

4909.50 WORKSHEET H-4 - CALCULATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT

This worksheet provides for the reimbursement calculation of title V; title XVIII, Parts A and B; and title XIX. This computation is required by 42 CFR 413.9, 42 CFR 413.13, and 42 CFR 413.30.

4909.51 Part I - Computation of the Lesser of Reasonable Cost or Customary Charges.

Preventive vaccines and osteoporosis drugs for SNF-based HHAs are paid the lesser of the reasonable cost of services furnished to beneficiaries or the customary charges for the same services. This part provides for the computation of the lesser of reasonable cost as defined in 42 CFR 413.13(b) or customary charges as defined in the 42 CFR 413.13(a).

Line Descriptions

Line 1.--Transfer the costs from Worksheet H-3, Part III as follows:

From Worksheet H-3	to	Worksheet H-4
<u>Part III</u>		<u>Part I</u>
line 2, col. 10		line 1, col. 1
line 2, col. 11		line 1, col. 2

Line 2.--Transfer the charges from Worksheet H-3, Part III, line 2 as follows:

From Worksheet H-3	to	Worksheet H-4
<u>Part III</u>		<u>Part I</u>
line 2, col. 7		line 2, col. 1
line 2, col. 8		line 2, col. 2

Line 3.--Enter in each column the excess of total charges, line 2 over the total reasonable cost, line 1. In situations when, in any column, the total charges on line 2 are less than the total cost on line 1 of the applicable column, enter zero on line 3.

Line 4.--Enter in each column the excess of total reasonable cost, line 1 over total charges, line 2. In situations when, in any column, the total cost on line 1 is less than the total charges on line 2 of the applicable column, enter zero on line 4.

Line 5.--For each column, calculate the reasonable costs of line 1 minus line 4.

4909.52 Part II - Computation of SNF-Based HHA Reimbursement Settlement.

Lines 1 through 4.--Under HHA PPS, enter the payment amounts associated with periods of care completed in the current cost reporting period. Payments for periods of care that overlap cost reporting periods must be recorded in the cost reporting period in which the period was completed. Enter on lines 1 through 4, as applicable, the PPS payment amount for each period of care payment category. Obtain these amounts from your records or PS&R.

Lines 5 and 6.--Enter on lines 5 and 6, as applicable, the appropriate PPS outlier reimbursement amount for each period of care payment category as indicated on the worksheet. Obtain these amounts from your records or PS&R.

Lines 7 through 9.--Enter on lines 7 through 9 the gross payments for prosthetics and orthotics, DME, and oxygen, associated with home health PPS services. Obtain these amounts from your records or PS&R.

Line 10.--Enter on line 10, as applicable, OPSS payments for services rendered. This includes OPSS payments for the administration of pneumococcal, influenza, hepatitis B, and COVID-19 vaccines, and disposable devices such as NPWT devices.

Line 11.--Enter the sum of line 5, columns 1 and 2, and lines 1 through 10. These are the total reimbursable costs.

Line 12.--Enter the deductibles billed to program patients from your records or the PS&R.

Line 13.--Enter the coinsurance billed to program patients from your records or the PS&R.

Line 14.--Enter the amounts paid or payable by the primary payer from your records or the PS&R.

Line 15.--Enter the result of line 11 minus the sum of lines 12 through 14.

Line 16.--Enter Medicare allowable bad debts, reduced by bad debt recoveries. If recoveries exceed the current year's bad debts, lines 16 and 17 will be negative.

Line 17.--Calculate reimbursable bad debts, multiply the amount (including negative amounts) on line 16 by 65 percent.

Line 18.--Enter the allowable bad debts for indigent dual eligible individuals as defined at 42 CFR 413.89(e)(2)(iii). This amount is also included on line 16.

Line 19.--Enter the sum of line 15 and line 17.

Line 20.--Enter all demonstration payment adjustment amounts before sequestration. Obtain this amount from the PS&R.

Line 21.--Enter the result of line 19 minus line 20

Line 22.--Enter the claims based sequestration adjustment amount from the PS&R.

Line 23.--Calculate the sequestration adjustment for non-claims based amounts as [(2 percent times (total days in the cost reporting period that occur during the sequestration period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places)) times the sum of (line 5, columns 1 and 2, plus line 17)]. If the sum of line 5, columns 1 and 2, plus line 17, is less than zero, do not calculate the sequestration adjustment.

Line 24.--Enter all demonstration payment adjustment amounts after sequestration. Obtain this amount from the PS&R.

Line 25.--Enter the amount of other adjustments from the PS&R.

Line 26.--Enter the result of line 21 minus the sum of lines 22 through 25.

Line 27.--Enter the total interim payments from Worksheet H-5, column 2, line 4.

Line 28.--Contractor use only. Enter the total tentative settlement payments from Worksheet H-5, column 2, line 5.99.

Line 29.--Enter the result of line 26 minus lines 27 and 28. This represents the amount due to or from the SNF-based HHA. Transfer to Worksheet S, Part III, line 4, as applicable.

Line 30.--If the SNF-based HHA seeks payment that it believes may not be allowable or may not comport with Medicare policy, enter the protested amounts on this line. Estimate the reimbursement effect of the non-allowable items by applying a reasonable methodology that closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See 42 CFR 413.24(j)(2)). Submit with the cost report a schedule showing the details and computations for amount reported on this line.