

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART IV
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Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX
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COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	Number of FTE residents for OB/GYN and primary care (see instructions)		1
1.01	Number of FTE residents for all other (see instructions)		1.01
2	Updated per resident amount for OB/GYN and primary care (see instructions)		2
2.01	Updated per resident amount for all other (see instructions)		2.01
3	Aggregate approved amount (line 1 x line 2 plus line 1.01 x line 2.01)		3
3.01	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		3.01
3.02	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add on to the cap for new programs in accordance with 42 CFR 413.86(g)(6).		3.02
3.03	Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.86(g)(4).		3.03
3.04	FTE adjustment cap (sum of lines 3.01 through 3.03). For cost reporting periods ending on or after 7/1/2005 see instructions		3.04
3.05	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		3.05
3.06	Lesser of line 3.04 or line 3.05		3.06
3.07	Weighted FTE count for primary care physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here _____		3.07
3.08	Weighted FTE count for all other physicians in an allopathic and osteopathic program for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here _____		3.08
3.09	Sum of lines 3.07 and 3.08		3.09
3.10	See instructions		3.10
3.11	Weighted dental and podiatric resident FTE count for the current year in column 1. If current year is zero and teaching program was in existence in prior year enter count here..... _____		3.11
3.12	See instructions		3.12
3.13	Total weighted resident FTE count for the prior cost reporting year (see instructions) If none, enter 1 here: _____		3.13
3.14	Total weighted resident FTE count for the penultimate cost reporting year (see instructions) If none, enter 1 here: _____		3.14
3.15	Rolling average FTE count (see instructions)		3.15
3.16	Weighted number of FTE residents in the initial years of the primary care program that meet the exception. (see instructions)		3.16
3.17	Weighted number of FTE residents in the initial years of an other program that meet the exception. (see instructions)		3.17
3.18	FTE resident count (see instructions)		3.18
3.19	Primary care physician per resident amount (see instructions)		3.19
3.20	Other program per resident amount.(see instructions)		3.20
3.21	Primary care unadjusted approved amount (see instructions).		3.21
3.22	Other unadjusted approved (see instructions).		3.22
3.23	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.23
3.24	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.24
3.25	See instructions depending on the cost reporting periods beginning prior to 10/01/2001 or on or after 10/01/2001		3.25

COMPUTATION OF PROGRAM PATIENT LOAD			
4	Program Part A inpatient days (see instructions)		4
5	Total inpatient days (from Worksheet S-3, Part I, column 6, sum of lines 1, 6 thru 10, and 14)		5
6	Ratio of program inpatient days to total inpatient days (line 4 ÷ line 5)		6
6.01	Total GME payment for non-managed care days (line 6 x line 3.25).		6.01
6.02	Program managed care days occurring on or after January 1 of this cost reporting period (see instructions)		6.02
6.03	Total inpatient days from line 5 above		6.03
6.04	Appropriate percentage for inclusion of the managed care days (see instructions)		6.04
6.05	Graduate medical education payment for managed care days on or after January 1 through the end of the cost reporting period (line 6.02 divided by line 6.03 x line 6.04 x line 3.25) (See instructions prior to October 1, 1997)		6.05
6.06	Program managed care days occurring before January 1 of this cost reporting year (see instructions)		6.06
6.07	Appropriate percentage using the criteria identified on line 6.04 above (see instructions)		6.07
6.08	Graduate medical education payment for managed care days prior to January 1 of this cost reporting period (line 6.06 divided by line 6.03 x line 6.07 x line 3.25)		6.08

FORM CMS-2552-96 (08/2006) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 3633.4)

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART IV (Cont.)
Check Applicable Box	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 21 and 24, lines 57 and 64)			7
8	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 57 and 64)			8
9	Ratio of direct medical education costs to total charges (line 7 ÷ line 8)			9
10	Medicare outpatient ESRD charges (see instructions)			10
11	Medicare outpatient ESRD direct medical education costs (line 9 x line 10)			11
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
12	Reasonable cost (see instructions)			12
13	Organ acquisition costs (Worksheet D-6, Part III, column 1, line 61)			13
14	Cost of teaching physicians (Worksheet D-9, Part II, column 3, line 16)			14
15	Primary payer payments (see instructions)			15
16	Total Part A reasonable cost (sum of lines 12 through 14 minus line 15)			16
Part B Reasonable Cost				
17	Reasonable cost (see instructions)			17
18	Primary payer payments (see instructions)			18
19	Total Part B reasonable cost (line 17 minus line 18)			19
20	Total reasonable cost (sum of lines 16 and 19)			20
21	Ratio of Part A reasonable cost to total reasonable cost (line 16 ÷ line 20)			21
22	Ratio of Part B reasonable cost to total reasonable cost (line 19 ÷ line 20)			22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
23	Total program GME payment (line 3 x line 6)			23
23.01	For cost reporting periods ending on or after January 1, 1998 (sum of lines 6.01, 6.05, and 6.08)			23.01
24	Part A Medicare GME payment (lines 21 x 23 or 23.01) (title XVIII only) (see instructions)			24
25	Part B Medicare GME payment (lines 22 x 23 or 23.01) (title XVIII only) (see instructions)			25