



RHC MEDICARE COST REPORT CHECKLIST

12/31/2022

WELCOME

Thank you for engaging Healthcare Business Specialists to prepare your Medicare Cost Report. Mark R. Lynn, CPA (Inactive) CRHCP, CCRS, Dani Gilbert, CPA, CRHCP, Page Chambers, CIA, CRHCP, and Trent Jackson, CCRS will be the primary contacts with Healthcare Business Specialists, so feel free to contact us at any time. Here is our Contact Information and if you need to fax us, that number is (800) 268-5055. You will be provided a client portal to securely upload computer files as well through a system called Canopy.

| Contact | Telephone | Email |
|---------------------------------|------------------|--|
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Additionally, we have several resources that will be helpful as you learn more about the RHC program or have questions. We have included a table of those resources for your convenience.

| Type | Purpose | Link |
|-----------------|--|---|
| FaceBook Group | This Group has 4,000 members where you can ask questions | RHC Information Group on Facebook |
| Website | Rural Health Clinic.com Website | http://www.ruralhealthclinic.com/ |
| Youtube Channel | A place to find recordings of HBS webinars | Youtube Channel with Webinar Recordings |

Healthcare Business Specialists

Specializing in RHC reimbursement

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2023 RHC Medicare Cost Report Workpaper Checklist Revised on January 11, 2023

| ITEM NUMBER | DESCRIPTION OF WHAT IS NEEDED | √ IF INCLUDED |
|-------------|---|---------------|
| 1 | <p>We need <u>at least one of the following</u> items to determine the total expenses paid by clinic during the cost reporting period. The reports should be for the entire accounting period (which is typically 12 months).</p> <ul style="list-style-type: none"> a. Trial Balance b. Financial Statement from Accountant or QuickBooks c. Federal Tax Return for the Practice | |
| 2 | <p>We need <u>at least one of the following</u> to determine the total patient visits or encounters.</p> <ul style="list-style-type: none"> a. CPT Frequency Report (by Provider) b. Written, Manual Visit Count using the Updated Included Cheat Sheet | |
| 3 | <ul style="list-style-type: none"> • W-2's with the <u>employee's position listed</u> on the W-2 or what the employee did during their employment. <u>Please write the number of hours the employee worked during the year on the W-2, as well, and if the employee split time in laboratory or X-Ray.</u> • If the cost report period is something other than 1/1/XX to 12/31/XX, please provide a payroll journal report with gross pay for the cost report period. • Please provide a description of what each employee does (i.e., MD, PA, NP, nursing staff, janitorial, administrative staff, etc). • Please provide the total number of hours work by each employee during the cost report period. | |
| 4 | <p>We need <u>all of the following</u> information to claim Influenza and Pneumococcal reimbursement on the cost report.</p> <ul style="list-style-type: none"> a. Medicare Logs with Patient Name, MBI Number, and Date of Service b. A Count, Listing, or Log for Non-Medicare Patients c. Invoices Supporting the Vaccine Purchases During the Year | |
| 5 | <p>PS&R Report. RHCs are required to obtain their own PS&R from the EIDM portal from the IACS system. Please start this process immediately if you do have a log-in as it may take six to eight weeks. We need the summary 710 and 71S reports for the period of the cost report. (We have included a seven-page PDF with instructions.) Add Dani Gilbert, Page Chambers, or Trent Jackson as your Authorized Cost Report Preparer for EIDM if you want HBS to file the cost report electronically.</p> | |

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| ITEM NUMBER | DESCRIPTION OF WHAT IS NEEDED | √ IF INCLUDED |
|-------------|--|---------------|
| 6 | Medicare Bad Debt Listing. If you have any Medicare bad debts, please prepare a separate Bad Debt listing for Medicare bad debt and Medicare/Medicaid crossover bad debt, using the Excel template we provide. If you do not have a copy of the Excel template for this, please email us and request one. If you are not claiming bad debts, please indicate that as well. | |
| 7 | Related Party Transactions. List any related party transactions (RPT), including any rental payments by the clinic to the physician/owner or the owner's relatives. Please copy 1099s for our file if you think you may have a RPT. | |
| 8 | S-3 Clinic Information Please see the workpaper which includes identifying information about the clinic and includes the clinic's hours of operation. Please also indicate any non-RHC hours that the clinic may have. | |
| 9 | Laboratory. Please complete the Laboratory Time Log if you do not have dedicated employee to lab or expenses directly expensed to lab in the trial balance. | |
| 10 | FTE Calculation. Please complete the Provider FTE Calculation Workpaper attached to this document. | |
| 11 | Depreciation. Please include a depreciation schedule so we can convert depreciation to straight-line depreciation. | |
| 12 | Please enclose any Medicare correspondence including letters requesting a cost report, Notices of Program Reimbursement for prior years, or any adjustment reports from the Medicare Administrative Contractor (MAC). This will ensure your cost report is filed to the correct MAC. | |
| 13 | Please provide visit counts in the following formats: <ul style="list-style-type: none"> a. Total Medical visits, total mental health visits, and visits by interns and residents b. Visits by payor mix for inclusion on Worksheet S-3 <ul style="list-style-type: none"> i. Title V- CHIP ii. Title XVIII – Medicare iii. Title XIX – Medicaid iv. Other – Commercial, self-pay, etc. Please see the Workpaper S-3 Total Visits by Payor Mix and complete. | |

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| ITEM NUMBER | DESCRIPTION OF WHAT IS NEEDED | √ IF INCLUDED |
|-------------|---|---------------|
| 14 | Please complete Worksheet S-1 regarding your Malpractice costs : a. Malpractice premiums, _____ b. paid losses, and _____ c. self-insurance costs _____ Is the malpractice insurance a claims-made or occurrence policy? | |
| 15. | IMPORTANT: Please send any letter from the MAC with any type of settlement to for from the MAC. If we do not report these settlements on the cost report the clinic may have to pay back funds to Medicare when the report is final settled. | |
| 16 | Please provide the information for the person who will sign the Cost Report First Name _____ Last Name _____ Title _____ Email _____ | |
| 17 | Is the Clinic part of an entity that owns or leases multiple RHCs? If so, provide the following information: Name of Entity _____ Street _____ P.O. Box _____ City _____ State _____ Zip Code _____ | |

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Worksheet S RHC Identification Data

Please complete the following information and note any changes from the previous year. You are required to report any address change on the 855A form. If the Office Manager has changed during the year, please indicate that as well.

| | |
|--------------------------|--|
| Name of Clinic Per CMS | |
| CCN/PTAN Provider Number | |
| Fiscal Year End | |
| Address | |
| Address | |
| State | |
| Zip Code | |
| County | |
| Type of Ownership | |
| Office Manager | |
| Office Manager Email | |

Worksheet S Hours of Operation

Please provide the hours of operation as a rural health clinic and if you have non-RHC please provide that as well. If during the year you changed your hours or operation, please copy this sheet and use a different worksheet for each time you changed your hours of operation. We would expect this to occur several times due to the Public Health Emergency and the increased use of Telehealth which is a Non-RHC service.

| Time Period | Beginning | Ending |
|-----------------------------------|-----------|--------|
| Date for these hours of operation | | |

| Hour of Operation as RHC | Open | Close |
|--------------------------|------|-------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

| Hour of Operation as Non-RHC | Open | Close |
|------------------------------|------|-------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Worksheet C-1

Analysis of Payments to RHCs for Services Rendered

| | |
|--------------------------|--|
| RHC Name | |
| CCN/PTAN Provider Number | |
| Fiscal Year End | |

Interim Lump Sum Payments to RHCs

In recent years, the MACs are issuing interim lump sum payments (and occasionally a withhold of payment) to RHCs which are a part of the annual Medicare Cost Report Settlement. These payments or withholds must be recorded on Worksheet C-1 or it may result in a payback to Medicare on settlement of the cost report. If you received an interim payment or withhold please report this information to us below and provide the letter emailed to you documenting the payment or withhold.

Please provide the date and amount of Interim Payments or Withholds

| Date of Interim Payments | Amount |
|--------------------------|--------|
| | |
| | |
| | |

Note: Failure to report these payments or withholds will affect the settlement of your cost report and may result in a payback to Medicare when the cost report is final settled. Please make an effort to identify any such payments to avoid the potential payback to Medicare.

Worksheet S-1, Part 1
Commerical Malpractice Costs

| | |
|--------------------------|--|
| RHC Name | |
| CCN/PTAN Provider Number | |
| Fiscal Year End | |

Please Circle your response

| | |
|---|-------------------------|
| Does this RHC carry commercial malpractice Insurance? | Yes / No |
| Is it a Claims-Made or Occurrence Policy? | Claim-Made / Occurrence |

Please Provide an amount below and copy of any supporting Invoice

| Description | Amount |
|----------------------|--------|
| Malpractice Premiums | |
| Paid Losses | |
| Self-Insurance Costs | |



Worksheet S-3 – Total Visits by Payor Mix RHC Total Visits

Please provide the RHC Total Visits as follows. Please note that Medicare does not cover physicals like EPSDT and in most cases those are not included in these totals.

| # | Description | CHIP | Medicare | Medicaid | Other | Total |
|---|---|------|----------|----------|-------|-------|
| 1 | Medical Visits | | | | | |
| 3 | Mental Health Visits | | | | | |
| 5 | Number of Visits Performed by Interns and Residents | | | | | |
| 7 | Total Visits | | | | | |

If you have more than one RHC (CCN) for a Consolidated Cost Report, please complete a separate table for each CCN.

| # | Description | CHIP | Medicare | Medicaid | Other | Total |
|---|---|------|----------|----------|-------|-------|
| 1 | Medical Visits | | | | | |
| 3 | Mental Health Visits | | | | | |
| 5 | Number of Visits Performed by Interns and Residents | | | | | |
| 7 | Total Visits | | | | | |

Total from all CCNs

| # | Description | CHIP | Medicare | Medicaid | Other | Total |
|---|---|------|----------|----------|-------|-------|
| 1 | Medical Visits | | | | | |
| 3 | Mental Health Visits | | | | | |
| 5 | Number of Visits Performed by Interns and Residents | | | | | |
| 7 | Total Visits | | | | | |

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Reclassification of Laboratory Salaries and Expenses

Workpaper A-1, Code B

Laboratory Time Log and Payroll Reclassification

If you have a low volume laboratory, use this form to record the time on average to run each lab test. Please indicate the hourly rate of the person performing these tests in the Average Hourly Rate Row below.

| | | | | | | |
|-------------------------|--|--|--|--|--|--|
| Description of Lab Test | | | | | | |
| CPT Code | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| Total Minutes | | | | | | |
| Average Per Test | | | | | | |
| Annual Test Frequency | | | | | | |
| Annual Test Hours | | | | | | |
| Average Hourly Rate | | | | | | |
| Lab Salary Reclass | | | | | | |

Reclassification of Lab Salaries and supplies

| Cost Center | Plus | Cost Center | Minus |
|-------------|------|-------------|-------|
| 81.03 | | 10 | |
| 81.03 | | 25 | |

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RHC Cost Report Total Visit Count Cheat Sheet with CPT Codes¹

For 12/31/2022 Cost Reports

Table 1: Use this table for all Visits that occurred person to person (not Telehealth)

| Service | HCPCS/ CPT Codes | Cost Report Treatment | Physician Visits | PA Visits | NP Visits | Totals |
|--|-------------------------------|---|---------------------|--------------|--------------|--------|
| Office Visits - E and M Codes (New and Established) | 99201 to 99205 99212-99215 | Include visit in RHC Visit count. Cost is an allowable expense. Do not count 99211 visits. Do not count visits with 25 modifiers Do not count Telehealth Claims | | | | |
| Office Visit - E & M - Nurse only visit | 99211 | Do not count these visits as RHC. Service is allowable cost. Incident to. | | | | |
| Procedures | 10060-29130 54150-69200 | Include visit in cost report unless billed incident to an E and M. | | | | |
| Hospital visits | 99217 to 99292 | Count these visits. Do not include them with the RHC visit count. Exclude the cost via an adjustment or reclassifying the cost to the non-allowable section of the cost report. (Lines 51-60) | | | | |
| Nursing Home Visits (Level 1 or Level 2) SNF or NF | 99304-99316 99334-99335 | Include visits in RHC visit counts. Cost is an allowable expense | | | | |
| Home Visits | 99347-99349 | Include visits in RHC visit counts | | | | |
| Physicals, EPSDT New Physicals, EPDST, Established | 99381-99387 99391-99397 | Count these visits. <u>Do not include in the RHC visit count.</u> Exclude the cost via a reclassification to the non-allowable section of the cost report | | | | |
| Welcome to Medicare (IPPE) | G0402 | Include visit in RHC Visit count. Cost is an allowable expense. | | | | |
| Annual Wellness Exam (AWE) | G0438 & G0439 | Include visit in RHC Visit count. Cost is an allowable expense. (unless billed incident to- then do not count) | | | | |

¹ This table is prepared using the most common scenarios in RHCs and using Medicare guidance as of January 11, 2023. Some clinics may elect to treat visits and billing differently depending on cost reporting and billing issues. These tables are designed to represent the most common scenarios and is not inclusive of all possible CPT codes.

Table 1: (Continued) Use this table for all Visits that occurred person to person (not Telehealth)

| Service | HCPCS/ CPT Codes | Cost Report Treatment | Physician Visits | PA Visits | NP Visits | Totals |
|---|---------------------|---|---------------------|--------------|--------------|--------|
| Tobacco Counseling | G0436 & G0437 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| Weight Loss Counseling | G0447 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| Alcohol Abuse Screening | G0442 & G0443 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| Depression Screening | G0444 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| STD Prevention | G0445 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| IBT (Cardiovascular) | G0446 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| Transition Care Mgmt. | 99495-99496 | Include visit in RHC Visit count. | | | | |
| Advance Care Planning | 99497-99498 | Count as a visit if charged as a visit to Medicare. (unless billed incident to- then do not count) | | | | |
| Chronic Care Management G0511 pays \$77.94 in 2023 | G0511 & G0512 | Do not count these visits. Cost is non-allowable. | | | | |
| Visits occurring during non-RHC hours | | Count the total the number of visits. Do not include in RHC count. Reclassify this cost as non-allowable expense. | | | | |

On the two pages we have included Table 2 which is to be used for the Telehealth visits occurring in 2022. During the public health emergency RHCs can be a distant site for telehealth services and provide telephone only consults. Those services are billed to Medicare with a G2025 CPT code even though the RHC may use an E and M code such as a 99213 for example. **Please make sure not to double count these codes as this will double count the number of telehealth visits and increase the amount of expense disallowed on the cost report.**

Telehealth Total Visits (All payors – Medicare/Caid/Commercial/Self Pay)

Table 2: Use this table for all Visits that occurred via Telehealth by either video or telephone

| Service | HCPCS/ CPT Codes | Cost Report Treatment | Physician Visits | PA Visits | NP Visits | Totals |
|--|--|---|---------------------|--------------|--------------|--------|
| Medicare RHC Telehealth Visit reimbursed at \$98.27 for 2023 | G2025 - RHC May have Modifier 95 | Do not include in visit count for RHC All-Inclusive Rate and exclude cost from All-Inclusive Rate calculation. Do not double count. (IE. Count a 99213 below and include in this row as well. | | | | |
| Medicare Mental Health visits via Telehealth (new treatment in 2022) | Use CPT Code (ie 90834) Modifier 95 or FQ, CG | Include in the RHC Visit Count and include the cost of this service in the allowable RHC cost. | | | | |
| Virtual Communications - Pays \$23.72 in 2023 | G0071 -RHC. 99241-99243 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Digital assessment services Pays \$23.72 in 2023 | G0071 - RHC G2012 & G2010 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Telephone only E & M Services | 99441-99443 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Office Visits - E and M Codes (New and Established) | 99201 to 99205 99212-99215 | Do NOT include visit in RHC Visit count. Cost is NOT an allowable expense. Do not count 99211 visits. | | | | |
| Office Visit - E & M - Nurse only visit | 99211 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Nursing Home Visits (Level 1 or Level 2) SNF or NF | 99304-99316 99334-99335 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Welcome to Medicare (IPPE) | G0402 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Annual Wellness Exam (AWE) | G0438 & G0439 | Do NOT count these visits. Service is not an allowable cost. | | | | |

Table 2: (Continued) Use this table for all Visits that occurred via Telehealth by either video or telephone

| Service | HCPCS/ CPT Codes | Cost Report Treatment | Physician Visits | PA Visits | NP Visits | Totals |
|-------------------------|---------------------|---|---------------------|--------------|--------------|--------|
| Tobacco Counseling | G0436 & G0437 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Weight Loss Counseling | G0447 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Alcohol Abuse Screening | G0442 & G0443 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| Depression Screening | G0444 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| STD Prevention | G0445 | Do NOT count these visits. Service is not an allowable cost. | | | | |
| IBT (Cardiovascular) | G0446 | Do NOT count these visits. Service is not an allowable cost. | | | | |

Counting Visits

The process of counting visits is one of the most important steps in preparing the cost report. Overcount the total visits and your cost per visit will be lower than it should, and undercounting visits will overstate your cost per visit. Since this is such an important aspect of preparing the cost report, we generally prefer you send us a HCPCS/CPT report by provider and **NOT** broken down by insurance company (because many beneficiaries have secondary insurance, this type of report tends to overstate visits) and let us do the counting for you. If you do complete this form, we request that you send the source documents to us, so we can verify the information that is submitted to Medicare. Please submit this information through your client portal to protect the security of the information.



Table 3: Ancillary Services

The cost of services not covered under the RHC benefit (i.e. technical components, laboratory tests excluding venipuncture, and services performed in the hospital) are billed to Part B and paid fee for service for Independent RHCs. If the costs of these services are not directly identified in the trial balance of expenses an estimate of the cost may be made based upon the number procedures performed during the fiscal year. Please provide us with the number of procedures performed if these costs are not already identifiable in the trial balance of expenses.

| Ancillary Services | HCPCS/ CPT Codes | Cost Report Treatment | Totals |
|---|-------------------------------|--|--------|
| Laboratory Tests | 80048-87880 99000 G0103 | Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense. | |
| Venipuncture (Lab Draws) | 36415 | Lab Draws are RHC services effective 1/1/2014 and are an allowable expense on the RHC cost report. Do not bill to Part B. They are an incident to service. | |
| Radiology Tests | 70000s | Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense. | |
| Technical components billed to Part B and paid fee for services | | Count the total number of procedures and calculate the number of hours providing these services. Reclassify this cost as non-allowable expense | |

Billing and Coding Crosswalk Cheat Sheet

| Service | Example Coding CPT | Example Billing HCPCS | Payment | Cost Report Visit? | Allowable Medicare Cost? | Notes |
|--|--------------------|-----------------------|---------|--------------------|--------------------------|---|
| Medicaid Visit (in some states) | 99213 (QVL) | T1015 | AIR | Yes | Yes | Only count 1 visit on your RHC Cost Report |
| Telehealth Visit | 99213 | G2025 | \$98.27 | No | No | Medicaid may pay AIR |
| Mental Telehealth Visit (starting in 2022) | 90834 | 90834 CG 95 | AIR | Yes | Yes | Keep records on the costs of two different types of telehealth visits |
| Virtual Communication Services (G0071) | 99421 | G0071 | \$23.72 | No | No | Exclude cost on cost report. |
| Chronic Care Management | 99484 | G0511 | \$77.94 | No | No | Exclude cost on cost report. |

Note: The CPT Code column is not an all-inclusive list of CPT codes.

Summary Table for Counting Visits

| Description | UB-04 | 1500* | Incident to | CR Visit | CR Allowable Cost | AIR |
|--|-------|-------|-------------|----------|-------------------|-----|
| Office Visits – See QVL for CPT Codes | X | | | X | X | X |
| Lab Services | | X | | | | |
| Technical Components | | X | | | | |
| Hospital Services | | X | | | | |
| Telehealth (Not Mental Health) | X | | | | | |
| Telehealth – Mental Health | X | | | X | X | X |
| Chronic Care Management (G0511) | X | | | | | |
| Lab Draw (36415) | X | | X | | X | |
| Allergy Shots, Injections, Home Care Plan oversight, Diabetic & Nutritional counseling | X | | X | | X | |
| Medicare Preventive Services # (See Table) | X | | | X | X | X |

* Provider-based RHCs will bill using the UB-04 and the hospital's outpatient NPI.

Preventive Services that qualify for the AIR are listed here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf>

| | | | | | | | | |
|--|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|---------------------------|
| Name of Clinic: | | | | | | | | |
| Worksheet B: Provider Time Study | | | | | | | | |
| FYE: | | | | | | | | |
| <p>Purpose: To determine what activities the provider engages in during the day so the time may be properly allocated on the RHC Cost Report. Please conduct this study at least one week per quarter and preferably one week per month per provider. This page may be copied and reproduced as necessary to fit your needs. Please label each use of this table with its associated provider and the week that it references.</p> | | | | | | | | |
| Provider Name: | | | | | | | | |
| Week Ending | | | | | | | | |
| | | | | | | | | |
| Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total Weekly Hours |
| Time In: | | | | | | | | |
| Time Out: | | | | | | | | |
| Total Hours Worked | | | | | | | | |
| RHC Patient Care | | | | | | | | |
| Clinic - RHC treating patients | | | | | | | | |
| Nursing Home | | | | | | | | |
| Other | | | | | | | | |
| Total Clinical | | | | | | | | |
| Administrative | | | | | | | | |
| Medical Director | | | | | | | | |
| Administrative | | | | | | | | |
| CME | | | | | | | | |
| Sick | | | | | | | | |
| Vacation | | | | | | | | |
| Total Admin | | | | | | | | |
| Non- RHC Time | | | | | | | | |
| Hospital | | | | | | | | |
| Private Practice | | | | | | | | |
| Telehealth | | | | | | | | |
| Chronic Care Management | | | | | | | | |
| Other: | | | | | | | | |
| Total Non-RHC | | | | | | | | |
| | | | | | | | | |
| Sum of RHC, Admin, and Non-RHC | | | | | | | | |
| | | | | | | | | |

The Sum of RHC, Administration and Non-RHC time should equal the Total Hours worked. Please sum each of the lightly shaded areas.

Medicare Influenza Log

| | |
|--------------------------|--|
| RHC Name | |
| CCN/PTAN Provider Number | |
| Fiscal Year End | |

| # | Patient Name | MBI Number | Date |
|----|--------------|------------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

| | | | | | |
|-------------|--|------------|--|--------------------------|--|
| Page Number | | Page Total | | Total Medicare Flu Shots | |
|-------------|--|------------|--|--------------------------|--|

Medicare Pnemococcal Log

| | |
|--------------------------|--|
| RHC Name | |
| CCN/PTAN Provider Number | |
| Fiscal Year End | |

| # | Patient Name | MBI Number | Date |
|----|--------------|------------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
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Medicare COVID-19 Log

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| CCN/PTAN Provider Number | |
| Fiscal Year End | |

| # | Patient Name | MBI Number | Date |
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