



Billing and Reimbursement for Mental Health Services in Rural Health Clinics

Healthcare Business Specialists, LLC

<http://www.ruralhealthclinic.com/>

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FROM NOTIFICATIONS

Olivia Rivera Morris
 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

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InQuiseek Consulting Mark has a great page here and brings all of us together. You can also like and follow our page for more info, too.
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InQuiseek Consulting

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Healthcare Business Specialists Patty Golf Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like Reply Commented on by Mark Lynn (?) · 36m

InQuiseek Consulting Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like Reply · 33m

INVITE MEMBERS
 MEMBERS 850 Members

DESCRIPTION
 The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE
 General

UPCOMING GROUP EVENTS See All

Free RHC Update Seminar - Nashville
 Wednesday, October 30, 2019 at 9 AM
 5201 Virginia Way, Brentwood, TN 37027
 Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky
 Wednesday, November 6, 2019 at 9 AM
 2292 US-27 #300, Somerset, KY 42501
 Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

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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/>

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SERVICES

Healthcare Business Specialists offers a variety of services designed to assist physician practices and rural health clinics better serve underserved, rural residents by enhancing Medicare and Medicaid reimbursement and staying compliant with the Rural Health Clinic program requirements.

From cost report preparation, annual evaluation or program evaluations, RHC startups and conversions, Emergency Preparedness compliance, CHOWs, RHC terminations, feasibility studies, or Re-enrollment



LINKS

We've compiled an extensive list of information links for prospective, new, and established Rural Health Clinics. These links will help you find important rural health clinic information to learn about becoming an RHC or if you are eligible or not for the program. We have two YouTube (Healthcare Business Specialists and Mark Lynn) channels with videos of webinars on cost reporting, billing, emergency preparedness, and annual evaluations.

- [HRSFA Find Shortage areas by address](#)



RESOURCES

Healthcare Business Specialists provides a number of resources to help Rural Health Clinics manage in an ever changing and highly regulated healthcare environment. Most Rural Health Clinics have limited resources to attend national and regional educational seminars and conferences. Healthcare Business Specialists attends most of the national meetings focusing on rural health clinics and provides many free or low cost resources and templates to our Rural Health Clinic clients. Here are some links to the most popular resources:

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RESOURCES

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<http://www.ruralhealthclinic.com/>



Webinars



Introduction to the Rural Health Clinic Program

In this webinar, Mark R. Lynn, CPA (Inactive), CRHCP, CCRS will present information to providers interested in becoming a rural health clinic (RHC) or RHCs new to the RHC program. It will provide basic information on conditions of participation, reimbursement, billing, and cost reporting. We will discuss advantages and disadvantages of the program and identify resources to help you become RHC compliant and obtain RHC reimbursement from Medicare and Medicaid. This 45 minute webinar is designed for people new to the RHC program or have become interested in converting their medical clinic into a rural health clinic under Public Law 95-210. We will discuss the nine conditions of participation, some basics of Medicare and Medicaid reimbursement, provide a timeline for certification, and provide some basic benchmarking information from provider-based and independent RHCs.

Please register for Introduction to the Rural Health Clinic Program on Apr 30, 2021 1:00 PM EDT at:

<https://attendee.gotowebinar.com/register/8893471683239180045>



Webinars



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>



Webinars



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.

Agenda

Time	Subject Matter
2:00 PM to 2:10 PM Administrative Mark Lynn	Mark Lynn, CPA (Inactive), CRHCP, CCRS from HBS will introduce the speakers and go over some mental health benchmarks from the NARHC and Wipfli.
2:10 PM to 2:25 PM Introduction – RHCs and Mental Health Dave Jolly	Dave Jolly from Rural Behavioral Health, LLC will discuss adding Behavioral Health Services to a Rural Health Clinic. The presentation will cover why add behavioral health, providers and credentialing, space considerations, and developing a caseload. Dave has worked with mental health programs for close to 40 years
2:25 PM to 2:45 PM Medicare Billing in an RHC Charles James	Charles James from North American Healthcare Management Services will present on Medicare Billing for Mental Health Services in Rural Health Clinics. Charles is the President of the National Association of RHCs and is frequent speaker and expert on RHC Billing matters.
2:45 PM to 3:00 PM Questions Panel	We will have some time for questions at the end of the session or a little extra time for our presenters if they go over their allotment (which they will).

MEET OUR SPEAKERS





Message

More...

Dave Jolly · 1st

Principal at Rural Behavioral Health, LLC

Ames, Iowa, United States · [128 connections](#) · [Contact info](#)



Rural Behavioral Health, LLC

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



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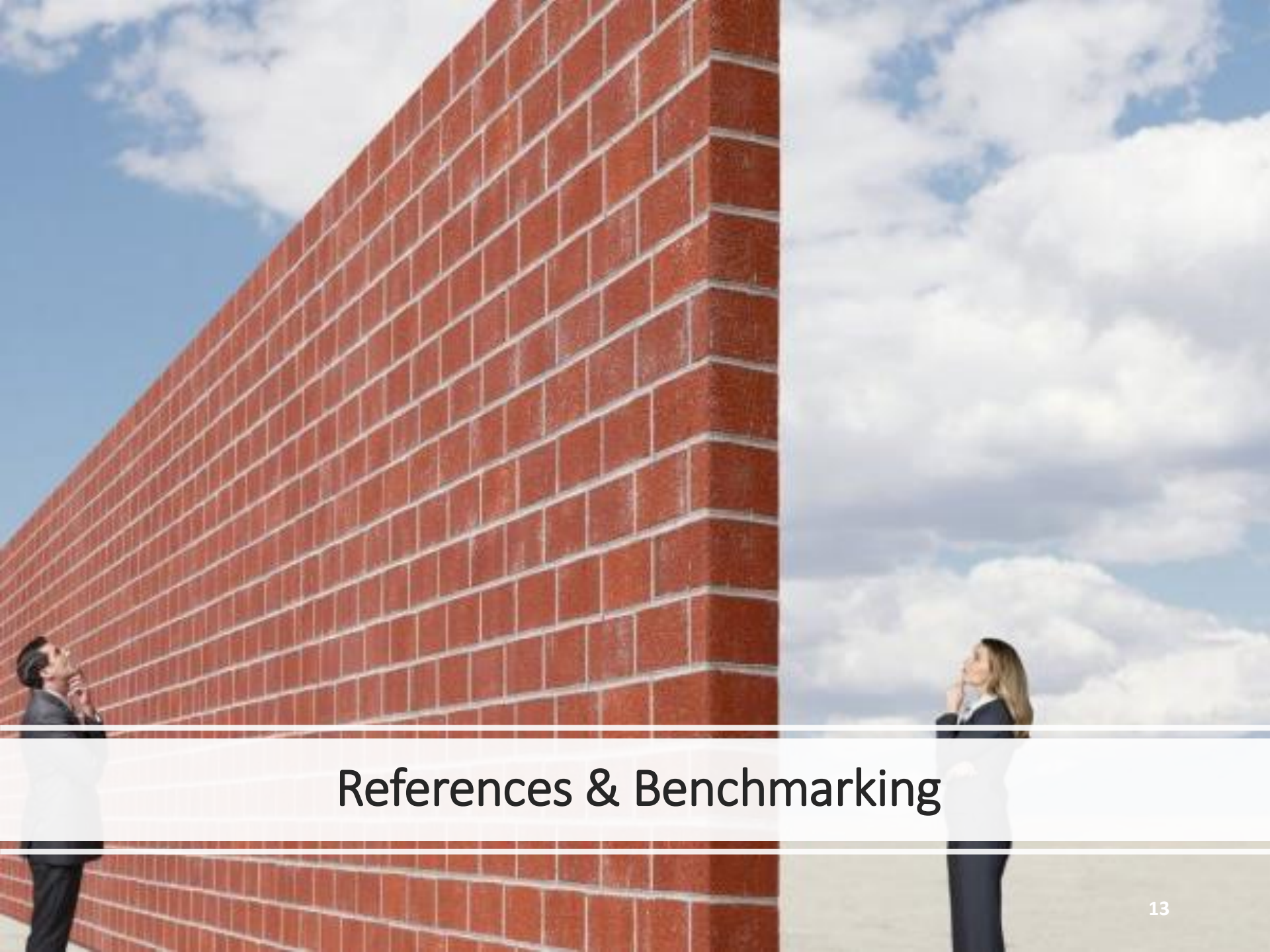


Charles James, Jr.-Charles took the position of President & CEO in 2004 after the loss of the company founder, Charles James, Sr. North American celebrates its 25th year in business in 2017. Charles began his career with James Clinic running the IT department. As part of North American, Charles has overseen & helped develop all aspects of the company. Today, North American is a proud gold-certified, Aprima EHR/PRM. In addition, he provides Revenue Cycle Management, RHC certification/cost reporting/Annual Evaluations, Provider Enrollment, and Financial Consulting to all types of healthcare entities.



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.



References & Benchmarking

Reference Materials

- <https://nosorh.org/wp-content/uploads/2013/07/NOSORH-RHC-Behavioral-Health-Module-3-20-16.pdf>

**RURAL HEALTH CLINIC TECHNICAL
ASSISTANCE**
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MODULE 6
INCORPORATING BEHAVIORAL HEALTH SERVICES
IN THE RURAL HEALTH CLINIC

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National Organization of
State Offices of Rural Health

CATEGORIES OF BEHAVIORAL HEALTH SERVICES

Behavioral health services in the primary care setting fall into two broad categories. The first category involves services designed to address the needs of patients with a specific behavioral health diagnosis. These services include psychiatric diagnoses and assessment; patient, family, and group psychotherapy; medication management; crisis psychotherapy; psychoanalysis; and transitional management services. These services are billed using psychiatric current procedural terminology (CPT) codes (See Figure 1) or evaluation and management codes (See Figure 2). The specific code used will depend on the service provided and the credentials of the servicing provider. For example, evaluation and management codes are typically reserved for physicians, nurse practitioners, and physician assistants who, depending on the situation and services provided, may also use the relevant psychiatric procedure codes. Typically, services rendered by CPs, CSWs/LCSWs, LCPCs/LPCs, and LMFTs are billed using the relevant psychiatric procedure codes. Clinic administrators should investigate the reimbursement policies of the third party payers with which they work to determine which codes to use in given situations.

Figure 1: Psychiatric codes for behavioral health services

- 90791: Psychiatric diagnostic evaluation-no medical services
- 90792: Psychiatric diagnostic evaluation-with medical services
- 90832: Psychotherapy, 30 min. (16-37 min.) - patient or family member
- 90834: Psychotherapy, 45 min. (38-52 min.) - patient or family member
- 90837: Psychotherapy, 60 min. (53+ min.) - patient or family member
- 90839: Psychotherapy for crisis, 1st 60 min. (high distress patients with complex/life threatening circumstances requiring immediate attention)
- 90845* Psychoanalysis

- 90846* Family psychotherapy without the patient present
- 90847* Family psychotherapy, psychotherapy with patient present
- 90849* Multiple-family group psychotherapy
- 90853* Group psychotherapy

Psychotherapy provided in combination with E/M services (Psychotherapy service must be "significant and separately identifiable" from the E/M service provided)

- 90833: 30-minute psychotherapy add-on code (may be used for 16-37 minutes)
- 90836: 45-minute psychotherapy add-on code (may be used for 38-52 minutes)
- 90838, 60-minute psychotherapy add-on code (may be used for 53 + minutes)

Add-on psychiatric codes

- 90785: Interactive complexity (factors are present that that complicate the delivery of the evaluation or session). Used in combination with diagnostic evaluation and psychotherapy codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); group psychotherapy (90853) (Interactive complexity)
- 90863: Pharmacologic management when used in combination psychotherapy services (90832, 90834, 90837)
- 90840: Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839

* Not changed since 2012

Figure 2: Evaluation and Management Codes

Physicians (including psychiatrists) are now expected to bill using the appropriate E/M code and a timed add-on code for the psychotherapy instead of using the previous psychotherapy codes with E/M services (90805, 90807).

Office/outpatient services

- 99201-99205, New patient office visit
- 99211-99215, Established patient office visit

Inpatient/hospital services

- 99221-99223, Initial hospital care
- 99231-99233, Subsequent hospital care

Nursing facility services

- 99304-99306, Initial nursing facility care
- 99307-99310, Subsequent nursing facility care

Domiciliary, rest home, or custodial care services

Reference Materials

<https://www.ruralhealthinfo.org/topics/mental-health>

The screenshot shows the RHIhub website interface. At the top, the RHIhub logo is on the left, and navigation links for 'Updates & Alerts', 'About RHIhub', and 'Contact Us' are on the right. A search bar is located in the top right corner. Below the header is a dark red navigation bar with menu items: 'Online Library', 'Topics & States', 'Rural Data Visualizations', 'Case Studies & Conversations', and 'Tools for Success'. The main content area is titled 'Rural Mental Health' and includes an introduction, a list of key factors (Accessibility, Availability, Acceptability), and a 'Related Toolkit' section. On the right side, there is a 'RHIhub This Week' newsletter sign-up box, a 'RELATED TOPICS' list, a 'SUGGEST A RESOURCE' form, and a 'SHARE THIS PAGE' section with social media icons for Facebook, Twitter, LinkedIn, and Email.

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Rural Mental Health

According to the [Results from the 2019 National Survey on Drug Use and Health: Detailed Tables](#), approximately 7.3 million nonmetropolitan adults reported having any mental illness (AMI) in 2019, accounting for 21.2% of nonmetro adults. In addition, nearly 1.6 million, or 4.8%, of adults in nonmetropolitan areas reported having serious thoughts of suicide during the year.

While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present. Providing mental health services can be challenging in rural areas. According to WICHE's [Rural Mental Health: Challenges and Opportunities Caring for the Country](#), the following factors are particular challenges to the provision of mental health services in rural communities:

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and are less likely to recognize an illness.
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
- **Acceptability** – The stigma of needing or receiving mental healthcare and fewer choices of trained professionals who work in rural areas create barriers to care.

This topic guide focuses on mental health in rural areas and helps health and human services providers in their efforts to develop, maintain, and expand mental health services in rural communities. It also highlights challenges and important issues in mental healthcare delivery, such as workforce shortages, access issues, anonymity, stigma, integration of mental health services into primary care, and suicide prevention. Information regarding substance use disorder (SUD) can be found in RHIhub's [Substance Use and Misuse in Rural Areas](#) topic guide.

Related Toolkit

The [Mental Health in Rural Communities Toolkit](#) features evidence-based models, resources, and program examples for the successful development and implementation of mental health programs to serve rural communities.

RHIhub This Week

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RELATED TOPICS

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- [Federally Qualified Health Centers](#)
- [Rural Health Clinics](#)
- [Substance Use and Misuse](#)
- [Telehealth](#)
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Reference Materials

<http://muskie.usm.maine.edu/Publications/rural/WP43/Rural-Health-Clinics-Mental-Health-Services.pdf>

Maine Rural Health Research Center
Working Paper #43

The Provision of Mental Health Services by Rural Health Clinics

May 2010

Authors

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RHRC

Rural Health Research
& Policy Centers

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Reference Materials

https://www.narhc.org/narhc/Free_Benchmarking.asp

What Is It & How It Works

Benchmarking is the process of comparing the performance of one's organization against the best in the same or another industry. You may request a free Benchmark Report. Your report can take several weeks to complete. The number of reports in line.

How Often is the Database Updated?

CMS updates cost report information from fiscal intermediaries the month following the quarter end. Please note that our database update is dependent on the timely data release from CMS. If your request is received prior to a quarterly update, your report may be held pending updates.

Why Participate in the RHC Benchmark Report®?

Participating in the *RHC Benchmark Report*® will enable your organization to benefit from both state and national data and knowledge of other rural health clinics. This data will assist you in analyzing the strengths and weaknesses of your RHC (e.g., facility and personnel costs, visits, staffing, and other key performance metrics) and enable you to make informed decisions to improve the operations of your organization.

How Do I participate? 2 Ways:

1. Enter the information below into an email to systems@narhc.org with your new cost report or
2. Fill out the information & email *without* a cost report. Data will be drawn from the preceding year's cost report data.

Note: If you don't file a cost report (such as those in Pediatrics), we can't benchmark your clinic. There will be no data against which to benchmark.

BENCHMARK REQUEST FORM:

Required field(s) are indicated by an *.

* Member Clinic Name

* CMS Provider Number

* First Name

* Last Name

* Email

Mental Health RHC Statistics per NARHC/WIFLI Benchmarking Database

Description	Independent	Provider-based
Visits- CP/LCSW	1,385	1,500
CP/LCSW Salary Per Encounter	\$67.16	\$40.83
CP/LCSW Cost Per FTE	\$93,052	\$61,259
CP/LCSW Visits per day (250 working days per Year)	5.54	6

Provider-based RHC Benchmark Report©

Category/Indicator	12/31/2017			12/31/2018			12/31/2019		
	Mean			Mean			Mean		
	OR	Western	Nation	OR	Western	Nation	OR	Western	Nation
Number of Facilities	38	420	2,190	51	461	2,362	47	405	2,379
Encounters per FTE:									
Physicians	3,406	4,167	4,062	3,439	4,020	3,976	3,470	4,015	3,946
Physician Assistants	2,559	3,521	3,139	3,166	3,483	3,188	3,169	3,567	3,135
Nurse Practitioners	2,464	2,928	2,874	2,589	3,106	2,864	2,527	3,131	2,872
Visiting Nurses	0	715	225	0	508	153	0	734	131
Clinical Psychologist/Social Worker	3,888	1,596	1,578	1,900	1,630	1,498	1,713	1,609	1,500
Total Encounters	448,892	5,310,782	23,378,560	539,496	5,639,341	25,259,517	564,499	5,013,125	25,990,594
Midlevel Staffing Ratio	48%	55%	55%	49%	54%	55%	50%	54%	56%
Midlevel Visit Ratio	39%	43%	45%	43%	45%	46%	43%	45%	48%
Cost per Encounter:									
Physician	126.04	109.52	95.74	131.59	117.16	100.70	133.55	120.22	104.69
Physician Assistant	66.84	47.58	47.45	57.55	56.55	50.35	46.97	47.59	51.16
Nurse Practitioners	67.23	61.53	45.97	82.62	60.55	49.08	78.95	63.97	50.37
Visiting Nurse	0.00	242.68	342.04	0.00	181.73	245.28	0.00	152.48	387.52
Clinical Psychologist/Social Worker	40.04	66.79	40.31	46.31	41.37	41.89	53.38	50.63	40.83
Total Health Care Staff Cost	38.17	34.65	26.51	42.26	36.90	28.47	42.51	38.29	29.12
Cost per FTE:									
Physician	425,826	385,551	339,067	455,566	400,033	353,964	459,571	447,254	378,041
Physician Assistant	171,072	167,529	148,940	182,165	196,983	160,513	148,846	169,728	160,375
Nurse Practitioner	165,619	180,138	132,106	213,878	188,086	140,573	199,477	200,266	144,627
Visiting Nurse	0	173,438	76,945	0	92,299	37,489	0	111,984	50,584
Clinical Psychologist/Social Worker	155,640	106,574	63,593	88,015	67,460	62,760	91,436	81,446	61,259
Total Healthcare Staff Costs per Provider FTE	116,560	142,649	96,194	135,761	149,905	101,986	137,107	154,935	102,909
Clinic Cost per Encounter:									
Total Health Care Staff	137.95	101.64	90.62	146.55	108.43	96.18	143.26	114.95	100.53
Total Direct Costs of Medical Services	170.20	132.65	114.07	180.03	140.47	119.80	178.88	143.49	122.33
Clinic Overhead	27.44	25.32	23.69	25.68	24.18	24.69	29.20	26.31	26.74
Parent Provider Overhead Allocated	109.31	87.86	75.91	113.32	96.79	81.06	115.11	104.17	84.16
Allowable Overhead (Clinic and Parent)	136.68	112.13	98.68	138.89	119.74	104.83	143.50	127.88	109.78
Allowable Overhead Ratio (Clinic and Parent)	100%	99%	99%	100%	99%	99%	99%	98%	99%
Total Allowable Cost per Actual Encounter	306.88	244.30	212.41	318.92	259.58	223.78	322.38	271.37	231.40
Total Allowable Cost per Adjusted Encounter	267.01	233.87	202.63	289.50	248.80	213.76	290.63	258.59	220.84
Cost of Vaccines and Administration per Adjusted Encounter (Reimbursed Separately)	(5.74)	(5.11)	(5.60)	(4.85)	(5.66)	(6.21)	(6.24)	(6.82)	(7.08)
Rate per Adjusted Encounter	261.27	228.76	197.03	284.65	243.14	207.55	284.39	251.77	213.76
Total Medicare Encounters	116,351	1,276,458	5,908,972	146,328	1,396,321	6,362,949	137,445	1,224,828	6,370,064
Average Medicare Encounters	3,062	3,039	2,698	2,869	3,029	2,694	2,924	3,024	2,678
Medicare Percent of Visits	26%	24%	25%	27%	25%	25%	24%	24%	25%
Injection Cost:									
Cost per Pneumococcal Injection	246.67	273.79	270.51	253.49	298.73	280.61	304.26	312.03	298.41
Cost per Influenza Injection	66.32	82.06	76.12	62.45	92.14	79.87	71.06	97.00	87.34

Independent

Category/Indicator	12/31/2017			12/31/2018			12/31/2019		
	Mean			Mean			Mean		
	OR	Western	Nation	OR	Western	Nation	OR	Western	Nation
Number of Facilities	31	173	1,103	30	156	1,069	31	146	1,010
Encounters per FTE:									
Physicians	3,356	4,325	4,561	3,435	4,500	4,642	3,202	4,412	4,642
Physician Assistants	3,296	3,821	3,701	3,459	3,764	3,571	3,243	3,573	3,589
Nurse Practitioners	2,582	3,194	3,283	2,974	3,177	3,299	2,676	3,082	3,329
Certified Nurse Midwife	0	0	0	0	1,527	2,438	0	1,483	2,492
Visiting Nurses	0	0	746	0	727	281	328	201	115
Clinical Psychologist/Social Worker	726	1,048	1,746	793	1,352	1,463	798	1,155	1,385
Midlevel Staffing Ratio	56%	56%	58%	56%	59%	60%	57%	61%	62%
Midlevel Visit Ratio	53%	51%	51%	54%	52%	52%	55%	54%	54%
Cost per Encounter:									
Physician	97.53	70.43	65.01	112.47	73.97	66.93	108.91	79.05	71.07
Physician Assistant	46.91	35.34	34.71	45.00	38.12	37.05	51.68	41.17	38.30
Nurse Practitioner	74.35	44.78	37.11	71.48	47.78	37.91	71.05	49.58	39.12
Certified Nurse Midwife	0.00	0.00	0.00	0.00	65.24	44.80	0.00	83.03	51.36
Visiting Nurse	0.00	0.00	73.05	0.00	103.20	163.85	810.43	560.69	412.87
Clinical Psychologist/Social Worker	209.96	98.47	55.53	146.54	91.42	58.10	135.48	98.19	67.16
Total Health Care Staff Cost	27.57	20.68	16.61	28.52	20.42	14.81	28.12	21.09	14.56
Cost per FTE:									
Physician	320,604	277,344	287,769	365,399	298,107	300,731	336,745	317,718	316,641
Physician Assistant	154,599	135,026	128,461	155,642	143,495	132,280	167,592	147,089	137,470
Nurse Practitioner	191,963	143,020	121,835	212,580	151,821	125,069	190,099	152,830	130,224
Visiting Nurse	0	0	54,465	0	74,996	46,107	265,791	112,922	47,317
Clinical Psychologist/Social Worker	152,403	103,165	96,944	116,153	123,623	84,989	108,094	113,429	93,052
Total Healthcare Staff Costs per Provider FTE	86,748	80,320	65,187	95,143	80,291	58,342	87,410	79,837	57,307
Clinic Cost per Encounter:									
Total Health Care Staff	103.56	72.12	65.85	108.95	74.87	66.67	112.24	80.53	69.42
Total Direct Costs of Medical Services	115.72	87.26	76.81	124.75	90.40	77.79	126.42	97.15	81.72
Facility Cost	12.03	16.90	11.13	12.23	16.09	11.28	14.12	11.94	10.69
Clinic Overhead	83.63	104.19	60.03	88.61	114.42	63.15	95.12	73.73	57.22
Allowable Overhead	79.04	60.67	50.43	83.14	60.19	51.98	88.86	67.57	53.47
Allowable Overhead Ratio	95%	58%	84%	94%	53%	82%	93%	92%	93%
Total Allowable Cost per Actual Encounter	194.76	147.92	127.23	207.89	150.59	129.77	215.28	164.72	135.19
Total Allowable Cost per Adjusted Encounter	172.44	141.79	123.65	184.96	144.12	126.21	184.43	156.60	131.29
Cost of Vaccines and Administration per Adjusted Encounter (Reimbursed Separately)	(7.13)	(5.09)	(4.05)	(5.89)	(6.01)	(4.07)	(6.11)	(4.44)	(3.78)
Payment Rate per Adjusted Encounter	165.31	136.70	119.60	179.07	138.11	122.14	178.32	152.16	127.51
Total Encounters	381,478	2,172,722	13,862,282	393,043	2,025,295	13,134,384	400,797	2,017,108	12,961,664
Total Medicare Encounters	73,866	414,566	3,094,173	74,817	399,601	2,909,892	79,126	377,951	2,776,842
Medicare Percent of Visits	19%	19%	22%	19%	20%	22%	20%	19%	21%
Injection Cost:									
Cost per Pneumococcal Injection	277.20	245.39	266.60	284.38	259.45	261.56	243.58	242.71	254.17
Cost per Influenza Injection	55.06	67.27	65.65	48.29	60.08	59.53	60.45	63.39	64.51

Start with Medicaid First

- 1. The definitions of provider types is usually much broader.**
- 2. The definition of allowable locations is much broader.**
- 3. The modalities used to provide services may be wider (ie Telehealth).**
- 4. Also check scope of practice rules for cost reporting and reporting of visits eligible for the Medicaid PPS rate.**
 - 1. In Kentucky adding mental health may qualify you for a rate increase via a scope of practice cost report request.**
 - 2. In Tennessee if mental health costs are not in your base year cost report, you are not eligible for the Quarterly Wrap payment for those visits.**

Questions?

Thank You!!!

