CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS       PROVIDER NO.: COMPONENT NO.:       PROVDER NO.: FROM	01-10		FORM CMS-2552-96			3690 (Cont.)	
COMPONENT NO::         TO           Check         [] Title V         [] Swing Bed - SNF           Applicable         [] Title XVIII         [] Swing Bed - SNF           Boxes         [] Title XIX         [] Swing Bed - SNF           COMPUTATION OF NET COST OF COVERED SERVICES         1         2           1         Inpatient routine services - swing bed-SNF (see instructions)         2         1           2         Inpatient routine services - swing bed-SNF (see instructions)         2         2           3         Ancillary services (from Wkst. D-4, column 3, line 101 for Part A, and sum of Wkst. D, Part V, column 9 and 11, line 104 and Wkst. D, Part VI, line 3 for Part B). For CAH (see instructions)         4           4         Perdem cost for interns and residents not in approved teaching program (see instructions)         4           5         Intern sol residents not in approved teaching program (see instructions)         6           6         Interns and residents not in approved teaching program (see instructions)         6           10         Utilization review - physician compensation - SNF optional method only         7           8         Subtotal (inte 8 minus line 9)         10           11         Declevelbes billed to program patients (exclude amounts applicable to physician professional services)         11           12         Subtotal (inte 10 min	CALCULATION OF REIMBURSEMENT			PROVIDER NO.:		WORKSHEET E-2	
Check         [] Title V         [] Swing Bed - SNF           Boxes         [] Title XVIII         [] Swing Bed - NF           Boxes         [] Title XIX         [] Swing Bed - NF           COMPUTATION OF NET COST OF COVERED SERVICES         I         2           Inpatient routine services - swing bed-SNF (see instructions)         I         1           2         Inpatient routine services (rom Wks. D-4, column 3, line 101 for Part A, and sum of Wkst. D, Part V, column 3, line 101 for Part A, and sum of Wkst. D, Part V, column 3, line 101 for Part A, and sum of Wkst. D, Part V, column 3, line 101 for Part A, and sum of Wkst. D, Part V, column 4, line 104 and Wkst. D, Part V, column 3, line 101 for Part A, and sum of Wkst. D, Part V, line 104 and line 104 and Wkst. D, Part V, line 104 and li	SETTLEMENt - SWING BEDS						
Applicable       [] Title XVIII       [] Swing Bed - NF         Boxes       [] Title XIX       PART A       PART B         COMPUTATION OF NET COST OF COVERED SERVICES       1       2         Inpatient routine services - swing bed-SNF (see instructions)       1       2         3 Ancillary services (from Wkst. D-4, column 3, line 101 for Part A, and sum of Wkst. D, Part V, 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)       10         10 Subtotal (line 8 minus line 9)       10         11 Deductibles billed to program patients (exclude amounts applicable to physician professional services)       11         14 80% of Part B costs (line 12 x 80%)       14         15 Subtotal (lent the lesser of line 12 minus line 13, or line 14)       15         16 Other adjustments (see instructions)       17         170 Reimbursable bad debts for dual eligible beneficiaries (see instructions)       17         171 Reinbursable				COMPONENT NO.:	то		
Boxes         [] Title XIX           COMPUTATION OF NET COST OF COVERED SERVICES         PART A         PART B           1         Inpatient routine services - swing bed-SNF (see instructions)         1         2           3         Ancillary services - swing bed-SNF (see instructions)         2         3           columns 9 and 11, line 104 and Wkst. D, Part VI, line 3 for Part B). For CAH (see instructions)         3         3           columns 9 and 11, line 104 and Wkst. D, Part VI, line 3 for Part B). For CAH (see instructions)         4         4           5         Program days         5         5           6         Interims and residents not in approved teaching program (see instructions)         4         4           9         Priogram days         5         5           6         Interims and residents not in approved teaching program (see instructions)         4           9         Primary payer payments (see instructions)         8           9         Pinamy payer payments (see instructions)         10           10         Subtotal (line 8 minus line 9)         10           11         services)         11           12         Subtotal (line 10 minus line 11)         12           12         Subtotal (line 10 minus line 11)         12           12	Check [] Title V			[] Swing Bed - SNF			
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COMPUTATION OF NET COST OF COVERED SERVICES         1         2           Inpatient routine services - swing bed-SNF (see instructions)         1         1           2         Inpatient routine services - swing bed-NF (see instructions)         2         3           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 V, 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         4           5         Program days         5         5         6         6           7         Utilization review - physician compensation - SNF optional method only         7         7           8         Subtotal (sum of lines 1 through 3 plus lines 6 and 7)         8         8           9         Primary payer payments (see instructions)         10         10           11         Deductibles billed to program patients (exclude amounts applicable to physician professional services)         11           12         Subtotal (line 10 minus line 11)         12         12           12         Subtotal (let to program patients (exclude amounts applicable to physician professional services)         11           14         80% of Part B costs (line 12 x 80%)         14 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
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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)       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,       22							
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,       22							
18Total (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)1819Sequestration adjustment (see instructions)1920Interim payments2020.01Tentative settlement (for fiscal intermediary use only)20.0121Balance due provider/program (line 18 minus the sum of lines 19, 20, and 20.01)2122Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II,22							
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19Sequestration adjustment (see instructions)1920Interim payments2020.01Tentative settlement (for fiscal intermediary use only)20.0121Balance due provider/program (line 18 minus the sum of lines 19, 20, and 20.01)2122Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II,22	18				10		
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,     22							10
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,       22	_	1 7 1					
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,       22		1 2					
22       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II,       22							
	22				22		

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