

*The ABCs
of RHCs
April 28, 2011*

2nd Annual Alabama Rural Health Conference



What is an RHC?

It's a cost based reimbursed federal program for Medicare and Medicaid patients in a primary care office





What is required to be an RHC?

- Be located in a non-urbanized area
- Be located in a Medically Underserved area (MUA) or Health Professional Shortage Area (HPSA)
- Provide outpatient primary care services
- Use the services of a mid-level (PA, NP, or CNW) at least 50% of clinic hours





RHC Requirements – cont.

The non-urbanized area and designated shortage areas must have been updated within the last four (4) years





Two Types of RHCs

Provider Based – Owned and operated by a hospital, skilled nursing home or home health agency

Free Standing (Independent) – Owned and operated by a physician, NP, PA, or CNW





Why are you an RHC?

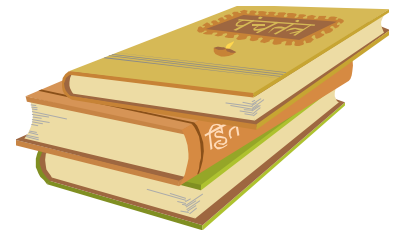
- Higher Reimbursement from Medicare and Medicaid
- Higher Reimbursement for Flu and Pneumonia Shots
- No reduced payment for NP & PA services
- Payment of Medicare Bad Debt





Conditions for Participation

- Compliance with Federal, State and Local Laws
- Location of Clinic
- Physical Plant and Environment
- Organizational Structure
- Provision of Services
- Patient Health Records
- Program Evaluation





Compliance with Federal, State and Local Laws

Staff of the clinic are licensed,
certified or registered in
accordance with applicable
State and Local laws





Location of the Clinic

An RHC must be located in a rural area that is designated as a shortage area – (which has been updated within the last four years)





Physical Plant and Environment

1. Physical Plant Safety – Maintained consistent with State and local building, fire and safety codes
2. Preventive Maintenance – All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition (at least yearly)





Preventive Maintenance – cont.

Drugs and biologicals are appropriately stored; “*No expired drugs!!*”



The clinic is clean and orderly.





Non-Medical Emergencies

The clinic assures the safety of patients in case of non-medical emergencies by:

1. Training staff in handling emergencies
2. Placing exit signs in appropriate locations
3. Taking other appropriate measures such as:
Bomb, Fire and Severe Weather Drills





Organizational Structure

Basic Requirement

- The clinic is under the direction of a Medical Director;
- Written material covering organization policies, including lines of authority and responsibilities. Written policies should consist of both administrative and patient care policies.





Organizational Structure (cont.)

- Disclosure of Names and Addresses: The clinic discloses names and addresses of the owner, person responsible for directing the clinic's operation and physician responsible for medical direction.





Sufficient Staffing

The staff is sufficient to provide the services essential to the operation of the clinic.

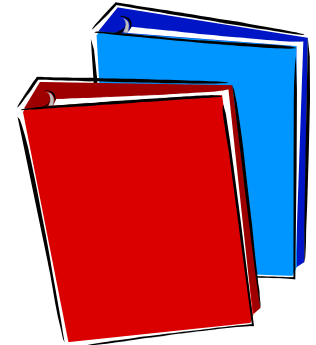
Mid-level must be present 50% of clinic hours; and Medical Director must be on site at least once every two weeks.





Staff Responsibilities

The Medical Director in conjunction with the mid-level participates in the developing, executing and periodically reviewing the clinic's written policies and procedures;



Periodically, reviews the clinic's patient records.





Provision of Services

Each RHC must be capable of providing out-patient primary care services;





Provision of Services

Provides basic laboratory services:

- * Chemical examinations of urine
- * Hemoglobin or Hematocrit
- * Blood sugar
- * Examination of stool specimens for occult blood
- * Pregnancy test
- * Primary culturing for transmittal





Patient Health Records

Must maintain patient health records in accordance with its written policies and procedures;

Must be the responsibility of a designated member of staff;

All records should be kept at the clinic site;





Patient Health Records - cont.

- Must examine a randomly selected sample of health records and must be signed off by Medical Director and mid-level;
- Must ensure the confidentiality of the patient's health records and provide safeguards against loss, destruction or unauthorized use of record information;





Patient Health Records – cont.

Retention of Records – must retain records for at least 6 years from the last entry date or longer if required by State statute.





Annual Program Evaluation

The clinic carries out, or arranges for, an annual evaluation of its total program to include:

- 1) the utilization of clinic services – including number of patients served.
- 2) random sample of both active and closed records (10 open and 5 closed)
- 3) The clinic's health care policies.





Annual Program Evaluation – cont.

The purpose of the evaluation is to determine:

- 1) The utilization of services were appropriate;
- 2) The established policies were followed; and
- 3) Any changes are needed.

The clinic staff considers the findings and takes corrective action if necessary.





Do you want to stay an RHC?

Then..... You must abide by all the rules and regulations cited above.





Recertification

Periodic on-site survey (at least once every 6 years;)

Unannounced

Review of RHC Conditions of Participation

Deficiencies: None ? Standard? Condition?

Follow-up: Onsite or by mail

Plan of Correction: Deficiencies corrected.





Clinic Survey Tour

- Drug samples
- Autoclave
- Exit signs
- Posted fire regulations
- Medical records
- Schedule II drugs
- Handicapped access





Clinic Survey Tour - cont.

- Premises clean and orderly
- Infection control issues
- Preventive maintenance
- Fire safety
- Storage of medications





When to notify State Agency

- Change of ownership
- Move to a new location
- Loss of NP or PA
- Staffing waiver request
- Change in Medical Director
- New NP or PA
- Termination of RHC
- New clinic to be certified





Alabama State Agency Contact

Mr. Guy Nevins

Department of Public Health

Division of Provider Services

201 Monroe Street, Suite 600

Montgomery, AL 36104

Phone: (334) 206-5175

Fax: (334) 206-5219

Email Address: Guy.Nevins@adph.state.al.us





Cost Reports

Medicare – due to Cahaba GBA 5 months after fiscal year end. Ex: If your year end is 12/31/10, then it is due to Cahaba GBA no later than 5/31/11.





Cost Reports – cont.

Provider Summary and Report (PS&R)

In order to obtain your PS&R, you must have User ID and password from CMS' Authorized Access to CMS Computer Systems (IACS)





Cost Reports – cont.

IACS Registration

External User Services Help Desk –

866-484-8049; or

EUSSupport@cgi.com

Henry Vick – 205-220-1994





Cost Reports – cont.

Cost Report Address:

Mr. Randy Moon

PAAR

Cahaba GBA, LLC

300 Corporate Parkway

Birmingham, AL 35242





Cost Reports – cont.

Medicaid –

A projected cost report is submitted to the Medicaid Agency at time of enrollment as RHC to establish the all-inclusive encounter rate. However, if scope of services changes, additional information will need to be submitted for consideration of increase of rate.





Cahaba GBA Contacts

- Enrollment – Gary Gray
205-220-1702
- Cost Reports - Randy Moon
205-220-1305
- EDI – 866-582-3253





Alabama Medicaid Contacts

- Carol Akin, Associate Director
Clinic/Ancillary Services
Carol.Akin@medicaid.alabama.gov





“Mission Statement”

*Make friends with the People who Decide
Policies & Oversee Coverage & Billing for
your State*

Attend Hearings & RHC Meetings

Get Handouts if You Cannot Attend

Do NOT Be Afraid to Ask Questions.





SC Office of Rural Health

Marsha Marze, CPC, Director
Rural Health Clinic Programs
803-454-3850, ext. 2024

marsha@scorh.net

Alice Boykin, CPC, Director
RHC Billing
803-454-3850, ext. 2008

alice@scorh.net





Questions?

