### Calculation of Reimbursement

**Settlement for Hospital-Based RHC/FQHC Services**

**Check applicable boxes:**
- [ ] Hospital-based RHC
- [ ] Hospital-based FQHC
- [ ] Title V
- [ ] Title XVIII
- [ ] Title XI

**Worksheet M-3**

**Check**

**Provider CCN:**

**Component CCN:**

**Period:**
- FROM
- TO

#### Determination of Rate for Hospital-Based RHC/FQHC Services

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

#### Calculation of Limit

<table>
<thead>
<tr>
<th>Payment Limit</th>
<th>Payment Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1</td>
<td>Period 2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

8. Per visit payment limit (from CMS Pub. 100-04, chapter 9, [20, 6, or your contractor])
9. Rate for Program covered visits (see instructions)

#### Calculation of Settlement

10. Program covered visits excluding mental health services (from contractor records)
11. Program cost excluding costs for mental health services (line 9 x line 10)
12. Program covered visits for mental health services (from contractor records)
13. Program covered cost from mental health services (line 9 x line 12)
14. Limit adjustment for mental health services (see instructions)
15. Graduate Medical Education pass-through cost (see instructions)
16. Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3)
16.01. Total program charges (see instructions) (from contractor's records)
16.02. Total program preventive charges (see instructions) (from provider's records)
16.03. Total program preventive costs (see instructions)
16.04. Total program non-preventive costs (see instructions)
16.05. Total program cost (see instructions)

#### Other Adjustments

17. Primary payer amounts
18. Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)
19. Less: Beneficiary coinsurance for RHC-FQHC services (see instructions) (from contractor records)
20. Net Medicare cost excluding vaccines (see instructions)
21. Program cost of vaccines and their administration (from Worksheet M-4, line 16)
22. Total reimbursable Program cost (line 20 plus line 21)
23. Allowable bad debts (see instructions)
23.01. Adjusted reimbursable bad debts (see instructions)
24. Allowable bad debts for dual eligible beneficiaries (see instructions)
25. Other adjustments (specify) (see instructions)
25.99. Demonstration payment adjustment amount before sequestration
26. Net reimbursable amount (see instructions)
26.01. Sequestration adjustment (see instructions)
26.02. Demonstration payment adjustment amount after sequestration
27. Interim payments
28. Tentative settlement (for contractor use only)
29. Balance due component/program line 26 minus lines 26.01, 26.02, 27, and 28
30. Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, section 115.2

**Note:** Lines 8 through 14: Fiscal year providers use columns 1 and 2 (and column 3, if applicable). Calendar year providers with one rate in effect for the entire cost reporting period use column 2 only.