

# CMS Transmittals: Daily Document Update, Medicare Claims Processing Manual, 100-04, Trans. No. 2343, November 04, 2011—Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases, (Nov. 9, 2011)

[Click to open document in a browser](#)

## CMS Manual System

### Pub 100-04 Medicare Program

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

#### Transmittal 2343

Date: November 4, 2011

Change Request 7533

**NOTE:** Transmittal 2308, dated September 23, 2011, is being rescinded and replaced by Transmittal 2343 to provide the actual payment rate increases for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

This Transmittal is no longer sensitive and may now be posted to the Internet.

**SUBJECT:** Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases

**I. SUMMARY OF CHANGES:** 2012 Payment Changes for Rural Health Clinics and Federally Qualified Health Centers services that can be found in Chapter 9, section 20 of the IOM.

**EFFECTIVE DATE:** January 1, 2012

**IMPLEMENTATION DATE:** January 3, 2012

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

---

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
-------	--

---

N/A

---

### III. FUNDING:

#### **For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

#### **For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### IV. ATTACHMENTS:

##### Recurring Update Notification

*\*Unless otherwise specified, the effective date is the date of service.*

##### Attachment - Recurring Update Notification

---

Pub. 100-04 Transmittal: 2343 Date: November 4, 2011 Change Request: 7533

---

**NOTE: Transmittal 2308, dated September 23, 2011, is being rescinded and replaced by Transmittal 2343 to provide the actual payment rate increases for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).**

**This Transmittal is no longer sensitive and may now be posted to the Internet.**

**SUBJECT: Announcement of Medicare Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Payment Rate Increases.**

**Effective Date: January 1, 2012**

**Implementation Date: January 3, 2012**

#### I. GENERAL INFORMATION

This Recurring Update Notification provides instructions for the calendar year (CY) 2012 Payment Rate Increases for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) services that can be found in Chapter 9, section 20 of the IOM.

##### A. Background:

RHCs:

The RHC upper payment limit per visit is increased from \$78.07 to \$79.48 effective January 1, 2012, through December 31, 2012 (i.e., CY 2012). The 2012 rate reflects a 1.8 percent increase over the 2011 payment limit in accordance with the rate of increase in the Medicare Economic Index (MEI) as authorized by §1833(f) of the Social Security Act.

FQHCs:

The FQHC upper payment limit per visit for urban FQHCs is increased from \$126.22 to \$128.49 effective January 1, 2012, through December 31, 2012 (i.e., CY 2012), and the maximum Medicare payment limit per visit for rural FQHCs is increased from \$109.24 to \$111.21 effective January 1, 2012, through December 31, 2012 (i.e. CY 2012). The 2012 FQHC rates reflect a 1.8 percent increase over the 2011 rates in accordance with the rate of increase in the MEI.

##### B. Policy:

This effective date of January 3, 2012, is necessary in order to update RHC and FQHC payment rates in accordance with §1833(f) of the Social Security Act. To avoid unnecessary administrative burden, the contractor shall *not* retroactively adjust individual RHC/FQHC bills paid at previous upper payment limits.

The contractor does, however, retain the discretion to make adjustments to the interim payment rate or a lump sum adjustment to total payments already made to take into account any excess or deficiency in payments to date.

#### II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

---

Number	Requirement	Responsibility (place an "X" in each applicable column)					
		A	D	F	C	R	Shared-System

---



---

7533.4 A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/MLNMattersArticles/> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. X X

Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

---

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

**Use "Should" to denote a recommendation.**

---

<b>X-Ref</b>	<b>Recommendations or other supporting information:</b>
--------------	---

**Requirement**

**Number**

---

N/A

---

**Section B: For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Corinne Axelrod, (410) 786-5620, corinne.axelrod@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

TransmittalNews HospitalNews BillingNews

---