



RHC MEDICARE COST REPORT CHECKLIST 12/31/2023

We appreciate your decision to select Healthcare Business Specialists for the preparation of your Medicare Cost Report. It is our pleasure to inform you that Dani Gilbert, CPA, CRHCP, will serve as your principal liaison at Healthcare Business Specialists. To ensure the secure submission of your digital documents, we are providing you with access to a client portal operated via Canopy. This portal is designed for the secure transmission of documents containing Personal Health Information (PHI) or sensitive financial details, including but not limited to social security numbers, W-2 forms, and Federal tax returns. Upon the successful upload of your documents to the portal, we kindly request that you notify Dani Gilbert via email at dani.gilbert@outlook.com to confirm the submission. Should there be a need to send documents via fax, please use the following number: (800) 268-5055.

Contact	Telephone	Email
Healthcare Business Specialists	833.787.2542	ruralhealthclinic@outlook.com
Mark R. Lynn, CRHCP, CCRS	423.243.6185	marklynnrhc@gmail.com
Dani Gilbert, CPA, CRHCP	833.787.2542	Dani.gilbert@outlook.com

Should you prefer to utilize electronic means for data entry in the preparation of your Rural Health Clinic Cost Report, we have meticulously prepared Excel and PDF files for your convenience. To facilitate efficient processing and organization, we kindly request that you incorporate the name of your clinic and the fiscal year end in the file name upon saving. This will assist in ensuring accurate and timely handling of your documents.

- [HBS RHC Cost Report Client Electronic File to enter data for 12 31 2023 cost reports \(Excel\)](#)
- [HBS RHC Cost Report Client Cost Report information needed in PDF format \(PDF\)](#)

For inquiries related to the Rural Health Clinic cost reporting process, we invite you to consult our comprehensive cost reporting resource page. This dedicated portal features a wealth of valuable materials, including recordings of previous webinars, detailed cost report checklists, and essential cost report forms. These resources are meticulously

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designed to assist you in documenting the necessary information for the submission of an accurate and timely cost report.

Furthermore, to support your understanding of the Rural Health Clinic (RHC) program and address any questions you may have, we have curated a selection of pertinent resources. For your convenience, these resources have been organized into a comprehensive table, ensuring easy access and reference.

Type	Purpose	Link
FaceBook Group	This Group has 5,000 members where you can ask questions	RHC Information Group on Facebook
Website	Rural Health Clinic.com Website	http://www.ruralhealthclinic.com/
Youtube Channel	A place to find recordings of HBS webinars including short videos on bad debts & vaccines.	https://www.youtube.com/@HBS.RHCConsultants

Due to significant modifications within the Rural Health Clinic (RHC) program introduced by the Consolidated Appropriations Act, 2021 (CAA), there has been a notable increase in the National Statutory Upper Payment Limits. These adjustments have escalated the per visit reimbursement rate to \$139 in 2024, with an increase to \$190 by 2028. Furthermore, the program has expanded to include various services that do not fall under the All-Inclusive Rate, necessitating their exclusion from the cost-per-visit calculation. These changes underscore the heightened influence of cost reports on financial settlements, both positive and negative, as well as the increased complexity and time required for their preparation.

To ensure the timely and accurate completion of your cost report, we strongly advise that all requisite information be uploaded to your designated portal by May 1, 2024. Failure to meet this deadline may compromise our ability to guarantee the timely filing of your report.

We are sincerely grateful for your decision to entrust Healthcare Business Specialists with the preparation of your Medicare Cost Report. Your continued trust and support over the past 35 years have been invaluable as we endeavor to enhance the accessibility of quality healthcare in rural and underserved communities across the nation. It is with great pride that we serve as your partner in this vital mission, and we look forward to continuing to work together towards achieving our shared goals.

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2024 RHC Medicare Cost Report Workpaper Checklist

Updated 2/2/2024

ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	√ IF INCLUDED
1	<p>We need <u>at least one of the following</u> items to determine the total expenses paid by clinic during the cost reporting period. The reports should be for the entire accounting period (which is typically 12 months).</p> <ul style="list-style-type: none"> a. Trial Balance b. Financial Statement from Accountant or QuickBooks c. Federal Tax Return for the Practice 	
2	<p>We need <u>at least one of the following</u> to determine the total patient visits or encounters.</p> <ul style="list-style-type: none"> a. CPT Frequency Report (by Provider) b. Written, Manual Visit Count using the Updated Included Cheat Sheet 	
3	<ul style="list-style-type: none"> • W-2's with the <u>employee's position listed</u> on the W-2 or what the employee did during their employment. <u>Please write the number of hours the employee worked during the year on the W-2, as well, and if the employee split time in laboratory or X-Ray.</u> • If the cost report period is something other than 1/1/XX to 12/31/XX, please provide a payroll journal report with gross pay for the cost report period. • Please provide a description of what each employee does (i.e., MD, PA, NP, nursing staff, janitorial, administrative staff, etc). • Please provide the total number of hours work by each employee during the cost report period. 	
4	<p>We need <u>all of the following</u> information to claim Influenza and Pneumococcal reimbursement on the cost report.</p> <ul style="list-style-type: none"> a. Medicare Logs with Patient Name, MBI Number, and Date of Service b. A Count, Listing, or Log for Non-Medicare Patients c. Invoices Supporting the Vaccine Purchases During the Year 	
5	<p>PS&R Report. RHCs are required to obtain their own PS&R from the EIDM portal from the IACS system. Please start this process immediately if you do have a log-in as it may take six to eight weeks. We need the summary 710 and 71S reports for the period of the cost report. (We have included a seven-page PDF with instructions.) Add Dani Gilbert as your Authorized Cost Report Preparer for EIDM if you want HBS to file the cost report electronically.</p>	

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ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	√ IF INCLUDED
6	<p>Medicare Bad Debt Listing. If you have any Medicare bad debts, please prepare a separate Bad Debt listing for Medicare bad debt and Medicare/Medicaid crossover bad debt, using the Excel template we provide. If you do not have a copy of the Excel template for this, please email us and request one. If you are not claiming bad debts, please indicate that as well. Medicare has an approved template which can be found here: https://www.cms.gov/files/document/medicarebd-1728-20-hha-exhibit-1-template.xlsx</p>	
7	<p>Related Party Transactions. List any related party transactions (RPT), including any rental payments by the clinic to the physician/owner or the owner's relatives. Please upload 1099s if you think you may have a RPT.</p>	
8	<p>S-3 Clinic Information Please see the workpaper which includes identifying information about the clinic and includes the clinic's hours of operation. Please also indicate any non-RHC hours that the clinic may have.</p>	
9	<p>Laboratory. Please complete the Laboratory Time Log if you do not have dedicated employee to lab or expenses directly expensed to lab in the trial balance.</p>	
10	<p>FTE Calculation. Please complete the Provider FTE Calculation Workpaper attached to this document.</p>	
11	<p>Depreciation. Please include a depreciation schedule so we can convert depreciation to straight-line depreciation.</p>	
12	<p>Please enclose any Medicare correspondence including letters requesting a cost report, Notices of Program Reimbursement for prior years, or any adjustment reports from the Medicare Administrative Contractor (MAC). This will ensure your cost report is filed to the correct MAC.</p>	
13	<p>Please provide visit counts in the following formats:</p> <ol style="list-style-type: none"> a. Total Medical visits, total mental health visits, and visits by interns and residents b. Visits by payor mix for inclusion on Worksheet S-3 <ol style="list-style-type: none"> i. Title V- CHIP ii. Title XVIII – Medicare iii. Title XIX – Medicaid iv. Other – Commercial, self-pay, etc. <p>Please see the Workpaper S-3 Total Visits by Payor Mix and complete.</p>	

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ITEM NUMBER	DESCRIPTION OF WHAT IS NEEDED	√ IF INCLUDED
14	Please complete Worksheet S-1 regarding your Malpractice costs : a. Malpractice premiums, _____ b. paid losses, and _____ c. self-insurance costs _____ Is the malpractice insurance a claims-made or occurrence policy?	
15.	To ensure accurate classification of expenses within the appropriate cost report cost center, we kindly request the preparation of a detailed schedule of outside services. This schedule should include information on the recipients of payments, the nature of the services provided, and the purpose of these expenditures. This documentation is crucial for the precise allocation of expenses in the cost report.	
16.	IMPORTANT: Please send any letter from the MAC with any type of settlement from the MAC. If we do not report these settlements on the cost report the clinic may have to pay back funds to Medicare when the report is final settled.	
17.	Please provide the information for the person who will sign the Cost Report First Name _____ Last Name _____ Title _____ Email _____	
18.	Is the Clinic part of an entity that owns or leases multiple RHCs? If so, provide the following information: Name of Entity _____ Street _____ P.O. Box _____ City _____ State _____ Zip Code _____	

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Worksheet S RHC Identification Data

Please complete the following information and note any changes from the previous year. You are required to report any address change on the 855A form. If the Office Manager has changed during the year, please indicate that as well.

Name of Clinic Per CMS	
CCN/PTAN Provider Number	
Fiscal Year End	
Address	
Address	
State	
Zip Code	
County	
Type of Ownership	
Office Manager	
Office Manager Email	

Worksheet S Hours of Operation

Please provide the hours of operation as a rural health clinic and if you have non-RHC please provide that as well. If during the year you changed your hours or operation, please copy this sheet and use a different worksheet for each time you changed your hours of operation. We would expect this to occur several times due to the Public Health Emergency and the increased use of Telehealth which is a Non-RHC service.

Time Period	Beginning	Ending
Date for these hours of operation		

Hour of Operation as RHC	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Hour of Operation as Non-RHC	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Worksheet C-1

Analysis of Payments to RHCs for Services Rendered

RHC Name	
CCN/PTAN Provider Number	
Fiscal Year End	

Interim Lump Sum Payments to RHCs

In recent years, the MACs are issuing interim lump sum payments (and occasionally a withhold of payment) to RHCs which are a part of the annual Medicare Cost Report Settlement. These payments or withholds must be recorded on Worksheet C-1 or it may result in a payback to Medicare on settlement of the cost report. If you received an interim payment or withhold please report this information to us below and provide the letter emailed to you documenting the payment or withhold.

Please provide the date and amount of Interim Payments or Withholds

Date of Interim Payments	Amount

Note: Failure to report these payments or withholds will affect the settlement of your cost report and may result in a payback to Medicare when the cost report is final settled. Please make an effort to identify any such payments to avoid the potential payback to Medicare.

Worksheet S-1, Part 1
Commerical Malpractice Costs

RHC Name	
CCN/PTAN Provider Number	
Fiscal Year End	

Please Circle your response

Does this RHC carry commercial malpractice Insurance?	Yes / No
Is it a Claims-Made or Occurrence Policy?	Claim-Made / Occurrence

Please Provide an amount below and copy of any supporting Invoice

Description	Amount
Malpractice Premiums	
Paid Losses	
Self-Insurance Costs	



Worksheet S-3 – Total Visits by Payor Mix RHC Total Visits

Please provide the RHC Total Visits as follows. Please note that Medicare does not cover physicals like EPSDT and in most cases those are not included in these totals.

#	Description	CHIP	Medicare	Medicaid	Other	Total
1	Medical Visits					
3	Mental Health Visits					
5	Number of Visits Performed by Interns and Residents					
7	Total Visits					

If you have more than one RHC (CCN) for a Consolidated Cost Report, please complete a separate table for each CCN.

#	Description	CHIP	Medicare	Medicaid	Other	Total
1	Medical Visits					
3	Mental Health Visits					
5	Number of Visits Performed by Interns and Residents					
7	Total Visits					

Total from all CCNs

#	Description	CHIP	Medicare	Medicaid	Other	Total
1	Medical Visits					
3	Mental Health Visits					
5	Number of Visits Performed by Interns and Residents					
7	Total Visits					

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**Healthcare Business Specialists
Outside Services Detail Information
RHC Cost Report
12/31/2023**

Purpose: Many services provided by RHCs are performed by outside contractors. Services such as chronic care management, medical directorships, accounting services, legal, accounting, and other contracted services.

Healthcare Business Specialists Electronic Request List Outside Services Information		
1	Total Amount of Outside Services per Expenses	-
2	Amount related to Contract Nursing	-
3	Amount related Medical Directorship	-
4	Amount related to Repairs and Maintenance	-
5	Amount related to Legal	-
6	Amount related to Accounting	-
7	Amount related to any other Outside Professional Services (please provide a detail)	-
8	Chronic Care Management Services	-
	Please ensure the amounts in lines 2-7 sum to the amount in line 1	-



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Reclassification of Laboratory Salaries and Expenses

Workpaper A-1, Code B

Laboratory Time Log and Payroll Reclassification

If you have a low volume laboratory, use this form to record the time on average to run each lab test. Please indicate the hourly rate of the person performing these tests in the Average Hourly Rate Row below.

Description of Lab Test						
CPT Code						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total Minutes						
Average Per Test						
Annual Test Frequency						
Annual Test Hours						
Average Hourly Rate						
Lab Salary Reclass						

Reclassification of Lab Salaries and supplies

Cost Center	Plus	Cost Center	Minus
81.03		10	
81.03		25	

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RHC Cost Report Total Visit Count Cheat Sheet with CPT Codes¹

For 12/31/2023 Cost Reports

Table 1: Use this table for all Visits that occurred person to person (not Telehealth)

Service	HCPCS/ CPT Codes	Cost Report Treatment	Physician Visits	PA Visits	NP Visits	Totals
Office Visits - E and M Codes (New and Established)	99201 to 99205 99212-99215	Include visit in RHC Visit count. Cost is an allowable expense. Do not count 99211 visits. Do not count visits with 25 modifiers Do not count Telehealth Claims				
Office Visit - E & M - Nurse only visit	99211	Do not count these visits as RHC. Service is allowable cost. Incident to.				
Procedures	10060-29130 54150-69200	Include visit in cost report unless billed incident to an E and M.				
Hospital visits	99217 to 99292	Count these visits. Do not include them with the RHC visit count. Exclude the cost via an adjustment or reclassifying the cost to the non-allowable section of the cost report. (Lines 51-60)				
Nursing Home Visits (Level 1 or Level 2) SNF or NF	99304-99316 99334-99335	Include visits in RHC visit counts. Cost is an allowable expense				
Home Visits	99347-99349	Include visits in RHC visit counts				
Physicals, EPSDT New Physicals, EPDST, Established	99381-99387 99391-99397	Count these visits. <u>Do not include in the RHC visit count.</u> Exclude the cost via a reclassification to the non-allowable section of the cost report				
Welcome to Medicare (IPPE)	G0402	Include visit in RHC Visit count. Cost is an allowable expense.				
Annual Wellness Exam (AWE)	G0438 & G0439	Include visit in RHC Visit count. Cost is an allowable expense. (unless billed incident to- then do not count)				

¹ This table is prepared using the most common scenarios in RHCs and using Medicare guidance as of January 11, 2023. Some clinics may elect to treat visits and billing differently depending on cost reporting and billing issues. These tables are designed to represent the most common scenarios and is not inclusive of all possible CPT codes.

Table 1: (Continued) Use this table for all Visits that occurred person to person (not Telehealth)

Service	HCPCS/ CPT Codes	Cost Report Treatment	Physician Visits	PA Visits	NP Visits	Totals
Tobacco Counseling	G0436 & G0437	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
Weight Loss Counseling	G0447	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
Alcohol Abuse Screening	G0442 & G0443	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
Depression Screening	G0444	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
STD Prevention	G0445	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
IBT (Cardiovascular)	G0446	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
Transition Care Mgmt.	99495-99496	Include visit in RHC Visit count.				
Advance Care Planning	99497-99498	Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count)				
Chronic Care Management G0511 pays \$71.68 in 2024	G0511 & G0512	Do not count these visits. Cost is non-allowable.				
Visits occurring during non-RHC hours		Count the total the number of visits. Do not include in RHC count. Reclassify this cost as non-allowable expense.				

On the two pages we have included Table 2 which is to be used for the Telehealth visits occurring in 2022. During the public health emergency RHCs can be a distant site for telehealth services and provide telephone only consults. Those services are billed to Medicare with a G2025 CPT code even though the RHC may use an E and M code such as a 99213 for example. **Please make sure not to double count these codes as this will double count the number of telehealth visits and increase the amount of expense disallowed on the cost report.**

Telehealth Total Visits (All payors – Medicare/Caid/Commercial/Self Pay)

Table 2: Use this table for all Visits that occurred via Telehealth by either video or telephone

Service	HCPCS/ CPT Codes	Cost Report Treatment	Physician Visits	PA Visits	NP Visits	Totals
Medicare RHC Telehealth Visit reimbursed at \$95.37 for 2024	G2025 - RHC May have Modifier 95	Do not include in visit count for RHC All-Inclusive Rate and exclude cost from All-Inclusive Rate calculation. Do not double count. (IE. Count a 99213 below and include in this row as well.				
Medicare Mental Health visits via Telehealth (new treatment in 2022)	Use CPT Code (ie 90834) Modifier 95 or FQ, CG	Include in the RHC Visit Count and include the cost of this service in the allowable RHC cost.				
Virtual Communications - Pays \$12.93 in 2024	G0071 -RHC. 99241-99243	Do NOT count these visits. Service is not an allowable cost.				
Digital assessment services Pays \$12.93 in 2024	G0071 - RHC G2012 & G2010	Do NOT count these visits. Service is not an allowable cost.				
Telephone only E & M Services	99441-99443	Do NOT count these visits. Service is not an allowable cost.				
Office Visits - E and M Codes (New and Established)	99201 to 99205 99212-99215	Do NOT include visit in RHC Visit count. Cost is NOT an allowable expense. Do not count 99211 visits.				
Office Visit - E & M - Nurse only visit	99211	Do NOT count these visits. Service is not an allowable cost.				
Nursing Home Visits (Level 1 or Level 2) SNF or NF	99304-99316 99334-99335	Do NOT count these visits. Service is not an allowable cost.				
Welcome to Medicare (IPPE)	G0402	Do NOT count these visits. Service is not an allowable cost.				
Annual Wellness Exam (AWE)	G0438 & G0439	Do NOT count these visits. Service is not an allowable cost.				

Table 2: (Continued) Use this table for all Visits that occurred via Telehealth by either video or telephone

Service	HCPCS/ CPT Codes	Cost Report Treatment	Physician Visits	PA Visits	NP Visits	Totals
Tobacco Counseling	G0436 & G0437	Do NOT count these visits. Service is not an allowable cost.				
Weight Loss Counseling	G0447	Do NOT count these visits. Service is not an allowable cost.				
Alcohol Abuse Screening	G0442 & G0443	Do NOT count these visits. Service is not an allowable cost.				
Depression Screening	G0444	Do NOT count these visits. Service is not an allowable cost.				
STD Prevention	G0445	Do NOT count these visits. Service is not an allowable cost.				
IBT (Cardiovascular)	G0446	Do NOT count these visits. Service is not an allowable cost.				

Counting Visits

The process of counting visits is one of the most important steps in preparing the cost report. Overcount the total visits and your cost per visit will be lower than it should, and undercounting visits will overstate your cost per visit. Since this is such an important aspect of preparing the cost report, we generally prefer you send us a HCPCS/CPT report by provider and **NOT** broken down by insurance company (because many beneficiaries have secondary insurance, this type of report tends to overstate visits) and let us do the counting for you. If you do complete this form, we request that you send the source documents to us, so we can verify the information that is submitted to Medicare. Please submit this information through your client portal to protect the security of the information.



Table 3: Ancillary Services

The cost of services not covered under the RHC benefit (i.e. technical components, laboratory tests excluding venipuncture, and services performed in the hospital) are billed to Part B and paid fee for service for Independent RHCs. If the costs of these services are not directly identified in the trial balance of expenses an estimate of the cost may be made based upon the number procedures performed during the fiscal year. Please provide us with the number of procedures performed if these costs are not already identifiable in the trial balance of expenses.

Ancillary Services	HCPCS/ CPT Codes	Cost Report Treatment	Totals
Laboratory Tests	80048-87880 99000 G0103	Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense.	
Venipuncture (Lab Draws)	36415	Lab Draws are RHC services effective 1/1/2014 and are an allowable expense on the RHC cost report. Do not bill to Part B. They are an incident to service.	
Radiology Tests	70000s	Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense.	
Technical components billed to Part B and paid fee for services		Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense	

Billing and Coding Crosswalk Cheat Sheet

Service	Example Coding CPT	Example Billing HCPCS	Payment	Cost Report Visit?	Allowable Medicare Cost?	Notes
Medicaid Visit (in some states)	99213 (QVL)	T1015	AIR	Yes	Yes	Only count 1 visit on your RHC Cost Report
Telehealth Visit	99213	G2025	\$95.37	No	No	Medicaid may pay AIR
Mental Telehealth Visit (starting in 2022)	90834	90834 CG 95	AIR	Yes	Yes	Keep records on the costs of two different types of telehealth visits
Virtual Communication Services (G0071)	99421	G0071	\$12.93	No	No	Exclude cost on cost report.
Chronic Care Management	99484	G0511	71.68	No	No	Exclude cost on cost report.

Note: The CPT Code column is not an all-inclusive list of CPT codes.

Summary Table for Counting Visits

Description	UB-04	1500*	Incident to	CR Visit	CR Allowable Cost	AIR
Office Visits – See QVL for CPT Codes	X			X	X	X
Lab Services		X				
Technical Components		X				
Hospital Services		X				
Telehealth (Not Mental Health)	X					
Telehealth – Mental Health	X			X	X	X
Chronic Care Management (G0511)	X					
Lab Draw (36415)	X		X		X	
Allergy Shots, Injections, Home Care Plan oversight, Diabetic & Nutritional counseling	X		X		X	
Medicare Preventive Services # (See Table)	X			X	X	X

* Provider-based RHCs will bill using the UB-04 and the hospital's outpatient NPI.

Preventive Services that qualify for the AIR are listed here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf>

Name of Clinic							
Worksheet B: FTE Calculation							
Fiscal Year End							

On this page we need information about the amount of time spent by providers and nursing staff providing patient care. Please fill out the **name of each provider** in your clinic, as well as the number of **hours per week they spend providing patient care**, the number of **hours they spend per week on other tasks** such as administrative work, and the number of **months worked through the fiscal year**.

In the section labeled "FTEs for Nursing Staff" please give the **number of Nurses and Medical Assistants** which work in your clinic, as well as the total number of **hours that those employees worked during the year**.

FTEs for Providers								
Provider Type	Name	Hours per week performing patient care	Hours per week performing admin tasks	Hours Per week in Non-RHC activities	Total hours worked per week	Number of months worked during fiscal year	Total Hours Worked Per Year	FTE
Physicians								0.00
								0.00
								0.00
								0.00
Physician Assistants								0.00
								0.00
								0.00
								0.00
Nurse Practitioners								0.00
								0.00
								0.00
								0.00
Mental Health								0.00
								0.00
								0.00
								0.00
FTEs for Nursing Staff								
	Number of Nurses and Medical Assistants	Total Hours Worked by Nurses and Medical	Nursing Staff FTE					

Name of Clinic:								
Worksheet B: Provider Time Study								
FYE:								
<p>Purpose: To determine what activities the provider engages in during the day so the time may be properly allocated on the RHC Cost Report. Please conduct this study at least one week per quarter and preferably one week per month per provider. This page may be copied and reproduced as necessary to fit your needs. Please label each use of this table with its associated provider and the week that it references.</p>								
Provider Name:								
Week Ending								
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours
Time In:								
Time Out:								
Total Hours Worked								
RHC Patient Care								
Clinic - RHC treating patients								
Nursing Home								
Other								
Total Clinical								
Administrative								
Medical Director								
Administrative								
CME								
Sick								
Vacation								
Total Admin								
Non- RHC Time								
Hospital								
Private Practice								
Telehealth								
Chronic Care Management								
Other:								
Total Non-RHC								
Sum of RHC, Admin, and Non-RHC								

The Sum of RHC, Administration and Non-RHC time should equal the Total Hours worked. Please sum each of the lightly shaded areas.



Medicare Influenza Log

RHC Name	
CCN/PTAN Provider Number	
Fiscal Year End	

#	Patient Name	MBI Number	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Page Number		Page Total		Total Medicare Flu Shots	
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Medicare Pnemococcal Log

RHC Name	
CCN/PTAN Provider Number	
Fiscal Year End	

#	Patient Name	MBI Number	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Page Number		Page Total		Total Medicare Pnu Shots	
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Medicare COVID-19 Log

RHC Name	
CCN/PTAN Provider Number	
Fiscal Year End	

#	Patient Name	MBI Number	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
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Page Number		Page Total		Total Medicare Covid Shots	
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