

Line 18--Enter the Part B primary payer amounts. Enter the sum of the amounts on each Worksheet E, Part B, line 24; Worksheet E-2, column 2, line 9; Worksheet H-7, Part I, sum of columns 2 and 3, line 9; and Worksheet J-3, line 2, columns 1 and 1.01 if applicable.

Line 19--Enter line 17 minus line 18

Line 20--Enter the sum of lines 16 and 19.

Line 21--Divide line 16 by line 20, and enter the result.

Line 22--Divide line 19 by line 20, and enter the result.

Allocation of Medicare Direct GME Costs Between Part A and Part B--Use this section to compute the GME payments for title XVIII, Part A and Part B, and to compute the total GME payments applicable to titles V and XIX.

Line Descriptions

Line 23--For cost reporting periods ending prior to January 1, 1998, multiply line 3 by line 6, and enter the result. For titles V and XIX, transfer this amount to Worksheet E-3, Part III, line 54. Do not compute lines 24 and 25.

Line 23.01--For cost reporting periods that end on or after January 1, 1998, enter the sum of lines 6.01, 6.05, and 6.08. For titles V and XIX, transfer this amount to Worksheet E-3, Part III, line 54. Do not compute lines 24 and 25.

Line 24--Complete for title XVIII only. Multiply line 23 or 23.01 by line 21, and enter the result. If you are a hospital subject to PPS, transfer this amount to Worksheet E, Part A, line 11. Although this amount includes the Part A GME payments for subproviders, for ease of computation, transfer this amount to the primary hospital component worksheet only. If you are freestanding facility subject to TEFRA, an LTCH PPS, IPF PPS, or IRF PPS, transfer this amount to Worksheet E-3, Part I, line 13. If you are subject to cost reimbursement, i.e., CAH, transfer this amount to Worksheet E-3, Part II, line 18.

Line 25--Complete for title XVIII only. Multiply line 23 or 23.01 by line 22, and enter the result. Transfer this amount to Worksheet E, Part B, line 21. Although this amount includes the Part B GME payments for subproviders, for ease of computation, transfer this amount to the hospital component only.

3633.5 Part V - Calculation of NHCMQ Demonstration Reimbursement Settlement for Medicare Part A Services--Use this part to calculate reimbursement if you are a part of the NHCMQ demonstration project for cost reporting periods beginning before July 1, 1998.

Part A - Inpatient Services: Provider Computation of Reimbursement--Use this part to calculate payment for title XVIII services furnished by NHCMQ Demonstration participants. Only facilities in Kansas, Maine, Mississippi, New York, South Dakota, and Texas are eligible to participate in the NHCMQ Demonstration.

Line Descriptions

Line 1--Enter the number of total title XVIII inpatient days. Obtain this figure from Worksheet S-3, Part I, column 4, line 15.

Line 2--Enter the number of demonstration program days. Obtain this figure from Worksheet S-7, line 46, columns 3.01 and 4.01.

Lines 3 through 5--Calculate the net non-NHCMQ Demonstration Part A inpatient ancillary services. These include radiology, laboratory, intravenous therapy, oxygen, electrocardiology, medical supplies charged to patients, and drugs charged to patients and others.

Line 3--Enter the total Part A ancillary program costs. Obtain this figure from Worksheet D-4, column 3, line 101.

Line 4--Enter the physical, occupational, and speech therapy ancillary program costs. To obtain this figure, add lines 50, 51, and 52 on Worksheet D-4, column 3.

Line 5--Subtract line 4 from line 3, and enter the difference. This amount represents the net ancillary services not applicable to the NHCMQ Demonstration. Enter this amount on Worksheet E-3, Part III, column 2, line 2.

Line 6--Enter the NHCMQ Demonstration inpatient routine/ancillary PPS amount paid. Obtain this figure from Worksheet S-7, column 5, line 46.

Lines 8 through 9--Calculate the program inpatient capital costs. The capital costs are not part of the PPS calculation. Instead the capital costs flow through the cost finding stepdown process on Worksheet B.

Line 7--Do not use this line.

Line 8--Enter the per diem capital-related cost from Worksheet D-1, line 72.

Line 9--Enter the program capital-related cost. Obtain this amount by multiplying line 8 by line 1.

Lines 10 through 24--Calculate the indirect cost component of the demonstration ancillary services. The indirect cost component of the demonstration ancillary services is not part of the PPS calculation. Instead the indirect costs are passed through from cost finding on the cost report. For participants in the demonstration, ancillary services are calculated as part of the PPS payment beginning in phase 3. Lines 10 through 24 are completed only for phase 3.

Line 10--Enter the total general service cost allocation for physical therapy. Obtain this amount from Worksheet B, Part I, column 27, line 50.

Line 11--Enter the total general service cost allocation for occupational therapy. Obtain this amount from Worksheet B, Part I, column 27, line 51.

Line 12--Enter the total general service cost allocation for speech therapy. Obtain this amount from Worksheet B, Part I, column 27, line 52.

Line 13--Enter the direct cost for physical therapy. Obtain this amount from Worksheet B, Part I, column 0, line 50.

Line 14--Enter the direct cost for occupational therapy. Obtain this amount from Worksheet B, Part I, column 0, line 51.

Line 15--Enter the direct cost for speech therapy. Obtain this amount from Worksheet B, Part I, column 0, line 52.

Line 16--Enter line 10 less line 13. This is the physical therapy indirect cost for the entire reporting unit.

Line 17--Enter line 11 less line 14. This is the occupational therapy indirect cost for the entire reporting unit.

Line 18--Enter line 12 less line 15. This is the speech therapy indirect cost for the entire reporting unit.

Line 19--Enter the charge to charge ratio for physical therapy. To obtain this figure, divide the amount on Worksheet D-4, column 2, line 50 by the amount on Worksheet C, Part I, column 8, line 50.

Line 20--Enter the charge to charge ratio for occupational therapy. To obtain this figure, divide the amount on Worksheet D-4, column 2, line 51 by the amount on Worksheet C, Part I, column 8, line 51.

Line 21--Enter the charge to charge ratio for speech therapy. To obtain this figure, divide the amount on Worksheet D-4, column 2, line 52 by the amount on Worksheet C, Part I, column 8, line 52.

Line 22--Calculate the physical therapy demonstration indirect cost by multiplying line 16 by line 19.

Line 23--Calculate the occupational therapy demonstration indirect cost by multiplying line 17 by line 20.

Line 24--Calculate the speech therapy demonstration indirect cost by multiplying line 18 by line 21.

Line 25--Enter the sum of lines 6, 9, 22, 23, and 24. Transfer this amount to Worksheet E-3, Part III, line 24.

3633.6 Part VI – Direct GME and IME Payments related to MMA section 422 (Public Law 108-173) “Redistribution of Unused Residency Slots”--Use this worksheet in conjunction with Worksheet E-3, Part IV and Worksheet E, Part A to calculate payment for direct GME as determined under 42 CFR 413.75 through 413.83 and IME as determined under 42 CFR 412.105 for hospitals that received an adjustment (reduction or increase) to their FTE resident caps for direct GME and/or IME under Section 422 of Public Law 108-173. Do not use this worksheet if the cost reporting period ends prior to July 1, 2005 or if the cost reporting period ends after July 1, 2005 but the hospital did not receive an adjustment to either the GME or IME cap under Section 422 of Public Law 108-173.

Line 1--Enter the ratio of the number of days from July 1, 2005 to the end of the cost reporting period divided by the total number of days in the cost reporting period. For example, for a cost reporting period of October 1, 2004 to September 30, 2005, enter .252055 (i.e., 92 days from July 1, 2005 to September 30, 2005 divided by 365 days in the cost reporting period). For cost reporting periods which do not overlap July 1, 2005, enter 1 on this line.

Lines 2-4 --Computation of reduced direct GME cap under 42 CFR §413.79(c)(3). Complete lines 2 through 4, only where Worksheet S-2, line 25.05, column 1, is “Y”.

Line 2--Reduced Direct GME FTE Cap. Effective for cost reporting periods ending on or after July 1, 2005, enter the reduced direct GME cap as specified under 42 CFR §413.79(c)(3). However, if the resulting reduced direct GME cap is less than zero (0), enter zero on this line.

Line 3--Unadjusted Direct GME FTE Cap. Enter the unadjusted direct GME FTE Cap from