

BCBSMN, Inc and Affiliates

Notice of Fiscal Intermediary Rate Update Form

Submit a copy your Fiscal Intermediary Rate letter with this form

Fax to: (651)662-1036 or

Mail to: BCBSMN NI, R317

PO Box 64560

St Paul, MN 55164-0560

Email to: Fiscal.Intermediary@bluecrossmn.com

Please use this for to notify Blue Cross of CMS Fiscal Intermediary (FI) reimbursement rate updates for Critical Access Hospital, Rural Health Clinic, or SNF.

- A copy of the 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 Blue Cross.
- It may take up to 30 days to process your request. **Incomplete forms will be returned.**

If there are any questions, please contact Provider Services at (651) 662-5200 or 1-800-262-0820.

Provider contact person for questions	
1. Name:	
2. Phone:	3. Email:

Complete only the sections below that apply to the FI Letter

Critical Access Hospital (CAH)	
4. Hospital name:	
5. Organization NPI #:	6. Medicare #:
7. Hospital's New Part A rate from FI letter:	
8. Hospital's New Part B rate from FI letter:	
9. Check Billing Method: <input type="checkbox"/> Method 1 (standard method) <input type="checkbox"/> Method 2 (optional method)	CRNA Exception: <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, submit a copy of the letter from Medicare.

Swing Bed / Extended Care	
10. Organization NPI #:	11. Medicare #:
12. New Swing Bed rate from FI letter:	

Rural Health Clinic/ Federally Qualified Health Clinic (complete additional form for additional clinics)	
13. Clinic name:	
14. Organization NPI #:	15. Medicare #:
16. New RHC/ FQHC rate from FI letter:	

Other CAH related entity (ex: SNF)	
17. Name:	
18. Organization NPI #:	19. Medicare #:
20. New rate from FI letter:	