

|   |               |              |               |
|---|---------------|--------------|---------------|
| ANALYSIS OF PAYMENTS TO SNF - BASED HOME HEALTH AGENCY FOR SERVICES<br>RENDERED TO MEDICARE BENEFICIARIES | PROVIDER CCN: | PERIOD:      | WORKSHEET H-5 |
|   | HHA CCN:      | FROM:<br>TO: |               |

|   |  | DATE                      |             | AMOUNT |   |      |
|---|--|---------------------------|-------------|--------|---|------|
|   |  | 1                         | 2           |        |   |      |
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER      |                           |             |        | 1 |      |
| 2 | INTERIM PAYMENTS PAYABLE                     |                           |             |        | 2 |      |
| 3 | RETROACTIVE LUMP SUM ADJUSTMENTS             | PROGRAM<br>TO<br>PROVIDER | .01         |        |   | 3.01 |
|   |  |                           | .02         |        |   | 3.02 |
|   |  |                           | .03         |        |   | 3.03 |
|   |  |                           | .04         |        |   | 3.04 |
|   |  |                           | .05         |        |   | 3.05 |
|   |  | PROVIDER<br>TO<br>PROGRAM | .50         |        |   | 3.50 |
|   |  |                           | .51         |        |   | 3.51 |
|   |  |                           | .52         |        |   | 3.52 |
|   |  |                           | .53         |        |   | 3.53 |
|   |  |                           | .54         |        |   | 3.54 |
|   |  |                           | SUBTOTAL    | .99    |   |      |
| 4 | TOTAL INTERIM PAYMENTS                       |                           |             |        | 4 |      |
| 5 | CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS    | PROGRAM<br>TO<br>PROVIDER | .01         |        |   | 5.01 |
|   |  |                           | .02         |        |   | 5.02 |
|   |  |                           | .03         |        |   | 5.03 |
|   |  |                           | .04         |        |   | 5.04 |
|   |  |                           | .05         |        |   | 5.05 |
|   |  | PROVIDER<br>TO<br>PROGRAM | .50         |        |   | 5.50 |
|   |  |                           | .51         |        |   | 5.51 |
|   |  |                           | .52         |        |   | 5.52 |
|   |  |                           | .53         |        |   | 5.53 |
|   |  |                           | .54         |        |   | 5.54 |
|   |  |                           | SUBTOTAL    | .99    |   |      |
| 6 | CONTRACTOR: NET SETTLEMENT AMOUNT            | PROGRAM TO PROVIDER       | .01         |        |   | 6.01 |
|   |  | PROVIDER TO PROGRAM       | .02         |        |   | 6.02 |
| 7 | CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY |                           |             |        | 7 |      |
| 8 | NAME OF CONTRACTOR                           | CONTRACTOR NUMBER         | DATE OF NPR |        | 8 |      |
|   | 1  | 2                         | 3           |        |   |      |