

CALCULATION OF CAPITAL PAYMENT		PROVIDER NO.:	PERIOD:	WORKSHEET L
		COMPONENT NO.:	FROM _____ TO _____	
Check Applicable	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	<input type="checkbox"/> Fully Prospective Method <input type="checkbox"/> Hold Harmless Method <input type="checkbox"/> Cost Method	
Boxes	<input type="checkbox"/> Title XIX			

PART I - FULLY PROSPECTIVE METHOD

1	Capital hospital specific rate payments		1
	CAPITAL FEDERAL AMOUNT		
2	Capital DRG other than outlier		2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997		3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		3.01
	Indirect Medical Education Adjustment		
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		4
4.01	Number of interns & residents (see instructions)		4.01
4.02	Indirect medical education percentage (see instructions)		4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)		4.03
	Disproportionate Share Adjustment		
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		5.01
5.02	Sum of lines 5 and 5.01		5.02
5.03	Allowable disproportionate share percentage (see instructions)		5.03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)		5.04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		6

PART II - HOLD HARMLESS METHOD

1	New capital (see instructions)		1
2	Old capital (see instructions)		2
3	Total capital (sum of line 1 plus line 2)		3
4	Ratio of new capital to total capital (line 1 divided by line 3)		4
5	Total capital payments under 100% federal rate (see instructions)		5
6	Reduction factor for hold harmless payment (see instructions)		6
7	Reduced old capital amount (line 2 x line 6)		7
8	Hold harmless payment for new capital (line 5 x line 4)		8
9	Subtotal (line 7 plus line 8)		9
10	Payment under hold harmless (greater of line 5 or line 9)		10

PART III - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 x line 4)		5

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17