HBS

Healthcare Business Specialists

Introduction to the Rural Health Clinic Program (PL. 95-210)

April 30, 2021

chartspan®

HBS
Healthcare Business Specialists


HBS
Healthcare Business Specialists

Contact Information

Mark Lynn, CPA (Inactive), CRHCP, CCRS
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com

Become a fan and Like us on Facebook for more RHC information

Mark R. Lynn, CPA (Inactive), CRHCP, CCRS
Biography

Mark R. Lynn has served since 1985 as the President of Healthcare Business Specialists, LLC (HBS) a healthcare consulting firm based in Chattanooga, Tennessee. Mr. Lynn is trained as a Certified Public Accountant, is also a Certified Rural Health Clinic Professional, and a Certified Cost Report Specialists. In his role at HBS, Mr. Lynn helps prepare Medicare and Medicaid cost reports for rural health clinics (RHC), helps physician, nurse practitioner, and physician assistant practices become certified as RHCs, works with RHCs in developing and implementing Emergency Preparedness plans in compliance with RHC Conditions of Participation, conducts Program Evaluations for RHC s in compliance with RHC Conditions of Participation, as well as working with RHCs to report and disburse COVID-19 Provider Relief Funds in accordance with HHS guidance.

Mr. Lynn started the Rural Health Clinic Information Exchange Facebook group in 2016 which has now grown to over 2,100 members and is a vibrant community in which information is freely exchanged, questions answered, news and updates are shared, and events are publicized that are of interest to RHCs.

Before his role with Healthcare Business Specialists Mr. Lynn previously worked as a hospital administrator, corporate controller, hospital controller, internal auditor, and has state audit experience. Mr. Lynn is well versed in the various healthcare delivery systems as he has founded the following companies since starting Healthcare Business Specialists in 1985:

- Rural Behavioral Health, LLC
- Rural Health Centers of America (sold to Ramsey),
- Geriatric Care Centers of America (sold to MW Medical, Inc.),
- Geriatric Resources, Inc. (sold to American Psychiatric Partners)

Mr. Lynn has served on the Tennessee Hospital Association Medicaid Task Force in 1994 and served on the Hickman County Hospital Board of Trustees and been a Special Advisor to the Coffee County Hospital Board of Trustees.

Prior Employment:

- Erlanger Health Services, Chattanooga, Tennessee - Corporate Controller
- Rhea Medical Center, Dayton, Tennessee - CFO
- Hazlett, Lewis and Bieter, CPA - CPA
- Hospital Corporation of America, Internal Auditor
- State of Tennessee - Comptroller of the Treasury - Hospital Audit

HBS
Healthcare Business Specialists

Dani Gilbert, CPA, CRHCP
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (833) 787-2542 Extension 1
dani.gilbert@outlook.com
www.ruralhealthclinic.com

RHC Information Exchange Group on Facebook

- *"A place to share and find information on RHCs."*

HBS

Healthcare Business Specialists

- What does Healthcare Business Specialists do?
- Listing of Services

https://tinyurl.com/w63xbp9

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare Tenncare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- RHC Cost Report Brochure

RHC Cost Report and Provider Relief Funds Update

In this webinar, Mark R. Lynn, CPA (Inactive), CRHCP, CCRS and Dani Gilbert, CPA, CRHCP will go over changes to RHC cost reporting and provide an update on Provider Relief Funding. Cost Report information will include how to count telehealth visits and costs, COVID-19 vaccination logs for Medicare and Medicare Advantage patients, P S and R changes and an update on rate setting changes due to the increased Medicare rate for independent RHCs. The Provider Relief Funds update will include any update that HHS provides to us. Currently the last update we have is January 15th when the portal was opened for registration, but as of March 22, 2021 no changes have been made to the portal since January 15, 2021. Once there are changes we will schedule a webinar immediately and this webinar will update that information.

Please register for RHC Cost Report and Provider Relief Funds Update on May 5, 2021 1:00 PM EDT at:

https://attendee.gotowebinar.com/register/4455003826253666573

Preparing for the RHC Certification and Recertification Survey

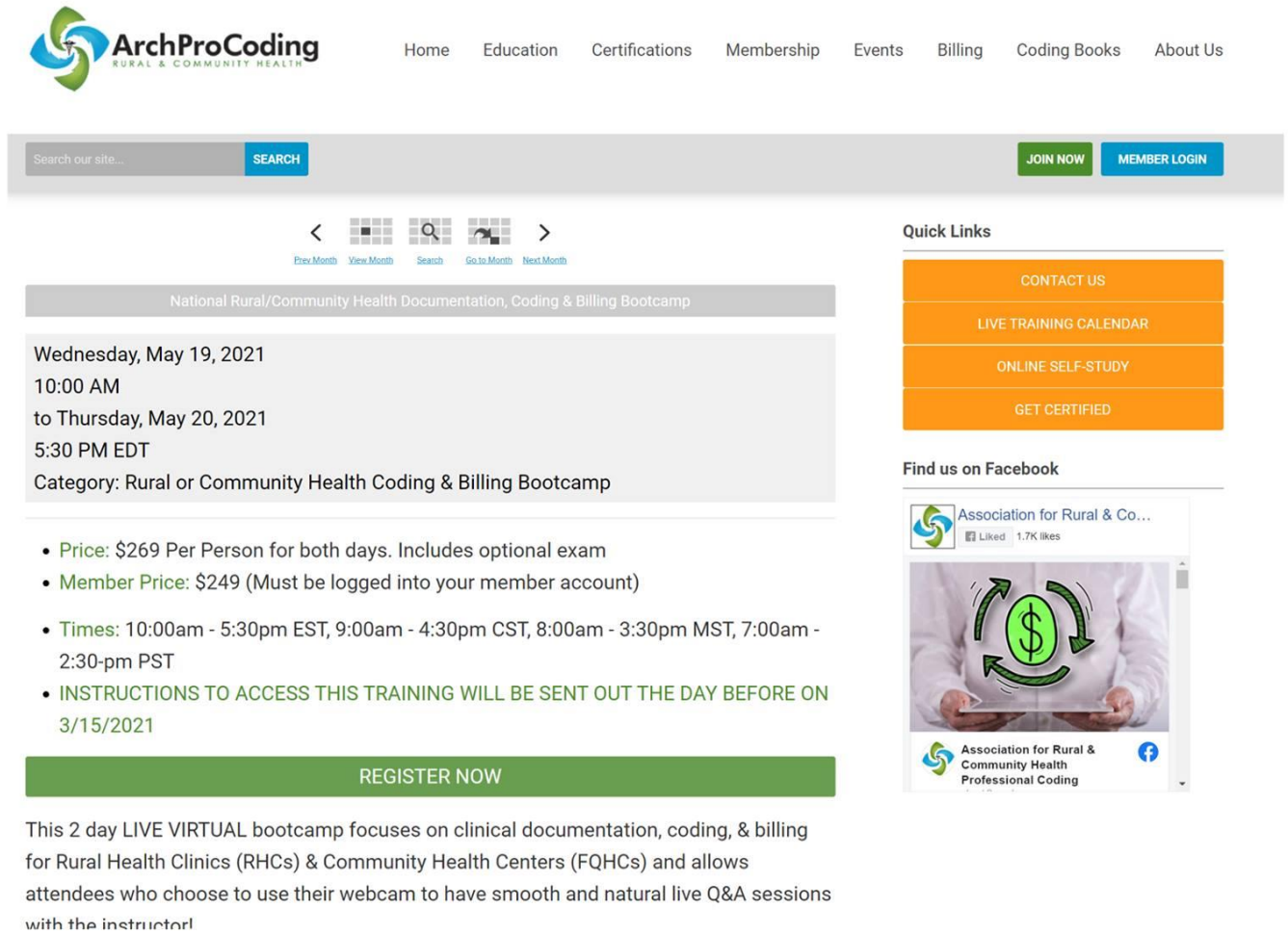
In this webinar, Mark Lynn, CPA and Dani Gilbert, CPA will go over the steps to become a rural health clinic or prepare for the program evaluation from a Mock Inspection standpoint or recertification of the clinic. We will go over procedures needed, steps to take, policies to update and provide tools to help with the inspection. We will focus on getting the clinic inspection ready and go over the importance of having an Evidence Binder for the inspector and tools to help document compliance with the nine conditions of participation for rural health clinics.

Please register for Preparing for the RHC Certification and Recertification Survey on May 13, 2021 12:00 PM CDT at:

https://attendee.gotowebinar.com/register/1124892069129855755

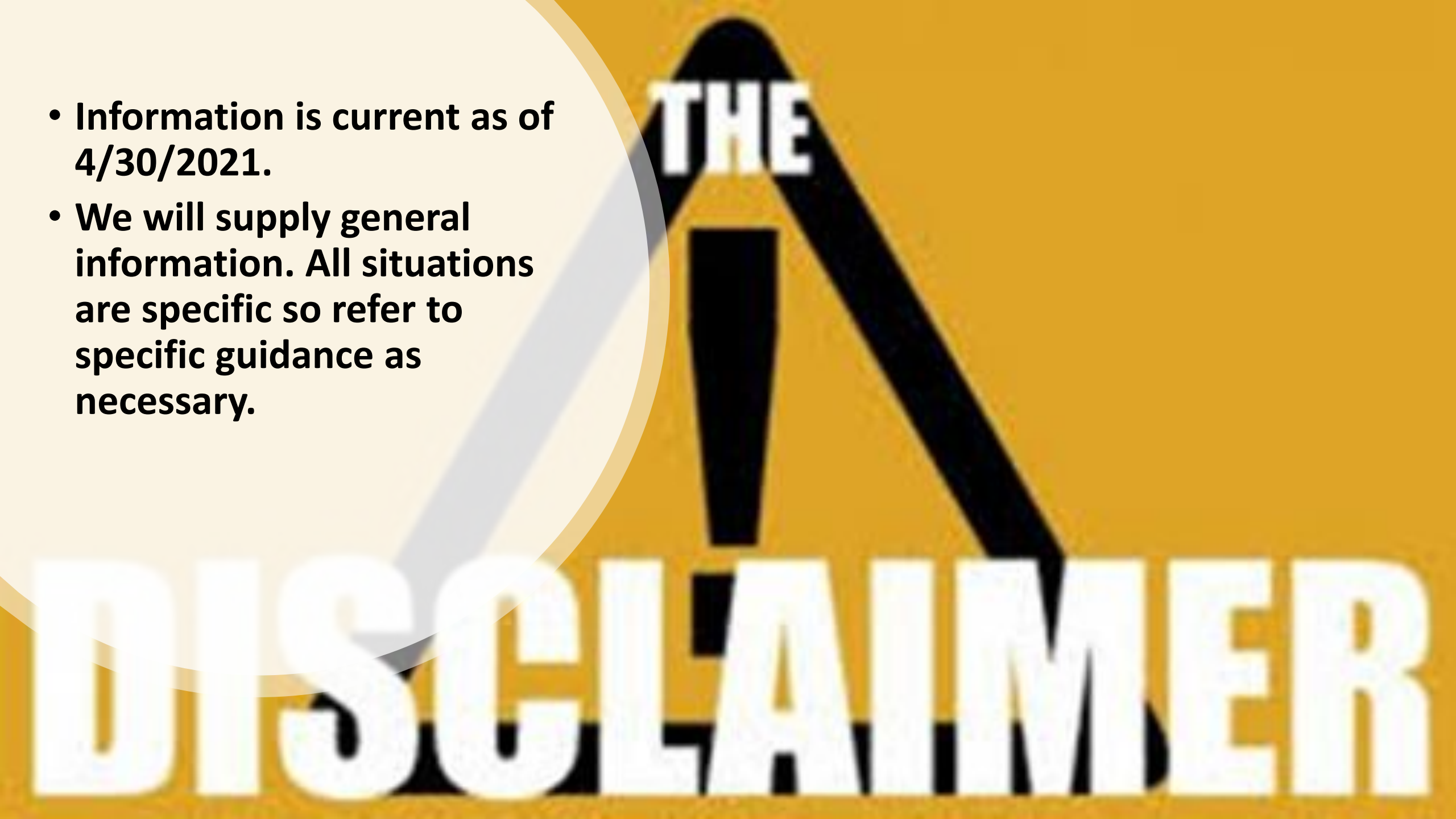
The recording of these sessions and slides will be available in the RHC Information Exchange Facebook Group with 2,300 members and our website at www.ruralhealthclinic.com.

RHC Billing Training



https://mailchi.mp/archprocoding.com/evaluation-management-auditing-bootcamp-271586?e=20a5fea402

- Information is current as of 4/30/2021.
- We will supply general information. All situations are specific so refer to specific guidance as necessary.



Questions or Comments?

- **Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the webinar.**

- **This session is being recorded and the slides will be available in the RHC Information Exchange Facebook Group, on our website, and will be emailed to you.**

Quick Updates

Public Health Emergency

Has been officially extended for 90 days to July 19, 2021.

Medicare Cost Report Due Date

Has been extended by 2 months. For 12/31/2020 cost reports the due date is 8/2/2021.

Provider Relief Fund Reporting

Non-Update. No changes since January 15, 2021, when the portal opened for registration.

Emergency Preparedness

An updated Appendix Z with additional information and guidance for RHCs was released recently.

Updated Appendix Z – March 26, 2021

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-15-ALL

DATE: March 26, 2021

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM)

Memorandum Summary

- **Burden Reduction Final Rule Interpretive Guidelines:** The Centers for Medicare & Medicaid Services (CMS) is releasing interpretive guidelines and updates to Appendix Z of the State Operations Manual (SOM) as a result of the revisions of the *Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (CMS 3346-F) Final Rule.*
- **Expanded Guidance related to Emerging Infectious Diseases (EIDs):** CMS is also providing additional guidance based on best practices, lessons learned and general recommendations for planning and preparedness for EID outbreaks.

Background
On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published two final rules with certain provisions effective November 29, 2019. The first rule was the *Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (CMS 3346-F)* (referenced to as the Burden Reduction Final Rule 84 FR 51732) which revised requirements all providers and suppliers for Emergency Preparedness. The guidance within the SOM Appendix Z has now been updated to reflect the revisions made within this Final Rule.

Additionally, in February 2019, CMS added "emerging infectious diseases" to the definition of all-hazards approach in Appendix Z as CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

recognizes the variability in terminology in continuity of operations, business continuity, and other terms used by the emergency management industry. The intent behind this requirement is to ensure continuity of operations, including emergency preparedness succession planning, ultimately to ensure the facility has plans in place to continue functioning during an emergency and provide care in a safe setting, which may require some/all evacuations.

Ultimately, the delegations of authority and succession plans, which are different from the "continuity" plans, are documented plans which outline the specific individuals and alternate/successors who can activate the facilities emergency plans to ensure patient safety is protected and patients will receive care at the facility or if transferred, under what circumstances transfers will occur.

General Considerations

In addition to the facility- and community-based risk assessment, continuity of operations planning generally considers elements such as: essential personnel, essential functions, critical resources, vital records and IT data protection, alternate facility identification and location, and financial resources. Facilities are encouraged to refer to and utilize resources from various agencies such as FEMA and Assistant Secretary for Preparedness and Response (ASPR) when developing strategies for ensuring continuity of operations.

Survey Procedures
Interview leadership and ask them to describe the following:

- The facility's patient populations that would be at risk during an emergency event;
- Strategies the facility (except for an ASC, hospice, PACE organization, HHA, CORF, CMHC, RHC/FQHC and ESRD facility) has put in place to address the needs of at-risk or vulnerable patient populations;
- Services *that* the facility would be able to provide during an emergency *and any plans to address services needed that cannot be provided by the facility during an emergency as part of continuity of operations and services.*
- How the facility plans to continue operations during an emergency;
- Delegations of authority and succession plans.

Verify that all of the above are included in the written emergency plan.

- *If the facility has delegations and succession plans which identifies roles and responsibilities over individual facility staff names (e.g. Safety Officer = Emergency Department Charge Nurse or Pharmacy Department Lead), identify the individual who would be designated in one of the roles and interview the individual asking them to describe their role based on the facility's emergency program.*

- https://www.cms.gov/files/document/qso-21-15-all.pdf?fbclid=IwAR29ON7dTO6yd6i6IguOkYOY7zur09-GPj73z-7mADkEhWI43-z_rwwmZrU

P S & R Reports

When requesting P S & R reports remember to ask for Summary Reports in PDF Format and ask for the following reports.

710 – RHC visits, deductibles, coinsurance, and net reimbursement use on the cost report.

711 – Ancillary RHC Charges. Not reported on the RHC Cost Report.

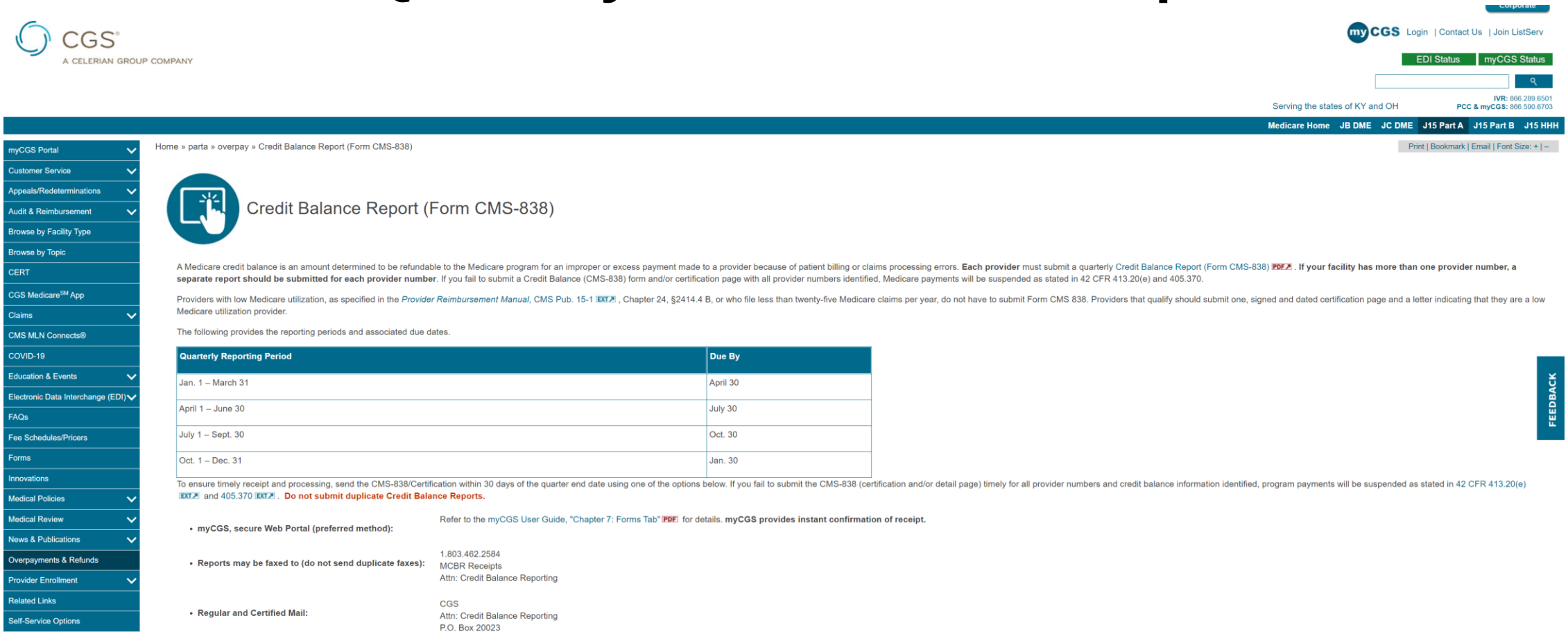
715 – RHC Fee Reimbursed (Telehealth/CCM) Not report as visits on the RHC cost report, but the expense must be excluded from the AIR calculation.

71A RHC MSP-LCC – Medicare Secondary Payer. This is not used or reported on the cost report.

71S RHC Preventive Services. The visits and net reimbursement in this report are included on the RHC cost report.

HBS
Healthcare Business Specialists

Quarterly Credit Balance Report



CGS
A CELERIAN GROUP COMPANY

myCGS Login | Contact Us | Join ListServ
EDI Status | myCGS Status
IVR: 866.289.6501
PCC & myCGS: 866.590.6703
Serving the states of KY and OH

Medicare Home | JB DME | JC DME | J15 Part A | J15 Part B | J15 HHH

myCGS Portal
Customer Service
Appeals/Redeterminations
Audit & Reimbursement
Browse by Facility Type
Browse by Topic
CERT
CGS Medicare℠ App
Claims
CMS MLN Connects®
COVID-19
Education & Events
Electronic Data Interchange (EDI)
FAQs
Fee Schedules/Pricers
Forms
Innovations
Medical Policies
Medical Review
News & Publications
Overpayments & Refunds
Provider Enrollment
Related Links
Self-Service Options

Home » parta » overpay » Credit Balance Report (Form CMS-838)

Print | Bookmark | Email | Font Size: + | –

Credit Balance Report (Form CMS-838)

A Medicare credit balance is an amount determined to be refundable to the Medicare program for an improper or excess payment made to a provider because of patient billing or claims processing errors. **Each provider** must submit a quarterly Credit Balance Report (Form CMS-838) PDF. **If your facility has more than one provider number, a separate report should be submitted for each provider number**. If you fail to submit a Credit Balance (CMS-838) form and/or certification page with all provider numbers identified, Medicare payments will be suspended as stated in 42 CFR 413.20(e) and 405.370.

Providers with low Medicare utilization, as specified in the *Provider Reimbursement Manual*, CMS Pub. 15-1 EXT, Chapter 24, §2414.4 B, or who file less than twenty-five Medicare claims per year, do not have to submit Form CMS 838. Providers that qualify should submit one, signed and dated certification page and a letter indicating that they are a low Medicare utilization provider.

The following provides the reporting periods and associated due dates.

Quarterly Reporting Period	Due By
Jan. 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – Sept. 30	Oct. 30
Oct. 1 – Dec. 31	Jan. 30

FEEDBACK

To ensure timely receipt and processing, send the CMS-838/Certification within 30 days of the quarter end date using one of the options below. If you fail to submit the CMS-838 (certification and/or detail page) timely for all provider numbers and credit balance information identified, program payments will be suspended as stated in 42 CFR 413.20(e) EXT and 405.370 EXT. **Do not submit duplicate Credit Balance Reports.**

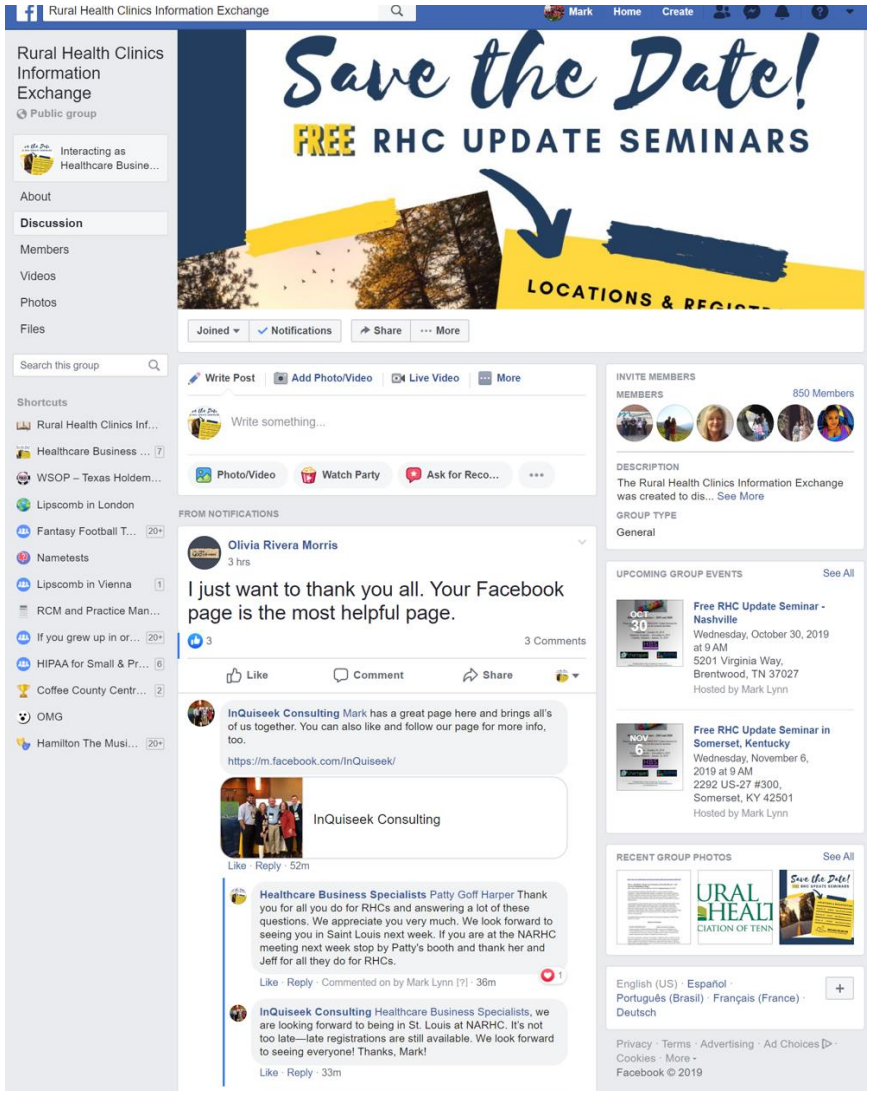
- **myCGS, secure Web Portal (preferred method):** Refer to the myCGS User Guide, "Chapter 7: Forms Tab" PDF for details. **myCGS provides instant confirmation of receipt.**
- **Reports may be faxed to (do not send duplicate faxes):** 1.803.462.2584
MCBR Receipts
Attn: Credit Balance Reporting
- **Regular and Certified Mail:** CGS
Attn: Credit Balance Reporting
P.O. Box 20023
Nashville, TN 37202
- **Fed Ex/UPS/Overnight Courier:** CGS
J15 Credit Balance Reporting
26 Century Blvd STE ST610
Nashville, TN 37214-3685

Corrections to Credit Balance Reports

If after you submit your Medicare Credit Balance Report you find that you need to remove a beneficiary from the report, submit the Medicare Credit Balance Correction Form PDF with all the appropriate information.

https://cgsmedicare.com/parta/overpay/credit_balance.html


RESOURCES

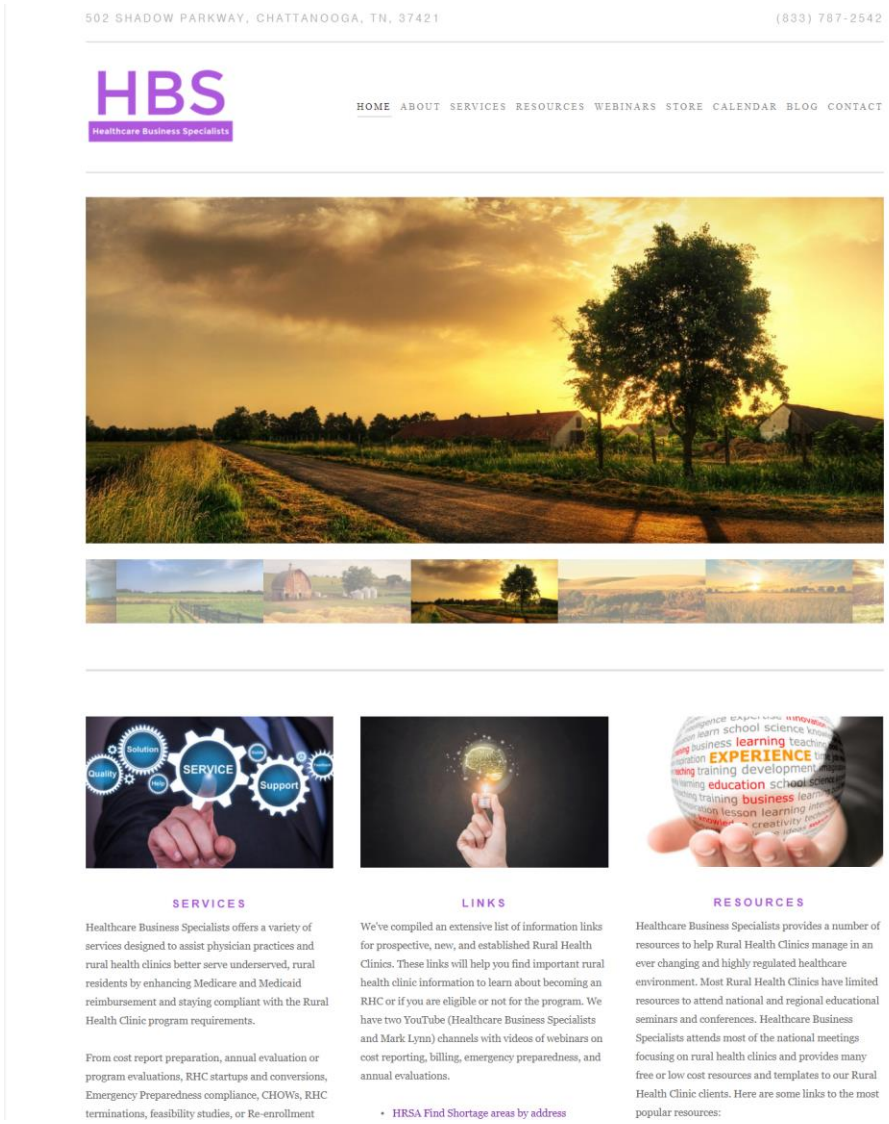


RHC Information Exchange Group on Facebook

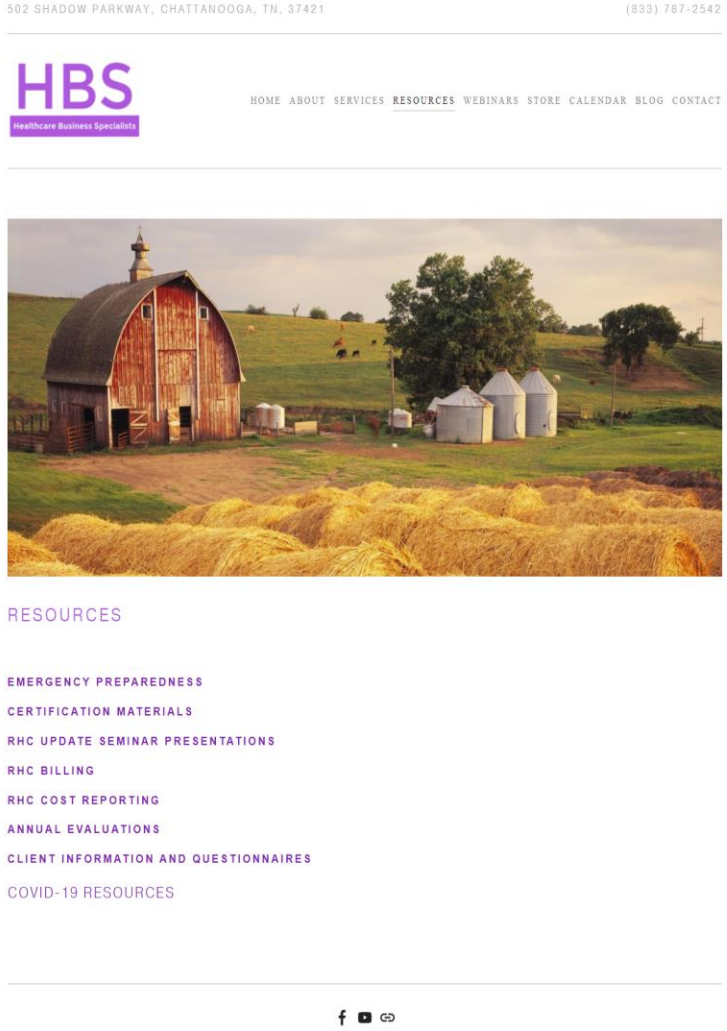
Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

https://www.facebook.com/groups/1503414633296362/

Healthcare Business Specialists Website



http://www.ruralhealthclinic.com/



http://www.ruralhealthclinic.com/

HBS
Healthcare Business Specialists

HOME ABOUT SERVICES RESOURCES WEBINARS STORE CALENDAR BLOG CONTACT

RHC MEDICARE BILLING RESOURCES

Healthcare Business Specialists, LLC is pleased to provide you with these billing resources to help your rural health clinic bill Medicare for your services. Billing RHC services requires the ability to create a UB-04 in an electronic format (837I). Many clinics that are new to RHC billing rely on outside help to bill for services. We work closely with Azalea Health (https://www.azaleahealth.com/) based in Georgia. Azalea Health is a leader in Electronic Health Records, Revenue Cycle Management, Telehealth, and professional services to rural medical providers including CAHs and rural health clinics. Many RHCs need access to Direct Data Entry (DDE) to verify coverage or adjust claims and Ability is a service that many of our RHC clients recommend.

BILLING & CODING RESOURCES DURING COVID-19

3/26/2020 Special coding advice during COVID-19 public health emergency by: AMA Coding

3/23/2020 Coverage and Payment Related to COVID-19 Medicare by: CMS Fact Sheet

3/22/2020 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) by:CMS FAQ

3/18/2020 COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies by: Medicaid FAQ

Healthcare Business Specialists conducted a series of RHC billing webinars in January, 2020. The following links will take you to the recordings of the webinars.

- Recording of the Beginning RHC Billing Session 1 on January 21, 2020
- Recording of the RHC Billing Session 2 on January 22, 2020
- Recording of the RHC Billing Session 3 on January 23, 2020
- Recording of the RHC Billing Session 4 on January 28, 2020

We have provided the Slide Presentations for each of the webinars in the following links.

- Slide Presentation for Session 1 on January 21, 2020 (PDF)
- Slide Presentation for Session 2 on January 22, 2020 (PDF)
- Slide Presentation for Session 3 on January 23, 2020 (PDF)
- Slide Presentation for Session 4 on January 28, 2020 (PDF)
- Medicare Secondary Fact Sheet from CMS
- Medicare "Official" version of the MSP Questionnaire from the CMS Website (12 pages)
- One Page MSP Form
- Two Page Medicare Secondary Questionnaire Form
- RHC Billing Test- 24 Questions

http://www.ruralhealthclinic.com/rhc-billing

2020 RHC Webinar Billing Test

1. Rural Health Clinic Status directly impacts payments from the following:
   a. Medicare
   b. Medicaid
   c. All Payers
   d. Medicare and Medicaid
2. RHCs should charge:
   a. Only the RHC reimbursement rate to Medicare and Medicaid
   b. All payors using the same charge
   c. All payors using the same chargemaster except indigent patients
   d. As much as possible
3. RHCs must always have a Face-to-Face encounter to bill Medicare.
   a. True
   b. False
4. RHCs bill Medicare RHC claims for RHC covered services using the following Claim Form?
   a. 1500
   b. UB-04
5. An RHC must include a CG modifier on all claims for RHC covered services.
   a. True
   b. False
6. The MSP payer questionnaire questions must be asked
   a. Every visit
   b. Annually
   c. Every 90 days

https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5e2b3696e88d252366c9a4cb/1579890326845/2020+RHC+Billing+Webinar+Billing+Test+Sessions+1+through+3+on+January+24%2C+2020.pdf

RuralHealthClinic.com
Experienced Knowledge

RURAL HEALTH CLINIC

RHC Conversion Guide

November, 2019

To view this document online go to https://tinyurl.com/u88v54w

Healthcare Business Specialists
Specializing in RHC reimbursement
502 Shadow Parkway Suite 214 Chattanooga, TN 37421
Email: marklynnrhc@gmail.com
Website: www.ruralhealthclinic.com
Telephone: (833) 787-2542

https://docs.google.com/document/d/1RvzevTq4PAkVpnucCvTSh3d001oij49rCqzLpTbFCPg/edit

RHC Certification Resources from Healthcare Business Specialists

RHC CERTIFICATION AND CONVERSION

March 20, 2021: If you have not completed your HIPAA Security Risk Assessment HealthIT.gov provides a great tool to help you go through the process which can be found here.

February 23, 2021: Many RHCs are using TCT or AAAASF to conduct the initial RHC inspections as due to Covid states are falling behind on initial RHC certification inspections. We added these resources to help you understand the expectations of TCT and AAAASF. We also updated our Evidence Binder to streamline and make it easier to assemble.

- Evidence Binder Index - Table of Contents in Word
- Evidence Binder Index - Table of Contents (PDF)
- Evidence Binder Summary of Information and links to find documents (Word)
- Evidence Binder Summary of Information and links to find documents (PDF)
- Evidence Binder Divider/Tab Pages (25) for Evidence Binder (Word)
- Evidence Binder Divider/Tab Pages (25) for Evidence Binder (PDF)
- TCT Standards
- TCT Checklist
- Crosswalk from TCT to HBS P and P Manuals
- RHC Evidence Binder Table of Employees, Licenses, and Expiration Dates
- Nurse Practitioner/Physician Assistant Sample Protocol
- Quarterly Chart Audit Form
- Organization Chart Template for Evidence Binder

http://www.ruralhealthclinic.com/certification-materials

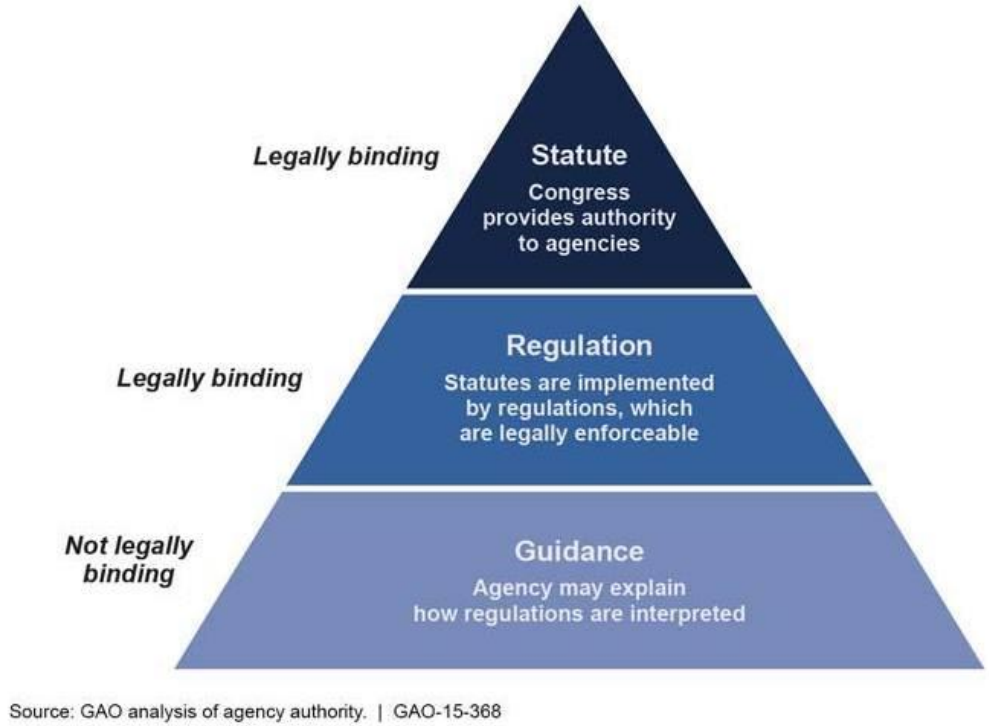
NARHC Guide to RHC Statue, Regulation, and Guidance

RHC Federal Statute, Regulation, and Guidance

Review RHC Statute

Review RHC Regulation

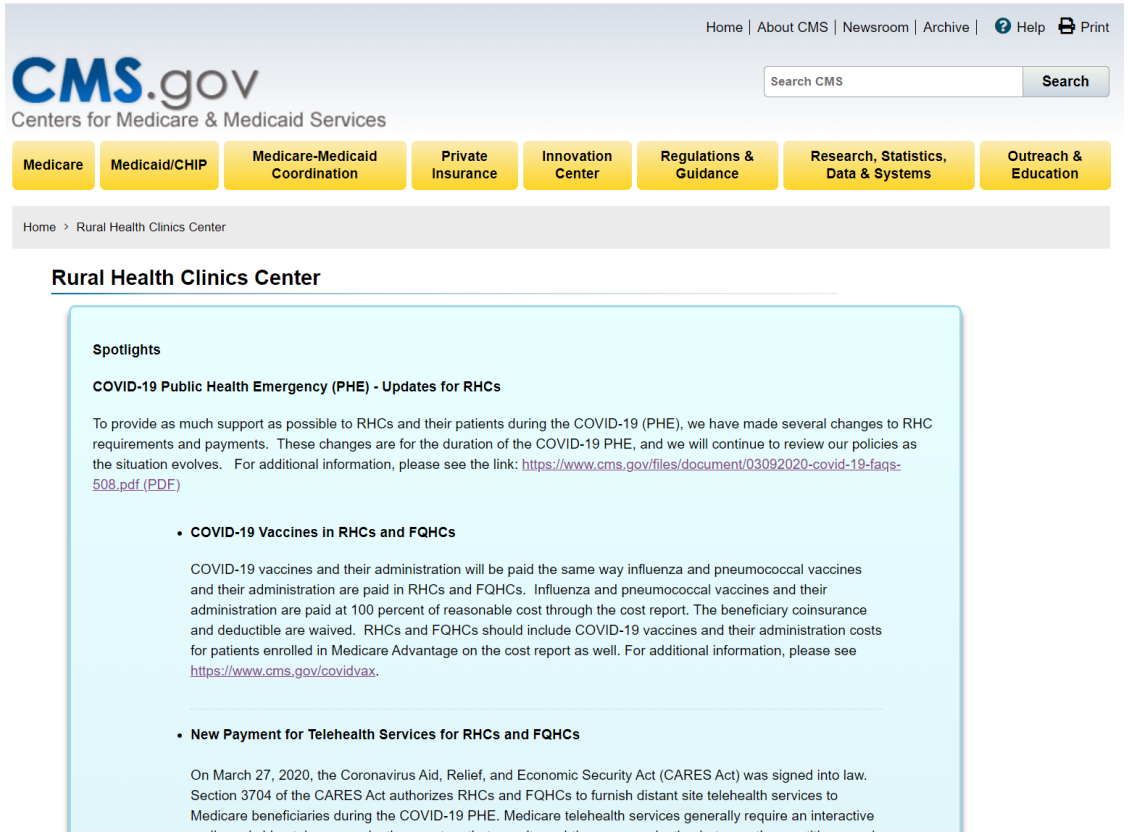
Review RHC Guidance



(Hierarchy of Statutory and Regulatory Authority)

https://www.narhc.org/narhc/RHC_Statute__Regulation__and_Guidance.asp?fbclid=IwAR2mxVLxchtKFMRzWAZB_PFn14Lhoq209tBJb3YDNPAUJ19kvC-uX14yE10

https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center



- CY 2020 Payment Rate Increase for RHCs
- Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs) [January 2019]: MM10843 (PDF)
- CY 2019 Payment Rate Increase for RHCs. See MM10989 (PDF) .
- Medicare Claims Processing Manual: Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers (PDF)
- Medicare Benefit Policy Internet Only Manual: Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services - See MM11019 (PDF)
- RHC Preventive Services Chart (PDF) – Information on preventive services in RHCs including HCPCS coding, same day billing, and waivers of co-insurance and deductibles (Updated on 08/10/2016).
- SE1039 (PDF) - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide
- SE1606 (PDF) - Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2016 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)
- Chapter 29-(T14) -- Independent Rural Health Clinic and Freestanding Federally Qualified Health Center cost Report Form CMS 222-92 (Instructions) (ZIP)

- Transmittals
- State Medicaid Manual Paper-Based Manual

Frequently Asked Questions

- COVID-19 Frequently Asked Questions (FAQs) for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (PDF)
- Virtual Communication Services in RHCs and FQHCs Frequently Asked Questions (PDF)

Contacts

- CMS Regional Office Rural Health Coordinators - Updated May 2020 (PDF)
- Medicare Certified Rural Health Clinics
- CMS Regional Survey and Certification Contacts (PDF)
- CMS Regional Offices and HHS Regions - Map (PDF)
- Coordination of Benefits Information

Coverage

- Medicare Coverage - General Information
- Medicare Coverage Database
- Medicare NCD Manual

Include COVID-19 Vaccine Administration for Medicare and Medicare Advantage patients on the cost report. Do not bill Medicare for these.

- **COVID-19 Vaccines in RHCs and FQHCs**

  COVID-19 vaccines and their administration will be paid the same way influenza and pneumococcal vaccines and their administration are paid in RHCs and FQHCs. Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report. The beneficiary coinsurance and deductible are waived. RHCs and FQHCs should include COVID-19 vaccines and their administration costs for patients enrolled in Medicare Advantage on the cost report as well. For additional information, please see https://www.cms.gov/covidvax.

QCOR
Quality, Certification & Oversight Reports

Search

Provider Reports
Active Provider and Supplier Counts
New Provider and Supplier Counts
Terminated Provider Counts

Survey Reports
Overdue Recertification Surveys
Survey Activity Report

Deficiency Reports
Deficiency Count
Average Number of Deficiencies
Citation Frequency

https://qcor.cms.gov/report_select.jsp?which=12

Rural Health Clinic (RHC) Provider Reports

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.
For More Information

Source: CASPER (04/25/2021)

Accessibility Information, Privacy & Security

Go To: S&C QCOR Start Page

Overdue Recertification Surveys Report

60 Months Since Last Survey Date

Selection Criteria
Months Since Last Survey Date: 60
Provider and Supplier Type(s): Rural Health Clinics

View All States

Overdue Recertification Surveys Report

Region	Number of Late Surveys	% of Active Providers
(I) Boston	29	43.9%
(III) Philadelphia	27	14.1%
(IV) Atlanta	294	24.2%
Alabama	32	23.4%
Florida	29	18.8%
Georgia	44	44.0%
Kentucky	68	23.5%
Mississippi	79	39.9%
North Carolina	10	14.1%
Tennessee	32	18.7%
(V) Chicago	241	29.6%
(VI) Dallas	139	18.8%
(VII) Kansas City	241	28.1%
(VIII) Denver	107	39.0%
(IX) San Francisco	89	26.8%
(X) Seattle	167	59.9%
National Total	**1,334**	**27.7%**

Save as PDF... Save as Excel...

Change Criteria

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for w

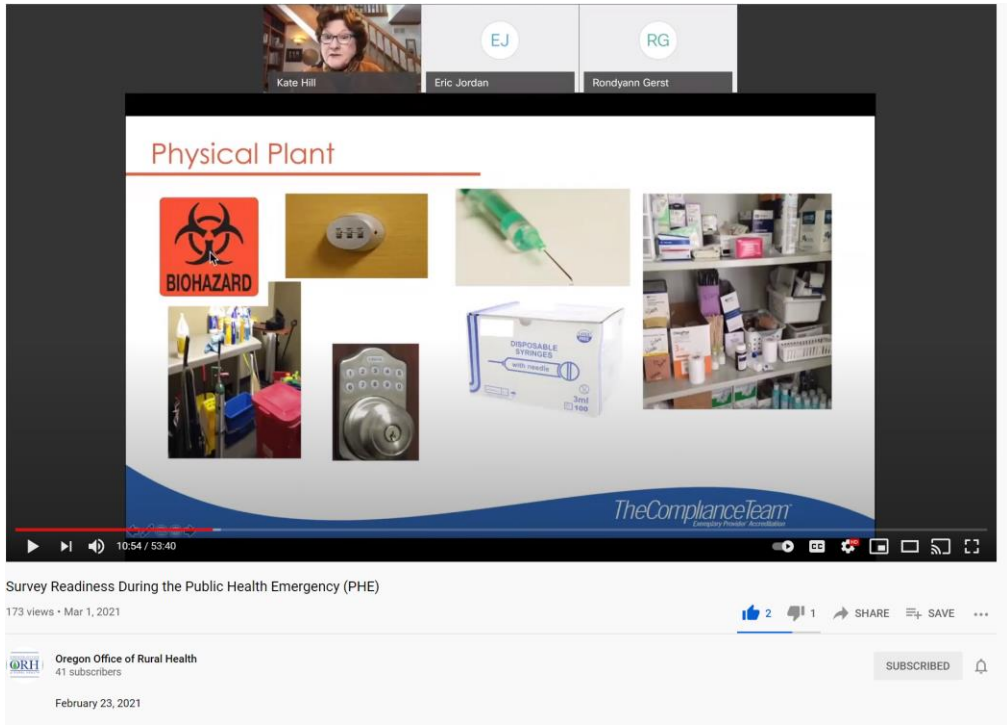
Source: CASPER (04/25/2021)

Please submit comments, questions, or suggestions by email to qcorhelp@aplusgov.com or by phone to 1-888-673-7328.

Accessibility Information, Privacy & Security

Download Adobe Reader

Subscribe to the Oregon Office of Rural Health Youtube Channel – Rondyann Gerst



https://www.youtube.com/watch?v=d9I4AadVBo8

https://www.ohsu.edu/oregon-office-of-rural-health

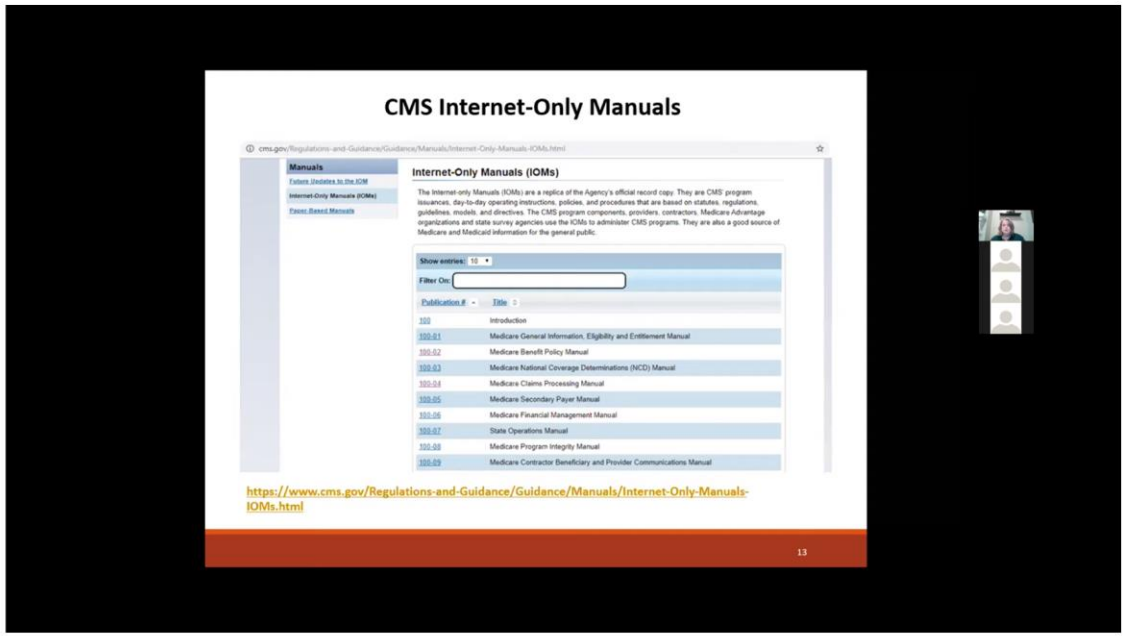
https://www.healthy.arkansas.gov/programs-services/topics/rural-health-resources

- **RHC Regulatory Compliance with The Compliance Team, for Arkansas**
- Emergency Preparedness | Part II | Part III
- Mock Survey Presentation Video
- RHC Compliance Part 1
- Top 10 Cited Deficiencies for Arkansas

https://share.vidyard.com/watch/iaCZfo4miLXo1K1yF8iZ1h

https://optimizingruralhealth.org/making-corporate-compliance-practical-and-manageable-in-2021/?fbclid=IwAR32S23RCKvFhXWoFdejZs4dBA4wUBcX-z00FFwbasFXKX_pQOJpu54_pL0

MAKING CORPORATE COMPLIANCE PRACTICAL AND MANAGEABLE IN 2021



SPEAKER

- Patty Harper, RHIA, CHTS-PW, CHTS-IM, CHC

TITLE

- Making Corporate Compliance Practical and Manageable in 2021

OBJECTIVES

- Understanding the 7 required elements of a corporate compliance plan
- Identifying opportunities to enhance day-to-day regulatory compliance
- Looking at practical ways to perpetuate a culture of compliance

What is a rural health clinic?

Public Law 95-210 passed on December 13, 1977
7 pages long

https://www.govinfo.gov/content/pkg/STATUTE-91/pdf/STATUTE-91-Pg1485.pdf

Is a certification from CMS that allows physician practices to qualify for cost-based reimbursement from Medicare and Medicaid.

RHC Status only affects reimbursement from:

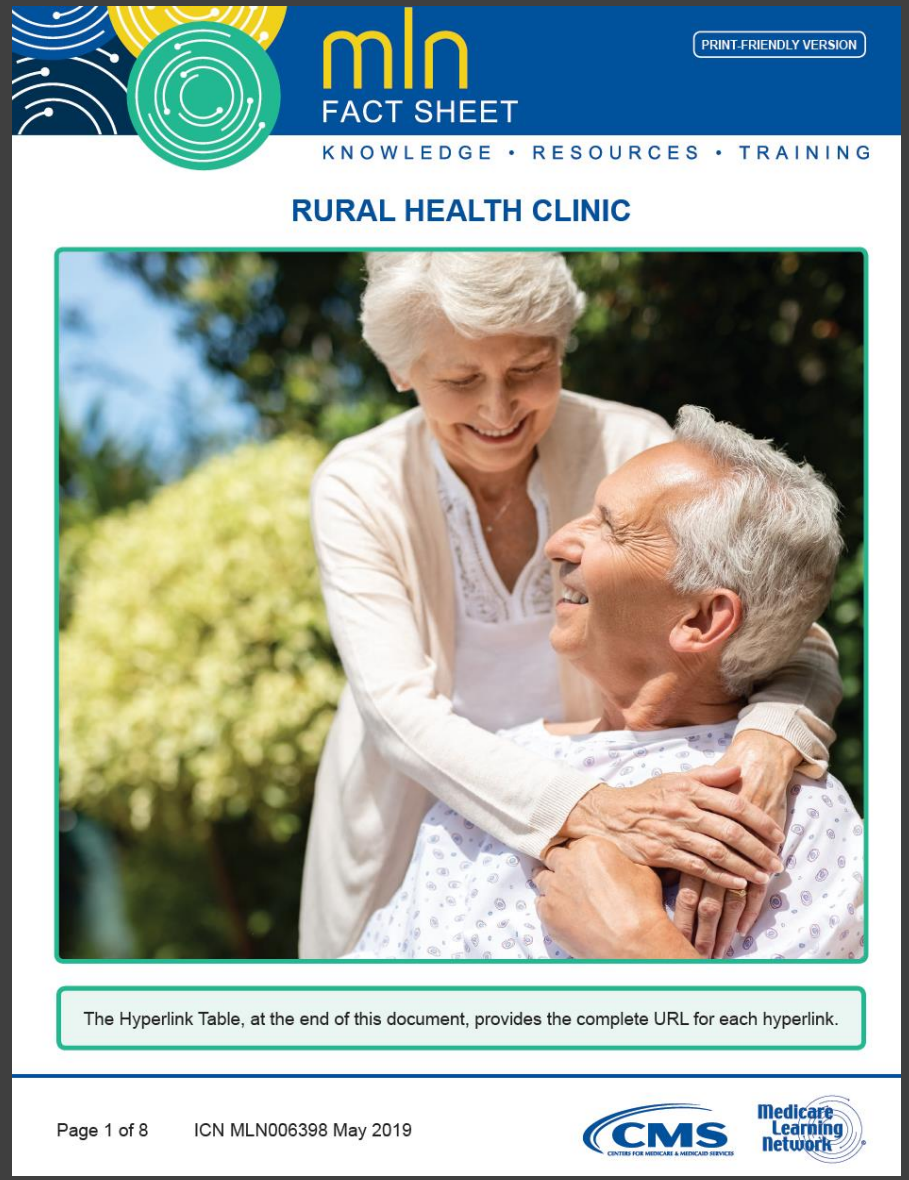
What is a rural health clinic?

RHC Fact Sheet

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf

Last Update: May 2019

Needs to be updated due to massive changes to the RHC program.


mln FACT SHEET

PRINT-FRIENDLY VERSION

KNOWLEDGE • RESOURCES • TRAINING

RURAL HEALTH CLINIC

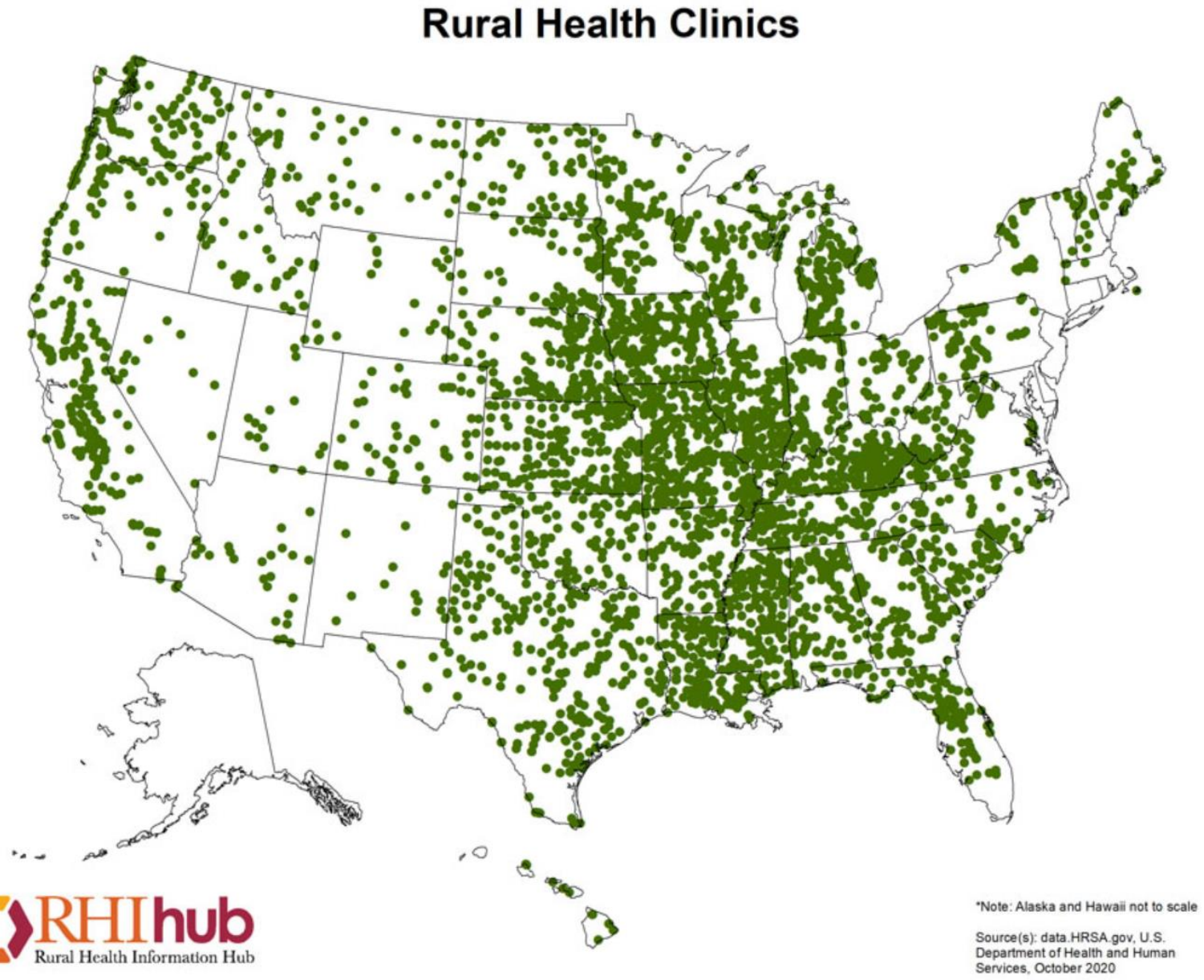
The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Page 1 of 8 ICN MLN006398 May 2019

CMS

Medicare Learning Network

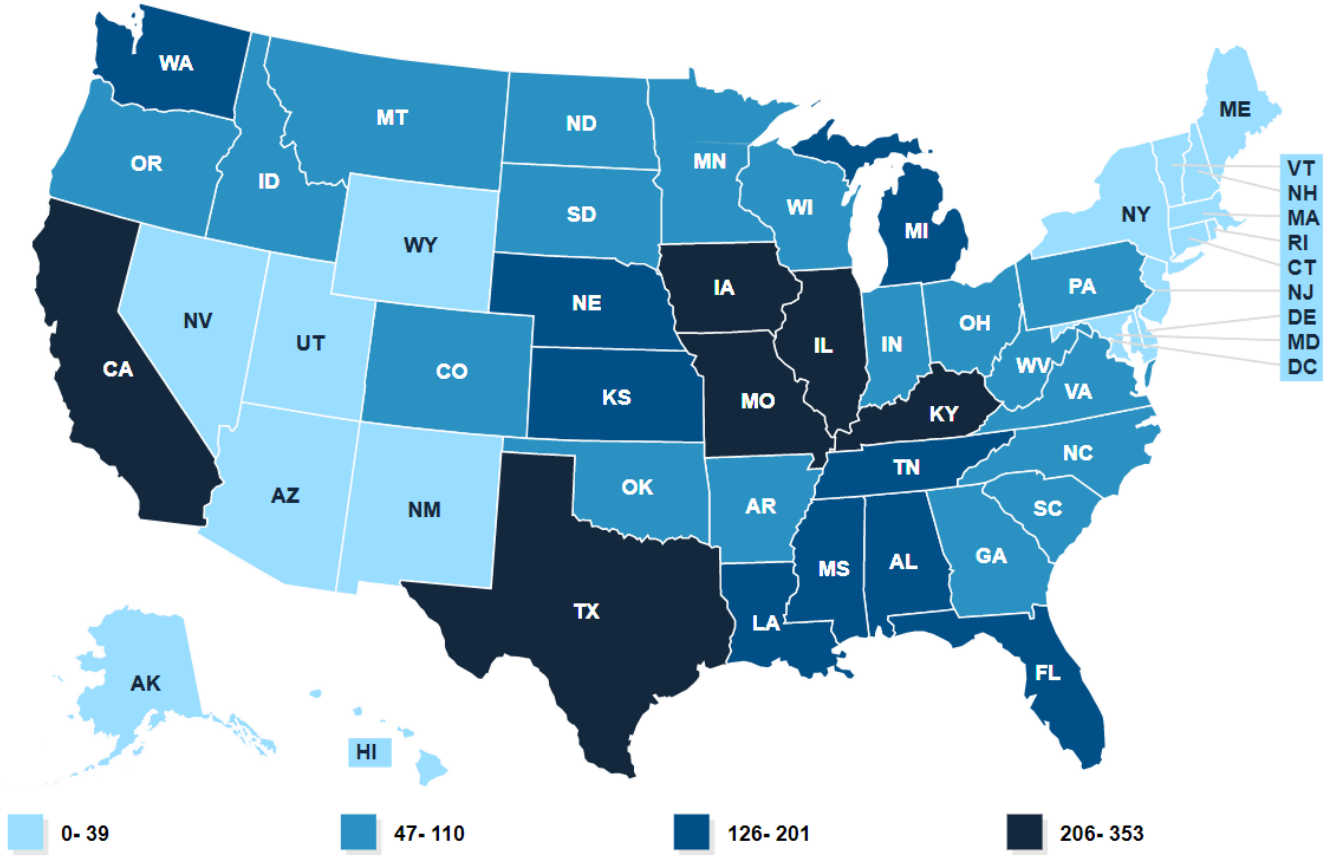
How Many?



There are 4,847 RHCs in the USA out of 230,187 physician practices (2%)

https://www.ruralhealthinfo.org/rural-maps/mapfiles/rural-health-clinics.jpg?v=7

Where are they?



https://www.kff.org/other/state-indicator/total-rural-health-clinics/

Medicaid has been the driving force for the increased number of RHCs until now

RHCs in the Southeast

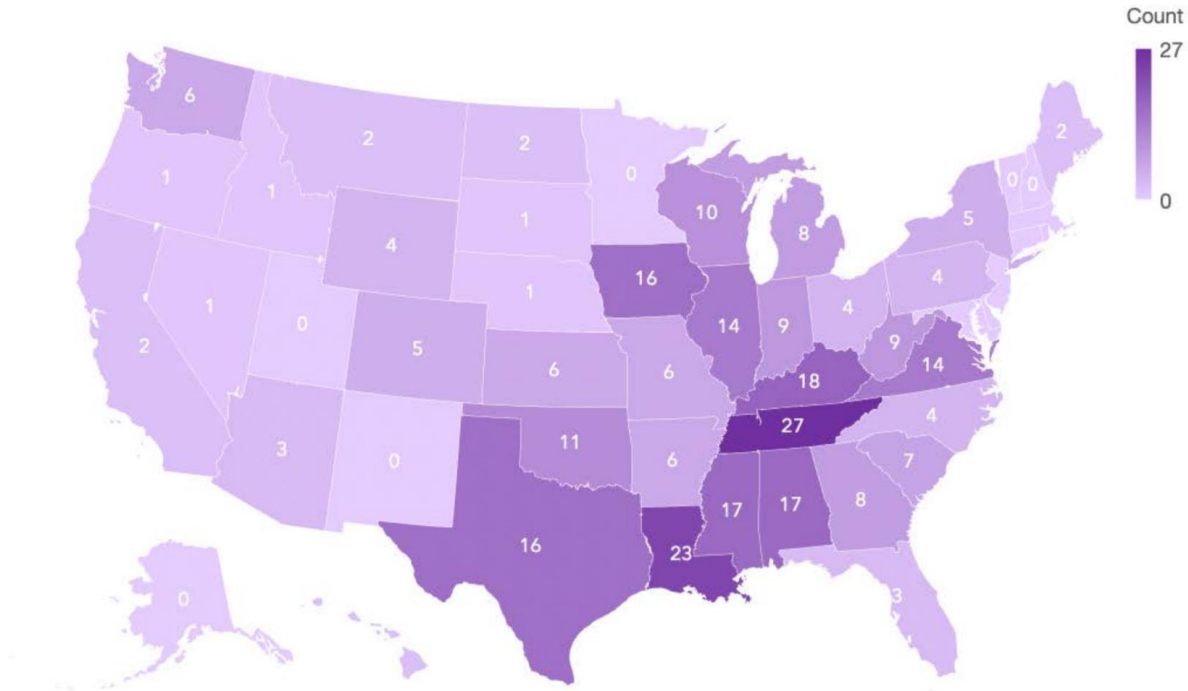
State	2018	2019	2020
Kentucky	191	252	281
Mississippi	177	184	201
Tennessee	112	134	171
Florida	155	161	161
Alabama	109	115	135
Georgia	90	89	100
South Carolina	87	86	87
North Carolina	73	72	74

Where to find specific RHCs

https://qcor.cms.gov/RHC_wizard.jsp?which=12&report=active_nh.jsp

RHCs Established After 12/31/2019 by State

Map B: State Comparison of RHCs Established in CY 2020



295

The Act established a retroactive grandfathering provision to be effective December 31, 2019. In the time between the grandfathering date established in the Act and the enactment date of the legislation, **295** primary care practices had been newly designated as RHCs. Among that cohort, **142** were clinics subject to the capped rate and **153** were eligible for an uncapped rate. Overall, RHCs in **38** states were established after December 31, 2019.

Lilypad®

Data Source: December 2020 CMS Provider of Services (POS) data file. Refer to the Data Management slide of this document for more details.

Why are Clinics becoming certified as RHCs

Advantages of RHCs
Potentially increased reimbursement from Medicaid depending on the state
Medicare reimbursement will be increasing for independent RHCs on April 1, 2021 ($100 to $190 by 2028)
No Payment reductions for NPs/PAs/CNM (15% reduction on Medicare fee schedule)
Considered an Essential Provider eligible for Provider Relief Funds (all RHCs received at least $103,269 in 2020)

Disadvantages to RHCs

- **Must employ (W-2) a NP/PA/CNM at least 50% of the time.**
- **Poor reimbursement from Medicare for Independent RHCs**
- **Potential large paybacks for excess compensation for independent RHCs in Kentucky.**
- **Negative Reimbursement**
- **Must be bill using a UB-04**

There are Nine Conditions of Participation

https://www.law.cornell.edu/cfr/text/42/part-491/subpart-A

- **491.4 Comply with Fed, State, & Local Laws**
- **491.5 Must meet location requirements**
- **491.6 Physical Plant and Environment**
- **491.7 Organizational Structure**
- **491.8 Staffing and Staff Responsibilities**
- **491.9 Provision of Services**
- **491.10 Patient Health Records**
- **491.11 Program Evaluation**
- **491.12 Emergency Preparedness**

Waivers due to COVID-19 by CMS (44 pages)

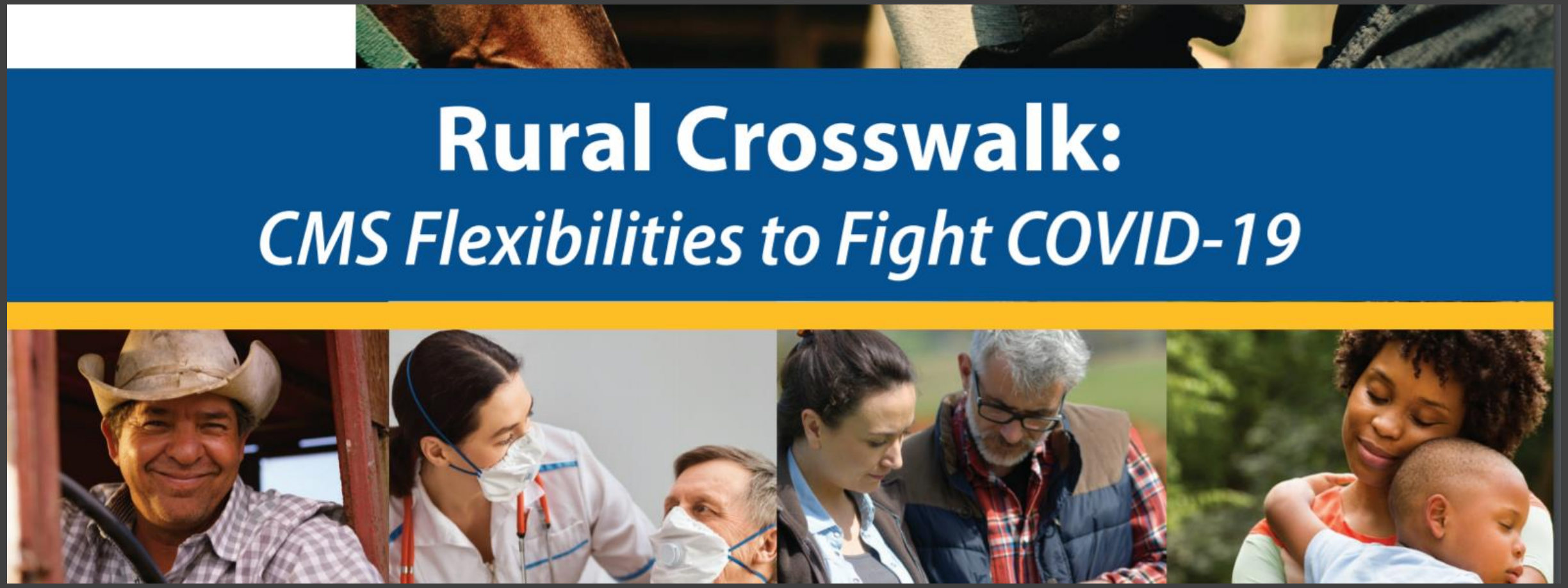
Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- **Certain Staffing Requirements.** 42 CFR 491.8(a)(6). CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC operates. CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates. This will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mixes during the PHE.

- **Physician Supervision of NPs in RHCs and FQHCs.** 42 CFR 491.8(b)(1). We are modifying the requirement that physicians must provide medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law. The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff. This allows RHCs and FQHCs to use nurse practitioners to the fullest extent possible and allows physicians to direct their time to more critical tasks.

- **Temporary Expansion Locations.** CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) but will end when the HHS Secretary determines there is no longer a PHE due to COVID-19.

https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf



- https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

CMS Facility Without Walls (Temporary Expansion Sites)

Title	Description	RHC	FQHC	CAH	Hospital	SNF
Temporary Expansion Locations for RHCs and FQHCs	CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) for the duration of the PHE.	✓	✓			
Bed Count for Provider-Based RHCs and RHC Payment Limit	RHCs that are provider-based to a hospital with fewer than 50 beds are exempt from the national RHC payment limit. For the duration of the PHE, the number of beds prior to the start of the PHE will be the official hospital bed count for application of this policy so that hospitals are not discouraged from increasing bed capacity if needed.	✓				
Physical Environment (Long-Term Care Facilities)	CMS is waiving requirements related at 42 CFR 483.90, specifically the following: • Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults. • CMS believes this will also provide another measure that will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location. • CMS is also waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department.					✓

RHC Location Requirements

Be in a non-urbanized area

Be in a current (4 years) health shortage area

Geographic HPSA	Primary Care Population Group (MUP)	Medically Underserved Area (MUA)	Governor-designated shortage area

Non-urbanized area is 50,000 now – could be moving to 100,000.

Are you located in an Eligible Area?

- **Am I Rural Data Base**
- http://ims2.missouri.edu/rac/amirural/

- **HRSA Shortage Areas**
- http://www.hrsa.gov/shortage/find.html

If you need help with your medically Underserved area.

- Joe Lampard
- HPSA Acumen
- PO Box 274
- 201 E 4th Street, 3rd Floor
- Jamestown, NY 14701
- Telephone: 716.483.0888
- **Email:** jos@hpsa.us
- Website: **http://hpsa.us/**

What are the six laboratory tests required for Rural Health Clinic certification?

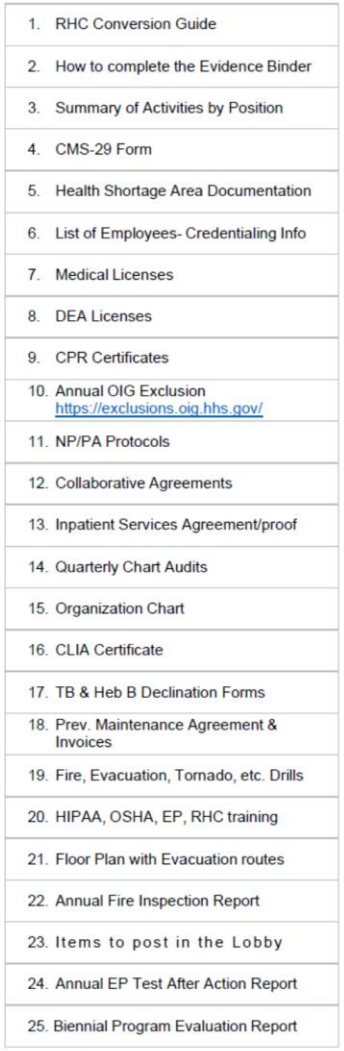
- 1. Chemical examinations of urine by stick or tablet method or both
- 2. Hemoglobin or hematocrit
- 3. Blood sugar
- 4. Examination of stool specimens for occult blood
- 5. Pregnancy tests
- 6. Primary culturing for transmittal to a certified laboratory (No CPT code available)

- Reference: CMS Publication 100-04, Chapter 9, Section 130

3. The most important step to passing the RHC inspection is to prepare and maintain a comprehensive Evidence Binder to present to the Inspector.

A. Yes

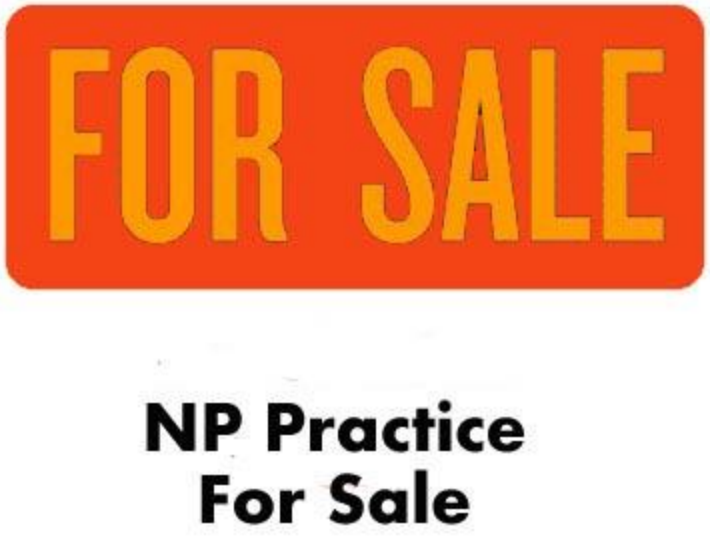
B. NO



https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5dd043513f9513116962399f/1573929809795/2019+Evidence+Binder+25+Tab+Index.pdf

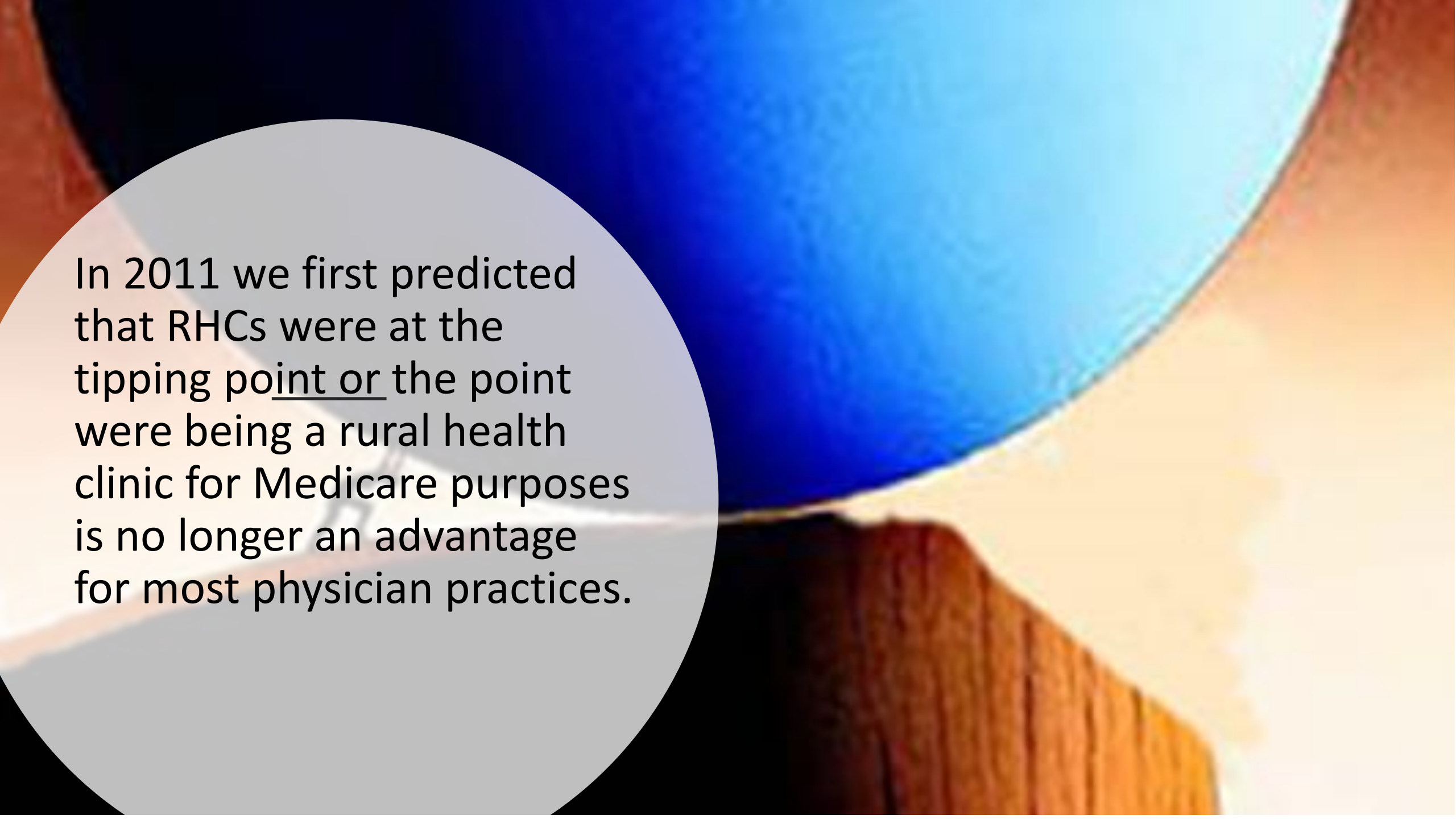
RHCs used to be either

Independent



Provider-based

700 Independent RHCs either closed or were sold and converted into a Provider-based RHC



In 2011 we first predicted that RHCs were at the tipping point or the point were being a rural health clinic for Medicare purposes is no longer an advantage for most physician practices.

In 2020 when CMS priced the market based of Telehealth services, the average reimbursement was $92.03 for the fee schedule which was more than the bundled upper payment limit for Independent RHCs of $86.31. CMS finally realized they have been underpaying RHCs for years.

Medicare reimbursement for RHCs will undergo a massive overhaul as part of the year-end COVID-19 relief and appropriations package passed by Congress and signed by the President on December 28, 2020.

Reimbursement Differences between prior to April 1, 2021*

Independent

Payment capped at $87.52
Use Form 222
Owned by physicians, NPs, PAs, or even hospitals.

Provider-based

Payment capped at $87.52 except for less than 50 beds
Use Form 2552, M-Series of the cost report
Owned by the hospital

- The law making this change is currently effective for Provider-based RHCs certified or with an 855A filed by 12/31/2020. RHCS will most likely be referred to as grandfathered RHCs (old provider-based RHCs). RHCs that are grandfathered will be capped at some rate determined by CMS based upon their historical costs. We do not yet know how that will be determined. It will be a capped rate, not a PPS rate.

Medicare RHC Cost Report Upper Limits

Begin Date	End Date	Medicare Upper Limit
1/1/2020	12/31/2020	$ 86.31
1/1/2021	3/31/2021	$ 87.52
4/1/2021	12/31/2021	$ 100.00
1/1/2022	12/31/2022	$ 113.00
1/1/2023	12/31/2023	$ 126.00
1/1/2024	12/31/2024	$ 139.00
1/1/2025	12/31/2025	$ 152.00
1/1/2026	12/31/2026	$ 165.00
1/1/2027	12/31/2027	$ 178.00
1/1/2028	12/31/2028	$ 190.00
1/1/2029	12/31/2029	MEI

MEI = Medicare Economic Index

https://www.narhc.org/News/28696/Rural-Health-Clinic-Modernization-Included-in-Final-COVID-Package

Random selection of 20 cost reports from 2019 to see the impact of the new payment system

Six clinics will get no increase

Three clinics will get an increase, but not up to $100

Eleven clinics will get an increase to $100 per visit

Sample of 20 Cost Reports Cost Per Visit from 12/31/2019				
				Projected
		Cost	Variance	Care Rate
Number	State	Per Visit	from $100	1-Apr-21
1	KY	$ 81.55	$ (18.45)	$ 81.55
2	NC	$ 84.70	$ (15.30)	$ 84.70
3	FL	$ 84.84	$ (15.16)	$ 84.84
4	Il	$ 85.55	$ (14.45)	$ 85.55
5	SC	$ 85.55	$ (14.45)	$ 85.55
6	MS	$ 87.14	$ (12.86)	$ 87.14
7	KY	$ 91.08	$ (8.92)	$ 91.08
8	TN	$ 92.40	$ (7.60)	$ 92.40
9	NC	$ 94.84	$ (5.16)	$ 94.84
10	MO	$ 100.47	$ 0.47	$ 100.00
11	AR	$ 102.51	$ 2.51	$ 100.00
12	AR	$ 104.96	$ 4.96	$ 100.00
13	CA	$ 105.15	$ 5.15	$ 100.00
14	IN	$ 106.84	$ 6.84	$ 100.00
15	GA	$ 127.66	$ 27.66	$ 100.00
16	PA	$ 131.10	$ 31.10	$ 100.00
17	LA	$ 136.36	$ 36.36	$ 100.00
18	WY	$ 138.95	$ 38.95	$ 100.00
19	AL	$ 205.63	$ 105.63	$ 100.00
20	OH	$ 249.97	$ 149.97	$ 100.00

How Does Medicaid Pay RHCs?

Here are the rates for Tennessee for example

Caseload Mix Averages - EAST		
	<8,000 Visits	8,000 to 13,999
6/30/2017	167.48	124.05
6/30/2018	169.49	125.54
6/30/2019	171.86	127.30
6/30/2020	174.44	129.21
6/30/2021	177.75	131.66

Caseload Mix Averages - MIDDLE		
	<8,000 Visits	8,000 to 13,999
6/30/2017	137.88	151.94
6/30/2018	139.54	153.77
6/30/2019	141.49	155.92
6/30/2020	143.61	158.26
6/30/2021	146.34	161.27

Caseload Mix Averages - WEST		
	<8,000 Visits	8,000 to 13,999
6/30/2017	143.51	131.03
6/30/2018	145.23	132.60
6/30/2019	147.26	134.46
6/30/2020	149.47	136.47
6/30/2021	152.31	139.06

Which Specialty does best as a RHC?

Independent RHC Pediatrics Usually does best due to high Medicaid and lots of volume.

In Provider-based RHCs, Internal Medicine fares Better due to the high Medicare Rates.

Which Specialty typically does best as an Independent RHC?

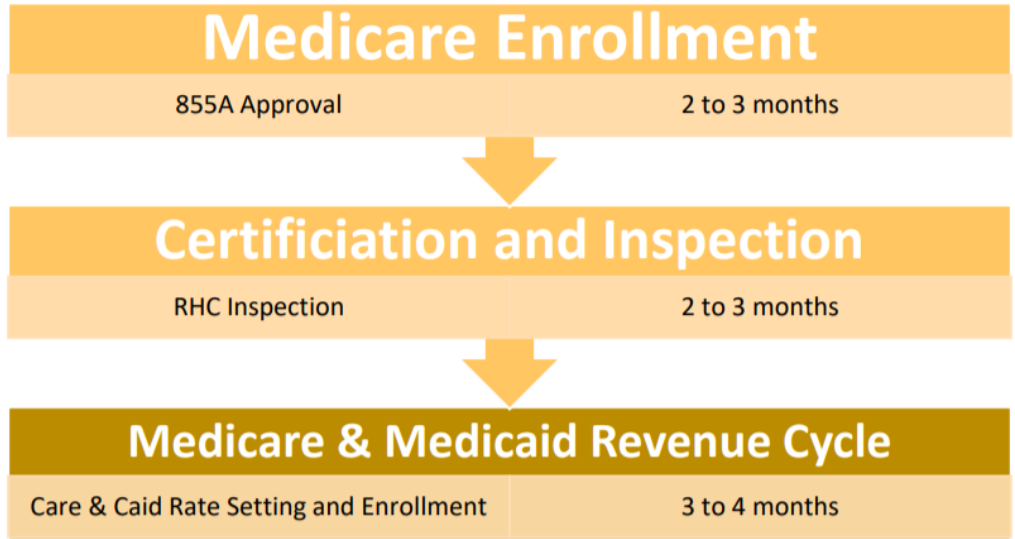
A. Family Practice

B. Internal Medicine

C. Pediatrics

Projected Timelines for becoming a Rural Health Clinic

Becoming a rural health clinic is a long process with lots of governmental hurdles to overcome and steps to achieve. It can be a long and sometime daunting task with many pitfalls, traps, and slowdowns along the way. We have provided the following table to give you an idea of the expected timeframes for the accomplishment of the becoming a rural health clinic and most importantly getting paid.



Definitions

Medicare Enrollment – RHCs must use an 855A to enroll as an institutional provider using a facility or institutional NPI number. This process takes 2 to 3 months to complete, review, and approve the 855A.

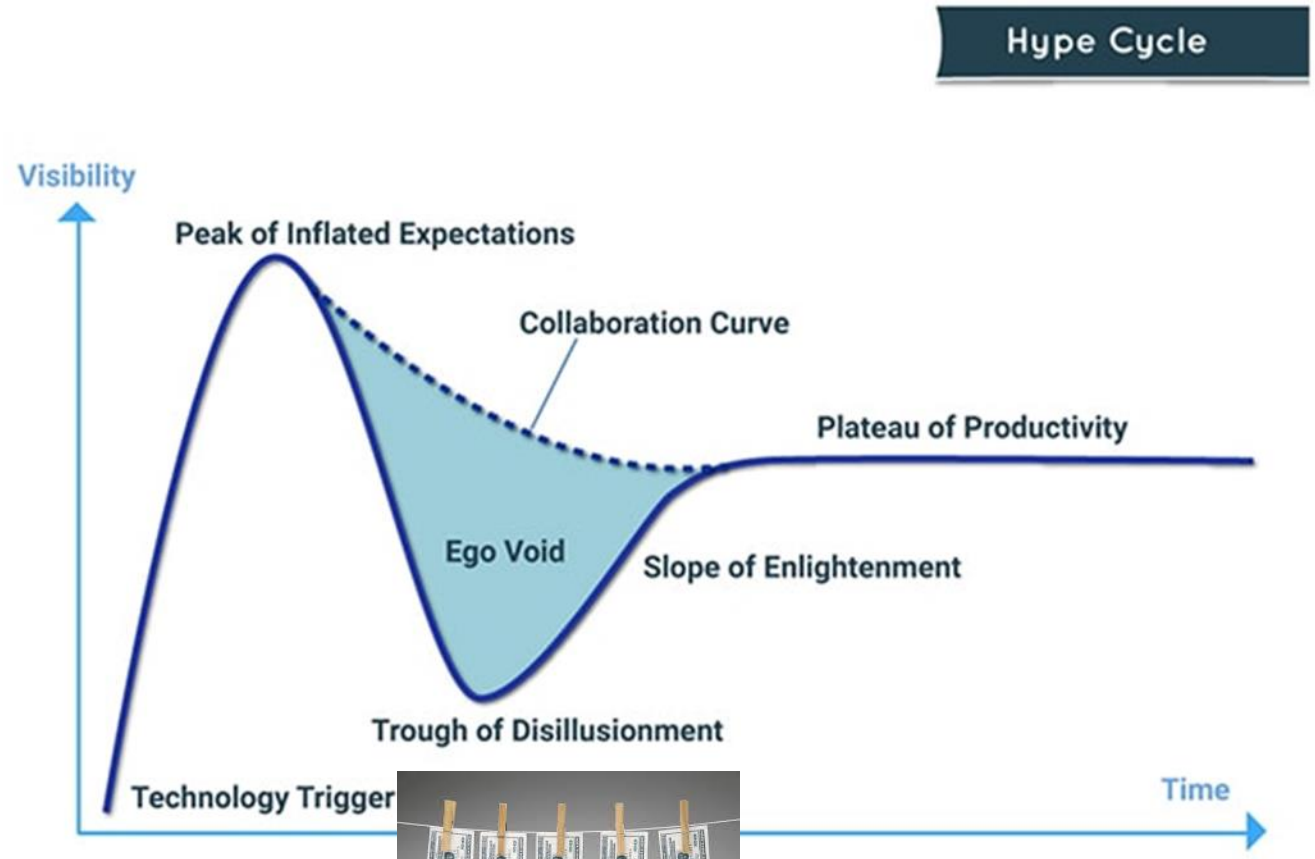
Certification and Inspection – RHCs must pass an inspection by the State or deeming authority to become certified as a rural health clinic. The clinic must demonstrate it is acting as a RHC by policy, procedures, and processes that comply with the nine conditions of participation. This process normally takes 2 ot 3 months.

Medicare & Medicaid Revenue Cycle Implementation – RHCs must have a CCN (provider number), Medicare All-Inclusive Rate, ability to generate an ANSI-837 (UB-04) claim form and be enrolled in the EDI system of the MAC before Medicare can pay. RHCs must enroll in Medicaid as an RHC, have a Medicaid interim rate established, and bill according the format and instructions of each state's Medicaid program.

The first step is……

See your banker and
Get a line of credit.
The biggest one you
can get and then some.

Secure a Line of Credit



Because RHC will pay more for your Medicare and Medicaid claims you will want to hold claims after the inspection. You will need money to replace those held claims.

Medicare Cost Report
Compensation Options

Value of Services

No Salary

Owner Distributions

Value of Services

Paid Comp

Salary

Resources for RHCs

HBS
Healthcare Business Specialists

Resources for RHCs

Type	Cap
CMS Rural Health Clinics Center (Google rural health clinic.asp)	http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html
Chapter 13 – Medicare Benefits Manual. Section 230 Covers CCM services including Transitional Care Management Services	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf
National Association of Rural Health Clinics	http://narhc.org/

HBS

Healthcare Business Specialists

Description	Web Address
Appendix G Guidance to Surveyors: Rural Health Clinics	**https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf**
CMS-30 Survey For Rural Health Clinics (This is a modified version that is useful)	**http://www.healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/survey-report-tool.pdf**

Survey Resources for New RHCs

Type	Cap
State Surveyors	CMS State Survey Agency Directory
Quad A RHC Accreditation	https://www.aaaasf.org/programs/medicare-programs/medicare-rural-health-clinics-program
The Compliance Team RHC Accreditation	http://www.thecompliancetream.org/rural_health_clinic.aspx

- **Homework Assignment Watch this Webinar**

- **Virtual Self Survey with AAAASF and TCT (Tom Terranova, Kate Hill, and Elsie Crawford) on May 19, 2020**

- Youtube Webinar Recording: https://youtu.be/hVAqVciYGko

- You can find the Slide Presentation for the webinar HERE

- Here is a PDF that has some of the information we will go over in the webinar:
- Virtual Self-Survey Instructions from April 24th Virtual Self-Survey Presentation

- Virtual Mock Inspection Handout (PDF)

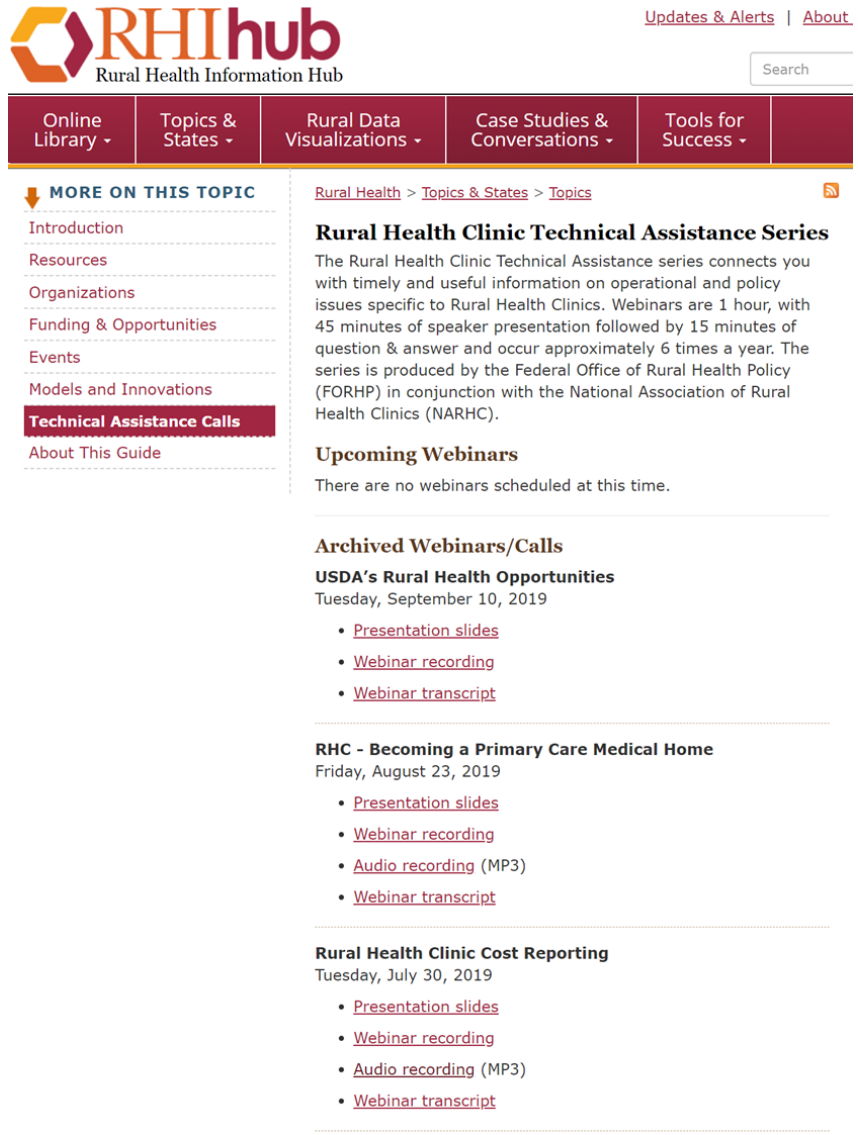
NARHC's Certified Rural Health Clinic Professional (CRHCP) Course

https://www.web.narhc.org/assnfe/ev.asp?ID=360

RHC Resources

- RHC TA Listserv -- Two ways to sign-up :
  1. Online at https://narhc.org/resources/listserve-ta-calls/
  2. By email to admin@narch.org and put “Listserv” in the subject line
- RHC TA Webinars: Rural Health Information Hub
  - Go to: https://www.ruralhealthinfo.org/topics/rural-health-clinics/technical-assistance-calls
- National Association of Rural Health Clinics
  - General questions: rdavis@narhc.org
  - Bill Finerfrock: bf@narhc.org
  - Nathan Baugh: Baughn@capitolassociates.com
- Other Resources
  - CMS RHC Website: https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html
  - State Offices of Rural Health: https://nosorh.org/
  - CMS Regional Office Rural Health Coordinators

https://www.ruralhealthinfo.org/topics/rural-health-clinics/technical-assistance-calls



RHIhub
Rural Health Information Hub

Updates & Alerts | About

Search

Online Library | Topics & States | Rural Data Visualizations | Case Studies & Conversations | Tools for Success

MORE ON THIS TOPIC

- Introduction
- Resources
- Organizations
- Funding & Opportunities
- Events
- Models and Innovations
- **Technical Assistance Calls**
- About This Guide

Rural Health > Topics & States > Topics

Rural Health Clinic Technical Assistance Series

The Rural Health Clinic Technical Assistance series connects you with timely and useful information on operational and policy issues specific to Rural Health Clinics. Webinars are 1 hour, with 45 minutes of speaker presentation followed by 15 minutes of question & answer and occur approximately 6 times a year. The series is produced by the Federal Office of Rural Health Policy (FORHP) in conjunction with the National Association of Rural Health Clinics (NARHC).

Upcoming Webinars

There are no webinars scheduled at this time.

Archived Webinars/Calls

USDA's Rural Health Opportunities
Tuesday, September 10, 2019

- Presentation slides
- Webinar recording
- Webinar transcript

RHC - Becoming a Primary Care Medical Home
Friday, August 23, 2019

- Presentation slides
- Webinar recording
- Audio recording (MP3)
- Webinar transcript

Rural Health Clinic Cost Reporting
Tuesday, July 30, 2019

- Presentation slides
- Webinar recording
- Audio recording (MP3)
- Webinar transcript

- The future for RHCs has never been brighter for Independent RHCs
- Provider-based RHCs will be facing an adjustment period until the payment rates stabilize

HBS

Healthcare Business Specialists

Questions/ Thank you