| CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER CCN: | PERIOD: <br> FROM <br> TO |  |
| :--- | :--- | :--- | :--- |

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS


TO BE COMPLETED BY CONTRACTOR

| 50 | Original outlier amount (see instructions) | 50 |
| :--- | :--- | :--- | :--- |
| 51 | Outlier reconciliation adjustment amount (see instructions) | 51 |
| 52 | The rate used to calculate the Time Value of Money (see instructions) |  |
| 53 | Time Value of Money (see instructions) | 5 |

