

# Progressive Provider Services

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## FQHC Agency Low Utilization Cost Report Preparation Checklist and Questionnaire

This form is to assist the provider with compiling information in connection with the preparation of their year-end Medicare cost report. The information obtained from this form will be used to complete the appropriate Medicare cost report and supplemental information. This form may be submitted to the intermediary as additional supporting documentation and provider representation regarding certain information included within this form.

In addition, we will likely be contacting you during the preparation process to inquire about certain issues or request additional required information. If you have any questions regarding this form or individual items requested, please do not hesitate to contact us.

**Please note: Client specific information is not requested here. If supplied, we will ask you to sign a Business Associate Agreement, as required by HIPAA.**

**PLEASE FILL OUT THE ENTIRE FORM.**

**IF THERE ARE ANY QUESTIONS, PLEASE CONTACT US FOR CLARIFICATION.**

Clinic Name: \_\_\_\_\_ \*

County: \_\_\_\_\_ \*

Address: \_\_\_\_\_ \*

Person Compiling this Form: \_\_\_\_\_

Position Title: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Intermediary / MAC: \_\_\_\_\_

Medicare Provider Number: \_\_\_\_\_ \*

Date Certified for Medicare: \_\_\_\_\_ \*

Type of Organization (Corp, Partnership, etc.): \_\_\_\_\_ \*

Section 330 Grant #: \_\_\_\_\_ Date: \_\_\_\_\_

COVID-19 PRF & loan forgiveness revenues (incl. TB acct number): \_\_\_\_\_

## Summary Checklist of Required Cost Report Preparation Items

Please prepare a copy of all of the following items and submit to us the following:

- 1. Complete Financial Statements
- 2. Year End Working Trial Balance *in **Excel format***
- 3. Detailed visit and FTE information for Cost Report period being prepared based on internal records (according to worksheet provided)
- 4. Copy of Last Year's Complete Medicare Cost Report\*
- 5. Departmental Payroll Breakdown (if the TB does not break down payroll by disciplines)
- 6. Breakdown of Contract Labor Account by department (if not done on the TB)
- 7. Were there any transactions with related parties?
- 8. Are you claiming Medicare Bad Debt? If so, you may not file a low utilization cost report. Please contact PPS for details.
- 9. Is this FQHC part of an entity which owns or operates several FQHCs?
- 10. Is this FQHC part of a chain organization which files a Home Office Cost Statement?
- 11. Did you submit an application for medical malpractice under FTCA with HRSA? If so, what is the effective date of coverage?
- 12. Do you also carry commercial malpractice? If so, how much was malpractice and is it claims-made or occurrence?
- 13. Do/ Did you
  - Have an approved or unapproved GME program? (circle one)
  - Receive a Primary Care Residency Expansion (PCRE) grant?
  - Receive a Teaching Health Center Development grant?

\*If your prior year cost report was prepared by Progressive Provider Services, we have your information on file.

**\*\*Please note per cost report instructions,  
expenses must be shown on an accrual basis\*\***

## FQHC Visit and FTE Information for Medicare Cost Report

	Title V	Medicare Title XVIII	Medicaid Title XIX	Other
	1	2	3	4
Medical Visits				
Mental Health Visits				
Number of Visits Performed by Interns and Residents				

FTEs	Staff	Contract
Physician		
Physician Assistant		
Nurse Practitioner		
Registered Nurse		
Licensed Practical Nurse		
Certified Nurse Midwife		
Clinical Psychologist		
Clinical Social Worker		
Laboratory Technician		
Reg Dietician/Cert DSMT/MNT Educator		
Physical Therapist		
Occupational Therapist		
Other Allied Health Personnel		
Interns & Residents		