

|   |  |                |            |                          |
|---|--|----------------|------------|--------------------------|
| CALCULATION OF GME AND IME PAYMENTS FOR<br>REDISTRIBUTION OF UNUSED RESIDENCY SLOTS |  | PROVIDER NO.:  | PERIOD:    | WORKSHEET E-3<br>PART VI |
|   |  | COMPONENT NO.: | FROM<br>TO |                          |
| Check<br>Applicable<br>Box  | <input type="checkbox"/> Title V<br><input type="checkbox"/> Title XVIII<br><input type="checkbox"/> Title XIX |                |            |                          |

**PART A - INPATIENT HOSPITAL****Calculation of Reduced Direct GME Cap Under Section 422 of MMA**

|   |  |  |   |
|---|--|--|---|
| 1 | Ratio of days occurring on or after 7/1/2005 to total days in the cost reporting period (see instructions) |  | 1 |
| 2 | Reduced Direct GME FTE Cap (see instructions)  |  | 2 |
| 3 | Unadjusted Direct GME FTE Cap (Wkst E-3, Part IV, sum of lines 3.01 and 3.02)                              |  | 3 |
| 4 | Prorated Reduced Direct GME FTE Cap (see instructions)   |  | 4 |

**Calculation of Additional Direct GME Payment Attributable to Section 422 of MMA**

|      |  |  |      |
|------|--|--|------|
| 5    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79 (c) (4) |  | 5    |
| 5.01 | Prorated additional unweighted direct GME FTE resident cap slots (cost reporting periods overlapping 7/1/2005 only)      |  | 5.01 |
| 6    | <i>Direct</i> GME FTE Resident count over Cap (see instructions)   |  | 6    |
| 7    | <i>Section 422 Allowable Direct GME FTE Resident Count (see instructions)</i>  |  | 7    |
| 8    | Enter the locality adjustment national average per resident amount (see instructions)                                    |  | 8    |
| 9    | Multiply line 7 time line 8  |  | 9    |
| 10   | Medicare program patient load from Wkst E-3 Part IV, line 6.   |  | 10   |
| 11   | Direct GME payment for non-managed care days (multiply line 9 times line 10)   |  | 11   |
| 12   | Direct GME payment for managed care days (multiply line 9 by Wkst E-3, Part IV[(line 6.02 +6.06)/line 5])                |  | 12   |

**Calculation of Reduced IME Cap Under Section 422 of MMA**

|    |   |  |    |
|----|---|--|----|
| 13 | Reduced IME FTE Cap (see instructions)                              |  | 13 |
| 14 | Unadjusted IME FTE Cap (Wkst E, Part A, sum of lines 3.04 and 3.05) |  | 14 |
| 15 | Prorated Reduced allowable IME FTE Cap                              |  | 15 |

**Calculation of Additional IME Payments Attributable to Section 422 of MMA**

|    |   |  |    |
|----|---|--|----|
| 16 | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).   |  | 16 |
| 17 | IME FTE Resident Count Over Cap (see instructions)  |  | 17 |
| 18 | If the amount on line 17 is greater than -0-, then enter the lower of line 16 or line 17 (see instructions for cost reporting periods overlapping 7/1/2005) |  | 18 |
| 19 | Resident to bed ratio (divide line 18 by line 3 of Wkst E, Part A)  |  | 19 |
| 20 | IME Adjustment Factor (see instructions)  |  | 20 |
| 21 | DRG other than outlier payments for discharges on or after July 1, 2005.  |  | 21 |
| 22 | Simulated Medicare managed care payments for discharges on or after July 1, 2005  |  | 22 |
| 23 | Additional IME payments attributable to section 422 of MMA  |  | 23 |