4010.4. Part III - Hospital-Based FQHC Statistical Data.--This part collects statistical data regarding the number and types of visits by title. 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 III, for each. If you elected to file consolidated, complete one Worksheet S-11, Part III, for the primary hospital-based FQHC and all subcomponents.

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. However, 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 a hospital-based 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.
- Medical Visit for Subsequent Illness or Injury.
- Mental Health Visit - A face-to-face encounter between an FQHC patient and one of the following practitioners: a clinical psychologist, clinical social worker, or a physician, physician assistant, nurse practitioner, certified nurse midwife, visiting registered nurse, 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 services rendered on or after January 1, 2024. (See CMS Pub. 100-2, Medicare Benefit Policy Manual, chapter 13, §40.)
- Intensive Outpatient Program (IOP) Visit - CAA of 2023, §4124, provides for the coverage of IOP services rendered on or after January 1, 2024, for visits with a practitioner as defined in Mental Health Visit.

Column 0--Use this column only when you are filing a consolidated cost report to identify each hospital-based FQHC listed on Worksheet S-11, Part I, line 9, and subscripts in the exact same order.

Columns 1 through 4--Enter the number of medical visits, mental health visits, and (for purposes of these columns) IOP visits, for each program (title V, title XVIII and title XIX) and visits paid by all other payers, e.g., private pay. Include dually eligible (Medicare/Medicaid) beneficiaries in column 2.

Line 1--Enter the number of medical visits applicable to columns 1 through 4. Each visit to the hospital-based FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the hospital-based 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 hospital-based FQHC included in this consolidated cost report. Each subscript of line 1, column 0, must contain a corresponding CCN from Worksheet S-11, Part I, line 9, and subscripts, in the exact same order. Enter the number of medical visits applicable to columns 1 through 4, for each hospital-based FQHC listed on line 1 and its subscripts.

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 hospital-based FQHC by the beneficiary counts as a single visit, even in the case where a beneficiary returns to the hospital-based 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 hospital-based FQHC included in this consolidated cost report.

Each subscript of line 3, column 0, must contain a corresponding CCN from Worksheet S-11, Part I, line 9, and subscripts, in the exact same order. Enter the number of mental health visits applicable to columns 1 through 4, for each hospital-based FQHC listed on line 3, and its subscripts.

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 number of IOP visits applicable to columns 1 through 4. Each visit to the hospital-based FQHC by a beneficiary counts as a single visit, even in the case where the beneficiary returns to the hospital-based FQHC in the same day for a subsequent illness or injury. If you are filing under a consolidated cost report, line 5 must contain the IOP visits exclusively for the primary CCN, and you must subscript line 5 to report the number of IOP visits for each additional hospital-based FQHC included in this consolidated cost report. Each subscript of line 5, column 0, must contain a corresponding CCN from Worksheet S-11, Part I, line 9, and subscripts, in the exact same order. Enter the number of IOP visits applicable to columns 1 through 4, for each hospital-based FQHC listed on line 5, and its subscripts.

Line 6--Enter the total number of IOP visits (sum of line 5 and its subscripts) for each applicable column.

Line 7.--Enter the total number of FQHC visits (sum of lines 2, 4, and 6) for each applicable column.

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