

ANALYSIS OF PAYMENTS TO SNF-BASED HHA FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER CCN: HHA CCN:	PERIOD : FROM _____ TO _____	WORKSHEET H-5
--	-------------------------------	------------------------------------	---------------

Description	Part A		Part B		Amount
	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	1	2	3	4	
1 Total interim payments paid to provider					1
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary/contractor for services rendered in the cost reporting period. If none, enter zero.					2
3 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE," or enter a zero. (1)	Program to Provider	.02			3.01
		.03			3.02
		.04			3.03
		.05			3.04
		.50			3.05
	Provider to Program	.51			3.50
		.52			3.51
		.53			3.52
		.54			3.53
		.99			3.54
SUBTOTAL (sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)					3.99
4 TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (Transfer to Wkst. H-4, Part II, column as appropriate, line 32)					4

TO BE COMPLETED BY CONTRACTOR

5 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE," or enter a zero. (1)	Program to Provider	.01			5.01
		.02			5.02
		.03			5.03
	Provider to Program	.50			5.50
		.51			5.51
		.52			5.52
		.99			5.52
SUBTOTAL (sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)					5.99
6 Determine net settlement amount (balance due) based on the cost report (1)	Program to Provider	.01			6.01
	Provider to Program	.02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8 Name of Contractor	Contractor Number				8

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program," show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.