

CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA, IRF PPS, LTCH PPS AND IPF PPS	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART I
Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider		

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

1	Inpatient hospital services (see instructions)		1
1.01	Hospital specific amount (see instructions)		1.01
1.02	Net Federal PPS Payments (see instructions)		1.02
1.03	Medicare SSI ratio (IRF PPS only) (see instructions)		1.03
1.04	Inpatient Rehabilitation LIP Payments (see instructions)		1.04
1.05	Outlier Payments		1.05
1.06	Total PPS Payments {sum of lines 1.01, (1.02, 1.04, <b>1.42</b> for columns 1 and 1.01) <b>and 1.05</b> }		1.06
1.07	Nursing and Allied Health Managed Care payment (see instruction)		1.07

Inpatient Psychiatric Facility (IPF)

1.08	Net Federal IPF PPS Payments (excluding outlier, ECT, stop-loss, and medical education payments)		1.08
1.09	Net IPF PPS Outlier Payments		1.09
1.10	Net IPF PPS ECT Payments		1.10
1.11	Unweighted intern and resident FTE count for latest cost report filed prior to November 15, 2004. (see instructions)		1.11
1.12	New Teaching program adjustment. (see instructions)		1.12
1.13	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.13
1.14	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		1.14
1.15	Intern and resident count for IPF PPS medical education adjustment (see instructions)		1.15
1.16	Average Daily Census (see instructions)		1.16
1.17	Medical Education Adjustment Factor $\{(1 + (\text{line } 1.15/\text{line } 1.16)) \text{ raised to the power of } .5150 - 1\}$ .		1.17
1.18	Medical Education Adjustment (line 1.08 multiplied by line 1.17).		1.18
1.19	Adjusted Net IPF PPS Payments (sum of lines 1.08, 1.09, 1.10 and 1.18)		1.19
1.20	Stop Loss Payment Floor (line 1 x 70%).		1.20
1.21	Adjusted Net Payment Floor (line 1.20 x the appropriate Federal blend percentage)		1.21
1.22	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-)		1.22
1.23	Total IPF PPS Payments (sum of lines 1.01, 1.19 and 1.22)		1.23

Inpatient Rehabilitation Facility (IRF)

1.35	Unweighted intern and resident FTE count for cost report periods ending on/or prior to November 15, 2004. (see inst.)		1.35
1.36	New Teaching program adjustment. (see instructions)		1.36
1.37	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.37
1.38	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		1.38
1.39	Intern and resident count for IRF PPS medical education adjustment (see instructions)		1.39
1.40	Average Daily Census (see instructions)		1.40
1.41	Medical Education Adjustment Factor <i>(see instructions)</i> .		1.41
1.42	Medical Education Adjustment (line 1.02 multiplied by line 1.41).		1.42

2	Organ acquisition		2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)		3
4	Subtotal (see instructions)		4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5).		6
7	Deductibles		7
8	Subtotal (line 6 minus line 7)		8
9	Coinsurance		9
10	Subtotal (line 8 minus line 9)		10
11	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)		11
11.01	Adjusted reimbursable bad debts (see instructions)		11.01
11.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		11.02
12	Subtotal (sum of lines 10 and 11.01)		12

FORM CMS-2552-96 (01/2010) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3633.1)

CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA, IRF PPS, LTCH PPS AND IPF PPS		PROVIDER NO.: _____	PERIOD: FROM _____	WORKSHEET E-3, PART I (Cont.)
		COMPONENT NO.: _____	TO _____	
Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider			

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

13	Direct graduate medical education payments (from Worksheet E-3, Part IV, line 24)		13
13.01	Other pass through costs (see instructions)		13.01
14	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		14
15	Other adjustments (see instructions) (specify)		15
16	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		16
17	Total amount payable to the provider (see instructions)		17
18	Sequestration adjustment (see instructions)		18
19	Interim payments		19
19.01	Tentative settlement (for fiscal intermediary use only)		19.01
20	Balance due provider/program (line 17 minus the sum of lines 18, 19, and 19.01)		20
21	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		21

**TO BE COMPLETED BY INTERMEDIARY**

50	Operating outlier amount from Worksheet E-3, Part I line 1.05 or line 1.09		50
51	Operating Outlier reconciliation amount (see instructions)		51
52	The interest rate used to calculate the Time Value of Money		52
53	Operating Time Value of Money (see instructions)		53