

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	PROVIDER NO.:	PERIOD:	WORKSHEET E-2
	COMPONENT NO.:	FROM _____ TO _____	

Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Swing Bed - SNF <input type="checkbox"/> Swing Bed - NF
------------------------	--	---

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B	
		1	2	
1	Inpatient routine services - swing bed-SNF (see instructions)			1
2	Inpatient routine services - swing bed-NF (see instructions)			2
3	Ancillary services (from Wkst. D-4, column 3, line 101 for Part A, and sum of Wkst. D, Part V, columns 9 and 11, line 104 and Wkst. D, Part VI, line 3 for Part B). For CAH (see instructions)			3
4	Per diem cost for interns and residents not in approved teaching program (see instructions)			4
5	Program days			5
6	Interns and residents not in approved teaching program (see instructions)			6
7	Utilization review - physician compensation - SNF optional method only			7
8	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)			8
9	Primary payer payments (see instructions)			9
10	Subtotal (line 8 minus line 9)			10
11	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			11
12	Subtotal (line 10 minus line 11)			12
13	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)			13
14	80% of Part B costs (line 12 x 80%)			14
15	Subtotal (enter the lesser of line 12 minus line 13, or line 14)			15
16	Other adjustments (see instructions) (specify)			16
17	Reimbursable bad debts (see instructions)			17
17.01	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			17.01
18	Total (title XVIII, Part A - sum of lines 15 and 17, plus/minus line 16; Part B - sum of lines 15 and 17 plus/minus line 16) (titles V or XIX - sum of lines 15 and 17, plus/minus line 16)			18
19	Sequestration adjustment (see instructions)			19
20	Interim payments			20
20.01	Tentative settlement (for fiscal intermediary use only)			20.01
21	Balance due provider/program (line 18 minus the sum of lines 19, 20, and 20.01)			21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			22

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3632)