

ANALYSIS OF PAYMENTS TO PROVIDERS
FOR SERVICES RENDERED

PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-1, PART I
COMPONENT CCN: _____		

Check applicable box:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> PARHM Demonstration
	<input type="checkbox"/> IPF	<input type="checkbox"/> SNF	<input type="checkbox"/> PARHM CAH Swing-Bed SNF
	<input type="checkbox"/> IRF	<input type="checkbox"/> Swing-Bed SNF	<input type="checkbox"/> CHART Model
			<input type="checkbox"/> CHART CAH Swing-Bed SNF

Description	Inpatient Part A		Part B		
	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	1	2	3	4	
1 Total interim payments paid to provider					1
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write "NONE" or enter a zero					2
3 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Subtotal (sum of lines 3.01- 3.49 minus sum of lines 3.50-3.98)	Program to Provider	.01			3.01
		.02			3.02
		.03			3.03
		.04			3.04
		.05			3.05
	Provider to Program	.50			3.50
		.51			3.51
		.52			3.52
		.53			3.53
		.54			3.54
	.99			3.99	
4 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)					4
5 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50 -5.98)	Program to Provider	.01			5.01
		.02			5.02
		.03			5.03
	Provider to Program	.50			5.50
		.51			5.51
		.52			5.52
	.99			5.99	
6 Determined net settlement amount (balance due) based on the cost report (1)	Program to Provider	.01			6.01
	Provider to Program	.02			6.02
7 Total Medicare program liability (see instructions)					7
8 Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.