

CENTERS FOR MEDICARE AND MEDICAID SERVICES
SPECIAL OPEN DOOR FORUM:

Changes in Conditions of Participation Requirements and Payment Provisions for
Rural Health Clinics and Federally Qualified Health Centers: Proposed Rule

Tuesday, August 5, 2008
2pm-4pm Eastern Time
Conference Call Only

The purpose of this Special Open Door Forum (ODF) is to review specific provisions of “Changes in Conditions of Participation Requirements and Payment Provisions for Rural Health Clinics and Federally Qualified Health Centers: Proposed Rule.” Topics to be covered include (1) Location Requirements and Exception Criteria, (2) Staffing, Waivers, and Contracts, (3) Payment Issues, and (4) Health, Safety, and Quality. The comment period for this rule ends on August 26, 2008 (see the Federal Register, volume 73, page 36696, June 27, 2008, for instructions on submitting comments for the proposed rule).

Background:

On February 28, 2000, CMS published a proposed rule entitled “Rural Health Clinics: Amendments to Participation Requirements and Payment Provisions; and Establishment of a Quality Assessment and Performance Improvement Program.” This proposed rule revised certification and payment requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) as required by the Balanced Budget Act of 1997 (BBA). The final rule was issued on December 24, 2003.

To comply with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 requirement that a final rule not be published more than 3 years after the proposed rule, we suspended the December 24, 2003 final rule on September 22, 2006. On June 27, 2008, we published a new proposed rule that re-proposes what was in the 2003 Final Rule, with updates to reflect subsequent statutory changes and other revisions intended to enhance the program.

RHCs provide a core set of physician and non-physician services as defined in statute. To qualify as an RHC, a facility must be located in an area determined to be non-urban by the U.S. Census Bureau and designated by the Health Resources and Services Administration (HRSA) as having a shortage of personal health care services or primary care medical services. Certified RHCs are reimbursed on a per-visit basis, subject to an upper payment limit, unless they qualify for an exception to the payment limit.

This proposal would update the rules for qualification as an RHC and exceptions to those rules, update the requirements on staffing, waivers, and contracts, clarify the methodology used to calculate RHC payments, clarify Medicare rules on

commingling of RHC and non-RHC resources, establish a Quality Assessment and Performance Improvement program for RHCs, update the use of Rural-Urban Commuting Areas (RUCAs) as the tool to determine whether an area is rural, and propose a number of other technical changes to the program.

We look forward to your participation.

Open Door Participation Instructions:

Dial: 1-800-837-1935 & Reference Conference ID: 53532968

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

An audio recording of this Special Forum will be posted to the Special Open Door Forum website at http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp and will be accessible for downloading beginning August 12, 2008.

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