

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR SNF-BASED RHC/FQHC SERVICES	PROVIDER CCN:	PERIOD :	WORKSHEET I-3
	RHC/FQHC CCN:	FROM _____ TO _____	

Check applicable box:	<input type="checkbox"/> Title V	<input type="checkbox"/> Title XVIII	<input type="checkbox"/> Title XIX
Check applicable box:	<input type="checkbox"/> RHC	<input type="checkbox"/> FQHC	

PART I - DETERMINATION OF RATE FOR SNF-BASED RHC/FQHC SERVICES

1	Total allowable cost of RHC/FQHC services (from Wkst. I-2, Pt. II, line 20)		1
2	Cost of vaccines and their administration (from Wkst. I-4, line 15)		2
3	Total allowable cost excluding vaccine (line 1 minus line 2)		3
4	Total FTEs and visits (from Wkst. I-2, col. 5, line 10)		4
5	Physicians' visits under agreement (from Wkst. I-2, col. 5, line 11)		5
6	Total adjusted visits (line 4 plus line 5)		6
7	Adjusted cost per visit (line 3 divided by line 6)		7

CALCULATION OF LIMIT

Lines 8 through 14: Fiscal year RHC/FQHC use columns 1 and 2.		Prior to January 1	On or after January 1	
Lines 8 through 14: Calendar year RHC/FQHC use column 2 only.		1	2	
8	Rate per visit limit (from your contractor)			8
9	Rate for Program covered visits (see instructions)			9

PART II - CALCULATION OF SETTLEMENT FOR SNF-BASED RHC/FQHC SERVICES

10	Program covered visits excluding mental health services (from contractor records)		10
11	Program cost excluding costs for mental health services (line 9 x line 10)		11
12	Program covered visits for mental health services (from contractor records)		12
13	Program covered cost for mental health services (line 9 x line 12)		13
14	Limit adjustment for mental health services (see instructions)		14
15	Total Program cost (sum of line 11 cols. 1 and 2, plus line 14 cols. 1 and 2)		15
15.01	Total Program charges (see instructions) (from contractor records)		15.01
15.02	Total Program preventive charges (see instructions) (from provider records)		15.02
15.03	Total Program preventive costs ((line 15.02/line 15.01) times line 15)		15.03
15.04	Total Program non-preventive costs ((line 15 minus lines 15.03 and 17) times .80)		15.04
15.05	Total Program cost (see instructions)		15.05
16	Primary payer amounts		16
17	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		17
18	Less: Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		18
19	Net Program cost excluding vaccines (see instructions)		19
20	Program cost of vaccines and their administration (from Wkst. I-4, line 16)		20
21	Total reimbursable Program cost (line 19 plus 20)		21
22	Allowable bad debts		22
22.01	Reimbursable bad debts (see instructions)		22.01
23	Allowable bad debts for dual eligible beneficiaries (see instructions)		23
24	Other adjustments		24
24.50	Demonstration payment adjustment amount before sequestration		24.50
24.55	Demonstration payment adjustment amount after sequestration		24.55
25	Net reimbursable amount (see instructions)		25
25.01	Sequestration amount (see instructions)		25.01
26	Interim payments (from Wkst. I-5, line 4)		26
27	Tentative settlement (for contractor use only)		27
28	Balance due RHC/FQHC/Program (see instructions)		28
29	Protested amounts (nonallowable cost report items) in accordance with CMS Publ. 15-2, § 115.2		29