

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET E PART I
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PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
1	Inpatient PPS amount (see instructions)	1
2	Nursing and Allied Health Education Activities (pass through payments)	2
3	Subtotal (sum of lines 1 and 2)	3
4	Primary payer amounts	4
5	Coinsurance	5
6	Allowable bad debts (from your records)	6
7	Allowable bad debts for dual eligible beneficiaries (see instructions)	7
8	Reimbursable bad debts (see instructions)	8
9	Recovery of bad debts - for statistical records only	9
10	Utilization review	10
11	Subtotal (see instructions)	11
12	Interim payments (see instructions)	12
13	Tentative adjustment	13
14	Other adjustment (see instructions)	14
14.50	Demonstration payment adjustment amount before sequestration	14.50
14.55	Demonstration payment adjustment amount after sequestration	14.55
14.75	<i>Sequestration for non-claims based amounts (see instructions)</i>	14.75
14.99	Sequestration amount (see instructions)	14.99
15	Balance due provider/program (see instructions) (Indicate overpayment in parentheses)	15
16	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	16

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17	Ancillary services Part B	17
18	Vaccine cost (from Wkst. D, Pt. II, line 3)	18
19	Total reasonable costs (sum of lines 17 and 18)	19
20	Medicare Part B ancillary charges (see instructions)	20
21	Cost of covered services (lesser of line 19 or line 20)	21
22	Primary payer amounts	22
23	Coinsurance and deductibles	23
24	Allowable bad debts (from your records)	24
24.01	Allowable bad debts for dual eligible beneficiaries (see instructions)	24.01
24.02	Reimbursable bad debts (see instructions)	24.02
25	Subtotal (sum of lines 21 and 24.02, minus lines 22 and 23)	25
26	Interim payments (see instructions)	26
27	Tentative adjustment	27
28	Other Adjustments (Specify _____) (see instructions)	28
28.50	Demonstration payment adjustment amounts before sequestration	28.50
28.55	Demonstration payment adjustment amount after sequestration	28.55
28.99	Sequestration amount (see instructions)	28.99
29	Balance due provider/program (see instructions) (indicate overpayments in parentheses)	29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	30