

CALCULATION OF REIMBURSEMENT
SETTLEMENT FOR HIT

PROVIDER CCN:

PERIOD:

WORKSHEET E-1,
PART II

COMPONENT CCN:

FROM _____
TO _____Check applicable box: Hospital CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

| | | | |
|----|---|--|----|
| 1 | Total hospital discharges as defined in ARRA §4102 (Wkst. S-3, Pt. I, col. 15, line 14) | | 1 |
| 2 | Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1 and 8 through 12) | | 2 |
| 3 | Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2) | | 3 |
| 4 | Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1 and 8 through 12) | | 4 |
| 5 | Total hospital charges (Wkst. C, Pt. I, col. 8, line 200) | | 5 |
| 6 | Total hospital charity care charges (Wkst. S-10, col. 3, line 20) | | 6 |
| 7 | CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168) | | 7 |
| 8 | Calculation of the HIT incentive payment (see instructions) | | 8 |
| 9 | Sequestration adjustment amount (see instructions) | | 9 |
| 10 | Calculation of the HIT incentive payment after sequestration (see instructions) | | 10 |

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

| | | | |
|----|---|--|----|
| 30 | Initial/interim HIT payment(s). | | 30 |
| 31 | Initial/interim HIT payment adjustments (see instructions) | | 31 |
| 32 | Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions) | | 32 |

* This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.