



# **RHC Update Seminar Somerset Kentucky November 3, 2022**





## Our Team





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## RHC Update Seminar – Somerset, Kentucky

### Agenda

November 3, 2022

Healthcare Business Specialists, Kentucky Medical Billing Associates, Inc., Azalea Health, and Main Street Health are providing a RHC Update Seminar at The Center for Rural Development, 2292 S. Hwy 27, Somerset, KY 42501. To register go to [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com) or use this link <https://tinyurl.com/ybkdjzaf>.

Time	Subject Matter
9:00AM to 10:00 AM RHC Update	Welcome and Introductions. Dani Gilbert, Page Chambers, and Mark Lynn from Healthcare Business Specialists will go over recent updates relevant to Rural Health Clinics regarding Billing, Cost Reporting, Compliance, PRF Reporting and Closeout Procedures, and Emergency Preparedness. Marcus Pigman from the Kentucky Office of Rural Health will also provide an update on the offerings by the KORH.
10:00AM to 11:50AM So, you are and RHC, Now What?	Patty Harper from InQuiseek Consulting will go over what RHCs need to know once they pass the RHC inspection to begin billing and the resources they need to be aware of to help them manage their rural health clinic.
11:00AM to 12:00PM RHC Program Evaluations & Survey Readiness	Angie Charlet from Canopy Associates will go over the Program Evaluation Condition Requirement for RHCs and certification issues facing RHCs.
12:00PM to 1:00PM Lunch Provided by Kentucky Medical Billing Associates, Inc., Azalea Health & Main Street Health	Boxed Lunches Provided on site by Kentucky Medical Billing Associates, Inc., 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. Charles James from North American Healthcare Management Services will provide information on the Rural Advantage ACO offering.
1:00PM to 2:00PM RHC Billing	Amanda Dennison from Blue & Co., LLC will discuss Medicare Rural Health Clinic Billing. The session will include claim examples, RHC and non-RHC services, use of the CG modifier, incident to billing, and time for questions.
2:00PM to 3:00PM RHC Cost Reporting	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.

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

- Here are the downloads of presentations for the seminar. Just double click to download the PDF. Once the presentation is uploaded the (Placeholder) label will be removed.
- Hour 1 - 9:00 to 10:00 Introductions and Updates by Mark Lynn, Dani Gilbert, and Page Chambers from Healthcare Business Specialists and Marcus Pigman from the Kentucky Office of Rural Health (Placeholder)
  - [IDM Presentation by Dani Gilbert from Healthcare Business Specialists](#)
  - [Emergency Preparedness by Page Chambers from Healthcare Business Specialists](#)
- Hour 2 - 10:00 to 11:00 [So, you are an RHC, Now What by Patty Harper from InQuiseek Consulting](#)
- Hour 3 - 11:00 to 12:00 [Program Evaluation & Survey Readiness by Angie Charlet from Canopy Associates](#)
- Lunch - Noon to 1:00 Sponsor presentations from Azalea Health, Main Street Health, and Rural Advantage
- 1:00 to 2:00 [RHC Billing by Amanda Dennison from Blue & Co. LLC](#)
- 2:00 to 3:00 [RHC Cost Reporting by Mark Lynn, Dani Gilbert, and Page Chambers](#)

# Medicare Advantage Plans are a threat to RHCs

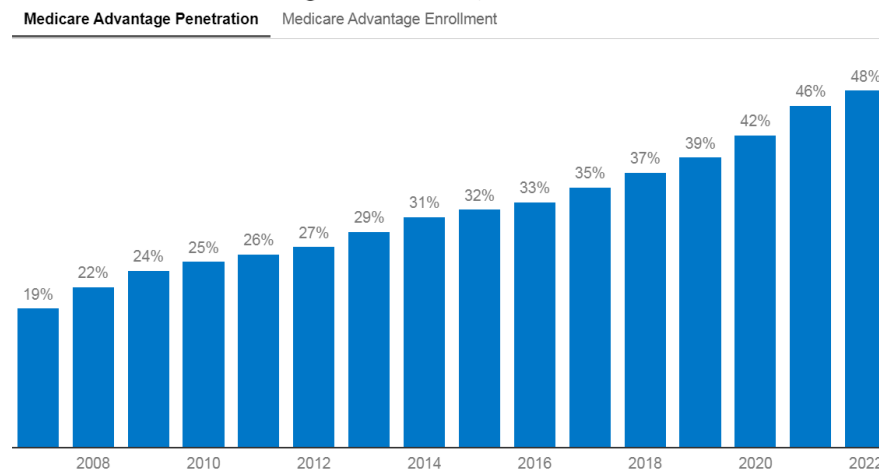
In 2022, nearly half of (48%) eligible Medicare beneficiaries – 28.4 million people out of 58.6 million Medicare beneficiaries overall – are enrolled in Medicare Advantage plans. Medicare Advantage enrollment as a share of the eligible Medicare population has more than doubled from 2007 to 2022 (19%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

Figure 1

### Total Medicare Advantage Enrollment, 2007-2022



NOTE: Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 58.6 million people are enrolled in Medicare Parts A and B in 2022.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018-2020; and Medicare Enrollment Dashboard 2021-2022. • PNG

KFF



# Medicare Advantage Participation

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- 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



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- <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.**

## Lobby for the RHC Medicare Modernization Act - 2022

- 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**



# 6% Sequestration ?????

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- 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.



# 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>

# Updated Reporting Requirements

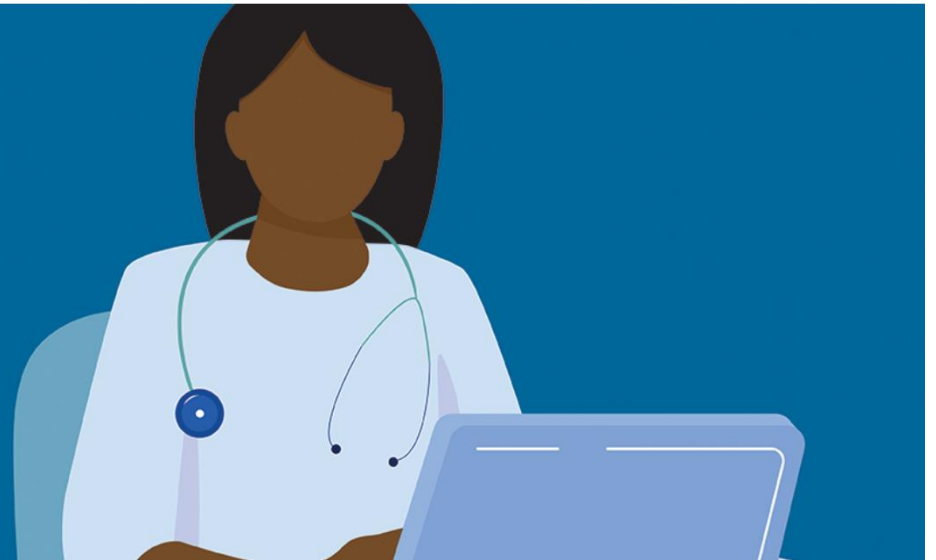
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## Provider Relief

### **PRF Reporting Requirements**

*Provider Relief Fund Reporting Period 3 is now closed.  
Reporting Period 4 opens January 1, 2023.*

[Learn More](#)



# 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:

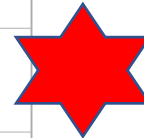
- Addition of the payment received period, period of availability, and reporting time periods for reporting periods 5, 6, and 7.
- Reporting guidance for ARP Rural recipients.
- New guidance regarding the application of funds toward lost revenues. In particular, the Notice specifies that PRF and ARP 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.

	<b>Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)</b>	<b>Period of Availability</b>	<b>Reporting Time Period</b>
<b>Period 1</b>	From April 10, 2020 to June 30, 2020	January 1, 2020 to June 30, 2021	July 1, 2021 to September 30, 2021*
<b>Period 2</b>	From July 1, 2020 to December 31, 2020	January 1, 2020 to December 31, 2021	January 1, 2022 to March 31, 2022
<b>Period 3</b>	From January 1, 2021 to June 30, 2021	January 1, 2020 to June 30, 2022	July 1, 2022 to September 30, 2022
<b>Period 4</b>	From July 1, 2021 to December 31, 2021	January 1, 2020 to December 31, 2022	January 1, 2023 to March 31, 2023
<b>Period 5</b>	From January 1, 2022 to June 30, 2022	January 1, 2020 to June 30, 2023	July 1, 2023 to September 30, 2023
<b>Period 6</b>	From July 1, 2022, to December 31, 2022	January 1, 2020, to December 31, 2023	January 1, 2024, to March 31, 2024
<b>Period 7</b>	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
<b>Rural Health Clinic COVID-19 Testing and Mitigation Program</b>	Automatically Awarded: June 2021.  Period of Availability: January 1, 2021 - December 31, 2022	\$100,000 per RHC  To be used for <a href="#">COVID-19 testing, COVID-19 mitigation, and COVID-19 testing and mitigation related expenses.</a>	<a href="#">Terms and Conditions</a> <a href="#">Mandatory Reporting</a> <a href="#">Webinars</a> <a href="#">NARHC FAQs</a>  <b>Questions? Email</b> <a href="mailto:RHCcovidreporting@narhc.org">RHCcovidreporting@narhc.org</a>



<b>Rural Health Clinic Vaccine Confidence (RHCVC) Program</b>	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.	<a href="#">HRSA Program Page</a>  <a href="#">How to Draw Funds from PMS</a>  <b>Questions? Email</b> <a href="mailto:RHCvaxconfidence@narhc.org">RHCvaxconfidence@narhc.org</a>  <a href="#">Electronic Handbook (EHB)</a>  <a href="#">HRSA Health Grants Workshop Web Series</a>  <a href="#">Payment Management System (PMS)</a>  <a href="#">Vaccine Confidence Ideas from RHCs</a>
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## 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
<b>Phase 1 General Distribution</b>	Automatically Awarded April 10, 2020  Period of Availability: January 1, 2020 - June 30, 2021	6.2% of 2019 Medicare Reimbursement	<a href="#">Provider Relief Fund Portal</a>  Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
<b>Phase 2 General Distribution</b>	Automatically Awarded April 24, 2020  Period of Availability: January 1, 2020 - June 30, 2021	2% of 2018 revenue minus Phase 1 Distribution	<a href="#">Provider Relief Fund Portal</a>  Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
<b>Rural Targeted Allocation</b>	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)	<a href="#">Provider Relief Fund Portal</a>  Reporting portal open July 1 - September 30, 2021 (Plus Extensions)
<b>Phase 3 General Distribution</b>		Variable	<a href="#">Provider Relief Fund Portal</a>  Reporting portal open January 1 - March 31, 2022
<b>Phase 4 General Distribution and American Rescue Plan Rural (Application Required)</b>	Award beginning December 2021  Period of Availability: January 1, 2020 - December 31, 2022	Variable	<a href="#">Provider Relief Fund Portal</a>  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	<a href="http://www.RHCcovidreporting.com">www.RHCcovidreporting.com</a>
RHC COVID-19 Testing and Mitigation Fund	June 10, 2021 + later dates	\$100,000 per RHC	Unreimbursed COVID testing and mitigation expenses	<a href="http://www.RHCcovidreporting.com">www.RHCcovidreporting.com</a>
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:



### 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](https://www.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*

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

#### 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](https://www.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>.



#### Recruit and retain positions like...

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



# Executive Summary on Covid-19 Funds

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- 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

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