

4906.40 WORKSHEET E-2 - CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2 calculates the reimbursement settlement for titles V and XIX services furnished by SNFs, NFs, and ICF/IIDs. The SNF completes separate worksheets for each component for titles V and XIX, as needed, by selecting the applicable program and component at the top of Worksheet E-2.

Line Descriptions

Line 1.--Transfer the healthcare program (title V or XIX as selected in the worksheet header) cost of ancillary services furnished to inpatients from the healthcare program Worksheet D, line 100, column 5.

Line 2.--Transfer the healthcare program cost of outpatient services from the healthcare program Worksheet D, line 100, sum of columns 6 and 7.

Line 3.--Transfer the healthcare program inpatient operating costs from the healthcare program Worksheet D-1, line 28.

Line 4.--Enter the sum of lines 1, 2, and 3.

Line 5.--Enter the applicable charge differential between semi-private and less than semi-private accommodations. The amount of the differential is the difference between the customary charge for semi-private accommodations and the customary charge for the less than semi-private accommodations furnished for all program patient days when the accommodations provided were not medically necessary.

Line 6.--Enter the amount on line 4 minus the amount on line 5.

Line 7.--Enter the amounts paid or payable to the healthcare program by worker's compensation and other primary payers where program liability is secondary to that of the primary payer. The following list identifies some common situations where Medicare may make payment secondary to a primary payer:

- Worker's compensation insurance,
- No-fault insurance and liability insurance,
- Working Aged and Employer Group Health Plan (GHP),
- Disability and Employer Group Health Plan, and the
- 30-month coordination period for End Stage Renal Disease Covered by a GHP or COBRA plan.

For more information on who pays and how much is paid under the Medicare secondary payer provisions, see 42 CFR Part 411, Subpart B.

Line 8.--Enter the amount on line 6 minus the amount on line 7.

Lines 9 through 13.--These lines provide for the accumulation of charges that relate to the reasonable cost on line 8. Do not include on these lines the portion of charges applicable to the excess costs of luxury items or services (see CMS Pub. 15-1, chapter 21, §2104.3).

Line 9.--Enter the healthcare program total charges for inpatient ancillary services from the healthcare program Worksheet D, line 100, sum of column 2.

Line 10.--Enter the healthcare program total charges for outpatient services from the healthcare program Worksheet D, line 100, sum of columns 3 and 4.

Line 11.--Enter the healthcare program inpatient routine service charges from your records for the applicable component. Include covered late charges that have been billed to the healthcare program where the patient's medical condition is the cause of the extended stay. Also include the charges for semi-private accommodations of inpatients paid by workmen's compensation and other primary payers. Adjust these charges on line 11 in determining final settlement.

Line 12.--If the amount entered on line 11 has not been adjusted to take into consideration the differential between semi-private room charges and charges for less than semi-private accommodations, enter the amount from line 5.

Line 13.--Enter the sum of lines 9, 10, and 11, minus line 12.

Lines 14 through 17.--These lines provide for the reduction of program charges when the provider does not actually impose such charges in the case of most patients liable for payment for services on a charge basis or fails to make reasonable efforts to collect such charges from those patients. Providers that do impose these charges and make reasonable efforts to collect the charges from patients liable for payment for services on a charge basis are not required to complete lines 14, 15, and 16, but instead enter on line 17 the amount from line 13. (See 42 CFR 413.13(b).) In no instance may the customary charges on line 17 exceed the actual charge on line 13.

Computation of Reimbursement Settlement

Line 18.--Enter the lesser of reasonable cost (line 8 before the application of the primary payer amount) or customary charges (line 17), minus the primary payer amount on line 7.

Line 19.--Enter the cost sharing billed to the healthcare program beneficiaries.

Line 20.--Enter the result of line 18 minus line 19.

Line 21.--Enter healthcare program allowable bad debts for deductibles and coinsurance (from your records), excluding deductibles and coinsurance for physicians' professional services and net of bad debt recoveries.

Line 22.--Enter the sum of line 20 plus line 21.

Line 23.--This line is used for "other adjustments" needed to effectuate proper reimbursement for cost based payments. Enter decreases to costs as a negative. Provide a description for each "other adjustment" in column zero, as needed.

Line 24.--Enter the sum of the amounts on line 22, plus line 23.

Line 25.--Enter the healthcare program interim payment from your records.

Line 26.--Enter the sum of the amount on line 24, minus line 25. Enter a negative amount in parenthesis (). Transfer the amount on this line as follows:

- For SNF, title V, transfer to Worksheet S, Part III, line 1, column 2.
- For SNF, title XIX, transfer to Worksheet S, Part III, line 1, column 5.
- For NF, title V, transfer to Worksheet S, Part III, line 2, column 2.
- For NF, title XIX, transfer to Worksheet S, Part III, line 2, column 5.
- For ICF/IID, title V, transfer to Worksheet S, Part III, line 3, column 2.
- For ICF/IID, title XIX, transfer to Worksheet S, Part III, line 3, column 5.