KENTUCKY MEDICAL BILLING ASSOCIATES

Azalea HEALTH

RHC Update Seminar
Nashville, Tennessee
November 10, 2022

MAIN STREET HEALTH

HBS
Healthcare Business Specialists

Our Team

HBS
Healthcare Business Specialists

CONTACT INFORMATION

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

HBS
Healthcare Business Specialists

CONTACT INFORMATION

Dani Gilbert, CPA, CRHCP
RHC Consultant
Healthcare Business Specialists
144 Hancock Oaks Trce NE
Cleveland, Tennessee 37323
Phone: (833) 787-2542 ext. 1
dani.gilbert@outlook.com
www.ruralhealthclinic.com

HBS
Healthcare Business Specialists

CONTACT INFORMATION

Page Chambers, CIA, CHIAP
RHC Consultant
Healthcare Business Specialists
Phone: (833) 787-2542 ext. 3
page.chambers@outlook.com
www.ruralhealthclinic.com

RHC Update Seminar - Nashville

Agenda and Topics Outline

November 10, 2022

Healthcare Business Specialists, Azalea Health, and **Main Street Health** are providing a RHC seminar for RHCs at the Tennessee Hospital Association, 5201 Virginia Way, Brentwood, TN 37027. To register go to our website at www.ruralhealthclinic.com or use this link: https://tinyurl.com/yhydmrdk

Time	Subject Matter
9:00 AM to 10:30AM RHC Update	Welcome and Introductions. 9:00 to 9:35AM Mark Lynn – Washington Update, PRF Reporting 9:35 to 9:55 AM Dani Gilbert – RHC Cost Reporting Process for 2022 9:55 to 10:15AM Page Chambers – Emergency Preparedness Update 10:15 to 10:30AM Jacy Warrell, RHAT -RHC Network Development Grant
10:45 AM to 11:30AM RHC Grants and Closeout Procedures	Elizabeth Morgan Burrows, JD, Principal, from Burrows Consulting, Inc. will explain the opportunities for RHCs to obtain grants and how to complete the Closeout process for those RHCs that received a grant during 2021.
11:30 AM to 12:00AM Medicare Bad Debts	In this session, Trent Jackson of **Kraft Healthcare Consulting, LLC** will discuss how Rural Health Clinics can claim Medicare Bad Debts on the Cost Report.
12:00 to 1:00 Lunch Provided by Azalea Health & Main Street Health	Boxed Lunches Provided on site by **Azalea Health**, **Main Street Health**, and **Healthcare Business Specialists**- The seminar sponsors will provide a brief introduction to their services and how they can help RHCs during the lunch break.
1:00 PM to 2:00PM Program Evaluations & Certification	Angie Charlet, DBA, MHA, RN, **Canopy Associates** Vice President, Training & Development will go over the Program Evaluation Condition Requirement for RHCs and certification issues facing RHCs.
2:00 PM to 2:45 PM What you need to know about the RHC Cost Report	Cost Reporting Updates, Electronic Filing of Cost Reports, what is needed to file cost reports. The impact of increased Medicare Upper Payment Limits on RHC Cost Reporting and the potential for large positive settlements or paybacks. How to handle Telehealth, changes to Telehealth Mental Health billing.
3:00 PM to 3:30 PM Tenncare Quarterly Reporting	Tenncare Quarterly Reporting. How to complete the Quarterly Tenncare Wrap-around Settlement report. Dani Gilbert, CPA, CRHCP

RHC Cost Reporting - Year-End Deadlines and Electronic Filing of Cost Reports

In this webinar, Mark Lynn, CPA (Inactive), CRHCP, CCRS and Dani Gilbert, CPA, CRHCP will go over important year-end Rural Health Clinic cost reporting deadlines and as we migrate to electronic filing of cost reports for 2022, how to ensure you optimize your reimbursement in an environment of increased Medicare caps for Independent or Freestanding RHCs. We will discuss the importance of writing off Medicare bad debts on or before 12/31/2022 in order to file them on the Medicare Cost Report. We will discuss new topics such as Covid-19 vaccines, MABs, telehealth, and more. As we shift to more and more electronic filing of cost reports, our processes for filing will change and this webinar will be a good introduction to these changes.

Please register for RHC Cost Reporting - Year-End Deadlines and Electronic Filing of Cost Reports on Dec 1, 2022 1:00 PM EST at:

https://attendee.gotowebinar.com/register/8979695397871709451

http://www.ruralhealthclinic.com/rhc-seminar-and-webinar-presentations

• JACKSON, TENNESSEE PRESENTATION - NOVEMBER 9, 2022

- 9:00 to 10:30 Introductions and Washington Update
  - 9:00 to 9:35 AM: Introductions, Schedule, Washington Update, PRF Fund Update by Mark Lynn from Healthcare Business Specialists
  - 9:35 to 9:55 AM Cost Report Process and IDM Presentation by Dani Gilbert from Healthcare Business Specialists
  - 9:55 to 10:15 AM Emergency Preparedness by Page Chambers from Healthcare Business Specialists
  - 10:15 to 10:30AM Tennessee Rural Health Clinic Network by Dorshonda Evans from RHAT
- 10:45 to 11:30 RHC Cost Report Changes due to the Consolidated Appropriations Act (2021) by Mark Lynn
- 11:30 to 12:00 RHC Billing Resources and FAQs
- Lunch - Noon to 1:00 Sponsor presentations from Azalea Health and Main Street Health
  - Azalea Health Presentation Built for RHCs
- 1:00 to 2:00 *Grants and Closeout Procedures by Elizabeth Burrows, JD for Rural Health Clinics*
- 2:00 to 3:00 Program Evaluation & Survey Readiness by Angie Charlet from Canopy Associates
- 3:00 to 3:30 Tenncare Wrap Reporting by Dani Gilbert

Recent Legislation

CMS issues final Medicare Physician Fee Schedule rules on November 1, 2022

CMS issued the CY2023 Medicare Physician Fee Schedule Final Rule which included several provisions that impacted RHCs. A list of provisions effective January 1, 2023 is outlined below. Information regarding each of these policies is available in the CY 2023 Medicare Physician Fee Schedule Final Rule Fact Sheet.

- New Care Management Codes for Chronic Pain Management (CPM) and General Behavioral Health Integration (GBHI)
- Conforming Technical Changes to 42 CFR 405.2463 and 42 CFR 405.246
- Specified Provider-Based RHC Payment-Limit Per-Visit

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

Chronic Pain Management and Treatment Services

- CMS finalized new HCPCS codes, G3002 and G3003, and valuation for chronic pain management and treatment services (CPM) for CY 2023. We believe the CPM HCPCS codes will improve payment accuracy for these services, prompt more practitioners to welcome Medicare beneficiaries with chronic pain into their practices, and encourage practitioners already treating Medicare beneficiaries who have chronic pain to spend the time to help them manage their condition within a trusting, supportive, and ongoing care partnership.
- The finalized codes include a bundle of services furnished during a month that we believe to be the starting point for holistic chronic pain care, aligned with similar bundled services in Medicare, such as those furnished to people with suspected dementia or substance use disorders.

https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule

Telehealth Services

- **The CAA, 2022 extends certain flexibilities in place during the PHE for 151 days after the PHE ends, including allowing payment for RHCs and FQHCs for furnishing telehealth services as distant site practitioners (though note that mental health visits can be furnished virtually on a permanent basis)** under the payment methodology established for the PHE, allowing telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home, and allowing certain services to be furnished via audio-only telecommunications systems. **The CAA, 2022 also delays the in-person visit requirements for mental health visits via telecommunications technology, including those furnished by RHCs and FQHCs, until 152 days after the end of the PHE.**

Conforming Technical Changes to the In-Person Requirements for Mental Health Visits

- We finalized conforming regulatory text changes in accordance with section 304 of the CAA, 2022 to amend paragraph (b)(3) of 42 CFR 405.2463, "What constitutes a visit," and paragraph (d) of 42 CFR 2469, "FQHC supplemental payments," to include the delay of the in-person requirements for mental health visits furnished by RHCs and FQHCs through telecommunication technology under Medicare until the 152nd day after the COVID-19 PHE ends.

Specified Provider-Based RHC Payment Limit Per-Visit

- Subsequent to the publication of the CY 2022 PFS final rule, which implemented changes to the RHC payment limit as required by the Consolidated Appropriations Act, 2021, interested parties requested clarification regarding the timing of cost reports used to set the RHC payment limit. **We finalized the clarification that a 12-consecutive month cost report should be used to establish a specified provider-based RHC's payment limit per visit.** We believe 12-consecutive months of cost report data accurately reflects the costs of providing RHC services and will establish a more accurate base from which the payment limits will be updated going forward.

Final Rules released on Rural Emergency Hospitals

- There has been a growing concern that closures of rural hospitals and critical access hospitals (CAHs) are leading to a lack of services for people living in rural areas. Section 125 of the Consolidated Appropriations Act, 2021 (CAA) established a new Medicare provider type called Rural Emergency Hospitals (REHs), effective January 1, 2023. For information on the establishment of this new Medicare provider type, view the Rural Emergency Hospital fact sheet https://www.cms.gov/.../cy-2023-medicare-hospital...
- The NRHA asked CMS for clarification on REHs operating provider-based RHCs. **CMS clarified that the statute states that a rural emergency hospital may be considered a hospital with less than 50 beds for purposes of the exception to the payment limit for RHCs and thus this implicitly states that REHs may continue operating RHCs.** CMS did not add additional CoPs regarding RHCs.
- Source: NRHA

Lobby for the RHC Medicare Modernization Act – 2022

"Socialize" on the hill

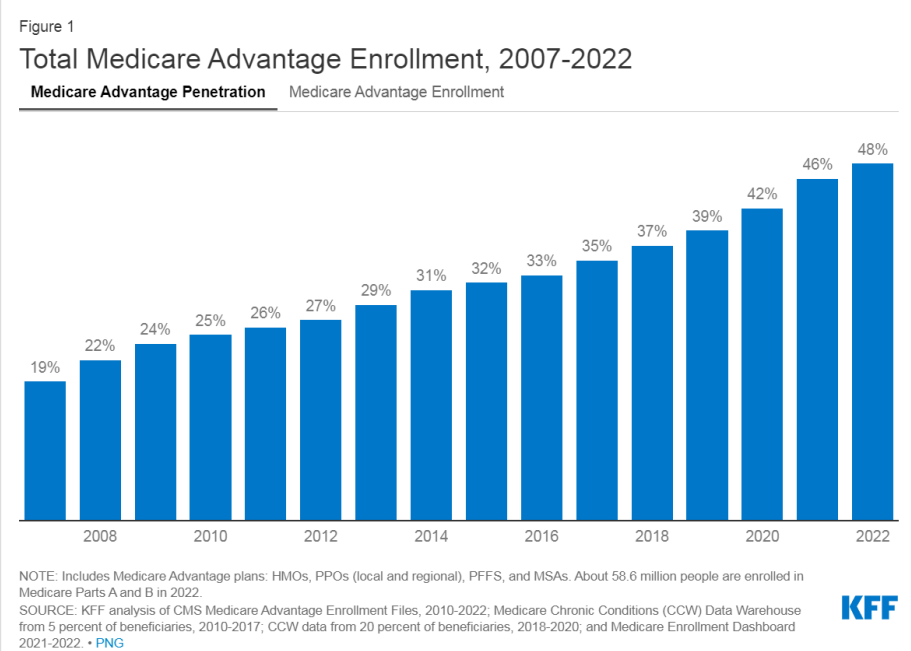
- Allow payment to RHCs/FQHCs for Licensed Professional Counselors and Marriage and Family Therapists providing mental health services. (2020)
- Align RHC scope of practice with state scope of practice
- Remove the on-site lab requirements and convert them to "prompt access"
- Allow RHCs to contract with all their PAs and NPs
- Protect the definition of rural for RHCs
- **Allow RHCs to be primarily engaged in behavioral health if they are in a mental health HPSA**

Medicare Advantage Plans are a threat to RHCs

In 2022, **nearly half of (48%) eligible Medicare beneficiaries – 28.4 million people out of 58.6 million Medicare beneficiaries overall – are enrolled in Medicare Advantage plans**. Medicare Advantage enrollment as a share of the eligible Medicare population has more than doubled from 2007 to 2022 (19% to 48%)

- https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/

The share of eligible Medicare beneficiaries enrolled in Medicare Advantage has more than doubled since 2007



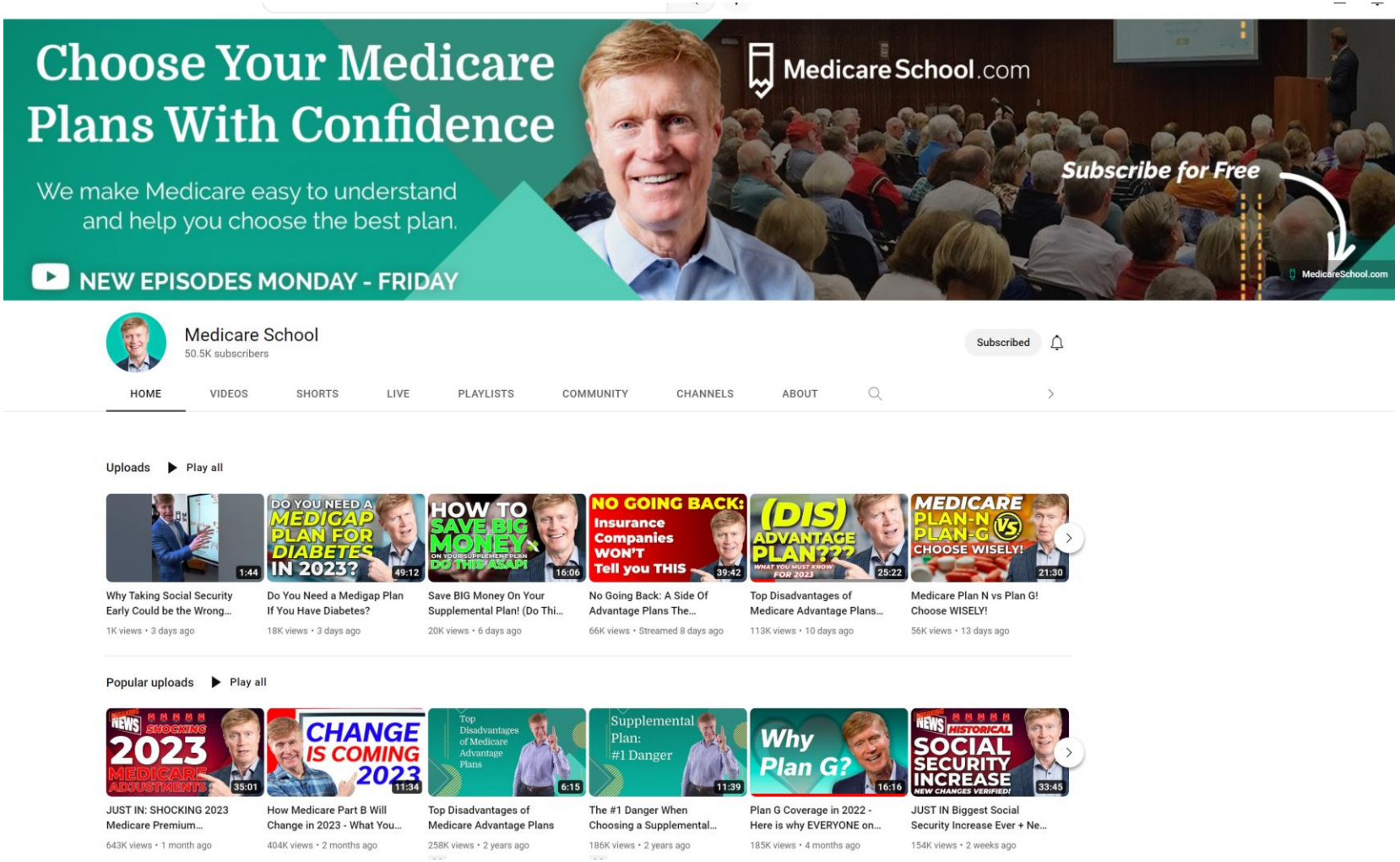
6% Sequestration ????

- 2% Medicare Sequester Back in Effect beginning July 1, 2022 Medicare sequester policy was fully reimplemented
- RHCs should now expect to receive 78.4% of the All-Inclusive Rate. For Example, your AIR is $126 the RHC receives $98.78 from Medicare.
- A similar, 4%“pay as you go” or “PAYGO” Medicare reduction is currently scheduled to kick in on January 1, 2023
- There is industry wide expectation that Congress will again waive this payment reduction.

Medicare Advantage Participation

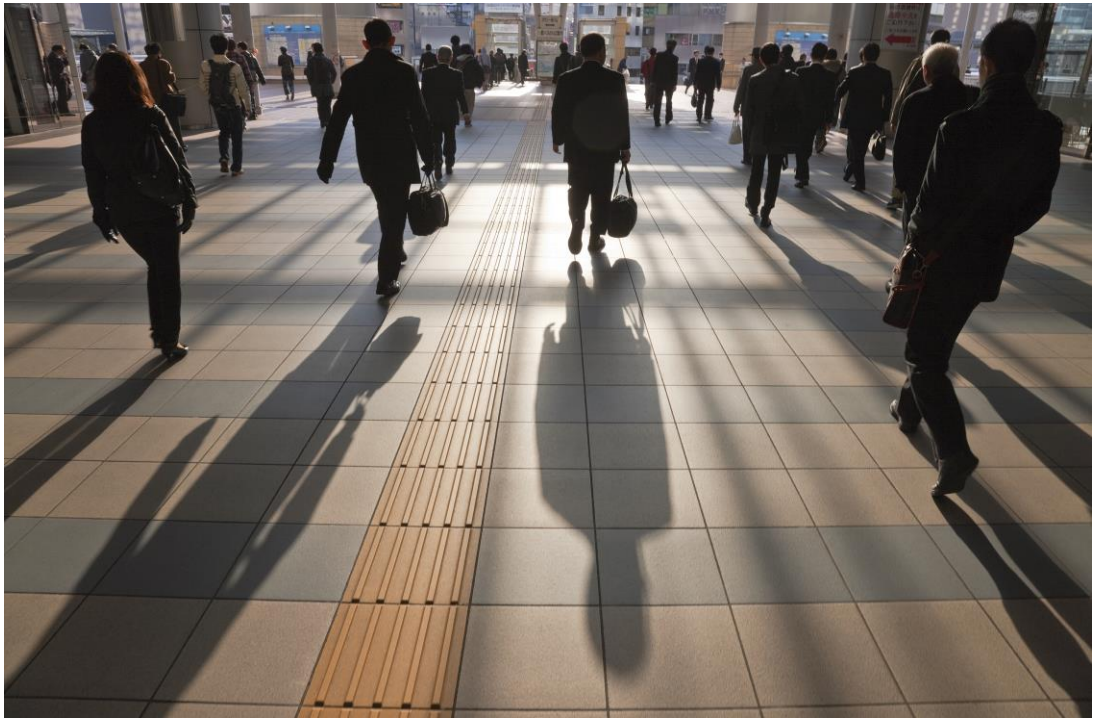
- When a beneficiary enrolls in a Medicare Advantage (MA) plan, they are no longer classified as a Medicare patient for cost reporting purposes. These individuals are effectively treated as privately insured individuals.
- MA plans must show that they have an "adequate" provider network in each market they serve. In an underserved area, it may be difficult for the MA plan to meet the market adequacy requirement if an existing RHC is not part of the network.
- If an RHC is a contracted provider within a MA network, the RHC is obligated to follow whatever is established in the contract. Payment could be cost-based, fee-for-service, or even capitation.
- Non-network providers are able to see patients enrolled in MA plans, but the terms and conditions for payment vary by type of plan (fee schedule, capitation, enhanced fee-for-service, etc.). The most common MA plan in rural communities is private fee-for-service (PFFS). Under this type of arrangement, the MA plan is required to pay the RHC its all-inclusive rate. However, the billing format is up to the plan.
- Flu and pneumonia vaccines administered to MA patients are not captured on the RHC cost report. Reimbursement should come through the MA plan.

Be Proactive during Open Enrollment Season



- https://www.youtube.com/watch?v=RT5eGTJDUUs

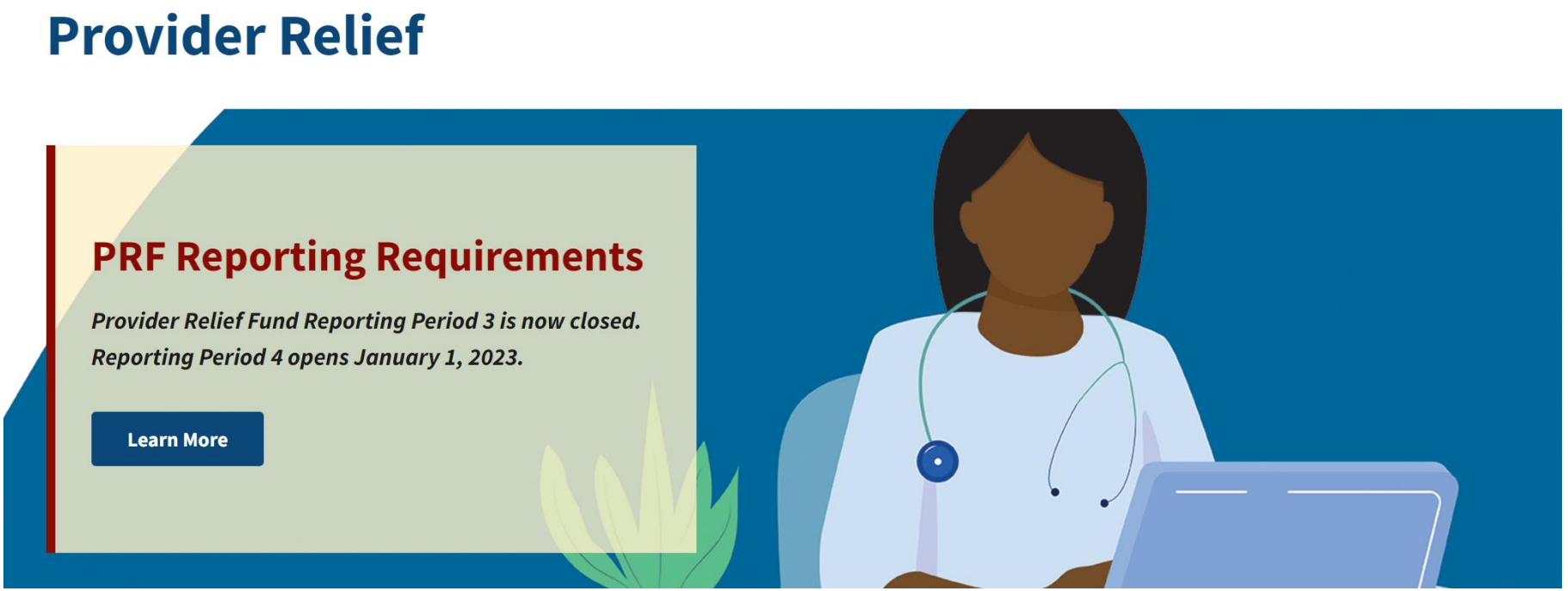
Lobby for Medicare Advantage Wrap payments for RHCs



Q10. How is the Medicare Advantage (MA) wrap-around payment made?

A10. FQHCs that have a written contract with a MA organization that furnishes care to beneficiaries covered by the MA plan are paid by the MA organization at the rate that is specified in their contract. If the MA contract rate is less than the Medicare PPS rate, Medicare will pay the FQHC the difference, less any cost sharing amounts owed by the beneficiary. The supplemental payment is only paid if the contracted rate is less than the adjusted PPS rate.

Updated Reporting Requirements



Provider Relief Funds Updated Reporting Requirements

- Your organization is a recipient of one or more Provider Relief Fund (PRF) General and Targeted Distributions and/or American Rescue Plan (ARP) Rural Distribution payments exceeding $10,000 in the aggregate. By attesting to your PRF and/or ARP Rural payment, you agreed to Terms and Conditions that require you to comply with post-payment reporting requirements.

  HRSA published an updated Provider Relief Fund Distributions and American Rescue Plan Rural Distribution Post-Payment Notice of Reporting Requirements on October 27, 2022. This Notice supersedes the Post-Payment Notice of Reporting Requirements released on June 11, 2021.

Provider Relief Funds Updated Reporting Requirements (Continued)

- **Next Steps**
  Review the PRF Distributions and ARP Rural Distribution Post-Payment Notice of Reporting Requirements. Providers who do not comply with reporting requirements as outlined in the Notice will be subject to enforcement actions, such as repayment or exclusion from receiving and/or retaining future PRF and/or ARP Rural payments**.**
- **What if I returned my payments?**
  Providers who returned their full PRF and/or ARP Rural payment(s) to the Health Resources and Services Administration (HRSA) in accordance with HRSA's return policy should retain documentation of their returned payment, and disregard this Notice. Providers who returned partial payment(s) are required to report on the retained amount exceeding $10,000 in aggregate.
- **Where can I find more information?**
  Visit the Reporting Resources Webpage. For additional information, please call the Provider Support Line at (866) 569-3522; for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday.

Key PRF Updates

The key updates to the reporting requirements include:

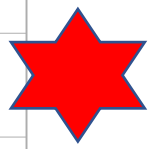
- Addition of the payment received period, period of availability, and reporting time periods for reporting periods 5, 6, and 7.
- Reporting guidance for ARP Rural recipients.
- New guidance regarding the application of funds toward lost revenues. In particular, the Notice specifies that PRF and ARP Rural recipients can only apply funds to patient care lost revenues up to the end of the quarter in which the Public Health Emergency expires.

PRF Reporting Dates

Reporting Dates

Recipients who received one or more payments exceeding $10,000, in the aggregate, during a Payment Received Period are required to report in each applicable Reporting Period as outlined in the table below.

	Payment Received Period (Payments Exceeding $10,000 in Aggregate Received)	Period of Availability	Reporting Time Period
Period 1	From April 10, 2020 to June 30, 2020	January 1, 2020 to June 30, 2021	July 1, 2021 to September 30, 2021*
Period 2	From July 1, 2020 to December 31, 2020	January 1, 2020 to December 31, 2021	January 1, 2022 to March 31, 2022
Period 3	From January 1, 2021 to June 30, 2021	January 1, 2020 to June 30, 2022	July 1, 2022 to September 30, 2022
Period 4	From July 1, 2021 to December 31, 2021	January 1, 2020 to December 31, 2022	January 1, 2023 to March 31, 2023
Period 5	From January 1, 2022 to June 30, 2022	January 1, 2020 to June 30, 2023	July 1, 2023 to September 30, 2023
Period 6	From July 1, 2022, to December 31, 2022	January 1, 2020, to December 31, 2023	January 1, 2024, to March 31, 2024
Period 7	January 1, 2023, to June 30, 2023	January 1, 2020, to June 30, 2024	July 1, 2024, to September 20, 2024



Three Sources of Funds with Different Reporting Requirements

https://www.narhc.org/narhc/COVID-191.asp

HRSA Programs - RHC Funding and Resource Opportunities

Name of Grant/Allocation	Important Dates	Amount/Purpose	Reporting Requirements & Other Links
Rural Health Clinic COVID-19 Testing and Mitigation Program	Automatically Awarded: June 2021. Period of Availability: January 1, 2021 - December 31, 2022	$100,000 per RHC To be used for COVID-19 testing, COVID-19 mitigation, and COVID-19 testing and mitigation related expenses.	Terms and Conditions Mandatory Reporting Webinars NARHC FAQs **Questions? Email** RHCcovidreporting@narhc.org
Rural Health Clinic Vaccine Confidence (RHCVC) Program	Program Start Date: July 1, 2021 Last day to apply for No Cost Extension on EHB: May 31, 2022 Program End Date: June 30, 2022 (last day to incur expenses) Last day to draw down funds in PMS: September 28, 2022	Approximately $49,500 per awarded RHC. To improve vaccine confidence and counter vaccine hesitancy through improving education, access, etc.	HRSA Program Page How to Draw Funds from PMS **Questions? Email** RHCvaxconfidence@narhc.org Electronic Handbook (EHB) HRSA Health Grants Workshop Web Series Payment Management System (PMS) Vaccine Confidence Ideas from RHCs

Provider Relief Fund

RHCs have received multiple tranches or allocations of money from the federal government to help with COVID-19. It is important for RHCs to understand why they received the money they did, and what strings may be attached to each allocation. General details.

Name of Grant/Allocation	Important Dates	Amount/Purpose	Reporting Requirements & Other Links
Phase 1 General Distribution	Automatically Awarded April 10, 2020 Period of Availability: January 1, 2020 - June 30, 2021	6.2% of 2019 Medicare Reimbursement	**Provider Relief Fund Portal** Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
Phase 2 General Distribution	Automatically Awarded April 24, 2020 Period of Availability: January 1, 2020 - June 30, 2021	2% of 2018 revenue minus Phase 1 Distribution	**Provider Relief Fund Portal** Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
Rural Targeted Allocation	Automatically Awarded May 6, 2020 Period of Availability: January 1, 2020 - June 30, 2021	$103k + 3.6% operating expenses (Ind.), Graduated Base Payment + 1.97% of operating expenses (PB)	**Provider Relief Fund Portal** Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
Phase 3 General Distribution		Variable	**Provider Relief Fund Portal** Reporting portal open January 1 - March 31, 2022
Phase 4 General Distribution and American Rescue Plan Rural (Application Required)	Award beginning December 2021 Period of Availability: January 1, 2020 - December 31, 2022	Variable	**Provider Relief Fund Portal** Report portal open January 1 - March 31, 2023

NARHC Summary of Programs

Funding Program	Date	Amount	Purpose	Reporting
Phase 1 General Distribution	April 10, 2020	6.2% of 2019 Medicare Reimbursement	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Phase 2 General Distribution	April 24, 2020	2% of 2018 revenue minus phase 1 distribution	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Phase 3 General Distribution	December 15, 2020	Variable	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
Rural Targeted Allocation	May 6, 2020	$103k + 3.6% operating expenses (Ind), Graduated Base Payment + 1.97% of operating expenses (PB)	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal
RHC COVID-19 Testing Fund	May 20, 2020 + later dates	$49,461.42 per RHC	Unreimbursed COVID testing expenses	www.RHCcovidreporting.com
RHC COVID-19 Testing and Mitigation Fund	June 10, 2021 + later dates	$100,000 per RHC	Unreimbursed COVID testing and mitigation expenses	www.RHCcovidreporting.com
RHC Vaccine Confidence Grants	July 22, 2021	Approximately $49,529.00	Vaccine hesitancy work	Financial Reports through Payment Management System + Quarterly Calls
American Rescue Plan + Phase 4 General Distribution	November/December 2021	Variable	Lost Revenue and Unreimbursed COVID Expenses	Provider Relief Fund Portal

https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/primary-care-providers-fact-sheet.pdf

COVID-19 Outreach, Education, and Counseling:

HRSA Provider Relief

Allowable Uses of Provider Relief Fund Payments for Primary Care Providers

Primary care providers are a trusted resource within their communities. They play a key role in patient education, which has been critical during the COVID-19 pandemic.

If not directly associated with a scheduled patient encounter, provider services such as patient education, community outreach, expanding partnerships to support various priorities (e.g., identifying unvaccinated patients, expanding behavioral health services, etc.) may go unreimbursed.

Did you know?
Healthcare providers who received Provider Relief Fund (PRF) payments can be reimbursed for their time and resources related to COVID-19 prevention outreach, education and counseling. Communicating with patients about vaccines, social distancing, hand-washing and avoiding crowds are key in slowing the spread. These encounters may be in-person, virtual, or electronic.

How does it work?
During the PRF reporting process, recipients will list their expenses. As long as the expenses were to prevent, prepare for, and respond to coronavirus, they are eligible. Expenses must be those that another source has not reimbursed and is not obligated to reimburse.

Providers should document the time they use to conduct outreach and patient education so that it may be applied as an official expense during the PRF reporting process.

Outreach Tools

- **How to Protect Yourself and Others**
  Information on staying safe during the pandemic.
- **Recipient Education from the CDC**
  Primary care providers play a critical role in helping vaccine recipients understand the importance of vaccination.

PRF Resources

- For more information, visit hrsa.gov/provider-relief
- Provider Support Line at (866) 569-3522; for TTY dial 711, 8 a.m. to 10 p.m. CT, Monday through Friday

PRF Personnel Costs

- https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/prf-fact-sheet-recruit-retain-personnel.pdf

Provider Relief Fund:

Recruiting and Retaining Personnel

HRSA Health Resources & Services Administration

Provider Relief Fund (PRF) payments can be used for a wide variety of direct and indirect costs of recruiting and retaining personnel during the pandemic.*

Retention Examples

- Incentive pay
- Retention bonuses
- Childcare assistance
- Overtime pay
- Temporary housing
- Transportation
- Mental health and stress management resources
- Other fringe benefits

Recruitment Examples

- Salaries for new or temporary staff
- Employee referrals
- Employment agencies
- Hiring bonuses
- Other recruitment tools

Recruit and retain positions like…

- Physicians, Advanced Practice Clinicians, Nurses, etc.
- Lab Technicians
- Respiratory Therapists
- Administrators
- Contracted staff
- And many others

Allowable Uses of Funds for Personnel Costs Are Broad and Flexible

This is not an exhaustive list of ways you can use PRF funds to support recruitment and retention. In addition to the examples listed above, consider if an expense is allowable by asking the following questions:

- Is this expense necessary and reasonable to support patient care efforts to prepare for, prevent, or respond to the coronavirus?
- Is the expense incurred consistent with our organization's policies and procedures?

More Resources

- For more information, visit hhs.gov/providerrelief
- Provider Support Line at (866) 569-3522; for TTY dial 711, 8 a.m. to 10 p.m. Central Time, Monday through Friday

*Eligible expenses must not be reimbursed by other sources or obligated to be reimbursed by other sources. Salaries must not be paid at a rate in excess of Executive Level II, which is currently set at $197,300. More information: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html#terms-and-conditions.

Executive Summary on Covid-19 Funds

- Spend any PRF funds received in 2021 by December 31, 2022 and report the spending by March 31, 2023. (Period 4)
- Spend the $100,000 received for Covid-19 Testing and Mitigation by December 31, 2022. Closeout procedures and reporting will occur starting in January 2023.
- The Vaccine Confidence Grant should be spent by now. Contact Elizabeth Burrows, JD for information on how to report.
- HBS will have a webinar in early December going over closeout of these programs.

Thank You!

Mark Lynn, Healthcare Business Specialists

marklynnrhc@gmail.com