

***RHC OR FQHC COVID-19 VACCINE LUMP SUM REQUEST***

1. Provider Number (PTAN): \_\_\_\_\_

2. Our facility would like to receive a lump sum adjustment (Check one):

Based on the flu and pneumococcal vaccine costs from the most recent cost report.

Providing 60 to 90 days of actual COVID-19 vaccine and administration cost data.

3. Time Period of Request (Required):

Date To: \_\_\_\_\_ Date From: \_\_\_\_\_

4. If choosing to base lump sum off most recent cost report, please submit the number of COVID-19 vaccinations (not including Influenza) provided to Medicare beneficiaries during the time period in #3.

5. If submitting actual costs, please provide one of the following:

A. Interim cost report through Worksheet B-1 (224-14 for freestanding FQHCs and 222-17 for freestanding RHCs) or Worksheet M-4 for hospital-based; or,

B. Influenza (including COVID-19) vaccine costs that would be included on Worksheet A line 49 (224-14 for freestanding FQHCs) Worksheet A line 31 (222-17 for freestanding RHCs) or Worksheet M-4, line 3, col. 2 for provider-based; and,

1. Number of COVID-19 vaccinations (not including Influenza) provided to Medicare Beneficiaries during the time period in #3.

2. Total number of Influenza and COVID-19 vaccinations provided to all patients during the time period in #3.

JE Providers: Email completed form and required documentation to [JE-Reimb@noridian.com](mailto:JE-Reimb@noridian.com)

JF Providers: Email completed form and required documentation to [JF-Reimb@noridian.com](mailto:JF-Reimb@noridian.com)