

**4149. WORKSHEET I-2 - ALLOCATION OF OVERHEAD TO SNF-BASED RHC/FQHC SERVICES**

4149.1 Part I - Visits and Productivity.--Worksheet I-2, Part I, summarizes the number of SNF-based RHC/FQHC visits furnished by the health care staff and calculates the number of visits to be used in the rate determination. Lines 1 through 9 list the types of practitioners (positions) for whom SNF-based RHC/FQHC visits must be counted and reported.

**Column Descriptions**

Column 1.--Record the number of all full time equivalent (FTE) personnel in each of the applicable staff positions in the SNF-based RHCs/FQHC. (See CMS Pub. 100-04, chapter 9, §40.3 for a definition of FTEs.)

Column 2.--Record the total visits actually furnished to all patients by all personnel in each of the applicable staff positions in the cost reporting period. Count visits in accordance with instructions in 42 CFR 405.2401(b) defining a visit.

Column 3.--Productivity standards established by CMS are applied as a guideline that reflects the total combined services of the staff. Enter a level of 4200 visits for each physician (line 1) and a level of 2100 visits for each non-physician practitioner (lines 2 and 3), unless you received an exception to these levels. If you were granted an exception to the productivity standards, enter the number of productivity visits approved by the contractor in lines 1 through 3.

Contractors have the authority to waive the productivity guideline in cases where you have demonstrated reasonable justification for not meeting the standard. In such cases, the contractor could set any number of visits as reasonable (not just your actual visits) if an exception is granted. For example, if the guideline number is 4200 visits and you have only furnished 1000 visits, the contractor need not accept the 1000 visits but could permit 2500 visits to be used in the calculation.

Column 4.--For lines 1 through 3, enter the product of column 1 and column 3. This is the minimum number of SNF-based RHC/FQHC visits the personnel in each staff position are expected to furnish.

Column 5.--On line 4, enter the greater of the subtotal of the actual visits in column 2 or the minimum visits in column 4.

On lines 5 through 9 and 11, enter the actual number of visits for each type of position.

**Line Descriptions**

Line 10.--Enter the total of lines 4 through 9.

Line 11.--Enter the number of visits furnished to SNF-based RHC/FQHC patients by physicians under agreement with you. Physicians' services under agreements with you are (1) all medical services performed at your site by a physician who is not the owner or an employee of the SNF-based RHC/FQHC, and (2) medical services performed at a location other than your site by such a physician for which the physician is compensated by you. While all physician services at your site are included in SNF-based RHC/FQHC services, physician services furnished in other locations by physicians who are not on your full time staff are paid to you only if your agreement with the physician provides for compensation for such services.

**4149.2 Part II - Determination of Total Allowable Cost Applicable To SNF-Based RHC/FQHC Services.**--Worksheet I-2, Part II, determines the amount of the overhead costs incurred by both the SNF and the SNF-based RHC/FQHC which apply to SNF-based RHC/FQHC services.

Line 12.--Enter the cost of health care services from Worksheet I-1, column 7, line 22.

Line 13.--Enter the total nonreimbursable costs from Worksheet I-1, column 7, line 28.

Line 14.--Enter the sum of lines 12 and 13 for the cost of all services (excluding overhead).

Line 15.--Enter the percentage of SNF-based RHC/FQHC services. This percentage is determined by dividing the amount on line 12 (the cost of health care services) by the amount on line 14 (the cost of all services, excluding overhead).

Line 16.--Enter the total RHC/FQHC overhead costs incurred from Worksheet I-1, column 7, line 31.

Line 17.--Enter the overhead cost incurred by the SNF allocated to the RHC/FQHC. This amount is the difference between the total costs allocated to the corresponding RHC/FQHC cost center on Worksheets B, Part I column 18, line 61 or 62, minus column 14, line 61 or 62, minus column 0, line 61 or 62.

Line 18.--Enter the sum of lines 16 and 17 to determine the total overhead costs related to the RHC/FQHC.

Line 19.--Enter the overhead amount applicable to RHC/FQHC services. It is determined by multiplying the amount on line 15 (the ratio of RHC/FQHC services to total services) by the amount on line 18 (total overhead costs).

Line 20.--Enter the total allowable cost of RHC/FQHC services. It is the sum of line 12 (cost of RHC/FQHC health care services) and line 19 (overhead costs applicable to RHC/FQHC services).