### PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS, LTCH PPS AND IPF PPS

1. **Inpatient hospital services (see instructions)**
2. **Hospital specific amount (see instructions)**
3. **Net Federal PPS Payments (see instructions)**
4. **Medicare SSI ratio (IRF PPS only) (see instructions)**
5. **Inpatient Rehabilitation LIP Payments (see instructions)**
6. **Outlier Payments**
7. **Total PPS Payments**
   - \(1.01, 1.02, 1.04, 1.42\) for columns 1 and 1.01
8. **Nursing and Allied Health Managed Care payment (see instruction)**

#### Inpatient Psychiatric Facility (IPF)
9. **Net Federal IPF PPS Payments (excluding outlier, ECT, stop-loss, and medical education payments)**
10. **Net IPF PPS Outlier Payments**
11. **Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions)**
12. **New Teaching program adjustment. (see instructions)**
13. **Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program", (see inst.)**
14. **Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program", (see inst.)**
15. **Intern and resident count for IPF PPS medical education adjustment (see instructions)**
16. **Average Daily Census (see instructions)**
17. **Medical Education Adjustment Factor \(1.08\) multiplied by line 1.15.**
18. **Medical Education Adjustment Factor raised to the power of \(0.5150 - 1\).**
19. **Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18)**
20. **Stop Loss Payment Floor (line 1 x 70%).**
21. **Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage)**
22. **Stop Loss Adjustment (if line 1.21 is greater than line 1.19 enter the amount on line 1.21 less line 1.19 otherwise enter \(0\).**
23. **Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22)**

#### Inpatient Rehabilitation Facility (IRF)
24. **Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.)**
25. **New Teaching program adjustment. (see instructions)**
26. **Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program", (see inst.)**
27. **Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program", (see inst.)**
28. **Intern and resident count for IRF PPS medical education adjustment (see instructions)**
29. **Average Daily Census (see instructions)**
30. **Medical Education Adjustment Factor (see instructions).**
31. **Medical Education Adjustment (line 1.02 multiplied by line 1.41).**

### Organ acquisition
32. **Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)**
33. **Subtotal (see instructions)**
34. **Primary payer payments**
35. **Subtotal (line 4 less line 5).**
36. **Deductibles**
37. **Subtotal (line 6 minus line 7)**
38. **Coinsurance**
39. **Subtotal (line 8 minus line 9)**
40. **Reimbursable bad debts (exclude bad debts for professional services) (see instructions)**
41. **Adjusted reimbursable bad debts (see instructions)**
42. **Reimbursable bad debts for dual eligible beneficiaries (see instructions)**
43. **Subtotal (sum of lines 10 and 11.01)**
<table>
<thead>
<tr>
<th>Component No.</th>
<th>Description</th>
<th>Line</th>
</tr>
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<tbody>
<tr>
<td>13</td>
<td>Direct graduate medical education payments (from Worksheet E-3, Part IV, line 24)</td>
<td>13</td>
</tr>
<tr>
<td>13.01</td>
<td>Other pass through costs (see instructions)</td>
<td>13.01</td>
</tr>
<tr>
<td>14</td>
<td>Recovery of excess depreciation resulting from provider termination or a decrease in program utilization</td>
<td>14</td>
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<tr>
<td>15</td>
<td>Other adjustments (see instructions) (specify)</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Total amount payable to the provider (see instructions)</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Sequestration adjustment (see instructions)</td>
<td>18</td>
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<tr>
<td>19</td>
<td>Interim payments</td>
<td>19</td>
</tr>
<tr>
<td>19.01</td>
<td>Tentative settlement (for fiscal intermediary use only)</td>
<td>19.01</td>
</tr>
<tr>
<td>20</td>
<td>Balance due provider/program (line 17 minus the sum of lines 18, 19, and 19.01)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2</td>
<td>21</td>
</tr>
</tbody>
</table>

**TO BE COMPLETED BY INTERMEDIARY**

<table>
<thead>
<tr>
<th>Line</th>
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<td>51</td>
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<tr>
<td>52</td>
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<td>53</td>
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**Check** [ ] Hospital  
**Applicable** [ ] Subprovider