



RHC Technical Assistance Phone Call

Billing Questions and Answers

On September 8, 2010, the National Association of Rural Health clinics conducted a question and answers session and are the questions and the answers as summarized from that session.

Question: I am a provider-based RHC, how do I bill for secondary payors? (Medicare is primary and insurance is secondary)

Each individual payer is different. Some payer will not accept UB-04 and you have to use the 1500 form instead. Talk to every payer to see what their process and follow that process to receive payment.

Question: Can you bill as a physician office on the 1500 instead and is that Ok?

The answer is yes they can. Use place of service 11 to get the crossover paid that is perfectly fine. Some insurance companies consider you a facility or institution if you use place of service code 72 and will not pay the secondary request. In that case, use place of service code 11. That is appropriate.

One of the callers indicated that WPS forwards the secondary in the UB format and the insurance companies reject them. The clinic drops a claim as a 1500 and adds the remittance advice and the insurance company will pay. Medicare started forwarding claims automatically recently after not doing it for a while and now they have stopped crossing over automatically.



Question: How do you handle MSP payments (when Medicare is secondary as opposed to Medicare secondary payors who pay secondary to Medicare)?

WPS do not pay them as a rural health clinic as they only pay the copay. Can not use paper or DDE to file this type of claim. MSP – as a provider based clinic. – drop a claim on the 1500.

Question: I am having a difficult time with Medicare secondary payer records getting updated on the Common working file? The person who must call with the information is the patient or the patient’s representative that must make the change. The only way to get it changed was to call the State Representative and it finally got changed.

Answer. I feel your pain. Ditto.

Question: Nursing home patient is in an adjacent county that is either urban or not medically underserved. Can that patient be billed as a rural health clinic visit?

The patient’s address is not a problem – by opening a chart the patient is established as a patient. It does not matter if they were a patient before, nor does it matter if the nursing home is in an urban or underserved area. Make sure you have a chart in the clinic to provide evidence. Note: some of the presenters disagreed with this; but, this is the rule I have always used and I have never seen anything to question the validity of this.

Question 2: Does the patient have to be a present ever in a rural health clinic to be established as a rural health clinic patient?

No. The patient does not ever have to physically be in the rural health clinic, for the RHC to bill for services.



Question: If a patient has a 90 day global period for a procedure that was performed in the hospital by a surgeon who is affiliated with the clinic, how is it billed?

The surgeon should correctly code the procedure for the surgery only and then the visits are paid as rural health clinic visits.

If you bill globally it could lead to double payment when visits occur during the global period if the physician is affiliated with the RHC.

If the surgeon is not affiliated it does not matter how it is coded can be a counted and paid as a visit.

Question: How do you handle physicians doing minor surgery? Can you carve out time or take a room and perform procedures in those rooms and bill them to Part B?

The answer to this question was the biggest issue during the call. Two consultants indicated that you could do it one way and two others indicated that you should do it another way. Here are the two answers.

Option 1: One answer was that you post non-rhc time and perform procedures during that time and bill to Medicare Part B as fee for service. All patients during this time are non-RHC and all the cost is carved out of the RHC cost report. The cost report is specifically designed to accommodate this type of system.

Option 2: The second answer was that you can post specialty hours and send a letter to the MAC outlining the methodology for allocating expenses. The methodology must be well documented and staff time appropriately allocated to the cost center. You can see RHC patients in the other areas of the clinic. You can not financially triage patients. This is a risky strategy; but, if you are careful you can make it work.



Here is my take on this subject. The proposed rules for RHCs prohibit this type of arrangement; however, they are just proposed rules so thus the confusion. I do think it is more of a regional interpretation to this issue. Consultants from the North and Southwest favored the more aggressive option 2 method and I have been to meetings in those regions were I have heard CMS regional personnel describe this type of arrangement as a reimbursement option, while consultants from the South favored the more conservative Option 1 as this is what Riverbend described and taught to RHCs over the years. I think either option can be justified; however, I would do as one consultant suggested and write a letter to the MAC with your proposed plan and reimbursement methodology before you implement either option. Additionally, I think the region of the country should play into your thinking about this issue. In the North and Southwest it will be more practical to use Option 2; while in the Southeast using Option 1 is more prudent.





RHC Technical Assistance Phone Call

EMR Stimulus Questions and Answers

Question: Is it true that rural health clinics do not qualify for Medicare Electronic Stimulus Payments and they are not paid on inpatient claims?

No, rural health clinic providers are not excluded from Medicare stimulus payments; however, they are only paid on Medicare Part B claims including physician charges for inpatient services billed to Medicare Part B.

Question: How is the Medicaid stimulus payment qualifying percentage calculated? Individually or in aggregate?

Either way. In aggregate or individually. The clinic must have 30% or more of its patients medically needy.

Question: Can the PA be the clinical director and the physician be the medical director and would this arrangement qualify the PA for Medicaid stimulus payments?

Yes. This arrangement would work under the EMR stimulus regulations.

Question: If we have PA clinical director, would our other PAs qualify for Medicaid stimulus payments as well?

Yes, based upon our understanding of the regs.



Question: Do EMR Medicaid stimulus payments counts only Title 19 visits and not Title 21 (well women's) – Medicaid patients in regards to the 30% threshold. Are both Title 19 and Title 21 patients eligible to be counted for this program?

Title 21 is an optional program that may or may not qualify for EMR incentive payments. This will be determined in the future.

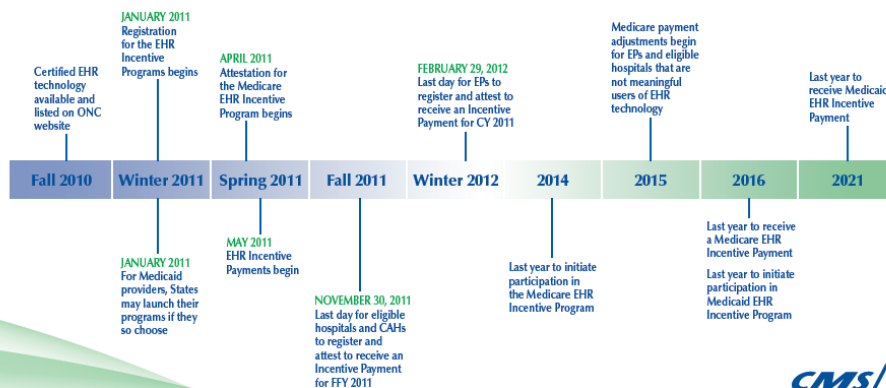
Question: Any stimulus payments on EMR yet?

No, states can pay in 2010; however, none have – Medicare meaningful use does not start until 2011. Medicare has estimated that May will be the first month that payments are made. Here is timeline provided by CMS on the incentive program

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRIncentProgTimeline508.pdf>

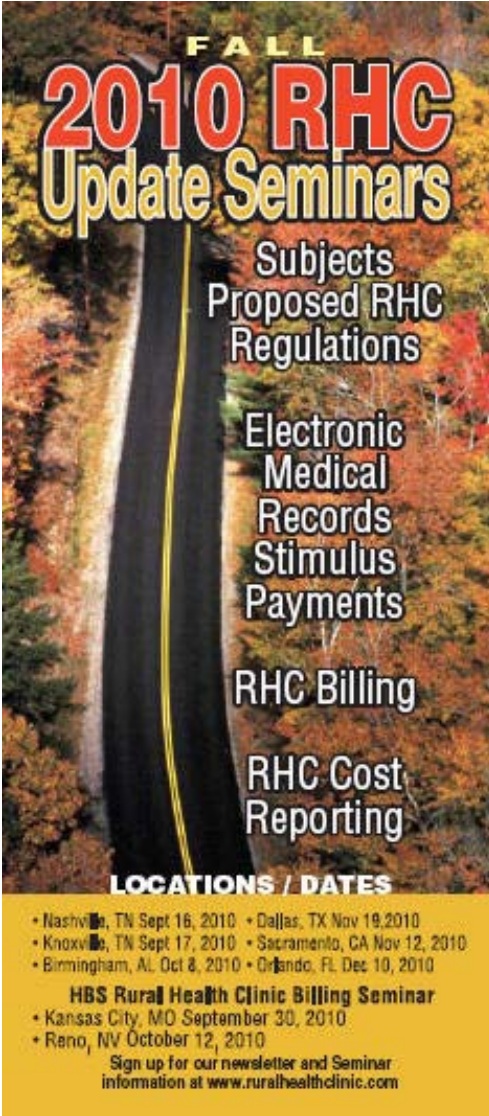


CMS Medicare and Medicaid EHR Incentive Programs Milestone Timeline





RHC Update and Billing Seminars



FALL
2010 RHC Update Seminars

Subjects
Proposed RHC Regulations

Electronic Medical Records Stimulus Payments

RHC Billing

RHC Cost Reporting

LOCATIONS / DATES

- Nashville, TN Sept 16, 2010 • Dallas, TX Nov 19, 2010
- Knoxville, TN Sept 17, 2010 • Sacramento, CA Nov 12, 2010
- Birmingham, AL Oct 8, 2010 • Orlando, FL Dec 10, 2010

HBS Rural Health Clinic Billing Seminar

- Kansas City, MO September 30, 2010
- Reno, NV October 12, 2010

Sign up for our newsletter and Seminar information at www.ruralhealthclinic.com

We are sending out a postcard next week on our rural health clinic and billing seminars so look for it in the mail. We have added dates in Dallas, Orlando, and Sacramento so look for those dates as well. Here is the link to the postcard that will be in the mail. The update seminars will feature information on medical homes, bundled payment, and accountable health organizations as well as the latest information on the Electronic Health Records Stimulus payments. The morning session will be all legislative changes and Electronic Health Records and the afternoon sessions are related to RHC Billing, Cost Reporting, and Annual Evaluations. If you would like to only attend the morning session, the fee is \$150.00 or the afternoon session the fee is \$150.00 as well. You do not have to be a rural health clinic to benefit from the information presented in the morning session. Here is the link:

[2010 RHC Update Fall Seminar Brochure Page 1.pdf](#)

[2010 RHC Update Brochure Page 2.pdf](#)



Here are the links to register for the seminars. Let us know if you have a problem with any of them. Thank you and we hope to see you at one of the seminars.

[RHC Update Seminar in Nashville, TN on September 16, 2010](#)

[RHC Update Seminar in Knoxville, TN on September 17, 2010](#)

[RHC Update Seminar in Birmingham, AL on October 8, 2010](#)

[RHC Update Seminar in Sacramento, CA on November 12, 2010](#)

[RHC Update Seminar in Dallas, TX on November 19, 2010](#)

[RHC Update Seminar in Orlando FL on December 10, 2010](#)

[Kansas City, MO RHC 101 Billing Seminar on September 30, 2010](#)

[Reno, NV RHC 101 Billing Seminar on October 19, 2010](#)

<i>Date</i>	<i>Location</i>	<i>Subject</i>	<i>Time</i>
<i>Thursday, Sept. 16</i>	Nashville, TN	RHC Update	9:30 to 4:00
<i>Friday, September 17</i>	Knoxville, TN	RHC Update	9:30 to 4:00
<i>Friday, October 8</i>	Birmingham, AL	RHC Update	9:30 to 4:00
<i>Thursday, Sept. 30</i>	Kansas City, MO	RHC Billing	9:30 to 4:00
<i>Tuesday, October 19</i>	Reno, NV	RHC Billing	9:30 to 4:00
<i>Friday, November 12</i>	Sacramento, CA	RHC Update	9:30 to 4:00
<i>Friday, November 19</i>	Dallas, TX	RHC Update	9:30 to 4:00
<i>Friday, December 10</i>	Orlando, FL	RHC Update	9:30 to 4:00

H B S

Healthcare Business Specialists



Thanks for reading this newsletter. I hope it was informative and helpful.
Thanks and look forward to seeing everyone at one of the seminars.

Mark R. Lynn

RHC Consultant

Suite 214, 502 Shadow Parkway

Chattanooga, TN 37421

Telephone: (423) 899-0945

Fax: (800) 268-5055

Email: la_vita_nouva@hotmail.com

Website: www.ruralhealthclinic.com

Business Email: marklynn@healthcarebusinessspecialists.com

Website: www.healthcarebusinessspecialists.com