

4107 WORKSHEET S-5 - SNF-BASED RHC/FQHC STATISTICAL DATA

In accordance with 42 CFR 413.20 and 42 CFR 413.24 you are required to maintain statistical records for proper determination of costs payable under the Medicare program. The statistics reported on this worksheet pertain to SNF-based rural health clinics (RHCs) and federally qualified health centers (FQHCs). If you have more than one of these clinics/centers, complete a separate worksheet for each clinic/center. Effective for cost reporting periods beginning or after October 1, 2014, SNF-based FQHCs no longer complete Worksheet S-5 or Worksheets I-1 through I-5. *Instead, SNF-based FQHCs must complete a freestanding FQHC cost report, Form CMS-224-14. And, effective for cost reporting periods beginning on and after October 1, 2017, SNF-based RHCs no longer complete Worksheet S-5 or Worksheets I-1 through I-5. Instead, SNF-based RHCs must complete a freestanding RHC cost report, Form CMS-222-17.*

Lines 1 and 2.--Enter the full address of the SNF-based RHC/FQHC.

Line 3.--For FQHC only, enter your appropriate designation (U=urban or R=rural). See CMS Pub. 100-04, chapter 9, §20.6.2, for information regarding urban and rural designations. If you are uncertain of your designation, contact your contractor. RHCs do not complete this line.

Lines 4 through 9.--In column 1, enter the applicable grant award amount. In column 2, enter the date(s) awarded.

Line 10.--If the facility operates as other than an RHC or FQHC, answer yes to this question and indicate the number of other operations in column 2. List other types of operations and hours on subscripts of line 11.

Line 11.--Enter the starting and ending hours for each applicable day(s) in the columns for the clinic services provided. If the RHC/FQHC provides other than RHC or FQHC services (e.g. laboratory or physician services), subscript line 11 and enter the type of operation on each of the subscripted lines. Enter in each column the starting and ending hours for the applicable day(s) that the facility is available to provide other than RHC/FQHC services.

NOTE: Line 11 must still be completed even if the facility answers NO to the question on line 10.

Line 12.--Have you received an approval for an exception to the productivity standards? Enter a "Y" for yes or an "N" for no.

Line 13.--Is this a consolidated cost report? Enter in column 1 "yes" or "no" for consolidated report. If column 1 = yes, then enter in column 2 the number of reports

Line 14.--If line 13 is yes, enter the RHC/FQHC's name and CCN number filing the consolidated cost report. (See CMS Pub. 100-04, chapter 9, §30.8)