

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN:	PERIOD:	WORKSHEET E,
	11-0113	FROM: 06/01/2020 TO: 05/31/2021	PART A

Check Applicable Box: Hospital PARHM Demonstration Chart Model

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		1	
1	DRG amounts other than outlier payments		1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	103,146	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	173,575	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		1.04
2	Outlier payments for discharges (see instructions)		2
2.01	Outlier reconciliation amount		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	43,836	2.04
3	Managed care simulated payments		3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	37.75	4
Indirect Medical Education Adjustment Calculation for Hospitals			
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)		5
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		5.01
6	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		6
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		6.26
7	MMA §422 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(1)(iv)(B)(1)		7
7.01	ACA §5503 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011, see instructions.		7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		7.02
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		8
8.01	The amount of increase if the hospital was awarded FTE cap slots under §5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under §5506 of ACA. (see instructions)		8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		8.21
9	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, 9 plus lines 8.01 through 8.27 (see instructions)		9
10	FTE count for allopathic and osteopathic programs in the current year from your records		10
11	FTE count for residents in dental and podiatric programs		11
12	Current year allowable FTE (see instructions)		12
13	Total allowable FTE count for the prior year		13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997; otherwise enter zero.		14
15	Sum of lines 12 through 14 divided by 3		15
16	Adjustment for residents in initial years of the program (see instructions)		16
17	Adjustment for residents displaced by program or hospital closure		17
18	Adjusted rolling average FTE count		18
19	Current year resident to bed ratio (line 18 divided by line 4)		19
20	Prior year resident to bed ratio (see instructions)		20
21	Enter the lesser of lines 19 or 20 (see instructions)		21
22	IME payment adjustment (see instructions)		22
22.01	IME payment adjustment - Managed Care (see instructions)		22.01
Indirect Medical Education Adjustment for the Add-on for §422 of the MMA			
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		23
24	IME FTE resident count over cap (see instructions)		24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		25
26	Resident to bed ratio (divide line 25 by line 4)		26
27	IME payments adjustment factor (see instructions)		27
28	IME add-on adjustment amount (see instructions)		28
28.01	IME add-on adjustment amount - Managed Care (see instructions)		28.01
29	Total IME payment (sum of lines 22 and 28)		29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		29.01
Disproportionate Share Adjustment			
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0554	30
31	Percentage of Medicaid patient days to total patient days (see instructions)		31
32	Sum of lines 30 and 31	0.0554	32
33	Allowable disproportionate share percentage (see instructions)		33
34	Disproportionate share adjustment (see instructions)		34
Uncompensated Care Payment Adjustment			
35	Total uncompensated care amount (see instructions)	Prior to October 1	On or after October 1
35.01	Factor 3 (see instructions)		35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		35.03
35.04	Pro rata share of the MDH's UCP, including supplemental UCP (see instructions)		35.04
35.05	Pro rata share of the SCH's UCP, including supplemental UCP (see instructions)		35.05
36	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		36

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET E, PART A
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Check Applicable Box: Hospital PARHM Demonstration Chart Model

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.) 1

Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)		
40	Total Medicare discharges (see instructions)	40
41	Total ESRD Medicare discharges (see instructions)	41
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	42
43	Total Medicare ESRD inpatient days (see instructions)	43
44	Ratio of average length of stay to one week (line 43 divided by 7 days)	44
45	Average weekly cost for dialysis treatments (see instructions)	45
46	Total additional payment (line 45 times line 44 times line 41.01)	46
47	Subtotal (see instructions)	320,557
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	48
49	Total payment for inpatient operating costs (see instructions)	320,557
50	Payment for inpatient program capital (from Wkst. L, Pt. I, or Pt. II, as applicable)	27,487
52	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)	52
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions).	52
53	Nursing and allied health managed care payment	53
54	Special add-on payments for new technologies	54
54.01	Islet isolation add-on payment	54.01
55	Net organ acquisition cost (Wkst. D-4, Pt. III, col. 1, line 69)	55
55.01	Cellular therapy acquisition cost (see instructions)	55.01
56	Cost of physicians' services in a teaching hospital (see instructions)	56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35)	57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	58
59	Total (sum of amounts on lines 49 through 58)	348,044
60	Primary payer payments	60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	348,044
62	Deductibles billed to program beneficiaries	57,460
63	Coinsurance billed to program beneficiaries	63
64	Allowable bad debts (see instructions)	13,512
65	Adjusted reimbursable bad debts (see instructions)	8,783
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,068
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	299,367
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)	68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)	69
70	Other adjustments (specify) (see instructions)	70
70.5	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)	70.5
70.87	Demonstration payment adjustment amount before sequestration	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	70.89
70.9	HSP bonus payment HVBP adjustment amount (see instructions)	70.9
70.91	HSP bonus payment HRR adjustment amount (see instructions)	70.91
70.92	Bundled Model 1 discount amount (see instructions)	70.92
70.93	HVBP payment adjustment amount (see instructions)	70.93
70.94	HRR adjustment amount (see instructions)	(41)
70.95	Recovery of accelerated depreciation	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy)	28,496
70.97	Low volume adjustment for federal fiscal year (yyyy)	58,515
70.99	HAC adjustment amount (see instructions)	70.99
71	Amount due provider (see instructions)	386,337
71.01	Sequestration adjustment (see instructions)	71.01
71.02	Demonstration payment adjustment amount after sequestration	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs	71.03
72	Interim payments	331,824
72.01	Interim payments-PARHM or CHART	72.01
73	Tentative settlement (for contractor use only)	73
73.01	Tentative settlement-PARHM or CHART (for contractor use only)	73.01
74	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)	54,513
74.01	Balance due provider/program-PARHM or CHART (see instructions)	74.01
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	75

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET E, PART A
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Check Applicable Box: Hospital PARHM Demonstration Chart Model

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS (Cont.) 1

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		90
91	Capital outlier from Wkst. L, Pt. I, line 2	7,083	91
92	Operating outlier reconciliation adjustment amount (see instructions)		92
93	Capital outlier reconciliation adjustment amount (see instructions)		93
94	The rate used to calculate the time value of money (see instructions)		94
95	Time value of money for operating expenses (see instructions)		95
96	Time value of money for capital related expenses (see instructions) 96		96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1
100	HSP bonus amount (see instructions)		100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1
101	HVBP adjustment factor (see instructions)		101
102	HVBP Adjustment amount for HSP Bonus Payment (see instructions)		102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1
103	HRR Adjustment factor (see instructions)		103
104	HRR Adjustment amount for HSP Bonus Payment (see instructions)		104
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.		200
Cost Reimbursement			
201	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)		201
202	Medicare discharges (see instructions)		202
203	Case-mix adjustment factor (see instructions)		203
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204	Medicare target amount		204
205	Case-mix adjusted target amount (line 203 times line 204)		205
206	Medicare inpatient routine cost cap (line 202 times line 205)		206
Adjustment to Medicare Part A Inpatient Reimbursement			
207	Program reimbursement under the §410A Demonstration (see instructions)		207
208	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)		208
209	Adjustment to Medicare IPPS payments (see instructions)		209
210	Reserved for future use		210
211	Total adjustment to Medicare IPPS payments (see instructions)		211
Comparison of PPS versus Cost Reimbursement			
212	Total adjustment to Medicare Part A IPPS payments (from line 211)		212
213	Low-volume adjustment (see instructions)		213
218	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)		218

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN:	PERIOD:	WORKSHEET E, PART B
		11-0113	FROM: 06/01/2020 TO: 05/31/2021	
Check	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> Chart Model			
Applicable	<input type="checkbox"/> IPF <input type="checkbox"/> SNF			
Boxes:	<input type="checkbox"/> IRF <input type="checkbox"/> PARHM Demonstration			
PART B - MEDICAL AND OTHER HEALTH SERVICES				1
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPS (see instructions)	956,622		2
3	OPPS payments	482,750		3
4	Outlier payment (see instructions)	2,669		4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			11
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12	Ancillary service charges			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)			13
14	Total reasonable charges (sum of lines 12 and 13)			14
Customary charges				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	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)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (see instructions)			21
22	Interns and residents (see instructions)			22
23	Cost of physicians' services in a teaching hospital (see instructions)			23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8, and 9)	485,419		24
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance amounts (see instructions)			25
26	Deductibles and Coinsurance amounts relating to amount on line 24 (see instructions)	103,842		26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	381,577		27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)	381,577		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	381,577		32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)			33
34	Allowable bad debts (see instructions)	22,796		34
35	Adjusted reimbursable bad debts (see instructions)	14,817		35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,289		36
37	Subtotal (see instructions)	396,394		37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
39.5	Pioneer ACO demonstration payment adjustment (see instructions)			39.5
39.97	Demonstration payment adjustment amount before sequestration			39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			39.98
39.99	Recovery of Accelerated depreciation			39.99
40	Subtotal (see instructions)	396,394		40
40.01	Sequestration adjustment (see instructions)			40.01
40.02	Demonstration payment adjustment amount after sequestration			40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41	Interim payments	387,719		41
41.01	Interim payments-PARHM or CHART			41.01
42	Tentative settlement (for contractors use only)			42
42.01	Tentative settlement-PARHM or CHART (for contractors use only)			42.01
43	Balance due provider/program (see instructions)	8,675		43
43.01	Balance due provider/program-PARHM or CHART (see instructions)			43.01
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			44

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET E, PART B
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Check	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> Chart Model
Applicable	<input type="checkbox"/> IPF	<input type="checkbox"/> SNF	
Boxes:	<input type="checkbox"/> IRF	<input type="checkbox"/> PARHM Demonstration	

PART B - MEDICAL AND OTHER HEALTH SERVICES	1
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TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)	2,669	90
91	Outlier reconciliation adjustment amount (see instructions)		91
92	The rate used to calculate the Time Value of Money		92
93	Time Value of Money (see instructions)		93
94	Total (sum of lines 90 and 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS
FOR SERVICES RENDERED

PROVIDER CCN:
11-0113
COMPONENT CCN:

PERIOD:
FROM: 06/01/2020
TO: 05/31/2021

WORKSHEET E-1,
Part I

Check Hospital Subprovider (Other) PARHM Demonstration
Applicable IPF SNF PARHM CAH Swing-Bed SNF
Boxes: IRF Swing-Bed SNF Chart Model
 Chart CAH Swing-Bed SNF

Description	Inpatient		Part B			
	Part A		Part B			
	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
	1	2	3	4		
1 Total interim payments paid to provider		331,810		387,719	1	
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary 2 for services rendered in the cost reporting period. If none, write "NONE" or enter a zero					2	
3 List separately each retroactive Program to Provider .01 3.01 lump sum adjustment amount based .02 3.02 on subsequent revision of the .03 3.03 interim rate for the cost reporting period. .04 3.04 Also show date of each payment. .05 3.05 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01	4/15/2021	14		3.01
		0.02				3.02
		0.03				3.03
		0.04				3.04
		0.05				3.05
	Provider to Program	0.5				3.5
		0.51				3.51
		0.52				3.52
		0.53				3.53
	0.54				3.54	
Subtotal (sum of lines 3.01- 3.49 minus sum of lines 3.50-3.98)	0.99		14			3.99
4 Total interim payments (sum of lines 1, 2, and 3.99) 4 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		331,824		387,719	4	
5 List separately each tentative settlement Program to Provider .01 5.01 payment after desk review. Also show .02 5.02 date of each payment. .03 5.03 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01				5.01
		0.02				5.2
		0.03				5.03
	Provider to Program	0.5				5.5
		0.51				5.51
		0.52				5.52
	Subtotal (sum of lines 5.01- 5.49 minus sum of lines 5.50-5.98)	0.99				
6 Determined net settlement amount (balance due) based on cost report (1)	Program to Provider	0.01				6.01
	Provider to Program	0.02				6.02
7 Total Medicare program liability (see instructions)			386,337	396,394	7	
8 Name of Contractor PALMETTO GBA	Contractor Number 10001		NPR Date (Month/Day/Year) 12/16/2021		8	

1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

ANALYSIS OF PAYMENTS TO PROVIDERS
FOR SERVICES RENDERED

PROVIDER CCN:
11-0113
COMPONENT CCN:

PERIOD:
FROM: 06/01/2020
TO: 05/31/2021

WORKSHEET E-1,
Part I

Check Hospital Subprovider (Other) PARHM Demonstration
Applicable IPF SNF PARHM CAH Swing-Bed SNF
Boxes: IRF Swing-Bed SNF Chart Model
 Chart CAH Swing-Bed SNF

Description	Inpatient		Part B		
	Part A		Part B		
	mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1 Total interim payments paid to provider		57,244			1
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary 2 for services rendered in the cost reporting period. If none, write "NONE" or enter a zero					2
3 List separately each retroactive Program to Provider .01 3.01 lump sum adjustment amount based .02 3.02 on subsequent revision of the .03 3.03 interim rate for the cost reporting period. .04 3.04 Also show date of each payment. .05 3.05 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01			3.01
		0.02			3.02
		0.03			3.03
		0.04			3.04
		0.05			3.05
	Provider to Program	0.5			3.5
		0.51			3.51
		0.52			3.52
		0.53			3.53
		0.54			3.54
Subtotal (sum of lines 3.01- 3.49 minus sum of lines 3.50-3.98)	0.99				3.99
4 Total interim payments (sum of lines 1, 2, and 3.99) 4 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		57,244			4
5 List separately each tentative settlement Program to Provider .01 5.01 payment after desk review. Also show .02 5.02 date of each payment. .03 5.03 If none, write "NONE" or enter a zero. (1)	Program to Provider	0.01			5.01
		0.02			5.2
		0.03			5.03
	Provider to Program	0.5			5.5
		0.51			5.51
		0.52			5.52
	Subtotal (sum of lines 5.01- 5.49 minus sum of lines 5.50-5.98)	0.99			
6 Determined net settlement amount (balance due) based on cost report (1)	Program to Provider	0.01			6.01
	Provider to Program	0.02			6.02
7 Total Medicare program liability (see instructions)			57,244		7
8 Name of Contractor PALMETTO GBA	Contractor Number 10001		NPR Date (Month/Day/Year) 12/16/2021		8

1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		PROVIDER CCN: 11-0113 COMPONENT CCN:	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET E-2
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Check	<input type="checkbox"/> Title V	<input type="checkbox"/> Swing-Bed SNF	<input type="checkbox"/> CHART CAH Swing-Bed SNF
Applicable	<input checked="" type="checkbox"/> Title XVIII	<input type="checkbox"/> Swing-Bed NF	
Boxes:	<input type="checkbox"/> Title XIX	<input type="checkbox"/> PARHM CAH Swing-Bed SNF	

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		Part A	Part B	
		1	2	
1	Inpatient routine services - swing bed-SNF (see instructions)	57,244		1
2	Inpatient routine services - swing bed-NF (see instructions)			2
3	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A; and sum of Wkst. D, Pt. V, 3 cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)			3
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4	Per diem cost for interns and residents not in approved teaching program (see instructions)			4
5	Program days	109		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)	57,244		8
9	Primary payer payments (see instructions)			9
10	Subtotal (line 8 minus line 9)	57,244		10
11	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			11
12	Subtotal (line 10 minus line 11)	57,244		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 (see instructions)	57,244		15
16	Other adjustments (specify) (see instructions)			16
16.5	Pioneer ACO demonstration payment adjustment (see instructions)			16.5
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration			16.99
17	Allowable bad debts (see instructions)			17
17.01	Adjusted reimbursable bad debts (see instructions)			17.01
18	Allowable bad debts for dual eligible beneficiaries (see instructions)			18
19	Total (see instructions)	57,244		19
19.01	Sequestration adjustment (see instructions)			19.01
19.02	Demonstration payment adjustment amount after sequestration			19.02
19.03	Sequestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)			19.25
20	Interim payments	57,244		20
20.01	Interim payments-PARHM or CHART			20.01
21	Tentative settlement (for contractor use only)			21
21.01	Tentative settlement-PARHM or CHART (for contractor use only)			21.01
22	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)			22
22.01	Balance due provider/program-PARHM or CHART (see instructions)			22.01
23	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23
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.			200
Cost Reimbursement				
201	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201
202	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202
203	Total (sum of lines 201 and 202)			203
204	Medicare swing-bed SNF discharges (see instructions)			204
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205	Medicare swing-bed SNF target amount			205
206	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207	Program reimbursement under the §410A Demonstration (see instructions)			207
208	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208
209	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209
210	Reserved for future use			210
Comparison of PPS versus Cost Reimbursement				
215	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN: 11-0113 COMPONENT CCN:	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET E-3, PART VII
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Check Applicable Boxes:	<input type="checkbox"/> Title V <input checked="" type="checkbox"/> Title XIX	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <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
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PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

	1	2	
	Inpatient Title V or Title XIX	Outpatient Title V or Title XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 Inpatient hospital/SNF/NF services	176,423		1
2 Medical and other services		220,251	2
3 Organ acquisition (certified transplant programs only)			3
4 Subtotal (sum of lines 1, 2 and 3)			4
5 Inpatient primary payer payments			5
6 Outpatient primary payer payments			6
7 Subtotal (line 4 less sum of lines 5 and 6)	176,423	220,251	7
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8 Routine service charges	28,800		8
9 Ancillary service charges	253,652	735,123	9
10 Organ acquisition charges, net of revenue			10
11 Incentive from target amount computation			11
12 Total reasonable charges (sum of lines 8 through 11)	282,452	735,123	12
CUSTOMARY CHARGES			
13 Amount actually collected from patients liable for payment for services on a charge basis			13
14 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)			14
15 Ratio of line 13 to line 14 (not to exceed 1.000000)			15
16 Total customary charges (see instructions)	282,452	735,123	16
17 Excess of customary charges over reasonable cost (complete only if line 16 17 exceeds line 4) (see instructions)	106,029	514,872	17
18 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19 Interns and residents (see instructions)			19
20 Cost of physicians' service in a teaching hospital (see instructions)			20
21 Cost of covered services (enter the lesser of line 4 or line 16)	176,423	220,251	21
PROSPECTIVE PAYMENT AMOUNT			
22 Other than outlier payments			22
23 Outlier payments			23
24 Program capital payments			24
25 Capital exception payments (see instructions)			25
26 Routine and ancillary service other pass through costs			26
27 Subtotal (sum of lines 22 through 26)			27
28 Customary charges (title V or XIX PPS covered services only)			28
29 Titles V or XIX (sum of lines 21 and 27)	176,423	220,251	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 Excess of reasonable cost (from line 18)			30
31 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	176,423	220,251	31
32 Deductibles		299	32
33 Coinsurance	1,772		33
34 Allowable bad debts (see instructions)			34
35 Utilization review			35
36 Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	174,651	219,952	36
37 Other adjustments (specify) (see instructions)		(9,317)	37
38 Subtotal (line 36 ± line 37)	174,651	210,635	38
39 Direct graduate medical education payments (from Wkst. E-4)			39
40 Total amount payable to the provider (sum of lines 38 and 39)	174,651	210,635	40
41 Interim payments	82,569	211,442	41
42 Balance due provider/program (line 40 minus line 41)	92,082	(807)	42
43 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43