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|---|---------------------------|------------------------------------|--------------------------------|
| CALCULATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT | PROVIDER CCN: HHA CCN: | PERIOD : FROM _____ TO _____ | WORKSHEET H-4, Parts I & II |
|---|---------------------------|------------------------------------|--------------------------------|

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

| Description | Part A 1 | Part B | | |
|---|-------------|---|---|---|
| | | Not Subject to Deductibles & Coinsurance 2 | Subject to Deductibles & Coinsurance 3 | |
| Reasonable Cost of Part A & Part B Services | | | | |
| 1 Reasonable cost of services (see instructions) | | | | 1 |
| 2 Total charges | | | | 2 |
| Customary Charges | | | | |
| 3 Amount actually collected from patients liable for payment for services on a charge basis (from your records) | | | | 3 |
| 4 Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b) | | | | 4 |
| 5 Ratio of line 3 to line 4 (not to exceed 1.000000) | | | | 5 |
| 6 Total customary charges (see instructions) | | | | 6 |
| 7 Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1) | | | | 7 |
| 8 Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6) | | | | 8 |
| 9 Primary payer amounts | | | | 9 |

PART II - COMPUTATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT

| Description | Part A Services | Part B Services | |
|---|-----------------|-----------------|-------|
| | 1 | 2 | |
| 10 Total reasonable cost (see instructions) | | | 10 |
| 11 Total PPS Reimbursement - Full Episodes without Outliers | | | 11 |
| 12 Total PPS Reimbursement - Full Episodes with Outliers | | | 12 |
| 13 Total PPS Reimbursement - LUPA Episodes | | | 13 |
| 14 Total PPS Reimbursement - PEP Episodes | | | 14 |
| 15 Total PPS Outlier Reimbursement - Full Episodes with Outliers | | | 15 |
| 16 Total PPS Outlier Reimbursement - PEP Episodes | | | 16 |
| 17 Total Other Payments | | | 17 |
| 18 DME Payments | | | 18 |
| 19 Oxygen Payments | | | 19 |
| 20 Prosthetic and Orthotic Payments | | | 20 |
| 21 Part B deductibles billed to Medicare patients (exclude coinsurance) | | | 21 |
| 22 Subtotal (sum of lines 10 through 20 minus line 21) | | | 22 |
| 23 Excess reasonable cost (from line 8) | | | 23 |
| 24 Subtotal (line 22 minus line 23) | | | 24 |
| 25 Coinsurance billed to program patients (from your records) | | | 25 |
| 26 Net cost (line 24 minus line 25) | | | 26 |
| 27 Allowable bad debts (from your records) | | | 27 |
| 28 Allowable bad debts for dual eligible beneficiaries (see instructions) | | | 28 |
| 29 Total costs - current cost reporting period (line 26 plus line 27) | | | 29 |
| 30 Other adjustments (see instructions) (specify) | | | 30 |
| 30.50 Demonstration payment adjustment amount before sequestration | | | 30.50 |
| 30.55 Demonstration payment adjustment amount after sequestration | | | 30.55 |
| 30.99 Sequestration amount (see instructions) | | | 30.99 |
| 31 Subtotal (see instructions) | | | 31 |
| 32 Interim payments (see instructions) | | | 32 |
| 33 Tentative settlement (for contractor use only) | | | 33 |
| 34 Balance due provider/program (see instructions) | | | 34 |
| 35 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | | | 35 |