



HBS

Update

April 5, 2011

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Visit our website at www.ruralhealthclinic.com

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Have RHCs reached the Tipping Point?

For a number of years now, Rural Health Clinics have been nearer and nearer to the tipping point or the point where being a rural health clinic for Medicare purposes is no longer an advantage for most physician practices. In 2011, the harsh reality is upon a lot of clinics as they have some major choices regarding their direction with Electronic Health Records. First, let me say that if you meet the criteria for Medicaid reimbursement for Electronic Health Records stimulus payments then you are almost certainly in the right place in a rural health clinic. However, if you can not reach the 30% required medically needy for RHCs to receive the Medicaid Electronic Health Records stimulus payments, then you may want to consider certifying and operate as a traditional Medicare Part B provider.



Before we get started looking at the numbers Medicare Part B physician fees have increased 12% over the last 10 years; however, spending per beneficiary has increased 77% over that period of time. RHC rates by comparison have increased 24% which is an increase from \$61.85 per visit in 2000 to \$76.84 in 2009. On the surface the relative safe harbor of rural health clinic reimbursement seems to be the sweet spot for Medicare as RHCs are guaranteed the Medicare Economic Index increase on annual basis which has been hovering at 1% for years and was most recently a paltry .4% increase in 2011. Still, a guaranteed increase in reimbursement seems to be much better than the constant threat of a 25% to 30% cut that looms on the



traditional Medicare Part B side of thing. That thinking has kept us comfortable in our RHC cocoon; however, the world has changed - the way healthcare is provided has changed - the way healthcare is paid has changed. Let's take a closer look at some of the changes.

WHAT'S CHANGED
More provider types are reimbursed in traditional Medicare while RHCs are still required to have a physician, NP, or PA to create a reimbursable visit. (some exceptions to this rule)
MACs are limiting collection of the deductible to the RHC reimbursement rate which is creating negative reimbursement.
Primary Care Physician Bonus of 10% paid on the 1500 form for 2011.
HPSA Geographic Bonus of 10% is paid on the 1500. (not really new)
EHR Bonus of \$44,000 (\$48,400 in a HPSA) is paid on the 1500.
Electronic Prescribing bonus of 2% at one time is paid on the 1500. (being phased out and penalty phase is beginning)
PQRI bonus of 2% at one time paid on the 1500. (being phased out)
EHRs are improving coding (code creep) and more and more 99214s are being coded and documented with EHR.

One important item in the table the EHR bonus is going to be phased out rather quickly in Medicare and if you do not qualify for the Medicaid stimulus, you may need to act fast to capture the bonus. Of course, don't be hasty with the expansion of Medicaid in 2014 and the extended time for the Medicaid stimulus payments, it is reasonable that your clinic could have a large increase in Medicaid patients and meet the 30% threshold in the future. Also the Medicaid stimulus payments can be started in 2016 and last through 2021 and are \$63,750 per provider including your Nurse Practitioner and your PA if the clinic is PA lead.



Numbers, Numbers, Numbers

Let's put some real numbers behind the calculations and see what happens to our clinic. First we will look at a clinic in rural Mississippi that has one physician seeing 5,000 visits per year and a PA/NP that is seeing 3,000 visits per year and has Medicare patients that represent 25% of the practice. We will assume that physician is in primary care and is in a geographic HPSA.

Traditional Medicare Part B Reimbursement

HCPCS/CPT Code	Mississippi Medicare Allowable Charge	National Percentage Of Total	Visits based upon average visits in a RHC 8,000	Medicare Visits At 25%	Part B Traditional Reimbursement
99211	\$18.69	4.3%	344	86	1,607
99212	\$39.47	9.7%	776	194	7,657
99213	\$66.07	48.9%	3,912	978	64,616
99214	\$98.13	33.1%	2,648	662	64,962
99215	\$132.23	4.0%	320	80	10,578
XXX	XXX	100%	8,000	2,000	149,421

If you add the HPSA geographic bonus and the Primary care bonus of 20% (10% each) and the total reimbursement is \$179,305. What happens if the same clinic an independent rural health clinic. If your clinic is below the 30% medically needy threshold there is also a lot of stimulus money that the clinic is potentially missing. Of course, don't be hasty with the expansion of Medicaid in 2014 and the extended time for the Medicaid stimulus payments, it is reasonable that your clinic could have a large increase in Medicaid patients.



Rural Health Clinic Reimbursement

HCPCS/CPT Code	Clinic's Actual Charge	Medicare Visits At 25%	Copays Collected as RHC	Visits based upon average visits in a RHC 8,000	RHC Payment
99211	\$50	86	XXX	XXX	XXX
99212	\$75	194	2,910	12,116	15,026
99213	\$100	978	19,560	61,082	80,642
99214	\$140	662	18,536	41,346	59,882
99215	\$180	80	2,880	4,996	7,876
XXX	XXX	2,000	43,886	119,541	163,427

This example makes the following assumptions:

1. That the clinic is allowed to collect their full 20% of the charge and is not limited to the RHC reimbursement rate. That may be an aggressive assumption on my part as some MACs have been limiting these collections based upon a PROPOSED rule.
2. The clinic is at the maximum cost per visit of \$78.07 for Independent RHCs in 2011 and collects 80% of that number from Medicare (\$62.46).
3. HCPCS Code 99211 is not reimbursed in an RHC setting. The assumption is that is a nurse only visit and not reimbursable.

This study is a quick and dirty look at the two reimbursement systems and a more extensive review of your clinic should be undertaken to determine if any action should be taken on your RHC status. Some clinics may think of having a day when they are not a RHC to see how the payment differs if they think they are close or that decertifying is a possibility.



2011 RHC Update Seminar

Seminar Outline and Notes

General Information on Medicare and Medicaid

Medicare physician fees have increased 12% over the last 10 years; however, spending per beneficiary has increased 77% over that period of time. RHC rates by comparison have increased 24% which is an increase from \$61.85 per visit in 2000 to \$76.84 in 2009.

Medicare covers 48 million people including 8 million disabled people. Additionally, there are 8 million people that are dual eligibles which are people with both Medicare and Medicaid.

Medicare costs per beneficiary per year. Nashville \$8,513, Miami \$17,274, Los Angeles \$11,303, Casper, WY \$6,642, Boston \$9,704, Atlanta \$7,692, and Birmingham \$8,389.

<http://www.dartmouthatlas.org/data/region/>

Facts and figures concerning the Medicare, Medicaid, and CHIP programs. (1) these programs comprise 19 percent of the federal budget, or \$800 billion per year; (2) Medicaid spending accounts for about 40 percent of state budgets; (3) each day, Medicare pays over 4.4 million claims to 1.5 million providers to the tune of \$1.1 billion and; (4) 10,000 new Medicare beneficiaries become eligible for the program each day.

Nice website regarding healthcare reform. <http://www.healthreformgps.org/>



Notes for RHC Update Seminar

According to the Aaron from CMS in Baltimore the MACs should be paying the full RHC rate for preventive services that have no coinsurance or deductible. RHCs should get the full RHC reimbursement rate. I have yet to see this in writing or anywhere else for that matter. I will keep an eye on this issue and see how the payments actually are paid.

CMS is going from 15 regions to 10 as far as MACs go. This will consolidate the number of contracts. CMS is trying to get all the contracts in place by October 1, 2011 and then will concentrate on getting legacy or out of jurisdiction providers to the proper MAC. I need to get this mess sorted out for the seminars. Who has the contracts. Who is getting the contracts and when do the providers change MACs?



[Grants.gov](http://www07.grants.gov)

www07.grants.gov

Grants.gov is your source to FIND and APPLY for federal grants. The U.S. Department of Health and Human Services is proud to be the managing partner for Grants.gov, an initiative that is having an unparalleled impact on the grant community. Learn more about Grants.gov and determine if you are eligible.

Great news for clinics that have Cahaba and Trailblazer as your MAC. Both MACs mailed out P S and R reports last week, so look for them in the mail soon. The IACS system is still causing problems for providers and very few are able to retrieve their reports. Thankfully, Cahaba and Trailblazer recognized this problem and mailed the reports. Hopefully, all other MACS will follow suit.



Bad news is that the \$505 fee went into effect on March 25, 2011 for new RHCs and recertification (you will be recertified every 5 years and have to complete an 855A in some cases). Clinics will use pay.gov to pay the fee using a credit card or echeck

Washington is the rules for Accountable Care Organizations (ACOs) were released on March 31, 2011. I would review those regulations closely before you are purchased by a hospital or physician group, just to make sure the merger still makes sense. The rules will guide provider organizations in setting up exchanges of healthcare data to improve care and reduce costs, as mandated under the Accountable Care Act.

Republicans released their budget on April 4, 2011 that would do away with Medicare and covert Medicaid to a block grant. Both of these would kill the RHC program. Paul Ryan said his plan will convert the current Medicaid program, which provides healthcare for the poor, into a block grant system that gives state governors wide discretion in handling the money.

The status of Proposed Rural Health Clinic regulations is an important topic as well. CMS has until June 25th to issue the regulations or they go back into the hopper and must start over or just let them drop. The current thinking is the regulations which were first legislated as a part of the Balanced Budget Act of 1997 fourteen years ago are sort of like reading last years classifieds. The issues are not the same as they were 14 years ago for RHCs and it may be better to just start fresh. It would certainly benefit RHCs if that would happen as the proposed rules limited reimbursement to the RHC reimbursement rate and eliminated grandfathering for RHCs that were no longer located in rural or underserved areas. The proposed regulations would require a quality improvement plan and do away with the current annual evaluation system.

Keep a close eye to Washington over the next three months as this has to happen by June 25th or it will not happen.



Patient-Centered Medical Home

If you missed the presentation by Marjorie Young, Executive Director of Pine Medical Group, Fremont, Michigan at the NARHC meeting you missed a lot of real world information on how to become an accredited patient centered medical home. I was surprised how fast they achieved accreditation. It only took them 3 weeks to achieve Level 1 and 3 months to get to Level 3 if my memory serves me correctly. Here are some resources if you are interested in this next step in this new healthcare delivery of care model.

Becoming a patient-centered medical home will make you more attractive to ACOs and the meaningful use guidelines and patient medical home standards are very similar. The bottom line is you have to have an electronic health record if you have any hope of becoming a patient-centered medical home.

NCQA Standards can be found here:

<http://www.ncqa.org/tabid/631/Default.aspx>

This is the service Pine Medical uses for e-prescribing:

<http://www.surescripts.com/connect-to-surescripts/pharmacy-software.aspx>

This is the patient registry service that Pine Medical uses:

<http://www.wellcentive.com/index.html>

If you are interested in becoming a patient centered medical home this site is a great place to start.



[TransformMED - Transforming Medical Practices
www.transformed.com](http://www.transformed.com)



TransforMED provides ongoing consultation and support to physicians looking to transform their practices to a model of care that is based on the concept of a relationship-centered personal medical home. This model was first outlined in the Future of Family Medicine report published in March 2004.

Buy a flat screen TV and place in the lobby, and run Powerpoint presentations with patient education information. You can change it often or promote services.

[A Leader in Patient Portal & Healthcare Communication | Intuit Healthcare](#)

healthcare.intuit.com

Medfusion's patient-provider communication solutions enable healthcare providers to offer superior service to their patients while improving office efficiency and generating revenue.





Notes - Electronic Health Records Stimulus Payment

These notes are from the San Antonio RHC meeting and from the speakers on Electronic Health Records.

The Meaningful Use component goes live on April 18, 2011. Here is a sample of what the website will look like:

<https://www.cms.gov/EHRIncentivePrograms/Downloads/AttestationSneakPeek.pdf>

The ONC has certified over 375 vendors at this point. CMS has a RFI that you can use if you do not want to make one yourself. This is the list of certified ambulatory vendors.

<http://onc-chpl.force.com/ehrcert/EHRProductSearch>

Differences between Medicare and Medicaid:

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

February, 2012 is the deadline for registration for Medicare stimulus payments related to the year 2011. You will need an NPI number to get in the system and registered with PECOS as well.

The money is subject to income tax; however, **it does not have to offset against cost on the RHC cost report.**

Cost is not an issue for Medicaid or Medicare. There is no 85% test or invoices required to prove your cost. This piece was taken out of the regulations late in the game.



Make sure you own the data and the source code. You should negotiate this just in case the vendor goes out of business or is sold. You should go through at least 3 drafts of the contract and have a lawyer represent you when you negotiate with a vendor. You may want to contract with Jeffery Daigrepoint - The Coker Group from the Coker Group in Atlanta to assist you with the contracting process.

The Iowa REC recommended six vendors and are happy with 2 of them. They liked SuccessEHS and said wonderful things about them. They also said EMDs lived up to their advance billing. Mckesson, Nexgen, Sage, and GE Centry were the other vendors that were recommended; however, the REC has not been satisfied with their performance so far.

The Iowa REC used a 60% functionality and a 40% pricing weighting for their evaluations of the EHR systems.

Amazing charts is good according to one provider; however, there is no practice management side to the software.

Do not use open source. Typically not customizable. No bells and whistles with this type of software.

Definition of a licensed healthcare professional for CPOE? Any licensed professional. Can be a LPN. Does not have to be an RN as suggested in Reno.

Every year you have to attest to the volume. Dual eligible do count in the volume counts for Medicaid rural health clinics.

Speaking of EHR Stimulus payments, they are real and being paid out. The government has sent out \$37 million so far in stimulus payments.

<http://www.healthcareitnews.com/news/cms-has-paid-out-37m-ehr-incentives-so-far>



This is the CMS Path to Payment

https://www.cms.gov/EHRIncentivePrograms/10_PathtoPayment.asp

The **Medicare and Medicaid EHR Incentive Programs checklists** will show you the steps to take to receive your incentive payments, but first:

1. **Find out if you are eligible for either the Medicare or Medicaid EHR Incentive Programs.**
 - Professionals and hospitals can visit the [Eligibility page](#) to check eligibility.
 -
2. **Are you a professional eligible for *both* programs? If so, you must choose a program and follow the rest of the relevant checklist below.**
 - See the [Medicare EHR Incentive Program Checklist](#)
 - See the [Medicaid EHR Incentive Program Checklist](#)

Not sure which program to choose? Compare ["Notable Differences between the Medicare and Medicaid EHR Incentive Programs"](#) .

Medicare EHR Incentive Program Checklist

If you're an eligible professional, become a meaningful user of certified electronic health records to qualify for incentive payments of **up to \$44,000 from Medicare**. Here's how to qualify:

- **Make sure you're eligible for the Medicare EHR Incentive Program.** View eligibility guidelines at our [Eligibility page](#).
- **Also eligible for the Medicaid EHR Incentive Program?** You can receive higher incentive payments, up to **\$63,750**, through the Medicaid EHR Incentive Program. See the [Medicaid checklist](#).
- **Get registered.** Registration is now open to eligible professionals. Visit the [Registration and Attestation page](#) for more details.

Note: Register as soon as possible. You can register *before* having a system installed.

- **Use certified EHR technology.** To receive incentive payments, make sure the EHR technology you're using or are considering buying has been certified by the



Office of the National Coordinator for Health Information Technology. Visit our [Certified EHR Technology page](#) for details.

- **Be a Meaningful User.** You have to successfully demonstrate "meaningful use" for a consecutive 90-day period in your first year of participation (and for a full year in each subsequent years) to receive EHR incentive payments. Visit our [Meaningful Use page](#) to learn about meaningful use objectives and measures.
- **Attest for incentive payments.** To get your EHR incentive payment, you must attest (legally state) through Medicare's secure Web site that you've demonstrated "meaningful use" with certified EHR technology. Starting in April 2011, you can get to our secure attestation Web site through a link at our [Registration and Attestation page](#).

Medicaid EHR Incentive Program Checklist

If you're an eligible professional, in your first year of participation you may adopt, implement or upgrade or become a meaningful user of certified electronic health records to qualify for incentive payments of **up to \$63,750 from Medicaid**. Here's how to qualify:

- **Make sure you're eligible for the Medicaid EHR Incentive Program.** View eligibility guidelines at our [Eligibility page](#).
- **Also eligible for the Medicare EHR Incentive Program?** Eligible professionals can receive up to **\$44,000** through the Medicare EHR Incentive Program. See the [Medicare checklist](#).
- **Get registered.** Visit the "[Medicaid State Information](#)" page to see if your state is participating in the Medicaid EHR Incentive Program.
- **If your state is already participating, register now** for the Medicaid EHR Incentive Program. Visit the [Registration and Attestation page](#) for more details
- **If your state has not yet begun participating in the Medicaid EHR Incentive Program:** you may wish to register now for the Medicare EHR Incentive Program, if you're eligible for both programs. See the [Medicare checklist](#).

Note: Register as soon as possible. You can register *before* having a system installed.

- **Use certified EHR technology.** To receive incentive payments, make sure the EHR technology you're using or are considering buying has been certified by the Office of the National Coordinator for Health Information Technology. Visit our [Certified EHR Technology page](#) for details.
- **Get qualified.** To receive EHR incentive payments in the first year under the Medicaid EHR Incentive Program, you must do at least one of the following:



- Adopt certified EHR technology; or
- Implement certified EHR technology you have already purchased; or
- Upgrade your current EHR technology to the newly certified version; or
- Demonstrate "meaningful use" of certified EHR technology for a 90-day period. Visit your state's Medicaid agency Web site or our [Meaningful Use page](#) to learn about meaningful use objectives and measures.
- **Attest for incentive payments.** To get your EHR incentive payment, you must attest (legally state) through your state's Medicaid agency Web site that you've met all of the eligibility criteria, including having adopted, implemented, upgraded or meaningfully used certified EHR technology. Visit your state's Medicaid agency Web site for more information.

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Need more information?

Other programs related to the EHR Incentive Programs have been created to provide technical assistance and best practices in EHR adoption and demonstration of meaningful use. Learn more about Regional Extension Centers, Beacon Communities, State Health Information Exchange Cooperative Agreement partners, and what is happening to further the adoption of Health IT by visiting the ["HHS Office of the National Coordinator Health IT Web site"](#).

Downloads

[Medicare EP PECOS Notification \[PDF, 119KB\]](#)

[Hospital PECOS Notification \[PDF, 160KB\]](#)

Related Links Inside CMS

There are no Related Links Inside CMS

Related Links Outside CMS

[List of Certified EHR Technology \(CHPL\)](#)

[HHS Office of National Coordinator Health IT Web Site](#)





RHC Update Seminars for Spring, 2011 announced

Healthcare Business Specialists is pleased to announce that the RHC Spring Update seminars have been scheduled for 2011. The dates and locations are Nashville, Tennessee on April 7, 2011, Knoxville, Tennessee on April 8, 2011, Indianapolis on April 22, 2011, Columbia, SC on April 29, 2011, and St. Louis, MO on May 6, 2011. We will start at 9:30 and run till noon. We will have 1 hour break for lunch which will be provided from 12:00 to 1:00 pm. The seminar will then run from 1:00 to 3:30 pm in the afternoon. Orange Juice, Coffee, and soft drinks will be served at the seminars.

Each seminar will have special guests invited to talk about relevant topics for the State that we are in. For example, Greg Hawkins, Julie Rogers, and Marsha Holman from the State of Tennessee are confirmed as speakers for our meeting in Nashville on the preparation of the Quarterly TennCare Settlement Reports. Glen H. Beussink, Director of Clinic Development & Research from Midwest Health Care, Inc. will be presenting on TennCare Settlement Reports with the State as well. We will update you on any additional speakers that we may have at the meetings.

If you would like to speak or sponsor a meeting, please let me know as we can arrange for you to sponsor the meeting and will provide some time to discuss your product with the seminar attendees.



The price of the seminar will be \$250.00 per person for the full day. The printed materials including full color slides is not a part of the fee and if you want to obtain the Workbook the cost is \$125 per notebook and the notebook will include a DVD with all the presentations and additional information related to RHCs. Again, the Workbook is an additional fee from the seminar fee.

Payment can be made to la_vita_nouva@hotmail.com using PayPal or by sending a check to Mark Lynn, Healthcare Business Specialists at Suite 214, 502 Shadow Parkway, Chattanooga, TN 37421. You can sign up online and pay with Visa, Mastercard, and Discover credit cards. We do not accept American Express.

What you missed last year. Here are some of the presentations that we presented at the 2010 RHC Update Seminars. Much of the information is still applicable so you may find it helpful. This year's seminar will be completely updated with new information. We do expect new regulations for RHCs be finalized by the time the seminars are conducted this year so much of the seminar will be dedicated to quality improvement, potential loss of RHC status and potential safeguards, and all the provisions that may change due to the new final conditions of participation. Here are the presentations:

[2010 RHC Update Presentation on Healthcare Reform, ACOs, and PCMHs](#)

[2010 Electronic Health Records Stimulus Payments for RHCs Presentation as of December 10 2010.pdf](#)

[2010 RHC Billing 101 Presentation in Boise Idaho on November 3 2010.pdf](#)

[2010 RHC Billing 102 Presentation for Boise Idaho presentation on November 3 2010.pdf](#)



RHC Update Seminars – Table of Dates, Locations, and Times

<i>Date</i>	<i>Location</i>	<i>Time</i>
<i>Thursday, April 7</i>	Nashville, TN	9:30 to 3:30
<i>Friday, April 8</i>	Knoxville, TN	9:30 to 3:30
<i>Friday, April 22</i>	Indianapolis	9:30 to 3:30
<i>Thursday, April 28</i>	Atlanta, Georgia	9:30 to 3:30
<i>Friday, April 29</i>	Columbia, SC	9:30 to 3:30
<i>Friday, May 6</i>	St. Louis	8:00 to 3:30

If you want sign up for the seminars, here are the hyperlinks

[RHC Update Seminar in Nashville, TN on April 7, 2011](#)

[RHC Update Seminar in Knoxville, TN on April 8, 2011](#)

[RHC Update Seminar in Indianapolis, Indiana on April 22, 2011](#)

[Atlanta, Georgia RHC Update Seminar on April 28 2011](#)

[RHC Update Seminar in Columbia, SC on April 29, 2011](#)

[RHC Update Seminar in St. Louis, MO on May 6, 2011](#)

Carolyn Duncan, BS, CPC, CPC-H, of Health Care Consulting Services will be conducting a special session at the St. Louis seminar on CPT Coding from 8:00 AM to 9:30 AM. The cost of this session is \$75.00.



2011 RHC Update Seminar Registration Form

The 2011 RHC Update seminar will update you on the latest RHC regulations (final regulations regarding RHC Conditions of Participation should be released by the date of the seminar and we will review them in detail including how to implement a quality improvement plan as required by the regulations). The changes in these regulations could potentially strip your RHC of RHC status. Additionally, RHC Cost Reporting has had some major changes in reimbursement over the last year that will directly effect your cost report and we need to inform you of the potential impact of these changes (these changes have already cost one RHC \$150,000 in Medicare reimbursement).

Please complete the following registration information

Tell us about yourself

Name	
Name of 2nd attendee	
Name of 3 rd attendee	
Clinic	
Address (1)	
Address (2)	
City, State, Zip	
Telephone	
Fax	
Email	



Tell us which seminar you want to attend

Note: Seminars are from 9:30 to 3:30 with a 1 hour lunch hour and lunch is provided.

LOCATION	DATE	SEMINAR	WORKBOOK	CPT CODING
Nashville, TN	April 7th			
Knoxville, TN	April 8th			
Indianapolis	April 22 rd			
Atlanta, GA	April 28th			
Columbia, SC	April 29th			
St. Louis	May 6th			

Carolyn Duncan, BS, CPC, CPC-H, of Health Care Consulting Services will be conducting a special session at the St. Louis seminar on CPT Coding from 8:00 AM to 9:30 AM. The cost of this session is \$75.00 in addition to the RHC Update registration.

Tell us how are you going to Pay

How paying	What to Do	Please check how you are paying
Sending Check	Mail to: 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:	



Website Changes

If you go to www.ruralhealthclinic.com you will notice big changes to our website. We have filed all the information that was previously on the home page and resulted in one long scroll of unrelated information. All the information has been categorized by subject and can be located on its corresponding page. I have included a blog page that is where I will continue to provide updates. The home page will also include the most recent posts; however, the information will be quickly filed to their appropriate page.

I hope this makes the site more useful to you and easier to find content that is of interest to you. If you have problems with tool bars on the side that help you navigate to the proper content, here are the hyperlinks to get you there.

Additionally, we have started a new website that will be used for Ecommerce and it is called www.healthcarebusinessspecialists.com. We have a new email address which is marklynn@healthcarebusinessspecialists.com and we will use that for business communications. (I will still use la_vita_nouva@hotmail.com for personal purposes so you may continue to use it if you prefer.)

Links to Information on Rural Health Clinic.com

About HBS	PECOS
Cost Report Workbook Order Form	Rural Health Clinic Presentations
Electronic Health Records Stimulus Payments	RHC Billing Information
RHC Cost Reporting Resources	Sponsors
RHC Classified Advertising	What is a Rural Health Clinic
Cost Reports	Cost Report Contingency
RHC Legislative and Regulatory Links	RHC Update Workbook Order Form
Rural Health Clinic Newsletters	Healthcare Business Specialists - Rural Health Clinic.com



HBS

Healthcare Business Specialists

Thanks for reading this newsletter. I am working on the cost report Notebooks for 2011 and they are going out this week. If you would like for us to prepare your 2010 cost report, we still have some available, (but, not much), so let us know soon. Thanks for all your help during 2010 and we look forward to another very productive year in 2011.

Please sign up for the seminars as soon as possible as well as all have very limited space. Thanks and look forward to seeing everyone at one of the seminars.

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