

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART V
Check applicable box:	<input type="checkbox"/> Hospital <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> CHART Model			

PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT

1	Inpatient services			1
2	Nursing and allied health managed care payment (see instructions)			2
3	Organ acquisition			3
3.01	Cellular therapy acquisition cost (see instructions)			3.01
4	Subtotal (sum of lines 1 through 3.01)			4
5	Primary payer payments			5
6	Total cost (see instructions)			6
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7	Routine service charges			7
8	Ancillary service charges			8
9	Organ acquisition charges, net of revenue			9
10	Total reasonable charges			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(c)			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 6) (see instructions)			15
16	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			16
17	Cost of physicians' services in a teaching hospital (see instructions)			17
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	Direct graduate medical education payments			18
19	Cost of covered services (sum of lines 6 and 17)			19
20	Deductibles (exclude professional component)			20
21	Excess reasonable cost (from line 16)			21
22	Subtotal (line 19 minus lines 20 and 21)			22
23	Coinsurance			23
24	Subtotal (line 22 minus line 23)			24
25	Allowable bad debts (exclude bad debts for professional services) (see instructions)			25
26	Adjusted reimbursable bad debts (see instructions)			26
27	Allowable bad debts for dual eligible beneficiaries (see instructions)			27
28	Subtotal (sum of lines 24 and 25 or 26)			28
29	Other adjustments (specify) (see instructions)			29
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			29.50
29.99	Demonstration payment adjustment amount before sequestration			29.99
30	Subtotal (see instructions)			30
30.01	Sequestration adjustment (see instructions)			30.01
30.02	Demonstration payment adjustment amount after sequestration			30.02
30.03	Sequestration adjustment-PARHM or CHART			30.03
31	Interim payments			31
31.01	Interim payments-PARHM or CHART			31.01
32	Tentative settlement (for contractor use only)			32
32.01	Tentative settlement-PARHM or CHART (for contractor use only)			32.01
33	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			33
33.01	Balance due provider/program-PARHM or CHART (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)			33.01
34	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			34