**Medica Notice of Fiscal Intermediary Rate Update**

*(Fiscal Intermediary rate letter needs to be submitted with this form)*

This form should be used to notify Medica when a Centers for Medicare and Medicaid Services (CMS) Fiscal Intermediary (FI) updates reimbursement rates for Critical Access Hospitals, Children’s Hospitals, Rural Health Clinics, and Federally Qualified Health Centers.

* **A copy of the provider’s Fiscal Intermediary rate letter must be sent with this notification.**
* Rate updates are loaded on a *prospective* basis with an effective date of the 1st or the 15th of the month after receipt of request at Medica.
* It may take up to 30 days to process requests. **Incomplete forms will be returned**.

***Contact the Medica Provider Service Center at 1-800-458-5512 with any questions.***

|  |  |
| --- | --- |
| **Provider contact person for questions** | |
| 1. Name: | |
| 2. Phone: (     )     - | 3. E-mail: |

**Complete only those sections below that apply to the FI Letter**

|  |  |
| --- | --- |
| **Critical Access Hospital (CAH) or Children’s Hospital** | |
| 4. Hospital name: | |
| 5. Organization NPI #: | 6. Medicare #: |
| 7. Hospital’s tax ID number: | |
| 8. (a) Check Billing Method:  Method 1 (standard method)  Method 2 (optional method) | |

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| **Swing Bed / Extended Care** | |
| 9. Organization NPI #: | 10. Medicare #: |
| 11. Hospital’s tax ID number: | |

|  |  |
| --- | --- |
| **Rural Health Clinic/ Federally Qualified Health Clinic** (please complete additional form for multiple clinics ) | |
| 12. Clinic name: | |
| 13. Organization NPI #: | 14. Medicare #: |
| 15. RHC/ FQHC tax ID number: | |

|  |  |
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| **Other CAH-related entity (ex: SNF )** | |
| 16. Name: | |
| 17. Organization NPI #: | 18. Medicare #: |
| 19. CAH tax ID number: | |

Please submit this form and FI rate letter to Medica in one of the following ways.

**E-mail:** [MedicaContractAdministration@Medica.com](mailto:MedicaContractAdministration@Medica.com) **Mail:** Medica Network Management

**Fax:** (952) 992-8350 Mail Route CP425

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Minneapolis, MN 55440-9310

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