

CHAPTER 44
FEDERALLY QUALIFIED HEALTH CENTER COST REPORT
CMS-224-14

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4400. GENERAL

The Paperwork Reduction Act of 1995 requires that the private sector be informed as to why information is collected and what the information is used for by the government. In accordance with §§1815(a) and 1861(v)(1)(A) of the Social Security Act (the Act), providers of medical and other health services as defined under §1861(s), participating in the Medicare program are required to submit annual information to achieve settlement of costs for health care services rendered to Medicare beneficiaries. Federally qualified health centers (FQHCs) are required under 42 CFR 405.2470, to maintain adequate financial and statistical records. FQHCs are also required to provide annual cost reports as the Secretary determines necessary to administer the program. The data submitted on the cost reports supports management of Federal programs. The FQHC cost report must be submitted to the Medicare administrative contractor (hereafter referred to as contractor) electronically in accordance with 42 CFR 413.24(f)(4). Cost reports are due on or before the last day of the fifth month following the close of the period covered by the report. For cost reports ending on a day other than the last day of the month, cost reports are due 150 days after the last day of the cost reporting period, in accordance with 42 CFR 413.24(f)(2). The information reported on Form CMS-224-14, must conform to the requirements and principles set forth in the Provider Reimbursement Manual, CMS Pub. 15-1, as well as those set forth in the Medicare Benefit Policy Manual, CMS Pub. 100-02, chapter 13, and the Medicare Claims Processing Manual, CMS Pub. 100-04, chapter 9.

Section 10501(i)(3)(A) of the Affordable Care Act (Pub. L. 111-148 and Pub. L. 111-152) added §1834(o) of the Act to establish a new system of payment for the costs of FQHC services under Medicare Part B based on prospectively set rates. The statute requires implementation of the FQHC prospective payment system (PPS) for FQHCs with cost reporting periods beginning on or after October 1, 2014. Form CMS-224-14 must be used by all freestanding FQHCs for cost reporting periods beginning on or after October 1, 2014.

NOTE: This form is to be used by freestanding FQHCs and FQHC's previously reported as part of a SNF complex or a HHA complex. FQHCs that are part of a hospital healthcare complex must use the Form CMS-2552.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1298 (expires **08/31/2025**). The time required to complete this information collection is estimated to average 58 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form please write to:

Centers for Medicare and Medicaid Services
Attn: PRA Reports Clearance Officer
7500 Security Boulevard
Mail Stop C4-26-05
Baltimore, MD 21244-1850

Please do not send applications, claims, payments, medical records or any documentation containing sensitive information to the PRA Reports Clearance Officer. Please note that any

correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

4400.1 Rounding Standards for Fractional Computations.--Throughout the Medicare cost report, required computations result in the use of fractions. Use the following rounding standards for such computations. When performing multiple calculations, round after each calculation.

1. Round to 2 decimal places:
 - a. Rates
 - b. Cost per visit
 - c. Cost per injection/infusion

2. Round to 6 decimal places:
 - a. Ratios (e.g., days to days)
 - b. Unit cost multiplier

If a residual exists as a result of computing costs using a fraction, adjust the residual in the largest amount resulting from the computation. For example, in cost finding, a unit cost multiplier is applied to the statistics in determining costs. After rounding each computation, the sum of the allocation may be more or less than the total cost allocated. This residual is adjusted to the largest amount resulting from the allocation so that the sum of the allocated amounts equals the amount allocated.

4401. ACRONYMS AND ABBREVIATIONS

Throughout the Medicare cost report and instructions, a number of acronyms and abbreviations are used. For your convenience, commonly used acronyms and abbreviations are summarized below.

| | | |
|-------------|---|--|
| A&G | - | Administrative and General |
| CAP REL | - | Capital-Related |
| CBSA | - | Core Based Statistical Area |
| CCN | - | CMS Certification Number (formerly known as provider number) |
| CFR | - | Code of Federal Regulations |
| CMS | - | Centers for Medicare & Medicaid Services |
| ECR | - | Electronic Cost Report |
| FQHC | - | Federally Qualified Health Center |
| HCRIS | - | Healthcare Cost Report Information System |
| HRSA | - | Health Resources and Services Administration |
| IOP | - | Intensive Outpatient Program |
| I&R | - | Interns and Residents |
| MFT | - | Marriage and Family Therapist |
| MHC | - | Mental Health Counselor |
| NPR | - | Notice of Program Reimbursement |
| PCRE | - | Primary Care Residency Expansion |
| PS&R Report | - | Provider Statistical and Reimbursement Report |
| RCE | - | Reasonable Compensation Equivalency Limit |
| THC | - | Teaching Health Center |

4402. RECOMMENDED SEQUENCE FOR COMPLETING FORM CMS-224-14

| <u>Step No.</u> | <u>Worksheet</u> | <u>Instructions</u> |
|-----------------|---------------------|---|
| 1 | S, Parts I & II | Read §§4404.1 and 4404.2. Complete Parts I and II. |
| 2 | S-1, Part I | Read §4405.1. Complete entire worksheet. |
| 3 | S-1, Part II | Read §4405.2. Complete entire worksheet. |
| 4 | S-2 | Read §4406. Complete entire worksheet if applicable. |
| 5 | S-3, Part I | Read §4407.1. Complete entire worksheet. |
| 6 | S-3, Part II | Read §4407.2. Complete entire worksheet. |
| 7 | S-3, Part III | Read §4407.3. Complete entire worksheet. |
| 8 | A | Read §4408. Complete columns 1 through 3. |
| 9 | A-1 | Read §4409. Complete entire worksheet if applicable. |
| 10 | A | Read §4408. Complete columns 4 and 5. |
| 11 | A-2-1, Parts I & II | Read §4411.1 and 4411.2. Complete entire worksheet if applicable. |
| 12 | A-2 | Read §4410. Complete entire worksheet. |
| 13 | A | Read §4408. Complete columns 6 and 7. |
| 14 | B, Parts I & II | Read §§4412.1 and 4412.2. Complete entire worksheet. |
| 15 | B-1 | Read §4413. Complete entire worksheet. |
| 16 | E | Read §4414. Complete lines 1 - 17. |
| 17 | E-1 | Read §4415. Complete entire worksheet. |
| 18 | E | Read §4414. Complete lines 18 - 21 as applicable. |
| 19 | F-1 | Read §4416. Complete entire worksheet. |
| 20 | S, Part III | Read §4404.3. Complete Part III. |

4403. SEQUENCE OF ASSEMBLY

The following list of assembly of worksheets is provided so all FQHCs are consistent in the order of submission of their annual cost report. All FQHCs using Form CMS-224-14 are to adhere to this sequence. Where worksheets are not completed because they are not applicable, blank worksheets are not included in the assembly of the cost report.

| <u>Worksheet</u> | <u>Part</u> |
|------------------|-------------|
| S | I, II & III |
| S-1 | I & II |
| S-2 | |
| S-3 | I, II & III |
| A | |
| A-1 | |
| A-2 | |
| A-2-1 | I & II |
| B | I & II |
| B-1 | |
| E | |
| E-1 | |
| F-1 | |

4404. WORKSHEET S - FEDERALLY QUALIFIED HEALTH CENTER COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

4404.1 Part I - Cost Report Status.--This section is to be completed by the FQHC and contractor as indicated on the worksheet. If this is a consolidated cost report, the organization must choose a primary FQHC whose CMS certification number (CCN) must be utilized throughout the entire cost report.

Lines 1 and 2.--The FQHC must check the appropriate box to indicate on line 1 or 2, whether this cost report is being filed electronically or manually. For electronic filing, indicate on line 1, columns 2 and 3 respectively, the date and time corresponding to the creation of the electronic file. This date and time remains as an identifier for the file by the contractor and is archived accordingly. Line 2 is only completed by FQHCs filing low utilization cost reports in accordance with CMS Pub. 15-2, chapter §110, or FQHCs demonstrating financial hardship in accordance with CMS Pub. 15-2, chapter 1, §133.

Line 3.--If this is an amended cost report, enter the number of times the cost report has been amended.

Line 4.--Enter an "F" if this is full cost report, an "L" if this is a low Medicare utilization cost report ("L" requires prior contractor approval; see CMS Pub. 15-2, chapter 1, §110), an "N" if this is a no Medicare utilization cost report, or a "V" if this is a no Medicare utilization cost report except for the provision of vaccines.

Lines 5 through 12 are for contractor use only:

Line 5.--Enter the Healthcare Cost Report Information System (HCRIS) cost report status code that corresponds to the filing status of the cost report: 1=As submitted; 2=Settled without audit; 3=Settled with audit; 4=Reopened; or 5=Amended.

Line 6.--Enter the date (mm/dd/yyyy) the accepted cost report was received from the FQHC.

Line 7.--Enter the 5 position contractor number.

Lines 8 and 9.--If this is an initial cost report enter "Y" for yes in the box on line 8. If this is a final cost report enter "Y" for yes in the box on line 9; if neither, enter "N". An initial report is the very first cost report for a particular FQHC CCN. A final cost report is a terminating cost report for a particular FQHC CCN.

Line 10.--Enter the Notice of Program Reimbursement (NPR) date (mm/dd/yyyy). The NPR date must be present if the cost report status code is 2, 3 or 4.

Line 11.--Enter the software vendor code of the cost report software used by the contractor to generate a HCRIS cost report file; use "4" for HFS MCRIF32 or "3" for HFS CompuMax.

Line 12.--Complete this line only if the cost report status code on line 5 is "4". If this is a reopened cost report (response to line 5 cost report status, is "4"), enter the number of times the cost report has been reopened.

4404.2 Part II - Certification by Chief Financial Officer or Administrator of Facility.--After the cost report is completed, an administrator or the Chief Financial Officer completes this certification section to comply with the regulations set forth in 42 CFR 413.24(f)(4)(iv)(A) and (B).

Line 1.--The signatory (administrator or Chief Financial Officer) must either:

- sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(1); and enter “Y”(for yes) in column 2 to check the electronic signature checkbox to transmit the cost report electronically with an electronic signature; or
- sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(1); and enter “Y” (for yes) in column 2 to check the electronic signature checkbox to submit the cost report with an electronic signature; or
- sign in column 1 as provided in 42 CFR 413.24(f)(4)(iv)(C)(2); and make no entry in column 2 to submit the cost report with an original signature.

Lines 2, 3, and 4.--Enter the signatory name, the signatory title, and the date signed on lines 2, 3, and 4, respectively.

4404.3 Part III - Settlement Summary.--Enter the balance due to or due from the Medicare program. Transfer the amount from Worksheet E, line 20.

4405. WORKSHEET S-1 - FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

This worksheet consists of two parts:

Part I - Federally Qualified Health Center Identification Data

Part II - Federally Qualified Health Center Consolidated Cost Report Participant Identification Data

4405.1 Part I - Federally Qualified Health Center Identification Data.--The information required on this worksheet is needed to properly identify the FQHC, or in the case of a consolidated cost report, the primary FQHC. In the case of a consolidated cost report, only the primary FQHC completes the entire Worksheet S-1, Part I. All other FQHCs filing under a consolidated cost report must be listed on line 14 and its subscripts and must complete a separate Worksheet S-1, Part II.

Line 1, columns 1 through 4.--Enter in the appropriate column the site name, CCN, core based statistical area (CBSA) code (rural CBSA codes are assembled by placing the digits "999" in front of the two digit state code, e.g., for the state of Maryland the rural CBSA code is 99921), and certification date.

Line 1, column 5.--Indicate the type of control under which the FQHC operates by entering a number from the list below:

- | | |
|--------------------------------------|---------------------------|
| 1 = Voluntary Nonprofit, Corporation | 7 = Governmental, Federal |
| 2 = Voluntary Nonprofit, Other | 8 = Governmental, State |
| 3 = Proprietary, Individual | 9 = Governmental, County |
| 4 = Proprietary, Corporation | 10 = Governmental, City |
| 5 = Proprietary, Partnership | 11 = Governmental, Other |
| 6 = Proprietary, Other | |

Line 2.--Enter the FQHC's street address in column 1 and the post office (P.O.) box in column 2 (if applicable).

Line 3.--Enter the city in column 1, state in column 2, ZIP code in column 3, county in column 4, and the appropriate designation ("U" for urban or "R" for rural) in column 5. 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.

Line 4.--Enter the inclusive dates covered by this cost report. Enter in column 1, the cost report beginning date and enter in column 2, the cost report ending date.

Line 5.--Indicate whether this FQHC is owned, leased or controlled by an entity that operates multiple FQHCs. Enter a "Y" for yes or an "N" for no. If yes, complete lines 6 through 8. Otherwise, skip to line 9.

Lines 6 through 8.--Enter the name of the entity that owns, leases or controls the FQHC, the street address, P.O. box (if applicable), Health Resources Services Administration (HRSA) grant award number assigned to the organization, city, state, and ZIP code.

Lines 9.--Indicate if this FQHC is part of a chain organization as defined in CMS Pub. 15-1, chapter 21, §2150 that claimed home office costs in a home office cost statement. Enter "Y" for yes or "N" for no. If yes, complete lines 10 through 12. Otherwise, skip to line 13.

Lines 10 through 12.--Enter the name of the chain organization, the street address, P.O. Box (if applicable), the home office CCN, city, state, and ZIP code.

Line 13.--Indicate whether this FQHC is filing a consolidated cost report under CMS Pub. 100-02, chapter 13, §80.2. Enter "Y" for yes or "N" for no, in column 1. If yes, enter in column 2 the date the FQHC requested approval to file a consolidated cost report, in column 3 the date the contractor approved the FQHCs request to file a consolidated cost report, and in column 4 the number of FQHCs included in this consolidated cost report other than the primary FQHC.

Line 14.--If the response to line 13 is yes, list on line 14, beginning with the subscripted line 14.01 through 14.99, each FQHC that is part of this consolidated cost report, excluding the FQHC listed on line 1. Enter in column 1 the site name, column 2 the CCN, column 3 the CBSA, column 4 the date the FQHC requested approval to file as part of a consolidated cost report, and column 5 the date the contractor approved the FQHCs request to file as part of a consolidated cost report. Each FQHC listed on line 14, beginning with the subscript line 14.01, must complete a separate Worksheet S-1, Part II. If the FQHC contains more than 99 consolidated FQHCs, see line 34 below.

Line 15.--There are 3 types of organizations that are eligible to enroll in Medicare as FQHCs. Indicate in column 1, the type of organization this FQHC is by entering a number from the list below. If your response in column 1 is "1" or "3", enter any or all of the alpha character (s) associated with the response in column 2. For example, if you entered "1" in column 1, enter in column 2, "A", "B", "C" and/or "D." An organization receiving a grant under §330 of the Public Health Service (PHS) Act or an outpatient health program/facility can operate as any or all of the subcategories listed under the respective numeric options presented below.

- 1) An organization receiving a grant(s) under §330 of the PHS Act:
 - A) Community Health Centers
 - B) Migrant and Seasonal Agricultural Workers Health Centers
 - C) Health Care for the Homeless Health Centers
 - D) Health Centers for Residents of Public Housing
- 2) Health Center Program Look-Alikes; Organizations that have been identified by HRSA as meeting the definition of "Health Center" under §330 of the PHS Act, but not receiving grant funding under §330; or
- 3) Outpatient health program/facility operated by:
 - A) A tribe or tribal organization under the Indian Self-Determination Act
 - B) An urban Indian organization under title V of the Indian Health Care Improvement Act
 - C) Other

Line 16.--Indicate if your FQHC received a grant under §330 of the PHS Act during this cost reporting period. If this is a consolidated cost report, did the primary FQHC reported on line 1, column 2 receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no.

Line 17.--If the response to line 16 is yes, indicate in column 1, the type of grant that was awarded from the list below. Enter the date of the grant award in column 2 and enter the grant award number in column 3. If you received more than one grant subscript this line accordingly.

- 1 = Community Health Center (§330(e), PHS Act)
- 2 = Migrant and Seasonal Agricultural Workers Health Center (§330(g), PHS Act)
- 3 = Health Care for the Homeless Health Centers (§330(h), PHS Act)
- 4 = Health Centers for Residents of Public Housing (§330(i), PHS Act)
- 5 = Other

Line 18.--Indicate if your FQHC submitted an initial deeming or annual redeeming application for medical malpractice coverage to HRSA under the Federal Tort Claims Act (FTCA). Enter “Y” for yes or “N” for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.

Line 19.--Does this FQHC carry commercial malpractice coverage? Enter “Y” for yes or “N” for no. Malpractice insurance premiums are money paid by the FQHC to a commercial insurer to protect the FQHC against potential negligence claims made by their patients/clients.

Line 20.--If line 19 is yes, indicate if your malpractice insurance is a claims-made or occurrence policy. A claims-made insurance policy covers claims first made (reported or filed) during the year the policy is in force for any incidents that occur that year or during any previous period during which the insured was covered under a “claims-made” contract. The occurrence policy covers an incident occurring while the policy is in force regardless of when the claim arising out of that incident is filed. Enter 1 if the malpractice insurance is a claims-made policy. Enter 2 if the malpractice insurance is an occurrence policy.

Line 21.--Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self-insurance paid in column 3.

Malpractice paid losses is money paid by the FQHC to compensate a patient/client for professional negligence. Malpractice self-insurance is money paid by the FQHC where the FQHC acts as its own insurance company (either as a sole or part-owner) to financially protect itself against professional negligence. Often FQHCs will manage their own funds or purchase a policy referred to as captive insurance, which provides insurance coverage the FQHC needs but could not obtain economically through the mainstream insurance market.

Line 22.--Indicate if malpractice premiums paid, paid losses, or self-insurance are reported in a cost center other than the Administrative and General (A&G) cost center. Enter “Y” for yes or “N” for no. If yes, submit a supporting schedule listing cost centers and amounts.

Line 23.--Is this FQHC involved in training residents in an approved graduate medical education (GME) program in accordance with 42 CFR 405.2468(f)? Enter “Y” for yes or “N” for no.

Line 24.--Is this FQHC involved in training residents in an unapproved GME program? Enter “Y” for yes or “N” for no.

Line 25.--Indicate if the FQHC received a Primary Care Residency Expansion (PCRE) grant from HRSA to train new residents in primary care residency programs. Enter “Y” for yes or “N” for no in column 1. If yes, enter the number of primary care full time equivalent (FTE) residents your FQHC trained using PCRE grant funding in column 2, and the total number of visits performed by such residents in column 3, during this cost reporting period.

Line 26.--Indicate if the FQHC received a Teaching Health Center (THC) development grant authorized under Part C of title VII of the PHS Act from HRSA for the purpose of establishing new accredited or expanded primary care residency programs. Enter “Y” for yes or “N” for no in column 1. If yes, enter the number of FTE residents your FQHC trained using THC funding in column 2, and the total number of visits performed by such residents in column 3, during this cost reporting period.

Line 27.--Indicate if you own or lease the building or office space occupied by your FQHC, or if the building or office space is provided at no cost to the FQHC. Enter a “1” for owned, a “2” for leased, or a “3” for space provided at no cost in column 1. If you lease the office space, enter the rent/lease expense for this cost reporting period in column 2. If the building or office space is provided at no cost to the FQHC, it must be supported by a written agreement with the owner of record of the building or office space.

Line 28.--Does this FQHC utilize contract labor to provide medical and/or mental health services to its patients? Enter “Y” for yes or “N” for no.

Lines 29 through 33.--Reserved for future use.

Line 34.--This line is a continuation of line 14. Use this line if the FQHC contains more than 99 consolidated FQHCs. Enter in column 1 the site name, column 2 the CCN, column 3 the CBSA, column 4 the date the FQHC requested approval to file as part of a consolidated cost report, and column 5 the date the contractor approved the FQHCs request to file as part of a consolidated cost report. Each FQHC listed on line 34, beginning with the subscripted line 34.01 through 34.99, must complete a separate Worksheet S-1, Part II.

4405.2 Part II - Federally Qualified Health Center Consolidated Cost Report Participant Identification Data.--Each FQHC that is included on Worksheet S-1, Part I, line 14, and applicable subscripts, who is filing as part of a consolidated cost report must complete a separate Worksheet S-1, Part II in the identical sequence that the consolidated FQHCs are reported on Worksheet S-1, Part I, line 14 and its subscripts. Do not complete this worksheet for the primary FQHC reported on Worksheet S-1, Part I, line 1.

Line 1.--Enter the FQHC site name in column 1 and the FQHC certification date in column 2. Indicate the type of control under which the FQHC operates by entering a number from the list below in column 3.

- | | |
|--------------------------------------|---------------------------|
| 1 = Voluntary Nonprofit, Corporation | 7 = Governmental, Federal |
| 2 = Voluntary Nonprofit, Other | 8 = Governmental, State |
| 3 = Proprietary, Individual | 9 = Governmental, County |
| 4 = Proprietary, Corporation | 10 = Governmental, City |
| 5 = Proprietary, Partnership | 11 = Governmental, Other |
| 6 = Proprietary, Other | |

Enter the date the FQHC terminated its participation in the Medicare program (if applicable) in column 4. In column 5, enter a “V” for a voluntary termination or an “I” for an involuntary termination.

If the FQHC changed ownership immediately prior to the beginning of the cost reporting period enter the date of the change of ownership in column 6. Also submit the name and address of the new owner and a copy of the sales agreement with the cost report.

Line 2.--Enter the FQHC's street address in column 1 and the P.O. in column 2 (if applicable).

Line 3.--Enter the city in column 1, state in column 2, ZIP code in column 3, county in column 4, and the appropriate designation ("U" for urban or "R" for rural) in column 5. 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.

Line 4.--There are 3 types of organizations that are eligible to enroll in Medicare as an FQHC. Indicate in column 1, the type of FQHC organization by entering a number from the list below. If your response in column 1 is "1" or "3", enter any or all of the alpha characters associated with the response in column 2. For example, if you entered "1" in column 1, enter in column 2, "A", "B", "C" and/or "D". An organization receiving a grant under §330 of the PHS Act or an outpatient health program/facility can operate as any or all of the subcategories listed under the respective numeric options below.

- 1) An organization receiving a grant(s) under §330 of the PHS Act:
 - A) Community Health Centers
 - B) Migrant and Seasonal Agricultural Workers Health Centers
 - C) Health Care for the Homeless Health Centers
 - D) Health Centers for Residents of Public Housing
- 2) Health Center Program Look-Alikes; Organizations that have been identified by HRSA as meeting the definition of "Health Center" under §330 of the PHS Act, but not receiving grant funding under §330; or
- 3) Outpatient health program/facility operated by:
 - A) A tribe or tribal organization under the Indian Self-Determination Act
 - B) An urban Indian organization under title V of the Indian Health Care Improvement Act
 - C) Other

Line 5.--Indicate if your FQHC received a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no.

Line 6.--If the response to line 5 is yes, indicate in column 1, the type of grant that was awarded from the list below. Enter the date of the grant award in column 2 and enter the grant award number in column 3. If you received more than one grant subscript this line accordingly.

- 1 = Community Health Center (§330(e), PHS Act)
- 2 = Migrant and Seasonal Agricultural Workers Health Center (§330(g), PHS Act)
- 3 = Health Care for the Homeless Health Centers (§330(h), PHS Act)
- 4 = Health Centers for Residents of Public Housing (§330(i), PHS Act)
- 5 = Other

Line 7.--Indicate if your FQHC submitted an initial deeming or annual redeeming application for medical malpractice coverage to HRSA under the FTCA. Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.

Line 8.--Does this FQHC carry commercial malpractice coverage? Enter “Y” for yes or “N” for no. Malpractice insurance premiums are money paid by the FQHC to a commercial insurer to protect the FQHC against potential negligence claims made by their patients/clients.

Line 9.--If line 8 is yes, indicate if your malpractice insurance is a claims-made or occurrence policy. A claims-made insurance policy covers claims first made (reported or filed) during the year the policy is in force for any incidents that occur that year or during any previous period during which the insured was covered under a “claims-made” contract. The occurrence policy covers an incident occurring while the policy is in force regardless of when the claim arising out of that incident is filed. Enter 1 if the malpractice insurance is a claims-made policy. Enter 2 if the malpractice insurance is an occurrence policy.

Line 10.--Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self-insurance paid in column 3.

Malpractice paid losses is money paid by the FQHC to compensate a patient/client for professional negligence. Malpractice self-insurance is money paid by the FQHC where the FQHC acts as its own insurance company (either as a sole or part-owner) to financially protect itself against professional negligence. Often FQHCs will manage their own funds or purchase a policy referred to as captive insurance, which provides insurance coverage the FQHC needs but could not obtain economically through the mainstream insurance market.

Line 11.--Is this FQHC involved in training residents in an approved GME program in accordance with 42 CFR 405.2468(f)? Enter “Y” for yes or “N” for no.

Line 12.--Is this FQHC involved in training residents in an unapproved GME program? Enter “Y” for yes or “N” for no.

Line 13.--Indicate if the FQHC received PCRE grant funding from HRSA to train new residents in primary care residency programs. Enter “Y” for yes or “N” for no in column 1. If yes, enter in column 2 the number of primary care FTE residents your FQHC trained using PCRE grant funding, and enter in column 3 the total number of visits performed by such residents during this cost reporting period.

Line 14.--Indicate if the FQHC received a THC development grant authorized under Part C of title VII of the PHS Act from HRSA for the purpose of establishing new accredited or expanded primary care residency programs. Enter “Y” for yes or “N” for no in column 1. If yes, enter in column 2 the number of FTE residents your FQHC trained using THC funding and enter in column 3 the total number of visits performed by such residents during this cost reporting period.

Line 15.--Indicate whether you own or lease the building or office space occupied by your FQHC, or if the building or office space is provided at no cost to the FQHC. Enter a “1” for owned, a “2” for leased, or a “3” for space provided at no cost in column 1. If you lease the office space, enter the rent/lease expense for this cost reporting period in column 2. If the building or office space is provided at no cost to the FQHC, it must be supported by a written agreement with the owner of record of the building or office space.

Line 16.--Does this FQHC utilize contract labor to provide medical and/or mental health services to its patients? Enter "Y" for yes or "N" for no.

4406. WORKSHEET S-2 - FEDERALLY QUALIFIED HEALTH CENTER REIMBURSEMENT QUESTIONNAIRE

This worksheet collects organizational, financial and statistical information previously reported on Form CMS-339. Where instructions for this worksheet direct the FQHC to submit documentation/information, mail or otherwise transmit the requested documentation to the contractor with submission of the ECR. The contractor has the right under §§1815(a) and 1883(e) of the Act to request any missing documentation. When filing a consolidated cost report, this worksheet applies only to the primary FQHC.

To the degree that the information in the questionnaire constitutes commercial or financial information which is confidential and/or is of a highly sensitive personal nature, the information will be protected from release under the Freedom of Information Act. If there is any question about releasing information, the contractor should consult with the CMS Regional Office.

NOTE: The responses on all lines are "yes" or "no" unless otherwise indicated. When the instructions require documentation, indicate on the documentation the Worksheet S-2 line number the documentation supports. Lines 1 through 19 are required to be completed by all FQHCs reported on Worksheet S-1, Part I, line 1.

Line 1.--Indicate whether the FQHC has changed ownership immediately prior to the beginning of the cost reporting period. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the date the change of ownership occurred in column 2. Also, submit the name and address of the new owner and a copy of the sales agreement with the cost report.

Line 2.--Indicate whether the FQHC has terminated participation in the Medicare program. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the date of termination in column 2, and "V" for voluntary or "I" for involuntary in column 3.

Line 3.--Indicate whether the FQHC is involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the FQHC or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", submit a list of the individuals, the organizations involved, and a description of the transactions with the cost report.

NOTE: A related party transaction occurs when services, facilities, or supplies are furnished to the provider by organizations related to the provider through common ownership or control. (See CMS Pub. 15-1, chapter 10, and 42 CFR 413.17.)

Line 4.--Indicate in column 1 whether the financial statements were prepared by a certified public accountant; enter "Y" for yes or "N" for no. If column 1 is "Y", indicate the type of financial statements in column 2 by entering "A" for audited, "C" for compiled, or "R" for reviewed. Submit a complete copy of the financial statements (i.e., the independent public accountant's opinion, the statements themselves, and the footnotes) with the cost report. If the financial statements are not available for submission with the cost report enter the date they will be available in column 3. Indicate whether the total expenses and total revenues reported on the cost report differ from those on the filed financial statements? Enter "Y" for yes or "N" for no in column 4. If "Y", submit a reconciliation with the cost report.

If column 1 is "N", submit a copy of the internally prepared financial statements, and written statements of significant accounting policy and procedure changes affecting Medicare reimbursement which occurred during the cost reporting period. You may submit the changed accounting or administrative procedures manual in lieu of written statements.

Line 5.--Indicate whether Intern-Resident costs were claimed on the current cost report. Enter "Y" for yes or "N" for no in column 1.

Line 6.--Indicate whether Intern-Resident program(s) have been initiated or renewed during the cost reporting period. Enter "Y" for yes or "N" for no in column 1. If you answer "Y" in column 1, submit copies of the certification(s)/program approval(s) with the cost report. (See 42 CFR 413.79(l) for the definition of a new program.)

Line 7.--Indicate whether graduate medical education costs were directly assigned to cost centers other than the "Allowable GME Costs" on Worksheet A, line 47. Enter "Y" for yes or "N" for no in column 1. If you answer "Y" in column 1, submit a listing of the cost centers and amounts with the cost report.

Line 8.--Indicate whether you are seeking reimbursement for bad debts resulting from Medicare deductible and/or coinsurance amounts which are uncollectible from Medicare beneficiaries. (See 42 CFR 413.89(e) and CMS Pub. 15-1, chapter 3, §§306 - 324 for the criteria for an allowable bad debt.) Enter "Y" for yes or "N" for no in column 1. If you answer "Y" in column 1, submit a completed Exhibit 1 or internal schedule duplicating the documentation requested on Exhibit 1 to support the bad debts claimed.

Exhibit 1 requires the following documentation:

Columns 1, 2, 3, 4 - Patient Names, Health Insurance Claim (HIC) Number, and Dates of Service (From - To).--The documentation required for these columns is derived from the beneficiary's bill. Furnish the patient's name, HIC number and dates of service that correlate to the claimed bad debt. (See CMS Pub. 15-1, chapter 3, §314 and 42 CFR 413.89.)

Columns 5 and 6--Indigency/Medicaid Beneficiary.--If the patient included in column 1 has been deemed indigent, place a check in column 5. If the patient in column 1 has a valid Medicaid number, include this number in column 6. See the criteria in CMS Pub. 15-1, chapter 3, §§312 and 322, and 42 CFR 413.89 for guidance on the billing requirements for indigent and Medicaid beneficiaries.

Columns 7 and 8--Date First Bill Sent to Beneficiary and Date Collection Efforts Ceased.--This information should be obtained from the FQHC's files and should correlate with the beneficiary name, HIC number, and dates of service shown in columns 1, 2, 3 and 4 of this exhibit. The date in column 8 represents the date that the unpaid account is deemed worthless, whereby all collection efforts, both internal and by an outside entity, ceased and there is no likelihood of recovery of the unpaid account. (See 42 CFR 413.89(e) and (f), and CMS Pub. 15-1, chapter 3, §§308, 310, and 314.)

Column 9--Medicare Remittance Advice Dates.--Enter in this column the remittance advice dates that correlate with the beneficiary name, HIC number, and dates of service shown in columns 1, 2, 3 and 4 of this exhibit.

Column 10--Coinsurance/Total Medicare Bad Debts.--Record on each line of this column the beneficiary's unpaid coinsurance amount that relates to covered services. Calculate the total bad debts by summing up the amounts on all lines of column 10. This "total" must agree with the bad debts claimed on the cost report. Attach additional supporting schedules, if necessary, for bad debt recoveries.

Line 9.--Indicate whether your bad debt collection policy changed during the cost reporting period. Enter "Y" for yes or "N" for no in column 1. If you answer "Y" in column 1, submit a copy of the revised bad debt collection policy with the cost report.

Line 10.--Indicate whether patient coinsurance amounts were waived. Enter "Y" for yes or "N" for no in column 1. If you answer "Y" in column 1, ensure that they are not included on the bad debt listings (i.e., Exhibit 1 or your internal schedules) submitted with the cost report.

Line 11.--Indicate whether the cost report was prepared using the Provider Statistical & Reimbursement (PS&R) Report only. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" enter the paid through date of the PS&R in column 2. Also, submit a crosswalk between revenue codes and visits found on the PS&R to the cost center groupings on the cost report. This crosswalk will reflect a cost center to revenue code match only.

Line 12.--Indicate whether the cost report was prepared using the PS&R for totals and the FQHC's records for allocation. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" enter the paid through date of the PS&R used to prepare this cost report in column 2. Also, submit a detailed crosswalk between revenue codes and visits on the PS&R to the cost center groupings on the cost report. This crosswalk must show visits by cost center and include which revenue codes were allocated to each cost center. The total visits on the cost report must match the total visits on the PS&R (as appropriately adjusted for unpaid claims, etc.) to use this method. Supporting work papers must accompany this crosswalk to provide sufficient documentation as to the accuracy of the FQHC's records.

Line 13.--If you entered "Y" on either line 11 or 12, indicate whether adjustments were made to the PS&R data for additional claims that have been billed but not included on the PS&R used to file this cost report. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", include a schedule which supports any claims not included on the PS&R. This schedule should include totals consistent with the breakdowns on the PS&R, and should reflect claims that are unprocessed or unpaid as of the cut-off date of the PS&R used to file the cost report.

Line 14.--If you entered "Y" on either line 11 or 12, column 1, indicate whether adjustments were made to the PS&R data for corrections of other PS&R information. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", submit a detailed explanation and documentation which provides an audit trail from the PS&R to the cost report.

Line 15.--If you entered "Y" on either line 11 or 12, column 1, indicate whether other adjustments were made to the PS&R data. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", include a description of the other adjustments and documentation which provides an audit trail from the PS&R to the cost report.

Line 16.--Indicate whether the cost report was prepared using FQHC records only. Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", submit detailed documentation of the system used to support the data reported on the cost report. If detail documentation was previously supplied, submit only necessary updated documentation with the cost report.

The minimum requirements are:

- Internal records supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a manner consistent with the PS&R report.
- A reconciliation of remittance totals to the provider's internal records.
- The name of the system used and system maintainer (vendor or FQHC). If the FQHC maintained the system, include date of last software update.

NOTE: Additional information may be supplied such as narrative documentation, internal flow charts, or outside vendor informational material to further describe and validate the reliability of your system.

Line 17.--Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.

Line 18.--Enter the employer/company name of the cost report preparer.

Line 19.--Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.

**EXHIBIT 1
LISTING OF MEDICARE BAD DEBTS AND APPROPRIATE SUPPORTING DATA**

FQHC Name _____
 FQHC CCN _____
 FYE _____

Prepared By _____
 Date Prepared _____

| Patient Name | HIC No. | Dates of Service | | Indigency & Medicaid Beneficiary (check column 5 if applicable) | | Date First Bill Sent to Beneficiary | Date Collection Efforts Ceased | Medicare Remittance Advice Dates | Co-Insurance/ Total Medicare Bad Debts* |
|--------------|---------|------------------|----|--|-----------------|-------------------------------------|--------------------------------|----------------------------------|--|
| | | From | To | Yes | Medicaid Number | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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* These amounts must not be claimed unless the FQHC bills for these services with the intention of receiving payment. See instructions for columns 5 and 6 - Indigency/Medicaid Beneficiary, for possible exception. These amounts must not be claimed if they were included on a previous Medicare bad debt listing or cost report.

4407. WORKSHEET S-3 - FEDERALLY QUALIFIED HEALTH CENTER DATA

This worksheet consists of three parts:

- Part I - Federally Qualified Health Center Statistical Data
- Part II - Federally Qualified Health Center Contract Labor and Benefit Cost
- Part III - Federally Qualified Health Center Employee Data

4407.1 Part I - Federally Qualified Health Center Statistical Data.--This part collects statistical data regarding the number and types of visits by title, as well as, the number of visits performed by interns and residents. Only those visits that qualify as a face to face encounter associated with a beneficiary receiving services under the Medicare fee for service program are included in column 2. Visits attributable to beneficiaries enrolled in a Medicare Advantage plan must be included in column 4. For the purposes of the Medicare program, a beneficiary who receives care at an FQHC can be seen for three types of visits:

- Medical Visit - A face to face encounter between an FQHC patient and one of the following: a physician, physician assistant, nurse practitioner, certified nurse midwife, visiting registered nurse, visiting licensed practical nurse, registered dietician, or certified DSMT/MNT educator. The provision of Transitional Care Management (TCM) services is reported as a medical visit if it is the only medical service provided on that day and it meets the TCM billing requirements. If it is furnished on the same day as another medical visit, only one medical visit is reported on the cost report.
- Medical Visit for Subsequent Illness or Injury.
- Mental Health Visit - A face to face encounter between an FQHC patient and one of the following: a clinical psychologist, clinical social worker, or a physician, physician assistant, nurse practitioner, certified nurse midwife, visiting registered nurse, or a visiting licensed practical nurse for mental health services. In addition the Consolidated Appropriations Act (CAA) of 2023, §4121 provides for the coverage of marriage and family therapists (MFT) and mental health counselors (MHC) for mental health visits effective for services rendered on or after January 1, 2024.
- Intensive Outpatient Program (IOP) visits - CAA of 2023 added §4124, effective for services rendered on or after January 1, 2024.

All visits performed by interns and residents who are funded by a THC or PCRE grant from HRSA must be excluded from lines 5 and 6 on this worksheet. Visits performed by an intern or resident funded by a THC or PCRE grant from HRSA are separately reported on the Worksheet S-1, Parts I and II.

Column 0.--Use this column to identify the primary FQHC listed on Worksheet S-1, Part I, line 1, and if you are filing a consolidated cost report, each FQHC listed on Worksheet S-1, Part I, line 14, beginning with the subscripted line 14.01, in the exact same order.

Columns 1 through 4.--Enter the number of medical visits, mental health visits, visits performed by interns and residents, and IOP visits, if applicable, for each program (title V, title XVIII, and title XIX) and all other payors. Include dually eligible (Medicare/Medicaid) beneficiaries in column 2.

Column 5.--Enter the sum of the total medical visits, mental health visits, visits performed by interns and residents, and IOP visits, included in columns 1 through 4.

Line 1.--Enter the number of medical visits applicable to columns 1 through 4. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. If you are filing under a consolidated cost report, line 1 must contain the medical visits exclusively for the primary CCN and you must subscript line 1 to report the number of medical visits for each additional FQHC included in this consolidated cost report. Each subscript of line 1, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01, in the exact same order. Enter the number of medical visits applicable to columns 1 through 4, for each FQHC listed on line 1 and its subscripts. If the FQHC contains more than 99 consolidated FQHCs, see line 11.01 below.

Line 2.--Enter the total number of medical visits (sum of line 1 and its subscripts) for each applicable column.

Line 3.--Enter the number of mental health visits applicable to columns 1 through 4. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. If you are filing under a consolidated cost report, line 3 must contain the mental health visits exclusively for the primary CCN and you must subscript line 3 to report the number of mental health visits for each additional FQHC included in this consolidated cost report. Each subscript of line 3, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01, in the exact same order. Enter the number of mental health visits applicable to columns 1 through 4, for each FQHC listed on line 3 and its subscripts. If the FQHC contains more than 99 consolidated FQHCs, see line 13.01 below.

Line 4.--Enter the total number of mental health visits (sum of line 3 and its subscripts) for each applicable column.

Line 5.--Enter the total number of visits performed by interns and residents not funded by a THC or PCRE grant from HRSA applicable to columns 1 through 4. If you are filing under a consolidated cost report, line 5 must contain the visits performed by interns and residents exclusively for the primary CCN and you must subscript line 5 to report the number of visits performed by interns and residents for each additional FQHC included in this consolidated cost report. Visits reported on line 5 and its subscripts, are a subset of the medical and mental health visits reported on lines 1 and 3 and their subscripts. Each subscript of line 5, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01, in the exact same order. Enter the number of visits performed by interns and residents applicable to columns 1 through 4 for each FQHC listed on line 5 and its subscripts. If the FQHC contains more than 99 consolidated FQHCs, see line 15.01 below.

Line 6.--Enter the total number of visits performed by interns and residents not funded by a THC or PCRE grant from HRSA (sum of line 5 and its subscripts) for each applicable column.

NOTE: When reporting data for FQHCs reporting under the consolidated cost reporting provisions, subscript lines 1, 3, and 5 in the identical sequence that the consolidated FQHCs are

reported on Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01. If there are more than 99 consolidated FQHCs, continue beginning with subscripted lines 11.01, 13.01, and 15.01, in the identical sequence that the consolidated FQHCs are reported on Worksheet S-1, Part I, line 34, beginning with subscripted line 34.01.

Lines 7 through 10.--Reserved for future use.

Line 11.--Do not use this line.

Line 11.01.--This line is a continuation of line 1. Use this line if this FQHC contains more than 99 consolidated FQHCs and after subscripted line 1.99 has been completed. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. Use subscripted lines 11.01 through 11.99 to report the number of medical visits for each additional FQHC included in this consolidated cost report. Each line beginning with subscripted line 11.01, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 34, beginning with subscripted line 34.01, in the exact same order. Enter the number of medical visits applicable to columns 1 through 4, for each FQHC listed on subscripted lines 11.01 through 11.99.

Line 12.--Enter the total number of medical visits (sum of subscripted lines 11.01 through 11.99) for each applicable column.

Line 13.--Do not use this line.

Line 13.01.--This line is a continuation of line 3. Use this line if this FQHC contains more than 99 consolidated FQHCs and after line subscripted 3.99 has been completed. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. Use subscripted lines 13.01 through 13.99 to report the number of mental health visits for each additional FQHC included in this consolidated cost report. Each line beginning with subscripted line 13.01, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 34, beginning with subscripted line 34.01, in the exact same order. Enter the number of mental health visits applicable to columns 1 through 4, for each FQHC listed on subscripted lines 13.01 through 13.99.

Line 14.--Enter the total number of mental health visits (sum of subscripted lines 13.01 through 13.99) for each applicable column.

Line 15.--Do not use this line.

Line 15.01.--This line is a continuation of line 5. Use this line if this FQHC contains more than 99 consolidated FQHCs and after subscripted line 5.99 has been completed. Enter the total number of visits performed by interns and residents not funded by a THC or PCRE grant from HRSA applicable to columns 1 through 4. Use subscripted lines 15.01 through 15.99 to report the number of visits performed by interns and residents for each additional FQHC included in this consolidated cost report. Visits reported on subscripsts of line 15 are a subset of the medical and mental health

visits reported on subscripts of lines 11 and 13. Each line beginning with subscripted line 15.01, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 34, beginning with subscripted line 34.01, in the exact same order. Enter the number of visits performed by interns and residents applicable to columns 1 through 4 for each FQHC listed on subscripted line 15.01 through 15.99.

Line 16.--Enter the total number of visits performed by interns and residents not funded by a THC or PCRE grant from HRSA (sum of subscripted lines 15.01 through 15.99) for each applicable column.

Lines 17 through 19.--Reserved for future use.

Line 20.--Enter the total FQHC medical visits by adding the amounts on lines 2 and 12 for each applicable column.

Line 21.--Enter the total FQHC mental health visits by adding the amounts on lines 4 and 14 for each applicable column.

Line 22.--Enter the total FQHC visits performed by interns and residents by adding sum of the amounts on lines 6 and 16 for each applicable column.

Line 23.--Enter the number of IOP visits applicable to columns 1 through 5. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. If you are filing under a consolidated cost report, line 23 must contain the IOP visits exclusively for the primary CCN and you must subscript line 23 to report the number of IOP visits for each additional FQHC included in this consolidated cost report. Each subscript of line 23, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01, in the exact same order. Enter the number of IOP visits applicable to columns 1 through 5, for each FQHC listed on line 23 and its subscripts. The IOP visits entered on this line are mutually exclusive from the mental health visits entered on line 3 and its subscripts and subscripts of line 13. If the FQHC contains more than 99 consolidated FQHCs, see line 24.01 below.

Line 24.--Do not use this line.

Line 24.01.--This line is a continuation of line 23. Use this line if this FQHC contains more than 99 consolidated FQHCs and after subscripted line 23.99 has been completed. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. Use subscripted lines 24.01 through 24.99 to report the number of IOP visits for each additional FQHC included in this consolidated cost report. Each line beginning with subscripted line 24.01, column 0, must contain a corresponding CCN from Worksheet S-1, Part I, line 34, beginning with subscripted line 34.01, in the exact same order. Enter the number of IOP visits applicable to columns 1 through 4, for each FQHC listed on subscripted lines 24.01 through 24.99.

Line 25.--Enter the total number of IOP visits (sum of lines 23 and its subscripts and subscripted lines 24.01 through 24.99) for each applicable column.

Line 26.--Enter the total number of FQHC visits (sum of lines 20, 21, and 25) for each applicable column.

4407.2 Part II - Federally Qualified Health Center Contract Labor and Benefit Cost.--This section identifies the contract labor and benefit costs relating to direct patient care. See Worksheet A for the applicable cost center definitions.

DEFINITIONS

Column 1 - Contract Labor Costs.--Enter the amount paid for services furnished under contract, rather than by employees, for direct patient care and management services for the occupations on lines 2 through 15. Line 1 is the aggregate of lines 2 through 15. DO NOT include cost for equipment, supplies, travel expenses, and other miscellaneous or overhead items (non-labor costs).

Column 2 - Benefit Costs.--Enter the amount of employee benefit costs, also referred to as wage-related costs, for direct patient care services for the occupations listed on lines 2 through 15. Line 1 is the aggregate of lines 2 through 15.

4407.3 Part III - Federally Qualified Health Center Employee Data.--This section identifies data related to the human resources of the FQHC. The human resources statistics are required for each of the job categories specified in lines 16 through 29.

Enter the number of hours in your normal work week.

Report in column 1 the FTE employees on the FQHC's payroll. These are staff for which an IRS Form W-2 is used.

Report in column 2 the FTE contracted and consultant staff of the FQHC.

Complete staff FTEs for column 1 as follows: Add all hours for which employees were paid and divide by 2080. Round to two decimal places, e.g., 04447 is rounded to .04. Compute contract FTEs for column 2 as follows: Add all hours for which contracted and consultant staff worked and divide by 2080 hours. If employees are paid for unused vacation, unused sick leave, etc., exclude these paid hours from the numerator in the calculations.

Enter the total FTEs in column 3, by adding columns 1 and 2.

4408. WORKSHEET A - RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A provides for recording the trial balance of expense accounts from your accounting books and records. It also provides for the necessary reclassifications and adjustments to certain accounts. The cost centers listed may not apply to every FQHC using these forms. For example, a FQHC that does not have an intern and resident (I&R) program will not complete lines 47 and/or 78. Complete only those lines that are applicable.

If the cost elements of a cost center are maintained separately on your accounting books, a reconciliation of costs per the accounting books and records to those on this worksheet must be maintained and are subject to review by your contractor.

Standard (i.e., preprinted) CMS line numbers and cost center descriptions cannot be changed. If additional or different cost center descriptions are needed, add (subscript) additional lines to the cost report. Where an added cost center description bears a logical relationship to a standard line description, the added label must be inserted immediately after the related standard line. The added line is identified as a numeric subscript of the immediately preceding line. For example, if two lines are added between lines 7 and 8, identify them as lines 7.01 and 7.02.

Cost center coding is a methodology for standardizing the meaning of cost center labels as used by health care entities on the Medicare cost reports. Form CMS-224-14 provides for preprinted cost center descriptions on Worksheet A. In addition, a space is provided for a cost center code. The preprinted cost center labels are automatically coded by CMS approved cost reporting software. These cost center descriptions are hereafter referred to as the standard cost centers. Additionally, nonstandard cost center descriptions have been identified through analysis of frequently used labels.

This coding methodology allows FQHCs to continue to use labels for cost centers that have meaning within the individual institution. The four digit cost center codes that are associated with each FQHC's label in the ECR file provide standardized meaning for data analysis. FQHCs are required to compare any added or changed labels to the descriptions offered on the standard or nonstandard cost center tables. A description of cost center coding and the table of cost center codes are in §4495, table 5.

Submit the working trial balance for the facility with the cost report. A working trial balance is a listing of the balances of the accounts in the general ledger to which adjustments are appended in supplementary columns and used as a basic summary for financial statements.

COLUMN DESCRIPTIONS

Columns 1 through 3.--The expenses listed in these columns must be in accordance with your accounting books and records.

Enter on the appropriate lines in columns 1 through 3 the total expenses incurred during the cost reporting period. These expenses are detailed between salaries (column 1) and other than salaries (column 2). The sum of columns 1 and 2 must equal column 3.

Column 1.--Salaries are the gross salaries paid to employees before taxes and other items are withheld. Salaries include paid vacation, holiday, sick, other-paid-time off, severance and bonus pay. (See CMS Pub. 15-1, chapter 21.) Enter salaries from the FQHC's accounting books and records. Do not include costs attributable to contracted labor in this column. Contracted labor is only reported in column 2.

Column 2.--Enter all costs other than salaries from the FQHC's accounting books and records.

Column 3.--For each cost center, add the amounts in columns 1 and 2 and enter the total in column 3.

Column 4.--For each cost center, enter the net amount of reclassifications from Worksheet A-1. The net total of the entries in column 4 must equal zero on line 100. Show reductions to expenses as negative numbers.

Column 5.--For each cost center, enter the total of the amount in column 3 plus or minus the amount in column 4. The total on column 5, line 100 must equal the total on column 3, line 100.

Column 6.--For each cost center, enter the net of any increase and decrease amounts from Worksheet A-2. The total on Worksheet A, column 6, line 100 must equal Worksheet A-2, column 2, line 50.

Column 7.--For each cost center, enter the total of the amount in column 5 plus or minus the amount in column 6.

LINE DESCRIPTIONS

The Worksheet A segregates the trial balance of expenses into general service cost centers, direct patient care cost centers, reimbursable pass through costs, other FQHC services, and nonreimbursable cost centers to facilitate the transfer of costs to the various worksheets.

GENERAL SERVICE COST CENTERS

These cost centers include expenses incurred in operating the FQHC as a whole that are not directly associated with furnishing patient care such as, but not limited to mortgage, rent, plant operations, administrative salaries, utilities, telephone, and computer hardware and software costs. General service cost centers furnish services to other general service cost centers and to reimbursable and nonreimbursable cost centers in the FQHC.

Lines 1 and 2 - Cap Rel Costs-Bldg & Fix and Cap Rel Costs-Mvble Equip.--These cost centers include the capital-related costs for buildings and fixtures and the capital-related costs for movable equipment including depreciation, leases and rentals for the use of facilities and/or equipment, including electronic health records systems, interest incurred in acquiring land and depreciable assets used for patient care, insurance on depreciable assets used for patient care, taxes on land or depreciable assets used for patient care, and software and hardware updates attributable to electronic health records systems. Do not include in these cost centers costs incurred for the repair or maintenance of equipment or facilities; amounts specifically included in rentals or lease payments for repair and/or maintenance agreements; interest expense incurred to borrow working capital or for any purpose other than the acquisition of land or depreciable assets used for patient care; general liability insurance or any other form of insurance to provide protection other than the replacement of depreciable assets; or taxes other than those assessed on the basis of some valuation of land or depreciable assets used for patient care. However, if no amount of the lease payment is identified in the lease agreement for maintenance, you are not required to carve out a portion of the lease payment to represent the maintenance portion. Thus, the entire lease payment is considered a capital-related cost subject to the provisions of 42 CFR 413.130(b).

Line 3 - Employee Benefits.--This cost center includes the costs of the employee benefits department. In addition, this cost center includes the fringe benefits paid to, or on behalf of, an employee when an FQHC's accounting system is not designed to accumulate the benefits on a departmentalized or cost center basis. (See CMS Pub. 15-1, chapter 21, §2144).

Line 4 - Administrative and General (A&G) Services.--A&G includes a wide variety of administrative costs such as but not limited to cost of fiscal services, legal and accounting services, facility administrative services (not already included in other general services cost centers), etcetera.

Line 5 - Plant Operation and Maintenance.--This cost center includes expenses incurred in the plant operation and maintenance of the FQHC. These costs include the maintenance and service of utility systems such as heat, light, water, air conditioning and air treatment. This cost center also includes costs incurred in maintaining the facility and grounds, such as costs of routine painting, plumbing, mowing, and snow removal.

Line 6 - Janitorial.--This cost center includes the cost of routine janitorial activities such as mopping, vacuuming, cleaning restrooms, lobbies, waiting areas and otherwise maintaining patient and non-patient care areas.

Line 7 - Medical Records.--This cost center includes the cost of the medical records department where patient medical records are maintained. The general library and the medical library are not included in this cost center but are included in the A&G cost center. None of the costs associated with electronic health records systems are reported in this cost center.

Line 8 - Subtotal - Administrative Overhead.--Enter the total of lines 1 through 7.

Line 9 - Pharmacy.--This cost center includes only the costs of routine drugs (both prescription and over the counter), pharmacy supplies, pharmacy personnel, and pharmacy services, provided incident to an FQHC visit. Drugs and pharmacy supplies that can be traced to individual patients that are paid separately (outside the FQHC PPS national encounter rate) under Part B, C, or D of Medicare must be included on line 67 (Drugs Charged to Patients) of this worksheet. Drugs (both prescription and over the counter), pharmacy supplies, pharmacy personnel and pharmacy services provided by a retail pharmacy are reported on line 77. Do not include the cost of pneumococcal, influenza, or COVID-19 vaccines or monoclonal antibody products for treatment of COVID-19, on this line as these costs are reported on lines 48 and 49 (and applicable subscripts), respectively.

Line 10 - Medical Supplies.--This cost center includes the routine cost of supplies used in the normal course of caring for patients, such as gloves, masks, swabs, or glycerin sticks, and the non-routine costs of medical supplies that can be traced to individual patients. Do not include the cost of medical supplies used in administering influenza, pneumococcal, or COVID-19 vaccines or monoclonal antibody products for treatment of COVID-19, on this line as these costs are reported on lines 48 and 49 (and applicable subscripts), respectively.

Line 11 - Transportation.--This cost center includes the cost of owning or renting vehicles, public transportation expenses, parking, tolls, or payments to employees for driving their private vehicles to see patients or for other FQHC business.

Line 12 - Other General Service (Specify).--Use this line to report the costs of other general service costs not previously identified on lines 1 through 11. If more than one other general service is offered, subscript this line. See Table 5 in §4495 for the proper cost center code for this line.

Line 13 - Subtotal - Total Overhead.--Enter the sum of lines 8 and 9 through 12.

Line 14 through 22.--Reserved for future use.

DIRECT CARE COST CENTERS

Line 23 - Physician.--This cost center includes the costs incurred by the FQHC for physicians providing direct patient care services and general supervisory services, participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the governing board. Reclassify the cost for the portion of time physicians spent on general supervisory services or other FQHC administrative activities to A&G (line 4). The costs incurred for teaching physicians and interns and residents must be reported on line 47 or line 48, whichever is applicable. Physician services provided under an agreement are reported on line 24.

Line 24 - Physician Services under Agreement.--This cost center includes the costs incurred by the FQHC for physicians who are providing services under agreement.

Line 25 - Physician Assistant.--This cost center includes the costs incurred by the FQHC for physician assistants (PA), including the costs for PAs providing physician services.

Line 26 - Nurse Practitioner.--This cost center includes the costs of nursing care provided by nurse practitioners (NP), including NPs providing physician services.

Line 27 - Visiting Registered Nurse.--This cost center only includes the costs of nursing care provided by registered nurses (RNs) who perform visiting nurse services in accordance with CMS Pub. 100-02, chapter 13, §180. Costs associated with RNs who provide services incident to a physician, PA, NP, certified nurse midwife (CNM), clinical psychologist (CP) or clinical social worker (CSW) (see CMS Pub. 100-02, chapter 13, §§110, 120 and 140) are included in line 36.

Line 28 - Visiting Licensed Practical Nurse.--This cost center only includes the costs of nursing care provided by licensed practical nurses (LPNs) who perform visiting nurse services in accordance with CMS Pub. 100-02, chapter 13, §180. Costs associated with LPNs that provide services incident to a physician, PA, NP, CNM, CP or CSW (see CMS Pub. 100-02, chapter 13, §§110, 120, and 140) are included in line 36.

Line 29 - Certified Nurse Midwife.--This cost center includes the costs of nursing care provided by CNMs.

Line 30 - Clinical Psychologist.--This cost center includes the costs of a CP who holds a doctorate in psychology and is licensed or certified by the State in which he or she practices, for diagnostic, assessment, preventative and therapeutic services directed at individuals.

Line 31 - Clinical Social Worker.--This cost center includes the costs of a CSW who possesses a master's degree or doctorate in social work and meets specified criteria established by regulation. The CSW must directly examine the patient, or directly review the patient's medical information, to provide diagnosis, treatment and consultation.

Line 31.10 - Marriage and Family Therapist.--This cost center includes the costs of a MFT who possesses a master's degree or doctorate which qualifies for licensure or certification as a marriage and family therapist and meets specified criteria established by regulation.

Line 31.11 - Mental Health Counselor.--This cost center includes the costs of a MHC who possesses a master's degree or doctorate which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, or professional counselor and meets specified criteria established by regulation.

Line 32 - Laboratory Technician.--This cost center includes the costs of a person who, under the supervision of a medical technologist or physician, performs microscopic and bacteriologic tests of human blood, tissue, and fluid for diagnostic and research purposes.

Line 33 - Reg Dietician/Cert DSMT/MNT Educator.--This cost center includes the costs of a person who is either a registered dietician or nutritionist who meets specified criteria for providing diabetes self-management training (DSMT) or medical nutrition therapy (MNT) services under the Program.

Line 34 - Physical Therapist.--This cost center includes the costs of physical or corrective treatment of bodily or mental conditions by the use of physical, chemical, and other properties of heat, light, water, electricity, sound massage, and therapeutic exercise by or under the direction of a registered physical therapist as prescribed by a physician. Physical therapy services may be provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

Line 35 - Occupational Therapist.--This cost center includes the costs of purposeful goal-oriented activities in the evaluation, diagnosis, and/or treatment of persons whose function is impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process, in order to achieve optimum functioning, to prevent disability, and to maintain health. Occupational therapy services may be provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

Line 36 - Other Allied Health Personnel.--This cost center includes the costs of RNs and LPNs who provide services incident to a physician, PA, NP, CNM, CP or CSW in accordance with CMS Pub. 100-02, chapter 13, §§110, 120 or 140 and the costs of other allied health personnel that provide diagnostic, technical, therapeutic and direct patient care and support services to the other health professionals they work with and the patients they serve. An example of other allied health personnel is a medical assistant.

Line 37 - Subtotal Direct Patient Care Services.--Enter the total of lines 23 through 36.

Line 38 through 46.--Reserved for future use.

REIMBURSABLE PASS THROUGH COSTS

Line 47 - Allowable GME Costs.--This cost center includes the costs associated with allowable direct GME costs set forth in 42 CFR 405.2468(f). These include residents' salaries and fringe benefits (including travel and lodging expenses where applicable); the allowable portion of the teaching physicians' salaries and fringe benefits that are related to the time spent teaching and supervising residents (i.e., lecture time, time spent filling out resident evaluations, mentoring, and program development) subject to the reasonable compensation equivalency limits (RCEs) (42 CFR 415.70); and overhead costs that are directly assigned to the I&R program.

This cost center does not include normal operating and capital related costs. If the overhead costs for the direct GME are not identified and recorded on this line in columns 1 or 2, a reclassification to this cost center is required. The reclassification must be made on a factual and auditable basis on Worksheet A-1 (see §2905).

An FQHC must include all allowable direct costs associated with an intern and/or resident program funded by a THC and/or PCRE grant from HRSA on line 47, only if the program meets the requirements set forth in 42 CFR 405.2468(f). If the direct costs associated with an intern and/or resident who is funded by a THC and/or PCRE grant are included in line 47, the FQHC must reclassify the direct costs associated with the THC and/or PCRE programs funded by HRSA to line 78, non-allowable GME costs.

A "moonlighting" resident or fellow is a postgraduate medical trainee who is practicing independently, outside the scope of his or her residency training program and would be treated as a physician within the scope of the privileges granted by the FQHC. Therefore, costs associated with a "moonlighting" intern or resident are reported in the physician services cost center, not the allowable GME cost center.

Line 48 - Pneumococcal Vaccines & Med Supplies.--This cost center includes the cost of the pneumococcal vaccines and the medical supplies attributable to pneumococcal vaccinations.

Line 49 - Influenza Vaccines & Med Supplies.--This cost center includes the cost of influenza vaccines and the medical supplies attributable to influenza vaccinations.

Line 49.10 - COVID-19 Vaccines & Med Supplies.--Enter the cost of COVID-19 vaccines and the medical supplies attributable to COVID-19 vaccinations, authorized and furnished for use during the COVID-19 public health emergency (PHE). Do not report the cost of COVID-19 vaccines provided by the government free of charge.

Line 49.11 - Monoclonal Antibody Products.--Enter the cost of monoclonal antibody products for treatment of COVID-19, authorized and furnished for use during the COVID-19 PHE. Do not report the cost of monoclonal antibody products for treatment of COVID-19 provided by the government free of charge.

Line 50 - Subtotal - Reimbursable Pass Through Costs.--Enter the total of lines 47 through 49.

Line 51 through 59.--Reserved for future use.

OTHER FQHC SERVICES

Line 60 - Medicare Excluded Services.--This cost center includes the cost of routine dental care, hearing tests, eye exams, etc. that are excluded from coverage under the Program.

Line 61 - Diagnostic & Screening Lab Tests.--This cost center includes the technical component of diagnostic and laboratory tests such as electrocardiograms and certain preventative services authorized by the Medicare statute or the national coverage determination process. (The professional component is a FQHC service if performed by an FQHC practitioner or furnished incident to an FQHC service). This does not include venipuncture, which is included in the pharmacy cost center when furnished by the FQHC.

Line 62 - Radiology - Diagnostic.--This cost center includes the technical component of radiological diagnostic tests such as x-rays and imaging services.

Line 63 - Prosthetic Devices.--This cost center includes the costs of devices (other than dental) which replace all or part of an internal body organ (including colostomy bags and supplies directly related to colostomy care), replacement of such devices, and one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with the insertion of an intraocular lens.

Line 64 - Durable Medical Equipment.--This cost center includes the direct costs of durable medical equipment rented or sold (DME, as defined in 42 CFR 410.38) furnished to an individual patient and all direct expenses incurred in requisitioning and issuing DME to patients.

Line 65 - Ambulance Services.--Report all ambulance costs on this line for both owned and operated services and services under arrangement. No subscribing is allowed for this line.

Line 66 - Telehealth.--This cost center includes the cost of telehealth distant-site services as described in CMS Pub. 100-02, chapter 13, §200.

Line 67 - Drugs Charged to Patients.--This cost center includes only those costs associated with drugs (both prescription and over the counter), pharmacy supplies, pharmacy personnel and pharmacy services that can be traced to individual patients that are paid separately (outside the FQHC PPS national encounter rate) under Medicare Parts B, C, or D.

Line 68 - Chronic Care Management (CCM).--This cost center includes the structured recording of patient health information, an electronic health care plan addressing all health issues, access to chronic care management services, managing care transitions, and coordinating and sharing patient information with practitioners and providers outside the practice. CCM services are reimbursed as an add-on payment based on the Medicare Physician Fee Schedule (MPFS). See 80 FR 71080 (November 16, 2015).

Line 69 - Other (Specify).--Use this line to report the costs of other FQHC services not previously identified on lines 60 through 68, for example, virtual communication services. If more than one other service is offered, subscript this line. See Table 5 in §4495 for the proper cost center code for this line.

Line 70 - Subtotal Other FQHC Services.--Enter the total of lines 60 through 69.

NONREIMBURSABLE COST CENTERS

Line 71 through 76.--Reserved for future use.

Line 77 - Retail Pharmacy.--This cost center includes only those costs associated with drugs (both prescription and over the counter), pharmacy supplies, pharmacy personnel and pharmacy services that are sold through a retail pharmacy.

Line 78 - Nonallowable GME Costs.--This cost center includes the costs associated with an I&R program not approved by Medicare.

Line 79 - Other Nonreimbursable (Specify).--Use this line to record the costs applicable to other nonreimbursable cost centers not provided for on this worksheet. For example, costs related to a Medicare Diabetes Prevention Program (MDPP).

Line 80 - Subtotal of Nonreimbursable Cost Centers.--Enter the total of lines 77 through 79.

Line 81 through 99.--Reserved for future use.

Line 100 - Total.--Enter the sum of lines 13, 37, 50, 70 and 80.

4409. WORKSHEET A-1 - RECLASSIFICATIONS

This worksheet provides for the reclassification of certain amounts to effect the proper cost allocation. The cost centers affected must be specifically identifiable in your accounting records. Use reclassifications in instances in which the expenses applicable to more than one of the cost centers listed on Worksheet A are maintained in your accounting books and records in one cost center.

Column 1.--Identify each reclassification adjustment by assigning an alpha character (e.g., A, B, C) in column 1. Do not use numeric designations.

Columns 2, 3, and 4.--For each increase reclassification, enter the corresponding cost center description in column 2, the Worksheet A cost center line number reference in column 3, and reclassification amount in column 4.

Columns 5, 6, and 7.--For each decrease reclassification, enter the corresponding cost center description in column 5, the Worksheet A cost center line number reference in column 6, and reclassification amount in column 7.

4410. WORKSHEET A-2 - ADJUSTMENTS TO EXPENSES

This worksheet provides for adjusting the expenses listed on Worksheet A, column 5. Make these adjustments, which are required under the Medicare principles of reimbursement, on the basis of cost, or amount received. Enter the total amount received (revenue) only if the cost (including the

direct cost and all applicable overhead) cannot be determined. However, if total direct and indirect cost can be determined, enter the cost. Once an adjustment to an expense is made on the basis of cost, you may not, in future cost reporting periods determine the required adjustment to the expense on the basis of revenue. Enter the following symbols in column 1 to indicate the basis for adjustments: "A" for costs and "B" for amount received. Line descriptions indicate the more common activities which affect allowable costs or result in costs incurred for reasons other than patient care and, thus, require adjustments.

Types of items to be entered on this worksheet are (1) those needed to adjust expenses incurred, (2) those items which constitute recovery of expenses through sales, charges, fees, etc., and (3) those items needed to adjust expenses in accordance with the Medicare principles of reimbursement. (See CMS Pub. 15-1, §2328.)

If an adjustment to an expense affects more than one cost center, record the adjustment to each cost center on a separate line on this worksheet.

Columns 2, 3 and 4.--For each adjustment, enter the amount in column 2, enter the Worksheet A cost center line number reference in column 4, and enter the corresponding cost center description in column 3.

Lines 1 through 3.--Investment income on restricted and unrestricted funds which are commingled with other funds must be applied together against, but should not exceed, the total interest expense included in allowable costs. (See CMS Pub. 15-1, chapter 2.)

Apply the investment income on restricted and unrestricted funds which are commingled with other funds against the administrative and general, the capital-related - buildings and fixtures, the capital-related - moveable equipment and any other appropriate cost centers on the basis of the ratio that interest expense charged to each cost center bears to the total interest expense charged to all of your cost centers.

Line 7.--Enter the amount from Worksheet A-2-1, column 6, line 5.

Line 10.--Enter the amount which represents the allowable cost of the services furnished by Public Health Service personnel. Obtain this amount from your contractor.

Lines 11 and 12.--If depreciation expense computed in accordance with Medicare principles of reimbursement differs from depreciation expenses per your books, enter the difference on lines 11 and/or 12.

Line 13.--Enter the RCE adjustment for teaching physicians. RCE limits apply to the portion of the teaching physician's salary associated with teaching residents (i.e., lecture time, time spent filling out resident evaluations, mentoring, and program development, etcetera as these activities are "direct GME" activities). See CMS Pub. 15-1, chapter 21.

Line 14 through 49.--Enter any additional adjustments required under the Medicare principles of reimbursement. Label the lines appropriately to indicate the nature of the required adjustments.

Line 50--Enter the sum of lines 1 through 49. Transfer the amounts in column 2 to the appropriate lines on Worksheet A, column 6.

4411. WORKSHEET A-2-1 - STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

In accordance with 42 CFR 413.17, costs applicable to services, facilities, and supplies furnished to the FQHC by organizations related to the FQHC by common ownership or control are includable in your allowable cost at the cost to the related organization, except for the exceptions outlined in 42 CFR 413.17(d). This worksheet provides for the computation of any needed adjustments to costs applicable to services, facilities, and supplies furnished to the FQHC by organizations related to the FQHC or costs associated with a home office. However, such cost must not exceed the amount a prudent and cost conscious buyer pays for comparable services, facilities, or supplies that are purchased elsewhere.

4411.1 Part I - Costs Incurred and Adjustments Required as a Result of Transactions with Related Organizations or Claimed Home Office Costs.--This part of the worksheet provides for the computation of adjustments needed to properly report costs of services, facilities, and supplies furnished to the FQHC by related organizations or costs associated with the home office.

Columns 1 and 2.--Enter in column 1 the Worksheet A cost center line number to be adjusted. Enter the corresponding cost center description in column 2.

Column 3.--Enter the description of the related organization or home office expense.

Column 4.--Enter the allowable costs from the books and/or records of the related organization or home office. Allowable costs are the actual costs incurred by the related organization or home office for services, facilities, and/or supplies and exclude any markup, profit or amounts that otherwise exceed the acquisition cost of such items.

Column 5.--Enter the amount included on Worksheet A for services, facilities, and/or supplies acquired from related organizations and/or a home office.

Column 6.--Enter the result of column 4 minus column 5.

4411.2 Part II - Interrelationship to Related Organizations and/or Home Office.-- This part of the worksheet identifies the interrelationship between the FQHC and individuals, partnerships, corporations, or other organizations having either a related interest to, a common ownership with, or control over the FQHC as defined in CMS Pub. 15-1, chapter 10. Complete columns 1 through 6 as applicable for each interrelationship.

Complete only those columns that are pertinent to the type of relationship that exists.

Column 1.--Enter the symbol that represents the interrelationship between the FQHC and the related organization or home office. Select from the following choices:

| <u>Symbol</u> | <u>Relationship</u> |
|---------------|--|
| A | Individual has financial interest (stockholder, partner, etc.) in both the related organization and the provider |
| B | Corporation, partnership or other organization has financial interest in provider |
| C | Provider has financial interest in corporation, partnership, or other organization |
| D | Director, officer, administrator or key person of provider or organization |
| E | Individual is director, officer, administrator or key person of provider and related organization |
| F | Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider |
| G | Other (financial or non-financial) -- specify |

Column 2.--If the symbol entered in column 1 is A, D, E, F, or G, enter the name of the related individual in column 2.

Column 3.--If the individual reported in column 2, or the organization reported in column 4, has a financial interest in the FQHC, enter the percent of ownership.

Column 4.--Enter the name of each related corporation, partnership, or other organization.

Column 5.--If the FQHC, or an individual reported in column 2, has a financial interest in the organization reported in column 4, enter the percent of ownership.

Column 6.--Enter the type of business of the related organization (e.g., medical drugs and/or supplies, janitorial services).

4412. WORKSHEET B - CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COSTS

Worksheet B consists of two parts. Part I is used to summarize (1) the FQHC medical and mental health visits furnished by practitioners, including health care staff and physicians under agreement, and (2) apportion overhead costs to FQHC services to determine the cost per visit for a medical visit and a mental health visit, by type of practitioner. The cost per visit calculated in Part I is not used to determine payment under the FQHC PPS, but may be used in future payment analyses. Part II is used to determine the FQHC's Medicare reimbursable direct GME costs, where applicable.

4412.1 Part I - Calculation of Federally Qualified Health Center Cost Per Visit--The purpose of Part I is to establish the FQHC medical and mental health Medicare cost per visit.

Column 1--Enter the total cost for each practitioner from Worksheet A, column 7 as indicated on the worksheet.

Column 2--Enter the total medical visits, mental health visits, and IOP visits actually furnished to all patients by each practitioner during the cost reporting period. Each visit to the FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the FQHC in the same day for a subsequent illness or injury. A beneficiary can have up to three medical visits in a day to include the initial visit and two subsequent visits for illness or injury.

NOTE: Column 2, line 11 must equal Worksheet S-3, Part I, column 5, sum of lines 20, 21, and 25. For each line 1 through 10, column 2 must equal the sum of columns 7, 8, and 8.01.

Column 3--Use this column to allocate costs associated with other direct care costs, sum of Worksheet A, column 7, lines 9, 32, and 34 through 36. Calculate the unit cost multiplier (UCM) related to other direct care costs by dividing the sum of Worksheet A, column 7, lines 9, 32, 34, 35, and 36, by Worksheet B, Part I, column 2, line 11, total medical visits, mental health visits, and IOP visits, and enter the result on line 12. Calculate the costs for lines 1 through 10 by multiplying the visits on each corresponding line, column 2, times the UCM on line 12.

Column 4--Use this column to allocate general service costs, on Worksheet A, column 7, line 13, minus line 9. Calculate the UCM by dividing Worksheet A, column 7, line 13, minus line 9, by Worksheet A, column 7, line 100, minus line 13, plus line 9, and enter the result on line 12. Allocate the general service cost attributable to each practitioner on lines 1 through 10, by multiplying the UCM times the sum of the amounts in columns 1 and 3, for each corresponding line.

Column 5--Enter the sum of columns 1, 3, and 4 for each practitioner.

Column 6--Calculate the average cost per visit by each practitioner by dividing the total cost in column 5 by the total visits in column 2. Enter the result in column 6.

Column 7--Enter the total number of medical visits, included in column 2, provided to all patients by each practitioner during the cost reporting period.

Column 8--Enter the total number of mental health visits, included in column 2, provided to all patients by each practitioner during the cost reporting period.

Column 8.01--Enter the total number of IOP visits, included in column 2, provided to all patients by each practitioner during the cost reporting period.

Column 9--Enter the total number of medical visits provided to Medicare beneficiaries by each practitioner during the cost reporting period.

Column 10.--Enter the total number of mental health visits provided to Medicare beneficiaries by each practitioner during the cost reporting period.

Column 10.01.--Enter the total number of IOP visits provided to Medicare beneficiaries by each practitioner during the cost reporting period.

NOTE: Worksheet S-3, Part I, column 2, line 20, must equal column 9, line 11; Worksheet S-3, Part I, column 2, line 21, must equal column 10, line 11; and Worksheet S-3, Part I, column 2, line 25, must equal column 10.01, line 11.

Column 11.--Calculate the Medicare cost per medical visit by practitioner by multiplying the average cost per visit in column 6 by the Medicare visits in column 9.

Column 12.--Calculate the Medicare cost per mental health visit by practitioner by multiplying the average cost per visit in column 6 by the Medicare visits in column 10.

Column 12.01.--Calculate the Medicare cost per IOP visit by practitioner by multiplying the average cost per visit in column 6 by the Medicare visits in column 10.01.

Line 11.--Enter the sum of lines 1 through 10 for the applicable columns.

Line 13, column 6.--Calculate the FQHC average cost per visit by dividing column 5, line 11 by column 2, line 11.

Line 13, column 11.--Calculate the Medicare average cost per medical visit by dividing column 11, line 11, by column 9, line 11.

Line 13, column 12.--Calculate the Medicare average cost per mental health visit by dividing column 12, line 11, by column 10, line 11.

Line 13, column 12.01.--Calculate the Medicare average cost per IOP visit by dividing column 12.01, line 11, by column 10.01, line 11.

4412.2 Part II - Calculation of Allowable Direct Graduate Medical Education Costs.--The purpose of Part II is to calculate the allowable cost of direct GME costs that will be reimbursed by the Medicare program.

Column 1.--Enter the total amount of direct GME cost from Worksheet A, column 7, line 47.

Column 2.--Enter the sum of the total number of medical, mental, IOP visits from Worksheet S-3, Part I, sum of lines 20, 21, and 25, column 5.

Column 3.—Enter the sum of the total number of title XVIII medical, mental, and IOP visits from Worksheet S-3, Part I, lines 20, 21, and 25, column 2.

Column 4.--Divide column 3, by column 2. Enter the result in column 4 and round to six decimal places.

Column 5--Multiply the amount in column 1 by the result in column 4. Enter the result in column 5. This is the amount that Medicare will reimburse the FQHC for its direct GME activities costs.

4413. WORKSHEET B-1 - COMPUTATION OF VACCINE COST

The cost and administration of pneumococcal and influenza vaccines to Medicare beneficiaries are 100 percent reimbursable by Medicare. This worksheet provides for the computation of the cost of the pneumococcal and influenza vaccines. Additionally, in accordance with §3713 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, during the COVID-19 public health emergency (PHE), this worksheet computes the cost of COVID-19 vaccines and monoclonal antibody products for treatment of COVID-19 and their administration to Medicare and Medicare Advantage (MA) enrollees for calendar years 2020 and 2021.

Report the applicable data in columns 1, 2, 2.01, and 2.02, for pneumococcal vaccines, influenza vaccines, COVID-19 vaccines, and monoclonal antibody products for treatment of COVID-19. The data entered in all columns (1, 2, 2.01, and 2.02) for lines 4, 11, 13, and 13.01 are mutually exclusive. That is, the injection/infusion costs, the total number of injections/infusions administered, and the total number of Medicare covered injections/infusions must only be represented one time in the appropriate column.

Line 1--Enter the health care staff cost from Worksheet A, column 7, sum of lines 23, and 25 through 36, in columns 1, 2, 2.01, and 2.02, as applicable. Physician services under agreement are excluded from this total.

Line 2--Enter the ratio of the estimated percentage of time involved in administering injections/infusions, including the time involved in administering COVID-19 vaccines and monoclonal antibodies for treatment of COVID-19, to the total health care staff time. Do not include physician services under agreement time in this calculation. Obtain the estimated percentage of time spent from your accounting books and records.

Line 3--Multiply the amount on line 1 by the amount on line 2 and enter the result.

Line 4--Enter the cost of injections/infusions and the cost of related medical supplies from Worksheet A column 7, lines 48, 49, 49.10 and 49.11, in columns 1, 2, 2.01, and 2.02, respectively.

Line 5--Enter the sum of lines 3 and 4.

Line 6--Enter the total direct costs of the FQHC from Worksheet A, column 7, line 100, minus Worksheet A, column 7, line 8.

Line 7--Enter the administrative overhead of the FQHC from Worksheet A, column 7, line 8.

Line 8--Divide the amount on line 5 by the amount on line 6 and enter the result.

Line 9--Multiply the amount on line 7 by the ratio on line 8 and enter the result.

Line 10--Enter the sum of the amounts on lines 5 and 9.

Line 11--Enter in columns 1, 2, 2.01, and 2.02, respectively, the total number of injections/infusions from your records.

Line 12.--Compute the FQHC cost per injections/infusions by dividing the costs on line 10 by the number of injections/infusions on line 11 and entering the result.

Line 13.--Enter from your records the number of injections/infusions administered to Medicare beneficiaries, in columns 1, 2, 2.01, and 2.02, respectively.

Line 13.01.--Enter from your records the number of COVID-19 injections/infusions administered to MA enrollees, in columns 2.01 and 2.02, respectively.

Line 14.--Enter the Medicare cost per injection/infusion by multiplying the cost per injection/infusion on line 12 by the sum of the number of injections/infusions administered to Medicare beneficiaries on line 13 and MA enrollees on line 13.01.

Line 15.--Enter the total cost of injections/infusions and their administration by entering the sum of the amounts in columns 1, 2, 2.01, and 2.02, line 10.

Line 16.--Enter the total Medicare cost of injections/infusions and their administration by entering the sum of the amount in columns 1, 2, 2.01, and 2.02, line 14. Transfer this amount to the Worksheet E, line 3.

4414. WORKSHEET E - CALCULATION OF REIMBURSEMENT SETTLEMENT

This worksheet provides for the reimbursement calculation of FQHC services rendered to program patients under the FQHC PPS. It also provides for an accumulation of cost reimbursable direct graduate medical education payments, vaccine reimbursement, and Medicare Advantage (MA) supplemental payments.

Line 1.--FQHC services are paid in accordance with the FQHC PPS. Enter the total FQHC PPS payments paid for FQHC visits rendered during the cost reporting period. Obtain this amount from the PS&R report. Also, enter FQHC IOP PPS payments for IOP services rendered on or after January 1, 2024. Obtain this amount from the PS&R report.

Line 2.--Enter the Medicare costs for direct graduate medical education from Worksheet B, Part II, line 14, column 5.

Line 3.--Enter the Medicare cost from Worksheet B-1, line 16.

Line 4.--Medicare advantage supplemental payments are made to an FQHC when the amount paid by the managed care organization is less than the amount paid under the FQHC PPS on a per visit basis. Enter the total amount of Medicare advantage supplemental payments from the PS&R, report type 778. This data is captured for information purposes only and does not impact cost report settlement.

Line 5.--Enter the sum of lines 1 through 3.

Line 6.--Enter the primary payer amounts from the PS&R.

Line 7.--Enter the result of line 5 minus line 6.

Line 8--Enter the Part B coinsurance only for those services paid under the FQHC PPS. No Part B coinsurance applicable to services paid under a fee schedule are included on this line.

Line 9--Enter the result of line 7 minus line 8.

Line 10--Enter Medicare allowable bad debts, reduced by bad debt recoveries. If recoveries exceed the current year's bad debts, lines 10 and 11 will be negative.

Line 11--Multiply the amount (including negative amounts) from line 10 by 65 percent.

Line 12--Enter the gross reimbursable bad debts for dual eligible beneficiaries. This amount is reported for statistical purposes only. These amounts also are included on line 10.

Line 13--Enter the sum of lines 9 and 11.

Line 13.50--Enter all demonstration payment adjustment amounts before sequestration. Obtain this amount from the PS&R.

Line 14--Enter any other adjustments. Provide a description in the space provided.

Line 15--Enter the result of line 13 minus line 13.50, plus line 14.

Line 16--Calculate the sequestration adjustment amount as [(2 percent times (total days in the cost reporting period that occur during the sequestration period divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times line 15]. Do not apply the sequestration calculation when gross reimbursement is less than zero.

For cost reporting periods that overlap or begin on or after May 1, 2020, enter the sequestration adjustment amount from the PS&R (claims based amounts). In accordance with §3709 of the CARES Act, as amended by §102 of the Consolidated Appropriations Act of 2021, §1 Public Law 117-7, and §2 of the Protecting Medicare and American Farmers from Sequester Cuts Act of 2021 (PAMA), do not apply the sequestration adjustment for the period of May 1, 2020, through March 31, 2022. In accordance with §2 of the PAMA 2021, the sequestration adjustment is 1 percent for the portion of the cost reporting period from April 1, 2022, through June 30, 2022; and 2 percent for the portion of the cost reporting period on or after July 1, 2022.

Line 16.25.--For cost reporting periods that overlap or begin on or after May 1, 2020, calculate the sequestration adjustment for non-claims based amounts as [(2 percent times (total days in the cost reporting period that occur during the sequestration period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of (lines 2, 3, 11, and 14 and its subscripts)]. If the sum is less than zero, do not calculate the sequestration adjustment. In accordance with §3709 of the CARES Act, as amended by §102 of the Consolidated Appropriations Act of 2021, §1 Public Law 117-7, and §2 of the PAMA, do not apply the sequestration adjustment to the period of May 1, 2020, through March 31, 2022. In accordance with §2 of the PAMA 2021, for cost reporting periods that overlap or begin on or after April 1, 2022, calculate the sequestration adjustment amount for the period of April 1, 2022, through June 30, 2022, as follows: [(1 percent times (total days in the cost reporting period that occur from April 1, 2022, through June 30, 2022, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places), times the sum of (lines 2, 3, 11 and 14 and its subscripts)]; and for cost reporting periods that overlap or begin on or after July 1, 2022, calculate the sequestration adjustment amount as follows: [(2 percent times (total days in the cost reporting period that occur on or after July 1, 2022, through the end of the cost reporting period, divided by total days in the entire cost reporting period, rounded to six decimal places), rounded to four decimal places) times the sum of (lines 2, 3, 11, and 14 and its subscripts)].

Line 16.50.--Enter all demonstration payment adjustment amounts after sequestration. Obtain this amount from the PS&R.

Line 17.--Enter the result of line 15 minus lines 16, 16.25, and 16.50.

Line 18.--Enter the amount of interim payments from Worksheet E-1, column 2, line 4.

Line 19.--FOR CONTRACTOR USE ONLY.--Enter the tentative settlement amount from Worksheet E-1, column 2, line 5.99.

Line 20.--Enter the total amount due to/from the program (line 17 minus lines 18 and 19). Transfer this amount to Worksheet S, Part III, column 1, line 1.

Line 21.--Enter the Medicare reimbursement effect of protested items. Estimate the reimbursement effect of the non-allowable items by applying a reasonable methodology which closely approximates the actual effect of the item as if it had been determined through the normal cost finding process. (See CMS Pub. 15-2, chapter 1, §115.2.) Attach a schedule showing the supporting details and computations for this line.

This page is reserved for future use.

4415. WORKSHEET E-1 - ANALYSIS OF PAYMENTS TO THE FEDERALLY QUALIFIED HEALTH CENTER FOR SERVICES RENDERED

Complete lines 1 through 4 of this worksheet only for Medicare interim payments paid by the contractor. Do not complete it for purposes of reporting interim payments for titles V or XIX.

The remainder of this worksheet is completed by your contractor. All amounts reported on this worksheet must be for services rendered during the cost reporting period for which the costs are included in this cost report.

Line Descriptions

Line 1.--Enter the total Medicare interim payments paid to the FQHC including PPS payments for IOP services. The amount entered must reflect the sum of all interim payments paid on individual bills (net of adjustment bills) for services rendered in this cost reporting period. Do not include MA supplemental payments on this worksheet. The amount entered must also include amounts withheld from your interim payments due to an offset against overpayments applicable to the prior cost reporting periods. Do not include (1) any retroactive lump sum adjustment amounts based on a subsequent revision of the interim rate, (2) tentative or net settlement amounts, or (3) interim payments payable.

Line 2.--Enter the total Medicare interim payments payable on individual bills. Since the cost in the cost report is on an accrual basis, this line represents the amount of services rendered in the cost reporting period but not paid as of the end of the cost reporting period. It does not include payments reported on line 1.

Line 3.--Enter the amount of each retroactive lump sum adjustment and the applicable date.

Line 4.--Enter the total amount of the interim payments (sum of lines 1, 2, and 3.99). Transfer this amount to Worksheet E, line 18.

DO NOT COMPLETE THE REMAINDER OF WORKSHEET E-1. LINES 5 THROUGH 8 ARE FOR CONTRACTOR USE ONLY. (EXCEPTION: IF WORKSHEET S, PART I, LINE 3 IS GREATER THAN ZERO (AMENDED COST REPORT), THE FQHC MAY COMPLETE LINES 5 THROUGH 7.)

Line 5.--List separately each tentative settlement payment after the cost report is accepted together with the date of payment. If the cost report is reopened after the NPR has been issued, report all settlement payments prior to the current reopening on this line.

Line 6.--Enter the net settlement amount (balance due the FQHC or balance due the program) for the NPR, or, if this settlement is after a reopening of the NPR, for this reopening. Enter in column 2 the amount from Worksheet E, line 20.

NOTE: On lines 3, 5, and 6, when an FQHC to program amount is due, show the amount and date on which the FQHC agrees to the amount of repayment even though total repayment is not accomplished until a later date.

Line 7.--Enter the sum of the amounts on lines 4, 5.99, and 6 in column 2. Enter amounts due the program as a negative number. The amount in column 2 must equal the amount on Worksheet E, line 17.

Line 8.--Enter the contractors name, the contractor number, and the NPR date in columns 0, 1, and 2, respectively.

4416. WORKSHEET F-1 - STATEMENT OF REVENUE AND EXPENSES

This worksheet is prepared from your accounting books and records. It requires the reporting of total patient revenues (specifically including Medicare, Medicaid and other revenues) for the entire FQHC and operating expenses for the entire FQHC. Additional worksheets may be submitted if necessary.

Line 1.--Enter total patient revenue from your accounting books and/or records in columns 1 through 3, by program as indicated. Enter the sum of columns 1 through 3 in column 4.

Line 2.--Enter total patient revenues not received in column 2. This includes:

Provision for Bad Debts,
Contractual Adjustments,
Charity Discounts,
Teaching Allowances,
Policy Discounts,
Administrative Adjustments, and
Other Deductions from Revenue

Line 3.--Enter in column 2, the sum of line 1, column 4 minus line 2, column 2.

Line 4.--Enter in column 2, total operating expenses from Worksheet A, column 3, line 100.

Lines 5 through 9.--Enter any additions to operating expenses in column 1.

Line 10.--Enter in column 2, the sum of lines 5 through 9, column 1.

Lines 11 through 15.--Enter any subtractions to operating expenses in column 1.

Line 16.--Enter in column 2, the sum of lines 11 through 15, column 1.

Line 17.--Enter in column 2, the sum of line 4, column 2, plus line 10, column 2, minus line 16, column 2.

Line 18.--Enter in column 2, the sum of line 3, column 2, minus line 17, column 2.

Lines 19 through 31.--Enter all other income as specified in column 1.

Line 28.50--COVID-19 Public Health Emergency (PHE) Funding.--Enter the aggregate revenue received for COVID-19 PHE funding including both provider relief fund (PRF) and Small Business Association Loan Forgiveness amounts.

Line 32.--Enter in column 2, the sum of the amounts on lines 19 through 31, column 1.

Line 33.--Enter in column 2, the sum of line 18, column 2, plus line 32, column 2.

This page is reserved for future use.

Form CMS-224-14 Worksheets

The following is a listing of the Form CMS-224-14 worksheets and the page number location. Changes to worksheets are indicated by redline on this and the subsequent page for this transmittal. Where only the page number changes, no redlining is indicated.

| <u>Worksheets</u> | <u>Page(s)</u> |
|----------------------------|-----------------|
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| Wkst. S-1, Part II | 44-105 |
| Wkst. S-2 | 44-106 |
| Wkst. S-3, Part I | 44-107 |
| Wkst. S-3, Part II & III | 44-108 |
| Wkst. A | 44-109 - 44-110 |
| Wkst. A-1 | 44-111 |
| Wkst. A-2 | 44-112 |
| Wkst. A-2-1, Parts I & II | 44-113 |
| Wkst. B, Parts I & II | 44-114 |
| Wkst. B-1 | 44-115 |
| Wkst. E | 44-116 |
| Wkst. E-1 | 44-117 |
| Wkst. F-1 | 44-118 |

This page is reserved for future use.

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
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**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

Table 1 specifies the standard record format required for the four types of records in an ECR file. Type 1 records contain information for identifying the provider, for processing the cost report, and for vendor validation. Type 2 records contain the line and column labels. Type 3 records contain data necessary to calculate the Federally Qualified Health Center (FQHC) cost report. Table 3 provides specifications for the layout of type 3 records. Type 4 records contain the ECR file encryption coding, records 1, 1.01, and 1.02.

The medium for transferring ECR files to contractors is CD, flash drive, or the CMS-approved Medicare Cost Report E-filing (MCREF) portal. [URL: <https://mcref.cms.gov>]. ECR files must comply with CMS specifications. Providers must seek approval from their contractor regarding the method of submission to ensure that the method of transmission is acceptable.

The following are requirements for all records:

1. All alpha characters must be in upper case.
2. For micro systems, the end of record indicator must be a carriage return and line feed, in that sequence.
3. No record may exceed 60 characters.

Below is an example of a set of type 1 records with a narrative description of their meaning.

| 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|--|---|---|---|
| 1234567890123456789012345678901234567890123456789012345678901234567890 | | | | | |
| 1 | 1 | 213975201427420152739A99P00120153202014274 | | | |
| 1 | 4 | 14:30 | | | |

Record #1: This is a cost report file submitted by CCN 213975 for the period from October 1, 2014 (2014274) through September 30, 2015 (2015273). It is filed on Form CMS-224-14. It is prepared with vendor number A99's PC based system, version number 1. Position 38 changes with each new test case and/or re-approval and is an alpha character. Positions 39 and 40 remain constant for approvals issued after the first test case. This file is prepared by the FQHC on November 16, 2015 (2015320). The electronic cost report specifications, dated October 1, 2014 (2014274), were used to prepare this file.

FILE NAMING CONVENTION

Name each cost report ECR file in the following manner:

FQNNNNNN.YYLC, where

1. FQ (FQHC Cost Report) is constant;
2. NNNNNN is the 6 digit CCN;
3. YY is the year in which the provider's cost reporting period ends; and
4. L is a character variable (A-Z) to enable separate identification of files from FQHCs with two or more cost reporting periods ending in the same calendar year.
5. C is the number of times this original cost report is being filed

Name each cost report PI file in the following manner:

PINNNNNN.YYLC, where

1. PI (Print Image) is constant;
2. NNNNNN is the 6 digit CCN;
3. YY is the year in which the provider's cost reporting period ends; and
4. L is a character variable (A-Z) to enable separate identification of files from FQHCs with two or more cost reporting periods ending in the same calendar year.
5. C is the number of times this original cost report is being filed

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

RECORD NAME: Type 1 Records - Record Number 1

| | <u>Size</u> | <u>Usage</u> | <u>Loc.</u> | <u>Remarks</u> |
|-------------------------------|-------------|--------------|-------------|--|
| 1. Record Type | 1 | X | 1 | Constant "1" |
| 2. For Future Use | 10 | 9 | 2-11 | Alpha numeric |
| 3. Space | 1 | X | 12 | |
| 4. Record Number | 1 | X | 13 | Constant "1" |
| 5. Spaces | 3 | X | 14-16 | |
| 6. FQHC CCN Number | 6 | 9 | 17-22 | Field must have 6 numeric characters. |
| 7. Fiscal Year Beginning Date | 7 | 9 | 23-29 | YYYYDDD - Julian date; first day covered by this cost report |
| 8. Fiscal Year Ending Date | 7 | 9 | 30-36 | YYYYDDD - Julian date; last day covered by this cost report |
| 9. MCR Version | 1 | 9 | 37 | Constant "9" (for Form CMS-224-14) |
| 10. Vendor Code | 3 | X | 38-40 | To be supplied upon approval. Refer to page 44-202. |
| 11. Vendor Equipment | 1 | X | 41 | P = PC; M = Main Frame |
| 12. Version Number | 3 | X | 42-44 | Version of extract software, e.g., 001=1st, 002=2nd, etc. or 101=1st, 102=2nd. The version number must be incremented by 1 with each recompile and release to client(s). |
| 13. Creation Date | 7 | 9 | 45-51 | YYYYDDD - Julian date; date on which the file was created (extracted from the cost report) |
| 14. ECR Spec. Date | 7 | 9 | 52-58 | YYYYDDD - Julian date; date of electronic cost report specifications used in producing each file. Valid for cost reporting periods ending on or after 2024001 (01/01/2024). Prior approvals 2023212, 2022304, 2021090, 2019120, 2017365 and 2014274. |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

RECORD NAME: Type 1 Records - Record Numbers 2 - 99

| | | <u>Size</u> | <u>Usage</u> | <u>Loc.</u> | <u>Remarks</u> |
|----|----------------|-------------|--------------|-------------|--|
| 1. | Record Type | 1 | 9 | 1 | Constant "1" |
| 2. | Spaces | 10 | X | 2-11 | #2 - Reserved for future use. |
| 3. | Record Number | 2 | 9 | 12 - 13 | #3 - Vendor information; optional record for use by vendors. Left justified in positions 21 through 60. #4 - The time that the cost report is created. This is represented in military time as alpha numeric. Use positions 21 through 25. Example: 2:30PM is expressed as 14:30. #5 to #99 - Reserved for future use. |
| 4. | Spaces | 7 | X | 14-20 | Spaces (Optional) |
| 5. | ID Information | 40 | X | 21-60 | Left justified to position 21. |

RECORD NAME: Type 2 Records for Labels

| | | <u>Size</u> | <u>Usage</u> | <u>Loc.</u> | <u>Remarks</u> |
|----|---|-------------|--------------|-------------|--|
| 1. | Record Type | 1 | 9 | 1 | Constant "2" |
| 2. | Worksheet Indicator | 7 | X | 2-8 | Alphanumeric. Refer to Table 2. |
| 3. | Spaces | 2 | X | 9-10 | |
| 4. | Line Number | 3 | 9 | 11-13 | Numeric |
| 5. | Subline Number | 2 | 9 | 14-15 | Numeric |
| 6. | Column Number | 3 | X | 16-18 | Alphanumeric |
| 7. | Sub column Number | 2 | 9 | 19-20 | Numeric |
| 8. | Cost Center Code | 4 | 9 | 21-24 | Numeric. Refer to Table 5 for appropriate cost center codes. |
| 9. | Labels/Headings | | | | |
| | a. Line Labels | 36 | X | 25-60 | Alphanumeric, left justified |
| | b. Column Headings Statistical Basis & Code | 10 | X | 21-30 | Alphanumeric, left justified |

The type 2 records contain text which appears on the printed cost report. Of these, there are three groups: (1) Worksheet A cost center names (labels); (2) column headings for step down entries; and (3) other text appearing in various places throughout the cost report. The standard cost center labels/descriptions are listed below.

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

A Worksheet A cost center label must be furnished for every cost center with cost or charge data anywhere in the cost report. The line and subline numbers for each label must be the same as the line and subline numbers of the corresponding cost center on Worksheet A. The columns and subcolumn numbers are always set to zero.

Use the following type 2 cost center descriptions for Worksheet A standard cost center lines.

| <u>Line</u> | <u>Description</u> |
|-------------|--------------------------------------|
| 1 | CAP REL COSTS-BLDG & FIX |
| 2 | CAP REL COSTS-MVBLE EQUIP |
| 3 | EMPLOYEE BENEFITS |
| 4 | ADMINISTRATIVE & GENERAL SERVICES |
| 5 | PLANT OPERATION & MAINTENANCE |
| 6 | JANITORIAL |
| 7 | MEDICAL RECORDS |
| 9 | PHARMACY |
| 10 | MEDICAL SUPPLIES |
| 11 | TRANSPORTATION |
| 23 | PHYSICIAN |
| 24 | PHYSICIAN SERVICES UNDER AGREEMENT |
| 25 | PHYSICIAN ASSISTANT |
| 26 | NURSE PRACTITIONER |
| 27 | VISITING REGISTERED NURSE |
| 28 | VISITING LICENSED PRACTICAL NURSE |
| 29 | CERTIFIED NURSE MIDWIFE |
| 30 | CLINICAL PSYCHOLOGIST |
| 31 | CLINICAL SOCIAL WORKER |
| 31.10 | MARRIAGE AND FAMILY THERAPIST |
| 31.11 | MENTAL HEALTH COUNSELOR |
| 32 | LABORATORY TECHNICIAN |
| 33 | REG DIETICIAN/CERT DSMT/MNT EDUCATOR |
| 34 | PHYSICAL THERAPIST |
| 35 | OCCUPATIONAL THERAPIST |
| 36 | OTHER ALLIED HEALTH PERSONNEL |
| 47 | ALLOWABLE GME COSTS |
| 48 | PNEUMOCOCCAL VACCINES & MED SUPPLIES |
| 49 | INFLUENZA VACCINES & MED SUPPLIES |
| 49.10 | COVID-19 VACCINES & MED SUPPLIES |
| 49.11 | MONOCLONAL ANTIBODY PRODUCTS |
| 60 | MEDICARE EXCLUDED SERVICES |
| 61 | DIAGNOSTIC & SCREENING LAB TESTS |
| 62 | RADIOLOGY - DIAGNOSTIC |
| 63 | PROSTHETIC DEVICES |
| 64 | DURABLE MEDICAL EQUIPMENT |
| 65 | AMBULANCE SERVICES |
| 66 | TELEHEALTH |
| 67 | DRUGS CHARGED TO PATIENTS |
| 68 | CHRONIC CARE MANAGEMENT |
| 77 | RETAIL PHARMACY |
| 78 | NONALLOWABLE GME COSTS |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS

Examples of type 2 records are below. Either zeroes or spaces may be used in the line, subline, column, and subcolumn number fields (positions 11 through 20). Spaces are preferred. (See first two lines of the example.)* Refer to Table 5 and 6 for additional cost center code requirements.

Examples:

Worksheet A line labels with embedded cost center codes:

| | | |
|--------------------------|------|------------------------------|
| * 2A000000 | 1 | 0100CAP REL COSTS-BLDG & FIX |
| * 2A00000000000200000000 | 0200 | CAP REL COSTS-MVBLE EQUIP |
| 2A000000 | 4 | 0400ADMINISTRATIVE & GENERAL |
| 2A000000 | 10 | 1000MEDICAL SUPPLIES |
| 2A000000 | 11 | 1100TRANSPORTATION |
| 2A000000 | 26 | 2600NURSE PRACTITIONER |
| 2A000000 | 63 | 6300PROSTHETIC DEVICES |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

RECORD NAME: Type 3 Records for Non-label Data

| | <u>Size</u> | <u>Usage</u> | <u>Loc.</u> | <u>Remarks</u> |
|------------------------|-------------|--------------|-------------|---|
| 1. Record Type | 1 | 9 | 1 | Constant "3" |
| 2. Worksheet Indicator | 7 | X | 2-8 | Alphanumeric. Refer to Table 2. |
| 3. Spaces | 2 | X | 9-10 | |
| 4. Line Number | 3 | 9 | 11-13 | Numeric |
| 5. Subline Number | 2 | 9 | 14-15 | Numeric |
| 6. Column Number | 3 | X | 16-18 | Alphanumeric |
| 7. Sub column Number | 2 | 9 | 19-20 | Numeric |
| 8. Field Data | | | | |
| a) Alpha Data | 36 | X | 21-56 | Left justified. (Y or N for yes/no answers; dates must use mm/dd/yyyy format - slashes, no hyphens.) Refer to Table 6 for additional requirements for alpha data. |
| Spaces | 4 | X | 57-60 | Spaces (optional). |
| b) Numeric Data | 16 | 9 | 21-36 | Right justified. May contain embedded decimal point. Leading zeroes are suppressed; trailing zeroes to the right of the decimal point are not. (See example below.) Positive values are presumed; no "+" signs are allowed. Use leading minus to specify negative values unless the field is defined as negative on the form. Express percentages as decimal equivalents, i.e., 8.75% is expressed as .087500. All records with zero values are dropped. Refer to Table 6 for additional requirements regarding numeric data. |

A sample of type 3 records and a number line for reference are below.

| 1 | 2 | 3 | 4 | 5 | 6 |
|--|----|---|--------|---|---|
| 1234567890123456789012345678901234567890123456789012345678901234567890 | | | | | |
| 3A000000 | 4 | 1 | 120502 | | |
| 3A000000 | 11 | 1 | 46347 | | |
| 3A000000 | 28 | 2 | 469 | | |
| 3A000000 | 62 | 2 | 8547 | | |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 1 - RECORD SPECIFICATIONS**

The line numbers are numeric. In several places throughout the cost report (see list below), the line numbers themselves are data. The placement of the line and sub line numbers as data must be uniform.

Worksheet A-1, columns 3 and 6
Worksheet A-2, column 4
Worksheet A-2-1, Part I, column 1

Examples of records (*) with a Worksheet A line number as data and a number line for reference are listed below. Example of grand total record for Worksheet A-1 (**).

| | 1 | 2 | 3 | 4 | 5 | 6 |
|----|------------|------------|------------|-------------------|------------|------------|
| | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |
| | 3A1000C0 | 3 | 0 | RADIOLOGY EXPENSE | | |
| | 3A1000C0 | 3 | 1 | C | | |
| * | 3A1000C0 | 3 | 3 | | 62.00 | |
| | 3A1000C0 | 3 | 4 | | 41857 | |
| * | 3A1000C0 | 3 | 6 | | 32.00 | |
| | 3A1000C0 | 3 | 7 | | 41857 | |
| | 3A1000C0 | 100 | 4 | | 41857 | |
| | 3A1000C0 | 100 | 7 | | 41857 | |
| ** | 3A100000 | 100 | 4 | | 60000 | |
| ** | 3A100000 | 100 | 7 | | 60000 | |

RECORD NAME: TYPE "3" RECORDS

| | 1 | 2 | 3 | 4 | 5 | 6 |
|------------|------------|------------|-------------------|------------|------------|------------|
| | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 |
| | 3A200000 | 9 | 1 | B | | |
| | 3A200000 | 9 | 2 | | -125 | |
| * | 3A200000 | 9 | 4 | | 4.00 | |
| * 3A210001 | 1 | 1 | | | 6.00 | |
| 3A210001 | 1 | 3 | CLEANING SERVICES | | | |
| 3A210001 | 1 | 4 | | | 7500 | |
| 3A210001 | 1 | 5 | | | 6000 | |

RECORD NAME: TYPE 4 RECORDS

File Encryption and Date and Time Stamp

This type 4 record consists of 3 records: 1, 1.01, and 1.02. These records are created at the point in time in which the ECR file is created and saved to an electronic medium to ensure the integrity of the file.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 2 - WORKSHEET INDICATORS

This table contains the worksheet indicators that are used for electronic cost reporting. A worksheet indicator is provided for only those worksheets for which data are to be provided.

The worksheet indicator consists of seven digits in positions 2 through 8 of the record identifier. The first two characters of the worksheet indicator (positions 2 and 3 of the record identifier) always show the worksheet. The third character of the worksheet indicator (position 4 of the record identifier) is used as part of the worksheet, e.g., A-2-1. The fourth character of the worksheet indicator (position 5 of the record identifier) is not used. Except for Worksheet A-1 (to handle the reclassification code), the fifth and sixth characters of the worksheet indicator (positions 6 and 7 of the record identifier) identify worksheets required by a Federal program (18 = title XVIII, 05 = title V, or 19 = title XIX) or worksheets required for the facility (00 = Universal). The seventh character of the worksheet indicator (position 8 of the record identifier) represents the worksheet part.

Worksheets That Apply to the Federally Qualified Health Center Cost Report

| <u>Worksheet</u> | <u>Worksheet Indicator</u> |
|-----------------------|----------------------------|
| S, Part I | S000001 |
| S, Part II | S000002 |
| S, Part III | S000003 |
| S-1, Part I | S100001 |
| S-1, Part II | S100012 (c) |
| S-2 | S200000 |
| S-3, Part I | S300001 |
| S-3, Parts II and III | S300002 (a) |
| A | A000000 |
| A-1 | A100?A0 (b) |
| A-2 | A200000 |
| A-2-1, Parts I and II | A210000 (a) |
| B, Parts I and II | B000000 (a) |
| B-1 | B100000 |
| E | E000000 |
| E-1 | E100000 |
| F-1 | F100000 |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 2 - WORKSHEET INDICATORS

FOOTNOTES:

- (a) Worksheets With Multiple Parts Using Identical Worksheet Indicator
While this worksheet has several parts, the lines are numbered sequentially. This worksheet identifier is used with all lines from this worksheet regardless of the worksheet part. This differs from the Table 3 presentation which still identifies each worksheet and part as they appear on the printed cost report. This affects Worksheets S-3, Parts II and III; A-2-1; and B.
- (b) Worksheet A-1
For Worksheet A-1, include in the worksheet identifier the reclassification code as the 5th and 6th digits (6th and 7th of the record). For example, 3A1000A0 or 3A1000B0, 3A1000C0, 3A100AA0, 3A100AB0, or 3A100ZZ0. Additionally, for Worksheet A-1 include in the worksheet identifier "00" in the 5th and 6th digits (6th and 7th of the record) (3A100000) to identify grand total reclassification increases and grand total reclassification decreases.
- (c) Worksheets S-1, Part II for Consolidated Cost Reports
For Worksheet S-1, Part II, the fourth, fifth and sixth digits of the worksheet indicator (positions 5, 6 and 7 of the record) are numeric from 001-198 to accommodate cost reports with one or more consolidated FQHCs. The number for each additional page of the worksheet is incremented by 1.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS

INTRODUCTION

This table identifies those data elements necessary to calculate an FQHC cost report. It also identifies some figures from a completed cost report. These calculated fields (e.g., Worksheet B, Part I, column 5) are needed to verify the mathematical accuracy of the raw data elements and to isolate differences between the file submitted by the FQHC and the report produced by the contractor. Where an adjustment is made, that record must be present in the electronic data file. For explanations of the adjustment(s) required, refer to the cost report instructions

Table 3 “Usage” column is used to specify the format of each data item as follows:

| | |
|-----------|---|
| 9 | Numeric, greater than or equal to zero. |
| -9 | Numeric, may be either greater than, less than, or equal to zero. |
| 9(x).9(y) | Numeric, greater than zero, with x or fewer significant digits to the left of the decimal point, a decimal point, and exactly y digits to the right of the decimal point. |
| X | Character. |

Consistency in line numbering (and column numbering for general service cost centers) for each cost center is essential. The sequence of some cost centers does change among worksheets.

Table 3 refers to the data elements needed from a standard cost report. When a standard line is subscripted, the subscripted lines must be numbered sequentially with the first subline number displayed as “01” or “1” (with a space preceding the 1) in field locations 14 and 15. It is unacceptable to format in a series of 10, 20, or to skip sub line numbers (i.e., 01, 03, except for skipping subline numbers for prior year cost center(s) deleted in the current period or initially created cost center(s) no longer in existence after cost finding). Exceptions are specified in this manual. For “Other (specify)” lines, i.e. any other nonstandard cost center lines, all subscripted lines should be in sequence and consecutively numbered beginning with subscripted line number “01”. Automated systems should reorder these numbers where provider skips or deletes a line number in the series.

Drop all records with zero values from the file. Any record absent from a file is treated as if it were zero.

All numeric values are presumed positive. Leading minus signs may only appear in data with values less than zero that are specified in Table 3 with a usage of “-9”. Amounts that are within preprinted parentheses on the worksheets, indicating the reduction of another number, are reported as positive values.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN DESIGNATIONS

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---|----------------|------------------|-------------------|--------------|
| WORKSHEET S | | | | |
| <u>Part I: Cost Report Status</u> | | | | |
| <u>Provider Use Only</u> | | | | |
| Electronically filed cost report | 1 | 1 | 1 | X |
| Manually submitted cost report | 2 | 1 | 1 | X |
| If this is an amended report enter the number of times the provider resubmitted this cost report | 3 | 1 | 1 | 9 |
| Medicare Utilization - Enter "F" for full; "L" for low; "N" for no; or "V" for vaccines only. | 4 | 1 | 1 | X |
| <u>Part II: Certification by Chief Financial Officer or Administrator</u> | | | | |
| Signature of chief financial officer or administrator | 1 | 1 | 36 | X |
| Checkbox (enter "y" if electronic signature; otherwise, leave blank) | 1 | 2 | 1 | X |
| Printed Name | 2 | 1 | 36 | X |
| Title | 3 | 1 | 36 | X |
| Signature date (mm/dd/yyyy) | 4 | 1 | 10 | X |
| <u>Contractor Use Only</u> | | | | |
| <u>Cost Report Status</u> | | | | |
| Enter the cost report status code: 1 for as submitted, 2 for settled without audit, 3 settled with audit, 4 reopened, or 5 amended. | 5 | 1 | 1 | X |
| Date received (mm/dd/yyyy) | 6 | 2 | 10 | X |
| Contractor Number | 7 | 2 | 5 | X |
| Initial report for this Provider CCN | 8 | 2 | 1 | X |
| Final report for this Provider CCN | 9 | 2 | 1 | X |
| Notice of Program Reimbursement (NPR) date (mm/dd/yyyy) | 10 | 3 | 10 | X |
| Enter contractor's vendor code (ADR) | 11 | 3 | 1 | X |
| If line 5, column 1 is 4: enter the number of times reopened = 0-9 | 12 | 3 | 1 | 9 |
| <u>Part III: Settlement Summary</u> | | | | |
| Balances due provider or program: title XVIII | 1 | 1 | 11 | -9 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART I | | | | |
| <u>Part I: Federally Qualified Health Center Identification Data</u> | | | | |
| Site Name | 1 | 1 | 36 | X |
| Provider CCN (xxxxxx) | 1 | 2 | 6 | X |
| CBSA number (xxxxx) | 1 | 3 | 5 | X |
| Date Certified (mm/dd/yyyy) | 1 | 4 | 10 | X |
| Type of control (see Table 3B) | 1 | 5 | 2 | X |
| Street | 2 | 1 | 36 | X |
| P.O. Box | 2 | 2 | 9 | X |
| City | 3 | 1 | 36 | X |
| State | 3 | 2 | 2 | X |
| ZIP Code | 3 | 3 | 10 | X |
| County | 3 | 4 | 36 | X |
| Designation (R for Rural or U for Urban) | 3 | 5 | 1 | X |
| Cost reporting period beginning date (mm/dd/yyyy) | 4 | 1 | 10 | X |
| Cost reporting period ending date (mm/dd/yyyy) | 4 | 2 | 10 | X |
| Is this FQHC part of an entity that owns, leases or controls multiple FQHCs? (Y/N) If "Y", enter the entity's information below. | 5 | 1 | 1 | X |
| Name of Entity | 6 | 1 | 36 | X |
| Street | 7 | 1 | 36 | X |
| P.O. Box | 7 | 2 | 9 | X |
| HRSA Award Number | 7 | 3 | 20 | X |
| City | 8 | 1 | 36 | X |
| State | 8 | 2 | 2 | X |
| ZIP Code | 8 | 3 | 10 | X |
| Is this FQHC part of a chain organization as defined in §2150 of CMS Pub. 15, Part 1, that claims home office costs in a Home Office Cost Statement? (Y/N) If "Y", enter the chain organization's information below. | 9 | 1 | 1 | X |
| Name of Chain Organization | 10 | 1 | 36 | X |
| Street | 11 | 1 | 36 | X |
| P.O. Box | 11 | 2 | 9 | X |
| Home Office CCN | 11 | 3 | 6 | X |
| City | 12 | 1 | 36 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|-----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART I (Cont.) | | | | |
| State | 12 | 2 | 2 | X |
| ZIP Code | 12 | 3 | 10 | X |
| <u>Consolidated Cost Report</u> | | | | |
| Is this FQHC filing a consolidated cost report per CMS Pub. 100-02, chapter 13, §80.2? (Y/N) (see instructions) If “Y”, complete line 14, beginning with line 14.01. If no, leave line 14 blank. | 13 | 1 | 1 | X |
| Date Requested (mm/dd/yyyy) | 13 | 2 | 10 | X |
| Date Approved (mm/dd/yyyy) | 13 | 3 | 10 | X |
| Number of FQHCs | 13 | 4 | 3 | 9 |
| Site Name | 14.01- 14.99 | 1 | 36 | X |
| FQHC CCN (xxxxxx) | 14.01- 14.99 | 2 | 6 | X |
| CBSA number (xxxxx) | 14.01- 14.99 | 3 | 5 | X |
| Date Requested (mm/dd/yyyy) | 14.01- 14.99 | 4 | 10 | X |
| Date Approved (mm/dd/yyyy) | 14.01- 14.99 | 5 | 10 | X |
| <u>FQHC Operations</u> | | | | |
| What type of organization is this FQHC? Enter “1”, “2”, or “3” (see instructions) | 15 | 1 | 1 | X |
| If column 1 is “1” or “3”, enter any or all of the applicable alpha characters in column 2. (see instructions) | 15 | 2 | 4 | X |
| Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? If this is a consolidated cost report, did the FQHC reported on line 1, column 2 receive a grant under §330 of the PHS Act during this cost reporting period? (Y/N) | 16 | 1 | 1 | X |
| If line 16 is “Y”, enter the type of HRSA grant that was awarded in column 1. (see Table 3B) (see instructions) | 17 | 1 | 1 | X |
| If line 16 is “Y”, enter the date of the grant award in column 2. (mm/dd/yyyy) | 17 | 2 | 10 | X |
| If line 16 is “Y” enter the grant award number in column 3. | 17 | 3 | 20 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART I (Cont.) | | | | |
| <u>Medical Malpractice</u> | | | | |
| Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? (Y/N) | 18 | 1 | 1 | X |
| If column 1 is "Y", enter the effective date of coverage in column 2. (mm/dd/yyyy) | 18 | 2 | 10 | X |
| Does this FQHC carry commercial malpractice insurance? (Y/N) | 18 | 2 | 10 | X |
| Is this malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy. | 20 | 1 | 1 | X |
| List malpractice premiums in column 1, paid losses in column 2 and self-insurance in column 3. | 21 | 1-3 | 11 | 9 |
| Are malpractice premiums, paid losses, or self-insurance reported in a cost center other than the Administrative and General cost center? (Y/N) If "Y", submit supporting schedule listing cost centers and amounts. | 22 | 1 | 1 | X |
| <u>Interns and Residents</u> | | | | |
| Is this FQHC involved in training residents in an approved GME program in accordance with 42 CFR 405.2468(f)? (Y/N) | 23 | 1 | 1 | X |
| Is this FQHC involved in training residents in an unapproved GME program? (Y/N) | 24 | 1 | 1 | X |
| Did this FQHC receive a Primary Care Residency Expansion (PCRE) grant authorized under Part C of title VII of the PHS Act from HRSA? (Y/N) | 25 | 1 | 1 | X |
| If "Y", enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding. (see instructions) | 25 | 2 | 9 | 9(3).99 |
| If "Y", enter in column 3 the number of visits performed by such residents during this cost reporting period. | 25 | 3 | 11 | 9 |
| Did this FQHC receive a Teaching Health Center development grant authorized under Part C of title VII of the PHS Act from HRSA? (Y/N) | 26 | 1 | 1 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---|-----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART I (Cont.) | | | | |
| If "Y", enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period. (see instructions) | 26 | 2 | 9 | 9(3).99 |
| If "Y", enter in column 3 the number of visits performed by such residents during this cost reporting period. | 26 | 3 | 11 | 9 |
| <u>Capital Related Costs - Ownership/Lease of Building</u> | | | | |
| Do you own or lease the building or office space occupied by your FQHC or, is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased or "3" for provided at no cost in column 1. | 27 | 1 | 1 | X |
| If you enter "2" in column 1, enter the amount of rent/lease expense in column 2. | 27 | 2 | 11 | 9 |
| <u>Contract Labor</u> | | | | |
| Do you use contract labor to provide medical and/or mental health services to your patients? (Y/N) | 28 | 1 | 1 | X |
| <u>Continuation of consolidated FQHCs (from line 14)</u> | | | | |
| Site Name | 34.01- 34.99 | 1 | 36 | X |
| FQHC CCN (xxxxxx) | 34.01- 34.99 | 2 | 6 | X |
| CBSA number (xxxxx) | 34.01- 34.99 | 3 | 5 | X |
| Date Requested (mm/dd/yyyy) | 34.01- 34.99 | 4 | 10 | X |
| Date Approved (mm/dd/yyyy) | 34.01- 34.99 | 5 | 10 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--------------------|----------------|------------------|-----------------------|--------------|
|--------------------|----------------|------------------|-----------------------|--------------|

WORKSHEET S-1, PART II

Part II: Federally Qualified Health Center Consolidated Cost Report Participant Identification

Data

| | | | | |
|--|---|---|----|---|
| Site Name | 1 | 1 | 36 | X |
| Date Certified (mm/dd/yyyy) | 1 | 2 | 10 | X |
| Type of control (see Table 3B) | 1 | 3 | 2 | X |
| Date Decertified (mm/dd/yyyy) | 1 | 4 | 10 | X |
| Enter "V" for a voluntary termination or an "I" for an involuntary termination | 1 | 5 | 1 | X |
| Enter date of the change of ownership (mm/dd/yyyy) (see instructions) | 1 | 6 | 10 | X |
| Street | 2 | 1 | 36 | X |
| P.O. Box | 2 | 2 | 9 | X |
| City | 3 | 1 | 36 | X |
| State | 3 | 2 | 2 | X |
| ZIP Code | 3 | 3 | 10 | X |
| County | 3 | 4 | 36 | X |
| Designation ("R" for Rural or "U" for Urban) | 3 | 5 | 1 | X |

FQHC Operations

| | | | | |
|--|---|---|----|---|
| What type of organization is this FQHC? Enter "1", "2", or "3". (see instructions) | 4 | 1 | 1 | X |
| If column 1 is "1" or "3", enter any or all of the applicable alpha characters in column 2. (see instructions) | 4 | 2 | 4 | X |
| Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? (Y/N) | 5 | 1 | 1 | X |
| If line 5 is "Y" enter the type of HRSA grant that was awarded in column 1. (see Table 3B) (see instructions) | 6 | 1 | 1 | X |
| If line 5 is "Y" enter the date of the grant award in column 2. (mm/dd/yyyy) | 6 | 2 | 10 | X |
| If line 5 is "Y" enter the grant award number in column 3. | 6 | 3 | 20 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART II (Cont.) | | | | |
| <u>Medical Malpractice</u> | | | | |
| Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? (Y/N) | 7 | 1 | 1 | X |
| If column 1 is "Y" enter the effective date of coverage in column 2. (mm/dd/yyyy) | 7 | 2 | 10 | X |
| Does this FQHC carry commercial malpractice insurance? (Y/N) | 8 | 1 | 1 | X |
| Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy. | 9 | 1 | 1 | X |
| List malpractice premiums in column1, paid losses in column 2 and self-insurance in column 3. | 10 | 1-3 | 11 | 9 |
| <u>Interns and Residents</u> | | | | |
| Is this FQHC involved in training residents in an approved GME program in accordance with 42 CFR 405.2468(f)? (Y/N) | 11 | 1 | 1 | X |
| Is this FQHC involved in training residents in an unapproved GME program? (Y/N) | 12 | 1 | 1 | X |
| Did this FQHC receive a Primary Care Residency Expansion (PCRE) grant authorized under Part C of title VII of the PHS Act from HRSA? (Y/N) | 13 | 1 | 1 | X |
| If "Y", enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding. (see instructions) | 13 | 2 | 9 | 9(3).99 |
| If "Y", enter in column 3 the number of visits performed by such residents during this cost reporting period. | 13 | 3 | 11 | 9 |
| Did this FQHC receive a Teaching Health Center development grant authorized under Part C of title VII of the PHS Act from HRSA? (Y/N) | 14 | 1 | 1 | X |
| If "Y", enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period. (see instructions) | 14 | 2 | 9 | 9(3).99 |
| If "Y", enter in column 3 the number of visits performed by such residents during this cost reporting period. | 14 | 3 | 11 | 9 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-1, PART 2 (Cont.) | | | | |
| <u>Capital Related Costs - Ownership/Lease of Building</u> | | | | |
| Do you own or lease the building or office space occupied by your FQHC or, is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for provided at no cost in column 1. | 15 | 1 | 1 | X |
| If you enter "2" in column 1, enter the amount of rent/lease expense in column 2. | 15 | 2 | 11 | 9 |
| <u>Contract Labor</u> | | | | |
| Do you use contract labor to provide medical and/or mental health services to your patients? (Y/N) | 16 | 1 | 1 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-2 | | | | |
| <u>Provider Organization and Operation</u> | | | | |
| Has the FQHC changed ownership immediately prior to the beginning of the cost reporting period? (Y/N) (see instruction) | 1 | 1 | 1 | X |
| If "Y", enter the date of the change in column 2. (mm/dd/yyyy) | 1 | 2 | 10 | X |
| Has the FQHC terminated participation in the Medicare program? (Y/N) | 2 | 1 | 1 | X |
| If "Y", enter in column 2 the termination date. (mm/dd/yyyy) | 2 | 2 | 10 | X |
| If "Y", enter in column 3 "V" for voluntary or "I" for involuntary. | 2 | 3 | 1 | X |
| Is the FQHC involved in business transactions, including management contracts, with individuals or entities that were related to the FQHC or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (Y/N) (see instructions) | 3 | 1 | 1 | X |
| <u>Financial Data Reports</u> | | | | |
| Were the financial statements prepared by a certified public accountant? (Y/N) | 4 | 1 | 1 | X |
| If "Y", enter in column 2 "A" for audited, "C" for compiled or "R" for reviewed. | 4 | 2 | 1 | X |
| Submit a complete copy of financial statements or enter date available in column 3. (mm/dd/yyyy) | 4 | 3 | 10 | X |
| Are the cost report total expenses and total revenues different from those on the filed financial statements? (Y/N) | 4 | 4 | 1 | X |
| <u>Approved Educational Activities</u> | | | | |
| Are costs for Intern-Resident programs claimed on the current cost report? (Y/N) | 5 | 1 | 1 | X |
| Was an Intern-Resident program initiated or renewed in the current cost reporting period? (Y/N) If yes, see instructions | 6 | 1 | 1 | X |
| Are GME costs directly assigned to cost centers other than Allowable GME Costs on Worksheet A? If yes, see instructions | 7 | 1 | 1 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-2 (Cont.) | | | | |
| <u>Bad Debts</u> | | | | |
| Is the FQHC seeking reimbursement for bad debts? (Y/N) | 8 | 1 | 1 | X |
| If line 8 is "Y", did the FQHC's bad debt collection policy change during the cost reporting period? (Y/N) | 9 | 1 | 1 | X |
| If line 8 is "Y", were patient coinsurance amounts waived? (Y/N) | 10 | 1 | 1 | X |
| <u>PS&R Report Data</u> | | | | |
| Was the cost report prepared using the PS&R Report only? (Y/N) | 11 | 1 | 1 | X |
| If "Y", enter in column 2 the paid-through date of the PS&R Report used to prepare the cost report. (mm/dd/yyyy) | 11 | 2 | 10 | X |
| Was the cost report prepared using the PS&R Report for totals and the FQHC's records for allocation? (Y/N) | 12 | 1 | 1 | X |
| If "Y", enter in column 2 the paid-through date of the PS&R Report. (mm/dd/yyyy) | 12 | 2 | 10 | X |
| If line 11 or 12 is "Y", were adjustments made to the PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? (Y/N). If "Y", see instructions. | 13 | 1 | 1 | X |
| If line 11 or 12 is "Y", were adjustments made to the PS&R Report data for corrections of other PS&R Report information? (Y/N) If "Y", see instructions. | 14 | 1 | 1 | X |
| If line 11 or 12 is "Y", were adjustments made to the PS&R Report data for Other? (Y/N) | 15 | 1 | 1 | X |
| If "Y", describe the other adjustments. | 15 | 0 | 36 | X |
| Was the cost report prepared using only the FQHC's records? (Y/N) If "Y", see instructions. | 16 | 1 | 1 | X |
| <u>Cost Report Preparer Contact Information</u> | | | | |
| Enter the preparer's information: | | | | |
| First Name | 17 | 1 | 36 | X |
| Last Name | 17 | 2 | 36 | X |
| Title | 17 | 3 | 36 | X |
| Employer | 18 | 1 | 36 | X |
| Telephone Number | 19 | 1 | 36 | X |
| Email Address | 19 | 2 | 36 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|---|------------------|-----------------------|--------------|
| WORKSHEET S-3, PART I | | | | |
| <u>Part I: Federally Qualified Health Center Statistical Data</u> | | | | |
| Use this column only when filing a consolidated cost report to identify each FQHC listed on Worksheet S-1, Part I, line 14 and subscripts in the exact same order. | 1, 3, 5, 23 | 0 | 6 | X |
| Use this column only when filing a consolidated cost report to identify each FQHC listed on Worksheet S-1, Part I, subscripts of line 34 in the exact same order. | 11.01, 13.01, 15.01, 24.01 | 0 | 6 | X |
| Title V: enter the number of medical visits, mental health visits, visits performed by interns/ residents, and IOP visits. | 1, 3, 5, 11.01, 13.01, 15.01, 23, 24.01 | 1 | 11 | 9 |
| Title XVIII: enter the number of medical visits, mental health visits, visits performed by interns/ residents, and IOP visits. | 1, 3, 5, 11.01, 13.01, 15.01, 23, 24.01 | 2 | 11 | 9 |
| Title XIX: enter the number of medical visits, mental health visits, visits performed by interns/ residents, and IOP visits. | 1, 3, 5, 11.01, 13.01, 15.01, 23, 24.01 | 3 | 11 | 9 |
| Enter the number of medical visits, mental health visits, visits performed by interns/ residents for all other patients, and IOP visits. | 1, 3, 5, 11.01, 13.01, 15.01, 23, 24.01 | 4 | 11 | 9 |
| Total FQHC medical visits | 20 | 1-4 | 11 | 9 |
| Total FQHC mental health visits | 21 | 1-4 | 11 | 9 |
| Total FQHC visits performed by interns and residents | 22 | 1-4 | 11 | 9 |
| Total IOP visits | 25 | 1-4 | 11 | 9 |
| Total FQHC visits | 26 | 1-4 | 11 | 9 |

WORKSHEET S-3, PART II and III

Part II: Federally Qualified Health Center Contract Labor and Benefit Cost

Contract Labor Cost:

| | | | | |
|--|------|---|----|----|
| Total facility's contract labor | 1 | 1 | 11 | -9 |
| Total facility's benefit cost | 1 | 2 | 11 | -9 |
| Personnel specific contract labor cost | 2-15 | 1 | 11 | -9 |
| Personnel specific benefit cost | 2-15 | 2 | 11 | -9 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET S-3, PART II and III (Cont.) | | | | |
| <u>Part III: Federally Qualified Health Center Employee Data</u> | | | | |
| Number of hours in a normal work week | 16 | 0 | 6 | 99.99 |
| Number of full-time equivalent employees: | | | | |
| Staff | 16-29 | 1 | 6 | 9(3).99 |
| Contract | 16-29 | 2 | 6 | 9(3).99 |
| Total | 16-29 | 3 | 6 | 9(3).99 |

WORKSHEET A

| | | | | |
|----------------------------|--|---------|----|----|
| Salaries | 3-7, 9-12, 23-36, 47-49, 60-69, 77- 79 | 1 | 11 | -9 |
| Other Costs | 1-7, 9-12, 23-36, 47-49, 60-69, 77- 79 | 2 | 11 | -9 |
| Net Expense for Allocation | 1-7, 9-12, 23-36, 47-49, 60-69, 77- 79 | 7 | 11 | -9 |
| Total | 100 | 1, 2, 7 | 11 | 9 |

WORKSHEET A-1

| | | | | |
|------------------------------------|------------------|-------|----|-------|
| For each expense reclassification: | | | | |
| Explanation | 1-99 | 0 | 36 | X |
| Code | 1-99 | 1 | 2 | X |
| Increases: | | | | |
| Worksheet A line number | 1-99 | 3 | 6 | 99.99 |
| Reclassification amount | 1-99 | 4 | 11 | 9 |
| Decreases: | | | | |
| Worksheet A line number | 1-99 | 6 | 6 | 99.99 |
| Reclassification amount | 1-99 | 7 | 11 | 9 |
| Total | 100 [#] | 4 & 7 | 11 | 9 |
| Total Reclassification Increases | 100 [#] | 4 | 11 | 9 |
| Total Reclassification Decreases | 100 [#] | 7 | 11 | 9 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---------------------------|------------------|------------------|-----------------------|--------------|
| WORKSHEET A-2 | | | | |
| Description of adjustment | 14-49 | 0 | 36 | X |
| Basis (A or B)* | 1-6, 8-49 | 1 | 1 | X |
| Amount* | 1-6, 8-49 | 2 | 11 | -9 |
| Worksheet A line number + | 3-6, 8-10, 14-49 | 4 | 6 | 99.99 |
| Total | 50 | 2 | 11 | -9 |

* These include subscripts of lines 14 through 49, requiring records for columns 1 and 2.

+ Do not include preprinted lines 1, 2, 11, 12, and 13. Include only subscripts of those lines, if activated by an entry in either of columns 1 or 2.

See footnote "b" in "Table 2 - Worksheet Indicators" for appropriate worksheet indicators.

WORKSHEET A-2-1

Part I - Costs incurred and adjustments required as a result of transactions with related organizations or claimed home office costs

| | | | | |
|--------------------------------|-----|-----|----|-------|
| Worksheet A line number | 1-4 | 1 | 6 | 99.99 |
| Expense item(s) | 1-4 | 3 | 36 | X |
| Amount allowable in cost | 1-4 | 4 | 11 | -9 |
| Amount included in Worksheet A | 1-4 | 5 | 11 | -9 |
| Net Adjustment(s) | 1-4 | 6 | 11 | -9 |
| Total | 5 | 4-6 | 11 | -9 |

Part II - Interrelationship to related organizations and/or home office

| | | | | |
|--|------|---|----|---------|
| Type of interrelationship (A through G) | 6-10 | 1 | 1 | X |
| If type is G, description of relationship must be included. | 6-10 | 0 | 36 | X |
| Name of individual or partnership with interest in provider and related organization | 6-10 | 2 | 36 | X |
| Percent of ownership in provider | 6-10 | 3 | 6 | 9(3).99 |
| Name of related organization | 6-10 | 4 | 36 | X |
| Percent of ownership of related organization | 6-10 | 5 | 6 | 9(3).99 |
| Type of business | 6-10 | 6 | 36 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET B | | | | |
| <u>Part I - Calculation of Federally Qualified Health Center Cost Per Visit</u> | | | | |
| Total medical, mental health and IOP visits by practitioner | 1-10 | 2 | 11 | 9 |
| Total medical visits by practitioner | 1-10 | 7 | 11 | 9 |
| Total mental health visits (non IOP visits) by practitioner | 1-10 | 8 | 11 | 9 |
| Total IOP visits by practitioner | 1-10 | 8.01 | 11 | 9 |
| Total XVIII medical visits provided to beneficiaries by practitioner | 1-10 | 9 | 11 | 9 |
| Total XVIII mental health visits (non IOP visits) provided to beneficiaries by practitioner | 1-10 | 10 | 11 | 9 |
| Total XVIII IOP visits provided to beneficiaries by practitioner | 1-10 | 10.01 | 11 | 9 |
| WORKSHEET B-1 | | | | |
| Ratio of staff time to total health care staff time | 2 | 1-2.02 | 8 | 9.9(6) |
| Total number of injections/infusions | 11 | 1-2.02 | 11 | 9 |
| Number of injections/infusions administered to Medicare beneficiaries | 13 | 1-2.02 | 11 | 9 |
| Number of COVID-19 injections/infusions administered to MA enrollees | 13.01 | 2.01&2.02 | 11 | 9 |
| WORKSHEET E | | | | |
| Enter total PPS payments paid for FQHC visits and total IOP PPS payments paid for services rendered during the cost reporting period | 1 | 1 | 11 | 9 |
| Medicare advantage supplemental payments | 4 | 1 | 11 | 9 |
| Primary payer payments | 6 | 1 | 11 | 9 |
| Coinsurance billed to program beneficiaries | 8 | 1 | 11 | 9 |
| Allowable bad debts (see instructions) | 10 | 1 | 11 | -9 |
| Allowable bad debts for dual eligible beneficiaries (see instructions) | 12 | 1 | 11 | -9 |
| Demonstration payment adjustment amount before Sequestration | 13.50 | 1 | 11 | -9 |
| Other adjustments (specify) (see instructions) | 14 | 0 | 36 | X |
| Other adjustments (specify) (see instructions) | 14 | 1 | 11 | -9 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|--|----------------|------------------|-----------------------|--------------|
| WORKSHEET E (Cont.) | | | | |
| Sequestration adjustment (see instructions) | 16 | 1 | 11 | 9 |
| Sequestration for non-claims based amounts | 16.25 | 1 | 11 | 9 |
| Demonstration payment adjustment amount after Sequestration | 16.50 | 1 | 11 | -9 |
| Protested amounts | 21 | 1 | 11 | -9 |

WORKSHEET E-1

| | | | | |
|--|-----------|---|----|---|
| Total interim payments paid to FQHC | 1 | 2 | 11 | 9 |
| Interim payments payable | 2 | 2 | 11 | 9 |
| Date of each retroactive lump sum adjustment (mm/dd/yyyy) | 3.01-3.98 | 1 | 10 | X |
| Amount of each retroactive lump sum adjustment: | | | | |
| Program to Provider | 3.01-3.49 | 2 | 11 | 9 |
| Provider to Program | 3.50-3.98 | 2 | 11 | 9 |
| Date of each tentative settlement payment (mm/dd/yyyy) | 5.01-5.98 | 1 | 10 | X |
| Amount of each tentative settlement payment: | | | | |
| Program to Provider | 5.01-5.49 | 2 | 11 | 9 |
| Provider to Program | 5.50-5.98 | 2 | 11 | 9 |
| Enter name of the Contractor | 8 | 0 | 36 | X |
| Enter Contractor number | 8 | 1 | 5 | X |
| Enter the date of the NPR (mm/dd/yyyy) | 8 | 2 | 10 | X |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3 - LIST OF DATA ELEMENTS WITH WORKSHEET, LINE, AND COLUMN
DESIGNATIONS**

| <u>Description</u> | <u>Line(s)</u> | <u>Column(s)</u> | <u>Field Size</u> | <u>Usage</u> |
|---|----------------|------------------|-----------------------|--------------|
| WORKSHEET F-1 | | | | |
| Gross patient revenue | 1 | 1-3 | 11 | 9 |
| Less: Allowances and discounts on patients' accounts | 2 | 2 | 11 | 9 |
| Additions to operating expenses (specify) | 5-9 | 0 | 36 | X |
| Additions to operating expenses (specify) | 5-9 | 1 | 11 | 9 |
| Subtractions from operating expenses (specify) | 11-15 | 0 | 36 | X |
| Subtractions from operating expenses (specify) | 11-15 | 1 | 11 | 9 |
| Other income: | | | | |
| Contributions, donations, bequests, etc. | 19 | 1 | 11 | 9 |
| Income from investments | 20 | 1 | 11 | 9 |
| Purchase discounts | 21 | 1 | 11 | 9 |
| Rebates and refunds of expenses | 22 | 1 | 11 | 9 |
| Sale of medical and nursing supplies to other than patients | 23 | 1 | 11 | 9 |
| Sale of durable medical equipment to other than patients | 24 | 1 | 11 | 9 |
| Sale of drugs to other than patients | 25 | 1 | 11 | 9 |
| Sale of medical records and abstracts | 26 | 1 | 11 | 9 |
| Government appropriations | 27 | 1 | 11 | 9 |
| COVID-19 PHE Funding | 28.50 | 1 | 11 | 9 |
| Other revenues (specify) | 28-31 | 0 | 36 | X |
| Other revenues (specify) | 28-31 | 1 | 11 | 9 |

This page is reserved for future use.

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3A - WORKSHEETS REQUIRING NO INPUT**

Worksheet B, Part II

TABLE 3B -TABLE TO WORKSHEET S-1, PARTS I AND II

TABLE I: Type of Control

| | |
|---------------------------------------|---------------------------|
| 1 = Voluntary, Nonprofit, Corporation | 7 = Governmental, Federal |
| 2 = Voluntary Nonprofit, Other | 8 = Governmental, State |
| 3 = Proprietary, Individual | 9 = Governmental, County |
| 4 = Proprietary, Corporation | 10 = Governmental, City |
| 5 = Proprietary, Partnership | 11 = Governmental, Other |
| 6 = Proprietary, Other | |

TABLE II: Types of organizations that can enroll in a FQHC

- 1) An organization receiving a grant(s) under §330 of the PHS Act :
 - A = Community Health Center (§330(e), PHS Act)
 - B = Migrant and Seasonal Agricultural Workers Health Center (§330(g), PHS Act)
 - C = Health Care for the Homeless Health Centers (§330(h), PHS Act)
 - D = Health Centers for Residents of Public Housing (§330(i), PHS Act)

- 2) Health Center Program Look-Alikes; Organizations that have been identified by HRSA as meeting the definition of Health Center under §330 of the PHS Act, but not receiving grant funding under §330

- 3) Outpatient health program/facility operated by:
 - A = A tribe or tribal organization under the Indian Self-Determination Act
 - B = An urban Indian organization under title V of the Indian Health Care Improvement Act
 - C = Other

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 3C - LINES THAT CANNOT BE SUBSCRIBED
(BEYOND THOSE PREPRINTED)**

Worksheet S, Part I: ALL

Worksheet S, Part III: ALL

Worksheet S-1, Part I: lines 1-13, 15, 16, and 18-28

Worksheet S-1, Part II: lines 1-5 and 7-16

Worksheet S-2: ALL

Worksheet S-3, Part I: lines 2, 4, 6, 12, 14, 16, 20 through 22, 25, and 26

Worksheet S-3, Part II and III: ALL

Worksheet A: lines 1-11, 13, 23-37, 47-50, 60-68, 70, 77, 78, 80, and 100

Worksheet A-1: ALL

Worksheet A-2: lines 1-13, and 50

Worksheet A-2-1 Part I: lines 1-3, and 5

Worksheet A-2-1 Part II: lines 6-9

Worksheet B, Parts I and II: ALL

Worksheet B-1: ALL

Worksheet E: lines 1-13, and 15-21

Worksheet E-1: lines 1, 2, 4, and 6-8

Worksheet F-1: lines 1-4, 10, 16-27, 32, and 33

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 5 - COST CENTER CODING

INSTRUCTIONS FOR PROGRAMMERS

Cost center coding is required because there are thousands of unique cost center names in use by providers. Many of these names are exclusive to the reporting provider and give no hint as to the actual function being reported. Using codes to standardize meanings makes practical data analysis possible. The method to accomplish this must be rigidly controlled to assure accuracy.

For any added cost center names (the preprinted cost center labels must be precoded), the preparer must be presented with the allowable choices for that line or range of lines from the lists of standard and nonstandard descriptions. They will then select a description that best matches their added label. The code associated with the matching description, including increments due to choosing the same description more than once, will then be appended to the user's label by the software.

Additional guidelines are:

- Any pre-existing codes for the line must not be allowed to carry over.
- All "Other . . ." lines must not be pre-coded.
- The order of choice is standard first, followed by specific nonstandard, and lastly, the nonstandard "Other . . ." cost centers.
- When the nonstandard "Other . . ." is chosen, the preparer must be prompted with "Is this the most appropriate choice?" and offered a chance to answer yes or to select another description.
- The cost center coding process must be able to be edited for purposes of making corrections.
- A separate list showing the preparer's added cost center name on the left with the chosen standard or nonstandard description and code on the right must be printed for review.
- The number of times a description can be selected on a given report must be displayed on the screen next to the description and this number must decrease with each usage to show the remaining number available. The number of times a description can be selected is shown on the standard and nonstandard cost center tables.
- Standard cost center lines, descriptions, and codes are not to be changed. The acceptable format for these are displayed in the STANDARD COST CENTER DESCRIPTIONS AND CODES listed on page 44-231. The proper line number is the first two digits of the cost center code. Change all "Other" nonstandard lines to the appropriate cost center name.

INSTRUCTIONS FOR PREPARERS

Coding of Cost Center Labels

Cost center coding is a methodology for standardizing the meaning of cost center labels as used by the FQHC on the Medicare cost report. The use of this coding methodology allows the FQHC to use their labels for cost centers that have meaning within the institution.

The four digit codes are required and must be associated with each cost center label/description. The codes provide standardized meaning for data analysis. The preparer must code all added cost center labels/descriptions. Standard cost center labels/descriptions are automatically coded by CMS approved cost report software.

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 5 - COST CENTER CODING

Additional cost center descriptions have been identified through analysis of provider labels. The meanings of these additional descriptions were sufficiently different when compared to the standard labels to warrant their use. These additional descriptions are hereafter referred to as the nonstandard labels. Included with the nonstandard descriptions are “Other . . .” designations to provide for situations where no match in meaning can be found. Refer to Worksheet A, lines 12, 69, and 79. Both the standard and nonstandard cost center descriptions, along with their cost center codes, are shown on Table 5. The “USE” column on that table indicates the number of times that a given code can be used on one cost report. Compare your added cost center labels/descriptions to the standard and nonstandard table and select the appropriate cost center code. CMS approved software provides an automated process for selecting an appropriate code to properly match with your added cost center label/description.

Additional Guidelines

Categories

You must make your selection from the proper category such as general service description for general service cost center lines, nonreimbursable descriptions for nonreimbursable cost center lines, etc.

Cost Center Coding and Line Restrictions

Cost center codes may only be used in designated lines in accordance with the classification of the cost center(s), i.e., lines 1 through 12 may only contain cost center codes within the general service cost center category of both standard and nonstandard coding. For example, in the general service cost center category for “Other General Service (specify)” cost, line 12 and subscripts must contain cost center codes of 1200 through 1219 which are identified as nonstandard cost center codes. This logic must hold true for all other cost center categories, i.e., direct care, reimbursable pass through costs, other FQHC services, and nonreimbursable cost centers.

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 5 - COST CENTER CODING**

TABLE 5 - STANDARD COST CENTER DESCRIPTIONS AND CODES

| | <u>CODE</u> | <u>USE</u> | | <u>CODE</u> | <u>USE</u> |
|--|-------------|------------|--|-------------|------------|
| GENERAL SERVICE COST CENTERS | | | REIMBURSABLE PASS THROUGH COSTS | | |
| Cap Rel Costs-Bldg & Fixt | 0100 | (01) | Allowable GME Costs | 4700 | (01) |
| Cap Rel Costs-Mvble Equip | 0200 | (01) | Pneumococcal Vaccines & | 4800 | (01) |
| Employee Benefits | 0300 | (01) | Med Supplies | | |
| Administrative & General | 0400 | (01) | Influenza Vaccines & Med | 4900 | (01) |
| | | | Supplies | | |
| Plant Operation & | 0500 | (01) | COVID-19 Vaccines & Med | 4910 | (01) |
| Maintenance | | | Supplies | | |
| | | | Monoclonal Antibody | 4911 | (01) |
| | | | Products | | |
| Janitorial | 0600 | (01) | OTHER FQHC SERVICES | | |
| Medical Records | 0700 | (01) | Medicare Excluded Services | 6000 | (01) |
| Pharmacy | 0900 | (01) | Diagnostic & Screening Lab | 6100 | (01) |
| Medical Supplies | 1000 | (01) | Tests | | |
| Transportation | 1100 | (01) | Radiology-Diagnostic | 6200 | (01) |
| DIRECT CARE COST CENTERS | | | Prosthetic Devices | 6300 | (01) |
| | | | Durable Medical Equipment | 6400 | (01) |
| Physician | 2300 | (01) | Ambulance Services | 6500 | (01) |
| Physician Services Under | 2400 | (01) | Telehealth | 6600 | (01) |
| Agreement | | | Drugs Charged to Patients | 6700 | (01) |
| Physician Assistant | 2500 | (01) | Chronic Care Management | 6800 | (01) |
| Nurse Practitioner | 2600 | (01) | NONREIMBURSABLE COST CENTERS | | |
| Visiting Registered Nurse | 2700 | (01) | Retail Pharmacy | 7700 | (01) |
| Visiting Licensed Practical | 2800 | (01) | Nonallowable GME Costs | 7800 | (01) |
| Nurse | | | | | |
| Certified Nurse Midwife | 2900 | (01) | | | |
| Clinical Psychologist | 3000 | (01) | | | |
| Clinical Social Worker | 3100 | (01) | | | |
| Marriage and Family | 3110 | (01) | | | |
| Therapist | | | | | |
| Mental Health Counselor | 3111 | (01) | | | |
| Laboratory Technician | 3200 | (01) | | | |
| Reg Dietician/Cert DSMT/ MNT Educator | 3300 | (01) | | | |
| Physical Therapist | 3400 | (01) | | | |
| Occupational Therapist | 3500 | (01) | | | |
| Other Allied Health Personnel | 3600 | (01) | | | |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 5 - COST CENTER CODING

TABLE 5 - NONSTANDARD COST CENTER DESCRIPTIONS AND CODES

| | <u>CODE</u> | <u>USE</u> |
|-------------------------------------|-------------|------------|
| GENERAL SERVICE COST CENTERS | | |
| Other General Service (specify) | 1200 | (20) |
| OTHER FQHC SERVICES | | |
| Other (specify) | 6900 | (20) |
| NONREIMBURSABLE COST CENTERS | | |
| Other Nonreimbursable (specify) | 7900 | (20) |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS**

Medicare cost reports submitted electronically must meet a variety of edits. These include mathematical accuracy edits, certain minimum file requirements, and other data edits. Any vendor software which produces an electronic cost report file for Medicare FQHCs must automate all of these edits. Failure to properly implement these edits may result in the suspension of a vendor's system certification until corrective action is taken. The vendor's software should provide meaningful error messages to notify the FQHC of the cause of every exception. The edit message generated by the vendor systems must contain the related 4 digit and 1 alpha character, where indicated, reject/edit code specified below. Any file submitted by a provider containing a level 1 edit will be rejected by the contractors. Notification must be made to CMS for any exceptions.

The edits are applied at two levels. Level 1 edits (1000 series reject codes) test the format of the data to identify error conditions that must be corrected or they will result in a cost report rejection. These edits also test for critical data elements specified in Table 3. Vendor programs must prevent FQHCs from generating an ECR file when the cost report violates any level 1 edits. Level 2 edits (2000 series edit codes) identify potential inconsistencies and missing data items. These items should be resolved at the FQHC site and supporting documentation (such as worksheets or data) should be submitted with the cost report.

The vendor requirements (above) and the edits (below) reduce both contractor processing time and unnecessary rejections. Vendors must develop their programs to prevent their client FQHCs from generating an ECR file where Level 1 edit conditions exist. In addition, ample warnings should be given to the FQHC where level 2 edit conditions are violated.

Level 1 edit conditions are to be applied against title XVIII services only. However, any inconsistencies or omissions that would cause a level 1 condition for non-title XVIII services must be resolved prior to acceptance of the cost report. [10/01/2014b]

NOTE: The date in brackets [] at the end of each edit indicates the effective date of the edit. A date without an alpha suffix, such as [10/01/2014], indicates the edit is effective for cost reporting periods ending on or after the date in brackets. A date followed by a "b," such as [10/01/2014b], indicates the edit is effective for cost reporting periods beginning on or after the date in brackets. A date followed by an "s," such as [10/01/2014s], indicates the edit is effective for services rendered on or after the date in brackets.

I. Level 1 Edits (Minimum File Requirements)

| <u>Edit</u> | <u>Condition</u> |
|-------------|---|
| 1000 | The first digit of every record must be 1, 2, 3, or 4 (encryption code only). [10/01/2014b] |
| 1005 | No record may exceed 60 characters. [10/01/2014b] |
| 1010 | All alpha characters must be in upper case, exclusive of the vendor information, type 1 record, record number 3 and the encryption code, type 4 record, record numbers 1, 1.01, and 1.02. [10/01/2014b] |
| 1015 | The end of the record indicator must be a carriage return and line feed, in that sequence. [10/01/2014b] |
| 1020 | The FQHC provider number (record #1, positions 17-22) must be valid and numeric. [10/01/2014b] |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS**

I. Level 1 Edits (Minimum File Requirements - Cont.)

| <u>Edit</u> | <u>Condition</u> |
|-------------|---|
| 1025 | All calendar format dates must be edited for 10 character format, e.g. 10/01/2014 (MM/DD/YYYY). [10/01/2014b] |
| 1030 | All dates (record #1, positions 23 through 29, 30 through 36, 45 through 51, and 52 through 58) must be in Julian format and a possible date. [10/01/2014b] |
| 1035 | The fiscal year beginning date (record #1, positions 23 through 29) must be less than the fiscal year ending date (record #1, positions 30 through 36). [10/01/2014b] |
| 1036 | The fiscal year ending date (record #1, positions 30 through 36) must be 28 days greater than the fiscal year beginning date (record #1, positions 23 through 29) and the fiscal year ending date (record #1, positions 30 through 36) must be less than 458 days greater than the fiscal year beginning date (record #1, positions 23 through 29). [10/01/2014b] |
| 1040 | The vendor code (record #1, positions 38 through 40) must be a valid code. [10/01/2014b] |
| 1045 | The type 1 record #1 must be correct and the first record in the file. [10/01/2014b] |
| 1047 | The following standard cost centers listed below must be reported on the lines as indicated and the corresponding cost center codes may only appear on the lines as indicated. No other cost center codes may be placed on these lines. [10/01/2014b] |

| <u>Cost Center</u> | <u>Line</u> | <u>Code</u> |
|------------------------------------|-------------|-------------|
| Cap Rel Costs-Bldg & Fixt | 1 | 0100 |
| Cap Rel Costs-Mvble Equip | 2 | 0200 |
| Employee Benefits | 3 | 0300 |
| Administrative & General Services | 4 | 0400 |
| Plant Operation & Maintenance | 5 | 0500 |
| Janitorial | 6 | 0600 |
| Medical Records | 7 | 0700 |
| Pharmacy | 9 | 0900 |
| Medical Supplies | 10 | 1000 |
| Transportation | 11 | 1100 |
| Physician | 23 | 2300 |
| Physician Services Under Agreement | 24 | 2400 |
| Physician Assistant | 25 | 2500 |
| Nurse Practitioner | 26 | 2600 |
| Visiting Registered Nurse | 27 | 2700 |
| Visiting Licensed Practical Nurse | 28 | 2800 |
| Certified Nurse Midwife | 29 | 2900 |
| Clinical Psychologist | 30 | 3000 |
| Clinical Social Worker | 31 | 3100 |
| Marriage and Family Therapist | 31.10 | 3110 |
| Mental Health Counselor | 31.11 | 3111 |

**ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS**

I. Level 1 Edits (Minimum File Requirements - Cont.)

Edit Condition

1047 (Cont.)

| <u>Cost Center</u> | <u>Line</u> | <u>Code</u> |
|--------------------------------------|-------------|-------------|
| Laboratory Technician | 32 | 3200 |
| Reg Dietician/Cert DSMT/MNT Educator | 33 | 3300 |
| Physical Therapist | 34 | 3400 |
| Occupational Therapist | 35 | 3500 |
| Other Allied Health Personnel | 36 | 3600 |
| Allowable GME Costs | 47 | 4700 |
| Pneumococcal Vaccines & Med Supplies | 48 | 4800 |
| Influenza Vaccines & Med Supplies | 49 | 4900 |
| COVID-19 Vaccines & Med Supplies | 49.10 | 4910 |
| Monoclonal Antibody Products | 49.11 | 4911 |
| Medicare Excluded Services | 60 | 6000 |
| Diagnostic & Screening Lab Tests | 61 | 6100 |
| Radiology-Diagnostic | 62 | 6200 |
| Prosthetic Devices | 63 | 6300 |
| Durable Medical Equipment | 64 | 6400 |
| Ambulance Services | 65 | 6500 |
| Telehealth | 66 | 6600 |
| Drugs Charged to Patients | 67 | 6700 |
| Chronic Care Management | 68 | 6800 |
| Retail Pharmacy | 77 | 7700 |
| Nonallowable GME Costs | 78 | 7800 |

- 1050 All record identifiers (positions 1 through 20) must be unique. [10/01/2014b]
- 1055 Only a Y or N is valid for fields that require a yes/no response. [10/01/2014b]
- 1060 All line, sub-line, column, and sub-column numbers (positions 11 through 13, 14 through 15, 16 through 18, and 19 through 20, respectively) must be numeric. [10/01/2014b]
- 1070 Cost center integrity must be maintained throughout the cost report. For subscripted lines, the relative position must be consistent throughout the cost report. [10/01/2014b]
- 1075 The cost center code (positions 21-24) (type 2 records) must be a code from Table 5, cost center coding, and each cost center code must be unique. [10/01/2014b]
- 1080 Every line used on Worksheet A, must have a corresponding type 2 record. [10/01/2014b]
- 1085 Fields requiring numeric data (days, costs, etc.) may not contain any alpha characters. [10/01/2014b]
- 1090 A numeric field (except unit cost multipliers) cannot exceed more than 11 positions. Unit cost multipliers cannot exceed 13 positions. [10/01/2014b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

| <u>Edit</u> | <u>Condition</u> |
|--------------------|--|
| 1095 | In all cases where the file includes both a total and the parts that comprise the total, each total must equal the sum of its parts. [10/01/2014b] |
| 1100 | All dates must be possible, e.g., no “00”, no “30” or “31” of February, and cannot be greater than the current date, except for Worksheet S-2, column 3, line 4. [10/01/2014b] |
| 1000S | Worksheet S-1, Part I, lines 1 through 3, must contain: the FQHC site name in column 1, line 1; the FQHC street address in column 1, line 2; the FQHC city name in column 1, line 3; the FQHC two-letter state abbreviation in column 2, line 3; the FQHC ZIP code (formatted as XXXXX) or the FQHC ZIP+4 code (formatted as XXXXX-XXXX) in column 3, line 3; and, the FQHC CCN in column 2, line 1. [10/01/2014b] |
| 1001S | If Worksheet S, Part I, line 5, is “5” (amended cost report), then line 3 must be greater than zero. [10/01/2014b] |
| 1005S | Worksheet S-1, Part I, column 3, line 1, must be completed with a valid five-position alphanumeric CBSA code. [10/01/2014b] |
| 1010S | The FQHC CCN reported on Worksheet S-1, Part I, column 2, line 1; column 2, line 14, beginning with subscripted line 14.01; and column 2, line 34, beginning with subscripted line 34.01, must be between XX-1000 through XX-1199, or XX-1800 through XX-1989, where XX corresponds to the two digit state code. [10/01/2014b] |
| 1015S | Worksheet S-1, Part I, column 5, line 1 (type of control), must have a value of 1 through 11. (See Table 3B.) [10/01/2014b] |
| 1020S | Worksheet S-1, Part I, column 5, line 3, must contain an “R” or “U” response. [10/01/2014b] |
| 1025S | The cost reporting period beginning date on Worksheet S-1, Part I, column 1, line 4, must be on or after October 1, 2014. [10/01/2014b] |
| 1030S | The cost reporting period beginning date on Worksheet S-1, Part I, column 1, line 4, must precede the cost reporting ending date on Worksheet S-1, Part I, column 2, line 4. [10/01/2014b] |
| 1035S | Worksheet S-1, Part I, there must be a “Y” or “N” response for: Column 1: lines 5, 9, 13, 16, 18, 19, 22, 23, 24, 25, and 26, and effective for cost reporting periods ending on or after January 1, 2018, line 28. [10/01/2014b] |
| 1040S | If Worksheet S-1, Part I, line 5, is “Y”, then Worksheet S-1, Part I, columns 1, 2, and 3, as applicable, lines 6 through 8, must be present and valid and vice versa. [10/01/2014b] |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

| <u>Edit</u> | <u>Condition</u> |
|-------------|--|
| 1060S | If Worksheet S-1, Part I, line 9, is “Y”, then Worksheet S-1, Part I, columns 1, 2, and 3, as applicable, lines 10 through 12, must be present and valid and vice versa. Conversely, if Worksheet S-1, Part I, line 9, is “N”, then Worksheet S-1, Part I, columns 1, 2, and 3, as applicable, lines 10 through 12, must be blank. [10/01/2014b] |
| 1080S | The certification dates for the primary FQHC (Worksheet S-1, Part I, column 4, line 1) and for each consolidated FQHC entered on Worksheet S-1, Part II, column 2, line 1, must be present and possible, and must be on or before the cost reporting period beginning date (Worksheet S-1, Part I, column 1, line 4) and after 01/01/1966. [10/01/2014b] |
| 1100S | If Worksheet S-1, Part I, column 1, line 13 is “Y”, then column 4 must contain a number greater than or equal to one, for the number of consolidated FQHCs, and if Worksheet S-1, Part I, column 4, line 1, is on or after 10/01/2014, column 2 must contain a date of request, and column 3 must contain the date of approval. If Worksheet S-1, Part I, column 4, line 13, is greater than or equal to 1, then column 1 must be “Y”. If Worksheet S-1, column 1, line 13, is “N”, then Worksheet S-1, Part I, line 13, columns 2, 3, and 4, and Worksheet S-1, Part I, lines 14 and 34, must be blank and no subscribing. [10/01/2014b] |
| 1110S | If Worksheet S-1, Part I, column 1, line 13, is “Y”, then line 14, beginning with subscripted line 14.01, and line 34, beginning with subscripted line 34.01, for each FQHC must contain: the FQHC site name in column 1, the FQHC CCN in column 2, and the CBSA code in column 3. If the applicable Worksheet S-1, Part II, column 2, line 1, is on or after 10/01/2014, then Worksheet S-1, Part I, line 14, beginning with subscripted line 14.01, and line 34, beginning with subscripted line 34.01, must contain the date of request in column 4, and the date of approval in column 5. If Worksheet S-1, Part I, column 1, line 13, is “N”, then line 14, beginning with subscripted line 14.01, and line 34, beginning with subscripted line 34.01, must be blank. [10/01/2010b] |
| 1120S | If Worksheet S-1, Part I, column 1, line 15, is “1” or “3”, then column 2 must have only an A, B, C, and/or D and vice versa. If Worksheet S-1, Part I, column 1, line 15, is “2”, then column 2 must be blank and vice versa. [10/01/2014b] |
| 1140S | If Worksheet S-1, Part I, column 1, line 16, is “Y”, then line 17 must contain the type of grant award in column 1 (see Table 3B), the date of the grant award in column 2 (MM/DD/YYYY), and the grant award number in column 3. If Worksheet S-1, Part I, column 1, line 16, is “N”, then line 17 must be blank. [10/01/2014b] |
| 1150S | If Worksheet S-1, Part I, column 1, line 18, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY) and vice versa. If Worksheet S-1, Part I, column 1, line 18, is “N”, then column 2 must be blank. [10/01/2014b] |
| 1170S | If Worksheet S-1, Part I, line 19, is “Y”, then line 20 must contain a “1” or “2”, and line 21, sum of columns 1 through 3, must be greater than zero, and vice versa. [10/01/2014b] |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

Edit Condition

- 1210S If Worksheet S-1, Part I, column 1, line 25, is “Y”, then columns 2 and 3 must be greater than zero, and vice versa. If Worksheet S-1, Part I, column 1, line 25, is “N”, then columns 2 and 3 must be blank. [10/01/2014b]
- 1220S If Worksheet S-1, Part I, column 1, line 26, is “Y”, then columns 2 and 3 must be greater than zero and vice versa. If Worksheet S-1, Part I, column 1, line 26, is “N”, then columns 2 and 3 must be blank. [10/01/2014b]
- 1230S Worksheet S-1, Part I, column 1, line 27, must contain a response of “1”, “2”, or “3”. If the response to column 1 is “2”, then column 2 must have an amount greater than zero, and vice versa. If the response is “1” or “3” then column 2 must be blank. [10/01/2014b]
- NOTE:** The edits that correspond to Worksheet S-1, Part II, are only applied if Worksheet S-1, Part II, is completed for consolidated FQHCs.
- 1240S If Worksheet S-1, Part I, any of lines 14.01 through 14.99, or 34.01 through 34.99, has an entry, then the corresponding Worksheet S-1, Part II, lines 1 through 3, must contain an entry for each FQHC: the FQHC site name in column 1, line 1; the FQHC street address in column 1, line 2; the FQHC city name in column 1, line 3; the FQHC two-letter state abbreviation in column 2, line 3; the FQHC ZIP code (formatted as XXXXX) or the FQHC ZIP+4 code (formatted as XXXXX-XXXX) in column 3, line 3; and an “R” or “U” in column 5, line 3. [10/01/2014b]
- 1250S For each consolidated FQHC entered on Worksheet S-1, Part II, column 1, line 1, there must be a corresponding value of 1 through 11 entered in column 3 for the type of control. (See Table 3B.) [10/01/2014b]
- 1280S Worksheet S-1, Part II, column 5, line 3, must contain an “R” or “U” response. [10/01/2014b]
- 1290S If Worksheet S-1, Part II, column 1, line 4, is “1” or “3”, then column 2 must have only an A, B, C, and/or D and vice versa. If Worksheet S-1, Part II, column 1, line 4, is “2”, then column 2 must be blank and vice versa. [10/01/2014b]
- 1300S If Worksheet S-1, Part I, column 1, line 13, is “Y”, then for each consolidated FQHC identified on Worksheet S-1, Part I, column 2, lines 14.01 through 14.99, and 34.01 through 34.99, there must be a “Y” or “N” response on each applicable Worksheet S-1, Part II, for:
Column 1: lines 5, 7, 8, 11, 12, 13, and 14, and effective for cost reporting periods ending on or after January 1, 2018, line 16. [10/01/2014b]
- 1310S If Worksheet S-1, Part II, column 1, line 5, is “Y”, then line 6 must contain the type of grant award in column 1 (see Table 3B), the date of the grant award in column 2 (MM/DD/YYYY), and the grant award number in column 3. If Worksheet S-1, Part II, column 1, line 5, is “N”, then line 6 must be blank. [10/01/2014b]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

| <u>Edit</u> | <u>Condition</u> |
|--------------------|---|
| 1320S | If Worksheet S-1, Part II, column 1, line 7, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY), and vice versa. [10/01/2014b] |
| 1340S | If Worksheet S-1, Part II, line 8, is “Y”, then line 9 must contain a “1” or “2”, and line 10, sum of columns 1 through 3, must be greater than zero, and vice versa. [10/01/2014b] |
| 1370S | If Worksheet S-1, Part II, column 1, line 13, is “Y”, then both columns 2 and 3 must be greater than zero, and vice versa. [10/01/2014b] |
| 1380S | If Worksheet S-1, Part II, column 1, line 14, is “Y”, then both columns 2 and 3 must be greater than zero, and vice versa. [10/01/2014b] |
| 1390S | Worksheet S-1, Part II, column 1, line 15, must contain a response of “1”, “2”, or “3”. If the response in column 1 is “2”, then column 2 must have an amount greater than zero, and vice versa. [10/01/2014b] |
| 1400S | On Worksheet S-2, there must be a “Y” or “N” response for: Column 1: lines 1 through 8, 11, 12, and 16. If column 1, line 8, is “Y”, then column 1, lines 9 and 10, must be “Y” or “N”. If column 1, lines 11 or 12, is “Y”, then column 1, lines 13, 14, and 15 must be “Y” or “N”. Column 4: line 4. [10/01/2014] |
| 1405S | If Worksheet S-2, column 1, line 1, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY), and vice versa. [10/01/2014b] |
| 1410S | If Worksheet S-2, column 1, line 2, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY) and column 3 must contain a “V” or an “I”, and vice versa. [10/01/2014b] |
| 1420S | If Worksheet S-2, column 1, line 3, is “N”, then Worksheet A-2-1 must not be present. [10/01/2014b] |
| 1430S | If Worksheet S-2, column 1, line 3, is “Y”, then Worksheet A-2-1, Part I, columns 4 or 5, sum of lines 1 through 4, must not equal zero, and Worksheet A-2-1, Part II, column 1, any one of lines 6 through 10, must contain one of the alpha characters A, B, C, D, E, F, or G. [10/01/2014b] |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

| <u>Edit</u> | <u>Condition</u> |
|--------------------|---|
| 1440S | If Worksheet S-2, column 1, line 4, is “Y”, then column 2 must be “A”, “C” or “R”. If Worksheet S-2, column 1, line 4, is “N”, then column 2 must be blank. [10/01/2014b] |
| 1450S | Worksheet S-3, Part I, columns 1 through 4, lines 1 through 6, 11.01 through 12, 13.01 through 14, 15.01 through 16, and 23 through 25; and Worksheet S-3, Part III, columns 1 and 2, lines 16 through 29, must be equal to or greater than zero. [10/01/2014b] |
| 1460S | If Worksheet S-1, Part I, column 2, any of lines 14.01 through 14.99, and 34.01 through 34.99, has an entry, then Worksheet S-3, Part I, column 0, for lines 1.01 through 1.99, 3.01 through 3.99, 5.01 through 5.99, 11.01 through 11.99, 13.01 through 13.99, 15.01 through 15.99, 23.01 through 23.99, and 24.01 through 24.99, must contain a corresponding CCN in the exact same order. [10/01/2014b] |
| 1470S | If Worksheet S-2, column 1, line 11, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY) and vice versa. [10/01/2014b] |
| 1480S | If Worksheet S-2, column 1, line 12, is “Y”, then column 2 must contain a valid date (MM/DD/YYYY) and vice versa. [10/01/2014b] |
| 1500S | Worksheet S-3, Part III, column 3, sum of lines 16 through 29, must be greater than zero. [12/31/2017] |
| 1505S | If Worksheet S-1, Part I, line 23, or Worksheet S-1, Part II, line 11 is “Y”, then Worksheet A, column 1, line 47, must be greater than zero and vice versa. [12/31/2017] |
| 1510S | If Worksheet S-1, Part I, line 24, or Worksheet S-1, Part II, line 12, is “Y”, then Worksheet A, column 3, line 78, must be greater than zero, and vice versa. [12/31/2017] |
| 1515S | If Worksheet S-1, Part I, lines 23 or 24, or Worksheet S-1, Part II, lines 11 or 12, is “Y”, then Worksheet S-3, Part III, line 29, column 3, must be greater than zero, and vice versa. [12/31/2017] |
| 1520S | If Worksheet S-1, Part I, line 28, or Worksheet S-1, Part II, line 16, is “Y”, then Worksheet S-3, Part II, sum of lines 2 through 14, column 1, must be greater than zero; and the corresponding lines 16 through 28 on Worksheet S-3, Part III, column 2, must be greater than zero. [06/30/2018 through 6/29/2020] |
| 1521S | If Worksheet S-1, Part I, line 28, or Worksheet S-1, Part II, line 16, is “Y”, then Worksheet S-3, Part II, sum of lines 2 through 14, column 1, must be greater than zero; and each line on Worksheet S-3, Part II, lines 2 through 14, column 1, and the corresponding line (lines 16 through 28) on Worksheet S-3, Part III, column 2, simultaneously must be greater than zero or simultaneously must be zero. [06/30/2020] |

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

- 1525S If Worksheet S-1, Part I, line 28, and Worksheet S-1, Part II, line 16, are both “N”, then lines 2 through 14, on Worksheet S-3, Part II, column 1, and lines 16 through 28, on Worksheet S-3, Part III, column 2, must be zero. [06/30/2018]
- 1000A Worksheet A, columns 1, 2, and 7, line 100, must be greater than zero. [10/01/2014b]
- 1060A For each amount on Worksheet A, column 7, lines 23 through 31, and line 33 that are greater than zero, the corresponding total visits on Worksheet B, Part I, column 2, lines 1 through 10, must also be greater than zero, and vice versa. [10/01/2014b]
- 1120A For reclassifications reported on Worksheet A-1, all increases (column 4) must equal all decreases (column 7). [10/01/2014b]
- 1130A For each line on Worksheet A-1, when an entry is present in column 4, there must be entries in columns 1 and 3, and if an entry is present in column 7, then there must be entries in columns 1 and 6. All entries in column 1 must be upper case alpha characters. [10/01/2014b]
- 1140A Worksheet A-1, column 0, must have an explanation present on the first line for each reclassification code. [10/01/2014b]
- 1200A For Worksheet A-2 adjustments on lines 3 through 6, and 8 through 10, if column 2 has an amount, then column 1 must be either “A” or “B”, and column 4 for that line must have an entry; and if lines 14 through 49, column 2, have entries, then columns 0, 1, and 4, for the corresponding line must have entries. [10/01/2014b]
- 1210A For Worksheet A-2 adjustments on lines 1, 2, 11, 12, and 13, if column 2 has an entry, then column 1 of the corresponding lines must be either “A” or “B”. [10/01/2014b]
- 1220A Worksheet A-2-1, Part I, columns 1 and 3, must have an entry when there is an amount in column 4 or 5, for each of lines 1 through 4. [10/01/2014b]
- 1230A If Worksheet A, column 1, any of lines 23, 25 through 36, or 47, are greater than zero, then the corresponding lines 2 through 15 on Worksheet S-3, Part II, column 2, must be greater than zero; and the corresponding lines 16 through 29 on Worksheet S-3, Part III, column 1, must be greater than zero. [06/30/2018 through 03/30/2019]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

I. Level 1 Edits (Minimum File Requirements - Cont.)

- 1231A On a line by line basis, the amounts reported on the corresponding lines of the following three worksheets must simultaneously be greater than zero, or must simultaneously equal zero:
Worksheet A, column 1, lines 23, 25 through 36, 47, or 78;
Worksheet S-3, Part II, column 2, lines 2 through 15;
Worksheet S-3, Part III, column 1, lines 16 through 29.
[03/31/2019]
- 1000B Worksheet B, Part I, columns 1 through 12, lines 1 through 10, all amounts must be greater than or equal to zero. [10/01/2014b]
- 1010B Worksheet B, Part I, column 2, lines 1 through 10, must be equal to the sum of columns 7, 8, and 8.01, lines 1 through 10, for each line. [10/01/2014b]
- 1020B Worksheet B, Part I, column 2, line 11, must be equal to Worksheet S-3, Part I, column 5, sum of lines 20, 21 and 25. [10/01/2014b]
- 1030B Worksheet B, Part I, column 9, line 11, must be equal to Worksheet S-3, Part I, column 2, line 20. [10/01/2014b]
- 1040B Worksheet B, Part I, column 10, line 11, must be equal to Worksheet S-3, Part I, column 2, line 21. [10/01/2014b]
- 1045B Worksheet B, Part I, column 10.01, line 11, must be equal to Worksheet S-3, Part I, column 2, line 25. [01/01/2024]
- 1050B If Worksheet B-1, columns 1 or 2, line 13, are greater than zero, then Worksheet S-3, Part I, column 2, sum of lines 20, 21, and 25, must be greater than zero. Do not apply this edit if Worksheet S, Part I, line 4 is "V". [12/31/2017]
- 1000E If Worksheet E, column 1, line 1, is greater than zero, then Worksheet E-1, column 2, line 4, must be greater than zero, and Worksheet S-3, Part I, column 2, sum of lines 20, 21, and 25, must be greater than zero. [12/31/2017]

ELECTRONIC REPORTING SPECIFICATIONS FOR FORM CMS-224-14
TABLE 6 - EDITS

II. Level 2 Edits (Potential Rejection Errors)

These conditions are usually, but not always, incorrect. These edit errors should be cleared when possible through the cost report. When corrections on the cost report are not feasible, provide additional information in schedules, notes, or any other manner as may be required by your contractor. Failure to clear these errors in a timely fashion, as determined by your contractor, may be grounds for withholding of payments.

| <u>Edit</u> | <u>Condition</u> |
|-------------|---|
| 2000 | All type 3 records with numeric fields and a positive usage must have values greater than zero (supporting documentation may be required for negative amounts). [10/01/2014b] |
| 2005 | Only elements set forth in Table 3, with subscripts as appropriate, are required in the file. [10/01/2014b] |
| 2010 | The cost center code (positions 21 through 24 in type 2 records) must be a code from Table 5, Cost Center Coding, and each cost center code must be unique. [10/01/2014b] |
| 2025 | Only nonstandard cost center codes within a cost center category may be placed on lines 12, 69, and 79, and subscripts. [10/01/2014b] |
| 2220S | Worksheet S-2, lines 17 through 19, all columns, must be completed. [10/01/2014b] |
| 2000F | Net income or loss on Worksheet F-1, column 2, line 33, should not equal zero. [10/01/2014b] |

NOTE: CMS reserves the right to require additional edits to correct deficiencies that become evident after processing the data commences and, as needed, to meet user requirements.

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