1997, enter the lesser of lines 3.18 or 3.19. (see instructions)	3.20
3.21	IME payments for discharges occurring prior to October 1 (see instructions)	3.21
3.22	IME payments for discharges occurring on or after October 1 but before January 1 (see instructions)	3.22
3.23	IME payments for discharges occurring on or after January 1 (see instructions)	3.23
3.24	Sum of lines 3.21 through 3.23 (see instructions).	3.24
Disproportionate Share Adjustment		
4	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4
4.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I	4.01
4.02	Sum of lines 4 and 4.01	4.02
4.03	Allowable disproportionate share percentage (see instructions)	4.03
4.04	Disproportionate share adjustment (see instructions)	4.04

FORM CMS-2552-96 (2/2006) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3630.1)

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E, PART A (Cont.)
Check <input type="checkbox"/> Hospital Applicable Box <input type="checkbox"/> Subprovider			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

Additional payment for high percentage of ESRD beneficiary discharges		
5	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for DRGs 302, 316, 317 r ^M MS-DRG 652, 682 - 685. (see instructions)	5
5.01	Total ESRD Medicare discharges excluding DRGs 302, 316, 317 r ^M MS-DRGs 652 and 682 - 685 (see instructions)	5.01
5.02	Divide line 5.01 by line 5 (if less than 10%, you do not qualify for adjustment)	5.02
5.03	Total Medicare ESRD inpatient days excluding DRGs 302, 316, 317 r ^M MS-DRGs 652, 682 - 685 (see instructions)	5.03
5.04	Ratio of average length of stay to one week (line 5.03 divided by line 5.01 divided by 7)	5.04
5.05	Average weekly cost for dialysis treatments (see instructions)	5.05
5.06	Total additional payment (line 5.04 times line 5.05 times line 5.01)	5.06
6	Subtotal (see instructions)	6
7	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	7
7.01	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. See instructions FY beg. 10/1/00)	7.01
8	Total payment for inpatient operating costs SCH and MDH only (see instructions)	8
9	Payment for inpatient program capital (from Worksheet L, Parts I, II, or III, as applicable)	9
10	Exception payment for inpatient program capital (Worksheet L, Part IV, see instructions)	10
11	Direct graduate medical education payment (from Worksheet E-3, Part IV, see instructions).	11
11.01	Nursing and Allied Health Managed Care payment	11.01
11.02	Special add-on payments for new technologies	11.02
12	Net organ acquisition cost	12
13	Cost of teaching physicians	13
14	Routine service other pass through costs	14
15	Ancillary service other pass through costs	15
16	Total (sum of amounts on lines 8 through 15)	16
17	Primary payer payments	17
18	Total amount payable for program beneficiaries (line 16 minus line 17)	18
19	Deductibles billed to program beneficiaries	19
20	Coinsurance billed to program beneficiaries	20
21	Reimbursable bad debts (see instructions)	21
21.01	Adjusted reimbursable bad debts (see instructions)	21.01
21.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	21.02
22	Subtotal (line 18 plus line 21.01 minus lines 19 and 20)	22
23	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	23
24	Other adjustments (see instructions) (specify)	24
25	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets	25
26	Amount due provider (line 22 plus or minus lines 24 and 25 minus line 23)	26
27	Sequestration adjustment (see instructions)	27
28	Interim payments	28
28.01	Tentative settlement (for fiscal intermediary use only)	28.01
29	Balance due provider (Program) (line 26 minus the sum of lines 27, 28, and 28.01)	29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	30

TO BE COMPLETED BY INTERMEDIARY

50	Operating outlier amount from Worksheet E, Part A line 2.01	50
51	Capital outlier amount from Worksheet L, Part I line 3.01	51
52	Operating outlier reconciliation amount (see instructions)	52
53	Capital outlier reconciliation amount (see instructions)	53
54	The rate used to calculate the Time Value of Money	54
55	Operating Time Value of Money (see instructions)	55
56	Capital Time Value of Money (see instructions)	56

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART B
	COMPONENT NO.:	FROM _____ TO _____	

Check applicable box Hospital Subprovider SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	Medical and other services (see instructions)		1
1.01	Medical and other services rendered on or after April 1, 2001 (see instructions).		1.01
1.02	PPS payments received including outliers.		1.02
1.03	Enter the hospital specific payment to cost ratio.(see instructions)		1.03
1.04	Line 1.01 times line 1.03.		1.04
1.05	Line 1.02 divided by line 1.04.		1.05
1.06	Transitional corridor payment (see instructions)		1.06
1.07	Enter the amount from Worksheet D, Part IV, (sum of columns 9, 9.01 and 9.02) line 101.		1.07
2	Interns and residents		2
3	Organ acquisitions		3
4	Cost of teaching physicians		4
5	Total cost (see instructions)		5
COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges		
6	Ancillary service charges		6
7	Interns and residents service charges		7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)		8
9	Charges of professional services of teaching physicians		9
10	Total reasonable charges (sum of lines 6 through 9)		10
	Customary charges		
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis		11
12	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)		13
14	Total customary charges (see instructions)		14
15	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)		15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)		16
17	Lesser of cost or charges (line 5 or line 14) (for CAH see instructions)		17
17.01	Total prospective payment (sum of lines 1.02, 1.06, and 1.07)		17.01
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	Deductibles and coinsurance (see instructions)		18
18.01	Deductibles and Coinsurance relating to amount on line 17.01 (see instructions)		18.01
19	Subtotal (lines 17 and 17.01 minus lines 18 and 18.01) (see instructions)		19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)		20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)		21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)		22
23	Subtotal (sum of lines 19 through 22)		23
24	Primary payer payments		24
25	Subtotal (line 23 minus line 24)		25
	Reimbursable bad debts (exclude bad debts for professional services)		
26	Composite rate ESRD (from Worksheet I-5, line 9)		26
27	Bad debts (see instructions)		27
27.01	Adjusted reimbursable bad debts (see instructions)		27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)		28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		29
30	Other adjustments (specify) (see instructions)		30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)		32
33	Sequestration adjustment (see instructions)		33
34	Interim payments		34
34.01	Tentative settlement (for fiscal intermediary use only)		34.01
35	Balance due provider/program (line 32 minus the sum of lines 33, 34, and 34.01)		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		36

FORM CMS-2552-96 (04/2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3630.2)

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART B
	COMPONENT NO.:	FROM _____ TO _____	

Check applicable box Hospital Subprovider SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

TO BE COMPLETED BY CONTRACTOR

50	<i>Original outlier amount (see instructions)</i>		50
51	<i>Outlier reconciliation amount (see instructions)</i>		51
52	<i>The rate used to calculate the Time Value of Money</i>		52
53	<i>Time Value of Money (see instructions)</i>		53
54	<i>Total (sum of lines 51 and 53)</i>		54

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART C
	COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

1	Standard overhead amounts (ASC fees)		1
2	Deductibles		2
3	Subtotal (line 1 minus line 2)		3
4	Application of coinsurance (80% of line 3)		4
5	ASC portion of blend (for column 1, 58% of line 4, and column 1.01, 58% of line 1)		5
6	Outpatient ASC cost (from Worksheet D, Part V (see instructions))		6
COMPUTATION OF LESSER OF COST OR CHARGES			
7	Total charges		7
CUSTOMARY CHARGES			
8	Aggregate amount actually collected from patients liable for payment for services on a charge basis		8
9	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13 (e)		9
10	Ratio of line 8 to line 9 (not to exceed 1.000000)		10
11	Total customary charges (see instructions)		11
12	Excess of customary charges over reasonable cost (complete only if line 11 exceeds line 6) (see instru.)		12
13	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 11) (see instru.)		13
14	Lesser of cost or charges (see instructions)		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	Deductibles and coinsurance (see instructions)		15
16	Total (see instructions)		16
17	Hospital specific portion of blend (42% of line 16)		17
18	ASC blended amount (line 5 plus line 17)		18
19	Lesser of lines 16 or 18		19
20	Part B deductibles and coinsurance		20
21	ASC payment amount (column 1 amount from line 19, column 1.01, line 19 minus line 20)		21

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART D
	COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	

PART D - OUTPATIENT RADIOLOGY SERVICES

1	Prevailing charges (from PS&R or your records)		1
2	62 percent of line 1		2
3	Deductibles		3
4	Applicable of coinsurance (80% of the sum of line 2 minus line 3)		4
5	Blended charge proportion (for column 1, 58% of line 4, and column 1.01, 58% of line 2)		5
6	Cost of outpatient radiology (from Worksheet D, Part V (see instructions))		6
COMPUTATION OF LESSER OF REASONABLE COST OR CHARGES			
7	Total charges		7
CUSTOMARY CHARGES			
8	Aggregate amount actually collected from patients liable for payment for services on a charge basis		8
9	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13 (e)		9
10	Ratio of line 8 to line 9 (not to exceed 1.000000)		10
11	Total customary charges (see instructions)		11
12	Excess of customary charges over reasonable cost (complete only if line 11 exceeds line 6) (see instru.)		12
13	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 11) (see instru.)		13
14	Lesser of cost or charges (see instructions)		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	Deductibles and coinsurance (exclude professional component) (see instructions)		15
16	Total (see instructions)		16
17	Cost proportion (column 1 enter 42% of line 16 and column 1.01 enter 42% of line 14)		17
18	Outpatient radiology blended amount (sum of line 5 plus line 17)		18
19	Lesser of lines 16 or 18		19
20	Part B deductibles and coinsurance		20
21	Radiology payment amount (column 1 amount from line 19, column 1.01, line 19 minus line 20)		21

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E, PART E
	COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

1	Prevailing charges (from PS&R or your records)		1
2	42 percent of line 1		2
3	Deductibles		3
4	Application of coinsurance (80% of the sum of line 2 minus line 3)		4
5	Blended charge proportion (for column 1, 50% of line 4, and column 1.01, 50% of line 2)		5
6	Cost of other outpatient diagnostic procedures (from Worksheet D, Part V (see instructions))		6
	COMPUTATION OF LESSER OF REASONABLE COST OR CHARGES		
7	Total charges		7
	CUSTOMARY CHARGES		
8	Aggregate amount actually collected from patients liable for payment for services on a charge basis		8
9	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13 (e)		9
10	Ratio of line 8 to line 9 (not to exceed 1.000000)		10
11	Total customary charges (see instructions)		11
12	Excess of customary charges over reasonable cost (complete only if line 11 exceeds line 6) (see instructions)		12
13	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 11) (see instructions)		13
14	Lesser of cost or charges (see instructions)		14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	Deductibles and coinsurance (exclude professional component) (see instructions)		15
16	Total (see instructions)		16
17	Cost proportion (50% of line 16)		17
18	Other outpatient diagnostic blended amount (line 5 plus line 17)		18
19	Lesser of lines 16 or 18		19
20	Part B deductibles and coinsurance		20
21	Diagnostic payment amount (column 1 amount from line 19, column 1.01, line 19 minus line 20)		21

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	PROVIDER NO.:	PERIOD:	WORKSHEET E-2
	COMPONENT NO.:	FROM _____ TO _____	

Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Swing Bed - SNF <input type="checkbox"/> Swing Bed - NF
------------------------	--	---

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B	
		1	2	
1	Inpatient routine services - swing bed-SNF (see instructions)			1
2	Inpatient routine services - swing bed-NF (see instructions)			2
3	Ancillary services (from Wkst. D-4, column 3, line 101 for Part A, and sum of Wkst. D, Part V, columns 9 and 11, line 104 and Wkst. D, Part VI, line 3 for Part B). For CAH (see instructions)			3
4	Per diem cost for interns and residents not in approved teaching program (see instructions)			4
5	Program days			5
6	Interns and residents not in approved teaching program (see instructions)			6
7	Utilization review - physician compensation - SNF optional method only			7
8	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)			8
9	Primary payer payments (see instructions)			9
10	Subtotal (line 8 minus line 9)			10
11	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			11
12	Subtotal (line 10 minus line 11)			12
13	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)			13
14	80% of Part B costs (line 12 x 80%)			14
15	Subtotal (enter the lesser of line 12 minus line 13, or line 14)			15
16	Other adjustments (see instructions) (specify)			16
17	Reimbursable bad debts (see instructions)			17
17.01	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			17.01
18	Total (title XVIII, Part A - sum of lines 15 and 17, plus/minus line 16; Part B - sum of lines 15 and 17 plus/minus line 16) (titles V or XIX - sum of lines 15 and 17, plus/minus line 16)			18
19	Sequestration adjustment (see instructions)			19
20	Interim payments			20
20.01	Tentative settlement (for fiscal intermediary use only)			20.01
21	Balance due provider/program (line 18 minus the sum of lines 19, 20, and 20.01)			21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			22

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3632)

CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA, IRF PPS, LTCH PPS AND IPF PPS	PROVIDER NO.:	PERIOD:	WORKSHEET E-3, PART I
	COMPONENT NO.:	FROM _____ TO _____	

Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider
----------------------------	---

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS

1	Inpatient hospital services (see instructions)		1
1.01	Hospital specific amount (see instructions)		1.01
1.02	Net Federal PPS Payments (see instructions)		1.02
1.03	Medicare SSI ratio (IRF PPS only) (see instructions)		1.03
1.04	Inpatient Rehabilitation LIP Payments (see instructions)		1.04
1.05	Outlier Payments		1.05
1.06	Total PPS Payments {sum of lines 1.01, (1.02, 1.04, 1.42 for columns 1 and 1.01) and 1.05 }		1.06
1.07	Nursing and Allied Health Managed Care payment (see instruction)		1.07

Inpatient Psychiatric Facility (IPF)

1.08	Net Federal IPF PPS Payments (excluding outlier, ECT, stop-loss, and medical education payments)		1.08
1.09	Net IPF PPS Outlier Payments		1.09
1.10	Net IPF PPS ECT Payments		1.10
1.11	Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions)		1.11
1.12	New Teaching program adjustment. (see instructions)		1.12
1.13	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.13
1.14	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		1.14
1.15	Intern and resident count for IPF PPS medical education adjustment (see instructions)		1.15
1.16	Average Daily Census (see instructions)		1.16
1.17	Medical Education Adjustment Factor $\{(1 + (\text{line } 1.15/\text{line } 1.16)) \text{ raised to the power of } .5150 - 1\}$.		1.17
1.18	Medical Education Adjustment (line 1.08 multiplied by line 1.17).		1.18
1.19	Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18)		1.19
1.20	Stop Loss Payment Floor (line 1 x 70%).		1.20
1.21	Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage)		1.21
1.22	Stop Loss Adjustment (If line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter -0-)		1.22
1.23	Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22)		1.23

Inpatient Rehabilitation Facility (IRF)

1.35	Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.)		1.35
1.36	New Teaching program adjustment. (see instructions)		1.36
1.37	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.37
1.38	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		1.38
1.39	Intern and resident count for IRF PPS medical education adjustment (see instructions)		1.39
1.40	Average Daily Census (see instructions)		1.40
1.41	Medical Education Adjustment Factor <i>(see instructions)</i> .		1.41
1.42	Medical Education Adjustment (line 1.02 multiplied by line 1.41).		1.42

2	Organ acquisition		2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)		3
4	Subtotal (see instructions)		4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5).		6
7	Deductibles		7
8	Subtotal (line 6 minus line 7)		8
9	Coinsurance		9
10	Subtotal (line 8 minus line 9)		10
11	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)		11
11.01	Adjusted reimbursable bad debts (see instructions)		11.01
11.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		11.02
12	Subtotal (sum of lines 10 and 11.01)		12

FORM CMS-2552-96 (01/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3633.1)

CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA, IRF PPS, LTCH PPS AND IPF PPS		PROVIDER NO.: _____	PERIOD: FROM _____	WORKSHEET E-3, PART I (Cont.)
		COMPONENT NO.: _____	TO _____	
Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider			

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS

13	Direct graduate medical education payments (from Worksheet E-3, Part IV, line 24)		13
13.01	Other pass through costs (see instructions)		13.01
14	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		14
15	Other adjustments (see instructions) (specify)		15
16	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		16
17	Total amount payable to the provider (see instructions)		17
18	Sequestration adjustment (see instructions)		18
19	Interim payments		19
19.01	Tentative settlement (for fiscal intermediary use only)		19.01
20	Balance due provider/program (line 17 minus the sum of lines 18, 19, and 19.01)		20
21	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		21

TO BE COMPLETED BY INTERMEDIARY

50	Operating outlier amount from Worksheet E-3, Part I line 1.05 or line 1.09		50
51	Operating Outlier reconciliation amount (see instructions)		51
52	The interest rate used to calculate the Time Value of Money		52
53	Operating Time Value of Money (see instructions)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET E-3, PART II
	COMPONENT NO.:	FROM _____ TO _____	

Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF
----------------------	---

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT

1	Inpatient services		1
1.01	Nursing and Allied Health Managed Care payment (see instruction)		1.01
2	Organ acquisition		2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)		3
4	Subtotal (sum of lines 1 through 3)		4
5	Primary payer payments		5
6	Total cost (line 4 less line 5) . For CAH (see instructions)		6
COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges		
7	Routine service charges		7
8	Ancillary service charges		8
9	Organ acquisition charges, net of revenue		9
10	Teaching physicians		10
11	Total reasonable charges		11
	Customary charges		
12	Aggregate amount actually collected from patients liable for payment for services on a charge basis		12
13	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		13
14	Ratio of line 12 to line 13 (not to exceed 1.000000)		14
15	Total customary charges (see instructions)		15
16	Excess of customary charges over reasonable cost (complete only if line 15 exceeds line 6) (see instructions)		16
17	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 15) (see instructions)		17
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	Direct graduate medical education payments (from Worksheet E-3, Part IV)		18
19	Cost of covered services (sum of lines 6 and 18)		19
20	Deductibles (exclude professional component)		20
21	Excess reasonable cost (from line 17)		21
22	Subtotal (line 19 minus sum of lines 20 and 21)		22
23	Coinsurance		23
24	Subtotal (line 22 minus line 23)		24
25	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)		25
25.01	Adjusted reimbursable bad debts (see instructions)		25.01
25.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		25.02
26	Subtotal (sum of lines 24 and 25 or 25.01(line 25.01 hospital and subprovider only))		26
27	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		27
28	Other adjustments (see instructions) (specify)		28
29	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		29
30	Subtotal (line 26, plus or minus lines 28 and 29, minus line 27)		30
31	Sequestration adjustment (see instructions)		31
32	Interim payments		32
32.01	Tentative settlement (for fiscal intermediary use only)		32.01
33	Balance due provider/program (line 30 minus the sum of lines 31, 32, and 32.01)		33
34	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		34

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3633.2)

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER NO.:	PERIOD:	WORKSHEET E-3, PART III
		COMPONENT NO.:	FROM _____ TO _____	

Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/MR	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other
------------------------	--	---	--	--

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

		Title V or Title XIX	Title XVIII SNF PPS	
		1	2	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Interns and residents (see instructions)			3
4	Organ acquisition (certified transplant centers only)			4
5	Cost of teaching physicians (see instructions)			5
6	Subtotal (sum of lines 1 through 5)			6
7	Inpatient primary payer payments			7
8	Outpatient primary payer payments			8
9	Subtotal (line 6 less sum of lines 7 and 8)			9
COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges			
10	Routine service charges			10
11	Ancillary service charges			11
12	Interns and residents service charges			12
13	Organ acquisition charges, net of revenue			13
14	Teaching physicians			14
15	Incentive from target amount computation			15
16	Total reasonable charges (sum of lines 10 through 15)			16
CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis			17
18	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)			19
20	Total customary charges (see instructions)			20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)			21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)			22
23	Cost of covered services (line 9)			23
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
24	Other than outlier payments			24
25	Outlier payments			25
26	Program capital payments			26
27	Capital exception payments (see instructions)			27
28	Routine service other pass through costs			28
29	Ancillary service other pass through costs			29
30	Subtotal (sum of lines 23 through 29)			30
31	Customary charges (title XIX PPS covered services only)			31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter amount from line 30			32
33	Deductibles (exclude professional component)			33

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER NO.:	PERIOD:	WORKSHEET E-3,
		COMPONENT NO.:	FROM _____	PART III (CONT.)
			TO _____	
Check	<input type="checkbox"/> Title V	<input type="checkbox"/> Hospital	<input type="checkbox"/> NF	<input type="checkbox"/> PPS
Applicable	<input type="checkbox"/> Title XVIII	<input type="checkbox"/> Subprovider	<input type="checkbox"/> ICF/MR	<input type="checkbox"/> TEFRA
Boxes	<input type="checkbox"/> Title XIX	<input type="checkbox"/> SNF		<input type="checkbox"/> Other

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

COMPUTATION OF REIMBURSEMENT SETTLEMENT		Title V or Title XIX	Title XVIII SNF PPS	
		1	2	
34	Excess of reasonable cost (from line 22)			34
35	Subtotal (line 32 minus sum of lines 33 and 34)			35
36	Coinsurance			36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19			37
38	Reimbursable bad debts (see instructions)			38
38.01	Adjusted reimbursable bad debts for periods ending before 10/01/05 (see instructions)			38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)			38.03
39	Utilization review			39
40	Subtotal (see instructions)			40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)			41
42	Medicare inpatient routine charges (from your records)			42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)			43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)			44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)			45
46	Total customary charges (see instructions)			46
47	Excess of customary charges over reasonable cost (see instructions)			47
48	Excess of reasonable cost over customary charges (see instructions)			48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization			49
50	Other adjustments (see instructions) (specify)			50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets			51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)			52
53	Indirect medical education adjustment (PPS only) (see instructions)			53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)			54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)			55
56	Sequestration adjustment (see instructions)			56
57	Interim payments			57
57.01	Tentative settlement (for fiscal intermediary use only)			57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)			58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			59

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART IV
--	---------------	-----------------------------------	---------------------------

Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX
----------------------------	--

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	Number of FTE residents for OB/GYN and primary care (see instructions)		1
1.01	Number of FTE residents for all other (see instructions)		1.01
2	Updated per resident amount for OB/GYN and primary care (see instructions)		2
2.01	Updated per resident amount for all other (see instructions)		2.01
3	Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01)		3
3.01	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		3.01
3.02	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6).		3.02
3.03	Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.86(g)(4).		3.03
3.04	FTE adjustment cap (sum of lines 3.01 through 3.03). For cost reporting periods ending on or after 7/1/2005 see instructions		3.04
3.05	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		3.05
3.06	Lesser of line 3.04 or line 3.05		3.06
3.07	Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here _____		3.07
3.08	Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here _____		3.08
3.09	Sum of lines 3.07 and 3.08		3.09
3.10	See instructions		3.10
3.11	Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..... _____		3.11
3.12	See instructions		3.12
3.13	Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here: _____		3.13
3.14	Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here: _____		3.14
3.15	Rolling average FTE count (see instructions)		3.15
3.16	Weighted number of FTE residents in the initial years of the primary care program that meet the exception. (see instructions)		3.16
3.17	Weighted number of FTE residents in the initial years of an other program that meet the exception. (see instructions)		3.17
3.18	FTE resident count (see instructions)		3.18
3.19	Primary care physician per resident amount (see instructions)		3.19
3.20	Other program per resident amount.(see instructions)		3.20
3.21	Primary care unadjusted approved amount (see instructions).		3.21
3.22	Other unadjusted approved (see instructions).		3.22
3.23	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.23
3.24	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.24
3.25	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.25

COMPUTATION OF PROGRAM PATIENT LOAD			
4	Program Part A inpatient days (see instructions)		4
5	Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14)		5
6	Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5)		6
6.01	Total GME payment for non-managed care days (line 6 x line 3.25).		6.01
6.02	Program managed care days occurring on or after January 1 of this cost reporting period (see instructions)		6.02
6.03	Total inpatient days from line 5 above		6.03
6.04	Appropriate percentage for inclusion of the managed care days (see instructions)		6.04
6.05	Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997)		6.05
6.06	Program managed care days occurring before January 1 of this cost reporting year (see instructions)		6.06
6.07	Appropriate percentage using the criteria identified on line 6.04 above (see instructions)		6.07
6.08	Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6.07 x line 3.25)		6.08

FORM CMS-2552-96 (08/2006) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3633.4)

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART IV (Cont.)
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64)			7
8	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64)			8
9	Ratio of direct medical education costs to total charges (line 7 ÷ line 8)			9
10	Medicare outpatient ESRD charges (see instructions)			10
11	Medicare outpatient ESRD direct medical education costs (line 9 x line 10)			11
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
12	Reasonable cost (see instructions)			12
13	Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61)			13
14	Cost of teaching physicians (Worksheet D-9, Part II, column 3, line 16)			14
15	Primary payer payments (see instructions)			15
16	Total Part A reasonable cost (sum of lines 12 through 14 minus line 15)			16
Part B Reasonable Cost				
17	Reasonable cost (see instructions)			17
18	Primary payer payments (see instructions)			18
19	Total Part B reasonable cost (line 17 minus line 18)			19
20	Total reasonable cost (sum of lines 16 and 19)			20
21	Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20)			21
22	Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20)			22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
23	Total program GME payment (line 3 x line 6)			23
23.01	For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08)			23.01
24	Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions)			24
25	Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions)			25

CALCULATION OF NHCMQ DEMONSTRATION REIMBURSEMENT SETTLEMENT	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART V
---	---------------------	-----------------------------	-----------------------

PART A - INPATIENT SERVICES: PROVIDER COMPUTATION OF REIMBURSEMENT

INPATIENT DAYS			
1	Total title XVIII days (from Worksheet S-3, Part I, column 4, line 15)		1
2	Demonstration program days (from Worksheet S-7, sum of columns 3.01 and 4.01, line 46)		2

INPATIENT ANCILLARY SERVICES - PART A - NON-DEMONSTRATION			
3	Total Part A ancillary program costs (from Worksheet D-4, column 3, line 101)		3
4	Less physical, occupational, and speech therapy (from Worksheet D-4, column 3, sum of lines 50-52)		4
5	Net Non-NHCMQ Demonstration Ancillary Services (line 3 less line 4)		5

NHCMQ DEMONSTRATION INPATIENT/ANCILLARY SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
6	Inpatient routine/ancillary PPS amount paid (from Worksheet S-7, column 5, line 46)		6

PROGRAM INPATIENT CAPITAL COSTS			
7			7
8	Per diem capital related costs (from Worksheet D-1, line 72)		8
9	Program capital related cost (line 8 times line 1)		9

NHCMQ DEMONSTRATION ANCILLARY SERVICES: INDIRECT COST COMPONENT			
Total General Service Cost Allocation (lines 10 through 24 are completed only for phase 3)			
10	Physical Therapy (from Worksheet B, Part I, column 27, line 50)		10
11	Occupational Therapy (from Worksheet B, Part I, column 27, line 51)		11
12	Speech Therapy (from Worksheet B, Part I, column 27, line 52)		12

Direct Cost			
13	Physical Therapy (from Worksheet B, Part I, column 0, line 50)		13
14	Occupational Therapy (from Worksheet B, Part I, column 0, line 51)		14
15	Speech Therapy (from Worksheet B, Part I, column 0, line 52)		15

Indirect Cost			
16	Physical Therapy (line 10 less line 13)		16
17	Occupational Therapy (line 11 less line 14)		17
18	Speech Therapy (line 12 less line 15)		18

Charge to Charge Ratio			
19	Physical Therapy (from Worksheet D-4, column 2, line 52 divided by Worksheet C, column 8, line 50)		19
20	Occupational Therapy (from Worksheet D-4, column 2, line 51 divided by Worksheet C, column 8, line 51)		20
21	Speech Therapy (from Worksheet D-4, column 2, line 52 divided by Worksheet C, column 8, line 52)		21

Demonstration Indirect Cost			
22	Physical Therapy (line 16 times line 19)		22
23	Occupational Therapy (line 17 times line 20)		23
24	Speech Therapy (line 18 times line 21)		24

Total Reimbursed NHCMQ Demonstration			
25	NHCMQ Demonstration Inpatient/Ancillary Services - Part A - PPS Provider Computation of Reimbursement. (see instructions) (transfer this amount to Worksheet E-3, Part III, line 24)		25

CALCULATION OF GME AND IME PAYMENTS FOR REDISTRIBUTION OF UNUSED RESIDENCY SLOTS		PROVIDER NO.:	PERIOD:	WORKSHEET E-3 PART VI
		COMPONENT NO.:	FROM TO	
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX			

PART A - INPATIENT HOSPITAL**Calculation of Reduced Direct GME Cap Under Section 422 of MMA**

1	Ratio of days occurring on or after 7/1/2005 to total days in the cost reporting period (see instructions)		1
2	Reduced Direct GME FTE Cap (see instructions)		2
3	Unadjusted Direct GME FTE Cap (Wkst E-3, Part IV, sum of lines 3.01 and 3.02)		3
4	Prorated Reduced Direct GME FTE Cap (see instructions)		4

Calculation of Additional Direct GME Payment Attributable to Section 422 of MMA

5	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79 (c) (4)		5
5.01	Prorated additional unweighted direct GME FTE resident cap slots (cost reporting periods overlapping 7/1/2005 only)		5.01
6	<i>Direct</i> GME FTE Resident count over Cap (see instructions)		6
7	<i>Section 422 Allowable Direct GME FTE Resident Count (see instructions)</i>		7
8	Enter the locality adjustment national average per resident amount (see instructions)		8
9	Multiply line 7 time line 8		9
10	Medicare program patient load from Wkst E-3 Part IV, line 6.		10
11	Direct GME payment for non-managed care days (multiply line 9 times line 10)		11
12	Direct GME payment for managed care days (multiply line 9 by Wkst E-3, Part IV[(line 6.02 +6.06)/line 5])		12

Calculation of Reduced IME Cap Under Section 422 of MMA

13	Reduced IME FTE Cap (see instructions)		13
14	Unadjusted IME FTE Cap (Wkst E, Part A, sum of lines 3.04 and 3.05)		14
15	Prorated Reduced allowable IME FTE Cap		15

Calculation of Additional IME Payments Attributable to Section 422 of MMA

16	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		16
17	IME FTE Resident Count Over Cap (see instructions)		17
18	If the amount on line 17 is greater than -0-, then enter the lower of line 16 or line 17 (see instructions for cost reporting periods overlapping 7/1/2005)		18
19	Resident to bed ratio (divide line 18 by line 3 of Wkst E, Part A)		19
20	IME Adjustment Factor (see instructions)		20
21	DRG other than outlier payments for discharges on or after July 1, 2005.		21
22	Simulated Medicare managed care payments for discharges on or after July 1, 2005		22
23	Additional IME payments attributable to section 422 of MMA		23