

	RURAL HEALTH CLINIC		PROVIDER-BASED CLINIC	FEDERALLY QUALIFIED HEALTH CENTER
	FREESTANDING	PROVIDER-BASED		
RURAL	YES	YES	NO	URBAN OR RURAL
HPSA/MUA	YES	YES	NO	NO
MUA/MUP	NO	NO	NO	YES
TRIBAL	NA	NA	NA	AUTOMATIC
MIDLEVEL HALF TIME	YES	YES	NO	NO
PRODUCTIVITY	YES	YES	NO	YES
LIMITATION ON SPECIALIST	PRIMARY CARE MUST BE PREDOMINANT		NO	YES
WITHIN HOSPITAL LICENSURE	NO	NO	YES	NO
HOSP. CONSTRUCTION CODE	NO	NO	YES	NO
MEDICARE REIMBURSEMENT	COST UP TO \$76.84	NO LIMIT (< 50 beds) LIMIT TO \$76.84 (> 49 beds)	FACILITY - COST + 1% (if CAH) FACILITY - APC (if PPS) PHYSICIAN - FEE SCALE PLUS	COST UP TO \$102.58 (RURAL) COST UP TO \$119.29 (URBAN)
HPSA BONUS	NON RHC SERVICES ONLY	NON RHC SERVICES ONLY	YES	NON FQHC SERVICES ONLY
PSA BONUS	NON RHC SERVICES ONLY	NON RHC SERVICES ONLY	YES	NON FQHC SERVICES ONLY
METHOD II BONUS	NO	NON RHC SERVICES ONLY YES IF CAH ELECTED	YES IF CAH ELECTED	NON FQHC SERVICES ONLY YES IF OWNED BY CAH
MEDICAID REIMBURSEMENT A	PROSPECTIVELY SET	PROSPECTIVELY SET	FEE SCALE	PROSPECTIVELY SET
MEDICAID REIMBURSEMENT B	ALTERNATIVE METHOD	ALTERNATIVE METHOD	COST	ALTERNATIVE METHOD
MEDICAID REIMBURSEMENT C	PROSPECTIVE RATE	ALTERNATIVE METHOD	FEE SCALE/COST	ALTERNATIVE METHOD
MEDICAID MANAGED CARE	CONTRACT PLUS WRAPAROUND	CONTRACT PLUS WRAPAROUND	CONTRACT NO WRAPAROUND	CONTRACT PLUS WRAPAROUND

	FEDERALLY QUALIFIED HEALTH CENTER	
	FQHC	FQHC LOOK ALIKE
INTERMEDIARY	UNITED GOVERNMENT BENEFITS	
RURAL RATE	COST UP TO \$102.58	
URBAN RATE	COST UP TO \$119.29	
PHS GRANTS AVAILABLE	YES	NO
PHS REPORTING REQUIREMENTS	YES	NO
CMS FILING	COST REPORT FORM CMS222	
CHARITY CARE	YES	
FEDERAL TORT INSURANCE	YES	NO
ANNUAL FS AUDIT	YES	NO
ORGANIZATION	TRIBAL - OR - TAX EXEMPT CANNOT BE OWNED BY ANOTHER	
GOVERNANCE	TRIBAL - OR - INDEPENDENT GOVERNING BOARD MONTHLY MEETINGS >50% BOARD USE CLINIC	
340b PROGRAM	<10% HEALTHCARE PROFESSIONAL YES	

PROVIDED BY MICHAEL R. BELL & COMPANY, PLLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
12 EAST ROWAN, SUITE 2
SPOKANE, WASHINGTON 99207
509-489-4524