

# CR Hospital Reference Report

A sample report of Worksheet E - Payment

Line	Line Description	Col	Column Description	Value	Type
<b>BAPTIST HOSPITAL</b>		<b>MIAMI, FL 33176</b>	<b>10/01/2007</b>	<b>09/30/2008</b>	
<b>E00</b>	<b>Wkst E Calculation of Reimbursement Settlement</b>				
<b>A</b>	<b>Part A Inpatient Hospital Services under PPS</b>				
<b>A18</b>	<b>Hospital Medicare</b>				
00101	DRG Amount - Other than Outlier Payments occurring on or after October 1 and before January 1	0100	Amounts	14,097,989.	
00102	DRG Amount - Other than Outlier Payments occurring on or after January 1	0100	Amounts	42,370,493.	
00201	Outlier payments for discharges occurring after 10-1-1997	0100	Amounts	8,587,747.	
00300	Bed days available divided by number of days in the cost reporting period	0100	Amounts	532.	Beds
00400	DHS Adj - Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0100	Amounts	0.316800	Percent
00401	DHS Adj - Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part 1	0100	Amounts	0.178400	Percent
00402	DHS Adj - Sum of lines 4 and 4.01	0100	Amounts	0.495200	Percent
00403	DHS Adj - Allowable disproportionate Share Percentage (see instructions)	0100	Amounts	0.300700	Percent
00404	Worksheet E Part A Total DHS Adjustment - Disproportionate share adjustment (see instructions)	0100	Amounts	16,980,073.	
00505	Average weekly cost for dialysis treatments	0100	Amounts	335.00	Avg Cost
00600	Sub Total (see instructions)	0100	Amounts	82,036,302.	
00800	Total payment for impateint operating cost SCH and MDH only	0100	Amounts	82,036,302.	
00900	Payment for inpatient program captial (from Worksheet L, Parts 1,2 or 3)	0100	Amounts	6,282,851.	
01600	Total (sum of amounts on lines 8 through 15)	0100	Amounts	88,319,153.	
01700	Primary payer payments	0100	Amounts	7,229.	
01800	Total amount payable for program beneficiaries	0100	Amounts	88,311,924.	
01900	Deductibles billed to program beneficiaries	0100	Amounts	4,520,236.	
02000	Coinsurance billed to program beneficiaries	0100	Amounts	562,192.	
02100	Reimbursable bad debts	0100	Amounts	403,362.	
02101	Adjusted reimbursable bad debts	0100	Amounts	282,353.	
02200	Sub Total (lines 18 plus line 21.01 minus lines 19 and 20)	0100	Amounts	83,511,849.	
02600	Amount due provider (line 22 plus or minus lines 24, 25 minus line 23)	0100	Amounts	83,511,849.	
02800	Interim payments	0100	Amounts	82,983,067.	
02900	Balance due provider (Program) (Line 26 minus the sum of lines 27, 28 and 28.01)	0100	Amounts	528,782.	
<b>B</b>	<b>Part B Medical and Other Health Services</b>				
<b>A18</b>	<b>Hospital Medicare</b>				
00100	Medical and Other services	0100	Amounts	1,074.	
00101	Medical and other services rendered on or after August 1, 2000 form Worksheet D)	0100	Amounts	26,970,857.	
00102	PPS payments received including outliers	0100	Amounts	16,492,127.	
00103	Enter the Hospital specific payment to cost ratio	0100	Amounts	0.874000	CC Ratio
00104	Line 1.01 times line 1.03	0100	Amounts	23,572,529.	
00105	Line 1.02 divided by line 1.04	0100	Amounts	69.	
00200	Interns and residents	0100	Amounts	507,454.	
00500	Total Cost	0100	Amounts	508,528.	
00600	Reasonable Charges - Ancillary services charges	0100	Amounts	7,551.	

# CR Hospital Reference Report

A sample report of Worksheet E - Payment

Line	Line Description	Col	Column Description	Value	Type
<b>E00</b>	<b>Wkst E Calculation of Reimbursement Settlement</b>				
<b>B</b>	<b>Part B Medical and Other Health Services</b>				
<b>A18</b>	<b>Hospital Medicare</b>				
01000	Reasonable Charges - Total (sum of lines 6 through 9)	0100	Amounts	7,551.	
01100	Customary Charges - Aggregate amount actually collected from patients liable for payment for service	0100	Amounts	3,847,981.	
01200	Customary Charges - Amounts that would have been realized from patient liable for payment (see form)	0100	Amounts	3,847,981.	
01300	Customary Charges - Ratio of line 11 to line 12 (not to exceed 1.000000)	0100	Amounts	1.	
01400	Customary Charges - Total	0100	Amounts	7,551.	
01500	Excess of customary charges over reasonable cost (complete only if line 14 exceed 5)	0100	Amounts	6,477.	
01700	Lesser of cost or charges (lines 5 or line 14)	0100	Amounts	508,528.	
01701	Total prospective payment (sum of lines 1.02, 1.06 and 1.07)	0100	Amounts	16,492,127.	
01801	Reimbursement Settlement - Deductibles and coinsurance relating to amount on line 17.01	0100	Amounts	3,847,981.	
01900	Reimbursement Settlement - Sub Total (line 17 and 17.01 minus lines 18 and 18.01)	0100	Amounts	13,152,674.	
02300	Reimbursement Settlement - Sub Total (Sum of Lines 19 through 22)	0100	Amounts	13,152,674.	
02400	Reimbursement Settlement - Primary payer payments	0100	Amounts	140.	
02500	Reimbursement Settlement - Sub Total (Line 23 minus line 24)	0100	Amounts	13,152,534.	
02800	Bad Debts - Sub Total (Sum of Lines 25, 26, 27, and 27.01)	0100	Amounts	13,152,534.	
03000	Other Adjustments (specify)	0100	Amounts	-876.	
03200	Sub Total (line 28 plus or minus lines 30 and 31 minus line 29)	0100	Amounts	13,151,658.	
03400	Interim payments	0100	Amounts	13,403,613.	
03500	Balance due provider/program (line 32 minus the sum of lines 33, 34 and 34.01)	0100	Amounts	-251,955.	
<b>E01</b>	<b>Wkst E Calculation of Reimbursement Settlement</b>				
<b>B</b>	<b>Part B Medical and Other Health Services</b>				
<b>B18</b>	<b>Provider Medicare</b>				
00101	Medical and other services rendered on or after August 1, 2000 form Worksheet D)	0100	Amounts	1,898.	
00102	PPS payments received including outliers	0100	Amounts	773.	
00103	Enter the Hospital specific payment to cost ratio	0100	Amounts	0.874000	CC Ratio
00104	Line 1.01 times line 1.03	0100	Amounts	1,659.	
00105	Line 1.02 divided by line 1.04	0100	Amounts	46.	
01701	Total prospective payment (sum of lines 1.02, 1.06 and 1.07)	0100	Amounts	773.	
01801	Reimbursement Settlement - Deductibles and coinsurance relating to amount on line 17.01	0100	Amounts	269.	
01900	Reimbursement Settlement - Sub Total (line 17 and 17.01 minus lines 18 and 18.01)	0100	Amounts	504.	
02300	Reimbursement Settlement - Sub Total (Sum of Lines 19 through 22)	0100	Amounts	504.	
02500	Reimbursement Settlement - Sub Total (Line 23 minus line 24)	0100	Amounts	504.	
02800	Bad Debts - Sub Total (Sum of Lines 25, 26, 27, and 27.01)	0100	Amounts	504.	

# CR Hospital Reference Report

A sample report of Worksheet E - Payment

Line	Line Description	Col	Column Description	Value	Type
<b>E01</b>	<b>Wkst E Calculation of Reimbursement Settlement</b>				
<b>B</b>	<b>Part B Medical and Other Health Services</b>				
<b>B18</b>	<b>Provider Medicare</b>				
03200	Sub Total (line 28 plus or minus lines 30 and 31 minus line 29)	0100	Amounts	504.	
03400	Interim payments	0100	Amounts	504.	
<b>E10</b>	<b>Wkst E-1 Analysis of Payments to Providers for Services Rendered</b>				
<b>A18</b>	<b>Hospital Medicare</b>				
00100	Total interim payments paid to provider	0200	Part A Amount	82,983,067.	
00100	Total interim payments paid to provider	0400	Part B Amount	13,403,613.	
00400	Total Interim Payments (Sum of lines 1,2 & 3.99	0200	Part A Amount	82,983,067.	
00400	Total Interim Payments (Sum of lines 1,2 & 3.99	0400	Part B Amount	13,403,613.	
00601	Determined net settlement amount - Program to Provider	0200	Part A Amount	528,782.	
00602	Determined net settlement amount - Program to Provider	0400	Part B Amount	251,955.	
00700	Worksheet E-1 Total Medicare Program Liability	0200	Part A Amount	83,511,849.	
00700	Worksheet E-1 Total Medicare Program Liability	0400	Part B Amount	13,151,658.	
<b>E11</b>	<b>Wkst E-1 Analysis of Payments to Providers for Services Rendered</b>				
<b>B18</b>	<b>Provider Medicare</b>				
00100	Total interim payments paid to provider	0200	Part A Amount	5,606,181.	
00100	Total interim payments paid to provider	0400	Part B Amount	504.	
00400	Total Interim Payments (Sum of lines 1,2 & 3.99	0200	Part A Amount	5,606,181.	
00400	Total Interim Payments (Sum of lines 1,2 & 3.99	0400	Part B Amount	504.	
00602	Determined net settlement amount - Program to Provider	0200	Part A Amount	32,697.	
00700	Worksheet E-1 Total Medicare Program Liability	0200	Part A Amount	5,573,484.	
00700	Worksheet E-1 Total Medicare Program Liability	0400	Part B Amount	504.	
<b>E30</b>	<b>Wkst E-3 Calculation of Reimbursement Settlement</b>				
<b>3</b>	<b>Part 3 Title V or Title XIX Services or Title XVIII SNF PPS Only</b>				
<b>A19</b>	<b>Hospital Medicaid</b>				
00100	Inpatient Hospital/SNF/NF Services	0100	Title 5 or 19	50,959,291.	
00200	Medical and other services	0100	Title 5 or 19	9,701,894.	
00300	Intern and residents Medical and other services	0100	Title 5 or 19	205,218.	
00600	Sub Total (sum of lines 1 through 3)	0100	Title 5 or 19	60,866,403.	
00900	Total cost (lines 6 minus sum of line 7 and 8	0100	Title 5 or 19	60,866,403.	
01000	Reasonable Charges - Routine service charges	0100	Title 5 or 19	58,047,008.	
01100	Reasonable Charges - Ancillary service charges	0100	Title 5 or 19	174,112,854.	
01600	Reasonable Charges - Total (sum of lines 10 to 15)	0100	Title 5 or 19	232,159,862.	
01700	Customary Charges - Amount actually collected from patients liable for payment for services on a cha	0100	Title 5 or 19	1.	
01800	Customary Charges - Amounts that would have been realized from patients liable for payment for servi	0100	Title 5 or 19	1.	
01900	Customary Charges - Ratio of Line 17 to Line 18 (not to exceed 1.000000)	0100	Title 5 or 19	1.000000	Ratio
02000	Customary Charges - Total	0100	Title 5 or 19	232,159,862.	
02100	Excess of customary charges over reasonable cost (enter only if line 15 exceeds line 6)	0100	Title 5 or 19	171,293,459.	
02300	Cost of covered services (Line 9)	0100	Title 5 or 19	60,866,403.	
03000	Sub Total (sum of lines 23 through 29)	0100	Title 5 or 19	60,866,403.	

# CR Hospital Reference Report

A sample report of Worksheet E - Payment

Line	Line Description	Col	Column Description	Value	Type
<b>E30</b>	<b>Wkst E-3 Calculation of Reimbursement Settlement</b>				
<b>3</b>	<b>Part 3 Title V or Title XIX Services or Title XVIII SNF PPS Only</b>				
<b>A19</b>	<b>Hospital Medicaid</b>				
03200	Title 5 or 19 PPS, less of lines 30 or 31, non PPS and title 18 enter amount from line 30	0100	Title 5 or 19	60,866,403.	
03500	Sub Total (line 32 minus sum of lines 33 and 34)	0100	Title 5 or 19	60,866,403.	
04000	Sub Total	0100	Title 5 or 19	60,866,403.	
05200	Sub Total (Line 40 plus/minus lines 50 and 51 minus line 49)	0100	Title 5 or 19	60,866,403.	
05500	Total amount payable to provider (sum of lines 52,53 and 54)	0100	Title 5 or 19	60,866,403.	
05700	Interim payments	0100	Title 5 or 19	31,085,617.	
05800	Balance due provider/program (line 55 minus the sum of lines 56, 57 and 57.01)	0100	Title 5 or 19	29,780,786.	
<b>E31</b>	<b>Wkst E-3 Calculation of Reimbursement Settlement</b>				
<b>1</b>	<b>Part 1 Medicare Part A Services - TEFRA</b>				
<b>B18</b>	<b>Provider Medicare</b>				
00102	Net Federal PPS Payments	0100	Amount	4,051,397.	
00103	Medicare SSI Ratio (IRF PPS only)	0100	Amount	0.	
00104	Inpatient Rehabilitation LIP Payments	0100	Amount	710,429.	
00105	Outlier Payments	0100	Amount	871,832.	
00106	Total PPS Payments (sum of lines 1.01, (1.02, 1.04 for columns 1 and 1.01), 1.05 and 1.42)	0100	Amount	5,633,658.	
00140	IPF - Average daily census	0100	Amount	17.	Census
00400	Sub Total (see instructions)	0100	Amount	5,633,658.	
00600	Sub Total (Line 4 less 5)	0100	Amount	5,633,658.	
00700	Deductibles	0100	Amount	14,144.	
00800	Sub Total (Line 6 minus 7)	0100	Amount	5,619,514.	
00900	Coinsurance	0100	Amount	50,544.	
01000	Sub Total (Line 8 minus 9)	0100	Amount	5,568,970.	
01100	Reimbursable bad debts (esclude bad debts for professioanl services)	0100	Amount	6,448.	
01101	Adjusted reimbursable bad debts	0100	Amount	4,514.	
01200	Sub Total (sum of lines 10 and 11.01)	0100	Amount	5,573,484.	
01700	Total amount payable to the provider	0100	Amount	5,573,484.	
01900	Interim Payments	0100	Amount	5,606,181.	
02000	Balance due provider/program ( line 17 minus the sum of lines 18, 19, 19.01)	0100	Amount	-32,697.	
<b>3</b>	<b>Part 3 Title V or Title XIX Services or Title XVIII SNF PPS Only</b>				
<b>B19</b>	<b>Provider Medicaid</b>				
00100	Inpatient Hospital/SNF/NF Services	0100	Title 5 or 19	209,320.	
00600	Sub Total (sum of lines 1 through 3)	0100	Title 5 or 19	209,320.	
00900	Total cost (lines 6 minus sum of line 7 and 8)	0100	Title 5 or 19	209,320.	
02200	Excess of reasonable cost over customer charges (enter only if Lline 6 exceed line 15)	0100	Title 5 or 19	209,320.	
02300	Cost of covered services (Line 9)	0100	Title 5 or 19	209,320.	
03000	Sub Total (sum of lines 23 through 29)	0100	Title 5 or 19	209,320.	
03200	Title 5 or 19 PPS, less of lines 30 or 31, non PPS and title 18 enter amount from line 30	0100	Title 5 or 19	209,320.	
03400	Excess of Reasonable cost	0100	Title 5 or 19	209,320.	

# CR Hospital Reference Report

A sample report of Worksheet E - Payment

Line	Line Description	Col	Column Description	Value	Type
------	------------------	-----	--------------------	-------	------

---