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RURAL HEALTH CLINIC

MEDICARE & MEDICAID ENROLLMENT

Alabama



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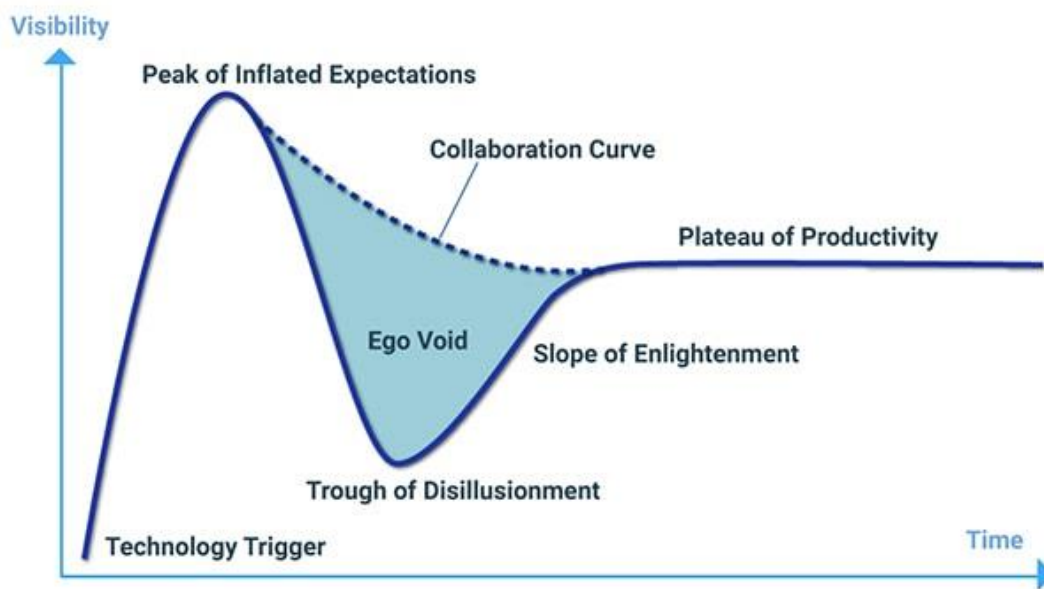


Next Steps – After the RHC Survey

Introduction

Whew, we passed the RHC inspection with flying colors (hopefully). Now what. Unfortunately, we are entering probably the most frustrating aspect of becoming of an RHC because you are expecting those buckets of RHC money flowing like manna from heaven. Unfortunately, the experience is more like the carrot being placed just out of reach of the mule. If you are familiar with Gartner Hype Cycle for new technology and RHCs face a similar cycle. Once the RHC passes the RHC inspection you are typically at the peak of inflated expectations, but the longer we wait for Medicaid enrollment to be complete the more we face the trough of disillusionment. For this reason, we recommend that RHCs have a line of credit to fund the lack of Medicaid cash flow during this long waiting period.

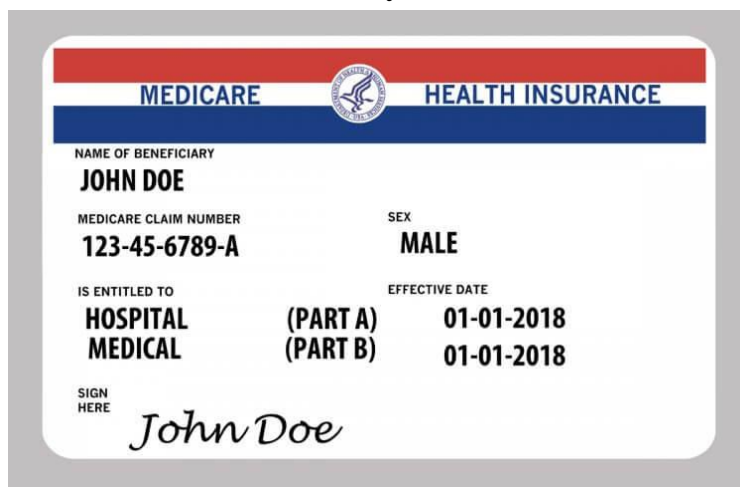
Hype Cycle





Medicare

For independent RHCs the process of transitioning to RHC billing is typically less stressful than the Medicaid piece. This is because the Medicare Part B fee for service schedule and the Independent RHC reimbursement from Medicare are relatively close or the RHC rate may be even lower than Medicare Part B fee for service. In fact, 388 RHCs have dropped out of the RHC program from 2012 to 2017 due to the low Medicare reimbursement rates. Hopefully, the RHC Modernization Act will be passed in 2019 or 2020 and it will increase the Medicare reimbursement cap eventually to \$115 per visit.



One of the first decisions an RHC needs to make is whether to hold Medicare claims after the survey date. Almost all independent RHCs elect to continue billing Medicare Part B fee for service until the clinic is ready to start billing as an RHC (We explain what that means shortly) while all provider-based (typically owned by a hospital) RHCs will hold Medicare claims on the survey date as the provider-based Medicare RHC. So to summarize:

- Independent RHCs should continue billing Medicare fee for service
- Provider-based RHCs should hold claims as of the RHC survey date

To start billing Medicare as a rural health clinic you need a billing system that can produce a UB-04 (ANSI-837I) (Institutional). You should discuss this with your software vendor very early in the process to become a rural health clinic. We recommend Azalea Health (<https://www.azaleahealth.com/>) if you need to change vendors as they sponsor our seminars and are very good to work with the RHC community. **So the first thing the RHC needs to do before even considering becoming a rural health clinic if they are billing Medicare patients (this is not important for pediatric clinics) is to ensure their billing system can produce a UB-04.**





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There are certain things that must be obtained from Medicare before the RHC can bill Medicare as a rural health clinic. The CMS regional office will email a letter assigning your clinic a CCN number. This letter is typically one page and it indicates the effective date of participation in the RHC and the six-digit CCN number that will be used with cost report filings and ties to a specific organizational or group NPI number. The RHC will use the group NPI number to bill Medicare. Typically, it takes 4 to 6 weeks to get this one-page letter after the survey has been completed. That will be 4 to 6 weeks of holding Medicare claims for provider based RHCs. Again, most independent RHCs will be billing Part B fee for service during this period of time. Some CMS Regional offices can take up to 6 months getting this letter out to you, so follow-up is imperative. There is a listing of CMS Regional rural health coordinators that can be called to ask for an update. Before calling please contact Mark Lynn or Dani Gilbert as we may have a contact that can speed the process. Here is the link to Regional Coordinators:

<https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5319



CMS Certification Number (CCN): 36-3874
National Provider Identifier (NPI): 1093920506

October 2, 2019

Current Administrator
John DiTraglia Inc.
717 5th Street
Portsmouth, OH 45662

Fax to: 740-354-1565

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for participation as a rural health clinic (RHC) in the Medicare program (Title XVIII of the Social Security Act) based on accreditation by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). Your effective date of participation is September 4, 2019.

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

CGS Administrators has been authorized to serve as your Medicare Administrative Contractor (MAC). Any bills previously submitted for Medicare Part B reimbursement for services after the effective date of participation as a RHC should not be resubmitted to your MAC.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

A copy of the completed participation agreement is enclosed for your records. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Regulations at 42 CFR §489.18 require that providers notify CMS when there is a change of ownership. Therefore, you must notify this office promptly if there is a change in your legal status as owner of this



Medicare Rate Setting

Once the CCN letter has been obtained by the RHC needs a reimbursement rate to bill Medicare. This rate is obtained from the Medicare Administrative Contractor (MAC). The most common MACs are Palmetto, Novitas, and Noridian. Each MAC has a different way of doing things.

The Medicare rates are set as follows:

1. Independent RHCs will in most cases receive the RHC cap for independent RHCs which is currently \$86.31 (2020). If the MAC sets the rate at below this, please let us know immediately and we will work to get the rate to \$86.31 before you start billing.
2. For Provider-based RHCs, the MAC will typically set the rate at the same \$86.31 rate, but do not use that rate. The average cost per visit for a provider-based RHC is \$216.56 in 2019. HBS will prepare a projected M-Series of the Hospital Cost Report asking for very close to the \$216 rate. We need some basic information including a department expense report and a visit report for the same period of time. We will then submit an annualized projected cost report to the MAC to help you establish your rate.

Once an RHC gets a CCN number and a rate set, there is one more step. Submitter ID.

Submitter ID

Additionally, an RHC will need a Submitter ID to submit electronic claims to the MAC. You will need help from your clearinghouse for your billing software or your outside billing company. If Palmetto is your MAC, the following is a link to their submitter ID information:

[https://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_AB_Pack.pdf/\\$File/EDI_Enroll_AB_Pack.pdf](https://www.palmettogba.com/Palmetto/Providers.Nsf/files/EDI_Enroll_AB_Pack.pdf/$File/EDI_Enroll_AB_Pack.pdf)

While an RHC has to have a submitter ID to electronically submit claims, they also need access to the Common Working File to verify eligibility and correct rejected claims. Many of our clients use [Ability](#) to connect to Direct Data Entry. The entire process takes about



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2 to 3 months to get all three of these things: CCN Number, Rate, and Submitter ID. Once you have those three things, you need just one more thing. Knowledge.

RHC Medicare Billing Knowledge

Healthcare Business Specialists does not do RHC billing, but we have educational seminars on the basics of Medicare RHC billing. We have recorded the last three sessions and provided the slide presentations below. Please listen to the recordings closely. Then listen to them again. After that, please contact Mark Lynn at Healthcare Business Specialists and provide us with a list of questions that you do not understand or need more clarification.

Healthcare Business Specialists conducted a series of RHC billing webinars in January 2020. The following links will take you to the recordings of the webinars.

- [Recording of the Beginning RHC Billing Session 1 on January 21, 2020](#)
- [Recording of the RHC Billing Session 2 on January 22, 2020](#)
- [Recording of the RHC Billing Session 3 on January 23, 2020](#)
- [Recording of the RHC Billing Session 4 on January 28, 2020](#)

We have provided the Slide Presentations for each of the webinars in the following links.

- [Slide Presentation for Session 1 on January 21, 2020 \(PDF\)](#)
- [Slide Presentation for Session 2 on January 22, 2020 \(PDF\)](#)
- [Slide Presentation for Session 3 on January 23, 2020 \(PDF\)](#)
- [Slide Presentation for Session 4 on January 28, 2020 \(PDF\)](#)
- [Medicare Secondary Fact Sheet from CMS](#)
- [Medicare “Official” version of the MSP Questionnaire from the CMS Website \(12 pages\)](#)
- [One Page MSP Form](#)
- [Two Page Medicare Secondary Questionnaire Form](#)
- [RHC Billing Test- 24 Questions](#)
- [Cheatsheet for Completing the UB-04 \(6-page PDF\)](#)
- [MSP Billing & Adjustments Information from CGS](#)
- [Medicare Secondary Payer Overview Slides from CMS](#)



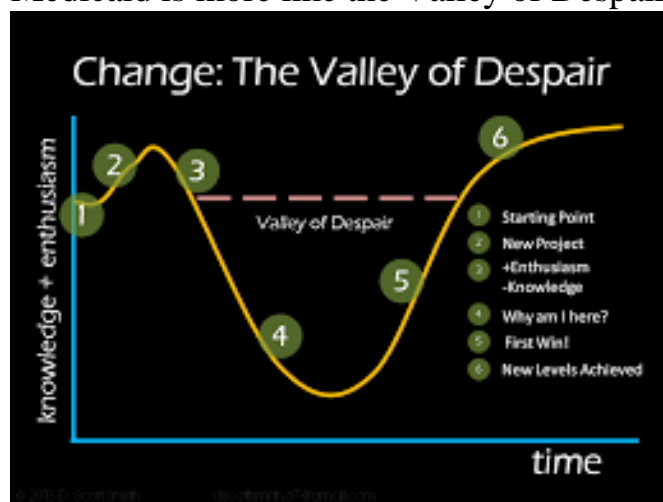
We also have a lot of resources to help you with billing including our Facebook Group, website, webinars, YouTube channel, and seminars on RHCs. We highly recommend joining our Facebook Group as we use this to notify the 850 members about our free webinars and educational offerings by other consultants or the NARHC.

- Facebook Group (<https://www.facebook.com/groups/1503414633296362/>)
- Our website which is <http://www.ruralhealthclinic.com/>
- Youtube: https://www.youtube.com/channel/UCXW4pkwNzDXVTMFrFwMy2_A
- RHC Billing: <http://www.ruralhealthclinic.com/rhc-billing/>

Recommendation: Do not start billing as a RHC in the first quarter of the year because Medicare has something called negative reimbursement in rural health clinics

Medicaid – The Valley of Despair

Remember the trough of dissolution. Well, Medicaid is more like the Valley of Despair. It is extremely difficult for us as RHC consultants due to each state having different rules and regulations and one reason we tend to limit the states we work in. A lot of states make it difficult for you to enroll in the Medicaid program as an RHC due to the much higher rates paid to RHCs. Also, since you are holding claims on a large portion of your patient population, money becomes an issue. We will try to use local and state resources to help you the best we can.





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Alabama Medicaid

Alabama Medicaid has been extremely tricky to deal with. We have one RHC that has been trying to get enrolled over 4 years and is still not successful. To say it has been frustrating is an understatement. We recommend finding local help with this process and people with experience enrolling in Alabama Medicaid.

Like Medicare, Medicaid will require the RHC to enroll with Medicaid and establish a rate. **Healthcare Business Specialists will prepare a special Alabama Cost Report form for you and the RHC will need to include this cost report in the enrollment application which will set your RHC rate.**



ALABAMA MEDICAID ENROLLMENT RESOURCES FOR RHCS

Please find below several files provided by Alabama Medicaid on the enrollment process for RHCs. These forms will walk you through the Medicaid enrollment process and answers many of the questions RHCs typically have when enrolling in Alabama Medicaid.

- [Enrolling in Alabama Medicaid as a Rural Health Clinic \(Questions and Answers\) \(PDF\)](#)
- [2019 Alabama Forms to Enroll in Alabama Medicaid \(PDF\)](#)
- [2019 Alabama Forms to Enroll in Alabama Medicaid \(Word\)](#)
- [2019 Alabama Enrollment Forms for individuals within a RHC \(PDF\)](#)
- [2019 Alabama Enrollment RHC Web Portal Enrollment Instructions \(PDF\)](#)
- [2019 Alabama Billing Enrollment RHC individuals Web Portal Enrollment Instructions \(PDF\)](#)
- [2019 Alabama Enrollment Provider Trading Partner ID Request Form \(PDF\)](#)

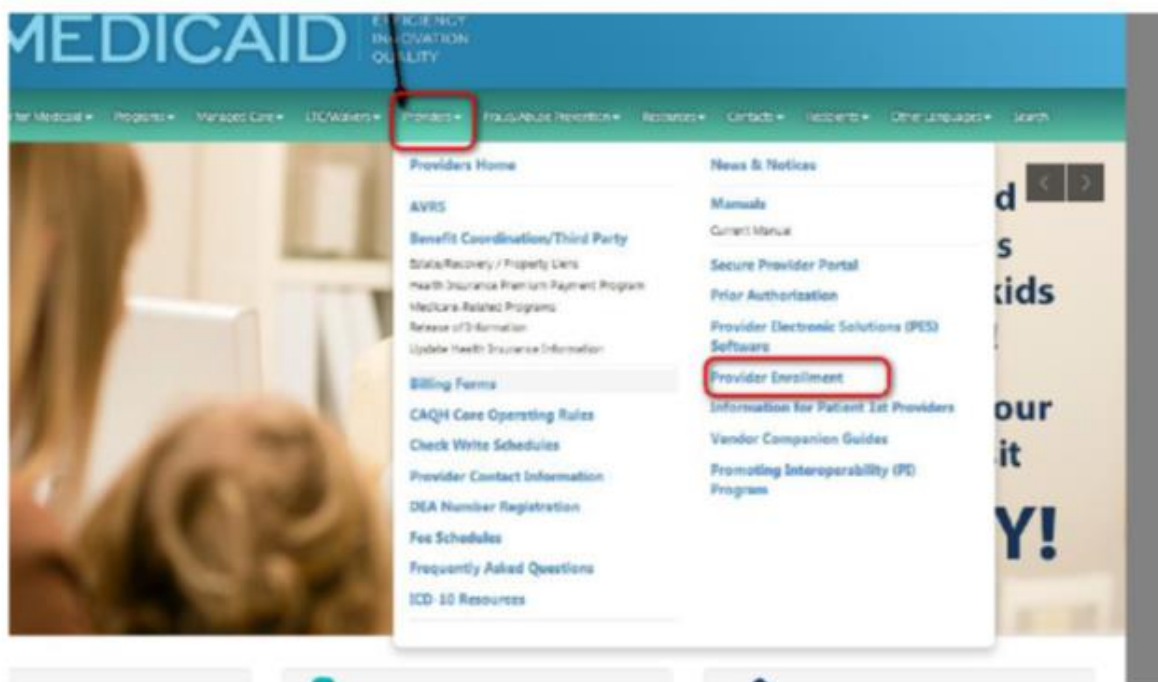


You will need log-in credentials to the Alabama Medicaid Enrollment website which looks like this:

Instruction for enrollment using the web site for RHC

www.medicaid.alabama.gov

- > Click **Providers**
- > Click **Provider Enrollment**
- > Click **Electronic Provider Enrollment Application Portal**
- > Click **Enrollment Application**





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Enrolling in Alabama Medicaid as a Rural Health Clinic - FAQs

When enrolling as a Rural Health Clinic-(RHC) with Alabama Medicaid a certification from the Department of Public Health (DPH) must be received before an application can be submitted for the RHC.

Where do we find instructions on how to enroll in Medicaid as a rural health clinic?

We have an online enrollment portal on our web site @ www.medicaid.alabama.gov under Enrolling as a Medicaid Provider-Electronic Provider Enrollment Portal. I will include a sheet with detailed instructions

Instruction can be found on our web site @ www.medicaid.alabama.gov under Provider Enrollment and Forms. I will include a sheet with detailed instructions

Which forms do we use to enroll with Medicaid as a rural health clinic?

Forms can also be found on our Web Site under Enrolling as a Medicaid Provider- Forms for Provider Enrollment and Re-enrollment. I will include a sheet with detailed instructions.

Do we have to enroll individual providers in Medicaid as a rural health clinic?

Yes once the RHC is enrolled you would need to enroll the individual providers under the RHC as individual within a group. This will be done on our provider enrollment web portal.

If so, what forms do we use?

Forms can also be found on our Web Site under Enrolling as a Medicaid Provider- Forms for Provider Enrollment and Re-enrollment. I will include a sheet with detailed instructions.

When can we start billing Medicaid as a rural health clinic?

You may start billing once the Clinic and the providers are enrolled and active with Alabama Medicaid.

Do we have to hold claims once we become certified as a rural health clinic, but do not have our enrollment complete?

I can't tell to hold claims but I can tell you they will not pay until you are enrolled with Alabama Medicaid



How long does it normally take to complete the process?

We have up to 40 business days to enroll a provider but with RHC it can take longer but hopefully I can get you started on the right track to have everything ready once you complete the application.

Can we go back to the date we were certified and bill as a rural health clinic?

The effective date of enrollment of a rural health clinic will be the date of Medicare certification. Providers who request enrollment more than 120 days after certification are enrolled on the first day of the month the enrollment is approved.

What are the timely filing requirements for rural health clinics?

There is a 1 year timely filing limit

What are the biggest mistakes RHCs make that slow down enrollment?

The RHC must be enrolled as a facility when choosing application type.

The biggest mistakes I've noticed is when enrolling the Clinic is with the correct Budget Cost Report format. I will include the correct format which is also on our web site.

When enrolling the providers under the Clinic choosing the wrong provider type is the biggest mistake. The providers must choose individual within a group application type and the provider type will be RHC. I will include a sheet with detailed instructions.

Is there a way to speed enrollment through the use of portals or some type of special process?

The only way to speed the process up would be to send an email to myself or my supervisor (Jeff) so I can pull the application to work.

heather.formby@dxc.com



Billing Alabama Medicaid as a Rural Health Clinic

Alabama Medicaid will come out and teach rural health clinics how to bill as an RHC. We have provided a listing of Medicaid Representatives which you can call and they will help you bill as a rural health clinic.



(S)

Provider Representatives

DXC Technology provider representatives are available to assist Medicaid providers with claims submission and in the resolution of claims processing concerns. Representatives are also available to conduct workshops, on-site billing seminars and to answer questions about electronic billing.

To reach a Provider Representative, dial 1-855-523-9170 then the seven digit extension below, or use their e-mail address

DXC Technology Provider Representatives

- Tori Nix** Ext. 1121064 - [Click here to e-mail \(mailto:Tori.nix@dxc.com\)](mailto:Tori.nix@dxc.com)
- Melissa Gill** Ext. 1121058 - [Click here to e-mail \(mailto:melissa.gill@dxc.com\)](mailto:melissa.gill@dxc.com)
- Catherine Shaulis** Ext. 1121067 - [Click here to e-mail \(mailto:Catherine.shaulis@dxc.com\)](mailto:Catherine.shaulis@dxc.com)
- Lauryn Morgan** Ext. 1121048 - [Click here to e-mail \(mailto:lauryn.morgan@dxc.com\)](mailto:lauryn.morgan@dxc.com)
- Misty Nelson** Ext. 1121077 - [Click here to e-mail \(mailto:misty.curlee@dxc.com\)](mailto:misty.curlee@dxc.com)
- Gayle Simpson-Jones** Ext. 1121065 - [Click here to e-mail \(mailto:gayle.simpson-jones@dxc.com\)](mailto:gayle.simpson-jones@dxc.com)
- Cedric Richardson** Ext. 1121043 - [Click here to e-mail \(mailto:Cedric.richardson@dxc.com\)](mailto:Cedric.richardson@dxc.com)
- Emily Cook** Ext. 1121047 - [Click here to e-mail \(mailto:Emily.cook@dxc.com\)](mailto:Emily.cook@dxc.com)
- Cyndi Crockett, Supervisor** (334) 215-4170 - [Click to send email \(mailto:cyndi.crockett@dxc.com\)](mailto:cyndi.crockett@dxc.com)



Alabama Medicaid Website with Billing Resources

Alabama does have excellent resources on their website regarding RHC Billing. The following website has links to a lot of this information.

Newsroom | Apply for Medicaid | Programs | ACHN | LTC/Waivers | Providers | Fraud/Abuse Prevention | Resources | Contacts | Recipients | Other Languages | Search

Rural Health Clinics (RHCs)

There are two types of rural health clinics: Independent and Provider Based. Services include any medical service typically furnished by a physician in an office or a home visit.

Services provided by **Independent Rural Health Clinics (IRHC)** include those provided by physicians, nurse practitioners and/or physician assistants during the clinic's normal operation. There are 66 independent rural health clinics enrolled as Medicaid providers.

Provider Based Rural Health Centers (PBRHC) are an integral part of a hospital, skilled nursing facilities, or home health agency. Services may be provided by a physician, physician assistant, nursing practitioner, certified nurse midwife, and/or specialized nurse practitioner. There are 39 provider-based rural health centers enrolled as Medicaid providers.

Program Information

- **Administrative Code** - Chapter 8
- **Administrative Code** - Chapter 59
- **Administrative Code** - Chapter 60
- **Provider Manual** - Chapter 32 - Provider-Based Rural Health Clinics
- **Provider Manual** - Chapter 36 - Rural Health Clinics/Independent
- **ALERT** - New Procedures Added to All-Inclusive Encounter Rate - 5/9/18
- **Rural Health Clinic Cost Report** - Useful information to help new providers establish the rate for reimbursement
- **Checklist for Rural Health Clinics/Provider-Based Rural Health Clinics** - Information on denials, reasons for recoupments, where to find information in the Medicaid Provider Billing Manual, free tools and contacts for providers to use in preventing fraud and abuse - 10/17

Learn More:

- Covered Services
- Medical Services
- Pharmacy/DME Services
- Medical Facilities
- Transportation
- ACHN

Link to:

- EPSDT Screening Program
- Dental Program
- Frequently Asked Questions
- Forms Library
- Maternity Program
- Contact Information

Source: https://medicaid.alabama.gov/content/4.0_Programs/4.4_Medical_Facilities/4.4.4_Rural_Clinics.aspx

Here is a listing of common billing errors produced by Alabama Medicaid for RHCs.

https://medicaid.alabama.gov/content/Gated/8.9.1G_Provider_Checklists/8.9.1_G_Rural_Health_Clinics_Provider_2018.pdf

Conclusion

Thank you for engaging Healthcare Business Specialists to help you through the RHC process. With a little luck it will be no time and we will be happily out of the valley of despair and residing on the plateau of productivity. If you have any questions, please call Dani Gilbert or Mark Lynn and please join us for our free RHC webinars and seminars.