







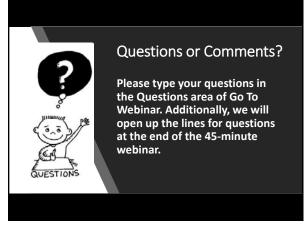


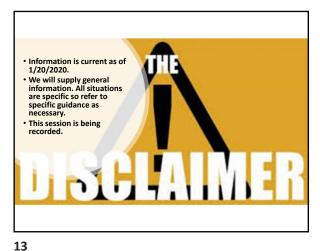


On January 29th, from 2:00pm – 3:00pm EASTERN, we will be hosting the next Rural Health Clinic Technical Assistance webinar. This one-hour webinar will be a regulatory update presented by NARHC Director of Government Relations, Nathan Baugh. At the conclusion of the formal presentation, there will be time for questions and answers. Here is the link to the webinar: • https://hrsaseminar.adobeconnect.com/fru-rhcs/ You can either use the audio controls on your computer or dial in using the following phone number and access code: 888-790-3413 • Participant Code:

10









RuralHealthClinic.com **Reimbursement Differences between**

Independent

Payment capped at \$86.31 **Use Form 222** Owned by physicians, NPs, PAs, or even hospitals.

Payment capped at \$86.31 except for less than 50 beds

Provider-based

Use Form 2552. M-Series of the cost report

Owned by the hospital

14

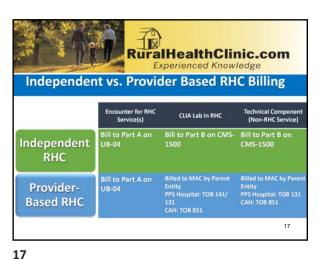
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Payment Differences for RHCs

- 1. They are paid on a cost per visit basis.
- 2. They file Medicare Cost Reports
- 3. Medicaid Rates are based upon cost.
- 4. The cost per visit is not all-inclusive.
- 5. Some services are still paid fee for service
 - A. Lab (minus CPT 36415)
 - **B. Technical Component**
 - C. Hospital

15



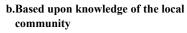
RuralHealthClinic.com Experienced Knowledge Charges All patients must be charged the same amount for services, though what the RHC collects can vary based on policies such as cash and same day payment discounts, sliding fee schedule, etc. Do not

charge your Medicare rate to Medicare patients. Note: Some states use a T1015 code for Medicaid services and an RHC may be required to include the Medicaid rate as the charge to Medicaid.

13. Charges may be established based upon:

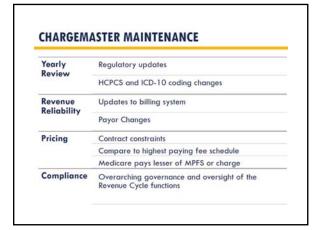


a.As a percentage of the Medicare Fee Schedule (150% to 200%)



- c. Purchasing a Fee Analyzer for your local area
- d. All of the above

19



20

22



RHCs – The Original Bundled Payment

RHCs are paid a bundled payment. Independent RHCs are paid a maximum of \$69.05 per visit (AIR). Provider-based RHCs will get more.



14. The patient has an E & M service and also receives a trigger point injection during the same visit:





- a.The Trigger Point injection and administration is billed to Part B, fee for service.
- b. The Trigger Point injection and administration is billed incident to the E & M service

21



What are the Medicare RHC Payment Rates?

<u>Type</u>	<u>Cap</u>	<u>Payment</u>
Independent RHC	86.31	\$69.05
Provider-based < 50 beds (2018) CAH	None Mean Cost= \$207	Mean Payment = \$166

Medicare pays 80% minus 2% sequestration

RuralHealthClinic.com
Experienced Knowledge

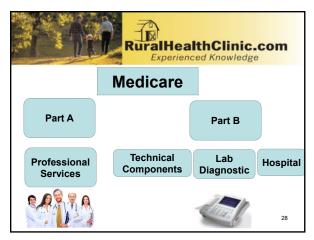
Comparison of Total Medicare Payments

<u>Type</u>	<u>Charge</u> <u>99213</u>	Copayment	<u>Medicare</u>	<u>Total</u> <u>Payment</u>
Independent	\$125	\$25* *No Par limits	\$69	\$94
Provider-based (less than 50 beds)	\$125	\$25* *No Par limits	\$166	\$191 NO LCC









27 28



RuralHealthClinic.com The History of the RHC Visit Date Began Definition Changed Face to Face, Med necessary, Physician, 3/1/1978 12/31/2015 NP, PA Added Chronic Care Management - No 1/1/2016 3/31/2016 face to Face Must Be on QVL to Bill. Procedures held 4/1/2016 9/30/2016 until 10/1/2016 10/1/2016 No more QVL. Now add CG modifier Present



Definition of a Visit per **Chapter 13 of the RHC Manual**

40 - RHC Visits (Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18) An RHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC or FQHC services are rendered. A Transitional Care Management (TCM) service can also be an RHC visit. Services furnished must be within the practitioner's state scope of practice, and only services that require the skill level of the RHC practitioner are considered RHC visits.

32



Has Three Components

- 1. Is a face to face encounter with a physician, nurse practitioner, PA, NP, or CNM, CP, or CSW.
- 2. There is a medically necessary service provided (should reach the level of a 99212)
- 3. Is provided by the appropriately trained provider within their scope of practice.



34



The definition of a rural health clinic encounter does not include:

- Nurses
- **Physical Therapists**
- **Dietitians**
- **Nutritionists**



15. Dietitian and Nutritionist time counts toward the 20 minutes of Chronic Care Management time each month?



a.True



b. False

36

35



99211 Visits (Nurse Only) are not Medicare RHC Visits

 Brief Established (99211's) do not meet the RHC guidelines. No history or judgment involved with this level of service. Do not bill Medicare a visit for these services.



38

37

39

41





Qualified services provided to a RHC or FQHC patient are considered RHC or FQHC services if:

- the practitioner is compensated by the RHC or FQHC for the services provided;
- the cost of the service is included in the RHC or FQHC cost report; and;
- · other requirements for furnishing services are

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Where can a RHC visit occur?

Where can you have an RHC Visit?

40.1 - Location (Rev. 252, Issued: 12- 07-18, Effective: 01-01-19, Implementation: 01- 02-19) RHC or FQHC visits may take

· • the patient's residence (including an assisted living

· a Medicare-covered Part A SNF (see Pub. 100-04,

· an inpatient or outpatient department of a hospital,

RHC or FQHC visits (e.g., a Medicare comprehensive outpatient rehabilitation facility, a hospice facility, etc.).

· a facility which has specific requirements that preclude

Medicare Claims Processing Manual, chapter 6, section

• the RHC or FQHC,

· the scene of an accident.

including a CAH, or

RHC and FQHC visits may not take place in:

facility)

20.1.1), or

1. In the certified rural health clinic (0521) 2. In the patient's home

In Three Locations

40

42

- A. home (0522)
- B. SNF (Part A) (0524)
- C. ICF/NF (Not Part A) (0525)
- D. Assisted Living Facility (0522)
- 3. Scene of an accident (0528)
- 4. Telehealth (0780) Originating site only
- 5. Behavioral Health (0900)

16. What Place of Service Code

should an RHC use when billing



a.72

services on a UB-04?

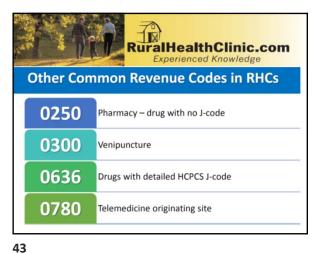
b. 11

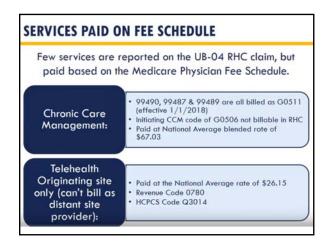


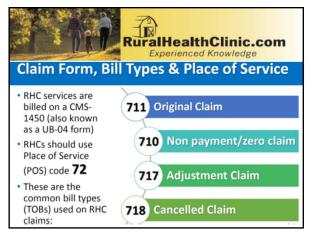
c. The Revenue Code serves as the

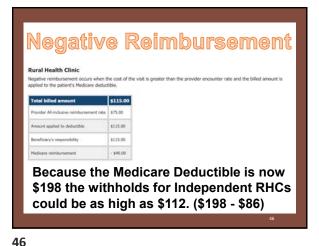
Place of Service Code on the UB-

RuralHealthClinic.com Experienced Knowledge Revenue Codes 0521 Clinic visit by a member to RHC Home visit by RHC practitioner Visit by RHC practitioner to member in a covered Part A stay at a SNF Visit by RHC practitioner to member in a non-Part A SNF, NF, ICF, or other residential facility
RHC visiting nursing services to a member's home in a Home 0527 Health Shortage Area Visit by RHC practitioner to another non-RHC site (i.e. scene 0528 of an accident) 0900 Mental health visit









45

