

PROCESS FOR BECOMING A MEDICARE CERTIFIED RURAL HEALTH CLINIC

This checklist will help guide your clinic to apply to become certified as a Rural Health Clinic (RHC) under the Medicare program. Each of the steps below must be met before your clinic can be scheduled for survey.

If you have any eligibility or application questions contact:

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- Step 1 Establish initial eligibility.** Clinics are eligible to apply if they:
 - A.** Are located in a rural or non-urbanized community as defined by the US Census Bureau. Our office will help determine your clinic's location and confirm it from Centers for Medicare and Medicaid Services (CMS).
 - B.** Are located in a federally designated primary care Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).
- Step 2 Prepare for on-site survey.** The following must be complete before your clinic will be scheduled for a survey.
 - A.** Review on-site survey criteria including:
 - Rural Health Clinic Medicare Regulations (current)
 - Rural health Clinic Survey Report Form – CMS 30
 - Appendix G Rural Health Clinic Interpretive Guidelines
- Step 2 Preparing for on-site survey cont.**

- B. CMS 855 – General Enrollment form.** You need to request this form from one of the fiscal intermediaries listed below. Simply fill out the CMS 855 **and return it to the fiscal intermediary.** The fiscal intermediary has up to 60 days to process the form. No survey can be scheduled until the fiscal intermediary sends this form to the Department of Health, Office of Investigation and Inspections - Clinical Care Facilities.

For clinics that are **Freestanding**:

Cahaba GBA
Provider Enrollment
300 Corporate Parkway
Birmingham, AL 35242-5425
1-877-567-7271

For clinics that are **provider based**:

Noridian Mutual Insurance Company
PO Box 6700
Fargo, ND 58108
1-888-608-8816

- C.** Employ a medical director available to provide patient care at least once in every two-week period.
- D.** Employ a nurse practitioner, certified nurse midwife or physician assistant to provide care at least 50% of the time the clinic is open.
- E.** Identify an individual in the clinic who is responsible to assure that all the Medicare Conditions for Coverage are met as listed in the Rural Health Clinic Regulations. This designated individual should be thoroughly versed in all of the RHC Conditions for Coverage and all aspects of clinic services.
- F.** Develop a RHC manual that includes all required policies, procedures and protocols as listed in the Rural Health Clinic Regulations.
- G.** Develop written job descriptions for the physicians and mid-level practitioners. Be sure the job descriptions include responsibilities for policy and procedure development and participation in program evaluation activities.
- H.** Review all employee file information for evidence of current licensure, DEA number for professional providers and other required certification and training.
- I.** Determine if the clinic's physical plant and environment meet all the federal, state and local safety and maintenance requirements as listed in the Rural Health Clinic Regulations. This includes medication management systems, fire & safety codes, physical plant maintenance, storage of cleaning supplies, patient care, equipment calibration, and maintenance, etc.

Step 2 Preparing for on-site survey cont.

- J.** Assure the clinic is able to provide all six required lab tests on the clinic's premises and have appropriate MTS/CLIA waiver available for surveyor to review during onsite survey. Go to http://www.doh.wa.gov/hsqa/fsl/LQA_Home.htm for MTS (medical test site) waiver information and application.
- K.** Develop a written program evaluation or quality improvement program that meets the requirements listed in the Rural Health Clinic Regulations.
- L.** Make all necessary actions to assure the clinic meets all of Conditions for Coverage as listed in the Rural Health Clinic Regulations.

Step 3 On-site Survey

- A.** After **all** the requirements in Step #2 have been met and the following forms have been submitted:
 - Request for On-Site Survey
 - Request to Establish Eligibility – CMS 29
 - Health Insurance Benefits Agreement – CMS 1561A (*three copies with original signatures on each*)

- B.** An IIO surveyor will contact you to verify that you consider your clinic meets all of the Medicare Conditions for Coverage and to schedule the on-site survey. **Your clinic will not be schedule for an on-site survey until the fiscal intermediary returns the 855 form to IIO.**
- C.** Upon completion of the on-site survey your clinic will receive a written report indicating if the clinic meets all the Conditions for Coverage and a recommendation from the State that the clinic be approved to participate in the Medicare RHC program. If your clinic is found to have any deficiencies, corrections must be made before the clinic is recommended for approval. **NOTE: If the clinic does not meet one or more of the Medicare Conditions for Coverage the clinic cannot be certified. You will be given an opportunity to resolve these deficiencies within a reasonable amount of time before being surveyed again.**
- D.** Survey information will be sent to CMS Region X office in Seattle by the IIO surveyor with a recommendation for approval to participate in the Medicare Rural Health Program. CMS is responsible for the final certification decision.
- E.** CMS Region X office will notify the clinic of approval status, within 30 days, of the clinic's Medicare provider number and effective date. That office may be contacted at: (206) 615-2350.

Step 3 On-site Survey cont.

- F.** The clinic contacts the fiscal intermediary regarding billing instructions after receiving the provider number.
- G.** After the clinic has been approved, the provider should contact the fiscal intermediary regarding Medicare billing instructions. To establish a Medicaid Billing Number and rate contact the Washington State Medical Assistance Administration.

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- H.** The Department of Health – Inspections and Investigations Office will make periodic **unannounced** inspections to assure the clinic continues to meet all Medicare Conditions for Coverage.