

4071.3.       WORKSHEET N-4 - CALCULATION OF HOSPITAL-BASED FQHC REIMBURSEMENT SETTLEMENT

This worksheet provides for the reimbursement calculation for hospital-based FQHC services rendered to program patients under the FQHC PPS. It also provides for an accumulation of pneumococcal and influenza vaccine reimbursement and Medicare Advantage (MA) supplemental payments.

Line 1--FQHC services are paid in accordance with the FQHC PPS. Enter the total PPS payments for hospital-based FQHC visits rendered during the cost reporting period. Obtain this from the PS&R report.

Line 2--Enter the Medicare costs for pneumococcal and influenza vaccines and their administration from Worksheet N-3, line 16.

Line 3--Medicare advantage supplemental payments are made to a FQHC when the amount paid by the managed care organization is less than the amount paid under the FQHC PPS on a per visit basis. Enter the total amount of Medicare advantage supplemental payments from the PS&R 778 report. This data is captured for informational purposes only and does not impact cost report settlement.

Line 4--Enter the sum of lines 1 and 2.

Line 5--Enter the primary payer amounts from the PS&R.

Line 6--Enter the result of line 4 minus line 5.

Line 7--Enter the Part B coinsurance.

Line 8--Enter the result of line 6 minus line 7.

Line 9--Enter Medicare allowable bad debts, reduced by bad debt recoveries. If recoveries exceed the current year's bad debts, lines 9 and 10 will be negative. (See CMS Pub. 15-1, chapter 3.)

Line 10--Multiply the amount (including negative amounts) from line 9 by 65 percent.

Line 11--Enter the gross reimbursable bad debts for dual eligible beneficiaries. This amount is reported for statistical purposes only. These amounts also are included on line 9.

Line 12--Enter the sum of lines 8 and 10.

Line 13--This line is used to enter any other adjustments. Enter the amount in column 1 and include a description of the adjustment in the space provided.

Line 13.99--Enter any demonstration payment adjustment amounts for demonstration projects in which the provider participated where the demonstration adjustment amounts are subject to the sequestration adjustment. Obtain this amount from the PS&R.

Line 14--Enter the result of line 12 plus or minus lines 13 and 13.99.

Line 15--Enter the sequestration adjustment amount as [(2 percent times (total days in the cost reporting period that occur during the sequestration period beginning on or after April 1, 2013, divided by total days in the entire cost reporting period, rounded to four decimal places)) times line 14]. Do not apply the sequestration calculation when gross reimbursement is less than zero.

Line 16--Enter the result of line 14 minus line 15.

Line 16.01--Enter any demonstration payment adjustment amounts for demonstration projects in which the provider participated where the demonstration adjustment amounts are not subject to the sequestration adjustment. Obtain this amount from the PS&R.

Line 17--Enter the amount of interim payments from Worksheet N-5, column 2, line 4.

Line 18--FOR CONTRACTOR USE ONLY--Enter the tentative settlement amount from Worksheet N-5, column 2, line 5.99.

Line 19--Enter the total amount due to/from the program (line 16 minus lines 16.01, 17, and 18). Transfer this amount to Worksheet S, Part III, column 3, line 11.

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.