

4909.60 WORKSHEET H-5 - ANALYSIS OF PAYMENTS TO SNF-BASED HHA FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

The HHA completes lines 1 through 4. (See 42 CFR 413.64.) Enter Medicare interim payments only; do not complete this worksheet for titles V and XIX.

The contractor completes lines 5 through 8. All amounts reported on this worksheet must be for services rendered during the cost reporting period for costs included in this cost report.

NOTE: DO NOT reduce any interim payments by recoveries because of medical review adjustments where the recoveries were based on a sample percent applied to the universe of claims reviewed and the PS&R was not adjusted.

Line Descriptions

Line 1.--Enter the total Medicare interim payments paid to the HHA for all covered services. Additionally, enter the total Medicare interim payments paid to the HHA for covered osteoporosis drugs paid under OPPTS, and vaccines such as pneumococcal, influenza, hepatitis, and COVID-19 vaccines paid on a cost reimbursement basis. Enter the sum of all interim payments paid on individual bills (net of adjustment bills) for services rendered in this cost reporting period, including amounts that may have been withheld from HHA interim payments due to an offset against overpayments applicable to prior cost reporting periods. Do not include any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate; tentative or net settlement amounts; or interim payments payable. If the HHA is reimbursed under the PIP method of reimbursement, enter the PIP payments received for this cost reporting period. Do not include payments received for services reimbursed on a fee schedule basis.

Line 2.-- Enter the total Medicare interim payments payable on individual bills (amount due for HHA services rendered in the cost reporting period but not paid as of the end of the cost reporting period).

Line 3.--In column 1, enter the date each retroactive lump sum adjustment was paid and, in column 2, enter the corresponding retroactive lump sum adjustment amount. Payments made to the HHA from the Program are reported on lines 3.01 through 3.05 (may be subscripted through line 3.49). Payments paid by the HHA to the program are reported on lines 3.50 through 3.54 (may be subscripted through line 3.98). Report these payments as positive amounts. Enter on line 3.99, column 2, the total net retroactive lump sum payments calculated as the sum of lines 3.01 through 3.49 less the sum of lines 3.50 through 3.98.

NOTE FOR LINE 3: When an amount is due from the SNF-based HHA to the program, show the amount and date on which the SNF-based HHA agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Line 4.--In column 2, enter the total amount of the interim payments (sum of lines 1, 2, and 3.99). Transfer this total to Worksheet H-4, Part II, line 27.

DO NOT COMPLETE THE REMAINDER OF WORKSHEET H-5. LINES 5 THROUGH 7 ARE FOR CONTRACTOR USE ONLY. (EXCEPTION: IF WORKSHEET S, PART I, LINE 3, IS GREATER THAN ZERO (AMENDED COST REPORT), THE SNF-BASED HHA MAY COMPLETE LINES 5 THROUGH 7.)

Line 5.--Report all settlement payments after the cost report is received. In column 1, enter the date of each tentative settlement payment, and, in column 2, enter the corresponding tentative settlement payment amount. Report payments made to the SNF-based HHA from the Program on lines 5.01 through 5.05 (may be subscripted through line 5.49). Report payments paid by the HHA to the program on lines 5.50 through 5.54 (may be subscripted through line 5.98). Report these payments as positive amounts. On line 5.99, enter the total net tentative settlement payments calculated as the sum of lines 5.01 through 5.49 minus the sum of lines 5.50 through 5.98.

For each cost report reopening, report all settlement payments prior to the current reopening settlement on line 5.

NOTE FOR LINES 5 and 6: When an amount is due from the SNF-based HHA to the program, show the amount and date on which the SNF-based HHA agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Line 6.--Enter the net settlement amount from Worksheet H-4, Part II, line 29, and the date of the payment. If Worksheet H-4, Part II, line 29, is a positive amount, i.e., amount due the provider, report the amount on line 6.01, column 2, and, in column 1, enter the date of the NPR. If Worksheet H-4, Part II, line 29, is a negative amount, i.e., amount due the program, report the amount on line 6.02, column 2, and, in column 1, enter the date on which the provider agrees to the amount of repayment even though the total repayment is not accomplished until a later date.

Line 7.--In column 2, enter the sum of the amounts from column 2, lines 4, 5.99, and 6.01 or 6.02. Line 7, column 2, must equal Worksheet H-4, Part II, line 26.

Line 8.--Enter the contractor name, contractor number, and NPR date in columns 1, 2 and 3, respectively.