

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET M-1
COMPONENT CCN: _____			

Check applicable box: Hospital-based RHC Hospital-based FQHC

	COMPEN- SATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)
	1	2	3	4	5	6	7
FACILITY HEALTH CARE STAFF COSTS							
1	Physician						1
2	Physician Assistant						2
3	Nurse Practitioner						3
4	Visiting Nurse						4
5	Other Nurse						5
6	Clinical Psychologist						6
7	Clinical Social Worker						7
7.10	<i>Marriage and Family Therapist</i>						<i>7.10</i>
7.11	<i>Mental Health Counselor</i>						<i>7.11</i>
8	Laboratory Technician						8
9	Other Facility Health Care Staff Costs						9
10	Subtotal (sum of lines 1-9)						10
COSTS UNDER AGREEMENT							
11	Physician Services Under Agreement						11
12	Physician Supervision Under Agreement						12
13	Other Costs Under Agreement						13
14	Subtotal (sum of lines 11-13)						14
OTHER HEALTH CARE COSTS							
15	Medical Supplies						15
16	Transportation (Health Care Staff)						16
17	Depreciation-Medical Equipment						17
18	Professional Liability Insurance						18
19	Other Health Care Costs						19
20	Allowable GME Costs						20
21	Subtotal (sum of lines 15-20)						21
22	Total Cost of Health Care Services (sum of lines 10, 14, and 21)						22
COSTS OTHER THAN RHC/FQHC SERVICES							
23	Pharmacy						23
24	Dental						24
25	Optometry						25
25.01	Telehealth						25.01
25.02	Chronic Care Management						25.02
26	All other nonreimbursable costs						26
27	Nonallowable GME costs						27
28	Total Nonreimbursable Costs (sum of lines 23-27)						28
FACILITY OVERHEAD							
29	Facility Costs						29
30	Administrative Costs						30
31	Total Facility Overhead (sum of lines 29 and 30)						31
32	Total facility costs (sum of lines 22, 28 and 31)						32

The net expenses for cost allocation on Worksheet A for the hospital-based RHC/FQHC cost center line must equal the total facility costs in column 7, line 32, of this worksheet.