

Line 3--Enter the result obtained by dividing the cost of services on line 1 by the sum of the days on line 2 for each category of physicians.

Lines 4 through 16--Enter in column 1, on the appropriate line, the reimbursable days and outpatient visit days for titles V, XVIII, and XIX for the hospital and each hospital subprovider, as applicable. Lines 10 through 16 contain the total of the title XVIII organ acquisition days and outpatient visit days. Enter in column 2 the same number of days as entered in column 1. Compute these days from your records in the manner described in CMS Pub. 15-1, chapter 22, §2218.C. Do not complete lines 10 through 16 for an IRF, IPF or hospital subprovider(s).

Line 17--Do not use.

Lines 18 through 31--Enter on the appropriate line the result of multiplying the days entered on lines 4 through 16 by the average cost per diem from line 3. Enter the total of columns 1 and 2 in column 3 for each line. The total becomes a part of the reimbursement settlement through the transfers denoted on this worksheet.

4029.3 Part III - Reasonable Compensation Equivalent Computation for Cost Reporting Periods Ending On or After June 30, 2014--This part provides for the computation of the RCE limit of the physician on the hospital staff or physician on the medical school faculty. This part must be completed by applicable hospitals for cost reporting periods ending on or after June 30, 2014.

Column Descriptions

Columns 1 through 5, 9 through 11, and 13--For each line in columns 1 through 4, transfer the information from the corresponding columns on Worksheet A-8-2. For each line in column 5, transfer the amount from Worksheet A-8-2, column 6. For each line in columns 9 and 10, transfer the information from Worksheet A-8-2, columns 10 and 11, respectively. For each line in columns 11 and 13, transfer the amounts from Worksheet A-8-2, columns 12 and 14, respectively.

Column 6--For each line, enter the physician's hours allocated to professional services (i.e., professional component hours) in all components (e.g., hospitals, subproviders) of the health care complex. If the physician is paid for unused vacation, unused sick leave, etc., exclude the hours so paid from the hours entered in this column. Time records or other documentation supporting this allocation must be available for verification by your contractor upon request. (See CMS Pub. 15-1, chapter 21, §2182.3E.)

Column 7--For each line, enter the unadjusted RCE limit calculated by multiplying the RCE amount in column 5 by the ratio of the physician's professional component hours entered in column 6 to 2080 hours (column 5 x (column 6 ÷ 2080)).

Column 8--For each line, enter five percent of the amount entered in column 7.

Column 12--For each line, enter the professional component share of column 11 by multiplying column 4 by column 11 and dividing by column 3.

Column 14--Enter for each line of data the result of multiplying column 4 by column 13 and dividing by column 3.

Column 15--For each line, enter the sum of column 7 plus column 14, plus the lesser of column 8 or 12.

Column 16--For each line, enter the lesser of column 4 or column 15.

Line Descriptions

Line 200--Total the amounts in columns 3 through 8 and columns 11 through 16.

4029.4 Part IV - Apportionment of Cost for Physicians' Services in a Teaching Hospital for Cost Reporting Periods Ending On or After June 30, 2014--This part provides for the accumulation and apportionment of reimbursable cost for titles V, XVIII, and XIX using the aggregate per diem method of apportionment (see CMS Pub. 15-1, chapter 22, §2218) for the adjusted direct medical and surgical services, including the supervision of interns and residents, rendered by physicians to patients in a teaching hospital which makes the election described in CMS Pub. 15-1, chapter 21, §2148. Complete a separate Part IV for the hospital and each hospital subprovider for cost reporting periods ending on or after June 30, 2014.

Line Descriptions

Line 1--Enter the adjusted cost of direct medical and surgical services, including the supervision of interns and residents, rendered to all patients by physicians, determined in accordance with CMS Pub. 15-1, chapter 21, §2148. Transfer these amounts from Part III, column 16, line 200. When completing this worksheet for multiple components of a health care complex, enter the same amount on each component's Part IV worksheet.

Line 2--Enter the sum of the hospital inpatient days and the hospital outpatient visit days for all patients in the hospital and each hospital subprovider. Compute these days in the manner described in CMS Pub. 15-1, chapter 22, §2218.C. When completing this worksheet for the hospital or hospital subprovider(s), enter the same amount on each component's Part IV.

Line 3--Enter the result obtained by dividing the cost of services on line 1 by the sum of the days on line 2.

Lines 4 through 16--For each line, enter the reimbursable days and outpatient visit days for titles V, XVIII, and XIX for the hospital and each subprovider. Lines 10 through 16 contain the total of the title XVIII organ acquisition days and outpatient visit days. Compute these days from your records in the manner described in CMS Pub. 15-1, chapter 22, §2218.C.

Lines 18 through 30--For each line, enter the result of multiplying the days entered on lines 4 through 16 by the average cost per diem from line 3. The total becomes a part of the reimbursement settlement through the transfers denoted on this worksheet. Transfer the amounts as follows:

<u>From Worksheet D-5, Part IV</u>	<u>To Worksheet</u>
Line 18 plus line 19	E-3, Part VII, line 20 (title V hospital or component)
Line 20	E, Part A, line 56 (Medicare IPPS hospital)
	E-3, Part I, line 3 (TEFRA hospital)
	E-3, Part II, line 15 (IPF)
	E-3, Part III, line 16 (IRF)
	E-3, Part IV, line 6 (LTCH)
	E-3, Part V, line 17 (Cost reimbursement)
Line 21	E, Part B, line 23 (Medicare hospital Part B)
Line 22 plus line 23	E-3, Part VII, line 20 (title XIX hospital or component)
Sum of lines 24 through 30	D-4, Part III, line 60