

CALCULATION OF REIMBURSEMENT SETTLEMENT				PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART VII
				COMPONENT CCN: _____		
Check applicable boxes:	<input type="checkbox"/> Title V <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF	<input type="checkbox"/> NF <input type="checkbox"/> ICF/IID	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other		

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

	Inpatient Title V or Title XIX	Outpatient Title V or Title XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 Inpatient hospital/SNF/NF services			1
2 Medical and other services			2
3 Organ acquisition (certified transplant centers only)			3
4 Subtotal (sum of lines 1, 2 and 3)			4
5 Inpatient primary payer payments			5
6 Outpatient primary payer payments			6
7 Subtotal (line 4 less sum of lines 5 and 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8 Routine service charges			8
9 Ancillary service charges			9
10 Organ acquisition charges, net of revenue			10
11 Incentive from target amount computation			11
12 Total reasonable charges (sum of lines 8 through 11)			12
CUSTOMARY CHARGES			
13 Amount actually collected from patients liable for payment for services on a charge basis			13
14 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(e)			14
15 Ratio of line 13 to line 14 (not to exceed 1.000000)			15
16 Total customary charges (see instructions)			16
17 Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19 Interns and residents (see instructions)			19
20 Cost of physicians' service in a teaching hospital (see instructions)			20
21 Cost of covered services (enter the lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT			
22 Other than outlier payments			22
23 Outlier payments			23
24 Program capital payments			24
25 Capital exception payments (see instructions)			25
26 Routine and ancillary service other pass through costs			26
27 Subtotal (sum of lines 22 through 26)			27
28 Customary charges (title V or XIX PPS covered services only)			28
29 Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 Excess of reasonable cost (from line 18)			30
31 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32 Deductibles			32
33 Coinsurance			33
34 Allowable bad debts (see instructions)			34
35 Utilization review			35
36 Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37 Other adjustments (specify) (see instructions)			37
38 Subtotal (line 36 ± line 37)			38
39 Direct graduate medical education payments (from Wkst. E-4)			39
40 Total amount payable to the provider (sum of lines 38 and 39)			40
41 Interim payments			41
42 Balance due provider/program (line 40 minus line 41)			42
43 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43