

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED FQHC FOR SERVICES RENDERED	PROVIDER CCN: _____ COMPONENT CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET N-5
---	---	-------------------------------------	---------------

Description		Part B			
		mm/dd/yyyy	Amount		
		1	2		
1	Total interim payments paid to hospital-based FQHC			1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the contractor 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⁾	Program to Provider	.01		3.01
			.02		3.02
			.03		3.03
			.04		3.04
			.05		3.05
		Provider to Program	.50		3.5
			.51		3.51
			.52		3.52
			.53		3.53
		Subtotal (sum of lines 3.01 through 3.49 minus sum of lines 3.50 through 3.98)		.99	
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. N-4, line 17)			4	
TO BE COMPLETED BY CONTRACTOR					
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⁾	Program to Provider	.01		5.01
			.02		5.02
			.03		5.03
		Provider to Program	.50		5.5
			.51		5.51
			.52		5.52
			.53		5.53
		Subtotal (sum of lines 5.01 through 5.49 minus sum of lines 5.50 through 5.98)		.99	
6	Determine 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	

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