

# HBS

Healthcare Business Specialists

## Advanced RHC Billing - 401

### Sponsored by North American HMS

### March 1, 2022



RCM - EHR

Cloud-Hosted Solution  
eMD-Aprima PRM Reseller

All Levels of RHC-FQHC Consulting

Provider-based Compliance  
RHC Policies and Procedures  
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340b Management and Audits

\* Experts in all things RHC - FQHC



# H B S

Healthcare Business Specialists

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**[Become a fan and Like us on Facebook for more RHC information](#)**



# HBS

Healthcare Business Specialists

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[RHC Information Exchange Group on Facebook](#)

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

# H B S

Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xbp9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

Rural Health Clinics Information Exchange

Save the Date!  
**FREE RHC UPDATE SEMINARS**

LOCATIONS & REGISTRATION

Write Post Add Photo/Video Live Video More

Write something...

Photo/Video Watch Party Ask for Reco... More

FROM NOTIFICATIONS

**Olivia Rivera Morris** 3 hrs  
 I just want to thank you all. Your Facebook page is the most helpful page.

3 Comments

Like Comment Share

**InQuiseek Consulting** Mark has a great page here and brings all's of us together. You can also like and follow our page for more info, too.  
<https://m.facebook.com/InQuiseek/>

**InQuiseek Consulting**  
 Like Reply · 52m

**Healthcare Business Specialists Patty Goff Harper** Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like Reply · Commented on by Mark Lynn [?] · 36m

**InQuiseek Consulting Healthcare Business Specialists,** we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like Reply · 33m

INVITE MEMBERS  
 MEMBERS 850 Members

DESCRIPTION  
 The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE  
 General

UPCOMING GROUP EVENTS See All

**OCT 30**  
 Free RHC Update Seminar - Nashville  
 Wednesday, October 30, 2019 at 9 AM  
 5201 Virginia Way, Brentwood, TN 37027  
 Hosted by Mark Lynn

**NOV 6**  
 Free RHC Update Seminar in Somerset, Kentucky  
 Wednesday, November 6, 2019 at 9 AM  
 2292 US-27 #300, Somerset, KY 42501  
 Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

English (US) · Español · Português (Brasil) · Français (France) · Deutsch

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# RHC 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/>



# Questions or Comments?

**Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the 45-minute webinar.**

- Information is current as of 3/1/2022.
- We will supply general information. All situations are specific so refer to specific guidance as necessary. We will only cover Medicare today. This session is being recorded.

**THE**

**DISCLAIMER**



# Where to Find the Slides & Resources

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

## RHC WEBINARS BY HEALTHCARE BUSINESS SPECIALISTS

Healthcare Business Specialists offers a number of free webinars throughout the year on rural health clinics. Please bookmark this page for information on the webinars. All webinars are recorded for later viewing.

### WEBINARS

Healthcare Business Specialists is pleased to provide several webinars over the next few months or so as we strive to keep rural health clinics informed of changes to the RHC program. We are pleased to partner with other entities that have important information to share with the RHC community. More information regarding these webinars can be found at [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com) or go to our Facebook Group called the Rural Health Clinic Information Exchange:

<https://www.facebook.com/groups/1503414633296362/>

#### Rural Health Clinic Information Exchange Lunch and Learn Webinar Series

Spring, 2022

The Rural Health Clinic (RHC) Information Exchange Facebook Group is conducting a series of lunch and learn webinars in the winter/spring of 2022. These webinars are free and will focus on rural health clinic billing and updates for the RHC community.

Each webinar is set up as a stand-alone webinar, so you will have to sign up for each of them to attend. Each will be recorded for later viewing and the slide presentations and recordings may be found at [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com). Each webinar will have speakers and panelists to help with questions and to provide insight or perspective to the material presented. The billing sessions (except the Update session) are designed for people new to RHC billing and each session will build on the previous sessions. If you have not yet joined the Facebook Group, here is the link: (<https://www.facebook.com/groups/1503414633296362/>)

#### RHC LUNCH AND LEARN WEBINAR SERIES - SPRING, 2022

**RHC Billing 401 – Advanced Subjects – Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid billing, and FAQs Sponsored by North American Healthcare Management Services**

March 1, 2022

In this webinar Charles James from North American Healthcare Management Services will go over some advanced topics with billing examples, preventive services, mental health services, Telehealth, Covid billing, and FAQs answered by the panelists. Sponsored by North American Healthcare Management Services.

Please register for RHC Billing 401 – Advanced Subjects – Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid billing, on Mar 1, 2022 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/5833772722735311886>



# **RHC Billing 401 – Advanced Subjects – Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid billing, and FAQs Sponsored by North American Healthcare Management Services**

**March 1, 2022**

In this webinar Charles James from North American Healthcare Management Services will go over some advanced topics with billing examples, preventive services, mental health services, Telehealth, Covid billing, and FAQs answered by the panelists. Sponsored by North American Healthcare Management Services.

Please register for RHC Billing 401 – Advanced Subjects – Preventive Services, Mental Health Services, Billing Examples, Telehealth, Covid billing, on Mar 1, 2022 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/5833772722735311886>

**PRF Reporting for Period 2, PRF Phase 4 and ARP  
Update plus RHC Medicare Bad Debts by Jordan  
Olson and Trent Jackson of Kraft Healthcare  
Consulting, LLC  
March 3, 2022**

In this webinar Jordan Olson and Trent Jackson will update Rural Health Clinics on the Provider Relief Fund Reporting for Period 2, Phase 4 Funding, ARP Funding and how to claim Medicare Bad Debts on the RHC Medicare Cost Report, This webinar is sponsored by Kraft Healthcare Consulting, LLC. Please register for PRF Reporting for Period 2, PRF Phase 4 and ARP Update plus RHC Medicare Bad Debts by Jordan Olson and Trent Jackson of Kraft Healthcare Consulting, LLC on Mar 3, 2022 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/5471351699987321359>

# **TennCare Quarterly Wrap Around Payment Preparation with Dani Gilbert of Healthcare Business Specialists**

**March 8, 2022**

In this webinar Dani Gilbert of Healthcare Business Specialists will provide information to Tennessee rural health clinics on how to prepare the quarterly TennCare Wrap Around Payment Reconciliation Report accurately and how to avoid overpayments or underpayments by accurately counting visits and payments.

Please register for TennCare Quarterly Wrap Around Payment Preparation on Mar 8, 2022 1:00 PM EST at:

<https://attendee.gotowebinar.com/register/8194118523337489421>

## **What RHCs needs to know about the HRSA update to HPSA Shortage Designations by Joe Lampard from HPSA Acumen Inc.**

**Joe Lampard is Vice President and partner at HPSA Acumen. With over 15 years' experience in analyzing health professional shortage areas, Joe has extensive knowledge about Health Professional Shortage Area (HPSA) designations, Medically Underserved Area/Population (MUA/P) designations, and Rural Health Clinics.**

**In September of 2021 HRSA completed an 'Update 2.0' review of all primary, mental, and dental HPSA's throughout the U.S. Over 40% of the designations went into a 'Proposed For Withdrawal' status. This effected Federal loan forgiveness, RHC relocation and setup, as well as Medicare HPSA bonuses in 2022. Joe has compiled a presentation to discuss these updates, the negative outcomes, and how it is effecting RHC's across the U.S. He will also focus on what HPSA benefits are available to RHC's; specifically from grants, to visa waivers, to medical education loan forgiveness.**

**To learn more about HPSA Acumen, go to <https://hpsa.us/>.**

**Please register for What RHCs needs to know about the HRSA update to HPSA Shortage Designations by Joe Lampard from HPSA Acumen Inc. on Mar 10, 2022 1:00 PM EST at:**

**<https://attendee.gotowebinar.com/register/3554466427229182733>**

**After registering, you will receive a confirmation email containing information about joining the webinar.**

## CHARLES A. JAMES, JR. - NORTH AMERICAN HMS

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# WHY DOES MEDICARE HAVE NEGATIVE REIMBURSEMENT? WHAT IF THEY DID NOT HAVE NEGATIVE REIMBURSEMENT?

## Negative Reimbursement Example

<u>Description</u>	<u>Visit 1</u>	<u>Visit 2</u>	<u>Visit 3</u>	<u>Visit 4</u>	<u>Totals</u>
Charge	233	150	150	150	<b>683</b>
Deductible	233	0	0	0	<b>233</b>
Copay	0	30	30	30	<b>90</b>
AIR	113	113	113	113	<b>452</b>
Medicare Payment	<b>0</b>	90	90	90	<b>270</b>
Visits	1	1	1	1	<b>4</b>

Note: \$90 = 80% of \$113 the maximum AIR for Medicare in 2022



**IF MEDICARE DID NOT HAVE NEGATIVE REIMBURSEMENT EACH MEDICARE PATIENT WOULD CREATE A \$95 PAYBACK TO MEDICARE**

Summary	Amount	Percent
Charges	683	100%
Patient pays	323	47%
Medicare Payment	270	40%
Contractual	90	13%
Visits	4	

Cost Report Recap	Amount
Cost Cap	\$ 113
Visits	<u>4</u>
Allowable Cost	452
Minus Deductible	<u>233</u>
Reimbursable cost	219
Minus Copay 20%	44
Reimbursable cost	175
Medicare Payment	270
Variance	-95

**If an RHC had 500 Medicare patients the estimated payback would be \$47,500**



# WHY DOES MEDICARE HAVE NEGATIVE REIMBURSEMENT? HERE IS AN EXAMPLE WITH NEGATIVE REIMBURSE

## Negative Reimbursement Example

<u>Description</u>	<u>Visit 1</u>	<u>Visit 2</u>	<u>Visit 3</u>	<u>Visit 4</u>	<u>Totals</u>
Charge	233	150	150	150	<b>683</b>
Deductible	233	0	0	0	<b>233</b>
Copay	0	30	30	30	<b>90</b>
AIR	113	113	113	113	<b>452</b>
Medicare Payment	<b>-120</b>	90	90	90	<b>150</b>
Visits	1	1	1	1	<b>4</b>

Note: \$90 = 80% of \$113 the maximum AIR for Medicare in 2022





## AN EXAMPLE OF NEGATIVE REIMBURSEMENT THIS IS WHAT MEDICARE DOES

Summary	Amount	Percent
Charges	683	100%
Patient pays	323	47%
Medicare Payment	150	22%
Contractual	210	31%
Visits	4	

Cost Report Recap	Amount
Cost Cap	\$ 113
Visits	4
Allowable Cost	452
Minus Deductible	<u>233</u>
Reimbursable cost	219
Minus Copay 20%	44
Reimbursable cost	175
Medicare Payment	150
Variance	25

**In this example Medicare owes the clinic \$25 per Medicare patient. This is because Medicare does not compute the patient copay when they compute the negative reimbursement.**



# HOW TO POST NEGATIVE REIMBURSEMENT & MEDICARE CLAIMS

## How to Post Negative Reimbursement

Account	Debit	Credit
Charges		233
Patient Receivable	233	
Contractual Adjustments	120	
Medicare Payable/Cash		120

## How to Post Medicare Claims without Negative Reimbursement

Account	Debit	Credit
Charges		150
Patient Receivable	150	

Account	Debit	Credit
Bank Account	90	
Patient Receivable		120
Medicare Contractual	30	



# BILLING INCIDENT TO SERVICES

Accounting System	Amount
99213	150
36415	20
Total	170



Billed to
Medicare
170
<u>20</u>
190



Remittance	
Advice	Amount
Patient Copay	34
Cash	90
Contractual	66

## Posting of Charge

Account	Debit	Credit
Pat. Receivable	170	
Charges		170

## Posting of Remittance

Account	Debit	Credit
Contractual	46	
Cash	90	
AR		136

## Result

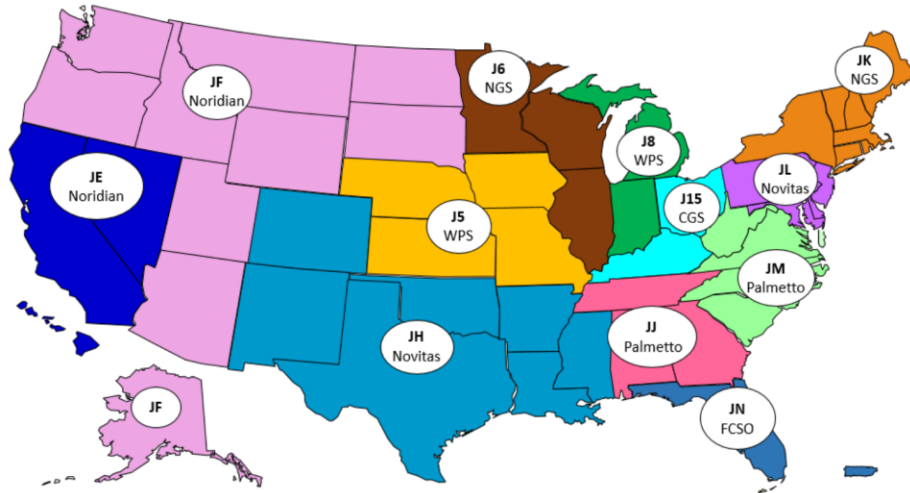
Account	Debit	Credit
Charges		170
AR	34	
Cash	90	
Contractuals	<u>46</u>	
Totals	170	170

**Notice Contractual does not match. Your Billing system must be able to handle this. The .01 method is not recommended by most billing companies.**

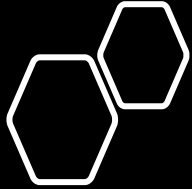


**Question:  
Where do we  
find out what  
jurisdiction  
our clinic is  
in?**

A/B MAC Jurisdictions  
as of June 2021



<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs#MapsandLists>



# Subject: Reassignment of Benefits

- **Question: In Pecos, do you have to have the providers working in the RHC reassign their benefits to the 855A application approval for them to receive the RHC rate or will the CG modifier just signify the correct reimbursement?**
- **Answer: Yes, Medicare Part A does require assignment of benefits from providers.**  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83\\_attachment\\_855R.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83_attachment_855R.pdf)
- [https://www.ngsmedicare.com/documents/20124/121705/VC\\_PE\\_101\\_All\\_508.pdf/38062cd4-ba94-d3c1-a4b2-41f511405073?t=1634928863499](https://www.ngsmedicare.com/documents/20124/121705/VC_PE_101_All_508.pdf/38062cd4-ba94-d3c1-a4b2-41f511405073?t=1634928863499)

# Subject: Medicare Advantage

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Question: I am having a hard time with Medicare Advantage plans. When do I treat them as commercial plans and when do I need to bill as if they are Medicare Red, White, and Blue?

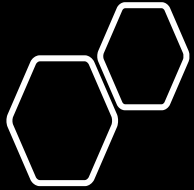
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Answer: You never bill them as if they are Original Medicare. You need to reach out to the Medicare Advantage plan for their billing guidance and negotiate with them to pay you your AIR if possible.

# Subject: Nurse Practitioner Nursing Home

Question: Can the NP see the patient in the Nursing home or does it have to be the MD?

Answer: Under Federal Medicare rules it is allowable and it is allowable in every state I am aware of, but I would check the State Scope of Practice rules for the state you are located in just to be sure.



# Question: Follow Up Visits & CG Modifier

**Question:** Do we bill all Medicare follow up visits as RHC visits on a UB-04 with CG modifier or is there something that keeps us from doing all visits as this?

**Answer:** As long as the visit meets the definition of a face-to-face encounter with a provider (MD, NP, PA, LCSW, LCP) where a medically necessary service is provided within the scope of practice of the provider then it is appropriate.



# Subject: 25 Modifier



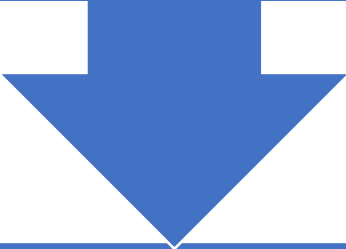
Question: Would we not add a 25 modifier to the visit, injection admin and the shot or just 99214,CG?



No, Do not add the 25 modifier to the claims. Just include the CPT code and CG modifier.

# Subject: Transitional Care

Question: Transitional Care  
Management Service-  
Would this be counted as a  
visit for the cost report?



Answer: Yes

# Subject: Incident To

Question: Why even bill incident to services, it just increases the coinsurance and lowers the amount that MAC would pay as part of the AIR? Is it ultimately a commercial insurance benefit?

Answer: It does not lower the AIR payment and it does increase the amount receivable from the secondary payor or patient.

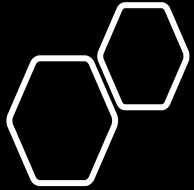


# Subject: Incident to

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**Question: If the service is not on eligible visit list (QVL), then what?**

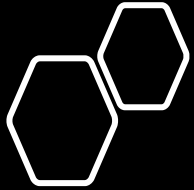
**Answer: First the QVL is not definitive, so the service may still qualify for AIR payment. If it does qualify for AIR payment hold the charges and bill them incident to within a medically reasonable amount of time (30 days).**



**Subject:  
Co-pay on  
Technical  
Components**

Question: When split billing for non-RHC services would that subject the beneficiary to two coinsurances?

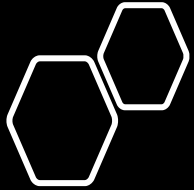
Answer: There are no co-pays on laboratory technical components. Radiology services would be subject to co-pays.



# Subject: Radiology

How do we split the Chest x-rays on RHC?

Answer: The technical component is split billed to Medicare as a non-RHC service. The professional portion is included on the UB-04 as an RHC service and is “paid” incident to.



# Subject: EKGs

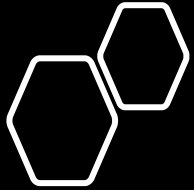
Question: We are a Independent RHC Office and do EKGs - The question is do we bill both under the same NPI and TIN or separate them and bill the Professional under RHC and the TC under the other NPI and TIN or leave them under the same.

Answer: The Professional Read will be billed incident to Medicare on the UB-04 and the technical component will be split billed to Medicare (see next slide)

# EKG Billing

CPT	Description	How to bill
93000	Global interpretation and technical component	Do not bill this way in an RHC.
93005	Technical Component	Bill to Part B – Paid on 1500 for Independent and use UB-04 and hospital outpatient provider number
93010	Interpretation	Bill on UB-04 (incident to – No visit)





# Subject: Telephone Only

**Question: Are telephonic encounters considered telehealth? And should we keep up with those numbers?**

**Answer: Yes and Yes. If the telephone call reaches the level of a 99441 or a G0071 they will be paid by Medicare fee for service. The visits and cost does not count in the computation of the All-Inclusive RHC rate, but your cost report preparer needs this information to exclude from the AIR calculation.**