

Line 20--Enter the Medicare reimbursement effect of protested items. Estimate the reimbursement effect of the non-allowable items by applying a reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See CMS Pub. 15-2, chapter 1, §115.2.) Attach a schedule showing the supporting details and computations for this line.

4071.4. WORKSHEET N-5 - ANALYSIS OF PAYMENTS TO HOSPITAL-BASED FQHC FOR SERVICES RENDERED

Complete lines 1 through 4 of this worksheet for Medicare interim payments only. The remainder of this worksheet is completed by your contractor.

Line descriptions

Line 1--Enter the total Medicare interim payments paid to the hospital-based FQHC. The amount entered must reflect the sum of all interim payments paid on individual bills (net of adjustment bills) for services, *including IOP services paid under OPPS*, rendered in this cost reporting period and amounts withheld from your interim payments due to an offset against overpayments applicable to prior cost reporting periods. Do not include MA supplemental payments on this worksheet. Do not include (1) any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate, (2) tentative or net settlement amounts, or (3) interim payments payable.

Line 2--Enter the total Medicare interim payments payable on individual bills. Since the cost in the cost report is on an accrual basis, this line represents the amount of services rendered in the cost reporting period but not paid as of the end of the cost reporting period. It does not include payments reported on line 1.

Line 3--Enter the amount of each retroactive lump sum adjustment and the applicable date.

Line 4--Enter the total amount of the interim payments (sum of lines 1, 2, and 3.99). Transfer this amount to Worksheet N-4, line 17.

DO NOT COMPLETE THE REMAINDER OF WORKSHEET N-5. LINES 5 THROUGH 8 ARE FOR CONTRACTOR USE ONLY. (EXCEPTION: IF WORKSHEET S, PART I, LINE 5 IS "5" (AMENDED COST REPORT), THE HOSPITAL-BASED FQHC MAY COMPLETE THIS SECTION.)

Line 5--List separately each tentative settlement payment after the cost report is accepted together with the date of payment. If the cost report is reopened after the NPR has been issued, report all settlement payments prior to the current reopening on this line.

Line 6--Enter the net settlement amount (balance due the hospital-based FQHC or balance due the program) for the NPR, or, if this settlement is after a reopening of the NPR, for this reopening. Enter in column 2, the amount from Worksheet N-4, line 19.

NOTE: On lines 3, 5, and 6, when a hospital-based FQHC to program amount is due, show the amount and date the FQHC agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Line 7--Enter the sum of the amounts on lines 4, 5.99, and 6, in column 2. Enter amounts due the program as a negative number. The amount in column 2 must equal the amount on Worksheet N-4, line 16, less the amount on line 16.01.