CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E, PART B

Check applicable box   [ ] Hospital   [ ] Subprovider   [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	Medical and other services (see instructions)		1
1.01	Medical and other services rendered on or after April 1, 2001 (see instructions).		1.01
1.02	PPS payments received including outliers.		1.02
1.03	Enter the hospital specific payment to cost ratio.(see instructions)		1.03
1.04	Line 1.01 times line 1.03.		1.04
1.05	Line 1.02 divided by line 1.04.		1.05
1.06	Transitional corridor payment (see instructions)		1.06
1.07	Enter the amount from Worksheet D, Part IV, (sum of columns 9, 9.01 and 9.02) line 101.		1.07
2	Interns and residents		2
3	Organ acquisitions		3
4	Cost of teaching physicians		4
5	Total cost (see instructions)		5
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
6	Ancillary service charges		6
7	Interns and residents service charges		7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)		8
9	Charges of professional services of teaching physicians		9
10	Total reasonable charges (sum of lines 6 through 9)		10
	Customary charges		
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis		11
12	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)		12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)		13
14	Total customary charges (see instructions)		14
15	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)		15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)		16
17	Lesser of cost or charges (line 5 or line 14) (for CAH see instructions)		17
17.01	Total prospective payment (sum of lines 1.02, 1.06, and 1.07)		17.01
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	Deductibles and coinsurance (see instructions)		18
18.01	Deductibles and Coinsurance relating to amount on line 17.01 (see instructions)		18.01
19	Subtotal (lines 17 and 17.01 minus lines 18 and 18.01) (see instructions)		19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)		20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)		21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)		22
23	Subtotal (sum of lines 19 through 22)		23
24	Primary payer payments		24
25	Subtotal (line 23 minus line 24)		25
	Reimbursable bad debts (exclude bad debts for professional services)		
26	Composite rate ESRD (from Worksheet I-5, line 9)		26
27	Bad debts (see instructions)		27
27.01	Adjusted reimbursable bad debts (see instructions)		27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)		28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		29
30	Other adjustments (specify) (see instructions)		30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)		32
33	Sequestration adjustment (see instructions)		33
34	Interim payments		34
34.01	Tentative settlement (for fiscal intermediary use only)		34.01
35	Balance due provider/program (line 32 minus the sum of lines 33, 34, and 34.01)		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		36

FORM CMS-2552-96 (04/2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3630.2)

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E, PART B

Check applicable box   [ ] Hospital   [ ] Subprovider   [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

      TO BE COMPLETED BY CONTRACTOR

50	*Original outlier amount (see instructions)*		50
51	*Outlier reconciliation amount (see instructions)*		51
52	*The rate used to calculate the Time Value of Money*		52
53	*Time Value of Money (see instructions)*		53
54	*Total (sum of lines 51 and 53)*		54