

## Clinic Matrix - Requirements

Requirements		Clinic	RHC	FQHC	PB-RHC	PBC
Rural	Located in rural area	Rural/Urban	Rural	Rural/Urban	Rural	Rural/Urban
HPSA	Located in HPSA or MUA	No	HPSA or MUA	MUA or MUP	HPSA or MUA	No
Mid-level	Must employ a mid-level	No	Employed Mid-level	Employed Mid-level	Employed Mid-level	No
Mid-level	Mid-levels must be available to see patients 50% of time the clinic is open	No	50% Mid-level	50% Mid-level	50% Mid-level	No
Productivity	Physicians held to 4,200 FTE; mid-levels 2,100 visits per FTE	No	Productivity	No	Productivity	No
Per-visit Limit	Held to per-visit limit	No	Per-visit limit	PPS Rate	No, if under 50 beds	No
OP Construction Code	Must meet the state's outpatient construction code	No	No	No	No	OP Construction Code
Encounter	Encounter (medically necessary face-to-face encounter between a mid-level or physician) required before payment can be made	No	Encounter	Encounter	Encounter	No
Inclusive	Paid all inclusive rate	No	Inclusive	Inclusive	Inclusive	No
Nurse	Nurse visits paid?	Nurse	No	No	No	Nurse
Cost	Partial cost settlement?	No	Partial cost	No	Cost	Partial cost
PB Rule	CAH off-campus rule (to be provider based, the facility must be either within 250 yards of the main buildings or meet the federal 35 mile rule (35 miles from next nearest hospital or CAH))	No	No	n/a	No	PB Rule
RHC Visit	Type of visits: Clinic, swing bed, nursing home, assisted living facility, patient's home	N/A	RHC Visit	FQHC Visit	RHC Visit	N/A
RHC Visit	Type of visits: Hospital, observation, emergency room	N/A	No, billed on 1500	No, billed on 1500	No, billed on 1500	N/A
FTEs	Need to track actual clinic FTEs worked	No	FTEs	No	FTEs	No
Visits	Need to track actual RHC visits and all visits separately	No	Visits	Visits	Visits	No
TOB	Type of bill	1500	UB	UB	UB	UB (Method II) UB technical & 1500 professional (Method I)
Billing #	Type of billing number used	Physician's #	RHC #	FQHC#	RHC #	Provider # (Method II) Provider/physician #s (Method I)

\*\*n/a if on an island defined as a body of land completely surrounded by water, regardless of size and accessibility (e.g. bridges)

## Clinic Matrix - Payments

Payments		Clinic	RHC	FQHC	PB-RHC	PBC
Physician	Medicare fee schedule paid for visits	Global fee schedule	No	No	No	Facility fee schedule (80% of global); 15% add-on for Method II CAHs
	Cost based reimbursement	No	Yes up to limit	No	Yes	Yes - technical component
Mid-level	Medicare fee schedule paid for visits	85% of fee schedule	No	PPS Rate	No	85% - professional component
Bills	Number of bills required	1	1	1	1	1 - Method II CAHs; 2 - Method I
Physician	Average cost-per visit	N/A	\$84.70	\$170.62	\$200	N/A
Mid-level	Average cost-per visit	N/A	\$84.70	\$170.62	\$200	N/A
Medicaid	Medicaid managed care	None	Calculated RHC rate	Calculated FQHC rate	Calculated RHC rate	None
Medicare	Lab/EKG/Radiology	Fee schedule	Fee schedule	Fee schedule	Cost if PB to a CAH	Cost if PB to a CAH
MCR bad debt	Uncollectible Medicare deductibles and coinsurance claimed as Medicare bad debt	No	Yes	Yes	Yes	Technical component
MCR bad debt	Amount claimed/ease of claiming	N/A	65%	65%	65%	Needs system to break apart technical and professional component: technical paid 65%
	Payments	Global fee schedule	Cost per visit up to \$84.70		Cost per visit under 50 bed hospital; greater than 50 bed same as RHC	80% MCR fee schedule (professional); cost technical
Flu/pneumonia	Payment for flu and pneumonia vaccines	Fee schedule	Cost per injection	Cost per injection	Cost per injection	Cost if PB to a CAH
Flu/pneumonia	Payment for flu and pneumonia vaccines	Bill on CMS 1500	No bill, reimbursed on cost report	No bill, reimbursed on cost report	No bill, reimbursed on cost report	Billed on UB
Medicare	Payment summary	Global fee schedule	RHC cost up to federal limit (\$84.70)	FQHC PPS Rate \$170.62	Full cost per visit	Facility fee schedule (80% of global); 15% add-on for Method II CAHs
Medicaid	Payment summary	Global fee schedule	Per-encounter rate based on initial cost report and inflated based on MMEI	Per-encounter rate based on initial cost report and inflated based on MMEI	Per-encounter rate based on initial cost report and inflated based on MMEI	Global fee schedule

*Legend*

CAH	Critical access hospital
FTE	full-time equivalent
RHC	Rural health clinic
PB	Provider-based
PBC	Provider-based clinic
HPSA	Health professional shortage area
MUA	Medically underserved area
UB	Universal bill used to bill hospital and RHC services
1500	CMS form for billing to the part B carrier
OP	Outpatient
MCR	Medicare
TOB	Type of bill
OP	Outpatient