	nt.)	FORM CMS-2540-10			11-
CALCULATION OF REIMBURSEMENT		PROVIDER CCN:	PERIOD :	WORKSHEET I-3	
TTLEME	NT FOR SNF-BASED RHC/FQHC SERVICES		FROM		
		RHC/FQHC CCN:	то	-	
	Check applicable box: [ ] Title V [ ] Title XVIII				
	Check applicable box: [ ] RHC	[ ] FQHC			
	DETERMINATION OF RATE FOR SNF-BASED RHC/FQHC				
	Total allowable cost of RHC/FQHC services (from Wkst. I-2, Pt.				
	Cost of vaccines and their administration (from Wkst. I-4, line 15	5)			
	Total allowable cost excluding vaccine (line 1 minus line 2)				
	Total FTEs and visits (from Wkkst. I-2, col. 5, line 10)				
	Physicians' visits under agreement (from Wkst. I-2, col. 5, line 11	1)			
	Total adjusted visits (line 4 plus line 5)				
7 /	Adjusted cost per visit (line 3 divided by line 6)				
LCULAT	TON OF LIMIT		Prior to	On or after	
ies 8 throu	igh 14: Fiscal year RHC/FQHC use columns 1 and 2.		January 1	January 1	
es 8 throu	igh 14: Calendar year RHC/FQHC use column 2 only.		1	2	
8 1	Rate per visit limit (from your contractor)				
9 Rate for Program covered visits (see instructions)					
10 I	CALCULATION OF SETTLEMENT FOR SNF-BASED RHC/ Program covered visits excluding mental health services (from co	ntractor records)			
10 I	Program covered visits excluding mental health services (from co	ntractor records)			
10 I 11 I	Program covered visits excluding mental health services (from co Program cost excluding costs for mental health services (line $9 \times 10^{-10}$	ntractor records) line 10)			
10 1 11 1 12 1	Program covered visits excluding mental health services (from co Program cost excluding costs for mental health services (line 9 x Program covered visits for mental health services (from contracto	ntractor records) line 10) r records)			
10 1 11 1 12 1 13 1	Program covered visits excluding mental health services (from co Program cost excluding costs for mental health services (line 9 x l Program covered visits for mental health services (from contracto Program covered cost for mental health services (line 9 x line 12)	ntractor records) line 10) r records)			
10 1 11 1 12 1 13 1 14 1	Program covered visits excluding mental health services (from co Program cost excluding costs for mental health services (line 9 x l Program covered visits for mental health services (from contracto Program covered cost for mental health services (line 9 x line 12) Limit adjustment for mental health services (see instructions)	ntractor records) line 10) r records)			
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FORM CMS-2540-10 (11/2019) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4150)