



# Notice of Fiscal Intermediary Rate Letter Update Form

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Please use this form to notify Wellmark Advantage Health Plan (WAHP) of your CMS Fiscal Intermediary Rate Letter (FIRL) reimbursement rate updates for Critical Access Hospital and Rural Health Clinic providers.

- Email the FIRL notification form to: [FIRL@wellmark.com](mailto:FIRL@wellmark.com)
- Submit a copy of the fiscal Intermediary Rate Letter (FIRL) with this form.
- Incomplete forms will be returned and rate updates will not be implemented.

*If there are any questions, please contact your Network Engagement Business Partner.*

<b>Provider contact person for questions</b>	
Name and Title: _____	
Phone: (____) ____ - _____	Email: _____

### Complete only the sections below that apply to the FIRL

<b>Critical Access Hospital (CAH)</b>	
Hospital Name: _____	
Organization TIN #: _____	Medicare #: _____
Hospital's New Part A rate from FIRL: _____	
Hospital's New Part B rate from FIRL: _____	
Check Billing Method:	CRNA Exception:
<input type="checkbox"/> Method 1 (standard method)	<input type="checkbox"/> No
<input type="checkbox"/> Method 2 (optional method)	<input type="checkbox"/> Yes - If yes, submit a copy of the letter from Medicare

<b>Swing Bed / Extended Care</b>	
Name: _____	
Organization TIN #: _____	Medicare #: _____
New Swing Bed rate from FIRL: _____	

<b>Other CAH related entity (ex: SNF)</b>	
Name: _____	
Organization TIN #: _____	Medicare #: _____
New rate from FIRL: _____	

<b>Rural Health Clinic (complete additional form for additional clinics)</b>	
Clinic Name: _____	
Organization TIN #: _____	Medicare #: _____
New RHC/FQHC rate from FIRL: _____	