Iowa Departrment of Human Services

Free Standing Rural Health Clinic (RHC)
Title XIX Cost Report

Provider:

City:

Provider Number:

Fiscal Year End:

	Determination of Medicaid Reimbursement	Amount
1.	Cost of RHC Services Excluding Overheard (Medicare Worksheet B, Part II)	
2.	Total Non Reimbursable Laboratory Expenses (Medicare Worksheet A)	
2a.	Medicaid Health Home Costs	
2b.	Medicaid Health Risk Assessment (HRA) Costs	
3.	Net Cost of RHC Services (Line 1 + Line 2 - Line 2a - Line 2b)	$0.00
4.	Divided By: Costs of All Services Excluding Overhead (Medicare Worksheet B Part II)	
5.	Percentage of RHC Services (Line 3 / Line 4)	#DIV/0!
6.	Multiplied by Total Overhead (Medicare Worksheet B, Pt II)	
7.	Applicable Overhead (Line 5 x Line 6)	#DIV/0!
8.	Add Net Costs of RHC Services (Line 3 Above)	$0.00
9.	Total Allowable Cost (Line 7 + Line 8)	#DIV/0!
10.	Divided By: Total RHC Visits (Medicare Worksheet C)	
11.	Rate Per Visit (Line 9 / Line 10)	#DIV/0!
12.	Medicaid Covered Visits	
13.	Medicaid Cost (Line 11 x Line 12)	#DIV/0!
14.	Less: Third Party Payments	
15.	Net Medicaid Cost (Line 13 - Line 14)	#DIV/0!
16.	Less: Medicaid Interim Payments	
17.	Balance Due Provider / (Medicaid Program) [Line 15 - Line 16]	#DIV/0!