Iowa Deparment of Human Services

Hospital Based 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 M-2)	
2.	Total Non Reimbursable Laboratory Expenses (Medicare Worksheet M-1)	
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 M-2)	
5.	Percentage of RHC Services (Line 3 / Line 4)	#DIV/0!
6.	Multiplied by Total Overhead (Medicare Worksheet M-2)	
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 M-3)	
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!