CALCULATION OF REIMBURSEMENT | PROVIDER NO: | PERIOD: FROM | SUPPLEMENTAL WORKSHEET E-3 PART III

SETTLEMENT | TO

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

TITLE V		**TITLE XVIII**		**TITLE XIX** **PPS**	X
HOSPITAL	X	**SNF**		**TEFRA**	
SUBPROV I		**ICF**		**OTHER**	
SUBPROV II					

	TITLE XIX INPATIENT 1	TITLE XIX OUTPATIENT 2
COMPUTATION OF NET COST OF COVERED SERVICES		
1. Inpatient hospital/SNF/ICF services	0	
2. Medical and other services (EXCLUDES LAB)		0
3. Interns and residents	0	0
4. Organ acquisition (Certified transplant centers only)		
5. Cost of teaching physicians		
5A. KMAP-8	0	0
6. Subtotal (Sum of Lines 1 through 5A)	0	0
6A. KMAP-1	0	0
6B. Subtotal (Line 6 minus Line 6A)	0	0
7. Inpatient primary payer payments		
8. Outpatient primary payer payments		
9 Differential in charges between semiprivate accommodations and less than semiprivate accommodations		
10. Subtotal (Line 6B> less sum of lines 7 and 8 and 9)	0	0
COMPUTATION OF LESSER OF COST OR CHARGES		
11. Return on equity capital (See Instructions)		
12. Total reasonable cost (See Instructions) (OUTPATIENT EXCLUDES LAB)	0	0
REASONABLE CHARGES		
13. Routine service charges	0	
14. Ancillary service charges (OUTPATIENT EXCLUDES LAB)	0	0
15. Interns and residents service charges		
16. Organ acquisition charges, net of revenue		
17. Teaching physicians		
18. Incentive from target amount computation		
19 Differential in charges between semiprivate accommodations and less than semiprivate accommodations		
20. Total reasonable charges (OUTPATIENT EXCLUDES LAB)	0	0
CUSTOMARY CHARGES		
21 Amount that would have been realized from patients liable for payment for services on a charge basis		
22. 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)		
23. Ratio of line 21 to line 22 (not to exceed 1.000000)		
24. Total customary charges (See instructions)		
25 Excess of customary charges over reasonable cost (Complete only if line 24 exceeds line 12) (See Instructions)		
26 Excess of reasonable cost over customary charges (Complete only if line 12 exceeds line 24)(See Instructions)		
27. Cost of covered services Lesser of Line 12 + Line 45 or Line 20 + PC Charges		0
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
28. Other than outlier payments		
29. Outlier payments		
30. Program Capital Payments		
31. Capital Exception Payments		
32. Routine service pass through costs		
33. Ancillary service pass through costs		
34. Return on equity capital (PPS only)		
35. SUBTOTAL (Sum of Lines 28 through 34)		
36. Customary charges (Title XIX PPS covered services only)		
37. Lesser of line 35 or 36		
38. Deductables (Exclude professional component)		

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CALCULATION OF REIMBURSEMENT	PROVIDER NO:	PERIOD: FROM:	SUPPLEMENTAL WORKSHEET E-3 PART III (CONT.)
SETTLEMENT		TO:	
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PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE V		TITLE XVIII		TITLE XIX	X
HOSPITAL	X	SNF		PPS	X
SUBPROV I		ICF		TEFRA	
SUBPROV II				OTHER	

	TITLE XIX INPATIENT 1	TITLE XIX OUTPATIENT 2
COMPUTATION OF NET COST OF COVERED SERVICES		
39. Excess of reasonable cost (from line 26)		
40. Subtotal (Line 37 minus sum of lines 38 and 39)		
41. Coinsurance		
42. Sum of the amounts from Wkst. E, Parts C, D and E, line 21		
43. Bad debts		
44. Utilization Review		
45 Professional services rendered by PBP in all - inclusive rate provider using combined billing (From Supp. Wkst. D-3)	0	0
46. Subtotal (Line 12 Plus Line 45)	0	
47. Inpatient routine service cost (Wkst. D-1, Part III, line 70)		
48. Return on equity capital (See Instructions)		
49. Total routine reasonable cost (Sum of Lines 47 and 48)		
50. Medicare inpatient routine charges (From your records)		
51 Amount actually collected from patients liable for payment for services on a charge basis (See Instructions)		
52 Amounts that would have been realized from patients liable for payment of Part A services (See Instructions)		
53. Ratio of Line 51 to Line 52 (Not to exceed 1.000000)		
54. Total customary charges (See Instructions)		
55. Excess of customary charges over reasonable cost (See Instructions)		
56. Excess of reasonable cost over customary charges (See Instructions)		
57 Recovery of unreimbursed cost under the lesser of reasonable costs or customary charges reasonable costs or customary charges		
58 Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of a cost limit		
59. Recovery of excess depreciation resulting from provider termination or a decrease in Program utilization		
60. Other adjustments (see Instructions) *Specify*		
61 Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		
62. Subtotal (Sum of Lines 45,57,58,59 and 60 minus Lines 61)		
63. Indirect medical education adjustment (PPS only) (See Instructions)		
65. Total amount payable to the provider (From Line 27)		0
66. Sequestration adjustment		
67. Adjusted amount payable to provider (Line 65 - Line 66)		0
68. Interim payments		
68a. KMAP	0	0
68b. P.C.	0	0
68c. TPL	0	0
68d. Laboratory payments		0
69 Balance due provider/program(Line 67 minus Line 68A-68C) (Indicate overpayments in brackets)		0
70 Protested amounts (nonallowable cost report items) in accordance with HCFA Pub 15-II Section 115.2B		
71. Balance due provider/program (indicate overpayments in brackets)		0

TITLE XIX INPATIENT PROGRAM IS A PROSPECTIVE SYSTEM, THEREFORE BALANCE DUE IS NA
TITLE XIX OUTPATIENT PROGRAM IS A RETROSPECTIVE SYSTEM THEREFORE A SETTLEMENT IS BASED ON THE LESSER OF COST OR CHARGES.
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