

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN: COMPONENT CCN:	PERIOD: FROM _____ TO _____	WORKSHEET E, PART B
Check applicable box:	<input type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF	<input type="checkbox"/> Subprovider (Other) <input type="checkbox"/> SNF <input type="checkbox"/> PARHM Demonstration		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPS (see instructions)			2
3	OPPS or REH payments			3
4	Outlier payment (see instructions)			4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			11
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
Reasonable charges				
12	Ancillary service charges			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)			13
14	Total reasonable charges (sum of lines 12 and 13)			14
Customary charges				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (see instructions)			21
22	Interns and residents (see instructions)			22
23	Cost of physicians' services in a teaching hospital (see instructions)			23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8, and 9)			24
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance amounts (see instructions)			25
26	Deductibles and Coinsurance amounts relating to amount on line 24 (see instructions)			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)			28
28.50	REH facility payment amount (see instructions)			28.50
29	ESRD direct medical education costs (from Wkst. E-4, line 36)			29
30	Subtotal (sum of lines 27, 28, 28.50, and 29)			30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)			32
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)			33
34	Allowable bad debts (see instructions)			34
35	Adjusted reimbursable bad debts (see instructions)			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)			36
37	Subtotal (see instructions)			37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)			39.75
39.97	Demonstration payment adjustment amount before sequestration			39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			39.98
39.99	Recovery of Accelerated depreciation			39.99
40	Subtotal (see instructions)			40
40.01	Sequestration adjustment (see instructions)			40.01
40.02	Demonstration payment adjustment amount after sequestration			40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41	Interim payments			41
41.01	Interim payments-PARHM			41.01
42	Tentative settlement (for contractors use only)			42
42.01	Tentative settlement-PARHM (for contractors use only)			42.01
43	Balance due provider/program (see instructions)			43
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			44

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PART B - MEDICAL AND OTHER HEALTH SERVICES

## TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)		90
91	Outlier reconciliation adjustment amount (see instructions)		91
92	The rate used to calculate the Time Value of Money		92
93	Time Value of Money (see instructions)		93
94	Total (sum of lines 91 and 93)		94