

ANALYSIS OF PAYMENTS TO SNF-BASED RHC/FQHC FOR SERVICES RENDERED	PROVIDER CCN:	PERIOD :	WORKSHEET 1 - 5
	RHC/FQHC CCN:	FROM _____ TO _____	

Check applicable box: RHC FQHC

Description	mm/dd/yyyy		Amount
	1		2
1 Total interim payments paid to RHC/FQHC			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 RHC/FQHC	.01	3.01
		.02	3.02
		.03	3.03
		.04	3.04
		.05	3.05
	RHC/FQHC to Program	.50	3.50
		.51	3.51
		.52	3.52
		.53	3.53
		.54	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. 1-3, line 26)			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 RHC/FQHC	.01	5.01
		.02	5.02
		.03	5.03
	RHC/FQHC to Program	.50	5.50
		.51	5.51
		.52	5.52
	SUBTOTAL (sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		
6 Determine net settlement amount (balance due) based on the cost report (1)	Program to RHC/FQHC	.01	6.01
	RHC/FQHC 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 "RHC/FQHC to Program," show the amount and date on which the RHC/FQHC agrees to the amount of repayment, even though total repayment is not accomplished until a later date.