CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: _____ COMPONENT CCN:	PERIOD: FROM _____ TO _____	WORKSHEET E, PART A

Check applicable box:	[ ] Hospital [ ] Subprovider (Other)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG amounts other than outlier payments		1
2	Outlier payments for discharges (see instructions)		2
2.01	*Outlier reconciliation amount*		*2.01*
3	Managed care simulated payments		3
4	Bed days available divided by number of days in the cost reporting period (see instructions)		4
	Indirect Medical Education Adjustment Calculation for Hospitals		
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)		5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in in accordance with 42 CFR 413.79(e)		6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)		9
10	FTE count for allopathic and osteopathic programs in the current year from your records		10
11	FTE count for residents in dental and podiatric programs		11
12	Current year allowable FTE (see instructions)		12
13	Total allowable FTE count for the prior year		13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		14
15	Sum of lines 12 through 14 divided by 3		15
16	Adjustment for residents in initial years of the program		16
17	Adjustment for residents displaced by program or hospital closure		17
18	Adjusted rolling average FTE count		18
19	Current year resident to bed ratio (line 18 divided by line 4)		19
20	Prior year resident to bed ratio (see instructions)		20
21	Enter the lesser of lines 19 or 20 (see instructions)		21
22	IME payment adjustment (see instructions)		22
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		23
24	IME FTE resident count over cap (see instructions)		24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		25
26	Resident to bed ratio (divide line 25 by line 4)		26
27	IME payments adjustment (see instructions)		27
28	IME Adjustment (see instructions)		28
29	Total IME payment (sum of lines 22 and 28)		29
	Disproportionate Share Adjustment		
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		31
32	Sum of lines 30 and 31		32
33	Allowable disproportionate share percentage (see instructions)		33
34	Disproportionate share adjustment (see instructions)		34

Line #33 shows the DSH Adjustment %; this is needed for the entity to be 340B eligible (exception is CAH).

CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER CCN: _____ COMPONENT CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET E, PART A (Cont.)

Check applicable box:	[ ] Hospital	[ ] IPF
	[ ] IRF	[ ] Subprovider (other)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	Additional payment for high percentage of ESRD beneficiary discharges		
40	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)		41
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)		43
44	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		44
45	Average weekly cost for dialysis treatments (see instructions)		45
46	Total additional payment (line 45 times line 44 times line 41)		46
47	Subtotal (see instructions)		47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)		48
49	Total payment for inpatient operating costs SCH and MDH only (see instructions)		49
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)		51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).		52
53	Nursing and allied health managed care payment		53
54	Special add-on payments for new technologies		54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		56
57	Routine service other pass through costs *(from Wkst D, Part III, column 9, lines 30-35)* .		57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		58
59	Total (sum of amounts on lines 49 through 58)		59
60	Primary payer payments		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)		61
62	Deductibles billed to program beneficiaries		62
63	Coinsurance billed to program beneficiaries		63
64	Allowable bad debts (see instructions)		64
65	Adjusted reimbursable bad debts (see instructions)		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)		67
68	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		68
69	Outlier payments reconciliation *(Sum of lines 93, 95 and 96).(For SCH see instructions)*		69
70	Other adjustments (specify) (see instructions)		70
70.95	*Recovery of Accelerated depreciation*		*70.95*
70.96	*Low Volume Adjustment for Federal Fiscal year 2011*		*70.96*
70.97	*Low Volume Adjustment for Federal Fiscal year 2012*		*70.97*
71	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		71
72	Interim payments		72
73	Tentative settlement (for contractor use only)		73
74	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		75
	TO BE COMPLETED BY CONTRACTOR		
90	Operating outlier amount from Worksheet E, Part A line 2 *(see instructions).*		90
91	Capital outlier from Worksheet L, Part I, line 2		91
92	Operating outlier reconciliation adjustment amount (see instructions)		92
93	Capital outlier reconciliation adjustment amount (see instructions)		93
94	The rate used to calculate the Time Value of Money (see instructions)		94
95	Time Value of Money for operating expenses (see instructions)		95
96	Time Value of Money for capital related expenses (see instructions)		96