

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET E-2
		COMPONENT CCN:		

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 <input type="checkbox"/> PARHM CAH Swing-Bed SNF
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		PART A	PART B	
		1	2	
COMPUTATION OF NET COST OF COVERED SERVICES				
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-3, col. 3, line 200, for Part A; and sum of Wkst. D, Pt. V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)			3
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
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 (see instructions)			15
16	Other adjustments (specify) (see instructions)			16
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration			16.99
17	Allowable bad debts (see instructions)			17
17.01	Adjusted reimbursable bad debts (see instructions)			17.01
18	Allowable bad debts for dual eligible beneficiaries (see instructions)			18
19	Total (see instructions)			19
19.01	Sequestration adjustment (see instructions)			19.01
19.02	Demonstration payment adjustment amount after sequestration			19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)			19.25
20	Interim payments			20
20.01	Interim payments-PARHM			20.01
21	Tentative settlement (for contractor use only)			21
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)			22
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200
Cost Reimbursement				
201	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201
202	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202
203	Total (sum of lines 201 and 202)			203
204	Medicare swing-bed SNF discharges (see instructions)			204
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205	Medicare swing-bed SNF target amount			205
206	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207	Program reimbursement under the §410A Demonstration (see instructions)			207
208	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208
209	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209
210	Reserved for future use			210
Comparison of PPS versus Cost Reimbursement				
215	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215