

4010.1. WORKSHEET S-11 - HOSPITAL-BASED FQHC IDENTIFICATION DATA

In accordance with 42 CFR 413.20(a), 42 CFR 413.24(a), and 42 CFR 413.24(c), you are required to maintain statistical records for proper determination of costs payable under the Medicare program. The statistics reported on this worksheet pertain to hospital-based FQHCs and are effective for cost reporting periods beginning on or after October 1, 2014. Hospital-based FQHCs may elect to file a consolidated cost report pursuant to CMS Pub. 100-02, chapter 13, §80.2. If you have more than one hospital-based FQHC reported on Worksheet S-2, Part I, line 16, and its subscripts, complete a separate Worksheet S-11, Part I, for each, unless you have contractor approval to file a consolidated cost report.

This worksheet consists of three parts:

- Part I - Hospital-Based FQHC Identification Data
- Part II - Hospital-Based FQHC Consolidated Cost Report Participant Identification Data
- Part III - Hospital-Based FQHC Statistical Data

4010.2. Part I - Hospital-Based FQHC Identification Data.--The information required on this worksheet is needed to properly identify the hospital-based FQHC(s) listed on Worksheet S-2, Part I, line 16, and its subscripts, or in the case of a consolidated cost report, the primary hospital-based FQHC. In the case of a consolidated cost report, only the primary FQHC completes the entire Worksheet S-11, Part I. All other hospital-based FQHCs filing under a consolidated cost report must be listed on line 9, and its subscripts, and must complete a separate Worksheet S-11, Part II.

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

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|--------------------------------------|---------------------------|
| 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 hospital-based FQHC terminated its participation in the Medicare program (if applicable) in column 3. In column 4, enter a "V" for a voluntary termination or an "I" for an involuntary termination.

If the hospital-based FQHC changed ownership immediately prior to the beginning of the cost reporting period enter the date of the change of ownership in column 5. 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 Hospital-based FQHC's street address in column 1 and the post office 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--Indicate whether this hospital-based 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 5 through 7. Otherwise, skip to line 8.

Lines 5 through 7--Enter the name of the entity that owns, leases or controls the hospital-based FQHC, the street address, post office box (if applicable), HRSA grant award number assigned to the organization, city, state, and ZIP code.

Line 8--Indicate whether this hospital-based FQHC is filing a consolidated cost report under CMS Pub. 100-02, chapter 13, §80.2. Enter "Y" for yes or "N" for no. If yes, enter in column 2, the date the hospital-based FQHC requested approval to file a consolidated cost report, in column 3, the date the contractor approved the hospital-based 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 9--If the response to line 8, column 1, is yes, list on the subscripts of line 9, each hospital-based FQHC that is part of this consolidated cost report, excluding the primary hospital-based 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 hospital-based FQHC requested approval to file as part of a consolidated cost report; and column 5, the date the contractor approved the hospital-based FQHCs request to file as part of a consolidated cost report. Each hospital-based FQHC listed on the subscripts of line 9 must complete a separate Worksheet S-11, Part II.

Line 10--There are three types of organizations that are eligible to enroll in Medicare as a hospital-based FQHC. Indicate in column 1, the type of organization this hospital-based 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 11--Indicate if your hospital-based 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 hospital-based FQHC reported on line 1, column 1, receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no.