

4010. WORKSHEET S-8 - HOSPITAL-BASED RHC/FQHC STATISTICAL 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 separate statistical records for proper determination of costs payable under the Medicare program. The statistics reported on this worksheet pertain to hospital-based RHCs/FQHCs. *For each CCN reported on Worksheet S-2, Part I, line 15 and its subscripts, you must complete a separate Worksheet S-8.* Hospital-based RHCs/FQHCs may elect to file a consolidated cost report pursuant to CMS Pub. 100-02, chapter 13, §80.2. Effective for cost reporting periods beginning on and after October 1, 2014, hospital-based FQHCs no longer complete Worksheet S-8 and must complete Worksheet S-11 to report statistical data.

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

Line 3--For hospital-based FQHCs only, enter your appropriate designation of "R" for rural or "U" for urban. 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. Hospital-based RHCs do not complete this line.

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

Line 10--If the facility provides other than hospital-based RHC or FQHC services (e.g., laboratory or physician services), answer "Y" for yes and enter the type of operation on subscripts of line 11, otherwise enter "N" for no.

Line 11--Enter in columns 1 through 14 the starting and ending hours in the applicable columns for the days that the facility is available to provide hospital-based RHC/FQHC services. Enter the starting and ending hours in the applicable columns 1 through 14 for the days that the facility is available to provide other than hospital-based RHC/FQHC services. When entering time, do so as military time, e.g., 2:00 p.m. is 1400.

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

Line 13--Is this *worksheet prepared for* a consolidated *group of providers* as defined in 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 number of providers included in *the consolidated group*, complete line 14, and complete only one M series of worksheets for the consolidated group. *If column 1, is "Y", enter in column 3 a "G" if the consolidated group consists exclusively of grandfathered providers or an "N" if comprised exclusively of non-grandfathered providers.*

Line 13.01--*Removed and reserved.*

Line 14--*For each CCN reported on Worksheet S-2, Part I, line 15 and its subscripts, if line 13 is "Y" enter the clinic/center name and CCN number filing as consolidated under the component CCN listed, beginning with line 14 and subscripts of line 14 as needed.*