
Rural Health Clinic (RHC) Initial Application Process

What is an RHC?

An RHC is a facility located in a rural area designated as a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA) and is neither a rehabilitation agency nor a facility primarily for the care and treatment of mental diseases. An RHC must provide primary health care, including laboratory services to its patients. The RHC's laboratory services are subject to the [Clinical Laboratory Improvement Amendments Act](#) (CLIA).



How do I become an RHC provider?

Individuals seeking Centers for Medicare/Medicaid Services (CMS) Medicare Certification as an RHC must ensure the area has been designated as a shortage area within the prior three years. The Shortage Designation Branch of the Health Resources and Service Administration (HRSA) can be accessed for current designation status. Please refer to [HRSA - Shortage Areas](#) for HPSA designations and [HRSA - Medically Underserved Areas/Populations](#) for MUA/P designations. Additionally, for information specifically related to the Idaho State review schedule, please contact the [State Office of Rural Health and Primary Care](#) by phone, fax, or email as follows:

(208) 334-0669
(208) 332-7262 fax

ruralhealth@dhw.idaho.gov

If the area has been designated as a shortage area, then individuals seeking Medicare Certification of an RHC must complete and submit an application packet. Application materials may be found below, or requested through the Bureau of Facility Standards at (208) 334-6626.

What is included in the Certification application packet?

The application packet includes what must be submitted and approved prior to an initial survey (items #1 - #3) and resource information related to RHC's (items #4 - #9) as follows:

1. *Request to Establish Eligibility* - [CMS form 29](#),
2. *Health Insurance Benefits Agreement* - [CMS form 1561A](#) (Two originals required),
3. Fiscal year ending date form. ([Last page of this document](#))
4. [Appendix G](#) - *Guidance to Surveyors: Rural Health Clinics*,
5. [Appendix Q](#) - *Guidelines For Determining Immediate Jeopardy*
6. CMS Letter S&C-08-03, [Initial Surveys](#)
7. CMS Letter S&C-08-13, [Initial Surveys for RHCs and SNFs](#)
8. [Federal Register Granting Deeming Authority](#)
9. *RHC Survey Report* - [CMS form 30](#),

Additionally, if the proposed RHC is *provider-based* to a hospital or critical access hospital, you must complete the "Office of Civil Rights Clearance for Medicare Certification" (OCR) Request Form and Technical Assistance Packet. (Additional information is available at http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html). This form may be answered and submitted, on line, via <https://ocrportal.hhs.gov/ocr/pgportal/>. The provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office.

How do I complete the Certification application?

1. The *RHC Survey Report* – CMS form 30 (Item #9) is used by the Bureau of Facility Standards to determine whether or not the clinic meets the federal regulatory requirements for RHC's. It is provided as a reference to ensure the clinic meets the federal regulatory requirements. Please note, in accordance with the Centers for Medicare/Medicaid Services (CMS) State Operations Manual (SOM), [Chapter 2](#), § 2248A, a Rural Health Clinic (RHC) seeking initial certification may not request an exemption from the staffing requirement.

If, after you have reviewed all of the requirements listed on CMS form 30, you decide to apply for Certification by Medicare as an RHC, then complete the application forms (Items #1- #3), and

return them to the Bureau of Facility Standards. All hand-printed applications must be clearly printed and easily readable.

2. Ensure that all questions are answered when completing the application information indicated in items #1- #3 above. Ensure that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 1561A (item #2 above).

3. If the proposed RHC is *provider-based* to a hospital or critical access hospital, please ensure that the two-page checklist at the front of the “Office of Civil Rights (OCR) Clearance for Medicare Certification” packet is completed and signed. Please note, the OCR has Civil Rights Corporate Agreements with certain health care corporations. If your corporation has such an agreement with the OCR, submit only the signed certification sheets, as specified in the corporation’s agreement. Please refer to SOM [Chapter 2](#), § 2010, for additional information.

Where do I send my completed Certification application materials?



The application materials can be submitted by mail or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

- ✚ If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0009

- ✚ If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete or if there are questions, Bureau staff will contact you. Once the application materials have been approved and after we have received notification from the Medicare Fiscal Intermediary that the [CMS-855A](#) (Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries) application has been approved, an on-site Medicare initial certification survey may be completed by an [Accrediting Organization](#) (AO). **Please see below for additional information related to the CMS-855A.**

How long will the Certification process take?

The length of the RHC application for initial certification process varies dependent on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the application review, etc. Additionally, your initial survey will be scheduled with the AO. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Additionally, once the AO has completed your initial Medicare **deemed** status survey; **please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation.** Once this information has been received the Bureau of Facility Standards will forward the Medicare Certification on to the CMS Region X Office, Seattle, Washington, for final review and approval.

How do I get paid for providing services?

CMS *requires* new applicants to complete the CMS form [855A](#), *Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries*, and forward it to the fiscal intermediary/carrier for approval. The CMS form 855A may be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

[Medicare Provider Enrollment](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
(888) 608-8816
www.noridianmedicare.com

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to <http://www.idmedicaid.com> (Molina Medicaid Solutions Web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at <http://www.idmedicaid.com>, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0."

This is a completely separate process from applying for Medicare Certification.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with *all* regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters
[RHC's](#)

Health and Welfare

[State Office of Rural Health and Primary Care](#)

Centers for Medicare & Medicaid Services

[Rural Health Clinics Center](#)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD ARMSTRONG –
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DEBRA RANSOM, R.N., R.H.I.T. – Chief

3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE