
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, option 4.

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](#),
4. [Appendix G](#) - Guidance to Surveyors: Rural Health Clinics,
5. [Appendix Z](#) – Emergency Preparedness (EP),
6. [Appendix Q](#) – Core Guidelines For Determining Immediate Jeopardy
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 you must complete the "Office of Civil Rights Clearance for Medicare Certification" (OCR) form. This form must be submitted, on line, via <https://ocrportal.hhs.gov/ocr/pgportal/>. You will receive an e-mail from the OCR stating that you completed the civil rights submission. The e-mail will contain an OCR number. Submit a copy of this e-mail with your other application materials as indicated below

How do I complete the Certification application?

The RHC Survey Report – CMS form 30 (item #9) is used to determine whether 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](#), section 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, with the OCR e-mail (as applicable), to the Bureau of Facility Standards. All hand-printed applications must be clearly printed and easily readable.

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 Administrative Contractor (MAC) that the [CMS-855A](#), Medicare Enrollment 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 the application is complete, whether addition 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.

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 decision-making.

How do I get paid for providing services?

CMS *requires* new applicants to complete the CMS form [855A](#), Medicare Enrollment Application and forward it to the MAC for approval. The CMS form 855A may be accessed on the Internet or requested directly from your MAC:

[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 an Idaho Medicaid provider, you must submit an Idaho Medicaid provider enrollment application to DXC Technology, Idaho's Medicaid Management Information Systems (MMIS) Vendor. To submit an Idaho Medicaid provider enrollment application, go to www.idmedicaid.com and register for a trading partner account. A step-by-step user guide can be found by selecting Reference Material, User Guides, New Provider Enrollment Guide. Additional provider enrollment help is available by contacting your Provider Relations Consultant or Provider Services. Contact information can be found at www.idmedicaid.com or call (866) 686-4272.

Applying to be an Idaho Medicaid provider is a separate process from federal certification and state licensure.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after your enrollment application is approved, 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, option 4 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

BRAD LITTLE – Governor
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3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE