| CALCULATION OF CAPITAL PAYMENT | PROVIDER NO.: _____ COMPONENT NO.: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET L |
|---|---|---|---|

| Check Applicable Boxes | [ ] Title V<br>[ ] Title XVIII<br>[ ] Title XIX | [ ] Hospital<br>[ ] Subprovider | [ ] Fully Prospective Method<br>[ ] Hold Harmless Method<br>[ ] Cost Method |
|---|---|---|---|

**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 |

FORM CMS-2552-96 (6/2003) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 3660-3660.4)