

CALCULATION OF HOSPITAL-BASED FQHC REIMBURSEMENT SETTLEMENT		PROVIDER CCN: _____	PERIOD: FROM: _____	WORKSHEET N-4
		COMPONENT CCN: _____	TO: _____	

1	FQHC PPS <i>a</i> amount (see instructions)		1
2	Medicare cost of injections/infusions and administration (From Worksheet N-3, line 16)		2
3	Medicare advantage supplemental payments (for information only)		3
4	Total (sum of lines 1 <i>and</i> 2)		4
5	Primary payer payments		5
6	Total amount payable for program beneficiaries (line 4 minus line 5)		6
7	Coinsurance billed to program beneficiaries		7
8	Net Medicare reimbursement excluding bad debts (line 6 minus line 7)		8
9	Allowable bad debts (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		10
11	Allowable bad debts for dual eligible beneficiaries (see instructions)		11
12	Subtotal (line 8 plus line 10)		12
13	Other adjustments (specify) (see instructions)		13
13.99	Demonstration payment adjustment amount before sequestration		13.99
14	Amount due hospital-based FQHC prior to the sequestration adjustment (see instructions)		14
15	Sequestration adjustment (see instructions)		15
15.25	Sequestration for non-claims based amounts (see instructions)		15.25
16	Amount due hospital-based FQHC after sequestration adjustment (see instructions)		16
16.01	Demonstration payment adjustment amount after sequestration		16.01
17	Interim payments (from Worksheet N-5, col. 2, line 4)		17
18	Tentative settlement (for contractor use only)		18
19	Balance due hospital-based FQHC/program (line 16 minus lines 16.01, 17 and 18)		19
20	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		20