

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	PROVIDER NO.:	PERIOD:	WORKSHEET H-7, Parts I & II
	HHA NO.:	FROM _____ TO _____	

Check Applicable Box	<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**

Description	Part A 1	Part B		
		Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
Reasonable Cost of Part A & Part B Services				
1 Reasonable cost of services (see instructions)				1
2 Total charges				2
Customary Charges				
3 Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4 Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)				4
5 Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6 Total customary charges (see instructions)				6
7 Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8 Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9 Primary payer amounts				9

**PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT**

Description	Part A Services	Part B Services	
	1	2	
10 Total reasonable cost (see instructions)			10
10.01 Total PPS Reimbursement - Full Episodes without Outliers			10.01
10.02 Total PPS Reimbursement - Full Episodes with Outliers			10.02
10.03 Total PPS Reimbursement - LUPA Episodes			10.03
10.04 Total PPS Reimbursement - PEP Episodes			10.04
10.05 Total PPS Reimbursement - SCIC within a PEP Episodes			10.05
10.06 Total PPS Reimbursement - SCIC Episodes			10.06
10.07 Total PPS Outlier Reimbursement - Full Episodes with Outliers			10.07
10.08 Total PPS Outlier Reimbursement - PEP Episodes			10.08
10.09 Total PPS Outlier Reimbursement - SCIC within a PEP Episodes			10.09
10.10 Total PPS Outlier Reimbursement - SCIC Episodes			10.10
10.11 Total Other Payments			10.11
10.12 DME Payments			10.12
10.13 Oxygen Payments			10.13
10.14 Prosthetic and Orthotic Payments			10.14
11 Part B deductibles billed to Medicare patients (exclude coinsurance)			11
12 Subtotal (sum of lines 10 thru 10.14 minus line 11)			12
13 Excess reasonable cost (from line 8)			13
14 Subtotal (line 12 minus line 13)			14
15 Coinsurance billed to program patients (from your records)			15
16 Net cost (line 14 minus line 15)			16
17 Reimbursable bad debts (from your records)			17
17.01 Reimbursable bad debts for dual eligible beneficiaries (see instructions)			17.01
18 Total costs - current cost reporting period (line 16 plus line 17)			18
19 Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets			19
20 Recovery of excess depreciation resulting from agencies' termination or decrease in program utilization			20
21 Other adjustments (see instructions) (specify)			21
22 Subtotal (line 18 plus/minus lines 19 and 21 minus line 20)			22
23 Sequestration adjustment (see instructions)			23
24 Subtotal (line 22 minus line 23)			24
25 Interim payments (see instructions)			25
25.01 Tentative settlement (for fiscal intermediary use only)			25.01
26 Balance due provider/program (line 24 minus lines 25 and 25.01)			26
27 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			27

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3648.2)