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HBS Update

September 11, 2017

RHC Information Exchange Group

RHC Information Exchange Group on Facebook
"A place to share and find information on RHCs."

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Annual Evaluations Cost Reports RHC Startups

Healthcare Business Specialists
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Palmetto GBA to Replace Cahaba as the MAC

I recently attended my 40th high school reunion. (don't laugh). Looking through the Yearbook before heading up to the Reunion I noticed we had a lot of clubs back in the day. I noticed I was in the Pep Club. If you know me, I must have lied on the application because Pep is the last thing I have. The Drama Club was well represented with members while the Rifle Club had very few. I am thinking that is a good thing. There was this thing called Class Tournament which I had no clue existed. After looking at the participants (no offense), but if it had anything to do with athletics, I like my chances. There was something called Central Thoughts. I am sure that no longer exists in this polarized world as no one would have any. As you would expect, I did not see anyone from the Cave Club at the reunion, while members of the Radio Club drove up with their windows down and their radio blasting Sweet Home Alabama. There was something called Library Club which made me think, "We had a Library?" Then I noticed the Book Club which seems redundant. Finally, something called Y-Teens - I am not sure what that was, but I need it now because as the father of a 17-year-old -every day I say "Why do I have a teenager!!!

Another thing I say quite often is "Why does a company like Cahaba still have the contract to process Medicare Part A (including RHC) and Part B claims." Cahaba has continually underfunded the processing of claims, blatantly lied about the CG modifier payment issues blaming their non-payment on non-existent system issues with CMS, systemically unreasonably limiting payments for influenza and pneumococcal on tentative settlements requiring RHCs to wait years to be fully paid for these important preventive health injections, limiting the amount rural physicians can earn in the most underserved rural areas causing the loss of practitioners and taking millions of dollars of reimbursement from providers in direct defiance of the stated goals of the RHC program, establishing unreasonable interim reimbursement rates of $50 per visit and being extremely slow to correct the rates, insisting on processing claims for out of jurisdiction RHCs since 2009, providing little or no educational resources for RHCs, and at the same time passing an

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Alabama law that does not allow the public to know the multi-million dollar salaries of their executives. CMS's decision to not continue with this agreement for the full term of five years is almost universally welcomed and praised by the RHC community. Frankly, we have all been saying "What took you so long?" Here is the only announcement we have so far on this issue.

"Dear Association Members,

CMS announced on September 8, 2017 the award of the Jurisdiction J (Alabama, Georgia, and Tennessee) Medicare Part A and Part B contract to Palmetto GBA. Cahaba Government Benefit Administrators ®, LLC (Cahaba) has been privileged to serve the providers in these states for many years. Palmetto GBA may be reaching out to you directly to open communications and introduce themselves. We will continue to work diligently to provide excellent service and will work closely with Palmetto GBA to ensure a smooth transition.

As the details of the transition are solidified, Cahaba will be posting them on our website, and announcing them via our ListServ. Should you need any of those details, please visit our website for updated information.

Provider Outreach and Education
Cahaba Government Benefit Administrators®, LLC
JJ A/B Medicare Administrative Contractor"

We have searched the Cahaba and Palmetto websites for any information on this development and have not found anything. I have called Linda Hook in CMS' Office of Acquisition and Grants Management at 410-786-8371 (Linda.Hook@cms.hhs.gov) to confirm and answer some basic questions regarding the transition and am awaiting confirmation. We will provide updates in our newsletter, RHC Seminars and Webinars that we provide for our RHC cost report, startup, annual evaluation, Tenncare Quarterly Reporting clients. We do want to thank the handful of Cahaba GBA employees in the cost reporting and enrollment sections that have been extremely helpful and kind to us and our clients. We will always appreciate that. I just wish that attitude had been more prevalent throughout the organization. There are many questions regarding out of jurisdiction RHCs and the transition process. We will update you as soon as we know.

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Physician Compensation Guidance Issued

On July 21, 2017, CMS released an update to the Provider Reimbursement Manual regarding allowable compensation for physician owners in rural health clinics. We have been relatively quiet about this as many MACs don't really pay that much attention to RHCs due to the relative budget dust sized impact RHC have on their operations and we did not want to call attention to the guidance. However, we feel it is important to make our cost report clients aware of the potential impact of this guidance. As stated in the article on Cahaba losing the contract, Cahaba would limit physician compensation to unreasonably low amounts. Basically allowing $170,000 for a full-time physician in some cases. CMS found that unreasonable and has spent several years developing the guidance which is based upon extremely flawed logic, which we pointed out to them in the development of the policy (Like my family, my objections fell upon deaf ears).

A couple of key points regarding the regulations. First, the MACs are not required to limit compensation to these ranges. They may use their judgement in determining the allowable amounts on the cost reports. Our experience is that only Cahaba pursued the disallowance of physician allowable compensation since most reasonable MACs understood that independent RHCs are already taking basically a $40 haircut on every Medicare patient they serve. (Mean cost per visit is around $120 and reimbursement is limited to $82.30).

These rules affect only physician owned RHCs which will limit its impact to mostly independent RHCs. (I can't think of a provider-based RHC owned by a physician). Provider-based RHC should not be affected by these regulations. It is important that if you are an independent RHC and you have physician owners with high compensation (defined as greater than $250,000 for these purposes) please keep a time study on the physicians to justify as much of an FTE (Full Time Equivalent = 40 hours a week or 2,080 per year) as possible for compensation purposes on the cost report. We have attached a picture of the exact wording on the next page.

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905.7 Guidelines for Physician Owner Compensation for Rural Health Clinics.

Contractors are responsible for evaluating the reasonableness of physician owner compensation for rural health clinics (RHC) by establishing ranges of compensation for comparable institutions as provided in §905.1. Alternately, contractors may use ranges developed by CMS and presented in the following table, Physician Owner Compensation Reasonable Cost Guidelines for Rural Health Clinics. Note that the ranges set forth in the following table are only for determining the reasonableness of physician owner compensation for the purposes of cost reimbursement of RHCs and are not for the purposes of complying with the physician self-referral law (42 USC 1395nn) and regulations (42 CFR Part 411, Subpart J).

CMS developed ranges of reasonable cost for physician owner compensation from comparable RHCs using RHC Medicare cost reports beginning in Fiscal Year (FY) 2012. CMS analyzed physician compensation, for both hospital-based and freestanding RHCs, that included net expenses for physicians and FTE data, to develop ranges of reasonable cost for physician owner compensation for RHCs. In establishing the ranges, abnormally low and high amounts (less than $90,000 and in excess of $600,000) were trimmed from the data.

CMS aggregated the data by divisions and regions, as defined in the U. S. Census Bureau, to provide ranges of reasonable cost for physician owner compensation for RHCs in the same geographical areas.

CMS trended the data back to 2009 and forward to 2014 using inflation factors from §905.6. The ranges determined as a result of the analysis are presented in the Physician Owner Compensation Reasonable Cost Guidelines for Rural Health Clinics table. The ranges are not intended as limits or caps on physician owner compensation, but may be used as a guide in evaluating the reasonableness of physician owner compensation. On the basis of its judgment and with proper justification, a contractor may allow an amount outside the ranges in the table.

For example, the comparison of physician owner compensation for a cost report beginning in FY 2011 for a provider located in Division 9 might be:

For FY 2011, the provider claimed physician owner compensation for one FTE in the amount of $315,144. Referring to the Physician Owner Compensation Reasonable Cost Guidelines for Rural Health Clinics table, the FY 2011 reasonable physician owner compensation for Division 9 ranges from $285,398 to $312,347. Comparing the $315,144 to the Division 9 range reveals the physician owner compensation claimed exceeds the top of the range. The contractor may hold the provider to the Division 9 range or, on the basis of its judgment and with proper justification may allow the amount claimed as physician owner compensation.

Alternately, reasonable physician owner compensation may be compared on a regional level. Referring to the Physician Owner Compensation Reasonable Cost Guidelines for Rural Health Clinics table, the FY 2011 reasonable physician owner compensation for Region 4 ranges from $279,756 to $310,782. Comparing the $315,144 to the Region 4 range reveals the physician owner compensation claimed exceeds the top of the range. The contractor may hold the provider to the Region 4 range or, on the basis of its judgment and with proper justification may allow the amount claimed as physician owner compensation.

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Table 1. Allowable Compensation to Physician Owners in RHCs

Physician Owner Compensation Reasonable Cost Guidelines for Rural Health Clinics
By Census Bureau Regions and Divisions
Per FTE

Region	Division		2009		2010		2011		2012		2013		2014	
		Factor*: →	0.017		0.015		0.020		0.020		0.019		0.019	
		* Source: §905.6.	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1	1	New England	$275,890	$306,762	$280,029	$311,364	$285,629	$317,591	$291,342	$323,943	$296,877	$330,098	$302,518	$336,370
	2	Middle Atlantic	$213,095	$223,657	$216,292	$227,012	$220,618	$231,552	$225,030	$236,183	$229,306	$240,670	$233,663	$245,243
Subtotal - Region 1: Northeast			$252,636	$264,593	$256,425	$268,562	$261,554	$273,933	$266,785	$279,412	$271,854	$284,721	$277,019	$290,131
2	3	East North Central	$251,684	$276,027	$255,459	$280,167	$260,569	$285,771	$265,780	$291,486	$270,830	$297,024	$275,976	$302,667
	4	West North Central	$266,258	$285,384	$270,252	$289,665	$275,657	$295,458	$281,170	$301,367	$286,512	$307,093	$291,956	$312,928
Subtotal - Region 2: Midwest			$260,249	$281,442	$264,153	$285,663	$269,436	$291,376	$274,825	$297,204	$280,047	$302,851	$285,368	$308,605
3	5	South Atlantic	$218,079	$233,894	$221,350	$237,402	$225,777	$242,150	$230,293	$246,993	$234,669	$251,686	$239,128	$256,468
	6	East South Central	$250,876	$268,628	$254,640	$272,658	$259,732	$278,111	$264,927	$283,673	$269,961	$289,063	$275,090	$294,555
	7	West South Central	$233,620	$244,568	$237,124	$248,236	$241,867	$253,201	$246,704	$258,265	$251,391	$263,172	$256,167	$268,172
Subtotal - Region 3: South			$236,132	$245,690	$239,674	$249,375	$244,468	$254,363	$249,357	$259,450	$254,095	$264,380	$258,923	$269,403
4	8	Mountain	$261,423	$298,011	$265,344	$302,481	$270,651	$308,530	$276,064	$314,701	$281,309	$320,680	$286,654	$326,773
	9	Pacific	$275,667	$301,697	$279,802	$306,223	$285,398	$312,347	$291,106	$318,594	$296,637	$324,647	$302,273	$330,815
Subtotal - Region 4: West			$270,217	$300,186	$274,270	$304,689	$279,756	$310,782	$285,351	$316,998	$290,773	$323,021	$296,298	$329,158

Census Bureau Divisions:
New England Division: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Middle Atlantic Division: New Jersey, New York, Pennsylvania
East North Central Division: Illinois, Indiana, Michigan, Ohio, Wisconsin
West North Central Division: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
South Atlantic Division: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
East South Central Division: Alabama, Kentucky, Mississippi, Tennessee
West South Central Division: Arkansas, Louisiana, Oklahoma, Texas
Mountain Division: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
Pacific Division: Alaska, California, Hawaii, Oregon, Washington

Note: Remember to keep an acceptable time log or time study for physician owners to justify greater than one FTE.

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Emergency Preparedness – Due November 15, 2017

Uncle Sam wants you!!! In a new final regulation issued on September 16, 2016, effective November 16, 2016 and scheduled to be enforced starting on or after November 15, 2017 the government has enlisted 17 provider groups that participate in Medicare Part A to be defacto first responders in community disasters and emergencies by adding a condition of participation requiring providers to participate in community wide training drills annually and conducting tabletop exercises as well. There are four essential elements to the regulations which require RHCs to develop an emergency plan, emergency policy and procedures, a communication plan, and training and testing of the system. The 186-page regulation published on September 16, 2016 can be found at the following link: (note pages 182 and 183 are specific to RHCs) https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf

The regulations add a ninth condition of participation which could result in termination from the RHC program if the Condition Level is not achieved to the satisfaction of the RHC inspector or deeming authority. The regulations are somewhat daunting and appear to be beyond the scope of something that any individual RHC could comply without some outside resources. RHCs should reach out to the local hospital, the local Emergency Planning Committee In your county, or any of the over 500 coalitions that have formed throughout the country. See Link to the listing. By Name By State Healthcare Coalitions - Updated 1-12-17 [PDF, 361KB] Currently 20% of all RHCs participate in a healthcare coalition and 83% of all hospitals are in one. Hospitals can develop an integrated approach to complying with the regulation; however, each individual subunit or in this case rural health clinic must have a plan that will comply on its own.

There is also an organization that has been established to assist with emergency preparedness by the U.S. Department of Health and Human Services (HHS) called the Office of the Assistant Secretary for Preparedness and Response (ASPR) which sponsors the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE).

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TRACIE is like the Regional Extension Centers that assisted with Meaningful Use except for Emergency Preparedness. Here is the link: https://asprtracie.hhs.gov/ . I would start with ASPR TRACIE as it has policies and procedures and information to help health providers comply with these regulations. We have a sample policy and procedure for RHCs on our website at www.ruralhealthclinic.com as well. One of the best ways to understand the regulation is spend 50 minutes watching the Emergency Preparedness Requirements MLN Connects® webinar on October 5, 2016. Here is the link: https://www.youtube.com/watch?v=GcPdvw4nZuU.

Here is a sample of the regulation with just the highlights. The actual regulation as more detail on what is expected and Interpretative guidelines are due out any day to provide additional insight on what is expected from rural health clinics.

§ 491.12 Emergency preparedness.
The Rural Health Clinic (RHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) *Emergency plan.* The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. ....
(b) Policies and procedures. The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually....
(c) *Communication plan.* The RHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually....
(d) Training and testing. The RHC must develop and maintain an emergency preparedness training and testing program....

Good luck in implementing this regulation. I would get started as early as possible to meet the compliance deadline as it will be difficult to respond timely if the RHC receives a

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condition level deficiency for Emergency Preparedness. If you have any questions, please email them to me at marklynnrhc@gmail.com. Here are some resources that will help you with the implementation of the Emergency Preparedness regulations.

Please find attached a video of our webinar on Emergency Preparedness in July, 2017.

https://www.youtube.com/watch?time_continue=15&v=gipvS6Zlek0

Kate Hill from The Compliance Team has a great article on Emergency Preparedness in the Summer edition of the NARHC Newsletter:

http://files.constantcontact.com/d9ff9a02301/e364c9f0-2f7f-4a53-9c40-a2c492f4e47d.pdf?ver=1500508600000

Here is a link to the Interpretive Guidelines for Emergency Preparedness:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf

I will be speaking at the NARHC Fall Institute in Indianapolis, Indiana on October 19th, 2017 from 8:40 to 9:45 AM regarding Emergency Preparedness for Rural Health Clinics. Here is a link to Register for the Institute and the Agenda:

https://narhc.org/events/2017-fall-inst/

https://narhc.org/wp-content/uploads/2017/06/AGENDA-F17-Final.pdf

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Fall RHC Update Seminars

This year the RHC Update seminars will focus on RHC Billing (Medicare) and Emergency Preparedness, Cost Reporting, Annual Evaluations, and Tenncare Quarterly Wrap Reporting (Tennessee Only). The RHC Update Seminar will cost $250 for the entire day. If you only need to attend the morning session or the afternoon session the fee is $175.

The morning session is on Medicare Billing for RHCs. The entire morning will be on Medicare Billing for RHCs and the session will run from 8:45 to 12:00. If you only want to attend this session use the discount code BILLING and the professional fee will $175. The session will include a USB drive with complete up to date billing information for RHCs including Billing Policies and Procedures.

If we prepare your cost report or are doing your startup (and you are current on your bill), there is no charge for two EMPLOYEES. (Your consultant is welcome, but they cannot be a free person - they must pay the full charge) After two employees, the normal fees apply. The discounts are for only cost report and startup clients only. Lunch is on your own. Everyone will receive a Certificate of Completion for Emergency Preparedness documentation USB drive with all of our presentations, forms, templates, billing documents including a model fee schedule derived from the QVL listing with HCPCS and Medicare allowables presented, cost reporting files, policies and procedures, and annual evaluation documents. We will not print the presentations, but will provide them via links before the seminars.

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Fall RHC Update Seminar Locations – 2017

Here are the locations for the Fall RHC Update seminars. You can sign up on the Registration Link provided on the right.

Date	Location	Hotel	Registration Link
10/26/2017 8:30 to 4:30	Nashville, Tennessee	Tennessee Hospital Assoc. Virginia Way Conference Ct 5201 Virginia Way Telephone: (615) 401-7436 Brentwood, TN 37027	http://events.constantcontact.com/register/event?llr=h9cmzvdab&oeidk=a07ee0gw23bb0c07466
10/27/2017 8:30 to 4:30	Cleveland, Tennessee	Fairfield Inn and Suites Cleveland 2815 Westside Drive Telephone: (423) 664-2501 Cleveland, TN 37312	http://events.constantcontact.com/register/event?llr=h9cmzvdab&oeidk=a07eeiabsiu69081e82
11/2/2017 8:30 to 4:00	Birmingham, Alabama	Courtyard Birmingham Colonnade/Grandview 4300 Colonnade Parkway, Birmingham, AL 35243 Telephone: (205) 967-4466	http://events.constantcontact.com/register/event?llr=h9cmzvdab&oeidk=a07ee0gw2apfbc0cb8c
11/3/2017 8:30 to 4:00	Little Rock, Arkansas	Residence Inn by Marriott Little Rock 219 Rivermarket Avenue Little Rock, Arkansas 72201 Telephone (501)-376-7200	http://events.constantcontact.com/register/event?llr=h9cmzvdab&oeidk=a07ee0gw2hi8cd6b14c
11/10/2017 8:30 to 4:00	London, Kentucky	London Community Center 529 S Main St, London, KY 40741 Telephone: 606) 864-7777	http://events.constantcontact.com/register/event?llr=h9cmzvdab&oeidk=a07ee0gw2o4c7c933f7

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RHC Update Seminar Schedule

Time	Subject
8:30 AM to 8:45 AM	Registration
8:45 AM to 12:00 PM	RHC Billing Seminar – An update on Cahaba losing the Medicare Part A and Part B Processing contract and the transition plan. RHC Medicare Billing for RHCs. Basics to more advanced topics.
12:00 to 1:00 PM	Lunch (on your own)
1:00 to 3:00 PM	Emergency Preparedness (2 hours) (Includes a certificate of completion for documentation purposes) Cost Reporting and Annual Evaluations (1 hour)
4:00 to 4:30 PM	Tennessee Seminars Only: Tenncare Wrap Payment and reporting. Questions and answer session on how to complete the report and how to avoid paybacks and stay in compliance with Tenncare requirements.

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Pricing for the RHC Seminar

The professional fee is $250.00 for the entire day including both the morning and afternoon. Lunch is on your own.

If you would like to only attend the morning BILLING session use the discount code BILLING and the fee will be discounted to $175.

If you want to only go to the afternoon session use the discount code EMERGENCY and the fee will be discounted to $175.

If you are a cost report or startup client of Healthcare Business Specialists you may use discount code for up to 2 EMPLOYEES and there will be no fee for the seminar. If you think you qualify, email Mark Lynn at marklynnrhc@gmail.com to determine if you qualify and I will provide the discount code.

Other Information

Coffee and Orange Juice will be provided in the morning, soft drinks available during the day, and a snack at the afternoon break. Lunch is own your own and is from 12:00 to 1:00.

We do not block or discount rooms, so the hotel may not know we are there. We are. Catering handles our contracts and sometimes they do not talk to reservations. There are no special rates that the hotel offers due to the small number in our group. We offer a 100% refund if you cannot attend as long as we know within 7 days of the seminar. Emergencies will be refunded if you call us. If you do not call or show up, there is no refund.

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Each person will be receiving a USB drive with 100's of files to help you manage you're Rural Health Clinic. The files include a policy and procedure manual with new policies to help manage your RHC, Annual Evaluation documents and templates, Cost Report workpapers and tools, and introducing the Line Item Benchmarking reports from RHC Cost Reports. We now have access to every RHC Cost Report in a data file and we have benchmarked 100 of the cost reports by Worksheet A line item. This will help you manage your expenses and help evaluate your expenses.

Additionally, the USB drive will include Emergency Preparedness files including policy and procedures, communication plan templates, Work Plans, and resources.

For More Information

For more information on the services of Healthcare Business Specialists including RHC cost reporting, annual evaluations, and startups or to view the resume of the primary speaker for this seminar, please go to our website at: www.ruralhealthclinic.com


CERTIFICATE
OF COMPLETION
This certifies that
[Name of Recipient]
has successfully completed the training course of
[Course Name]
Suspendisse potenti. Vivamus vitae massa adipiscing est lacinia sodales. Donec metus massa, mollis vel, tempus placerat, vestibulum condimentum, ligula. Nunc lacus metus, posuere eget, lacinia eu, varius quis, libero. Aliquam nonummy adipiscing augue. Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar.
Date
Signature

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RHC Update Seminar Registration Form

Please complete the following registration information. Tell us about yourself (additional attendees from the same organization should use separate forms) – we must have an email address for each attendee to register and send materials.

Information Requested	Please Provide Information
Seminar Location	
Name	
Clinic	
Address (1)	
Address (2)	
City, State, Zip	
Telephone	
Email	

Please Provide Payment information on the next page

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RHC Update Seminar Payment Information

Payment Information

Payment Source	How to Pay	Credit Card Information
Sending Check	Mail to: Check to: HBS Healthcare Business Specialists Suite 214, 502 Shadow Parkway Chattanooga, TN 37421	
Pay Pal	**Email to** **la_vita_nouva@hotmail.com**	
Mastercard, Visa, or Discover	**Provide: Credit Card Number** **Provide: Expiration Date:** **Provide: Security Code**	_____ _____
Signature	**Please sign for Credit Cards**	_____

Please email or these two pages to Mark R. Lynn, CPA at marklynnrhc@gmail.com or fax to (800) 268-5055. Once we receive your information either via the mail, fax, or internet registration, we will prepare an invoice and mark it paid, email it to you with a Confirmation number indicating that we have received your payment and have a spot for you at the seminar.

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More Information

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We have a Facebook Fan page which is filled with information on a daily basis regarding rural health clinics. Why wait till Friday to find out what is going on? Become a fan by following the link and liking us.

http://www.facebook.com/pages/Healthcare-Business-Specialists/123096777748776

Youtube Channel with RHC Webinars

HBS has started a YouTube Channel and it has all the recordings of previous webinars on it. Here is the link:

RHC YouTube Video and Webinar Channel with Recorded Webinars

Recorded Webinars on RHC Billing, Cost Reporting, Certification, and Annual Evaluations

Healthcare Business Specialists

Specializing in RHC reimbursement

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Experienced Knowledge

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Healthcare Business Specialists is a Chattanooga, Tennessee-based consulting firm which specializes in rural health clinic reimbursement and prepares rural health clinic cost reports, annual evaluations, provider re-enrollment, and RHC startups. Mark R. Lynn is trained as a certified public accountant and has over 35 years' experience in the healthcare field with almost 25 years of experience devoted almost exclusively to rural health clinics. We have been conducting rural health clinic seminars for over 25 years.

Annual Evaluations Cost Reports RHC Startups

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