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RHC Billing – Introduction

Session 1

December 4, 2018



H B S

Healthcare Business Specialists



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for more RHC information](#)**



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[RHC Information Exchange Group on Facebook](#)

• "A place to share and find information on RHCs."



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Rural Health Clinic 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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https://www.youtube.com/channel/UCXW4pkwNzDXVTMFrFwMy2_A



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What does Healthcare Business Specialists do?

- 1. We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics. In 2016, we will prepare 140 cost reports.**
- 2. We prepare annual evaluations of RHCs. We conduct 50 of these on an annual basis.**
- 3. We help clinics startup as RHCs. (about 10 per year)**
- 4. Billing and Cost Report Seminars**



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Questions or Comments?

Raise your hand button and I will call on you to ask your question or comment at the end of our 45 minute presentation.





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Disclaimer

- 1. Information is current as of 12/31/2018.**
- 2. Medicaid is different in each state. We will not be able to answer state specific questions in many states.**
- 3. I am not young enough to know everything, nor am I an expert in all areas of RHCs.**





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RHC Billing



<http://www.ruralhealthclinic.com/rhc-billing>



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The Golden Rule

“He who has the Gold makes the rules.”

- 1. Charge everyone the same.**
- 2. Bill in accordance with the Payor’s rules.**





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RHC Status only affects reimbursement from:





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Reference Materials





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What is a rural health clinic? RHC Fact Sheet

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfactsht.pdf>

Last Update: January, 2018



RURAL HEALTH CLINIC

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Learn about these Rural Health Clinic (RHC) topics:

- Background
- RHC services
- Medicare certification as an RHC
- RHC visits
- RHC payments
- Cost reports
- Annual reconciliation
- Resources
- Lists of helpful websites and Regional Office Rural Health Coordinators



BACKGROUND

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners, such as nurse practitioners (NPs) and physician assistants (PAs) in rural areas. RHCs are paid an all-inclusive rate (AIR) for medically-necessary primary health services and qualified preventive health services furnished by an RHC practitioner. Currently, about 4,100 RHCs nationwide furnish primary care and preventive health services in rural and underserved areas. For a State-by-State list of Medicare certified RHCs within each region, refer to the [Current Listing of Rural Health Clinics](#).

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Other Useful Links

Description

Link

Revised Chapter 13 Manual

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

CMS Rural Health Clinics Center (Google rural health clinic.asp)

<http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

Qualified Visit List from the Rural Health Clinic Center website. (4 pages in your handouts – Updated Quarterly)

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf>



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Other Useful Links (2)

<u>Description</u>	<u>Link</u>
RHC Benefits Manual Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf



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Links to the Transmittals

Description

Links

Medlearn Matters Revised Transmittal on HCPCs Billing with **changes on February 29, 2016. MM9269.**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9269.pdf>

**MedLearn Matters Revised Transmittal on Chapter 13 changes on January 16, 2016
MM9442**

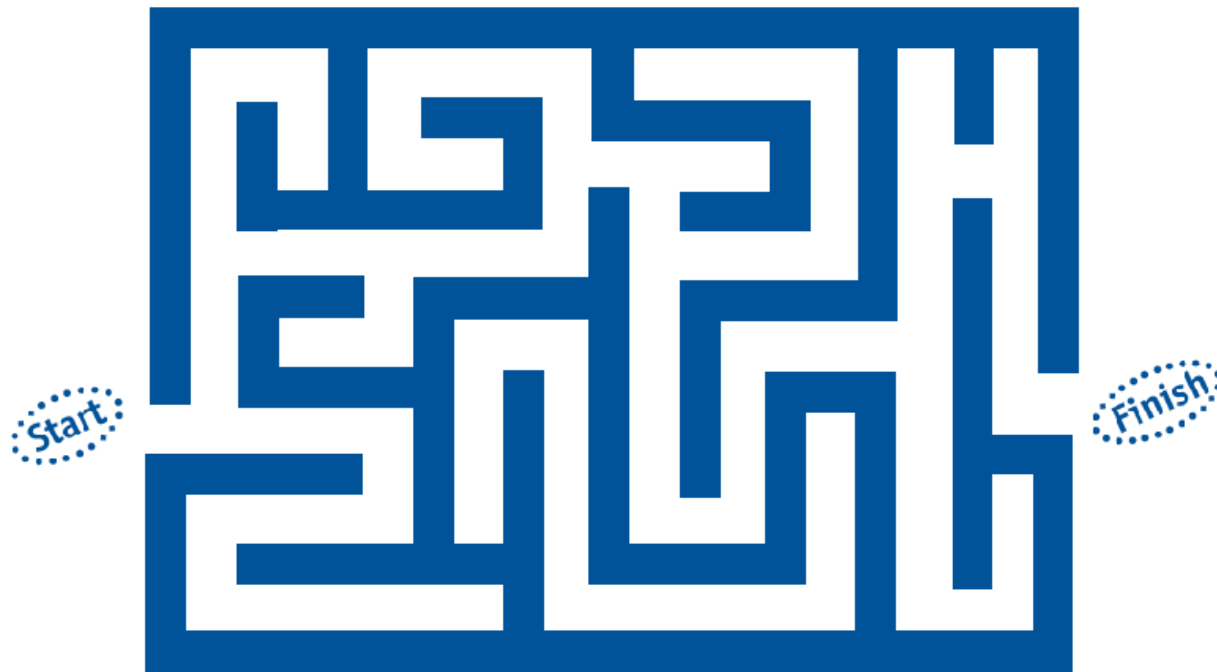
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9442.pdf>



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Resources for RHCs





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Resources for RHCs

<http://www.ruralhealthclinic.com/rhc-billing>

Healthcare Business Specialists RHC
Billing Policies

- [RHC Billing Policy - Introduction Policy 1000](#)
- [RHC Billing Policy - Medicare Secondary Policy 1100](#)



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Resources for RHCs

<u>Type</u>	<u>Cap</u>
CMS Rural Health Clinics Center (Google rural health clinic.asp)	http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html
National Association of Rural Health Clinics	http://narhc.org/

NARHC RHC Resources

- RHC TA Forums --
 1. Signup by email to admin@narch.org and put “Forums” in the subject line
- RHC TA Webinars: Rural Health Information Hub
 - Go to: <https://www.ruralhealthinfo.org/topics/rural-health-clinics/technical-assistance-calls>
- National Association of Rural Health Clinics
 - General questions: rdavis@narhc.org
 - Bill Finerfrock: bf@narhc.org
 - Nathan Baugh: Baughn@capitolassociates.com
- Other Resources
 - CMS RHC Website: <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>
 - State Offices of Rural Health: <https://nosorh.org/>
 - [CMS Regional Office Rural Health Coordinators](#)

<https://www.ruralhealthinfo.org/topics/rural-health-clinics/technical-assistance-calls>



Online Library ▾

Topics & States ▾

Rural Data Visualizations ▾

Case Studies & Conversations ▾

Tools for Success ▾

↓ MORE ON THIS TOPIC

[Introduction](#)

[Resources](#)

[Organizations](#)

[Funding & Opportunities](#)

[Events](#)

[Models and Innovations](#)

[Technical Assistance Calls](#)

[About This Guide](#)

[Rural Health](#) > [Topics & States](#) > [Topics](#)

Rural Health Clinic Technical Assistance Series

The Rural Health Clinic Technical Assistance series connects you with timely and useful information on operational and policy issues specific to Rural Health Clinics. Webinars are 1 hour, with 45 minutes of speaker presentation followed by 15 minutes of question & answer and occur approximately 6 times a year. The series is produced by the Federal Office of Rural Health Policy (FORHP) in conjunction with the National Association of Rural Health Clinics (NARHC).

Upcoming Webinars

There are no webinars scheduled at this time.

Archived Webinars/Calls

Opioid Treatment and Rural Health Clinics

Wednesday, August 29, 2018

- [Presentation slides](#)
- [Webinar recording](#)
- [Audio recording](#) (MP3)

Care Management and Communication-Based Technology Services in RHCs

July 25, 2018

- [Presentation slides](#)
- [Webinar recording](#)
- [Audio recording](#) (MP3)
- [Webinar transcript](#)

Medicare Beneficiary Identifier (MBI) Cards

May 22, 2018

- [Presentation slides](#)
- [Webinar recording](#)
- [Audio recording](#) (MP3)
- [Webinar transcript](#)

Auto HPSA Designation Modernization Project

April 10, 2018

- [Presentation slides](#)
- [Webinar recording](#)

? NEED HELP?

For more information or questions about the RHC TA Series, please contact Kerri Cornejo at KCornejo@hrsa.gov.

✉ NARHC RURAL HEALTH CLINIC LISTSERV

The National Association of Rural Health Clinics (NARHC) and FORHP manage a listserv to coordinate communication between Rural Health Clinics and the rural health community nationwide. [Sign up for the listserv.](#)

ADDITIONAL RESOURCE

- [RHC Resources Slide](#)

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NARHC's Certified Rural Health Clinic Professional (CRHCP) Course

<https://www.web.narhc.org/assnfe/ev.asp?ID=360>

Certified Rural Health Coder

<https://mailchi.mp/ruralhealthcoding.com/become-a-certified-rural-or-community-health-coding-billing-specialist-270773?e=20a5fea402>



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Definitions of Common Acronyms

Term	Definition
AIR	All Inclusive Rate (the amount the RHC is paid on an interim basis capped at \$83.45 for Independent RHC)
CMS	Centers for Medicare and Medicaid Services
RHC	Rural Health Clinic (PL-95210)
MAC	Medicare Administrative Contractor
MLN	Medlearn Matters



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Definitions of Common Acronyms (2)

Term	Definition
QVL	Qualified Visit List
DDE	Direct Data Entry
CWF	Common Working File
FISS	Fiscal Intermediary Standard System
MSP	Medicare Secondary Payor



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Definitions of common Acronyms (3)

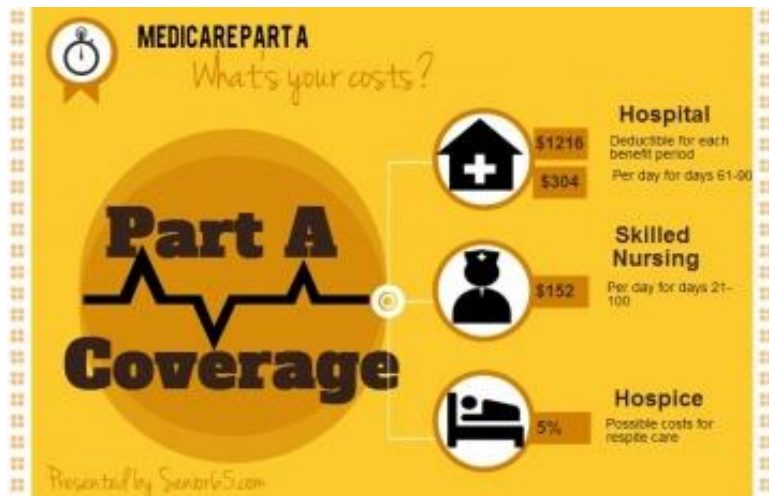
CMS	Centers for Medicare and Medicaid Services
PTAN	A six Digit Number that is assigned to the RHC by Medicare. It is not used on the UB-04.
NPI	The Nine Digit Number assigned in PECOS and it is used on the UB-04
UB-04	The Electronic Claim formatting used to bill Medicare RHC Claims
1500	The Electronic Claim formatting used to bill hospital claims in a provider-based clinic.



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Are RHC Services Part A or B



Claims are paid through Part A UB-04



The money comes from the Part B Trust Fund. Patients receive all Part B benefits. Typically HCFA-1500



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Part A versus Part B

RHCs submit claims to a Part A MAC, so they are often referred to as Part A providers; however, they are paid from the Part B trust fund. Beneficiaries must have Part B coverage at the time of service in order to be reimbursed.

It is confusing because sometimes the Part A rules apply and sometimes the Medicare Part B rules apply. For example, to be paid for an AWW, a rural health clinic must have physician, PA, or NP have a face to face visit, while for Part B a nurse is only required to bill this service.



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How to bill Begin Billing Medicare

In order to bill Medicare for services provided to a beneficiary, a facility or clinician must:

- 1) obtain a National Provider Identifier (NPI) via the National Plan & Provider Enumeration System (NPPES), then**
- 2) enroll using the appropriate CMS-855 form via the Provider, Enrollment, Chain and Ownership System (PECOS).**



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NPIs and 855As

There are two types of NPI: Type 1 (individual) and Type 2 (organization). RHCs bill Medicare under a clinic Type 2 NPI. Clinicians and facilities submit CMS-855 enrollment forms through PECOS according to their situation:

- 1) 855A is for facilities such as RHCs**
- 2) 855I is for individual clinicians for Part B services**
- 3) 855B is a group practice form**
- 4) 855R is used to reassign billing privileges**
- 5) 855O is an individual form for clinicians who do not bill Medicare Part B, but need to order and refer.**



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855A/CCN or 855B/PTAN

An RHC typically enrolls twice:

- 1) an 855A to receive a CMS Certification Number (CCN; formerly the Medicare/Medicaid Provider Number or OSCAR Provider Number), which facilitates RHC claims; and**
- 2) an 855B to receive a Provider Transaction Access Number (PTAN; frequently called the "legacy provider ID number" or "Medicare PIN"), which facilitates claims for non-RHC services (e.g., labs and diagnostic tests).**



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855I/855R Reassignment

An RHC clinician also typically completes two forms for Part B billing:

- 1) an 855I to receive a PTAN; and**
- 2) an 855R to reassign billing privileges established via the 855I enrollment to the RHC 855B group entity to facilitate non-RHC claims.**
- 3) RHC clinicians do not need reassign benefits to the RHC**



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RHCs may be either

Independent

Provider-based

FOR SALE

**NP Practice
For Sale**





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Reimbursement Differences between

Independent

Payment capped at \$83.45

Use Form 222

**Owned by physicians, NPs,
PAs, or even hospitals.**

Provider-based

**Payment capped at
\$83.45 except for less
than 50 beds**

**Use Form 2552,
M-Series of the cost
report**

Owned by the hospital



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Payment Differences for RHCs

1. They are paid on a cost per visit basis.
2. They file Medicare Cost Reports
3. **Medicaid Rates are based upon cost.**
4. The cost per visit is not all-inclusive.
5. Some services are still paid fee for service
 - A. Lab (minus CPT 36415)
 - B. Radiology
 - C. Hospital



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Independent vs. Provider Based RHC Billing

	Encounter for RHC Service(s)	CLIA Lab in RHC	Technical Component (Non-RHC Service)
Independent RHC	Bill to Part A on UB-04	Bill to Part B on CMS-1500	Bill to Part B on CMS-1500
Provider-Based RHC	Bill to Part A on UB-04	Billed to MAC by Parent Entity PPS Hospital: TOB 141/131 CAH: TOB 851	Billed to MAC by Parent Entity PPS Hospital: TOB 131 CAH: TOB 851



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Charges

All patients must be charged the same amount for services, though what the RHC collects can vary based on policies such as cash and same day payment discounts, sliding fee schedule, etc. Do not charge your Medicare rate to Medicare patients. Note: Some states use a T1015 code for Medicaid services and an RHC may be required to include the Medicaid rate as the charge to Medicaid.



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RHCs – The Original Bundled Payment

RHCs are paid a bundled payment. Independent RHCs are paid a maximum of \$65.42 per visit (AIR). Provider-based RHCs will get more.



**BUNDLED
PAYMENT**



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What are the Medicare RHC Payment Rates?

<u>Type</u>	<u>Cap</u>	<u>Payment</u>
Independent RHC	83.45	\$65.42
Provider-based < 50 beds (2016)	None Mean Cost=\$160	Mean Payment = \$125.44 *if meeting productivity standards

Medicare pays 80% minus 2% sequestration



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Comparison of Total Medicare Payments

<u>Type</u>	<u>Charge</u> <u>99213</u>	<u>Copayment</u>	<u>Medicare</u>	<u>Total</u> <u>Payment</u>
Independent	\$125	\$25* *No Par limits	\$65.42	\$90.42
Provider-based (less than 50 beds)	\$125	\$25* *No Par limits	\$125.44	\$150.44 NO LCC



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Strange new rules

- 1. Must bill Medicare on a UB-04**
- 2. No limiting charges - collect 20% of charges**
- 2. Collecting more than you charge.**
- 3. Remittance Advices are strange. How to record contractual adjustments correctly.**
- 4. What services to bill Part A? Part B???**
- 5. How is Medicaid affected by this?**
- 6. We get Negative Reimbursement?????**
- 7. HCPCS Billing changed on April 1, 2016.**
- 8. CG Modifier Added October 1, 2016**





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Some things remain the Same

- 1. The \$183 Deductible is the same.**
- 2. Continue Coding and charging the appropriate level of service.**
- 3. Charges must be consistent across the board.**
- 4. Continue using either the 95 or 97 CPT Documentation guidelines.**
- 5. Preventive Services are the same.**

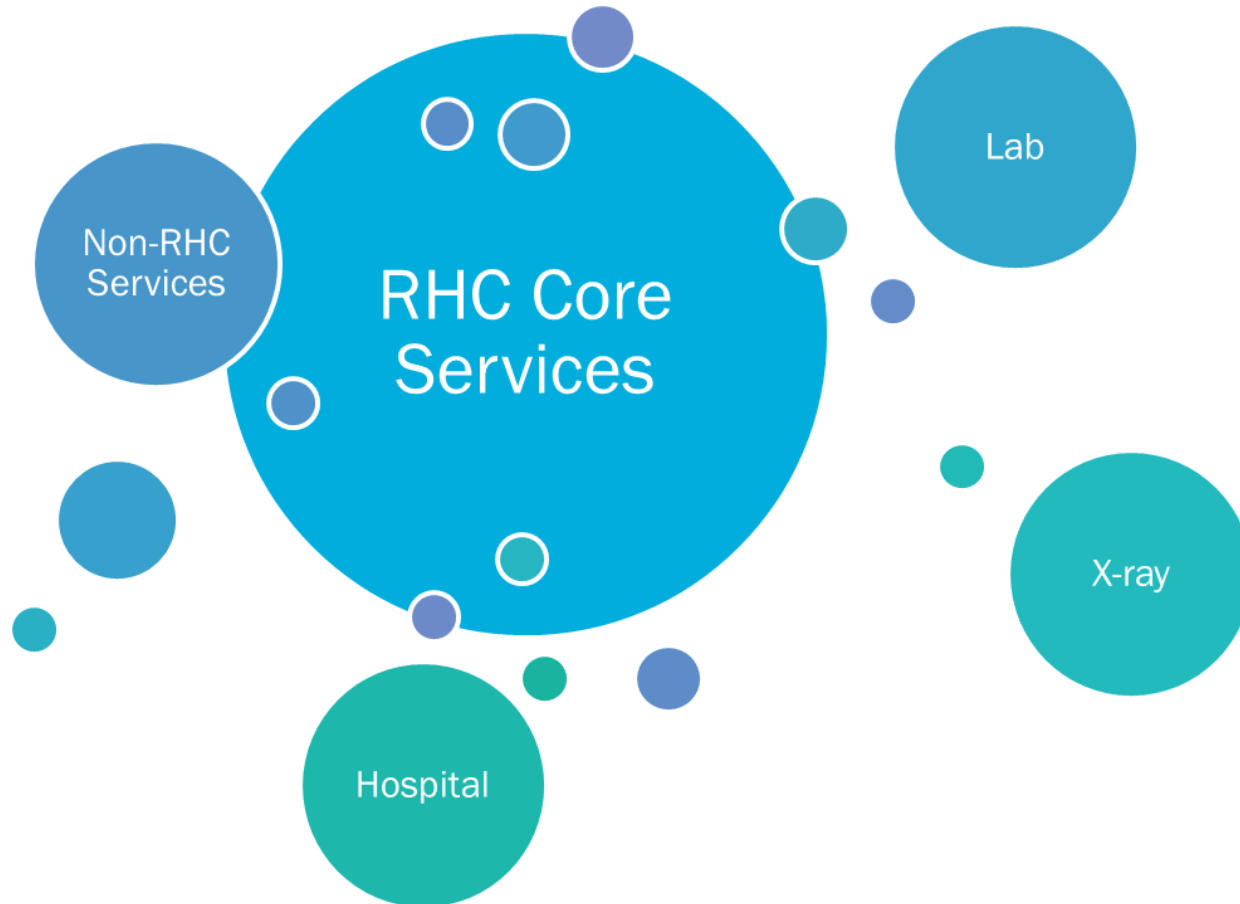




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Billing for RHC and Non-RHC services

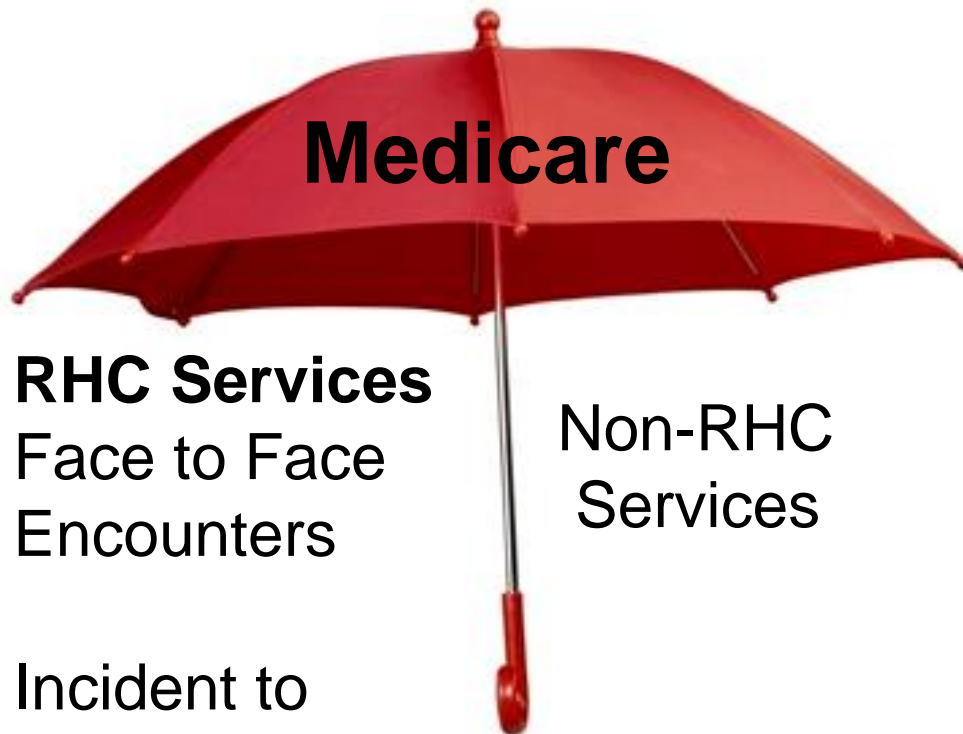




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Four Categories of Services



Medicare

RHC Services

Face to Face
Encounters

Incident to
services

Non-RHC
Services



**Medicare
Non-covered
services**



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Medicare

Part A

Part B

**Professional
Services**

**Technical
Components**

**Lab
Diagnostic**

Hospital





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What is a Rural Health Clinic Visit?





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The History of the RHC Visit

Date Began	Definition	Date Changed
3/1/1978	Face to Face, Med necessary, Physician, NP, PA	12/31/2015
1/1/2016	Added Chronic Care Management - No face to Face	3/31/2016
4/1/2016	Must Be on QVL to Bill. Procedures held until 10/1/2016	9/30/2016
10/1/2016	No more QVL. Now add CG modifier	Present



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Definition of a Visit per Chapter 13 of the RHC Manual

40 - RHC and FQHC Visits (Rev. 230, Issued: 12-09-16, Effective: 03-09-17, Implementation: 03-09-17) A RHC visit is defined as a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a **face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC services are rendered. A Transitional Care Management (TCM) service can also be a RHC visit. Services furnished must be within the practitioner's state scope of practice.**



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What is a visit in a rural health clinic?

Has
Three
Components

1. Is a face to face encounter with a physician, nurse practitioner, PA, NP, or CNM, CP, or CSW.
2. There is a medically necessary service provided (should reach the level of a 99212)
3. Is provided by the appropriately trained provider within their scope of practice.



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Paid RHC Encounters are very limited

The definition of a rural health clinic encounter does not include:

- 1. Nurses**
- 2. Physical Therapists**
- 3. Dietitians**
- 4. Nutritionists**





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99211 Visits (Nurse Only) are not Medicare RHC Visits

- Brief Established visits (99211's) do not meet the RHC guidelines. No history or judgment involved with this level of service. Do not bill Medicare a visit for these services.





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Where can you have an RHC Visit?

40.1 - Location (Rev. 220, Issued: 01-15-16, Effective: 02-01-16, Implementation: 02-01-16) A RHC visit may take place:

- 1. in the RHC,**
- 2. the patient's residence,**
- 3. an assisted living facility,**
- 4. a Medicare-covered Part A SNF (see Pub. 100-04, Medicare Claims Processing Manual, chapter 6, section 20.1.1) or the scene of an accident.**

RHC visits may not take place in either of the following:

- an inpatient or outpatient department of a hospital, including a CAH, or**
- a facility which has specific requirements that preclude RHC visits (e.g., a Medicare comprehensive outpatient rehabilitation facility, a hospice facility, etc.).**



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Where can a RHC visit occur?

In
Three
Locations

1. In the certified rural health clinic (0521)
2. In the patient's home
 - A. home (0522)
 - B. SNF (Part A) (0524)
 - C. ICF/NF (Not Part A) (0525)
 - D. Assisted Living Facility (0522)
3. Scene of an accident (0528)
4. Telehealth (0780) Originating site only
5. Behavioral Health (0900)

Note: Do not use POS 72 on any Medicare Claim⁵⁶



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Revenue Codes

0521

Clinic visit by a member to RHC

0522

Home visit by RHC practitioner

0524

Visit by RHC practitioner to member in a covered Part A stay at a SNF

0525

Visit by RHC practitioner to member in a non-Part A SNF, NF, ICF, or other residential facility

0527

RHC visiting nursing services to a member's home in a Home Health Shortage Area

0528

Visit by RHC practitioner to another non-RHC site (i.e. scene of an accident)

0900

Mental health visit



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Other Common Revenue Codes in RHCs

0250

Pharmacy – drug with no J-code

0300

Venipuncture

0636

Drugs with detailed HCPCS J-code

0780

Telemedicine originating site



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Claim Form, Bill Types & Place of Service

- RHC services are billed on a CMS-1450 (also known as a UB-04 form)
- RHCs should use Place of Service (POS) code **72**
- These are the common bill types (TOBs) used on RHC claims:

711 Original Claim

710 Non payment/zero claim

717 Adjustment Claim

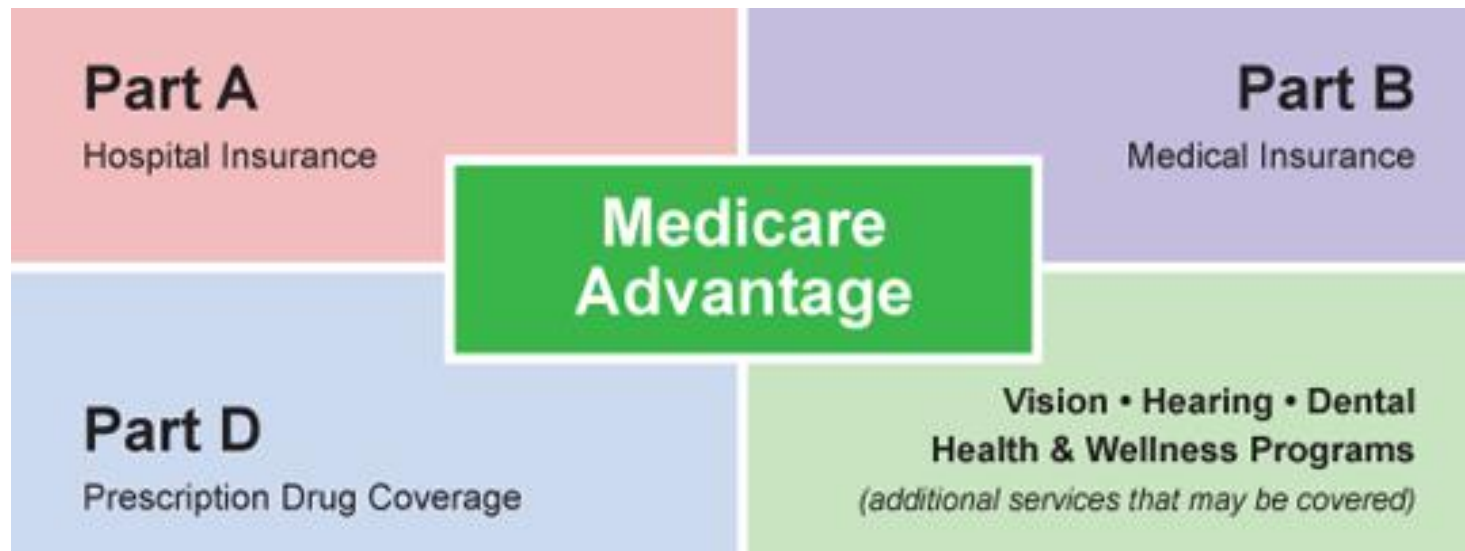
718 Cancelled Claim



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Medicare Advantage Plans



https://www.modernhealthcare.com/article/20180210/NEWS/180219989?fbclid=IwAR0MkzSTlwRI_rNk-irYTA94T33XeQf5GzWAsrnpBifhITwL_4Q7ZXtqvcg



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Medicare Advantage Plans

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.

plan.

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/downloads/oon-payments.pdf> (see page 25)



Questions, Comments, Thank You



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