

**WISCONSIN MEDICAID  
FEDERALLY QUALIFIED HEALTH CENTER OUTSTATIONED  
ENROLLMENT SURVEY INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members. Although these form instructions refer to Wisconsin Medicaid, this form also applies to BadgerCare Plus.

Personally identifiable information about providers is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. The Federally Qualified Health Center Outstationed Enrollment Survey, F-02758, is used to ensure tribal federally qualified health centers (FQHCs) and non-tribal FQHCs, also known as community health centers, are reimbursed for 100 percent of their allowable outstationed enrollment costs.

The use of this form is voluntary, but providers are required to submit the information required on the form for reimbursement for outstationed enrollment costs.

**INSTRUCTIONS**

FQHCs will be reimbursed their costs for enrollment outstationing activities as part of an annual survey. The survey must be completed and emailed to [DHSWIFQHC@dhs.wisconsin.gov](mailto:DHSWIFQHC@dhs.wisconsin.gov) within 120 days following the close of the FQHC's fiscal year encompassing the total allowable outstationed enrollment costs accrued over the course of the FQHC's fiscal year.

**SECTION I – BASIC FEDERALLY QUALIFIED HEALTH CENTER (FQHC) INFORMATION**

**Element 1: Name – FQHC**

Enter the name of the FQHC.

**Element 2: FQHC Reporting Period**

Enter the beginning and ending dates of this interim report respectively in the "From" and "To" portions of this element in mm/dd/ccyy format.

**Element 3: Primary Site Location**

Enter the FQHC's primary site location. A site location is defined as a physical location where FQHC-approved services are rendered in association with the FQHC. Site locations include mobile units.

**Element 4: Medicaid Billing Provider ID(s)**

Enter the FQHC's Medicaid billing provider ID number(s).

**Element 5: Medicare ID**

Enter the FQHC's Medicare ID number.

**Element 6: Tax ID**

Enter the FQHC's tax ID number.

**Element 7: National Provider Identifier**

Enter the FQHC's National Provider Identifier.

**SECTION II – COST INFORMATION**

**Element 8: Total Reimbursable Outstationed Enrollment Costs**

Enter the FQHC's total reimbursable outstationed enrollment costs. Only "**direct costs**" should be included on this worksheet. Direct costs are those costs incurred specifically for FQHC outstationing and directly and completely attributable to FQHC outstationing. Indirect costs or overhead are not allowable for outstationing activities.

Allowable outstationing activities for Wisconsin Medicaid include:

- Personnel costs incurred when staff are working as outstationed enrollment workers as opposed to any other aspect of clinic services
- Personnel specifically hired as outstationed enrollment workers who are not involved in any other aspect of clinic service
- Costs of supplies, materials, and other non-personnel costs incurred in the provision of outstationed enrollment services

Time sheets and other supporting material documenting time, personnel costs, supplies, materials, etc. spent on outstationing activities must be available upon request.

**Element 9: Total Applications Processed During Reporting Period**

Enter the total number of applications processed by the FQHC during the reporting period. Supporting documentation must be available upon request.

**Element 10: Cost Per Application**

This element will auto-populate with the result of Element 8 (Total Reimbursable Outstationed Enrollment Costs) divided by Element 9 (Total Applications Processed During Reporting Period).