



## Federally Qualified Health Center (FQHC) interim rate analysis

Provider name:

Provider number:

Fiscal year end:

Period covered by this rate analysis: From: To:

(this period will be referred to as "Current Period" below)

### Medicare Advantage (MA) plan contract information REQUIRED DOCUMENTATION:

MA plan number 1 contract number

MA contract effective dates From: To:

1. MA contract rate

**Note:** This should be the rate specified within the contract (MA enrollee's plan).

MA plan number 2 contract number

MA contract effective dates From: To:

2. MA contract rate

**Note:** This should be the rate specified within the contract(MA enrollee's plan).

MA plan number 3 contract number

MA contract effective dates From: To:

3. MA contract rate

**Note:** This should be the rate specified within the contract(MA enrollee's plan).



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**Send this information:**

By email to [InterimReimbReviews@fcso.com](mailto:InterimReimbReviews@fcso.com) - please include the provider number in the subject line

By fax: (904) 791-8441

By mail:

JN PARD Reimbursement  
First Coast Service Options Inc.  
2020 Technology Parkway, Suite 100  
Mechanicsburg, PA 17050-9419

(Do not mail a copy if you have faxed or e-mailed the information)

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