



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Arizona Rural Health Clinic Designation Manual



Version 5 | February 2015

This publication is made possible with partial funding from:

- U.S. Department of Health and Human Services Health Resources and Services Administration
- Office of Rural Health Policy
- Medicare Rural Hospital Flexibility Program and the State Office of Rural Health Grant Program
- Center for Rural Health, Mel and Enid Zuckerman College of Public Health
The University of Arizona

Table of Contents

Introduction	1
Section I: Background Information	1
A. Definition of a Rural Health Clinic	1
B. Ownership of a Rural Health Clinic	1-2
C. Location Requirements	2
D. Reimbursement	2-3
E. Steps to Becoming a Certified RHC	3-4
Section II: Licensing and Certification Requirements	4
A. Initial Application for a Health Care Institution License	5
B. Renewal Application for a Health Care Institution License	5
Section III: Frequently Asked Questions	5-7
Section IV: Appendices	
A. Rural Health Clinics in Arizona	8-9
B. Medicare Benefit Policy Manual – Chapter 13	10-11
C. Important Contact Information	12
D. Federal Definitions/Calculations of U.S. Geographic Divisions	13
E. Links to Certification Forms	14
F. Link to Rural Health Clinic Survey Report	14

Introduction

This is the fifth version of the *Arizona Rural Health Clinic Designation Manual*. The contents of this document will help rural providers assess whether or not the Rural Health Clinic (RHC) designation is fiscally advantageous as well as a good fit for the rural community. Further, it provides a step-by-step guide of the application process to achieve RHC designation.

Rural Health Clinics have proliferated throughout the country since 1977 when Congress passed the Rural Health Clinic Services Act (PL 95-210). The purpose of the Rural Health Clinic Program was enacted to address an inadequate supply of physicians serving Medicare beneficiaries in underserved rural areas and to increase the utilization of nurse practitioners (NP) and physician assistants (PA) in rural areas. As of the printing of this Manual, there are 21 Rural Health Clinics in Arizona (see Appendix A).

In order to help guide organizations interested in opening a RHC, this manual is organized as follows:

Section I	Background Information
Section II	Licensing and Certification Requirements
Section III	Frequently Asked Questions
Section IV	Appendices

Section I: BACKGROUND INFORMATION

A. Definition of a RHC

A Rural Health Clinic is a clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC Program is to improve the access of primary care in underserved rural areas. RHCs have been eligible to participate in the Medicare program since March 1, 1978, and are paid an all-inclusive rate (AIR) per visit for primary health services and qualified preventive health services (Section 210; Rev. 201, Issued: 12-12-14, Effective: 01-01-15, Implementation: 01-05-15). RHCs are defined in section 1861(aa) (2) of the Social Security Act (the Act) as facilities that are engaged primarily in providing services that are typically furnished in an outpatient clinic. RHC services are defined as:

- Physician's services;
- Services and supplies furnished incident to a physician's services;
- NP, PA, certified nurse midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) services; and
- Services and supplies incident to the services of NPs, PAs, CNMs, CPs, or CSWs,
- Visiting nurse (RN or LPN) services to the homebound.

RHC services also include certain preventive services refer to section 210 of the manual.

B. Ownership of a RHC

Rural Health Clinics can be for-profit, not-for-profit, public, or privately owned. The differences between provider-based RHCs and independent RHCs are as follows:

- **Provider-based RHCs** are owned and operated by any entity defined by the Medicare statute as a "Medicare certified provider" which are an integral and subordinate part of a hospital (including a critical access hospital (CAH), skilled nursing facility (SNF), or a home health agency (HHA)). The criteria for a facility being defined as "Provider-based" are not specific to the RHC program and apply to any department that seeks to be designated as Provider-based.

- **Independent RHCs** are clinics not designated as Provider-based, in that they are generally stand-alone or freestanding clinics and submit claims to a Medicare Administrative Contractor (A/B MAC). An Independent RHC can be owned and operated by a hospital. Unless the hospital applies for and receives approval for the clinic as Provider-based, it will be considered an Independent RHC. In addition to hospitals, independent RHCs can also be owned by physicians, physician assistants, nurse practitioners, certified nurse midwives, skilled nursing facilities, home health agencies, for-profit corporations, not-for-profit corporations, or government entities.

C. Location Requirements

Rural Health Clinics must be located in communities that are both “rural” and “underserved.” This is defined as:

- Located in a non-urbanized area as determined by the U.S. Census Bureau; and
- Located in an area designated within the previous four years by the Secretary, Health and Human Services (HHS) as one of the following types of shortage area designations:
 1. Geographic Primary Care Health Professional Shortage Area (HPSA);
 2. Population-group Primary Care HPSA;
 3. Medically Underserved Area (MUA) (does not include the population group MUP Designation); or
 4. Governor-Designated and Secretary-Certified Shortage Area.

Final confirmation of a rural community’s status is made by the Arizona Department of Health Services, Bureau of Medical Facilities Licensing, who is responsible for RHC certification as well as the CMS regional office. The Arizona Department of Health Services, Bureau of Health Systems Development is able to further assist in determining whether the proposed location for a RHC qualifies as a shortage area.

Listed below are other resources to help determine if a specific location is in a shortage designation area:

- Current [HPSA & MUA/P by Address](#)
- [ADHS Shortage Designation Program](#)
- HRSA [Shortage Designations Criteria](#)

D. RHC Payment Rates, Exceptions, and Adjustments

Rural Health Clinics receive special Medicare and Medicaid reimbursement. Medicare visits are reimbursed based on allowable costs and Medicaid visits are reimbursed under the cost-based method or an alternative Prospective Payment System (PPS).

Independent RHCs are reimbursed through a Fiscal Intermediary (FI) or Medicare Administrative Contractor (MAC) for claims processing and reimbursement. The reimbursement for **Provider-based RHCs** is handled by the provider associated with the RHC. A Provider-based RHC that is an integral and subordinate part of a hospital (including a CAH), can receive an exception to the per-visit payment limit if:

- The hospital has fewer than 50 beds or
- The hospital’s average daily patient census count of those beds described does not exceed 40 and the hospital meets both of the following conditions:

- ✓ It is a sole community hospital or an essential access community hospital, or an essential access community hospital, and
- ✓ It is located in a level 9 or level 10 Rural-Urban Commuting Area (RUCA). [Click here](#) for additional information on RUCAs.

Unless otherwise noted, RHCs that bill under the AIR, Medicare pays 80 percent of the RHC, subject to a payment limit, for medically-necessary medical, and qualified preventive, face-to-face visits with a RHC practitioner for RHC services. The rate is subject to a payment limit, except for RHCs that have an exception to the payment limit (section 70.1.1). An interim rate for newly certified RHCs certified prior to October 1, 2014, is established based on the RHCs anticipated average cost for direct and supporting services. At the end of the reporting period, the A/B Medicare Administration Contractor (MAC) determines the total payment due and reconciles payments made during the period with the total payments due.

E. Steps to Becoming a Certified RHC

Step 1: Determine Eligibility for Certification

The first step is to determine if the site is eligible and qualifies for Rural Health Clinic status. The site must be in a U.S. Census Bureau non-urbanized area, and a Primary Care Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) designated within the last four years.

Step 2: Assess Financial Feasibility

A financial feasibility assessment should be conducted for the actual (for existing clinics) or estimated (for new clinics) data on payer mix - Medicare, Medicaid, and other. Experts say that a good rule of thumb to follow is if at least 35-40 percent of your patients are combined Medicare and Medicaid patients, then becoming a certified RHC could be financially beneficial. Additionally, if an existing practice does not currently employ a NP, PA, or CNM, the practice must decide whether the cost of hiring one would be offset by increased revenue.

Step 3: File a RHC Application

A site **must be** licensed by the Arizona Department of Health Services (ADHS), Bureau of Medical Facilities Licensing, as an Outpatient Treatment Center in order to become a certified Rural Health Clinic in Arizona.

If the [site is already](#) licensed as an Outpatient Treatment Center by the State of Arizona, the site must send a letter stating they would like to be certified as a Rural Health Clinic and request a RHC application packet to:

Arizona Department of Health Services, [Bureau of Medical Facilities Licensing](#)
150 N. 18th Avenue, 4th Floor, Phoenix, AZ 85007

If the [site is not](#) licensed as an Outpatient Treatment Center by the state of Arizona, the site must send a letter stating that the site would like to be licensed as an Outpatient Treatment Center and certified as a Rural Health Clinic AND request both a licensing packet and RHC application packet.

Send letter to:
Arizona Department of Health Services, [Bureau of Medical Facilities Licensing](#)
150 N. 18th Avenue, 4th Floor, Phoenix, AZ 85007

The site **must** contact their Medicare fiscal intermediary before completing the CMS 855A provider/supplier enrollment application form. [Click here](#) to download the form. To find out the fiscal intermediary, click on [Centers for Medicare and Medicaid Service's Intermediary Carrier Directory](#) or [contact](#) the Arizona Department of Health Services, Bureau of Medical Facilities Licensing.

Facilities located on an Indian Reservation do **NOT** have to be licensed as an Outpatient Treatment Center in order to apply for Rural Health Clinic certification. **In addition**, private practice clinics not providing urgent care services may not be required to be licensed as an Outpatient Treatment Center in order to apply for Rural Health Clinic certification. For more information contact the:

Arizona Department of Health Services, [Bureau of Medical Facilities Licensing](#)
150 N. 18th Avenue, 4th Floor, Phoenix, AZ 85007

Step 4: Schedule a Rural Health Clinic Certification Inspection

To be ready for the inspection, the site needs to be in compliance with RHC requirements and have seen patients at the site. The site should contact the ADHS, [Bureau of Medical Facilities Licensing](#), in writing, and indicate when the site would be ready for an inspection. ADHS, [Bureau of Medical Facilities Licensing](#) will then conduct a survey.

Step 5: File a Rural Health Clinic Cost Report

Once a clinic has received its Medicare Provider Letter from the Centers for Medicare and Medicaid Services, the clinic then files a projected cost report in order to have its Medicare Rate determined. **Independent Rural Health Clinics** complete the [CMS-222-92 Form](#) (Chapter 29 (T11)). **Provider-based Rural Health Clinics** complete [Worksheet M of CMS-2552-96 Form](#).

Section II: Licensing and Certification Requirements

The National Association of Rural Health Clinics is the key resource to use to understand and comply with the general RHC rules. [Click here](#) for information regarding RHC rules and guidelines. Once on the RHC Rules and Guidance page, a comprehensive index is provided to access and review the specific area of interest.

In addition, the necessary requirements to open and operate a Rural Health Clinic are contained in Chapter 13 of the [Medicare Benefit Policy Manual](#), an online document outlining the services offered by the Centers for Medicare and Medicaid Services (CMS). The online document will allow you to 'click on' the Section(s)/Sub-Section(s) you wish to access the content of.

Listed in Appendix B is the Table of Contents for Chapter 13 – Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services (Rev.173,11-22-13), outlining the Sections, Sub-Sections, and Sub-Sub -Sections.

State Licensing

A site must be licensed by the Arizona Department of Health Services, Bureau of Medical Facilities Licensing, as an Outpatient Treatment Center in order to become a certified Rural Health Clinic in Arizona. If a site is interested in becoming both licensed and certified as a Rural Health Clinic, then the site may request both a licensing application packet and a RHC application packet from the Arizona Department of Health Services, [Bureau of Medical Facilities Licensing](#) .

- [Initial Application for a Health Care Institution License](#)
An Initial Application is for a new facility just being licensed for the first time or for an already licensed facility that has had a change in location or ownership.
- [Renewal Application for a Health Care Institution License](#)
A Renewal Application is for a renewal license. In addition, an Outpatient Facility Information sheet must accompany the initial or renewal application.

Facilities located on an Indian Reservation do **NOT** have to be licensed as an Outpatient Treatment Center in order to apply for Rural Health Clinic certification. In addition, private practice clinics not providing urgent care services may not be required to be licensed as an Outpatient Treatment Center in order to apply for Rural Health Clinic certification. Contact the Arizona Department of Health Services, [Bureau of Medical Facilities Licensing](#) for more information.

SECTION III: FREQUENTLY ASKED QUESTIONS

Q: *Does my location qualify as rural?*

A: As a first step to see if the location qualifies as rural, go to the Rural Assistance Center '[Am I Rural?](#)' website and follow these steps:

- Enter your location and click "Next"
- Then check the box next to the program "CMS – Rural Health Clinics Program"
- Click the "Am I Rural?" button to create a report regarding your location.

Q: *What are the benefits of being certified as a RHC?*

A: RHCs receive enhanced Medicare and Medicaid reimbursement. Medicare visits are reimbursed based on allowable costs and Medicaid visits are reimbursed under the cost-based method or alternative Prospective Payment System (PPS). Since certified RHCs are reimbursed on a cost-based reimbursement, as opposed to a fee-for-service reimbursement, RHC certification can increase revenues. RHCs may see improved patient flow through the utilization of NPs, PAs and CNMs, as well as more efficient clinic operations.

Q: *How do I know if becoming certified as a RHC could be financially beneficial for my clinic?*

A: Experts say that a good rule of thumb to follow is if at least 35 to 40 percent of your patients are combined Medicare and Medicaid patients, then becoming a certified RHC could be financially beneficial to your clinic. However, it is very important to complete a financial assessment to see if the RHC program is right for your area. When evaluating the financial feasibility, look at the broader financial picture rather than individual visits. Also, hiring a consultant to conduct a financial feasibility study might be worthwhile. A list of consultants/vendors can be found through the:

[National Association of Rural Health Clinics](#)

E-mail: info@narhc.org

Telephone: 866-306-1961

Q: *How does a certified RHC differ from a Federally Qualified Health Center (FQHC)?*

A: Federally Qualified Health Centers are organizations that receive grants under section 330 of the Public Health Service Act.

- FQHCs must be open at least 32 hours per week, whereas RHCs have no minimum hours per week requirement.

- In addition, a for-profit clinic cannot be a FQHC but can be certified as an RHC.
- Unlike RHCs, FQHCs must be governed by a board of directors.
- FQHCs are required to provide mental health and substance abuse services, dental services, transportation services required for sufficient patient care, hospital and specialty care; RHCs are not required to provide these services.
- FQHCs are required to provide care regardless of an individual's ability to pay and must utilize a Sliding Fee Scale

Additional information on these and other section 330 requirements can be found at <http://bphc.hrsa.gov/>.

Q: *What types of services do RHCs provide?*

A: RHCs must provide outpatient primary care services and basic laboratory services. They can also offer other services such as mental health services and vision services, however, such services may not be reimbursed based on allowable costs.

Q: *If a location loses its shortage designation, is it possible to remain a Rural Health Clinic?*

A: Yes. Currently pending is the publishing of rules regarding the issue, that states the secretary will not decertify RHC's that fall outside the designation requirement. For additional information regarding the Medically Underserved Area (MUA) designation, contact the [Shortage Designation](#) Branch. You can also call 1.888.275.4772.

Q: *Are there Quality Assessment and Performance Improvement (QAPI) requirements for RHCs?*

A: Yes, currently the requirement for quality improvement is to conduct an annual program evaluation to include volume and type, and review both current and closed charts. Until a formal rule is published, CMS has stated that if a formal QAPI program is in place this will meet the requirement for the annual program evaluation. For more information about quality improvement for RHCs, [click here](#) for the Office of Rural Health Policy's Rural Health Clinics Technical Assistance Conference Call Series website.

Q: *How does Medicare reimburse RHCs?*

A: Certified Rural Health Clinics receive an interim payment rate throughout the clinic's fiscal year, which is reconciled at the end of the fiscal year through cost reporting. The interim payment rate is determined by taking total allowable costs for RHC services divided by allowable visits provided to RHC patients receiving core RHC services. RHC staff should understand and meet traditional Medicare regulations for coding and documentation as well as unique RHC billing requirements.

Q: *How does Arizona reimburse RHCs for Medicaid?*

A: AHCCCS only reimburses those RHCs that have received approval from CMS/HRSA for Medicaid reimbursement. Payments, Methods and Standards for establishing payments rates can be found by [clicking here](#).

Q: *How is a RHC encounter defined?*

A: A visit is defined as a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to face encounter between the patient and provider (i.e., physician, PA, NP, CNM, or mental health provider). Clinics receive the RHC rate for Medicare patients for every encounter.

Q: *Can our clinic at a satellite location offer health services outside of the RHC?*

A: No. The Medicare program makes payments to the RHC for covered RHC services when provided to a patient at the clinic, skilled nursing facility or other medical facility, the patient's place of residence, or at the scene of an accident.

Q: *How would the organizational relationships between a RHC and Critical Access Hospital (CAH) operate?*

A: The RHC and CAH programs are two separate programs and have different participation criteria. If the facilities follow the individual criteria for their respective programs, then the two programs could co-exist. A CAH could be the owner of a certified RHC and operate the RHC as either a provider-based or independent clinic. From an economic standpoint, the CAH would be well advised to compare the payments for the clinic if operated as an RHC or as an outpatient department of the CAH. CAH outpatient payments are typically better than outpatient payments for traditional hospitals.

Q: *Are RHCs eligible for facility HPSA designations?*

A. To obtain a facility HPSA designation, RHCs must attest to providing care regardless of individuals' ability to pay and to utilizing a Sliding Fee Schedule utilizing this [Certificate of Eligibility form](#). Once the Certificate of Eligibility has been submitted to the HRSA Office of Shortage Designation, the RHC will be designated as a facility HPSA. RHCs may choose to utilize either a facility or area HPSA designation (whichever scores higher) when applying for participation in the National Health Service Corps or Arizona State Loan Repayment Program.

SECTION IV: APPENDICES

Appendix A: Rural Health Clinics in Arizona (as of May 2014)

Source: Arizona Department of Health Services, Division of Licensing Services

NAME	Address	City/State	Phone	Fax
BOUSE MEDICAL CLINIC	44031 EAST PLUMOSA ROAD	BOUSE, AZ 85325	928.851.2177	928.851.1825
COMMUNITY HOSPITAL CLINIC- CONGRESS	26750 B SOUTH SANTA FE ROAD	CONGRESS, AZ 85332	928.684.5421	928.684.5081
COMMUNITY HOSPITAL CLINIC- WICKENBURG	519 ROSE LANE	WICKENBURG, AZ 85390	928.668-1833	928.684.7457
COPPER QUEEN MEDICAL ASSOCIATES- BISBEE	101 COLE AVENUE	BISBEE, AZ 85603	520.432.2042	520.432.7724
COPPER QUEEN MEDICAL ASSOCIATES- DOUGLAS	100 EAST 5TH STREET	DOUGLAS, AZ 85607	520.364.7659	520.432.1724
GREASEWOOD CLINIC	PO BOX 457, HIGHWAY 264	GANADO, AZ 86505	928.654.3208	928.755.4831
KEARNY CLINIC	100 TILBURY DRIVE	KEARNY, AZ 85237	520.363.5573	520.363.5611
LA PAZ MEDICAL SERVICES QUARTZSITE	150 EAST TYSON ROAD	QUARTZSITE, AZ 85359	928.927.8747	928.927.8748
LITTLE COLORADO PHYSICIANS OFFICE	200 EAST LEE STREET	WINSLOW, AZ 86047	928.289.3396	928.289.2801
MT GRAHAM REGIONAL MEDICAL CTR RURAL HEALTH CLINIC	2250 WEST 16TH STREET	SAFFORD, AZ 85546	928.348.4006	928.348.5701
PALOMINAS / HEREFORD RURAL HEALTH CLINIC	10524 EAST HIGHWAY 92	PALOMINAS, AZ 85615	520.366.0300	520.432.1724
PARKER MEDICAL CENTER	905 FIESTA AVENUE	PARKER, AZ 85344	928.669.2225	928.669.6751
PLEASANT VALLEY COMM MEDICAL CENTER	124 NORTH TEWKSBURY BOULEVARD	YOUNG, AZ 85554	928.462.3435	928.462.6644
SAGE OUTPATIENT CLINIC	PO BOX 457, HIGHWAY 264	GANADO, AZ 86505	928.755.3411	n/a
SAN LUIS WALK-IN CLINIC-FAMILY & ADULT CENTER	1896 EAST BABBIT LANE, SUITE A,B,C & D	SAN LUIS, AZ 85349	928.722.6112	928.722.6113
SONORAN FAMILY PRACTICE	171 WEST CENTRAL AVENUE	COOLIDGE, AZ 85228	520.723.7728	520.723.4513

SULPHUR SPRINGS MEDICAL CENTER	900 WEST SCOTT	WILLCOX, AZ 85643	520.384.4421	520.384.4645
SUMMIT HEALTHCARE HEBER-OVERGAARD COMMUNITY CLINIC	2931 SOUTH HIGHWAY 260	OVERGAARD, AZ 85933	928.535.3616	928.535.3615
SUNSTITES MEDICAL CLINIC	223 NORTH FRONTAGE ROAD	PEARCE, AZ 85625	520.826-1088	520.826.1089
SUPERIOR CLINIC	1134 WEST US HIGHWAY 60	SUPERIOR, AZ 85173	520.689.2423	520.689.5237
TRI-VALLEY MEDICAL CENTER	39726 HARQUAHALA ROAD, BOX 85	SALOME, AZ 85348	928.859.3460	928.859.3475

Appendix B: Medicare Benefit Policy Manual

Chapter 13 – Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

Section	Sub-Section	Sub-Sub-Section
10 Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) \ General Information	10.1 RHC General Information	
20 – RHC and FQHC Location Requirements	20.1 RHC Location Requirements	20.1.1 – Non-Urbanized Area Requirement 20.1.2 – Designated Shortage Area Requirement
30 – RHC and FQHC Staffing Requirements	30.1 RHC Staffing	30.1.1 – Requirements 30.1.2 – Temporary Staffing Waivers
40 – RHC and FQHC Visits	40.1 Location 40.2 Hours of Operation 40.3 Multiple Visits on Same Day 40.4 Global Billing 40.5 3 Day Payment Window	
50 – RHC and FQHC Services	50.1 – RHC Services 50.3 – Emergency Services	
60 – Non RHC/FQHC Services	60.1 – Description of Non RHC/FQHC Services	
70 – RHC and FQHC Payment Rates and Exceptions, and Adjustments	70.1 – RHCs Billing Under the AIR 70.1.1 -RHC Per-Visit Payment Limit and Exceptions 70.3 – Cost Reports 70.4 – Productivity Standards	
80 – RHC and FQHC Patient Charges, Coinsurance, Deductible, and Waivers	80.1 – Charges and Waivers 80.2 – Sliding Fee Scale	
90 – Commingling	N/A	
100 – Physician Services	100.1 – Dental, Podiatry, Optometry, and Chiropractic Services 100.2 – Treatment Plans or Home Care Plans 100.3 – Graduate Medical Education 100.4 – Transitional Care Management (TCM) Services	
110 – Services and Supplies Furnished "Incident to" Physician's Services	110.1 – Provision of Incident to Services and Supplies 110.2 – Incident to Services and Supplies Furnished in the	

	Patient's Home or Location Other than the RHC or FQHC 110.3 – Payment for Incident to Services and Supplies	
120 – NP, PA, and Certified Nurse Midwife (CNM) Services	120.1 – Requirements 120.2 – Physician Supervision 120.3 – Payment to Physician Assistants	
130 – Services and Supplies Incident to NP, PA, and CNM Services	Note: No sub-sections provided.	
140 – Clinical Psychologist (CP) and Clinical Social Worker (CSW) Services		
150 – Services and Supplies Incident to CP and CSW Services	N/A	
160 – Outpatient Mental Health Treatment Limitation	N/A	
170 – Physical and Occupational Therapy	N/A	
180 – Visiting Nursing Services	180.1 – Description of Visiting Nursing Services 180.2 – Requirements for Visiting Nursing Services 180.3 – Home Health Agency Shortage Area 180.4 – Authorization for Visiting Nursing Services 180.5 – Treatment Plans	
190 – Telehealth Services	N/A	
200 – Hospice Services	200.1 – Hospice Attending Practitioner 200.2 – Provision of Services to Hospice Patients in a RHC or FQHC	
210 – Preventive Health Services	210.1 – Preventive Health Services in RHCs 210.2 – Copayment and Deductible for RHC Preventive Health Services	

Appendix C: Important Contact Information

SOURCE	FOCUS
<p>Arizona Department of Health Services Bureau of Medical Facilities Licensing 150 North 18th Avenue, 4th Floor Phoenix, Arizona 85007 602.364.3030 602.364.4764 (Fax)</p>	<p>The Bureau of Medical Facilities Licensing licenses and certifies medical health care institutions and providers of medical services to protect the public's health and safety and assure quality customer service through teamwork in a timely, efficient, and responsive manner.</p>
<p>Center for Rural Health (CRH) The University of Arizona, Mel and Enid Zuckerman College of Public Health PO Box 245177 Tucson, Arizona 85724-5210 520.626.2432 Fax: 520.626.3101 hospodar@email.arizona.edu</p>	<p>The mission of the CRH is to improve the health and wellness of Arizona's rural population. The Center provides technical assistance to entities interested in applying for RHC certification.</p>
<p>Centers for Medicare & Medicaid Services (CMS) 7500 Security Boulevard Baltimore, Maryland 21244-1850</p>	<p>CMS is a federal agency within the U.S. Department of Health and Human Services. Programs for which CMS is responsible for include Medicare, Medicaid, State Children's Health Insurance Program (ACHIP), HIPAA, and CLIA.</p>
<p>National Association of Rural Health Clinics (NARHC) 2 East Maine Street Fremont, Michigan 49412 866.306.1961 866.311.9606 Fax rdavis@narhc.org</p>	<p>The NARHC is the only national organization dedicated exclusively to improving the delivery of quality, cost-effective health care in rural under-served areas through the Rural Health Clinic Program. NARHC works with Congress, federal agencies, and rural health allies to promote, expand, and protect the RHC Program. Through the association, NARHC members become actively engaged in the legislative and regulatory process.</p>
<p>National Rural Health Association (NRHA) 4501 College Blvd, #225 (Headquarters) Leawood, KS 66211-1921 816-756-3140 816-756-3144 fax mail@NRHArural.org</p>	<p>The NRHA is a national nonprofit membership organization whose mission is to improve the health and health care of rural Americans and to provide leadership on rural issues through advocacy, communications, education, and research.</p>
<p>Office of Rural Health Policy (ORHP) Health Resources and Services Administration (HRSA) 5600 Fishers Lane, 5A-05 Rockville, Maryland 20857 888-ASK-HRSA (888-275-4772, TTY: 877-489-4772), ask@hrsa.gov</p>	<p>ORHP promotes better health care service in rural America. Established in 1987 by the Administration, the Office was subsequently authorized by Congress in December 1987 and housed in the Health Resources and Services Administration. Congress charged ORHP to inform and advise DHHS in matters affecting rural hospitals and health care, coordinate activities within the department that relate to rural health care, and maintain a national information clearinghouse.</p>
<p>Rural Assistance Center (RAC) School of Medicine & Health Sciences, Room 4520 501 North Columbia Road, Stop 9037 Grand Forks, North Dakota 5802-9037 1.800.270.1898 info@raonline.org</p>	<p>A product of the U.S. Department of Health & Human Services' Rural Initiative, the RAC was established in December 2002 as a rural health and human services "information portal". RAC helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents.</p>

Appendix D: Federal Definitions/Calculations of U.S. Geographic Divisions

Geographic Division	Definition
Rural	<p>The U.S. Census Bureau defines rural as “all territory, population, or housing unit located outside of Urbanized Areas (UAs) and Urban Clusters (UCs)”.</p> <p>Source: 2010 Census Urban and Rural Classification and Urban Area Criteria</p>
Urban	<p>For the 2010 Census, an urban area will comprise a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters.</p> <p>Source: 2010 Census Urban and Rural Classification and Urban Area Criteria</p>
Urbanized Area	<p>According to the U. S. Census Bureau, an Urbanized Area consists of densely developed territory that contains 50,000 or more people. The Census Bureau delineates UAs to provide a better separation of urban and rural territory, population, and housing in the vicinity of large places.</p> <p>Source: Urban and Rural Classification</p>
Urban Cluster	<p>According to the U. S. Census Bureau, an urban cluster consists of densely developed territory that has at least 2,500 people but fewer than 50,000 people.</p> <p>Source: Urban and Rural Classification</p>
Health Professional Shortage Area (HPSA)	<p>The purpose of the HPSA designation is to identify an area or population that has a shortage of dental, mental, and primary care providers. The HPSA designation is based on the following criteria:</p> <p style="text-align: center;"> Dental HPSA Mental Health HPSA Primary Medical Care HPSA </p> <p>Main Source: Health Professional Shortage Areas (HPSAs)</p> <p>Please note that automatic facility HPSA status is available for all Federally Qualified Health Centers (FGHCs) and this Rural Health Clinics (RHCs) that meet the requirement of providing access to care regardless of ability to pay.</p>
Medically Underserved Area (MUA)	<p>The purpose of the MUA designation is to identify areas that are in need of medical services on the basis of demographic data. The designation is dependent on the area having an Index of Medical Underservice (IMU) score of 62.0 points or less. The IMU is a weighted score and is based on the following four criteria: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of the population 65 years and older.</p> <p>Source: HSRA MUA/P and ADHS, Shortage Designation Program</p>
Rural-Urban Commuting Area Codes (RUCAs)	<p>RUCAs, Rural-Urban Commuting Area Codes, are a new Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. In addition, a ZIP Code RUCA approximation was developed.</p>

	Source: Rural-Urban Commuting Area Codes (RUCAs)
--	--

Appendix E: Certification Forms

- [CMS-29](#) Request to Establish Eligibility to Participate in Health Insurance for Aged/Disabled to Provide Rural Health Clinic Services

- [CMS-1561](#) A Health Insurance Benefit Agreement – Rural Health Clinic
Note: *THREE ORIGINAL COPIES of this form are required when submitting the application packet.*

- [CMS-1513](#) Disclosure of Ownership & Control Interest Statement

- [HHS-690](#) Civil Rights Assurance of Compliance
Note: *THREE ORIGINAL COPIES of this form are required when submitting the application packet.*

- [CMS-855A](#) Medicare Enrollment Application-Institutional Providers
Note: *This form must be submitted directly to the Fiscal Intermediary. Only the Cover Page of the 42-page CMS855A Form has been included in this manual.*

- [CMS-222-92](#) Independent Rural Health Clinic Worksheet (Cost Report)

Appendix F: Rural Health Clinic Survey Report

Form	Direct Link to Form
CMS-30 RURAL HEALTH CLINIC SURVEY REPORT	http://www.hipaaspace.com/Medical_Forms/Centers_For_Medicare_Medicaid_Services/CMS_Forms/CMS_Form_CMS30.pdf.aspx