

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	PROVIDER NO.:	PERIOD:	WORKSHEET M-3
	_____	FROM _____	
	COMPONENT NO.:	TO _____	

Check	<input type="checkbox"/> RHC	<input type="checkbox"/> Title V	<input type="checkbox"/> Title XIX
Applicable Box:	<input type="checkbox"/> FQHC	<input type="checkbox"/> Title XVIII	

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		1
2	Cost of vaccines and their administration (from Worksheet M-4, line 15)		2
3	Total allowable cost excluding vaccine (line 1 minus line 2)		3
4	Total Visits (from Worksheet M-2, column 5, line 8)		4
5	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		5
6	Total adjusted visits (line 4 plus line 5)		6
7	Adjusted cost per visit (line 3 divided by line 6)		7

		Calculation of Limit (1)		
		Prior to January 1	On or after January 1	
		1	2	
8	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your intermediary)			8
9	Rate for Program covered visits (see instructions)			9

CALCULATION OF SETTLEMENT

10	Program covered visits excluding mental health services (from intermediary records)			10
11	Program cost excluding costs for mental health services (line 9 x line 10)			11
12	Program covered visits for mental health services (from intermediary records)			12
13	Program covered cost from mental health services (line 9 x line 12)			13
14	Limit adjustment for mental health services (line 13 x 62.5%)			14
15	Graduate Medical Education Pass Through Cost (see instructions)			15
16	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			16
16.01	Primary payer amounts			16.01
17	Less: Beneficiary deductible (from intermediary records)			17
18	Net Program cost excluding vaccines (line 16 minus sum of lines 16.01 and 17)			18
19	Reimbursable cost of RHC/FQHC services, excluding vaccine (80% of line 18)			19
20	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			20
21	Total reimbursable Program cost (line 19 plus line 20)			21
22	Reimbursable bad debts (see instructions)			22
22.01	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			22.01
23	Other adjustments (see instructions) (specify)			23
24	Net reimbursable amount (lines 21 plus 22 plus or minus line 23)			24
25	Interim payments			25
25.01	Tentative settlement (for fiscal intermediary use only)			25.01
26	Balance due component/program (line 24 minus lines 25 and 25.01)			26
27	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2			27

(1) Lines 8 through 14: Fiscal year providers use columns 1 & 2, calendar year providers use column 2 only.

* For line 15, use column 2 only for graduate medical education pass through cost.