

Progressive Provider Services

2255 SHERIDAN BLVD STE C #335 EDGEWATER, CO 80214
(800) 447-2540 (888) 405-4162 fax support@ppsassistant.com
www.ppsassistant.com

FQHC Agency Low Utilization Cost Report Preparation Checklist and Questionnaire

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: _____

Does this facility have other consolidated sites? _____ How many? _____

If yes, please complete this checklist once for the main site, and once for each consolidated site.

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. Visit information for Cost Report period being prepared based on internal records (according to the chart below)
- 4. Copy of Last Year’s Complete Medicare Cost Report*
- 5. Were there any transactions with related parties?
- 6. Are you claiming Medicare Bad Debt? If so, you may not file a low utilization cost report. Please contact PPS for details.
- 7. Is this FQHC part of an entity which owns or operates several FQHCs?
- 8. Is this FQHC part of a chain organization which files a Home Office Cost Statement?
- 9. Did you submit an application for medical malpractice under FTCA with HRSA? If so, what is the effective date of coverage?
- 10. Do you also carry commercial malpractice? If so, how much was malpractice and is it claims-made or occurrence?
- 11. 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?

FQHC Visit and FTE Information for Medicare Cost Report

Fill out once for main site and once for each additional consolidated site, if applicable.

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

*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****