

When Experience Counts And Quality Matters

Federally Qualified Health Center (FQHC) interim rate analysis

Provider name:				
Provider number:				
Fiscal year end:				
Period covered by this rate analys	sis: From:	То:		
(this period will be referred to as "	Current Period" below)			
Medicare Advantage (MA)	plan contract informa	tion REQUIRED DOCUMENTATION:		
MA plan number 1 contract numb	er			
MA contract effective dates F	rom:	To:		
1. MA contract rate				
Note: This should be the rate spe	ecified within the contract (MA	A enrollee's plan).		
MA plan number 2 contract number	er			
MA contract effective dates F	rom:	То:		
2. MA contract rate				
Note: This should be the rate specified within the contract(MA enrollee's plan).				
MA plan number 3 contract number	er			
MA contract effective dates F	rom:	То:		
3. MA contract rate				
Note: This should be the rate specified within the contract(MA enrollee's plan).				



MA plan number 4 contract nun	nber	
MA contract effective dates	From:	To:

4. MA contract rate

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

Note: If seeking supplemental payment under Section 237 of the MMA, the facility must submit to us copies of the contracts and rate that is specified in their contract under each MA plan.



Send this information:

By email to 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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