

CALCULATION OF NHCMQ DEMONSTRATION REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART V
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PART A - INPATIENT SERVICES: PROVIDER COMPUTATION OF REIMBURSEMENT

INPATIENT DAYS			
1	Total title XVIII days (from Worksheet S-3, Part I, column 4, line 15)		1
2	Demonstration program days (from Worksheet S-7, sum of columns 3.01 and 4.01, line 46)		2
INPATIENT ANCILLARY SERVICES - PART A - NON-DEMONSTRATION			
3	Total Part A ancillary program costs (from Worksheet D-4, column 3, line 101)		3
4	Less physical, occupational, and speech therapy (from Worksheet D-4, column 3, sum of lines 50-52)		4
5	Net Non-NHCMQ Demonstration Ancillary Services (line 3 less line 4)		5
NHCMQ DEMONSTRATION INPATIENT/ANCILLARY SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
6	Inpatient routine/ancillary PPS amount paid (from Worksheet S-7, column 5, line 46)		6
PROGRAM INPATIENT CAPITAL COSTS			
7			7
8	Per diem capital related costs (from Worksheet D-1, line 72)		8
9	Program capital related cost (line 8 times line 1)		9
NHCMQ DEMONSTRATION ANCILLARY SERVICES: INDIRECT COST COMPONENT Total General Service Cost Allocation (lines 10 through 24 are completed only for phase 3)			
10	Physical Therapy (from Worksheet B, Part I, column 27, line 50)		10
11	Occupational Therapy (from Worksheet B, Part I, column 27, line 51)		11
12	Speech Therapy (from Worksheet B, Part I, column 27, line 52)		12
Direct Cost			
13	Physical Therapy (from Worksheet B, Part I, column 0, line 50)		13
14	Occupational Therapy (from Worksheet B, Part I, column 0, line 51)		14
15	Speech Therapy (from Worksheet B, Part I, column 0, line 52)		15
Indirect Cost			
16	Physical Therapy (line 10 less line 13)		16
17	Occupational Therapy (line 11 less line 14)		17
18	Speech Therapy (line 12 less line 15)		18
Charge to Charge Ratio			
19	Physical Therapy (from Worksheet D-4, column 2, line 52 divided by Worksheet C, column 8, line 50)		19
20	Occupational Therapy (from Worksheet D-4, column 2, line 51 divided by Worksheet C, column 8, line 51)		20
21	Speech Therapy (from Worksheet D-4, column 2, line 52 divided by Worksheet C, column 8, line 52)		21
Demonstration Indirect Cost			
22	Physical Therapy (line 16 times line 19)		22
23	Occupational Therapy (line 17 times line 20)		23
24	Speech Therapy (line 18 times line 21)		24
Total Reimbursed NHCMQ Demonstration			
25	NHCMQ Demonstration Inpatient/Ancillary Services - Part A - PPS Provider Computation of Reimbursement. (see instructions) (transfer this amount to Worksheet E-3, Part III, line 24)		25