

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

SELECT PROGRAM	<input type="checkbox"/> TITLE V	<input type="checkbox"/> TITLE XVIII	<input type="checkbox"/> TITLE XIX
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PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

		NOT SUBJECT TO DEDUCTIBLES AND COINSURANCE	SUBJECT TO DEDUCTIBLES AND COINSURANCE	
		1	2	
1	REASONABLE COST OF SERVICES			1
2	TOTAL CHARGES			2
3	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			3
4	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			4
5	TOTAL OF REASONABLE COST			5

PART II - COMPUTATION OF SNF - BASED HHA REIMBURSEMENT SETTLEMENT

		1		
1	TOTAL PPS PAYMENT - FULL PERIODS WITHOUT OUTLIERS			1
2	TOTAL PPS PAYMENT - FULL PERIODS WITH OUTLIERS			2
3	TOTAL PPS PAYMENT - LUPA PERIODS			3
4	TOTAL PPS PAYMENT - PEP PERIODS			4
5	TOTAL PPS OUTLIER PAYMENT - FULL PERIODS WITH OUTLIERS			5
6	TOTAL PPS OUTLIER PAYMENT - PEP PERIODS			6
7	PROSTHETICS AND ORTHOTICS PAYMENT			7
8	DME PAYMENT			8
9	OXYGEN PAYMENT			9
10	PAYMENT FOR SERVICES REIMBURSED UNDER OPPTS			10
11	TOTAL REIMBURABLE COST			11
12	DEDUCTIBLES BILLED TO PROGRAM PATIENTS			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS			13
14	PRIMARY PAYER PAYMENTS			14
15	SUBTOTAL OF REIMBURSABLE COSTS			15
16	ALLOWABLE BAD DEBTS			16
17	ADJUSTED REIMBURSABLE BAD DEBTS			17
18	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			18
19	NET REIMBURSABLE AMOUNT BEFORE DEMONSTRATION PAYMENT ADJUSTMENTS			19
20	OTHER DEMONSTRATION PAYMENT ADJUSTMENT AMOUNTS BEFORE SEQUESTRATION			20
21	AMOUNT DUE HHA PRIOR TO SEQUESTRATION ADJUSTMENT			21
22	SEQUESTRATION ADJUSTMENT FOR CLAIMS-BASED AMOUNTS			22
23	SEQUESTRATION ADJUSTMENT FOR NON-CLAIMS-BASED AMOUNTS			23
24	OTHER DEMONSTRATION PAYMENT ADJUSTMENT AMOUNTS AFTER SEQUESTRATION			24
25	OTHER ADJUSTMENTS			25
26	SUBTOTAL OF AMOUNT DUE HHA / MEDICARE PROGRAM			26
27	TOTAL INTERIM PAYMENTS			27
28	TENTATIVE SETTLEMENT AMOUNTS			28
29	BALANCE DUE HHA / MEDICARE PROGRAM			29
30	PROTESTED AMOUNTS			30