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| **Options for Primary Care in Rural Communities** |
|  | **RHC** | **FQHC** | **Traditional Private Practice** | **Free and Charitable Clinics** |
| **Location Requirement** | Non-urbanized area | None | None | None |
| **Shortage Area Requirement** | MUA, HPSA, or Governor Designated Service Area | MUA or MUP | None | None |
| **Organizational Type** | For profit, non-profit, or public entity | Non-profit or public entity | For profit | Non-profit |
| **Governance Requirement** | None | User majority board of directors | None | None |
| **Services Provided** | Basic Primary Care | Basic Primary Care | Basic to Comprehensive Primary Care | Basic to Comprehensive Primary Care |
| **Other Services Required**  | 6 Basic Lab Tests (CLIA Waiver), First Response  | After Hours Care | None | None |
| **Services Required on Site or Under Arrangement** | Radiology, Hospital/Specialty Care | All Ages, Lab, Emergency Care, Radiology, Pharmacy, Transportation, Case Management, Pediatric Dental Screening, Hospital/Specialty Care | None | None |
| **Mid-Level Provider Required** | Yes, 50% of clinic hours | No | No | No |
| **Medicare Reimbursement** | Cost Based, All-Inclusive Rate Per Visit  | Cost Based, All-Inclusive Rate Per Visit  | Fee for Service | N/A |
| **Medicaid Reimbursement** | State-specific | State-specific | State-specific (Typically Fee for Service) | N/A |
| **Commercial Insurance** |  Varies by Health Plan (Typically Fee for Service) | Varies by Health Plan (Typically Fee for Service) | Varies by Health Plan (Typically Fee for Service) | N/A |
| **Sliding Fee Scale Required** | No | Yes | No | No |
| **Federal Funds to Offset Cost of Uncompensated Care**  | No | Yes | No | No |
| **Initial Application Process** | RHC application to state SA & 855A enrollment application to CMS | Application to HRSA Bureau of Primary Health Care & 855A enrollment application to CMS | N/A | N/A |
| **Recertification** | Annual | Not required | N/A | N/A |
| **Annual Evaluation** | Yes | Yes (and UDS) | No | No |
| **Access to Federal Tort Claims Act (FTCA) medical malpractice protection** | No | Yes |  No | Yes |
| **Medicare Cost Report Required** | Yes | Yes | No | No |
| **Practitioner Productivity Standard** | Yes | Yes | N/A | N/A |