

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER NO.:	PERIOD:	WORKSHEET E-3, PART III
		COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <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/MR	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

**PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY**

		Title V or Title XIX	Title XVIII SNF PPS	
		1	2	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Interns and residents (see instructions)			3
4	Organ acquisition (certified transplant centers only)			4
5	Cost of teaching physicians (see instructions)			5
6	Subtotal (sum of lines 1 through 5)			6
7	Inpatient primary payer payments			7
8	Outpatient primary payer payments			8
9	Subtotal (line 6 less sum of lines 7 and 8)			9
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
Reasonable Charges				
10	Routine service charges			10
11	Ancillary service charges			11
12	Interns and residents service charges			12
13	Organ acquisition charges, net of revenue			13
14	Teaching physicians			14
15	Incentive from target amount computation			15
16	Total reasonable charges (sum of lines 10 through 15)			16
<b>CUSTOMARY CHARGES</b>				
17	Amount actually collected from patients liable for payment for services on a charge basis			17
18	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)			18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)			19
20	Total customary charges (see instructions)			20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)			21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)			22
23	Cost of covered services (line 9)			23
<b>PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)</b>				
24	Other than outlier payments			24
25	Outlier payments			25
26	Program capital payments			26
27	Capital exception payments (see instructions)			27
28	Routine service other pass through costs			28
29	Ancillary service other pass through costs			29
30	Subtotal (sum of lines 23 through 29)			30
31	Customary charges (title XIX PPS covered services only)			31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter amount from line 30			32
33	Deductibles (exclude professional component)			33

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER NO.:	PERIOD:	WORKSHEET E-3, PART III (CONT.)
		COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <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/MR	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other

**PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY**

COMPUTATION OF REIMBURSEMENT SETTLEMENT		Title V or Title XIX	Title XVIII SNF PPS	
		1	2	
34	Excess of reasonable cost (from line 22)			34
35	Subtotal (line 32 minus sum of lines 33 and 34)			35
36	Coinsurance			36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19			37
38	Reimbursable bad debts (see instructions)			38
38.01	Adjusted reimbursable bad debts for periods ending before 10/01/05 (see instructions)			38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)			38.03
39	Utilization review			39
40	Subtotal (see instructions)			40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)			41
42	Medicare inpatient routine charges (from your records)			42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)			43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)			44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)			45
46	Total customary charges (see instructions)			46
47	Excess of customary charges over reasonable cost (see instructions)			47
48	Excess of reasonable cost over customary charges (see instructions)			48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization			49
50	Other adjustments (see instructions) (specify)			50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets			51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)			52
53	Indirect medical education adjustment (PPS only) (see instructions)			53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)			54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)			55
56	Sequestration adjustment (see instructions)			56
57	Interim payments			57
57.01	Tentative settlement (for fiscal intermediary use only)			57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)			58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			59