FORM CMS-2540-10

4154. WORKSHEET J-2 - COMPUTATION OF CMHC REHABILITATION COSTS

Use this worksheet if you operate a SNF-based CMHC. Complete a separate worksheet for each provider.

4154.1 Part I - Apportionment of CMHC Cost Centers.--

<u>Column 1</u>.--Enter on each line the total cost for the cost center as previously computed on Worksheet J-1, Part I, column 20. To facilitate the apportionment process, the line number designations are the same on both worksheets.

Column 2.--Enter the charges for each cost center. Obtain the charges from your records.

<u>Column 3</u>.--For each cost center, enter the ratio derived by dividing the cost in column 1 by the charges in column 2.

<u>Columns 4, 6, and 8</u>--For each cost center, enter the CMHC charges from your records for title V in column 4, and title XIX in column 8. Do not complete column 6 for CMHC title XVIII charges as they are reimbursed under OPPS. Not all facilities are eligible to participate in all programs.

<u>Columns 5, 7, and 9</u>.--For each cost center, enter the costs obtained by multiplying the charges in columns 4, 6 and 8 respectively, by the ratio in column 3.

Line 22.--Enter the totals for columns 1, 2, and 4 through 9.

4154.2 <u>Part II - Apportionment of Cost of CMHC Services Furnished by Shared Departments.</u>-Use this part only when the SNF complex maintains a separate department for any of the cost centers listed on this worksheet, and the department provides services to patients of the skilled nursing facility's outpatient CMHC facility.

<u>Column 3</u>.--For each of the cost centers listed; enter the ratio of cost to charges that are shown on Worksheet C, column 3, from the appropriate line for each cost center.

<u>Columns 4, 6, and 8</u>.-- For each cost center, enter the CMHC charges from your records for title V, in column 4, and title XIX, in column 8. Do not complete column 6 for CMHC title XVIII charges as they are reimbursed under OPPS.

<u>Columns 5, 7, and 9</u>.--For each cost center, enter the costs obtained by multiplying the charges in columns 4, 6, and 8 respectively by the ratio in column 3.

Line 30.--Enter the totals for columns 4 through 9.

Line 31. -- Add the amount from Part I, columns 5, 7, and 9, line 22 and Part II, columns 5, 7, and 9, line 30, respectively.

4155. WORKSHEET J-3 - CALCULATION OF REIMBURSEMENT SETTLEMENT OF SNF-BASED COMMUNITY MENTAL HEALTH CENTER SERVICES

Line 1--Enter the cost of rehabilitation services from Worksheet J-2, Part II, line 31 from columns 5 or 9, respectively for Titles V and XIX.

Line 2--Enter the gross PPS payments received for title XVIII services rendered during the cost reporting period excluding outliers. Obtain this amount from the PS&R and/or your records.

Line 3--Enter the total outliers payments received. Obtain this amount from the PS&R and/or your records.

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