

RHC 101: Rules, Regulations and Rumors

March 25, 2010



Rules

- The federal guidelines governing the certification of Rural Health Clinics (RHCs) were published in the Federal Register on July 14, 1978.



- Proposed Rule Changes are still in “limbo”.
- June 28, 2008: Published for Comment
- August 28, 2008: 60 Day Comment Period Ended
- If not signed into law within 3 years will have to start over.



RHCs must be in compliance with all applicable Federal, State and local laws



LOCATION OF CLINIC

The clinic must be located in a rural area that is designated as a “current” shortage area, e.g. HPSA or MUA (Current means updated in last 4 years)



Physical Plant and Environment

The clinic is maintained with appropriate State and local building, fire, and safety codes. This means that you must have a yearly inspection.



Preventive Maintenance

- All clinic equipment must be inspected yearly
- Safe storage of drugs and biologicals (drug cabinet must be checked and signed off monthly)

Inspection Schedules and Report must be available for review by the surveyor



Non-medical Emergencies

Disaster Drills must be done yearly for: Fire, Bomb and Severe Weather. All staff must participate and sign.



Organizational Structure

Clinic must be under the medical direction of a physician.

A signed Medical Director Agreement must be in the Policies and Procedures Manual with written material covering organization policies, including lines of authority and responsibilities



Written Policies

Written policies should consist of both administrative and patient care policies, such as personnel and fiscal



Disclosure of Names and Addresses

The clinic must list names and addresses of the owner of clinic in the Policies and Procedures Manual

Any change in ownership or clinic's medical director requires prompt notice to state agency.



Staffing and Staff Responsibilities

The clinic must have sufficiently staff to provide services essential to its operation

A nurse practitioner, physician assistant, or certified nurse-midwife must be available to furnish patient care at least 50% of clinic hours



Provision of Services

Each RHC must be capable of delivering outpatient primary care services. The clinic must maintain written patient care policies that:



Provision of Services (cont.)

- Are developed by medical director, nurse practitioner or physician assistant and a non-member of the clinic
- Describe the services provided directly by the clinic
- Provide for annual review of the policies



Annual Evaluation

- Facility must conduct an annual evaluation which also includes the annual chart review of 10 open and 5 closed charts.



Basic Laboratory Services

- Chemical examination of urine
- Hemoglobin or Hematocrit
- Blood Sugar
- Examination of stool specimens for occult blood
- Pregnancy test
- Primary culturing for transmittal



Drugs and Biologicals

- Written policies covering storage
- Must inspect monthly for outdated drugs
- Schedule II drugs must be in doubled lock area



Patient Health Records

- Record system guided by written policies and procedures
- Designated Professional staff member responsible for maintaining records
- Clinic records must be on site at clinic



Review of Health Records

- Must periodically review a selected sample of health records to determine appropriate information is included. This review must be performed by Medical Director and mid-level.

We recommend to perform this task quarterly and to select 5 charts per provider (Form available)



Protection of Medical Records

- The clinic must ensure the confidentiality of the patient's health records and safeguards against loss, destruction or unauthorized use
- Written policies and procedures govern use and removal and release of information
- Written patient consent is required for release



Retention of Records

- This policy must be in your Policies and Procedures Manual and must reflect the necessity of retaining records at least 6 years from the last entry date *or longer* if required by State statute.



RUMORS

- RHC Cap recommended to be raised to \$92.00
- Monies available for EMR's – *“really” a rumor!*



Medicare Accounting Contractors (MAC)

- Alabama Independent RHCs transferred from Riverbend GBA to Cahaba GBA on 8/3/09



Who is Cahaba GBA

- Cahaba Government Benefit Administrators, LLC
- J10 A/B MAC – Alabama, Georgia and Tennessee
- Four (4) office locations: Alabama, Georgia, Iowa and Tennessee
- Corporate office located in Birmingham, Al.
- www.cahabagba.gov



Contact Information

- Enrollment – Gary Gray

205-220-1702

EDI – 866-582-3253

PS & R – Henry Vick

205-220-1994



PS & R Change

- CMS has redesigned the PS&R system and the new system is a web-based, centralized system, housed at CMS
- PS&R redesign shall be used for all cost reports ending January 31, 2009 and later
- User ID and password in CMS' Individuals Authorized Access to CMS Computer Systems (IACS) required to access system



IACS Registration

- External User Services Help Desk –

866-484-8049; or

EUSSupport@cgi.com



- Cost Report – Randy Moon
205-220-1305

Projected Cost Report – Craig Mateer
205-220-1978



Cost Report Address

- Mr. Royce O'Donnell
PAAR
Cahaba GBA, LLC
300 Corporate Parkway
Birmingham, AL 35242



Alabama State Agency Contact Information

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*NAVIGATING
THE RHC
2010*



Medicare - RHC

- RHCs bill Cahaba GBA for Medicare RHC services on Form UB04 using assigned revenue codes:
 - 0521 - Office/Clinic Visit
 - 0522 - Home Visit
 - 0524 - SNF Visit – Covered Part A stay
 - 0525 - Visit to SNF - Not a covered Part A stay, NF, ICF MR, or other residential facility



- 0527 - Visiting Nurse Service to a member's home in a home health shortage area
- 0528 - Visit to other non-RHC site (i.e. the scene of an accident)
- 0900 - Behavior Health Treatment/Services



- Units are reported based on encounters
- The encounters are paid the all-inclusive rate ***no matter how many services are delivered***
- Only one encounter is billed per day (unless exception)



Non-RHC Services

- Labs
- Technical components (TC modifier) of x-rays and ekgs

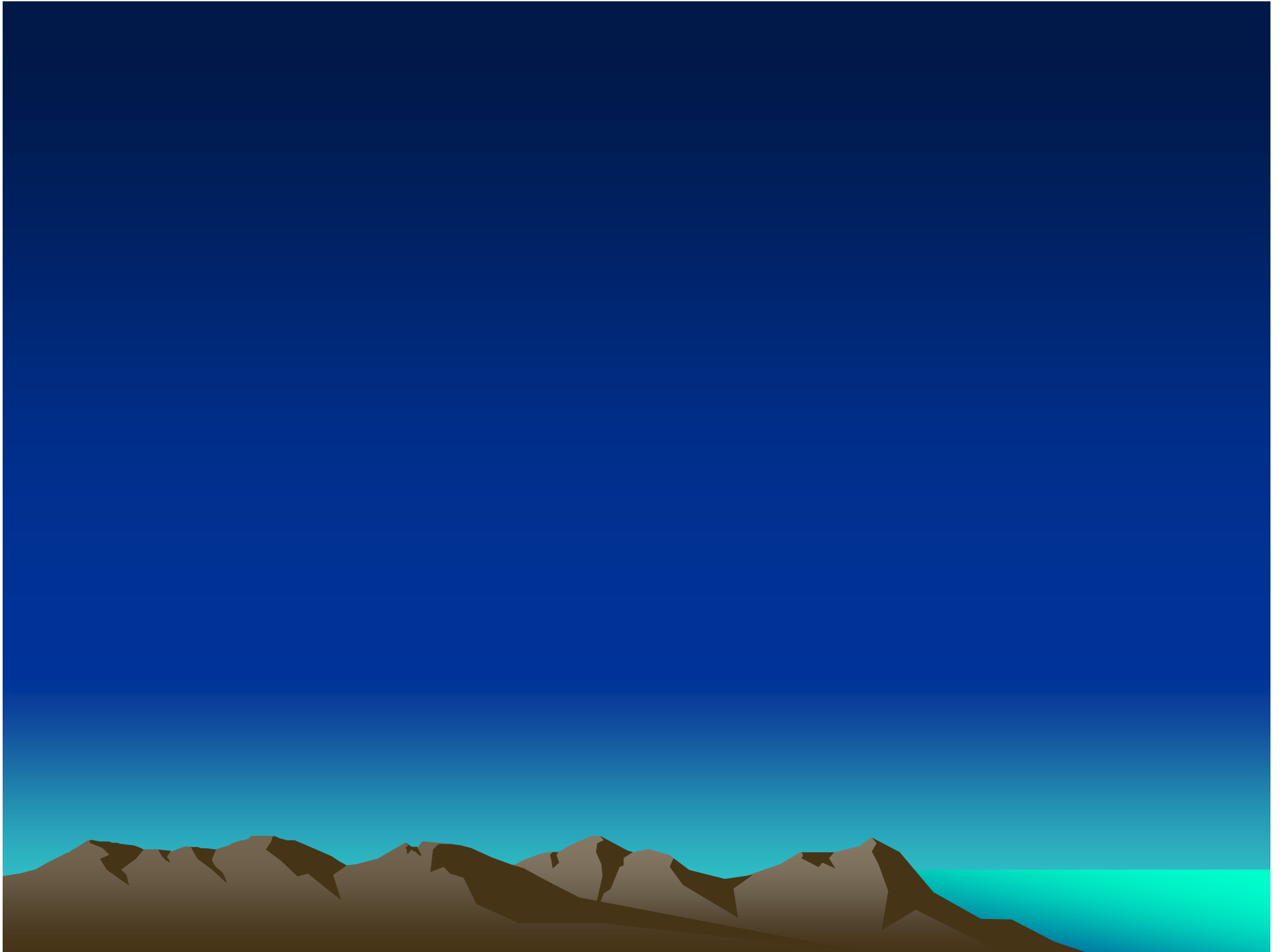
Hospital Services (ER, outpatient and inpatient)



FLU/PNEU LOGS

- Do not bill for Medicare flu and pneumonia vaccines when administered. Must be kept on log. Have separate log for each. If you give the H1N1, it must also be on separate log. This year if you give the flu and H1N1 on same day, it also goes on a separate log. These will be settled at cost on cost report settlement.





Log Information

- Patient's Name
- Beneficiary's Medicare ID #
- Date given

(You must also have name of RHC facility, provider number and Cost Report Year listed on each page.)



MEDICARE BAD DEBT

- Uncollected Medicare Deductible and Co-insurance debt that remains unpaid more than 120 days after the first bill is mailed (cannot be sent out to collection agency)
- Must be deemed uncollectible



Indigent Debt

- Eligible for Medicaid
- Indigent by customary methods
- Must be documented in the patient's record
- Signed declaration of inability to pay is not considered proof
- Do not bill patient and do have to wait 120 days before logging on Medicare Bad Debt

Log



Bad Debt Log

- Beneficiary Name
- HIC number
- Date(s) of service
- Date of 1st bill sent to patient
- Remittance Advice Date
- Date written off books
- Deductible & Coinsurance that make up the bad debt
- Medicaid payment, if any

Medicaid - RHC

- A projected cost report will need to be submitted to the Medicaid Agency to establish the all inclusive encounter rate. If scope of services changes, additional information will need to be submitted for consideration of increase of rate.



Medicaid - RHC

- RHCs billed the Alabama Medicaid Agency on the HCFA-1500 form using the appropriate CPT codes with assigned modifiers. (See Section 36.5.3 of Medicaid Manual.)



- Clinic Visit – 99211-SE
- Inpatient Hospital – 99231-SE
- EPSDT Codes – appropriate age CPT code with EP modifier
- Family Planning – appropriate CPT codes (for visit, add FP modifier)



- Encounters are all-inclusive and all services provided for the visit are included in the reimbursement rate. The only exception is claims for laboratory services.



Alabama Medicaid Contacts

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