

Medicare Claims Processing Manual

Chapter 9 - Rural Health Clinics / Federally Qualified Health Centers

Crosswalk

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	RHC Pub. 27	Program Memo	Description
9	10	A3-3642				General Differences Between RHCs and FQHCs
9	10	A3-3643				General Differences Between RHCs and FQHCs
9	10.1	A3-3642B	B3-9200			Rural Health Clinics (RHCs)
9	10.2	A3-3643		RHC-400B		Federally Qualified Health Centers
9	10.3	A3-3642	B3-9200.1			Claims Processing Jurisdiction for RHCs and Federally Qualified Health Centers (FQHCs)
9	20	A3-3642		RHC-500		Method of Medicare Payment for RHC's and Federally Qualified Health Center (FQHC) Services
9	20	A3-3643		RHC-504		Method of Medicare Payment for RHC's and Federally Qualified Health Center (FQHC) Services
9	20.1	A3-3642B				Payment Rate for Independent and Provider Based RHCs and FQHCs
9	20.2			RHC-500	A-99-10	Calculation of the Encounter "Per Visit" Rate
9	20.3			RHC-500		Calculation of Payment
9	20.4			RHC-500		Determination of Payment

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	RHC Pub. 27	Program Memo	Description
9	20.5			RHC-500		Annual Reconciliation
9	20.6			RHC-505		Maximum Payment Per Visit
9	20.6.1				A-99-08	Rural Health Clinics
9	20.6.1				A-00-30	Rural Health Clinics
9	20.6.2			RHC-500		Federally Qualified Health Centers
9	20.6.3			RHC-505		Exceptions to Maximum Payment Limit (Cap) in Encounter Payment Rate for Provider-Based RHCs
9	20.7			RHC-505.3		Special Rules for FQHC Networks
9	20.7.1			RHC-505.3A		Separate Payment Limits for Individual Cost Reports
9	20.7.2			RHC-505.3B		Consolidated Payment Limit For Networks Having Mixture of Urban and Rural Sites
9	20.7.3			RHC-505.3C		Consolidated Payment Limit for FQHC Networks With All Urban or All Rural Sites
9	30			RHC-506		Annual Reconciliation with Cost Report
9	30.1			RHC-506		Submission of Cost Report
9	30.2			RHC-506.1		Payment Reconciliation
9	30.3			RHC-506.2		Notice of Program Reimbursement
9	30.4			RHC-506.3		Recovery of Overpayments

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	RHC Pub. 27	Program Memo	Description
9	30.5			RHC-507		Reporting Requirements for Cost Report
9	30.5.1			RHC-507B		Definitions
9	30.6			RHC-508		When to Submit Cost Reports
9	30.7			RHC-508C		Penalty for Failure to File Cost Reports Timely
9	30.8			RHC-508D		Consolidated Cost Reports
9	40			RHC-501		Allowable Costs
9	40.1			RHC-501.1		Costs Excluded from Allowable Costs
9	40.2			RHC-502		Allowable Costs Subject to Tests of Reasonableness
9	40.3			RHC-503		Screening Guidelines of RHC/FQHC Health Care Staff Productivity
9	40.4	A3-3628		RHC-504		All Inclusive Rate of Payment
9	40.5			RHC-504.1A		Bad Debts
9	40.6			RHC-500B		Calculation of Medicare Program Payment
9	40.7			RHC-500C		Determination of Payments
9	50			RHC-504.1		Deductible and Coinsurance
9	50.1			RHC-500B		Part B Deductible
9	50.2			RHC-500B		Part B Coinsurance

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	RHC Pub. 27	Program Memo	Description
9	60	A3-3185		RHC-612		Mental Health Services Limit
9	60.1			RHC-419.2E		Definition of Mental Health Services in RHC/FQHC
9	60.2	A3-3185.1		RHC-613		Application of Limit
9	70			RHC-608		Determining How Much to Charge Patient Before Billing Is Submitted for Part B Payment
9	100			RHC-620		General Billing Requirements
9	110			RHC-621		Reporting of Preventive Services by Independent FQHCs
9	120			RHC-614		Billing Requirements for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
9	130				A-99-8	Laboratory Services
9	140		B3-9204D			Intermediary/Carrier Coordination
9	140.1		B3-9204D			Intermediary Responsibility for Notifying Carrier
9	140.2		B3-9204			Special Carrier Actions Relating to RHCs/FQHCs
9	200			RHC-310		Agreements Between CMS and RHC/FQHC
9	200.1			RHC-310		General
9	200.2			RHC-311		Duration of RHC/FQHC Agreement
9	200.3			RHC-313		Appeals by Entities With Respect to Agreements (Certification)

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	RHC Pub. 27	Program Memo	Description
9	210			RHC-320		Content and Terms of Agreements
9	210.1			RHC-321		Charges to Beneficiaries
9	210.2			RHC-322		Refunds to Beneficiaries
9	210.3			RHC-323		Treatment of Beneficiaries
9	220			RHC-330		Termination of Agreement
9	220.1			RHC-330		Termination of Agreement by Clinic or Center
9	220.2			RHC-331		Termination by CMS
9	220.3			RHC-332		Effect of Termination
9	220.4			RHC-333		Notice to the Public
9	220.5			RHC-334		Conditions for Reinstatement of Clinic or Center Terminated by CMS