

Line 30--Enter the program reimbursement effect of protested items. The reimbursement effect of the nonallowable items is estimated 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. 15-1, chapter 1, §115.2.) A schedule showing the supporting details and computations must be attached.

4069. WORKSHEET M-4 - COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

The cost and administration of pneumococcal and influenza vaccine to Medicare beneficiaries are 100 percent reimbursable by Medicare. This worksheet provides for the computation of the cost of these vaccines. Additionally, only use this worksheet for vaccines rendered to patients who, at the time of receiving the vaccine(s), were not inpatients or outpatients of the hospital. If a patient simultaneously received vaccine(s) with any Medicare covered services as an inpatient or outpatient of the hospital, those vaccine costs are reimbursed through the hospital and cannot be claimed by the hospital-based RHC/FQHC. Additionally, in accordance with §3713 of the CARES Act, during the COVID-19 PHE, this worksheet computes the cost of COVID-19 vaccines and monoclonal antibody products for treatment of COVID-19 and their administration to Medicare and MA enrollees for calendar years 2020 and 2021.

Report the applicable data in columns 1, 2, 2.01, and 2.02, for pneumococcal vaccines, influenza vaccines, COVID-19 vaccines, and monoclonal antibody products for treatment of COVID-19, authorized for use during the COVID-19 PHE. The data entered in all columns (1, 2, 2.01, and 2.02) for lines 4, 11, 13, and 13.01, are mutually exclusive; that is, the injection/infusion costs, the total number of injection/infusion administered, and the total number of Medicare/MA covered injections/infusions must only be represented one time in the appropriate column.

Line 1--Enter the health care staff cost from Worksheet M-1, column 7, line 10.

Line 2--Enter the ratio of the estimated percentage of time involved in administering injections/infusions, including the time involved in administering COVID-19 vaccines and monoclonal antibodies for treatment of COVID-19, to the total health care staff time. Do not include physician service under agreement time in this calculation.

Line 3--Multiply the amount on line 1 by the amount on line 2 and enter the result.

Line 4--Enter the cost of injections/infusions and related medical supplies from your records. Do not include cost of monoclonal antibody products for COVID-19 provided by the government free of charge, as was the case upon the product's initial availability in response to the COVID-19 PHE.

Line 5--Enter the sum of lines 3 and 4.

Line 6--Enter the amount from Worksheet M-1, column 7, line 22. This is your total direct cost of the facility.

Line 7--Enter the amount from Worksheet M-2, line 19.

Line 8--Divide the amount on line 5 by the amount on line 6 and enter the result.

Line 9--Multiply the amount on line 7 by the amount on line 8 and enter the result.

Line 10--Enter the sum of the amounts on lines 5 and 9.

Line 11--Enter the total number of injections/infusions from your records.

Line 12--Enter the cost per injection/infusion by dividing the amount on line 10 by the number on line 11.

Line 13--Enter the number of injections/infusions from your records or the PS&R.

Line 13.01--For services rendered in calendar years 2020 and 2021, enter from your records the number of COVID-19 injections/infusions administered to MA enrollees, in columns 2.01 and 2.02, respectively.

Line 14--Enter the program cost for vaccine injections by multiplying the amount on line 12 by the sum of the amounts on lines 13 and 13.01, as applicable.

Line 15--Enter the total cost of injections/infusions and their administration costs in column 2. This is equal to the sum of the amounts in columns 1, 2, 2.01, and 2.02, line 10.

Transfer this amount to Worksheet M-3, line 2.

Line 16--Enter the Medicare cost of injections/infusions and their administration costs in column 2. This is equal to the sum of the amounts in columns 1, 2, 2.01, and 2.02, line 14.

Transfer the result to Worksheet M-3, line 21.

4070. WORKSHEET M-5 - ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Complete this worksheet for Medicare interim payments only. If you have more than one hospital-based RHC/FQHC, complete a separate worksheet for each facility.

Complete the identifying information on lines 1 through 4. The remainder of the worksheet is completed by your contractor.

Line Descriptions

Line 1--Enter the total program interim payments paid to the hospital-based RHC/FQHC. The amount entered reflects the sum of all interim payments paid on individual bills (net of adjustment bills) for services rendered in this cost reporting period. The amount entered includes amounts withheld from the component's interim payments due to an offset against overpayments to the component applicable to prior cost reporting periods. It does not include any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate, or tentative or net settlement amounts, nor does it include interim payments payable.

Line 2--Enter the total program 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--Transfer the total interim payments to the title XVIII Worksheet M-3, line 27.

DO NOT COMPLETE THE REMAINDER OF WORKSHEET M-5. LINES 5 THROUGH 7 ARE FOR CONTRACTOR USE ONLY. (EXCEPTION: IF WORKSHEET S, PART I, LINE 5 IS "5" (AMENDED COST REPORT), THE HOSPITAL-BASED RHC/FQHC MAY COMPLETE THIS SECTION.)

Line 5--List separately each tentative settlement payment after desk review 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 settlement on line 5.